

THCU Literature Search Health Fairs Update – 2003-2007

Search conducted April 2007

Focus on young men in pregnancy prevention (1999). *Contracept. Technol. Update*, 20, 92-93.

Health fair planning guide (2002). *Nasnewsletter.*, 17, 28-29.

Planning a Workplace Health Fair (2003). Healthy Work Place Week.ca [On-line]. Available: <http://www.healthyworkplaceweek.ca/2003/HealthFair.php>
Abstract: Outlines how to plan health fairs in workplaces.

Tips for Planning a Health Fair (2007). HAP [On-line]. Available: http://www.hap.org/healthy_living/worksithealth/health_fair_tips.php
Abstract: Includes tips for planning a health fair, sample health fair vendor letter, promotional flyers and a sample health fair passport.

Alpert, J. P., Greiner, A., & Hall, S. (2004). Health fair screening: the clinical utility of the comprehensive metabolic profile. *Fam Med*, 36, 514-519.
Abstract: BACKGROUND AND OBJECTIVES: Health fairs are a common method used by providers and health care organizations to provide screening tests, including comprehensive metabolic profiles (CMPs), to asymptomatic individuals. No national organizations currently recommend the complete CMP as a screening test for asymptomatic individuals in primary care settings. This study evaluated the value of CMPs in a health fair setting by measuring the ability of a health fair CMP to predict new medical diagnoses among residents of a sparsely populated rural county. METHODS: Volunteer participants submitted fasting blood samples at a health fair conducted by a county health center in a county with 2,531 total residents. CMP values were determined to be "normal" or "abnormal" based on laboratory reference ranges and clinical judgment of the health center physicians. Medical records were reviewed 4 months later to determine if participants with abnormal CMP values had been diagnosed with new medical conditions as a result of the screening tests. Analysis was conducted to evaluate CMP test characteristics and determine whether demographic factors or specific CMP values predicted new medical diagnoses in the participants. RESULTS: Out of 478 health fair participants, 73 individuals had at least one abnormal CMP value. The most frequently occurring abnormal value was an elevated glucose level, with Hispanic participants significantly more likely to have this abnormality than whites. After all evaluation was completed, only about 1% of tested subjects had a new diagnosis as a result of the screening CMP test; most abnormal CMP tests did not result in a new diagnosis. The positive predictive value for an abnormal test resulting in a new medical diagnosis was 0.356. CONCLUSIONS: Comprehensive metabolic profiles have limited value as a screening tool in asymptomatic populations at health fairs.

AMERICAN ACADEMY OF PEDIATRICS (2007). A Guide to Organizing and Promoting Your Health Fair. AMERICAN ACADEMY OF PEDIATRICS [On-line]. Available: <http://www.aap.org/family/healthfairkit.htm>

Bierig, J. R. (2005). Fair catch: what to consider--and why--before agreeing to be responsible for health fair testing. *CAP. Today*, 19, 53-4, 56, 58.

Bletzer, K. V. (1989). Review of a health fair screening program in mid-Michigan. *Journal of Community Health, 14*, 149-157.

Abstract: Using sociodemographic data and findings from an evaluation survey, a Mid-Michigan health fair screening program is reviewed over a seven year period (1981-1987). Most participants were older adults, and nearly two-thirds were women. Very few participants named the media as a reason for attending the health fairs at which the screenings were given. Many had seen a physician within the past two years, yet very few reported that they had had a complete checkup. The implications of these findings and a rationale for health fairs as a mechanism for screening are discussed.

Boyes, P. (2001). Church health fairs. Partying with a purpose. *J Christ.Nurs, 18*, 17-19.

Brown, T. R. (2002). Organizing a health fair at a shopping mall. *Am J Health Syst.Pharm., 59*, 2112, 2118.

Carter-Edwards, L., Jallah, Y.B., Goldmon, M.V., Roberson, J.T., Jr., Hoyo, C., Carter-Edwards, L. et al. (2006). Key attributes of health ministries in African American churches: an exploratory survey. *North Carolina Medical Journal, 67*, 345-350.

Abstract: BACKGROUND: Church leaders are considered instrumental in the successful implementation of church-based health programs. However it is unknown which program attributes they perceive as important and which program attributes exist in their congregations. OBJECTIVE: To explore the perceived importance and existence of health ministry-related attributes in predominately African American churches. METHODS: Cross-sectional survey, with a convenience sample of 98 registered church leaders attending a conference on health and spirituality in Raleigh, NC. Attendees were asked to complete a brief survey assessing perceived importance (very important vs. somewhat or not important) and existence (yes vs. no) of 20, health ministry-related attributes in their churches. Percent perceived as very important, percent existence, and their differences were assessed for each attribute. RESULTS: Seventy-two (73.5%) of the attendees completed the survey. Attributes perceived as very important were: displaying health information in churches (73.6%); hosting health fairs for church members (73.2%); pastoral, church-based Internet access (70.8%); willingness to receive foundation funding for activities (66.7%); and incorporating health messages in Sunday bulletins (65.3%). For each of these program attributes, there was a gap between the proportion rating them "very important" and existence of the attribute in their own congregations (range diff in %: -8.3 to -22.2). LIMITATIONS: Lack of generalizability due to sample selection and homogeneity. CONCLUSIONS: Among leaders surveyed, despite perceived importance, attributes did not exist for all. Future studies should evaluate whether attributes considered important by church leadership parallel an increase in the development and maintenance of health program activities, and are associated with congregation health behaviors and health outcomes.

Chiu, B.C., Anderson, J.R., & Corbin, D. (2005). Predictors of prostate cancer screening among health fair participants. *Public Health, 119*, 686-693.

Abstract: OBJECTIVES: Most previous studies of predictors for participation in prostate-specific antigen (PSA) screening for prostate cancer have been conducted in purposive samples or clinical settings. This population-based study identified factors associated with documented PSA screening among health fair participants. STUDY DESIGN: Cross-sectional survey of 2098 Nebraskan men aged 35 years and older who participated in a health fair in central and eastern Nebraska in 1993. METHODS: All participants were offered a PSA screening and a questionnaire to collect information on demographics, family medical history, lifestyle factors and self-perceived health status. Predictors of PSA screening were estimated by odds ratios (ORs) and 95% confidence intervals (CIs). RESULTS: Men were more likely to accept the PSA screening if they were older than 50 years of age (OR=3.1; 2.4-3.9), had a higher income (OR=1.5; 1.1-2.1), were currently employed (OR=1.4; 1.0-2.5), perceived their health status as good (OR=1.1; 0.8-1.5) or excellent (OR=1.4; 1.0-2.1), and believed that they themselves, rather than physicians, should be responsible for their health (OR=1.3; 1.0-1.7). Compared with men aged 50-59 years, the ORs of

participation were 0.8 (0.6-1.1) for age 60-69 years and 0.7 (0.5-1.1) for age 70+ years. Decision making was not related to education, marital status or body mass index. Predictors of screening remained unchanged when analysis was limited to men aged 50 years and over, whereas only high income and non-smoking status predicted participation among men younger than 50 years of age. CONCLUSIONS: Age, income, employment status, perceived control of health and perceived health status were related to participation in PSA screening for prostate cancer, particularly in men older than 50 years of age. Willingness to receive a PSA screening among men aged 50 years and over decreased with increasing age

Notes: DA - 20050613

IS - 0033-3506 (Print)

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

RN - EC 3.4.21.77 (Prostate-Specific Antigen)

SB - IM

Dulin, M. K., Olive, K. E., Florence, J. A., & Sliger, C. (2006). The financial value of services provided by a rural community health fair. *J Health Care Poor Underserved*, 17, 821-829.

Ref ID: 6

Abstract: There has been little discussion in the literature regarding the financial value of the services provided to the participants in health fairs. This article examines the financial value of preventive services provided through a community health fair in an economically depressed area of southwest Virginia. Current Procedural Terminology codes were assigned to the services provided in order to estimate costs participants might incur for such services. An average 50-year-old man would have paid up to \$320 to obtain commonly recommended preventive services available free at the fair. An average 50-year-old woman would have paid up to \$495. Overall, over \$58,000 in services were provided through the health fair. This community health fair provided preventive services that many participants otherwise might have found to be cost-prohibitive

Notes: DA - 20070123

IS - 1049-2089 (Print)

LA - eng

PT - Journal Article

PT - Research Support, U.S. Gov't, P.H.S

SB - IM

Edwards, N. (2003). Public health. Street smart. *Health Serv J*, 113, 31.

Ref ID: 29

Abstract: It can be difficult to reach people in their teens and early 20s with overt public health messages. Borrowing some of the messages and mediums of 'alternative culture' marketing can be more effective. It is possible to organise large-scale events cheaply with the right funding and entertainment partners

Notes: DA - 20030609

IS - 0952-2271 (Print)

LA - eng

PT - Journal Article

SB - H

Eliason, K. & True, A. (2004). Combining health promotion classroom lessons with health fair activities. *J Sch Nurs*, 20, 50-53.

Ref ID: 25

Abstract: This article focuses on the important role of the school nurse in promoting healthy lifestyle choices through networking, resource identification, and working with community partners. "Everyone Is

Healthy at Northeast" was a health promotion program designed and presented in two ways: classroom lessons and a health fair. There were interactive health promotion classroom lessons on topics such as proper hand washing, the effects of tobacco, and keeping one's heart healthy. These lessons were enhanced by community partners in delivering the healthy lifestyle message through a variety of teaching methods: music, interactive games, and hands-on visuals. The health promotion education program culminated in a schoolwide health fair that showcased the healthy lifestyle choice information at various stations. "Everyone Is Healthy at Northeast" was a success and promoted healthy lifestyle choices through creativity, collaboration, and support from the entire school community

Notes: DA - 20040120

IS - 1059-8405 (Print)

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

SB - N

Fitzner, K., Madison, M., Caputo, N., Brown, E., French, M., Bondi, M. et al. (2002). Promoting physical activity: a profile of health plan programs and initiatives. *Managed Care Interface*, 15, 29-41.

Ref ID: 36

Abstract: A study was conducted to capture information on health plans' initiatives to promote physical activity among members and in community settings. This investigation was based on a descriptive nationwide study of American Association of Health Plans- and Blue Cross and Blue Shield Association-member plans conducted from October 2001 to February 2002. Sixty individuals with responsibility for health-promotion programs were surveyed, and 24 provided in-depth interviews. The measures used in this evaluation were the number and type of member- and community-based physical activity programs/initiatives offered by health plans, and the types of programs evaluated. Information was captured on more than 373 physical activity initiatives. Thirty-five percent of surveyed health plans responded, representing more than 62 million health plan members; the participation rate for in-depth interviews was 80%. Most health plans integrate physical activity messages into routine services for members (92%) and sponsor community races/walks and health fairs (85%). Physical activity programs are offered to improve member health (92%), increase member satisfaction (80%), and reduce long-term health care costs (62%). Few rigorous evaluations have been conducted on these programs, and return-on-investment data are scarce. Although some health plans currently play a relatively active role in promoting physical fitness to their members and the community, multiple opportunities exist for health plan involvement in various settings with different populations

Notes: 12530293

Journal Article. Research Support, Non-U.S. Gov't. Research Support, U.S. Gov't, P.H.S.

Flores, E., Espinoza, P., Jacobellis, J., Bakemeier, R., & Press, N. (2006). The greater Denver Latino Cancer Prevention/Control Network. Prevention and research through a community-based approach. *Cancer*, 107, 2034-2042.

Ref ID: 9

Abstract: The Latino/a Research & Policy Center (LRPC), at the University of Colorado (UC) at Denver and Health Sciences Center built the Greater Denver Latino Cancer Prevention Network, a successful cancer prevention network, in 6 Denver metro area counties. The Network consisted of 23 Latino community-based organizations, health clinics, social service agencies, faith-based groups, and employee-based organizations; 2 migrant health clinics; and 14 scientific partners including the UC Comprehensive Cancer Center, the Colorado Department of Public Health and Environment, and the American Cancer Society. The Network focused on 5 significant cancers: breast, cervical, lung, colorectal, and prostate cancer. The Steering Committee initiated a review process for junior researchers that resulted in 5 NCI-funded pilot projects. Pilot projects were conducted with various Latino populations. The Network developed community education and health promotion projects including the bilingual

outreach play The Cancer Monologues. The Network's partnership also started and held 2 annual health fairs, Dia de la Mujer Latina/Day of the Latina Woman, and annual health prevention summits. The Special Population Network (SPN) adapted and revised a clinical trials education outreach module that reached Network community partners. SPN partners recruited Latino/a students to cancer research through a 6-week NCI training program held yearly at the UCHSC campus. The Network methodology of bringing together the Latino community with the scientific community increased the level of awareness of cancer in the Latino community and increased cancer research and the level of engagement of the scientific partners with the Latino community. Cancer 2006. (c) 2006 American Cancer Society

Notes: DA - 20061023

IS - 0008-543X (Print)

LA - eng

PT - Journal Article

PT - Research Support, N.I.H., Extramural

SB - AIM

SB - IM

Ghuri, N. (2005). Health fair in a mosque: putting policy into practice. *Public Health*, 119, 197-201.

Ref ID: 20

Abstract: BACKGROUND: Towards the end of 2001, the Scottish Executive Health Department published a unique report, 'Fair for All', on the issue of addressing the health needs of ethnic minorities. One of the recommendations contained within the report was that different groups and organizations within communities should work together to provide services to minority groups. This descriptive paper is an illustration of how a settled community, in this case a Muslim community, was encouraged to become involved in its own health care by holding a health fair at its mosque. PLANNING: The health fair was organized by the Minority Ethnic Health Inclusion Project, in collaboration with the Local Health Care Co-operative, and in co-operation with Edinburgh Central Mosque. The health fair was held over two consecutive Fridays in May 2003 and focused primarily on diabetes, high blood pressure, healthy eating and oral hygiene, as well as providing information on cancer and local community services. OUTCOMES: The health fair was well received on both days, with around 200 men and 120 women participating. In total, there were 99 recorded blood pressure measurements and 81 blood glucose checks, and the community dental service was very well received. EVALUATION: Strong participation by the community shows that people from ethnic minorities are interested in their health and will participate in health-related activities arranged for them. The success of this health fair shows that, as proposed by the Scottish Executive, different groups and organizations within the community can work together to provide services to minority ethnic groups

Notes: DA - 20050121

IS - 0033-3506 (Print)

LA - eng

PT - Journal Article

SB - IM

Goldman, K. D. & Schmalz, K. J. (2004). Top grade health fair: an "A" fair to remember. *Health Promot Pract*, 5, 217-221.

Ref ID: 22

Notes: DA - 20040701

IS - 1524-8399 (Print)

LA - eng

PT - Journal Article

SB - IM

Gosline, M. B. & Schank, M. J. (2003). A university-wide health fair: a health promotion clinical practicum. *Nurse Educ*, 28, 23-25.

Ref ID: 4

Abstract: Can sophomore baccalaureate students in their first clinical experience develop a health promotion activity to meet the needs of a university community? The authors describe how students, focusing on wellness and the nursing process, developed a university-wide health fair; the learning experiences, both planned and serendipitous; the importance of collaboration in health promotion and disease prevention activities; and the promotion of nursing's presence on a university campus

Notes: DA - 20030124

IS - 0363-3624 (Print)

LA - eng

PT - Evaluation Studies

PT - Journal Article

SB - N

Greenwald, B. (2003). Health fairs: An avenue for colon health promotion in the community. *Gastroenterol.Nurs*, 26, 191-194.

Ref ID: 27

Abstract: Colon cancer is the number two cause of cancer deaths in both men and women in the United States. Colon cancer is 90% treatable if diagnosed early, yet only 41% of Americans over age 50 who should be screened have been. Two of the reasons why so many people are not screened include the lack of public awareness about colorectal cancer and the need for regular screening, and the lack of social support for discussion of the "disease down there." GI nurses can use hospital, community, and university health fairs as an opportunity to educate their communities on the prevention of and screening for colon cancer. Suggestions are given on how to: be included in a health fair, set up the booth, obtain information to distribute, develop a display of educational materials, "hook" the audience, and educate attendees on a cancer prevention diet and exercise program. The American Cancer Society Screening Guidelines and factors that increase colon cancer risk are listed. A colon cancer screening questionnaire is included for attendees to take home, complete, and discuss with their private physicians. A health fair is presented as a fun way to promote the prevention of and screening for colon cancer

Notes: DA - 20031106

IS - 1042-895X (Print)

LA - eng

PT - Journal Article

PT - Review

SB - N

Griffiths, B. & Griffiths, B. (2003). HSJ people. Fit for purpose. *Health Service Journal*, 113, 34-35.

Ref ID: 35

Notes: 14533365

Journal Article

Gutiérrez, M. & Benavides, T. (2006). Nutrition and Physical Activity Fair Planning Guide. Texas Cooperative Extension [On-line]. Available:

http://fcs.tamu.edu/HEALTH/nutrition_physical_activity_fair_planning_guide/index.php

Ref ID: 40

Abstract: Adapted from The Health Fair Planning Guide. The Nutrition and Physical Activity Fair Planning Guide provides information and guidance for individuals, educators, community leaders, and others to successfully plan, implement, and evaluate a nutrition and physical activity fair. The suggested activities

may also be coordinated and implemented in combination with any community event, or an activity may be utilized as a standalone event on a small or large scale.

Heath, J. M., Lucic, K. S., Hollifield, D., & Kues, J. R. (1991). The health beliefs of health fair participants. *Journal of Community Health, 16*, 197-203.
Ref ID: 46

Ho, E. Y. (2007). "Have you seen your aura lately?" examining boundary-work in holistic health pamphlets. *Qual Health Res., 17*, 26-37.

Ref ID: 7

Abstract: An increasing number of people in the United States are using holistic therapies. Both encouraging and informing this trend in growth, printed leaflets are a popular and important medium for holistic health practitioners. Using a discourse analytic approach, the author analyzed pamphlets and printed texts distributed at a holistic health fair. These texts reflect and construct specific understandings of holistic health and proper health care. Understood through the notion of boundary-work, pamphlets demarcated holism as the proper way of conceptualizing health and health care. However, holistic medicine's boundaries are quite porous, as these practices are also legitimized through the use of scientific conventions and the practice of integration, both commonly associated with biomedicine

Notes: DA - 20061215

IS - 1049-7323 (Print)

LA - eng

PT - Journal Article

SB - T

Jennings-Sanders, A. (2003). Using health fairs to examine health promotion behaviors of older African Americans. *ABNF.J, 14*, 13-16.

Ref ID: 30

Abstract: Unhealthy behaviors are responsible for high morbidity and mortality rates among older African Americans. For some older African Americans, changing unhealthy behaviors may be difficult to achieve due to limited knowledge and access to preventative health care services. Health fairs are just one venue of examining health promotion behaviors and providing health promotion information to older African Americans. The purpose of this article is to report the health promotion behaviors of older African Americans as a result of conducting two health fairs. The Transtheoretical Model served as the framework for examining health behavior change among older African Americans. Nursing implications will be discussed

Notes: DA - 20030416

IS - 1046-7041 (Print)

LA - eng

PT - Journal Article

SB - N

Leonardo, M. E., Meyers, M. M., Kojza, D., Iagnemma, J., & Shapaka, S. (2002). The community health fair as an international health promotion and disease prevention strategy. *Home Health Care Management & Practice, 14*, 415-423.

Ref ID: 38

Abstract: Since the time of Florence Nightingale, the nurse's role as a health promoter has been valued. There are opportunities for nurses to participate in health promotion and disease prevention at all levels of prevention. Because health problems extend beyond our national borders, this also requires a global view of health needs and health care that must be addressed within our nursing education system. Health promotion and disease prevention activities present a unique challenge in a developing country where the language and lifestyle may be unfamiliar and, at best, the resources are limited. This article will describe

the use of a community health fair as a primary prevention and health promotion activity in the rural mountain area of Nicaragua. The process as well as the challenges will be discussed and include implications for use in any developing country with a focus on culturally competent care. (PsycINFO Database Record (c) 2006 APA, all rights reserved) (journal abstract)

Liller, K. D. (2005). Let's sell health! *J Sch Health*, 75, 187-188.

Ref ID: 17

Notes: DA - 20050701

IS - 0022-4391 (Print)

LA - eng

PT - Journal Article

SB - IM

SB - N

Maltby, H. (2006). Use of health fairs to develop public health nursing competencies. *Public Health Nurs*, 23, 183-189.

Ref ID: 2

Abstract: This paper describes a community-campus partnership for health education established through the effort of faculty, students, and the community. Health fairs designed to address issues of concern to a community agency were originally conducted with nursing students. This partnership between nursing and a community was expanded to include social work, physical therapy, and medical students. A shared learning experience was structured through the presentation of health fairs in collaboration with agencies in Burlington, Vermont. One goal of nursing education is to produce professionals who have the beginning competencies of public health nursing. Reflection on the process, relationships, and outcomes of the health fairs revealed that students attained these beginning competencies in all eight public health nursing competency domains. Combining community-campus partnerships and an interdisciplinary focus enabled nursing students to become more responsive to community needs and to learn to work collaboratively toward creating healthier communities, thus building skills required for public health nursing

Notes: DA - 20060510

IS - 0737-1209 (Print)

LA - eng

PT - Evaluation Studies

PT - Journal Article

SB - IM

SB - N

Marshall, K. J., Urrutia-Rojas, X., Mas, F. S., & Coggin, C. (2005). Health status and access to health care of documented and undocumented immigrant Latino women. *Health Care Women Int*, 26, 916-936.

Ref ID: 14

Abstract: Immigrant Latino women represent about one fifth of the total Latino population; however, data on health status and access to care for this population is limited. Using secondary data, we used a cross-sectional study to examine sociodemographic, migration, health status, and access to health care characteristics of immigrant documented and undocumented Latino women in North Texas.

Undocumented women were less likely to report having health insurance and a regular health care provider, and reported lower education and income. These results support the need for providing immigrant women with health services such as health fairs, affordable health insurance programs, community health services, and increased opportunities for participation in federal and state programs

Notes: DA - 20051102

IS - 0739-9332 (Print)

LA - eng
PT - Journal Article
SB - N

Mayer, G., Villaire, M., & Connell, J. (2005). Health fairs extend your outreach. *Nurs Manage.*, 36, 73-75.

Ref ID: 3

Notes: DA - 20050406

IS - 0744-6314 (Print)

LA - eng

PT - Journal Article

SB - N

McKeever, C., Koroloff, N., & Faddis, C. (2006). The African American Wellness Village in Portland, Ore. *Prev Chronic Dis*, 3, A104.

Ref ID: 11

Abstract: More than 80% of African Americans in Oregon reside in the Portland metropolitan area; African Americans comprise 1.7% of the state's population. Although relatively small, the African American population in the state experiences substantial health disparities. The African American Health Coalition, Inc was developed to implement initiatives that would reduce these disparities and to promote increased communication and trust between the African American community and local institutions and organizations. One of these initiatives is an annual Wellness Week featuring an African American Wellness Village. The Wellness Village uses a model of cultural sensitivity to provide access to free health screenings, links between health care organizations and African American community members, and health education and information. The African American Health Coalition, Inc obtained a Racial and Ethnic Approaches to Community Health (REACH) 2010 grant to sustain this programming. The Wellness Village is supported by five major sponsors; annual attendance has ranged from 700 to 900 participants. The African American Health Coalition's evaluation of the event indicates that more than 50% of respondents identify the Wellness Village as the only place that they receive health screenings. Participants with access to screenings elsewhere report that a culturally sensitive environment that inspires trust is the reason they prefer the screenings offered at the Wellness Village. Culturally sensitive health fairs such as the Wellness Village may play an important role in bringing preventive health screenings to African American communities. Collaboration between black and white health care providers is critical in this effort. Partnerships must be built at multiple levels, including institutions to provide financial resources and in-kind donations, community members to assist with outreach and recruitment, and health care professionals to conduct screenings and services

Notes: DA - 20060616

IS - 1545-1151 (Electronic)

LA - eng

PT - Journal Article

SB - IM

Mitchell, T., Mito, R., Hong, B., Kim, M. J., & Park, N. H. (2005). A dental school and a bank: partnership for community service. *J Calif. Dent Assoc*, 33, 562-564.

Ref ID: 16

Abstract: The University of California Los Angeles School of Dentistry/Nara Bank, a public-private partnership, is a model of collaboration between an academic institution and the private finance world. At the outset, none of those involved anticipated these diverse entities would have common ground. But through a series of open and frank discussions, the leadership of the School of Dentistry and Nara Bank identified business opportunities that are not only mutually beneficial, but also central to their respective core values of providing community service. To date, this partnership has generated a commitment from

Nara Bank to provide funding and facilities support for community-based health fairs, the creation of a patient care fund, and practice loans for recent graduates who commit to practicing in underserved areas. The concept of a public-private partnership of dissimilar business entities offers the possibility of a new means of support for dental schools

Notes: DA - 20050916

IS - 1043-2256 (Print)

LA - eng

PT - Journal Article

SB - D

Moroz, A., Schoeb, V., Fan, G., Vitale, K., & Lee, M. (2004). Convalescence care for seniors of lower Manhattan: an interdisciplinary outreach, rehabilitation, and education model. *Int J Rehabil. Res.*, 27, 75-78.

Ref ID: 23

Abstract: The purpose of this study was to test the efficacy of an interdisciplinary geriatric outreach, rehabilitation, and education program for seniors. Community-dwelling Chinese seniors in lower Manhattan were recruited through outreach activities (17 educational workshops, three community health fairs, media interviews) and community physician referrals to offer rehabilitation services. The instrument administered at entry and exit included questions about pain intensity, quality of life, activities of daily living (ADLs), and an assessment of a variety of intrinsic and extrinsic barriers to life participation. The sample included 70 seniors (53 women) with a mean age of 70.5 +/- 7.48 years (range 60-93 years old) of whom 86% were Cantonese-speaking Chinese. The barriers-to-life participation assessment revealed cultural, communication, transportation, and physical environmental barriers as well as insufficient financial resources. Thirty-four patients who completed the program showed a significant improvement in quality of life. Patients' reports reflected a high degree of satisfaction with the program. Interdisciplinary team-oriented patient care, including a physiatrist, social worker, and rehabilitation staff, may result in good outcomes and high patient satisfaction in ambulatory community seniors

Notes: DA - 20040420

IS - 0342-5282 (Print)

LA - eng

PT - Journal Article

SB - IM

Mowbray, B. G. (2004). Developing a health and lifestyle event for middle-aged men. *Nurs Times*, 100, 36-38.

Ref ID: 24

Abstract: Middle-aged men are less likely than other groups to access primary health care although they have a high incidence of many serious health problems. A health fair was organised by a primary care trust specifically targeting this patient group. Men were offered an 'MOT' health check, and given a range of health and lifestyle advice. A number of health problems were identified and the men were referred for further tests or treatment, or given advice on reducing their risk. The event was well attended and positively evaluated by the men who attended and the staff who participated

Notes: DA - 20040414

IS - 0954-7762 (Print)

LA - eng

PT - Journal Article

SB - N

Ness, K. K., Gurney, J. G., & Ice, G. H. (2003). Screening, education, and associated behavioral responses to reduce risk for falls among people over age 65 years attending a community health fair. *Phys. Ther.*, 83, 631-637.

Ref ID: 28

Abstract: BACKGROUND AND PURPOSE: Because of the high risk of falling and the recognition that falling is a "geriatric syndrome," screening for risk of falls has become popular at community health fairs. The purposes of this study were to determine whether health fair screening and educational intervention would result in behaviors that could reduce the risk of falls and to determine whether adoption of risk-reduction behaviors differed between people over age 65 years screened as being at high risk for falls and those screened as being at lower risk for falls. SUBJECTS AND METHODS: The Berg Balance Test was used to classify fall risk in 68 individuals aged 57 to 89 years who were attending a community health fair. A score of 45 or lower led to a categorization of the person being at high risk for falls. All subjects were provided recommendations intended to reduce fall risk. Participants were interviewed by telephone 30 days after the screening to assess implementation of these recommendations. RESULTS: Seventy-two percent of the participants reported implementing at least one risk-reduction behavior. The high-risk group was more likely to implement risk-reduction behaviors than the low-risk group. DISCUSSION AND CONCLUSION: Screening and education in a health fair setting appear to promote behaviors that could reduce fall risk among elderly people. Future study with a control group that does not receive an educational intervention is needed to draw more definite conclusions about the value of this health promotion activity for fall prevention

Notes: DA - 20030702

IS - 0031-9023 (Print)

LA - eng

PT - Journal Article

SB - AIM

SB - IM

Office of Women's Health, C. f. D. C. a. P. (2006). How to coordinate a health fair. Office of Women's Health, Centers for Disease Control and Prevention [On-line]. Available: <http://www.cdc.gov/women/planning/plan1.htm>

Ref ID: 44

Office of Women's Health, C. f. D. C. a. P. (2007). Health fair planning checklist. Office of Women's Health, Centers for Disease Control and Prevention [On-line]. Available: <http://www.cdc.gov/women/planning/plan1chk.pdf>

Ref ID: 45

Peckham, B. & Jackson, J. F. (2006). Organizing an expo: a patient event of a different kind. *Nephrol.News Issues*, 20, 77-79.

Ref ID: 8

Notes: DA - 20060918

IS - 0896-1263 (Print)

LA - eng

PT - Journal Article

SB - N

Penisten, M. B. & Litchfield, R. E. (2004). Nutrition education delivered at the state fair: are your portions in proportion? *J Nutr Educ Behav*, 36, 275-277.

Ref ID: 19

Notes: DA - 20050214

IS - 1499-4046 (Print)

LA - eng

PT - Journal Article

SB - IM

Plowfield, L. A., Hayes, E. R., & Hall-Long, B. (2005). Using the Omaha System to document the wellness needs of the elderly. *Nurs Clin North Am*, 40, 817-29, xiii.

Ref ID: 13

Abstract: Capturing health promotion, education, and disease prevention outreach service data and outcomes is difficult. The rapid pace of health fairs that offer free health services challenges record keeping. To address this issue, the University of Delaware Nursing Center developed short, efficient survey tools using the Omaha System of documentation. These tools allow for standardization of data, easy record keeping, and focused health assessments by various providers

Notes: DA - 20051205

IS - 0029-6465 (Print)

LA - eng

PT - Journal Article

PT - Research Support, U.S. Gov't, P.H.S

PT - Review

SB - AIM

SB - IM

SB - N

Rice, C. (2006). Health fair planning guide. Texas Cooperative Extension [On-line]. Available: http://fcs.tamu.edu/Health/health_fair_planning_guide/index.php

Ref ID: 39

Abstract: The **Health Fair Planning Guide** provides information for planning, implementing, and evaluating a health fair. It can assist educators in conducting a successful health fair. The possibilities for health fair activities are limitless. This guide provides suggestions; you may think of others. You may also find that many modifications will be necessary for your health fair. For example, you may have a narrow focus, such as one particular worksite. In other cases, selecting a location may not be an issue because there is only one possible location; selecting a date when that one location is available might be more important in that case. This guide will provide you with ideas that you and your committee members may change to meet your needs.

Rydholm, L. & Kirkhorn, S. R. (2005). A study of the impact and efficacy of health fairs for farmers. *J Agric. Saf Health*, 11, 441-448.

Ref ID: 12

Abstract: The purpose of this study was to evaluate the effectiveness of two regional multi-disciplinary farm health fairs, pairing cardiovascular and agricultural health and safety risk factor assessments and education, in agricultural regions in southern Minnesota in 1999 and 2001. This study explores the rationales and motives cited as having an influence on: (1) work practice and lifestyle adaptations, (2) resistance to such changes, and (3) compliance with health fair recommendations. Evaluation took the form of standardized telephone surveys and callbacks with an open-ended component administered by a parish nurse interviewer and conducted six months following each of the fairs. Participants had received individualized work practice and lifestyle recommendations based upon their medical results and questionnaire responses. Of the 378 total attendees at the two farm health fairs, 272 (72%) participated by filling out on-site questionnaires, and 284 (75%) completed a post-fair interview. Participants who were actively farming totaled 237 (63%) of all participants. A majority of those interviewed on callback (78%) reported either work safety or lifestyle changes, while 47% of those actively farming claimed varying work safety changes as a result of the fair. The conclusions drawn from the follow-up interviews include: (1) the two farm health fairs resulted in a substantial number of participants positively modifying lifestyle and work practices, (2) the stand-alone farm health fairs were effective in attracting farmers, and (3) low-level stressors identified in the participants could be effectively addressed by knowledgeable rural health care resources such as parish nursing

Notes: DA - 20051229

IS - 1074-7583 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM

Shepherd, A. L., Smart, L., & Marley, J. (2003). Developing an innovative approach to tackling men's health issues. *Prof.Nurse*, 19, 234-237.

Ref ID: 26

Abstract: Men are notoriously reluctant to seek health advice, particularly if it involves urological problems. A multidisciplinary team in Northern Ireland came up with some innovative initiatives to address some major health issues facing men in their community, involving meetings in a pub and a mosque, and a men's health roadshow

Notes: DA - 20031224

IS - 0266-8130 (Print)

LA - eng

PT - Journal Article

PT - Review

SB - N

York, K. (2006). Designing a child health fair. *Nurs BC*, 38, 17-18.

Ref ID: 1

Notes: DA - 20070130

IS - 1185-3638 (Print)

LA - eng

PT - Journal Article

SB - N