In Attendance
Brian Gonzalez, PhD – Chair
Neha Gothe, PhD – Aging
Beth Orsega-Smith, PhD – Aging
Dani Arigo, PhD – BIT
Lisa Cadmus-Bertram, PhD – BIT
Shawna Ehlers, PhD – Cancer
Matt Whited, PhD – CVD
Liz Beverly, PhD – Diabetes
Maria Ramirez Loyola – Diabetes
Heather Jim, PhD – EBBM
Heather McGinty, PhD – EBBM
Aisha Langford, PhD, MPH – HDM
Robert Newton, PhD – Health Equity
Kimberly Nelson, PhD – HIV/Sexual Health
Cerissa Blaney, PhD – IPC
Kate Hoerster, PhD, MPH – MVH

Jerry Suls, PhD – Multi-Morbidities
Becca Krukowski, PhD – OED
David Cavallo, PhD, MPH, RDN – OBBI
Siobhan Phillips, PhD, MPH – Physical Activity
Dori Rosenberg, PhD, MPH – Physical Activity
Molly Waring, PhD – PHS
Tracy Trevorrow, PhD – Sleep
Jill Bormann, PhD, RN, FAAN – Spirituality
Jocelyn Remmert, MS – Student
Paul Branscum, PhD, RD – TTBCI
Jaclyn Maher, PhD – TTBCI
Susan Czajkowski, PhD – TTBCI
Pam Geller, PhD – Women’s Health
Emily Mailey, PhD – Women’s Health
Lindsay Bullock (staff)
Andrew Schmidt (staff)

Minutes
The January 2019 SIG Council call minutes were approved as written.

SIG Elections
Dr. Gonzalez reminded the council that new SIG chairs/co-chairs need to be elected by the close of the Annual Meeting (Saturday, March 9th). All SIGs must have at least one chair with a valid term (no longer than three years) to remain in compliance with SIG requirements; any SIGs that are having difficulty finding candidates or conducting their elections were encouraged to reach out to Dr. Gonzalez and SBM staff as soon as possible.

SIG Member Identification and Engagement Strategies
On the previous month’s call, council members expressed opposition to modifying SIG membership definitions or changing how members join or leave SIGs. Dr. Gonzalez asked whether any SIGs had other suggestions for better engaging their members.

Dr. Cavallo shared that the OBBI SIG has conducted surveys of their members to collect some basic information about demographics and members’ research interests, as well as the things they most appreciate about the SIG and changes they’d like to see the SIG make in the future. Dr. Orsega-Smith reported that the Aging SIG conducted a similar survey recently to identify members’ SIG priorities and give members an opportunity to indicate their interest in SIG leadership positions.

Dr. Rosenberg noted that the Physical Activity SIG was interested in conducting a survey but had concerns about a low response rate, so they planned to discuss the survey questions during their breakfast roundtable. The TTBCI and Pain SIG chairs shared that they also devoted time during previous business meetings to poll members and discuss the results of prior surveys.
Dr. Bormann shared that the Spirituality and Health SIG recently modified its leadership structure such that each chair serves for a three-year term (one year as chair-elect, one year as chair, and one year as immediate past-chair). Since making this change, the SIG has had difficulty recruiting new chair candidates, and a current SIG officer resigned after weighing the workload.

Dr. Waring reported that the Population Health Sciences SIG recently changed to a rotating three-year term for its chairs as well, and despite the longer time commitment they continue to have multiple candidates for co-chair each year. Other chairs representing SIGs with overlapping three-year terms agreed that the arrangement has been helpful for onboarding new chairs and building institutional knowledge year over year.

Dr. Cavallo noted that the OBBI SIG has a longer leadership pipeline, beginning with one-year terms each as SIG communications chair and conference chair before moving on to serve as co-chair and finally SIG Chair. One benefit of this structure is that it allows student/trainee members to become familiar with SIG leadership when they might otherwise be uncomfortable jumping right in to a chair or co-chair position.

**Open Forum**

Dr. Suls suggested that the growing number of SIGs may contribute to the difficulty certain SIGs are experiencing with engaging their members and identifying candidates for SIG leadership positions, and asked whether the SBM board has considered a limit on the total number of SIGs the society would be capable of supporting. Dr. Suls noted that the Multi-Morbidities SIG would be facing dissolution if a new chair cannot be identified before the Annual Meeting deadline, and asked whether a procedure is currently in place for sunsetting SIGs. In particular, whether there would be an opportunity for SIGs to merge rather than dissolving entirely.

Dr. Gonzalez reported that the board continues to examine the ever-growing number of SIGs and consider the impacts this has on existing SIGs and on SBM as a whole. A procedure for sunsetting SIGs hasn’t yet been finalized, either for SIGs who volunteer to merge or for those SIGs whose three-year renewal application is not approved; any suggestions for this process from the SIG council would be welcome.

**Next meeting: Friday, March 8 at 2:15 p.m. EST; Cardozo room, Washington Hilton**