2018 Physical Activity Guidelines for Americans
Advisory Committee Role

• Identify and develop topics/questions to answer
• Implement systematic literature reviews
• Synthesize evidence
• Draft conclusions and grade evidence
• Develop 2018 Physical Activity Guidelines Advisory Committee Scientific Report
• Ken Powell, MD, MPH, FACSM, Co-chair
  Retired, CDC and Georgia Department of Human Resources
• Abby C. King, PhD, Co-chair
  Stanford University School of Medicine
• David Buchner, MD, MPH, FACSM
  University of Illinois
• Wayne Campbell, PhD
  Purdue University
• Loretta DiPietro, PhD, MPH, FACSM
  George Washington University
• Kirk I. Erickson, PhD
  University of Pittsburgh
• Charles H. Hillman, PhD
  Northeastern University
• John M. Jakicic, PhD
  University of Pittsburgh
• Kathleen F. Janz, EdD, FACSM
  University of Iowa

• Peter T. Katzmarzyk, PhD
  Pennington Biomedical Research Center
• William E. Kraus, MD, FACSM
  Duke University
• Richard F. Macko, MD
  University of Maryland School of Medicine
• David Marquez, PhD, FACSM
  University of Illinois at Chicago
• Anne McTiernan, MD, PhD, FACSM
  Fred Hutchinson Cancer Research Center
• Russell R. Pate, PhD, FACSM
  University of South Carolina
• Linda Pescatello, PhD, FACSM
  University of Connecticut School of Medicine
• Felecia C. Whitt-Glover, PhD, FACSM
  Gramercy Research Group
2018 Physical Activity Guidelines
Subcommittees

• **Aging**
  Chair: Loretta DiPietro

• **Brain Health**
  Chair: Kirk Erickson

• **Cancer – Primary Prevention**
  Chair: Anne McTiernan

• **Cardiometabolic Health and Weight Management**
  Chair: John Jakicic

• **Dose Response**
  Chair: Bill Kraus

• **Individuals with Chronic Conditions**
  Chair: David Buchner

• **Promotion of Physical Activity**
  Chair: Abby King

• **Sedentary Behavior**
  Chair: Peter Katzmarzyk

• **Youth**
  Chair: Russ Pate
Physical Activity Guidelines Development and Implementation

Committee Established

Public Comments to Committee

Public Committee Meetings: Review of Science

Advisory Report Submitted to HHS Secretary

HHS Develops Policy Document

Reflected in Federal Initiatives and Resources

Phase 1

Phase 2

Phase 3

Phase 4
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| Summer-Fall 2017 | • Subcommittees continue review of evidence to address questions  
                      • Scientific Report is drafted  
                      • Public meetings in July and October |
| Winter 2017    | • Committee submits Scientific Report to HHS Secretary  
                      • Committee disbands |
| Spring-Summer 2018 | • Scientific Report made available to public to provide comments to the government  
                      • HHS prepares the Guidelines using the PAGAC Scientific Report, public comments, and federal agency feedback |
| Fall-Winter 2018 | • HHS publishes the second edition of the *Physical Activity Guidelines for Americans* |
1. In children under age 6, is physical activity related to health outcomes?
   a. What is the relationship between physical activity and adiposity/weight status?
   b. What is the relationship between physical activity and bone health?
   c. What is the relationship between physical activity and cardiometabolic health?
   d. Are there dose-response relationships? If so, what are the shapes of those relationships?
   e. Do the relationships vary by age, sex, race/ethnicity or socioeconomic status?
2. In children and adolescents, is physical activity related to health outcomes?
   a. What is the relationship between physical activity and cardiorespiratory and muscular fitness?
   b. What is the relationship between physical activity and adiposity/weight status? Does physical activity prevent or reduce the risk of excessive increases in adiposity/weight?
   c. What is the relationship between physical activity and cardiometabolic health?
   d. What is the relationship between physical activity and bone health?
2. In children and adolescents, is physical activity related to health outcomes? (continued)
   e. Do the relationships vary based on type and/or intensity of physical activity?
   f. Are there dose-response relationships? If so, what are the shapes of those relationships?
   g. Do the relationships vary by age, sex, race/ethnicity or socio-economic status?
3. In children and adolescents, is sedentary behavior related to health outcomes?
   a. What is the relationship between sedentary behavior and weight status/adiposity?
b. Is there a dose-response relationship? If yes, what is the shape of the relationship?
c. Does the relationship vary by age, sex, race/ethnicity, or socio-economic status?
d. Is the relationship independent of light, moderate, or vigorous intensity physical activity?
Thanks!