

**Arkansas HIV/AIDS Minority Task Force  
Act 842 of 2007**

**Executive Summary**

House Bill 2615, sponsored by State Representative Willie Hardy, now Act 842 of 2007, created the Arkansas HIV/AIDS Minority Task Force. On January 9, 2008, Governor Mike Beebe appointed seventeen individuals from across the state of Arkansas, all actively involved in the fight against the spread of HIV/AIDS, to serve on the Task Force.

The Task Force, which holds monthly meetings, held its first meeting on March 10, 2008. During the months that followed, the Task Force heard presentations from a broad cross-section of individuals on the HIV/AIDS pandemic that has increasingly concentrated communities of color. The Task Force worked with five subcommittees to address the issues related to the continued rise of this dreaded disease and, conducted a series of public forums in all four (4) Congressional Districts collecting data, recommendations and comments from minority populations infected and affected by HIV/AIDS.

This Task Force's Final Report is timely in that it is being submitted three months after the Centers for Disease Control and Prevention revealed startling new evidence regarding the HIV/AIDS pandemic in America. In August 2008, the CDC released information that there were over 56,000 new HIV infections in the United States in 2006. That number, based on new surveillance methods, was 40% higher than prior estimates. Women, African Americans and Hispanics continue to experience a disproportionate burden of this infection.

Since 1983, over 7,000 Arkansans have been diagnosed with HIV, 352 in 2007 alone. Arkansas has kept the pace with the national trend of HIV/AIDS and its ever increasing spread in minority communities. For example, the population of Arkansas is approximately 16% African American; however, 38% (AIDS) and 41% (HIV) of the total cumulative cases from 1989-2006 are African American.

Act 842 of 2007 required specific recommendations for the Task Force to address. Within each of these required recommendations, the report provides and details additional recommendations, approaches, rationales and solutions for each. (This Executive Summary will reference recommendations only).

**Recommendation One: The Arkansas HIV/AIDS Minority Task Force recommends the following strategies for reducing the risk of HIV and AIDS in the State's minority communities:**

- Build/strengthen coalitions among community/faith-based organizations, state agencies and other entities focusing on HIV/AIDS awareness and prevention.

- Provide additional funding for HIV/AIDS testing and prevention services at designated locations throughout minority communities across Arkansas such as Historically Black Colleges and Universities, Hispanic led community organizations, organizations targeting African Americans and women.
- Expand the newly established Arkansas HIV/AIDS Prevention Coalition throughout counties in Arkansas.

**Recommendation Two: The Arkansas HIV/AIDS Minority Task Force recommends the following plan for exchanging information and ideas among minority community-based organizations that provide HIV and AIDS prevention services.**

- The Arkansas HIV/AIDS Minority Task Force proposes that a comprehensive and accessible method for exchanging ideas and information among community/faith-based organizations, governmental and state entities include activities such as data collection, dissemination of information, monitoring and evaluation. The plan will include a directory of HIV/AIDS prevention services.

**Recommendation Three: The Arkansas HIV/AIDS Minority Task Force recommends assessing the needs of prevention and treatment programs within minority communities and identifying existing resources that are available within minority communities.**

- Needs Assessment: During the first year, the Arkansas HIV/AIDS Minority Task Force performed an initial assessment of HIV programs in the State of Arkansas. Fifty inquiries were made of organizations known to Task Force members. Including state agencies, twenty responses were received. **(HIV/AIDS Prevention Services Directory in appendices).**

**Recommendation Four: The Arkansas HIV/AIDS Minority Task Force recommends the following strategies for ensuring that minority group members who are at risk of HIV infection and AIDS seek testing.**

- Develop a culturally and linguistically appropriate statewide HIV and AIDS prevention campaign directed toward minority group members who are at risk of HIV infection using various media.
- Increase free and confidential testing at the community level throughout the state in non-traditional environments, events and venues to encourage minority group members who are at risk to HIV infection to seek testing.

**Recommendation Five: The Arkansas HIV/AIDS Minority Task Force recommends the following specific strategies for ensuring that minority group members with HIV or AIDS are provided with access to treatment and secondary prevention services.**

- Patients with a proven diagnosis of HIV/AIDS who cannot afford private insurance and are Medicaid eligible should be given special consideration for rapid admittance into the Medicaid program eliminating inordinately long wait times that presently exist for some HIV/AIDS patients.
- Patients with HIV/AIDS who are enrolled in the Medicaid program should be given special consideration to have co pays for their anti HIV drugs waived if possible.
- For patients with HIV/AIDS who are not eligible for or cannot afford private insurance and are ineligible for Medicaid, consideration should be made to make the CHIP program more accessible by lowering premiums for this group of patients.
- For patients with HIV/AIDS who are covered by the CHIP program increased financial aid to help with patients procuring anti HIV drugs should be considered.
- For patients with HIV/AIDS who are not covered by private insurance, Medicaid, Medicare, CHIP, or Ryan White, and cannot access the ADAP program for drugs, consideration should be given for creation of a fund to help this category of patients at least get some help with obtaining anti HIV drugs.
- The Task Force recommends that all newly diagnosed individuals with HIV/AIDS and all those existing infected patients who desire this service be afforded the opportunity to attend at least one HIV/AIDS training course/workshop that will provide information concerning all the available services, both treatment and otherwise, within their respective communities.
- The Task Force strongly recommends that all the above patients be assured accessibility to these workshops. For this to become a reality, it will be necessary for this service to be made available in at least one location in each of the four Congressional Districts in Arkansas. It is recommended these training courses/workshops be set up and organized as soon as funds are available.

**Recommendation Six: The Arkansas HIV/AIDS Minority Task Force recommends the following specific strategies to help reduce or eliminate high-risk behaviors in minority group members who test negative for HIV/AIDS but continue to practice high-risk behaviors.**

- Increase counseling and testing at the community level as an effective approach in reducing the risk of infection. When accompanied by consequence-based counseling, this method helps the client identify their own risk as they continue to engage in risky behaviors.

- Provide funding so that areas of high HIV prevalence and/or incidence may implement the *Respect Model* at testing sites. The CDC proved that the *Respect Model* is effective in reducing HIV infection and risky behaviors.

**Recommendation Seven: The Arkansas HIV/AIDS Minority Task Force recommends risk reduction and education programs for the following groups at risk of HIV infection.**

- Encourage culturally sensitive statewide HIV/AIDS prevention programs for three high-risk groups: youth ages 13-24, Marshallese residing in Northwest, Arkansas and individuals transitioning from incarceration back into society.

**Recommendation Eight: The Arkansas HIV/AIDS Minority Task Force recommends the development of educational programs for the public using a wide range of input from community leaders.**

- Conduct Public Forums in each of the 4 Congressional Districts that will engage a wide range of community leaders to discuss and design education programs for the public.

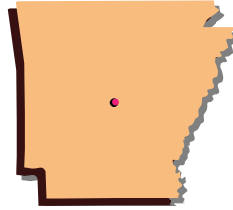
**Recommendation Nine: The Arkansas HIV/AIDS Minority Task Force recommends a statewide HIV and AIDS prevention campaign directed toward minority group members who are at risk of HIV infection.**

- Develop a culturally and linguistically appropriate HIV and AIDS prevention campaign directed toward minority group members who are at risk of HIV infection. This campaign may consist of billboards, pamphlets and brochures designed for minority populations.

In addition, the Task Force's Final Report includes the following:

- A proposed budget for implementing HIV/AIDS prevention and awareness services throughout the State of Arkansas;
- An HIV/AIDS Prevention Service Directory;
- Website listings on HIV/AIDS Issues: Statewide, National and International
- Recommended Potential Revenue Sources for the Arkansas State Legislature to explore as measures to fund HIV/AIDS prevention and treatment programs in the State of Arkansas.

The Arkansas HIV/AIDS Minority Task Force urges the Governor and the Arkansas State Legislature to strongly consider the recommendations outlined in this report as a means of combating the debilitating effects of HIV/AIDS on minority Arkansans and to improve HIV/AIDS prevention, intervention, and treatment programs in the minority community. The Task Force recognizes the potential cost of implementing these recommendations, but realizes that by doing so would improve the lives of minorities in Arkansas who are at-risk of being infected and those currently living with the virus or disease.



***ARKANSAS HIV/AIDS MINORITY  
TASK FORCE***

**ACT 842 OF 2007**



**FINAL REPORT**

**NOVEMBER 1, 2008**

## **ACKNOWLEDGEMENTS**

The information presented in this document is the product of the efforts of several organizations and individuals. The Arkansas HIV/AIDS Minority Task Force would like to express their gratitude to the following for their contributions:

- Philander Smith College – Harry R. Kendall Science and Health Mission Center – Little Rock, Arkansas
- University of Arkansas Fayetteville - Arkansas Union, Fayetteville, Arkansas
- The Jubilee Christian Center – Pine Bluff, Arkansas
- Schoettle Medical Center-Crittenden Regional Hospital - West Memphis, Arkansas
- Arkansas Bureau of Legislative Research - Little Rock, Arkansas
- Minority Health Commission - Little Rock, Arkansas

Clarissa Coleman, Arkansas Minority Health Commission

Siobhan Traylor, Minority Health Commission

Bruce Lockett, Future Builders, Inc.

Linder Conley, Future Builders, Inc.

Patricia Minor, Minority Health Commission

Sarah Harvey, UAMS College of Public Health

Hattie Gaynor, Jefferson Comprehensive Care Systems, Inc.

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## **LETTERS TO THE GOVERNOR**



STATE OF ARKANSAS

# House of Representatives

REPRESENTATIVE  
Willie R. Hardy  
518 Warner Street  
Camden, Arkansas 71701-4451

Phone:  
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870-836-4607 Residence/FAX  
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## DISTRICT 5

Counties:  
Part Columbia County  
Part Nevada County  
Part Ouachita County

## COMMITTEES

Public Health, Welfare and Labor  
Vice Chairperson,  
Human Services Subcommittee

Insurance and Commerce  
Utilities Subcommittee

Joint Committee on Advanced  
Communications and Information  
Technology

Joint Budget

October 13, 2008

The Honorable Mike Beebe  
Governor, State of Arkansas  
Room 250, State Capitol Building  
Little Rock, Arkansas 72201

Dear Governor Beebe:

I applaud the work that the Arkansas HIV/AIDS Task Force has done since its creation in coordinating statewide efforts to combat the debilitating effects of HIV/AIDS among blacks, Hispanics and other minorities in the state. I sponsored House Bill 2615, now Act 842 of 2007, that created said Task Force because of HIV/AIDS continued spread at a staggering rate per year.

Arkansas needed to improve HIV/AIDS prevention, intervention, and treatment programs for the minority community, and, for the last ten (10) months the Arkansas HIV/AIDS Task Force has conducted public forums in all four (4) Congressional Districts as well as collecting recommendations, comments and data related to the rise of this horrific disease in the minority population. Both men and women of color were disproportionately affected by HIV/AIDS. We must continue to educate our racial and ethnic minority communities statewide.

Therefore, it gives me great pleasure to write this letter expressing my continued strong support of this project and to respectfully request that you closely review the report submitted to your office outlining the Task Force's findings and recommendations. Ultimately, allowing the creation of HIV/AIDS Task Force to create public policy that will improve the lives of Arkansans who are infected by HIV/AIDS, prevent the spread of HIV/AIDS and increase the awareness of the need to address HIV/AIDS as a health priority.

If I can assist you in any way, please do not hesitate to contact me. Keep up the good work!

Sincerely,

Willie R. Hardy  
State Representative

WRH/mlj

# *FUTURE BUILDERS, INC.*

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October 17, 2008

The Honorable Mike Beebe  
Governor, State of Arkansas  
Room 250, State Capitol Building  
Little Rock, Arkansas 72201

Dear Governor Beebe:

I would like to first thank you for the opportunity to serve as co-chair of the Arkansas HIV/AIDS Minority Task Force, and the opportunity to address the challenges our state faces in the fight against the ever growing pandemic of HIV/AIDS. In Arkansas, the incidence of HIV/AIDS continue to rise among women, African Americans and Hispanics, while there is a steady decrease of state and federal funds for prevention, intervention and service programs.

Since 1983, over 7,000 Arkansans have been diagnosed with HIV, 352 in 2007 alone. In August 2008, the Centers for Disease Control and Prevention released information that there were over 56,000 new HIV infections in the United States in 2006. That number, based on new surveillance methods, was 40% higher than prior estimates. Women, African Americans and Hispanics continue to experience a disproportionate burden of this infection. This should be a wake-up call for Arkansas to stand up and take notice of how HIV/AIDS is impacting our state.

Our findings have revealed that the cost of one HIV infection is \$1,000,000.00 over a 20 year span of a patient's life in lost tax revenue, loss of wages (buying power), hospitalization, medical care, laboratory testing and medication. Depending on the person's salary at the time of infection, this cost may be higher due to disability payments. The cost of preventing one case can be as low as \$10,000.00 over the same period. With that, I am sure you will agree that prevention is cost effective.

Therefore, I ask you to carefully review and consider the strategies and recommendations outlined in this plan to reduce the risk and continued spread of HIV/AIDS in minority communities in Arkansas. Ultimately, providing more prevention services and better access to treatment will increase the awareness of HIV/AIDS and improve the lives of minorities in Arkansas who are at-risk of being infected and those currently living with the virus or disease.

Respectfully Submitted,  
Rick Collins, Co-Chair  
Arkansas HIV/AIDS Minority Task Force

Accredited by



**Joint Commission**  
on Accreditation of Healthcare Organizations

## Jefferson Comprehensive Care System, Inc.

October 6, 2008

The Honorable Mike Bebee  
Governor, State of Arkansas  
State Capitol, Room 250  
Little Rock, Arkansas 72201

Dear Governor Bebee:

As co-chair of the HIV/AIDS Minority Task Force, I want to formally thank you for this opportunity to address the unique dynamics of the HIV/AIDS epidemic in Arkansas. This monumental undertaking could not have been accomplished without the hard work and dedication of the members appointed to serve on this Task Force, and I also would like to express my gratitude to them. Our work regarding HIV/AIDS has reinforced the necessity to address the disparate impact on minority populations and uncovered a pattern of unequal access to quality care.

As the HIV/AIDS epidemic continues to increase, Arkansas must play its role in addressing this issue by providing funding for treatment of those living with this disease. To sustain the lives of those infected, we must provide a coordinated delivery system that encompasses a comprehensive range of services for individuals and families to meet their health care and psychosocial needs throughout all stages of illness. While those infected are living longer, we must remember that simply living is not enough when the length of years is not accompanied with quality. In that same spirit, if we are to sustain the lives of those currently not infected, we must provide age appropriate prevention interventions that are proven to be effective and work to combat the stigma that prohibits many from speaking openly about sexual issues.

If fighting this virus has taught us anything, it is that progress will only be made through collaboration and a desire to advocate for those without a voice. This Task Force is the voice of those throughout our great state who are suffering from a lack of services, poor coordination of resources, stigma, and shame. We hope their words will move the Arkansas Legislature to act on their behalf and help create a brighter future for those infected and affected by HIV/AIDS.

Sincerely,  
*Michelle R. Smith*

Michelle R. Smith, PhD, MPH  
Co-Chair, Arkansas HIV/AIDS Minority Task Force

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Alzheimer, AR  
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Phone: 870-766-8411  
Fax: 870-766-8412
- Redfield Center  
113 West River Road  
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Rison, AR 71665
- Open Hands Center  
Healthcare for the Homeless  
1225 M.L.K. Drive  
Little Rock, AR 72202  
Phone: 501-244-2121  
Fax: 501-244-2130



**COMMUNITY HEALTH CENTERS OF ARKANSAS**

*Expanding Access to Affordable Quality Healthcare*



Larnell W. Davis, Executive Director • Manuel Kelley, Medical Director • David E. Walker Sr. D.D.S, Director of Dental Services

*"Serving Jefferson County, Eastern Grant County, Pulaski County and Cleveland County"*

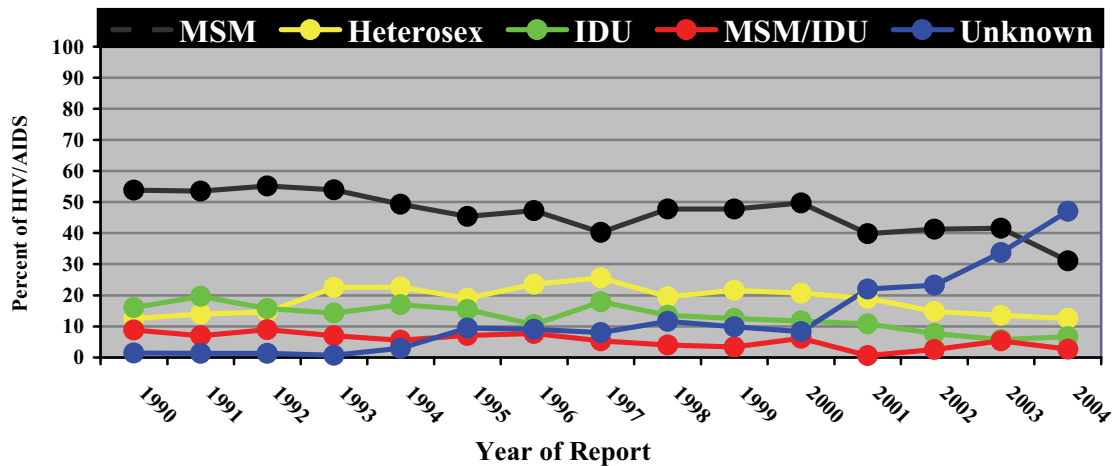
## OVERVIEW

Over 20 years into the HIV/AIDS pandemic, HIV disease has become increasingly concentrated in communities of color. This national trend is also apparent in Arkansas according to the latest statistics. For example, the population of Arkansas is approximately 16% African American; however, 38% (AIDS) and (41%) HIV of the total cumulative cases from 1983-2006 are AA (DHHS, 2006). The unique cultural context of those highly impacted by HIV/AIDS, pose significant challenges to the effective promotion of HIV testing, prevention services, and access to treatment.

Research has documented deeply held beliefs and attitudes associated with HIV/AIDS, such as social stigma, homophobia, and fear of being ostracized by family members. As a result, minorities continue to experience increasing rates of infection, poorer health outcomes, and—in the case of African Americans—a disproportionate share of HIV/AIDS cases, while Latinos, are diagnosed approximately 8 to 10 years after first acquiring HIV. Consequently, to effectively reduce the number of new infections among these communities and connect HIV positive individuals undiagnosed to care and treatment, targeted mass media campaigns are essential to combat these problems.

The predominant mode of transmission of HIV was men having sex with men (MSM). MSM remains the group at highest risk of HIV infection accounting for 60% of the total cases reported during 2001-2002. Individuals at **very high risk** for HIV infection is someone who has had unprotected anal sex with HIV positive partners, unprotected anal sex with five or more partners of unknown HIV status, and/or exchange of unprotected sex for drugs or money. African American MSM has shown an increase in the last 2 years greater than that of white MSM. Arkansas risk factors are referenced in Table 1.

**Table 1: Percent of newly reported HIV/AIDS cases by risk factor, Arkansas 1990-2004**  
 Source: 2004 HIV/AIDS Epidemiological Data for Arkansas



Prevention that is targeted to very high risk behaviors and that includes both skills building and counseling and testing will need to be very focused. A larger portion of HIV prevention efforts must be directed to the African American communities that have been hit hardest by HIV and AIDS.

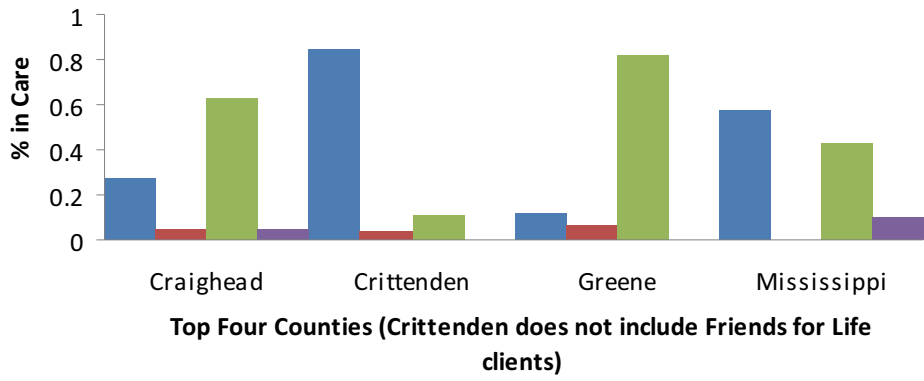
### Consortia Care

The Criteria for becoming a client of the Consortia is proof of HIV status by approved lab test that is less than 6 months old (a positive rapid test result is not sufficient), photo identification, proof of residency, proof of income (W-2, etc.) that shows the person earns less than 500% of poverty level, proof of Medicaid denial (less than 90 days old) or proof of health insurance (including Medicaid). People must apply to be a Consortia client, it is not automatic, and they must recertify regularly. Also, the Consortia can only provide services that are HIV-related and the client does not receive reimbursement for services until all payments are made to the provider.

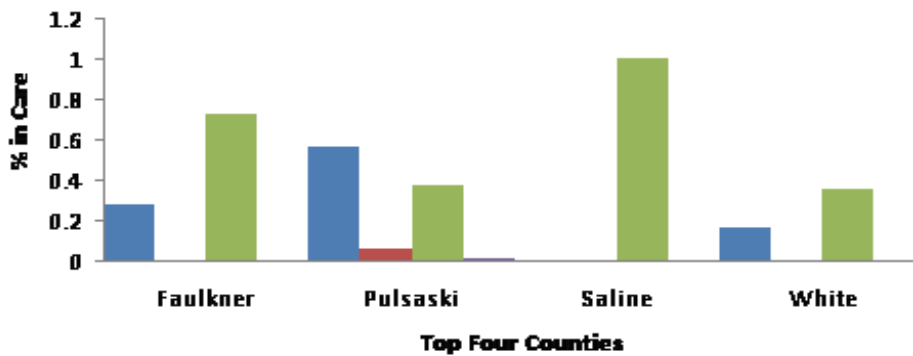
The people reflected on these graphs are the ones who have accessed care from the Ryan White Consortia only. They are a combination of people with HIV and those with AIDS. If a person is infected and does not access the Consortia for any HIV care, that person will not be reflected on these graphs. If a person has dropped out of care for any reason, that person will not be reflected on these graphs.

The graphs represent only the percentage of people in care (Ryan White Consortia Care) who are minority or white. Minorities are broken down into African American, Hispanic and other categories. In some counties no minorities have utilized Consortia Care. In Crittenden, Jefferson, Pulaski, and Union Counties the majority of people who are clients of the Consortia are minority race/ethnicity. **In the graphs that follow, the colors are represented as follows: blue-African Americans, brown-Hispanics, green-Whites and purple-Asian/Pacific Islanders.**

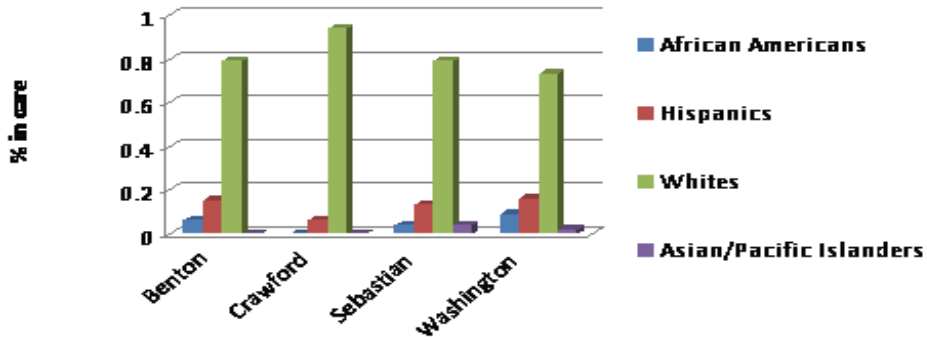
### Clients Currently in Care, by Race, Congressional District 1



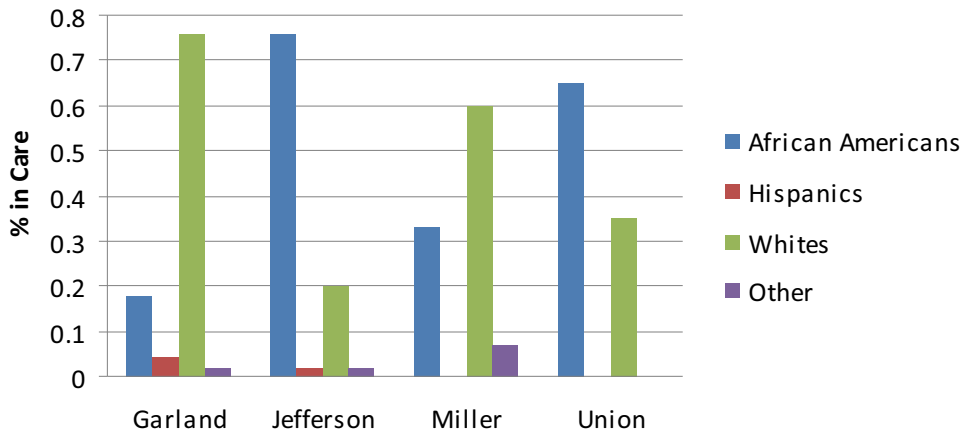
### Clients Currently in Care, by Race, Congressional District 2



### Clients Currently in Care, by Race, Congressional District 3



### Clients Currently in Care, by Race, Congressional District 4



## **TASK FORCE MEMBERS**

The Arkansas HIV/AIDS Minority Task Force represents individuals from across the state of Arkansas, all actively involved in the fight against the spread of HIV/AIDS.

<u>Members</u>	<u>District</u>	<u>County</u>
Johnny Adams	4	Ouachita
Rueben Arana	2	Pulaski
Rick Collins	2	Pulaski
Carol Davis	4	Hot Spring
Chineatta Davis	4	Jefferson
Rev. Sharen Lightsey	4	Jefferson
Sylvana Niciteretse	4	Jefferson
Dr. Barbara Perry	2	Pulaski
Tere Roderick	4	Drew
Lipita Roy-Rasheed	2	Pulaski
Vickie Gibbs-Scott	4	Ashley
Dr. Michelle Smith	2	Pulaski
Dr. Katherine Stewart	2	Pulaski
Dr. Wallace "Al" Thomas	4	Garland
Suzann Wilson	1	Craighead
Sue Worsham	4	Union
Dr. Wynona Bryant-Williams	2	Pulaski

## **THE WORK OF THE TASK FORCE**

### **A. Public Forums**

In accordance with the charge, the Task Force held four public forums, one in each of the 4 Congressional Districts.

**Thursday, June 5, 2008**, Philander Smith College, Harry R. Kendall Science and Health Mission Center in Little Rock, Arkansas. (*2<sup>nd</sup> Congressional District*)

**Thursday, July 17, 2008**, University of Arkansas Fayetteville, Arkansas Union, Fayetteville, Arkansas (*3<sup>rd</sup> Congressional District*)

**Thursday, August 21, 2008**, Jubilee Christian Center, Pine Bluff Arkansas (*4<sup>th</sup> Congressional District*)

**Monday, September 22, 2008**, Schoettle Medical Center Auditorium, Crittenden Regional Hospital, West Memphis Arkansas (*1<sup>st</sup> Congressional District*)

The Arkansas HIV/AIDS Minority Task Force conducted Public Forums in each of the 4 Congressional Districts. The purpose of the forums was to take public comment and to discuss the incidence of HIV/AIDS and the effectiveness of prevention and outreach programs within the minority population. To promote these forums, flyers were developed and distributed to all local health units in each Congressional District. Hometown Health Initiative (**HHI**) leaders shared information pertaining to the forum within their counties and public service announcements were sent to local television and radio stations to assist in disseminating the information to the public.

The forum locations were selected to allow for a diverse range of input from every Congressional District. At each forum, Task Force members were present to answer questions from the public and to ask questions during testimonies. The testimonies confirmed findings that HIV/AIDS prevention service and activities are needed throughout the state.

## **TASK FORCE MEETINGS**

**March 10, 2008** – Arkansas Minority Health Commission Office

Agenda:       Welcome and Introduction  
                  Purpose and Expectations – Rep. Willie Hardy, D-Camden  
                  Things to Accomplish  
                  Finding a Permanent Place for meetings  
                  Final remarks  
                  Adjourn

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**April 14, 2008** – State Capitol Building, Room 151

Agenda:       Call to Order  
                  Presentation - Taco Williams, Governor's Liaison for Boards &  
                  Commissions  
                  Minutes  
                  Discussion of Task Force Commissions  
                  Organizational Review/Personal Profile Request  
                  Public Forum Updates  
                  May – West Memphis  
                  June – Little Rock  
                  July – Fayetteville  
                  August – Pine Bluff  
                  Next Steps  
                  Open Discussions/Public Comments  
                  Adjourn

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**May 12, 2008** – State Capitol Building, Room 151

Agenda: Call to Order  
Presentation(s)  
    Kristen Sharpe – Bureau of Legislative Research  
    Ron Fuller – Merck Pharmaceuticals Representative  
Minutes  
Discussion of Public Forum Format  
Discussion of Public Forum for District 2  
Committee Reports  
    Public Relations  
    Data Preparations  
    Report(s)  
    Program Review and Development  
    Outreach  
Open Discussion/Public Comments  
Adjourn

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**June 9, 2008** – State Capitol Building, Room 151

Agenda: Call to Order  
Presentation – Patricia Minor – Black AIDS Institute Fellow  
Minutes  
Debriefing of District 2 Public Forums  
Committee Reports  
    Public Relations  
    Data Preparations  
    Report(s)  
    Program Review and Development  
    Outreach  
Open Discussion/Public Comments  
Adjourn

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**July 14, 2008** – State Capitol Building, Room 151

Agenda: Call to Order  
Presentation – Dr. Wallace “Al” Thomas – Associate Medical Director,  
Arkansas Blue Cross Blue Shield - HIV and the Insurance Industry  
Minutes  
Discussion – District 3 Public Forum – Fayetteville  
Budget Committee Discussion  
Committee Reports  
    Public Relations  
    Data Preparations  
    Report(s)  
    Program Review and Development  
    Outreach  
Open Discussion/Public Comments  
Adjourn

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**August 11, 2008** – State Capitol Building, Room 151

Agenda: Call to Order  
Presentation – Rev. Sharen Lightsey, Co-Pastor, Jubilee Christian Center,  
Pine Bluff  
Minutes  
Discussion – District 4 Public Forum – Pine Bluff  
Budget Committee Discussion  
Committee Reports  
    Public Relations  
    Data Preparations  
    Report(s)  
    Program Review and Development  
    Outreach  
Open Discussion/Public Comments  
Adjourn

**September 08, 2008** – State Capitol Building, Room 151

Agenda: Call to Order  
Presentation – Dr. Katherine Stewart- UAMS  
Minutes  
Discussion – District 1 Public Forum – West Memphis, Arkansas  
Discussion/Task Force Report to the Governor’s Office

Committee Reports  
Public Relations  
Data Preparations  
Report(s)  
Program Review and Development  
Outreach  
Open Discussion/Public Comments  
Adjourn

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**October 14, 2008** – State Capitol Building, Room 151

Agenda: Call to Order  
Minutes  
Discussion/Task Force Report to the Governor's Office  
Committee Reports  
Public Relations  
Data Preparations  
Report(s)  
Program Review and Development  
Outreach  
Open Discussion/Public Comments  
Adjourn

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## RECOMMENDATION ONE

**The Arkansas HIV/AIDS Minority Task Force recommends the following strategies for reducing the risk of HIV and AIDS in the State's minority communities:**

**Recommendation:** Build/strengthen coalitions among community/faith-based organizations, state agencies and other entities focusing on HIV/AIDS awareness and prevention.

**Approach:** Fund community/faith based organizations via a “Request for Proposal” to provide HIV/AIDS prevention services across the State of Arkansas.

**Rationale:** State agencies and community-based organizations have long joined the fight in the prevention, education and treatment of HIV/AIDS. Faith-based organizations have been the missing link. Implementing and maintaining ongoing partnerships with other organizations and agencies, the state will see a reduction in the spread of HIV/AIDS in its communities. HIV/AIDS must be viewed as a community issue because of its impact on the entire community. If partnerships are not formed with other community entities, we will continue to see this disease spread throughout our state. Adopting a proactive stance will reduce the risk and spread of the disease.

**Solution:** A cadre of community/faith based and state agencies are providing HIV/AIDS awareness and prevention across the State of Arkansas.

**Recommendation:** Provide additional funding for HIV/AIDS testing and prevention services at designated locations throughout minority communities across Arkansas such as Historically Black Colleges and Universities, Hispanic led community organizations, organizations targeting African Americans and women.

**Approach:** As a means of reaching minority populations, emphasis should be placed on providing resources within communities to reach high-risk groups via Historically Black Colleges and Universities, Hispanic led community organizations, organizations targeting African Americans and women. The following objectives will be utilized to guide program activities:

- Objective 1. To provide HIV/AIDS train-the-trainer workshops and rapid HIV test training to HBCU’s, Hispanic led community based organizations, organizations targeting African Americans and women that will disseminate information within their institutions/agencies and serve as program liaisons.
- Objective 2. To integrate routine HIV testing programs to students enrolled at Historically Black Colleges and Universities, Hispanic led community based organizations, organizations targeting African Americans, women and members of minority communities across the state of Arkansas.
- Objective 3. To provide incentives to students completing HIV 101 training course and/or HIV test.

Objective 4. To provide incentives to Hispanic led community-based organizations, organizations targeting African Americans, women and members of minority communities across the state of Arkansas for attending HIV education and awareness workshops.

Objective 5. To develop a strategic plan with Historically Black Colleges and Universities, Hispanic led community organizations, organizations targeting African Americans and women, which will ensure routine voluntary HIV testing for the target population.

**Rationale:** The cost of one HIV infection is \$1,000,000.00 over a 20-year span of the patient's life in lost tax revenue, lost wages (buying power), hospitalization, medical care, laboratory testing and medications. Depending on the person's salary at infection, this cost may be higher due to disability payments. The cost of preventing one case can be as low as \$10,000.00 over the same period. Prevention is cost effective.

**Solution:** A decrease in the risk of HIV and AIDS in the State's minority communities:

**Recommendation:** Expand the newly established Arkansas HIV/AIDS Prevention Coalition throughout counties in Arkansas.

**Approach:** The HIV/AIDS Prevention Coalition will be expanded to engage organizations throughout the state. At least one county from each Congressional District will be represented on the Coalition and asked to participate in the train the trainer workshop. After the completion of the workshop participants will be expected to return to their respective community and organize a 6-8 week prevention program targeting the most at risk group(s) in their community.

**Rationale:** As an effort to eradicate the impact of HIV/AIDS on the African American community, the HIV/AIDS Coalition will promote collaboration among various agencies and groups such as community/faith-based organizations, media, professional, social, academic, civic and political groups. The Coalition was formed in partnership with the Arkansas HIV/AIDS Minority Task Force as an effort to reach across the state of Arkansas. This partnership was established to promote increased development of HIV prevention programs that targeted the uninfected and the infected population.

**Solution:** The Arkansas HIV/AIDS Prevention Coalition identified these solutions for reducing the risk of HIV/ AIDS in minority communities:

- (1) Increased HIV awareness and education among youth through activities such as youth rallies.
- (2) Organized train the trainer workshops for various community based organizations, AIDS service organizations and faith based organizations.
- (3) Increased the number of minorities screened by launching the Black AIDS Institute Mobilizing Campaign, Test 1 Million, to be completed by June 27, 2010. The Campaign is structured as a statewide Campaign.
- (4) Organized events promoting free HIV screening in conjunction with national days.

- (5) Collaboration with and support the efforts of other agencies and organizations addressing HIV/AIDS.
- (6) Support for the Arkansas HIV/AIDS Minority Task Force with public policy efforts.

**Challenges:** The following are strategies that should be considered for implementation to change the current climate and perception of faith-based organizations, their response to the education and prevention of HIV/AIDS, and how they should incorporate a strategic effort in collaborating with other organizations. We recognize that state government cannot mandate public policy within organizations; however these are suggestions of how faith-based organizations can work more closely with state government and community-based organizations to address these issues:

1. Encourage faith-based organizations to connect with like institutions already involved on some level with the education and prevention of HIV/AIDS. The message that needs to be conveyed is that each entity can play a vital part to maximize the impact of reducing the risk of HIV/AIDS.
2. Encourage faith-based organizations to recognize the importance of training key leaders in their organizations to be equipped to meet the needs of those who may seek education, support and or treatment of the disease. Since they have been slow to respond, and viewed as viable entities in the fight against HIV/AIDS, they can re-position themselves by investing in needed training that will raise their own awareness about the disease, and serve as a resource to those who may be infected and/or affected by it.
3. Encourage religious organizations to seek alliances with community-based organizations that are also involved in reducing the spread of HIV/AIDS in the community. Since community based organizations already have an established history in the education, prevention and treatment of the disease, they more often have resources or know of resources of which faith-based organizations are not aware. These partnerships can change the perception of those in the community that faith-based organizations are no longer communicating a passive stance, but are proactive in the fight against HIV/AIDS. They can also direct them to other organizations for specific assistance.
4. Encourage faith-based organizations to consider being testing centers for HIV/AIDS because they provide an atmosphere of confidentiality and safety.
5. Encourage faith-based organizations to view their role in the education and prevention of HIV/AIDS as vital to the continued fight for life and health.
6. Encourage faith-based organizations to create partnerships with community-based organizations by forming support groups and/or counseling to HIV infected persons and also for those who are affected.

## RECOMMENDATION TWO

**The Arkansas HIV/AIDS Minority Task Force recommends the following plan for exchanging information and ideas among minority community-based organizations that provide HIV and AIDS prevention services:**

**Recommendation:** The Arkansas HIV/AIDS Minority Task Force proposes that a comprehensive and accessible method for exchanging ideas and information among community/faith-based organizations, governmental and state entities include activities such as data collection, dissemination of information, monitoring and evaluation. The plan will include a directory of HIV/AIDS prevention services.

**Approach:** Data Collection – Assessment – Dissemination of State and National Information via Internet – Information and Events – Monitoring and Evaluation

**Data Collection:** Identify contact information with a description of services of community and faith based organizations, state and governmental entities that provide HIV/AIDS prevention services throughout the state of Arkansas. This information will be compiled in a database of HIV/AIDS Prevention Services and made available to agencies and organizations providing HIV/AIDS prevention services and other interested individuals.

**Assessment:** The level of knowledge of HIV/AIDS information as it relates to services and treatment in the following categories:

- Prevention
- Intervention
- Testing and Counseling
- Treatment
- Housing
- Drug Assistance
- Nutrition.

The assessment will be obtained using a basic competency survey to be developed by a committee determined by the Task Force.

**Dissemination of State and National Information Via the Internet:** A web page to share information with all Arkansas organizations and agencies related to HIV/AIDS services, programs, grants, recommendations and policies will be constructed. Links to following agencies and national organizations will be provided:

- Centers for Disease Control
- Arkansas Department of Health
- Arkansas Community Planning Group
- National Minority Aids Council
- Arkansas Minority Health Commission
- Arkansas HIV/AIDS Minority Task Force

The web page will also include national, regional, state and local announcements of events and activities of all scheduled conferences, forums, seminars and workshops focusing on HIV/AIDS prevention and will include a bulletin board that cross-reference and provide information links to the following:

- Calendar of Events
- Service Providers (statewide)
- Funding Sources (national, regional and state)
- Request for Proposals (RFP), requirements and eligibility guidelines (national, regional and state)

The web page will provide information on events and activities that allow continuing education credits to health professionals, social workers and others who work in the field of HIV/AIDS prevention.

The web page will be located on the Arkansas Minority Health Commission website with Internet links to the Center of Disease Control (CDC), University of Arkansas Medical Sciences (UAMS), and the Arkansas Department of Health.

Information Events and Activities: Study the formation of forums, workshops, seminars and conferences to address the incidents of HIV/AIDS in minority populations, or, further market current events of this nature to constituents in the above noted database, using the new web page.

The plan for exchanging information will study the formation of various events to include conferences, workshops and seminars targeting populations at-risk of high incidences of HIV/AIDS such as:

- |   |                           |
|---|---------------------------|
| Women   | African American Women    |
| African American Men  | Men who Have Sex with Men |
| Youth   | Heterosexuals             |
| Hispanics   |                           |
| Under represented minorities, i.e. Marshall Islanders and Asian Americans |                           |

Monitoring and Evaluation: Provide on-going monitoring, review, and evaluation annually to access the plans' effectiveness and use of "best practices."

**Rationale:** Community based organizations will be more aware of what services and resources are available in the State of Arkansas. Through this awareness, collaborations can be formed that lead to holistic approaches to services and prevention.

**Solution:** A comprehensive plan that exchanges information and ideas among minority community based organizations that provide HIV/AIDS prevention services.

### **RECOMMENDATION THREE**

**The Arkansas HIV/AIDS Minority Task Force recommends assessing the needs of prevention and treatment programs within minority communities and identifying existing resources that are available within minority communities:**

**Needs Assessment:** During the first year, the Arkansas HIV/AIDS Minority Task Force performed an initial assessment of HIV programs in the State of Arkansas. Fifty inquiries were made of organizations known to Task Force members. Including state agencies, twenty responses were received. **(HIV/AIDS Prevention Services Directory in Appendices).**

These respondents included one agency that is non Arkansas-based, *Friends for Life of Memphis, TN*. *Friends for Life* is independently funded by HRSA to provide HIV treatment services in one Arkansas county, three counties in Tennessee and two in Mississippi. The group provides counseling, medical treatment, AIDS Drug Assistance Program medicines, housing for people living with AIDS and ancillary assistance to them and to their families. They also provide HIV testing.

The assessment of providers showed that each Congressional District has at least one provider of HIV care and one provider of HIV prevention services. All but four of the twenty respondents received funding either through the federal government or through HIV sub-grants from the State. However, while care providers are funded either through direct funding from HRSA or the Arkansas Department of Health, only two prevention providers are funded. Most often prevention providers are either under funded through the State for the programs they provide, or they receive minimal amounts through public grantors or private donors.

All of the prevention providers are based in Arkansas; seven of the nine are minority-board/minority-staff organizations. Even so, six of these are headquartered in Pulaski County and one has an office in that county. This concentration of providers in one county illustrates the need to identify and build capacity of other grassroots organizations to provide prevention in their local communities in other counties throughout the State. The Task Force will continue the effort to find community-based and faith-based organizations willing to provide HIV prevention programs such as counseling and testing or counseling and testing with the *Respect Intervention* and provide the necessary training and assistance for these groups to serve their communities.

The process will include working with civic leaders and faith leaders to locate prospective organizations, assessing the readiness of the organization to provide HIV prevention programming and counseling and testing, contracting technical assistance providers such as the Arkansas Department of Health to provide training, and providing continual access to funding for HIV prevention programming.

Another method for reaching the minority population is through the use of the Internet. The Task Force can utilize existing websites to provide information for those able to access the Internet. **(A partial listing of these websites is provided in the appendices).** The listing will be maintained at colleges, the government, and national or local organizations are installing new sites regularly.

The “listserv” or “mailing list” can also be used to get specific information out over the Internet. This involves developing a listing of the emails of people interested in a subject so that when there is an event or information that needs to be broadcasted quickly it can be done via a single email rather than sending each person a separate message. This can be effective to get word about a health fair or testing program to people who would attend at little or no cost to the sender.

Not all Arkansas residents are able to access the Internet, however, other media such as radio and billboards will also be used. Billboards will be used to get people thinking about HIV risk or HIV testing. Radio spots and interviews can bring the topic of HIV right into the home and personalize the “face or sound of AIDS” through individual stories of those who have “been there”. Some of these Public Service Announcements may cost nothing, but providing free time is no longer required in order to keep a broadcasting license, so some cost may be involved. Studies have shown that these Public Service Announcements have some short-term effectiveness.

**Identification of Existing Services:** At present, the only funded prevention activities are in Pulaski County, Jefferson County, and a small, five-county area of the Delta. Two organizations provide these interventions as well as testing. The other organizations providing testing are paying for tests from private or foundation funding. The groups providing HIV prevention activities (including testing) are:

Pulaski County

The Arkansas AIDS Foundation (testing)  
Jefferson Comprehensive Care System, Inc. (one CDC funded intervention, one intervention funded through the state, and testing through the Substance Abuse and Mental Health Administration)  
Future Builders, Inc. (education, testing and counseling)  
Transitional House (testing)  
Black Community Developers (education)  
Delta Outreach (STD programming that includes HIV testing)

Faulkner County

University of Central Arkansas (Testing through the Arkansas Department of Health)

Jefferson County

JCCSI (CDC funded intervention)

Union County

South Arkansas Fights AIDS (testing and education)  
Alliance for Community Health (testing and education)

Delta Region (Crittenden, Mississippi, St. Francis, Phillips and Lee Counties)

Delta Outreach (one intervention for HIV prevention funded through the state, testing)

Sebastian County

Fort Smith fights AIDS (testing)

Northeast Arkansas  
Northeast Arkansas Regional AIDS Network (testing)

## RECOMMENDATION FOUR

**The Arkansas HIV/AIDS Minority Task Force recommends the following strategies for ensuring that minority group members who are at risk of HIV infection and AIDS seek testing:**

**Recommendation:** Develop a culturally and linguistically appropriate statewide HIV and AIDS prevention campaign directed toward minority group members who are at risk of HIV infection using various media.

**Approach:** A well-designed social marketing campaign utilizing billboards, PSA's, brochures, radio and T.V., targeting minority groups who are at risk to HIV/AIDS in a culturally competent manner. This will increase the awareness about HIV/AIDS and how it is affecting the minority communities, motivating high-risk populations to seek testing.

**Rationale:** Messages will prompt the target audiences to consider whether and to what degree they are at risk. Sharing information about HIV testing resources in mass media context will reduce the stigma associated with the HIV/AIDS disease.

**Solution:** Minority group members who are at risk of HIV infection and AIDS will receive testing via community based-organizations, the Arkansas Department of Health, churches, civic organizations, colleges and other community entities.

**Recommendation:** Increase free and confidential testing at the community level throughout the state in non-traditional environments, events and venues to encourage minority group members who are at risk to HIV infection to seek testing.

**Approach:** Conduct free HIV/AIDS confidential testing in non-traditional settings such as social events, family and community gatherings.

**Rationale:** A timely diagnosis will deter the spread of the virus and improve treatment and care of those infected with the virus prolonging the survival rate and reducing the spread of HIV/AIDS. In addition to the services and programs offered in traditional settings such as health clinics and health fairs, non-traditional settings will increase the opportunity of minority group members at risk to HIV/AIDS infection to seek testing.

**Solution:** Minority group members who are at risk to HIV infection and AIDS will have the opportunity to test via community/faith-based organizations, colleges and other community entities.

### **Challenges:**

- According the public forums from Districts one, "West Memphis" and three "Fayetteville" the public makes us aware that transportation and local service providers are barriers.

- The stigma of the "Black Man" as the Man who is the head of the house plays an important role in the MSM world. The majority of the MSM do not identify themselves as gay or bisexual. Subsequently the African American females are at the pinnacle of the listing for becoming infected. They are at greater risk than any other female.

**Barriers to Testing:** The CDC recommends that all sexually active individuals be tested for HIV and other STDs prior to initiating a sexual relationship with a new partner. Additionally, the CDC recommends that women who plan to become pregnant (or discover they are pregnant) be tested for HIV regularly, as should all individuals who use needles to inject any illicit drug (such as heroin, cocaine, steroids, etc.). Despite these recommendations, only about 35% of U.S. adults report ever being tested for HIV, even once in their lives. Among racial and ethnic groups, African-Americans report the highest testing rates, with about 50% of this group reported having been tested at least once. Hispanic men and women are less likely, with about 40% of this group having been tested. Whites are least likely to report having been tested, with about 30%. Men in all racial and ethnic groups are less likely than women to report testing. Importantly, rates of HIV testing in the rural U.S. are dramatically lower than rates of testing in urban centers.

Among rural residents in the southern U.S., the most commonly given reasons for not being tested for HIV are as follows: low perceived risk for HIV, fear of learning a positive HIV status, perceived lack of confidentiality, mistrust of health providers or the health system, fear of needles, and lack of money to pay for testing. Some of these barriers may best be addressed through a high-quality social marketing campaign that is specifically focused on these concerns and communicated in a way that is tailored to the cultural, social, and linguistic needs of the target populations. However, this social marketing campaign must go beyond simply passing out brochures or otherwise invalidated approaches to promoting HIV and STD testing. Such approaches will likely be ignored as irrelevant by the large proportion of individuals who perceive themselves (often erroneously) as being at low risk for HIV and STDs. Thus, we propose that the campaign must use well-tested and validated principles of social marketing to increase individuals' awareness of their risk of HIV and other STDs, reduce perceived social and emotional costs of being tested, and increase awareness of testing options that eliminate concerns regarding needle sticks and financial barriers.

Additionally, because many in the African-American and Hispanic communities in Arkansas have deep-seated suspicions of health providers, we strongly support increased funding of community-based organizations, including community-based AIDS Service Organizations, to conduct HIV and STD testing. Multiple studies have proven that widespread testing programs are highly cost-effective, even when the underlying HIV prevalence is as low as 0.1% in a population. This cost-effectiveness is primarily achieved by identifying new HIV cases early enough to improve disease management (thereby reducing hospitalizations), as well as reducing rates of HIV and STDs among individuals who modify their risk behavior in response to the pre- and post-test counseling that is typically provided along with the tests.

## RECOMMENDATION FIVE

**The Arkansas HIV/AIDS Minority Task Force recommends the following specific strategies for ensuring that minority group members with HIV or AIDS are provided with access to treatment and secondary prevention services:**

Task Force members received input from patients infected with HIV/AIDS and from those closely associated with infected patients during a series of public forums across the state. The Task Force has the following findings and recommendations on insurance coverage issues with regards to the fully insured market.

### **Findings:**

- a) All health insurance carriers writing group business in Arkansas do voluntarily provide full coverage for all individuals who contract HIV/AIDS while covered by their policies. Testimony at the public forums centered exclusively on those without private insurance.
- b) The fact that a patient has HIV/AIDS has no bearing on the way a hospital claim is paid. These claims are handled the same way as claims of other diagnoses.
- c) All health insurance carriers writing group business in the state of Arkansas cover all currently available FDA approved drugs for the treatment of HIV/AIDS. Task Force Members heard testimony about the inability of many Medicaid patients with HIV/AIDS to afford prescription co pays.
- d) Medical costs for most patients with HIV/AIDS tend to be less expensive the earlier the diagnosis is made. EARLY TESTING IS CRITICAL! Gaining access to testing and to the state Medicaid program were problem areas repeatedly heard during task force public forums.
- e) Medicaid, Medicare, CHIP or Ryan White programs are available for most eligible HIV/AIDS patients who do not have private group health insurance coverage. Some of those at the public forums were unaware of these programs or did not qualify.

### **Recommendations:**

1. Patients with a proven diagnosis of HIV/AIDS who cannot afford private insurance and are Medicaid eligible should be given special consideration for rapid admittance into the Medicaid program eliminating inordinately long wait times that presently exist for some HIV/AIDS patients.
2. Patients with HIV/AIDS who are enrolled in the Medicaid program should be given special consideration to have co pays for their anti HIV drugs waived if possible.
3. For patients with HIV/AIDS who are not eligible for or cannot afford private insurance and are ineligible for Medicaid, consideration should be made to make the CHIP program more accessible by lowering premiums for this group of patients.
4. For patients with HIV/AIDS who are covered by the CHIP program increased financial aid to help with patients procuring anti HIV drugs should be considered.

5. For patients with HIV/AIDS who are not covered by private insurance, Medicaid, Medicare, CHIP, or Ryan White, and cannot access the ADAP program for drugs, consideration should be given for creation of a fund to help this category of patients at least get some help with obtaining anti HIV drugs.
6. The Task Force recommends that all newly diagnosed individuals with HIV/AIDS and all those existing infected patients who desire this service be afforded the opportunity to attend at least one HIV/AIDS training course/workshop that will provide information concerning all the available services, both treatment and otherwise, within their respective communities.
7. The Task Force strongly recommends that all the above patients be assured accessibility to these workshops. For this to become a reality, it will be necessary for this service to be made available in at least one location in each of the four Congressional Districts in Arkansas. It is recommended these training courses/workshops be set up and organized as soon as funds are available.

**Approach:** To use private insurance, Medicaid, Medicare, CHIP, Ryan White and ADAP to eliminate any gaps in HIV/AIDS treatment and secondary prevention services.

**Rationale:** To provide all minority group members with HIV or AIDS a means to access treatment and secondary prevention services.

**Solution:** All minority group members with HIV or AIDS are provided with access to treatment and secondary prevention services regardless of income or residential location.

## RECOMMENDATION SIX

**The Arkansas HIV/AIDS Minority Task Force recommends the following specific strategies to help reduce or eliminate high-risk behaviors in minority group members who test negative for HIV/AIDS but continue to practice high-risk behaviors:**

**Recommendation:** Increase counseling and testing at the community level as an effective approach in reducing the risk of infection. When accompanied by consequence-based counseling, this method helps the client identify their own risk as they continue to engage in risky behaviors.

**Recommendation:** Provide funding so that areas of high HIV prevalence and/or incidence may implement the *Respect Model* at testing sites. The CDC proved that the *Respect Model* is effective in reducing HIV infection and risky behaviors.

**Approach:** Fund community/faith based organizations via a Request for Proposal to provide HIV/AIDS prevention services across the State of Arkansas that will help reduce or eliminate high-risk behaviors in minority group members who test negative for HIV/AIDS but continue to practice high-risk behaviors.

**Rationale:** The *RESPECT MODEL* is a two-session individual counseling model that is consequence-based. The CDC selected this model as one of the most effective interventions designed around testing. It includes testing, creation of a risk reduction plan and selection of risk behavior to be altered in the first session and follow-up where results are provided, progress monitored, and the behavior change are reinforced. This intervention is scripted for each age group, risk behavior and whether the person tests positive or not. At first glance it seems simple in light of the counseling, testing and referral protocol already in use by the Local Health Units and organizations providing testing via grants through the ADH, but this is not as easy as it appears. Organizations wishing to implement the *RESPECT MODEL* will need to undergo specialized training and adhere to scripted questions and discussion points when counseling the client.

**Solution:** An open application process for funding will ensure that organizations identified as grassroots that are respected by the community will have access to funds for HIV prevention as they achieve the capacity to offer programs to their neighbors. As a result, fifteen testing sites should be identified and funded to provide the *Respect Model Intervention* in minority communities.

## RECOMMENDATION SEVEN

**The Arkansas HIV/AIDS Minority Task Force recommends risk reduction and education programs for the following groups at risk of HIV infection:**

**Recommendation:** Encourage culturally sensitive statewide HIV/AIDS prevention programs for three high-risk groups: youth ages 13-24, Marshallese residing in Northwest, Arkansas and individuals transitioning from incarceration back into society.

**Approach:** Offer community level HIV/AIDS prevention and intervention programs with prevention messages that enhance and reinforce responsibility and decision making.

**Rationale:** The Arkansas Department of Education provides education programs for youth throughout the state of Arkansas and has provided training for school staff, parents, youth leaders and faith leaders in Arkansas for over ten years. One of the models used is *Focus on Kids*, which has been integrated into an intervention called *Focus on Youth with Impact*. Similar programs should be implemented at the community level for out-of-school youth since these individuals are not in the mainstream educational system.

Another high-risk population is the Marshallese in Northwest Arkansas. This is a newly identified population drawn to the United States by economic opportunity and good education for their children. Cultural, moral and language barriers exist that make it all but impossible to provide HIV or any disease prevention programs to this high-risk population. A survey of the Marshallese in Northwest Arkansas revealed that they believe the main problem in Marshallese healthcare is a lack of knowledge. They do not understand the importance of caring for their health or managing their disease state. They are not accustomed to seasons so they do not always dress appropriately for the weather. They may not be used to good plumbing or the daily hygiene rituals that we have in the United States. They are very modest and shy. They do not understand the concept of insurance. They may stop taking medicine when they feel well. They may share food and drink with a sick person because it is considered insulting to refuse to share even if you know another is sick. The Task Force recommends partnering with trusted health care professionals to provide HIV/AIDS prevention services to this group since this is the best way to disseminate information.

The Arkansas Department of Corrections has an HIV prevention program that includes monthly education sessions, testing, services and care for those found to be infected, referrals to the Ryan White Consortia, and penalties for non adherence to treatment plans upon release. While there are programs provided during incarceration, the Task Force recommends that similar programs be implemented at the community level to continue this prevention service.

Other programs to educate the general population and minority population include the use of billboards, speakers, health fairs, articles and interviews with the media, the PBS World AIDS Day programming, programs provided through the Arkansas Department of Health to schools, church groups, civic organizations and health providers.

**Solution:** Community level risk reduction and education programs for these group members at risk of HIV infection will reduce the rate of infection among these groups in the future.

## RECOMMENDATION EIGHT

**The Arkansas HIV/AIDS Minority Task Force recommends the development of educational programs for the public using a wide range of input from community leaders**

**Recommendation:** Conduct Public Forums in each of the 4 Congressional Districts that will engage a wide range of community leaders to discuss and design education programs for the public.

**Approach:** The HIV/AIDS Task Force has been charged with conducting community forums in each of the four congressional districts. The purpose of the public forums was to take public comment and to discuss the incidence of HIV/AIDS and effectiveness of prevention and outreach programs within the minority population. Similar public forums targeting a wide range of community leaders will be held to discuss and design education programs for the public.

These Public Forums will be communicated to the public using the following:

- Flyers will be developed and distributed to all local health units in each Congressional District. Hometown Health Initiative (**HHI**) leaders were asked to share in their counties information pertaining to the forum.
- Public service announcements will be sent to local television and radio stations to assist in disseminating the information to the public.
- Send “Save the Date” cards will be sent to all community based organizations, legislators, and faith-based organizations.
- Develop Public Service Announcements in English and Spanish.
- Distribute flyers through the school system to engage parents in the communities.
- Work with local Chambers of Commerce to inform communities.
- Work closely with the Governor’s office to keep the Governor and his staff informed of all the Task Force activities.

**Rationale:** Coordinate and meet with a wide range of community leaders throughout the State of Arkansas in an effort to design education programs for the public.

**Solution:** A well-designed HIV/AIDS prevention education program to meet the needs of the public created by a diverse group of community leaders throughout the State.

## **RECOMMENDATION NINE**

**The Arkansas HIV/AIDS Minority Task Force recommends a statewide HIV and AIDS prevention campaign directed toward minority group members who are at risk of HIV infection:**

**Recommendation:** Develop a culturally and linguistically appropriate HIV and AIDS prevention campaign directed toward minority group members who are at risk of HIV infection. This campaign may consist of billboards, pamphlets and brochures designed for minority populations.

**Approach:** To launch a campaign to increase public awareness about HIV/AIDS and to promote HIV testing.

**Rationale:** To share information about HIV testing resources and the significant levels of social stigma with HIV disease. The primary target behavior will be HIV testing. Messages will be designed to prompt the target audience to consider whether and to what degree they are at risk.

**Solution:** The campaign will significantly increase early HIV testing; address social barriers to HIV testing among minorities; and connect HIV positive individuals to care and treatment.

### **For Further Study**

**The Arkansas HIV/AIDS Minority Task Force recommends addressing these issues in its second and third year.**

- **Pilot programs for the long-term care of individuals with AIDS or AIDS-related conditions, including care in nursing homes and in alternative settings;**
- **Programs to expand regional outpatient treatment of individuals with AIDS or AIDS-related condition;**
- **A program to assist communities, including communities of less than five thousand (5,000) population, in establishing AIDS task force and support groups for individuals with AIDS, AIDS-related conditions, and HIV infection.**

The Arkansas HIV/AIDS Minority Task Force proposes the following budget(s) as a means of implementing the HIV/AIDS prevention plan outlined in this report:

**Proposed Budget - 1**  
**Arkansas HIV/AIDS Minority Task Force**  
**2-year total \$3,000,000.00 (\$1,500,000.00 per year)**

	<u>Year 1</u>	<u>Year 2</u>
Administrative (10%) Includes 2 staff positions with fringe at state rate, travel for staff and Task Force members, office space, utilities, telephone, and equipment for office.	\$150,000	\$150,000
Sub-grants (RFA testing) Includes 15 sites providing <i>Respect</i> intervention and testing – minority women 13-60, minority men 13-60.	\$975,000	\$975,000
Sub-grants (RFA intervention) Includes 2 sub-grants @\$75,000.00 each - 1 for minority men [Jefferson Co.] and one for minority women [Union Co.]	\$150,000	\$150,000
Health Communication/Public Information Includes statewide billboards, pamphlets and brochures designed for minority populations.	\$225,000	\$225,000
<b>Total</b>	<b>\$1,500,000</b>	<b>\$1,500,000</b>

**Proposed Budget - 2**  
**Budget for HIV/AIDS Minority Task Force**  
**2-year total \$2,790,000.00 (\$1,395,000.00 per year)**  
**7% reduction request**

	Year 1	Year 2
Administrative (10% max) Includes 2 staff positions with fringe at state rate, travel for staff and Task Force members, office space, utilities, telephone, equipment for office	\$124,234	\$140,000
Sub-grants (RFA testing) Includes 15 sites providing <i>Respect</i> intervention and testing – minority women 13-60, minority men 13-60)	\$900,000	\$900,000
Sub-grants (RFA intervention) Includes 2 sub-grants @\$80,000.00 each - 1 for minority men [Jefferson Co.] and one for women [Union Co.]	\$150,000	\$150,000
Health Communication/Public Information Includes statewide billboards, pamphlets and brochures designed for minority populations	\$220,766	\$205,000
<b>Total</b>	<b>\$1,395,000</b>	<b>\$1,395,000</b>

# **APPENDICES**

HIV/AIDS Prevention Services Resource Directory

Websites on HIV/AIDS Issues

Potential Funding Sources

Bill 842 of 2007

## **HIV/AIDS Prevention Services Resource Directory**

### **JEFFERSON COMPREHENSIVE CARE SYSTEM, INC. (JCCSI)**

JCCSI is a non-profit Community Health Center (CHC) located in Pine Bluff, Arkansas and continues to be the only provider for people with HIV in the lower Southeastern portion of the state. The organization provides comprehensive HIV primary care services as required under Part B, C, and D of the Ryan White HIV/AIDS Act. JCCSI is also the subcontractor for the AIDS Education Training Center (AETC) program in Arkansas. Additionally, the organization was awarded the Substance Abuse Mental Health and Services Administration (SAMHSA) grant, which provides outreach and pretreatment services, in conjunction with HIV/AIDS services. JCCSI also has CDC funding to provide assessment, education and training related to routine HIV testing.

#### **Contact Information:**

1101 Tennessee St.

Pine Bluff, AR 716013

Exec. Dir: Larnell Davis

Medical Services Dir: Dr. Estelita Quimosing

Contact Persons: Dr. Angela Smith, Dr. Michelle R. Smith, Derrick Newby,

Hattie Gaynor, Sybil Ward

Phone: 870-534-3448, 501-663-7166

Fax: 870-536-7596, 501-663-8812

Email: [agsmith1@sbcglobal.net](mailto:agsmith1@sbcglobal.net),

Web site: [www.jccsi.org](http://www.jccsi.org)

#### **Medical Services:**

Outpatient Ambulatory Health Care

Gynecological, OBGYN services

HIV Counseling and Testing

Laboratory Monitoring

Oral health care

Substance Abuse Assessments and Treatment

Mental Health Assessments and Treatment

Immunizations, subspecialty referrals

#### **Case Management Service**

Medical Case Management

Nutritional Counseling

Medication Assistance

Transportation Vouchers

Substance Abuse and Mental Health Screenings

Patient/Adherence Education,

Support Groups (Infected and Affected)

Adherence Education  
Housing Referrals  
Childcare  
Legal Assistance,  
Vision, HIV Clinical Trials, and Part B Service Referrals

**Prevention Services:**

Healthy Relationships  
Many Men, Many Voices  
HIV Testing

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**ARKANSAS AIDS FOUNDATION (AAF)**

The AAF provides case management, payment assistance for HIV/AIDS prescription medication, payment assistance for dental bills, and referrals for other services. The AAF is at the forefront in conducting innovative programs for people with AIDS. AAF provides services to over 330 active clients and nearly 500 overall in Pulaski, Lonoke, and Prairie counties. The AAF has been providing services since 1992 and is the lead agency of the Unity Consortium of Central Arkansas (UCCA). Support is provided and networking is done with all major hospitals, other HIV/AIDS service organizations, and all social service organizations involved in HIV/AIDS related activities.

**Contact Information:**

518 East 9th Street, Little Rock, AR 72202  
Exec. Dir: TBD  
Client Services Dir: Lisa London-Bell  
Contact Person: Yolanda West  
Phone: 501-716-6299  
Fax: 501-376-6544  
Email: west@araidfoundation.org  
Web site: www.araidfoundation.org

**Medical Services:**

ADAP  
Referrals for Dental, Lab, and Medical Visits

**Case Management Service:**

Nutritional Counseling  
Bus Passes  
Support Groups  
Medication Co-pays

**Prevention Services:**

HIV testing

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**ALLIANCE FOR COMMUNITY HEALTH**

The Alliance for Community Health provides HIV prevention services for those at highest risk of infection. The organization is minority-based and serves primarily African Americans (85%) and Hispanics (10%) in Ashley, Bradley, Calhoun, Columbia, Miller, Ouachita, and Union counties. They receive private funding for HIV/STD education and HIV testing programs. Nearly half of their clients are under 25.

**Contact Information:**

217 South Jefferson, Suite 135

El Dorado, AR 71730

P.O. Box 10503

El Dorado, AR 71730

Project Coordinator: Kenneth Waller, BSW, BCSW

(870) 864-9202

Email: [aoch@sbcglobal.net](mailto:aoch@sbcglobal.net)

**Case Management Services:**

Support groups

Medication assistance

Assistance in applications to Consortia

Housing assistance

Referrals for services

Transportation

**Prevention Services:**

Health education

HIV rapid testing

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**WHITE RIVER RURAL HEALTH CENTER, INC (WRRHC)**

The White River Rural Health Center, Inc. is directly funded by the federal government to provide services for HIV infected clients. The organization works with the Ryan White Consortia to provide medical services. WRRHC serves 18 counties in Northeast and North Central Arkansas: Baxter, Clay, Cleburne, Craighead, Fulton, Greene, Independence, Izard, Jackson, Lawrence, Marion, Randolph, search, Sharp, Stone, Poinsett, Van Buren and White. Dr. Moore from the WRRHC is a Certified Specialist from the American Academy of HIV Medicine. 33% of the clients are minority (31% African American, 2% Hispanic). Ten percent are under 25 years of age, but only 1% of those are minority.

**Contact Information:**

White River Rural Health Center, Inc.  
623 North 9<sup>th</sup>  
Augusta, AR 72006  
Contact: J. Dan Moore, MD, AAHIVS  
Phone:  
Fax:  
Email: [Dan.Moore@wrrhc-ar.org](mailto:Dan.Moore@wrrhc-ar.org)

**Medical Services:**

Primary Medical Care  
HIV Specialty Medical Care  
Medication Assistance Program  
Lab and X-ray services  
Immunizations (Hep A&B required for HIV+ without Hep A/B antibodies)  
On-Site Dental Care  
Lab work (tests)

**Case Management Services:**

Medical Case Management  
Nutritional Counseling (registered Dietician)  
Mental Health Screenings  
Transportation Vouchers/Assistance for medical visits  
Access to ADAP through Consortia

**Prevention Services:**

HIV Prevention Education  
Condom Distribution

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**DELTA OUTREACH, INC.**

Delta Outreach, Inc. has been providing HIV prevention programs in the Delta region of Arkansas since 2003. The organization is also funded to provide Syphilis elimination and STD prevention services. Delta Outreach has worked with local Consortia to ensure that HIV positive clients in Crittenden, Craighead, St. Francis, Phillips and Mississippi counties have access to care and services. Delta Outreach works with local detention centers, colleges, and probation/parole services to provide prevention education and HIV/STD testing. The group also provides behavioral science-based interventions for reducing the number of people infected with HIV and STDs in the area they serve. Approximately 80% of the people served are minority, predominantly African American women (75%).

**Contact Information:**

Jennifer Ford, Executive Director

310 MidContinent Plaza, Suite 410A  
West Memphis, AR 72301  
Phone: (870) 702-4990  
Fax:  
Website: [www.delta-outreach.com](http://www.delta-outreach.com)  
Email: [liljen724@aol.com](mailto:liljen724@aol.com)  
Doretha Miller, HIV Prevention  
Email: [dorethamiller@hotmail.com](mailto:dorethamiller@hotmail.com)

**Case Management Services:**

Referrals to Consortia/Medical providers  
Transportation

**Prevention Services:**

SISTA HIV intervention for at risk African American women 19-44  
Community PROMISE STD/HIV intervention for African Americans  
HIV testing  
STD testing (blood draw for syphilis and HIV)  
Health education

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**FUTURE BUILDERS, INC.**

Future Builders, Inc. is a 501 (c) (3) community-based organization that provides social service and educational programs to people living in Pulaski and Jefferson Counties. They have been funded in the past to provide HIV prevention and testing in these counties and in Union and Miller counties as well. Future Builders utilizes volunteer workers from VISTA to target people at risk. They have provided programs through the Tobacco Settlement, Women's Health, and the HIV/STD Program. Their mission is to empower community residents to become self-sufficient by motivating and stimulating Youth and Adults via opportunities for education, cultural and career building activities. The majority of clients are African American.

**Contact Information:**

Rick Collins  
Linder Conley  
Co. Executive Directors  
P.O. Box 127  
Wrightsville, AR 72183  
Phone: 501-897-5566  
Fax: 501-897-5568  
Email: [linderconley@aol.com](mailto:linderconley@aol.com) or [fbrcollins@aol.com](mailto:fbrcollins@aol.com)

**Case Management Services:**

Social services not specific to HIV.

**Prevention Services:**

Counseling and Testing/ Interventions for HIV Prevention

**UAMS, AHECSW (Arkansas Health Education Center)**

Located in Southwest Arkansas, the UAMS AHECSW has been providing clinical care and educational programs to residents of that part of the State. This program is made possible through grants made to UAMS for rural health initiatives.

**Contact Information:**

William J. McIntyre, Pharm D  
Area Director  
UAMS Area Health Education Center, Southwest  
300 East 6<sup>th</sup> Street  
Texarkana, AR 71854  
(870) 779-6000  
(870) 779-6093 Fax

**Medical Services:**

Supportive care including medications. Will accept uninsured patients.

**Case Management Services:**

N/A

**Prevention Services:**

N/A

**Provide services for:**

Miller, Hempstead, Little River, Lafayette, Howard, Pike, Clark, Nevada, and Sevier counties  
**Note:** less than 2% of clients are Consortia clients. 53% are minority. Of the clients under 25 years of age 50% are minority.

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**FRIENDS FOR LIFE, INC.**

Friends for Life, Inc. is based in Memphis Tennessee and serves a six county emerging metropolitan area that includes Crittenden County, Arkansas. The services provided to Crittenden County are through a grant from HRSA (Health Resources Service Administration). Services are provided through the offices in Memphis.

**Contact Information:**

Kim Daugherty  
Executive Director  
Gina Fortner  
Operations Coordinator  
Friends For Life Corporation  
43 N. Cleveland St.  
Memphis, TN 38104  
[www.friendsforlifecorp.org](http://www.friendsforlifecorp.org)  
Office 901-272-0855 X223  
Fax 901-272-7458

**Medical Services:**

Clinic services, medications, mental health services

**Case Management Services:**

Housing assistance, medical case management, social services, some transportation costs

**Prevention Services**

Testing

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**ARKANSAS COMMUNITY PLANNING GROUP (for HIV Prevention)**

Not really an organization, ARCPG is a grass roots advisory committee that develops a comprehensive HIV prevention plan for the State to be used by the Arkansas Department of Health in applying for funds from the CDC and in developing prevention and testing sub-grants. CDC has mandated the group since 1994. It is required to represent the state geographically, as well as representing populations most at risk of HIV infection, HIV positive consumers, social service agencies, professionals, community and faith-based organizations, criminal justice system, concerned citizens and state agencies that are concerned with HIV rates. The group meets six times per year.

**Contact Information:**

Willie Rhodes  
ARCPG State Co-Chair  
Arkansas Department of Health  
4815 w. Markham, Slot 33  
Little Rock, AR 72205  
(501) 661-2408  
(501) 661-2082 Fax

**Prevention Services:**

ARCPG uses epidemiologic data, community assessments, public input and scientific research to develop a plan for HIV prevention in Arkansas.

### **SOUTH ARKANSAS FIGHTS AIDS**

This organization receives United Way and private contributions to provide services to the community. They serve counties in South Arkansas. Approximately 49% of their clients are minority and 8% of their clients are minority youth.

#### **Contact Information:**

Executive Director: Sue Worsham  
Janet Beane: Educator  
520 West Faulkner St.  
El Dorado, AR 71730  
(501) 875-2099

#### **Medical Services:**

N/A

#### **Case Management Services:**

Housing assistance, medicine co-pays, social services, some transportation costs, food pantry, support groups, workshops for HIV+, utility assistance

#### **Prevention Services:**

Testing

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### **TRANSITION HOUSE**

Primary mission is to work with homeless, commercial sex workers, substance abusers in the area near 12th Street in Little Rock, Arkansas.. However, works with any client who seeks assistance.

#### **Contact Information:**

Arthur Wright: Director  
3006 West 12<sup>th</sup> Street  
Little Rock, AR 72204

#### **Medical Services:**

N/A

#### **Case Management Services:**

Support groups, housing referrals, referrals to care

#### **Prevention Services:**

Testing, condom distribution

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**FORT SMITH FIGHTS AIDS, INC.**

This organization is the fiscal agent/parent organization for the Tuggle Center and Clinic in Hot Springs as well as providing Ryan White Consortia services for the entire Western area of Arkansas. Approximately 25% minority none are youth.

**Contact Information:**

Jay Burke: Executive Director  
5111 Rogers Avenue, Central Mall, Suite 432  
Fort Smith, AR 72903  
479-452-1616

**Medical Services:**

ADAP  
Referrals for Dental, Lab, and Medical Visits

**Case Management Services:**

Medicine co-pays, social services, some transportation costs, food pantry, support groups, workshops for HIV+, utility assistance

**Prevention Services:**

Testing

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**NORTHEAST ARKANSAS REGIONAL AIDS NETWORK**

This organization provides Ryan White Consortia services for 25 counties in the Northeast portion of Arkansas. It does not provide services for Crittenden County. Forty-one percent of the clients are minority and 6% are minority youth. NARAN has worked with Delta Outreach to provide syphilis testing for clients.

**Contact Information:**

Debbie Biazio: Executive Director  
2604 East Matthews  
Jonesboro, AR 72401  
(870)931-4448

**Medical Services:**

ADAP  
Referrals for Dental, Lab, and Medical Visits

**Case Management Services:**

Medicine and insurance co-pays, social services, some transportation costs, food pantry, clothing, support groups, workshops for HIV+, utility assistance, nutrition

**Prevention Services:**

Testing

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**BLACK COMMUNITY DEVELOPERS, INC. – WILL’S HOUSE**

This organization works primarily with residents of poorer sections of Little Rock, including homeless and substance using populations. Minorities make up 85% of their clients and 13% of those are youth. Black Community Developers, Inc. is not funded by the State for HIV prevention or care services.

**Contact Information:**

Sandra Mitchell: Director  
1200 S. Valentine Street  
Little Rock AR 72204

**Medical Services:**

N/A

**Case Management Services:**

Substance abuse treatment, housing assistance, job readiness training, referrals to care, mental health referrals

**Prevention Services:**

Testing, education, referrals

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**ARKANSAS SUPPORTIVE HOUSING NETWORK, INC.**

This organization provides Housing Opportunities for People with AIDS (HOPWA) through grants from the US Dept of Housing and Urban Development (HUD). They also provide some additional services such as the Jericho Coalition program to provide services to people who had been incarcerated, and Shelter Plus Care to assist the homeless who are disabled or who have dual diagnosis with HIV.

**Contact Information:**

Sandra Wilson: Executive Director  
501 Maple Street  
North Little Rock, AR 72114  
(501) 372-5543  
(501) 372-5457 Fax

Mail: P.O. Box 165858  
Little Rock, AR 72216

**Medical Services:**

N/A

**Case Management Services:**

Housing assistance, utility assistance, referrals for mental health, referrals for substance abuse treatment, financial counseling, comprehensive case management, access to social workers, support group referrals

**Prevention Services:**

N/A

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**EAST ARKANSAS FAMILY HEALTH CENTER, INC.**

This health center is directly funded to provide care for residents of seven Arkansas Delta counties. They provide primary care as well as HIV care and participated in the West Memphis Public Forum for the Task Force. They did not submit the questionnaire, so some data is taken from the notes of the Forum.

**Contact Information:**

Susan Ward Jones, MD: Executive Director  
Kristi Allen: Nurse Practitioner  
215 E. Bond Street  
West Memphis, AR 72301  
(870) 735-3846

**Medical Services:**

Direct care including diagnosis, laboratory testing, dental, mental health and preventive health services, pharmacy services

**Case Management Services:**

NA

**Prevention Services:**

Testing and HIV education

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**OZARK AIDS RESOURCES AND SERVICES (OARS)**

This health center is privately funded to provide HIV care. They did not submit the questionnaire, so some data is taken from the website, however they are known for their work with HIV positive people in the rural area of Carroll County. This organization provides free medical services for its HIV positive clients. It also provides educational programs in the region. This is the only free HIV clinic in the area operated by volunteers.

**Contact Information:**

Carole Sturgis: Executive Director  
Charles R. Horton, MD: Clinic Director  
Ozark AIDS Resources and Services (OARS)  
P.O. Box 148  
Berryville, AR 72616  
(870) 423-4462  
(870) 423-2066 Fax

**Medical Services:**

Direct care including diagnosis, laboratory testing, dental, mental health and preventive health services, pharmacy services

**Case Management Services:**

Occasional direct emergency financial assistance (as available)

**Prevention Services:**

Testing and HIV education

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**ARKANSAS DEPARTMENT OF EDUCATION (COORDINATED SCHOOL HEALTH)**

Provides training and technical assistance in HIV prevention for youth primarily through courses and seminars.

**Contact Information:**

Kathleen Courtney  
HIV/AIDS Education Coordinator  
Coordinated School Health  
Arkansas Department of Education  
2020 West 3<sup>rd</sup> Street  
Little Rock, AR 72205  
(501) 683-3600

**Medical Services:**

N/A

**Case Management Services:**

N/A

**Prevention Services:**

HIV education programs for schools, youth leaders, educators, parents and other providers.

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**WASHINGTON COUNTY HIV CLINIC**

Provides care for HIV positive individuals in Washington and Benton Counties. Physician provider is an HIV specialist. Clients include Marshallese.

**Contact Information:**

Linda McGhee, MD: Executive Director  
3270 North Wimberly Drive  
Fayetteville, AR 72703  
(479) 973-8450

**Medical Services:**

Direct care including diagnosis, laboratory testing, dental, mental health and preventive health services, pharmacy services

**Case Management Services:**

N/A

**Prevention Services:**

Testing and HIV education

## Websites on HIV/AIDS Issues

### ARKANSAS WEB SITES

[www.araidfoundation.org](http://www.araidfoundation.org) – Website of the Arkansas AIDS Foundation the Ryan White District One Consortia partner. This information is mostly for Pulaski, Prairie and Lonoke Counties. Has general HIV/AIDS information as well.

[www.arhdc.org](http://www.arhdc.org) – Website of the Arkansas Human Development Corporation (not to be confused with the Human Development Centers funded by DHS). Very little HIV/AIDS information, but good info for Hispanics and farm workers.

[www.arkansashivstd.com](http://www.arkansashivstd.com) – Website for the HIV/STD/Hepatitis C Section of the Arkansas Department of Health. General HIV/AIDS information, some statistics, information on funded activities. Set to be updated in 2009.

[www.ashn.org](http://www.ashn.org) – Website of the Arkansas Supportive Housing Network. Provides information on Housing Opportunities for People With AIDS (HOPWA) funded by federal funding through Housing and Urban Development (HUD). Information on housing and assistance programs.

[www.bcdinc.org](http://www.bcdinc.org) – Website for Black Community Developers. Check for testing events and events for people at risk of infection.

[www.delta-outreach.com](http://www.delta-outreach.com) – Website of the intervention provider Delta Outreach, Inc. This site is new and frequently updated. Delta Outreach, Inc. provides HIV intervention in the Delta of Arkansas and syphilis elimination programs through most of the state.

[www.fortsmithfightsaids.org](http://www.fortsmithfightsaids.org) – Website for Fort Smith Fights AIDS, the Ryan White consortia partner for District II.

[www.friendsforlifecorp.org](http://www.friendsforlifecorp.org) – While this website is based in Tennessee, the organization has information about programs and services offered to residents of Crittenden County in Arkansas as well.

[www.futurebuilderssite.com](http://www.futurebuilderssite.com) – Website of Future Builders, Inc. a community-based organization in Pulaski County. They also provide information on their annual HIV Conference and their information can contain news about programs offered by them elsewhere in the state.

[www.healtharkansas.com](http://www.healtharkansas.com) – Website for the Department of Health. This site contains information on grant requests for application, statistics and how to navigate ADH.

[www.jccsi.org](http://www.jccsi.org) – Website for Jefferson Comprehensive Care System, Inc. This organization has information on the clinics they provide, on the Delta Region AIDS Education Training Center (DAETC), and other programs of interest to both HIV infected and general population.

[www.ozarkaids.org](http://www.ozarkaids.org) – Website of Ozark AIDS Resources and Services (OARS). This website has information on programs and staff of this privately funded organization in Berryville, AR.

[www.southarkansasfightsaids.org](http://www.southarkansasfightsaids.org) – Website for South Arkansas Fights AIDS organization in El Dorado. Includes information on testing and programs.

There are numerous blogs and other sites also providing information on HIV or discussions of subjects applicable to HIV. Two of them are:

[www.corneliusonpoint.blogspot.com](http://www.corneliusonpoint.blogspot.com)

[www.littlerockcapitalpride.org](http://www.littlerockcapitalpride.org)

### **National/International websites:**

[www.ambhf.org](http://www.ambhf.org) – Website for Arizona-Mexico Border Health Foundation. Good information on HIV for Hispanics especially. Funded by CDC as a capacity building provider so has announcements of trainings provided. Also has occasional webcasts on HIV and Hispanics.

[www.apowellness.org](http://www.apowellness.org) – Website of the Asian/Pacific Islander Wellness Center. Has good information on HIV and Asian/Pacific Islanders.

[www.apiahf.org](http://www.apiahf.org) – Website for the Asian/Pacific American Health Forum. Information on HIV and other diseases that affect Asian/Pacific Islanders both native born in US and immigrant.

[www.banyantreeproject.org](http://www.banyantreeproject.org) – Host site for information on Asian/Pacific Islander HIV Awareness Day. Also has good information on stigma and HIV.

[www.bienstar.org](http://www.bienstar.org) – Website for Bienstar organization that provides programming and services on HIV for Hispanics.

[www.balmingilead.org](http://www.balmingilead.org) – Information on the Balm in Gilead HIV awareness programming for Black Churches. The organization provides guidance on developing a program and recruiting churches to participate.

[www.blackaidsday.org](http://www.blackaidsday.org) – Website for the Black HIV/AIDS Awareness Day programming. This event is held nationally on February 7. Website is updated periodically.

[www.cdc.gov/hiv](http://www.cdc.gov/hiv) - Federal website with information on latest statistics, HIV prevention programming, training nationally, conferences and news about HIV/STD/Hepatitis/TB from around the world. Has daily newsletter that can be sent directly to email.

[www.healthyblackcommunities.org](http://www.healthyblackcommunities.org) – Information on HIV in black communities throughout the nation.

[www.kaisernetwerk.org](http://www.kaisernetwerk.org) – Website of the Kaiser Foundation. Provides national and international news, webcasts, information and webcasts from conferences, research papers, and statistics. Also has daily HIV newsletter that be sent directly to email.

[www.latinoaids.org](http://www.latinoaids.org) – Website of sponsor organization for National Latino AIDS Awareness Day. Has good information on HIV/AIDS and Hispanics.

[www.myhiv.com](http://www.myhiv.com) – Website under construction. Website for HIV sponsored by pharmaceutical company.

[www.napwa.org](http://www.napwa.org) – Website for the National Association of People With AIDS. Information on treatment, prevention, national and international news.

[www.nastad.org](http://www.nastad.org) – Website for the National Association of State and Territorial AIDS Directors. This website has prevention information and produces a monthly email newsletter. The site also has information on HIV care services and a newsletter on that as well. The organization is a capacity building provider for health departments and sub-grantees.

[www.nmac.org](http://www.nmac.org) – Website for the National Minority AIDS Coalition. Provides updates on funding, treatment and prevention. Has publications and provides onsite training in organizational development for Community-based organizations and faith-based organizations. This organization also hosts conferences for HIV prevention and treatment.

[www.nnaapc.org](http://www.nnaapc.org) – Website of the National Native American AIDS Prevention Center. This organization sponsors Native American AIDS Awareness Day. The site provides information on programs for HIV prevention, Indian Health centers, and technical assistance in developing HIV prevention programs for Native Americans.

[www.thebody.com](http://www.thebody.com) – Medical information and questions and answers format articles on HIV/AIDS. Respondents are medical doctors or long-term survivors with specialized background training.

## Potential Revenue Sources

The Arkansas HIV/AIDS Task Force recommends that the Arkansas State Legislature explore the following measures to fund HIV/AIDS prevention and treatment programs:

### **1. Impose a Sexually Explicit Business and Escort Service Tax.**

A sexually explicit business means a business where a nude or partially nude individual performs any service for profit, regardless of whether the individual is an employee or an independent contractor. An escort service means any person who furnishes or arranges for an escort to accompany another individual for companionship and profit.

The taxes imposed on a sexually explicit business include 10% of the amounts paid or charged by the business for the following transactions:

- admission fees,
- user fees,
- retail sales of tangible personal property (novelty items),
- sales of food and food ingredients or prepared food,
- sales of any beverage and other services.

The taxes imposed on an escort service include 10 percent of the amounts paid or charged by the business for escort service.

These taxes are in addition to any applicable sales tax charged, but the new taxes may not be imposed on any sales and use tax collected.

The revenue generated by the tax will be deposited into a special fund for various HIV/AIDS prevention and treatment programs and Task Force operations.

### **2. A 5% wholesale tax on condoms.**

The revenue generated by the tax will be deposited into a special fund for various HIV/AIDS prevention and treatment programs and Task Force operations.

### **3. A portion of overdue car license fees.**

The revenue generated by this fee will be deposited into a special fund for various HIV/AIDS prevention and treatment programs and Task Force operations.

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

Act 842 of the Regular Session

1 State of Arkansas  
2 86th General Assembly  
3 Regular Session, 2007

*As Engrossed: H3/20/07*

**A Bill**

HOUSE BILL 2615

4  
5 By: Representatives Hardy, Allen, T. Baker, Blount, E. Brown, Chesterfield, Davis, S. Dobbins, Garner,  
6 R. Green, Hawkins, Jeffrey, Kidd, W. Lewellen, Lowery, S. Prater, Rainey, Reep, Saunders, Sumpter  
7 By: Senator Steele

8  
9

**For An Act To Be Entitled**

11 AN ACT TO CREATE AN ARKANSAS HIV-AIDS MINORITY  
12 TASKFORCE; TO COORDINATE STATEWIDE EFFORTS TO  
13 COMBAT THE DEBILITATING EFFECTS OF HIV-AIDS ON  
14 MINORITY ARKANSANS; TO IMPROVE HIV-AIDS  
15 PREVENTION, INTERVENTION, AND TREATMENT PROGRAMS  
16 IN THE MINORITY COMMUNITY; AND FOR OTHER  
17 PURPOSES.

18  
19

**Subtitle**

20 AN ACT TO CREATE AN ARKANSAS HIV-AIDS  
21 MINORITY TASKFORCE AND TO COORDINATE  
22 STATEWIDE EFFORTS TO COMBAT THE  
23 DEBILITATING EFFECTS OF HIV-AIDS ON  
24 MINORITY ARKANSANS.

25  
26

27 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

28

29 SECTION 1. Findings.

30 The General Assembly finds that:

31 (1) The incidence of HIV-AIDS is on the rise in Arkansas among  
32 women, African-Americans, and Hispanics;

33 (2) State and federal funds for HIV-AIDS prevention,  
34 intervention, and service programs for minorities in the State of Arkansas  
35 have decreased;



03-20-2007 08:59 MGF372

1           (3) More coalition building between community-based  
2 organizations in the execution of HIV-AIDS intervention and prevention  
3 programs in needed to reduce HIV-AIDS in minority communities and to make  
4 more effective use of limited resources; and

5           (4) An HIV-AIDS Minority Taskforce is needed to increase public  
6 awareness of the gravity of HIV-AIDS in minority communities in Arkansas.

7  
8           SECTION 1. Arkansas Code Title 20, Chapter 15 is amended to add an  
9 additional subchapter to read as follows:

10           20-15-1801. Title.

11           This act shall be known and may be cited as the "HIV-AIDS Minority Task  
12 Force Act of 2007".

13  
14           20-15-1802. Arkansas HIV-AIDS Minority Taskforce – Creation.

15           (a) The Minority HIV-AIDS Task Force is created.

16           (b)(1) With consideration given to minority and stakeholder  
17 participation and for diversity of race, gender, geographic location, and  
18 sexual identity, the Governor shall appoint the following members to the task  
19 force:

20                   (A)(i) Four (4) members who are affected by or are living  
21 with AIDS or HIV or a family member of someone who is living with HIV or AIDS  
22 as follows:

23                                   (a) One (1) member who is a woman;

24                                   (b) One (1) member who is Hispanic;

25                                   (c) One (1) member who is African-American;

26                                   (d) One (1) member who represents the a  
27 minority population other than Hispanic or African-American.

28                                   (ii) At least one (1) member under subdivision  
29 (b)(A) of this section shall be from a different congressional district.

30                   (B)(i) Three (3) members who are affiliated with minority  
31 community-based advocacy or service provider organizations as follows:

32                                   (a) One (1) member who is a woman;

33                                   (b) One (1) member who is Hispanic;

34                                   (c) One (1) member who is African-American;

35                                   (d) One (1) member who represents the a  
36 minority population other than Hispanic or African-American.



1 force.

2 (d) If a vacancy occurs, the Governor shall appoint a person who  
3 represents the same constituency as the member being replaced.

4 (e)(1) The task force shall elect one (1) of its members to act as  
5 chair for a term of one (1) year.

6 (2) The task force shall elect one (1) of its members to act as  
7 cochair to serve in the absence of the chair for one (1) year.

8 (f) A majority of the members shall constitute a quorum for the  
9 transaction of business.

10 (j) The task force shall meet at least quarterly but may meet as  
11 necessary to further the intent of this subchapter.

12 (k) The Minority Health Commission shall provide office space and  
13 staff for the task force as resources allow.

14  
15 20-15-1803. Arkansas HIV-AIDS Minority Taskforce – Powers and duties.

16 (a) The Arkansas HIV-AIDS Minority Taskforce shall:

17 (1)(A) Conduct a series of public forums around the state to  
18 take public comment and to discuss the incidence of HIV-AIDS and the  
19 effectiveness of prevention and outreach programs within the minority  
20 population.

21 (B) One (1) of the public forums required under  
22 subdivision 9a)(1)(A) of this section shall be held in each of the state's  
23 congressional districts.

24 (2) Study ways to strengthen HIV and AIDS prevention programs  
25 and early intervention and treatment efforts in the state's African-American,  
26 Hispanic, and other minority communities;

27 (3) Study ways to address the needs of the state's minorities  
28 who have AIDS and their families;

29 (4) Prepare and submit a report of task force findings and  
30 recommendations to the Governor, the President of the Senate, the Speaker of  
31 the House of Representatives, and the Division of Health of the Department of  
32 Health and Human Services on or before November 1, 2008.

33 (b) The report required under subdivision (a)(4) of this section shall  
34 include:

35 (1) Specific strategies for reducing the risk of HIV and AIDS in  
36 the state's minority communities;

1           (2) A plan for exchanging information and ideas among minority  
2 community-based organizations that provide HIV and AIDS prevention services;

3           (3) The needs of prevention and treatment programs within  
4 minority communities and the resources that are available within minority  
5 communities;

6           (4) Specific strategies for ensuring that minority group members  
7 who are at risk of HIV infection and AIDS seek testing;

8           (5) Specific strategies for ensuring that minority group members  
9 with HIV or AIDS are provided with access to treatment and secondary  
10 prevention services;

11           (6) Specific strategies to help reduce or eliminate high-risk  
12 behaviors in minority group members who test negative for HIV-Aids but  
13 continue to practice high-risk behaviors; and

14           (7) A plan to outline the implementation of the recommendations  
15 of the task force.

16           (c) The task force shall also consider development of the following:

17           (1) Risk reduction and education programs for groups determined  
18 by the Task Force to be at risk of HIV infection;

19           (2) In consultation with a wide range of community leaders,  
20 education programs for the public;

21           (3) Pilot programs for the long-term care of individuals with  
22 AIDS or AIDS-related condition, including care in nursing homes and in  
23 alternative settings;

24           (4) Programs to expand regional outpatient treatment of  
25 individuals with AIDS or AIDS-related condition;

26           (5) A program to assist communities, including communities of  
27 less than five thousand (5,000) population, in establishing AIDS task forces  
28 and support groups for individuals with AIDS, AIDS-related condition, and HIV  
29 infection; and

30           (6)(A) A statewide HIV and AIDS prevention campaign directed  
31 toward minority group members who are at risk of HIV infection.

32           (B) The Minority Health Commission shall assist in the  
33 development and administration of the campaign.

34           (C) The campaign to be considered under subdivision (5)(A)  
35 of this section may do any of the following as resources dictate:

36           (i) Use a variety of means of communication,

1 including television, radio, outdoor activities, public service  
2 announcements, and peer-to-peer outreach;

3 (ii) Provide information on the risk of HIV and AIDS  
4 infection and strategies to follow for prevention, early detection, and  
5 treatment;

6 (iii) Use culturally sensitive literature and  
7 educational materials; and

8 (iv) Promote the development of individual skills  
9 for behavior modification.

10

11 SECTION 2. The work of the Arkansas HIV-AIDS Minority Taskforce that  
12 is developed under this subchapter is in addition to any programs developed  
13 and administered by the Division of Health of the Department of Health and  
14 Human Services.

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16 SECTION 3. The Task Force shall cease to exist on December 31, 2015.

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18 */s/ Hardy, et al*

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20 *APPROVED: 4/3/2007*

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