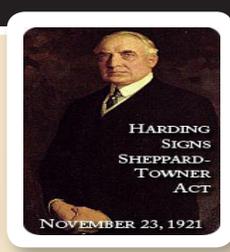


Family Health Timeline

100 Years of Public Health



Early 1900s – For every 1000 live births, 100 infants died before age one. One in nine women died of pregnancy-related complications.

1921 – Sheppard-Towner Maternity and Infancy Act was signed by President Warren G. Harding. It was the first federal social welfare program created explicitly for women and children.

1920s – Arkansas was one of 41 states to enact enabling legislation to receive Sheppard-Towner funding. The Board of Health used this money to open the Bureau of Child Hygiene and hire its first two nurses.

1926 – Four-thousand midwives lived and practiced in Arkansas. By 1940, Arkansas was third in the nation for mid-wife attended births, nearly one quarter of all reported births.

1927 – As food became even scarcer from the flooding of the Mississippi River, 657 people died from pellagra in Arkansas.

1930s – Corn and white flour were enriched with niacin, which researchers identified as a key to pellagra prevention. By 1938, the number of pellagra deaths in Arkansas dropped to 184.

1935 – Title V of the Social Security Act funds were awarded to “enable each state to extend and improve, as far as practicable, under the conditions in each state, services for promoting the health of mothers and children, especially in rural areas and in areas suffering from severe economic distress.”

1940s – The Emergency Maternity and Infant Care Program paid for hospital and medical care for wives and children of servicemen in the lowest four military pay grades.

1945 – Only 10 percent of pregnant black women were reported to deliver their babies in a hospital compared to 60 percent of white women.

1952 – The Board of Health passed rules and regulations regarding the practice of midwifery.

1954 – Maternal mortality rates were three times higher for blacks compared to whites.

1964 – Family planning services were first offered by the Department of Health.

Late 1960s – The Maternity and Infant Care Project provided comprehensive, preventive, and medical services to women and infants at risk of handicapping conditions in 10 central Arkansas counties.

1969 – Act 490 established funding for specialized maternity care for high-risk pregnant women from extra dog track racing days at Southland Park in West Memphis.

1970 – Title X Family Planning Services and Population Research Act was enacted and provided “the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children.”

1970s – Title V of the Social Security Act was expanded to cover “Improved Pregnancy Outcome” projects, enhancing services to low-income pregnant women with medical complications.

1973 – Arkansas Family Planning Act provided that all contraceptive information and supplies would be available to all people, regardless of age, race, sex, or income.

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Family Health Timeline continued

1980s – Autopsies for babies with suspected Sudden Infant Death Syndrome (SIDS) and family counseling began.

1983 – Act 838 provided for the lawful practice and licensure of lay midwifery in counties having 32.5 percent or more of their population below poverty level.

1984 – Governor Bill Clinton appointed the Task Force on Indigent Health Services. The General Assembly created the Indigent Health Care Advisory Council. The result was a regionalized perinatal care system that enhanced access and quality of obstetrical services for indigent pregnant women.

1987 – Act 481 expanded lay midwife licensure statewide.

Good Beginnings was launched. Arkansas became one of the first states to take advantage of the Medicaid eligibility expansion options under the federal Sixth Omnibus Budget Reconciliation Act (SOBRA), which provided more extensive coverage for children and pregnant women. A new, streamlined process to determine eligibility for Medicaid and additional services like nutritional counseling were offered in local health units.

1988 – The Arkansas Family Planning Council, Inc. (AFPC) merged with the Department of Health to form a combined family planning program.

1992 – Infant Death Review was established to investigate Pulaski County's high infant mortality rate.

1996 – The federal Welfare Reform Bill appropriated Title V funds for abstinence education and provided "...mentoring, counseling and adult supervision to promote abstinence from sexual activity..."

1997 – Act 1159 established the unwed birth and abstinence education programs. Governor Mike Huckabee created the Governor's Steering Committee on Abstinence Education.

The first Family Planning Waiver was implemented in Arkansas. This expanded coverage of family planning services under the Medicaid program and included all women of child-bearing age with incomes below 133 percent of the federal poverty level.

1998 – Statewide Infant Mortality Review project was initiated.

Early 2000s – The Health Department collaborated with the Nurse Family Partnership to implement a

home visiting program to match first-time, low-income mothers with registered nurses who provided support up to their child's second birthday. This program was cut due to insufficient funding a few years after it began.

2003 – The Family Planning Medicaid Waiver was changed to the Women's Health Waiver and included coverage for women with incomes up to 200 percent of the federal poverty level. The Waiver program averted approximately \$122 million in cumulative Medicaid costs over the first five years.

2009 – Governor Mike Beebe's health initiative set aside funding for infant and child death reviews. The current project is a joint effort of UAMS Department of Pediatrics, Arkansas Children's Hospital Research Institute, and the Health Department. Its primary goal is continued implementation of a well-coordinated Infant and Child Mortality Review program in Arkansas.

2010 – The Health Department provided services to an average of 12.4 percent of all Arkansas women who gave birth. Nearly 80 percent of all pregnant women started prenatal care in their first trimester.

2011 – Federal grant funding was received to re-start the home visiting program based on the Nurse Family Partnership model. The Department was successful in acquiring a second federal grant to support the Arkansas Home Visiting Network. This network was designed as a support system for a variety of Arkansas programs that use home visiting as their primary source of service delivery.

