ACSM Administrative Council Teleconference
Thursday, February 12, 2015
6 to 7 p.m. ET

AGENDA

SUMMARY OF ACTIONS

Approved AGENDA ITEM 7: PROPOSED MOTION: To include a permanent Morris/Paffenbarger lecture (mirrored like the Sutton Lecture\*) on the ACSM/EIM World Congress Program beginning in 2016.

FOR ACTION: Approval for a Morris/Paffenbarger-named lecture as an EIM keynote lecture for the EIM program starting in 2016.

Approved AGENDA ITEM 8: PROPOSED MOTION: Approve the Update of the 2007 Exertional Heat Illness Position Stand.

FOR ACTION: Approval to update the 2007 Exertional Heat Illness During Training and Competition Position Stand.

Tabled AGENDA ITEM 9: PROPOSED MOTION: Approve the development of an online database/information sharing site for physical activity promotion.

TABLED: Tabled the motion to approve the online database/information sharing site for physical activity promotion until the March teleconference.

Approved AGENDA ITEM 11: PROPOSED MOTION: Accept the AADE invitation for ACSM to be a featured collaborator at the AADE 2015 Annual Conference.

FOR ACTION: ACSM agrees to be a featured collaborator at AADE’s 2015 annual conference in New Orleans, August 5-8.

Approved AGENDA ITEM 12a: PROPOSED MOTION: Move to approve the following Roundtable: Walking – Translating the Science into Action for Medical Professionals, approved by Science Integration and Leadership Committee. Bob Sallis, MD, FACSM, has agreed to chair this roundtable.

FOR ACTION: It was approved to move forward with a roundtable to translate the scientific walking evidence into practical and appropriate recommendations for training current and future medical professionals and community and public health educators.
Approved AGENDA ITEM 12b: PROPOSED MOTION: Move to endorse the USA Football Practice Guideline.

FOR ACTION: It was approved to endorse the USA Football Practice Guideline.

1. CALL TO ORDER: Self-introductions were made. Administrative Council members and officers present were: Carol Ewing Garber (President), Larry Armstrong (President-elect), Mark Hutchinson (First Vice President), Carrie Jaworski (First Vice President), Jim Whitehead (Executive Vice President/CEO), NiCole Keith (Second Vice President), Walt Thompson (Second Vice President), John Jakicic (Trustee), Andrew Gregory (Trustee), and Carl Foster (Treasurer)

ACSM Staff present were: Tim Calvert, Lynette Craft, Valerie Bragg, Sue Hilt, Rachael McLaughlin, and Jane Senior.

Guest: Liz Joy

2. CONFLICT OF INTEREST DISCLOSURE:

No member of the American College of Sports Medicine should serve on any committee of the College if there is a permanent, ongoing, and actual conflict of interest. While serving on a committee, a member should withdraw from any deliberation on a specific issue where a potential, real or perceived conflict of interest may exist. While these decisions must be made by the member, he or she must consider all connections, financial or otherwise, that he or she might have with any agency, institution, or business enterprise that could possibly influence his or her performance on a committee.

Information acquired by a member through ACSM committee membership which is intended to be published or otherwise publicly released in association with ACSM programs is confidential and represents a resource to the College. No member may disseminate or otherwise utilize such information for financial or other personal gain before such resources are made available in the public domain by ACSM.

SPECIFICITY FOR CONFLICT OF INTEREST DETERMINATIONS:

To provide guidance in this matter, the Ethics and Professional Conduct Committee has proposed, and the Board of Trustees has approved, that the phrase “conflict of interest” is defined as a significant financial interest in a business or other direct or indirect personal gain or consideration provided by a business that may compromise, or have the appearance of compromising, an ACSM member's professional judgment in: (a) committee, Board, or Annual Meeting activity involving the business or the College; (b) designing, conducting, or reporting on research that may affect the business or the College. “Personal

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gain or consideration” includes but is not limited to corporate / organizational board appointments, promotions, advanced position, and other non-monetary reward. Financial and personal gain or consideration includes but is not limited to the financial interests of family members, households, business partners, and close friends. “Significant financial interest” means anything of combined monetary value exceeding $10,000 per year including, but not limited to, salary, payments, income, fees, honoraria, travel expenses, gifts, stocks, stock options, patents, copyrights, and royalties.”

3. **COMMENTS FROM THE PRESIDENT:** Ewing Garber asked for all participants to disclose conflicts of interest. Ewing Garber noted teleconferences and follow-up with the Saudi Federation of Sports Medicine, the European Society of Lifestyle Medicine, and the American Association of Diabetes Educators. In closing, she highlighted the importance of communication in these and all ACSM activities.

4. **COMMENTS FROM THE EXECUTIVE VICE PRESIDENT/CEO:** Whitehead echoed Ewing Garber’s comments on the importance of communication, then went through brief updates.

   a. **ACSM now a collaborator with the genomics, genetics, and exercise biology conference:** In the absence of concerns or reservations expressed by anyone, ACSM has become a scientific (non-financial) collaborator with the conference Genomics, Genetics and Exercise Biology: A Celebratory Symposium in Greece in May.

   b. **Possible Future Conferences:** ACSM’s attractiveness is growing as a preeminent scientific and educational partner. For instance, the International Golf Federation has approached ACSM to develop a 2016 conference on medical management of golfers at all levels. In addition, the Indianapolis Motor Speedway is interested in collaborating on the medical, scientific, and health aspects of motorsports, which would be in conjunction with the 100th running of the Indianapolis 500 in 2016. As discussions continue, guidelines will be developed for these and future collaborations. Also, in regard to the Indianapolis Motor Speedway event, a review will be made of its impact relative to the ACSM Annual Meeting. (Whitehead will be meeting with the Speedway and other city representatives soon, and scheduling will be discussed for the event to occur in mid-May, well in advance of Memorial Day and the 2016 Annual Meeting in Boston.)

   c. **Enhancements Underway In Financial Processes And Personnel:** We are in the process of making a series of refinements in our financial activities. Tim Calvert now has the additional formal role of Chief Financial Officer, and Tim is working even closer with the ACSM Financial Controller and other relevant staff. We will begin producing a performance “dashboard” in March that will give a quick snapshot on financial and other key performance. We also are making several expense reductions that were part of the approval of the 2015 budget.
d. **Seeking Partners/Providing Background On A Concussion Certification For Laypersons And Others Involved With Youth Sports Without Concussion Training:** We are seeking interested collaborating organizations and providing background on a concussion certification scheduled to go into full development this year. ACSM approved in 2013 the creation of a certification for laypersons – parents, coaches, officials – and others without knowledge and training in concussion evaluation and management who are on the field during youth sports practice and competition. Many state concussion laws and public expectations ask for these individuals to recognize signs and symptoms of a possible concussion, remove the youth athlete, and not allow a return until cleared by a licensed healthcare professional trained or knowledgeable in concussion evaluation and management. This certification is not in any way intended to replace or substitute for these professional providers. Rather, it is to address situations in youth sports in the absence of such providers. The certification is to offer training with an examination to laypersons and others so they can more effectively recognize possible concussions and obtain appropriate medical care. We will be engaging relevant ACSM committees and also partner organizations in the development of the certification and exam. Updates will follow. It was noted that there is a continuing dialogue with several organizations and that teleconferences will occur soon.

e. **Major Adjustments, New Priorities, and Expanded Influence Underway For Exercise Is Medicine:** Exercise is Medicine® (EIM) is unprecedented for ACSM in its aims and aspirations for transformation in the U.S. and around the world. The Administrative Council and Board of Trustees have devoted quality time in identifying a series of enhancements and priorities that will prepare EIM for even more impact and success in its next phase. Informational and operational details are being assembled for the global network of EIM regional and national centers. Policies and procedures are being documented and clarified for EIM. The many priorities for EIM that were established at the January Administrative Council meeting are being sequenced and implemented. A first quarter 2015 status report will be provided for the March 2015 Ad Council call.

f. **Communications Going To Trustees In Regard To Assignments Of Liaisons To Committees:** We are finalizing committee assignments to Trustees as discussed at the November Board and November-January Administrative Council meetings, and will be communicating soon. Plans are underway to have the assignments available electronically. Thanks were given to NiCole Keith and Mark Hutchinson for their work on these assignments.

g. **System Being Finalized For Committee Work Plans And Quarterly Updates:** To make it easier and more effective to keep up with ACSM’s committees, we are finalizing planning and reporting tools for all committees. That will be finalized on the March Administrative Council call, and we will stage brief orientation and training teleconferences prior to San Diego.
h. **Collaborating with the U.S. Department of Defense (DoD) on an expert panel on androgen and androgen precursors:** ACSM has long partnered with the DoD Consortium for Health and Military Performance (CHAMP)/Uniformed Services University of the Health Sciences (USUHS) on key health and performance issues in military, sports, and everyday life. CHAMP is the Department of Defense Center of Excellence for integration, translation, and education of all topics related to human performance optimization and fitness. ACSM has collaborated on a series of highly successful expert panels with CHAMP over the years that drive science, practice, and policy. Topics have included functional movement and injury prevention, heat injury and return to play and field, sickle cell trait and mitigating risk for military and athletes, and human performance optimization. We work closely in this effort with ACSM Fellow Fran O’Connor, MD, and others close to ACSM.

Here is the move-forward: The next such expert panel will occur on April 28-29. It is entitled “Workshop on Androgen and Androgen Precursors: What do we know and what do we need to know?” The goal of the meeting is to discuss current issues of concern with possible solutions and identify research gaps with an intent to shape future policy. The symposium will include representative from NIDA, USADA, DEA, FDA, and Special Forces components in addition to USUHS personnel. This will involve ACSM supporting one expert participant, and Whitehead will work with the Executive Committee to identify that person.

5. **QUESTIONS ABOUT ANY ITEMS NOT ON THE AGENDA:** There were none.

6. **FOR INFORMATION ONLY: 2016 International Team Physician Course.** The International Relations Committee has selected China as the host country for the 2016 International Team Physician Course.

Each year, ACSM supports an International Team Physician Course (ITPC) at which ACSM faculty members present a condensed version of the ACSM Team Physician Course outside of the United States. Host countries are selected through a formal application process. The application is on a rolling deadline with applications being reviewed for the next available course year on a first come, first reviewed basis.

A strong application recently was received from China with Dr. Zhan Hui, Secretary General of the Chinese Association of Sports Medicine (CASM), serving as the host chair. The application contained all required information and noted the following: “A rapid development of sports medicine in China provides a great opportunity to cooperate with ACSM for this very first international team physician course (ITPC). There is a need for Chinese team physicians and sports scientists to update their knowledge and skills through ITPC.” As noted, this course will be the first ACSM ITPC held in China. The application is a result of
discussions between CASM delegations and ACSM leadership during the past two ACSM Annual Meetings.

The application contained the required letter of support from the Chinese Association of Sports Medicine which is the organization within China formally recognized by FIMS (Fédération Internationale de Médecine du Sport / International Federation of Sports Medicine). Upon formal review of the application, the International Relations Committee approved China (with host Dr. Zhan Hui) as the site of the 2016 International Team Physician Course. The Medical Education Committee will select the course faculty and work with the host organizer to finalize the curriculum.

There was discussion about whether there should be more review, or selection criteria priorities before awarding the ITPC to countries such as China with national financial resources, even though it is on the developing countries list. Some felt China has more capacity to finance such a conference without ACSM’s support. Others said such countries (e.g., Brazil) had been awarded the ITPC in the past, then had hosted team physician conferences on their own. There will be follow-up with the International Relations Committee.

7. FOR ACTION: Approval of a Morris/Paffenbarger Lecture at the ACSM Annual Meeting/EIM World Congress. PROPOSED MOTION: To include a permanent Morris/Paffenbarger lecture (mirrored like the Sutton Lecture*) on the ACSM/EIM World Congress Program beginning in 2016.

The Awards and Tributes Committee received a proposal from Drs. I-Min Lee and Steve Blair suggesting a permanently, unopposed physical activity lecture be placed on the Annual Meeting program starting in 2016.

Proposal Received -- ACSM has grown to be increasingly respected in the field of exercise medicine and sports science, in part because it is multi-disciplinary. With regard to the translational aspect of this field, public health is a vital cog. Currently, there are two named lectures at the ACSM Annual Meeting: the Wolffe lecture, named for a cardiologist (a founder), and the Dill historical lecture, named for an eminent physiologist. These essentially represent two of the three branches of ACSM. We propose that another named lecture be added, honoring the late Professor Ralph Paffenbarger, Jr. and Professor Jerry Morris – fathers of the field of physical activity epidemiology – that represents the third major branch: public health.

After review and discussion of the above proposal, the Awards and Tributes Committee suggest Board approval for a Morris/Paffenbarger named lecture be approved as an EIM keynote lecture (or an unopposed EIM lecture) for the EIM Program starting in 2016 and placing the lecture in an unopposed time slot on Tuesday afternoon. This lecture would be mirrored like the Sutton Lecture* protected against its field and subject to a five-year review/approval by the Awards and Tributes Committee. The recommendation would come from the ACSM EIM Advisory Committee for both the name of the lecture and the five-year renewal and that the lecture not be considered in perpetuity; however to not be automatically sunset following a ten-year cycle.

If this lecture is approved, the current Paffenbarger Tutorial lecture will sunset.
*The Sutton Lecture was approved and unopposed (from clinical programming) to be held on Friday early afternoon during the Annual Meeting, to be named in honor of "John R. Sutton" for the next five years. This lecture is to be reviewed in five years by the Awards and Tributes Committee (with the recommendation from the Medical Education Committee) for both review of the slot and for the "name" by which the lecture is being honored. It was noted that this lecture not be considered permanent as the Wolfe and Dill lectures; however to not be automatically sunset following a ten-year cycle as the other named lectures.

Some concern was expressed about what would happen to the Morris/Paffenbarger Lecture if the EIM World Congress was not continued. It was suggested amending the motion to ensure the lecture will continue as part of the ACSM Annual Meeting, even if the EIM World Congress goes away. The importance of epidemiology sessions at the ACSM Annual Meeting was noted. During earlier Program Committee discussions about having such a lecture at the Annual Meeting, there was resistance to have additional unopposed lectures. Many felt the solution could be defining unopposed as having a lecture unopposed in its field. It was the consensus to approve the lecture as proposed for 2016 only to give the ACSM Program Committee an opportunity to review options.

It was moved, seconded and approved to include a Morris/Paffenbarger lecture on the ACSM/EIM World Congress Program in 2016; the ACSM Program Committee will make recommendations for its inclusion in future years.

8. **FOR ACTION: Proposed Update of the 2007 Exertional Heat Illness Position Stand.**

**PROPOSED MOTION:** Approve the Update of the 2007 Exertional Heat Illness Position Stand.

Larry Armstrong, Ph.D., FACSM, submitted a proposal requesting approval to update the 2007 Exertional Heat Illness During Training and Competition Position Stand. This topic is important and of great interest to our members, and the Position Stand update will present research findings published since 2007, including new perspectives on predisposing factors and treatments to cool hyperthermic athletes. The update will be completed using ACSM’s new Evidence Based Procedures for the Development of Position Stands.

The Pronouncements Committee (PC) unanimously approved the recommendation to approve this proposal. The Executive Committee of the PC requests that work on this stand not begin until the MOSAIC platform is ready to support the development of this document.

Specifically, the PC Executive Committee recommends that the writing of this Position Stand be placed on hold until the MOSAIC library platform and trained Evidence Analysts can be used to complete the work. Although this will likely create a ~6-month delay in starting work, the burden on the writing group will be greatly reduced. In addition, this will allow for graded evidence to be placed in the MOSAIC repository making the process transparent and the next update more efficient. In addition, we currently have three Position Stands already underway outside of the MOSAIC platform and do not think it is in the best interest of the College to develop another outside the MOSAIC platform.

It was moved, seconded and unanimously approved to approve the update of the 2007 Exertional Heat Illness Position Stand. Armstrong recused himself.
Ian Shrier, MD, Ph.D. approached the College proposing the development of an online database of information pertaining to the development and implementation of physical activity promotion approaches and interventions. The database would be searchable for key features and contain enough information about each program to determine if it is relevant to reader's particular context, and then enough information to point the reader to where they can obtain more information if necessary.

Rationale for this project:
The traditional model for physical activity promotion is for researchers to develop programs within strictly defined contexts, and to evaluate them using scientific rigor. An evidence-based synthesis is eventually created which describes which types of programs have been proven effective or not, with the usual caveats how there is too much heterogeneity between populations, programs, outcome evaluations and so on to make any firm conclusions. For successful programs, these firm conclusions are confined to very particular settings. For unsuccessful programs, the underlying reasons for the failure may only require simple fixes, but the programs are discounted unless another elaborate study is conducted later. The findings of these syntheses are disseminated among researchers. Demonstrating the failure of this model requires one to simply ask any person, even those interested in physical activity promotion, to list a few different physical activity promotion programs and why they were successes or failures.

There are, however, many individuals wanting to promote activity in their own school, workplace or community. Currently, there is not a central repository for the lay person to access in order to find information about the types of activity promotion approaches that work or do not work. There is a wealth of information on physical activity promotion being gathered across families, schools, offices and communities every year. The development of the proposed database would provide a site where individuals can share information and learn from each other as to what worked and what did not work. Similarly, the database would contain information on the challenges experienced and which could be overcome/could not be overcome.

How does this project benefit ACSM/align with ACSM's mission?
This project represents an opportunity for ACSM to take an international leadership role in physical activity promotion in the community. Physical activity promotion is a foundation for ACSM, as noted by the Evidence is Medicine program and other initiatives. Unlike previous initiatives directed at clinicians and scientists, this initiative is directed to the public at large. The ACSM website will serve as a conduit, allowing the public to quickly search for relevant programs and decide which of the possibilities might work for them. Even when programs are unsuccessful, the website would include reasons the implementer of the program feels they failed, and would allow others who came after to try different solutions. A truly efficient system allows one to learn from failures in addition to successes.
Finally, there are two side benefits. First, the initiative would drive public traffic to the ACSM website and increase the ACSM name recognition among the public at large. Second, researchers will have access to a wealth of informal and less rigorous studies that would likely lead to more scientifically rigorous studies that would more appropriately determine program effectiveness in larger groups of individuals and in different contexts.

Whitehead noted this item was supported by the Executive Committee for inclusion on the Ad Council agenda when it reviewed the proposal before this teleconference. There is a time-sensitivity for Shrier. Questions were asked about the content that would be posted. Craft said that there was no content at this stage of development. It was clarification that the cost estimate of $8,000 to $10,000 would be for the MOSAIC search engine company. During discussion, some expressed concern about content that could be misleading or just wrong. There were additional questions as to who would oversee the addition of site content and what ACSM committee would have oversight. Whitehead said he would work with staff, Shrier, and others to address questions.

It was the consensus of the Administrative Council to table the motion to approve the online database/information sharing site for physical activity promotion until its March teleconference. (UPDATE: Another host organization was identified, which was helpful because the operational necessity for this was in February, which was not possible. We'll provide an update on the March Ad Council teleconference, but this is no longer an item for action or consideration by ACSM, other than how to potentially be involved in the future, but not as the host organization.)

10. **FOR INFORMATION:** Potential Launch of an ACSM Capital Campaign. The current SOAR strategic planning document and recent conversations by the Administrative Council have resulted in consensus that the timing may be right to consider a programmatic Capital Campaign. We will have a possible plan of action for consideration on the March Administrative Council call, following additional discussion with ACSM Foundation President Jim Pivarnik and others.

11. **FOR ACTION:** CONFERENCE PARTICIPATION OF THE AMERICAN ASSOCIATION OF DIABETES EDUCATORS (AADE). PROPOSED MOTION: Accept the AADE invitation for ACSM to be a featured collaborator at the AADE 2015 Annual Conference.

AADE is a multidisciplinary (e.g., registered nurses, exercise physiologists) professional membership organization dedicated to improving diabetes care through education. The AADE has invited ACSM to be a featured collaborator at their 2015 annual conference in New Orleans, August 5-8. A 60-minute session would allow ACSM to showcase our thought leaders with a focus on any emerging trends or developments in ACSM organization that would be relevant to the diabetes educators. In exchange for ACSM’s participation, AADE will provide up to three complimentary meeting registrations.

It was moved, seconded and unanimously approved to accept the AADE invitation for ACSM to be a featured collaborator at its AADE 2015 Annual Conference.
12. OTHER BUSINESS:

12a. FOR ACTION: Walking – Translating the Science into Action for Medical Professionals. PROPOSED MOTION: Move to approve the following Roundtable: Walking – Translating the Science into Action for Medical Professionals, approved by Science Integration and Leadership Committee. Bob Sallis, M.D, FACSM, has agreed to chair this roundtable.

Overview of Proposed Meeting: It is very well-documented that physical activity (PA) is a key preventive behavior and that walking is among the most common forms of exercise. In addition, visits to a physician provide an important opportunity for PA advice and counseling. Walking consultation has the potential to significantly affect walking behavior. By including PA in the discussion at every patient visit and through the distribution of walking prescriptions and support from major medical professional associations, exercise can become a consistent and important part of a treatment paradigm for patients.

The desired outcome of this meeting, which will be funded, in part, by a grant received from Kaiser Permanente, is to translate the scientific walking evidence into practical and appropriate recommendations for training current and future medical professionals and community and public health educators. The purpose of this expert panel will be to address three primary areas: 1) Provide a brief overview of the latest information on the science of walking; 2) Identify what educational training, both academic and experiential, we can implement into medical training programs now to prepare the next generation to better understand and engage in healthcare provider-patient conversations related to walking; and; 3) Integrate and translate the current walking research into practice at the personal, community, government policy, and professional and medical organizational level.

Place/Time/Audience: Proposed site is Kaiser Permanente Center for Total Health, Washington, DC, April 27-28 2015. Invited participants would be leaders in governmental/private sector programs and policies (DHHS, CDC, and Foundations), leaders within professional organizations (ACC, AMA, AAFP, ACSM/EIM, Public Health Associations, etc.) and leaders in medical education.

It was moved, seconded and unanimously approved to proceed with the Roundtable: Walking – Translating the Science into Action for Medical Professionals.

12b. FOR ACTION: Proposed Endorsement of USA Football’s Practice Guideline for Heat Acclimatization and Minimizing Head Impact in Youth Tackle Football.

ACSM was asked by USA Football to endorse their Practice Guidelines for Heat Acclimatization and Minimizing Head Impact in Youth Tackle Football. The request came to the College via Stan Herring, M.D.

The Pronouncements Committee identified and organized a group of expert members to review this document and to make a recommendation regarding endorsement. The review group consisted of: Mike Bergeron, Ph.D.; Bill Roberts, M.D.; Kevin Vincent, M.D.; and
Thayne Munce, Ph.D. Their feedback was provided to the Pronouncements Committee for review and discussion. At this time, the Pronouncements Committee is making the recommendation to endorse this paper.

It was moved, seconded and unanimously approved to endorse the USA Football Practice Guideline.

13. **ADJOURNMENT:** There being no further business, Ewing Garber adjourned the teleconference at 7:06 p.m. ET.

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