

Attachment _____

Health Fairs proposed substitute

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Health Fairs At Your Fingertips



...A practical guide to a successful Health Fair



Health Fairs at Your Fingertips

This California State PTA publication was developed to assist you in planning an effective Health Fair or event in your area. Sponsoring a Health Fair will enable your PTA to share practical and valuable health information and

- Promote good health
- Provide screening services for your school and community (and follow-up when screenings indicate further testing is required)
- Utilize health care professionals to identify potential health-related problems that can be eliminated or prevented from becoming serious if properly treated
- Provide your community with a variety of health education information and resources
- Emphasize the practice of good health habits
- Connect with health organizations and agencies in your community



Health Fairs at Your Fingertips contains information to help you identify areas of focus; contact organizations and agencies for participation; develop a timeline and procedures. The guide includes sample letters of invitation, follow-up letters, and thank you letters.

A Health Fair is an invaluable service to your school and community and can be an exciting and rewarding experience for everyone.

PROCEDURES FOR A SUCCESSFUL HEALTH FAIR

If your Health Fair is held in collaboration with community organizations or other PTAs, *each* participating PTA unit, council or district should follow the proper approval procedures as specified below.



PRELIMINARY PLANNING (Six months in advance)

1. Discuss and obtain approval to hold a Health Fair from the PTA executive board, principal or school representative.
2. Obtain a vote of approval for the Health Fair at a meeting of the association. Include a motion to disburse monies to cover the estimated cost involved.
3. If being held off campus, obtain permission for facility use from appropriate manager.
4. Select a Health Fair or event chairman.
5. Appoint at least seven members to the planning committee; include the school nurse if available.
6. Decide on a focus area, if any. (See Exhibit B.)
7. Discuss rules and expectations with facility management. Put all agreements in writing.
8. As early as possible, check school calendar and decide on a date.
9. Notify parents and community to “save the date” for the Health Fair.
10. Notify school staff explaining Health Fair goals and requesting their support.

11. Schedule at least three committee meetings prior to event.
12. Review PTA's *Insurance and Loss Prevention Guide*, received by the president. Contact the California State PTA insurance broker regarding activities and requirements.
13. Follow PTA financial procedures. Any contract with another organization must be read carefully, and must be signed by two elected officers of the PTA after a vote of approval by the membership.



HEALTH FAIR DEVELOPMENT (Three months in advance)

1. Assign specific duties to committee members

a. Coordination with participating service providers (at least two people)

- ❖ One person should be designated as the contact person on invitation letters
- ❖ One person should assist with paperwork

b. Publicity campaign (at least one person)

- ❖ News advisories and releases
- ❖ PTA newsletter articles, website and social media posts, e-newsletter communications
- ❖ Posters for placement at local business locations
- ❖ Radio Public Service Announcements (PSAs), cable TV promotion, school district and city council event calendars
- ❖ School district and city council meetings. Use the public comment agenda item to promote your event.

c. Event handouts and fliers. (at least one person)

- ❖ Fliers to parents
- ❖ Attendee sign in sheets
- ❖ Permission slips, if necessary
- ❖ Service provider station signs



d. Oversight of facility, equipment, overall operation. (at least one person)

- ❖ Check all participating service provider requirements
- ❖ Coordinate with school district and school custodian
- ❖ Ensure all equipment is in working order
- ❖ Consult with appropriate facility management.
- ❖ Discuss/consider weather, expansion needs for additional service providers, and other logistic issues.

e. Organize volunteers and coordinate hospitality. (at least one person)

f. Clean up. (at least one person)

2. Select service providers within your focus area you wish to invite. (See Exhibits A and B.) Visit the Health webpage on the California State PTA Health website at www.capta.org, to locate the latest PTA allied agency contact information and identified resources.

3. Send a letter of invitation requesting the service provider's participation, including a response deadline. (See Exhibit E.)
4. Develop a timeline utilizing check sheets. (See Exhibits C and D.)

PRE-CRUNCH (Two months in advance)

1. Send follow-up letter to confirm service provider participation, including a map of the school and parking location. (See Exhibit G.)
2. Develop fliers to inform parents and community of the Health Fair or event.
3. Develop news advisories.
4. Request equipment from school district or facility manager to meet participating service provider needs.



CRUNCH TIME (One month in advance)

1. Be sure you have sufficient tables and chairs as required by participating service providers. This information will be available to you upon receipt of response form.
2. Provide custodian/facility manager with a detailed drawing of the layout for tables and chairs.
3. Recruit and schedule volunteers; utilize nursing schools, dental schools, and public health agency health promoters.
4. Plan nutritious refreshments in the morning or a healthy light lunch for all participating service providers and volunteers.
5. Check to ensure all equipment requirements can be met.
6. Distribute Health Fair fliers to parents and community.
7. Prepare service provider station signs.

DAY OF THE HEALTH FAIR

1. Have name tags for all service providers and volunteers ready.
2. Check to make sure hospitality area is in order and refreshments prepared.
3. Check setup of the Health Fair stations and audiovisual equipment.
4. Welcome the service providers and give them an evaluation sheet which should be collected before they leave at the end of the Health Fair. (See Exhibit H.)
5. Have volunteers sign in, including addresses.
6. Have at least two designated troubleshooters for the day and make sure that the service providers and volunteers know who they are.
7. Clean the facility and leave it in as good or better condition than you found it.



AFTER THE HEALTH FAIR

1. Tabulate the evaluations.
2. Send thank you notes to all participating service providers, volunteers and press. (See Exhibit I.)
3. Write an event report and place it in your procedure book. Be sure to include ideas for changes gleaned from the evaluations and comments from participants.

Suggested service providers

Visit the Health webpage on the California State PTA Health website at www.capta.org, to locate the latest PTA allied agency contact information and other identified resources. Organizations/agencies may provide different services in different areas. Contact each and ask how they can meet your specific Health Fair or event needs.

| Organization/Agency | Service |
|---|---|
| Ala-Teen | Alcohol prevention |
| Alcoholics Anonymous | Alcohol prevention |
| American Cancer Society | Smoking cessation, breast self-exams, skin cancer information – sunscreen, school wellness councils, physical activity |
| American Diabetes Association | Nutrition, glucose checks, physical activity |
| American Heart Association | Nutrition, physical activity, cholesterol screening, basic first aid/CPR/AED, blood donations, nutrition, physical activity |
| American Lung Association | Lung power testing, asthma education, tobacco free youth, fitness, clean air ecology projects |
| American Medical Association | Attention deficit disorder, nutrition, physical activity |
| American Red Cross | Blood donations, blood pressure testing, disaster preparedness, basic first aid/CPR, HIV/AIDS, water safety |
| Anti-bullying programs | |
| Arthritis Foundation | Arthritis information |
| Attorney general’s office | Violence prevention, sexual assault prevention, gang prevention |
| Automobile club | Disaster preparedness, bicycle safety, pedestrian safety |
| Blood banks | Blood donations, bone marrow testing |
| Burn Institute | Burn prevention, Juvenile Fire Setter Program |
| CADFY (Californian's For Drug Free Youth, Inc.) | Substance abuse prevention |
| California Highway Patrol | Bicycle, pedestrian and traffic safety |
| California Association for Health, Physical Education, Recreation and Dance (CAHPERD) | Physical activity of all types, health |
| CHDP (Child Health Disability Prevention) | Health screenings, height, weight |
| Chiropractor | Scoliosis, fitness programs |
| Community clinics | Nutrition information, blood pressure check, height, weight, glucose check, cholesterol level |
| County/city fire department (or volunteer departments) | Emergency vehicles, search and rescue equipment, paramedic, CPR/AED use demonstrations, fire safety, Juvenile Fire Setter Program |
| County, community, or local hospital | Trauma/triage team, speaker's bureau, nutrition information; blood pressure, height, weight, glucose checks; cholesterol level |
| County/state agriculture departments | School gardens, farmers markets |
| County immunization coordinator | Immunizations, including hepatitis, D-tap |
| Dentist/hygienist | Dental screenings |
| Dermatologist | Skin problems |
| Environmental Protection Agency | Indoor air quality, asthma |
| Gas and electric companies | Gas and electrical hazards, prevention |

| | |
|---|---|
| Guiding Eyes of America | Seeing eye dogs |
| Local garden outlets | School gardens |
| Local law enforcement | Traffic safety, DARE, violence awareness prevention, gang and drug use prevention, anti-bullying |
| MADD, SADD (Mothers/Students Against Drunk Driving) | Alcohol prevention |
| March of Dimes Birth Defects Foundation | Preconception planning, prenatal care, birth defects |
| Mental health department | Substance abuse, child abuse, eating disorders, physical abuse, suicide prevention |
| Narcotics Anonymous | Drug intervention |
| Nursing school | Blood pressure check, height, weight, glucose check, cholesterol level |
| Office of public health | HIV/AIDS, STDs |
| Optical Society | Vision tests, vision safety |
| Parks and recreation department | Water safety, sports safety, physical activity |
| Pharmacist | Drug intervention, over-the-counter drug use and labels |
| Physical Therapist | Injury prevention |
| Poison Prevention Center | Poison control, poisonous plants |
| Public health department | Immunizations (including tetanus, pertussis shots and flu at appropriate time of year), health screenings, STDs, HIV/AIDS, hearing and vision tests |
| ROP (Regional Occupational Programs) | Health screenings |
| School district, county office of education | School nurses, psychologists, physical and speech therapists, physical education coordinators, school nutritionists, school wellness councils, adult education training programs, ROP |
| Sports medicine specialist | Injury prevention |
| VNA (Visiting Nurses Association) | Blood pressure check, height, weight, glucose check, cholesterol level |
| WIC (Women, Infants, and Children) | Nutrition program |
| YMCA/YWCA | Water safety, domestic violence |
| | |



Suggested focus areas

Visit the Health webpage on the California State PTA Health website at www.capta.org, to locate the latest PTA allied agency contact information and other identified resources. Service provider is used to mean an organization, agency, or health professional providing a service at the Health Fair.

| Focus | Service Organizations |
|---|---|
| AED awareness, training, use | American Heart Association, American Red Cross, local fire department |
| Anti-bullying | Common Sense Media, law enforcement, local bar association, school district wellness council |
| Alcohol prevention | AA (Alcohol Anonymous), MADD (Mothers Against Drunk Driving), SADD (Students Against Drunk Driving) |
| Arthritis information | Arthritis Foundation |
| Asthma Education | American Lung Association |
| ADD (Attention Deficit Disorder) | American Medical Association, Attention Deficit Disorder |
| Basic first aid, AED use, CPR | American Red Cross |
| Bicycle safety | California Highway Patrol |
| Birth defects | March of Dimes |
| Blood donations | Blood banks, American Red Cross |
| Blood pressure screening | American Red Cross, American Heart Assn., community clinics, local hospital, nursing schools, VNA (Visiting Nurses Assn.) |
| Bone marrow testing | Blood banks, American Red Cross |
| Cancer awareness, breast self exams, skin cancer information – sunscreen, | American Cancer Society, dermatologists |
| Child abuse | Mental health department, law enforcement, bar association |
| Cholesterol Screening | American Red Cross, American Heart Assn., community clinics, local hospital, nursing schools, VNA (Visiting Nurses Assn.) |
| Clean air ecology projects | American Lung Association, Environmental Protection Agency |
| CPR instruction, AED use | American Red Cross, American Heart Assn., county or city fire department |
| Dental screening | Local Dental Assn., Dental Hygienist Assn., adult education, community college dental school |
| Disaster Preparedness | American Red Cross, automobile club, fire department, local Community Emergency Response Team (CERT) |
| Domestic violence | Attorney general’s office, domestic violence council, public health department., local law enforcement, bar association |
| Drug intervention | AA (Alcoholics Anonymous), Ala-Teen, Narcotics Anonymous, pharmacists, county health |
| Eating disorders | Mental health department, National Eating Disorders Association |
| Emergency vehicles | County or city fire department, ambulance service |
| Farmers markets | UC extensions, county and state agriculture departments, county environmental health department |
| Fitness | Chiropractor; sports medicine clinics; California Health, Physical Education, Recreation and Dance (CAHPERD), PE teacher |
| Gang prevention | Attorney general’s office, local law enforcement |
| Gardens, school | Local gardeners, UC extensions, county and state agriculture departments, county environmental health department |
| Gas and electric hazards, prevention | Gas and electric companies, fire departments |
| Glucose Screening | American Diabetes Assn., community clinics, local hospital, nursing schools, VNA (Visiting Nurses Assn.) |

| | |
|---|--|
| Health Screenings | American Diabetes Assn., American Red Cross, American Heart Assn., community clinics, local hospital, nursing schools, VNA (Visiting Nurses Assn.), CHDP (Child Health Disability Prevention), ROP (Regional Occupational Programs), adult education or community colleges |
| Hearing test | Public health department, children's hospitals |
| Height/weight | CHDP (Child Health Disability Prevention), community clinics, local hospital, nursing school, VNA (Visiting Nurses Association) |
| Indoor air quality | Environmental Protection Agency, local asthma association, American Lung Association |
| Infectious diseases – HIV/AIDS/STDs, immunizations: flu, D-tap, hepatitis | American Red Cross, county health department, county immunization coordinator, community clinics |
| Injury prevention | Chiropractor, physical therapist, sports medicine specialist, fire department |
| Lung power testing | American Lung Association, Environmental Protection Agency |
| Nutrition program | American Diabetes Assn., American Red Cross, American Heart Assn., Dairy Council of California, school nutritionists, community clinics, local hospitals, nursing schools, VNA (Visiting Nurses Assn.), WIC (Women, Infants, and Children) |
| Paramedic equipment | County or city fire department |
| Physical abuse | Domestic violence council, mental health department, county health department, local law enforcement, bar association |
| Physical activity | American Heart Association; California Association for Health, Physical Education, Recreation and Dance (CAHPERD); Dairy Council of California; school nutritionists; recreation departments |
| Poison control and plants | Poison prevention center |
| Preconception planning and prenatal care | March of Dimes Birth Defects Foundation, county health department, local hospital |
| Scoliosis | Chiropractor, county health department, school nurse |
| Search and rescue equipment | County or city fire department |
| Seeing eye dogs | Guiding Eyes of America |
| Sexual assault prevention | Attorney general's office, local law enforcement, bar association |
| Skin problems | American Cancer Society, dermatologists |
| Smoking prevention, cessation | American Cancer Society, American Lung Association, American Heart Association, county health department |
| Speaker's bureau | Local hospitals and health departments; county and school district health, nutrition, physical activity personnel |
| Speech challenges | Speech pathologists |
| Substance abuse prevention | CADFY (Californian's For Drug Free Youth, Inc.), mental health department, American Cancer Association, local law enforcement |
| Suicide prevention | Mental health department |
| Tobacco free youth | American Lung Association, American Cancer Society, school district wellness council |
| Traffic safety | California Highway Patrol, local law enforcement |
| Trauma/triage team | Local hospital |
| Vision screening, vision safety | Optical Society, local vision centers |
| Violence prevention | Attorney general's office, local law enforcement, bar association |
| Water Safety | American Red Cross, American Heart Association, parks and recreation department, YMCA/YWCA |

(Name) PTA Health Fair chairman check sheet

Exhibit C

| | |
|------------------|---|
| Event Date | Time |
| General Chairman | Telephone _____ Cell _____ Email _____ |

| | |
|-----------------------------|---|
| Appointed Committee members | |
| | Telephone _____ Cell _____ Email _____ |
| | Telephone _____ Cell _____ Email _____ |
| | Telephone _____ Cell _____ Email _____ |
| | Telephone _____ Cell _____ Email _____ |
| | Telephone _____ Cell _____ Email _____ |

Check when accomplished.

| | | |
|---|--|--|
| <input type="checkbox"/> OK with insurance | <input type="checkbox"/> OK PTA budget | <input type="checkbox"/> Program approved by unit |
| <input type="checkbox"/> Received staff input | <input type="checkbox"/> OK with school calendar | <input type="checkbox"/> Funds allocated by unit |
| <input type="checkbox"/> Facility use agreement | <input type="checkbox"/> Hospitality arranged | <input type="checkbox"/> Volunteers confirmed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Handouts collected from non-participating service providers |
| <u>Parental permission slip</u> If required by school district <input type="checkbox"/> Developed <input type="checkbox"/> Duplicated <input type="checkbox"/> Distributed <u>Attendee sign-in sheet</u> Tests, Measurements, Screenings <input type="checkbox"/> Developed <input type="checkbox"/> Duplicated | <u>Service provider evaluation Form</u> <input type="checkbox"/> Developed <input type="checkbox"/> Duplicated <input type="checkbox"/> Distributed <u>Health event evaluation form</u> <input type="checkbox"/> Developed <input type="checkbox"/> Duplicated | <u>Publicity materials</u> <input type="checkbox"/> Developed <input type="checkbox"/> Duplicated <input type="checkbox"/> Press releases to media <input type="checkbox"/> Fliers to parents, staff <input type="checkbox"/> Fliers to community <input type="checkbox"/> PTA print, e-newsletters <input type="checkbox"/> Public agencies/electeds |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Projected Expenses

| | | | | | |
|---------------------|----|-----------|----|--------------|----|
| Facility use permit | \$ | Custodian | \$ | Refreshments | \$ |
| Fliers/posters | \$ | Handouts | \$ | Signs | \$ |
| Printing | \$ | Name tags | \$ | | \$ |
| Postage | \$ | | \$ | | \$ |
| | \$ | | \$ | | \$ |

Publicity

| Fliers | Due | Newsletters | Due | Media Releases | Due |
|--------|-----|-------------|-----|----------------|-----|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Equipment & Audiovisual Requirements

| Item | Number | Location | Item | Number | Location |
|---------------|--------|----------|--------------------|--------|----------|
| Parking signs | | | Microphone | | |
| Station signs | | | Overhead projector | | |
| Tables | | | Screen | | |
| Chairs | | | Data projector | | |
| | | | Computer | | |
| | | | Flip chart/pens | | |
| | | | Easels | | |
| | | | | | |

Parking information and instructions (including crossing guards, patrol of lot, location of signs, etc.)

Notes

Check sheet for each service provider

Exhibit D

Name _____ Telephone _____

Email _____ Cell _____

Organization _____

Address/city/zip _____

Specialty _____

Scheduled time commitment _____

Initial contact date _____ Copy of letter attached yes no

Response sheet received and copy attached yes no

Curriculum received Vitae received Handouts received

Organization/agency evaluation form distributed to provider (at check-in time)

Organization/agency evaluation form returned (at conclusion of Health Fair)

Thank you note sent

Equipment/supplies/space required

Notes

(Name of PTA)
(School Address)
(City, State, Zip)

(Date)

(Name of Service Provider)
(Address)
(City, State, Zip)

Dear *(Service Provider)*:



The *(name)* PTA/PTSA is sponsoring a community-wide Health Fair on *(date)* from *(time)* to *(time)*. The purpose of the Health Fair is to increase health awareness through education and prevention.

The *(name)* PTA/PTSA believes this Health Fair will provide a valuable service to our community. Your participation will help us in our efforts. We want to provide *(basic health screenings, immunizations, and blood pressure and glucose checks)* as well as a variety of informational booths designed to help the community become aware of the many health-related programs, services, and providers located in our surrounding community.

Should you discover a health risk to one of our students, the proper protocol is to notify the school nurse who will in turn notify the student’s family. Forms will be provided for this purpose. While the scheduling of follow-up appointments is inappropriate, you may certainly distribute your business cards.

The Health Fair will be open to both adults and children. We anticipate an attendance of approximately *(number)* people. We are asking that each participant provide some form of information or educational materials, demonstration, or service for the Health Fair.

We would like you to provide

If you have other expertise you would like to share with those attending the Health Fair, please indicate this on the enclosed response form.

To facilitate our planning, please return the enclosed response form no later than *(date)*. If you have any questions, do not hesitate to contact the Health Fair Chairman, *(name)* at *(phone and email address)*. We are excited about providing this Health Fair to our community and look forward to your participation.

Sincerely,

(Name), PTA President

(Name), PTA Health Chairman
(Telephone and email address)



(Name) PTA/PTSA Health Fair Participant Response Form

Thank you for agreeing to participate in the (Name) PTA/PTSA Health Fair. Please mail/email the completed form to (Name) PTA/PTSA, (Address/city/zip, telephone, including email address) no later than (date).

Yes, I will participate in the (name) PTA/PTSA Health Fair on (date).

Participant name _____

Title _____

Organization name _____

Address _____

Email _____

Daytime telephone _____

Cell phone _____

Service and information to be provided.

Please include a detailed description of the services you will provide.

Please list any special requirements you may have for equipment, audiovisual, or space.

No, I will be unable to participate in the (name) PTA/PTSA Health Fair, but I would be interested in providing health-related materials. Please list materials which will be provided.

Handouts will be due on (insert date). Please deliver them to (name) PTA/PTSA, address, city. Or contact the Health Chairman to make other arrangements at (insert telephone or email).

Name of PTA)
(School Address)
(City, State, Zip)

(Date)

(Name of Service Provider)
(Address)
(City, State, Zip)



Dear *(Service Provider)*:

Thank you for agreeing to participate in the *(name)* PTA/PTSA Health Fair on *(date)* from *(time)* to *(time)*. We are planning extensive promotion of the Health Fair through newsletters and in the local press. Please provide us with a curriculum vitae or a detailed description of your agency’s work so that we may highlight your expertise and accomplishments.

On the response form you returned you indicated you will need *(list of equipment, space needs, etc.)*. If your requirements are different from these, please let me know as soon as possible.

A map to the school and parking information are enclosed.

The Health Fair will be held on *(date)* from *(time)* to *(time)*. Please arrive no later than *(specific time)* in order to set up your materials. Coffee, morning snacks, *and/or* a healthy lunch will be provided.

We look forward to a Health Fair that promotes good health habits and responds to the ever-increasing need for accurate health related information. We are sure your participation will make the day a big success.



Contact me at if you have any questions.

Thank you for your participation.

Sincerely,

(Name), Health Fair Chairman
(Telephone or cell phone, and email address)

SERVICE PROVIDER EVALUATION FORM

Exhibit H

Please rate the following on a scale of 1 to 4 (1= Poor, 4 = Excellent)

| | | | | |
|---|---|---|---|---|
| Adequate notice | 1 | 2 | 3 | 4 |
| Enough information prior to Health Fair | 1 | 2 | 3 | 4 |
| Setup as requested | 1 | 2 | 3 | 4 |
| Flow of attendees | 1 | 2 | 3 | 4 |
| Adequate adult supervision of students | 1 | 2 | 3 | 4 |
| Hospitality | 1 | 2 | 3 | 4 |

Was this a good investment of your time? _____YES _____NO

Overall evaluation

Would you participate in this kind of project again? _____YES _____NO

Comments

STAFF EVALUATION FORM (optional)

PROJECT: (name) PTA Health Fair

Please rate the following on a scale of 1 to 4 (1 = Not at all, 4 = Excellent)

| | | | | |
|---|---|---|---|---|
| Valuable learning experience for students | 1 | 2 | 3 | 4 |
| Entertaining and enjoyable to students | 1 | 2 | 3 | 4 |
| Well-paced | 1 | 2 | 3 | 4 |
| Held students' attention | 1 | 2 | 3 | 4 |
| Did the students gain new knowledge | 1 | 2 | 3 | 4 |
| Quality of materials provided | 1 | 2 | 3 | 4 |
| Usefulness of materials in classroom | 1 | 2 | 3 | 4 |

I would like to see a Health Fair provided annually. _____ YES _____ NO

(Name of PTA)
(School Address)
(City, State, Zip)

(Date)

(Name of Service Provider)
(Address)
(City, State, Zip)



Dear *(Service Provider)*:

On behalf of the *(name)* PTA/PTSA, thank you for participating in our Health Fair and helping to make it such a success.

We received many positive comments from the staff, parents, and community members about the meaningful experience the fair was for everyone who attended, especially the students. We greatly appreciate your involvement.

Thank you for the time and dedication you gave to this event. We look forward to working with you again.

Sincerely,

(Name), PTA President

(Name), PTA Health Chairman

