

STUDENT-LED HEALTH WORKSHOPS: A LONGITUDINAL SERVICE-LEARNING MODEL FOR HEALTH EDUCATION IN HOMELESS SHELTERS

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Abstract

Increased health literacy has been linked to better long-term health outcomes. However, poor health literacy has been reported among people experiencing homelessness, contributing to lower health autonomy and greater reliance on emergency healthcare services. To address this gap, students at the University of Washington developed the Education Transforming Community Health (ETCH) program. This student-led service-learning program delivers health education workshops in homeless shelters. The purpose of this study is to evaluate the feasibility of developing and implementing a student-led health literacy program in shelter settings. From 2016 to 2026, undergraduate students were recruited and trained in trauma-informed engagement, intersectionality, and inclusive communication. Volunteers progressed through a structured Shadow-Support-Lead model designed to build teaching confidence and leadership skills. Workshops were conducted weekly (except June-August) at several homeless shelters in Seattle and covered topics such as nutrition, mental health, preventative care, and navigating free healthcare resources. Educational materials were also distributed through a publicly accessible website. Volunteer session logs were recorded through the TrackItForward platform. Additionally, a qualitative thematic analysis of volunteer reflections was conducted to identify patterns in shelter resident engagement and volunteer development. Since 2016, ETCH has involved over 140 student volunteers across six homeless shelters and logged 646.5 hours of educational outreach. Qualitative findings indicated consistent engagement among shelter residents, including participation in discussions, asking questions about personal health concerns, and retaining printed materials for use. Volunteers also reported progressive subjective confidence and skill development through the Shadow-Support-Lead structure. These findings suggest that student-led health education workshops are a feasible and promising model for improving access to health information while simultaneously supporting experiential learning for students.

Keywords: *Health equity, community engagement, health literacy, service-learning, homelessness.*

1. Introduction

Health literacy refers to the ability to access, understand, and apply health information to make well-informed decisions about one's health (Nutbeam, 2000). Low health literacy is a significant issue among people experiencing homelessness, leading to a lack of confidence in navigating the healthcare system, higher utilization of emergency rooms, and overall higher morbidity and mortality outcomes (Berkman et al., 2011; Hwang, 2001). However, community-based health education programs delivered by community health workers have been shown to be effective in addressing these gaps, especially in underserved populations (Viswanathan et al., 2009).

Community-based education and service-learning programs have demonstrated benefits for both students and underserved communities (Buckner et al., 2010). However, there remains little research on the specific challenges and the effectiveness of student-led health interventions in homeless shelter settings. Individuals experiencing homelessness often face insufficient care, limited access to preventative services, and systemic roadblocks that perpetuate beyond traditional clinical interventions (Hwang, 2001; Baggett et al., 2010). Despite the need for accessible health education, few structured, longitudinal models integrate student training, leadership development, and consistent shelter-based programming, particularly within health professions training (Brown et al., 2006).

Education Transforming Community Health (ETCH), a student-led initiative at the University of Washington, aims to bridge gaps in health literacy by providing free health educational workshops in Seattle homeless shelters. These workshops, led by trained undergraduate students, cover a variety of health topics relevant to individuals experiencing homelessness, ranging from health conditions, nutrition, mental health, and healthcare access. The focus of this study was to evaluate the effectiveness of ETCH's student-led health education model in improving health literacy and confidence among shelter residents while simultaneously supporting volunteer development.

2. Methods

Undergraduate students were recruited from the University of Washington through email postings and fliers each academic quarter to volunteer with ETCH. Although participation was primarily for undergraduate students, medical students and physician advisors contributed to the curriculum development and oversight. Interested students completed an online application, interview, and orientation sign-up. Selection prioritized consistent availability and interest in community health.

Before facilitating workshops, volunteers were required to complete a training session that introduced ETCH's mission, health literacy goals, and expectations for conduct. Training topics included systems of oppression, intersectionality, trauma-informed engagement, gender-neutral, participant-centered communication, and practical guidance on facilitating small-group discussions in shelter settings. Following training, volunteers entered a three-stage role progression designed to build educational expertise while gradually ensuring continuity between cohorts. As Shadows, volunteers observed core instructional practices for one to two initial sessions; as Supports, volunteers co-taught and refined their skills under mentor guidance; and, finally, as Leads, volunteers independently ran lessons and mentored newer volunteers.

Workshops were delivered weekly at participating shelters throughout Seattle, including women's shelters, family shelters, and encampment-based sites. Sessions typically began with informal check-ins to build rapport, followed by interactive teaching on a selected topic, including nutrition, mental health, and navigating local healthcare resources. Content was delivered through discussion and scenario-based activities, with an emphasis on plain-language explanations, printed handouts summarizing core points, and relevant community resources. When possible, light refreshments were provided to reduce barriers to attendance and encourage engagement. During the COVID-19 pandemic, in-person activities were sporadically restricted; in those periods, ETCH adapted by distributing educational pamphlets and other contactless materials to shelter staff.

Program activity was monitored using an online volunteer-tracking platform, TrackItForward, that recorded the number of workshops offered, volunteer attendance, the role (Shadow, Support, or Lead) for each session, and the number of hours contributed. Additional information, such as the number of shelter sites engaged and the number of curriculum topics developed, was compiled from internal ETCH records. Challenges, including reduced resident turnout and pandemic-related disruptions, were documented through student leader debriefs and organisational meeting notes, along with strategies used to address them. As part of ongoing qualitative evaluation efforts, ETCH developed open-ended surveys and reflection guides for shelter residents and volunteers to assess changes in resident health literacy, confidence in navigating healthcare resources, volunteer cultural humility, and teaching self-efficacy.

Survey responses and volunteer reflections were analyzed using reflexive thematic analysis (Braun & Clarke, 2006). The study authors reviewed responses to identify initial codes reflecting residents' reported teaching experiences and cultural learning. Codes were grouped into preliminary themes, which were then collaboratively reviewed to develop a final thematic structure that captures patterns in workshop impact and volunteer development.

3. Results

Since its launch in 2016, ETCH has involved 146 student volunteers who contributed a total of 646.5 service hours: 168.5 hours in the Lead role, 269.5 hours in the Support role, 152 hours in the Shadow role, and 56.5 hours in training and organizational meetings (Figure 1). The program has operated across six homeless shelters in Seattle: Tent City 3, Elizabeth Gregory Home, Urban Rest Stop, Mary's Place, St. Mark's, and Peter's Place, with session distribution varying by site (Figure 2). The curriculum has expanded to include 25 health topics relevant to individuals experiencing homelessness. Strategies to address challenges, such as recruiting shelter residents and maintaining outreach during the COVID-19 pandemic, included offering healthy refreshments at workshops and distributing educational pamphlets.

Figure 1. Volunteer Hours Distribution Across ETCH Roles (2016-2026).

Volunteer Hours at ETCH

Total Hours: 646.5

Hour Log Activity	Hours
Lead	168.5
Shadow	152
Support	269.5
Volunteer Meeting	56.5
TOTALS	646.5

A qualitative analysis of volunteer session notes (n=47) from TrackItForward logs yielded three primary themes demonstrating program implementation and impact. First, resident engagement strategies were frequently mentioned, with refreshments consistently boosting attendance. As volunteers noted, “Brought fresh hot coffee... recruited 6-7 people back” (2020) and observed residents retaining materials, as in “They take the foot care sheet to podiatry appointments” across multiple sessions. Second, the Shadow-Support-Lead progression effectively built volunteer skills, with reflections validating gradual confidence development: “Shadowing taught me to read the room; Leading built real confidence.” Similar reflections appeared repeatedly, with others describing mentoring benefits like “Explaining to Shadows clarified my own understanding”. Third, program adaptations addressed key challenges, including attendance variability (typically 1-12 residents per session) and external disruptions: during COVID-19 restrictions and shelter closures, volunteers distributed pamphlets (“Pamphlets on harm reduction reached residents when workshops couldn’t”) and provided alternative support, such as coffee, for those waiting outside unexpectedly closed sites. These findings confirm ETCH’s scalability and adaptability while sustaining weekly programming for the past ten years.

Figure 2. Shelter Sites Served and Distribution of Educational Sessions (2016-2026).

Shelter	Sessions (%)	Key Topics
Tent City 3	42%	Nutrition, Mental Health
Elizabeth Gregory Home	31%	Foot Hygiene, Flu
URS	18%	Diabetes, Vaccines
Mary's Place	6%	Oral Health
St. Marks	2%	Chronic Pain
Peter's Place	1%	Dehydration

4. Discussion

Despite many interventions, health literacy remains a major barrier to healthcare access among individuals experiencing homelessness. Given the well-documented association between limited health literacy and poorer health outcomes (Berkman et al., 2011), programs such as ETCH aim to address these gaps through accessible community-based education. Community-based educational interventions, including programs delivered by community health workers, have been proposed as an effective strategy to address these disparities, particularly when implemented in settings familiar and accessible to underserved populations (Viswanathan et al., 2009). The ETCH program was designed to address these needs by providing weekly workshops across multiple sites for a decade, while simultaneously delivering undergraduate volunteers with service-learning opportunities that develop both teaching and community engagement skills.

The findings of this study indicate that ETCH provides a sustainable model for delivering community-based health education while supporting volunteer development. Over nearly a decade of programming, the initiative has maintained consistent outreach across multiple shelters and has engaged over 140 student volunteers. The structured Shadow-Support-Lead progressions appear to have facilitated gradual skill development among volunteers, allowing participants first to observe experienced facilitators, then assist in instruction, and eventually lead sessions independently. This model not only encourages volunteer learning but also contributes to program sustainability by preparing new volunteers to assume leadership roles.

Qualitative findings from volunteer session notes indicate that residents were frequently engaged during workshops. Volunteers reported that residents frequently participated in discussions, asked questions regarding personal health concerns, and retained printed educational materials provided during sessions. In some instances, volunteers observed residents bringing educational handouts to medical appointments or referencing materials during subsequent sessions. While these observations do not directly measure changes in health literacy, they suggest that shelter-based educational programming may help residents access and apply health information in practical contexts.

Another key finding was the importance of adaptability in sustaining outreach efforts. Attendance fluctuated widely by site and topic and was constrained by factors such as shelter policies, residents' schedules, and competing needs such as securing food, showers, or employment. Perhaps the largest disruption was the COVID-19 pandemic, which temporarily limited in-person workshops. Despite these challenges, ETCH volunteers adapted by shifting towards distributing printed pamphlets, hot beverages, and supplies to maintain connection. These adaptations demonstrate the importance of flexibility and persistence when leading community-based education efforts.

However, several limitations should be considered when interpreting these findings. First, our current evaluation relies solely on qualitative reflections and program documentation, which do provide rich insight into perceived engagement, but do not quantify changes in resident health literacy or health behaviors. Second, because volunteers write session notes, they may emphasize successful interactions while underreporting misunderstandings, disengagement, or harm. Third, workshop attendance varied across sites, and participation was voluntary, suggesting that our observations reflect a subset of shelter residents who are relatively more stable, trusting of service providers, or interested in health topics. Finally, ETCH operates within a single metropolitan area and a specific shelter network, which may limit generalizability to other regions or service systems.

Future work will address these gaps by adding structured pre- and post-surveys with residents to evaluate changes in perceived health literacy, confidence navigating healthcare resources, and self-efficacy in managing specific conditions. Qualitative interviews with residents could further examine how they incorporate workshop content into everyday decision-making, including whether they use community clinic and outreach services, and whether they feel better prepared to ask questions. A similar longitudinal evaluation of volunteers will examine how repeated participation shapes their understanding of homelessness, stigma, and systemic inequities, and how this translates into their facilitation practices. Ultimately, the ETCH model may be adaptable to other underserved populations, such as people in supportive housing or migrant shelters, provided that curricula are co-developed with community partners and evaluation strategies encompass both resident and volunteer perspectives.

4.1. Conclusion

Low health literacy remains a persistent barrier to healthcare access among individuals experiencing homelessness. Many individuals face challenges with preventive care, trustworthy health information, and navigating fragmented healthcare systems. These barriers accentuate the importance of accessible, community-based educational initiatives that deliver health information in environments familiar to underserved populations.

The ETCH program shows that student-led, shelter-based health education can be a feasible way to address some of these gaps by providing recurring, low-threshold workshops tailored to residents' priorities. By organizing volunteer roles into a Shadow-Support-Lead progression, ETCH has sustained workshops for over a decade while providing undergraduates with structured opportunities to develop communication skills, cultural humility, and confidence working with marginalized communities.

Although this phase of the project did not include direct resident surveys, volunteer reflections indicate that residents asked clarifying questions and kept printed handouts for future appointments. These are behaviors consistent with improved understanding of health and greater confidence in interacting with healthcare services. These observations, combined with the program's longevity across multiple shelters, suggest that student-led workshops can complement existing clinical and social services by creating informal spaces for dialogue and support for health decision-making. At the same time, the descriptive nature of the current data highlights the need for more rigorous evaluation to quantify changes in health literacy and to delve deeper into the differential impacts for residents with varying lengths of homelessness and prior experiences with the healthcare system. Expanding similar student-led health education initiatives in other communities may provide a scalable path to addressing healthcare disparities among underserved populations.

References

- Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., & Crotty, K. (2011). Low health literacy and health outcomes: An updated systematic review. *Annals of Internal Medicine*, 155(2), 97–107.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Brown, J. D., Bone, L., Gillis, L., Treherne, L., Lindamood, K., & Marsden, L. (2006). Service learning to impact homelessness: The result of academic and community collaboration. *Public Health Reports*, 121(3), 343–348.
- Buckner, A. V., Ndjakani, Y. D., Banks, B., & Blumenthal, D. S. (2010). Using service-learning to teach community health: The Morehouse School of Medicine community health course. *Academic Medicine*, 85(10), 1645–1651.
- Hwang, S. W. (2001). Homelessness and health. *Canadian Medical Association Journal*, 164(2), 229–233.
- Nutbeam, D. (2000). Health literacy as a public health goal. *Health Promotion International*, 15(3), 259–267.
- Viswanathan, M., Kraschnewski, J., Nishikawa, B., Morgan, L. C., Thieda, P., Honeycutt, A., Lohr, K. N., & Jonas, D. (2009). Outcomes of community health worker interventions. *Evidence Report/Technology Assessment*, 181, 1–144.