



ARKANSAS CHILDREN'S HOSPITAL

Community Health Implementation Strategy

Improving the Health of Arkansas's Youngest Residents

FALL 2016



We champion children by making them better today and healthier tomorrow.

Executive Summary

Arkansas Children’s Hospital (ACH) is a private, nonprofit institution working to champion children by making them better today and healthier tomorrow. ACH is part of a small health system, Arkansas Children’s, Inc. (“Arkansas Children’s”). The hospital's campus in Little Rock spans 36 city blocks and houses 359 beds, a staff of 500 physicians, 80 residents in pediatrics and pediatric specialties and more than 4,000 employees. Over the past century, ACH has grown from a small orphanage in Little Rock to a statewide network of care that includes an expansive pediatric teaching hospital and research institute as well as regional clinics in several counties. As the only pediatric medical center in the state that treats children from every county in Arkansas and some from neighboring areas, **ACH defines the community it serves as all children from birth to age 18 in the state of Arkansas.** According to the U.S. Census Bureau, there are about 710,000 children in Arkansas. Of note, the hospital has about 30,000 Central Arkansas children who identify ACH as their primary care provider, but its community extends far beyond these children.

Internal Revenue Service (IRS) requirements formalized periodic needs assessments for nonprofit hospitals, detailed in final regulations published in December 2014 by the Department of the Treasury. ACH’s most recent community health needs assessment (CHNA) was completed in 2016 and serves as a foundation for the hospital’s strategic initiatives that improve child health by identifying and prioritizing top health needs for children. This document is the corresponding Implementation Strategy (IS) that outlines ACH’s strategies to address the child health needs identified in the CHNA.

From September 2015 through March 2016, hospital staff and consultants gathered primary and secondary data for the CHNA. The following data sources contributed to the wide range of input gathered from people and organizations who represent children’s health interests:

- Eleven focus groups targeted to a diverse population of parents and children’s service providers across Arkansas,
- Thirty-four key informant interviews targeted to Arkansas’s child health thought leaders and subject matter experts,
- A telephone survey of 400 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 was compiled and prioritized into 12 areas of need using a criteria-weighting method. From May to September 2016, stakeholder groups and ACH administrative and clinical leaders worked to identify action-oriented goals and activities to address the prioritized needs. **For each health need in this Implementation Strategy, three-year goals, expected outcomes, resources, and collaborative partners are outlined.**

- Access to Care
- Childhood Obesity
- Mental Health and Substance Use
- Reproductive Health
- Social Issues
- Parent Supports
- Oral Health
- Food Insecurity
- Child Maltreatment and Caregiver Mental Health and Substance Use
- Child Injuries
- Immunizations
- Developmental Screening and Services

Implementation Strategy Requirements

After the 2016 CHNA was completed and approved by the Hospital board in May of 2016, ACH had several months to complete this associated Implementation Strategy. Approval by the governing body is required by November 15th, 2016. The Implementation Strategy outlines what ACH will do during the 2017-2019 time frame to address the community health needs found in the CHNA. ACH must also identify health needs the hospital facility will not address and explain why. For each health need, the IS:

- Describes ACH's planned **actions** to address the needs and their anticipated **impact**
- Identifies the **resources** ACH plans to commit to address the health need
- Describes planned **collaboration** between ACH and other facilities or organizations in addressing the health need

Resources to Address Health Needs

A variety of resources are available throughout Arkansas Children's and within Arkansas Children's Hospital 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 as they are identified.

- **Community Benefit Funds** – Arkansas Children's Hospital provides more than \$50 million in operational dollars annually that go toward services and community health investments. These funds, spent to improve child health, qualify as community benefit under IRS regulations.
- **Grants and Contracts** – Arkansas Children's Hospital relies on grants and contracts to fund much work that improves the health of children. For example, the Arkansas Home Visiting Network department at ACH has a multi-million dollar contract annually supporting its close partnership with the Arkansas Department of Health to provide home visiting programs for vulnerable families that improve parenting skills.
- **Philanthropy** – ACH's capacity is extended by the generosity of donors who invest in the future of health and health care for children. Many departments, for example Community Outreach and the Injury Prevention Center at ACH, rely on significant donor funds to accomplish public health goals or reach certain counties around the state.
- **Research** – The Arkansas Children's Research Institute (ACRI) contributes to the growing knowledge base on children's health issues, including many of the issues raised in the ACH CHNA. In particular, obesity prevention research is a strong focus at ACRI with significant federal funding.

Natural Wonders Partnership Council

Since 2006, ACH has served as the backbone agency for the Natural Wonders Partnership Council, a coalition of agencies that serve children statewide and work together to improve the health of children in Arkansas. This partnership of more than two dozen state agencies, nonprofit organizations, clinical leaders, funders, and other organizations that serve children meets regularly to coordinate strategic initiatives that make measurable improvements in health and quality of life for Arkansas children and families. The NWPC utilizes the Collective Impact model to guide partners' work and address the complex social issue of changing health outcomes for children in all four corners of the state.

The 2016 CHNA provided a shared agenda for the Natural Wonders Partnership Council and helped inform an updated Framework for improving child health. **Each issue from the CHNA has a lead agency**

and a set of metrics and goals for improving child health. Lead agencies are identified partners who lead statewide efforts in specific areas of child health. After examining the twelve issue areas identified in the CHNA and exploring existing and needed workgroups in the public health landscape in Arkansas, the NWPC identified ten sub-groups, including the primary Natural Wonders coalition, to tackle all twelve issues. Child Maltreatment/Caregiver Mental Health and Substance use was rolled into the Parent Supports workgroup, and Developmental Screening and Services was rolled into Access to Care. The primary NWPC coalition will own the category of “social issues,” and nine additional subgroups will address the other child health issues.

Each of the 10 groups then developed five metrics to track to determine success in improving child health and five process-oriented, SMART goals that would guide their work over the coming three years. Each individual goal had an assigned NWPC partner(s) to lead the work. Some of the goals within the NWPC’s Framework are owned by ACH, and these NWPC goals are included within this report. Other goals are owned by partner agencies and thus are not part of the scope of this IS, though they are noted at the end of each issue area within the IS.

Implementation Strategy

The ACH Implementation Strategy builds upon the extensive work that the NWPC did to set collaborative goals, but it goes beyond this to incorporate ACH’s investments outside of the NWPC Framework. In September 2016, a retreat was held with the leadership of the Bates Center, which works to improve health and health care for Arkansas children to bridge quality improvement and community-based work. The purpose of the retreat was to gather feedback from ACH senior leadership and clinical leaders in each area of the CHNA. Participants provided feedback on activities that should be included in the IS based on their expertise in clinical care or their broad perspective on ACH’s investments. Based on this conversation, an Implementation Strategy was developed within each CHNA area and is outlined below.

Generally, as part of its IS, Arkansas Children’s Hospital will support the Child Advocacy and Public Health division and its various departments to lead community benefit work, convene the Natural Wonders Partnership Council, support program evaluation, and manage programs that improve child health.

Access to Care

(Note this priority includes Developmental Screenings and Services)

Access to care focuses on addressing the health care needs of children and adolescents when they are healthy or ill. It includes access to sufficient and consistent health coverage and the ability for children and their families to get care or prevention services when needed. These services include well child visits, vision/hearing screenings, and other developmental screenings and services. The quality of care that children receive should not be limited by common barriers like lack of health coverage, parent and caregiver time off, transportation, or the availability of nearby and age-appropriate services.

Expected Impact: ACH will address access to care to ensure that children and adolescents receive high-quality health care services in a timely and geographically-appropriate manner.

Lead Agencies: Arkansas Advocates for Children and Families; Arkansas Department of Education

ACH Implementation Strategy:

- By June 2019, educate practices serving children on billing appropriately for the Early and Periodic Screening, Diagnostic, and Treatment Program or EPSDTs (partner with Arkansas Children's Care Network, Arkansas Foundation for Medical Care)
- Expand school-based telemedicine services to 40 schools in districts with high rates of free/reduced price lunch by August 2018 (partner with Arkansas Department of Health, local school districts)
- Explore opportunities for implementing mobile health care in underserved areas of AR by June 2018
- Support efforts by the ACH Patient-Centered Medical Home to improve data analytics, care management, risk stratification, and quality goals by June 2019
- Continue to explore opportunities to improve outcomes for children with asthma through school-based health, telemedicine, access to pharmacy services, and innovative technological solutions
- By June 2018, seek funding to support expansion of the Medical-Legal Partnership at ACH (partner with Legal Aid of Arkansas and Walmart)
- Continue to support ACH financial counselors and the Kids Care after-hours nurse resource line
- Continue to support clinical services in key areas that are not yet financially sustainable
- Continue to support interpreter services that exceed required accreditation to ensure patients whose first language is not English can be fully engaged in their health care
- Continue to provide services through charity care and unreimbursed Medicaid for children who cannot fully pay for their care

ACH will collaborate with partners to improve Access to Care, including Arkansas Advocates for Children and Families, the Arkansas Department of Human Services, the Arkansas Department of Health, the Arkansas Foundation for Medical Care, the Arkansas Department of Education, and Legal Aid of AR.

Additional NWPC goals include the following:

- By July 2017, educate partners and advocate to lawmakers to seek a state plan amendment to implement the Immigrant Child Health Improvement Act (AR Advocates for Children and Families)
- By December 2017, educate partners and convene 2 meetings with administrative leaders to reporting about Core measure reporting (AR Advocates for Children and Families)
- By June 2019, research and compile data on adequate and timely services for Early Intervention and Mental Health services for children with developmental needs (AR Advocates for Children and Families)

Childhood Obesity

Obese children are more likely to become obese adults and can develop health-harming illnesses earlier in their adult life. ACH should work to decrease the risks of obesity for Arkansas children by addressing quality healthy food and safe opportunities for physical activity in children's home, school, and communities. This requires a broad, community-based approach to family health in addition to clinical service offerings.

Expected Impact: ACH will ensure that children in Arkansas have adequate opportunities for optimal nutrition and physical activity so children and adolescents are at a healthy weight.

Lead Agency: Arkansas Coalition for Obesity Prevention

ACH Implementation Strategy:

- By June 2019, 65% of elementary classrooms in Arkansas will be active with GoNoodle
- By June 2019, expand the number of days per week that ACH's patients can enroll in WIC while attending healthcare appointments (partner with Arkansas Department of Health)
- By June 2019, continue to enroll children in SNAP food assistance through ACH financial counselors
- By June 2019, increase opportunities for schools to partner with ACH on evidence-based obesity prevention programs such as CATCH and Organ Wise Guys (partner with Arkansas Children's Research Institute)
- By June 2019, expand the ACH Community Garden to provide more opportunities for neighborhood engagement and to supply food pantry partners with more fresh produce (partner with the Arkansas Children's Research Institute Arkansas GardenCorps program)
- By June 2019, explore opportunities for provider education on obesity counseling in more clinical areas (partner with Arkansas Children's Care Network)
- By June 2019, the Center for Childhood Obesity Prevention at Arkansas Children's Research Institute will increase the number of childhood obesity prevention research studies that aim to contribute to reducing childhood obesity rates in Arkansas through a \$9.4 million grant from the National Institutes of Health (partner with Arkansas Children's Research Institute)

ACH will collaborate with a variety of partners to reduce Childhood Obesity, including the Arkansas Coalition for Obesity Prevention, the Arkansas Department of Health, the Arkansas Department of Education, and the Arkansas Children's Research Institute.

Additional NWPC goals include the following:

- By June 2019, 25% of birthing hospitals will be designated baby friendly (ArCOP)
- By Dec 2017, train 300 K-8 teachers in evidence based physical education (Arkansas Department of Education)
- By June 2019, 60% of school districts will have a joint use agreement in place that increases opportunities for physical activity (Arkansas Department of Education)

Mental Health and Substance Use

Untreated mental health problems and use of illicit and prescription drugs, alcohol and tobacco substances by children or their caregivers affect their physical and mental health. Children of parents or caregivers who are using these substances are at risk of experiencing higher rates of adverse childhood experiences, which can have profound lifelong health effects. Preventive services and care coordination for a broad range of family support and recovery-oriented services are limited through public and private health coverage.

Expected Impact: ACH will address mental health and substance use to ensure that children and adolescents reduce risky behaviors and have access to the full range of behavioral health services that help them thrive.

Lead Agency: New NWPC group convened by Arkansas Children's Hospital

ACH Implementation Strategy:

- By February 2017, establish a new behavioral health workgroup
- By June 2017, determine membership and leadership of new behavioral health workgroup
- By June 2017, purpose mission and scope
- By Dec 2017, conduct a needs assessment regarding behavioral health workgroup
- By June 2019, develop messaging for behavioral health needs in Arkansas
- By June 2017, engage ACH behavioral health stakeholders in discussions about community-based solutions to mental health and substance use problems
- By June 2019, explore opportunities to extend the REACH program to community partners and practices across Arkansas to improve behavioral health care in primary care
- By June 2019, explore opportunities to co-locate children's behavioral health care services within Arkansas Children's Hospital and clinics
- By June 2019, explore opportunities to provide behavioral health services via telemedicine to children across Arkansas

ACH will collaborate with a variety of partners to improve mental health and substance use for children, including the Arkansas Department of Health, the Arkansas Department of Education, the Arkansas Department of Human Services, the University of Arkansas for Medical Sciences, the juvenile justice system, and Arkansas Advocates for Children and Families.

Additional NWPC goals include the following:

- Additional goals are to be determined.

Reproductive Health

Adolescent reproductive health includes an opportunity for male and female youth to achieve overall wellbeing in matters relating to their reproductive system and their roles and actions relating to their human sexual development. Arkansas has the highest teen birth rate in the nation, and youth in the state experience other reproductive health risk factors that could be mitigated through education and improved access to comprehensive health care services for adolescents.

Expected Impact: ACH will address adolescent reproductive health by helping adolescents reduce risky behaviors, delay sexual activity, and prevent teen pregnancies and sexually transmitted infections by improving access to needed services for youth.

Lead Agencies: Arkansas Department of Health, Arkansas Department of Education, Arkansas Children's Hospital

ACH Implementation Strategy:

- By June 2019, the Changing the Story workgroup will have worked with 15 communities to utilize the "Preventing Teen Pregnancy in Arkansas" toolkit to pilot evidence-based health education programs. (ACH funding support; partner with consultant/Changing the Story group)
- By June 2017, determine the feasibility of a mobile health van that provides comprehensive adolescent well-care to teens in underserved areas of Arkansas
- By June 2019, explore opportunities for integrating telemedicine with mobile strategies to counsel patients on contraception options
- By June 2019, implement strategies to improve partner treatment for youth who have sexually transmitted infections

ACH will collaborate with a variety of partners to improve reproductive health outcomes for youth, including the Arkansas Department of Health, the Arkansas Department of Education, the Arkansas Department of Human Services, the Women's Foundation/Changing the Story workgroup, the Arkansas Department of Higher Education, the Arkansas Foundation for Medical Care, and pharmaceutical companies.

Additional NWPC goals include the following:

- By June 2018, revise the AR Department of Education Frameworks with evidence-based content and skills for reproductive health, improving teacher preparedness. (Arkansas Department of Education)
- By August 2017, develop process and outcome metrics to evaluate Act 943 implementation of college and university action plans to reduce unplanned pregnancies for 18- and 19-year-olds. (Arkansas Campaign to Reduce Unplanned Pregnancy)
- By June 2019, ensure that adolescent health care providers across Arkansas have been trained and educated about prescribing a range of birth control options, including long-acting reversible contraceptives, and billing for these options appropriately. (Arkansas Foundation for Medical Care, Arkansas Department of Health, Merck)

Social Issues

Poverty, unemployment and underemployment, lack of transportation, homelessness, poor home environment, and low educational attainment are all important determinants that are interrelated and affect or prevent optimal health for children and adolescents.

Expected Impact: Models show that 80% of health outcomes are determined by social factors, health behaviors, and environmental influences. ACH will address root causes of health disparities and family-level factors such as poverty and education to help improve health outcomes for children.

Lead Agency: Natural Wonders Partnership Council

ACH Implementation Strategy:

- By June 2018, establish a statewide Pro Bono network of attorneys to expand Medical Legal Partnership capacity to children across Arkansas (partner with Legal Aid of Arkansas and Walmart)
- By June 2018, ensure that rural outreach efforts by ACH include efforts to connect communities to resources that address social determinants of health as part of the Statewide Network of Care (partner with Arkansas Children's Care Network)
- By June 2019, create and disseminate a screening tool for social determinants of health that can be used in provider settings across Arkansas (partner with Arkansas Children's Care Network)
- By December 2016 and annually by August thereafter, distribute ACH's new Innovation Funds to evidence-based programs or initiatives based on the "big ideas" that the NWPC generated to improve child health.
- By June 2018, explore ways ACH can systematically support health equity for patients and all children in Arkansas.
- By June 2019, explore opportunities to improve ACH's recognition of the low health literacy levels of patients and provide health resources at the appropriate reading level.

ACH will collaborate with the full Natural Wonders Partnership Council, which includes more than 30 partners in the public and private sectors, to improve social issues for children and their families.

Additional NWPC goals include the following:

- Support the passage of a state-level Earned Income Tax Credit (EITC) to help working families rise out of poverty (Arkansas Advocates for Children and Families)
- Support efforts to make paid parental leave available to more families in Arkansas (Arkansas Advocates for Children and Families)

Parenting Supports

(Note this priority includes Child Maltreatment and Caregiver Mental Health and Substance Use)

Parents and caregivers are very important in the wellbeing and development of children. Parenting skills, home visiting programs, and teen parenting support are important support services that can help all families to succeed in their parenting role and improve child outcomes.

Expected Impact: Provide improved access to parent education and support from various social and community networks to help more Arkansas parents raise happy, healthy children capable of life-long learning.

Lead Agencies: University of Arkansas for Medical Sciences, Arkansas Children's Hospital

ACH Implementation Strategy:

- By June 2017, conduct a needs assessment, gap analysis, and messaging tests for parenting supports in Arkansas (ACH-supported consultant)
- By June 2018, develop a Parenting Risk Index for Arkansas that combines measures related to strong parenting (ACH-supported consultant)
- By June 2019, expand the availability of evidence-based parenting services, including home visiting services, to all counties in Arkansas (partner with Arkansas Department of Health, Arkansas Department of Human Services)
- By June 2019, implement standard screening in ACH's Epic Electronic Medical Record to assess maternal depression (partner with providers to support parents, TBD)
- Explore opportunities to improve parent supports for ACH patients in partnership with the ACH social work team by June 2018

ACH will collaborate with the new and growing Parenting Supports workgroup members, including UAMS, the Arkansas Home Visiting Network, the Arkansas Department of Health, Reach Out and Read, and private agencies, to improve parenting supports for children and their families.

Additional NWPC goals include the following:

- By June 2018, identify evidence-based parenting interventions, make policy recommendations, and identify messaging for low-, intermediate-, and high-need families to improve utilization of evidence-based parenting services. (ADH)

Oral Health

With appropriate prevention services and treatment, children and adolescents could be free from chronic mouth and facial pain and experience less tooth decay, tooth loss and other diseases of the mouth and gums. Children and adolescents with good oral health should have a dental home where they are able to get consistent, age-appropriate dental check-ups.

Expected Impact: Improved access to preventive oral health and dental treatment services will help ensure Arkansas children are free from dental disease so they can eat, speak, play, and learn.

Lead Agencies: Arkansas Children's Hospital, Arkansas Department of Health, Delta Dental of Arkansas

ACH Implementation Strategy:

- By June 2017, conduct statewide surveillance on children's oral health status and needs to identify baseline data (partner with Arkansas Department of Health and Delta Dental of Arkansas)
- Continue support of ACH's three mobile dental clinics that provide approximately \$1.5 million of preventive and restorative dental care to about 1,500 underserved kids each year
- Continue support of ACH's preventive dental sealant program that provides sealants to thousands of children each year
- By June 2018, explore opportunities for ACH dentists to partner with fixed-based clinics, including school-based health clinics, across Arkansas

ACH will collaborate with several long-term, dedicated partners including the Arkansas Department of Health, the Arkansas Department of Education, America's Tooth Fairy, Delta Dental of Arkansas, Tyson, Ronald McDonald House Charities of Arkoma and Ronald McDonald House Charities of Arkansas to improve dental health for children and their families.

Additional NWPC goals include the following:

- By June 2019, secure sufficient resources so ADH sealant partners can increase the annual number of children receiving sealants by 10% (ADH/funder partners)
- By June 2018, provide education and distribute supplies to primary care providers to integrate oral health care into primary care (ADH/private funder)
- By June 2019, secure funding to study the economic impact to schools and to dental practices of investing in innovative solutions such as portable dentistry or collaborative care or school based clinics (ADH)
- By June 2019, provide annual oral health education to 30,000 children in Arkansas. (America's Tooth Fairy)

Food Insecurity

Food Insecurity affects children when they live in a home where a parent or caregiver is unable to provide enough affordable, nutritious food throughout the year for everyone in the home. Food insecurity can mean that families make health trade-offs in order to feed their families.

Expected Impact: Reduce food insecurity to help ensure Arkansas children are free from hunger so they can be healthy and ready to learn.

Lead Agency: Arkansas Hunger Relief Alliance

ACH Implementation Strategy:

- By June 2019, increase by 10% the number of youth or families with children who participate in Cooking Matters or Cooking Matters at the Store programs statewide (partner with Arkansas Hunger Relief Alliance partners)
- Continue to offer Cooking Matters classes on a regular basis that are available to ACH families
- By June 2019, offer Pop-Up Cooking Matters at the Store classes to high school students across Arkansas
- Continue to offer USDA-supported summer and after-school meals to children on the ACH campus (partner with USDA, local school student volunteers)
- Continue to offer enrollment in SNAP and WIC on-campus to patients and their families, including expansion to new clinics and locations such as the Southwest Little Rock clinic (partner with Arkansas Department of Health, Department of Human Services)
- By June 2018, secure resources to expand the screening and referral process for food insecurity to more clinics, including to children with food allergies experiencing food insecurity (partner with local food pantries)
- Continue to offer a weekly on-site mobile food pantry to patient families being seen in the inpatient or clinic setting (partner with Helping Hand)

ACH will collaborate with the Arkansas Hunger Relief Alliance, the Arkansas Food Bank, Helping Hand food pantry and other food pantries, local school districts, the Hillary Rodham Clinton Children's Library, and state agencies to reduce food insecurity for children and their families.

Additional NWPC goals include the following:

- By June 2019, increase the number of schools offering Breakfast After the Bell by 20 percent (Arkansas Hunger Relief Alliance)
- By June 2019, support food banks in increasing the number of school-pantry partnerships (Arkansas Hunger Relief Alliance)
- By June 2019, establish summer meal sites in all 75 counties (Arkansas Hunger Relief Alliance)
- By June 2019, support eligible school districts in the process of adopting the community eligibility provision that allows schools to provide subsidized meals to all students, ensuring that 60% have adopted it (Arkansas Hunger Relief Alliance)

Child Injury

Child injuries can be intentional or unintentional and may be inflicted by the child herself or others. Injuries include burns, falls, drowning, motor or recreation vehicle crashes, suffocation, poisoning, suicide and homicide. Unintentional injuries remain the leading cause of death for Arkansans children.

Expected Impact: The Injury Prevention Center at Arkansas Children’s Hospital is working to address the top child injury concerns in Arkansas through evidence-based prevention education, targeted advocacy and by building capacity of parents and providers, reducing preventable injuries and deaths.

Lead Agency: Arkansas Children’s Hospital – Injury Prevention Center

ACH Implementation Strategy:

- By June 2017, ACH will refine its process and structure for providing child passenger safety seats and car seat checks to patients, including patients with special medical needs
- By June 2019, ACH will increase to 20 the number of counties with an annual car seat fitting station event. (partner with Arkansas State Police Highway Safety Office)
- By June 2019, 50% of Arkansas birthing hospitals will be safe-sleep certified by Cribs for Kids
- By December 2017, design and conduct focus groups and complete data analysis that will inform messaging recommendations for safe firearm storage
- By June 2019, secure sufficient resources and begin a study to increase parents’ understanding of the risk of ATV use by children (partner with Arkansas Children’s Research Institute)
- ACH will continue investment in infant mortality prevention through education, outreach, in-reach, and research initiatives such as Safety Baby Showers and the ACH safe sleep task force
- ACH will continue investment in motor vehicle safety efforts through education, outreach, in-reach, and research initiatives such as the ACH Safety Zone partnership for product distribution and education and efforts to improve compliance with Arkansas Graduated Driver License laws
- ACH will continue investment in recreational safety initiatives through education, outreach, in-reach, and research initiatives such as ATV safety and bicycle/water safety product distribution
- ACH will continue investment in intentional injury prevention by exploring new opportunities such as safe gun storage and evidence-based suicide prevention programs
- Support African-American fathers in reducing infant mortality through support for the Brothers United project, which works with fraternities to promote safe sleep, breastfeeding, and home safety (partner with Arkansas Department of Health)

ACH will collaborate with the Arkansas State Highway and Transportation Department, the Arkansas State Police, the Arkansas Department of Health, the Arkansas Center for Health Improvement, and other partners to reduce preventable injuries and injury-related deaths for children and adolescents.

Additional NWPC goals include the following:

- Future partner goals are to-be-determined

Immunization

Immunizations protect children from dangerous childhood diseases that can cause costly complications or premature death. Children in Arkansas should receive key child and adolescents vaccinations, and parents should be able to access educational resources and needed vaccinations.

Expected Impact: Arkansas children will receive all needed vaccinations in order to protect their lives and health as well as the health of other family and community members who may be susceptible to disease and illness.

Lead Agency: Arkansas Immunization Action Coalition – Childhood Immunization Taskforce, Arkansas Department of Health, Arkansas Pharmacists Association

ACH Implementation Strategy:

- By June 2018, collect and compile information to better understand immunization hesitancy in Arkansas (partner with Arkansas Department of Health)
- By Jan 2017, hold regular monthly workgroup meetings with Childhood Immunization Task Force workgroup (partner with Arkansas Pharmacist Association)
- By 2018, increase compliance for required school immunizations by identifying and addressing barriers to HIPAA and FERPA in regards to immunization reporting (ACH-supported consultant)
- By June 2018, explore opportunities to provide immunizations to patients' family members in Arkansas Children's Hospital and clinics
- By June 2019, explore opportunities to improve connectivity to WebIZ, the state's immunization registry, for ACH and other partners that serve children

ACH will collaborate with the Arkansas Department of Health, the Arkansas Pharmacists Association, the Arkansas Immunization Action Coalition, the Arkansas Department of Education, and other partners to improve vaccination rates for children and adolescents.

Additional NWPC goals include the following:

- By June 2017, collect and compile information to better understand immunization registry reporting (ADH)
- By June 2018, add a pediatric immunization quality measure to the Patient Centered Medical Home model. (CITF)

Additional Notes and Next Steps

Arkansas Children's Hospital will continue to monitor and drive progress toward achieving goals internally, through the Bates Center for Improving Child Health and the Child Advocacy and Public Health division, and externally, through the Natural Wonders Partnership Council and its subgroups and members. Throughout the next three years, issue-specific reports and progress briefs may be developed to inform implementation activities and to ensure accountability to this plan.

Each area has metrics for success that have been identified by the Natural Wonders Partnership Council, and the Child Advocacy and Public Health department, when applicable, is tracking additional metrics for ACH programs. A strong focus has been placed on evidence-based interventions, ensuring that investments are moving the needle on child health through proven investments.

Since every identified need is being worked on in some way by ACH and/or the NWPC, there is no need to discuss areas of need from the CHNA that are not being addressed. During the hospital's 2019 fiscal year (July 2018-June 2019), another needs assessment will be conducted to inform continued work toward improved child health, and it will have an associated implementation strategy.

Conclusion

Arkansas Children's Hospital reserves the right to amend this implementation strategy at any time as circumstances and strategy dictate. As evaluation efforts, resources, or community partner focuses change within the Arkansas health landscape, ACH will remain a nimble and responsive leader in improving child health.