

Developing Successful Health Fairs On a Shoestring

Rosa Martin, Community Programs Director, North Central Area Health Education Center, Kentucky

Health fairs are small or large-scale events that bring community resources together for a targeted population such as farmworkers. They can be an effective method of identifying health and social needs as well as connecting clients with available resources. Health fairs may also increase cultural sensitivity and understanding since they can highlight positive aspects of the client culture and educate communities about one another. Finally, health fairs provide an opportunity for individuals and families to socialize in a new and safe setting.

Based on my experiences developing numerous health fairs for farmworkers on a very limited budget, I have put together a health fair guideline to assist other programs.

One of the first things to realize is that the decision to hold a health fair should not be made lightly. **Health fairs are a lot of work!** Before you decide to hold a health fair, here are some of the things you may want to consider:

1. Who will be responsible for planning and coordinating the event? Even if you form a coalition or committee, one or two persons need to be in charge.
2. It takes a significant amount of time! If no one will be able to devote his or her attention to the task, it might not be the right moment to hold an event.
3. Timing is essential. Is this the beginning, middle or end of the season? Nothing is worse than identifying many farmworkers with health problems, only to find out that they are leaving in a week or two.
4. Is a health fair the best way to deliver services to farmworkers at this location? Health fairs are not the solution to all

problems. Ask yourself, given a certain amount of time and human resources, is this the best way to serve the farmworker community?

Go to MCN's website
www.migrantclinician.org
to download a sample Health Fair Service Provider form as well as forms to help organize your committees and volunteers.

PLANNING

If, after having gone through the questions listed above, you have decided

that you would like to develop a health fair then there are some key planning steps you need to take.

- Conduct an assessment
- Develop a set of goals for the health fair
- Invite appropriate agencies
- Plan appropriate activities and location
- Develop an effective evaluation and follow-up plan

1. Assessment

To develop an effective health fair you must know the demographics of the population you want to reach. Some key questions to ask are:

- What language do they speak?

continued on page 2



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continued from page 1

- What country are they from?
- Do they have transportation?
- Is the population comprised of mainly single men, families, or a combination of both?

All of this information will influence the activities you provide including health services, food, music, and prizes.

2. Set goals

A set of clear and attainable goals will help keep you on track and focused. Some possible goals to consider might include:

- To publicize the services of the health program/center/clinic.
- To improve the image of the health program/center/clinic.
- To identify farmworkers with health problems (list problems you would like to address)
- Provide direct health services and consultation to farmworkers.
- Provide health education to farmworkers targeting general to specific health topics
- Provide information, resources, and referrals to social services.
- Serve as an exchange link between the community and the farmworker population.
- Provide an alternative social occasion for the farmworker community
- And many more...

It can help to provide incentives to farmworkers to attend health screenings or health education presentations. One idea is to give a raffle ticket for each health screening or health education presentation they attend. You can solicit incentives from a number of community sources including:

- Department stores
- Kmart/Kmart
- Feed stores
- Restaurants
- Banks
- Grocery stores
- Video stores/movie theatres
- Health agencies
- Fast food restaurants

3. Invite appropriate agencies

Health fairs provide an invaluable opportunity for farmworkers to meet many service providers in the area. There are several things that you can do to bring in as many appropriate agencies as possible.

1. Develop a list of local health and social services agencies, schools, legal agencies, churches, other educational programs, policy departments, fire departments, and any other local services.
2. If you do not already have contacts in these agencies then send letters to key people and agencies in the community to introduce yourself and the project.
3. Make sure to include a flyer and invitation to the health fair planning meetings.
4. Develop a simple Health Fair Service Provider form. (go to www.migrantclinician.org to download a sample form)

4. Planning Activities and Location

The first planning activity must address basic logistical questions:

- Choose a date and location
- Make sure that no one else is hosting a similar events
- Make sure there are not other conflicting events on that day
- Select a site that is known and accessible to farmworkers
- Consider providing transportation
- Select a name for the event that conveys a message and is appealing to farmworkers.

Planning meetings are also important to address the following:

- Share goals

continued on page 3

EVALUATION

Please rate our health fair by marking one of the symbols below with an X

- Muy buena – Very Good
- Buena- Fair
- Mala – Poor

Por favor marque una linea:

- Soy un participante
- Proveedor
- Voluntario

¿Qué le gusto mas? _____

¿Qué no le gusto? _____

¿Qué podriamos agregar o cambiar para hacerla mejor? _____

¿Le gustaria formar parte del comite para desrollar la Feria de Salud el proximo año?:

- Si
- No

MIGRANT HEALTH FELLOWSHIP—2001

Candace Kugel, CNM, FNP

The National Rural Health Association has recently announced the nine recipients of the Migrant Health Fellowship for the year 2001. The Fellowship is funded primarily by the Bureau of Primary Health Care and is currently in its 11th year.

The fellowship provides a four-month work experience in a migrant health center for nurse practitioners, physician assistants, and nurse midwives. Historically, most of the fellows have been graduates of their academic programs and the experience allows them to enjoy a supervised transition from the student role to that of the independent clinician while increasing their sensitivity and understanding of migrant health care issues. Each fellowship placement involves collaboration between a migrant health center and a clinical training program in the fellow's discipline. The health center provides orientation and clinical supervision of the fellow while working in the center, and the academic program provides an advisor who arranges for academic credit and assists with access to research resources for the fellow.

Fellowship applicants are subjected to a competitive screening process. Most of those selected have had prior experience working in rural, cross-cultural health care settings and are proficient in Spanish. They receive a stipend that covers tuition, fees, books, and living expenses during the fellowship.

The fellows for the current season and their assignment locations are:

Nurse Practitioners:

Dalisa Barquero, Northwest Michigan Health Services at Shelby, MI
Jose Mendosa, Clinicas del Camino Real, Ventura, CA
Monique Dorvillier, National Health Services, Inc. of Buttonwillow, CA

Physician Assistants:

Hector Camacho, Sea-Mar at Mt. Vernon, WA
Vicki Jimenez, Terry Reilly Health Services, Inc. at Nampa, ID
Eduardo Faytong, Community Health of South Dade at Florida City, FL

Nurse Midwives:

Holly Smith, North County Health Services at San Marcos, CA
Amy Hemstreet, Plan de Salud del Valle, Inc. at Ft. Lupton, CO

An orientation to the fellowship took place May 21-22 in Dallas in conjunction with the NRHA Annual Conference. At that time the fellows and representatives from each the health centers and academic programs, were educated about the history of the fellowship and the migrant health program, important issues in providing health care services to

migrant farmworkers, resources for clinicians, and logistical details of the fellowship. MCN staff member Candace Kugel, CRNP, CNM, and Board members Wilton Kennedy, PA-C, and Frank Stilp, FNP, RN, serve on the Advisory Committee to the fellowship and took part in the orientation.

A follow-up survey of fellowship participants in the first ten years showed that 42% continued to work in migrant health after completing the program.

If you are interested in applying for the fellowship or sponsoring a fellow in your health center, contact Alex Conchola, MA, at the National Rural Health Association, 816-756-3140, or by e-mail at conchola@nrharural.org.



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continued from page 2

- Form committees
- Develop publicity and fundraising
- Solicite prizes
- Identify good entertainment
- Invite providers
- Organize food
- Identify those who will be setting up beforehand and cleaning up afterwards.

Other key things to consider when planning your event:

- If you have families in your area make sure to include activities for children. Some ideas include: clowns, face painting, moon walks, puppet shows, drawing contests, pin-the-tail-on-the-donkey, and piñatas.

- Have drawings for door prizes or the raffle every hour during the Health Fair.
- Before, during and after arrange for newspaper and/or radio coverage of the event.

Marketing

Nothing is more disappointing than planning a health fair that no one attends. To assure attendance, you need to develop an effective marketing plan. Some key places to market your activity for free include:

- Flea markets
- Wal-Mart/Kmart
- Grocery stores
- Spanish markets
- Churches
- Schools/Day-Care

- Spanish restaurants
- Spanish stores
- Health Departments
- Spanish Radio Programs

5. Evaluation and Follow-up

A good evaluation provides you with invaluable information for planning the next health fair. It is best to keep your evaluation very simple. There is a sample evaluation on the previous page.

After the event is over make sure to send "Thank-you letters" and give certificates of appreciation to all those who donated time, services or items for the event.

The Role of MCN's Institutional Review Board

Stephanie Freedman, MPH

Researchers and funding organizations both have the responsibility to uphold ethical conduct in biomedical research. A report by the FDA¹ recently outlined some of the responsibilities of both of these parties in maintaining the protection of human subjects in research endeavors. The basic requirements for researchers undertaking biomedical research include having the research protocol approved by a functioning institutional review board (IRB), upholding and operating under this approved research protocol, and obtaining informed consent of the research study participants². Responsibilities for funding agencies include selecting investigators that are qualified and competent to conduct the research and assuring that the researcher submits the proposed research to an IRB operating under FDA regulations³. It may seem from these descriptions that protecting the rights of human subjects in research and upholding ethical conduct is strictly a concern of academic researchers and the agencies funding the research. This is not so. Ethical conduct is a concern of ALL of us. A recent issue of the *Bioethics Forum* stated that "human subjects protection is a community responsibility"⁴. Without the participation of the entire community, the protection of human subjects cannot be adequately achieved.

What responsibility does the community of migrant clinicians have to uphold ethical conduct and the protection of

human subjects? Clinicians who serve migrant workers may come across situations where they are faced with ethical dilemmas relating to the protection of human subjects in numerous ways. For example, a clinician in a migrant health center who would like to add to the body of knowledge on a health concern that particularly affects farmworkers would need to submit his/her proposal to an approved IRB. Or clinicians may be approached with potential research projects through academic institutions that seek to partner with migrant health centers. Because of the special concerns of migrant farmworkers, including economic marginalization, mobility, and immigration status, MCN has created an IRB which serves to review MCN's research endeavors *as well as* research proposals submitted from clinicians working in migrant health. The IRB was first created to monitor and guide the development of MCN's diabetes initiatives through support from the Texas Department of Health's Diabetes Awareness and Education in Communities program. The IRB can, however, serve more functions than simply reviewing new research proposals. It can also serve as a sounding board for ethical dilemmas that clinicians may face in dealing with research in the clinical setting. Take this hypothetical example:

Clinic Y is a rural migrant health center that is located approximately two hours from a large research university in an urban area. The medical director of Clinic Y has just been approached by researchers from this university who are interested in conducting a randomized study to determine the effectiveness of a new self-management plan for diabetic farmworkers who visit the health center. Although this research will most likely progress through the IRB of the university where it is based, the Medical Director of the clinic is not sure that this IRB (which is in an urban location) will understand the unique needs of migrant farmworkers. Although she feels confident that the researchers have been forthcoming with their intentions, and under-

stands that farmworkers are underrepresented in research, she questions whether the informed consent addresses fears that farmworkers may have, such as losing their jobs because of participating in the study. Also, will the informed consent be available in Haitian Creole, for Haitian speaking farmworkers? Will it be required by the IRB that the informed consent be read to each participant in the study because some farmworkers do not read in Spanish or English? Is the compensation for the study adequate for the time and invasiveness of the study, yet not so excessive as to constitute coercion? How will the researchers report findings to the farmworkers who participate when they are likely to move away before the completion of the study? In order to be sure that her concerns and questions are addressed, the Medical Director can require the researchers to bring their study to the MCN IRB before she agrees to participate. MCN's IRB was specifically created to address research ethics concerns such as those of this hypothetical Medical Director.

MCN encourages clinicians undertaking research, or participating with academic institutions in research endeavors, involving migrant populations to utilize the IRB. **Forms and instructions for applying to the IRB can be found at MCN's website, www.migrantclinician.org.** Questions can be addressed to Jennie McLaurin, MD at 336-922-9024 or jmclaurin@migrantclinician.org. Maintaining ethical conduct in research is everyone's concern but clinicians do not have to feel alone when confronting questions regarding the protection of human subjects and other research ethics. The MCN IRB is composed of experts in the field of migrant health who have experience in research and is a resource to be utilized by all of MCN's members.

¹ United States. Department of Health And Human Services. Assistant Secretary for Legislation. *Testimony on Human Subjects in Biomedical Research* by Mary K. Pendergast. [Online]. last accessed 6/9/01. www.hhs.gov/asl/testify/t970508b.

² United States. Department of Health And Human Services. Assistant Secretary for Legislation. *Testimony on Human Subjects in Biomedical Research* by Mary K. Pendergast. [Online]. last accessed 6/9/01. www.hhs.gov/asl/testify/t970508b.

³ United States. Department of Health And Human Services. Assistant Secretary for Legislation. *Testimony on Human Subjects in Biomedical Research* by Mary K. Pendergast. [Online]. last accessed 6/9/01. www.hhs.gov/asl/testify/t970508b.

⁴ Reeder, Rachel. "Editor's Note". *Bioethics Forum* 16 (4): 2000, 4-5

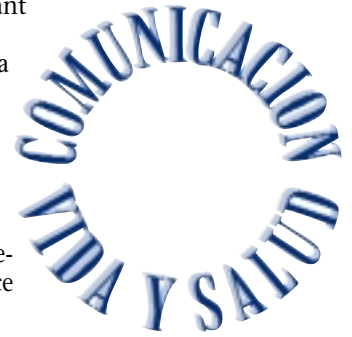
*Do you want to improve your Spanish?
 Do you want an intensive cultural experience that will improve
 the quality of care you provide to your patients?
 Do you want to better understand the health care delivery system in Mexico?
 Do you want to network with other clinicians?
 Do you want an innovative clinical experience?*

Join us for Comunicación Es Vida y Salud in Mazatlan, Mexico!

Comunicación Es Vida y Salud is a 12-day an Intensive Medical Spanish course offered by the Migrant Clinicians Network in Mazatlan, Mexico. The next course is scheduled for January 5th-17th, 2002. Participants live with Mexican families, study Spanish and public health at the University Autonoma de Sinaloa (the UAS), and participate in clinical rounds in a hospital, a public health department, and a small community clinic.

The course is limited to eight participants. The tuition is \$1,500 including food and lodging. Airfare to Mexico is not included in the tuition.

If you are a clinician interested in improving your medical Spanish through an intensive study experience contact Jillian Hopewell at 530-345-4806 or via e-mail jhopewell@migrantclinician.org. Space is limited so contact us soon!



C A L E N D A R

15th Annual California Conference on Childhood Injury Control

September 4-7, 2001
 San Diego, CA
 California Center for Childhood Injury Prevention
 619-594-3691
www.cccip.org

Regional Issues in Occupational and Environmental Health for The Primary Care Provider

Association of Occupational and Environmental Clinics
 September 14-15, 2001
 Durango, CO
 Contact: The University of New Mexico
 505-272-3942
<http://hsc.unm.edu/cme>

American Academy of Pediatrics National Conference and Exhibition

October 19 - 24, 2001
 San Francisco, California
 (847) 434-4000
www.aap.org

6th Annual Sowing Seeds for Change Symposium

October 26-28, 2001
 Chemeketa Community College, Salem Oregon
 Student Action for Farmworkers
 919-660-3652
eds.aas.duke.edu

The East Coast Stream Forum

October 26-28 2001.
 Asheville, North Carolina
 Contact Stephanie Triantafillou at the North Carolina Primary Health Care Association

919.469.5701
 919.469.1263 fax
triantas@ncphca.org

APHA's 129th Annual Meeting & Exposition: One World: Global Health

October 21-25, 2001
 Atlanta, Georgia
 American Public Health Association
 (202) 777-2742 (APHA)

The Midwestern Stream Forum

December 6-8 2001
 Contact Lisa Hughes at NCFH
 800.531.5120
 fax: 512.312.2600
hughes@ncfh.org

International Conference of Pesticide Exposure and Health

Sponsored by the Society for Occupational and Environmental Health
 December 17-21, 2001
 National Institutes of Health
 Bethesda, MD
 703-556-9222
soeh@degnon.org

The Western Stream Forum

February 1-3 2002
 Sacramento, California
 Contact Wendy Nitta at the Northwest Regional Primary Health Care Association
 206.783.3004
 fax: 206.783.4311
wnitta@nwrpca.org

NIDCD – A National Resource for Hearing Health

An estimated 28 million people in the United States are deaf or hard of hearing and more than 46 million people suffer some form of disordered communication. The National Institute on Deafness and Other Communication Disorders (NIDCD) makes numerous resources available, as part of their educational outreach, to the patients, families, friends of people with communication disorders, and professionals who care and treatment of these disorders. Their information materials include publications, some in English as

well as Spanish, on health topics such as early identification of hearing loss, otitis media, noise-induced hearing loss, balance disorders, and speech and language disorders. Some are written with professionals in mind but others were developed to give parents practical tools such as an explanation of the causes and treatments of various disorders, symptoms and effects of those disorders, guidance for concerns about their child's development in certain areas, other organizations to contact, and current research.

Other resources include:

- a web site (<http://www.nidcd.nih.gov/>) that has health information, scientific resources, and educational materials.
- a coalition (<http://www.nidcd.nih.gov/health/wise/index.htm>) of more than 70 organizations who participate in a national campaign called WISE EARS! to prevent noise-induced hearing loss.
- a Directory of Information Resources for Human Communication Disorders containing information on more than 100 organizations and the services they provide.



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NIDCD is one of the Institutes within the National Institutes of Health, the federal focal point for biomedical research. The Institute supports and conducts research and research training on normal and disordered processes of hearing, balance, smell, taste, voice, speech and language and NIDCD develops and disseminates health information, based on scientific discovery, to the public. They can be reached at 1-800-241-1044 (Voice), 1-800-241-1055 (TTY), by e-mail at nidcdinfo@nidcd.nih.gov, or through their web site.



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