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# Planning a Community Health Fair

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HEALTH FAIRS are becoming increasingly popular as a community activity. Although several kinds of endeavor might be designated "health fairs," most fairs consist of health education activities combined with multiphasic testing or physical examinations, or both, usually in a festive atmosphere (1, 2).

Health fairs are often sponsored by lay community groups or civic organizations, and initial plans are sometimes made with minimum professional guidance. Once committed to having a fair, the sponsoring organization usually approaches the local health department, hospitals, or health professional schools for assistance. Conscientious professionals will generally wish to participate in this grassroots effort to improve community health, but they may find that some aspects of the proposed fair seem ill advised or inadequately thought out.

The preceding situation had occurred regularly in the Atlanta area. Consequently, the Fulton and DeKalb County Health Departments, the Grady Memorial Hospital, and the Department of Preventive Medicine and Community Health of the Emory University School of Medicine appointed a team to write guidelines that community groups might use as a reference in planning health fairs. This information was written particularly for lay persons, and potential sponsors of health fairs are now asked to read and apply it as a prerequisite to participation of the professional institutions in proposed fairs.

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Although there are no generally accepted criteria by which to evaluate health fairs, we believe that the principles and technical considerations outlined here will improve a community's experience in this field. Agencies or institutions that are asked to participate in health fairs may wish to use or adapt the following information.

## Questions for Consideration

Groups planning to sponsor a health fair should seek answers to the following questions.

**What are the goals of a health fair?** If a fair is to be successful, the sponsor must decide what its goals are and then plan the fair to meet these goals. A health fair should not be undertaken simply for the sake of having a health fair. Some goals to be considered follow.

*Health education of the community.* A fair may be a suitable means for teaching people about health, but health education is a goal that is not achieved easily. Simply handing out pamphlets is not usually enough. (See the section "Health Education.")

*Detection of unsuspected disease in a large number of people.* This goal is also difficult to reach—few diseases can be inexpensively and easily detected before symptoms appear. Sometimes screening tests are included as a gimmick to attract people to the fair. If this is the case, the tests to be offered should be limited appropriately. (See the section "Screening Tests.")

*Community organization.* This is a somewhat vague and often abused term. However, if the sponsor's goal is to create a specific type of organization, a health fair may sometimes be a useful organizational

tool. For example, in some communities the group formed to sponsor a health fair evolved into a permanent community health council that works to solve community health problems. These communities have had successful fairs. (See the section "Community Organizing.")

**Who is responsible for the positive as well as the negative effects of the fair?** The sponsor or sponsoring agency is responsible for both the positive and negative results of the fair, as well as probably legally liable. Insurance coverage is desirable if screening tests are to be performed. It is important that other participating groups clearly understand their responsibility and authority.

**What population will the fair try to reach?** Some health fairs will be aimed at a broad cross section of the community. For such fairs, activities should be planned for children—as well as for adults. On the other hand, some fairs will target only certain kinds of people, and activities should then be



planned accordingly. It makes little sense to plan to take Pap smears when the Boys' Club is the target population, or to give family planning information when the fair is aimed at senior citizens.

Careful attention should be given to publicity. General announcements to appropriate groups are fine, but individual contacts are even better. Organizations and agencies that deal with the health fair's target population may be able to provide mailing lists. The media should also be used, but public-service announcements on radio and television are often "tuned out" by the audience. It is more effective to persuade disk jockeys and talk show hosts to plug the health fair on their programs.

The fair's location should be easily accessible to the target population, and sponsors may wish to supply transportation. If screening tests are to be offered, facilities should be designed to permit privacy for most of these tests. Many persons may object to having any newly discovered health problems revealed to a crowd of onlookers and may feel equally uncomfortable about facing the public while having blood samples drawn.

**Who will work at the fair?** It is often easier to find volunteers than to find skilled volunteers. Before a service is planned, a worker who is skilled at performing that service should be enlisted. Obviously, no one will benefit from incorrectly taken blood pressure readings or from receiving misleading health information.

**If screening tests are to be done, how will followup be conducted?** It is relatively easy to set up screening tests. It is more difficult to follow up the results. Tests are useless unless the persons tested obtain medical care for any problem discovered.

The results of some tests are available as soon as

the test is performed; blood pressure is an example. Somebody must be on hand, however, to explain the result of the test to the person tested. A single slightly elevated blood pressure reading does not necessarily mean that the person has chronic hypertension. Similarly, a person may be terrified to learn that he or she has a positive sickle-cell test if no one is present to explain properly the meaning of this finding.

The results of some tests, such as Pap smears, will not be ready until several days after the fair is over. A mechanism must be established to inform the persons tested of the findings, whether positive or negative.

The sponsors of the fair must be prepared to refer persons tested to a source of medical care when test results are abnormal, whether the results are available immediately or later. It is not sufficient merely to inform a person that he or she has an abnormal test result.

**What will participants expect from the fair?** Sponsors and participants alike should be aware of the limitations of health fairs. Sponsors should realize that a health fair will not solve all a community's health problems; in fact, it probably will not solve any of them. And participants should understand that attending such a fair is not a substitute for a visit to a physician.

A health fair can benefit a community, but if expectations are unrealistic, both sponsors and participants will be disappointed, and the fair may do more harm than good.

## **Health Education**

Health education is usually an important part—and often should be the most important part—of a health fair. Therefore, much thought should be given to planning effective health education activities.

Frequently, a number of voluntary agencies (Cancer Society, Heart Association, and so on) are simply invited to set up booths and to be the sole sources of health education. This situation is likely to be unsatisfactory for several reasons:

- The agency's "all purpose" materials will frequently be inappropriate for the particular group of people attending the health fair.
- Often, agency personnel will just deliver a stack of pamphlets and leave. An unattended stack of pamphlets is not likely to gain much serious attention and will usually do little more than create a cleanup problem for the fair's sponsors.

- A major task of many voluntary agencies is fundraising; their representatives may know more about soliciting money than about the disease or problem the agency is supposed to be combating.

It is often better, therefore, for the sponsors of the health fair to develop their own health education program, with the assistance of appropriate experts or agencies. If independent agencies are to make presentations, these presentations and the material to be used should be reviewed carefully by the health fair sponsors before the fair. This approach may also allow the sponsors to coordinate and integrate what would otherwise be narrowly categorical presentations. For instance, the efforts of the Cancer Society, the Heart Association, and the Respiratory Disease Association might be combined to produce a single presentation on cigarette smoking.

In developing or reviewing educational material or presentations, sponsors should keep the following points in mind:

- Establish the target group, objectives, and purpose of the material.
- Avoid oversimplifying a complex subject and overcomplicating a simple subject.
- Do not include too much material—you may lose your audience. Set priorities.
- Make sure the presentation or material is geared to the educational and age level of the audience.
- Present the message so that it is easily read (if written material) and understood.

Films and audiovisuals are often effective ways to present health information. They may fail to convey their messages, however, if used improperly. If, for instance, a movie or slide presentation is simply repeated continuously or randomly throughout the day, people attending the fair may wander into the middle of the show, stay for a few minutes, and wander off again without learning anything.

It is best, therefore, to print a schedule of audiovisual presentations as part of the pre-fair publicity and to announce this schedule again during the fair. An interested group of spectators may thus be assembled for the presentation and an audience-participation discussion conducted afterward.

Films, videotapes, or slides should be reviewed before they are shown. When possible, sponsors should make their own to meet the needs of the audience.

Puppet shows or skits are often effective ways to deliver a message to children, as well as adults. This is a good way to create "audiovisuals" without the expense or expertise needed to produce a film or videotape.

An educational presentation combined with a screening test offers the advantage of a "teachable moment." A person may be most receptive to information about hypertension, for instance, at the moment his or her blood pressure is being taken.

Refreshments are often a part of health fairs, and the refreshment stand may be the ideal spot for a presentation on nutrition. Fruit juice and carrot sticks or other vegetables are more appropriate snacks for a health fair than are soft drinks and doughnuts.

### Screening Tests

Screening is rarely the major goal of a health fair, but it is often a very popular component. Screening programs are attractive in that they offer a tangible service that is hard to ignore, they occasionally demonstrate the presence of disease in a community, and they may help a few persons.

By definition, screening tests apply only to people without symptoms, those who consider themselves well and appear to be free of disease. A screening test should sort out a few who probably have the disease in question from those who probably do not. A definite diagnosis usually requires more detailed examination and other tests. Someone who already has symptoms is not in need of a screening test. He or she is in need of diagnostic evaluation somewhere other than a health fair.

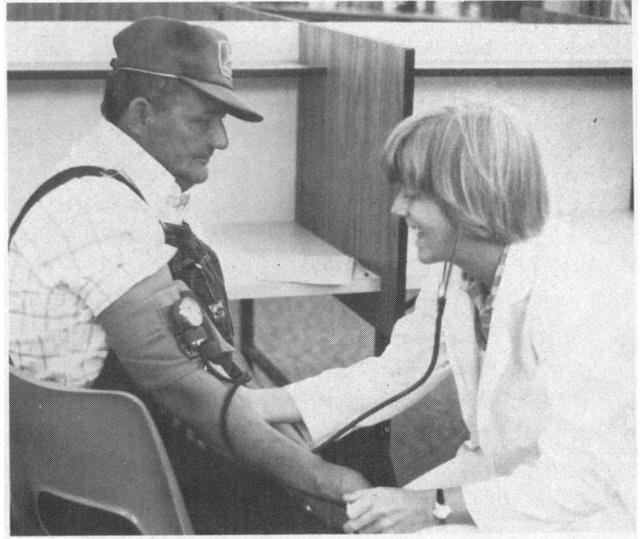
If a screening program is to offer reasonable benefits, there should be:

- A proved, recognizable, early stage of disease with few or no symptoms.
- Acceptable treatment or counseling for patients with the disease that favorably influences its long-term outcome.
- A screening test that is financially reasonable and acceptable to the population.
- A clear policy on whom to refer for further diagnosis, treatment, or counseling.
- A practical plan for referring screened patients and confirming their followup care.
- A target population that has a sufficiently high likelihood of having the disease to balance the cost in terms of anxiety created and false-positive screening results.

The screening tests, if any, to be used at the health fair should be carefully chosen.

**Hypertension.** Since hypertension, or high blood pressure, is a common problem in this country, it is reasonable to take blood pressures in persons of school age and older. For persons who are found for the first time to have high blood pressure, effec-

tive referral for further evaluation is essential to reduce their risk of future heart and blood vessel diseases.



**Diabetes.** Testing a random urine sample for sugar is easy and popular at health fairs, but it is of doubtful value as a screening test. Some nondiabetic persons have sugar in their urine after a high carbohydrate meal, and many diabetics have sugar-free urine if they have not eaten in the past few hours. If a person truly has asymptomatic diabetes, it is doubtful that any therapy at this stage will improve his or her long-term prospects—except for the correction of obesity. At any rate, losing weight is probably good for everyone who is obese, regardless of sugar tests.

**Cervical cancer.** A Pap smear can suggest the presence of early cancer of the cervix (mouth of the womb), and in sexually active women over 18 years old a Pap smear every 1 to 3 years is probably worthwhile. The emphasis, however, should be on women over 30 years old. Many health fairs fail to attract these older women to their Pap smear program, and this results in an emphasis on teenagers and women in their early 20s who are at little risk for this type of cancer. Consequently, the program is less productive or possibly counterproductive.

**Breast cancer.** Deaths from breast cancer are more common than deaths from cervical cancer in most portions of our society, and thus the condition deserves some emphasis. A breast examination may be considered a screening test, but its greatest value probably lies in the patient education that occurs

at the same time. Since monthly self-examination at home is perhaps the most effective screening method for most women, the health fair examination is just the beginning of a continuing, self-screening program. Routine mammography (X-ray of the breast) is not ordinarily recommended for women under 50 years old.

**Gonorrhea.** Gonorrhea infection is often without symptoms in women, although it may later emerge as serious disease, and it can be transmitted by asymptomatic women to their sex partners. The gonorrhea germ can be detected in a woman's cervix, and antibiotic treatment is usually effective in eradicating it. Thus, screening for gonorrhea makes sense for women who are sexually active. Because the prevalence of gonorrhea is highest in teenagers and women up to 30 years old, a gonorrhea screening program requires a different age emphasis from a program to detect cervical cancer. A health fair might do well to have a "women's health" section incorporating (as appropriate to the women's ages) screening tests for gonorrhea and cervical cancer, as well as instruction in breast self-examination. Asymptomatic gonorrhea exists in males also, but it is much less common.

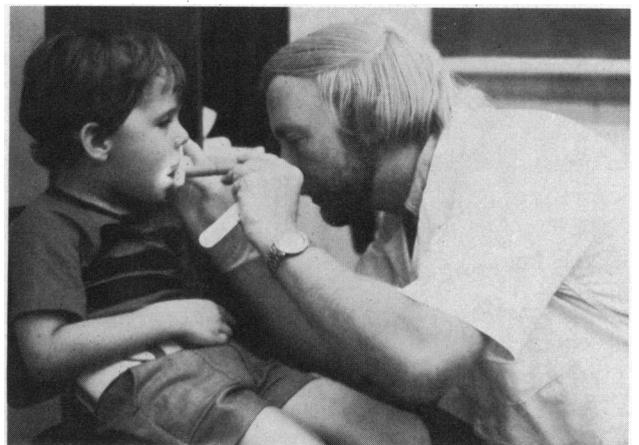
**Hyperlipidemia.** This term refers to the elevation of fat levels in the blood, usually limited to cholesterol and triglycerides. The blood test must be performed when the person has fasted for at least 10 hours, thus it is difficult to perform in the casual setting of a health fair. It is known that hyperlipidemia correlates strongly with an increased risk of heart and blood vessel disease, but it is not yet clear how much benefit could be expected from changing the fat levels in the blood. If the intervention is mostly through change of diet, how likely is it that hyperlipidemic persons will actually comply? Until these questions are answered, it is difficult to recommend screening for hyperlipidemia except in special circumstances.

**Emphysema and bronchitis.** These chronic, debilitating diseases of the lung can often be evaluated by spirometry (a lung function test), but the benefit of screening the general population with this tool has not been proved. The test requires the full cooperation of the person being tested. The lack of cooperation leads to many false-positive results. There is little evidence that early diagnosis aids the patient in any way beyond prudent advice, such as "stop smoking."

**Glaucoma.** Glaucoma, high pressure in the eyeball with some loss of vision, exists in about 1/2 percent of most populations. A simple procedure called ocular tonometry can detect raised pressure, but only a small percentage of people with elevated pressure eventually lose their vision. Treatment of high ocular pressure is complex and not always effective in preserving vision. Thus the value of tonometry as a screening test is still not clear. The consensus of our ophthalmologist consultants is that it is probably worthwhile in persons over 40 years old. The prevalence of glaucoma is higher in this age group.

**Hearing and vision deficiencies.** This broad class of medical problems rarely affects a person's life expectancy, but corrective action can readily improve his or her quality of life. Because most adults are already aware of their hearing and vision problems, inaccessibility of care is the major difficulty and the need for screening programs is less evident. Among children and others who cannot recognize or express their limitations, simple screening tests for hearing and vision may be socially productive.

**Anemia.** Mild iron-deficiency anemia is common in the United States, but symptoms rarely develop until anemia becomes more severe. However, occasional cases of anemia may reflect other types of nutritional deficiency or severe underlying disease. In most cases, additional symptoms point to the more serious disease before anemia is discovered. Perhaps screening for anemia has its best application among children, the elderly, and in other populations that are unable or unlikely to get care for their early symptoms.



**Dental disease.** Screening for dental caries (cavities) at a health fair may serve very dramatically to document the presence of disease in the community. The prevalence of this condition is so high in many population groups that nearly every screened person may require a referral. Under such circumstances, the screening process may itself be a waste of time and resources. It may be more efficient to attempt to offer dental care for everyone, accepting the premise that a certain number of persons will be "false positives" who did not truly need dental intervention.

**Sickle cell trait.** This genetic condition, relatively common among black persons, is by definition asymptomatic; nothing can or need be done for the person who has it. The sole risk of this condition is that one may mate with another person who carries the sickle cell gene and thus possibly produce a child with sickle cell disease, a serious chronic condition. A person with sickle cell trait should receive sympathetic, sensitive genetic counseling. It is unfortunate that the discovery of sickle cell trait has occasionally led to confusion and various forms of unfair rejection—including loss of employment and insurance. There is no obvious benefit to screening for sickle cell trait in adults beyond the childbearing years or in white persons, in whom the condition is extremely rare.

**Occupational or environmental hazards.** For certain groups of people, it may be productive to screen for diseases linked to unusual local conditions. For example, screening of blood lead levels could be done for persons who live near smelters or busy highways and for youngsters whose homes are decaying and have old paint, and lung function tests could be performed on coal miners and other workers exposed to hazardous dusts.

**Other conditions.** Many other screening tests have been proposed, but few have been validated or implemented in ways that lead to effective programs. When a screening test component is being considered for a health fair, the organizers should choose tests carefully for their expected yield and benefit. It may be necessary to consult health workers who know the latest professional thinking in health screening (3-6).

### **Community Organizing**

Community organizing enjoyed a renaissance in the late 1960s and achieved such popularity among

activists that by the early 1970s it seemed that almost everybody was trying to do it. In truth, community organizing became a bit like whipped cream. It was a lot easier to find an imitation product than the real thing.

Community organizing basically consists of getting a group of people to work together to attack a problem or a group of problems. Communities have been organized around issues ranging from a proposed highway through a neighborhood to a struggle for national independence. They can be, and have been, organized around health problems. Once organized around a particular problem, a community can proceed to take on other issues, both within and without the health arena.

Thus, a health fair can be used as an organizational tool. For instance, some rural communities have organized community health councils to sponsor health fairs. These councils have then gone on to establish community clinics, thus attacking their major health problem—lack of a primary health care facility (7).

By contrast, health fairs are sometimes sponsored by hospitals or other institutions as public relations gestures. This kind of effort should not be confused with organizing a community.

Simply getting a large group of people to attend a health fair does not represent an organizational end point. Without appropriate planning, the participants might be no more organized after the fair than they were before.

Organizing a community to attack its health or other problems is a worthwhile activity, and a health fair can be used for this purpose. Seen in this light, the health fair may be a means to an end, not the end itself.

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