

COMMISSION

NUTRITION COMMITTEE

COUNCIL ON LIFESTYLE AND CARDIOMETABOLIC HEALTH (LIFESTYLE)

NUMBER OF MEMBERS: Twelve (12)

METHOD OF APPOINTMENT: Chairperson and Vice-Chairperson appointed by the Council Leadership, with members appointed by the Council Leadership that are based on the Strategic Goals of the Nutrition Committee and in consultation with the Chair and Vice Chair(s) of the Nutrition Committee. Liaisons with expertise in pediatrics, epidemiology, and high blood pressure, shall be appointed from the Councils on Cardiovascular Disease in the Young, Epidemiology and Prevention, and Hypertension. Liaisons will be appointed with major partners including: the National Heart, Lung, and Blood Institute, the American Diabetes Association, the Food and Drug Administration, the Centers for Disease Control and the Academy of Nutrition and Dietetics. Consultation with other scientific councils and organizations shall be requested as needed. Every commission will also increase the member number by 2.

TERM OF OFFICE: Committee terms shall be for two years, and shall begin and end with the AHA fiscal year (July-June). Terms shall be staggered to insure continuity. The chair and members may be re-appointed for one term.

FREQUENCY OF MEETINGS: Two per year and conference calls as needed.

RESPONSIBILITIES:

1. Be fully informed on new scientific developments and advances in knowledge concerning nutrition and/or diet as it relates to health and the occurrence or treatment of cardiovascular disease and stroke; synthesize the pertinent knowledge for the development of policy and position papers; scientific conferences proposals, and provide advisory and resource information in these areas for the AHA.
2. Stimulate basic, clinical, and behavioral research in nutrition and cardiovascular disease, identifying areas of

needed or expanded investigative effort and emphasis.

3. Serve as a scientific resource and promote, in cooperation with the AHA Scientific Councils, Interdisciplinary Working Groups, and other AHA committees, appropriate and well-designed nutrition programs related to the prevention and treatment of cardiovascular disease and stroke. This includes related risk factors (hypertension, lipids, obesity and diabetes).

4. Act in a science advisory role and work cooperatively with the Office of Public Advocacy in matters concerning legislation and government regulations related to food and nutrition aspects of cardiovascular health promotion and treatment of cardiovascular disease and stroke.

5. Serve in an advisory capacity to AHA internal departments such as Food Certification, Consumer Publications, Corporate Relations, and News Media Relations.

6. Cooperate with and assist other scientific and health agencies in programs concerning nutrition and cardiovascular disease.

7. Participate on the Industry Nutrition Advisory Panel (INAP) for the purpose of exchanging scientific information related to nutrition and cardiovascular disease.

8. Assures appropriate diversity by developing a plan which identifies and then implements procedures which will result in appropriate inclusivity.

Revised: 6-30-2016