

# THE SECRETARY OF HEALTH AND HUMAN SERVICES WASHINGTON, D.C. 20201

# CHARTER 2018 PHYSICAL ACTIVITY GUIDELINES ADVISORY COMMITTEE

#### **AUTHORITY**

The 2018 Physical Activity Guidelines Advisory Committee (2018 PAGAC; Committee) is authorized under 42 U.S.C. 217a, Section 222 of the Public Health Service Act, as amended. The Committee is governed by provisions of the Federal Advisory Committee Act (FACA), Public Law 92-463, as amended (5 U.S.C., App.), which sets forth standards for the formation and use of federal advisory committees.

#### **OBJECTIVES AND SCOPE OF ACTIVITIES**

The *Physical Activity Guidelines for Americans* (PAG) provides science-based advice on how physical activity can help promote health and reduce the risk of chronic disease. The PAG serves as the benchmark and primary, authoritative voice of the federal government for providing science-based guidance on physical activity, fitness, and health for Americans. The 2018 PAGAC will provide independent advice and recommendations based on current scientific evidence for use by the federal government in the development of the 2<sup>nd</sup> edition of the PAG. The PAG provides a foundation for federal recommendations and education for physical activity programs for Americans, including those at risk for chronic disease. The PAG was first published by the U.S. Department of Health and Human Services (HHS) in 2008; the *Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity Among Youth* was released in 2013.

#### **DESCRIPTION OF DUTIES**

The work of the Committee is solely advisory in nature. The Committee will be established for the single, time-limited task of reviewing the current edition of the PAG and conducting an evidence-based systematic literature review of physical activity and health for use in developing physical activity recommendations to promote health and reduce chronic disease risk. The Committee will take into consideration new scientific evidence and current resource documents and develop a scientific report to be submitted to the Secretary of HHS that outlines its science-based recommendations and rationale. The scientific report will be used by the federal government to develop the second edition of the PAG. The Secretary or the designated representatives may act upon the Committee's conclusions, advice, and recommendations. The Committee's duties do not include developing the policy, a draft of the policy, or determining how future policy might be implemented by the federal government.

# AGENCY OR OFFICIAL TO WHOM THE COMMITTEE REPORTS

The 2018 PAGAC will provide advice to the Secretary of Health and Human Services, through the Assistant Secretary for Health. The Committee will provide a report to the Secretary, outlining their recommendations and rationale for the second edition of the PAG. The Assistant Secretary for Health will provide guidance and oversight for the Committee's function and activities.

#### **SUPPORT**

Management and support services for the Committee will be provided within the Office of the Assistant Secretary for Health (OASH) by the Office of Disease Prevention and Health Promotion (ODPHP). The ODPHP is a program staff office within OASH; OASH is a staff division in the HHS Office of the Secretary.

ODPHP will collaborate with the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the OASH program staff office for the President's Council on Fitness, Sports & Nutrition (PCFSN).

# ESTIMATED ANNUAL OPERATING COSTS AND STAFF YEARS

The estimated annual cost to HHS for operating the Committee, including a systematic literature review, travel and per diem expenses for Committee members, but excluding staff support is \$1,167,500. This cost will be shared between OASH, CDC, and NIH. It is estimated that the annual person-years of HHS staff support required is 7.5 FTEs, at an estimated cost of \$830,062

#### DESIGNATED FEDERAL OFFICER

The HHS Assistant Secretary for Health will appoint seven Co-Executive Secretaries to support the Committee, two each from ODPHP, CDC, and NIH, and one from the OASH staff office for the PCFSN. One of the ODPHP Co-Executive Secretaries will be appointed to serve as the Designated Federal Officer (DFO), and the other will be appointed to serve as the Alternate DFO. The DFO and Alternate DFO will be full-time or permanent part-time employees.

The DFO will schedule and approve all meetings of the Committee, in collaboration with the Co-Executive Secretaries, and make logistical arrangements that are necessary for meetings of the Committee. The DFO will prepare and approve all meeting agendas, in collaboration with the Co-Executive Secretaries; development of the meeting agenda also can include consultation with the Committee leadership.

The DFO or other official to whom the authority has been delegated will be present at all meetings of the full Committee and any subcommittees that have been established. The DFO has authority to adjourn meetings, and may also chair the Committee meetings when directed to do so by the Assistant Secretary for Health and/or other authorized official.

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# ESTIMATED NUMBER AND FREQUENCY OF MEETINGS

The Committee is expected to meet approximately five times during the course of its operation. It is required that at least two-thirds of the appointed members be present for the Committee to meet to conduct business. Meetings will be open to the public, except as determined otherwise by the Secretary of HHS or other official to whom this authority has been delegated, in accordance with guidelines under Government in the Sunshine Act at 5 U.S.C. 552b(c) and the FACA. Notice of all meetings will be provided to the public through a *Federal Register* notice. Meetings will be conducted and records of the proceedings will be kept, as required by FACA.

#### DURATION

The Committee is established to accomplish a single, time-limited task. The Committee will complete the mission for which it was established within two years from the date this charter is filed.

#### **TERMINATION**

Unless renewed by appropriate action, the Committee will terminate after delivery of its final report to the Secretary of HHS or two years from the date this charter is filed, whichever comes first.

# MEMBERSHIP AND DESIGNATION

The Committee will be composed of 11 to 17 members. One or more members will be selected to serve as the Chair, Vice Chair, and/or Co-Chairs. The Committee will consist of respected published experts in designated fields and specific specialty areas. Individuals appointed to serve on the Committee will have demonstrated expert knowledge of current science in the field of human physical activity and health promotion or the prevention of chronic disease. Committee members selected should have experience in one or more of the following specific specialty areas related to physical activity, including but not limited to: health promotion and chronic disease prevention; bone, joint, and muscle health and performance; obesity and weight management; physical activity and risk of musculoskeletal injury; physical activity and cognition; physical activity within specific settings, such as preschool/childcare, schools (e.g. activity breaks, physical education), or the community/built environment; physical activity doseresponse; sedentary behavior; behavior change; systematic reviews; and special populations including children, older adults, individuals with disabilities, or women who are pregnant. Individuals are selected to serve as members of the Committee based upon their qualifications, level of expertise and knowledge, and ability to contribute to the work to be performed by the Committee. All appointed members of the Committee are special government employees (SGEs); there are no representative members. Individuals will not be appointed to serve as members of the Committee to present the viewpoints of any specific group, but to represent balanced viewpoints of the scientific evidence review sought by the government to meet the Committee's charge.

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Members will be appointed by the Secretary of HHS and invited to serve for the duration of the Committee. Pursuant to an advanced written agreement, the appointed members will receive no compensation for the advisory service they render during their tenure on the Committee. However, as authorized by law and in accordance with federal travel regulations, members of the Committee will receive per diem and reimbursement for travel expenses incurred for public meetings.

# **SUBCOMMITTEES**

To accomplish its mission, and with approval of the Secretary or designated official, the Committee may establish subcommittees that are composed of members of the parent committee and non-member special consultants and/or individuals with demonstrated expertise in the specific areas needed to meet the duties of the subcommittee.

The subcommittees will provide advice and/or make recommendations to the parent Committee. All documents and recommendations developed by a subcommittee must be submitted to the parent Committee for the appropriate action to be taken. A subcommittee may not report its findings directly to any federal official.

The Department Committee Management Officer will be notified if any subcommittee is established for the Committee and will be provided information regarding the name of the subcommittee, function, membership, and estimated frequency of meetings.

#### RECORDKEEPING

Records of the Committee and any established subcommittee will be handled in accordance with General Records Schedule 6.2, Federal Advisory Committee Records or other approved agency records disposition schedule. Applicable records will be made available to the public for inspection and copying, subject to the Freedom of Information Act, 5 U.S.C. 552.

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Sylvia M. Burwell