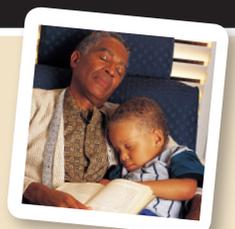


Local Public Health Timeline

100 Years of Public Health



1880s – Before the permanent Board of Health was established, nurses contributed to the health of communities.

1913 – The newly-created State Board of Health appointed county health officers to carry out inspections of public facilities, conduct sanitary surveys, and maintain records of communicable disease.

1913 – The Arkansas Tuberculosis Association employed the first public health nurse and was the first documentation of home health care services in the state.

1919 to 1923 – A total of 24 Red Cross nursing services were formed across the state.

1924 – The Jefferson County Tuberculosis Association funded its first health office and a public health nurse.

1927 – Governor John Martineau declared an “emergency to exist” decree, expanding rural health coverage by creating 23 full-time county health departments that typically consisted of a small shared office in a public building.

1930s – More than 30 local health offices were established in Arkansas.

1933 – After going bankrupt, the state relied heavily upon federal aid, and only basic public health services were offered.

By 1935 – Arkansas dropped to only 18 full-time local health units and about 35 public health nurses – a stark contrast from the previous 30 full-time health units and flourishing nursing network.

1935 – The Social Security Act of 1935 provided funds that enabled the renewed growth of local health departments and enabled the state to hire and train new personnel and to expand health programs and services.

By 1938 – Public health nurses and workers traversed unpaved rural roadways to provide services.

By 1940 – Fifteen counties had a full-time local health unit, and the City of North Little Rock had established its own full-time health unit. Seventeen district health units were in operation, and every county had at least one public health nurse.

1940s – The Board of Health set up a training program for “granny midwives.”

1946 – The federal Hospital Survey and Construction Act of 1946, or Hill-Burton Act, was passed and provided grants and loans to improve the physical infrastructure of the nation’s hospital system.

1949 – A number of health offices with waiting and exam rooms began to emerge, born out of a “disparate need” for health facilities amidst tuberculosis, typhoid, and rabies threats.

1949 – The legislature passed Act 186 of 1949 that allowed rural health offices to organize into district health “units.”

1950s – Local Health Units (LHUs), suffered staff and funding shortages while striving to address emerging issues such as chronic disease and socio-economic risk factors.

1960s – Public health nurses helped to transform TB care from hospital to community-based treatment, started home-care for chronically ill, began family planning clinics, and provided counseling and physical exams in WIC clinics.

1965 – Home health care services were offered as a mandatory service under the Medicare Program.

This was the start of the In-Home Services Program.

By 1970 – Medicare and Medicaid provided a payment source for home health care services.

continued on back →



Local Public Health Timeline continued

1970s - Public health nurses performed Early Periodic Diagnosis and Treatment (EPSDT) exams for children, cervical cancer screening, and Sudden Infant Death Syndrome (SIDS) counseling in the LHUs.

1975 - Dr. John Harrell simplified the previously-cumbersome payment process for local public health through a "handshake agreement." Previously, local health workers were likely to receive checks from three different sources: the county, city, and health department.

1979 - Dr. Robert Young lead a reorganization that divided Arkansas into 11 management areas and initiated "matrix management; the Bureau of Community Health Services emerged. Dr. Young emphasized the use of the term "local health unit" as opposed to local health "department." This change clarified that concept that rural health facilities are under overall direction of one state health department and continues today.

1979 - Office of Rural Health was created by the legislature and housed in the Health Department to administer grant programs for small hospitals and committees seeking to improve or enhance health services in rural areas of the state.

1980 - Rural Physician Incentive Program was established to assist in the recruitment and retention of primary care doctors in rural populations. Under this program, rural populations (15,000 or less) and underserved areas of the state were provided grant funds up to \$55,000 over four years.

1981 - The Department established a home health program and began to expand services. The state legislature passed Act 462 that approved an annual appropriation to pay for home health services for patients without a payment source. Today, In-home Services are provided statewide except for six counties in northwest Arkansas.

1980s - The Bureau of Community Health Services grew from 1,500 to 2,200 full-time workers as programs expanded.

1984 - The Health Department received its first funding to support LHU facilities through the U.S. Department of Housing and Urban Development Community Development Block Grants.

1987 - The State Health Department Building and Local Grant Trust Fund was established by Act 749 of 1987.

1989 - Act 620 created the Rural Health Services Revolving Fund to support health systems in rural communities.

1980s to 1990s - Health units experienced tremendous expansion and new construction and many health units still housed in county courthouses moved into new, free-standing facilities.

1996 - Through the Arkansas Strategic Planning Initiative for Results and Excellence (ASPIRE) process, a plan for community health improvement was developed and later became the Hometown Health Improvement (HHI) Initiative.

1997 - The Medicare Rural Hospital Flexibility Program - allowed the Office of Rural Health and Primary Care to assist hospitals with conversion to Critical Access Hospital Status.

1998 - 1999 - The first HHI pilot began in Boone County. HHI provided new opportunities for Local Health Unit Administrators to shine as community leaders.

1999 - The Office of Rural Health and the Office of Primary Care were merged.

2000s - The role of local public health was spotlighted through the school and mass flu clinics in each county, calling for extensive collaboration with community volunteers.

2009 - HHI had community-related health development efforts in all 75 counties.

2009 - Acts 1386 and 180 created the Community Health Center Grant and the Charitable Clinic Grant programs. A total of nearly \$11 million in funding for the two programs was created through the tobacco excise tax.

2013 - Arkansas remained one of only a handful of states to practice centralized governance of local health units. The Department operates 93 local health units in 75 counties statewide.

