Arkansas State Action Plan Table 2025 Application/2023 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					
Well Woman Care	1. By December 31, 2025, increase the percent of women, ages 18 through 44, with a preventive medical visit in the past year to 77%.	1. Continue to work with the ADH's Hometown Health Coalition in each public health region to partner with local churches, schools, and civic organizations to provide community-based educational programs and activities. 2. Continue community-level grassroots outreach activities led by ADH women's health clinic nurses in the local health units, such as health fairs, engagement with local organizations and business partners, and women's shelters. 3. Partner with the Arkansas Home Visiting Network to educate expectant and new mothers about the importance of annual preventive checkups.	ESM WWV.1 - Number of women, ages 18 through 44, with a past year preventive medical visit in an Arkansas Department of Health local health unit	NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV	NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM

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					NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression,

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					Formerly NOM 24) - PPD
Oral Health	1. By December 31, 2025, increase the percent of women who had preventive dental visit during pregnancy to 44%.	1 . Work with the ADH Office of Oral Health to develop collaborations with obstetricians and gynecologists in the state to encourage women to continue their regular dental visits during their pregnancy through the Paint a Smile (PAS) program. 2. Distribute educational materials for pregnant women to maternal and dental healthcare providers through partnership with ADH Office of Oral Health. 3. Provide dental health education and counseling at initial or subsequent maternity visits to women attending ADH maternity clinics.	ESM PDV-Pregnancy.1 - Number of presentation or education events on the importance of oral health during pregnancy	NPM - Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy	NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM 14) - TDC NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
	1. By December 31, 2025, increase the percent of women who attended a postpartum checkup within 12 weeks after giving birth to 89.1%. 2. By December 31, 2025, increase the percent of women who attended a postpartum checkup and received recommended care components to 73.2%.	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. Partner with ADH Health Communications to develop educational materials for new and expectant mothers explaining the importance of keeping their 12-week check-up appointment and following the recommended care components. 3. Continue community level outreach activities led by ADH maternity clinic nurses to educate new and expectant mothers on the importance of keeping their 12-week check-up appointment and following the recommended care components.	No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.	NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV	This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.
Perinatal/Infant Health					
Persistently High Infant Mortality Rate	1. By December 31, 2025, increase the percent of birthing hospitals with nurseries that are participating in the Perinatal Regionalization Network to 100%.	1. Encourage hospitals to voluntarily participate in surveys to determine the level of nursery/NICU they provide.	ESM RAC.1 - Percent of Arkansas birthing hospitals that complete the CDC Levels of Care	NPM - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit	NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM

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			Assessment Tool (CDC LOCATe) annually	(NICU) (Risk-Appropriate Perinatal Care, Formerly NPM 3) - RAC	NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related
Persistently High Infant Mortality Rate	1. By December 31, 2025, increase the percent of infants who are ever breastfed to 78%. 2. By December 31, 2025, increase the percent of infants who are breastfed exclusively through six months of age to 28%.	1. Provide technical assistance and recognition to birthing hospitals that achieve Baby-Friendly status. 2. Provide breastfeeding education and support to WIC-enrolled women. 3. Provide breastfeeding education and support to women enrolled in the Arkansas Home Visiting Program. 4. Provide breastfeeding education and support to communities through African-American sororities and fraternities. 5. Provide breastfeeding education and support through the Arkansas Breastfeeding Helpline.	ESM BF.1 - Percent of infants enrolled in the WIC program who have ever been breastfed	NPM - A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF	NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID
Persistently High Infant Mortality Rate	1. By December 31, 2025, increase the percent of infants placed to sleep on their back to 81%. 2. By December 31, 2025, increase the percent of infants placed to sleep on a separate approved sleep surface to 41%. 3. By December 31, 2025, increase the percent of infants placed to	1. Provide training for hospital staff on safe sleep and how to encourage safe sleep by their patients. 2. Provide safe sleep education and support to WIC-enrolled mothers.	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 - A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or	NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live

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	sleep without soft objects or loose bedding to 51%.			loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS	births (SUID Mortality, Formerly NOM 9.5) - IM-SUID
Access to Care	1. By December 31, 2025, increase the percent of children who receive a confirmed diagnosis of hearing loss in the recommended timeframe to 57%.	1. Increase outreach to provide additional resources to underserved populations statewide by engaging pediatric providers in priority areas to reduce barriers for families obtaining follow-up evaluation after not passing the initial screen. 2. Implement a data analysis plan to evaluate children identified as at-risk for becoming loss to follow-up throughout the project period.		SPM 1: Percent of newborns with timely follow-up of a failed hearing screening	
Child Health					
Developmental, Behavioral and Mental Health of Children	1. By December 31, 2025, increase the number of children who receive a developmental screening by 10%.	1. Increase awareness of the importance of developmental screening by implementing an education campaign promoting the use of the Learn the Signs Act Early application. 2. Increase the number of children receiving developmental monitoring and/or screening by reviewing strategies to expand the LTSAE campaign in WIC clinics statewide.	ESM DS.1 - Percent of WIC-enrolled children ages 2-59 months at Learn the Signs Act Early (LTSAE) sites who received developmental monitoring ESM DS.2 - Percent of children, ages 2-59 months, in home visiting programs who were referred for therapy due to the results of a developmental screening using a validated parent-completed tool	NPM - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS	NOM - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) (School Readiness, Formerly NOM 13) - SR NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
Child Safety Due to	1. By December 31, 2025, reduce hospitalizations of children due to	1. Identify and teach parenting skills to Home Visiting Program participants to help parents avoid maltreatment that may lead to hospitalization for a	ESM IH-Child.1 - Percent of children	NPM - Rate of hospitalization for non-fatal	NOM - Child Mortality rate, ages 1 through 9, per 100,000 (Child

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Intentional Injury	maltreatment by 10%.	non-fatal injury.	served in home visiting programs who have reports of child maltreatment	injury per 100,000 children, ages 0 through 9 (Injury Hospitalization - Child, Formerly NPM 7.1) - IH-Child	Mortality, Formerly NOM 15) - CM NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide
Physical Activity	1. By December 31, 2025, increase the percent of children attending public schools, grades K through 5, who are classified of having a healthy weight to 60%.	1. Deliver trainings on opportunities to increase physical activity and physical activity standards for school personnel. 2. Promote opportunities for JUA as an avenue for increasing physical activity in communities statewide.	ESM PA-Child.1 - Percent of children attending public schools, grades K through 5, who are in the normal or healthy weight zone for Body Mass Index. ESM PA-Child.2 - 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	NPM - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child	NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS NOM - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) (Obesity, Formerly NOM 20) - OBS

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			services provided by School Health Services		
	1. By December 31, 2025, increase the percent of children, ages 0 through 17, who have a medical home to 48%.	1. Evaluate current options available for medical home data collection and collaboration.	No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.	NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH	This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.
Adolescent Health					
Physical Activity	1. By December 31, 2025, increase the percent of adolescents, ages 12 through 17, who are physically active at least 60 minutes per day to 20%.	1. Increase community collaborations statewide by providing professional development opportunities to schools statewide. 2. Promote opportunities for JUA as an avenue for increasing physical activity in communities statewide. 3. Collaborate with Student Wellness Advocacy Groups statewide to create a public service announcement promoting 60 minutes of physical activity per day.	ESM PA-Adolescent.1 - Percent of school personnel who participated in Coordinated School Health trainings with increased knowledge of evidenced-based physical activity practices and curriculum and physical activity services provided by School Health Services	NPM - Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day (Physical Activity - Adolescent, Formerly NPM 8.2) - PA-Adolescent	NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS NOM - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) (Obesity, Formerly NOM 20) - OBS
Child Safety Due to Intentional Injury	1. By December 31, 2025, decrease percent of adolescents, ages 12 through 17, who are bullied to 30%. 2. By December 31, 2025, decrease suicide rates among adolescents, ages 15 through 19, to 7 deaths per 100,000.	1. Provide bullying/suicide prevention presentations statewide delivered by the Arkansas Department of Health's School Health Services program. 2. School Health Services staff and partners will provide mental health trainings to schools and communities across the state.	ESM BLY.1 - Number of school personnel, partners, and community members participating in mental health related trainings	NPM - Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY	NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide
Transition to	1. By December 31, 2025, increase	1. Conduct Health Care Transition trainings for public school personnel	ESM TR.1 - Percent	NPM - Percent of	NOM - Percent of children with

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Adulthood	the percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care to 17.5%.	with DHS support. 2. Use pre-/post test results to improve training and evaluate change in knowledge for those trained.	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 ***Inactive -*** *ESM TR.2 - Percent of key stakeholders and referral sources who participated in the Title V CSHCN Health Care Transition training with increased knowledge of Health Care Transition and Health Care Transition services provided by Title V CSHCN* ***Inactive -*** *ESM TR.3 - Percent of transition age CSHCN (ages 12 through 17) served by Title V CSHCN who received transition services and supports in the past 12 months from Title V CSHCN* ***Inactive -*** *ESM TR.4*	adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR	special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC

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			- Number of School District Special Education Teachers, General Education Classroom Teachers, and District Professionals attending professional development training that complete a Title V Health Care Transition Readiness Assessment Survey ESM TR.5 - Number of School-based Health Center Coordinators that complete a Title V Health Care Transition Readiness Assessment Survey with questions regarding the school district's health center ESM TR.6 - 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, 2025, decrease the percent of youth who use nicotine products to 19%.	1. Implement Student Wellness Advocacy Groups (SWAG) to engage youth in student-led activities that improve health norms in their community, family, and student populations.		SPM 2: Percent of youth, grades 9 through 12, who report using nicotine products	

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Children with Special Health Care Needs					
Transition to Adulthood	1. By December 31, 2025, increase the percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care to 25%.	1. Encourage practices to use a planned and structured approach for Health Care Transition using the Six Core Elements of Health Care Transition 3.0. 2. Partner with key stakeholders and referral sources to encourage use of and understanding of a planned and structured approach to Health Care Transition. 3. Partner with school systems to prepare youth with and without special health care needs, age 12 through 17, for Health Care Transition. 4. Prepare youth, age 12 through 17, and their families for Health Care Transition.	ESM TR.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 ***Inactive -*** *ESM TR.2 - Percent of key stakeholders and referral sources who participated in the Title V CSHCN Health Care Transition training with increased knowledge of Health Care Transition and Health Care Transition services provided by Title V CSHCN* ***Inactive -*** *ESM TR.3 - Percent of transition age CSHCN (ages 12 through 17) served by Title V CSHCN who received transition services and supports in the past 12 months*	NPM - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC

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			from Title V CSHCN ***Inactive -*** *ESM TR.4 - Number of School District Special Education Teachers, General Education Classroom Teachers, and District Professionals attending professional development training that complete a Title V Health Care Transition Readiness Assessment Survey* ESM TR.5 - Number of School-based Health Center Coordinators that complete a Title V Health Care Transition Readiness Assessment Survey with questions regarding the school district's health center ESM TR.6 - 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, 2025, increase the percent of Title V CSHCN	1. Work with the family to use their informal and formal resources and supports to identify needs and to achieve family identified goals for their		SPM 3: Percent of families with children with special	

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	families who report that their child received the health care services they needed to 93%.	child.		health care needs served by Title V CSHCN who report that their child received the health care services they needed	
	1. By December 31, 2025, increase the percent of children with special health care needs, ages 0 through 17, who have a medical home to 47%.	1. Evaluate current options available for Medical Home data collection and collaboration (i.e. the Arkansas Medicaid Patient Centered Medical Home [PCMH]).	No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.	NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH	This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.
Cross-Cutting/Systems Building					
Access to Care	1. By December 31, 2025, increase the percent of Family Health Branch, Arkansas Home Visiting Program, and Title V CSHCN staff who have completed an equity training to 93%.	1. Educate maternal and child health staff on the existence, influences, and consequences of biases in healthcare. 2. Share training evaluation results with ADH leadership for potentially expanding the training to other parts of the agency and the state. 3. Incorporate results of the staff training evaluation into current program activities.		SPM 4: Percent of Family Health Branch, Arkansas Home Visiting Program, and Title V CSHCN staff who complete an equity training	