Early 1900s – Early on, nutritional deficiencies were most often determined to be the cause of chronic diseases such as pellagra and rickets.

It took scientists years to discover that the cure was as simple as adding the missing nutrients to the affected individual’s diet.

Late 1930s – early 1940s – The beginnings of cancer and heart programs were in place to help serve indigent populations and those without access to care.

Historically, chronic diseases have disproportionately affected individuals who are poor and less educated. Public health efforts began to acknowledge these trends.

1945 – A statewide cancer registry was authorized by the legislature as a freestanding Cancer Commission.

Arkansas was one of the first states to develop a statewide cancer registry, which remained in use for more than 30 years. The first cancer registry was a paper and pencil registry, nothing like the computerized registries of today. Although computerized in 1970, the registry was voluntary and data quality was poor. In 1979, the registry was discontinued due to the relatively weak structure and authority, in addition to state funding cuts.

1962 – The Department’s Division of Chronic Disease started the first visits by public health nurses to chronically ill persons in their homes.

Chronic disease-related activities had slowly expanded, and by 1962, these nurse visits were conducted under orders of private physicians.

1962-1965 – A pilot project for home health visits was conducted in Ouachita County. By 1965, public health nurses made home visits to patients with chronic diseases in 33 counties and most visits were paid for by the federal Medicare program. This was the start of the In-home Services program.

1970s – Cancer Registry and Cancer Screening divisions were housed in the Department’s Bureau of Cancer and Special Services.

1979 – A Hypertension program and a Chronic Disease program were created.

By 1981 – A new Section of Environmental and Personal Health Maintenance was created to provide management support to the growing chronic disease programs.

Late 1980s – A new Division of Chronic Disease and Disability Prevention was created. The disability prevention programs were funded through a new federal grant.

By the late 1980s – Both the Chronic Disease program and the Hypertension program under the Division of Health Maintenance were eliminated.

The programs were cut as a result of the emergence of infectious diseases, like HIV/AIDS, and budget cuts, forcing a shift in the Department’s priorities.

1989 – Through Act 435 of 1989, the Arkansas Legislature again authorized the creation of a Central Cancer Registry and transferred all functions to the Arkansas Department of Health.

By 1990 – Through federal block grant funding, two small programs were created: a stroke prevention program called Strike out Stroke and a Community Health Program.

The Department continued to rebuild and expand its Chronic Disease and Disability Prevention Division with the addition of these two small programs.

1992 – The Department received capacity building federal funds from the CDC to start a Federal Breast and Cervical Cancer Early Detection Program. This later became the hugely successful and popular BreastCare Program.

The Health Department received implementation funding in 1997 for its Breast and Cervical Cancer Program, which meant that qualified women could receive screening and diagnosis for breast and cervical cancers. Sponsored by State Representative Dr. Josetta Wilkins of Pine Bluff, the Breast Cancer Act of 1997 was adopted by the legislature and provided supplemental state funds for screening and diagnosis, as well as treatment of diagnosed breast cancers. In 1999, the Arkansas BreastCare Program, housed within the Health Department, became fully operational. In 2000, BreastCare women diagnosed with breast or cervical cancer became eligible for Medicaid medical services under...
the federal Breast and Cervical Cancer Treatment Act of 2000. Medicaid Category 07 was established for BreastCare-eligible women, making enrollees with diagnosed breast or cervical cancer eligible for ALL Medicaid services in 2001.

1994 – With approval from the CDC’s Program of Cancer Registries, the Department implemented the Arkansas Central Cancer Registry.

1996 – The first Worksite Wellness Program was funded with $37,000 from a Preventive Health Block Grant.

1996 – The Arkansas Diabetes Prevention and Control Program (DPCP) was funded by the CDC.

The DPCP was created to define and monitor the burden of diabetes and to develop new approaches to diabetes control by raising community awareness and coordinating health system efforts.

1998 – Arkansas was one of a few states selected as a planning state by the CDC to receive training and technical assistance for comprehensive cancer prevention and control.

Although the state received no funding for these cancer activities at that time, the Department partnered with internal programs and external organizations to form the Arkansas Cancer Control Taskforce. The Arkansas Cancer Control Taskforce later became the Arkansas Cancer Coalition.

Late 1990s – Obesity rates began to skyrocket due to poor diet and increased physical inactivity.

As more and more children and adults became obese, the prevalence of diabetes, hypertension, heart disease, and stroke began to surge.

By the early 2000s – The Department’s Division of Chronic Disease and Disability Prevention included Breast and Cervical Cancer Control (BreastCare), Comprehensive Cancer Control, Cardiovascular Health, Diabetes Prevention and Control, Arkansas Central Cancer Registry, Tobacco Prevention and Education, Traumatic Brain Injury Surveillance, Worksite Wellness, and disability prevention programs targeting child safety seats and fire prevention.

By the early 2000s – Diabetes was the sixth leading cause of death in the state and Arkansas ranked nearly last in availability of key diabetes resources.

Arkansas was leading the nation in deaths from stroke, with stroke being the third leading cause of death in the state.

Arkansas had the 15th highest heart disease mortality rate in the U.S., with heart disease the leading cause of death in the state.

2000 – Arkansas became one of 14 states selected to receive core capacity funding from the CDC to establish a cardiovascular health program.

In 2004, Arkansas was selected by CDC as the only state to receive CDC funding to move its cardiovascular program from capacity building to basic implementation.

2001 – The Arkansas Cancer Control Taskforce wrote the Arkansas Cancer Plan: A Framework for Action 2001-2005 and, soon after was awarded implementation status with funding from the CDC.

2003 – The Arkansas legislature passed Act 1220 that established a statewide Child Health Advisory Committee.

Taking the lead in the fight against childhood obesity with the strong support of Governor Mike Huckabee, the Arkansas legislature passed Act 1220 that established a statewide Child Health Advisory Committee to develop standards and policy recommendations (adopted in 2007) for healthier foods and physical activity in all public schools. The Act also required an annual body mass index (BMI) measurement for each public school student and a corresponding report for the parent. The reforms, which continue today, are supported with the state’s Tobacco Master Settlement Agreement (MSA) dollars.

2004 – Governor Huckabee started the Healthy Arkansas Initiative aimed at improving health through lifestyle changes.

Attempting to “make one of the unhealthiest states in the country one of the healthiest,” Governor Mike Huckabee started the Healthy Arkansas Initiative, that focused on physical activity, nutrition, and the elimination of tobacco use.

2008 – The UAMS College of Public Health released four-year evaluation results that showed an increase in positive attitudes for children and parents regarding healthy eating and physical activity, as well as a decrease in the consumption of junk food, both in homes and at school.

2011 – The Arkansas Stroke Registry was established with state funding.

The Department, in collaboration with the American Heart Association, began to collect real time data on stroke treatment from hospitals serving Arkansans. The Registry received federal funding in 2012.
Emergency Preparedness Timeline
100 Years of Public Health

1927 – Flood put 1.5 million acres under water in 36 of 75 Arkansas counties. With limited public health personnel and funds, the flood’s destruction and costs required out-of-state help, including the Rockefeller Foundation which provided 75 percent of the funds used in Arkansas.

The 1927 flood and the droughts in the 1930s forced the Board of Health to grow “from a practically non-functioning board of physicians to a structured, authoritative institution encompassing the entire state.” State Health Officer Dr. C. W. Garrison, with assistance of Governor John Martineau, was said to have “built his department on floods and droughts.”

Late 1940s, early 1950s – Threat of thermonuclear war propelled the Health Department into a new domain of advanced planning and preparedness for civil defense.

1956 – A November letter detailing the state’s water pollution control plan recognized that although the state lacked radiological waste at that time, future monitoring activities might be necessary by Department staff in cooperation with other state agencies.

According to Dr. Maurice Roe, medical director of the U.S. Public Health Service, Region VII, “[t]he organization of all civilian defense activities will be such that each individual will know ahead of time where he is to go and what he is to do rather than wait for instructions from some central point, since an atomic attack will be too swift to allow a wait for orders.

1958 – Dr. J. T. Herron reported to U.S. Public Health Service that low-level radioactivity doubled from the previous year and a new program to measure it in water supplies and the air had begun.

1959 – Act 454 gave the Health Department responsibility to direct and coordinate a radiological health program in the event of nuclear war. The program included medical care service, health protection service and mortuary service.

1970s and 1980s – These two decades were plagued by events that affected and altered Health Department emergency preparedness responsibilities.

1973 – The Health Department’s Bureau of Environmental Health Services Division of Radiological Health signed an agreement with the U.S. Atomic Energy Commission to perform both on-site and off-site environmental radiation monitoring, sample analysis, and data evaluation at Entergy’s (formerly AP&L) Arkansas Nuclear One (ANO) power plant near Russellville.

Late 1977 – In cooperation with the Environmental Protection Agency (EPA) and other Health Department offices, the Radiological Health Division conducted an environmental sampling program to identify and monitor fallout radiation resulting from the Chinese Nuclear Testing of September 1977.

March 28, 1979 – The Three Mile Island power plant in Pennsylvania experienced a partial nuclear meltdown. This was the worst accident in U.S. commercial nuclear power plant history in which small amounts of radioactive gases and radioactive iodine were released into the environment.

May 14, 1979 – The Department was notified by the EPA that dioxin, a by-product in the manufacture of 2,4,5-T, had been detected in samples taken at the Vertac Company in Jacksonville.

Because of the potential contamination of the creek that flows through the site, the Department issued a quarantine within 24 hours of the EPA notification — the first time in Arkansas history that a public health quarantine had been ordered on the basis of a serious potential chemical contamination of water.

1980 – The Arkansas General Assembly passed and Governor Bill Clinton signed two laws establishing and funding the Arkansas Nuclear Planning and Response Program (NP&RP) to strengthen the state’s responsibility for enhancing protective measures and providing services in the event of an incident at ANO.


May 10, 1980 – A ruptured seal at ANO leaked approximately 63,000 gallons of radioactive water on the reactor building’s floor.

When AP&L began venting the radioactive gases, Governor Clinton and Department Director Dr. Robert Young requested a 48-hour delay for independent testing. The request, and a subsequent order by Dr. Young, was ignored, and the release of radioactive gases into the environment proceeded.

In response to this incident, the U.S. Senate passed an amendment to the federal Nuclear Regulatory Commission Appropriation Bill to require the Nuclear Regulatory Commission to facilitate information flow with state authorities.

September 1980 – Missile exploded at the U.S. Air Force’s Titan II Missile Launch Complex in Southside (Van Buren County).

Problems from lack of communication between Air Force personnel and other state and local representatives were continued on back
recognized and addressed in a memorandum of understanding to help strengthen the lines of communications. Also, subsequent cooperation led to establishing an evacuation plan for the 17 silo complexes located in Arkansas.

1981 – Using an equipment grant from the U.S. Department of Transportation, the Health Department expanded an existing Emergency Communications Center (ECC).

The ECC provided access to emergency ambulance dispatch for all citizens through the Enterprise 800 telephone lines, monitored responses of ambulances in order to comply with regulations, assisted ambulances in locating hospitals and relayed patient information as needed.

1985 – Congress directed the Army to destroy the aging stockpile of chemical weapons manufactured primarily during WWII and stored across the nation to deter chemical attacks from other countries.

The Pine Bluff Arsenal stored 12 percent of the total stockpiled weapons. Receiving more than $32 million, Arkansas’s Chemical Stockpile Emergency Preparedness Program (CSEPP) created a plan for responding to any event that might occur at the arsenal.

February 1999 – Groundbreaking ceremony marked beginning of construction of an incinerator at the arsenal.

1999 – Federal funding for states’ emergency preparedness plans began with a series of bioterrorism and public health preparedness grants.


Using federal funding, the Department established a Division of Bioterrorism, now the Public Health Preparedness and Emergency Response Branch. In addition, the Health Department made funds available to partners, such as hospitals and community health centers, for their emergency preparedness efforts.

The CDC’s Strategic National Stockpile (SNS) – which can supply a cache of medical supplies and pharmaceuticals to affected states within a 12-hour timeframe – was established. Arkansas was the first state to use mass flu clinics to demonstrate the Department’s ability to distribute large amounts of medicines to many people in a short amount of time.

The CDC implemented the Health Alert Network (HAN), a nationwide system to coordinate and distribute critical information about public health events. The HAN allows health agencies to communicate via a secure website and emergency messaging system in the event of terrorist attack, natural disaster, or other public health threat.

2003 – For a brief time, the Health Department carried out the voluntary federal smallpox response plan, vaccinating 1,124 designated civilian healthcare providers, such as public health nurses, clinicians and hospital clinicians, and some additional non-civilians to protect them should it become necessary to vaccinate the general public in the event of a bioterrorism emergency.

September 2005 – As thousands of Hurricane Katrina evacuees began to flee Louisiana, the Health Department activated its Emergency Operations Center (EOC) to manage hundreds of logistical tasks relating to how to house and feed the evacuees while simultaneously preventing the spread of disease in mass shelters.

April 2007 – A new, high-tech, and fully functional EOC opened in the basement at the Department’s central office. The EOC can be made operational in minutes and provides a central location to assess the current threat, coordinate an operational response, and make critical decisions during emergency and disaster situations.

2010 – Arkansas was one of only three states to receive a perfect score in the annual Trust for America’s Health review of state public health emergency preparedness plans to handle disasters, epidemics, and terrorism.

November 2010 – The last chemical agents were destroyed at Pine Bluff Arsenal. Today it still operates, testing chemical defense clothing and manufacturing smoke, incendiary, and pyrotechnic devices.

2012 – ECC had six full-time emergency communications specialists who provide coverage 24-hours-per-day, seven-days-a-week. These specialists serve as a point of emergency contact for the Health Department for anything affecting the health and welfare of Arkansas citizens.

2012 – Health Department’s Radiation Control Section teams maintain responsibility for responding to any potential off-site release of radioactive material at ANO, as well as other radioactive material incidents including transportation accidents, lost radioactive sources, and “dirty bombs.”

2012 – Under the leadership of DHHS, the Health Department served as the lead agency for the state’s Emergency Support Function #8 for Public Health and Medical Services – coordinating the health and medical response to emergencies in the state. The Department is well prepared today to respond to and manage recovery for a variety of emergency conditions.

The Preparedness and Emergency Response Branch works with partners to respond to a medical surge, establish liaisons with the state public health lab, communicate with the public, coordinate with public health at the local level, establish liaisons with Health Department’s epidemiologic branch, and help access resources from federal partners.
1893 – Arkansas passed the first law on adulterated – impure, unsafe, or unwholesome – foods.

Early 1900s – Lack of proper sanitation led to widespread hookworm infection and outbreaks of waterborne illness such as dysentery, typhoid fever, and cholera.

1911 to 1912 – Sanitary surveys of approximately 7,500 rural homes in Arkansas showed nearly half had privies without “protection from flies, insects, fowl, and domestic animals,” while the other half had “no closet conveniences at all.”

Over the next several years, the Hookworm Eradication Program and public health workers educated the public about transmission, tested and treated infected individuals, and made initial steps in cleaning and maintaining privies.

1914 – U.S. Public Health Service set forth standards that regulated drinking water systems that provided water to interstate carriers such as ships and trains and only applied to infectious contaminants.

1917 – Legislation created the Bureau of Sanitary Engineering within the Health Department while the Hotel Inspection Act required the inspection of all food establishments for sanitary conditions.

The Bureau of Sanitary Engineering worked to provide oversight that would help eliminate waterborne illness outbreaks and increase access to safe drinking water. The Hotel Inspection Act required the inspection of all the state’s food establishments, hotels, schools, creameries, dairies, and other institutions for sanitary conditions.

1920s – Bauxite, Arkansas, became pivotal in the research that would eventually lead to the discovery of the benefits of fluoridation in the reduction of tooth decay.

1935 to 1942 – The Works Progress Administration and the Health Department built 51,418 free privies for families needing to improve sanitation around homes.

1940s to 1960s – Food safety and sanitation concerns rose as non-professional canneries and subdivisions began to develop in rural areas.

Non-professional canneries frequently lacked clean water, proper waste disposal, hand washing facilities, increasing the threat of foodborne illness. Lots in subdivisions were often too small for proper septic tank waste dispersal, resulting in frequent surface and ground water sewage contamination. Further complicating the issue was Arkansas’s varied landscape. Runoff was frequent, as mountainous areas typically didn’t have enough topsoil to absorb the septic tank waste, while flatlands were too water-saturated to absorb the waste, causing surface contamination.

Late 1940s – The first state plumbing code was developed and first efforts to promote fluoridation of drinking water began.

1945 – Grand Rapids, Michigan, became the first city in the world to purposely fluoridate its public water system.

Over the course of 15 years, researchers monitored cavity rates in the city’s 30,000 school-age children. The researchers found that the rate of dental caries among children was reduced by more than 60 percent.
1950 – West Helena became the first public water system in Arkansas to fluoridate.

1951 – Act 200 established the Plumbing and Natural Gas Section at the Department to reduce public health hazards associated with improperly installed plumbing systems.

1953 – Act 415 passed under the general provisions of the Arkansas Food, Drug, and Cosmetic Act and allowed the Health Department free access to all facilities where food was manufactured, processed, packed or held for public consumption and required licensing of all food establishments.

1950s to early 1960s – The Little Rock Grade “A” Program ensured safe and sanitary milk.

During this time, nearly 95 percent of all milk produced in the state was sent to Little Rock for processing.

1961 – The director of Little Rock Grade “A” expanded a program at the Health Department to regulate the remaining five percent of Arkansas’s dairies milk that did not ship to Little Rock for processing.

1970s – Septic tank malfunctions continued statewide and the Board of Health began regulation efforts.

Malfunctioning septic tanks resulted in Health Department sanitarians taking an average of 10,000 complaint calls during the early 1970s. Throughout the decade, the Department regulated septic tank installation to varying degrees. These regulations were difficult to enforce and were unpopular with builders.

1973 – Improvements in water quality regulations over the last 20 years resulted in nearly 83 percent of the state’s population having access to safe drinking water.

1974 – Congress passed the Safe Drinking Water Act.

1977 – The Arkansas General Assembly passed Act 402 which regulated the “location, construction, installation, operations, and maintenance of individual sewage disposal systems and other alternate methods of sewage disposal systems” and would be the basis of the current on-site wastewater program.

1977 – The Health Department took over the Little Rock Grade “A” Milk Program, and placed the Milk Laboratory in the public health laboratory.

1982 – The Rules and Regulations Pertaining to Tattoo Establishments went into effect. Later that year, the first licensed tattoo shop in Arkansas opened.

1991 – Act 277 created the Heating, Ventilation, Air Conditioning, and Refrigeration (HVAC/R) Program that required licensing and code enforcement within the HVAC/R industry.

2001 – Legislation established the Office of Oral Health within the Health Department.

Major efforts toward improving oral health in Arkansans of all ages – particularly children – followed shortly thereafter. Despite these efforts, state oral health assessments found alarming oral health issues in all Arkansans relating to access to dental care and fluoridated water.

2011 – The Arkansas General Assembly passed SB 359 mandating fluoridation of all water systems serving 5,000 people or more.

As a result of this legislation, Arkansans who have access to fluoridated water has increased from 65 percent to almost 87 percent and will help further reduce dental caries in Arkansans of all ages.
Family Health Timeline
100 Years of Public Health

Early 1900s – For every 1000 live births, 100 infants died before age one. One in nine women died of pregnancy-related complications.

1921 – Sheppard-Towner Maternity and Infancy Act was signed by President Warren G. Harding. It was the first federal social welfare program created explicitly for women and children.

1920s – Arkansas was one of 41 states to enact enabling legislation to receive Sheppard-Towner funding. The Board of Health used this money to open the Bureau of Child Hygiene and hire its first two nurses.

1926 – Four-thousand midwives lived and practiced in Arkansas. By 1940, Arkansas was third in the nation for mid-wife attended births, nearly one quarter of all reported births.

1927 – As food became even scarcer from the flooding of the Mississippi River, 657 people died from pellagra in Arkansas.

1930s – Corn and white flour were enriched with niacin, which researchers identified as a key to pellagra prevention. By 1938, the number of pellagra deaths in Arkansas dropped to 184.

1935 – Title V of the Social Security Act funds were awarded to “enable each state to extend and improve, as far as practicable, under the conditions in each state, services for promoting the health of mothers and children, especially in rural areas and in areas suffering from severe economic distress.”

1940s – The Emergency Maternity and Infant Care Program paid for hospital and medical care for wives and children of servicemen in the lowest four military pay grades.

1945 – Only 10 percent of pregnant black women were reported to deliver their babies in a hospital compared to 60 percent of white women.

1952 – The Board of Health passed rules and regulations regarding the practice of midwifery.

1954 – Maternal mortality rates were three times higher for blacks compared to whites.

1964 – Family planning services were first offered by the Department of Health.

Late 1960s – The Maternity and Infant Care Project provided comprehensive, preventive, and medical services to women and infants at risk of handicapping conditions in 10 central Arkansas counties.

1969 – Act 490 established funding for specialized maternity care for high-risk pregnant women from extra dog track racing days at Southland Park in West Memphis.

1970 – Title X Family Planning Services and Population Research Act was enacted and provided “the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children.”

1970s – Title V of the Social Security Act was expanded to cover “Improved Pregnancy Outcome” projects, enhancing services to low-income pregnant women with medical complications.

1973 – Arkansas Family Planning Act provided that all contraceptive information and supplies would be available to all people, regardless of age, race, sex, or income.

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**1980s** – Autopsies for babies with suspected Sudden Infant Death Syndrome (SIDS) and family counseling began.

**1983** – Act 838 provided for the lawful practice and licensure of lay midwifery in counties having 32.5 percent or more of their population below poverty level.

**1984** – Governor Bill Clinton appointed the Task Force on Indigent Health Services. The General Assembly created the Indigent Health Care Advisory Council. The result was a regionalized perinatal care system that enhanced access and quality of obstetrical services for indigent pregnant women.

**1987** – Act 481 expanded lay midwife licensure statewide.

Good Beginnings was launched. Arkansas became one of the first states to take advantage of the Medicaid eligibility expansion options under the federal Sixth Omnibus Budget Reconciliation Act (SOBRA), which provided more extensive coverage for children and pregnant women. A new, streamlined process to determine eligibility for Medicaid and additional services like nutritional counseling were offered in local health units.

**1988** – The Arkansas Family Planning Council, Inc. (AFPC) merged with the Department of Health to form a combined family planning program.

**1992** – Infant Death Review was established to investigate Pulaski County’s high infant mortality rate.

**1996** – The federal Welfare Reform Bill appropriated Title V funds for abstinence education and provided “…mentoring, counseling and adult supervision to promote abstinence from sexual activity….”

**1997** – Act 1159 established the unwed birth and abstinence education programs. Governor Mike Huckabee created the Governor’s Steering Committee on Abstinence Education.

The first Family Planning Waiver was implemented in Arkansas. This expanded coverage of family planning services under the Medicaid program and included all women of child-bearing age with incomes below 133 percent of the federal poverty level.

**1998** – Statewide Infant Mortality Review project was initiated.

**Early 2000s** – The Health Department collaborated with the Nurse Family Partnership to implement a home visiting program to match first-time, low-income mothers with registered nurses who provided support up to their child’s second birthday. This program was cut due to insufficient funding a few years after it began.

**2003** – The Family Planning Medicaid Waiver was changed to the Women’s Health Waiver and included coverage for women with incomes up to 200 percent of the federal poverty level. The Waiver program averted approximately $122 million in cumulative Medicaid costs over the first five years.

**2009** – Governor Mike Beebe’s health initiative set aside funding for infant and child death reviews. The current project is a joint effort of UAMS Department of Pediatrics, Arkansas Children’s Hospital Research Institute, and the Health Department. Its primary goal is continued implementation of a well-coordinated Infant and Child Mortality Review program in Arkansas.

**2010** – The Health Department provided services to an average of 12.4 percent of all Arkansas women who gave birth. Nearly 80 percent of all pregnant women started prenatal care in their first trimester.

**2011** – Federal grant funding was received to re-start the home visiting program based on the Nurse Family Partnership model. The Department was successful in acquiring a second federal grant to support the Arkansas Home Visiting Network. This network was designed as a support system for a variety of Arkansas programs that use home visiting as their primary source of service delivery.
1790s – Edward Jenner began development of a smallpox vaccine after observing that dairymaids who had developed cowpox were naturally immune to smallpox.

1800 – Benjamin Waterhouse became the first doctor to test the smallpox vaccine in the U.S.

1916 – Arkansas required rules for a statewide compulsory school smallpox vaccination program.

1949 – The last known case of smallpox occurred in the U.S.

1971 – The U.S. ended its routine smallpox vaccination.

Due to a successful vaccination campaign worldwide, smallpox disease was completely eradicated from the earth with the last known case occurring in Somalia in 1977.

1955 – The development of the polio vaccine by Dr. Jonas Salk was announced and provided to the state at no cost by the National Foundation for Infantile Paralysis.

The Health Department led the charge in distributing the vaccine to local health units and administering the inoculation to children.

1963 – Licensed vaccines became available for measles.

1963 to 1965 – Arkansas Children’s Colony in Conway, Arkansas became home to individuals suffering from rubella.

Physicians and nurses capitalized on the Colony’s remote location to conduct research on the newly licensed vaccines. With their parents’ approval, children were vaccinated, and the successes gave rise to the popularity of the rubella vaccine.

1971 – Arkansas First Lady Betty Bumpers began the Every Child by ’74 Campaign to eradicate preventable diseases among Arkansas’s children.

Mrs. Bumpers continued her efforts, working with then-President Jimmy Carter and First Lady Rosalynn Carter, to implement the first federal initiative in comprehensive childhood immunization. When this national program was launched in 1977, only 17 states required immunizations for children by the time they entered school. With more than 95 percent of school-aged children immunized today, the Centers for Disease Control and Prevention (CDC) still recognizes this as one of its most successful public health programs ever.

1991 – Mrs. Bumpers and Former First Lady Rosalynn Carter founded Every Child by Two, designed to immunize all children by age two and create state immunization registries.

Early 2000s – The Health Department began offering seasonal flu vaccinations at mass flu clinics statewide.

2009 – The Health Department conducted flu clinics in almost 1,100 schools in the state during the H1N1 pandemic, with the help of volunteers and funds provided by the CDC and the Arkansas legislature.

More than 700,000 doses of H1N1 and seasonal flu vaccine were administered in school and mass flu clinics and local health units statewide.

2013 – The Health Department continues to host school and mass flu clinics statewide each flu season. In addition, by providing nearly 400,000 vaccinations annually, the Department is the state’s single largest provider of a variety of immunizations.
Early 1800s and Before – As formidable as any other threat to the pioneers in the new Arkansas Territory was the threat of infectious disease. Smallpox, yellow fever and measles, and malaria epidemics had nearly wiped out the Native American population in Arkansas and the rest of the country before the Civil War.

Dawn of the 20th century – Arkansans still faced the prospect of deadly illness – cholera, chicken pox, diphtheria, meningitis, gonorrhea, hookworm, influenza, leprosy, malaria, measles, typhoid fever, pellagra, plague, smallpox, syphilis, tuberculosis, anthrax, whooping cough, and yellow fever - that held average life expectancies to under 50 years.

Hookworm was a prevalent infection in the southern U.S., where sanitary living conditions and access to shoes were minimal.

John D. Rockefeller, Sr. believed it was possible to prevent the disease, so, along with his Foundation for Human Welfare, he awarded a $1 million grant to the southern states and the Sanitary Commission for the eradication of hookworm disease.

February 25, 1913 – The first permanent Arkansas Board of Health was founded as a part of the requirement for funding by the Rockefeller Sanitary Commission.

Sanitation staff worked regularly to keep the privies clean and to make sure they met the new standards. Children, once sick and frail, sprang back to good health and were restored to a normal weight.

In 1915 – As the connection between malaria and mosquitoes was recognized, an outbreak of malaria occurred in Crossett, Arkansas.

The state’s new Board of Health and State Department of Health, along with the Rockefeller Commission and the U.S. Public Health Service, set out to completely rid the town of malaria by eliminating or controlling the breeding sites of mosquitoes.

In a two-year period from 1915 to 1917, physicians’ calls for malaria dropped from a high of 2,500 to only 200 – a 92 percent decrease.

Since the early 1900s – Many other significant infectious diseases have taken the stage. Most notably, tuberculosis, influenza, and sexually-transmitted diseases have taken their toll.

In 1919 – The Board of Health began a vigorous educational campaign against venereal disease after thousands of Arkansans were found to be infected, and as a result, were unable to join the Army during WWI.

1960s through 1970s – Perhaps the most dramatic and ground-breaking public health work in the state’s history came from research done during the 1960s and 1970s by Arkansas-based doctors Paul Reagan, William Stead, and Joseph Bates, which led to a new local hospital and out-patient treatment for tuberculosis (TB).
In 1981 – First diagnosed in 1981, HIV has taken the lives of more than 2,800 Arkansans. The constant themes of fear, stigma, and low health literacy marked this epidemic as deeply as any other in our history.

Federal dollars, in the form of Ryan White funds, now provide medication to many of those living with HIV, and modern treatments are effective enough to move this illness, once diagnosed as a death sentence, to a category that more closely resembles a chronic disease.

2009 – The H1N1 influenza A virus caused a global pandemic.

During this year, there were 54 deaths from H1N1 influenza in Arkansas. Our state attracted national attention with its ability to vaccinate children against the flu. During the 2009 H1N1 pandemic, with the help of volunteers and funds provided by the CDC and the state legislature, the Health Department conducted flu clinics in almost 1,100 schools and mass flu clinics in all counties. More than 700,000 doses of H1N1 and seasonal flu vaccine were administered in school and mass flu clinics and local health units statewide.
1900s – The first state Health Department laboratory had its origin when the Rockefeller Sanitary Commission began an attack on diseases prevalent in the South in the early years of the 20th century.

1913 – When the state’s political leaders created the Board of Health, they also established a Health Department with a vital records section and a laboratory.

The first public health laboratory was on the second floor of what is now the Old State House Museum located on W. Markham St. in downtown Little Rock.

1923 – The public health lab moved to the State Capitol building.

1969 – A new building for the Health Department central offices and laboratory was opened at its current location on W. Markham St. in Little Rock next to the University of Arkansas for Medical Sciences campus.

1977 – An addition was built to the public health lab because its scope of work and services had markedly expanded.

Late 1990s – U.S. authorities became increasingly concerned that anthrax spores and other highly dangerous microbial agents could be used as weapons for bioterrorism.

2001 – Anthrax spores were released in a building in Florida, and soon afterward anthrax spores, enclosed in envelopes, were sent through U.S. mail to congressional leaders and others in Washington and other cities.

2003 – An Arkansas family received a letter containing small amounts of white powder from a New Jersey mail-processing center that handled other tainted letters.

Although no one fell ill, the FBI requested Department testing of the substance. The powder was sent to the Health Department laboratory for identification, and it was immediately apparent that the facility did not have properly constructed laboratory space where laboratorians could work with these highly dangerous agents with safety for themselves and the environment. The Health Department took quick action by asking the legislature and Governor Mike Huckabee to permit the Health Department to issue bonds to finance the construction of a new Public Health Laboratory.

2004 – Construction of a new laboratory began and was completed in October 2006 as a state-of-the-art structure with 80,000 square feet of space to accommodate approximately 140 laboratory workers.

Of great importance, the 5,000-square-foot Level 3 bio-safety lab has special rooms constructed with ventilation so that laboratorians can safely work with some of the most dangerous known microbes.

2009 – The new laboratory features were essential in the Health Department’s round-the-clock response for testing the massive volume of potential H1N1 specimens.
1880s – Before the permanent Board of Health was established, nurses contributed to the health of communities.

1913 – The newly-created State Board of Health appointed county health officers to carry out inspections of public facilities, conduct sanitary surveys, and maintain records of communicable disease.

1913 – The Arkansas Tuberculosis Association employed the first public health nurse and was the first documentation of home health care services in the state.

1919 to 1923 – A total of 24 Red Cross nursing services were formed across the state.

1924 – The Jefferson County Tuberculosis Association funded its first health office and a public health nurse.

1927 – Governor John Martineau declared an “emergency to exist” decree, expanding rural health coverage by creating 23 full-time county health departments that typically consisted of a small shared office in a public building.

1930s – More than 30 local health offices were established in Arkansas.

1933 – After going bankrupt, the state relied heavily upon federal aid, and only basic public health services were offered.

By 1935 – Arkansas dropped to only 18 full-time local health units and about 35 public health nurses – a stark contrast from the previous 30 full-time health units and flourishing nursing network.

1935 – The Social Security Act of 1935 provided funds that enabled the renewed growth of local health departments and enabled the state to hire and train new personnel and to expand health programs and services.

By 1938 – Public health nurses and workers traversed unpaved rural roadways to provide services.

By 1940 – Fifteen counties had a full-time local health unit, and the City of North Little Rock had established its own full-time health unit. Seventeen district health units were in operation, and every county had at least one public health nurse.

1940s – The Board of Health set up a training program for “granny midwives.”

1946 – The federal Hospital Survey and Construction Act of 1946, or Hill-Burton Act, was passed and provided grants and loans to improve the physical infrastructure of the nation’s hospital system.

1949 – A number of health offices with waiting and exam rooms began to emerge, born out of a “disparate need” for health facilities amidst tuberculosis, typhoid, and rabies threats.

1949 – The legislature passed Act 186 of 1949 that allowed rural health offices to organize into district health “units.”

1950s – Local Health Units (LHUs), suffered staff and funding shortages while striving to address emerging issues such as chronic disease and socio-economic risk factors.

1960s – Public health nurses helped to transform TB care from hospital to community-based treatment, started home-care for chronically ill, began family planning clinics, and provided counseling and physical exams in WIC clinics.

1965 – Home health care services were offered as a mandatory service under the Medicare Program.

This was the start of the In-Home Services Program.

By 1970 – Medicare and Medicaid provided a payment source for home health care services.

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1970s - Public health nurses performed Early Periodic Diagnosis and Treatment (EPSDT) exams for children, cervical cancer screening, and Sudden Infant Death Syndrome (SIDS) counseling in the LHUs.

1975 – Dr. John Harrell simplified the previously-cumbersome payment process for local public health through a “handshake agreement.” Previously, local health workers were likely to receive checks from three different sources: the county, city, and health department.

1979 – Dr. Robert Young lead a reorganization that divided Arkansas into 11 management areas and initiated “matrix management;” the Bureau of Community Health Services emerged. Dr. Young emphasized the use of the term “local health unit” as opposed to local health “department.” This change clarified that concept that rural health facilities are under overall direction of one state health department and continues today.

1979 – Office of Rural Health was created by the legislature and housed in the Health Department to administer grant programs for small hospitals and committees seeking to improve or enhance health services in rural areas of the state.

1980 – Rural Physician Incentive Program was established to assist in the recruitment and retention of primary care doctors in rural populations. Under this program, rural populations (15,000 or less) and underserved areas of the state were provided grant funds up to $55,000 over four years.

1981 – The Department established a home health program and began to expand services. The state legislature passed Act 462 that approved an annual appropriation to pay for home health services for patients without a payment source. Today, In-home Services are provided statewide except for six counties in northwest Arkansas.

1980s – The Bureau of Community Health Services grew from 1,500 to 2,200 full-time workers as programs expanded.

1984 – The Health Department received its first funding to support LHU facilities through the U.S. Department of Housing and Urban Development Community Development Block Grants.

1987 – The State Health Department Building and Local Grant Trust Fund was established by Act 749 of 1987.

1989 – Act 620 created the Rural Health Services Revolving Fund to support health systems in rural communities.

1980s to 1990s – Health units experienced tremendous expansion and new construction and many health units still housed in county courthouses moved into new, free-standing facilities.

1996 – Through the Arkansas Strategic Planning Initiative for Results and Excellence (ASPIRE) process, a plan for community health improvement was developed and later became the Hometown Health Improvement (HHI) Initiative.

1997 – The Medicare Rural Hospital Flexibility Program allowed the Office of Rural Health and Primary Care to assist hospitals with conversion to Critical Access Hospital Status.

1998 - 1999 – The first HHI pilot began in Boone County. HHI provided new opportunities for Local Health Unit Administrators to shine as community leaders.

1999 – The Office of Rural Health and the Office of Primary Care were merged.

2000s – The role of local public health was spotlighted through the school and mass flu clinics in each county, calling for extensive collaboration with community volunteers.

2009 – HHI had community-related health development efforts in all 75 counties.

2009 – Acts 1386 and 180 created the Community Health Center Grant and the Charitable Clinic Grant programs. A total of nearly $11 million in funding for the two programs was created through the tobacco excise tax.

2013 – Arkansas remained one of only a handful of states to practice centralized governance of local health units. The Department operates 93 local health units in 75 counties statewide.
1900 – Arkansas’s long history of slavery, Jim Crow laws, poll taxes, separate but equal doctrines, segregation, racism, and discrimination played a significant role in the health and welfare of African Americans and other minority populations.

Only in the last 30 years have noticeable changes occurred to address health disparities and health equity.

1986 – The Department of Health and Human Services (DDHS) created the Office of Minority Health (OMH), one of the most significant outcomes of the “1985 Report of the Secretary’s Task Force on Black and Minority Health.”

OMH was the first federal agency dedicated exclusively “to improving the health of all racial and ethnic minority populations through the development of health policies and programs aimed at eliminating health outcomes.”

1987 – Governor Bill Clinton appointed Dr. Joycelyn Elders, the first African American and the first female director of the Health Department. She brought the issue of health disparities and unequal treatment of minority populations to the forefront of Arkansas’s public health agenda.

1990s – Efforts begun to address cultural and language barriers that limit healthcare delivery and access to services to the growing Hispanic population.

Numerous educational materials such as pamphlets, fact sheets, and videos were translated from English to Spanish, and the Department provided health education materials to minority media outlets statewide to alert Hispanic populations and other minorities groups of important health issues.

1991 – Dr. Elders presented findings from the 1985 DHHS report to the Arkansas legislature.

This report was the first comprehensive national minority health study addressing the health status of African Americans, Hispanics, Asian/Pacific Islanders, and Native Americans compared to that of whites. As a result of this compelling data, the legislature passed Act 912 which established the Arkansas Minority Health Commission. The Commission works to assure that all minority populations have equal access to health care; to provide education; and to address, treat, and prevent diseases and conditions that are prevalent among minority populations. That same year, Dr. Elders established the Office of Minority Health (OMH) – now the Office of Minority Health & Health Disparities (OMHHD) – at the Health Department. OMHHD’s mission is to provide leadership in improving health outcomes by advocating for health equity for at-risk populations as defined by race or ethnicity, age, education, disability, gender, geographical location, income, and sexual orientation.

1996 – OMHHD in conjunction with the University of Arkansas for Medical Sciences (UAMS) Affiliate Program developed a Cultural Diversity Training curriculum that is now incorporated into the orientation of all new Department employees.

1997-1998 – “A Risk Study on Factors Affecting Hispanic Utilization of Public Health Care in Arkansas,” sponsored and funded by DHHS in conjunction with the Health Department, examined the factors affecting Latino access to public healthcare in Arkansas including the quality of care.
The study was based on the opinions of an expert panel comprised of members of the Latino community, healthcare professionals, and OMHHD professionals who provided leadership for services to the Latino community.

2001 – Initiated Act I provided a five percent set aside of the state’s Tobacco Master Settlement Agreement that must go toward tobacco prevention cessation projects in minority communities. Several of the projects have targeted Hispanic and Latino communities.

2001 – Act 1461 allowed for a pay increase up to 10 percent for any state employee whose specific job assignment required the skill to communicate in a language other than English.

To assist clients with limited English proficiency, the national Office of Minority Health provided each local health unit two sets of “I Speak” cards. These cards allowed clients to communicate their language needs. OMHHD continues to provide “I Speak” cards.

2007 – Act 842 of 2007 created the Arkansas HIV Minority Task Force to study ways to strengthen HIV prevention programs, address the needs of those living with HIV and AIDS, and develop specific strategies for reducing the risk of HIV and AIDS in the state’s minority communities.

2009 – The Health Department’s strategic plan focused on the critical health challenges and disparities in the Arkansas delta region.

Southeast Targeted Area Resources for Health (STAR Health) was developed as a pilot initiative to explore new approaches aimed at addressing health problems in the rural southeast counties of Chicot, Desha, and Lincoln. This initiative has nine trained community health workers (CHWs) who provide training to promote improvements in maternal-child health, oral health, and chronic disease management.

2011 – Act 990 created an Adult Sickle Cell Clinic at UAMS with physicians and nurses trained to treat and track sickle cell disease patients.

Sickle cell disease affects minority populations. This genetic condition is present at birth and is inherited when a child receives a sickle cell gene from both parents.

November 2011 – The Joseph Bates Outreach Clinic opened in Springdale to be more responsive to the health needs of the Marshallese and Latino communities. The Health Department has become the major provider of health-related services to the Marshallese.

In the late 1970s, Springdale became home to the state’s first Marshall Islander. Although exact numbers are unknown, more than 6,000 Marshallese reside in Northwest Arkansas, and it is believed this is the largest Marshallese population within the continental U.S.

2012 – The Health Department continued to prioritize prevention, control, and treatment of heart disease, stroke, cancer, HIV, diabetes, obesity, infant mortality, and unintentional injuries. African Americans and other minority populations historically have the highest incidence, prevalence, and mortality associated with these conditions.

The Health Department has made progress in its efforts to address and prioritize the issues of health disparities, social determinants of health, and health equity and inequalities. The Department continues to provide public health services that are affordable and accessible, using best practices and ensuring diversity, innovation, creativity, and sensitivity to all Arkansans.
1900s – Early public health nursing in this country was focused on control of infectious diseases. Lack of proper sanitation led to widespread hookworm infection and outbreaks of waterborne illness such as dysentery, typhoid fever, and cholera.

1913 – The Arkansas Tuberculosis Association employed the first public health nurse in the state to provide care to TB patients, screen for cases, and provide TB education programs to the public.

1920s – 24 Red Cross nurses were hired in Arkansas to provide home nursing care (especially for wounded veterans), school nursing, and maternal-infant care.

1924 – Mary Emma Smith was the first Public Health Nurse employed by the Arkansas State Board of Health in 1924. Like public health, Public Health Nursing was a new idea and not well understood or accepted. Mary Emma and other public health nurses traveled in mobile units and conducted health screenings for children and health education for adults. She was active in nursing organizations such as the Arkansas State Nursing Association and was instrumental in the formation of a college of nursing at the new University of Arkansas Medical Center. Mary Emma resigned from the Arkansas Department of Health on Aug 31, 1947 in order to complete her baccalaureate degree in nursing in New York. She later returned to Arkansas and the Health Department and continued to work for all citizens until her retirement.

1930s – Over 144 unemployed registered nurses were hired through a federal program to work as county public health nurses, teach first aid, and to care for the sick and needy.

1940s – The Arkansas Board of Health set up a training program for “granny midwives.” Mamie Hale, a black RN from Pittsburgh was recruited to lead the program and she trained local public health nurses to continue the program. Black maternal and infant mortality plummeted during this period when 75% of the state’s black births were attended by trained midwives.

1950s – Public Health Nurses conducted Salk vaccine clinics and specialized nurses were trained in TB control.

1960s – Public Health Nurses in Arkansas helped to transform TB care from hospital to community-based treatment, started home-care for chronically ill, began family planning clinics, and provided counseling and physical exams in WIC clinics.

1970s – Public Health Nurses performed Early Periodic Diagnosis and Treatment (EPSDT) exams for children, cervical cancer screening, and Sudden Infant Death Syndrome (SIDS) counseling in the local health units.

Late 1960s – Under the Maternal and Infant Care Project, public health nurses provided comprehensive, preventive, and medical services to women and infant at risk of handicapping conditions in 10 central Arkansas counties.

1980s and 1990s – Health department nurses worked in school based clinics to bring health care to underserved teens in the state.

1999 – The BreastCare Program, housed within ADH, became fully operational allowing Public Health Nurses to assist women with screening for breast and cervical cancer.

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Early 2000s – The Health Department collaborated with the Nurse Family Partnership to implement a home visiting program to match first-time, low-income mothers with registered nurses who provided support up to their child’s second birthday. This program was cut due to insufficient funding a few years after it began.

2003 – The health department hired 16 community health nursing specialists (CHNs) through Tobacco Master Settlement funds to help schools and communities improve the health of Arkansas school children through school health policies, programs, and consultation to school nurses.

2003-2007 – Arkansas partnered with Texas to become part of the National STD/HIV Prevention Training Centers. Public Health Nurses, Nurse Practitioners, Physicians, and the Public Health Laboratory provided STD/HIV training to public health professionals and other health care providers both in and out of state.

2005 – Public Health Nurses and Public Health Preparedness Nurses helped coordinate efforts with the ADH Public Health Preparedness Section and the Centers for Disease Control to assist Katrina evacuees in Fort Chaffee and Siloam Springs Arkansas.

2008 – In collaboration with the Public Health Laboratories, the largest single expansion of newborn screening occurred when 22 conditions were added to the panel, bringing the total number of conditions to 28. Additional public health nurses were hired to follow-up on abnormal results and assure prompt evaluation and treatment.

2009 – The Health Department conducted flu clinics in almost 1,100 schools in the state during the H1N1 pandemic. With the help of volunteers and funds provided by the CDC, more than 700,000 doses of H1N1 and seasonal flu vaccine were administered in school and mass flu clinics and local health units statewide.

2011 – Under the direction of the ADH In-Home Services Section, the Nurse Family Partnership was re-started as a means to provide RN support to low income first time mothers.
1881 – The first cigarette-making machine was invented, although tobacco use was evident earlier in the 1800s. During WWI and WWII, free cigarettes were provided to servicemen. During the wars, changing attitudes allowed more women into the workplace and more of them began to smoke.

By 1944 – Cigarette production was up to 300 billion a year, and servicemen accounted for nearly 75 percent of all cigarettes purchased.

Smoking had become a popular and accepted part of culture and companies made millions of dollars from the sale of cigarettes. A couple of decades would pass before the public was warned about the associated dangers.

1964 – In response to increasing rates of lung cancer, the U.S. Surgeon General issued a report about the dangers of cigarette smoking. This report identified nicotine and tar, ingredients in cigarettes, as the source. Tobacco use was deeply ingrained into the American culture and smoking continued despite the public health warnings.

1980s – Policies aimed to reduce smoking increased as federal, state, and local governments, and private companies began restricting tobacco advertising and limiting the use of tobacco in public places.

1993 – The Health Department’s Tobacco Prevention and Education Program was established.

The Tobacco program was established with a small grant from CDC and lacked adequate funding at that time to be a viable player in statewide tobacco prevention efforts.

The program received about $50,000 from the Office of Alcohol and Drug Abuse Prevention to develop the KICK (Keep Illegal Cigarettes from Kids) campaign, which won the 1996 Vision Award from the Association of State and Territorial Health Officials.

Late 1990s – Arkansas’s high smoking rates and related diseases contributed to rising and unaffordable healthcare costs.

At that time, Arkansas had the fourth-highest rate of age-adjusted cardiovascular and lung cancer deaths, as well as the second-highest rate of stroke deaths. Tobacco use was a contributing factor to Arkansas’s poor health burden and designation as one of the least healthy states in the nation. Arkansas had the 11th-highest rate of tobacco use among high school students.

1998 – Four major tobacco corporations and 46 state attorneys general reached a tobacco master settlement agreement (MSA) over the states’ tobacco-related healthcare costs.

As a result of the MSA, the tobacco companies offered financial payments in exchange for individual state agreements to hold the companies harmless for past and future medical claims related to tobacco use. The tobacco companies also agreed to restrict marketing to youth and to eliminate all direct and indirect lobbying efforts aimed at influencing legislation and regulation of tobacco products. On behalf of Arkansas, Attorney General Winston Bryant agreed to accept approximately $62 million MSA dollars the first year and $50-$60 million each year thereafter.

1998 – A work group – the Coalition for a Healthier Arkansas Today (CHART) – was formed to assess the state’s needs and formulate a plan to spend the MSA funds to most directly improve the health of Arkansans.

The CHART group stipulated that all funds should be used to improve and optimize the health of Arkansans; funds should be spent on long-term investments that improve the health of Arkansans; and future tobacco-related illness and healthcare costs in Arkansas should be minimized through this opportunity.

2000 – After the CHART plan failed to pass in a Special Session, Governor Mike Huckabee announced his intention

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to take the proposal “to the people” as a voter-initiated referendum in the November election.

With majority support in 73 of the state’s 75 counties, the CHART plan, called the Initiated Tobacco Settlement Proceeds Act of 2000, passed with the largest majority in any statewide race that year, receiving 64 percent of the votes. With passage of the Initiated Tobacco Settlement Proceeds Act (Initiated Act 1), it was clear voters were ready for Arkansas to lead the nation in reducing tobacco use and its associated diseases.

2000 – Initiated Act I passed during the November election and the legislature directed MSA funds toward a variety of health-related programs – following CHART plan recommendations.

Programs and institutions that received Initiated Act I funding included the UAMS College of Public Health, the Minority Health Commission, the Arkansas Biosciences Institute, and the Delta Area Health Education Center (AHEC). With Initiated Act I funding, the Tobacco Prevention and Cessation Program (TPCP) was established following the CDC’s Best Practices for Tobacco Prevention and Control. The TPCP was funded with 31.6 percent of the MSA dollars annually. Currently, Arkansas is the only state that continues to direct all MSA dollars toward health-related programs.

The TPCP includes components for community prevention programs; local school programs for education and prevention in grades K-12; enforcement of youth tobacco control laws; statewide programs with youth involvement to increase local coalition activities; tobacco cessation programs; tobacco-prevention programs; a comprehensive public awareness campaign; and grants and contracts funded for monitoring and evaluation, as well as data gathering.

The Health Department’s comprehensive evidence-based tobacco prevention and cessation initiative has delivered results. Through the program’s prevention and cessation strategies, including the Arkansas Tobacco Quitline and the award-winning Stamp out Smoking (SOS) Campaign, smoking rates among adults and children have steadily declined over the years.

As smoking rates decline and fewer cigarettes are sold, Arkansas’s MSA dollars decrease. While reductions in funding can be troublesome, in this case, it is a positive sign of our state’s strong tobacco prevention and cessation efforts.

2004 – The UAMS College of Public Health (COPH) was dedicated.

In 2005, after the death of Dr. Fay Boozman, the COPH was renamed the Fay W. Boozman College of Public Health in recognition of his efforts to bring a public health college to Arkansas.

July 2006 – The Clean Indoor Air Act took effect and made Arkansas one of 18 states in the nation to prohibit smoking in indoor workplaces and public areas and helped eliminate the public’s exposure to secondhand smoke.

Advocates for change, including local coalitions, organized to propose this new state law that banned smoking in all workplaces, including most restaurants.

Today clean indoor air is the rule in hospitals, public buildings, businesses, restaurants and even some bars. No evidence supports initial predictions that business would suffer, and compliance has been very good. The overwhelming weight of research available supports the belief that healthcare costs and worker productivity will both be affected positively in the future.

2006 – Arkansas became the first state to implement a primary law prohibiting smoking in a car with a young child.

The Arkansas Protection from Secondhand Smoke for Children Act of 2006 prohibited smoking in any motor vehicle in which a child who is less than six years of age and who weighs less than 60 pounds is restrained in a child passenger safety seat.

2009 – A 56-cent per pack increase on cigarettes and smokeless tobacco products was supported by Governor Mike Beebe and approved by the General Assembly.

Revenue generated from this tobacco tax supported a number of public health initiatives and the creation of a statewide trauma system. Act 393 of 2009 established the Arkansas Trauma System. In September 2010, three designated trauma centers were announced as part of the new system, the first of 75 indicating they would be a part of the new system. A total of 58 trauma centers were designated through January 2013.

2011 – An amendment to the Arkansas Protection from Secondhand Smoke for Children Act was adopted and increased protection to any child under the age of 14. Arkansas is one of only four states to have such a law.
1960s – As educators and health workers became more aware of the impact poverty and malnutrition had on low-income individuals, pregnant women, and children, a growing desire to implement assistance programs emerged.

In 1966 – Coinciding with many of his Great Society social initiatives, President Lyndon Johnson signed the Child Nutrition Act to address the nutritional needs of children.

1967 – The Marshall Field Foundation sponsored a small task force of five physicians to examine the extent of health problems that were being seen in the summer Head Start programs.

1969 – The White House Conference on Food, Nutrition, and Health was convened with the intention of focusing national attention and resources on the problem of malnutrition and hunger due to poverty.

Among the recommendations stated in the conference report was that special attention be given to the nutritional needs of low-income pregnant women and preschool children.

1972 – Under President Richard Nixon, an amendment to Section 17 of the Child Nutrition Act formally established the Special Supplemental Food Program for Women, Infants and Children (WIC).

The legislation, sponsored by Senator Hubert H. Humphrey, established a two-year pilot program to provide supplemental food to enrollees.

1974 – The WIC Program started in Arkansas.

During the first year, Arkansas created WIC clinics in 14 Delta counties: Arkansas, Ashley, Bradley, Calhoun, Chicot, Cleveland, Cross, Desha, Drew, Lincoln, Monroe, Phillips, Prairie, and Woodruff. Some 2,621 participants were served by the program.

1979 – All counties in the state provided WIC services to 21,342 participants through all local health units.

Participants were prescribed supplemental foods through a monthly package tailored to meet their special dietary needs. Foods were chosen to provide essential nutrients likely to be missing from the diets of low-income women, infants, and children.

By the late 1980s – There was an increased emphasis on breastfeeding promotion and support in WIC.

Pregnant women and postpartum women were added as WIC-eligible participants.

1992 – The Farmers’ Market Nutrition Program was established by Congress to provide fresh, nutritious, unprepared, locally grown fruits and vegetables through farmers’ markets and roadside stands to WIC participants, and to expand awareness and sales at farmers’ markets and roadside stands.

2008 – The Arkansas WIC Program moved to a completely computerized system. All WIC food programs must go to Electronic Benefit Transfer by 2020 nationally and Arkansas plans to be fully implemented in 2014.

2013 – The Arkansas WIC Program is evolving in the way it reaches participants and is now using technology to educate and encourage enrollment in the program.

Benefits of the Arkansas WIC Program include getting pregnant women in early for prenatal healthcare, making referrals for well child care and immunizations, educating moms on healthy nutritional choices, reducing low birth-weight babies, and helping children develop into stronger and healthier adults. WIC contributes to the economy of Arkansas through the use of retail WIC-approved vendors and Farmers’ Markets statewide.