



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

ARKANSAS

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

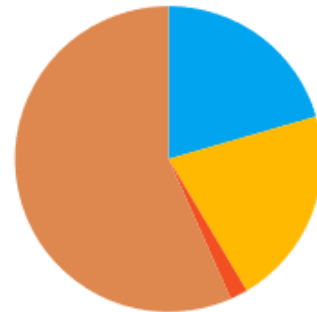
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$6,318,824
State MCH Funds	\$6,461,860
Local MCH Funds	\$0
Other Funds	\$572,631
Program Income	\$17,448,887

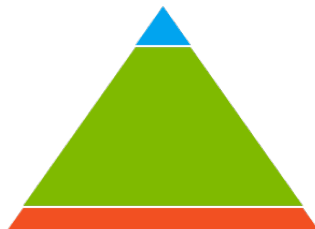
FY 2015 Expenditures



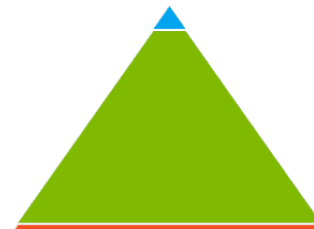
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,107,925	\$2,501,142
Enabling Services	\$4,533,504	\$21,237,626
Public Health Services and Systems	\$677,395	\$744,611

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	37,416	\$3,154,355	10.4%
Infants < 1 Year	43,211	\$6,338,843	20.9%
Children 1-22 Years	371,909	\$7,155,242	23.6%
CSHCN	14,389	\$5,243,970	17.3%
Others *	125,042	\$8,454,929	27.9%
Total	591,967	\$30,347,339	100%

FY 2015 Expenditures



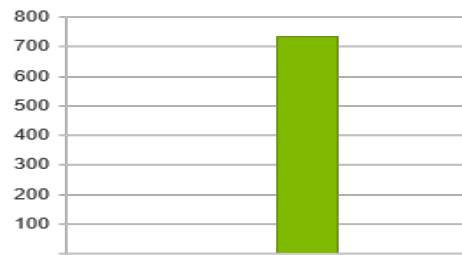
FY 2015 Individuals Served



*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.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	732
Other Toll-Free Calls:	0



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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Percent of women with a past year preventive medical visit.
NPM 1	Well-Woman Visit	ESM 1.2	Number of women with a past year medical visit in Arkansas Department of Health's (ADH) local health units (LHU)
NPM 1	Well-Woman Visit	ESM 1.3	Percent of women ages 18-44 who completed an annual preventive visit at an ADH LHU as a result of receiving a reminder.
NPM 1	Well-Woman Visit	ESM 1.4	Percent of women receiving first trimester prenatal care in ADH's maternity clinics
NPM 1	Well-Woman Visit	ESM 1.5	Providing education about preventive health care and health risk factors for women attending clinics at ADH LHUs
NPM 1	Well-Woman Visit	ESM 1.6	Referrals for women with identified risk factors or medical procedures unavailable at ADH's LHUs
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.1	Transfer agreements between hospitals to ensure high risk pregnancies deliver at appropriate level of care.
NPM 4	Breastfeeding	ESM 4.1	Creating awareness of the ADH's breastfeeding toolkit among Arkansas birthing hospitals
NPM 4	Breastfeeding	ESM 4.2	Adoption of breastfeeding toolkit by Arkansas's birthing hospitals
NPM 4	Breastfeeding	ESM 4.3	Training of hospital staff about breastfeeding and how to encourage new mothers to breastfeed
NPM 4	Breastfeeding	ESM 4.4	Number of Arkansas birthing hospitals with breastfeeding policies
NPM 5	Safe Sleep	ESM 5.1	Adoption of safe sleep toolkit by Arkansas's birthing hospitals
NPM 5	Safe Sleep	ESM 5.2	Training for birthing hospital staff about safe sleep best practices
NPM 7	Injury Hospitalization	ESM 7.1	Reports of child maltreatment in home visiting programs
NPM 7	Injury Hospitalization	ESM 7.2	Education campaign around Shaken Baby Syndrome

NPM 7	Injury Hospitalization	ESM 7.3	Suicide prevention in communities through use of Community Health Nurse Specialists (CHNS) using Safetalk curricula
NPM 7	Injury Hospitalization	ESM 7.4	Suicide prevention in schools using Lifeline curricula
NPM 7	Injury Hospitalization	ESM 7.5	Suicide prevention in LHUs through clinical nurses using Kognito curricula
NPM 8	Physical Activity	ESM 8.1	Increase in activity for school-aged kids by using "Go Noodle" program
NPM 8	Physical Activity	ESM 8.2	Increased physical activity in communities
NPM 12	Transition	ESM 12.1	Percent of Arkansas Medicaid Pediatric & Family Practice health care providers participating in Health Care Transition QI efforts.
NPM 12	Transition	ESM 12.2	To increase families understanding of transition and its importance to their child
NPM 15	Adequate Insurance	ESM 15.1	Percent of pregnant and parenting mothers and children with health insurance
NPM 15	Adequate Insurance	ESM 15.2	Percent of children without health care insurance

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Increase the percent of preventive dental visits in the last year among children 1-17 years old.	Cross-Cutting/Life Course
SPM 2	Number of births to teenagers 14-19 years of age.	Adolescent Health
SPM 3	Decrease Arkansas's percentage of children with 2 or more ACE's (28.4%) to less than the current national average (22.6%)	Child Health
SPM 4	Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system	Children with Special Health Care Needs

Executive Summary

Arkansas's Title V Maternal and Child Health Services Block Grant 2015 Report / 2017 Application

This document represents the second submission under the new federal guidance for the 2016-2020 cycle. In addition to the National Performance Measures (NPM) chosen for last year's application, this report introduces new State Performance Measures (SPM) and Evidenced-based/Evidence-informed Strategy Measures (ESM).

Arkansas's Maternal and Child Health (MCH) Priorities

As part of Arkansas's statewide MCH needs assessment (NA) completed in June 2015, the following MCH priority needs were identified for the 2016-2020 cycle:

Highest Ranked Priority Needs by Health Domain, NPM, and/or SPM

- | | |
|--|--------------------------|
| 1. Obesity – Adolescent | NPM 8 |
| 2. Access to care - Cross-cutting/Life Course | NPM 15 |
| 3. Oral health - Cross-cutting/Life Course | SPM 1 |
| 4. Sexual health of adolescents - Adolescent | SPM 2 |
| 5. Developmental, behavioral, and mental health – Child | SPM3 |
| 6. Child safety due to internal injury - Child | NPM |
| 7. Transition to adulthood - CYSHCN | NPM 12, SPM 4 |
| 8. Persistently high infant mortality rate - Perinatal/Infant | NPMs 3,4, & 5 |
| 9. Well woman care - Well Woman Care | NPM 1 |

The priority needs acted as a compass as we mapped out the State Action Plan. An ESM was developed to measure the effectiveness of the strategies employed to reach the goal for each of the national and state performance measures. In this way the ESM will serve as a Continuous Quality Improvement (CQI) driver. Based on progress toward the ESM, Arkansas will be better able to evaluate and refine the strategies used to impact each performance measure.

The NPMs and SPMs noted above will compose the State Action Plan for the MCH Program and provide strategic direction for the program to follow. The Arkansas MCH Director is a member of the Arkansas Department of Health's (ADH) strategic planning team and also participated in the agency's planning process for the public health accreditation process. As a result of this participation, many MCH priorities, goals, and strategies are included in agency plans.

Accomplishments and Significant Events

In most MCH efforts, partnerships with other stakeholders have been one of ADH's greatest assets and resources. The Infant Mortality and Home Visiting collaborative improvement and innovation networks (CollIN) have been very fruitful. They have provided a forum for sharing of information, resources, and ideas. We have become very involved in the CollINs, with the help of a dedicated staff person to provide the logistical support they require. We are currently in the process of adding another CollIN on Neonatal Abstinence Syndrome. There are many other workgroups in which ADH's MCH program is an active participant, including: school health, maternal mortality, unexplained infant and child deaths, teen pregnancy, breastfeeding, safe sleep, neonatal intensive care unit (NICU) regionalization, child behavioral health, medical home, neonatal abstinence syndrome, alcohol spectrum disorders, health disparities, child maltreatment, suicide prevention and more. The MCH program is in a very good position to help move these efforts along. A larger effort that we are participating in is Healthy Active Arkansas. This is a 10 year plan supported by our Governor, that addresses : Physical and Built Environment; Nutritional Standards in Government, Institutions and the Private Sector; Nutritional Standards in Schools - Early Child Care Through College; Physical Education and Activity in Schools - Early Child Care Through College; Healthy Worksites; Access to Healthy Foods; Sugar-Sweetened Beverage Reduction; Breastfeeding; Marketing Program.

As part of our efforts in community engagement, we have pioneered two programs. Sisters United and Brothers United. Both programs work with alumni from black sororities and fraternities in Arkansas. Training is provided for the alumni to address the issues of safe sleep, breastfeeding, and pregnant women receiving flu shots back in their home communities. These efforts have proved to be very popular and other regions of the country are asking to duplicate these activities.

We have also added a very active Zika workgroup to prepare strategies for prevention, identification, and case management of babies born with disabilities related to the virus. Discussions have begun with the Children with Special Health Care Needs staff on the case management and needs of these babies in the future.

To aid in this role the Arkansas MCH program will support a Perinatal Forum that will host a website and statewide conferences. The website will provide information on what each sub-group is doing and well as relevant data. This will allow for further synergy between workgroups and will hopefully reduce duplication of effort. The initial focus of the Forum will be on perinatal issues, but it is expected that the focus will eventually expand to include all MCH issues in the future.

Past Year Highlights

Obesity

Despite many successes, adult obesity rates in Arkansas have continued to rise. A 2015 report from the Robert Wood Johnson Foundation and the Trust for America's Health showed that in 2014 Arkansas had risen to become the most obese state in the nation. The Winthrop Rockefeller Institute brought together the major stakeholders in the state for a summit to produce recommendations and next steps to create a 10 year plan to increase the percentage of adults, adolescents and children who are at a healthy weight. The plan is called "Healthy Active Arkansas", and was introduced to the public by the Governor. The plan addresses 9 priority areas: 1) Physical and built environment; 2) Nutritional standards in government, institutions and the private sector; 3) Nutritional standards in schools-early child care through college; 4) Physical education and activity in schools-early child care through college; 5) Healthy worksites; 6) Access to healthy foods; 7) Sugar-sweetened beverage reduction; 8) Breastfeeding; 9) Marketing Program. The 10-year Plan for Arkansas is attached in the supporting documents section.

Access to care

In 2015, Arkansas's health care delivery environment continued to improve as a result of the implementation of the Affordable Care Act (ACA). No state experienced a more rapid decline in its uninsured rate due to the implementation of the ACA. Arkansas's rate decreased by more than half from 2013 to 2015. Children without health insurance were reduced to 5% in 2014.

Oral health

Progress continued in knocking down barriers for broadening the variety of health care providers who can apply dental sealants to children. Laws have been modified to allow for this. Barriers to being reimbursed are still being addressed.

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 funds to address teen pregnancy and improve life skills with foster care children in Arkansas; 3) Ensuring that teen mothers enrolled in home visiting programs are educated on birth spacing, pre-and inter-conception care, and birth control options; 4) Partnering with the Arkansas Department of Higher Education and Medicaid to focus on reducing unintended births in 18-19 year olds, which includes requiring state colleges and universities to develop plans on how to help students avoid unintended pregnancies and a broad statewide campaign to encourage the use of Long Acting Reversible Contraceptives in women of all ages.

Developmental, behavioral, and mental health of children

Accomplishments include: 1) Partnering with Arkansas Children's Hospital's (ACH) Injury Prevention Center to educate school counselors on bullying and suicide, which includes distributing "Stop Bullying Now" manuals to community teams, classroom teachers, and school bus drivers; 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) Improving the timeliness of the *Newborn Screening* program's lab work through quality improvement initiatives, including an "On call" schedule in collaboration with ADH's public health lab; 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 home visiting staff members conduct regular developmental assessments (ASQ and ASQ: SE) of the children they serve and refer children in need of early intervention services to appropriate providers.

In addition to the accomplishments noted above, ADH is in the process of developing a statewide campaign to educate parents on the life-long effects of Adverse Childhood Experiences (ACEs). The Family Health Branch's pediatrician is providing education on the long-term health impacts to public health administrators and providers as well as health care professionals in the state.

Child safety due to intentional injury

Accomplishments include: 1) Participating on and fiscally supporting Arkansas's *Infant and Child Death Review* team, which now has teams that cover the entire state; 2) Providing literature on Shaken Baby Syndrome to hospitals so that all parents can have this critical information before they leave the hospital with their newborn; and 3) Ensuring that home visiting staff, who are mandated reporters, are trained in responding to and reporting child abuse and neglect. Home visiting staff members also receive training about Shaken Baby Syndrome and family violence prevention.

Transition to adulthood for Children and Youth with Special Health Care Needs (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 Association for Maternal and Child Health Programs (AMCHP) Board; 3) Securing funding from Title V to provide services not covered by Medicaid; 4) Referring 216 families to Title V's Support/Respite program and an additional 26 families from active duty military families for services.

Title V CYSHCN caseworkers have provided care coordination services for approximately 2,791 CYSHCN and their families, up from 1,700 the previous year. Caseworkers assisted approximately 1,386 families in the application process for the *Home and Community Based Waiver*, up from 1,300 the previous year. The Title V CYSHCN program initiated a *Bathroom Modification Pilot* program to provide physical adaptations to bathrooms of clients that are identified on the DDS needs assessment.

Persistently high infant mortality rate

Accomplishments include: 1) Working with *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. The *Sisters United* program has been expanded to include African American men in a activity called *Brothers United*; 2) Participating in Association of Maternal and Child Health Program's (AMCHP) Safe Sleep CollIN, which has developed and is disseminating a safe sleep toolkit to all Arkansas birthing hospital's and is also working with those hospitals to become safe sleep certified through the national organization, *Cribs for Kids*; 3) Partnering with Baptist Hospital to implement and staff a 24/7 breastfeeding help line; 4) Collaborating with Arkansas March of Dimes to reach out to hospitals and physician practices in an effort to reduce non-medically indicated early delivery prior to 39 weeks gestation; 5) Educating parents about prenatal care and infant safety through home visiting programs, safety baby showers, and partnerships with ACH's Injury Prevention Center; 6) providing usual and high-risk medical management for ADH's maternity patients through the University of Arkansas for Medical Sciences' (UAMS) Antenatal Neonatal Guidelines, Education, and Learning System (ANGELS) telemedicine consultations.

Well woman care

The ADH has introduced the well woman visit into the same 92 Local Health Units that provide family planning services. This service available to all women who want the additional preventive services that the visit includes.

Big Picture

Arkansas has made progress in many areas, but not enough. For example, Arkansas saw a 10% decrease in the teen birth rate from 2013 to 2014, but it was still the highest rate in the nation. Last year, we saw significant improvement in babies being born in the right hospital for the level of care they required, but the infant mortality rate for the state remains well behind the national average. Arkansas has seen progress on many fronts in maternal and child health, but it still lags far behind most of the nation. When it comes to comparing Arkansas with other states, the progress has not been large enough or fast enough to catch up, especially while other states continue to make progress on the same issues.