



2023-2025

Arkansas Children's Hospital

IMPLEMENTATION STRATEGY

Arkansas Children's Hospital Implementation Strategy

EXECUTIVE SUMMARY

A deep understanding of the ongoing health needs of children in the communities served is essential to fulfilling the Arkansas Children's (AC) mission. The process of primary and secondary data collection, analysis, and prioritization is fueled by robust community listening that informs the 2022 Community Health Needs Assessment (CHNA) for Arkansas Children's Hospital (ACH). This document is the corresponding Implementation Strategy outlining ACH's strategies to address the child health needs identified in the CHNA. ACH defines its community as all children age 18 and under who live in Arkansas. In 2021, this included 724,312 children in 75 counties.

From June 2021 through April 2022, Arkansas Children's Community Engagement staff worked with Boyette Strategic Advisors on a multi-faceted approach to engage stakeholders and communities. Secondary data sources for both the Arkansas Children's Hospital and Arkansas Children's Northwest Community Health Needs Assessments were reviewed, in consultation with the Children's Hospital Association advisors and following the best practices of the Catholic Health Association. Additionally, members of the Natural Wonders Partnership Council and other child health subject matter experts were consulted.

The four major assessment components included:

- Twenty-two focus groups with parents/caregivers of children, educators, community leaders, and medical providers.
- Forty-one key informant interviews with child health thought leaders and subject matter experts.
- A digital survey of 602 parents in Arkansas, representative of Arkansas parents.
- Comprehensive review of child-specific data from local, state, and national sources.

Child health needs identified in the CHNA for Arkansas Children's Hospital, listed on page 3 of this document, were prioritized using a scoring process developed for this assessment. Each health need, found through research and stakeholder input, was analyzed based on:

Quantitative factors:

- Scope
- Severity
- Community Priorities
- Health Disparities

Qualitative factors:

- Connection to the Arkansas Children's strategic plan
- Ability to impact the need
- Ability to measure success

Arkansas Children's Hospital Implementation Strategy

The Arkansas Children's Hospital CHNA provides a detailed examination of the methodology used to complete the assessment, as well as the primary and secondary data that were reviewed to identify the current children's health needs in Arkansas. The child health needs identified in the Arkansas Children's Hospital and in the Arkansas Children's Northwest CHNAs are similar, however Access to Care is ranked differently between the two documents due to regional factors.

In this Implementation Strategy, three-year action steps are outlined with new action steps listed first, and operational team partners, external partners, and priority populations are identified. Initial key metrics and resources related to anticipated impact for each of the prioritized health needs are also acknowledged. The Arkansas Children's Hospital CHNA, and the corresponding Implementation Strategy, can be found at www.archildrens.org/chna.



Prioritized Health Needs

Primary Priorities

- Behavioral & Mental Health
- Immunizations
- Food Insecurity



Secondary Priorities

- Infant Health
- Child Abuse & Neglect



Sustaining Activities

- Access to Care
- Obesity
- Injury Prevention

Intersecting Needs

Poverty & Finances

Arkansas Children's Hospital Implementation Strategy

IMPLEMENTATION STRATEGY REQUIREMENTS

The Community Health Needs Assessment for ACH is now complete, having been approved by the Arkansas Children's Hospital Board of Directors in June 2022. The next time-sensitive step is development of an Implementation Strategy to address each of the identified health needs. The Implementation Strategy below outlines actions and activities ACH will pursue, in cooperation with other organizations, throughout the 2023-2025 timeframe. A required review and approval of this plan by the ACH Board of Directors is scheduled in October 2022.

For each health need, the Implementation Strategy:

- Describes ACH's planned action steps to address the need and their anticipated impact.
- Identifies some of the resources ACH plans to commit to address the health need.
- Describes planned collaboration between ACH and other facilities/organizations to address the corresponding health need.

CURRENT RESOURCES TO ADDRESS HEALTH NEEDS

A variety of AC and ACH resources are available to address community health needs. Depending on the issue, some or all of the funding streams below may support interventions to improve child health. Additional resources may be added.

- Community Benefit Funds
- Grants and Contracts
- Philanthropy
- Research

HEALTH DISPARITIES AND INTERSECTING NEEDS

During the Community Health Needs Assessment process, consideration was given to each identified health need and its effect by race, by community size, and by economic factors. Disparities discovered during this process can be found in the Arkansas Children's Hospital CHNA Health Disparities section of each identified need. Poverty and Finance have been identified as intersecting needs throughout this Implementation Strategy.

Arkansas Children’s Hospital Implementation Strategy

Primary Priority: Behavioral & Mental Health

Empower communities in Arkansas to address behavioral and mental health issues by increasing connections to available resources.

Metrics:

- Reduction in the rate of death by suicide among youth. (Baseline: Number of 15-24 year-olds in Arkansas who die by suicide - 21.9 per 100,000 in 2019)
- Increase access to behavioral and mental health resources for communities, professionals, caregivers, and parents.
- Decrease in rates of substance abuse and tobacco and nicotine use among youth.

Poverty and Finances: Arkansas has a severe shortage of mental health professionals. Only three Arkansas counties - Faulkner, Pulaski, and Saline - are not categorized as Health Professional Shortage Areas (HPSAs) for mental health professionals.

Additional information relating to this health need can be found on pages 20-25 of the 2022 ACH CHNA.

Action Step	Partners	Priority Population	Anticipated Impact
Teach parents, community members, and helping professionals how to be advocates for children’s behavioral and mental health, through education about health topics like bullying, self-harm, and suicide prevention and evidence-based trainings such as Safe Talk, Motivational Interviewing, and Applied Suicide Intervention Skills Training (ASIST), and by promoting the National Suicide and Crisis Lifeline 988.	<p>Operational Teams: AC Injury Prevention Center, ACH Social Work, AC Community Engagement, AC Partnerships Department, AC Strategic Marketing, AC Behavioral Health Strategy Workgroup</p> <p>External Partners: Arkansas Behavioral Health Integrated Network, Arkansas Advancing Wellness and Resiliency in Education (AWARE), Natural Wonders Partnership Council Mental Health and Wellbeing Workgroup, University of Arkansas Medical Sciences (UAMS) Family Treatment Program, UAMS Child Study Center, Arkansas Foundation for Suicide Prevention (AFSP), Arisa Health, parenting resource partners</p>	<p>Parents, families, and caregivers</p> <p>Community members</p>	# of parents, caregivers, and community members educated about behavioral and mental health topics

Arkansas Children’s Hospital Implementation Strategy

Primary Priority: Behavioral & Mental Health			
Action Step	Partners	Priority Population	Anticipated Impact
Expand community education, outreach, and connections to behavioral and mental health resources. (AC Resource Connect, community messaging, suicide prevention coalition)	<p>Operational Teams: AC Injury Prevention Center, ACH Social Work, AC Community Engagement, AC Partnerships Department, AC Strategic Marketing, AC Behavioral Health Strategy Workgroup</p> <p>External Partners: Arkansas Behavioral Health Integrated Network, Arkansas Center for Health Improvement (ACHI), Arkansas AWARE, AR ConnectNow, Arkansas Building Effective Services for Trauma (ARBEST), Natural Wonders Partnership Council Mental Health and Wellbeing Workgroup, parenting resource partners</p>	Community members	<p>Explore partnerships for creating a hub of behavioral health resources</p> <p>Increase # of visits to AC Resource Connect from the community</p>
Continuing Initiatives:			
Support positive behavioral and mental health by connecting school staff to evidence-based trainings, such as Mental Health First Aid, Safe Talk, Talk Saves Lives, Motivational Interviewing, and ASIST, as well as tobacco, nicotine, and other substance prevention and cessation tools and modules.	<p>Operational Teams: AC Injury Prevention Center, AC Community Engagement, AC Partnerships Department, AC Behavioral Health Strategy Workgroup</p> <p>External Partners: Division of Elementary and Secondary Education (DESE), Arkansas Department of Health (ADH), Arkansas AWARE, Natural Wonders Partnership Council Mental Health and Wellbeing Workgroup, UAMS Trauma Resource Initiative for Schools, AFSP, National Alliance for Mental Illness (NAMI), schools</p>	<p>School nurses</p> <p>School staff</p> <p>Community leaders</p>	# of school staff and community members trained

Arkansas Children's Hospital Implementation Strategy

Primary Priority: Behavioral & Mental Health

Action Step	Partners	Priority Population	Anticipated Impact
Continuing Initiatives:			
Continue to routinely assess for substance abuse, mental health, and behavioral health needs during inpatient and outpatient visits.	Operational Teams: ACH Social Work, AC Primary Care, Clinical Providers	Children, parents, families, and caregivers	# of referrals for mental health and substance abuse needs
Continue to support families and community members, to appropriately triage and manage their behavioral health care, through resources like the AC behavioral health resource call line.	Operational Teams: AC Specialty Care, AC Primary Care, ACH Social Work	Parents, families, and caregivers	Expand parents' and caregivers' ability to navigate care for their children, based on advice from the call line
Continue to support work that provides, increases, and improves support and assistance for bereaved children and families through resources like the AC Center for Good Mourning.	Operational Teams: AC Center for Good Mourning	Children, parents, families, and caregivers	# of children and families who participate in quality programs to assist in the bereavement process
Continue to support grant-funded prevention and cessation projects like Project Prevent, to empower youth to influence peers and communities to choose to be tobacco and nicotine-free.	Operational Teams: AC Community Engagement External Partners: ADH, schools	Children Schools	# of chapters and participants in youth prevention and cessation projects
Continue to support and expand development of educational support materials for families, such as means restriction materials, safety product distribution, and Live for Hope support program.	Operational Teams: AC Injury Prevention Center, AC Strategic Marketing, AC Behavioral Health Strategy Workgroup, ACH Social Work External Partners: AFSP, ADH, NAMI	Parents, families, and caregivers Community members Health care providers	# of resources distributed # of families accessing Live for Hope program

Arkansas Children’s Hospital Implementation Strategy

Primary Priority: Immunizations

Improve immunization rates for children 18 and under in Arkansas.

Metrics:

- County-level immunization rates for children aged 19-35 months, sourced from the ADH WebIZ each year. (Baseline: 2022 County Level Rate Map can be found on page 27 of the 2022 ACH CHNA.)
- County-level K-12 exemption rates, sourced from the ADH each year.
- Vaccination rate per county for children aged 11-14 years with two or more Human Papillomavirus (HPV) vaccines.

Poverty and Finances: Many children in the state qualify for the Vaccines for Children (VFC) program, yet do not have easy access to the program or a VFC provider.

Additional information relating to this health need can be found on pages 26-33 of the 2022 ACH CHNA.

Action Step	Partners	Priority Population	Anticipated Impact
Provide enhanced access to vaccines in counties with low vaccination rates for children aged 0-35 months, through community partnerships and a mobile vaccine strategy.	<p>Operational Teams: AC Primary Care, Clinical Providers, Arkansas Children’s Care Network (ACCN), AC Partnerships Department</p> <p>External Partners: ADH, Arkansas Department of Human Services (DHS), DESE, Immunize Arkansas, Arkansas Minority Health Commission</p>	Counties with low immunization rates for children aged 19-35 months (starting with counties below 60% fully immunized with the 7-series)	<p># of target counties</p> <p>% increase of county-level immunization rates for children aged 19-35 months</p>
Raise awareness of the importance of immunization for protection against early childhood diseases through public awareness activities.	<p>Operational Teams: AC Strategic Marketing, AC Partnerships Department, ACCN, AC Primary Care</p> <p>External Partners: ADH, DHS, Arkansas Minority Health Commission, DESE, Immunize Arkansas, Natural Wonders Partnership Council, payers, media partners</p>	Counties with lower rates of immunization	<p>Traditional and non-traditional media</p> <p>Uptake of vaccination in counties</p> <p>Updated public-facing website</p>
Support efforts to increase the number of VFC providers, access to VFC vaccine, and School-Based Health Centers (SBHCs) offering vaccines.	<p>Operational Teams: AC Primary Care, Clinical Providers, ACCN, AC Partnerships Department, AC Community Engagement</p> <p>External Partners: ADH, DESE, Natural Wonders Partnership Council, Immunize Arkansas, Community-based organizations (CBOs), churches, schools, daycares</p>	<p>Counties with low # of VFC providers</p> <p>Counties with low # of SBHCs offering vaccines</p>	<p># of VFC providers and/or access to VFC vaccine</p> <p># of SBHCs offering vaccine</p>

Arkansas Children's Hospital Implementation Strategy

Primary Priority: Immunizations

Action Step	Partners	Priority Population	Anticipated Impact
Continuing Initiatives:			
Continue to support and participate in the Arkansas Immunization Action Coalition's Childhood Immunization Workgroup and Natural Wonders Increasing Immunizations Workgroup, including efforts to evaluate and message around vaccine hesitancy for all Advisory Committee on Immunization Practices (ACIP) vaccines.	<p>Operational Teams: AC Partnerships Department, AC Strategic Marketing, Clinical Providers, ACCN, AC Primary Care</p> <p>External Partners: ADH, DESE, Natural Wonders Partnership Council, Immunize Arkansas</p>	Counties and population groups with lower rates of immunization	# of fully immunized youth aged 0-18 years for recommended ACIP-vaccines

Arkansas Children's Hospital Implementation Strategy

Primary Priority: Food Insecurity

Increase food security in Arkansas.

Metrics:

- Number of eligible families enrolled in federally funded nutrition programs like the Supplemental Nutrition Assistance Program (SNAP). (Baseline: In 2020, there were 393,091 SNAP recipients in Arkansas.)
- Child food insecurity rates by county.
- Percent of Arkansas households where families do not get enough to eat.

Poverty and Finances: Food insecurity and hunger are exacerbated by poverty, worsened by food deserts and the affordability of healthier food options.

Additional information relating to this health need can be found on pages 34-39 of the 2022 ACH CHNA.

Action Step	Partners	Priority Population	Anticipated Impact
Connect families to food and other social resources through partnerships and platforms such as AC Resource Connect.	<p>Operational Teams: AC Community Engagement, ACH Social Work, AC Information Services, Clinical Providers, ACCN, AC Primary Care</p> <p>External Partners: CBOs, Arkansas Chapter American Academy of Pediatrics (ARAAP), Findhelp.org Community Collaborative, Northwest Arkansas Food Security Community of Practice, food banks, and food pantries</p>	Children and families who are under-resourced	<p># of closed loop referrals</p> <p># of searches and connections to resources</p>
Continuing Initiatives:			
Raise awareness of, and assist with enrollment in, federally funded nutrition programs.	<p>Operational Teams: AC Financial Counselors, ACH Social Work, AC Strategic Marketing</p> <p>External Partners: ADH, DHS, Arkansas Hunger Relief Alliance, Northwest Arkansas Food Security Community of Practice</p>	<p>Children and families who are under-resourced</p> <p>Volunteers</p>	<p># of/rate of enrolled eligible families in federally funded nutrition programs like SNAP</p> <p>AC campus resources provided</p>
Continue to provide fresh produce to The Helping Hand of Greater Little Rock through the work of the ACH Centennial Garden.	<p>Operational Teams: AC Community Engagement</p> <p>External Partners: Contracted garden management vendor (currently Foment), The Helping Hand of Greater Little Rock</p>	<p>Children and families who are under-resourced</p> <p>Central High Neighborhood</p>	Amount of produce grown and donated

Arkansas Children's Hospital Implementation Strategy

Primary Priority: Food Insecurity			
Action Step	Partners	Priority Population	Anticipated Impact
Continuing Initiatives:			
Continue and expand emergency food distribution and engagement in food systems work through programs like the United States Department of Agriculture (USDA) Summer Feeding Program, mobile food distribution, and collaborative partnerships.	<p>Operational Teams: ACH Nutritional Services, AC Primary Care, AC Community Engagement</p> <p>External Partners: USDA, The Helping Hand of Greater Little Rock, Neighbor To Neighbor, Northwest Arkansas Food Security Community of Practice, Arkansas Coalition of Marshallese (ACOM), food banks, food pantries, Arkansas Cooperative Extension, local food growers</p>	Children, families, and caregivers	<p># of lunch bags distributed to youth 18 and under</p> <p># of families served by emergency food</p>
Continue to provide and expand opportunities for AC Employees to volunteer for and donate to emergency food organizations and CBOs that address food insecurity.	<p>Operational Teams: AC Community Action Team, AC Community Engagement, ACH Social Work</p> <p>External Partners: Arkansas Foodbank, The Helping Hand of Greater Little Rock, Neighbor To Neighbor, El Zocalo, Food Bank of Northeast Arkansas, Northwest Arkansas (NWA) Food Bank, Pack Shack, ACOM</p>	Children and families who are under-resourced	<p># of employees participating</p> <p># of food drives hosted</p> <p># of mobile pantry events</p> <p>Amount of food distributed</p>
Continue to offer cooking classes for patient families and for the community, utilizing curricula such as Cooking Matters, Growing My Plate or others.	<p>Operational Teams: AC Community Engagement</p> <p>External Partners: Arkansas Hunger Relief Alliance, Apple Seeds</p>	Low-income families with children in the home	<p># of classes held</p> <p># of participant responses to pre & post class survey</p>

Arkansas Children’s Hospital Implementation Strategy

Secondary Priority: Infant Health

Improve infant mortality rates in Arkansas.

Metrics:

- Reduce state-level infant mortality rate. (Baseline: Arkansas – 7.7 per 1,000 live births)
- Reduce county-level teen birth rates.
- Improve Pregnancy Risk Assessment Monitoring System (PRAMS) data specific to safe-sleep practices, maternal drug/alcohol use, maternal immunization, and vitamin and folic acid use.
- Increase number of counties with active safe-sleep satellite sites or community groups delivering Safety Baby Showers.

Poverty and Finances: Counties in Arkansas with high infant mortality and teen birth rates often also have high poverty rates. Poverty can cause issues in accessing prenatal care, exacerbated by health deserts with little to no existing maternal or child health care options.

Additional information relating to this health need can be found on pages 42-47 of the 2022 ACH CHNA.

Action Step	Partners	Priority Population	Anticipated Impact
Continuing Initiatives:			
Continue work of the AC Injury Prevention Center, including Safety Baby Showers, supporting maintenance of safe-sleep certification among birthing hospitals, training of child passenger safety technicians (CPSTs), performing car seat consultations, and distribution of safety products.	<p>Operational Teams: AC Injury Prevention Center, AC Strategic Marketing, ACH Social Work, Arkansas Home Visiting Network</p> <p>External Partners: Organizations offering home-visiting programs, Division of Children and Family Services (DCFS), first responders, daycares, birthing hospitals</p>	<p>Counties with high infant mortality rates</p> <p>Families and caregivers</p>	<p># of parents/guardians educated in Safety Baby Showers</p> <p># of trainers able to deliver Safety Baby Showers</p> <p># of Child Passenger Safety (CPS) classes and new technicians</p> <p># of CPS events and car seats checked</p> <p># of birthing hospitals safe-sleep certified</p>

Arkansas Children's Hospital Implementation Strategy

Secondary Priority: Infant Health			
Action Step	Partners	Priority Population	Anticipated Impact
Continuing Initiatives:			
Continue to support programming and enrollment in home-visiting programs, such as SafeCare, HIPPI, Parents as Teachers, Healthy Families America, and Following Baby Back Home, to improve infant health outcomes.	<p>Operational Teams: Arkansas Home Visiting Network, ACCN</p> <p>External Partners: Organizations offering home-visiting programs, DCFS</p>	<p>Counties with high infant mortality rates</p> <p>Families indicated by DCFS for secondary prevention of child abuse and neglect</p> <p>Families with premature infants</p>	<p>Increased enrollment</p> <p>Reduced emergency department (ED) visits</p> <p>Reduced infant mortality rates</p> <p>Expanded social support</p>
Continue to support current safe-sleep initiatives, while also working to decrease number of counties without a safe-sleep satellite site or community groups delivering Safety Baby Showers.	<p>Operational Teams: ACH Social Work, AC Injury Prevention Center, Arkansas Home Visiting Network</p> <p>External Partners: Organizations offering home-visiting programs, DCFS, first responders, daycares, birthing hospitals</p>	<p>Counties with high infant mortality rates</p> <p>Families and caregivers</p>	<p># of counties with a satellite site or community groups delivering Safety Baby Showers</p>
Continue to support and participate in the Arkansas Infant and Child Death Review Program, while encouraging the creation of a more user friendly and visual report to compliment CHNA work.	<p>Operational Teams: AC Injury Prevention Center, Team for Children at Risk (TCAR)</p> <p>External Partners: ADH-Family Health Branch, UAMS</p>	<p>Public health communities</p> <p>Minority population communities</p>	<p>Updated report that is more user-friendly and visual</p>
Continue to support reproductive health education efforts by providing education and resources related to pregnancy prevention, options for teen parents faced with decision, referrals for prenatal care, and by implementing comprehensive healthy relationships curriculum <i>Love Notes</i> with partners across the state.	<p>Operational Teams: ACH Social Work, AC Community Engagement, AC Strategic Marketing, ACH Division of Pediatric and Adolescent Gynecology</p> <p>External Partners: UAMS Obstetrics and Gynecology, Junior high/high schools, other organizations with teen target populations</p>	<p>Counties with a teen birth rate equal to or greater than 28 per 1000 (2020 state average)</p> <p>Counties with high infant mortality rates</p>	<p># of partner schools implementing <i>Love Notes</i> curriculum</p> <p># of students taught the <i>Love Notes</i> curriculum</p>

Arkansas Children's Hospital Implementation Strategy

Secondary Priority: Infant Health			
Action Step	Partners	Priority Population	Anticipated Impact
Continuing Initiatives:			
Continue to expand partnerships with hospitals through the ACH Nursery Alliance, to support better infant health outcomes and to bring care closer to home.	Operational Teams: ACH Nursery Alliance External Partners: Hospital sites, ADH, local communities & organizations	Counties with existing ACH Nursery Alliance partnerships Counties with high infant mortality rates	# of hospital partners # of unnecessary transfers to Level IV NICU through standardization of care and resource supports

Arkansas Children’s Hospital Implementation Strategy

Secondary Priority: Child Abuse & Neglect

Reduce instances of child abuse and neglect in Arkansas.

Metrics:

- Decrease in substantiated cases of child abuse. (Baseline: In 2020, the rate of substantiated cases of child abuse in Arkansas is 12.3 per 1,000 children, compared to the national rate of 8.4 per 1,000 children.)
- Increased primary prevention programs and participation in those programs.
- Increased parenting, social, and resource supports.

Poverty and Finances: There is no evidence of disparities related to rural, racial, or economic factors. Low income and high levels of economic stress, unstable housing, and frequent food insecurity can be contributing factors to stress in a household.

Additional information relating to this health need can be found on pages 48-56 of the 2022 ACH CHNA.

Action Step	Partners	Priority Population	Anticipated Impact
Participate in Blue Ribbon Task Force to End Child Abuse and Neglect to make recommendations on state policy and procedures to help prevent child abuse and neglect.	<p>Operational Teams: Team for Children at Risk (TCAR), AC Injury Prevention Center, AC Division of Community Engagement, Advocacy and Health, AC Government Relations</p> <p>External Partners: UAMS, DHS, Children’s Advocacy Centers of Arkansas (CACs), Natural Wonders Partnership Council, other advocates for children, policy makers</p>	Policy makers in order to reduce instances of child abuse and neglect	New reports and advanced policies to prevent child abuse and neglect
Explore partnerships in nationally known forums and organizations that focus on child abuse prevention.	<p>Operational Teams: Team for Children at Risk (TCAR), AC Division of Community Engagement, Advocacy and Health</p> <p>External Partners: UAMS, DHS, CACs, Natural Wonders Partnership Council</p>	<p>Parents, families, and caregivers</p> <p>Community members</p>	Expand participation and availability of primary prevention programs
Continuing Initiatives:			
Partner to advance primary prevention programs, such as home-visiting, Safety Baby Showers, and AC Resource Connect.	<p>Operational Teams: AC Injury Prevention Center, Arkansas Home Visiting Network</p> <p>External Partners: DHS, CACs, Natural Wonders Partnership Council, ARAAP, pediatricians, and other providers</p>	<p>Parents, families, and caregivers</p> <p>Community members</p>	Expand participation and availability of primary prevention programs

Arkansas Children's Hospital Implementation Strategy

Secondary Priority: Child Abuse & Neglect			
Action Step	Partners	Priority Population	Anticipated Impact
Continuing Initiatives:			
Participate in efforts to broadly inform and educate communities about child abuse and/or domestic violence, and effective interventions and/or models of support.	<p>Operational Teams: Team for Children at Risk (TCAR)</p> <p>External Partners: DHS, CACs, Arkansas Commission on Child Abuse, Rape and Domestic Violence, shelters, and domestic violence and child abuse focused non-profits, media partners, law enforcement</p>	<p>Community members</p> <p>Educators</p> <p>Providers</p> <p>Media partners</p> <p>Parents, families, and caregivers</p>	<p>Expand in media coverage and education about child abuse and domestic violence</p> <p>Advance models of support and prevention</p>

Arkansas Children's Hospital Implementation Strategy

Sustaining Activities: Access to Care

Increase access to health care services in Arkansas.

Metrics:

- Increase rate of children receiving care in a well-functioning system. (Baseline: In Arkansas, a 2019-2020 two-year average shows 17.3% of children receive care in a well-functioning system, which is defined as a system that provides children with a medical home, access to medical and dental care, available insurance, and where children have no unmet needs, and teens are prepared to transition to adult health care.)
- Decrease rate of children without health insurance.
- Increase quality of health care children receive from Primary Care provider.

Poverty and Finances: Poverty directly affects a family's ability to access care by limiting the resources necessary to travel for appointments and limiting ability to take time off work.

Additional information relating to this health need can be found on pages 60-67 of the 2022 ACH CHNA.

Action Step	Partners	Priority Population	Anticipated Impact
Provide enhanced access to vaccines in counties with low vaccination rates for children aged 0-35 months, through community partnerships and a mobile vaccine strategy.	<p>Operational Teams: AC Primary Care, Clinical Providers, ACCN, AC Partnerships Department</p> <p>External Partners: ADH, DESE, schools</p>	Counties with low immunization rates for children aged 19-35 months (starting with counties below 60% fully immunized with the 7-series)	<p># of target counties</p> <p>Increase of county-level immunization rates for children aged 19-35 months</p>
Continuing Initiatives:			
Continue to support financial and multilingual resources, including enrollment in Medicaid, SNAP, and other programs, which support access to care for families, such as AC Resource Connect.	<p>Operational Teams: AC Financial Counselors, AC Interpreter Services, ACH Social Work, Clinical Providers</p> <p>External Partners: FindHelp.org</p>	<p>Patient families without health insurance</p> <p>Patient families who have identified needs on social determinants of health screening</p>	<p># of children enrolled in Medicaid</p> <p># of children enrolled in SNAP</p> <p>% of children without health insurance</p>

Arkansas Children's Hospital Implementation Strategy

Secondary Priority: Access to Care

Action Step	Partners	Priority Population	Anticipated Impact
Continuing Initiatives:			
Through the Natural Wonders Partnership Council, continue and enhance support provided to SBHCs outside the AC system and their initiatives so that more children have access to primary care, AC specialty care, and mental health services where they live, learn, and play, regardless of insurance status or ability to pay.	<p>Operational Teams: AC Partnerships Department, AC Community Engagement</p> <p>External Partners: ADH-Coordinated School Health, DESE, Arkansas Advocates for Children and Families</p>	Children, families, and caregivers	<p>AC representation on Coordinated School Health committees/work groups</p> <p>Strengthened relationships with SBHCs to cultivate support of AC community health strategies</p>
Continue the work of mobile dental clinics and dental sealant programs.	<p>Operational Teams: ACH Dental Outreach/Clinics, AC Primary Care</p> <p>External Partners: Delta Dental, UAMS, Ronald McDonald House Charities (RMHC) Arkansas, RMHC Arkoma, Tyson</p>	<p>School sites with 50% or more free and reduced lunch students</p> <p>Dental HPSAs</p>	<p># of children who received preventative dental care in the past year</p> <p># of sealants applied</p>
Continue to provide trainings & classes to First Responders and other frontline community members across the state to help in the provision of emergency treatment in a timely manner at the local level.	Operational Teams: American Heart Association (AHA)/ACH Training Center/Simulation Education, AC Partnerships Department	Children, families, and caregivers	# of community members trained in skills like CPR or Stop the Bleed
Continue to support the ACH Kids Care after-hours nurse resource line to direct families to appropriate care for their children.	Operational Teams: ACH Kid's Care Line	Children, families, and caregivers	# of calls to the ACH Kids Care line
Continue to provide services through financial assistance for families who cannot fully pay for their child's care.	Operational Teams: AC Financial Counselors	Children and families who are uninsured or underinsured	Amount of financial assistance provided
Continue to support the work of the Medical Legal Partnership (MLP).	<p>Operational Teams: AC MLP</p> <p>External Partners: Legal Aid of Arkansas, pro-bono volunteers</p>	Children, families, and caregivers	# of cases referred, # of cases closed

Arkansas Children's Hospital Implementation Strategy

Sustaining Activities: Obesity

Reduce rates of childhood obesity in Arkansas.

Metrics:

- Improved childhood obesity rates by county. (Baseline: Arkansas ranks 46th for children and teens who are obese.)

Poverty and Finances: Childhood obesity is exacerbated by low access to nutritious food, few safe places to play, low levels of physical activity, and policies and environments that do not reinforce healthy habits.

Additional information relating to this health need can be found on pages 68-73 of the 2022 ACH CHNA.

Action Step	Partners	Priority Population	Anticipated Impact
Continuing Initiatives:			
Continue to support external organizations that have programs with demonstrated outcomes that encourage children to become more active and learn about healthy habits.	<p>Operational Teams: AC Community Engagement</p> <p>External Partners: Arkansas Hunger Relief Alliance, Apple Seeds, NWA Community of Practice</p>	<p>Children, families, and caregivers</p> <p>Educators</p>	Indicated program outcomes and evaluation of knowledge, attitudes, and behaviors
Continue to build partnerships to encourage obesity prevention and long-term health for children in Arkansas.	<p>Operational Teams: ACH Nursery Alliance, ACCN, AC Community Engagement</p> <p>External Partners: ARAAP, American Health Association, Arkansas Hunger Relief Alliance, schools</p>	<p>Clinical Providers</p> <p>Educators</p> <p>Families and caregivers</p>	Partnership outcomes, including evaluation of implemented programs
Continue to support and expand affordable access to education related to breastfeeding and other neonatal information that is linked to obesity prevention (i.e. ACH Nursery Alliance website).	<p>Operational Teams: ACH Nursery Alliance</p> <p>External Partners: Natural Wonders Partnership Council</p>	<p>Mothers</p> <p>Families and caregivers</p>	<p>Raise awareness of breastfeeding spaces</p> <p>Expand resources available through partners</p>
Continue to offer cooking classes for patient families and for the community, utilizing curricula such as Cooking Matters, Growing My Plate, or others.	<p>Operational Teams: AC Community Engagement</p> <p>External Partners: Arkansas Hunger Relief Alliance, Apple Seeds</p>	<p>Low-income families with children in the home</p>	<p># of classes held</p> <p># of participant responses to pre & post class survey</p>

Arkansas Children's Hospital Implementation Strategy

Sustaining Activities: Obesity

Action Step	Partners	Priority Population	Anticipated Impact
Continuing Initiatives:			
Continue to offer Pop-Up Cooking Matters presentations widely to high school students.	Operational Teams: AC Community Engagement External Partners: Schools	High school students	# of schools engaged # of students participating # of participant responses to pre & post presentation survey
Continue to provide nutrition education to children and families about affordable shopping, healthy food preparation, and emergency food resources through partnerships and hosted classes.	Operational Teams: AC Community Engagement, ACH Endocrinology Outpatient Clinic External Partners: Arkansas Hunger Relief Alliance, Apple Seeds, ACOM, food banks and pantries, schools	Children, families, and caregivers	# of classes provided # of participants completing classes # of connections made to food resources

Arkansas Children's Hospital Implementation Strategy

Sustaining Activities: Injury Prevention

Reduce overall child and teen death rate in Arkansas.

Metrics:

- Decrease overall child and teen death rate. (Baseline: Currently ranked 42nd nationally, with a 35/100,000 child and teen death rate.)
- Decrease Arkansas teen deaths by accident, homicide, or suicide.
- Decrease rate of motor vehicle death.
- Increase the number of counties with one or more trained child passenger safety technicians (CPSTs) and with a car seat satellite site.

Poverty and Finances: Counties with the highest poverty rates often have rates of motor vehicle crash deaths that are higher than the state average, due to a variety of factors, such as older vehicles with less safety protections, declining infrastructure, and lower rates of seatbelt education and seatbelt use.

Additional information relating to this health need can be found on pages 74-81 of the 2022 ACH CHNA.

Action Step	Partners	Priority Population	Anticipated Impact
Continuing Initiatives:			
Continue to support injury prevention efforts, such as child passenger safety, recreational safety, firearm safety, and suicide prevention initiatives, as well as Babysitting 101, and Teen Driving classes.	<p>Operational Teams: AC Injury Prevention Center, AC Community Engagement, AC Strategic Marketing</p> <p>External Partners: Arkansas Highway Safety Office, UAMS, State Farm</p>	Law enforcement, firefighters, medical professionals, daycares, community members, schools	<p># of students who complete Babysitting 101</p> <p># of schools/communities participating in teen driving activities</p> <p># of schools/families participating in recreational safety programs</p> <p># of ASIST/Safe Talk trainings delivered</p>
Continue to support CPS classes across Arkansas while expanding to deliver classes in counties with no or few CPSTs.	<p>Operational Teams: AC Injury Prevention Center</p> <p>External Partners: Arkansas Highway Safety Office, UAMS</p>	Law enforcement, firefighters, medical professionals, daycares, community members	<p># of classes delivered and technicians trained</p> <p># of counties with CPSTs</p>

Arkansas Children's Hospital Implementation Strategy

Sustaining Activities: Injury Prevention

Action Step	Partners	Priority Population	Anticipated Impact
Continuing Initiatives:			
Continue to support current satellite sites, expand sites in underserved counties, and support car seat distribution across Arkansas.	Operational Teams: AC Injury Prevention Center External Partners: Arkansas Highway Safety Office, UAMS	Law enforcement, firefighters, medical professionals, daycares, community members	# of satellite sites by county # of car seats distributed
Continue to provide access to safety assessments, prevention education and product distribution in the Family Resource Center and Safety Zone.	Operational Teams: AC Volunteer Engagement, AC Injury Prevention Center	Families and caregivers	# of Safety Zone Referrals # of Family Resource Center Open House Attendees



Arkansas
Children's
Hospital