



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

CHARTER

SECRETARY'S ADVISORY COMMITTEE ON NATIONAL HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES FOR 2030

AUTHORITY

The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 (Committee) is authorized under 42 U.S.C. 217a, Section 222 of the Public Health Service (PHS) 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

Under 42 U.S.C. 300u, the Secretary of Health of Human Services (the Secretary) has authority to undertake and support necessary activities and programs to (a) incorporate appropriate health education components into our society, especially into all aspects of education and health; (b) increase the application and use of health knowledge, skills, and practices by the general population in its patterns of daily living; and (c) establish systematic processes for the exploration, development, demonstration, and evaluation of innovative health promotion concepts. Under Title XVII, Section 1701 of the Public Health Service Act, the Secretary is given authority to formulate national goals and a strategy to achieve such goals, with respect to health information and health promotion, preventive health services, and education in the appropriate use of health care. In 1979, the Department of Health and Human Services (HHS) established the *Healthy People* initiative to develop a framework for improving the health of all people in the United States. *Healthy People* provides evidence-based, ten-year national objectives for improving the health of all Americans. *Healthy People* offers a strategic agenda to align health promotion and disease prevention activities in communities around the country. It includes measurable objectives with targets to be reached by the end of each decade. The *Healthy People* initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action.

The Committee will provide independent advice based on current scientific evidence for use by the Secretary of the U.S. Department of Health and Human Services (the Secretary) or a designated representative in the development of *Healthy People 2030*. The Committee will advise the Secretary on the Department's approach for *Healthy People 2030*. Framed around health determinants and risk factors, this approach will generate a focused set of objectives that address high-impact public health challenges.

DESCRIPTION OF DUTIES

The work of the Committee is solely advisory in nature. The Committee will perform the single, time-limited task of providing advice regarding creating and implementing *Healthy People 2030*. The Committee's duties include providing advice about the *Healthy People 2030*, the Leading Health Indicators, implementation, and actions for achieving *Healthy People 2030* goals and objectives. The Committee's advice must assist the Secretary in reducing the number of objectives while ensuring that *Healthy People 2030* identifies the most critical public health issues that are high-impact priorities supported by current, national data sets. The Committee will take into account new scientific evidence, resource documents, the needs of *Healthy People* stakeholders, and the value of assessing progress over the course of the decade. Furthermore, the Committee will advise the Secretary on strategies the department can use to maximize stakeholder use of *Healthy People 2030* and ensure implementation of *Healthy People 2030*.

The Committee will submit this information to the Secretary as a report that outlines its advice and the scientific evidence supporting its rationale. The report will be considered by the Secretary during the development of *Healthy People 2030*. The Secretary or his designated representatives may act upon the Committee's conclusions, advice, and recommendations; however, the Secretary is not bound by these statements. The Committee's duties do not include developing policy, drafting policy, or determining how future policy might be implemented by the Federal government.

AGENCY OR OFFICIAL TO WHOM THE COMMITTEE REPORTS

The Committee will provide advice to the Secretary of Health and Human Services, through the Assistant Secretary for Health.

SUPPORT

The Assistant Secretary for Health will provide guidance and oversight for the Committee's function and activities. Management and support services for the Committee will be provided by the Office of Disease Prevention and Health Promotion (ODPHP). ODPHP is a program office within the Office of the Assistant Secretary for Health, which is a staff division in the HHS Office of the Secretary.

ESTIMATED ANNUAL OPERATING COSTS AND STAFF YEARS

The estimated annual cost for operating the Committee, including travel and per diem expenses for members, but excluding staff support, is \$340,500. The estimated annual staff support required is one full time employee at an estimated annual cost of \$120,000.

DESIGNATED FEDERAL OFFICER

The Designated Federal Officer (DFO) for the Committee will be selected by the Assistant Secretary for Health (ASH) from among senior level full-time or permanent part-time ODPHP staff who have knowledge of the subject matter and skills and experience necessary to manage the Committee. The DFO will schedule and approve all meetings of the Committee and its subcommittees, and make logistical arrangements that are necessary for such meetings. The DFO will prepare and approve all meeting agendas; this may be done in 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 any meeting when the DFO determines adjournment to be in the public interest and may chair the Committee meetings when directed to do so by the Assistant Secretary for Health.

ESTIMATED NUMBER AND FREQUENCY OF MEETINGS

The Committee is expected to meet approximately two times per year during the course of its operation. A quorum of at least two-thirds of the appointed members must be in attendance in order for the Committee to meet. Meetings shall be open to the public except as determined otherwise by the Secretary, HHS, or designee in accordance with the Government in Sunshine Act (5 U.S.C. 552b(c)) and Section 10(a) of the Federal Advisory Committee Act. Timely notice of each such meeting shall be provided to the public including by notice published in the Federal Register. Meetings shall be conducted, and records of the proceedings kept, as required by the applicable laws and departmental regulations.

DURATION

The Committee is established to accomplish a single, time-limited task, and it is expected that the Committee will complete its mission within two years from the date this charter is filed.

TERMINATION

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

MEMBERSHIP AND DESIGNATION

The Committee will consist of no more than 13 members. One or more members will be selected to serve as the Chair, Vice Chair, and/or Co-Chairs. The Committee members will be appointed by the Secretary or a designated representative. The Committee membership may

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include former Assistant Secretaries for Health and nationally known experts in areas such as biostatistics, business, epidemiology, health communications, health economics, health information technology, health policy, health sciences, health systems, international health, outcomes research, public health law, social determinants of health, special populations, and state and local public health and from a variety of public, private, philanthropic, and academic settings. Individuals will be selected to serve as members of the Committee based upon their qualifications, level of expertise and knowledge, and ability to contribute to the work that is to be performed by the Committee. Individuals appointed to serve as members of the Committee will have demonstrated expertise of current science and in the fields of disease prevention or health promotion.

All appointed members of the Committee will serve as special government employees (SGEs). Individuals will not be appointed to serve as members of the Committee to represent the viewpoints of any specific group. Individuals will be selected to serve as members of the Committee to represent balanced viewpoints of the current scientific evidence sought by the Secretary to meet the Committee's charge.

Pursuant to an advanced written agreement, the appointed members will receive no compensation for the advisory services 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 attending and participating in public meetings.

SUBCOMMITTEES

To accomplish its mission, and with approval of the Secretary or designee, the Committee (with the approval of the DFO) may establish subcommittees that are composed of members of the parent Committee and seek advice from non-member special consultants. The advice of a subcommittee shall be reported to the parent committee. The Committee will discuss their findings at a public meeting, at which time the full committee will determine the appropriate action to be taken.

The Department Committee Management Officer will be notified upon establishment of each subcommittee and will be provided information regarding name of the subcommittee, function, membership, and estimated frequency of meetings.

RECORDKEEPING

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

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Filing Date:

JUN 1 2018

Approved:

MAY 21 2018

Date



Alex M. Azar II