Steps to a Successful Community Event or Health Fair

Brought to you by
Metro Public Health Department
Division of Health Promotion
It is exciting to host a community event or health fair that is successful! However, it takes a lot of planning, coordination and hard work. A couple of basic questions need to be decided up-front:

- Are you trying to reach a specific population? If so, who?
- Are you targeting a specific health issue(s)? If so, what are they?

With the event focus defined you can begin to engage the community with planning and scheduling, budgeting, vendor and provider invitations, committee assignments and facility arrangements. It will also be good to determine if similar events have occurred in the past. Perhaps, partnerships would strengthen the efforts of several health fairs into an effective combined event.

Next your planning committee should set goals and expectations. These should focus on what you want the event to achieve. These expectations should be SMART: specific, measurable, achievable, relevant, and have a set time frame.

Don’t forget the importance of advertising the event. Many local media groups require advance notice to advertise an event.

At the event, try to take the pulse of participants. Is the information helpful? How will they use the information to improve health? What would they like to have happen next year? You don’t have to canvas everyone, a sample will do.

It is important to determine if the event was successful, what could be done differently, and what the next steps should be. Celebrate the event with lots of thanks to participants and planners.

The check list and appendices that follow will help you successfully plan your event. If you have questions about the use of this guide, please contact the MPHHD Health Department staff at 615-340-5648.
Health Fair Checklist
(Event for 500 or more attendees; adjust timeline for smaller events.)

Phase 1  6-12 months in advance
□ Obtain support for the event
  - Work with the community throughout the year
    - Identify the target audience
    - Establish date and time frame
□ Establish a planning committee for event
  - Establish goals and objectives
  - Establish a theme and title
  - Establish event’s location/capacity
    ▪ Secure event location from proper authorities
  - Establish your needs and your budget
    ▪ Venue cost, food, supplies, advertising, etc.

Phase 2  3 months in advance
□ Contact providers and vendors to explain the event and offer them an opportunity to participate. See Sample Letter (Appendix A)
  - Include Sample Vendor Information Form (Appendix B)
□ Secure volunteers, including someone who can take pictures the day of the event and someone to welcome and direct both providers and participants
□ Gather resources
□ Plan games, giveaways, raffles, etc.
□ Solicit donated items, gifts, etc.
  - Some potential donors: Wal-Mart, K-Mart, American Cancer Society, Health Department, or other community group specific to your goals and objectives
□ Design floor plan
□ Organize refreshments
□ Plan an alternative for bad weather

Phase 3  2 to 3 months in advance
□ Begin promotion of event (ADVERTISE YOUR EVENT)
□ Identify a spokesperson for your event
□ Contact the media
  - Send an event alert or press release (Appendix C) to the appropriate media prior to your event (newspaper, television, radio, internet, etc.).
    ▪ Don’t forget church newsletters/bulletins and community newspapers
- Create flyers for distribution in grocery stores, dry cleaners, other local establishments
- Send personal invitation to “key” people (i.e. local government representatives, etc.)
- Stock a supply kit *(Appendix D)*
- Create an Emergency kit with first aid supplies
- Confirm provider needs
- Send maps and parking instructions to all providers
- Organize electronic/electrical needs
- Create “Goody bags” for giveaways
- Create an evaluation tool *(Appendix E)*

**Phase 4  Week of event**
- Confirm with all providers
- Prepare name tags and appropriate signs
- Arrange for breaks, refreshments, meals for volunteers
- Gather supplies to stock the registration table *(Appendix D)*

**Phase 5  Day before event**
- Contact media the day prior to your event
- If possible, set up provider tables, break areas, etc.

**Phase 6  Day of event**
- Two Hours before Event
  - If provider tables are not set up, arrange for them now
  - Direct and instruct volunteers
  - Greet providers and show them to their booths
  - Set up registration table
  - Be ready one hour before opening
- During event
  - Distribute registrations
  - Distribute incentive items when a completed evaluation form is turned in
  - Take the pulse of participants about the event (Evaluations)

**Phase 7  After event**
- Collect registrations
- Collect evaluations
- Clean up

**Phase 8  Following event**
- Send thank you letters to providers and vendors
- Have evaluation meeting to analyze results to determine if goals and objectives were met
Appendix A

Sample Provider Letter

Date
Provider
Address

Dear ____________,

Thank you for your interest in participating in the health fair we are sponsoring at ________________. As we have discussed on the telephone, the health fair is scheduled for _______ from _______ to _______ at ______________________.

This year’s theme of the health fair is ______________________. We will hold a raffle for the community and would appreciate your donating something of value to include in the raffle.

We estimate that approximately ____ (#) participants will have the opportunity to view your booth and talk to you about your services. We will provide the booth space free of charge, along with a table and 2 chairs. Please let us know if there are additional accommodations you may require. Electricity (will/will not) be available (on a first come – first serve basis).

To confirm your participation, please complete the enclosed information form and return it to (Contact Person) at (Contact person’s mailing address), or by email at (Contact person’s email), by (date), which is our deadline.

Please feel free to contact (Person) at (Telephone Number) if you have any questions about the health fair. We appreciate and look forward to your participation.

Sincerely,

Your Name
Your Title
Appendix B

Sample Vendor Information Form

Organization ___________________________________________
Address ______________________________________________
Contact Person _________________________________________
Telephone ___________ FAX ____________ E mail ___________

Service Description
Please describe briefly your booth/display: ___________________________________
______________________________________________________________________

Screening service: ______________________________________________________
______________________________________________________________________

Activity/demonstration: ___________________________________________________
______________________________________________________________________

Awareness/information: __________________________________________________
______________________________________________________________________

Giveaways: ____________________________________________________________
______________________________________________________________________

Raffle prize donation: ____________________________________________________
______________________________________________________________________

Facility Needs
You will be provided with (1) table and (2) chairs. If you need additional items, please note below:
Tables # _________________ Electrical outlets ______________________
Chairs # _________________ Other ___________________

Please note any other requirements you may need:
______________________________________________________________________
______________________________________________________________________
Appendix C

Sample Press Release

For Immediate Release
Date

(Name of Organization) is sponsoring
(Name of Event)

Information regarding event – history – purpose

Who:

What:

When:

Why:

For more information, contact:
Appendix D

Potential Tool Kit Items

Stock a supply 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
- Trash bags
- Paper towels
- Kleenex
- First Aid Kit
- Camera and film for the volunteer photographer
- Phone book, exhibitor and volunteer lists with phone numbers, etc.

Registration Table Supplies
- Plenty of pens and pencils for participants
- Maps of exhibits and programs
- “Goody bags” for giveaways
- Assignment list for volunteers
Appendix E

Evaluation

Your evaluation should include the community’s overall impression of the health fair. You could include questions regarding the date’s availability (was it in competition with other community events), its length (too long? too short?), its location (easy to find? available parking?), what information did the individuals take away from your health fair, what was done well, what could be improved, and ideas for future health fairs. Add and remove questions, based on your health fair and its goals and objectives. If you do another health fair next year, you can look at these evaluations and make some improvements or changes based on what the community thought.

Sample Evaluation Form

Health Fair

Community ____________________________ Date ____________

Ratings: Poor 1 Fair 2 Excellent 3

What was your overall impression of the health fair? ____

How would you rate the event’s location? ____

How would you rate your learning of health issues? ____

How did you hear about the health fair? _____________________________

Did you benefit from the vendors/providers today? Yes ☐ No ☐

What did you like about this health fair?
____________________________________________________________________
____________________________________________________________________

What could have made this fair better?
____________________________________________________________________

Would you have any suggestions for future health fairs?
____________________________________________________________________
____________________________________________________________________
Resources

This document was drafted by staff from the Health Promotion Division of the Metro Public Health Department. Information was pulled from the following sources in assisting to develop this document:


- “Mecklenburg County Health Department Health Fair Planning Guide.”
  Mecklenburg County Health Department. n.d. Web 8 April 2009.
  http://www.charmeck.org/NR/rdonlyres/ej42yop34zfmwm2llohbydl6zybp4yb4fwgerfeqv6dvbrcfuwf5ay7ynqxczf4xcncee2cddm5fo647cnb4566qb/HealthFairPlanningGuide.pdf

  http://fcs.tamu.edu/health/health_fair_planning_guide/health_fair_planning_guide.pdf

A very special thank you to them all. For technical assistance on conducting a community event, contact the Health Promotion Division of Metro Public Health Department at 615-340-5648.