American Lung Association.

October 29, 2024

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Re: Proposed Healthy People 2030 Objectives

Dear Secretary Becerra:

The American Lung Association appreciates the opportunity to provide comments on the proposed Healthy People 2030 Objectives.

The American Lung Association is the oldest voluntary public health organization in the United States. For 120 years, the Lung Association has been working to save lives by improving lung health and preventing lung disease through education, advocacy and research. The Lung Association works on behalf of the 35.2 million people in the U.S. living with lung diseases including lung cancer, asthma and COPD as well as those at risk for them.

The Healthy People Objectives set the country's public health priorities for the decade. The Lung Association is pleased that Healthy People has identified new objectives to include. These new measures will help Healthy People better prioritize environmental health and the importance of vaccines to prevent disease.

Newly Proposed Measures

Support: Increases medical training programs that include environmental health content as a required learning experience (ECBP-NEW-02, ECBP-NEW-03, ECBP-NEW-04, ECBP-NEW-05 and ECBP-NEW-06). Healthcare providers, including physicians, nurse practitioners, physician assistants, pharmacists and dentists, need to understand the health risks and consequences associated with environmental health to provide comprehensive quality care for their patients. Environmental exposures from air and water pollution, microplastics, chemical contamination and even the food supply are increasingly understood to impact health across every system of the body and at every stage of life. Climate-driven impacts, including widespread wildfires, droughts, increased flooding and excessive heat events, are threatening communities across the country. However, for those with an underlying health condition, like asthma, these threats pose an even greater risk. Poor air quality from wildfires, for example, can exacerbate symptoms, resulting in emergency department visits and higher treatment needs.

Providers need to be aware of the environmental health risks their patients face and be prepared to advise on effective prevention measures as well as provide the best treatment. Providers also need to be equipped with the knowledge and recommendations on how people can manage chronic conditions, including lung diseases like COPD and asthma, during environmental disasters. The Lung Association supports including ECBP-NEW-02, ECBP-NEW-03, ECBP-NEW-04, ECBP-NEW-05 and ECBP-NEW-06 in Healthy People 2030.

Support: Reduce deaths related to heat (EH-NEW- 12). The Federal Emergency Management Agency (FEMA) defines extreme heat as a long period (at least two to three days) of high heat and humidity with temperatures above 90 degrees. The Centers for Disease Control and Prevention uses a more flexible definition that takes into account geographic differences: "Extreme heat is defined as summertime temperatures that are much hotter and/or humid than average."[1]

Extreme heat is often attributed as causal in the highest annual number of deaths in the United States among all weather-related disasters and can happen anywhere across the country. Areas of the country not accustomed to higher temperatures and therefore not prepared with adequate air conditioning or cooling centers are increasingly dealing with higher-than-average temperatures. While extreme heat is dangerous for all people, for people living with asthma, COPD or other chronic lung diseases, it can make breathing more difficult. Reducing deaths related to extreme heat will require healthcare providers to educate their patients on how to prepare for extreme heat and manage their health when the temperatures reach excessive levels. With extreme heat being the leading cause of death due to natural disaster and climate change increasing the number of days of extreme heat, it is vital to include this measure (EH-NEW-12) as part of Healthy People 2030.

Support: Increase the proportion of pregnant women who receive 1 dose of the tetanus-diphtheria-acellular pertussis (Tdap) vaccine during pregnancy (IID-NEW-18). The Lung Association strongly supports increasing the number of people who are pregnant receiving the Tdap vaccine during pregnancy. One of the diseases that the Tdap vaccines prevents is pertussis or whooping cough. While whooping cough can affect people of all ages, it is particularly dangerous and even deadly for infants. Individuals who are pregnant pass protective antibodies against pertussis to their baby after vaccination before the babies are even born. Babies are not able to build their own protection against pertussis until they are vaccinated at two months old, which leaves them vulnerable when they are at their highest risk for severe disease and complications. In the years during and following the COVID-19 pandemic, pertussis rates decreased to lower than normal numbers; however, early data shows that more than five times as many cases have been reported in mid-October 2024 than at the same time in 2023 which is even higher than pre-pandemic 2019.[2] Vaccinating people during their pregnancies is an important step in reducing severe pertussis illness in our youngest community members, yet according to a CDC internet panel survey only 60% reported receiving a Tdap vaccine during their pregnancy during the 2023-24 flu season. And racial disparities exist, particularly among non-Hispanic Black women where coverage was the lowest at 47%.[3]

Support: Increase the proportion of adults who receive the recommended age-appropriate vaccines (IID-NEW- 19). The Lung Association supports increasing the proportion of adults who receive the recommended age-appropriate vaccines. Vaccines prevent infections that both cause and exacerbate lung disease. Vaccination is a proven, highly effective public health strategy that reduces disease burden and death and is an underutilized prevention tool amongst adults. Adults with chronic lung disease like COPD and asthma are at increased risk of severe illness from pneumococcal disease, respiratory syncytial virus (RSV), influenza, COVID-19, and other diseases. According to recent data from the National Immunization Survey (NIS), the proportion of adults vaccinated during the 2023-24 fall and winter virus season was 45% for flu vaccination, and below 25% for both RSV and COVID-19 vaccines.[4] [5] Pneumococcal vaccination coverage was at its highest in 2017 and has since decreased and remained stable

for adults aged 19-64 at increased risk of disease (23%) and adults 65 or older (64%).[6] Increased vaccine uptake could have an even greater impact among certain racial/ethnic communities who are receiving vaccines at an even lower rate and may have higher rates of underlying medical conditions that put them at increased risk for severe illness.[7] Ensuring that adults in the United States get the recommended, age-appropriate vaccines to help prevent illness and prevent the spread of disease is a priority. Including this objective in Healthy People 2030 is needed. There is more to be done to increase the proportion of adults who receive the recommended vaccines they are eligible for including following the standards for adult immunization practice, addressing barriers to vaccination and educating our communities about the benefits of vaccination and the risk of disease. The Lung Association strongly supports adding this objective to Healthy People 2030.

In addition to newly proposed objectives, the Lung Association encourages the Department of Health and Human services to consider restoring or adding the following Healthy People 2020 objectives to Healthy People 2030.

Respiratory Health

Asthma is a serious health issue for our nation. Close to 28 million people in the U.S. have asthma, including close to 5 million children.[8] The healthcare costs associated with asthma exceed $50 billion annually, and asthma was responsible for 11.3 million asthma attacks in 2022, 898,000 emergency department visits and 95,000 hospital outpatient visits in 2020.[9] The Lung Association therefore strongly supports the asthma objectives included in Healthy People 2030, including reducing emergency department visits for children with asthma under five years and for persons with asthma over 5 years (RD-2030-02 and RD 2030-03); reducing asthma attacks among persons with current asthma (RD-2030-06); and reducing hospitalizations for asthma among children under age 5 years, children and adults aged 5 to 64 years, and adults aged 65 years and older (RD-2030-D01, RD-2030-D02 and RD-2030-D03).

Revise and Restore: Reduce asthma deaths among the U.S. population (RD-2030-01). The Lung Association commends the Committee for the inclusion of RD-2030-01 to track asthma deaths in the U.S. population as part of the Healthy People 2030 goals. Tragically, while most deaths caused by asthma can be prevented, 3,517 individuals died from asthma in 2021, demonstrating that there are still significant challenges to helping individuals manage their asthma effectively.[10] Healthy People 2020 included three age brackets for this measure – individuals under age 35, ages 35 to 64, and over age 65. The Healthy People 2020 Mid-Course Review found that the mortality rate related to asthma had decreased among those over age 65 but increased for the other two age groups.[11] The Lung Association is concerned that consolidating these measures could allow progress among one or more age groups to obscure losses or stagnation among others. The Lung Association therefore urges the Committee to retain the three age brackets for this critical Healthy People 2030 core objective.

Restore: Increase the proportion of persons with current asthma who receive appropriate asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines (RD—2020-7). Asthma can be managed effectively through care based on the National Heart, Lung and Blood Institute's National Asthma Education and Prevention Program (NAEPP) Guidelines for the Diagnosis and Management of Asthma.[12] The NAEPP Guidelines provide important evidence-based recommendations on the best ways to treat asthma, including assessment and monitoring of people with asthma, asthma self-management

education, access and adherence to asthma medications and control of environmental exposures that affect asthma.

Improving access to care based on these guidelines will be essential to making progress on the other asthma-related objectives proposed for inclusion in Healthy People 2030, such as reducing asthma attacks, emergency department visits, hospitalizations and deaths related to asthma. CDC has also recognized the importance of increasing the utilization of care based on the NAEPP guidelines by including this in its 6|18 initiative, which facilitates collaboration between healthcare providers, insurers, public health professionals and other stakeholders to address common and costly health conditions with proven interventions.[13]

Much more progress still needs to be made to improve the proportion of individuals who receive care based on the NAEPP guidelines. The Healthy People 2020 mid-course review found mixed progress on these measures.[14] Additionally, while nearly half of all children with asthma in the United States receive coverage through Medicaid or the Children's Health Insurance Program (CHIP), research has shown that Medicaid coverage of the treatments and services recommended by the NAEPP guidelines is inconsistent across states.[15] The Lung Association strongly recommends that the Committee include the proportion of persons with current asthma who receive appropriate asthma care according to the National Asthma Education and Prevention Program (NAEPP) guidelines as part of Healthy People 2030.

Restore: Reduce the proportion of persons with asthma who miss school or work days (RD-2020-5). Asthma is responsible for more than 7.9 million missed school days, 10.1 million missed days of work per year,[16] and millions more days of missed work by caretakers. This lost productivity costs more than $3 billion per year.[17] Missed school and work days are signs of underlying problems with individuals' asthma control and are therefore important indicators of progress in helping both children and adults to manage their asthma effectively. The Lung Association urges the Committee to restore RD-2020-5.1, reduce the proportion of children aged 5 to 17 years with asthma who miss school days, and RD-2020-5.2, reduce the proportion of adults aged 18 to 64 years with asthma who miss work days, as part of the Healthy People 2030 objectives.

Restore: Increase the number of States, Territories, and the District of Columbia with a comprehensive asthma surveillance system for tracking asthma cases, illness, and disability at the State level (RD-2020-8). Complete, up-to-date information on asthma in every state and territory is essential to track the burden of asthma throughout the United States. Healthy People 2020 defines a comprehensive asthma surveillance system as a system that received funding through the National Asthma Control Program (NACP) or the Environmental Public Health Tracking Program, or that implemented the asthma call-back survey. According to the Healthy People 2020 Mid-Course Review, the number of states with a comprehensive asthma surveillance system declined from 43 in 2009 to 38 in 2015, demonstrating that this measure still needs monitoring.[18] Furthermore, these systems will be important to help track the Healthy People 2030 objectives related to asthma attacks, emergency department visits, hospitalizations and deaths. The Lung Association requests that the Committee continue to include an objective related to the number of comprehensive asthma surveillance systems as part of Healthy People 2030.

Tobacco Use

Smoking is the leading cause of preventable death and disease in the United States causing close to half a million deaths per year.[19] The Healthy People 2020 Objectives set bold goals to reduce illness, death and disease from tobacco use and secondhand smoke. Unfortunately, the proposed Healthy People 2030 Objectives regarding Tobacco Use fall short of what is needed to track and end the epidemic caused by tobacco use.

The Centers for Disease Control and Prevention (CDC) has identified a comprehensive, evidenced based approach to reducing tobacco use and the subsequent tobacco- caused death and disease. The Lung Association strongly believes the Healthy People 2030 Objectives should measure all aspects of this approach.

Restore and Revise: Reduce the initiation of the use of cigarettes by children and adolescents aged 12 to 17 years (TU-2020-3.3) and Reduce the initiation of the use of cigarettes by adults aged 18 to 25 (TU -2020- 3.6). The American Lung Association recognizes the goal of consolidating objectives where appropriate, however merging Objectives TU-2020-3.3 and TU-2020-3.6 would result in an objective far less meaningful than the prior objectives. The proposed age band would be individuals aged 12 – 25. This large age range has the potential to obscure data and trends on youth vs. young adult tobacco use, as the objective would cover too wide of a range.

Recently released data from the National Youth Tobacco Survey shows current e-cigarette use among high school students decreased from 10% in 2023 to 7.8% in 2024.[20] However, adult e-cigarette use has been rising in recent years, driven by increases in the 18-24 year old age group.[21] This demonstrates why it is important to have two objectives for teenagers and young adults to be able to track differing trends like these.

The Lung Association strongly urges HHS to restore TU-2020-3.3 and TU-2020-3.6 as separate objectives. Maintaining two objectives will allow for meaningful measures that accurately describes how many teenagers and young adults are initiating cigarette smoking. The combined measure will be significantly less likely to provide useful and meaningful information.

Restore and Revise: Increase the Federal and State tax on cigarettes (TU-2020-17.1); and Increase the Federal and State tax on smokeless tobacco (and other tobacco products) products (TU-2020-17.2). Tobacco taxes are extremely effective in helping reduce the number of people who use tobacco. For every 10 percent increase in the price of cigarettes the consumption of cigarettes among adults decreases by 4 percent and consumption among youth decreases by 7 percent.[22]

The proposed objective for Healthy People 2030 regarding tobacco taxes is: “Increase the national average tax on cigarettes (TU-2030-18).” The proposed objective is wholly inadequate to realize the benefits associated with increased prices of tobacco products. Small increases in tobacco taxes, typically defined as less than 50 cents, have little measurable impact on the number of tobacco users who quit.[23] It is crucial that tobacco tax increases be substantial enough to have a positive impact on the number of people who quit and the number of kids who start. The Healthy People 2020 Objectives recognized the need for high enough tax increases to create the positive public health impact that is needed.

The Healthy People 2020 Objectives also recognized the importance of tobacco taxes being equalized among tobacco products. Addiction to nicotine is a very intense addiction. Raising taxes on cigarettes while not raising taxes on other tobacco products, including e-cigarettes can have the unintended consequence of people switching from cigarettes to other tobacco products. The Lung Association believes tobacco taxes should be high and equal among all tobacco products. This is especially true as part of a youth prevention strategy. Kids and teens are particularly sensitive to the price of tobacco products. Increasing tobacco taxes on all tobacco products is a key strategy to discourage kids and teenagers from using and initiating tobacco products.

The Lung Association strongly encourages HHS to restore TU-2020-17.1 and restore and revise TU-2020-17.2, to "Increase the Federal and State tax on all other tobacco products," as Healthy People 2030 Objectives. There is still work to be done on these objectives and it is vital that the objectives of Healthy People 2030 and the public health community include raising tobacco taxes on all tobacco products and making sure the increase is substantial enough to impact use.

If the number of objectives regarding tobacco taxes must be combined into one objective, the Lung Association recommends that it be: Increase the Federal and State tax on all tobacco products, including cigarettes, smokeless and other tobacco products. The data source for the objective would be: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

Conclusion

The Healthy People 2030 Objectives are the public health roadmap for the decade. The Lung Association appreciates HHS' proposed additions and review of the objectives during the decade. The current Healthy People 2030 Objectives do not go far enough for people with lung disease and people at risk of developing lung disease. By adding in the newly proposed objectives and the restoring some of the Heathy People 2020 Objectives, the Healthy People 2030 Objectives will better reflect the public health needs of the United States.

The American Lung Association strongly urges the U.S. Department of Health and Human Services to add the newly proposed measures and restoring the Healthy People 2020 measures discussed above. Thank you for the opportunity to submit comments on this important issue.

Sincerely,

Harold P. Wimmer
President and CEO

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