

1 State of Arkansas
2 88th General Assembly
3 Regular Session, 2011
4
5 By: Senator Crumbly

A Bill

SENATE BILL 770

For An Act To Be Entitled

8 AN ACT TO DEFINE RED COUNTIES; TO REQUEST
9 COLLABORATIVE INITIATIVES; TO REPORT ON COLLABORATIVE
10 INITIATIVES ESTABLISHED; AND FOR OTHER PURPOSES.

Subtitle

14 AN ACT TO DEFINE RED COUNTIES; TO REQUEST
15 COLLABORATIVE INITIATIVES AND TO REPORT
16 ON COLLABORATIVE INITIATIVES ESTABLISHED.

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

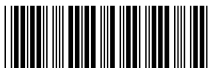
21 SECTION 1. Arkansas Code Title 25, Chapter 1, Subchapter 1 is amended
22 to add an additional section to read as follows:

23 25-1-118. Comprehensive cross-sector collaboration.

24 (a)(1) As used in this section, "Arkansas red counties" means those
25 counties in which Arkansans were born and are living have a life expectancy
26 rate six (6) to ten (10) years less than the life expectancy of Arkansans who
27 were born and are living in the county with the highest life expectancy.

28 (2) "Arkansas red counties" includes on the effective date of
29 this subchapter:

- 30 (A) Arkansas;
- 31 (B) Chicot;
- 32 (C) Crittenden;
- 33 (D) Cross;
- 34 (E) Dallas;
- 35 (F) Desha;
- 36 (G) Fulton;



- 1 (H) Jackson;
- 2 (I) Jefferson;
- 3 (J) Mississippi;
- 4 (K) Monroe;
- 5 (L) Ouachita;
- 6 (M) Perry;
- 7 (N) Phillips;
- 8 (O) Poinsett;
- 9 (P) St. Francis;
- 10 (Q) Sevier;
- 11 (R) Union; and
- 12 (S) Woodruff;

13 (b) The General Assembly finds that:

14 (1) Health is affected by a wide variety of social factors,
15 including without limitation:

16 (A) The circumstances in which people are born, grow up,
17 live, work, and age;

18 (B) Systems for dealing with illness and access to those
19 systems; and

20 (C) Other factors, such as poverty, substance abuse,
21 working conditions, unemployment, social support, nutritious foods,
22 transportation, and housing; and

23 (2) Complex factors affecting health operate at the levels of
24 individuals, interpersonal networks, organizations, or communities that
25 influence disparities in health and healthcare.

26 (3) Collaboration between agencies and organizations is cost
27 effective, increases awareness, and ensures programs and services provided
28 are comprehensive.

29 (c)(1) Each state agency, board, and commission whose scope of
30 services encompasses the red counties to date are encouraged to work
31 collaboratively in the red counties to implement strategies that may include
32 without limitation health screenings, education, awareness, outreach efforts,
33 resource and service navigation, as well as other health and health care
34 access related initiatives toward achieving systems change.

35 (2) The following entities without limitation are encouraged to
36 work together to plan, operate, and coordinate a comprehensive initiative to

1 address the health and healthcare needs of the red counties:

2 (A) The Arkansas Center for Health Improvement;

3 (B) The Arkansas Minority Health Commission;

4 (C) The Arkansas Department of Environmental Quality;

5 (D) The Department of Health;

6 (E) Fay W. Boozman College of Public Health of the
7 University of Arkansas for Medical Sciences;

8 (F) Workforce Development;

9 (G) Department of Higher Education;

10 (H) Dept of Transportation;

11 (I) University of Arkansas for Medical Sciences – Partners
12 for Inclusive Communities;

13 (J) Arkansas Children’s Hospital;

14 (K) University of Arkansas for Medical Sciences – Area
15 Health Education Centers;

16 (L) Public safety organizations;

17 (M) Arkansas Optometric Association; and

18 (N) Area Agencies on Aging.

19 (d)(1) The Minority Health Commission and the Office of Minority
20 Health of the Department of Health is designated to:

21 (A) Organize, notify, and coordinate planning meetings of
22 the entities encouraged under this section to work together to plan, operate,
23 and coordinate a comprehensive initiative to address the health and
24 healthcare needs of the red counties;

25 (B) Coordinate agreed-upon initiatives in selected
26 counties annually;

27 (C) Assist in development of a standardized annual report
28 format that will be used to report on the cross-sector comprehensive
29 collaborative initiatives and the outcomes of those initiatives;

30 (D) Compile an annual report of comprehensive collaborate
31 initiatives using the standardized format created under this subsection, and
32 submit the report to the Senate and House Committee’s on Public Health,
33 Welfare, and Labor no later than October 1 of each year.

34 (2) The first planning meeting under this subsection shall be
35 held no later than October 1, 2011.

36 (3) The first report under this subsection shall be submitted by

1 October 1, 2012.
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