Healthy Lifestyles Learned at Church Retreat Program

St. Mary Basilica members use the terms faith and health to enhance their daily lifestyles. Catholic Charities Inc. hosted their first Healthy Living Retreat program Saturday in St. Mary's Family Life Center, which taught the seven keys to healthy living including faith, movement, medical, work, emotional, nutrition and family and friends.

Michael L. Jones, Deputy Director of the Myrlie Evers-Williams Institute and Chief Community Health Officer for the University of Mississippi Medical Center, stressed the importance of health and wellness by having the audience participate in a question and answer session during the program regarding faith and movement. “I’m working with individuals to help merge their faith life to their physical life because we understand that the two are intermingled, and they are greatly depended upon each other,” Jones said. “You can’t be physically healthy without having a healthy faith life.”

Georgetown Students Visit Mississippi

During the week of March 9-13, 2015, the Evers-Williams Institute hosted a group of undergraduate students from Georgetown University in Washington, D.C. for the first ever health care-themed trip called Delta Community Care (DCC). Twelve students made the 16-hour drive to explore issues of primary care and health disparities within the Mississippi Delta. The trip was sponsored and funded by the Georgetown University's Center of Social Justice.

According to Katrina Yeh, one of the co-leaders of the trip, “Delta Community Care is a trip that engages participants with the realities of poor health outcomes and the challenge of providing adequate primary care to underserved populations in the rural Mississippi Delta region. Its deeply racialized past has led to the uneven socioeconomic development of the Delta today and has contributed to the negative health outcomes in that area as well. This trip explored the intersection of race, gender, history, politics through the lens of health care disparities. By connecting participants with community members, state organizations and local residents, this trip was designed to help participants gain an understanding of the various drivers behind the Delta’s current health crisis and provide insight on what the key needs are.”

Healthy Linkages

Healthy Linkages Promotes Improved Health Care in the Mississippi

Evers-Williams Institute Deputy Director, Michael Jones, PhD(c), RN, MSN, MBA, provides leadership for the Mississippi Healthy Linkages Project which is a collaborative effort between the University of Mississippi Medical Center, the Mississippi Primary Health Care Association (21 Federally Qualified Health Centers), and the Mississippi State Department of Health. Healthy Linkages is designed to address the causes of health care problems experienced by some of Mississippi’s most vulnerable citizens during times of disasters (man-made or natural) and during normal times. The ultimate goal of Healthy Linkages is to develop and implement a formal patient referral process between the University of Mississippi Health Care, Mississippi’s 21 Federally Qualified Health Centers, and the Mississippi State Department of Health county clinics.

CELEBRATING AMERICA’S HEALTH CENTERS

In 2015, America’s Community Health Centers will celebrate 50 years of success in expanding access to quality and affordable primary and preventive healthcare services to millions of uninsured and medically underserved people nationwide. Our strong and enduring health center mission is a testament to the important past, present and future role of Community Health Centers in the nation’s healthcare system. View the video “Out In The Rural”.

AMERICA’S HEALTH CENTERS

1965 • 2015

AN ENDURING LEGACY
VALUE FOR TODAY AND TOMORROW
The Mississippi Access to Justice Commission and Medical-Legal Partnerships: Addressing Legal Needs as Part of Healthcare

An estimated 600,000 people live at or below poverty in Mississippi. With one legal services lawyer per every 18,000 eligible individuals, the challenges are great, but the desire to achieve justice for all is greater. While many organizations in Mississippi have long been committed to improving the delivery of civil legal service to the poor, there was no single entity that was representative of all such organizations.

Recognizing the need for a single unifying entity to bring together the various providers of civil legal services, the Mississippi Supreme Court created the Access to Justice Commission on June 28, 2006, becoming the 23rd state to appoint such a commission. Funded through the generous support of the Mississippi Supreme Court, The Mississippi Bar and The Mississippi Bar Foundation, the Commission aims to make a difference for one and for all.

The mission of the Commission is to develop a unified strategy to improve access to justice in civil legal proceedings for the poor in Mississippi. Among its core goals is a desire to identify the current and future needs of the legal services community in providing access to justice to the poor in Mississippi. Oftentimes, legal problems are medical problems. Many patients seen at health centers are living at or below the poverty level, and because of this, they have unmet legal needs that negatively impact their health. Medical-legal partnership is an approach to health that integrates the expertise of health care, public health and legal professionals and staff to address and prevent health-harming civil legal needs for patients, clinics and populations.

Legal aid and healthcare providers are addressing the same problems in the same communities and spending substantial resources doing so, without the benefit of shared data, expertise and effort. Working together, addressing legal needs as part of healthcare, we can better treat and prevent the social problems that so often lie at the heart of illness. While there are legal programs that are currently engaged in medical-legal partnerships, we want to find more ways to collaborate. To learn more about the work of the Commission, visit our website at www.msatjc.org or contact us at 601-960-9581.

“Justice will not be served until those who are unaffected are as outraged as those who are.”

~ Benjamin Franklin

TIFFANY M. GRAVES, J.D.
EXECUTIVE DIRECTOR
MISSISSIPPI ACCESS TO JUSTICE COMMISSION
National Colorectal Cancer Awareness Month

Colorectal cancer is the fourth most common cancer in the United States and the second leading cause of death from cancer. Colorectal cancer affects people in all racial and ethnic groups and is most often found in people age 50 and older. The good news? If everyone age 50 and older were screened regularly, 6 out of 10 deaths from colorectal cancer could be prevented. Communities, health professionals, and families can work together to encourage people to get screened. READ MORE


How Do Integrated Health Care Systems Address Racial and Ethnic Disparities in Colon Cancer?

Colorectal cancer (CRC) disparities have persisted over the last two decades. CRC is a complex disease requiring multidisciplinary care from specialists who may be geographically separated. Few studies have assessed the association between integrated health care system (IHS) CRC care quality, survival, and disparities. This retrospective secondary-data analysis study, using the California Cancer Registry linked to state discharge abstracts of patients treated for colon cancer (2001 to 2006), compared the rates of National Comprehensive Cancer Network (NCCN) guideline–based care, the hazard of mortality, and racial/ethnic disparities in an IHS versus other settings. READ MORE


50 or Older? Get Screened and Join the 70X2020 Initiative

State leaders and health officials gathered today at the Mississippi Capitol to address the state’s dismal ranking in colorectal cancer morbidity rates, a figure that can be drastically reduced by early screening methods.

"The real tragedy is that this can be prevented," said Gov. Phil Bryant, who joined officials in championing the 70X2020 Colorectal Cancer Screening Initiative.

That program has a goal of ensuring at least 70 percent of Mississippians will be up to date with recommended screening by the year 2020. It’s suggested that the first screen for colon cancer occur at age 50, with a second screen 10 years later. For African-Americans, the first screening should occur at age 45. If there’s a family history of colon cancer, a screen every five years is recommended. READ MORE


Decreased Cancer Mortality-to-Incidence Ratios with Increased Accessibility of Federally Qualified Health Centers

Federally qualified health centers (FQHCs) offer primary and preventive healthcare, including cancer screening, for the nation’s most vulnerable population. The purpose of this study was to explore the relationship between access to FQHCs and cancer mortality-to-incidence ratios (MIRs). In urban and healthcare professional shortage areas, mean MIRs decreased as FQHC access increased. A trend of lower breast and prostate cancer MIRs in direct access to FQHCs was found for all racial groups, but this trend was significant for whites only. States with a large proportion of rural and medically underserved areas had high mean MIRs, with correspondingly more direct FQHC access. READ MORE

Parental Social Support, Ethnicity, and Energy Balance–Related Behaviors in Ethnically Diverse, Low-Income, Urban Elementary Schoolchildren

A recent study assessed levels of child-reported parent and family social support associated with physical activity (PA) and fruit and vegetable consumption (FVC) by ethnicity among a lower-income fourth- and fifth-grade students. Child-reported parent and family social support varied by ethnicity, with Hispanic children consistently reporting the lowest support. Child-reported social support had a positive association across the three energy-balance related behaviors examined. Whereas child-reported social support was associated with energy balance–related behaviors across ethnic groups, lower perceived parental and family social support for Hispanic children may represent an important opportunity for intervention. READ MORE


High Prevalence of Overweight and Obesity among a Representative Sample of Puerto Rican Children

The prevalence of childhood overweight and obesity has become a public health problem worldwide. A recent study examined BMI differences by sex, public-private school type, and geographic regions among 12-year-olds residing in Puerto Rico. Data was obtained from an island-wide probabilistic stratified sample of 1,582 twelve-year-olds (53% girls and 47% boys). In this study, 18.8% of the children were overweight and 24.3% were obese. A higher prevalence of obesity was observed in boys as compared to girls, 28.2% vs. 20.2%, respectively. The estimated prevalence of overweight and obesity in children from public schools was lower than for those from private schools. After adjusting for type of school and region, boys had a significantly higher risk of being obese (64%) as compared to girls. In public schools, boys had a lower prevalence of being overweight while girls had a higher prevalence compared to children attending private schools. Girls attending private schools had a higher obesity prevalence (27.8%) compared to girls from public schools (19.8%). READ MORE


Social Determinants of Health Related to Obesity

Social determinants of health are economic and social conditions that influence and indicate the health status of people and communities. These conditions are shaped by the amount of money, power, and resources that people have, all of which are influenced by policy choices. Addressing social determinants of health is a complex task that must involve individuals, communities, and all levels of government to tackle the problem. Nurse practitioners are in a position to increase awareness to obesity by screening, diagnosing obesity, providing treatment plans, and advocating for healthier eating. READ MORE


“Ethics and equity and the principles of justice do not change with the calendar.”

D. H. LAWRENCE


**Center for Child Health Equity**

“Where They (Live, Work and) Spray”: Pesticide Exposure, Childhood Asthma and Environmental Justice among Mexican-American Farmworkers

Asthma prevalence is reportedly low for children of Mexican descent compared with other ethnic groups and Latino subgroups. The results of our exploratory ethnographic research among children of farmworkers in California dramatically suggest otherwise. This research gives voice to a population of families living in the highly toxic, yet agriculturally wealthy environment of the San Joaquin Valley. A rich narrative about perceptions of pesticide exposure emerged from the ethnographic interviews. Thematic analysis yielded beliefs about the relationship between air quality and childhood asthma. The findings suggest that childhood asthma should be reviewed within the context of local levels of environmental exposure and the principles of environmental justice. READ MORE


Inner City Asthma

Inner city asthma is a complex problem. Improving the efficacy of drugs to treat asthma or identifying a new environmental or genetic risk factor contributing to morbidity will add to our existing armamentarium but will have limited impact on reducing disparities. A multifaceted approach must be used that targets a broader spectrum of risk factors. Environmental interventions should not be limited to home allergens or indoor pollution but must be expanded to include housing quality and even outdoor sources of pollution, such as highways or dump sites in the neighborhood. The structure of the medical care system must change to allow the needed access to the required follow-ups and medications, education about asthma self-management, and appropriate environmental intervention. READ MORE


American Public Health Association

Linking Primary Care and Public Health for Students Living in Disadvantaged Communities

Our health care system’s increasing focus on prevention has led to growing awareness of the link between the health care that people receive in the clinic and the public health practices that keep them healthy where they live, work, learn, play and worship. A strategic mechanism for advancing this integration is our nation’s school-based health centers (SBHCs), which deliver health care to students in some of the nation’s most unhealthy communities. Beyond increasing students’ access to health care, SBHCs also address social barriers to health and educational success and promote lifelong healthy behavior. READ MORE


Robert Woods Johnson Foundation Dedicated to Creating a Culture of Health

A culture of health may mean having easy and affordable access to health care. It may mean creating neighborhoods where moms can feel comfortable letting their kids walk to school, play outside, and go to a nearby grocery store stocked with fresh and healthy choices. It may mean providing an elder with the helping hands she needs to remain in her home. Or it may mean living in a community where policy-makers, civic leaders, educators, employers, and residents work together to make the health of their entire community a priority. There is no single definition, which means when America ultimately achieves a Culture of Health it will be as multifaceted as the population it serves. LEARN MORE about the Robert Wood Johnson’s effort to create a Culture of Health.

March is National Kidney Month. Kidney disease is one of the leading causes of death for minority men and is a condition that can prevent men from continuing to provide for their families and/or participate in household, church, or community events. Individuals who have chronic kidney disease may not know it because there are often no symptoms until the disease has progressed. Take the online quiz to assess your risk and consider consulting your health care provider for a check up and screening today!

Race, Gender, and Socioeconomic Disparities in CKD in the United States

Chronic kidney disease is a national public health problem beset by inequities in incidence, prevalence, and complications across gender, race/ethnicity, and socioeconomic status. As health care providers, we can directly address some factors crucial for dosing the disparities gap. Other factors are seemingly beyond our reach, entrenched within the fabric of our society, such as social injustice and human indifference. Paradoxically, the existence of health inequities provides unique, unrecognized opportunities for understanding biologic, environmental, sociocultural, and health care system factors that can lead to improved clinical outcomes. Several recent reports documented that structured medical care systems can reduce many CKD-related disparities and improve patient outcomes. READ MORE


Racial Differences in Mortality and End-Stage Renal Disease

African Americans in the general population suffer from increased adjusted rates of cardiovascular and noncardiovascular mortality in comparison to whites. By contrast, a paradox exists for individuals with chronic kidney disease (CKD) undergoing long-term dialysis, with African Americans having better survival rates than whites in most studies. An analysis of the Cooperative Cardiovascular Project by Newsome and colleagues takes us another step closer to understanding this paradox with a detailed look at progression to end-stage renal disease (ESRD) and pre-ESRD mortality in the same cohort. They evaluated data on over 125,000 Medicare beneficiaries aged 65 years or older and admitted to a hospital with acute myocardial infarction and assessed rates of ESRD or mortality over a 10-year period. READ MORE


Racial Disparities in Chronic Kidney Disease: Tragedy, Opportunity, or Both?

In the United States, the recognized world leader in health technology and medical care, racial and ethnic inequalities remain an indictment of the moral compass of our society juxtaposed alongside hidden opportunities for improving the health of the nation. The tragedy is grounded in the continuing disparities as a result of limited access to quality care for the poor and disadvantaged (often minority) and/or increased rates of suboptimal health care recommendations for women, racial and ethnic minorities, socioeconomically deprived, and geographically segmented communities, often based on institutionalized societal biases. Simultaneously, the recognition of racial and ethnic disparities in health outcomes may provide unique opportunities to advance our understanding of biologic mediators; environmental, psychosocial, and cultural factors; and health risk behaviors that ultimately influence clinical outcomes. Gao et al. examine select indicators of quality care for stages 3 and 4 chronic kidney disease (CKD) in a clinical database of more than 13,000 Department of Defense beneficiaries. They assessed whether race (white, black, or other) was independently associated with provider compliance with selected Kidney Disease Outcomes Quality Initiative (KDOQI) CKD recommended targets during a 12-mo period. READ MORE

Dr. Keith C. Norris is an internationally recognized clinician scientist and health policy leader who has been instrumental in shaping national health policy and clinical practice guidelines. He is a board certified in internal medicine and nephrology. In 1995, he was selected to join the inaugural National Kidney Foundation (NKF) Dialysis Outcomes Quality Initiative, where he worked for a decade helping to transform practice guidelines and national health policy for patients with chronic kidney disease. He was also a founding member of the CMS end-stage renal disease (ESRD) Continuous Performance Measures Workgroup. He presently serves as a member of the NKF Kidney Early Evaluation Program (KEEP) executive committee, the American Association of Kidney Patients (AAKP) Medical Advisory Board and the ESRD Network 3 Medical Review Board. He was one of 19 principal investigators for the multi-site NIH funded African American Study of Kidney Disease and Hypertension (AASK) and the AASK Cohort Study, the largest comparative drug intervention trial focusing on renal outcomes conducted in African Americans.

Dr. Norris was also the founding principal investigator for the first national translational research network dedicated to reducing health disparities, the NIH-RCMI Translational Research Network, which he led from 2007-2013. He currently serves as the Editor-in-Chief of the international journal *Ethnicity and Disease*, a multidisciplinary journal focusing on minority ethnic population differences in health promotion and disease prevention, including research in the areas of epidemiology, genetics, health services, social biology, and medical anthropology. He also serves as an associate editor for the Journal of the American Society of Nephrology.

### Social Environmental Stressors, Psychological Factors, and Kidney Disease

Disparities in the prevalence and progression of kidney disease are generally thought to be a function of group differences in the prevalence of kidney disease risk factors such as diabetes, hypertension, and obesity. However, the presence of these comorbidities does not completely explain the elevated rate of progression from chronic kidney disease (CKD) to end-stage renal disease among high-risk populations such as African Americans. We believe that the social environment is an important element in the pathway from CKD risk factors to CKD and end-stage renal disease. This review of the literature draws heavily from social science and social epidemiology to present a conceptual frame specifying how social, economic, and psychosocial factors interact to affect the risks for and the progression of kidney disease. READ MORE


### Sex, Weight Status, and Chronic Kidney Disease among African Americans: The Jackson Heart Study

Obesity has been shown to have implications for chronic kidney disease (CKD); however, it has received minimal attention from scientists studying CKD among African Americans. The purpose of this study was to examine the manner in which weight status has implications for CKD among this high-risk population through analysis of data drawn from the Jackson Heart Study (JHS). The prevalence of CKD in the JHS was 20%. The proportion of overweight, class I, and class II obese individuals was 32.5%, 26.9%, and 26.2% respectively. Weight status has implications for CKD among the JHS participants, and this study underscores the need for additional research investigating the relationship between weight status, sex, and CKD among African Americans. READ MORE

Are There Gender Differences in Perceived Sexual Self-Efficacy among African-American Adolescents?

African American adolescents accounted for more than half of all HIV/AIDS cases in 2009. Behavioral Strategies are needed to help lessen the incidence of HIV/AIDS among this population. A recent study examined sexual self-efficacy practices and beliefs among African American adolescents. We also examined gender differences between African American adolescents to better understand their perceptions of sexual self-efficacy, condom use intention, and other safer sex practices and beliefs. Findings indicate significant differences exist between genders in perception of sexual self-efficacy among African American adolescents. Females were found to have higher perceived sexual self-efficacy compared to males. Having high negotiation skills and a sexual partner who approved of condom use were significant predictors for high perceived sexual self-efficacy.


Common Threads: An Integrated HIV Prevention and Vocational Development Intervention for African American Women Living with HIV/AIDS

According to the World Health Organization’s Commission on Social Determinants of Health, the lower a person’s socioeconomic status, the worse the health outcomes. One way to alleviate poverty among African American women with HIV/AIDS is to help foster their vocational development and economic empowerment. The National HIV/AIDS Strategy Implementation Plan specifically directs federal agencies to find ways to integrate people living with HIV/AIDS into broader employment initiatives. The purpose of this manuscript is to examine medical, psychosocial, financial/legal and vocational social determinants of health through the lens of the Client-Focused Considering Work Model (Goldblum and Kohlenberg, 2005). The authors then apply this model to the development of a culturally sensitive, integrated HIV prevention and vocational development intervention: Common Threads.

Sexual Decision Making in the Absence of Choice: The African American Female Dating Experience

Although links between low mate availability and increased HIV and STI risk for African American women have been documented in the literature, little is known about the impact of limited mate choices on the quality of relationships between Black men and women and how these relationship dynamics impact risk for young Black women. This study explored the perceived impact of structural forces on African American female young adults’ dating and sexual behavior. Participants reported (1) perceptions of Black men as untrustworthy and manipulative, (2) the limited and often negative roles for Black men in the larger Black community, and (3) heterosexual relationships in the Black community as increasingly influenced by economics and commerce. READ MORE


Address HIV/AIDS in the Southern United States: Implementation, Challenges, and Lessons Learned

Though race and region are not by themselves risk factors for HIV infection, regional and racial disparities exist in the burden of HIV/AIDS in the US. Specifically, African Americans in the southern US appear to bear the brunt of this burden due to a complex set of upstream factors like structural and cultural influences that do not facilitate HIV/AIDS awareness, HIV testing, or sexual risk-reduction techniques while perpetuating HIV/AIDS-related stigma. Strategies proposed to mitigate the burden among this population have included establishing partnerships and collaborations with non-traditional entities like African American churches and other faith-based organizations. Though efforts to partner with the African American church are not necessarily novel, most of these efforts do not present a model that focuses on building the capacity of the African American church to address these upstream factors and sustain these interventions. This article will describe Project Fostering AIDS Initiatives That Heal (F.A.I.T.H), a faith-based model for successfully developing, implementing, and sustaining locally developed HIV/AIDS prevention interventions in African American churches in South Carolina. READ MORE


Book Corner

Mayor Tony T. Yarber Invites Citizens to Participate in “Jackson Reads”

“Jackson Reads” kicked off with a reception on Tuesday, March 3, at Jackson State University’s Margaret Walker Center. The selected book is “Jubilee” by Margaret Walker, and was chosen as part of the Margaret Walker Centennial Celebration this year.

“Jackson Reads” invites the entire city to read one book and take part in a shared experience. The project aims to ignite a conversation about great literature and to broaden literary and cultural horizons. The public is invited to the Mayor’s Book Discussion led by Dr. Alferdeen Harrison at the Smith Robertson Museum & Cultural Center on March 26 from 5:30 p.m. to 7 p.m. READ MORE
Affiliate Opportunities

Interested in Being a Part of the Exciting Opportunities at the Evers-Williams Institute?

One of our objectives at the Evers-Williams Institute is to collaborate with faculty, students, and other members of the internal and external community who are interested in interdisciplinary approaches to eliminate health disparities. Individuals interested in collaborative opportunities with the Institute are invited to apply for formal affiliation.

Three types of affiliations include:
- **Associate member** – UMMC faculty members
- **External members** – Collaborators from neighboring academic institutions and community-based organizations
- **Student/trainee members** – Students attending UMMC or other academic institutions

Affiliate members of the Institute will have access to individuals with: 1) content expertise in health disparities, social determinants of health, and program evaluation; 2) space for anthropometric and survey data collection; staff trained in qualitative methods (i.e., group facilitation, key informant interviews, focus groups); and 3) opportunities for student research and training experience.

If you are interested in membership affiliation, please submit your curriculum vitae (CV), resume, or statement of interest to Deputy Director Michael L. Jones. He can also be reached at (601) 815-9693 or by email should you have further questions.

The Evers-Williams Institute is pleased to introduce our new affiliates:

**Melverta M. Bender, M.L.S., M.P.H.**
Research Director, STI Working Group
UMMC Division of Infectious Diseases

**Gerri A. Cannon-Smith, M.D., M.P.H.**
Consultant/Owner
Innovative Health Strategies, LLC

**Kayla Carr, R.N., M.S.N., FNP-C**
Instructor
UMMC School of Nursing

**Christian R. Gomez, Ph.D.**
Associate Professor in Pathology and Radiation Oncology
Full Member, Cancer Institute

**Tia Austin Hayes, B.S.N., M.S.N, FNP-C**
Nephrology Nurse Practitioner
UMMC Division of Nephrology

**Sheilia A. Henderson, D.H.Sc., M.S.M.**
Development Officer
UMMC Office of Development

**Gailen D. Marshall, Jr., M.D., Ph.D., FACP**
The R. Faser Triplett, Sr. MD Chair of Allergy and Immunology
Professor of Medicine and Pediatrics
Vice Chair of Research
Director, Division of Clinical Immunology and Allergy
Chief, Laboratory of Behavioral Immunology Research

**Mauda L. Monger, M.P.H.**
Director, Health Education
UMMC Division of Infectious Diseases

**Binford T. Nash, Jr., M.D.**
Assistant Professor, Department of Pediatrics
Director, UMMC Perinatal HIV Service
Co-Principal Investigator/Program Director, UMMC Ryan White HIV/AIDS Program Part D

**Nina Wong Sarver, Ph.D.**
Assistant Professor
UMMC Center for Advancement of Youth, Department of Pediatrics
National Minority Health Month April Events

Evers-Williams Institute Celebrates National Minority Health Month
The history of National Minority Health can be traced back to April 1915, when Dr. Booker T. Washington drafted a letter to African American newspapers urging the observance of "National Negro Health Week." As a result of his efforts, a month long initiative to improve the health of all minorities across the country is observed annually in April. READ MORE


Parenting Resources Help Desk
Date: April 6, 2015 · Time: 11:00 a.m. – 1:00 p.m. · Location: Evers-Williams Institute
Erica Collins-Young will speak with Jackson Medical Mall patrons regarding available parenting resources.

Documentary and Discussion of “Robert’s World”
Date: April 8, 2015 · Time: 12:00 p.m. – 1:00 p.m. · Location: UMMC School of Nursing, Room A140a
Facilitator: Dr. Marino Bruce
Following a 15-minute viewing of the documentary, “Robert’s World”, Dr. Bruce will lead a facilitated discussion regarding Robert’s plight as an African American male seeking care for end stage renal disease.

Mental Health Resources Help Desk
Date: April 13, 2015 · Time: 11:00 a.m. – 1:00 p.m. · Location: Evers-Williams Institute
Dr. Marino Bruce will speak with Jackson Medical Mall patrons regarding available mental health resources and mental health needs.

Health Disparities Journal Club
Date: April 21, 2015 · Time: 12:00 p.m. – 1:00 p.m. · Location: UMMC School of Nursing, Room A140a
Facilitator: Kimberlly Stringer, MD, MPH, FAAP, Assistant Professor of Pediatrics and Linda F. Pendleton, MSW, LCSW, Licensed Clinical Social Worker at UMMC’s Division of Child Development and Behavioral Pediatric

Health Care Access Resources Help Desk
Date: April 20, 2014 · Time: 11:00 a.m. – 1:00 p.m. · Location: Evers-Williams Institute
Mary Crump, RN, MSN, MPH will speak with Jackson Medical Mall patrons regarding available health and health care resources.

Community Discussion in Partnership with the Mississippi State Department of Health
“Unnatural Causes: ‘In Sickness and In Wealth”
Date: April 21, 2015 · Time: 6:00 p.m. – 7:30 p.m. · Location: UMMC Conference Center, Dunleith Room
Facilitator: Dr. Corey Wiggins, Director
Mississippi Economic Policy Center

Community Resources Help Desk
Date: April 27, 2015 · Time: 11:00 a.m. – 1:00 p.m. · Location: Evers-Williams Institute
Annie R. Baker, MPPA will speak with Jackson Medical Mall patrons regarding available community resources.
Upcoming Conferences

Save the Date: 7th Empowering Communities for a Healthy Mississippi Conference
May 20-22, 2015
Jackson Marriott Hotel
Pre-Conference Workshops
May 19, 2015
For more information visit www.facebook/empoweringcommunitiesconference

Effective Strategies to Improve Health Care for Hispanics in Our Local Communities
The National Hispanic Medical Association celebrates its 19th Annual Conference March 27-29, 2015 in Washington, D.C. bringing together experts from across the nation to share their multi-disciplinary experiences in improving health care delivery for Hispanic populations. Regular Registration ends March 17, 2015. LEARN MORE

Annual National Rural Health Association (NHRA) Conference
NHRA will host its 38th annual rural health conference April 14-17, 2015 in Philadelphia, Pennsylvania. LEARN MORE

Annual Academy of Women’s Health Conference
The Academy of Women’s Health celebrates its 23rd annual Congress April 16-19, 2015 in Washington, D.C. LEARN MORE

Do you have a great idea that you would like to share?

Email us to submit content for our newsletter.