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Deputy Assistant Secretary for Health
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United States Department of Health and Human Services
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Dear Dr. Wright:

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Lora Connolly
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On behalf of the National Association of States United for Aging and Disabilities (NASUAD), I am pleased to submit the following comments on the *Proposed Objectives for Inclusion in Healthy People 2030*. NASUAD is a bipartisan association that represents the 56 officially designated state and territorial agencies on aging and disabilities. Each of our members oversees the implementation of the Older Americans Act (OAA), and many also serve as the operating agency in their state for Medicaid waivers that serve older adults and individuals with disabilities. Together with our members, we work to design, improve, and sustain state systems delivering home and community-based services (HCBS) and supports for people who are older or have a disability and for their caregivers.

We appreciate the opportunity to comment on these proposed objectives, given the prominence that *Healthy People* plays in our nation's public health, healthcare, and human services delivery systems. Due to our member's roles in serving older adults and individuals with disabilities, we will focus our comments on the proposed measures that impact these populations. Our overarching comments include approval of the proposed measures for inclusion in *Healthy People 2030* that relate to these individuals, and we appreciate the broad range of social and health outcomes that are reflected within these draft measures. We particularly appreciate the inclusion of measures that highlight the importance of employment for individuals with disabilities, as well as the need for improved oral health of all populations but particularly of older adults. We do, however, have specific comments on areas that we believe HHS should explore as additional objectives, or include as research objectives to better understand for inclusion in future iterations of *Healthy People*.

IID-2030-13 Increase the percentage of noninstitutionalized persons aged 6 months and older who are vaccinated annually against seasonal influenza

We agree that this is an important measure that should be included in the final objectives. Given the importance and vulnerability of older adults related to influenza, we recommend an additional goal that specifically targets the

percentage of older adults age 65 and up who are vaccinated against seasonal influenza. We also note that the exclusion of institutionalized individuals could lead to some challenges with broader public health goals given the issues associated with facility-based long-term services and supports and communicable diseases.¹ In fact, we believe that it may even be appropriate to specifically target an increase in flu vaccination for both staff as well as residents of these facilities.² We believe that Medicare data may be able to provide this information, including for those individuals who are institutionalized.

OA-2030-03 Reduce the rate of emergency department visits due to falls among older adults

We note that there are many evidence-based and effective programs available that are proven to reduce the rate of falls amongst older adults. However, many of these programs do not receive insurance coverage and instead are funded by important but insufficient programs such as the Older Americans Act. We therefore encourage that, as part of meeting this objective, HHS work across its agencies and partners to increase insurance coverage of falls prevention programs.

DIA-2030-01 Increase the proportion of adults aged 65 years and older with diagnosed Alzheimer's disease and other dementias, or their caregiver, who are aware of the diagnosis

We agree with inclusion of this measure, specifically given the rapid increase in issues related to Alzheimer's and related dementias across the country. According to the Alzheimer's Association, there are 5.7 million individuals in America living with Alzheimer's in 2018, including 200,000 individuals under the age of 65. As additional information becomes available and methods to diagnose this disease continue to improve, we believe that early diagnosis and intervention will be key to improving the quality of life for these individuals as well as reducing costly hospital and institutional care for the population. We would like to propose a research objective to assess the ability to increase earlier diagnosis, particularly for individuals under the age of 65, to better serve these populations and their families.

DH-2030-04 Reduce the proportion of people with disabilities who receive long-term care services that live in congregate care residences with seven or more people

There is currently a significant amount of work across the long-term services and supports delivery system that is focused upon increasing the community integration of people with disabilities and reducing institutionalization and isolation of these individuals. We note, however, that this work is not limited to persons with disabilities and that older adults are an important part of the long-term services and supports system. We believe that there should be a related measure aimed at reducing long-term institutional stays for older adults, given that the system is diligently working to focus on nursing homes as a place for necessary short-term rehabilitative services as opposed to long-term residential placements.

¹ <https://ihpi.umich.edu/news/nursing-homes-should-require-flu-shots-all-staff-patients-most-older-adults-say>

² <https://www.cdc.gov/flu/toolkit/long-term-care/reporting.htm>

Additional Measure on Reducing the Number Adults in Guardianship

Given the importance of *Healthy People 2030* in articulating the nation's public health goals, coupled with the increased awareness and understanding of social determinants that impact the overall health of populations, we are proposing evaluation of a new measure that focuses on reducing the number of adults in public guardianship arrangements. As the Senate Health, Education, Labor, and Pensions Committee noted in its November 2018 bi-partisan report on guardianship, "An alternative arrangement [to guardianship] may better promote the individual's values and terminate fewer rights while also providing necessary support and oversight."³ We agree with this conclusion and believe that a reduction in guardianship arrangements could lead to increase in social, economic, emotional, and health outcomes for some individuals. We therefore encourage HHS to consider an objective that focuses on reducing these arrangements.

We recognize that data-sources for this issue may be limited but believe that this could be included as a research or developmental goal in order to highlight its importance and place emphasis on improving data collection and evaluation of this outcome.

We appreciate the opportunity to comment on these measures and look forward to working with you and providing more feedback as you finalize *Healthy People 2030*. If you have any questions about these comments, please feel free to contact Damon Terzaghi of my staff at (202) 898-2578 or dterzaghi@nasuad.org.

Sincerely,



Martha A. Roherty
Executive Director
NASUAD

³ https://www.aging.senate.gov/imo/media/doc/Guardianship_Report_2018_gloss_compress.pdf