

Arkansas Title V Maternal and Child Health Services Block Grant 2022 Report and 2024 Application

III.A. Executive Summary

III.A.1. Program Overview

This annual report represents the second submission under the Maternal and Child Health (MCH) federal guidance for the 2021-2025 cycle and includes National Performance Measures (NPM), State Performance Measures (SPM), and Evidenced-based/Evidence-Informed Strategy Measures (ESM).

The Arkansas Department of Health (ADH) is one of 15 state agencies comprising the executive branch under the direction of Governor Sarah Huckabee Sanders leadership. The Title V Maternal and Child Health Block Grant (MCHBG) supports the ADH's mission and vision by addressing emerging and priority needs, improving gaps in and barriers to access to care, and increasing the capacity of the public health and health care systems and workforce.

The MCH programs are housed in the ADH's Family Health Branch (FHB), which is part of the agency's Center for Health Advancement (CHA). Arkansas's Title V Maternal and Child Health (MCH) Block Grant Program consists of shared leadership between the ADH Family Health Branch and the Arkansas Department of Human Services' (ADHS) Children with Chronic Health Conditions Program within the Division of Developmental Disabilities Services (DDS). The state Title V MCH leadership team makes program and policy decisions and ensures alignment across programs and agencies. Designated state priority leads oversee program and policy work and provide technical assistance and oversight to local Title V grantees.

ADH conducted a needs assessment for Title V and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant programs during 2019 and 2020. Arkansas used a mixed-methods approach, which allowed the state to gather information from local, state, and national sources as well as internal colleagues and external partners. In-person stakeholder meetings, surveys, and virtual domain meetings comprised the methods of assessment strategies. Findings from those assessments informed the selection of priority needs, strategies, objectives, and measures in the state's 2021-2025 Title V action plan.

In 2020, the Arkansas Title V staff established domain specific working groups. Each group is made up of stakeholders with lived experience, professional expertise, and/or community leadership and engagement skills who serve in an advisory capacity to the Arkansas Title V team. Annually, each domain met with stakeholders in the Fall of 2022 to discuss program updates. Attendees included Arkansas's Physician Associations, Family-Based Organizations, Department of Education, Children with Special Health Care Needs (CSHCN), Part C, Head Start Collaboration, Advocates for Children and Families, ADH interagency department (e.g., WIC, Chronic Disease), pediatricians, AR Transition Services, parent information and advocacy groups such as Family 2 Family (F2F) and the Center for Exceptional Families (TCFEF), Early Childhood Special

Education (Arkansas Department of Education), First Connections, and Arkansas' Part C Early intervention program.

Arkansas identified 15 areas of concern, 11 of which align with national performance measures. The national priorities are well woman care, neonatal care for low birthweight infants, breastfeeding, infant safe sleep, developmental screening, child injury, physical activity among children and adolescents, bullying, transition to adult care for children with and without special health care needs, and oral health during pregnancy.

The state-specific priorities are newborn hearing screening, adolescent nicotine use, the health care system for children with special health care needs, and implicit bias in public health systems. An overview of Arkansas's Title V MCH needs, including emerging needs, gaps in services, program capacity, and internal and external partners for each domain is outlined below.

Women/Maternal Health. Mental health was a constant survey theme for this group. Among 53 participants responding to this question, nearly half (49%) cited mental health services as one of the three most important gaps in women's health. Mental health disorders were listed as fourth most important for Arkansas women. Other important gaps in services for women were the availability of health care providers (32%), transportation (30%), and illicit or other drug abuse prevention programs (30%).

Perinatal/Infant Health. Almost half (47%) of the 49 participants responding said availability of transportation was an important gap in the state for perinatal and infant health. Almost two-thirds (60%) of respondents said they would like to see new strategies or interventions for making transportation more available. A lack of health care providers and specialty care compounds the problem, particularly in rural areas. Survey participants offered the following suggestions for improving access to breastfeeding support and care: provide more access to lactation experts in communities, provide additional access to lactation experts beyond telephone services, provide special group clinics with a nutritionist to assist new mothers in breastfeeding, provide more support and incentives to breastfeeding mothers, expand the ADH's breastfeeding program, provide better outreach for breastfeeding programs with local providers and hospitals, and educate hospital nurses on how to encourage new mothers to breastfeed.

Child Health. Developmental and behavior disorders (57%) ranked as the most important public health problem by respondents. Almost half (48%) of respondents reported that an existing strategy or intervention was in place for the children they serve, yet one-fifth (21%) of respondents indicated that developmental monitoring and screening was one of the top three areas where gaps existed. Childhood obesity and overweight (52%) and related risk factors such as physical inactivity (34%) and poor nutrition (32%) ranked as the second, third, and fourth most important public health problems among Arkansas children. Partners included the Arkansas School Health Team, with members from the ADH and the Division of Elementary and Secondary Education (DESE) of the Arkansas Department of Education (ADE). This team provides

training, programs, and resources to reduce childhood obesity and address behavioral health needs.

Adolescent Health. Overweight and obesity was recognized as the most important public health problem facing adolescents (55%). Compared to children, fewer respondents believed that key strategies or interventions existed for physical health education (32.6%) and nutrition education (27.9%). Tobacco use including vaping (48%) ranked second most important. Use of electronic vapor products has been on the rise in Arkansas and across the nation. Partners include the Arkansas School Health Team and the ADH Tobacco Prevention and Cessation Program (TPCP).

Children with Special Health Care Needs (CSHCN). For CSHCN, availability of transportation was cited as the most important public health need (50%). One-fourth (24.4%) of respondents said key strategies or interventions were in place. Families have difficulty understanding, accessing, and navigating the health system for CSHCN, including Medicaid and other financial assistance, technological issues including internet access, accessing available specialists and services, and finding respite care.

The Title V program activities are in alignment with key state priorities outlined in the Arkansas Department of Health 2020-2023 Strategic Plan and guides our work to promote health at every stage in life through policies, systems, and environmental changes, with emphasis on health equity, life course theory Arkansas's Title V MCH priorities include:

- Improve preterm, low-birthweight, and pregnancy outcomes.
- Promote breastfeeding to ensure better health for infants and children.
- Promote safe and healthy infant sleep behaviors and environments, including improving support systems and daily living conditions.
- Increase the percent of infants and children receiving a developmental screening.
- Reduce the burden of injury among children.
- Decrease the prevalence of childhood and adolescent obesity.
- Improve access to health care for women, specifically women who face significant barriers to better health, to improve preconception health.
- Increase the number of adolescents with and without special health care needs who successfully transition to adult health care.

Arkansas selected the following 11 National Performance Measures (NPM) that most closely align with the priorities mentioned above.

NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year.

- Obj. 76/Indic. 73.1 Not Achieved) (2022 Obj. 74/Indic. 75.5 Achieved)

NPM 3: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU).

- Obj. 83/Indic. 80.5 Not Achieved) (2022 Obj. 81/Indic. 76.5 Not Achieved)

NPM 4A: Percent of infants ever breastfed, **B)** Percent of infants breastfed exclusively through six months.

- **A)** 2021 Obj. 72/Indic. 76.2 Achieved (2022 Obj. 76.5/Indic. 74.9 Not Achieved)
 - **B)** 2021 Obj. 21/Indic. 19.9 Not Achieved (2022 Obj. 20/Indic. 24.4 Achieved)
- NPM 5A:** Percent of infants placed to sleep on their backs, **B)** Percent of infants placed to sleep on a separate approved sleep surface, and **C)** Percent of infants placed to sleep without soft objects or loose bedding.
- **A)** 2021 Obj. 80/Indi. 76.9 Not Achieved (2022 Obj. 77/Indic. 77.8 Achieved)
 - **B)** 2021 Obj. 35/Indic. 36.8 Achieved (2022: Obj. 37/Indic. 38 Achieved)
 - **C)** 2021 Obj. 41/Indic. 44.3 Achieved (2022 Obj. 45/Indic. 47.8 Achieved)
- NPM 6:** Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.
- 2021 Obj. 25/Indic. 25.9 Achieved (2022 Obj. 26/Indic. 28.4 Achieved)
- NPM 7.1:** Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9.
- 2021 Obj. 105/Indic. 108.9 Achieved (2022 Obj. 103/Indic. 117.8 Achieved)
- NPM 8.1:** Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day.
- 2021 Obj. 29/Indic. 29.7 Achieved (2022 Obj. 30/Indic. 28.8 Not Achieved)
- NPM 8.2:** Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day.
- 2021 Obj. 23/Indic. 22.7 Not Achieved (2022 Obj. 19/Indic. 22.7 Achieved)
- NPM 9:** Percent of adolescents, ages 12 through 17, who were bullied or who bully others.
- 2021 Obj. 31/Indic. 29.6 Not Achieved (2022 Obj. 34/Indic. 29.6 Not Achieved)
- NPM 12 (Non CSHCN):** Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transitions to adult health care.
- 2021 Obj. 15.5/Indic. 16.7 Achieved (2022 Obj. 17/Indic. 13.7 Not Achieved)
- NPM 12 (CSHCN):** Percent of adolescents with and without special health care needs, ages 12 through 17 who received services to prepare for the transitions to adult health care.
- 2021 Obj. 14/Indic. 14.6 Achieved (FY22 Obj. 15/Indic. 20.5 Achieved)
- NPM 13.1:** Percent of women who had a preventive dental visit during pregnancy.
- 2021 Obj. 40/Indic. 33.9 Not Achieved (2022 Obj. 34/Indic. 41.3 Achieved)

Arkansas also selected the following four SPM to monitor progress with state priority needs not specifically addressed by an NPM. The state-specific priorities are newborn hearing screening, adolescent nicotine use, the health care system for children with special health care needs, and implicit bias in public health systems.

- SPM 1:** Percent of newborns with timely follow-up of a failed hearing screening.
- 2021 Obj. 61/Indic. 49.2 Not Achieved (2022 Obj. 64/Indic. 56.5 Not Achieved)
- SPM 2:** Percent of youth, grades 9 through 12, who report using nicotine products.
- 2021 Obj. 25/Indic. 29.2 Achieved (2022 Obj. 27.5/Indic. 20 Not Achieved)
- SPM 3:** 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 needed.
- 2021 Obj. 0/Indic. 0 Not Reported (2022 Obj. 15/Indic. 82.1 Achieved)

SPM 4: Percent of Family Health Branch, Arkansas Home Visiting Program, and Title V CSHCN staff who complete an equity training.

- 2021 Obj. 50/Indic. 89.2 Achieved (2022 Obj. 90/Indic. 57.8 Not Achieved)

The role of the state Title V program is supported by a variety of state and federal funding sources. Total expenditures were \$37,122,483 for FY2022. Before adding other federal funds, total Federal- State MCH Partnerships Expenditures \$24,656,113, a slight increase from FY2021. The Maternal and Child Health Block Grant (MCHBG) funds contribute to portions of program management positions responsible for planning, oversight, and strategic work to improve public health systems. These programs strive to ensure women and children receive the health benefits they are entitled to, including preventive health services and screening, to promote the importance of coordinated care, and to address issues of health equity. As a quality improvement initiative, Title V staff analyze efforts, effectiveness, and impact of work to improve public health policies and processes. The Title V Program's nurse care coordinators work with families to develop family-centered plans to reach priority goals for CSHCN and their families. Nurse care coordinators coordinate support and services for eligible families through collaborative partnerships with programs and related agencies. Partnerships with related agencies around common goals ensure coordinated, comprehensive services to assist families in reaching their goals for their children.

The selected strategies are achieved through the engagement of stakeholders in the planning, implementation, and evaluation processes. Program evaluation efforts are ongoing. The MCH epidemiologist worked with the Arkansas State Systems Development Initiative (SSDI) staff to provide data to measure progress and inform decision making around program objectives and measures. Each domain is required to share the work that has been done by MCH by having annual stakeholders meeting, a public hearing, and a public comment period.

Arkansas' noted accomplishments are related to partnerships. Priorities has been addressed by expanding and continuing long term partnerships. The Arkansas Maternal and Perinatal Outcomes Quality Review Committee (MPOQRC) has a new partner in University of Arkansas for Medical Sciences (UAMS) who has received funding to work on perinatal regionalization, which has long been a problem for our state. Our State School Health and Wellness Coordinators are working to increase the partnerships between communities and their schools. The CSHCN focuses on their partnerships with medical professionals to create a well-functioning system that helps families access care.

One of the largest ongoing challenges facing MCH is staffing. The State of Arkansas has implemented a hiring freeze of any employee vacancies paid with state funds. Many of the employees who carry out the work of MCH are paid by multiple funding sources and this hiring freeze does affect the work that these employees are able to do in fulfilling the priorities and outcomes of Title V.