



Arkansas Minority Health Commission

Community Health Fair and Legislative Meeting
Fordyce, AR
October 23 – 24, 2009

Evaluation Report

Putting Your Tobacco Settlement Dollars to Work!

AMHC Health Fair and Legislative Meeting Evaluation Report – Fordyce, AR

Executive Summary

On October 23 – 24, 2009, the Arkansas Minority Health Commission (AMHC) held a Community Health Fair and Legislative Meeting in Fordyce, AR to benefit the residents of Dallas County. According to estimates from AMHC, over 200 adults and children were present at these events. The Legislative Meeting was hosted by the Senate Subcommittee on Minority Health of the Arkansas General Assembly. Local representatives, senators, county judges and mayors were invited and attendees were able to discuss access to health services in Dallas County, ask questions regarding public health issues and receive dinner at no cost. The AMHC partnered with the Arkansas Department of Health for the Health Fair on the next morning and offered free health screenings and breakfast at the event.

EVALUATION METHOD

Attendees at the Community Health Fair and Legislative Meeting were asked to complete evaluations of the events. Attendees also provided demographic information. Additionally, vendors present at both events were asked to complete evaluations. There were five vendors present at the Legislative Meeting and 19 present for the Health Fair. The Health Fair evaluation was completed by 65 attendees, while 165 attendees provided demographic information. The Legislative Meeting evaluation was completed by 50 attendees. All evaluation forms were available in English and Spanish. AMHC staff was available at both events to provide assistance with completing the forms.

CONCLUSIONS

Analysis of the data gathered from the evaluations provided insight about the target population and strengths and needs of the Health Fair and Legislative Meeting:

- The event attendees were mostly married, female and African American. The majority of event attendees were 55 years old and over and reported earning a high school diploma or equivalent. Over half of the attendees reported a household income of less than \$19,999 annually.
- The attendees that reported not having access to medical care when needed indicated that this was due to the cost of medical services. The groups that reported the least access to health insurance and prescription coverage were male, 20 -24 years old and Hispanic. They also were likely to report \$10,000 – 19,999 in household income.
- The events were successful at creating a change in attendee behavior and knowledge. The attendees planned to make changes in their health routine based on information presented and visit a doctor to follow-up on any abnormal screenings. There were also reported increases in knowledge about the health of people in the community, the types of services available in the community and legislation that impacts public health in the community.

- The attendees were more likely to receive a blood pressure, cholesterol and glucose screening at the Health Fair. Although most attendees reported enjoying all of the exhibits, the breast cancer awareness exhibit was listed as the favorite and most informative exhibit.
- The attendees were primarily motivated to attend the Health Fair for information about their health and medical screenings. The attendees were mainly motivated to attend the Legislative Meeting for information about AMHC and information about health services.
- The most effective method of publicizing the Health Fair was by radio and the most effective method of publicizing the Legislative Meeting was through churches. The newspaper was an effective method of informing attendees about both events.
- Almost all of the attendees reported that they would attend a Health Fair and Legislative Meeting in the future.
- Both events received positive ratings overall. The Legislative Meeting received the highest overall rating more often than the Health Fair.
- The vendors provided positive feedback on the pre-planning and actual day of the event. The most common concern from a few vendors was that the attendees were not representative of their target population.

Table of Contents

Executive Summary	ii
Event Description.....	1
Attendee Demographic Information	1
Access to Health Care, Insurance and Prescription Coverage	3
Community Health Fair Evaluation and Feedback.....	7
Legislative Meeting Evaluation and Feedback.....	11
Conclusions	16

List of Tables

- Table 1: Race of Attendees
- Table 2: Marital Status of Attendees
- Table 3: Gender of Attendees
- Table 4: Age of Attendees
- Table 5: Household Income of Attendees
- Table 6: Educational Level of Attendees
- Table 7: Time Since Visit to Doctor
- Table 8: Access to Medical Care
- Table 9: Access to Medical Care by Demographics
- Table 10: Access to Health Insurance
- Table 11: Access to Health Insurance by Demographics
- Table 12: Access to Prescription Coverage
- Table 13: Access to Prescription Coverage by Demographics
- Table 14: Behavior Change of Attendees
- Table 15 Respondent Attendance at Future Health Fair
- Table 16: Health Fair Vendor Evaluation
- Table 17: Knowledge Gained by Attendees
- Table 18: Repondent Attendance at Future Legislative Meeting
- Table 19: Legislative Meeting Vendor Evaluation

List of Charts

- Chart 1: Why did you come to the Health Fair?
- Chart 2: How did you hear about the Health Fair?
- Chart 3: Services/Screenings that attendees received at the Health Fair
- Chart 4: How would you rate the Health Fair overall?
- Chart 5: Could you understand the information presented at the Legislative Meeting?
- Chart 6: Why did you come to the Legislative Meeting?
- Chart 7: How did you hear about the Legislative Meeting?
- Chart 8: What is your overall opinion of the Legislative Meeting

Event Descriptions

The Arkansas Minority Health Commission (AMHC), in partnership with the Senate Subcommittee on Minority Health of the Arkansas General Assembly, hosted a Legislative Meeting on October 23, 2009 from 6:00 p.m. until 8:00 p.m. at the Fordyce Civic Center located at 300 Hwy 79/167 Bypass in Fordyce, Arkansas. Dinner was provided free of charge to all attendees. Residents had the opportunity to discuss the type of health services desired in their region, as well as pose questions to their elected officials. In addition, local representatives, senators, county judges and mayors were invited to attend the event.

Following the Legislative Meeting, AMHC and the Arkansas Department of Health hosted a Community Health Fair on October 24, 2009 from 10:00 a.m. until 3:00 p.m. at the same location in Fordyce, Arkansas. Free health screenings were available at the Health Fair. Breakfast was also provided free of charge to all attendees. Both events were open to all residents of Dallas County, while minority residents were especially encouraged to attend. Translators were available for Spanish speaking attendees.

Attendee Demographic Information

Demographic information was collected from attendees at the Health Fair on October 24. Approximately 117 of these attendants signed-in upon entering the facility. Demographic information was collected from 106 attendees and is presented in the section below. Surveys were available in English and Spanish. The reported demographic information should be considered representative of all the event attendees.

Approximately 64% of the people attending the event reported that they were African American followed by 31% of attendees reporting their race as White as indicated in Table 1. Event attendees were more likely to be married and female as indicated in Table 2 and Table 3 on page 2.

Table 1: Race of Attendees

Race	Percentage of Respondents
White, Non Hispanic	31%
African American	64%
Hispanic	2%
Native American	1%
Other	2%
Asian/Pacific Islander	0%
Grand Total	100%

Table 2: Marital Status of Attendees

Marital Status	Percentage of Respondents
Single	21 %
Married	51%
Divorced	7%
Separated	8%
Widowed	13%
Grand Total	100%

Table 3: Gender of Attendees

Gender	Percentage of Respondents
Male	25%
Female	75%
Grand Total	100%

Event attendees were also more likely to be 55 years of age and older, while people 24 and younger were the least likely to be present at the Health Fair as indicated in Table 4.

Table 4: Age of Attendees

Age	Percentage of Respondents
Under 20	4%
20 – 24	4%
25 – 34	10%
35 – 44	16%
45 – 54	22%
55 and over	44%
Grand Total	100%

About 29% of the attendees reported less than \$10,000 in household income as indicated in Table 5. This group was followed by 27% of attendees who reported a household income \$10,000 – 19,999. Attendees were asked to identify the level of education completed and 49% reported completing high school or obtaining a GED, as indicated in Table 6.

Table 5: Household Income of Attendees

Household Income	Percentage of Respondents
Less than \$10,000	29%
\$10,000 - 19,999	27%
\$20,000 - 29,999	26%
\$30,000 - 39,999	7%
\$40,000 - 49,000	4%
\$50,000 - 59,999	2%
\$60,000 - 69,999	1%
\$70,000 – 79,999	3%
\$80,000 – 89,999	1%
\$90,000 – 99,000	0%
Over \$100,000	0%
Grand Total	100%

Table 6: Education Level of Attendees

Education Level	Percentage of Respondents
Less than high school	18%
High School/GED	49%
Some College	19%
2-year college degree	8%
4-year college degree	3%
Graduate or professional degree	3%
Grand Total	100%

Access to Health Care, Insurance and Prescription Coverage

Attendees were asked to report on their access to medical care and about access to health insurance and/or prescription drug coverage. Attendee responses are presented in this section.

Access to Medical Care

Attendees were asked to estimate the time since their last visit to a doctor. The majority (83%) of attendees reported that less than one year had passed since their last doctor visit as indicated in Table 7.

Table 7: Time Since Visit to Doctor

Time Elapsed	Percentage of Respondents
Less than 1 year	83%
1 – 2 years	7%
2 – 3 years	4%
Never	1%
Don't know	5%
Grand Total	100%

Attendees were asked if they were able to receive medical care when needed. As indicated in Table 8, 65% of attendees reported that they always received medical care when needed, while 13% reported that they were unable to receive medical care when needed. Attendees reporting “No” were asked to list the reasons for not being able to receive medical care. The majority (75%) of attendees reported that they were unable to receive medical care due to the cost, followed by lack of transportation and no knowledge of where to get care. No attendees listed language difficulties as a barrier.

Table 8: Access to Medical Care

Access to Medical Care	Percentage of Respondents
Yes, Always	65%
Yes, Sometimes	22%
No	13%
Grand Total	100%

Attendees' access to medical care was also examined based on gender, age, household income and race. Results presented in Table 9 on page 4 demonstrate the attendees most likely to have access to medical care based on the selected characteristics. The groups that were the most likely to report “No” when asked if they are able to receive necessary medical care were male, 45 – 50 years old, earned \$20,000-29,000 and reported being Hispanic.

Table 9: Access to Medical Care by Demographics

Access to Medical Care			
GENDER	Yes, Always	Yes, Sometimes	No
	Male	62%	15%
Female	65%	25%	10%
AGE	Yes, Always	Yes, Sometimes	No
	Under 20	50%	50%
20 – 24	75%	25%	0%
25 – 34	55%	18%	27%
35 – 44	65%	17.5%	17.5%
45 – 54	57%	21.5%	21.5%
55 and over	73%	23%	4%
HOUSEHOLD INCOME	Yes, Always	Yes, Sometimes	No
	Less than \$10,000	75%	14%
\$10,000 - 19,999	58%	29%	13%
\$20,000 - 29,999	56%	24%	20%
\$30,000 - 39,999	66%	17%	17%
\$40,000 - 49,000	100%	0%	0%
\$50,000 - 59,999	50%	50%	0%
\$60,000 - 69,999	100%	0%	0%
\$70,000 – 79,999	67%	33%	0%
\$80,000 – 89,999	100%	0%	0%
RACE	Yes, Always	Yes, Sometimes	No
	White, Non Hispanic	66%	28%
African American	65%	21%	14%
Hispanic	50%	0%	50%
Native American	100%	0%	0%
Other	100%	0%	0%

Access to Health Insurance

Attendees were asked if they had health insurance. As indicated in Table 10, the majority (68%) of attendees reported that they currently had health insurance.

Table 10: Access to Health Insurance

Health Insurance	Percentage of Respondents
Yes	68%
No	32%
Grand Total	100%

Attendees’ access to health insurance was also examined based on gender, age, household income and race. Results presented in Table 11 demonstrate the groups that were the least likely to have access to health insurance were male, 20 – 24 years old, earned \$10,000-19,000 and reported being Hispanic.

Table 11: Access to Health Insurance by Demographics

Currently Have Health Insurance		
GENDER	Yes	No
	Male	62.5%
Female	69%	31%
AGE	Yes	No
	Under 20	100%
20 – 24	0%	100%
25 – 34	64%	36%
35 – 44	71%	29%
45 – 54	56.5%	43.5%
55 and over	77%	23%
HOUSEHOLD INCOME	Yes	No
	Less than \$10,000	68%
\$10,000 - 19,999	61.5%	38.5%
\$20,000 - 29,999	68%	32%
\$30,000 - 39,999	67%	33%
\$40,000 - 49,000	75%	25%
\$50,000 - 59,999	100%	0%
\$60,000 - 69,999	100%	0%
\$70,000 – 79,999	67%	33%
\$80,000 – 89,999	100%	0%
RACE	Yes	No
	White, Non Hispanic	72%
African American	67%	33%
Hispanic	0%	100%
Native American	100%	0%
Other	100%	0%

Access to Prescription Coverage

Attendees were asked if they had prescription coverage. As indicated in Table 12 on page 6, the majority (60%) of attendees reported that they currently had prescription coverage.

Table 12: Access to Prescription Coverage

Prescription Coverage	Percentage of Respondents
Yes	60%
No	40%
Grand Total	100%

Attendees' access to prescription coverage was also examined based on gender, age, household income and race. Results presented in Table 13 demonstrate the groups that were the least likely to have access to prescription coverage were male, 20 – 24 years old, earned \$10,000-19,000 and reported being Hispanic.

Table 13: Access to Prescription Coverage by Demographics

Currently Have Prescription Coverage		
GENDER	Yes	No
	Male	62.5%
Female	62%	33%
AGE	Yes	No
	Under 20	100%
20 – 24	0%	100%
25 – 34	45.5%	55.5%
35 – 44	76.5%	23.5%
45 – 54	52%	48%
55 and over	64%	36%
HOUSEHOLD INCOME	Yes	No
	Less than \$10,000	57%
\$10,000 - 19,999	54%	46%
\$20,000 - 29,999	59%	41%
\$30,000 - 39,999	80%	20%
\$40,000 - 49,000	75%	25%
\$50,000 - 59,999	100%	0%
\$60,000 - 69,999	100%	0%
\$70,000 – 79,999	67%	33%
\$80,000 – 89,999	100%	0%
RACE	Yes	No
	White, Non Hispanic	62.5%
African American	60%	40%
Hispanic	0%	100%
Native American	100%	0%
Other	100%	0%

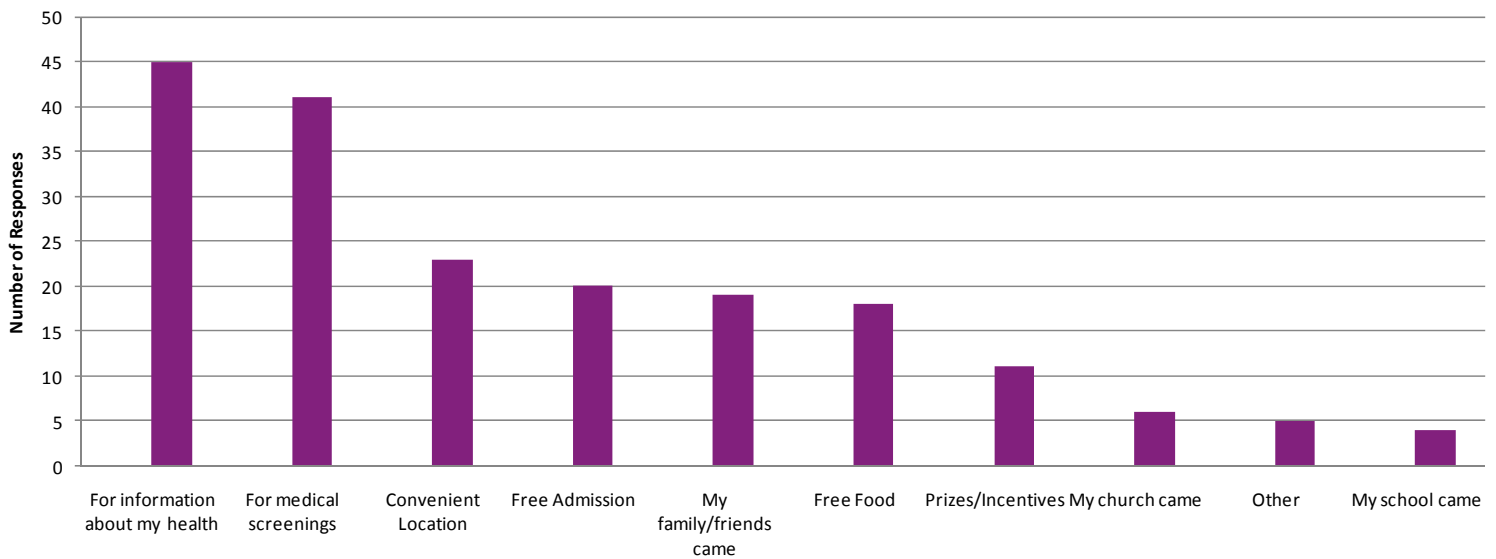
Community Health Fair Evaluation and Feedback

Attendees at the Community Health Fair were asked to complete an event evaluation form. There were 65 attendees that completed the evaluation and provided feedback on the event, while 117 signed in upon entering the Health Fair. This section presents the results of the evaluations of the Community Health Fair.

Motivation for Attendance

Attendees were asked why they attended the Health Fair. The majority of attendees reported that they attended the Health Fair for information about their health and for medical screenings indicated in Chart 1.

Chart 1: Why did you come to the Health Fair?



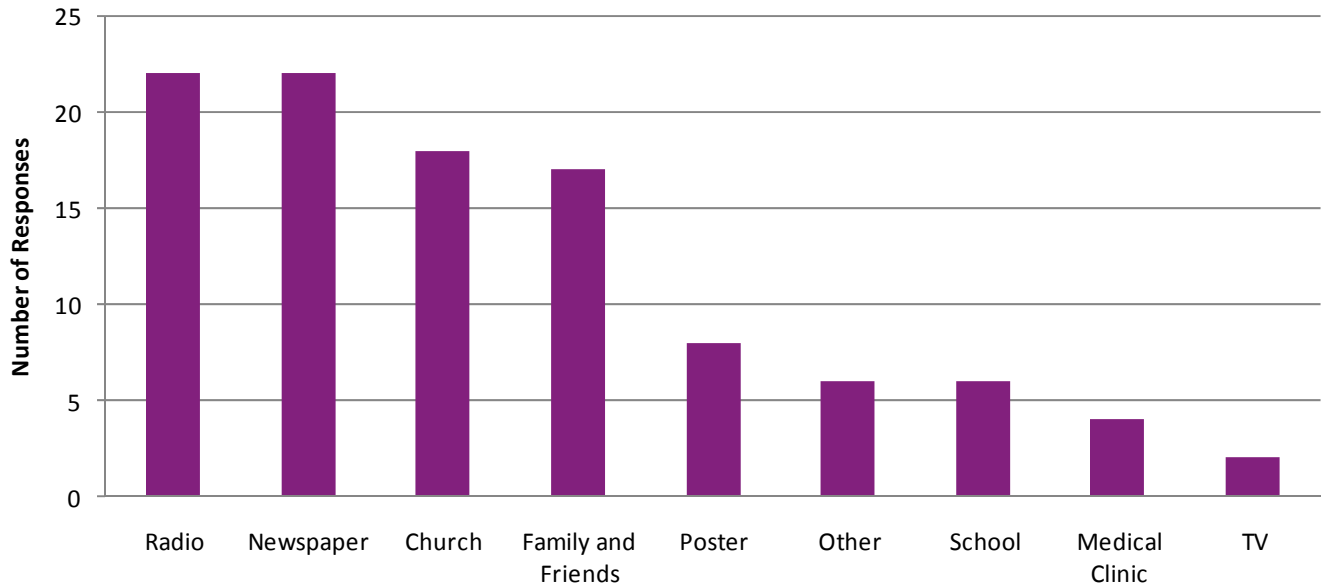
Favorite/Most Informative Exhibit and Speaker

There were vendors present that provided exhibits for attendees to visit at the Health Fair, in addition to speakers presenting on various topics. Attendees were asked to list their favorite and most informative exhibitor and speaker. When asked to list an exhibit/booth, the most frequent response was the breast cancer awareness exhibit. The most selected exhibits were medical screenings, tobacco and nutrition which were all rated equally. When asked to list a speaker, the most frequent response was all of the speakers and CASA.

Event Publicity

Attendees were asked how they heard about the Health Fair. The majority of attendees heard about the Health Fair by radio and newspaper, as indicated in Chart 2 on page 8. Attendees that reported hearing about the Health Fair from a poster were asked to provide the location of the poster. The attendees reported that the poster was at the county hospital or dentist office. Attendees that selected "other" were also most likely to list a store.

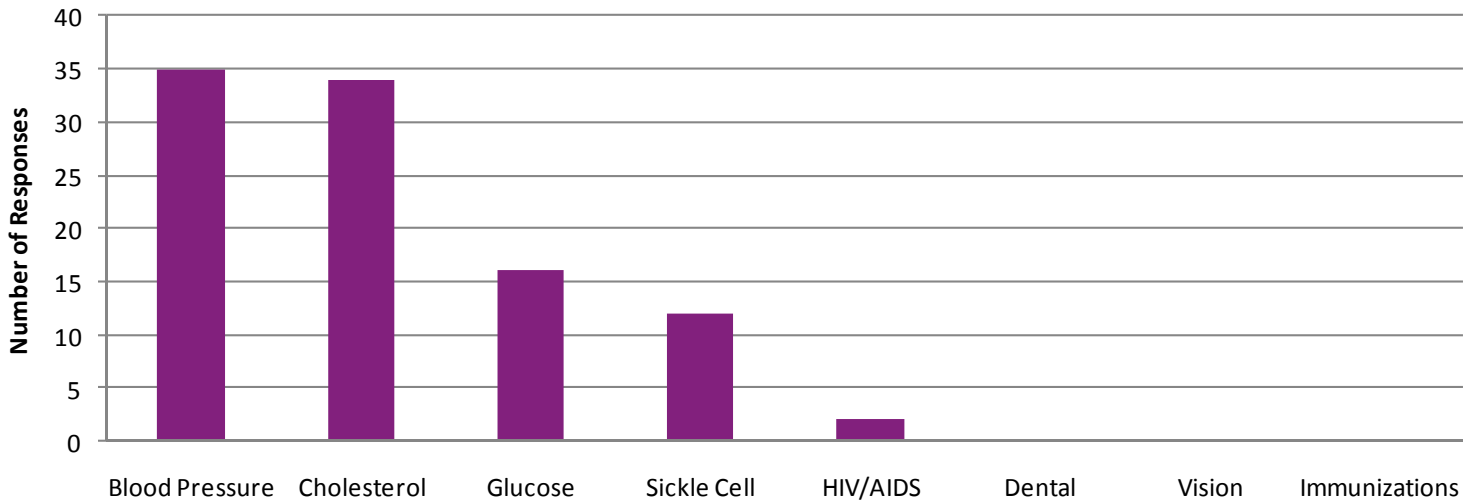
Chart 2: How did you hear about the Health Fair?



Services/Screening Received

There were several free health services and screenings offered at the Health Fair. Attendees were asked to report which health screenings they received. They were most likely to report receiving a blood pressure, cholesterol and glucose screenings as indicated in Chart 3.

Chart 3: Services/Screenings that Attendees Had at Health Fair



Change in Attendee Behavior

Attendees were asked questions about changes they intend to make to improve their health based on information gained at the Health Fair. Attendee responses are presented in Table 14. Specific changes listed included visiting the doctor more frequently and exercising more often. Please note that 18% of the attendees selected “not applicable” when asked if they planned to follow-up if an abnormality was detected.

Table 14: Behavior Change in Attendees

Survey Questions	Attendee Responses	
	Yes	No
Do you plan to make any changes to your normal health routine based on information learned today?	91%	9%
If you had an abnormality detected during a screening, do you plan to follow-up with a doctor?	59%	23%

Attendee Future Participation

Attendees were asked if they would attend another Health Fair. Table 15 indicates that 98% of attendees reported that they would attend a Health Fair in the future.

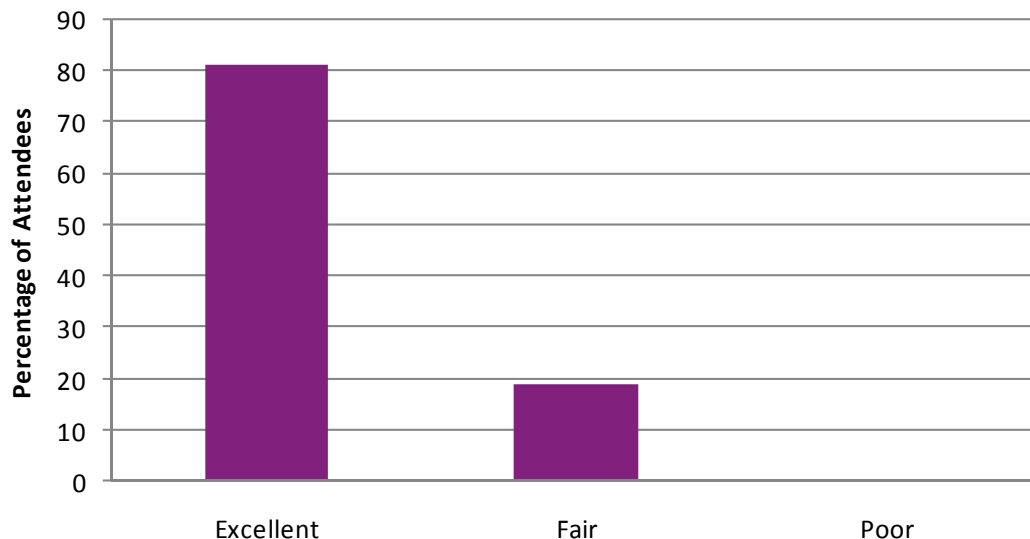
Table 15: Repondent Attendance at Future Health Fair

	Percentage of Respondents
Yes	98%
No	2%
Grand Total	100%

Overall Event Rating

Attendees were asked to provide an overall rating of the Health Fair, which is presented in Chart 4. The majority (81%) of attendees reported that the event was excellent, while 13% reported the event as fair.

Chart 4: How would you rate the Health Fair overall?



Additional Comments and Suggestions

Attendees were asked to provide suggestions for services that should be offered at future Health Fairs. The most frequently reported response was vision screenings. Other responses are listed below:

- Dental services
- Department of Human Services
- Insurance information
- Pregnancy tests

Attendees were asked to list any additional comments and suggestions. Most responses were that the event was great and expressions of appreciation to the event hosts. Additional comments are listed below:

- There should be more vendors with information.
- This area needs this.

Vendor Feedback

The vendors that were present at the Legislative meeting were asked to complete evaluations to provide feedback about preparations for the event and the actual event. There were 19 vendor exhibits at the Health Fair and 21 vendor evaluations were completed.

Vendor were asked to rate several aspects of the Legislative Meeting as excellent, fair or poor. The vendors rated the following aspects as excellent 100% of the time:

- Facilities
- Location of Booth
- Booth Space

Approximately 67% of vendors rated “Attendance” as excellent and 33% rated it as fair. About 90% of attendees rated “Pre-planning” as excellent and 10% rated it as fair. “Publicity” was rated as excellent by 95% of attendees and rated as fair by 5% of attendees.

Vendors were also asked to provide their feedback about the Legislative Meeting by answering the following questions which are presented in Table 16.

Table 16: Health Fair Vendor Evaluation

Survey Question	Vendor Responses	
	Yes	No
Were the pre-planning emails, phone calls and other communication valuable?	100%	0%
Did the layout of the event allow for optimal traffic to your exhibit?	100%	0%
Were you pleased with the amount of traffic at your exhibit?	95%	5%
Were the attendees representative of your target population?	90%	10%
Did you have adequate time to set-up and dismantle your exhibit?	100%	0%
Did the allotted time allow adequate opportunity to engage with attendees?	100%	0%
Would you be willing to participate in another Health Fair?	100%	0%

When asked to list the strengths of the event the following responses were provided vendors:

- I reached people I do not usually see in the community.
- Providing the screenings
- The support staff is great. Excellent facilities, well planned, wonderful contacts.
- Very informative.
- Very professional staff.
- AMHC staff was great.
- Very well organized. Well attended and everything was very nice.
- Attendance

When asked to provide suggestions of the event the one reported that the organization was not listed on the check-off list and one vendor suggested that more time be allotted to allow for contact with attendees.

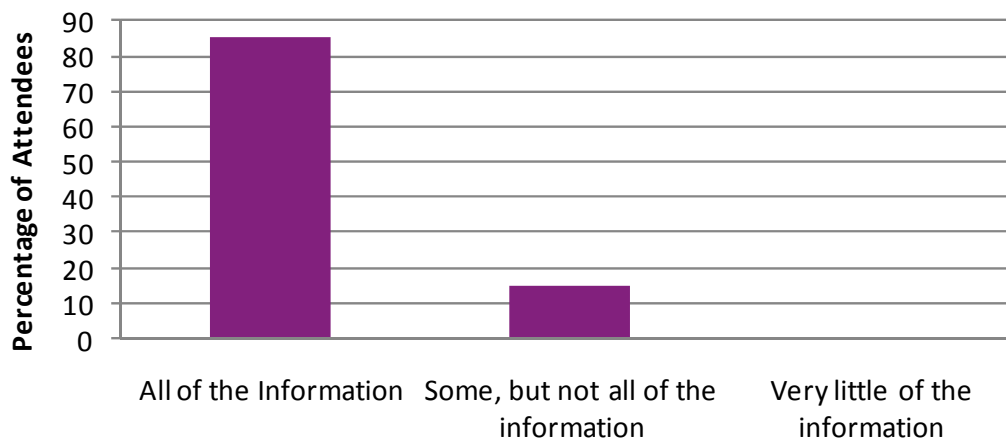
Legislative Meeting Evaluation and Feedback

Attendees at the Legislative meeting were asked to complete an event evaluation form. Fifty attendees completed the evaluation that provided feedback on the event, while 59 attendees signed in upon arrival. This section presents the results of the evaluations of the Legislative Meeting. Surveys were available in English and Spanish.

Attendee Understanding of Information

Attendees were asked if they understood the information that was discussed at the Legislative Meeting. Over 85% of attendees reported understanding all of the information, while 15% reported understanding some of the information as indicated in Chart 5.

Chart 5: Could you understand the information presented at the Legislative Meeting?



Change in Attendee Knowledge

Attendees were asked a series of questions about the knowledge they gained by attending the Legislative Meeting. This information is presented in Table 17.

Table 17: Knowledge Gained by Attendees

Survey Question	Attendee Responses	
	Yes	No
Did you learn more about the health of people in Dallas County?	82%	18%
Did you learn more about the health care services available in Dallas County?	72%	28%
Did you learn more about legislation that may impact public health in your community?	84%	16%

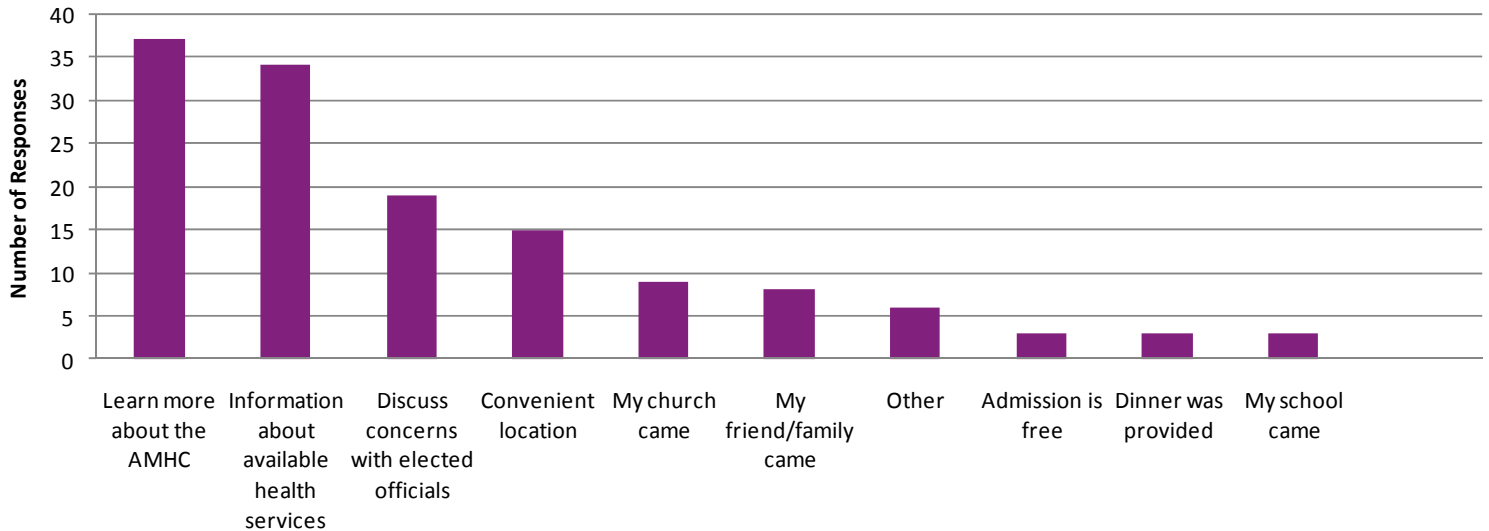
Importance of Discussion Topics

Event attendees were asked if they were able to discuss health concerns that they felt were important to them and their families. Over 95% of respondents reported that they were able to discuss important health concerns while only 5% of respondents reported that they were not able to discuss important health concerns.

Motivation for Attendance

Attendees were asked why they attended the Legislative Meeting and were able to select all applicable responses. Attendee responses are presented in Chart 6.

Chart 6: Why did you come to the Legislative Meeting?



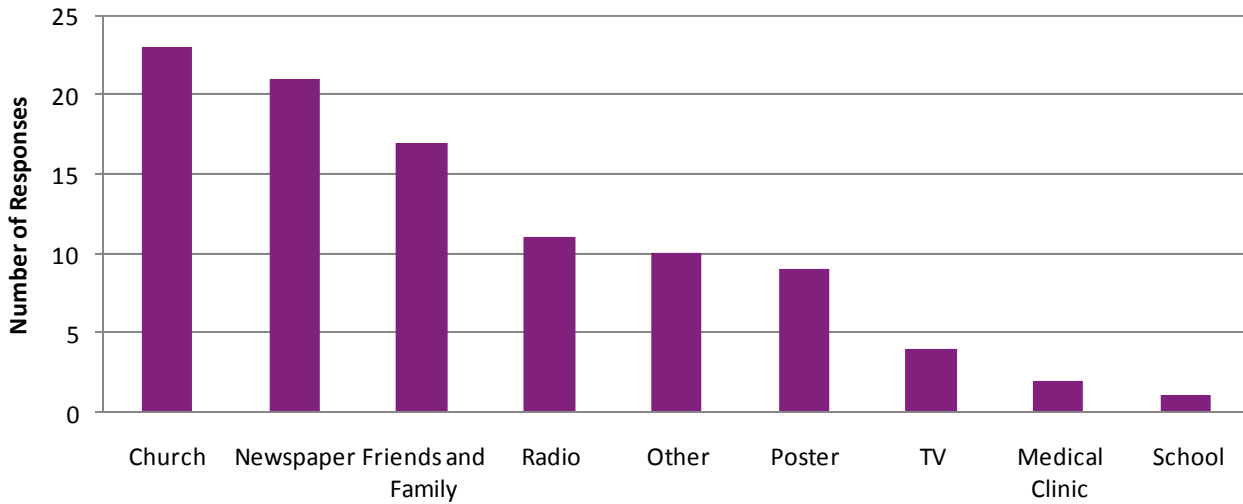
The majority of attendees reported attending the event to learn more about the Arkansas Minority Health Commission and for information about their health. Attendees were least likely to report attending the Legislative Meeting because admission was free, dinner was provided and because their school came to the event. Attendees that selected “other” reported that they were vendors.

Event Publicity

Attendees were asked how they heard about the Legislative Meeting. Attendees were most likely to report that they heard about the Legislative Meeting at church and from the newspaper as indicated in Chart 7. Attendees that selected “other” were most likely to report hearing about the event by email, at work or at a DASH meeting.

Attendees that reported hearing about the event from a poster were asked the location of the advertisement. Most people reported that the poster was at a Department of Human Services (DHS) office.

Chart 7: How did you hear about the Legislative Meeting?



Attendee Future Participation

Attendees were asked if they would attend another Legislative Meeting. Table 18 indicated that 100% of attendees reported that they would attend another Legislative Meeting.

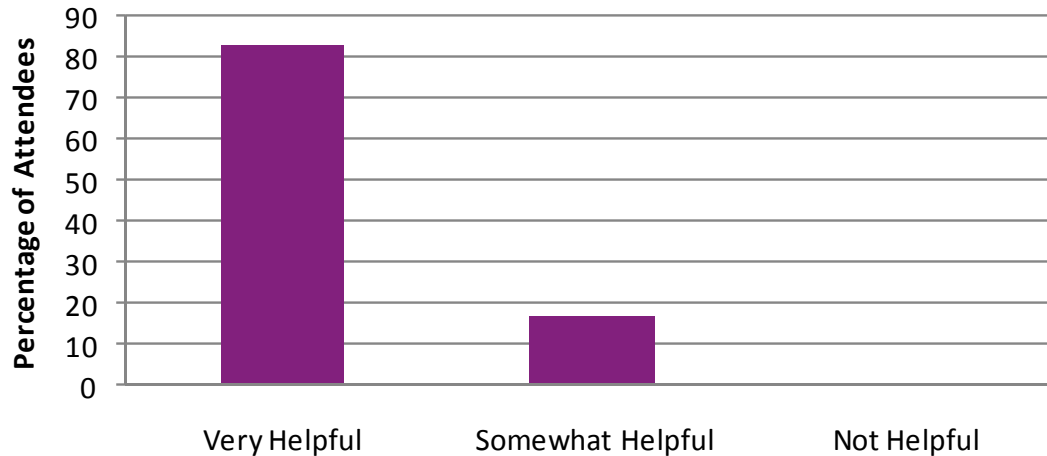
Table 18: Repondent Attendance at Future Legislative Meeting

	Percentage of Respondents
Yes	100%
No	0%
Grand Total	100%

Overall Event Rating

Attendees were asked to provide an overall opinion of the Legislative Meeting, which is presented in Chart 8. The majority (83%) of attendees reported that the event was very helpful, while 17% reported that it was somewhat helpful.

Chart 8: What is your overall opinion of the Legislative Meeting?



Additional Comments and Suggestions

Attendees were allowed to make additional comments. Several attendees commented that the event was great and thanked the event hosts. Additional comments are listed below:

- There should be more health education on healthy habits.
- We must take responsibility for underage smoking.
- Job well done.
- Thanks for coming. This was so needed in this community.
- This has been shocking, disappointing (statistics) and enlightening. Senator Cumby’s testimony is hopeful for many suffering from the same complaints.
- This was no informative. Also, way to go Senator Cumby.
- I would like to see the Legislature provide Alzheimer’s day care no long term care.
- Very well presented.
- Legislature needs to take a closer look into health care reform in all rural areas.
- I think we should have more legislative meeting. The more we know the more grow.
- Very productive meeting.
- There should be more information on HIV/AIDS in Dallas County.
- Reach younger adults in the county.

Vendor Feedback

The vendors that were present at the Legislative meeting were asked to complete evaluations to provide feedback about preparations for the event and the actual event. There were five vendors that provided feedback.

Vendors were asked to rate several aspects of the Legislative Meeting as excellent, fair or poor. The vendors rated the following aspects as excellent 100% of the time:

- Attendance
- Pre-planning
- Facilities
- Location of Booth
- Booth Space
- Publicity

Vendors were also asked to provide their feedback about the Legislative Meeting by answering the following questions which are presented in Table 19.

Table 19: Legislative Meeting Vendor Evaluation

Survey Question	Vendor Responses	
	Yes	No
Were the pre-planning emails, phone calls and other communication valuable?	100%	0%
Did the layout of the event allow for optimal traffic to your exhibit?	100%	0%
Were you pleased with the amount of traffic at your exhibit?	100%	0%
Were the attendees representative of your target population?	80%	20%
Did you have adequate time to set-up and dismantle your exhibit?	100%	0%
Did the allotted time allow adequate opportunity to engage with attendees?	100%	0%
Would you be willing to participate in another Health Fair?	100%	0%

When asked to list the strengths of the event, vendors provided the following responses:

- Very good speakers.
- Well organized
- I was able to reach people that usually do not attend.

When asked to provide suggestions of the event one vendor suggested that more notice be provided ahead of time of the date of the event and that vendors be allowed to provide input on the date of the event.

Conclusions

This following section summarizes the findings based on attendee evaluations and feedback from the Community Health Fair and Legislative Meeting in Fordyce, AR.

Population Demographics

The typical attendee at the events was likely to be married and female. The majority of attendees were also African American. Attendees were usually 55 years old and over. The attendees were most likely to have earned a high school diploma or GED. Over 50% of the event attendees were reported a household income of less than \$19,999 annually.

Access to Medical Care, Insurance and Prescription Coverage

The majority of attendees reported having regular access to medical care, health insurance and prescription coverage. However, men, attendees aged 45 – 50 years old, attendees earning \$20,000 – 29,999 and Hispanic attendees were more prone to not have access to medical care when needed due to the cost of medical care. Hispanic attendees were also the most likely to report no health insurance or prescription coverage, as well as men, 20-24 year olds and attendees earning \$10,000-19,000.

Services and Screenings

The Health Fair attendees were most likely to report receiving blood pressure, cholesterol and glucose screenings. Attendees mostly listed the breast cancer awareness exhibit as the favorite and most informative, while CASA was considered the most informative and favorite speaker.

Change in Attendee Knowledge and Behavior

The majority of attendees reported that they experienced a change in their knowledge and planned to change their behavior based on information presented at the Health Fair and Legislative Meeting. The attendees planned to make changes in their health routine and visit a doctor to follow-up on any abnormal screenings. Attendees also learned more about the health of people in Dallas County, the types of services available in Dallas County and legislation that impacts public health in Dallas County.

Motivation for Attendance

Attendees were most likely to attend the Legislative Meeting for information about the AMHC. The attendee's were likely to report attending both events for information about their health or health services. Attendees were also likely to attend the Health Fair for medical screenings. Attendees were least likely to have attended the events with a school.

Event Publicity

The attendees reported that they mostly heard about the Health Fair on the radio and the newspaper, while the Legislative Meeting was most frequently publicized in churches and the newspaper. Family and friends also has an important role in disseminating information about both events.

Attendee Future Participation

The majority of the attendees reported that they would attend a Health Fair and Legislative Meeting in the future. At least 98% of the attendees reported that they would attend a future event.

Event Ratings

The attendees were able to provide overall ratings of both the Health Fair and the Legislative Meeting. At least 80% of attendees gave both events the highest possible rating. When compared, the Legislative Meeting received a higher overall rating than the Health Fair. Additionally, over 95% of the attendees reported that they were able to discuss health topics that are important to them at the Legislative Meeting.

Vendor Feedback

Vendors that were present to provide information about various health topics and services were asked to provide feedback about each event. These included feedback on attendance, pre-planning, facilities, location of booth, booth space and publicity and other relevant aspects of the events. The vendors provided high ratings in each category.