



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

ARKANSAS

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

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 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

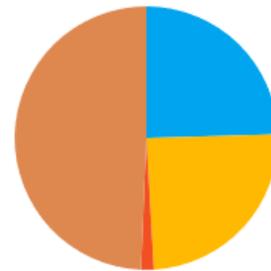
State Contacts

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Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$7,236,328
State MCH Funds	\$7,246,131
Local MCH Funds	\$0
Other Funds	\$458,628
Program Income	\$14,554,443

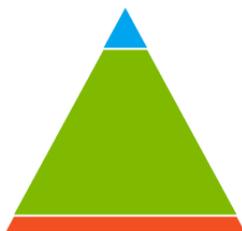
FY 2018 Expenditures



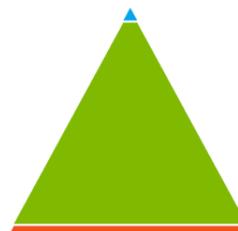
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,313,174	\$1,256,534
Enabling Services	\$5,422,622	\$20,185,437
Public Health Services and Systems	\$500,532	\$594,348

FY 2018 Expenditures Federal



FY 2018 Expenditures Non-Federal



Percentage Served by Title V

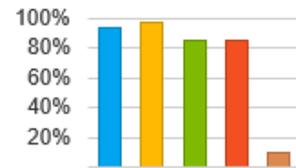
Population Served	Percentage Served	FY 2018 Expenditures
■ Pregnant Women	94.0%	\$1,868,269
■ Infants < 1 Year	98.0%	\$4,550,188
■ Children 1 through 21 Years	85.0%	\$6,745,237
■ CSHCN (Subset of all Children)	85.0%	\$4,447,239
■ Others *	10.0%	\$9,035,445

FY 2018 Expenditures
Total: \$26,646,378



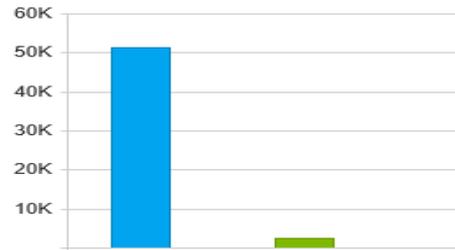
*Others– Women and men, over age 21.

FY 2018 Percentage Served



Communication Reach

Communication Method	Amount
■ State Title V Website Hits:	51,400
■ State Title V Social Media Hits:	0
■ State MCH Toll-Free Calls:	2,361
■ Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
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 6	Developmental Screening	Child Health
NPM 7	Injury Hospitalization	Child Health
NPM 8	Physical Activity	Adolescent Health
NPM 9	Bullying	Adolescent Health
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Child Health
NPM 15	Adequate Insurance	Adolescent Health

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.2	Number of women ages 18-44 with a past year preventive medical visit in Arkansas Department of Health's (ADH) local health units (LHU)
NPM 1	Well-Woman Visit	ESM 1.3	Percent of annual preventive health visit appointments kept among women at ADH local health units.
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	Number of women at preventive health visits at ADH LHUs receiving education about preventive health care and health risk factors
NPM 1	Well-Woman Visit	ESM 1.6	Number of women referred for identified risk factors or medical procedures unavailable at ADH's LHUs
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.2	Development and distribution of a perinatal regionalization educational fact sheet for legislators
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.3	Development and distribution of a perinatal regionalization educational fact sheet for expectant mothers
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.4	Development and launch of the perinatal regionalization website
NPM 4	Breastfeeding	ESM 4.1	Percent of Arkansas birthing hospitals aware of the ADH Baby Friendly Hospital Toolkit
NPM 4	Breastfeeding	ESM 4.4	Percent of Arkansas birthing hospitals with breastfeeding policies
NPM 5	Safe Sleep	ESM 5.1	Percent of Arkansas birthing hospitals that have adopted the safe sleep toolkit
NPM 5	Safe Sleep	ESM 5.2	Percent of birthing hospitals educated about safe sleep best practices
NPM 5	Safe Sleep	ESM 5.3	Number of CoIIN community partners providing safe sleep education to families
NPM 6	Developmental Screening	ESM 6.1	Number of developmental milestone letters sent with birth certificates
NPM 6	Developmental Screening	ESM 6.2	Number of ACEs/Resilience presentations completed to general population
NPM 6	Developmental Screening	ESM 6.3	Number of ACEs/Resilience presentation completed to PCPs

NPM 6	Developmental Screening	ESM 6.4	Percent of parents with children enrolled in WIC with an ACEs score of two or more
NPM 6	Developmental Screening	ESM 6.5	Percent of WIC-enrolled children ages 2-59 months at Learn the Signs Act Early (LTSAE) sites who received developmental monitoring
NPM 7.1	Injury Hospitalization Ages 0 through 9	ESM 7.1.1	Percent of families served in home visiting programs who have reports of child maltreatment
NPM 7.1	Injury Hospitalization Ages 0 through 9	ESM 7.1.2	Education campaign around Shaken Baby Syndrome
NPM 8.2	Physical Activity Ages 12 through 17	ESM 8.2.1	Number of physical activity hours among school-aged kids through the Go Noodle physical activity program
NPM 8.2	Physical Activity Ages 12 through 17	ESM 8.2.2	Number of shared-use agreements between communities and organizations for physical activity areas
NPM 9	Bullying	ESM 9.1	Number of bullying/suicide prevention presentations delivered by CHPS and CHNS
NPM 12	Transition	ESM 12.1	Percent of PCP practices of transition age children (12 through 17) receiving CHC services that participate in the Six Core Elements of Health Care Transition self-assessment
NPM 12	Transition	ESM 12.4	Percent of school nurses, Local Education Agents (LEA), special education teachers, and paraprofessionals in kindergarten through high school who completed the Title V CSHCN training for school personnel
NPM 12	Transition	ESM 12.5	Percent of key stakeholders and referral sources who participated in the CHC Health Care Transition training with increased knowledge of Health Care Transition and Health Care Transition services provided by CHC
NPM 12	Transition	ESM 12.6	Percent of transition age CSHCN (age 12 through 17) served by CHC who received transition services and supports in the past 12 months from CHC
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	Number of preventative dental screenings provided via ADH Oral Health collaborations
NPM 15	Adequate Insurance	ESM 15.1	Percent of pregnant and parenting mothers and children in home visiting programs with health insurance
NPM 15	Adequate Insurance	ESM 15.2	Percent of children without health care insurance

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 4	Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system	Children with Special Health Care Needs
SPM 5	Percent of newborns with timely follow-up of a failed hearing screening	Perinatal/Infant Health
SPM 6	Teen birth rate, ages 18 through 19, per 1,000 females	Adolescent Health

Executive Summary

Program Overview

Arkansas's Title V Maternal and Child Health Services Block Grant Program Overview 2018 Report / 2020 Application

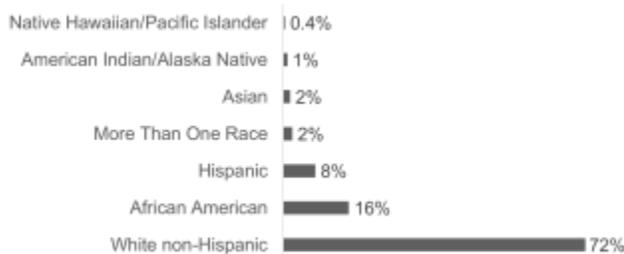
The Arkansas Department of Health (ADH) protects and improves the health and well-being of all Arkansans. The ADH is one of 15 state agencies comprising the executive branch under the direction of Governor Asa Hutchinson. Arkansas's Maternal and Child Health (MCH) programs are housed in the ADH's Family Health Branch, which is part of the agency's Center for Health Advancement. Arkansas's Child with Special Health Care Needs program is housed in the Department of Human Services within the Division of Developmental Disabilities.

Arkansas's MCH program collaborates with other programs within the ADH, other state agencies, statewide organizations, and community partners as well as Arkansas Children's Hospital, and the University of Arkansas for Medical Sciences' College of Public Health. Together we identify priorities, coordinate activities, and implement strategies that have population-based impact.

ARKANSAS DEMOGRAPHICS



Estimates from QuickFacts (2018) of the U.S. Census Bureau



MATERNAL AND CHILD HEALTH POPULATION



38,274
births
annually



25%
of Children
Under Age 5
Live in Poverty



23%
of Children
Under Age 18
Live in Poverty



Females
Aged
15-44
Years



Children
and
Youth
Aged
0-18
Years



Children
and
Youth
with
Special
Health
Care
Needs*

Arkansas's MCH program completed a statewide MCH needs assessment in June 2015. Stakeholders identified priority needs for each MCH domain and linked them to national performance measures (NPM) and/or state performance measures (SPM) (Table 1). The priority needs acted as a compass for developing Arkansas's State Action Plan. The Action Plan provides a framework of objectives, strategies, and performance measures to address priority areas under the MCH population domains: Women/Maternal, Perinatal/Infant, Child, Children with Special Health Care Needs, and Adolescent. Arkansas's MCH program reviews and refines the Action Plan by collaborating and communicating with providers, families, and key stakeholders. Arkansas continues to hone the focus of our objectives and strategies in order to have organized, logical, evidence-based/-informed approaches that will achieve realistic and important outcomes. Progress on each priority is outlined in the section below by MCH population domain for reporting year 2018.

Table 1
Highest Priority Needs by Health Domain, NPM, and/or SPM

Health Domain	Priority Need	NPM/SPM
Women/Maternal	Well Woman Care	NPM 1 - Well Woman Visit
Perinatal/Infant	Persistently High Infant Mortality Rate	NPM 3 - Risk-Appropriate Perinatal Care NPM 4 - Breastfeeding NPM 5 - Safe Sleep
	Access to Care	SPM 5 - Percent of newborns with timely follow-up of a failed hearing screening
Child	Child Safety Due to Internal Injury	NPM 7 - Injury/Hospitalization – Ages 0-9
	Oral Health	NPM 13 - Preventive Dental Visit
Children with Special Health Care Needs	Transition to Adulthood	NPM 12 - Transition SPM 4 - Percent of Children with Special Health Care Needs receiving care in a well-functioning system
	Obesity	NPM 8 - Physical Activity – Ages 12-17
Adolescent	Bullying	NPM 9 - Bullying
	Access to Care	NPM 15 - Adequate Insurance

Acronyms	
ADH	Arkansas Department of Health
ESM	Evidence-based/-informed Strategy Measure
MCH	Maternal and Child Health
NPM	National Performance Measure
SPM	State Performance Measure

WOMEN/MATERNAL HEALTH

Well Woman Care

NPM 1: The percent of women, ages 18 through 44, with a preventive medical visit in the past year was 58.2%. The 2018 objective of 67% was not met. (2019 target: 60%).

ESM 1.2: The number of women ages 18-44 with a past year preventive medical visit in ADH's local health units was 39,593. The 2018 objective of 53,000 was not met. (2019 target: 41,000).

ESM 1.3: The percent of annual preventive health visit appointments kept among women at ADH local health units was 69.7%. The 2018 target of 70% was met. (2019 target: 75%).

ESM 1.4: The percent of women receiving first trimester prenatal care in ADH's maternity clinics was 45%. The 2018 goal of 42% was met. (2019 target: 46%).

ESM 1.5: The number of women at preventive health visits in the ADH's local health units receiving education about preventive health care and health risk factors was 39,593. The 2018 objective of 53,000 was not met. (2019 target: 41,000):

ESM 1.6: The number of women referred for identified risk factors or medical procedures unavailable at the ADH's local health units was 20,108. The 2018 objective of 10,500 was met. (2019 target: 11,000).

PERINATAL/INFANT HEALTH

Persistently High Infant Mortality Rate

NPM 3: The percent of very low birth weight infants born in a hospital with a Level III+ Neonatal Intensive Care Unit was 77.6%. The 2018 objective of 82% was not met. (2019 target: 79%).

Breastfeeding

NPM 4A: The percent of infants ever breastfed was 73.8%. The 2018 objective of 73% was met. (2019 target: 78%).

NPM 4B: Percent of infants breastfed exclusively through 6 months was 20.4%. The 2018 objective of 17% was met. (2019 target: 23%).

ESM 4.1: The percent of Arkansas birthing hospitals aware of the ADH's Baby Friendly Hospital Toolkit was 100%. The 2018 objective of 17% was met. (2019 target: 100%).

ESM 4.4: The percent of Arkansas birthing hospitals with breastfeeding policies was 17.9%. The 2018 objective of 22% was not met. (2019 target: 24%).

Safe Sleep

NPM 5A: The percent of infants placed to sleep on their backs was 75%. The 2018 objective of 71 was met. (2019 target: 76%).

NPM 5B: The percent of infants placed to sleep on a separate approved sleep surface was 28.2%. There was no objective set for 2018. (2019 target: 36%).

NPM 5C: The percent of infants placed to sleep without soft objects or loose bedding was 38.8%. There was no objective set for 2018. (2019 target: 39%).

ESM 5.1: The percent of Arkansas birthing hospitals that have adopted the safe sleep toolkit was 100%. The 2018 objective of 86% was met. (2019 target: 100%).

ESM 5.2: The percent of birthing hospitals educated about safe sleep best practices was 100%. The 2018 objective of 69% was met. (2019 target: 100%).

CHILD HEALTH

Injury/Hospitalization – Ages 0-9

NPM 7.1: The rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9, was 98%. The 2018 objective of 100% was not met. (2019 target: 97%).

ESM 7.1.1: The percent of families served in home visiting programs who have reports of child maltreatment was 7%. The 2018 objective of 5.5% was met. (2019 target: 6.5%).

ESM 7.1.2: The 2018 objective to have an education campaign around Shaken Baby Syndrome has been met. (2019 target: continue the education campaign).

Preventive Dental Visit

NPM 13.2: The percent of children, ages 1 through 17, who had a preventive dental visit in the past year was 78.9%. There was no objective set for 2018. (2019 target: 81%).

ADOLESCENT HEALTH

Obesity

NPM 8.2: The percent of adolescents, ages 12 through 17, who were physically active at least 60 minutes per day was 17.2%. The 2018 objective of 31% was not met. (2019 target: 31%).

ESM 8.2.1: The number of physical activity hours among school-aged kids through the *Go Noodle* physical activity program was 1,101,904. The 2018 objective of 1,250,000 hours was not met. (2019 target: 1,150,000 hours).

ESM 8.2.2: The number of shared-use agreements between communities and organizations for physical activity areas was 74. The 2018 objective of 175 was not met. (2019 target: 76).

Bullying

NPM 9: The percent of adolescents, ages 12-17, who are bullied or who bully others was 32.2%. There was no objective set for 2018. (2019 target: 28%).

Access to Care

NPM 15: The percent of children, ages 0-17, who were continuously and adequately insured was 73.6%. The 2018 objective of 85% was not met. (2019 target: 80%).

ESM 15.1: The percent of pregnant and parenting mothers and children in home visiting programs with health insurance was 97.3%. The 2018 of 94.5% was met. (2019 target: 97.5%).

ESM 15.2: The percent of children without health care insurance was 6.1%. The 2018 objective of 4.2% was not met. (2019 target: 5%).

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Transition to Adulthood

NPM 12: The percent of adolescents with and without special health care needs, ages 12-17, who received services necessary to make transitions to adult health care was 21.2%. The 2018 objective of 54% was not met. (2019 target: 23%).

ESM 12.1: The percent of primary care physician practices of transition age children (ages 12 -17) receiving services from the Children with Chronic Health Conditions program that participate in the *Six Core Elements of Health Care Transition* self-assessment was 13.4%. The 2018 objective of 36% was not met. (2019 target: 15%).

ESM 12.2: The percent of families with an increased understanding of transition and its importance to their child was 31.6%. The 2018 objective of 54% was not met. This measure has been inactivated.

ESM 12.3: The 2018 objective to develop a training for school nurses, local education agents, special education teachers, and paraprofessionals in kindergarten through high school has been met. The measure is now inactive.

SPM 4: The percent of Children with Special Health Care Needs receiving care in a well-functioning system was 12.8%. The 2018 objective of 44% was not met. (2019 target: 15%).

How Federal Title V Funds Support State MCH Efforts

How Title V Funds Support State MCH Efforts 2018 Report / 2020 Application

Arkansas's Title V funds support services that fill gaps in maternity and child health care. The Arkansas Department of Health supports maternal and child health efforts by funding salaries and supplies for the provision of maternal and child health services in the agency's local health units and in the community. In addition, the funds support infrastructure-building for more population-based services.

The Children with Chronic Health Conditions Program (CCHCP) uses grant funds to support sub-grants and contracts aimed at building health care infrastructure in the state and supporting parents of children with special health care needs (CSHCN). Examples include:

- The Leadership Education in Neurodevelopmental Disabilities Program increases knowledge among Title V staff working with CSHCN.
- The CoBALT (Community-Based Autism Liaison and Treatment) Project trains teams how to screen for and diagnose developmental delays and disabilities.
- Project DOCC (Delivery of Chronic Care) trains medical residents how to interact with CSHCN and their families.
- The Arkansas Disabilities Coalition's Family2-Family program provides peer support and training for families of CSHCN.
- The Arkansas Parent Advisory Council is a non-profit that receives funds from the CCHCP to support parents of CSHCN and elicit advice and feedback on CSHCN program offerings across the state.

MCH Success Story

MCH Success Stories 2018 Report / 2020 Application

Story 1

A terminally ill child being raised by a single mother had many needs, including in-home assistance. Through hours of research, coordination, and follow-up, the CCHCP nurse and mother secured Medicaid personal care services for the child. Title V also paid for a vehicle modification allowing the child to be safely transported in his wheelchair.

Story 2

A family with 5 children under the age of 10 (two with special needs) required emergency intervention. The parents were sleeping in shifts to ensure all children were safe. The family felt hopeless while trying to manage their children's many needs. With intensive care coordination by the CCHCP's staff, the family was connected to community resources so that one parent was able to return to work.

Story 3

In 2018, the Newborn Screening (NBS) Program identified the potential risk for children with a Severe Combined Immunodeficiencies (SCID) presumptive positive, indeterminate, or inconclusive test result who received live vaccinations prior to confirmatory testing. The program set-up an agreement with the ADH's Immunization Section to get access to the state's immunization information system, WebIZ. Once the NBS Program staff had access to WebIZ, they began entering a note/contraindication in SCID patient files about the potential danger if administering live vaccines prior to the receipt of confirmatory test result.

Maternal and Child Health Bureau (MCHB) Discretionary Investments – Arkansas

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.