

# Arkansas Department of Health

## Strategic Plan

### Fiscal Year 2024-2029

**(Amended, June 2025)**



## 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 Strategic Plan, 2024-2029

## **MISSION STATEMENT**

Arkansas Department of Health

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

## **VISION STATEMENT**

Arkansas Department of Health

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

## **DEFINITION OF STRATEGIC PLAN**

The Public Health Accreditation Board (PHAB) defines strategic planning as "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.

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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 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.

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

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**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 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 Cessation Program
UAMS:	University of Arkansas for Medical Sciences
UCA:	University of Central Arkansas
WONDER:	Wide-ranging ONline Data for Epidemiologic Research

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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, for effectively executing the ADH strategic planning process.

- October 2023: OPMQIE developed a survey questionnaire for the ADH staff to prioritize health behaviors and health outcomes and assist in the ADH strategic planning process.
- November 2023: Office of Health Communications administered the survey and OPMQIE received the survey results back.
- December 2023: Analyzed survey data and prioritized health behaviors and outcomes based on the frequency of selection by the ADH staff.
- January 2024: ADH senior executive team reviewed and approved survey results.
- April 2024: ADH senior executive team also reviewed and approved priority areas endorsed by the Governor's Office.
- January-May 2024: OPMQIE recruited ADH partners who would potentially represent the priority areas and participate in the Strategic Planning process.
- May 17, 2024: Planning meeting at Wyndham, North Little Rock, including following steps:
  - a. Presentation of ADH staff survey data results including priority or focus areas endorsed by the senior executive team and the Governor's office
  - b. Final selection of the focus areas to be prioritized for the plan
  - c. Presentation of morbidity, mortality, and risk factor data specific to the focus areas
  - d. Work group formation among attending partners to participate in the process of determining goals and strategies for each focus area
  - e. Completion of determining goals and strategies.
  - f. Announcement of future virtual meetings for partners to complete the remaining work of determining activities for each strategy.
- May-June 2024: Follow-up virtual meetings occurred to finalize activities for the strategies and complete the planning process.
- July 17, 2024: Completed the initial draft of 2024-2029 Strategic Plan.
- August 2024: Editing
- September 2024: ADH senior executive team reviewed and approved the plan.
- October 2024: Shared final Plan with the focus area leads and other key ADH members.

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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.

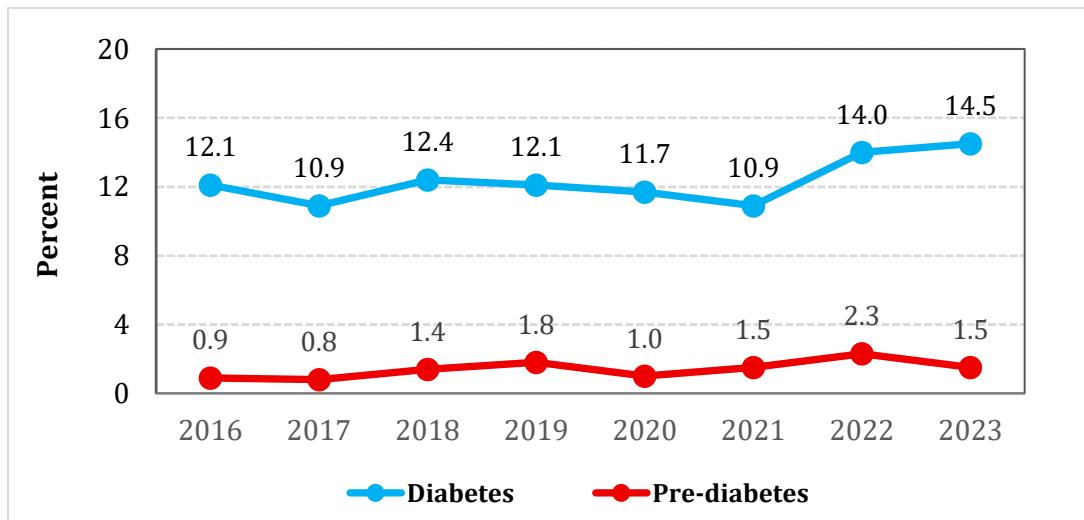
Diabetes disproportionately affects certain populations, including racial and ethnic minorities and individuals with lower socioeconomic status. Tackling diabetes-related health disparities require improving access to healthcare services, promoting healthy lifestyle, and implementing culturally sensitive 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 1:** Reduce the prevalence of diabetes in Arkansas, measured by the following indicators:

- Percent of adults who reported to have diabetes in Arkansas.
- Percent of adults who reported to have pre-diabetes in Arkansas.

**Figure:** Adults who self-reported to have a diagnosis of diabetes or pre-diabetes (Source: BRFSS)



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## **STRATEGY A:** Increase access to Diabetes Prevention Programs (DPP).

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

1. 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. With this, ADH aims to increase the number of geographic areas conducting assessments of barriers/enablers to DPP utilization.
2. By June 2026, ADH will develop focus group and KII guides tailored for each geographic area.
3. 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.
4. By June 2028, ADH will disseminate assessment results, best practices, and tools through participation in state conferences/meetings and stakeholders, showcasing the potential benefits of DPPs.

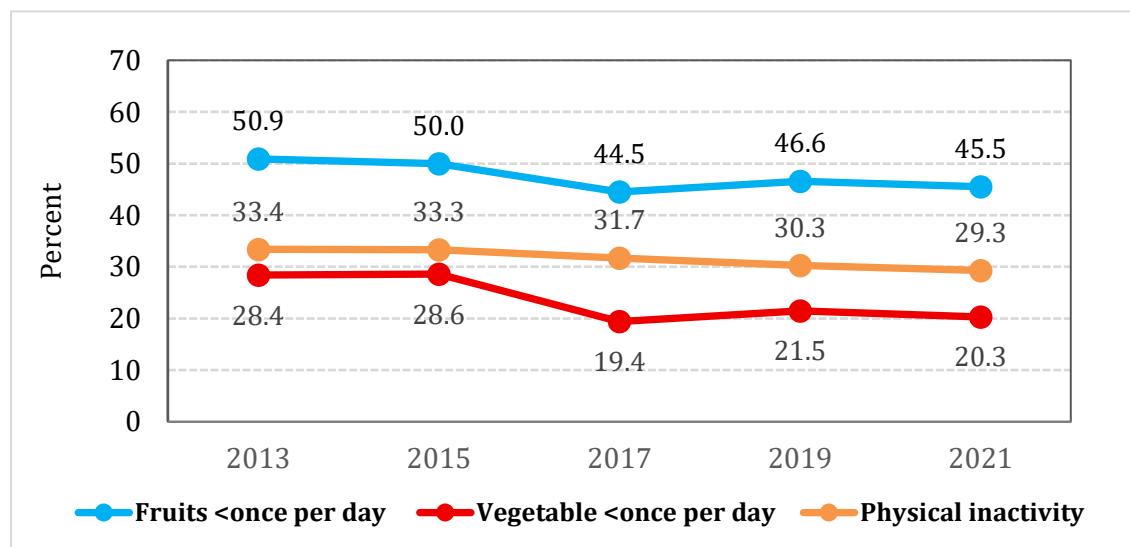
### **OBJECTIVE 2:** By June 2028, ADH will increase DPP program enrollments by 1% from the baseline.

1. By October 1, 2025, partners 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.
2. By June 30, 2026, implement marketing initiatives to increase awareness of the National Diabetes Prevention Program (National DPP) lifestyle intervention and the Medicare Diabetes Prevention Program (MDPP).
3. By January 2027, assess the impact of marketing initiatives.

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

- Adults in Arkansas who consume fruits or vegetables less than one serving/day
- Physical inactivity among adults (Baseline 2021)

**Figure:** Adults consuming fruit/vegetable <1 serving a day, and physical inactivity (Source: BRFSS)



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**STRATEGY A:** 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. Below is the list of activities related to the objective.

1. 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.
2. 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.
3. 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.
4. 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.

## Diabetes Prevention partners in planning and implementation

Name	Department or Program	Role
Dr. Becky Adams	Diabetes Prevention Program, Chronic Disease Branch	Section Chief
Shannon Borchert	Family Health Branch (Child & Adolescent Health)	ACT 1220 Coordinator
Rachel Spurr	Diabetes Prevention Program, Chronic Disease Branch	Diabetes Self-management Education State Specialist
Jordan Simpson	Diabetes Prevention Program, Chronic Disease Branch	State Specialist
Dr. Bala Simon	Arkansas Department of Health	Deputy Chief Medical Officer
Clara Canter	Public Health Evaluator, OPMQIE	Public Health Evaluator
Dr. Jennifer Dillaha	Arkansas Department of Health	Director, State Health Officer
Sherri Woodus	Environmental Health (Retail Food Program)	Manager

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## HEART HEALTH

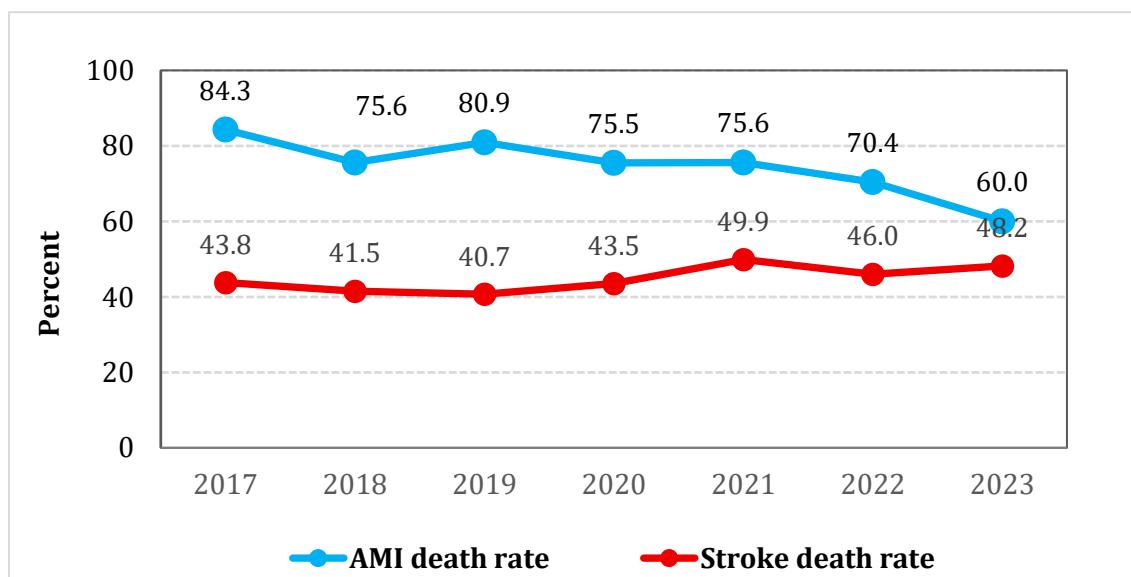
Heart disease remains the leading cause of death in the US and Arkansas. Heart diseases include conditions like coronary heart disease, heart attack, and heart failure. The ADH has been constantly working on reducing heart disease mortality rates and improving the overall quality of life of its population. 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. Reducing heart disease deaths can alleviate some of these economic burdens by reducing healthcare expenditures and enhancing workforce productivity.

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 public and healthcare providers about reducing risk factors and mortality. For the convenience of grouping focus area indicators and risk factors, both stroke and heart attack have been included in the Heart Health section in this plan.

**GOAL:** Decrease heart disease and stroke mortality rates by improving the outcomes of the indicators presented below.

- Acute Myocardial Infarction (AMI) and stroke mortality rates per 100,000 population.

**Figure:** AMI and Stroke mortality rates per 100,000 population in Arkansas (Source: CDC Wonder)



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**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 Emergency Management System (EMS) by 5 %.

1. By June 2026: Develop and implement relevant messaging via mass media for raising awareness about stroke and heart attack signs highlighting fast medical response.
2. By June 2027: Distribute educational materials using ADH's "Be Well Arkansas" program for broader dissemination.
3. Collaborate with UAMS IDHI to enhance stroke education outreach efforts, focusing on increasing awareness of stroke signs and the importance of timely emergency response.

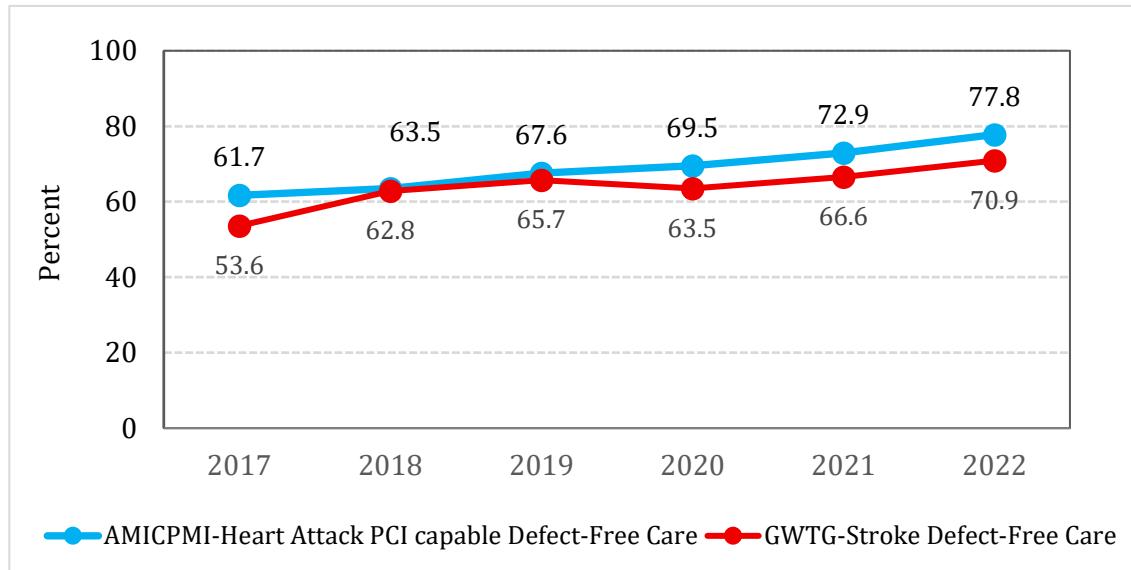
**STRATEGY B:** Transform the trauma system into an acute time-sensitive system to improve quality of care.

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

1. Starting June 2026: Initiate designating hospitals for heart attack care through national accreditation bodies, supported by sub-grant funding to meet rigorous standards for delivering care.
2. Continue expanding the number of hospitals achieving ADH Arkansas Acute Stroke Ready Hospital designation and supporting the re-designation of hospitals to ensure ongoing compliance with evidence-based standards in stroke care.
3. Expand the number of Arkansas healthcare providers certified in Acute Coronary Syndrome (ACS) or Advanced Stroke Life Support (ASLS) to strengthen the state's emergency cardiovascular and stroke care capacity.
4. Distribute benchmarking report cards on stroke care and heart attack care to Arkansas hospitals and ambulance services to support continuous quality improvement.
5. Expand Pulsara implementation to improve stroke/heart attack care coordination outcome.
6. Recognize hospitals delivering outstanding patient care to promote and incentivize a culture of continuous quality improvement.
7. By June 2026: Establish a Preventable Mortality Review Committee - to review stroke and heart attack cases and identify opportunities for QI in care delivery, advocating for legislative changes to extend protections regarding trauma related HIPAA.
8. By June 2027: Pilot expansion of the Arkansas Trauma Communication Center to include stroke and heart attack cases to integrate medical consultants specializing in cardiology and neurology, ensuring comprehensive coordinated care.
9. By June 2028, introduce on-call cardiologist telemedicine programs, both pre- and in-hospital, to Pulsara, slated to begin and continue through 2029. It will increase usage of thrombolytic therapies among eligible heart attack patients, leveraging timely consultations and treatment.

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**Figure:** AMI and Stroke Defect-Free Care in Arkansas (Source: Stroke/STEMI program)



## STRATEGY C: Reduce re-admissions related to stroke and heart attack

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

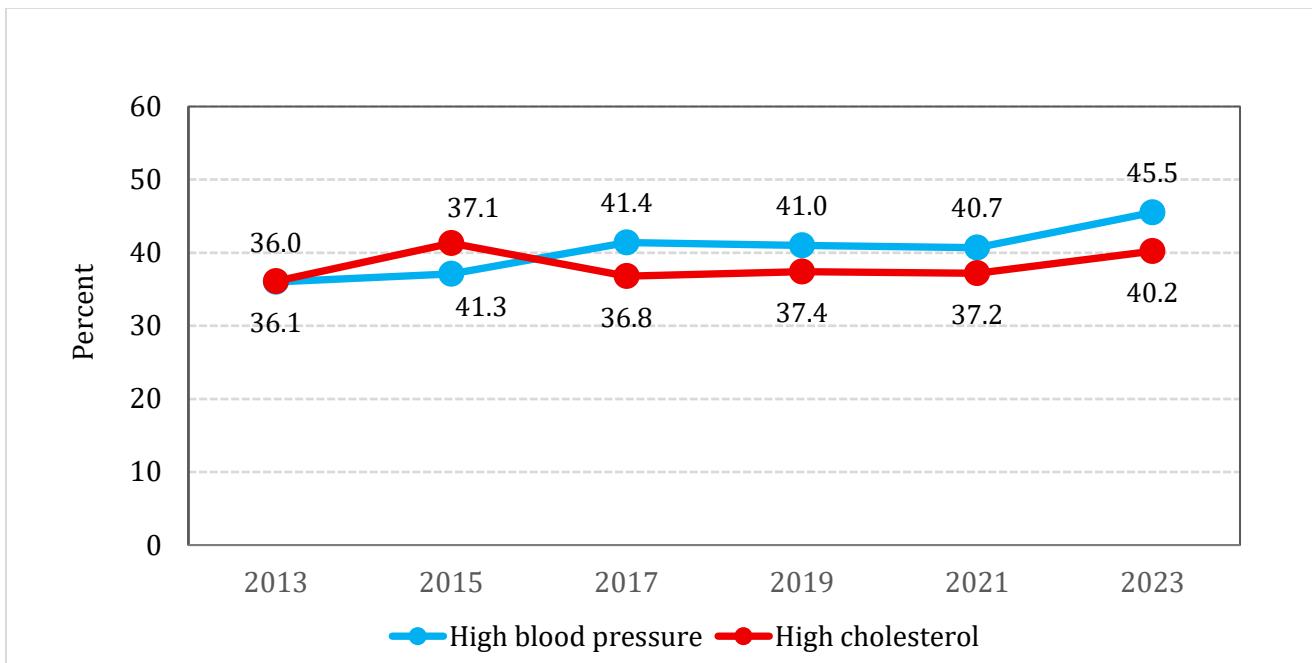
1. By June 2025: Work with Medicaid to explore reimbursement options for Community Paramedicine Services (CPS). Allocate funds to reimburse CPS visits for post-acute stroke and heart attack patients at high risk of readmission. Reduce re-admissions, inform future policy decisions for fund allocations.
2. Fund community paramedicine visits to increase the likelihood that patients will manage their risk factors effectively and reduce the risk of stroke or heart attack.
3. By December 2025: Implement a bi-directional referral tracking system in collaboration with the Community Health Centers of Arkansas to establish true closed-loop referrals for individuals with, or at risk for, stroke or heart disease—aimed at improving patient outcomes and reducing hospital readmissions.

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

- Percent of adults reporting they have hypertension (HTN)
- Percent of adults reporting they have high cholesterol

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**Figure:** Adults who self-reported to have hypertension and high cholesterol (Source: BRFSS).



**STRATEGY A:** 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 in Arkansas in the statewide primary care registry.

1. By July 2027, ADH will aim to enroll at least 20 providers into the APCR, through its collaborations with family medicine, primary care practice, ABFM, academia, and other partners.
2. By July 2028, ADH will expand its enrollment to 35 practices that agree to share their data with ADH.
3. By July 2029, ADH will expand its enrollment to 50 practices that agree to share their data with ADH.

**OBJECTIVE 2:** By July 2029, ADH will improve performance by monitoring clinical performance measure trends for HTN, high cholesterol, and other chronic disease conditions utilizing the registry's state dashboard.

1. ABFM will collaborate with ADH to develop a dedicated State Clinical Performance Dashboard within the registry platform to monitor and improve family medicine practice performance, identify and close gaps in care, and improve clinical outcomes.

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**STRATEGY B:** Reach underserved populations with prevention and screening services for HTN and high cholesterol through.

**OBJECTIVE 1:** 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.

1. In 2026, ADH will launch a pilot program in collaboration with the new contract. CHWs will be deployed in six (6) counties in the AR Delta region with the highest prevalence of HTN, exceeding the state's prevalence of 41 % (CDC, 2019).
2. By July 2027, with the new contract in place, four CHWs deployed 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.

**OBJECTIVE 2:** July 2025, ADH will install self-blood pressure monitoring kiosks 90 local health units (LHU) for clients, employees and the general public.

1. By July 2024, ADH will contract the deployment of self-blood pressure kiosks in 22 local health units, located in 22 of Arkansas red counties.
2. These counties are identified based on 2018 Arkansas Red County Report which was prepared according to Arkansas Legislative Act 790. These counties have poorest health outcomes and have the lowest life expectancy among the 75 Arkansas counties.
3. By July 2025, ADH will deliver and install the remaining 68 BP Kiosk at LHUs.

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## Heart Health partners in planning and implementation

Name	Department or Program	Role
David Vrudny	Stroke and Heart Attack Section	Section Chief
Toney Bailey	Chronic Disease Branch	Branch Chief
Joe Martin	Office of Preparedness, Emergency Response Systems (OPERS)	OPERS Director
Elizabeth Eskew	Cardiovascular Disease Prevention	Section Chief
Dr. Ashamsa Aryal	OPMQIE	Public Health Evaluator
Lindsay Sterling	Stroke/STEMI Section, OPERS	Stroke Nurse Clinic Coordinator
Whitney Ochoa	Trauma and Emergency Response, OPERS	STEMI Nurse Clinic Coordinator
David Stowers	Cardiovascular Disease Prevention	Section Chief
Finley Hill, Jr.	Health Systems Licensing and Regulation (Medical Marijuana)	Section Chief

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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.

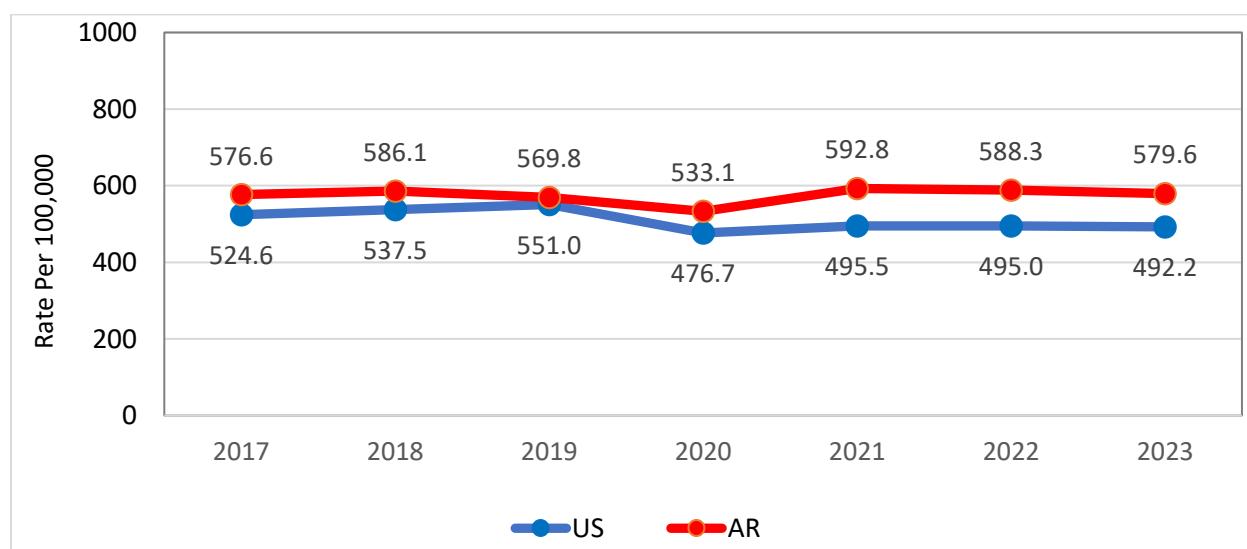
Reducing disproportionate distribution of STDs is an important consideration in STD prevention and control as young and minority populations often bear a higher burden due to various socioeconomic factors. Addressing STDs through welcoming and accessible public health interventions increases the opportunities 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 1:** Reduce STD infections as measured by the indicators below.

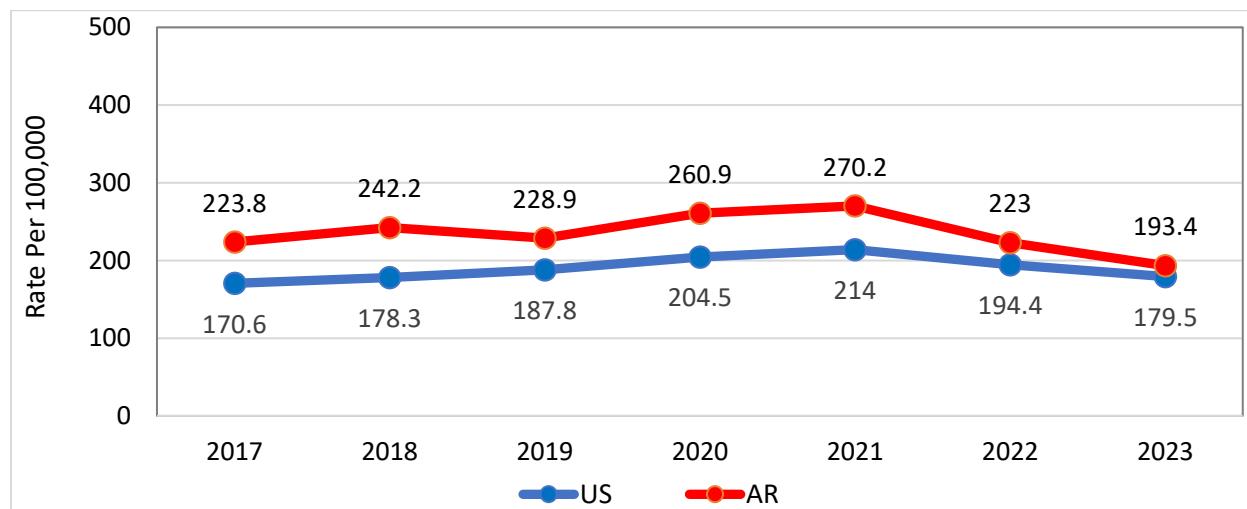
- Rates of newly reported chlamydia, gonorrhea, and congenital syphilis cases.

**Figure:** Chlamydia rates per 100,000 population, AR and US, 2017-2023 (ADH STD Section)

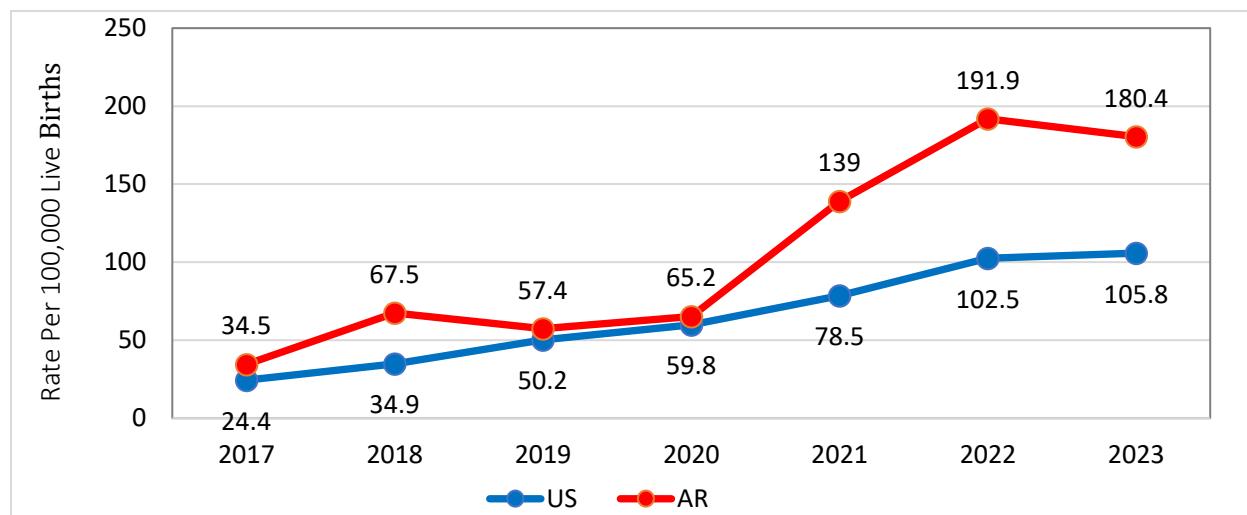


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**Figure:** Gonorrhea rates per 100,000 population, AR and US, 2017-2023 (ADH STD Section)



**Figure:** Cong. syphilis rates per 100,000 population, AR/US, 2017-2023 (ADH STD Section)



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

**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 reaching 15 % improvement in post-session assessments compared to pre-session assessments.

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

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Care groups, and the HIV provider network, reaching a wide network of healthcare professionals, and facilitating broader adoption of EPT practices.

2. 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/universities.
3. 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 and by training HCP about EPT.

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

**OBJECTIVE 1:** By 2025, establish a training program for STD/STI partners, leading to a 25 % increase in their knowledge of Chlamydia and Gonorrhea, and a 30 % increase in the availability of educational materials for direct community distribution.

1. 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.
2. By June 30, 2025, educational materials will be provided to youth groups, fostering 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.
3. 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.
4. 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.
5. 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 2:** Reduce syphilis and HIV transmission as measured by the indicators below:

- Syphilis rate and congenital syphilis rate in Arkansas.
- HIV case rate in Arkansas.

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

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

1. 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 protocols and facilitate data sharing to enhance awareness and encourage proactive testing practices within ED settings.
2. In addition to EDs, ADH will engage with community partners, conduct educational webinars for, and distribute resources to homeless shelters and recovery centers.
3. By June 2026, this innovative approach aims to streamline testing processes and improve detection rates among a vulnerable population.
4. By June 2026, ADH aims to increase awareness of the importance of STD/STI testing and provide necessary testing resources and materials.

**STRATEGY B:** 1) Increase testing for Syphilis via continued education and data sharing with coalitions, partners, and stakeholders; 2) Increase partner testing and treatment of people who test positive for syphilis.

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

1. 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.
2. 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.
3. 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.
4. 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.
5. By June 2025, ADH plans to disseminate educational materials and information at LHU clinics, emergency rooms, and other venues. This initiative aims to educate

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healthcare providers and staff about available resources for individuals diagnosed with HIV, fostering a supportive environment for testing and treatment.

6. 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.

**STRATEGY C:** 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).

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

1. 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.
2. 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.
3. 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.
4. 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 resources for individuals diagnosed with HIV, encouraging prompt access to care and support services.
5. 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.
6. 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.

# Arkansas Department of Health Strategic Plan, 2024-2029

## STD partners in planning and implementation

Name	Department or Program	Role
Thomasine Kelley	HIV/STD, Infectious Disease Branch	Nurse Program Coordinator
Tiffany Vance	HIV/STD, Infectious Disease Branch	Branch Chief
Mallory Jayroe	HIV/STD, Infectious Disease Branch	Epidemiology Supervisor
Kylie Chisum	HIV/STD, Infectious Disease Branch	Epidemiologist
Connie Melton	Division of Health Protection	Division Director
Catherine Water	Outbreak Response Branch	Branch Chief
Cinthia Castro	HIV/STD, Infectious Disease Branch	Health Program Specialist
Jasmin White	OPMQIE	Performance Manager
Don Adams	Arkansas Department of Health	Chief of Staff
Jim Carter	ADH Information Technology	Chief Information Officer

# Arkansas Department of Health Strategic Plan, 2024-2029

## **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.

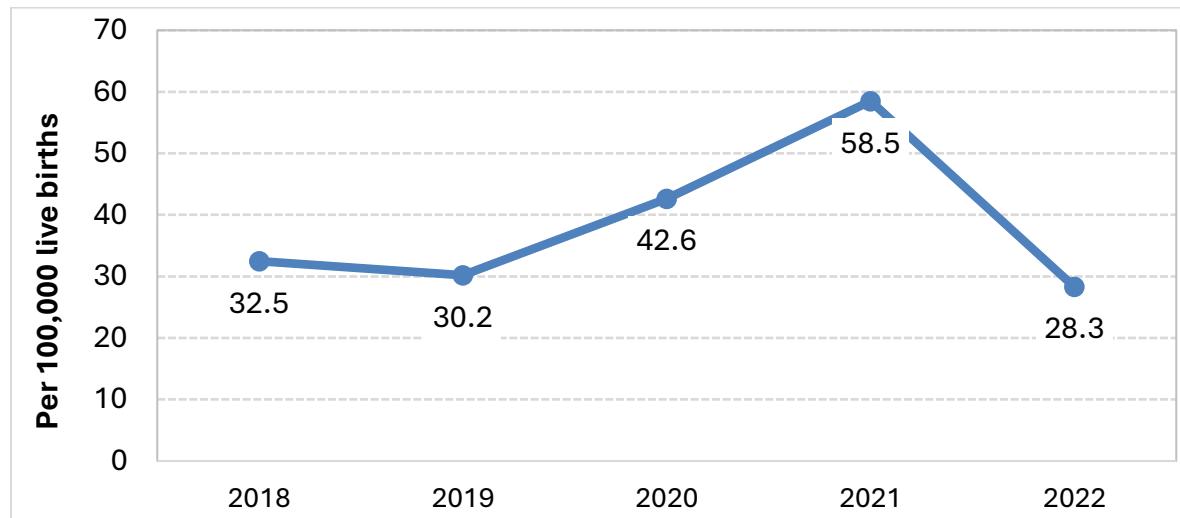
Investing in women's health can also yield economic and social benefits. Healthy women are more likely to participate fully in the workforce, contribute economically to their families, and engage actively in community life. Maternal health, in particular, influences productivity and economic stability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

# Arkansas Department of Health Strategic Plan, 2024-2029

**GOAL 1:** Decrease maternal mortality as measured by the indicator below:

**Figure:** Maternal mortality rate per 100,000 live births, 5-year moving average (Source: ADH Women's Health Branch)



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

**OBJECTIVE 1:** By 2029, ADH aims to increase the utilization of maternal health tools in ADH Local Health Units (LHUs) statewide by 10%.

Activity: To achieve this objective, ADH will focus on identifying, promoting, and expanding the range of maternal health tools available to women through strategic partnerships with UAMS and other organizations. These tools are intended to enhance the quality of care before and during pregnancy and include, but are not limited to:

1. Pregnancy Plus app
2. Count the Kicks app
3. MyBabies4Me program
4. Community Health Worker program
5. Sexual Risk Avoidance Education (SRAE) program

**OBJECTIVE 2:** By 2026, ADH will increase the number of community events focused on maternal health tools, preconception and prenatal nutrition, and related topics by 10%. To achieve this objective, ADH will participate in the following activities.

1. Expand and enhance community events across the state to deliver targeted education to women and families.

# Arkansas Department of Health Strategic Plan, 2024-2029

2. Incorporate the use of maternal health tools and focus on improving the quality of care before and during pregnancy.

**STRATEGY B:** Increase access to and frequency of prenatal visit.

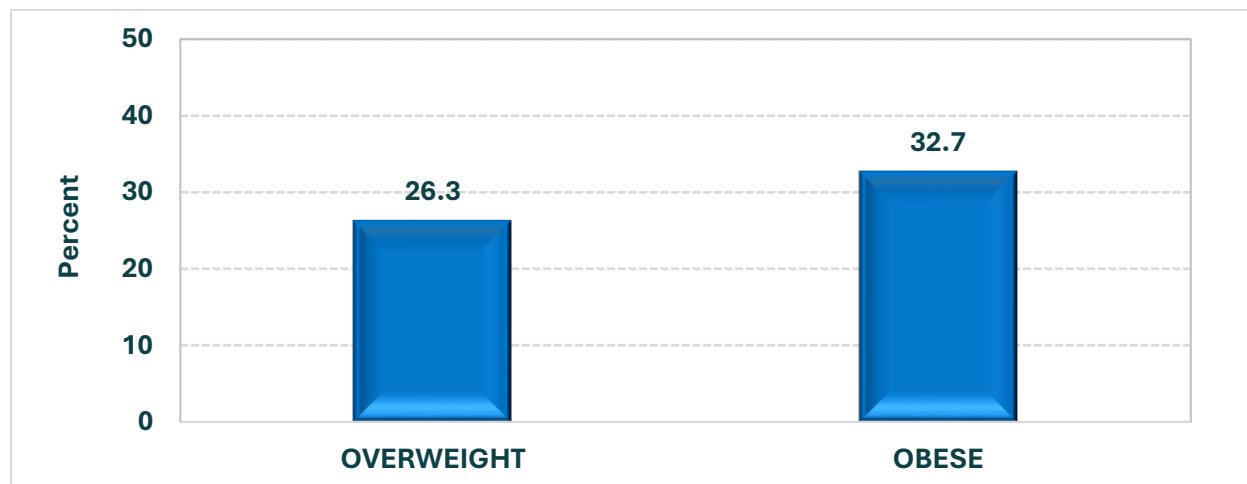
**OBJECTIVE:** By 2029, DLPH will establish additional maternity clinics to increase access to prenatal care in underserved communities by 10%. To achieve this objective, ADH, through DLPH, will participate in the following activities.

1. Partner with UAMS to offer telemedicine services and coordinate with the governor's strategic maternal health committee on a media campaign that promotes early and adequate prenatal care.

**GOAL 2:** Improve the health of women before they become pregnant, measured by the indicators below:

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

**Figure:** Body Mass Index (BMI) of women prior to their pregnancy (2022 PRAMS Survey)



**STRATEGY A:** Increase education on the importance of healthy food consumption.

**OBJECTIVE:** By 2029, ADH will develop or identify appropriate nutrition education resources and increase healthy food-related educational events by 10%.

To achieve this objective, ADH will expand and enhance materials and outreach for nutrition and breastfeeding. Efforts will include:

1. Translate WIC educational materials for families.
2. AMHC store visits engaging women of childbearing age, expectant, and new mothers in discussions on breastfeeding and healthy eating
3. Community Health Worker-led education on healthy food choices in LHUs

# Arkansas Department of Health Strategic Plan, 2024-2029

## **STRATEGY B:** Increase access to healthy food.

**OBJECTIVE:** By 2029, ADH will increase partner collaborations to improve awareness of existing sources for healthy food such as farmers' markets and food pantries while advocating for the establishment of new markets in underserved areas, with a goal for improving accessibility by 10%.

To achieve this objective, ADH will work with local organizations, community leaders, and food access advocates to promote available resources and support the development of new options in food-insecure areas. Efforts will include:

1. Promoting the use of WIC benefits at local farmers' markets
2. Partnering with UAMS through a specialized Walmart-funded grant to provide gift card incentives to pregnant women who complete a survey and supporting program recruitment by disseminating a QR code to all Local Health Units in Arkansas.
3. Distributing \$500 Walmart gift cards for baby supplies and \$1,000 Walmart gift cards for healthy food purchases to program participants
4. Exploring partnership with a private foundation to implement a food gleaning program that recovers surplus healthy food from Arkansas farms and redistributes it to communities, reducing food waste and increasing access.

## **Women's and Maternal Health partners in planning and implementation**

Name	Department or Program	Role
Dr. Kay Chandler	Women's Health Branch	Medical Director
Jomeka Edwards	Women's Health	Section Chief
Kenya Eddings	Arkansas Minority Health Commission (AMHC)	Director
Sherian Kwanisai	Division of Local Public Health	Director
Patrick Flemming	Office of Health Communications	Deputy Director, Health Promotions
Wanda Simon	Epidemiology Branch	Epidemiologist
Cassie Cochran	Arkansas Department of Health	Deputy Director, Public Health Programs
Renee Mallory	Arkansas Department of Health	Secretary of Health

# Arkansas Department of Health Strategic Plan, 2024-2029

Dr. Namvar Zohoori	Arkansas Department of Health	Senior Scientist
Patty Hibbs	OPMQIE	QI Manager
Caroline M Castro	OPMQIE	QA Specialist
Courtney Livingston	Family Health Branch	Nursing Program
Howraa Al-Mousawi	Vital Statistics	Section Chief
Mallory Jayroe	Epidemiology Branch	Epidemiology
Cristy Sellers	Division of Health Advancement	Director
Mitzi Fritschen	Division of Health Advancement	ADMO
Dr. Chychy Smith	Office of Health Disparities Elimination (OHDE)	OHDE Director
Shakia Jackson	Office of Health Disparities Elimination	OHDE Deputy Director

# Arkansas Department of Health Strategic Plan, 2024-2029

## 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 on 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 have difficulty quitting and are more likely to continue using tobacco in 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, stroke, and further elevating cancer risk. 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.

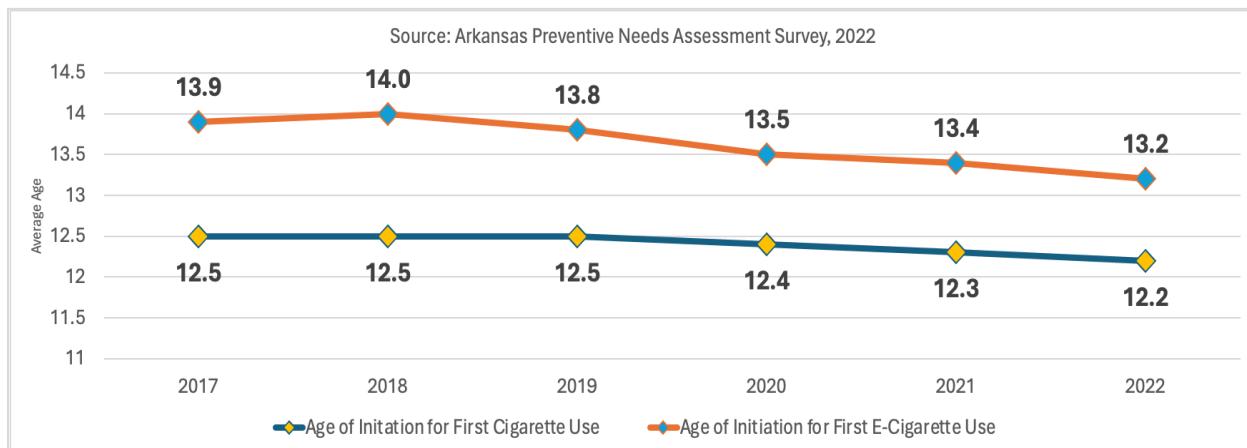
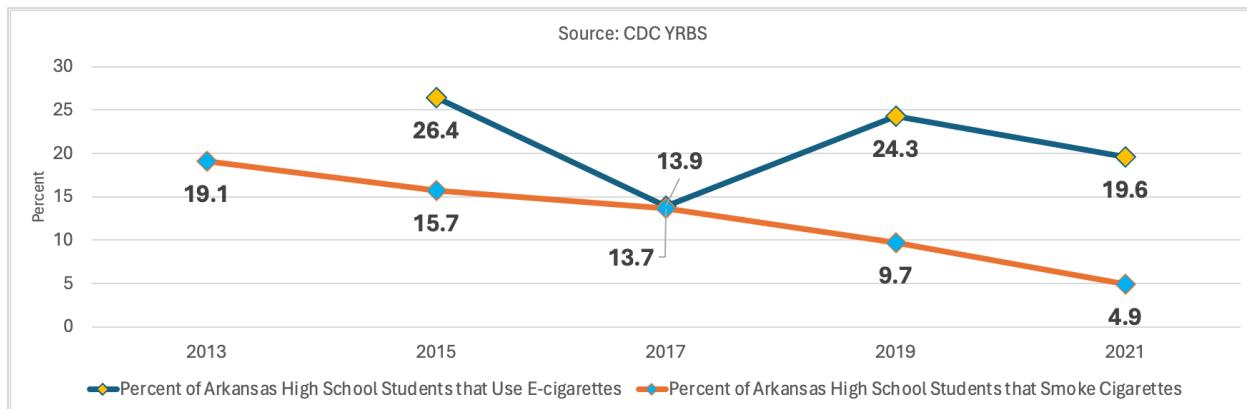
Behavioral patterns established during adolescence can influence lifelong habits. Youth who experiment with tobacco products are more prone to continued use as they mature into adulthood. Prevention efforts that effectively deter young people from starting tobacco use can disrupt these behavioral patterns 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.

# Arkansas Department of Health Strategic Plan, 2024-2029

**GOAL:** Decrease use of tobacco products among youth measured by the indicators below:

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



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

**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.

1. 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.
2. By July 2024, the production of Episode 3 would have commenced, as the script was already finalized and approved.
3. 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.

# Arkansas Department of Health Strategic Plan, 2024-2029

4. 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.
5. 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.

**STRATEGY B:** (1) Increase the number of groups that ADH TPCP has an active partnership with and (2) Increase the number outreach/intervention projects conducted with these partners

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

1. By June 30, 2024, ADH will set the groundwork by assessing existing partnerships, identifying strengths, and pinpointing areas for growth.
2. A master list of current TPCP partners will be developed identifying potential areas for new partnerships.
3. 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.
4. 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 stakeholders, ensuring synergy, maximizing resources and goal sharing.

## Tobacco Use among Youth partners in planning and implementation

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

# Arkansas Department of Health Strategic Plan, 2024-2029

## **NEXT STEPS**

(Partners involved are mentioned in parentheses)

- Email amended Strategic Plan to all team members.
- Email year-1 progress slides to all team members.
- Continue to maintain the 2024-2029 Strategic Plan as a live document in year-2, in case amendment is required (focus area teams, OPMQIE).
- Maintain a timeline for routine progress updates (all team members).
- Provide annual progress updates for FY 2026 (focus area leads, co-leads, and OPMQIE).
- Next annual meeting to be scheduled for May or June 2026 (all teams and OPMQIE).
- Virtual meetings to be conducted before the annual meeting to regroup (focus area teams and OPMQIE).