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

**Childhood Obesity**
Our state ranks highest in the nation for adult obesity, and in Arkansas, more than one-third of children and adolescents are overweight or obese. These children have a higher rate of chronic diseases, and a higher likelihood of becoming obese adults, costing the state billions of dollars. By reducing the prevalence of overweight and obesity during childhood, we can make a lasting difference in the state.

**Teen Pregnancy**
Arkansas ranks 50th (worst) in the U.S. in teen births. Teen pregnancy is closely linked to incomplete education, poverty, premature births, child welfare, overall child well-being, and risky behaviors like alcohol abuse, costing Arkansans about $129 million annually. We could significantly reduce our health and social problems if more children were born to parents who are ready and able to care for them.

**Mental and Community Wellness**
There is a strong mind-body connection through which mental, emotional, social, occupational, spiritual and environmental factors can directly affect our health. When they aren’t in balance, youth suicide; alcohol use disorder and depression among senior citizens; and adverse childhood experiences too often occur. ADH will focus on these issues, recognizing this important link between mind and body.

**Hypertension**
Arkansas ranks number 1 and 2 among states for the highest heart attack and stroke death rates respectively. Uncontrolled hypertension is a major risk factor for heart disease and stroke. For this reason, screening Arkansans for high blood pressure and helping those with hypertension achieve control are key strategies in preventing potentially life-threatening heart attacks and strokes.

**Immunizations**
Vaccines are a key part of public health – saving millions of lives and billions of dollars by preventing diseases. We want to make sure that everyone in Arkansas reaps these benefits. But right now, the rates are very low, which means too many Arkansans are missing out on a vaccine’s protection and are at risk for illnesses that are preventable.

**Tobacco Use**
Tobacco use in Arkansas is higher than in almost any other state. Each year, almost 6000 people die early of preventable deaths and this costs our state about $2.5 billion in medical expenses and lost productivity. Can you imagine if tobacco was eliminated? We can. Our plan is three-fold: stop kids from taking up tobacco by methods such as raising the legal sale age to 21; make it harder for kids to purchase tobacco products by raising the price; and exclude tobacco use, including electronic nicotine devices, from public places.
Arkansas Department of Health Strategic Map: CY 2016 - 2019

**Objective 1:** By 2019, increase the proportion of infants who are exclusively breastfeeding at 3 months from 29.1% to 35%.

**Objective 2:** By 2019, increase from 81.6% to 90% the percentage of schools in which students cannot purchase soda pop or fruit drinks (that are not 100% juice) from vending machines or at the school store, canteen, or snack bar.

**Objective 3:** By 2019, promote economic growth and safety in Arkansas communities by enhancing places for physical activity and incorporating multimodal transportation.

**Objective 4:** By 2019, increase from 0 to 20 the number of Early Childhood Education Centers (ECEs) that exceed Arkansas’s state licensure requirements for food service, nutrition and physical activity.

**Objective 1:** By 2019, decrease the overall teen birth rate from 43.4 live births per 1,000 females in 2013 to 34.7 per 1,000 females ages 15-19.

**Objective 2:** By 2019, decrease the African American, non-Hispanic teen birth rate from 58.3 live births per 1,000 females in 2013 to 43.7 live births per 1,000 females ages 15-19.

**Objective 3:** By 2019, decrease the teen birth rate from 82.5 live births per 1,000 females to 66.0 live births per 1,000 females ages 18-19.

**Objective 1:** By 2019, decrease the number of suicide deaths among 10-24 year olds in Arkansas from 68 to 44.

**Objective 2:** By 2019, work with health care providers and organizations focused on services for older Arkansans to identify at least one meaningful and reliable measure on screening and treatment of alcohol use disorder in Arkansans age 65 and older.

**Objective 3:** By 2019, work with health care providers and organizations focused on services for older Arkansans to identify at least one meaningful and reliable measure on depression screening for Arkansans age 65 and older.

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

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

**Objective 2:** By 2019, refer 80% of individuals with 2 elevated blood pressures identified in the LHU to care.

**Objective 3:** By 2019, monitor 80% of individuals with hypertension who receive services at ADH for medication adherence.

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

**Objective 5:** By 2019, increase the number of organizations who use a toolkit developed by ADH to educate individuals and communities on the long-term effects of Adverse Childhood Experiences.

**Objective 1:** By 2019, increase the vaccination rates for all ACIP-recommended vaccinations for children, with an increase in the vaccination rate for children aged 19-35 months from 66.0 to 80.0 percent for the 4:3:1:3:1:4 combined immunization series serving as the representative measure.

**Objective 2:** By 2019, refer 80% of individuals with 2 elevated blood pressures identified in the LHU to care.

**Objective 3:** By 2019, increase the vaccination rates for all ACIP-recommended vaccinations for adolescents, with an increase in the vaccination rate for adolescents aged 13-17 years from 23.4 to 40.0 percent for females and from 11.4 to 40.0 percent for males for the complete HPV immunization series serving as the representative measure.

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