

October 30, 2024

Paul Reed  
Deputy Assistant Secretary for Health  
Office of Disease Prevention and Health Promotion  
U.S. Department of Health and Human Services  
1101 Wootton Parkway, Suite 420  
Rockville, MD 20852  
[HP2030Comment@hhs.gov](mailto:HP2030Comment@hhs.gov)

**RE: Comment regarding the *Healthy People 2030 Objectives***

Dear Assistant Secretary Reed,

The Gerontological Society of America (GSA) appreciates the opportunity to offer comments on the updates proposed to *Healthy People 2030*.

GSA honors aging across the life course and is the nation's oldest and largest interdisciplinary organization devoted to research, education, and practice in the field of aging. The principal mission of the Society — and its 5,400+ members — is to cultivate excellence in interdisciplinary aging research and education to advance innovations in practice and policy. We encourage interdisciplinary research collaboration and communication. We routinely convene stakeholders to discuss issues of importance and make recommendations to address the specific needs of older people.

Currently, GSA serves as a co-chair of the [Adult Vaccine Access Coalition](#) (AVAC), which includes more than 75 organizational leaders in health and public health who are committed to addressing barriers to adult immunization. With AVAC, GSA advocates for removing barriers to adult vaccinations and improving vaccine infrastructure.

We value the work happening around implementation of *Healthy People 2030* and the opportunity to comment on newly proposed objectives as well as offer recommendations through this comment solicitation on additional core measures for consideration. GSA would like to express our strong support for two immunization measures proposed by the Federal Interagency Workgroup on Healthy People 2030 to be adopted as core objectives, specifically:

- **IID-NEW-18:** Increase the proportion of pregnant women who receive 1 dose of the tetanus-diphtheriaacellular pertussis (Tdap) vaccine during pregnancy. Data source: National Health Interview Survey (NHIS), CDC/NCHS.
- **IID-NEW-19:** Increase the proportion of adults who receive the recommended age-appropriate vaccine. Data source: National Health Interview Survey (NHIS), CDC/NCHS.

GSA urges the Office of Disease Prevention and Health Promotion (ODPHP) to also consider the inclusion of the following additional measures:

- RSV measure for maternal populations
- Maternal immunization status measure
- Increase the proportion of immunization information systems (IIS) that consistently include adult immunization records

Through GSA's [National Adult Vaccination Program](#) (NAVAP), we are focused on collaborating with the multidisciplinary stakeholder community, conducting informative summits and producing meaningful publications, and webinars, advocating for policies that increase access to vaccines, and training champions to increase vaccination rates. Our current aim is to change the dialogue about vaccines from the narrow focus of an individual health benefit offering protection against a single target condition to a broad, far-reaching value to the individual and society.

Through our initiative, "Concentric Value of Vaccination as We Age," we seek to illuminate, individual health benefits (e.g., increased life expectancy, prevention of exacerbation of preexisting conditions) and societal health benefits (e.g., prevention of antibiotic resistance) along with individual and societal economic benefits.

Immunizations are a highly cost-effective form of preventive medicine that save lives by protecting the health and wellbeing of individuals and families in communities nationwide. Since the Healthy People initiative began in 1979, there has been tremendous progress with respect to improved childhood immunization rates – one of the greatest public health achievements of the 20th century. Vaccine programs have contributed to the elimination of polio in the US and have dramatically reduced the spread of many more crippling and potentially life-threatening diseases such as diphtheria, tetanus, measles, mumps, and rubella.

Vaccines also prevent the spread and development of serious illness from common infectious and potentially fatal diseases such as chickenpox, influenza, hepatitis A, hepatitis B, meningococcal disease, pneumococcal disease, SARS-CoV-2, and whooping cough (pertussis). Vaccines not only help protect the immunized person but also those around them who may not be able to be immunized because they are too young to be vaccinated themselves or suffer from a health condition that prevents them from being immunized. When immunity levels in the population are high, the infectious agents do not circulate, protecting and preserving the health and wellbeing of individuals and entire communities from vaccine preventable conditions.

Each year, more than 50,000 adults are dying from vaccine-preventable diseases and thousands more suffer serious health problems. Despite Advisory Committee for Immunization Practices (ACIP) recommendations, vaccines are underutilized in the adult population for the most commonly recommended vaccines. At least 3 out of every 4 adults are missing one or more routinely recommended vaccines. Disparities are even greater among at-risk populations, including seniors and people with chronic illness, as well as racial and ethnic minorities and underserved populations.

Given the recognized health benefits of adult vaccinations and low rates of adult vaccination, the impact of vaccine preventable conditions and their complications in adults is only expected to grow with an aging population, along with significant implications for the economy and society. Adult immunization is a core preventive health intervention that supports healthy aging and helps to avoid the costly effects of vaccine preventable illness. It is therefore imperative that as a nation we remain focused on improving adult vaccination rates.

Over the past several decades, the *Healthy People* immunization and infectious disease objectives have been a cornerstone to national efforts to protect against vaccine preventable conditions across the lifespan. *Healthy People* objectives help to guide the actions of public and private stakeholders across the country who are committed to improving the health and wellbeing of our nation and provide a foundation for measuring progress. GSA is pleased that the Federal Interagency Workgroup on *Healthy People 2030* has reviewed and advanced to ODPHP the following objectives for consideration. We strongly support their inclusion as core objectives.

**IID-NEW-18: Increase the proportion of pregnant women who receive 1 dose of the tetanus-diphtheria-acellular pertussis (Tdap) vaccine during pregnancy. Data source: National Health Interview Survey (NHIS), CDC/NCHS.**

Despite Centers for Disease Control and Prevention (CDC) recommendations around maternal immunization, well-documented evidence of the efficacy of vaccination for both parent and baby, and broad recognition of the barriers impeding vaccination among pregnant individuals—as well as myriad efforts to address these barriers—maternal immunization rates remain suboptimal across the general population. Further, gaps in vaccine coverage are even more pronounced among Black and Hispanic populations and among those living in low-income and rural settings and/or participating in Medicaid.

GSA has a long-standing commitment to the concentric value to vaccines across the life course, which includes multiple collaborations over several years. For this reason, GSA appreciates the inclusion of the new core measure around Tdap. Tdap is recommended during pregnancy to help protect mothers and babies. Unfortunately, babies are not able to get vaccinated against whooping cough until they are two months old. It is therefore essential for mothers to offer the gift of protection to their children in the first months of life when they are at highest risk.

**IID-NEW-19: Increase the proportion of adults who receive the recommended age-appropriate vaccine. Data source: National Health Interview Survey (NHIS), CDC/NCHS.**

The Adult Immunization Status (AIS) measure captures four immunizations in one (influenza, Td/Tdap, zoster and pneumococcal) and has the ability to grow as new recommended vaccines become available. Having an adult 2 composite is very much in line with the *Healthy People 2030* plan to set national goals and measurable, evidence-based objectives to guide federal, state and local policies, programs and other activities to improve health and wellbeing. It would complement similar composite core objectives for children and adolescent immunization status and build out a lifespan approach to federal immunization efforts. At the same time, it aligns HP2030 objectives with external health care quality measurement tools, streamlining the patchwork of existing adult immunization measures, reducing the reporting burden to providers, and providing a meaningful national picture of access to this important preventive service.

Moving forward, we ask that HHS consider making vaccines a Leading Health Indicator (LHI). While we appreciate that there is a LHI regarding flu (IID-09), we believe increasing vaccination for all recommended vaccines across the life course will drive action towards improving health and well-being of all people. We therefore ask for your consideration in also making the new IID-19 an LHI.

More effectively collecting, analyzing and reporting on timely immunization data that captures the full ranges of recommended adult vaccines for priority populations will be critical to realizing meaningful progress against suboptimal vaccination rates. In this vein, GSA further asks for your support for including the following additional measures moving forward:

**Include Maternal Immunization Status Measure.**

As ODPHP considers future opportunities around maternal immunization, we ask that you consider adopting the Maternal Immunization Status measure, which is a maternal composite measure for flu and Tdap together. Much like the AIS, it would complement similar composite core objectives for children and adolescent immunization status and build out a lifespan approach to federal immunization efforts.

**Include RSV Measure for maternal population.**

In addition to flu and Tdap, pregnant persons are newly recommended to receive RSV vaccination between 32 and 36 weeks of pregnancy, during September through January in most of the United States. The RSV vaccine helps pass on RSV antibodies to the baby, protecting from severe RSV in parents and newborns. We therefore ask ODPHP to consider adding an RSV measure for the maternal population as part of future HP2030 objectives.


**Increase the proportion of immunization information systems (IIS) that consistently include adult immunization records.**

We further ask that you consider moving the IIS developmental measure (previously IID-D02) to a core measure. Immunization Information Systems (IIS) are confidential systems that are an essential part of the immunization infrastructure. IIS play a critical role in creating a comprehensive consolidated immunization record, assisting with vaccine evaluation, and forecasting, generating patient reminders, assessing vaccine uptake, providing schools and childcare providers access to consolidated records, assisting with vaccine ordering and inventory management, supporting outbreak investigation, calculating vaccine coverage estimates, and much more. Improving IIS utilization can lead to increased vaccination rates, contributing to the overall goal of reducing vaccine preventable disease. Immunization providers rely on IIS to implement an increasingly complex vaccination schedule, as well as monitor vaccine safety, efficacy, and vaccine delivery. The broad availability of immunization data through real-time Electronic Health Record (EHR)-IIS query significantly lowers the burden (and cost) to providers in accessing immunization records and forecasts at the point of care.

Moving the lifespan IIS objective from the developmental to the core Immunization and Infectious Disease (IID) objective set will elevate the importance of immunization record capture for all individuals into an IIS as a national 3 priority. At the same time, it can help to eliminate disparities by promoting more accurate evaluation of coverage gaps across the country. Since immunizations are a cornerstone for protecting the public's health, and given the growing importance of health information technology, there should be a commitment to supporting the IIS reporting objective across the life course. We urge that IID-D02 be moved from developmental to reporting objective.

Thank you for the opportunity to provide comments on the updates proposed to *Healthy People 2030*. If you have any questions, please contact Patricia D'Antonio, Vice President of Policy and Professional Affairs at [pdantonio@geron.org](mailto:pdantonio@geron.org) or 202-587-5880, or Jordan Miles, Director of Policy at [jmiles@geron.org](mailto:jmiles@geron.org) or 202-587-5884.

Sincerely,

A handwritten signature in black ink that reads "James C. Appleby". The signature is written in a cursive style and is contained within a thin black rectangular border.

James C. Appleby, BSP Pharm, MPH, ScD (Hon)  
Chief Executive Officer