



# ARKANSAS

## DEPARTMENT OF HEALTH

Guide to Programs and Services  
2019



**ARKANSAS**  
DEPARTMENT OF HEALTH





## *Greetings!*

Welcome to our 2019 Guide to Programs and Services. We hope this booklet provides you with useful public health information and helps you find out more about the services offered at the Arkansas Department of Health (ADH). We are pleased to share that in addition to the important services we continue to provide, we have both new initiatives and improvements to our existing programs that further our mission.



One new addition to the ADH is the Suicide Prevention Lifeline Call Center. The call center is operated by our full-time Emergency Communication Specialists housed within our new Substance Misuse and Injury Prevention Branch. This Branch was created to build capacity to address the opioid epidemic, injury and violence prevention and the Prescription Drug Monitoring Program (PDMP).

Also new this year is the rollout of Vital Records services across the state in our Local Health Units, as well as through a more affordable option for online orders. This change allows for more convenient access to birth and death certificates.

The ADH continues to enhance our technology, and over the summer we introduced Electronic Benefit Transfer (EBT) cards for our Women, Infants, and Children (WIC) participants, so now they can get all their benefits loaded electronically onto debit cards. The program has also added an app and online education for participants. Clients have reported that they like the ease of use of these new services and that they are happy with these changes.

The leadership and employees here at the Arkansas Department of Health are committed to continuous improvement of the quality of services we deliver to improve and protect the health and well-being of all Arkansans.

We continue our commitment toward excellence and helping Arkansans live longer, safer and healthier lives.

Sincerely,

A handwritten signature in black ink, appearing to read 'N. Smith'.

**Nathaniel Smith, MD, MPH**  
*Director and State Health Officer*



# Public Health Accreditation

## Creating a Culture of Quality Improvement.

**As a health department accredited by the national Public Health Accreditation Board (PHAB) since May 2016, the Arkansas Department of Health (ADH) is committed to developing a culture of continuous quality improvement.**

### Why Quality Improvement Is Important

Continuous quality improvement enables the ADH to engage staff at all levels to identify problems and inefficiencies and to develop and test solutions. The goal of the national accreditation program is to improve and protect the health of the public by advancing the quality and performance of public health departments. Annual reporting required for maintaining accreditation provides valuable, measurable feedback to health departments on their strengths and areas for improvement.

### Quality Improvement Unit Is Created

PHAB accreditation recognizes the ADH as a high performing health department. This designation indicates that the department recognizes the importance of developing and maintaining a culture of continuous quality improvement. This recognition has led the ADH to create the Office of Performance Management, Quality Improvement and Evaluation, which is overseen by the Chief Science Officer.

### About the PHAB

The PHAB was created in 2007 to serve as the nation's public health accrediting body. It is jointly funded by the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation and sets standards against which the nation's more than 3,000 governmental public health departments can continuously work to improve the quality of their services and performance.



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## Get Your Certificates - Birth, Death, Marriage and Divorce

### The Arkansas Vital Records Office

*(Left Corner of ADH Building at Markham and Monroe, Little Rock)*

**Monday – Friday, 8 a.m. - 4:30 p.m.**

**866-209-9482**

Orders can also be placed online at [www.healthy.arkansas.gov](http://www.healthy.arkansas.gov).

**Birth and deaths certificates can be obtained at Local Health Units  
in every county across the state.**



# ADH Prevents Shielding You From Harm

**One of the best ways to stay well and live longer is to make sure you get vaccinations for flu and other illnesses; get tested for diseases like breast cancer, HIV and tuberculosis; and practice safe driving. The Health Department can help you with these things and much more.**

## Flu Shots

We tend to forget how horrible the flu makes us feel – until we get it. And many of us don't realize that people of all ages still die from it. During the 2017-18 flu season, there were 227 deaths reported in Arkansas including 5 children. This was the highest number of flu deaths since 1953. Over 54,000 confirmed flu cases were reported to the ADH, with 2,696 hospitalizations, 687 cases in nursing homes residents and staff, and 252 cases in pregnant women. That's why it is so important to get your flu shot each year.

The Health Department holds Mass Flu Clinics and School Flu Clinics around the state, where you and your children can get flu shots at no cost to you. Our epidemiologists also prepare a weekly flu report for clinicians during flu season that provides information on flu activity in the state and compares flu-like illness in Arkansas to activity in the U.S.

## Vaccinations

“Vaccine – good. Disease – bad” is a catchy phrase that simplifies the impact of vaccine on diseases like whooping cough, mumps, measles, and polio. Vaccines have prevented many of the diseases and the costs of having disease. In short, vaccines save lives. The ADH Immunization/Outbreak Response Branch

is committed to protecting Arkansans by promoting and providing immunizations, educating about the benefits and risks of vaccination, and spreading awareness of how disease can be prevented.

## Vaccines for Children

The Vaccines for Children (VFC) program provides in worth more than \$40 million in immunizations for children 18 years and younger who are on Medicaid, do not have insurance, are American Indian/Alaskan Native, or who have insurance but the insurance does not pay for vaccines (all seen in federally-qualified health centers and Local Health Units). VFC vaccines are available at 92 ADH Local Health Units and more than 270 enrolled doctors' offices.

## Tuberculosis

Tuberculosis (TB) is spread from person to person through the air. It's important to make sure that anyone suspected of having the disease is screened, medically evaluated and treated. It's also important to have statewide partners in this effort, so the TB Program works closely with ADH Local Health Units, schools and community health care providers.

***Many of us don't think of tuberculosis as a serious disease like it once was. And while the number of deaths has decreased, Arkansans still die of TB each year. That's why it's important to get screened and treated promptly.***

## STDs, HIV and Hepatitis C

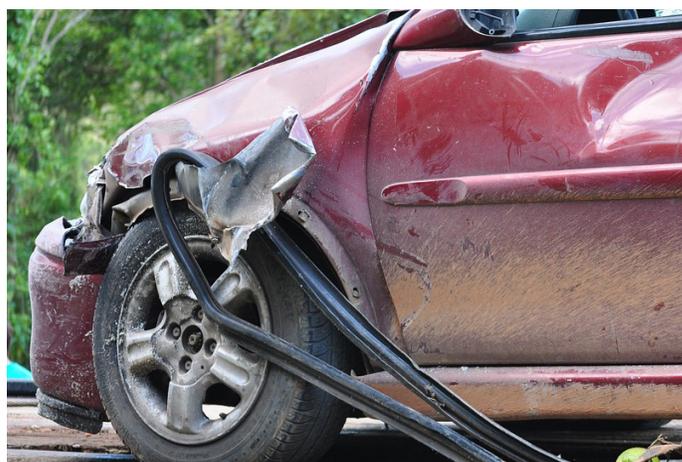
Do you know your HIV status? The Centers for Disease Control and Prevention (CDC) recommends that you get tested at least once a year if you're at high risk for contracting an infection. The ADH Know Now campaign promotes education, prevention and testing of HIV, STDs and Hepatitis C. ADH also links diagnosed people to available care and provides medication treatment services for STDs. ADH assists HIV positive people statewide with medication through the Ryan White Part B & AIDS Drug Assistance Program (ADAP). In 2017, thousands of Arkansans turned to ADH for their HIV and STD counseling and treatment; those people born between the years of 1945-1965 received testing and counseling for Hepatitis C. For information regarding testing locations call 1-888-499-6544. In addition, your Local Health Unit, located in every county, provides fast and easy testing for HIV and other STDs.



## Notifying Those at Risk

The Arkansas Department of Health conducts disease surveillance to gather reports of people who have tested positive for various infectious diseases. For people infected with STDs and HIV, our disease intervention specialists (DIS) provide follow-up counseling and offer partner services to their contacts. Through a confidential partner notification process, people who may have been exposed and infected are notified, so that they can be tested and treated, if necessary.

Since many cases of STDs continue to go undiagnosed and unreported, our intervention specialists and health educators go the extra mile to promote the need for testing and to set up testing sites through various organizations, businesses and locations. This kind of disease surveillance and intervention is the foundation of public health practice and sets us apart.



## Injuries, Violence and Suicide

ADH's Injury and Violence Prevention (IVP) Section uses evidence to select intervention methods, curricula and policies that reduce the incidence and severity of the top five causes of injury-related death in our state.

### Motor Vehicle Crashes:

Ejection from the vehicle is one of the most dangerous events that can happen to a person in a crash. In 2015, 81% of passenger vehicle occupants who were ejected were killed in the U.S. It has been proven that seat belts, when used correctly, reduce the risk of fatal injury to front-seat passenger occupants by 45% and the risk of moderate-to-critical injury by 50% (NHTSA, 2016). That's why IVP works closely with the Arkansas State Police, Highway Safety Office to promote seat belt use for Arkansans.

### Misuse and Abuse of Painkillers:

People who misuse or abuse prescription painkillers have a greater risk of addiction than people who take them as prescribed, but it's important to remember that the medication itself is addictive. Even someone who takes opioids (narcotics) as prescribed by a doctor can develop a physical dependence on the drug, especially if prescribed for several weeks or more. The IVP Section works with the Arkansas Department of Human Services to promote the following prevention programs:

- **Prescription Drug Take Back Program** – A program that encourages the public to monitor and secure their prescription medications, and promotes safe disposal of unused medications at ‘takeback’ boxes around the state. Please visit [artakeback.org](http://artakeback.org) for more information.
- **DOSE OF REALITY** – An educational awareness and media campaign targeted at young people ages 12-25, that also offers guidance for the influencers of that population: parents, teachers, coaches, and the medical community. DOSE OF REALITY aims to teach everyone the importance of proper use and storage of prescription opioids. The DOSE OF REALITY campaign is twofold: with a traditional media piece (billboards, ads, social media, radio, etc.) and a community outreach/education/training piece. The DOSE OF REALITY website can be accessed at: <https://doseofreality.adh.arkansas.gov/>.
- **Poison Help Line** – Poisons are all around us and can affect anyone, anywhere at any time of life. For more information, including tips on how to talk about poisons or poison proof your home, call the Arkansas Poison Control Center, 1-800-222-1222.

#### Falls:

Falls are the leading cause of injury death in adults aged 65 and older, and one in three Americans aged 65 and older experiences a major fall each year. The number of fall injuries and deaths are expected to increase as the number of seniors age 65 and older increases from 40 million to more than 88 million in 2050. The IVP Section works with the Arkansas Falls Coalition to promote the following prevention programs:

- **A Matter of Balance** – Designed to reduce the fear of falling and increase the activity levels of older adults who have concerns about falls.
- **Tai Chi for Arthritis** – Helps to improve balance both mentally and physically thus significantly reducing the rate of falls for older adults.



#### Violence:

Violence disproportionately affects youth. Child maltreatment, sexual violence, youth violence, and other violent behaviors are preventable. Unfortunately, many violent behaviors begin in youth. Some individual risk factors for youth include a history of violent victimization, a history of aggressive behavior, involvement with drugs and alcohol, antisocial beliefs, and exposure to violence and conflict in the family. The IVP Section works with the Arkansas Commission on Child Abuse, Rape and Domestic Violence to promote the following prevention programs:

- **Shifting Boundaries** – Designed to reduce dating violence and sexual harassment among middle school students by highlighting the consequences of this behavior for perpetrators and by increasing faculty surveillance of unsafe areas within the school.
- **Coaching Boys Into Men** – Provides high school athletic coaches with the resources they need to promote respectful behavior among their players and help prevent relationship abuse, harassment, and sexual assault
- **Safe Dates** – Educates youth and adolescents on how to identify and prevent dating violence. Through ten engaging sessions, students learn and discuss the causes of dating violence, how they can help a friend in an abusive relationship, common gender stereotypes regarding dating violence, and important prevention techniques.

**Suicide:**

Suicide is the most prevalent injury-related death in Arkansas and is a prevention focus that is critical to the Department. In 2016, 546 Arkansans died by suicide and 67 were youth ages 10-24 years old. The IVP Section works with the Arkansas Suicide Prevention Council, American Foundation for Suicide Prevention and many more to promote the following prevention programs:

- **Applied Suicide Intervention Skills Training (ASIST)** – A two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.
- **safeTALK** – A half-day alertness training that prepares anyone 15 or older, regardless of prior experience or training, to become a suicide-alert helper.
- **Question, Persuade and Refer (QPR)** – QPR is an emergency mental health intervention to help persons with an intent to die by suicide by identifying and interrupting the crisis and directing that person to the proper care.
- **Arkansas Lifeline Call Center (ALCC)** – The ALCC answers crisis calls to the National Suicide Prevention Lifeline made in Arkansas. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. Call 1-800-273-8255 if you are in crisis.



**Prescription Drug Monitoring**

Overdoses and deaths from non-medical use of prescription drugs have been a major problem in Arkansas. This problem is being addressed through the **Arkansas Prescription Drug Monitoring Program (PDMP)**. Practitioner acceptance and increased usage of the Arkansas PDMP continues to positively impact healthcare in Arkansas. A 30% decrease has been noted in Arkansas patients receiving extremely high daily doses of opioids. Currently, there are more than 28.8 million records in the Arkansas database that are available to prescribers, dispensers and authorized law enforcement personnel.

ADH's **Pharmacy Services and Drug Control** staff investigates and regulates drug handlers, investigates drug storage areas and oversees drug scheduling.

**Look for these drug drop boxes in your community.**

*Photo courtesy of Hot Springs Village Police Department*



MedReturn Drug Collection Unit Standard Unit



MedReturn II



## Heart Disease and Stroke Care

Heart disease is the leading cause of death for both men and women in our state. Arkansas ranks first in the U.S. for highest deaths due to heart disease, including heart attacks, and ranks fifth nationwide for deaths due to cerebrovascular diseases, including strokes.

To prevent heart disease and stroke, make healthy lifestyle choices. If you already know you have heart disease, it's important to maintain a healthy diet, be physically active, and to not use tobacco or nicotine.

**Community Team-Based Care Program for Hypertension Management:** The Arkansas Department of Health Local Health Units in Poinsett, Bradley, Madison, Jefferson, and Ouachita counties are offering counseling, skills development and education services to patients with uncontrolled hypertension and diabetes, through referral from community physicians. The program is being delivered by trained public health nurses.

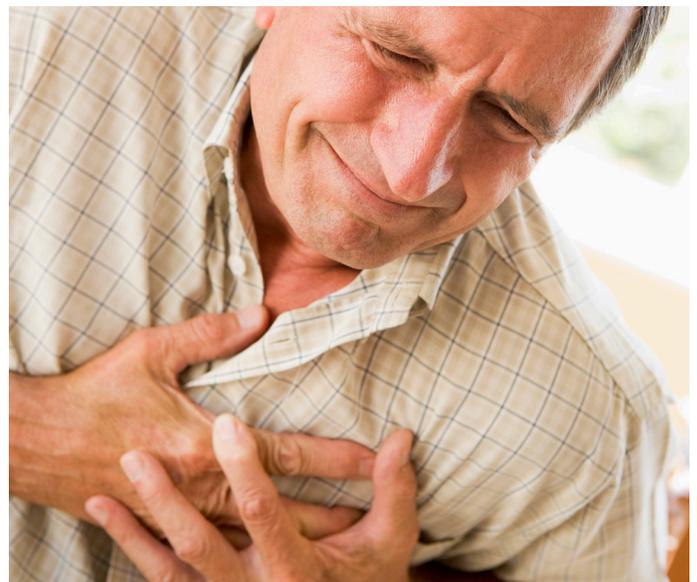
**Stroke/STEMI section:** The Arkansas Department of Health has expanded the trauma system to include stroke and STEMI (ST-Elevated Myocardial Infarction or Heart Attack) care by optimizing the state's system of care including the community, emergency medical services, and hospitals.



## Testing for Breast and Cervical Cancer

Breast and cervical cancer services are available to any woman living in Arkansas, who may qualify. Services are for those that are uninsured, underinsured, or have a household income at or below 250% of the federal poverty level (FPL) and between the ages of 21-64 for cervical and 40-64 for breast respectively. The BreastCare program has a statewide network of healthcare providers that offer no cost screening and follow-up testing.

**Regular mammograms and pap tests help detect cancer early which can lead to better treatment outcomes.**



## Diseases from Animals and Insects

Many diseases that affect people can come from animals. Some of those diseases are transmitted through the bite of an animal, such as rabies from animals infected with the rabies virus, or diseases spread through the bite of a tick or mosquito. Diseases that spread by ticks and mosquitoes, such as West Nile virus, Rocky Mountain Spotted Fever and Tularemia, can include symptoms that resemble the flu and can lead to serious illness if not recognized and treated promptly. The Zika virus, which can be dangerous to pregnant women, may have no symptoms or only mild symptoms. ADH works with health care professionals across the state to identify tick- and mosquito-related diseases and tell you the best way to avoid them.

### When it Comes to Rabies, Know the Law!

Rabies is a deadly viral disease that affects the nervous system of warm-blooded animals (i.e., mammals), and it is usually spread by an infected animal biting another animal or person. Rabies is a fatal disease that almost always leads to death, unless treatment is provided soon after exposure. In Arkansas, rabies is most common in wild skunks and bats.

Any mammal can become infected with rabies, including domestic pets such as dogs and cats. Arkansas rabies law requires that all dogs and cats be vaccinated against rabies by four months of age by a licensed veterinarian. Rabies vaccinations must be kept current, so talk with your veterinarian and make sure your pets get their booster shots.

It's important that you report **ALL** animal bites to your Local Health Unit to determine if there is a risk of contracting rabies.





# ADH Protects

## Our Standards for Your Security

**I**t's a safe bet that you don't turn on your faucet and immediately worry if the water is drinkable. And when you go to a restaurant, you're probably not focused on the source and safety of the food you've ordered. We regulate what goes on behind the scenes with your food, water, heating, plumbing and septic system, so you can have peace of mind.

### Protective Health Codes

The Office of Protective Health Codes offers Arkansans the kind of healthy living that most of us normally don't think twice about. Just how vital is it?

#### Life Without Health Codes:

- Water that's not drinkable
- Disease outbreaks, like cholera, from wastewater
- Poor indoor air quality
- Plumbers and building contractors that are not trained

### Food and Milk

The teams at the ADH's Food Safety and Grade A Milk programs are constantly at work inspecting the places that prepare, process, store and serve your food to make sure that what's going on behind the scenes is as satisfying as what ends up on your plate. The unscheduled inspections last about an hour, with our specialists observing the preparation process and checking food expiration dates and temperatures. Not only do they inspect all restaurants, food manufacturers, retail stores, dairy farms and school cafeterias, they're also checking your food at Razorback Stadium, War Memorial Stadium, the State and County Fairs and other temporary events.

### Foodborne Outbreaks

Bacteria like Salmonella, which cause food poisoning, can show up in food sold at the grocery store and in restaurants. When it happens, the ADH responds by quickly gathering health information from anyone who may have eaten the food, investigating the food preparation area, interviewing food handlers and issuing advisories and recall information to the public. The ADH Public Health Laboratory has state-of-the-art equipment to test for unknown or toxic substances during national food-safety emergencies. In recent years, we've investigated E. coli in baking flour and Salmonella in cucumbers and many other outbreaks.

### Public Water

ADH's Environmental Engineering staff oversees and regulates the state's 1,100-plus public water systems, so their work directly affects all Arkansans. Thanks to them, the water you drink, cook with, and clean with should be safe. They also ensure that fluoride has been added as required by law to keep your teeth healthy.



### Environmental Health

Today, Environmental Health Specialists in every Arkansas county oversee the installation and management of septic tanks and wastewater systems. But it wasn't always this way.

The connection between people and their environment has been a primary focus of the Arkansas Department of Health since the early

1900's. At that time, nearly half of Arkansas's rural homes lacked proper sanitation, which frequently led to widespread hookworm infections and outbreaks of waterborne illnesses. In 1913, when the Board of Health became permanent, their first priority was to improve sanitation by sending out privy inspectors.

## Heating and Plumbing

Inspecting and regulating plumbing, natural gas and HVAC/R systems (Heating, Ventilation, Air Conditioning and Refrigeration) to make sure they meet safety codes is an important program at the ADH.

## Other Environmental Testing

Go swimming in the community pool. Play on the beach at one of Arkansas's lakes. Eat in a smokefree restaurant. All without worrying that your health is at risk, thanks to these ADH programs:

**Swimming Pools and Swim Beach Safety programs** review plans for recreational facilities and test water quality to prevent waterborne diseases.

**On-Site Wastewater programs** regulate and approve onsite "septic" systems.

**The Marine Sanitation Program** regulates wastewater disposal on boats and at marinas.

**Tattoo and Body Art programs** inspect tattoo facilities and issue licenses to artists.

**The Clean Indoor Air Program** enforces Legislative Act 8 of 2006. This law prohibits tobacco use in all public places with the exception of some bars and gambling establishments.

## Epidemiology

Our Epidemiology Branch collects information on infectious diseases, chronic diseases, food and waterborne diseases, injuries and hospitalizations, medical waste, toxic substances, environmental and occupational exposures and more.

Our epidemiologists monitor and evaluate this information in various electronic data systems so that any sort of exposure, pattern, potential outbreaks or disease clusters can be readily identified and addressed.

### Environmental Epidemiology Case Studies

#### Liquid Mercury Exposure

When a liquid mercury spill at a duplex was reported in Sebastian County, the ADH Emergency Response team was alerted. Several family members went to local hospitals for symptoms related to high levels of mercury vapor, a toxic chemical. Hospital staff contacted the Arkansas Poison Control Center and the ADH's Emergency Communications Center, which in turn alerted the Environmental Epidemiology's Agency for Toxic Substances and Disease Registry team. This group of experts provided information and assistance in treating the patients, cleaning up and disposing of the mercury and decontaminating the duplex for re-entry. Neighbors and pets were also examined with ADH assistance. ADH personnel worked with the county office of emergency management to ensure the complete removal of the contamination.



#### Residential Lead Contamination

An anonymous concern led to an investigation of a residential property being renovated in Boone County. Lead-based paint was being scraped off of the house and was not being disposed of properly. According to the complainant, the lead-based paint was being dumped onto the ground where children were playing. The effects of lead are serious, whether it enters the body through breathing or swallowing (dust, dirt, paint chips). The main target for lead toxicity is the nervous system. Children are more sensitive to the health effects of lead than adults. ADH Lead-Based Paint personnel and other environmental experts worked together to investigate, sample and educate the home owners and residents. Guidelines for testing young children for lead and recommendations on how to clean up and remove the contamination were provided.



# ADH Responds

## Expecting the Best, Preparing for the Worst

You've seen how ADH works to protect you and your environment against unforeseen events by making you healthier and the world around you safer. Here's how we're making it easier and quicker to respond when accidents occur.



### Preparing for and Responding to Public Health Emergencies

In this era of disease outbreaks, natural disasters and potential terrorist threats, ensuring that we are prepared and can respond appropriately is one of our highest priorities.

When an Emergency Strikes, the ADH is Prepared with:

- Arkansas Health Alert Network (HAN) – An electronic communications system

– can notify thousands of public health and medical practitioners within minutes with critical public health updates and recommendations.

- Emergency Communications Center (ECC) Staffed 24/7 – the duty officers monitor for all types of emergencies that threaten the public's health and notify the ADH response personnel.
- Emergency Operations Center (EOC) – Can be activated by ADH Senior Leadership during disasters and public health emergencies – staffed by ADH personnel, subject matter experts and external partners to coordinate resources, manage the response and provide technical support to the health and medical community.
- Emergency Support Function 8 – ADH personnel and EOC liaisons coordinate public health and medical disaster response functions specified in the Arkansas Comprehensive Emergency Management Plan.
- Healthcare Preparedness Program (HPP) – ADH partners with the healthcare community including hospitals, primary care facilities, EMS and long-term care facilities to prepare for and respond to disasters that stress medical surge capabilities.
- Nuclear Planning & Response Program (NPRP) – The office, located in Russellville, leads the preparedness planning, training and exercise efforts to manage and coordinate an offsite response (in five counties in the Emergency Planning Zone) to any potential radiological emergency at Arkansas Nuclear One.

- SERV Arkansas – A comprehensive database used to track and manage medical and non-medical volunteer responders – can be utilized by the health and medical community during disasters.
- Strategic National Stockpile Program – Develops, maintains and evaluates ADH's plans to receive, stage, distribute and dispense critical medicines and supplies needed by the health and medical community in response to chemical, biological, radiological attacks and other natural disasters.
- Syndromic Surveillance – A statewide active monitoring system – can identify clusters of similar illnesses or acute symptoms of exposure to chemical, radiological or biological warfare agents. Used by public health epidemiologists and clinicians to determine how illnesses may be related.
- Technical Hazards / Training & Exercise Programs – Used to train and evaluate capabilities of ADH and partners to respond to chemical, biological and radiological incidents and other disasters that affect the health and medical infrastructure.

**Whether for an exercise or a real hazard, all internal and external partners in emergency preparedness exhibit extraordinary efforts to coordinate and respond immediately.**

## Treating Traumatic Injuries

In 2009, ADH worked with the state legislature to establish a new, statewide Trauma System. Before then, EMS providers carried injured patients to the nearest hospital, regardless of that hospital's ability to care for the particular injury. Since that time, Arkansas has made great progress in lowering the number of deaths due to injuries. This progress can be measured from data collected through the Arkansas Trauma Registry (ATR), a statewide trauma data collection and evaluation system. Registry data are used to drive activities that will reduce the number of traumatic injuries and resulting deaths. This system saves at least 168 lives every year.

Our trauma system has four main parts:

- Hospital Trauma Centers – 58 hospitals statewide have personnel and state-of-the-art equipment and are designated according to levels (I = highest; IV = lowest) to handle injuries based on severity.
- EMS Agencies – 178 EMS agencies received grants to improve ambulance and paramedic/EMT trauma readiness.
- Arkansas Trauma Communications Center (ATCC) – Since 2011, the ATCC has coordinated transportation for 115,700 injured patients, including:
  - 69,437 EMS calls from accident scenes and
  - 46,269 hospital-to-hospital transfers
- Trauma Image Repository – Ensures that medical scans are electronically sent to the higher-level trauma centers before transport so that the patient can go directly to the operating room, where a trauma team has already been assembled. Since inception in July 2011, more than 13 million images have been accessible on patients in need of a higher level of trauma care across Arkansas and border states that include Missouri, Tennessee and Texas.



## Public Health Laboratory

Today's world demands the testing of biologic material as rapidly as possible. About 1,600 samples a day are sent to ADH's Public Health Laboratory, housed in a state-of-the-art building next to our Little Rock headquarters. The doctors, chemists and microbiologists test for rabies, HIV, tuberculosis, blood alcohol levels, genetic conditions, many infectious diseases and other possible health risks.



# ADH Regulates and Registers

## Check and Balances to Keep You Safe

When you go to a cosmetologist, a radiologic technologist, or an EMT, you need assurance that they are properly trained, officially licensed to practice, use safe and effective equipment and comply with all rules and regulations. There's no room for assumption or risk when it comes to ensuring your health. Here's how our Health Licensing and Regulation Section does just that:

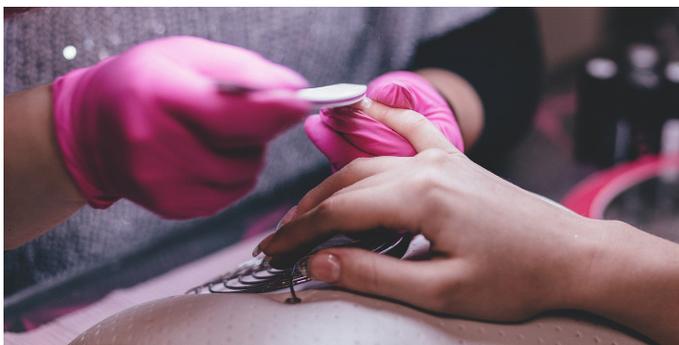
### Cosmetology and Massage Therapy

Anyone studying to become a nail technician, massage therapist, esthetician, hair stylist or electrolysis practitioner uses curricula developed by the ADH's Cosmetology Section and is tested and licensed before going into business. The program also conducts onsite inspections and determines the penalties for code violations.

#### We Regulate:

- 45,580 cosmetology practitioners
- 5,000 salons
- 68 cosmetology schools
- 2,800 massage therapists
- 17 massage therapy schools

Since launching an online licensure renewal for cosmetologists in 2011, more than 10,000 practitioners have used this online renewal option.



### Medical Marijuana Registry Card

The Arkansas Constitutional Amendment 98 authorizes certain qualifying individuals to purchase medical marijuana if they have a Medical Marijuana Registry ID card.

The ADH processes applications and issues medical marijuana registry ID cards for those who meet the qualifications. The online application system may be found on the ADH website.

### EMS Providers

Arkansas's Emergency Medical Services (EMS) receive more than 500,000 calls and treat more than 350,000 patients each year. Many of these patients have complicated medical and/or traumatic conditions that require considerable knowledge, skill and judgment for effective treatment – and this treatment must occur out of the hospital setting. It is vital that their practice, education and standard of care are regulated, and that's where the ADH comes in – to investigate reports, test personnel and grant licenses.

**We administer the EMS for Children Program, ensuring that a young patient's special needs are met quickly and effectively.**



## Health Facility Services

When you're searching for medical treatment for yourself or someone you love, you need to be assured that the hospital or facility you choose is being evaluated and held to a standard of care. Whether the center is offering outpatient, hospital, rehabilitation, dialysis, speech therapy or 20 other health care services, we're working in the background, conducting onsite inspections, surveys and investigations to keep you safe.

## Radiation Control

Thanks to the ADH, your mammograms and x-rays should be safe, along with the particle accelerators and the radioactive material used in treating cancer. You can be sure that the technologists who perform these services for you are licensed.



## Stroke Registry

The Arkansas Stroke Registry (ASR) and Arkansas Heart Attack Registry (AHAR) work to close gaps in patient care by collecting patient data, monitoring performance at hospital sites and educating health care providers and Emergency Medical Services (EMS) professionals.

In 2016, the ADH began to certify hospitals meeting certain criteria as Arkansas Stroke-Ready Hospitals (ArSRHs). Our state's stroke system of care includes Primary Stroke Centers and the ADH-designated Stroke Hospitals. These hospitals provide time-critical patient care, and include initial emergency evaluation, real-time stroke assessment and treatment with the assistance of telemedicine. The ASR continues to expand its system of care to ensure that stroke patients receive the quickest and most effective treatment and care.

### Know the Signs of Stroke: BE FAST

**Balance** – Is there a sudden loss of balance or coordination?

**Eyes** – Is there sudden blurred or double vision or sudden, persistent vision trouble?

**Face** – Ask the person to smile. Is one or both sides of the face drooping?

**Arms** – Ask the person to raise both arms. Does one side drift downward? Is there weakness or numbness on one side?



**Speech** – Does the person have slurred or garbled speech? Can he/she repeat simple phrases?

**Time** – Call 911 for immediate medical attention if you notice one or more of these signs. Also, take note of when symptoms began.

## Heart Attack Registry

In 2018, ADH launched the Arkansas Heart Attack Registry. Hospitals participating in the AHAR have the equipment and capability to give percutaneous coronary intervention (PCI), a method of treating heart attack patients. PCI-capable hospitals are well equipped to treat STEMI patients. A STEMI (ST-elevated myocardial infarction) is a severe heart attack which has substantial risk of death and requires quick response by individuals and systems.

### Know the Signs of Heart Attack:

**Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.

**Discomfort in other areas of the upper body.** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.

**Shortness of breath** with or without chest discomfort.

**Other signs** may include breaking out in a cold sweat, nausea or lightheadedness.

## A Stroke Survivors Story

by Alveno Smith

Hello, let me introduce myself. My name is Alveno Smith and I am 58 years old. I work for a university where my primary job includes designing, developing and delivering instructor led and web based training to the faculty and staff. My daily regimen includes taking my vitamins, exercise and eating a well-balanced meal to maintain good health. My attention to health came at 40 years old when I was diagnosed with type 2 diabetes. There I was, 208 pounds, 40-inch waistline and diminished vision. Yes, that was the year I started wearing glasses. My doctor told me that if I don't do something about my weight, I will not be around very long. It took a while to change some bad habits but by 53, I was 155 pounds, had good eating habits and had an exercise plan. I always had a battle with my blood sugar numbers but finally, with a little metformin and good eating habits, I had that under control. Things were looking good. I felt I had come a long way from that person I was at 40.

February of 2015, my life changed when I had a stroke. The night before my stroke, I began to feel strange, like I was coming down with a flu bug or something. The next morning, I still did not feel too well and told my wife and son that I was not going to work. I was going to stay home and battle with what I thought was a flu bug. After they left, I made breakfast for myself and sat down to eat. I picked up a grape with my right hand and before I could get it to my mouth, it fell out of my hand and hit the floor. I thought that to be strange so I tried again and dropped that grape as well. This was the first sign that something was wrong. I then thought that I could shake this off by getting up and walking around. As I tried to get up, my right leg gave way and I rolled to the floor. I knew then something was wrong for real. I then called my son to come home and

check on me, that I may need to go to the hospital. He did not answer so I left a voice message. While waiting for him more and more symptoms were developing. The more they developed the more in denial I was becoming. The thing that frightened me the most was my inability to speak properly. I had the droopy face and I lost all control of my tongue. I could not speak where anyone could understand what I was saying. I did not want to accept the fact that I was having a stroke. My son finally got home and drove me to the hospital. Hours had passed, too late for the TPA to be administered. There I was, in a hospital room with my right side paralyzed. I wish the call I made were to 911 and not my son. That was a ton of pressure for him because he did not know what to do. Even if the 911 call had been a false alarm, hearing the results of my diagnosis from trained paramedics would have been a better outcome.

Now, I feel like a walking and talking miracle. After 4 months in rehab and three years of recovery, I have the use of my right side. Speech and occupational skills are at 100%. Physical skills are at about 90%. I still have an issue with my right hamstring when the weather is cold, but overall no one would know I had a stroke if I did not tell him or her. My advice to anyone that would listen to me is, if you have the symptoms, call 911. It is better safe than sorry.



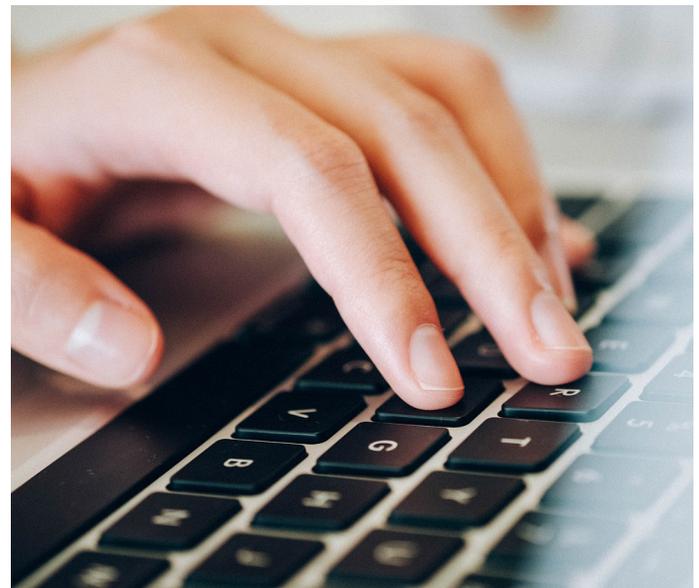
## Cancer Registry

Every year, there are almost 16,000 new cases of cancer diagnosed in Arkansas and about 7,000 cancer deaths. Cancer is the second most common cause of death in our state. Tobacco use is the cause of 40% of all cancer in Arkansas.

How can our state offer solutions to cancers that impact our residents and identify potential cancer-causing environments if we don't know what kinds of cancer our residents are experiencing? The answer is, we can't! That's why all Arkansas physicians are required to report cancer cases to the Arkansas Central Cancer Registry (ACCR) at the ADH.



By registering every diagnosed case of cancer, we can monitor cancer trends, identify people who have an increased risk of cancer, measure cancer control efforts over time, and support cancer research to find new and innovative solutions.



## Health Statistics

In public health, it's essential to track and measure key aspects of health and quality of life so that we can scientifically establish causes of health problems and illnesses and the people likely to be at risk. Every year, our Health Statistics Branch provides numbers, like: How many patients were discharged from hospitals? How many babies were born? What about the number of deaths? The answers help us prioritize our efforts, work to change policies and educate more effectively.

***Go to our ADH Health Statistics Branch Data and Reports webpage to download reports and fact sheets.***

***Use our Health Statistics Branch Query System to get information on cancer statistics, hospital discharge data and other health-related topics.***

***[www.healthy.arkansas.gov/  
programs-services/program/data-  
and-statistics](http://www.healthy.arkansas.gov/programs-services/program/data-and-statistics)***



# ADH Educates

## Information that Changes Lives

**You know that high blood pressure, extra weight and tobacco use all lead to the most common causes of death: heart disease, cancer, chronic lung disease, stroke and diabetes. Another major concern is obesity among our state's children, a condition proven to cause health problems in later years. At the ADH, we have programs that make it easier to adopt healthier behaviors, and can make the difference between healthy and unhealthy futures.**

### Be Active and Eat Healthy

It takes knowledge, support and motivation to make the necessary changes and stop habits that can ultimately damage your health. That's where ADH comes in.

#### In Communities

We know that it's harder to lose weight and get active when you live somewhere that doesn't have many options for healthy food and physical activity. The Growing Healthy Communities Program was developed by the Arkansas Coalition for Obesity Prevention (ArCOP) to build capacity within local communities to reduce obesity by implementing environmental and policy changes that support healthy living. ArCOP helps communities develop plans to increase access to healthy foods and physical activity. Growing Healthy Communities works with communities to offer more farmers' markets and create more places where you can get exercise. Currently, there are 104 Growing Healthy Communities in Arkansas. Community leaders know that a healthier place to live will produce a healthier you!

The Arkansas Arthritis Program (AAP) works to expand the proven Walk With Ease program and promote walking as a way to manage arthritis symptoms. AAP offers physical activity lifestyle management programs.

#### At Work

Arkansas's state employees – numbering about 60,000 – have access to support and motivation through the Arkansas Healthy Employee Lifestyle Program (AHELP), a free, online system that tracks physical activity, daily food intake and tobacco cessation efforts. AHELP also provides a menu of other resources like workplace and community lactation accommodations tools and trainings, healthy vending implementation training, wellness-based Lunch 'n Learns, and fun challenges designed to keep employees motivated. AHELP encourages state agencies to create a work place that promotes healthy choices as the easy choices. ADH works with other partners and agencies, including CDC, Healthy Active Arkansas, Arkansas Breastfeeding Coalition, Arkansas Coalition for Obesity Prevention, the Arkansas Center for Health Improvement, the Arkansas Department of Finance and Administration's Employee Benefits Division, the Arkansas Administrative Statewide Information System Service Center, the American Cancer Society, the American Heart Association and Arkansas Blue Cross and Blue Shield.

The Community Healthy Employee Lifestyle Program (CHELP) is a comparable program offered to employees of for-profit private companies, non-profits, municipalities, school systems and more. CHELP participants have access to the same resources and activities as AHELP participants.

#### In Healthcare

The Arkansas Arthritis Program (AAP) also aims to encourage healthcare providers to counsel and refer patients with arthritis to evidence-based lifestyle management programs. Through partnerships with worksites, community organizations, clinic and medical professional training programs, AAP hopes to improve the quality of life of people with arthritis.

### In Schools

ADH, in collaboration with the Arkansas Department of Education (ADE) and the local medical community, guides and trains school nurses and other school personnel to operate School-based Health Centers. These Centers provide a range of services, including health screenings, mental health and dental services. The Centers serve as a resource for wellness and prevention services and provide expertise to schools and communities to increase physical activity and improve nutrition.

Another collaboration with ADE – Whole School, Whole Community, Whole Child – promotes critical education and health outcomes for children in Arkansas schools. The collaborative engages community resources to help organize efforts in school districts to meet the national recommendations for physical education and school nutrition standards, and provides a healthy and safe environment to students while they learn.

### Healthy Active Arkansas – a State-level Collaborative

Healthy Active Arkansas (HAA), endorsed by Governor Asa Hutchinson, is the state's 10-year plan to increase the number of Arkansans who are at a healthy weight. HAA is a collaborative effort among the Arkansas Department of Health, Arkansas Center for Health Improvement, the University of Arkansas for Medical Sciences, and many other partners. The plan features nine priority areas, each with evidence-based strategies to impact the health of the state.

The ADH Office of Health Communications has expanded to include a Healthy Active Arkansas section. These staff work with HAA partners, agencies, organizations, coalitions, communities and others to increase opportunities for healthy eating and physical activity for all Arkansans. What does a healthy, active Arkansas look like? It's a state in which all of our citizens enjoy access to wholesome foods and opportunities for fun and exertive activities. It's one in which individuals are more apt to maintain healthy weights, allowing them, along with businesses and communities, to prosper from lower health care expenses, high productivity and improved quality of life. Healthy Active Arkansas is a vision that can be a reality.

## Don't Start Using Tobacco or Quit Tobacco

There's a bitter truth about tobacco use: about half of the people using nicotine products today will die from using them.

Tobacco and nicotine products, including e-cigarettes, are highly addictive. Tobacco products are proven to cause cancer, heart disease, stroke, gum disease, premature births, chronic pulmonary disease, blood clots and asthma.

Tobacco Prevention and Cessation Program at the ADH works to:

- Prevent young Arkansans from starting to use tobacco.
- Help all ages quit their tobacco addiction.
- Eliminate secondhand smoke in public places.
- Give health care workers training, tools and resources to help patients quit tobacco and nicotine.

### Our Resources to Help You Quit

Tobacco use prematurely kills around 5,800 Arkansans each year. Want to spend more years with your loved ones? Get help to stop smoking by calling Be Well Arkansas at 1-833-283-WELL. For more information on how quitting tobacco use can help you to be well, visit us on the web at [www.bewellarkansas.org](http://www.bewellarkansas.org).

### Get your child involved with the Project

Prevent Youth Coalition. Through this program, Arkansas Children's Hospital and ADH have teamed up to provide tobacco prevention and education efforts to youth across Arkansas. ADH encourages youth to participate in some of the many year-round projects, including an essay or lyric project called, "My Reason to Write," and a video project called "Ready, Set, Record." For more information, visit [www.SOSProjectPrevent.com](http://www.SOSProjectPrevent.com).

Protecting Arkansans from Tobacco:

- The air indoors at most public places is clean thanks to the 2006 Clean Indoor Air Act.
- Arkansas enacted the nation's first law (Act 811 of 2011) to ensure that children under the age of 14 ride in smoke-free vehicles.
- In 2013, Arkansas began prohibiting e-cigarette sales to minors and their use on school grounds and at school events.



## Take Care of Your Teeth

It's not just about brushing! It's important to reduce the amount of sugar and between-meal snacks you eat, and get regular dental checkups to protect you and your child's teeth for a lifetime.

The ADH Office of Oral Health has developed a number of new statewide dental initiatives through various partnerships.

**Oral Health Zone** – a partnership with the Delta Dental Foundation and the National Children's Oral Health Foundation (America's Tooth Fairy) was built on a network of trained oral health educators and champions to ensure that Arkansas children are connected to a dental home and don't have to suffer from preventable childhood dental disease.

**Paint A Smile** – a new program that provides topical fluoride varnish in local health units in Arkansas as well as training for private practice physicians. Fluoride varnish is a quick and easy gel application that is brushed on the tooth surface of children, providing an increased level of protection against cavity-creating bacteria.



**Basic Surveillance Screening (BSS)** – a partnership with Arkansas Children's Hospital and Delta Dental was completed in 2016 to screen 3rd grade students. Dental hygienists conducted open mouth screenings to look for the presence of decay, restorations and dental sealants. The information collected helps to determine the impact of oral health program initiatives supported through public health outreach.

## Arkansas Oral Health Coalition –

A 501(c)(3) designated not-for-profit corporation. The Coalition is comprised of 48 agencies and organizations all invested in increasing optimum oral health for all Arkansans through education, prevention, and policy.

## Identify and Manage Diabetes

Approximately 364,000 adults in Arkansas have diabetes. Of these, an estimated 75,000 have diabetes but don't know it, greatly increasing their health risk. Serious complications include heart disease, stroke, amputation, end-stage kidney disease, blindness and death. Diabetes is the 7th leading cause of death in Arkansas. Also, 797,000 Arkansans are estimated to have prediabetes with higher than normal blood glucose levels, but not high enough to be diagnosed as diabetes. Since prediabetes can lead to diabetes, a goal of the ADH Chronic Disease Prevention and Control Branch is to educate Arkansans about how to prevent diabetes.

You can take the short online prediabetes risk test, in English or Spanish, and sign up for text message tips at <https://doihaveprediabetes.org/>.

### If You Have Diabetes:

Our Diabetes Self-Management Education and Support Program (DSMES) helps patients create new, healthier lifestyles that will keep diabetes under control. The program explains what diabetes is and tells you how to recognize and manage the symptoms, how to monitor sugar and blood pressure levels, how to increase your physical activity and how to make smarter food choices. Check with your Local Health Unit to find and get enrolled in a DSME program near you.

Our Diabetes Prevention Program is delivered by a trained lifestyle coach to facilitate a small group of adults to discuss behavior changes that can improve the participant's health. Learning how to become more physically active, eating healthy, managing stress, learning coping strategies and receiving support can make a positive change in your life.

## Raise Healthy Children

ADH is safeguarding your baby's health every step of the way. The Women's Health Section at ADH offers reproductive health care services and prenatal clinics at Local Health Units for pregnant women. After birth, newborn screening is offered for certain disorders, and school health programs are available to keep children safe.



**About 50,000 people each year use our family planning services, which are accessed through our Local Health Units.**

## Your Newborn Baby's First Tests

Before every new baby leaves the hospital, he or she has already had a blood sample taken to screen for certain disorders. They're rare – out of 37,000 births, about 85 Arkansas babies each year have a disorder – but it's vital to detect anything as quickly as possible. The samples are tested Monday-Saturday at the ADH Public Health Lab, and abnormal results are immediately reported to the baby's physician. A hearing screening is another important test for your infant. Three out of every 1,000 newborns in the U.S. are born with significant hearing loss – and many have no known signs or risk factors for the condition. It is important to have your infant tested for hearing loss to prevent them from lagging behind in their speech and language skills. The screening is safe and painless and is conducted before leaving the hospital. The ADH Infant Hearing Program will contact you if your baby needs more testing.

## Baby's First Year

Unfortunately, infant mortality is a health challenge in Arkansas, particularly among African American babies, who are more likely than any other ethnic group to die before they reach their first birthday. We're approaching this challenge with both one-on-one and community-wide support. Through our Office of Minority Health and Health Disparities, a group known as Sisters United is training sorority members to work closely with young women even before they become pregnant. And many Arkansas communities are holding Safety Baby Showers, where the mom-to-be can get information about safe sleeping and car seats. In addition, Brothers United was developed to train fraternity members to teach fathers how to support their breastfeeding partners and practice safe sleep by always placing their baby on his or her back to sleep to prevent sleep related deaths.

Certain risk factors have been shown to cause increased risk of death to babies. These include if the mother:

### Before birth

- Is younger than 20 or older than 40
- Didn't graduate from high school
- Isn't married
- Smokes cigarettes
- Didn't receive medical care during the pregnancy
- Had at least one health problem during the pregnancy

### After birth

- Does not observe safe sleep practices (ABC's - baby should be alone, on their back, in a crib).



## Supporting Pregnant and New Mothers with Home Visiting Programs

Arkansas ranks near the bottom of all states in indicators related to child health and well-being including teen pregnancy, infant mortality, and low-weight and premature births. Research has shown that evidence-based home visiting programs are effective in addressing the health and well-being needs of vulnerable at-risk families, particularly in rural areas.

Arkansas's Maternal, Infant, and Early Childhood Home Visiting project is a public-private collaborative effort between the ADH and Arkansas Children's Hospital with the belief that each child in Arkansas has unlimited potential. The project provides high-quality home visiting programs to at-risk families in 60 counties across the state. Services are provided through four evidence-based, and one promising, program:

- **Healthy Families of America (evidence-based):** Serves at-risk pregnant women prenatally through the child's third birthday through weekly home visits focused on child welfare.
- **Home Instruction for Parents of Preschool Youngsters (evidence-based):** Serves families with preschool aged children aged 3-5 years through weekly home visits focused on school readiness.
- **Nurse-Family Partnership (evidence-based):** Serves first time low income pregnant women through the child's second birthday with home visits focused on improving health and developmental outcomes as well as parenting skills development.
- **Parents as Teachers (evidence-based):** Serves at-risk pregnant women prenatally through the child's third birthday through monthly home visits focused on healthy child development.
- **Following Baby Back Home (promising program):** Serves medically fragile children coming out of neonatal intensive care units

until age three through bi-monthly home visits focused on improving health and developmental outcomes as well as care coordination.

The Arkansas Department of Health has administered this project since 2011. Since that time, more than 4,500 vulnerable families have been served. The Department of Health remains dedicated to helping the state's children reach their full potential.



## Supporting WIC Families

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC), administered through ADH, works to educate families about proper nutrition for babies, young children and expectant new mothers. WIC serves more than 74,000 low and moderate income women, infants and children up to age five at risk for developing nutrition-related health problems. Our average number of women, infants and children served per month through August, 2018 is 74,182.

WIC participants receive benefits to purchase foods that are specifically selected for their nutritional value. This ensures good health during this time of critical growth and development. WIC moms receive nutrition education to help them make healthy eating and lifestyle choices for their families, and breastfeeding support and education to help them reduce health care costs and raise healthier babies. Research shows that breastfeeding lowers a child's risk of obesity, type 2 diabetes and asthma.



### WIC Encourages Breastfeeding!

Breastmilk is the best food for babies. It provides a natural resistance to help babies fight many illnesses and infections.

Breastfeeding provides a lifetime of health benefits for both mothers and their babies.



# ADH Closes the Gap

**Everyone deserves an equal opportunity to receive good health care, regardless of where you live.**

## Health Care Access

Do you live in a rural area where doctors and health care clinics are few and far between? If so, you're not alone. Almost half of all Arkansans do. That's why the ADH has a program dedicated to recruiting and retaining health care workers in rural areas: the Office of Rural Health and Primary Care.

## Health Disparities

The term health disparity is often used to describe racial differences between two or more groups; however, it is important to note that many dimensions of disparity exist, which can include race or ethnicity, but also gender identity, sexual orientation, age, disability, socioeconomic status, and geographic location. Another term used is health inequalities, which simply means health differences that are avoidable, unnecessary, and unjust. While the provision of services alone cannot prevent the ongoing generation of health inequities, the ADH strives to improve the health of all Arkansans. Through the Office of Minority Health and Health Disparities, the staff works to better ensure that health services provided are appropriate, accessible and sensitive to the needs and cultures of minority and vulnerable populations.

## Faith-Based Outreach

At ADH, we understand the important role that faith-based and community organizations play in working to implement behavior changes that lead to better health outcomes. Faith and community leaders are trusted messengers within their communities and are on the front lines of fighting many of the health care issues that are plaguing so many underserved communities.

Our Faith-Based Coordinator, housed in the ADH Office of Health Communications, works closely with faith and community leaders to develop collaborative partnerships to expand health care access and monitor which best practices are working in local communities. These partnerships are established with a diverse group of organizations to build a stronger infrastructure so that hard-to-reach and underserved populations have better access to care.

## Health Literacy

Health literacy is an important way to address the health problems of a population. If a patient doesn't understand the form he's filling out, the label on his prescription bottle or the meaning of the words his nurse is using, health care providers aren't communicating effectively.

To deal with this challenge, the ADH staff work in the Office of Health Communications to make health and safety information easy to understand to help people improve their own health literacy skills, and with other healthcare organizations to improve the way they communicate with their patients.

## Hometown Health Improvement

We at ADH recognize that change happens when we work with communities, not just for them. Our Hometown Health Improvement program is a community-driven process that empowers local residents to take ownership of their particular health problems and create solutions for them. Business leaders, health care providers, elected officials, religious leaders, educators and others are focusing on proven strategies like tobacco-free environments, active lifestyles and healthy eating. Through policies, systems and environmental change, Arkansas communities are making progress!

## PUBLIC HEALTH LEADERSHIP IN ARKANSAS



### Governor Asa Hutchinson

Governor Hutchinson is head of the Executive Branch of Arkansas state government. Dr. Nathaniel Smith, ADH Director and State Health Officer, reports directly to Governor Hutchinson.



### Director and State Health Officer Nathaniel Smith, MD, MPH

Dr. Nate Smith has served as Director and State Health Officer for the Arkansas Department of Health (ADH) since 2013. In this position, he is a member of the Governor's cabinet and provides senior scientific and executive leadership for the agency. Dr. Smith has a strong commitment to the mission of ADH. In his role as Director he strives to help colleagues achieve their full potential using public health best practices supported by science-based decisions. He has been elected the 2018-2019 president-elect and 2019-2020 president of the Association of State and Territorial Health Officials (ASTHO).

Dr. Nate Smith is board-certified in Internal Medicine and Infectious Diseases and holds voluntary faculty positions in the Division of Infectious Diseases at the University of Arkansas for Medical Sciences College of Medicine and in the Epidemiology Department at the College of Public Health. His clinical interests include HIV, tropical medicine, and emerging infectious diseases.



### Deputy Director for Public Health Programs Stephanie Williams, RNP, MPH

Stephanie Williams works in coordination with the Department Director and State Health Officer to set policy direction for the Department and ensure that programmatic responsibilities are met. This position provides advice and recommendations to the Director on key policy and program decisions and participates in the final decision making process within the ADH. The Deputy Director for Public Health Programs is responsible for multiple programs and areas. This position directly oversees the Center for Health Advancement, the Center for Health Protection, the Center for Local Public Health, the Center for Public Health Practice,

the Public Health Laboratory, the Office of Health Communications and the Office of Minority Health and Health Disparities. The Deputy Director for Public Health Programs acts as the Director if he or she is absent or disabled, and when designated by the Director, serves as a member of boards, committees, authorities or commissions of which the Director is by law a member.



### Deputy Director for Administration Ann Purvis, JD

Ann Purvis oversees all aspects of financial management, information technology, governmental affairs, human resources, policies and procedures, internal audit and facilities support services. Previously, she was Administrator in the Office of Intergovernmental Services at the Department of Finance and Administration (DF&A). She serves on several health- and technology-related boards and councils. She has a law degree from the University of Arkansas at Little Rock and has served as general counsel for the Arkansas Secretary of State and as a state Assistant Attorney General.



### Chief Medical Officer J. Gary Wheeler, MD, MPS

Dr. Wheeler advises the Director on all health issues that impact patients and citizens. This includes collaboration with the State Epidemiologist and other staff on responses to communicable disease prevention and outbreaks, healthcare associated infections, antibiotic stewardship, chronic diseases, children and women's health, and tobacco use prevention and treatment. He also assists in the creation and delivery of public communications about public health matters. The CMO assists and represents the director in policy and legislative review and on commissions and boards where the

department has an interest. He assists the director in professional staff scholarship and recruitment and interfaces with professional medical groups to promote the department's activities. Dr. Wheeler is an adjunct professor of Pediatrics and Public Health at UAMS.



### Chief Science Officer Namvar Zohoori, MD, MPH, PhD

Dr. Zohoori oversees the functions of the Office of the Chief Science Officer (OCSO), whose mission is to promote scientific excellence and integrity in all programmatic, educational, public health policy and research activities of the Arkansas Department of Health. As Chair of the Science Advisory Committee, the Chief Science Officer oversees the review and approval of all issues, requests and publications related to data housed within the ADH. He is also responsible for the Department's Office of Performance Management, Quality Improvement and Evaluation. Dr. Zohoori is a Professor of

Epidemiology at the UAMS Fay W. Boozman College of Public Health (COPH), and helps to lead the COPH/ADH Joint Advisory Committee to facilitate coordination between the ADH and the COPH in promoting their shared ideals of an Academic Health Department.

# STATE BOARD OF HEALTH MEMBERS - 2018



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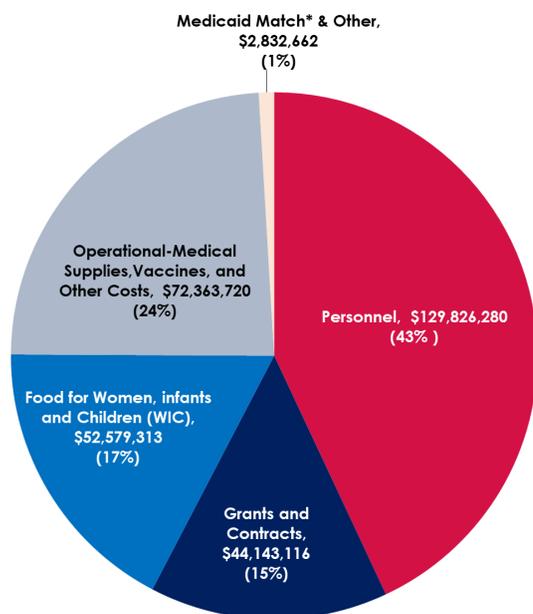
**Phillip Gilmore**  
Hospital Administrator

**David Kiessler, DPM**  
Podiatric Medicine

The first permanent board of health in Arkansas was established in 1913 and focused on ending hookworm disease and, later, controlling the spread of malaria. This board was financed primarily by industrialist and philanthropist John D. Rockefeller. In 1959, the state legislature altered the make-up of the board to include a dentist, pharmacist, and a nurse; two years later, it was altered yet again to include a professional engineer.

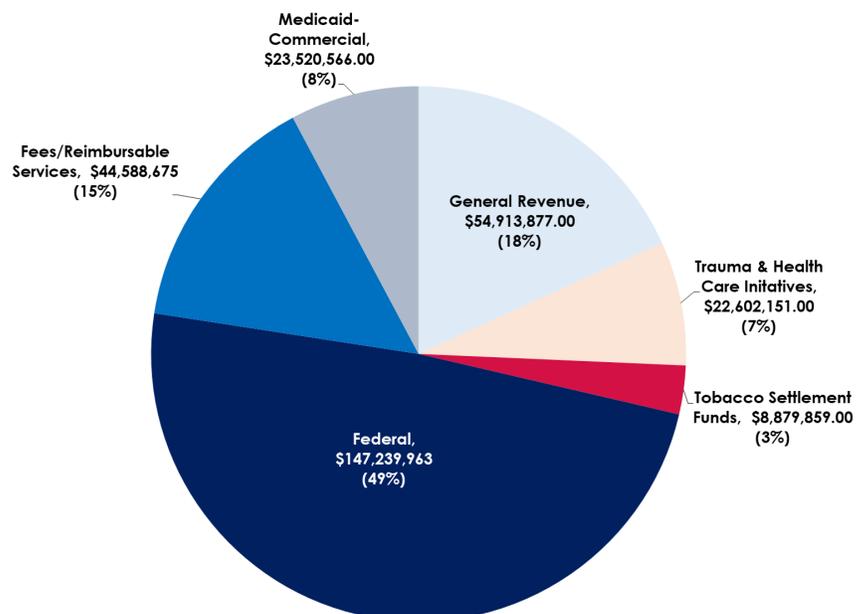
## ADH Source and Use of Funds, FY 2018

**Use of Funds**



Total Use of Funds \$301,745,091

**Source of Funds**



Total Source of Funds \$301,745,091

\*For specified Medicaid services, Arkansas Department of Health transfers the required state match to Arkansas Department of Human Services to meet the federal Medicaid requirements.

## HELPFUL NUMBERS

**ADH Main Switchboard (Little Rock) 501-661-2000**  
**ADH Toll-free Number 800-462-0599**

ADH Emergency Communications (toll-free number)	800-651-3493
State of Arkansas (information line)	800-482-5850
Director's Office	501-661-2400
Center for Health Advancement	501-661-2199
Center for Health Protection	501-661-2243
Center for Local Public Health	501-661-2574
Center for Public Health Practice	501-661-2224
Public Health Laboratory	501-661-2220
Accounts Payable	501-280-4478
Accounts Receivable	501-280-4638
Alcohol Testing	501-661-2287
Ambulance Licensing	501-661-2262
Animal Bites and Rabies	501-280-4136
Arkansas Tobacco Quitline	800-784-8669
Birth Certificates	501-661-2336
BreastCare	501-280-4743
Breast, Cervical and Colorectal Cancer Breastfeeding Services	501-280-4743
Budget & Banking	800-445-6175
Cancer Registry	501-280-4498
Cemetery Permitting	501-661-2463
Central Supply	501-661-2623
Child & Adolescent Health	501-661-2128
Chronic Disease & Prevention Control	501-280-4780
Comprehensive Cancer	501-661-2942
ConnectCare (Toll-free)	501-661-2942
ConnectCare (Central AR)	800-275-1131
Cosmetology	501-614-4689
Courier Service	501-682-2168
Death Certificates	501-671-1418
Diabetes	501-661-2336
Emergency Medical Services	501-661-2942
EMT Certification	501-661-2262
Engineering	501-661-2623
Environmental Health	501-661-2171
Epidemiology	501-661-2893
Family Health	501-661-2021
Farmers' Market/WIC	501-661-2508
Fluoridation	501-661-2279
Food Services	501-661-2171
Grants Management/Reporting	501-280-4557
Health Communications	501-280-4560
Health Facilities	501-661-2201
Health Statistics	501-661-2368
Heart Disease & Stroke	501-661-2942
Hepatitis C Prevention	501-661-2408
HIV/STD	501-661-2408
HIV/STD/HEPC Registry	501-661-2971
Hometown Health Support Services	501-661-2408
Hospital Discharge	501-280-4561
Human Resources	501-661-2368
HVAC/R Program	501-280-4099
Immunization Registry	501-661-2642
Immunizations	800-574-4040
Infant Hearing	501-661-2169
Infectious Disease	501-280-4740
Information Technology Services	501-661-2408
Injury & Violence Prevention	501-614-5348
Internal Audit	501-683-0707
Lay & Nurse Midwifery	501-280-4477
Lead Paint Testing	501-661-2480
Legal Services	501-661-2220
Mammography Accreditation	501-661-2878
	501-661-2301

Marine Sanitation	501-661-2171
Massage Therapy Licensure	501-683-1448
Maternal Infant & Child	
Home Visiting	501-661-2021
Maternity	501-661-2480
Milk Program	501-661-2171
Minority Health & Health Disparities	501-246-0127
Newborn Screening	501-280-4780
Newborn Screening (Toll-free)	866-769-9043
Oral Health	501-661-2051
Outbreak Response	501-537-8969
Pharmacy Services & Drug Control	501-661-2325
Physical Activity	501-661-2381
Physical Plant (Maintenance)	501-661-2732
Plumbing Program	501-661-2642
Policies & Procedures	501-661-7980
Preparedness & Emergency Response	501-661-2482
Prescription Drug Monitoring Program	501-661-2162
Procurement/Support	501-280-4573
Protective Health Codes	501-661-2642
Public Water Systems	501-661-2623
Rabies	501-280-4136
Radiation Control	501-661-2301
Radiological Technology Licensure	501-661-2301
Registries	501-661-2971
Reproductive Health	501-661-2480
Rural Health & Primary Care	501-280-4560
School Health	501-280-4783
Septic Tanks	501-661-2171
Sexually Transmitted Disease	501-661-2408
Swimming Pools & Related Facilities	501-661-2171
Tattoos & Body Piercings	501-661-2171
Tobacco Prevention & Cessation	501-661-2953
Trauma Registry	501-661-2323
Trauma Systems	501-671-1428
Tuberculosis	501-661-2152
Tuberculosis Registry	501-661-2413
Vaccines for Children	501-661-2170
Vital Records	501-661-2336
WIC (Women, Infants & Children)	501-661-2508
Women's Health	501-661-2480
Worksite Wellness	501-661-2381
Zoonotic (Veterinary) Disease	501-280-4136

**Our Main Office is located at:  
 4815 W. Markham St.  
 Little Rock, AR 72205-3867**

**Visit our website [www.healthy.arkansas.gov](http://www.healthy.arkansas.gov)  
 for information or to locate your nearest  
 local health unit.**

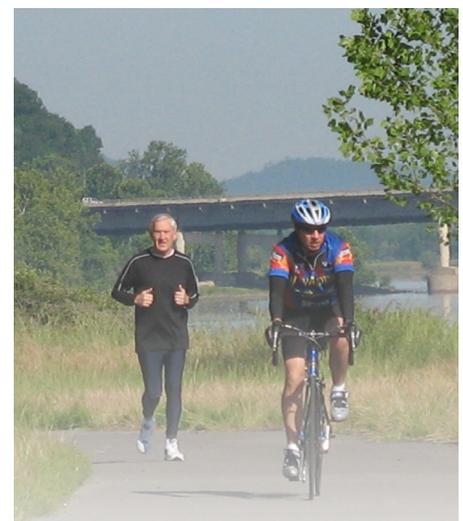


## LOCAL HEALTH UNIT DIRECTORY

Arkansas County/De Witt	870-946-2934
Arkansas County/Stuttgart	870-673-1609
Ashley County/Crossett	870-364-2115
Ashley County/Hamburg	870-853-5525
Baxter County/ Mountain Home	870-425-3072
Benton County/Rogers	479-986-1300
Benton County/ Siloam Springs	479-549-3794
Boone County/Harrison	870-743-5244
Bradley County/Warren	870-226-8440
Calhoun County/Hampton	870-798-2808
Carroll County/Berryville	870-423-2923
Chicot County/Lake Village	870-265-2236
Clark County/Arkadelphia	870-246-4471
Clay County/Corning	870-857-6281
Clay County/Piggott	870-598-3390
Cleburne County/ Heber Springs	501-362-7581
Cleveland County/Rison	870-325-6311
Columbia County/Magnolia	870-235-3798
Conway County/Morrilton	501-354-4652
Craighead County/ Jonesboro	870-933-4585
Crawford County/ Van Buren	479-474-6391
Crittenden County/ West Memphis	870-735-4334
Crittenden County/Earle	870-792-7393
Cross County/Wynne	870-238-2101
Dallas County/Fordyce	870-352-7197
Desha County/Dumas	870-382-2377
Desha County/McGehee	870-222-3910
Drew County/Monticello	870-367-6234
Faulkner County/Conway	501-450-4941
Franklin County/Ozark	479-667-2555
Fulton County/Salem	870-895-3300
Garland County/ Hot Springs	501-624-3394
Grant County/Sheridan	870-942-3157
Greene County/Paragould	870-236-7782
Hempstead County/Hope	870-777-2191
Hot Spring County/Malvern	501-332-6972
Howard County/Nashville	870-845-2208
Independence County/ Batesville	870-793-8847
Izard County/Melbourne	870-368-7790
Jackson County/Newport	870-523-8968

Jefferson County/Pine Bluff	870-535-2142
Johnson County/Clarksville	479-754-2949
Lafayette County/Lewisville	870-921-5744
Lawrence County/ Walnut Ridge	870-886-3201
Lee County/Marianna	870-295-2400
Lincoln County/Star City	870-628-5121
Little River County/ Ashdown	870-898-3831
Logan County/Booneville	479-675-2593
Logan County/Paris	479-963-6126
Lonoke County/Cabot	501-843-7561
Lonoke County/Lonoke	501-676-2268
Madison County/Huntsville	479-738-2612
Marion County/Yellville	870-449-4259
Miller County/Texarkana	870-773-2108
Mississippi County/ Blytheville	870-763-7064
Mississippi County/ Osceola	870-563-2521
Monroe County/Brinkley	870-734-1461
Montgomery County/ Mt. Ida	870-867-2331
Nevada County/Prescott	870-887-2004
Newton County/Jasper	870-446-2216
Ouachita County/Camden	870-836-5033
Perry County/Perryville	501-889-5156
Phillips County/ Helena-West Helena	870-572-9028
Pike County/Murfreesboro	870-285-3154
Poinsett County/ Marked Tree	870-358-3615
Poinsett County/Harrisburg	870-578-4480
Poinsett County/Trumann	870-483-5761
Polk County/Mena	479-394-2707
Pope County/Russellville	479-968-6004
Prairie County/Des Arc	870-256-4430
Pulaski County/ Jacksonville	501-982-7477
Pulaski County/ North Little Rock	501-791-8551
Pulaski County/Central Little Rock	501-280-3100
Pulaski County/ SW Little Rock	501-565-9311
Randolph County/ Pocahontas	870-892-5239
Saline County/Benton	501-303-5650
Scott County/Waldron	479-637-2165

Searcy County/Marshall	870-448-3374
Sebastian County/ Ft. Smith	479-452-8600
Sevier County/De Queen	870-642-2535
Sharp County/Ash Flat	870-994-7364
St. Francis County/ Forrest City	870-633-1340
Stone County/ Mountain View	870-269-3308
Union County/El Dorado	870-863-5101
Van Buren County/Ciinton	501-745-2485
Washington County/ Fayetteville	479-521-8181
Washington County/ Springdale <i>(Dr. Joseph Bates Outreach Clinic)</i>	479-751-3630
White County/Beebe	501-882-5128
White County/Searcy	501-268-6102
Woodruff County/Augusta	870-347-5061
Yell County/Danville	479-495-2741
Yell County/Dardanelle	479-229-3509



**ARKANSAS**  
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Guide to Programs and Services **2019**