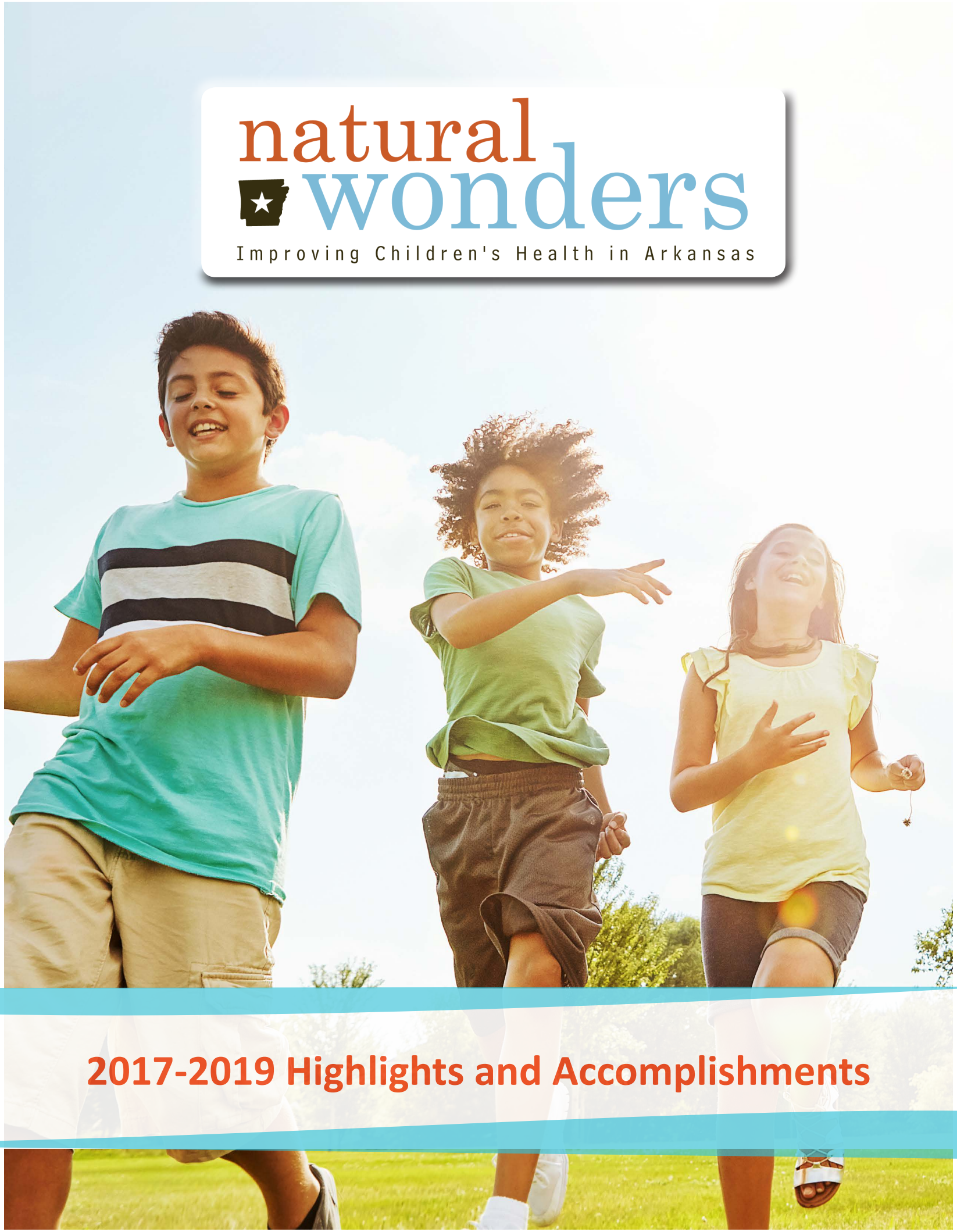
natural wonders

Improving Children's Health in Arkansas



2017-2019 Highlights and Accomplishments

About the Council

The Natural Wonders Partnership Council (NWPC) is a coalition of diverse child health organizations, nonprofits, agencies and funders that work together to address the changing health needs of children. Arkansas Children's Hospital serves as the backbone entity for this group by planning, managing, and supporting NWPC's efforts through financial, administrative, logistic, and evaluative support.

Arkansas Access to Justice
Arkansas Advocates for Children and Families
Arkansas Asset Funders Network
Arkansas Association of Educational Administrators
Arkansas Blue Cross and Blue Shield
Arkansas Campaign for Grade-Level Reading
Arkansas Center for Health Improvement
Arkansas Chapter, American Academy of Pediatrics
Arkansas Coalition for Obesity Prevention
Arkansas Community Foundation
Arkansas Department of Education
Arkansas Department of Health
Arkansas Department of Human Services
Arkansas Foodbank
Arkansas Foundation for Medical Care
Arkansas Hospital Association
Arkansas Hunger Relief Alliance
Arkansas March of Dimes
Arkansas Minority Health Commission
Arkansas Out of School Network
Arkansas Pharmacist Association
Blue & You Foundation for a Healthier Arkansas
Clinton Foundation
Clinton School of Public Service
Community Health Centers of Arkansas
Delta Dental of Arkansas
Just Communities of Arkansas
Our House
Pulaski County Circuit Court Juvenile Division
University of Arkansas at Little Rock
University of Arkansas Cooperative Extension
University of Arkansas for Medical Sciences
The Urban League of Arkansas
Winthrop Rockefeller Foundation

Overview

This report captures the impact of the Natural Wonders Partnership Council's collective efforts over the past three years. The efforts of the NWPC cover ten issue areas, each of which has shared measures and mutually reinforcing activities that are described in this report. The ten areas are:

- **Access to Quality Care**
- **Child Obesity**
- **Mental Health and Substance Use**
- **Reproductive Health**
- **Social Issues**
- **Parenting Supports**
- **Oral Health**
- **Food Insecurity**
- **Child Injury**
- **Immunization**

The NWPC fully completed 80 percent of the mutually reinforcing activities for the 2017-2019 Action Plan as well as twenty-five Innovation Fund projects. A majority of the shared measures, 70 percent, showed improvement from the baseline. The collective efforts of all members of the NWPC contributed to the improvement of child health in Arkansas, as reflected in the shared measures. Our successes are thanks to the willingness of partner groups to set aside their own agendas, when necessary, in the interest of improving the wellbeing of children across Arkansas.

Collective Impact		
★	Share of Mutually Reinforcing Activities fully completed by the NWPC during the 2017-19 period.	40/50 (80%)
★	Number of Innovation Fund projects completed by the NWPC during the 2017-19 period.	25
★	Share of Shared Measurements that showed improvement during the 2017-19 period (out of those with available data).	33/47 (70%)

Collective Impact Model

The NWPC uses the Collective Impact Model to guide the process and work of partners to improve the health of all children in Arkansas. Below are the five key components of the model and a description of how NWPC applies them to its work.

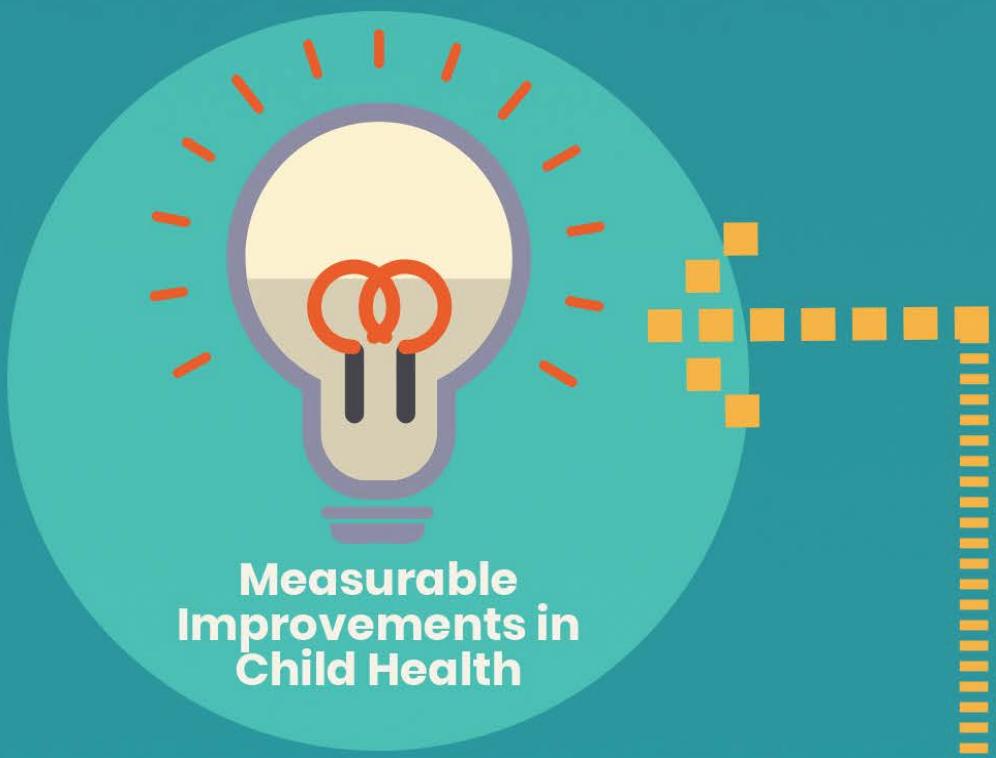
Common Agenda: The statewide Community Health Needs Assessment (CHNA), prepared by Arkansas Children's Hospital every three years, provides the information that helps all members of the NWPC establish a common understanding of child and adolescent health needs. NWPC uses this information to identify priority areas in which to focus efforts to improve child health.

Shared Measurement System: Custom leading indicators and process measures for each subgroup provide data on the priority issues. Together, these two data sets track progress toward improved children's health.

Mutually Reinforcing Activities: Workgroups for each Natural Wonders priority area outline measurable goals. These goals focus on processes or activities that will improve children's health.

Continuous Communication: Monthly meetings of the primary NWPC group, regular workgroup meetings, email communication, one-on-one meetings, and an independent public presence (website, social media) will help facilitate the conversation needed to improve children's health.

Backbone Support Organization: Arkansas Children's Hospital will continue to serve as the entity that will plan, manage, and support the NWPC's efforts through financial, administrative, logistic, and evaluative support. With the growth of its Child Advocacy and Public Health department, ACH now has more dedicated staff to support the work of the NWPC.



Natural Wonders Partnership Council

A powerhouse of child health partnerships that "plugs in" to spots identified by the CHNA

- ACH Strategy
- Non-profit Plan
- Agency Plan
- Funder Plan
- Clinical Leader Plan
- Organization Plan

Community Health Needs Assessment

Where does child health need a "charge up" ?

Access to Quality Care

Lead Organizations: Arkansas Advocates for Children and Families, Arkansas Department of Health

Access to quality care allows all families to receive appropriate, convenient, affordable, and consistent health services, including preventive care and specialty care, vision and hearing screenings, and other developmental screenings and services. This also includes removing barriers like transportation as well as language and cultural barriers.

Shared Measures			
	Metric	Baseline	Current
★	Percent of uninsured kids under age 19 Kids Count Data Center	4.9%	4%
★	Percent of Child Core Measures Arkansas is reporting to the Centers for Medicare and Medicaid Services	50%	60%
★	Percent of children on Medicaid/ARKids First A who should have received at least one screening and who actually received a screening Centers for Medicaid and Medicare Services	48%	50%
	Total annual Medicaid services billed for Early Intervention Services	Not able to be determined	Not able to be determined
★	Number of School-based Health Centers and School-Based Telemedicine sites. Arkansas Department of Health	19	37

Innovation Fund Highlights

2018

- **"FrameWorks: Reframing Child Health Communication in Arkansas**": The Frameworks Institute developed evidence-based communication frames to create a new narrative about children's health in Arkansas. They also provided materials, education, and support to Natural Wonders members on this messaging. Through more informed and strategic framing and messaging, the NWPC is able to more effectively advocate for priority child health issues and their solutions.

2019

- **Arkansas's SBHC Start-Up Guide:** The School-Based Health Alliance of Arkansas (SBHAAR) created a guide for schools, advocates and providers to navigate the process of initiating a School-Based health care center.

	Mutually Reinforcing Activities	
	Activity	Impact
★	COMPLETED: Educate partners and convene three meetings with administrative leaders to reporting about Core measure reporting. (AACF)	DHS is moving toward reporting on all core measures in the coming years.
★	COMPLETED: Educate partners and advocate to lawmakers to gain a state plan amendment to implement the Immigrant Child Health Improvement Act. (AACF)	Arkansas Advocates and partners advocated for coverage for ICHIA, which passed during the 2017 legislative session.
★	COMPLETED: Research and compile data on adequate and timely services for Early Intervention and Mental Health services for children with developmental needs. (AACF, AR Campaign for Grade-Level Reading, ACH)	AACF released two separate reports and work continues with the Pritzker Children's Initiative to seek Medicaid payment for develomental screenings and improved care coordination for children with disabilities.
★	COMPLETED: Educate practices serving children on billing appropriately for EPSDTs. (AFMC, Arkansas Children's Care Network)	EPSDT rates improved based on 2016 data from AR Medicaid following provider consultation on coding.
☆	PARTIALLY COMPLETED: Expand school-based telemedicine services to 40 schools in free/ reduced price lunch school districts by August 2018. (ACH, ADH, ADE)	School-Based Telemedicine is currently offered at approximately 10 districts through ACH and UAMS. Act 203 of 2017 from the AR General Assembly slowed expansion.

Child Obesity

Lead Organizations: Arkansas Coalition for Obesity Prevention

Child Obesity is most often defined in terms of excessive Body Mass Index (BMI) for the child's height and age. An elevated BMI carries risk of current and life-long health issues. Children with healthy weights require healthy food options, safe places to play and exercise, and a community-based approach to family health.

Shared Measures			
	Metric	Baseline	Current
	Number of K-8 teachers ACH provided with training in evidence based physical education	0	300+
	Percent of birthing hospitals in AR designated as baby friendly Baby Friendly USA	5%	18%
	Percent of Arkansas school children who are overweight or obese ACHI	39.2%	39.4%
	Percent of adolescents who participated in daily physical activity for at least 60 minutes YRBS (2015, 2017)	28.6%	21.4%
	Percent of public elementary school students actively using GoNoodle (2016, 2018)	68%	61%

Innovation Fund Highlights

2017

- **SPARK Training of Trainers for Physical Activity teachers in Delta:** The Arkansas Department of Education povided quality professional development for physical educators, through the provision of SPARK K-8 evidence-based curriculum and equipment for 40 Arkansas certified physical education teachers in the Delta region

2018

- **Double Up Food Bucks:** The Arkansas Coalition for Obesity Prevention (ArCOP) increased access to fresh fruits and vegetables among low-income Arkansans by doubling the spending power of SNAP participants in the Delta Region with the Double Up model at various events: Ft. Smith (76 and 95 participants) Rogers (49 participants) and Marshall (123 participants).

2019

- **Growing Healthy Produce Nutrition Education:** ArCOP provided nutrition education through Cooking Matters classes, evidence-based health education for children, Healthy Checkout Lanes, Double Up Food Bucks programs, and promotional activities.

	Mutually Reinforcing Activities	
	Activity	Impact
★	COMPLETED: Expand the number of days per week that ACH's patients can enroll in WIC while attending healthcare appointments.	The Southwest Little Rock clinic opened next door to the Arkansas Department of Health local health unit in SWLR. Close coordination provides WIC accessibility for ACH patients in a second location.
★	COMPLETED: Train 300 K-8 teachers in evidence based physical education. (ADE, ACH, Blue & You Foundation)	ADE reports that more than 300 teachers have been trained in SPARK, an evidence-based physical education program.
★	COMPLETED: Ensure that 60% of school districts will have a Joint Use Agreement (JUA) that increases opportunities for physical activity. (ADE)	ADE has awarded 222 JUA grants, reaching the majority of school districts. Communities with limited resources have school facilities available for exercise and events that improve health for children.
☆	PARTIALLY COMPLETED: Ensure that 65% of elementary classrooms in Arkansas will be active with GoNoodle. (ACH)	Every elementary school in Arkansas is active with GoNoodle, and 93% of eligible elementary classroom teachers used GoNoodle at least once during the past school year. However, 49% of elementary classroom teachers actively used Gonoodle in the 2018-19 school year.
☆	PARTIALLY COMPLETED: Ensure that 25% of birthing hospitals will designated baby friendly. (ArCOP)	Seven of Arkansas's 40 birthing hospitals have a baby-friendly designation, totaling 18%. An eighth is expected to be certified in 2019. Administrative and financial barriers have limited progress on this goal.

Mental Health and Substance Use

Lead Organizations: Arkansas Department of Education

Mental health and substance use problems include depression, anxiety, suicide, tobacco, alcohol and illicit drug use. These issues effect entire families, not just individual parents or children. Children living in households with untreated mental health or substance use problems are more prone to Adverse Childhood Experiences (ACEs) and their profound lifelong health effects.

Shared Measures			
	Metric	Baseline	Current
★	Percent of high school students using marijuana YRBS (2013, 2017)	37%	31%
★	Percent of high school students who drank alcohol in the last 30 days YRBS (2013, 2017)	36%	26%
★	Percent of high schoolers who currently use cigarettes and e-cigarettes, respectively (at least once in last 30 days) YRBS (2015, 2017)	16%/26%	14%/14%
★	Teens who abuse alcohol or drugs AECF	6%	4%
	Percent of pre-k children with significant behavioral concerns	16%	Not able to be determined
	# of children receiving mental health services through Medicaid annually	Not able to be determined	Not able to be determined

Innovation Fund Highlights

2019

- **Arkansas School Nurse Mental Health Forums:** The Arkansas Department of Education held two School Nurse Mental Health forums in 2019 which were well attended and recieved positive feedback. These forums provided school nurses with education and ongoing training opportunities for evidence-based mental health approaches such as "Seed Digging."
- **ACEs-focused Legal Aid, Phase 1- Legal Aid of Arkansas:** Legal Aid of Arkansas provided ACEs-specific CLE training to 50 attorneys and educated 50 families about ACEs through outreach efforts on the availability of legal solutions to buffer against the impact of ACEs.

	Mutually Reinforcing Activities	
	Activity	**Impact**
★	COMPLETED: Establish a new behavioral health workgroup.	A new Natural Wonders behavioral health workgroup has been established, focusing on school and community interventions that promote positive mental health outcomes.
★	COMPLETED: Determine membership and leadership of new behavioral health workgroup.	Membership for NWPC behavioral health workgroup started with a steering committee but is growing.
★	COMPLETED: Determine mission and scope of new behavioral health workgroup.	The NWPC behavioral health workgroup is focusing on school and community mental health and substance use interventions ranging from training school personnel on evidence-based Mental Health First Aid to Project Prevent youth tobacco prevention, among others.
★	COMPLETED: Develop messaging for behavioral health needs in Arkansas. (ACH)	FrameWorks, Inc. was engaged to test messages around child development and child well-being in Arkansas. Many of the communication frames they suggested support positive mental health, such as the "resilience scale" or the "resource grid" that underscore the need for mental health to be part of the solution for child well-being.
☆	PARTIALLY COMPLETED: Conduct a needs assessment regarding behavioral health workgroup.	A formal needs assessment was not completed, but the steering committee continues to explore focus areas for this group.

Reproductive Health

Lead Organizations: Arkansas Department of Health, Arkansas Children's Hospital

Positive reproductive health includes avoidance of sexually transmitted infections, low likelihood of teen births and deterrence of sexual assault. These outcomes are driven by providing appropriate health education, giving male and female youth the tools they need to have healthy relationships, and providing access to comprehensive health care services for adolescents.

Shared Measures			
	Metric	Baseline	Current
★	Teen Birth Rate (15-19) per 1,000 births ASPIRE / AECF (2013, 2017)	43	33
★	Percentage of Chlamydia infections in AR that affect 15-24 year olds ADH STI Annual Report	72%	68%
★	Percent of high school students who have had sexual intercourse YRBS (2013, 2017)	49%	44%
★	Percent of adolescents age 10-18 on Medicaid/ARKids First A who should have received at least one screening and who actually received a screening (Participant Ratio)	32%	37%
★	Children in Single-Parent Families (2014, 2017) AECF	39%	37%
☆	Low Birth Weight Babies (2014, 2017) AECF	8.9%	9.3%

Innovation Fund Highlights

2017

- **Teen Pregnancy Toolkit Educator:** David Monteith, Consultant, recruited four communities to pilot the "Preventing Teen Pregnancy in Arkansas" toolkit created by Clinton School student Kathryn Baxter in 2016.

2018

- **Love Notes pilot**: David Monteith, Consultant, recruited 2 faith-based sites in addition to three other sites willing to participate in evidence-based reproductive health training. Consultant also supported the implementation of the curriculum for 60 students.

Innovation Fund Highlights continued

2018

- **Act 943 Action Plan Compliance Assessment**: Legal Aid of Arkansas developed a toolkit to help institutions evaluate their processes for complying with Act 943. This project aimed to benefit public two- and four-year colleges and universities in the state of Arkansas who have submitted action plans to comply with Act 943

2019

- **Faith-Based Love Notes:** David Monteith, Consultant, continued work with the evidence-based program, Love Notes, to reduce teen pregnancies and births in Arkansas. The program was focused towards faith-based leaders and churches and reached five community groups.

	Mutually Reinforcing Activities	
	Activity	Impact
★	COMPLETED: Revise the AR Department of Education Frameworks with evidence-based content and skills for reproductive health. (ADE)	NWPC Reproductive Health group members contributed to the updated frameworks approved by the State Board of Education in 2019.
★	COMPLETED: Develop process and outcome metrics to evaluate Act 943 implementation of college and university action plans to reduce unplanned pregnancies for 18- and 19-year-olds. (AR Campaign to Reduce Unplanned Pregnancy)	An evaluation plan was developed and piloted through a Natural Wonders Innovation Fund project. The AR Department of Higher Education is not monitoring the implementation of this law per a recent inquiry.
★	COMPLETED: Ensure that health care providers have been trained and educated on prescribing a range of birth control options, including long-acting reversible contraceptives (LARCs), and billing appropriately. (AFMC, ADH, Merck)	DHS engaged AFMC on a quality improvement project, resulting in evidence-based education materials distributed to providers and colleges and universities. The Arkansas Department of Health now offers LARCs in its health units.
★	COMPLETED: Determine the feasibility of a mobile health van that provides comprehensive adolescent well care to teens in underserved areas of Arkansas, including red counties. (ACH)	Explored strategy through presentation to ACH senior leadership. Mobile reproductive health was determined to be politically and logistically difficult.
☆	PARTIALLY COMPLETED: The Changing the Story workgroup will work with 15 communities to utilize the "Preventing Teen Pregnancy in Arkansas" toolkit to pilot evidence-based programs. (Changing the Story, Women's Foundation)	Supported adoption of evidence-based reproductive health education (Love Notes) with 14 schools, faith partners, and community groups over the past 3 years.

Social Issues

Lead Organizations: Natural Wonders Partnership Council

Social issues that impact child health include poverty, low-quality and unstable jobs, housing instability, and low educational attainment. These issues are intertwined with child health, the wellbeing of parents, and the health and economic success of communities.

Shared Measures			
	Metric	Baseline	Current
★	Percent of children living in poverty in Arkansas AACF (2014, 2016)	26%	24%
★	Percent of children living in households with a high housing cost burden Kids Count (2014, 2017)	28%	24%
★	Percent of children living in high poverty areas AECF	17%	14%
★	Annie E. Casey overall ranking	44th	40th
☆	Proportion of households living in liquid asset poverty Prosperity Now (2011, 2014)	52%	53%

Innovation Fund Highlights

2017

- **Statewide Social Needs Screener Pilot:** The Arkansas Foundation For Medical Care piloted a standard statewide social need screener in healthcare settings that serve children.
- **Statewide Medical Legal Partnership (MLP) Network**: Legal Aid of Arkansas created a statewide network of MLPs that address health harming legal needs (e.g. benefits appeals, and evictions).
- **Youth and Health Photovoice:** A photovoice trainer helped local communities include the voices of youth on how health impacts them, their family and community through visual images but was not fully completed.

Innovation Fund Highlights continued

2018

- **Medical Legal Partnership (MLP) Summit**: Legal Aid of Arkansas hosted a summit for active MLPs, and those interested in parterning. The summit also extended invitations to MLPs in surrounding states.

2019

- **Assessing School Readiness using the Early Development Instrument (EDI)** - Arkansas Campaign for Grade-Level Reading and Excel by 8 has engaged four counties and are now beginning outreach on a second cohort. The EDI, a tool to assess school readiness at the neighborhood level, will be used to create maps and data analysis to target both education and health resources.

	Mutually Reinforcing Activities	
	Activity	Impact
	COMPLETED: Educate partners and advocate to lawmakers to implement a state Earned Income Tax Credit. (AACF)	An EITC was introduced during the 2019 legislative session as part of a broader legislative package, but unfortunately it did not pass. AACF has continued work to implement an EITC in Arkansas.
	COMPLETED: Establish a statewide Pro Bono network of attorneys to expand Medical Legal Partnership capacity to children across Arkansas.	ACH's Medical Legal Partnership hosted a statewide training on MLPs that engaged almost 100 attorneys, provided Continuing Legal Education, and helped Legal Aid gain many pro bono volunteers, thanks to a Natural Wonders Innovation Fund project.
	COMPLETED: Educate partners and advocate to lawmakers to establish paid leave in Arkansas. (AACF, Women's Foundation)	The Arkansas General Assembly passed a bill to establish four weeks of paid maternity leave for state employees.
	COMPLETED: Pilot a social needs screener and referral to associated services in four community primary care sites in Arkansas. (ACH, AFMC)	SDOH screenings and partnerships are incorporated into primary care visits across Arkansas, and work continues to integrate the tool into EPIC medical records and to connect electronically to community partners for referrals and follow-up.
	COMPLETED: Explore the health needs of children in rural Arkansas by conducting community conversations and interviews and compiling a report with recommendations for addressing community concerns. (ACH, ACCN)	ACH is actively connecting its community benefit programs to the 4 current Excel by Eight communities (Sevier, Monroe, Independence, and Conway counties with more to come).

Parenting Supports

Lead Organizations: Center for Effective Parenting at Arkansas Children's Hospital, Arkansas Department of Health

Children need capable, loving parents who can support them physically, mentally emotionally and financially. Supporting parents and primary caregivers means giving them the tools to improve their parenting or caregiving skills (such as parenting programs, home visiting programs and teen parenting support) and creating a community network of resources and supports outside the family home.

Shared Measures			
	Metric	Baseline	Current
★	Total Number of True Assessments of Child Maltreatment ASPIRE (2015, 2018)	9,543	9,120
★	Number of children whose parents lack secure employment AECF (2014, 2017)	33%	28%
★	Number of families served concurrently by evidence-based home visiting services AHVN	6,900	7,950
☆	Percent of children with 2 or more Adverse Childhood Experiences America's Health Rankings (2016, 2018)	28.4%	29.6%
☆	Percent of new mothers who report symptoms of maternal depression America's Health Rankings (2016, 2018)	20.4%	22.3%

Innovation Fund Highlights

2017 and 2018

- **Parent needs assessment and messaging:** UALR was contracted to conduct a phone survey of 409 Arkansas parents on their experience with existing information, skills, and support services and their own priorities in caring for their child's wellbeing and health. In 2018, the Frameworks Institute conducted "on the streets" interviews to inform custom messaging on early brain development.

2018

- **Parenting Gap Analysis:** Child and Family Evaluation Services provided a gap analysis and resource directory of parenting supports in Arkansas to promote child wellbeing and health.

2019

- **Becoming a Mom:** UAMS implemented March of Dimes curriculum "Becoming a Mom" to assist pregnant women experiencing housing insecurity. The program provided the moms with health education and basic baby items (e.g. car seat, diapers, bottles).

	Mutually Reinforcing Activities	
	Activity	Impact
★	COMPLETED: Conduct a needs assessment, gap analysis, and messaging tests for parenting supports in Arkansas (Consultant).	NWPC Innovation Fund projects supported a gap analysis and development of a report outlining evidence-based parenting resources and interventions available in Arkansas. NWPC, Excel by Eight, and ACH partners are armed with tools needed to engage and support parents.
★	COMPLETED: identify evidence-based parenting interventions, make policy recommendations, and identify messaging for low-, intermediate-, and high-need families to improve utilization of evidence-based parenting services (ADH).	A NWPC Innovation Fund project supported a gap analysis and development of a report outlining evidence-based parenting resources and interventions available in Arkansas. Policy recommendations have not been pursued given broad, continued support for home visiting in AR.
★	COMPLETED: Implement standard screening in Arkansas Children's Epic Electronic Medical Record to assess maternal depression (ACH).	EPIC has a maternal depression screener available to ACH clinicians.
☆	PARTIALLY COMPLETED: expand the availability of evidence-based parenting services (including home visiting services to all counties in Arkansas) (AHVN).	The AR Home Visiting Network oversees evidence-based home visiting programs that currently reach 73 counties in Arkansas and that will expand to the final two, Little River and Chicot counties, by December 2019.
☆	NOT COMPLETED: Develop an annual Parenting Adversity Index (PAI) for Arkansas that combines measures related to factors that impact parenting effectiveness.	This strategy was not pursued due to lack of funding.

Oral Health

Lead Organizations: Arkansas Department of Health, Arkansas Children's Hospital

Oral health is connected to the health of the whole child. Ideal oral health is achieved when children and adolescents are free from chronic mouth and facial pain, tooth decay, tooth loss, and other mouth and gum diseases. Healthy environments, nutrition, and appropriate dental treatment all reduce family costs of care, and lead to longer term improvements in education and general health.

Shared Measures			
	Metric	Baseline	Current
★	% of Arkansas third-graders with sealants (2010, 2016)	27%	43.4%
★	# of pediatric health care providers certified to apply fluoride varnish	79	117
☆	% of Arkansas third-graders with dental caries experience	64%	64%
	% of Arkansas children on Medicaid who received preventive dental services in the past year	45%	Not able to be determined
	% of Arkansas school districts with preventive or restorative dental services delivered at school	Not able to be determined	15%

Innovation Fund Highlights

2018

- **ARKids First Enrollment for Marshallese Community and Oral Health Outreach**: This project built on oral health efforts for children in two Northwest Arkansas cities by expanding dental screening to pre-K students in the Rogers school district as well as conducting an extensive outreach program to enroll Marshallese children in ARKids First. Community Clinic's dental program conducts annual dental screenings in pre-K classrooms in the Springdale schools. This program has grown, and in 2017-2018, they visited 67 classrooms and screened 1,340 pre-K students. They had two Marshallese Registered Dental Assistants (RDA) facilitate 34 oral health outreach luncheons with a total of 1,337 attendees. They also provided assistance to Marshallese households in enrolling in ARKids by reaching out to 1,595 Marshallese.

	Mutually Reinforcing Activities	
	Activity	**Impact**
	COMPLETED: Conduct statewide surveillance on children's oral health status and needs to identify baseline data (ACH, ADH, Delta Dental).	ADH partnered with ACH to conduct the Basic Screening Survey in 2017.
	COMPLETED: Secure sufficient resources so ADH sealant partners can increase the annual number of children receiving sealants by 10% (ADH, funder partners).	More resources are available to provide dental sealants to children in a school-based setting in AR, increasing the number served annually by 23%.
	COMPLETED: Provide education and distribute supplies to primary care providers to integrate oral health care into primary care (ADH, funder partners).	ADH's Paint a Smile program has increased the number of primary care providers who integrate fluoride varnish into a primary care practice. ADH staff continue outreach to increase participation.
	COMPLETED: Provide annual oral health education to 30,000 children in Arkansas (America's Tooth Fairy).	Goal was completed, final data pending.
	COMPLETED: Secure funding to study the economic impact to schools and to dental practices of investing in innovative solutions such as portable dentistry, collaborative care, or school based clinics (ADH).	Funding is secured for future study of the impact from portable dentistry, collaborative care and school based clinics.

Food Insecurity

Lead Organizations: Arkansas Hunger Relief Alliance

Children who do not have consistent access to a nutritionally adequate diet are considered food insecure. These children and their families often make difficult tradeoffs, sometimes foregoing health care, to afford food. Children who go without needed food also are more likely to struggle to pay attention in school and face additional health problems.

Shared Measures			
	Metric	Baseline	Current
★	Percent of children who are food insecure Map the Meal Gap (2015, 2017)	25%	23.6%
★	Number of Arkansas schools participating in the Breakfast After the Bell program	370	443
★	Number of Arkansas school districts that have adopted community eligibility provisions	45	65
☆	Number of summer and after-school feeding program meals when school is not in session (decrease in total meals served reflects strengthened regulatory oversight at the state and federal level)	3.7 million afterschool meals and 2.5 million summer meals	3.9 million afterschool meals and 1.7 million summer meals
☆	Number of Cooking Matters participants (decrease is partly due to one-time participants coming from temporary grant funding in 2016)	7,266 (Note: updated from original baseline)	6,882

Innovation Fund Highlights

2018 and 2019

- **Five to Thrive:** The Hunger Relief Alliance supported the No Kid Hungry Campaign's Five to Thrive initiative which aims to assist Arkansas school districts to add or expand Breakfast After the Bell, summer and/or afterschool meal programming, and Cooking Matters or other nutrition education, plus facilitated plans for school pantries and physical activity programming where needed. The full complement of nutrition and physical activity interventions helped set an example for all Arkansas school districts and ensure their students receive all possible child nutrition supports where they live, learn and play. In 2018, the Hunger Relief Alliance initiated the Five to Thrive campaign in 9 districts, and added 13 new districts to the Five to Thrive list in 2019. Together, these districts serve over 67,000 students with an average 72% free-reduced lunch eligible population.

	Mutually Reinforcing Activities	
	Activity	Impact
★	COMPLETED: Increase the number of schools offering Breakfast After the Bell by 20 percent (AHRA).	The number of schools increased from 360 to 443 (19.7% increase).
★	COMPLETED: Support eligible school districts in the process of adopting the community eligibility provision that allows schools to provide subsidized meals to all students, ensuring that 60% have adopted it (AHRA).	86% of the highest need schools are participating in community eligibility.
★	COMPLETED: Support food banks in increasing the number of school-pantry partnerships (AHRA).	All 6 regional food banks in AR increased the number of school pantry or back pack programs they support, helping 24 school districts to qualify for the "Five to Thrive" award recognizing those partnerships and the districts' improved school nutrition program participation.
☆	PARTIALLY COMPLETED: Establish summer meal sites in all 75 counties (AHRA).	All but 4 rural AR counties hosted a summer meals site in 2019.
☆	PARTIALLY COMPLETED: Increase by 10% the number of youth or families with children who participate in Cooking Matters or Cooking Matters at the Store programs (ACH).	Youth and family participation in Cooking Matters and Cooking Matters at the Store programs dipped from 2017 to 2018 because of a grant change, but has grown by well over 10% from 2018 to 2019.

Child Injury

Lead Organizations: Injury Prevention Center at Arkansas Children's Hospital

Child injuries are most often predictable and preventable. Common child injuries include burns, falls, drowning, motor vehicle or recreational vehicle crashes, suffocation, poisoning, suicide and homicide.

Shared Measures			
	Metric	Baseline	Current
★	Motor vehicle death rates per 100,000 children ages 0-19 IPC	7.8	7.01
☆	Child and Teen Deaths per 100,000 (2014, 2017) AECF	34	37
☆	Child death rate per 100,000 children ages 0-19 caused by injury IPC	21.2	31.25
☆	Infants under age 1 death rate per 1,000 live births (2014, 2017) AECF	7.5	8.2
☆	Suicide death rate per 100,000 youth ages 10-19 IPC	5.6	12.08
	Number of annual All-Terrain Vehicle-related admissions to Arkansas Children's Hospital	85	Not able to be determined

Innovation Fund Highlights

2017

- **Brothers United – Safe Sleep:** The Arkansas Department of Health provided educational activities that promote breastfeeding and safe sleep, with an emphasis being placed in African American communities.

	Mutually Reinforcing Activities	
	Activity	**Impact**
	COMPLETED: Arkansas Children's will refine its process and structure for providing child passenger safety seats and car seat checks to patients, including patients with special medical needs (ACH).	ACH has a well-respected and comprehensive car seat program.
	COMPLETED: Arkansas Children's will increase to 20 the number of counties with an annual car seat fitting station event (ACH, UAMS, ASP HSO).	ACH Injury Prevention Center has partners in 30 counties/sites to conduct car seat fittings
	COMPLETED: 50% of Arkansas birthing hospitals will be safe-sleep certified by Cribs for Kids (ACH, ADH).	93% of birthing hospitals are safe-sleep certified by Cribs for Kids, a national standard. Arkansas has among the highest percentage of certifications in the nation.
	COMPLETED: By December 2017, design and conduct focus groups and complete data analysis that will inform messaging recommendations for safe firearm storage (ACH, funder partners).	In a state where parents are more likely to own guns than not, and guns are not always stored securely, IPC is creating a unified message around safe storage that can be used by a variety of stakeholders to ensure child safety.
	NOT COMPLETED: Secure sufficient resources and begin a study to increase parents' understanding of the risk of ATV use by children (ACH with National Institute of Health grant submitted via ACRI).	This strategy was not pursued. Arkansas still needs to investigate ways to help parents make ATV use safer or non-existent.

Immunization

Lead Organizations: Arkansas Department of Health, Arkansas Pharmacists Association

Without proper immunizations, children are vulnerable to dangerous childhood diseases, complications and even premature death. It is critical that Arkansas children and adolescents receive the proper recommended schedule of vaccinations and that their parents receive educational material about the timing and nature of these vaccinations.

Shared Measures			
	Metric	Baseline	Current
★	Percent of children aged 19-35 months who received the combined vaccination series (4:3:1:3:3:1:4).	66.0 %	69.4%
★	Percent of kindergarteners who received two doses of MMR vaccine.	88.4 %	91.9%
★	Percent of females aged 13 – 17 years who have had three doses of the HPV vaccination series. Teen Vax View (2014, 2017)	23%	32%
★	Percent of males aged 13 – 17 years who have had three doses of the HPV vaccination series. Teen Vax View (2014, 2017)	11%	17%
★	Number of Vaccines For Children sites	340	366

Innovation Fund Highlights

2017

- **HIPPA/ FERPA Policy Brief:** Community Resource Innovation prepared a brief that explores the policy and legal barriers, especially as they relate to HIPPA and FERPA, to school nurses in Arkansas reporting in the state immunization registry, WebIZ.

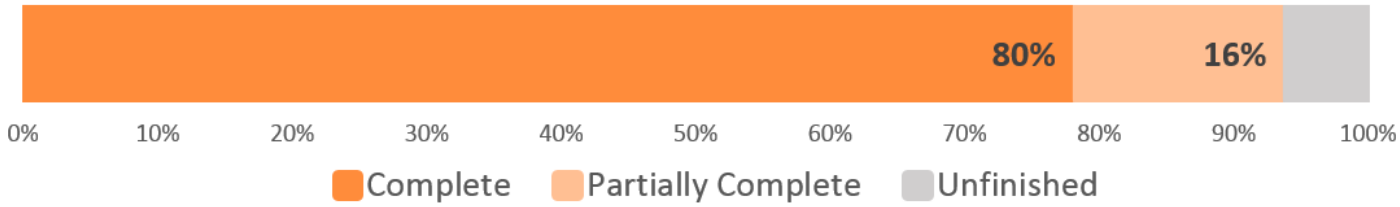
2019

- **Childhood Vaccination Hesitancy and Acceptance Survey:** The Immunization Subgroup contracted with UAMS to conduct a statistically significant survey to investigate vaccine hesitancy among Arkansas parents.

	Mutually Reinforcing Activities	
	Activity	**Impact**
	COMPLETED: Collect and compile information to understand better immunization hesitancy in Arkansas (ADH, ACH).	An FY19 NWPC Innovation Fund contract supported a statewide, statistically significant survey on immunization hesitancy. Survey results will inform varoius immunization stakeholders and providers about messaging to overcome hesitancy.
	COMPLETED: Collect and compile information to better understand immunization registry reporting (ADH).	A survey was conducted by ADH but unfortunately received limited feedback from providers.
	COMPLETED: Hold regular monthly workgroup meetings with Childhood Immunization Task Force (CITF) workgroup (ACH, ADH, Arkansas Pharmacist Association, AR Immunization Action Coalition Child Immunization Task Force).	The Childhood Immunization Workgroup meets monthly with an active, engaged set of participants. It has worked toward a variety of strategies that improve childhood immunizations. A group that was once dormant has been revived and is thriving, moving collective work on immunizations.
	COMPLETED: Add a pediatric immunization quality measure to the Patient Centered Medical Home model (AR Immunization Action Coalition Child Immunization Task Force).	Blue Cross has a pediatric immunization quality measure. However Medicaid does not yet have a pediatric immunization quality metric for PCMH, so practices have little incentive to improve immunization rates for their patients.
	COMPLETED: Increase compliance for required school immunizations by identifying and addressing barriers to HIPPA and FERPA in regards to immunization reporting (Consultant).	Schools are more aware of their ability to get a two-way release signed and get around this barrier, and new publicly available information will likely drive improvements, but the root problem has still not been solved.

Summary

2017-19 Goals Completed:



The Natural Wonders Partnership Council (NWPC) has made progress on 96% of the 50 total goals in the 2017-19 Action Plan. Accomplishing these goals helped move the needle positively for 70% of the tracked NWPC metrics. The following Innovation Fund projects highlight inventive ways these goals were achieved:

- **FrameWorks: Reframing Child Health Communication in Arkansas**
- **Arkansas's SBHC Start-Up Guide**
- **SPARK Training of Trainers for Physical Activity teachers in Delta**
- **Double Up Food Bucks**
- **Growing Healthy Produce Nutrition Education**
- **Arkansas School Nurse Mental Health Forums**
- **ACEs-focused Legal Aid**
- **Act 943 Action Plan Compliance Assessment**
- **Faith-Based Love Notes**
- **Medical Legal Partnership (MLP) Summit**
- **Assessing School Readiness using the Early Development Instrument (EDI)**
- **Parent needs assessment and messaging**
- **Parenting Gap Analysis**
- **Becoming a Mom**
- **ARKids First Enrollment for Marshallese Community and Oral Health Outreach**
- **Five to Thrive**
- **Brothers United – Safe Sleep**
- **HIPPA/ FERPA Policy Brief**
- **Childhood Vaccination Hesitancy and Acceptance Survey**

natural wonders

Improving Children's Health in Arkansas