



January 16, 2019

National Association of Social Workers (NASW) Comments: Healthy People 2030 Proposed Objectives

The National Association of Social Workers (NASW) is pleased to support the Healthy People 2030 goals and objectives that promote health equity in the United States. Mirroring the Healthy People framework, reducing health disparities is a central principle of NASW's priorities and social work values. NASW is the largest professional organization of social workers in the U.S. with 120,000 members and 55 Chapters. Social workers, as outlined in the profession's Code of Ethics, are committed to improving well-being and they address the psychosocial needs of individuals, families and communities across settings. In their everyday work, social workers advance many of the proposed objectives in the Healthy People 2030. NASW offers comments and recommendations below to enhance the Healthy People 2030 goals.

Access to Health Services

NASW supports the core and research objectives under the Access to Health Services topic. NASW recommends that an objective be added to address the affordability and accessibility of health insurance coverage. This can be measured through the Centers for Medicare and Medicaid data, the American Community Survey and the National Center for Health Statistics (NCHS).

NASW also recommends that an additional objective address an increase in the proportion of persons with comprehensive health coverage, including preventative, primary and acute care as well as coverage for behavioral health needs. Particular barriers exist that prevent individuals from accessing necessary mental health and substance use disorder treatment and some insurance plans types exclude this coverage.

Moreover, NASW recommends adding objectives to reduce the proportion of persons who are unable to obtain or delay in obtaining necessary hearing and vision care, respectively. Many health insurance plans, including Medicare, offer limited or no coverage for vision and hearing services, both of which are crucial to health. Data from the National Health Interview Survey

(NHIS), the Centers for Disease Control and Prevention (CDC), and NCHS would support this objective.

NASW recommends adding an objective to increase cultural and linguistic competence for all health care providers. Cultural competence and cultural humility are important to appropriately serve the diverse health care consumer population. This objective would also advance the research objective that addresses the ability of the health workforce to deliver quality, timely, accessible, patient-centered care (AHS-2030-R01).

Similarly, NASW recommends adding the following objective: In the health professions (including, but not limited to, dentistry, medicine, nursing, pharmacy, and social work), increase the proportion of degrees awarded to members of underrepresented racial and ethnic groups. Two recent reports from the George Washington University Health Workforce Institute (2017, 2018) highlight the need for more social workers of color. Other data sources for this objective include the Bureau of Labor Statistics (BLS) and the Health Resources and Services Administration (HRSA).

George Washington University Health Workforce Institute. (2017). *Profile of the social work workforce*. Retrieved from <https://www.cswe.org/Centers-Initiatives/Initiatives/National-Workforce-Initiative>

George Washington University Health Workforce Institute. (2018). *New social workers: Results of the nationwide survey of 2017 social work graduates. The national social work workforce study*. Retrieved from <https://www.cswe.org/Centers-Initiatives/Initiatives/National-Workforce-Initiative>

Arthritis, Osteoporosis, and Chronic Back Conditions

NASW supports the objectives in this section and strongly advocates for individuals with chronic pain to have access to appropriate care. NASW recommends adding an objective to increase access to non-pharmacological treatments for chronic pain. This addition is consistent with best practices and detailed in reports including the Agency for Healthcare Research and Quality (AHRQ) recommendations outlined in *Noninvasive Nonpharmacological Treatment for Chronic Pain: A Systematic Review*. It is critical to enhance access to integrative care, with behavioral and alternative treatment modalities.

Skelly AC, Chou R, Dettori JR, Turner JA, Friedly JL, Rundell SD, Fu R, Brodt ED, Wasson N, Winter C, Ferguson AJR. (2018). *Noninvasive Nonpharmacological Treatment for Chronic Pain: A Systematic Review*. Comparative Effectiveness Review No. 209. Agency for Healthcare Research and Quality. Retrieved from <https://effectivehealthcare.ahrq.gov/topics/nonpharma-treatment-pain/research-2018>

Cancer

NASW strongly supports the research objective to increase the mental and physical-health related quality of life of cancer survivors (C-2030-R01). NASW recommends consideration of an objective to increase staffing for psychosocial support and care management. Social workers, patient navigators and care managers, serve to understand the needs of oncology patients and connect them to appropriate services and supports. Data source: National Cancer Institute.

Chronic Kidney Disease

NASW suggests adding an objective to address the mental health and psychosocial needs of individuals with chronic and end-stage kidney disease. Many studies have acknowledged psychosocial distress in individuals with chronic kidney, including depression and anxiety. Medicare requires social workers within interdisciplinary nephrology services to support patients and families. Data Sources: Centers for Medicare and Medicaid data, ESRD Survey and Certification Program.

Disability and Health

NASW supports the objective to standardize data collection regarding individuals with disabilities, for the purpose of informing appropriate services and supports (DH-2030-01). Connecting youth with identified disabilities to care helps individuals achieve personal goals and may reduce future impact on function. NASW strongly supports the inclusion of proposed objective DH-2030-06; severe psychological stress is common among adults with disabilities.

NASW encourages HHS to add an objective to increase the proportion of people with disabilities who receive long-term services and supports in their own homes. Such an objective is consistent with federal and state efforts to implement the Olmstead v. L.C. Supreme court decision.

Dementias, including Alzheimer's Disease

Alzheimer's disease and other dementias exert a devastating physical, psychosocial, and financial toll on society. NASW commends HHS for including this topic objective in Healthy People 2020, and we strongly support its inclusion in Healthy People 2030.

The association strongly supports the three dementia-specific objectives (DIA-2030-01, DIA-2030-02, and DIA-2030-03). We recommend strengthening objective DIA-2030-01 by adding language to increase the number of health care practitioners who use a uniform, reliable cognitive impairment tool or set of tools identified and adopted by CMS.

NASW also recommends addition of an objective to reduce the proportion of adults with dementia who use antipsychotic medications inappropriately. Although the Older Adults topic area includes a proposed objective (OA-2030-04) to reduce the proportion of older adults who use inappropriate medications, inappropriate prescribing of such medications is common in long-term care facilities (National Consumer Voice for Quality Long-Term Care, 2018) and is a focus of the CMS-led National Partnership to Improve Dementia Care in Nursing Homes (CMS, 2018). Given this trend, an objective specific to antipsychotic use among adults with dementia is warranted.

Furthermore, NASW recommends addition of an objective to improve quality of life for family caregivers of people living with Alzheimer's Disease and other dementias. These caregivers, numbering about 15.7 million in the United States, often experience negative consequences to their physical and psychosocial health as a consequence of caregiving at much higher rates than do other family caregivers (National Alliance for Caregiving, 2017). Thus, an objective addressing detection of and reduction of depression, injury, and self-neglect among family caregivers of people living with dementia would be useful. (As noted in the NASW Standards for Social Work Practice with Family Caregivers of Older Adults [2010], NASW defines "family" broadly to include legally recognized family and family of choice.)

National Alliance for Caregiving (with the Alzheimer's Association). (2017). *Dementia caregiving in the U.S.* Retrieved from http://www.caregiving.org/wp-content/uploads/2017/02/DementiaCaregivingFINAL_WEB.pdf

National Association of Social Workers. (2010). *NASW standards for social work practice with family caregivers of older adults.* Retrieved from <https://www.socialworkers.org/LinkClick.aspx?fileticket=aUwQL98exRM%3d&portalid=0>

Educational and Community-Based Programs

NASW supports school-based initiatives that enhance healthy behaviors and access to support services for youth with chronic conditions (ECBP-2030-01, ECBP-2030-D01, ECBP-2030-D06). NASW also strongly supports increasing health professions programs that include prevention and population health curricula (ECBP-2030-D07-D12).

Environmental Health

NASW supports the stated objectives and bringing awareness to the health effects of environmental factors. NASW recommends including objectives to reduce the negative physical and mental health effects of extreme weather events and reduce displacement from natural disasters. Data sources include U.S. Environmental Protection Agency, U.S. Global Change Research Program (USGCRP), CDC National Center for Environmental Health.

Family Planning

NASW supports access to sexual health services and contraception for adults, and male and female adolescents.

Health Communication and Health Information Technology

NASW supports the objectives listed to improve patient-provider communication and shared decision-making to improve health. NASW supports access to digital tools to meet these objectives and has provided guidance to social workers about appropriate use of technology to enhance client care.

National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, Clinical Social Work Association. (2017). *NASW, ASWB, CSWE, & CSWA Standards for Technology in Social Work Practice*. Retrieved from <https://www.socialworkers.org/LinkClick.aspx?fileticket=lcTcdsHUcng%3d&portalid=0>

Heart Disease and Stroke

NASW supports the proposed objectives and suggests adding an objective to reduce symptoms of anxiety and depression in persons who have heart disease or strokes. Anxiety and depression are two of the most common emotional reactions experienced by survivors of stroke and heart disease.

HIV

NASW supports the identified HIV Core Objectives in the Healthy People 2010 document. Using a public health model of prevention and early intervention, NASW encourages the use of education, counseling and support services in addressing people who have or are at high risk of getting HIV/AIDS.

NASW continues to support interventions which address reduction of new HIV cases among adolescents and adults (HIV-2030-03). However, there remains the need to recognize how social determinates of health are critical to providing core support services, such as housing, nutrition, financial assistance and behavioral health services, and reduce mortality rates for persons living with HIV/AIDS. Also, to reduce the number of new HIV cases, special attention needs to continue to focus on population-based HIV risks- especially for African Americans, and the emerging risks among opioid addicted populations.

Hearing and Other Sensory or Communication Disorders

NASW supports all the proposed objectives in this topic area. In objective HOSCD-2030-12, we recommend changing the word “children” to “people.” As noted in Healthy People 2020 (ENT-VSL-19 and ENT-VSL-20), communication disorders of voice, speech, or language affect people of all ages, and many can benefit from specialized evaluation or treatment.

Injury and Violence Prevention

NASW advocates for the rights of individuals who experience intimate partner violence, child abuse and neglect, and elder abuse, neglect, and exploitation. NASW actively participates in national coalitions to reduce child maltreatment and child fatalities.

NASW recommends the addition of two objectives specific to elder justice: “Reduce elder abuse and neglect deaths” and “reduce nonfatal elder abuse and neglect.” Data sources include the National Adult Maltreatment Reporting System, the U.S. Department of Justice, the CDC, and the National Center on Elder Abuse.

Lesbian, Gay, Bisexual, and Transgender Health

NASW supports increasing data collection of sexual orientation and gender identity. Survey data informs critical health and social services that meet the needs of communities, including youth and older adults.

NASW encourages consideration of an objective to reduce discrimination of LGBT individuals that influences health in many ways. Data sources include American Communities Survey, United States Equal Employment Opportunity Commission and National Survey of Older Americans Act Participants.

Mental Health and Mental Disorder

NASW supports universal screening for mental health conditions for people of all ages in a variety of settings such as primary care, emergency departments, urgent care centers, hospitals, nursing homes, and schools. The association supports increasing access to mental health treatment by reducing barriers to treatment such as lack of health insurance, finances, transportation, homelessness, and stigma.

Clinical social workers are the largest group of mental health providers in the United States and are experts at providing diagnoses and treatment of mental illnesses. They treat individuals and families from a holistic approach recognizing the importance of the individual’s environment, health, and finances in the recovery of a mental health condition.

NASW recommends the addition of the following objectives:

- Increase the proportion of older adults receiving mental health treatment. According to the World Health Organization, many older adults are at risk for developing mental disorders, neurological disorders, or substance use: <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>

- NASW recommends addition of an objective to reduce suicide attempts by adults ages 45 through 64. Death by suicide is particularly prevalent in middle age (Heron, 2018).

Heron, M. (2018). Deaths: Leading causes for 2016. *National Vital Statistics Reports*, 67(6). Retrieved from the Centers for Disease Control and Prevention Web site: https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_06.pdf

Maternal, Infant, and Child Health

NASW supports the objectives listed and promotes access to health insurance coverage, physical and behavioral health services for women of childbearing age. NASW also encourages family-centered support services for children with particular health care needs.

Nutrition and Weight Status

NASW supports the objectives in this section. Food access/insecurity is a key social determinant of health and social workers assist individuals of all ages and families in reducing hunger (NWS-2030-01). NASW also supports objectives to reduce the proportion of adults and children with obesity through educational and behavioral interventions (NWS-2030-02, NWS-2030-03, NWS-2030-04).

Older Adults

NASW supports the proposed objectives for older adults, including proposed objective OA-2030-04. (As previously noted, a modified form of OA-2030-04 is warranted in the topic area Dementia, including Alzheimer’s Disease, for antipsychotic use among people with dementia; however, inappropriate medication use is not restricted to antipsychotic use among people with dementia.)

At the same time, NASW is disappointed by the omission of the Healthy People 2020 Objective OA-7, Geriatric Certification, and its subobjectives to increase the proportion of the health care workforce with geriatrics certification. The health of older adults depends, in part, on the strength of the interdisciplinary health care workforce (Eldercare Workforce Alliance, 2018). Geriatrics and gerontological specialists are desperately needed; moreover, exposure to geriatrics and gerontological principles and practices is essential to all health care professionals and direct care workers who serve older adults (Institute of Medicine, 2008, 2012). Thus, NASW recommends that HHS restore Healthy People 2020 Objective OA-7 to Healthy People 2030, with the following modifications: “Increase the proportion of the health care workforce with geriatrics or gerontological credentialing.” NASW also suggests that social workers be added to the list of professionals with such credentialing; the association offers three gerontological social work credentials, for example (NASW, 2019).

Furthermore, NASW recommends addition of an additional objective to the Older Adults topic area: Increase the proportion of health care providers, across disciplines, who have the training to meet the unique needs of older adults. Potential data sources for this proposed objective include the American Geriatrics Society and the Council on Social Work Education.

Eldercare Workforce Alliance. (2018). *Public policy priorities*. Retrieved from <http://eldercareworkforce.org/policy/public-policy-priorities/>

Institute of Medicine. (2008). *Retooling for an aging America: Building the health care workforce*. Retrieved from http://nationalacademies.org/hmd/reports/2008/retooling-for-an-aging-america-building-the-health-care-workforce.aspx?_ga=2.80024724.2090723282.1547495250-2046482921.1539787627

Institute of Medicine. (2012). *The mental health and substance use workforce for older adults: In whose hands?* Retrieved from <http://nationalacademies.org/hmd/reports/2012/the-mental-health-and-substance-use-workforce-for-older-adults.aspx>

National Association of Social Workers. (2019). *Apply for NASW social work credentials*. Retrieved from <https://www.socialworkers.org/Careers/Credentials-Certifications/Apply-for-NASW-Social-Work-Credentials>

Opioids

NASW supports the objectives under the Opioids heading. NASW advocates for evidence-based treatment for opioid use disorders, including access to Medication-Assisted Treatment (OPIOD-2030-D01) that can help meet many of the core objectives outlined. Sources include HRSA data from health centers and SAMHSA data.

NASW also supports comprehensive pain management that prioritizes non-pharmacological treatment options, particularly psychosocial services offered by behavioral health providers. An additional objective to consider is access to multidisciplinary, integrative pain management services.

Social Determinants of Health

Social workers serve a critical role in connecting individuals to economic, social and health resources. NASW supports the objectives outlined, to reduce the proportion of persons living in poverty and increase employment. NASW suggests adding objectives to reduce discrimination in employment, (including employment of people age 65 and older) and housing that contribute to inequality.

NASW also suggests adding an objective to reduce overcrowding in housing conditions and decrease homelessness. Data sources may include U.S. Census Bureau; the Equal Employment

Opportunity Commission; HHS; National Alliance to End Homelessness; National Coalition for the Homeless; National Policy and Advocacy Council on Homelessness.

Tobacco Use

Smoking is the leading cause of preventable death and NASW supports the core objectives under Tobacco Use. These objectives align with NASW's work to promote smoking cessation for adults and adolescents through NASW's partnership with the CDC *Tips from Former Smokers* Campaign. NASW suggests that an additional objective, to reduce smoking among individuals with mental illness and/or substance use disorders. Individuals with mental health disorders use tobacco products at a disproportionate rate and suffer from worse health outcomes and life expectancy.

NASW also suggests adding an objective to increase insurance coverage of evidence-based tobacco cessation services, including in Medicaid. Medicaid coverage for evidence-based treatment for nicotine dependence varies by state and it is important to continue to work toward the objective that was included in Healthy People 2020 (TU-8).

Data sources include Centers for Medicare and Medicaid data, National Mental Health Services Survey (N-MHSS), Data on Mental Health Treatment Facilities, National Survey of Substance Abuse Treatment Services (N-SSATS), Data on Substance Abuse Treatment Facilities, Research from the Centers for Disease Control and Data from the North American Quitline Consortium.

Lipari, R.N. and Van Horn, S.L. (2017). *Smoking and mental illness among adults in the United States*. The CBHSQ Report: March 30, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/report/smoking-and-mental-illness-among-adults-united-states>

Centers for Disease Control and Prevention. Healthy People 2020 Midcourse Review. January 11, 2017. Available at: https://www.cdc.gov/nchs/healthy_people/hp2020/hp2020_midcourse_review.htm