

ACPM Environmental Health Education Program Needs Assessment

The American College of Preventive Medicine (ACPM), with funding assistance from the Agency for Toxic Substances and Disease Registry (ATSDR), is developing an environmental health education program for physicians who want to learn more about identifying, preventing, and treating environmental illnesses and exposures to environmental health hazards. The purpose of the program is to: (1) increase awareness among physicians of the health threats posed by exposure to hazardous substances found in the environment, and (2) improve the ability of physicians to apply the tools of population medicine and clinical prevention to environmental health problems. ACPM is conducting a needs assessment to better understand physicians' educational needs and preferences and identify the appropriate topics, content, and delivery methods for its course offerings. Please take a few minutes to complete the survey on the opposite page and **return the completed survey by mail or fax to:**

ACPM
Environmental Health Education Program
1660 L Street, NW, Suite 206
Washington, DC 20036-5603
Fax: 202-466-2662

In addition to responding to the survey questions, feel free to provide written comments to ACPM pertaining to your environmental health education needs, including: current trends in your field of practice; how these trends might impact your future educational needs; and types of courses that would help meet these needs.

ACPM Environmental Health Education Program Needs Assessment

If you have questions about the survey, contact Mike Barry at 202-466-2044 (x106) or e-mail mab@acpm.org.

- | | Low | | | | High |
|--|-----|---|---|---|------|
| 1. Indicate your level of interest in continuing medical education (CME) for each of the following preventive medicine activities: | | | | | |
| ▪ Environmental epidemiologic surveillance and investigation | 1 | 2 | 3 | 4 | 5 |
| ▪ Developing programs/actions to reduce environmental exposures .. (e.g., lead screening, health education, remediation) | 1 | 2 | 3 | 4 | 5 |
| ▪ Clinical detection, diagnosis, and treatment/referral for environmental-related illness (e.g., taking an exposure history) | 1 | 2 | 3 | 4 | 5 |
| ▪ Environmental risk assessment | 1 | 2 | 3 | 4 | 5 |
| ▪ Environmental risk communication | 1 | 2 | 3 | 4 | 5 |
| ▪ Toxicity assessments and toxicological profiles..... | 1 | 2 | 3 | 4 | 5 |
| ▪ Other (specify) _____ | 1 | 2 | 3 | 4 | 5 |
| 2. Indicate your level of interest in CME on each of the following hazard areas: | | | | | |
| ▪ Agricultural/farm hazards..... | 1 | 2 | 3 | 4 | 5 |
| ▪ Asbestos..... | 1 | 2 | 3 | 4 | 5 |
| ▪ Biological contaminants (e.g., dust mites, molds, fungi, etc.)..... | 1 | 2 | 3 | 4 | 5 |
| ▪ Bioterrorism..... | 1 | 2 | 3 | 4 | 5 |
| ▪ Ergonomic hazards | 1 | 2 | 3 | 4 | 5 |
| ▪ Food contaminants (microbial and chemical) | 1 | 2 | 3 | 4 | 5 |
| ▪ Herbal remedies | 1 | 2 | 3 | 4 | 5 |
| ▪ Indoor air pollutants (e.g., environmental tobacco smoke) | 1 | 2 | 3 | 4 | 5 |
| ▪ Lead | 1 | 2 | 3 | 4 | 5 |
| ▪ Mining hazards | 1 | 2 | 3 | 4 | 5 |
| ▪ Other heavy metals (e.g., methyl mercury) | 1 | 2 | 3 | 4 | 5 |
| ▪ Outdoor air pollutants/toxics | 1 | 2 | 3 | 4 | 5 |
| ▪ Pesticides | 1 | 2 | 3 | 4 | 5 |
| ▪ Radiation (ionizing and non-ionizing)..... | 1 | 2 | 3 | 4 | 5 |
| ▪ Water contaminants (microbial and chemical)..... | 1 | 2 | 3 | 4 | 5 |
| ▪ Other (specify) _____ | 1 | 2 | 3 | 4 | 5 |
| 3. Indicate your level of interest in CME related to the impact of environmental exposures on each of the following conditions/diseases: | | | | | |
| ▪ Anemia and leukemia | 1 | 2 | 3 | 4 | 5 |
| ▪ Asthma and other respiratory illness | 1 | 2 | 3 | 4 | 5 |
| ▪ Cancer | 1 | 2 | 3 | 4 | 5 |
| ▪ Cardiovascular disease | 1 | 2 | 3 | 4 | 5 |
| ▪ Developmental/learning disabilities | 1 | 2 | 3 | 4 | 5 |
| ▪ Gastrointestinal diseases..... | 1 | 2 | 3 | 4 | 5 |
| ▪ Infectious diseases | 1 | 2 | 3 | 4 | 5 |
| ▪ Liver/kidney disease | 1 | 2 | 3 | 4 | 5 |
| ▪ Neurological disorders..... | 1 | 2 | 3 | 4 | 5 |
| ▪ Reproductive disorders..... | 1 | 2 | 3 | 4 | 5 |
| ▪ Skin conditions | 1 | 2 | 3 | 4 | 5 |
| ▪ Speech and hearing impairments | 1 | 2 | 3 | 4 | 5 |
| ▪ Thyroid disease..... | 1 | 2 | 3 | 4 | 5 |
| ▪ Other (specify) _____ | 1 | 2 | 3 | 4 | 5 |

4. Identify your level of preference for each of the following methods of receiving CME:

	Low					High
▪ Audio tapes	1	2	3	4	5	
▪ Video tapes	1	2	3	4	5	
▪ In-person sessions (scientific sessions, skill builders, short courses)	1	2	3	4	5	
▪ Computer-based (Internet, CD ROM)	1	2	3	4	5	
▪ Live broadcast.....	1	2	3	4	5	
▪ Medical or scientific journals.....	1	2	3	4	5	
▪ Print-based (self-paced study programs)	1	2	3	4	5	
▪ Other (specify) _____	1	2	3	4	5	

5. Rate the value of structuring specific environmental health CME offerings (modules) according to the following categories or models:

▪ Exposure pathways (e.g., water, air, soil, food)	1	2	3	4	5
▪ Specific hazards or illnesses (e.g., lead, asbestos, drinking water ... contaminants)	1	2	3	4	5
▪ Functional activities (e.g., diagnosing, referring, and treating..... individuals w/ environmental-related disease; community health investigations; screening of high-risk populations; surveillance)	1	2	3	4	5
▪ Specific sub-population (e.g., worksite, managed care population, community, children/age, gender, race/ethnicity)	1	2	3	4	5
▪ Clinical symptoms	1	2	3	4	5
▪ Other (specify) _____	1	2	3	4	5

6. In what specialty area(s) do you practice, regardless of certification(s)? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Aerospace medicine | <input type="checkbox"/> Family practice |
| <input type="checkbox"/> General preventive medicine and/or public health | <input type="checkbox"/> Internal medicine |
| <input type="checkbox"/> Occupational/environmental medicine | <input type="checkbox"/> Pediatrics |
| | <input type="checkbox"/> Other (specify) _____ |

7. Estimate the percentage of time you devote in your primary job toward each of the following (be sure that percentages add to 100):

- _____ Direct patient care
 _____ Population-based medicine
 _____ Management/administration
 _____ Teaching
 _____ Research
 _____ Other (specify) _____
 100%

OPTIONAL (*The following information will enable ACPM to share the survey results with you.*)

Name . . . _____ **Phone** _____
Title/Org. _____ **Fax** _____
 _____ **Email** _____

Mail or fax completed survey to: ACPM Environmental Health Education Program, 1660 L Street, NW, Suite 206, Washington, DC 20036-5603, 202-466-2662 (fax). **Thank you for assisting ACPM in developing an environmental health education program that best meets your needs!**