REVIEW OF A HEALTH FAIR SCREENING PROGRAM IN MID-MICHIGAN

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

INTRODUCTION

Health fairs are special events which are designed to bring together a range of screening services at one place at the same time and, as an added bonus, to promote the concept of “health.” There are two kinds of screenings. One kind of medical screening is conducted as a diagnostic test for medical research or as part of a health campaign to detect a particular health problem and protect public health. The second kind of screening is done as a “prescriptive measure” as a way of contributing to the health of the individuals who are screened. Health fairs are concerned with prescriptive screening, rather than medical screening.

Prescriptive screening can be conducted as a single procedure that is aimed at detecting a particular disease or health problem, or it can include a range of procedures. The concept of offering multiple screenings at a single location at the same time dates from as early as 1947-1948, when a local health clinic in California developed a multiphasic health screening program. Later the idea of holding multiphasic screenings at one time/one place diffused to other locations in the United States.
United States and Great Britain. The types of screening procedures offered through multiphasic health screening are not much different than those described in this report, except that advanced equipment is required for the more sophisticated procedures like cardiovascular exams.

Two things happened to change the focus of health screenings and make them more accessible to the general population. First, evaluations were initiated in the 1960s to examine the effectiveness of multiphasic screenings offered by public health departments and institutional medical clinics. Multiphasic screenings were limited to medical facilities that had advanced technological equipment on the premises, among other things, and participation levels were low in some cases. Second, the rising cost of health care and allied commodities gave impetus to a self-care movement in the 1970s. Since a big theme of this movement was "preventive health care," health screenings were conducted as an important first step in a program of personal fitness and self-directed health care. The convergence of these two factors generated interest in health screenings among community groups not affiliated in any way with the medical profession. These groups found that holding a health fair was a desirable means for promoting an interest in health, as well as a valued public service that gave their organization the kind of visibility they needed to let the public know what kinds of services they offered.

More recently, the concept of the health fair is being revitalized to include organizations other than community groups and a re-focusing to emphasize specific populations. Renewed interest in health fairs has led to their coordination by and on behalf of certain target groups, such as geriatric and pediatric populations. Renewed interest has also developed because of their usefulness as a learning experience for nursing students.

PROFILE OF A MID-MICHIGAN SCREENING FAIR PROGRAM:

Project Good Health (PGH) is the name of a program sponsored from 1981 through 1987 by the Michigan Health Council (a state-wide not-for-profit organization founded in 1941). One of several programs across the country, and one of a very few in Michigan, the objective of PGH was the promotion, organization and coordination of health screenings. A tacit assumption of PGH was that prescriptive screening