

COMMUNITY IMPACT MAGAZINE

Black Breast Cancer Alliance Launches a Groundbreaking Movement

Highlights: CBMHR Community Partners

Update on Prostate Cancer Research

Detección temprana de cáncer de pulmón

Learn More About CBMHR CEC Events

Clinical Research & Engagement Conference

May 2022

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Message from Texas Southern University Leadership

May 25, 2022

The Division of Research and Innovation is thrilled to offer its support of the May 2022 edition of the Community Impact Magazine of the Community Engagement Core (CEC) of National Institutes of Health funded Center for Biomedical & Minority Health (CBMHR) here at Texas Southern University (TSU). Our academic research and innovative achievements are made possible due to the tireless work, dedication, and collaboration of the faculty, staff, administration, students, and TSU community partners. This is exemplified through the community-driven achievements documented in this publication.

Texas Southern University proudly maintains its classification by the Carnegie Commission on Higher Education as a "High Research Activity" Doctoral University and we are continually experiencing growth in the areas of research and innovation across the campus. The work of our exceptional faculty, staff and students in various research endeavors have created a sense of immense pride in our institution and hope in our strengthened legacy of academic excellence. The research done at Texas Southern University not only contributes to innovation within academic spaces, but also facilitates social change within our beloved Greater Houston Area.

We extend our appreciation to the leadership, administration, faculty, staff, students, community partners and supporters of the Community Engagement Core and CBMHR. Their contributions have created life changing opportunities for communities of color, community-based health education programming, professional development for Texas Southern University faculty and staff, and insurmountable opportunities that are essential to our designation as an urban serving institution. It is our aim to continue our community-driven research trajectory to provide significant impact in health-related research of underrepresented minorities in our immediate community, our country, and globally.

The work of the CBMHR's CEC is a result of TSU's influential role in community-driven national research related to identifying and addressing the health-related needs of the greater Houston Area. The progress that the research community at TSU is making personifies the understanding that Texas Southern University is not only an incubator for ideas, but a catalyst for social impact.

Sincerely,

Michelle Penn-Marshall, Ph.D.
Vice President for Research and Innovation

Omonike Olaleye, Ph.D., MPH
Senior Associate Vice President for Research and Innovation

Message from Community Engagement Core Director

Dr. Veronica Ajewole

Greetings:

It has been a true pleasure to serve as the CBMHR CEC Team Director alongside the incredible and amazing CEC Team. I remember writing this proposal March 2020 and envisioning the great impact that we could have in addressing health disparities and building trust among ethnic minorities in the Greater Houston Community. The implementation of the CBMHR CEC was remarkably successful due to the diverse and multidisciplinary team of faculty and staff from various academic areas at TSU—which include: the School of Communication, the School of Social Work, the College of Pharmacy and Health Sciences. Another vital component to this endeavor was the integration of our robust steering committee members, network of partners (Community-based organizations, Faith-based organizations, professional/academic organizations, Federally Qualified Health Centers, and Healthcare system), and most importantly—community members from the Greater Houston Area.

Many thanks to the Principal Investigators and Program Director of the CBMHR grant (Dr. Olaleye, Dr. Xie, and Dr. Liang) for their leadership and support. Thank you to National Institute on Minority Health & Health Disparities, Texas Southern University's Leadership and administration, as well as the College for Pharmacy & Health Sciences for their support.

The CEC successfully hosted monthly health education seminars that addressed various health disparity topics since December 2020. The CEC also hosted the first Clinical Research & Engagement Conference in April 2021. Thank you to all attendees, guest speakers, and partnering organizations for your dedication to the CEC's mission to build trust and enhance clinical research awareness, participation, and retention through health education to underrepresented minorities in the Greater Houston Area.

I am proud of the work accomplished so far and I am optimistic about the impact the CEC will have in addressing health disparities over the course the next four years and beyond. This issue of the Community Impact Magazine contains highlights of our past and upcoming events. We hope you stay engaged with us on all of our social media platforms @CECTxSouthernU.

Together we can make decisions that will lead to the much-needed positive trends in health disparities. So “be the change, be the advocate, and be the hero.”

I am looking forward to closing health disparity gaps alongside each of you!

With gratitude,



Veronica B. Ajewole, PharmD, BCOP
Associate Professor of Pharmacy Practice
Clinical Pharmacist Specialist-Oncology
Director, Community Engagement Core, CBMHR



What is CBMHR?

Texas Southern University (TSU), one of the nation's largest Historically Black Colleges and Universities (HBCUs), recently received an \$8.63 million award from the National Institute of Health's National Institution on Minority Health and Health Disparities. This grant was awarded to the Center for Biomedical and Minority Health Research (CBMHR). The CBMHR consists of four major components involving TSU faculty from various disciplines: Research Infrastructure Core, Community Engagement Core and Investigator Development Core.

The CBMHR enhances research infrastructures and fosters scientific advances for early stage investigators. The unique and collective strengths of CBMHR components, innovative research projects, excellent resources and structured career enhancement program make it a novel synergistic and first-of-its-kind resource at TSU and in the Texas Medical Center. The CBMHR provides comprehensive, integrated and centralized infrastructure and high quality capabilities for advanced biomedical research innovation.

Research Center for Minority Institutions

Funding Information: NIMHD/NIH: 2U54MD007605-27A1

Meet the CBMHR Leadership



Omonike Olaleye, Ph.D., MPH
Contact Principal Investigator



Huan Xie, Ph.D.
Principal Investigator



Dong Liang, Ph.D.
Program Director



Song Gao, Ph.D.
Director
Research Infrastructure Core



Veronica Ajewole, Pharm. D., BCOP
Director
Community Engagement Core



Ivy Poon, Pharm. D.
Director
Investigator Development Core

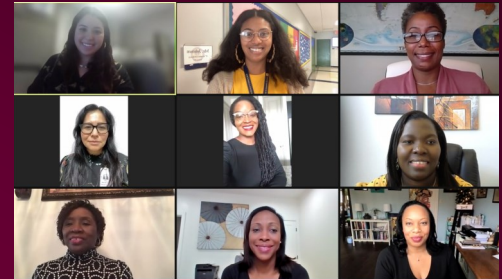
What is the Community Engagement Core?

The Community Engagement Core (CEC) is one of the major components of the CBMHR.

The CEC is responsible for leveraging TSU's many longstanding partnerships and collaborations with healthcare systems, Federally Qualified Health Centers (FQHCs), community-based organizations (CBO), and faith-based organizations (FBO) as well as its unique relationship with the underrepresented minority (URM) in the Greater Houston community (GHC).

The CEC's unique charge includes the following:

- Developing innovative programs that integrate existing yet siloed community engagement efforts across TSU.
- Identifying the health-related concerns of GHC URMs through surveys conducted by our healthcare systems, FQHC, FBO and CBO partners as well as community individuals and CBO partners' feedback.
- Addressing health concerns through health education seminars.
- Providing guidance for navigating the vast healthcare infrastructure.
- Implementing clinical research education forums aimed at building trust and reducing barriers to participation in clinical trials among GHC URMs.
- Hosting research outcomes conferences to promote the outcomes of TSU's biomedical research endeavors to facilitate the awareness of research findings among the GHC URMs.
- Utilizing various forms of media to build relationships with the GHC URMs and to share important messages concerning research, special events, and the latest information related to minority health and health disparities.



The CEC Team during a virtual monthly team meeting.



The CEC Steering Committee during a quarterly meeting.

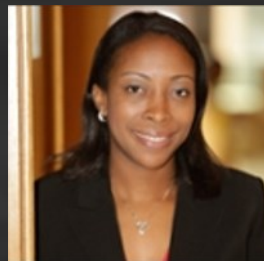
Meet the CBMHR Community Engagement Core Team



Dr. Veronica Ajewole
Director



Dr. Grace Loudd
Associate Director



Dr. Uche Ndefo
Associate Director



Ms. Evelyn Casas
Program Coordinator



Dr. Toniesha Taylor
Social Media Lead



Ms. CiErra Liggins
Social Media & Mass Media Intern



Dr. Morgan Kirby
Mass Media Lead



Dr. Maria Mejia
Healthcare System Liaison



Ms. Lena Bean
Outreach Coordinator



Dr. Assata Richards
CBPR Consultant



Dr. Rosalia Guerrero
Community Training Consultant



“Be the change, be
the advocate, and
be the hero.”

CEC January 2022 Seminar: "Self-Care & Resources for People Living with Heart Disease and their Caregivers"

Speakers

Dr. Lakecia Pitts was born and raised on the southside of Houston, Texas. Dr. Pitts studied Business Management at the University of Texas at San Antonio and she later attended Texas A&M for master's in business administration and four years of medical school. She completed three years of training at the University of North Carolina's Family Medicine Residency Program followed by an additional one-year fellowship at Kaiser Permanente in HIV primary care. Dr. Pitts currently works at Avenue 360 Health and Wellness Clinic where she provides a wide variety of services primarily for uninsured and underinsured individuals living with HIV. Outside of medicine, Dr. Pitts is an award-winning artist best known for her amazing shower singing and bathroom dancing. Join her for dinner as she jams her vinyl records while cooking and you are sure to have a great time! It brings her joy to empower and uplift others to realize their full potential.

Shonah Jefferson began her culinary career at the tender age of 11—by helping her dad at his local Houston restaurant. After spending many years in business and as a practicing attorney, she returned to her culinary roots by managing the family restaurant for a few years while obtaining a degree in Culinary Arts from San Jacinto College. Shonah has always had an interest in giving back to others because "to whom much is given, much is required." Being a Chefs For Seniors owner and personal chef gives her an opportunity to "do well by doing good" and to combine her love of people, business and the culinary arts. She and her team of talented chefs serve the seniors of the North and Southeast Houston Metro areas.

Shonah attended The University of Texas at Austin, where she received a B.B.A. in Finance and a B.A. in Plan II Honors Liberal Arts. She also has a law degree from Georgia State University College of Law. Shonah has been a Chefs for Seniors' franchise owner since October 2018.

To view this CEC seminar, visit our YouTube channel [CEC Texas Southern U.](#)

CEC February 2022 Seminar: "Turning the Tides: Preventative Measures in Heart Disease & Stroke"

Speakers

Dr. Morrow is an Assistant Professor and the Director of the Didactic Program in Dietetics in the College of Pharmacy and Health Sciences at Texas Southern University in Houston, Texas.

Dr. Morrow is a member of the editorial board for the Journal of Renal Nutrition, the Diversity and Inclusion Liaison for the Renal Practice Group of the Academy of Nutrition and Dietetics, an accreditation reviewer for the Accreditation Council for Education in Nutrition and Dietetics. He is also a member of the National Kidney Foundations' Health Equity Advisory Committee. His research interests include energy expenditure, obesity, and sleep apnea in chronic kidney disease.

Chef Shonah Jefferson returned to present during the month of February!

To view the recording of this seminar, visit our YouTube channel [CEC Texas Southern U.](#)

CEC March 2022 Seminar: “Changing Minds, Changing Lives: Emotional Wellness Through Treatment”

Speakers

Kayode Giwa grew up in Houston, TX and attended the University of Houston for undergrad. He obtained his PharmD from the University of Houston College of Pharmacy. After graduating pharmacy school, he completed a PGY1 residency at Memorial Hermann Southwest and the University of Houston. He has worked as a clinical specialist in psychiatry at Houston Methodist Hospital since finishing residency, and serves as the PGY1 Pharmacy Residency Director.

Lauren Hickland is a Licensed Clinical Social Worker in Houston, Texas. She completed her Masters Degree in Social Work from the University of Houston in 2016. She currently serves as both a Behavioral Health Case Manager at Project Row Houses (Texas) and as a Therapist at a Federally Qualified Health Center. She has a passion for helping others along with educating her community about the importance of mental health. Lauren's goal is to fuse her Business and Social Work background to eliminate health disparities. You can find Lauren's mental health content on both Instagram and TikTok (@laurenspinkcouch).

To access this CEC seminar, visit our YouTube channel [CEC Texas Southern U.](#)

If you are interested in receiving more information about CEC events...

Email Us!

cbmhrcommunity@tsu.edu

Visit us!

<https://bit.ly/CBMHRCECwebsite>

Call us!

713-313-1233

Follow Us!



@CECTxSouthernU



TEXAS SOUTHERN UNIVERSITY



CENTER FOR BIOMEDICAL & MINORITY HEALTH RESEARCH
COMMUNITY ENGAGEMENT CORE

CLINICAL RESEARCH AND ENGAGEMENT CONFERENCE

SATURDAY, APRIL 23, 2022 | 9:30 A.M. - 1 P.M.

The CEC hosted our second annual Clinical Research and Engagement Conference. The conference featured speakers and panelists who will discuss ethical issues in clinical trials, participation in clinical trials, phases of clinical trials, and the importance of clinical trials.

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Rayne Rouce, MD

Disparities in African- American & Hispanic Population



Stephen Sodeke, PhD, MA

Ethics in Clinical Research



Zelma Tuthill, PhD

Disparities in LGBTQ Community



Omonike A. Olaleye, PhD, MPH

Snr Assoc VP for Research and Innovation, TSU

What the community needs to know about Clinical research



Michelle Penn- Marshall, PhD

VP for Research and Innovation, TSU

TSU's Commitment to Address Health Disparities and mitigate Barriers to Clinical Research



Franklin Caspa, PhD.

Research Consultant, Institutional Research Board, TSU

Clinical trial panel moderator

Clinical Trial Panelist



Dominique Guinn, PhD



Michelene Holmes



Charlene E. Upshaw



Jennie Bennet, EdD

Clinical Research & Engagement Conference:

Behind the Scenes

During our virtual Clinical Research and Engagement Conference, CEC faculty, staff and students played major roles in its success. From moderating to live tweeting, the CEC team made certain the Clinical Research and Engagement Conference was a world-class event.



Clinical Trial Testimony: Michelene Holmes

The CEC aims to increase participation in clinical trials in the Greater Houston Area. Michelene Holmes took a few moments to share her clinical trial experience.



CEC: In which clinical trial did you participate?

MICHELENE HOLMES: My very first research program was My Lifestyle List geared towards breast cancer patients, headed by Dr. Lorenzo Cohen

CEC: Why did you decide to participate in this clinical trial?

MICHELENE HOLMES: I participated specifically to help my community to be more informed about triple negative breast cancer in African American women.

CEC: How was your participation in the clinical trial beneficial?

MICHELENE HOLMES: I benefited greatly, I learned so much valuable information about my body and how to help my body heal through meditation proper diet and exercise.

CEC: What would you say to others who are unsure about participating in clinical trials?

MICHELENE HOLMES: I encourage everyone I have an opportunity to assist as they navigate through in their journey to participate in research. How their participation can help the future generation and to find cures and move research forward.

FUTURE CEC EVENTS

Monthly Seminar Topics

June: Prostate Cancer

July: Healthy behaviors in adolescents.

August: Immunization Awareness

September: Cancer Screening & Prevention

October: Breast Cancer

November: Diabetes

December: Exercise and Weight Management

CEC Community Focus Group Feedback

The CEC received invaluable feedback through our health related focus group events. Take a look at some of our amazing feedback!

"I would just like to say , I had a great experience that let me know I am not alone in this struggle ."

"This conversation felt not only purposeful, but therapeutic. It was time well spent!"

"It was refreshing to be surrounded by a group of people that are passionate about the community."

"The meeting was very interesting and informative. It was a pleasure to share my opinions and experiences related to today's issues. Also, I enjoyed listening to others."

"Wonderful and invigorating conversation. It has been an honor to discuss my thoughts with other minority POC, especially women! I felt heard!!"

Are You Interested in Participating in a CEC Focus Group?



Why should you participate?

- Focus groups are a great way for people to find out new information about a topic.
- Your knowledge could make a difference
- You can talk about things that are important to you.
- Focus groups provide people with an opportunity to meet people with similar experiences.
- You could receive a \$50 gift card

For more information:

Contact Assata Richards; 281.667.4466

Register here:



Update: RCMI Prostate Cancer Research

By: Dr. Huan Xie



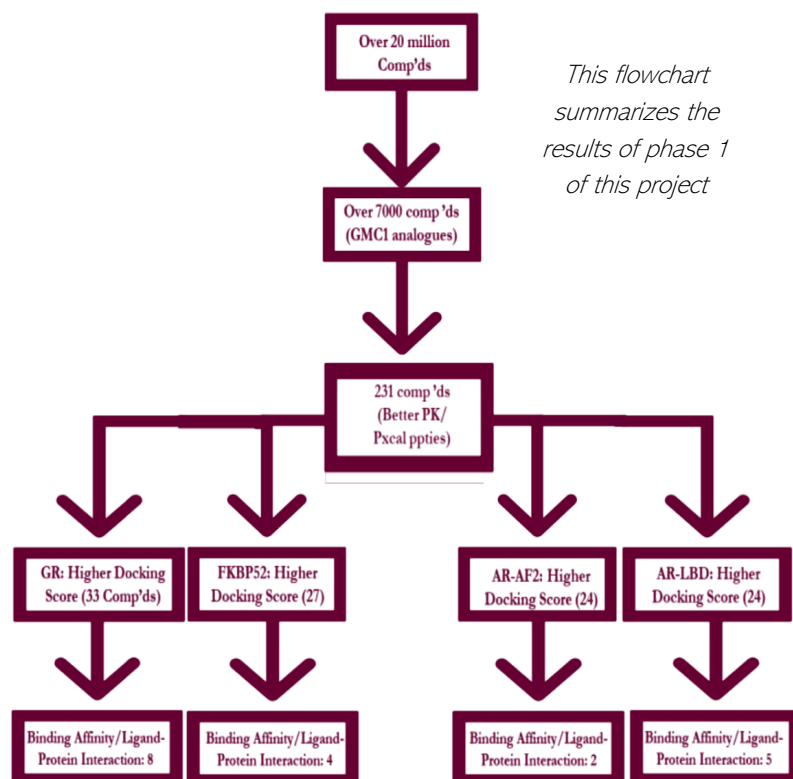
Dr. Huan Xie is a Professor of Pharmaceutics in the College of Pharmacy and Health Sciences. She is also the Director of the Graduate Program of Pharmaceutical Sciences, PI of the RCMI Center for Biomedical and Minority Health Research (CBMHR), and Co-Director of CPRIT GCC Center for Comprehensive PK/PD & Formulation (CCPF).

In the second year of our RCMI grant period, Dr. Huan Xie's lab has continued performing the anti-Prostate Cancer project. We started a new project to computationally design and development GMC1 analogues for better physicochemical properties and better targeting. This project has two phases: the first phase is a computational study aiming to find promising inhibitors of FKBP52 protein with better predicted pharmacokinetic properties and potential anti-proliferating activities than GMC1; the second phase is an in vitro study intending to determine the anti-cancer capabilities of these newly identified analogues in inhibiting prostate cancer cells.

From a library of over 20 millions compounds, our GMC1 similarity search identified between 7000 to 7500 analogues of GMC1. And the prediction of the physicochemical and pharmacokinetic properties of the analogues identified 231 analogues with better predicted ADME properties (such as lipophilicity, water solubility etc.) Then molecular docking analysis of these 231 analogues of GMC1 at the active sites and ligand-binding domains of FKBP52, Androgen receptor (AR) and Glucocorticoid receptors (GR) identified a total of 120 compounds that showed close or higher docking scores than GMC1 and the respective known inhibitors of the proteins.

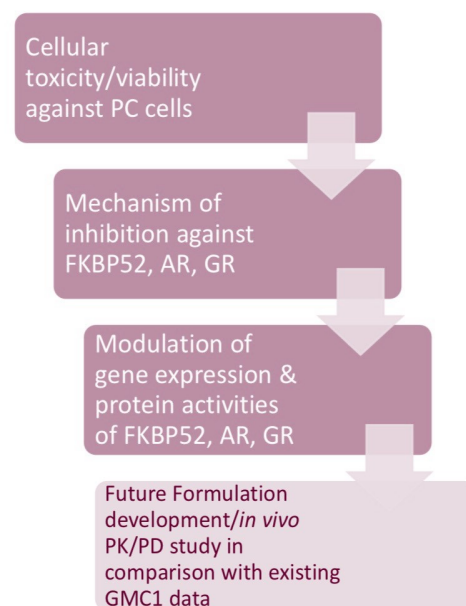
Update: RCMI Prostate Cancer Research

The best docking poses of the analogues at the binding/active sites of the proteins were then subjected to molecular dynamics simulations. After 100n MD trajectories, the free binding energies of the ligand-protein complexes were estimated, with 2 and 5 compounds exhibiting close or higher binding energies at the ligand-binding domain and AF2 site of AR, respective than the known inhibitors and GMC1. Estimation of the binding energies of the analogues against FKBP52 and GR showed 4 and 8 compounds, respectively showed close or higher binding energies than the known inhibitor and GMC1. Furthermore, the evaluation of the functional groups of these analogues at the binding/active sites of the proteins showed they interacted with essential amino acids residues required for the inhibitions of these proteins, suggesting they might be promising inhibitors of FKBP52 and associated receptors of PC.



As of Right Now

Eleven (11) of the Lead compounds have been purchased, and the second phase of the study which involves cellular toxicity/viability assays against Prostate Cancer cells just commence. Currently, study is on-going on the dose optimization and for single dose response against PC cells in Dr. Marc Cox's lab at UTEP. The adjacent diagram provides details of the second phase of the study.



Lung Cancer Screening: One Can Save Your Life

By: Olga Y. Gorlova, PhD and Maria C. Mejia, MD

“The benefits of lung cancer screening may go beyond early detection of lung cancer.”

BCM



Olga Y. Gorlova, PhD
Baylor College of Medicine



Maria C. Mejia, MD
Baylor College of Medicine

Lung Cancer Screening

Lung cancer remains a major cancer killer in the United States and it will claim more than 130,000 lives in 2022 according to the American Cancer Society. The majority of lung cancers are detected only when they are advanced and symptomatic with poor prognosis (5-year survival of 5% for metastatic disease). Only 16% of lung cancers are diagnosed at a localized early stage, for which prognoses are much better (5-year survival of 56-70%). Lung cancer screening with an imaging exam called low-dose computed tomography, or low-dose CT scan has been shown to reduce the risk of dying from lung cancer because it can identify lung cancer at an earlier curable stage. It's a type of X-ray that creates very detailed pictures of your lungs. Screening is only for people who are at high risk for lung cancer due to their age and smoking history. People between the ages of 50 and 80 who have smoked a pack a day for the last 20 years (or two packs a day for the last 10 years) should consider screening every year.

The benefits of lung cancer screening may go beyond early detection of lung cancer. The scan also sees other parts of the body, not only the lungs. Sometimes this can show things that may be medically concerning and may need follow-up testing or treatment. These are called incidental findings, such as emphysema or coronary artery calcifications. Sometimes this is helpful if the problem needs attention. But incidental findings can also be stressful since they can lead to more tests.

Like all screening tests, lung cancer screening does have risks. The scan may detect something in your lungs that looks like cancer but isn't. These are called false positives. For example, most pulmonary nodules (small masses of lung tissue) are harmless. But you might have to get more tests and treatments before your healthcare provider confirms the growths aren't cancer.

People with high risk for lung cancer may face difficulties accessing a screening program, due to financial constraints and lack of health insurance. In addition, they might be less willing to participate in any health intervention program, including screening. Sometimes people are not aware of the risk of smoking and developing lung cancer or appraise lung cancer symptoms and seek medical help.

Therefore, increasing lung cancer screening awareness and promoting early detection and diagnosis among vulnerable populations is important. We encourage you to discuss the benefits and risks of lung cancer screening using low-dose CT with your doctor. Working together will help you decide whether screening is right for you. In addition, if you currently smoke, your doctor will also counsel you on the importance of quitting smoking and provide you with resources to help you quit. Stopping smoking is one of the best things you will ever do for your health.

Disorders of the Eye

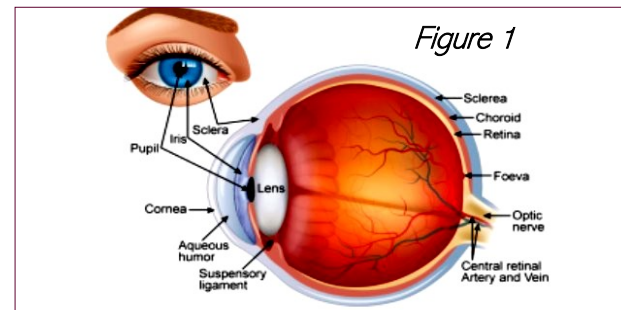
By: Fatima Muili



Fatima Muili is a Graduate Research Assistant and an Albert Schweitzer Fellow in the College of Pharmacy at Texas Southern University.

The Eye is an organ for sight with two distinct segments, namely the anterior (lens, aqueous humor, iris, pupil, cornea) and posterior (choroid, sclera retina, optic nerve,). Figure 1 shows the various parts.

- IRIS A circular disc that gives the eyes its color
- PUPIL The center of the iris, enlarges when in dim light and constricts when in bright light
- CORNEA The front part of the eye that is clear though which light enters the eye
- LENS Helps to focus objects
- AQUEOUS HUMOUR eye fluid that keeps the front eye moist and circulates nutrients into the eye
- CHOROID Membrane that consists of blood vessels that nourish the outer part of the retina
- SCLERA The white outer part of the eye
- RETINA Multi layered Sensory tissue that contains photoreceptors rod and cons
- OPTIC NERVE A nerve fiber that relays information to the brain
- VITEROUS HUMOUR Gel like material in the back of the eye that contain collagen, hyaluronic acid, and other proteins



Disorders of the eye relates to the part of the eye affected. Sight anomalies are related the visual pathways as seen in myopia, hyperopia/presbyopia, or astigmatism. Physiological abnormalities which disrupt the normal functioning of the eye can lead to glaucoma, diabetic retinopathy, and age-related macular degeneration. Patients may not realize the ongoing damage until extremely late.. Fetal underdevelopment can lead to strabismus, and macro/microphthalmia. Foreign bodies like viruses, and microorganisms can lead to uveitis, conjunctivitis. Majority of these diseases are asymptomatic and often found during routine checkup of the eye. Hence encouraging regular eye checkups at least once a year. Eye disorders are explained below:

MYOPIA: This occurs in people with longer eyeball than normal, or those with greater curvature to the cornea of the eye. The light entering the eye focuses closer to the front of the eye making objects and task farther away look blurred.

HYPEROPIA: Is the ability of the eye to focus on items and tasks that are farther away, but inability to focus on items and task that are closer to the eye.

Disorders of the Eye

PRESBYOPIA: Is a condition that occurs as part of the natural aging process of the eye, where the lens becomes more rigid and difficult to focus. Reading becomes difficult.

ASTIGMATISM: This occurs when the cornea of the eye is shaped irregularly, more like a football than a baseball. Due to this shape, light does not focus correctly on the back of the eye. Astigmatism can affect one's vision by blurring objects and tasks placed at all distances.

AGE RELATED MACULAR DEGENERATION (AMD): Is an eye disorder associated with aging and results in damaging sharp and central vision. Central vision allows seeing objects clearly and for common daily tasks such as reading and driving. AMD affects the macula, the central part the retina that allows the eye to see fine details. There are two forms of AMD—wet and dry.

CATARACT: Is a clouding of the eye's lens and is the leading cause of blindness worldwide, and the leading cause of vision loss in the United States. Cataracts can occur at any age because of a variety of causes and can be present at birth. Corrected with surgery.

DIABETIC RETINOPATHY (DR): Is a common complication of diabetes. It is the leading cause of blindness in American adults. It is characterized by progressive damage to the blood vessels of the retina, the light-sensitive tissue at the back of the eye that is necessary for good vision. Diabetic retinopathy usually affects both eyes.

GLAUCOMA: This can damage the eye's optic nerve and result in vision loss and blindness. Glaucoma occurs when the normal fluid pressure inside the eyes slowly rises. However, recent findings now show that glaucoma can occur with normal eye pressure. Early treatment can protect against serious vision loss.

UVEITIS: This is a form of eye inflammation which include eye redness, pain and blurred vision. The condition can affect one or both eyes, and it can affect people of all ages, even children. Causes of uveitis are infection, injury, or an autoimmune or inflammatory disease. Uveitis can be serious, leading to permanent vision loss. Early diagnosis and treatment are important to prevent complications and preserve vision.

CONJUNCTIVITIS: This is an inflammation or infection of the conjunctiva.

MACRO/MICROPHTHALMIA: Is an eye abnormality that arises before birth. In this condition, one or both eyeballs are abnormally small or large. Macro/Microphthalmia may need surgery.

KERATOCONUS: This occurs when the cornea thins and gradually bulges outward into a cone shape. A cone-shaped cornea causes blurred vision and may cause sensitivity to light and glare. Keratoconus usually affects both eyes, though it often affects one eye more than the other. Affect people between the ages of 10 and 25. The condition may progress slowly for 10 years or longer.

STRABISMUS: Strabismus involves an imbalance in the positioning of the two eyes. Strabismus can cause the eyes to cross in (esotropia) or turn out (exotropia). Strabismus is caused by a lack of coordination between the eyes. As a result, the eyes look in different directions and do not focus simultaneously on a single point. In most cases of strabismus in children, the cause is unknown. In more than half of these cases, the problem is present at or shortly after birth (congenital strabismus). Corrected surgically.

“TOGETHER WE CAN.”





 **CBMHR**
CENTER FOR BIOMEDICAL & MINORITY HEALTH RESEARCH



COMMUNITY RESOURCE GUIDE



The CEC partners with Federally Qualified Health Centers to help provide information about community resources.

What are Federally Qualified Health Centers (FQHCs)?

Federally Qualified Health Centers are community-based health care providers that receive funds from the HRSA Health Center Program to provide underserved areas. This makes health care affordable to you. Visit <https://findahealthcenter.hrsa.gov/> to find a FQHC near you.

Greater Houston Community (GHC) Health Related Services by County

Visit <https://bit.ly/CBMHRCECwebsite> to view the interactive community resource guide to find health related services in your area by county featuring Harris, Austin, Liberty, Montgomery, Fort Bend, Brazoria, Chambers, and Galveston Counties.

Learn About Clinical Trials Near You!

ClinicalTrials.gov is a great resource to find clinical trials. This guide can assist in navigating the ClinicalTrials.gov website and can also be found on the CEC website at <https://bit.ly/CBMHRCECwebsite>.

“Clinical trials are research studies performed in people that are aimed at evaluating a medical, surgical, or behavioral intervention. They are the primary way that researchers find out if a new treatment, like a new drug or diet or medical device (for example, a pacemaker) is safe and effective in people. Often a clinical trial is used to learn if a new treatment is more effective and/or has less harmful side effects than the standard treatment. Other clinical trials test ways to find a disease early, sometimes before there are symptoms. Still others test ways to prevent a health problem. A clinical trial may also look at how to make life better for people living with a life-threatening disease or a chronic health problem. Clinical trials sometimes study the role of caregivers or support groups.” – National Institute of Health (NIH)

CBMHR CEC Community Partners

Faith Based Organizations (FBOs)

Fountain of Praise
Lilly Grove Baptist Church
Good Hope Baptist Church
Houston Canterbury
Dominion International Center
St. Luke's Episcopal Church
Wheeler Avenue Baptist Church
Holman Street Baptist Church
Jordan Grove Missionary Baptist Church
Saint Peter Claver Catholic Church
Progressive New Hope Church
Saint Monica's Catholic Church
Mt. Horeb Missionary Baptist Church
Loyal Missionary Baptist Church

Community Based Organizations (CBOs)

Shape Community Center
TSU Aging and Intergenerational Resources
DAWN Center
Leukemia & Lymphoma Society
Third Ward Community Cloth Collaborative
Baker Ripley
Care Connection
5th Ward NRCDC
KEW Learning Center

Federally Qualified Health Centers (FQHCs)

Avenue 360 Health and Wellness

Healthcare Systems

Baylor College of Medicine
Houston Methodist Hospital

Trinity Methodist Church: Dianne Iglehart



CEC: In what capacity do you serve within your organization?

Dianne Iglehart: My name is Dianne Akins Iglehart. I am the Certified Mission Servant Leader at Trinity United Methodist Church. I have been a member of Trinity UMC for over 40 years. I began worshipping here as an undergraduate at the University of Houston. I work with a collective spirit with other church members, and servant leaders to conduct relevant and meaningful outreach ministries and services within our congregation and our mission field.

CEC: What would you like people to know about the Farmer's Market hosted by your organization?

Dianne Iglehart: It was such a blessing to meet Veronica Sanchez of the American Heart Association on a Zoom meeting discussing food insecurities in Third Ward. The American Heart Association was looking for access points in Third Ward to address food insecurities in the community and Trinity Church was selected. We are proud to be apart of of this initiative. To help our reach and increase participation, we have a monthly mini- health fair with the Fresh Produce Mart. The collaborative effort with Urban Harvest and the invited health related vendors has increased participation and interest in our monthly Farmer's market.

CEC: What are some events that Trinity Church is hosting that address minority health?

Dianne Iglehart: We have been awarded a grant with The American Heart Association for another year to partner with Urban Harvest as an access point to provide fresh produce to our Mission Field. We will continue the monthly Trinity Fresh Produce Mart and Mini - Health Fair on the 4th Saturdays of the month. It has been so much fun to plan and partner with others in having this monthly event. Being of service is FUN!

CEC: How can faith-based organizations assist in helping close the health disparities gap?

Dianne Iglehart: We are working collaboratively with neighboring partners, social agencies, and several Third Ward working groups to close the gap by fresh produce, nutrition, literacy, educational health, literacy information and resources. It is very fruitful to plan strategically with like minded partners to form solutions in closing gaps in health disparities.

CEC: What more do you think can be done to close the health disparity gap?

Dianne Iglehart: The four United Methodist Churches in Third Ward have been hosting the Third Ward Collaborative Health Fair for the past 5 years, and we look forward to hosting it again in 2023. We work as a team to plan an expert panel discussion and resourceful vendors that distribute a wealth of health wise information, resources and resources.

THE FAITH-BASED & COMMUNITY ENGAGEMENT TEAMS AT DFPS



"The Faith-Based & Community Engagement Teams at DFPS are available to assist employees with activities involving volunteer support, donation questions and community engagement."

Department Family Protective Services: Faith-Based & Community Engagement Teams

Community engagement is the process of working with communities to improve outcomes for our clients, the vulnerable citizens of Texas. Children, the elderly & adults with a disability need and deserve other service providers, judges, law enforcement, city officials, volunteers, and community leaders contributing to the improvement of their situations. Department Family Protective Services (DFPS) can't be solely responsible for providing solutions for clients – there are too many pieces to the puzzle. Strong and effective partnerships with clients, communities and state leadership are critical to the shared goal of providing services and solutions for the protection of vulnerable Texans, and building these relationships and partnerships is an integral part of our everyday work. We could not do our job without them.



The Faith-Based & Community Engagement Teams at DFPS are available to assist employees with activities involving volunteer support, donation questions and community engagement. We collaborate with non-profit organizations, associations, legislative staff, community boards and individuals by:

- Linking community resources through community partnerships and volunteers
- Establishing policies and procedures for statewide community engagement and volunteer resource development.
- Providing direction and support to regional and state office staff for the development and implementation of stakeholder relations and activities, public participation processes, and volunteer involvement.
- Ensuring that information about community engagement activities is openly flowing between various areas of the agency.



TOUCH, THE BLACK BREAST CANCER ALLIANCE LAUNCHES A
GROUNDBREAKING NEW MOVEMENT TO ADVANCE THE SCIENCE
FOR BLACK BREAST CANCER



"Black Breast Cancer isn't about a month, it's about a movement. "

TOUCH, THE BLACK BREAST CANCER ALLIANCE LAUNCHES A GROUNDBREAKING NEW MOVEMENT TO ADVANCE THE SCIENCE FOR BLACK BREAST CANCER

TOUCH, The Black Breast Cancer Alliance, led by Thriver Ricki Fairley, launched When We Tri(al), a movement dedicated to empowering and educating Black women on the importance of clinical trial participation. The movement aims to change the devastating breast cancer mortality rates for Black women, who are 41% more likely to die from breast cancer than white women.

Black women are drastically underrepresented in clinical trials; only 3% of clinical trial participants leading to FDA approval of cancer drugs between 2008 and 2018 were Black. The consequences are dire: too many Black women are missing out on access to newly emerging and often life-extending treatments. Until more Black women are included in the research, they will continue to face worse breast cancer outcomes. When We Tri(al) is focused on the urgent need to end these disparities.

"Black Breast Cancer isn't about a month, it's about a movement. When We Tri(al) aspires not only to save Black lives but also educate and motivate clinical trial participation among our Black Breasties," says Ricki Fairley, CEO of TOUCH, The Black Breast Cancer Alliance. "The current drugs are not working hard enough for Black women. I'm on a mission to empower our community with the necessary knowledge to advocate for ourselves within a medical system that too often fails us. We must advance the science. Our When We Tri(al) launch will serve as a moment to hear firsthand how clinical trials can change the game for breast cancer and Black women."

The communication for the When We Tri(al) Movement was made with cultural humility, love and hope. Designed by Black Breast Cancer patients and survivors, for Black Breast Cancer patients, the website provides basic education about clinical trials to arm Black women with the information they need to advocate for themselves in a medical community that often fails them.

Please visit [whenwetri\(al\).org](http://whenwetri(al).org) to learn more.

About Touch, The Black Breast Cancer Alliance

Touch, The Black Breast Cancer Alliance drives the collaborative efforts of patients, survivors, advocates, advocacy organizations, health care professionals, researchers, and pharmaceutical companies to work collectively, with accountability, towards the common goal of eradicating Black Breast Cancer. Though there are numerous breast cancer advocacy groups and stakeholders, there is a dire need to bring all patients, survivors, advocates, advocacy organizations, health care professionals, researchers, and pharmaceutical companies together to serve as allies to advance the science for Black Breast Cancer.



MENTAL HEALTH AND THE DILEMMA OF CHOICE

By Treyvon Waddy

Managing and upkeep one's mental health is... a daunting task to say the least. There are so many aspects of any one person's individual life to consider, after all. social life, and all of its twists and turns, family life and the difficulties faced there, and, of course operating within the complicated structures of society itself are all monumental tasks, and yet we as a collective go through our lives day after day throughout it all.

So, when it comes to the issue of managing mental health, it's definitely easier said than done. And, of course, with having just exited a nearly three-year long period of quarantine and outright isolation for many, I'm positive that now more than ever is keeping up with this sort of thing more important, and ironically, more difficult than ever. Which is something I personally can attest to.

To be frank, I've had a lot on my plate over the past couple of years. Balancing school, work, as well as my personal endeavors is... a lot. And there have been a lot of down days for me. I've reached the point in my life where you start to feel everyone expecting something from you. However, this point in life is also where many people, myself included, start to expect something from themselves as well, which serve as the root of my struggles, as well as the struggles of many young adults across America.

It can genuinely feel like a race sometimes. Only that, everyone has a different starting line, finish line, gear, and skillset. It's a sort of freedom that's vindicating and liberating at its best perception, but entirely terrifying at its worst. Everyone's looking to settle somewhere, but at the same time, it can feel as though many people are chasing an idealized, sensationalized version of life that may or may not be attainable to every person. That is to say, everyone wants the tropical island home with "just right" weather, with the partner of their choosing, while specializing and profiting massively from the profession of their choosing, but not everyone will. And that's a hard pill to swallow. Though, it doesn't have to be a sorrowful one.

Something I heard one day that has stuck with me through time is the following statement: "Pain is necessary. Suffering is optional." And for me, this quote meant everything. Obviously, it didn't fix my periods of depression and anxiety that I still battle to this day, but it put a lot of things into perspective. For starters, it meant to me that we choose our own destiny, for better or for worse. And I believe the power of choice is one of the greatest gifts one can be given. One I believe we take entirely for granted.

I mean all of this to say: Regardless of your background, your limitations, and the voices of others, the power to shape your life is always yours. I know the world exerts much pressure on individuals to succeed and be prosperous, but both of those things are ultimately subjective and depend on the individual in question. So in regards to mental health, the few pieces of anecdotal advice that I would give would be to:

1. Get organized. Create some kind of goal or plan for yourself with clear steps that can be taken in regards to what your version of success looks like.
2. Be good to others. Treat others as you, yourself would like to be treated, and without expectation.
3. Surround yourself with people who are good to you. Having a good support system and people to rely upon is important in all facets of life. Take care to associate with people who are not only nice to you, but are honest and appreciate you as an individual unconditionally.
4. Be good to yourself. Self-love has become the talk of the town lately, and for good reason. You can't help anyone if you can't help yourself, and you can't realize your ambitions if you have no regard for your own interests and sense of self. This is true both internally and externally. Stop telling yourself that you don't have the answers. You do. You just have to believe in them.

The self-love journey is a life-long one. It's something that has to be taken day by day, minute by minute. And it has to be intentional. But with enough focus and time, I'm positive that those suffering from inner turmoil can make it to the other side, and truly enjoy what life has to offer.

"The power to shape your life is always yours..."



"The self-love journey is a life-long one..."

Treyvon Waddy is a junior Journalism major in the Texas Southern University School of Communication.

SHIFTING FROM BODY FOCUS TO SELF-CARE: A MENTAL HEALTH JOURNEY

By CiErra Liggins

It is 2022, two years into the global pandemic and a year after my article about my changing body was published in the Community Impact Magazine, and I have some growing thoughts...

In "Loving Our New Normal," I questioned my motives behind critiquing my newly gained weight. Was I participating in the rhetoric that shamed bigger bodies or was I justified in reflecting on a major change in myself image? Currently, the pursuit of that answer has been abandoned for a holistic solution. I shifted away from analyzing my weight to focusing more on how I feel.

When I wrote "Loving Our New Normal," I spoke about how the nationwide lockdown created conditions that aided in weight gain. According to a survey conducted by American Psychological Association, 42% of U.S. adults reported that they had gained undesired weight due to COVID. For a 30-year-old who averaged 145 since college, 40 pounds meant looking in the mirror brought a new truth. It revealed a new me.

Since then I have lost 20 pounds, and the most important aspect of this journey of weight loss is not about the body at all. In fact, it is about mental health. I want to be careful as I write this, not to make the argument that losing weight improves mental health. I think that argument dismisses the unequal social values that are placed on individuals with larger bodies and those with smaller bodies that may also contribute to mental health issues. What I would like to convey is that, centering what I needed to feel good led me to not only accepting my new appearance, but accepting myself. Doing things like journaling every day, eating foods that gave me energy instead of making me feel sluggish, practicing meditation, and doing something physical at least three times a week increased my mental state. In an article written by the National Institute of Mental Health, these self-care activities plus getting enough sleep, drinking enough water, doing something relaxing, and staying connected to love ones improves both your physical health and mental health.

Consequently, losing weight may occur due to a healthy self-care routine, but the grandeur prize is that you win a grounded self-image in how you feel about yourself. You gain self-love.



CiErra Liggins serves the CBMHR CEC as the Social Media Intern and is a graduate of the Texas Southern University School of Communication. She received her masters degree in Professional Communication and Digital Media.

LUPUS™

FOUNDATION OF AMERICA
TEXAS GULF COAST CHAPTER

WHAT IS LUPUS?

A chronic (long-term) disease that can cause pain and inflammation in ANY part of the body.

For some this is a mild disease - for others it is life threatening.

YOU ARE NOT ALONE

Over 1.5 million people in the US are LIVING with lupus.

A healthy diet and care plan help keep lupus symptoms at bay.

TREATMENT OPTIONS

Medications, Treatment Approach, Managing and Preventing Lupus Flares

You and your physician should work together to choose the best options and communication schedule

IMPACT OF LUPUS

Lupus most commonly affects your: skin, joints and internal organs including kidney and heart.

There are MANY symptoms to be aware to maintain good health with lupus.

TYPES OF LUPUS

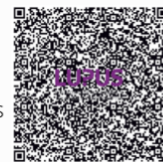
SLE: Systemic Lupus Erythematosus, the most common form of lupus.

Cutaneous Lupus: Limited to the skin.

Drug-induced Lupus: Lupus "like" disease caused by certain prescription drugs.

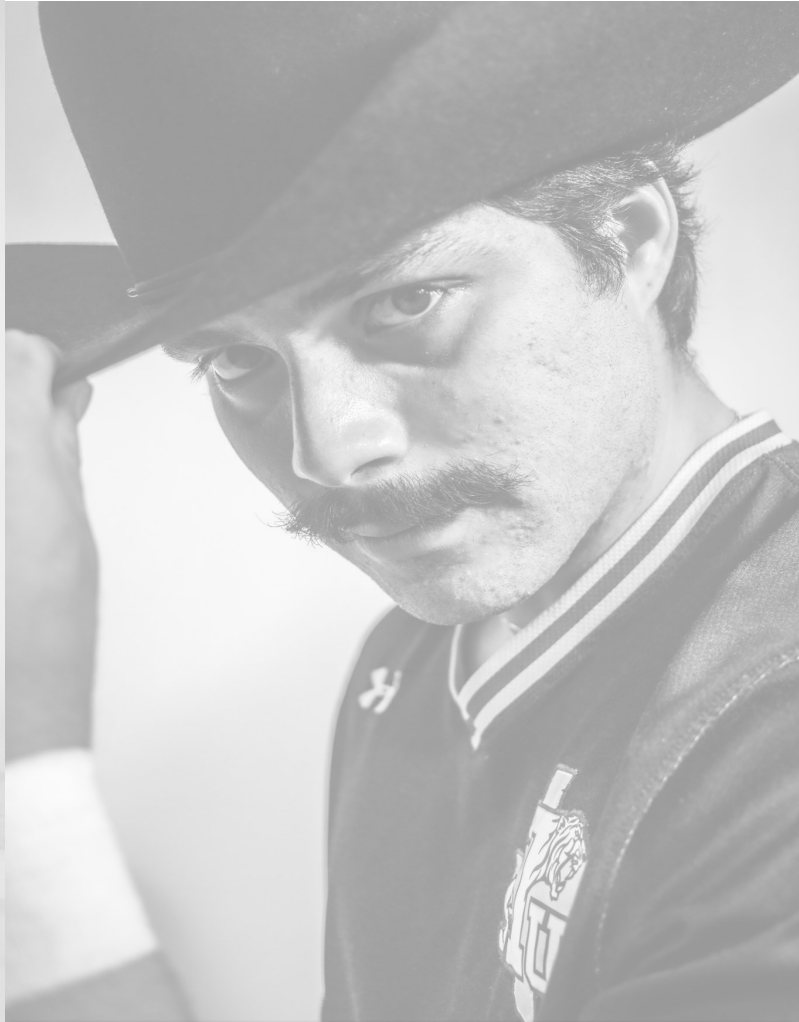
Neonatal Lupus: rare affecting the infants of women who have lupus.

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info@lupustexas.org
713.529.0126



MI COMUNIDAD





Para la Salud Mental

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2. Envía un mensaje de texto con la palabra AYUDA al 741741 para comunicarte de manera gratuita con un Consejero de Crisis

3. En los momentos en los que más ayuda necesitan para sobrellevar los desafíos de una enfermedad mental, NAMI les brinda aceptación, comprensión, información y apoyo. 1-855-466-7100

4. Llame a la Línea Nacional de Prevención del Suicidio 800-273-8255 800-273-TALK



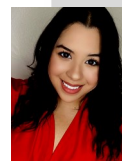
La Diabetes y la comunidad Hispana

¿Qué es la Diabetes y como afecta a la comunidad Hispana?

La diabetes es una enfermedad crónica (de larga duración) que afecta la forma en que el cuerpo convierte los alimentos en energía. La diabetes se presenta cuando el nivel de glucosa en la sangre, también conocido como azúcar en la sangre, es demasiado alto.

Los adultos en los Estados Unidos tienen probabilidades del 40 % en general de presentar diabetes tipo 2 pero si usted es un hispano o latino adulto en los Estados Unidos, sus probabilidades son de más del 50 %.

"Como Hispanos es nuestra responsabilidad mantenernos informados de los riesgos que corremos".



- Evelyn Casas
Coordinadora de Community Engagement Core

Tipo 1

Diabetes tipo 1: Con la diabetes tipo 1, el cuerpo no produce insulina porque el sistema inmunitario ataca y destruye las células del páncreas que la producen. Por lo general, se diagnostica la diabetes tipo 1 en niños y adultos jóvenes, aunque puede aparecer a cualquier edad. Las personas con diabetes tipo 1 tienen que usar insulina todos los días para sobrevivir.

Tipo 2

Con la diabetes tipo 2, el cuerpo no usa la insulina adecuadamente y no puede mantener el azúcar en la sangre a niveles normales. La diabetes tipo 2 se puede prevenir o retrasar con cambios de estilo de vida saludables, como bajar de peso si tiene sobrepeso, tener una alimentación saludable y hacer actividad física regularmente.



Diabetes Gestacional

La diabetes gestacional aparece en mujeres embarazadas que nunca han tenido diabetes. La diabetes gestacional generalmente desaparece después de que nace el bebé, pero aumenta el riesgo de que usted tenga diabetes tipo 2 más adelante en la vida.

Diabetes Monogénica

La diabetes monogénica es un tipo poco común de diabetes que es causada por una sola mutación genética. Es responsable de aproximadamente del 1 al 2 % de todos los casos de diabetes, aunque su prevalencia en realidad puede ser hasta de un 5 %.

¿Cuáles son los diferentes tipos de Diabetes?

Detección temprana de cáncer de pulmón:

un examen puede salvarle la vida

Por Olga Y. Gorlova, PhD y Maria C. Mejia, MD

“ Con las imágenes también ve otras partes del cuerpo, no solo los pulmones.”



Olga Y. Gorlova, PhD

Baylor College of Medicine



Maria C. Mejia, MD

Baylor College of Medicine

Detección temprana de cáncer de pulmón

El cáncer de pulmón sigue siendo una de las principales causas de muerte por cáncer en los Estados Unidos y cobrará más de 130,000 vidas en 2022 según la Sociedad Americana del Cáncer. La mayoría de los cánceres de pulmón se detectan solo cuando están avanzados y son sintomáticos con mal pronóstico (supervivencia a 5 años del 5% para la enfermedad metastásica). Solo el 16% de los cánceres de pulmón se diagnostican en una etapa temprana localizada, para la cual los pronósticos son mucho mejores (supervivencia a 5 años del 56-70%). Se ha demostrado que el cáncer de pulmón que se repite con un examen de imágenes llamado tomografía computarizada de dosis baja que puede identificar el cáncer de pulmón en una etapa curable más temprana y reducir el riesgo de morir de cáncer de pulmón. Es un tipo de radiografía que crea imágenes muy detalladas de los pulmones. Las pruebas de detección son solo para personas que tienen un alto riesgo de cáncer de pulmón debido a su edad y antecedentes de tabaquismo. Las personas entre las edades de 50 y 80 años que han fumado un paquete de cigarrillos al día por 20 años deben considerar la detección cada año.

Con las imágenes también ve otras partes del cuerpo, no solo los pulmones. A veces, esto puede mostrar cosas que pueden ser médicamente preocupantes y pueden necesitar pruebas de seguimiento o tratamiento. Estos se llaman hallazgos incidentales, como enfisema o calcificaciones de la arteria coronaria. A veces esto es útil si el problema necesita atención. Pero los hallazgos incidentales también pueden ser estresantes, ya que pueden conducir a más pruebas y exámenes.

Al igual que todas las pruebas de detección, la detección del cáncer de pulmón tiene riesgos. La exploración puede detectar algo en los pulmones que se parece al cáncer, pero no lo es. Estos se llaman falsos positivos. Por ejemplo, la mayoría de los nódulos pulmonares (pequeñas masas de tejido pulmonar) son inofensivos. Pero es posible que tenga que hacerse más pruebas y tratamientos antes de que su proveedor de atención médica confirme que los crecimientos no son cáncer.

Personas con alto riesgo de cáncer de pulmón pueden enfrentar dificultades para acceder a un programa de detección, debido a limitaciones financieras y falta de seguro de salud. Además, podrían estar menos dispuestos a participar en programas de intervención de salud, incluida la detección temprana. A veces, las personas no son conscientes del riesgo de fumar y desarrollar cáncer de pulmón o tampoco bien informados para evaluar los síntomas del cáncer de pulmón y buscar ayuda médica.

Por lo tanto, es importante aumentar la conciencia sobre las pruebas de detección del cáncer de pulmón y promover la detección y el diagnóstico tempranos entre las poblaciones más vulnerables. Recomendamos que hable con su médico sobre los beneficios y riesgos de la detección del cáncer de pulmón mediante una tomografía computarizada de dosis baja. Trabajar juntos le ayudará a decidir si la detección es adecuada para usted. Además, si actualmente fuma, su médico también le aconsejará sobre la importancia de dejar de fumar y le proporcionará recursos para ayudarlo a dejar de fumar. Dejar de fumar es una de las mejores cosas que usted puede hacer por su salud.

UNA COMIDA PARA DESPUÉS DE UNA SESIÓN DE EJERCICIO

By Selina Garza

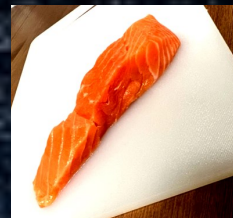
Comiendo saludable es muy difícil cuando estamos cortos de tiempo. Especialmente cuando salimos del gimnasio y ya venimos cansados, pero con mucha hambre. Preparar algo rápido y delicioso pero lleno de nutrientes es ideal. Mi comida favorita para después de una sesión de ejercicio es un pedazo de salmón con arroz blanco y chile morón.

El salmón está listo en 10 minutos en mi horno de aire pero también se puede cocinar en el horno regular. El arroz blanco lo dejo cocinando en mi olla arrocera mientras voy al gimnasio y ya llego nomás a preparar mi salmón y partir mis chiles morones. El arroz también se puede comprar en bolsas instantáneas si no se tiene olla arrocera.

De este platillo obtendremos varias vitaminas incluyendo la vitamina B12 y D, y también varias otras.

Paso 1: Preparar tu arroz blanco en olla arrocera o un arroz blanco de bolsa instantánea.

Paso 2: Sazonar tu salmón con tus especias de preferencia y aceite de oliva o el de tu preferencia. Yo utilice pimienta negra, sal de ajo, sal de cebolla, chile cayena, pimienta roja, y sazón italiano.



Paso 3: Colocar tu salmón en el horno o en la freidora de aire a 390 por 8 a 10 minutos depe



Paso 4: Cortar tus chiles que también puedes substituir por aguacate si gustas.

Paso 5: ya que todo este listo lo juntas en un plato y a disfrutar!
ndiendo tu preferencia de termino.



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TEXAS SOUTHERN UNIVERSITY

The logo for the Center for Biomedical & Minority Health Research (CBMHR) Community Engagement Core. It features a stylized icon of a red and white pill with a white orbital ring to its left. To the right of the icon, the letters 'CBMHR' are written in a large, bold, grey sans-serif font. A small red flask icon is integrated into the letter 'R'. Below the 'CBMHR' text, the full name 'CENTER FOR BIOMEDICAL & MINORITY HEALTH RESEARCH' is written in a smaller, dark red, all-caps sans-serif font, followed by 'COMMUNITY ENGAGEMENT CORE' in the same font and color.

Email: cbmhrcommunity@tsu.edu

Website: <https://bit.ly/CBMHRCECwebsite>

Phone: 713-313-1233



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