

October 31, 2024

Submitted electronically to HP2030Comment@hhs.gov.

Xavier Becerra
Secretary of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: Proposed Healthy People 2030 Objectives

Dear Secretary Becerra:

The Society for Women's Health Research (SWHR) is pleased to offer comments in response to the Proposed Healthy People 2030 Objectives. Founded in 1990, SWHR is a national nonprofit dedicated to advancing women's health through science, policy, and education while promoting research on sex differences to optimize women's health. SWHR supports the objectives outlined in the proposal as important steps toward advancing health equity and ensuring that women receive the comprehensive care they deserve, and we offer considerations for the respective workgroups who will oversee the implementation of these goals. We also encourage the Department of Health and Human Services to better integrate women's health across the lifespan into Healthy People 2030 and beyond to advance equity in the health of women and improve outcomes across our populations.

IID-NEW-18: Increase the proportion of pregnant women who receive 1 dose of the tetanus-diphtheria-acellular pertussis (Tdap) vaccine during pregnancy.

As a steering committee member and current Vice Chair of the Coalition to Advance Maternal Therapeutics (CAMT), SWHR is deeply committed to enhancing the promotion of recommended vaccines during pregnancy. Our role as the administrative home for CAMT allows us to actively advocate for the health of both mothers and their infants, recognizing that timely vaccinations are a critical aspect of maternal and fetal health.

However, data indicate that there is significant room for improvement in the uptake of vital vaccines. A study of women pregnant during the 2023–24 flu season by the U.S. Centers for Disease Control and Prevention (CDC) found that, in spite of Advisory Committee on Immunization Practices (ACIP) recommendations for pregnant women receive the Tdap vaccine during weeks 27–36 of gestation, 40% of survey respondents did not receive a Tdap vaccine during their pregnancy.¹ Another study published in *AJOG Global Reports*, a companion journal

¹ U.S. Centers for Disease Control and Prevention (CDC). Flu, Tdap, and COVID-19 Vaccination Coverage Among Pregnant Women – United States, April 2024. FluVaxView. Published October 2, 2024. <https://www.cdc.gov/fluview/coverage-by-season/pregnant-april-2024.html>

to the *American Journal of Obstetrics and Gynecology*, found that “there are racial/ethnic disparities in influenza and Tdap vaccination rates among pregnant individuals in the United States.”²

Improving patient understanding of the vaccine is necessary. An April 2021 study conducted by the CDC found that the “most common main reason for not receiving Tdap during pregnancy was a lack of knowledge about the need to be vaccinated during every pregnancy.”³ Knowledge gaps were evident, as women reported “not knowing they were supposed to receive Tdap during their recent pregnancy.” Concerns around infant and health and safety were another commonly cited reason.

Addressing these gaps is essential not only for individual health outcomes but also for public health at large. Members of the Maternal, Infant, and Child Health (MICH) Workgroup can play a vital role in promoting the uptake of recommended vaccines during pregnancy, and should evaluate solutions to gaps in patient education, awareness, and understanding around the vaccine and how it impacts the health of a pregnancy.

MICH-NEW-21: Reduce the rate of hypertension in pregnancy (preexisting and pregnancy-associated hypertension) among delivery hospitalizations.

Reducing the rate of hypertension in pregnancy is crucial for improving maternal and infant health outcomes. Hypertension can lead to complications such as pre-eclampsia, placental abruption, early labor induction in mothers and preterm delivery, and low birth weights.⁴ These complications not only affect the immediate well-being of both mother and child but can also have long-term health implications. A study published in 2022 reports that, between the years 2017 and 2019, the rate of hypertensive disorders in pregnancy (HDP) among delivery hospitalizations increased, with the prevalence of HDP being highest among Black women, American Indian and Alaska Native women, women over the age of 35, and women “residing in zip codes in the lowest median household income quartile.”⁵ Evidence also shows that pre-eclampsia and hypertension during pregnancy can increase the risk of developing cardiovascular disease later in life, which is the leading cause of death for both women and men in the United States.⁶ By addressing hypertension proactively, these complications and disparities in prevalence can be mitigated or prevented, promoting healthier pregnancies.

² Jarshaw CL, Omoregie O, Peck JD, et al. Vaccination During Pregnancy by Race/Ethnicity: A focus on American Indians/Alaska Natives. *AJOG Global Reports*. 2024;4(1):100318-100318. doi:<https://doi.org/10.1016/j.xagr.2024.100318>

³ U.S. Centers for Disease Prevention and Control . Flu and Tdap Vaccination Coverage Among Pregnant Women – United States, April 2021. FluVaxView. Published September 5, 2024. Accessed October 28, 2024. https://www.cdc.gov/fluview/coverage-by-season/flu-tdap-pregnant-april-2021.html?CDC_AAref_Val=https://www.cdc.gov/flu/fluview/pregnant-women-apr2021.htm

⁴ U.S. Centers for Disease Control and Prevention. High Blood Pressure During Pregnancy. High Blood Pressure. Published April 29, 2024. <https://www.cdc.gov/high-blood-pressure/about/high-blood-pressure-during-pregnancy.html>

⁵ Ford ND, Cox S, Ko JY, et al. Hypertensive Disorders in Pregnancy and Mortality at Delivery Hospitalization - United States, 2017-2019. *MMWR Morb Mortal Wkly Rep*. 2022;71(17):585-591. Published 2022 Apr 29. doi:10.15585/mmwr.mm7117a1

⁶ U.S. Centers for Disease Prevention and Control. About Women and Heart Disease. Heart Disease. Published May 15, 2024. <https://www.cdc.gov/heart-disease/about/women-and-heart-disease.html>

With the introduction of this objective, we urge the Workgroup to consider how implementing routine screening and education around hypertension during pregnancy may improve outcomes.⁷ The role of early identification and management of hypertension should also be considered for reducing the incidence of complications, ensuring safer deliveries, and healthier infants.⁸ The broader impacts of this objective may also be considered. By prioritizing the reduction of hypertension in pregnancy, there is potential to not only enhance the immediate health of mothers and babies but also contribute to broader public health efforts aimed at reducing the prevalence of cardiovascular disease in the general population.

IID-NEW-19: Increase the proportion of adults who receive the recommended age-appropriate vaccine.

Vaccines play a crucial role in public health by preventing the spread of infectious diseases and the associated illness, hospitalization, disability, and even death. According to reports from the CDC, vaccination rates among adults in the United States are low for several recommended routine vaccines, including influenza.⁹ Immunization rates also vary significantly across different geographic regions, racial and ethnic groups, and age demographics. For example, there is a 13% lower routine vaccination rates observed in Black or African American and Hispanic or Latino adults compared to white adults.¹⁰

One vaccine which plays a critical role in all health, but particularly women's health, across the lifespan is the human papillomavirus (HPV) vaccine. The CDC recommends that a two-shot series of the vaccine be given to adolescents at ages 11-12 (or as early as age 9) for the vaccine to work most effectively.¹¹ While nearly 85% of people in the United States acquire an HPV infection at some point in their lifetime, up-to-date adolescent vaccination rates in the United States were only 58.6% in 2021, although the vaccine is recommended for some patients up to 26 years of age.^{12,13} Given that the HPV vaccine has been proven safe and effective, such sub-optimal rates of vaccination pose reason for concern. A recent study examining parents' perceptions of the vaccine found that a rise in safety concerns were "consistent in nearly all

⁷ Gholami K, Norouzkhani N, Kargar M, et al. Impact of Educational Interventions on Knowledge About Hypertensive Disorders of Pregnancy Among Pregnant Women: A Systematic Review. *Front Cardiovasc Med.* 2022;9:886679. Published 2022 Jun 20. doi:10.3389/fcvm.2022.886679

⁸ Ayala DE, Hermida RC. Ambulatory blood pressure monitoring for the early identification of hypertension in pregnancy. *Chronobiol Int.* 2012;30(1-2):233-259. doi:10.3109/07420528.2012.714687.

⁹ U.S. Centers for Disease Control and Prevention. Vaccination Coverage among Adults in the United States, National Health Interview Survey, 2021. AdultVaxView. Published 2024. <https://www.cdc.gov/adultvaxview/publications-resources/vaccination-coverage-adults-2021.html>

¹⁰ Routine Vaccinations: Adult Rates Vary by Vaccine Type and Other Factors Report to Congressional Requesters United States Government Accountability Office. United States Government Accountability Office; 2022. <https://www.gao.gov/assets/gao-22-105334.pdf>

¹¹ Meites E. Use of a 2-dose schedule for human papillomavirus vaccination—updated recommendations of the Advisory Committee on Immunization Practices. *MMWR. Morbidity and mortality weekly report.* 2016;65.

¹² Pingali C. National, regional, state, and selected local area vaccination coverage among adolescents aged 13–17 years—United States, 2020. *MMWR. Morbidity and Mortality Weekly Report.* 2021;70.

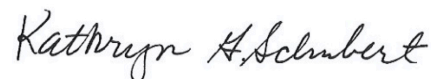
¹³ U.S. Centers for Disease Control and Prevention. HPV vaccine recommendations. CDC. Published November 16, 2021. <https://www.cdc.gov/vaccines/vpd/hpv/hcp/recommendations.html>

states and DC.”¹⁴ These findings point to the need for clinician and patient-oriented education and awareness campaigns to combat misinformation and to dispel existing stigmas with vaccines like the HPV vaccine.

We encourage meaningful collaboration between the workgroups with a range of expertise on health across different populations and the lifespan, including but not limited to the Immunization and Infectious Diseases Workgroup; Adolescent Health Workgroup; the HIV Workgroup; the Maternal, Infant, and Child Health Workgroup; the Older Adults Workgroup; the Sexually Transmitted Infections Workgroup; and the Social Determinants of Health Workgroup to ensure that this objective is holistically successful in addressing population needs.

Thank you for the opportunity to comment on the proposed objectives for Healthy People 2030. We appreciate your consideration and encourage HHS to reach out with any questions or for further discussion. I can be reached at (202) 496-5004, or by email at kathryn@swhr.org.

Sincerely,



Kathryn G, Schubert, MPP
CEO and President
Society for Women’s Health Research

¹⁴ Sonawane K, Lin YY, Damgacioglu H, et al. Trends in Human Papillomavirus Vaccine Safety Concerns and Adverse Event Reporting in the United States. *JAMA Network Open*. 2021;4(9):e2124502. doi:<https://doi.org/10.1001/jamanetworkopen.2021.24502>