

# A Comprehensive Integrated Holistic Health Care Model for Men of Color in Austin, Texas



African  
American  
Men's  
Health  
Clinic



## CONTACT US

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Caring For You!



# Table of Contents

Overview.....	1
Background.....	2
A Comprehensive Approach .....	2, 3
Comprehensive Integrated Holistic Care Model.....	4
Target Population.....	4
Strategies.....	5
Short-term Objectives.....	5
Outcomes.....	6
Approach.....	7
Resources.....	7
Project Deliverables.....	7
Prospective Services Offered.....	8
Project Activities & Timeline.....	9
Budget.....	10
Qualifications.....	11
Conclusion.....	12
AAYHF Contributors/Team.....	13
AAYHF Wrap Around Services.....	15

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Compassion and  
good health go hand  
in hand. You can  
count on us!

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## OVERVIEW

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The issues:

- The life expectancy for African American men is 7.1 years less than for white men.
- Stroke kills 180 percent more African American men than it does whites.
- African American men are 30% more likely to die from heart disease than white men.
- African American men have the highest rates of lung, prostate and colon cancers of any population worldwide.
- More than one-third of all African American men have high blood pressure.
- Hispanic men are more likely than whites to have diabetes and related kidney failure.
- Hispanic men are twice as likely as white men to have liver cancer.

Populations of color face unique challenges in health care and in disease incidents. In particular, men of color cope with obstacles related to socioeconomic status, safety, and education, all of which have a direct impact on health. Rates of morbidity and mortality for African American and Hispanic males are among the highest in Travis County. Some of these rates are among the highest in the state. In a metropolitan area that prides itself on health and wellness, we believe this disparity must be addressed through a strategic approach. Multiple studies have been conducted by academic institutions, public health associations and area hospitals which validate the impact of health disparities on populations of color, specifically men. The evidence is clear – even exacerbated and highlighted yet again by the COVID-19 pandemic– and without targeted interventions and the deployment of culturally appropriate strategies, the problem will continue to manifest itself in the life cycle of African American and Hispanic males.



*Data sources: Centers for Disease Control and Prevention in the Morbidity and Mortality Weekly Report (MMWR) 3/23/2020. American Public Health Association Report Health Disparities in Men and Boys May 2012.*

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## BACKGROUND

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Despite more than 20 years of research focused on understanding health disparities, minority men still face a significant burden from chronic diseases. There is clearly a need for health programs directly dedicated to serving minority men, however we are aware of only two similar clinics are operating nationally:

- The Cleveland Minority Men’s Health Clinic
- Medical University of South Carolina Transdisciplinary Collaborative Center

These programs are revolutionary in their approach and focus, and we have based our model off the incredible work being done in Cleveland and South Carolina.

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## A COMPREHENSIVE APPROACH

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This collaborative proposes a holistic definition of health that highlights the importance and influence of mental health related to overall health, to include physical and social aspects – as well as the interrelation of all aspects to influence each other. This holistic view is particularly relevant as it relates to men of color, whose mental, physical and social health has historically been impacted – and continues to be presently impacted – by the psychological, physical and social means that have been used to enact a legacy of racism, discrimination and social compartmentalization in the U.S.

Dehumanization, oppression, and violence against African American people has evolved into present day racism - structural, institutional, and individual – and cultivates a uniquely mistrustful and less affluent community experience, characterized by a myriad of disparities including inadequate access to and delivery of care in the health system. For Hispanics, issues related to deportation, immigration/citizenship, and stereotypical racism also loom ominously in the current social and political context. Processing and dealing with layers of individual trauma on top of new mass traumas from COVID-19 (e.g., uncertainty, isolation, grief from financial or human losses), police brutality and its fetishization in news and social media, and divisive political rhetoric adds compounding layers of complexity which can be overwhelming for individuals to responsibly manage. This understanding of trauma informed care deserves a deep understanding for delivering effective integrated mental health services.

Mental and physical health services must include education to prevent or supplement clinical forms of treatment. Social health intervention must be viewed and approached through both the lens of an individual's interaction with his surrounding community as well as the impact of societal constructs that have been created and enacted to prevent the upward mobility of people of color, which include means that greatly impact both mental and physical health. Specific characteristics of the population, such as age distribution, population density, level of social deprivation and presence of other populations and/or barriers should be identified so that special needs can be anticipated.



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*American Public Health Association Report Health Disparities in Men and Boys*

*May 2012*

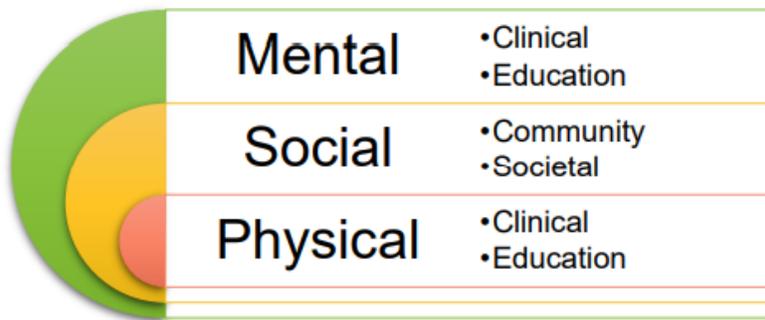


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# COMPREHENSIVE INTEGRATED HOLISTIC CARE MODEL

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Here, we propose a planning and pilot process to develop a Comprehensive Integrated Holistic Care Model for improvement of holistic health outcomes, which begins by addressing mental health needs as a means to improve the lens through which African American and Hispanic men view themselves, relationships, and their immediate and broader societal environments, in order to identify root cause and enact personal solutions that drive positive change within their households and communities



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## TARGET POPULATION

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The population of interest for this project includes African American and Hispanic males who reside in the Eastern Crescent of Travis County – focusing mostly on adults but including younger males to the extent that the discovery process reveals necessary strategies concerning younger males of color.



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## STRATEGIES

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### **Systems-oriented solutions to reduce barriers and disparities:**

- Identify root causes that lead to or enable the continuance or exacerbation of disparities in health outcomes
- Develop effective pathways and solutions to eliminate existing health disparities impacting African American and Hispanic males.
- Make healthcare accessible for the target population by establishing strategic locations, methods of service delivery, and patient navigation.
- Universal and targeted interventions to increase knowledge and enact action leading to positive outcomes among the target population.
- Transform the stigma concerning typical healthcare systems into a positive life changing experience to improve overall quality of life.
- Reach men, boys, and their families where they live, work, and play.
- Provide disease prevention awareness education, messaging, tools, screening, programs, and advocacy to address health literacy.

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## SHORT-TERM OBJECTIVES

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### **Over the course of the one-year project period, the Collaborative intends to:**

- Increase engagement toward improving the overall health status of men of color.
- Develop and implement effective strategies to address health disparities impacting African American and Hispanic males.
- Increase knowledge and trust of the current health care system.
- Create partnerships with health systems and pilot collective interventions.
- Develop trusted relationships with targeted populations.

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## OUTCOMES

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**Within the year-long scope of this proposal, excellent execution of this project will help to:**

- Increase knowledge of health principles and trust of the current health care system.
- Strengthen the ability of community members to address and adjust to stressors.
- Increase engagement toward improvement of the overall health status of historically marginalized populations.
- Deepen partnerships with health systems and other entities promoting health outcomes.
- Benefit broader efforts and systemic partners by providing results/lessons learned from the pilot process as well as feedback directly from the target community regarding a spectrum of factors that influence health, from a holistic perspective.

Attainment of these outcomes will be measured through attitude-and-perception surveys, interviews, training collateral (e.g., completion certificates, etc.), program activity/attendance logs, and documentation of partnership activity/results. In the longer term (beyond the project period), excellent execution of sustained strategies along this vein can help to:

- Decrease mortality and morbidity rates among African American and Hispanic populations.
- Improve quality of life, holistic health outcomes, and healthy lifestyles for Central Texas families.
- Bend the curve on needless premature deaths due to lack of information or access to healthcare. These outcomes can be included in community data reports and dashboards.



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## APPROACH

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- Engage inclusive/collaborative approach to include all stakeholders, led by prominent African American public health experts.
  - Use data driven solutions and strategies.
  - Employ available technology such as telehealth, telemedicine, online survey tools, teleconference, and video conference capabilities.
  - Embrace emergence of solutions throughout the process of thoughtful, collective planning and implementation.
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## RESOURCES

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- Staffing and contracted services for planning and engagement
  - Data and needs assessment reports
  - Eastern Travis County Health and Wellness Model as a recommended model
  - Clinical and non-clinical partners and participants
  - Virtual meeting software and survey tools
  - Facility and office requirements
  - Printed materials and supplies
  - Incentives for community participation
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## PROJECT DELIVERABLES

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<b>Deliverable #1</b>	<b>Planning year report reflecting activities, discoveries, partnerships formed, highlights, challenges, and recommendations/plan for future implementation</b>
<b>Deliverable #2</b>	<b>Service delivery model pilot</b>
<b>Deliverable #3</b>	<b>Evaluation plan for guiding and determining success in implementation</b>

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## PROSPECTIVE SERVICES OFFERED

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### **Lone Star Circle of Care Services:**

- One (1) Full-Time Primary Care Provider with ability to serve all ages with associated support staff
- Ability to remotely connect with extender services we have within our system (ex. Dietitian services)
- Two (2) Full-Time Master's Level Psychotherapists (LCSW or LPC) with ability to serve all ages and associated support staff in an Integrated Behavioral Health model with the Primary Care provider down5stairs.
- Ability to connect to telepsychiatry services provided by Psychiatrists at other LSCC locations as need is identified
- Additional culturally appropriate services provided through non-standard modalities that we would build as needs are identified (ex. art therapy, group therapy, family therapy)

### **Austin Travis County Integral Care Services:**

- Develop and administer a brief targeted community survey (the "Survey") prior to community engagement which gathers initial input on the behavioral health needs of men of Color
- Use population health data, survey results, promising and best practices, and compilation of previous community needs reports to:
  - Identify current needs, gaps, and community strengths in services, avoiding duplication
  - Identify community members and constituents to engage in place-based Planning
- Use a best practice template, such as, SAMSHA's Community Conversations about Mental Health Planning Guide (2013) to convene at least four community conversations with collaborative community stakeholders, persons with lived experience, community health workers, and local organizations and others to design an engagement strategy and Planning template that meets the needs of the geographically identified community.

## PROJECT ACTIVITIES & TIMELINES

Activities/Milestones	Start Date	End Date
<ul style="list-style-type: none"> <li>• Validate project sponsors, partners (core and secondary, and goals</li> <li>• Establish a structure to manage the project, designating members of the core project team</li> <li>• Solidify scope of services and inform partners</li> <li>• Develop detailed project planning matrix, schedule, timelines</li> <li>• Collection of data to inform outreach, education, and planning efforts</li> <li>• Engage planning partners for feedback and planning toward implementation</li> <li>• Begin development of surveys and input tools/processes</li> <li>• Conduct press conference and other media messaging activities to announce project and partners</li> <li>• Select and engage an independent evaluator to develop evaluation plan for CIHC implementation</li> <li>• Develop multi-media communications plan for outreach and awareness</li> </ul>	Beginning of 1 <sup>st</sup> Quarter, 2021	End of 1 <sup>st</sup> Quarter, 2021
<ul style="list-style-type: none"> <li>• Develop evaluation plan</li> <li>• Conduct male interviews, focus groups and surveys to obtain input from potential participants in the CIHC model</li> <li>• Conduct multi-media campaign</li> <li>• Execute contracts and MOUs for partners who will provide services for the project pilot</li> <li>• Continue multi-media campaign</li> </ul>	Beginning of 2 <sup>nd</sup> Quarter, 2021	End of 2 <sup>nd</sup> Quarter, 2021
<ul style="list-style-type: none"> <li>• Conduct pilot activities based on stakeholder feedback collecting during planning phase</li> <li>• Continue stakeholder feedback as deemed relevant by core project team and partners</li> </ul>	Beginning of 3 <sup>rd</sup> Quarter, 2021	End of 3 <sup>rd</sup> Quarter, 2021
<ul style="list-style-type: none"> <li>• Compile final report; convey project results to stakeholders</li> </ul>	4 <sup>th</sup> Quarter, 2021	End of 4 <sup>th</sup> Quarter, 2021
<p>Ongoing:</p> <ul style="list-style-type: none"> <li>• Conduct regular meeting of the core project team</li> <li>• Provide reports to key stakeholders per funding requirements and/or as agreed upon by core project team</li> </ul>	1 <sup>st</sup> Quarter, 2021	4 <sup>th</sup> Quarter, 2021
Planning & pilot project ends/Implementation begins	4 <sup>th</sup> Quarter, 2021	1 <sup>st</sup> Quarter, 2022

# BUDGET

<b>AAYHF Direct Personnel</b>	
Executive Director: Project oversight (15% FTE)	\$28,560
Project Manager (1 FTE, 100%)	\$45,000
Accounting & Administrative Support (2 PTEs, 50% each)	\$35,000
<b>Total Personnel Costs</b>	<b>\$108,560</b>
<b>Contracted Services</b>	
Integrated/Public Health Systems Leaders	\$180,000
Licensed Professional Counselor (African American)	\$10,000
Training & Education	\$25,670
Project oversight, guidance, and support	\$24,000
Evaluator, to develop evaluation plan for implementation	\$20,000
Outreach workers; van drivers to transport people/supplies	\$50,000
Mapping/geospatial analysis support; other needs identified through the course of project	\$10,000
<b>Total Contracted Costs</b>	<b>\$319,670</b>

<b>Other Project Costs</b>	
Facilities: leased space for administrative, education and training activities	\$36,000
Travel – local; gas for van	\$5,000
Office Supplies – general	\$2,000
Supplies & Materials: for outreach, planning, and education/training activities	\$3,000
Outreach Incentives	\$10,000
Food & Refreshments: for community participants in outreach activities	\$2,000
<b>Total Other Costs</b>	<b>\$58,000</b>
<b>Project Partners</b>	
<b>Integral Care</b>	
<b>Lone Star Circle of Care:</b> Remodeling of facilities to accommodate clinical services (costs of clinical/medical professionals to be covered by LSCC, via revenue model established through the planning period)	\$93,500
<b>Potential Prospects:</b> City of Austin, Travis County, CommunityCare, Austin Area Urban League, St. David Foundation, C2Change, others	
<b>Total</b>	<b>\$579,730 plus any additional TBD</b>

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## QUALIFICATIONS

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Solutions include targeted interventions for men of color to address the failures of traditional health care systems. Our team is qualified and experienced in developing health strategies and leading Public Health initiatives that include comprehensive planning to address social determinants of health that impact the Austin/Travis community. The following strengths – as well as our lived experience – will prove invaluable for this engagement.

- Experienced healthcare professionals in Public Health, Community Health, and Public Health
- 35 years of experience developing and managing population health strategies
- 40 combined years of experience developing effective training and education strategies that produce measurable positive outcomes
- Established trusted relationships with community, medical and political stakeholders
- Exceptional project management and community engagement acumen
- Proven ability to manage large-scale, multidisciplinary stakeholder engagements and
- Complex healthcare operations
- Excellent Public Health analytical skills
- Highly qualified health care executives with extensive experience in addressing health disparities and inequities among African American and Hispanic Males.



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BLACK MEN ARE TWICE AS likely to die of prostate cancer than white men – and the disparity is largely driven by who has access to high-quality treatment, a new study indicates.

USA News/University of Michigan Study, 2019

<https://www.usnews.com/news/healthiest-communities/articles/2019-05-23/black-men-more-likely-to-die-of-prostate-cancer-than-white-men>



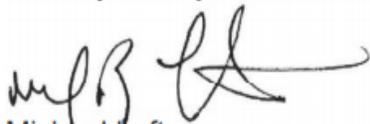
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## CONCLUSION

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We look forward to assisting you with this extremely important engagement which will result in the development of actionable strategies to respond and address health disparities impacting African American and Hispanic men.

Thank you for your consideration,



Michael Lofton  
President & CEO

African American Youth Harvest Foundation



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## AAYHF CONTRIBUTORS/TEAM

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Larry Wallace, African American Men's Health Clinic (AAMHC) Founder & Senior Healthcare Consultant

The African American Men's Clinic epitomizes my longstanding vision of a unique model of care that addresses the trauma of psychological and socioeconomic pathways linking racism and health experienced by men of color. The opportunity to collaborate with the African American Youth Harvest Foundation to fulfill this vision is paramount. African Americans are more likely to be impoverished, incarcerated, homeless, and /fighting substance abuse, are at a higher risk for poor mental health. While poverty, homelessness, drug abuse are signs of mental illness across all ethnicities, racism is an added part of poor mental health in African Americans.

This Comprehensive Integrated Holistic Care model provides mental health, stress management, physical health, wraparound services, and social health intervention. The African American Men's Clinic will specially address mental and physical health issues arising from COVID-19 that are negatively impacting African Americans and Hispanics residing in the Eastern Crescent of Travis County.

The mission for the Men's Clinic is to improve the health status for men and boys where they live, work, play and pray by providing holistic wrap around services. In addition, we will provide awareness and disease prevention messages and tools, screening programs, educational materials, advocacy and patient navigation.

Current partners include African American Youth Harvest Foundation, Lone Star Circle of Care, and Integral Care. Other partners are invited to join this effort to expand the magnitude and scope of available services.

Larry Wallace



Dawn Tisdale, Board Chair  
African American Youth Harvest Foundation

**Compassion and  
good health go  
hand in hand. You  
can count on us!**



Sabine "Bini" Coleman  
Chief Operations Officer

"Evidenced by undeniable, long lasting data trends and magnified by COVID-19, it is clearer than ever that we must take definitive action to address the unacceptable disparities in health and well-being for historically marginalized populations in Central Texas. This is our collective responsibility, and our resolve must be unwavering. Led by people with lived experience, AAYHF's men's health initiative is emerging as a tremendous opportunity to make Greater Austin a top-ranking community in the area of physical, mental, and social health for its populations of color. We believe this collaborative holds immense potential to achieve positive health outcomes, so that ALL of our citizens can enjoy the quality of life they deserve."



Susanna Wetherington, LPC  
Social Services Administrator

"Incredibly models like this are virtually non-existent in America. In order to build a more stable and balanced Austin community, it is our responsibility to make sure those who are underserved and marginalized within the community get the highest level of care. This initiative helps achieve that goal, and the benefits will reach beyond our city limits."



Twaski Simmons  
Trauma-Informed Care (TIC) Practitioner/Trainer

"...bring awareness by examining trauma, either from Event Trauma (Covid-19/car wreck) to Developmental Trauma (ages 0 – 3 years old/ attachment relationship), as being the root cause to stress, either from acute stress (short term) or chronic stress (long term), resulting in negative factors effecting the development of the mental, physical and social well-being of the individual. With this awareness, the intent then is to encourage an adaptation away from the view of "What is wrong with you" to "What happened to you" when serving not just internal and external customers also all individuals during interactions."

# AAYHF Wrap Around Services

## AAYHF Wrap Around Services

***AAYHF is a Social Service Provider for the City of Austin (COA) – We offer all Social Services administered by COA – through referrals to various agencies***

- *Employment Assistance*
- *Re-Entry Employment Assistance*
- *COA – In-House – Satellite Employment Office*
- *Family Crisis Management Services – Case Managers on staff*
- *Dental Services – Offered in Resource Center*
- *Doctor Office in Facility – Offered in Resource Center*
- *Substance Abuse – A New Entry – AAYHF Partner*
- *Homeless Shelter – A New Entry – AAYHF Partner*
- *Youth Substance Abuse Prevention and Intervention*
- *Program for youth on managing stress*
- *Program for youth on coping skills*
- *Program for youth on developing and maintaining healthy relationships*
- *Parenting courses*
- *Training in the following:*
- *Trauma-informed care*
- *Emotional Intelligence*
- *Stress Management*
- *Crisis Management*
- *Managing Anxiety*
- *Healthy Eating*
- *Developing Resilience*
- *Effective Communication*
- *Impulse Control*
- *Suicide Prevention*
- *Communicating Difficult Messages*
- *Decision Making*
- *Managing Difficult Behaviors*
- *Dealing with Challenging People*
- *Time Management*
- *Critical Thinking*
- *Giving Effective Feedback*
- *Mentoring Program*

## COMMUNITY PARTNERS & SUPPORTERS

A Glimmer of Hope Foundation  
 A New Entry  
 African American Resource Advisory Commission  
 Applied Materials Foundation  
 Austin Achieve Public Schools  
 Austin Branch NAACP  
 Austin Community College  
 Austin Cops for Charities  
 Austin Fire Department  
 Casey Family Programs  
 Central Texas Food Bank  
 Austin Police Department  
 Austin Revitalization Authority  
 Black Men in Business  
 Black Women in Business  
 Capital Metro  
 Casey Family Foundation  
 Catellus/Mueller Development  
 Central Health  
 Child Inc  
 City of Austin/Austin Public Health  
 Dell  
 Diakonos Ministries  
 Drillinginfo  
 Frost Bank  
 General Motors  
 HEB  
 Hoover's Cooking  
 Huston-Tillotson University  
 Integral Care  
 National CARES Mentoring Mvmt  
 Nike  
 Oracle  
 Samsung  
 Sooth Properties  
 St. David's Foundation  
 Texas Health and Human Services  
 Travis County Health & Human Svcs  
 United Way for Greater Austin  
 University of Texas/Steve Hicks School of Social Work

## Mission & History

Our mission is to intentionally provide hands-on service through school and community-based programs, to enhance quality of life for African American youth and families.

AAYHF started with the launch of youth conferences in June 2006. AAYHF was officially formed in June 2007 and opened the African American Youth Resource Center in 2011, to serve as a one-stop community resource offering a range of educational, health and social services at no cost to youth and families.

Education, Workforce, and Entrepreneurship	Social and Emotional Health and Wellness	Physical Health and Wellness	Full-Service Wraparound and Basic Needs
AAYHF STEM enrichment programs (robotics, coding, media/film production)  Workforce assistance/job placement: - City of Austin HR -AAYHF direct services  A New Entry reentry programs  Austin Free-Net IT certification programs  Black Men/Women in Business entrepreneur network activities	Austin CARES Mentoring  Diakonos Ministries hub office  Mental health and family counseling  Substance abuse/DWI counseling programs	Central Health Medical Assistance Program (MAP)  Dental Office  Full-Family Doctor's office	Early Childhood-support for mothers of young children: -Black Mamas Community Collective (UT School of Social Work) -Saffron Trust -Healing Hands  Housing assistance for the homeless

...with connections to dozens of other partner services.

For more information, contact:

Michael Lofton, CEO (512) 585-6696 - [mrlofton@aayhf.org](mailto:mrlofton@aayhf.org) | [www.aayhf.org](http://www.aayhf.org)

# Building of a Legacy

"One-stop"  
Resource Center

6633 Highway 290 East  
Austin, TX 78723



When the African American Youth Harvest Foundation (AAYHF) became a tenant in this building in 2011, it was 35% occupied. Today, with the help of AAYHF, it is at or near 100% occupancy on a consistent basis, with a host of youth- and family-serving agencies that provide everything from health services and youth enrichment to employment assistance and entrepreneurial development.

Through AAYHF programs, nearly 9,000 youth and adults have received services at AAYHF's African American Youth Resource Center in this facility, in addition to the thousands served through the foundation's school-based conferences. Another 16,000 individuals are served annually by partners in the building.

