

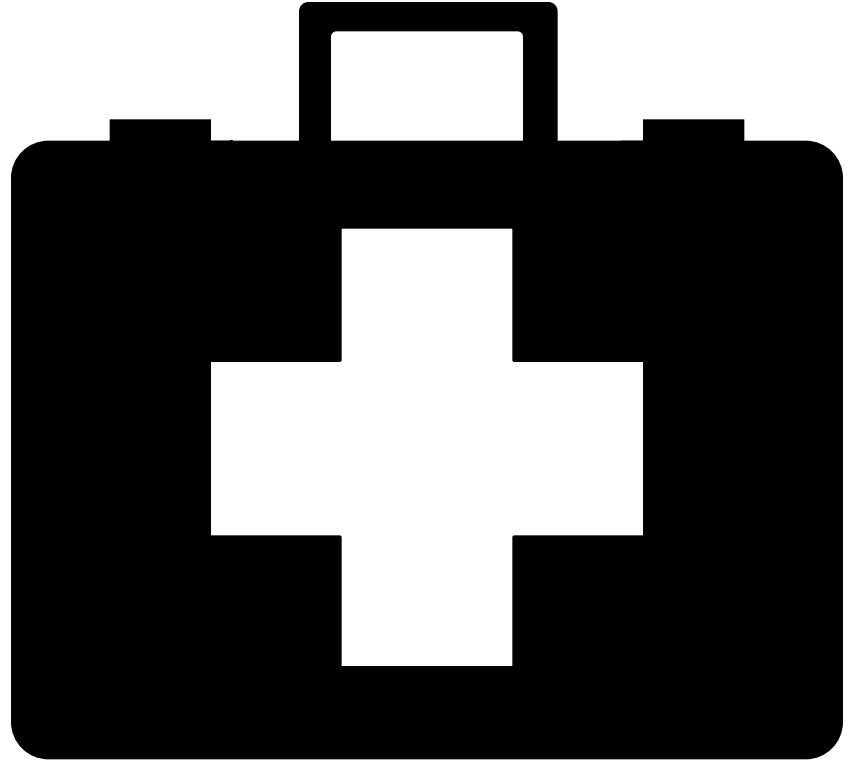
**Health**

**Fairs**

**At**

**Your**

**Fingertips**



... A practical guide to a successful Health Fair

California Congress of Parents, Teachers, and Students, Inc.

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***Health Fairs At Your Fingertips***, a new publication from the California State PTA, was developed to assist you in planning an effective Health Fair 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 which if properly treated can be eliminated or prevented from becoming serious
- 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 time line 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 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 staff explaining Health Fair goals and requesting their support.
11. Schedule at least three committee meetings prior to event.

## **HEALTH FAIR DEVELOPMENT (Three months in advance)**

1. Assign committee members specific duties:
  - a. For participating service providers\* (at least two people)
    - i. One person should be designated as the contact person on invitation letters
    - ii. One person should assist with paperwork
  - b. Publicity Campaign. (at least one person)
    - i. News releases
    - ii. PTA newsletter articles
    - iii. Posters for placement at local business locations
    - iv. Radio PSA “spots”

- c. Handouts/Flyers. (at least one person)
    - i. Flyers to parents
    - ii. Attendee record form
    - iii. Permission slips, if necessary
    - iv. Service provider station signs
  - d. Oversee facility, equipment, overall operation. (at least one person)
    - i. Check all participating service provider requirements
    - ii. Coordinate with school district and school custodian
    - iii. Ensure all equipment is in working order
    - iv. 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 1 person)
  - f. Clean up. (at least one person)
2. Select service providers within your focus area you wish to invite. (See Exhibits A & B)
  3. Send a letter of invitation requesting the service provider's participation, including a response deadline. (See Exhibit E)
  4. Develop a time line utilizing check sheets. (See Exhibits C & 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 flyers to inform parents and community of the Health Fair.
3. Develop news releases.
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 refreshments, such as coffee and donuts in the morning or a light lunch for all participating service providers and volunteers.
5. Check to ensure all equipment requirements can be met.
6. Distribute Health Fair flyers 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 all audio-visual equipment.
4. Welcome the service providers and be sure to give them an evaluation sheet which should be collected before they leave at the end of the Health Fair. (See Exhibit I)
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 up 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 and volunteers. (See Exhibit H)
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.

\* Service provider is used to mean an organization, agency, or health professional providing a service at the Health Fair.

## Exhibit A

### SUGGESTED SERVICE PROVIDER CONTACT LIST

Organization/Agency	Service
Ala-Teen	Alcohol Prevention
Alcoholics Anonymous	Alcohol Prevention
American Cancer Society	Smoking Cessation, Breast Self Exams, Skin Cancer Information - Sunscreen
American Diabetes Association	Nutrition Information, Glucose Checks
American Heart Association	Nutrition Information, Cholesterol Screening
American Lung Association	Lung Power Testing, Asthma Education, Tobacco Free Youth, Fitness, Clean Air Ecology Projects
American Medical Association	Attention Deficit Disorder
American Red Cross	Basic First Aid, Blood Donations, Blood Pressure Testing, CPR Instruction, Disaster Preparedness, HIV/AIDS, Water Safety
Arthritis Foundation	Arthritis Information
Attorney General's Office	Violence Prevention, Sexual Assault Prevention, Gang Prevention
Automobile Club	Disaster Preparedness, Bicycle 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 Safety, Traffic Safety
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 or City Fire Department (or Volunteer Departments)	Emergency Vehicles, Search & Rescue Equipment, Paramedic, CPR
County, Community, or Local Hospital	Trauma/Triage Team, Speaker's Bureau, Nutrition Information, Blood Pressure Check, Height/Weight, Glucose Check, Cholesterol Level
County Immunization Coordinator	Immunizations, including Hepatitis B
Dental Association	Dental Screening

Dental Hygienist Association	Dental Screening
Dermatologists	Skin Problems
Gas & Electric Companies	Gas and Electric Hazards, Prevention
Guiding Eyes of America	Seeing Eye Dogs
Local Law Enforcement	Traffic Safety, DARE, Violence Awareness & Prevention
MADD (Mothers 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 AIDS	HIV/AIDS, STD
Optical Society	Vision Tests
Parks and Recreation Department	Water Safety
Pharmacist	Drug Intervention
Physical Therapist	Injury Prevention
Poison Prevention Center	Poison Control, Poisonous Plants
Public Health Department	Immunizations (including flu shots at appropriate time of year), Health Screenings, STD/TB, HIV/AIDS, Hearing Test, Tetanus Shot
ROP (Regional Occupational Programs)	Health Screenings
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

**Note:** Organizations/agencies in different areas may provide different services. Contact each and ask how they can meet your specific Health Fair needs.

## Exhibit B

### SUGGESTED FOCUS AREAS

Focus Areas	Organization/Agency
Alcohol Prevention	AA (Alcohol Anonymous), MADD (Mother's 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 Phone book Listings
Basic First Aid	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, Community Clinics, County, Community, or Local Hospital, Nursing Schools, VNA (Visiting Nurses Association)
Bone Marrow Testing	Blood Banks, American Red Cross
Cancer Awareness Skin Cancer Information - Sunscreen Breast Self Exams	American Cancer Society, Dermatologists
Child Abuse	Mental Health Department
Cholesterol Screening	American Heart Association, Community Clinics, County, Community, or Local Hospital, Nursing School, VNA (Visiting Nurses Association)
Clean Air Ecology Projects	American Lung Association
CPR Instruction	American Red Cross, County or City Fire Department
Dental Screening	Local Dental Association, Local Dental Hygienist Association/Society
Disaster Preparedness	American Red Cross, Automobile Club
Domestic Violence	Attorney General's Office, Domestic Violence Council, Public Health Department., Local Law Enforcement
Drug Intervention	AA (Alcoholics Anonymous), Ala-teen, Narcotics Anonymous, Pharmacists
Eating Disorders	Mental Health Department
Emergency Vehicles	County or City Fire Department
Fitness	Chiropractor, Sports Medicine Clinics
Gang Prevention	Attorney General's Office, Local Law Enforcement
Gas and Electric Hazards, Prevention	Gas and Electric Companies

Glucose Screening	American Diabetes Association, Community Clinics, County, Community, or Local Hospital, Nursing School, VNA (Visiting Nurses Association)
Health Screenings	CHDP (Child Health Disability Prevention), ROP (Regional Occupational Programs)
Hearing Test	Public Health Department, Children's Hospitals
Height/Weight	CHDP (Child Health Disability Prevention), Community Clinics County, Community, or Local Hospital, Nursing School, VNA (Visiting Nurses Association)
Infectious Diseases -- HIV/AIDS -- STD/TB	American Red Cross, Public Health Department, Office of AIDS
Immunizations, Flu Shots, Tetanus Shot, Hepatitis B	County Immunization Coordinator, Public Health Department, Community Clinics
Injury Prevention	Chiropractor, Physical Therapist, Sports Medicine Specialist
Lung Power Testing	American Lung Association
Nutrition Program	American Diabetes Association, American Heart Association, Community Clinics, County, Community, or Local Hospital, WIC (Women, Infants, and Children)
Physical Abuse	Domestic Violence Council, Mental Health Department, Public Health Department., Local Law Enforcement
Paramedic Equipment	County or City Fire Department
Poison Control and Plants	Poison Prevention Center
Preconception Planning and Prenatal Care	March of Dimes Birth Defects Foundation
Scoliosis	Chiropractor
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
Skin Problems	American Cancer Society, Dermatologists
Smoking Cessation	American Cancer Society,
Speaker's Bureau	County, Community, or Local Hospital
Speech Challenges	Speech Pathologists
Substance Abuse Prevention	CADFY (Californian's For Drug Free Youth, Inc.), Mental Health Department
Suicide Prevention	Mental Health Department
Tobacco Free Youth	American Lung Association
Traffic Safety	California Highway Patrol
Trauma/Triage Team	County, Community, or Local Hospital
Vision Screening	Optical Society, Local Vision Centers
Violence Prevention	Attorney General's Office, Local Law Enforcement
Water Safety	American Red Cross, Parks and Recreation Department, YMCA/YWCA

# Exhibit C

## (Name) PTA HEALTH FAIR CHAIRMAN CHECK SHEET

Date	Time
General Chairman	Phone No.

Appointed Committee Members	Phone No.
1.	
2.	
3.	
4.	

**✓ Check when completed**

<input type="checkbox"/> OK with insurance	<input type="checkbox"/> OK with 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"/> Hospitality arranged	<input type="checkbox"/> Volunteers confirmed	<input type="checkbox"/> Handouts collected from non-participating service providers

<input type="checkbox"/> <b>Parental Permission Slip</b> (If required by school district)  <input type="checkbox"/> Developed <input type="checkbox"/> Duplicated <input type="checkbox"/> Distributed  <input type="checkbox"/> <b>Attendee Record Form</b> (Tests, measurements, screenings)  <input type="checkbox"/> Developed <input type="checkbox"/> Duplicated	<input type="checkbox"/> <b>Service Provider Evaluation Form</b>  <input type="checkbox"/> Developed <input type="checkbox"/> Duplicated  <input type="checkbox"/> <b>Health Fair Committee Evaluation Form</b>  <input type="checkbox"/> Developed <input type="checkbox"/> Duplicated	<input type="checkbox"/> <b>Publicity Materials</b>  <input type="checkbox"/> Developed <input type="checkbox"/> Duplicated <input type="checkbox"/> Press releases to media <input type="checkbox"/> Flyers to parents & staff <input type="checkbox"/> Flyers to community <input type="checkbox"/> PTA newsletter distributed
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**Projected Expenses**

Facility use permit	\$	Custodian	\$	Refreshments	\$
Flyers	\$	Handouts	\$	Signs	\$
Postage	\$	Name tags	\$		

**Publicity**

Flyers	Deadline	Newsletter articles	Deadline	Media releases	Deadline

**Equipment & Audio Visual Requirements**

Supply	Number	Location	Supply	Number	Location
VCR			Overhead proj.		
Microphone			Tables		
Flip chart			Chairs		
Parking signs			Station signs		

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

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**Notes**

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## Exhibit D

### Check sheet for Each Service Provider

Name \_\_\_\_\_

Daytime phone \_\_\_\_\_

Organization/Agency/Specialty \_\_\_\_\_

Scheduled time commitment \_\_\_\_\_

Initial contact date \_\_\_\_\_

Copy of letter attached      Yes      No

- Response sheet received and copy attached
- Curriculum Vitae received
- Organization/agency evaluation form distributed to provider (at check-in time)
- Organization/agency evaluation form returned (at the end of the Health Fair)
- Thank you note sent

Equipment/supplies/space needed:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Exhibit E

# SAMPLE INVITATION LETTER

*(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.

In the case where you may 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/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 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)*. We are excited about providing this Health Fair to our community and look forward to your participation.

Sincerely,

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*(Name)*, PTA President

# Exhibit F

## SAMPLE RESPONSE FORM

### *(Name)* PTA/PTSA Health Fair Participant Response Form

Thank you for agreeing to participate in the *(Name)* PTA/PTSA Health Fair. Please mail the completed form to *(Name)* PTA/PTSA, *(Address)* no later than *(date)*.

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

Organization/Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Service and information to be provided: Please include a detailed description of the services you will provide.

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Please list any equipment, audio-visual, space or special requirements you may have.

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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.

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## Exhibit G

### SAMPLE FOLLOW-UP LETTER

*(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.

Your response form indicated you will need *(list of equipment, space . . .)*. If your requirements are different from those, please let me know as soon as possible.

A map to the school and parking information have been 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 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 *(phone)* if you have any questions.

Thank you for your participation.

Sincerely,

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*(Name)*, Health Fair Chairman

## Exhibit H

### SERVICE PROVIDER EVALUATION FORM

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
Set-up 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
Worthwhile investment of your time	1	2	3	4
<b>Overall evaluation</b>	1	2	3	4
Would you participate in this kind of project again?	_____	yes	_____	no

Comments: \_\_\_\_\_  
\_\_\_\_\_

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### STAFF EVALUATION FORM (optional)

#### PROJECT: 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
Comprehension of students	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

## Exhibit I

### SAMPLE THANK YOU LETTER

*(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,

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*(Name)*, PTA President