

From Classroom to Community: Medical Students Address Women's Health Literacy Through Community Education

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INTRODUCTION

As many as 80 million American adults have limited health literacy, which can hinder their ability to understand, access, and communicate health information critical to their well-being.^{1,2}

Health literacy plays an essential role in patient, family, and community communication with providers.^{1,2} Yet, limited health literacy remains a growing public health challenge in the United States (US), with disproportionately higher rates among Black and Hispanic populations.³ Limited health literacy is associated with reduced access to healthcare, poorer self-reported health, and worse health outcomes.^{1,3,4} Locally, in the greater Providence County of Rhode Island, as many as one-quarter of adults are in the lowest literacy-proficiency level, exceeding state and national averages, with providers at federally qualified community health centers in the state reporting that many of their patients demonstrated limited health literacy.^{2,4,5} Among women, lower health literacy has been associated with a decreased understanding and utilization of preventive screening and a greater reliance on passive decision-making.¹ Barriers such as limited appointment times, patient hesitation, and medical jargon can hinder patient education in the clinical setting.⁶ Recognizing these disparities and needs, medical students at Brown University developed an annual Women's Community Health Fair (WCHF) to deliver accessible, community-centered, and culturally informed women's health education. This commentary describes the planning process, impact, medical students' organizer reflections, and potential for future expansion for the WCHF.

DESIGNING THE WOMEN'S COMMUNITY HEALTH FAIR

In early 2025, a collaborative effort was launched between a medical student team and faculty mentors from The Warren Alpert Medical School of Brown University to design the WCHF agenda. The leadership team connected with community-based organizations (CBOs) focused on supporting women and underrepresented populations, including the Women's Resource Center, Progreso Latino, and the Rhode Island Free Clinic. These CBOs served as support in generating interest, encouraging attendance, and providing



Figure 1. Keynote session by Wilthone A. Johnson-Goncalves, MSW, LICSW

language-based aid to promote participation with the WCHF.

A major objective for the 2025 forum was the expansion of content beyond reproductive health to topics such as nutrition, mental health, and healthy aging in recognition that women's health spans multiple medical domains [Figure 1]. Speakers represented a range of disciplines and medical specialties, as well as youth leaders in health from Youth Voices of RI. Speakers were advised to deliver their content using strategies that accommodate limited health literacy, such as using visual aids, conveying content in plain language, and providing materials in participants' native languages.²

The free, day-long program was hosted at the medical school building and featured keynote lectures, concurrent breakout sessions for attendees to choose from, and small Q&A sessions in different languages. We offered live, in-person Spanish translation for every session, reflecting both the prominence of Spanish speakers as the second-largest language group in Rhode Island and patterns in participant-registration data. We also provided additional free services to reduce barriers for participation, including meals, childcare, and an array of CBO booths that focus on improving women's health education and access to healthcare, namely the Urban Perinatal Education Center, the Brown Medical Library, the Community Libraries of Providence, and Clinica Esperanza [Figures 2A, B].



Figure 2 A. Booth by the Brown Medical Library and Community Libraries of Providence

RESPONSES

“I feel empowered”

To assess the impact of our community education program, we distributed a multilingual survey with Likert scales and open-ended responses to attendees. Survey findings suggest that the program improved attendees’ confidence in communicating health concerns across social and clinical contexts. For instance, one attendee, a mother of a teenage daughter, shared that attending the teen-led health session allowed her to better understand her daughter’s potential health concerns and how to talk to her and her daughter’s provider about them. Another attendee commented that she felt empowered throughout the event to engage in self-care and prioritize her own health. These findings reflect our mission to provide attendees with tools to improve their health literacy, enhance provider-patient communication, and shared decision-making.¹ Community education efforts can ultimately serve to build healthy habits, partake in preventative healthcare, and ultimately improve health outcomes.

Reflections as Medical Students

From our context as health trainees, organizing and hosting the education event was a rewarding learning and leadership experience. The event highlighted the reality that health-literacy levels vary and are a significant contributor to health prevention. One notable example was an attendee asking if their intrauterine device (IUD) protected them from sexually transmitted infections (STIs); while receiving barrier protection counseling for STI prevention at the same time as IUD placement is commonplace, there are gaps in patients’ understanding.

Listening to attendees’ questions, we realized that foundational knowledge of health varies widely. Even keeping



Figure 2B. Booth by the Urban Perinatal Education Center

patient conversation open-ended by asking, “What questions do you have?” while glancing at a clock to ensure we make it to the next station during our Objective Structured Clinical Examinations (OSCEs) does not always address health literacy. Data indicate that most patients leave a doctor’s office not understanding what their physician told them or knowing how they should take medication.⁷ Instead, gauging what patients already understand about a certain topic will allow a physician to fill in gaps in knowledge and confront misconceptions.^{1,7}

Additionally, evidence-based, community-engaged, experiential learning has been shown to improve students’ understanding of social determinants of health and increase confidence in working with underserved populations, reinforcing the value of hands-on community education in medical training.⁸ We strongly encourage medical students and more advanced trainee providers to engage in patient education efforts and to explore personal strategies for identifying and addressing limited health literacy within their patient populations. Early engagement during medical training, rather than deferring these skills to independent practice, is critical for building sustainable, patient-centered, communication habits.

WHERE DO WE GO FROM HERE?

Future iterations of the WCHF will continue to prioritize empowering women’s autonomy in their healthcare, increasing accessibility, and addressing low-health literacy across Rhode Island. Interdisciplinary collaboration among medical trainees, healthcare providers, and CBOs is key to ensuring programming reflects community needs. We aim to incorporate participant and speaker feedback and deepen

CBO partnerships by expanding the event into a lecture series hosted at community venues across RI that are already familiar and accessible to residents. Other updates include establishing an online presence, recruiting providers or community leaders whose identities reflect those of the population, and designing sessions that first elicit attendee knowledge before delivering content. The goal is to create a discussion-based environment rather than an academic-based environment. These changes aim to enhance the reach, inclusivity, and approachability of the event while reducing barriers to attendance.

Hosting the Women's Community Health Fair two years in a row as medical students with a growing and dedicated team has been an enriching experience and learning opportunity. Community education initiatives such as the WCHF allow organizers to reflect on their responsibilities as educators of a diverse patient population, recognize the contexts within which patients receive care, and develop the skills to address social determinants of health.

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