



Department of Health

Act 413 of 2021 Report

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Updates

Arkansas Public Health Laboratory

- The Lab has greatly expanded its capacity with the purchase of extraction and sequencing equipment. This effort allows for mapping and variant detection of many infectious diseases like norovirus and mycobacterium tuberculosis, identification of drug resistance-associated genes, phylogenetic analysis and spoligotyping, and metagenomics analysis.
- The BioSafety Lab 3 (BSL3) section of the ADH Laboratory experienced extensive damage due to a broken water supply line, making the building temporarily unusable. All repairs have been completed and are awaiting final certification from CDC. Once back online, the BSL3 space will allow for testing of all non-radioactive and non-explosive environmental materials and confirmation testing of all biological select agents. This laboratory component is vital to the state and federal law enforcement partners as they will be able to use this location when they were previously having to travel to the next closest location in Kansas City.

Local Health Units (LHUs)

- In September of 2022, the ADH adjusted clerical and clinical staffing schedules to allow 32 local health units around the state to offer extended hours by opening earlier or closing later in order to better serve the public. The hours of operations for most of these clinics are now 7:30 AM to 6:00 PM, with one local health unit operating from 6:30 AM to 5:00 PM.
- In 2020, to accommodate clients for various testing needs, curbside services were initiated at all Local Health Units around the state. Curbside testing allows clients to be tested without entering the building, thus reducing exposure to others.
- The LHU Patient Portal was activated 1/3/22 to give clients secure access to their medical records at any time. At the end of the visit, clients are given information on how to access the portal to retrieve their medical information. As of to date 18,462 clients have signed up for the portal.
- In March of 2023, the ADH began piloting the use of credit/debit cards in the North Little Rock Health Unit. Funds collected at the LHU include for example fees for birth and death certificates and sliding scale fees for certain clinical services. Since many individuals no longer write checks or carry cash, moving to a cashless system as an option for clients was necessary to continue to meet the needs of Arkansans. The Faulkner County Health Unit will join the pilot in June, with plans to expand to all local health units by the Fall of 2023.
- Seven LHUs in six counties (Johnson, Washington Springdale, Mississippi Osceola and Blytheville, Randolph, Sevier, and Ouachita), have received funding to remodel and update portions of their current building space. All renovations will be complete by May of 2024. In addition, two LHUs (Miller and Pulaski North Little Rock) have applied for funding through the Local Grant Trust Fund to also renovate. In collaboration with the City of North Little Rock and Baptist Health, the North Little Rock Health Unit will move to a new location that is more centrally located for the populations served and a new building will be constructed.

Maternal Health

- The Arkansas Maternal Mortality Review Committee (MMRC) completed the review of maternal deaths for 2018 and 2019. 54 pregnancy-associated deaths underwent full case abstraction and review, and 23 cases were determined to be pregnancy related. Key findings of the committee included: the top underlying causes of pregnancy-related deaths were cardiovascular conditions, hemorrhage, and cardiomyopathy; for all pregnancy-associated deaths, Black non-Hispanic mothers were twice as likely to die (2.1 times) compared to White non-Hispanic mothers in Arkansas; women ages 35 and older have the highest mortality ratio, which was more than six times the mortality ratio of women younger than 25 years old; and more than 9 in 10 (91%) pregnancy-related deaths were considered potentially preventable.
- In addition to the MMRC, the Maternal and Perinatal Outcomes Quality Review Committee (MPOQRC) ensures that the maternal and perinatal levels of care classification system is implemented and maintained in the state with the goal of decreasing maternal and infant morbidity and mortality. The MPOQRC reviews maternal and neonatal data from labor and delivery units, nurseries, and neonatal intensive care units to assess opportunities and successes of hospitals in the state. The MPOQRC five levels include Level 1 Basic, Level II Specialty, Level IIIA Subspecialty, Level IIIB Subspecialty, and Level IV which offers the most advanced level of care for infants requiring specialty pediatric care. The committee reviews self-verification data and quality data collections tool information yearly for all participating facilities, and conducts facility site reviews for level III-A, III-B, and IV facilities every three years. As of December 2022, Arkansas had 17 Level 1 hospitals, 14 Level II hospitals, 5 Level III-A hospitals, 2 Level III-B hospitals, and 1 Level IV hospital.

Tobacco Cessation

- Since its inception, Be Well Arkansas has enrolled 13,257 people into cessation counseling services. The current 12-month quit rate for Be Well is 32%, with national quit rates ranging between 26% to 30%. Be Well Baby started in ten counties in April 2021 and has enrolled 279 pregnant women into the program. Twenty-one percent of enrollees have completed the ten-session program. Many enrollees still currently pregnant are on track to complete the program.
- A vaping prevention program aimed at youth ages 5-7 was initiated. Coral's Reef is a cartoon series that focuses on the health-related dangers associated with vaping including overall damage and poisoning. It has accompanying materials of workbooks and coloring books that reinforce these concepts. It is designed to be both entertaining and educational so that youth will want to watch it again and again. Coral's Reef is currently the only program of its kind in the nation, and as it develops it will be reviewed by academic researchers to develop an evidence base. This program's writers and creators at ADH are hopeful that with a developed evidence base, ADH may eventually license this intellectual property to other states and spread this messaging around the county.

Suicide Prevention

- In July of 2022, the National Suicide Prevention Lifeline, which the ADH's Arkansas Lifeline Call Center (ALCC) is a part of, changed the number to dial to 988 for easier access. Calls to this national line continue to be answered 24/7 and, in 2022, staff at ALCC answered over 10,000 calls and provided over 11,000 follow up calls to check back in with callers at set increments of time.

Healthcare-Associated Infections

- The Healthcare-Associated Infections (HAI) program assists hospitals and other medical facilities to prevent the spread of diseases through education and prevention efforts through tracking and alerting health facilities to antibiotic-resistant organisms and helping to share information and guidance to implement infection control actions within the facility to stop the spread of germs. Most recently, HAI has worked with a central AR facility to review case data and investigate a cluster of an organism

known as Acinetobacter. The team has collected and shipped samples to our regional lab network to confirm the organism, then will assist the facility with the next steps to prevent future infections.

Improvements in Efficiency

- Through 2019-2021, ADH relocated eight of its boards and commissions into ADH owned space. This has created savings with past leases and other expenses. In 2022, it moved three additional boards from outside office space into additional ADH owned space. In 2023, the ADH is planning to move additional boards to its campus which will provide savings in rent and additional expenses. Additionally, the ADH now fully provides all financial processing and oversight, budgeting needs, human resources, and IT supports for the previous standalone entities. The ADH continues to evaluate expenses and contracts to identify savings and duplicative processes that can be eliminated. Financial savings generated by boards' efficiency efforts and the supports provided by ADH will allow for further licensing fee reductions that several entities have implemented over the last few years. These continued fee reductions will be significant and impact approximately a dozen licensing entities.
- The ADH continues to prioritize the collection of important, timely data from healthcare partners. This data includes identified cases of HIV/STIs, hepatitis, flu, and all additional reportable diseases. There are currently 164 facilities reporting to the syndromic surveillance system, which captures initial information of hospital visits like flu symptoms, drug overdose, and reportable disease information. This near real-time data is essential for addressing pressing public health challenges.
- The Environmental Health Protection section has launched a portal for the submission of electronic Onsite Wastewater and Retail Food permits. For FY23, Plumbing received 456 plans with 74.56% being electronically submitted. Retail Food received 926 plans, 39.84% of those submitted electronically.
- An internal team is reviewing current rules and regulations for any duplications in inspections facilitated by the ADH, in order to limit or remove multiple visits to one facility by different programs, and/or any ways to improve efficiency. As an example, if a hospital is accredited ADH accepts that as evidence of compliance, which reduces the number of onsite inspections. Additionally, when possible, hospital team and the x-ray team coordinate inspections which reduces number of visits to a hospital by inspection teams.
- Additional federal funding in the last few years enabled ADH IT to increase computer capacity, storage, and reliability, address cyber security threats, improve efficiency, and provide greater flexibility for rapid response across Arkansas. Equipment purchases have included a digital fax system which allows for the electronic sending and receiving faxes via the internet, training/meeting room equipment upgrades, and improved servers.

Improvements in Progress

- The WIC program is undergoing a feasibility study to determine a new electronic medical record system. The new system's capabilities will allow benefit cards to be loaded remotely, making benefits available to participants without a visit to the local health, directly addressing a barrier to services identified by participants.
- The Public Health Lab has begun a project to enable electronic test requests and results reporting for Newborn Screening. The team is working to create the interface that will streamline the specimen

submission process and make test results available rapidly, having the overall effect of improving care for Arkansas newborns that are screened for genetic disorders.

- ADH continues to work to consolidate and organize disease surveillance data within the department, building a public-facing disease dashboards to show the disease burden for select conditions in Arkansas. Expanding on the existing COVID-19 dashboard that was initially developed in April 2020, the dashboard expanded to include monkeypox in July 2022. Furthermore, the sexually transmitted disease dashboard and a viral hepatitis dashboard were released in December 2022. These dashboards expanded the available disease conditions to include syphilis, gonorrhea, chlamydia, hepatitis A, hepatitis B, and hepatitis C. Looking into the future, ADH plans on releasing the following topic areas to the Data Hub: tuberculosis (May 2023); fatal and non-fatal overdosing (May-June 2023); statewide Evaluation of Prescription Drug Monitoring (June 2023); zoonotic diseases (July 2023); Tobacco Cessation and Prevention (December 2023). The dashboard is available at: <https://experience.arcgis.com/experience/ed29852b41484e3f8013e7b196f7f1a8/>

Filled positions:

<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
2,685	2,410	2,172	2,083	2,081	2,073	2,022	2,004	2,032

2023 Legislative Initiatives

ADH proposed:

- Act 45 Irvin/Wardlaw/Woolridge: Massage Therapy student background checks and apprenticeship
- Act 51 Johnson/Boyd: EMS criminal background checks
- Act 67 Johnson/Boyd: PDMP committee additions and access by Medical Examiner
- Act 99 Ladyman/Wallace: Septic Tank clarification
- Act 79 Irvin/Johnson: Medical Board fees
- Act 78 Sullivan/Vaught: Counseling and Marriage/Family removal of unnecessary requirements
- Act 86 Flippo/Eubanks: Chiropractic Board technical changes
- Act 56 Ladyman/Wallace/Irvin: Dietetics Licensing Board technical changes
- Act 234 Irvin/Boyd/Wooldridge: Nursing Board technical changes

Implementing all Health-Related Acts including the following:

- Act 490 Pilkington/Penzo: ADH to follow national standards for newborn screening as defined by HHS
- Act 114 Cavanaugh/Wardlaw/Hammer: Plan for reduction in fees for Boards and Commissions at ADH once fund balance is 3 times greater than annual operating expenses
- Act 365 English/Hammer/Cavanaugh/Vaught: Removal of various inactive state entities
- Act 162 Irvin/Burkes: Repealing of licensing of clinics in which abortion is performed
- Act 254 Social Work Licensing Board members
- Act 59 Johnson/Irvin: Rural Emergency Hospital status