



July 16, 2026

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

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

Dear Director Piercy:

The American Speech-Language-Hearing Association (ASHA) writes to offer comments on proposed Healthy People 2030 Objectives and the Request for Information (RFI) on Screen Time to Inform Healthy People.

ASHA is the national professional, scientific, and credentialing association for more than 247,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Audiologists specialize in the prevention, diagnosis, and treatment of hearing and balance disorders. SLPs identify, assess, and treat speech, language, swallowing, and cognitive-communication disorders across the lifespan.

ASHA members practice in a wide range of settings, including early intervention programs, schools, outpatient clinics, hospitals, rehabilitation facilities, long-term care facilities, and community-based programs. They experience firsthand how communication access, care delivery barriers, social determinants of health, and developmental factors—including those related to early communication and screen use—influence individuals' ability to obtain care, achieve optimal outcomes, and participate fully in daily life.

ASHA supports the goals of Healthy People 2030 to create a society in which all people can achieve their full potential for health and well-being across the lifespan. We appreciate the opportunity to provide input on proposed objectives and the existing objectives related to screen time.

Objective 1: Reducing the Proportion of Individuals Unable to Obtain Mental Health Services Due to Cost

ASHA supports efforts to reduce cost-related barriers to mental health services. However, we urge the Department of Health and Human Services to recognize that financial access alone is insufficient if individuals cannot effectively communicate within the health care system.

Communication Access as a Foundational Component of Access to Care

People with communication disorders—including those with aphasia, autism, traumatic brain injury, dementia, and other neurological conditions—face significant barriers in accessing and participating in mental health care. These barriers may include difficulty scheduling

appointments, navigating insurance and administrative processes, understanding health information and treatment plans, and expressing symptoms, preferences, and treatment goals.

Evidence demonstrates a strong relationship between communication disorders and mental health needs. Large-scale U.S. data points indicate that people with communication disorders are more likely to experience depression and anxiety than people without communication disorders.¹

In specific clinical populations, this relationship is even more pronounced. For example, approximately one-third of people with aphasia, a language disorder typically resulting from stroke or other brain injury, experience depression.² Similarly, hearing loss has been associated with higher incidence of depression and psychological stress. These findings underscore that many people who would benefit from mental health services also have underlying communication needs that can complicate access to and participation in care.

When these needs are not addressed, people may require more intensive and prolonged services or may disengage from care altogether, further exacerbating cost and access challenges. Audiology and speech-language pathology services, together with supported communication strategies and appropriate accommodations, can improve the efficiency and effectiveness of mental health care by enabling clearer patient-provider communication, enhancing patient engagement, and supporting adherence to treatment plans.

ASHA encourages the Department to explicitly recognize communication access as a component of health care access. This includes ensuring that systems, providers, and care environments are equipped to identify and support individuals with communication disorders.

Objective 2: Increasing the Proportion of Children Who Are Developmentally “On Track”

ASHA supports the proposed objective to increase the proportion of children who are developmentally “on track,” healthy, and ready to learn. We encourage the Department to recognize speech, language, hearing, and social communication development as core components of developmental readiness.

Communication Development as a Foundation for School Readiness

Communication development is foundational to children's readiness for school and lifelong learning. Early communication skills support literacy, academic achievement, social-emotional development, executive functioning, relationship-building, and participation in learning environments.

Children rely on receptive and expressive language, speech production, hearing, social communication, gestures, and early conversational skills to understand directions, express their wants and needs, engage with peers and adults, and acquire the literacy skills necessary for academic success. ASHA's Developmental Milestones identify expected communication skills from birth through age 5 and help families and professionals recognize when a child may benefit from additional screening or evaluation.³

Healthy People 2030 should include age-appropriate communication milestones as important indicators of developmental progress. Delays or disorders affecting speech, language, social communication, or hearing can affect literacy, academic achievement, social-emotional development, and participation if they are not identified and addressed early.

Supporting Early Identification and Access to Services for All

Routine developmental surveillance, culturally and linguistically appropriate screening, and timely referral for comprehensive evaluation and early intervention can improve developmental trajectories and help reduce disparities in school readiness.

Audiologists and SLPs play essential roles in screening, assessment, diagnosis, and evidence-based treatment of communication disorders throughout early childhood. Children who receive timely evaluation and intervention are better positioned to develop the communication skills needed for successful participation in school, family life, and their communities.

Healthy People 2030 should also emphasize the importance of responsive caregiver-child interactions and language-rich environments. Talking, reading, singing, playing, using gestures, and engaging in back-and-forth communication provide the foundation for communication, learning, and social-emotional development.

ASHA encourages the Department to:

- Explicitly identify speech, language, hearing, and social communication as components of developmental readiness;
- Include age-appropriate communication milestones among indicators of whether children are developmentally “on track”;
- Support routine developmental surveillance and culturally and linguistically appropriate screening;
- Promote timely referral for audiology and speech-language pathology evaluation and early intervention when concerns arise; and
- Recognize access to audiology, speech-language pathology, and early intervention services as essential to helping children enter school healthy, developmentally on track, and ready to learn.

Incorporating these elements would strengthen the proposed objective and better support Healthy People 2030's goals of improving child health, educational readiness, and health equity.

Objective 3: Exploring the Impact of Referrals to Nonclinical Activities on Improving Health Outcomes

ASHA supports the inclusion of this research objective and its focus on referrals to nonclinical activities as a strategy to improve health and well-being. We encourage the Department to examine not only whether people are referred to these activities, but also whether they can meaningfully access and participate in them.

Participation as the Key Outcome

Referrals to nonclinical programs are only effective if people can actively engage in them. For people with communication disorders, participation may be limited by barriers such as difficulty hearing or following conversations, understanding instructions, communicating with others, or navigating unfamiliar situations.

Social determinants of health such as transportation, income, literacy, and access to qualified providers also influence access to audiology and speech-language pathology services and the ability to participate in nonclinical activities. These factors can compound communication-related barriers, limiting a person's ability to benefit from nonclinical referrals even when opportunities are available.

Research demonstrates that people with communication disorders experience reduced social participation, poorer health outcomes, and greater difficulty accessing care compared to those without such disabilities.⁴ Measures limited to referral completion or initial program use may overlook whether an individual was able to meaningfully participate or experience a sustained benefit.

Supporting Participation Across the Lifespan

Access to audiology and speech-language pathology services can play a significant role in enabling participation in nonclinical activities. Participation-focused, community-based intervention improves functional communication, quality of life, and community engagement, reinforcing the importance of services that extend beyond traditional clinical settings and address real-world participation.⁵

Across the lifespan, audiologists and SLPs help individuals develop and navigate the communication skills, strategies, technologies, and environmental supports necessary to return to valued activities or participate in new activities that promote health, independence, and social connection. Examples may include participation in social groups, educational programs, exercise and wellness activities, community events, volunteer opportunities, or programs offered through aphasia centers or hearing rehabilitation programs.

ASHA recommends that the Department consider the following as it develops and refines this research objective:

- Incorporate participation-based outcome measures rather than focusing solely on referral completion or utilization of nonclinical activities;
- Evaluate whether referred activities are accessible to individuals with hearing, speech, language, cognitive-communication, and other communication needs;
- Stratify analyses by disability status and communication needs to identify disparities in participation and outcomes;
- Consider the effects of transportation, income, literacy, language access, fatigue, and availability of providers in participation; and
- Include community-based and participation-focused interventions, such as aphasia centers and hearing rehabilitation programs, as part of the evidence base for evaluating the effectiveness of nonclinical referrals.

Screen Time

ASHA strongly urges Healthy People 2030 to ensure that recommendations related to screen time clearly distinguish between recreational or passive consumption and screen use that supports communication, social connection, learning, education, therapy, or accessibility for individuals with disabilities. Not all screen use has the same purpose or impact, and public health recommendations should recognize the important role that technology can play in the promotion of communication, learning, and participation for individuals with disabilities across the lifespan.

Protecting Responsive Interaction and Communication Development

Early childhood is a critical period for brain, language, social, and emotional development. Young children develop speech and language most effectively through direct, responsive, back-and-forth interactions with parents, caregivers, and other communication partners. Everyday experiences such as talking, reading, singing, playing, and engaging in shared attention strengthen the neural connections that support communication, learning, self-regulation, and school readiness. Excessive recreational screen use can displace these foundational

interactions. Studies have found that caregivers may use fewer words with their children while using smartphones and that excessive screen exposure during infancy and early childhood is associated with delays in speech and language development. Screen use may also displace imaginative and sensory play, physical activity, shared reading, and real-world social engagement.

Guidance should therefore emphasize the importance of protecting time for responsive interactions and language-rich experiences. Families can support healthy development by establishing predictable media routines, keeping meals, playtime, and bedtime free from recreational screen use, selecting high-quality content, and prioritizing adult participation and discussion when media is used.

Children with developmental delays or disabilities may require additional support in establishing healthy media routines and transitioning away from preferred recreational screen activities. At the same time, recommendations must avoid categorizing communication technologies or other disability-related supports as recreational media.

Distinguishing Recreational Media From Meaningful Interaction

Healthy People 2030 should explicitly recognize that not all screen use is the same. Video chatting with family members and other loved ones can provide meaningful opportunities for communication, social interaction, relationship building, and shared attention. It should be distinguished from passive or recreational screen use, particularly when an adult supports the child's engagement and interaction.

Similarly, technology used for education, telepractice, health care, accessibility, or communication should be evaluated according to its function and context rather than being treated categorically as recreational screen time.

AAC Must Be Excluded From Screen Time Limits

Most importantly, augmentative and alternative communication (AAC) systems and devices should never be considered screen time. Many children and adults rely on speech-generating devices and other AAC technologies and applications as their primary means of communication. These systems function as the individual's voice. They are essential for expressing needs, sharing ideas, developing relationships, participating in education and employment, accessing health care, and engaging in daily community life.

AAC systems are communication tools—not recreational screens—and their use should never be counted toward screen time limits. Individuals who use AAC should have uninterrupted access to their communication systems at all times, and AAC use should be explicitly excluded from any recommendations regarding limits on screen time. Overall, the evidence supports a balanced approach to technology that prioritizes responsive human interaction, play, and communication as the primary drivers of healthy child development while recognizing that thoughtfully selected and appropriately used technology can play a supportive role in children's lives.⁶

Providing Families With Practical, Evidence-Informed Resources

Healthy People 2030 may also wish to reference practical resources that help families establish healthy media habits while protecting communication development and disability access. ASHA, in collaboration with the Screen Time Action Network at Fairplay, has developed a series of free resources for families of children from birth through age five in English and Spanish:

- *Be Tech Wise With Baby!*
- *Be Tech Wise With Toddler!*
- *Be Tech Wise With Preschoolers!*
- *Be Tech Wise: Children With Developmental Delays or Differences.*⁷

These resources encourage healthy technology habits while emphasizing responsive caregiver-child interaction, language-rich experiences, and communication development. Incorporating these distinctions and resources into Healthy People 2030 would help ensure that public health guidance supports healthy media use while preserving equitable access to communication, connection, education, and health care.

ASHA appreciates the Department's commitment to improving health outcomes for all through Healthy People 2030. Explicitly addressing communication access, developmental communication milestones, functional participation, and the appropriate treatment of AAC within screen time guidance will strengthen these efforts and help ensure that all individuals can benefit.

Thank you for your consideration of our comments. If you have any questions, please contact:

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Submitted on behalf of the American Speech-Language-Hearing Association

¹ Lancaster, H. S., Nayak, S., Buttner, A., & Davis, T. N. (2026). Effects of communication disorder status on risk for eleven common health conditions in the All of Us Research Program in the USA: A cross-sectional study. *BMJ Open*, 16(2), e103384. <https://doi.org/10.1136/bmjopen-2025-103384>

² Vogel-Eyny, A., Jung, Y.-J., Hyun, J., Siegle, E., Haroun, A., Nahar, S., Sarkas, S., Shankman, S. A., Slattery, S., & Ashaie, S. (2026). Prevalence of depression in post-stroke aphasia: systematic review and meta-analysis. *BMC Neurology*, 26, Article 43. <https://doi.org/10.1186/s12883-025-04570-1>

³ American Speech-Language-Hearing Association. (n.d.). *ASHA's Developmental Milestones: Birth to 5 Years*. <https://www.asha.org/public/developmental-milestones/>

⁴ Stransky, M. L., Oshita, J. Y., & Morris, M. A. (2020). Prevalence of Behavioral Health Problems Among Adults With and Without Communication Disabilities. *The Journal of the American Board of Family Medicine*, 33(6), 932–941. <https://doi.org/10.3122/jabfm.2020.06.200216>

⁵ Edmonds, L., & Morgan, J. (2022). Two-year Longitudinal Evaluation of Community Aphasia Center Participation on Linguistic, Functional Communication, and Quality of Life Measures Across People With a Range of Aphasia Presentations. *American Journal of Speech-Language Pathology*, 31(5S), 2378–2394. https://doi.org/10.1044/2022_AJSLP-21-00308

⁶ Da Silva Junior, D. C., Castro, Y. M., Dutra, R. P., Caumo, D. P., & da Silva, M. P. 2025. Impact of the Use of Interactive Screens on Language Development in Children up to 6 Years of Age: A Systematic Review. *Child: Care, Health and Development*. 51, no. 6: e70176. <https://doi.org/10.1111/cch.70176>

⁷ Fairplay. (n.d.). *Be Tech Wise! with young children*. <https://fairplayforkids.org/be-tech-wise-full-series/>