

**Wellness Reach: A health fair planning guide for
Faith-based organizations.**

Developed by DNP candidates

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“Beloved, I pray that all may go well with you and that you may be in good health, as it goes well with your soul.” 3 John 1:2 ESV

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1. Planning the Health Fair

Conducting a health fair is a monumental, yet worthwhile endeavor. The planning should ideally begin a year before the expected date of the event to allow time for all the various pieces to be brought together. This planning guide will help walk you through the process of creating, conducting, and later evaluating a health fair for your faith-based organization.

First, a chair (and possibly co-chair) should be identified to lead the team of volunteers through the planning stages. A team of reliable volunteers should be assembled who will be considered sub-committee members for the various working parts of the fair's development. A monthly date/time (i.e. the 3rd Friday of every month) should be established early so all members/volunteers know in advance the expected timelines. Additional timelines will be recommended later in this planning guide.

Second, the objectives need to be established to guide the health fair vendor/sponsor selection process. Some objectives to consider are:

- Teaching self-care practices and positive behavior/lifestyle modifications
- Increase awareness of area health and wellness resources
- Hands-on interactive health promotion such as screenings and immunizations

Next, you need to identify your target audience and their specific healthcare concerns. This can be accomplished through an anonymous survey provided to parishioners (Appendix A). County health extension offices and online searches into county/city demographics can also provide insight into health topics of concern: diabetes, stroke, cancer, childhood asthma, etc.

Finally, establish if your faith-based organization has the space to host the health fair, or if an additional site will need to be procured for the event. Ideally, the event can be held in your place of worship or its surrounding buildings/grounds. This facilitates ease of mapping the event and noting the available resources to be utilized. In addition, it provides a safe and familiar space for attendees to gather health information.

2. The Planning Committee

The planning committee should have either one chair, or a chair with a co-chair leading the committee. Depending on the size of your organization and expected size of your event, anywhere from a half dozen to a dozen additional committee members can be brought onboard. Ideally, you want a variety of members from various professions and walks of life. Volunteers from medical professions, church/school representatives, members from the target audience(s) should be included.

In the early months of the planning phase, this committee will work together to establish

- Target date/time for the event
- Target audience(s)
- The budget
- Location for the event
- Event theme (i.e., “Fall into Healthy Habits”, “Thriving Families”, “Faith and Fitness”) and logo development
- Development of subcommittee members and responsibilities
- Initial list of possible key vendors/presenters
- Development of the timeline
- Health assessment/survey of the congregation

Subcommittees

Depending on the size of your event, congregation, and number of volunteers, it might behoove you to divide and conquer by using subcommittees. Following is a list of potential subcommittees and their suggested responsibilities. Again, depending on the size of your congregation and number of volunteers, members may be performing multiple roles.

- **Clinical Subcommittee**
 - o Identify the target audience(s) key health concerns based on survey results.
 - o Determine if any screenings will be performed at the health fair, and if so, which are appropriate.

- Secure the appropriate volunteers and supplies for these screenings to be performed, keeping in mind HIPAA (patient privacy), universal safety precautions, etc.
- Possible screenings include blood pressure, blood sugar, BMI, lung capacity (Pulmonary Function Testing), mammography, bone density screening, hearing/vision, diabetic foot exams, and blood cholesterol levels. Depending on community inclusion and involvement, additional testing to consider might be pregnancy testing and STD testing.
- o Development of a First Aid area for the day of the event.
- o Consider and implement how follow-up on any screening results will be accomplished. Additional considerations should be given to immediate action required for serious and adverse results.
- o Establish rapport with local health organizations/hospitals to provide services, screenings, and information at the health fair.
 - Encourage participation from the vendors and allow them to provide free giveaways that advertise their business to future potential clients/patients. Allow participating dentists to hand out toothbrushes or floss with their company information on it. Allow chiropractors or physical therapists to hand out note pads or stress balls with their company information on it.
- o There are many national organizations that can aid and provide wonderful information to share with health fair attendees (Appendix C). However, to ensure your attendees have more immediate access to address their health care needs, use as many local businesses as possible. A sample letter to invite participation is provided in Appendix D.
- o The clinical subcommittee should also evaluate any items that vendors will be distributing at the health fair for appropriateness and safety. (i.e., small items that could be choking hazards for infants and toddlers.)
- **Facilities Subcommittee**
 - o Identify the location of the health fair.
 - Complete any required reservation paperwork and deposits that may be needed for this.

- o Map out the available space to create a floor plan for all tables, booths, and activity spaces. Emergency egress plans need to be included.
 - This map should include locations of available electrical outlets, restroom facilities, and flow of foot traffic patterns.
 - Appendix D is a sample form for vendors to ascertain their needs prior to finalizing floor plans and set-up requirements.
- o Decide what available equipment will be provided for vendors/booths:
 - Tables, chairs, table clothes, power cords, etc.
 - Ensure there will be enough for everyone participating or be prepared to notify vendors if they need to supply their own.
- o Procure the additional needed facility supplies:
 - Trash cans/bags
 - Table clothes
 - Sign holders and/or sandwich boards
 - In advance, plan where all signage needs to be in order to direct the flow of parking and crowd movement.
 - Power/extension cords
 - AV equipment, if needed
 - Sound system with playlist & microphone for making announcements
 - Adequate lighting
- o Establish the set-up, tear down, and clean up schedule. Ensure there are adequate volunteers to perform these duties.
 - There are many middle/high school youth groups that need volunteer hours for service projects. Consider requesting help from local Boy/Girl Scouts, 4-H, or National Honor Society groups for these activities.
- o Arrange for security at the event. This can be provided by your church's own security team, or the local police, or a combination thereof.
 - The local police may also be willing to participate in the fair by providing demonstrations on home and personal safety. Or they might be able to provide a narcotic/medication drop-off location at your event.
- **Administration Subcommittee**

- o Create a theme and logo for the health fair.
- o Design all necessary flyers, posters, or banners for advertising the event.
 - If the adults on your committees are struggling with this creative aspect, consider having a contest amongst the previously mentioned middle/high school student groups for the committee to vote on their favorite(s).
 - Ensure the budget for advertising is adequate to include these.
- o Create multimedia announcements to be shared in the church bulletin, local newspapers, social media outlets, any local TV/radio stations that would be willing to share.
- o Does the budget allow for volunteer and committee members to have matching shirts created? If not, how will you identify these people the day of the event? Another option is to use name badges and tell the volunteers what color shirt to wear so everyone matches.
- o Provide the letters and forms to be sent to potential vendors. Then track the responses.
 - Be sure to keep an accurate count of needed supplies and responses so the Facilities Subcommittee will be able to have the appropriate equipment for each vendor and set the floor plan accordingly.
- o Keep a list of the volunteers for the event and have a master list available of who will be responsible for which assignments the day of. There should only be one or two people who are in charge (or directing) this on the days of set up, event, and tear-down to avoid confusion.
- o Depending on the length of your event, you will likely need to account for bathroom/water/snack breaks for the volunteers.
- o Provide evaluation forms to vendors and to participants at the end of the event. (Appendix F and G) (Rice & Pollard, 2011).
- o Send thank you letters to all vendors/participants and volunteer groups the week after the event.
- o Create a management table for the day of the event. This will be the spot where vendors and volunteers come to get their assignments and booth locations.
 - For convenience, this management station can also be the location of the First Aid Station and the Lost and Found.

- The managers should have an emergency “just in case” box with the following supplies:
 - Pens, pencils, paper, or notebooks
 - Extra extension cords and surge protectors
 - Extra phone chargers
 - Scissors, stapler w/ staples, and a variety of tapes: clear, electrical, duct, etc.
 - Paperclips and safety pins, rubber bands, and Ziplock bags
- o Procure any giveaways, incentives, or door prizes being donated.
 - It may be helpful to keep a list of which vendors will be providing giveaways at their booth, and what they will be providing.
 - Will your attendees need any sort of bags or collection device for the various handouts and promotional items they will receive at the fair? Is this something that one of the vendors is willing to provide?
 - Make sure that all door prizes are accounted for and picked up by the winning individual(s).
 - Thank you letters for the businesses that provided any door prizes should be mailed out within the first week after the event.
- o Decorate the space for the fair! Make it inviting to a range of age groups. Make sure the decorations are adequately secured so as not to blow away if they are outdoors, near breezeways or fans, etc.

3. The Timeline

Nine – Twelve Months Before

In the very early stages of planning, you will be assembling your planning committee and creating the subcommittees as needed. Early in this process, you should conduct the health survey of the congregation to ascertain their health needs. The fair can then be tailored to address the specific health needs of your congregants. See Appendix A for a sample health survey. This survey needs to be conducted anonymously for the protection of those involved. Section 6 will discuss the best ways to conduct the survey and how to interpret the results. To assist with creating a theme for the health fair, you can go to <http://www.healthfinder.gov/nho/> for National Health Observance information that will correlate with the timeframe of your event. If your congregation has a very small working budget and will need to apply for grants and donations, begin this process as soon as possible.

- Select the location for the health fair.
- Identify the date and time of the event.
- Choose the theme for the health fair.
- Prepare a sample budget.
- Conduct the health survey.

Six – Nine Months Before

By this point you should have established the planning committee, appointed any necessary subcommittees and begun the deeper planning stages of the health fair. You should also have the health survey results to begin reaching out to identified vendors/exhibitors based on the survey results. You are still in the broader, overview planning stages.

- Begin asking medical professionals, exhibitors, and vendors to present at the health fair.
- Secure commitments from them as they respond to inquiries.
- Establish which health screenings will be made available to attendees based on health survey needs and available medical professionals.
- If you will be requesting assistance from any government type agencies, those need to be secured sooner rather than later. (i.e., county extension offices, county or city health departments, police, or fire departments, etc.)

- Start creating the advertising for the event (handbills, mailers, posters, social media messages, etc.).

Three – Six Months Before

During this stage of preparation, you should have reached out and have compiled a decently lengthy list of interested vendors/exhibitors for the health fair. The various subcommittees will have begun work on their primary assigned tasks and should be reporting these regularly to the planning committee.

- Clinical Subcommittee
 - Confirm matches between survey results, identified needs, and contacted/secured vendors/exhibitors.
 - Develop a “passport” for attendees to keep track of their health screening results.
 - Review measures to ensure HIPAA and universal precautions can be maintained at all health screening locations.
 - Begin planning a First Aid station.
 - Determine what national organizations need to be contacted to fill any gaps that cannot be covered by local resources (i.e., American Red Cross, National Cancer Institute, etc.).
 - Begin evaluating the proposed demonstrations and giveaways on the vendor forms (Appendix E) to determine safety and appropriateness for your targeted audience.
- Facilities Subcommittee
 - Confirm the location, date, and time of the health fair.
 - Determine the number of tables, chairs, electrical cords, table covers, etc. that will be needed based on vendor forms and ensure there are enough. Make plans to rent/borrow any extras that might be needed.
 - Notify vendors of any special requests that cannot be accommodated so they can adjust their plans accordingly.
 - Begin mapping the floor plan and creating emergency egress plans.
 - Confirm adequate security measures will be in place the day of the event.
 - Begin planning what signage needs there will be so the appropriate amount can be ordered.

□ Begin contacting area groups who might need service hours to let them know of available volunteer opportunities (Faith-based organization middle/high school youth groups, Girl/Boy Scouts, 4-H clubs, National Honor Society groups, etc.).

- Administration Subcommittee

- Get final approval for any themes/logos for the health fair.
- Obtain price quotes from printer services for flyers, posters, banners, etc. to advertise the event.
- Get final approval for any multimedia announcements to be shared (on social media, church bulletins, local newspapers, local TV/radio stations, mailers, etc.).
- Begin preparing reminder mailers for all vendors/exhibitors.
- Keep digital lists of:
 - * Vendors/exhibitors
 - * Volunteers
 - * Door prizes and/or giveaways

Advertisement

There are various ways to advertise, which include mailers and newspaper advertisements. Grocery stores, electric bill companies and other businesses are often happy to advertise for little to no costs. For the sake of reaching a multitude of people, it is advised to use social media platforms such as Facebook and Instagram to help spread the word about an event in a very short amount of time. Be prepared to pay for advertisements on these platforms to extend your reach. Below are steps to take when advertising on social media.

- Have a graphic made of the event you are advertising and ensure it meets the requirements for Facebook and Instagram.
- Determine your target audience, gender, and location.
- Determine the amount of time you would like the ad to run.
- Come up with a budget for your advertisement. The longer the ad runs, the more expensive.
- Check your insights and data algorithms to see if you are reaching the number you want. If not, stop the advertisement and adjust.

- Make the advertisement sharable and encourage others on the committee to share as well. This increases your reach.
- Have a website or landing page for people to visit once they click on your advertisement. The website should be a place where individuals can reach out if they have questions or register for your event .
- Make it easy to register for the event by placing QR codes around town and on social media and websites.
- Generate a free QR code by going to this [link](#).

Three Months Before

At this point of the timeline, you will begin working on the more fine-tuned details of the health fair. More frequent meetings between the subcommittee members may be needed.

- Order all promotional materials and signage. If your event will be providing any type of “passport” to attendees, order this at this time as well.
- Begin securing door prizes.
- Start to procure the decorations.
- Locate and ensure reservation of all needed facilities equipment.
 - * Tablecloths
 - * Electrical Cords
 - * Trash cans/bags
 - * Audio/visual equipment
 - * Carts, trolleys for moving supplies
 - * Adequate lighting
 - * Sandwich boards or other means to securely anchor signage
 - * Traffic cones or means to direct the flow of traffic
 - * Tables and chairs
- Mail the first round of vendor/exhibitor confirmation letters. These should include:
 - * Title/theme of the event
 - * Date/time of the event
 - * Address of the event
 - * Map to the event, with parking for vendors, and any loading/unloading areas clearly marked.

One Month Before

Now is the time to finalize the details. More frequent meetings, or at least weekly check-ins would be beneficial at this point.

- Begin to publicize the event widely.
- Plot out the map for the exhibition floor.
- Mail the second round of vendor/exhibitor confirmation letters. These should include:
 - * Title/theme of the event
 - * Date/time of the event
 - * Address of the event
 - * Confirmation of special requests
 - * Map to the event, with parking for vendors, and any loading/unloading areas clearly marked
 - * Map of the exhibition floor
- Create the event program acknowledging all the vendors/ donors/ exhibitors/ presenters/ sponsors and any groups of volunteers who will be participating.
- Gather the needed office supplies to have on hand at the Management table.
- Check to ensure that all vendor forms have been returned and a list of any outstanding supplies is promptly completed.

One Week Before

- Make phone calls to confirm all vendors.
- Adjust exhibition floor map based on last minute cancellations/acceptances.
- Ensure receipt of all needed printed materials, including signage, and all supplies.
- Begin prepping the Management table.
 - * Ensure all staff/volunteers have name tags made
 - * Create a list of assignments for all volunteers
 - * Have a clipboard with floor plan/map of vendor locations finalized and available.
- Final marketing push to advertise the event. Recruit volunteers and vendors to continue making daily broadcasts about the event and inviting local attendance.

The Day Before

It's finally time to set up your event! You will need plenty of volunteers on hand for moving equipment and helping vendors unload supplies. Last minute kinks can still happen at this point. Ensure your team is flexible enough to manage any necessary changes. Be sure that everyone on the team is aware of any last-minute changes! Encourage vendors to set up their space during this time to prevent delays or complications the morning of the health fair.

- Committee members should arrive early and set up the Management table/booth before anything else. This way you are ready to direct traffic and give volunteers their assignments as they arrive.
- Put up the tables and chairs according to your floor plan previously mapped.
- * Does each booth have the appropriate number of tables/chairs?
- * Are the appropriate vendors near electrical outlets, bathrooms, exits, etc. as they requested on their vendor form?
- Place all signage if indoors. Otherwise, prep your signage for easy placement outdoors for the next morning.
- Decorate the space to make it inviting.
- Place trashcans, ensure they are lined as vendors are likely to have rubbish during the set-up process.
- Sound check your AV equipment to avoid surprises the morning of.
- Make a list of any missing supplies/equipment that need to be located/purchased before the next day.

Fair Day!

- Open the doors to volunteers and vendors at least one hour before the official start time of the health fair for any final set up needs.
- Get out there and enjoy the fair. Take turns manning the Management booth so that everyone has a chance to attend the fair.
- Take notes of any "hiccups" that occurred to help plan for any future events.
- Pass out your Vendor Exit Surveys to vendors at the end of the day before they leave if you are doing paper ones.
- * Ask vendors to complete their forms before leaving for the day.

* It may be beneficial to include a self-addressed stamped envelope for paper forms to be returned.

* Consider electronic versions, such as e-mail or Survey Monkey as well.

Pass out your Attendee Exit Survey to guests as they are preparing to leave if you will be doing this step. The same considerations should be given as above.

Clean up after the fair.

Once your volunteer team is done cleaning the space and putting away all supplies and equipment have everyone gather round and recognize them for their efforts. If you have token thank you gifts for the volunteers, this would be a good time to hand those out.

After The Fair

Mail out thank you letters to all the vendors, exhibitors, volunteer organizations, and those who donated door prizes.

Have a final committee meeting to discuss the attendance, the vendor exit survey results, and any feedback that has been provided by attendees.

Discuss improvement recommendations for any future events.

Congratulate yourselves on a job well done. It was a lot of work, but you have successfully made a positive impact for the health and wellness of your congregants and your community.

4. The Budget

The budget is the most variable part of the planning between different congregations. Some will have much larger budgets available than others. We encourage large Faith-based organizations to include smaller ones from their surrounding community to participate. This will provide not only a larger base from which to draw volunteers, but an outreach to underserved areas who need access to the health and wellness information and screenings that will be provided.

There are many companies that will provide donations or grants to organizations for holding community health fairs. The search for these, and beginning the grant application process, should begin in the very earliest stages of planning the health fair.

Look to local resources as well. Biohazard containers are very expensive. But they are necessary when doing certain screenings that involve testing blood. Ask the company providing the screenings to be sure and provide their own biohazard container as well. If your faith-based organization (FBO) is extremely small and does not have tables or audiovisual equipment there are ways to reduce spending for these areas as well. Ask your vendors/exhibitors to provide their own tables. If extra tables are still needed, you may ask your congregants to lend their folding tables.

When it comes to advertising, broadcasting, and needing audiovisual equipment, consider asking a local radio station to partner with you. They can advertise the health fair on air in the weeks leading to the health fair, and then broadcast live on site from the health fair the day of.

Local hospitals love participating in community health fairs. This is another great partner who will be able to provide many resources. They may also have a nurse or two who would be willing to volunteer on the committee for clinical planning purposes. Reach out to state and county health departments for additional resources. If held during the school year, nursing schools are another excellent resource to have people on site to provide screenings.

For the pilot health fair, the first aid/AED were provided by the local Fire Department. They were on site for the entire health fair and available for any first aid emergencies. In addition, they were providing home fire safety information and car seat safety instructions. The children in attendance enjoyed meeting the fire fighters and getting to explore the big ladder truck parked outside. The local police department could be asked to assist with security for an

event, in addition to being in attendance to build community good will. They can do personal and home safety demonstrations. If possible, they could do a medication take-back drive as well.

If a venue must be rented for the event, be prepared to negotiate. See how many tables and chairs the venue will make available for the event. See if you can negotiate for the facility to provide the table clothes as well. If your FBO has a non-profit status, they may be willing to provide this as a tax write-off. They may be willing to assist with advertising in the time leading up to the event by having fliers/posters on site in the months leading up to it.

The below list is based on purchasing all new equipment and supplies for an event.

Expenses	
Venue Rental	\$ 3,000.00
Purchased Supplies	
Chairs and Tables	\$700.00
AED	\$1,000.00
Tablecloths/Giveaways	\$2,000.00
Sharps Containers	\$300.00
Carts/Trolleys	\$2,000.00
Audio Visual /Electrical Cords	\$3,350.00
Security	\$1,125.00
Sandwich Boards	\$600.00
Advertisement /Marketing (variable)	\$3,000.00
Utilities	\$6,000.00
Administrative	\$ 3,000.00
Miscellaneous	\$ 3,000.00
Total Expenses	\$ 28,475.00

5. What is Health Literacy?

It is important to clearly define what health literacy is when conducting an experience such as this health fair. *Health* literacy can be described as the possession of literacy skills, which include reading and writing, and the ability to show knowledge-based literacy tasks (acquiring, understanding, and using health information) that are needed to make health-related decisions in a variety of different environments (home, community, health clinic). (Nutbeam, et al., 2018). The research shows that those who are more prone to having low health literacy are those who have a low socioeconomic status and people of color. More directly, people with poor literacy also tend to be less responsive to traditional health education messages, are less likely to use disease prevention services, and are less able to successfully manage chronic disease (Nutbeam & Lloyd, 2020). Knowing this, it is important to present information in a way that individuals with a 3rd grade level of education can understand. Those in the clinical field have an advantage of understanding medical terminology, and some common and rare diseases as well as how to prevent them from happening. Those without a medical background are subjected to an alien environment when they enter a clinical setting with medical jargon they often do not understand. This is where community involvement happens. The health fair allows for the community to gather information from health professionals in a controlled, low stress environment. Having adequate time, and access to a multitude of resources in a familiar environment helps people retain the information. This also gives individuals in the community the opportunity to ask pertinent questions regarding their health and preventable diseases. It is common for many people to get their health information when they are in a health crisis and unable to comprehend what's actually happening in their bodies. This is an opportunity to reduce the occurrence of admissions and readmissions through preventative teaching and education.

6. Lessons Learned

There were many lessons learned while putting on the health fair that deserve to be mentioned. These come directly from the Vendor Exit Surveys, and they are the following:

Table Space - After receiving feedback from the vendors, it was mentioned they would have wanted their own table space and not have to share with other vendors at the event. This was primarily due to having more space for props and for people to view everything vendors had. Some vendors mentioned having to share space brought along some difficulties.

Minimum Community Support-There was mention of little community support and turnout primarily due to advertisement. Ensure at least 3 to 5 months of advertising before the event takes place to ensure the community is involved. Refer to the section regarding advertisement in this toolkit.

Dates that Work for Families- The event took place the second weekend in August. This was not ideal for many families with children due to school starting. Many felt the first weekend in September would have been better, or perhaps even the spring. It is advised not to have the fair too close to any holidays.

Extended Hours- Many people could not attend due to the fair being over before they had time to get there. Extending hours to a full day may be beneficial if the budget allows and the venue is available. These logistics need to be fleshed out in the planning period while discussing the venue and the amount of time needed. This also needs to be included in the budget.

Vendor Commitment Form - A vendor commitment form is needed that includes the needs of the vendor such as table space, electrical needs, etc. There needs to be a hard deadline put in place so that accommodations are made ahead of time.

Space and Acoustics - Careful choosing of a venue is important. If you are going to have more than 100 people in attendance, adequate space is advised. Examples include an open floor plan

like a gym arena. In light of the recent COVID -19 Pandemic, allowing participants to keep within 6 feet of each other while having enough space to roam is another consideration.

7. Executing and Interpreting the Survey

The health and wellness survey is a key tool in guiding the planning for the health fair. The survey is found in Appendix A. The survey will give your committee data on congregation demographics, health status on the six key pillars of health, smoking, diet, exercise, and broad topic health concerns (i.e. diabetes, heart disease, cancer, etc.). By compiling these results, your team will see what the greatest needs are for the congregation. You do not have to use the sample survey provided. Design your survey to match the specific goals and needs of your congregation.

The health survey should be open for a period of several weeks to give everyone a chance to participate. It may require regular reminders from leadership and through established communication channels to get the greatest participation rates. The survey can be done online through various platforms available on social media, or websites such as Survey Monkey. Alternatively, paper copies could be made available for non-technologically savvy congregants to fill out after services. *A key take-away when planning your survey: the results **need** to be anonymous to protect the privacy of your congregants.*

When interpreting the survey (sample interpretation form found in Appendix B) the results will guide your planning committee to fine tune the needs of your target audience. Demographics should include age group, ethnicity, and gender at the very least. The typical breakdown for age groups as applied to medical considerations are as follows:

- Children: Age 0-12
- Adolescent: Age 12-18
- Young Adult: Age 18-34
- Adult: Age 35-64
- Older Adult: Age 65+

Special considerations for the health and wellness needs of various ethnic groups can be found in section 7: Major Health Considerations.

The height and weight on each response should be used to calculate the BMI, or body mass index. This is easily calculated on many free websites by entering the height and weight of the respondent. BMI is used to determine obesity status. The CDC has established the following reference ranges for BMI:

- BMI less than 18.5 is underweight.
- BMI of 18.5 to 24 is normal, healthy weight.
- BMI of 25 to 29 is overweight.
- BMI of 30 to 39 is obese.
- BMI of 40 or greater is morbidly obese.

Figuring the percentage of congregants that fall within each of these categories can help your planning committee decide how much diet and exercise programming needs to be included in your health fair. Obesity is a significant risk factor for most chronic diseases.

The top health considerations tracked by the World Health Organization and the CDC are below. These topics should be a major consideration for your health fair to increase education about and access to resources for their understanding and management.

- Asthma
- Cancer
- Chronic Liver Disease
- Diabetes
- Heart Disease
- Obesity
- Stroke
- Immunization status

8. Major Health Considerations

Every ethnic group has risk factors for various diseases and health considerations. Having this information can help drive some of the considerations and focus of your health fair. Additional information and resources can be found through the U.S. Department of Health and Human Services Office of Minority Health [OMH] (www.minorityhealth.hhs.gov).

Black/African Americans

Source: U.S. Department of Health and Human Services: OMH.

<https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61>

- Asthma: 18% of children under the age of 18 have been diagnosed with asthma.
- Cancer: While the incidence of cancer is not very different from other ethnicities, African Americans are approximately 1-2 times more likely to die from cancer.
- Chronic Liver Disease: was the 8th leading cause of death for this population in 2019. They are 1.5 times more likely to die from hepatitis.
- Diabetes: is ~ 60% more prevalent among this population than non-Hispanic whites. And they are twice as likely to die from diabetes related complications.
- Heart Disease: African Americans are 40% more likely to have high blood pressure that is not well controlled than other ethnicity groups.
- HIV/AIDS: They are ~ 8 times more likely to be diagnosed than whites. The women are 8 times more likely to die from AIDS than white women. The men are 15 times more likely to die from AIDS than white men.
- Obesity: African American women have the highest rate of obesity of any other group in the United States. Blacks are 20% less likely to engage in physical activity than their counterparts and are more likely to suffer from obesity related complications: high blood pressure, high cholesterol, and diabetes – which are all risk factors for stroke and heart attack.
- Stroke: Blacks are up to 50% more likely to have a stroke than whites. Black men die from stroke an average of 70% more than men of other ethnicities.
- Immunizations: The gap for childhood vaccination schedules is very little between black children and white children. However, amongst adults, Blacks are approximately 10% less likely to be vaccinated for influenza, pneumonia, and Covid than their peers.

American Indian/Alaska Native

Source: U.S. Department of Health and Human Services: OMH.

<https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62>

- Asthma: Natives are 20% more likely than other ethnic groups to have asthma.
- Cancer: Natives are approximately 7% less likely to receive colon cancer screening than whites. Breast and cervical cancer screenings are nearly identical rates to whites. However, Natives are more likely to die within 5 years of any type of cancer than their white peers.
- Chronic Liver Disease: Cirrhosis is the 2nd leading cause of death for Native Men aged 35-44. And the 4th leading cause of death for Natives of all ages.
- Diabetes: Natives are three times more likely to have diabetes than whites. They are twice as likely to die of diabetes complications such as end stage kidney disease.
- Heart Disease: While Natives are only 10% more likely to have high blood pressure than whites, they are still 50% more likely to have heart disease.
- HIV/AIDS: Natives are approximately 43% less likely to have HIV/AIDS than are whites.
- Obesity: Native adults are 50% more likely to be obese than whites, and their youth are 30% more likely to be obese than white youth.
- Stroke: There is not a statistically significant difference between incidence of, and death from stroke between Natives and Whites.
- Immunizations: Native children are 10% less likely to be fully immunized per the CDC guidelines than white children. And Native adults are 20% less likely to receive the flu or pneumonia vaccine.

Asian Americans

Source: U.S. Department of Health and Human Services: OMH.

<https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=63>

- Asthma: They are significantly less likely to have asthma than whites.
- Cancer: They have significantly lower cancer rates than whites in many categories but are twice as likely to have stomach or liver cancer, and about 2 times as likely to die from this cancer than whites.

- Chronic Liver Disease: This was the 6th leading cause of death for young adults, 25-44 years old in 2019. This is connected to them having the highest incident rates of liver cancer than any other minority group.
- Diabetes is diagnosed 40% more for this population than in whites. The subgroup of Asian Indians is 70% more likely to have diabetes than whites.
- Heart Disease: They are 50% less likely to have or die of heart disease than whites.
- HIV/AIDS: This data is not available.
- Obesity: Overall, whites are 60% more likely to be obese. However, Filipino adults are 70% more likely than whites to be obese. Nearly 10% of Vietnamese and Korean adults are considered underweight.
- Stroke: Due to having significantly lower rates of heart disease, high blood pressure, obesity, and smoking, they are about 20% less likely to have a stroke than are whites.
- Immunizations: Asian American children are more likely to be fully vaccinated than are white children. The only significant difference in immunization status is the pneumonia vaccine, which Asian American elders over 65 years are 20% likely to take.

Hispanic/Latino

Source: U.S. Department of Health and Human Services: OMH.

<https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64>

- Asthma: In general, Hispanic children are 50% more likely to have asthma than white children. Asthma affects about 11-13% of Hispanic adults and about 12% of Hispanic children. Hispanic children are 40% more likely to die from asthma complications than whites. Puerto Rican Americans are nearly twice as likely to have asthma than the general Hispanic population.
- Cancer: Hispanics are less likely to have prostate cancer (20%) and breast cancer (30%) than whites. But they are twice as likely to have, and die from, stomach and liver cancers than their white peers. Hispanic women have a 40% higher rate of cervical cancer than do white women.
- Chronic Liver Disease: They are twice as likely to have liver disease than are whites. And it is the 7th leading cause of death for Hispanic men aged 45-64 years.

- Diabetes: This affects 70% more Hispanics than whites. Hispanics are nearly twice as likely to have complications from diabetes and die from it than whites are.
- Heart Disease: While they are only 10% less likely to have heart disease than whites, they are about 30% less likely to die from heart disease than whites.
- HIV/AIDS: 30% of the 2019 cases of HIV/AIDS were Hispanics. They are 4 times as likely to have HIV/AIDS than whites. Men are twice, and women three times, as likely to die of HIV than are their white peers.
- Obesity: 15% more Hispanic women are obese than white women. Overall, Hispanic adults are 1.3% more likely to be obese, and Hispanic children are nearly twice as likely to be obese than whites.
- Stroke: There is no statistical difference in stroke rates or deaths between the Hispanic and white populations.
- Immunizations: Hispanic children have comparable rates of immunizations to white children. However, Hispanic adults are about 30% less likely to be immunized for flu, pneumonia, and hepatitis.

Native Hawaiian/Other Pacific Islander

Source: U.S. Department of Health and Human Services: OMH.

<https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=65>

- Asthma: Children are 30% more likely to have asthma than white children.
- Cancer: Across all cancer types, they were 34% more likely to die from cancer than whites and had the highest cancer mortality rate of all minority groups.
- Chronic Liver Disease: There is limited data on this population. But in the early 2000s, they were 7-8 times more likely than whites to develop liver disease. American Samoans have the highest rate of Pacific Islanders.
- Diabetes: Pacific Islanders were two and half times more likely to have diabetes and die from diabetic complications than whites. American Samoans again had the highest rates of all Pacific Islanders.
- Heart Disease: While Pacific Islanders are about 10% more likely to have heart disease than are whites, their death rates from heart disease are comparable to the white population.

-
- HIV/AIDS: The incidence of HIV/AIDS is significantly lower for this population than for whites and represents only 0.4% of all HIV cases. However, Pacific Islanders who do contract HIV are more than twice as likely to die from it.
 - Obesity: Adults are 80% more likely to be obese than white adults. Youth are more than twice as likely to be obese.
 - Stroke: They are 4 times more likely to have a stroke than whites and are 30% more likely to die from a stroke than whites.
 - Immunizations: There is no data available for this population.

9. Social Determinants of Health

Health literacy is a major qualifier for social determinants of health. Studies have shown that those with a lower health literacy are more likely to have diseases that are preventable and poorer outcomes for said diseases. Future health literacy intervention research should focus on (a) improving the quality of health communication that reaches a diversity of populations, especially by improving frontline professional skills and support; (b) enabling people to develop transferable skills in accessing, understanding, analyzing, and applying health information; and (c) ensuring that priority is proportionate to need by reaching and engaging the population groups who are disproportionately affected by low health literacy (Nutbeam & Loyd, 2021). Health fairs such as the one conducted here are opportunities for communities to come together and promote health literacy to people who may not otherwise have access to such events. Prevention starts with education and literacy. Those in poorer communities, and particularly those of color, are more predisposed to many modifiable health conditions, decreased health literacy, and reduced access to healthcare at an unfair and alarming rate than their white counterparts. It is important to keep this in mind when planning the health fair and using the facts in the aforementioned section.

Appendix A

Wellness Reach Health Survey

Demographics:

1. What is your age? _____ years
2. What is your sex? Female Male
3. What is your race?
 - Hispanic/Latino White, not Hispanic Black or African American
 - Asian American Indian/Alaska Native
 - Middle Eastern Native Hawaiian/Pacific Islander Other
4. What is your height? _____ ft _____ in
5. What is your weight? _____ lbs

Health Status:

Please rate the following:	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Your overall health status.					
Your mental health status.					
Your spiritual health status.					
Your financial health status.					
Your overall diet.					

Your physical activity levels.					
Your sleep quality.					

Physical Wellness:

6. How many days in the past month (30 day period) was your physical health *not* good?

7. Do you now, or have you in the past, smoked (cigarettes, cigars, pips, cigarillos, marijuana, or e-cigs) Yes No How many cigarettes per day? _____

8. In the past year have you used any products that contain opioids?

Yes No Don't know Prefer not to say

9. How many total servings of fruits and/or vegetables did you eat on any given day during the past week? _____

10. On average, how many ounces of sugary beverages (soda – but not diet, sweet tea, juice, etc.) do you have per day? _____

11. How many times during the past week did you eat fast food? _____

12. During the past month, how many hours of actual sleep did you average per night? _____

13. During the past week, how many hours did you spend sitting or being sedentary (include work hours sitting at a desk, traveling by vehicle, watching TV, reading; but do *NOT* include sleeping)? _____

14. In the past week, how many days did you have ≥ 30 minutes of physical activity (enough to raise your heart rate, or make it difficult to carry on a conversation)? _____

15. How many days per month (in the past 30 days) was your mental health *not* good? _____

16. Please rate the following mental health considerations:

	1 Not at all	2 Several days	3 More than half the days	4 Nearly every day
Feelings of anxiety, nervousness, or being “on edge”				
Worry (that you are unable to control or stop)				
Lack of pleasure in doing things you used to enjoy				
Feelings of hopelessness or depression, feeling “blue”				

17. On average, how many days per week do you read your Bible? _____

18. Do you believe that your physical health is connected to your spiritual health?

Yes No

19. Do you believe that your body is the temple of God? Yes No

20. Do your religious beliefs affect your approach to life/health/wellness/relations, or finances?

Yes No

21. Have you ever been diagnosed with any of the following? (Check all that apply)

<input type="checkbox"/> High blood pressure	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Heart disease
<input type="checkbox"/> Stroke	<input type="checkbox"/> Diabetes (Type 2, adult onset)	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Kidney Disease (any stage)	<input type="checkbox"/> Cancer	<input type="checkbox"/> Other (please specify)

Appendix B

Interpreting Your Survey Results

Age Breakdown of Congregants:

- Count the number of respondents for each category. Enter the tally on the line.
 - Children: Age 0-12 _____
 - Adolescent: Age 12-18 _____
 - Young Adult: Age 18-34 _____
 - Adult: Age 35-64 _____
 - Older Adult: Age 65+ _____

Sex Breakdown of Congregants:

- Count the number of respondents for each category. Enter the tally on the line.
 - Male _____
 - Female _____

Demographic Breakdown of Congregants:

- Count the number of respondents for each category. Enter the tally on the line.
 - Hispanic/Latino _____
 - White, not Hispanic _____
 - Black/African American _____
 - Asian American _____
 - American Indian/Alaska Native _____
 - Native Hawaiian/ Pacific Islander _____
 - Middle Eastern _____
 - Other _____

Health Status Responses:

- Tally the number of responses for each rating of each category and enter that number in the box. An example is provided below:

- The following can be applied to the mental health and primary diagnoses tables as well.

Please rate the following:	1	2	3	4	5
<i>Out of 300 survey responses</i>	Poor	Fair	Good	Very Good	Excellent
Your overall health status.	32	135	98	20	15

If you would rather know the percentages, you can do another table: Divide the number of answers for the category by the total number of responses to find the percentage.

Please rate the following:	1	2	3	4	5
<i>Out of 300 survey responses</i>	Poor	Fair	Good	Very Good	Excellent
Your overall health status.	11%	45%	33%	6%	5%

Figuring the percentages can be used for calculating the answers for Yes/No questions, and numbers who report certain behavior patterns like eating fruits/vegetables or being sedentary.

<input type="checkbox"/> High blood pressure 134 yes = 45%	<input type="checkbox"/> High cholesterol 145 yes = 48%	<input type="checkbox"/> Heart disease
<input type="checkbox"/> Stroke	<input type="checkbox"/> Diabetes (Type 2, adult onset) 97 yes = 33%	<input type="checkbox"/> Arthritis

Appendix C

Health Pillar	Organization
Physical Health	<p>National Institute of Health: www.health.nih.gov</p> <ul style="list-style-type: none"> ▪ Diabetes: http://ndep.nih.gov ▪ http://diabetes.niddk.nih.gov ▪ Heart & Lung: www.nhlbi.nih.gov ▪ Stroke: www.ninds.nih.org ▪ Immunizations: www.nfid.org ▪ Vision: www.nei.nih.gov ▪ Deafness: www.nided.nih.gov ▪ Liver & GI: http://digestive.niddk.nih.gov ▪ Asthma: www.nhlbi.nih.gov/health/asthma ▪ Cancer: prevention.cancer.gov ▪ Obesity: www.nhlbi.nih.gov/health/overweight-and-obesity <p>American Red Cross: www.redcross.org</p> <p>American Cancer Society: www.cancer.org</p> <p>American Diabetes Association: www.diabetes.org</p> <p>American Heart Association: www.americanheart.org</p> <p>National Health Center: www.health.gov/nhic</p> <p>National Stroke Association: www.stroke.org</p> <p>Office of Minority Health: www.omhrc.gov</p> <p>Centers for Disease Control & Prevention: www.cdc.gov</p> <p>National Library of Medicine: medlineplus.gov</p> <p>World Health Organization: www.who.int</p> <p>The Mayo Clinic: www.mayoclinic.org</p>
Emotional Health	<p>Substance Abuse & Mental Health Services Administration: www.samhsa.gov</p> <p>National Institute of Mental Health: www.nimh.nih.gov</p> <p>National Institute on Drug Abuse: nida.nih.gov</p> <p>Mental Health: www.mentalhealth.gov</p> <p>Alcoholics Anonymous: www.aa.org</p> <p>Suicide Prevention:</p>

	<ul style="list-style-type: none"> ▪ www.sprc.org ▪ www.cdc.gov/suicide/resources
Financial Health	<p>Financial Peace University: www.ramseysolutions.com/fpu Edward Jones: www.edwardjones.com National Association of Personal Financial Advisors: www.napfa.org Crown Financial: www.crown.org</p>
Family & Community Health	<p>Texas A&M AgriLife Extension Services: fch.tamu.edu March of Dimes: www.marchofdimes.com National Safety Council: www.nsc.org Breast Feeding: <ul style="list-style-type: none"> ▪ La Leche League: www.llli.org ▪ https://breastfeedingusa.org ▪ www.womenshealth.gov </p>

Appendix D

First United Congregation
123 Some Street
Anywhere, Texas 76567

Dear Vendor,

We are currently in the process of hosting a health fair to provide education and resources to our congregation and the surrounding community. We would like to extend an invitation for your participation!

We believe you have very valuable resources to offer our community to promote health and wellness. Please consider partnering with us and others to create a positive impact on the health of people living right here in our community.

The health fair will be held at First United Congregation from 8 a.m. until 2 p.m. on Saturday, March 29th. We are including a vendor response form with additional information on parking and accommodations. We hope you will join us for this endeavor! Please consider hosting a booth to hand out information or provide demonstrations. Please also consider donating a door prize.

If you have any questions, please contact the below persons.

Sincerely,

Joe Smith

Health Fair Coordinators

C. 123-456-7890

j.smith@gmail.com

Jane Jones

C. 908-765-4321

j.c.jones63@hotmail.com

Appendix E

Sample Vendor/Exhibitor Form

Name of Organization:

Contact Name, Phone Number, Email:

Preferred Contact Method: Phone Text Messaging Email

How many 6' tables will you need for your booth: _____

How many chairs will you need for your booth: _____

What type of space do you need: Indoor Outdoor

Do you need any special equipment for your booth:

Electricity Audio/Visual Equipment Near an exit

Near a restroom Wi-Fi Access Other: _____

If you plan to do demonstrations, please describe them: _____

If you plan to have "swag" giveaways at your booth, please describe in detail: _____

Would you be willing to donate a door prize to the health fair: Yes No

Appendix F

Sample Vendor/Exhibitor Exit Survey

Name of Organization: _____

Contact Name, Phone Number, Email:

How would you rate the health fair?

Poor Fair Good Very Good Excellent

Would you attend another health fair if we had one next year? Yes No

If not, please explain why. _____

How many visitors did you have to your table? _____

Do you feel your organization was able to make a difference by attending the health fair?

Yes No

Why or why not? _____

Were we able to accommodate your special requests? Yes No

If not, what was missing? _____

Please share any general comments (either good or bad) about the health fair. _____

We appreciate your feedback and look forward to seeing you next year!

Appendix G

Health Fair Attendee Exit Survey

Thank you for taking the time to attend our health fair! We need your feedback to improve on future events. Please answer the following questions:

1. How would you rate the health fair?

Poor Fair Good Very Good Excellent

2. How do you plan to apply any of the information you received today in your life?
(check all that apply)

<input type="checkbox"/> I do not plan to use the information	<input type="checkbox"/> I plan to read the handouts for my personal benefit
<input type="checkbox"/> I plan to share this information with people I know	<input type="checkbox"/> I will schedule an appointment with my primary care provider
<input type="checkbox"/> I learned about a health concern I did not know I had	<input type="checkbox"/> I learned about a health concern that may be affected a friend or family member
<input type="checkbox"/> I learned about the various health resources that are available in my area	<input type="checkbox"/> I plan to make changes to my lifestyle based on what I learned today.

3. Why did you attend the health fair? _____

4. Please tell us about your favorite table/booth/vendor: _____

5. What were you hoping to find at the health fair that was missing? _____

6. What health screenings did you have today (Check all that apply)? (Consider making a check list of the available screenings from your health fair, i.e., blood pressure, blood sugar, BMI, medications, vaccines)

7. Would you attend another health fair if we had one next year? Yes No

8. How did you hear about the health fair? _____

9. Please share any general comments (either good or bad) about the health fair. _____

10. Would you like to volunteer to help at the next health fair? Yes No

If yes, please provide your contact information: _____

We appreciate your feedback and look forward to seeing you next year!

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