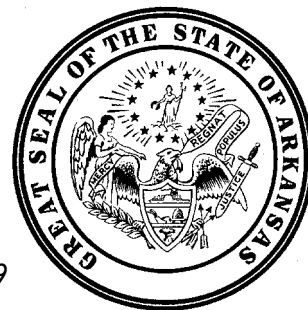


# ARKANSAS



**“We cannot afford to lose our next generation, the children who will become the future leaders, workers, parents, and innovators of our region and our nation.”**

—Governor Bill Clinton, Lead Governor,  
Southern Regional Project on Infant Mortality, 1989

**T**he infant mortality rate continues to be on the decline for Arkansas (8.3 in 2001), yet it still remains higher than the national rate. With the contributing and risk factors in mind, several conclusions and explanations of these data may be drawn and linked to the state’s high infant death rate. Although Arkansas’ infant mortality rate is declining, data reveals that the health status and/or outcomes of the infants born have improved very little or not at all within the last decade. However, there have been improvements in preterm birth rates and low birth weight infants. Unfortunately, these changes have had little or no impact on the infant mortality rate.<sup>35</sup>

Of the 37,454 live births in 2002, the birth rate to teenage mothers was 59.9 (compared to 64.2 in 2001); the birth rate to unmarried women was 49.0 (compared to 36.1 in 2001); 8.6 percent were low birth weight infants (compared to 8.8 percent in 2001); 574 were births that received no prenatal care (compared to 1,702 in 2001); the smoking rate among pregnant women was 18.6 (compared to 18.7 in 2001); and 22.2 percent were births to mothers with less than 12 years of education.<sup>36</sup>

These statistics suggest that more education and interventions with preventative measures still are very much needed and considered crucial in order to increase the public’s awareness of the problem of infant mortality and morbidity and its enormous repercussions affecting not only the families, but the community as a whole. Having a maternal mortality rate of 10.6, compared to the nation’s rate of 9.9 in 2001, confirms that not only infant health, but also maternal health, should be considered as one of the state’s top priorities.<sup>37</sup>

Arkansas is divided into five regions as guides for developing public health strategies by the Department of Health. One of the Department’s primary concerns is how to maintain a strong public health system that is able to meet the demands of the future. In November 2000, the people of Arkansas voted to implement the CHART (Coalition for a

## State Facts 2001\*

Infant Mortality Rate	8.3
Preterm Birth Rate	13.1
Low Birth Weight Infants	8.8
Prenatal Care in First Trimester	79.8
Pregnancy/Maternal Smoking	18.7
Teenage Birth Rate (age 15-19)	64.2
Birth Rate to Unmarried Women (age 15-44)	36.1

\*Rates are calculated per 1,000 live births, except for low birth weight, prenatal care, and maternal smoking, which are calculated in percent.

Healthy Arkansas Today) Plan, which will allocate an estimated \$60 million from the Tobacco Settlement funds to various healthcare activities such as the Tobacco Prevention and Cessation Program (Act 1572), of 2001, passed by the General Assembly.

The Department of Health is a centralized state agency that oversees public health operations in all 75 counties in the state through six bureaus, 10 regional area offices, and 95 local health units. There are several programs and services available through the various divisions of the Department of Health to help promote maternal and infant health and to prevent conditions and diseases that lead to disabilities or death.

**Campaign for Healthier Babies:** an information campaign operated under a statewide coalition that encourages women to get early and continuous prenatal care and provides general information and material distribution. This campaign is administered by the Technical/Support Services division.



**Breastfeeding Program:** operated under the Statewide Services Business Unit, promotes and supports breastfeeding through public education, education of health professionals, and individual counseling.

**Family Planning Program:** operated under the Statewide Services Business Unit, provides medical care, counseling, and contraceptive supplies to general clients including pap-smear results notification; specialized services may be offered to adolescent clients.

**Teenage Pregnancy/Unwanted Birth Prevention Program:** operated under the Statewide Services Business Unit, provides technical assistance and funding to local community coalitions involved in unwed teenage pregnancy prevention.

**Abstinence Education Program:** operated under the Statewide Services Business Unit, provides technical assistance and funding to community-based programs to implement abstinence-only education programs in an effort to reduce out-of-wedlock births and teenage pregnancy.

**Mother/Infant Program:** operated under the In-Home Services Division, provides skilled home nursing visits for first-time mothers and their infants to ensure that medical, social, and nutritional needs are met.

**Maternity Program:** operated under the Statewide Services Business Unit, provides prenatal and postpartum care including medical, nutritional, and social assessments and case management. Education on pregnancy, nutrition, labor and delivery, infant care, reproductive health, and parenting also are provided. High-risk women receive nutritional and social consultation and are referred to community high-risk providers where appropriate.

**Stamp Out Smoking:** a tobacco education and prevention program of the Department of Health, aims to eliminate tobacco use in children and pregnant women through public education, community programs, school programs, and supporting enforcement of laws prohibiting tobacco sales to minors.

**Connect-Care:** an outreach and education program administered by the Shared Services Business Unit as a provision of Medicaid, used to facilitate Medicaid enrollment, primary care physician selection, and use of preventative services. Services are provided through the media, printed materials, and a 24-hour toll-free telephone line.

**Arkansas Safe Kids (ASK) Coalition:** operated under the Statewide Services Business Unit and the Arkansas Children's Hospital as an injury prevention program for children from birth through age 14. The coalition includes more than 30 organizations working to reduce the number of fatal and non-fatal injuries to children. Members of the coalition also helped pass the Child Passenger Protection Act, requiring children under the age of 6 and weighing less than 60 pounds to be restrained in a child passenger safety seat, and every child under the age of 15 to be required to wear a seat belt.

**Hometown Health Improvement (HHI) Project:** began as a pilot in Boone County in 1999, and developed to improve the health and quality of life within the communities. It is designed to help communities identify their health problems, address their health needs, and implement actions that will result in positive outcomes. Currently, there are 55 HHI initiatives active in more than 22 counties.

