



Princes Park health fair: Black report exhibition

Why not organize a health fair in your practice?

Sir,
Anyone dropping into Princes Park Health Centre in Liverpool on the evening of 6 June 1985 would have been greeted by the sight of receptionists, health visitors, patients and doctors dancing Irish reels to live music provided by a group of local musicians. This was part of our second open evening/health fair after our previous health fair in 1983 had produced a demand for a repeat performance.

We were fortunate this year to have the help of a local neighbourhood health project, as well as a Sports Council project, based in our centre, which is attempting to link sport and exercise with health and to draw in people who would not normally consider themselves to be particularly fit. In 1983, however, we managed to have a fair entirely under our own steam: each fair has taken about two months of regular meetings with local community groups, and we have met with enthusiasm from all those approached. On the day itself minimal work was involved to transform the centre into a mass of stalls, displays and entertainment.

The aims of a health fair are: to make health fun and associate it with having a good time; to draw in local people, both high and low users of the centre and to make them feel that a health centre is not somewhere that you go only when you are sick; to involve local organizations and community groups and bring them together to provide and exchange information about their activities; to provide fitness testing, for example measurement of peak flow and blood pressure,

presented in a non-threatening way and thus providing health education.

This year we had several themes for the fair: fitness, healthy food, anti-smoking propaganda, and so on. Multicultural food was produced by our patients and members of the Community Relations Council. Other stalls included: the Community Health Council, who gave a display of their work, consumer information and health education leaflets; the Brook Advisory Clinic, who gave information and leaflets on family planning; feminist bookshop, promoting books on health; the Health Education Council, who showed a video about the dangers of smoking; and the Merseyside Drugs Council, who gave out leaflets on drug abuse and where to go for help. A dietician provided a display of local leaflets on healthy eating and food, and a local health food shop gave information on how to grow whole foods.

A rota of nurses, lay health workers and doctors took blood pressures throughout the evening and ran a peak flow competition in which we discovered that our patients and local people tend to have very low peak flows compared with the national norms, even for non-smokers. We also borrowed the Mersey Regional health promotion fitness testing bus for the day and this toured the district before ending up at the health centre. The bus, in which people can test their fitness with bicycle ergometers and answer computer health questionnaires, was extremely popular. A crèche bus and puppet shows about dental health were also provided for the children. Various non-alcoholic cocktails were provided by the Liverpool Alcohol Community Team who also gave a display

of information on drinking problems and where to go for help.

A group of local women and health workers provided a display of issues raised by the Black report on inequalities in health (see photo): ear infections, social class and deafness in children, hypertension in black people, the cost and promotion of powdered milk and reasons for breast feeding, and the cost of a nutritional high-fibre diet compared with fast foods. Our health centre breast-feeding support group gave out information about breast feeding and breast pumps. The mastectomy group was also there to publicize their meetings and give advice.

I recommend holding a health fair to anyone, since it provides fun and education for all. The only unforeseen event was rain, yet, despite this, over 300 people attended the fair — not bad for a grey, rainy, windy June evening!

KATY GARDNER

Princes Park Health Centre
Bentley Road
Liverpool L8 0SY

Scoliosis

Scoliosis — lateral curvature of the spine — was described by Hippocrates, who recognized that there are many varieties of spinal curvature, even in people who are in good health. Defined as a spinal curve of 5° or more, with a rotational deformity, scoliosis may be present in up to 4% of patients aged 12–14 years. However, only about 0.3% require treatment, for progressive curves of 20° or more.

The aetiology of idiopathic scoliosis remains unknown. Three-dimensional computer analysis of X-rays taken in different planes, combined with computer graphics, are providing new insights into the natural course of scoliosis. However, we are still unable to predict accurately if a particular patient has a progressive or static deformity.

A clinical evaluation for early detection of scoliosis need take only a few seconds during a consultation. Treatment can include periodic check-ups and X-rays, exercises, braces, electrical stimulation and surgery. Scoliosis associated with other conditions can be discovered in patients of any age, and early recognition is important for proper treatment.

Source: Viviani GR. Scoliosis screening and treatment. *Can Fam Physician* 1985; 31: 529-533.