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**PROPRIETARY AND CONFIDENTIAL**

*These minutes include information that is strictly proprietary and confidential. This information is only for the use of ACSM Officers, Trustees, committee chairs, and staff and must not be shared in any form with others.*
Distribution Draft: Board of Trustees’ Minutes
Indianapolis, Indiana
November 8, 2014

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PROPRIETARY AND CONFIDENTIAL

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AMERICAN COLLEGE OF SPORTS MEDICINE
BOARD OF TRUSTEES MINUTES
November 8, 2014
ACSM National Center
Indianapolis, Indiana


Guests: Laura Mooser, Mercer


Staff Present: James R. Whitehead, Executive Vice President/CEO; Bernie Berry; Laura Bond; Nate Boudreaux; Valerie Bragg; Paul Branks; Paula Burkert; Tim Calvert; Brenda Chamness; Richard Cotton; Lynette Craft, Ph.D.; Lynn Cunha; Katie Feltman; Paul Giese; Sue Hilt; Adrian Hutber, Ph.D.; Rachael McLaughlin; Karen Pierce; Chris Sawyer; Jane Senior; Lori Tobin; Monte Ward; and Ken Wilson.

SPECIAL NOTE: These minutes focus primarily on actions taken, both formal votes and consensus items. If the Board discussed an item at several different times during the meeting, the minutes may combine that information into one section, for ease of reading. Some informational reports include items that were not fully discussed during the Board meeting, but were included in supplemental written reports for the Board’s consideration.

I. CALL TO ORDER

A. DISTRIBUTION OF PROXIES

President Ewing Garber called the meeting to order at 8:10 a.m. Eastern Time, Saturday, November 8, 2014. She informed the Board that the following proxies had been received: Casa with voting rights to Keith; Gregory with voting rights to Ray; Guskiewicz with voting rights to
Dexter; Hargreaves with voting rights to Armstrong; Maughan with voting rights to Clark; Pfeiffer with voting rights to Keith; and Urso with voting rights to Davis.

B. INTRODUCTIONS – CONFLICT OF INTEREST DISCLOSURE

Ewing Garber thanked all attendees for their participation and requested that all Board members and staff introduce themselves. She also requested that the Board members inform her of any issue that potentially could represent a conflict of interest. As self-introductions were made, conflicts of interest noted by Board members were recorded as indicated.

II. SUMMARIES/MINUTES OF PREVIOUS MEETINGS

The summaries and minutes of the Board of Trustees Meeting, May 31, 2014 Board of Trustees Meeting; Administrative Council Teleconference, June 24, 2014; Administrative Council Teleconference, July 23, 2014; Administrative Council Teleconference, August 27, 2014; Administrative Council Teleconference, September 16, 2014; and Administrative Council Teleconference, October 28, 2014 were previously distributed for Board review. It was noted that the Administrative Council minutes were provided as information only, but the Board of Trustees meeting minutes were included for review and approval. The minutes of the May 31, 2014, Board of Trustees meeting were reviewed. It was moved, seconded, and unanimously approved to accept the May 31, 2014, Board of Trustee minutes as distributed.

III. PRESIDENT'S COMMENTS

Ewing Garber welcomed and thanked the Board members and staff for their attendance. She encouraged members to read through past minutes, as they are informative and keeps them up-to-date on the College’s initiatives and activities.

She stated that each year, the President has an initiative that begins during their presidential year. Her work will be focused on College infrastructure, looking at the organizational structure and what works and what should be changed for the betterment of the College. She went on to state that the Board has responsibilities and they will be working with Mercer Human Resource Consulting to ensure we are meeting the non-profit/501(c)3 requirements. She indicated that the Board, Administrative Council, and the Executive Committee have legal and fiduciary responsibilities. As is the case with most organizations, governance documents are not well explained, so the Executive Committee has sought outside assistance. There could be potential liability if ACSM was not adhering to these principles and fulfilling these responsibilities. Mercer will be meeting with the Board in executive session during the lunch break for a working session to explain and assist in the review of contracts, relationships, and the processes.
The Executive Committee is working with Whitehead to renew his employment contract. Ewing Garber noted that the Board’s responsibility is to hire, oversee, and annually evaluate the performance of the organization’s CEO. These responsibilities may be delegated, as they have been in the past, to a search committee, the Executive Committee, or other body. Mercer will assist in the review, planning, and the contract renewal.

She went on to state that the infrastructure priorities include:

- Enhancing Board engagement
- Improve understanding of and involvement in the wide-range of activities of the College
- Making sound and informed judgments
- Enhancing communications and access to information
- Systematic training of Board members about legal and ethical responsibilities
- Succession plan – planning for the future
- Development and institutionalized process for contract renewal, compensation practices, and regular evaluation of the CEO and senior staff
- Revision of the Board operating code and Board member orientation to clearly delineate Board and Executive Committee responsibilities
- Review organizational governance documents and revise as needed to ensure compliance with good governance and ethical practices

Ewing Garber noted additional priorities that include the following:

- Member Engagement
- Advancing the field of “Applied Exercise Physiology” as a profession
- Connection and collaboration with other organizations such as
  - Hip Hop Public Health
  - American Association of Diabetes Educators
  - American Association of Cardiovascular and Pulmonary Rehabilitation
  - European Society of Lifestyle Medicine
- Moving into the Future Technology
  - Distance learning
  - Remote conference attendance/replay
  - Information sharing
  - Web
  - Social Media

She indicated ACSM is currently faced with a series of decisions and together we will do great things. She closed by thanking the staff for the work they do and continue to do.
IV. CEO/EXECUTIVE VICE PRESIDENT’S COMMENTS

Whitehead presented his report to the Board. In looking at ACSM, the question that comes to mind, “Where is ACSM’s highest level of success?” A pictorial analogy he used is looking at the Eiffel Tower and determining as it was being constructed how high is enough, and where do we stop? He noted that ACSM has remarkable successes and opportunities with more to add and higher achievements to attain. Whitehead said, “In serving as ACSM’s CEO I’ve had the privilege of seeing ACSM move from never being profitable to the remarkable and collective success it enjoys today. Specifically, moving from around $2 million in annual revenue in 1990 with no financial assets as reserves, savings, investments, or endowments to now more than $12 million in annual revenue with $13 million in financial assets.” Our question is based on this success, how high do we aim to go in the future? He said the best is yet to come and the decisions that we make now impact ongoing work in our bright future.

He noted that SOAR is an important part of the Board work today and going forward. SOAR reimagines impact, and setting goals on the largest scale of what ACSM can do. ACSM is fortunate to be in partnership with many needle-moving organizations and companies including the Robert Wood Johnson Foundation, Nike, Anthem, Technogym, Aspen Institute, Disney, ESPN and others. The many relationships are a testament to what we can do and think in regard to larger scale and in partnership with others.

In working with Pivarnik, ACSM Foundation President, we envision further positioning ACSM as a “go-to entity.” We’ll continue our success and look forward to those who want to work with us, coming to ACSM with outreach and providing money, influence, and stature. He noted that ACSM has been a creator of key initiatives, new organizations, and strategic collaborative projects. Examples of such successes include: working with SHAPE America (formerly AAPHERD) and the American Heart Association to create the National Coalition for Promoting Physical Activity (NCPA); and with Sanford Health System to create the National Youth Sports Health & Safety Institute. Whitehead noted that ACSM is also a co-founder of the National Physical Activity Plan (NPAP) and the National Physical Activity Plan Alliance (NPAPA), the Global Alliance for Health and Performance with Johnson & Johnson, and the Joint Commission on Sports Medicine and Science (a collaborative of 65 organizations), with ACSM being one of seven organizations that originally created the Joint Commission, also working to expand its reach and influence. The Datalys Center, American Fitness Index® (AFI), Exercise is Medicine® (EIM), ActivEarth, and Designed to Move (in conjunction with Nike) are all ACSM signature programs. Work with these organizations and initiatives have been a progressive and deliberate
way to partner with others to make an impact and expand capacity. He noted that the Datalys Center created by ACSM, The NCAA and the life sciences institution BioCrossroads has grown through ACSM’s involvement and ongoing partnership with others. Created in 2006, ACSM worked with NCAA to convince BioCrossroads, a funded initiative of the Lilly Endowment, that sports science should be part of its life sciences work. Datalys is an example of ACSM incubating a concept organization and translating it into a more effective program. Work started with the NCAA injury surveillance system, and the organization has progressed from no staff to seven professionals. Datalys is now opening multi-center programs working with the National Athletic Trainers Association (NATA), Project Care, and USA Football. Datalys and ACSM are working with these groups on concussion and other programming initiatives. ACSM is proud to house the Datalys office and Whitehead is pleased to serve as the Chairman of its Board of Directors. In closing, Whitehead reminded the Board that the Administrative Council meeting will occur tomorrow from 8 a.m. to noon to review SOAR key direction reports. Items delegated by the Board today will be addressed in tomorrow’s Administrative Council meeting, and the meeting can be used also to detail further planning for decisions.

Whitehead thanked everyone for being here today and for their leadership work with ACSM.

V. COMMITTEE REPORTS WITH ACTION ITEMS/SPECIAL EMPHASIS

A. Clinical Sports Medicine Engagement Task Force (For Action)

Hoffmann presented by teleconference two requested action items coming from the Clinical Sports Medicine Engagement Task Force, of which she chairs. She explained that Dexter appointed her as chair in July 2013 to work with a diverse clinical group to develop ideas to improve engagement in the College for clinicians. The Task Force is seeking approval to develop and implement a plan of action for working with existing sports medicine interest groups at universities and for creating new ones, with the approach that 2 to 3 sites will be used as pilots. Regular progress reports, to that end, will be made to the Ad Council and Board. Hoffmann noted that the ultimate goal would be to create or work with existing sports medicine interest groups at universities to recruit the next generation of clinicians for ACSM, as well as, solidify ACSM’s position as the go-to source for sports medicine education. The relevant audience for the sports medicine interest groups would include: undergraduate students, medical students, physical therapy students, athletic trainers, and other professionals desiring to develop an interest in clinical sports medicine. The Task Force will pilot the concept first to see if it is successful before rolling it out to other universities. The best approach is to start at one of the universities where a task force member is employed. A possible option is starting with Jeff Konin, Ph.D., FACSM, who is willing to pilot the concept at the University of Rhode Island. It was moved, seconded, and
unanimously approved for the Clinical Sports Medicine Engagement Task Force to develop and implement a plan of action for working with existing sports medicine interest groups at universities and for creating new ones, with the approach that 2-3 sites will be used as pilots.

It was further clarified that one or two sites could be implemented within the next six months. The metrics used will be short-term, such as the number of schools and students we touch and ultimately the number of new clinical members we are attracting. It was stated that there is a very small financial commitment as we will be using resources already developed. Dexter suggested that Giese use this as a sponsorship opportunity.

The second item the Task Force is seeking approval to begin exploratory work on an EIM Certification for physicians. The Task Force strongly believes that ACSM needs to continue to develop and market their signature “Sports Medicine” CME offerings (TPC, ATPC) but additionally expand into the area of Exercise is Medicine® (EIM). This was confirmed in the clinician survey that was implemented last year. The survey responses reflected a growing number of members who identified themselves as specialists in “Exercise and Sports Medicine.” It was noted that ACSM is uniquely positioned to develop an Exercise is Medicine® certification program for physicians. The Task Force feels there is a significant educational need for this program where physicians of any specialty could participate and become certified, as well as receive CME credits. Resources have already been developed by the Exercise is Medicine Education Committee where 4,000 physicians have been trained. This program could be marketed in conjunction with specialty society meetings as an “add-on” and has the potential to increase U.S. and International membership significantly as well as likely generate revenue for the College. It was stated that we would take skill sets we already have to use the infrastructure in place via the Certification Department. There was considerable discussion regarding a certificate versus a certification. Cotton explained that the CCRB can’t control a physician certification as they aren’t exercise professionals, but are clinicians. He went on to explain that if giving a true certification, we would be required to test knowledge and skills. A larger issue brought up was the concern that all SHIs or groups may want to have certifications for their respective area. Joy expressed the need to develop content for EIM as there is a huge need. She stated there is very little content in medical schools and Fellowship training programs so we should reach a huge market for this education. Hoffmann mentioned she has consulted with Cotton on certification guidance and that it is not intended to do this without CCRB. She stated that CCRB has an Executive Council that oversees various certifications and that a physician subcommittee would be identified and tasked with reporting through the existing certification infrastructure. This work would be done within the ACSM Certification Department. It was moved, seconded, and unanimously approved that the Clinical Sports Medicine Engagement Task Force begin work with the EIM Education Committee and the Certification Department to develop a plan on the creation of a certification for physicians.

The report was accepted as presented.
B. Student Affairs (For Action)

The Student Affairs Committee submitted an action item to enable ACSM to fund a student poster competition at the National ACSM Annual Meeting. This would provide funding for each Regional Chapter to send a winner of their respective region’s student poster competition to the ACSM National meeting. This would provide students with the opportunity to travel to the ACSM Annual Meeting and showcase their research with the hopes of stimulating a positive critique of their research, fostering potential collaborations, and increasing student involvement in ACSM. **It was moved, seconded, and approved to fund a student poster competition at the ACSM Annual Meeting and provide $2,846 to each chapter, accordingly.** (Editorial note: This was subsequently discussed in the next day’s Administrative Council meeting, with a recommendation to be postponed until 2016, so as to provide enough money to each chapter.)

The report was accepted as presented.

C. Publications Committee (For Action)

Thompson presented two action items to the Board of Trustees from the Publications Committee. The first action item is a motion to make all *Medicine & Science in Sports & Exercise* (MSSE) published articles, 24 months or older, be made freely available online. Several board members noted this as a positive step and especially for students. Kohl asked why 24 months and not a shorter period of time; Thompson replied that the Publications Committee is responsible for the business of ACSM’s publishing portfolio and that the committee felt that 24 months was a good middle of the road time period. Feltman noted that MSSE makes up the majority of the Publications portfolio revenue and therefore must be protected, and that staff will closely monitor web traffic and trends should the change be approved and will report on any findings to the Publications Committee. Ehrman asked if it was an option to look at doing the same for the other journals. Thompson replied that this is a trial with MSSE and once we’ve had a year or so of the articles being open, the Publications Committee will review the opportunity for MSSE as well as the other ACSM journals. **It was moved, seconded, and approved that all Medicine & Science in Sports & Exercise (MSSE) published articles 24 months or older be made freely available online.**

Thompson noted that the second proposed action item has 2 components:

1. The approval to move forward with the creation of a new e-journal with the working title “*Translational Journal of the American College of Sports Medicine.*”
2. The approval to enter into negotiation and creation of a contract for this new e-journal with Wolters Kluwer Health.
The e-journal will be an international, peer-reviewed online journal designed to disseminate translational evidence based science that is intended to inform researchers and practitioners. The proposed audience for this journal includes anyone conducting translational research or working in a field where translation of science to practice is emphasized: researchers, academics, sports medicine physicians/clinicians, and clinical exercise physiologists. In addition, those addressing behavioral change in clinical and commercial settings focused on physical activity, weight management, cardiac rehabilitation and more. ACSM worked with Wolters Kluwer Health to do an extensive survey of members on a new e-journal.

A few key highlights from the survey include:

- Translational research is high “need-to-know” information for ACSM members and is reflective of what many members are doing in their work. In short, we heard a loud and resounding “yes I need this information!” from several different member segments.
- 90% of members feel the content has appeal beyond the ACSM membership.
- The majority of survey respondents understood how this new journal fits in with ACSM’s larger publishing portfolio and is not duplicative of information that would appear in another ACSM journal.
- In addition to market research, financial analysis, and in-depth exploration of the audience and mission of the e-journal, the Publications Committee asked staff and the publisher to work on potential content outlines and a competitive/comparative analysis of other journals in this space to establish the market need for such a journal. Conservative forecasts project $300,000 in royalty revenue to ACSM over the course of 6 years primarily driven by Ovid (institutional subscription) revenue. Additionally, there will be a yearly grant-in-aid paid for editorial support in the amount of $30,000 and a modest one-time editorial payment when our existing journal agreement is amended to include the new journal. A full-time staff member will need to be added to the Editorial Services Office beginning in 2016 to assist with the new journal.

It was moved, seconded, and unanimously approved to create a new e-journal with the working title Translational Journal of the American College of Sports Medicine and enter into negotiation and creation of a contract for the new e-journal with Wolters Kluwer Health.

Additionally, the Publications Committee report contained the State of the Titles report, Editor – in-Chief reports from all four ACSM journals, and highlighted the following:

The journal and book publishing program had a record-setting, landmark year in 2013 generating nearly $3.3 million in revenue due to strong book sales from the 2013 release of the 9th Edition of...
**ACSM’s Guidelines for Exercise Testing and Prescription** and related titles, growth in journal royalties and a very financially beneficial signing bonus from WKH/LWW received from the renewal of the publishing agreement. Fiscal year 2014 is tracking to be another year of revenue growth as a result of a new, higher royalty rate negotiated in the new journal agreement for all the journals and success with newly launched digital product “PrepU.”

*Medicine & Science in Sports & Exercise®* and *Exercise and Sport Sciences Reviews* continue to maintain high impact factor performance ranking 5th and 3rd respectively in the Sports and Sciences categories, and *Current Sports Medicine Reports* continues to drive the impact factor up after achieving a first-time ranking in 2011-2012.

The report was accepted as presented.

**D. CCRB (For Action)**

Cotton presented a proposal to the Board noting the recommendation for two certification title changes; “ACSM Certified Health Fitness Specialist” to “ACSM Certified Exercise Physiologist” (EP-C) and “ACSM Certified Clinical Exercise Specialist” to “ACSM Certified Clinical Exercise Physiologist” (CEP) in an effort to establish protected titles and to improve recognition of ACSM certified degreed exercise professionals. Due to the potential ramifications of changing a certification title, and because several viewpoints and perspectives were expressed by some stakeholders concerning this matter, Cotton noted that the CCRB went through a comprehensive and thorough process of soliciting input and comments through stakeholder surveys (i.e., members, ACSM certified professionals, public and employers) as requested by the Administrative Council.

Discussion among Board members highlighted the following pros and cons for the recommended name changes:

**Pros:**

- The changes give those ACSM certified professionals with bachelor’s degrees protected titles that are consistent with the Bureau of Labor statistics definition for the jobs.
- Help to move the whole professional forward.
- Help to distinguish exercise professionals with bachelor’s degrees from personal trainers, most of whom are non-degreed.
- It is common for professionals with a bachelor’s degree to have “ologist” in their title.
- Will give ACSM certifications improved stature, hierarchy and career-path.
- Across the board support from all stakeholders.
Cons:
- Should have a minimum of a master’s degree to be called either an exercise physiologist or clinical exercise physiologist.
- These changes, especially the Clinical Exercise Specialist to Clinical Exercise Physiologist, will take away from the growth and stature of the Registered Clinical Exercise Physiologist.
- Will create confusion within both the field and among consumers.

After extended and thoughtful discussion, it was moved, seconded, and approved to make two certification title changes: “ACSM Certified Health Fitness Specialist” to “ACSM Certified Exercise Physiologist” (EP-C) and “ACSM Certified Clinical Exercise Specialist” to “ACSM Certified Clinical Exercise Physiologist” (CEP).

The report was accepted as presented.

E. European Society of Lifestyle Medicine MOU (For Action)

The report to the Board noted that the European Society of Lifestyle Medicine (ESLM) provides leadership in research, prevention, and treatment of lifestyle-related diseases through nutrition, physical activity, psychology, and public health. ESLM is a non-profit, NGO, whose Chair is Michael Sagner, M.D. Whitehead presented a proposed affiliation framework that included the following partnership points:

- Website acknowledgment
- Support marketing of the other
- Encourage joint research and publications
- Help promote obesity/lifestyle medical school training
- Joint curricula, programs, papers
- Proposed ESLM-ACSM Symposium in March 2015 in Paris (to feature EIM, energy balance, healthcare provider education, etc. and apparently fully or mostly funded)
- Mutual promotion of membership (not something ACSM does)
- 30 day notice to terminate

Whitehead noted that the Administrative Council would be discussing this proposed partnership at tomorrow’s meeting. He noted that he would be expecting the Administrative Council to potentially authorize the creation and approval of a non-binding and non-enforceable MOU consistent with parameters above. There was no further discussion or action proposed on this item for today’s meeting.

The report was accepted as presented.

F. Exercise is Medicine® – Emory Collaboration (For Special Emphasis)
Huter provided the following update to the Board on the ACSM-Emory University collaboration. He noted that there is a current draft of an MOU being worked on by both ACSM and Emory. The proposed outcomes as documented in the MOU draft are as follows:

- Strategic areas of work, including research questions, data collection, and statistical analyses will be collaboratively determined by EIM-Emory, EIM-ACSM, study principal investigators and other key stakeholders.
- Quantification of healthcare providers’ baseline rates for assessing, prescribing, or referring patients for physical activity (PA) on a local, regional, or national basis.
- Quantification of environmental and policy readiness for EIM implementation at a government or healthcare system level internationally and in the U.S.
- Assessment of the effectiveness of intervention testing the EIM Solution model (linking physical activity promotion in the clinical setting to community-based physical activity resources) in healthcare systems internationally and in the U.S.
- Focus on high burden and high cost NCD groups (cardio-metabolic, diabetes, CVD, falls/frailty, cancer, and disability).
- Focus on low and middle income countries and on disadvantaged populations with a high prevalence of NCDs and risk factors.
- Explore projects focused on cost-containment and economic analyses/cost-effectiveness, positioning EIM as an intervention to be deployed under the population health management framework.
- Evaluate the effectiveness of EIM educational efforts in “undergraduate” and postgraduate medical education levels internationally and in the U.S.
- Discrete metrics to be collected and analyzed include:
  - Number & percentage of physical activity (PA) assessments at every healthcare visit;
  - Number & percentage of PA prescriptions by healthcare providers (HCPs);
  - Number & percentage of PA referrals & enrollments to group, individualized or self-managed PA programs by HCPs;
  - Number & percentage of patients participating in programs or working with exercise professionals;
  - Number of EIM Network community programs & providers.
- Discrete outcome measures to be collected and analyzed include:
  - Patient adherence to exercise prescription programs;
  - Changes in patient attitudes, beliefs, and psychosocial constructs toward PA;
  - Changes in patient PA levels (and/or cardiorespiratory fitness);
  - Changes in patient body weight (and/or waist circumference);
  - Changes in patient cholesterol levels, blood pressure, and fasting blood glucose.

Ewing Garber asked if there were any issues or questions, there were none.

The report was accepted as presented.
G. Obesity Prevention and Treatment (For Special Emphasis)

Whitehead noted that significant progress had been made with Chair Jakicic and the ad hoc Obesity Prevention Committee toward defining the overall strategy for ACSM’s Obesity Prevention activities. He focused on the two major goals: 1. Develop an integrated portfolio approach to ACSM’s obesity and energy balance efforts; 2. Position ACSM as a U.S. and global leader in physical activity, obesity, and energy balance. To operationalize this strategy, Whitehead suggested transitioning the ad hoc committee to Strategic Health Initiative status, which creates more continuity and predictability for the committee. The next step in this regard will be for the committee to request the Board to approve this status change. Areas delineated for future consideration include: professional education & practice, new position statements, science, and policy activities. This strategy should create synergy and visibility both within the College as well as externally. Jakicic concurred that this was also the committee’s vision.

The report was accepted as presented.

H. Research Awards (For Special Emphasis)

The report to the Board noted that there were minor updates requested to the committee operating code. Several updates to the awards application promotion were suggested to improve the presence of the awards on the website; including the placement, descriptions of awards, and listing of previous winners. Additionally, we should create more succinct blast emails announcing awards in early December. Lastly, the committee voted to support to change the eligibility criteria of the New Investigator Award applicants from “Terminal degree must have been within the previous 6 years, and applicant cannot hold a level higher than Assistant Professor.” to “Applicant must have been within 6 years of completing terminal research degree or within 6 years of completing medical residency, and cannot hold a level higher than Assistant Professor.”

The report was accepted as presented.

VI. FOUNDATION REPORT

Foundation President Pivarnik discussed the mission of the Foundation which is to grow resources for research and College programming. Pivarnik also introduced members of the ACSM staff that comprise the Foundation team. Pivarnik discussed the fund/endowment balances, as well as, the grant dollars that were awarded through the Foundation so far in 2014. He pointed out the number of grant applications versus those grants awarded; emphasizing that roughly 1 in 5 grants ultimately gets awarded. He reviewed the sponsorship funding opportunities at meetings, signature programs, and other events. As of today, sponsorship revenue for conferences is equal to that of last year. Pivarnik referenced some of the newer partners being solicited including DuPont, Trigger Point, ENC, and Polar.
Pivarnik updated the Board on committee activities: finance committee, marketing & communication committee, donor relations committee, and grant procurement committee as well as the corporate council. He discussed the “$5k challenge” and recognized those members who have donated thus far: Dexter, Penny Mitchell (ACSM Foundation Board member), Kohrt, Thompson, Claude Bouchard, Dave Hillery, and Pivarnik himself. Ewing Garber and Whitehead reinforced their pledges, and Foster contributed immediately following the meeting.

The report was accepted as presented.

VII. WORKING LUNCH: BOARD WORKSHOP/EXECUTIVE SESSION

(The Board went into executive session during lunch. The notes from this portion of the meeting are not included with these minutes.)

VIII. TREASURER’S REPORT

Foster presented an overview of the financial forecast for 2014. He noted that the past two years have represented a period of heavy programmatic investment due primarily to aggressive strategic planning and programming, capacity building, and the maintenance of a leadership role in everything the College does. He noted that in 2013 and 2014, the organization spent more than budget; revenue sources have been performing well but there were expectations for them to perform higher. Total revenue was $200K short in 2013 and $400K short in 2014, relative to budget. Calvert provided additional comments on the forecast for 2014 noting that revenue sources are tightening. In response, the Budget and Finance Committee recommended action to the Board for a platform of raising user fees (i.e., member dues, exhibit fees; and abstract fees); a solid step forward in raising fees effective for 2015. In summary, Calvert noted that for 2014, on a total revenue budget of $12.5M, we are forecasted to fall short on net revenue by 2.2%, for a deficit of approximately $425K. He noted that these revenue shortfalls and expense overages resulted in a very conservative approach to preparing the 2015 budget.

Foster previewed the 2015 budget noting how tight things were and how difficult it was to prioritize among committee and initiative requests for budget funds in 2015. Foster noted that ACSM is cash rich and continues to have a robust and diversified portfolio of revenue sources, but it is not smart to build budgets that risk a deficit performance. Foster reviewed the various new initiatives that were approved by the Budget and Finance Committee for inclusion in the budget. He noted that the current budget, as presented, is balanced and ACSM is exceptionally strong financially. Calvert reviewed the major revenue and expense assumptions that are included with this budget draft. Foster noted that the budget is currently balanced and asked for a motion to approve. **It was moved, seconded, and unanimously approved to approve the 2015 operating budget as presented.**
Calvert presented the capital expense budget for 2015 as follows;

- New phone system: $39,650
- Exercise Your Life (component of EIM Family) website: $30,000
- Phase II development of EIM website: $20,000
- Graphic design/web production computer: $4,000
- Surface device/tablet to use onsite at meetings: $2,450
- HVAC unit - replacement: $8,980

Total: $105,080

It was moved, seconded, and unanimously approved to pass the 2015 capital expense budget as presented.

The report was accepted as presented.

IX. SOAR: GUIDANCE ON STRATEGIC DIRECTIONS AND PRIORITIES

Whitehead conducted a brief review of next steps for the organization’s strategic planning efforts, noting that various SOAR Key Directions Reports will be discussed in the Administrative Council meeting tomorrow. The Administrative Council will approve key SOAR directions in smaller clusters. Whitehead proposed a financial contribution filter or model through which future strategic planning decisions be made on key priorities, as per below.

![ACSM Strategic Quadrant for Evaluating Activities](image)

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The basic premise of this model is reviewing each of the priorities and taking action according to “strategic value” to the organization and the forecasted “financial contribution” of those activities.

With regard to a possible capital campaign he reviewed the following model and goals.

Whitehead stressed the need for ACSM to fund and/or capitalize the initial phase of the campaign. Ewing Garber wondered about the use of a “silent phase” of a campaign to raise a significant portion of our goal and get organized. Several Board members commented on ACSM’s need to get focused on what a capital campaign would emphasize and require large-scale fundraising and funding. Whitehead noted that the previous capital campaigns were not leveraged on large member participation, but more focused on the private sector giving. Hutchinson asked about the size of a campaign and Whitehead noted that this has not been determined yet, but that a $5 million to $10 million dollar campaign seemed reasonable. Jakicic spoke in favor of being smart about whom and for what we approach specific people and companies for funding. There will be certain individuals that are interested in ACSM’s capital campaign because of their tie to the organization, but on the other hand, there will be organizations and/or companies interested in participating because they have an interest in a program or an initiative, that often time needs a return on investment for that company. Whitehead discussed the possibility of using this capital campaign as a vehicle to leverage higher scale partnership dollars to be successful with initiatives such as childhood obesity.
Whitehead briefly reviewed a few other key SOAR priority areas for the Board noting that each one of them will be addressed in more detail by the Administrative Council in tomorrow’s meeting and at their in-person meeting in January. Those key areas include: distance learning, website, and website strategy, and the creation of a member engagement center.

X.  WORKING SESSION: ENGAGEMENT OF TRUSTEES WITH COMMITTEES AND VICE PRESIDENTS

Whitehead and Keith presented a proposal that would represent a new model for engaging trustees and Vice Presidents with College committees. Whitehead noted several ways in which the current model can be improved, including:

1. Assign trustees presently not on committees to appropriate ones.
2. Review clusters of committees under the vice presidents, the assignments of the four vice presidents roles, and the trustees serving on the various committees.
3. Develop coordinated teams among vice presidents, trustees, and committees.

A new model was presented as summarized below:

1. Vice Presidents (1st and 2nd) of Research, Science, Health, and Fitness Committees:
2. Vice Presidents (1st and 2nd) of Membership, Communication, Education, and Policy Committees:

Vice Presidents of Membership, Communication, Education, and Policy Committees

1. Administrative Council
2. Budget and Finance
3. Program
4. Strategic Planning

5. ACSM Fit Society™ Page Editorial Board
6. Awards and Tributes
7. Certification and Registry Boards Certified Personal Trainer Subcommittee
8. Certification and Registry Boards Clinical Exercise Specialist Subcommittee
9. Certification and Registry Boards Continuing Professional Education Subcommittee
10. Certification and Registry Boards Ethics Subcommittee
11. Certification and Registry Boards Exam Development Team
12. Certification and Registry Boards Executive Council
13. Certification and Registry Boards Group Exercise Instructor
14. Certification and Registry Boards Health Fitness Specialist Subcommittee
15. Certification and Registry Boards Publications Subcommittee
16. Certification and Registry Boards Registered Clinical ExercisePhysiologist Practice Board
17. Communications and Public Information
18. Constitution, Bylaws, Operating Codes
19. Consumer Information
20. Credentials
21. Ethics and Professional Conduct
22. Interest Group Forums
23. Membership
24. Office of Museum, History and Archives
25. Professional Education
26. Pronouncements
27. Publications
28. Certification and Registry Boards International Subcommittee
29. Exercise is Medicine® International Advisory
30. International Relations
31. Student Affairs

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Whitehead summarized next steps noting that we need to consider the new model’s key advantages, in that:

a. There would be two major clusters of committees, not four, with each first VP working with a second VP.
b. Trustees from each membership segment would work with the VPs.
c. Would create more specific expectations, coordination, and two-way communication among committees, Trustees, Officers, and Board.

Whitehead noted that this will continue to be worked on and reviewed by the Administrative Council for presentation back to the Board.

The report was accepted as presented.

XI. BRIEF UPDATES AND SPECIAL REPORTS

A. Exercise is Medicine®
B. American Fitness Index®
C. National Youth Sports Health & Safety Institute
D. Evidence Based Practices
E. Advocacy Update

A. EXERCISE IS MEDICINE®

The report to the Board noted and highlighted the following general and EIM committee-specific updates:

General
Our partnership with the EIM Greenville Healthcare system continues to advance as the PA and the Vital sign is being implemented into their electronic medical record system. Additionally, “order sets” are being developed for the healthcare teams and one FTE for an intervention advisor is being added to their system to help direct and connect hospital patients with community resources. The EIM community team (led by Phil Trotter) has been working in the community to train and prepare EIM credentialed exercise professionals to receive the hospital patients.

EIM leadership (Whitehead and Hutber) recently met with the Prime Minister of Aruba to discuss the integration of EIM into their healthcare system. This has accelerated efforts of an EIM evaluation sub-committee (led by Drs. Felipe Lobelo, Paul Estabrooks and Mark Stoutenberg) to push through an EIM evaluation framework that will be used to guide the development of the EIM Solution in Aruba.
Finally, ACSM/EIM staff members have been working diligently to complete a soft launch of the new EIM website. This took place on Friday, October 17th. While there is still much work to be done in editing and developing materials for the website, the new site has received positive feedback from several EIM community and industry partners. A roadmap for the continued work and expansion of the website has been developed and will be used to guide its future progress.

Committees
There are currently nine EIM committees (plus an International Advisory Council) operating under the EIM Advisory Board. Their updates are as follows:

EIM Science - The EIM Science Committee continues to be involved in the process of providing oversight and guidance in the development of an evaluation plan to assess ongoing efforts to implement the EIM Solution in healthcare systems, both locally and internationally. The goal in creating this Evaluation plan is to provide a basic template for assessing key metrics that will provide feedback on the success and effectiveness of the EIM Solution in a healthcare setting. The Evaluation Plan is currently being adapted to fit the RE-AIM framework through the expert guidance of Dr. Paul Estabrooks and will be reviewed by the committee for completeness once finished.

EIM Practice - Committee Goals:
1. Develop a quality measure for physical activity assessment in adults 18-64 years old.
2. Partner with the EIM Pediatric Committee to develop a clinical PA assessment tool for children and adolescents.
3. Serve as advisors to EIM leadership and committees regarding the development, implementation, evaluation, and partnerships relevant to physical activity assessment and promotion in the clinical setting.

Current Projects/Upcoming Projects:
1. Development of a healthcare quality measure for PA assessment in adults 18-64 years old.
2. Advise EIM leadership on the development, implementation, and evaluation of the EIM Solution.
3. Advise EIM leadership and GET10 writing group on Exercise Screening Algorithm.
4. Advise EIM leadership on website content that is relevant for healthcare providers and patients.
5. Advise EIM leadership and EIM Science Committee on evaluation strategies that leverage EHRs, as well as the identification and use of meaningful outcomes and metrics for healthcare providers, healthcare organizations, patients, EIM, and EIM partners.
6. Partner with EIM Pediatric Committee to develop a physical activity assessment tool for children and adolescents.
8. Partner with the National Physical Activity Plan Healthcare Workgroup to implement/achieve strategies and tactics as outlined.

**EIM Education** - The EIM Education Committee continues to provide oversight and guidance in the development of an EIM Continuing Medical Education training course for healthcare professionals. The goal of this course is to train physicians internationally to assess, prescribe, and refer patients on physical activity. This training course should be completed in the early parts of 2015. Dr. Phillips and his team continue work (with more than $140,000 in recent grant funding) to further their efforts to increase PA training in undergraduate medical education. Lastly, Dr. Phillips and his team at the Institute of Lifestyle Medicine hosted a continuing medical education course titled “Practicing Lifestyle Medicine: Tools for Healthy Change” for healthcare professionals in October 2014. Five hundred healthcare providers attended this two day training hosted at Harvard University.

**EIM Credential** - The EIM Credential committee continues to update the training for the EIM Credential course and exam based on feedback it has received from its initial deployment in the U.S. The committee has worked with EIM staff to establish guidelines for the qualifications and training necessary for fitness professionals to receive patient referrals from healthcare providers outside the U.S. The current project is the revamping of the teaching materials used in the 2-day workshop. A large, 2-day workshop is scheduled to be held in Orlando, FL November 7th and 8th.

**EIM Pediatrics** - The EIM Pediatric Committee is continuing to explore methods to validate the assessment of physical activity in healthcare settings for children and adolescents and to be able to link physical activity levels to national recommendations and health outcomes. A working group consisting of Felipe Lobelo, Russell Pate and Liz Joy are working on developing an EIM pediatric vital sign. Felipe Lobelo and Greg Welk are working on linking the EIM Solution to the Fitnessgram. Finally, implementation of the EIM Solution in the Emory Healthcare Children’s Hospital of Atlanta, GA is currently being designed. The committee is also exploring ways to increase partnerships with existing organizations that engage in physical activity promotion efforts with children and adolescents.

**EIM on Campus** - The EIM on Campus Committee (EIM-OC) recently updated the university registration system to allow for better tracking of those institutions that have implemented EIM on their respective campuses. Under the new registration process, a leadership team must be established. In addition, the EIM-OC committee developed a University Recognition program, which includes a handbook that provides the specific protocol and standards by which a university could earn recognition. This program was launched at the 2014 ACSM Annual Meeting in Orlando, FL, where interested attendees had the first opportunity to register their schools under the updated system. Campuses have already begun creating their leadership teams and those who officially registered their campus have received the University Recognition Handbook.

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EIM Older Adults - The EIM Older Adult Committee is identifying content on aging, physical activity, and exercise resources that will be posted on the new EIM website. This includes an update of the exercise and screening for you tool (www.easyforyou.info). Physicians can use this tool with their patients when incorporating physical activity into the patient's prescription. The committee participated in the ACSM round table in June, 2014, and is preparing a manuscript on exercise and aging in a new geriatrics book for practitioners.

EIM Underserved Populations - The EIM Underserved Populations Committee is working on preparing a manuscript based on the presentation they sponsored at the 2012 Annual Meeting: "Exercise is Medicine for Underserved Populations: Challenges and Opportunities.” They have written a comprehensive outline and are having monthly meetings to facilitate the group writing process. The committee believes that this is a good way to spread the message about Exercise is Medicine® and the work that they are doing in underserved and vulnerable populations both within the College and also to a larger, non-ACSM audience.

EIM Community Health - The EIM Community Health Committee is working to:
1) Integrate EIM into community health programs associated with the national Cooperative Extension system. 2) Identify opportunities to integrate EIM into other community health programs, not directly linked to the Cooperative Extension system. 3) Develop partnerships with professional organizations related to nutrition to provide a more comprehensive approach in community health programs to promote energy balance for achieving and maintaining good health.

EIM International Advisory Council - The newly re-organized EIM International Advisory Council, as of the 2014 Annual Meeting, has replaced the previous EIM International Advisory Committee. This change was made to reflect the evolving function of this group, which now consists of the EIM Leaders representing each of their individual regions. The Advisory Council consists of members from Australia, Canada, China, Europe, Latin America, and Southeast Asia. The Advisory Council has been working with and serving as a sounding board for the EIM Global Center in developing global policies that impact the broader EIM Global Network including the development of the EIM website and its use by each EIM National Center.

EIM Presentations/Events - EIM was presented at several recent national and international venues, including:

1. August 2014:
   - EIM Regional meeting in Argentina.
   - EIM presentation (by Mark Stoutenberg) and press conference at the Philippino Association for the Study of Overweight and Obesity (Manila, Philippines)

2. September 2014:
   - EIM presentation (by Bob Sallis) at the European network for Health-Enhancing Physical
Activity (HEPA-Europe)
- EIM on Campus presentation (by Bob Sallis) at Penn State University
- EIM presentation (by Mark Stoutenbegr) at the Japanese Society for Physical Activity
  and Sports Medicine Annual Meeting (Nagasaki, Japan)

3. October 2014:
- EIM Continuing Medical Education course presented by Dr. Ben Tan (Singapore) in Doha, Qatar in partnership with Aspetar Hospital as a next step in the formation of the Qatar
  EIM National Center
- EIM presentation (by Bob Sallis) at the Walk21 Conference (Sydney, Australia)

**B. ACSM AMERICAN FITNESS INDEX®**

On May 28, 2014, AFI released the seventh annual AFI Data Report of the 50 largest metro areas in
the U.S. featuring updated indicators. The national media release of the AFI Data Report was coordi-
nated in conjunction with the ACSM Annual Meeting, in addition to 50 individualized local press
releases. In addition, the 2013-2014 Technical Assistance project was completed in Cincinnati, Las
Vegas, and Miami. The WellPoint Foundation is active on the community level and involved with
coalitions in the three communities. The AFI Data Trend Reports (data from 2009-2013) will be re-
leased in December for the 50 metro areas. A press release and social media campaign will be
coordinated. Lastly, a grant application was submitted to the WellPoint Foundation in September for
continued AFI funding. Expected notification of funding is likely to occur by the end of the year.

The report was accepted as presented.

**C. NATIONAL YOUTH SPORTS HEALTH & SAFETY INSTITUTE**

The report to the Board noted the following NYHSI programmatic updates:

1. Website redesign – a responsive design and mobile optimization format have been intro-
   duced.

2. NYHSI Healthy Youth Sports app – a FREE app providing everything you need to assist
   you in navigating your child’s healthy journey through sports was launched during the Annual
   Meeting; a larger national promotional effort will begin in Q1 2015.

3. Offering Best Practices to Enhance the Youth Sports Experience –
   a. NYHSI Seal of Best Practices was developed for youth sports organizations com-
      mitted to safe and healthy youth athlete development and participation.
   b. NYHSI Youth Sports Parent Pledge was created to charge parents to commit ful-
      filling 10 elements of support to help ensure their child has the best youth sports
      experience possible.
c. Online resources developed by NYSHSI leadership board members continue to grow on our website.

4. NYSHSI will be placing a primary focus in 2015 to build a national initiative, GIRLS (Giving Individuals the Right Landing Strategy) in Sports MattersSM. The GIRLS in Sports MattersSM initiative will focus on and promote physical activity, healthy youth athlete development, fitness, and injury risk reduction specific to girls, particularly as they enter and go through the rapidly changing and individualized period of transition from childhood through adolescence.

5. Dr. Michael Bergeron, NYSHSI Executive Director, and NYSHSI were showcased in a 30 minute special on Nickelodeon titled, Nick News with Linda Ellerbee: “Sidelined: How Safe are Kids Sports?” Nick News with Linda Ellerbee, now in its 19th year, is the longest-running kids’ news show in television history and has built its reputation on the respectful and direct way it speaks to kids about the important issues of the day. Nick News has received eight Emmy wins for outstanding children’s programming.

The report was accepted as presented.

D. EVIDENCE BASED PRACTICES

The report to the Board noted that the Evidence Based Practice Committee (Janice Thompson, Chair) continues to work on the development of MOSAIC. MOSAIC is ACSM’s new Resource Center and Evidence Library. Central to the development and use of MOSAIC, is training member volunteers to serve as Evidence Analysts to assist in the development of Position Stands. The committee’s current priority project is the development of a Training Protocol Manual and Calibration Exercises for training and credentialing a cadre of Evidence Analysts. Our goal is to train an initial group of 10-12 members as Evidence Analysts. In addition, the EBP Committee is working to develop a protocol for vetting content that will be placed in MOSAIC to provide quality control.

The report was accepted as presented.

E. ADVOCACY UPDATE

The report to the Board noted that ACSM is aggressively building relationships with members of Congress, their staff, and the Administration. It was noted that ACSM continues to be a resource for congressional staff with regular emails of pertinent information. In addition, we are collaborating with congressional caucuses, such as the Congressional Fitness Caucus and the Congressional Caucus on Youth sports, with similar goals as ACSM.

ACSM held its second annual Capitol Hill Day on March 4-5, 2014. Thirty-eight ACSM members participated in over 75 meetings with Members of Congress and their staff to discuss Physical Activity Guidelines legislation, the PHIT Act and PEP. The next Capitol Hill Day will be on March 3-4, 2015.

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After the 2014 mid-term elections, Congress will change dramatically due to the takeover of the Senate by the Republican Party. Senator Mitch McConnell will be the new Senate Majority Leader and Senator John Cornyn will be the new Majority Whip. It is expected that Senator Lamar Alexander will be the new chairman of the Senate HELP Committee with Senator Patty Murray as the new Ranking Member of the committee. In the House, Republicans retained and increased their majority. It is expected that Speaker Boehner will maintain his leadership position and Rep. Kevin McCarthy will be the Majority Leader.

Physical Activity Guidelines legislation was introduced in the Senate on March 12 by Senators Harkin and Wicker and in the House on May 23 by Representatives Kind and Schock. The legislation would require the Secretary of HHS to publish guidelines every ten years with a mid-course report at the intervening 5-year mark. The bill was passed out of the Senate HELP Committee by UC on July 23, 2014. It is Senator Harkin's desire to pass the legislation before the 113th Congress closes and he retires. Action on the bill is slated toward the end of the session.

The Childhood Obesity Awareness Month was held in September. ACSM worked with Representatives Fudge and Granger to highlight the month. In addition, ACSM worked with the U.S. Conference of Mayors and the National Governors Association to promote PSAs and government resolutions.

Efforts are underway to include a physical activity research program within the NIH Common Fund. ACSM will work with other likeminded groups to advocate on behalf of inclusion of a physical activity research program within the Common Fund. It is hopeful that NIH will submit an application to the Director around March/April 2015 with a final decision by the Director in May 2015.

ACSM staff is working with NASBE to produce a webinar on concussion management and procedures to be used primarily by NASBE members, but promoted throughout all channels.

The report was accepted as presented.

XII. STRATEGIC PRIORITY UPDATES

A. PROGRAM HIGHLIGHTS

1. Strategic Planning
2. Exercise is Medicine®
3. Health Club Standards and Accreditation (Certification and Registry Boards – CCRB)
4. Professionals Against Doping in Sports (PADS) (USADA-ACSM Initiative Task Force)
1. STRATEGIC PLANNING
See section IX. SOAR: GUIDANCE ON STRATEGIC DIRECTIONS AND PRIORITIES above.

2. EXERCISE IS MEDICINE® (EIM)
See section XI. BRIEF UPDATES AND SPECIAL REPORTS, A. Exercise is Medicine®

3. HEALTH CLUB STANDARDS AND ACCREDITATION (CERTIFICATION AND REGISTRY BOARDS – CCRB)
The report to the Board noted that NSF 341, Health Fitness Facilities Standards, was approved as an American National Standards Institute (ANSI) standard more than a year ago. An attorney from Ohio, either working on his own and/or representing an organization, challenged the standard through NSF and with ANSI. At the very last level of appeal, ANSI decided to withdraw its accreditation. NSF 341 still stands as an NSF standard without the ANSI accreditation. ACSM is working closely with NSF to determine how it can be used to develop a health fitness facility certification.

The report was accepted as presented.

4. PROFESSIONALS AGAINST DOPING IN SPORTS (PADS) (USADA-ACSM INITIATIVE TASK FORCE)
The report to the Board noted that the Task Force is continuing to evaluate a “PADS 2.0” re-launch to extend professional education opportunities and reference resources related to Anti-Doping and use of PEDs, and re-engage partnering organizations. Matt Fedoruk of USADA will again be presenting a PED session at the 2015 ACSM Annual Meeting. Medical Education Committee chair Sandy Hoffmann is also investigating integration of additional PED content and USADA involvement in future TPC courses.

The report was accepted as presented.

B. PUBLIC HEALTH PRIORITIES

1. Obesity Prevention and Treatment (ad hoc)
2. Youth Sports (SHI-Youth Sports and Health)
3. Physical Education (Health and Science Policy)

1. OBESITY PREVENTION AND TREATMENT (OBESITY ad hoc)
The Obesity Committee report to the Board noted that as obesity prevention and treatment are key pillars of the ACSM Strategic Plan, the Committee is focused on developing a comprehensive obesity portfolio for the College. The report to the Board also provided an update on the “Role of Physical Activity in Obesity Treatment for Patients Undergoing Bariatric Surgery” (new joint pos-
tion statement with American Society for Metabolic and Bariatric Surgery); at the time of the sub-
mission of this report:

1. The writing group has held conference calls twice per month over the past 3-4 months.
2. ACSM has assisted by providing a librarian to work with the writing team to complete the
literature search. The literature search has been completed.
3. The writing committee is in the process of extracting the necessary data from the included
literature and is grading the evidence.
4. Members of the writing team are presenting the “process” that is being used to develop this
position paper at Obesity Week (see below).
5. It is anticipated that grading of the evidence will be completed in December 2014 with a fi-
nal manuscript ready for review in early 2015.

With regard to Obesity Week, ACSM has organized two sessions for presentation at “Obesity Week”
in Boston (November 2-7, November 2014). As a partner with “Obesity Week,” ACSM is sponsoring
a 1.5 hour session (“Physical Activity Considerations for Bariatric Surgery Patients: Development of
an ACSM/ASMBS Position Stand”) and a one-half day session (“Exercise is Medicine®: Application
for the Prevention and Treatment of Obesity.”) Detailed outlines were included in the Board
report.

It was also noted that John Jakicic and Renee Rogers represented ACSM at the Obesity Summit in
Chicago (September 2014).

The report was accepted as presented.

2. YOUTH SPORTS (SHI-YOUTH SPORTS AND HEALTH)

The report to the Board noted that under the leadership of Anthony Luke, MD, FACSM, the SHI on
Youth Sports continues to inform, educate, and advocate on issues relating to the health & safety of
youth athletes. The committee has been charged to look at the Lystedt law, and determine the effec-
tiveness. They are on the final stages of this process. The committee has selected Physical Education
for the next topic. The committee works closely with NYSHSI and has increased its presence with
Designed to Move.

The report was accepted as presented.

3. PHYSICAL EDUCATION (HEALTH AND SCIENCE POLICY)

See section XI. Brief Updates and Special Reports, E. Advocacy Update above.

C. PROFESSIONAL PRIORITIES

1. Clinical Sports Medicine Leadership (ad hoc)
2. Diversity (Diversity Action Task Force)
3. Fitness and Exercise Profession Advancement (CCRB)
4. International (International Relations)
5. Membership
6. Policy (Health and Science Policy)
7. Science (Science Integration and Leadership)

1. CLINICAL SPORTS MEDICINE LEADERSHIP (AD HOC)

The Clinical Sports Medicine Leadership Committee report to the Board highlighted the following:


The 2014 conference was held in Chicago, IL in late April. The topic was the revision of Conditioning for Athletes, originally developed in 2001. This paper was highlighted in a session in Orlando by Stan Herring and other ACSM members who participated, and is currently at press.

The ACSM-AMSSM Research Award was announced earlier this spring. The AMSSMF-ACSMF Clinical Research Grant Review Committee selected an awardee for 2014; Daniel Herman, MD, PhD: “Assessment of Neuromuscular Performance Deficits and Recovery after Concussion: Implications for Anterior Cruciate Ligament Injury Risk.”

The report was accepted as presented.

2. DIVERSITY (DIVERSITY ACTION TASK FORCE)

See section XIII. Additional Committee Reports (FOR INFORMATION ONLY), L. Diversity Action.

3. FITNESS AND EXERCISE PROFESSION ADVANCEMENT (CCRB)

The report to the Board included key certification updates as follows:

- Year-to-date, ACSM is at 113% of exams administered when compared to 2013.
ACSM has shifted marketing efforts to a primarily web-based strategy with the assistance of Small Box Web Design, a local marketing and web development company. This change in emphasis includes reducing ACSM investments in print advertising and some fitness industry conference attendance.

ACSM Certification Totals: The charts and table below demonstrate a consistent growth trend.
The report was accepted as presented.

4. INTERNATIONAL (INTERNATIONAL RELATIONS)

The International Relations Committee (IRC) report to the Board highlighted the following:

1) The applications for the 2015 Oded Bar-Or International Scholar Award and the 2015 ACSM International Student Awards have been updated. Marketing efforts to promote the awards have begun. The application deadline for both awards is February 1, 2015.

2) The IRC continues to work with the Medical Education Committee to offer the International Team Physician Course around the globe. The 2014 course was held this past May in Argentina, and the 2015 course is scheduled for South Africa. Applications are being accepted for 2016 and beyond. Representatives from China have shown preliminary interest in hosting a 2016 course.

3) The following are International partnerships and/or projects with which ACSM is involved:

- Continuing partnership with the International Paralympic Committee.
- ACSM is a member organization of FIMS (Fédération Internationale de Medecine du Sport) and enjoys a positive relationship with the organization. ACSM continues to work with the FIMS leadership to determine how the organizations can work together more closely and strategically. Additionally, ACSM & FIMS hosted an Expert Panel on Pre-Participation Examination issues from a global perspective on June 1, 2013 during the ACSM Annual Meeting. The group finalized the consensus document, and it is in review by each organization’s journal. A preliminary teleconference was held to identify the next topic for collaboration.
- ACSM recognized as an NCD Alliance Common Interest Group Member
- Member of ICSSPE (International Council of Sport Science and Physical Education).
Active participating organization for the Physical Activity Network of the Americas (RAFA/PANA) with leadership role in the Objectives & Planning Committee.

The ACSM Committee on Certification and Education continues to develop workshops and certification programs around the world.

ACSM offers a complimentary e-membership for those individuals residing in low income and lower middle income economies as defined by the World Bank. Members continue to join via this special membership program.

ACSM continues to explore and expand upon opportunities to expand the Exercise is Medicine® program around the world, specifically through the launch of several regional EIM centers.

ACSM significantly increased the international scope of the Annual Meeting by adding the “World Congress on Exercise is Medicine®” to the regular program. The committee is represented on the World Congress planning committee by Jim Skinner, PhD, FACSM.

ACSM signed a Memorandum of Understanding with O Centro de Estudos do Laboratório de Aptidão Física de São Caetano do Sul (hereafter CELAFISC). ACSM and CELAFISC have identified a number of collaborative areas to improve the health, safety, and performance of athletes and the general population through professional education, programs, and other efforts.

ACSM signed a memorandum of agreement with the European College of Sport Science (ECSS) that outlines how the organizations will collaborate in the future.

ACSM, through its leadership role in the NCD Alliance, participated in several activities during a week-long United Nations conference to establish goals, surveillance, and action plans to increase physical activity and participation in sports around the world. This "Healthy Planet, Healthy People" convening will help set the stage over the next year as the United Nations plans for a key Summit this time next year on the interplay among environment, health (and healthy lifestyles), and the economy.

On the day prior to the UN Secretary General’s Climate Summit in New York in September 2014, the health and public health community engaged through a civil society event, co-hosted by the American College of Sports Medicine, Public Health Institute, the Global Climate and Health Alliance and the University of Wisconsin-Madison. The conference focused on the tremendous health benefits of climate mitigation and the pathway toward a sustainable and healthy future. Acting U.S. Surgeon General Boris Lushniak, Dr. Carlos Dora, health policy expert with the World Health Organization and Dr. Richard Horton, editor of The Lancet, led a dynamic program that engaged thought leaders at the intersection of climate change and health.

The report was accepted as presented.

5. MEMBERSHIP

See section XIII. Additional Committee Reports (For Information Only), X. Membership

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6. POLICY (HEALTH AND SCIENCE POLICY)

See section XI. Brief Updates and Special Reports, E. Advocacy Update above.

7. SCIENCE (SCIENCE INTEGRATION AND LEADERSHIP COMMITTEE – SILC)

The report to the Board noted that SILC has continued building on its goal of expanding influence on NIH activities. Several new members were appointed to the committee with expertise in research issues related to Clinical and Translational Science Awards (CTSA), medical school curriculum, and Comparative Effectiveness Research (CER). In addition, the Pre-conference Graduate and Early Career Day and Networking Sessions at the Annual Meeting are now working with the Student Affairs Committee to enhance the offering. SILC continues to advise staff on potential supporters and partners for specialty conferences and research roundtables. Under the direction of Darrell Neufer and Scott Powers, ACSM will begin discussions with APS staff on best ways to collaborate on the IPE/IBE conference series. The Integrative Physiology of Exercise Conference took place in Miami Beach September 17-20 and drew over 400 attendees and 185 abstracts. Special thanks to Chair Karyn Esser, and program committee Scott Powers, Karyn Hamilton, Craig Harms and James Carson.

The report was accepted as presented.

D. SUPPORT ACTIVITIES

1. Budget and Financial Performance (Budget and Finance)
2. Communications and Public Information (CPI)
3. Partnerships and Sponsorships (ACSM Foundation)
4. Strategy and Strategic Performance (Strategic Planning)

1. BUDGET AND FINANCIAL PERFORMANCE (BUDGET AND FINANCE)

See section VIII. Treasurer’s Report above.

2. COMMUNICATIONS AND PUBLIC INFORMATION (CPI)

See section XIII. Additional Committee Reports (For Information Only), H. Communications and Public Information

3. PARTNERSHIPS AND SPONSORSHIPS (ACSM FOUNDATION)

Pivarnik noted that all information from this report was covered earlier in the Board meeting under the Foundation Report.

The report was accepted as presented.

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4. STRATEGY AND STRATEGIC PERFORMANCE (STRATEGIC PLANNING)

See section IX. SOAR: GUIDANCE ON STRATEGIC DIRECTIONS AND PRIORITIES above.

XIII. ADDITIONAL COMMITTEE REPORTS (FOR INFORMATION ONLY)

A. ACSM Fit Society® Page
B. ACSM World Heart Games
C. ActivEarth Task Force
D. Aging (SHI)
E. Awards and Tributes
F. Behavioral Strategies (SHI)
G. Boxing (ad hoc)
H. Communications and Public Information
I. Constitution, Bylaws and Operating Codes
J. Consumer Information
K. Credentials
L. Diversity Action
M. Ethics and Professional Conduct
N. Evidence Based Practices (ad hoc)
O. Exhibits Advisory
P. Health & Fitness Summit Program Planning
Q. Health and Science Policy
R. Health Equities (SHI)
S. Health/Fitness Content Advisory Committee (ad hoc)
T. Interest Group Forums (ad hoc)
U. International Relations Committee
V. Medical Education
W. Membership
X. Motorsports (ad hoc)
Y. Nominating
Z. Obesity Prevention
AA. Office of Museum, History and Archives
BB. Olympic and Paralympic Sports Medicine Issues
CC. Past Presidents Advisory
DD. Professional Education
EE. Program
FF. Pronouncements
GG. Publications
HH. Regional Chapters
II. Research Awards
JJ. Research Review

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The report to the Board noted that currently there are more than 7,900 subscribers to the e-newsletter.

Upcoming issues include the following:

- Fall 2014: Exercise and the Brain
- Winter 2015: “Fitting in Fitness”
- Spring 2015: Exercise for Special Populations
- Summer 2015: Youth & Physical Activity

Liberty Mutual continues on as the project sponsor for 2015.

The report was accepted as presented.

B. ACSM WORLD HEART GAMES

The report to the Board noted that the ACSM World Heart Games task force has agreed to develop plans for hosting the Games in 2016. Agnes Scott College (Decatur, GA) site of the 2010 and 2013 Games has already expressed an interest in partnering with ACSM and serving as the host site again and is holding dates of May 20 & 21, 2016. The ACSM World Heart Games task force is discussing if the Games will return to Agnes Scott College or if a new venue will be secured. The Games task force is also working through concepts for scalability and growth models that can enhance the overall Games experience for participants. Currently, there have already been funding commitments made from corporate and private supporters totaling more than $24,000 for the next Games, as well as an offer for in-kind printing for marketing materials.

The report was accepted as presented.

C. ACTIVEARTH TASK FORCE

The September 22nd launch of ActivEarth occurred as part of A Civil Society Event on Action in Climate Change and Health co-hosted by ACSM, the Public Health Institute, the Global Climate & Health Alliance and Institutes of the University of Wisconsin-Madison. The ActivEarth Task Force is now exploring whom to partner with and how to best achieve additional visibility and ACSM member engagement with the ActivEarth initiative.

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The report was accepted as presented.

**D. AGING (SHI)**

The SHI-Aging Committee report to the Board noted that during the fall teleconference of SHI-Aging, Todd Manini pointed out that the NIH white paper (pre-publication version) on Sedentary Behavior resulting from the webinar series in 2013 was posted in MSSE online. The SHI-Aging Committee worked diligently during the fall on establishing new goals and objectives which they reported in the SHI-Key Directions Report for SOAR. These are: (1) Ensure activities related to physical activity and aging are included in ACSM initiatives; and (2) Implement strategic initiatives to promote physical activity in older adults. These items are detailed in the committee’s Key Directions Report for SOAR.

The report was accepted as presented.

**E. AWARDS AND TRIBUTES**

Armstrong presented the Awards and Tributes Committee report, stating that the 2015 Honor and Citation Awardees have been approved and notified. They are listed below, and it was noted that award recipients will be recognized during the Awards Banquet at the Annual Meeting scheduled for May 29, 2015.

**Honor Awardee:**

William O. Roberts, M.D., FACSM
Phalen Village Clinic
St. Paul, MN

**Citation Awardees:**

L. Bruce Gladden, Ph.D., FACSM
Auburn University
Auburn, Alabama

Alan R. Hargens, Ph.D., FACSM
University of California at San Diego
San Diego, CA

Mary Lloyd Ireland, M.D., FACSM
UK Healthcare Sports Medicine
Lexington, Kentucky
Richard G. Israel, Ed.D., FACSM
Colorado State University
Fort Collins, Colorado

Bess Marcus, Ph.D.
University of California-San Diego
San Diego, California

Janice L. Thompson, Ph.D., FACSM
University of Birmingham
Birmingham, United Kingdom

The Committee received and approved a request from the Medical Education Committee to extend the John R. Sutton Clinical Lecture on the Annual Meeting program for an additional five years (2016-2020) and to continue the lecture in honor of John Sutton, M.D., FACSM. The John R. Sutton Clinical Lecture is currently slotted on the Annual Meeting Program as a clinically unopposed session which is to be re-considered on a five-year cycle for both the lecture and the name for which the lecture is dedicated. This lecture does not follow the same policy of the named lectures where they are sunset after a ten-year cycle. The Medical Education committee serves as the advisory committee for recommending the proposed speaker each year and the continuation of the lecture and the name for which the lecture is being honored.

The Committee received a proposal from Steve Blair, P.E.D., FACSM and I-Min Lee, M.D., FACSM for a Morris/Paffenbarger Physical Activity and Public Health Lecture. They are suggesting a physical activity lecture be permanently placed on the Annual Meeting Program. It was noted that the request was for an unopposed lecture and that, if approved, the continuation of the Paffenbarger tutorial would no longer require a slot on the program. The Awards and Tributes Committee will further discuss the proposal and the programming ramifications and keep the Board apprised of the request once a decision is made.

The Awards and Tributes Committee will revise the nomination packets in early 2015 for 2016 nominations. The nomination deadline will be April 15th at which time the list will be sent to the members of the Awards and Tributes committee to ensure there is appropriate representation on the nomination list (gender, interest area, etc.) giving committee members time to solicit additional nominations by May 1, 2015. The Committee will review the applications during its summer committee meeting in Indianapolis.

The report was accepted as presented.

F. BEHAVIORAL STRATEGIES (SHI)

The SHI Behavioral Health Strategies Committee report to the Board noted that David Marquez has agreed to serve as the Chair of this committee beginning in May, 2015. Marquez is serving as a co-chair to the committee for the remainder of Amy Rickman’s current term. Rickman and Marquez
met at the ACSM 2014 Annual Meeting to discuss relevant matters and have remained in contact since then, working on SOAR initiatives. The committee is discussing how to better “market” the banner for Behavioral Strategies for MSSE submissions, especially to SBM members. Strategies include letting individuals know there is a place for these submissions within ACSM/MSSE. The committee recommends appointing a behavioral person to each content relevant committee within ACSM. The committee is looking at successful things other SHI committees have done (e.g., SHI on Aging) so that the committee can strategize and try to mimic other effective SHI committees. This will give the committee a better sense of direction/purpose.

The report was accepted as presented.

G. BOXING (ad hoc)

The report to the Board noted that much of this committee’s agenda is being accomplished through ACSM’s work with the Association of Ringside Physicians (ARP). The annual medical meeting of ARP was held on October 30th to November 1st, at the Vdara Hotel in Las Vegas, Nevada. The theme of the conference is “Back to the Basics: Ringside Medicine.”

The report was accepted as presented.

H. COMMUNICATIONS AND PUBLIC INFORMATION (CPI)

The Communications and Public Information (CPI) Committee report to the Board provided a progress update since the May, 2014 Board of Trustees Meeting in Orlando.

The committee secured a 2015 ACSM Annual Meeting preconference/symposium on media training. Attendance at the symposium, or watching a recording via webinar, will be a requirement for new additions to the Media Referral Network (MRN). The symposium is part of the Media Relations and Advocacy Subcommittee’s work to refresh the MRN process, including requirements, application, review/approval, spokesperson nomenclature, and updating contact information of current MRN members.

Old “Current Comment”/ New “Sports Medicine Basics” are being reviewed and the rebranding is in progress with the Public Education Subcommittee, with the 15 documents currently under review. The Internal Communications Subcommittee has improved its ACSM journal review process to provide more research of interest to the CPI department from each of the ACSM journals. The ACSM communication audit has been completed and the results are being assessed, recommendations are being contemplated and budget implications are being reviewed for presentation to the leadership.

The CPI Committee will serve as an advisory group for the ACSM Foundation Board’s Marketing and Communications Committee.

The report was accepted as presented.

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I. CONSTITUTION, BYLAWS & OPERATING CODES (CBOCC)

The report to the Board noted that reviews of the governing documents of all ACSM committees are underway, with a portion having been completed by October 24th for submission to the Board in early 2015. There will be continued review of Operating Codes for all remaining ACSM committees in the January to April, 2015 time-frame with a report to the Board at the 2015 Annual Meeting.

The report was accepted as presented.

J. CONSUMER INFORMATION

The committee reported that it is currently working on brochures related to a number of topics including eccentric training for rehab, HIIT, LAX Helmets, Motivation for Exercise, and Protein Supplementation. Brochures continue to be developed and updated in the following categories: injuries, clinical exercise, health and fitness, exercise equipment, exercise clothing, hydration, special needs, youth sports and fitness, and nutrition. A new template is being developed for brochures that relate to youth sports or activities.

The report was accepted as presented.

K. CREDENTIALS

The Credentials Committee has completed their August 1st fellowship application review, and has submitted recommendations for Fellow advancement to the Administrative Council for approval.

The report was accepted as presented.

L. DIVERSITY ACTION

The revised Leadership and Diversity Training Program applications have been posted to the ACSM website and are due February 2, 2015. The Committee will be reviewing applications and selecting the new participants. Accepted participants will be notified by April 1, 2015.

The report was accepted as presented.

M. ETHICS AND PROFESSIONAL CONDUCT

The report to the Board noted that the committee continues to review cases regarding concerns over ethics and professional conduct by ACSM members on an as-needed basis. The goal of the committee is to ensure that ACSM membership maintains the highest level of professionalism.

The report was accepted as presented.
N. EVIDENCE BASED PRACTICES

See Section XI. Brief Updates and Special Reports, D. Evidence Based Practices.

O. EXHIBITS ADVISORY

The report to the Board noted that 211 booths were sold to 146 companies at the 2014 Annual Meeting in Orlando. Also, 34 booths were sold to 30 companies at the 2014 Health & Fitness Summit.

The report was accepted as presented.

P. HEALTH & FITNESS SUMMIT PROGRAM PLANNING

The report to the Board reviewed the 2015 program noting that it includes the following keynoters and pre-conference events:

Keynote Speakers

1. Steve Shenbaum – Connecting, Leadership, and Communication
2. James Levine, M.D. – The Dangers of Sitting
3. Carol Ewing Garber, Ph.D. - Exercise Guidelines and Prescription (this will be the inaugural Larry Golding “Bridging the Gap” lecture, in honor of long-time ACSM leader, volunteer, and Summit founder and first Chairperson Larry Golding)

Pre-Conference Sessions

1. Clinical Field Assessments
2. Worksite Health Promotion (including a session for local companies)
3. Energy Balance and Weight Management
4. The Exercise Professional’s Ultimate Toolkit
5. 3D XTREME Certification powered by BOSU (certification)
6. Foam Rolling: Principles and Practices by Trigger Point Therapy

Program content includes 29 breakout lectures, 12 extended workshops, 35 workouts, three “Hot Topic” panel discussions, a special student career session, networking opportunities, a vendor exhibit hall with special events, and the annual Dr. Walter Bortz lecture on Healthy Aging.

The report was accepted as presented.

Q. HEALTH AND SCIENCE POLICY

See section XI. Brief Updates and Special Reports, E. Advocacy Update above.
**R. HEALTH EQUITIES (SHI)**

The SHI on Health Equity Committee has been continuing their work on their manuscript titled *Achieving Health Equity through Physical Activity and Lifestyle: ACSM’s Strategic Plan*. The manuscript is currently being reviewed by the CDC. Once response has been received from the CDC, the manuscript will be emailed to our partnering organizations (NAACP, BCA, RWJ, etc.) who ACSM previously worked with at the health equity meeting in Washington, D.C., a few years ago. Lastly, the finalize manuscript will be presented to the Board of Trustees for approval and the future plan is to have it published in *Medicine & Science in Sports & Exercise*.

The SHI on Health Equity Certification Subcommittee will be having an in-person meeting at the ACSM National Center in January. The group, including an outside expert in the field, will complete the work of integrating health equity into the ACSM certification exams and discuss next steps in creating a health equity certificate or certification.

The report was accepted as presented.

**S. HEALTH/FITNESS CONTENT ADVISORY COMMITTEE (ad hoc)**

The ad hoc Health-Fitness Content Advisory Committee (ahHFCAC) manages health/fitness-related non-periodical publication projects. Tasks include identifying editors, appointing content review panels, and reviewing manuscripts. In 2014, the committee will be appointing book editors for *ACSM’s Exercise for the Older Adult 2e*, *ACSM’s Health-Related Physical Fitness Assessment Manual 5e* and *ACSM’s Behavioral Aspects of Physical Activity and Exercise 2e*.

The report was accepted as presented.

**T. INTEREST GROUP FORUMS (ad hoc)**

The report to the Board noted that for the 2015 Annual Meeting, of the 20 total Interest Groups, the following 15 groups submitted proposal(s) for presentation: Aging; Biomechanics; Cancer; Combative Sports; Environmental and Occupational Physiology; Epidemiology and Biostatistics; Exercise Sciences Education; Health, Fitness and Wellness Coaching; Medicine and Science of Team Sports; Military Sports Medicine; Minority Health and Research; Non-Invasive Investigation of the Neuromuscular System; Nutrition; Pediatric Exercise Physiology; Psychobiology and Behavior.

The following groups did not submit any proposals: Bone and Osteoporosis Network Exchange; Cellular Signaling and Oxidative Stress; Endurance Athlete Medicine and Science; Strength & Conditioning Specialties; and The Science in Winter Sports.

Of the Interest Groups submitting proposals, the following groups did not have a proposal accepted: Combative Sports (submitted 1)

The report was accepted as presented.

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U. INTERNATIONAL RELATIONS COMMITTEE

See XI. Strategic Priority Updates, Professional Priorities C. (4) International.

V. MEDICAL EDUCATION

The report to the Board was a reminder that the Medical Education Committee (ME) continues to ensure CME compliance of the ACCME Essential Areas and Standards for Commercial Support.

The Program Committee “Athlete Care and Clinical Medicine” area representative (Carrie Jaworski, M.D., FACSM) continues working with the ME committee assuring appropriate CME content at the Annual Meeting, and developing tracks/themes for the clinical content area. A clinical Highlighted Symposium (HS) is offered each year at the Annual Meeting. The HS topic for the 2015 Annual Meeting is “Running Medicine 2015: Translating the Science into Practice.”

International Team Physician Course – The 2015 offering will be held October 20-22 in Johannesburg, South Africa hosted by Dr Jon Patricios, Sports Physician, South African Sports Medicine Association (SASMA). Cindy Chang, M.D., FACSM will serve as the ACSM chair and the faculty will include: Aaron Baggish, M.D., Lyle Micheli, M.D., FACSM, and Karim Khan, M.D., Ph.D., FACSM.

Advanced Team Physician Course - The 2014 offering of the Advanced Team Physician Course (managed by ACSM) will be December 11-14th in Tampa, Florida. Drs. Mark Hutchinson and Matthew Gammons serve as the ACSM co-chairs on the planning committee.

Team Physician Course – Part II/ Essentials of Sports Medicine: From Sideline to the Clinic - The next offering of the Team Physician course will be held February 4-8, 2015 in San Antonio. The co-chairs Dave Olson, M.D., FACSM and Mary Lloyd Ireland, M.D., FACSM have revised the curriculum and selected faculty for the course. Additional marketing efforts are being put into place to try to attract more residents and students to the conference.

The Medical Education Committee has selected Martin P. Schwellnus, MBBCh, FACSM as the 2015 John R. Sutton Clinical Lecturer. Dr. Schwellnus’ talk is titled “Reducing Medical Complications During Exercise – From Cramping to Cardiac Arrest” which will be unopposed from any other clinical programming during this offering.

All content for ACSM publications is required to be peer-reviewed by the appropriate ACSM committee. Ken Leclerc, M.D., serves as the ME Publications Coordinator, overseeing the review of these publications. The committee is currently wrapping up the review on ACSM’s Exercise Management for Persons with Chronic Diseases and Disabilities 4e. The Medical Education Committee will be working closely with the Clinical Sports Medicine Engagement Task Force, identifying and creating opportunities for clinician engagement within the College.
The report was accepted as presented.

W. MEMBERSHIP

The report to the Board noted that as of September 30, 2014, ACSM membership is at 25,587 (17,482 National, 8,105 Alliance). This is a decrease of 1,035 (3.9%) in members compared to 26,622 (17,775 National 8,847 Alliance) on September 30, 2013. In an effort to increase membership, the Committee plans to implement a membership benefits and satisfaction survey as well as work with a marketing consultant to improve membership retention and recruitment both which are mentioned in the SOAR key directions document.

The report was accepted as presented.

X. MOTORSPORTS (ad hoc)

The report to the Board noted that the Committee met via conference call recently to discuss ways in which Motorsports Committee members can get “published” within ACSM publications; more specifically SMB and MSSE.

Also discussed was the Committee’s desire to raise awareness of this group’s activities, both inside and outside of ACSM. The Committee also discussed outreach strategies, on a grass roots level, to lower level racing series. Creating educational materials, communicating research that committee members David Ferguson and Lara Carlson have conducted, getting feedback on additional research needs etc.

The report was accepted as presented.

Y. NOMINATING

The report to the Board noted that in February, members eligible to vote will receive an email announcing the opening of the 2015 ACSM election. The email will include information on how to vote as well as a unique username and password. Members who are eligible to vote but do not have an email on file with ACSM will receive a postcard in the mail with voting information.

The Committee will begin considering candidates for the 2016 Election by March 2, 2015. If you wish to make nominations, please do so to Chris Sawyer at csawyer@acsm.org by March 2, 2015.

The Committee has submitted edits to the Nominating Operating Code to CBOC for review.

The report was accepted as presented.
Z. OBESITY PREVENTION

See Section XI. Strategic Priority Updates, Public Health Priorities, Section B (1).

AA. OFFICE OF MUSEUM, HISTORY AND ARCHIVES

The report to the Board noted that ACSM staff Bragg, Feltman, and Tobin have worked out a new process to make sure that Historian Jack Berryman has hardcopies of all pertinent College documents on an ongoing basis.

The committee also reported on several activities related to the 60th Anniversary of ACSM:

- Dedicated area created on the ACSM YouTube channel to host the ACSM’s Distinguished Leaders in Sports Medicine and Exercise Science interview series and populated with videos.
- Creation of highlight reel featuring key moments from first 20 past president Distinguished Leader interviews for display on video screens.
- ACSM timeline updated and featured on large visual poster at Annual Meeting.
- Past President display created and featured on large visual posters at Annual Meeting.
- Historical overview of ACSM journals created and featured on large visual posters at Annual Meeting.
- New trivia questions created for Annual Meeting mobile app.
- 60th Anniversary buttons and temporary tattoos created as “flair” for meeting attendees

The report was accepted as presented.

BB. OLYMPIC AND PARALYMPIC SPORTS MEDICINE ISSUES

The report to the Board noted that the Committee became a standing committee as a result of a vote taken at the 2014 ACSM Annual Business Meeting in Orlando. As a standing committee we look forward to increasing visibility and awareness of work on the Olympic/Paralympic games, serving as a resource to the ACSM Program committee on topics relevant to the games and expanding programming at ACSM on Olympic/Paralympic topics. As a new standing committee, the committee has submitted suggestions on how to expand Olympic/Paralympic work at ACSM through SOAR.

The report was accepted as presented.

CC. PAST PRESIDENTS ADVISORY

The report to the Board noted that this Committee meets periodically on certain specific, strategic issues at the request of the President and at the Annual Meeting. The Committee has met via conference call to discuss, review, and provide recommendations on the College’s Strategic Planning SOAR document.
The report was accepted as presented.

**DD. PROFESSIONAL EDUCATION**

The report to the Board noted that the Professional Education Committee continues to strive to change and improve the audit/renewal process for the Approved Provider Program. To date, there are numerous organizations who can utilize ACSM CECs for their meetings and educational offerings.

The report was accepted as presented.

**EE. PROGRAM**

Program Committee Chair Armstrong presented the Program Committee report to the Board. Armstrong presented one action item to the Board of Trustees from the Program Committee.

Discussion occurred to approve San Francisco for the 2020 Annual Meeting and Washington, DC for 2021 Annual Meeting.

*It was moved, seconded, and approved to select San Francisco for 2020 Annual Meeting and Washington, DC for 2021 Annual Meeting.*

Armstrong indicated that the abstract deadline was Monday, November 3rd and that we had received 3,113 complete scientific and clinical case abstracts. A total of 3,127 abstracts were received in 2014 for the Orlando meeting and 2,498 in 2013 for the Indianapolis conference. It was stated that we did receive a record number of abstracts received on the last day of submission, receiving 1,590 on that day last year.

A portion of the Program Committee (Board members who also serve on the Program Committee) met just prior to the Board meeting. During this meeting, the approved sessions were slotted. The full Program Committee met in July to review the proposals for the 2015 Annual Meeting, World Congress on Exercise is Medicine® and World Congress on the Basic Science of Exercise Fatigue. A well-balanced program was created based on sessions actively sought for the Featured Science Sessions/Highlighted Symposia and the submitted proposals. The Program Committee utilizes a format where the four major areas of the College (basic science, applied science, clinical, and integrative) are built in silos, giving the basic science category an increase in silos in order to increase the basic science at the meeting. This process appears to work well in determining an appropriate balance of the program.

To increase the attractiveness of programming for integrative exercise physiology and basic science at the Annual Meeting, a basic science 2-day World Congress will be offered each year at the Annual Meeting. The topic for the 2015 Annual Meeting is The Basic Science of Exercise Fatigue, chaired by Bruce Gladden, Ph.D., FACSM.

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The World Congress on Exercise is Medicine® will be held in conjunction with the 2015 Annual Meeting in San Diego. The World Congress is a multi-organizational program that calls upon scientists, physicians, practitioners, community leaders, health and fitness professionals and policymakers to promote physical activity and exercise to prevent disease and promote healthcare. The World Congress will address the science, practice, and policy aspects of the impact physical activity has on disease prevention and health promotion. The EIM Planning Committee is chaired by Bob Sallis and co-Chaired by Steve Blair, Felipe Lobelo, Jim Skinner, and Liz Joy.

Opportunities to promote attendee physical activity at the Annual Meeting will be continued through the efforts of a small task force.

A Pre-Conference titled, “PINES 10 Questions 10 Experts: Sports Nutrition for the Brain,” will be held on Tuesday, May 26, 4:00-6:00PM with a reception immediately following the session. This session will address nutrient manipulations which, when undertaken in a periodical manner to allow a combination of training harder and training smarter to lead to optimal performance outcomes. A format of 10 questions/10 experts will showcase new insights into this emerging field.

A Graduate and Early Career Day pre-conference and networking opportunity will be held on Tuesday, May 26, 3:00-6:00PM. This pre-conference will focus on the development of academic careers for graduate students and early career professionals. The session will promote networking and mentorship between early career members and senior investigators for scientific outreach and career building. The general session will be followed by breakout sessions. There will be sessions for graduate students, pre-doctorial students, post-doctoral students, and junior faculty as well as those interested in business careers. The purpose of this setting is to engage the participants to feel comfortable to ask questions and participate adding their personal experiences and to allow other senior investigators attending the session to share their experiences. These sessions are open to all attendees but will be specifically targeted to graduate and early career participants. Registration to the ACSM Annual Meeting is required to attend this pre-conference and any of the break-out sessions.

2015 Named lectures/speakers are listed below:

**The Joseph B. Wolfe Memorial Lecture**
The Scientific Evolution of our Understanding of Resistance Training as we Know it Today
William J. Kraemer, Ph.D., FACSM
The Ohio State University
Columbus, Ohio

**The D.B. Dill Historical Lecture**
Landmarks in the Development of Sports Nutrition
Ronald J. Maughan, Ph.D., FACSM
Loughborough University
Loughborough, United Kingdom
EIM Keynote
The Global Energy Balance Network: Developing Sustainable Solutions for Healthier Living
James O. Hill, Ph.D.
University of Colorado
Denver, Colorado

Presidents Lecture
Revisiting CPX Applications: Aligning Evidence with Clinical Practice
Ross Arena, Ph.D., FACSM
University of Illinois, Chicago
Chicago, Illinois

Presidents Lecture
Reaching the “Hard to Reach:” Integrating Theory and Technology to Promote Physical Activity in Underserved Populations
Bess Marcus, Ph.D.
University of California San Diego
San Diego, California

Presidents Lecture
Actually Doctor I Need a Prescription for Two PTs: A Physical Therapist for the First Few Weeks after my Disability or Acquired Condition and an ACSM- Certified Personal Trainer for the Remainder of My Life!
James H. Rimmer, Ph.D.

Presidents Lecture
Novel Molecular Actions that Improve Metabolic Health
Laurie Goodyear, Ph.D., FACSM
Joslin Diabetes Center and Harvard Medical School
Boston, Massachusetts

Ralph S. Paffenbarger Tutorial Lecture
On the Independence of Physical Activity
Peter T. Katzmarzyk, Ph.D., FACSM
Pennington Biomedical Research Center
Baton Rouge, Louisiana

John R. Sutton Clinical Lecture
Reducing Medical Complications During Exercise – From Cramping to Cardiac Arrest
Martin P. Schwellnus, MBCh, FACSM
University of Cape Town
Cape Town, South Africa
Elsworth R. Buskirk Tutorial Lecture
The Skin: Mapping the Interface between Physiology and the Environment
George Havenith, Ph.D.
Loughborough University
Loughborough, United Kingdom

Priscilla M. Clarkson Tutorial Lecture
Exercise-Induced Muscle Damage: Molecular Mechanisms and Modifiers
Monica Hubal, Ph.D., FACSM
Children’s National Medical Center
Washington, DC

The report was accepted as presented.

FF. PRONOUNCEMENTS

The Pronouncements Committee Chair Oscar Suman, is presently overseeing several Position Stands currently under development:

1. The Exercise and Academic Achievement Position Stand is the first to use the new Evidence Based Procedures for Position Stand Development. Joe Donnelly, PhD is the writing group chair. Writing is near completion on this Position Stand and we anticipate it being ready for external review near the end of 2014.

2. The Nutrition and Athletic Performance Position Stand is a joint paper with the Academy of Nutrition and Dietetics. Evidence analysis is complete and the writing group began their work in early Spring 2014. Louise Burke, PhD is the ACSM representative to the writing group.

3. The Role of Obesity Treatment for Patients Undergoing Bariatric Surgery Position Stand is a joint paper with the American Society for Metabolic and Bariatric Surgeons. John Jakicic, PhD is writing group chair. This Position Stand was started prior to the implementation of the new evidence based protocol but is utilizing the best available EBP procedures at the time writing commenced. Writing is underway and this group anticipates having a first draft of the stand by late fall 2014 or early spring 2015.

The priority activities for the Pronouncements Committee for the fall of 2014 are to: 1) identify current topics of relevance and procedures for the development of evidence informed, quick turnaround documents of timely, high-importance topics and; 2) develop a protocol for sunsetting old/outdated Position Stands

The report was accepted as presented.
GG. PUBLICATIONS

The most recent ACSM State of the Titles Report was included in the report to the Board. It is also included in these minutes as submitted.

State of the Titles Report – A Publishing Operations Overview
Katie Feltman, ACSM Director of Publishing

This report serves as the “State of the Titles Report;” included are financial details of the overall publishing program and reports from the Editors-in-Chief of the four standing editorial offices: Medicine & Science in Sports & Exercise®, Exercise and Sport Sciences Reviews, ACSM’s Health & Fitness Journal®, and Current Sports Medicine Reports.

Financial Summary

<table>
<thead>
<tr>
<th></th>
<th>Year-End FY13</th>
<th>Forecast FY14</th>
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</thead>
<tbody>
<tr>
<td>LWW Nonperiodicals</td>
<td>$368,235</td>
<td>$328,207</td>
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<tr>
<td>LWW Periodicals, GIA</td>
<td>$2,897,426</td>
<td>$1,680,384</td>
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<tr>
<td>HK Nonperiodicals</td>
<td>$28,587</td>
<td>$13,973</td>
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<tr>
<td>Total</td>
<td>$3,294,248*</td>
<td>$2,022,564</td>
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*Signing bonus included in this total.

5-Year Publishing Snapshot

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-periodical titles published</td>
<td>6</td>
<td>4</td>
<td>11</td>
<td>0</td>
<td>4 (scheduled)</td>
</tr>
</tbody>
</table>
Royalties, Grants in Aid

$3,500,000
$3,000,000
$2,500,000
$2,000,000
$1,500,000
$1,000,000
$500,000
$0
2010 2011 2012 2013 2014 (est.)

15-Year Publishing Snapshot

Royalties, Grants in Aid

*The revenue spikes seen in 2003 and 2013 are the result of ACSM receiving contract signing bonuses from Wolters Kluwer Heath on the signing/renewal of journal agreements.

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ACSM Publications Status Reports: 2014

Periodicals – total number of pages published through April 2014

*Medicine & Science in Sports & Exercise®* (monthly) ................................................................. 2193
*Exercise and Sport Sciences Reviews* (quarterly) ................................................................. 194
*ACSM’s Health & Fitness Journal®* (bimonthly) ................................................................. 286
*Current Sports Medicine Reports* (bimonthly) ................................................................. 346

Non-periodicals in Development as of November 2014:

**First Editions:**
1. *ACSM’s Nutrition Manual for the Health & Fitness Professional*
2. *ACSM’s Research Methods in Exercise Science*

**Revisions:**
1. *ACSM’s Certification Review, 5e*
2. *ACSM’s Exercise Management for Persons with Chronic Diseases and Disabilities, 4e*
3. *ACSM’s Guidelines for Exercise Testing and Prescription, 10e*
4. *ACSM’s Resources for the Health Fitness Specialist, 2e*
5. *ACSM’s Resources for the Personal Trainer, 5e*
6. *Coaching Psychology Manual 2e*

Nonperiodical Digital Products in Development as of November 2014:
1. prepU for the Health Fitness Specialist and Group Exercise Instructor

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*MEDICINE & SCIENCE IN SPORTS & EXERCISE®*  
OFFICIAL JOURNAL OF THE AMERICAN COLLEGE OF SPORTS MEDICINE

**Publication’s Name:** *Medicine & Science in Sports & Exercise®*

**Report Date:** 24 October 2014

**Submitted by:** L. Bruce Gladden, Ph.D., FACSM, Editor-in-Chief

**2014 Editorial Recap:** Fall 2014 Status of the Journal

*MSSE®* remains a very strong journal; many researchers set a goal of publishing in *MSSE®* as a mark of success in their field. To date, there have been 1065 manuscripts submitted to *MSSE®* during 2014; this rate is on track to continue our multiyear pattern of establishing a new submission record in each ensuing year. Of the 1065 submissions, 33.3% are from domestic authors versus 66.7% from international authors. For the past 12 months, the journal has averaged 112 submissions per month. The
chart below summarizes our last five years (2009–2013) plus our projected totals for 2014. The 2013 Thomson Scientific’s Journal Citation Report impact factor for MSSE® was 4.459 and its five-year impact factor was 5.206. These values place our journal at the fifth and fourth places, respectively, in the Sport Sciences category, second and first when review journals are excluded. I am also pleased that MSSE®’s cited half-life (the median age of the articles that were cited in 2013) is 9.8 years; this is an indication that articles published in MSSE® have “staying power.”

Despite the high rate of submissions, our peer-review process continues to efficiently manage the workload, with submission-to-acceptance and submission-to-rejection times through September 2014 averaging 103 and 32 days, respectively, similar to the same period of 2013. So far, the acceptance rate has averaged about 28% this year, a value that is simply too high as detailed below.

The combination of a huge number of submissions and an acceptance rate of 28% has led to our print “in press” delay of 227 days for the December 2014 issue and to over 250 days for the June 2015 issue, one of the longest delays the journal has experienced (see the chart below). We are currently scheduling accepted papers for the July 2015 issue. Essentially our success has become a challenge that must be answered by MSSE® becoming an even more exclusive publication. Therefore, I have set our goal for acceptance rate at 20%. This means that even carefully performed experiments resulting in well-written manuscripts will not be competitive for acceptance if they report only incremental advances. We can only accept manuscripts that are unique, innovative, and impactful. The positive outcome of these rigorous standards will be an even stronger journal, and I am optimistic that our measures of overall impact will reflect that.

![MSSE Manuscript Submissions](chart.png)
I am pleased to report an exciting transformation in MSSE®’s operation. With the collaboration and efforts of Managing Editor Ken Wilson, we have streamlined the MSSE® submission process. Specifically, the following changes have been inaugurated:

- The requirement for copyright transfer assignment forms has been moved to the revision phase as opposed to being an upfront condition. Now, the corresponding author affirms that the submission is known to and agreed to, by the coauthors identified on the manuscript’s title page.
- Justification for more than six authors is no longer required.
- Title page items of running title, conflict-of-interest statement, and funding disclosure have now been waived.
- Line numbering has replaced paragraph numbering.
- Acceptable figure formats for original submissions now cover a broad range (.tif, .eps, .jpeg, .doc, .ppt, .pdf, .png, .gif, etc.). Guidelines for creating and submitting electronic artwork are provided to authors who receive an invitation to revise from the Associate Editors.

We have already received unsolicited compliments and praise for these changes. Submitting authors like these changes, and as word spreads, we may have even higher submission rates as a result.

We continue to have high submission rates in the areas of epidemiology and biomechanics. In response, I plan to appoint additional Associate Editors in those areas as well as an additional one in the area of psychobiology of exercise. I can never emphasize enough that our Associate Editors and our editorial office professionals are the backbone of the journal.
EXERCISE AND SPORT SCIENCES REVIEWS
Research Perspectives in Exercise and Sport Science from
the American College of Sports Medicine

1. Publication’s Name: Exercise and Sport Sciences Reviews
2. Report Date: October 27, 2014
3. Submitted by: Roger M. Enoka, Ph.D.

4. 2014 Editorial Recap -- successes, accomplishments, shortfalls
   - Successful publication and distribution of the four 2014 issues
   - Recruitment
     o 2014 recruitment as of October 1: 25 proposals
     o 8 submitted
     o 17 pending submission

   - Editorial Board Rotation:
     The following editors rotate off the board at the close of 2014: Michael D. Brown, Kevin M. Guskie-wicz, Joseph Hamill, Matthew W. Hulver, Bradley C. Nindl, Joon-Young Park, Espen E. Spangenberg, and Christopher R. Woodman.

   - New editorial board members, active January 1, 2015 (terms run until end of 2016)
     Associate editors: Sandra K. Hunter, Monica J. Hubal, Demetra D. Christou, Kathryn H. Myburgh.

   - The assistant editor role will be discontinued at the close of the year with the editorial board rotations. The current assistant editors have been invited to serve as associate editors or notified that the term will end at the close of the year.

   - Concerns were raised about gender equity on the editorial board due to several female editorial board members rotating off the board. The current editorial board members provided suggestions for coverage in needed areas. Candidates were invited to journal the editorial board after they were vetted and approved by the editor-in-chief.

   - The 2013 ESSR impact factor (released summer 2014) of 4.818. The journal is ranked 3rd in the sport sciences category.

   - Completed scheduling of 2015 issues and completed 2016 issue deadlines and began scheduling the issues.

   - Begun paying more attention to distributing journal content across the 11 categories used by ACSM to classify annual meeting presentations.
• Modified instructions to authors to focus the manuscript on a novel hypothesis that is illustrated in a conceptual figure. Also, began requiring authors to use a succinct title that can be understood by a broad audience.

5. 2014 Editorial Outlook/Forecast

• Continue scheduling the 2016 issues.
• Monitor proposal topic areas to avoid scheduling proposals with the same topic in one issue.
• Continued close contact with editor and/or authors regarding manuscript status.

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1. Publication's Name: ACSM’s Health & Fitness Journal®
2. Report Date: October 20, 2014
3. Submitted By: Editor-in-Chief Steven j. Keteyian, PhD, FACSM

   a. ACSM’s Health & Fitness Journal® (FIT) published six of six issues for 2014. The quality of the journal content remains very strong and feedback has been positive.
   b. FIT continues to do well with regard to feature submissions. The journal is currently filling the May/June 2015 issue. 2015 feature article efforts included two recruitment teleconferences, one for exercise topics and another for nutrition topics, along with a note from the editor-in-chief encouraging members of the Editorial Board to submit a feature article to the journal.
   c. In 2014, the journal published two themed issues, the first, published in the March/April edition, under the leadership of guest editor Carl Foster, PhD, FACSM, and focused on the training, nutritional, and medical issues that casual runners confront as they increase training volume to run a half-marathon. The September/October issue was devoted to the topic of high-intensity interval training.
   d. Beginning with the January/February 2014 issue, Brad A. Roy, PhD, FACSM, became the journal’s associate editor-in-chief. Dr. Roy has an extensive background in both medical- and community-fitness and will help ensure the journal remains contemporary and evidence-based.
   e. Also in January, the journal welcomed two new associate editors Jennifer L. Bacon, MS and Cary H. Wing, EdD, FACSM. Bacon is overseeing the Business Edge column and Wing oversees a new column entitled Health & Fitness A to Z. In July, the journal welcomed William F. Simpson, PhD, FACSM to oversee ACSM’s Certification column, as the chair for the

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committee on Certification and Registry Boards.

f. The journal, in partnership with publisher Wolters Kluwer/Lippincott Williams & Wilkins conducted a readership survey of all ACSM Alliance members January-March 2014 to gauge readers’ opinion on various journal features. Overall results were positive.

g. The journal’s annual editorial meeting was held April 3 in Atlanta, GA during ACSM’s Health & Fitness Summit & Exposition. The group discussed ways to link the Summit with the journal, ALT metrics to measure the journal’s reach, journal improvements based on readership survey results, and the addition of video abstracts.

h. Editor-in-Chief Keteyian has decided to step down from his journal post at the end of 2015. A candidate search has begun with ads running in ACSM journals, in Sports Medicine Bulletin, in Certified News, and are posted on the journal’s Web site.

i. The journal administered the ninth annual Worldwide Health/Fitness Trends Survey under the leadership of ACSM Publications Committee Chair and FIT Editorial Board member, Walter R. Thompson, PhD, FACSM. The 2015 results published in the November/December 2014 issue and have received international press coverage again this year.

j. The November/December issue of the journal included the journal’s first video abstract. The video abstract accompanied the annual Worldwide Health/Fitness Trends Survey results article and was posted on the journal’s web site, shared on social media, and sent to the media via a link in a news release.

5. 2015 Editorial Outlook/Forecast:

a. In 2015, FIT will publish an obesity-themed issue in the September/October edition and it will be under the leadership of guest editor Brad A. Roy, PhD, FACSM.

b. The editor-in-chief search is currently underway for the 2016-2019 term with an application deadline of January 5, 2015. Finalists will be interviewed by the Publications Committee at ACSM’s Health & Fitness Summit & Exposition in April in Phoenix, AZ.

c. Cross training with the incoming editor-in-chief will begin in July 2015 with current Editor-in-Chief Keteyian and Managing Editor Lori Tish.

d. Based on discussions at the 2014 editorial meeting, the journal will be ramping up its use of video abstracts or summaries to accompany articles. The short videos will appear on the journal’s web site and on the iPad app, and may be posted on the journal’s social media sites as well.

e. Consistent with the rotation system established for Editorial Board members, five members rotated off at the end of 2014 (Elizabeth Applegate, PhD, FACSM; Peter Brubaker, PhD; Ron Goetzel, PhD; J. Matthew Green, PhD, FACSM; and Eric S. Rawson, PhD, FACSM).

Five new Editorial Board members will begin with the journal in January (Clinton A. Brawner, PhD, FACSM; Robert Confessore, PhD, FACSM; Brandon S. Shaw, PhD; Michael J. Spezzano; and Greg Vanichkachorn, MD, MPH).

f. In an effort to make column planning easier on the Associate Editors, a topic brainstorming teleconference is in the works for February. The last call of this type was held in June 2013 and was a hit among the editors.

g. The journal’s annual editorial meeting will be held in April in Phoenix, AZ during ACSM’s Health & Fitness Summit & Exposition.
1. **Publication's Name:** *Current Sports Medicine Reports*

2. **Report Date:** October 24, 2014

3. **Submitted By:** Editor-in-Chief William O. Roberts, MD, MS, FACSM

4. **2014 Editorial Situation Report:** *Successes, accomplishments, shortfalls*
   a. *Current Sports Medicine Reports* (CSMR) published six of six issues for 2014. The quality of the journal content remains very strong and the feedback has been positive. There has been good stability and consistency among the section editors and all have done a good job recruiting their authors/topics in a timely fashion.
   d. The 2013 journal impact factor data was published in July 2014 in the Journal Citation Reports® issued by Thomson Reuters. *CSMR’s* impact factor rose to 1.600 from 1.513 (2012 results). The journal now ranks 36 out of 81 sports medicine titles.
   e. The journal’s annual editorial meeting with section editors was held May 29 in Orlando, FL during ACSM’s Annual Meeting.

5. **2015 Editorial Outlook.Forecast:**
   a. Recruitment for 2015 issues is underway; the journal is currently filling the September/October and November/December issues.
   b. Beginning with the January 2015 issue, *Current Sports Medicine Reports* will transition to an online only journal. The journal will continue to publish its valuable content on a bimonthly basis and will be accessible on the journal’s web site, through its iPad® app, and in mobile view. Readers were notified via letter, email, and with a tip on ad with the November/December 2014 issue.
   c. In 2015 the journal will add three new columns to include: CAQ Review, a one page topic summary to help readers prepare for Certificates of Added Qualifications (CAQ) examina-
tions; Clinical Procedures, a practical one page overview of a technique, method, or procedure seen in day-to-day practice; and Clinical Pearls, tips, tidbits, and helpful advice that clinical sports medicine physicians can use in their daily work.

d. Christopher C. Madden, MD, FACSM, has stepped down as Section Editor of the Competitive Athletes section and John P. DiFiori, MD, FACSM has stepped down as Section Editor of the Extremity and Joint Conditions section. Madden served in this position since 2010 and DiFiori since 2007. Search for two new Section Editors is currently underway.

e. Continuing marketing efforts are underway to help build journal awareness for both ACSM’s physician members and for potential external subscribers, including the American Medical Society for Sports Medicine (AMSSM).

The report was accepted as presented.

HH. REGIONAL CHAPTERS

The report to the Board provided the following updates.

Regional Chapter Grant Program Update - The ACSM Board of Trustees approved a three year Regional Chapter Grant Program at its 2013 fall meeting. The goal of the grant program is to provide additional funding opportunities that allow the Regional Chapters to increase infrastructure, support of ACSM SOAR/strategic plan and/or implement new and innovative programs. In the inaugural year (2014) of the program, nine chapters submitted a total of 18 grant applications. As the distribution of funding was at the discretion of the reviewers, each grant application in 2014 was awarded $1100. Regional Chapter leaders generally were appreciative of the program and positive about the opportunities that would arise from their participation in the program. The Regional Chapters will implement their programs in 2014 and will report success measures on their 2014 annual reports due in early 2015. These reports are made available to the ACSM Board of Trustees. The ACSM Regional Chapters Committee will also review the reports and use the information provided to make any needed changes to the grant program. Applications for the 2015 grant program are due December 1, 2014. For the 2015 program, ACSM will award up to twenty grants of $2,000 each.

The Regional Chapters Committee stressed the importance of the Regional Chapters tying any proposed programs closely to the ACSM SOAR Strategic Plan and writing applications in such a way that all program ideas/topics tie directly to an item in the SOAR plan. The review committee will give preference to any applications that advance the goals outlined in the ACSM SOAR plan.

Membership - ACSM’s twelve (12) Regional Chapters continue to play an important role in introducing professionals and students to ACSM. In 2013, more than 8,300 professionals and students belonged to an ACSM Regional Chapter. ACSM membership, meeting, and certification marketing materials are disseminated at all ACSM Regional Chapter meetings. During the 2013-2014 meeting season, ACSM continued to promote the introductory $10 Student Membership at the Regional Chapter meetings.
Education - More than 6,300 attendees participated in chapter annual meetings or lecture tour events in 2013. These programs provide local access to first-rate scientific information, therefore, expanding ACSM’s reach and influence. In addition, most chapters provide awards or research grants to support students and new investigators within their regions. The chapters combined to distribute more than $31,000 in scholarships and research awards, mostly to students.

Regional Chapter Meetings-
Regional Chapters continue to deliver ACSM’s message at the local level through first-rate regional educational meetings and events. Following is a list of the chapter annual meetings from fall 2014 to summer 2015, that have been held or are scheduled to date:

- **Alaska Chapter**, April 17-19, 2015 in Anchorage, AK
- **Central States Chapter**, October 23-24, 2014 in Overland Park, KS
- **Greater New York Chapter**, November 8, 2014 in New York, NY
- **Mid-Atlantic Chapter**, October 31-November 1, 2014 in Harrisburg, PA
- **Midwest Chapter**, November 7-8, 2014 in Merrillville, IN
- **New England Chapter**, November 13-14, 2014 in Providence, RI
- **Northland Chapter**, October 9-10, 2014 in Mankato, MN
- **Northwest Chapter**, February 27-28, 2015 in Bend, OR
- **Rocky Mountain Chapter**, March 27-28, 2015 in Denver, CO
- **Southeast Chapter**, February 12-14, 2015 in Jacksonville, FL
- **Southwest Chapter**, October 17-18, 2015 in Costa Mesa, CA
- **Texas Chapter**, February 26-27, 2015 in Austin, TX

The committee report to the Board acknowledged significant mission-based activity occurring at the Regional Chapter level.

The report was accepted as presented.

II. RESEARCH AWARDS

There were minor updates to the committee operating code. Several updates to the awards application promotion were suggested to improve the presence of the awards on the website, including: placement, descriptions of awards, and listing previous winners. Lastly, plans are in place to create more succinct blast emails announcing awards in early December.

The report was accepted as presented.
JJ. RESEARCH REVIEW

The Research Review Committee report noted that the committee is investigating on-line approaches for grant application submission and peer review. Foundant GLM and WizeHive are the two grant management software programs under consideration for the 2016 ACSM Foundation Grant program. The deadline for the 2015 grant submission is January 16, 2015.

The report was accepted as presented.

KK. SCIENCE CONTENT ADVISORY COMMITTEE (Ad Hoc)

The ad hoc Scientific Content Advisory Committee (ahSCAC) manages research, basic science and scientific-related nonperiodical publication projects. Tasks include identifying editors, appointing content review panels, and reviewing manuscripts. In 2014, the committee appointed a review panel chair and convened a review panel for ACSM’s Research Methods in Exercise Science, and will be appointing a book editor/author for ACSM’s Introduction to Exercise Science.

The report was accepted as presented.

LL. SCIENCE INTEGRATION AND LEADERSHIP

See Section XII. Strategic Priority Updates, C. Professional Priorities, 7. Science (Science Integration and Leadership)

MM. STUDENT AFFAIRS

The report to the Board noted that there are several student activities planned by the Student Affairs Committee (SAC) for the 2015 Annual Meeting including, but not limited to;

Student Colloquium for the 2015 Annual Meeting; focusing on giving students an opportunity to hear from experts in three different career areas – clinical, industry, and apply to graduate/professional school.

Meet the Expert Networking Session; in its 12th consecutive year to give students the opportunity to meet ACSM leaders one-on-one to chat with them about career, school, life goals, and overall experience in their field.

Student Volunteer Program and Student Help Desk; a great resource for students located in the ACSM registration area and run by the SAC. They help to answer questions, guide students, and make the entire Annual Meeting experience positive for student attendees.

Student and Early Career Day Preconference at the 2015 Annual Meeting; the planning of this event will now include key-holders from the SAC, and is being held again this year for students and early professionals to attend.

The report was accepted as presented.

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NN.  USADA-ACSM (TASK FORCE)

See Section XII. Strategic Priority Updates, A. Program Highlights, 4. Professionals Against Doping in Sports (PADS) (USADA-ACSM Initiative Task Force)

OO.  WOMEN, SPORT AND PHYSICAL ACTIVITY (SHI)

The report to the Board provided updates on the following:

- ACSM once again successfully held the Rathbone Memorial Breakfast at the National Meeting in May 2014; planning for next year’s breakfast has also started.
- Two Annual Meeting program submissions from this committee were accepted for 2015:
  a) Exercise and women’s health: Start young and don’t stop (Liz Edwards)
  b) The Influence of Race on Obesity in Women: Physiology vs. Behavior (Lindsey Hornbuckle).
- Successful partnership with Fit Society® Page Editorial Board committee developing the October issue of newsletter content.

The report was accepted as presented.

XIV.  OTHER BUSINESS AND ADJOURNMENT

A.  OTHER BUSINESS

No other business was presented.

B.  NEXT MEETINGS

January 9-10, 2015  Administrative Council  Indianapolis, IN
May 30, 2015  Board of Trustees  San Diego, CA
November 7, 2015  Board of Trustees  Indianapolis, IN

C.  ADJOURNMENT

Ewing Garber thanked everyone for a very productive and informative meeting. The meeting was then adjourned at 4:38 p.m. Eastern time.

#  #  #  #