January 17, 2019

Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services

Re: Healthy People 2030 Comments; sent via email to HP2030@hhs.gov

Dear Secretary Azar,

Please accept the below comments from the Sumner M. Redstone Global Center for Prevention and Wellness at the Milken Institute George Washington University School of Public Health ("Redstone Center") and the Building Community Resilience Collaborative ("BCR").

The Redstone Center is one of the leading sources in the United States for promising and evidence-based nutrition and physical activity strategies for the prevention and control of obesity. BCR is a nationwide collaborative within the Redstone Center. The collaborative is comprised of health care systems, human services providers, community based organizations, local governments, and community members in five locations across the country—Oregon, Missouri, Dallas, Greater Cincinnati, and the District of Columbia. Each site is focused on reducing the prevalence of adverse childhood experiences ("ACEs"), addressing the health impact associated with exposure to ACEs, and improving overall health outcomes.

Propose a New Objective

Social Determinants of Health (SDOH)

Research Objective:

- HHS should include a research objective that seeks to measure equity across the SDOH, including the impact of racism and racial inequality on health. Inequity is responsible for disparities in health and economic measures of well-being.[1] However, little research has been done to understand this underlying determinant or how it can be measured and ultimately improved upon. Suggested language for the new objectives could be:
    - Increase the number of federal data sources that examine the impact of racism on health. (Suggested Data Source - The Behavioral Risk Factor Surveillance System (BRFSS))

Early and Middle Childhood

[1] Weinstein, J.N., Geller, A., Negussie, Y., Baciu, A. (2017). Communities in Action. Pathways to Health Equity. *The National Academies*. Retrieved from: http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=24624

Core Objective:

- HHS should add to this section of the Healthy People 2030 Goals by including objectives that seek to reduce Adverse Childhood Experiences (ACEs). The accumulation of ACEs leads to worse health outcomes and the effects contribute to chronic diseases in adulthood.[2] Suggested language for three objectives are as follows:
    - Increase the number of schools utilizing trauma-informed disciplinary interventions and practices. (Suggested Data Source – School Health Policies and Practices Study (SHPPS))
    - Decrease the prevalence of Adverse Childhood Experiences (ACEs) in youth aged 0-18. (Suggested Data Source – Youth Risk Behavior Surveillance System (YRBSS) or BRFS)

Physical Activity

Core Objective:

- HHS should add an objective that seeks to increase the amount of physical activity (including physical education and active recess) that children in kindergarten through eighth-grade have each day at school. The Centers for Disease Control and Prevention[3] have shown the positive health and learning effects that school-based physical activity have on children. The Society of Health and Physical Educators of America (SHAPE America) recommends 150 and 225 minutes of physical education per week for kindergarten through fifth graders and sixth through eighth graders, respectively. While mechanisms proposed in the current physical activity objectives are important steps to improving health amongst adolescents, schools offer a unique opportunity to capture an overwhelming majority of the youth population and provide them the non-cost-prohibitive opportunity to be physically active. Suggested language for the objective is as follows:
    - Increase the number of students nationwide in kindergarten through fifth grade receiving at least 150 physical education (PE) minutes per week, and the number of students in sixth through eighth grade receiving at least 225 PE minutes per week and the number of all students, kindergarten through eighth grade, receiving at least one 20-minutes of recess per day. (Suggested Data Source – School Health Policies and Programs (SHPPS) and School Health Index (SHI)

Nutrition and Weight Status

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[2] Danese, A., Moffitt, T., Caspi, A., et al. (2009). Adverse childhood experiences and adult risk factors for age-related disease: depressions, inflammation, and clustering of metabolic risk markers. *Arch of Pediatric and Adolescent Medicine,* 163, pp. 1135-1143.

[3] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2010, July). *The Association Between School-Based Physical Activity, Including Physical Education, and Academic Performance.* Retrieved from: https://www.cdc.gov/healthyyouth/health_and_academics/pdf/pa-pe_paper.pdf

Core Objective:

- HHS should include an objective that explicitly targets the reduction of unhealthy food environments (i.e. food deserts[4] and food swamps[5]). Together, the existence of food deserts and food swamps have contributed to America's obesity epidemic as well as poor health outcomes amongst affected families.[6] By jointly reducing these unhealthy food environments people will have better access to healthy, nutritious foods. In turn, objectives included in the current proposal such as, *"Increase consumption of total vegetables in the population aged 2 years and older"*, will be more easily achieved. Suggested language for the objective is as follows:
    - Reduce the number of people who live in unhealthy food environments. (Suggested Data Source – U.S. Department of Agriculture's Food Environment Atlas)

Recommendation

- We applaud ODPHP for their use of people-first language related to obesity in the Healthy People 2030 objectives for Nutrition and Weight Status. There is still resistance to treating obesity as a disease, although it is recognized as a disease by all major medical associations. Failure to recognize obesity as a disease results in a low percentage of patients with obesity receiving evidence-based treatments as well as inconsistency in what types of obesity treatments are offered by health insurance plans, including state Medicaid plans. To ensure that individuals with obesity are treated like other patients with chronic disease, HHS should add objectives that increase the frequency that patients with obesity receive treatment and increase the number of health insurance plans that cover treatment for obesity, including pharmacotherapy and counseling. We recommend that ODPHP create a new, separate category for obesity objectives to emphasize the recognition of obesity as a disease, reduce stigma and allow for targeted prevention and treatment objectives, as is the case with other diseases like diabetes.
- Suggested language for the obesity objectives are as follows:
    - Increase the evidence-based treatment of obesity among eligible adults (Suggested Data Source: NHANES)
    - Increase the number of Medicaid Plans that cover treatments for obesity (Suggested Data Source: State Medicaid Agencies and Contracted Entities, Centers for Medicare and Medicaid Services)
    - Increase the proportion of women who return to within 5% of pre-conception body weight by 6 months postpartum. (Suggested Data Source: NHANES)

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[4] Ver Ploeg M., Breneman V., Farrigan T., Hamrick K., Hopkins D, et al. (2009). Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences. *United States Department of Agriculture (USDA) Economic Research Service.*

[5] Rose D., Bodor N., Swalm C., Rice J., Farley T., et al. (2009). Deserts in New Orleans? Illustrations of Urban Food access and Implications for Policy. *University of Michigan National Poverty Center; USDA Economic Research Service..*

[6] Cooksey-Stowers, K., Schwartz, M. B., Brownell, K. D. (2017, November). Food swamps predict obesity rates better than food deserts in the United States. *International Journal of Environmental Research and Public Health,* DOI: 10.3390/ijerph14111366.

Thank you for the opportunity to offer comments on the Healthy People 2030 Objectives. If you have questions about these comments, please contact Jeff Hild, Policy Director at the Redstone Center, at jeffhild@gwu.edu.

Sincerely,

Dr. William Dietz
Chair
Redstone Global Center for Prevention & Wellness
Milken Institute School of Public Health
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