

Arkansas Department of Health  
**Strategic Plan**  
Fiscal Year 2024-2029



**Submitted by**

Office of Performance Management, Quality Improvement,  
and Evaluation (OPMQIE)  
Arkansas Department of Health

# Arkansas Department of Health Strategic Plan, 2024-2029

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## **ARKANSAS DEPARTMENT OF HEALTH, MISSION STATEMENT**

To protect and improve the health and well-being of all Arkansans.

## **ARKANSAS DEPARTMENT OF HEALTH, VISION STATEMENT**

Optimal health for all Arkansans to achieve maximum personal, economic, and social impact.

## **DEFINITION OF STRATEGIC PLAN**

A disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an organization is, what it does, and why it does what it does. The process of assessing a changing environment to create a vision of the future; determining how the organization fits into the anticipated environment, based on its mission, strengths, and weaknesses; then setting in motion a plan of action to position the organization” with the strategic plan focusing on a range of agency level organizational goals, strategies and objectives, including new initiatives.

- Public Health Accreditation Board

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## STRATEGIC PLANNING PROCESS

The Arkansas Department of Health (ADH), with the assistance of the Office of Performance Management, Quality Improvement, and Evaluation (OPMQIE), took the following systematic steps, to effectively execute the ADH strategic planning process.

- November 2023: Surveyed ADH staff to receive their input on selecting public health focus areas, including health behaviors and health outcomes.
- December 2023: Analyzed staff survey data and prioritized the selections.
- January 2024: Survey results reviewed and approved by the ADH senior executive team.
- April 2024: ADH senior executive team reviewed and approved focus areas endorsed by the Governor's Office.
- January-May 2024: Recruitment of ADH internal partners who could potentially represent the focus areas and participate in the Strategic Planning process.
- May 17, 2024: Planning meeting at Wyndham, North Little Rock, included activities:
  - Presentation of ADH staff survey data results and the focus areas endorsed by the leadership team including the Governor's office.
  - Final selection of the focus areas to be prioritized for planning.
  - Focus area related data presentation (morbidity, mortality, and risk factors).
  - Work group formation among attending partners for their participation in the process of determining strategies for each focus area.
  - Announcement of future virtual meetings for partners to complete remaining work of determining activities for each strategy.
- May-June 2024: Follow-up virtual meetings to finalize strategies and activities and complete the planning process.
- July 17, 2024: Completion of the initial draft of 2024-2029 Strategic Plan.
- August 2024: Editing and finessing of the plan.
- September 2024: Review and approval by the ADH senior executive team.
- October 2024: Dissemination of the final Plan to the focus area leads and other ADH stakeholders.

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## GLOSSARY OF TERMS

Below is the list of terms that have been used in the Strategic Plan.

**Activity:** A set of tasks or actions the stakeholders undertake to achieve the goals and objectives.

**Challenges** (barriers): Obstacles that may prevent a public health program or project in achieving its desired goals or objectives on time. The key is to understand the nature of the challenges and find ways to overcome them.

**Community Health:** Non-clinical strategies aimed at improving health, preventing disease, and addressing health disparities within a specified population in Arkansas.

**Cross-Sector Collaboration:** A process where community organizations come together to collectively focus their expertise and resources to address the issues of the community.

**Health Equity:** A state in which everyone has a fair and just opportunity to attain their highest level of health.

**Enabler:** A partner or a group of partners who assist the program to help achieve its desired goal or objective.

**Enhancement:** Improvement of activities and/or resources to address and improve health behaviors and outcomes of a community more effectively.

**Evaluation:** A systematic way of collecting, analyzing, and using data to examine the effectiveness and efficiency of interventions to contribute to continuous improvement.

**Evidence-Base:** An approach to making decisions based on the best available scientific evidence.

**Focus Area:** Public health topics that are prioritized in the strategic plan. Focus areas vary based on the needs of a specific agency or organization.

**Foster:** Encouraging and promoting the development of partnerships to meet the goals set in the strategic plan.

**Goal:** Statement about what the stakeholders ultimately want to achieve through the action and activities of a plan.

**Health Disparity:** Preventable differences in the burden of disease, injury, violence, or challenges to achieve optimal health.

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**Indicator (measure):** An attribute and dimension of health status or the performance of a health system.

**Health Initiative:** Programs or projects aimed at improving the health outcomes of communities across the state.

**Intervention:** Activities within the focus areas initiated to better the health of individuals or organizations in Arkansas.

**Leverage:** Optimizing resources to maximize their impact on advancing the health of the population of focus.

**Life Expectancy:** Average number of years of life remaining for a person at a particular age, usually calculated as life expectancy at birth.

**Objective:** Intended outcome established by the stakeholders within the focus areas to address the health needs of the target population.

**Outreach:** Extending the reach to improve the access to health care, services, and resources for priority populations.

**Outcome Measure:** Measure chosen to assess the impact of the interventions.

**Performance Measure:** Quantitative metrics OR indicators used to gather data and monitor progress toward achieving a strategy, goal, or objective.

**Prevention:** Aims to keep people healthy and avoid the risk of poor health outcomes and mortality.

**SMART Objective:** An objective that is Specific, Measurable, Achievable, Realistic, and Time-bound.

**Stakeholders:** People or organizations invested in the program planning, implementation, and evaluation.

**Strategy:** A set of programs and policies that aim to improve the outcomes related to each focus area.

**Syndemic Training:** A comprehensive approach to testing that allows individuals an opportunity to learn their HIV, Hepatitis C (HCV), and Sexually Transmitted Diseases (STDs) status through testing.

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## ACRONYMS

ADH:	Arkansas Department of Health
AMHC:	Arkansas Minority Health Commission
AMI:	Acute Myocardial Infarction
ARCOP:	Arkansas Coalition for Obesity Prevention
BCBS:	Blue Cross Blue Shield
BRFSS:	Behavioral Risk Factor Surveillance System
CDC:	Centers for Disease Control & Prevention
CHAC:	Child Health Advisory Committee
CHW:	Community Health Worker
CPS:	Community Paramedics Service
DHS:	Department of Human Services
DP:	Diabetes Program
ED:	Emergency Department
EMS:	Emergency Management System
EPT:	Expedited Partner Treatment
HECAT:	Health Education Curriculum Analysis Tool
HIV:	Human Immunodeficiency Virus
HTN:	Hypertension, also known as High Blood Pressure
LHU:	Local Health Unit
OHC:	Office of Health Communications
AMHC:	Arkansas Minority Health Commission
OPERS:	Office of Preparedness and Emergency Response System
OPMQIE:	Office of Performance Management, Quality Improvement, and Evaluation
PCP:	Primary Care Physician
PECAT:	Physical Education Curriculum Analysis Tool
PRAMS:	Pregnancy Risk Assessment Monitoring System
SMART:	Specific, Measurable, Achievable, Realistic, Time-bound
SMBP:	Self-Measured Blood Pressure
STD:	Sexually Transmitted Disease
STI:	Sexually Transmitted Infection
STEMI:	ST-Elevation Myocardial Infarction
TPCP:	Tobacco Prevention and Control Program
UAMS:	University of Arkansas for Medical Sciences
UCA:	University of Central Arkansas
SWPAT:	School Wellness Policy Assessment Tool

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## INTRODUCTION OF THE FOCUS AREAS

The ADH Strategic Plan represents a roadmap aimed at addressing important public health challenges and promoting well-being across the state of Arkansas. Grounded in extensive research and stakeholder input, this Plan outlines comprehensive strategies to tackle key health issues such as diabetes, heart health, sexually transmitted diseases (STDs), women's health and maternal health, and youth tobacco use. By leveraging evidence-based practices and fostering collaborative partnerships, ADH aims to enhance health outcomes, reduce disparities, and improve the overall quality of life for Arkansans.

At its core, the ADH Strategic Plan prioritizes prevention as a cornerstone of public health. Recognizing the substantial impact of chronic conditions like diabetes and heart disease, the plan emphasizes early detection, education on healthy lifestyles, and increased access to healthcare services. By implementing proactive measures, such as expanding diabetes prevention activities and promoting heart health education, ADH seeks to mitigate the long-term health and economic burdens associated with these diseases, thereby fostering healthier communities statewide.

Moreover, the Strategic Plan addresses emerging health threats, such as the rise in youth tobacco use and the persistent challenges posed by STDs. Through targeted interventions and community-based initiatives, ADH aims to curb tobacco addiction among young people and reduce the prevalence of STDs by enhancing awareness, promoting testing, and improving treatment accessibility. By focusing on evidence-driven approaches and continuous evaluation of program effectiveness, ADH ensures that its strategic initiatives are responsive to the evolving health needs of Arkansans, while also advocating for policy changes that support sustainable health improvements across the state.

Addressing public health challenges, such as diabetes, heart health, STDs, women's health and maternal health, and youth tobacco, use requires a comprehensive rationale that is grounded in evidence-based strategies and societal benefits.

**Diabetes** represents a heavy public health concern due to its widespread prevalence and profound health implications, including heart disease, stroke, kidney disease, nerve damage, and blindness. The rationale for addressing diabetes lies in reducing the burden of chronic complications through effective management and prevention strategies. By focusing on early detection, healthy lifestyle, and improving access to care, ADH public health initiatives aim to enhance quality of life, extend life expectancy, and mitigate economic costs associated with diabetes-related healthcare expenditure and productivity loss.

**Heart disease** remains a leading cause of mortality in the United States (US) and Arkansas, encompassing conditions like coronary artery disease and heart failure. Public health efforts

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to address heart health focus on reducing mortality rates, improving overall well-being, and alleviating economic burdens associated with treatment cost and productivity loss. Strategies include enhancing community education, optimizing emergency medical services, and implementing evidence-based practices to improve cardiovascular outcomes.

**STDs** pose significant public health challenges due to high incidence and prevalence rates and potential for severe health complications, including infertility and increased susceptibility to Human Immunodeficiency Virus (HIV). The rationale for addressing STDs centers on preventing transmission through education, accessible testing, and timely interventions. By reducing transmission rates, public health initiatives aim to safeguard individual and community health, improve treatment outcomes, and reduce long-term healthcare cost.

**Women's health**, encompassing unique biological stages like menstruation, menopause, and maternal health, requires tailored interventions to optimize health outcomes and quality of life for women. The rationale for focusing on women's health lies in improving maternal and child health outcomes and addressing disparities in healthcare access and outcomes. By enhancing prenatal care, supporting maternal health tools utilization, and ensuring access to healthcare services, ADH's public health initiatives aim to foster healthier families and communities.

**Tobacco and e-cigarette use** among youth present significant health risks, including respiratory diseases, cardiovascular issues, and cancer. The rationale for addressing youth tobacco use is to prevent early initiation, mitigate lifelong addiction, and reduce future health and economic burdens. Public health strategies focus on education, prevention programs, and policy advocacy to create tobacco-free environment, promote healthier behavior, and improve long-term health outcomes among young people.

Across these public health challenges, the overarching rationale includes improving health outcomes, reducing healthcare cost, eliminating health disparities, and enhancing societal well-being. By implementing evidence-based interventions, fostering community engagement, and advocating for policy changes, ADH's public health initiatives strive to create sustainable improvements in population health, thereby creating healthier, more resilient communities.

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## DIABETES

Addressing diabetes, especially Type 2 diabetes, is an important public health strategy due to diabetes' widespread prevalence, significant health implications, and economic burden in the US including Arkansas. Complications of diabetes may include heart disease, stroke, kidney disease, nerve damage, and blindness etc. The initiatives in this strategic plan will aim to reduce diabetes related complications by focusing on prevention and management strategies leading to the improvement of quality of life and life expectancies.

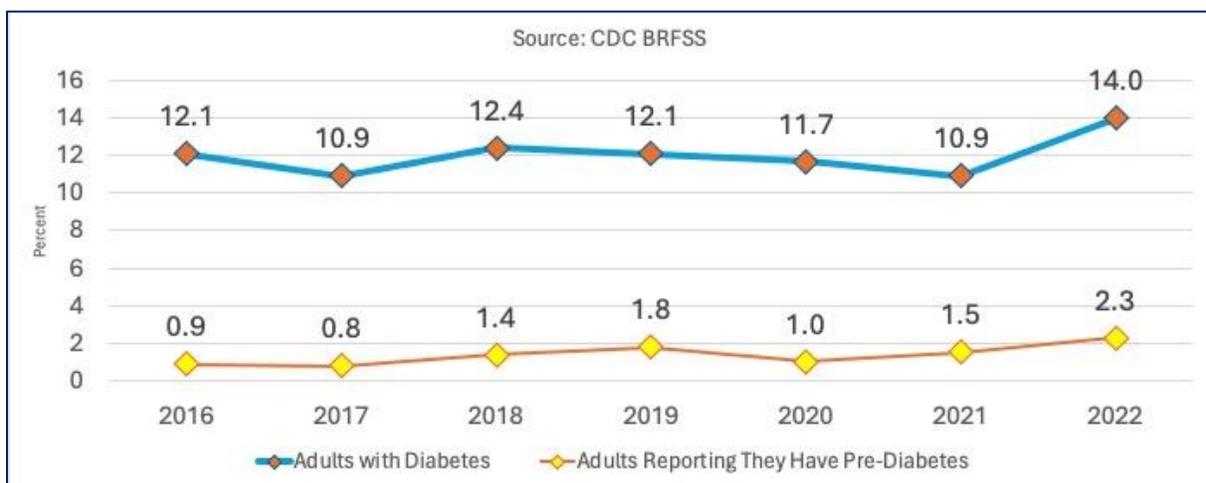
Diabetes imposes a substantial economic burden on the healthcare system. The cost of diabetes treatment, including medication, hospitalization, and disease management, are astronomical. Diabetes-related productivity losses due to disability and premature death also contribute to the economic impact. Public health efforts can alleviate some of these economic burdens by preventing and optimizing management for those already diagnosed.

Diabetes disproportionately affects certain populations, including racial and ethnic minorities and individuals with lower socioeconomic status. Tackling diabetes-related health disparities require improving access to healthcare services, promoting healthy lifestyle, and implementing culturally sensitive interventions tailored to diverse population groups.

By emphasizing lifestyle modifications, such as healthy eating, physical activity, and weight management, ADH's public health initiatives not only aim to reduce the risk of diabetes but also lower the risk of other chronic conditions such as cardiovascular disease and cancers.

**GOAL:** The goal of this focus area is to reduce the prevalence of diabetes in Arkansas, as measured by the following indicators:

- Percentage of Adults in Arkansas with Diabetes.
- Percentage of Adults in Arkansas Reporting They Have Pre-Diabetes.



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## **Diabetes, Strategy A.**

Increase access to Diabetes Prevention and Control Program and the use of services it provides.

ADH aims to effectively reduce diabetes prevalence in the State of Arkansas by expanding access to Diabetes Program and enhancing outreach in high-risk areas. ADH hopes to partner with Medicaid to develop a plan for service reimbursement and include other payers in this effort.

**OBJECTIVE 1:** By June 2026, ADH will increase funding for Diabetes Program by 15 percent and expand the number of recognized Diabetes Programs in 10 high-risk counties.

- Beginning in February 2026, ADH will identify geographic areas with the highest burden of diabetes and potential partners, who could leverage existing Diabetes Program referral champions.
- By June 2026, ADH will develop focus group and key informant interview guides tailored for each geographic area. With this, ADH aims to increase the number of geographic areas conducting assessments of barriers/enablers to Diabetes Program utilization.
- By June 2028, the assessment will allow ADH to gather information on the uptake of Diabetes Program and its effectiveness in the counties.
- By June 30, 2029, ADH plans to identify a total of 15 partners who will assist in expanding access to Diabetes Program services within their communities

**OBJECTIVE 2:** By 2027, ADH will increase referrals by the Primary Care Physicians (PCPs) to designated Diabetes Programs by 10 percent through strategic partnerships with key medical organizations.

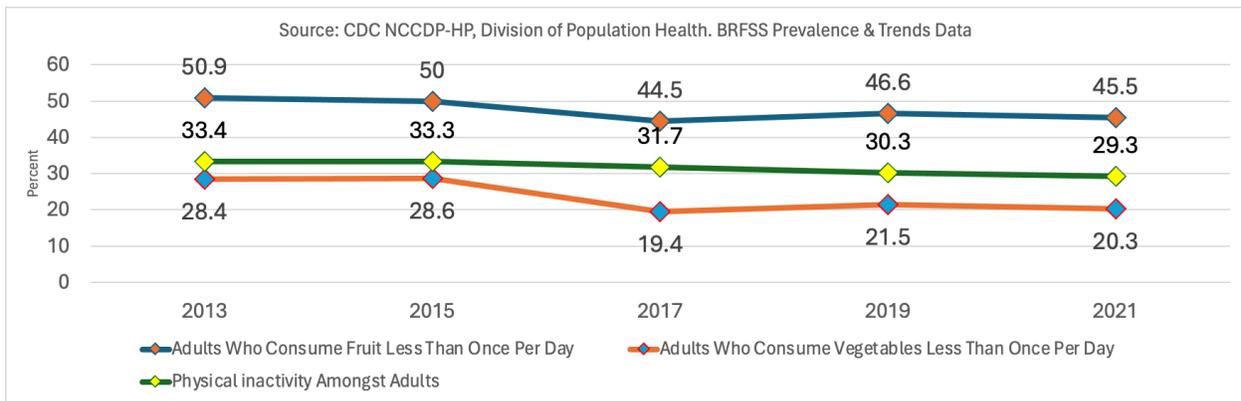
- By July 1, 2024, ADH will engage in partnership with the Arkansas Medical Society, Arkansas Association for Family Physicians, and Arkansas Academy of Pediatrics.
- By June 30, 2025, ADH will involve each partner in at least one collaboration session. The strategy involves identifying and engaging referral champions within these organizations, leveraging their networks to enhance communication and recruitment of PCPs into Diabetes Program.
- By January 2026, ADH will identify standards and recommendations related to Diabetes Program and diabetes from these organizations, potentially improving relevant metrics monitored by providers.
- By June 2026, ADH will participate in state conferences and meetings, presenting and showcasing the potential impact of Diabetes Programs on patient outcomes.

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- By June 2027, ADH will disseminate best practices and tools to facilitate PCPs in referring patients to Diabetes Program providers, further supporting diabetes prevention efforts statewide.

**GOAL:** The next goal is to increase the prevalence of healthy lifestyle as measured by the indicators below:

- Percentage of Adults in Arkansas who Consume Fruit Less Than Once Per Day
- Percentage of Adults Who Consume Vegetables Less Than Once Per Day
- Rate of Physical Activity Among Adults



### Diabetes, Strategy B.

Educate legislators on the benefits of reducing/removing taxes on fresh fruits and vegetables.

ADH has a structured plan in place to educate legislators on the benefits of reducing taxes on fresh fruits and vegetables. The following objective and activities will be coordinated to support research and education initiatives by convening a cross-sector work group involving key stakeholders.

**OBJECTIVE:** By March 2027, ADH will gather evidence to demonstrate public health and economic advantages of tax reductions on fresh produce and complete one (1) report.

- By June 2026, ADH will identify interns/graduate students from institutions such as the Department of Agriculture, University of Arkansas for Medical Sciences Faye W Bozeman College of Public Health, and University of Central Arkansas, to support research on the topic.
- By March 2027, these researchers will explore other states and jurisdictions who have addressed reducing taxes on healthy foods including conducting policy research and analyses.

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- By June 2027, a report will be prepared presenting findings and recommendations to the Public Health and Welfare Committee.
- This will equip legislators with data-driven insights to advocate for policies that support broader access to affordable and nutritious foods.

### **Diabetes, Strategy C:**

Leverage partnership with the Department of Education to assess the quality and implementation of the health and safety and physical activity standards.

**OBJECTIVE:** By 2026, ADH will leverage partnership with the Arkansas Department of Education (ADE) to improve the quality and implementation of health, safety, and physical activity standards in schools. Below is the list of activities related to the objective.

- By December 2024, ADH will request School Health Index data from the ADE and establish baseline metrics. This data will serve as a foundation for evaluating current practices and identifying areas for improvement across school districts.
- By July 2025, ADH will collaborate with Coordinated School Health and collect data on the utilization of Physical Education Curriculum Analysis Tool (PECAT), Health Education Curriculum Analysis Tool (HECAT), and School Wellness Policy Assessment Tool (SWPAT). The data are expected to provide insight into the extent to which these standards are being implemented within school districts.
- By November 2025, data results will be presented to the Child Health Advisory Committee with recommendations for the adoption of PECAT, HECAT, and SWPAT across all districts.
- By the Spring of 2026, the final phase will involve presenting recommendations for potential amendments to education policy to both the Board of Health and the Board of Education.
- This strategic initiative will help enhance the overall health and safety standards in schools, promoting comprehensive health education and physical activity programs that contribute to the well-being of students statewide.

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## HEART HEALTH

Heart disease remains the leading cause of death in the US and Arkansas. Heart diseases include conditions like coronary heart disease, heart attack, and heart failure. The ADH has been constantly working on reducing heart disease mortality rates and improving the overall quality of life of its population.

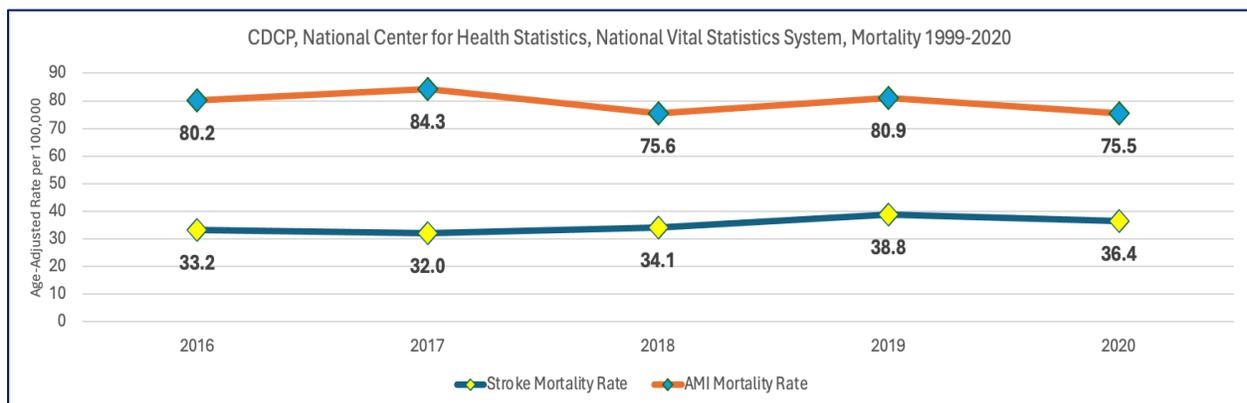
Heart disease imposes a significant economic burden on healthcare systems and society at large. Costs associated with heart disease-related hospitalizations, surgeries, medications, and ongoing management are substantial. Productivity losses due to premature death and disability contribute to economic challenges. Preventing heart disease through public health interventions can alleviate some of these economic burdens by reducing healthcare expenditures and enhancing workforce productivity.

Certain populations, including racial and ethnic minorities and individuals with lower socioeconomic status bear a disproportionate burden of heart disease. Public health initiatives focused on heart health strive to promote equity by improving access to preventive care, cardiovascular screenings, and treatment options for the vulnerable groups.

Lifestyle habits such as regular exercise, healthy eating habits, lack of tobacco use, and stress management not only lower the risk of heart disease but improve overall health outcomes by preventing other chronic conditions such as diabetes, hypertension, and obesity. Public health interventions are aimed at raising awareness among general populations and healthcare providers about reducing risk factors and mortality. For the ease of presentation, both stroke and heart attack have been included in the Heart Health section.

**GOAL:** The first goal is to decrease mortality due to heart disease and stroke by improving the outcomes of the indicators below.

- Stroke mortality rate per 100,000 population.
- Acute Myocardial Infarction (AMI) mortality rate per 100,000 population.



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To improve heart health outcomes in Arkansas, ADH has set goals to reduce death rates due to stroke and heart attack by significant margins, by 2029. The strategic approach is to educate communities regarding stroke and heart attack symptoms and the use of emergency medical services (EMS), to be executed through tailored media messaging and partnerships. Below is the list of SMART objectives/activities related to the strategy.

## **Heart Health, Strategy A.**

Increase community education about stroke and heart attack symptoms and increase use of 911 services.

**OBJECTIVE:** By 2029, ADH will increase stroke/heart attack cases arriving at hospitals via EMS by 5 percent.

- By June 2025, ADH plans to conduct a focus group assessment of communities with highest burden of stroke and heart attack to identify barriers preventing individuals from dialing 911 during emergencies.
- By June 2026, ADH will develop and implement culturally relevant messaging via radio, TV, social media, and printed meant to raise awareness about stroke and heart attack signs highlighting the importance of fast medical response.
- Before implementing above intervention in full scale, ADH will initiate “proof of concept” pilots to assess the effectiveness and impact of these interventions.
- By June 2027, ADH plans to fund educational campaigns focused on heart attack awareness. This includes distribution of educational materials potentially using ADH’s “Be Well Arkansas” program for broader dissemination.
- For stroke education, proposed partnership with UAMS will support the distribution of “BE FAST” materials, despite potential challenges posed by Medicaid cuts.
- Hometown Health will provide on-site education on stroke and heart attack recognition, ensuring direct engagement with vulnerable populations. This education will also be integrated into Tobacco Cessation program, utilizing screening questions related to hypertension and diabetes during medical marijuana licensure processes to distribute educational pamphlets.

## **Heart Health, Strategy B.**

Transform the trauma system into an acute time-sensitive system.

To enhance Arkansas's trauma system into an acute, time-sensitive care model, ADH has devised a strategy to improve the quality and efficiency of care for stroke/heart attack patients. Below is the list of SMART objective/activities related to the strategy.

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**OBJECTIVE:** By 2029, ADH plans to increase the percentage of cases receiving defect-free care by 10 percent.

- Starting from June 2025, ADH will initiate one of the foundational activities of designating hospitals for heart attack care through national accreditation bodies, supported by sub-grant funding. This initiative will enable hospitals in Arkansas to meet rigorous standards for delivering timely and effective care to heart attack patients.
- By June 2026, ADH plans to establish a Preventable Mortality Review Committee. This committee will systematically review stroke and heart attack cases to identify opportunities for quality improvement in care delivery, advocating for legislative changes to extend protections regarding trauma related Health Insurance Portability and Accountability Act, to enhance data sharing.
- By June 2027, ADH aims to pilot expansion of the Arkansas Trauma Communication Center to include stroke and heart attack cases. This will integrate medical consultants specializing in cardiology and neurology, ensuring comprehensive and specialized care coordination for patients.
- By June 2028, the introduction of on-call cardiologist telemedicine programs, both pre-hospital and in-hospital, using platforms like Pulsara, are slated to begin and continue through 2029. These programs will increase use of thrombolytic therapies among eligible heart attack patients, leveraging technology to facilitate timely consultations and treatment decisions regardless of geographic location in Arkansas.
- Phased implementation of these initiatives underscore ADH's commitment to transforming the trauma system into a responsive and efficient acute care model for stroke and heart attack patients. By strengthening hospital capabilities, enhancing care coordination through telemedicine, and fostering a culture of continuous quality improvement, ADH aims to significantly improve patient outcomes and reduce mortality rates associated with acute cardiovascular events across the state.

## **Heart Health, Strategy C.**

Reduce readmissions related to stroke and heart attack.

ADH's mission for improving healthcare efficiency across the state is very important to reduce patient outcomes associated with stroke and heart attack and reduce readmissions. ADH has coordinated following key objective and activities through the Stroke and STEMI Section under the Office of Preparedness and Emergency Response Systems.

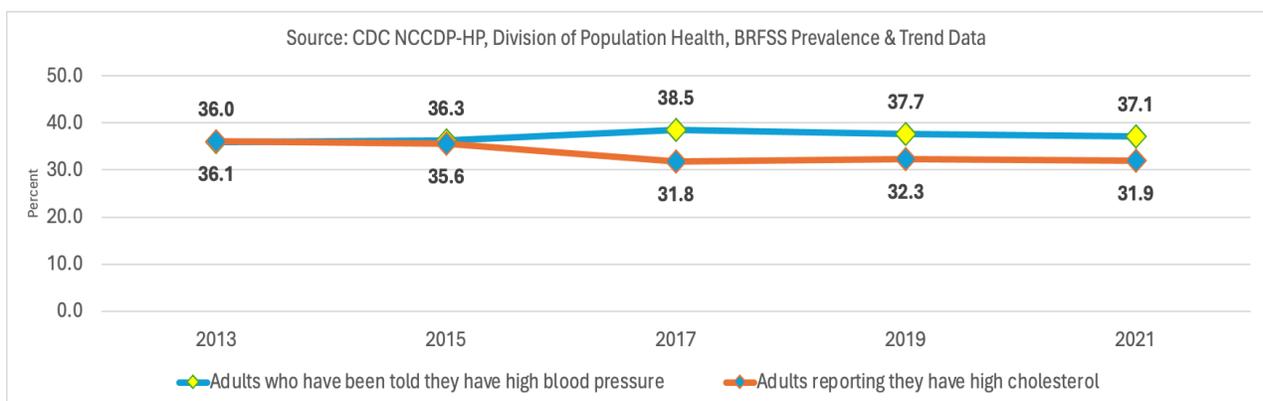
**OBJECTIVE:** By 2029, under this strategy, ADH commits to improve post-acute care and reduce healthcare costs targeting a 5 percent reduction in readmission rates.

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- By June 2025, ADH will begin collaborating with Medicaid to explore reimbursement options for Community Paramedicine Services (CPS). In the meantime, ADH will allocate funds to reimburse CPS visits for post-acute stroke and heart attack patients at high risk of readmission. The aim is to gather data demonstrating the impact of CPS on reducing readmissions, informing future policy decisions for fund allocations.
- By June 2026, ADH will provide education and training classes to PCPs and hospital staff, promoting increased referrals to CPSs for post-acute stroke and heart attack patients. Utilization of the Pulsara app will facilitate statewide tracking of CPS usage, ensuring accountability and optimizing patient care coordination.
- By June 2027, ADH plans to implement a bi-directional referral tracking system to address the broader social determinants of health impacting readmission rates. This statewide platform will connect post-acute stroke and heart attack patients with necessary resources, fostering partnerships with Community Health Centers and hospitals to support vulnerable populations. ADH will utilize proof-of-concept pilot to demonstrate the system's effectiveness in improving patient outcomes and reducing readmissions.
- By June 2028, ADH intends to establish hypertension (HTN) clinics at Local Health Units (LHUs) of ADH across Arkansas. These clinics will provide ongoing monitoring, treatment, and management of HTN for uninsured residents, addressing a prevalent risk factor for stroke and heart attack complications. Initiating with a pilot phase, ADH will evaluate the impact of these clinics on reducing undiagnosed or uncontrolled HTN, potentially expanding the program based on successful outcomes.

**GOAL:** The next goal is to decrease the prevalence of risk factors for heart attack and stroke as measured by the indicators below.

- Percent of adults who have been told they have HTN.
- Percent of adults reporting they have high cholesterol.



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## **Heart Health Conditions, Strategy A.**

Improve surveillance of primary health clinics for accurate data collection on HTN and high cholesterol.

To reduce heart health complications, ADH seeks to enhance surveillance data collection on the risk factors such as HTN and high cholesterol, from primary healthcare clinics across the state. This will help improve early detection and management of heart health. ADH plans to accomplish this over a phased timeline by implementing following objective and activities.

**OBJECTIVE:** By July 2028, ADH will collaborate with 100 primary healthcare clinics in Arkansas to collect HTN and cholesterol data through a statewide primary care registry.

- In 2024, ADH contracted with American Board of Family Medicine, Inc. for the national PRIME Registry, which in Arkansas is called the AR Primary Care Registry. This registry is the first state-based primary care registry in the nation. The central platform supports aggregation and analysis of HTN, and high cholesterol data related to prevalence, screening rates, and treatment outcomes. ADH will develop a dedicated State Dashboard through the utilization of the Registry data.
- By July 2026, ADH will secure authorization from 50 primary care practices already enrolled in the existing registry to allow ADH access to view registry data. This step will ensure compliance and cooperation from healthcare providers in sharing critical health information for population health management.
- By July 2027, the goal is to expand enrollment to 75 primary care practices that agree to share their data with ADH, progressively increasing enrollment in the registry.
- Finally, by July 2028, ADH will target participation of 100 primary care practices in the registry and contributing to statewide data collection efforts.
- The phased approach ensures a systematic rollout, allowing ADH to establish robust data-sharing protocols and engage healthcare providers. This initiative also fosters collaboration between public health authorities and primary care providers.

## **Heart Health Conditions, Strategy B.**

Reach underserved populations with prevention and screening services for HTN and high cholesterol through Community Health Workers.

ADH plans to collaborate with Community Health Workers (CHWs) to address challenges of reaching underserved and vulnerable populations with HTN and high cholesterol related prevention/screening services.

**OBJECTIVE:** By July 2028, ADH will deploy six (6) CHWs in 12 target counties, facilitating patient navigation to ARHOME resources, primary care facilities, local community-based

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social services, and assisting with medications and medical devices, i.e., blood pressure monitors. Below is the list of objective and activities related to the strategy.

- In 2024, ADH launched a pilot program in collaboration with Arkansas Blue Cross Blue Shield (BCBS). CHWs will be deployed in six (6) counties with the highest prevalence of HTN, exceeding the state average prevalence of 41 percent (CDC, 2019).
- CHWs will work with BCBS case managers to address HTN among its patients, ensuring comprehensive care coordination and support. Building on the success of the pilot program, ADH aims to expand the initiative incrementally.
- By July 2026, the number of deployed CHWs will increase to four (4), extending coverage to eight counties with high HTN prevalence.
- By July 2027, ADH plans to deploy five (5) CHWs across ten targeted counties.
- Finally, by July 2028, ADH will reach full implementation with six (6) CHWs operating in 12 counties with high HTN prevalence, notably above the state average prevalence.
- In this strategy, CHWs will play a very important role in bridging gaps in healthcare access, advocating for preventive services, and guiding individuals to resources that promote heart health. Partnership with BCBS and focusing on counties with the highest disease burden, ADH aims to maximize the impact of its interventions and address health disparities effectively.

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## SEXUALLY TRANSMITTED DISEASES

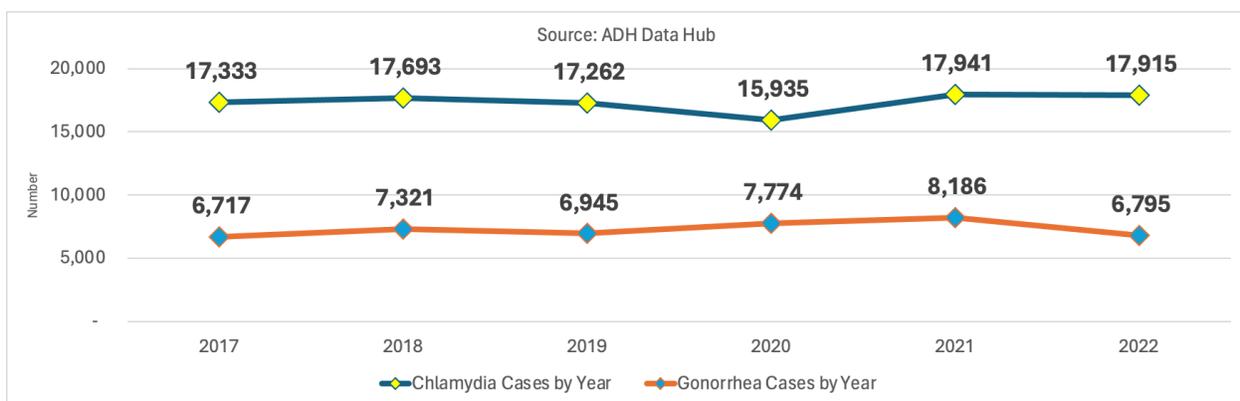
Addressing sexually transmitted diseases (STDs) in public health is crucial as they affect millions of people across US and lead to severe health complications, if left untreated. Conditions such as infertility, chronic pain, and increased vulnerability to HIV infections underscore the need for effective prevention, testing, and treatment strategies to mitigate these risks. Education about safe sexual practices, widespread availability of testing services, and prompt treatment not only safeguard individual health but also curb the spread of infections within communities thereby protecting population health.

Reducing disparities is an important consideration in STD prevention and control as young people, racial, ethnic, and other minority populations often bear a disproportionate burden of STDs due to various socioeconomic factors. Addressing STDs through welcoming and accessible public health interventions increases the opportunities for all individuals to access essential prevention, testing, and treatment services.

Investing in STD prevention programs proves to be cost-effective in the long run. Early detection and treatment of STDs reduce the need for expensive medical interventions associated with advanced infections and their complications. By integrating STD prevention with broader health initiatives such as reproductive health, maternal and child health, and HIV prevention, public health efforts can achieve synergistic improvements in overall health outcomes, promoting healthier communities and society overall.

**GOAL:** The first goal is to reduce the number of new STD infections as measured by the indicators below.

- Number of newly reported chlamydia cases
- Number of newly reported gonorrhea cases



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## **Sexually Transmitted Diseases, Strategy A.**

Expand partnerships to target a larger underserved population.

ADH has developed strategic initiatives to increase awareness and education of Expedited Partner Treatment (EPT) options for Chlamydia and Gonorrhea among external healthcare providers, designed to improve prevention, diagnosis, and treatment outcomes of sexually transmitted infection (STI). Below is the list of objective and activities related to the strategy.

**OBJECTIVE:** By June 30, 2025, develop and implement a provider learning series aimed at enhancing healthcare professionals' competency in STI management, with a measurable target of achieving at least a 15 percent improvement in post-session assessments compared to pre-session assessments.

- By September 30, 2024, ADH will develop a one-pager on EPT and distribute it through partners such as the Arkansas Foundation for Medical Care, Arkansas Health Care Association groups, and the HIV provider network, reaching a wide network of healthcare professionals, and facilitating broader adoption of EPT practices.
- By October 30, 2024, ADH will update County Health Officers on EPT protocols to enhance awareness and support for EPT within local communities. ADH will establish a network for educating healthcare providers at colleges and universities.
- By June 30, 2025, ADH aims to foster a deeper understanding of EPT guidelines and best practices among providers statewide by completing Health Care Provider (HCP) engagement learning series through Lunch 'N Learn sessions and by training healthcare professionals about EPT.

## **Sexually Transmitted Diseases, Strategy B.**

Increase resources and training for STD/STI partners who interact with patients and communities directly.

ADH will enhance resources and training for STD/STI partners who directly interact with patients and communities affected by Chlamydia and Gonorrhea. Below is the list of objective and activities related to the strategy.

**OBJECTIVE:** By 2025, establish a training program for STD/STI partners, leading to a 25 percent increase in their knowledge of Chlamydia and Gonorrhea, and a 30 percent increase in the availability of educational materials for direct community distribution.

- By July 2025, the ADH Infectious Disease Branch will implement health education interventions among youth, ages 15-24. It will leverage efforts of community-based organizations working toward HIV prevention. The intervention will equip youth with STI prevention information and encourage healthy behaviors.

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- By June 30, 2025, educational materials will be provided to youth groups, fostering a community responsibility in promoting sexual health awareness among peers. ADH also plans to engage College/University fraternity and sorority groups through a contest designed to promote outreach and education on Chlamydia and Gonorrhea.
- By June 30, 2025, ADH will schedule educational webinars tailored for CHWs in rural areas. CHWs will be equipped with essential tools such as flip books, one-pagers, and QR codes with STI prevention and treatment information. CHWs will educate and provide support services to underserved populations in the remote areas of Arkansas.
- ADH plans to enhance education and training for internal staff members across local health units, including nurses and clerks, aimed at improving their knowledge and capabilities in handling Chlamydia and Gonorrhea cases effectively.
- By June 30, 2025, ADH will provide education at Communicable Disease Nurse Specialists, Advanced Practice Nurses, and clerical staff meetings. ADH will develop an accessible online training course by the same deadline, ensuring comprehensive and standardized education on STI prevention, diagnosis, and treatment protocols for all staff members involved in public health services.

**GOAL:** The next goal is to reduce syphilis and HIV transmission as measured by the indicators below:

- Number of syphilis cases in Arkansas.
- Number of Congenital syphilis cases in Arkansas.
- Number of HIV cases in Arkansas.

### **Sexually Transmitted Diseases, Strategy C.**

Increase testing for STD/STI via continued education and data sharing with coalitions, partners, and stakeholders.

ADH plans to address this strategy by increasing the number of individuals tested for STD/STI, through continued education, and by sharing data with stakeholders. One of the key initiatives of ADH in this strategy is to pilot with UAMS Emergency Department (ED) and implement an electronic health record flagging system for pregnant women, encouraging syphilis testing, using an Opt-Out method. Below is the list of objective and activities related to the strategy.

**OBJECTIVE:** By 2026, ADH will achieve a 20 percent increase in the number of individuals tested for STD/STI, to be measured bi-annually.

- Starting June 2025, ADH plans to conduct annual Lunch 'N Learn webinars for UAMS ED providers/staff. These sessions will provide education on current STD/STI testing

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protocols and facilitate data sharing to enhance awareness and encourage proactive testing practices within ED settings.

- In addition to EDs, ADH will engage with community partners, conduct educational webinars for, and distribute resources to homeless shelters and recovery centers.
- By June 2026, this innovative approach aims to streamline testing processes and improve detection rates among a vulnerable population.
- By June 2026, ADH aims to increase awareness of the importance of STD/STI testing and provide necessary testing resources and materials.
- By leveraging partnerships with Department of Human Services (DHS) and other stakeholders, ADH plans to expand its reach in promoting STD/STI testing beyond traditional healthcare settings.

## **Sexually Transmitted Diseases, Strategy D.**

- 1) Increase testing for Syphilis via continued education data sharing with stakeholders;
- 2) Increase partner testing and treatment of people who test positive for syphilis.

Strategies aimed at combating syphilis require multifaceted approach including education, testing, and treatment initiatives to effectively reduce its prevalence and impact. ADH’s key strategy is to achieve these goals by increasing testing rates and improving partner testing and treatment for those diagnosed with syphilis. ADH aims to enhance the testing rate by implementing continued education programs and fostering active participation in data sharing initiatives with stakeholders such as EDs, homeless shelters, and recovery centers. Below is the list of objective and activities related to the strategy.

**OBJECTIVE:** By the end of 2026, ADH plans to achieve a 20 percent increase in testing through education and collaboration efforts.

- By June 30, 2025, ADH plans to empower CHWs in rural areas with STI Syndemic Training. This training will enable CHWs to serve as HIV/STD testers within their communities, significantly enhancing testing accessibility statewide and reaching underserved populations more effectively.
- By June 2025, a statewide media campaign is scheduled to launch, emphasizing the importance of regular testing and timely treatment for Syphilis. This campaign will raise public awareness, encourage testing behaviors, and promote stigma reduction associated with STD testing.
- By June 2025, annual Lunch ‘N Learn webinars targeting homeless shelters and recovery centers will commence, providing tailored education on Syphilis prevention, testing, and treatment.

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- By June 2025, ADH will collaborate with the Substance Use Division of DHS and develop resource kits for recovery centers and outreach efforts to ensure support for individuals affected by Syphilis.
- By June 2025, ADH plans to disseminate educational materials and information at LHU clinics, emergency rooms, and other venues. This initiative aims to educate healthcare providers and staff about available resources for individuals diagnosed with HIV, fostering a supportive environment for testing and treatment.
- By June 2026, ADH will also review and potentially implement Doxycycline Post-Exposure Prophylaxis education for high-risk populations, promoting preventive measures among those at elevated risk of syphilis and other STDs. This initiative aims to prevent transmission to reduce the incidence of new cases.

### **Sexually Transmitted Diseases, Strategy E.**

Strategies for HIV cases: 1) Increase testing for HIV by providing continued education and data sharing with coalitions, partners, and stakeholders; 2) Increase the linkage to care and retention of care by 80 percent (regarding people who test HIV positive).

Increasing testing rates, ensuring timely linkage to care for those diagnosed, and fostering retention in care to manage the disease effectively are important aspects of this strategy. The Strategic Plan focuses on increasing testing accessibility and improving care coordination for individuals living with HIV. Below is the list of objective and activities related to the strategy.

**OBJECTIVE:** By the end of 2026, ADH aims to increase the number of individuals tested for HIV by 30 percent through continued education initiatives and enhanced data sharing with coalitions and partners and stakeholders. The objective emphasizes that 100 percent of newly diagnosed cases are linked to care within 30 days, highlighting the importance of early intervention and treatment initiation.

- By June 30, 2025, as a key activity, ADH will provide STI Syndemic Training to the CHWs in rural areas, improving accessibility to testing services across the state.
- By June 30, 2025, ADH will distribute HIV educational materials i.e., Take Me Home HIV home testing kits, to college, university, and fraternity and sorority groups. This will promote testing and linkage to care among young adults.
- By June 30, 2025, ADH will leverage college and university partnerships to educate campus healthcare providers about HIV prevention strategies such as Pre-Exposure Prophylaxis, testing options, and available linkage to care resources.
- By June 30, 2025, ADH also plans to disseminate education and information at LHU clinics, emergency rooms, and community venues to raise awareness about available

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resources for individuals diagnosed with HIV, encouraging prompt access to care and support services.

- By June 30, 2025, ADH will conduct an annual Health Care Provider Engagement learning series through Lunch 'N Learn sessions. These sessions will provide ongoing training and updates for healthcare providers on HIV prevention, testing protocols, and effective care management practices.
- By June 30, 2025, ADH will also intensify its engagement with at-risk population groups and communities, ensuring tailored outreach programs that address specific needs and barriers to HIV testing and care access.

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## **WOMEN'S HEALTH AND MATERNAL HEALTH**

Addressing women's health in public health is very important due to the unique biological processes women go through throughout their lives. From menstruation to menopause, these stages significantly impact women's health and well-being. Menstruation involves hormonal changes that can affect mood, energy levels, and physical comfort. Pregnancy and childbirth are profound life events that require specialized care to ensure both maternal and infant health. Proper prenatal care and support during childbirth reduce maternal mortality rates and improve infant survival rates, fostering healthier families and communities. Menopause marks another significant biological transition affecting women's health, often accompanied by hormonal shifts that can impact bone density, cardiovascular health, and emotional well-being. By addressing these critical life stages, public health efforts can enhance women's overall health outcomes and quality of life.

Maternal health directly influences not only the well-being of mothers but also the development and future health of their children. Ensuring access to adequate prenatal care, skilled birth attendants, and emergency obstetric care reduces maternal mortality rates, a key indicator of healthcare system effectiveness. Improving maternal health also contributes to better infant survival rates and decreases the likelihood of complications during childbirth. Healthy mothers are more likely to actively participate in child-rearing and contribute positively to their families' socio-economic stability. By prioritizing maternal health, public health strategies can create lasting impacts on community health by strengthening family units and promoting healthier future generations.

Proper access to reproductive health services improves individual health outcomes as well as supports broader societal goals such as reducing unintended pregnancies and promoting family planning. Such public health frameworks ensure access to resources needed to make decisions that align with their personal and familial goals.

Women often face specific health challenges and inequalities that require targeted public health interventions. These disparities manifest in higher rates of certain diseases like breast cancer and osteoporosis, as well as differential access to healthcare compared to men. Addressing health inequalities involves implementing policies and programs that reduce barriers to healthcare access and promote preventive care and screenings tailored to women's needs. Eliminating health disparities requires addressing social determinants of health such as income, education, and access to healthcare services.

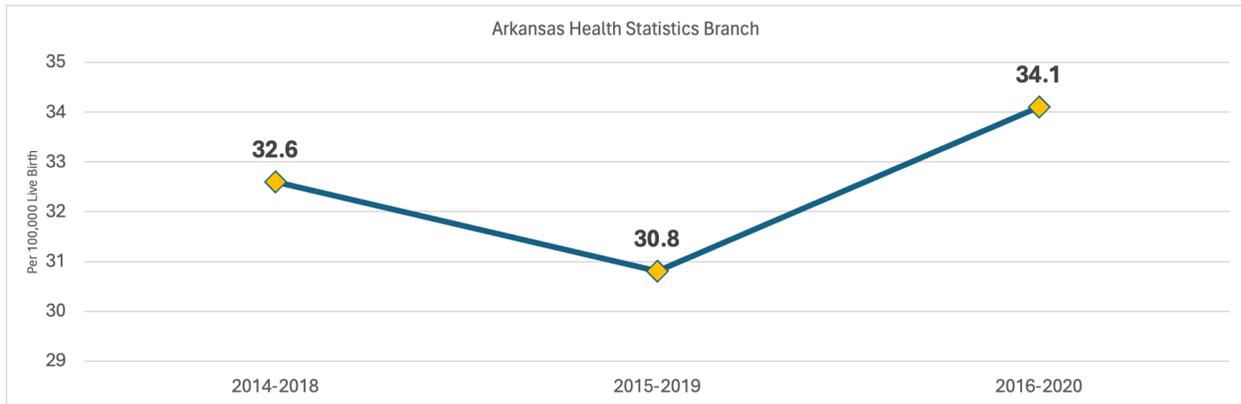
Furthermore, investing in women's health yields significant economic and social benefits. Healthy women are more likely to participate fully in the workforce, contribute economically to their families, and engage actively in community life. Maternal health, in particular, influences productivity and economic stability by impacting workforce participation and

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absenteeism due to health-related issues. Strategies that prioritize women's health contribute to broader goals by reducing healthcare costs, preventing chronic diseases, and promoting healthier lifestyles. By recognizing unique health needs of women and addressing them systematically, societies can achieve better health outcomes and create sustainable communities.

**GOAL:** The first goal is to decrease maternal mortality as measured by the indicator below:

- Maternal Mortality Rate per 100,000 live births, 5-Year Moving Average.



## **Women's Health and Maternal Health, Strategy A.**

Strengthen the quality of care provided to women before and during pregnancy by their medical providers and/or the healthcare system.

Strategically coordinated activities are essential to strengthen the quality of care provided to women before and during pregnancy. Listed below are the objective and activities related to the strategy.

**OBJECTIVE:** By 2029, ADH aims to increase by 10 percent, the utilization of maternal health tools in the ADH LHUs across the state.

- By September 2024, the Family Health Branch will conduct policy research to identify ADH requirements for the use of maternal health tools beyond current practices.
- By September 2024, an internal assessment, led by the Family Health Branch will identify existing tools within ADH.
- By December 2024, the Epidemiology Branch will determine current usage levels of these tools, establishing a baseline for improvement.
- By December 2025, LHUs will enhance support for the utilization of these tools ensuring that they are effectively integrated into maternal health practices.

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- By December 2026, this initiative on educating women about the importance of early and continuous prenatal care, spearheaded by the Maternal and Child Health Program Health Coordinator, will be completed. It will promote healthier pregnancies and improve maternal health outcomes.
- By 2029, the initiative will improve data collection, in addition to tool utilization and policy enhancements.

The second aspect of the objective focuses on implementing a maternal/child health campaign. One of the initiatives includes integrating preconception and prenatal education, outreach, and referrals into the mobile unit programs that encounter women of childbearing age.

**OBJECTIVE:** By 2026, ADH will increase events by 10 percent to educate communities on maternal health tools, accessing services provided by mobile healthcare units, proper nutrition for preconception and prenatal health, and other related topics.

- By June 2026, Office of Health Communications (OHC) team will complete the task of designing an educational and outreach campaign along with relevant materials.
- By December 2026, ADH's Maternal & Perinatal Outcomes Quality Review Committee will distribute educational resources to birthing facilities and increase the number of hospitals equipped with these materials.
- By strategically disseminating information and resources, this campaign aims to empower women with essential knowledge about maternal and child health, promoting healthier pregnancies and fostering better maternal and infant health outcomes within the community.

### **Women's Health and Maternal Health, Strategy B.**

Increase the number of women accessing prenatal care and the frequency by which they access it.

Improving access and frequency of prenatal care among pregnant women is critical in ensuring healthier pregnancies and better maternal outcomes. ADH plans to establish new and expand existing mobile units, launch a comprehensive media campaign, enhance community engagement, involve men and fathers in prenatal care education, and improve telemedicine services. Listed below are the objective and activities related to the strategy.

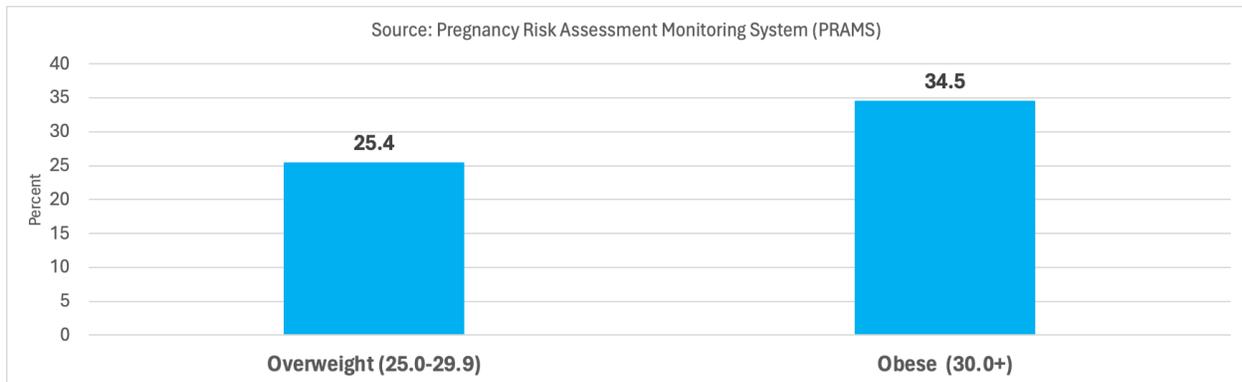
**OBJECTIVE:** By 2029, ADH's Division of Local Public Health will establish one (1) new ADH mobile unit dedicated to women's health services, to increase accessibility by 10 percent to prenatal care in underserved areas. Below is the list of activities related to the strategy.

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- By August 2025, the Office of Health Disparities Elimination will enhance community engagement and rural outreach initiatives. These efforts will focus on bridging gaps in healthcare access and addressing disparities in underserved communities.
- By June 2026, the Family Health Branch and AMHC will increase opportunities for men and fathers to participate in prenatal care education and support strategies, recognizing their crucial role in maternal health.
- Improving telemedicine services and educating communities about ADH LHU maternity services will increase number of women accessing prenatal care and the frequency of visits. This approach will enhance healthcare access and empower women and families with knowledge and resources needed for healthier pregnancies.
- By August 2026, the OHC will launch a media campaign to promote earlier access to prenatal care; provide behavioral education to public i.e., proper diet, exercise, stop using tobacco, alcohol, and drugs, and using seat belts while driving.
- The initiative will utilize educational videos and interactive monitors at healthcare appointments to provide information on health topics, empowering women to make informed decisions about their prenatal care.
- By December 2029, AMHC will expand its existing mobile unit to include specialized women's health services, ensuring improved access to prenatal care to minority populations.

**GOAL:** The next goal is to improve the health of women before they become pregnant as measured by the indicators below:

- Percent of women who were overweight before they became pregnant.
- Percent of women who were obese before they became pregnant.



Monitoring obesity and overweight status among women before they become pregnant is very important for several reasons. Maternal obesity poses health implications for both mothers and their babies. Maternal health risks associated with obesity during pregnancy are well known. Obesity increases the likelihood of developing gestational diabetes, a condition that can lead to complications for both mother and baby if not managed properly.

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Hypertension, including the severe condition preeclampsia, is also more prevalent among obese pregnant women, posing risks of stroke and other serious complications. Cesarean delivery rates are higher among obese women, which carries its own set of surgical and recovery risks. These complications can potentially impact mother’s immediate and long-term health.

Fetal and neonatal health is profoundly affected by maternal obesity. Babies born to obese mothers are at higher risk of macrosomia, characterized by excessive birth weight, which can lead to delivery complications and a higher likelihood of needing interventions such as cesarean section. Additionally, maternal obesity is linked to an increased incidence of birth defects and stillbirths, highlighting the critical need for managing weight before pregnancy to improve outcomes for both mother and child. Babies born to mothers who are overweight or obese are more prone to developing childhood obesity and associated health issues later in life, perpetuating a cycle of health risks across generations.

Obesity can adversely affect reproductive health by disrupting hormonal balance, leading to irregular menstrual cycles and ovulatory dysfunction, which can impair fertility. Addressing obesity before pregnancy through targeted interventions such as weight management programs, dietary counseling, and physical activity recommendations can improve fertility outcomes. By supporting women in achieving a healthier weight before conception, healthcare providers can enhance the chances of a healthy pregnancy and reduce the risk of complications for both mother and baby.

### **Women’s Health and Maternal Health, Strategy C.**

Increase education about the importance of consumption of healthy foods.

**OBJECTIVE:** By 2029, ADH will identify/develop culturally appropriate nutrition education materials and resources and increase healthy food related educational events by 10 percent.

- One of the key activities in this objective is to determine suitable venues or methods for reaching the target audience. Understanding cultural preferences, dietary habits, and accessibility factors of the target audience influence how nutrition education can be most effectively delivered.
- By identifying appropriate venues such as community centers, schools, virtual platforms, or local events, tailored nutrition education programs can be implemented to promote healthier eating habits among the diverse population groups.
- This approach ensures that education on healthy foods is not only accessible but also resonates with the cultural and social contexts of the communities being served, thereby fostering sustainable improvements in dietary behaviors and overall health.

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## **Women's Health and Maternal Health, Strategy D.**

Increase access to healthy foods.

ADH seeks to increase access to healthier food for women of childbearing age while simultaneously promoting nutritious diets. Launching a targeted campaign to educate women of childbearing age about healthy pre-pregnancy weight, proper diet, and physical activity will help them adopt healthier lifestyles before conception. Below is the objective and activities related to the strategy.

**OBJECTIVE:** Increase partner collaborations to improve awareness of existing sources for healthy foods such as farmers' markets and food pantries, while advocating for the establishment of new markets in underserved areas to improve accessibility by 10 percent.

- Promoting Double-Up Food Bucks program of Arkansas Coalition for Obesity Prevention will incentivize the purchase of healthy foods among low-income families.
- Collaborations with grocery stores to enhance the availability and affordability of nutritious options will reinforce this strategy by creating environments that support healthy eating habits for all.
- Decreasing comorbid conditions for women such as diabetes, obesity, hypertension, unmanaged depression, etc. through prevention education and outreach.
- Improving quality of the data/information reported on death certificates by updating the Electronic Registration of Arkansas Vital Records.

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## YOUTH TOBACCO USE

Tobacco use among youth presents significant health risks due to their vulnerable developmental stage. Young people who use tobacco are at increased risk of developing respiratory issues such as chronic bronchitis and asthma, cardiovascular diseases including hypertension and heart disease, and various forms of cancer, such as lung cancer. Nicotine and other harmful chemicals in tobacco products can severely impact the developing bodies and brains of adolescents, potentially impairing cognitive functions and affecting mental health. These health consequences underscore the importance of preventing tobacco initiation among young individuals to safeguard their well-being both in the present and throughout their lives.

Early initiation of tobacco use often leads to lifelong addiction. Nicotine addiction is particularly insidious, as it alters brain chemistry and reinforces dependency over time. Adolescents who become addicted to nicotine face challenges in quitting and are more likely to continue using tobacco into adulthood. This perpetuates the cycle of health risks associated with tobacco use, increasing the likelihood of long-term health issues such as chronic obstructive pulmonary disease (COPD), stroke, and further exacerbating cancer risks. Thus, addressing youth tobacco use is crucial not only for immediate health benefits but also for breaking the cycle of addiction and reducing the burden of tobacco-related diseases in future generations.

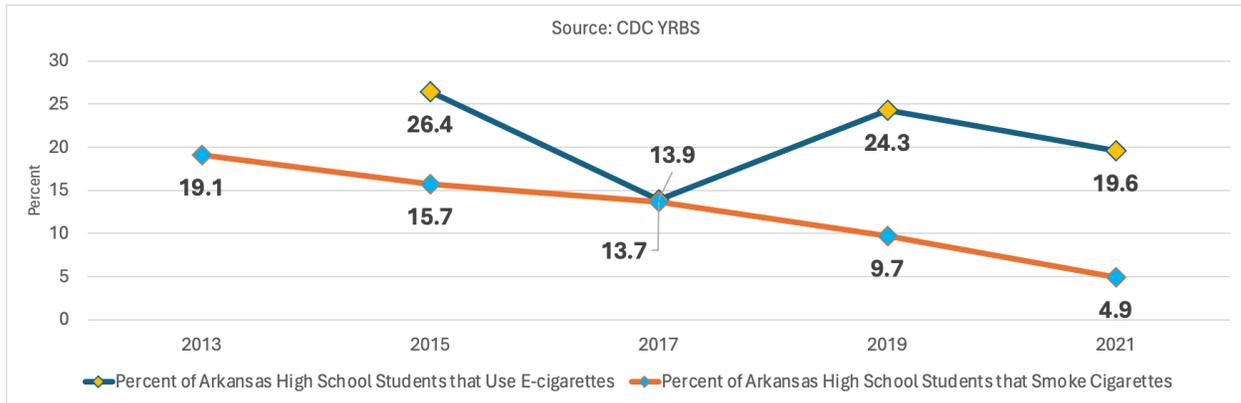
Behavioral patterns established during adolescence can significantly influence lifelong habits. Youth who experiment with tobacco products are more prone to continued use as they mature into adulthood. Prevention efforts that effectively deter young people from starting tobacco use can disrupt these behavioral patterns and reduce the prevalence of tobacco addiction across populations. By targeting youth with comprehensive prevention programs that emphasize education, awareness, and access to cessation resources, public health initiatives can foster healthier choices and diminish the societal impact of tobacco-related health disparities.

In addition to the profound health and behavioral impacts, tobacco use imposes substantial economic costs on society. These costs arise from increased healthcare expenses associated with treating tobacco-related diseases, as well as productivity losses due to illness and premature death. Preventing youth tobacco use not only mitigates these economic burdens but also contributes to a healthier workforce and reduces strain on healthcare systems. Furthermore, protecting young people from the harms of tobacco aligns with legal and ethical frameworks aimed at safeguarding public health, reinforcing policies that restrict tobacco sales and marketing to minors, and promoting environments that support tobacco-free lifestyles for all individuals.

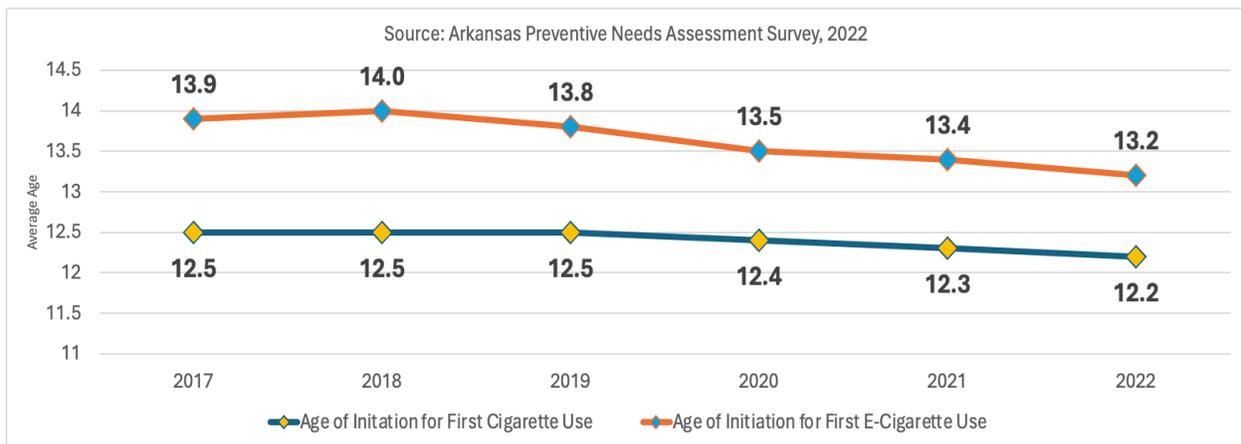
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**GOAL:** The first goal is to decrease the prevalence of youth who use tobacco products as measured by the indicators below:

- Percent of Arkansas High School Students Who Use E-cigarettes
- Percent of Arkansas High School Students Who Smoke Cigarettes



Additional indicators, presented below, will shed light on when the adolescents initiate use of e-cigarette and smoking. Having a true understanding of the average age of initiation among adolescents will help in developing age-appropriate interventions, preferably early interventions and implementation.



## Youth Tobacco Use Strategy A.

Continue the development and dissemination of the “Coral’s Reef” project aimed at K-2 grade schoolers.

ADH has set remarkable strategies to combat tobacco and e-cigarette use among high school students. ADH’s Tobacco Prevention and Cessation Program (TPCP) aims not only to reduce current usage rates but also to delay the age of initiation into tobacco and e-cigarette use. Below is the list of objective and activities related to the strategy.

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**OBJECTIVE:** By June 30, 2029, ADH seeks to decrease e-cigarette use among high schoolers by 5 percentage point, from 19.6 percent to 14.6 percent.

- By June 2025, ADH will complete the development of a third “Coral’s Reef” YouTube episode. This objective focuses on expanding educational outreach to young children, laying the groundwork for future prevention efforts.
- By July 2024, the production of Episode 3 would have commenced, as the script was already finalized and approved.
- By December 2024, ADH will develop associated materials (posters, books, lesson plans) focusing on refusal skills related to e-cigarettes. The TPCP Branch Chief has been collaborating with the OHC to produce the materials.
- By June 2025, ADH will increase awareness of the BeWell Arkansas prevention program by establishing eight new school-based Project Prevention Chapters. This objective aims to expand the reach of prevention programs within school settings, fostering a supportive environment against tobacco and e-cigarette use.
- By July 2025, the TPCP Prevention Section Chief, as the lead for the project, will work to identify schools lacking Project Prevention Chapters and engage them to establish new chapters.

## **Youth Tobacco Use Strategy A.**

Increase the number of groups that ADH TPCP has an active partnership with and increase the number outreach/intervention projects conducted with these partners.

TPCP continues to expand partnerships to bolster outreach and intervention efforts against youth tobacco use by addressing multifaceted challenges related to tobacco and e-cigarette addiction among youth. Listed below are the objective and activities related to the strategy.

**OBJECTIVE:** Expand TPCP partnership by 10 percent to bolster outreach and intervention efforts toward youth using smoking or e-cigarette.

- By June 30, 2024, ADH will set the groundwork by assessing existing partnerships, identifying strengths, and pinpointing areas for growth.
- A master list of current TPCP partners will be developed identifying potential areas for new partnerships.
- By July 2024, ADH will initiate networking with new/additional TPCP partners to increase the reach and impact of tobacco prevention efforts across Arkansas. ADH views this development as an ongoing process.
- By December 31, 2024, TPCP will convene a meeting of all current and potential partners to strategize and align efforts towards reducing tobacco use among youths and delaying initiation. This objective aims to foster collaboration among

## Arkansas Department of Health Strategic Plan, 2024-2029

stakeholders, ensuring synergy and maximizing resources towards shared goals. By cultivating partnerships and fostering collaboration through strategic meetings, ADH aims to create a unified front against youth tobacco and e-cigarette use.

- These efforts not only amplify the impact of prevention programs but also ensure a comprehensive approach that addresses needs of communities across Arkansas.
- Through ongoing assessment and outreach, ADH is poised to strengthen its network of partners and enhance the effectiveness of tobacco cessation and prevention initiatives statewide.

### **NEXT STEPS**

(Responsible parties mentioned in parentheses):

- Review and approve the ADH Strategic Plan (ADH's Senior Executive team).
- Maintain the approved Strategic Plan as a live document and add new information as it becomes available to better guide the strategic activities (Clear Impact, OPMQIE).
- Share approved Plan with focus area leads and other stakeholders (Clear Impact)
- Assist focus area leads to use the Plan to guide the strategic activities (OPMQIE).
- Provide updates in quarterly meetings with Clear Impact (Area leads).
- Report progress annually to OPMQIE/Clear Impact (Area leads).
- Conduct one in-person Annual Meeting to regroup ADH partners (OPMQIE).
- Shares progress report with the stakeholders (Clear Impact, OPMQIE).

# Arkansas Department of Health Strategic Plan, 2024-2029

## APPENDIX: LIST OF PARTNERS, 2024-2029 STRATEGIC PLAN

Following list represents the participating partners, including teams leads, of the 2024-2029 ADH Strategic Plan.

### DIABETES

Name	Department or Program	Role
Dr. Bala Simon	Arkansas Department of Health	Deputy Chief Medical Officer
Becky Adams	Chronic Disease Branch (Diabetes Prevention and Control Program)	Section Chief
Clara Canter	Office of Performance Management, and Quality Improvement, and Evaluation	Public Health Evaluator
Dr. Jennifer Dillaha	Arkansas Department of Health	Director, State Health Officer
Shannon Borchert	Family Health Branch (Child & Adolescent Health)	ACT 1220 Coordinator
Sherri Woodus	Environmental Health (Retail Food Program)	Manager

### HEART HEALTH

Name	Department or Program	Role
David Stowers	Chronic Disease Branch	(Heart Disease and Stroke Prevention/Diabetes)
David Vrudny	Stroke/STEMI Section	Stroke/STEMI Systems Manager
Finley Hill, Jr.	Health Systems Licensing and Regulation (Medical Marijuana)	Section Chief
Joe Martin	Office of Preparedness, Emergency Response Systems (OPERS)	OPERS Director
Lindsay Sterling	OPERS, Stroke/STEMI Section	Stroke Nurse Clinic Coordinator
Whitney Ochoa	Trauma and Emergency Response, OPERS	STEMI Nurse Clinic Coordinator

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### SEXUALLY TRANSMITTED DISEASES

Name	Department or Program	Role
Catherine Water	Outbreak Response Branch	Branch Chief
Cinthia Castro	Infectious Disease Branch (HIV/STD Section)	Health Program Specialist
Connie Melton	Division of Health Protection	Division Director
Don Adams	Arkansas Department of	Chief of Staff
Jim Carter	ADH Information Technology	Chief Information Officer
Thomasine Kelley	Infectious Disease Branch (HIV/STD Section)	Nurse Program Coordinator

### WOMEN'S AND MATERNAL HEALTH

Name	Department or Program	Role
Cassie Cochran	Arkansas Department of Health	Deputy Director, Public Health Programs
Renee Mallory	Arkansas Department of Health	Secretary of Health
Dr. Namvar Zohoori	Arkansas Department of Health	Senior Scientist
Chychy Smith	Office of Health Disparities Elimination (OHDE)	OHDE Director
Courtney Livingston	Family Health Branch	Nursing Program Coordinator
Howraa Al-Mousawi	Vital Statistics	Section Chief
Mallory Jayroe	Epidemiology Branch	Epidemiology Supervisor, CPH
Mitzi Fritschen	Division of Health Advancement	ADMO
Shakia Jackson	Office of Health Disparities Elimination	OHDE Deputy Director
Wanda Simon	Epidemiology Branch	Epidemiologist

# Arkansas Department of Health Strategic Plan, 2024-2029

## YOUTH TOBACCO USE

<b>Name</b>	<b>Department or Program</b>	<b>Role</b>
Brandy Sutphin	Epidemiology	Epidemiology Supervisor
Cristy Sellers	Division of Health Advancement	Division Chief
Jorge Guadamuz	Epidemiology Branch	Epidemiologist
Joy Gray	Tobacco Prevention and Cessation Branch	Branch Chief
Laura Rothfeldt	ADH Zoonotic Disease Section	State Veterinarian
Sherian Kwanisai	Division of Local Public Health	Division Chief