



## ST. FRANCOIS COUNTY COMMUNITY PARTNERSHIP

200 W First Street, Suite 182 • Farmington • Missouri 63640  
(573) 760-0212 or 431-3173 • Fax: 760-0451  
director @ sfccp.org www.sfccp.org

March, 2009

Dear Friend(s):

You are invited to participate in the **12<sup>th</sup> Annual Family Health Expo** to be held on **Saturday, April 18, 2009**. This year's event will be held on the campus of Mineral Area College in the Field House. The event begins at 8:00 AM and will close at noon.

**The focus of our expo is provide health screenings and help families connect with helpful community resources, but we recognize that we must market the event as something no child or family will want to miss!** We want lots of people to come out and take advantage of the health screenings and learn all about opportunities and resources available to them through YOU. With this in mind we are planning our marketing strategies which will include advertising some special door prizes just for kids and emphasizing the fun activities for children/families to enjoy.

**This year's theme will be "Spring Into Health."** We will focus on spring health issues as well as give parents the opportunity to explore some ideas for spring fun and educational activities for children. I have enclosed a list of ideas. The ideas cover some health topics and spring fun activities we hope to explore at the expo. We ask that you review the list and think how your business, agency or organization can support this year's health expo.

There are several ways in which you can participate in this year's health expo:

- ◆ Provide a **health screening/service** (BP check, vision screening, vaccination, etc.)
- ◆ Provide an **educational exhibit focusing on one aspect of healthy living**
- ◆ Provide an **informational exhibit** about services available to children/families in our communities
- ◆ Provide a **child/family-friendly play/learning activity**
- ◆ **Donate** a door prize, healthy snack, or provide financial support for the expo
- ◆ **Volunteer** your time to help with set-up/clean-up, or serve refreshments

**On the following page there is a listing of activities, screenings, supplies, and educational/informational exhibits we hope to provide to our community members.** We are counting on the local investment of many of our professional community members, businesses, organizations, and agencies. Can we count on you?

Please consider how you can make a contribution to the health and well-being of the children and families in our community. **Enclosed you will find a form to register as an exhibitor and/or to inform us about a service or health screening you will provide.** If you would like to make a financial contribution please make your check payable to *St. Francois County Community Partnership* and write *Family Health Expo* in the memo section of your check. Your gift is tax deductible.

I look forward to hearing from you. Please don't hesitate to call if I can provide further information or be of assistance in any way.

Sincerely,

A handwritten signature in cursive script that reads "Al Sullivan".

Al Sullivan  
Executive Director



# Ideas for Screenings & Activities

Here is a listing of health screenings, activities, and information we hope to provide at the health expo. Please consider your agency/organization and its services and if you are able to provide any of the services listed below...or come up with a great idea of your own!

## Ideas for Health Screenings & Wellness

- ◆ Blood pressure readings
- ◆ Hearing screening
- ◆ Eye exam
- ◆ Anemia screening
- ◆ Body fat analysis
- ◆ Cholesterol checks
- ◆ Diabetes/Juvenile Diabetes Education
- ◆ Dental Screening
- ◆ Tetanus boosters
- ◆ Body in Balance (*screening of functional body position/posture, flexibility, strength and balance*)
- ◆ Body Mass Index
- ◆ Bone Density Screening
- ◆ Finger Stick Glucose
- ◆ Foot Screening
- ◆ Lung Function Screening
- ◆ Men's health issues
- ◆ Women's health issues
- ◆ Nutrition
- ◆ Oral Screening
- ◆ Pharmacy Screenings
- ◆ Pulse Screening
- ◆ Skin Screening
- ◆ Stress/Life Balance Screening
- ◆ Massage
- ◆ Aromatherapy
- ◆ Parenting resources & Information on Learning disabilities
- ◆ Information on arthritis, heart/ cardiovascular disease, elder care, acupuncture, homeopathy
- ◆ Occupational services
- ◆ Mental health—stress, relationships, depression, compulsive eating disorders
- ◆ Information on AARP and senior services, home healthcare, residential care and/or hospice care
- ◆ Information on allergies, allergens and asthma
- ◆ Information on insect bites and snake bites
- ◆ Heat/Sun stroke education
- ◆ Skin care

## Ideas for Children at the Health Expo

### FUN ACTIVITIES

- ◆ Art/Playdough activities
- ◆ Balloons
- ◆ Face painting
- ◆ Carnival-type games
- ◆ Story time
- ◆ Puppets
- ◆ Music/movement

### SAFETY

- ◆ Fingerprinting
- ◆ Bike Safety & Helmet fittings
- ◆ Sun & Heat—staying hydrated, skin care
- ◆ Stranger danger

- ◆ Nature—hiking, insects, snakes
- ◆ Water safety
- ◆ Pet Care

### SUMMER FUN

- ◆ Summer School
- ◆ College for Kids
- ◆ Community sports programs
- ◆ Community Pools
- ◆ Dance
- ◆ Martial Arts
- ◆ Scouting
- ◆ 4-H & Youth Circles
- ◆ Camping
- ◆ Skate boarding
- ◆ VBS



## FAMILY FUN

### Can you provide information on ideas for family fun?

- ◆ Camping—where to go, equipment needed
- ◆ Summer food safety—picnics, grilling
- ◆ Grilling & BBQ tips and recipes
- ◆ Hiking
- ◆ State/City Parks
- ◆ RV's
- ◆ 4 Wheeling
- ◆ Motor biking
- ◆ Family memberships at community centers and city pools

**Just to name a few ideas....what's YOUR idea??**



**Exhibitor's Registration Form**  
**Family Health Expo**  
**"Spring Into Health"**  
**Saturday, April 18, 2009, 8:00 AM-Noon**  
**Mineral Area College Field House**

**Contact Agency: St. Francois County Community Partnership**  
 200 W First Street, Suite 182, Farmington, MO 63640  
 (573)760-0212 / 431-3173; FAX: 760-0451  
 Contact: Mary e-mail: mary@sfccp.org

**Organization Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Please indicate your involvement and then complete the appropriate section of this registration form:**

- Exhibitor       Adult Health Screening/Service       Children's Health Screening / Safety program  
 Children's Fun Activity

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**EXHIBITORS**

**Registration Fee: \$10 per space (large enough for 8' display table)**  
*This fee helps offset the cost of custodial fees, supplies & advertising*



**Do you need to rent a table and 2 chairs? \_\_\_\_\_ Yes \_\_\_\_\_ No Fee: \$10**  
**No tables or chairs are available at the venue. You must rent or bring your own.**



**Registration Deadline: April 8** (you may register after this date as space allows  
 but your name can NOT be included in printed materials after this date).

**Amount Enclosed:** \_\_\_\_\_ **# of Spaces Reserved:** \_\_\_\_\_

**Please choose the category that best describes the goal of the information**  
**to be provided in your booth and a short description of the services of your agency/ organization:**

- Parent's Working       Healthy Children & Families       Safe Homes and Communities  
 Children Prepared to Enter School       Children & Youth Succeeding in School  
 Youth Ready to Enter Adulthood

**Description of Agency Services:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**More ▶▶▶▶▶**

**Please describe your exhibit.** Include information about tables/ equipment you plan to use.

- Table-top exhibit with informational handouts
  - Free-standing exhibit with informational handouts
- Other/Activities/Equipment to be used \_\_\_\_\_

Will you need an electrical outlet? \_\_\_\_\_ (**LIMITED AVAILABILITY, BRING AN EXTENSION CORD**)

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## **HEALTH SCREENING/SERVICES**

***If you plan to provide a health screening  
or some other service please complete this section:***

What type of health screening/service will you provide? \_\_\_\_\_

Does the screening require the privacy of a classroom? \_\_\_\_\_

Does the screening/service target a particular age group? If yes, please specify: \_\_\_\_\_

Does the screening require special prep (fasting, etc.)? \_\_\_\_\_

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**I/We plan to contribute the following door prize:**

**Description:** \_\_\_\_\_

My Door Prize will be for:

- an adult    a child

**Information for our annual report of activities:**  
***(Estimate of in-kind services and local investment)***

Please list the estimated cost to your organization for participating in the fair: \$ \_\_\_\_\_  
(Your cost of travel, personnel, materials & supplies, etc.)

**YOU WILL BE CONTACTED SOON  
WITH DETAILED INFORMATION ON  
SET UP TIMES & PARKING.**