



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

ARKANSAS

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership - Arkansas

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

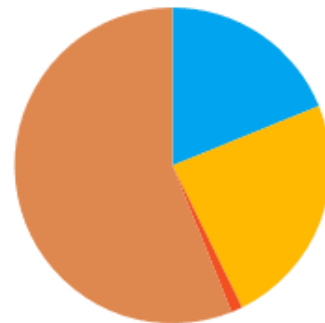
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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$5,904,523
State MCH Funds	\$7,484,244
Local MCH Funds	\$0
Other Funds	\$358,796
Program Income	\$17,573,151

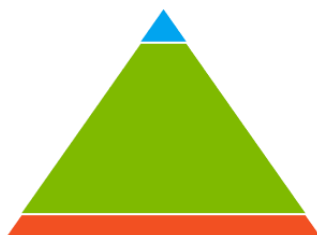
FY 2014 Expenditures



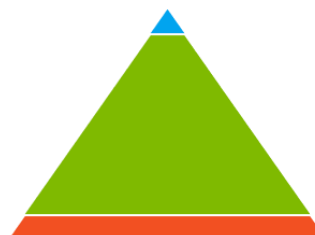
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$855,296	\$2,727,839
Enabling Services	\$4,507,505	\$20,475,997
Public Health Services and Systems	\$541,722	\$2,212,355

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
■ Pregnant Women	50,744	\$3,176,869	10.3%
■ Infants < 1 Year	37,329	\$4,853,833	15.7%
■ Children 1-22 Years	383,496	\$6,104,898	19.7%
■ CSHCN	14,699	\$4,706,737	15.2%
■ Others *	70,359	\$12,085,111	39.1%
Total	556,627	\$30,927,448	100%

FY 2014 Expenditures



FY 2014 Individuals Served



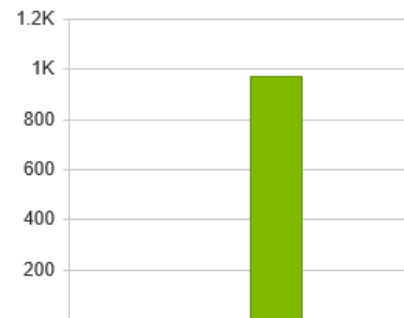
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 12	Transition	Children with Special Health Care Needs
NPM 15	Adequate Insurance	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
■ State Title V Website Hits:	0
■ State Title V Social Media Hits:	0
■ State MCH Toll-Free Calls:	971
■ Other Toll-Free Calls:	0



Executive Summary

Emergent & Ongoing Needs

The Arkansas Department of Health (ADH) conducted a needs assessment (NA) in 2014-2015. Two partners also conducted NAs during 2014: the Arkansas Department of Human Service's Division of Developmental Disabilities Service (DHS DDS) and Arkansas Children's Hospital's (ACH). As a result of significant overlap between these three NAs, the findings were integrated to reveal nine priority maternal and child health needs, six emergent and three ongoing.

Emergent needs

Access to care - Arkansas is a rural state with many areas that have insufficient primary and specialty care. This priority is linked to National Performance Measure (NPM) 15. ADH's plan for the next five years is to reduce the number of inadequately insured children aged 0–17 years from 5% to 3.5%.

Developmental, behavioral, and mental health of children - Recognized as a priority in all three NAs with specific concerns around: Substance abuse, mental health, school issues for children and youth with special health care needs (CYSHCN), and need for developmental screening. This priority is linked to NPM 6. ADH will develop a state performance measure (SPM) based on this need for the 2017 application.

Child safety due to intentional injury - More than 11,000 (15.7/1,000) children in Arkansas were victims of maltreatment in 2009. In addition, the number of children who were subject to an investigated report of abuse/neglect increased from 70/1,000 in 2008 to 84/1,000 in 2012. This priority is linked to NPM 7. ADH plans to decrease hospitalizations of children and adolescents due to maltreatment by 10%.

Transition to adulthood for CYSHCN - There is no current effort in the state focused on this area. This priority is linked to NPM 12. ADH's plan includes: 1) Increasing the percentage of health care providers (HCP) with knowledge, skills, and policies to help CYSHCN transition to adulthood; 2) Collaborating with stakeholders to develop and distribute training protocols and educational materials about transition for CYSHCN; and 3) Developing training protocols for school nurses in Pre-K through higher education settings.

High infant mortality rate – Arkansas's rate is 16% higher than the national rate and the state's SIDS death rate is 133% higher than the national rate. Breastfeeding rates in Arkansas also consistently fall below national averages. This priority is linked to NPMs 3, 4, and 5. ADH's plans include having: 1) Participation from 90% of birthing hospitals in the Perinatal Regionalization Network and 2) Breastfeeding policies in place in 80% of birthing hospitals. ADH also plans to increase: 1) The number of women who report placing their infants to sleep on their back; and 2) The number of hospitals with safe sleep policies to 80%.

ADH's local health units (LHUs) currently provide prenatal care for ~12% of all births in the state. Well woman care was identified as a top need in all three NAs and this priority is linked to NPM 1. ADH plans to increase: 1) The percentage of women aged 18-44 receiving an annual preventive medical visit at ADH; 2) The percentage of women aged 18-44 receiving preconception counseling prior to pregnancy in an ADH family planning clinic, and 3) The percentage of women receiving prenatal care in the first trimester.

Ongoing needs

Obesity remains a problem in Arkansas despite many attempts to combat it. This priority is linked to NPM 8. By 2020, ADH plans to increase opportunities for physical activity for children and adolescents.

Oral health problems remain a concern for Arkansas. ADH will develop a SPM based on this need for the 2017 application.

Sexual health of adolescents is an ongoing need that ADH addresses by offering family planning services in its' LHUs. This priority is linked to NPM 10. ADH will develop a SPM based on this need for the 2017 application.

Highest Ranked Priority Needs

1. **Obesity** - Adolescent Health
2. **Access to care** - Cross-cutting/Life Course
3. **Oral health** - Cross-cutting/Life Course
4. **Sexual health of adolescents** - Adolescent Health
5. **Developmental, behavioral, and mental health of children** - Child Health
6. **Child safety due to internal injury** - Child Health
7. **Transition to adulthood for CYSHCN** - CYSHCN
8. **Persistently high infant mortality rate** - Perinatal/Infant Health
9. **Well woman care** - Well Woman Care

Accomplishments & Plans

Obesity

Accomplishments include: 1) Acting as the lead agency for the Child Health Advisory Committee (CHAC) (strategies/activities to improve nutrition and reduce childhood obesity); 2) Increasing the numbers of wellness centers in schools; and 3) Working with the Winthrop Rockefeller Institute to develop the *New Frontiers in Combatting Obesity 10-year framework*.

ADH plans to increase the number of children ages 6-11 and adolescents ages 12-17 who are physically active for 60 minutes per day by: 1) Working with schools to adopt ACH's 'Go Noodle' physical activity program and 2) Working with the CHAC and Coalition for Growing Healthy Communities to develop physical activity programs outside of the school day and provide environments that encourage physical activity.

Access to care

Accomplishments include: 1) Helping 32,000 children get insured through Arkansas's Medicaid expansion; 2) Helping more than 5,000 ARKids beneficiaries get assigned to a primary care physician; 3) Partnering with the Arkansas Department of Education to implement wellness centers in schools; and 4) Working with the five home visiting (HV) programs in the state that are funded through HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to educate families about medical homes and applying for insurance benefits through the Affordable Care Act.

ADH plans to: 1) Continue to provide maternity and family planning services in LHUs and 2) plans to reduce the number of inadequately insured children ages 0-17 from 5% to 3.5% by working with HV programs and centers that provide early childhood services to educate parents on the availability of insurance for children

Oral health

Accomplishments include: 1) Providing information/connecting 34,373 ARKids beneficiaries to dental health care services; 2) Collaborating with ACH to provide 1,600 dental treatments to 600 children and sealing 3,033 teeth; and 3) Ensuring that HV staff are trained on the importance of early oral health and provide information to families about oral health care.

ADH will develop a SPM based on this need for the 2017 application.

Sexual health of adolescents

Accomplishments include: 1) Providing well woman visits and family planning visits to teenagers, which allows them to access preconception services; 2) Using the Personal Responsibility and Education Program (PREP) funds to address teen pregnancy and life skills with foster care children in Arkansas; and 3) Making sure that HV staff who serve teen mothers educate them on birth spacing, pre-and inter-conception care, and birth control options.

ADH will develop a SPM based on this need for the 2017 application.

Developmental, behavioral, and mental health of children

Accomplishments include: 1) Partnering with ACH's Injury Prevention Center to educate 800 school counselors on bullying and suicide and distributing 150 "Stop Bullying Now" manuals to community teams, classroom teachers, and school bus drivers during this effort; 2) Training Early Hearing Detection and Intervention Program stakeholders to use the ERAVE (Electronic Registration of Arkansas Vital Events) data system (improved the timeliness of data submission by 38 days); 3) Partnering with Arkansas Medicaid and Arkansas March of Dimes to decrease non-medically indicated deliveries before 39 weeks gestation; 4) As a result of the Newborn Screening (NBS) Program's quality improvement initiatives, the Program has developed an "On call" schedule in collaboration with ADH's public health lab, which allows for timelier processing of NBS lab work; 5) Working through ADH's Infant Hearing Program to partner with the Arkansas chapter of Hands and Voices to identify and reduce family challenges in obtaining hearing services; and 6) Ensuring that HV staff conduct regular developmental assessments (ASQ and ASQ: SE) of the children they serve and refer children in need of EI services to appropriate providers.

ADH will develop a statewide campaign to educate parents on the life-long effects of Adverse Childhood Experiences. Other SPM's based on this need may be developed for the 2017 application.

Child safety due to intentional injury

Accomplishments include: 1) Participating on and fiscally supporting Arkansas's Infant and Child Death Review team; 2) Providing literature on Shaken Baby Syndrome to hospitals so they can deliver to all parents before they leave the hospital with their newborn; and 3) Ensuring that HV staff, who are mandated reporters, are trained in responding to and reporting child abuse and neglect. The HV staff also receives training about Shaken Baby Syndrome and family violence prevention.

ADH plans to reduce hospitalizations of children and adolescents due to maltreatment by 10% by: 1) Working with HV programs to teach parenting skills that help parents avoid maltreatment and 2) Working with appropriate agency partners to develop and implement a public education campaign on Shaken Baby Syndrome.

Transition to adulthood for CYSHCN

Accomplishments include: 1) Providing training for parents and caregivers on the transition to adult services in Arkansas; 2) Having representation from Arkansas's CYSHCN parent advisory committee on the AMCHP (Association of Maternal and Child Health Programs) Board; 3) Securing funding from Title V to provide services not covered by Medicaid; 4) Referring families to Title V's Support/Respite program; 5) Referring 51 individuals/families to DDS for funding assistance worth \$49,999; and 6) Helping 173 individuals/families purchase supplies and therapy assistance worth \$97,417.

Title V plans to increase the percentage of HCPs who have knowledge of and policies for how to transition CYSHCN to adulthood by: 1) Developing a brochure that introduces the Title V CYSHCN program to distribute to HCPs across the state; 2) Collecting data from Medicaid initiatives to identify the percentage of the patient population that are CYSHCN; 3) Collaborating with HCPs and other groups to present the topic of health care transition for CYSHCN; and 4) Collaborating with "Got Transition" to provide technical assistance to pediatric clinicians in developing a transition policy.

In addition, Title V will: 1) Develop training protocols for CYSHCN families to educate them on levels of transition and accessing resources and 2) Develop training protocols for pre-K through higher education school nurses who work with CYSHCN.

Persistently high infant mortality rate

Accomplishments include working with: 1) Sisters United (train-the-trainer program in which African American sorority members do community outreach) and Say Yes to the Best campaigns, both of which focus on education around breastfeeding, safe sleep, immunizations, and folic acid intake prior to pregnancy; 2) Safe Sleep Collaborative Network; 3) Baptist Hospital to implement and staff a 24/7 breastfeeding help line; 4) March of Dimes (to reduce non-medically indicated early delivery); 5) HV programs (to educate parents on prenatal care and infant safety); 6) Maternity clinics providing usual and high-risk medical management through the University of Arkansas for Medical Sciences' (UAMS) Antenatal Neonatal Guidelines, Education, and Learning System (ANGELS) consultations; and 7) ADH's WIC program to pilot a breastfeeding billboard project in Independence County, where a breastfeeding peer counselor will answer calls about breastfeeding.

ADH has convened a multi-agency breastfeeding work group that includes but is not limited to the Arkansas Breastfeeding Coalition, Arkansas Medicaid, Arkansas Hospital Association, and Arkansas Foundation for Medical Care. The group's goal is to increase the number of Arkansas infants who are breastfed through the first six months of age.

ADH has also been working with other agencies to develop a Perinatal Regionalization Network (PRN). Hospital participation is voluntary and hospitals are being surveyed to determine what level of neonatal intensive care unit (NICU) they presently have. It is estimated that Arkansas will save 20-25 babies each year by transferring 90-95% of all pregnant women that will deliver before 32 weeks from Level I and II hospitals to Level III hospitals for delivery.

ADH plans to increase:

- Hospital participation in the PRN to 90% by encouraging hospitals to voluntarily: 1) Participate in surveys to determine the level of NICU they provide and 2) Develop agreements for transfer of high risk patients to hospitals with the proper level of care to give birth;
- Percentage of all birthing hospitals with breastfeeding policies to 80% by: 1) Developing a breastfeeding toolkit that includes sample breastfeeding policies and educational materials and 2) Providing onsite and video-conferencing trainings for hospital staff on breastfeeding and how to encourage patients to breastfeed;
- Number of women who report placing their infant to sleep on their back by expanding the efforts of the Sisters United campaign and replicating it with other minority groups in the state; and
- Number of hospitals with safe sleep policies to 80% by: 1) Developing a safe sleep toolkit that includes sample safe sleep policies and educational material and 2) Providing onsite and video-conferencing trainings for hospital staff on safe sleep and how to encourage safe sleep practices by their patients.

Well woman care

Accomplishments include: 1) Providing direct health care and referral services for women ages 18-44 in all 75 counties; 2) Providing education and referrals for smoking cessation to women of childbearing age; 3) Working with UAMS's ANGELS program to increase screening and consultation to high-risk women in ADH maternity clinics; 4) Developing campaigns to increase uptake of flu and Tdap shots in pregnant women; and 5) Reducing smoking in pregnant women during the last three months of their pregnancy (38% seven-month follow-up quit rate).

ADH plans to increase the percentage of women ages 18-44 who receive: 1) An annual preventive medical visit, 2) Preconception counseling prior to pregnancy in an ADH or community clinic, and 3) Prenatal care in the first trimester of pregnancy. These objectives will be reached by: 1) Reviewing rates of preventive health services for women ages 18-44 in LHUs; 2) Requesting Medicaid data reports on preventive health visits provided by private providers for women ages 18-44; 3) Monitoring new prenatal care enrollments in LHUs; 4) Providing education about preventive health visits to women in LHUs; 5) Providing fact sheets on risk factors identified to women; and 6) Providing referrals to community resources for identified risk factors or medical procedures that are unavailable at LHUs.