**BMRC Quarter-Two Conference Call**

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| Date: **Monday, June 29, 2020**  | Time: **1:00 PM – 2:00 PM (EST)** |
| Facilitator: **Karina W. Davidson** | Call Info:[**Microsoft Teams**](https://teams.microsoft.com/l/meetup-join/19%3Ameeting_NTEwZjc2YmMtMzY1Ni00YzQ0LWFhODgtOTYwNzYxNmM3YTZi%40thread.v2/0?context=%7b%22Tid%22%3a%227f786e85-2b61-4bbe-a796-71e91e5e7e38%22%2c%22Oid%22%3a%22fdd5baeb-a926-400a-ae31-405610900b5e%22%7d) |

Participants:

* Simon L. Bacon (ABMR)
* Karina W. Davidson (SfHP)
* Michael A. Diefenbach (SBM)
* Elissa S. Epel (APS)
* Karen A. Matthews (ABMR)
* Tracey A. Revenson (SBM)
* John M. Ruiz (SfHP)
* Suzanne C. Segerstrom (APS)

Agenda Items:

1. Website
	* The site is finalized and both URLs (**behavioralmedicineresearchcouncil.org** and **behavioralmedicineresearch.org**) are fully functional
	* A “Policies” page has been added to the “About Us” section; it features the joint statement crafted in honor of and disseminated on Juneteenth
2. Thoughts on the Joint Statement/Follow-Up Actions on the Issue of Racism
	* SBM, APS, SfHP, and ABMR disseminated the statement
	* SBM released a policy position statement calling for police reform and increased funding for anti-racist research: <https://bit.ly/3dnF6op>
		+ **Elissa**: Are we focusing on the education and training of behavioral medicine researchers and practitioners, or do we want to stick to the scope of research and points about how we can do better to be actively anti-racist?
		+ **John**: Based on feedback from the IBTN Conference, people are interested in the idea of an organization that provides a bigger vision; this can be one of the task force position papers the BMRC is writing. This—in addition to behavioral medicine’s broader role in COVID-19 as a medical disease—might be one of those BMRC things where we can play a lead role in helping conceptualize and point the field in a particular direction by highlighting where the needs are and then where the mitigation efforts might be at various levels from different personnel policies.
		+ **Karen**: Perhaps BMRC could take a leadership position on a sequence of meetings about education training, health inequalities, etc. to help make next generation more cognizant in conducting socially relevant research.
		+ **Michael**: If we can build on efforts around education, research review, outreach to community groups, advocacy, etc., the BMRC can make a concerted impact on overarching topics such as climate change or the next pandemic.
		+ **Karina**: Harvard had a group of social scientists who had come up with a survey of faculty about their workflows, and they offered a consulting arrangement to different hospitals, medical schools, universities, etc. to get an objective evaluation through anonymous reporting that goes directly to them with a validated questionnaire about the issues, and then they welcome partnering with those places as they try interventions to improve the problems identified by the survey to do the program evaluations. The question is, has someone done that for racism, prejudice, and oppression, particularly in university and teaching institutes?
			1. Many of the training awareness, education, and interventions don’t seem to improve any of the problems, and we’re the social scientists across multiple specialties who would have the expertise to develop such a validated survey and then be looking at it pre/post intervention.
			2. The education and teaching would also offer a sort of implementation arm by which to train future scientists in how to think about this area critically and ensure that there’s actual science and progress being made.
		+ **Elissa**: Universities and institutions think they’re doing well by investing in “implicit bias training,” a misused piece of research in this area.
		+ **Suzanne**: There should be methods and means by which the impacted voices can be more involved. Perhaps there’s a way to amplify participatory research and put effort into identifying and supporting minority investigators.
		+ **Tracy**: What we have to start focusing on more is the structural aspects, not just the interpersonal or individual. One way the four societies could get together about that would be with training. Elissa had a wonderful initiative for ABMR to bring in young scholars of color, but maybe next year we flip the table and let them guide the discussion to highlight what are we *not* thinking of. There are things we could do with training, not in a separate workshop, but infusing it in what we do.
		+ **John**: We need to be careful about prescribing something to a membership and the potential impact of that. One of the first things we might want to think about is how to increase the diversity in our society. How do we improve that as one of our values and goals and then use that resource to help create greater equality, just within our own organization? What we’re not seeing is, maybe, one of the drivers at a systemic level.
		+ **Karina**: Let’s flip the script and see who we can find outside of BMRC to write this manuscript, but actually start with the BMRC manuscript from our colleagues who can actually speak with an informed voice.
		+ **Suzanne**: We should focus on people’s lived experiences.
		+ **Simon**: There’s a lot of capacity and opportunity within BMRC’s four large constituent organizations. Maybe BMRC can play a little bit of a coordinating role so that we’re more efficient in moving this forward; as an organization we need to position ourselves to be able to help coordinate that response across multiple different aspects and help our constituent societies optimize the process.
		+ **Karina**: As an action item, let’s all think about who we should approach to first have a focus group and then hopefully get a manuscript out from them about their lived experience, the structural aspects, and the agenda that needs to be set.
			1. The thing I found revolutionary about what Harvard did with the coach survey is they had a validated assessment tool that made sure that, when people were trying something, it actually fixed the thing they were thinking of—that’s the piece I was thinking we could contribute. If we were to create a survey or do best practices of the ways to get at this information—and whether it’s focus groups, or telephone scripts, or people calling in—we might then want to turn that on ourselves and have our societies consult their respective members so we can identify the areas that need to be fixed.
			2. In order to map out the problem, we need an agenda set by those with lived experience to tell us what those areas for assessment are and, if possible, how to fix them.
			3. **Elissa**: Let’s include students and postdocs.
		+ **Karina**: One of the problems we have is that we’re all overwhelmed with COVID and a bunch of other things that are going on. How do we make sure we continue traction on this particular item?
		+ **Elissa**: This seems like a working document that we get the societies’ input on so we can outline, at a high level, what we want to be identifying with different steps.
		+ Let’s start by sharing a statement of our plan for input from the right players who can run with it rather than wait until we get a publication.
			1. A paper with certain representation from people at earlier stages in their career
			2. The evaluation idea—we would probably want to point to both interpersonal racism as well as structural and understand how psychological interventions can or cannot work
3. Manuscripts (35 minutes)
	* “Accomplishing Breakthroughs in Behavioral Medicine Research”
		+ Submitted to *Nature Human Behaviour* in late April
		+ Upon follow-up, the journal confirmed that (per the manuscript status in the author portal) it is still in the review process
		+ We await an update from the handling editor
	* “Behavioral Medicine: A Five-Year Review”
		+ With the help of research associate/information specialist Louise Falzon, Jerry Suls is nearing completion of a final draft that he will soon pass along to Karina (likely by the end of July), who will proceed to look at it and share it with the BMRC.
	* \*“How to Be Prepared for the Unexpected”
		+ Feedback on Simon Bacon’s outline was shared by Alison Holman, Roxane Cohen Silver, Andrew Dominello, and Michael Diefenbach
			1. Additional feedback was offered by Tracey Revenson (6/30), Elissa Epel (6/30), and John Ruiz (7/2).
	* \*Routine “Year in Behavioral Medicine Looking Forward” series
		+ The idea framed in the Quarter-One meeting was to bring in outside experts for this particular effort
		+ In off years when this publication does not appear, we could have rapid-cycle-response kinds of papers that address various current issues
			1. **John**: I still feel like this is a good idea; one of the things I got out of the IBTN conference is that people are interested in a unified voice, and maybe this is the outlet for us to have at least some of that. Somebody who is not in our field could pick up the paper and see what the group is thinking about in terms of a reflective look at past issues or a prospective look at the year ahead and the direction in which things seem to be going.
			2. **Suzanne**: I think this could be a good idea for a social justice paper as it applies to the societies.
			3. **Karina**: A single voice is almost missing amongst us; we each do our own thing, but what do we do as a group/profession/field? A paper on social justice, structural racism, or our contribution to well-being/the future of our nation would be amazing.
	* \*“BMRC Methods”
		+ On **Karina**’s to-do list for later in the year once COVID-19–centered work has settled a bit
	* \*BMRC Commentaries
		+ The standardization of open science and data deposit policies for behavioral medicine
			1. **Suzanne** will take the lead on the open science commentary and will collect the group of authors to help write it.
			2. **Michael** will help since he was part of the working group for a forthcoming SBM paper on translation behavioral medicine.
		+ How the Council will weave a disparities lens in all future projects
			1. **John** and **Karen** will take the lead on the disparities commentary.
	* \*The contribution of Delphi poll and crowdsourcing data results to Michael Diefenbach’s presidential initiative for SBM
		+ **Suzanne** shared an overview of Michael’s presentations for ABMR and SBM.
			1. SBM had seven major themes of things that people deemed “important questions.” Of the seven issues, Michael has taken climate change as the central hub.
			2. As the SBM provocative question coalesces around climate change, there's room for other themes to stand alone.
		+ **Michael**: I thought of all the noted issues using a circular diagram where the different areas are considered important, and an individual person can make whatever they are interested in part of their research efforts. There’s certainly room to expand on this and focus on slightly different kinds of things.
		+ **Elissa**: I’m willing to lead a BMRC paper on the contribution of behavioral medicine to preventing climate change to both mitigation and accommodation. Half written now, it’s completely focused on our field and how behind we are and the opportunities we have in using science of behavior change for mechanisms as well as more of the multi-level research with systems with institutions, etc.
			1. What would be the format for BMRC for a climate change paper? Is there something longer than a commentary?
		+ **Karina**: Right now, we have the three journals who have confirmed that they will take what we write; we should think amongst ourselves of fitting article types so as to standardize. I think the three main buckets are systematic reviews, a call to action, and commentaries.
			1. This can qualify as a call to action.
		+ **Michael**: My plans were for, as part of the as part of the conference proceedings, an article on the provocative questions that will appear in in *Annals*, and then one can certainly spin off a call for action; we can work together on that.
		+ **Tracey**: We should probably formalize the length and scope of both commentaries and call to action. I can look at Health Psych and Psychosomatic Medicine to see if they also have that same format and then the three editors can come back to us with guidelines.

 [\*Related to Original 2020 Deliverables]

1. IBTN Conference (13 minutes)
	* Thanks to John Ruiz, who presented a slideshow covering the structure, purpose, and focuses of the BMRC
	* A breakdown of the meeting:
		+ 200+ live attendees
		+ IBTN recorded the presentations
		+ ~700 registrations across 52 countries
	* Matthew Burg (Professor of Medicine and Anesthesiology, Yale University School of Medicine), an attendee, sent an email relating to two areas in which the BMRC could potentially contribute their efforts:
		+ The “intersection of the medical with the behavioral, with the Health Psychologist being involved in issues of health risk behavior, adherence, adjustment to medical health issues, patient participation in care, informed decision making, the contribution of stress and emotional factors to disease progression/expression.”
		+ The “growing ‘area’ of integrated care that is essentially the provision of traditional mental health care within the medical/primary care context.”
			1. **John**: The conference presentation went over quite well. The question-and-answer phase in the second half was particularly engaging; a lot of people expressed an interest in and enthusiasm for the BMRC (i.e., is it going to be a leadership organization—something that sort of galvanizes the field around central issues and points direction?). There were questions from the European attendees about whether their societies would be invited to become a part of BMRC, which can plant the flag and potentially serve as a rallying point for professionals in the field. Matt’s question stemmed from that, as did a lot of others.
			2. **Elissa**: Now is the time—we are so globally entangled and intertwined with climate, pandemic, etc., and I can’t see a possible reason we wouldn’t want to represent and include our European colleagues/colleagues from other countries.

MISCELLANEOUS ACTION ITEMS:

* Karina, John, Stefani, and Andrew will work on modifying the BMRC Bylaws to incorporate a process by which other societies can be invited to join.
* Andrew will upload the slides from the IBTN conference to the BMRC website.
* More regular updates regarding action items will be routed to BMRC members.
* The Council will commence more frequent meetings (i.e., once every two months or so).