



Eastern N.C. Healthy Living Summit
“Thriving and Surviving”
For men and women who are concerned about Men’s Health
Imperial Centre Plaza
270 Gay Street
Rocky Mount, NC
Saturday, March 27, 2010



Event Sponsors/Overview:

Blue Cross/Blue Shield of North Carolina, N.C. Office of Minority Health & Health Disparities, Loving Light Community Outreach, North Carolina Health & Wellness Trust Fund, Success Dynamics Community Development Corporation, Rocky Mount OIC, NC Institute of Minority Economic Development, NC Minority Prostate Cancer Awareness Action Team, Craven County Health Dept., EBC ATOM, INC. and The Triangle Chapter of the Belhaven Alumni, Inc. are proud to present a Eastern NC Healthy Living Summit : Thriving and Surviving “For men and women who are concerned about Men’s Health.”

The goals for this one day Summit are: (1) to unite men and communities in eastern NC to strengthen efforts and partnerships around men’s health; (2) train and educate men and the community on the issues that surround HIV/AIDS (free testing, education and referral will be provided on site); (3) train and educate men and the community on issues that surround diabetes (free testing, education and referral will be provided on site); (4) train and educate men and the community on the issues that surround prostate cancer (free testing, education and referral will be provided on site) ; (5) train and educate men and the community on the issues that surround Kidney disease (free testing, education and referral on site).

Target audiences: grassroots community members and leaders, peer counselors/outreach workers (i.e. lay health advisors/Promotores), community health ambassadors, disparity gap coordinators, minority community based organizations, faith leaders/faith community, advocacy groups, grass roots social justice, civil rights and civic organizations, nontraditional community clinics (i.e. community health centers), governmental agencies (local, state, tribal), historically minority serving colleges and universities and other academic institutions, legislators, public/private funders, school health personnel, hospital personnel, healthcare providers, health directors and health and human service agency teams, health educators, case managers, researchers, educators, nutritionists, etc.

<p>Master of Ceremony Reuben Blackwell Rocky Mount OIC</p>	<p>CONCURRENT SESSIONS (Morning/Afternoon)</p> <table border="1"> <tr> <td>Session A&B</td> <td>Diabetes & Kidney Disease</td> </tr> <tr> <td>Session A&B</td> <td>HIV/AIDS & Prostate Cancer</td> </tr> </table>	Session A&B	Diabetes & Kidney Disease	Session A&B	HIV/AIDS & Prostate Cancer
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AGENDA

8:00 am – 9:30 am	Registration	
9:30 am – 10:00 am	Opening Remarks Invocation Greetings from: *Rep. G.K. Butterfield *Rep. Angela Bryant *Senator Ed Jones Welcome from the N.C. OMHHD Welcome from the N.C. Health & Wellness Trust Fund A message to the community	Mr. Reuben Blackwell Dr. Thomas Walker Barbara Pullen-Smith, Director Barbara Roole Rep. G.K. Butterfield
10:00 am – 10:15 am	Break	
	CONCURRENT SESSION A	
10:15 am – 11:45 am	Dr. Calvin Ellison - Diabetes/Kidney Disease TBD	Al Richmond - HIV/AIDS & Prostate Cancer TBD
11:50 am – 12:50 pm	Lunch Break	
1:00 pm – 1:50 pm	Master of Ceremony Song Introduction of speaker Song Keynote Address: Pastor Staccato Powell - Grace AME Zion Church - Raleigh, NC	Mr. Reuben Blackwell Ms. Kathy Artist Honorable Toby Fitch Mr. Curtis Jordan
	CONCURRENT SESSION B	
2:00 pm – 3:00 pm	Dr. Calvin Ellison - Diabetes/Kidney Disease TBD	Al Richmond - HIV/AIDS & Prostate Cancer TBD
3:00 pm – 3:30 pm	Closing Session Pledge to the Community Survey and Evaluation Remarks	Mr. George Hill East Carolina Evaluation Team



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Registration fee: FREE
 A \$25.00 cash card will be given to the 1st 300 registrants who attend the summit. *(gift cards will be awarded at the end of the summit)*

Return address/fax# for forms:
 Loving Light Ministries, Inc.
 P.O. Box 181
 Murfreesboro, N.C. 27855
ATTN: Ms. Sandra Stephenson
 Fax number: (252) 398-5710
 For inquiries: (252) 398-5520

REGISTRATION FORM	
Name: (1 person per application)	
Agency:	Job Title/Position:
Business address:	City, State, ZIP:
Phone: ()	Fax: ()
Email address:	** Does participant require vegetarian meal? <input type="checkbox"/> yes <input type="checkbox"/> no



I learned about this conference by:

Postcard Website E-mail Other _____

Any questions concerning conference, please call:
 For inquiries, please contact Ms. Sandra Stephenson or
 Rev. Robert Richardson at:
 Telephone number: (252) 398-5520