AMERICAN COLLEGE OF SPORTS MEDICINE
BOARD OF TRUSTEES
PROXY FORM

Please indicate below any proxy designations for the May 30, 2015 meeting of the Board of Trustees. Article VI, Section 4 of the Constitution provides that no member may hold more than three proxy votes.

I designate__________________________________________________, a member of the Board of Trustees, as my Proxy.

I designate__________________________________________________, a member of the Board of Trustees, as my Proxy.

I designate__________________________________________________, a member of the Board of Trustees, as my Proxy.

_____ I plan to attend the meeting. This is in case of unexpected delay or absence.

_____ I will not be able to attend, and am thereby designating my proxy.

_______________________________________
(Signature)

_______________________________________
(Date)
### MEETING CONDUCT, PARLIAMENTARY PROCEDURES
#### ACTION REQUIREMENTS

<table>
<thead>
<tr>
<th>Action</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motion</td>
<td>Clearly stated, with a second</td>
</tr>
<tr>
<td>Amend a Motion</td>
<td>Debatable; majority vote</td>
</tr>
<tr>
<td>To Amend an Amendment</td>
<td>Debatable; majority vote</td>
</tr>
<tr>
<td>Table a Motion</td>
<td>Not Debatable; majority vote</td>
</tr>
<tr>
<td>Reconsider a Motion</td>
<td>Usually Debatable; majority vote</td>
</tr>
<tr>
<td></td>
<td><em>Made on same day or the day following the vote by someone who voted on the</em></td>
</tr>
<tr>
<td></td>
<td><em>prevailing side – a motion can only be reconsidered once.</em></td>
</tr>
<tr>
<td>Refer</td>
<td>Debatable; majority vote</td>
</tr>
<tr>
<td>Postpone the Question</td>
<td>Debatable; majority vote</td>
</tr>
<tr>
<td>The Previous Question <em>(Call the Question)</em></td>
<td>Not Debatable; two-thirds vote</td>
</tr>
<tr>
<td>Approve a Position Stand</td>
<td>Debatable; two-thirds vote</td>
</tr>
<tr>
<td>Vote the Question</td>
<td>Majority vote</td>
</tr>
<tr>
<td>Expulsion</td>
<td>Debatable; Refute; two-thirds vote</td>
</tr>
<tr>
<td>Constitutional, Bylaws Amendments</td>
<td>Debatable; Two-thirds affirmative vote by Fellows at the Annual Business Meeting post-publication and dissemination as required</td>
</tr>
</tbody>
</table>

+++
Partial Listing of Meeting for 2015

January

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 9-10, 2015</td>
<td>AM Program Committee Meeting</td>
</tr>
<tr>
<td></td>
<td>ACSM National Center, Indianapolis, IN</td>
</tr>
<tr>
<td>January 9-10, 2015</td>
<td>Administrative Council Meeting</td>
</tr>
<tr>
<td></td>
<td>ACSM National Center, Indianapolis, IN</td>
</tr>
<tr>
<td>January 22, 2015</td>
<td>NCPPA Board Meeting</td>
</tr>
<tr>
<td></td>
<td>ACSM National Center, Indianapolis, IN</td>
</tr>
<tr>
<td>January 27-28, 2015</td>
<td>SHI on Health Equity Certification Meeting</td>
</tr>
<tr>
<td></td>
<td>Washington, D.C., American Heart Association Headquarters</td>
</tr>
</tbody>
</table>

February

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 4-8, 2015</td>
<td>Team Physician Course (TPC)</td>
</tr>
<tr>
<td></td>
<td>San Antonio, Texas</td>
</tr>
<tr>
<td>February 5, 2015</td>
<td>Presidential Committee Appointments</td>
</tr>
<tr>
<td></td>
<td>ACSM National Center, Indianapolis, IN</td>
</tr>
<tr>
<td>February 12, 2015</td>
<td>Administrative Council Teleconference</td>
</tr>
<tr>
<td>February 12-14, 2015</td>
<td>Southeast Regional Chapter Meeting</td>
</tr>
<tr>
<td></td>
<td>Jacksonville, FL</td>
</tr>
</tbody>
</table>
February (cont.)

February 15-17, 2015  Team Physician Consensus Conference (TPCC)  Indianapolis, IN, JW Marriott

February 19-20, 2015  Joint Commission Annual Meeting  Memphis, TN


February 25, 2015  Aspen Institute Project Play Summit  Washington, D.C.

February 25-27, 2015  Lake Nona Impact Forum  Orlando, FL

February 26-27, 2015  Texas Regional Chapter Meeting  Austin, TX

February 27-28, 2015  Northwest Regional Chapter Meeting  Bend, OR

March

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 24, 2015</td>
<td>Administrative Council Teleconference</td>
</tr>
<tr>
<td>March 4, 2015</td>
<td>ACSM Capitol Hill Day</td>
</tr>
<tr>
<td></td>
<td>Washington, D.C.</td>
</tr>
<tr>
<td>March 7, 2015</td>
<td>Research Review Meeting</td>
</tr>
<tr>
<td></td>
<td>ACSM National Center</td>
</tr>
<tr>
<td>March 18 - 20, 2015</td>
<td>Publications Meeting</td>
</tr>
<tr>
<td></td>
<td>ACSM National Center, Indianapolis, IN</td>
</tr>
<tr>
<td>March 27 - 28, 2015</td>
<td>Rocky Mountain Regional Chapter Meeting</td>
</tr>
<tr>
<td></td>
<td>Denver, CO</td>
</tr>
<tr>
<td>March 31- April 3, 2015</td>
<td>ACSM Health &amp; Fitness Summit &amp; Exposition</td>
</tr>
<tr>
<td></td>
<td>Phoenix, Arizona</td>
</tr>
</tbody>
</table>
### April

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
</table>
| April 14 - 15, 2015 | **Roundtable on Obesity Solutions Meeting**  
Washington, D.C.                                                   |
| April 13-14, 2015   | **ACSM –Transportation Research Board of The National Academies Conference: Moving Active Transportation to Higher Ground: Opportunities for Accelerating the Assessment of Health Impacts**  
Washington, D.C., TRB’s Keck Center                               |
| April 23, 2015      | **Administrative Council Teleconference**                                                      |

### May

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 14, 2015</td>
<td><strong>Administrative Council Teleconference</strong></td>
</tr>
<tr>
<td></td>
<td>Date tbc</td>
</tr>
<tr>
<td>May 16, 2015</td>
<td><strong>NYSHSI Leadership Board Meeting</strong></td>
</tr>
<tr>
<td></td>
<td>Indianapolis, IN</td>
</tr>
<tr>
<td>May 26-30, 2015</td>
<td><strong>ACSM Annual Meeting</strong></td>
</tr>
<tr>
<td></td>
<td>San Diego, California</td>
</tr>
<tr>
<td>May 30, 2015</td>
<td><strong>Board of Trustees Meeting</strong></td>
</tr>
<tr>
<td></td>
<td>San Diego, California</td>
</tr>
<tr>
<td>May 31 June 1, 2015</td>
<td><strong>FASEB Board Meeting</strong></td>
</tr>
<tr>
<td></td>
<td>Washington, D.C.</td>
</tr>
</tbody>
</table>

### June

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June, 2015</td>
<td><strong>Administrative Council Teleconference</strong></td>
</tr>
<tr>
<td></td>
<td>Date tbc</td>
</tr>
<tr>
<td>June 23 – 24, 2015</td>
<td><strong>Summit Program Committee Meeting</strong></td>
</tr>
<tr>
<td></td>
<td>ACSM National Center, Indianapolis, IN</td>
</tr>
</tbody>
</table>
### July

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>July, 2015</td>
<td><strong>Administrative Council Teleconference</strong></td>
</tr>
<tr>
<td></td>
<td>Date tbc</td>
</tr>
<tr>
<td>July 10-11, 2015</td>
<td><strong>AM Program Committee Meeting</strong></td>
</tr>
<tr>
<td></td>
<td>ACSM National Center, Indianapolis, IN</td>
</tr>
<tr>
<td>July 11, 2015</td>
<td><strong>Administrative Council Meeting</strong></td>
</tr>
<tr>
<td></td>
<td>ACSM National Center, Indianapolis, IN</td>
</tr>
<tr>
<td>July 15-16, 2015</td>
<td><strong>Roundtable on Obesity Solutions</strong></td>
</tr>
<tr>
<td></td>
<td>Washington, D.C.</td>
</tr>
</tbody>
</table>

### August

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>August, 2015</td>
<td><strong>Administrative Council Teleconference</strong></td>
</tr>
<tr>
<td></td>
<td>Date tbc</td>
</tr>
</tbody>
</table>

### September

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>September, 2015</td>
<td><strong>Administrative Council Teleconference</strong></td>
</tr>
<tr>
<td></td>
<td>Date tbc</td>
</tr>
</tbody>
</table>

### October

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>October, 2015</td>
<td><strong>Administrative Council Teleconference</strong></td>
</tr>
<tr>
<td></td>
<td>Date tbc</td>
</tr>
<tr>
<td>October 6 -7, 2015</td>
<td><strong>Roundtable on Obesity Solutions</strong></td>
</tr>
<tr>
<td></td>
<td>Washington, D.C.</td>
</tr>
<tr>
<td>October 26 - 28, 2015</td>
<td><strong>RAFA Annual Meeting</strong></td>
</tr>
<tr>
<td></td>
<td>Puerto Rico</td>
</tr>
</tbody>
</table>
### November

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2 – 7, 2016</td>
<td>Obesity Week 2015  &lt;br&gt;LA Convention Center, Los Angeles, CA</td>
</tr>
<tr>
<td>November 6, 2015</td>
<td>Awards &amp; Tributes Committee Meeting  &lt;br&gt;ACSM National Center, Indianapolis, IN</td>
</tr>
<tr>
<td>November 6, 2015</td>
<td>AM Program Committee Meeting  &lt;br&gt;ACSM National Center, Indianapolis, IN</td>
</tr>
<tr>
<td>November 7, 2015</td>
<td>Board of Trustees Meeting  &lt;br&gt;ACSM National Center, Indianapolis, IN</td>
</tr>
<tr>
<td>November 8, 2015</td>
<td>Administrative Council Meeting  &lt;br&gt;(location tbc)</td>
</tr>
</tbody>
</table>

### December

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>December, 2015</td>
<td>Administrative Council Teleconference  &lt;br&gt;Date tbc</td>
</tr>
<tr>
<td>December 10-13, 2015</td>
<td>Advanced Team Physician Course (ATPC)  &lt;br&gt;Austin, Texas</td>
</tr>
</tbody>
</table>

**Note:** Not all ACSM committee meetings are included on this listing.
AMERICAN COLLEGE OF SPORTS MEDICINE
BOARD OF TRUSTEES MEETING

Index to Minutes
November 8, 2014
Indianapolis, Indiana

Index to Reports from Standing Committees, Task Forces, Strategic Health Initiatives, Ad Hoc Committees, and Advisory Boards

ACSM Fit Society® Page (ad hoc) ................................................................. 37
ACSM World Heart Games ........................................................................ 37
ActivEarth Task Force ............................................................................. 37-38
Aging (SHI) ...................................................................................... 38
American Fitness Index® ........................................................................ 26
Awards and Tributes .............................................................................. 38-39
Behavioral Strategies (SHI) ................................................................. 39-40
Boxing (ad hoc) .................................................................................. 40
Budget and Finance (see Treasurer’s Report) ........................................... 16-17
Certification and Registry Boards .......................................................... 12-13; 29; 32-33
Clinical Sports Medicine Leadership .................................................... 31
Communications and Public Information .............................................. 40
Constitution, Bylaws and Operating Codes .......................................... 41
Consumer Information .......................................................................... 41
Credentials .......................................................................................... 41
Diversity Action Task Force .................................................................. 31; 41
Ethics and Professional Conduct .......................................................... 41
Evidence Based Practice ........................................................................ 27; 42
Exercise is Medicine® ........................................................................... 13; 22-26
Exhibits Advisory .................................................................................. 42
Health & Fitness Summit Program Planning .......................................... 42
Health & Science Policy ......................................................................... 27-28; 35; 42
Health Equities (SHI) ............................................................................ 43
Health/Fitness Content Advisory Committee (ad hoc) ......................... 43
Interest Group Forums (ad hoc) .............................................................. 43
International Relations .......................................................................... 33-34; 44
Medical Education ............................................................................... 44-45
Membership .......................................................................................... 34; 45
Motorsports (ad hoc) ............................................................................ 45
Nominating ............................................................................................ 45
Obesity Prevention and Treatment (ad hoc) ............................................. 15; 29-30; 46
Office of Museum, History and Archives ............................................... 46
Olympic and Paralympic Sports Medicine Issues ................................... 46
Past Presidents Advisory ...................................................................... 46

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.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Education</td>
<td>47</td>
</tr>
<tr>
<td>Program</td>
<td>47-50</td>
</tr>
<tr>
<td>Pronouncements</td>
<td>50</td>
</tr>
<tr>
<td>Publications</td>
<td>51-60</td>
</tr>
<tr>
<td>Regional Chapters</td>
<td>60-61</td>
</tr>
<tr>
<td>Research Awards</td>
<td>61</td>
</tr>
<tr>
<td>Research Review</td>
<td>62</td>
</tr>
<tr>
<td>Science Content Advisory Committee (ad hoc)</td>
<td>62</td>
</tr>
<tr>
<td>Science Integration and Leadership (SILC)</td>
<td>35; 62</td>
</tr>
<tr>
<td>Strategic Planning</td>
<td>17; 29</td>
</tr>
<tr>
<td>Student Affairs</td>
<td>62</td>
</tr>
<tr>
<td>USADA-ACSM Initiative Task Force (PADS)</td>
<td>29; 63</td>
</tr>
<tr>
<td>Women, Sport and Physical Activity (SHI)</td>
<td>63</td>
</tr>
<tr>
<td>Youth Sports and Health (SHI)</td>
<td>30</td>
</tr>
</tbody>
</table>

**Special Report**

National Youth Sports Health Safety Institute ............................................. 26-27

**Other**

Call to Order ........................................................................................................ 4
CEO/Executive Vice President’s Comments ...................................................... 7-8
Foundation Report ................................................................................................. 15-16; 35
Other Business and Adjournment ....................................................................... 63
President’s Comments .......................................................................................... 5-6
SOAR: Responses to and Guidance on Strategic Directions and Priorities .......... 17-22
Strategic Priority Updates .................................................................................. 28-29
Summaries/Minutes of Previous Meetings .......................................................... 5
Treasurer’s Report ................................................................................................ 16-17
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 McAulafflin; 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
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 keep 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.

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.
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 (NCPPA); 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**
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. Kohrt 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)**
Hutber 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.

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.
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), Kohr, 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

$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.
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:
Indianapolis, Indiana

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 Subcommitte
8. Certification and Registry Boards Clinical Exercise Specialist Subcommitte
9. Certification and Registry Boards Continuing Professional Education Subcommitte
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 Subcommitte
16. Certification and Registry Boards Registered Clinical Exercise Physiologist 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 Subcommittee
30. International Relations
31. Student Affairs

Exercise is Medicine®

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.
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.

---

**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.
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. 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.
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 Stoutenberg) 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 coordinated 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 released 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 NYSHSI programmatic updates:

1. Website redesign – a responsive design and mobile optimization format have been introduced.

2. NYSHSI 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. NYSHSI Seal of Best Practices was developed for youth sports organizations committed to safe and healthy youth athlete development and participation.
   b. NYSHSI Youth Sports Parent Pledge was created to charge parents to commit fulfilling 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 Matters SM. The GIRLS in Sports Matters SM 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.

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.
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. Obesiy 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 posi-
tion statement with American Society for Metabolic and Bariatric Surgery); at the time of the submission 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 final 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 effectiveness. 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 CELAFISCs). ACSM and CELAFISCs 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
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.

*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.
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

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.
KK. Science Content Advisory Committee (ad hoc)
LL. Science Integration and Leadership
MM. Student Affairs
NN. USADA-ACSM (task force)
OO. Women, Sport and Physical Activity (SHI)

A. ACSM FIT SOCIETY® PAGE

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.
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 slated 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.
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.
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.

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.
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.
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-doctoral 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, MBBCh, FACSM
University of Cape Town
Cape Town, South Africa

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.
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>
</tr>
</thead>
<tbody>
<tr>
<td>LWW Nonperiodicals</td>
<td>$368,235</td>
<td>$328,207</td>
</tr>
<tr>
<td>LWW Periodicals, GIA</td>
<td>$2,897,426</td>
<td>$1,680,384</td>
</tr>
<tr>
<td>HK Nonperiodicals</td>
<td>$28,587</td>
<td>$13,973</td>
</tr>
<tr>
<td>Total</td>
<td>$3,294,248*</td>
<td>$2,022,564</td>
</tr>
</tbody>
</table>

*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</td>
<td>6</td>
<td>4</td>
<td>11</td>
<td>0</td>
<td>4 (scheduled)</td>
</tr>
<tr>
<td>titles published</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
15-Year Publishing Snapshot

*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.*
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

Nonperiodical Digital Products in Development as of November 2014:
1. prepU for the Health Fitness Specialist and Group Exercise Instructor
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.
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.
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
  - 2014 recruitment as of October 1: 25 proposals
  - 8 submitted
  - 17 pending submission
- Editorial Board Rotation:

  The following editors rotate off the board at the close of 2014: Michael D. Brown, Kevin M. Guskiewicz, 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.

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
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) examination.
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.

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.
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.

# # # #
ACSM Administrative Council Meeting  
Sunday, November 9, 2014  
8:03am - 12:06pm ET

SUMMARY OF ACTIONS

AGENDA ITEM 3. Approved a motion to authorize the creation and approval of a non-binding and non-enforceable Memorandum of Understanding (MOU) with the European Society of Lifestyle Medicine within the parameters discussed by the Board with the Administrative Council to review and consider for approval.  
ACTION: It was moved, seconded, and UNANIMOUSLY PASSED to approve a motion to create a non-binding and non-enforceable MOU with the European Society of Lifestyle Medicine.

AGENDA ITEM 4a. 4a. FOR INFORMATION: Preview of a SOAR Strategic Quadrant for Evaluating ACSM Activities. The tool will be developed further and populated with examples of “Clear Winners” and “Supports Overall” and “Fix or Drop” and “Requires Funding” for discussion at the January 2015 Administrative Council meeting.

AGENDA ITEM 4b. FOR INFORMATION: Reviewed concepts for the infrastructure, areas of program focus, and strategies for an ACSM capital campaign beginning in 2015.

AGENDA ITEM 4c. FOR INFORMATION: Summarized existing and stretch goals for ACSM’s Distance Learning programs.

AGENDA ITEM 4d. FOR INFORMATION: Reviewed the needs and goals to improve the ACSM web site.

AGENDA ITEM 4e. FOR INFORMATION: Discussed the needs for an expanded ACSM presence in the areas of Obesity Prevention and Energy Balance.

AGENDA ITEM 5. FOR INFORMATION: Overviewed upcoming policy areas for ACSM’s influence and participation such as the Affordable Care Act, endorsement of Boris Lushniak as a Surgeon General candidate if the White House nominee is not confirmed or withdraws, and the inclusion of physical activity in the NIH Common Fund.
1. **CALL TO ORDER:** Self-introductions were made. Ad Council members and officers present were: Carol Ewing Garber (President), Larry Armstrong (President-elect), Bill Dexter (Immediate Past President), Carrie Jaworski (First Vice President), Mark Hutchinson (First Vice President), Walt Thompson (Second Vice President), NiCole Keith (Second Vice President), Carl Foster (Treasurer), John Jakicic (Trustee), Andrew Gregory (Trustee), and Lauren Simon (Trustee).

Jim Whitehead (Executive Vice President/CEO) ACSM Staff present were: Tim Calvert and Paula Burkert.

2. **CONFLICT OF INTEREST DISCLOSURE:** Ewing Garber asked for all participants to disclose conflicts of interest, none were noted.

3. **ACTION ITEM:**

   Memorandum of Understanding (MOU) with the European Society of Lifestyle Medicine: **ACTION:** It was moved, seconded, and UNANIMOUSLY PASSED to approve a motion to create a non-binding and non-enforceable MOU with the European Society of Lifestyle Medicine within the parameters discussed by the Board, with the Administrative Council to review and consider for approval.

Ewing Garber met with Michael Sagner, M.D., Chair of the non-profit NGO at his request. The request to meet was based on the need for ACSM’s expertise and areas of mutual interest. The mission of the ESLM is to provide leadership in research, prevention and treatment of lifestyle-related diseases through nutrition, physical activity, psychology, and public health. As a result of the meeting and initial alignment with ACSM’s work, a proposed affiliation framework could include:

- Website acknowledgment
- Support for marketing of the other
- Encouraging joint research and publications
- Help with promoting 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)
- 30 day notice to terminate

It was suggested that a framework could include mutual promotion of membership which isn’t something ACSM does therefore it wouldn’t be included in an MOU. Additional comments by the Board included that the benefits to ACSM of affiliating with the ESLM be identified and determined during the process of setting parameters for the MOU. It was recommended that the ESLM follow the standard ACSM logo use guidelines when the affiliation is formalized.
4. **SOAR ITEMS:**
   4a. SOAR Strategic Quadrant for Evaluating ACSM Activities

   **4a. FOR INFORMATION:** Preview of a SOAR Strategic Quadrant for Evaluating ACSM Activities. The tool will be developed further and populated with examples of “Clear Winners” and “Supports Overall” and “Fix or Drop” and “Requires Funding” for discussion at the January 2015 Administrative Council meeting.

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

4b. Capital Campaign

   **4b. FOR INFORMATION:** Reviewed concepts for the infrastructure, areas of program focus, and strategies for an ACSM capital campaign beginning in 2015.

   The infrastructure of a capital campaign was discussed at a high level. Discussion included the need for a campaign steering committee with a staffing model to include internal and external resources and performance metrics. Whitehead noted the need for a capital campaign plan which would include work with ongoing partners, larger funding partners, and a roadmap for work with those. Also noted was the need to work closely with the ACSM membership for specific help that could provide assistance in identifying new partners as well as individual gifts the membership would be able to make. The Administrative Council observed that timing was advantageous for the baby boomer segment of membership that may be considering estate planning.

   Possible campaign elements reviewed included: the Center for Accuracy in Science and Exercise Innovation (CASE), distance learning programming, creation of Institutes
or Global Institutes and other strategic programs for ACSM growth. Some of ACSM’s existing partners have expressed interest in these programs. Recognition of gifts and member contributions as mentors was also discussed.

The Administrative Council discussed both building projects and program funding components of a capital campaign. Consistent ACSM program branding will continue to build ACSM’s visibility and recognition. It was noted that it will be motivational to ACSM members to have the benefits of a capital campaign well explained to the membership. Determining and explaining the fit for ACSM committees in alignment with the vision of the campaign is also recommended.

4c. Distance Learning

**4c. FOR INFORMATION:** Summarized existing and stretch goals for ACSM’s Distance Learning programs.

Whitehead reported that ACSM’s distance learning work continues to expand and be in demand. ACSM continues to receive requests for additional high quality programming. Expansion goals for ACSM’s Distance learning include:

- gaining adequate expertise and experience to achieve world leadership in the field
- developing and implementing a strong plan of action
- making distance learning an invaluable member benefit
- positioning ACSM as the distance learning go-to resource
- promoting ACSM distance learning as a game changer

Expanding ACSM’s offerings including adapting existing or creating new programming for online coursework, participation by those who cannot attend in person, creating new markets in developing countries, releasing late breaking updates, and creating online poster session presentations were discussed as new opportunities. These opportunities would benefit ACSM’s existing markets and generate new markets.

The Distance Learning Task Force appointed in 2014 is reviewing markets, technology platforms and business models to construct a recommendation for the Board. The recommendation is expected to address existing efforts and provide direction for future consideration.

4d. ACSM Web site

**4d. FOR INFORMATION:** Reviewed the needs and goals to improve the ACSM web site.

Whitehead guided the discussion on upgrades to the ACSM web site. Sustaining a high quality web site and employing a high impact digital strategy were discussed as primary goals. Desired outcomes expressed for web site improvements included:

- gaining assistance developing a plan for next phases of ACSM.org
• achieving top ratings and satisfaction levels for the web site
• incorporating a strong digital content presence
• reviewing analytics on an ongoing basis for continuous improvement and sustainability as a high quality site

The Administrative Council noted member engagement as a high priority. The new iMIS enterprise system upgrades were discussed as one solution through new tools and features that would increase member engagement. Serving chapters, sharing news of member achievements, allowing the web site to serve as a feeder system for member volunteers and promoting relevant policy changes for the field were mentioned as potential improvements for the next iteration of ACSM.org.

4e. Advancing Obesity Prevention and Energy Balance

| 4e. FOR INFORMATION: Discussed the needs for an expanded ACSM presence in the areas of Obesity Prevention and Energy Balance. |

Whitehead reviewed ACSM’s SOAR goals for advancing obesity prevention and energy balance as developing an integrated portfolio approach to both and positioning ACSM as a U.S. and global leader in physical activity, obesity, and energy balance. Outcomes for additional work and presence could include:
• creating more continuity and predictability for the ACSM’s efforts by having the Obesity and Prevention Ad Hoc Committee become a Strategic Health Initiative
• expanding ACSM’s professional education and practice in these areas
• developing position statements
• partnering with others for a stronger presence within science and policy
• adding additional synergy and visibility for additional recognition in the field

Whitehead and Jakicic will develop a plan for ACSM’s expanded presence. Jakicic discussed that it is important for the plan to educate people about what energy balance is and how physical activity fits in. Additionally, ACSM’s discussion of and education about the issues needs to be above and beyond Annual Meeting sessions. Position papers and promotion of them as well as including information on Exercise is Medicine® will result in a stronger program. Whitehead added that the 2015 iteration of the National Physical Activity Plan could include discussion of and solutions for obesity.

5. OTHER BUSINESS: Policy Opportunities

| 5. FOR INFORMATION: Overviewed upcoming policy areas for ACSM’s influence and participation such as the Affordable Care Act, endorsement of Boris Lushniak as a Surgeon General candidate if the White House nominee is not confirmed or withdraws, and the inclusion of physical activity in the Common Fund. |

Whitehead overviewed each upcoming policy area and how ACSM could have a positive impact and benefit.
**The Affordable Care Act**

In 2015, ACSM can leverage the implementation of the Affordable Care Act by establishing a clear, data-driven ACSM policy agenda to advance physical activity through the implementation of the Act.

As an example, since May 2015, the Centers for Medicare and Medicaid Services have published three Notices of Proposed Rulemaking that address home health, long-term care, and physician fee schedules. All three are seeking recommendations on the nature of reimbursement policies related to preventive care for the chronic lifestyle conditions such as diabetes that can be positively impacted by exercise and physical activity.

ACSM could use these opportunities as a visible way to start shining a light on the evidence behind how promoting physician consultations on physical activity can reduce overall health costs. At least a dozen additional similar rules are expected in 2015.

**Endorsement of Boris Lushniak as the Surgeon General candidate**

Whitehead noted that Boris Lushniak has been the strongest and most effective supporter of physical activity in the history of the Surgeon General’s office. Lushniak’s federal public health background makes him well qualified for the role if the current White House nominee is not confirmed or withdraws. Proposed next steps for ACSM’s support of Lushniak as a candidate would be to send a letter of support to the White House and others, position Lushniak as the bipartisan choice, mobilize the physical activity community, and make best use of other opportunities that ACSM may have.

**Common Fund**

As a context, Whitehead explained that as mature initiatives end or transition out of the Common Fund, the strategic planning process for the Common Fund has produced new potential partner program areas where Common Fund investment could have a broad, transformative impact. New programs for 2015 may address: 30 Nucleome, Bioelectronic Medicines, Citizen Science, Glycomics and/or Mechanisms Underlying Benefits from Physical Activity.

Recent developments relevant to ACSM with the Common Fund have included discussions of the mechanisms underlying benefits from physical activity. There has been a priority placed on exploring the molecular and cellular mechanisms that underlie benefits of physical activity; to determine common physiologic and biomechanical mechanisms by which physical activity improves health and well-being, and the thresholds needed for benefits to occur; and to develop standardized protocols, tools, measures, etc., to allow for generalizability and meta-analysis. Including physical activity in the Common Fund will be beneficial for physical activity.

To become further involved with the Common Fund, ACSM plans to attend the Advisory Board Meeting in December, partner with FASEB, send a letter to the Office of
Management and Budget (OMB), activate further with Congress, and mobilize the physical activity community.

Jakicic shared that he, Wendy Khort, and other ACSM members had chaired, co-chaired or participated in sections of the NIH meeting regarding the Common Fund.

6. **ADJOURNMENT:** There being no further business, President Ewing Garber adjourned the meeting at 12:06p.m. ET.
ACSM Administrative Council Teleconference
Thursday, December 18, 2014
6:00pm – 7:00 pm ET

Draft Summary/Minutes

SUMMARY OF ACTIONS

AGENDA ITEM 7: Move to approve the revised Slate of Candidates for the 2015 ACSM Election.

PROPOSED MOTION: The Nominating Committee requests the approval to add Dr. Robert Kiningham as a Medicine Trustee candidate to the list of candidates for the 2015 Officer and Trustee Election.

1. CALL TO ORDER: Self-introductions were made. Ad Council members and officers present were: Carol Ewing Garber (President), Mark Hutchinson (First Vice President), Jim Whitehead (Executive Vice President/CEO), NiCole Keith (Second Vice President), Walt Thompson (Second Vice President), Bill Dexter (Immediate Past President), Carl Foster (Treasurer), and Andrew Gregory (Trustee).

ACSM Staff present were: Valerie Bragg, Paul Branks, Tim Calvert, Paula Burkert, Dick Cotton, Lynette Craft, Annie Spencer and Monte Ward.

Guests: Liz Joy, Bill Roberts and Angela Smith.

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 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:** (Carol Ewing Garber)

Ewing Garber welcomed everyone to the call and recognized the holiday season wishing all happy holidays and a happy new year. She acknowledged the current health challenge for Gay Israel and noted with deep sadness the passing of previous ACSM staff member Barbara Campagne, Ph.D., FACSM. Ewing Garber noted that she and Dexter have a call tomorrow (Friday the 19th) with Mercer to further the progress of their work. She hopes to have more information available to report in the January meeting.

4. **COMMENTS FROM THE EXECUTIVE VICE PRESIDENT/CEO:** (Jim Whitehead)

Whitehead began his report with an update on the National Physical Activity Guidelines noting that the bill did not pass. He noted that the bill will be reintroduced in the 114th Congress that begins their work on January 3, 2015.

Whitehead noted that the U.S. Senate on Monday, December 15, confirmed by one vote Vivek Murthy as U.S. Surgeon General, with a 51-49 vote. The vote was essentially along party lines with only one Republican – Senator Mark Kirk of Illinois – voting for confirmation and three Democrats – Senator Heidi Heitkamp of North Dakota, Joe Donnelly of Indiana, and Joe Manchin of West Virginia – voting against the nomination. The post of Senate-confirmed Surgeon General has been vacant since July 2013, when Regina Benjamin, who serves as Honorary Chair of Exercise is Medicine®, stepped down. Boris Lushniak, our good friend and a phenomenal advocate for physical activity, has been the Acting Surgeon General in the interim. The U.S. Surgeon General leads the Commissioned Corps of the U.S. Public Health Service, a group of 6,800 public health officers across government, including the National Institutes of Health, the Centers for Disease Control and Prevention, and the Centers for Medicare and Medicaid Services. The term of office is four-years, surgeon generals typically select three or four public health issues on which to concentrate. The Department of Health and Human Services has indicated that the new Surgeon General will concentrate on obesity, lower
smoking rates, community health, and keeping Americans healthy during the flu season. Ebola likely will be on the docket as well. Surgeon General Murthy reports to Assistant Secretary for Health Karen DeSlavo, who reports to HHS Secretary Sylvia Burwell. We are in the process of developing or deepening relationships with this new leadership team at HHS. We obviously also will continue our working relationship with Boris Lushniak.

Whitehead noted that the Congress has now formally included Physical Activity in the Common Fund allocation for NIH funding. This should provide a significant opportunity in the near future, more will be provided on the next several Administrative Council calls.

Whitehead noted that John Jakicic was at the ACSM National Center yesterday (Wednesday December 17th) for an important meeting on ACSM plans for obesity and energy balance in 2015 and beyond. Engagement with and input from the task force has been occurring, and it was a highly productive meeting. More formal feedback from the meeting will be discussed at the January Administrative Council meeting.

Whitehead noted that there will be a little different format for the January Administrative Council in-person meeting. We will begin the meeting Friday evening and then reconvene following the adjournment of the Program Committee around noon on Saturday.

Whitehead and Ewing Garber both thanked staff for their huge contributions to the progress and success of ACSM.

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

6. **FOR INFORMATION:** Changes to the Media Referral Network (MRN) Process. The CPI Committee would like to review its planned changes for the Media Referral Network and seek the Administrative Council’s input and support.

Angela Smith, as chair for the CPI Committee, noted that the committee is following up on work approved by the Board in 2012 to improve the MRN. She summarized the proposed changes to the Media Referral Network as follows;

- The MRN application is being updated to provide more valuable information that will assist in the applicant review process. Changes to the form include:
  a) Indicate “primary” preference or specialty area.
  b) Provide links to examples of their work with the media, including links to print/web interviews where they’re quoted as well as video, radio, and social media they produced or were interviewed for.
  c) Ask for CV and resume, which we may want to then update every 3-5 years. Ideally an MRN member demonstrates involvement with ACSM through presentations and publications.
  d) Which ACSM media training was attended? (see below)
  e) Why do you want to be a part of the media referral network? What are the main messages you want to share with the media?
  f) Provide a list of key position stands, issues and statements and ask which ones they can speak to.
  g) What is your availability for rapid turn-around time on media requests? (12, 24, 48 hours?) (this could be sent in follow-up materials for those who are accepted, or put in the application).
h) What media “market(s)” do you work in?

- The committee will be conducting media training as a preconference associated with the 2015 Annual Meeting. The committee would like to make the training, either in-person or as a webinar afterward, mandatory to be included in the Media Referral Network. A staggered timeframe of 1-3 years would provide current members with flexibility. New, approved applicants would need to complete the training before joining the network.

  a) Questions would be provided at the end of the webinar to help ensure engagement and understanding of the content.
  b) Speakers for the preconference include Paul Thompson, Pam Peeke and a print journalist from the San Diego Times Union. The theme is how to put your message together.
  c) Going forward, continued inclusion in the MRN would require updating ACSM media training at least every 3 years (appropriate offerings will be provided).
  d) The committee recommends having two levels of MRN sources: ACSM Spokesperson and MRN source/subject matter expert.
  e) A “spokesperson” must be an ACSM Fellow, attend the preconference or complete the webinar, and have an accepted application.
  f) An MRN subject matter expert must attend the preconference or complete the webinar, and have an accepted application. These MRN members would primarily be used for consumer-friendly stories that require the expertise of an ACSM certified professional. This is a common occurrence and gives us the flexibility to expand our network and capably respond to media inquiries.

Thompson inquired about a provision to “grandfather” this training in for those ACSM members and volunteers that have been doing this media work for a while. Smith noted that initially there would be a period of three years for everyone to get the formalized/recommended training. Smith also noted that “retraining” is very necessary and an important part of this committee’s recommendation.

Foster noted that it was his previous thinking that only the President and CEO were able to carry the official title of “ACSM Spokesperson.” Smith noted that a “spokesperson” title of some sort is important for those speaking on behalf of the College from a credibility perspective and for consistency perspective. Whitehead noted that each ACSM “spokesperson” would require a volume or “pipeline” of information fed to them so they have the right information consistent with the organization’s science and position stands.

Smith emphasized that the MRN application would have to help identify what areas and topics that each of the specific individuals are qualified to speak toward. Foster again spoke in favor of having only the ACSM President and CEO speak on behalf of the organization, when possible. Smith recognized Foster’s point, but noted that a portfolio of content experts is required to do this kind of network in accordance with best practices.

Thompson asked that guidelines be developed so the network participants clearly position and acknowledge that they are speaking on ACSM’s behalf and not representing the individual organization, company or university. This is important for the College to get the consistent and powerful recognition it needs in the respective fields of expertise. Whitehead noted there are a number of organizations with well-established spokesperson programs, especially the Academy of Nutrition and Dietetics (AND), and that those models should be referenced and used in detailing what ACSM will developed.
Smith asked for any further questions, of which there were none.

<table>
<thead>
<tr>
<th>7. FOR ACTION: Slate of Additional Candidates for the 2015 ACSM Election.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROPOSED MOTION: The Nominating Committee requests the approval to add Dr. Robert Kiningham as a Medicine Trustee candidate to the list of candidates for the 2015 Officer and Trustee Election. The complete slate of candidates is as follows:</td>
</tr>
</tbody>
</table>

Ewing Garber noted the need to finalize the slate of 2015 candidates due to the unfortunate withdrawal of John Hatzenbuehler, M.D. as a Medicine Trustee candidate. The Nominating Committee has approved the replacement candidate as Robert Kiningham, M.D., FACSM. The complete slate of candidates, as revised is as follows:

**President-elect Candidates:**
- Carrie Jaworski, M.D., FACSM
- Liz Joy, M.D., M.P.H., FACSM

**Vice President Candidates:**
- Craig Harms, Ph.D., FACSM
- Jill Kanaley, Ph.D., FACSM
- Kathryn Schmitz, Ph.D., FACSM
- Lorraine Turcotte, Ph.D., FACSM

**Trustee Candidates in the Basic & Applied Science Interest Area:**
- Ross Andersen, Ph.D., FACSM
- Miriam Nelson, Ph.D., FACSM
- Stavros Kavouras, Ph.D., FACSM
- Dixie Thompson, Ph.D., FACSM

**Trustee Candidates in the Education & Allied Health Interest Area:**
- Sofiya Alhassan, Ph.D., FACSM
- Lee Brown, Ed.D., FACSM
- Heather Chambliss, Ph.D., FACSM
- Erica Jackson, Ph.D., FACSM

**Trustee Candidates in the Medicine Interest Area:**
- Anastasia Fischer, M.D., FACSM
- **Robert Kiningham, M.D., FACSM (added)**
- Scott Paluska, M.D., FACSM
- Kevin Vincent, M.D., Ph.D., FACSM

**International Trustee Candidates:**
- Naama Constantini, M.D., FACSM
- Luis Fernando Aragon-Vargas, Ph.D., FACSM

It was moved, seconded and unanimously approved to accept the 2015 revised slate of candidates as presented.

| 8. FOR INFORMATION: Physical Activity Readiness Roundtable Group – American Heart Association Endorsement of Paper. The physical activity readiness roundtable |
writing group intends to seek endorsement of the paper by the American Heart Association.

Feltman noted that a roundtable was convened in June 2014 to examine the physical activity readiness recommendations in ACSM’s *Guidelines for Exercise Testing and Prescription 10th Edition*. The results of the roundtable will be published in the 10th edition of *ACSM’s Guidelines for Exercise Testing and Prescription*. The Roundtable group will also be completing work on a paper in January 2015 that will be published in *Medicine & Science in Sports & Exercise* as per the Administrative Council memo dated February 18th, 2014. Feltman noted that the roundtable writing group intends to seek the endorsement of the paper by the American Heart Association. The endorsement will serve to strengthen the recommendation among other strategic goals. She noted that the endorsement was not part of the original memo/roundtable group.

There were no further questions on this topic.


Thompson noted that this was being presented for information only and that this was simply the extension of the original partnership agreement executed in 2007.

ACSM has long maintained an exceptional partnership and collaboration with the International Paralympic Committee (IPC), and this is now being extended to after the 2020 Paralympic Summer Games. The continuing provisions of the partnership are indicated below. Walt Thompson will provide comments.

1. ACSM and the IPC will identify areas of common interests in research and will work collaboratively to promote and advance new scientific and clinical discovery.
2. ACSM and the IPC will identify how ACSM can assist major areas of need with the IPC, including medical, sports science, anti-doping, and classification.
3. ACSM and the IPC will be advocates for each other’s activities and projects with international partners.
4. ACSM and the IPC will promote major initiatives of the organizations and will distribute relevant information through each organization’s respective communications network.
5. ACSM and the IPC will continue to explore options for including topics and matters related to the Paralympic Movement and athletes with disabilities in future ACSM Annual Meetings and Health & Fitness Summits. The IPC will coordinate with the ACSM Olympic and Paralympic Sports Medicine Issues Committee the submission of appropriate presentations so as to ensure their high quality and relevance to the main objectives of ACSM. These sessions will be part of an on-going educational and informational plan to increase knowledge about the needs and opportunities in Paralympic sports, and to encourage involvement by scientists, physicians, and other professionals within ACSM. One scientific session at the ACSM Annual Meeting will be committed to the IPC.
6. ACSM and the IPC will discuss, in good faith, the possibility of an “ACSM Symposium” to be held at the bi-annual VISTA Conference.
7. ACSM and the IPC will specifically work to identify collaborative opportunities in conjunction with the preparation for and staging of the Paralympic Summer and Winter Games.
8. The ACSM Olympic and Paralympic Sports Medicine Issues Committee (and relevant other ACSM Committees) and the IPC Medical & Scientific Department (and relevant
other IPC Committees) will continually identify specific and additional common areas of interest and propose those to the respective governing bodies.

There were no further questions on this topic.

9b. **FOR INFORMATION: American College of Sports Medicine/American Council on Exercise (ACE)/Medical Fitness Association (MFA) Strategic Partnership.**

Cotton noted that ACSM has been in discussion with ACE and MFA regarding the promotion of the EIM Credential as well as to develop a tri-branded pair of credentials for directors of health fitness centers. Here are the operational basics:

- ACE and ACSM will each offer a pathway to prepare for the unifying professional credential which will be the EIM Level I, II and III credential.
- MFA will create an NCCA accredited Director Credential with an added certificate of qualification for Medical Fitness Centers and offer a comprehensive facility certification process.
- The draft of the director credential will be developed within six months of the effective date of this agreement.
- If the Facility Certification currently under review by NSF International is completed, the Parties agree to consider promoting a tiered approach to accreditation of facilities.

Cotton noted that ACSM will support the development of the director credential in a three-way split with the three organizations. Both ACSM and ACE will be reimbursed out of the first revenues realized by the certification. The EIM Credential promotion agreement will likely start and remain revenue positive, as it significantly increases the candidate pool for the certification. Cotton noted that ACSM’s Committee on Certification and Registry Boards as well as the EIM Credential Committee will be involved in the process in both advisory and governance capacities.

Thompson urged Cotton not to wait on NSF for their Facility Guidelines project to be completed. He also asked Cotton if MFA had the “band-width” to become NCCA accredited, of which Cotton said that he doubted, but noted that would be a second phase to this project.

There were no further questions on this topic.

9c. **FOR INTRODUCTION: Possible Collaboration with PrivIT on a Conference in Conjunction with the NFL Combines in February.**

Ewing Garber asked Bill Roberts to comment and present this item to the Administrative Council. Roberts noted that ACSM has rapidly developed a familiarity with PrivIT, based on recommendations from himself, Gordon Matheson, and other colleagues. PrivIT is a health technology firm that has pioneered the electronic Pre-participation Evaluation for youth sports, as a game-changing approach to making the PPE a more 21st century, standardized, on-line approach to enhancing the health and safety of young athletes. In translating mutual interest in identifying possible ways to work together, a quick opportunity could be staging a small conference at the ACSM National Center during the NFL Combines in February. Information on PrivIT is available through this link [http://privit.com/privit-products/e-ppe/](http://privit.com/privit-products/e-ppe/). ACSM would not incur any material expense. Whitehead noted that we are introducing this item today, and can build this out further in our January meeting.
Hutchinson asked what a “partnership” with PrivIT would mean and what could the revenue streams and/or revenue-sharing look like? He wondered if there would be grants and sponsorships involved. Roberts and Whitehead noted that discussions were preliminary on that right now and would require further exploration.

Gregory wondered if this product would be free for the “youth sports” version consistent with the most recent PPE monograph? He also wondered what it is that ACSM would be called on to do in a proposed partnership with PrivIT? Whitehead noted that these kinds of questions are still evolving and would be considered with PrivIT. Roberts informed the Administrative Council that he has no conflicts of interest as it relates to PrivIT and that he only plays a non-compensated advisory role with them. It was agreed that additional partner discussions will occur with PrivIT, informed by this discussion.

There were no further questions on this topic.

10. OTHER BUSINESS:

Whitehead presented for potential action the approval of a licensing agreement between U.S. Healthiest (USH) and the International Association for Worksite Health Promotion (IAWHP), an affiliate society of the American College of Sports Medicine (ACSM). The proposal calls for a “good faith” deposit of $2,000 that would be applied to the licensing agreement. It was suggested that the Administrative Council not treat this as an action item but that the concurrence be that the Administrative Council supports the informational nature of this matter and looks forward to further follow-up. Foster asked if this item had the blessing/approval of Nico Pronk of which Whitehead confirmed, noting that Pronk is the immediate Past President and a Co-founder of IAWHP.

Whitehead noted that the current Acting Surgeon General Rear Admiral Boris Lushniak, M.D., M.P.H., has not been given a lot of recognition or credit for his great role on promoting physical activity. Whitehead suggested using SMB as a vehicle to recognize him as well as through correspondence.

11. ADJOURNMENT:

There being no further business, Ewing Garber adjourned the teleconference at 7:05 pm ET.

+++++
Administrative Council
Summary Notes
ACSM National Center - Indianapolis, IN

Friday, January 9, 2015
4:00pm ET - 5:45pm ET

In-Person: Armstrong, Dexter, Ewing Garber, Jakicic, Jaworski, Keith, Thompson, Whitehead
By Phone: Gregory, Hutchinson
Staff: Calvert, Hutber
Guests: Lobelo

Saturday, January 10, 2015
11:45am ET - 2:35pm ET

In Person: Armstrong, Ewing Garber, Jakicic, Thompson, Keith, Whitehead
By Phone: Hutchinson, Gregory, Jaworski
Staff: Calvert

1. **Call to Order:** President Carol Ewing Garber called the meeting to order.

2. **Conflict of Interest Disclosure:** Declarations were made by Thompson (Wellcoaches), Armstrong (International Bottled Water Association, Drinking Water Research Foundation, and Danone Nutricia Research of France).

3. **Comments by the President:** Ewing Garber thanked everyone for attending, and commented that the Program Committee is doing a terrific job in the continuing development of the 2015 Annual Meeting and World Congresses.

4. **Comments by the Executive Vice President/CEO:** Whitehead noted the January Ad Council meeting is often devoted primarily to areas of keen emphasis and special priority for 2015.

5. **Special Priority/Emphasis Area A: **Exercise is Medicine:

Guests Adrian Hutber and Felipe Lobelo were welcomed to the meeting for updates on plans for EIM in 2015, including the EIM Global Center at Emory. Hutber’s comments included an update on the EIM Solution (wherein collaborations occur with health systems and hospitals to integrate physical activity into patient visits and to refer as needed patients to EIM credentialed allied health professionals in the community). Hutber overviewed a particularly promising collaboration with Greenville, SC Health Systems, which has a number of ACSM members as
leaders and physical activity advocates there. A critical window of progress is over the next six months. Hutber briefly overviewed the status of EIM and its global infrastructure, noting that main goals of these efforts now involved: (1) the training of clinicians, (2) the training of fitness and exercise professionals, (3) the linking and connecting of these professions into a network both domestically and internationally, and (4) ensuring this results in patient adherence and improved health results in regard to increased, appropriate, and safe levels of physical activity.

Lobelo spoke on the status of the EIM Collaborating Center at Emory, noting that the MOU between ACSM and Emory is approaching finalization with Emory’s review processes. Lobelo indicated that the EIM Center will launch in the spring of 2015. He described how the EIM Collaboration Center will collect and evaluate data from EIM Solution sites and other sources, to determine effectiveness and achieve continuous improvement in EIM.

Following thoughtful discussion, it was the consensus of the Administrative Council that the following are among top priorities for Exercise Is Medicine in 2015.

<table>
<thead>
<tr>
<th>2015 PRIORITIES FOR EIM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Ensure sustainability</strong> of EIM through greater external funding, reduced reliance on increased ACSM funding, and adjustments in EIM expenses as needed.</td>
</tr>
<tr>
<td>2. Concentrate on aspects of EIM that will produce the <strong>highest impact and greatest gains</strong> in progress in healthcare and other settings and in health overall.</td>
</tr>
<tr>
<td>3. <strong>Balance efforts globally and in the U.S.</strong>, focusing on building in countries in which EIM is already operational and producing even more visible and tangible progress in the U.S.</td>
</tr>
<tr>
<td>4. <strong>Evaluate and continuously improve key elements of EIM</strong>, such as the EIM website, the EIM Solution and Network, and the ready availability of information and connectivity of EIM National Centers and Regional Centers.</td>
</tr>
<tr>
<td>5. <strong>Integrate the work of the EIM Global Center @ Emory with EIM overall</strong>, so there is greater understanding and evidence of what works in clinical settings, and using that to enhance the strategies and tools of EIM.</td>
</tr>
<tr>
<td>6. Recognizing there are many unique aspects of building a successful and multi-stakeholder global health initiative such as EIM, and at this key juncture of its progress, it is important that <strong>EIM staff</strong> maintain a clear understanding of and constant commitment to priorities and enhancements needed as defined by ACSM, as part of a direct accountability to the ACSM Board and CEO.</td>
</tr>
<tr>
<td>7. These ACSM-directed priorities (including the actions listed below) will be incorporated into and modify existing plans for EIM. A document will result that is entitled <strong>EIM Essential Actions Project</strong>, with Phase 1 covering the first half of the year, February through June. A Phase 2 <strong>EIM Essential Actions Project</strong> document will cover the second half of the year, July through December.</td>
</tr>
</tbody>
</table>

**To operationalize these priorities, there were a number of specific actions that were suggested by the Administrative Council.**
GOVERNANCE

- **ACTION:** Have the ACSM Board of Trustees provide overall oversight and direction to EiM, and for EiM to have a clear accountability to the ACSM Board.

- **ACTION:** Empower the EiM Advisory Board to be even more of a governance body that provides key direction to EiM, and provides regular updates to the ACSM Board.

- **ACTION:** Once a problem or challenge is identified, especially by the ACSM Board, focus on identifying, implementing, and reporting on effective solutions so there is not a need for repetition of discussions.

- **ACTION:** Consolidate and reorganize the EiM committees.

PLANNING

- **ACTION:** Create and maintain a more formalized EiM strategic plan with reasonable goals, precise timelines, and progress reports that together ensure program effectiveness and sustainability.

- **ACTION:** Have engagement in the plan and input from the ACSM Board, Administrative Council and the EiM Advisory Board, plus the EiM workgroups and committees.

FINANCES AND SUSTAINABILITY

- **ACTION:** Achieve more effective fundraising for EiM to ensure its sustainability, and with the EiM Vice President Hutber to play a critical role in fundraising as the program’s main advocate and program officer.

- **ACTION:** Raise funds through both corporate solicitation as well as grant writing. Engage EiM and ACSM volunteers to assist with program funding.

- **ACTION:** Increase the value and return-on-investment for prospective funders. Identify and focus on those aspects of EiM that have the best chance to be funded.

- **ACTION:** Have regular reports on EiM budget, fundraising, and expenses.
EFFECTIVENESS AND EFFICIENCY

**ACTION:** Focus EIM on things that provide the most value, are working well, and can be most effective in 2015.

**ACTION:** Create an even more effective reporting structure and process to report on progress and achievements.

**ACTION:** Create written policies, procedures, and systems for key activities for EIM to ensure continuity and improvement.

GLOBAL ASPECTS

**ACTION:** Detail complete documentation of the EIM Regional Centers and National Centers in regard to organization, personnel, goals, activities, and contact information.

**ACTION:** Create easy connectivity and interaction among the EIM Centers and EIM leadership.

**ACTION:** Reduce international travel, and use technology and other means to launch new National Centers and make progress with existing National and Regional Centers.

**ACTION:** Validate that the “train the trainer” model will actually work globally, wherein EIM professionals train appropriate health professions as EIM implementers, who then train others throughout a country. (Both Lobelo and Hutber expressed support for this model domestically, noted it has worked in South America, and observed that the pilots planned in several countries will use lessons learned to confirm that this model will be effective internationally.)

U.S. ASPECTS

**ACTION:** Need to prioritize and achieve additional visible and meaningful progress in the United States, such as with collaborations with major U.S. medical societies, health systems, and others.

**ACTION:** More needs to be done in the Indianapolis area, where it is easier to oversee and observe and learn from efforts. For example, the YMCA of Central Indiana does process evaluation and EIM can learn from that work and protocols.
**EIM SOLUTION, IMPLEMENTATION, AND EVALUATION**

- **ACTION:** Develop and provide a concise description of the EIM Solution and how it is being implemented in Greenville, SC and elsewhere, including how success is defined and measured.

- **ACTION:** Use data from Greenville, SC, to learn about the EIM Solution in any circumstance. While six months is a short window for success, useful data should still be collected, even if EIM is not able to drive fundamental change and show meaningful outcomes in the 180 day window. If the EIM Solution were not considered by the health system as adequately successful, EIM needs to use demographic-specific data that would be helpful learning for EIM. There also should be a process evaluation for Greenville, which would assist with learning as well.

- **ACTION:** Study and learn from other relevant efforts, such as when Blue Cross/Blue Shield launched unsuccessfully a similar physical activity program involving children and their parents.

- **ACTION:** Provide updated information on progress, scalability, operations, and business model of Phil Trotter’s NBT company, which has been approved to seek the grass-roots implementation of the EIM Solution in health systems across the U.S.

- **ACTION:** Ensure that all EIM Solution efforts with health system/hospital efforts that physical activity is a vital sign in the EMR.

- **ACTION:** In regard to healthcare providers and exercise and fitness professionals, ensure the training and systems are two-way. While providers receive training, fitness professionals also need to be trained to link back and work with the clinicians. It was noted that clinicians may refer to a YMCA or qualified location if they knew staff were proven, trained, and tested. It was observed that a high percent of the linkage in healthcare systems is currently a one-way approach from the clinician to the community, and not back to the clinician.

- **ACTION:** Need to consider whether the return-on-investment is being tested in the most appropriate direction. Most successful programs test evaluation and implementation and then go forward with pursuing a large RO1 grant. EIM is using the RO1 grant process to test evaluation and implementation by using a growing model used by health system financial decision-makers.
**EIM GLOBAL CENTER @ EMORY**

- **ACTION:** Develop a clear description of the priorities and actions of the EIM Global Center @ Emory, including how it will interface with EIM overall, what it will concentrate on, how success will be defined and measured, its operational plan for 2015 and beyond, and how status and progress will be regularly reported.

- **ACTION:** Ensure that the Center will seek IRB approval before publishing any resulting data.

5. **Special Priority/Emphasis Area B: Capital Campaign:**

There was discussion about a potential Capital Campaign launch for ACSM in 2015. This was in follow-up to the November in-person Administrative Council meeting and excellent subsequent discussion with ACSM Foundation President Jim Pivarnik and others as to organizing and launching a Capital Campaign in conjunction with the 2015 San Diego Annual Meeting.

Many expressed enthusiastic support for several of the ideas and concepts presented to the Administrative Council in November. Dexter and others agreed, adding that ACSM is ready for a campaign on a large scale and that it should think big.

Whitehead said that information and detail on a Capital Campaign launch will be presented on the February Ad Council call. However, he did say that it would be best to not announce a bricks-and-mortar promotion at the outset.

It was suggested the use of an honorary chair, for example, Jackie Joyner-Kersee. It was noted that a Capital Campaign will require full staff involvement. It was also suggested that the College use the Interest Groups in some way. Further, it was observed that a successful Capital Campaign will require strong grass roots engagement, as there are a lot of passionate people, especially at the Regional Chapter level.

**Following thoughtful discussion, it was the consensus of the Administrative Council that the following are among top priorities for organizing and launching a Capital Campaign in 2015.**

<table>
<thead>
<tr>
<th>2015 PRIORITIES FOR A CAPITAL CAMPAIGN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify a <strong>campaign chair(s) and planning/coordinating committee.</strong></td>
</tr>
<tr>
<td>2. Work with the chair(s) and planning/coordinating committee to determine the <strong>goals, theme, elements, strategies, and operations of the campaign</strong>, including whether the campaign would include a building expansion.</td>
</tr>
<tr>
<td>3. Make a decision to <strong>use reserve funds to initially capitalize the campaign</strong>, such as retaining a campaign consultant or staff and an in-person meeting of the planning/coordinating committee.</td>
</tr>
</tbody>
</table>
4. **Announce the campaign** in conjunction with the 2015 Annual Meeting in San Diego.

6. **Special Priority/Emphasis Area C: Distance Education:** It was noted that ACSM is aiming to become a major force in distance education, where a large opportunity and need exists. There has been a significant increase in the offer and purchase of videos of sessions presented at the ACSM in-person conference, with a record being set in December in sales. ACSM also conducts webinars on approximately a monthly basis. It was noted there needs to be a very specific definition as to what we mean by “distance education.” ACSM needs to create a specific business model for distance education offerings, using members and partners to help in this regard. The College needs to consider the “Publication Model” and get RFP’s from interested partners. It was further noted that ACSM needs to ensure it uses the very best expertise for its distance education efforts. It was observed there are less than optimal strategies out there.

Following additional discussion, it was the consensus of the Administrative Council that the following are among top priorities for distance education in 2015.

<table>
<thead>
<tr>
<th>2015 PRIORITIES FOR DISTANCE EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Secure <strong>leading consulting expertise</strong> to ensure ACSM is advised by the best and learns from existing models of excellence and how to execute effectively and in sustainable fashion.</td>
</tr>
<tr>
<td>2. <strong>Carefully define</strong> what ACSM means by distance education.</td>
</tr>
<tr>
<td>3. Develop a <strong>highly effective master plan and business model</strong> for ACSM’s distance education efforts, with the aim being a leading service from all standpoints of quality, delivery, interactivity, and profitability.</td>
</tr>
<tr>
<td>4. Seek <strong>partnerships and solutions</strong> through RFPs and negotiations.</td>
</tr>
<tr>
<td>5. Use ACSM’s distance education <strong>prominence to strengthen other aspects</strong> of ACSM, including membership, certification, international efforts, and others areas.</td>
</tr>
</tbody>
</table>

7. **Special Priority/Emphasis Area D: Member Engagement:** This is obviously a key ACSM priority, and has a number of elements. It was noted that important work is already underway, of course, especially with the task force on clinical engagement (which is developing a university interest group pilot) as well as a planned member survey and expanded Trustee engagement with committees. It was suggested looking proactively at those members who have historically done things for the College. It was also recommended that an inventory be conducted of who the active members have been over time as these could be the same people to assist and/or contribute to a Capital Campaign and other efforts. It was recommended that ACSM develop an overall Member Engagement Committee, noting that such a committee could be made up of people from a number of different committees within the College structure. It
was discussed about how do develop a Member Engagement Center in San Diego in conjunction with the Annual Meeting in 2015. This Center would help identify what members want and deliver it. ACSM could do the same at the Regional Chapter level. It was underscored that technology will play a role. It was noted that some ACSM committees are working in silos, and that each committee needs to be formally charged with the expectation of member engagement. Thompson suggested having students/protégées sitting next to the mentors in free communication sessions/presentations. This is a no cost way to engage students and empower them as they move forward within the organizations.

Following additional discussion, it was the consensus of the Administrative Council that the following are among top priorities for member engagement in 2015.

2015 PRIORITIES FOR MEMBERSHIP ENGAGEMENT

1. Identify, benchmark, and implement the most successful engagement strategies and models used by successful associations and other organizations.
2. Identify and build on those who are already active and engaged in ACSM, and build on that to involve others.
3. Conduct a strategic membership survey to identify needs and opportunities for engagement through the various segments of ACSM membership.
4. Consider creating an overall Member Engagement Committee.
5. Develop a branded member engagement center, using best-practice models and methods from existing successful engagement centers. A redesigned website and expanded use of social media would be parts.
6. Make membership engagement a formal responsibility of all ACSM committees and other areas of ACSM.
7. Use technology solutions to make progress with member engagement.
8. Expand meaningful and desirable involvement opportunities, with varying amounts of required commitments, from brief and limited roles to more long-term and larger efforts.
9. Pursue policy priorities, issues, causes, and goals that excite, inspire, and motivate members and prospective members.
10. Continuously and systematically on-board and engage with all members across the continuum of their membership and careers.
11. Build on the Regional Chapters, which provides the closest avenue of regular engagement with ACSM.
12. Pursue pilots and innovation in expanding ACSM member engagement, including university interest groups, and involvement of students and others in free communication sessions.
9. Special Priority/Emphasis Area E: **ACSM.org Website Redesign**: There was conversation about the next phase of improvement in the main ACSM website: ACSM.org. Whitehead noted that next comprehensive phase of progress and improvement to the current website will start in 2015 in the second half of the year following the conference season of ACSM, since it is an intensive task for all ACSM departments and a large portion of staff. The 2015 efforts will focus on improving the current site, with the aim to redesign the site in 2016. Suggestions for the site included improving the current search function and navigation on the website, and a simpler design. Several noted that the current design and color scheme is in line with many current higher education websites. The IUPUI website was cited as a possible model. Others observed that WordPress is a universal and easy to use web tool and that universities use it a lot. It was suggested that the College have kiosks for feedback at the 2015 Annual Meeting.

Whitehead noted that the College should consider pursuing HON (Health on the Net) certification – which is an international standard for reliable information – for its next version of the website. He and others noted the need for better content development, including information about staff, the Board, and a resource area for Board and committee minutes and information that could be placed behind a password protected area on the site.

**Following additional discussion, it was the consensus of the Administrative Council that the following are among top priorities for the ACSM main website and additional web strategies.**

<table>
<thead>
<tr>
<th>2015 PRIORITIES FOR ACSM MAIN WEBSITE AND WEB STRATEGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop a plan of action for review and input by the Ad Council/Board for interim progress with the existing site in the second half of 2015 that then would lead to a 2016 website redesign.</td>
</tr>
<tr>
<td>2. Seek input at the 2015 Annual Meeting and conduct a formal needs assessment among elected and pointed leaders, representative users, external parties, and staff.</td>
</tr>
<tr>
<td>3. Benchmark “best of class” websites in health, science, and other sectors, and also those renowned for content, navigation, collaboration, and engagement. <strong>Build those traits into the 2016 website redesign</strong>, as well as recommendations from the Ad Council, Board, staff, and other stakeholders.</td>
</tr>
<tr>
<td>4. Connect the work and strategies on the ACSM.org site to other ACSM sites, including EIM.</td>
</tr>
<tr>
<td>5. Have a plan and schedule of action for initial review by the May Administrative Council and presentation to the Board in San Diego.</td>
</tr>
</tbody>
</table>

- 10. Special Priority/Emphasis Area F: **Board and Committee Engagement**: There was discussion about the proposal reviewed in November with regard to even more complete Board engagement and also making ACSM committees even more effective. Keith and others indicated while this is new and would take some time to get in full operation, it would be good to start in advance of the 2015 Annual Meeting in San
Diego. Also, based on previous suggestions, Whitehead reviewed a process and forms that could be used to gather better and more strategic information from the individual committees (see below for a workplan form and a progress report form). A number observed that quarterly reporting to the Board would require better and more interaction with the Trustee assigned to that specific committee to ensure that it gets done. That improved interaction would also help ensure that the committee is doing what it needs to do strategically for the organization. It was suggested that this kind of timely and effective reporting system can be enhanced by the use of technology and an electronic filing system.

<table>
<thead>
<tr>
<th>Key Annual Goals and Measurable Outcomes</th>
<th>Summary of Core Strategies to Achieve Annual Goals</th>
<th>Quarterly Progress Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member and Staff Point Persons</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions</th>
<th>Who</th>
<th>When</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Following additional discussion, it was the consensus of the Administrative Council that the following are among top priorities for Board and Committee Engagement.

2015 PRIORITIES FOR ACSM BOARD AND COMMITTEE ENGAGEMENT

1. Start initial implementation by asking all Trustees to liaise with a cluster of designated committees, and to attend as many committee meetings in San Diego as schedule and travel arrangements permit. Trustees will work closely with Officers who have reporting and performance responsibilities for those committees. These Trustee leadership responsibilities will continue through the terms of office of current Trustees. Newly elected Trustees in 2015 will be assigned committees, and all prospective candidates for 2016 will be informed of these responsibilities.
2. Install a workplan and quarterly progress report system for ACSM Committees, to be reviewed again by the Ad Council in February, with sharing with Committees thereafter.

- **11. Additional Business**

  - **PrivIT**: Whitehead briefly reviewed a PriVit slide deck. It was noted that there is an option within PrivIT for “underserved” communities. Discussion ensued, with comments ranging from (a) a query whether this product/offering could somehow be co-branded with the ACSM logo, (b) if there was any doubt or concern out in the community as to the content of the PPE, and (c) expressing support but asked for more vetting. *It was the consensus of the Ad Council to*
eagerly continue discussions, and conduct a teleconference with various leaders and PrivIT representatives.

- **ACSM Health & Fitness Summit**: All recognized the importance of the ACSM Health & Fitness Summit. Selected data and financial statement information was reviewed regarding the performance of ACSM’s Health & Fitness Summit. It was noted that the program used to be assembled with the Program Committee originally identifying topics and best speakers. The Summit Program is currently developed in response to session submissions. It was suggested that the Administrative Council may want to support creating a task force, including but not limited to current Summit Program Committee members, to focus on opportunities for sustaining and growing success of the Summit. The focus of the task force could be to protect the legacy of the Summit while identifying enhancements for the future. It was added that EIM needs to be better integrated into the programming of the Summit. Others suggested there needs to be more formal and routine reporting on the performance of the Summit. It was noted also that the Summit and its goals need full integration into the reporting and leadership of the College. It was also suggested that a named lecture be considered for Ed Howley as the only past program chair and ACSM President, and Editor of the Health & Fitness Journal. After further discussion, it was the consensus of the Ad Council and the Executive Committee to create a task force to identify opportunities for ACSM’s Health & Fitness Summit to achieve even more future success, and to address a number of needs of ACSM overall.

- **Obesity/energy balance**: Jakicic overviewed plans for the Obesity Task Force (see strategic framework below), and how ACSM can address energy balance and integrate it with other issues of importance. He introduced the idea of a signature platform that could be used for energy balance but also other areas. The working title is “Active U,” which would be a technology and brand platform, not a program (as is EIM). Active U could be integrated across the College. It was suggested to add the word science to the platform. Jakicic noted that science is embedded. There was a question about external funding, and Jakicic said the platform could be used to leverage fundraising efforts. Various members discussed the fact that the role of physical activity in combating obesity is being downplayed. Jakicic emphasized the importance of physical activity, and said the Active U scope is bigger than talking to patients as part of EIM. Keith said she really likes the concept suggested it have another name, so as not to confuse matters with ActivEarth. Jakicic replied that Active U is a conceptual name. Tag lines for Active U were discussed, including managing your body weight and managing your blood pressure. Many expressed support for the
concept. **It was the consensus of the Administrative Council that the strategic framework for the Task Force and the idea of a signature platform are moving in a great direction, and this should be further developed for formal presentation to the Ad Council.**

![Diagram of GOAL 1 and GOAL 2](image)

- **Common Fund/NIH:** Whitehead reported on this NIH consideration of possibly including physical activity in the Common Fund. It was noted that NIH does not want interventions, but rather it wants mechanisms. Proposals from within NIH are due to Collins in February. ACSM is developing strategies to encourage its inclusion and will meet with Collins this month. There will be an update report on the February Ad Council teleconference. **The Ad Council applauded and supported this effort in ACSM leadership in science.**

- **Other Priorities/Strategies for 2015:** In closing the meeting, there were a few other suggestions as to possible priorities/strategies for 2015. **All received preliminary support by the Ad Council, with there to be follow-up on future Ad Council teleconferences on these opportunities:**

  - Gregory said that there is a need for a **certification on strength and conditioning.** Also, he added there is a need for more programs that serve **children.**
• Armstrong spoke in favor of doing anything we can to support the weakest Regional Chapters.

• Thompson spoke about an opportunity to formalize and/or institutionalize the sitting ACSM President or appropriate officer speaking at all Regional Chapter meetings. It also is important that the Regional Chapter leadership meet with the ACSM President at least once a year. Jakicic suggested joint fundraising efforts for both the National and Regional Chapter programs.
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
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.

### 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 Wolfe 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.


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.
<table>
<thead>
<tr>
<th>AGENDA ITEM 6</th>
<th>EIM clinical companion piece to accompany the ACSM pre-exercise screening guidelines paper.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTION:</strong></td>
<td>It was moved, seconded, and UNANIMOUSLY PASSED to approve for ACSM to collaborate with the EIM Global Research and Collaboration Center in the writing of a clinical companion piece that will appear in MSSE (and elsewhere) in conjunction with a paper on pre-exercise screening guidelines. The companion paper will be targeted for health systems as well as individual clinicians. There also will be a practicing primary care physician involved in the writing to address how the guidelines will guide and impact clinicians.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGENDA ITEM 7</th>
<th>Approve a motion to seek a partnership between ACSM and AMSSM (American Medical Society for Sports Medicine) for the distribution of Current Sports Medicine Reports (CSMR) to AMSSM Membership.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTION:</strong></td>
<td>It was moved, seconded, and UNANIMOUSLY PASSED to approve the exploration of and formulate a proposal between ACSM and AMSSM for the distribution of Current Sports Medicine Reports to AMSSM membership. NOTE: It was discussed and general consensus to begin to pursue such partnerships with other relevant clinical societies.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGENDA ITEM 8(a)</th>
<th>ACSM title for approval and co-senior editor nomination for approval.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTION:</strong></td>
<td>It was moved, seconded, and UNANIMOUSLY PASSED to approve that the Publications Committee and CCRB Sub-Publications Committee create a new book titled ACSM’s Exercise Testing and Prescription.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGENDA ITEM 8(b)</th>
<th>ACSM title for approval and co-senior editor nomination for approval.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTION:</strong></td>
<td>It was moved, seconded, and UNANIMOUSLY PASSED to accept the CCRB Executive Committee and CCRB Publications Subcommittee co-senior editor recommendations of Madeline Paternostro-Bayles, Ph.D., FACSM, and Ann Swank, Ph.D., FACSM for ACSM's Exercise Testing and Prescription.</td>
</tr>
</tbody>
</table>

ACTION: It was moved, seconded, and UNANIMOUSLY PASSED to appoint Dr. Joe Donnelly as the first Editor-in-Chief of the Translational Journal of the American College of Sports Medicine.

AGENDA ITEM 10. Approval of Members to Fellowship Status.

ACTION: It was moved, seconded, and UNANIMOUSLY PASSED to accept the Credentials Committee request for the following members to be advanced to Fellow status.

John Abt, Ph.D.
Stamatis Agiovlasitis, Ph.D.
Sarah Camhi, Ph.D.
David Coppel, Ph.D.
Yuri Feito, Ph.D.
Robyn Fuchs, Ph.D.
Andrew Getzin, M.D.
Ann Gibson, Ph.D.
Luke Haseler, Ph.D.
Kevin Jacobs, Ph.D.
Andreas Kavazis, Ph.D.
Jeong-Su Kim, Ph.D.
James Lynch, M.D.
Dominic Micklewright, Ph.D.
Matthew Muller, Ph.D.
Douglas Paddon-Jones, Ph.D.
Trent Stellingwerf, Ph.D.
Benjamin Thompson, Ph.D.
Pierre Viviers, M.B.Ch.B
L. Tyler Wadsworth, M.D.
Li Zuo, Ph.D.

The following candidates for advancement to Fellow status were not being recommended for advancement at this time.

Eric Jones, Ph.D.
Jeffrey Lemmer, Ph.D.
Lee Stoner, Ph.D.
Xuemei Sui, M.D., Ph.D.
Lucas van Loon, Ph.D.
Zhengzhen Wang, M.D.

AGENDA ITEM 11. ACSM support of Safe Sport International's (SSI) declaration and principles.

ACTION: It was moved, seconded, and UNANIMOUSLY PASSED to express support of the SSI declaration and principles on safe sport.
AGENDA ITEM 12. FOR INFORMATION ONLY: Medical Fitness Association (MFA) – American Council on Exercise (ACE) – ACSM Strategic Partnership around EIM and certification.

CONSENSUS AND SUPPORT: As had been previously presented, ACSM has been in discussion with ACE and the MFA about launching a tripartite, tri-branded collaboration for using the EIM Credential as a common platform for training exercise professionals. Discussions also included a tri-branded pair of credentials for directors of health fitness centers. Next steps are that ACE and ACSM will each offer a pathway to prepare exercise professionals for a unifying professional credential that qualifies them to receive referrals from healthcare practitioners, which will be the EIM Credential at Level I, II, and III. MFA will create a director credential (with an added certificate of qualification) for Medical Fitness Centers that is eligible for NCCA accreditation and will offer a comprehensive facility certification process.

AGENDA ITEM 13. Changes in the Nominating Committee Operating Code.

ACTION: It was moved, seconded, and UNANIMOUSLY PASSED to approve the Nominating Committee request for the following changes to the committee operating code: a.) To increase the size of the Nominating Committee to no more than nine fellows of the College. b.) The additional member on the Nominating Committee would be the second past president of ACSM. c.) A member who is on the Nominating Committee cannot be a current candidate in the election. d.) First vice presidents of ACSM cannot serve on the Nominating Committee.

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

ACSM Staff present were: Tim Calvert, Dick Cotton, Valerie Bragg, Katie Feltman, Chris Sawyer, and Jane Senior.

Guests: 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 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 advised that an ad hoc ACSM Compensation Committee had been created. Its members include the ACSM Executive Committee; Carl Foster, ACSM Treasurer; Wendy Kohrt, Board of Trustees member, and ex officio Jim Whitehead, CEO/executive vice president. The committee is drafting a compensation philosophy, governance language, and an appointment process. Work also continues on the three-year renewal contract for ACSM’s CEO/executive vice president.

4. **COMMENTS FROM THE EXECUTIVE VICE PRESIDENT/CEO**: Whitehead expressed appreciation for the thoughtful process of the ACSM Executive Committee on his three-year contract renewal. It was noted that Whitehead’s contract would continue as is after March 31 until replaced by the new contract.

Whitehead expressed excitement about next week’s ACSM Health & Fitness Summit & Exposition (in Phoenix) and said he was looking forward to connecting with Administrative Council members in attendance.

5. **QUESTIONS ABOUT ANY ITEMS NOT ON THE AGENDA**: There were none.
6. **AGENDA ITEM 6. EIM clinical companion piece to accompany the ACSM pre-exercise screening guidelines paper.**

ACSM will be publishing a paper later in 2015 that will cover pre exercise readiness/screening. The paper will publish in Medicine & Science in Sports & Exercise, and factors heavily into the content of the 10th Edition of *ACSM’s Guidelines for Exercise Testing and Prescription*. The proposal, after working with the lead paper author Deb Riebe, Felipe Lobelo and the EIM Clinical Practice Committee, is to provide the clinical viewpoint on the topic – a critical strategic component for clinicians and EIM initiatives. The proposal is for ACSM and the EIM-GRCC to jointly write and publish a companion editorial for clinicians to accompany the Pre-Exercise Screening paper. Felipe Lobelo has volunteered to take the lead to write the piece and Bill Krause and Barry Franklin have expressed interest in coauthoring this with him. The goal will be to publish the companion clinical editorial at the same time the pre-exercise readiness/screening paper publishes. The related committees and writing team will work to maximize exposure of the clinical editorial by having it published in relevant clinical publications. This will include working with *Current Sports Medicine Reports* Editor-in-Chief Bill Roberts, and targeting co-publication in other relevant clinical journals such as *Circulation*.

Ewing Garber asked if it was appropriate for Barry Franklin to be involved since he also is involved with the pre-exercise readiness/screening paper. It was clarified that the companion paper is from the clinician’s perspective, whereas the first paper is not.

Joy commented that the paper will not be used strictly by health and fitness professionals, but by physicians. This is a significant departure from the original algorithm. There is a focus on how it works for patients and providers.

Whitehead said the paper will be written to include these great suggestions made before the vote.

**ACTION:** It was moved, seconded, and UNANIMOUSLY PASSED to approve for ACSM to collaborate with the EIM Global Research and Collaboration Center in the writing of a clinical companion piece that will appear in MSSE (and elsewhere) in conjunction with a paper on pre-exercise screening guidelines. The companion paper will be targeted for health systems as well as individual clinicians. There also will be a practicing primary care physician involved in the writing to address how the guidelines will guide and impact clinicians.

---

**AGENDA ITEM 7. Approve a motion to seek a partnership between ACSM and AMSSM (American Medical Society for Sports Medicine) for the distribution of *Current Sports Medicine Reports* (CSMR) to AMSSM Membership.**

EIC Bill Roberts suggested that ACSM work with AMSSM through its current president Chris Madden (Madden is ACSM member and CSMR section editor) to propose forging a partnership where AMSSM members will receive CSMR as a benefit.
This could be structured in one of several ways and is yet to be determined. AMSSM could pay ACSM’s publisher a per-member fee to fulfill the journal, provide WKH with the membership list and fulfill. Or ACSM could structure a members-only offer for AMSSM members where they could opt-in during their joining or renewal process for AMSSM to subscribe to CSMR for a reduced fee, or have WKH do a discounted promotion to AMSSM members to subscribe to the journal.

The primary benefit to ACSM is positive exposure of the College to AMSSM members through the content in CSMR and financial upside.

The primary benefit to AMSSM members is highly relevant content to their membership. Their current journals are the British Journal of Sports Medicine, and the Clinical Journal of Sports Medicine, neither of which are exclusively published by AMSSM.

**ACTION:** It was moved, seconded, and UNANIMOUSLY PASSED to approve the exploration of and formulate a proposal between ACSM and AMSSM for the distribution of Current Sports Medicine Reports to AMSSM membership. **NOTE:** It was discussed and general consensus to begin to pursue such partnerships with other relevant clinical societies.

<table>
<thead>
<tr>
<th>AGENDA ITEM 8(a)</th>
<th>ACSM title for approval and co-senior editor nomination for approval.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGENDA ITEM 8(b)</td>
<td>ACSM title for approval and co-senior editor nomination for approval.</td>
</tr>
</tbody>
</table>

The Publications Committee, CCRB Publications Subcommittee and publisher Wolters Kluwer Health (WKH) have been working for two years on a plan to create a new publication strategy to address a continuing sharp decline in sales and demand of ACSM’s Resource Manual for Guidelines for Exercise Testing and Prescription. The book is in the 7th edition, and sales have been dropping steadily (loss of 20-30 percent of sales in each edition) over the last three editions. The book is large and complex and is a significant undertaking for ACSM and WKH to produce, and the return on investment is no longer there. The committee, in partnership with the publisher, undertook an extensive, multi-pronged research project that concluded the following:

a. The book’s content in the current reference format is neither suitable for classroom/academic use for exercise testing and prescription courses, nor does it appeal to those needing a practical manual or a resource to study to take a certification exam. In short, the book in the current format is unsuccessfully trying to meet too many varied goals.

b. The book’s original vision to serve as a companion to ACSM’s Guidelines for Exercise Testing and Prescription has become lost in the content over several editions. This has created issues with the core title in terms of the need to continue to increase the page count of that title to provide information that a companion book should be providing.
c. The book lacks a clear audience.


e. Academic institutions know and trust ACSM for ACSM’s Guidelines for Exercise Testing and Prescription and would overwhelmingly choose another ACSM title over the competition to pair with ACSM’s Guidelines for Exercise Testing and Prescription for classroom use if such a title existed.

The Publications Committee in a working session with WKH in November 2013 proposed two new titles to be formed from the content in ACSM’s Resource Manual for Guidelines for Exercise Testing and Prescription. The first title, ACSM’s Exercise Testing and Prescription, is the subject of this motion. The committee formed the vision for the book, and a draft table of contents was created and the publisher placed that table of contents (along with the new title versus keeping the original title) into the market for extensive data gathering and testing. The response was overwhelmingly positive to a new text for academic institutions titled ACSM’s Exercise Testing and Prescription. This is the new text that will be developed based on new and existing content. It will be carefully crafted to complement ACSM’s library of titles especially ACSM’s Guidelines for Exercise Testing and Prescription, and will have a robust digital component that will be geared toward an enhanced classroom experience. The primary audience will be for exercise testing and prescription courses. The secondary audience is those seeking a comprehensive certification study guide for several of ACSM’s certifications but most notably for those seeking the ACSM Certified Exercise Physiologist (formerly HFS) certification. Because this is a new text that is replacing an existing text, the publisher will be conducting market testing and studies throughout the creation of the content of the title, and a comprehensive marketing plan will be created to do outreach to customers of the existing text as well as to market to new customers.

The CCRB Publications Subcommittee approved the project in fall 2014 and the project was presented at the January 2015 CCRB Midwinter Meeting.

**ACTION:** It was moved, seconded, and UNANIMOUSLY PASSED to approve that the Publications Committee and CCRB Sub-Publications Committee create a new book titled ACSM’s Exercise Testing and Prescription.

The selection/nomination and appointment of Drs. Paternostro-Bayles and Swank was unanimous. Even though the new text will be based on existing content from ACSM’s Resource Manual for Guidelines for Exercise Testing and Prescription, the project is still going to require a good amount of work, and given the vision it was agreed that individuals who have extensive experience teaching those courses were needed. Drs. Paternostro-Bayles and Swank have extensive service to ACSM, and extensive publishing/publications experience. They also possess a clear understanding of the strengths and weaknesses of ACSM’s Resource Manual for Guidelines for Exercise Testing and Prescription, and understand the need and reasons behind the need to transform the title.

**ACTION:** It was moved, seconded, and UNANIMOUSLY PASSED to accept the CCRB Executive Committee and CCRB Publications Subcommittee co-senior editor
recommendations of Madeline Paternostro-Bayles, Ph.D., FACSM, and Ann Swank, Ph.D., FACSM for ACSM’s Exercise Testing and Prescription.


The first issue of the Translational Journal of the American College of Sports Medicine will publish in first quarter of 2016. The Publications Committee convened a search committee and recruited qualified candidates in 2014 and 2015. Three candidates were selected to interview. The interviews took place on Thursday, March 19, 2015. The committee voted unanimously to name Dr. Donnelly as the Editor-in-Chief of the Translational Journal of the American College of Sports Medicine. Dr. Donnelly’s four-year term will begin officially in January 2016, with his training to commence once the nomination is confirmed by the Board of Trustees. The first official meeting of the journal’s editorial board will take place at the 2015 Annual Meeting.

Whitehead noted there were three wonderful candidates interviewed by the Publications Committee, although Dr. Donnelly was felt by all to be the most qualified.

Foster asked if Bruce Gladden, EIC of MSSE, was aware of the proposed appointment. Feltman said there had been discussions with all ACSM EICs in advance of interviews for the Translational Journal of the American College of Sports Medicine.

ACTION: It was moved, seconded, and UNANIMOUSLY PASSED to appoint Dr. Joe Donnelly as the first Editor-in-Chief of the Translational Journal of the American College of Sports Medicine.

AGENDA ITEM 10. Approval of Members to Fellowship Status.

Twice a year the Credentials Committee reviews applicants requesting to be advanced to Fellow status.

ACTION: It was moved, seconded, and UNANIMOUSLY PASSED to accept the Credentials Committee request for the following members to be advanced to Fellow status.

John Abt, Ph.D.
Stamatis Agiovlasitis, Ph.D.
Sarah Camhi, Ph.D.
David Coppel, Ph.D.
Yuri Feito, Ph.D.
Robyn Fuchs, Ph.D.
Andrew Getzin, M.D.
Ann Gibson, Ph.D.
Luke Haseler, Ph.D.
Kevin Jacobs, Ph.D.
The following candidates for advancement to Fellow status were not being recommended for advancement at this time.

AGENDA ITEM 11. ACSM support of Safe Sport International's (SSI) declaration and principles.

Safe Sport International is a new global organization for ensuring that athletes are free from violence and abuse in sport. ACSM fellows Margot Mountjoy and Barbara Drinkwater are involved in the project. A statement has been developed (see attachment) for which SSI seeks ACSM’s support. The National Youth Sports Health and Safety Institute (NYSHSI) and the ACSM SHI-Women, Sports and Physical Activity have reviewed the SSI declaration and recommend that ACSM supports the statement.

ACTION: It was moved, seconded, and UNANIMOUSLY PASSED to express support of the SSI declaration and principles on safe sport.

AGENDA ITEM 12. FOR INFORMATION ONLY: Medical Fitness Association (MFA) – American Council on Exercise (ACE) – ACSM Strategic Partnership around EIM and certification.

As has been previously presented, ACSM has been in discussion ACE and the MFA about launching a tripartite, tri-branded collaboration for using the Exercise is Medicine® (EIM) Credential as a common platform for training exercise professionals. Discussions also included a tri-branded pair of credentials for directors of health fitness centers. The three organizations have arrived at a common understanding that we feel is of great benefit for ACSM which, in essence is that:
• ACE and ACSM will each offer a pathway to prepare exercise professionals for a unifying professional credential that qualifies them to receive referrals from healthcare practitioners, which will be the EIM (Level I, II and III) Credential.

• MFA will create a director credential (with an added certificate of qualification) for Medical Fitness Centers that is eligible for NCCA accreditation and will offer a comprehensive facility certification process.

Foster asked if the EIM Credential impacted other ACSM certifications. Cotton responded the CCRB conducts careful analysis of all certifications and that there was no impact on ACSM’s other certifications.

**CONSENSUS AND SUPPORT:** As had been previously presented, ACSM has been in discussion with ACE and the MFA about launching a tripartite, tri-branded collaboration for using the EIM Credential as a common platform for training exercise professionals. Discussions also included a tri-branded pair of credentials for directors of health fitness centers. Next steps are that ACE and ACSM will each offer a pathway to prepare exercise professionals for a unifying professional credential that qualifies them to receive referrals from healthcare practitioners, which will be the EIM Credential at Level I, II, and III. MFA will create a director credential (with an added certificate of qualification) for Medical Fitness Centers that is eligible for NCCA accreditation and will offer a comprehensive facility certification process.

**13. OTHER BUSINESS:**

**AGENDA ITEM 13. Changes in the Nominating Committee Operating Code.**

The Nominating Committee had a call in October of 2014 and discussed changes in the operating code. The major changes are:

• To increase the size of the Nominating Committee to no more than nine fellows of the College.

• The additional member on the Nominating Committee would be the second past president of ACSM.

• A member who is on the Nominating Committee cannot be a current candidate in the election.

• First vice presidents of ACSM cannot serve on the Nominating Committee.

All other changes are minor in nature. These changes have been approved by the Constitution, Bylaws & Operating Codes Committee. The Nominating Committee does not anticipate any concerns from CBOCC. The Committee will begin the process of selecting candidates for the 2016 ACSM Election in April and wants the process to reflect these recommended changes in the operating code.
Introducing the discussion, Dexter said the recommendations to the nominating process are to achieve a process even more fair and above board. Keith added that everyone can be nominated, then excused herself from the call to avoid any conflict of interest during the discussion.

All agreed that it is important to ensure the nominating process is communicated to candidates. Ewing Garber suggested the Annual Meeting would be a good venue for communication. Strategies will be discussed on the next Nominating Committee call.

**ACTION:** It was moved, seconded, and UNANIMOUSLY PASSED to approve the Nominating Committee request for the following changes to the committee operating code: 

- a.) To increase the size of the Nominating Committee to no more than nine fellows of the College.
- b.) The additional member on the Nominating Committee would be the second past president of ACSM.
- c.) A member who is on the Nominating Committee cannot be a current candidate in the election.
- d.) First vice presidents of ACSM cannot serve on the Nominating Committee.

Whitehead expressed appreciation to all candidates as this year’s election comes to a close. Special thanks was given to Joy and Jaworski. Both candidates expressed to each other great appreciation and professional and personal admiration.

**14. ADJOURNMENT:** There being no further business, Ewing Garber adjourned the teleconference at 6:58 p.m. ET.
ACTION-ORIENTED ITEM. Approve a request for non-financial affiliation with the international conference on diet and activity methods.

CONSENSUS: It was the consensus to approve ACSM’s involvement and partnership with the International Conference on Diet and Activity, the specifics of such a partnership will be finalized with the ACSM Executive Committee.


ACTION: It was moved, seconded, and UNANIMOUSLY PASSED to approve the appointment of Brad Roy, Ph.D., FACSM, to the Editor-in-Chief position of ACSM’s Health and Fitness Journal (FIT).

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

   ACSM Staff present were: Tim Calvert, Valerie Bragg, Katie Feltman, Adrian Hutber, Chris Sawyer, and Jane Senior.

   Guests: Liz Joy, Bob Sallis

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 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 noted that the contract extension of Whitehead as ACSM CEO/Executive Vice President will soon be completed and executed, and she thanked him for his patience. She noted that work is continuing on other matters related to an on-going Compensation and Leadership Committee.

4. **COMMENTS FROM THE EXECUTIVE VICE PRESIDENT/CEO:**

    Whitehead addressed a number of items:

    • **REQUEST FOR NON-FINANCIAL AFFILIATION WITH THE INTERNATIONAL CONFERENCE ON DIET AND ACTIVITY METHODS:** This conference, ICDAM9, will occur September 1 – 3, 2015 in Brisbane, Australia. Ross Arena and many ACSM Fellows are involved. While a financial sponsorship from ACSM was originally sought, Whitehead noted that he has successfully moved the conversation to excitement about ACSM being a non-financial scientific partner that would help with marketing. If it seems reasonable, Whitehead proposed that he would like to work with the ACSM Executive Committee to finalize that arrangement. Joy and others expressed enthusiastic support.
After brief additional discussion, it was the consensus to approve ACSM’s involvement and partnership with the International Conference on Diet and Activity, with the specifics of such a partnership to be finalized by Whitehead with the ACSM Executive Committee.

- **ACSM Mobilizing Large-Scale Support for Physical Activity Research to Become Part of the NIH Common Fund:** Whitehead noted that ACSM is being a powerful advocate for physical activity research to be included in the NIH Common Fund. We have mobilized many other organizations also to support inclusion of physical activity research in the Common Fund, and have communicated same to NIH Director Francis Collins. We currently also are seeking ACSM Fellows and Members to express their support in another communication to Director Collins and related staff. Inclusion in the Common Fund would lead to increased funding and make physical activity research a trans-NIH priority. Many within NIH and otherwise have said that inclusion in the Common Fund could be transformative for physical activity research.

- **ACSM to Meet with U.S. Surgeon General Vivek Murthy on May 8:** Whitehead noted that he, Ewing Garber, and Monte Ward will meet with the 19th U.S. Surgeon General Vivek Murthy, whose official commissioning and Change of Command just occurred. Surgeon General Murthy has made physically active living one of his top priorities. He also has made youth sports an area of key importance. Whitehead commented that a Surgeon General’s Call to Action on Walking and Walkability will be released soon (perhaps in June), and that ACSM is playing a key leadership role with that, including the Roundtable that we will be convening in Washington, DC at the Kaiser Permanente Center for Total Health, as described in the Ad Council agenda. Leaders from the American Medical Association, the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Cardiology, among many others will be participating. Whitehead noted that Call to Action was originally proposed to 18th Surgeon General Regina Benjamin by Russ Pate and Whitehead. Regina continues to serve as Honorary Chair of Exercise Is Medicine®.

- **FASEB (the Federation of American Societies for Experimental Biology) to Work with ACSM on Promoting the Importance of Physical Activity Research:** ACSM will collaborate with FASEB to develop and publish a key paper in the FASEB series *Breakthroughs in Bioscience*. The paper will be focused on policymakers and others in Washington, DC and throughout the US and globally. FASEB is comprised of 27 scientific societies with over 120,000 researchers worldwide. ACSM is the largest of the FASEB organizations, and is represented exceptionally well on the FASEB Board by Chet Ray.
• **SOAR UPDATES**: Whitehead noted that the ACSM committees have been asked to provide updates on progress they have made with SOAR priorities assigned to them. He also said that the Board will be asked to identify areas of SOAR for high priority and progress in San Diego.

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

6. **FOR ACTION**: Editor-in-Chief Appointment – *ACSM’s Health and Fitness Journal (FIT)*

Steven Keteyian, Ph.D., FACSM, will complete his term as Editor-in-Chief of FIT on December 31, 2015. From a pool of 4 candidates; 2 highly qualified candidates were selected to interview. The search committee unanimously recommended to the Publications Committee that Dr. Brad Roy be named the next Editor-in-Chief. Dr. Roy has a long record of service to the college that includes 8 years as an Associate Editor for *FIT*, contributing author, and most recently Associate Editor-in-Chief. Dr. Roy’s broad background in medical fitness, clinical exercise physiology, coaching and teaching make him well qualified for the job. Dr. Roy’s term will officially begin January 1, 2016, however there will be a 6-month overlap period where Dr. Roy will work with Dr. Keteyian to ensure a smooth transition. It was noted there is a grant provided to the EIC of all ACSM journals to cover the operating costs. This grant is funded from the Grant-in-Aid funds received from Wolters Kluwer Health so it has a neutral impact on the budget.

*It was moved, seconded, and UNANIMOUSLY PASSED to approve the appointment of Brad Roy, Ph.D., FACSM, to the Editor-in-Chief position of ACSM’s Health and Fitness Journal (FIT).*

7. **FOR INFORMATION**: **Call to Action on Making Physical Activity Prescription a Medical Standard of Care.**

The Roundtable will take place at the Kaiser Permanente Center for Total Health, Washington, DC April 27-28, 2015. Bob Sallis, MD, FACSM, agreed to chair this Roundtable. It was noted that staff have been working diligently on the agenda and currently are finalizing speakers and logistics.

**Confirmed Speakers and Discussants:**
Chair: Dr. Bob Sallis, MD, FACSM  
Aaron Baggish, MD, FACC, FACSM  
Wojtek Chodzko-Zajko, PhD  
Ted Eytan, MD, MS, MPH  
Barry Franklin, PhD, FACSM  
Andrew Gregory, MD, FACSM  
Liz Joy, MD, MPH, FACSM  
Lisel Loy, JD  
Jason Matuszak, MD, FAAFP
Outcomes and Resulting Publications:
Dr. Sallis will work with a science writer (Meg Bovier, PhD) and speakers, to produce the following documents:
1. A white paper that can be submitted to CSMR.
2. A shorter summary document that can be disseminated to clinicians (medical directors, Exercise Science Program Directors, Chairs/Heads of Programs) and other governmental leaders/agencies. This document can be used to help support changing and/or guiding how educating patients about walking might be improved.

There was discussion. It was suggested that multiple disciplines, such as allied health (e.g., physical therapists, dietitians) as well as advanced care clinicians (such as physician assistants) be included in the actions resulting from the Roundtable. It was noted that the implementation will be specifically focused on a broad array of professionals.

8. FOR INFORMATION: EIM GLOBAL RESEARCH & COLLABORATION CENTER:
It was noted that in July 2014, the Admin Council approved a partnership with Emory University to establish an EIM Global Research and Collaboration Center (EIM-GRCC) at Emory’s Dept. of Global Health provided that the financial costs were offset by a comparable reduction in the EIM budget, and provided that the Executive Committee, the Chair of the EIM Advisory Board, and the CEO give final review and support. Such a reduction in budget will come into effect on 1 May, 2015 with a reduction in EIM staff from three to two full time staff members, with Ben Guthrie departing ACSM and returning to academia. All parties involved with final review supported. The below are updates and reminders of key information:

EIM-GRCC Objectives:
- Serve as a coordinating center for EIM implementation projects by offering state-of–art consultation research and evaluation support, training, policy, cross-national networking, and management dimensions of EIM programming.
- Develop and coordinate the evaluation process of the EIM initiative including common metrics, monitoring frameworks and data collection needs to objectively assess its level of implementation, penetration, and success.
- Initiate and collaborate on projects to advance the successful implementation and scale-up of EIM including applied effectiveness, research, economic analyses, health services outcomes, comparative effectiveness and policy research.
Develop a sustainable model to educate a health care workforce necessary to implement EIM in the US and partner countries, including training curriculum for future and current doctors, other primary care providers and allied health care professionals, on the basic concepts of PA and health and how to implement EIM in clinical settings.

**Select EIM-GRCC Projects Already Underway**

- EIM Solution specific (and related) grant applications.
  - Integrating EIM education as part of Medicare primary care transformation models – in Collaboration with WebMD – Centers for Medicare and Medicaid Innovation grant – Status: Currently under review.
  - EIM Solution pilot project at Atlanta Children’s Health care Pediatric Hospital – Grant to be submitted fall 2015.
- EIM-Solution specific consulting, training, data collection and evaluation.
  - GRCC consulting collaborations:
    - EIM Evaluation Framework for healthcare systems, business health and employers.
    - EIM technology Think Tank event proposal hosted by Emory University in fall 2015.
  - GRCC data collection collaborations:
    - Validation of BodyMedia patch accelerometers for use in clinical settings (in collaboration with Iowa State University).
  - GRCC evaluation collaborations: Greenville and other healthcare system pilots.
  - EIM Credential Training and Data Collection in U.S. and internationally:
    - Physicians: Puerto Rico, Mexico (3)
    - Exercise Professional: Orlando, FL (1)
    - Exercise-referral trial in Mexico’s Medicare System

**Publications in preparation**

- *AAP Clinical report (final approval round 5/1/15)*: Physical Activity Vital Sign in Pediatric populations.
- *Progress in Cardiovascular Diseases (Commissioned for Dec 2015 issue)*: Technology for integrating physical activity assessment and counseling in clinical settings.
• In ACSM and AHA Journals (to be proposed to AHA)): The new ACSM exercise clearance guidelines: implications for the clinician. Having been approved by the Admin Council, the goal is for this paper to be published in both an ACSM journal and an AHA journal.

9. OTHER BUSINESS
There were a number of comments and updates, including:
• Thompson updated on progress with the ACSM Translational Journal
• Jakicic commented on an opportunity for enhancing the ACSM Leadership & Diversity Training Program initiative and processing the endorsements for the application process. Keith expressed thanks and indicated that would be worked on.
• Keith commented on the focus groups conducted at the Health & Fitness Summit, and that she will be discussing same at the EIM Advisory Board meeting in San Diego.

10. ADJOURNMENT

+++++
ADMINISTRATIVE COUNCIL
TELECONFERENCE SUMMARY/MINUTES
FOR MAY 14, 2015
DISTRIBUTED UNDER SEPARATE COVER OR ON-SITE
1. **COMMITTEE NAME:** Strategic Planning Committee

2. **REPORT DATE:** May 11, 2015

3. **SUBMITTED BY:** William Dexter, M.D., FACSM, Chair

   **ACTION ITEMS FOR BOARD CONSIDERATION SHOULD BE SUBMITTED ON THE ACTION ITEM FORM**

4. **PROGRESS UPDATES IN REGARD TO SOAR:** None

5. **OTHER ADDITIONAL UPDATES:**

   The Committee has been overseeing final refining of the new “SOAR” strategic planning document. Following discussions in Orlando and in November, all committee chairs were asked to participate on a series of conference calls designed to solicit individual feedback and specific committee direction on key aspects of the plan. This committee will remain very involved and active on the next phases of our strategic planning process and plan approval.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:** None

+++
FOUNDATION REPORT
WILL BE SENT UNDER SEPARATE COVER
OR PRESENTED ON SITE
OFFICER REPORTS
WILL BE PRESENTED
ON SITE
2014 AUDIT FINANCIAL STATEMENTS

WILL BE SENT UNDER SEPARATED COVER OR PRESENTED ON SITE
2015 FINANCIAL UPDATE

WILL BE SENT UNDER SEPARATED COVER
OR PRESENTED ON SITE
Committee Semiannual Report
to the ACSM Board of Trustees
May 30, 2015 · Board Meeting · San Diego, CA

1. COMMITTEE NAME: Budget and Finance Committee

2. REPORT DATE: May 11, 2015

3. SUBMITTED BY: Carl Foster, Ph.D., FACSM, Chair
Timothy W. Calvert, Staff Liaison

ACTION ITEMS FOR BOARD CONSIDERATION
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

4. PROGRESS UPDATES IN REGARD TO SOAR: None

5. OTHER ADDITIONAL UPDATES: The report to the Board in San Diego will consist of the following:
   
   1. Introduction of ACSM’s new Controller, Erin Tanner
   2. Review of 2014 Audited Financial Statements and Audit Letter
   4. Possible raise in user fees for 2016 operating budget

6. INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES: None

+++
Committee Action Item Request
to the ACSM Board of Trustees
May 30, 2015 · Board Meeting · San Diego, CA

COMMITTEE NAME: Student Affairs Committee

SUBMITTED BY: David Ferguson

DATE SUBMITTED: 5/4/2015

TOPIC TITLE: Student Poster Competition at National Meeting

MOTION: To provide $15,846 in funds for students to travel to the national meeting to compete in the Student Poster Competition, termed “The President’s Cup”

BRIEF BACKGROUND, SUPPORT:

Overview:
The President’s Cup is a research poster competition held at the National ACSM meeting. An undergraduate, masters and doctoral student will be selected based on the quality of their research from each regional chapter to represent the chapter in the President’s Cup at the National meeting. The purpose of the funds is to assist with travel for the students to the national meeting. Winners will be selected by a panel of judges based on an established judging rubric, which will also be provided to all regional chapters. Cash and recognition awards will be given to the winners in each category (undergraduate, masters and doctoral). The President’s Cup will be organized with the assistance of the Student Affairs Committee (SAC).

Purpose:
The purpose of the President’s Cup is to provide students with the opportunity to travel to National ACSM and showcase their research with the hopes of stimulating positive critique to their research, fostering potential collaborations, and increasing student involvement in ACSM.

Procedure:
The regional chapters hold a poster presentation at their conference. Using the established rubric and criteria (See attached document) an undergraduate, masters and doctoral student will be selected to represent the chapter. These recipients will each receive a stipend from National ACSM to support travel to the National Conference. At the National conference the President’s Cup will be carried out in association with the Student Affairs Committee. Posters will be displayed prior to the Student Colloquium. The Student Affairs Committee will select 5 judges: 1 basic and applied science researcher, 1 education and allied health researcher, 1 medicine researcher, and 2 students from the Student Affairs Committee) to review all student posters. Prior to the meeting, they will receive the winning abstracts from each conference. The professional judges should be prominent members of the ACSM organization, and prominent in research. More judges may
be selected if necessary to accommodate the different classes of researchers. Each regional representative should be prepared to provide a 10-minute talk followed by questions and answers. The judges will use the same rubric as adopted by the regional chapters to maintain consistency for judging criteria. Once all have been judged, the top three recipients from each category (undergrad, masters, and doctoral) will be award a plaque and $200 for first place, $150 for second place and $100 for third place prior to the start of the Student Colloquium.

FINANCIAL NOTATION: $15,846
- $13,000 for travel. - $1,083 per chapter
- $900 for cash award
- $210 for plaques
- $936 for poster set up
- $800 for event organization and logistics

REGIONAL CHAPTER NOTATION: NA

RELEVANT COMMITTEE NOTATION: Regional Chapter Representative (Judith Flohr)
SPECIAL REPORTS WILL BE SENT
UNDER SEPARATE COVER
OR
DISTRIBUTED ON SITE
Committee Semiannual Report
to the ACSM Board of Trustees
May 30, 2015 · Board Meeting · San Diego, CA

1. COMMITTEE NAME: ACSM American Fitness Index®

2. REPORT DATE: May 7, 2015

3. SUBMITTED BY: Walter R. Thompson, Ph.D., FACSM

4. ACTION ITEMS FOR BOARD CONSIDERATION
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

5. PROGRESS UPDATES IN REGARD TO SOAR:
   • Grant application submitted to the Anthem Foundation in September 2014. Funding of $92,000 awarded by the Anthem Foundation for deliverables in December 2014 related to releasing the 2015 ACSM American Fitness Index® (AFI) data report.

5. OTHER ADDITIONAL UPDATES:
   • Individual MSA data trend reports, documenting the progress made during 2009-2013, were completed and disseminated in December 2014. The target audience for the data trend reports is community leaders, city planners, and decision makers that will benefit from awareness of the health-related strengths and weaknesses of their city. A national press release and social media campaign were conducted in December.

   • The eighth annual ACSM American Fitness Index® data report was released on Tuesday, May 19, 2015. One new indicator for “percent within a ten minute walk to a park” was added to this year’s data report.

   • Additional sponsorship and funding opportunities are currently being explored to ensure future program sustainability. This project has become an ACSM Signature Program. A staff directive for the Advancement Department was issued by EVP Whitehead to move forward on numerous fronts to ensure program sustainability. Those fundraising efforts continue.

6. INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:
   • Not applicable.

+++
Committee Semiannual Report  

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

1. COMMITTEE NAME: ACSM Fit Society Page Editorial Board

2. REPORT DATE: 5/11/15

3. SUBMITTED BY: Dixie Thompson, Ph.D., Committee Chair

4. PROGRESS UPDATES IN REGARD TO SOAR:

The Fit Society Page continues to support “Advocacy” pillar of SOAR with Fit Society Page content by using the SOAR pillars to inform the editorial calendar.

5. OTHER ADDITIONAL UPDATES:

The Fit Society Page will be transitioning to an HTML email by the end of 2015 to improve readability.

6. INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES: N/A

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

1. COMMITTEE NAME: ACSM World Heart Games

2. REPORT DATE: May 15, 2015

3. SUBMITTED BY: Stuart Sanders, MD, FACSM, Chair

4. PROGRESS UPDATES IN REGARD TO SOAR: N/A

5. OTHER ADDITIONAL UPDATES:

2016 ACSM World Heart Games

The ACSM World Heart Games task force has signed an agreement with Charlotte Mecklenburg Parks and Recreation to host the 2016 Games in Charlotte, NC. The Games will be held May 20-21, 2016. Brochures have been developed and the Games are currently being marketed to cardiac rehab facilities through our task force members. The Games webpage via the ACSM web site is live and promoting the Games. A summer planning meeting is scheduled for the summer of 2015 for the task force to begin ramping up coordination and further planning for the Games. Additional marketing to secure Games participants will continue throughout 2015 and grow as we move into 2016.

6. INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:

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

1. COMMITTEE NAME: ActivEarth Task Force

2. REPORT DATE: May 5, 2015

3. SUBMITTED BY: Janet Walberg Rankin, Ph.D., FACSM, Chair

ACTION ITEMS FOR BOARD CONSIDERATION
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

4. PROGRESS UPDATES IN REGARD TO SOAR:

A.1.2.1 & A.2.2 Increase strategic partnerships- & relations with key officials
• September 2014 Launch of ActivEarth combined with Civil Society Event on Action in Climate
  Change and Health at UN Summit on Climate Change in New York City
  o Partnered with Public Health Institute, The Global Climate & Health Alliance,
    University of Wisconsin
  o Invited participants and speakers included government/federal (e.g. EPA Director,
    NIH, Surgeon General), NGO or professional organizations (EMBARQ, WHO,
    PAHO, American Lung Association, Clinton Foundation), and practitioners in public
    health or transportation.
  o Outcomes included: videos released of all presentations, video press conference, white
    paper summarizing conference.
• Joined Partnership for Active Transportation- advocacy coalition for active transportation.

S.1.2 & S.1.3 elevate science in federal research and in other research groups
• April 2015 co-sponsored Moving Active Transportation to Higher Ground: Opportunities
  for Accelerating the Assessment of Health Impacts with the Transportation Research
  Board of the National Academies. This highly popular conference (sold out with people on
  the waiting list to attend) included invited and accepted speakers from government, research,
  transportation planning, and public health. Content focused on where we are in measuring
  health impacts of active transportation and what needs to be done to accelerate progress.
  o Outcomes: Abstracts and presentations are posted on TRB website. An article
    summarizing key points will appear in TRB News. Additional outcomes are under
    discussion at this time but may include an issue in Transportation and Health or
    another ACSM outlet (e.g. new translational journal).
R2 & R3 membership size & diversity; core infrastructure and impact of programs

- Website for ActivEarth launched in September 2014, www.activearth.org. Individuals have signed up on the website to received additional information.
- Janet Rankin spoke at several regional chapter meetings about ActivEarth- Midwest, Southeast, New England.
- Developed and shared ActivEarth PowerPoint slides for people to use in presentations.

5. **OTHER ADDITIONAL UPDATES:** None

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:**

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

1. COMMITTEE NAME: Awards and Tributes Committee

2. REPORT DATE: May 1, 2015

3. SUBMITTED BY: Lawrence E. Armstrong, Ph.D., FACSM, Chair

ACTION ITEMS FOR BOARD CONSIDERATION
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

4. PROGRESS UPDATES IN REGARD TO SOAR: N/A

5. OTHER ADDITIONAL UPDATES:

The 2015 Honor and Citation Award recipients will be recognized during the Awards Banquet at the Annual Meeting scheduled for Friday, May 29 from 8:00-10:00PM. Awardees include: Honor Award – William O. Roberts, M.D., M.S., FACSM; Citation Winners: L. Bruce Gladden, Ph.D., FACSM; Alan R. Hargens, Ph.D., FACSM; Mary Lloyd Ireland, M.D., FACSM; Richard G. Israel, Ed.D., FACSM; Bess Marcus, Ph.D.; Janice L. Thompson, Ph.D., FACSM.

Nomination packets for 2016 were due April 15, 2015. The list of nominees was forwarded to the Awards and Tributes Committee for review, in case there is a need to seek further nominations by the May 1st deadline. Packets will be distributed to the Awards and Tributes Committee members for review and voting in July 2015.

6. INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES: N/A

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

1. COMMITTEE NAME: Task Force on Boxing

2. REPORT DATE: May 11, 2015

3. SUBMITTED BY: Robert Cantu, M.D., FACSM, Chair

ACTION ITEMS FOR BOARD CONSIDERATION
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

4. PROGRESS UPDATES IN REGARD TO SOAR: None

5. OTHER ADDITIONAL UPDATES:

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 will be 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”.

6. INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES: None

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

1. **COMMITTEE NAME:** Committee on Certification and Registry Boards

2. **REPORT DATE:** May 18, 2015

3. **SUBMITTED BY:** Bill Simpson, PhD, FACSM (Certification Board Chair)

**ACTION ITEMS FOR BOARD CONSIDERATION SHOULD BE SUBMITTED ON THE ACTION ITEM FORM**

4. **ADDITIONAL INFORMATIONAL UPDATES OTHER THAN WHAT HAS BEEN SUBMITTED IN THE SOAR KEY DIRECTIONS REPORT:**

**ACSM Certification Totals**

The charts and table below demonstrate a consistent growth trend.

![ACSM Certification Examinations Growth Trend](chart.png)

*Month and Year*
Certification Marketing: We have shifted our marketing efforts to a primarily web-based strategy with the assistance of Small Box Web Designs, a local marketing and web development company. This change in emphasis includes reducing our investments in print advertising and some fitness industry conference attendance. To date, we have more than 100,000 individuals who have opted in through our certification web site to receive information from us. We have specific marketing efforts underway with the collaborating organizations for both the Inclusive Fitness Trainer (NCHPAD) and the Physical Activity in Public Health Specialist (NPAS) certifications.

- High priority marketing efforts for 2014 are:
  - Optimizing certification renewals, that is, keeping our current customers. An ACSM member management software upgrade of our member management software. This upgrade will allow us to create a password-protected account management area for our certified professional. We can then provide them with additional educational and web-based community services.
  - The promotion of our Group Exercise Instructor certification has been a high priority project for FY2015.
  - We are organizing marketing efforts with the Clinical Exercise Physiology Association for the marketing of both the Clinical Exercise Specialist and the Registered Clinical Exercise Physiologist certifications.

International Certification Advancement: We have reorganized our international certification efforts by adding two members to our international certification committee. Each committee member is responsible for a global region. This will allow us to manage the increased activity in a more coordinated manner.

- CPT International Exam being translated into Hebrew and Greek.
- CES and CPT International exam is now offered in Korean.
- All current non-English exams will be updated (Japanese, German, Spanish).
- New contacts for future certification and workshops with Lebanon, Israel, Bangladesh, and Mexico.

International Certification Exam Forms: Given our international growth and interest from a variety of international contact, the CCRB is in the process of developing international versions of the ACSM Certified Personal Trainer examination and is working on an international version of the ACSM Health Fitness Specialist examination.

The primary difference in this exam is in the domain of legal/professional competencies as our international partners do not have the same legal processes in place when compared to the United States.
International Certification Registry Project: ACSM has joined a coalition composed of most the NCCA accredited certification organizations. The purpose of this organization is to join the larger coalition of international registries by creating a US registry of exercise professionals who are certified by NCCA accredited certification organizations.

Specialty Certifications in Process
- Behavioral Specialty Certificate Program: We are finalizing the development of a specialty certificate program for health and fitness professionals to support patients or clients in making lasting health behavior changes.
- ACSM is in a partnership with the Association for Applied Sport Psychology (AASP) to create a certification for sports psychology professionals, as well as either a certification or a specialty certificate for health and exercise behavior professionals working to support lasting behavior change in clients and patients.
- Exercise is Medicine Specialty Certificate: We have completed the development of a certificate program for fitness professionals to support clients who have diagnosed health challenges but have been cleared by their physician for independent exercise and physical activity. Currently there are 830 who have earned this credential.

Health Club Standards and Certification: 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 or representing an organization (it’s not clear which) 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 facilities certification.

Certification Name Changes: Richard Cotton, National Director of Certification, 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).

5. INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:

None, other than our YTD exam deliveries are 113% of YTD FY13.

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

1. **COMMITTEE NAME:** Task Force on Clinical Sports Medicine Engagement

2. **REPORT DATE:** May 18, 2015

3. **SUBMITTED BY:** Sandy Hoffmann, M.D., FACSM, Chair

---

**ACTION ITEMS FOR BOARD CONSIDERATION SHOULD BE SUBMITTED ON THE ACTION ITEM FORM**

4. **PROGRESS UPDATES IN REGARD TO SOAR:**

The Committee continues to work toward the following goals:

**Engagement Center**
Strategy: Create clinically focused service and strategy center

**Moving Knowledge**
Build a complete on-line resource for clinical sports medicine and EIM topics

**Certification exams**
Develop Clinical certifications (i.e. EIM)

**Advocacy and Policy**
Build a policy agenda that supports ACSM clinicians and their patients

5. **OTHER ADDITIONAL UPDATES:**

**Student Interest Groups:**
To recruit the next generation of clinicians for ACSM by developing student interest groups. Solidify position of ACSM as the go-to source for sports medicine education. Undergraduate students, medical students, physical therapy students, athletic trainers, and other professionals wishing to develop an interest in clinical sports medicine

**Media and Physician Engagement Idea:**
Create a section on the ACSM website for journalists to go for short blurbs on specific topics. This has been shared with the Communications and Public Information Committee. They will be discussing this topic during their in-person meeting in San Diego.

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

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

1. **COMMITTEE NAME:** Clinical Sports Medicine Leadership

2. **REPORT DATE:** May 8, 2015

3. **SUBMITTED BY:** Margot Putukian, M.D., FACSM, Chair

4. **PROGRESS UPDATES IN REGARD TO SOAR:** The Clinical Council has been developed and has met twice by teleconference. Facilitated by Bill Dexter, the areas currently participating include: Clinical Sports Medicine Leadership, Medical Education, TF on Clinical Sports Med Engagement, EIM Clinical and SILC Medical Education Subcommittee. The goal of the Council is cross-fertilization of ideas and communication enhancement in the Clinical area of the College.

5. **OTHER ADDITIONAL UPDATES:**

The committee is meant to oversee clinical sports medicine strategic priorities that impact and influence team physicians, the medical community and the general population. Current activities related to this strategic priority include:

- Development of the annual Team Physician Consensus Conference product, from concept to completion.
- Programs and opportunities to attract orthopedic surgeons, cardiologists, sports medicine specialists and other clinical specialties, including athletic trainers and physical therapists, to the organization and meetings.
- Educational exchange programming between ACSM and other associations, such as AMSSM and AOSSM.
- Review, when appropriate, of team physician-dedicated programming at the Annual Meeting.
- Potential course development for clinical programming or partnership curriculum.
• Development of tactics and recommendations to increase clinical membership
• ACSM clinical membership satisfaction (publications, programming, etc.)

The committee developed the Team Physician Consensus Conference, having completed in February its seventeenth year. The ACSM-led alliance created unique partnerships with the American Academy of Family Physicians, American Academy of Orthopaedic Surgeons, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and the American Osteopathic Academy of Sports Medicine. This program produces the only full catalog of team physician educational documents in the field of sports medicine. This group remains accessible for consultation on initiatives like these that impact and/or bring value to ACSM clinician members.


The 2015 conference was held in Indianapolis February 15-17. The topic was revision of Injury and Illness Prevention, originally developed in 2007. This paper will be highlighted in a session in San Diego by Stan Herring and other ACSM members who participated.

The ACSM-AMSSM Research Award was announced earlier this Spring. The AMSSM-ACSMF Clinical Research Grant Review Committee selected an awardee for 2015: M. Kyle Smooth, MD as the 2015 grant award winner for his grant entitled “The relationship between muscle damage and acute kidney injury biomarkers in American football players during preseason workouts.”

Several recommendations were submitted to the Awards and Tributes Committee for Citation and Honor Award consideration for meritorious clinicians working in the College.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE'S ACTIVITIES:** Noteworthy for 2015, four of five project based alliance members contributed $5,000 each for a total of $20,000 toward TPCC promotion and sustainability.
1. COMMITTEE NAME: Communications and Public Information

2. REPORT DATE: May 18, 2015

3. SUBMITTED BY: Angela Smith, Chair
   Paul T. Branks, Staff Liaison

---

**ACTION ITEMS FOR BOARD CONSIDERATION**
**SHOULD BE SUBMITTED ON THE ACTION ITEM FORM**

4. PROGRESS UPDATES IN REGARD TO SOAR:
   Based on the CPI Committee’s SOAR Strategy Planning Document that was developed last year, the following progress has been made to date:

   - Media training precon to be held at 2015 Annual Meeting
   - Media Referral Network application updated and process refined
   - Motion to adopt “ACSM Spokesperson” title for select MRN members going to Board of Trustees on May 3
   - Recruiting new fellows for MRN
   - Updating several former Current Comment documents, now Sports Medicine Basics
   - Supported work of the ACSM Foundation Communications/Marketing Subcommittee
   - Using SMB Active Voice articles to pitch ACSM journal articles to the media
   - SMB expanding to include Health and Fitness Journal and CSMR

5. OTHER ADDITIONAL UPDATES: None

6. INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES: No Significant Variances

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

1. COMMITTEE NAME: Constitution Bylaws and Operating Codes

2. REPORT DATE: May 14, 2015

3. SUBMITTED BY: Elaine F. Betts, P.T., Ph.D., FACSM, Chair

ACTION ITEMS FOR BOARD CONSIDERATION
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

4. PROGRESS UPDATES IN REGARD TO SOAR: None at this time.

5. OTHER ADDITIONAL UPDATES:

   CBOCC continues to operate on an as needed and predetermined basis in the
   reviewing of operating codes for all standing committees to ensure the operating
   codes accurately reflect changes in committee organization and composition.

   Recently the committee reviewed and approved revisions to the Nominating
   Committee and Committee on Certification and Registry Boards Operating Codes and
   reviewed the proposed Operating Code for the newly formed Olympic/Paralympic
   Sports Medicine and Sport Science Committee. Recommendations related to will be
   submitted to the Administrative Council for the June teleconference.

   The governing documents continue to be underway and the committee timeframe is
   to have a portion to the Board for approval by the end of July and the second
   timeframe by the end of September.

6. INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE
   COMMITTEE’S ACTIVITIES: None.

   +++
1. **COMMITTEE NAME:** Consumer Information

2. **REPORT DATE:** April 23, 2015

3. **SUBMITTED BY:** Hank Williford, Ed.D., Chair

4. **PROGRESS UPDATES IN REGARD TO SOAR:**

   The committee continues to develop and distribute brochures on varying topics for consumers allowing ACSM to grow its resource outreach and education of the public on science based physical activity and health.

5. **OTHER ADDITIONAL UPDATES:**

   The committee continues to develop new brochures and promotes the consumer information initiative. The committee is in transition with Len Kravitz as the new chair. Len is an exceptional choice as new chair, and is greatly respected by the committee. There will be a number of new board members coming on. 2014-2015 was a very productive year, and may have been the most productive year ever in terms of developing new brochures and materials. Lauren Johnson has been wonderful to work with, and the committee is in great hands. I want to thank her and others at ACSM for their support during my term as chair.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:**

   None.
Committee Semiannual Report
to the ACSM Board of Trustees
May 30, 2015 · Board Meeting · San Diego, CA

1. COMMITTEE NAME: Credentials

2. REPORT DATE: May 8, 2015

3. SUBMITTED BY: Scott Paluska, M.D., FACSM, Chair

4. PROGRESS UPDATES IN REGARD TO SOAR: Committee has created a pre-fellow flyer that walks potential fellows through a step by step process needed for a successful application. In addition each new fellow is asked to recruit and assist 1-3 members through the fellowship process. ACSM is currently in the process of gathering & creating a listing of multiple volunteer opportunities for new fellows. With Phase II of the ACSM database upgrade will come a more enhanced volunteer section on the ACSM website.

5. OTHER ADDITIONAL UPDATES: The Credentials Committee will meet in San Diego to consider modification of the criteria for Fellow, including the service point system, and discuss questions that have arisen over the past year.

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

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

1. **COMMITTEE NAME:** Ad hoc on Diversity Action

2. **REPORT DATE:** April 30, 2015

3. **SUBMITTED BY:** Eduardo Bustamante, Ph.D. and NiCole Keith, Ph.D., Co-Chairs

### ACTION ITEMS FOR BOARD CONSIDERATION
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

4. **PROGRESS UPDATES IN REGARD TO SOAR:**
Provide a brief sentence or two on key progress in up to three priority areas of the committee’s activities

**Update 4.1- Priority: Strategically increase membership size and engagement** – Committee continues Leadership and Diversity Training program that engages participants in the Annual Meeting and assigns them to committee work.

**Update 4.2 – Priority: Increase educational excellence within and external to -ACSM**– Committee submits the Joint Symposium on Diversity to the Annual Meeting. This symposium invites a leader from another professional organization or group with the shared interest of enhancing organizational diversity while improving health and/or physical performance.

5. **OTHER ADDITIONAL UPDATES:**
The Ad hoc Committee recently reviewed the applications submitted for the ACSM Leadership & Diversity Training Program. There were a total of twenty-four applications received. The participants are listed below:

**Level 1**
Marion Bakhoya
Lauren Reid
Maria Enid Santiago-Rodriguez
Brandon Yates

**Level 2**
Susan Aguinaga, M.S.
Amber Kinsey
Margaret Lott
Brittany Masteller, M.S.
Aston McCullough, M.A.
Albert Mendoza, M.S.
Bridget Peters, M.Ed.
Cardyl Trionfante, M.A.
Level 3
Lisa Barkley, M.D.
David Garcia, Ph.D.
TaShauna Goldsby, Ph.D.

The Committee is presenting a session on Wednesday, May 27th at the Annual Meeting in Orlando titled “Help Communities Soar toward Physical Activity, Healthy Lifestyles, and Health Equity”

Olivia Affuso, Ph.D.; Yuri Feito, Ph.D.; and Leah Robinson, Ph.D. are former Leadership & Diversity Training Program participants who will be awarded Fellowship at the New Fellow Reception in San Diego. NEW Since the program’s inception in 2008, eight program participants have been awarded fellowship.

The ACSM Board three years ago approved to fund a Leadership & Diversity Training Pilot Program for the Southeast Regional Chapter. The funding of the Pilot Program expired this year. Participants for the SEACSM Program were:

Brandon Baker - University of Florida
Conrad Edler - Old Dominion University
Louis Jackson - Lander University
Lauren Smith - Auburn University
Devonte Thomas - University of North Carolina at Charlotte

Committee will be discussing this at the meeting in San Diego along with reviewing the current program, the applications, and the evaluation/score sheets used for reviewing applications for the program.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:** None at this time.
Committee Semiannual Report
to the ACSM Board of Trustees
May 30, 2015 · Board Meeting · San Diego, CA

1. **COMMITTEE NAME:** Ethics and Professional Conduct Committee

2. **REPORT DATE:** May 11, 2015

3. **SUBMITTED BY:** Larry Durstine, Ph.D, FACSM, Chair
   Timothy W. Calvert, Staff Liaison

   **ACTION ITEMS FOR BOARD CONSIDERATION**
   **SHOULD BE SUBMITTED ON THE ACTION ITEM FORM**

4. **PROGRESS UPDATES IN REGARD TO SOAR:** None

5. **OTHER ADDITIONAL UPDATES:**
   There have been no new cases to review since the Committee’s last report.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:** None

+++
The Evidence Based Practice committee (EBP) was developed in 2011 to provide direction to, and guidance for, progress in ACSM becoming a leader in evidence based methods and practices. Current members of this committee include: Janice L. Thompson, PhD, FACSM (chair), Linda Pescatello, PhD, FACSM, Oscar Suman, PhD, FACSM, Anne Fish, PhD, RN, FAHA, Diane DelleValle, PhD, RD, Clinton Brawner, MS, RCEP, FACSM, Michael Deschenes, PhD, FACSM, and Ian Shrier, MD, PhD, FACSM.

4. PROGRESS UPDATES IN REGARD TO SOAR:
Science/Outcomes/Resources: The EBP committee is finalizing the Evidence Analysts Training Manual. This is a resource that will be utilized to train member volunteers to conduct evidence analysis for Position Stand documents and to enter their work in MOSAIC. We anticipate voting on a final version of the training manual at our meeting in San Diego, with initial Evidence Analyst training sessions anticipated for summer 2015.

Science/Resources: During the Fall (2014), the Committee developed a protocol for vetting potential resources to be housed in MOSAIC. Early Spring (2015), a call went out to Committees, IGs, and SHIs to elicit their recommendations for content to be placed in MOSAIC. We have begun the process of placing content in MOSAIC and aim to have the bulk of the recommended resources placed by the time of the 2015 annual meeting.

Advocacy: Again this year, the EBP Committee, in conjunction with the Pronouncements Committee, submitted (and had accepted) a colloquium for ACSM’s 2015 annual meeting. That session will focus on EBP, what it is, how it is used at ACSM, and will update members on the status of Position Stands currently under development. In addition, the VP for EBP (in conjunction with the EBP Committee) facilitated a recently developed strategic partnership with the Society for Behavioral Medicine around EBP. This resulted in joint programming at the SBM annual meeting and there are plans underway to submit joint programming to the ACSM 2016 annual meeting.
5. OTHER ADDITIONAL UPDATES:

As described briefly above, the committee's current priority project is the development of a Training Protocol Manual and Calibration Exercises for training and credentialing volunteer members as Evidence Analysts. Our goal is to train an initial cadre of 10-12 members as Evidence Analysts to assist the writing team with further development of the Exercise and Hypertension Position Stand. Ultimately, our trained Evidence Analysts will reduce burden on the Position Stand writing groups by gathering, grading, and coding the evidence to be summarized by writing groups. Their work will be entered, utilized, and saved via the MOSAIC portal. We anticipate the completion of the training manual by June 2015, with our first training session to take place Summer 2015.

On-going Activities:
- EBP Committee continues to take a leadership role in the development of evidence based protocols for Position Stands and continues to monitor the process for needed updates/revisions.
- EBP Committee will assist the Pronouncements Committee (as needed) in their goal of developing an evidence-informed, quick turnaround document of timely, high-importance topics.
- EBP Committee will continue to submit EBP-related programming to the annual meeting. Our EBP colloquium (in conjunction with Pronouncements Committee) was accepted for the 2015 annual meeting and we already have a proposal ready for submission for the 2016 annual meeting.

6. INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE'S ACTIVITIES: N/A
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

ACTION ITEMS FOR BOARD CONSIDERATION
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

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

1. COMMITTEE NAME: Exhibits Advisory (ad hoc)

2. REPORT DATE: May 11, 2015

3. SUBMITTED BY: John Porcari, Ph.D., FACSM, Chair

ACTION ITEMS FOR BOARD CONSIDERATION
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

4. PROGRESS UPDATES IN REGARD TO SOAR: NA

5. OTHER ADDITIONAL UPDATES:

   5.1 Reviewed materials to be given out by exhibitors at both Summit & Annual Meeting.
   5.2 The 2015 Summit in Phoenix had 32 companies with a total of 39 booths
       The 2014 Summit in Atlanta had 30 exhibitors with a total of 34 booths
   5.3 As of May 8, 213 booths were sold to 145 companies for the 2015 Annual Meeting.
       211 booths were sold to 146 exhibitors at the 2014 Annual Meeting in Orlando.

6. INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE
   COMMITTEE’S ACTIVITIES:

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

1. **COMMITTEE NAME:** Health/Fitness Content Advisory Committee (ad hoc)

2. **REPORT DATE:** May 18th, 2015

3. **SUBMITTED BY:** Jeffrey A. Potteiger, PhD, FACSM, Chair

4. **PROGRESS UPDATES IN REGARD TO SOAR:**
   *Note: The strategic activities of this committee feed up through the SOAR objectives for the Publications Committee - any updates pertaining to the 2 ad hoc content advisory committees are located in the Publications Committee report.*

5. **OTHER ADDITIONAL UPDATES:**

   - **5.1** The ad hoc Health-Fitness Content Advisory Committee (ahHFCAC) manages health/fitness-related nonperiodical publication projects. Tasks include identifying editors, appointing content review panels, and reviewing manuscripts.

   - **5.2** In 2015, 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*.

   - **5.3** The committee worked on a project for the EBP Committee relating to content on MOSAIC in 2014 and 2015 producing a list of key resources members would have interest in.

   - **5.4** A new edition of ACSM’s *Complete Guide to Fitness and Health, 2nd Edition* is underway and the committee will handle the content review starting in late 2015.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:** None

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

1. **COMMITTEE NAME:** Health & Fitness Summit Program

2. **REPORT DATE:** May 15, 2015

3. **SUBMITTED BY:** Michael Spezzano, Chair

**ACTION ITEMS FOR BOARD CONSIDERATION SHOULD BE SUBMITTED ON THE ACTION ITEM FORM**

4. **PROGRESS UPDATES IN REGARD TO SOAR:**
   - Obesity Prevention and Reduction
   - Youths 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

4.1 The 2015 Summit included sessions that covered all of the areas listed above.
4.2 Sessions related to professional certification are included in the Summit program.
4.3 The program committee’s priority is the secure the best speakers to give research-based information and evidence-based models for fitness professionals to “bridge the gap” between science and practice.

The main focus of the Summit is to provide health and fitness professionals the most current creditable information for practical application in the health/fitness industry. This is accomplished in four ways at the Summit: 1) lectures, 2) interactive workshops, 3) master class workouts and 4) keynote speakers, with one featuring an ACSM leader. In 2015, that speaker was Carol Ewing Garber, ACSM President.

5. **OTHER ADDITIONAL UPDATES:**
5.1 The 2015 Summit included the inaugural Larry Golding Lecture, in honor of Dr. Golding, champion of the Summit, the HF Journal, and the HF Alliance.
5.2 The committee feels strongly that there should always be a significant presence of Summit information in ACSM publications, memos, marketing, and other literature published by ACSM.
5.3 The Summit leadership is committed to including an ACSM leader in the program each year. For 2016, that will include Elizabeth Joy, ACSM President-elect, as a keynote speaker.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:** None
Committee Semiannual Report
to the ACSM Board of Trustees
May 30, 2015 · Board Meeting · San Diego, CA

1. COMMITTEE NAME: Health Science Policy

2. REPORT DATE: May 18, 2015

3. SUBMITTED BY: Robert A. Oppliger, Ph.D., FACSM, Chair

ACTION ITEMS FOR BOARD CONSIDERATION
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

4. PROGRESS UPDATES IN REGARD TO SOAR:

- Initiated analysis of ACA to consider ways to leverage legislation towards ACSM’s mission
- Discussed options for evaluating concussion legislation
- Promoted alerts regarding PA in common fund - Organizational sign on letter and individual sign on letter
- Advocated on behalf of Physical Activity Recommendations (PAR) legislation

5. OTHER ADDITIONAL UPDATES:

Convened a webinar on the outlook for the 114th Congress. The panelists discussed changes in the makeup of Congress, outlook for the legislative agenda and the budget prospects.
In partnership with the National Association of State Boards of Education (NASBE) released a webinar regarding the policies and procedures of concussion management. Webinar featured expert panelists Stan Herring and Gerry Gioia.
Successfully partnered with the Sports Fitness Industry Association (SPFA) in our third annual Capitol Hill Day on March 4; a record number of ACSM members, 45, attended the event. 145 meetings scheduled with 104 scheduled with Members of Congress.
During 2014-15, Key Contacts increased to 423 participants
Participated in Congressional Briefing on ENRICH Act to promote PA in medical school curriculum.
Contributed to the UN conference Civil Society Event on Action in Climate Change and Health in September 2014
Contributed to the ACSM/NTRB conference on Active Transportation & Health in April 2015

6. INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES: No Variances

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

1. **COMMITTEE NAME:** Task Force on Healthy Air Travel (TFHAT)

2. **REPORT DATE:** May 3, 2015

3. **SUBMITTED BY:** Christopher Berger PhD

**ACTION ITEMS FOR BOARD CONSIDERATION SHOULD BE SUBMITTED ON THE ACTION ITEM FORM**

4. **PROGRESS UPDATES IN REGARDS TO SOAR:**

The mission of the TFHAT is to recognize and respond to the stresses of modern commercial air travel through the promotion of related research, educational initiatives, and the practical application of exercise science.

4.1 Project #1 reported last year has been completed. Data from a 2013 survey of U.S. hub airports for physical activity opportunities was collected, fact-checked using airport websites, and disseminated to each (n=28) airport communications officer for review. Recently, a paper was written about healthy air travel for submission to the *ACSM’S Health & Fitness Journal*. This article was published in the Nov/Dec 2014 edition and included these airport survey data.

4.2 Project #2 (ongoing) has since involved two site visits (by the TFHAT Chair) to Las Vegas McCarran International Airport (LAS) for purposes of developing an airport walking program. A brief report was generated and forwarded to LAS. One subsequent conference call with airport executives was made with the TFHAT team and implementation is under development.

4.3 Project #3 involves a partnership with the U.S. CDC and their airport physical activity committee. Two CDC committee members joined the TFHAT during the 2013 Annual Meeting and a proposal was developed to speak about healthy air travel for the 2014 Annual Meeting. The presentation was approved and was successful in attendance.

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

6. **ADDITIONAL INFORMATION:** None

+++
1. **COMMITTEE NAME:** Interest Group Forums

2. **REPORT DATE:** May 8, 2015

3. **SUBMITTED BY:** Chris Hearon, Ph.D., FACSM, Chair

4. **PROGRESS UPDATES IN REGARD TO SOAR:** Hosting a yearly interest group meeting during the ACSM Annual Meeting is now required for all interest groups. Following phase II of the ACSM database upgrade, a Communities section will be offered which will allow more discussion forms, blogs, and other engagement opportunities for interest groups.

5. **OTHER ADDITIONAL UPDATES:** Most of the Interest Groups will be meeting at the Annual Meeting on either Wednesday, May 27 or Thursday, May 28 from 5:45-7:15 p.m. These meetings include hosting socials and educational sessions, as well as provide opportunities for networking with other individuals with the same interest. A number of Interest Groups also use this time to discuss session proposal ideas for the 2016 Annual Meeting.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE'S ACTIVITIES:** None at this time.
Committee Semiannual Report
to the ACSM Board of Trustees
May 30, 2015 · Board Meeting · San Diego, CA

1. **COMMITTEE NAME:** International Relations Committee

2. **REPORT DATE:** May 14, 2015

3. **SUBMITTED BY:** Ron Maughan, PhD, FACSM, Committee Chair

---

**ACTION ITEMS FOR BOARD CONSIDERATION**
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

---

4. **PROGRESS UPDATES IN REGARD TO SOAR:**

The following items were identified in the November 2014 IRC SOAR Key Directions report-

**Committee will work to increase ACSM's international e-membership (membership for professionals in developing countries) through increased marketing efforts and connections with national and international organizations.** Status- International E-membership increased by 16% from March 2014-March 2015. Additional strategy ideas will be discussed at the in-person IRC meeting.

**Committee will continue to develop relationships and/or partnerships with international organizations such as RAFA, FIMS, PAHO, and ICSSPE.** Status- This item is on-going. A list of current relationships/partners is below.

**Increasing opportunities for non-US members to be engaged in ACSM (including improved communication of ACSM projects & programs).** Status- ACSM is conducting a member satisfaction/engagement survey in the summer of 2015. International members will be included in the survey and results will be cross-tabulated so that International member responses can be isolated. The committee will review results and make recommendations based on the results.

**Increasing involvement of non-US attendees at the Annual Meeting.** Status- A survey on non-US Annual Meeting attendees is planned for the summer of 2015.

**Committee will develop suggestions of items that should be included in the plan and work with the International Board Task Force Group and other relevant committees to create the plan. The committee will implement and areas of the plan placed under its jurisdiction.** Status- This item has not yet been initiated. The committee will address is during the in-person committee meeting.

---

5. **OTHER ADDITIONAL UPDATES:**

**International Trustees-**

The committee was pleased that the 6th International Trustee was elected during the spring 2015 election. Luis Fernando Aragon-Vargas, PhD, FACSM, will serve on the Board of Trustees for the next three years. He joins Mark Hargreaves, PhD, FACSM who was elected as International Trustee in 2013 and Willem van Mechelen, MD, PhD, FACSM who was elected International Trustee in 2014.
Oded Bar-Or International Scholar Award-
The International Relations Committee selected Dr. Linda Ernstsen from the Norwegian University of Science and Technology in Norway as the 2015 Oded Bar-Or International Scholar Award recipient. She will complete a visit to the University of South Carolina under the guidance of Dr. Steve Blair.

ACSM International Clinical Scholar Award
Dr. Ramona Ritzmann from the University of Freiburg in Germany was selected as the recipient of the 2015 ACSM International Clinical Scholar Award. Medical representatives on the ACSM Program Committee worked with the IRC to select his submission as the top clinical submission for the 2015 ACSM Annual Meeting.

International Student Award-
The International Relations Committee received 57 applications that met all requirements for the 2015 International Student Award. As all applicants are required to be members, ACSM gained several new international members through the process. Recipients will present their abstracts at the upcoming Annual Meeting. The following individuals have been selected as award recipients:
- Alis Bonsignore from Canada, Abstract Title: “Assessment of Cardiovascular Reserve in HER2-positive Breast Cancer Survivors”
- Yi-Yuan Lin, China, Abstract Title: “Anti-apoptotic Effects of Exercise Training on Ovariectomized Spontaneously Hypertensive Hearts.”
- Michael Williams-Bell, Canada, Abstract Title: “Is Cognitive Function Impaired While Working in a Climate Chamber at 30°C in Fire Fighters?”

International Team Physician Course-
The IRC continues to work with the Medical Education Committee to offer the International Team Physician Course around the globe. The 2015 course will be held in South Africa with Jon Patricios, MD, FACSM serving as the host organizer. ACSM Faculty members for the course will include: Cindy Chang, MD, FACSM; Aaron Baggish, MD, FACSM; Lyle Micheli, MD, FACSM; and Karim Khan, MD, PhD, FACSM. The 2016 course has been approved and will be held in China for the first time. The application resulted from productive discussions with a delegation from the Chinese Association of Sports Medicine (CASM) at the previous two ACSM Annual Meetings.

International Partnerships-
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 (Federation 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 CELAFISCs). ACSM and CELAFISCs 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.

• 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.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:** None at this time.
Committee Semiannual Report
to the ACSM Board of Trustees
May 30, 2015 · Board Meeting · San Diego, CA

1. **COMMITTEE NAME:** Medical Education Committee

2. **REPORT DATE:** May 1, 2015

3. **SUBMITTED BY:** Sandra J. Hoffmann, M.D., FACSM, Chair

---

**ACTION ITEMS FOR BOARD CONSIDERATION**
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

---

4. **PROGRESS UPDATES IN REGARD TO SOAR:**

Maintaining ACCME Accreditation
Continue with enhancements to the CME education currently in place (AM, TPC, ATPC, ITPC)
Working with EIM Committees/staff on providing CMEs for the EIM Training Course
On-Line Education

5. **OTHER ADDITIONAL UPDATES:**

**ACCME Accreditation:** The Medical Education Committee continues to adhere to the high standards of the Essential Areas and Criteria for Accreditation set forth by the Accreditation Council for Continuing Medical Education (ACCME) assuring both physicians and the public that CME activities sponsored by ACSM meet these rigorous standards. Evaluation is an important element of the accreditation. Four CME sessions at the Annual Meeting will be evaluated to validate performance-in-practice changes by the physician as an outcome from attending the CME session. CMEs are provided for all clinical and EIM sessions at the Annual Meeting and World Congress on Exercise is Medicine®.

**International Team Physician Courses** – The 2015 ITPC is scheduled for October 20-22, 2015 in Johannesburg, South Africa hosted by Dr. Jon Patricios. Faculty include: Dr. Cindy Chang (chair), Dr. Aaron Baggish, Dr. Karim Khan and Dr. Lyle Micheli.

**Advanced Team Physician Course** - The 2014 offering of the Advanced Team Physician Course (managed by ACSM) was held December 11-14 in Tampa, Florida. This course is jointly sponsored by ACSM, American Medical Society for Sports Medicine (AMSSM) and American Orthopaedic Society for Sports Medicine (AOSSM).
AMSSM is managing the 2015 course and is in the process of finalizing the curriculum with planners from the other two organizations. The course will be held December 10-13th in Austin, Texas. Drs. Mark Hutchinson and Matthew Gammons serve as the ACSM co-chairs on the planning committee.

Team Physician Course- – The Team Physician Course-Part II, co-chaired by Dave Olson, M.D., FACSM and Dr. Mary Lloyd Ireland, M.D., FACSM was held February 19-23, in San Antonio. Plans are in process for the 2016 Part I course to be held February 3-7 in Jacksonville, Florida.

ACSM Publication Content Overview – All content for ACSM publications is required to be peer-reviewed by the appropriate ACSM committee. Kenneth Leclerc, M.D. serves as the ME Publications Coordinator, overseeing the review of these publications. The committee completed the review on ACSM's Exercise Management for Persons with Chronic Diseases and Disabilities 4e. New titles the committee will be reviewing starting in 2015 include a new title Cardiopulmonary Exercise Testing in Children and Adolescents, and a second edition include digital content of "Preventing Sudden Death in Physical Activity and Sport."

Annual Meeting Programming – The Program Committee “Athlete Care and Clinical Medicine” area representatives, Carrie Jaworski, M.D., FACSM and Kevin Vincent, MD., Ph.D., FACSM continue working with the ME committee assuring appropriate CME content at the Annual Meeting, 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" and the topic for the 2016 Annual Meeting is “Neurocognitive Aspects of Sports Injury Risk, Prevention, and Rehabilitation”

John R. Sutton Clinical Lecture – The tenth offering of the John R. Sutton Clinical Lecture will be held at the 2015 Annual Meeting. Dr. Martin P. Schwellnus, MBBCh, FACSM will deliver this lecture on Friday, May 29 (unopposed from any other clinical programming) and the title is “Reducing Medical Complications During Exercise – From Cramping to Cardiac Arrest.”

The Medical Education Committee will hold its next committee meeting in conjunction with the Task Force on Clinical Sports Medicine Engagement on May 26th in San Diego.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:** None to date

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

1. **COMMITTEE NAME:** Motorsports Health and Safety Task Force

2. **REPORT DATE:** May 5, 2015

3. **SUBMITTED BY:** David Ferguson, Ph.D., Chair

---

**ACTION ITEMS FOR BOARD CONSIDERATION**
**SHOULD BE SUBMITTED ON THE ACTION ITEM FORM**

4. **PROGRESS UPDATES IN REGARD TO SOAR:**
The task force is currently working to raise awareness within ACSM and the motorsport community. To raise awareness within ACSM the task force has given talks and regional ACSM meetings with the intention of giving a symposium at national ACSM.

Furthermore the Task Force is utilizing Mosiac (sponsored through ACSM) to develop an information database relating to motorsport health and safety.

We are currently drafting a book which can be used by the motorsport industry to promote awareness and information about how to maintain safety and improve performance in automobile racing.

5. **OTHER ADDITIONAL UPDATES:**

None.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:** N/A

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

1. COMMITTEE NAME: Membership Committee
2. REPORT DATE: April 30, 2015
3. SUBMITTED BY: Matt Kostek, Ph.D., Chair

ACTION ITEMS FOR BOARD CONSIDERATION
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

4. PROGRESS UPDATES IN REGARD TO SOAR:

Committee Key Directions:

1) Solicit membership regarding their needs and satisfaction.
   Survey questions are being drafted at this time.

2) Work with outside marketing company, Small box to increase membership recruitment and retention.
   Work on several email campaigns have been completed and should be in delivery process shortly after Annual Meeting.

3) Use iMIS upgrade as a mechanism to engage members and other constituents via communities, blogs, etc.
   Waiting on the Phase 2 of the database upgrade to be completed.

4) Continue direct mail recruitment and retention campaign with QMI.
   This is on-going and additional mail drops will happen in 2015

5) Work with ACSM Staff to collect membership demographics online thru new member/renewing processes as the iMIS system is upgraded.
   Waiting on the Phase 2 of the database upgrade to be completed.

6) Continue to exhibit at outside meetings such as AAFP student conference, AAFP Assembly, etc. to assist with recruitment of members.
   ACSM Staff will be exhibiting at AAFP National Student Conference in August.
5. **OTHER ADDITIONAL UPDATES:**

As of March 30, 2015, ACSM membership is at 25,753 (17,844 National, 7,909 Alliance). This is a decrease of 326 in members compared to 26,079 (17,311 National 8,768 Alliance) on March 30, 2014.

In an effort to get a pulse on the ACSM membership, the Committee plans to review and analyze membership statistics. As membership retention has declined in the last several years, the plan is to look at what other organizations are doing that ACSM is not and try to implement some of those benefits.

Once the benefits and satisfaction membership survey questions are drafted, the Committee will assist with that review as well as be involved in the results and analysis of the responses. In the second half of the year, the Committee will be working with ACSM Staff to make the online engagement opportunities that are coming with Phase 2 of the database upgrade as beneficial to members as possible.

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

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

1. **COMMITTEE NAME:** Nominating Committee

2. **REPORT DATE:** April 30, 2015

3. **SUBMITTED BY:** William Dexter, M.D., Chair

### ACTION ITEMS FOR BOARD CONSIDERATION

SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

4. **PROGRESS UPDATES IN REGARD TO SOAR:**

The Nominating Committee ensures that the candidates for leadership within the organization represent the breadth of membership categories including basic and applied science, medicine, education and allied health but also selects candidates for the board of trustees from the international and student membership. As noted in #5, the Nominating Committee has begun evaluating the slate of candidates for representation of qualified women and underrepresented minorities. Although the Nominating Committee will not be developing any unique, new initiatives, the leaders put forward by this committee will guide the development of SOAR.

5. **OTHER ADDITIONAL UPDATES:**

The Nominating Committee will meet in San Diego to develop a prioritized list of candidates for the 2016 Officer and Trustee Election. Candidates this year will be for President-elect (Education & Allied Health); Second Vice President (Medicine); Trustee (from all three areas of interest, and an International Trustee.

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

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

1. COMMITTEE NAME: Obesity Prevention (ad hoc)

2. REPORT DATE: May 6, 2015

3. SUBMITTED BY: John Jakicic, PhD, FACSM, Chair

4. PROGRESS UPDATES IN REGARD TO SOAR: Work is underway in the
development of the ACSM Obesity Portfolio, with two major goals: Develop and integrated
portfolio approach to ACSM’s Obesity and Energy Balance efforts; and 2) Position ACSM as
a U.S. and global leader in physical activity, obesity and energy balance. The Obesity
Portfolio will use a platform called Active U: An ACSM platform for preventing and treating
obesity and promoting energy balance. The core components include: Thought Leadership,
Professional Education and Practice, Public and Policy, Collaboration, eventually evolving
into a Signature Program.

5. OTHER ADDITIONAL UPDATES:
The committee is working closely with the 2016 World Congress on Energy Balance
planning committee to develop the content for the WC.

Several members of the committee are working on the Position Stand, Role of Physical
Activity in Obesity Treatment for Patients Undergoing Bariatric Surgery (joint PS with the
American Society for Metabolic and Bariatric Surgery), which is underway. The Writing
Group has completed data extraction and is working on the manuscript.

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

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

1. COMMITTEE NAME: Office of Museum, History and Archives

2. REPORT DATE: May 18th, 2015

3. SUBMITTED BY: Jack Berryman, Ph.D., FACSM, Chair, ACSM Historian

ACTION ITEMS FOR BOARD CONSIDERATION
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

4. PROGRESS UPDATES IN REGARD TO SOAR:

4.1. Launch a series of events/projects to commemorate the 60th Anniversary of ACSM at the 2014 Annual Meeting. Update: A dedicated area on the ACSM YouTube channel was created to host the “ACSM’s Distinguished Leaders in Sports Medicine and Exercise Science” videos, a highlight reel of the interviews was created and was on display throughout the Annual Meeting 2014 convention center screens, and large displays of ACSM past presidents, the ACSM timeline, and a history of ACSMs journals were all created and represented visually throughout the convention center and hotel. Additionally, new trivia questions were created, and 60th Anniversary buttons and temporary tattoos were created for meeting attendees.

4.2. Scope what the History and Futures Initiative will look like organizationally and prioritize. Update: Work continues on fleshing this SOAR initiative out in the committee and with EVP Whitehead.

4.3. Expand on the SOAR initiative of “Thought leaders across time.” Update: The committee continues to work on ways to extend the Distinguished Leaders content into the digital realm.

5. OTHER ADDITIONAL UPDATES:

5.1 ACSM’s Distinguished Leaders in Sports Medicine and Exercise Science interview series – Dr. Berryman has done 113 interviews to date. Additionally, a dedicated area on the ACSM YouTube Channel has been created and the first 20 past president interviews have been posted for viewing. More will be loaded throughout 2014 and 2015, and a “highlight reel” featuring key moments from the interviews from the first 20 presidents was available at the 2014 Annual Meeting for viewing online and on the monitors at Annual Meeting.
5.2 Several content projects were completed in 2014 in preparation for Annual Meeting for visual and/or online displays in celebration of the 60th Anniversary. Those include an updated version of the ACSM timeline through 2014, more trivia questions for the Annual Meeting mobile app, a historical overview of the ACSM journals, a Past Presidents display, and a display reflecting on the history of ACSM’s journals.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:** None as of May 2015. The committee has made recommendations for the 2015 budget to focus more on making more of the Distinguished Leader interviews posted online for all to view as opposed to substantial new filming.

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

1. COMMITTEE NAME: Olympic/Paralympic Sports Medicine and Sport Science

2. REPORT DATE: April 25, 2015

3. SUBMITTED BY: Randall L. Wilber, PhD, FACSM, Chair

4. PROGRESS UPDATES IN REGARD TO SOAR:

Please refer to page 2. All “key directions/aims” highlighted in yellow are making significant progress toward short-term and/or long-term (and annual) completion.

5. OTHER ADDITIONAL UPDATES:

The OPSMSS Committee is proud to sponsor and present the following Symposium at the 2015 ACSM Annual Meeting: “Inside the Games: Unique Issues in Olympic and Paralympic Sport”. This session will be chaired by OPSMSS member, Dr. Cindy Chang, and will include among the presenters OPSMSS members Dr. Dan Benardot, Dr. Stuart Willick, and Dr. Bill Moreau. The session schedule and description are shown on page 3.

6. INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:

+++
# Key Directions Report

**GOAL – O2**  
*“PROGRAMS”*

Improve patient, population, and sports health by expanding and adding to the influence, impact, diversity and excellence of existing and new signature programs

<table>
<thead>
<tr>
<th>KEY DIRECTIONS/AIMS</th>
<th>SPECIFIC ACTIONS/ PERSONS</th>
<th>METRICS/TARGET DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with the ACSM Medical Education and International Relations Committees on the Team Physician Course (TPC) and International Team Physician Course (ITPC) to incorporate information on working with athletes with physical impairment.</td>
<td>Walter Thompson, PhD, FACSIM  William Moreau, DC</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Develop stronger working relationships with the International Olympic Committee (IOC) and International Paralympic Committee (IPC), including the establishment of measurable outcomes.</td>
<td>Walter Thompson, PhD, FACSIM</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Will help to coordinate and shepherd the IPC Symposium at the ACSM Annual Meeting by working with the ACSM Program Committee for the requisite support.</td>
<td>Walter Thompson, PhD, FACSIM</td>
<td>Ongoing</td>
</tr>
<tr>
<td>The Olympic and Paralympic Sports Medicine and Sport Science Committee supports a direct involvement by ACSM with the IPC VISTA Conference in 2017.</td>
<td>Walter Thompson, PhD, FACSIM</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Continued development and advancement of the ACSM/USOC Sports Medicine Educational Series</td>
<td>William Moreau, DC</td>
<td>Ongoing</td>
</tr>
<tr>
<td>To educate ACSM members on relevant sports medicine and sport science issues associated with the Olympic and Paralympic Games by presenting a Symposium session (2-hr) at each year’s Annual Meeting highlighting the most-recent (or upcoming) Olympics/Paralympics.</td>
<td>Randall Wilber, PhD, FACSIM</td>
<td>Annually, including 2015 ACSM Annual Meeting</td>
</tr>
<tr>
<td>Provide counsel to the ACSM Program Committee as needed on any/all proposals related to the Olympics/Paralympics.</td>
<td>Randall Wilber, PhD, FACSIM</td>
<td>Annually, including 2015 ACSM Annual Meeting</td>
</tr>
<tr>
<td>Establish an “Olympic/Paralympic Sports Medicine and Sport Science Advancement Program” (or similar name TBD). This “advancement program” is centered on Olympic/Paralympic Solidarity and International goodwill, and recalls the words of Baron Pierre de Coubertin, “There is no higher ideal for mankind, than the promotion of peace through international sport.”</td>
<td>Randall Wilber, PhD, FACSIM</td>
<td>Ongoing based on support from ACSM</td>
</tr>
</tbody>
</table>

**Committee Name:**  
Olympic/Paralympic Sports Medicine and Sport Science

**Committee Chair:**  
Randall L. Wilber, PhD, FACSIM

**Staff Liaison:**  
Paula Burkert  
Lynn Cunha

**Date:**  
21 October 2014
ACSM Olympic/Paralympic Sports Medicine and Sport Science Committee

TITLE: Inside the Games: Unique Issues in Olympic and Paralympic Sport

Proposal: Symposium (120 min)
2015 ACSM Annual Meeting
San Diego
May 25-30, 2015

Chair
Cindy Chang, MD, FACSM
University California - Berkeley

Introduction
Cindy Chang, MD, FACSM
University California - Berkeley

Olympic and Paralympic Anti-Doping Violations: Focus on Preventable Mistakes
Alan Vernec, MD
World Anti-Doping Agency

Health, Performance and Adherence Issues: Training and Nutrition Plans Used by Elite Power, Team and Endurance Athletes
Dan Benardot, PhD, FACSM
Georgia State University

Extraordinary Olympic and Paralympic Return-to-Play Cases
Stuart Willick, MD, FACSM
University of Utah
Gloria Beim, MD
Alpine Orthopaedics and Sports Medicine

Use of Electronic Medical Record Systems to Facilitate Sports Medicine and Sport Science Research
Bill Moreau, DC
United States Olympic Committee

Discussion

Description
The 2015 ACSM Annual Meeting will serve as an “in between” year for the Olympic/Paralympic Games and allows us the opportunity to present a variety of unique issues and hot topics using a “potpourri”, non-thematic format. WADA Medical Director Dr. Alan Vernec will open the session and will describe several interesting cases involving anti-doping violations that were the result of unintentional, uninformed mistakes on the part of athletes, coaches and physicians. Dr. Dan Benardot will then present on the specific health and performance issues related to the training and nutrition plans of elite athletes. Next, Drs. Stuart Willick and Gloria Beim will co-present on extraordinary return-to-play cases involving athletes competing at the Olympic and Paralympic Games. USOC Medical Director Dr. Bill Moreau will describe the latest efforts on the part of the IOC and IPC to improve electronic medical record systems used at the Olympic and Paralympic Games. The symposium will conclude with a 15-min discussion led by chair Dr. Cindy Chang. We believe that this symposium will be of great interest to ACSM members involved in the practical application of sports medicine and sport science among elite athletes, as well as those who have a general interest in the Olympics and Paralympics. We appreciate the Program Committee’s consideration of this session for inclusion on the program of the 2015 ACSM Annual Meeting.
1. **COMMITTEE NAME:** Online Education Task Force

2. **REPORT DATE:** May 5, 2015

3. **SUBMITTED BY:** Jeff Potteiger, Ph.D., Chair

### ACTION ITEMS FOR BOARD CONSIDERATION

SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

4. **PROGRESS UPDATES IN REGARD TO SOAR:** N/A

5. **OTHER ADDITIONAL UPDATES:**

**Progress since 2014 November Board Meeting**

- Redefined the Online Education Task Force definition – “A learning experience and educational process regardless of time and location, allowing for flexibility and accessibility real-time, anytime, anywhere, and on any device.”

- Slight tweak in Task Force name change to reflect current trends in the marketplace based on the committee member’s recommendation: from Distance Learning Task Force to Online Education Task Force.

- Two additional members have been added to the Task Force Committee to better match the needs of ACSM’s constituents.
  - Added a student member: John Kindred
  - Added a long standing ACSM member: Dr. Joe Pujol

- Developed an Online Education Grid plan. This chart identifies key ACSM projects, key target areas, and timeline for implementation. This will be ever-evolving, and will help identify needs and applications as more ACSM committees and groups reach out to ACSM for their online learning needs.

- Reviewed results of survey conducted in fall 2015. This helped to better define goals and planning.

- Developed a Next Steps Action Items plan that includes immediate and moderate length priorities that will be addressed in the next 6-12 months.

- Signed updated contract with IDEA (who currently services our CEOnline platform). This includes marketing and branding assistance to revamp our ACSM web site and landing pages. We will also be working with their team to help increase awareness of the ACSM CEC site overall, and work on more targeting email marketing.
Committee members will contribute ideas on how to help engage members, non-member, and students to ACSM’s online learning opportunities.

Plan, organized and are currently implementing a comprehensive process for webinars. This will include hosting ACSM programs, ACSM signature initiatives, as well as sponsor-driven programs. Vendor(s) should be determined by the third quarter.

Plans for 3-4 quarter 2015:

- Discuss the Projects Chart and next steps with chair during annual meeting.
- Staff will meet with our Communications and Public Information department on Social Media strategies including twitter chats and real time Instagram.
- Staff will begin the process of updating our website presence and shifting toward Continued Professional Development in marketing pieces and future communiques based on task force recommendations.
- Follow up with IDEA to discuss enhancing our marketing plan, reviewing outcomes, and re-engineered email messaging.
- Launch webinar process

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE'S ACTIVITIES:**

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

1. **COMMITTEE NAME:** Past Presidents Advisory Committee

2. **REPORT DATE:** May 11, 2015

3. **SUBMITTED BY:** Janet Walberg Rankin, Ph.D., FACSM, Chair

4. **PROGRESS UPDATES IN REGARD TO SOAR:** None

5. **OTHER ADDITIONAL UPDATES:**

This Committee meets periodically on certain specific, strategic issues at the request of the President. The focus of this committee’s recent meetings has been to discuss, review and provide recommendations on the College’s Strategic Planning “SOAR” document.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:** None

+++
1. **COMMITTEE NAME:** Professional Education Committee

2. **REPORT DATE:** May 18, 2015

3. **SUBMITTED BY:** Don Torok, Ph.D., FACSM, Chair

---

**ACTION ITEMS FOR BOARD CONSIDERATION**

**SHOULD BE SUBMITTED ON THE ACTION ITEM FORM**

---

4. **PROGRESS UPDATES IN REGARD TO SOAR:**
   
   We need to update both our application and renewal application and review process.

5. **OTHER ADDITIONAL UPDATES:**
   
   Either need to start meeting at National meeting or change our operating code.

   Motion was made to raise CEC quiz passing percentage to 70%. If we are to be considered the “Gold Standard”, then the passing score should be a little higher.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:** Need to make some major updating of our review processes and this is going to require some additional phone conference time. Some of the new reporting may require the creation of online submittal forms for reporting and evaluation.

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

1. **COMMITTEE NAME:** Program Committee

2. **REPORT DATE:** May 5, 2015

3. **SUBMITTED BY:** Lawrence E. Armstrong, Ph.D., FACSM, Chair

---

**ACTION ITEMS FOR BOARD CONSIDERATION SHOULD BE SUBMITTED ON THE ACTION ITEM FORM**

4. **PROGRESS UPDATES IN REGARD TO SOAR:**

   The Program Committee continues to provide educational excellence at the Annual Meeting, focusing on the 11 defined topical areas. The Basic Science World Congress continues with a different theme annually. Students have been tasked to plan the “Graduate and Early Career Day” pre-conference meeting, expanding student information exchange and opportunities. Global opportunities continue with exchange lectures, international sessions and international collaborations.

5. **OTHER ADDITIONAL UPDATES:**

   Final Conference Plans are well underway for the 2015 Annual Meeting, World Congress on Exercise is Medicine®, and World Congress on the Basic Science of Exercise Fatigue. The Wolffe Lecture will be delivered by William J. Kraemer, Ph.D., FACSM on “The Scientific Evolution of our Understanding of Resistance Training as We Know it Today” and the D.B. Dill Lecture will be presented by Ronald J. Maughan, Ph.D., FACSM on the topic “Landmarks in the Development of Sports Nutrition.” One EIM Keynote Lecture is planned: – “The Global Energy Balance Network: Developing Sustainable Solutions for Healthier Living” by James O. Hill, Ph.D. As in previous years, four President’s Lectures and four named lectures will be presented, 12 Highlighted Symposia will occur along with an array of additional sessions for the College’s diverse membership.

   Abstracts will be available at the 2015 conference electronically via a mobile app, PDFs and via the CTT on-line program planner. The Program Book (with general information and a detailed program) will be available in hard copy format for all attendees.

   Final Program Book – The Final Program book includes numerous sessions representing the four primary categories of ACSM membership.

   In an effort to make the Final Program more user friendly, the Program-at-a-Glance will
once again be a separate pocket-sized booklet that will be given to each attendee. This booklet will be color-coded to allow attendees the ability to find sessions by topical category.

**Mobile App** – A mobile app for smartphones (iPhone, Android), tablet and PC will be available. Features will include: session schedules and programming information, daily news releases, individual profiles, session evaluations, and the exhibit hall map. Information about downloading the app will be sent to all attendees in advance of the conference. A help station will be available on-site.

**Basic Science Programming** – In an effort to increase the quality of the basic science offered at the conference, a themed basic science two-day conference will occur during the Annual Meeting each year. This year’s offering is on “fatigue” organized by Bruce Gladden, Ph.D., FACSM. The theme selected for 2016 is “energy balance” co-chaired by John Jakicic, Ph.D., FACSM and Gregory Hand, Ph.D., FACSM.

**2016 Session Proposal Deadline** – The deadline for the 2016 Annual Meeting session submissions is June 22, 2015. The on-line submission site opens in early May and runs through June 22nd. The 2016 Annual Meeting will be held May 31 – June 4 in Boston, Massachusetts. The Program Committee will hold its first 2016 committee meeting on July 10-11, 2015 in Indianapolis at the National Center; the 2016 session proposals will be reviewed.

**Abstract Quality Review** – The Program Committee topical representatives will be reviewing a small sample of 2015 abstract submissions from all categories (both Fellow-authored and Fellow-sponsored) between now and the next Program Committee meeting as part of a current long-term monitoring system. The findings will be brought to the Program Committee in July followed by an outcomes message to the membership.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:**

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

1. COMMITTEE NAME: Pronouncements Committee

2. REPORT DATE: May 18, 2015

3. SUBMITTED BY: Oscar Suman, PhD, Chair

ACTION ITEMS FOR BOARD CONSIDERATION
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

The articulated purpose of the Pronouncements Committee is to manage the Position Stands program that serves as ACSM official pronouncements, which are developed on significant sports medicine and exercise science issues that merit interdisciplinary consideration and consensus within the College. Current committee members are Oscar Suman, PhD, Michael Deschenes, PhD, Shawn Kane, MD, Elisabet Borsheim, PhD, Carol Garber Ewing, PhD, Tashauna Goldsby, PhD, Swapan Mookerjee, PhD, Sean Walsh, PhD, Jeff Konin, PhD, and James Lynch, MD.

4. PROGRESS UPDATES IN REGARD TO SOAR:
   Science:
   Two Position Stands are nearing completion. The Exercise and Academic Achievement Position Stand has undergone the initial external review. The Writing Group is currently making revisions. The Nutrition and Athletic Performance Position Stand (joint PS with the Academy for Nutrition and Dietetics and Dietitians of Canada) is currently undergoing external review. One Position Stand, Role of Physical Activity in Obesity Treatment for Patients Undergoing Bariatric Surgery (joint PS with the American Society for Metabolic and Bariatric Surgery), is underway and the Writing Group has completed data extraction and is working on the manuscript. An update to the Exertional Heat Illness Position Stand has been approved but placed on temporary hold until the MOSAIC platform is ready for use.
5. **OTHER ADDITIONAL UPDATES:**
The priority activities for PC for 2014 have been to: 1) develop a protocol for the development of evidence informed, quick turnaround documents of timely, high-importance topics (placeholder name Evidence2Action), and 2) develop a protocol for sunsetting old/outdated Position Stands. The Committee has made great strides on both items. At our in-person meeting in San Diego, we will vote on final versions of both protocols and then submit those to the BOT for discussion, review, and approval.

The Pronouncements Committee, in conjunction with the Evidence Based Practice Committee, will present an update Colloquium at the 2015 annual meeting. This session will provide members with an update on Position Stands, upcoming activities of the Pronouncements Committee, work that has been on-going by the Evidence Based Practice Committee, and information on MOSAIC.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:** N/A

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

1. COMMITTEE NAME: Publications

2. REPORT DATE: May 18th, 2015

3. SUBMITTED BY: Walter Thompson, Ph.D., FACSM, Chair

ACTION ITEMS FOR BOARD CONSIDERATION
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

4. PROGRESS UPDATES IN REGARD TO SOAR:

4.1 Grow and leverage the ACSM journal portfolio to achieve other strategic publishing aims and continue to grow publishing revenue.
- New journal (Translational Journal of the American College of Sports Medicine) contract signed, project launched, EIC appointed, Ed Board and content creation underway.
- All MSSE articles 24 months or older have been made open and free.
- Partnerships for CSMR such as the one with AMSSM being aggressively pursued.
- Increase in open access revenue for MSSE.
- Appointment of digital editors or associate editors to journal Ed Boards underway.
- Early exploration of MSSE spin-off journal underway.

4.2 Develop a comprehensive digital/ebook strategy within the publications portfolio which would include things like prepU and ebook projects.
- CPT and EP-C prepU products launched; GEI scheduled for May 2015
- Creation of proposal and platform for ACSM book digital content library underway
- Digital editor appointed for key 2017 titles
- Inking (interactive ebook platform) pilot project for ACSM’s Introduction to Exercise Science 2e underway.

4.3 Play an increased role in ACSM’s overall digital strategies and content management; develop models for ACSM content development and management.
- Work with Education group on online learning, webinars and other digital content initiatives ongoing.
- Work with internal cross-team staff group on providing standards for content across the organization underway.
5. **OTHER ADDITIONAL UPDATES:**

5.1 The journal and book publishing program continues to show growth. Year over year royalty and grant revenue was up from $1,791,586 to $2,110,656. The growth is being driven by continued strong journal revenue, an increase in open access revenue related to MSSE, and stronger than forecasted book sales from WKH. FY15 is tracking to be another year of revenue growth as the result of a new, higher royalty rate negotiated in the new journal agreement for all the journals and success with the newly launched digital product prepU.

5.2 *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 Sciences category. We are now also following altmetrics reports for all 4 journals with a special interest for *ACSM’s Health & Fitness Journal*.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:** None

+++
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 - FY2014

<table>
<thead>
<tr>
<th></th>
<th>Year-End FY13</th>
<th>Year-End FY14</th>
<th>Forecast FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>WKH Books/Digital Products</td>
<td>$368,235</td>
<td>$376,741</td>
<td>$206,162</td>
</tr>
<tr>
<td>WKH Journal Royalties</td>
<td>$1,056,264</td>
<td>$1,318,434</td>
<td>$1,512,271</td>
</tr>
<tr>
<td>WKH Journal Grant-in-Aid</td>
<td>$338,500</td>
<td>$392,200</td>
<td>$401,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,791,586</strong></td>
<td><strong>$2,110,656</strong></td>
<td><strong>$2,135,331</strong></td>
</tr>
<tr>
<td>*WKH One-Time Contract Bonus</td>
<td>$1,750,000</td>
<td>$0</td>
<td>$50,000</td>
</tr>
<tr>
<td><strong>Total with Contract Bonuses</strong></td>
<td><strong>$3,541,586</strong></td>
<td><strong>$2,110,656</strong></td>
<td><strong>$2,185,331</strong></td>
</tr>
</tbody>
</table>

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>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(scheduled)</td>
</tr>
</tbody>
</table>

Royalties, Grants in Aid

<table>
<thead>
<tr>
<th>Year</th>
<th>Royalties, Grants in Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
</tr>
<tr>
<td>2015 (est.)</td>
<td></td>
</tr>
</tbody>
</table>
10-Year Publishing Snapshot

**Periodicals/Journals**—total number of pages published through April 2015
- Medicine & Science in Sports & Exercise® (monthly)............. 1104 (through May issue)
- Exercise and Sport Sciences Reviews(quarterly)..................... 106 (through April issue)
- ACSM’s Health & Fitness Journal®(bimonthly)...................... 142 (through May issue)
- Current Sports Medicine Reports (bimonthly) ..................... 144 (through March/April issue)

**Update on the Translational Journal of the American College of Sports Medicine:**
- Editor-in-Chief Joseph Donnelly, Ed.D., FACSM appointed; working on Editorial Board appointments
- PR and marketing campaign in development
- ISSN requested
- Cover design underway
- ME Wilson executing project plan for initial publication in March 2016

**Books and Other Nonperiodical Projects Published/Expected to Publish in 2015:**
1. *ACSM’s Research Methods*
2. *Coaching Psychology Manual, 2e (PICW)*
3. *ACSM’s Exercise Management for Persons with Chronic Diseases and Disabilities, 4e*
4. prepU for the Exercise Physiologist-Certified (digital test prep)
5. prepU for the Group Exercise Instructor (digital test prep)

Books and Other Nonperiodical Projects in Development as of May 2015:
1. ACSM’s Body Composition Specialist
2. ACSM’s Certification Review 5e
3. ACSM’s Complete Guide to Fitness and Health 2e
4. ACSM’s Content Library (working title)
5. ACSM’s Exercise Testing and Prescription 1e
6. ACSM’s Guidelines for Exercise testing and Prescription 10e
7. ACSM’s Resources for the Group Exercise Instructor 2e
8. ACSM’s Resources for the Exercise Physiologist 2e
9. ACSM’s Resources for the Personal Trainer 5e
10. ACSM’s Youth Exercise
11. Cardiopulmonary Exercise Testing in Children and Adolescents (PICW)
12. Preventing Sudden Death in Physical Activity and Sport 2e (PICW)
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 March 2015 averaging 109 and 35 days, respectively, similar to the same period of 2014.

In the Fall 2014 report, I noted that the combination of a huge number of submissions and an acceptance rate of 28% had led to our print “in press” delay of 227 days for the December 2014 issue and to over 245 days for the June 2015 issue, one of the longest delays the journal has experienced (see the chart below). In response, I set our goal for acceptance rate at 20%. All Associate Editors were informed 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.” With those instructions, our Associate Editors have done a fantastic job and I am happy to report that our acceptance rate has fallen to 24% in the past few months and our “in press” delay has fallen to approximately 200 days. I am optimistic that we can continue on this path and reach our
goal of a 20% acceptance rate during the remainder of this year.

I continue to hear unsolicited compliments on the new ease of the submission process as outlined in the Fall 2014 semiannual report.

Our highest submission rates continue to be in Epidemiology & Preventative Medicine (12.9%), Exercise Evaluation/Clinical (11.7%), and Biomechanics (10.7%). In response to these demands and other needs, I made the following new appointments to the Associate Editor group:

**Biomechanics**
- Clare Milner (Drexel University)

**Epidemiology**
- Gene Fitzhugh (Univ. of Tennessee, Knoxville)
- Peter Katzmarzyk (Pennington Biomedical Ctr.)

**Psychobiology**
- Steve Stovitz (University of Minnesota)
- Shawn Youngstedt (Arizona State University)

As always, I applaud the efforts of our Associate Editors and our editorial office professionals who are the foundation upon which the journal is built.

**EXERCISE AND SPORT SCIENCES REVIEWS**
Research Perspectives in Exercise and Sport Science from the American College of Sports Medicine

**Editor-in-Chief: Roger M. Enoka, Ph.D**

1. **Publication's Name:** Exercise and Sport Sciences Reviews
2. **Report Date:** May 1, 2015
3. **Submitted by:** Roger M. Enoka, Ph.D.
4. 2015 Editorial Recap -- successes, accomplishments, shortfalls

- Successful publication and distribution of two issues of 2015.
- Recruitment
  o 2015 recruitment as of May 1: 8 proposals
  o 2014 recruitment: 29 proposals
    - 21 submitted
    - 8 pending submission
- Editorial Board Rotation:
  o The following editors rotated off the board at the close of 2014: Michael D. Brown, Kevin M. Guskiewicz, Joseph Hamill, Matthew W. Hulver, Bradley C. Nindl, Joon-Young Park, Espen E. Spangenburg, and Christopher R. Woodman.
- New editorial board members, active January 1, 2015 (terms run until end of 2016)
  o Associate editors: Sandra K. Hunter, Monica J. Hubal, Demetra D. Christou, Kathryn H. Myburgh.
- The assistant editor role was discontinued at the close of the year with the editorial board rotations.
- Previous concerns regarding gender equity on the editorial board (after several female editorial board members rotated off the board) were addressed with the addition of four women to the editorial board.
- The 2013 ESSR impact factor (released summer 2014) was 4.818. The journal is ranked 3\textsuperscript{rd} in the sport sciences category. The 2014 impact factor will be released this summer.
- Completed scheduling of 2015 issues and completed 2016 issue deadlines and began scheduling the issues.
- Emphasized the need for authors to focus on a novel hypothesis that is mentioned in the abstract and illustrated with a conceptual figure.
- Urged the editorial board to have authors propose succinct titles that encapsulate the hypothesis, but appeal to a broad audience. The use of questions and analogies in the title should be discouraged.

5. 2015 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.
- The editorial board needs expertise in Athlete Care and Clinical Medicine and in Environmental and Occupational Physiology.
2014 Editorial Recap: Successes, accomplishments, shortfalls

a. ACSM’s Health & Fitness Journal® (FIT) published six of six issues in 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 January/February 2016 issue. 2014 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 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’ opinions 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.
Publication's Name: *Current Sports Medicine Reports*

2. **Report Date:** May 6, 2015

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

4. **2014 Editorial Recap:** *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.
   c. The journal’s annual editorial meeting with section editors was held May 29 in Orlando, FL during ACSM’s Annual Meeting.
   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.

5. **2015 Editorial Forecast:**
   a. Beginning with the January 2015 issue, CSMR transitioned 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 of this change via letter, email, and with a tip on ad with the November/December 2014 issue.
   b. Recruitment for 2016 issues is underway; the journal is currently filling the March/April 2016 issues.
   c. In 2015 the journal added three new columns to include: *CAQ Review*, a one page topic summary to help readers prepare for Certificates of Added Qualifications (CAQ) examinations; *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
d. Christopher C. Madden, MD, FACSM, stepped down as Section Editor of the Competitive Athletes section and John P. DiFiori, MD, FACSM stepped down as Section Editor of the Extremity and Joint Conditions section. Madden served in this position since 2010 and DiFiori since 2007. New Section Editors for 2015 include Chad A. Asplund, MD, MPH, FACSM for the Extremity and Joint Conditions section and John C. Hill, DO, FACSM for the Competitive Sports section.

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). In March, ACSM’s Administrative Council approved moving forward with offering CSMR to members of AMSSM.


g. CSMR will be publishing a two part special communication entitled, “The Cardiovascular Preparticipation Evaluation (PPE) for the Primary Care and Sports Medicine Physician, Part I and Part II,” under the editorship of Irfan M. Asif, MD; William Roberts, MD, FACSM; Michael Fredericson, MD, FACSM; and Vic Froelicher, MD. Part I is scheduled for publication in the May/June 2015 issue and part II is scheduled for the July/August 2015 issue.

h. The journal’s annual editorial meeting with section editors will be held May 28 in San Diego, CA during ACSM’s Annual Meeting.
Committee Semiannual Report
to the ACSM Board of Trustees
May 30, 2015 · Board Meeting · San Diego, CA

1. COMMITTEE NAME: Regional Chapters Committee

2. REPORT DATE: May 18, 2015

3. SUBMITTED BY: Judith Flohr, PhD, FACSM, Committee Chair

<table>
<thead>
<tr>
<th>ACTION ITEMS FOR BOARD CONSIDERATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHOULD BE SUBMITTED ON THE ACTION ITEM FORM</td>
</tr>
</tbody>
</table>

4. PROGRESS UPDATES IN REGARD TO SOAR:

A. Implement, manage and evaluate the new Regional Chapter Grant program once the final guidelines have been approved by the Board of Trustees.
Progress Update- The Regional Chapter Grant program is in its second year. The program continues to be well received and allow ACSM’s Regional Chapters to implement programs/services they might not be able to do on their own. All Regional Chapters that received a grant in 2014 were required to complete a program update report. A brief summary of those reports is listed below. Twenty grant applications were approved in 2015 totaling $40,000 in support to the Regional Chapters.

B. Oversee the integration of the ACSM Regional Chapter data/meetings management systems into the ACSM National database. Integration will allow for streamlined management, better data tracking, and improved member communication.
Progress Update- This strategic goal is on track to occur in Phase 2 of the ACSM database upgrade project. ACSM staff will meet with Regional Chapter representatives in July 2015 to outline next steps in integrating the Regional Chapters into the ACSM database. The first Regional Chapter should be online by the 3rd quarter of 2015.

C. Identify practical solutions for better communicating and integrating ACSM programs into the Regional Chapters.
Progress Update- This strategic goal is in the planning stages. Significant work in advancing this item will occur in the fall of 2015/spring 2016 with the main deliverable being program kits that will be posted on the new ACSM community platform which will be accessible by all chapter leaders.

5. OTHER ADDITIONAL UPDATES:

Regional Chapter Membership- ACSM’s twelve (12) Regional Chapters continue to play an important role in introducing professionals and students to ACSM. In 2014, more than 8000 professionals and students belonged to an ACSM Regional Chapter. ACSM membership, meeting & certification marketing materials are disseminated at all ACSM Regional Chapter meetings.

Regional Chapter Meetings- More than 5600 attendees participated in chapter annual meetings or lecture tour events in 2014. (Note: The total attendance was down slightly in 2014 as the Southeast ACSM Regional Chapter meeting was cancelled due to an ice storm). Regional Chapter programs provide local access to first-rate scientific information, 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 $36,000 (up from $31,000 in 2013) in scholarships and research awards, mostly to students.
2014 Regional Chapter Grant Program Summaries-
All ACSM Regional Chapters that received grants in 2014 were required to submit an end-of-year summary report with results. Below are brief summaries/results from those summary reports, specifically indicating the ACSM SOAR goals/objectives that were addressed. Each grant was in the amount of $1100. Note- these are direct excerpts and were not edited for style or grammar).

Chapter- Greater New York
Project Title- Social Media Implementation
SOAR Strategic Goal(s) Addressed-
A.4.1. ENHANCE AND EXPAND ACSM’S MEDIA ADVOCACY AND MEDIA RELATIONS CAPACITY at the regional level.
R.2.1. DEVELOP AND CONTINUOUSLY IMPLEMENT A MEMBERSHIP ENGAGEMENT STRATEGY as stated in I.D.
Program Overview-
Created a Business Website, Facebook, and Twitter accounts for the chapter and managing them consistently in order to bring the chapter up to current social medial standards in order to attract more members and students who use this in their everyday lives.
Evaluation-
The President took on this commitment and reported to the Executive Committee monthly in 2014 as he vetted various companies and individuals to properly set up the chapter with Social Media; Facebook, Twitter, Website. Web.com was chosen as they fit in the budget and made the process easy and simple. They also provided a money back guarantee for the first few months and were able to be paid monthly to stay involved with automatic output messages approved by the Executive Committee. A new website was completed in January, 2015 and a new Facebook page at the same time. The administration of the Social Media has been handed over to our new Executive Director along with President and Secretary in order to begin outreach. Growth of membership is being monitored and participation in our Social Media accounts to determine if its addition will actually result in a stronger membership in 2015.

Chapter- Greater New York
Project Title- Stand Up Against Falling
SOAR Strategic Goal(s) Addressed-
A.2.1. INCREASE THE NUMBER OF STRATEGIC PARTNERSHIPS THAT WILL HELP ACHIEVE THE GOALS OF SOAR – connecting with Senior Centers which will always exist and addressing a healthcare community risk factor is critical to the mission of the ACSM into the future.
Program Overview-
ACSM certified professionals who are also local GNYRC members were provided with comprehensive lecture and demonstration materials on preventing falls and trained in how to present it to older adults at area senior centers. This will engage ACSM professionals with a large population of the public, address a specific and important health risk, and decrease the medical impact to both the community and the individual through prevention.
Evaluation- Assessment of the program began early in the training phase by determining how ACSM certified professionals took in the information and if they could teach it properly. The President of the Chapter, as a Physical Therapist, did the training and found the participants to be competent through questioning and drilling. Six professional members completed the training and were given materials both in hard copy and electronic copy for their use with the participants of their lectures. Training was completed at the end of October, 2014 and follow up emails to our members in January, 2015. At that time, only a few of them had received return communication from Senior Centers to offer the lectures and workout programs to their participants. None have been set up at this time. Our members have found it difficult to engineer through the policies of the Senior Centers for their initial contact even with a letter from the President of the ACSM-GNYRC to introduce them. We are waiting for more feedback.

Chapter- Greater New York
Project Title- Muscle Poster Presentations
SOAR Strategic Goal(s) Addressed-
S.1.1. Create a multi-faceted “Moving Science Network” for Excellence in Basic Science by establishing a useful and applicable program that can build on itself into the future for the local chapter.

S-3 Research Funding - Elevate the prominence of and funding for research relevant to physical activity and inactivity, exercise, sports, and sedentary lifestyles relevant to U.S. and global health.

Program Overview-
Awards for student poster presentations were funded. The posters depicted reviews of Literature completed which focused on one particular exercise, targeting one particular muscle group to enhance one specific sport activity or movement application. An example was the use of the Nordic Hamstring Curl to prevent hamstring strain in soccer players. Students created the review and submitted it along with an abstract, to the Research Committee. Submissions were evaluated for content, appropriateness and impact. Acceptable abstracts were invited to present/compete at the Spring Meeting of GNYRC 18 April. (an extension was granted from the intended completion of the previous Nov meeting). Prizes were then awarded. Awards were adjusted based upon the number of acceptable submissions generating posters, in this case, two.

Evaluation-
The research committee was tasked with evaluating the quality of the abstracts as well as the posters (see attached). Success was gauged based upon having multiple submissions to review and multiple posters to display and evaluate at our Spring Meeting. These enhanced the quality of this meeting and engaged students and institutions that otherwise may not have participated.

Chapter- Mid-Atlantic
Project Title- Social Media I
SOAR Strategic Goal(s) Addressed-
We believe our Social Media efforts align with the strategic priorities of the college as follows:

S - Advance/disseminate leading-edge discovery in basic, clinical and population sciences of exercise. Through our social media efforts before and after the meeting we were able to distribute cutting edge research to our members from the leaders in exercise science. In addition to meeting content, publications by ACSM leaders and position stands from the college were highlighted.

O - Achieve clear and measurable results that increase healthy/active lifestyles; improve safety and advance therapeutic interventions across the lifespan.

As opposed to just reaching researchers, our social media efforts influence a number of our members who are practitioners. Thus, we believe we were able to satisfy this objective by distributing the best research directly to practitioners.

A - Increased media advocacy and policy influence and be an exceptional leader and effective collaborator. By using our Tweets to target our diverse members (researchers, students, clinicians, practitioners, etc.) rather than a specific group, we were able to reach people in the media and in public policy.

R - Build the organizational infrastructure and resources necessary for exemplary success in the Roadmaps aims in science, outcomes and advocacy. The MARC-ACSM Twitter feed, was the first step in creating an infrastructure which allows us to reach, expand, and inform our membership. It was very successful. The purchase of two “all in one” computers allows us to continue infrastructure building, and will allow us to engage members at the meeting about the mission of the college.

Program Overview-
The purpose of this program is to improve infrastructure of the Mid-Atlantic ACSM Regional Chapter through technology improvements. In short, expand the Twitter coverage. We put in for 2 all-in-one computers; however, due to the set-up of the building. We purchased a 40+ inch TV to angle at the Registration desk for our live Twitter feed.

Evaluation-
See our Twitter Impression page during the meeting, over 500,000 impressions.

Chapter- Mid-Atlantic
Project Title- Social Media II
SOAR Strategic Goal(s) Addressed-
This proposal falls within the "Innovation with High-Impact & Sustainable Potential” activity
area. Using video technology and taking advantage of the broad reach of social media is something that the Mid Atlantic Chapter has never done before. Using social media to spread our message will give us far greater reach than we’ve had in the past. Historically, knowledge of the chapter and the annual meeting has largely been spread through word of mouth among participating universities. A properly produced promotional video will be able to generate excitement in potential participants that we would otherwise be unable to reach. Once the model is in place, new videos can be made on an annual or biannual basis, showcasing the growth of the chapter.

Program Overview-
The purpose of this program is to develop a student directed/produced promotional video that can be used to showcase the MARC Annual Meeting, as well as other academic and professional benefits of being a MARC member. Having a promotional video will allow the chapter to take better advantage of myriad social media and other virtual outlets, as we promote the chapter and its offerings. We will use the video to showcase the chapter’s benefits and features in a short, high energy format, viewable on computers and mobile devices from virtually any location. The video will also be used as a tool to recruit new vendors, who may be wary of exhibiting at an unfamiliar event.

Evaluation-
Please see our Twitter Impression page. We had over 500,000 impressions as part of Regional Chapter Weekend. We had a higher quality Newsletter due to pictures and other media events that were generally accessible to our VP. Pictures have allowed us to communicate to our Chapter members with targeted e-mails (MailChimp). We have approximately $200 left and I’m working hard to find a student organization to produce the video. The two departments that I have approached talk about service opportunities for non-profits, but this does not seem to be a high priority. I do have one student who may be able to put a non-production quality video together if we cannot get a Communication Department to produce it for us.

Chapter- Midwest
Project Title- MWACSM Meet the Experts Program
SOAR Strategic Goal(s) Addressed-
Following in the footsteps of ACSM, the MWACSM “Meet the Experts” program aligns well with a number of items of ACSM’s current strategic plan, e.g., goal S1: Scientific Leadership (“Mobilize the scientific community and provide leadership in accelerating the advancement and dissemination of critical scientific discovery…” and goal R2: Membership (“Increase membership engagement …”). Providing another opportunity at our meeting to engage students and professionals in a meaningful way.

Program Overview-
The ACSM Regional Chapter Grant awarded to support MWACSM’s “Meet the Experts” program was utilized to extend an opportunity for professional networking and time for scientific queries with successful ACSM-affiliated scientists in a small and rich setting. Specifically, 24 students (across all levels; i.e., undergraduate, master’s and doctoral degree programs) were chosen to represent their school in an event, inspired by ACSM’s Meet the Experts program, called “Speed-Mentoring: Dinner Date with the Experts.” As the student’s “dinner date”, a group of experts dined with the students (one expert to 5-6 students per table; and approximately every 20 minutes the experts rotated to the next table for an other course of the meal, and a new set of dinner “dates”). In addition, the experts were introduced and specifically utilized during other key times (e.g., meals, receptions, etc) to heavily engage with students and junior members.

Evaluation-
According to post-event evaluations that were submitted by a portion of the participants, and informal conversations regarding the event with all of the experts indicated that the professional engagement and networking were valuable. Both the students and experts who participated in the Speed-Mentoring: “Dinner Date with the Experts” event overwhelmingly enjoyed and benefitted from it. (Two interesting, anecdotal stories to relate: One student has indicated that they applied to one of the expert’s graduate program; another indicated that they have applied for an internship at one of the expert’s clinical workplace). Additional information gleaned from the post-program evaluation survey, that will enhance our program moving forward, a number of students indicated that not only interacting with the experts was helpful, but that interacting with more senior students (e.g., undergraduate to masters or doctoral-level students) was an invaluable opportunity for growth. A specific opportunity will be added to highlight student-student engagement at the 2015 event.
Chapter- Midwest
Project Title- MWACSM Leadership & Mentorship Program Travel Support
SOAR Strategic Goal(s) Addressed-
This program directly addresses Goal R3 of ACSM’s 2014-2017 Strategic Plan, specifically with regard to increasing the role of the Midwest regional chapter as a pathway to increased involvement with ACSM and related professional fields (Action/Strategy R.3.3).

Program Overview-
This grant was proposed to support travel opportunities for individuals who are enrolled in MWACSM’s Leadership & Mentoring Program. In-person meeting opportunities are typically limited to brief contact when a mentor and mentee are both attending the regional and/or national ACSM conference. The Midwest ACSM would like to provide funding to support travel of mentors and/or participants that would allow for an additional, extended visit, further enhancing the efficacy of this program.

Evaluation-
Evaluative metrics are still evolving, but the MWACSM Leadership and Mentoring Committee has initiated a formal application process through which mentor/mentee pairs could describe specific goals of an in-person meeting, as well as a final report, in which the mentor/mentee pair would describe how those goals were achieved.

Chapter- Midwest
Project Title- MWACSM Website Migration/Upgrade
SOAR Strategic Goal(s) Addressed-
This program fell directly under Activity & Priority Area 1-Capacity and Infrastructure Building. Updating the website improved the “operations, sustainability, and institutional strength” of the Midwest ACSM region. Further, this initiative aligns with ACSM’s SOAR Strategic Plan, specifically, under the strategic portfolio of Resources – “build the organizational infrastructure and resources necessary for exemplary success in the Roadmap’s aims in science, outcomes, and advocacy” (ACSM, SOAR, 2014, p. 4). This program directly addressed Goal-R2: Membership – Increase membership engagement, diversity and size that builds organizational capacity and enables important progress, influence, and impact of SOAR, and Goal R3: Core Infrastructure – Greatly expand the influence and impact of all ACSM’s programs and infrastructure.

Program Overview-
The goal of the grant was to improve the capacity and infrastructure of the Midwest ACSM by enhancing the technology related to electronic communication. The primary objective of the project was to move from the old HTML based website format to Wordpress which allows chapter leadership to post updates and make changes without recurring costs to a paid technician and without delay. Additionally, the new website should facilitate online payment for meeting registrations and other items.

Evaluation-
Evaluation of the program is on-going and consists of monitoring website activity and comparing use of online resources through the Midwest ACSM. We were originally going to compare to previous year’s use of the HTML website, but it has been difficult to access that information. Despite the fact that the new website was not launched until August of 2014, we experienced the highest recorded attendance at the 2014 Midwest ACSM annual meeting on November 7 & 8. Registration and payment for membership, vendors, exhibitors, Graduate fair participants, and sponsors all occurred through the new website.

Chapter- New England
Project Title- Strengthening International Connections
SOAR Strategic Goal(s) Addressed-We feel the activity of the program was compatible with a few different areas. Firstly, on page three of the SOAR Strategic Plan under the heading of “FEW OF THE ACHIEVEMENTS ENVISIONED BETWEEN 2014 AND 2017” is point number 6. Greatly expand INTERNATIONAL LEADERSHIP AND COLLABORATION and in particular under O.4.2. CREATE AND IMPLEMENT AN INTERNATIONAL DEVELOPMENT PLAN FOR GLOBAL LEADERSHIP AND COLLABORATION. As a result of Dr. Tucker delivering our Clarkson Keynote Lecture, we received nothing but positive feedback from our members. By engaging an established and contemporary international leader in the field we were able to
develop a strong relationship with Dr. Tucker that we hope can foster future collaboration, talks, and visits. This will hopefully broaden the visibility that our organization has abroad and hopefully increase our international presence.

**Program Overview**

Firstly, we would like to thank ACSM for the development of this generous grant program. This grant report summarizes our goal of being able to support an International speaker at our annual fall conference. We felt that the addition of a quality International speaker would add diversity, generate excitement, and enhance marketing to increase potential registrants/attendees to our conference. We feel we have achieved this for we had over 1,000 registrants at our meeting. This year we were able to bring Dr. Ross Tucker, Consultant Scientist of the Sports Science Institute of South Africa (SSISA) and Honorary Senior Lecturer with the University of Cape Town's Exercise Science and Sports Medicine Department in South Africa who added to the international appeal, uniqueness, and quality of our program.

**Evaluation**

The informal feedback about our program, particularly Ross Tucker as one of our keynote speakers was tremendous. Additionally, attendance at the conference was superb, with over 1,000 of our members in attendance. We feel this allowed us to market an attractive program that appealed to many. We also engaged Dr. Tucker to participate in our first Student Interest Group session titled “What’s Next: Career Options” which was attended very heavily by students.

**Chapter - New England**

**Project Title - 40 Years of NEACSM**

**SOAR Strategic Goal(s) Addressed**

We feel this grant is currently and continuing to add to building a strong infrastructure by reconnecting with leaders who were critical in the forming of our Chapter and those who were leaders during the first two decades of our Chapter. Furthermore we feel the grant is addressing the SOAR Strategic Plan, particularly the area of “O.2.17. LAUNCH AT THE 2014 ANNUAL MEETING AN ON-GOING “HISTORY AND FUTURES” INITIATIVE THAT COMMEMORATES, CELEBRATES, AND EXTENDS THE ACHIEVEMENTS AND OUTCOMES OF ACSM AND THE FIELD of the SOAR Strategic Plan. We believe this project aligns very well. To date we have collected a significant amount of data including: 15 “Meet our Past Presidents” documents (please attached example). We continue to reach out to our Past Presidents to collect more data. Once our data are complete we will need to edit and compile into one document.

**Program Overview**

This past June, we were able to meet in person and interview Dr. Howard “Skip” Knuttgen, ACSM Past President 1973-74. We were able to interview and video record Dr. Knuttgen over a two hour period which gave us tremendous insight into the early days of exercise science and sports medicine in the New England region in the 1960’s and 1970’s. In November, we held a Board of Trustee luncheon at our annual Fall Conference in hopes of further connecting with our past leaders. The following individuals were in attendance: Lorraine Bloomquist, William Gillespie, Gary Skrinar, Thomas Rowland, Carol Ewing Garber, Linda Pescatello, Robert Axtell, Dino Costanzo, Deborah Riebe, Nancy O’Hare, Stella Volpe, John Castellani, Charlie Chatterton, Lara Carlson, Jeffrey Anderson, Melissa Roti, and Sean Walsh. At the lunch, a discussion was held about the current ongoing history project as well as slideshow of pictures and documents throughout the years. It was a successful event on many accounts (comments in attached document) and was a great avenue to not only connect with past leaders to discover and learn more about the history of the Chapter but also helped connect many previous leaders with current leaders in our organization. Furthermore, greater excitement was generated in regards to individuals willing to commit to interviews that are now being scheduled in the coming year as we gain more knowledge and perspective on our history. In December, Dr. Bob Axtell traveled up to Springfield College to visit their library and the archives to search for any information related to Dr. Wayne Sinning, NEACSM’s first President. It was a very productive trip with a number of important documents uncovered and attached with this email.

**Evaluation**

We have collected considerable information thus far that the organization would not have had if this project was not undertaken. This information is critical as we build our history and showcase it in numerous ways. But perhaps the most important way that we have evaluated the success of this project is the enthusiasm it has garnered from our past leaders, and in particular the re-engagement of those who played such critical roles in our organization.
throughout the years and for whatever reason have not recently been engaged with the Chapter. Please see attached document regarding positive comments received regarding this project. Lastly we have been in contact with office of the ACSM Historian and they have been very excited about this project and have been very open in supporting us with our ultimate goal of displaying this project at National ACSM in Boston in 2016.

**Chapter- Northland**

**Project Title-** Innovative Teaching Technologies for the NACSM Student Quiz Bowl

**SOAR Strategic Goal(s) Addressed-**
This project aligned with the ACSM SOAR Strategic Priorities as well as the Activity Priority Areas outlined in the original request for proposals. The ACSM SOAR Strategic Priorities document notes Science, Outcomes, Advocacy, and Resources as the four main priority areas. The current proposal aligned with all of these areas by investing in the students of the Northland ACSM. Providing students a better opportunity to become involved in the Northland chapter through the student quiz bowl allows them to showcase their knowledge of the exercise science. Through a positive learning experience in the NACSM quiz bowl we hope students will become lifelong members of the ACSM, producing positive health outcomes through their professional careers and serve as advocates within their communities. The digital clicker system improved the resources the Northland ACSM has available to support the student quiz bowl program. The purpose of the current proposal also aligns with the third Activity Priority Area outlined in the original request for proposal: Innovation with High-Impact & Sustainable Potential. The purchase of a clicker student response system to facilitate the student quiz bowl supported chapter level student education, regional meeting success, and student engagement in the Northland ACSM.

**Program Overview-**
The Northland ACSM initiated a student college quiz bowl at the fall 2008 meeting. Since the start of the college bowl, the tradition has continued to grow within the Northland regional chapter. We currently have 811 members in the Northland ACSM region and 638 of those members (79%) are student members. We pride our regional chapter at getting students involved and invested in the organization. The student quiz bowl is a great way to get young members involved and connected to the organization. Due to the large number of participating teams and the basic methodology (PowerPoint and Microsoft Excel) previously used within the regional chapter to present questions and tabulate scores, the quiz bowl takes a significant amount of time during the annual meeting. Therefore, the purpose of the present proposal was to obtain funding that would allow the Northland ACSM to upgrade the methodology used for the quiz bowl to a digital data collection system. With the funding provided by National ACSM the northland chapter purchased student response systems [http://www.turningtechnologies.com/](http://www.turningtechnologies.com/) in order to update the format used to facilitate our student quiz bowl. The PowerPoint of questions was integrated with clicker technology and students were able to select their responses digitally and then the response system would update the scores of each team automatically. Although the process of setting up the quiz bowl in this format was time consuming and tedious, the time required for the quiz bowl was significantly reduced. We sent out a survey to the student that participated in the quiz bowl and the faculty that assisted with the quiz bowl logistics and the results of the survey are highlighted within this summary report.

**Evaluation-**
Conducted an online post-event survey. 63 Quiz Bowl Participants of Fall 2014 were emailed and asked to take an online survey regarding the use of the clicker technology. The full survey results were included with the summary report and are available upon request.

**Chapter- Northwest**

**Project Title-** Improving Member Experience and Public Outreach Through Streaming Video

**SOAR Strategic Goal(s) Addressed-**
- S1 and S2 can be addressed with member access to on-demand and streaming video from some of our best presenters.
- A1 and A2 are two areas which we hope this video initiative will help us to develop. Through sharing of the knowledge our organization creates, we can better support our efforts in guiding policy and developing strategic partnerships.
- R2 and R3 are at the center of this grant. We hope this greatly improves member value. It has already given our chapter the capacity to create high quality informative videos and promotional videos.
Program Overview / Evaluation

Our 2015 Annual Conference concluded yesterday and we used the two cameras and tripod that were purchase with this grant funding to record over a half a dozen presentations. The response from both speakers and members was very positive. Speakers agreed to conditions of sharing either across our membership or to the general public. Many members asked if they were going to be able to access these videos after conference, they were delighted to get affirmation of this plan. From the time we were notified of this grant being successful (less than one year), we have established the following critical infrastructure:

- A YouTube Partner Account – Available for free to all non-profits, this provides us with the ability to host large video files at no cost. It also provides a basic mechanism for streaming.
- A total of more than one dozen videos have been recorded and uploaded to YouTube. These will be released through our website in a protected area for members only. Members will have the ability to view these on-demand.
- Streaming mechanisms are in place; however we waited to open this option up to speakers until we had the ability to clearly communicate our intentions for this project with speakers.
- We have identified and installed two video encoding software packages on an Executive Board members personal computer and have begun testing our live streaming capability.

We have received a positive response from all stakeholders, which far exceeded our expectations for the project. In a few weeks we will go live with our members’ only video portal. At this time YouTube will provide detailed statistics of views and demographics of viewers. This should provide quantitative measurement of the success of this project.

Chapter- Northwest
Project Title- Development of a Turnkey Technological Platform for the ACSM Northwest Executive Board
SOAR Strategic Goal(s) Addressed- R3-Core Infrastructure: This program addressed our need for a reliable information system. Although we began this project prior to grants being available to build core infrastructure, we continued the work with this support. Our entire board has access to cloud based portals enabling work to be done from anywhere they have an internet connection. Real-time access to our backend of our system (registration, membership and database) is possible even through mobile devices of our Executive Board. All of our board members are able to contribute to the online content and administrative processes, from anywhere at any time.

Program Overview- In 2009, we implemented a new information system with the following goals; streamlining conference registration, maintaining a dynamic web presence and improving the accuracy of our member data. Prior to 2009 our chapter had employed a Home Office Director and paid up to $5000 for Home Office/Web Duties and up to an additional $1500 on registration costs (2008). From 2009 to 2012 our chapter went through a phased transition to our new information system. We chose an online membership management system called, Wild Apricot. This system features website building tools, web hosting, a database management system and online registration. The first project we utilized the Wild Apricot software, was a new website. The decision to gravitate to an independent website was to rather than the from the free option provide by the ACSM, was the benefit of having the ability to have every board member contribute to a richer website and more current site. Next, we began to build a database. This was quite an undertaking, considering our records were rather deficient. This was, due in large part to the fact that nearly half of the members in our file-based system were being maintained by our Home Office Director did not have membership expiration dates. We are proud to note that our database accuracy has now improved because that members input their own data, which resolved problematic second person data entry errors or oversights. Finally, in 2011 we were able to actualize the final goal, by operating our first online registration for our Eugene, OR annual meeting. This was the first time members did not have to send a paper form by mail with a check for payment. During this time period, we hired an information system specialist who provided a mechanism by which board members could collaborate online, through cloudbased resources. At the core of the information system was the Google Apps suite, allowing sharing, content management and workflow control for chapter initiatives. Google has provided us with higher collaborative functionality than we had ever had before. Yet, for some, this new method of collaboration requires a greater time investment to learn new software. While we have made great progress with this initiative and have made the interface with our chapter much smoother than before, we recognize challenges that still stand in the way of progress. The effort to provide
greater member value to our members currently costs $1200 dollars annually for our subscription to Wild Apricot. Through our Executive Board’s work and the subscription to Wild Apricot we have been able to share information and initiatives from ACSM with our members. We can also provide accurate data and information about trends related to our membership to the ACSM. When we moved away from paying a home office director we were able to shift that funding to improving the member offerings at our Annual Meeting and Chapter Social at the ACSM Annual Meeting. Another benefit, is that we are now able to provide more support to our student representatives by means of increased travel funding. Through the adoption of our information system our chapter has been able to make great strides toward our goals. These changes were moves that we made without grant funding, yet they seem to fit in the first “Activity Priority Area” titled Capacity & Infrastructure Building. The changes we have made adhere to a “pay as we go” system, absent of the need for extensive technological expertise. The benefit is that the tools within Wild Apricot are fairly turn-key for new board members. Our board members manage our database, they update our website, and they monitor event registration. Our ACSM Northwest members now have a private online community that empowers them to post jobs or internships, comment on articles and connect to our social media sites.

**Evaluation**
The greatest success of this project has been Executive Board member buy-in related to the information system. In the past year, we have had a marked increase in social media and website content. The platform has enabled more initiatives to begin across our chapter and a general feeling of board members that we can take on more sophisticated projects. This year we used our information system effectively to receive abstract submissions, register student bowl teams and supported registration for our most highly attended conference to date with over 440 attendees.

**Chapter- Southwest**
**Project Title-** Technology Upgrade
**SOAR Strategic Goal(s) Addressed-**
Through the purchase of the computer, software, printer we were able to enhance the chapter’s infrastructure. The process of organizing and consolidating records is ongoing.

**Program Overview-**
The purchased a laptop computer, software, printer, and external hard drive for the purpose of enhancing the registration process at the annual meeting, to consolidate the chapter records in a central location, and to provide a mechanism for backing up chapter records.

**Evaluation-**
With the addition of the computer system, the annual meeting registration process was better organized than in previous years. We were able to process the 44 registrations received via PayPal the two days before the meeting which could not be processed until the evening before the meeting due to travel. In addition, 56 registrations hand-delivered the day before the meeting started were processed. Forty-four walk-up registrations were processed in the 1 ½ hour window before the start of the first session on Friday.

**NOTE-** The Southeast ACSM Regional Chapter was approved for two grants in 2014. These grants were for activities to be held during the chapter’s Annual Meeting which was cancelled for the first time due to an ice storm. Given the unusual circumstances, the Southeast ACSM Regional Chapter was granted approval to use the 2014 funds to conduct the same activities at their 2015 SEACSM Annual Meeting.

**Chapter Annual Reports-**
Each regional chapter is asked to provide a brief update on the chapter’s 2012 activities within the annual activity report. **Excerpts from the Regional Chapters’ Annual Activity Reports are listed below (Note- these are direct excerpts and were not edited for style or grammar):**

**Alaska Chapter-**
The Alaska Regional chapter continues to grow throughout the state. Currently we are expanding in the largest city, Anchorage. We are actively pursuing the exercise is medicine program on the University of Alaska Anchorage campus to allow for greater student participation in our chapter. This past year the chapter has involved more research based
medicine in our community outreach talks and in the composition of our board with our president elect Dr. Robert Coker who has been participating in research in rural Alaska communities related to enhancing functional activity in the youth. The chapter looks forward to membership growth particularly with our student membership and involving other health care professionals related to fitness and sport throughout the state as well as furthering the ACSM mission in the coming year.

Central States Chapter-
The Central States Chapter of the American College of Sports Medicine would like to thank the National Office for all of the continued support. The CSC also thanks the sponsors of our 2013 annual meeting. The Gatorade Sports Science Institute, Cosmed, Hans Rudolph, The University of Central Missouri, Kansas University, Vacumed. We would also like to thank our Administrative Council for their services (voluntarily) especially Andy Fry (immediate-past president) and Joe Pujol (rep to RCC). The CSC recorded very strong attendance by both professionals and students at the 2014 annual meeting and expects higher numbers next year. A Newsletter and/or e-mail blast will be issued/sent this Spring, containing information about the annual meeting, along with research being done within the CSC.

Greater New York Chapter-
The ACSM Greater New York regional chapter (GNYRC) furthered the Mission of the College through its continued focus on collaboration, education and community. GNYRC was able to bring chapter members together throughout the year both nationally at the Health and Fitness Summit and Annual Meeting, as well as locally through a social event hosted by Body Local, a “Pearls of Wisdom: Exercise is Medicine” continuing education event, and as a sponsor at Rutgers University’s 1st Human Performance Conference. Our annual meeting, partnered with Hospital for Special Surgery – the #1 hospital in the country for orthopedics – was a success both educationally and financially, with contributions from a range of medical, rehab, fitness, exercise science and nutrition professionals (MD, PT, RCEP, CES, HFS, RDN, etc.). Our commitment to the greater New York community was evident with chapter members participating in NYC’s Summer Streets and volunteering at the 14th annual Matthew Sapolin Memorial Wheelchair Basketball Tournament. Finally, to bridge collaboration, education and community, one of our 2014 grants involved the creation of Fall Prevention educational materials that were provided (and taught) to chapter members free of charge so they could share this valuable, potentially life-saving, information with their local communities.

Mid-Atlantic Chapter-
The Mid-Atlantic Chapter of the American College of Sports Medicine had another successful year. We had about 700 individuals attend the Annual Meeting in November. Eric Rawson began a Twitter campaign as one of his Presidential directives and had hundreds of individuals following him and the MARC convention. Programs such as the Twitter campaign are often grassroots efforts by the individual who starts it; however, we hope to continue to use a Twitter Team to broadcast the good news of the Annual Meeting. The Mid-Atlantic Region was able to draw a few more ACSM Certified folks from ACSM but we still get more NSCA folks. We need help from the National and Certification Office to help our Certified out. Highlights from the Annual Meeting – Attempts to fulfill the mission in the areas of basic and applied sciences as related to the foundational values of the American College of Sports medicine.

Keynote Address: Dr. Francis G. O’Conner, MD, MPH, MC, USA, Title: Exertional Rhabdomyolysis in the Athletes and Warfighters

Applied Sciences:
- Integrated Approach to Functional Movement Across the Lifespan
- Military Health and Fitness: From Playground to Battlefield
- Exercise and Weight Loss (Symposium of 3 speakers)
- High Intensity Exercise Training
- Optimizing Training Intensity
- Biomechanics: Selecting Safe and Effective Resistance Training Exercises
- Nutrition: Weight Loss and Weight Gain Dietary Supplements
- Sports Nutrition Update
- Military Medicine (5 speaker symposium)
- Biomechanics: Free Communication/Poster Session
- Basic and Applied Poster Sessions
- Pilates: Activity and Education Session
Basic Sciences
- Dysfunctional Muscle in Aging and Obesity
- High Intensity Interval Training
- Six speaker session on Peripheral Artery Disease
- Exercise and Chronic Kidney Diseases

Special Topics:
Meet the Experts
Medical/Physician Initiated Track:
- Ventricular Remodeling with Prolonged Endurance Training
- Endurance Athletes and Heat
- Marathons and Sudden Cardiac Arrest
- Update on ACSM Recommendations in Chronic Disease
- Connective Tissue Disease and Exercise
- PPE Cases: To Clear or not to Clear
- Concussion Update
- Heat Illness Update
- ECG Screening and Athletes

Research and Clinical Case Studies
- Over 100 Presentations, Clinical Case Studies, and Posters by students and professionals.

Midwest Chapter-
During calendar year 2014, the current contract with Carroll University to host the regional chapter office was not continued, and Brenda Reeves served as the Executive Director. There was no Executive Director for the Chapter until August 15, 2014. Amanda Salacinski from Northern Illinois University took over. The main initiatives for the chapter were to update the 2010-2015 Strategic Plan, to enhance financial stability, to prepare the chapter for updating its policies and procedures through better documentation and communication, and to post a Call For Proposals for the Executive Director and hosting institution for the Midwest regional chapter office was made again at the National Conference. Our membership and meeting attendance was very large this year, the largest we have ever had, 516. I am unsure of the total membership in 2014, as I have not received the emails from January to August, so I cannot calculate. However, in 2012, our final membership was 1186, and the meeting attendance was 107 professional members and 312 student members. In 2013, we had a total of 1138 members, and the meeting attendance was 92 professional members and 300 students. Previously, our average meeting attendance was 300 attendees. The year culminated with the 2014 MWACSM Annual Meeting on November 7-8 at the Radisson at Star Plaza in Merrillville, IN. As previously mentioned, we have 516 attendees. The keynote speaker was Janet Walberg-Rankin, Ph.D., FACSM. From the research perspective, there were ten symposia, 20 free communication presentations, and over 80 poster presentations. We had a poor showing for the clinical side this year. However, both CME and CEC credits were available to attendees. The chapter continued the online version for the Jeopardy-style student quiz bowl with two level-one rounds, and the top 4 teams from each of these rounds moving on to the level-two round and final Jeopardy. For more information about the Midwest Regional Chapter of the ACSM please see our website at http://www.mwacsm.org.

New England Chapter-
Our Spring meeting Back in the Game: Injury rehabilitation Through Practical Application of Basic Science was held at the University of Connecticut in April 2014. The faculty was comprised of: David Wang, MD, Craig Denegar, PT, Ph.D., ATC, Lindsey DiStefano, Ph.D., ATC, Robert Howe, MA, ATC, Michael Joseph, Ph.D., and Mark Cote, PT, DPT, MS, CTR. The 42nd Annual Fall Meeting of the New England Chapter of the American College of Sports Medicine was held in Providence, RI at the Rhode Island Convention Center. Our meeting featured expert national and international faculty to address the conference theme of Exploring New Frontiers in Sports Medicine. With speakers from South Africa, Canada and across the United States, the program included an array of presentations ranging from common to unique to controversial. Headlining our program this year was our two Keynote lectures. Dr. Ross Tucker, a scientist from the University of Cape Town and sports consultant with teams and federations including the USA Olympic Committee, Great Britain Olympic Sports Federations, International Rugby Board, South Africa Sevens Rugby, and South Africa Kayaking, delivered the Clarkson Lecture. Dr. Tucker spoke on the subject of bridging the gap between science and practice. Coming from McMaster University in Ontario to deliver the Knuttgen Lecture was Dr. Mark Tarnopolsky, a leading researcher on nutritional, exercise and pharmacological therapies
for neurometabolic and neuromuscular disorders. In addition, Dr. Tarnopolsky studies the physiological and molecular aspects of mitochondrial adaptation to exercise, aging and the metabolic syndrome. Our other Invited presentations were:

- **Living in the Fast Lane** by IndyCar driver Charlie Kimball from Chip-Ganassi Racing
- **Peripheral Uptake of Substrate During Endurance Exercise In Elite Long-Distance Runners** by Michael Davis, DVM, Ph.D., Oklahoma State
- **Form Follows Function: Intra-Operative & Clinical Perspective On Sports Injury** by Christopher Toth, DPM, Southern Maine Health Care
- **Neuromuscular Adaptability To Aging & Increased/Decreased Activity** by Michael Deschenes, Ph.D., FACSM, College of William & Mary
- **Rockin' Physiology: Finding Exercise Physiology Questions In Uncommon Places** by J. Timothy Lightfoot, PhD., RCEP, FACSM, Texas A&M
- **Emerging Concepts In Chronic Traumatic Encephalopathy** by Ann McKee, MD, Boston University
- **Exercise Therapy As Treatment For Cardiovascular Late-Effects & Cancer In The Oncology Setting** by Lee Jones, Ph.D., Memorial Sloan-Kettering Cancer Center
- **School Food & Beverage Marketing & Its Impact On School Environments** by Michele Polacsek, Ph.D., MHS, University of New England
- **President's Lecture: What's Trending In Sports Nutrition** by Stella Volpe, Ph.D., RN, LDN, FACSM, Drexel University

New this year was the Student Special Interest Group Session sponsored by the Camaione Fund. The session led by Drs. Ross Tucker, Deb Riebe, and Disa Hatfield titled “What's Next? Graduate and Career Options” was focused on the next step after earning a degree in the exercise sciences. And we continued our tradition hosting the NEACSM President’s Reception, followed by Student Scholarships, Research Awards, and the 11th Annual College Bowl. We also received a record number of abstract submissions with 59 student abstracts submitting their work for either slide or poster presentation. Finally, over $13,973 was raised this year in sponsorship for the Fall meeting.

**Northland Chapter**
The Northland Regional Chapter of the American College of Sports Medicine (NACSM) is a diverse group of professionals and students dedicated to the advancement of sports medicine and exercise science. The states in the region are: Minnesota, Nebraska, North Dakota, and South Dakota. We also have members from Iowa and Wisconsin. The NACSM strives to introduce students to the ACSM, serve as a proving ground for leadership in the ACSM, introduce the ACSM to nonmember professionals, broaden the base of participation in ACSM programs and activities and play an integral role in grass roots ACSM activities. The chapter seeks to communicate scientific information, provide stimulation, support, and a forum for research; foster professional peer interaction and professional growth. The primary vehicle for such communication is the chapter meeting. This chapter feels it is very important to offer two educational meetings each year. The NACSM Annual meeting is held in early October. This 2 day scientific meeting focuses on a specific topic of interest to professional members. The site for this meeting rotates to states in and around the regional chapter in odd numbered years and is held in Minnesota in even numbered years. The spring tutorial meeting is a one day meeting hosted by the Human Performance Laboratory of St. Cloud State University on the last Friday in March. This meeting includes many opportunities for small group discussion and hands on learning. It is highlighted by student research presentations and presentation of research awards to student presenters. Each of these meeting is offered for CEC credit. The chapter additionally offers an extensive student research awards program. The purpose of this program is to encourage students to get involved in conducting and presenting research. The spring tutorial meeting traditionally has been the chapter’s main means of providing an opportunity for students to present their research in open session. Research awards must be used to participate in ACSM and NACSM activities. As such, winners of the NACSM student award often attend their first National ACSM member under our sponsorship. Many current professional members were introduced to the ACSM by their involvement with NACSM. The chapter has developed and supports the Worksite Health Promotion Group which specifically meets the needs of professional involved in this occupation. This group is providing continuing education, networking, and other opportunities for its members.

**Northwest Chapter**
The American College of Sports Medicine advances and integrates scientific research to provide educational and practical applications of exercise science and sports medicine. The
ACSM Northwest was awarded grant funding for two initiatives focused on the chapter’s technological capabilities and infrastructure. The work done related to these grants is being reported separately. The support for Executive Board efficiency and member outreach advances the Mission of the College. Two more grants were submitted and awarded in 2015 and work has commenced on these projects and also is centered on the Mission of the College. In 2014, through a modest social media campaign and leveraging our member database we created widespread awareness of our 2015 Annual Meeting. Attendance was a record for our chapter, by over 400 attendees, nearly 100 more than a prior ACSM Northwest Meeting. We also had a record high 80 research abstracts submitted.

Rocky Mountain Chapter-
Once again, the annual RMACSM meeting was planned with the diverse backgrounds and interests of our members in mind. We provided 4 Newsletters to membership with a variety of articles that are suitable to those working with the general public. Two grant proposals were submitted to ACSM (and approved) with the goal of the first to meet needs of students who may need assistance in attending national conferences and the goal of the second to do outreach to university students to make them more aware of RMACSM and ACSM and the value of membership in both of those organizations. We look forward to increasing awareness of the mission of ACSM in locations that may not have opportunity to attend other regional conferences.

Southeast Chapter-
The Southeast Chapter furthered the mission of the College through three activities. The Chapter published a newsletter three times during the year which contained educational material for the 1600 members. The chapter sponsored a lecture tour in three states. Finally, the Chapter prepared for an annual meeting in February of approximately sixteen hours of educational lectures and scientific reports as well as opportunities for professional networking. Unfortunately due to a severe snowstorm, the meeting had to be cancelled at the last minute. Preparation is underway for the annual meeting in Feb where 800 attendees are expected.

Southwest Chapter-
The Southwest chapter annual meeting was held at a new venue in Orange County, California in 2014. Overall attendance was comparable to the 2013, although paid attendance was down by 9%, and the meeting ran a budget deficit again. The program continued to include content driven symposia and clinical presentations, thus maintaining the educational value of the meeting. The D.B. Dill Lecture was given by Dr. Carol Ewing Garber, ACSM President, *Is Exercise Physiology a Profession?* The Founders Lecture, *Intraoperative and Laboratory Measurements of Muscle Properties in Children with Cerebral Palsy,* was given by Dr. Richard Lieber, University of California, San Diego. The combined poster session/social event continues to grow with 150 posters presented. We again used PayPal for on-line pre-registration and for on-site registration for the annual meeting. The 2014 spring Board of Trustees meeting was held via teleconference as a cost-saving measure. The spring and fall newsletters were sent to the membership by e-mail. With the 2015 national ACSM meeting in San Diego, Southwest expects to host a chapter social again. Southwest was awarded a grant from ACSM to purchase a laptop computer and printer for maintaining chapter records and use in registration at the chapter annual meeting. Southwest also submitted two ACSM Chapter Grant proposals for 2015.

Texas Chapter-
The purpose of TACSM is to fulfill the objectives and purposes of ACSM as appropriate at the regional level. ACSM is a multi-disciplinary professional and scientific society dedicated to the generation and dissemination of knowledge concerning the motivations, responses, adaptations and health aspects of persons engaged in sport and exercise.

Objectives of TACSM:
- Promotion and advancement of medical and other scientific knowledge related to sport and exercise.
- Cooperation with other organizations and individuals with interests similar to those of TACSM.
- Facilitation of educational interactions among physicians, allied health professionals, scientists, educators, students and others with interests similar to those of TACSM.
- Promotion and support of student involvement in research and other professional activities.
- Introduction of students to ACSM.
- Providing training for prospective leaders of ACSM.
We attempted to fulfill these objectives primarily through the activity contained within the Fall and Spring Lecture Tours, and the programming contained within the Annual Meeting. We have made a commitment to the development of our students by offering them the opportunity to present their research in an environment that is conducive to that process for first-time presenters. We also provide a manuscript competition presentation process that allows more advanced students to present in a free communication format. We have continued to increase our student funding of the SRDA program to include doctoral and master’s students in separate grant competitions. The latter objective is fulfilled through the activity of TACSM Board members in their respective roles. The TACSM Student Bowl continues the thrive with 16 schools being represented at our 2014 Annual Meeting. The winning team competed at the ACSM Student Bowl in Orlando on behalf of the Texas Regional Chapter. Each member of the winning team received $500 towards their travel expenses to the ACSM Annual Meeting in Indianapolis. In 2014, we made plans and preparations to continue moving TACSM to the forefront in terms of technology and engagement. To this end, we began the planning and implementation process to use an electronic meeting app at our 2015 Annual Meeting. This will replace all paper materials, while allowing better collection of feedback from attendees. Using this app, we will also be able to offer a new category of poster awards called the “Membership Poster Awards.” Due the flexibility of our app, the 500+ attendees will be able to vote on the 70+ student abstracts/presentations that will be given at the meeting with the highest scoring 10 being recognized at the awards ceremony. Also, we have developed a new scoring system for abstracts that was first implemented in 2014 on a pilot basis and will be fully implemented in 2015. This system allows us to pre-judge abstracts before the meeting and provide the best overall experience to students. TACSM has always been dedicated and will remain dedicated to a student first focus.

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

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

1. COMMITTEE NAME: Research Awards

2. REPORT DATE: 5/15/2015

3. SUBMITTED BY: Tongjian You, Ph.D., FACSM, Chair

<table>
<thead>
<tr>
<th>ACTION ITEMS FOR BOARD CONSIDERATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHOULD BE SUBMITTED ON THE ACTION ITEM FORM</td>
</tr>
</tbody>
</table>

4. PROGRESS UPDATES IN REGARD TO SOAR: N/A

5. OTHER ADDITIONAL UPDATES: Research awards review was completed in February 2015, and a committee conference call was held on April 29, 2015. The committee chair and liaison will available to meet with committee members at the Annual Meeting.

6. INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES: No

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

1. **COMMITTEE NAME:** Research Review Committee

2. **REPORT DATE:** May 6, 2015

3. **SUBMITTED BY:**
   Lacy Alexander, PhD, FACSM
   Karyn Hamilton, PhD, FACSM (Co-Chairs)

**ACTION ITEMS FOR BOARD CONSIDERATION SHOULD BE SUBMITTED ON THE ACTION ITEM FORM**

4. **PROGRESS UPDATES IN REGARD TO SOAR:** We are reviewing prospective grants administration software packages that will enhance the ACSM Foundation Research Grant Program. In addition, we will be expanding the scope of Foundation Grant RFAs to parallel future research priorities of the College.

5. **OTHER ADDITIONAL UPDATES:**
The following grants were reviewed and ranked for Foundation funding in March 2015:

*ACSM Research Endowment*
Marcia J. Abbott - $10,000.00
Chapman University
   "AMP-activated Protein Kinase as a Direct Regulator of the Myokine IL15"

Daniel Gagnon - $9,840.00
Institute for Exercise and Environmental Medicine – Dallas
   "The Frank-Starling Curve During Heat Stress in Healthy Aged Humans"

Nathan T. Jenkins - $10,000.00
University of Georgia
   "Influence of Exercise Intensity on CD62E+ Circulating Angiogenic Cells"

Anna E. Stanhewicz - $10,000.00
Pennsylvania State University
“Skin Sympathetic Nerve Activity and Attenuated Reflex Vasodilation in Older Adults”

ACSM Foundation Doctoral Student Research Grants
Jacob M. Allen - $5,000.00
University of Illinois at Urbana-Champaign
“The Effects of Exercise on Gut Short Chain Fatty Acids and Regulatory T-Cells”

Lindsey M. Avery - $5,000
University of Southern California
“High-intensity Interval Training for Breast Cancer Patients During Trastuzumab Use”

Daniel H. Craighead - $5,000.00
Pennsylvania State University
“The Effect of ACE Inhibitors on Microvessel Structure and Function”

Aaron J. Done - $4,972.00
Northern Arizona University
“Does Acute Exercise Activate NRF2 in Humans?”

John Guers - $5,000.00
University of Delaware
“The Effect of Exercise on Sodium Induced Endothelial Dysfunction Independent of Blood Pressure Change”

Justin Perry Hardee - $4,842.00
University of South Carolina
“The Cachectic Skeletal Muscle Response to Low- and High-frequency Electrical Stimulation”

Jin Hee Jeong - $5,000.00
The University of Illinois at Urbana-Champaign
“Examination of Factors Affecting the Safety of Intradialytic Exercise in Hemodialysis Patients”

Hawley E. Kunz - $5,000.00
University of Houston
“Enhancing Adenovirus-specific Immunity with Exercise: Role of Adrenergic Receptors”

Sanghee Park - $5,000.00
East Carolina University
“Regulation of Glucose Metabolism by Muscle Contractile Activity and Resveratrol”

Meghan G. Ramick - $5,000.00
University of Delaware
“The Effect of Dietary Nitrates on Physical Performance and Vascular Function in CKD”

Lindsay A. Tanskey - $5,000.00
Tufts University

“He An Investigation of Summer Weight Change in Elementary School Students”

Heather L. Vellers - $5,000.00
Texas A&M University

“The Effect of Chronic Overfeeding on Voluntary Physical Activity”

Zachary Zenko - $4537.95
Iowa State University

“Making Exercise More Pleasant for Sedentary People with Obesity”

Carl V. Gisolfi Memorial Fund
Matthew T. Wittbrodt - $5,000.00
Georgia Institute of Technology

“Dehydration-Mediated Changes to Brain Activity and Morphology During Motor Tasks: Does Sex Matter?”

Clinical Sports Medicine Endowment
Robert C. Lynall - $4,995.00
University of North Carolina at Chapel Hill

“Functional Movement Deficits Following Sport-Related Concussion”

NASA Space Physiology Research Grant
Anita V. Mantri - $4,844.00
Texas A&M University

“Modulation of Bone Response to Exercise and Disuse by Oral Contraceptive Use”

Amanda L. Zaleski - $5,000
University of Connecticut

“The Effect of Compression Socks on Blood Clot Risk During Travel in Oral Contraceptive Using Women”

Paffenbarger-Blair Fund for Epidemiological Research on Physical Activity
Youngdeok Kim - $9,976.00
Texas Tech University

“Day-to-day Reciprocal Associations of Sleep, Physical Activity, and Sedentary Behavior Among Adolescents: An Autoregressive Cross-lagged Modeling Approach”

Raymond and Rosalee Weiss Research Endowment
Elena Ivanova - $1,497.00
McGill University

“Why Adults with Symptoms of Anxiety May Prefer Low Exercise Intensities? Implications for Exercise Enjoyment and Adherence”
Twenty-three awards totaling - $135,503.95

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:** ~One third of the committee could not make it to Indianapolis for the 2015 study section due to weather issues, so RRC should be significantly under budget.

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

1. **COMMITTEE NAME:** Scientific Content Advisory Committee ad hoc

2. **REPORT DATE:** May 18th, 2015

3. **SUBMITTED BY:** Joseph W. Starnes, PhD, FACSM, Chair

---

**ACTION ITEMS FOR BOARD CONSIDERATION**
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

---

4. **PROGRESS UPDATES IN REGARD TO SOAR:**
   *Note: The strategic activities of this committee feed up through the SOAR objectives for the Publications Committee - any updates pertaining to the 2 ad hoc content advisory committees are located in the Publications Committee report.*

5. **OTHER ADDITIONAL UPDATES:**

   5.1 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.

   5.2 In 2014 and 2015, the committee started and completed the content review on *ACSM’s Research Methods*.

   5.3 In 2015, the committee will be appointing a book editor/author for *ACSM’s Introduction to Exercise Science 3e*

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:** None

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

1. **COMMITTEE NAME:** Science Integration & Leadership Committee

2. **REPORT DATE:** May 8, 2015

3. **SUBMITTED BY:** P. Darrell Neufer, Ph.D., Chair

**ACTION ITEMS FOR BOARD CONSIDERATION SHOULD BE SUBMITTED ON THE ACTION ITEM FORM**

4. **PROGRESS UPDATES IN REGARD TO SOAR:**
Science Integration and Leadership Committee (SILC) has continued building on its goal of expanding influence on NIH activities. ACSM has been working diligently with NIH and numerous members of SILC regarding the possibility of including a physical activity research program within the NIH Common Fund. Inclusion in the Common Fund would provide expanded research funding, a top trans-NIH priority, and an overall result that many within NIH have characterized as being transformative for exercise science. The intent of the NIH Common Fund, mandated by Congress, is to give high priority and support to important areas of scientific discovery and health that would serve as a catalyst and momentum-builder during the Common Fund inclusion, and then continue after its run of many years.

The committee will continue its discussion on a proposal from the Pennington Biomedical Research Center to partner with ACSM on developing a Roadmap Committee for the Advancement of Physical Activity and Health Research. As part of a strategic partnership between ACSM and Pennington, it is proposed that a series of scientific symposia and roundtable meetings, to include numerous investigators from additional university settings, be held on topics aligned with the mission of both organizations. The overarching goal of these activities would be on defining the complex relations between physical activity or exercise and health with the aim of identifying the key scientific questions to be addressed in order to fill existing gaps in knowledge. SILC will make a recommendation to the BOT on this issue in San Diego.

5. **OTHER ADDITIONAL UPDATES:**
SILC has a number of subcommittees that actively meet throughout the year underscoring progress in a number of targeted areas: They include:

**NExTNet:** Subcommittee member Bamman organized a meeting at UAB focused on NExTNet, which ACSM co-sponsored. The goal of the group is to facilitate rigorous,
multi-site exercise clinical trials via the “Phase III Clinical Trials” model – the most effective approach to evaluating any form of therapy or intervention. To advance the field and have a sustained impact on clinical care and prevention strategies, multi-site trials are needed to fill major knowledge gaps in exercise biology and medicine (e.g., exercise dose-response relationships; exercise-drug/device interactions; exercise genomics and responder/non-responder phenotypes/genotypes; exercise as a discovery tool; disease and population specificity; behavioral medicine). Small multicenter projects are underway.

**Medical Education**: Subcommittee member Trilk is leading the effort to incorporate exercise physiology into medical school curriculum. ACSM is taking the lead on developing the strategic pathway to have training in exercise in medical school curriculum. Trilk and Phillips are responsible for establishing LMed which encompasses *Lifestyle Medicine Curricula: An Initiative to Include Lifestyle Medicine in Our Nation’s Medical Schools*. ILM (PI) and USCSOG (co-PI) received bridge funding from the Ardmore Institute of Health that will support the rest of the year for:

1. Continuation Website Development and Web Presence
2. Finding Champions in each school
3. Curriculum Mapping

**The subcommittee on research roundtables and specialty conferences** worked with staff members Senior and Cotton to review and recommend to the BOT: Guidelines for Pre-exercise Health Risk Assessment: optimizing safety while minimizing barriers. They also reviewed and approved “Call to Action on Making Physical Activity Assessment and Prescription a Medical Standard of Care” which took place April 27-28, 2015 @ the Kaiser Permanente Center for Total Health, Washington, DC. A manuscript is being developed with outcomes to publish in *Clinical Sports Medicine Reports*, and possibly co-publish in another high impact journal.

**FASEB subcommittee** member Ray submitted a proposal for ACSM to author a Breakthroughs article for FASEB. FASEB MARC (Maximizing Access to Research Careers) Program has announced the travel award recipients for the American College of Sports Medicine’s 2015 Annual Meeting from May 26-30, 2015 in San Diego, CA. These awards are meant to promote the entry of students, post doctorates and scientists from underrepresented groups into the mainstream of the basic science community and to encourage the participation of young scientists at the 2015 ACSM Annual Meeting. This year MARC conferred 32 award totaling $59,200.

The FASEB MARC Program is funded by a grant from the National Institute of General Medical Sciences, National Institutes of Health. A primary goal of the MARC Program is to increase the number and competitiveness of underrepresented groups engaged in biomedical and behavioral research.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES**: Slightly under budget due to on-site SILC meeting moving from a dinner to a breakfast slot.
Committee Semiannual Report
to the ACSM Board of Trustees
May 30, 2015 · Board Meeting · San Diego, CA

1. COMMITTEE NAME: SHI-Aging

2. REPORT DATE: May 6, 2015

3. SUBMITTED BY: David Buchner, MD, PhD, FACSM, Chair

ACTION ITEMS FOR BOARD CONSIDERATION
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

4. PROGRESS UPDATES IN REGARD TO SOAR: The SHI – Aging Committee is committed to the following goals delineated in SOAR:
   • Ensure activities related to physical activity and aging are included in ACSM initiatives.
   • Implement strategic initiatives to support physical activity in older adults.

4.1 The SHI-Aging Committee recently published the following manuscript in MSSE December 2014:
Activity-Related Energy Expenditure in Older Adults: A Call for More Research

HALL, KATHERINE S.1,2,3; MOREY, MIRIAM C.1,2,3; DUTTA, CHHANDA4; MANINI, TODD M.5; WELTMAN, ARTHUR L.6; NELSON, MIRIAM E.7; MORGAN, AMY L.8; SENIOR, JANE G.9; SEYFFARTH, CHRIS9; BUCHNER, DAVID M.10

The purposes of this article were to 1) provide an overview of the science of physical activity–related energy expenditure in older adults (≥65 yr), 2) offer suggestions for future research and guidelines for how scientists should be reporting their results in this area, and 3) present strategies for making these data more accessible to the layperson. This article was meant to serve as a preliminary blueprint for future empirical work in the area of energy expenditure in older adults and translational efforts to make these data useful and accurate for older adults. This document was based upon deliberations of experts involved in the Strategic Health Initiative on Aging Committee of the American College of Sports Medicine. The article was designed to reach a broad audience who might not be familiar with the complexities of assessing energy expenditure, especially in older adults.

4.2 Dr Buchner represented the SHI-Aging Committee at the ACSM Research Roundtable entitled: Guidelines for Pre-exercise Health Risk Assessment.

4.3 Several members of the committee are working on another major project in the policy arena. Monte Ward has been assisting in this effort.
5. **OTHER ADDITIONAL UPDATES:**
Committee members continue to submit excellent symposia for Annual Meeting programming. Two examples for 2015 include:
- Highlighted Symposium: Giving your Brain a Workout: The impact of PA on Cognitive Function across the Lifespan; J Carson Smith, et al
- Tutorial Lecture: Statin Administration and Exercise in Older Adults – What are the Risks and Benefits? Marni Boppart, et al

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

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

1. COMMITTEE NAME: SHI-Behavioral Health Strategies

2. REPORT DATE: April 29, 2015

3. SUBMITTED BY: Amy Rickman, PhD, RD, LDN, FACSM; David X. Marquez, PhD, FACSM, FGSA (co-chairs)

4. PROGRESS UPDATES IN REGARD TO SOAR:
   Update 4.1 for Key Direction to increase the number of behavioral presentations by members of the committee: a) Joint symposium between SBM and ACSM titled: “Technology, Exercise, and Health Care: Using Exercise is Medicine” was accepted and presented at SBM on Friday, April 24, 2015. b) David Marquez submitted a proposal to ACSM endorsed by the SHI Behavioral Health Strategies Committee to be presented at the annual 2015 meeting that unfortunately was not accepted.

   Update 4.2 for Key Direction to increase behavioral tools and resources for EIM: Members of the committee have been working to compile a list of top behavioral resources to submit to Lynette Craft for MOSAIC by May 2015.

5. OTHER ADDITIONAL UPDATES:
   Update 5.1: David Marquez continues to serve as co-chair to the committee with Amy Rickman. Rickman and Marquez continue to remain in contact, working on the committee SOAR initiatives.

   Update 5.2 The committee will continue to discuss how to better “market” the banner for Behavioral Strategies for MSSE submissions-especially to SBM members.

   Update 5.3 The committee continues to recommend appointing a behavioral person to each content relevant committee within ACSM.

   Update 5.4 The committee will continue to look at successful SHI committees’ models (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 success strategies to better support ACSM’s mission.

   Update 5.5 The committee anticipates working with the new Editor-in-Chief of the forthcoming Translational Journal of the American College of Sports Medicine to discuss ways of promoting and publishing the work of our SHI.

6. INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES: None at this time.
1. **COMMITTEE NAME:** SHI on Health Equity

2. **REPORT DATE:** May 13, 2015

3. **SUBMITTED BY:** Rebecca Hasson, PhD, Chair

<table>
<thead>
<tr>
<th>ACTION ITEMS FOR BOARD CONSIDERATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHOULD BE SUBMITTED ON THE ACTION ITEM FORM</td>
</tr>
</tbody>
</table>

4. **PROGRESS UPDATES IN REGARD TO SOAR:**

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 DC a few years ago. Lastly, the finalized 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®*.

In January, the SHI Health Equity Certification Subcommittee along with outside experts and ACSM staff members had a very successful 2-day meeting at ACSM headquarters developing a comprehensive outline for the Health Equity certificate program. Subcommittee members present were: NiCole Keith, TaShauna Goldsby, Nailah Coleman, Lisa Barkley and Rebecca Hasson. Our outside experts included: Alfreda Rooks, Director of the University of Michigan Health System Community Programs and Services as well as Gerry Rosen, a psychometrician who frequently consults with ACSM. Staff members and affiliates included: Dick Cotton, Chris Sawyer, and ACSM CEO Jim Whitehead. The committee will continue to revise the outline and work with Dick Cotton and others to develop the content and material for the certificate.

An update regarding the Health Equity Report card will be presented to the committee at the Annual Meeting by Nailah Coleman and David Brown.

5. **OTHER ADDITIONAL UPDATES:** None at this time.

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

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

1. **COMMITTEE NAME:** SHI-Women
2. **REPORT DATE:** 05/11/2015
3. **SUBMITTED BY:** Laura Q. Rogers, MD, MPH, FACP, FACSM (Chair)

| ACTION ITEMS FOR BOARD CONSIDERATION |
| SHOULD BE SUBMITTED ON THE ACTION ITEM FORM |

4. **PROGRESS UPDATES IN REGARD TO SOAR:**
   - Resources: Survey of Rathbone Breakfast attendees re programming priorities created and administered; results to be discussed at committee meeting in San Diego
   - Advocacy: Ongoing support for Female Athlete Triad Coalition by maintaining representation of related experts on the SHI-Women committee
   - Science: List of committee members with expertise to be made available to MSSE by way of Dr. Larson-Meyer once draft approved by committee members in San Diego
   - Science: Program ideas to be submitted by committee members after San Diego meeting; committee members volunteered to present symposium on women/adolescent female health similar to last year’s national meeting presentation at the upcoming regional meeting for MARC-ACSM
   - Resources & Science: Assisted Lynette Craft with ideas related to MOSAIC planning; MOSAIC on agenda for SHI-Women committee meeting in San Diego

5. **OTHER ADDITIONAL UPDATES:**
   - Preparations for Rathbone Memorial Breakfast are ongoing and nearly complete.
   - Provided comment on Safe Sport International initiative

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:** None

+++
Committee Semiannual Report

to the ACSM Board of Trustees

May 30, 2015 · Board Meeting · San Diego, CA

1. COMMITTEE NAME: SHI-Youth Sports & Health

2. REPORT DATE: May 6, 2015

3. SUBMITTED BY: Anthony Luke, M.D. FACSM, Committee Chair

4. PROGRESS UPDATES IN REGARD TO SOAR:
   • Draft Lydstedt document by end of the year and completed by summer 2015. Will review a draft during the annual meeting.
   • Physical education topic will be started during annual meeting. Committee will assign working group during AM 2015.
   • Will continue coordinating liaisons for the 4 pediatric sports medicine related committees with the annual meeting this year.

5. OTHER ADDITIONAL UPDATES:
   • Working with Fit Society Committee to develop a youth themed newsletter.
   • Continuing to be available to Radio MD for youth related topics.

6. INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:

   No

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

1. COMMITTEE NAME: Student Affairs Committee

2. REPORT DATE: April 29, 2015

3. SUBMITTED BY: David Ferguson, Ph.D., Chair

ACTION ITEMS FOR BOARD CONSIDERATION
SHOULD BE SUBMITTED ON THE ACTION ITEM FORM

4. PROGRESS UPDATES IN REGARD TO SOAR:

See attached SOAR document:

1) We have doubled our Facebook likes since November and are currently working on webinars
2) We have restructured the student colloquium and created ACSM student day which will
   encompass the colloquium, student bowl, and student social
3) We are reformatting our action item request for the President’s Cup Poster Session.
4) We have planned the Early Career day Pre Conference with new speakers.
5) We have partnered with the American physical therapy association to recruit clinical students
to ACSM.

5. OTHER ADDITIONAL UPDATES:

Student activities planned by the SAC for the 2015 Annual Meeting

Student Colloquium for the 2015 Annual Meeting

Description: This session will give 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 at the 2015 Annual Meeting
This session is being planned for the 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 Help Desk at the 2015 Annual Meeting**
This is 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 Volunteer Program for the 2015 Annual Meeting**
Students registered for the meeting are offered an opportunity to help ACSM staff in needed areas. As a benefit, they receive half their registration refunded post-meeting. This incentive continues to benefit students looking to offset the cost of attending the national meeting.

**Student and Early Career Day Preconference at the 2015 Annual Meeting**
The event is being held again this year for students and early professionals to attend.

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE'S ACTIVITIES:** None

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

1. **COMMITTEE NAME:** Professionals Against Doping In Sports
   (USADA – ACSM Task Force)

2. **REPORT DATE:** May 18, 2015

3. **SUBMITTED BY:** Carl Foster, PhD, FACSM, Chair

<table>
<thead>
<tr>
<th>ACTION ITEMS FOR BOARD CONSIDERATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHOULD BE SUBMITTED ON THE ACTION ITEM FORM</td>
</tr>
</tbody>
</table>

4. **PROGRESS UPDATES IN REGARD TO SOAR:**
   Jim Whitehead has had strategic visioning conversations with Don Hooten and the
   Taylor Hooten Foundation regarding a re-defined PADS 2.0. Paul Giese will
   coordinate a conference call of active PADS members following the annual meeting, to
   conduct updates and ideation, including more involvement by ACSM clinical
   leadership.

5. **OTHER ADDITIONAL UPDATES:** None

6. **INDICATE IF THERE ARE SIGNIFICANT VARIANCES FROM BUDGET FOR THE COMMITTEE’S ACTIVITIES:**

   +++
PRELIMINARY AGENDA

ACSM BOARD OF TRUSTEES
Saturday, May 30, 2015, 12:30 p.m. - 4:00 p.m. PACIFIC
San Diego, California – Hilton Bayfront, Sapphire

12:30pm EDT – 1:15pm

I. CALL TO ORDER
   Armstrong
   A. Distribution of Proxies
   B. Introductions

II. APPROVAL OF MINUTES
    Armstrong
    A. November 8, 2014, Board of Trustees Meeting
       Action: Vote on minutes from the Indianapolis Board meeting

III. PRESIDENT’S COMMENTS
     Armstrong

IV. EXECUTIVE VICE PRESIDENT’S COMMENTS
    Whitehead

V. TREASURER’S REPORT
    Foster
    A. 2014 Audit Report and 2015 Performance Dashboard

VI. FOUNDATION REPORT
    Pivarnik

1:15pm EDT – 2:00pm

VII. COMMITTEE REPORTS WITH ACTION ITEMS
     (Pending action items generated by committees in San Diego)

2:00pm EDT – 2:30pm

VIII. STRATEGIC DIRECTIONS
      Ewing Garber/Whitehead
      A. Approval of SOAR Key Directions and Plans from selected committees
2:30pm EDT – 2:45pm

IX. BREAK AND TRUSTEE CAUCUS

2:45pm EDT – 4:00pm

X. BRIEF FYI UPDATES AND REPORTS

A. Exercise is Medicine™ Hutber
B. American Fitness Index™ Ainsworth
C. Health Club Standards and Accreditation Garber
D. Other TBD

4:00pm

XI. NEXT MEETING

XII. ADJOURNMENT
OTHER ITEMS FOR DISCUSSION

WILL BE PRESENTED

ON SITE