

Action Plan
2020-2022

natural wonders

Improving Children's Health in Arkansas





Executive Summary

The 2019 Community Health Needs Assessment (CHNA) from Arkansas Children's Hospital has informed the three year action plan for the Natural Wonders Partnership Council (NWPC). This needs assessment provided an opportunity to understand and prioritize health needs for children in Arkansas through input gathered from community members, public health experts, and existing data sets. This report builds upon the CHNA and establishes a set of action areas for the coming years' work to improve the health of children. The ten prioritized health need areas correspond to the current regularly meeting NWPC subgroups. Those health needs, in prioritized order are:

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

The members of the Natural Wonders Partnership Council will continue to work to improve the health of children from a variety of approaches. This report should guide work of the partners and improve collaboration around existing and emerging issues to improve long-term outcomes for children in Arkansas.

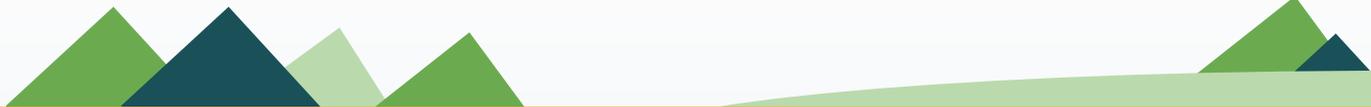


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About the Council

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 in Arkansas. Since 2006, Arkansas Children’s Hospital has served as the backbone agency for NWPC and has helped coordinate strategic initiatives that make measurable improvements in the health and quality of life of Arkansas children and families. Arkansas Children’s supports the group by providing financial, administrative, logistical, and evaluative support.

All initiatives outlined in this report reflect the collaborative work of the following members of the Natural Wonders Partnership Council:

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



The 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.

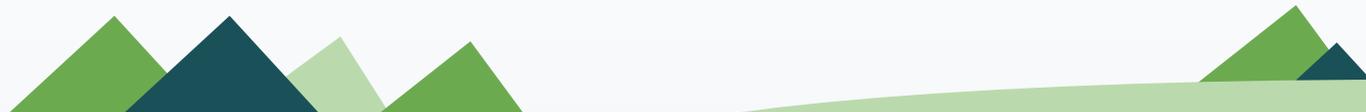
Common Agenda: The statewide Community Health Needs Assessment (CHNA), prepared by Arkansas Children’s Hospital every three years, provides the information that helps all members of the NWPC establish a common understanding of child and adolescent health needs. NWPC uses this information to identify 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. ACH has dedicated staff to support the work of the NWPC.





2019 Community Health Needs Assessment

This 2019 Community Health Needs Assessment (CHNA) provides ACH and partners the opportunity to understand and prioritize child health needs through input gathered from community members, public health experts, and existing data sets. The following data sources contributed to the wide range of input gathered from community members and organizations who represent children's health interests:

- 16 focus groups targeted to parents and children's service providers across Arkansas
- 39 key informant interviews targeted to child health thought leaders and subject matter experts
- A telephone survey of 401 Arkansas parents that was statistically significant at the state level
- A comprehensive review of child-specific secondary data from local, state, and national sources.

Resulting data were analyzed and prioritized into ten priority themes based on public health and qualitative research methods. This Action Plan is designed to address those health needs through the collective efforts of the Natural Wonders Partnership Council member organizations.

The 2019 ACH Community Health Needs Assessment can be found online at:
<https://www.archildrens.org/media/file/ACH-CHNA-2019.pdf>



Cross Cutting Factors

In addition to the major child health themes identified by the 2019 Community Health Needs Assessment, several cross cutting factors were mentioned frequently as underlying drivers of child health. These factors were:

Health Education: A two-generation approach to health-related education was discussed in focus groups. Parents and providers also saw a direct link between academic education and health.

Adverse Childhood Experiences (ACEs): Adverse Childhood Experiences, or ACEs, are events that occur in childhood but can have long-lasting influences on mental and physical health. These traumas include having a parent incarcerated, extreme economic hardship, neighborhood violence, domestic violence, mental illness or drug abuse in the family, divorce or parental separation, and death of a parent.

Substance Use and Tobacco Use: Focus group participants perceived a drug crisis stemming from kids' access to drugs as well as from doctors over-prescribing to adults. Focus group participants linked adult substance use to child health, noting that substance use sometimes starts at home.

Housing and Environmental Quality: Unsafe neighborhoods and high crime prevent children from participating in outdoor activities and create stress. Children need outdoor and indoor recreational spaces, sidewalks, and afterschool activities.

Discrimination Based on Language, Culture, or Race: Language barriers were brought up as a major issue in the healthcare system, and families report a need for more access to care that is culturally and linguistically appropriate.

Transportation, Transit, and Rural Isolation: Lack of transportation was identified as a barrier for parents seeking healthcare for their children, attending school meetings, and obtaining quality work or education.

Technology: The reported impacts of technology were broad, from discouraging immunizations to increasing the feelings of inadequacy and isolation in children, which can manifest in depression and even suicide.



Target Communities

Excel by 8 (E8): One strategy for making the most of NWPC efforts involves building on the momentum of engaged communities. A prominent example of that momentum in this Action Plan is the local capacity-building work being done by the Arkansas Campaign for Grade-Level Reading's Excel by 8 (E8) initiative.

The “E8 counties” mentioned in this Action Plan refer to the communities that have committed to engage in a process to assess local resources they have available and patch the gaps and weak spots in their resource grid. Based on local analysis, E8 sites will develop plans for shoring up or better coordinating, aligning, and integrating resources needed to help all children and families in their communities succeed.

For certain Action Plan goals, the groundswell in E8 counties appears to offer a natural starting place. As always, however, community buy-in is critical, and not every location will be interested or able to participate in all activities. Therefore, Action Plan goals that target E8 communities will provide those locations with the right of first refusal for projects, and will secure alternative locations if needed.

Parenting Supports

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.

Vision and Strategy: “We will improve child health in Arkansas by promoting parent and caregiver-friendly networks and support services within communities.”

Long Term Measurement Goal: This workgroup’s efforts will contribute to improving infant mortality rates for children in Arkansas (7 per 1,000 in 2016).

Three Year Goals:

Goal	Anticipated Impact on Baseline	Estimated Completion	Programs and Partners
Create or update home visiting trainings on issues related to Infant Mortality (such as the Safe Sleep, Shaken Baby, or Tobacco Modules).	50% of home visitors have been trained on these new modules.	June 30th, 2021	AHVN, AHVNTI, ADH, ACH, Safe Care, DCFS, DHS
Provide technical assistance for Excel by 8 (E8) counties that want to develop or expand parenting education efforts.	Technical assistance plan is carried out in 50% of participating E8 Counties.	June 30th, 2021	Excel By 8, WIC Clinics, ACH
Promote and expand Universal Home Visiting in Nursery Alliance Counties.	Add 1- 4 new Universal Home Visiting counties (In addition to Union County).	June 30th, 2022	ACH, AHVN, DHS, ADH

Social Issues

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 well-being of parents, and the health and economic success of communities.

Vision and Strategy: “We will improve child health in Arkansas by addressing the social determinants of health where children live, learn, and play.”

Long Term Measurement Goal: This workgroup’s efforts will contribute to improving the child poverty rate for children in Arkansas (22%, 2017).

Three Year Goals:

Goal	Anticipated Impact on Baseline	Estimated Completion	Programs and Partners
Increase the number of counties that are tracking local child wellbeing and developmental data in elementary schools through the EDI (Early Development Instrument).	Expand participating E8 counties to 8 total (from 3).	June 30th, 2022	NWPC Access to Care, Excel by 8, GLR
Create a consistently updated database of recommended, targeted health and parenting related supports available to home visitors, health care providers, and parents.	Implementation of tool (such as Aunt Bertha or NowPow).	June 30th, 2022	NWPC Parenting, ACCN, ACH
Launch a NWPC webpage with evidence based resources in conjunction with a communications plan. Include a social media presence and a focus on messaging.	Creation of Website and communications plan.	June 30th, 2021	NWPC, ACH



Mental Health and Substance Use

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 affects.

Vision and Strategy: “We will improve child health in Arkansas by creating a culture of emotional resilience-building in schools and the broader community.”

Long Term Measurement Goal: This workgroup’s efforts will contribute to improving the ACE Scores for children in Arkansas (54%, 2016-17).

Three Year Goals:

Goal	Anticipated Impact on Baseline	Estimated Completion	Programs and Partners
Support positive mental health by providing school staff and other community members with evidence-based trainings such as Mental Health First Aid, Kognito and tobacco cessation modules.	Increase the number of schools with new access to trainings, reaching every E8 county.	June 30th, 2022	Libraries, E8, GLR, PPYC, ADH, AWARE, ACH IPC
Support the school counselling process and increase the capacity of school nurses and counselors to act as first interventionists for mental health through regional trainings.	Offer 2 programs per year, for 6 total trainings to school nurses and counselors.	June 30th, 2022	AWARE
Conduct a gap analysis for youth mental health needs in Arkansas, including evidence based best practices to engage youth.	Final report and recommendations completed.	June 30th, 2022	Clinton School

Equitable Access to Care

Equitable access to 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 removal of barriers like transportation, cost, and language and cultural barriers.

Vision and Strategy: “We will improve child health in Arkansas by creating a culture of trust and understanding between parents, providers and schools.”

Long Term Measurement Goal: This workgroup’s efforts will contribute to improving the screening ratio (Medicaid EPSDT) for children in Arkansas (50%, 2017).

Three Year Goals:

Goal	Anticipated Impact on Baseline	Estimated Completion	Programs and Partners
Replicate School Nurse Academy for developmental day-care providers.	Offer one training session per year to nurses at early intervention day-care centers	June 30th, 2022	ACH/SNA, Blue & You, ADH, Developmental Daycares
Increase provider awareness of the benefits of collaborating with School-Based Health Centers through grand rounds, webinars, conferences and periodicals.	Provide education sessions for providers and health professional students focusing on adolescent well-child visits (1+ per year)	June 30th, 2022	UAMS, ACH, AAP, AAFP, ACCN
Improve patient access to transportation to healthcare visits by collaborating with the Arkansas Children’s transportation work-group.	Explore options for contracting with ride brokers.	June 30th, 2022	ACH



Food Insecurity

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 healthcare, 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.

Vision and Strategy: “We will improve child health in Arkansas by bringing families, neighborhoods, and schools to the table to make sure kids thrive through nutritious meals.”

Long Term Measurement Goal: This workgroup’s efforts will contribute to improving food insecurity rates for children in Arkansas (23.2%, 2016).

Three Year Goals:

Goal	Anticipated Impact on Baseline	Estimated Completion	Programs and Partners
Focus evidence-based nutrition education efforts (ie Cooking Matters®) on caregivers of younger children.	Increase rate from 20% to 33% of participants who are caregivers of kids under 5.	June 30th, 2022	Share our Strength, Economics Arkansas, WIC, AHVN
Ensure school districts within E8 counties have fully implemented Five to Thrive.	90% of school districts in E8 will have all five components (from 0%).	June 30th, 2022	E8, GLR, AHRA, ACH
Increase the number of schools state-wide participating in breakfast after the bell	Increase by 20% (or from 443 to 532)	June 30th, 2022	ADE



Child Obesity

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 lifelong health issues. Children with healthy weights require healthy food options, safe places to play and exercise, and a community-based approach to family health.

Vision and Strategy: “We will improve child health in Arkansas by helping families, providers, and schools keep kids on track to a healthy weight for life.”

Long Term Measurement Goal: This workgroup's efforts will contribute to improving the child obesity rate in Arkansas (High School Obesity 21.7%, 2017).

Three Year Goals:

Goal	Anticipated Impact on Baseline	Estimated Completion	Programs and Partners
Encourage birthing facilities to become “baby friendly” per CDC guidelines.	Provide support through a consultant, staff or additional targeted summits.	June 30th, 2022	HAA Breastfeeding team
Host a Lactation Consultant training, open to AR birthing hospitals, in partnership with the Arkansas Children's Nursery Alliance.	Host one (5 day) Lactation Consultant training with 50-75 attendees.	June 30th, 2021	HAA, Arkansas Children's Nursery Alliance
Support SPARK trained staff with Physical Education Curriculum and equipment.	Provide Curricula and equipment for SPARK trainers.	June 30th, 2022	HAA and funders



Reproductive Health

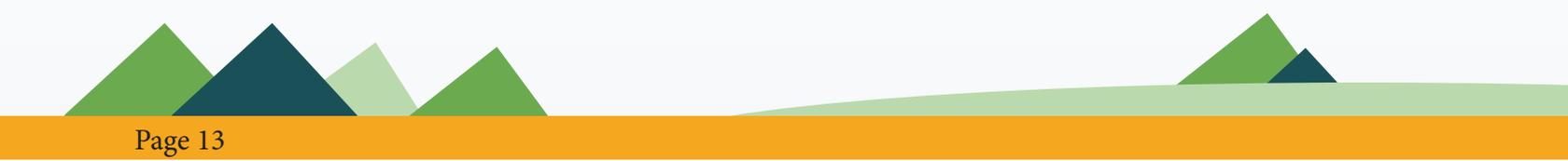
Positive reproductive health includes avoidance of sexually transmitted infections, low likelihood of teen births, and deterrence of sexual assault. These outcomes are driven by providing appropriate health education, giving male and female youth the tools they need to have healthy relationships, and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

Vision and Strategy: “We will improve child health in Arkansas by promoting evidence-based reproductive health skills to families so that all births in Arkansas are timely, intended, and within healthy relationships.”

Long Term Measurement Goal: This workgroup’s efforts will contribute to improving the Teen Birth Rate for children in Arkansas (35 per 1,000, 2016).

Three Year Goals:

Goal	Anticipated Impact on Baseline	Estimated Completion	Programs and Partners
Expand the number of schools implementing evidence-based reproductive health classes such as “Love Notes” through ACH	Increase the number of participating schools to 6 (from 2).	June 30th, 2022	ACH, ADE, ADH, CYF
Provide parents with evidence-based reproductive health education. Including topics like how to discuss reproductive health issues with their kids.	Offer 1 class per year in each E8 county (E8 given right of first refusal)	June 30th, 2021	NWPC Parenting group, PTAs, E8, GLR, Trained Health Educators
Provide training and technical assistance for public school teachers who teach reproductive health.	Offer 2 evidence-based trainings per year.	June 30th, 2022	ADE, ACH



Oral Health

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.

Vision and Strategy: “We will improve child health in Arkansas by connecting oral health to overall wellbeing and ‘putting the mouth back in the body’.”

Long Term Measurement Goal: This workgroup’s efforts will contribute to improving rates of tooth decay or cavities for Arkansas children (tooth decay 12.6%, 2017).

Three Year Goals:

Goal	Anticipated Impact on Baseline	Estimated Completion	Programs and Partners
Increase the number of sites with an active dental sealant program.	Increase active sites by 20 percent (from 82 to 99)	June 30th, 2022	Dentists, SBHCs, ACH, ADH, Healthy Connections, CDC vendors
Create a toolkit for collaborative care, allowing dental hygienists to do dental care and education in schools.	Distribute toolkit at statewide oral health conference and make available for schools and local dentists.	June 30th, 2021	CHPs and CHNS, ASBDE
Increase the number of collaborative care permits in Arkansas using the collaborative care toolkit to recruit and establish new sites.	Increase the number of sites by 15% (currently there are 12)	June 30th, 2022	ACH, ADH



Child Injury

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.

Vision and Strategy: “We will improve child health in Arkansas by making the safe choice the most sound, clear, and convenient choice.”

Long Term Measurement Goal: This workgroup’s efforts will contribute to improving the Child and Teen Death Rate for children in Arkansas (34 per1,000, 2016).

Three Year Goals:

Goal	Anticipated Impact on Baseline	Estimated Completion	Programs and Partners
Encourage best practices for parents of infants by distributing safety related materials and information at safety baby showers or similar safe sleep education.	Increase Safety baby Showers by one per E8 county. To date only Ashley county regularly hosts. (E8 counties given right of first refusal)	June 30th, 2022	Nursery Alliance, Home Town Health Alliance, DHS , ACH IPC, E8, GLR
Build an awareness and messaging campaign on firearms safe storage for various audiences (parents, students, policymakers etc).	Develop a messaging campaign targeting the safe storage of unsecured firearms.	June 30th, 2022	Game and Fish, Law Enforcement, HHI, Co-operative Extension, ACH IPC
Help Nursery Alliance hospitals (1) achieve or maintain safe sleep certification, (2) offer safety baby showers and/or (3) provide or refer families to a car seat safety program.	(1) All achieve and maintain safe sleep certification (2) 75% offer safety baby showers (3) 50% provide or refer families to a car seat safety program.	June 30th, 2022	Nursery Alliance, Home Town Health Alliance, DHS, Home visiting network, ACH IPC, ADH

Immunizations

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 materials about the timing and nature of these vaccinations.

Vision and Strategy: “We will improve child health in Arkansas by building a strong foundation of vaccine acceptance for a lifetime of health.”

Long Term Measurement Goal: This workgroup’s efforts will contribute to improving the 7 vaccination series (19-35 months) rate for Arkansas children (69.4%, 2017).

Three Year Goals:

Goal	Anticipated Impact on Baseline	Estimated Completion	Programs and Partners
Ensure that 90% of School Based Health Centers participate in the VFC (Vaccines for Children) program.	90% of SBHCs have a VFC program. (baseline pending survey data in 2019)	June 30th, 2022	NWPC Access to Care Workgroup
Educate school nurses through the School Nurse Academy on immunization schedules and messaging to overcome Vaccine Hesitancy.	One School Nurse Academy presentation on Immunization topics per year (currently none cover immunization messaging)	June 30th, 2022	NWPC Reproductive Health Group , St. Jude, ADH
Include training on vaccinations in Home Visitor trainings so that they can be strong advocates for vaccination.	Add a module on vaccination and messaging to Home Visitor training.	June 30th, 2022	AHVN, ADH, AHVN TI







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