



advocacy | action | answers on aging

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The Honorable Alex M. Azar II
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

via electronic submission to HP2030@hhs.gov

Dear Secretary Azar:

Thank you for the opportunity to participate in the Healthy People 2030 objective development and selection process. As advocates for older adults and their caregivers, we welcome the opportunity to add to the discussion of how our country can be healthier by 2030. The National Association of Area Agencies on Aging represents the country's 622 Area Agencies on Aging (AAAs) and serves as a voice in Washington for more than 250 Title VI Native American aging programs. Our members develop, coordinate and deliver local aging programs to help millions of older Americans and their caregivers get the support they need to age successfully at home and in their communities.

Every day, 10,000 boomers turn age 65, or nearly 10 million in the next three years. By 2030, 73 million—or one in five—people in America will be age 65 or older. By 2035, all communities must be prepared to address these realities when, for the first time in our nation's history, the population of adults 60 and older will outnumber people younger than 20.

Demographics demand and must drive a federal focus on policies that support older adults and their caregivers. Given this reality, **n4a requests that the Healthy People 2030 objectives place greater emphasis on aging, older adults and their caregivers.** We cannot achieve our overall health goals as a nation if we don't improve our citizens' ability to age with health and independence.

To this end, **we appreciate the inclusion of the seven specific Older Adult objectives, the three Dementia objectives, the six Social Determinants of Health objectives, the Oral Health objectives, and the Nutrition objectives** (especially reducing hunger, NWS-2030-01), as well as several specific objectives, such as IVP-2030-07 on reducing deaths by falls among people age 65 and older, and the suicide reduction (MHMD-2030-01) and access to mental health treatment objectives in the Mental Health and Mental Disorders section.

With increased life expectancies, it's important to recognize that not all older adults are at the same stage of life. Objectives for the 65 to 74-year-old population may not be appropriate for their counterparts age 85 and older, the fastest-growing population group. We encourage closer consideration of the drafted objectives to ensure that they acknowledge this important reality.

We are struck, however, by the many areas that are not addressed in the proposed objectives but which should be. Our rapidly aging population presents many challenges to the health of our society as a whole. Older adults are part of families and communities, and their health has implications on caregivers, taxpayers, the workforce, government, our economy and a host of industries. That's why it's critical for policymakers to promote healthy aging, to champion aging at home and in the community, to support independence, to drive innovation and to reduce problems that we know get in the way of those worthy goals.

Therefore, **we urge you to add additional objectives to Healthy People 2030 that reflect current health and aging challenges faced by older adults, as well as begin to map out solutions that will address them.** This plan is missing some of the most critical issues in the field of healthy aging; this must be remedied before these national objectives are finalized. In addition to the medically focused objectives already in the draft plan, greater recognition must be given to how older people actually live and age in the community. A lack of social supports, for instance, has a tremendous impact on the health of an older adult, and should be reflected in this plan.

The following are our priorities for your consideration, although we will note that this list is not comprehensive—there is much more we can do to encourage healthy aging between now and 2030.

Currently **there is an absence of objectives relating to where health actually happens—at home and in the community.** Healthy People 2030 must address **long-term care** and should include objectives to measure access to **home and**

community-based services, reduction in use of more expensive institutional care, and similar goals to promote the most cost-effective form of long-term care: home and community-based services (HCBS). HCBS provides older adults with much-needed supports so they can remain living successfully in their homes or communities—where they want to be—while maintaining their health and independence. Common HCBS include in-home care, congregate and home-delivered meals, adult day care, information and referral assistance, case management, transportation, legal services and caregiver support/respite. These services are in high demand in every community yet receive limited public investment.

We're disappointed that the Social Determinants of Health objectives are mainly focused on youth or earlier stages of life. Only the reduction in poverty objective, while admirable, applies to people age 65 or older. While grateful for the category's inclusion, **we strongly suggest you add an objective on social determinants of health (SDOH) and its effects on the health and independence of older adults.** As experts at providing services that improve the social determinants of health, Area Agencies on Aging are increasingly working with health care partners to improve the health of older adults by engaging in innovative models of service delivery. Policymakers, too, must prioritize proposals that preserve improvements in care delivery and promote advances toward better integrated, person-and-family-centered, self-directed care. Community-based organizations—particularly AAAs—must be key partners in achieving this monumental change. Involving these on-the-ground experts is the best way to address the social determinants of health, provide more coordinated care for the way people live, and, ultimately, drive better health outcomes and save money.

All SDOH are important, of course, but some have an outsized effect on the lives of older adults. **Access to accessible, affordable transportation** is one of those. Every year, 3.6 million Americans miss or delay medical care because of transportation problems. As problematic as this is, the impact of not receiving needed medical care is only part of the harm done by lack of access to transportation. People without transportation also struggle to access basic services, such as getting to the grocery store or pharmacy. Lack of transportation alternatives keeps many older drivers on the road even after they recognize their declining driving skills and make adjustments to their driving. People without cars and those who have stopped driving cannot do the activities or chores that they need or like to do. The impact of not having access to transportation leads to feelings of isolation, lack of enjoyment and loss of independence. We urge you to include additional objectives on transportation and the other SDOH that either impair or support older adults' ability to age well.

A final SDOH objective for your consideration: Given the frequency of social isolation among older adults and the resulting negative health effects, **we urge you to include an objective to reduce social isolation in older adults.** Research has shown that being socially connected has a strong positive influence on psychological and physical well-being, and lacking social connections is an independent risk factor that needs to be addressed in Healthy People 2030. A study published November 2017 by the AARP Public Policy Institute and Stanford University's Center on the Demography and Economics of Health and Aging found that a lack of social contacts among older adults is associated with an estimated \$6.7 billion in additional Medicare spending annually.

Thank you for the opportunity to comment on the draft objectives. We welcome additional opportunity to provide feedback on subsequent versions, as well as working with you to develop implementation strategies. Both public and private sectors will need to work together to ensure that a Healthy 2030 is within our reach, and n4a and its members look forward to doing our part.

Sincerely,

A handwritten signature in black ink that reads "Sandy Markwood". The signature is written in a cursive, flowing style with a long horizontal flourish extending to the right.

Sandy Markwood
Chief Executive Officer