

NOTES FROM HEALTHCARE SUBCOMMITTEE MEETING:

The one hour meeting was devoted to the presentation by Cindy Jackson. Cindy introduced herself to the group and we reviewed the action step regarding the development of a charitable based clinic in Arkadelphia. This project was discussed when she was at HSU but there was always a lack of “manpower” to pursue something like this.

Cindy said that there are 450,000 medically uninsured in Arkansas. Who are they? They are just about anyone since many employees don't provide insurance and people cannot afford their own plans. This results in many people using the hospital Emergency Rooms to try to meet basic medical needs.

There are 26 charitable clinics in Arkansas and they average about 56,000 visits per year. All but four have religious affiliations. Charitable clinics are typically supported by either a religious organization or the community. She asked what we wanted or if we thought there would be any objection to a religious affiliation. She said that they had already talked with the Ministerial Alliance and they had indicated an interest in the project. She said that wherever the support came from would make no difference in the way that the clinic operated. The group was inclined to believe that the religious affiliation might be most compatible.

Cindy emphasized that she had done nothing toward the establishing of a clinic yet, other than making contacts. She said that there will be much to do on the “front end” in terms of incorporating/establishing a private non-profit 501 © 3 status, which includes appointing a Board of Directors and writing bylaws.

She said that this would strictly be a charitable clinic for adults who have **no insurance**. She said that children have ARKIDS First to cover medical expenses; pregnant women can receive services through the Health Department and many people have either Medicare or Medicaid.

She visited the charitable clinic in Hot Springs which was started with the support of local churches and annual commitments. They are open on a limited basis from 5:00 p.m. to 8:00 p.m. in the evening and they see about 80 people every time they open. They are open one or two nights a week.

There are many specialties and volunteers that would be needed to donate time to the charitable clinic which include but are not limited to: nurses, receptionists, electricians, plumbers, pharmacists, an office manager, greeters, readers, translators, lawyers, people to write grants, dentists, doctors of all types, i.e. optometrists, pediatricians, general practitioners, chiropractors, etc. We have a great population from which to draw volunteers based on the programs offered at local universities, particularly those pursuing degrees in fields such as social work and nursing. We would need preceptors for some of the people who volunteer to assist.

The group agreed that by virtue of the charitable clinic being included in the Clark County Strategic Plan, we could definitely tell Cindy that there is a firm commitment to make this project a reality. She recommended that we “start small” for a year and see if

we can do it. She recommended that we spend one year in the planning process and allow one year to open the clinic and become operational.

She said that this concept had been attempted previously, a number of years ago, in the basement of First Baptist Church. Five local doctors volunteered to assist. Ultimately the project did not work out well which may make some of the local physicians reluctant to participate. That is the down side. The up side is that we will know the pitfalls that were encountered and caused the failure of the project. One of the major difficulties was that the “region” of services was not well identified and someone began busing people in from Hope. Some definition of the scope of the service will need to be developed.

Cindy said that while the inclination may be to limit the service to Clark County we cannot both set limitations and apply for the federal grants that will be needed to fund the program. We might consider adjacent counties and whether inclusion will be a benefit or a drawback.

The charitable clinic in Hot Springs is operated by Chuck Morrison, who built the program from the “ground up” and he is willing to share his experiences and assist us in getting started. He has a power point presentation. It was recommended that to try to encourage more involvement in this process that we schedule a town meeting, with Chuck as the guest speaker. He can “walk us through” everything that we need to know to get started and duplicate a successful program like the one he operates in Hot Springs.

Once established grant writing will be an important part of maintaining ongoing support for the clinic. At one of our meetings someone had mentioned that Cindy had applied for a Robert Wood Johnson Faith in Action Grant. Cindy said that, although this would be a good one, she has not applied for any grants or done anything until she felt certain that she had the CCSP support and until she could schedule a town meeting to gage the support of the community members in general and the professional staff that would be critical to the process. She was assured that this was included in the CCSP and she could cite this as her primary support group.

It was mentioned that other resources might come from the athletic and counseling departments of the universities.

First United Methodist Church has also offered the use of their fellowship hall for the charitable clinic but no location is “definite” yet.

One question was where lab work will be done. In Hot Springs two hospitals donate lab work and x-ray time. This is based on agreements between the doctors and the hospitals.

The clinic might offer some educational programs on topics such as diabetes, diets, blood pressure, etc.

(There was some discussion among the medical folks about CLIA licensure, quality and accreditation in order to meet standards of care. I didn't totally understand all this

because I was no familiar with the terms but I believe that they decided that licensure of this type was not required or they would have to look into it further.)

There was a question about whether a volunteer doctor or other medical professional could be sued. Cindy said that they cannot be sued because every patient would be required to sign a form that covers this type of thing in advance of being treated.

The charitable clinic would not provide narcotic therapy, so there would be no danger of having anything on hand that might cause a theft/break-in. Charitable clinics can often obtain samples of drugs for the doctor to dispense. In Hot Springs, the Pharmacists at the clinic work with the local pharmacies.

Cindy said that some specialist would need to be involved with the clinic, i.e. a neurosurgeon. Specialist would have to be contacted and a relationship developed in advance of opening the clinic.

Attendance was small but it was emphasized that those present needed to let other committee members know that the Healthcare Subcommittee supports this endeavor and that our committee's name as well as the Clark County Strategic Plan will be used in future discussions about the clinic.

Greg Stubblefield pledged the support of Baptist Medical Center.

Several locations and dates were discussed for the town meeting. The tentative date and location is April 22, 2008 at Greater Pleasant Hill Baptist Church. This is subject to Cindy checking with Lewis Shepherd to see if the church is available and the congregation would be amenable to this use of their building.

It was suggested that the next Healthcare Subcommittee meeting be at the same time/location/place at OBU on March 25, 2008. We can discuss publicity for the town meeting, who might need to be "invited", etc. The town meeting would be in lieu of the April Healthcare Subcommittee meeting. Chuck Morrison in Hot Springs would be the major portion of the program since present the power point outlining his experiences with the establishment of a charitable clinic.

Cindy asked if Shelley could help or access some help in putting together flyers about the town meeting, compiling a list for special invitations, mailing out letters, asking churches and other organizations to post flyers. The problem at this point is that the charitable clinic is only in the "concept" stage so there are no resources for even small things like printing flyers or completing mail-outs. Margo said that she would ask Shelley about securing some help or a small amount of resources.