

**University of Mississippi Medical Center School of Nursing
Underserved Mississippi Communities: School Of Nursing Coordinated Healthcare
through and Authentic Model of Partnership (UMC SON CHAMP)**

**Academic-Practice Partnerships
Partnership Expectation and Outcome Metrics**

Partnership Goals	Activities	Outcomes
<p>Overarching goals of this Academic-Practice Partnership</p> <ol style="list-style-type: none"> 1. Establish collaborative and sustainable academic-practice partnership where shared vision and goals are set to create a school-based clinic within a Jackson Public School (JPS) elementary school with the intention to expand and replicate this model in our state. 2. Establishing mutual trust and respect between UMMCSON and partners through frequent and meaningful engagement 	<p align="center">Evolution of School-Based Health Clinics in Jackson Public Schools (1999-2011)</p> <p>In 1998, officials from University of Mississippi Medical Center School of Nursing (UMMC SON) and JPS met to discuss an innovative plan to open Mississippi's first nurse-managed, school-based health clinic in JPS at Johnson Elementary (JE), located in the Georgetown community of Jackson, Mississippi. This school was chosen based on data revealing the majority of the 600 students who attended this school did not have a medical home, over 95% of students participated in free/reduced lunches, and utilized the emergency department (ED) as their primary care provider for acute and episodic visits. Results of this meeting were:</p> <ul style="list-style-type: none"> • School-health advisory board was formed, and meetings were held monthly to establish goals, objectives of clinic. 	<p>After several monthly meetings with JPS officials and the School-health Advisory Board which consisted of physicians, members of UMMC and UMMC SON, community leaders, and teachers/staff/parents of children who attended JE, the committee agreed to a partnership to establish a SBHC in a local elementary school where health disparity and inequity is prevalent.</p> <p>The meetings between the partners was a way for the different groups to meet, plan and establish trust as they decided what was best for the children in the Georgetown community where the SBHC would be located.</p>

<p>3. Sharing of knowledge of current best practices while allowing nurses to lead and develop collaborative models to improve health care outcomes</p> <p>4. Sharing of knowledge through interprofessional education</p> <p>5. Allowing each health care professional to reach the highest level within scope of practice while meeting needs of the population served</p>	<ul style="list-style-type: none"> • Proposal presented to JPS school board and officials at UMMC to initially open SBHC with school-nurse (RN) and APRN as pilot study. • Academic-practice partnership (APP) was created between JPS and UMMC, UMMC SON after meeting and agreeing to form a SBHC. <hr/> <ul style="list-style-type: none"> • Source of funding for clinic was discussed with intention of requesting funding through Mississippi (MS) State Legislature and community partners. <hr/> <ul style="list-style-type: none"> • Meetings held with Advisory Board to plan for room at JE to be transformed into clinic after meeting with experts in SBHCs in our country. 	<p>The proposed APP was accepted between UMMC, UMMC SON and JPS with the intention of piloting a clinic with an RN and an APRN for future potential of replicating model in other urban and rural schools.</p> <p>Grant funding requested through MS State Legislature for pilot program. Funding was provided through the MS State Legislature and MS Department of Education (MDE).</p> <p>After funding was received, the following activities occurred to create a clinic in an old kindergarten classroom:</p> <ul style="list-style-type: none"> • Physical transformation of classroom into 2 private exam rooms, a combination triage/lab room, storage room, bathroom, a conference room, an office, and a reception area. Clinic furnished by community partners. • Computerized record-keeping software package was researched and ordered • Policies and procedures were developed for SBHC
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	<hr/> <p>SBHC provided an opportunity for faculty practice and clinical learning for all levels of nursing students while providing access to care for children, teachers and staff in a medically underserved community.</p> <hr/> <p>Based on statistical data, Mississippi ranked as one of the highest in the nation with children having asthma and other chronic illnesses. With the input from our community partners, advisory board, and faculty/staff/parents at JE, an Asthma Camp for children in clinic and their parents was planned to help increase awareness and education about asthma and use of treatment modalities. Also requested was helping students learn about their siblings that may have special needs or chronic illnesses.</p>	<ul style="list-style-type: none"> • On-site consultation occurred with experts in SBHCs with representatives from University of Colorado and Johns Hopkins University. • Visits with other SBHCs in state • Billing system established • Open house to showcase SBHC <p>On April 13, 1999, SBHC was officially opened and during the first 23 days of full operation the following occurred:</p> <ul style="list-style-type: none"> • Provided care for 73 children • 23 were assessed and treated for problems by NP • 46.4% of consents were returned with parent permission to be seen in clinic • Health screenings were done on all K, 1st, 3rd, and Special Ed students <p>Summer, 1999</p> <ul style="list-style-type: none"> • Asthma Camp held for enrolled students and parents • A ‘Sib-Shop’ was offered for siblings of children with chronic illnesses and/or exceptional education needs • New students in Pre-K and K were offered complimentary examinations with enrollment <p>School year 1999-2000</p>
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		<ul style="list-style-type: none">• Advisory committee composed of SBHC RN and APRNs, teachers, staff, parents, and community leaders was established to provide guidance and suggestions• Johnson Health Committee composed of SBHC nurses, APRN, teachers and staff was established to act as liaison group between SBHC and school.• Health screenings were performed for all students (over 500) enrolled in school with the help of BSN students from UMMC SON• Became a ‘Vaccines For Children’ (VFC) provider and offered completion of vaccinations for those who were incomplete• Exceptional education and chronically ill children were offered influenza vaccination in SBHC• Health teaching manual was created to cover a variety of topics for the children at JE and weekly health topics were taught to first and fourth graders during school year with help of UMMC SON BSN students• Faculty and BSN students from UMMC SON participated in clinic care as part of clinical experience for nursing education• Clinic staff set up career day exhibition for JE students
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	<p>Because of successful clinic operations during first year, the MS Department of Education invited the UMMC SON to apply for further funding for a 5-year funding cycle (2001-2006).</p> <hr/> <p>Discussions with teachers, parents, counselors and children were held to determine if services beyond the physical and educational needs of the child were needed. Maslow's Hierarchy of Needs was utilized as the foundation to determine necessities of these children.</p> <p>Direct care was continued during the next 5 years with RN and APRN providing the care.</p> <p>Expanded clinical educational opportunity for all levels of nursing students by coordinating with UMMC SON faculty.</p>	<ul style="list-style-type: none"> • Monthly bulletin boards were provided on specific health topics and implemented by BSN students • In-service health-education topics were presented to teachers/staff during after school faculty meetings as well as PTA meetings every month • Participation in IEP conferences by clinic RN and APRN • End of year satisfaction survey were distributed to staff and parents <p>Funding was applied for and awarded for 5 additional years through Department of Education for 2001-2006.</p> <p>During this funding period, the following were established:</p> <ul style="list-style-type: none"> • clothes closet and coat closet • hygiene supplies for children and families in need • nutritious snacks for those children who have missed breakfast • transformed conference room into a comfortable room where sick children can rest and be monitored by the nurses until parents can pick them up from school
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		<p>Outcomes:</p> <ul style="list-style-type: none">• During this current funding, there were over 4000 student/teacher and staff encounters with 1640 encounters at the clinic the final year of funding.• 7% of all students evaluated in clinic were sent home due to communicable diseases.• 40% of encounters were administered medication on site.• 12% received a prescription medication.• 1% were referred to a specialty clinic for further evaluation.• 7% received daily medications administered by RN or NP.• 3% of children seen received EPSDTs, which was 3-fold increase over previous years.• Approximately 135 junior and senior nursing students and 19 NP students participated in clinical in SBHC. <p>Parent evaluations indicated: a</p> <ul style="list-style-type: none">• 98% satisfaction in clinic services• 100% agreed child was taken care of appropriately in a friendly and caring manner.• 87% of parents reported the clinic decreased number of times they missed work to take child to get health care for child.• 93% of parents reported the clinic decreased visits to the ED.• 95% of parents the clinic decreased visits to the doctor.
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<p>6. Expand clinical services to a medically-underserved, rural and urban populations to establish a interprofessional collaborative practice partnership that can be replicated nationally.</p>	<p style="text-align: center;">Expansion of JPS SBHCs 2006-present</p> <p>1. Application for HRSA grant funding in 2006 completed for establishment of a medical home for school-aged children in Jackson, MS. This proposal was to</p> <ul style="list-style-type: none"> • expand the number of SBHCs in JPS to include two new sites: an elementary school and a middle school whose physical location was next door to each other, thus increasing the continuity of care in students attending these schools • provide increased structural clinical experiences for undergraduate and graduate nursing students • improve access to primary health care. <p>Additional funding was requested through Mississippi Department of Education (MDE) School Nurse Intervention Program (2019-2023).</p>	<ul style="list-style-type: none"> • 97% stated nurse was informative, professional, knowledgeable and caring. <p>Overall visits since inception of clinic in 1999:</p> <ul style="list-style-type: none"> • Over 29,000 encounters by children and staff received services at clinic. <p>HRSA grant was awarded for over \$1.3M dollars in 2007 with opening of 2 new SBHCs in JPS in August, 2008. These clinics were located at Brown Elementary/Galloway Elementary and Rowan Middle School.</p> <p>Funding was awarded through the MDE for 5 years (2019-2023) and continues to be funded through MDE.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • Average of 2500 patient encounters per year
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	<p style="text-align: center;">Evolution of Mercy Delta Express Project (Mobile Clinic) 2003-2010</p> <p>Met with Sisters of Mercy (SOM) of Vicksburg, MS in 2003 about a partnership to expand the SBHC model to the Mississippi Delta.</p> <p>Proposal written and presented to SOM about health care needs in the Mississippi Delta, specifically Sharkey and Issaquena counties.</p> <p>Grant written to promote and provide community assessment, health screenings, and dental care to residents in these two counties.</p> <p>Increase partnerships with other key stakeholders from community served.</p>	<ul style="list-style-type: none"> • Electronic Health Records (EPIC) were installed onto all clinic computers. • Average of 120 BSN nursing students completed a total of 1920 clinical hours per year in clinics • 8 NP students completed 720 clinical hours for their educational requirements per year in clinics • Approximately 120 second year medical students participated in clinical for 960 total hours. <p>Mercy Delta Express Project (MDEP) mobile clinic was established 2003.</p> <p>SOM awarded monetary funding as well as a 42-foot, state of the art mobile clinic to bring health care and health education to the people in the MD who have difficulty accessing services and/or have no medical home in their community. The mobile clinic included:</p> <ul style="list-style-type: none"> • One room with dental chair and equipment for routine dental care and procedures. • One room for medical visits, outfitted with medical table and equipment for routine well child visits and episodic care. • Waiting area that was used for health education. • Partnered with MS State Department of Health (MSDH) to provide oral care and sealants to children in the two
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	<hr/> <p style="text-align: center;">Evolution of Mercy Delta Express Project (In-House Clinics) 2011-present</p> <p>Kellogg initiated conversation about expanding their healthcare reach into Mississippi Delta schools to supplement SOM funding.</p>	<p>counties served by the MDEP as well as surrounding MS Delta counties.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • Over 390 children have been seen by dentist with 149 receiving preventive services and dental exams. • 30% of children have been referred for follow-up dental care • 18% of students needed urgent dental care • 55 had non-emergent dental problems requiring follow-up visits • 29 children required emergent dental care to prevent further illness • 75 students have 4 been seen for preventive care and exams <p>All health screenings, including oral screenings are now conducted in MS Delta communities twice a year using MDEP mobile clinic. Appropriate referrals are made to local providers in these communities.</p> <p>With Kellogg Foundation funding, the MDEP in-house clinics were established in February 2011 with expansion shortly thereafter.</p>
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Application completed for expansion SBHCs from mobile clinic to in-house for sustainability purposes with location in SD elementary, middle and high schools.

South Delta Middle School SBHC, located in Anguilla, MS, was established on February 1, 2011, with expansion to South Delta Elementary on September 1, 2011, and Ripley-Blackwell Head Start in Mayersville, MS in November 2011.

Outcomes:

Health Fair at South Delta Elementary:

- height, weight and BMIs were measured on 339 students ages 5-11 with 58% normal weight, 16% overweight, and 25% obese

South Delta Middle School:

- full physical exams on over 30 kids
- 40 sick visits
- 30 children for obesity counseling
- Multiple visits >10 for serious medical issues requiring referral for evaluation by medical doctor (ovarian cyst, abdominal mass (Blue cell carcinoma), persistent hematuria, suspected sexual abuse, and abnormal heart sounds)

Ripley Blackwell Head Start:

- 110 physical exams completed during first 45 days of school as required by federal mandate
- 5 referrals for elevated lead levels
- Other referrals made to local physicians, occupational therapy, speech therapy, physical therapy, and multiple UMMC specialty clinics.

	<p>Request for additional funding through Kellogg Foundation for expansion of high school clinic in 2014 to provide health care to high school students and provide an additional site for interprofessional education for all nursing students and medical students.</p> <p>Provide opportunities for students to experience interprofessional, collaborative clinical experience in a school-based health clinic in rural and/or urban Mississippi.</p>	<p>Funding was awarded and South Delta High School Clinic was established in March 2015.</p> <p>Outcomes for South Delta High School:</p> <ul style="list-style-type: none"> • 407 patient encounters • Over 85 sports physicals • Over 350 students impacted through health education that included topics such as abstinence plus, birth control, breast cancer awareness, hygiene classes, bullying, diet and exercise, puberty, self-esteem, drug and alcohol awareness, dating violence, STI/HIV awareness, and condom class for senior boys • Over 70 BSN students and 135 first year medical students participated in interprofessional, collaborative care for a total of 2610 clinical hours in this medically underserved rural health setting. • 10 pediatric residents rotated through the school during this school year. • Telehealth was set up in all SD schools through the partnership with UMMC Center for Telehealth.
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Additional funding was requested through Mississippi Department of Education (MDE) School Nurse Intervention Program (2019-2023)

Evolution of Lanier High School Teen Wellness Clinic in JPS (2015-present)

Advisory board established to address needs, concerns, and opportunities for Lanier High School (LHS). Advisory board and community partners requested a SBHC that modeled the other SBHCs located in JPS.

Needs assessment performed with Lanier High School advisory board, Alumni Association, LSH faculty, staff, and administrators to determine if a Teen Wellness Clinic would be a feasible option for school community.

Negotiated with OPUSRX, a community pharmacy, to provide financial support for Lanier Teen Wellness Clinic (LTWC).

Applied for grant through MDE School Nurse Intervention Program and was awarded funding for two of the three SD schools for 5 years.

Formation of advisory board completed with 10 members who were from school, established community partners, nurse practitioners from other UMMC SON SBHCs, and clinic director of current JPS SBHCs.

Assessment determined the extreme need to open a SBHC in LHS through expansion of the current SBHC model used in JPS. The need for reproductive and mental health care services as well as primary care in a SBHC we identified as needs for the school, the students and community.

Support from OpusRX enabled the UMMC SON to establish the LHTWC over the 2015-2016 academic year while building a business plan to sustain the clinic using a

<p>7. Commit to support opportunities for nurses to lead and develop collaborative models that redesign practice environments to improve health outcomes by mentoring programs and opportunities.</p>	<hr/> <p>In2016, UMMC SON faculty applied for HRSA funding for: Nurse Education, Practice, Quality and Retention-</p>	<p>combination of medical reimbursements and community support. An RN, Nurse Midwife, and Social Worker from the Mississippi State Department saw patients.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • 170 students registered to use clinic services • 16% of these students were not enrolled in any type of insurance • Identified 14 girls who were pregnant and 6 did not have a current health care provider to care for them. • Provided reproductive health services to over 135 students. • Identified several students with behavioral health issues (1 cutter, 4 suicidal, and over 20 students with anger management issues). • Identified multiple victims of sexual assault, multiple students using drugs and alcohol as form of stress release, and 35 students were identified as having ADD/ADHD but were not receiving treatment. • All students needing further services were referred for further evaluation • Mentoring program established with students at LHS with community leaders. <p>UMMC SON was awarded over \$1.3M for LHSTWC.</p>
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	<p>Interprofessional Collaborative Practice Program to: 1. fund the clinic for continuation of services, and 2. to provide an interprofessional, collaborative experience for students in different health care professions.</p> <p>Created new partnerships with other community stakeholders to assist in resources to provide health care and health education for students at LTWC.</p> <p>Clinic staff and UMMC students involved in clinical at LTWC identified food insecurity was prevalent at LHS.</p>	<p>UMMC SON faculty member who is certified as a Women’s Health NP provided in-kind services weekly for reproductive health visits to male and female patients in LTWC.</p> <p>Hired a Psychiatric/Mental Health NP to provide behavioral health services to students in need.</p> <p>Social worker was hired to address needs of students seen in clinic.</p> <ol style="list-style-type: none"> 1. MS State Department of Health: Social Worker was provided for services and LHSTWC became a Title X Designee 2. Linked-Up with Teen Health Mississippi: Connected teens in MS to reproductive health services as they transition from high school to college. 3. Women’s Foundation donated funding for a Teen Advocacy Pilot Program 4. Partnered with Mississippi Food Pantry Year 3 to provide ‘backpacks’ of food for 100 students every weekend. Also, a physical pantry was set up for students to come and ‘shop’ for healthy foods if needed.
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		<p>Outcomes:</p> <p>Total Visits:</p> <ul style="list-style-type: none">• Over 500 clinic visits during 3 years (2016-2019)• 253 depression screens completed with 102 positive with 23 screens urgent and 79 non-urgent.• Referrals made with follow-up on 23 urgent screens.• 44 patients seen with interprofessional team of medical, BSN, NP, and OT students.• 100 sports physicals completed• 7 family planning visits completed• 100 students received weekly backpacks to address food insecurity.• Over 200 students ‘shopped’ at food pantry to assist with food insecurity to those students not receiving the ‘backpacks.’• Social worker assisted over 25 students• Health education was provided for over 200 students• BSN students and clinic staff created ‘Prom 2019’ and gathered over 100 donated prom dresses for the LHS students to wear to their prom• Over 60 students enrolled in Teen Advocacy Program through the Women’s Foundation.
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<p>8. Demonstration of commitment to life-long learning for self and others by providing mentoring opportunities for students at all levels as well as students seen in clinic for health care services.</p>	<hr/> <p>In 2020, UMMC SON faculty applied for a HRSA grant titled: Improving Access to Behavioral Health Care Among Mississippi’s Children through Education, Interprofessional Collaboration, and Utilization of School Clinics and Telehealth (the ABC Program). Application to this grant was completed for continuation of funding for all UMMC SON SBHCs in rural and urban Mississippi.</p> <hr/>	<p>UMMC SON was awarded HRSA grant award for over \$1.45M for a 3-year term.</p> <p>COVID-19 pandemic has influenced the first year of this grant; however, during this time, the following outcomes have been achieved:</p> <ul style="list-style-type: none"> • Through the UMMC Center for Telehealth, telehealth services were implemented into LTWC for sick visits and behavioral health visits. • Contraception provided to students in need. • Over 40 Drive-through hygiene drive provided with assistance of BSN students. • Over 50 sports physicals have been completed in months of April and May.
<p>9. Demonstrate commitment by shared partners to develop, implement, and evaluate processes of UMMC SON SBHCs and structures that support and recognize academic/educational achievements.</p>	<p>Partnership with UMMC School of Medicine expanded to all rural and Jackson SBHCs to provide an interprofessional education experience.</p>	<p>Created model for interprofessional education with different health profession students (BSN, APRN, medical, occupational therapy, physical therapy, and social work, licensed professional counselors, and pharmacy)</p>

<p>10. Demonstrate commitment by shared partners to support opportunities for nurses to lead and develop collaborative models that redesign practice environments to improve health outcomes through innovative patient-centered delivery and joint mentoring program/opportunity.</p>	<p>Partnership established with UMMC Departments of Pediatrics, Dermatology, Family, Preventive Medicine and Infectious Diseases.</p> <p>Partnership established with UMMC’s Center for Telehealth</p> <hr/> <p>Collection of data has been ongoing for 21 years. The SBHCs have sought in-kind resources to staff these clinics to reduce operational costs.</p>	<p>Family medicine residents as well as medical doctors and APRNs from specialty clinics provided care to patients in SBHCs to increase access to specialty services.</p> <p>All SBHCs have capability of telehealth in clinics at this time with intention to increase usage this coming school year.</p> <p>8 NP faculty in the SON provide in-kind services to these clinics at least once a week.</p> <p>Overall Outcomes of UMMC SON SBHCs not included in previous outcomes:</p> <p>During the 21 years our SBHCs have been in existence, there have been OVER:</p> <ul style="list-style-type: none"> • 700 nursing students (Traditional and BSN) • 500 medical students (M2s and M3s) • 10 medical residents • 40 nurse practitioner students • 10 occupational health students • 6 social work students • 10 pharmacy students <p>have rotated through our clinics, gaining valuable interprofessional, collaborative experiences.</p>
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<p>11. Disseminate data that has been collected with partners, community leaders, and other areas of interest.</p>	<p>Partnership with Sharkey-Issaquena Community Hospital to help administer COVID-19 vaccinations to residents in this community.</p> <hr/> <p>Identification of useful information with joint collection and analysis of clinic data has been accumulated through the past 21 years we have provided health care, health education, and other resources to address the global challenges these children experience on a daily basis in these two medically underserved communities.</p> <p>Provide dissemination to community partners and stakeholders on a consistent basis.</p>	<ul style="list-style-type: none"> • Over 6000 children have been served by our clinics. • 4 medical doctors and 2 nurse practitioners from specialty areas have come to clinics to provide care in-kind for those who needed further medical treatment but were unable to drive to receive care. <p>Over 800 COVID-19 vaccinations were administered with the help of medical students and nurses who participated in this interprofessional community service</p> <p>The following is a list of presentations and publications the UMMC SON have participated in at the local, state, regional, national and international levels.</p> <p>Norwood, A., Haynie, L., & Kolar, K. (2002). Johnson Elementary School-Based Health Center: A Model. Poster Presentation. Southern Regional Education</p>
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		<p>Board Conference, Atlanta, GA, 2002.</p> <p>Partnerships for Healthy Children/Healthy Schools: A Project. Poster Presentation Mosby's Pediatric National Nursing Conference, Las Vegas, NV, October, 2002.</p> <p>Norwood, A. & Haynie, L. (2003). Perceptions of Quality of Care Provided by Advanced Practice Nurses in and Elementary School Based Center. Poster Presentation, Sigma Theta Tau International Nursing Research Congress, St. Thomas, USVI, July, 2003.</p> <p>Norwood, A.A. (2007). Managing a School-Based Health Care Center. Podium Presentation, Mississippi School Nurses Conference Philadelphia, MS (10/07</p> <p>Bell, T. (2011). Importance of Healthy Nutrition and Exercise. (Podium Presentation, Local). South Delta Middle School Parent Appreciation Night, Anguilla, MS. 11/11.</p>
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		<p>Haynie, L. (2012). Healthcare of Children in the Mississippi Delta: Sharkey-Issaquena Counties. (Guest Lecturer, Local). Health Disparities course: Multidisciplinary UMMC portal program, Jackson, MS. 4/12.</p> <p>Haynie, L. (2012). Healthcare of Children in the Mississippi Delta: Sharkey-Issaquena Counties Updated. (Guest Lecturer, Local). Rural Health course: Multidisciplinary UMMC Ph.D., Jackson, MS. 7/12.</p> <p>Haynie, L.; Rhodes, K.; Logan, K. (2012). Longitudinal Healthcare of Children in the Mississippi Delta. (Podium Presentation, International). 2012 Sigma Theta Tau International Honor Society Annual Research Congress, Brisbane, Australia. 8/12.</p> <p>Haynie, L. (2012). School-Based Healthcare in South Delta School District (Roundtable Presentation, local). Sharkey-Issaquena Health Network Monthly Meeting, Rolling Fork, MS. 9/12.</p> <p>Rhodes, K.; Logan, K. (2012). Inter-professional clinic practice in the South Delta School District. (Roundtable discussion, regional). American Academy of Pediatric Annual Meeting, New Orleans, LA. 10/12.</p>
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		<p>Haynie, L. (2012). Longitudinal Healthcare of Children in the Mississippi Delta. (Podium Presentation, Statewide).</p> <p>2012 Sigma Theta Tau Oglevee Papers Day, Jackson, MS. 10/12.</p> <p>Hardaway, O.; Patton, L. (2012). School-Based Oral Health Services in the Mississippi Delta. (Podium presentation, statewide).</p> <p>Mississippi Dental Association Annual Meeting, Gulf Shores, AL. 10/12.</p> <p>Bell, T. (2012). Car Seat Safety. (Roundtable discussion, Local). Ripley-Blackwell Headstart Parent Night, Mayersville, MS. 11/12.</p> <p>Haynie, L. (2012). Inter-professional School-Based Healthcare in the MS Delta. (Podium Presentation, Local). University of MS Medical Center Medical Student Rounds, Jackson, MS. 12/12.</p> <p>Martin, T. & UMMC Accelerated Nursing Students (2013). Community Assessments and Resources of Towns Serviced by the Mercy Delta Express Project: Cary, MS; Anguilla, MS.; Rolling Fork, MS.; & Mayersville, MS. (Podium presentation, Local). University of MS Medical Center School of Nursing, Jackson, MS. 1/13.</p>
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		<p>Haynie, L.; Rhodes, K.; Logan, K. (2012). School-Based Healthcare in South Delta School District Update (Roundtable Presentation, local). Sharkey-Issaquena Health Network Monthly Meeting, Rolling Fork, MS. 1/13.</p> <p>Norwood, A. & Haynie, L. (2013). School Based Health Centers: An Interdisciplinary Approach to Practice. MNA Annual Convention. Podium Presentation. October, 2013.</p> <p>Haynie, L. (2014). Inter-professional Practice in a school-based health center In the MS Delta. (podium presentation). American Medical Student Association National Convention. New Orleans, LA. 3/14.</p> <p>Bell, T. (2014). Metro Jackson Community Prevention Coalition Peer Educators Program Meeting. (podium presentation). South Delta High School, Rolling Fork, MS. 3/14.</p> <p>Haynie, L.; Norwood, A. (2014). School-Based Health Care: “Not Just Boo Boos and Band-aids” . (podium presentation). Mississippi Nurses Association Nurse Practitioner Update, Biloxi, MS. 10/14.</p> <p>Smith, M. Haynie, L.; Jackson, M. (2014). Psychosocial and Physical Health Among</p>
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		<p>Mississippi Delta Youth (poster presentation). Mississippi Nurses Association, Biloxi, MS. 10/14.</p> <p>Bell, T. (2014). JSU Peer Educators Program Meeting. (podium presentation). South Delta High School, Rolling Fork, MS. 10/14.</p> <p>Haynie, L.; Bell, T. (2014). School-Based Healthcare in South Delta School District Updated (Roundtable Presentation, local). Sharkey-Issaquena Health Network Monthly Meeting, Rolling Fork, MS. 11/14.</p> <p>Bell, T. (2015). Car Seat Safety. (Roundtable discussion, Local). Ripley-Blackwell Headstart Parent Night, Mayersville, MS. 1/15.</p> <p>Bell, T. (2015). Abstinence Choosing the Best Life. (Local). South Delta Middle School and South Delta High School. 1/15-3/15.</p> <p>Haynie, L.; Bell, T. (2015). School-Based Healthcare in South Delta School District High School Update (Roundtable Presentation, local). Sharkey-Issaquena Health Network Monthly Meeting, Rolling Fork, MS. 3/15.</p>
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		<p>Bell, T. (2015). Life Choices. (roundtable discussion). South Delta High School, Rolling Fork, MS. 5/15.</p> <p>Smith, M., Elkin, D., Haynie, L., Rhodes, K., & Carr, K.(2015). “Psychosocial and Physical Health Among Mississippi Delta Youth”, (Poster Presentation, national). National School-Based Healthcare Alliance Convention, Austin, TX. 6/15.</p> <p>Fouquier, Kate et al. (2018). Comprehensive and Behavioral Health in Adolescents Model (CBHAM). Eleventh Annual Midwest Interprofessional Practice, Education, and Research Center Conference, Grand Rapids, MI., September 2018</p> <p>Mercy Delta Staff Members. (2013, 2014, 2015, 2016, 2017, 2018, 2019). School-Based Healthcare in South Delta School District Yearly Update. “Back To School Night, Rolling Fork, MS. (August/September every year).</p> <p>Haynie, L. (2018). “Mercy Delta Express Project: Triumphs and Struggles”, (Invited Panel Presentation). HIMSS GC3 Regional Pre-Conference. Mobile, AL 11/18.</p> <p>Fouquier, Kate et al. (2019). Trauma Informed Care: Creating an Environment for Healing. 64TH Annual American College of Nurse Midwives, Washington, DC, May, 2019</p>
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		<p>Haynie, L. (2019). "The Patient Is Where the Heart Is: The Gift of Local Outreach." (Invited Panel Presentation). UMMC ASB Interprofessional Seminar. Jackson, MS 1/19</p> <p>Haynie, L. (2019). "School Based Healthcare in the Mississippi Delta: "Not Just Boo Boos and Band-aids." (Invited Podium Presentation). UMMC Pediatric Grand Rounds. Jackson, MS 2/19.</p> <p>Hobbs, C.; Haynie, L.; Kirmse, B. (2019). "Mississippi Parasite Project Results In a Ms. Delta School-Based Clinic Setting." Delta Clinical and Translational Science Conference. Jackson, MS 8/19</p> <p>Haynie, L. (2019). "Twenty Years of School-Based Health Care Growth and Expansion". Health Disparities Journal Club.(Invited Presentation). Myrlie Evers-Williams Institute. Jackson, MS 9/19.</p> <p>Fouquier, K. et al. (2019) Comprehensive and Behavioral Health in Adolescents Model (CBHAM). National School-Based Health Care Convention, Washington, DC, June, 2019</p> <p>Carr, K. (2019). School-Based Health Center Delivery of a Cognitive Behavioral Skills Training Intervention for Anxiety, Depression, and Executive Function in</p>
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		<p>Rural Adolescents: A Feasibility and Effectiveness Study. (Ph.D. Dissertation).</p> <p>Atchley, D. (2019). Students' Perceived Level of Satisfaction – Regarding Their Experiences With A School-Based Health Center in Rural Mississippi. (DNP Project).</p> <p>Bradbury, R.; Hobbs, C.; Haynie, L. et al. (2020). Parasitic Infection in a Preliminary Survey of School Children from the Mississippi Delta Region. American Society of Tropical Medicine and Hygiene Conference: Poster 522, Oct. 28-Nov. 1, New Orleans, Louisiana</p>
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