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Office of the Assistant Secretary for Health
Office of Disease Prevention and Health Promotion
Department of Health and Human Services
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Society for Public Health Education's (SOPHE's) comments on the proposed Healthy People 2030 Objectives

The Society for Public Health Education (SOPHE) welcomes the opportunity to comment on the proposed Healthy People 2030 Objectives for the U.S. Department of Health and Human Services (HHS). We are pleased that the proposed framework seeks to build on the nearly 40 years of Healthy People history. Throughout its history, the Healthy People initiatives have focused on reducing health disparities and achieving health equity. SOPHE applauds this sustained commitment to health equity and will continue to advocate for using existing data collection and research to create action plans to move the nation toward a more equitable and healthy society. The proposed Healthy People 2030 objectives should be easily integrated into the physical, social, environmental, and health care environments in which all people live, work, play, and study. Such an approach will address a principal concern with the outcome measures associated with Healthy People 2020, notably that racial and ethnic health disparities are narrowing, while disparities identified by other socioeconomic identifiers that influence health (e.g., education or income level) are widening. Such overarching comments frame our more detailed recommendations that follow and are offered to provide HHS commentary in the supporting narrative for each final objective.

Founded in 1950, SOPHE is a 501 (c)(3) professional organization that provides global leadership to the profession of health education and health promotion. SOPHE contributes to the health of all people and the elimination of health disparities through advances in health education theory and research; excellence in professional preparation and practice; and advocacy for public policies conducive to health. SOPHE is the only independent professional organization devoted exclusively to health education and health promotion. Members include behavioral scientists, faculty, practitioners, and students engaged in disease prevention and health promotion in both the public and private sectors. Collectively, SOPHE's national and chapter members work in universities, medical/health care settings, businesses, voluntary health agencies, international organizations, and all branches of federal/state/local government. Throughout our nearly 70-year history, SOPHE has worked closely with the National Institutes of Health, Centers for Disease

Control and Prevention, Health Resources and Services Administration, Office of Minority Health, the Department of Education, and other branches of government.

Comments on Educational- and Community-Based Programs

Proposed New Objective: Increase the proportion of youth aged 6-17 years who receive comprehensive skills-based school health education by a qualified health educator.

Educational- and community-based programs (ECBPs) have been among foundational programs included in Healthy People priorities for decades because of their impact on health, including socioeconomic levels and determinants of health. ECBP initiatives are effective because they have the unique ability to involve people in places outside of traditional health care settings, such as school and have addressed emerging or rooted issues in health equity. **The Whole School, Whole Community, Whole Child (WSCC) model introduced in 2014 (a priority ECBP issue), is a powerful public health approach that bridges health and learning for students in K-12 schools, teachers, nurses, families, community members and other stakeholders** (ASCD, 2014).

SOPHE acknowledges HP 2020's recognition that teaching children in schools at any early age to adopt healthy lifestyle habits is vital to not only reducing chronic disease risks, but also their academic success (e.g., improving grades, attendance, dropout rates, and cognitive skills/attitudes) (Soler et al., 2016; CDC, 2010; CDC, 2014). The WSCC model addresses both education and health priorities so that all students to learn concepts and practice healthy decision-making – thus, increasing the likelihood that students will grow into healthy and productive adults. However, the proposed core/developmental HP 2030 objectives omit recognition of school health education and prevention – essentially eliminating Healthy People 2020 objective ECBP-2. **At a time when the health of our future leaders is at stake (e.g., this generation may live shorter lives than their parents), SOPHE strongly recommends that the concept of prioritizing school health education be reinstated and reworded as proposed above.**

Comprehensive, skills-based education is bases on decades of research. These data convinced federal policymakers to recognize health education as a well-rounded subject in the Every Students Succeeds Act of 2015. The continued support and promotion of K=12 schools health education is critical to achieving the vision statement of Healthy People 2030 for "a society in which all people achieve their full potential for health and well-being across the lifespan." The National Health Education Standards identify eight skills that should be taught to students throughout K-12: 1) Comprehending concepts related to health promotion and disease prevention; 2) Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors; 3) Accessing valid information, products, and services to enhance health; 4) Using interpersonal communication skills to enhance health and avoid or reduce health risks; 5) Using decision making skills to enhance health; 6) Using goal setting skills to enhance health; 7) Practicing health enhancing behaviors to avoid or reduce risks; and 8) Advocating for personal, family, and community health. **Strengthening students social and emotional skills (e.g., goal-setting, decision making, and communication skills) improves academic**

behaviors of students, increases motivation to do well in school, increases positive attitudes toward school, reduces absenteeism, improves performance on achievement tests and grades, and improves high school graduation rates.

Particularly with regard to the Adolescent Health (AH) objectives re-instating a similar objective related to the proportion of adolescents who receive health education in schools would have a positive effect on a number of the proposed core objectives including:

- AH-2030-03 Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade,
- AH-2030-06 Reduce chronic school absence among early adolescents, and
- AH-2030-10 Increase the proportion of adolescents, ages 12-17, who spoke privately with a physician or other health care provider during their preventive medical visit in the past 1 month.

To improve the health outcomes of schools and communities, it is vital that national HHS policy reflect the priority that youth receive comprehensive health education taught by qualified health educators. A well-rounded approach to school health education means integrating curricula and instruction for students to address an array of issues delineated in HP 2020 that today are escalating (e.g,. unintentional injury; violence; tobacco use and addiction; alcohol or other drug use; inadequate physical activity). **Thus, there is a national imperative to prioritize school health education as a measure of ECBPs, especially as health and education professionals continue to tackle these components that impact both urban and rural vulnerable populations**.

<u>Comments on Adolescent Health Objectives</u>

SOPHE supports the inclusion of Healthy People 2030 AH-2030-06 "Reduce chronic school absence among early adolescents"

Chronic absenteeism continues to be an early warning indicator of academic risk. By 6th grade, chronic absenteeism becomes one of the leading indicators that a student will drop out of high school (Attendance Works, 2014) which leads to an increased likelihood of health and socioeconomic risk. Chronic absenteeism begins to rise in middle school and continues into high school (HRSA, 2017), posing challenges for many public schools.

The inclusion of this objective aligns with the Whole School, Whole Community, Whole Child (WSCC) Model. WSCC incorporates the components of the Coordinated School Health (CSH) approach and the tenets of ASCD's (2014) Whole Child approach to strengthen a unified and collaborative approach to learning and health (CDC, n.d.). WSCC encourages health and education to align their priorities and coordinate policies, processes, and practices (Chiang, Meagher, Slade, 2015).

To best support students, districts should be encouraged to establish systems that would provide multifaceted, evidence-based interventions that address chronic absenteeism. Integrating health

education and social emotional learning into the solutions will allow schools to better engage and support students. Often absences due to health problems, such as asthma, diabetes, and oral and mental health issues (CDC, 2015). Teaching students how to manage chronic illnesses and live healthy lifestyles reinforces health messages that are relevant for students and meet community needs (CDC, 2015). School health services actively collaborate with school and community support services to assist students and families in better managing health and social stressors and advocating for their own health and learning needs (CDC, 2015). Chronic absenteeism is also most prevalent among low-income students (HRSA, 2017).

Additional barriers, such as fear of bullying and disengagement from school, can also increase the likelihood of chronic absenteeism (Jacob, Lovett, 2017). WSCC emphasizes the importance of ensuring that the child at the center is healthy, safe, engaged, supported, and challenged (CDC, 2018). Schools that are not ensuring students' safety and sense of belonging encourage disengagement and academic risk, particularly for minority students (Darling-Hammond, Cook-Harvey, 2018). While rates of chronic absenteeism are high overall, there are some striking differences across student demographics (USED, 2016). According to the US Department of Education (2016), American Indian and Pacific Islander, Black, and Hispanic students are significantly more likely to be chronically absent than their white peers, and students with disabilities (known as IDEA) are nearly more likely to be chronically absent than their white peers.

It is essential to provide all students with a positive social and emotional school climate and access to counseling and psychological services (components of WSCC), to support their social and emotional development (CDC, 2015). The social and emotional climate of a school can impact student engagement in school activities; relationships with other students, staff, family, and community; and academic performance (CDC, 2015). Moreover, prevention and intervention services provided by counselors and other school-based mental health professionals support the mental, behavioral, and social-emotional health of students and promote success in the learning process (CDC, 2015).

SOPHE objects to the elimination of Healthy People 2020 Objective AH-2 "Increase the proportion of adolescents who participate in extracurricular and/or out-of-school activities"

SOPHE encourages HHS to consider the substantial research that shows that student who participate in extracurricular and/or out-of-school activities tend to have higher grades, more positive attitudes toward school and higher academic aspirations. Support of extracurricular and/or out-of-school activities aligns with the Whole School, Whole Community, Whole Child (WSCC) Model. WSCC is an expansion and update of the Coordinated School Health (CSH) approach (ASCD, 2014). WSCC urges health and education to work collaboratively toward greater alignment and coordination of policies, processes, and practices (Chiang, Meagher, Slade, 2015).

Extracurricular activity participation can promote school connectedness (CDC, 2009), which in turn supports social and emotional climate, which refers to the psychosocial aspects of students'

educational experience that influence their social and emotional development (ASCD, 2014). Out-of-school programs are shown to improve academic performance, reduce risky behaviors, promote physical health, and provide a safe, structured environment for the children of working parents. A positive social and emotional school climate promotes health, growth, and development by providing a safe and supportive learning environment (Chiang, Meagher, & Slade, 2015). Students involved in activities tend to have higher self-esteem, develop better social skills, and build better relationships with friends and adults.

The elimination of this objective does not support the WSCC approach to community engagement and students spending their time in safe environments where they are being engaged and supported. Prioritizing extracurricular and/or out-of-school activities also provides opportunities for community engagement and ways for students to engage in new ways with their communities; build trusting and meaningful relationships with other adults; and develop more positive attitudes towards their communities. Moreover, these relationships can promote partnerships and collaboration between schools and community agencies and organizations. Such partnerships are essential to helping schools secure the resources and support necessary to implement the WSCC and promote health education (CDC, 2015). Focusing on youth health and learning can improve overall community health. SOPHE supports the promotion of school health and policies that support a conducive learning environment as supported under the WSCC model.

SOPHE objects to the elimination of Healthy People 2020 Objective AH-9 "Increase the proportion of middle and high schools that prohibit harassment based on a student's sexual orientation or gender identity"

Over the past decade, controversies surrounding students' sexual orientation and gender identity have become increasingly common in K-12 schools. Students who are lesbian, gay, bisexual, transgender, or queer (LGBTQ) are more likely to be subject to pervasive discrimination, including harassment, bullying, intimidation, and violence than their cisgender, heterosexual peers (Stop Bullying, 2017). Numerous studies demonstrate that discrimination at school has contributed to high rates of absenteeism, dropout, adverse health consequences, and academic underachievement among LGBTQ youth (Gay, Lesbian & Straight Education Network, 2014). When left unchecked, such discrimination can lead to, and has led to, dangerous situations for young people. As such, the elimination of this objective deprioritizes the safety and well-being of LGBTQ students.

The elimination of this objective does not support the Whole School, Whole Community, Whole Child (WSCC) approach to healthy schools for all students that the CDC has adopted and is detrimental to social and emotional learning and mental health. WSCC emphasizes the School Health Components that every school should have to ensure the health, safety, and wellbeing of their students, staff and environment (ASCD, 2014). At the center of the model is a focus on ensuring that youth are healthy, safe, engaged, supported, and challenged (ASCD, 2014). Schools that do not take an active role in ensuring that students are protected and supported, adversely affect opportunities to learn and academic outcomes.

LGBTQ students report occurrences of verbal and physical harassment more frequently than their cisgender, heterosexual peers (Gay, Lesbian & Straight Education Network, 2014) and these experiences negatively affect students' success in school. LGBT students who experienced higher levels of victimization because of their sexual orientation and/or gender expression were more than three times as likely to have missed school in the past month than those who experienced lower levels; had lower grade point averages (GPAs) than students who were less often harassed; were twice as likely to report that they did not plan to pursue any post-secondary education (e.g., college or trade school) than those who experienced lower levels; and had higher levels of depression and lower levels of self-esteem (Gay, Lesbian & Straight Education Network, 2014).

For youth to thrive in schools and communities, they need to feel socially, emotionally, and physically safe and supported. Incorporating social and emotional learning (SEL) in schools also helps provide children with equitable, supportive, and welcoming learning environments that promote positive relationship building among peers and social awareness (CASEL, 2019). Studies show that SEL, in turn, decreases dropout rates, school and classroom behavior issues, drug use, and other risky behaviors (CASEL, 2019). When schools implement policies and procedures to diminish harassment based on sexual orientation and gender identity and expression, students report more positively on social and emotional indicators, which were associated with greater feelings of safety (McGuire, Anderson, Toomey, & Russell, 2010; Hatzenbuehler, Birkett, Van Wagenen, & Meyer, 2014).

Comments on Health Communication and Health Technology Objectives

SOPHE strongly supports the core and developmental objectives related to health communications and health technology. Well-designed health communication can attenuate barriers and thus can improve health literacy and numeracy to empower individuals and populations—especially underserved and vulnerable audiences—for improved health decision-making and the promotion of health equity. Health education specialists can play vital roles in educating health care providers on effective patient communication, cultural competency, health numeracy and literacy, as well as effective strategies for patient engagement in healthcare decision making. NLM's Partners in Health Information Access has been a vital source of timely, cross disciplinary information to improve the public health workforce's access and understanding of health information and resources.

With regard to the developmental objectives, the widespread use of the Internet, smart phones, and other mobile digital devices has created a unique opportunity for public health. Some digital technologies and applications have been demonstrated to contribute to the promotion of public health and effectively used in disease self-management, whereas the majority are yet to be fully tested and their credibility with different audiences may vary because of a complex array of factors. Moreover, social media platforms and a wide and burgeoning range of available applications have demonstrated significant capacity to reach millions of people with health information and advice. Despite growing evidence that supports the promise of digital

communication in health promotion, there has been limited exchange and integration of data and information across the public and private sectors about how it can be maximized to improve public health. SOPHE has been working with executive leaders in the public and private sectors to address this chasm for improved public health outcomes and offers further assistance in achieving the proposed developmental objectives.

HC/HIT-2030-D06 Increase the percentage of clinicians that can send, receive, find, and integrate electronic health information from outside sources

SOPHE recommends modifying this objective to read - *Increase the percentage of health professionals that can send, receive, find, and integrate electronic health information from outside sources.* The pace of collection, dissemination, and exchange of population-wide and personal health data is expected to exponentially increase in the future years through innovations and rapid advancements in new technologies and devices, population growth, research in personalized medicine, and growth and analysis of health information. As such, future generations likely will be increasingly reliant on technology and global connectedness. Thus, efforts to include training for all health professionals in integrating health information in their work must be further researched and documented.

<u>Comments on Early & Middle Childhood Objectives</u>

EMC-2030-D01   Increase the number of children who are developmentally on track and ready for school

Early childhood education (ECE), aimed at children 3-4 years can improve overall health development and act as a protective factor against the future onset of adult disease and disability. Children disadvantaged by poverty may experience an even greater benefit because ECE programs also seek to prevent or minimize gaps in school readiness between low-income and more economically advantaged children. CDC's Hi 5 Initiative has identified ECE as a core non-clinical, community-wide approaches that has evidence reporting 1) positive health impacts, 2) results within five years, and 3) cost effectiveness and/or cost savings over the lifetime of the population or earlier.

Thus, SOPHE support this objective but recommends further specificity, given scientific evidence. SOPHE recommends this objective to be stated as **Increase the number of children exposed to early childhood education programs that address literacy, numeracy, cognitive development, socio-emotional development, and motor skills**. Studies show 90 percent of children's adult brain volume is developed by age 6, which supports the functional skills related to information processing, comprehension, language, emotional regulation, and motor skills. Additionally, positive experiences support children's cognitive, social, emotional, and physical development, and conversely, adverse experiences can hinder it. Strong associations have been found between the biological effects of adverse early childhood experiences and numerous adult chronic diseases.

SOPHE also recommends adding a new Developmental Objective on **Decreasing the proportion of children who have Adverse Childhood Experiences**. Adverse Childhood Experiences have been linked to risky health behaviors, many chronic health conditions, low life potential, and early death. As the number of ACEs increases, so does the risk for these outcomes. A variety of evidence-based interventions exist to prevent ACEs, such as visiting programs for parents of newborns, parent training programs, and parent social support, which help promote safe, stable, nurturing relationships and environments for all children.

Comments on Access to Health Services Objectives

SOPHE applauds HHS for giving special attention to ensuring that more Americans have health insurance but also that this access to health insurance is meaningful and can be used to get necessary medical care. Objectives focused on increasing the number of Americans with medical, dental, and prescription drug insurance coverage - coupled with objectives ensuring that those who need care can obtain necessary care in a timely manner - are critical to the maintenance of meaningful health insurance. SOPHE urges HHS to consider these objectives as they continue to implement the Affordable Care Act.

Comments on Opioids Objectives

SOPHE applauds 'Opioid' Objectives and recommends increasing health education on opioid misuse, addiction and use disorders through comprehensive collaborations that increase access to prevention and recovery resources.

SOPHE applauds the introduction of 'Opioids' as a priority topic for Healthy People 2030 and commends national efforts that seek to curtail opioid use and overdose, particularly health policies and data sources that measure efforts to prevent initiation of substance misuse and opioid addiction. SOPHE is committed to a coordinated, systems approach (e.g. health education, medical, mental, and social health services; health departments; nonprofit and community-based organizations; community members) that achieves national goals to improve health and tactically implements the health education specialist role (SOPHE, 2018). Specifically, this cross-cutting collaboration focuses on equipping and educating both health providers and opioid users with harm-reduction strategies (MAT, naloxone, nondrug and mind/body techniques) and pain management resources (OAH, 2017). The opioid epidemic is a public health issue, yet, while the national response has largely centered on initiatives to combat issues revolving opioid *misuse* (prescription overdose, illicit drug/opioid use, and the comorbidities associated with opioid misuse), there remains a gap in public health education on the prevention of opioid use and misuse (SOPHE, 2018).

The nation's health has felt the impact of the opioid epidemic – an estimated 130 American lives are lost daily from an opioid overdose (CDC, 2017), and comorbidities (Hepatitis C, HIV, and neonatal opioid withdrawal syndrome) are exacerbated by this crisis (NIDA, 2018). Likewise, the economic burden of the opioid crisis is amplified and has increased crime, violence, and disruptions in family, workplace, and educational environments (NIDA, 2018). Public health

professionals know health education improves the health status of individuals, communities, states, and ultimately the nation; enhances the quality of life; and reduces chronic disease and disability that contribute to health care costs, bringing a return on invest to the economy (Soler et al., 2016). Combating the opioid epidemic is an opportunity for all public health professionals to engage in health promotion and work alongside health educators. There are ongoing federal funding sources, research studies and collaborations, such as NIH's Public-Private HEAL (Helping to End Addiction Long-term[SM]) Initiative (2018), that exemplify the health education response to this evolving issue. For example, the HEAL Initiative[SM] employs experts from public and private organizations to bolster research on the prevention and treatment of opioid misuse, addiction and pain management with the goal of sustained recovery and promotion of evidence-based strategies that are needed the most (HEAL, 2018). To that end, SOPHE will continue to advocate for health policies that improve the health of children, families, communities, and the economy that are all negatively impacted by the public health crisis of opioid misuse.

Comments on HIV Objectives

Objective Statement: Reduce the number of new HIV infections among adolescents and adults, 13 years and older

SOPHE supports the proposed objective and shares the commitment to reduce the number of new HIV infections. In order to reduce new HIV infections, it is critical that people are educated on how HIV is transmitted and ways to protects oneself from the virus[1]. Health education provides people with the opportunity to gain comprehensive knowledge of HIV, which could reduce the amount of new infections. Additionally, the CDC recommends making HIV testing available and accessible to everyone[1]. A key aspect to this is making sure that there are not barriers preventing people from getting tested.

Objective Statement: Increase the proportions of persons 13 years and older who know their HIV status

SOPHE supports the stated objective but suggests amending the objective to include "high-risk" populations. The CDC recommendation to routinely test people between the ages of 13 and 64 leaves a gap for older and younger people who may be at risk for contracting HIV, particularly if they are included in a high-risk population or partaking in high risk behaviors for contracting HIV[1]. Approximately 40% of new HIV infections are transmitted by people who are living with HIV and are unaware of their HIV status[1]. Being aware of one's HIV status is crucial in reducing spread[1]. It is important for health care professionals to make sure that HIV testing is part of each person's routine health care[1]. By including "high-risk" populations in the objective it does not constrain reducing new HIV infections to an age[2].

Objective Statement: Reduce the number of new HIV diagnoses among persons of all ages

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[1] HIV Testing. (2018, November 30). Retrieved January 11, 2019, from https://www.cdc.gov/hiv/testing/index.html

[2] HIV.govDate last updated: May 15, 2017. (2018, August 24). Who Is at Risk for HIV? Retrieved January 11, 2019, from https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/who-is-at-risk-for-hiv

SOPHE applauds the objective as stated. To reduce the number of new HIV diagnoses among people of all ages it is recommended that people between the ages of 13-64 get tested as part of their routine health care, and people who are at high-risk get tested more frequently[1]. Knowing one's status is imperative to reduce the transmission rate of HIV as 40% of new cases occur with people who are unaware of their status.

People who are HIV positive should be immediately referred to treatment as timing of ARTs is critical and people at high risk for contracting HIV should take a daily pre-exposure prophylaxis (PrEP) which can prevent the HIV infection by more than 90%[1]. Additionally, if someone is exposed to HIV or thinks they might have had an encounter with HIV, there is Post-Exposure Prophylaxis (PEP) which is an antiretroviral drug that can be used to stop HIV seroconversion within 72 hours of possible exposure[1].

Objective Statement: Increase the percentage of persons 13 years and older with newly diagnosed HIV infection linked to HIV medical care within one month

SOPHE shares the commitment of the importance of getting newly diagnosed HIV patients linked into care. If a person tests positive for HIV it is highly critical that they are referred to care as soon as possible. People living with HIV who take Antiretroviral therapy (ART) on a regular basis can attain an undetectable viral load and have effectively no risk of transmitting HIV. Initiating ARTs immediately after HIV infection reduces the chance of the virus progressing.

Objective Statement: Increase the percentage of persons 13 years and older with diagnosed HIV infection who are virally suppressed

SOPHE supports this objective. Viral suppression means that someone with HIV is combatting the infection and helps to combat the spread of HIV to other people. It is crucial for PLHIV to stay linked to care to make sure that they are staying virally suppressed.

Objective Statement: Reduce rate of newly diagnosed perinatally acquired HIV infections

SOPHE supports the proposed objective and shares the commitment to reduce the rate of newly diagnosed perinatally acquired HIV infections. For pregnant women, HIV screening should be a part of the routine panel or prenatal screening tests and be repeated in the third trimester for women living in an area with elevated rates of HIV[3]. Early screening enables HIV positive women and their babies to benefit from timely and appropriate interventions to protect the health of them and their unborn baby[3].If a pregnant woman is HIV positive and treated for HIV early in their pregnancy the risk of transmitting HIV to the baby is less than 1%[3].

Comments on Tobacco Use Objectives

TU-2030-13 Increase proportion of pregnant females who report advice to quit from a health professional

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[3] HIV Among Pregnant Women, Infants, and Children. (2018, March 21). Retrieved January 11, 2019, from https://www.cdc.gov/hiv/group/gender/pregnantwomen/index.html

SOPHE applauds the tobacco use objectives related to pregnant women as it demonstrates an ongoing commitment of the U.S. Dept. of Health and Human Services to the goal of reducing maternal smoking as a high-priority goal. Maternal smoking remains the most important modifiable cause of infant mortality so clearly describing the link between infant mortality and maternal smoking and emphatically emphasizing that the reduction of infant mortality remains an important public health goal is critical as we strive to increase the number of babies who are born healthy. Increased emphasis on pregnant women as a priority population should be considered as tobacco use in pregnancy affects the health and well-being of not only the mother but also the baby and can lead to long-term health consequences for a child who never smoked tobacco at all. Thus, efforts to decrease costs associated with tobacco use, both human and economic, must include pregnant women as a specifically targeted group.

SOPHE recommends strengthening this objective to read – *Increase the proportion of pregnant females who receive counseling from a health professional for smoking cessation during pregnancy*. Counseling is more than "advice". It involves applying behavior change theories and models from the social and behavioral sciences that explain the biological, cognitive, behavioral, and psychosocial/environmental determinants of health-related behaviors such as smoking. It uses interventions to produce changes in knowledge, attitudes, motivations, self-confidence, skills, and social supports that is required for behavior change and maintenance. Many people working in health care are well equipped to provide advice to quit and smoking cessation counseling. The supporting narrative should clearly state that a "health professional" may include health educators, social workers, home health visitors, nutritionists and other non-credentialed healthcare providers.

TU-2030-11 Increase use of smoking cessation counseling and/or medication among adult smokers

Given the evidence based for medication assisted treatment for adult smokers, SOPHE applauds the addition of "medication" to this tobacco objective. However, evidence strongly suggests that counseling assists smokers with the skills needed to change habits and routines that contribute to cessation success. HHS should consider removing "and/or" and replacing it with "and."

Given the Surgeon General's advisory on e-cigarette use among youth, SOPHE strongly urges HHS to include objectives that measure e-cigarette use among youth, in general, and specifically JUUL use among youth. Objectives should also be developed to measure dual use--e-cigarettes and cigarette smoking--as well as measure the percent of youth e-cigarette users who then "graduate" to smoking combustible cigarettes exclusively.

Comments on Social Determinants of Health Objectives

SOPHE applauds HHS' continued emphasis on addressing social determinants of health as part of Healthy People 2030. However, this series of objectives should be broadened to include the strong research base, which is documented in CDC's Hi 5 Initiative. The Hi 5 Initiative highlights non-clinical, community-wide approaches that have evidence reporting 1) positive

health impacts, 2) results within five years, and 3) cost effectiveness and/or cost savings over the lifetime of the population or earlier. Thus, SOPHE recommends adding two new developmental objectives.

Recommended New Developmental Objective: ***Increase the number of city and county bus fleets that are run on clean diesel technology.*** Retrofitting existing buses with clean diesel technology reduces air pollution, including people's exposure to soot. Such exposure to pollutants increases the risk of mortality, heart attacks, and hospitalizations for heart disease – especially in vulnerable populations, such as school children. According to the EPA, each federal dollar invested in clean diesel projects has generated between $5 to $21 in savings from public health benefits.

Recommended New Developmental Objective: ***Increase the number of people who have access to public transportation systems.*** Transportation systems help ensure that people can reach everyday destinations, such as jobs, schools, healthy food outlets and healthcare facilities, safely and reliably. Public transportation services play an important role for people who are unable to drive, including those without access to personal vehicles, children, individuals with disabilities, and older adults. Public transportation systems also are associated with reductions in health risk factors such as motor vehicle crashes, air pollution, and physical inactivity.

<u>Comments on Public Health Infrastructure</u>

SOPHE strongly supports the proposed core and developmental objectives on public health infrastructure. Investing in the systems, competencies, frameworks, relationships, and resources that enable public health agencies to perform their core functions and essential services is essential to improving health outcomes and eliminating health disparities. The following comments are offered to strengthen the research objectives and supportive narrative.

PHI-2030-R01 Explore and expand the use and impact of practice-based continuing education resources for public health practitioners, such as training centers, learning management systems, and discipline-specific opportunities.

Continuous, life long learning is vital for public health researchers and practitioners. HRSA's public health training centers and area health education centers provide valuable resources for in-service training of health professionals in their regions. SOPHE recommends such education centers be fully supported to integrate the latest learning technologies and effective adult education practices in their work. Given that schools are integral parts of the community, such centers could also provide valuable assistance to state and local education agencies for needed in-service teacher education on 1) cutting-edge health and mental health issues impacting students in their states and regions; and 2) staff wellness.

PHI-2030-R02 Expand pipeline programs that include service learning or experiential learning components in public health settings

Community colleges have a vital role to play in achieving this objective in that they educate a substantial proportion of future health professionals. Community colleges also have strong connections to the communities they serve and enroll many students from underserved communities who could enhance the diversity of the future health education workforce. *The Framing the Future: The Second 100 Years of Public Health Task Force* under the aegis of the Association of Schools and Programs in Public Health and the League for Innovation in Community College in the United States has outlined a pathway to linking experiential learning to public health needs with courses and degrees of Public Health: Generalist & Specializations and Health Navigator. As one example, community colleges provide an experiential learning pathway for health education specialists who may pursue their foundational courses in a 2-year degree setting, with an opportunity to articulate to a 4-year degree program in health education.. The Public Health: Generalist & Specializations is designed for transfer to bachelor's degree programs in general public health, health education, health administration, and environmental health. The Health Navigator programs are designed for employment as community health workers, health care/patient navigators, and/or health insurance navigators.

PHI-2030-R03 Increase use of core competencies and discipline-specific competencies to drive workforce development efforts.

Some 80 percent of state public health agencies are using the Core Competencies for Public Health Professionals in continuing education, and less than half of local public health agencies are using such competencies. Although such efforts are a significant improvement over prior years, the rapid changes in health care and population health require additional discipline-specific competencies of public health professionals at the state and local levels. For example, The Health Education Specialists Practice Analysis core competencies are essential for public health educators and communicators. See https://www.nchec.org/responsibilities-and-competencies. These responsibilities and competencies have been refined and re-verified by four previous health education practice analysis studies and are required for recertification. State and local public health agencies, and the accreditation agency for health departments, must acknowledge the need for more specialized training by health educators and other public health personnel and support their certification. At present, there are more than 15,000 certified health education specialists who work daily to improve the nations' health.

PHI-2030-R04 Monitor and understand the public health workforce - composition, enumeration, gaps, and needs.

Health educators, also known as health education specialists, are an essential part of the public health workforce. Health educations specialists: assess the health needs of people and communities; develop programs, materials and events to teach people about health topics or manage health conditions; evaluate the effectiveness of programs and educational materials.; Help people find health services or information; provide training programs for other health professionals or community health workers; advocate for improved health resources, policies, procedures and services that promote health; collect and analyze data to learn about a particular community to improve programs and services; and supervise staff who implement health education programs.

Formally trained health educators are an important but often underutilized part of the workforce. Although various health workers inform the public, many employers are unaware of the professional training and roles of health educators. Although many persons are professionally prepared as health educators, available data are limited about where they work, how they contribute, or how they can be better deployed to serve public health needs. Despite the U.S. Department of Labor's Standard Occupational Classification of health educators, the definition is not widely embraced throughout the governmental public health system. Because job descriptions often include functions of other health workers, including health communicators and community health workers, some employers might have difficulty distinguishing health educators from other professionals

In a 2016 survey of local health departments, 53% of respondents indicated that health educators are a high priority occupation in their agencies, and 76% reported the need for more health educator positions. HRSA's public health workforce survey and other workforce surveys need to expand their efforts to collect more data on the composition, enumeration, gaps and needs of state and local health education workforce.

PHI-2030-R05 Monitor the education of the public health workforce - degrees conferred, schools and programs of public health and related disciplines, and curricula.

Schools and programs of public health have increased exponentially in the last decade, especially at the undergraduate level as well as those providing online learning. HHS must devote additional attention to adequately documenting the quality and quantity of such programs, especially in HBCUs and Hispanic serving institutions, if the nation is to be prepared to meet public health demands. The newly developed Health Education and Promotion Program database, developed by the National Commission for Health Education Credentialing, can serve as one centralized source of information regarding institutions of higher education that offer undergraduate, graduate, and doctoral programs in Health Education and Promotion (See https://www.healtheddirectory.org/). This web-based directory provides faculty, prospective students, researchers, employers, and others valuable information about professional preparation programs in Health Education and Promotion, data on the number and location of programs, the program's accreditation status, the number of graduates, and other data.

Thank you for consideration of our comments. Please contact Dr. Cicily Hampton at (champton@sophe.org) or 202-408-9804 with any additional questions.

Sincerely,

Elaine Auld

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