

ADH Strategic Plan Annual Meeting May 7, 2025

Diabetes Update

Presenters:

Becky Adams, DrPH, RDN, CDCES

Shannon Borchert, MS, CHES®



Diabetes Goals



GOAL 1: Reduce the prevalence of diabetes in Arkansas, as measured by the following indicators:

- Percent of adults in Arkansas reporting to have diabetes. 2023: 14.5%
- Percent of adults in Arkansas reporting to have pre-diabetes. 2023: 1.5%

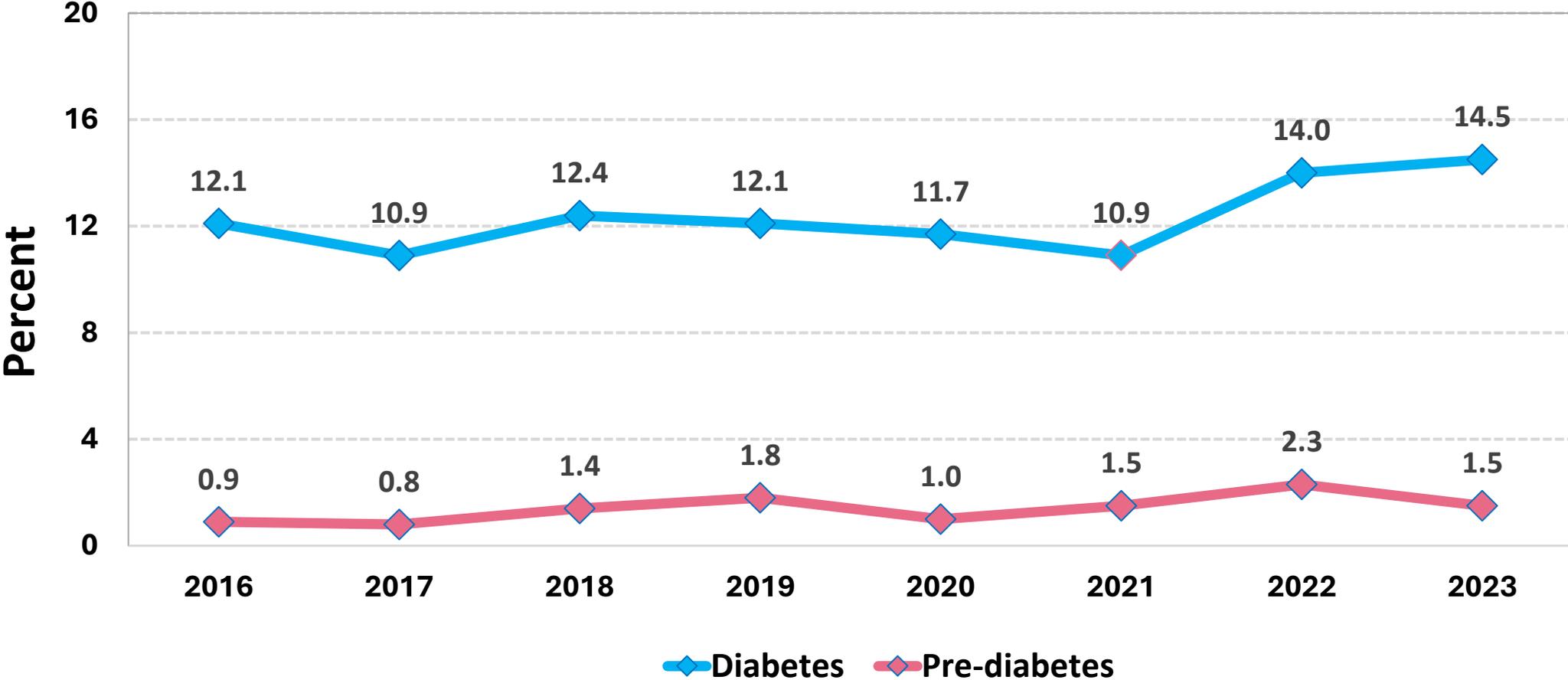
GOAL 2: Increase the prevalence of healthy lifestyle as measured by the indicators below:

- Percent of adults in Arkansas who consume fruit less than once per day
no data
- Percent of adults who consume vegetables less than once per day
no data
- Rate of physical activity among adults 2022: 68.9%; 2023: 67.5%

Goal 1: Reduce Prevalence of Diabetes and Pre-Diabetes in Arkansas



Source: CDC Behavioral Risk Factor Surveillance System



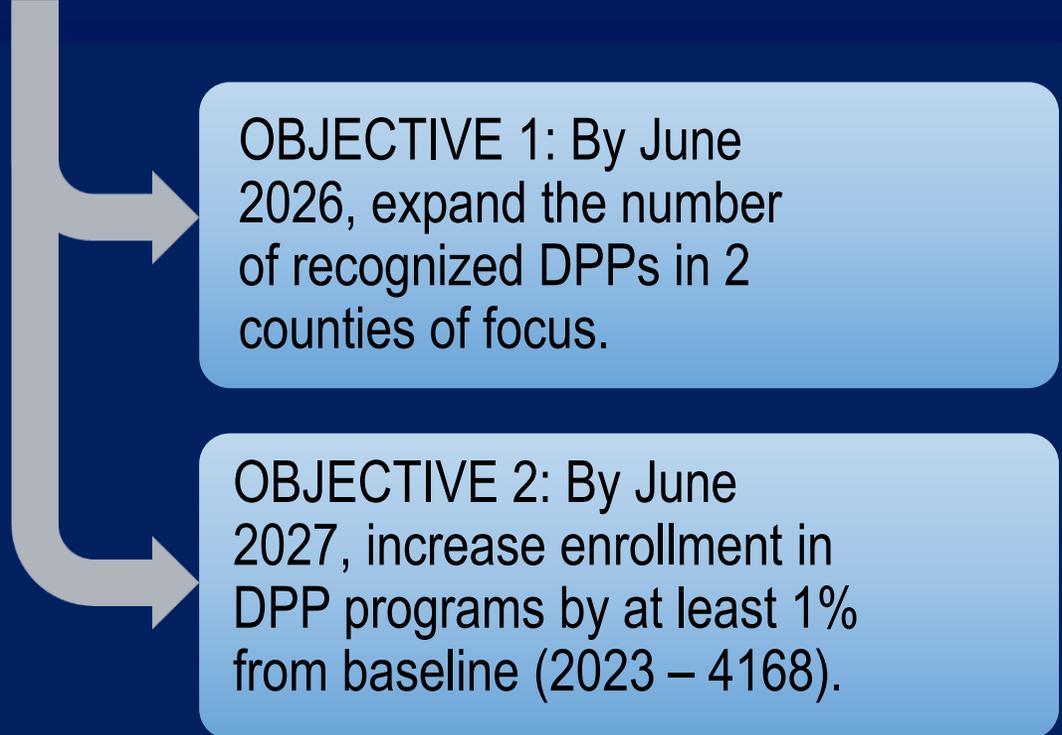
Diabetes Goal 1: Reduce the Prevalence of Diabetes in Arkansas



Prevalence of diabetes is measured by the following indicators:

- Percent of adults in Arkansas reporting to have diabetes.
2023: 14.5%
- Percent of adults in Arkansas reporting to have pre-diabetes.
2023: 1.5%

STRATEGY A: Increase Access to Diabetes Prevention Programs (DPP)



OBJECTIVE 1: By June 2026, expand the number of recognized DPPs in 2 counties of focus.

OBJECTIVE 2: By June 2027, increase enrollment in DPP programs by at least 1% from baseline (2023 – 4168).

OBJECTIVE 1: By June 2026, ADH will expand the Number of Recognized DPPs in 2 Counties of Focus.

Beginning in February 2026, ADH will identify geographic areas with the highest burden of diabetes and potential partners, who could engage community members to participate in the assessments.

Ashley County Medical Center (Crossett)

Employers' Advanced Cooperative on Healthcare (Fort Smith/Statewide)

Howard Memorial Hospital (Nashville)

River Valley Primary Care Services (Northwest)

Harding University/Unity Health (Searcy)

East Arkansas Family Health Center (West Memphis)

Baptist Hospital – Stuttgart

Baptist Health Community Outreach (Little Rock)

ARcare (Various - Northeast)

Mainline (Various – Southeast)



OBJECTIVE 1: By June 2026, ADH will expand the number of recognized DPPs in 2 counties of focus.

By June 2026, ADH will develop focus group and key informant interview guides tailored for each geographic area.

Guides were developed in September 2024.



OBJECTIVE 1: By June 2026, ADH will expand the number of recognized DPPs in 2 counties of focus.

By June 2028, implement the assessment within 10 geographic areas. The assessment will allow ADH to identify barriers/enablers to participation and best communication messages for the identified areas.

Assessments completed (5):

1. Ashley County Medical Center (Crossett)

2. Employers' Advanced Cooperative on Healthcare (Fort Smith/Statewide)

3. Howard Memorial Hospital (Nashville)

4. River Valley Primary Care Services (Various – Northwest)

5. Harding University/Unity Health (Searcy)

Community focus groups only: Little Rock, Camden



OBJECTIVE 1: By June 2028, ADH will expand the number of recognized DPPs in 3 counties of focus.

By June 2028, ADH will disseminate assessment results, best practices, and tools through participation in state conferences/meetings and through stakeholders, showcasing the potential benefits of DPPs.

Diabetes Update:

- Hosted a diabetes prevention and self-management panel.
- Provided information on DPP benefits and requirements of recognition.

Will distribute tools, reports, etc. as they become available.



OBJECTIVE 2: By June 2027, ADH will increase enrollment in DPP programs by at least 1% from baseline.

By October 1, 2025, Partner with two healthcare organizations, community-based organizations, or universities to tailor DPP specific resources and communications to increase knowledge of the National DPP and MDPP.

Harding University School of Pharmacy:

- Diabetes focused coursework and resources tailored to pharmacies and their clientele.
- Possible DPP at Harding University's partnering pharmacy where the pharmacy students would receive tailored resources to help deliver a DPP program.



OBJECTIVE 2: By June 2027, ADH will increase enrollment in DPP programs by at least 1% from baseline.

By January 2027, assess the impact of marketing initiatives.

Expect to begin the Marketing initiatives in 2025-2026.

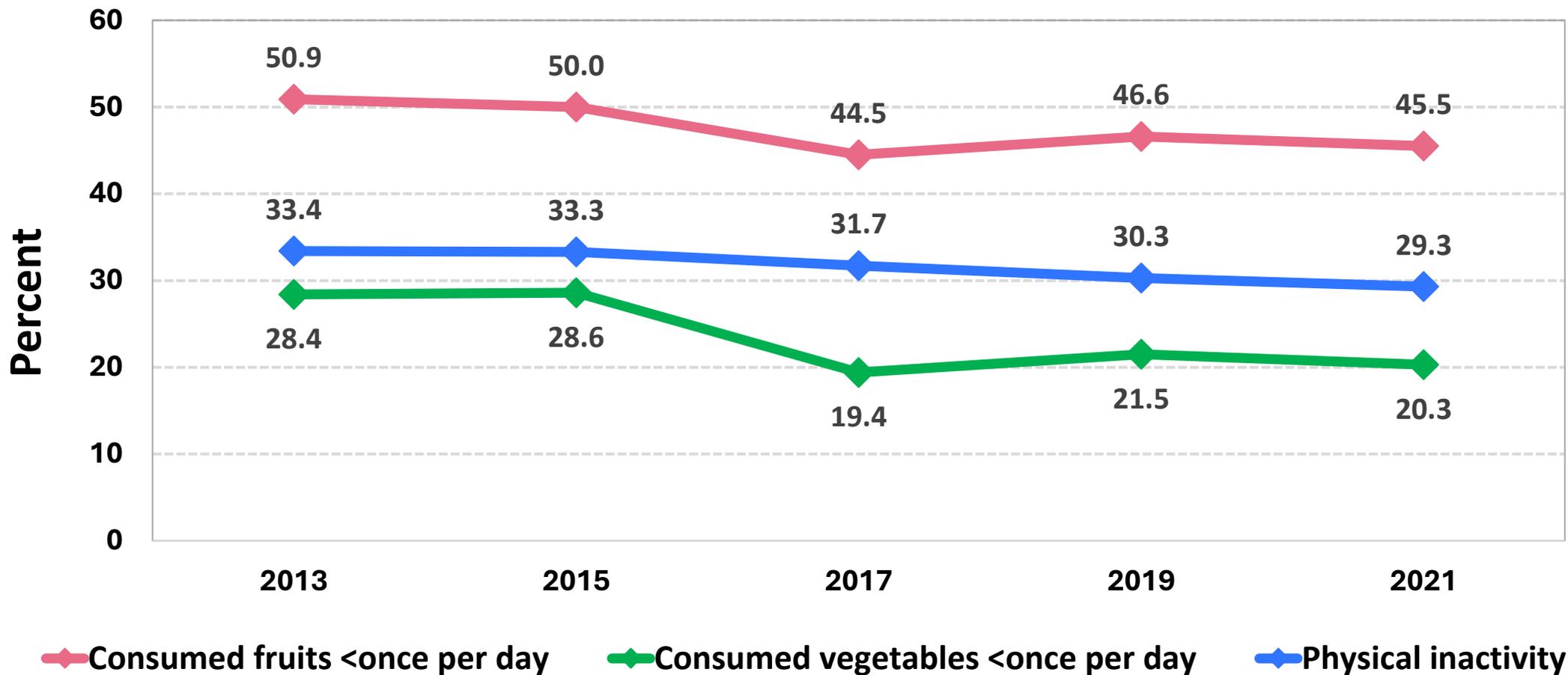
Marketing initiative development will be guided by the assessment and tailored to the communities.



Goal 2: Improve Healthy Lifestyle among Adult Arkansans



Source: CDC Behavioral Risk Factor Surveillance System



Diabetes Goal 2: Increase the Prevalence of Healthy Lifestyle



Healthy Lifestyle is measured by the following indicators:

- Percent of adults in Arkansas who consume fruit less than once per day.
- Percent of adults who consume vegetables less than once per day.
- Rate of physical activity among adults.

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



OBJECTIVE 1: 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.

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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 in school districts.

Request was denied. School Health Services Team will shift gears and work to pull a sample from schools in the 5 public health regions.



OBJECTIVE 1: 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.

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.

Implementation is not consistent; schools are learning their new reporting system (AR App) and struggled with end of year reporting due to the assessments not being available on the CDC website.



OBJECTIVE 1: 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.

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.

This will be pending online availability of HECAT and PECAT and other resources provided by the CDC.





ADH Strategic Plan Annual Meeting May 29, 2025

Heart Health Update

Presenter:

David A. Vrudny, MPH, CPHQ

**Stroke and Heart Attack, Office of
Preparedness and Emergency Response
System**

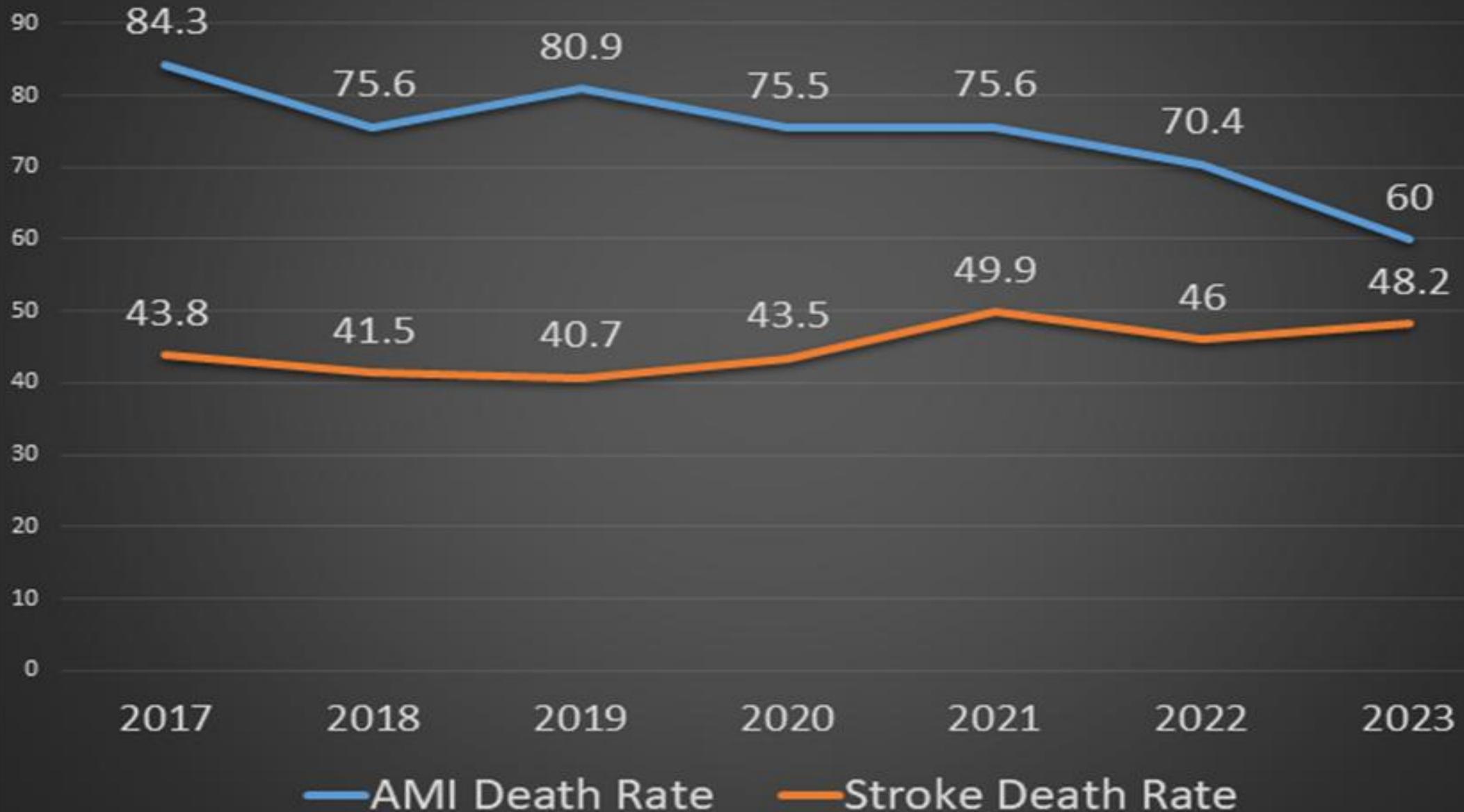
Agenda

- Goal 1:  Reduce Stroke and Heart Attack Mortality
- Goal 2:  Reduce Prevalence of Hypertension and High Cholesterol

Agenda

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- Goal 2:  Reduce Prevalence of Hypertension and High Cholesterol

AMI and Stroke Death Rates per 100,000 Population in Arkansas



Three Objectives by 2029

OBJECTIVE 1: Increase stroke/heart attack cases arriving at hospitals via EMS by 5%.

OBJECTIVE 2: Increase % cases receiving defect-free care by 10 percent.

OBJECTIVE 3: Expand the use of closed-loop referrals to increase the number of Arkansans with stroke or heart disease being connected with the resources they need by 5,000.

OBJECTIVE 1:

By 2029, increase stroke/heart attack cases arriving at hospitals via EMS by 5%.

Arkansas Facility Arrivals by EMS (Percentage)



— GWTG-Stroke EMS Arrivals

— CPMI-Heart Attack PCI-capable EMS Arrivals

IS IT A STROKE? BE FAST!



BALANCE
difficulties



FACE
weakness

ARM
weakness

SPEECH
difficulties

TIME
call **911**

Sarah Sanders
GOVERNOR SARAH SANDERS

<https://www.dropbox.com/scl/fi/6duyivrnxjx0rhm3f3hd/04.26-BE-FAST.mp4?rlkey=ananjzf09nxnepbcxnbpsjswi&e=1&st=yaa49l8&dl=0>

Developed Public Education Panel Cards

Thank you to Joy Gray!!!



800,000 people suffer a stroke every year in the U.S. Learn this acronym so you can BE FAST when you spot the signs.

- B**  **BALANCE ISSUES**
- E**  **EYESIGHT CHANGES**
- F**  **FACE DROOPING**
- A**  **ARM WEAKNESS**
- S**  **SPEECH DIFFICULTY**
- T**  **TIME TO CALL 911**

Who is at risk of a stroke?

People with high blood pressure, high cholesterol, heart disease, diabetes, obesity, sickle cell disease, heart rhythm disorder (AFib), tobacco users or have previously suffered a stroke.

Smoking increases the risk of a stroke.

Be Well Arkansas can help you quit nicotine and reduce your risk. If you're thinking about quitting, our wellness counselors can help you for FREE. Call **833-283-WELL**.



BEWELLARKANSAS.ORG



Know the symptoms of a heart attack. It happens when the heart muscle doesn't get enough blood. The more that time passes without treatment before blood is restored, the more the heart muscle is damaged.

Heart Attack: Signs and Symptoms for Men and Women

Chest pain or discomfort



Pain or discomfort in the jaw, neck, back, arm or shoulder



Shortness of breath



Women may also feel nauseous, light-headed or unusually tired



EVERY
40
SECONDS,
a heart attack occurs.

ACT FAST!
Don't drive, dial
911!

Smoking increases the risk of a heart attack.

Be Well Arkansas can help you quit nicotine and reduce your risk. If you're thinking about quitting, our wellness counselors can help you for FREE. Call **833-283-WELL**.

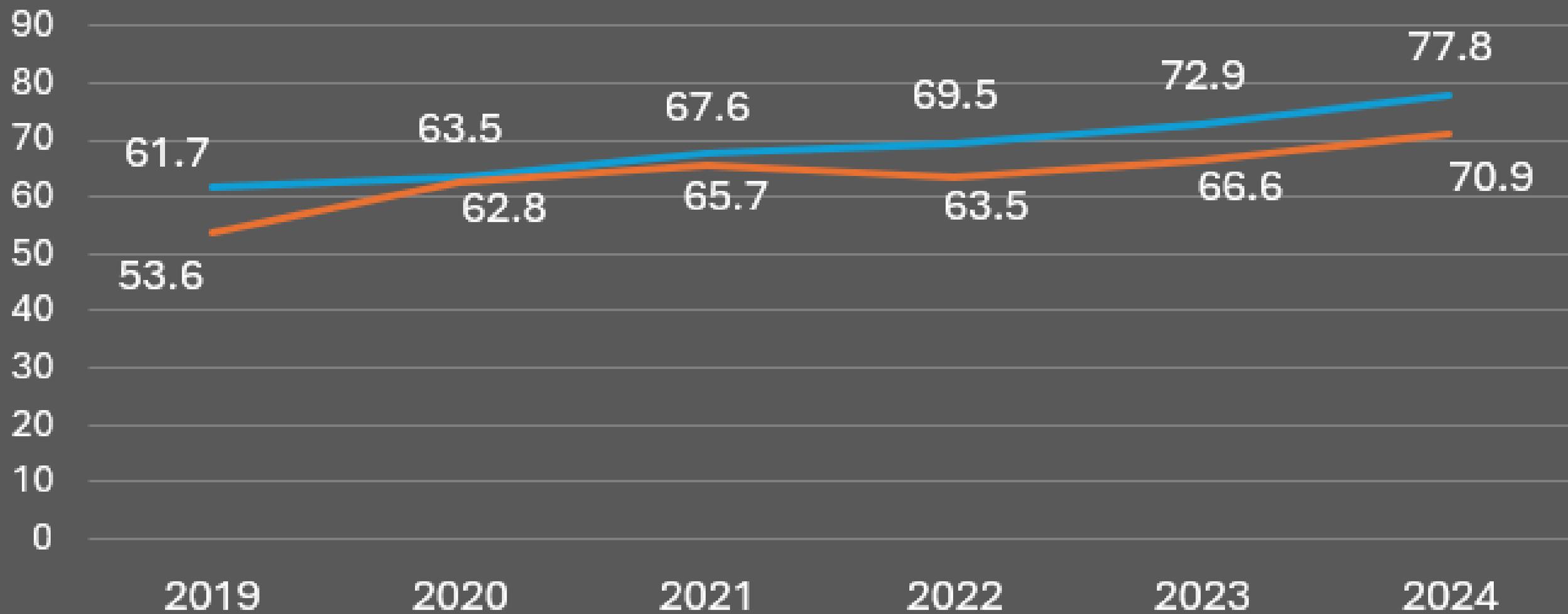


BEWELLARKANSAS.ORG

OBJECTIVE 2:

By 2029, increase percent defect-free stroke and heart attack cases by 10%.

Arkansas Defect-Free Care (Percentage)

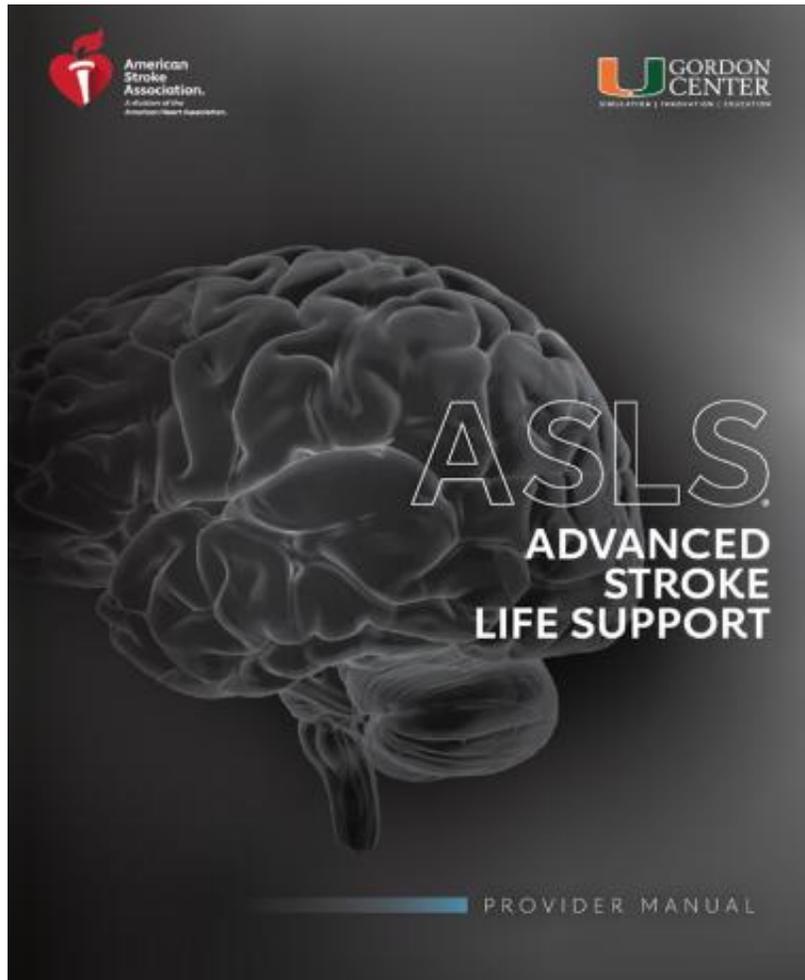


— GWTG-Stroke Defect-Free Care

— CPMI-Heart Attack PCI-capable Defect-Free Care

Increase Knowledge Evidence-Based Care

CLASSES



The image shows the cover of the ASLS (Advanced Stroke Life Support) Provider Manual. It features a grayscale illustration of a human brain. The text on the cover includes the American Stroke Association logo, the Gordon Center logo, and the title "ASLS ADVANCED STROKE LIFE SUPPORT PROVIDER MANUAL".

RECOMMENDATIONS

<p>Statewide EMS STEMI/ACS Guidelines</p> 		
<p>ACS Signs and Symptoms:</p> <ul style="list-style-type: none"> Chest pain Shortness of Breath Palpitations, Frequent PVC's Bradycardia, Tachycardia Lightheadedness, Dizziness Syncope, Diaphoresis Severe Weakness or Fatigue in pts >45 years 	<p>12-Lead ECG Criteria:</p> <p>Obtain a 12-lead ECG on patients experiencing ANY of the ACS Signs and Symptoms.</p> <p>Obtain a 12-lead ECG on ANY diabetic patient</p> <p>Any woman with pain from nose to navel, obtain a 12-lead ECG!</p> <p>If you believe patient might be experiencing a cardiovascular event, obtain a 12-lead ECG!</p>	<p>STEMI Criteria:</p> <p>ST elevation >1mm (0.1mV) in at least 2 contiguous leads (V1-V6) or at least 2 adjacent limb leads.</p> <p>ECG demonstrates new Left Bundle Branch Block (LBBB)</p> <p>If initial urgent (< 10 min) ECG is not diagnostic, but suspicion is high for STEMI, obtain serial ECGs at 5–10-minute intervals. Please leave the stickers in place for increased accuracy on comparison.</p>
<p>Interven</p> <ul style="list-style-type: none"> Obtain vital Place patient Se Supine if BP < 90 Obtain 12-Lead arrival to patient Consider placing defibrillator Oxygen if saturat (Goal is > 94%) Aspirin 81mg x1, chewed. DO patient has an current/recent medication wa document res IV with saline extremity, avo forearm if possi 		<p style="text-align: center;">Statewide STEMI Guidelines for Non-PCI Hospitals</p> <p style="text-align: center;">Primary PCI Pathway – FMC TO PCI ≤ 120 MIN</p> <p style="text-align: center;">GOAL: Door-in to Door-out ≤ 30 minutes</p> <p style="text-align: center;">NON-THROMBOLYTIC PATHWAY</p> 
<p>STEMI Diagnostic Criteria</p> <ul style="list-style-type: none"> ECG demonstrates ST elevation > 1 mm (0.1 mV) in at least 2 contiguous precordial leads (V1-V6) or at least 2 adjacent limb leads. ECG demonstrates new Left Bundle Branch Block (LBBB). If initial urgent (< 10 min) ECG is not diagnostic, but suspicion is high for STEMI, obtain serial ECGs at 5–10-minute intervals. 		
<p>ECG Guidelines for PROMPT STEMI DIAGNOSIS</p> <ul style="list-style-type: none"> EMS teams obtain ECG < 10 min of at patient time. If arrived by EMS, consider leaving the patient on the stretcher. When EMS field-transmitted ECG clearly confirms STEMI, consider saving time by not repeating ECG. Obtain printed EMS ECG. For the ED POV patient, urgent (< 5 min) initial ECG and MD interpretation (< 5 min time, sign, date). 		
 <p>Do Not Delay Transport – Quick, Clear Communication with PCI Facility</p> <p>Utilize PULSARA to communicate STEMI, Transmit ECG, Make Calls</p> <p>Refer to PCI facility STEMI telephone list as needed below</p> <p>Limit non-essential paperwork and information that can be uploaded after Door-Out</p> <p>Include name, sex, DOB, FMC time, time of ED arrival, onset of chest pain, medications given, diagnosis, Past medical and surgical history, treatment interventions, date/time of discharge, lab results.</p>		
<p>Patient Care Priorities Prior to Transport or During Transport</p> <p>IV Access</p>	<p>Regional PCI-Capable Hospitals (Both 24/7 PCI & Not 24/7 PCI)</p> <p>ALWAYS try Pulsara first. If hospital doesn't use Pulsara, please contact via number below</p>	

Defect-Free Care Awards

Stroke

Large (Bed Size > 150)

- Diamond
 - Washington Regional Medical Center
- Ruby
 - NEA Baptist Memorial Hospital
 - St. Bernard's Medical Center
 - UAMS
- Pearl
 - Baptist Health – Fort Smith
 - CHRISTUS St. Michael Hospital
 - Mercy Hospital - Fort Smith
 - Mercy Hospital Northwest Arkansas

Medium (Bed Size 50 – 150)

- Ruby
 - Conway Regional Medical Center
- Pearl
 - Johnson Regional Medical Center

Small (Bed Size < 50)

- Diamond
 - Mercy Emergency Department - Springdale
- Ruby
 - Mercy Emergency Department – Bella Vista
- Pearl
 - Mercy Hospital Booneville
 - Mercy Hospital Ozark
 - Mercy Hospital Paris
 - St. Bernards Five Rivers Medical Center

Heart Attack



ARKANSAS	
CHI St. Vincent Infirmiry.....	A C CP L T CP ▲
Baptist Health - Fort Smith	C CP L T CP ▲
Mercy Health System of Northwestern Arkansas	C CP L T CP ▲
NEA Baptist Memorial Hospital.....	C CP L CL CP ▲
CHI St. Vincent North	C CP ▲
Northwest Medical Center - Bentonville.....	C CP L CP ▲
Saline Memorial Hospital	C CP CP ▲
Washington Regional Medical Center	C CP L T ▲
Unity Health White County Medical Center.....	C CP ▲

REGISTRIES	ACCREDITATIONS	AWARDS
A AFib Ablation Registry™	CL Cardiac Cath Lab	▲ Chest Pain - MI Registry™ Award Platinum
C CathPCI Registry™	CP Chest Pain Accreditation	▲ Chest Pain - MI Registry™ Award Gold
CP Chest Pain - MI Registry™	CC Chest Pain Certification	▲ Chest Pain - MI Registry™ Award Silver
CV CV ASC Registry Suite™	EP Electrophysiology	◆ HeartCARE Center
E EP Device Implant Registry™	HF Heart Failure	
IM IMPACT Registry™	TV Transcatheter Valve	
L LAAO Registry™		
T STS/ACC TVT Registry™		



2024-2025 EMS Stroke Scorecards Quality Improvement Project

Office of Preparedness and Emergency Response Systems (OPERS), Arkansas Department of Health (ADH)



Opportunity for Quality Improvement (QI):

The ADH Stroke and Heart Attack Section aims to increase knowledge and application of the latest stroke guidelines among pre-hospital providers (paramedics and emergency medical technicians) and recognize ambulance services for outstanding stroke patient care.



Project Objective: By June 30, 2025, provide (a) performance reports comparing stroke patient care against benchmarks for twelve (12) ambulance services operating in high stroke burden communities, and (b) award services for exceptional stroke patient care.

QI Method Used:

- **PLAN:** Leverage geospatial analysis in conjunction with the AR EMS Data Repository to develop stroke care scorecards tailored for ambulance services operating in counties with high stroke incidence.
- **DO:** Generate and present scorecards to relevant services.
- **STUDY:** Collect feedback from services regarding report clarity, usefulness, and suggested improvements.
- **ACT:** Incorporate actionable recommendations into the scorecards to guide services in closing identified gaps in documented care.

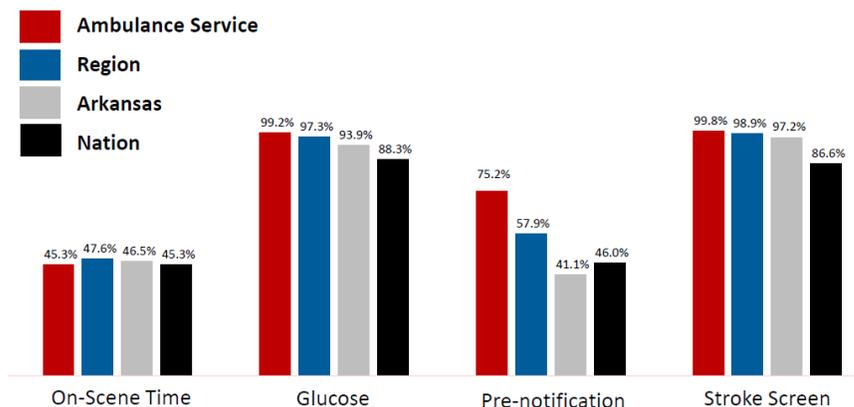
Potential Barriers:

- Time to create reports
- Available staff to present reports to ambulance services
- Gaining agreement from ambulance services to participate in scorecard review calls

QI Tool(s) Used:

- PDSA**
 - Implementing QI Project activities
 - Analyzing QI Project outcomes or results
 - Acting on the changes you are going to make based on the findings
- Interviewing**
 - Interviewed different stakeholders (pre-hospital providers) to obtain a comprehensive understanding of what they like and what can be improved.
- Benchmarking**
 - Key QI tool to compare performance to different groups (region, ambulance service, state and nation) to drive continuous improvement efforts.

Partial Report - EMS Stroke Scorecard



Project Outcomes:

- OPERS developed a stroke care performance scorecard featuring seven key measures benchmarked against state and national standards. These scorecards also included actionable recommendations to address identified gaps in care.
- Distribution and presentation of these initial scorecards commenced in August 2024, with six reports completed to date.
- In February 2025, ADH publicly recognized 45 ambulance services for their outstanding stroke care by issuing a press release announcing the performance award recipients.

Next Steps:

- Continuously monitor the performance of ambulance services receiving stroke performance scorecards.
- Provide annual scorecards to these services to track trends and identify areas for improvement.
- Annually recognize outstanding stroke patient care by presenting performance awards to high-achieving ambulance services..

QI Team Members

Council Member: Joe Martin

Champion: David Vrudny

Pros: Christina Joshua, Derek Schultz, Jon Weigt

Progress with Pulsara

Signed Up 28 New Arkansas Organizations

New Results Statewide Dashboard

Since July 2024.....

Company name
Spring River Paramedic Ambulance Servi
Northwest Medical Center - Bentonville, A
Siloam Springs Regional Hospital, AR
Northwest Medical Center - Springdale, A
Northwest Health ED (ED Only), Bentonvi
Northwest Health ED (ED Only), Fayettevill

CASE STUDY



BAPTIST HEALTH - NORTH LITTLE ROCK

Arkansas Hospital Reduces Average Door-In-Door-Out Time by 42%



Baptist Health Medical Center - North Little Rock in Little Rock, Arkansas, is a 225-bed medical center that sees a large stroke volume every month. It is a sister facility to Baptist Health Medical Center, also located in Little Rock. Baptist Health North Little Rock is a certified primary stroke center (PSC), meeting the requirements for necessary staffing, infrastructure, and capability to treat most

THE CHALLENGE

When Baptist Health Medical Center - North Little Rock needed to communicate about incoming stroke patients or transfer an LVO patient to their sister facility, the team was using a call system. "In the past, they'd give the thrombolytic and then have to make a lot of phone calls to get everyone the information. You may or may not know EMS was bringing the patient, depending on



communication platform that unites care teams on one secure communication channel.

When Aureli returned to Baptist Health as the Neuro Program Line Manager and found out about the initiative to use Pulsara for STEMI, she became one of the first in Arkansas to implement it for stroke at Baptist Health Medical Center in Little Rock, and then Baptist Health - North Little Rock.

Pulsara allows EMS and hospital staff to communicate about patients in an accessible patient channel that's visible to all care team members. Everyone can commu-





Stroke Information

Stroke Information

Stroke Cases in Arkansas

Totals for Arkansas

Demographics Breakdown

Stroke Outcomes

Data Resources

NEW STROKE DASHBOARD

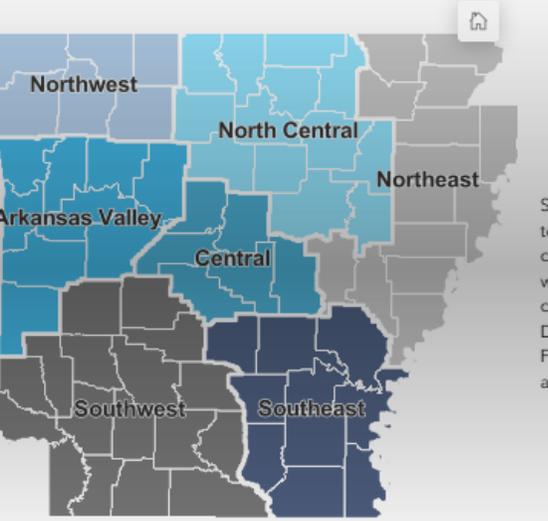
2023 Total Reported Cases
12,315

2023 Total Stroke Rate per 100,000 people
408.9

- 2023
- 2022
- 2021

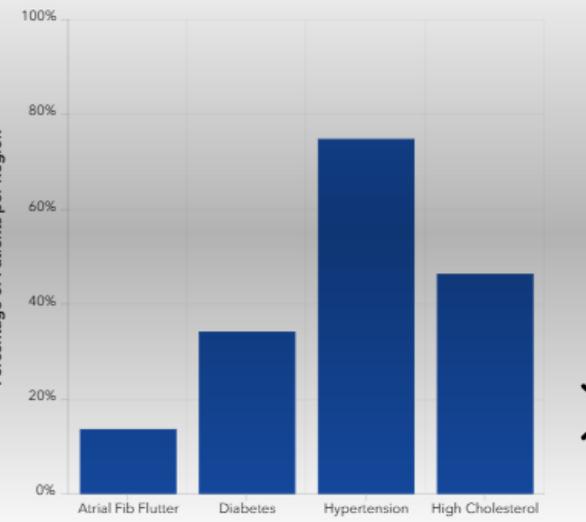
Toggle between the years on the left, then select a region on the Arkansas map to display a breakdown.

2023 Report Stroke totals by Hospital Region



Select a Region (left) to display the Case count and Rate in this window, and to correlate the Diagnosis and Risk Factor charts accordingly.

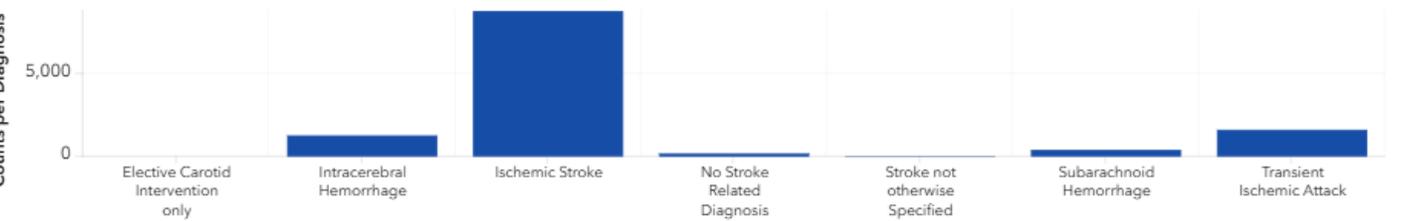
Regional Risk Factors



Percentage is based on Patient risk factors. Click on a Region know more.

Powered by Esri

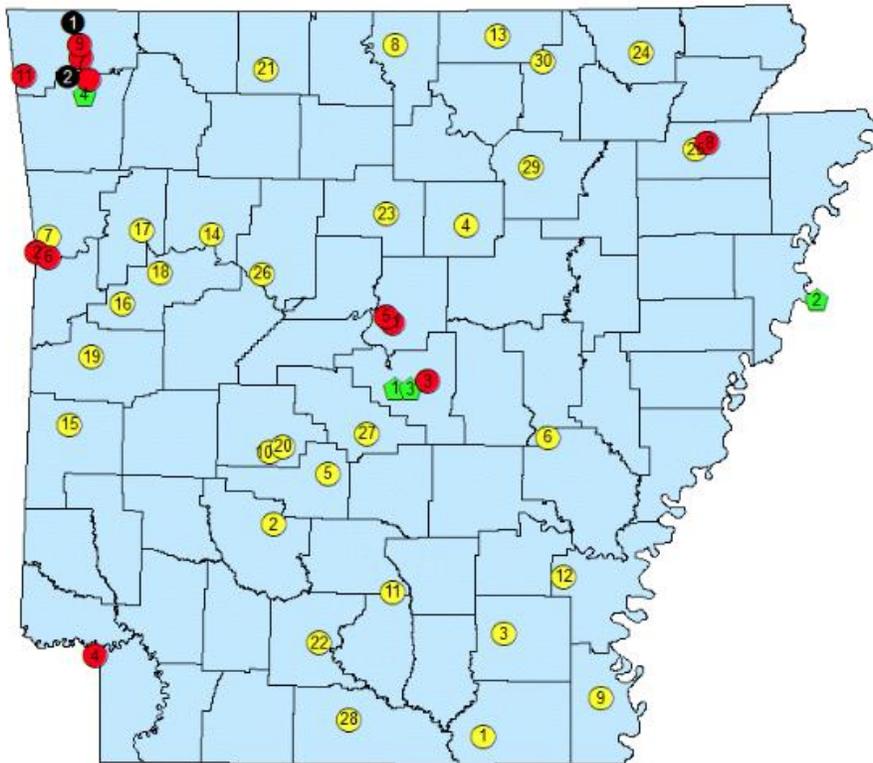
Regional Stroke Diagnosis



Hospital Designations

STROKE

Designated Stroke Hospitals in Arkansas



- Comprehensive Stroke Centers**
 - 1 Baptist Health Medical Center - Little Rock
 - 2 Methodist University Hospital
 - 3 University of Arkansas for Medical Sciences
 - 4 Washington Regional Medical Center
- Primary Stroke Centers**
 - 1 Baptist Health Medical Center - Conway
 - 2 Baptist Health Medical Center - Fort Smith
 - 3 Baptist Health Medical Center-N. Little Rock
 - 4 CHRISTUS St. Michael Health System
 - 5 Conway Regional Medical Center
 - 6 Mercy Hospital Fort Smith
 - 7 Mercy Hospital Northwest Arkansas
 - 8 NEA Baptist Memorial Hospital
 - 9 Northwest Medical Center - Bentonville
 - 10 Northwest Medical Center - Springdale
 - 11 Sloom Springs Regional Hospital
- Acute Stroke Ready Hospitals (TJC)**
 - 1 Mercy ED - Bella Vista
 - 2 Mercy ED - Springdale
- AR Stroke Ready Hospitals (ADH)**
 - 1 Ashley County Medical Center
 - 2 Baptist Health Medical Center-Arkadelphia
 - 3 Baptist Health Medical Center-Drew
 - 4 Baptist Health Medical Center-Heber Springs
 - 5 Baptist Health Medical Center-Hot Spring County
 - 6 Baptist Health Medical Center-Stuttgart
 - 7 Baptist Health Medical Center-Van Buren
 - 8 Baxter Regional Medical Center
 - 9 Chicot Memorial Medical Center
 - 10 CHI St. Vincent Hot Springs
 - 11 Dallas County Medical Center
 - 12 Delta Memorial Hospital
 - 13 Fulton County Hospital
 - 14 Johnson Regional Medical Center
 - 15 Mena Regional Health System
 - 16 Mercy Hospital Booneville
 - 17 Mercy Hospital Ozark
 - 18 Mercy Hospital Paris
 - 19 Mercy Hospital Waldron
 - 20 National Park Medical Center
 - 21 North Arkansas Regional Medical Center
 - 22 Ouachita County Medical Center
 - 23 Ozark Health Medical Center
 - 24 Saint Bernards Five Rivers Medical Center
 - 25 Saint Bernards Medical Center
 - 26 Saint Mary's Regional Medical Center
 - 27 Saline Memorial Hospital
 - 28 South Arkansas Regional Hospital
 - 29 White River Health System
 - 30 WRMC Cherokee Village

HEART ATTACK

- 10 PCI Sites + 0 NPCI
- Released & cancelled subgrant for NPCI sites
- Exploring other sources

OBJECTIVE 3:

Expand the use of closed-loop referrals to increase the number of Arkansans with stroke or heart disease being connected with the resources they need by 5,000.

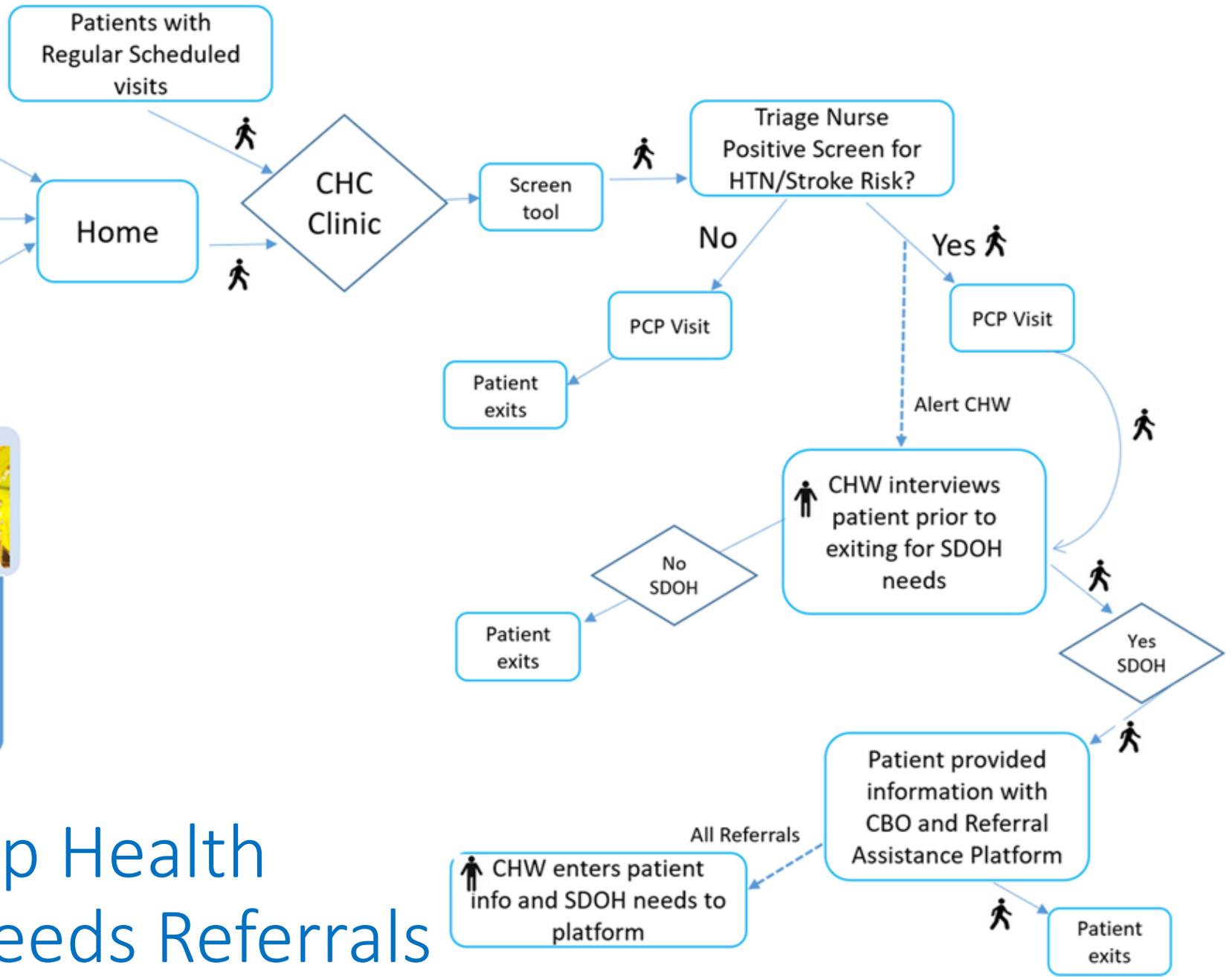
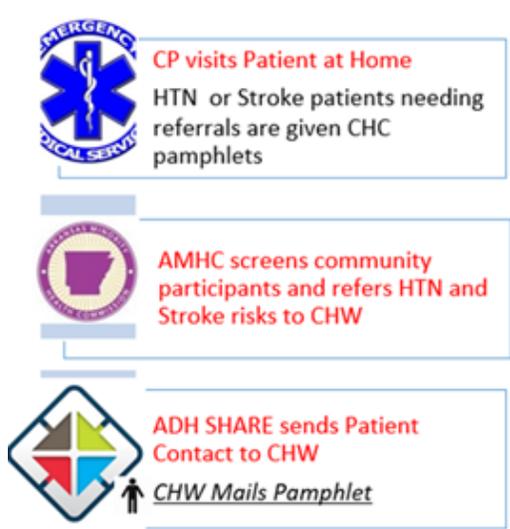


ADH awarded
5-year, CDC Coverdell
\$3.36 million grant

Progress with Community Paramedicine

- 39 CPs + 110 stroke patient visits
- WRMC Success (Tremwel, 2024)
 - Test (Clinic attendance) vs. control:
 - 93% vs. 56% ($p = 0.003$)
 - Test (Target Blood Pressure) vs. control
 - 90% vs. 61% ($p=0.002$)
- Six new sub-grants





Plan: Closed Loop Health Related Social Needs Referrals

Agenda

- Goal 1:  Reduce Stroke and Heart Attack Mortality
- Goal 2:  Reduce Prevalence of Hypertension and High Cholesterol

The only proposed amendment would be to pivot from a large-scale meeting to a series of webinars. This would allow for more topics spread over time without the stress of planning a large meeting.

OBJECTIVE 1: 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.

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.

The Child Health Advisory Committee has reviewed all previous recommendations; is updating the necessary information and cataloging work completed. The recommendations will be presented to the SBOH and SBOE and include recommendations regarding HECAT, PECAT, and other resources.



ADH Strategic Plan Annual Meeting May 7, 2025

Heart Health Update

Presenter:

Toney Bailey, MHA

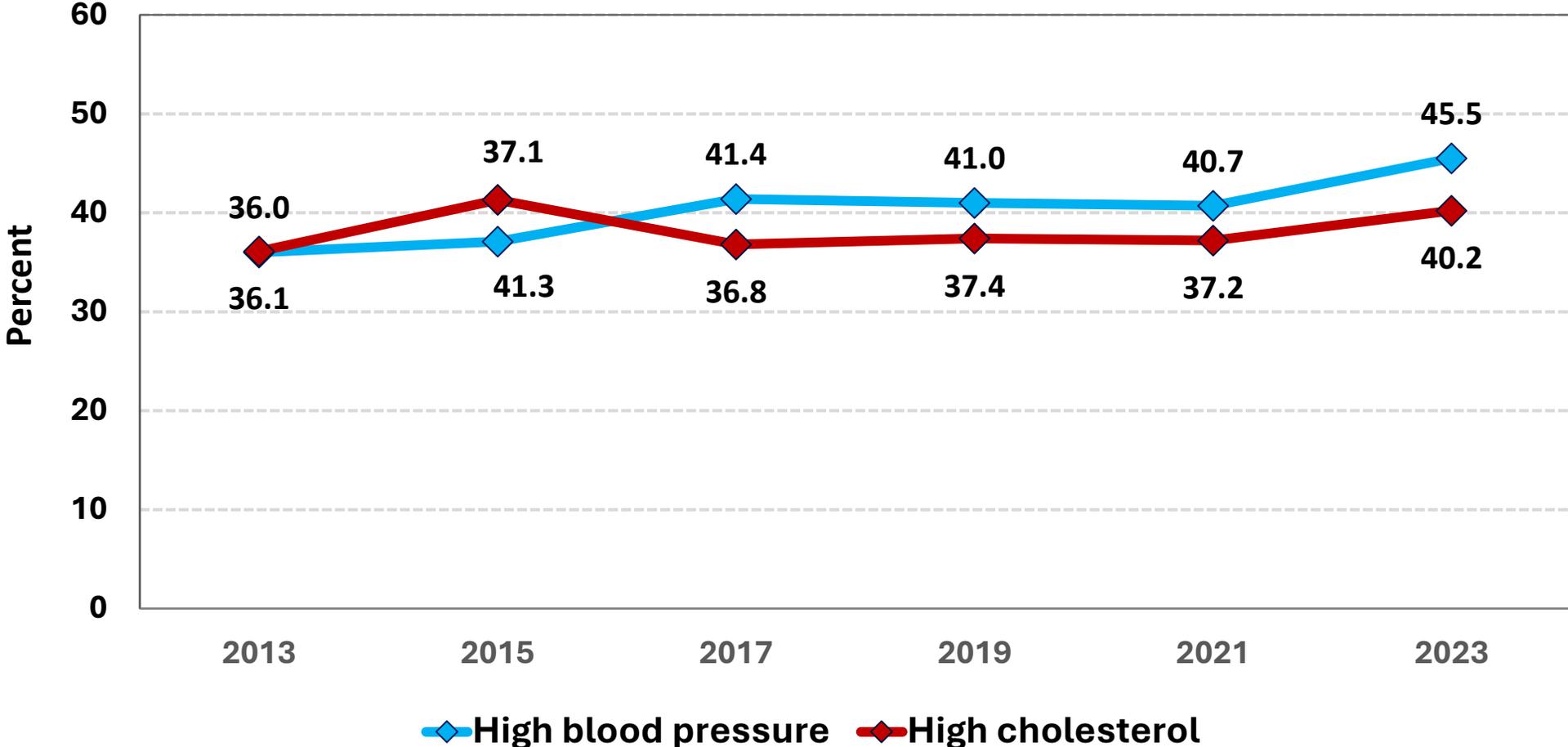
**Chronic Disease, Division of Health
Advancement**



GOAL 2: Decrease prevalence of risk factors for heart attack and stroke as measured by the indicators below



- 1. Percent of adults in Arkansas who reported to have high blood pressure
- 2. Percent of adults in Arkansas who reported to have high cholesterol



GOAL 2: Decrease the prevalence of risk factors for heart attack and stroke as measured by the indicators below



STRATEGY A (Heart Health Condition): Improve clinical performance and population health outcomes in primary care settings through registry-based, electronic health records (EHR) data collection for hypertension (HTN) and high cholesterol and other disease conditions commonly seen by primary care providers.

OBJECTIVE 1: By July 2029, ADH will increase voluntary enrollment of family medicine, internal medicine, and geriatric clinics to 50, in the Arkansas statewide primary care registry.

OBJECTIVE 2: By July 2029, ADH will improve clinical performance by having providers utilize state registry dashboard data and monitoring trends of specific measures related to HTN, high cholesterol, and other chronic disease conditions.

OBJECTIVE 3: By July 2029, ADH will deploy six (6) CHWs in 12 target counties, facilitating patient navigation to primary care facilities, community-based social services, and assisting with medications and medical devices, e.g., blood pressure monitoring.

GOAL 2: Decrease the prevalence of risk factors for heart attack and stroke as measured by the indicators below



<p>OBJECTIVE 1: By July 2029, ADH will increase voluntary enrollment of family medicine, internal medicine, and geriatric clinics to 50, in the Arkansas statewide primary care registry.</p>	<p>FY 2024-2025 activity update</p>	<p>Challenges encountered and plans to overcome them.</p>
<p>1. By 2024, ADH will contract with American Board of Family Medicine, Inc. (ABFM) for the AR Primary Care Registry (APCR) to enable the viewing and extraction of multiple primary care measures and data from the electronic health records (EHRs) of family medicine practices.</p>	<ul style="list-style-type: none"> • The ADH-ABFM contract was approved in August 2024. • As of February 2025, successfully boarded four groups and individual family medicine practices with 35 physicians and APRNs that serve 30,200. • Increased statewide provider recruitment by collaborating with UAMS. 	<ul style="list-style-type: none"> • None experienced

GOAL 2: Decrease the prevalence of risk factors for heart attack and stroke as measured by the indicators below



OBJECTIVE 1: By July 2029, ADH will increase voluntary enrollment of family medicine, internal medicine, and geriatric clinics in Arkansas in the statewide primary care registry.

FY 2024-2025 activity update

Challenges encountered, and plans to overcome them

2. By July 2027, ADH will aim to enroll at least 20 providers into the APCR, through its collaborations with family medicine, internal medicine, geriatrics clinics, ABFM, academia, and other partners.

3. By July 2028, ADH will expand its enrollment to 35 practices that agree to share their data with ADH.

4. By July 2029, ADH will expand its enrollment to 50 practices that agree to share their data with ADH.

- Provider recruitment is ongoing.

- None experienced.

GOAL 2: Decrease the prevalence of risk factors for heart attack and stroke as measured by the indicators below



<p>OBJECTIVE 2: By July 2029, ADH will improve clinical performances by having providers utilize state registry dashboard data and monitoring trends of specific measures related to HTN, high cholesterol, and other chronic disease conditions.</p>	<p>FY 2024-2025 activity update</p>	<p>Challenges encountered, and plans to overcome them</p>
<p>1. By July 2026, ABFM will collaborate with ADH to develop a dedicated State Clinical Performance Dashboard within the registry platform to monitor performance of family medicine practices, identify and close gaps in care, and improve clinical outcomes.</p>	<ul style="list-style-type: none"> • Provider recruitment activities for the participation in the State Clinical Performance Dashboard are ongoing. • Learning and collaborative sessions with practices/partners begins in June 2025. • ADH has begun using the state registry portal to assess collective and individual physician performance and identify gaps in care. 	<ul style="list-style-type: none"> • None experienced

GOAL 2: Decrease the prevalence of risk factors for heart attack and stroke as measured by the indicators below



OBJECTIVE 3: By July 2029, ADH will deploy six (6) CHWs in 12 target counties, facilitating patient navigation to primary care facilities, community-based social services, and assisting with medications and medical devices, e.g., blood pressure monitors.

FY 2024-2025 activity update

Challenges encountered, and plans to overcome them

1. In 2026, ADH will secure a new contract and initiate a pilot program for gradually deploying CHWs in counties within the AR Delta region with highest prevalence of HTN, exceeding the state's prevalence of 41 % (CDC, 2019).

- Tri-County Rural Health Network (TCRHN) was approved for and prepared in September 2024 to work on this project. They hired three CHWs to work with Arkansas Blue Cross & Blue Shields (BCBS) case managers.
- The TCRHN Executive Director position became vacant in 2024. Unfortunately, with the new leadership of TCRHN, BCBS could not continue its partnership and withdrew from the project. It led to cancellation of TCRHN contact with ADH.

- AR BCBS withdrew from the project due to certain constraints with TCRHN, that was heavily dependent on its partnership with BCBS and failed to seek new partner to work with.
- Effective May 17, 2025, the TCHRN contract has been terminated

GOAL 2: Decrease the prevalence of risk factors for heart attack and stroke as measured by the indicators below



<p>OBJECTIVE 3: By July 2029, ADH will deploy six (6) CHWs in 12 target counties, facilitating patient navigation to primary care facilities, community-based social services, and assisting with medications and medical devices, e.g., blood pressure monitors.</p>	<p>FY 2024-2025 activity update</p>	<p>Challenges encountered, and plans to overcome them</p>
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<ol style="list-style-type: none"> 2. By July 2027, with the new contract in place, four(4) CHWs will be deployed, extending coverage to 8 counties with high HTN prevalence. 3. By July 2028, ADH will deploy five (5) CHWs across 10 targeted counties. 4. By July 2029, ADH will reach full implementation with six (6) CHWs operating in 12 counties with high HTN prevalence, notably above the state average prevalence. 	<ul style="list-style-type: none"> • Recruitment of CHWs will be ongoing 	<ul style="list-style-type: none"> • ADH HDSP are currently working with ARCHWA in evaluating potential partners with CHWs on staff.
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GOAL 2: Decrease the prevalence of risk factors for heart attack and stroke as measured by the indicators below



OBJECTIVE 3: By July 2029, ADH will deploy six (6) CHWs in 12 target counties, facilitating patient navigation to primary care facilities, community-based social services, and assisting with medications and medical devices, e.g., blood pressure monitors.

List of 12 target counties in the Arkansas Delta region. Percent in parentheses represent prevalence of HTN

Phillips (53.5%)	Jefferson (47.4%)
Monroe (51%)	Ashley (45.9%)
Chicot (50%)	St. Francis (45.5%)
Desha (48.5%)	Prairie (45.3%)
Lee (48.5%)	Cleveland (44.9%)
Woodruff (47.9%)	Crittenden 44.8%

ADH Strategic Plan Annual Meeting May 29, 2025

Youth Tobacco Prevention Update

Presenter:

Joy Gray TTS

Branch Chief, Tobacco Prevention
and Cessation Program





Youth Tobacco Prevention

See how we're working
towards our goals!



Our Goals at a Glance

The overarching goal is to reduce the prevalence of youth tobacco use.

Strategy A

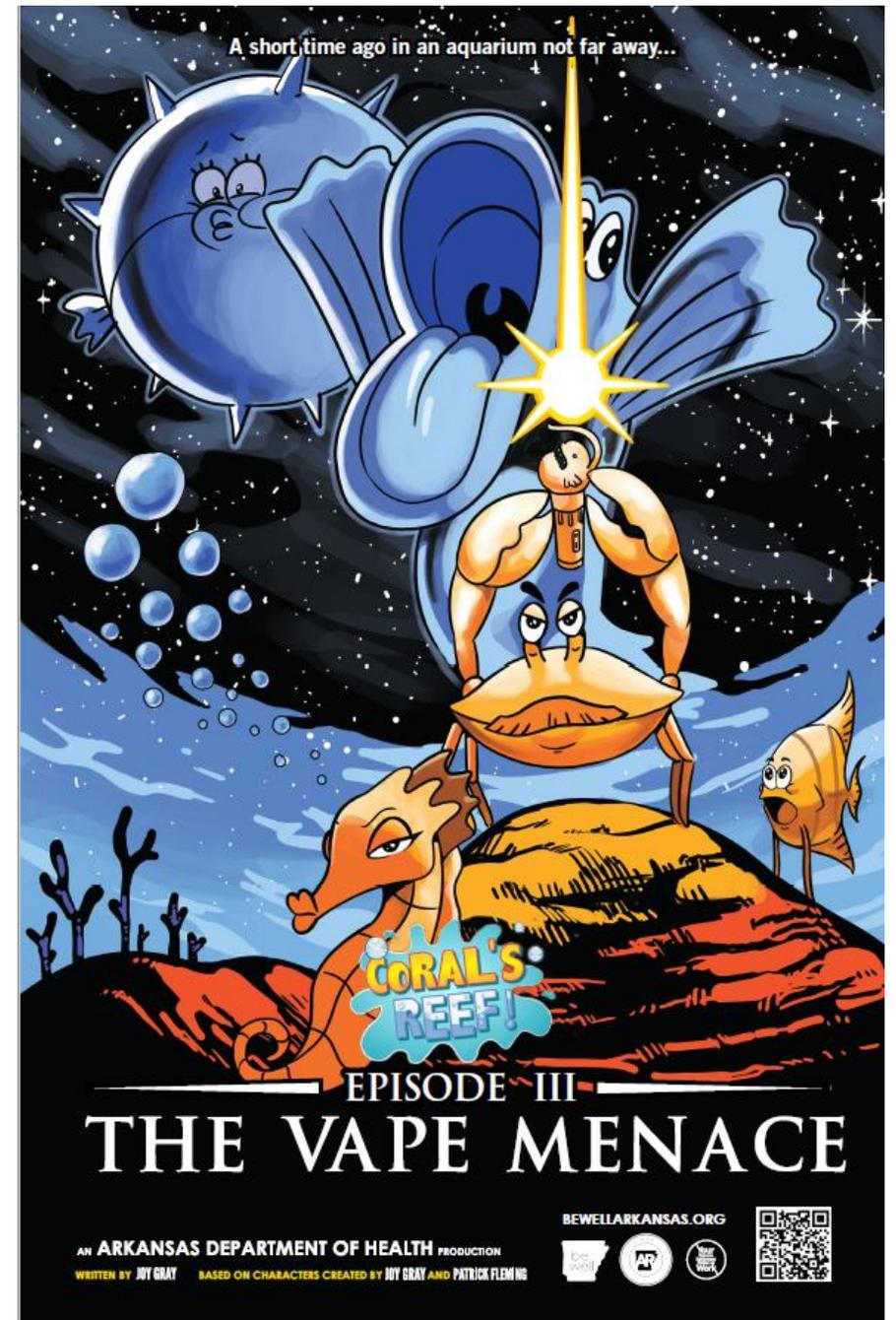
1. Continue the development and dissemination of the “Coral’s Reef” project aimed at K-2 grade schoolers.

Strategy B

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

Strategy A

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



Progress

- **2024**
Script submitted
- **2024**
Animators begin work
- **2025**
Posters and associated materials created
- **2025**
Episode 3 completed for release



Strategy B

(1) Increase number of groups that ADH TPCP has an active partnership with (2) Increase number outreach/intervention projects conducted with these partners.



We are making significant progress by attending as many community events as possible.



Progress

01

Developed a spreadsheet of partners on the tobacco shared drive.

02

Added new and non-traditional partners.

03

Purchased iPads so that in our community appearances we can offer partners the ability to enroll attendees into Be Well Arkansas on-site.



The biggest challenge has been trying to schedule one large-scale event to bring the partners together in one place.

ADH Strategic Plan Annual Meeting May 29, 2025

Women's & Maternal Health
Update

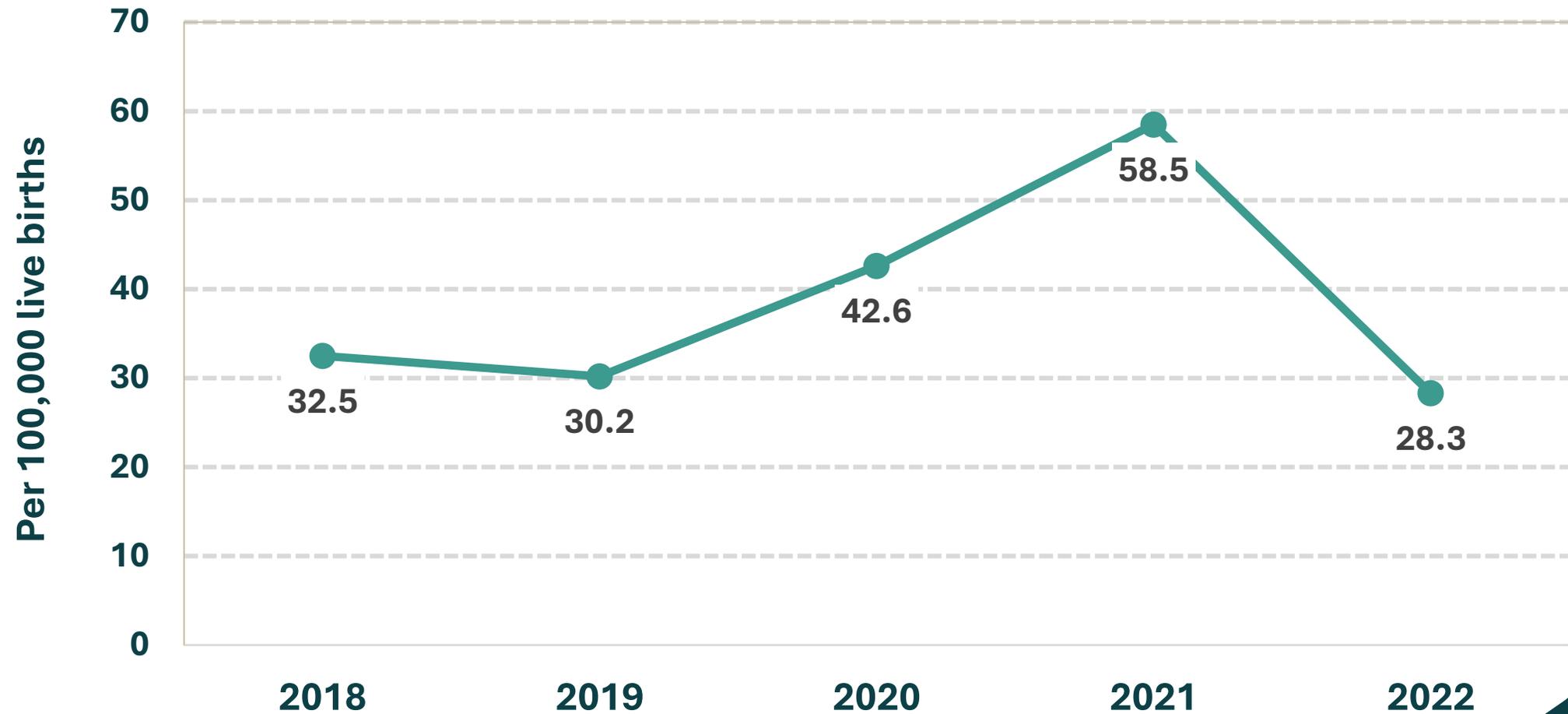
Presenters:
Kay Chandler, MD
Jomeka Edwards, MSNS

GOALS

- 1. Decrease maternal mortality**
- 2. Improve the health of women before they become pregnant**

Goal 1 Indicator

Pregnancy-Related Mortality Rate by Year (deaths per 100,000 live births)



Strategies for Goal 1

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

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



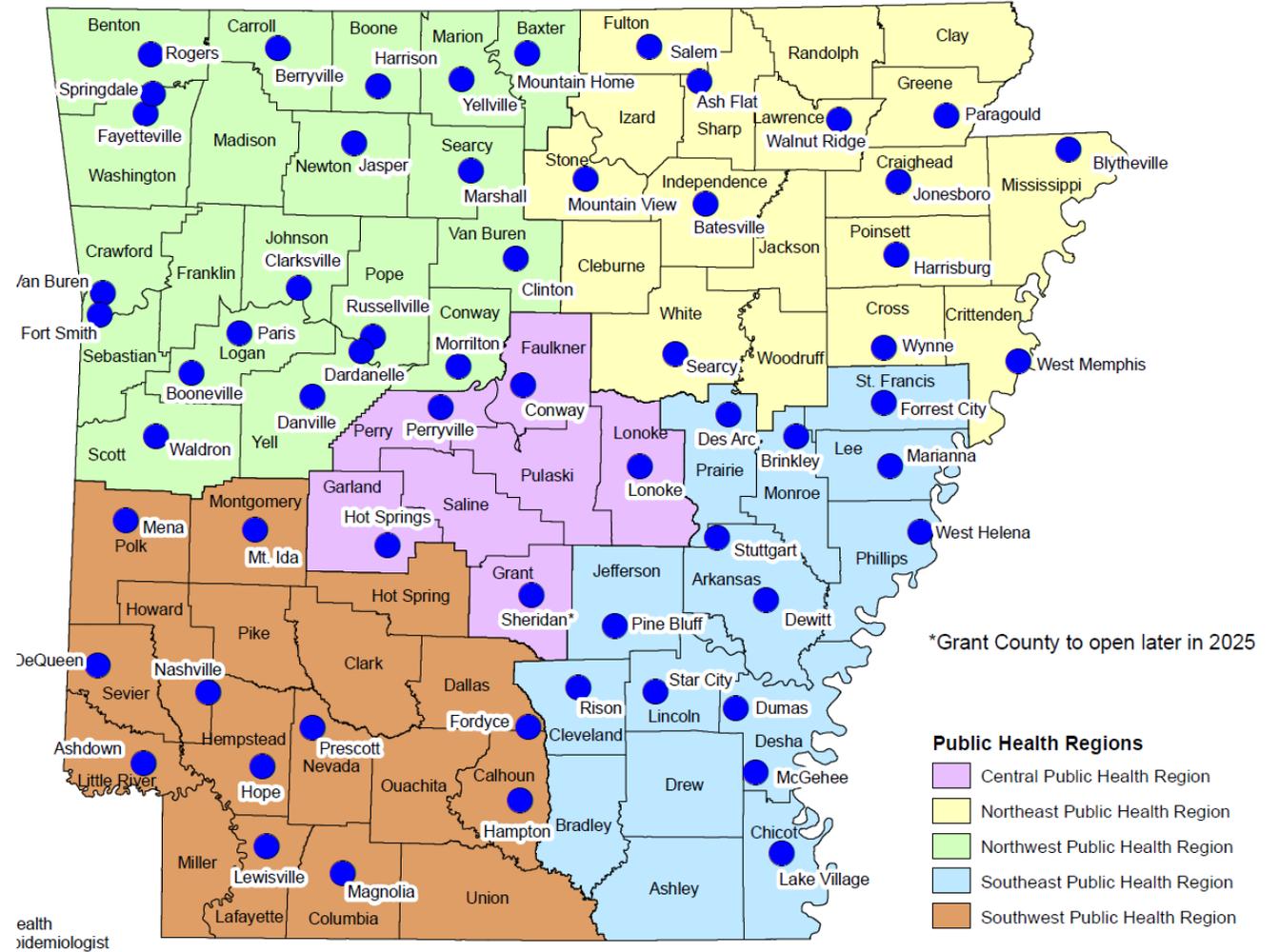
Activities

The Women’s Health Section of the Family Health Branch is reviewing what tools/forms/screenings are used in the local health units (LHUs).

A new policy manual is being written.

NEEDS: enhanced support for the use of identified tools to ensure they are effectively integrated into maternal health practices.

Arkansas Department of Health Maternity Clinics February 2025



Activities

Billboards for urgent maternal warning signs.

Arkansas Department of Health is working with a contractor to produce a large public awareness campaign.



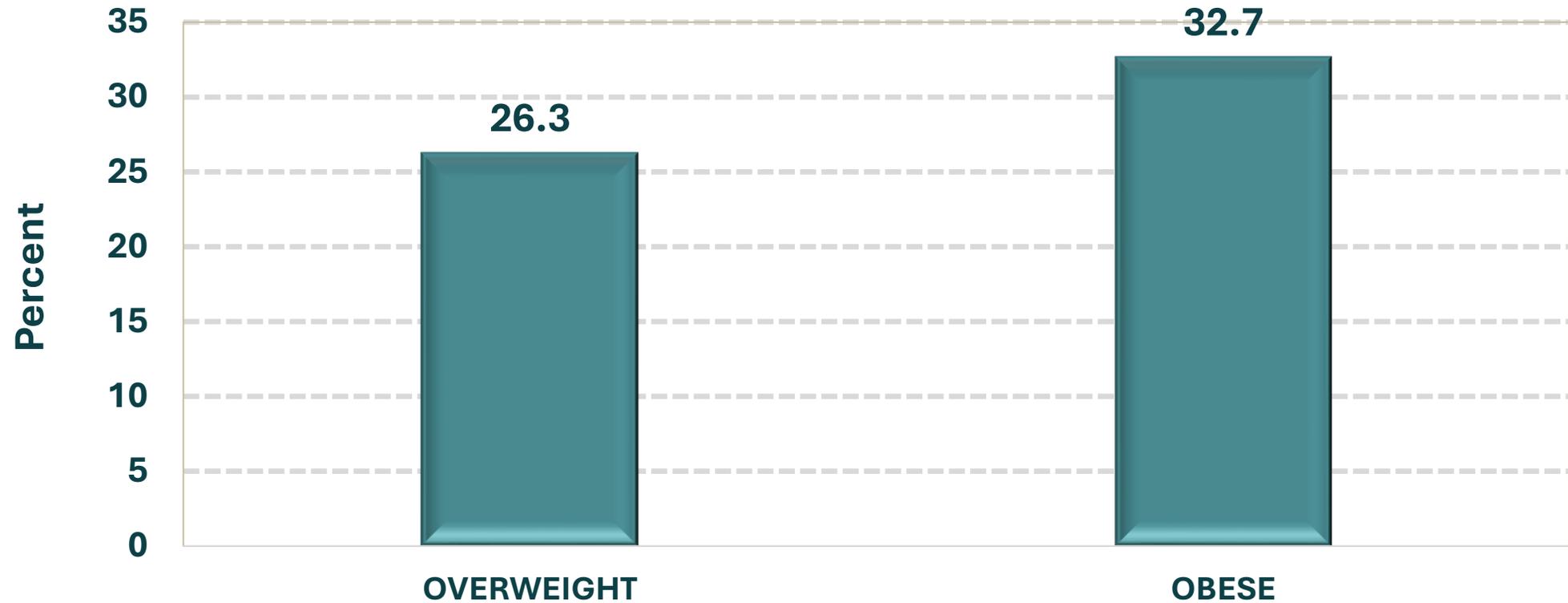
Activities

MyBaby
4MeTM



Goal 2 Indicator

Body Mass Index (BMI) Prior to Pregnancy, 2022 PRAMS Survey



Strategies for Goal 2

STRATEGY C: Increase education about the importance of consumption of healthy foods.

STRATEGY D: Increase access to healthy foods.



Activities

WIC is translating nutrition and breastfeeding materials into Spanish and Marshallese, with plans to expand based on community language needs - improving accessibility and cultural relevance.

Telehealth services are being implemented to reduce barriers like transportation and scheduling, while offering personalized, culturally responsive support.

A recent WIC survey collected over 2,400 responses in English, Spanish, and Marshallese to identify cultural food preferences, guiding future food package updates and tailored nutrition education.





Activities

- Promotion of the 2024 Double-Up Food Bucks program through the Arkansas Coalition for Obesity Prevention increased to incentivize healthy food purchases among low-income families receiving SNAP.
- To address comorbidities of like diabetes, obesity, and hypertension, WIC partnered with the Minority Health Commission to train staff and expand services in underserved communities through prevention-focused education and outreach.
- The Arkansas Minority Health Commission is partnered with the Arkansas Hunger Relief Alliance and hosts “Learn More at the Grocery Store” events.

Activities

“Learn More at the Grocery Store” teaches participants smart shopping skills and how to eat healthy on a budget.



photos provided by AR Minority Health Commission

ADH Strategic Plan Annual Meeting

May 29, 2025

Division for Health Protection

Infectious Disease Branch

Reporting Period: July 1, 2024- May 31, 2025

Presenters: Kylie Chisum, Thomasine Kelley, Mallory Jayroe



ADH Strategic Plan

Annual Meeting

May 29, 2025

STD Update, Infectious Disease
Branch, Division for Health
Protection

Presenters:

Kylie Chisum, MPH

Thomasine Kelley, RN

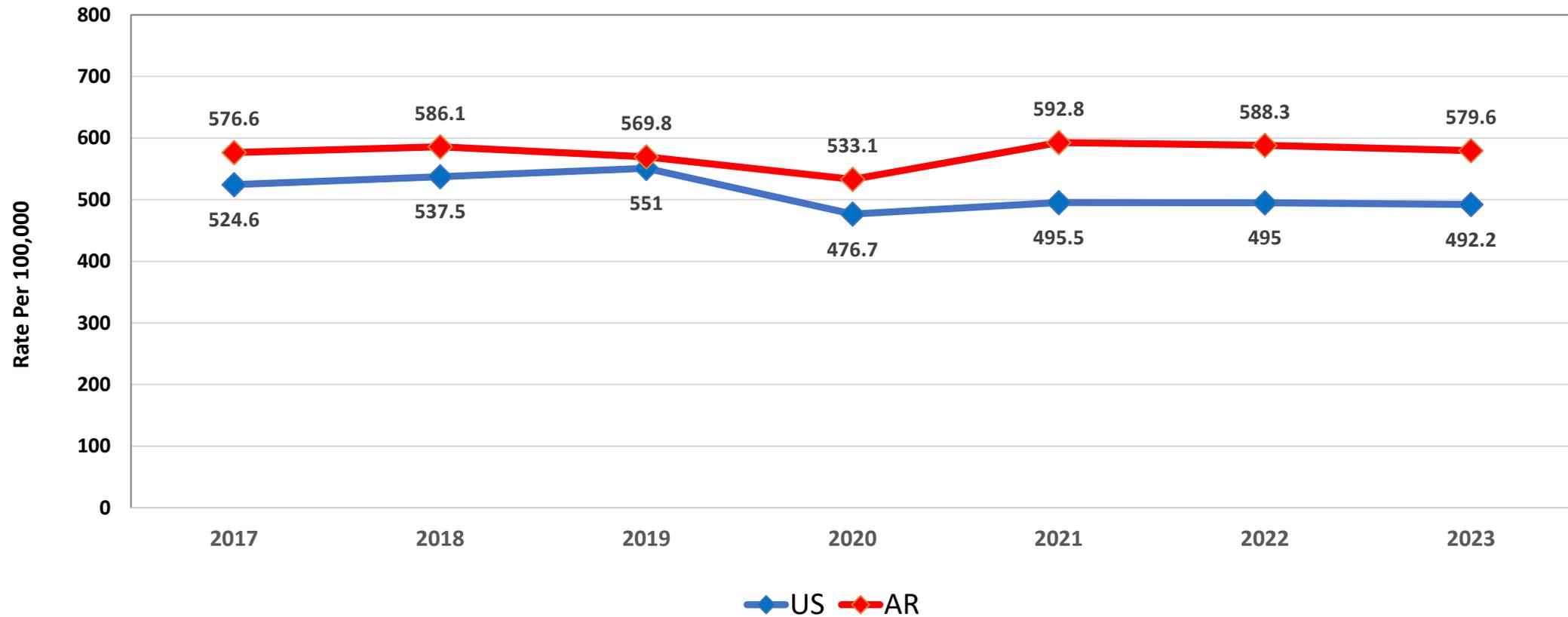
Mallory Jayroe, MPH





Goal 1: Reduce newly reported Chlamydia and Gonorrhea cases

Chlamydia: Annual Rates per 100,000 Population, Arkansas and US, 2017-2023

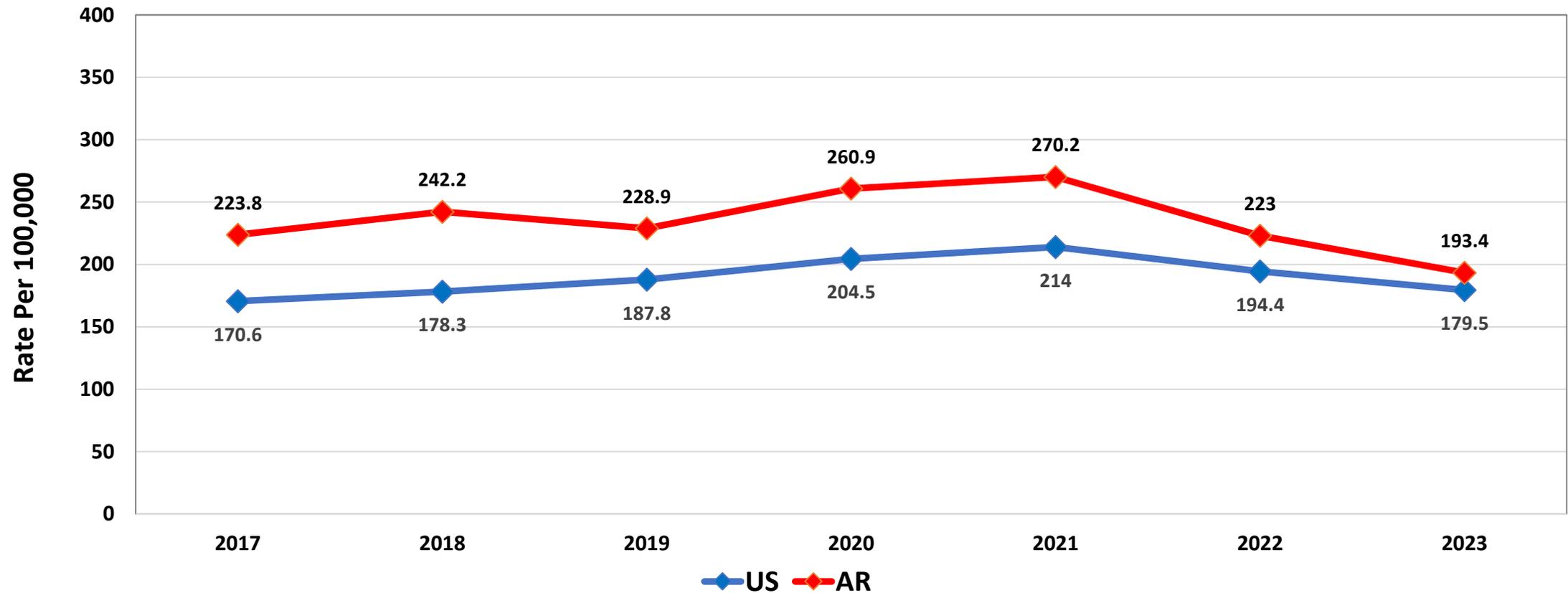


Source: Centers for Disease Control & Prevention



Goal 1: Reduce newly reported Chlamydia and Gonorrhea cases

Gonorrhea: Annual Rates per 100,000 Population, Arkansas and US, 2017-2023

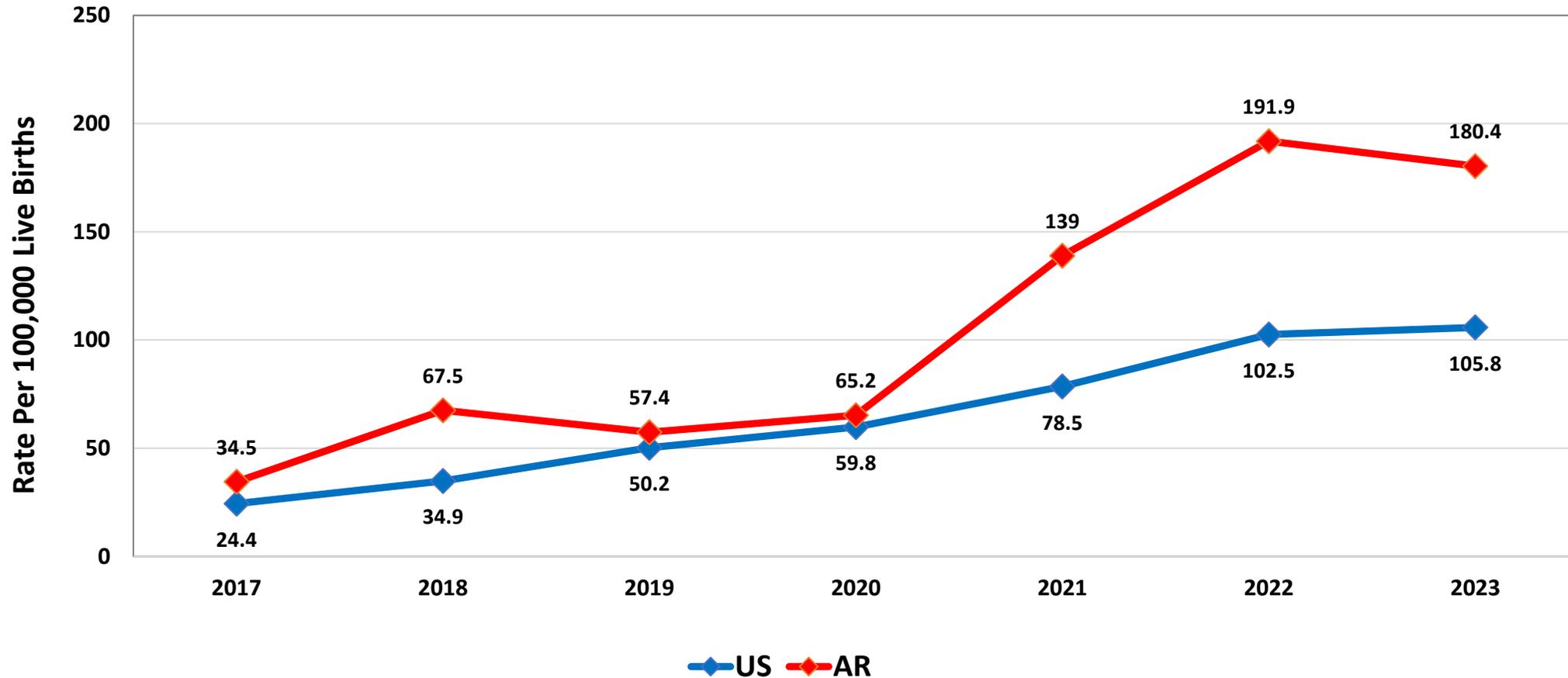


Source: Centers for Disease Control & Prevention

Goal 2: Reduce Syphilis, Congenital Syphilis, and HIV cases



Congenital Syphilis: Annual Rates per 100,000 Live Births, Arkansas and US



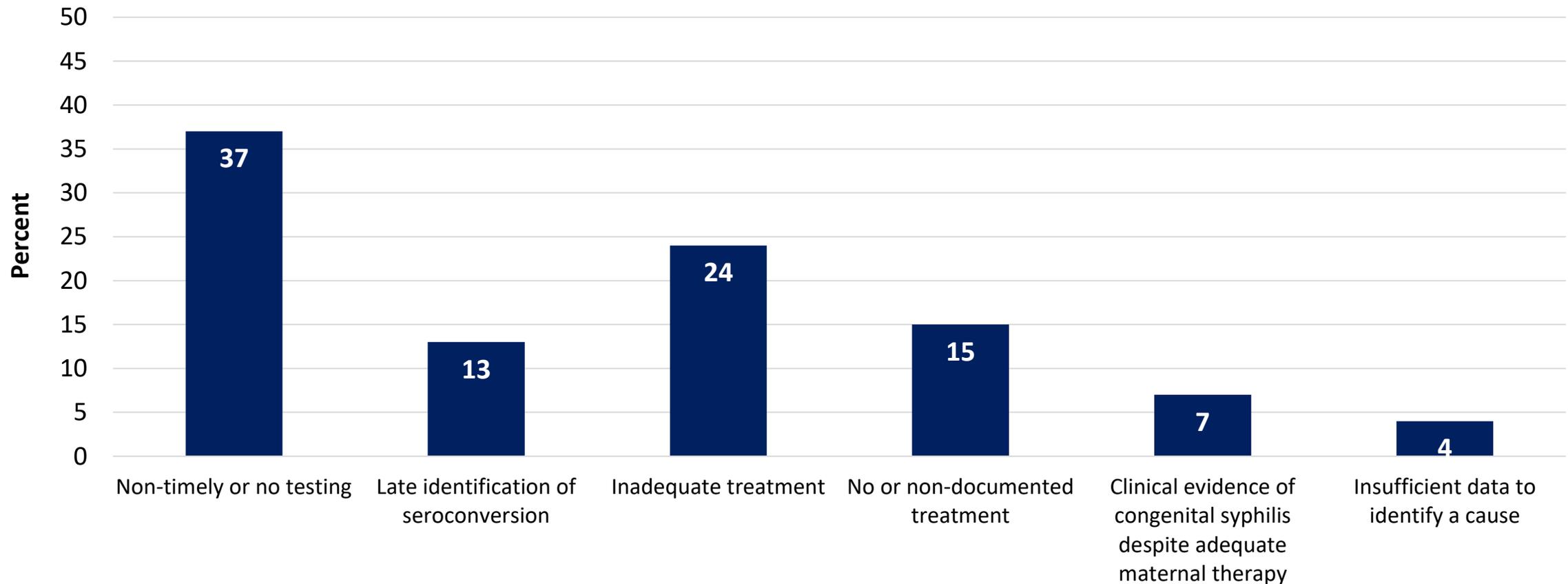
Source: Centers for Disease Control & Prevention



Goal 2: Reduce Syphilis, Congenital Syphilis, and HIV cases

STRATEGY C: Increase STD/STI testing via CE and data sharing with coalitions and partners

Missed Prevention Opportunities among Mothers Delivering Infants with CS, Arkansas, 2022-2023



- Timely testing is performed ≥ 30 days before delivery.
- Late identification of seroconversion is a new reactive syphilis test < 30 days before delivery after a nonreactive test earlier in pregnancy.
- Adequate treatment is receipt of a penicillin-based regimen, dosed and spaced appropriately for the stage of syphilis, and commenced ≥ 30 days before delivery.

Goal 1 and Goal 2



Working toward goals 1 & 2 during July 2024-May 2025, three key initiatives were implemented, which would be the focus of this presentation.

- ✓ Expedited Partner Therapy (GC & CT)
- ✓ Congenital Syphilis and Pregnant Women Rapid Testing Pilot
- ✓ The Arkansas Perinatal Quality Collaborative (ARPQC)



Goal 1: Reduce newly reported Chlamydia and Gonorrhea cases

STRATEGY A: Expand partnerships to target a larger underserved population.

OBJECTIVE 1: 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 reaching 15% improvement in post-session assessments compared to the pre-session assessment.

FY 2024-2025 progress update

Challenges encountered and plans to overcome them

Activity 1: 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.

Expedited Partner Therapy (EPT) document has been reviewed and approved. The Infectious Disease Branch has distributed the document through email to Ryan White Part B and Ending the HIV Epidemic provider networks, and to the Community Health Centers of Arkansas for distribution to all FQHCs.

Identifying contacts for other medical organizations for wider distribution of EPT document to providers was a challenge.

Goal 1: Reduce newly reported Chlamydia and Gonorrhea cases



Strategy A, Objective 1, Activity 1

What is Expedited Partner Therapy (EPT)?

EPT is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea.

When was EPT started in Arkansas?

EPT has been permissible in Arkansas since July 8, 2012.

How does the process work?

Physicians can treat the sex partners of patients diagnosed with chlamydia and gonorrhea, by providing prescriptions or medications to the patient to take to his/her partner, without the health care provider first examining the partner.

Why should providers use EPT?

- It is proven to reduce re-infection rates and possible health complications due to untreated STIs.
- Effective option for partners who are unlikely to seek treatment, still prefer clinical evaluation.
- It is an effective tool to combat the rising STD rates.

Goal 2: Reduce Syphilis, Congenital Syphilis, and HIV cases



Strategy A, Objective 1, Activity 2

STRATEGY A: Increase syphilis testing and treatment among patients (pregnant women) and their partners via continued providers education and data sharing.

OBJECTIVE 1: By the end of 2026, ADH plans to achieve a 20 % increase in testing through education and collaboration efforts.

FY 2024-2025 progress updates

Challenges encountered and plans to overcome them

ACTIVITY 2: In addition to EDs, by June 2026, ADH will engage with community partners, conduct webinars, and distribute resources to homeless shelters and recovery centers.

The infectious Disease Branch STD Nurse Coordinator and the STI Epidemiology Supervisor collaborated on the video project with Arkansas Perinatal Quality Collaborative (ARPQC) for providing resource information and guidance to the providers regarding “ADH’s Role in Syphilis Management.”

No challenges experienced.

Goal 2: Reduce Syphilis, Congenital Syphilis, and HIV cases



Strategy A, Objective 1, Activity 3

STRATEGY A: Increase syphilis testing and treatment among patients (pregnant women) and their partners via continued providers education and data sharing.

OBJECTIVE 1: By 2026, ADH will achieve a 20 % increase in the number of individuals tested for STD/STI, to be measured bi-annually.

FY 2024-2025 progress updates

Challenges encountered and plans to overcome them

ACTIVITY 3: By June 2026, this innovative approach aims to streamline testing processes and improve detection rates among a vulnerable population.

The infectious Disease Branch, Women’s Health, and the Division of Local Public Health coordinated and implemented a congenital syphilis rapid testing pilot project in the Faulkner and Washington County LHUs, starting March 3, 2025.

In addition, the ADH and the Arkansas Perinatal Quality Collaborative partnered to launch a statewide initiative within 23 “birthing hospitals” to test pregnant women at the time of delivery for syphilis.

Challenges were experienced with the vendor’s product training for the rapid test. The ADH STD Nurse Coordinator rescheduled and facilitated additional trainings with local health unit nurses.

Goal 2: Reduce Syphilis, Congenital Syphilis, and HIV cases



Strategy A, Objective 1, Activity 3

Congenital Syphilis Initiative I

ADH Congenital Syphilis Rapid Testing Pilot Project for Women and Pregnant Women

The Infectious Disease Branch Medical Director and STD Prevention Nurse Coordinator scheduled a meeting on August 13, 2024, to discuss the possibility of utilizing the rapid syphilis point-of-care (POC) test in local health units.

- *Contributing Internal Partners included: Women's Health Medical Director and Nursing Program Coordinator, Division for Local Public Health Leadership, and other Women's Health Management personnel*

Objective: Early identification of pregnant women for syphilis, and to provide immediate syphilis care and treatment. In addition, to performing continuous congenital syphilis disease intervention specialist (DIS) case management throughout pregnancy.

Division for Health Protection Director took lead for organizing a team for implementation of a rapid syphilis POC testing pilot project.

- *Faulkner and Washington Counties*
- *Test up to 200 women*
- *Pilot start date March 3, 2025*

Goal 2: Reduce Syphilis, Congenital Syphilis, and HIV cases



Washington-Fayetteville LHU start date: March 14th, 2025
 Faulkner County LHU start date: March 3rd, 2025

Strategy A, Objective 1, Activity 3

POC/Rapid Testing Results

Table 1a. Individuals Visiting the Local Health Unit for a *Pregnancy Test* (N=29)

Testing Location	Positive	Negative
Faulkner LHU	0	3
Washington LHU	0	11
Total (n=14)	0	14
Missed Testing Opportunity= 8	Opt Out= 7	
Positivity Rate= 0.0%		

Table 1b. Individuals Visiting the Local Health Unit for a *Maternity Visit* (N=87)

Testing Location	Positive	Negative
Faulkner LHU	1	21
Washington LHU	1	45
Total (n=68)	2	66
Missed Testing Opportunities= 18	Opt Out= 11	
Positivity Rate= 4.4%		

N= number of patients for a pregnancy test or maternity visit during the pilot project

n= number of rapid tests being used for the specific type of visit during the pilot project

Missed Testing Opportunity is defined as cases where both a rapid test and a Rapid Plasma Reagin (RPR) test were not administered during the initial and third trimester visits. If an RPR test was completed prior to the pilot project start date, the case is excluded from being classified as a missed testing opportunity.

Summary

A total of 82 point-of-care (POC) rapid tests have been administered since the start of the pilot program.

To date, there have been two reactive POC rapid test results. One that was conducted at Faulkner LHU was confirmed as a true positive. A true positive test results means that the test being evaluated was predicted correctly as a positive. This individual received same-day treatment but did not return for the second dose within the recommended timeframe. The second that was conducted at Washington LHU, was determined to be a false positive. The individual received same-day treatment; however, due to a negative RPR result, they were released from the treatment protocol.

At the two local health units (LHU) selected, there were 8 missed testing opportunities during a pregnancy test visit, and 18 missed testing opportunities during the maternity visit per protocol.

Please note: Some missed testing opportunities may be subject to change due to delays in lab result availability at the time of reporting. Additionally, testing completed at external facilities and emergency situations may not be reflected in this report.

There have been no reactive HIV rapid test results to date.

Goal 2: Reduce Syphilis, Congenital Syphilis, and HIV cases

Strategy A, Objective 1, Activity 3

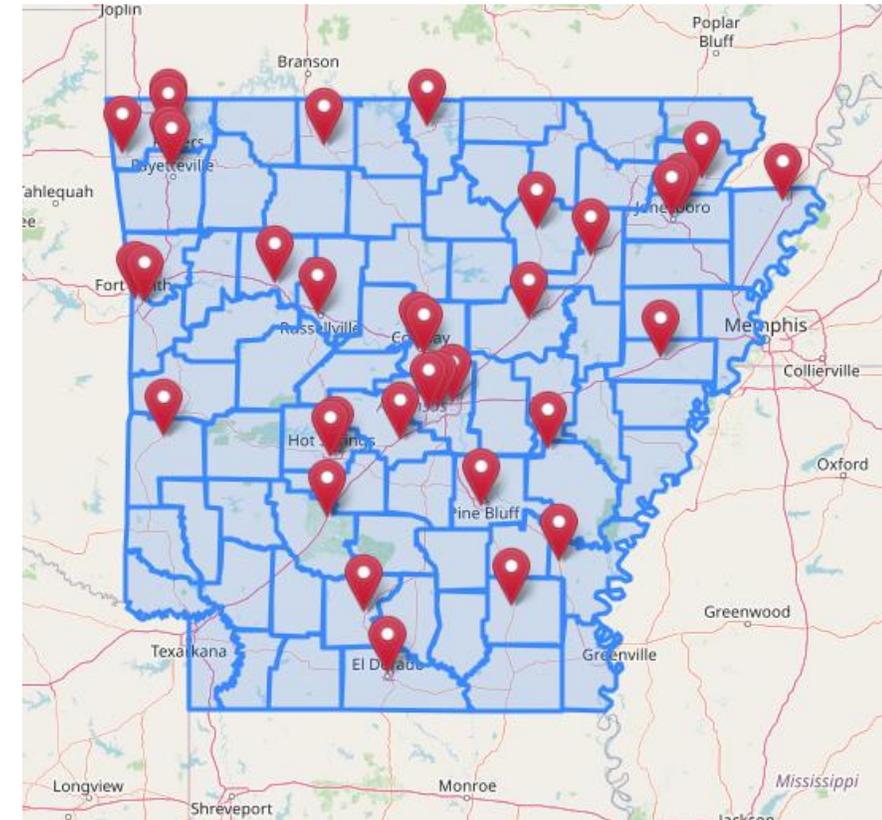
Congenital Syphilis Initiatives II

Arkansas Perinatal Quality Collaborative (ARPQC): Birthing Hospital Initiative

The Arkansas Perinatal Quality Collaborative (ARPQC), in partnership with the Arkansas Department of Health, launched a statewide improvement initiative to strengthen early detection, treatment, and prevention for syphilis within pregnant women and infants.

- Testing pregnant women at the time of delivery for syphilis.
- 23 participating birthing hospitals.
- January 2025-July 2025
- Preliminary data shows 21 syphilis positive moms caught at delivery as of May 7th.

Objective: To prevent congenital syphilis, which can have severe consequences for newborns that include stillbirth, infant death, or serious lifelong health problems to the baby.



Participating Hospitals

Goal 2: Reduce Syphilis, Congenital Syphilis, and HIV cases



Strategy, Objective, Activity

Enhancing Maternal Health Surveillance: Pilot Program for Syphilis in Pregnancy and Results Found Through the Process (SET-NET) 2017-2021

Mallory Jayroe, MS, CHES, Alexis Sullivan, MS, Aiyana Billings

- Results revealed high rates of substance use (38%) and reinfection (42%) among mothers, with methamphetamine, cocaine, and alcohol being prevalent. These mothers also faced significant barriers, including mental health issues, domestic violence, and delays in prenatal care. Adverse birth outcomes were common, with 28% of infants born pre-term and 20% with low birth weight. Follow-up data indicated on average, these infants had between 2 to 3 follow-up appointments, post-delivery.
- This study found that 34% of women with syphilis during pregnancy did not receive adequate prenatal care.
- This study underscores the complex interplay of substance use, mental health, and social challenges affecting maternal and neonatal health. It highlights the need for integrated care models that address these intersecting factors.

Goal 2: Reduce Syphilis, Congenital Syphilis, and HIV cases



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Arkansas launches initiative to combat rising congenital syphilis cases in state hospitals
© Provided by KATV Little Rock/Pine Bluff

The University of Arkansas for Medical Sciences (UAMS) and Arkansas Department of Health (ADH) have partnered to launch the Arkansas Perinatal Quality Collaborative (ARPQC), a new initiative designed to combat congenital

There are 22 hospitals participating. Callaghan-Koru said the program is working to increase testing in outpatient settings and emergency rooms where a high-risk patient who may not be seeking “routine prenatal care but getting care from an emergency department” would also be getting tested for syphilis.

-Arkansas Times, Feb. 25, 2025

News About ARPQC

ARKANSAS TIMES

ARKANSAS BLOG NEWS

Initiative aims to reduce steep uptick of congenital syphilis cases in Arkansas

by Lara Farrar
February 25, 2025 6:08 pm

-KATV, Feb. 25th, 2025

Leah Wooldridge, the obstetrics director at Great River Medical Center in Blytheville says the initiative is benefitting their patients.

“Because we initiated the syphilis screening on admission, we were able to catch a positive case that was initially negative in that first trimester,” Wooldridge said. “By screening every patient at admission, we were able to get that baby to a tertiary care center for treatment.”

-KATV, Feb. 25th, 2025

ARPQC Pilot Baseline December 2024



Overall Characteristic (N = 31)	n (%)
L&D unit has a policy for testing pregnant patients for syphilis	18 (58.1)
L&D floor testing all pregnant patients for syphilis at delivery	16 (51.6)
ED at facility testing all pregnant patients for syphilis	4 (12.9)
Tests used to screen L&D patients for syphilis	
RPR	28 (90.3)
VDRL	8 (25.8)
TP-PA	4 (12.9)
EIA/CIA/Tpal	3 (9.7)
Other (Syphilis IGG)	3 (9.7)
Test <u>initially</u> used to screen patients for syphilis	
RPR	24 (77.4)
VDRL	2 (6.5)
TP-PA	1 (3.2)
EIA/CIA/Tpal	2 (6.5)
Provider Dependent	2 (6.5)
Lab automatically reflexes to confirmatory test if the screening test is reactive	25 (80.6)
Facility has penicillin 2.4 million units benzathine LA available to treat patients with syphilis	24 (77.4)
L&D unit provides education or instructions regarding need for partner evaluation, testing and treatment to patients diagnosed with syphilis	23 (74.2)
L&D unit provided training on syphilis to staff in the past 12 months	6 (19.4)
[Range] Percent of L&D unit's pregnant/postpartum patients discharged before syphilis test results are received	6-100%

ARPQC Pilot Baseline December 2024



Management of Treatment and Evaluation of Syphilis Patients (N = 31)	N (%)
Management of treatment for pregnant/postpartum patients diagnosed with syphilis <u>at delivery</u> (select all that apply)	
Treatment ordered and initiated before discharge	25 (80.6)
Follow-up outpatient appointment made for patient to begin treatment before discharge	7 (22.6)
Patient referred to ADH but may not have confirmed appointment at discharge	14 (45.2)
Other	4 (12.9)
Management of evaluation and treatment for the baby when a pregnant patient is diagnosed with syphilis <u>at delivery</u> (select all that apply)	
Baby is evaluated at delivering facility	28 (90.3)
Baby is sent to tertiary care facility for evaluation & treatment	8 (25.8)
Follow-up outpatient appointment is made for baby to be evaluated before discharge	6 (19.4)
Baby is referred to ADH but may not have confirmed appointment before discharge	7 (22.6)
Other	3 (9.7)
Management of treatment for pregnant/postpartum patients diagnosed with syphilis <u>in the ED</u> (select all that apply)	
Treatment orders and initiated before discharge	5 (16.1)
Follow-up outpatient appointment made for patient to begin treatment before discharge	1 (3.2)
Patient referred to ADH but may not have confirmed appointment before discharge	3 (9.7)
Patients are not tested for syphilis in the ED	7 (22.6)
Don't know	16 (51.6)
Other	2 (6.4)

Questions?



Contacts

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