2017 Current Fiscal Year Report: Advisory Group on Prevention, Health Promotion, and Integrative and Public Health

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1. Department or Agency				2. Fiscal Year	
Department of Health and Human Services			2017		
3. Committee or Subcommittee			3b. GSA Committee No.		
Advisory Group on Prevention, Health Promotion, and Integrative and Public Health			73649		
4. Is this New During 5. Current 6. Expected			7. Expected		
Fiscal Year?	Charte	er	Rene	wal Date	Term Date
No	01/18/	2017	01/18/	/2019	09/30/2017
8b. Specific 8a. Was Terminated During Termination FiscalYear? Authority				8c. Actual Term Date	
Yes		EO 13708, dated 9/30/2015		dated	09/30/2017
9. Agency Recommendation for Next FiscalYear		10a. Legislation Req to Terminate?			10b. Legislation Pending?
Terminate		No			Not Applicable
11. Establishme	ent Authority	y Pre	esidenti	ial	
12. Specific Establishment Authority		13. Effe Dat	ective e	14. Commit Type	14c. ee Presidential?
E.O. 13544 as statutorily mandated under Section 4001 of P.L. 111-148; re-established by EO 13631 15. Description of Committee National Policy Issue Advisory Board					
16a. Total Number of Reports	No Reports this FiscalY				

17a. 0 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 0 Open Meetings and Dates

No Meetings

	Current FY	Next FY
18a(1). Personnel Pmts to	\$0.00	0\$0.00
Non-Federal Members	ψ0.00	φ0.00
18a(2). Personnel Pmts to	\$0.00	0\$0.00
Federal Members	<i> </i>	
18a(3). Personnel Pmts to	\$12,000.00	0\$0.00
Federal Staff	Ŧ)	• • • • •
18a(4). Personnel Pmts to	\$0.00	0\$0.00
Non-Member Consultants	+	
18b(1). Travel and Per Diem to	\$0.00	0\$0.00
Non-Federal Members		
18b(2). Travel and Per Diem to	\$0.00	0\$0.00
Federal Members		·
18b(3). Travel and Per Diem to	\$0.00	0\$0.00
Federal Staff		·
18b(4). Travel and Per Diem to	\$0.00	0\$0.00
Non-member Consultants		
18c. Administrative Costs		
(FRNs, contractor support,	\$0.00	0\$0.00
In-person/hybrid/virtual		
meetings)		
18d. Other (all other funds not		0 0 0 D
captured by any other cost	Ф 0.00	0\$0.00
category) 18e. Total Costs	\$12,000.00	1 \$0.00
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19. Federal Staff Support Years (FTE)	0.10	0.00

20a. How does the Committee accomplish its purpose?

In carrying out its mission, the Advisory Group provided advice and assistance to the National

Prevention, Health Promotion, and Public Health Council (the Council). The Advisory Group developed policy and program recommendations and advised the Council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion.

20b. How does the Committee balance its membership?

The Advisory Group was authorized to have not more than 25 non-Federal members. The Advisory Group currently consists of 20 members. The Advisory Group has a diverse composition of licensed health professionals, including integrative health practitioners, who have expertise in worksite health promotion; community services, including community health centers; preventive medicine; health coaching; public health education; geriatrics; and rehabilitation medicine.

20c. How frequent and relevant are the Committee Meetings?

The Advisory Group met, at a minimum, two times a year; at least one face-to-face meeting is held, depending on the availability of funds. The Designated Federal Officer (DFO) schedules and approves all meetings of the Advisory Group. The DFO also prepares all meeting agendas in collaboration with leadership of the Advisory Group. However, the Advisory Group did not meet in 2017 since the new Presidential Administration did not seek guidance from this Committee.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

Establishment of the Advisory Group was statutorily mandated under Section 4001 of the Patient Protection and Affordable Care Act, Public Law 111-148, dated March 23, 2010. The diverse group of professionals does not provide advice or recommendations to any single, specific agency/department; the Advisory Group provides valuable insight to the 20 Federal departments that comprise the Council.

20e. Why is it necessary to close and/or partially closed committee meetings?

The Advisory Group has held no closed meetings. Advisory Group meetings will only be closed or partially closed to the public when it is determined necessary by the Secretary or other official to whom authority has been delegated in accordance with stipulations of Government in the Sunshine Act, 5 U.S.C. 552b(c).

21. Remarks

The Advisory group posted their final legacy report to the incoming administration on the Surgeon General's website in 2017. https://www.surgeongeneral.gov/priorities/prevention/advisorygrp/2016-12-20-fulfilling-the-legacy The committee did not meet in FY-2017 even though a new member was brought on (Dave Choski) before the Administration change. The committee expended minimal funds and the charter expired on 9/30/2017.

Designated Federal Officer

Brigette Finkelstein Ulin Senior Advisor, Office of the Associate Director for Policy; Centers for Disease Control and Prevention

Committee Members	Start	End	Occupation	Member Designation
Bigby, JudyAnn	01/27/2011	09/30/2017	Mathematica Policy Research	Special Government Employee (SGE) Member
Binder, Richard	05/24/2011	09/30/2017	Virginia Commonwealth University	Special Government Employee (SGE) Member

Brown, Valerie	01/27/2011	09/30/2017	Former Supervisor, Sonoma County Government, CA (Retired)	Special Government Employee (SGE) Member
Chokshi, Dave	01/09/2017	09/30/2017	New York City Health and Hospitals Corporation	Special Government Employee (SGE) Member
Helms, Ned	01/27/2011	09/30/2017	New Hampshire Institute of Health Policy and Practice	Special Government Employee (SGE) Member
Johansson, Patrik	04/08/2011	09/30/2017	University of Nebraska	Special Government Employee (SGE) Member
Johnson, Jerry	11/21/2011	09/30/2017	Heffler-Radetick & Saitta, LLP	Special Government Employee (SGE) Member
Kahn, Janet	10/28/2011	09/30/2017	Principal Investigator, Mission Reconnection, Research Assistant Professor, Dept. of Psychiatry, University of Vermont College of Medicine	Special Government Employee (SGE) Member
Kerr, Charlotte	01/27/2011	09/30/2017	Maryland University of Integrative Health	Special Government Employee (SGE) Member
Levi, Jeffrey	01/27/2011	09/30/2017	The George Washington University	Special Government Employee (SGE) Member
Lozada, Jacob	11/21/2011	09/30/2017	AARP	Special Government Employee (SGE) Member
Mayer-Davis, Elizabeth	01/27/2011	09/30/2017	Gillings School of Global Public Health, University of North Carolina	Special Government Employee (SGE) Member

Ornish, Dean	11/21/2011	09/30/2017	Prevention Medicine Research Institute, University of California	Special Government Employee (SGE) Member
Otto, Barbara	01/27/2011	09/30/2017	Health and Disability Advocates	Special Government Employee (SGE) Member
Palacio, Herminia	11/21/2011	01/19/2017	New York Deputy Mayor for Health and Human Services	Special Government Employee (SGE) Member
Rosenstock, Linda	01/27/2011	09/30/2017	UCLA School of Public Health	Special Government Employee (SGE) Member
Seffrin, John	01/27/2011	09/30/2017	Retired: American Cancer Society	Special Government Employee (SGE) Member
Semonoff, Ellen	04/08/2011	09/30/2017	Department of Human Service Programs	Special Government Employee (SGE) Member
Swider, Susan	01/27/2011	09/30/2017	College of Nursing, Rush University	Special Government Employee (SGE) Member
Van Horn, Sharon	01/27/2011	09/30/2017	Medicine Pediatrics	Special Government Employee (SGE) Member
Wisdom, Kimberlydawn	02/10/2012	09/30/2017	Henry Ford Health System	Special Government Employee (SGE) Member

Number of Committee Members Listed: 21

Narrative Description

Establishment of the Advisory Group was statutorily mandated under the Patient Protection and Affordable Care Act, Public Law 111-148. The Advisory Group was established to provide assistance to the National Prevention, Health Promotion, and Public Health Council (the Council) in carrying out its mission. The Advisory Group shall develop policy and program recommendations and advise the Council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion. In conjunction with its objectives and to support the mission of the Council, the Advisory Group may develop policy and program recommendations and provide advice to the Council on (1) prevention, wellness and health promotion practices, the public health system, and integrative health care in the United States; (2) implementation of the national prevention, health promotion, public health, and integrative health care strategy that incorporates the most effective and achievable means of improving the health status of Americans and reducing the incidence of preventable illness and disability in the United States; (3) the most pressing health issues confronting the United States and changes in federal policy to achieve national wellness, health promotion, and public health goals, including the reduction of tobacco use, sedentary behavior, and poor nutrition; and (4) proposed evidence-based models, policies, and innovative approaches for the promotion of transformative models of prevention, integrative health, and public health on individual and community levels across the United States.

What are the most significant program outcomes associated with this committee?

Checked if Applies

Outcome Comments

Not Applicable

What are the cost savings associated with this committee?

	Checked if Applies
None	
Unable to Determine	\checkmark
Under \$100,000	
\$100,000 - \$500,000	
\$500,001 - \$1,000,000	
\$1,000,001 - \$5,000,000	
\$5,000,001 - \$10,000,000	
Over \$10,000,000	
Cost Savings Other	

Cost Savings Comments

Not Applicable

What is the approximate <u>Number</u> of recommendations produced by this committee for the life of the committee? 44

Number of Recommendations Comments

The Advisory Group provided policy and program recommendations to the Council. Recommendations were provided in the form of a legacy report that was completed in late 2016 and posted on the web in January 2017. The report provides information about the successes and value of the Council, the Advisory Group, and the National Prevention Strategy. The Advisory Group submitted the report Surgeon General Murthy to share with the incoming Administration. The report is available at https://www.surgeongeneral.gov/priorities/prevention/advisorygrp/2016-12-20-fulfilling-the-legacy

What is the approximate <u>Percentage</u> of these recommendations that have been or will be <u>Fully</u> implemented by the agency? 58%

% of Recommendations Fully Implemented Comments

Approximately 60% of recommendations to the Council have been implemented including

establishing focused cross-departmental community health initiatives and health care transformation efforts. The legacy report (mentioned above) includes additional information about the recommendations and includes success stories.

What is the approximate <u>Percentage</u> of these recommendations that have been or will be <u>Partially</u> implemented by the agency? 33%

% of Recommendations Partially Implemented Comments

33% of the recommendations submitted to the Council (20 Federal Departments) have been partially implemented resulting in increased communication regarding the National Prevention Strategy in communities and a better dialogue between the National Prevention Council, the Surgeon General, and the Advisory Group. The legacy report (mentioned above) includes additional information about the recommendations and includes success stories.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes No Not Applicable

Agency Feedback Comments

Not Applicable

What other actions has the agency taken as a result of the committee's advice or recommendation?

	Checked if Applies
Reorganized Priorities	
Reallocated resources	
Issued new regulation	
Proposed legislation	
Approved grants or other payments	
Other	

Action Comments

In keeping with its mission, the Advisory Group provided advice to the National Prevention Council on the National Prevention Strategy recommendations.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

The Advisory Group does not have any grant-making authority.

How is access provided to the information for the Committee's documentation?

	Checked if Applies
Contact DFO	\checkmark
Online Agency Web Site	\checkmark
Online Committee Web Site	
Online GSA FACA Web Site	\checkmark
Publications	
Other	

Access Comments

Information on activities of the Advisory Group will be made available to the public through the designated points of contact and on the Surgeon generals website http://www.surgeongeneral.gov/priorities/prevention/advisorygrp/index.html