

COVID-19 Pandemic An Interim Strategic Plan 2020-2022



Office of Performance Management
Quality Improvement
and Evaluation

Arkansas Department of Health

Introduction

The interim 2020-2022 COVID-19 Strategic Plan was developed in lieu of the standard Strategic Plan of the Arkansas Department of Health (ADH) for the period 2020-2023. In 2019, the agency was in the process of identifying strategic priorities for the next four years, by conducting planning sessions involving over 70 members from the ADH and community organizations. The sessions were on schedule but due to the onset of COVID-19 pandemic in 2020, the planning members were reassigned to help with preparedness and response, which changed the focus of strategic planning priority from standard to COVID-19 preparedness and response.

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

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

To develop strategies, objectives, and measures, the OPMQIE team met with many key informants (focus area experts) within the ADH, as listed on the following page. It was vital to consult the key informants as they were keeping abreast of the COVID-19 activities fitting the focus areas. Information was gathered by conducting virtual and/or in-person meetings, later synthesized to develop the plan. The OPMQIE team will stay in communication with the key-informants and experts to support the documentation and availability of the outcomes (qualitative and quantitative) in accordance with the objectives/measures, and the assessment of processes and outcomes in the beginning of the year 2022.

Focus Areas Deliberated with Key Informants

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

- 2020-2021 COVID-19 Strategic Planning and Design

Jennifer Dillaha, MD., Chief Medical Officer

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

Connie Melton, Center Director, Center for Health Protection

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

Lori Simmons, Chief, Epidemiology Branch

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

Brandy Sutphin, Chronic Disease Epidemiology Supervisor

- Control of Disease Transmission (Case Investigation)

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

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

Ashamsa Aryal, PhD., Epidemiologist, Trauma, EMS, Stroke & STEMI

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

Kerry Krell, Epidemiologist, Environmental Epidemiology

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

Tracy Bradford, Director, Human Resource (Workforce Development)

Bala Simon, MD., Deputy Chief Medical Officer, Arkansas Department of Health

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

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

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

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

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

Heather Parker-Foster, Epidemiologist, Environmental Epidemiology

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

Kimberly Hayman, Registered Nurse Coordinator, Office of the Director

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

Lucy Im, Epidemiologist, Family Health Branch

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

Becky Adams, Partnership and Policy Director, Chronic Disease Branch

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

PRIORITY AREA 1: CONTROL OF DISEASE TRANSMISSION

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

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

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

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

Goal 2: Positive case investigation and contact tracing are performed in a timely manner following CDC's best practice guidelines.

In the absence of pre-pandemic baseline, the ADH will compare 2020-2022 process/outcome data to assess the following objectives, as applicable.

Strategy 1: Conduct and document case investigation and contact tracing following CDC's best practice guidelines.

Objective 1: Reduce the interval between reporting of a positive case and initiation of case investigation by 48 hours. (<i>Oversight: S. Matthews</i>)	Measure: % cases initiated within 48 hours of reporting. (<i>Compare and report percentages for 2020, 2021, and 2022</i>)
Objective 2: Monitor case investigation processes and outcomes through daily, weekly, and monthly reports. (<i>Oversight: C. Melton</i>)	Measure: Number/type of reports submitted by the vendors. (<i>Routine reports submitted by the vendors AFMC, GDIT, and UAMS</i>)
Objective 3: Reduce the interval between reporting of a case and initiation of contact tracing. (<i>Oversight: S. Matthews</i>)	Measure: % contacts initiated within 48 hours of case initiation. (<i>Compare and report percentages for 2020, 2021, and 2022</i>)
Objective 4: Prioritize contact investigation for cases with large number of contact or community exposure. (<i>Oversight: A. Aryal</i>)	Measure: % contact tracing conducted for cases with large community exposure. (<i>Daily cases, with community exposure, assigned to the vendors</i>)

Goal 3: Positive cases and their contacts are monitored to assess compliance with isolation and quarantine protocols.

In the absence of pre-pandemic baseline, the ADH will compare 2020-2022 process/outcome data to assess the following objectives, as applicable.

Strategy 1: Obtain compliance with COVID-19 isolation/quarantine protocols and accurately classify contacts when they transition to positive status.

Objective 1: Use Sara Alert etc. to document compliance until a client is released (<i>Oversight: K. Krell</i>).	Measures: % cases and contacts not reporting their status (<i>Monitor on-boarding packets; daily dashboard maintained by KK</i>)
Objective 2: Use Sara Alert to accurately document when a contact transitions from negative to a positive status (<i>Oversight: K. Krell</i>).	Measure: % contacts transitioned from negative to a positive status. (<i>Positive lab, REDCap; verbal positive form from vendors, tracked daily</i>).

Goal 4: All educational institutions receive support and education to effectively manage COVID-19 pandemic.

In the absence of pre-pandemic baseline, the ADH will compare 2020-2022 process/outcome data to assess the following objectives, as applicable.

Strategy 1: Partner with educational institutions to support students, faculty members, and staff to manage COVID-19.

Objective 1: Establish liaison between ADH and ADE, provide education and support to the educational institutions (<i>Oversight: A. Britt</i>).	Measures: Liaison established; educational materials and guidelines developed and provided (<i>Established</i>).
Objective 2: Collaborate with educational institutions to establish FDA authorized antigen testing process in place (<i>Oversight: ADH</i>).	Measure: Antigen tests performed by ADH for the educational institutions (<i>Established – ADH and private laboratory reports</i>).
Objective 3: Collaborate with educational institutions to establish positive case investigation and contact tracing process (<i>Oversight: ADH</i>).	Measures: Number of cases investigated, and contacts traced for the educational institutions (<i>Established – vendor reports</i>).

Goal 5: All Arkansans have easy access to COVID-19 testing including PCR and antigen tests.

In the absence of pre-pandemic baseline, the ADH will compare 2020-2022 process/outcome data to assess the following objectives, as applicable.

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

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

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

Objective 1: Increase access to testing statewide by providing testing supplies and high throughput testing equipment (in collaboration with Baptist Healthcare *(Oversight: PI, 2020 ELC Grant)*).

Measure: Number/type of providers receiving testing supplies/equipment *(2020 ELC Grant, process monitoring data)*.

Objective 2: Provide easy access to the information on testing location including facility, street, city, county, and contact info *(Oversight: ADH)*.

Measure: Number of sites performing COVID-19 tests by county/region *(ADH website - ongoing)*.

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

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

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

Strategy 4: Improve testing among high-risk populations.

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

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

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

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

PRIORITY AREA 2: VACCINATION

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

In the absence of pre-pandemic baseline, the ADH will compare 2020-2022 process/outcome data to assess the following objectives, as applicable.

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

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

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

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

PRIORITY AREA 3: ACCESS TO CARE

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

In the absence of pre-pandemic baseline, the ADH will compare 2020-2022 process/outcome data to assess the following objectives, as applicable.

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

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

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

Objective 1: Collaborate with and inform healthcare providers about COVID-19 waivers and flexibilities, e.g., Medicaid, Medicare, CHIP, HIPAA requirements (<i>Oversight: ADH</i>).	Measures: Measure: The DHHS guidelines for waivers provided by ADH to help beneficiaries access care (<i>ADH website - ongoing</i>).
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Strategy 3: Continue to allocate COVID-19 medicines for hospitals.

Objective 1: Allocate COVID-19 medicines to hospitals via the ADH Emergency Operations Center (<i>Oversight: ADH</i>).	Measures: EOC documentation of medicine allocation of Remdesivir and monoclonal antibodies (<i>ADH EOC</i>).
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Strategy 4: Provide detailed information about the vaccination locations across the state of Arkansas.

Objective 1: Provide facility, street, city, county, and contact information for the vaccination locations (<i>Oversight: ADH</i>).	Measures: Vaccination location information provided to the public at each phased vaccine administration period (<i>ADH website - ongoing</i>).
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Strategy 5: Provide isolation and quarantine facilities for homeless population.

Objective 1: Establish vaccination facilities for homeless (<i>Oversight: ADH; J. Dillaha</i>).	Measures: Number of facilities established; homeless receiving vaccines (<i>Process monitoring data – Operation Compassion</i>).
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PRIORITY AREA 4: WORKFORCE DEVELOPMENT

Goal 1: ADH workforce will have the knowledge, skills, and abilities to deliver effective and equitable health services and to advance health outcomes. In the absence of pre-pandemic baseline, the ADH will compare 2020-2022 process/outcome data to assess the following objectives, as applicable.

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

Objective 1: Assess ADH workforce for expertise required to fulfill all functions for an effective pandemic response (<i>Oversight: ADH leadership team, ADH HR</i>).	Measure: Types of expertise of workforce supporting COVID-19 response, e.g., administrative, clinical, epidemiological, policy, laboratory etc. (<i>Compare 2020-2022 HR data</i>).
Objective 2: Ensure staff have training and skills to conduct case investigation and contact tracing with potential for outsourcing (<i>Oversight: ADH leadership team</i>).	Measure: Staff trained in conducting case investigation and contact tracing (<i>Compare 2020-2022 CI/CT HR data</i>).
Objective 3: Ensure staff have training and skills to conduct laboratory sample testing (<i>Oversight: ADH leadership team</i>).	Measure: Staff trained in handling laboratory samples/performing tests (<i>Compare 2020-2022 lab HR data</i>).
Objective 4: Ensure staff have training and skills to support a vaccination program - e.g., use of Tiberius, the online data portal for provider enrollment (<i>ADH's Immunizations and Outbreak Response Branch</i>).	Measure: Staff trained for the oversight of vaccine program (<i>Compare 2020-2022 HR and IORB data</i>).

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

Objective 1: Ensure capacity to respond to public's questions and concerns related to COVID-19 (<i>Oversight - ADH leadership team</i>).	Measure: Calls processed through COVID-19 Hotline, at the call center (<i>Compare 2020-2022 call center data</i>).
Objective 2: Recruit additional help for assessment and planning of alternative care site, primarily hospitals, for testing (<i>Oversight - ADH leadership team</i>).	Measure: National guards' role in setting-up alternative care site, hospitals for testing (<i>ADH's Immunizations and Outbreak Response Branch data</i>).
Objective 3: Recruit additional help to supplement capacity for COVID-19 vaccination program (<i>Oversight - ADH leadership team</i>).	Measure: National guards' role in administering state's vaccination program (<i>ADH's Immunizations and Outbreak Response Branch data</i>).
Objective 4: Engage appropriate technology and equipment to facilitate alternative work practices (<i>Oversight - ADH leadership team</i>).	Measure: Number of equipment units; technological infrastructure in place (<i>ADH's Information Technology process/outcome data</i>).
Objective 5: Improve recruitment and onboarding (<i>Oversight - ADH HR</i>).	Measure: Time required to recruit and onboard employee (<i>ADH HR data</i>).
Objective 6: Establish virtual training options to expedite onboarding (<i>Oversight - ADH HR</i>).	Measure: Number of courses transitioned from in-person to virtual modes (<i>ADH HR data</i>).

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

Objective 1: Use bilingual employees and contractors to provide culturally and linguistically appropriate services (<i>Oversight - ADH</i>).	Measure: Number of employees able to effectively communicate in a language other than English.
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PRIORITY AREA 5: HEALTH EDUCATION

Goal: Arkansans will receive health information/education that they can easily find, access, understand, and use to inform their decisions and actions. In the absence of pre-pandemic baseline, the ADH will **compare 2020-2022 process/outcome data to assess the following objectives, as applicable.**

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

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

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

Objective 1: Use bilingual employees and contractors to provide culturally/linguistically appropriate information (<i>Oversight: ADH</i>).	Measure: Number of bilingual employees/contractors helping with COVID-19 response (<i>ADH Call Center</i>).
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Strategy 3: Provide information based on principles of health literacy.

Objective 1: Maintain simplicity of language for readers' understanding (<i>Oversight: ADH</i>).	Measure: Number/type of COVID-19 documents reviewed for plain language, including epi reports (<i>ADH</i>).
Objective 2: Increase capacity of our staff to use health literacy principles (<i>Oversight: ADH</i>).	Measure: Number of staff member(s) hired by the ADH to specifically perform health literacy assessment (<i>ADH Human Resources</i>).

PRIORITY AREA 6: SOCIAL DETERMINANTS OF HEALTH

Goal: All Arkansans reach their full potential in communities that identify and promote and provide healthy, safe, and nurturing environments.
*The following objectives are derived from BRIC grant. The goal of BRIC initiative is to engage communities in implementing activities to improve access to physical activity (venues) and healthy food. The communities with **high burden of COVID-19 pandemic** and other chronic diseases are chosen. The grant period ends in the end of 2022. Outcomes include number of walkability and walkability safety initiatives and access to food pantries/banks adopting nutrition standards. After the completion of BRIC, the process/outcome data for pre- and post-pandemic period will be compared.*

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

Objective 1: Provide healthy, safe, and nurturing environments in communities with high burden of COVID-19 and other chronic diseases, and replicate across Arkansas (<i>Oversight - ADH Chronic Disease Branch</i>).	Measures: Number of high burden communities; initiatives taken; nutrition, physical activity, and social connectedness outcomes (<i>BRIC grant process and outcome data, 2021-2022</i>).
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Strategy 2: Promote, and enhance opportunity for, Arkansans to practice healthy behaviors.

Objective 1: Enhance equitable access to safe places for physical activity in communities with high burden of COVID-19 and other chronic diseases (<i>Oversight - ADH Chronic Disease Branch</i>).	Measures: Number of walkability and/or walking safety initiatives; alternative commuting facilities, programs or services initiated (<i>BRIC grant process and outcome data, 2021-2022</i>).
Objective 2: Increase access to information for physical activity in communities with high burden of COVID-19 and other chronic diseases (<i>Oversight - ADH Chronic Disease Branch</i>).	Measures: Number/distribution of physical activity information during the pandemic; engagements on social media; visits to the appropriate section of the ADH website (<i>BRIC grant process and outcome data, 2021-2022</i>).
Objective 3: Improve equitable access to healthy food in communities with high burden of COVID-19 and other chronic diseases (<i>Oversight - ADH Chronic Disease Branch</i>).	Measures: Number of food banks, pantries, and feeding stations adopting nutrition standards; people receiving healthier food from the above (<i>BRIC grant process and outcome data, 2021-2022</i>).
Objective 4: Increase access to information on healthy affordable food in communities with high burden of COVID-19 and other chronic diseases (<i>Oversight - ADH Chronic Disease Branch</i>).	Measures: Same as Priority Area 6, Strategy 2, Objective 2 (<i>BRIC grant process and outcome data, 2021-2022</i>).

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

Objective 1: Provide training on health equity to all ADH employees (<i>Oversight - ADH</i>).	Measure: Number of equity training opportunities completed (<i>ADH HR</i>).
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Strategy 4: Collaborate and coordinate COVID-19 services for the homeless population.

Objective 1: Sustain Operation Compassion program for homeless population (<i>Oversight – Dr. J. Dillaha, ADH</i>).	Measure: Number of individuals served (<i>Operation Compassion</i>).
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PRIORITY AREA 7: ADDICTION, MENTAL HEALTH, AND SUICIDE

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

In the absence of pre-pandemic baseline, the ADH will compare 2020-2022 process/outcome data to assess the following objectives, as applicable.

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

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

Objective 1: Use Arkansas Lifeline Call Center located within ADH to assist with mental health related calls and concerns (<i>Oversight - A. Milligan, ADH's Lifeline Call Center</i>).	Measures: Number of Arkansas Lifeline calls potentially related to COVID-19; calls before/after pandemic for comparison (<i>Compare 2020-2022 calls; compare pre- and post-pandemic call volume</i>).
Objective 2: Use ADH's COVID-19 Hotline to triage mental health related calls/concerns to Arkansas Lifeline Center (<i>Oversight - ADH's COVID-19 Hotline Call Center operation</i>).	Measure: Number of COVID-19 Hotline calls triaged to Suicide Hotline (<i>Compare 2020-2022 calls</i>).

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

Objective 1: Identify churches, work with the governing bodies to provide mental health and COVID-19 education (<i>Oversight – ADH, K. Hyman</i>).	Measure: Numbers of churches contacted (virtual/in-person/hybrid); number of patrons reached; education provided (<i>Compare 2020-2022 process and outcome data</i>).
Objective 2: Provide referral for mental health services, as needed (<i>Oversight – ADH, K. Hyman</i>).	Measure: Number of mental health service referrals provided (<i>Compare 2020-2022 process and outcome data</i>).

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

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

PRIORITY AREA 8: MATERNAL AND INFANT HEALTH

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

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

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

Objective 1: Secure funding to develop a statewide COVID19 Pregnancy Module (<i>Oversight - ADH Family Health Branch</i>).	Measures: CDC funds received; scope of the project; PI, team members and their roles and responsibilities (<i>Process/outcome data</i>).
Objective 2: Obtain complete record of women who contracted COVID-19 during pregnancy (<i>Oversight - ADH Family Health Branch</i>).	Measure: Number of pregnant women tested positive during pregnancy (REDCap); linked to Vital Records for outcomes (<i>Process/outcome data</i>).
Objective 3: Obtain maternal and infant health outcomes impacted due to COVID-19, from hospitals.	Measures: Number/type of adverse health outcomes (<i>Process/outcome data; contracted UAMS for birth outcomes</i>).

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

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

PRIORITY AREA 9: OBESITY

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

The following objectives are derived from BRIC grant. The goal of BRIC initiative is to engage communities in implementing activities to improve access to physical activity (venues) and healthy food. The communities with high burden of COVID-19 pandemic and other chronic diseases are chosen. The grant period ends in the end of 2022. Outcomes include number of walkability and walkability safety initiatives and access to food pantries/banks adopting nutrition standards. After the completion of BRIC, the process/outcome data for pre- and post-pandemic period will be compared.

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

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

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

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

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

Objective 1: Identify risk of COVID-19 among people who are overweight/obese to target information and services (<i>Oversight - ADH Chronic Disease Branch</i>).	Measures: Specific COVID-19 education and services for overweight and obese (<i>Process/outcome data</i>).
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