



January 17, 2019

Don Wright, MD, MPH, FAAFP
Deputy Assistant Secretary for Health
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
Tower Building 1101 Wootton Parkway, Suite LL100
Rockville, MD 20852

Re: Secretary's Advisory Committee on National Disease Prevention and Health Promotion Objectives for Healthy People 2030

Dear Dr. Wright:

The Association of Asian Pacific Community Health Organizations greatly appreciates the opportunity to comment on the proposed objectives for Healthy People 2030. The Association of Asian Pacific Community Health Organizations represents 32 community-based health care organizations, 28 of which are Federally Qualified Health Centers (FQHCs), dedicated to improving the health status and care access of medically underserved Asian Americans, Native Hawaiians, and Pacific Islander (AANHPI) populations in the United States, its territories, and the Freely Associated States.

- D-2030-01 – Reduce the annual number of new cases of diagnosed diabetes in the population**
- D-2030-02 – Reduce the rate of all-cause mortality among adults with diagnosed diabetes**
- D-2030-08 – Increase the proportion of persons with diagnosed diabetes who ever receive formal diabetes education**
- D-2030-09 – Reduce the proportion of adults with undiagnosed prediabetes**

The Association of Asian Pacific Community Health Organizations (AAPCHO), representing 32 community-based health care organizations, strongly supports the inclusion of the core objectives to reduce the annual number of new cases of diagnosed diabetes in the population; the rate of all-cause mortality among adults with diagnosed diabetes; and the proportion of adults with undiagnosed prediabetes. We also support the core objectives to increase the proportion of persons with diagnosed diabetes who ever receive formal diabetes education.

Diabetes affects more than 30 million people in the United States, with higher prevalence among ethnic and racial minority patients. Asian American, Native Hawaiian, and Pacific Islander (AANHPI) populations are 10 percent more likely to be diagnosed with diabetes than non-Hispanic white. However diabetes (diagnosed and undiagnosed) prevalence for Asian Americans ranked highest when compared to other racial/ethnic groups, such as African-Americans, Caucasians, and Hispanics.

While we support the inclusion of these core objectives, we are disappointed by the removal of core objectives contained in Healthy People 2020. Specifically we hope the committee will continue to prioritize efforts to increase the proportion of persons with diabetes whose condition has been diagnosed; reduce the diabetes death rate; increase prevention behaviors in persons at high risk for

diabetes with prediabetes; increase the proportion of persons at high risk for diabetes with prediabetes who report increasing their physical levels of activity; increase the proportion of persons at high risk for diabetes with prediabetes who report trying to lose weight; and increase the proportion of persons at high risk for diabetes with prediabetes who report reducing the amount of fat or calories in their diet (D-15,3,16,16.1,16.2,16.3).

CBP-2030-D06 – Increase the number of community-based organizations providing population-based primary prevention services

The Association of Asian Pacific Community Health Organizations (AAPCHO), representing 32 community-based health care organizations, strongly supports the inclusion of the developmental and research objective to increase the number of community-based organizations providing population-based primary prevention services. Community health centers provide patients with access to high-quality, affordable care to medically underserved populations. Additionally, community health centers that specifically serve the Asian American, Native Hawaiian, and Pacific Islander (AANHPI) population provide linguistically accessible, culturally appropriate, and financially affordable primary health care services.

While we support the inclusion of this core objective, we are disappointed by the removal of core objectives contained in Healthy People 2020. Specifically, we hope the committee will continue to prioritize efforts to increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services targeting injury, violence, mental illness, tobacco use, substance abuse, unintended pregnancy, chronic disease programs, nutrition, and physical activity (ECBP-10.1,2,3,4,5,6,7,8,9).

NWS-2030-01 – Reduce household food insecurity and in doing so reduce hunger

The Association of Asian Pacific Community Health Organizations (AAPCHO), representing 32 community-based health care organizations, strongly supports the inclusion of the core objective to reduce household food insecurity and in doing so reduce hunger. The U.S. Department of Agriculture estimates that 40 million Americans, including 12 million children and 1.74 million Asian Americans and Pacific Islander, are food insecure.

While we support the inclusion of this core objective, we are disappointed by the removal of core objectives contained in Healthy People 2020. Specifically, we hope the committee will continue to prioritize efforts to eliminate very low food insecurity among children; increase the number of states with nutrition standards for food and beverages provided to preschool-aged children in child care; increase the proportion of schools that offer nutritious foods and beverages outside of school meals; increase the number of states that have state-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines for Americans (DGA); and increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the DGA (NWS-1,2,3,4).

Healthy People 2030 launch will take place close to the launch of the 2020-25 edition of the Dietary Guidelines for Americans, which for the first time, will include guidance for infants and toddlers (from birth to age 24 months), and women who are pregnant.

AHS-2030-01 – Increase the proportion of persons with medical insurance

AHS-2030-02 – Increase the proportion of persons with dental insurance

AHS-2030-03 – Increase the proportion of persons with drug insurance

AHS-2030-04 – Increase the proportion of persons with a usual primary care provider

AHS-2030-05 – Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care

AHS-2030-06 – Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care

AHS-2030-07 – Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary prescription medicines

AHS-2030-08 – Increase the proportion of adults who receive appropriate evidence-based clinical preventive services

The Association of Asian Pacific Community Health Organizations (AAPCHO), representing 32 community-based health care organizations, strongly supports the inclusion of the core objectives to increase the proportion of persons with medical insurance, dental insurance, drug insurance, a usual primary care provider, and who receive appropriate evidence-based clinical preventive services. We also support the core objectives to reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, and prescription medicines.

While we support the inclusion of these core objectives, we are disappointed by the removal of core objectives contained in Healthy People 2020. Specifically we hope the committee will continue to prioritize efforts to increase the proportion of persons who have a specific source of ongoing care; increase the proportion of persons of all ages who have a specific source of ongoing care; increase the proportion of children and youth aged 17 years and under who have a specific source of ongoing care; increase the proportion of adults aged 18 to 64 years who have a specific source of ongoing care; and increase the proportion of adults aged 65 years and older who have a specific source of ongoing care (AHS-5,5.1,5.2,5.3,5.4,5.5).

The Association of Asian Pacific Community Health Organizations strongly supports including the two currently proposed core objectives for hepatitis B in the proposed Immunization and Infectious Disease (IID) objectives for Healthy People 2030, and regarding the goals for hepatitis B, we offer the following comments and recommendations for the Committee's consideration.

IID-2030-02: Reduce the rate of acute hepatitis B

The Association of Asian Pacific Community Health Organizations (AAPCHO), representing 32 community-based health care organizations, strongly supports the inclusion of the core objective to reduce the rate of acute hepatitis B. Up to 2.2 million people are estimated to be living with hepatitis B in the U.S., and AAPCHO is deeply concerned that there has been a significant recent increase in the rate of acute hepatitis B infection in the U.S., particularly in the setting of the ongoing opioid crisis. Nationally, there was a 20.7% increase in acute hepatitis B cases in 2015, with states most highly affected by the opioid crisis having sharper increases in acute hepatitis B, including Maine reporting a 489% increase in acute hepatitis B cases from 2015-2016, Kentucky, West Virginia, and Tennessee reporting a 114% increase in acute hepatitis B from 2009-2013, Southeastern Massachusetts with a 78% increase in acute hepatitis B in 2017, and North Carolina reporting a 56% increase in acute hepatitis B from 2014-2016. Despite the availability of highly effective hepatitis B vaccines to prevent hepatitis B infection and the spread of this disease, there are up to 70,000 new hepatitis B infections each year. This number is further exacerbated by the

ongoing opioid crisis affecting young adults, and it is particularly important to reduce the number of acute hepatitis B infections, as 1 in 4 individuals with chronic hepatitis B will develop liver cancer, liver failure and/or cirrhosis, which could otherwise be prevented by hepatitis B vaccination.

Since reducing the rate of hepatitis B is integrally linked with increasing vaccination against hepatitis B, AAPCHO urges the committee to specifically create a lifespan hepatitis B vaccine coverage objective as a part of the proposed IID-2030-02 objective, so that hepatitis B vaccination rates can be tracked. National survey data indicates that only 25% of adults age 19 years and older are fully immunized against hepatitis B, as adults born earlier than the early-1990s were not routinely vaccinated against hepatitis B at birth and during early childhood, and are, therefore, at risk of being infected with acute hepatitis B if they have not completed hepatitis B immunization. Recent studies have also found that hepatitis B vaccine coverage is low among people with diabetes, HIV, hepatitis C, chronic liver disease, and chronic kidney disease. In addition, according to the National Immunization Survey, only 73.6% of infants received the ACIP-recommended birth dose of the hepatitis B vaccine in 2017.

AAPCHO supports the inclusion of this metric in Healthy People 2030 to reduce the rate of acute hepatitis B and urges the committee to include within this metric data on hepatitis B vaccination rates across the lifespan with data that is publicly accessible, so that the rates of hepatitis B vaccination for all age ranges is tracked and publicly available.

IID-2030-04: Increase the proportion of persons aware they have chronic hepatitis B

The Association of Asian Pacific Community Health Organizations (AAPCHO), representing 32 community-based health care organizations, strongly supports the inclusion of the core objective to increase the proportion of persons aware they have chronic hepatitis B. Up to 2.2 million people are estimated to be living with hepatitis B in the U.S., but between 65-75% are undiagnosed. AAPCHO strongly supports this core objective, due to the very low percentage of people aware of their hepatitis B infection and an even lower percentage of hepatitis B infected individuals who are able to access care and treatment (less than 10%). Individuals with chronic hepatitis B who are undiagnosed remain unaware that they may need treatment and regular monitoring for their chronic hepatitis B infection and, as a result, they are more likely to unknowingly transmit the virus to others. This is a particularly important issue, as there have been increases of up to 100-400% in acute hepatitis B in states most affected by the ongoing opioid crisis, due to injection drug use associated with opioid use in combination with low adult hepatitis B vaccination rates. Timely diagnosis of hepatitis B is critical in ensuring that patients can continue to live long, healthy lives and avoid more serious and costly conditions that can result from hepatitis B infection, since chronic hepatitis B increases the odds of developing liver cancer 50 to 100 times, and 1 in 4 individuals with chronic hepatitis B will develop cirrhosis, liver failure, and/or liver cancer.

In order to achieve the 2030 viral hepatitis elimination goals established by the World Health Organization and supported by National Academies of Science, Engineering and Medicine and HHS, it is essential to take steps to raise awareness about hepatitis B risk factors, increase access to hepatitis B screening and vaccination, and remove barriers to care and treatment for hepatitis B, in order to help identify undiagnosed cases of hepatitis B and increase the proportion of persons aware they have chronic hepatitis B. AAPCHO supports the committee's proposal to include the core objective to increase the proportion of persons aware they have chronic hepatitis B in Healthy People 2030.

(Proposed): Increase hepatitis B vaccination coverage

The Association of Asian Pacific Community Health Organizations (AAPCHO), representing 32 community-based health care organizations, proposes the inclusion of an additional core objective to increase hepatitis B vaccination coverage across the lifespan. Reducing the rate of acute hepatitis B is integrally linked with increasing hepatitis B vaccination. AAPCHO urges the committee to create a lifespan hepatitis B vaccine coverage objective to complement the proposed IID-2030-02 objective to track hepatitis B vaccination rates. National survey data indicates that only 25% of adults age 19 years and older are fully immunized against hepatitis B, as adults born earlier than the early-1990s were not routinely vaccinated against hepatitis B at birth and during early childhood, and are, therefore, at risk of being infected with acute hepatitis B. Hepatitis B vaccine coverage is also low among people with diabetes, HIV, hepatitis C, and chronic liver and kidney disease. In addition, according to the National Immunization Survey, only 73.6% of infants received the ACIP-recommended birth dose of the hepatitis B vaccine in 2017.

With up to 2.2 million people living with hepatitis B in the U.S., AAPCHO is deeply concerned about the significant recent increase in the rate of acute hepatitis B infection in the U.S. due to low adult hepatitis B vaccination rates, fueled by the ongoing opioid crisis. Nationally, there was a 20.7% increase in acute hepatitis B cases in 2015, with states most highly affected by the opioid crisis having sharper increases in acute hepatitis B, including Maine with a 489% increase in acute hepatitis B cases from 2015-2016, Kentucky, West Virginia, and Tennessee with a 114% increase in acute hepatitis B from 2009-2013, Southeastern Massachusetts with a 78% increase in acute hepatitis B in 2017, and North Carolina with a 56% increase in acute hepatitis B from 2014-2016. Despite the availability of highly effective hepatitis B vaccines to prevent hepatitis B infection and the spread of this disease, there are up to 70,000 new hepatitis B infections annually. This is further exacerbated by the ongoing opioid crisis affecting young adults, and is important to address, as 1 in 4 individuals with chronic hepatitis B will develop liver cancer, liver failure and/or cirrhosis, which could otherwise be prevented by hepatitis B vaccination.

Healthy People 2020 included an objective to track the rate of hepatitis B vaccination among health care personnel and a developmental objective to increase hepatitis B vaccine coverage among high-risk groups, but in Healthy People 2030, there are no metrics to track hepatitis B vaccination rates among children and adults. Therefore, particularly with the acute rise in hepatitis B infections due to low hepatitis B vaccination rates in the setting of the opioid crisis, AAPCHO urges the committee to introduce a new metric in Healthy People 2030 to track national hepatitis B vaccination rates across the lifespan.

Thank you for this opportunity to offer our comments and recommendations on the proposed Healthy People 2030 objectives. Please contact me at acarbullido@aapcho.org with any questions or to request additional information.

Sincerely,



Adam P. Carbullido

Director of Policy and Advocacy