

# TO SCREEN OR NOT TO SCREEN THAT is the question

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## OBJECTIVES

At the end of the presentation, participants will be able to:

1. Define screenings relative to population health.
2. List the advantages and disadvantages of screenings.
3. Discuss the ethical implications of screenings in a Community Health Fair setting.

## PURPOSE OF HEALTH FAIRS

- Screening, preventive services and education
- Providing collaborative community efforts to the underserved and vulnerable
- Reaching a large segment of the public to identify persons at risk for disease



Health Fair screenings can provide early detection of disease or elevated risk for disease; such information provides the potential for improved interventions and reduction of mortality.

## DEFINING OUR TERMS

- Screening can be defined as:
  - *Secondary prevention* with a goal to detect disease
  - *Primary prevention* with a goal to identify risk factors
  - It is population focused
- Screening is NOT the same as a diagnostic test which is individual focused

## COMMON HEALTH FAIR SCREENINGS

Hypertension  
Cholesterol  
Diabetes  
Skin cancer  
Bone density  
Prostate screening  
Vision and hearing

## ADVANTAGES OF SCREENINGS

- Improves community health
- Healthcare students benefit from the opportunity for service education
- Free and readily available

## DISADVANTAGES

- Health Fair encounters are typically one time interactions with little opportunity for follow up
- Impossible to measure if participants had improved outcomes or lifestyle behavior changes
- False positives and false negatives

## WIDEN THE LENS

Screening is not the test alone, but rather an interconnected chain of events whereby qualified staff is trained in screening and follow-up activities as well as ongoing evaluation and quality control for the purpose of maximizing benefit and minimizing harm.

## COST BENEFIT RATION

### ➤ Direct vs. indirect cost

- Direct cost low with the advantage of volunteer labor and donated materials
- Indirect cost higher as referrals are often made based on false alarms or other misleading results
  - Equally significant is false reassurance which encourages participants to NOT consider lifestyle changes or otherwise address underlying conditions.

Challenges and Failures of Health Fairs and Community Screenings, [www.unitedforsight.org/health-screenings/health-screenings](http://www.unitedforsight.org/health-screenings/health-screenings)

## ETHICAL CONSIDERATIONS

What information does screening actually provide?

- An abnormal result outside the reference range is not always an indication of a health problem
- A normal result is not always an indication of good health.

If a test is 95% accurate, 5% will get the wrong results either as false positive or false negative.



**Blood Pressure Screenings at Straub Park**

Any single isolated pressure reading is influenced by a host of variables, it is the BP trending that provides the greatest value in disease prevention. Is one elevated, isolated reading significant? What happens if the reading is border line critical, where do we refer the patient who has no resources?



#### Project Homeless Connect

1000 Homeless persons were screened for cholesterol and glucose values. The cholestech machines used were donated from various providers reducing control over how, or if, the machines were calibrated which could result in false negative and false positive readings. No follow up access to participants further reduced the benefits of the screening.

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## MORAL CONFLICT

The responsibility of *non-maleficence* (do no harm) and *beneficence* (do good) is inherent to the Hippocratic oath: "...use treatment to help the sick according to my ability and judgment, but never use it to injure or wrong them".

What is our responsibility when we fail to prevent something bad from happening when we are in a position to do so?

Shickle, D., & Chadwick, R. The ethics of screening: Is 'screeningitis' an incurable disease?

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## CASE STUDY

You are volunteering at a health fair held at a community center near your office. In past years, more than 350 people attend this event throughout the day. The event is well organized with multiple screenings as well as flu vaccination.

Mr. J comes to your BP table and reports a history of hypertension but states he ran out of his medication refills 9 months ago. There is no clinic for the uninsured in his area. He reports making efforts to limit his salt intake and walk daily, but his BP readings at the local Publix remain consistently elevated in the range of 170/90. He is asymptomatic.

Mr. J also reports insomnia, depression, and a sense of hopelessness.

What can be done to help Mr. J? His needs exceed the capacity of the Health Fair and screenings offered.

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