Improving Public Health: A Model to Assess Health Knowledge and Education Needs in Vermont

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As national health care cost per capita increases in America, our health outcomes lag behind other countries. The United States Institute of Medicine [IOM] states a multidisciplinary effort to increase public health knowledge is fundamental for improving health outcomes. The objective of this study was to assess levels of public health knowledge, attitudes, and educational interest among groups that impact public health. We surveyed health care (University of Vermont College of Medical [COM] classes 2011-2013), community (businesses and non-profit organizations), and government (Vermont Department of Health) to test this model. Groups were assessed on educational interests and four domains of knowledge: evidence base of practice, clinical preventive services/health promotion, health systems and health policy, and community aspects of practice. Our hypothesis was that knowledge would be low, but interest in further education would be high. A total of 565 responses were collected via electronic survey. The greatest knowledge disparity was in evidence base of practice (percent correct ranged 34% from community to 43% from COM 2011) compared to the lowest disparity in clinical preventive services (77% from community and 97% from COM 2011). In contrast to the IOM public health model, 41% of COM 2011 believed that business and employers do not play a major role in public health; about 30% believed that media, notfor-profit organizations, and businesses were not essential. Approximately 95% of COM (Class of 2013) students were interested in additional public health courses as a part of their medical education. Comparisons with the IOM model for public health, and measuring specific levels of knowledge and educational interest, makes it possible to further improve Vermont's public health.