

ARKANSAS DEPARTMENT OF HEALTH

FY 2018 – FY 2019 STRATEGIC PLAN

MISSION:

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

VISION:

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

CORE VALUES:

- Dedication to the public
- Responsiveness
- Open Communication
- Integrity
- Quality
- Accountability
- Innovation
- Leadership in Public Health
- Appreciation of employees



GOAL 1 EFFICIENCY AND RESPONSIVENESS: STRENGTHEN ORGANIZATIONAL EFFICIENCY AND EXPAND ACCESS TO SERVICES

Aligns with Governor Hutchinson’s “Efficient and Responsive” goal.

Measurable Objective 1: By June 2019, increase utilization of services at Local Health Units (LHUs) by 2.5% from baseline of 502,727 LHU encounters in 2016 to 515,295 by expanding services offered.

Strategy 1: Vital Records services to the public will be expanded beyond the ADH Central Office to a minimum of one LHU in each county.

Summary

Vital Records services of providing both original and copies of birth certificates will be piloted at thirteen LHUs starting in October 2017, after which the service will be rolled out to a minimum of one LHU in each county; training for LHU staff will be developed and provided.

Strategy 2: Develop a plan for expanding telehealth services at the Local Health Units.

Summary

Review current telemedicine activities and realign with new technologies. Explore expansion of services and options for sustainability.

Measurable Objective 2: By June 2019, increase administrative efficiency by electronic automation of a minimum of three internal departmental processes.

Strategy 1: Identify three internal processes to automate electronically and implement plan for automation.

Summary

An assessment of internal administrative processes will be conducted to identify those which could be made electronic to improve cost-efficiency and turn-around time. Potential solutions and vendors will be explored and three processes will be chosen for automation.

Measurable Objective 3: By January 2018, realign responsibilities to create a Compliance Officer position to provide better program accountability.

Strategy 1: A Compliance Officer position will be created to carry out duties of overseeing all compliance issues for the Department.

Summary

Job responsibilities will be realigned to create a Compliance Officer position. The Compliance Officer will: oversee all compliance issues including HIPAA, risk assessments, and security – both digital and physical; provide compliance monitoring, reporting, training and advice to the department; oversee completion of all compliance applications, correction plans and reports as required; establish methods to improve efficiency and quality of services, and to reduce

vulnerability to fraud, abuse and waste; develop, coordinate and participate in educational and training programs for staff that focus on the compliance program.

Measurable Objective 4: By January 2019, develop and begin implementation of a Continuous Quality Improvement (CQI) plan for the department.

Strategy 1: Train a cadre of CQI coordinators including at least three in each Center, and identify and complete at least one Quality Improvement project in each Center.

Summary

Integrating a process of continuous quality improvement into the activities and programs throughout the organization to facilitate effective and efficient delivery of services will be best achieved with the guidance of trained coaches who work with a team around a defined problem. With this strategy, the number of trained CQI coordinators in each of the four Centers in the Department will be increased, after which each Center will identify and implement at least one initial CQI project.

Strategy 2: Identify members and convene a CQI Council.

Summary

A CQI Council serves to guide the overall CQI activities within the Department and to act as review and approval body for submitted projects for improvement.

Strategy 3: Develop a culture of CQI in the department, through presentations and developing a CQI resource page for staff on the ADH Intranet.

Summary

For CQI to be successful throughout the agency, a culture of quality improvement needs to be developed. This will be achieved through systematic presentations across ADH, including staff meetings at various levels. This will be augmented through an intranet website dedicated to CQI with resources, documents, and links to information, templates, and educational materials, both from within the agency and with links to external sources.

GOAL 2 CHILDHOOD OBESITY: INCREASE THE PERCENTAGE OF ARKANSAS CHILDREN AND ADOLESCENTS AT A HEALTHY WEIGHT

Aligns with Governor Hutchinson’s “Healthy” goal.

Measurable Objective 1: By 2019, increase the proportion of infants who are exclusively breastfeeding at 3 months from 32.3% to 36%.

Strategy 1: Develop programs to build awareness that breastfeeding is the optimal way of providing young infants with nutrients they need for healthy growth and development.

Summary

Evidence-based education for health professional providers and families will be developed; support and/or provision of lactation credentials will be provided to assist in identifying professionals; and a database or resource listing of lactation experts for referral purposes will be created.

Strategy 2: Provide support that promotes breastfeeding as the optimal form of nutrition.

Summary

Accomplish through community advocacy efforts that help provide and create safe and welcoming public areas for breastfeeding families, and build awareness of the need for support in the workplace and public places; help employers develop worksite lactation supportive environments; and provide visual tools to community businesses to help identify them as supportive of breastfeeding.

Strategy 3: Encourage adoption of “baby-friendly” guidelines as outlined by the Center for Disease Control and Prevention’s (CDC) *Guide to Strategies to Support Breastfeeding Mothers and Babies*.

Summary

The concept of and benefit of “baby-friendly” will be promoted to all birthing facilities; hospitals will be encouraged and assisted to begin or move forward in the process to achieve a baby-friendly designation; and worksites will be encouraged to review and adopt breastfeeding policies.

Measurable Objective 2: By 2019, decrease the percentage of schools from 10.8% to 5% in which students can purchase soda pop or fruit drinks (that are not 100% juice) from vending machines or at the school store, canteen, or snack bar.

Strategy 1: Promote free access to drinking water in schools.

Summary

Policy development and implementation strategy education will be provided to school staff to promote free access to drinking water in schools.

Strategy 2: Promote pricing strategies that encourage consumption of more healthy beverages.

Summary

Policy development and implementation strategy education will be provided to school staff at least once a year to reduce the percentage of schools in which students can purchase soda pop or fruit drinks at school.

Strategy 3: Highlight successful schools that restrict the sale of less nutritious beverages.

Summary

El Dorado, Magazine, and Springdale schools were highlighted at the March 2016 Coordinated School Health workshop. The Coordinated School Health Coordinator will continue to report successes of schools implementing new policies which restrict the sale of less nutritious beverages.

Measurable Objective 3: By June 2019, increase from six to ten the number of communities that implement a pedestrian or transportation master plan.

Strategy 1: Create communities that are more connected and livable, incorporating mixed-use neighborhoods, safety, walkability, and access to schools and other positive destinations.

Summary

Four Delta communities will be assisted with the implementation of recommendations from recent livable community and walkability workshops concerning infrastructure projects and implementing multimodal transportation policies. Transportation Alternative Program (TAP) grants will be reviewed to ensure that all modes of transportation are considered.

Strategy 2: Encourage design principles that support a statewide healthy highways policy.

Summary

Assistance will be provided to the Municipal League and communities around the state to ensure that design principles are supported for healthy highways. Work will be done with the Arkansas Department of Transportation (ArDOT) to discuss future projects and the implementation of the Statewide Master Pedestrian and Bicycle plan. The videos regarding these design principles that are produced will be disseminated to communities across the state. TAP grant applications will be reviewed to make sure that design principles support healthy highways.

Strategy 3: Create a mindset that promotes lifelong physical activity.

Summary

Technical assistance will be provided to communities to assist them in the adoption of a master pedestrian and bicycle plan and to implement policies that ensure design principles include all modes of transportation for all abilities.

Strategy 4: Promote formal shared-use agreements between communities and organizations such as schools and faith-based organizations to provide access to physical activity areas.

Summary

Work with the Arkansas Department of Education (ADE) on formalized joint use agreements will continue, and technical assistance will be provided to communities on the grant application process.

Measurable Objective 4: By 2019, increase from 38% to 55% the number of participating Early Childhood Education Centers (ECEs) that achieve level two or three in the Better Beginnings program, Arkansas’s Quality Rating Improvement System (QRIS).

Strategy 1: Support nutrition education to improve the health of children attending early childcare centers.

Summary

ADH staff will work with Arkansas State University to implement policies procedures for nutrition and physical activity, monitor how many ECE centers have adopted policies/procedures, monitor the training they have received, and work with ECEs to achieve QRIS level two and three requirements for nutrition and physical activity. QRIS awards quality ratings to early care and education programs that meet a set of defined program standards. By participating in their State’s QRIS, early care providers embark on a path of continuous quality improvement. The Pediatric Obesity Collaborative will aid in providing and monitoring resources to help these centers

GOAL 3 HYPERTENSION: INCREASE IDENTIFICATION, EDUCATION, AND REFERRAL OF ARKANSANS WITH HIGH BLOOD PRESSURE THROUGH A TEAM-BASED CARE APPROACH

Aligns with Governor Hutchinson’s “Healthy” goal.

Measurable Objective 1: By 2019, increase identification of adults with at least two blood pressure readings within the last 12 months from 38% to 82%.

Strategy 1: Add blood pressure measurements as a standard of practice across all clinical programs at ADH for persons 18 or older.

Summary

Continue working with the 94 ADH Local Health Units (LHUs) in all 75 counties of the state to add blood pressure measurement for persons 18 or older as a standard of practice across all clinical programs to identify those with two blood pressure readings. An automatic alert system has been set up through Greenway, the electronic medical record (EMR) system, to identify adults with two or more blood pressure readings. The Clinical Decision Support System is used to retrospectively identify individuals with two or more elevated blood pressures.

Strategy 2: Ensure staff is aware of the parameters that constitute high blood pressure and require mandatory trainings.

Summary

A Blood Pressure Quality Improvement Program has been implemented for LHU nurses, and the implementation of standardized blood pressure protocols has been initiated statewide at all LHUs. Nurses are required to take a pre-test, study the content on a CD, and pass a post-test through A-Train, the on-line training system. A recording of the blood pressure training is available for nurses as a resource for ready reference.

Measurable Objective 2: By 2019, increase the percentage of individuals with two elevated blood pressures identified in the LHUs who are referred to care from 0% to 80%.

Strategy 1: Update ADH policy for referrals and create a referral mechanism (letter) in Greenway to refer adults with elevated blood pressures, either diagnosed or undiagnosed, for further medical care.

Summary

The referral mechanism (letter) has been completed and is working efficiently for referrals to community physicians. Patients will continue to be referred to primary care physicians through the LHUs.

Strategy 2: ADH must establish community-clinical linkages to refer 80% of people for follow-up services and access to care and treatment.

Summary

Community-clinical linkages will be made between LHUs and community physicians in partnership with the ADH Office of Minority Health and Health Disparities' Barber and Beauty Shop initiative. Additionally, the Chronic Disease Medical Director has held meetings with Hometown Health Initiative Coalitions, County Health Officers, LHU administrators, and Regional Directors to increase hypertension referrals to local physicians for the management of hypertension.

Strategy 3: Educate patients on what HTN (Hypertension) is and the importance of care.

Summary

Educational materials in the form of brochures, such as Managing High Blood Pressure, Shaking Salt Habit, and Diabetes Care will continue to be distributed to patients with hypertension by LHU nurses. Greenway generates letters to instruct patients about follow-up with their primary care physician. As a component of team-based care, the Hypertension Care Coordinators will continue to educate patients about the self-management of hypertension and diabetes including: diet, medication adherence, lifestyle modifications, self-monitoring of blood pressure, and follow-up care during the patient visit.

Measurable Objective 3: By 2019, expand from four to ten the number of LHUs that monitor at least 80% of individuals with hypertension who receive services for medication adherence.

Strategy 1: Implement medication adherence tool utilizing the *Health Literacy Universal Precautions Toolkit*, and provide materials in plain language.

Summary

The ADH State Patient Care Director implemented this strategy throughout the LHUs and the Toolkit is available online for reference. Monitoring of individuals with hypertension who receive services at the LHUs in the Hypertension Project will continue and be implemented in LHUs that later join the project.

Strategy 2: Expand partnerships to include Arkansas Pharmacy Association and University of Arkansas for Medical Sciences (UAMS) College of Pharmacy to assist in improving medication adherence among our patients.

Summary

The ADH worked with the Arkansas Pharmacists Association and the University of Pittsburg to integrate their Medication Access Adherence Tool with modifications into Greenway. Collection of medication adherence data in Greenway will begin in 2018. Additionally, the ADH currently partners with the Arkansas Pharmacists Association to train pharmacy teams in Medication Therapy Management as a component of the 1305 grant.

Measurable Objective 4: By 2019, increase the number of counties providing team-based care for chronic disease management (hypertension and diabetes) from two to ten counties statewide.

Strategy 1: Expand partnerships to spread and sustain team-based care for hypertension management in Arkansas communities.

Summary

The ADH partners with the Greater Delta Alliance to assist with coordinating community-clinical linkages for hypertension team-based care and its sustainability throughout the Delta.

GOAL 4 IMMUNIZATIONS: INCREASE THE VACCINATION RATES FOR ARKANSAS CHILDREN AND ADOLESCENTS

Aligns with Governor Hutchinson’s “Healthy” goal.

Measurable Objective 1: By 2019, increase the vaccination rates for all Advisory Committee on Immunization Practices (ACIP)-recommended vaccinations for children, with an increase in the vaccination rate for children aged 19-35 months from 66.6% to 80.0% for the combined immunization series (diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Hib, Hepatitis B, varicella, pneumonia) serving as the representative measure.

Measurable Objective 2: By 2019, increase the vaccination rates for all ACIP-recommended vaccinations for adolescents, with an increase in the vaccination rate for adolescents aged 13-17 years from 34% to 40% for females and from 16.4% to 40.0% for males for the complete HPV immunization series serving as the representative measure.

Strategy 1 (Objectives 1 and 2): Implement evidence-based health systems strategies to improve childhood and adolescent immunization rates.

Summary

Will implement automated systems using WebIZ (the state immunization information system) to generate postcards, phone messages, and other methods to remind patients of upcoming or missed appointments, and to identify type and timing of vaccination needed. Pilot program for children was completed and implementation will continue. Pilot program for adolescents will be implemented.

Strategy 2 (Objectives 1 and 2): Promote compliance with immunization requirements for attendance at daycare, schools, and college.

Summary

Will improve methods of tracking and reporting compliance rates by facility by pilot and implementation of an immunization report card for Kindergarten and 7th grade.

Strategy 3 (Objectives 1 and 2): Improve parents’ knowledge and confidence in the benefits and safety of immunizations.

Summary

Will make online training available on the ADH website to parents requesting philosophical and religious exemptions for the vaccination requirements for children to attend school.

Strategy 4 (Objectives 1 and 2): Increase the number and percentage of providers offering immunizations to children and adolescents.

Summary

Provide technical assistance and consultation to clinics to increase efficiency of providing vaccinations through ongoing activities and an annual summit (first one planned for September 2017).

Strategy 5 (Objectives 1 and 2): Provide education on childhood and adolescent immunizations to students in health professional schools.

Summary

Partner with medical schools to provide comprehensive education on immunizations to students; assess and develop educational materials; and establish inter-professional opportunities for training students.

Strategy 6 (Objectives 1 and 2): Provide continuing education on childhood and adolescent immunizations to health professionals.

Summary

Provide Continuing Medical Education (CME) activities at the annual immunization summit and other conferences to pediatricians, family physicians, nurses, nurse practitioners, and physician assistants.

Strategy 7 (Objectives 1 and 2): Improve provider adherence to Advisory Committee on Immunization Practices (ACIP) recommendations for childhood and adolescent immunizations.

Summary

Partner with the Texas Medical Foundation (TMF), the Arkansas Foundation for Medical Care, and third-party payers to develop and implement a plan for the adoption of quality metrics for immunizations.

Measurable Objective 3: By 2019, increase the vaccination rates for all ACIP-recommended vaccinations for adults, with an increase in the annual influenza vaccination rate for adults 18 years and older from 33.6% to 70.0% serving as the representative measure.

Strategy 1: Implement evidence-based health systems strategies to improve adult immunization rates.

Summary

Promote the use of standing orders by primary care physicians at the immunization summit and other conferences.

Strategy 2: Improve knowledge and confidence of the public in the benefits and safety of adult immunizations.

Summary

Promote the use of the Flu Prevention Workshop toolkit in faith-based communities through the partnerships and connections developed by the ADH faith-based coordinator. The toolkit is designed to assist in increasing the proportion of people who receive the annual flu vaccine for the first time.

Strategy 3: Provide education on adult immunizations to students in health professional schools.

Summary

Partner with medical schools to provide comprehensive education on immunizations to students; assess and develop educational materials; and establish inter-professional opportunities for training students.

Strategy 4: Improve access to annual influenza vaccination.

Summary

Conduct mass flu clinics in all 75 Arkansas counties.

Strategy 5: Provide continuing education on adult immunizations to health professionals.

Summary

Provide CMEs to internists, family physicians and OB/GYNs through annual summit and conferences. Will also provide community education activities for health professionals about immunizations for older adults.

Strategy 6: Improve provider adherence to ACIP recommendations for adult immunizations.

Summary

Partner with TMF, the Arkansas Foundation for Medical Care, and third party payers to develop and implement plan for the adoption of quality metrics for immunizations.

Strategy 7: Increase the number of providers that report doses of adult immunizations to WebIZ.

Summary

Provide training to adult immunization providers on WebIZ through the immunization summit, webinars, and medical conferences.

Measurable Objective 4: By 2019, increase the proportion of immunization providers who report vaccine doses administered to children under the age of 22 years to WebIZ from 28% to 50%.

Strategy 1: Provide additional education and training to providers about reporting requirements and how to use WebIZ.

Summary

Provide training to immunization providers on WebIZ through the immunization summit, webinars, and medical conferences.

Strategy 2: Increase ADH capacity to facilitate interfacing with WebIZ.

Summary

Automate aspects of the vaccine ordering process to optimize staffing needs.

GOAL 5 MENTAL AND COMMUNITY WELLNESS: IMPROVE AWARENESS, RESOURCES AND RESPONSE CONCERNING MENTAL AND COMMUNITY WELLNESS

Aligns with Governor Hutchinson’s “Healthy” goal.

Measurable Objective 1: By 2019, decrease the number of suicide deaths among 10-24 year olds in Arkansas from 60 to 44.

Strategy 1: Utilize internal and external communications resources to heighten awareness about suicide statistics and indicators.

Summary

During 2016 - 2017 the Suicide Prevention Program has been advertising with the #StopSuicide Campaign by using billboard, print ads, radio ads, and social media. The awareness campaign will continue through 2019.

Strategy 2: Improve the utilization of evidence-based and best practice programs and interventions.

Summary

Kognito K-12 is an online conversation simulation to improve social, emotional, and physical health consisting of five simulations designed for professional development and one called *Peer to Peer* which is designed for student use. The roll-out of the program to all school districts statewide will be completed for implementation to go live by September 1, 2017. Refresher trainings will be available to all schools through 2019.

Strategy 3: Assist schools statewide with the development and implementation of a policy regarding return to school and services provided after a suicide attempt.

Summary

Education and resources will be provided to any school that has a loss due to suicide. The Suicide Prevention Program will provide safeTALK training to educators along with *Kognito K-12* at no charge. *Preventing Suicide: A Toolkit for High Schools* created by the Substance Abuse and Mental Health Services Administration (SAMHSA) will also be distributed. The Suicide Prevention Program and the ADH Injury and Violence Prevention Section will offer these services indefinitely. safeTALK: Suicide Alertness For Everyone is a 3-hour training in suicide alertness which helps participants recognize a person with thoughts of suicide and connect them with resources who can help them in choosing to live.

Strategy 4: Improve accuracy and analysis of data on youth suicide attempts and deaths.

Summary:

The Suicide Program Manager and the program epidemiologist will create a plan to assess and improve, if necessary, the collection, accuracy, and analysis of data. It is anticipated that the recent update by the Centers for Disease Control and Prevention of their ICD 10 Codes will provide information that clarifies suicide causes and identifies the highest regions and

populations at-risk within the state. Data collection and analysis will be re-evaluated on an ongoing basis to reflect new information and guidance.

Measurable Objective 2: By 2019, increase the data on and awareness of adverse childhood experiences (ACEs) in Arkansas from the current very low levels to at least one source of data and one sustainable awareness activity.

Strategy 1: Develop or identify informational material on maternal depression and drug and alcohol abuse.

Summary

ADH is currently reviewing the literature and has joined with other stake holders in developing informational material that can be used at the community level. This is a collaborative whose goal is to coordinate ACEs work in the state and assist communities in building resilience in relation to ACEs and toxic stress. This material will be distributed by ADH in Maternity and WIC clinics.

Strategy 2: Identify partner agencies and organizations that can serve as an avenue for information dispersal (such as Local Health Units, WIC, Arkansas Department of Human Services, birthing hospitals, daycare centers, Arkansas Children’s Hospital, etc.).

Summary

ADH has joined with other stakeholders to form the Arkansas Adverse Childhood Experiences (ACEs)/Resilience Workgroup. This is a collaborative whose goal is to coordinate ACEs work in the state and assist communities in building resilience in relation to ACEs and toxic stress. Two subgroups have been formed: data and policy. The data subgroup will identify data sets and studies that can be used to get a clear picture of the current environment on the state/local level and to help identify knowledge gaps. The policy group will examine policy needs on the federal, state and local level and help identify workgroup policy priorities and approaches to educating policy makers. Recruitment continues for group membership in order to reach the greatest number of communities. The workgroup is being supported by the Arkansas Foundation for Medical Care (AFMC).

Strategy 3: Support the development and validation of tools that can measure ACEs in the current generation.

Summary

ADH is supporting efforts by UAMS to replicate and validate the reliability of the Family Map tool. The tool has been in existence for some time, but only in the last couple of years has it been used to identify ACEs in children in real time.

Measurable Objective 3: By 2019, produce a toolkit developed by ADH to educate individuals and communities on the long-term effects of Adverse Childhood Experiences and disseminate statewide.

Strategy 1: Create and disseminate toolkit.

Summary

Toolkit will be developed and disseminated through the Arkansas Adverse Childhood Experiences (ACEs)/Resilience Workgroup. An evaluation component to gauge reach and use of the toolkit will be developed.

GOAL 6 TEEN PREGNANCY: DECREASE THE TEEN BIRTH RATE IN ARKANSAS

Aligns with Governor Hutchinson’s “Healthy” and “Educate” goals.

Measurable Objective 1: By 2019, decrease the overall teen birth rate from 37.7 births per 1,000 females in 2015 to 34.7 per 1,000 females ages 15-19.

Measurable Objective 2: By 2019, decrease the African American, non-Hispanic teen birth rate from 50.4 births per 1,000 females in 2015 to 43.7 births per 1,000 females ages 15-19.

Measurable Objective 3: By 2019, decrease the teen birth rate from 72 births per 1,000 females in 2015 to 66.0 births per 1,000 females ages 18-19.

Strategy 1 (All objectives): Develop a communication strategy to promote adolescent health.

Summary

To develop an effective communication strategy ADH will work with community partners to select or create a culturally appropriate education campaign to address teen pregnancy and other adolescent health issues.

Strategy 2 (All objectives): Develop a data kit on teen pregnancy for health professionals, educators, and policy makers.

Summary

A data kit, including “fast fact” sheets, will be maintained and updated annually. A plan for keeping providers informed and providing additional awareness and educational materials will be developed.

Strategy 3 (All objectives): Examine attitudes, perceptions, and barriers towards contraception use of target population.

Summary

Information on attitudes, perceptions and barriers towards contraception use will be assessed through review of the material collected through focus groups being conducted by the Arkansas Department of Education. Relevant information will be disseminated to appropriate ADH programs to inform the design and selection of prevention activities.

Strategy 4 (All objectives): Develop or adopt a provider and staff contraceptive/LARC (Long-Acting Reversible Contraceptives) training program for Local Health Units (LHUs).

Summary

An ongoing program to train providers and LHU staff in contraceptive/LARC education, counselling, and insertion will be implemented based on materials from both Arkansas Foundation for Medical Care (AFMC) and the Quality Family Planning (QFC) program from the Family Planning National Training Center.

GOAL 7 TOBACCO USE: DECREASE THE USE OF TOBACCO (CIGARETTES, CIGARS, SMOKELESS) BY ARKANSAS YOUTH AND ADULTS

Aligns with Governor Hutchinson’s “Healthy” goal.

Measurable Objective 1: By 2019, decrease the tobacco use prevalence (cigarettes, cigars, smokeless) in youth (9th-12th graders) from 26.2% to 24.2%.

Strategy 1: Support a comprehensive Clean Indoor Air Act.

Summary

Support efforts to include electronic smoking devices (ESDs), and close exemptions in the clean indoor air (CIA) act to create 100% comprehensive clean indoor air law for all workplaces. Grantees and community partners will inform and educate on the value of the proposed changes.

Strategy 2: Increase number of municipalities with comprehensive tobacco-free policies.

Summary

ADH will identify and build partnerships to assist in educational efforts aimed at communities and thought leaders on the benefits of comprehensive tobacco-free policies. Training will be provided and a toolkit will be developed to educate and assist coalitions and partners in this effort.

Strategy 3: Increase number of municipalities with T21 ordinances.

Summary

ADH will identify and build partnerships to assist in educational efforts aimed at communities and thought leaders on the benefits of tobacco 21 policies that would raise the legal minimum sales age for tobacco to 21. Training will be provided and a toolkit will be developed to educate and assist coalitions and partners in this effort. ADH will assess and identify municipalities for targeted efforts for T21 policy implementation and will assist with the development of ordinances.

Measurable Objective 2: By 2019, decrease smoking prevalence among adults (18 and older) from 21.3% to 20.3%

Strategy 1: Continue to develop best practices for integrating tobacco cessation services during all local public health visits.

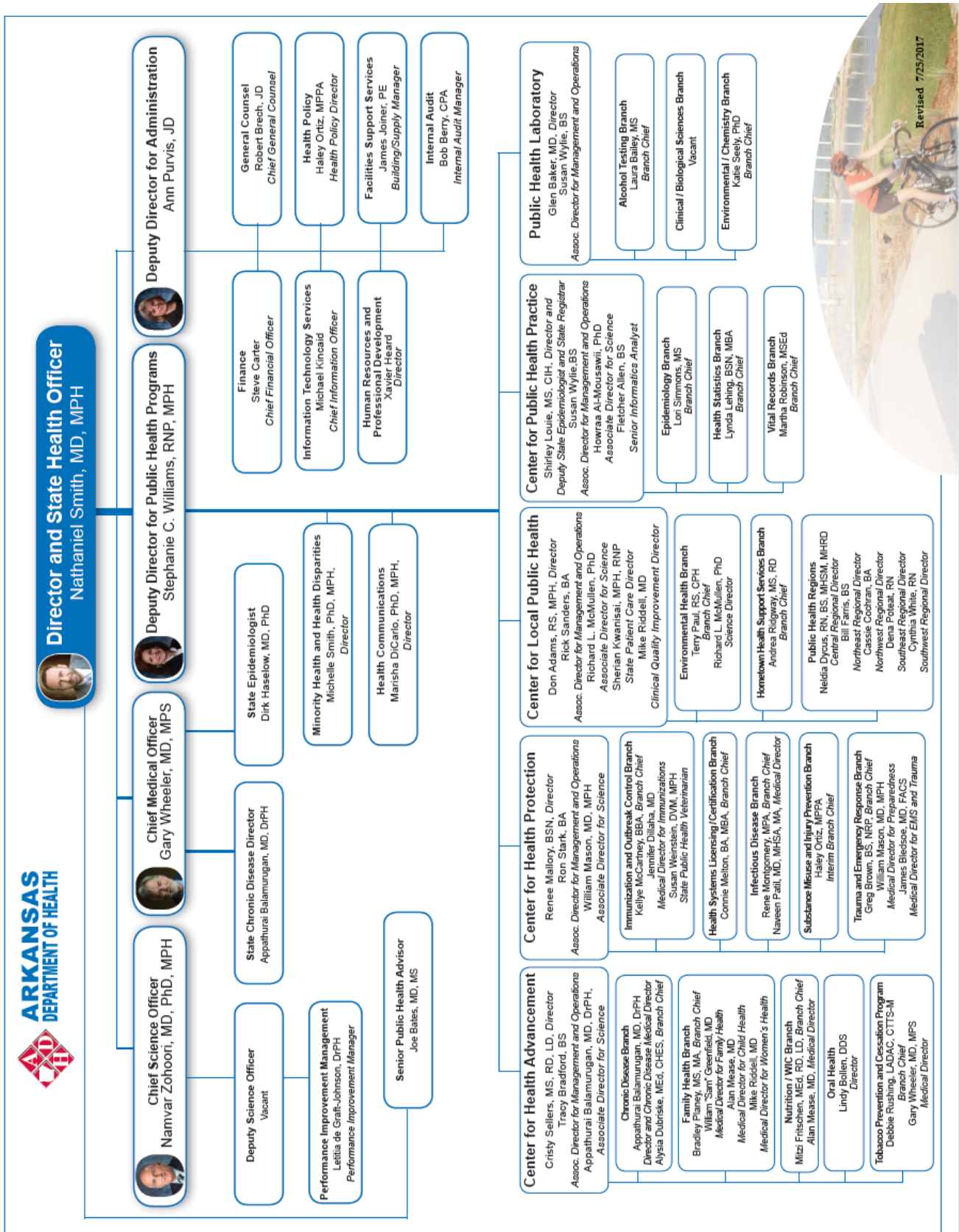
Summary

Regional training activities will be provided to healthcare professionals at Local Health Units to increase the number who are able to deliver tobacco cessation interventions for patients who use tobacco. Data from electronic medical records (EMR) will provide feedback on referral activity and will guide policy development for improvement.

Strategy 2: Continue to provide training to healthcare providers who interface with patients to promote integration of tobacco cessation services.

Summary

Training will be provided to healthcare professionals through statewide conferences and workshops in order to increase the number who are able to deliver tobacco cessation interventions for patients who use tobacco.



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