



July 16, 2026

Katrina L. Piercy
Deputy Director
Office of Disease Prevention and Health Promotion
Department of Health and Human Services
1101 Wootton Parkway, Suite 420
Rockville, Maryland 20852

Re: Solicitation of Written Comments on Proposed Healthy People 2030 Objectives and Request for Information on Screen Time to Inform Healthy People

Dear Deputy Director Piercy,

On behalf of the National Alliance to Impact Social Determinants of Health (NASDOH), we appreciate the opportunity to provide comments on the new objectives to be added to Healthy People 2030. The comments below express NASDOH's strong support for inclusion of Social Determinants of Health as a new research objective in Healthy People 2030.

Founded in 2018 by Governor Mike Leavitt and Dr. Karen DeSalvo, NASDOH is a multi-sector coalition of stakeholders seeking to make a material improvement in the health of individuals and communities by advancing the adoption of effective policies and programs to address health-related social needs (HRSNs) – such as food insecurity, housing instability, and transportation insecurity – as well as the underlying social and economic conditions in which people live that are often the root causes of poor health outcomes (social determinants of health). NASDOH brings together stakeholders from different geographic regions with expertise in health care, public health, social services, patient and consumer perspectives, information technology, and business to share learnings, develop policy recommendations, and build consensus on solutions to support health. Our website lists all the NASDOH [members](#).

Social Determinants of Health (New Research Objective-03)

NASDOH strongly supports adding Social Determinants of Health (SDOH) as a Healthy People 2030 research objective. SDOH—the social, physical, and economic conditions in which people live—shape whether people can access nutritious food, stable housing, reliable transportation, safe neighborhoods, educational and employment opportunities, and other resources that are foundational to health and well-being. Because these factors influence health outcomes, quality of life, and health care utilization, national health improvement efforts like Healthy People 2030 must continue to recognize these SDOH as central to improving population health, reducing avoidable disparities, and supporting healthier communities.

Addressing SDOH is also essential to preventing and managing chronic disease. Chronic disease places an undue health and economic burden on the United States, and addressing these conditions is a priority for the current Administration. Many of the factors that contribute to chronic illness are shaped by SDOH, making it essential to identify those needs in clinical and community settings as a first step toward connecting individuals with appropriate supports and then evaluate the pathway from screening and referral to service receipt, need resolution, and health outcomes. While the evidence base for

SDOH interventions continues to grow, a centralized federal research objective would help accelerate understanding of which interventions are most effective, for whom, and under what circumstances. Federal leadership could also support more consistent measurement, evaluation of health and cost impacts, and dissemination of operational and programmatic lessons learned, such as Social Care Networks and other community-based care models, to help public and private partners scale evidence-based approaches that improve health outcomes.

Federal policy focusing on SDOH needs to be guided by a strong evidence base that is rigorously evaluated so that the most effective innovations can be prioritized and scaled. In 2023, NASDOH released a set of [principles for SDOH research](#) that we encourage HHS to consider in efforts to strengthen the evidence base for SDOH referrals.

Research on screening and referrals is an important starting point for building a centralized evidence base, but NASDOH also encourages the Office of Disease Prevention and Health Promotion to support research that follows individuals beyond the initial point of referral. This research should examine whether people are able to access and receive needed social services, how effectively those services address identified needs, what amounts of these services maximize impact, and whether supports (with appropriate dosing) contribute to measurable improvements in health outcomes over time. Additionally, research should study implementation factors such as navigation models, trust, language access, and rural service availability to identify what drives successful outcomes.

Conclusion

NASDOH appreciates the opportunity to provide feedback on the new Healthy People 2030 objectives. For additional information on the current evidence base for addressing upstream drivers of health to improve health and well-being, the Social Interventions Research and Evaluations Network (SIREN), a strategic partner of NASDOH, maintains an [evidence and resource library](#) on social interventions. While there is significant and growing research on the associations between social determinants of health and health outcomes, federal support for research on the impacts of referrals to non-clinical activities on health outcomes could significantly advance the field.

For more information on NASDOH and our members, please visit our website at www.nasdoh.org. Should you have any questions or wish to discuss our comments further, please contact Laura Pence at Laura.Pence@LeavittPartners.com.

Sincerely,

Laura Pence

Laura Pence
Advisor to NASDOH