STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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Katrina L. Piercy, PhD, RD
Deputy Director
Office of Disease Prevention and Health Promotion
Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services
1101 Wootton Parkway, Suite 420
Rockville, MD 20852

RE: Proposed Healthy People 2030 Objectives and Screen Time Objectives; 91 Fed. Reg. 36150 (June 16, 2026); Document No. 2026-12090[1]

Dear Dr. Piercy:

The Washington State Department of Health (DOH) strongly supports all three proposed new Healthy People 2030 (HP2030) objectives and the refinement of the existing screen time objectives. Washington was recognized as a Healthy People 2030 Champion in March 2024 for DOH's commitment to advancing HP2030's national objectives and improving health across the state.[2] These proposals address priorities at the center of our public health work: behavioral health access, early childhood development, the social conditions that shape long-term health,

[1] Announcement of Solicitation of Written Comments on Proposed Healthy People 2030 Objectives and Request for Information on Screen Time To Inform Healthy People, 91 Fed. Reg. 36150 (June 16, 2026), https://www.federalregister.gov/documents/2026/06/16/2026-12090/announcement-of-solicitation-of-written-comments-on-proposed-healthy-people-2030-objectives-and (last accessed 06/29/26)

[2] Office of Disease Prevention and Health Promotion, U.S. Dept. of Health and Human Services, Healthy People 2030 Champions Program, https://odphp.health.gov/healthypeople/about/healthy-people-2030-champions-program (last accessed 06/29/26)

and the documented harm from excessive screen time. We write to record that support and to offer targeted comments on each.

Healthy People has anchored state public health planning for more than four decades. HP2030 objectives are the benchmarks against which Washington measures statewide progress, sets internal targets, and communicates to communities and partners where investment is most needed. Nationally tracked, data-anchored objectives in mental health care access, early childhood readiness, social prescribing, and screen time give states the tools to document and close the gaps that threaten the health of future generations.

Washington's Stake as a Healthy People 2030 Champion

Washington serves approximately 7.8 million residents across urban centers, rural and frontier counties, tribal nations, and border communities, and the state faces persistent disparities in behavioral health access, early childhood outcomes, and the social conditions that drive health.

Cost-related unmet behavioral health need is a documented and persistent barrier in Washington. Residents with low incomes, those in rural counties, uninsured individuals, and members of immigrant and refugee communities disproportionately report delaying or forgoing mental health care because of cost.[3] A national objective anchored to the National Health Interview Survey will establish a consistent, defensible baseline against which Washington and other states can measure the impact of coverage expansions, Medicaid behavioral health investments, and community mental health capacity-building.

School readiness is not only an education outcome; it is a health outcome. Early childhood developmental readiness predicts adult economic stability, cardiovascular health, behavioral health, and longevity.[4] The National Survey of Children's Health already produces state-level estimates, giving Washington a direct way to benchmark our early childhood programs (developmental screening, home visiting, and Early Support for Infants and Toddlers) against national targets once this objective is finalized.

Comments on the Proposed Objectives and Screen Time Refinements

DOH supports Access to Health Services (New Objective-10), which would reduce the share of people who cannot obtain or who delay obtaining mental health care due to cost. The downstream consequences are well documented: higher emergency department use, housing

[3]Substance Abuse and Mental Health Services Administration, 2023 National Survey on Drug Use and Health: Mental Health Tables, U.S. Dept. of Health and Human Services (2024), https://www.samhsa.gov/data/release/2023-national-survey-drug-use-and-health-nsduh-releases (last accessed 06/29/26)

[4]National Scientific Council on the Developing Child, The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do, Harvard University Center on the Developing Child (2007, updated), https://developingchild.harvard.edu/resources/the-science-of-early-childhood-development-closing-the-gap-between-what-we-know-and-what-we-do/ (last accessed 06/29/26)

instability, workforce losses, and worsening physical health.[5] The National Health Interview Survey tracks this at both the national and state level. DOH recommends that the Office of Disease Prevention and Health Promotion (ODPHP) ensure future reporting supports disaggregation by income, insurance status, race, ethnicity, and geography where possible so the distributional inequities that aggregate data obscure remain visible to state and local planners.

DOH strongly supports Early and Middle Childhood (New Objective-05), which would increase the proportion of children who are developmentally on track and ready to learn. The National Survey of Children's Health produces regular, state-level data, giving Washington the granularity to track progress in ways national averages cannot. DOH encourages ODPHP to define "developmentally on track" in consultation with pediatric health, early childhood, and education practitioners, so the resulting metric is clinically grounded and useful at the community level.

DOH supports designating Social Determinants of Health (New Research Objective-03) as a Research Objective. Washington has invested in community health workers, Medicaid Transformation projects, and community-based referral programs that connect people to exactly the kinds of activities this objective covers: art, music, movement, nature, and community service. The evidence base for social prescribing is growing,[6] but no reliable national data source exists in the United States. DOH urges ODPHP to treat the data gap as the priority it is, establish measurement infrastructure with a clear timeline, and set an explicit goal of elevating this to a full objective in Healthy People 2040. The absence of data should accelerate investment, not reduce the urgency.

DOH also supports the proposed refinement of Physical Activity-13 and Physical Activity Research Objective-02. The Surgeon General's Advisory on the Harms of Screen Use[7] supplies a sound factual basis for updating these objectives, and its reach across age groups makes the gaps in the current objectives plain. Physical Activity-13 targets children ages 2 to 5, capturing early exposure but leaving school-age children and adolescents unaddressed. DOH urges ODPHP to extend screen time objectives across those years, given the documented links between adolescent screen use and declining mental health outcomes. Washington will advance this work through our school health partnerships, behavioral health programs, and family-facing public communications.

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[5]Substance Abuse and Mental Health Services Administration, Key Substance Use and Mental Health Indicators in the United States: Results from the 2023 National Survey on Drug Use and Health, U.S. Dept. of Health and Human Services (2024), https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report (last accessed 06/29/26)

[6]World Health Organization Regional Office for the Western Pacific, A Toolkit on how to Implement Social Prescribing (2022), https://www.who.int/publications/i/item/9789290619765 (last accessed 07/10/26)

[7]U.S. Surgeon General, Advisory on the Harms of Social Media and Digital Technology on Children and Adolescents, U.S. Dept. of Health and Human Services, https://www.hhs.gov/surgeongeneral/reports-and-publications/screen-use-harms/index.html (last accessed 06/29/26)

D. Recommendations and Conclusion

DOH offers the following recommendations:

1. Finalize Access to Health Services (New Objective-10), Early and Middle Childhood (New Objective-05), and Social Determinants of Health (New Research Objective-03) as published.
2. For the Social Determinants Research Objective, establish a federal interagency working group or academic partnership to develop a reliable national data source, with an explicit goal of elevating this objective to full status in Healthy People 2040.
3. Refine Physical Activity-13 to extend the age range upward and develop a reliable data source for Physical Activity Research Objective-02, so screen time for school-age children and adolescents becomes a trackable national health metric.
4. Ensure data collection for all new objectives supports state-level reporting and allows disaggregation by race, ethnicity, income, geography, and disability status, so health equity progress is measurable at the state and local level.

DOH is committed to the measurement infrastructure these additions require and to the populations they are designed to reach. Thank you for the opportunity to comment. If you have any questions, please contact DOH's Federal and Regulatory Affairs Director, Mike Ellsworth at Michael.Ellsworth@doh.wa.gov or the Director, Federal and Inter-State Affairs for Governor Ferguson's Washington, D.C. office Rose Minor at Rose.Minor@gov.wa.gov.

Sincerely,

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Chief of Policy
Washington State Department of Health