Arkansas State Action Plan Table 2027 Application/2025 Annual Report

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
Postpartum Visits	1. By December 31, 2030, increase the percent of women who attended a postpartum checkup within 12 weeks after giving birth to 90%. 2. By December 31, 2030, increase the percent of women who attended a postpartum checkup and received recommended care components to 73%.	1. Partner with the Arkansas Home Visiting Network to educate expectant and new mothers about the importance of keeping their 12-week check-up appointment and following the recommended care components. 2. Collaborate with ADH Health Communications and Arkansas Medicaid to develop and distribute educational materials for new and expectant mothers that clearly explain the importance of attending a postpartum check-up within 12 weeks and adhering to recommended care guidelines. 3. Continue community level outreach activities to educate new and expectant mothers on the importance of keeping a 12-week check-up appointment within 12 weeks and following the recommended care components.	ESM PPV.1 - Percent of Arkansas Home Visiting Network providers trained on postpartum care best practices	NPM - Postpartum Visit	**Linked NOMs:** Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
Perinatal/Infant Health					
Persistently High Infant Mortality Rate	1. By December 31, 2030, increase the percent of infants placed to sleep on their back to 76%. 2. By December 31, 2030, increase the percent of infants placed to sleep on a separate approved sleep surface to 31.5%. 3. By December 31, 2030, increase the percent of infants placed to sleep without soft objects or loose bedding to 73%. 4. By December 31, 2030, increase	1. Provide training for hospital staff on safe sleep and how to encourage the use of safe sleep by their patients. 2. Collaborate with partners on safe sleep activities and training. 3. Provide safe sleep education and support to WIC-enrolled mothers. 4. Explore the feasibility of forming a Fetal Infant Mortality Review (FIMR) committee.	ESM SS.1 - Percent of women enrolled in the WIC Plus Baby and Me Program who place their infant to sleep on their back	NPM - Safe Sleep	**Linked NOMs:** Infant Mortality Postneonatal Mortality SUID Mortality

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	the percent of infants room-sharing with an adult to 86%.				
Developmental Screening	1. By December 31, 2030, increase the percent of children who receive a confirmed diagnosis of hearing loss in the recommended timeframe to 70%.	1. Provide outreach to promote the Universal Newborn Hearing Screening, Tracking and Intervention Advisory Board's recommendations to promote consistent practices amongst primary care physicians, audiologists and otolaryngologists treating children that do not pass the newborn hearing screening due to middle ear concerns, are diagnosed with a non-permanent hearing condition or are receiving audiological monitoring after pressure equalizer tubes are placed. 2. Conduct quarterly data analysis informing targeted follow-up actions to promote awareness of the importance of receiving additional evaluation to confirm typical or atypical hearing amongst children that do not pass the newborn hearing screening or receive a completed evaluation.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 1: Percent of children with timely follow-up evaluation after not passing the hearing screening	
Child Health					
Physical Activity	1. By December 31, 2030, increase the percent of children, ages 6 through 11, who are physically active at least 60 minutes per day to 35%.	1. Deliver professional developments on opportunities to increase physical activity and physical activity standards for school personnel. 2. Promote opportunities and technical assistance for joint use agreements (JUA) and other grants as an avenue for increasing physical activity and promoting a culture of physical activity in communities statewide.	ESM PA-Child.1 - Percent of school personnel who participated in Coordinated School Health training with increased knowledge of evidenced-based physical activity practices and curriculum and physical activity ***Inactive -*** *ESM PA-Child.2 - Percent of children attending public schools, grades K through 5, who are in the normal or healthy weight zone for Body Mass Index.*	NPM - Physical Activity - Child	**Linked NOMs:** Children's Health Status Child Obesity
Access to	1. By December 31, 2030, increase	1. Increase awareness of the medical home concept by disseminating	ESM MH.1 - (Child	NPM - Medical Home	**Linked NOMs:**

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Care	the percent of children, ages 0 through 17, who have a medical home to 49%.	information to families and incorporating medical home in Child Health outreach efforts.	Health) Number of educational materials distributed ESM MH.2 - (CSHCN) Percent of Title V CSHCN PCP practices who participate in the Arkansas Patient-Centered Medical Home network ESM MH.3 - (CSHCN) Percent of Title V CSHCN receiving care in the AR PCMH network who report the care they received meets medical home criteria ESM MH.4 - (CSHCN) Percent of Title V CSHCN receiving care from a non-AR PCMH provider who report their child receives care that meet medical home criteria ESM MH.5 - (CSHCN) Percent of Title V CSHCN staff who participate in a medical home training		Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Adolescent Health					
Child Safety Due to Intentional	1. By December 31, 2030, decrease the percent of adolescents, ages 12 through 17,	1. School Health Services staff and partners will provide trainings focused on understanding the experiences of others to school staff and students across the state.	ESM BLY.1 - Number of school personnel, partners, and	NPM - Bullying	**Linked NOMs:** Adolescent Mortality Adolescent Suicide

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Injury / Bullying	that have been bullied to 28%.		community members participating in mental health related training opportunities.		Adolescent Firearm Death Adolescent Injury Hospitalization Adolescent Depression/Anxiety Adverse Childhood Experiences
Tobacco Use	By December 31, 2030, decrease the percent of adolescents, ages 12 through 17, who use tobacco products to 18%.	1. Provide trainings and interactive opportunities to youth to learn about tobacco use and prevention for themselves and peers.	ESM TU.1 - Number of students, grades 9 through 12, who participate in tobacco/ENDs education training	NPM - Tobacco Use	**Linked NOMs:** Children's Health Status
Children with Special Health Care Needs					
Transition to Adulthood	1. By December 31, 2030, increase the percent of adolescents with special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care to 23%.	1. Encourage practices to use a planned Health Care Transition using the Six Core Elements of HCT 3.0. 2. Partner with key stakeholders and referral sources to encourage use of and understanding of a planned and structured approach to HCT. 3. Partner with school systems to prepare youth with and without special health care needs, age 12 through 17, for HCT. 4. Prepare youth, age 12 through 17, and their families for HCT.	ESM TAHC.1 - Percent of PCP practices of transition age children (12 through 17) receiving Title V CSHCN services that participate in the Six Core Elements of Health Care Transition Self-Assessment ESM TAHC.2 - Percent of Title V CSHCN (ages 12 through 17) with an annual update to the transition plan developed with the youth and family ***Inactive -*** *ESM TAHC.3 - Number of School-based Health Center Coordinators that complete a Title V*	NPM - Transition To Adult Health Care	**Linked NOMs:** CSHCN Systems of Care

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			Health Care Transition Readiness Assessment Survey with questions regarding the school district's health center ***Inactive -*** *ESM TAHC.4 - Number of CSHCN (ages 12-17) with an annual update to the transition plan developed with the youth and family.*		
Access to Care	1. By December 31, 2030, increase the percent of Title V CSHCN families who report that their child received the health care services they needed to 95%.	1. Work with the family to use their informal and formal resources to identify needs and to achieve family identified goals for their child. 2. Implement a Care Coordination Measurement Tool to improve the quality of Care Coordination and increase outcomes for families.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 2: Percent of families with children with special health care needs served by Title V CSHCN who report that their child received the health care services they needed	
Access to Care	1. By December 31, 2030, increase the percent of children with special health care needs, ages 0 through 17, who have a medical home to 50%.	1. Educate Title V staff on the medical home concept and implement strategies related to the role of Care Coordination in medical homes. 2. Increase active participation in medical homes with providers in and out of the Arkansas' Patient-Centered Medical Home (PCMH) network. 3. Increase awareness of the medical home concept by disseminating information to families and incorporating medical home in Title V outreach efforts.	ESM MH.1 - (Child Health) Number of educational materials distributed ESM MH.2 - (CSHCN) Percent of Title V CSHCN PCP practices who participate in the Arkansas Patient-Centered Medical Home network ESM MH.3 - (CSHCN) Percent of Title V CSHCN receiving care in the AR PCMH network who report the care	NPM - Medical Home	**Linked NOMs:** Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All

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			they received meets medical home criteria ESM MH.4 - (CSHCN) Percent of Title V CSHCN receiving care from a non-AR PCMH provider who report their child receives care that meet medical home criteria ESM MH.5 - (CSHCN) Percent of Title V CSHCN staff who participate in a medical home training		