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Public Health Communication in Washington County, Vermont

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INTRODUCTION

- Almost $\frac{3}{4}$ of Vermonters live in rural areas, with Vermont being listed as a designated rural state by the U.S. Department of Health and Human Services^{1,2}.
- Rural residents face additional barriers such as limited broadband access, reduced digital health literacy, and reliance on local interpersonal networks for information³.
- When compared to urban residents, residents of rural regions have decreased access to health information sources such as PCPs and specialists, and decreased use of search engines for obtaining health/public health information⁴.
- The most rural counties with the least population in Vermont are the oldest and have been found to have worse health outcomes⁵.
- Objective: This study surveyed Vermont residents' on:
 - What are the current preferred modalities and sources of public health information for individuals within Washington County, Vermont.
 - The perceived level of trust of various sources of public health information (e.g. VDH, CDC, personal physician, local newspaper, etc.)

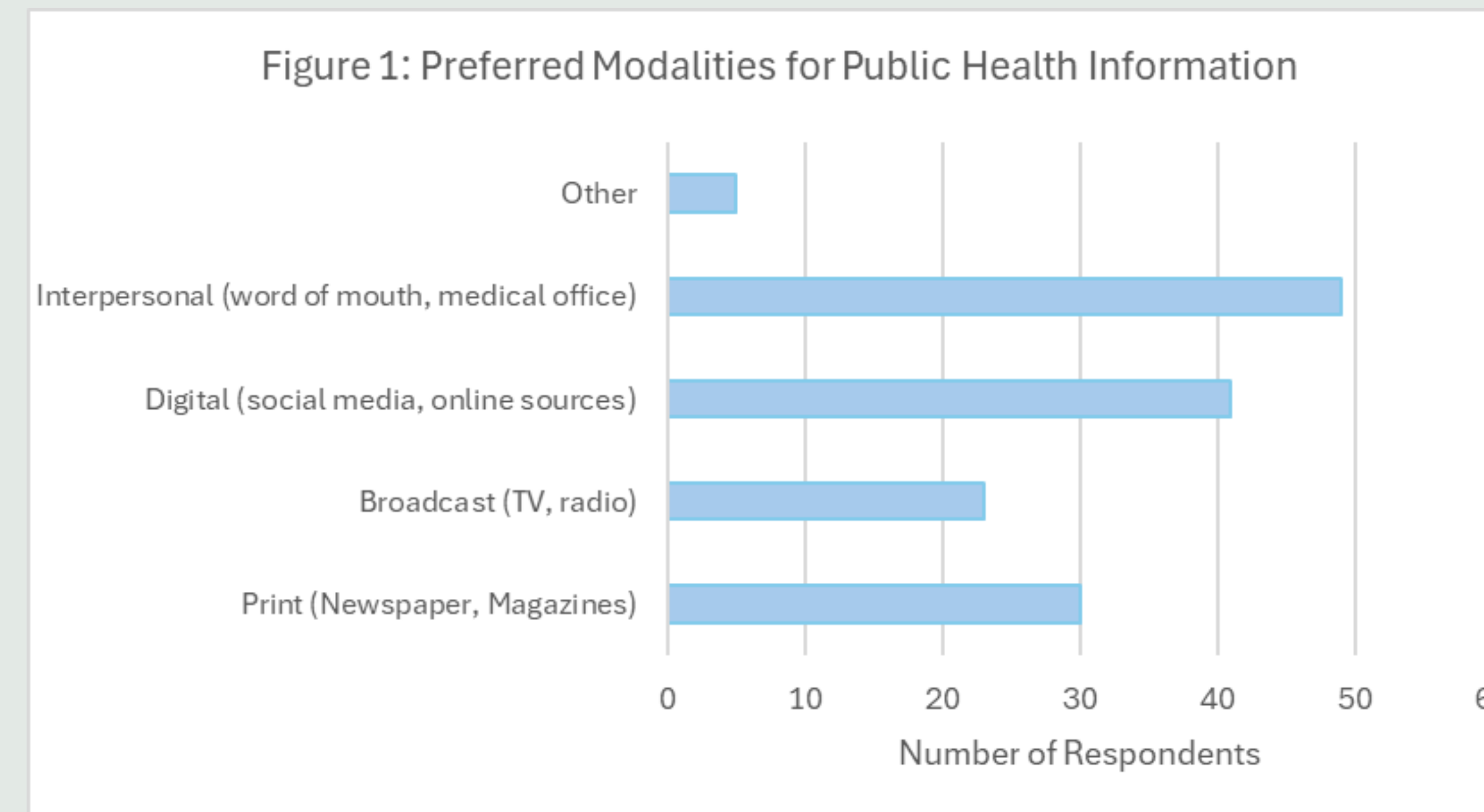
METHODS

- Rural residents of Vermont (n=80) were surveyed in person at public locations such as farmers markets, public libraries, and shopping centers located in Washington County
- Survey questions were developed based on discussions with community mentors at NNE-CTR and asked about sources, modalities, and trust in public health information as well as demographic information
- Statistical analysis of the results was performed using Python. Chi-squared tests were used for data comparison

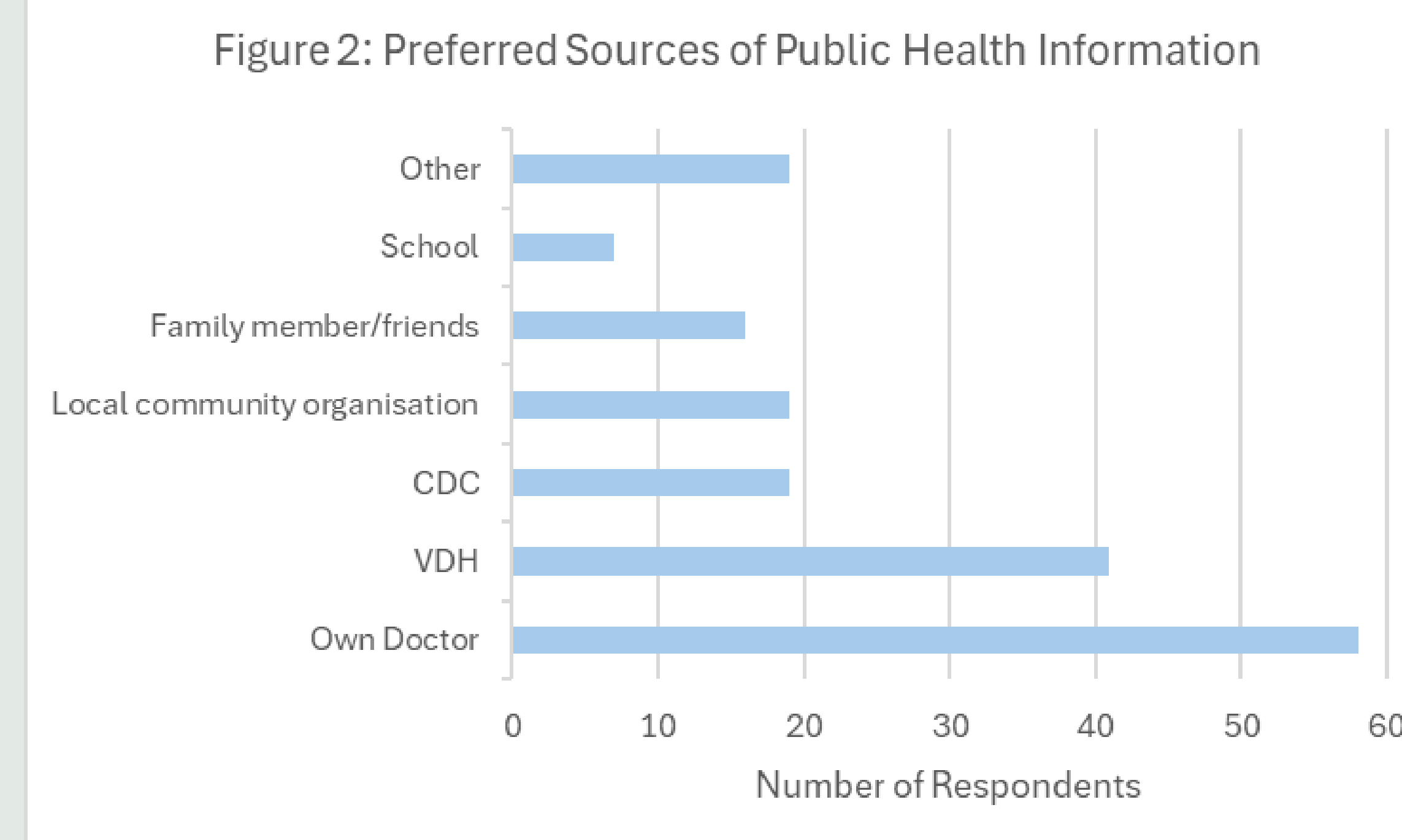
DEMOGRAPHICS

N = 80	
Gender	Female 47 (58.8%); Male 32 (40.0%); Non-binary 1 (1.2%)
Education	HS/Some college 32.5%; Undergraduate 26.2%; Graduate+ 41.2%
Race	White 85%, Multiracial/Other 12.5%; Asian/Native American 2.5%
Age	65+ 52.2%; 45-64 19%; 25-44 19%; 18-24 7.6%

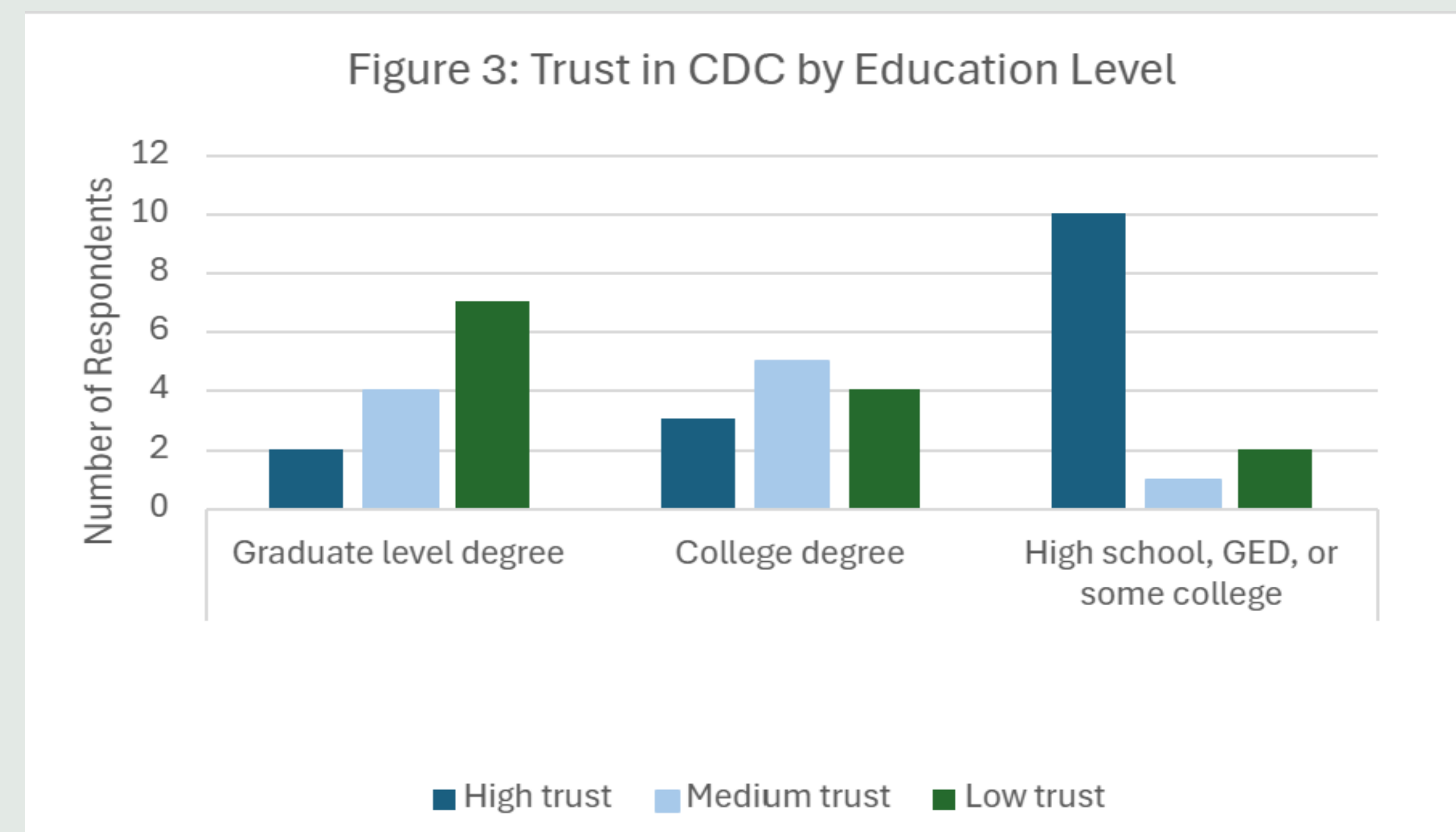
RESULTS



Respondents most often reported interpersonal (60.5%) and digital sources (50.6%) as their preferred modalities to receive public health information.



Many respondents reported preferring receiving public health information from their own doctor (71.6%). Respondents also reported a preference of receiving information directly from the VDH (50.6%), the CDC (23.5%) and local community organizations (23.5%).



Trust in public health agencies differed between education levels. Individuals from Washington County with high school, GED or some college experience were more likely to report a higher trust in the CDC than other education groups. There was no difference in trust in the VDH between different education levels.

CONCLUSION & DISCUSSION

- Relative to ratings of trust in other sources of health information, the high rate of trust in physicians held by Washington County residents suggests the value of utilizing patient's established care teams offices as avenues for disseminating important health information.
- In this rural Vermont group, people consistently see doctors and other clinical professionals as trustworthy sources of health information, and this pattern holds regardless of age, gender, or educational background.
- Individuals of a higher education level demonstrated **lower ratings of trust in the CDC** than individuals with lower education levels.
- Taken together, these results demonstrate several considerations for rural health communication, including the **central role of clinicians in outreach**, the importance of using **multiple channels of communication**, and the value of partnering with **community groups**.
- A small sample size as well as disproportionately high levels of education in the sampled population compared to average education levels in rural Vermont communities limit the interpretations of this data.
- Future studies should highlight rates of patient confidence in institutions such as the VDH and CDC with relation to specific health topics and within specific patient populations to expand upon relationships suggested in this study.

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