

Via Electronic Submission: HP2030@HHS.GOV

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Director, Office of Disease Prevention and Health Promotion
Office of the Assistant Secretary for Health, Office of the Secretary
U.S. Department of Health and Human Services
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Rockville, MD 20852

RE: Comments on Proposed Healthy People 2030 Objectives [FR Doc. 2024-22519]

Deputy Assistant Secretary Reed,

The American College of Occupational and Environmental Medicine (<u>ACOEM</u>) appreciates this opportunity to comment upon the U.S. Department of Health and Human Services (HHS) 12 new objectives proposed to be added to Healthy People 2030 and the potential addition of new core, developmental, or research objectives or topics to be included in Healthy People 2030. We appreciate the work undertaken by the Healthy People topic area workgroups and support the Healthy People mission of promoting, strengthening, and evaluating the nation's efforts to improve the health and well-being of all people.

Founded in 1916, ACOEM is the nation's largest medical society dedicated to promoting worker health through preventive medicine, clinical care, research, and education. The College represents Occupational and Environmental Medicine (OEM) physicians and other healthcare professionals devoted to preventing and managing occupational and environmental injuries, illnesses, and exposures.

We were pleased to see the inclusion of environmental health-related objectives in several of the new proposed objectives (ECBP-NEW-02; ECBP-NEW-03; ECBP-NEW-04; ECBP-NEW-05; ECBP-NEW-06; EH-NEW-12), especially as they pertain to increasing required environmental health content in academic health training programs. Clinicians specializing in OEM play an essential role in providing consultation and evaluating patients with environmental health problems. Still, our specialty is undersupplied, and environmental medicine remains an area with less visibility in more general health training experiences across the medical community. We believe that setting a goal to increase this content in learning experiences and gathering data on the current state of affairs would be impactful in establishing a strategy for tackling health issues in our population that arise as a result of cumulative environmental exposures.

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In that same vein, we would strongly encourage the consideration of several new complementary developmental objectives of a similar nature, specifically examining potential pathways to increase the proportion of health education programs that include occupational health content in a required learning experience. To that end, we propose the inclusion of the following objectives:

- ECBP-NEW-XX: Increase the proportion of medical schools that include <u>occupational</u> <u>health</u> content in a required learning experience. Data source: American Association of Colleges of Osteopathic Medicine (AACOM) and Association of American Medical Colleges (AAMC) (2022 Annual Osteopathic Medical School Questionnaire and Liaison Committee on Medical Education (LCME); Annual Medical School Questionnaire Part II).
- *ECBP-NEW-XX*: Increase the proportion of undergraduate nursing and graduate nurse practitioner training programs that include <u>occupational health</u> content in a required learning experience. Data source: American Association of Colleges of Nursing (AACN) and National Organization of Nurse Practitioner Faculties (NONPF) (2022 American Association of Colleges of Nursing Healthy People 2030 Curriculum Survey; 2022 National Organization of Nurse Practitioner Faculties Healthy People 2030 Curriculum Survey).
- *ECBP-NEW-XX*: Increase the proportion of physician assistant (PA) training programs that include <u>occupational health</u> content in a required learning experience. Data source: Physician Assistant Education Association (PAEA) (2022 Physician Assistant Education Association Healthy People 2030 Survey).
- *ECBP-NEW-XX*: Increase the proportion of colleges and schools of pharmacy with Doctor of Pharmacy (PharmD) degree programs that include <u>occupational health</u> content in a required learning experience. Data source: American Association of Colleges of Pharmacy (AACP) (2022 American Association of Colleges and Pharmacy Healthy People 2030 Survey).
- ECBP-NEW-XX: Increase the proportion of colleges and schools of dentistry with Doctor of Dental Surgery (DDS) and/or Doctor of Dental Medicine (DMD) degree programs that include occupational health content in a required learning experience. Data source: American Dental Education Association (ADEA) (2022 ADEA Healthy People 2030 Survey).

Increasing the amount of interdisciplinary occupational medicine training within our health workforce is a high-priority issue, as it is essential if we want to reduce work-related injuries, illnesses, and deaths across the population, especially within our most vulnerable and at-risk communities. This criticality is already well-established across the objectives that seek to address Healthy People 2030's goal to promote people's health and safety at work. We know the work environment can significantly impact a person's health and well-being. As previously mentioned, we have a severe undersupply of qualified OEM clinicians with the expertise to care for and protect our nation's workers and their communities. We believe this is partly due to a lack of visibility and awareness of the specialty within the initial stages of academic health workforce training programs.

Unfortunately, we do not have a precise and robust understanding of the current state of occupational health training curriculum at these foundational levels of health workforce training

² https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/workplace

and establishing baseline data on the current prevalence or dearth of occupational health content in learning experience across our health workforce would be impactful in informing where interventions would be most appropriate. Anecdotally, our understanding is that occupational medicine-focused learning experiences are scarce at the non-specialized levels of training.

Occupational and environmental medicine does have robust levels of expertise embedded in the faculty at our civilian and military residency training programs³ on practical and evidence-based interventions they have employed to increase awareness of the specialty outside of the graduate medical education level. Several residency programs have worked with host institutions to spread awareness among medical school students. These interventions will be essential for increasing the proportion of academic institutions with some form of occupational medicine curriculum, especially for those unfamiliar with the specialty, given its modest size. If the Department pursues the addition of our recommended objectives to Healthy People 2030 for occupational medicine, we would strongly encourage outreach to OEM residency programs for fact-finding on evidence-based interventions

Conclusion

On behalf of ACOEM, I would like to reiterate our appreciation for this opportunity to comment upon the proposed Healthy People 2030 objectives and offer our cross-cutting recommendations for additional objectives to achieve the goals of promoting the health and safety of people at work and promoting health, safety, and learning in school settings. Please do not hesitate to contact Dane Farrell (<u>Dane@cascadeassociates.net</u>), ACOEM's Government Affairs Representative, with any questions.

Sincerely,

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³ https://www.doximity.com/residency/specialties/dc577646-8142-4ee6-b26d-4820ee636414-occupational-medicine</sup>