

Arkansas Maternal Child Health Services Block Grant 2026 Application/2024 Annual Report

III.A. Executive Summary

III.A.1. Program Overview

The Arkansas Department of Health (ADH) is one of 15 state agencies under the direction of Governor Sarah Huckabee Sanders' leadership. Maternal Child Health (MCH) supports the ADH's mission by addressing priority needs, improving gaps and barriers to access to care, while increasing the capacity of public health, healthcare systems, and workforce.

The MCH programs are housed in the ADH's Family Health Branch (FHB), which is part of the agency's Division for Health Advancement (DHA). Arkansas's MCH Program consists of shared leadership between the ADH FHB and the Arkansas Department of Human Services (DHS) Children's Special Services (CSS) (aka Children with Special Healthcare Needs - CSHCN) within the Division of Developmental Disabilities Services (DDS). The state MCH leadership team makes program and policy decisions to ensure alignment across programs and agencies. Designated state priority leads oversee program and policy work and provide technical assistance and oversight to local MCH grantees.

The ADH FHB contracted with the University of Arkansas at Little Rock (UALR) School of Public Affairs Survey Research Center (SRC) to collect data for the MCH Five Year Comprehensive Needs Assessment. A web-based survey was created and approved by the UALR Institutional Review Board – Protocol 24-046-R2. The web-based survey was distributed via email utilizing the Qualtrics platform and a preferred email list of ADH stakeholders. The response rate was **39.15%** of eligible participants who completed the web-based survey between August 2024 through November 2024.

Respondents were based across 20 counties that represented a diverse range of organizational affiliations, with the largest group being healthcare professionals (28.57%), followed by state or local public health organizations (25.71%), and community-based or non-profit organizations (24.29%). Parents/guardians accounted for 7.14% of respondents, university or academic institutions made up 4.29%, and 10.00% identified as "other."

The research team also conducted virtual focus groups and key informant interviews covering each of the five domains. Focus group participants volunteered at the completion of the web-based survey.

Based upon the needs assessment findings, the population and emerging needs were captured for each domain.

Table 1: MCH Population and Emerging Needs by Health Domain

	Population Needs	Emerging Needs
Women/ Maternal	Mental health disorders Access prenatal care Access insurance Overweight/obese Maternal mortality Teen pregnancy	Mental health services Navigating health systems Postpartum care Healthcare provider availability
Perinatal/ Infant	Access to WIC program Care coordination: medical home Access lactation experts Breastfeeding education/support Access family-to-family support Health insurance availability	Transportation availability Home visiting services Access family-to-family support Navigating health systems Parent education services Healthcare provider availability
Child	Mental health services Developmental delays Overweight/obese Care coordination: medical home Parent education/family-to-family support	Transportation availability Navigating health systems Mental health services Health insurance availability Healthcare provider availability
Adolescent	Mental health services Overweight/obese Peer influence Poor nutrition Illicit or other drug abuse	Mental health services Navigating health systems Suicide prevention Health insurance availability Nutrition education
CSS	Transportation availability Access family-to-family support Care coordination services Obtaining personal care services Medical equipment/assistive technology	Mental health services Care coordination services Family-to-family support Transportation availability

MCH efforts are a direct result of partnership building to address gaps in the workforce that support local health unit direct services. The MCH program maintains strong partnerships with advocacy groups, community-based organizations, federally qualified health centers (FQHC), committees, coalitions, Medicaid, family partnership organizations, and other state offices. Other innovative partnerships consist of the March of Dimes and Zeta Phi Beta Sorority, which focuses on the improvement of access to prenatal care. The Natural Wonders Partnership Council (NWPC) also seeks to improve child health. CSS services are established by family-professional partnerships such as the Family to Family (F2F) Health Information Center and peer services to families and the Parent Advisory Council (PAC). These partnerships enable MCH to coordinate multiple programs statewide, leverage resources, and address service gaps. Working with diverse stakeholders provides unconventional venues to capture individuals that are most vulnerable.

The needs assessment findings informed the selection of priority needs, National Performance Measures (NPMs), and State Performance Measures (SPMs) for the 2025 – 2029 State Action Plan. Arkansas selected seven NPMs (including medical homes) that closely aligns with the seven priority areas and two SPMs to monitor the progress of state’s priority needs not specifically addressed by an NPM.

Table 2: Priority Needs from 2021-2025 and 2026-2030 State Action Plan

<p><u>Women/Maternal</u> 2021-2025 Priority Needs: 1) Well Woman Care, 2) Oral Health during Pregnancy 2026-2030 Priority Needs: 1) Postpartum Care - NEW Rational for Change: This new priority need emphasizes the strong focus on ensuring women have quality visits assessing maternal recovery, addressing chronic health conditions, supporting mental health, and providing guidance on family planning. This change aligns with current MCH strategic plan initiatives and legislation in the state and nation.</p>
<p><u>Perinatal/Infant</u> 2021-2025 Priority Needs: 1) Persistently High Infant Mortality Rate, 2) Access to Care 2026-2030 Priority Needs: 1) Persistently High Infant Mortality Rate - CONTINUED, 2) Developmental Screening - REVISED Rational for Change: The priority need “Access to Care” was retitled to “Developmental Screening” to more accurately reflect the public health issue being addressed.</p>
<p><u>Child</u> 2021-2025 Priority Needs: 1) Developmental, Behavioral and Mental Health of Children (developmental screening), 2) Child Safety Due to Intentional Injury (hospitalizations rate), 3) Physical Activity 2026-2030 Priority Needs: 1) Physical Activity – CONTINUED, 2) Access to Care (medical home) - NEW Rational for Change: Access to a medical home providing components of recommended care was a common theme in the needs assessment across all domains. Adding this priority needs to be aligned with other MCH partner strategic plans.</p>
<p><u>Adolescent</u> 2021-2025 Priority Needs: 1) Physical Activity, 2) Child Safety due to Intentional Injury (bullying), 3) Transition to Adulthood, 4) Access to Care (use of nicotine products among youth) 2026-2030 Priority Needs: 1) Child Safety Due to Intentional Injury/Bullying – REVISED, 2) Tobacco Use – REVISED Rational for Change: The two 2026-2030 priority needs were retitled to better convey the public health issues facing adolescents in the state.</p>
<p><u>CSHCN</u> 2021-2025 Priority Needs: 1) Transition to Adulthood, 2) Access to Care 2026-2030 Priority Needs: 1) Transition to Adulthood - CONTINUED, 2) Access to Care - CONTINUED Rational for Change: No change.</p>

MCH supports coordinated, family-centered services, including services for CSS. Within the quality improvement initiative, the MCH staff analyze efforts, effectiveness, as well as the impact of work to improve public health policies and processes. The MCH Program’s nurse care coordinators work with families to develop family-centered plans, to reach priority goals for CSS and their families. Nurse care coordinators also coordinate

support and services for eligible families through collaborative partnerships with other 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 states' approach to eliminating health inequalities provides optimal healthcare and resources for all Arkansans by addressing emerging and priority needs, improving gaps in and barriers to accessing care, and increasing the capacity of the public healthcare systems and workforce. Strategies to advance health equality includes 1) providing technical assistance, referrals and resources pertaining to the needs of populations; 2) collaborating with the ADH, the Arkansas Minority Health Commission (AMHC), the Arkansas Center for Health Improvement (ACHI), and the University of Arkansas for Medical Sciences (UAMS) to improve state health data collection, use, and dissemination strategies; and 3) supporting the development and dissemination of information, strategies, and policies which contribute to the improved health outcomes of Arkansans. As an example, the Governor recently approved ACT 123 of the 95th General Assembly of the State of Arkansas, which provides free school breakfast regardless of family income beginning the 2025-2026 school year.

The Arkansas Home Visiting Network (AHVN) works with several agencies including Arkansas Center for Health Improvement (ACHI), ADH, Arkansas Advocates for Children and Families, and the Arkansas Chapter of American Academy of Pediatrics to help identify activities and strategies to help reduce health differences of Arkansas families. The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) AHVN also works closely with Delta Dental and Arkansas Blue Cross Blue Shield through the Natural Wonders Partnership Council (NWPC) to address health differences at a system level, including disseminating medical and dental resources, insurance information, and public assistance options to MIECHV families. The AHVN assists MIECHV-funded models in reducing health differences by providing training and technical assistance designed to improve awareness in the delivery of screenings, assessments, case management, family support, and referrals.

MCH partners strive to integrate communities, families and caregivers in its work to ensure women and children receive the needed health benefits by promoting the importance of coordinated care. Partnering agencies, such as the MidSOUTH Training Academy, offer training classes for prospective resource parents, relative caregivers, and individuals interested in adopting children in custody of the Arkansas Division of Children and Family Services (DCFS). The training is designed to help resource/adoptive parents understand the challenges and rewards of rearing abused or neglected children. Also, the Arkansas Women, Infants and Children (WIC) Baby and Me Parenting Program is implemented in selected WIC clinics across the state. The parenting program focuses on strengthening parent/child relationships, promoting healthy child development, and connecting parents to community resources and primary care physician education.

Program evaluation efforts are ongoing to determine the effectiveness of program strategies to improve outcomes according to goals essential to the MCH program.

The MCH epidemiologist works closely with the Arkansas State Systems Development Initiative (SSDI) staff to provide data, measure progress, and inform decision making around NPMs, National Outcome Measures (NOMs), SPMs, State Outcome Measures (SOMs), and Evidence-Based/Evidence-Informed Strategy Measures (ESMs). SSDI data linkage warehouse provides a wide variety of MCH databases from birth to death certificates, and other program registries such as immunization and tuberculosis to address MCH programmatic and policy issues.

The evaluation goals seek to 1) strengthen capacity to collect, analyze, and use reliable data for MCH to assure data-driven programming; 2) strengthen access to and linkage of key MCH datasets to inform MCH programming and policy development, and strengthen information exchange and data interoperability; 3) enhance the development, integration, and tracking of social risk factors of health metrics to inform MCH programming; 4) enhance capacity for timely data collection, analysis, reporting, and visualization to inform rapid state program and policy action related to emergencies and emerging issues/threats. These goals are crucial to monitoring health indicators and influencing policies to improve the well-being of Arkansas mothers, children, families, and CSS services.

Arkansas has several notable accomplishments worth mentioning. First, Arkansas was selected to receive a \$17 million grant over 10 years for participants in Medicaid and the Children's Health Insurance Program. This Transforming Maternal Health (TMaH) model utilizes a whole-person approach to pregnancy, childbirth and postpartum care that addresses mothers' physical, mental, and social needs. The TMaH model seeks to reduce differences in access and treatment and improve outcomes and experiences for mothers and their newborns. DHS will lead the coordination of this project.

During the 2025 legislative session, several bills were passed to promote the health and well-being of mothers, infants, and children.

- **ACT 123:** Ensures that all public-school students receive free school breakfast regardless of their family income beginning the 2025-2026 school year.
- **ACT 140:** Healthy Moms, Healthy Babies changed Medicaid regulations to make prenatal care more accessible through presumptive eligibility and reimbursement for expanded services
- **Act 138:** Empowers certified nurse midwives to make hospital admissions and sign birth or death certificates.
- **ACT 965:** Establishes the certified community-based doula certification act; to certify birth/postpartum doulas in this state to improve maternal and infant outcomes.
- **ACT 868:** Creates a comprehensive statewide system of care (Maternal Outcomes Management System) to address maternal health research/resources; inclusive of establishing grant program for birthing and delivery hospitals.

Lastly, the ongoing challenge facing MCH is the difficulty hiring qualified candidates due to the competitive pay to secure high-quality employees. The Arkansas Legislature amended **ACT 499** to establish a new pay plan aimed at raising salaries to align closer to private sector salaries effective July 2025.