Committee Semiannual Report
to the ACSM Board of Trustees
30 May, 2015 Board Meeting · San Diego, CA

1. COMMITTEE NAME: Exercise is Medicine Advisory Board

2. REPORT DATE: 18th May, 2015

3. SUBMITTED BY: Bob Sallis, M.D. FACSM, Chair

4. ACTIVITY RELATED TO ACSM’s STRATEGIC PRIORITIES:
Provide a sentence or two on the progress of up to three of your committee’s initiatives that address ACSM’s 2012 strategic priorities. Check all appropriate priorities from the following list.

- Obesity Prevention and Reduction
- Youth Sports
- Physical Education
- Clinical Sports Medicine Leadership
- Membership / Diversity
- Fitness and Exercise Profession Advancement
- International
- Science / Policy
- Budget and Financial Performance
- Communications, Media Advocacy and Society Influence
- Partnerships and Sponsorships/ Liaisons
- Strategy and Strategic Performance

General
Under the direction of the ACSM Administrative Council and EIM Advisory Board, EIM staff have been working with other ACSM departments (Certification, Marketing and CPI) over the last five months to rigorously assess EIM resources and programmatic and marketing/promotion strategies. Some of this work is still ongoing but significant progress and refinements have already been made. Some of these include:

- EIM website features, resources and page copy has/is being reviewed by three Working Groups that are focusing on each of EIM’s core domains (Clinical, Exercise Professional, and EIM Communities) to see if any gaps still exist and, if so, to commission the developments necessary to fill these gaps.
- Key EIM partnerships have been established with Emory University (EIM Global Research and Collaboration Center), with the American College of Cardiology and with the American Council on Exercise and the Medical Fitness Association.
- EIM and other ACSM staff, together with Heather Chambliss from the EIM Advisory Board, had a one day workshop with an expert marketing group from a Fortune 500 company to start development of EIM specific deliverables that will be used by Advancement and EIM staff to approach potential EIM sponsors. Subsequent to this meeting, the ACSM staff team has invested significant time in the development of these deliverables, which will be shared with our Fortune 500 corporate partner for feedback when we meet with them in San Diego.
4.1 There are currently nine EIM committees operating under the EIM Advisory Board. Their updates are as follows:

4.1.1 EIM Science
The EIM Science Committee has continued to be involved in the process of providing oversight and guidance in the development of the EIM Evaluation Framework that is to assess ongoing efforts to implement the EIM Solution in healthcare systems, both locally and internationally. The committee’s next steps are to begin strategic planning and partnering to seek funding support for an EIM clinical/community trial.

4.1.2 EIM Practice
1. Current Activities:
   a. Develop EIM Prescription for Health Series
   b. Develop Healthcare Provider one page Summary
   c. Develop Exercise Prescription Pad
   d. Develop Clinical Content for EIM Website
   e. Contribute to Pre-exercise screening Roundtable and algorithm
   f. Participate in Physical Activity Roundtable - April 2015
   g. Lead and collaborate on NPAP Healthcare Plan
   h. Develop Pediatric PAVS (in partnership with EIM Peds Committee and in partnership with AAP.
   i. Collaborate on the development of EIM Solution projects in the US
   j. Collaborate on the development of EIM evaluation as a part of the EIM solution
2. Pending Activities:
   a. Adult HEDIS measure - working to move this forward

4.1.3 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. Steps are being taken to obtain CME credits for this workshop. Sections of this training course will be presented to the EIM Education Committee at the 2015 Annual Meeting. Dr. Phillips and his team continue to further their efforts to increase PA training in undergraduate medical education through scientific meetings and grant funding opportunities. The EIM Education Committee has also been actively engaged and contributing to the discussion of the ACSM Clinical Assets Group and the ACSM Medical Education Committee.

4.1.4 EIM Credential
The EIM Credentialing Committee, with leadership from Chair Brad Roy and EIM liaisons Dick Cotton and Adrian Hutber have just successfully completed the execution of a tri-part MOU between ACE, MFA, and ACSM to use EIM as a common platform for exercise professionals to be qualified to receive patient referrals from healthcare systems.

Beginning discussions to explore credentialing both allied health professionals and healthcare system professionals for being part of the EIM Solution Network; these initial discussions included Well Coaches as well.
4.1.5 **EIM Pediatrics**
The EIM Pediatric Committee is continuing to explore methods to develop and validate physical activity (PA) assessment (i.e., a pediatric version of the Physical Activity Vital Sign) in healthcare settings for children and adolescents. As part of this effort, Liz Joy is currently working on developing a PAVS for pediatric patients in the Intermountain Healthcare System. Similarly, Russ Pate is working on an instrument that can help with the surveillance of physical activity levels in children and adolescents, which he hopes to share with the committee at the Annual Meeting. The committee is also exploring ways to increase partnerships with existing organizations that engage in physical activity promotion efforts with children and adolescents. Felipe Lobelo is working to develop a paper in partnership with the American Academy of Pediatrics (in final rounds of AAP approval for its commission). This will be a "Clinical Guidelines" paper focused on assessment and counseling on PA in Pediatric health care settings. There will also be a technical report reviewing the evidence for physical activity promotion strategies for children and adolescents in clinical settings. The Committee is also actively working to increase the number of efforts to implement EIM pilot programs in pediatric healthcare settings. As an example, Greg Welk and Lobelo are working on developing a portal linking the Fitnessgram to physician’s offices in the Geisinger Health System. Finally, the group is also working on a slide set with the basics of PA assessment and prescription in pediatric settings that can be used for training of physicians (Pediatrics, family practice, etc.).

4.1.6 **EIM on Campus**
With the new registration process, registrations for campuses to become official EIM campuses have been coming in and the first wave of Recognition Applications have come in. Twenty three campuses have been recognized and their achievements will be announced at this year’s Annual Meeting in San Diego.

Carena Winters and Bob Sallis will be presenting on EIM on Campus with recognition of Outstanding Programs in San Diego.

4.1.7 **EIM Older Adults**
The EIM Older Adult Committee has been working on developing a new and easy-to-use screening tool for physicians to use for their patients when incorporating physical activity to the patient’s prescription. The committee has also worked with EIM staff with website content. Wojtek, co-chair of the committee, recently took part in a scientific platform in D.C. to discuss how to make physical activity assessment a high priority need within healthcare and how to disseminate this knowledge to physicians.

4.1.8 **EIM Underserved Populations**
The EIM Underserved Populations Committee is writing a manuscript based on the presentation they sponsored at the 2012 Annual Meeting: “Exercise is Medicine for Underserved Populations: Challenges and Opportunities”. They have had monthly meetings since the 2014 Annual Meeting to work on the manuscript to create a working draft for this project. 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.
4.1.9 **EIM Community Health**
The EIM Community Health Committee has been meeting regularly to address the following items since Annual Meeting: 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. These are on-going priorities that the committee is looking to continue discussion on at this year’s Annual Meeting.

5. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:** None at this time

6. **ADDITIONAL INFORMATION:** None

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