Graduate Research Symposium - Proposal Submission

Title - Evaluating utilization of health services at a community health fair among Hispanic adults in a Southern California Community.

Program of Study – Health Education and Health Promotion

Presentation Type – Choose one of the following: PowerPoint

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Category – Choose one of the following: Experimental (Applied)

Abstract

Background:
Latina health screening rates for all major health conditions/ risk factors continue to be low across the United States. Latinos account for one-third of the uninsured population and face numerous cultural, linguistic, and financial barriers to accessing health care services. A community health fair is one approach to address the unmet need for no and low cost health outreach services that target prevention, and culturally appropriate health education among underserved communities. This study evaluated the community engagement in health fair activities among predominately Hispanic participants in a San Bernardino County community in Southern California.

Methods:
The targeted audience for the health fair were largely a Latino community deemed to be the most at-risk subpopulation in many health issues. To determine whether the health fair objectives were met, evaluations were administered to health fair participants and exhibitors. Evaluators assessed participant’s utilization of screening services for blood pressure, glucose, cholesterol, hemoglobin, BMI, dental, flu, stroke, and vision. They also examined participant’s engagement in preventive care services to include counselling on water/sun, exercise and nutrition, health age, medical mental health consultation. Lastly, they examined participant’s intentions to make lifestyle changes as a result of attending the health fair, and intention to seek healthcare for any health problems identified.

Results:
A total of 56 adult Latina completed a brief questionnaire assessing their utilization of health education sessions and health screening services. Of those who completed the evaluation survey,
43.9% obtained blood pressure screening, 36.8% glucose, 36.8% cholesterol, 29.8% flu, 28.1% dental, 17.5% stroke, 15.8% vision, 12.3% BMI, and 10.5% hemoglobin. Only 21.1% attended counseling sessions on exercise and nutrition, 19.3% on health age, 15.8% on water and sun use, 12.3% had medical consultation, and 12.3% had a mental health consultation. The majority of the participants (89.1%) reported intention to make lifestyle change as a result of knowledge obtained at the health fair, and 84.2% indicated intention to seek healthcare for any health problems identified through health fair screenings. Nearly all surveyed participants (93%) reported intention to attend future health fairs to seek the same health services.

Conclusions:
Evaluation results above show that participants were most interested in blood pressure, glucose, and cholesterol screenings. The most popular health counselling topics were exercise and nutrition. Our results support other findings suggesting that this sub-population is most concerned about chronic disease related health issues, which are prevalent in their communities. Health fair evaluation results are useful in planning future health fair events that target health issues and health topics/ information of greatest concern to the community. Evaluations also guide research for future health fairs, and their role in community health education, promotion and the provision of necessary low or no cost health screening services.

Christian Worldview

For decades public health professionals has used health fairs as a health outreach strategy to reach underserved communities, provide needed health screening services and provide health information. Additionally, health fairs have been used one approach to assessing the health needs of a community. Therefore health fairs are important because many people have limited access to health care, and lack proper health knowledge to make informed healthy choices.

In evaluating the impact of health fair participant’s engagement in basic health screening or awareness services, we are supporting our Christian mandate and mission to eliminate major health problems, particularly in underserved vulnerable communities. We are also acting on our values and principles of caring for others through health education research and advocacy for services provided during the health fair.

As Christians, we view health fairs as one of way of creating a community of care, and providing a non-hurried and informal atmosphere where large numbers of people and health professionals gather at one point in time to learn a lot about their health and enjoy themselves. This way, individuals, families and health professional’s work collaboratively to reinforce and encourage behavior changes; much the same way that our LORD Christ Jesus and His disciples spent time, engaging with communities, demonstrating healing and wellness behaviors, while at the same time teaching people to care one for another.

As public health professionals we strive to improve the health of populations. Thus engaging in opportunities of community study to better understand the needs of a community is central to the Christian health promotion professional career. In the Bible, God called Daniel to a life and work of excellence. As Christian health professionals, evaluating our work, products and programs in
critical to not only determining the worth of our work, but also in determining which direction to take in order to improve the quality of our health programs. In Mark 2:17, Jesus said to them, “it is not the healthy who need a doctor, but the sick. I have not come to call the righteous, but sinners.” We believe it is our duty as a health promotion professional’s to take the good news of health to underserved communities, to bring awareness, education, fun, and the love of God through health outreach interventions.
