

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 Northwest (ACNW). This document is the corresponding Implementation Strategy outlining ACNW's strategies to address the child health needs identified in the CHNA. ACNW defines its community as all children age 18 and younger in a 15-county area of Northwest Arkansas, which includes 251,028 children from birth to 18 years of age. These 15 counties are Baxter, Benton, Boone, Carroll, Crawford, Franklin, Johnson, Logan, Madison, Marion, Newton, Pope, Scott, Sebastian, and Washington.

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 Northwest and Arkansas Children's Hospital 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 201 parents in Northwest Arkansas, statistically significant for the 15-county area.
- Comprehensive review of child-specific data from local, state, and national sources.

The identified child health needs were prioritized using a scoring process developed for this assessment. Each health need identified through research and stakeholder input was analyzed based on quantitative factors of scope, severity, community priorities, and health disparities. In addition, qualitative factors included: how health issues connected to the Arkansas Children's strategic plan; ACNW's ability to impact the need; and the ability to measure success. The Arkansas Children's Northwest CHNA provides a detailed examination of the methodology used to complete the report, as well as both primary and secondary data that were reviewed to identify current children's health needs in Northwest Arkansas. In this Implementation Strategy, three-year action steps (new action steps are listed first), operational team partners, external partners, and priority populations are outlined. Initial key metrics and resources related to anticipated impact for each of the prioritized health needs are also identified. The Arkansas Children's Northwest CHNA, and the 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
- Access to Care

Sustaining Activities

- Obesity
- Injury Prevention

Intersecting Needs

Poverty & Finances

IMPLEMENTATION STRATEGY REQUIREMENTS

The Community Health Needs Assessment for ACNW is now complete, having been approved by the Arkansas Children's Northwest 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 ACNW will pursue, in cooperation with other organizations, throughout the 2023-2025 timeframe. A required review and approval of this plan by the ACNW Board of Directors is scheduled in August 2022.

For each health need, the Implementation Strategy:

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

CURRENT RESOURCES TO ADDRESS HEALTH NEEDS

A variety of AC and ACNW 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

HEALTH DISPARTIES 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 Northwest CHNA Health Disparities section of each identified need. Poverty and Finance have been identified as intersecting needs throughout this Implementation Strategy.

Primary Priority: Behavioral & Mental Health

Empower communities in the 15-county Northwest Arkansas service area 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: All counties in the Northwest Arkansas (NWA) region are categorized as a Mental Health Professional Shortage Area.

| Additional information relating to this health need can be found on pages 22-27 of the 2022 ACNW CHNA. | | | |
|--|--|--|--|
| Action Step | Partners | Priority Population | Anticipated Impact |
| Support positive behavioral and mental health by connecting school staff to evidence-based | Operational Teams: AC Injury Prevention Center, AC Community Engagement, AC Partnerships | School nurses | # of school staff and community members |
| trainings, such as Mental Health First Aid, Safe Talk, Talk Saves Lives, Motivational | Department, AC Behavioral Health Workgroup | School staff | trained |
| Interviewing, and Applied Suicide Intervention Skills Training (ASIST), as well as tobacco, nicotine, and other substance prevention and cessation tools and modules. | External Partners: Division of Elementary and Secondary Education (DESE), Arkansas Department of Health (ADH), Arkansas Advancing Wellness and Resiliency in Education (AWARE), Natural Wonders Partnership Council Mental Health and Wellbeing Workgroup, American Foundation for Suicide Prevention, National Alliance for Mental Illness (NAMI), schools in the 15-county NWA service area | Community leaders | |
| Share and/or provide training and resources for parents to advocate for their children's behavioral and mental health, such as promoting the National Suicide and Crisis Lifeline 988. | Operational Teams: AC Injury Prevention Center, AC Community Engagement, AC Partnerships Department, AC Strategic Marketing, AC Behavioral Health Workgroup External Partners: Arkansas Behavioral Health Integrated Network, Arkansas AWARE, Natural Wonders Partnership Council Mental Health and Wellbeing Workgroup, Arkansas Foundation for Suicide Prevention (AFSP), Arisa Health, parenting resource partners | Parents, families, and caregivers Community members | # of parents, caregivers, and community members educated about behavioral and mental health topics |

| Action Step | Partners | Priority Population | Anticipated Impact |
|--|--|--|--|
| Expand community education, outreach, and connections to behavioral and mental health resources in NWA. (AC Resource Connect, community messaging, suicide prevention coalition) | Operational Teams: AC Injury Prevention Center, AC Community Engagement, AC Partnerships Department, AC Strategic Marketing, AC Behavioral Health Workgroup | Community members | Explore partnerships for creating a hub of behavioral health resources |
| Coantion) | External Partners: Arkansas Behavioral Health Integrated Network, Arkansas AWARE, Natural Wonders Partnership Council Mental Health and Wellbeing Workgroup, parenting resource partners | | Increase # of visits to AC Resource Connect from the community |
| Continuing Initiatives: | | | |
| Continue to routinely assess for substance abuse, mental health, and behavioral health needs during inpatient and outpatient visits. Continue to support work that provides, increases, and improves support and assistance | Operational Teams: ACNW Social Work, ACNW Primary Care, ACNW Clinical Providers Operational Teams: AC Center for Good Mourning | Children, parents, families, and caregivers Children, parents, families, and | # of referrals for mental health and substance abuse needs # of children and families who participate in quality |
| for bereaved children and families through resources like the AC Center for Good Mourning. | | caregivers | 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 | Operational Teams: AC Injury Prevention Center, AC Strategic Marketing, AC Behavioral Health Workgroup | Parents, families, and caregivers | # of resources distributed # of families accessing |
| product distribution, and Live for Hope support program. | External Partners: AFSP, ADH, NAMI | Community members Health care providers | Live for Hope program |

Primary Priority: Immunizations

Improve immunization rates for children 18 and under in the 15-county Northwest Arkansas region.

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 29 of the 2022 ACNW 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 28-33 of the 2022 ACNW CHNA. | | | |
|--|--|----------------------------|--------------------------|
| Action Step | Partners | Priority Population | Anticipated Impact |
| Provide enhanced access to vaccines in | Operational Teams: ACNW Clinical Providers, | Counties with low | # of target counties |
| counties with low vaccination rates for children | Arkansas Children's Care Network (ACCN), AC | immunization rates | |
| aged 19-35 months, through community | Partnerships Department, ACNW Primary Care | for children aged 19- | % increase of county- |
| partnerships and a mobile vaccine strategy. | | 35 months (starting | level immunization rates |
| | External Partners: ADH, Arkansas Department of | with counties below | for children aged 19-35 |
| | Human Services (DHS), DESE, Immunize Arkansas, | 60% fully immunized | months |
| | Arkansas Minority Health Commission | with the 7-series) | |
| Raise awareness of the importance of | Operational Teams: AC Partnerships Department, AC | Counties with lower | Traditional and non- |
| immunization for protection against early | Strategic Marketing, ACCN, ACNW Primary Care | rates of | traditional media |
| childhood diseases through public awareness | | immunization | |
| activities. | External Partners: ADH, DHS, Arkansas Minority | | Uptake of vaccination in |
| | Health Commission, DESE, Immunize Arkansas, | | counties |
| | Natural Wonders Partnership Council, payers, media | | |
| | partners | | Updated public-facing |
| | | | website |

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

Primary Priority: Food Insecurity

Increase food security in the 15-county Northwest Arkansas region.

Metrics:

- Number of eligible families enrolled in federally funded nutrition programs like Women, Infants and Children (WIC) and 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 34-40 of the 2022 ACNW CHNA. | | | |
|--|--|----------------------------|----------------------------|
| Action Step | Partners | Priority Population | Anticipated Impact |
| Connect families to food and other social | Operational Teams: ACNW Clinical Partners, ACCN, | Children and families | # of closed loop referrals |
| resources through partnerships and platforms | ACNW Primary Care, AC Community Engagement | who are under- | |
| such as AC Resource Connect. | | resourced | # of searches and |
| | External Partners: Community-based organizations | | connections to resources |
| | (CBOs), Arkansas Chapter American Academy of | | |
| | Pediatrics (ARAAP), Findhelp.org Community | | |
| | Collaborative, Northwest Arkansas Food Security | | |
| | Community of Practice | | |
| Raise awareness of, and assist with enrollment | Operational Teams: ACNW teams, AC Strategic | Children and families | # of/rate of enrolled |
| in, federally funded nutrition programs. | Marketing | who are under- | eligible families in |
| | | resourced | federally funded |
| | External Partners: Northwest Arkansas Food Security | | nutrition programs like |
| | Community of Practice, Arkansas Hunger Relief | Volunteers | WIC and SNAP |
| | Alliance | | |
| | | | ACNW campus resources |
| | | | provided |

| Primary Priority: Food Insecurity | | | |
|---|---|--|--|
| Action Step | Partners | Priority Population | Anticipated Impact |
| Continuing Initiatives: | | | |
| 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, ACNW Nutritional Services External Partners: Arkansas Hunger Relief Alliance, Apple Seeds, Arkansas Coalition of Marshallese (ACOM), food banks and pantries | Children, families, and caregivers | # of classes provided # of participants completing classes # of connections made to food resources |
| Continue and expand emergency food distribution through programs like the USDA Summer Feeding Program, mobile food distribution, and collaborative partnerships. | Operational Teams: ACNW Nutritional Services, ACNW Primary Care External Partners: USDA, Northwest Arkansas Food Security Community of Practice, ACOM, food banks and pantries | Children, families, and caregivers | # of lunch bags distributed to youth 18 and under # of families served by emergency food |
| Continue to provide and expand opportunities for ACNW Employees to volunteer for emergency food organizations and CBOs that address food insecurity, such as the NWA Foodbank Mobile Food Pantry. | Operational Teams: AC Community Action Team, AC Community Engagement External Partners: NWA Food Bank, Pack Shack, ACOM | Children and families who are under- resourced | # of employees participating # of mobile pantry events Amount of food distributed |

Secondary Priority: Infant Health

Improve infant mortality rates in the 15-county Northwest Arkansas region.

Metrics:

- Reduce state-level infant mortality rate. (Baseline: Arkansas 7.7 per 1,000 live births; Northwest Arkansas 5.4 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 44-50 of the 2022 ACNW CHNA. | | | |
|--|---|----------------------------|--------------------------|
| Action Step | Partners | Priority Population | Anticipated Impact |
| Continuing Initiatives: | | | |
| Continue work of the AC Injury Prevention | Operational Teams: AC Injury Prevention Center, AC | Counties with high | # of parents/guardians |
| Center, including Safety Baby Showers, | Strategic Marketing, Arkansas Home Visiting Network | infant mortality rates | educated in Safety Baby |
| supporting maintenance of safe-sleep | | | Showers |
| certification among birthing hospitals, training | External Partners: Organizations offering home- | Families and | |
| of child passenger safety technicians (CPSTs), | visiting programs, Division of Children and Family | caregivers | # of trainers able to |
| performing car seat consultations, and | Services (DCFS), first responders, daycares, birthing | | deliver Safety Baby |
| distribution of safety products. | hospitals | | Showers |
| | | | |
| | | | # of Child Passenger |
| | | | Safety (CPS) classes and |
| | | | new technicians |
| | | | |
| | | | # of CPS events and car |
| | | | seats checked |
| | | | |
| | | | # of birthing hospitals |
| | | | safe-sleep certified |

| Secondary Priority: Infant Health | Poutnous | Duianitu Danulatian | Austicinated Improact |
|--|---|---|---|
| Action Step | Partners | Priority Population | Anticipated Impact |
| Continuing Initiatives: Continue to support programming and | Operational Teams: Arkansas Home Visiting Network | Counties with high | Increased enrollment |
| enrollment in home-visiting programs, such as SafeCare, HIPPY, Parents as Teachers, Healthy Families America, and Following Baby Back | External Partners: Organizations offering homevisiting programs, DCFS | Families indicated by | Reduced emergency department (ED) visits |
| Home, to improve infant health outcomes. | | DCFS for secondary prevention of child abuse and neglect | Reduced infant mortality rates |
| | | Families with premature infants | Expanded social support |
| Continue to support current safe-sleep initiatives practiced on inpatient units, including providing education to caregivers, while also working to decrease number of counties without a safe-sleep satellite site or community groups delivering Safety Baby | Operational Teams: ACNW Social Work, AC Injury Prevention Center, Arkansas Home Visiting Network External Partners: Organizations offering home- visiting programs, DCFS, first responders, daycares, birthing hospitals | Counties with high infant mortality rates Families and caregivers | # of counties with a satellite site or community groups delivering Safety Baby Showers |
| Showers. Continue to support and participate in the | Operational Teams: AC Injury Prevention Center | Public health | Updated report that is |
| Arkansas Infant and Child Death Review Program, while encouraging the creation of a more user friendly and visual report to compliment CHNA work. | External Partners: ADH-Family Health Branch, University of Arkansas for Medical Sciences (UAMS) | communities Minority population communities | more user-friendly and visual |
| 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 | Operational Teams: ACNW Social Work, AC Community Engagement, AC Strategic Marketing External Partners: Junior high/high schools, other organizations with teen target populations | Counties with a teen birth rate equal to or greater than 28 per 1000 (2020 state average) | # of partner schools implementing Love Notes curriculum # of students taught the Love Notes curriculum |
| relationships curriculum <i>Love Notes</i> with partners across the state. | | | |

Secondary Priority: Child Abuse & Neglect

Reduce instances of child abuse and neglect in the 15-county Northwest Arkansas region.

Metrics:

- Decrease in substantiated cases of child abuse. (Baseline: In 2020, there were 1,885 substantiated reports of maltreatment in Northwest Arkansas.)
- 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.

| 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 52-58 of the 2022 ACNW CHNA. | | | |
| Action Step | Partners | Priority Population | Anticipated Impact |
| Continuing Initiatives: | | | |
| Participate in Governor's Blue Ribbon Task | Operational Teams: AC Injury Prevention Center, AC | Policy makers in | New reports and |
| Force to make recommendations on state | Division of Community Advocacy, Education and | order to reduce | advanced policies to |
| policy and procedures to help prevent child | Health, AC Government Relations | instances of child | prevent child abuse and |
| abuse and neglect. | | abuse and neglect | neglect |
| | External Partners: UAMS, DHS, Children's Advocacy | | |
| | Centers of Arkansas (CACs), Children's Safety Center | | |
| | of Washington County, Natural Wonders Partnership | | |
| | Council, other advocates for children, policy makers | | |
| Partner to advance primary prevention | Operational Teams: AC Injury Prevention Center, | Parents, families, and | Expand participation in |
| programs, such as home-visiting, Safety Baby | Arkansas Home Visiting Network | caregivers | primary prevention |
| Showers, and AC Resource Connect. | | | programs |
| | External Partners: DHS, CACs, Natural Wonders | Community members | |
| | Partnership Council, pediatricians, and other | | Expand primary |
| | providers | | prevention programs |
| | | | available in the |
| | | | community |

| 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. | Operational Teams: AC Injury Prevention Center External Partners: DHS, CACs, Clinical Providers, shelters and domestic violence and child abuse focused non-profits, media partners, law enforcement | Community members Educators Providers Media partners Parents, families, and | Expand in media coverage and education about child abuse and domestic violence Advance models of support and prevention |
| | | caregivers | |

Secondary Priority: Access to Care

Increase access to health care services in the 15-county Northwest Arkansas region.

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

| Secondary Priority: Access to Care | | | | |
|--|--|------------------------------------|---|--|
| Action Step | Partners | Priority Population | Anticipated Impact | |
| Continuing Initiatives: | | | | |
| Through 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. | Operational Teams: AC Partnerships Department, AC Community Engagement External Partners: ADH-Coordinated School Health, DESE, Arkansas Advocates for Children and Families | Children, families, and caregivers | AC representation on Coordinated School Health committees/work groups Strengthened relationships with SBHCs to cultivate support of AC community health strategies | |

Sustaining Activities: Obesity

Reduce rates of childhood obesity in the 15-county Northwest Arkansas service area.

Metrics:

• Improved childhood obesity rates by county. (Baseline: NWA county rates can be found on page 72 of the 2022 ACNW CHNA.)

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 70-75 of the 2022 ACNW CHNA. | | | | | |
|--|--|----------------------------|--------------------------|--|--|
| Action Step | Partners | Priority Population | Anticipated Impact | | |
| Continuing Initiatives: | | | | | |
| Continue to support external organizations that | Operational Teams: AC Community Engagement | Children, families, | Indicated program | | |
| have programs with demonstrated outcomes | | and caregivers | outcomes and evaluation | | |
| that encourage children to become more active | External Partners: Hunger Relief Alliance, Apple | | of knowledge, attitudes, | | |
| and learn about healthy habits. | Seeds, NWA Community of Practice | Educators | and behaviors | | |
| Continue to build partnerships to encourage | Operational Teams: AC Nursery Alliance, ACCN, AC | Clinical Providers | Partnership outcomes, | | |
| obesity prevention and long-term health for | Community Engagement | | including evaluation of | | |
| children in Arkansas. | | Educators | implemented programs | | |
| | External Partners: ARAAP, American Health | | | | |
| | Association, AR Hunger Relief Alliance, schools | Families and | | | |
| | | caregivers | | | |
| Continue to support and expand affordable | Operational Teams: AC Nursery Alliance | Mothers | Raise awareness of | | |
| access to education related to breastfeeding | | | breastfeeding spaces | | |
| and other neonatal information that is linked to | External Partners: Natural Wonders Partnership | Families and | | | |
| obesity prevention (i.e. Nursery Alliance | Council, Baptist Health "Expressly for You" program, | caregivers | Expand resources | | |
| website, 1-800 Helpline, Milk Depot). | and Milk Depot | | available through | | |
| | | | partners | | |
| | | | Use of Milk Depot | | |
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| Sustaining Activities: Obesity | | | | | |
|---|--|--|--|--|--|
| Action Step | Partners | Priority Population | Anticipated Impact | | |
| Continuing Initiatives: | | | | | |
| Continue to offer cooking classes for patient families and for the community, utilizing | Operational Teams: ACNW Nutritional Services, AC Community Engagement | Low-income families with children in the | # of classes held | | |
| curricula such as Cooking Matters, Growing My Plate, or others. | External Partners: Apple Seeds | home | # of participant responses to pre & post class survey | | |
| Continue to offer Pop-Up Cooking Matters presentations widely to high school students | Operational Teams: AC Community Engagement | High school students | # of schools engaged | | |
| throughout NWA. | External Partners: Participating schools | | # of students participating | | |
| | | | # of participant responses to pre & post presentation survey | | |

Sustaining Activities: Injury Prevention

Reduce overall child and teen death rate in the 15-county Northwest Arkansas region.

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 76-82 of the 2022 ACNW CHNA. | | | | | |
|---|--|--|---|--|--|
| Action Step | Partners | Priority Population | Anticipated Impact | | |
| Continuing Initiatives: | | | | | |
| Continue to support CPS classes across Arkansas while expanding to deliver classes in counties with no or few CPSTs. | Operational Teams: AC Injury Prevention Center External Partners: Arkansas Highway Safety Office, UAMS | Law enforcement, firefighters, medical professionals, daycares, community members | # of classes delivered and technicians trained # of counties with CPSTs | | |
| 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 support injury prevention efforts, such as child passenger safety initiatives, Babysitting 101, and Teen Driving classes. | Operational Teams: AC Injury Prevention Center, AC Community Engagement, AC Strategic Marketing External Partners: Arkansas Highway Safety Office, UAMS, State Farm | Law enforcement, firefighters, medical professionals, daycares, community members, schools | # of students who complete Babysitting 101 # of schools/communities participating in teen driving activities | | |

