

Arkansas Department of Health's Strategic Plan (Amended) 2020-2023



Office of Performance Management
Quality Improvement
and Evaluation

Arkansas Department of Health

ADH's Mission, Vision, and Guiding Principles

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

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

Guiding Principles

Dedication to the public - We are committed to serving the public health needs of Arkansans. The needs of those we serve will drive our actions. We treat all individuals with understanding and respect.

Responsiveness – We are a learning organization that identifies the changing public health needs of Arkansans and adapts our programs and services appropriately. We respond promptly to requests and concerns identified by those we serve.

Appreciation of employees – We value all our employees, recognize that we need each other to do our jobs, and treat each other with respect. All employees are given equal opportunities and encouraged to achieve their potential. We maintain an atmosphere in which initiative and diversity are valued and employees are respected and appreciated for their contributions.

Open Communication – We are committed to open and honest communication in an atmosphere that fosters individual thinking and new ideas. We share information in an honest, complete, and timely way.

Integrity – We demonstrate truthfulness and honesty when dealing with the public and our fellow employees. We adhere to the highest ethical standards in all our activities.

Quality – We strive for excellence in everything we do and continually pursue strategies that improve our services and performance.

Accountability – We are good stewards of public funds and uphold the public trust through adherence to the law and to Department policies, standards, and guidelines. We are results-oriented and focus our resources to accomplish our goals in the most effective and efficient way. We make data-based decisions quickly and at the right level.

Innovation – We provide an environment in which innovation and originality are encouraged and reasonable risks are accepted as necessary for progress. We apply creative, sound, and practical solutions to public health challenges.

Leadership in Public Health – We are a visible, active, and continuing advocate for the health of the people of Arkansas. We are a guiding force in the development of science-based health policies which further the mission of public health. We work with other organizations, communities, and groups that share our goals of a healthier future for Arkansans.

Introduction

The interim 2020-2023 COVID-19 Strategic Plan was developed instead of the standard Strategic Plan of the Arkansas Department of Health (ADH) for the period 2020-2023. In 2019, the agency was in the process of identifying strategic priorities for the next four years, by conducting planning sessions involving over 70 members of ADH and community organizations. The sessions were on schedule but due to the onset of the COVID-19 pandemic in 2020, the planning members were reassigned to help with preparedness and response, which changed the focus of strategic planning priority from standard to COVID-19 preparedness and response.

The ADH leadership team recognized the changing priorities and engaged the Office of Performance Management Quality Improvement and Evaluation (OPMQIE) in developing an interim COVID-19 Strategic Plan, staying within the focus areas determined by the planning members in 2019. The OPMQIE completed the COVID-19 Strategic Plan by adding numerous goals and objectives to the focus areas covering the ongoing scope of COVID-19 operations. Due to the highly dynamic nature of the pandemic, the traditional SMART criteria for the objectives were modified. The measures associated with the objectives were Specific, Measurable, Achievable, and Realistic, but were lacking in baseline values. "Time" was loosely assigned to the objectives as it would prove to be the most fluid component of all, as the pandemic progresses.

The gratifying aspect of the plan is that the activities related to most of the objectives are currently operational, advancing within ADH and out in the communities. The interim Strategic Plan mirrors the past, present, and future operations of the COVID-19 pandemic preparedness and response. As a living document, the Strategic Plan will be subject to changes as the pandemic circumstances change.

To develop strategies, objectives, and measures, the OPMQIE team met with many key informants (focus area experts) within the ADH, as listed on Page 4. It was vital to consult the key informants as they were keeping abreast of the COVID-19 activities fitting the focus areas. Information was gathered by conducting virtual and/or in-person meetings and later synthesized to develop the plan. The OPMQIE team will stay in communication with the key informants and experts to support the documentation and availability of the outcomes (qualitative and quantitative) in accordance with the objectives/measures, and the assessment of processes and outcomes at the beginning of the year 2023.

Focus Areas Deliberated with Key Informants

Namvar Zohoori, MD, PhD., Chief Science Officer, Office of the Director

- 2020-2021 COVID-19 Strategic Planning and Design

Jennifer Dillaha, MD., Director and State Health Officer

- Control of Disease Transmission, Vaccination, Access to Care, and Health Education

Connie Melton, Center Director, Center for Health Protection

- Control of Disease Transmission (Case Investigation and Contact Tracing, Vendor Oversight)

Lori Simmons, Chief, Epidemiology Branch

- Control of Disease Transmission (Case Investigation and Contact Tracing)

Brandy Sutphin, Chronic Disease Epidemiology Supervisor

- Control of Disease Transmission (Case Investigation)

Brandi Stricklin, Outbreak Response Nurse, Immunizations and Outbreak Response Branch

- Control of Disease Transmission (Case Investigation and Contact Tracing, Testing)

Ashamsa Aryal, PhD., Public Health Evaluator, OPMQIE

- Control of Disease Transmission (Contact Tracing and Vendor Oversight)

Kerry Krell, Section Chief, Office of Oral Health

- Control of Disease Transmission (Case Investigation, Contact Tracing, and Sara Alert System)

Tracy Bradford, Director, Human Resource (Workforce Development)

Bala Simon, MD., Deputy Chief Medical Officer, Office of the Director

- Social Determinants of Health (Operation Compassion, Grand Rounds 3/4/2021)

Chelsea Clay, Epidemiologist, Substance Misuse, and Injury Prevention Branch

- Addiction, Mental Health, and Suicide (Surveillance, before and after the pandemic)

Aaron Milligan, Health Program Specialist, Substance Misuse, and Injury Prevention Branch

- Addiction, Mental Health, and Suicide (ADH Life Center Hotline)

Heather Parker-Foster, Quality Improvement Manager, OPMQIE

- Control of Disease Transmission, Health Education (COVID-19 Call Center)

Kimberly Hayman, Registered Nurse Coordinator, Office of the Director

- Addiction, Mental Health, and Suicide (Faith-Based Outreach and Education)

Lucy Im, Epidemiologist, Family Health Branch

- Maternal and Infant Health (COVID-19 Pregnancy Registry)

Becky Adams, Partnership and Policy Director, Chronic Disease Branch

- Obesity, Social Determinants of Health
(Building Resilient Infrastructure and Communities - Obesity, Social Connectivity, and COVID-19)

PRIORITY AREA 1: CONTROL OF DISEASE TRANSMISSION

Goal 1: All Arkansans are protected from infectious diseases of public health concern.

Due to the ever-changing nature of the pandemic, the "Time" component of the SMART objectives below cannot be determined. In the absence of a baseline for COVID-19, the comparison of baseline and follow-up data is not possible.

Strategy 1: Increase compliance with safe practice guidance to prevent COVID-19 transmission.

Objective 1: Provide ongoing and easy access to ADH's safe practice guidance for Arkansas residents. <i>(Oversight: Dr. Tumilson)</i>	Measures: Number of guidelines developed and published on the ADH website for individuals.
Objective 2: Provide ongoing and easy access to ADH's safe practice guidance for Arkansas employers. <i>(Oversight: Dr. Tumilson)</i>	Measures: Number of guidelines developed and published on the ADH website for employers.
Objective 3: Provide ongoing and easy access to ADH's safe practice guidance for healthcare providers. <i>(Oversight: Dr. Tumilson)</i>	Measure: Number of guidelines developed and published on the ADH website for healthcare providers.
Objective 4: Provide ongoing and easy access to COVID-19 management guidance for emergency service providers, first responders, and law enforcement (911) operators <i>(Oversight: Dr. Tumilson)</i>	Measure: Number of guidelines developed and published on the ADH website for EMS providers, first responders, and 911 operators.

Monitoring: The guidelines are updated regularly and are still available at: <https://www.healthy.arkansas.gov/programs-services/topics/novel-coronavirus>

The guidelines from CDC are also embedded within the ADH website that connects the viewers to the following CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance.html>

Strategy 2: Increase compliance with safe practice guidance to prevent Monkey Pox virus transmission.

Objective 1: Provide ongoing and easy access to ADH's safe practice guidance for Arkansas residents. <i>(Oversight: Dr. Kothari)</i>	Measures: Number of guidelines developed and published on the ADH website for individuals.
Objective 2: Provide ongoing and easy access to ADH's safe practice guidance for Arkansas employers. <i>(Oversight: Dr. Kothari)</i>	Measures: Number of guidelines developed and published on the ADH website for employers.
Objective 3: Provide ongoing and easy access to ADH's safe practice guidance for healthcare providers. <i>(Oversight: Dr. Kothari)</i>	Measure: Number of guidelines developed and published on the ADH website for healthcare providers.

Objective 4: Provide ongoing and easy access to monkey pox virus management guidance for emergency service providers, first responders, and law enforcement (911) operators (<i>Oversight: Dr. Kothari</i>)	Measure: Number of guidelines developed and published on the ADH website for EMS providers, first responders, and 911 operators.
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Information on Monkeypox is available at: <https://experience.arcgis.com/experience/2ea83bc80b244a1680ff0ac1d89f23db/> The website also links information on signs & symptoms, spread, prevention and treatment from the CDC: <https://www.cdc.gov/poxvirus/mpox/symptoms/index.html>

Goal 2: All Arkansans have easy access to COVID-19 testing including PCR and antigen tests.

In the absence of a pre-pandemic baseline, the ADH will compare 2020-2023 process/outcome data to assess the following objectives, as applicable.

Strategy 1: Educate healthcare workers, first responders, employers, the public, etc. on COVID-19 testing/payment guidelines.

Objective 1: Provide guidelines and information to educate on PCR, and antigen testing procedures. (<i>Oversight: ADH</i>)	Measure: Number and type of information/education provided to healthcare workers and first responders in various settings.
Objective 2: Inform how healthcare providers should decide to test based on symptoms and exposure. (<i>Oversight: ADH</i>)	Measure: Guidance for healthcare providers.
Objective 3: Inform how employers should use guidelines to negotiate employees' return to work. (<i>Oversight: ADH</i>)	Measure: Guidance for employers.
Objective 4: Inform how private health insurance issuers should reimburse providers for COVID-19 diagnostic tests. (<i>Oversight: ADH</i>)	Measure: Guidance provided with billing codes for reimbursements.
Objective 5: Achieve the objective of testing (verifying) % of the Arkansas population. (<i>Oversight: PI, 2020 ELC Grant</i>)	Measure: % of Arkansas population tested for COVID-19. (<i>2020 ELC Grant, testing outcomes</i>)

Monitoring: The guidelines for these employment groups are updated regularly and are still available at: <https://www.healthy.arkansas.gov/programs-services/topics/novel-coronavirus>

The guidelines from CDC are also embedded within the ADH website that connects the viewers to the following CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance.html>

Strategy 2: Collaborate with public health and health care partners to establish COVID-19 testing options and venues.

Objective 1: Increase access to testing statewide by providing testing supplies and high throughput testing equipment in collaboration with Baptist Healthcare. (<i>Oversight: PI, 2020 ELC Grant</i>)	Measure: Number/type of providers receiving testing supplies/equipment. (<i>2020 ELC Grant, process monitoring data</i>)
Objective 2: Provide easy access to the information on testing location including facility, street, city, county, and contact info. (<i>Oversight: ADH</i>)	Measure: Number of sites performing COVID-19 tests by county/region.

Monitoring: Information on COVID-19 testing was provided on the ADH website. A map with information on the address of the testing locations, their time of operation and their availability of PCR or Antigen tests was made available on the ADH website: <https://www.healthy.arkansas.gov/programs->

[services/topics/novel-coronavirus](#). With at home testing becoming prevalent and vaccination becoming the priority, a similar map on vaccine locations is now available on the website.

Strategy 3: Promote timely testing and reporting of the test results.

Objective 1: Reduce time between sample collection and reporting of test results by enhancing electronic reporting capacity. *(Oversight: ADH Public Health Lab; ADH IT; and Private Lab)*

Measure: Average time between sample collection and reporting. *(Data may be available for public/private labs; Epi/IT set up an online portal for electronic reporting)*

Monitoring: COVID-19 surveillance is a database that houses all the COVID-19 test results in Arkansas. The labs input results or send lab results to be entered into the website. The database is protected and can be retrieved by a username and password, only by individuals who have been given access by the informatics team.

Strategy 4: Improve testing among high-risk populations.

Objective 1: Improve testing among populations - homeless, nursing home, incarcerated, rehabilitation, etc. *(Oversight: B. Simon; K. Garner)*

Measures: Testing performed by facility/population. *(Compare testing trends among special populations – REDCap, Operation Compassion, etc.)*

Objective 2: Provide COVID-19 outbreak management consultation for the facilities mentioned in Objective 1 *(Oversight: J. Dillaha; K. Garner)*

Measures: Consultations provided by facility/population. *(Process monitoring data, Outbreak Response Branch)*

Monitoring: The data on the number of individuals tested is available to the public on the ADH Coronavirus dashboard within in: <https://experience.arcgis.com/experience/633006d0782b4544bd5113a314f6268a/>

In addition to the tests to the public, testing services were provided to the congregate settings and homeless individuals through Project Compassion.

PRIORITY AREA 2: VACCINATION

Goal 1: All Arkansans are protected from vaccine-preventable diseases.

In the absence of a pre-pandemic baseline, the ADH will compare 2020-2023 process/outcome data to assess the following objectives, as applicable.

Strategy 1: Educate Arkansans about the benefits of getting COVID-19 vaccination in preventing infection and transmission.

Objective 1: Enhance COVID-19 vaccination-related health education among Arkansans. <i>(Oversight: ADH)</i>	Measures: Vaccine education is provided through various sources including the ADH website, ADH COVID-19 Call Center, and bilingual services (e.g., COVID-19 RECURSOS EN ESPAÑOL), etc.
Objective 2: Provide vaccine information via ADH Vaccination Hotline including scheduling time/location. <i>(Oversight: ADH)</i>	Measure: Number of vaccine-related calls processed through the Call Center/Vaccination Hotline.
Objective 3: Educate healthcare providers including physicians about the State's COVID-19 vaccination program. <i>(Oversight: ADH)</i>	Measures: Training provided for provider enrollment, at Friday meetings and other platforms. <i>(Process monitoring data, WebIZ, Immunization Branch)</i>

Monitoring: Vaccine information is available on the ADH website both in English and Spanish: <https://www.healthy.arkansas.gov/programs-services/topics/covid-19-vaccination-plan>. The link also consists of the list of vaccine clinics and locations in Arkansas with their address and open time: <https://www.healthy.arkansas.gov/programs-services/topics/covid-19-map-of-1-a-pharmacy-locations>

Strategy 2: Provide oversight for the COVID-19 vaccination program by collaborating with health care providers across Arkansas.

Objective 1: Educate/train health workers and providers on vaccine storage and handling and inventory management. <i>(Oversight: ADH Immunizations Branch)</i>	Measure: WebIZ online training provided. <i>(Process information from Friday and other meetings; ADH WebIZ)</i>
Objective 2: Provide oversight to the State's provider enrollment for COVID-19 vaccination, with assistance from National Guard, including Col. Ator, and Lt. Col. Kremers. <i>(Oversight: ADH Immunizations Branch)</i>	Measure: Documentation of provider enrollment on the portal online. <i>(Process information from Fridays and other meetings; ADH WebIZ)</i>
Objective 3: Implement oversight for phased vaccine distribution and monitoring inventories. Vaccine recipients: LHU, pharmacy, providers, hospital, clinics, etc. <i>(Oversight: ADH Immunizations Branch)</i>	Measure: Documentation of distribution, list of orders, weekly meetings, etc. <i>(Process information from Fridays and other meetings; ADH WebIZ)</i>
Objective 4: Implement oversight for a phased vaccine administration by identifying which group will have priority (1a, 1b, 1c, 2, 3). <i>(Oversight: ADH Immunizations Branch)</i>	Measure: Documentation of administration. <i>(Process monitoring, Outbreak Response Branch; ADH WebIZ)</i>
Objective 5: Monitor vaccination data collected/managed in WebIZ. <i>(Oversight: ADH Immunizations Branch)</i>	Measure: Number vaccinated, disparities, areas of low uptake, etc. <i>(ADH WebIZ)</i>

Monitoring: Information on the number of doses administered and the demographics information is available on the ADH dashboard: <https://experience.arcgis.com/experience/633006d0782b4544bd5113a314f6268a/>. Digital media, print media and videos are available at: <https://www.healthy.arkansas.gov/programs-services/topics/covid-19-media-library>.

Strategy 3: Educate Arkansans about the benefits of getting COVID-19 booster vaccination in preventing infection and transmission.

<p>Objective 1: Enhance COVID-19 booster vaccination-related health education among Arkansans. <i>(Oversight: ADH)</i></p>	<p>Measures: Booster vaccine education is provided through various sources including the ADH website, ADH COVID-19 Call Center, and bilingual services (e.g., COVID-19 RECURSOS EN ESPAÑOL), etc.</p>
<p>Objective 2: Provide booster vaccine information via ADH Vaccination Hotline including scheduling time/location. <i>(Oversight: ADH)</i></p>	<p>Measure: Number of booster vaccine-related calls processed through the Call Center/Vaccination Hotline.</p>
<p>Objective 3: Educate healthcare providers including physicians about the State’s COVID-19 booster vaccination program. <i>(Oversight: ADH)</i></p>	<p>Measures: Training provided via Immunization Action Coalition and other partner organizations at COVID workgroup meetings and other platforms. <i>(Process monitoring data, WebIZ, Immunization Branch)</i></p>
<p>Monitoring: Information on COVID-19 booster is available on the ADH website in various different languages: https://www.healthy.arkansas.gov/programs-services/topics/covid-19-vaccination-plan Under the “Resources for Public” heading, the website also links guidelines from the CDC along with FAQs on boosters: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html</p>	

PRIORITY AREA 3: ACCESS TO CARE

Goal 1: All Arkansans are informed to receive appropriate treatment for COVID-19-related symptoms and complications.

In the absence of a pre-pandemic baseline, the ADH will compare 2020-2023 process/outcome data to assess the following objectives, as applicable.

Strategy 1: Promote public education on COVID-19 treatment and care.

Objective 1: Inform the public about COVID-19 treatment and insurance payment options (e.g., waiver of member cost sharing). <i>(Oversight: ADH)</i>	Measures: Shared information and resources. <i>(ADH, DHHS, CMS, AARP, AHIP, etc.)</i>
Objective 2: Inform the public about eligibility and access to outpatient treatment for monoclonal antibody therapy, an early intervention. <i>(Oversight: ADH)</i>	Measures: Information/resources developed and published for those with mild to moderate disease, eligible for monoclonal antibody therapy.

Monitoring: Information on the therapeutics available for eligible cases is available at: <https://www.healthy.arkansas.gov/programs-services/topics/covid-19-guidance-on-therapeutics>. It includes information on the allocation of monoclonal antibodies and remdesivir. Information on waivers to help beneficiaries access the rate was also available on the ADH website.

Strategy 2: Promote professional education on COVID-19 treatment and care.

Objective 1: Collaborate with and inform healthcare providers about COVID-19 waivers and flexibilities, e.g., Medicaid, Medicare, CHIP, and HIPAA requirements. <i>(Oversight: ADH)</i>	Measures: The DHHS guidelines for waivers provided by ADH to help beneficiaries access care.
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Monitoring: ADH public website consists of information on policies and procedures that will assist ADH with the process of drafting, writing, and researching. Information on clinical Laboratory Improvement Act (CLIA) for quality laboratory testing is available at: <https://www.healthy.arkansas.gov/programs-services/topics/clia-clinical-laboratory-improvement-act> Information on HIPAA is available at <https://www.healthy.arkansas.gov/hipaa>

Strategy 3: Continue to allocate COVID-19 medicines to hospitals.

Objective 1: Allocate COVID-19 medicines to hospitals via the ADH Emergency Operations Center (EOC). <i>(Oversight: ADH)</i>	Measures: EOC documentation of medicine allocation of Remdesivir and monoclonal antibodies. <i>(ADH EOC)</i>
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Monitoring: Monoclonal antibodies and oral antivirals were available to treat the symptoms of COVID-19. These therapeutics were available at various locations at no out-of-pocket expense. Information on the use of these therapeutics is available for the public at <https://www.healthy.arkansas.gov/programs-services/topics/covid-19-guidance-on-therapeutics> The website also consists of a link to a map, intended for provider use, displaying the locations that received the therapeutics by state: <https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/>

Strategy 4: Provide detailed information about the vaccination locations across the state of Arkansas.

Objective 1: Provide facility, street, city, county, and contact information for the vaccination locations. <i>(Oversight: ADH)</i>	Measures: Vaccination location information is provided to the public at each phased vaccine administration period.
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Monitoring: Vaccine information is available on the ADH website both in English and Hispanic: <https://www.healthy.arkansas.gov/programs-services/topics/covid-19-vaccination-plan>.

Strategy 5: Provide detailed information about the COVID booster vaccination locations across the state of Arkansas.

Objective 1: Provide facility, street, city, county, and contact information for the booster vaccination locations. (*Oversight: ADH*)

Measures: Vaccination location information is provided to the public for each booster vaccine eligible group.

Monitoring: Vaccine information is available on the ADH website both in English and Hispanic: <https://www.healthy.arkansas.gov/programs-services/topics/covid-19-vaccination-plan>.

PRIORITY AREA 4: WORKFORCE DEVELOPMENT

Goal 1: ADH workforce will have the knowledge, skills, and abilities to deliver effective and equitable health services and advance health outcomes. In the absence of a pre-pandemic baseline, the ADH will compare 2020-2023 process/outcome data to assess the following objectives, as applicable.

Strategy 1: Ensure to develop expertise among the ADH workforce to strengthen the COVID-19 pandemic response.

Objective 1: Assess the ADH workforce for the expertise required to fulfill all functions for an effective pandemic response. <i>(Oversight: ADH leadership team, ADH HR)</i>	Measure: Types of expertise of workforce supporting COVID-19 response, e.g., administrative, clinical, epidemiological, policy, laboratory, etc. <i>(Compare 2020-2023 HR data)</i>
Objective 2: Ensure staff have training and skills to conduct laboratory sample testing. <i>(Oversight: ADH leadership team)</i>	Measure: Staff trained in handling laboratory samples/performing tests. <i>(Compare 2020-2023 Lab HR data)</i>
Objective 3: Ensure staff have training and skills to support a vaccination program – e.g., use of Tiberius, the online data portal for provider enrollment. <i>(Oversight: ADH's Immunizations and Outbreak Response Branch)</i>	Measure: Staff trained for the oversight of the vaccine program. <i>(Compare 2020-2023 HR and IORB data)</i>

Monitoring: Orientation and refreshers training provided to the staff using the most up to date information available on the CDC website regarding vaccination.

Strategy 2: ADH has the workforce, permanent and contracted, in place to carry out its COVID-19 pandemic response.

Objective 1: Ensure capacity to respond to the public's questions and concerns related to COVID-19. <i>(Oversight: ADH leadership team)</i>	Measure: Calls processed through ADH COVID-19 Call Center. <i>(Compare 2020-2023 Call Center data)</i>
Objective 2: Recruit additional help for the assessment and planning of alternative care sites by hospitals. <i>(Oversight: ADH leadership team)</i>	Measure: Assess hospital capacity for setting-up alternative care sites. <i>(ADH's Immunizations and Outbreak Response Branch data)</i>
Objective 3: Recruit additional help to supplement capacity for the COVID-19 vaccination program. <i>(Oversight: ADH leadership team)</i>	Measure: Assess capacity for administering the state's vaccination program. <i>(ADH's Immunizations and Outbreak Response Branch data)</i>
Objective 4: Engage appropriate technology and equipment to facilitate alternative work practices. <i>(Oversight: ADH leadership team)</i>	Measure: Number of equipment units; technological infrastructure in place. <i>(ADH's Information Technology process/outcome data)</i>
Objective 5: Improve recruitment and onboarding. <i>(Oversight: ADH HR)</i>	Measure: Time required to recruit and onboard employees. <i>(ADH HR data)</i>
Objective 6: Establish virtual training options to expedite onboarding. <i>(Oversight: ADH HR)</i>	Measure: Number of courses transitioned from in-person to virtual modes. <i>(ADH HR data)</i>

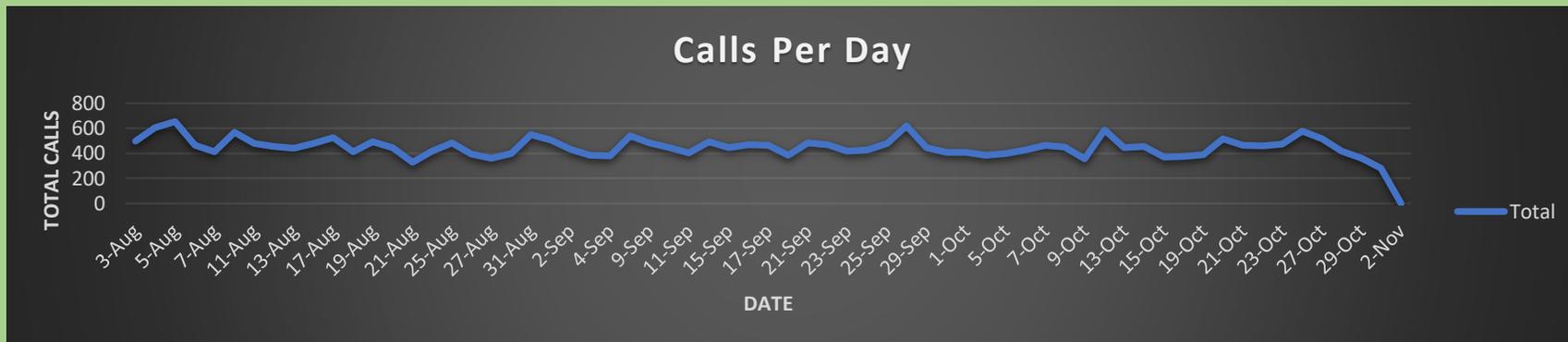
Monitoring: External vendors were recruited for additional support related to COVID-19 response. National guards also worked with the call center to answer 29040 calls, 1940 follow up and worked with 7094 VM backlogs.

Strategy 3: ADH has the workforce, permanent and contracted, in place to carry out its COVID-19 pandemic response.

Objective 1: Use bilingual employees and contractors to provide culturally and linguistically appropriate services. *(Oversight: ADH)*

Measure: Number of employees able to effectively communicate in a language other than English.

Monitoring: two major vendors: AFMC and GDIT) contracted to work on COVID-19 case investigation and contact tracing. More than 100 contact tracers were working on each group until contact tracing ceased in January. Bilingual employees (Hispanic, Marshallese) were hired to serve bilingual Arkansans.



Strategy 4: Sustain ADH workforce, permanent and contracted, that is ready to carry out any future outbreak or pandemic response.

<p>Objective 1: Ensure capacity to respond to the reports of diseases to outbreak response branch. <i>(Oversight: Outbreak response branch)</i></p>	<p>Measure: Reports processed through ADH outbreak response branch online portal data. <i>(Compare 2020-2023 Call Center data)</i></p>
<p>Objective 2: Assess the need for additional help for the assessment and planning of alternative care sites by the hospitals. <i>(Oversight: ADH OPERS and outbreak response team)</i></p>	<p>Measure: Assess hospital capacity for setting-up alternative care sites. <i>(ADH’s OPERS and Outbreak Response Branch data)</i></p>
<p>Objective 3: Explore training options to expedite electronic reporting of test results, and vaccine administration to WebIZ. <i>(Oversight: ADH OPERS)</i></p>	<p>Measure: Number of training courses offered at onboarding. <i>(ADH HR data)</i></p>

Monitoring: Reports through ADH Outbreak on COVID-19 is available on the [ADH website](#).

Trainings on various topics such as HIPPA and Cybersecurity, workplace safety, NIMS certification, is given through [A-TRAIN](#) during orientation, which is a platform used to provide training to all ADH employees.

PRIORITY AREA 5: HEALTH EDUCATION

Goal 1: Arkansans will receive health information/education that they can easily find, access, understand, and use to inform their decisions and actions. In the absence of a pre-pandemic baseline, the ADH will compare 2020-2023 process/outcome data to assess the following objectives, as applicable.

Strategy 1: Educate individuals, communities, and businesses about compliance with COVID-19 safe practices guidelines.

Objective 1: Develop and distribute educational information that is relevant, reliable, and accessible. <i>(Oversight: ADH)</i>	Measure: Number of guidelines developed/published on the ADH website for individuals, employers, businesses, healthcare providers, etc.
Objective 2: Respond to public inquiries in a timely manner. <i>(Oversight: ADH)</i>	Measure: Staff assisting in the call center (e.g., epi, physician, legal team, environmental specialists, nursing staff, etc. <i>(ADH HR)</i>)
Objective 3: Enhance COVID-19-specific health education among school students and staff. <i>(Oversight: ADH)</i>	Measure: Number of schools providing COVID-19 education; educational materials provided. <i>(ADH; School-Based Health Centers)</i>

Information on COVID-19 is updated regularly and is available at: <https://www.healthy.arkansas.gov/programs-services/topics/novel-coronavirus>

Strategy 2: Provide information that is culturally and linguistically appropriate.

Objective 1: Use bilingual employees and contractors to provide culturally/linguistically appropriate information. <i>(Oversight: ADH)</i>	Measure: Number of bilingual employees/contractors helping with COVID-19 response. <i>(ADH COVID-19 Call Center)</i>
Monitoring: Bilingual employees (Hispanic, Marshallese) were hired to serve bilingual Arkansans. Information is available on the ADH website both in English and Hispanic: https://www.healthy.arkansas.gov/programs-services/topics/covid-19-vaccination-plan .	

Strategy 3: Provide information based on principles of health literacy.

Objective 1: Maintain simplicity of language for readers' understanding. <i>(Oversight: ADH)</i>	Measure: Number/type of COVID-19 documents reviewed for plain language, including epi reports. <i>(ADH)</i>
Objective 2: Increase the capacity of our staff to use health literacy principles. <i>(Oversight: ADH)</i>	Measure: Number of staff member(s) hired by the ADH to specifically perform health literacy assessment. <i>(ADH HR)</i>
Monitoring: Majority of the health information was available on the ADH website. In addition, billboards, radio, and TV commercials were also used to provide information on the prevention and mitigation of COVID-19. Health education was provided through directives/guidelines available on the website, through the call center, through contact tracing and case information in English, Spanish and Marshallese, as applicable. In the call center, up to 23 total staff members were included and/or assisted throughout response including 2 Environmental Epidemiologists as supervisors.	

PRIORITY AREA 6: SOCIAL DETERMINANTS OF HEALTH

Goal 1: All Arkansans reach their full potential in communities that identify and promote and provide healthy, safe, and nurturing environments. The following objectives are derived from the BRIC grant. The goal of the BRIC initiative is to engage communities in implementing activities to improve access to physical activity (venues) and healthy food. The communities with a **high burden of the COVID-19 pandemic** and other chronic diseases are chosen. The grant period ends at the end of 2023. Outcomes include several walkability and walkability safety initiatives and access to food pantries/banks adopting nutrition standards. After the completion of BRIC, the process/outcome data for the pre-and post-pandemic period will be compared.

Strategy 1: Pilot a collaborative and coordinated initiative in high-burden communities to examine a healthy and nurturing environment.

Objective 1: Provide healthy, safe, and nurturing environments in communities with a high burden of COVID-19 and other chronic diseases and replicate them across Arkansas. *(Oversight: ADH Chronic Disease Branch)*

Measures: Number of high burden communities; initiatives are taken; nutrition, physical activity, and social connectedness outcomes. *(BRIC grant process and outcome data, 2021-2023)*

Monitoring: Faith based outreach resources available on the [ADH website](#) aims to empower communities of faith to take an active role in health promotion. Through places of worship, Strike Teams include hard-to-reach populations, such as racial/ethnic minorities, people living with disabilities, marginalized rural communities, and elderly populations in COVID-19 outreach.

Strategy 2: Promote, and enhance opportunities for, Arkansans to practice healthy behaviors.

Objective 1: Enhance equitable access to safe places for physical activity in communities with a high burden of COVID-19 and other chronic diseases. *(Oversight: ADH Chronic Disease Branch)*

Measures: Number of walkability and/or walking safety initiatives; alternative commuting facilities, programs, or services initiated. *(BRIC grant process and outcome data, 2021-2023)*

Objective 2: Increase access to information for physical activity in communities with a high burden of COVID-19 and other chronic diseases. *(Oversight: ADH Chronic Disease Branch)*

Measures: Number/distribution of physical activity information during the pandemic; engagements on social media; visits to the appropriate section of the ADH website. *(BRIC grant process and outcome data, 2021-2023)*

Objective 3: Improve equitable access to healthy food in communities with a high burden of COVID-19 and other chronic diseases. *(Oversight: ADH Chronic Disease Branch)*

Measures: Number of food banks, pantries, and feeding stations adopting nutrition standards; people receiving healthier food from the above. *(BRIC grant process and outcome data, 2021-2023)*

Objective 4: Increase access to information on healthy affordable food in communities with a high burden of COVID-19 and other chronic diseases. *(Oversight: ADH Chronic Disease Branch)*

Measures: Same as Priority Area 6, Strategy 2, Objective 2. *(BRIC grant process and outcome data, 2021-2023)*

Monitoring: [Arkansas Coalition for Obesity Prevention \(ARCOP\)](#) is a collaborative project with a goal of improving the health of all communities by increasing physical activity, health eating and obesity prevention. It focuses on Growing Healthy Communities (GHC) initiative to promote healthy community. The [website](#) consists of information on AR farmers markets, healthy recipes and information on lunch and learn series hosted by mayors in different cities. The ADH website also embeds [Physical Activity Resources](#) for along with data on Obesity.

Strategy 3: Enhance ADH’s demonstrated commitment to health equity.

Objective 1: Provide training on health equity to all ADH employees.
(Oversight: ADH)

Measure: Number of equity training opportunities completed. *(ADH HR)*

Monitoring: Trainings on various topics related to Health Equity is available through [A-TRAIN](#), which is a platform used to provide training to all ADH employees.

Strategy 4: Hire a homeless shelter coordinator for ADH to address the health needs of homeless population.

Objective 1: Sustain and expand the Operation Compassion program for the homeless population through the homeless shelter coordinator.
(Oversight: Dr. Bala Simon, ADH)

Measure: Number of individuals served. *(Operation Compassion)*

Monitoring: Programs within ADH conduct outreach for homeless shelters, nursing homes and other high-risk areas. For example, [outreach on TB](#) include education and testing at these high-risk facilities.

PRIORITY AREA 7: ADDICTION, MENTAL HEALTH, AND SUICIDE

Goal 1: All Arkansans will have resources and skills to identify and promote mental health well-being and live free of addiction.

In the absence of a pre-pandemic baseline, the ADH will compare 2020-2023 process/outcome data to assess the following objectives, as applicable.

Outcomes data for Strategy 3 Objectives 1-4 is readily available through the Drug Misuse and Injury Prevention Branch, for monthly/annual comparison. The data will show the impact of the pandemic and related interventions on ER visits and suicides, as mentioned.

Strategy 1: Utilize ADH hotlines to respond to COVID-19 and mental health-related questions and concerns.

Objective 1: Use Arkansas Lifeline Call Center located within ADH to assist with mental health-related calls and concerns. <i>(Oversight: A. Milligan, ADH's Lifeline Call Center)</i>	Measures: Number of Arkansas Lifeline calls potentially related to COVID-19; calls before/after the pandemic for comparison. <i>(Compare 2020-2023 calls; compare pre- and post-pandemic call volume)</i>
Objective 2: Use ADH's COVID-19 Hotline to triage mental health-related calls/concerns to Arkansas Lifeline Center. <i>(Oversight: ADH's COVID-19 Call Center operation)</i>	Measure: Number of COVID-19 Call Center calls triaged to Suicide Hotline. <i>(Compare 2020-2023 calls)</i>

Monitoring: Information on the Arkansas Lifeline Call center and the resources on suicide prevention is located at:

<https://www.healthy.arkansas.gov/programs-services/topics/suicide-prevention>

Strategy 2: Use faith-based initiative to provide mental health education and support.

Objective 1: Identify churches, and work with the governing bodies to provide mental health and COVID-19 education. <i>(Oversight: ADH, K. Hayman)</i>	Measure: Numbers of churches contacted (virtual/in-person/hybrid); the number of patrons reached; education provided. <i>(Compare 2020-2023 process and outcome data)</i>
Objective 2: Provide referrals for mental health services, as needed <i>(Oversight: ADH, K. Hayman).</i>	Measure: Number of mental health service referrals provided. <i>(Compare 2020-2023 process and outcome data)</i>

Monitoring: COVID-19 outreach materials for faith based organizations is available at: <https://www.healthy.arkansas.gov/programs-services/topics/faith-based-outreach-covid-19-resources>

Strategy 3: Utilize surveillance and epidemiology in assessing the impact of COVID-19 on mental health.

Objective 1: Examine ER visits for fatal drug overdose before and after the pandemic. <i>(Oversight: Drug Misuse & Injury Prevention Branch)</i>	Measure: Number of fatal drug overdoses before and after the pandemic <i>(Monthly/annual trends data comparison).</i>
Objective 2: Examine ER visits for a non-fatal drug overdose, before and after the pandemic. <i>(Oversight: Drug Misuse & Injury Prevention Branch)</i>	Measures: Number of visits, all reasons, and non-fatal drug overdose before and after the pandemic <i>(Monthly/annual trends data comparison).</i>
Objective 3: Examine ER visits for non-fatal suicide events and suicide deaths. <i>(Oversight: Drug Misuse & Injury Prevention Branch)</i>	Measure: Number of visits for non-fatal suicide events and suicide death rate before and after the pandemic. <i>(Monthly/annual trends data comparison)</i>
Objective 4: Examine ER visits for all reasons before and after the pandemic. <i>(Oversight: Drug Misuse & Injury Prevention Branch)</i>	Measures: Number of visits, all reasons, and non-fatal drug overdose before and after the pandemic. <i>(Monthly/annual trends data comparison)</i>

Monitoring: Information on drug overdose deaths is available at <https://www.healthy.arkansas.gov/programs-services/topics/substance-misuse-education-and-prevention>. The link also embeds a [CDC link](#) to the rates of Overdose Death by state. According to the map, there were 388 overdose deaths in 2019 compared to 628 in 2021 ([provisional data](#)).

PRIORITY AREA 8: MATERNAL AND INFANT HEALTH

Goal 1: All pregnant women in Arkansas will experience a healthy pregnancy and deliver infants who have a great start in life.

The following objectives are derived from the COVID-19 Pregnancy Registry component of the ELC Grant. The goal of the Registry is to collect/manage data to assess women infected with COVID-19 during their pregnancies followed by their birth outcomes (infants to be monitored for 6 months). All **2020 reported** infections that occurred during pregnancies are included. Objectives for Strategy 2 pertain to enhanced monitoring of women who gave birth during the pandemic (**2020**), their prenatal behavior, and the quality of prenatal services they received.

Strategy 1: Collaborate with CDC to develop the COVID-19 Pregnancy Registry.

Objective 1: Secure funding to develop a statewide COVID-19 Pregnancy Module. <i>(Oversight: ADH Family Health Branch)</i>	Measures: CDC funds received; scope of the project; PI, team members, and their roles and responsibilities. <i>(Process/outcome data)</i>
Objective 2: Obtain a complete record of women who contracted COVID-19 during pregnancy. <i>(Oversight: ADH Family Health Branch)</i>	Measure: Number of pregnant women tested positive during pregnancy (REDCap); linked to Vital Records for outcomes. <i>(Process/outcome data)</i>
Objective 3: Obtain maternal and infant health outcomes impacted due to COVID-19, from hospitals. <i>(Oversight: ADH Family Health Branch)</i>	Measures: Number/type of adverse health outcomes. <i>(Process/outcome data; contracted UAMS for birth outcomes)</i>

Monitoring: ADH received funds from the CDC and CSTE to support COVID-19 response that supported ADH's efforts to increase the workforce and improve the health care infrastructure.

Information for the prevention and mitigation of COVID-19 during pregnancy is available on the ADH website. In addition, the testing and vaccination information for pregnant women are available at: <https://www.healthy.arkansas.gov/programs-services/topics/covid-19-and-pregnancy>.

Strategy 2: Collaborate with CSTE to investigate maternal behavior, utilization of prenatal services, and birth outcomes during the pandemic.

Objective 1: Collect data on the impact of the COVID-19 pandemic on women who recently gave birth; analyze how the pandemic impacted their prenatal behavior and services received. <i>(Oversight: ADH Health Statistics Branch)</i>	Measures: CSTE funds received. <i>(Funds received 2020-2021)</i>
Objective 2: Report outcomes to the ADH, CDC, and CSTE. <i>(Oversight: ADH Health Statistics Branch)</i>	Measures: Outcomes reported via Pregnancy Risk Assessment Monitoring Program. <i>(Process/outcome data reported by PRAMS)</i>

Monitoring: ADH reports the number of individuals who got COVID-19 during pregnancy to the CDC. The information is available on the CDC website at: <https://covid.cdc.gov/covid-data-tracker/#pregnancy-data>. The information on the Pregnancy Assessment Monitoring System (PRAMS) is available at: <https://www.healthy.arkansas.gov/programs-services/topics/prams-survey>

Strategy 3: Seek funding to expand and sustain the Maternal Morbidity and Mortality Review Committee (MMRC)

Objective 1: Collect and review data on maternal mortality in Arkansas, with a special focus on maternal deaths and the various contributing factors. <i>(Oversight: ADH Family Health Branch)</i>	Measures: CDC funds received. <i>(Funds received 2022-2026)</i>
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Objective 2: Report outcomes to the ADH, and CDC. (*Oversight: ADH Family Health Branch*)

Measures: Outcomes reported from MMRC.

The [Arkansas MMRC](#) is a multidisciplinary committee with experts from various specialties, facilities, and systems that interact with and impact maternal health. List of committee members is available on the ADH website (https://www.healthy.arkansas.gov/images/uploads/pdf/MMRC_Member_list.pdf). The website also consists of [legislative reports](#) and [factsheets](#) related to maternal mortality.

PRIORITY AREA 9: OBESITY

Goal 1: All Arkansans reach and maintain a healthy weight through a healthy lifestyle.

The following objectives are derived from the BRIC grant. The goal of the **BRIC** initiative is to engage communities in implementing activities to improve access to physical activity (venues) and healthy food. The communities with a high burden of the COVID-19 pandemic and other chronic diseases are chosen. The grant period ends at the end of 2023. Outcomes include several walkability and walkability safety initiatives and access to food pantries/banks adopting nutrition standards. After the completion of BRIC, the process/outcome data for the pre-and post-pandemic period will be compared.

Strategy 1: Promote and enhance opportunities for healthy eating among Arkansans.

Objective 1: Improve equitable access to healthy food. (<i>Oversight: ADH Chronic Disease Branch</i>)	Measures: Same as Priority Area 6, Strategy 2, Objective 3. (<i>Process/outcome data</i>)
Objective 2: Increase access to information supporting healthy affordable foods. (<i>Oversight: ADH Chronic Disease Branch</i>)	Measures: Same as Priority Area 6, Strategy 2, Objective 2. (<i>Process/outcome data</i>)

Monitoring: [Arkansas Coalition for Obesity Prevention \(ARCOP\)](#) is a collaborative project with a goal of improving the health of all communities by increasing physical activity, health eating and obesity prevention. It focuses on Growing Healthy Communities (GHC) initiative to promote healthy community. The [website](#) consists of information on AR farmers markets, healthy recipes and information on lunch and learn series hosted by mayors in different cities. The ADH website also embeds [Physical Activity Resources](#) for along with data on Obesity.

Strategy 2: Promote and enhance opportunities for physical activity among Arkansans.

Objective 1: Enhance equitable access to safe places for physical activity. (<i>Oversight: ADH Chronic Disease Branch</i>).	Measures: Number of initiatives that enhance walkability and/or walking safety; alternative commuting facilities, programs, or services initiated. (<i>Process/outcome data</i>)
Objective 2: Increase access to information regarding options for physical activity. (<i>Oversight: ADH Chronic Disease Branch</i>)	Measures: Same as Priority Area 6, Strategy 2, Objective 2 (<i>Process/outcome data</i>)

Monitoring: [Arkansas Coalition for Obesity Prevention \(ARCOP\)](#) is a collaborative project with a goal of improving the health of all communities by increasing physical activity, health eating and obesity prevention. It focuses on Growing Healthy Communities (GHC) initiative to promote healthy community. The [website](#) consists of information on AR farmers markets, healthy recipes and information on lunch and learn series hosted by mayors in different cities. The ADH website also embeds [Physical Activity Resources](#) for along with data on Obesity.

Strategy 3: Determine the potential link between COVID-19 and obesity.

Objective 1: Identify the risk of COVID-19 among people who are overweight/obese to target information and services. (<i>Oversight: ADH Chronic Disease Branch</i>)	Measures: Specific COVID-19 education and services for overweight and obese. (<i>Process/outcome data</i>)
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Monitoring: Press release from ADH on [07/01/2020](#) and [06/30/2021](#) consisted of information on summer safety that included information on COVID-19 and heat safety for anyone overweight. [ADH website](#) with information on COVID-19 embeds [CDC link](#) with information on COVID-19 risk for adults with obesity and overweight.