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Evaluation of a Nursing Student Health Fair Program: Meeting Curricular Standards and Improving Community Members' Health

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Abstract

Public health nursing (PHN) is an essential component of baccalaureate nursing education. In order to build PHN competencies, universities must design and operationalize meaningful clinical activities addressing community and population health. Currently, there is a paucity of literature delineating best practices for promoting competency in PHN. The University of Miami School of Nursing & Health Studies has developed a PHN student led health fair program, which aims to improve community members' health and promote competency in PHN. The purpose of this manuscript is to describe the PHN student health fair program as a means for meeting undergraduate PHN curricular standards, and to report results of an evaluation conducted examining its effectiveness in improving community member's health knowledge. The design of the health fair program includes a community assessment, intervention, and evaluation flow that follows the nursing process. We report that results from 113 participants surveyed at baseline and immediate posttest indicated that PHN student delivered health fairs may improve health

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knowledge among community members'. Health fairs conducted by PHN students appear to be promising community health promotion and disease prevention interventions that can serve as an effective strategy for teaching PHN student competencies and facilitating engagement with the community.

Keywords

public health nursing education; community health nursing; health fairs

BACKGROUND

Coursework focused on community and public health is a critical component of baccalaureate nursing student education (Maltby, 2006; Towle, Godolphin, & Kline, 2015; World Health Organization, 2010). Community and public health nursing (PHN) education includes learning strategies for engagement with community partners and designing interventions that are based on community needs assessments performed in concert with community stakeholders (Swider, Krothe, Reyes, & Cravetz, 2013). Indeed, recent changes in the present day healthcare system have effectively required nurses to become proficient in community and public health nursing care (Maltby, 2006; World Health Organization, 2010). However, identifying effective methods to promote PHN competencies has been a challenge in undergraduate nursing education (Maltby, 2006; World Health Organization, 2010; Williams, Halstead, & Mitchell, 2016). In fact, there is a scarcity of literature delineating best practices for meeting the educational needs of nursing students in terms of public health or population-based nursing (Williams, Halstead, & Mitchell, 2016).

PHN student health fairs are a common method used to involve students in the community, as well as learn essential skills for PHN practice, including community needs assessment, intervention design, and program planning and evaluation (Maltby, 2006). PHN student health fairs are also community-based events used to detect health problems, identify risk factors, and provide educational information and supportive resources to promote healthy lifestyles among participants (Aponte & Nickitas, 2007). The goals of PHN student health fairs are to stimulate awareness about health and health problems, and increase interest of community members to adopt healthy behaviors that will reduce poor health outcomes (Aponte & Nickitas (2007).

To conduct a successful health fair, students must work as a team, often times with other disciplines in order to meet the needs of the target community (Maltby, 2006). In order to systematically determine the outcomes of health fairs, students may conduct different kinds of evaluations. In a process evaluation, students assess how health fairs are being carried out by considering a fair's operations, implementation, and service delivery. Process evaluations can also examine satisfaction by assessing whether or not health fair attendees were content with the services received. An individual outcome evaluation focuses on assessing the effectiveness of health fairs on participants' health improvements. Limited articles have been published regarding PHN student health fairs, and the majority have focused on process and satisfaction or student-related outcomes. For example, Aponte and Nickitas (2007) and

Maltby (2006) both published articles describing and evaluating the PHN student health fair planning and implementation process.

The aims of this manuscript are to describe the PHN student health fair program as a means for meeting undergraduate PHN curricular standards, and to provide a report of results from an evaluation conducted examining the effectiveness of the PHN student health fair program in improving community members' health knowledge.

Development of the Health Fair Program

Two models guided the PHN student health fair program development and implementation process; the first is the Public Health Nursing Process Framework (Clark, 2008), which follows the public health nursing process (assessment, planning, implementation, and evaluation) to positively impact community members' health. Forthcoming, we briefly describe how each step of the conceptual framework was considered in the PHN student health fair program and lead to an improvement in community members' health knowledge. The second model is the Quad Council of Public Health Nursing Organizations, Public Health Nursing Competencies (QCC) framework (Swider, Krothe, Reyes, & Cravetz, 2013). The University of Miami School of Nursing & Health Studies (UM SONHS) developed the PHN student health fair program as a means to educate students in the eight domains of the QCC, which is part of meeting PHN curricular standards at UM SONHS. The QCC provides voice and visibility for public health nurses, sets a national policy agenda on issues related to PHN, and advocates for excellence in PHN education, practice, leadership, and research. The QCC delineates baccalaureate nursing preparation as the minimum entry standard for PHN practice and advances eight competencies of PHN at the Bachelor of Science in Nursing (BSN) level (Swider, Krothe, Reyes, & Cravetz, 2013). We used the Tier 1 QCC to guide the activities planned for students in the PHN student health fair program. Table 1 presents an outline of how the PHN student health fair program is used to achieve competencies in each of the QCC eight domains among students.

As part of the development process for the PHN student health fair program, 4 PHN faculty members, 1 non-PHN faculty member, 1 research coordinator, 1 MPH student, and 1 PHN PhD student worked together to develop a standardized set of procedures for conducting health fairs, which included the following components:

- A community assessment guide to assist faculty and students in working with agencies to identify pertinent needs and priorities for the health fair.
- A health fair planning guide to assist faculty and students in planning for the health fair, including the establishment of committees, choosing appropriate activities, locating appropriate resources and collaborators, and advertising the event. PHN students and clinical instructors received a set of these planning guides before conducting the health fairs.
- Health fair toolkits that contained packaged health education materials on health topics commonly identified as important by community partners (e.g., cardiovascular health, mental health, substance abuse, contraception, nutrition).

- A monetary budget system developed by PHN faculty to support the health fair planning phase and allow for students to obtain supplies needed for health fairs. Students received a budget of \$50-\$100, depending on the size of the community agency and available funds.
- Evaluation materials to ensure that health fairs were being implemented with fidelity, meeting process objectives, and to assess the impact of the health fairs on community members' health knowledge.

A comprehensive and centralized health fair passport was also developed to facilitate student evaluation of the impact of health fairs on community members' health knowledge. This form was used to collect demographic information for participants, and space for students to insert health knowledge objectives they created for the health fair. It is part of the students' learning experience to develop SMART (specific, measurable, achievable, realistic and time-bound) health knowledge objectives for their health fair. Health fair planning and evaluation materials are available from the last author on this publication.

The Public Health Nursing Student Health Fair Program

The UM SONHS health fairs were integrated into the baccalaureate PHN course in the Fall 2015 and Spring 2016 semesters. Students in this course were split into clinical groups of 8-10 students and spent seven weeks in a community-based setting providing population-level nursing care to diverse communities, including the homeless and women and children affected by intimate partner violence. Students integrated health fairs into their clinical experience by designing, implementing, and evaluating their health fairs using the PHN process.

Agencies that serve as sites for PHN clinical have already established a contract with UM SONHS and are aware in advance of any health fairs being held at their site. One agency can serve as a site for multiple health fairs in one year. Clinical instructors and PHN nursing faculty at UM SONHS have continuously engaged with partnering agencies to ensure that PHN student health fairs benefit both the PHN students and the populations served by the agencies. Engagement includes meetings to discuss needs of the community and students, scheduling and frequency of the health fairs, logistics, and areas to consider for improvement. These meetings occurred at the beginning of each semester with PHN faculty, clinical instructors, students, community agency representatives, and community members.

First, students begin by completing a community assessment to identify the needs and strengths of the community, and identify areas where interventions are needed. Special consideration is given to the social determinants of health, including economic stability, education, social and community context, health and healthcare, and neighborhood and built environment. Students draw from epidemiological data, as well as through community engagement methods, such as direct observations and key informant interviews to complete their community assessment. Next, students develop several population-focused nursing diagnoses, which indicate the target areas for the health fair.

A planning period follows whereby students identify the specific health knowledge objectives of the health fair, and adapt existing toolkits or develop new ones to address the

identified objectives. Special consideration is taken by students to adapt or develop materials that are culturally and developmentally appropriate for the target community (i.e. cultural tailoring); cultural tailoring refers to developing a health fair that ensures delivery in a way that is best suited and understandable for groups based on their developmental needs, racial/ethnic background, nativity, native language, and other social/cultural needs. For example, for Spanish-speaking communities, interventions were delivered in Spanish by Spanish-speaking PHN students and participants received Spanish health education materials.

The health fairs are implemented at the culmination of PHN students' clinical experiences during times that are convenient for corresponding target communities. The number of participants at health fairs varies according to the agencies to which the students are assigned. While some agencies draw between 20 to 40 individuals (e.g., agencies serving women and children survivors of intimate partner violence), others can attract over 100 people (e.g., agencies serving the homeless).

Each group of students implementing a health fair is responsible for evaluating their health fair. Students collect: 1) demographic information regarding participant gender, age, race and ethnicity, preferred language, and health insurance status; 2) evaluation data regarding whether health knowledge objectives for the health fair were met for each participant; and 3) evaluation data from participants regarding their perceived quality of the health fair. At the end of the 7-week PHN clinical rotation, students produce a report that summarizes their findings from the community assessment, their population focused nursing diagnoses, the objectives and activities designed to address the diagnoses, a description of the implementation of the health fair, and their evaluation of the health fair.

A total of six health fairs conducted by six different undergraduate PHN student clinical groups were evaluated in this manuscript to examine their impact on community members' health knowledge.

METHODS

Evaluation Design

A pretest/posttest design was used to evaluate the impact of six PHN student health fairs on participant health knowledge from 2015–2016 for 113 participants. Baseline (T1) and immediate posttest (T2) data were collected by undergraduate nursing students using paper health fair passport forms, and then entered into an SPSS database by the evaluation team. The evaluation team consisted of 3 PHN faculty members, 1 research coordinator, and 5 undergraduate student research assistants. Data analysis was conducted by the evaluation team to assess pretest/posttest health fair participant responses. Approval from the university's institutional review board was obtained prior to recruitment and data collection.

Sample and Setting

To be eligible for the evaluation study, individuals had to have attended one of the six health fairs held at selected community agencies participating as a clinical site for the PHN course in either Fall 2015 or Spring 2016, be 18 years of age or older, able to read English or Spanish, and consent to be part of the evaluation. Health fairs were held at community

agencies that served individuals who were homeless and/or victims of intimate partner violence.

Procedure

When an individual checked in at a health fair welcome desk, a member of the evaluation team approached them, explained the purpose of the evaluation study, and asked if they were interested in participating. If the individual agreed, the evaluation team member obtained informed consent. If an individual declined to participate after the consent process, they were allowed to participate in the health fair, but their data were not collected or included in the analyses. After this step, participants were provided a health fair passport and given a verbal baseline assessment of their current level of health knowledge (T1) by being asked open ended questions. Upon completion of the health fair, participants were given a verbal posttest assessment of their level of health knowledge (T2) using the same questions asked at baseline. An evaluation team member collected the completed health fair passport forms for attendees who provided consent to participate in the evaluation study.

Measures

Demographics—Health fair participants were asked to provide gender/sex, age, ethnicity, race, health insurance status, and preferred language. Demographic information was collected so that students could learn more about their target population.

Health Knowledge—Health knowledge questionnaires were developed by PHN students based on the results of the community needs assessment they conducted; this was part of their PHN clinical learning experience and health fairs were tailored based on the cultural demographics of the target population. To ensure face validity of health knowledge questionnaires, PHN students worked together in groups, and were supervised by PHN faculty/clinical instructors. Any questionnaires that did not meet face validity requirements had to be revised by PHN students until faculty/clinical instructors approved. Health knowledge questions varied by health fair, since health fairs were held at different sites that served different populations with different needs. A total of six undergraduate PHN clinical groups developed six different sets of questionnaires, which were implemented at six different health fairs. Health knowledge questionnaires consisted of open ended questions asked by nursing students. Health knowledge was assessed at baseline (T1) and immediate posttest (T2) using the same questionnaire for both time points. Participants received a score of 2 points per question that was answered correctly, and a score of 1 point per question that was answered incorrectly. An average health knowledge questionnaire score ranging from 1 to 2 was calculated for each participant at baseline (T1 questionnaire average score) and at posttest (T2 questionnaire average score). A higher score indicated higher health knowledge. Health knowledge question topics included cardiovascular disease, contraception, sexually transmitted infections, hygiene, oral health, mental health, diabetes, substance abuse, and nutrition. Since health fairs were tailored to the population being served at each specific site, the number of questions in a health knowledge questionnaire varied anywhere from 10 to 20 questions. See table 2 for examples of health knowledge questions asked to participants.

Satisfaction—Satisfaction with the health fair was assessed only at T2, with one question asking participants to rate the fair as excellent (3 points), fair (2 points), or poor (1 point). A higher score indicates a higher level of satisfaction.

Analysis

Data collected were analyzed using IBM SPSS Statistics for Windows, Version 22.0. Descriptive statistics were generated for participant characteristics. Frequencies of responses were generated for measures that did not include a scale. Means were calculated for health knowledge questionnaire scores at T1 and T2. Changes in mean health knowledge scores across time points (T1-T2) were analyzed by conducting paired samples T-tests of significance. We ensured that participants were only considered once in the data analysis by comparing all consent forms with each health fair sign in/data collection sheet; if a duplicate participant was found, only their very first time participating in a health fair was considered in the analysis.

RESULTS

The majority of participants were currently homeless ($n=109$, 88%). More than half of participants were male, and the mean age was 46 years. More than half of participants were African American/Black, and just over a quarter were Hispanic/Latino. Approximately half of the sample had health insurance, and the majority of participants preferred to speak English as opposed to Spanish or another language. See table 3.

At T1, participants had an average health knowledge questionnaire score of 1.61 ($SD = .25$). At T2, participants had an average health knowledge questionnaire score of 1.90 ($SD = .15$). The improvement from T1-T2 was statistically significant at the $p = .000$ level. At T2, participants had an average satisfaction rate of 2.73 ($SD = .50$), which indicates that the majority of participants felt the health fair was excellent. See table 3.

DISCUSSION

The purpose of this manuscript was to describe the UM SONHS PHN student health fair program as a means of meeting PHN curricular standards and evaluate the impact of the program in improving community members' health knowledge. To our knowledge, this is the first published evaluation that examines the effectiveness of PHN student health fairs on community members' health knowledge, and results were favorable. Participants rated the fair positively and a statistically significant increase in health knowledge among participants was seen after the health fairs. These results have several implications. Many have questioned if health fairs are truly effective in creating positive health change at the individual level (Brown & Khan, 1998; Jensen et al., 2009; Ness, Gurney, & Ice, 2003; Seo, 2011). The results of this evaluation indicate that the integration of health fairs with PHN clinical experiences may be capable of improving community members' health knowledge. The fact that these results were seen among a sample of vulnerable racially/ethnically diverse participants also speaks to the potential role of PHN student health fairs in improving the health of high-risk populations. However, more research is needed to determine the long-term effects of PHN student health fairs.

Implementing health fairs that are culturally tailored to the needs of the target population is one of the goals of our PHN student health fair program. The importance of culturally tailored health promotion stems from extensive literature which indicates that minority and socially disadvantaged populations are at an elevated risk for health disparities (Centers for Disease Control and Prevention, 2011). In order to further improve and advance the cultural tailoring process, we recommend that health literacy be assessed during the community needs assessment phase. Existing studies have emphasized the importance of considering health literacy in the development of community health education programs (Mancuso, 2011; Ryan et al., 2014; Sanders, Shaw, Guez, Baur, & Rudd, 2009; Shieh & Halstead, 2009; Zou & Parry, 2012). Furthermore, studies have shown that limited health literacy is linked to poor health outcomes (Baskaradoss, 2016; Cheng, Bauer, Downs, & Sanders, 2016; Fonseca, Silva, & Canavarro, 2017; McNaughton et al., 2014; Wu et al., 2017). This is especially concerning for vulnerable populations such as that of our sample since limited health literacy has been associated with low income and socioeconomic status, lower levels of education, racial/ethnic minorities, older age, Spanish speakers, immigrants, and cognitively impaired individuals (Alberti & Morris, 2017; Baker, Wolf, Feinglass, & Thompson, 2008; Cajita, M. I., Cajita, T. R., & Hae-Ra, 2016; Hahn et al., 2015; Fonseca, Silva, & Canavarro, 2017; McNaughton et al., 2014; Walker, Pepa, & Gerard, 2010). By assessing health literacy at the needs assessment phase, students will be able to consider the community members' level of health literacy in the cultural tailoring process, in addition to considering social, cultural and developmental needs. We hope that this additional consideration would help to improve community members' health outcomes resulting from community health fairs.

Community/academic partnerships between schools of nursing and community-based organizations are necessary for the continuity of PHN clinical education in the community. The literature has cited project sustainability, effective communication, mutually beneficial goals, co-learning and capacity building, power-sharing, trust building, funding, and nonfinancial resources as fundamentally necessary factors in community/academic partnerships for the successful implementation of community-based/public health outreach projects (Caldwell, Reyes, Rowe, Weinert, & Israel, 2015; Fitzpatrick, 2016; Jurkowski & Manganello, 2016; Katigbak, Foley, Robert, & Hutchinson, 2016; McDonald & Stack, 2016). Indeed, the PHN student health fair program has been implemented successfully as part of the PHN curriculum for the past 3 years. Many of the prior cited elements necessary for successful community/academic partnerships were addressed in the PHN student health fair program by involving community stakeholders in the development of the program, and continuing to do so in its implementation. Through our process of continuously engaging community stakeholders, we have been able to ensure mutual benefits (addressing real community needs and nursing student education), effective communication, power-sharing, and trust building. However, project sustainability is a challenge that in some cases is not easily overcome. Often times, projects are dependent on grant funding, which implies an eventual expiration date.

The UM SONHS PHN student health fair program was originally developed and implemented with the support of grant funding. After the grant funding period had ended, we were able to sustain the PHN student health fair program by integrating it into the PHN

clinical curriculum. This successful integration has important implications for the sustainability of community/academic partnerships and projects relevant for PHN student clinical education. Barriers to being able to sustain grant funded projects beyond the funding period may include infrastructure, personnel, resources, and expertise. By integrating the PHN student health fair program into the PHN clinical curriculum, we were able to overcome the challenges of infrastructure (streamlined as part of the PHN course), personnel (PHN course students and clinical instructors), resources (resources provided by UM SONHS, student clinical groups, and community agencies), and expertise (nursing students educated and supervised by experienced PHN faculty and clinical instructors). We encourage other schools of nursing to consider developing similar mutually beneficial community health education programs as part of undergraduate PHN curriculums, since they can be more easily sustained than projects dependent on grant funding, and can serve as both community-based health interventions and beneficial PHN student education.

There are some limitations that should be considered. First, this program evaluation implements a pretest/posttest study design, which is not appropriate to characterize the ability of this study to establish cause-effect relationships, since there was no randomization or control group. Further, students were not required to use previously validated health knowledge questionnaires, since part of their PHN clinical learning experience was to develop questions based on community needs assessments. Validation/reliability metric testing of student developed health knowledge questionnaires were not conducted, since this course was focused on the fundamentals of PHN, indicating a potential risk for bias related to health knowledge instruments that were used (i.e. response bias). However, faculty members, clinical instructors, and students worked together to ensure face validity among health knowledge questionnaires used in each health fair. Additionally, since we did not conduct a process evaluation beyond satisfaction, we do not know to what extent PHN student clinical groups deviated from the standardized health fair planning, implementation, and evaluation protocol. However, experienced clinical instructors who monitored progress throughout the implementation process supervised students and we hope that deviations from the standardized protocol were minimal. Moreover, although results indicated a potential improvement in health knowledge, the sample consisted of health fair attendees, who may be more positively inclined towards healthier lifestyle choices, and health knowledge questions were asked by nursing students, which may increase the risk for acquiescence bias. Lastly, the results of this analysis may have not have translated into behavior change or improvement in physical, psychological, or social health outcomes. Results should be interpreted with caution since the quality of evidence presented in this manuscript may have been affected based on the limitations listed in this paragraph.

CONCLUSION

Health fairs are an important approach for community health promotion and disease prevention. They can also serve as an effective strategy for teaching PHN competencies to students and facilitating engagement with the community. It is important that health fairs are conducted in a systematic manner, based on the best available evidence. In order for health fairs and other community-academic PHN projects to succeed, academics must ensure that community stakeholders are continuously involved in the project from the development

through the implementation phases. Considering the paucity of literature describing evaluations of PHN student health fairs, we encourage other schools of nursing to also assess the impact of PHN student health fairs on community members' health in order to strengthen evidence of the effectiveness of these programs. The recommendations provided throughout this paper can assist other schools of nursing looking for appropriate methods through which to deliver PHN clinical content, to foster engagement with their communities, and to improve community members' health.

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Table 1

Use of Health Fair Activities to Meet Quad Council of Public Health Nursing Organizations Domain Competencies (QCC)

QCC Domain	Health Fair Activities to Meet Domain Competencies
Domain 1: Analytic and Assessment Skills	Health fairs allow nursing students to conduct needs assessments in a specific and vulnerable community, utilizing available data to identify the areas of greatest need. Needs assessments include conducting windshield surveys, looking up statistical data pertinent for the community, county, and state as comparison, as well as key informant interviews with community members. Then, they synthesize/analyze findings, and based on these assessments, students plan ethically-sound, evidence-based health fair interventions.
Domain 2: Policy Development/Program Planning Skills	Through analysis and assessment of the community where the health fair will be implemented, students immerse themselves in the community, and gain a unique understanding and perspective of a specific community's needs; PHN students are positioned so that they identify issues related to public health policies pertinent to the community and may inform policy development to aid that community. Students also achieve program planning skills through implementation of health fairs in the community. Evaluation of the health fair's quality and efficacy is also related to this domain.
Domain 3: Communications Skills	Communication skills are critical for successful community engagement. Through the planning, implementation, and evaluation of health fairs, nursing students gain skills and expertise in communicating with community stakeholders. Nursing students become able to engage these key stakeholders for further program development and implementation. Nursing students work as a group and also communicate with each other to plan, implement, and evaluate health fairs.
Domain 4: Cultural Competencies Skills	Students gain unique education and understanding of cultural competency by immersing themselves in a community and conducting a comprehensive needs assessment. Examining and understanding social determinants of health within a specific community, students use the information and exercise their ability to develop culturally-tailored health fair interventions to best meet the needs of their target population.
Domain 5: Community Dimensions of Practice	Health fairs enable nursing students to interact and plan programs with community stakeholders. Thus, nursing students gain expertise in establishing and sustaining community partnerships, which is one of the cornerstones of PHN practice, and health fairs empower nursing students in the development of this core competency. Moreover, health fairs promote community based participatory research (CPBR) by enabling nursing students to identify areas of joint community/academic concern and plan strategies collaboratively with community stakeholders to mitigate these health issues.
Domain 6: Public Health Science Skills	Health fairs serve to promote competence in public health science. Through the process of conducting a needs assessment, intervention planning and implementation, and program evaluation, nursing students translate didactic content into real world settings. Effectively, health fairs allow students to gain competence in public health science skills. Students search and use research articles to create evidence-based health education contents.
Domain 7: Financial Planning and Management Skills	Through the health fair planning process, students achieve competence in financial planning and management skills. Students are given a budget towards their health fairs and are responsible to manage the cost, thus they are able to practice and develop this competency. Students plan, <i>manage</i> , and evaluate health fairs with their peers.
Domain 8: Leadership and Systems Thinking Skills	The PHN course is one of the first opportunities in which BSN students get to apply the nursing process at a macro level. Health fairs are the vehicle by which students expand their focus from the individual to community or population levels. By assessing, planning, implementing, and evaluating programs designed for community needs, nursing students are able to develop their ability to lead population health efforts and enact the nursing process on a broader level. Students gain understanding of the health care system as well as social, political, and economic environment influencing the care of community they are working with. At every interaction between students and the community, they incorporate ethical standards.

Table 2**Examples of Health Knowledge Questions Asked to Participants**

1.	Describe something that would improve and something that would worsen your blood pressure.
2.	What is the best way to cough in order to not spread germs?
3.	What is the right way to wash your hands, and for how long?
4.	Can you describe 3 potential consequences of substance abuse?
5.	Can you describe 3 potential consequences of not adhering to your medication regimen?
6.	What are 2 examples of good ways to reduce stress?
7.	What are 2 potential complications of diabetes?
8.	What is the difference between high and low blood glucose level?
9.	What are some of the signs and symptoms of hyperglycemia and hypoglycemia?
10.	Describe what foods are good and what foods are bad for your blood sugar.
11.	What are some examples of foods that are high in sodium?
12.	Can you provide 6 examples of low cost nutrient rich foods?
13.	What is the maximum daily recommended sodium intake?

Table 3

Health Fair Participant Demographics (T1), Health Knowledge (T1–T2), and Satisfaction (T2)

Items (N)	%(n)	Mean (SD)
Total Enrolled (N=128)		
Age (n=127)		46.15 (12.71)
Sex (n=127)		
Male	61% (77)	
Female	39% (50)	
Race/Ethnicity (n=128)		
African American/Black	54% (69)	
Hispanic/Latino	27% (35)	
White	8% (10)	
Other	11% (14)	
Participant Type (n=128)		
Homeless	88% (109)	
Victim of Domestic Violence	12% (19)	
Health Insurance (n=119)		
Yes	47% (60)	
No	46% (59)	
Preferred Language (n=122)		
English	77% (98)	
Spanish	16% (21)	
Other	2% (3)	
T1 Health Knowledge Mean Score (n=113)		1.61 (.25)
T2 Health Knowledge Mean Score (n=113)		1.90 (.15)
T2 Satisfaction (n=113)		2.73 (.50)