The Montana Rural Health Initiative seeks to create a dynamic network connecting prevention and community-based wellness programs throughout Montana to stimulate a higher level of wellness across the state.
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Introduction

This toolkit is intended to be a resource and planning guide for organizations interested in planning/hosting health fairs in their communities. Within this toolkit you will find a basic health fair design guide, a planning timeline, ideas for booths, activities, local and national educational resources, and templates for various forms, letters and evaluations. The design guide is intended to be modified for your organization’s needs, there are blanks that can be filled in and boxes that can be checked off as ideas are formed and tasks are completed.
Definitions

What is a health fair?

A health fair can be simply defined as an educational event offering health and wellness information and services for the community. Because health fairs can be very basic or wide reaching, a more comprehensive definition has been included. The following definition, from Hanson et. al, provides a detailed description of health fairs.

“A health fair is a cost-effective strategy to provide community outreach and a common vehicle utilized by health educators to increase awareness and disseminate health information to a variety of priority populations and communities. More specifically, health fairs are outreach events that are part of a strategically planned community health intervention that can be tailored to address the needs of a specific segment of a community and increase awareness of a featured health issue. Successful health fairs have been found to include education and screening components, and are one way to provide accurate information to communities regarding pressing health issues and concerns in a familiar, non-threatening, and even, festive environment. They can also increase organizational visibility within a community, while examining health behaviors and facilitating positive lifestyle changes. (Source: http://sphhs.gwu.edu/departments/pch/phcm/casesjournal/volume3/peer-reviewed/cases_3_05.cfm)”

Do health fairs meet the community benefit criteria?

First, it is important to define community benefit. Services that are considered community benefits are programs or activities that provide treatment and/or promote health and healing as a response to community needs; they are not provided for marketing purposes or to make a profit. Many organizations follow the recommendations of the Catholic Health Association when determining whether or not their health fair/screenings count as community benefits that can be reported. The recommendations for reporting screenings as community benefits are:

- When there is an identified need indicating that the screening could improve health care of the population screened.
- When appropriate follow-up is provided, including referrals to health care professionals who are accessible and available for additional testing and/or treatment.
- When follow-up is provided for persons who are low-income and/or uninsured.
- When referrals include providers not affiliated with the organization (if they exist). There are instances when the organization conducting the screening is the only provider able to offer accessible and available follow-up care. This is often the case when the organization is the safety net provider in a low-income area. (chausa.org)
Health Fair Design

Committees

There are a handful of key components in organizing your health fair. First and foremost, you must form a planning committee. Usually 6-8 committee members are enough; however, depending on the size and scope of your event you may want more/fewer members. The planning committee determines the subcommittees, target audience, health fair mission/goals, theme, budget, and timeline.

- Note: a sample budget worksheet and timeline can be found in the appendix.

Types of individuals you want on your planning committee:
- Health care professionals
- Hospital/clinic administrators/executives
- Teachers
- Church members
- Marketing specialists
- Human Resource people
- Community members representative of the target audience

Possible Planning Committee Members:

1. ____________________________________
2. ____________________________________
3. ____________________________________
4. ____________________________________
5. ____________________________________
6. ____________________________________
7. ____________________________________
8. ____________________________________

Subcommittees

Once a planning committee has been formed the next phases of planning begin. It is a good idea to create subcommittees. This makes task delegation easier and breaks up the work. Individuals who are not on the planning committee can be on subcommittees. At least three individuals should be on a subcommittee. Subcommittees should report back to the planning committee on their progress. Consider these subcommittee ideas:

- Clinical Subcommittee: chooses health topics and appropriate screenings
- Administrative Subcommittee: selects a location and handles all of the major planning—i.e. parking, security, layout, maps for attendees, etc.
  - A sample map template can be found in the appendix.
- Procurement Subcommittee: collects all necessary supplies—i.e. tables, chairs, extension cords, tape, scissors, door prizes, etc.
- Food Subcommittee: plans refreshments/snacks; not necessary unless you are planning to serve foodRefreshments during your fair.
- Outreach Subcommittee: handles vendor selection, volunteer coordination, and marketing
  - Sample forms can be found in the appendix.
Mission/Goals/Themes

It is important to define goals or the mission of your health fair. This will give you a direction. Goals help to determine measurable outcomes later on as well as determine your target audience. If your goal is to educate your community about high blood pressure and its consequences your target audience is adults.

Mission/Goal of health fair:
Ex: Help our community understand the importance of daily physical activity by providing them with a variety of exercise options, ideas and resources in our community.

Target audience:
Ex: Community members of all ages, backgrounds, and ethnicities.

Another step when planning a health fair is determining a theme (if desired). There are several national health observances for each month of the year. For instance, if you choose to hold your health fair in February your fair could focus on heart health and heart disease prevention because February is “American Heart Health Month”. You could choose also a seasonal theme, like “Fall into Fitness” or “Spring into Health”.

- National health observances:

Possible themes for your health fair:
Ex: “Family Health Affair”
Marketing Ideas

If you choose to have subcommittees, this responsibility can be delegated to the Outreach Subcommittee, or someone with marketing experience. Using multiple marketing strategies is generally the best way to reach the most people. Below is a list of marketing ideas that are relatively low cost and easily carried out.

- Run an ad in the local paper during the weeks leading up the fair (2 week ad)
- Talk to local radio stations about announcing the health fair date, time, and location
- Talk to local news stations about including an announcement in the morning and evening news
- If your organization has a listserv or a newsletter, include an announcement about the health fair
- Post information about the health fair on your organization’s webpage and Facebook page (if your organization has one)
- Ask your committee members to send email announcements to their employees
- Ask local churches to include an announcement in the church bulletin
- Ask schools to include an announcement in their newsletters or bulletins
- Create posters/flyers and place them in high-traffic areas around your community

Another great way to bring in families and youths is to get high school and middle school clubs and sports teams involved in the fair. High school athletes could host a “How to throw a football, shoot a basket, juggle a soccer ball, etc.” booth. The local 4-H club could have a booth teaching the community about different 4-H activities. These ideas are only appropriate if your target audience includes children and teens.
Booth Ideas

**Awareness and educational information:**
- Self-care information
- Humor & its health benefits
- Back care
- Child safety
- Office safety
- Recycling
- Organic produce
- Stress information
- Ergonomics
- Recreational safety
- Women’s/Men’s health issues
- Nutritional information
- Dental and oral health
- First aid and emergency preparedness
- Childcare resources
- Skin care & sunscreen
- Cancer & preventive exam schedules
- Heart health
- Mental health
- Importance of physical activity
- Substance abuse information

**Lifestyle information and screenings**
- Blood pressure
- Body mass index/obesity
- Bone density testing
- Health risk assessments
- Flexibility testing
- Flu vaccines
- Glucose testing

**Question & Answer sessions with local professionals**
- “Ask a Doctor, Nurse, Chiropractor, etc.”
- “Ask a Policeman, Fire fighter, etc.”

**Safety**
- Accident prevention
- Fire extinguisher demonstrations
- Carbon monoxide poisoning information
- CPR demonstrations
- First aid

**Food service**
- Free samples of healthful foods
- Food storage and safety demonstrations
- Healthy cooking ideas/recipes

**Transportation**
- Safety belt and child safety demonstrations
- Bike helmet safety
- Bike road rules
- Walking/Biking trails
Activity Ideas

Demonstrations and activities add fun and interest to your health fair. Hands-on activities enhance learning. Including activities in your health fair is a great way to encourage community members to come and learn a new skill, like CPR or yoga.

- Chair massages
- CPR
- Yoga
- Stress relief techniques
- Exercise equipment demos
- Weight training for beginners
- Exercise routines that can be done at home without equipment
- Healthy cooking
- Grocery shopping Strategies
- Meal planning
- First aid
- Hand washing—glitter germs
- Proper teeth brushing
- Home health kit design
- Ergonomics
- Martial arts
- Proper lifting techniques
- Dance class
- Distracted driving demonstration
- Wellness scavenger hunt
- Door prizes
Educational Resources

National

Many national organizations (American Heart Association, American Cancer Society, etc.) will provide educational information such as brochures and posters either for free or a small fee to organizations hosting health fairs. Local chapters may be able to send a volunteer or representative to teach individuals about the organization’s mission and goals, the programs it offers, etc.

Organizations to contact:

- American Cancer Society | http://www.cancer.org
- National Cancer Institute | http://www.cancer.gov
- Arthritis Foundation | http://www.arthritis.org
- American Heart Association | http://www.americanheart.org
- American Lung Association | http://www.lungusa.org
- American Diabetes Association | http://www.diabetes.org/
- American Red Cross | http://www.redcross.org
- March of Dimes | http://www.marchofdimes.com
- Mothers Against Drunk Driving | http://www.madd.org
- Council for Disability Awareness | http://www.disabilitycanhappen.org
- The American Cleaning Institute | http://www.cleaninginstitute.org/
- National Alliance on Mental Illness | http://nami.org
- National Center for Education in Maternal & Child Health | http://www.ncemch.org
- National Foundation for Infectious Disease | http://www.nfid.org
- President’s Council on Fitness, Sports & Nutrition | http://www.fitness.gov
Educational Resources

Local

There are many educational resources that exist here in Montana as well. Listed below are a handful of organizations and groups that offer educational materials or might be willing to set up a booth at a health fair.

- American Cancer Society: Montana Chapter | [http://acscan.org/action/mt](http://acscan.org/action/mt)
- Local hospital/hospital departments
- Local physicians or nurses
- Local Police Department
- Local Fire Department
References

This guide contains ideas and information similar to several larger health fair toolkits. It was modeled after the Health Fair Toolkit from the Texas AgriLife Extension Service. Many of the following forms including the planning timeline are modified versions from the Texas AgriLife guide. The forms can be easily customized. If you wish to access this guide please follow this link: http://fcs.tamu.edu/health/hfpg/Health-Fair-Planning-Guide-with-Appendix.pdf

Health fair definition:
http://sphhs.gwu.edu/departments/pch/phcm/casesjournal/volume3/peer-reviewed/cases_3_05.cfm

Community benefit information:
http://www.chausa.org/communitybenefit/what-counts-q-a/community-health-improvement-services/community-health-education#fairs
Appendix 1

SAMPLE HEALTH FAIR PLANNING CHECKLIST

Note: It may not be necessary to begin planning 6 -12 months in advance. This timeline is supposed to provide a general overview of health fair planning. It can be modified or condensed depending on the size, mission, and goals of your health fair.

6 to 12 Months before the Health Fair:
- Establish goals and objectives for the health fair.
- Select a co-chair.
- Select planning committee members.
- Form and meet with subcommittees.
- Have subcommittees appoint chairs to report activities to the planning committee.
- Identify target audiences.
- Select a theme.
- Select a date and time.
- Select and reserve the location.
- Identify possible services, information, exhibits, and activities.
- Prepare a budget.

3 months before the Health Fair:
- Decide on exhibits, activities, demonstrations, etc.
- Reserve rental equipment.
- Reserve tables and chairs.
- Reserve Extension exhibit.

3 Months before the Health Fair
- Order educational and promotional materials from the American Heart Association, etc.
- Plan and begin securing prizes, decorations, goodie bags, giveaways, films, etc.
- Secure a cash box; plan for change needs at the fair.
- Reserve hand trucks, carts, etc.
- Reserve trash receptacles.
- Plan to secure trash bags.
- Plan to secure tablecloths.
- Make posters, flyers, etc. to publicize the event.
- Duplicate printed materials, such as registration and evaluation forms.
- Locate and arrange for needed equipment (chairs, tables, and other necessary supplies).
- Receive written commitments from exhibitors, providers, volunteers, etc.
- Provide written confirmation to exhibitors, including the following:

6 to 12 Months before the Health Fair:
- Establish timelines.
- Secure commitments from health care providers, exhibitors, etc.
- Ask exhibitors, clinicians, and other people working in the health fair to reserve the selected date.
- Secure volunteers, including someone who can take pictures the day of the fair and someone to welcome and direct participants.
- Select health screenings and services to be offered.
• date of the event
• time (to set up booth and hours open to public)
• location (include a map)
• general guidelines
• title for their booth signs (provided by either the committee or exhibitor)
• ask exhibitors to bring special equipment, such as extension cords, three-prong adaptors, etc.
• ask exhibitors about space and electrical requirements.

• Receive written requests from exhibitors for electrical outlets, cords, etc.

1 Month before the Health Fair:
• Meet with committee chairs to review progress towards implementation of plans.
• Publicize the event with flyers, posters, etc.
• Contact television, radio, and newspapers to publicize.
• Plan booths, exhibits, and classroom locations.
• Make booth signs.
• Make a map of the booth locations for exhibitors and participants.
• Create the program, acknowledging exhibitors, volunteers, donors, etc.
• Make a list of items still needing to be purchased.
• Secure the following supplies for the “be prepared for anything kit”:
  • pens and pencils
  • felt-tipped markers – large, small, different colors
• extension cords
• paper clips, rubber bands, tacks, pins
• stapler and extra staples
• scotch, masking, and duct tape
• hammer, nails, pliers, and screwdriver
• poster board
• paper
• batteries
• emergency kit with first aid supplies
• trash bags
• paper towels
• tissues
• camera (and film if not using a digital camera) for the volunteer photographer
• phone book, exhibitor and volunteer lists with phone numbers, etc.

1 Week before the Health Fair:
• Confirm with all participants.
• Print map and program.
• Make exhibitor, volunteer, chairman, etc. nametags.
• Purchase perishable items and safely store them.
• Make a list of where volunteers will be assigned the day of the health fair.
• Finalize plan for the registration table and registration process.
• Finalize plan for staffing, including the command center table.
• Finalize plan for evaluation, including distribution and collection.
Day before the Health Fair:

- Set up tables, booths, exhibits, chairs, classrooms, etc.
- Bring the “be prepared for anything kit.”
- Label the command center table and equip it with the “be prepared for anything kit.”
- Set up the registration table, including:
  - sign-in/registration sheets, including addresses and phone numbers
  - plenty of pens and pencils for participants
  - maps of exhibits and programs
  - “goody bags” for giveaways
  - assignment list for volunteers
- Set up the evaluation area, including forms for exhibitors and participants.
- Set up the food area.
- Make sure there are enough electrical cords, outlets, audiovisual equipment, etc.

Day of the Health Fair:

- Complete set up, as needed.
- Be ready one hour before opening.
- Direct and instruct volunteers.
- Collect registrations.
- Collect evaluation forms.
- Clean up.
- Estimate attendance.

Follow-up after the Health Fair:

- Send thank-you letters to exhibitors, volunteers, and donors.
- Check with health agencies doing screenings to make sure follow-up is done for all lab results.
- Tabulate evaluation results.
- Determine and document possible improvements for the next health fair.
- Report results to the Commissioners Court, exhibitors, media, etc., as appropriate.
Appendix 2

Forms

SAMPLE DONATION REQUEST LETTER

Date

Name of Potential Donor
Address
City, State, Zip Code

Dear ____________,

In response to the growing epidemic of childhood overweight/obesity (specify your target audience), the Montana Rural Health Initiative (organization hosting health fair) is conducting a health fair that will be held on ________ (date) in _________ (city). I would like to request the donation of ______ and/or your monetary sponsorship of this educational event. (If you are asking for a donation of items and/or money, provide as much detail as possible to let the potential donor know how the donation will be used.)

We hope you can attend and participate in the health fair to witness all of the hands-on educational activities that will be conducted throughout the day. It will be a great time of learning for the entire family.

Thank you for your willingness to assist with this valuable project. (Describe how person/business will be acknowledged for their contributions – sponsorship wall, promotional flyers/posters, or t-shirts, for example.)

Sincerely,

Your Name
Organization with which you are affiliated

(Enclose any promotional flyers.)
SAMPLE DONATION REQUEST FORM

(Print this form on your letterhead, and include it with your donation request letter. Personalize the information below to reflect what you have requested in the letter [financial contributions only; request for items for door prizes, food, etc.; or both]).

Thank you for agreeing to be a sponsor of the _______________ (specific name of the event). Contributions to the event will be acknowledged in our advertisements, program, and throughout the fair.

If you are making a financial contribution, please complete and return this form, along with your check made payable to: __________________________ (name and address) by _______ (date).

If you are donating items for our health fair, please complete and return this form by ______ (date), with the items you are donating listed in the area below. We will contact the person listed below to make arrangements to receive the items being donated.

For more information, please contact: (contact’s name, title, telephone number, and e-mail address).

******************************************************************************

Name of Sponsor/Organization: ________________________________________________
(as you want it to appear in written information/materials)

Contact Person: ___________________________ Title: _______________________________

Mailing Address: _______________________________________________________________

City, State, Zip: __________________________________________________________________

Telephone: ___________________________ Fax: _______________________________________

E-mail Address: ___________________________________________________________________

Amount of Financial Contribution: Special Designations for Your Contribution:

Platinum Sponsor $5001 and above Booth Rental, Stage Setup
Gold Sponsor $2501 - $5000 Food
Gold Sponsor $2501 - $5000 Demonstration Supplies
Bronze Sponsor $1000 and below Posters and Supplies

Liability Insurance
Advertisements
As Needed

In Kind Contribution (specify): ____________________________________________________

In Kind Contribution (specify): ____________________________________________________
SAMPLE THANK-YOU LETTER TO DONORS

Date

Donor’s name
Address
City, State, Zip Code

Dear ________:

On behalf of Montana Rural Health Initiative (hosting organization and list any other planning partners here, too), I would like to thank you for your contribution to the ___________ (Name of Health Fair) that was held on ________________ (date) in __________ (city). Your donation provided ______ (t-shirts, giveaways, refreshments, etc.) to those who participated in the event. The health fair was planned and implemented in response to _________________ (reason for target audience, e.g., obesity epidemic, rising diabetes, etc.), and we believe it was a great success, with over _____ (insert number) attendees.

(Example paragraph) Currently, the rate of overweight children is at an all-time high in the United States. During the last three decades, the number of children who have become overweight has doubled; the weight increases occur across all ages, races, and gender groups. It is well documented that overweight children become overweight adults, and overweight individuals are at risk for numerous diseases.

Once again, thank you for your support and for your willingness to make a difference in the lives of our children. Please be assured that you played an important part in addressing the growing problem of overweight children.

We appreciate your support of Montana RHI’s programs in ________ County.

Sincerely,

Your Name
Your organization
Your position within your organization

Enclosures: (Include newspaper articles, clippings, project report, etc.)
SAMPLE EXHIBITOR INVITATION LETTER

Date: ______________

Memo to: Prospective ____________ (name of your health fair or event) Participants

Subject: ____________ (name of your county) County Health Fair (specific event name)

The ________ (county name) County ____________ (committee name) Committee is hosting the 2nd annual Health and Safety Fair on Friday, October 1 from 10:00 A.M. to 3:00 P.M (provide your event’s title, date/time). This event will be held in the lobby and the south lawn of the Gallatin County Courthouse (provide your event’s location). The target audience for this event is Gallatin County employees (provide your target audience); however, the community will be welcome to participate. The objectives of the fair include (see example below; concisely list your event’s objectives):

- To increase health awareness and disease prevention for county employees by providing health screenings, educational information, and related activities.
- Provide disaster preparedness information.
- Increase awareness of local, state, and national health services and resources.
- Motivate participants to make positive health behavior changes.
- Teach self-care practices.

Your agency or business is invited to showcase your services at this event by providing educational information, screenings, or health awareness activities. Booth spaces are available for $25.

If you are interested in participating, please complete and return the enclosed, self-addressed postcard by ____ (date).

For more information, please contact ______________________ (contact person’s name) at ________________ (address & phone number).

Sincerely,

Your Name
Organization with which you are affiliated
DATE

Dear __________,

Thank you for participating in the ____________________________ (Health Fair Name). This letter serves as written confirmation of the health fair details. If you have any questions or require additional resources, please contact ____________________________ (Contact Person/organization). His/Her contact information is included at the conclusion of this letter.

The health fair will be held on November 6, 2012 from 9am – 2pm (Health Fair date and time) in conjunction with the soup luncheon on Election Day. Setup for the health fair will be the previous day, November 5th from 3pm – 6pm, or the morning of the health fair before 8am if necessary (Set up time(s)). The health fair booths will be located at the __________ (booth location).

Please bring own equipment such as handouts, posters, extension cords, three-prong adapters, etc. If you require additional space or specific electrical requirements, please let us know as soon as possible so we can address each of these needs before the day of the health fair.

I appreciate you participation in this year’s health fair in Forsyth, feel free to contact me at any time with questions.

Thank you,

Contact Person Name
Organization
Phone
Email
Sample Exhibitor’s Information Tally Sheet

[Name of Health Fair] – Health Screens & Services

Please return to ____________ (health fair coordinator or county Extension agent)

Name of organization: _______________________________________________________

Contact person: _____________________________________________________________

Phone: ___________________________________________________________________

E-mail: ___________________________________________________________________

Service provided: ____________________________________________________________

Number of volunteers involved: _______________________________________________

Number of hours each volunteer participated at health fair: ______________________

Hourly rate per hour of volunteer time (Independent Sector, 2012, rate $22.14/hour): _______

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<thead>
<tr>
<th>Health Screen Name</th>
<th>Number Administered</th>
<th>Cost per Screening</th>
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</table>

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<th>Health Advice Provided</th>
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<th>Cost per Conference</th>
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<tr>
<th>Giveaway Items</th>
<th>Number of Items</th>
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<tbody>
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<thead>
<tr>
<th>Educational Handouts</th>
<th>Number Distributed</th>
<th>Cost per Handout</th>
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SAMPLE EXHIBITOR’S EVALUATION

Exhibitor/Organization: ___________________________ Booth number: ________

Your Name: ___________________________________________ Phone Number: __________

1. Please rate the following aspects of the ____________ Health Fair:

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<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-planning</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Management</td>
<td></td>
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<td></td>
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<tr>
<td>Facilities</td>
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<td></td>
<td></td>
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<tr>
<td>Location of booth</td>
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<td></td>
<td></td>
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<tr>
<td>Booth space</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Publicity</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments or suggestions for change:

2. If another health fair was held, would you participate? Yes_________ No _______

3. Please estimate the number of participants with whom you actually spoke:

4. Please estimate the number of publications handed out from your booth:

Thank you for your participation in the health fair!
SAMPLE THANK-YOU LETTER TO VOLUNTEERS

Date

Volunteer’s Name
Address
City, State, Zip

Dear __________:

On behalf of the Montana Rural Health Initiative (organization hosting health fair and list any other planning partners here, too), I would like to thank you for volunteering your time and energy to the ____________ (Name of Health Fair) that was held on ________________ (date) in __________ (city). The health fair was planned and implemented in response to ________________ (reason for target audience, e.g., obesity epidemic, rising diabetes, etc.), and we believe it was a great success, with over ____ (insert number) attendees. This could not have been accomplished without volunteers like you working to make it all happen.

(Example paragraph) Currently, the rate of overweight children is at an all-time high in the United States. During the last three decades, the number of children who have become overweight has doubled; the increases occur across all ages, races, and gender groups. It is well documented that overweight children become overweight adults, and overweight individuals are at risk for numerous diseases.

Once again, thank you for your efforts and for your willingness to make a difference in the lives of our children (target audience). Please be assured that you played an important part in addressing the growing problem of overweight children.

We appreciate your support of the Montana RHI’s programs in _________ County.

Sincerely,

Your name
Your organization
SAMPLE PARTICIPANT EVALUATION OF THE HEALTH FAIR

Your Name: __________________________________________ Date: __________________________

Your Organization or School: _______________________________________________________

Thank you for participating in the health fair. To plan for future events, we would appreciate answers to the following questions:

1. How would you rate the health fair in general?  Excellent _____  Fair _____  Poor _____
   Comments: __________________________________________________________________________

2. Do you plan any changes in the things you normally do as a result of anything you learned or participated in at the health fair, such as taking a class or stopping smoking?
   Yes____  No_____
   Comments: __________________________________________________________________________

3. How do you plan on using any of the health fair information received today? Please check all the ways you plan to use the information you received today.
   □ I do not plan to use the information.
   □ I plan to read the pamphlets for my own benefit.
   □ I plan to share information with friends, relatives, or neighbors. If so, how many? ______
   □ I plan to see a doctor.
   □ I found that I had a health problem I did not know about previously.
   □ I found that someone in my family has a health problem we did not know about previously.
   □ I learned about one or more health agencies and their services that I did not know about previously.

4. List your favorite exhibitors/booths/activities and speakers.

<table>
<thead>
<tr>
<th>My Favorite Exhibitors/Booths/Activities</th>
<th>My Favorite Speakers</th>
</tr>
</thead>
<tbody>
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</table>

5. Why did you come to the health fair? Check all that apply.
   □ Free  □ Convenient  □ Curious about health  □ Recently felt ill
   □ My school came  □ My family came  □ I was at the fair  □ Other: ________________
6. How did you hear about the health fair?

☐ TV (specify station) _________________    ☐ Radio (specify station) _________________

☐ Newspaper (which one?) _______________    ☐ Poster (specify where) _________________

☐ Word of mouth _________________    ☐ Do not remember

Other: __________________________________________________________________________

7. Screenings, etc., I had today:

☐ Blood Pressure       ☐ Flu Shots

☐ Blood Sugar       ☐ Healthy Heart Evaluation

☐ Cholesterol       ☐ Helicopter Tour

☐ Diabetes Education       ☐ Hearing Screening

☐ Donated Blood       ☐ Mammogram

☐ Donated Eye Glasses       ☐ PSA Testing

☐ EMS Ambulance Tour       ☐ Skin/Mole Screening

☐ Eye Screening

8. If you had an abnormality detected through screening, do you plan on getting a follow-up examination?    Yes ☐    No ☐

9. I would attend a health fair next year.    Yes ☐    No ☐

10. Topics I would like to see at the next health fair: __________________________________________

11. General comments and suggestions (bad and good equally welcome): ____________________________

12. Optional (so we can get further information from you about the above, if needed):

   Name: _____________________________________________

   Home Phone #: _________________________________

   Office Phone #: _________________________________

Thank you for your help!
SAMPLE SCREENING CONSENT FORM

Name (Last, First, M.I.): ___________________________  Date: ___________________________

Address: ______________________________________

City: ___________________  State: ___________  Zip Code: ___________  Phone: ___________

Social Security #: ___________________________  Date of Birth: ___________________________

I am requesting this test for screening purposes only and understand that only my doctor may diagnose my condition. Individuals who are symptomatic or otherwise at high risk should be seen for specific testing in addition to this screening. As a participant in this screening, I hereby waive any and all claims against the sponsors of this screening, its employees, agents, and medical staff connected with or arising out of services rendered in connection with this screening.

Signature: __________________________________  Date: ___________________________
HEALTH HISTORY FORM

Name: ___________________________ Age: _______ Date: _______ Date of Birth: _______ day/month/year

Address: ___________________________

Telephone: (Primary) ___________________________ (Work) ___________________________

Occupation: ___________________________

Place of Employment: ___________________________

Marital Status: (circle one)  SINGLE  MARRIED  DIVORCED  WIDOWED  SPOUSE: ___________________________

Education: (circle highest level)  ELEMENTARY  HIGH SCHOOL  COLLEGE  GRADUATE

Personal Physician: ___________________________

Location: ___________________________

Reason for last doctor visit? __________________________________________

Date of last physical exam? _______

Reason for today’s visit: __________________________________________

Person to contact in case of an emergency: ___________________________

Phone # ___________________________ (relationship) ___________________________

PLEASE CHECK YES or NO FOR THE FOLLOWING:

<table>
<thead>
<tr>
<th>PAST HISTORY</th>
<th>FAMILY HISTORY</th>
<th>PRESENT SYMPTOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Have you ever had?)</td>
<td>(Have any immediate family or grandparents had?)</td>
<td>(Have you recently had?)</td>
</tr>
<tr>
<td>High blood pressure ..........</td>
<td>Heart attacks ................</td>
<td>Chest pain/discomfort ......</td>
</tr>
<tr>
<td>Any heart trouble...........</td>
<td>High blood pressure ..........</td>
<td>Shortness of breath........</td>
</tr>
<tr>
<td>Disease of the arteries.....</td>
<td>High cholesterol ............</td>
<td>Heart palpitations..........</td>
</tr>
<tr>
<td>Varicose veins.............</td>
<td>Stroke .........................</td>
<td>Skipped heart beats .......</td>
</tr>
<tr>
<td>Lung disease................</td>
<td>Diabetes ......................</td>
<td>Cough on exertion ..........</td>
</tr>
<tr>
<td>Asthma......................</td>
<td>Congenital heart defect .....</td>
<td>Coughing of blood........</td>
</tr>
<tr>
<td>Kidney disease.............</td>
<td>Heart operations .............</td>
<td>Dizzy spells................</td>
</tr>
<tr>
<td>Hepatitis..................</td>
<td>Early death..................</td>
<td>Frequent headaches.........</td>
</tr>
<tr>
<td>Cancer.....................</td>
<td>Cancer.........................</td>
<td>Back pain..................</td>
</tr>
<tr>
<td>Diabetes....................</td>
<td>Other family illness:</td>
<td>Orthopedic problems.......</td>
</tr>
<tr>
<td>Heart murmur...............</td>
<td>Other:</td>
<td>Back pain..................</td>
</tr>
<tr>
<td>Arthritis...................</td>
<td></td>
<td>Orthopedic problems.......</td>
</tr>
</tbody>
</table>

Past Surgical History: List date and type of operations

Hospitalizations or Serious Injuries: Please list recent hospitalizations with date and details (Women: do not list normal pregnancies)

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason</th>
<th>Hospital</th>
</tr>
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</table>

Any other medical problems not already identified?  Yes _____  No _____ (Please list below)

Please turn to next page
Have you ever had your cholesterol measured?  NO  YES  Value:  Date:  Where:

Are you taking any Prescription or Non-Prescription medications?  YES  NO  (Please list below, include birth control pills)
Medication & Dose  Reason for Taking  For How Long?

Do you have any allergies to Medication?  YES  NO  (Include type of reaction)
Medication  Type of Reaction

Do you currently smoke?  NO  YES  If yes, what?  Cigarettes  Cigars  Pipe
How much per day?  <½ pack  ½ - 1 pack  1½ to 2 packs  > 2 packs

Have you ever quit smoking?  NO  YES  When?  How many years and how much did you smoke?

Do you drink any alcoholic beverages?  NO  YES  If Yes, how much in 1 week?
   Beer  (cans)  Wine  (glasses)  Hard liquor  (drinks)

Do you drink any caffeinated beverages?  NO  YES  If Yes, how much in 1 week?
   Coffee  (cups)  Tea  (glasses)  Soft Drinks  (cans)

ACTIVITY LEVEL EVALUATION

Do you exercise regularly?  YES  NO  If so, what type?  How many days per week?
How much time per day?  (check one)  < 15 min  15-30 min  30-45 min  >60 min

Do you ever have an uncomfortable shortness of breath during exercise?  YES  NO

Do you ever have chest discomfort during exercise?  YES  NO  If so, does it go away with rest?

Physical Exam: Vital Signs
Height  Weight  Temperature
Blood Pressure  Pulse

Any additional concerns you’d like to share today?
Appendix 3

Worksheets

SAMPLE BUDGET WORKSHEET

This sample budget lists potential expenses that might be incurred when planning and implementing a health fair. Use it only as a guide – each fair is different and will incur different expenses.

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental of facility</td>
<td></td>
</tr>
<tr>
<td>Liability insurance (check with facility – you may or may not need to purchase insurance)</td>
<td></td>
</tr>
<tr>
<td>Refreshments (including cups, plates, napkins, forks, spoons, knives, etc.) for committees, exhibitors, and volunteers</td>
<td></td>
</tr>
<tr>
<td>T-shirts for planning committee and volunteers (cost varies depending on quantity ordered)</td>
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</tr>
<tr>
<td>Door prizes (gift baskets, measuring spoons, cups, fruits, etc.)</td>
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<tr>
<td>Misc. expenses (tape, disposable table cloths, trash cans/bags, nails, hammer, rope, wire, crayons, pens, etc.)</td>
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<tr>
<td>Possible giveaway items, such buttons, magnets, sports/water bottles, pedometers, etc. (search Internet or local community for vendors)</td>
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</tbody>
</table>

**Proposed Booth, Exhibit, Demonstration, Activity Supplies**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Jump ropes</td>
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<td>Hula hoops</td>
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<td>Ping pong balls</td>
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<td>Straws</td>
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**Proposed Printing**

<table>
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<th>Item</th>
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<tr>
<td>Handouts, activities, recipes, coloring books, etc.</td>
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<tr>
<td>Publicity flyers and posters (in color and/or black &amp; white)</td>
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<tr>
<td>Scavenger hunt forms</td>
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<tr>
<td>Sponsorship acknowledgement (e.g., posters, banners, etc.)</td>
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</table>

**Other**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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</table>
Committee Responsibilities

Date: _________________________________

Time: _________________________________

Location: ______________________________

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<thead>
<tr>
<th>Committee Member Name/Contact Number</th>
<th>Time and Duration of Activity</th>
<th>Name of Activity</th>
<th>Responsibilities/Duties</th>
<th>Report to: (i.e., name of person, booth name or booth #)</th>
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Volunteer Responsibilities

Date: ________________________________

Time: ________________________________

Location: ______________________________

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<thead>
<tr>
<th>Volunteer Name/Contact Number</th>
<th>Time and Duration of Activity</th>
<th>Name of Activity</th>
<th>Responsibilities/Duties</th>
<th>Report to: (i.e., name of person, booth name or booth #)</th>
<th>Name of Youth Group Volunteering</th>
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SAMPLE SCAVENGER HUNT QUESTIONS

The Scavenger Hunt form we’ve provided contains 10 blank fields so you can insert questions for your health fair participants. You may choose to use our suggested questions, modify our questions to fit your event’s focus, or come up with your own questions.

The suggested scavenger hunt questions below are divided into questions for youth participants, questions for adult participants, and questions for all participants. Answers to the questions follow in parentheses and should not be included on the scavenger hunt form.

Suggested Scavenger Hunt Questions for Youth Participants

1. What is the universally recognized symbol for poison? (Skull and cross bones)
2. What is a myocardial infarction? (Heart attack)
3. What is the correct method to contact emergency services? (Call 911)
4. Good ________ skills can help work out family problems. (Communication)
5. If you’re in the sun, you should wear a ________. (Hat)
6. Wear a ________ every time you ride your bicycle. (Helmet)
7. What is Zoonosis? (The study of diseases communicable from lower animals to man under natural conditions, e.g., rabies, Lyme disease, etc.)
8. List three animals that can carry the rabies disease. (Squirrels, skunks, dogs)
9. Name one way to protect your family from fires in the home. (Install smoke detectors and check batteries monthly, or have at least two planned escape routes)
10. True or False? Bicyclists should always yield the right of way to vehicles and pedestrians — let them go first. (True)
11. How often should you brush and floss your teeth? (Brush two times per day and floss daily)

Suggested Scavenger Hunt Questions for Adult Participants

1. What blood pressure reading is considered in the “normal” range? (Less than 120/80 mm Hg)
2. True or False? The systolic blood pressure reading is the top number, which measures the pressure in the arteries when the heart beats (when the heart muscle contracts). (True)
3. What is blood glucose? (A type of sugar in your blood that comes from carbohydrate foods and is used by the body for energy)
4. Name two ways to manage diabetes. (Diet, exercise, medications, regularly check feet, regular checkups with doctor)
5. True or False? People with arthritis should not participate in any type of physical activity. (False)
6. True or False? Persons 65+ years old should choose to be physically active to gain or maintain fitness but should NOT do strength training activities. (False)
7. What are the signs of stroke? (Sudden numbness or weakness of the face, arm or leg, especially on one side of the body; sudden confusion, trouble speaking or understanding; sudden trouble seeing in one or both eyes; sudden trouble walking, dizziness, loss of balance or coordination; sudden, severe headache with no known cause)

8. True or False? Men and women usually have the same signs/symptoms of heart attack. (False)

9. True or False? Depression is believed to involve brain chemicals. (True)

10. When and how should you dispose of prescription medications in your cupboard? (When the expiration date has approached or passed; if the container is empty, use a permanent marker to mark out any personal information, medication name and prescription number and dispose of it; if there is still medication in the container, take it to your pharmacy to be disposed of or call your pharmacy for appropriate disposal)

11. Why should I take my child to the doctor when he/she does not appear sick? (To diagnose any medical problems that could exist before they become severe, or for immunizations)

12. Why should I take my child to the dentist when he/she does not appear to have a dental problem? (To diagnose any dental problems that could exist before they become severe)

Suggested Scavenger Hunt Questions for All Participants

1. Does it matter when you apply sunscreen? (Yes, it should be applied 30 minutes prior to sun exposure.)

2. What are two signs of severe depression? (Change in sleep pattern, appetite changes, or withdrawal from family and friends)

3. Hot water heaters should be set no higher than ________ °F to prevent scald burns. (120 °F)

4. How often should smoke detector batteries be checked to be sure they’re working? (Monthly)

5. The correct method of controlling major bleeding is: (circle one)
   A. Lift injured area above heart level
   B. Apply a bandaid
   C. Apply direct pressure (Answer: C)

6. What are the long-term dangers of using inhalants? (Weight loss, fatigue, salt imbalance, permanent nerve damage)

7. Why is posture important? (Proper posture takes strain off of joints)

8. What is high blood pressure? (When the heart is straining to pump blood and creates pressure in the vessels)

9. Can high blood pressure be cured? (No)

10. What is diabetes? (A condition that interferes with the way the body uses food for energy)

11. What are two ways to control diabetes? (Diet, exercise, education, and medications)

12. Where are two places that you should always keep a first aid kit? (Home and automobile)

13. In which booth did you learn the best ideas?
**SCAVENGER HUNT WORKSHEET**

**Scavenger Hunt!**

Name: ____________________________________________________________

Phone: ____________________________________________________________

Visit the booths listed below to find the answers to these questions.

Turn in the completed form to be entered into a drawing.

<table>
<thead>
<tr>
<th>Booth #</th>
<th>Booth #</th>
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