February is American Heart Health Month. Every year the first Friday of February is “National Wear Red Day”. This day encourages awareness of the issue of women and heart disease and promotes actions to save more lives. Heart disease is the number one killer of women in the United States, causing 1 in 3 deaths each year. More women die from heart disease than from Alzheimer’s, chronic lower respiratory diseases and all forms of cancer. Forty five (45%) of women do not realize that heart disease is the number one killer of women. African-American women are 35 percent more likely to die of heart disease than Caucasian women; and Hispanic women face heart disease nearly ten years earlier than Caucasian women. The classic symptoms of a heart attack are: chest pain, tingling down the arm (usually the left arm), shortness of breath, profuse sweating, light-headedness and sometimes cold or chill. However, these are more common in men. Women often experience less specific symptoms with warning signs such as pain in the back, neck, jaw or stomach; shortness of breath; nausea, indigestion or vomiting. Women may also complain of heartburn, coughing, loss of appetite or heart flutters. These symptoms initially may appear infrequently or they may be so mild that they are dismissed. It is therefore very important for women to learn how to recognize all the signs of a heart attack.

Several medical conditions and lifestyle choices can put you at a higher risk for heart disease, including: high cholesterol, high blood pressure, diabetes, cigarette smoking, overweight and obesity, poor diet, physical inactivity and excessive alcohol use. "Heart disease" refers to several different types of heart conditions. In the United States, the most common type is coronary artery disease, also known as coronary heart disease and is the leading cause of heart attacks. A heart attack occurs when an artery is severely or completely blocked, and the heart does not get the blood it needs for more than 20 minutes. Diagnostic tests are usually needed to confirm the presence and to assess the severity of coronary heart disease. The primary tests used are the electrocardiogram (ECG or EKG) and stress test (or treadmill test or exercise ECG). Different standards exist for reading the EKG in women as compared to men. Make sure your doctor knows this. Lifestyle changes such as avoiding smoking, following a heart healthy eating plan, avoiding excessive use of alcohol, maintaining a healthy weight and becoming more physically active may reduce the risk of heart disease. Medications may be needed to treat high blood cholesterol, high blood pressure or heart disease itself. Advanced heart disease may require procedures to open an artery and improve blood flow. It is important that you recognize the signs of a heart attack and act immediately by calling 9-1-1. Your chances of surviving a heart attack are increased if emergency treatment is given as soon as possible.

Ms Immaculate Nyoni-Maliyamkono, Author
Jackson State University Graduate Student and Central MS AHEC Intern
Regular Screenings Essential for Cervical Cancer Prevention

Each year in the U.S. approximately 12,000 women are diagnosed with cervical cancer, and more than 4,000 lives are lost as a result. It occurs most often in women over age 30. While all women are at risk for cervical cancer; it is the easiest gynecologic cancer to prevent with regular screening tests and follow-up. It also is highly curable when found and treated early. Cervical cancer usually develops very slowly starting as precancerous condition called dysplasia. This precancerous condition can be detected by a Pap smear and is 100% treatable. That is why it is so important for women to get regular Pap smears. Most women who are diagnosed with cervical cancer today have not had regular Pap smears or they have not followed up on abnormal Pap smear results. Undetected precancerous changes can develop into cervical cancer and spread to the bladder, intestines, lungs, and liver. It can take years for precancerous changes to turn into cervical cancer. Patients with cervical cancer do not usually have problems until the cancer is advanced and has spread. As with all cancers, the stage at diagnosis impacts survival rates. For this reason, early detection through annual screenings is extremely important.

The human papillomavirus (HPV) is the main cause of cervical cancer. HPV is a common virus that is spread through sexual contact. There are many different types of HPV. Some strains lead to cervical cancer while other strains may cause genital warts. Cervical cancer is caused by specific types of the Human Papillomavirus (HPV). HPV is very common and at least half of sexually active people will have HPV at some point in their lives, but few women will develop cervical cancer.

There are vaccines that block the types of HPV most often found with cervical diseases. Screening tests can identify women most at risk. The Pap smear and HPV tests are the two methods that can either help prevent cervical cancer or find it early. The Pap test looks for dysplasia on the cervix that can be treated, so that cervical cancer is prevented. The test finds evidence of cervical cancer early, when treatment is most effective. The Pap test only screens for cervical cancer. It does not screen for any other gynecologic cancer. The HPV test looks for HPV—the virus that can cause precancerous cell changes and cervical cancer. All women should have Pap tests based on recommended guidelines and talk with their providers about the HPV test. The American Cancer Society recommends that all women begin cervical cancer screening 3 years after they begin having vaginal intercourse, but no later than 21 years old. Beginning at age 30, women who have had 3 normal Pap smear test results in a row may get screened every 2 to 3 years.

Ms Tennille Howard, Author
Jackson State University Doctoral Student
Central MS AHEC Intern
Medical Mall in Motion

Medical Mall in Motion is the Jackson Medical Mall Foundation’s Church Weight Loss Competition. The 10 month competition which began in January 2012 has a total of 1150 active participants signed up. The program will run through October 2012. The competition is comprised of teams from 44 local churches that have team captains and a minimum of 10 members per team of all age groups. Some churches have as many as 40 people on their team.

The idea for Medical Mall in Motion originally came from an interview Dr. Aaron Shirley had with Howard Ballou about combating the obesity problem here in Mississippi. Dr Shirley felt a good place to start this endeavor would be with the churches because churches allow the opportunity to reach many people. The objective of the program is to reduce the obesity rate in the state of Mississippi and put the state on map as a healthier state thus saving it dollars in healthcare cost. The Foundation hopes that this program will catch on nationally and contribute in making an even larger impact on reducing the obesity rate throughout the U.S.

The program hosts a meeting every 4th Monday of the month to keep the teams engaged. Fitness and nutrition counseling experts from the metro area attend the monthly meetings and discuss weight loss, healthy eating tips, etc. The winning congregation will be awarded $5000 at the 2012 Annual Community Reinvestment Awards which will be held Friday, November 2nd, 2012 at the Jackson Medical Mall.

Erskine Brown & Don Watson are the coordinators for the program and can be contacted at 601.982.8467 ext.27.

Distance Learning Allows Center to Better Serve 10 County Area

Providing quality programming while conserving resources are among the goals for many agencies these days. Central Mississippi AHEC is no different. In developing ways to expand existing programs, reach a broader group of constituents, and better serve our 10-county catchment area, we are utilizing distance learning tools to offer education and training programs online. Youth Health Service Corps participants — many of whom are Jobs for Mississippi Graduates and Job Corps students will be among the first to benefit from our online education and training programs. While sitting in their classrooms at school, students from several different locations throughout our catchment area will be able to participate in the trainings, view Power Point modules and ask questions while increasing their knowledge of internet tools, distance learning, and online training applications.

Our future plans include utilizing distance learning technology to provide continuing education units for health care providers and others. Twenty first century technology of this scope and nature will help us build a stronger, more diversified infrastructure as an agency and position us for other opportunities as they arise. Central MS AHEC’s 10 county service area spans north to Holmes County and as far South as Jefferson County.
Facebook Helps AHEC Center and Students Stay Connected

Area Health Education Centers throughout the state are charged with helping to stimulate interest in health care careers among youth within their catchment areas as well as connect students to programs and resources that help prepare them to move forward as health care professionals. One way in which the Central MS AHEC is staying connected to students within our 10 county service area is through facebook.

Students from Bailey Magnet, Terry, Ridgeland, and Crystal Springs High Schools are already taking advantage of their relationship with the Central MS Area Health Education Center to expand their interest in health care careers and to stay connected to professionals working in the industry. Central MS AHEC launched its facebook page in November 2011. A listserv of 195 students were invited to join. Fifty one students (26%) have become active friends so far.

Students that we serve during regular outreach activities (career and health fairs) as well as those who participate and partner with our programs (Youth Health Service Corps, Jobs for Mississippi Graduates, STEP—our Science Education and Training Program offered at UMC, and Job Corps) are invited to stay connected to us on facebook.

We are able to network with one another, share information, pictures, memorable moments and achievements, upcoming events, as well as, resources such as job shadowing and scholarship opportunities.

Follow us on facebook at: http://www.facebook.com/centralmsahec

Our Staff and Contributing Writers:

Sandra C. Hayes
Central MS AHEC Director

Johnnie M. Hawkins
Program Coordinator

Tennille Howard
Doctoral Intern

Immaculate Malyamkono
Graduate Intern