JUSTICE IN AGING
FIGHTING SENIOR POVERTY THROUGH LAW

January 17, 2019

Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services

Submitted via email to: **HP2030@hhs.gov**

Re: Public Comment on Proposed Objectives for Healthy People 2030

Justice in Aging appreciates the opportunity to provide comments on the proposed objectives for Healthy People 2030. We have included both comments on the proposed objectives and our recommendations for additional objectives.

Justice in Aging is an advocacy organization with the mission of improving the lives of low-income older adults. We use the power of law to fight senior poverty by securing access to affordable health care, economic security and the courts for older adults with limited resources. We have decades of experience with Medicare and Medicaid, with a focus on the needs of low-income beneficiaries and populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.

Comments on Proposed Objectives

- **Access to Health Care Services – AHS 2030-02, AHS 2030-06**

We strongly support the measures to increase the proportion of persons with dental insurance and reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care. For both of these objectives, the 2020 data obtained to evaluate disparities by age did not include individuals 65 and over. Older adults often lose dental coverage and therefore access to dental services when they turn 65 and transition to Medicare coverage, which does not include a dental benefit. This is especially true for low-income older adults because Medicaid coverage of oral health varies considerably state by state. We, therefore, recommend that these two objectives include an evaluation of disparities based on age and income as well as source of coverage. Finally, we recommend that AHS 2030-06 add disparities by race and by setting (community versus institutional).

- **Access to Health Care Services – Developmental Objectives**

We recommend adding two developmental objectives with regard to the receipt of periodontal treatment. The first objective would increase the proportion of diabetics who receive periodontal care. Research has found that diabetes is a risk factor for periodontitis and that untreated periodontitis exacerbating diabetes.[1]

Similarly, we recommend adding a developmental objective to increase the proportion of individuals residing in nursing facilities or other institutional settings who receive periodontal treatment. The risk for infection and development of pulmonary infections including aspiration pneumonia has been linked to untreated periodontitis.[2]

[1] Presaw, et al., "Periodontitis and diabetes: a two-way relationship," Diabetologia (2012), available at https://link.springer.com/article/10.1007%2Fs00125-011-2342-y.
[2] Paju, S. & Scannapieco, F., "Oral biofilms, periodontitis, and pulmonary infections," Oral Disease (2007), available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2258093/.

WASHINGTON
1444 Eye Street, NW, Suite 1100
Washington, DC 20005
202-289-6976

LOS ANGELES
3660 Wilshire Boulevard, Suite 718
Los Angeles, CA 90010
213-639-0930

OAKLAND
1330 Broadway, Suite 525
Oakland, CA 94612
510-663-1055

- **Older Adults--OA-2030-04--Reduce the proportion of older adults who use inappropriate medications**

We recommend adding "are prescribed or" before "use" and adding a sub-objective to reduce improper prescribing of antipsychotics in nursing facilities. Over prescribing of antipsychotics in nursing facilities is a widespread, ongoing and serious health issue. Currently, about 1 in 5 nursing facility residents, or over 250,000 individuals, are administered antipsychotic drugs.[3] However, less than 2% of the population will ever be diagnosed with a clinical condition (e.g., Schizophrenia) potentially calling for appropriate prescribing and administration of these drugs. Despite this data being readily available and explicit recognition of the issue by the Department of Health and Human Services (HHS), providers are still inappropriately prescribing these medications to nursing facility residents. We think that drawing national focus on this issue by making it a Healthy People 2030 objective will have a significant impact on curbing this abuse.

Similarly, adding language to focus on prescribing of inappropriate medications will also facilitate achieving the objectives of curbing opioid misuse. As the HHS Office of Inspector General has found, there is significant evidence of questionable opioid prescribing patterns for Medicare Part D beneficiaries.[4] We therefore believe that not only the consumer's use, but also the prescriber's behavior, must be the focus to achieve the objective of reducing use of inappropriate medications.

- **Opioids**

As mentioned above with respect to older adults, there should be a focus on reducing improper prescribing. We would recommend adding an objective and/or language to the proposed objectives to directly address improper prescribing of opioids.

In addition, opioid use among older adults is often overlooked. Yet it has some unique causes and implications for how to address it (e.g., a large proportion of older adults who are prescribed opioids are enrolled in Medicare Part D.) Therefore, we recommend adding an objective or sub-objectives that segments by age (e.g., 50 and older; 65 and older).

- **Oral Health, OH-2030-05, OH-2030-6**

We recommend that these two objectives include breakouts for both adults ages 19 to 64 and for adults 65 and over. The sources of oral health coverage differ based on age with younger adults relying on employer-based coverage that older adults lose access to at retirement. Furthermore, older adults face unique barriers to oral health care including, for example, living in institutional settings, a decline in the ability to perform oral hygiene, and medication use that causes dry mouth. Meaningful interventions therefore will differ by age. We also recommend that he BRFSS be included as an additional source of data on this objective to measure progress at the state level.

- **Preparedness**

We urge adding an objective related to preparedness of nursing homes and other institutions where vulnerable populations reside. Experience in recent natural disasters has shown a serious need for

[3] *See* Long Term Care Community Coalition, Despite Promised Crackdown, Citations for Inappropriate Drugging Remain Rare (Nov. 2018), *https://nursinghome411.org/ltccc-news-alert-despite-promised-crackdown-citations-for-inappropriate-drugging-remain-rare/*.

[4] https://oig.hhs.gov/oei/reports/oei-02-17-00250.pdf

improvement and devastating results from deficiencies in preparedness planning.[5] To address disparities, we also propose an objective to increase the extent to which state and local preparedness planning specifically addresses the needs of people with disabilities and those who have limited proficiency in English.

- **Social Determinants of Health--SDOH-2030-03--Reduce the proportion of persons living in poverty**

We recommend adding sub-objectives to reduce the proportion of specific populations living in poverty, particularly among seniors. Now that the "baby boomers" are reaching retirement, the number of older adults is rapidly increasing. Moreover, data from the Current Population Survey shows the need to focus on reducing senior poverty. While the overall proportion of persons living in poverty has held steady or even slightly decreased in recent years, the proportion of older adults living in poverty continues to be higher than for the population as a whole. Thus, focusing on reducing poverty rates among the population generally will mask the significant risk that our growing senior population faces and will make it more difficult to achieve the other objectives to improve their health and well-being.

Recommended Additional Objectives for 2030

While we understand and support the effort to focus the 2030 objectives, we disagree with eliminating entire categories of objectives that are of primary importance to the health and wellbeing of older adults. In particular, we note that the proposed objectives related to older adults do not include any goals related to long-term services and supports, community living, caregiving or reducing elder abuse. Moreover, given the framework's strong direction towards reducing health disparities, we believe this goal should be explicitly included in the objectives.

- **Reducing Disparities**

We had been encouraged to see eliminating health disparities and achieving health equity among the foundational principles and overarching goals. However, we are concerned that the objectives and sub objectives do not follow through and focus on disparities. In fact the word "disparities" is nowhere to be found in the objectives. Stark health disparities exist across race, gender, sexual orientation, and poverty lines, and older adults are no exception. For example, a larger share of Black and Hispanic Medicare beneficiaries report fair or poor health status than white beneficiaries.[6] Similarly, Black and Hispanic adults age 65 and older are almost twice as likely as white older adults to develop diabetes.[7] Such disparities not only mean poorer health among affected populations, they also lead to higher health care spending. We urge consideration of either a specific section on disparities or redesign of the

[5] *See* U.S. Senate Finance Cmmt. Minority, Sheltering in Danger: How Poor Emergency Planning and Response Put Nursing Home Residents at Risk during Hurricanes Harvey and Irma (Nov. 2018), *available at* www.justiceinaging.org/wp-content/uploads/2017/10/WHY-MANY-NURSING-FACILITIES-ARE-NOT-READY-FOR-EMERGENCY-SITUATIONS.pdf; Justice in Aging, Why Many Nursing Facilities Are Not Ready For Emergency Situations: Seven Recommendations to Address Current Law's Gaps (Sept. 2017), www.justiceinaging.org/wp-content/uploads/2017/10/WHY-MANY-NURSING-FACILITIES-ARE-NOT-READY-FOR-EMERGENCY-SITUATIONS.pdf?eType=EmailBlastContent&eId=b57801d5-9367-4939-b269-eeaca1b9543e

[6] Kaiser Family Foundation, *Profile of Medicare Beneficiaries by Race and Ethnicity*, (March 9, 2016), available at http://kff.org/medicare/report/profile-of-medicare-beneficiaries-by-race-and-ethnicity-a-chartpack/.

[7] Centers for Disease Control and Prevention, *The State of Aging and Health in America*, (2013) at Figure 2, available at www.cdc.gov/aging/pdf/state-aging-health-in-america-2013.pdf.

objectives in various sections so that they more specifically address disparities throughout. For example, in the section on Access to Health Services, an important research objective could be to increase the access to primary care by currently underserved populations.

- **Long-term Services and Supports and Community Living**

There is now widespread recognition that state Medicaid programs should be shifting spending towards home and community based services (HCBS). Not only is HCBS the preference among people needing long-term services and supports, it is also beneficial to our communities and costs significantly less than nursing facility care. When asked, 90% of seniors say that they want to age in place, at home and in their community. And many older adults who are currently residing in nursing facilities have indicated that they want to return to community living. Yet the proportion of older adults who receive long-term services and supports (LTSS) in institutional settings is still high and well-above other populations receiving LTSS.

Therefore, to address this disparity and to improve the health and well-being of older adults, we propose adding an objective to increase the proportion of older adults receiving long-term services and supports in non-institutional settings. This would be a companion to the proposed DH-2030-04 objective to "Reduce the proportion of people with disabilities who receive long-term care services that live in congregate care residences with seven or more people."

- **Elder Abuse**

We propose adding an objective that builds upon the 2020 objective to increase the number of states and tribes that collect and make publicly available information on the elder abuse, neglect, and exploitation. Elder abuse, neglect, and exploitation unfortunately, is a growing issue among older adults and both a cause and symptom of senior poverty. As the Surgeon General and Assistant Secretary on Aging have recognized, it is a critical public health issue that approximately 10% of adults age 60 and older experience abuse, neglect or financial exploitation costing our healthcare system an estimated $5.3 billion annually.[8] It can both directly impact the victim's physical and mental health, as well as result in unhealthy social and economic environments and prevent or hinder access to necessary health care and social supports.

Now that we have data on this serious problem, we recommend adding an objective to reduce the prevalence of elder abuse, neglect, and exploitation by 2030. Putting a focus on this as a national health issue will help organize and galvanize the response.

- **Caregiver Support**

An estimated 40 million Americans are unpaid family caregivers. Our health care system would fail without them—family caregivers provide the majority of long-term services and supports to older adults and people with disabilities living in the community. Most recent data from 2013 quantifies this contribution at 36 billion hours of care valued at $470 billion. At the same time, bodies of research show family caregivers face significant financial, physical, and mental health challenges in providing care to their loved ones.[9]

---

[8] Administration on Community Living, Elder Abuse: A public health issue that affects all of us, https://acl.gov/news-and-events/acl-blog/elder-abuse-public-health-issue-affects-all-us-0.

[9] *See* AARP Public Policy Institute & Nat'l Alliance for Caregiving, Caregiving in the U.S. 2015 (June 2015), *available at* www.aarp.org/ content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf; AP-NORC, Long-Term Caregiving: The True Costs of Caring for Aging Adults (Oct. 2018), *available at* www.longtermcarepoll.org/wp-content/uploads/2018/10/Long-Term-Caregiving-2018-Report.pdf; Susan C. Reinhard et al, AARP Public

Because family caregiving is a valuable and indispensable component of our healthcare system nationwide, we recommend measuring our progress towards supporting family caregivers. For example, an objective could be to increase the proportion of family caregivers who have health insurance coverage of their own (this could be a sub-objective to proposed AHS-2030-01 or a developmental objective to establish a baseline). Other recommended objectives would be increasing access to respite care; reducing the proportion of family caregivers who report neglecting their own health care due to caregiving responsibilities; reducing the occurrence of health problems resulting from caregiving; increasing the proportion of family caregivers who have access to paid leave; and reducing the health and economic disparities among family caregivers.

- **Disability and Health**

An ongoing serious concern for people with disabilities, including older adults, is inaccessibility of doctor offices and other facilities where medical care is provided. Issues include not only items such as entrances that accommodate persons using wheelchairs or having other mobility issues, but also availability of appropriate equipment for examination, tests, and other procedures needed for people with disabilities to get the care they need. We ask for consideration of another objective to increase the proportion of doctors' offices and medical facilities that are accessible to persons with disabilities.

- **Immunization and Infectious Diseases.**

We urge an additional objective to reduce the rate of deaths from pneumonia. Four million people get pneumococcal disease each year and the disease is particularly dangerous for older adults. Increasing the use of pneumococcal vaccines can be an important step in improving outcomes,[10] including the proposed objective to reduce the rate of hospital admissions for pneumonia among older adults (OA-2030-06).

Thank you for considering our comments. If any questions arise concerning this submission, please contact Natalie Kean, Senior Staff Attorney, at nkean@justiceinaging.org.

Sincerely,

Jennifer Goldberg
Deputy Director

Policy Institute, Valuing the Invaluable: 2015 Update (July 2015), available at www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf; AARP Family Caregiving and Out-of-Pocket Costs: 2016 Report (Nov. 2016), *available at* aarp.org/content/dam/aarp/research/surveys_statistics/ltc/2016/family-caregiving-costs.doi.10.26419%252Fres.00138.001.pdf.

[10] *See* www.vaccines.gov/diseases/pneumonia/index.html.