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TBM

PRACTICE AND PUBLIC HEALTH POLICIES

A 6-year update of the health policy and advocacy priorities of the Society of Behavioral Medicine

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Abstract

Government policy affects virtually every topic of interest to health behavior researchers, from research funding to reimbursement for clinical services to application of evidence to impact health outcomes. This paper provides a 6-year update on the expansion of Society of Behavioral Medicine's (SBM) public policy and advocacy agenda and proposed future directions. SBM's Health Policy Council is responsible for ensuring coordination of the policy-related activities of the Health Policy Committee (HPC), the Civic and Public Engagement Committee (CPEC), and the Scientific and Professional Liaison Council (SPLC). These committees and councils have written letters to Congress, signed onto advocacy letters with hundreds of organizations, and developed and disseminated 15 health policy briefs, the majority of which have been presented to legislative staffers on Capitol Hill. With the assistance of the SPLC, SBM has collaborated on policy efforts with like-minded organizations to increase the impact of the Society's policy work. Moving forward, SBM plans to continue to increase efforts to disseminate policy work more broadly and develop long-term relationships with Congressional staffers. SBM leadership realizes that to remain relevant, demonstrate impact, and advance the role of behavioral medicine, we must advance a policy agenda that reflects our mission of better health through behavior change.

Keywords

Health behavior, Research translation, Health Psychology, Advocacy

Implications

Practice: Clinicians and health care providers should consider increasing engagement in public policy advocacy efforts to increase the reach of evidence-based behavioral interventions.

Policy: Policymakers should prioritize the development and implementation of laws and regulations that support the wide dissemination of evidence-based interventions.

Research: Further research on behavioral interventions, dissemination, implementation science, and cost-effectiveness is needed to provide a more substantial evidence base to inform health policy advocacy efforts.

Virtually, every aspect of health, health care, and public health is affected by policies of governments at all levels, non-governmental organizations (e.g., voluntary health organizations, medical, and health scientist membership organizations), and corporations. Policies of relevance to the health behavior field affect funding for health behavior research, reimbursement for clinical services related to health behavior, restrictions on some types of behavioral research, and incentives or requirements to use evidence-based health behavior interventions in certain situations. Historically, health behavior researchers were not necessarily involved in policy or advocacy work, either through individual or organizational actions. The purpose of the present paper is to report an update on the past 6 years of work and planned future actions of the Society of Behavioral Medicine to continue to be engaged in the policy process as a means of advancing the mission of "better health through behavior change."

Estabrooks and colleagues reported on the initial policy work of the Society of Behavioral Medicine (SBM) in a 2011 article published in *Translational Behavioral Medicine* (TBM). The authors provided an overview of the 2004 formation of the Health Policy Committee (HPC) chaired by Dr. Debra Haire-Joshu, with the goal of writing evidence-based policy briefs to communicate the lessons of behavioral research to legislators, key stakeholders, and the public. The briefs included topics relevant to health and behavioral medicine (e.g., obesity prevention, diabetes, health behavior change in primary care). As interest in the briefs increased and questions regarding strategy and impact grew, the HPC highlighted the opportunity to define a broader public policy agenda for SBM.

Dr. Karen Emmons intensified SBM's efforts in the health policy arena during her 2011 presidency. During her presidency, it became evident that, in order to enhance the health policy agenda of SBM, in addition to writing health policy briefs, it would be strategic to begin to develop relationships with Congressional staffers in Washington, DC. In the inaugural Capitol Hill visit in 2011, 21 SBM representatives made in-person visits to 22 Congressional offices to familiarize legislators and their staffers with SBM as well as the relevance of health behavior and behavioral medicine research to national health policy. In addition, Dr. Emmons developed the Civil and Public Engagement Committee (CPEC) to respond quickly to policy-related issues that were time-sensitive and potential opportunities for increasing our visibility on a broader national level.

Over the past 6 years, SBM has continued to place a high priority on involvement in the health policy arena. The Society is rapidly advancing its ability to provide both timely and targeted briefs and written responses to proposed legislation. This responsiveness allows for lessons of evidence-based behavioral research and practice to be considered in health policy debates, particularly on the national level. This paper provides a 6-year update on the expansion of SBM's public policy and advocacy agenda and proposed future directions for the Society and its members.

HEALTH POLICY COUNCIL

The Health Policy Council was established in 2014 under SBM president Dr. Dawn K. Wilson, who serves as a member on the council and is active in advocacy efforts. The council is chaired by SBM past president Dr. Marian Fitzgibbon, who is responsible for ensuring coordination of the activities of the Society's policy-related leadership groups, consisting of the HPC, the CPEC, and the Scientific and Professional Liaison Council (SPLC). The Health Policy Council coordinates the overall vision, strategic plan, and communications among Chairs of the other policy-related committees to monitor accomplishments and plan future directions. Collectively, these groups have written letters to Congress, signed onto letters with hundreds of organizations (http://www.sbm.org/advocacy/sign-ons-and-endorsements), and developed and disseminated 15 health policy briefs, most of which have been published in *TBM* and presented to Congressional staffers (http://www.sbm.org/advocacy/policy-briefs). With the assistance of the SPLC, these SBM groups have worked closely with like-minded organizations to increase the impact of the briefs. In particular, in recent years, the HPC has worked closely with the coalition of senators who are most interested in advancing the prevention agenda in developing relevant briefs to provide evidence related to their legislative efforts. The following sections describe the roles of the HPC, CPEC, and SPLC, their accomplishments over the past 6 years, and future work in the policy arena. Although all of the policy-related leadership groups have unique roles, they also work together to increase the synergy of our policy efforts (see Table 1).

HEALTH POLICY COMMITTEE

Purpose

HPC's primary role is to support the development of health policy briefs on important issues in public health, which align with SBM's mission and expertise and usually targeted to Congressional staff. Policy briefs summarize evidence related to a health topic in non-technical language and describe SBM's position and recommendations regarding health policies that are consistent with the evidence. The HPC was developed in 2004; soon after, SBM's first briefs were released. The HPC model for developing and disseminating briefs has evolved to improve the efficiency and reach of SBM's statements. In 2011, Dr. Marian Fitzgibbon was appointed the chair of the HPC and recognized an opportunity to involve early career professionals in SBM's policy work. She also initiated a partnership to facilitate the publication of briefs in TBM. Having early career members lead the briefs with senior mentorship, and increasing the dissemination of the briefs through publication has significantly improved engagement with, and the productivity of, the committee. Importantly, co-authorship of briefs allows for networking and mentoring opportunities between early and more established SBM members and expanded access to the health policy briefs through social media promotion.

Accomplishments

Since 2012, the HPC has encouraged the involvement of SIG chairs and members in creating briefs. SBM SIGs provide members with a connection to others who share their specific behavioral medicine interests. During the development of each brief, the HPC reaches out to relevant SIGs to elicit expert input and review. As SBM began to include SIG leaders and members in brief development, the HPC recognized the value of encouraging SIGs to also initiate ideas for briefs and lead them with the support of the Committee. Prior to 2012, the ideas for briefs came primarily from committee discussions. Over time, the HPC realized that encouragement of SIGs and membership to propose ideas for briefs was critical because of their likely awareness of timely issues, content expertise, and ability to disseminate the briefs to appropriate target audiences.

In recent years, the HPC has focused its efforts on disseminating briefs more broadly. To achieve this goal, they have used social media and listservs, as well

Table 1 | Policy-related activities of SBM by leadership group

	Health Policy Council	Health Policy Committee	CPEC	SPLC	SBM President	Executive Committee/Board	SBM Staff
Oversees the development and dissemination of heath policy briefs		X					
Publishes policy-related journal articles		X	X	X			
Collaborates with other orgs on policy-related activities	X	X	X	X	X	X	X
Engages members, in part by encouraging them to contact legislators re various issues					X	X	X
Endorses, signs-on to, or submits comments about policies or regulations			X	X	X	X	X
Visit with legislators and health policy aides				X	X	X	X
Plan Annual Meeting policy-related sessions	X	X	X	X	X	X	
Coordinate policy activities and evaluate impact	X						

as discussions with legislative staffers on Capitol Hill. SBM staff created infographics to facilitate social media dissemination and to increase views, retweets, and likes. Alongside the SPLC, the HPC has partnered with like-minded organizations on the briefs so they can contribute their expertise to the content and aid in dissemination efforts. The HPC has collaborated with organizations such as the Center for Health Law & Policy Innovation at Harvard Law School, National Council of La Raza, Peers for Progress, American College of Sports Medicine, International Society of Behavioral Medicine, Society for Health Psychology (Division 38 of the American Psychological Association), American Lung Association, and American College of Radiology on the development and dissemination of briefs. In 2016, under the leadership of Dr. Joanna Buscemi, involving like-minded organizations in brief development has become part of the proposal process. SBM has created procedures for working with other organizations on briefs to streamline the collaborative process. Moving forward, SBM plans to work even more closely with the SPLC to develop strategic relationships with organizations and to work together to promote important health policies.

Since 2011, SBM has published 14 health policy briefs (http://www.sbm.org/advocacy/policy-briefs). Of these, 11 have been published in TBM [1–11], 8 have been completed with SIG expert feedback [1–5, 7, 8, 11], and over the last 2 years, 4 have resulted from collaborations with at least one partner organization [7, 8, 11]. These briefs covered a broad range of topics, such as prevention of childhood obesity [2–4], screening and vaccination to prevent cancer [1, 7, 11], e-cigarette policies [9], and reimbursement for peer support in health care [5]. The HPC encourages members to propose briefs by *filling out this form*. If the brief proposal is accepted after review, the HPC supports the member through each step of the process. The more members SBM contribute ideas and expertise, the greater the possible impact of behavioral medicine research, as well as SBM, on public policy at local and national levels, with the goal of enhancing public health.

CIVIC AND PUBLIC ENGAGEMENT COMMITTEE

Purpose

The mission of the Civic and Public Engagement Committee is to communicate the policy impact of behavioral medicine research to the public, media, policy makers, professional organizations, professionals, and other stakeholders outside and within SBM. Activities include identifying opportunities for SBM to provide public comment on policy-related proposals or decisions, drawing attention to evidence-policy gaps in published articles, sign-ons to policy position statements initiated by other organizations, educating the membership about how to engage in public policy work via conference sessions, and generating public awareness of SBM's policy work and relevant health policies via a website

and Twitter feed (@SBMHealthPolicy). CPEC functions via monthly teleconference meetings attended by members including Chairs of the Health Policy Council and Health Policy Committee. Meetings involve setting priorities for each year, identifying opportunities for public engagement, and drafting relevant public comments, articles, and other pieces.

Accomplishments

Under the leadership of chair, Dr. Sherry Pagoto, CPEC has increased SBM's visibility in the health policy arena during 2013–2016 (http://www.sbm.org/advocacy/sign-ons-and-endorsements). The CPEC has submitted public comments to the Office of Behavioral and Social Science Research (OBSSR) Strategic Plan, Centers for Medicaid and Medicare Services, the National Heart Lung and Blood Institute, the US Preventive Services Task Force, the Food and Drug Administration, and the World Health Organization. CPEC put a spotlight on gaps in research and policy by publishing pieces in *New England Journal of Medicine* [12], *American Journal of Preventive Medicine* [13], and *American Journal of Medicine* [14, 15] on topics around behavioral counseling for obesity and physical activity. CPEC teamed with American Cancer Society, American Academy of Dermatology, American Academy of Pediatrics, American College of Surgeons, Society of Surgical Oncology, and American Medical Association on a joint position statement regarding a ban on indoor tanning for minors. Some of CPEC's rapid response activities have led to the drafting of formal position statements. For example, CPEC drafted and published three position statements, two on Medicaid reimbursement policy for behavioral counseling for obesity, [13, 14] and a third on indoor tanning in minors [6], all of which were published in *TBM*.

CPEC has taken an active role in educating SBM membership about how to increase their individual impact as well as the impact of health behavior research via public engagement. Over the past 3 years, CPEC has hosted five well-attended breakfast roundtables at the SBM annual meeting on topics including how to effectively communicate with legislators, how to increase impact via social media engagement, and how to advocate for health policy at the state level. CPEC has also organized intensive trainings in communicating with legislators for members in key states both at the annual meeting and via teleconference. CPEC has facilitated opportunities for members to contact their legislator about protecting the Prevention and Public Health Fund on the SBM website. In terms of relationship building with key organizations, CPEC has facilitated a role for SBM in the National Council on Skin Cancer Prevention and the National Physical Activity Plan. Finally, CPEC launched the SBM Health Policy Twitter feed in 2014 and has accrued over 1400 followers and 844 tweets.

SCIENTIFIC AND PROFESSIONAL LIAISON COUNCIL

Purpose

SBM develops and maintains active liaisons with other professional organizations that share similar interests, including the strengthening of their policy impact. Liaison organizations are often larger, with a longer history of policy work, and may employ professional advocacy staff or consultants. SBM offers support and specialized behavioral science expertise to these liaison organizations. The SPLC, under the leadership of the Council Chair, Dr. Sherri Sheinfeld Gorin, develops and fosters these organizational liaisons as well as with relevant government entities through joint interdisciplinary programs, scientific publications, and, of late, policy briefs. As a member of the Health Policy Council and the Health Policy Committee, as well as the SBM Board, the SPLC Chair visits Congressional offices to discuss their policy interests and to share SBM policy briefs each year.

Accomplishments

SPLC-led policy briefs and publications are new since 2012, yet policy-relevant symposia and other conference presentations have quadrupled over the last 4 years. Together with the SPLC, like-minded organizations and government entities have worked to accelerate the advancement of behavioral medicine research and practice through co-sponsored policy briefs [5, 8], joint scientific publications [8, 15], meetings with policy leaders (e.g., with the Acting Chief Research and Development Officer of the VA), and co-signed letters to support legislative change (e.g., in support of the National Pain Strategy, http://consumerpainadvocacy.org/wp-content/uploads/2016/04/CPATF-HELPCommittee_NationalPainStrategyLetter_4-19-16.pdf). SBM has made scientific contributions to educational initiatives for physician education (e.g., Obesity Medicine Education Collaborative, Abom.org) and co-led policy-relevant workshops and symposia at SBM, including with AMIA (www.amia.org), American College of Sports Medicine (www.acsm.org), The Obesity Society (of which SBM is a level 2 partner; www.obesity.org), International Society of Behavioral Medicine (ISBM; of which SBM is a founding member, www.isbm.info), and the Society for Medical Decision Making (smdm.org) conferences [16–55].

The SPLC Chair and all Council members have liaison portfolios. Liaisons may be proposed by either organization for a mutually beneficial activity. Over the past 6 years, about as many liaisons have been proposed by the external organization as were initiated by SBM or proposed by both organizations at the same time. Because they are well-positioned to do so, increasingly, the Council Chair and SPLC members look for and strategically identify health policy-related partnership opportunities. Some liaisons may expand over lengthy periods of time (e.g., with the ACSM and the VA, across three SPLC Chairs) and others may form, accomplish their mutually beneficial aims, and

be successfully sunsetted by the SPLC (e.g., the Public Health Law Research Group [28]). The external professional and scientific organizations with which SBM has liaisons are listed on http://www.sbm.org/about/board-councils-and-committees/scientific-and-professional-liaison. Over the coming years, the SPLC plans to expand its existing liaisons to encompass more policy-relevant efforts and to broaden its work in scientific and professional organizations and governmental entities that increase health equity among diverse population subgroups.

PUBLIC HEALTH ADVOCACY

Over the past six years, SBM's Board has continued to visit federal legislators' offices annually to educate and advocate for increased National Institutes of Health (NIH) research funding and to discuss the policy recommendations from SBM's recently published policy briefs. The purpose of these annual visits is to deepen the impact of SBM's work at the policy level, raise SBM's visibility as a policy-involved organization, and identify health topics of interest to Congressional staff for which SBM can provide information and assistance. To prepare for these visits, SBM staff develops state profiles detailing the benefit of NIH funding to their state and talking points about health status for each state to review in meetings (https://www.sbm.org/advocacy/tools-for-contacting-your-legislators/stateprofiles). SBM staff also prepares folders for Congressional staffers including copies of recently published health policy briefs. Meetings are scheduled with legislative officers who are the best fit for SBM's expertise and interests (e.g., HELP [health, education, labor, pensions] committee and prevention coalition members). The Board members meet with Senator's staff from states in which SBM board members live. Board members who have never met with Congressional staffers receive brief training during the Board meeting. Over the last 6 years, SBM has refined Hill visit materials based on input from Congressional and SBM staff. SBM has also increasingly focused on developing a reciprocal relationship with Congressional offices. Instead of primarily coming in with "asks," they have developed a protocol for offering expertise and assistance. For example, at SBM's 2014 and 2015 Hill visits, SBM received repeated requests from staffers for more research on the effects of e-cigarettes. In response, the HPC assembled a team to write a health policy brief on e-cigarettes, which was delivered to offices with interested staffers in the fall of 2016 to stimulate a discussion of findings and recommendations. SBM has improved post-visit follow-up with staffers over e-mail to continue to build relationships between in-person visits.

SUMMARY OF PROGRESS AND CHALLENGES TO POLICY ENGAGEMENT IN SBM

Overall, health policy work established through SBM and the Health Policy Council over the past 6 years has made substantial progress. Specifically, the HPC has ensured alignment of policy efforts with the mission of the organization and developed substantial capacity for current and future action to advance policy agendas and priorities. HPC's work has increased the Society's commitment to promoting evidence-based science as the vehicle for advocating for real-world impact. Engagement in the policy-making process has increased SBM partnerships and has refocused some existing liaisons through the SPLC to promote the advancement of evidence-based policy advocacy and to increase SBM's national and international visibility.

With the sustained support from all recent Presidents and actions by the Board of Directors, SBM policy engagement has become institutionalized. Some benefits have been the production of policy briefs that disseminate the lessons of research, both more and different SBM partnerships with organizations with similar missions, additional support for policies benefitting SBM members, mentorship of early career investigators in policy engagement, and expansion of SBM leaders' and members' involvement in the policy process, national taskforces, and leadership efforts.

Policy engagement is still a relatively new initiative within SBM, however, and the complexities and challenges should be highlighted. Given the increasing focus on policy engagement, a concern among some Society members is that these efforts may detract from the science-based focus of the organization. Part of this concern is that the strength of research may not be sufficient to justify making recommendations to policy makers. The reality, however, is that many health policy decisions are being made without adequate evidence. When decisions are made without evidence, it is not always because no evidence exists, but it is often because policymakers are not aware of the evidence or that other values (e.g., economic factors) are being prioritized over evidence from health research. As the generators of evidence, SBM would be remiss to not be at the table to convey what evidence exists and the potential unintended consequences of policies that are not evidence-based. Another response to these concerns is to offer training in policy engagement that considers how evidence may or may not be used in current decision making. Advocacy training is now offered to SBM Board members prior to annual Hill visits, but it may be advisable to provide training to more members who are interested. To provide wider dissemination of this training to SBM members, the Society plans to offer workshops at each SBM Annual Meeting. The Health Policy Council also plans to host policy-specific webinars to educate members regarding how they can become involved in SBM policy work.

Even among members who want to enhance the impact of their research and serve SBM's policy goals, disincentives exist at multiple levels. Policy relevance, engagement, and impact are not review criteria for

research grants, and addressing such issues is likely viewed favorably by some review panels and less favorably by others. An example funding mechanism that supported policy work was Research Translation Grants from Active Living Research [56]. The funding served the function of "legitimizing" investigator efforts to communicate research findings and recommendations to decision makers. Such grants are more likely to come from private than NIH funders, however, and most scientists still seek the largesse and prestige of NIH funding.

Academic review procedures based on the traditional areas of scholarship, teaching, and university/professional service have no mechanism for giving "credit" for policy engagement. Thus, even if policy engagement is reported as a service, it may be viewed as a distraction from the activities that foster career advancement. Although universities are often slow to change their review processes, they could review their assessments of faculty policy-related work, as they, too, seek more impact in the world-at-large. In addition, universities could decide to offer separate competitive financial rewards for faculty's evidence-based policy contributions to encourage such service. University concerns about violating lobbying rules with government funding or as a university employee could act as further disincentives, most such concerns could be addressed through education and training.

The interests and expertise of SBM's members cover a wide range of topics, making it particularly challenging for SBM to arrive at a consensus for prioritizing policy goals. The coordination provided by HPC across policy-related groups within SBM, and the growing role of SIGs in proposing, creating, and disseminating policy briefs, broaden the input into the direction of SBM's policy work. However, it would be useful to consider ways of improving the decision-making process to identify policy priorities.

Policy work is a long-term rather than a short-term process. Therefore, it is often difficult to fully monitor its effectiveness. Though the desired outcomes of policy change (or defeat of an unwanted policy) can be tracked, the eventual outcome may take years, and it is difficult to document the role of SBM or any other stakeholder in the result. Though policy actions can be quantified to some extent, assessing even intermediate effects such as the discussion of a policy brief in a legislative staff meeting would require specific study. Other potential beneficial proximal outcomes that can be more easily assessed could be greater awareness of SBM among policy makers and advocacy organizations, perceived value to other partner organizations or the public of SBM's participation in joint advocacy activities, and how SBM members evaluate their own participation in the policy process. We continue to be inspired and energized by other professional organizations who have paved the way in terms of commitment to policy work (e.g., APHA, The Obesity Society, ACSM).

Resources play a critical role. Larger health organizations, especially those devoted to common diseases such as cardiovascular diseases, cancer, HIV, diabetes, and Alzheimer's, as well as larger professional organizations (such as AMIA, ACSM, and AAFP), often have paid lobbying staff or contracts with lobbying firms to further their goals in federal and state governments. SBM lacks the funding to achieve that level of policy engagement, so we rely on volunteer efforts of members. Thus, the level of expertise in educating and advocating with decision makers, ability to monitor policy processes and act in a timely manner, and capacity for building relationships with decision makers is limited. These limitations are partially overcome by partnering with organizations such as the Consortium of Social Science Associations (COSSA) and Trust for America's Health, as well as ACSM, and by adding SBM's expertise and credibility to coalitions pursuing policy goals consistent with our own. Resource limitations should not prevent us from having a seat at policy tables, however.

FUTURE DIRECTIONS FOR SBM: BUILDING CAPACITY FOR GREATER POLICY IMPACT

Recent Presidents and leaders of SBM have encouraged and challenged all Councils and Committees to incorporate more policy engagement and research translation into their work. Keynotes and master lectures at recent Annual Meetings have addressed health policy and advocacy. Table 2 details recommendations for SBM leadership and staff to continue to encourage and support the efforts of SBM's health policy work. Key next steps for SBM leadership and staff include (1) continuing efforts to partner with other societies and organizations to broaden dissemination channels and deepen impact, (2) seeking new members for policy-related committees satisfied with "intrinsic" rewards of serving SBM and society through policy impact, and (3) increasing attention on the Health Policy Council to outcome metrics and approaches to evaluating policy activities.

Finally, it will be essential to establish an ethics advisory group to both advise and protect SBM as it expands its reach into the policy arena. An ethics advisory group could assist SBM in evaluating the integrity of its decisions as it pertains to the mission of the organization, the best interests of the membership, and public health.

CALL TO ACTION TO MEMBERS

SBM leadership is providing more and more opportunities for members to become engaged in the policy process. Expanding the number of involved members and improving their advocacy skills hold the promise for helping to achieve SBM's goals for more evidence-based policy, which should improve the health of patients and populations. Members can get involved in numerous ways as detailed in Table 2. Some examples of member engagement include (1) advocating within your SIGs for more policy engagement of SIGs, (2) volunteering to co-author evidence-based policy

Table 2 | Call to action: future policy recommendations for SBM leaders and members

Group	Policy actions
SBM Leadership	1) Continue efforts to partner with other societies and organizations to broaden dissemination channels and deepen impact 2) Increase publication opportunities through closer alignment with TBM and other journals. Members might be more interested in authoring comments if they could be expanded and re-purposed into articles 3) Seek new members for policy-related committees satisfied with "intrinsic" rewards of serving SBM and society through policy impact 4) Increase attention on the Health Policy Council to outcome metrics and approaches to evaluating policy activities 5) Increase understanding and awareness of policy effort outcomes among committee/council members and SBM members 6) Increase monitoring of health policy-related digests and newsletters, which might produce more "action" items (e.g., endorsements, sign-ons, and regulatory comments) 7) Grow relationships with key legislators' aides, which might allow for input into key legislation and/or regulations 8) Connect and build relationships with policy staff at other societies to identify partnership opportunities 9) Increase social media presence to further increase the impact of SBM policy work
SBM Members	1) Advocate within your SIGs for more policy engagement of SIGs 2) Volunteer to co-author evidence-based policy briefs for SBM or other organizations 3) Share SBM's policy-related work on social media sites 4) Ask for, and participate in, training in policy engagement, effective advocacy, and writing for decision makers 5) Visit your local and state policy makers and offer to provide advice in your areas of expertise 6) Join and volunteer in advocacy orgs in your area of expertise 7) Conduct policy-relevant research 8) Write lay summaries of your policy relevant studies, post on your website, and distribute to key audiences

briefs for SBM or other organizations, and (2) asking for, and participate in, training in policy engagement, effective advocacy, and writing for decision makers.

FUTURE DIRECTIONS

In just over a half decade, SBM has built an organizational infrastructure with potential to inform and influence national health policy. In contrast to other, highly resourced professional organizations, SBM's policy activities have been largely grassroots in nature, leveraging the collective expertise, drive, and passion of its committed members. The organic nature of these early efforts has benefitted the Society as it learns the policy landscape, establishes relationships, and creates products that will be of interest to diverse stakeholders. Moving forward, the Society will contend with several pressing issues. SBM's current policy effort is likely to expand its focus to securing additional funds to increase impact. Future efforts will include (1) determining the benefit of prioritizing policy advocacy around key topics where there is a bolus of evidence, (2) pursuing policy activities at the state, local, and/or regulatory levels, where near-term changes might be more accessible than at the national level, and (3) promoting national efforts to reform funding, university tenure, and promotion guidelines so that members can be rewarded for participating in policy activities.

Models like former president Dr. Kelly Brownell's strategic science framework [57] may provide a useful guide. Strategic science involves identifying change agents at any level of the policy landscape, working iteratively with the agents to develop strategic questions, those that maximize the effect of science on policy, undertaking strategic studies, and communicating results through traditional scientific channels *and* directly to policymakers. These steps constitute a feedback loop that strengthens relationships with stakeholders, improves scientists' understanding of the policy context, and informs future strategic questions. Strategic science has the benefit of asking questions that are of primary interest to policymakers, versus those imagined by scientists. In this way, science findings have immediate applicability to policy deliberations and enhance the likelihood that policy decisions are grounded in evidence.

The leading chronic health conditions have behavioral underpinnings and can be prevented and treated using evidence-based behavioral interventions. Policymakers must consider behavioral medicine research in order to maximize population health and improve the quality and efficiency of the US health system. Accordingly, SBM's mounting policy efforts fill a critical gap in ensuring that high-quality behavioral medicine science is informing, guiding, and ultimately influencing health policy.

Compliance with ethical standards

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13. Pagoto, S., et al. (2013). Evidence for community-based approaches to weight loss: a case for revising the Centers for Medicaid and Medicare Services reimbursement structures. *Am J Prev Med, 45*(2), e17–e18.
14. Fitzpatrick SL, Wilson DK, Pagoto SL. Society for Health Psychology (APA Division 38) and Society of Behavioral Medicine joint position statement on the Medicare Diabetes Prevention Program. *Translat Behav Med.* 2017.
15. Fitzpatrick, S. L., et al. (2016). An evidence-based guide for obesity treatment in primary care. *Am J Med, 129*(1), 115.e1–115.e7.
16. Egan B, Resnicow K, Sheinfeld Gorin S. Cardiometabolic health equity. Breakfast roundtable with the International Society on Hypertension in Blacks; 2017.
17. Cooley L, Volkman J, Sheinfeld Gorin S. Breakfast roundtable with the American Academy on Communication in Healthcare; 2017.
18. Loskutova N, Carroll J, Sheinfeld Gorin S. Mid-day meeting with the American academy of family medicine; 2017.
19. Cheatle M, Twillman R, Dhingra L, Gallagher RM. Pain management: translating policy and guidelines into practice. Co-sponsored symposium with Academy of Integrative Pain Management; 2017.
20. Sheinfeld Gorin S, Knight S, O'Neill S, Kilbourne A. Incorporating cancer screening innovations in integrated health systems; 2017.
21. Buscemi J, Sheinfeld Gorin S, McGinty H, Wells K, McLeod D, Kumar A, Jacobsen P. Systematic reviews in cancer: learning from Cochrane Methods and New Findings. Symposium co-sponsored with the Cochrane Collaboration; 2017.
22. Wilson DK, Kaufman P, Kaplan RM, Davidson K, Sheinfeld Gorin S, Davis CL. Behavioral interventions for obesity: a debate on the state of the evidence. Symposium co-sponsored with The Obesity Society, Annual SBM Meeting April; 2017.
23. Wilson DK, Kaplan R, Kaufmann P, Curry S. Behavioral interventions for obesity: how have they improved physical health. Symposium to the Annual Meeting of The Obesity Society co-sponsored by SBM/The Obesity Society; 2016.
24. Goldstein MG, Scales R, Napolitano M. Models for integrating behavioral strategies when delivering exercise is medicine in clinical and community settings. ACSM/SBM Co-sponsored Colloquium. Presented to the ACSM Annual Meeting; 2016.
25. Li T. Network Meta-Analysis for Behavioral trials: an introduction and overview, course co-sponsored by SPLC, the Cancer, EBBM and TTBCI SIGs and the US Cochrane Center. Presented to the Annual SBM Meeting Wednesday; 2016.
26. Sheinfeld Gorin S, Penedo FJ, Dekker J, Gerend M. SPLC and ISBM co-sponsored Breakfast Roundtable: collaborations on Global Behavioral Health. Presented to the Annual SBM Meeting Thursday; 2016.
27. Goodrich DE, Maciejewski ML, Changm E, Nelson K, Fihn SD. Managing complex patients in patient centered medical homes: lessons learned from the veterans health administration symposium co-sponsored by the Military and Veterans' Health SIG and the VA. Presented to the Annual SBM Meeting; 2016.
28. Mermelstein R, Abrams DB, Leischow SJ, Burris S. Presidential symposium: alternative nicotine delivery systems: friend, frenemy, or enemy? Presented to the Annual SBM Meeting; 2016.
29. Tanaka M, Ahern DK, Sheinfeld Gorin S, Fridsma D, Greenwood K, Lorenzi N. Midday Meeting: SPLC, Technology SIG, American Medical Informatics Association, and Journal of the American Medical Informatics Association Present: the state of science in applying bioinformatics to enhance patient engagement. Presented to the Annual SBM Meeting; 2016.
30. Goodrich DE, Eaglehouse YL, Donnelly JE, Carroll JK, Stoutenberg M. ACSM and SPLC co-sponsored symposium: assessing physical activity to improve exercise prescriptions and referrals. Presented to the Annual SBM Meeting; 2016.
31. Carroll JK, Vansaghi T, Sheinfeld Gorin S, Bazemore A. Breakfast Roundtable co-sponsored by SPLC, AAFP, and the North American Primary Care Research Group: exploring common interests in primary care research, practice, and policy. Presented to the Annual SBM Meeting; 2016.
32. Binke M, O'Neill P, Dhurandhar, E. Obesity in the 21st-century: it's more than just behavior, symposium co-sponsored by The Obesity Society. Presented to the Annual SBM Meeting; 2016.
33. Feldman-Stewart D, Goldstein MK, Brewster M, Craddock Lee S, Waters EA. Panel: what is a good medical decision? Perspectives from multiple stakeholders: SBM-SMDM Crosstalk Panel Discussion at the 37th Annual Meeting of the Society for Medical Decision Making; 2015.
34. Burris S, Ibrahim J, Knight S. Public Health Law Research Program: advancing the state of the science for evaluating the Behavioral Health Effects of Laws: Presented to the Annual SBM Meeting; 2015.
35. Hamilton JG, Baleix J, Jacobson RM, Myers R, Zikmund-Fisher BJ. HDM SIG Pre-conference course: what is a 'good' medical decision? Perspectives from multiple stakeholders: Presented to the Annual SBM Meeting; 2015.
36. Sheinfeld Gorin S, Wright J, Hwang KO, Krist AH, Wang J, Ahern DK. Transforming Primary Care through Bioinformatics and Behavioral Medicine: Presented to the Annual SBM Meeting; 2015.
37. Goodrich DE, Jerome G, Pratt SI, Schneider KL, Craft L. Exercise promotion in community mental health settings: translating findings from clinical trials: Presented to the Annual SBM Meeting; 2015.
38. Sheinfeld Gorin S, Staude A, Dekker J. The International Society of Behavioral Medicine: how to get involved: Presented to the Annual SBM Meeting; 2015.
39. Scherer RW, Jancke A, Sheinfeld Gorin S. EBBM/Cancer SIG Midday Meeting: translating Cochrane Reviews into research, clinical practice, and policy: Presented to the Annual SBM Meeting; 2015.
40. Burke LK, Martin S, Coke LA, Carson JS. American Heart Association: working with the individual with CVD: an interdisciplinary perspective: April 24, Presented to the Annual SBM Meeting; 2015.
41. Sheinfeld Gorin S, Lewis BA, Buman MP, Richardson CR, Hingle M, Rickman AD. ACSM and PA SIG: technology, exercise, and healthcare: using exercise in medicine: Friday, April 24, Presented to the Annual SBM Meeting; 2015.
42. Beckjord E, Ahern D, Hesse B, Williamson J. Breakfast roundtable on patient engagement and beyond: opportunities for collaboration between AMIA and the Society of Behavioral Medicine (SBM); 2014.
43. Damschroder L, Michie S, Richardson CR, Carroll JK, Petrella R. Course 101: theories and techniques of behavior change interventions SIG and Diabetes SIG Course using theory in implementation science, Presented to the Annual SBM Meeting; 2014.
44. Goodrich DE, Littman AJ, Damschroder L, Goldberg R, Jones KR. Symposium 01: mental health matters: screening, participation and outcomes of weight management programs for veterans with mental health conditions, Presented to the Annual SBM Meeting; 2014.
45. Sheinfeld Gorin S, Hutber A, Joy E, Estabrooks P, Marcus B, Goodrich D. Symposium 25: Exercise is medicine: multilevel approaches to implementation, Presented to the Annual SBM Meeting; 2014.

46. Orleans CT, Burris S, Ibrahim J, Knight SJ. Symposium 23: public health law and behavior change: improving population health through policy. Presented to the Annual SBM Meeting; 2014.
47. Stoutenberg M, Falcon A, Stasi S. Panel Discussion 17: changing physical activity behaviors through the integration of the medical health care system and local communities, Presented to the Annual SBM Meeting; 2014.
48. Sheinfeld Gorin S, Heurtin-Roberts S, Glasgow R, Johnson SB, Kessler R. Symposium 41: My Own Health Report (MOHR): actionable automated patient-report of psychosocial factors and health behaviors in primary care, Presented to the Annual SBM Meeting; 2014.
49. Dickersin K. Forging a productive partnership between the society of behavioral medicine and the Cochrane collaboration, Presented to the Annual SBM Meeting; 2014.
50. O'Neill S, Houston TK, Cooley ME, Selby JV, Knight SJ. Patient-Centered Outcomes Research Institute (PCORI) and Partners: improving patient outcomes through Behavioral Medicine Research, Presented to the Annual SBM Meeting; 2013.
51. Carroll JK, Ghorob A, de Gruy F, Green L, Stange K, Knight SJ. Integration and innovation for Behavioral Health Interventions in Primary Care Coordinating Cancer Care: what have we learned from twenty years of empirical studies, Presented to the Annual SBM Meeting; 2013.
52. Goodrich DE, Buman MP, Jones KR, Richardson CR, Goldstein MG. Symposium 23: translating physical activity and weight management research into population-level health care interventions (SY23). Organized with the ACSM. Presented to the Annual SBM Meeting; 2012.
53. Cheatle M, Goltz HH, deBakey ME, Sotelo FL, Garcini L, Morrison EJP. Symposium 33: Race, ethnicity and gender in pain assessment and treatment (SY33). Organized with the American Pain Society. Presented to the Annual SBM Meeting; 2012.
54. Raphael J, Sheinfeld Gorin S, Edshteyn I, Winter SJ. Mid-day Meeting with the American Collegef of Lifestyle Medicine. SBM Annual Meeting; 2017.
55. Austin R, Kim K, Beckjord E, Smith-Wilder A, Hesse B, Tanaka M, Sheinfeld Gorin S. Putting patient data into action: the use of patient-generated health data in clinical care and research. Presented at the SBM Annual Meeting; 2017.
56. Sallis, J. F., Cutter, C. L., Lou, D., Spoon, C., Wilson, A. L., Ding, D., Ponkshe, P., Cervero, R., Patrick, K., Schmid, T. L., Mignano, A., & Orleans, C. T. (2014). Active living research: creating and using evidence to support childhood obesity prevention. *Am J Prev Med, 46*(2), 195–207.
57. Brownell, K. D., & Roberto, C. A. (2015). Strategic science with policy impact. *Lancet, 35*, 2445–2446.