2024-2029 Strategic Plan
Arkansas Department of Health

(Amended, 2026)

Submitted by

Performance and Evaluation Services Office
Office of the Chief Science Officer
Arkansas Department of Health

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ADH MISSION STATEMENT

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

ADH VISION STATEMENT

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

DEFINITION OF STRATEGIC PLAN

Strategic planning is a tool that helps address the state's or territory's chief public health needs while allowing the agency to adapt to a changing environment. If designed, implemented, and monitored correctly, a strategic plan provides a common foundation to set direction, inform decision making, and assess performance.

- *Association of State and Territorial Health Officials (ASTHO)*

GLOSSARY OF KEY TERMS

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

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

Community Health Intervention: Non-clinical interventions aimed at improving health, preventing disease, and addressing differences in health outcomes across specific population groups.

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

Enabler: A partner or a group of partners, or factors surrounding a project or intervention that 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: Specific public health areas that are prioritized in the strategic plan for intervention. Focus areas vary based on the needs of a specific agency or organization and the populations they serve.

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

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

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

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

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

Leverage: Optimizing resources to maximize the 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 care, services, and resources for the population groups prioritized for intervention.

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

Performance Measure: Quantitative or qualitative indicators used to gather data/information and monitor progress toward achieving a goal, strategy, or objective.

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

Risk Factor: Any attribute, characteristic, personal behavior, lifestyle element, or environmental exposure that increases the likelihood of a person developing a disease, injury, or other negative health condition

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.

ACRONYMS

ABFM	American Board of Family Medicine
ADE	Arkansas Department of Education
ADH	Arkansas Department of Health
ADH-SP	Arkansas Department of Health Strategic Plan
AMHC	Arkansas Minority Health Commission
AMI	Acute Myocardial Infarction
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control & Prevention
CDC Wonder	CDC Wide-ranging ONline Data for Epidemiologic Research
CHAC	Child Health Advisory Committee
CHW	Community Health Worker
CPS	Community Paramedicine Service
DHS	Department of Human Services
DPP	Diabetes Prevention Program
EMS	Emergency Management System
EPT	Expedited Partner Treatment
HECAT	Health Education Curriculum Analysis Tool
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HTN	Hypertension, AKA High Blood Pressure
KII	Key Informant Interview
LHU	Local Health Unit
OHC	Office of Health Communications
MDPP	Medicare Diabetes Prevention Program
OPERS	Office of Preparedness and Emergency Response System
PESO	Performance and Evaluation Services Office
PECAT	Physical Education Curriculum Analysis Tool
PRAMS	Pregnancy Risk Assessment Monitoring System
SMART	Specific, Measurable, Achievable, Realistic, Time-bound
SHARE	State Health Alliance for Records Exchange
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
WellSat	Wellness School Assessment Tool
WIC Program	Women Infant and Children Program

2024-2029 STRATEGIC PLANNING PROCESS

The Arkansas Department of Health (ADH), with assistance from the Performance and Evaluation Services Office (PESO), followed a systematic process to develop the ADH Strategic Plan (ADH-SP) during 2023-2024. The key steps in the planning process are outlined below:

- October 2023: PESO developed a survey questionnaire for ADH staff to prioritize health behaviors and health outcomes to help identify potential focus areas for intervention.
- November 2023: The Office of Health Communications (OHC) administered the survey, and PESO received and compiled the survey results.
- December 2023: PESO analyzed the survey data and prioritized health behaviors and health outcomes based on the frequency with which they were selected by ADH staff.
- January 2024: The ADH Senior Executive Team reviewed and approved the survey results.
- April 2024: The ADH senior executive team reviewed and approved the focus areas endorsed by the Governor's Office.
- January-May 2024: PESO recruited ADH partners representing the identified focus areas to participate in the strategic planning process.
- May 17, 2024: A strategic planning meeting was held at Wyndham in North Little Rock. The meeting included the following activities:
    a. Presentation of ADH staff survey results including the focus areas ranked thus far
    b. Final selection of five focus areas for intervention: Diabetes, Heart Health, Sexually Transmitted Diseases (STD), Women's and Maternal Health, and Youth Tobacco Use
    c. Presentation of data relevant to the focus areas by the consultant from Clear Impact LLC.
    d. Formation of work groups with subject area experts to develop goals and strategies for each focus area; development and completion of goals/strategies
    e. Announcement of subsequent virtual meetings for workgroups to complete the remaining work, including identifying activities for each strategy

- May-June 2024: Virtual meetings conducted to strategic planning process
- July-August 2024: Completion of the initial draft of the Plan, editing, and refinement
- September 2024: Review and approval of the final plan by the Senior Executive Team
- October 2024: Final plan shared with focus area leads/teams for implementation
- October 2024: Final plan posted on the ADH website
- May 27, 2025: 1st Annual ADH-SP Meeting – implementation status and progress updates
- July 30, 2026: 2nd Annual ADH-SP Meeting – implementation status and progress updates

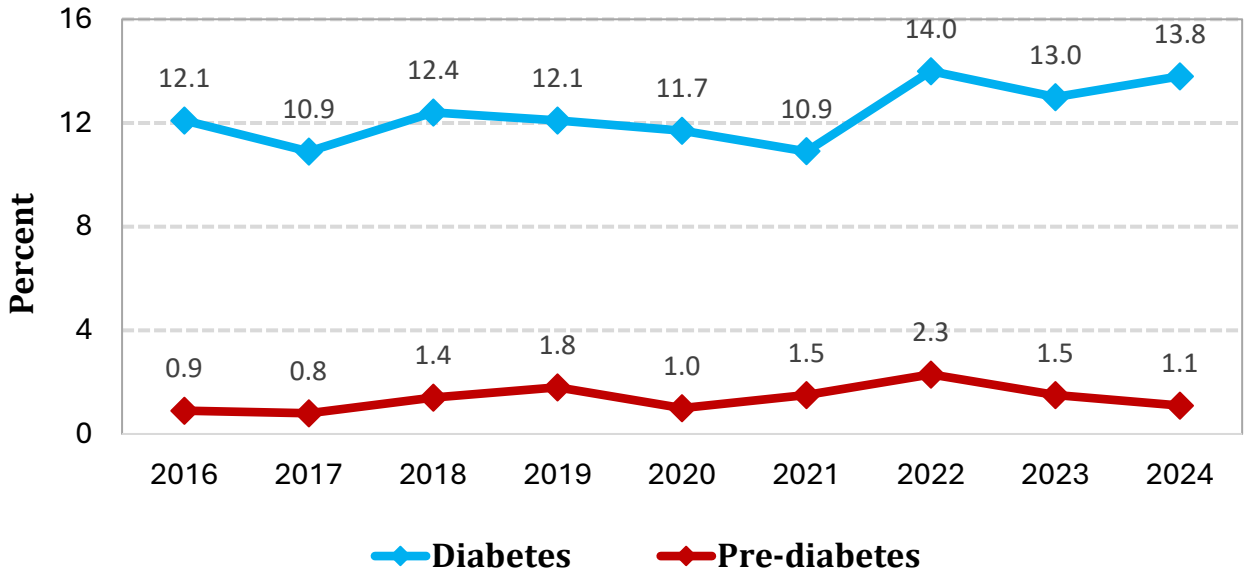
DIABETES

In 2024, 13.8% of adults in Arkansas reported having Type 2 diabetes. With diabetes, the body either doesn't produce enough insulin or cannot use it effectively. Over time, it can cause serious health problems such as heart disease, vision loss, kidney disease, etc. The Diabetes Prevention focus area seeks to lower diabetes prevalence rates by continuing to increase access to preventive services for people with diabetes, while encouraging healthier lifestyle choices centered on nutrition and physical activity.

GOAL 1: Reduce the prevalence of diabetes in Arkansas by improving the outcomes of the indicators below:

- Percent of adults who report having diabetes
- Percent of adults who report to have pre-diabetes

Figure: Adults who self-reported to have a diagnosis of diabetes or pre-diabetes (Source: Behavioral Risk Factor Surveillance System, CDC)



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

OBJECTIVE 1: By June 2028, expand the number of recognized DPPs in three counties of focus. Activities are listed below.

1. By February 2028, ADH will have identified geographic areas with the highest burden of diabetes and potential partners, who could engage community members, to participate in the assessments.
2. By June 2026, ADH will develop focus group and Key Informant Interview (KII) guides tailored for each geographic area.
3. By June 2028, ADH will 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 2027, ADH will continue to disseminate assessment results, best practices, and tools through participation in state conferences/meetings and through stakeholders, showcasing the potential benefits of DPPs.

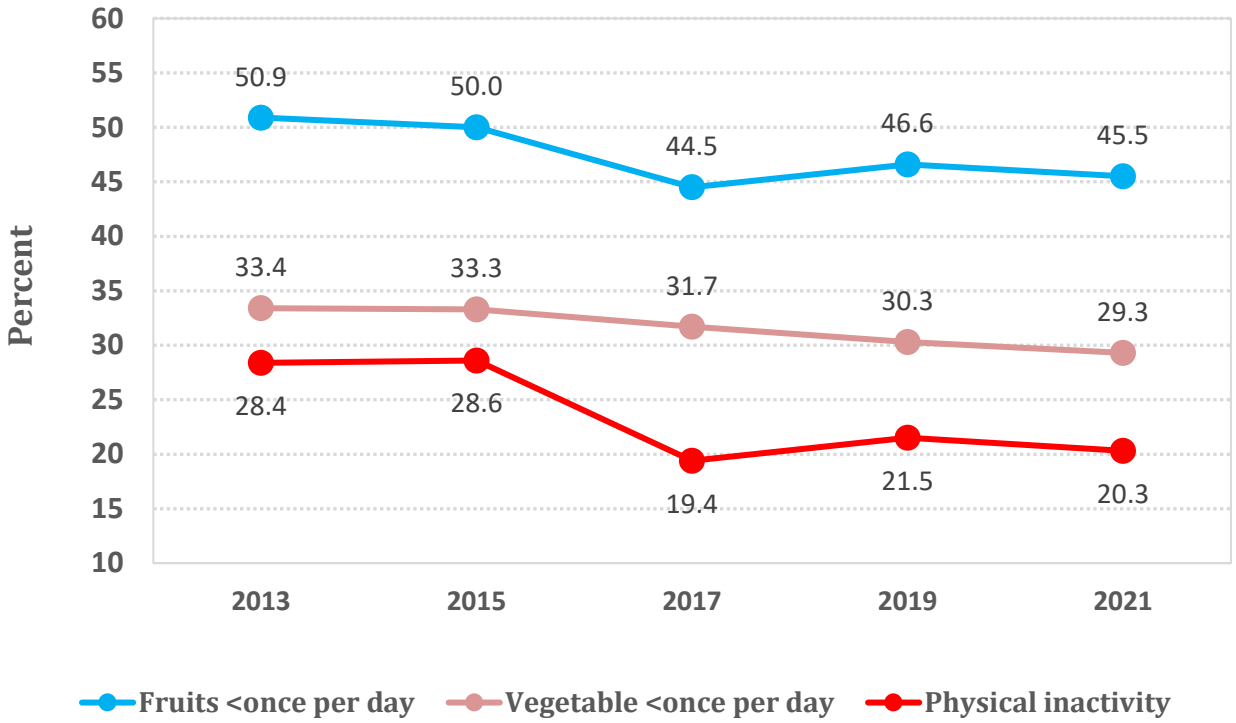
OBJECTIVE 2: By June 2028, increase DPP program enrollments by 1% from the baseline (Baseline: 2023 = 4,168; Current: March 2026 = 5,349). Activities are listed below.

1. By October 2026, ADH will 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.
2. By January 2027, ADH will assess the impact of marketing initiatives.

GOAL 2: Increase the prevalence of healthy lifestyle in Arkansas by improving the outcomes of the indicators below:

- Adults in Arkansas who consume fruits or vegetables, less than one serving/day
- Physical inactivity among adults

Figure: Adults consuming fruit/vegetable <1 serving a day, and physical inactivity among adults (Source: Behavioral Risk Factor Surveillance System).



Lifestyle of adults (baseline data)	Baseline 2021
Adults who were physically inactive	20.3%
Adults who consumed fruits <once per day	45.5%
Adults who consumed vegetables <once per day	29.3%

Lifestyle of youths (baseline data)	Baseline 2021	Current 2023
Physical inactivity among HS students	19.6%	17.7%
HS students who attended PE classes ≥ 1 day	37.6%	33.7%
HS students who didn't eat fruit or drink juice	11.9%	14.8%
HS students who didn't eat vegetables	14.1%	15.2%

STRATEGY A: Leverage partnership with the Arkansas Department of Education (ADE) to improve health and safety and physical activity standards in Arkansas.

OBJECTIVE 1: By 2028, ADH will leverage partnership with ADE to improve the quality and implementation of health, safety, and physical activity standards in schools. Activities are listed below.

1. By 2027, ADH will continue to explore School Health Index data from the ADE for establishing baseline metrics. This data will serve as a foundation for evaluating current practices and identifying areas for improvement in school districts.
2. By December 2027, ADH will continue to 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 Wellness School Assessment Tool (WellSat).
3. By November 2028, data results will be presented to the Child Health Advisory Committee (CHAC) with recommendations for the adoption of PECAT, HECAT, and WellSat across all districts.
4. By Fall of 2028, the final phase will involve presenting recommendations for potential amendments to education policy to both the Board of Health (BOH) and the Board of Education.

Note: The first and second annual progress updates for all strategies are posted on the Clear Impact System scorecards accessible to the focus area leads and their teams.

Diabetes Planning and Implementation Core Team

Name	Office/Program	Title
Dr. Bala Simon	Arkansas Department of Health	Deputy Chief Medical Officer
Cristy Sellers	Division of Health Advancement	Division Director
Dr. Becky Adams	Diabetes Prevention Program, Chronic Disease Branch	Section Chief
Shannon Borchert	DHA Coordinated School Health	Section Chief
Jordan Simpson	Diabetes Prevention Program, Chronic Disease Branch	Certified Health Educator
Rachel Spurr	Diabetes Prevention Program, Chronic Disease Branch	Registered Dietician
Clara Canter	Public Health Evaluator, PESO	Public Health Evaluator

HEART HEALTH

Heart disease and stroke are the first and fourth leading causes of death in Arkansas. The Heart Health focus area aims to lower deaths from heart attack and stroke by continuing to educate communities on recognizing warning signs and symptoms as well as emphasizing the importance of using emergency medical services for faster care. It also focuses on continued partnerships with healthcare systems to ensure timely and coordinated treatment during cardiac or stroke events.

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

- Stroke and Acute Myocardial Infarction (AMI) rates per 100,000 population

Figure: Heart attack and Stroke mortality rates in Arkansas (Source: CDC Wonder)

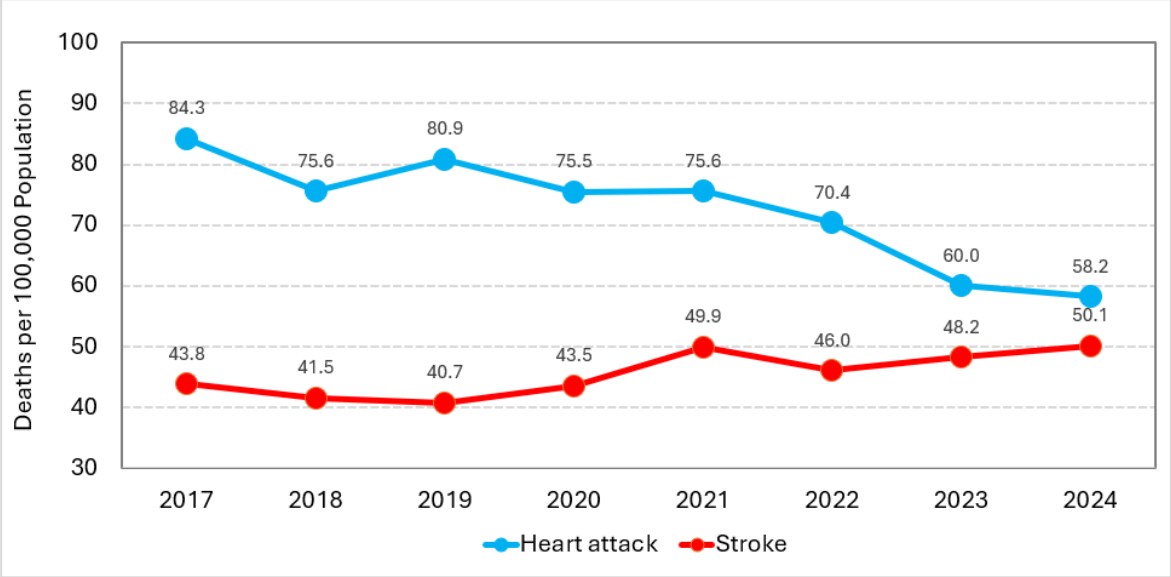
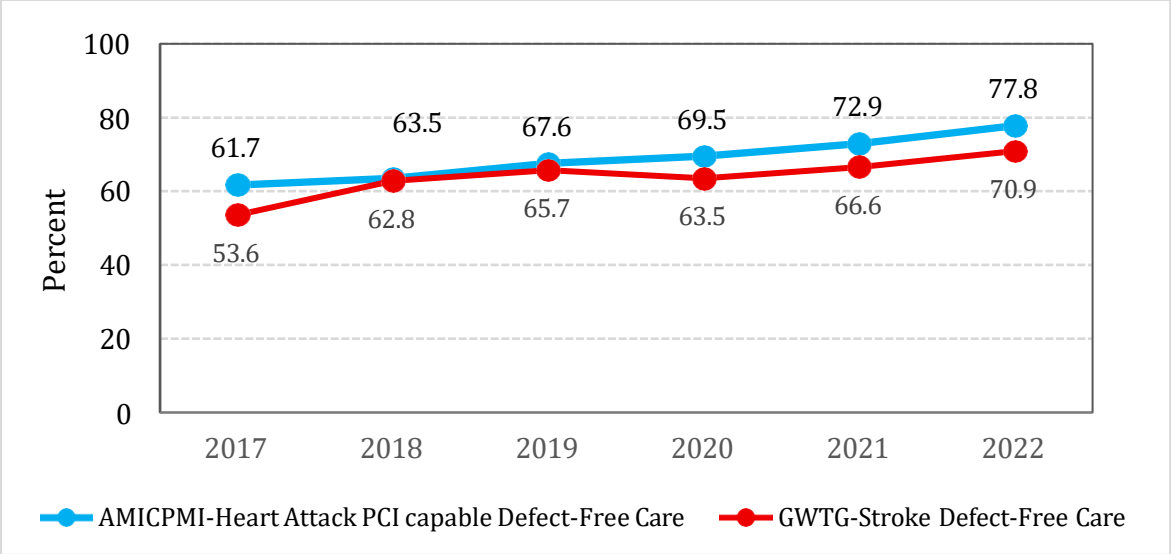


Figure: Heart attack and Stroke Defect-Free Care rates in Arkansas (Source: Stroke/STEMI Section)



STRATEGY A: Increase stroke and heart attack education to improve use of 911 services

OBJECTIVE: By 2029, ADH will increase stroke/heart attack cases arriving at hospitals via Emergency Management System by 5 % (EMS arrival baseline and current value: Stroke, 2023 = 40%, 2025 = 40%; Heart attack, 2023 = 31%, 2025 = 31%). Activities are listed below.

- By June 2027: Distribute stroke and heart attack educational materials through community and statewide partners, including Community Health Centers of Arkansas, the ADH Cosmetology Section, the University of Arkansas Cooperative Extension Service, and other partners, to expand community outreach and promote recognition of stroke and heart attack symptoms and timely activation of 911.
- **Metric**: Number of stroke and/or heart attack educational materials distributed annually.

STRATEGY B: Expand the adoption and use of Pulsara for stroke and heart attack case activation.

OBJECTIVE: By 2029, increase statewide Pulsara stroke and heart attack case activations by 20%. Baseline and current values of Pulsara utilization, Stroke cases: 2023 = 5,225; 2025 = 9,231. Baseline and current values of Pulsara utilization, heart attack cases: 2023 = 2.408; 2025 = 3,279
Activities are listed below.

- By June 2027: Incorporate Pulsara utilization into one-on-one hospital program review meetings by sharing available facility-level utilization data, discussing current use and opportunities for improvement, and encouraging increased use of Pulsara for stroke and heart attack case activation.
- **Metric**: Number of hospitals receiving and reviewing Pulsara utilization scorecards during annual program meetings.

STRATEGY C: Implement a statewide quality improvement strategy to reduce care defects and standardize evidence-based stroke and heart attack practices, with a focus on improving reliability, coordination, and outcomes across the continuum of care.

OBJECTIVE: By 2029, increase percent defect-free stroke and heart attack cases by 10%. Baseline and current values of Defect-Free Stroke Care: 2023 = 72.9%; 2025 = 78.9%
Baseline and current values of Defect-Free Heart Attack Care: 2023 = 66.6%; 2025 = 75.1%
Activities are listed below.

1. Sponsor Advanced Stroke Life Support (ASLS) and Acute Coronary Syndrome (ACS) training and certification opportunities for healthcare providers. **Metric**: Number of individuals annually certifying with the ASLS and ACS credentials.
2. Increase participation in the Arkansas Stroke Ready Hospital (ArSRH) designation program through targeted hospital outreach, TA, and support with designation/re-designation process. **Metric**: No. of hospitals ADH is annually supporting to become designated as Arkansas Stroke Ready Hospitals.
3. Expand participation in the Acute Heart Attack Ready Hospital program by providing

funding and technical assistance to participating hospitals. **Metric**: Number of hospitals ADH is annually supporting to become designated as Arkansas Stroke Ready Hospitals.

4. Provide hospitals with performance scorecards on key stroke and heart attack quality measures, including defect-free care, and use the results to identify opportunities for quality improvement. **Metric**: Number of stroke and heart attack performance scorecards distributed and reviewed with hospitals annually.
5. Facilitate regional stroke and heart attack meetings that bring together hospitals and EMS agencies to review performance, strengthen coordination, and identify opportunities to improve the quality and continuity of care. **Metric**: Number of ADH-facilitated regional stroke and heart attack coordination meetings held annually.
6. Recognize healthcare providers demonstrating outstanding performance and improvement in stroke and heart attack care.

STRATEGY D: Reduce re-admissions related to stroke and heart attack.

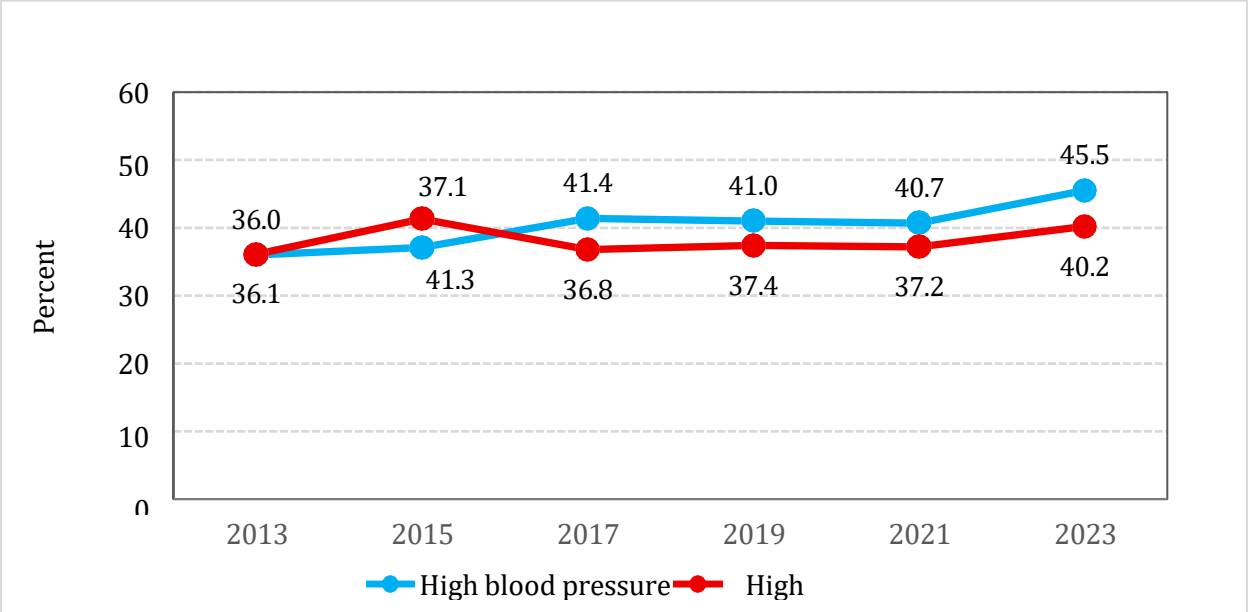
OBJECTIVE: By 2029, increase the combined total of completed community paramedicine assessments and visits (CPMAV) and individuals consenting to follow-up referral consents from community health workers with community health centers among at-risk or affected stroke and heart disease patients by 1,000. Baseline and current values: Stroke-related CPMAV: 2023 = 14; and 2026=193. Activities are listed below.

1. Fund community paramedicine visits that provide post-acute follow-up, risk-factor management, care coordination, and connections to needed resources for individuals with stroke or heart disease, with the goal of improving outcomes and reducing preventable hospital readmissions. **Metric**: Number of ADH-supported community paramedicine follow-up visits completed annually for patients with high blood pressure, heart disease, or stroke.
2. Support the development and implementation of a bidirectional referral and tracking process in collaboration with Community Health Centers of Arkansas and ADH SHARE to facilitate closed-loop referrals for individuals with, or at risk for, stroke or heart disease and connect patients with needed clinical and community resources. **Metric**: Number of referrals for patients with high blood pressure, heart disease, or stroke that are entered and tracked through the ADH-supported closed-loop referral system each year.

GOAL 2: Decrease prevalence of risk factors for stroke and heart attack in Arkansas by improving the outcomes of the indicators below.

- Percent of adults who reported to have high blood pressure
- Percent of adults who reported to have high cholesterol

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 individual/group providers from family medicine, internal medicine, pediatrics, and geriatric clinics to 60, in the Arkansas Primary Care Registry (APCR) to improve statewide clinical performance, reduce risk factors, and improve health outcomes. (2026 performance baseline for APCR enrollment: Clinics = 34, Physicians and APRNs = 210, Patients being served = 90,000. 2023 baseline for heart disease risk factors: High blood pressure=45.5%; High cholesterol: 40.2%). Current data will be provided as it becomes available.

1. By 2024, ADH will collaborate with American Board of Family Medicine (ABFM) to enhance State Clinical Performance Dashboard within the registry to monitor performance of participating clinics and practices, identify and close gaps in care, and improve clinical outcomes. **Complete.**
2. By July 2027, ADH will enroll at least 40 clinics and practices into the APCR, in collaboration with clinics, ABFM, academia, and other partners to improve the state of cardiovascular and chronic disease health in Arkansas.
3. By July 2028, ADH will expand enrollment to 60 clinics and practices for clinical and population health Performance Improvement (PI) to develop a system of primary care to improve cardiovascular disease and other chronic disease outcomes.
4. By July 2029, ADH will continue to expand enrollment of clinics and practices for

clinical and population health PI and enhance the system of primary care to improve cardiovascular disease and other chronic disease outcomes.

OBJECTIVE 2: By July 2029, ADH will improve clinical performance by utilizing the state registry dashboard data and performance trends of HTN, high cholesterol, other chronic disease and other disease conditions to close gaps in patient care. Activities are listed below.

1. ADH and ABFM will collaborate 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 risk factors and clinical outcomes.

OBJECTIVE 3: By July 2029, ADH will deploy 6 CHWs in 12 delta counties, facilitating patient navigation to primary care facilities, community-based social services, and assisting with medications and medical devices, e.g., blood pressure monitors to enhance community clinical linkages. Activities are listed below.

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 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 4: July 2025, ADH will install self-blood pressure monitoring kiosks 90 local health units (LHU) for clients, employees and the general public. Activities are listed below. **Complete.**

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. **Complete.**
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. **Complete.**
3. By July 2025, ADH will deliver and install the remaining 68 BP Kiosk at LHUs. **Complete.**

Note: First and second annual progress updates for all strategies are posted on the Clear Impact System scorecards accessible to the focus area leads and their teams.

Heart Health Planning and Implementation Core Team

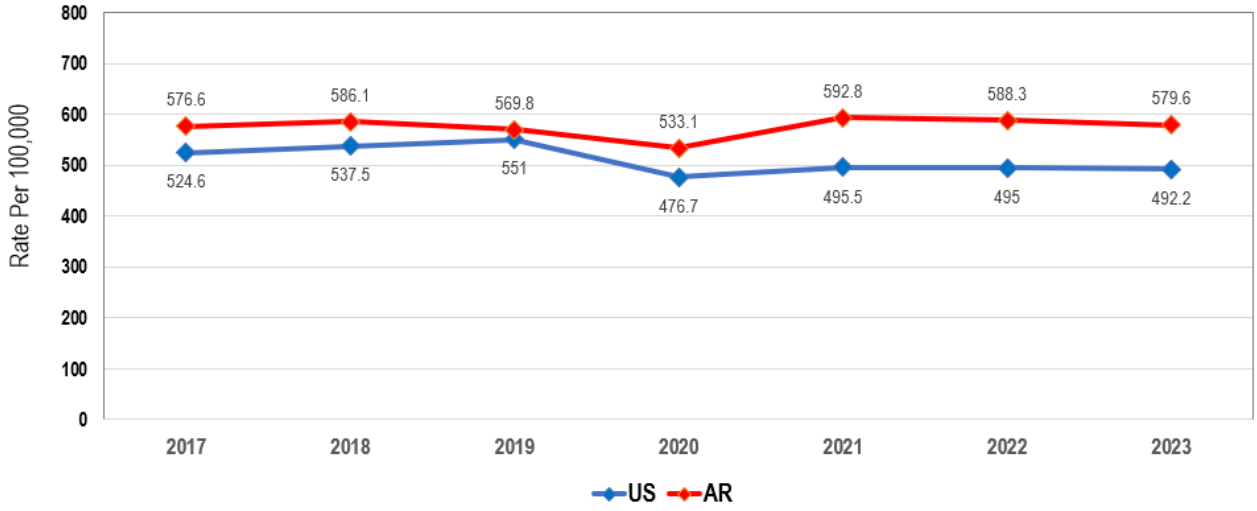
Name	Office/Program	Title
Dr. Bala Simon	Arkansas Department of Health	Deputy Chief Medical Officer
Joe Martin	Office of Preparedness, Emergency Response Systems (OPERS)	OPERS Director
David Vrudny	Stroke and Heart Attack Section	Section Chief
Toney Bailey	Chronic Disease Branch	Branch Chief
Elizabeth Eskew	Cardiovascular Disease Prevention	Section Chief
Kenya Eddings	Minority Health Commission	Director

SEXUALLY TRANSMITTED DISEASES

Preventing maternal and congenital syphilis is a key priority for ADH, given the high case rates in Arkansas. Untreated syphilis during pregnancy can be passed to the baby, resulting in serious health complications. These cases often indicate gaps in prenatal care, delayed testing, or missed diagnoses. The STD focus area emphasizes reducing congenital syphilis rates by continuous promotion of routine screening during pregnancy and ensuring timely antibiotic treatment when needed.

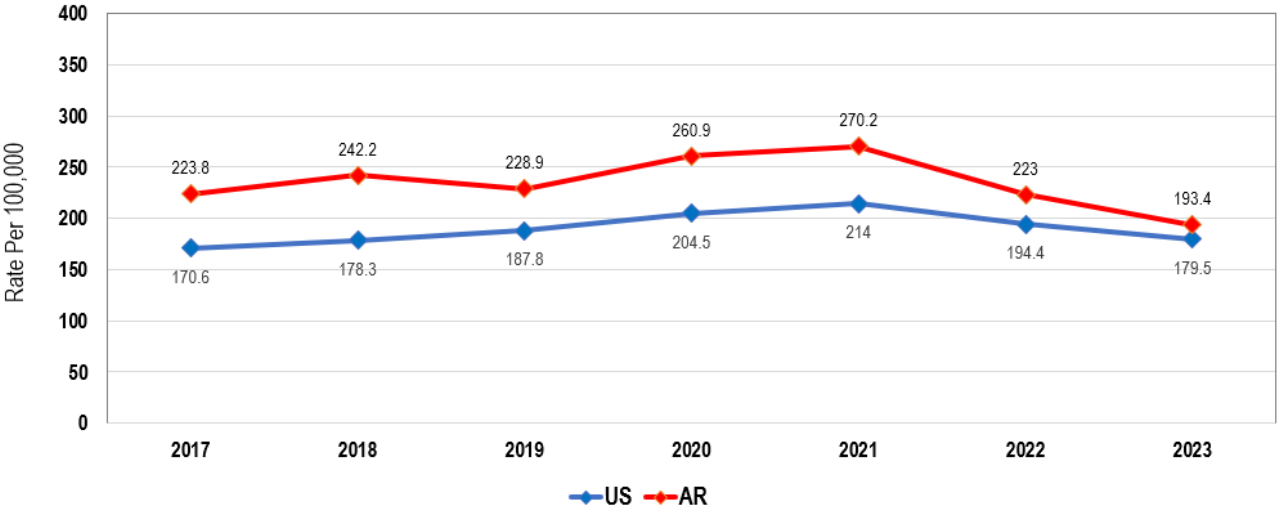
GOAL 1: Decrease rates of newly reported STDs by improving the outcomes of the indicators below (Source: HIV/STD Section).

Figure: Chlamydia case rates, AR and US, 2017-2023 (Source: HIV/STD Section)



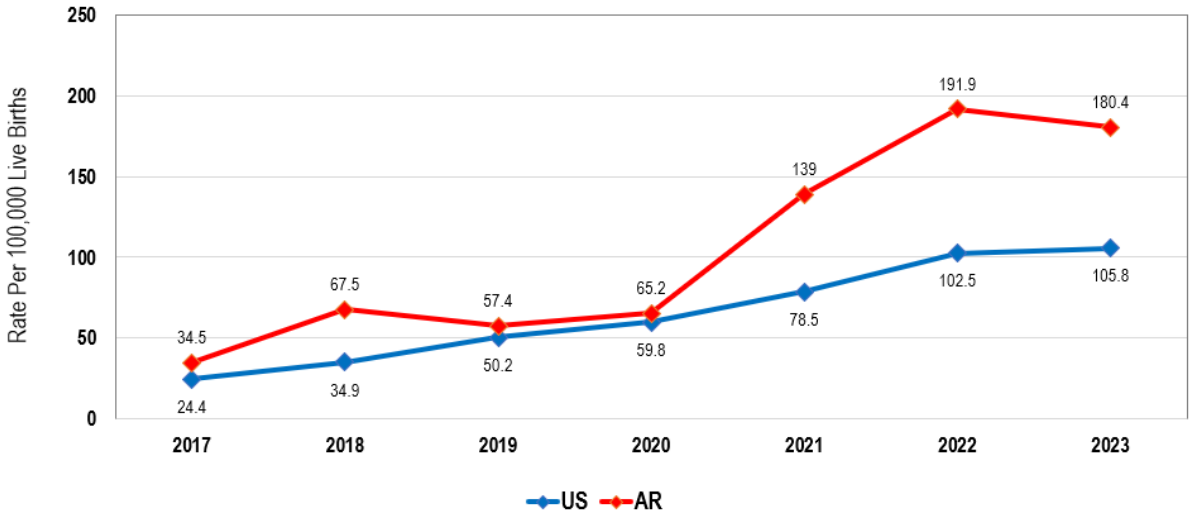
Source: Centers for Disease Control & Prevention

Figure: Gonorrhea case rates, AR and US, 2017-2023 (Source: HIV/STD Section)



Source: Centers for Disease Control & Prevention

Figure: Congenital syphilis case rates, AR/US, 2017-2024 (Source: HIV/STD Section)



Source: Centers for Disease Control & Prevention

STRATEGY A: Expand partnerships and awareness of providers to serve 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 10% improvement in post-session assessments compared to pre-session assessments. Activities are listed below. **Complete**.

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 groups, and the HIV provider network, reaching a wide network of healthcare professionals, and facilitating broader adoption of EPT practices. **Complete**.
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. **Complete**.
3. By June 30, 2025, ADH aims to foster a deeper understanding of EPT guidelines and best practices among providers by completing Health Care Provider Engagement Learning Series through Lunch 'N Learn and by training HCP about EPT. **Complete**.

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

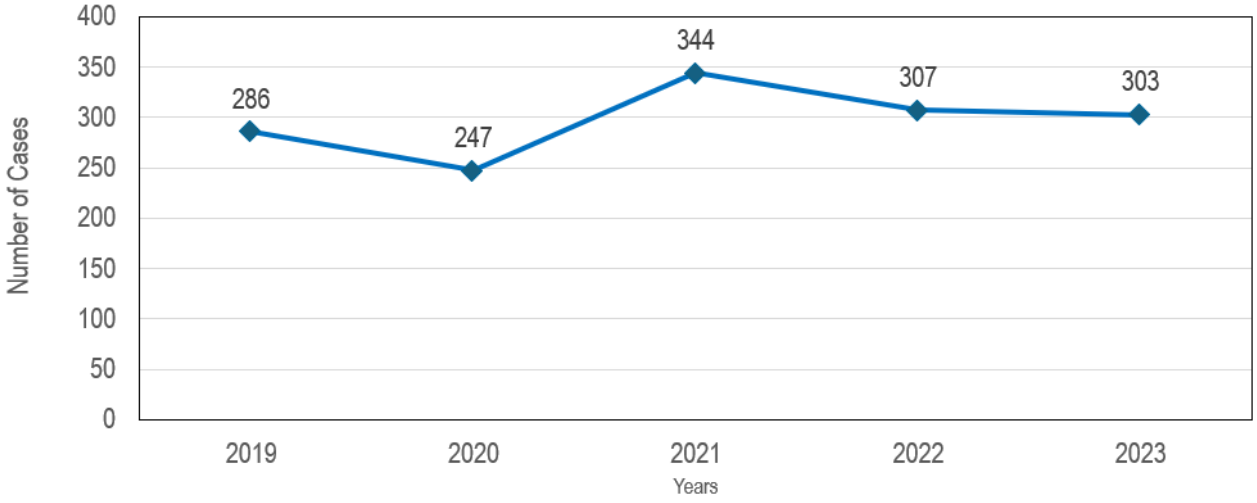
OBJECTIVE 1: By 2027, ADH will continue (1) training for STD/STI partners and internal and external providers leading to 10% increase in their knowledge of, and (2) 10% increase in the availability of educational materials for direct community distribution (baseline and current values will be added). Activities are listed below.

1. By June 2027, the ADH will continue to 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 2027, ADH will continue to provide educational materials to youth groups, fostering community responsibility in promoting sexual health awareness among peers. College and university fraternity and sorority group members will engage in contests designed to promote outreach/education for Chlamydia and Gonorrhea.
3. By June 2027, ADH will continue to 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 by improving the outcomes of the indicators below (Source: HIV/STD Section):

- Syphilis rate and congenital syphilis rate in Arkansas.
- Newly diagnosed HIV cases in Arkansas.

Figure: Newly diagnosed HIV cases in Arkansas, 2019-2023 (Source: HIV/STD Section)



*HIV Infection includes all newly diagnosed HIV-infected individuals regardless of stage of infection (HIV or AIDS) .
Sources: Arkansas eHARS accessed December 2024. Data are provisional and subject to change.

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

OBJECTIVE: By 2029, ADH will achieve a 10% increase in the number of individuals tested for STD/STI, to be measured bi-annually. Activities are listed below.

1. By June 2027, ADH will continue to collaborate with hospital EDs to provide education sessions every month, by sharing STD/STI testing protocols, state and federal guidelines on management and treatment, data sharing to enhance awareness, and encouraging proactive testing practices within ED settings. ADH will also meet infection control nurses and offer in-service training for their staff.
2. By June 2027, ADH will continue to streamline testing processes, increase awareness of the importance of STD/STI testing, and provide necessary testing resources and materials to improve detection rates including among vulnerable populations.

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 2027, ADH plans to achieve a 10% increase in testing through education, collaboration, and marketing efforts. Activities are listed below.

1. By June 2027, continue with another phase of media campaign to emphasize the importance of regular testing and timely treatment of Syphilis. This campaign will raise public awareness, encourage testing behaviors, and promote stigma reduction associated with STD testing.
2. By June 2027, ADH will continue to 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.

STRATEGY C: For HIV cases: 1) Increase testing for HIV by providing continued education and data sharing with coalitions, partners, and stakeholders; 2) Increase viral suppression through linkage and retention in care, from 60% to 65% for people who test HIV positive.

OBJECTIVE: By 2027, ADH will continue to increase the number of individuals tested for HIV by 10%, through continued education initiatives and enhanced data sharing with coalition 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 (baseline 2021 = 40%; 2026 = 60%, 2027 = 65%). Activities are listed below.

1. By June 2027, ADH will continue to educate Arkansas residents by distributing educational materials related to “Take Me Home” testing kits.

2. By June 2027, ADH will continue to leverage HIV partners and stakeholders to educate Arkansas residents about HIV prevention strategies i.e., Pre-Exposure Prophylaxis, HIV testing options, and available linkage to care resources.
3. By June 2027, ADH will continue to disseminate education and information at LHU clinics, EDs, and community venues to raise awareness about available resources for individuals diagnosed with HIV, encouraging prompt access to care and support services.
4. By June 2027, ADH will continue to engage at-risk population groups and communities, ensuring tailored outreach programs that address specific needs and barriers to HIV testing and care access.

Note: First and second annual progress updates for all strategies are posted on the Clear Impact System scorecards accessible to the focus area leads and their teams.

STD Planning and Implementation Core Team

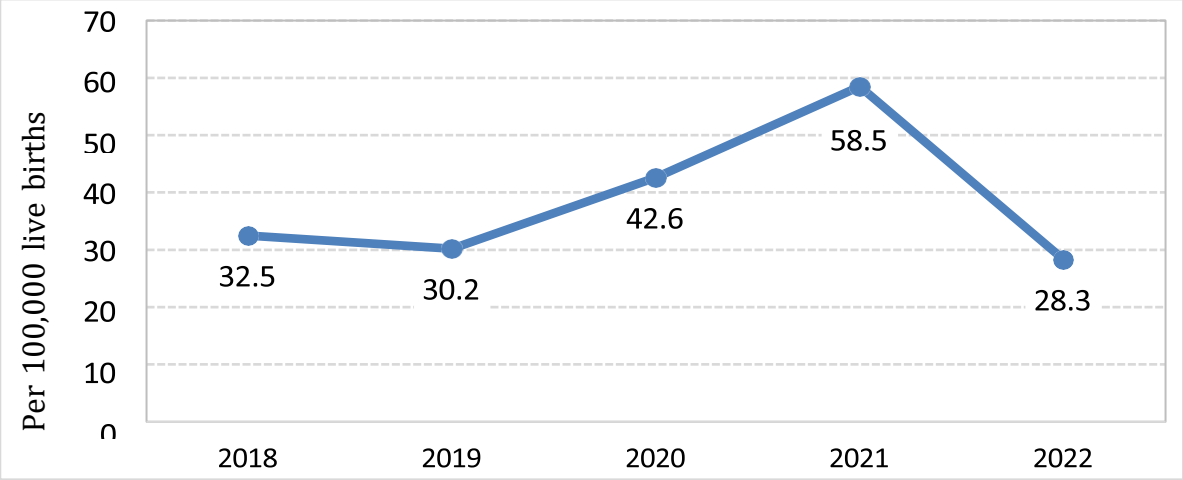
Name	Office/Program	Title
Connie Melton	Division of Health Protection	Division Director
Tiffany Vance	HIV/STD, Infectious Disease Branch	Branch Chief
Thomasine Kelley	HIV/STD, Infectious Disease Branch	Nurse Program Coordinator
Kylie Chisum	HIV/STD, Infectious Disease Branch	Epidemiologist
Annie Pro	HIV/STD, Infectious Disease Branch	Epidemiologist
Nick Butler	HIV/STD, Infectious Disease Branch	Disease Investigation Specialist Supervisor
Cinthia Castro	HIV/STD, Infectious Disease Branch	Health Program Specialist
Catherine Waters	Outbreak Response Branch	Branch Chief

WOMEN'S HEALTH AND MATERNAL HEALTH

Maintaining good health before pregnancy and receiving timely prenatal care are critical to improving maternal and infant health outcomes. Many maternal and infant deaths are preventable and often related to existing health conditions or barriers to accessing care. The Women and Maternal Health focus area is working to improve these outcomes by encouraging healthy habits, supporting pregnancy planning, and ensuring consistent prenatal care throughout pregnancy.

GOAL 1: Decrease maternal mortality as measured by improving the outcomes of the indicators below. Baseline maternal mortality ratio: 2022=28.3 per 100,000 live births)

Figure: Pregnancy Related Mortality Ratio (PRMR), Five -Year Moving Average (Source: Arkansas Maternal Mortality Review Committee (AMMRC)



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%. Activities are listed below.
Baseline and current values: Pregnancy Plus App: 2025 = 22,814 (Arkansas Pregnancy+ users); 2024 Count the Kicks app: 1,184, Count the Kicks Website: 8,165; 2025 Count the Kicks app: 1,304, Count the Kicks Website: 1,707).

1. ADH will continue to promote and expand 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:
    - Pregnancy Plus app
    - Count the Kicks app

OBJECTIVE 2: By 2027, ADH will continue to increase the number of community events

focused on maternal health tools, pre-conception and prenatal nutrition, and related topics by 10%. To achieve this objective, ADH will participate in the following activities.

To achieve the objective, ADH will continue to pursue following activities:

1. Increase the number of maternal health related community events focused on preconception and prenatal nutrition education for women and families (Baseline and current values: 2024=318; 2025=349).
2. Incorporate the use of maternal health tools and focus on improving the quality of care before and during pregnancy.
3. MyBaby4Me program. (Baseline: 2025 = 82)

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

OBJECTIVE 1: By 2029, the Division of Local Public Health (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 (Baseline and current values: 2024=58; 2025=61; 2026=68). Activities are listed below.

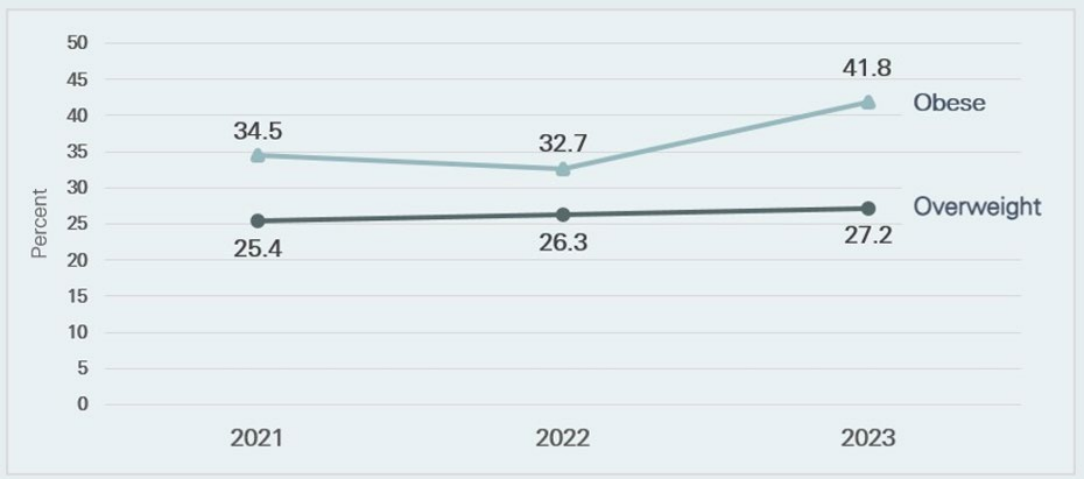
1. ADH will continue to partner with UAMS to offer telemedicine services and coordinate with the governor's strategic maternal health committee on a media campaign that promotes early and adequate prenatal care.

OBJECTIVE 2: By 2029, the DLPH will increase WIC enrollment by 5% (baseline and current values: 2021=38.1%; 2022=41.3%; 2023=48.0%). Activities are listed below.

1. Activities will be added.

GOAL 2: Reduce Pre-Pregnancy Risk Factors by improving the outcomes of the indicators below (Source: Pregnancy Risk Assessment Monitoring System)

Figure: Body Mass Index (BMI) prior to pregnancy, Arkansas 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%. Activities are listed below (Baseline and current values: Telehealth services: 2025=136; ADH WIC outreach: 2024=174, 2025=184; AMHC store visits: 2024=2, 2025=6)

2. ADH will continue to expand educational materials and outreach efforts to enhance nutrition and breastfeeding. Efforts will include:
    1. Translation of 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

STRATEGY B: Increase access to healthy food.

OBJECTIVE: By 2029, ADH will increase partner collaborations to improve awareness of existing sources for healthy food (i.e., farmers' markets and food pantries) while advocating for the establishment of new markets in underserved areas, with a goal of improving accessibility by 10% (WIC Farmers Market Visit 2024=34, 2025=30) Activities are listed below.

- ADH will continue to 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:
    - Promote use of WIC benefits at local farmers' markets
    - Partner 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 QR code to all LHUs in Arkansas.
    - Distributing $500 Walmart gift cards for baby supplies and $1,000 Walmart gift cards for healthy food purchases to program participants
    - Explore 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.

Note: First and second annual progress updates for all strategies are posted on the Clear Impact System scorecards accessible to the focus area leads and their teams.

Women's and Maternal Health Planning and Implementation Core Team

Name	Office/Program	Title
Renee Mallory	Arkansas Department of Health	Secretary of Health
Cassie Cochran	Arkansas Department of Health	Deputy Director, ADH Public Health Programs
Cristy Sellers	Division of Health Advancement	Director
Mitzi Fritschen	Division of Health Advancement	ADMO
Dr. Kay Chandler	Women's Health	Medical Director
Dr. William Greenfield	Family Health Branch	Medical Director
Jomeka Edwards	Women's Health	Section Chief
Kenya Eddings	Arkansas Minority Health Commission	Director
Sherian Kwanisai	Division of Local Public Health	Director
Wanda Simon	Epidemiology Branch	Epidemiologist

YOUTH TOBACCO USE

According to the Centers for Disease Control and Prevention (CDC), cigarette smoking is associated with many serious health problems, including cancer, heart disease, stroke, lung disease, adverse reproductive outcomes, and other illnesses. The CDC also warns about potential health risks linked to e-cigarette use (vaping). The Youth Tobacco Use focus area aims to reduce smoking and vaping among adolescents in Arkansas through continued implementation of educational tools (Navig8 App, Coral's Reef), while supporting cessation efforts through programs like Be Well Arkansas.

GOAL: Decrease use of tobacco products among youth by improving the outcomes of the indicators below.

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

Figure: High school students who currently used electronic vapor product* (Source: CDC)

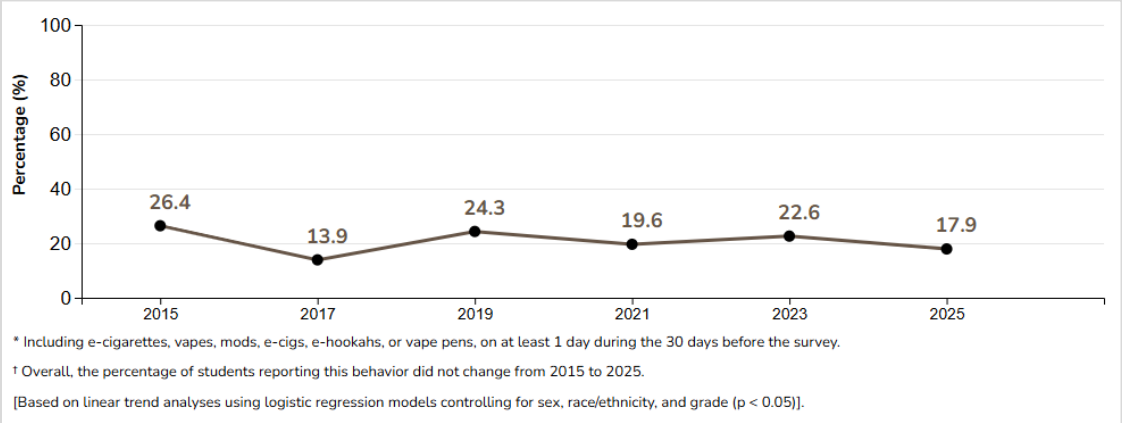


Figure: High school students who currently smoked cigarettes* (Source: CDC)

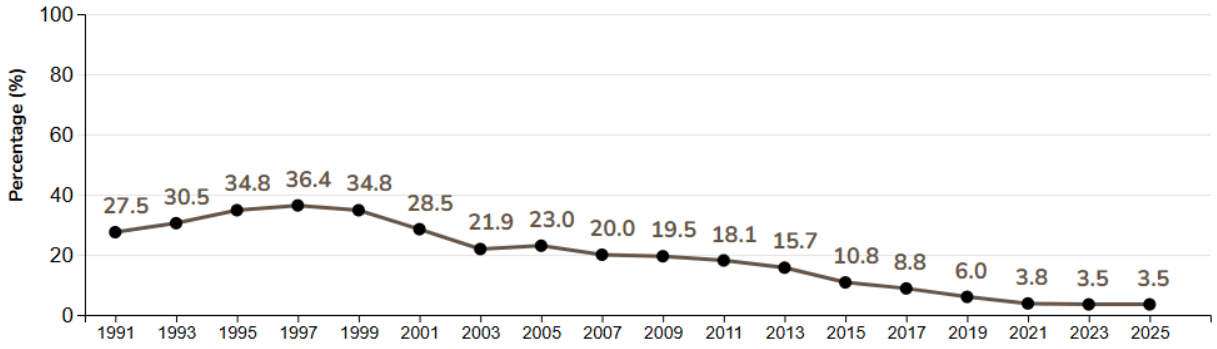
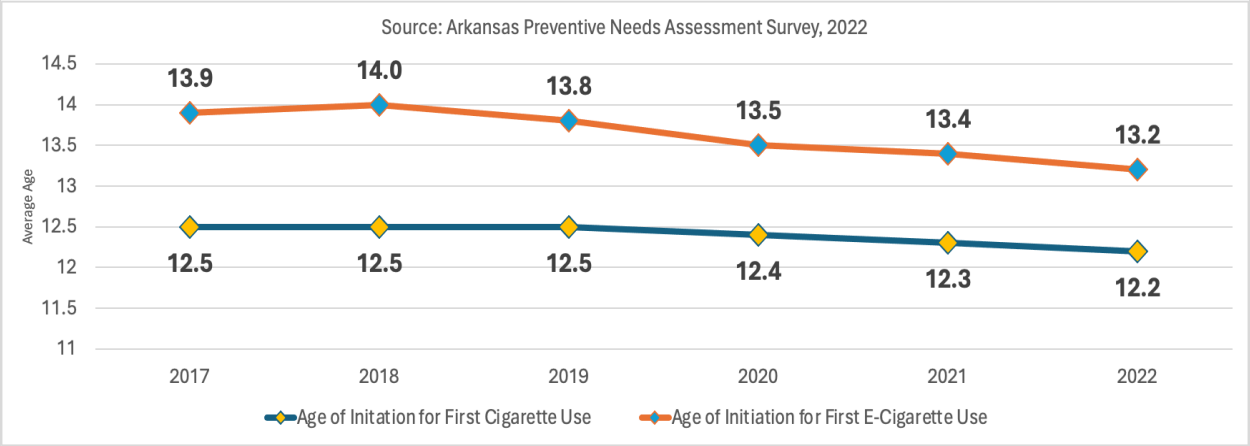


Figure: Age of initiation of first cigarette and e-cigarette among youth in Arkansas.



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 points, from 19.6 % to 14.6 %. Activities are listed below.

This objective focuses on expanding educational outreach to young children, laying the groundwork for future prevention efforts.

1. By October 2024, TPCP will develop the script of "Corals Reef." **Complete.**
2. By December 2024, TPCP will plan to receive approval of the script from ADH leadership and begin the animation work. **Complete.**
3. By March 2025, TPCP will complete Coral's Reef 3rd YouTube episode. **Complete.**
4. By August 2027, TPCP will continue to develop and disseminate materials posters, books, lesson plans etc. focusing on refusal skills related to e-cigarettes, by collaborating with the Office of Health Communications.
5. By June 2027, TPCP will assess completion of Episode 3 translation to Spanish language. It will also create materials and booklets on Peer Pressure.
6. By June 2027, TPCP will move further along with writing script for Episode 4.
7. By June 2027, the TPCP Section Chief will continue to identify schools that are lacking Project Prevention Chapters and engage them to establish new chapters.
8. By June 2027, TPCP will continue to conduct awareness of BeWell Arkansas program by establishing new school-based Project Prevention Chapters with an aim to foster a supportive environment against tobacco and e-cigarette use.

STRATEGY B: (1) Increase the no. of groups that TPCP has an active partnership with, and (2) Expand the number outreach and intervention projects conducted with these partners.

OBJECTIVE: By June 2029, increase TPCP partnership by 10% to bolster outreach and intervention efforts toward youth using smoking or e-cigarette. Baseline data will be added.

1. By September 2024, expand TPCP team to reach more coverage areas. **Complete**.
2. By March 2025, add new partners, purchase tablets to enroll attendees in Be Well AR at community events. Tablets purchased. **Complete**.
3. By June 2027, TPCP will continue to enroll attendees.
4. By July 2027, continue to adjust shifts in workforce and adjust work accordingly.
5. By December 2025, begin working with prospective new partners interested in implementing tobacco-free policies. **Complete**.
6. By June 2027, TPCP will continue to update the master list of current TPCP partners by identifying potential areas for new partnerships.
7. By 2027, TPCP will continue to prepare for the summer Kickoff to bring all partners together and form strategies to reduce tobacco use among youths and delay initiation by fostering stakeholder collaborations, maximizing resources, and common goal sharing.

Note: First and second annual progress updates for all strategies are posted on the Clear Impact System scorecards accessible to the focus area leads and their teams.

Youth Tobacco Use Planning and Implementation Core Team

Name	Office/Program	Role
Sherian Kwanisai	Division of Local Public Health	Division Director
Julie Harlan	Community and School Health Branch	Branch Chief
Leosha Williams	Tobacco Prevention and Cessation	Section Chief
Alize Culpepper	Tobacco Prevention and Cessation	Administrative Analyst
Donald Kelly-Ellis Jr.	Tobacco Prevention and Cessation	Epidemiologist
Jorge Guadamuz	Epidemiology Branch	Epidemiology Supervisor

NEXT STEPS

- Amended Strategic Plan will be posted on ADH website.
- Progress updates from the 2nd Annual Meeting presentations will be posted on the respective scorecard pages in the Clear Impact system.
- The focus area teams will continue to implement interventions, track progress, and collect data.
- Year-3 six-monthly updates will occur in the first quarter of 2027.
- During the first 6 months of the fiscal year, the focus area team leads will also review and finalize the performance measures
- Final performance measures will be reviewed and approved by ADH's senior executive team members.
- The 3rd Annual Meeting of the ADH Strategic Plan will be scheduled for July 2027 to bring all teams and senior leadership members together.
- The strategic team members and other ADH key staff members will celebrate their achievements and develop strategies to overcome challenges.