2025

A Pediatric Statewide Community Health Needs Assessment

for Arkansas Children's Hospital

Arkansas Children's Hospital

LETTER TO THE COMMUNITY

Over the last decade, Arkansas Children's has embraced our role as a leading pediatric health system – pushing to advance medicine, create access and solve some of the most pressing pediatric health challenges of our time.

Yet today, we sit between two realities.

On one side, escalating maternal and newborn health issues and socioeconomic factors are negatively affecting health outcomes. Challenges with the health care workforce and access to health care are creating alarming long-term projections for increased morbidity and mortality in children, especially when it comes to chronic and mental health issues.

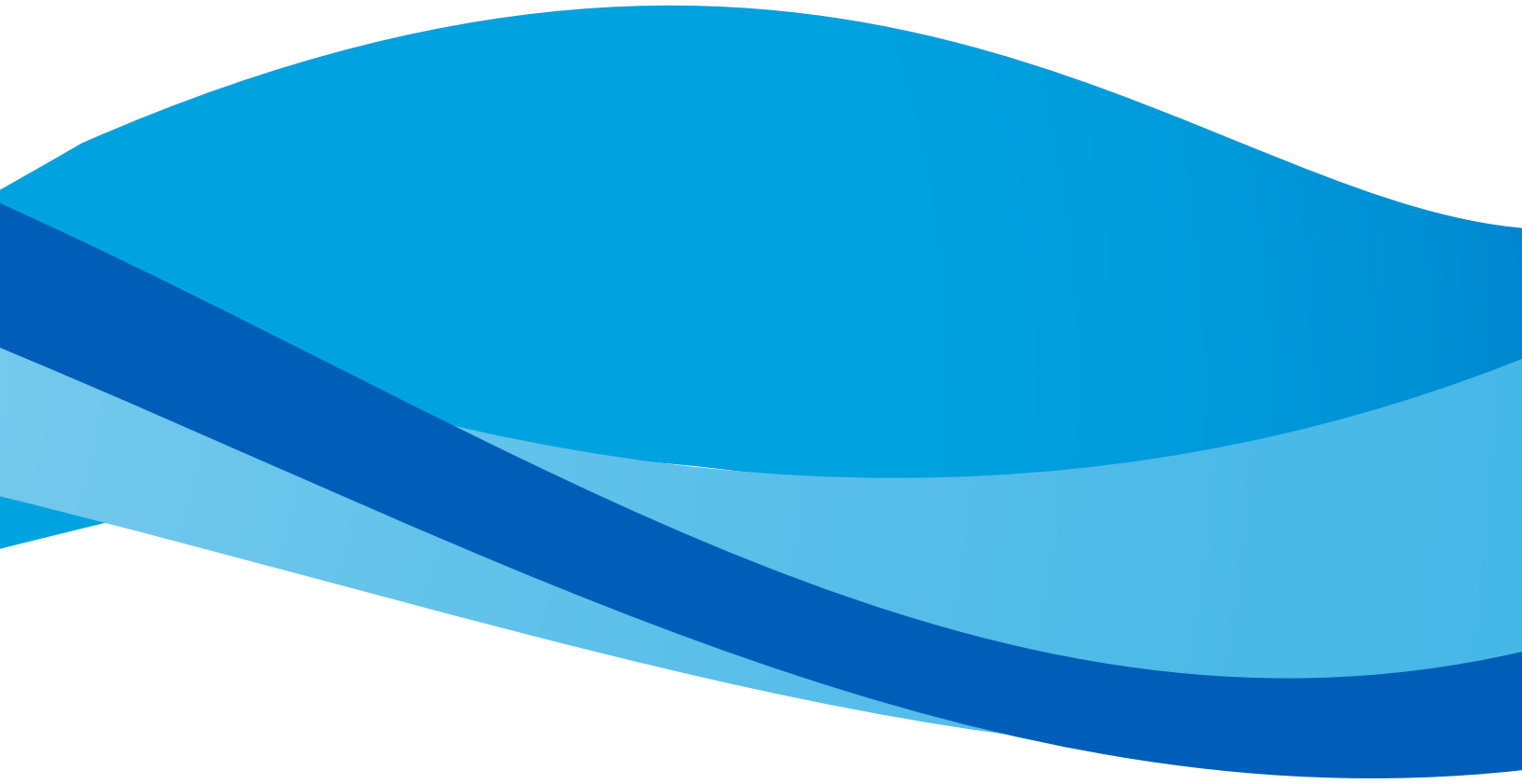
On the other, communities are partnering to find unique solutions, and the discoveries of pediatric medicine are changing the future of what is possible in healing and managing disease and disorder.

There is a role for pediatric hospitals to bridge the gap between these two different realities. In response to the needs of children in our community over the last three years, we have:

- Strengthened our community health care workforce by providing over 1,100 hours of continuing education credit on pediatric-specific topics to school nurses.
- Supported more than 1,000 families by providing Medical Legal Partnership services to help address the legal and socioeconomic barriers in the way of good health for children.
- Provided over 25,000 U.S. Department of Agriculture (USDA) sack lunches annually through our sites of service to help support nutrition security in our most vulnerable children.
- Expanded access to preventive services, such as vaccines and heart-safe training, to include underserved areas across the state. Now, more than 36,000 children in eight counties have better access to vaccines; more than 100 schools are certified with heart-safe training, which is already credited with saving at least two students' lives; and 29 schools have received automated external defibrillators, impacting more than 25,000 students and staff.
- Organized youth mental and behavioral health conversations for community members throughout the state, identified needs and opportunities to improve youth mental health outcomes and amplified youth voices to reduce stigma and increase peer support for suicide prevention.

While the issues may be complex, our mission is unwavering. We have learned that progress is not linear, and Arkansas Children's remains committed to advancing partnerships to address the most critical health needs of children in our community as we work to make children better today and healthier tomorrow.

Marcy Doderer, FACHE
President and CEO
Arkansas Children's



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EXECUTIVE SUMMARY

Arkansas Children's is deeply committed to children in the communities we serve and is driven by a deep understanding of their ongoing health needs. The 2025 Arkansas Children's Hospital (ACH) Community Health Needs Assessment (CHNA) considered all children in Arkansas as its community. Additionally, the assessment process allowed for in-depth, community-engaged listening with a wide range of experienced stakeholders across the state. These primary data, along with secondary data, formed the foundation for this report.

From March 2024 through March 2025, the Arkansas Children's Community Engagement, Advocacy and Health Division worked with Boyette Strategic Advisors (Boyette) to mature and refine the process and approach developed during the 2022 CHNA. This maturation incorporated external stakeholders into the CHNA Advisory Committee, added an additional assessment component to capture youth voice and moved to a non-tiered and more focused list of priorities.

The assessment incorporated five primary components, including:

- 26 focus groups with parents and caregivers of children, educators, community leaders, public health and health care leaders, school nurses and medical providers, including four groups conducted in Hispanic and Marshallese communities
- 28 key informant interviews with public health and subject matter experts
- A digital parent survey completed by 667 parent respondents
- A digital youth survey completed by 136 youth respondents
- Comprehensive child-specific data review from local, state and national sources

ABOUT ARKANSAS CHILDREN'S

Arkansas Children's is the only hospital system in the state solely dedicated to caring for children, which allows our organization to uniquely shape the landscape of pediatric care in Arkansas.

For more than a century, we have continuously evolved to meet the unique needs of the children of Arkansas and beyond. Today, we are more than just a hospital treating sick kids – our system includes two hospitals, a pediatric research institute, a foundation, clinics, education and outreach, all with an unyielding commitment to making children better today and healthier tomorrow.

Our Mission

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

Our Vision

Our Promise:
Unprecedented child health.
Defined and delivered.

Our Values

Safety
Teamwork
Compassion
Excellence

Safety and **Excellence** frame our work. **Teamwork** and **Compassion** place people at the center of all that we do.

Arkansas Children's Hospital: Needs Assessment

The 2025 assessment identified nine child health needs, with financial hardship indicated as a moderator of health. The CHNA team and advisory committees prioritized these needs through a multi-step scoring process developed for this assessment.

First, the CHNA team analyzed each need based on factors determined by data and the community, including:

- Scope
- Severity
- Health Disparities
- Community Priority

Next, the advisory committee analyzed the needs based on factors including:

- Connection to Arkansas Children's mission, vision and strategic priorities
- How Arkansas Children's could impact the needs
- How impact could be measured
- Other leadership and critical considerations

As a result of this process, ACH determined four identified needs as priorities for the next three years. This document examines the methodology and describes the primary and secondary data reviewed to identify Arkansas's child health needs. The report is a tool available to Arkansas Children's and the community to inform strategic efforts to improve child health and will inform the 2026-2028 ACH Implementation Strategy.

Priority Child Health Needs for the 2025 ACH Community Health Needs Assessment

BEHAVIORAL & MENTAL HEALTH

WELL-CHILD
Access to Care
Preventive Care

NUTRITION SECURITY

MATERNAL & INFANT HEALTH

– MODERATOR OF HEALTH –
FINANCIAL HARDSHIP

ASSESSMENT OVERVIEW

The 2025 ACH CHNA is the fifth report in a series of statewide needs assessments conducted by ACH since 2013 to identify priority health issues for children. Arkansas Children's Community Engagement, Advocacy and Health Division worked with Boyette to conduct this statewide assessment and a regional assessment for Arkansas Children's Northwest. They called on many public and child health stakeholders to review and examine the methods, data, prioritization process and findings.

PURPOSE AND SCOPE

In addition to satisfying the federal tax-exemption requirements outlined in the Affordable Care Act in 2012, the report provides a snapshot of child health and seeks to:

- Identify and prioritize the health needs of the children of Arkansas.
- Inform Arkansas Children's strategic initiatives that improve child health.
- Inform the impact efforts of several agencies that serve children statewide, including the Natural Wonders Partnership Council.

COMMENTS

Please email CHNA@archildrens.org to request a printed copy of this report or to submit a comment.

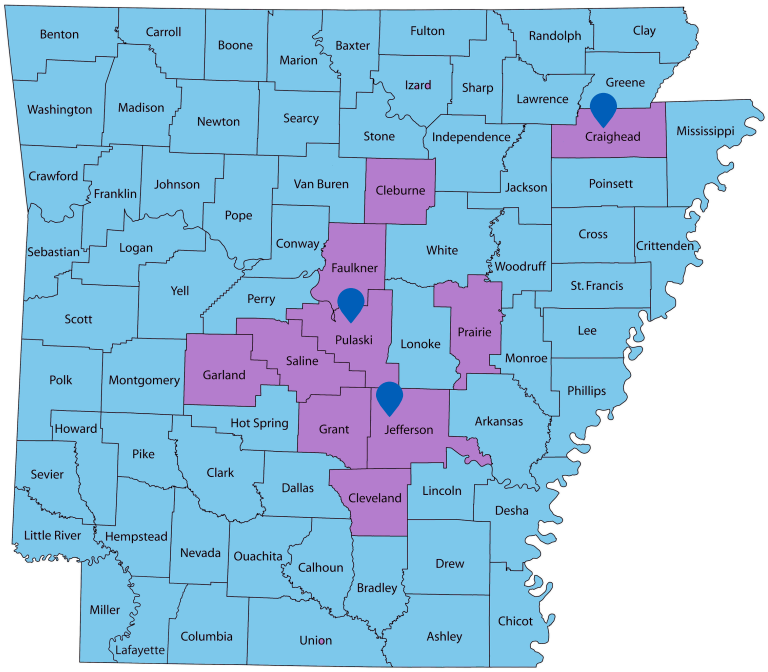
The 2022 ACH CHNA remains widely available to the public on the Arkansas Children's website (https://www.archildrens.org/chna) and as a printed document with the Community Engagement, Advocacy and Health Division. Arkansas Children's received no written comments for the 2022 needs assessment.

COMMUNITY DEFINITION

ACH is located in Little Rock, Ark. and is the state's only pediatric hospital with a Level I Trauma Center and a Level IV Neonatal Intensive Care Unit (NICU). It is part of the Arkansas Children's health care system, which consists of two hospitals, a pediatric research institute, a foundation, clinics, education and outreach – all with an unyielding commitment to making children better today and healthier tomorrow.

In fiscal year (FY) 2024, Arkansas Children's served nearly 180,000 unique patients aged 0-21, reaching every county in Arkansas and well into the region. ACH served more than 150,000 of these patients. Sixty-one percent resided in the counties in light purple on the map at right.

For the purposes of this report, ACH defined the community as children in all 75 counties of Arkansas.



KEY:

61% of Patient Population

ACH Brick-and-Mortar Locations

INCOME IN ARKANSAS

Source: Esri, 2025

$57,875
Median Household Income

$33,143
Per Capita Income

$141,906
Median Net Worth

UNDERSTANDING OUR COMMUNITY

Demographic and economic data were critical components of defining and understanding the communities that Arkansas Children's serves. Boyette accessed these data through Esri's ArcGIS Business Analyst platform, which provides the most up-to-date geographic and economic data, including future projections and data for the current year.

Arkansas Children's considers its service population as the more than 850,000 children ages 0-21 in the state of Arkansas.

Arkansas's median household income is $57,875, below the U.S. median of $79,068. Its per capita income is $33,143, also below the U.S. median of $43,829. The state reports that 10% of its population ages 25+ does not have a high school diploma, while 26% of residents have earned a bachelor's degree or higher.

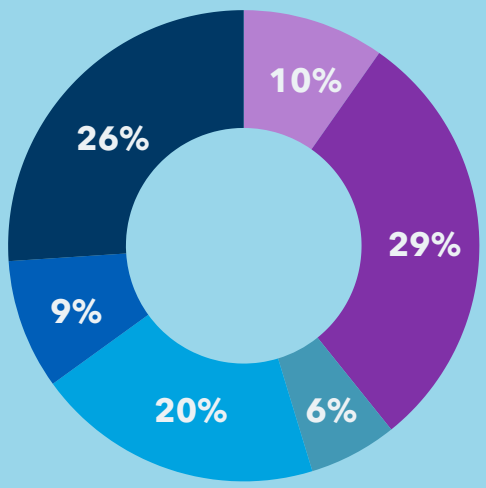
The infographic below provides additional key facts about the state.

EDUCATION

2024 Population, Ages 25+

Source: Esri, 2025

- No High School Diploma
- High School Diploma
- GED
- Some College
- Associate's Degree
- Bachelor's/Graduate/Professional Degree

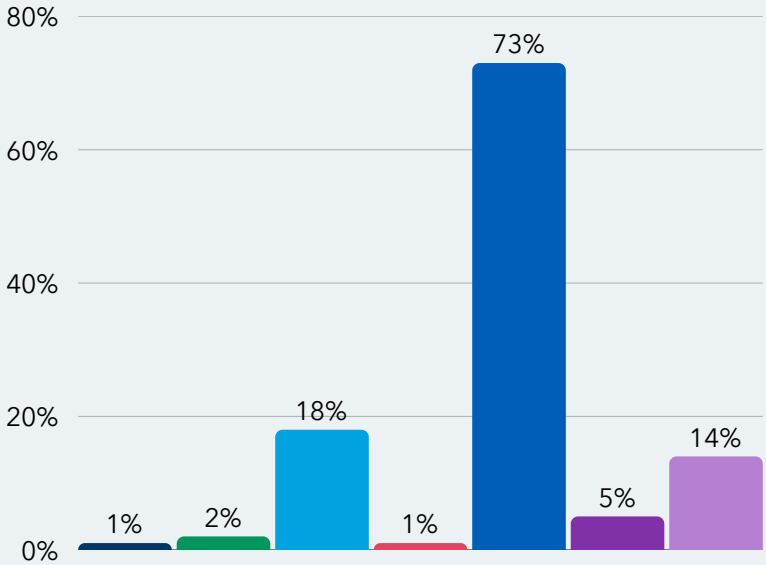


RACE & ETHNICITY

2023 Population, Ages 0-21

Source: U.S. Census Bureau, 2023

- American Indian/Alaska Native
- Asian
- Black/African American
- Pacific Islander
- White
- Multiple Races
- Hispanic or Latino (of any race)



*Individuals may have selected multiple responses.

METHODS

OVERVIEW

Arkansas Children's, contracting with Boyette, engaged in a best-practice approach to conduct the 2025 CHNA utilizing guidance from the Children's Hospital and Catholic Health Associations. Planning for the assessment began in early 2024.

Primary and secondary data collection were critical to the 2025 CHNA process. Boyette began collecting and monitoring secondary data in March 2024, while primary data collection commenced in the summer of 2024. Through the primary data collection and community listening process, 1,145 participants provided their perspectives on Arkansas's most critical child health issues.

Arkansas Children's began forming the 2025 CHNA Advisory Committee and the 2025 CHNA Working Group in June 2024. The groups incorporated not only internal stakeholders, such as Arkansas Children's senior leadership and team members, but key external partners, such as representatives from the Arkansas Department of Health (ADH), the Arkansas Department of Education (ADE), the Arkansas Department of Human Services (DHS) and the Arkansas Minority Health Commission, among others. Experts from these groups provided key feedback and guidance on each assessment component, such as the online surveys and focus group guides. As stakeholder engagement concluded, Arkansas Children's presented to both groups, outlining the initial themes and supporting data identified. These themes included:

- Access to care
- Behavioral and mental health
- Child maltreatment prevention
- Injury prevention
- Maternal and infant health
- Nutrition security
- Preventive care
- Substance use prevention
- Violence prevention

After the CHNA team collected the final data points, they further explored the preliminary themes to confirm that all critical needs had been identified. The team then created summaries of each need and shared them with the Arkansas Children's CHNA Advisory Committee and Working Group. The groups used these summaries to rate and rank each need during the prioritization process described later in this report, in the Prioritization of Identified Health Needs section.

ASSESSMENT STEPS

1. Plan and Strategize
2. Define the Community
3. Identify and Engage Stakeholders
4. Collect and Analyze Data
5. Prioritize Identified Child Health Needs
6. Document and Communicate Results
7. Create Implementation Strategy
8. Conduct Ongoing Assessment and Evaluation

Child Health Needs Presented for Prioritization

Access to Care
Behavioral & Mental Health
Child Maltreatment Prevention
Injury Prevention
Maternal & Infant Health
Nutrition Security
Preventive Care
Substance Use Prevention
Violence Prevention

SECONDARY DATA COLLECTION

The CHNA team identified significant data to determine the child health needs that this assessment should consider.

Methodology

Boyette leveraged various tools, including Esri Business Analyst Online (Esri), to collect comprehensive demographic and economic data for Arkansas. Esri offers enhanced public data and estimates for the current year, along with projections five years forward, giving Arkansas Children's access to deeper detail than is available in the public domain.

The CHNA team identified and analyzed other child health data sources from local, state and national organizations. These sources included national data sets and reports that compile data sets, such as the Annie E. Casey Foundation's KIDS COUNT Data Center; the Centers for Disease Control and Prevention (CDC); the CDC Youth Risk Behavior Surveillance System (YRBSS); United Health Foundation's America's Health Rankings Annual Report and Health of Women and Children Report; Health Resources and Services Administration (HRSA) National Survey of Children's Health (NSCH); United for ALICE (Asset Limited, Income Constrained, Employed); and University of Wisconsin and Robert Wood Johnson Foundation County Health Rankings. The team accessed data specific to children's health needs and, in limited cases, used adult data to assist in developing a clear picture of particular issues.

Health Disparities

The CHNA team examined secondary data on rurality, racial and economic factors to identify disparities and issues that more strongly affect one or more subpopulations of Arkansas's children.

To assess these potential disparities, the team used the following data points:

- Rurality – total population by county to identify the 10 counties with the lowest total population
- Racial – total non-white population by county to identify the 10 counties with the highest non-white population
- Economic – total population living in poverty by county to identify the 10 counties that are most financially constrained

Each priority need included in this report has a Health Disparities section. The section examines a key metric or indicator for each of the 10 counties identified by the above data sets against the state level. The team identified disparities in measures where five or more counties performed below the state average.

Health Disparities

RURAL DISPARITY

County	Total Population
Calhoun	4,647
Lafayette	5,934
Woodruff	5,950
Dallas	6,070
Monroe	6,433
Newton	6,983
Cleveland	7,317
Searcy	7,812
Prairie	8,037
Nevada	8,067

RACIAL DISPARITY

County	% Non-White Population
Phillips	66.9%
Jefferson	63.0%
Crittenden	61.7%
Chicot	61.6%
Lee	60.3%
St. Francis	59.2%
Desha	58.0%
Pulaski	51.6%
Monroe	48.7%
Ouachita	46.9%

ECONOMIC DISPARITY

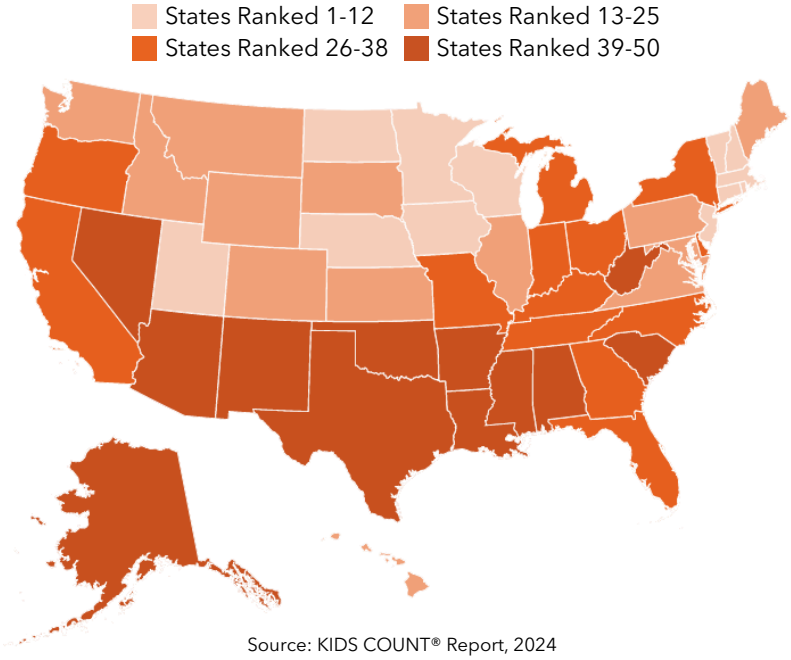
County	% of Households Below Poverty Level
Lee	29.9%
St. Francis	29.0%
Chicot	28.5%
Phillips	27.3%
Nevada	26.4%
Searcy	26.0%
Monroe	25.2%
Desha	23.6%
Stone	23.3%
Ashley	23.1%

Source: Esri, 2025

Key Findings

- The 2024 KIDS COUNT® Report ranks Arkansas 45th in overall Child Well-Being, which is lower than the ranking of 39th in the 2021 KIDS COUNT® report. Arkansas's ranking has also worsened significantly in the measure of child and teen deaths per 100,000, with a ranking of 35 in 2021, which has now moved to 44 in the 2024 report.
- The U.S. News & World Report Best States ranked Arkansas's health care at 47 and Arkansas's public health at 49 in 2024.
- America's Health Rankings from the United Health Foundation gave Arkansas an overall rank of 48 in 2024.
- The Commonwealth Fund's Scorecard on State Health System Performance ranked Arkansas 47th in 2023 and 48th for Health Outcomes and Healthy Behaviors, one of the health component subscores.

STATE-TO-STATE COMPARISON OF OVERALL CHILD WELL-BEING (2024)



Source: KIDS COUNT® Report, 2024

ARKANSAS RANKINGS

Source: KIDS COUNT® Report, 2024

HEALTH CARE – 47th

- Low Birth Weight Babies
- Children Without Health Insurance
- Child and Teen Deaths Per 100,000
- Children and Teens (Ages 10 to 17) Who Are Overweight or Obese

FAMILY AND COMMUNITY – 46th

- Children in Single-Parent Families
- Children in Families Where the Household Head Lacks a High School Diploma
- Children Living in High-Poverty Areas
- Teen Births Per 1,000

ECONOMIC WELL-BEING – 46th

- Children in Poverty
- Children Whose Parents Lack Secure Employment
- Children Living in Households with a High Housing Cost Burden
- Teens Not in School and Not Working

EDUCATION – 36th

- Young Children (Ages 3-4) Not in School
- Fourth Graders Not Proficient in Reading
- Eighth Graders Not Proficient in Math
- High School Students Not Graduating on Time

PRIMARY DATA COLLECTION

The CHNA team offered key informant interviews to stakeholders with critical insight as subject matter experts and thought leaders. There were 28 interviews with key informants, including those representing minority and underserved communities.

Additionally, the team conducted focus groups with a variety of key stakeholder groups, including:

- Educators
- Community leaders
- Medical providers
- Parents and caregivers

These groups engaged 314 individuals, including those in Hispanic and Marshallese communities.

Additionally, the team executed two online surveys, one targeting parents and caregivers and another targeting youth. Arkansas Children's contracted the ETC Institute to conduct the parent and caregiver survey. It reached 667 individual parents and caregivers who were the health care decision-makers for their children.

STAKEHOLDER PARTICIPATION

Engagement Type	Group	Participants
One-on-One Interviews	Key Informants	28
Focus Groups	Educators, Community Leaders, Medical Providers, Parents and Caregivers	200 (21 groups)
	Hispanic Community	101 (4 groups)
	Marshallese Community	13 (1 group)
Online Surveys	Parents and Caregivers	667
	Youth	136
	Total Participants	**1,145**

Arkansas Children's conducted a youth survey, which reached 136 children aged 12-18. Of these, 97% of participants were between the ages of 15 and 18, with the remaining 3% ages 12 to 14.

Arkansas Children's Hospital: Needs Assessment

PARENT & CAREGIVER ONLINE SURVEY

Arkansas Children's contracted the ETC Institute to survey parents and caregivers about the health needs of children living in Arkansas in the summer of 2024.

Methodology

ETC Institute fielded the survey between Sept. 5 and Oct. 23, 2024, to 667 respondents across Arkansas. They sent the survey to a representative sample of Arkansas households with parents or caregivers who are the health care decision-makers for their children ages 0-18 living at home. The sample of 667 surveys resulted in a precision of at least +/- 3.8 at the 95% level of confidence. The table shows the demographic profile of respondents.

Key Findings

Respondents identified the following as the top five children's health and well-being issues:

- Lack of access to nutritious food
- Mental health issues
- Bullying
- Child abuse
- Obesity and lack of exercise

Appendix A contains the overall ranking results of these issues.

When asked about the biggest problems in their communities, respondents identified the number of children experiencing the harmful effects of poverty and the number of parents who have poor or inadequate parenting skills as their top concerns.

PARENT SURVEY PROFILE	
Demographic Factor	
1 Child in Household	53.4%
2 Children in Household	30.1%
3+ Children in Household	16.5%
Health Insurance for Child(ren)	
Medicaid (ARKids First)	50.5%
Group (Employer Provided)	34.6%
Individual Purchased	13.8%
Exchange	10.5%
No Insurance	5.8%
Other	0.9%
Paid Time Off	
Yes	44.6%
No	37.3%
Unemployed	16.5%
Other	1.5%

Furthermore, a primary concern identified through the survey was access to health care services. Respondents reported challenges with getting timely appointments (27%), transportation (14%), clinic hours of operation (11%) and finding a local specialist (11%).

Additional Findings

94% think it's important that schools provide mental health services

89% reported confidence in childhood vaccinations

41% worry about playground and sports injuries

37% reported no paid time off for children's appointments

32% reported child has missed school due to a toothache

YOUTH LISTENING SURVEY

One goal for the 2025 CHNA was to incorporate youth voices. In the fall of 2024, Arkansas Children's launched an online youth survey to capture this feedback.

Methodology

Arkansas Children's modeled the survey after the parent and caregiver survey and fielded it between Oct. 30 and Nov. 11, 2024. We leveraged community partnerships in each region of the state to recruit youth for the survey, with a goal of collecting 100 responses from children between the ages of 12 and 18. At completion, there were 136 respondents, with an oversampling of respondents from the northwest region and a lower representation of respondents in the southern regions. Two-thirds of respondents were female.

The CHNA team reviewed responses and coded open-ended feedback to identify themes and key findings for this report. Arkansas Children's will further develop this assessment component in the future.

The table shows the demographic profile of respondents.

YOUTH SURVEY PROFILE	
Gender	
Female	66.9%
Male	30.9%
Prefer Not to Say/Other	2.2%
Age	
12-14	3.0%
15-18	97.0%
Race/Ethnicity	
American Indian or Alaska Native	2.2%
Black or African American	13.2%
Hispanic or Latino	3.7%
Not Sure	1.5%
Some Other Race	0.7%
White or Caucasian	66.2%
Two or More Races	12.5%

Key Findings

- Youth identified the use, misuse and abuse of alcohol, tobacco and other drugs as a top problem in their communities. The Hispanic adult focus groups were the only other stakeholders to elevate this issue. These factors led the CHNA team to identify Substance Use Prevention as a stand-alone need in this report.

- When asked about the biggest problems in their communities, youth respondents rated the following issues as "moderate" or "serious":
  - The number of young people who use e-cigarettes and other vaping products (80.9%)
  - The number of bullied children and young people (78.0%)
  - The number of children who do not have enough money to get things like food, clothing and a good, regular place to live (77.2%)
  - The number of children who do not go to the doctor when they need to (76.5%),
  - The number of young people who have suicidal thoughts or die by suicide (75.0%)
  - The number of children who do not have a safe place to live (75.0%)

- In open-ended responses, youth most often mentioned alcohol, tobacco and other drugs with 36 mentions, followed by mental health with 21 mentions, child maltreatment with 18 mentions and social media and technology with 14 mentions.

KEY INFORMANT INTERVIEWS

The CHNA team identified and interviewed 28 subject matter experts as key informants in Aug. and Sept. 2024 via Zoom. These stakeholders and experts included medical providers, policy officials, community leaders and Arkansas Children's senior leadership. The team developed questions to probe potential pediatric health needs that the key informant may have identified through their work or area of expertise. Additionally, key informants had the opportunity to share other concerns about Arkansas children and their health and quality of life.

Methodology

Boyette completed an initial analysis of the interviews by identifying key themes that emerged throughout all conversations. They organized the interview notes in a spreadsheet to quantify the frequency and depth of concerns for each need. That analysis confirmed overlapping issues, primarily related to barriers to accessing quality medical care. Boyette provided a summary of findings from the interviews to the ACH team, including quotes from key informants that illustrated the common perspectives across most of the interviews.

Key Findings

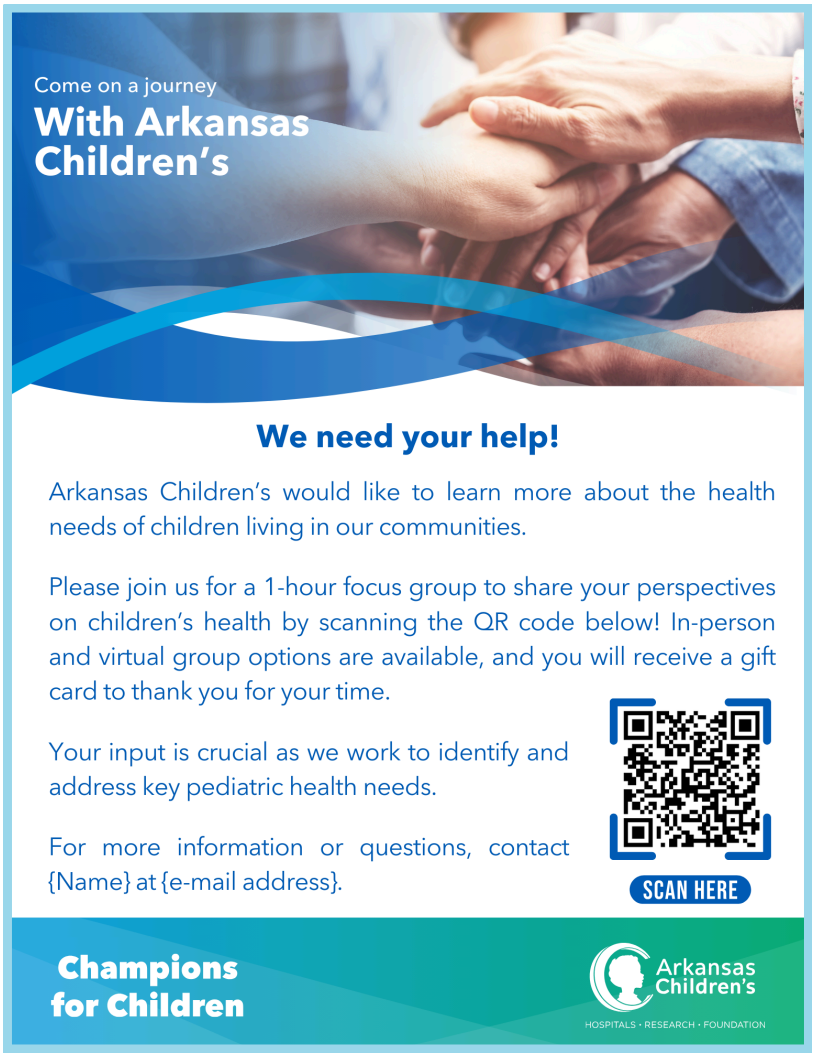
- All key informants discussed access to services and preventive care, with much of the discussion centered on a shortage of health care professionals and the link to health care deserts in many rural areas of the state.
- There were significant needs identified in behavioral and mental health, including a serious shortage of trained professionals to meet the needs.
- Discussions related to insurance coverage focused primarily on the number of people dropped from Medicaid coverage and the need to ensure that the system of qualifying and retaining coverage is manageable.
- Informants mentioned expanding home visiting and parent education programs as potential positive steps toward addressing child maltreatment and maternal and infant health.
- Additionally, all interviewees mentioned the role financial resources and poverty play across all health needs and how this affects children's health. They discussed new dimensions of financial hardship, including the concept of individuals and families experiencing economic hardship though living just above the federal poverty level (FPL), known as ALICE (Asset Limited, Income Constrained, Employed).

FOCUS GROUPS

The CHNA team developed a series of virtual and in-person focus groups to capture additional key stakeholder feedback. The series concluded with 26 groups and engaged 314 stakeholders, including physicians, internal community-engaged team members, the Arkansas Infant and Child Death Review (ICDR) State Panel, the Natural Wonders Partnership Council, parents and caregivers, educators, medical providers and community leaders. Of the 26 groups, nine were in person, 17 were virtual, four were with the Hispanic community, and one was with the Marshallese community.

Participant Recruitment

The team used a snowball recruitment technique to ensure broad participation from diverse stakeholders across the state. Stakeholders received an email invitation to participate in the focus groups and the flyer at right to share with their communities. Additionally, the team leveraged regular meetings that convene partner groups to capture their feedback.



Focus Group Guide

A developed focus group guide provided structure to the discussions. It included a full script of the introductory information for each group, including how their feedback would help identify and address children's health needs in Arkansas. It also included instant poll questions, which the team inserted into the conversation intermittently. Conversations opened with general questions to gather their thoughts about the status of children in Arkansas, followed by more specific exploration around the social conditions that impact health, access to and quality of clinical care, physical environment, social and economic factors affecting health and health behaviors. Each topic provided opportunities for the facilitator to probe deeper to get full perspectives from participants. Each focus group closed with participants having the opportunity to share ideas of how they would improve children's health if unlimited resources were available.

Appendix B contains the focus group guide.

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Methodology
The team used inductive and deductive analysis to determine findings from the focus groups. During the conversations, a note-taker captured verbatim notes, along with a recording of the discussion. A list was developed of emerging themes and notes of any group dynamics that may have influenced the conversation. The team coded feedback into specific needs and any "sub-themes" that may have emerged to further the analysis. Twelve focus groups incorporated instant poll questions, allowing participants to respond and see immediate results. The poll questions aligned with the parent and caregiver survey and were placed throughout the focus groups to introduce new topics for discussion.

Key Findings
Parental education and support were a common topic of conversation reinforced by poll answers. Forty percent of participants said parenting and family support were most important to children's health. Another poll question asked participants about their most significant concern regarding children's health. The top two answers were Mental Health Issues (46%) and Poverty and Finances (36%). When polled about barriers to accessing health resources, participants reported many barriers, including language, lack of trust, insurance, time away from job, transportation, lack of services in rural areas and affordability.

> **"Everything about a child's life could change if they didn't have a financial barrier."**
> **– Focus group participant**

In the open discussion, access to services or lack of services were the topics most frequently discussed by focus group participants, followed by poverty, lack of finances and lack of parental education. Conversations around the issue of parental education and support emerged across many identified needs. Participants mentioned some problems could be best addressed with more parental education and support, such as home visits after the birth of a baby. Mental and behavioral health was also a topic woven throughout the discussions. Participants included thoughts about what may be driving the increased need for mental health services. Commonly suggested causes of poor mental health among children included bullying, social media and screen time, and drug use (by both parents/caregivers and children).

PRIORITIZATION OF IDENTIFIED HEALTH NEEDS

Arkansas Children's researched how other children's hospitals prioritized health needs. In consultation with the Children's Hospital and Catholic Health Associations, Arkansas Children's created a unique weighting and rating index tool for the 2022 CHNA. With slight revisions, Arkansas Children's again used this methodology to prioritize the child health needs identified in this assessment.

The CHNA team and advisory committee used the following factors to analyze each identified health need:

- **Scope (10%)** – how widespread the need may be among Arkansas's children
- **Severity (16%)** – based on the outcomes expected if nothing further is done to address the need
- **Community Priority (20%)** – how elevated was the issue among the community
- **Health Disparities (9%)** – considered race, rurality and poverty disparities
- **Connection to Strategic Priorities (10%)** – focused on how the need aligns with Arkansas Children's mission, vision and strategic priorities
- **Critical Leadership and Other Considerations (10%)** – how advisory group members prioritized the needs considering their expertise
- **Ability to Impact (15%)** – considered whether Arkansas Children's or other entities currently address this issue and the likelihood for impact with targeted effort and resources
- **Ability to Measure Success (10%)** – considered how to measure the effectiveness of Arkansas Children's efforts on a given need using existing metrics

Rating and Weighting Index for 2025 Community Health Needs Assessment										
	Factors Determined by Data and Community (55 points)				Sub-total	Factors Determined by Advisory Groups (45 points)				Sub-total	Overall Total
	Scope	Severity	Community Priority	Health Disparities		Connection to Arkansas Children's Mission, Vision and Priorities	Critical Leadership and Other Considerations	Ability to Impact	Ability to Measure Success		
Point Value for Factor	10 points	16 points	20 points	9 points		10 points	10 points	15 points	10 points		

The CHNA team scored the first four factors – scope, severity, community priority and health disparities – based on metrics for each component. Appendix C contains the metrics used to determine scoring for this section.

The CHNA Advisory Committee, which included Arkansas Children's senior leadership and key external partners, scored the remaining components – connection to strategic priorities, critical leadership and other considerations, ability to impact and ability to measure success. Each advisory committee member used a two-page summary of each identified need and submitted their scores to the CHNA team online. Advisory committee members also had access to the CHNA team through open office hours for questions and support throughout the scoring process.

The CHNA team and the CHNA Advisory Committee reviewed the results of this online scoring process at a meeting in January 2025. After combining the online and preliminary scores, the group discussed and confirmed the overall prioritization.

PRIORITIZED CHILD HEALTH NEEDS

The needs that scored highest in this process as priorities for the 2025 CHNA will be addressed with focused resources and efforts in the 2026-2028 Implementation Strategy. These priorities are Behavioral & Mental Health, Well-Child Care, Nutrition Security and Maternal & Infant Health.

Please note that the CHNA team and CHNA Advisory Committee previously reviewed Well-Child Care as two separate needs: Access to Care and Preventive Care. After review and discussion, they determined the two needs had many overlapping issues and decided to combine and address them as one.

The 2022 CHNA identified an intersecting need titled Poverty and Finances. During this assessment, the CHNA team expanded this understanding to include new dimensions of financial hardship. This updated term incorporates individuals and families slightly above the poverty line but still experiencing economic struggles.

The team also determined a more precise role these hardships play in affecting health outcomes, indicating Financial Hardship as a Moderator of Health. A moderator changes the relationship between two things. While poverty may not cause poor health, it influences the impact of various factors on overall health, such as nutrition, access to health care and others.

Priority Needs

- **Behavioral & Mental Health**
- **Well-Child Care: Access to Care & Preventive Care**
- **Nutrition Security**
- **Maternal & Infant Health**

Priority: Behavioral & Mental Health

OVERVIEW

One of the most significant issues identified in this CHNA is children's behavioral and mental health. Child mental health includes developmental and emotional milestones, healthy social skills and coping mechanisms (CDC, 2024). Childhood and adolescence are critical stages for mental health. In one key informant's words, a child's "mental health future gets set very early in life."

Focus group participants, key stakeholders and parents elevated this issue as one of their most significant concerns. More than a quarter of the youth surveyed identified factors related to mental health as the number one problem they face today.

Arkansas ranks 43rd out of the 50 states and Washington, D.C., for youth mental health, as analyzed by Mental Health America in 2024. This ranking considered the occurrence of youth major depressive episodes, substance use disorder, suicidal thoughts, flourishing behavioral health and access to mental health services. In 2023, 24.4% of Arkansas high school students participating in the CDC YRBSS reported seriously considering suicide.

Arkansas also continues to rank poorly compared to other states' youth mental health conditions, based on the percentage of children diagnosed with attention-deficit/hyperactivity disorder (ADHD), depression, anxiety or behavior/conduct problems (America's Health Rankings, 2024).

Perhaps the most significant challenge facing Arkansas children and families is the shortage of mental health providers. Arkansas has a population-to-provider ratio of 380:1 for mental health providers (County Health Rankings, 2024). This ratio varies significantly by county, from 150:1 in Drew County to 11,820:1 in Little River County.

Data collection and analysis for this CHNA broadly acknowledged the negative impact of social media and technology on youth mental health. At the time of this writing, Arkansas is implementing new interventions to address behavioral and mental health, such as recent legislation that will require public schools to implement phone-free policies for students in the 2025-2026 school year.

AT A GLANCE

44/50

Arkansas Rank: Child Mental Health Conditions

America's Health Rankings, 2024

380:1 Arkansas | **420:1** Border State Region

Population-to-Provider Ratio for Mental Health Services

County Health Rankings, 2024

11.6 Arkansas | **10.5** U.S.

Teen Suicide Rate
(per 100,000 youth aged 15-19)

CDC WONDER, 2020-2022

48/50

Arkansas Rank: Flourishing Behavioral Health
(6 months-17 years)

America's Health Rankings, 2024

35.9% 2019 | **45.1%** 2023

Arkansas High School Students Reported Feeling Sad or Hopeless

CDC YRBSS, 2023

SECONDARY DATA

The CHNA team identified significant data to determine whether this assessment should consider behavioral and mental health as a child health need. The following data points support the inclusion of this child health need.

ACCESS TO MENTAL HEALTH SERVICES

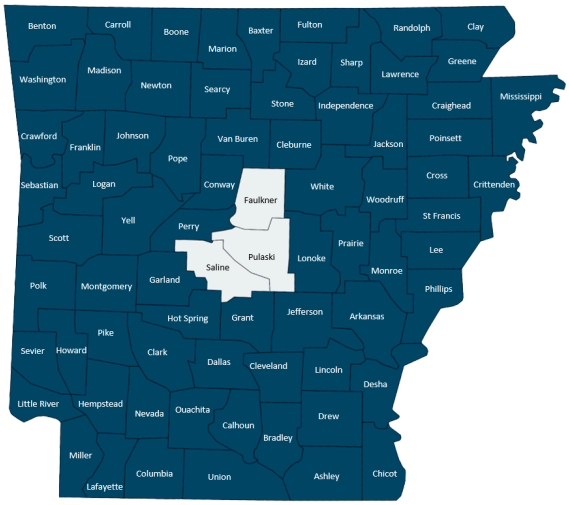
- Arkansas has a severe shortage of mental health professionals. Only three Arkansas counties – Faulkner, Pulaski and Saline – are not designated as Health Professional Shortage Areas (HPSA) for mental health professionals (Rural Health Information Hub, 2024). The Health Resources and Services Administration determines HPSAs with three scoring criteria:
  - Population-to-provider ratio
  - Percent of the population below 100% of the FPL
  - Travel time to the nearest source of care outside of HPSA

- Arkansas has a patient-to-provider ratio of 380:1, with 7,980 total mental health providers (County Health Rankings, 2024).

- Arkansas ranked 46th for youth with private insurance that did not cover mental or emotional problems (Mental Health America, 2024).

- In Arkansas, 58.3% of youth diagnosed with a major depressive episode did not receive mental health services in 2024, compared to 56.1% of children in the nation (Mental Health America, 2024).

Mental Health Professional Shortage Areas by County



None of county is shortage area

Whole county is shortage area

Source: Rural Health Information Hub, 2024

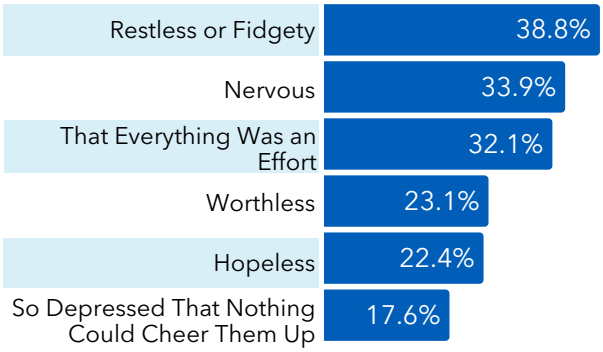
CHILD MENTAL & BEHAVIORAL HEALTH CONDITIONS

- Approximately 24.8% of Arkansas children ages 3-17 have been told by a health care provider they currently have ADHD, depression or anxiety problems or were told by a doctor or educator they have behavior or conduct problems. That compares to a U.S. average of 19.9% (HRSA NSCH, 2022-2023).

- The 2023-2024 Arkansas Prevention Needs Assessment (APNA) Survey highlighted some common feelings among students in grades 6-12. The chart at right details student responses to questions related to mental health. These data are aggregated based on "All of the Time" and "Most of the Time" responses.

During the past 30 days, about how often did you feel _____?

"All of the Time" and "Most of the Time"

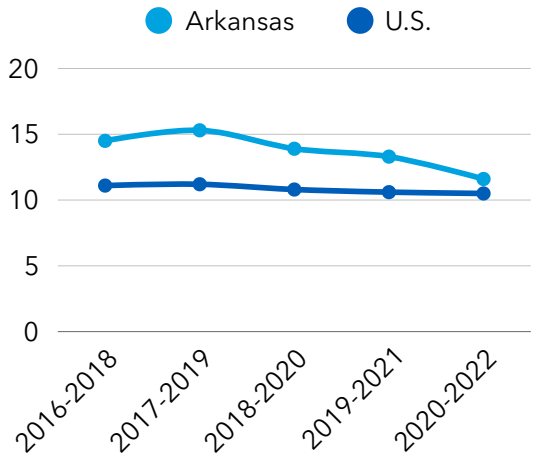


Source: APNA Survey, 2023-2024

Priority: Behavioral & Mental Health

- Among Arkansas children ages 6-17, 16.8% reported bullying others at least once in the past year, and 40.6% were bullied at least once in the past year (HRSA NSCH, 2022-2023).
- Between 2021 and 2022, 19.0% of Arkansas youth ages 12-17 reported suffering from at least one major depressive episode, and 14% of the youth population reported having serious thoughts of suicide during the same year (Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health (NSDUH), 2023).
- In 2023, 24.4% of Arkansas high school students seriously considered attempting suicide in the past 12 months. Additionally, 45.1% of Arkansas high school students felt sad or helpless, and 28.2% reported that their mental health was most of the time or always not good (CDC YRBSS, 2023).

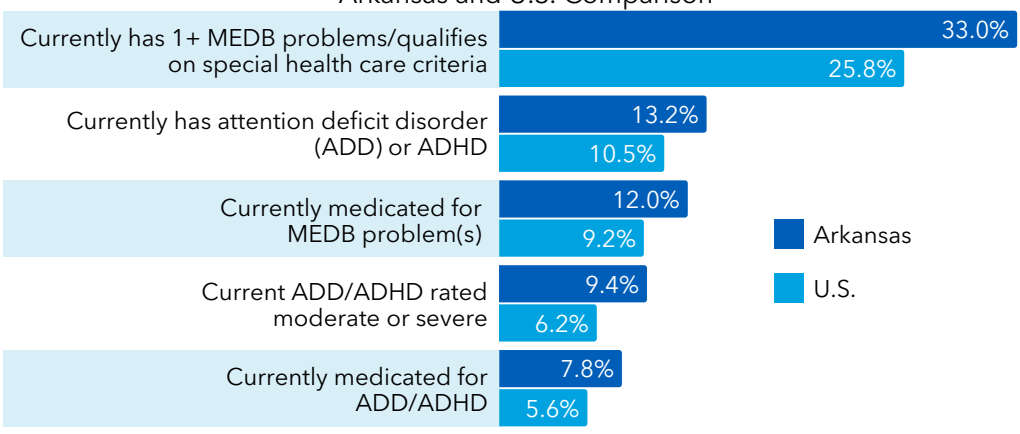
Teen Suicide Rate in Arkansas (per 100,000 youth aged 15-19)



Source: CDC WONDER, 2025

- As seen in the graph above, Arkansas's teen suicide rate per 100,000 youth aged 15-19 has varied over the past several years. In 2022, Arkansas's rate was 11.6, slightly higher than the national rate of 10.5.
- Arkansas's low Flourishing Behavioral Health ranking is related to scoring two age groups. Among children ages 0-5, flourishing items measured curiosity and discovery about learning, resilience, attachment with parent and contentment with life. Among youth ages 6-17, items gauged curiosity and discovery about learning, resilience and self-regulation. For the 2022-2023 school year, 75.0% of Arkansas children ages 0-5 met all four flourishing items, compared to 78.3% of U.S. children. During the same year, 56.8% of Arkansas youth ages 6-17 met all three flourishing items, compared to 60.4% of U.S. youth (HRSA NSCH, 2022-2023).
- Between 2022 and 2023, developmental screening in Arkansas was 4.8 times higher among children aged 9-35 months with a caregiver who is a college graduate (34.3%) than those with a caregiver who is a high school graduate (7.2%) (HRSA NSCH, 2022-2023).
- The following graph compares Arkansas and the U.S. on various reported mental, emotional, developmental or behavioral (MEDB) problems among children ages 3-17.

MEDB Problems among Children Aged 3-17
Arkansas and U.S. Comparison



Source: HRSA NSCH, 2022-2023

Priority: Behavioral & Mental Health

PRIMARY DATA

Multi-faceted stakeholder engagement provided a framework for identifying community priorities. The following is a summary of findings from stakeholder engagement related to behavioral and mental health.

KEY INFORMANT FEEDBACK

Of the 28 key informants interviewed as part of the stakeholder engagement process, 19 addressed behavioral and mental health topics in their discussion of children's health in Arkansas.

- Several key informants discussed schools' role in treating behavioral and mental health. As that role has increased, key informants believe there should be some attention on building tiered support systems that include families, schools, medical providers, public agencies and civic or faith-based organizations.
- Some key informants suggested that addiction to substances and associated behavioral issues are likely to continue increasing.
- There was conversation about how stigma plays a role in limiting access to mental health services. One key informant called out minority communities as specifically affected and said: "A stigma exists in the Black community around suicide and mental health."

> **"Mental and behavioral health really suffered during COVID. We thought children would improve, but that hasn't happened. Many children still require a very high level of support and care that they needed during and now after the pandemic. We have not addressed behavioral health as we should and are seeing children who are not doing well because we didn't have the necessary systems to support their specialized needs." – Key informant**

FOCUS GROUP FEEDBACK

- Nearly half of the focus group participants discussed behavioral and mental health as one of the top two most significant concerns that affect children's health in Arkansas. They also expressed concern about the lack of access to mental health services.
- A Marshallese focus group participant pointed out a gap in mental health providers: "Mental health services are nonexistent in this area unless you're in the school system and you're ordered to put your kid into some type of therapy."
- Several focus group participants discussed the impact of social media and screen time on mental health in adolescence.
- The post-COVID landscape for children's behavioral and mental health was of particular concern among educators. Teachers and counselors spoke about the rise in anxiety, more complicated behavioral issues and the relationship between pandemic isolation and technology reliance.

> **"Another concern is so many electronics. The kids are spending all their time at home on games. It makes it hard at school because they're addicted to their electronics and games." – Focus group participant**

Priority: Behavioral & Mental Health

PARENT SURVEY RESULTS

- Forty-two percent of respondents identified mental health as one of the top five issues affecting children's health and well-being.
- Forty-one percent of respondents identified bullying as one of the top five issues affecting children's health and well-being.
- Almost half of the respondents believe that the number of children and adolescents who have suicidal thoughts or die by suicide is a serious problem.
- The survey also explored parents' perceptions of school-based health services. Seventy-one percent of parents expressed a need for mental health services to be provided at school.

> **"Our community could really use more accessible mental health services for children. Too many kids are dealing with anxiety and depression, and it's hard for families to find affordable counseling."**
> **– Parent and caregiver survey respondent**

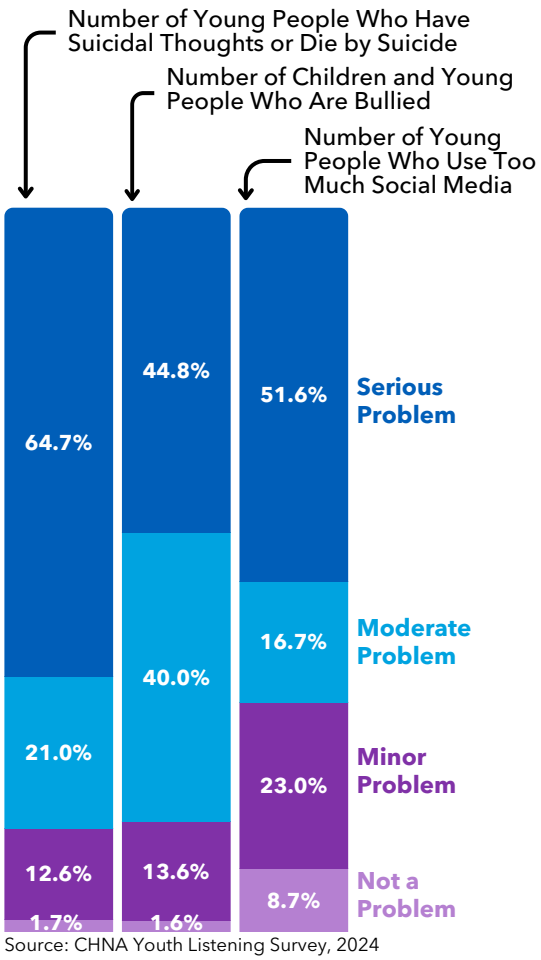
> **"We need more mental health providers that take all insurances."**
> **– Parent and caregiver survey respondent**

YOUTH SURVEY RESULTS

- Youth most frequently cited the following topics related to mental health: social media addiction and an over-reliance on technology, suicidal thoughts, suicide, bullying, peer pressure, anxiety and depression.
- Social media was a prominent theme related to children's mental health. One respondent said, "The constant exposure to social media can lead to issues like cyberbullying, anxiety, depression and unrealistic expectations of life and self-image."
- Many students expressed a desire for stronger mental health support systems in their communities and schools.
- Youth shared that support, encouragement and opportunities for open conversations about emotions are missing in their communities.
- One youth shared that adults could "Spend more time with me, so I feel closer to them and less like I'm alone and surrounded by my own thoughts 24/7."

When asked how much these issues affect peers in their community, the data at right reflect youth perspectives.

Youth Perspectives on Behavioral & Mental Health Topics



Source: CHNA Youth Listening Survey, 2024

HEALTH DISPARITIES

In addition to identifying general children's health needs, it is critical to understand any impacts that disproportionately affect specific populations of children.

The table at right shows the mental health population-to-provider ratio by county compared to the state average. Disparities exist related to all three areas of concern: rural, racial and economic.

Seven of the 10 counties defined as rural have higher population-to-provider ratios than the state average for mental health services. Seven of the 10 counties with the highest non-White population have higher population-to-provider ratios than the state average for mental health services. Seven of the 10 counties with the highest poverty rates have higher population-to-provider ratios than the state average for mental health services.

One key informant noted that the lack of mental health services is a greater challenge for children who have Medicaid or no insurance. Patients often wait six months or more for an available appointment.

The CHNA team sourced the data for the ratio of population-to-mental health professionals from the 2024 County Health Rankings.

POPULATION TO MENTAL HEALTH PROVIDER RATIO

County	County Ratio	Ark. Ratio
RURAL DISPARITY		
Calhoun	N/A	380:1
Lafayette	**1,530:1**	380:1
Woodruff	**1,510:1**	380:1
Dallas	280:1	380:1
Monroe	**3,280:1**	380:1
Newton	**2,360:1**	380:1
Cleveland	N/A	380:1
Searcy	**470:1**	380:1
Prairie	**4,030:1**	380:1
Nevada	**1,170:1**	380:1
RACIAL DISPARITY		
Phillips	**1,180:1**	380:1
Jefferson	**410:1**	380:1
Crittenden	**410:1**	380:1
Chicot	170:1	380:1
Lee	**2,790:1**	380:1
St. Francis	270:1	380:1
Desha	**1,350:1**	380:1
Pulaski	200:1	380:1
Monroe	**3,280:1**	380:1
Ouachita	**580:1**	380:1
ECONOMIC DISPARITY		
Lee	**2,790:1**	380:1
St. Francis	270:1	380:1
Chicot	170:1	380:1
Phillips	**1,180:1**	380:1
Nevada	**1,170:1**	380:1
Searcy	**470:1**	380:1
Monroe	**3,280:1**	380:1
Desha	**1,350:1**	380:1
Stone	**660:1**	380:1
Ashley	**1,220:1**	380:1

Source: County Health Rankings, 2024

Priority: Well-Child Care

OVERVIEW

The 2025 CHNA identified well-child care as a prominent child health need. This issue includes access to care and preventive care. Access to care incorporates provider access, ease of getting in for and to an appointment and affordability, while preventive care involves children getting well-child care, visits and preventive services.

During the stakeholder engagement process, access and prevention were two of the most prominent themes discussed. Often, stakeholders framed well-child and preventive care as foundational. One key informant characterized access to care as fundamental to healthy children: "A caring family; stable housing; enough to eat; quality childcare; and quality education. Those are the basics for children to be healthy and thrive. Layered atop that foundation would be quality, accessible care."

The National Academies of Sciences, Engineering and Medicine define access to health care as the "timely use of personal health services to achieve the best possible health outcomes." Barriers to accessing care include health insurance status, available health care resources, time, transportation, financial strain and more. Twenty-four percent of Arkansas children ages 1-17 reported having no well-child visits in the past 12 months (HRSA NSCH, 2022-2023).

Preventive health care is linked to access, as the ability to access health services determines whether children receive screenings, vaccinations, well-child appointments and other early interventions that prevent serious illness.

Well-child care encompasses the following topics:

- Health care provider distribution and availability
- Immunizations and preventive care
- Well-child, primary care and pediatrician visits
- Financial burden of care
- Parental education
- Insurance
- Oral health

AT A GLANCE

43/50

Arkansas Rank: Well-Child Visits

America's Health Rankings, 2024

57%	**52%**
Arkansas	Border State Region

Percent of Counties with No Pediatricians

The American Board of Pediatrics, 2024

7.3%	**5.3%**
Arkansas	U.S.

Uninsured Children Aged 0-18, 2023

Kaiser Family Foundation (KFF), 2023

62.2%	**66.6%**
2022 CHNA	2025 CHNA

Arkansas Immunization Rate for 19-35 Months

Arkansas Department of Health, 2024

42/50

Arkansas Rank: HPV Vaccinations

America's Health Rankings, 2024

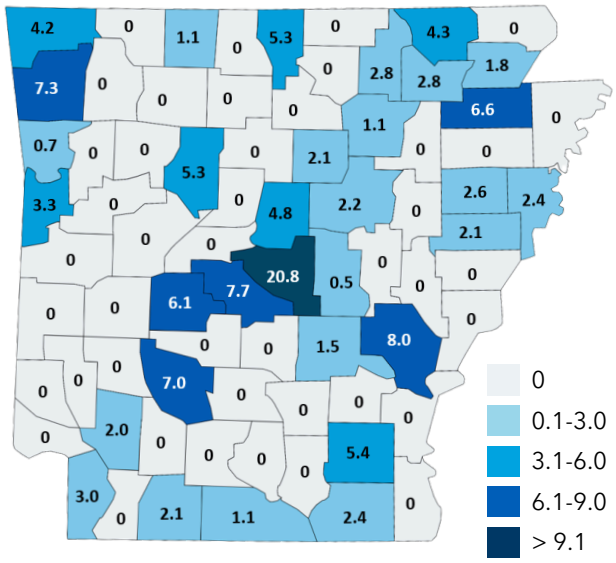
SECONDARY DATA

The CHNA team identified significant data to determine whether well-child care should be considered as a child health need. The following data points support the inclusion of this child health need.

HEALTH CARE AVAILABILITY, UTILIZATION & COST

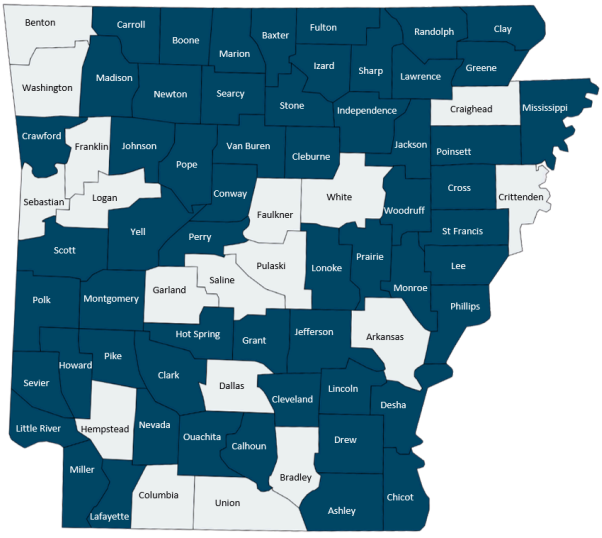
- In 2023, 47.1% of Arkansas children under age 19 were covered by Medicaid. Additionally, 7.3% were uninsured, compared to the U.S. average of 5.3%, giving Arkansas the 6th highest rate of uninsured children nationwide (KFF, 2023).
- Arkansas has 5.6 American Board of Pediatrics-certified general pediatricians per 10,000 youth ages 0 to 17, which is lower than the U.S. value of 7.8 (American Board of Pediatrics, 2024).
- Arkansas has a primary care patient-to-physician ratio of 1,480:1 and a patient-to-dental provider ratio of 2,040:1 (County Health Rankings, 2021).
- In 2023, 75.9% of Arkansas children ages 1-17, compared to 78.8% of U.S. children, reported having one or more well-child visits in the past 12 months. Similarly, 78.3% of Arkansas children, compared to 79.2% of U.S. children, had one or more preventive dental care visits (HRSA NSCH, 2022-2023).
- Broadband connectivity remains a struggle in Arkansas. Only 60.3% of households had internet through a broadband subscription, compared to 73.3% of U.S. households in 2022 (Esri, 2025). Arkansas has shown some improvement in connectivity over recent years, jumping from 50th in BroadbandNow's 2022 annual ranking assessment to 32nd in 2024.
- In 2023, Arkansas had the 6th highest percentage of children whose families had trouble paying for their child's medical care in the last 12 months, with 11.7%, compared to the U.S. average of 9.3% (KFF, 2023).

Pediatricians by County
Per 10,000 Population



Source: American Board of Pediatrics, 2024

Dental Health Professional Shortage Areas by County



Source: Rural Health Information Hub, 2024

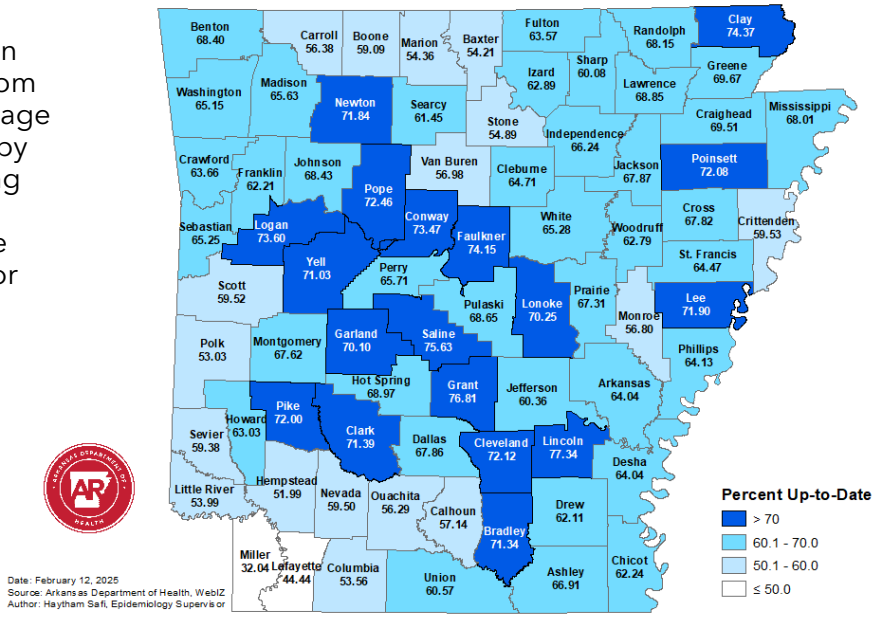
Priority: Well-Child Care

IMMUNIZATIONS

- The overall vaccination rate for the 19-35 month age group was 66.6% for the seven-vaccine series in 2024, an improvement from 62.2% in 2022. The coverage for this age group varies by individual vaccine, ranging from 72.2% for Pneumococcal Conjugate (PCV) Vaccine to 91.4% for Hepatitis B (HepB) (ADH WebIZ, 2024).

- In the 2023-2024 school year, 3.5% of Arkansas kindergarteners, compared to 3.3% of U.S. kindergarteners, had any vaccine exemption (CDC SchoolVaxView, 2023-2024).

Proportion of Children Aged 19-35 Months Up-to-Date with Combined 7 Series Immunizations*, Arkansas Immunization Information System - WebIZ, 2024**



Date: February 12, 2025
Source: Arkansas Department of Health, WebIZ
Author: Haytham Safi, Epidemiology Supervisor

* 4+DTaP, 3+IPV, 1+ MMR, 3+ Hib, 3+ HepB, 1+ Varicella, 4+PCV

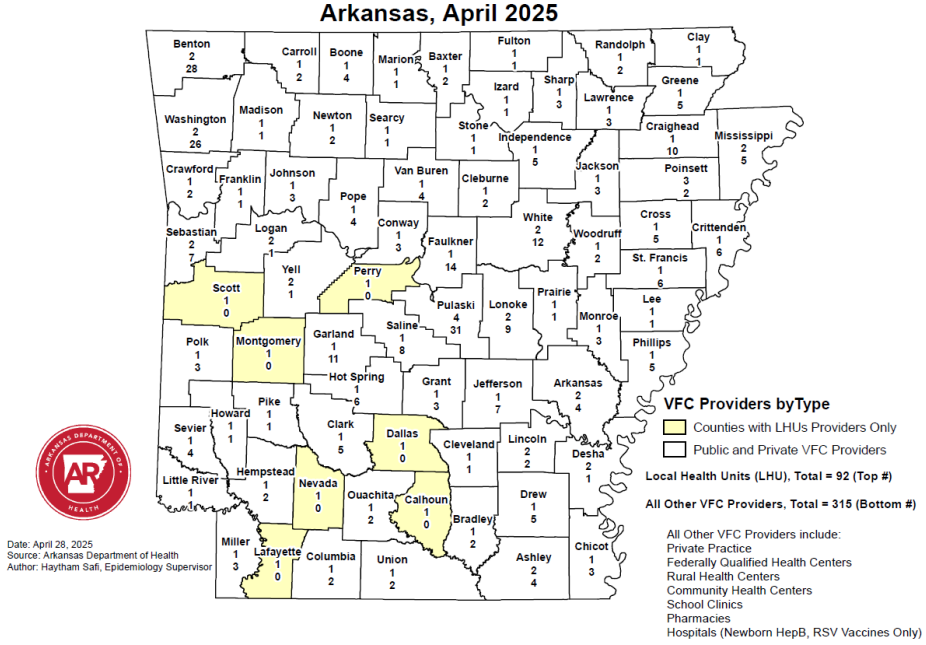
** Vaccination Coverage in this Map are for all Children Age 19-35 Months in 2024

- As of April 2025, seven of the 75 Arkansas counties had no designated Vaccines for Children (VFC) providers apart from local health units (LHU). These counties are shaded yellow in the map below, provided by ADH. This is an improvement from the 2022 CHNA when 12 counties had no designated VFC providers apart from LHUs.

- Nearly 56% of Arkansas adolescents ages 13-17 received all recommended doses of the human papillomavirus (HPV) vaccine, compared to almost 63% of U.S. adolescents (CDC National Immunization Survey – Teen, 2022).

- Pertussis, or whooping cough, rates have dramatically increased over the last two years. Arkansas reported 299 cases of pertussis in 2024, which is more than 17 times higher than pertussis cases reported in 2023, according to the CDC's annual Provisional Pertussis Surveillance Reports. From 2023 to 2024, pertussis rates per 100,000 have increased from 0.6 to 9.8 in Arkansas and from 1.7 to 10.6 in the U.S.

Vaccines for Children (VFC) Immunization Providers by County Arkansas, April 2025



Date: April 28, 2025
Source: Arkansas Department of Health
Author: Haytham Safi, Epidemiology Supervisor

SCHOOL-BASED HEALTH

School-based health centers (SBHCs) emerged as important places where students and the community can access and receive health care, including preventive services.

> **"We need more health services in school. That's the only place some kids can be helped."**
> – Parent survey participant

68

SBHCs in Arkansas

Source: School-Based Health Alliance of Arkansas SBHC Directory, 2025

27%

of parents reported their children receive care at a SBHC

Source: CHNA Parent & Caregiver Survey, 2024

23/75

Arkansas Counties with a SBHC

Source: School-Based Health Alliance of Arkansas SBHC Directory, 2025

PRIMARY DATA

KEY INFORMANT FEEDBACK

All 28 key informants interviewed as part of the stakeholder engagement process mentioned well-child topics in their discussion of children's health in Arkansas. Key informants identified several themes as prominent well-child issues among Arkansas youth.

- Most conversations about access to health care began with concerns about the low numbers of medical providers, specifically pediatricians and other specialists.
- Insurance is another broad-based concern around access to care. Key informants pointed out that children with Medicaid coverage may have difficulty finding a physician who accepts it. In contrast, other children who do not qualify for Medicaid may have no insurance or their families cannot cover the cost of care.
- Many key informants saw parental education about the importance of preventive services as an essential part of the system of children's health as a gap.
- Key informants identified school-based health centers (SBHCs) as a strength for the state, and many stakeholders expressed a desire to expand school-based health programming.
- One of the most recurring sentiments concerned "meeting children where they are." SBHCs were cited as an example of doing this well. Additionally, some key informants discussed using mobile clinics to reach children in areas where access to care is challenging.

Priority: Well-Child Care

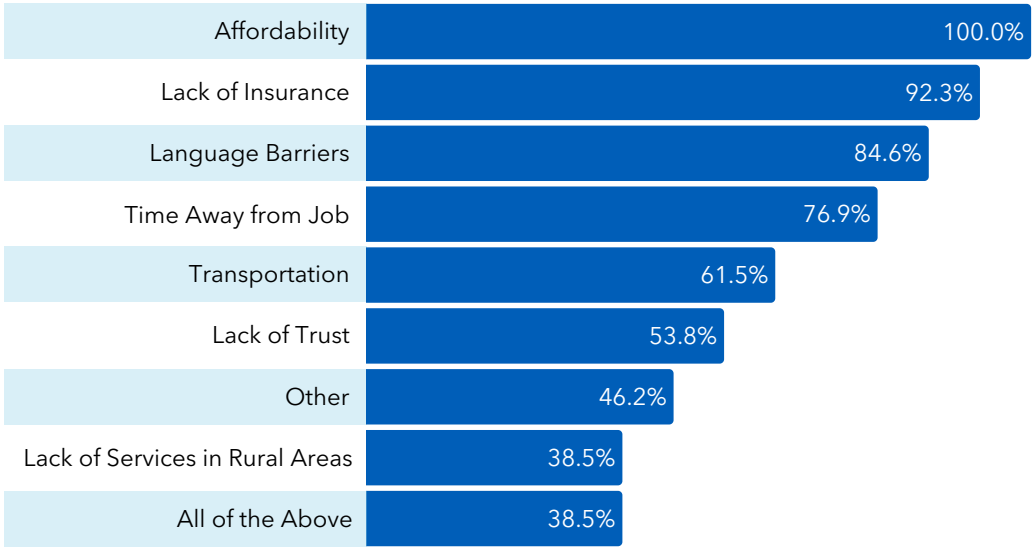
FOCUS GROUP FEEDBACK

Every focus group discussed well-child topics; specifically, lack of access to services was the most identified topic with 67 total mentions.

> **"It is amazing the amount of parents that cannot take off work for their kids' appointments – especially for preventive things like immunizations, well-child appointments, etc."**
> **– Focus group participant**

- Eleven percent of focus group participants cited lack of affordable health insurance as a top concern.
- The following themes emerged from focus group feedback:
  - Lack of pediatricians close to home
  - Inability to afford transportation or get time off work to take children to appointments
  - Lack of access to specialty and dental care
  - Health paperwork is difficult for parents to complete
  - Lack of providers who will accept Medicaid
  - Under-utilization of school-provided health education and resources
  - Distrust around immunizations and health care
- Fifty-seven percent of Hispanic focus group participants reported they did not know about assistance services in their area. When asked about the first thing that comes to mind about children's health, most Hispanic focus group participants named health care costs and concerns about immigration status.
- Marshallese focus group participants identified multiple obstacles, displayed in the graph below, that prevent their children from receiving sufficient health care.

Which, if any, of the following do you see as barriers to accessing health resources for children?
Marshallese Focus Group Participants



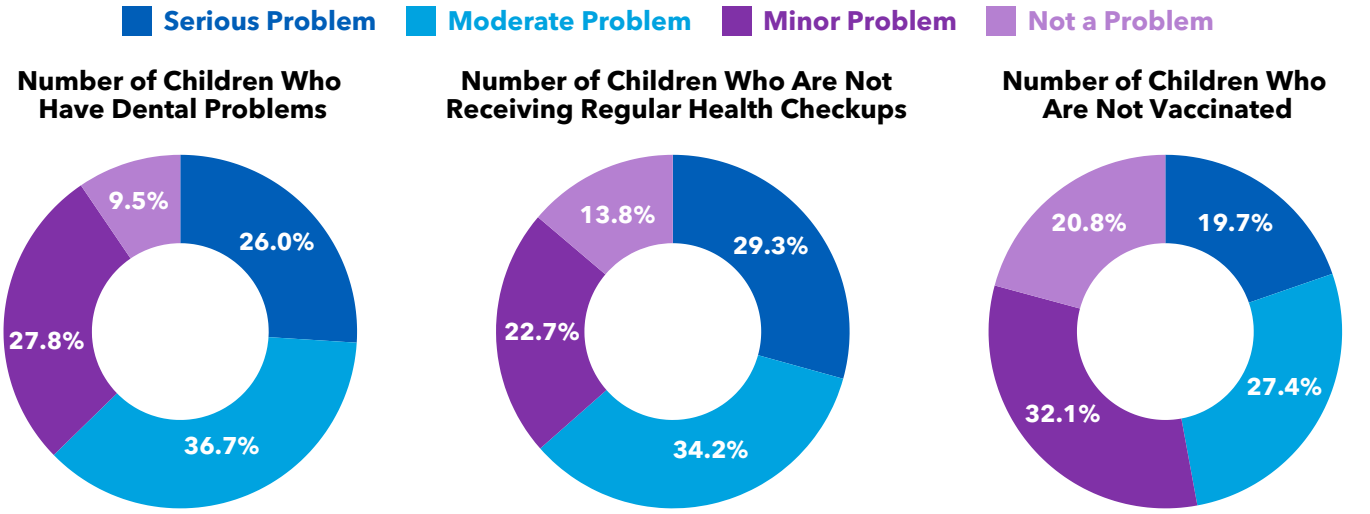
Source: CHNA Marshallese Focus Group, 2024

Priority: Well-Child Care

PARENT SURVEY RESULTS

- When asked about the top problems facing their community, 32.8% of parents selected affordable health insurance. Additionally, 21.9% of parents chose poverty and finances, and 16.6% selected lack of quality health services.
- Fifty-one percent of parent respondents reported that their children have Medicaid (ARKids First), followed by 35% reporting employer- or union-provided group health insurance.
- Thirty percent of total parent respondents and 42% of Black/African American parent respondents reported that their child or children have missed school due to a toothache.
- More than a quarter (27%) of parent respondents report that their child or children saw a health care professional at a SBHC.

Parent & Caregiver Perspectives on Well-Child Topics



Source: CHNA Parent & Caregiver Survey, 2024

Source: CHNA Parent & Caregiver Survey, 2024

Source: CHNA Parent & Caregiver Survey, 2024

Of those who reported difficulties in accessing health care for their child or children:

45% couldn't get a timely appointment

24% had no transportation to get to the appointment

18% couldn't get to the office during their hours of operation

18% couldn't find needed specialty care locally

16% reported no health insurance or couldn't afford the care

Priority: Well-Child Care

YOUTH SURVEY RESULTS

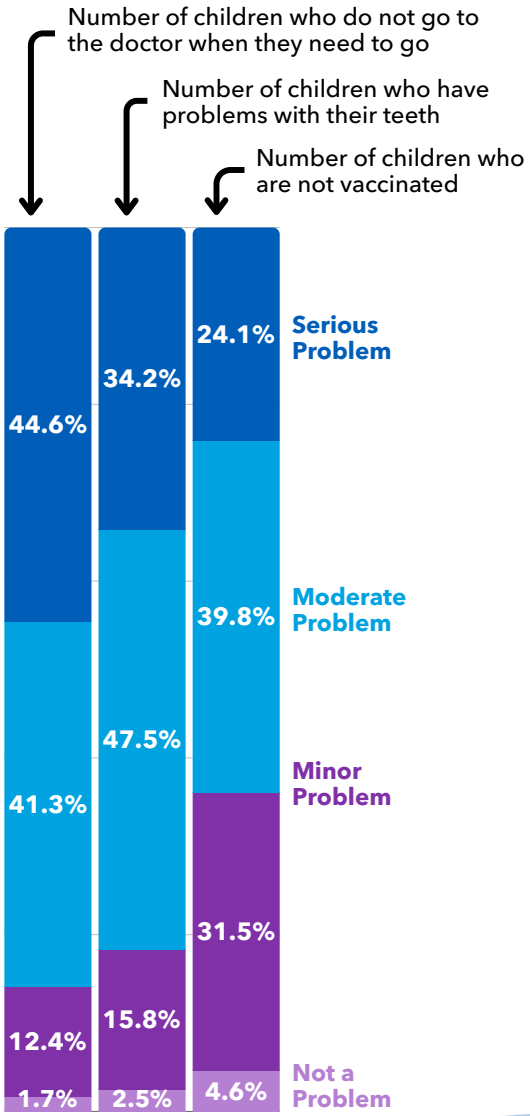
- Youth respondents identified well-child topics when thinking about how their communities sustain their health and that of other children. Of the factors named, 25.8% related to well-child topics.

- The following quotes are examples of youth perspectives on the support they receive from their communities:
  - "My mother helps by taking me to the doctor and dentist."
  - "Make sure that my health is up to date by taking me to my regular check-ups."
  - "Encourage people to get vaccinated."

- Respondents desired stronger school nurse programs, more exercise opportunities, free hygiene items, including toothbrushes, expanded vaccine provision and other health resources through school programming.

- When asked what adults could do to help with their health, 21.7% of the factors youth named were well-child related. One respondent stated, "An adult in my life could help me with my health by making sure all of my doctors' appointments are updated, and my dentist [appointments] as well."

Youth Perspectives on Well-Child Care Topics



Source: CHNA Youth Listening Survey, 2024

HEALTH DISPARITIES

In addition to identifying general children's health needs, it is critical to understand any impacts that disproportionately affect specific populations of children.

The table at right compares two well-child measures by county – the ratio of pediatric physicians per 10,000 and the 19-35 months vaccination rate – to the state average. Disparities exist for both measures related to all three areas of concern: rural, racial and economic.

Number of Pediatric Physicians
Arkansas has 5.6 American Board of Pediatrics-certified pediatricians per 10,000 youth ages 0 to 17. Forty-three Arkansas counties have no pediatricians (American Board of Pediatrics, 2024).

All 10 counties defined as rural have zero pediatricians. Nine of the 10 counties with the highest percent non-White populations have a lower pediatrician ratio than that of the state. All 10 counties with the highest percentage of households below the poverty level also have a lower pediatrician ratio than the state ratio.

Vaccination Rate
Six of the 10 counties defined as rural have a lower 19-35 month vaccination rate than the state. Eight of the 10 counties with the highest non-White population have a lower 19-35 month vaccination rate than the state. Eight of the 10 counties with the highest poverty rates have a lower 19-35 month vaccination rate than the state.

The CHNA team sourced the data for the ratio of pediatricians from the American Board of Pediatrics. The Arkansas Department of Health provided WebIZ data for the 19-35 month vaccination rate.

WELL-CHILD MEASURES

County	Pediatricians per 10,000 Youth Ages 0-17, 2024		19-35 Months Vaccination Rate, 2024	
	County Ratio	Ark. Ratio	County Rate	Ark. Rate
RURAL DISPARITY				
Calhoun	**0**	5.6	**57.1%**	66.6%
Lafayette	**0**	5.6	**44.4%**	66.6%
Woodruff	**0**	5.6	**62.8%**	66.6%
Dallas	**0**	5.6	67.9%	66.6%
Monroe	**0**	5.6	**56.8%**	66.6%
Newton	**0**	5.6	71.8%	66.6%
Cleveland	**0**	5.6	72.1%	66.6%
Searcy	**0**	5.6	**61.5%**	66.6%
Prairie	**0**	5.6	67.3%	66.6%
Nevada	**0**	5.6	**59.5%**	66.6%
RACIAL DISPARITY				
Phillips	**0**	5.6	**64.1%**	66.6%
Jefferson	**1.5**	5.6	**60.4%**	66.6%
Crittenden	**2.4**	5.6	**59.5%**	66.6%
Chicot	**0**	5.6	**62.2%**	66.6%
Lee	**0**	5.6	71.9%	66.6%
St. Francis	**2.1**	5.6	**64.5%**	66.6%
Desha	**0**	5.6	**64.0%**	66.6%
Pulaski	20.8	5.6	68.7%	66.6%
Monroe	**0**	5.6	**56.8%**	66.6%
Ouachita	**0**	5.6	**56.3%**	66.6%
ECONOMIC DISPARITY				
Lee	**0**	5.6	71.9%	66.6%
St. Francis	**2.1**	5.6	**64.5%**	66.6%
Chicot	**0**	5.6	**62.2%**	66.6%
Phillips	**0**	5.6	**64.1%**	66.6%
Nevada	**0**	5.6	**59.5%**	66.6%
Searcy	**0**	5.6	**61.5%**	66.6%
Monroe	**0**	5.6	**56.8%**	66.6%
Desha	**0**	5.6	**64.0%**	66.6%
Stone	**0**	5.6	**54.9%**	66.6%
Ashley	**2.4**	5.6	66.9%	66.6%

Sources: American Board of Pediatrics, 2024; ADH WebIZ, 2024

Priority: Nutrition Security

OVERVIEW

Nutrition security was among the top child health issues elevated in this CHNA. Consistent and equitable access to healthy, safe, affordable foods is essential to optimal health and is a powerful determinant of child health.

Additionally, nutrition security remains a significant challenge, particularly for children in low-income households and rural communities in Arkansas. Many families face barriers to obtaining nutritious food, including financial and cost constraints, limited knowledge of healthy eating or cooking habits and a lack of nearby grocery stores with fresh foods.

While many Arkansas children and families meet the requirements to access food assistance programs, these programs are often underutilized. In 2022, 57.9% of infants and children aged 0-4, pregnant women and postpartum women in Arkansas were eligible for the Women, Infant & Children (WIC) program, but only 40% of those eligible were enrolled (USDA WIC Coverage Rates by State, 2022). Similarly, only 59% of eligible individuals in Arkansas were enrolled in the Supplemental Nutrition Assistance Program (SNAP), which provides food benefits to low-income families (USDA Estimates of State SNAP Participation Rates, 2025).

Stakeholders highlighted the importance of expanding access to nutrition assistance programs, improving education regarding healthy food preparation and suggested collaborative food distribution models to increase access.

The following section details the findings. One notable difference from the 2022 CHNA was the shift from "food insecurity" to "nutrition security." This change emphasized the importance of children consuming adequate, nutritious foods for proper growth and development.

At the time of this writing, Arkansas is implementing new policies and interventions to address nutrition security, including legislation that will provide free breakfast for public school students in the 2025-2026 school year, repeal the state grocery tax and expand protections for food donors and food banks.

AT A GLANCE

24.2% Arkansas | **18.5%** U.S.

Child Food Insecurity Rate in 2022

Feeding America Map the Meal Gap Report, 2024

47/50

Arkansas Rank: Child Food Sufficiency

America's Health Rankings, 2024

40.4% Arkansas | **53.5%** U.S.

WIC Coverage Rate of Eligible People in 2022

USDA WIC Coverage Rates by State, 2024

59% Arkansas | **88%** U.S.

Eligible Households Participating in SNAP in 2022

USDA Estimates of State SNAP Participation Rates, 2025

48/50

Arkansas Rank: Overweight/Obese Youth

America's Health Rankings, 2024

SECONDARY DATA

The CHNA team identified significant data to determine whether this assessment should consider nutrition security as a child health need. The following data points support the inclusion of this child health need.

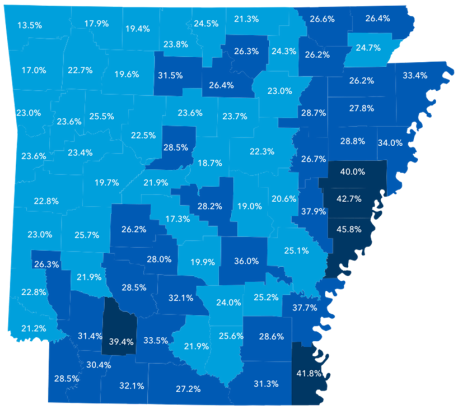
FOOD ACCESS & QUALITY

- Nearly 19% of Arkansas households cannot provide adequate food for one or more household members due to a lack of resources, compared to the U.S. average of 13.5% (USDA Household Food Security in the United States in 2023, 2024).

- Approximately one in four Arkansas children experienced food insecurity in 2022. Of those 168,430 food insecure children, 71% were eligible for federal nutrition programs. The map at right demonstrates child food insecurity rates by county in Arkansas (Map the Meal Gap, 2024).

- Only 57.3% of Arkansas households with children could always afford nutritious meals in the past 12 months, compared to 67.3% of U.S. households with children (HRSA NSCH, 2022-2023).

Child Food Insecurity Rates by Arkansas County

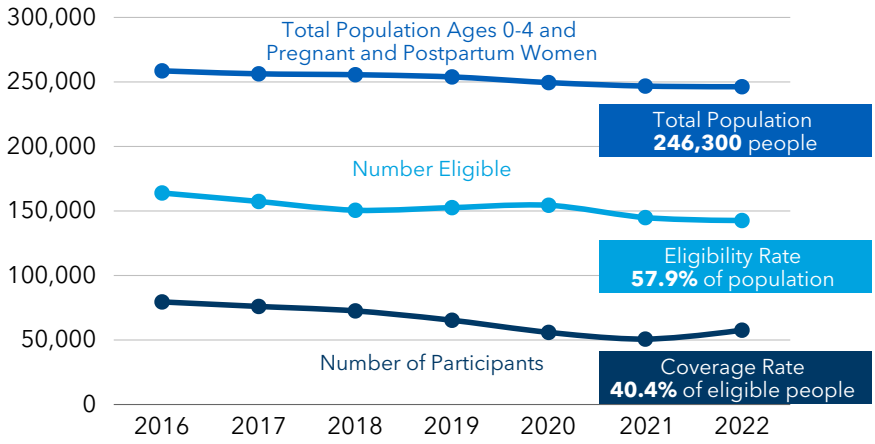


Source: Feeding America, 2022

- Only 40.4% of Arkansans eligible for WIC benefits participated in 2022, which was significantly lower than the U.S. rate of 53.5% (USDA WIC Coverage Rates by State, 2022).

- Only 59% of Arkansans eligible for SNAP benefits participated in 2022, compared to the U.S. rate of 88% (USDA Estimates of State SNAP Participation Rates, 2025).

WIC Eligibility & Participation in AR Over Time, 2016-2022



Source: USDA WIC Coverage Rates by State, 2016-2022

- Approximately 48% of SNAP enrolled households have children (U.S. Census Bureau American Community Survey (ACS), 2023).

CHILDHOOD OBESITY

- Research indicates that food insecure adults and children may have an increased risk of obesity (Healthy People 2030).

- Arkansas children who are overweight or obese total 37.9% compared to 31.1% of U.S. children (America's Health Rankings, 2024).

- In the 2021-2022 school year, 26% of Arkansas students were classified as obese according to the Arkansas Center for Health Improvement (ACHI) Body Mass Index Report.

PRIMARY DATA

KEY INFORMANT FEEDBACK

Half of the 28 key informants interviewed mentioned nutrition security topics in their discussions, with several issues that were a concern for multiple respondents.

- Many key informants recognized nutrition security as one of the most critical needs of a child's well-being and indicated a child cannot learn, grow or be of sound physical and mental health if hungry.
- While several interviewees acknowledged that many food pantries and other types of support are available, they felt that those resource organizations are not long-term solutions.
- Some key informants expressed concern about the fact that Arkansas is the most food insecure state, which naturally leads to a significant impact on children's health.
- Additionally, those interviewed recognized the importance of full-service grocery stores that carry fresh foods, as opposed to convenience stores that more commonly carry an abundance of processed snack foods. Many consider communities to be low-food access locations if residents must travel more than 1 mile in an urban setting, or more than 10 miles in a rural setting, to obtain fresh and nutritious foods.

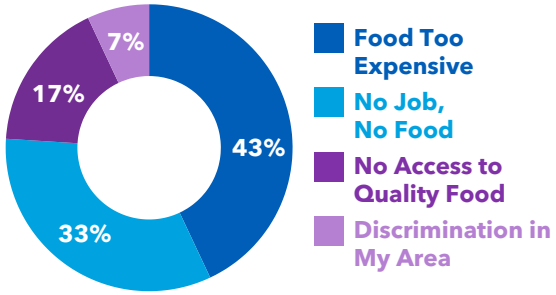
> **"A lack of food has a big impact on children's health across the board – mental health, physical health, learning, etc., is impacted. I don't want to use the word dire, but it's very near."**
> **– Key informant**

> **"The biggest thing I see for our community is food security. The reason why I say that is parents will come with [Summer Electronic Benefits Transfer (EBT)] for their kids because it helps kids survive in the summer."**
> **– Marshallese focus group participant**

FOCUS GROUP FEEDBACK

- Nutrition security was among the most identified topics by focus groups. Participants made 47 unique mentions of nutrition-related issues, including a general lack of access to food, limited nutritious foods and a lack of grocery stores.
- While many focus group participants mentioned multiple sources of assistance, they believed resources remain limited and many barriers exist to helping children.
- Children in ALICE families present unique challenges in trying to assist them with food and clothing because often they do not qualify for assistance.

In thinking about social & economic factors in your community, how do they affect the health & well-being of children in your area?
Hispanic Focus Group Participants



Source: CHNA Hispanic Focus Groups, 2024

- Some focus group participants suggested that additional parent education related to nutrition might provide tools to prepare healthy meals for their children. However, others said barriers exist for parents, including work schedules and transportation.

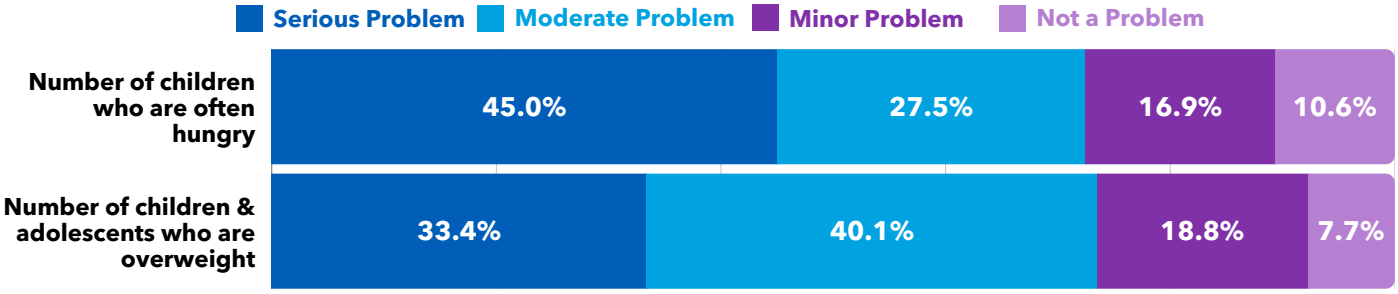
Priority: Nutrition Security

PARENT SURVEY RESULTS

- The parent survey completed for this analysis posed questions and prompts related to nutrition security. Of the 23 variables listed, 43% of parents selected lack of access to nutritious food as one of the community's top problems regarding children's health and well-being. This variable was the most selected answer overall.

- Nearly 38% of parents chose obesity and lack of exercise as one of the top five problems, making it the fifth most chosen variable overall.

Parent & Caregiver Perspectives on Nutrition Security Topics



Source: CHNA Parent & Caregiver Survey, 2024

YOUTH SURVEY RESULTS

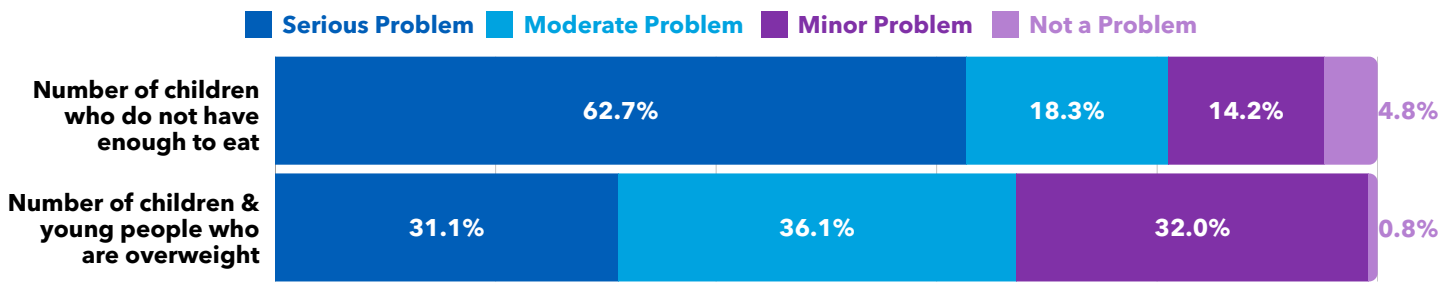
When asked what their schools could offer that would help young people's health, 23% of youth survey respondents named nutrition-related topics, including:

- "More nutritious food that doesn't taste disgusting."
- "More physical education classes."
- "Making sure we are fed a healthy meal."
- "Add more fruits. A fruit salad."
- "Sometimes you can have junk food here and there, but not all the time [to] be healthy."

Nearly one in five youth survey respondents suggested nutrition security as an essential way to help children be healthy. Youth respondents shared the following feedback:

- "My family goes to farmers' markets regularly for better food. We are also a pretty athletic family."
- "My parents feed me healthy meals to help me grow."
- "There [are] food drives provided by two churches in my community, and they go door-to-door looking for households with children to donate food."
- "Nothing. My school is more worried about kids' sports than being at school/having good grades/not being addicted to substances/helping children who don't have enough to eat at home or school."

Youth Perspectives on Nutrition Security Topics



Source: CHNA Youth Listening Survey, 2024

HEALTH DISPARITIES

In addition to identifying general children's health needs, it is critical to understand any impacts that disproportionately affect specific populations of children.

The table at right compares the child food insecurity rate of counties identified to the state average. Disparities exist related to all three areas of concern: rural, racial and economic.

Six of the 10 counties defined as rural have a higher child food insecurity rate than the state. All 10 of the counties with the highest non-White population have a higher child food insecurity rate than the state. All 10 counties with the highest poverty rates have a higher child food insecurity rate than the state.

One key informant characterized the issue of nutrition security by saying, "The business model for food distribution is completely stacked against rural America. Many only have a gas station as their food source in the most rural areas of our state. The existing business model is causing disparities in food access."

The CHNA team sourced data for the child food insecurity rate at the county and state levels from the 2022 Feeding America Annual Report.

Child Food Insecurity Rate		
County	**County Rate**	**Ark. Rate**
RURAL DISPARITY		
Calhoun	21.9%	24.2%
Lafayette	**30.4%**	24.2%
Woodruff	**26.7%**	24.2%
Dallas	**32.1%**	24.2%
Monroe	**37.9%**	24.2%
Newton	19.6%	24.2%
Cleveland	24.0%	24.2%
Searcy	**31.5%**	24.2%
Prairie	20.6%	24.2%
Nevada	**39.4%**	24.2%
RACIAL DISPARITY		
Phillips	**45.8%**	24.2%
Jefferson	**36.0%**	24.2%
Crittenden	**34.0%**	24.2%
Chicot	**41.8%**	24.2%
Lee	**42.7%**	24.2%
St. Francis	**40.0%**	24.2%
Desha	**37.7%**	24.2%
Pulaski	**28.2%**	24.2%
Monroe	**37.9%**	24.2%
Ouachita	**33.5%**	24.2%
ECONOMIC DISPARITY		
Lee	**42.7%**	24.2%
St. Francis	**40.0%**	24.2%
Chicot	**41.8%**	24.2%
Phillips	**45.8%**	24.2%
Nevada	**39.4%**	24.2%
Searcy	**31.5%**	24.2%
Monroe	**37.9%**	24.2%
Desha	**37.7%**	24.2%
Stone	**26.4%**	24.2%
Ashley	**31.3%**	24.2%

Source: Feeding America, 2022

Priority: Maternal & Infant Health

OVERVIEW

Arkansas faces significant challenges in maternal and infant health. The state is classified as the least healthy in America's Health Rankings 2024 Health of Women and Children Report, ranking 49th for children and 50th for women.

Maternal and infant health is a continuum of services, screenings and support for both pregnant women and their infants. If the mother has adequate care during pregnancy, she has a greater chance of delivering a healthy baby. As expressed by one key informant, "Maternal health is the start of child health."

The health of the mother and adequate prenatal care directly impact infant health. Additional factors impacting infant health include teen births, maternal smoking, infants born at low birth weight and safe sleep practices. These factors can contribute to poor health outcomes, including sudden unexpected infant death (SUID), which encompasses all unexpected deaths in infants under one year of age. The rate of sudden infant death syndrome (SIDS), a category of SUID when an investigation cannot explain an infant death, nearly quadrupled from maternal non-smokers to smokers in 2021. Overall, infant mortality almost doubled from maternal non-smokers to smokers (ADH PRAMS, 2023).

At this writing, Arkansas is implementing new policies and interventions to address maternal and infant health, including:

- Participating in the Centers for Medicare & Medicaid Services (CMS) Transforming Maternal Health (TMaH) Model.
- Increasing payments for prenatal, delivery, postpartum care and provider reimbursements.
- Increasing access to telemedicine and community health workers.
- Establishing presumptive Medicaid eligibility for pregnant women.

AT A GLANCE

50/50

Arkansas Rank: Overall Maternal & Child Health

America's Health Rankings, 2024

49/50

Arkansas Rank: Infant Mortality & Neonatal Mortality

America's Health Rankings, 2024

7.67	5.61
Arkansas	U.S.

Infant Deaths per 1,000 Live Births, 2022

CDC National Vital Statistics Report Vol. 73, No.5, 2024

9.5%	8.5%
Arkansas	U.S.

Percent of Infants Born at Low Birth Weight

CDC WONDER, 2025

24.6	13.6
Arkansas	U.S.

Teen Births Per 1,000 Females Ages 15-19

CDC Wonder, Natality Public Use Files, 2022

SECONDARY DATA

The CHNA team identified significant data to determine whether this assessment should consider maternal and infant health as a child health need. The following data points support the inclusion of this child health need.

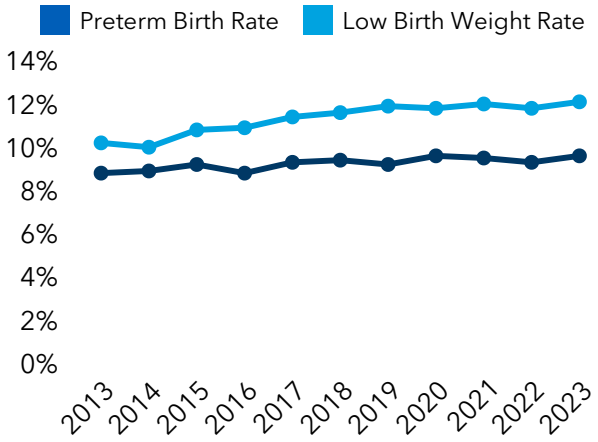
INFANT HEALTH AT BIRTH

- Babies are low birth weight (LBW) when they weigh less than 5 pounds and 8 ounces at birth, regardless of gestational age (World Health Organization (WHO), 2025). From 2023-2024, 9.5% of infants born in Arkansas were LBW, compared to 8.5% nationally (CDC WONDER, 2023-2024).

- In 2023, 12.1% of live births in Arkansas were preterm. Both preterm and low birth weight values represent the highest rates the state has seen in the past 11 years (March of Dimes PeriStats, 2024).

- From 2023-2024, 14.0% of infants born in Arkansas and 12.6% of infants born in the U.S. exhibited at least one of the following abnormal conditions: assisted ventilation; assisted ventilation >6 hours; NICU admission; surfactant replacement therapy; antibiotics for suspected neonatal sepsis; and seizures (CDC WONDER, 2023-2024).

Preterm Birth & Low Birth Weight Rates as Percent of Live Births, Arkansas 2013-2023



Source: March of Dimes PeriStats, 2024

INFANT & MATERNAL MORTALITY

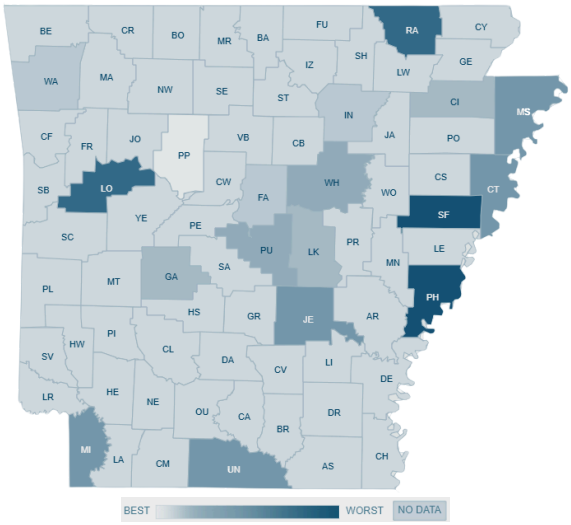
- There were 7.67 infant deaths per 1,000 live births in Arkansas in 2022. Arkansas's infant mortality rate is higher than the national rate of 5.61. When examining infant mortality by race and ethnicity and maternal age, non-Hispanic Black mothers and mothers 19 years of age and younger have the highest infant mortality rates (CDC National Vital Statistics Report Vol. 73, No.5, 2024).

- Safe sleep is defined as laying a baby on their back to sleep, the baby always sleeping alone in their own sleep space, room sharing and baby sleeping in the absence of blankets, toys, cushions, pillows and crib bumpers (March of Dimes, 2024). In 2022, 54 infants in Arkansas died from SUID related to unsafe sleep practices. Of these deaths, 66% of infants were co-sleeping in an adult bed with one or more adults, and 54% were placed on their side or stomach to sleep (Arkansas ICDR Annual Report, 2024).

- Arkansas's maternal mortality rate, defined as the number of deaths related to or aggravated by pregnancy (excluding accidental or incidental causes) occurring within 42 days of the end of a pregnancy, was 38.3 deaths per 100,000 live births, which is higher than the national rate of 23.2 (NCHS National Vital Statistics System, 2018-2022).

Arkansas Infant Deaths by County, 2024

Number of deaths among children less than one year of age per 1,000 live births



Source: County Health Rankings, 2024

Priority: Maternal & Infant Health

RISK FACTORS

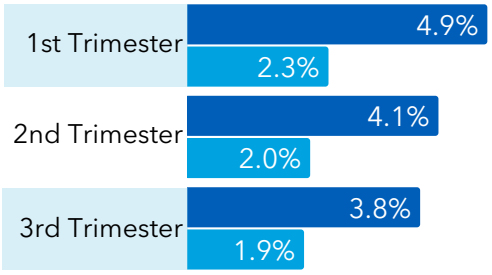
- From 2023-2024, 70.0% of births in Arkansas were to women who began prenatal care in the first trimester, which is lower than the percentage of births nationwide to mothers who initiated early prenatal care at 74.0%. Of these total births in Arkansas, 2.6% of mothers had zero prenatal visits (CDC WONDER, 2023-2024).

- Among births in Arkansas from 2023-2024, White non-Hispanic mothers (76.3%) had a higher rate of utilizing prenatal care in the first trimester than Black (60.6%) and Hispanic (58.1%) mothers. While only 1.9% of White mothers did not utilize any prenatal care, more than double the percentage of Black mothers (4.5%) received no prenatal care (CDC WONDER, 2023-2024).

- Arkansas is ranked 43rd for smoking during pregnancy by America's Health Rankings. Arkansas has a maternal smoking rate more than double the national rate for all trimesters during pregnancy (CDC WONDER, 2025).

- The rate of sudden infant death syndrome (SIDS), a category of SUID when an investigation cannot explain an infant death, nearly quadrupled from maternal non-smokers to smokers in 2020. Overall, infant mortality almost doubled from maternal non-smokers to smokers (ADH PRAMS, 2020).

Maternal Smoking by Trimester as Percent of Total Births, 2023-2024



Source: CDC WONDER, 2023-2024

- Breastfeeding provides nutrition and immunity. Approximately 81% of Arkansas mothers ever breastfed their babies, compared to a national average of 84%. Of those, 48.6% (in the U.S., 59.8%) were breastfeeding their babies at six months, with only 30.8% (in the U.S., 39.5%) still breastfeeding at 12 months (CDC National Immunization Survey-Child, 2024).

- Between 2019 and 2022, the congenital syphilis rate per 100,000 Arkansas live births more than tripled from 57.4 cases to 191.9 (ADH STI Surveillance Report, 2022).

TEEN BIRTHS & MATERNAL MORBIDITY FACTORS

- Arkansas is ranked 49th for teen births by America's Health Rankings. Among all Arkansas births from 2023 to 2024, 6.4% were to mothers ages 15-19, compared to 3.8% of births nationwide (CDC WONDER, 2023-2024).

- Arkansas had 30 births per 1,000 females ages 15-19 in 2024 (County Health Rankings, 2024). Babies of adolescent mothers face higher risks of low birth weight, preterm birth and severe neonatal conditions (WHO, 2024).

- In Arkansas, 45.3% of counties have no birthing hospitals or obstetric clinicians and are defined as maternity care deserts, compared to 35% nationally. Another 18.7% of counties have low or moderate access to maternity care (March of Dimes PeriStats, 2024). Arkansas has 33 birthing hospitals, a decrease from the previous 35 (ACHI, 2025). See the distribution of birthing hospitals represented in the map above.

PRIMARY DATA

KEY INFORMANT FEEDBACK

In conversations with 28 key informants, more than half mentioned maternal and infant health as an issue. The following themes were prominent in maternal and infant health discussions with key informants.

- Key informants stated that appropriate prenatal care is critical to improve maternal and infant health measures.
- Some key informants mentioned the range of risks to infant health when the mother does not receive quality prenatal care, saying that mothers could avoid many of the health issues identified at birth if they received better care while pregnant.
- Another issue several key informants raised was the limited number of Arkansas hospitals providing delivery services. With only 30+ hospitals throughout the state, many pregnant women have to drive a significant distance to reach a hospital with the appropriate team of providers to deliver babies and care for the postpartum mother safely.
- One key informant suggested that School-Based Health Centers provide some level of maternal support for both teens and teachers.

> **"Nearly 50% of babies born have a non-normal newborn diagnostic code. We measure non-normal, low birth weight and severe prematurity codes. Not all require NICU care, but we have an escalated number of babies with non-normal codes."**
> **– Key informant**

FOCUS GROUP FEEDBACK

Focus groups discussed the importance of support for parents and families.

- Forty percent of focus group participants chose Parenting and Family Support as a very impactful factor.
- Parents, educators and medical providers provided insight into strong maternal and infant health programs in Arkansas, including the importance of home visiting and peer support.
- One focus group participant described her experiences with parental education as key to child health. The participant suggested empowering parents, specifically mothers, with crucial information about caring for their children, which is key to healthier families.
- Another focus group participant detailed a community support program for teen moms in their region that provides teen parents with resources to prioritize their health and that of their babies.

> **"Every mom should have access to a home visiting program. There are some programs in place for high-risk families, but families in need are not always identified as high-risk."**
> **– Focus group participant**

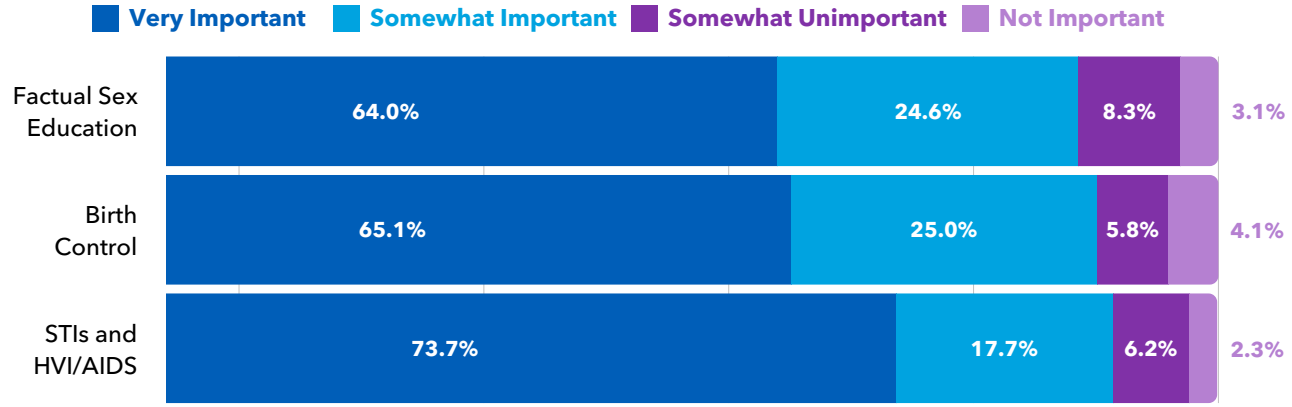
Priority: Maternal & Infant Health

PARENT SURVEY RESULTS

The Parent Survey explored various questions and prompts related to maternal and infant health.

- Of the 23 variables listed, 7.5% of parents selected infant and child injuries and deaths as one of the top five problems facing the community in terms of children's health and well-being.
- Fifty-four percent of parent respondents believed that the number of infants who die unexpectedly before the age of one is a moderate to serious problem.
- Sixty-five percent of parent respondents believed that teen pregnancy is a moderate to serious problem and support schools providing education to teenage students.

How important is it that schools provide education about the following topics to teenage students?

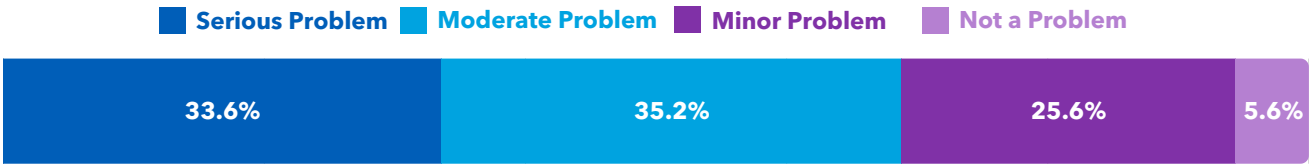


Source: CHNA Parent & Caregiver Survey, 2024

YOUTH SURVEY RESULTS

- More than half of the youth surveyed said the number of babies who die before the age of one is a moderate or serious problem.
- Respondents expressed a desire for more birth control, as well as concerns about teen births and infant mortality.
- Sixty-nine percent of youth respondents believed that teen pregnancy is a moderate to serious problem.

Youth Perspective on the Number of Young People Who Are Pregnant



Source: CHNA Youth Listening Survey, 2024

HEALTH DISPARITIES

In addition to identifying general children's health needs, it is critical to understand any impacts that disproportionately affect specific populations of children.

The table at right compares the teen birth rate and the low birth weight percentage of counties identified to the state average. Disparities exist related to all three areas of concern: rural, racial and economic.

Teen Birth
Seven of the 10 counties defined as rural have higher teen birth rates than the state. Nine of the 10 counties with the highest non-White population have higher teen birth rates than the state. All 10 counties with the highest poverty rates have higher teen birth rates than the state.

Low Birth Weight
Six of the 10 counties defined as rural have a higher percentage of low birth weight babies than the state. All 10 counties with the highest non-White population have a higher percentage of low birth weight babies than the state. Eight of the 10 counties with the highest poverty rates have a higher percentage of low birth weight babies than the state.

Arkansas and nine other states tied for a ranking of 35th for low birth weight racial disparity (America's Health Rankings, 2024). Between 2020 and 2022, Arkansas's Black low birth weight rate was 14.5%, compared to the White non-Hispanic rate of 7% (CDC WONDER, Natality Public Use Files, 2020-2022).

The CHNA team sourced data for the teen birth rate and the low birth weight percentage at the county and state levels from the 2024 County Health Rankings.

MATERNAL & INFANT HEALTH MEASURES

County	Teen Births per 1,000 Females Ages 15-19		Low Birth Weight Percentage of live births < 2,500 grams	
	County Rate	Ark. Rate	County Percent	Ark. Percent
RURAL DISPARITY				
Calhoun	30	30	**10%**	9%
Lafayette	**49**	30	7%	9%
Woodruff	**51**	30	**11%**	9%
Dallas	29	30	**12%**	9%
Monroe	**63**	30	**10%**	9%
Newton	**39**	30	6%	9%
Cleveland	22	30	**10%**	9%
Searcy	**34**	30	7%	9%
Prairie	**31**	30	9%	9%
Nevada	**41**	30	**12%**	9%
RACIAL DISPARITY				
Phillips	**64**	30	**13%**	9%
Jefferson	**39**	30	**14%**	9%
Crittenden	**49**	30	**14%**	9%
Chicot	**40**	30	**14%**	9%
Lee	**47**	30	**13%**	9%
St. Francis	**65**	30	**13%**	9%
Desha	**35**	30	**15%**	9%
Pulaski	28	30	**12%**	9%
Monroe	**63**	30	**10%**	9%
Ouachita	**37**	30	**11%**	9%
ECONOMIC DISPARITY				
Lee	**47**	30	**13%**	9%
St. Francis	**65**	30	**13%**	9%
Chicot	**40**	30	**14%**	9%
Phillips	**64**	30	**13%**	9%
Nevada	**41**	30	**12%**	9%
Searcy	**34**	30	7%	9%
Monroe	**63**	30	**10%**	9%
Desha	**35**	30	**15%**	9%
Stone	**40**	30	8%	9%
Ashley	**36**	30	**11%**	9%

Source: County Health Rankings, 2024

Moderator of Health: Financial Hardship

Moderator of Health: Financial Hardship

OVERVIEW

The 2025 CHNA has expanded the issue of financial hardship to more clearly incorporate all households below the ALICE (Asset Limited, Income Constrained, Employed) Threshold. This threshold depicts the minimum income necessary for a household's survival. Households below the threshold include those living below the FPL and ALICE households, which are those who earn above the poverty line but still struggle to afford necessities. This threshold, called the Alice Household Survival Budget, is defined by two additional measures: household costs and income by location. In Arkansas in 2023, the ALICE Household Survival Budget was $26,460 for a single adult and $70,500 for a family of four with two adults, an infant and a preschooler – much higher than the FPL ($14,580 for an individual and $30,000 for a family of four). Basic costs varied substantially by county (United for ALICE, 2025).

Financial hardship is widely recognized as an influencer, or a moderator, of health. While economic struggles may not cause poor health, they do influence the impact of various factors on overall health, such as:

- Access to health care for children – Insufficient or fluctuating income and other financial obstacles make it difficult for families to afford insurance and pay for preventive and incidental medical costs.
- Basic needs – Unstable or expensive housing, food and other basic needs exacerbate challenges with children's health. Reliance on inexpensive, processed food contributes to higher rates of obesity and related conditions.
- Parental support – In households with significant financial stress, parents may be unable to adequately care for their children, both physically and emotionally.
- Child mental health – Financial hardship may lead to chronic stress and developmental issues among children.

Organizations and programs that recognize the added layer of burden and address financial hardship can support families by providing wrap-around or individualized services to address these factors.

While 31% of the workers in Arkansas's 20 most common occupations were below the ALICE Threshold in 2022, many have seen increased wages since 2019 (ALICE in the Crosscurrents – An Update on Financial Hardship in Arkansas, 2024). The minimum wage in Arkansas increased from $9.25 per hour in 2019 to $11.00 per hour in 2022. Teaching assistant, fast food worker and cashier positions saw a 38%, 28% and 20% change in median hourly wages from 2019 to 2022 (Bureau of Labor Statistics, 2022).

AT A GLANCE

21% Arkansas | **24%** U.S.

Renter Households Below ALICE Threshold Paying Greater Than or Equal to Median Owner Costs

United for ALICE, 2024

$57,875 Arkansas | **$79,068** U.S.

Median Household Income

Esri, 2025

47/51

Arkansas Rank: Individuals Living Below ALICE Threshold

United for ALICE, 2024

47.1% Arkansas | **38.8%** U.S.

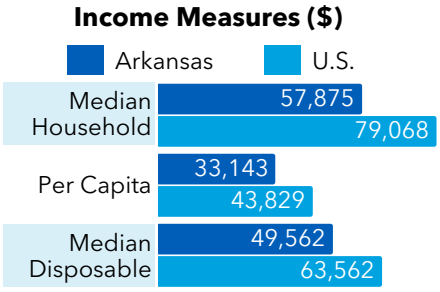
Medicaid Coverage for Children 0-18

KFF, 2023

Moderator of Health: Financial Hardship

SECONDARY DATA

- In an analysis of Esri income measures for all 50 states and Washington, D.C., Arkansas remains one of the poorest states in the nation, exhibiting:
    - The third-lowest 2024 median household income at $57,875, 26.8% lower than the U.S. value of $79,068, exceeding only West Virginia and Mississippi.
    - In 2024, 69.9% of Arkansas adults and 72.6% of U.S. adults have a savings account. Arkansas's average account value (checking, savings, money market and CDs) is $22,324, which is 27.2% lower than the U.S. average value of $30,646.
    - Thirty-four percent of Arkansas housing units are renter-occupied, just under the U.S. percentage of 35.6%.



Source: Esri, 2025

- Forty-seven percent of Arkansans lived below the ALICE Threshold in 2022, placing Arkansas at 47th when ranking all 50 states and Washington, D.C. (ALICE in the Crosscurrents - An Update on Financial Hardship in the United States, 2024).
- In 2023, 7.3% of Arkansas children aged 0-18 were uninsured, and 47.1% were covered by Medicaid (KFF, 2023).
- According to the National Low Income Housing Coalition, 68% of extremely low-income renter households in Arkansas have a severe cost burden in 2025.

PRIMARY DATA

All stakeholder groups providing input for the 2025 CHNA mentioned components of financial hardship.

> **The real challenge here is when you look at poverty and insecurity and ALICE factors, it is not that it is a suburban, urban or rural problem. It is an everybody problem.**
> **– Key informant**

- Some key informants discussed health equity and the need for resources to be available and accessible for all children.
- Poverty and lack of finances was the second leading topic discussed by focus group participants. Discussions were often related to access to care and barriers that make seeking care difficult, such as lack of transportation and inability to take time off work for children's appointments.
- Parent survey participants identified food insecurity, lack of affordable health insurance, lack of affordable housing and poverty as leading factors that impact children's health.
- Many respondents to the youth survey indicated that not having enough money was the number one problem children and youth face today. One youth survey respondent said, "Our school provides care, food, clothes and other supplies for teens in need."
- Focus group participants mentioned that inadequate housing conditions may worsen asthma or other environment-triggered illnesses.

HEALTH DISPARITIES

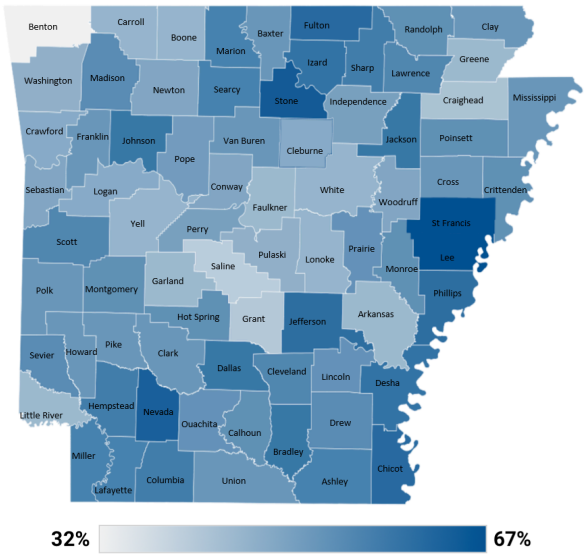
In addition to identifying general children's health needs, it is critical to understand any impacts that disproportionately affect specific populations of children.

ALICE Measures by Rurality

Arkansas has ALICE households in all 75 of its counties. Those households range from 67% living below the ALICE Threshold in Lee and St. Francis counties to 33% in Benton County.

Of the 10 counties examined for health disparities related to rurality, all 10 have a higher percentage of households below the ALICE Threshold than the state average.

Percent Below ALICE Threshold by County

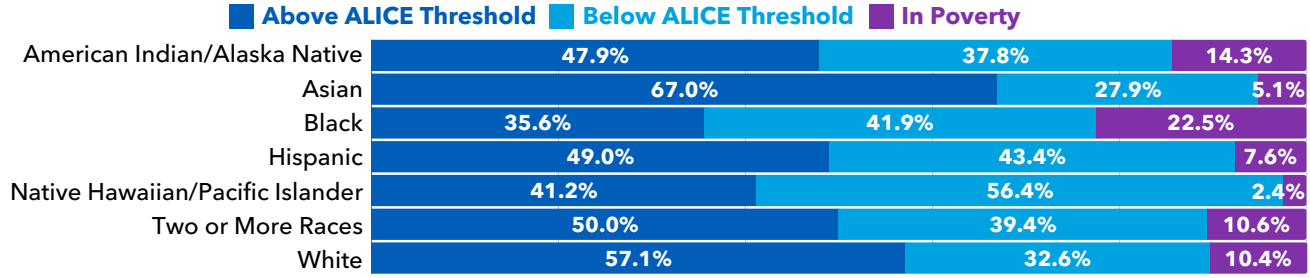


Source: United for ALICE, 2022

ALICE Measures by Race & Ethnicity

United For ALICE acknowledges race and ethnicity as significant contributors to ALICE status. Black and Pacific Islander populations have the highest percentage of households below the ALICE Threshold, at 64.4% and 58.8%, respectively. Conversely, White and Asian populations have the lowest percentage of households below the ALICE Threshold, at 42.9% and 33%, respectively.

ALICE Measures by Race & Ethnicity, 2022

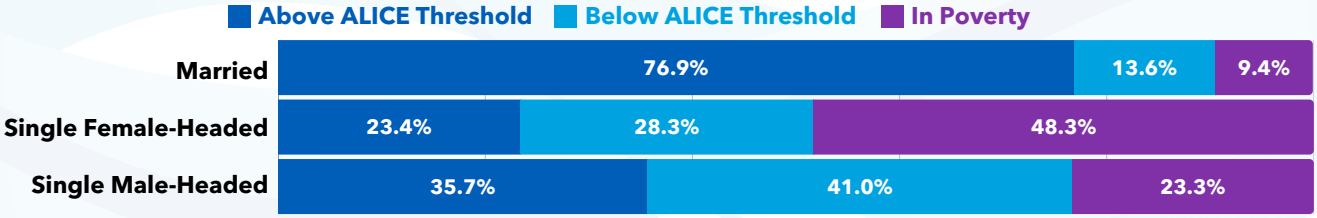


Source: ALICE in the Crosscurrents - An Update on Financial Hardship in Arkansas, 2024

ALICE Measures by Household Type

Single female-headed households are often disproportionately affected by financial hardship, with only 23.4% above the ALICE Threshold, compared to 76.9% of married households and 35.7% of single male-headed households.

ALICE Measures by Household Type, 2022



Source: ALICE in the Crosscurrents - An Update on Financial Hardship in Arkansas, 2024

Additional Needs

- Child Maltreatment Prevention
- Injury Prevention
- Substance Use Prevention
- Violence Prevention

Additional Need: Child Maltreatment Prevention

OVERVIEW

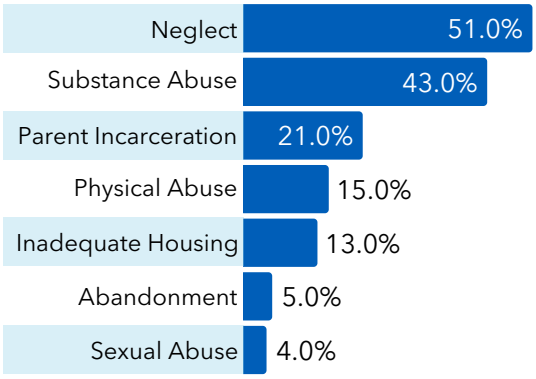
Child maltreatment continues to be an identified community concern in Arkansas. The Arkansas Crisis Center defines it as abuse, sexual abuse, neglect, sexual exploitation or abandonment by the child's caretaker. According to the U.S. Department of Health & Human Services' Child Welfare Outcomes Report, in 2022, 71.3% of child maltreatment cases in Arkansas were child neglect, which is the most common type of child maltreatment. Sexual abuse (21.2%) and physical abuse (18.3%) were the second and third most frequent types of maltreatment. Additionally, neglect is the number one reason that children enter foster care at 51%, followed by substance abuse (43%) and parent incarceration (21%) (Arkansas Department of Children and Family Services (DCFS) Annual Report Card, State Fiscal Year (SFY) 2024).

Child abuse occurs in every socioeconomic group and affects children of every gender, sexual orientation, race, ethnicity and religion. Approximately one-quarter of victims are between birth and two years of age. Girls are more likely than boys to be victims of maltreatment, with 1 in 4 girls and 1 in 13 boys estimated to experience abuse (National Children's Alliance, 2024).

SECONDARY DATA

- During SFY 2024, Arkansas received 29,616 reports of child maltreatment. Additionally, the substantiation rate, or reports found to have supporting evidence and to be true, was 21% during this time frame. Neglect was the most common allegation of maltreatment in the substantiated reports at 66%, followed by sexual and physical abuse at 21% (DCFS Annual Report Card, SFY 2024).
- Substantiated reports resulted in 18 child fatalities and 12 child near-fatalities. Of child victims involved in substantiated cases, 4% experienced a recurrence of maltreatment within six months, with 5% experiencing a recurrence within one year (DCFS Annual Report Card, SFY 2024).
- Arkansas's Adverse Childhood Experiences (ACEs) percentage for children ages 1-17 is 21.3% for 2022-2023, compared to the U.S. at 14.5% (America's Health Rankings, 2024). ACEs are potentially traumatic events that can include experiencing abuse, neglect or violence.
- Child victimization, defined as the number of children who were victims of substantiated or indicated maltreatment per 1,000 children, was 12.8 in Arkansas and 7.7 in the U.S. for 2022 (America's Health Rankings, 2024).

Leading Reasons for Children's Foster Care Entry in Arkansas



Source: Arkansas DCFS Annual Report Card, SFY 2024

Additional Findings

48/50
Arkansas Rank: ACEs
America's Health Rankings, 2024

11.1 Arkansas | **7.4** U.S.
Child Maltreatment Victims per 1,000
National Child Abuse & Neglect Data System, 2023

4.68 Arkansas | **2.73** U.S.
Child Maltreatment Fatalities per 100,000
National Child Abuse & Neglect Data System, 2023

31,142 2022 CHNA | **29,616** 2025 CHNA
Total Ark. Maltreatment Reports Investigated
Arkansas DCFS, SFY 2024

Additional Need: Child Maltreatment Prevention

PRIMARY DATA

KEY INFORMANT FEEDBACK

Several key informants raised the issue of child maltreatment and noted an overlap in child maltreatment with mental health and substance use issues. Informants mentioned that when there are mental health and substance use challenges, neglect or abuse may be more likely to occur. They also mentioned ACEs and the impact those potentially traumatic experiences have on a child.

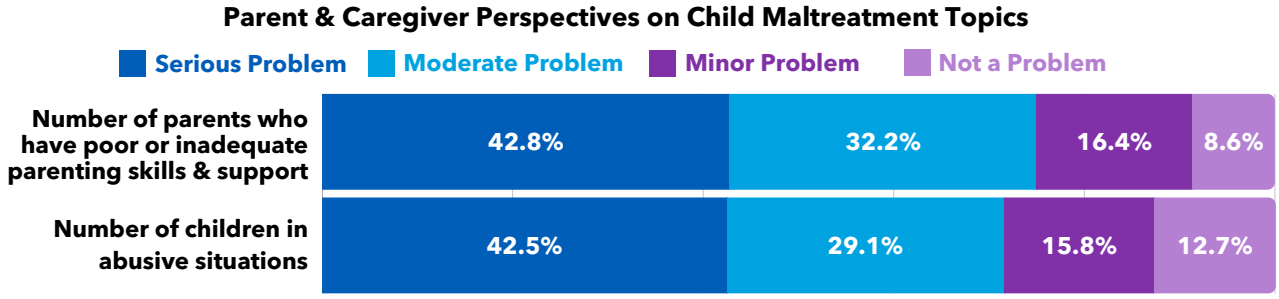
FOCUS GROUP FEEDBACK

Child maltreatment was not a widespread topic deeply discussed in the focus group discussions conducted for this CHNA. A total of six focus groups had conversations about child maltreatment, with some discussion about the interconnectedness of parental mental health, parental substance use and financial hardship.

One focus group's conversation included child maltreatment when asked, "What keeps you up at night or worries you related to children's well-being?" The first response was abuse and neglect – not being in a safe place. Another participant discussed foster care as a necessary way to ensure that children are in a safe place, whether the abuse or neglect is intentional or not. Several focus group participants mentioned more that parent education and support could potentially reduce maltreatment.

PARENT SURVEY RESULTS

Parents chose from 23 variables on the parent survey. Almost 40% of parents selected child abuse as one of the top five problems affecting children's health and well-being. This variable was the fourth most selected answer overall. Seventy-five percent of parents cited the number of parents who have poor or inadequate parenting skills and support as a serious or moderate problem. Lack of parenting skills was among the top five issues, according to 31.8% of parents.



Source: CHNA Parent & Caregiver Survey, 2024

YOUTH SURVEY RESULTS

Youth survey respondents also expressed concern about child maltreatment. More than 77% believed that the number of children hit or hurt by adults is either a serious or a moderate problem, and 88% cited concerns about children who do not have a safe place to live.

> **"I think the number one problem young people face today is not having a safe environment. This includes home life and school."**
> **– Youth survey respondent**

Additional Need: Injury Prevention

OVERVIEW

Unintentional injuries have a significant impact on children and are the leading cause of all deaths in children ages 1 to 18 in Arkansas (CDC WISQARS, 2022). The ADH identifies unintentional injuries as the leading cause of death in adolescents, followed by suicide, heart disease, cancer, drug overdoses and firearms. Nationally, all three leading causes of death for adolescents are injury-related, including unintentional injury, homicide and suicide (CDC WISQARS, 2022).

SECONDARY DATA

The Arkansas ICDR Annual Report, completed in December 2024, includes infant and child deaths that occurred in 2022. In this time frame, there were 453 total deaths in infants and children ages 0-17 in Arkansas. Of those, 198 met the criteria for ICDR review, and the ICDR regional teams reviewed 172 eligible cases. The 26 cases not reviewed were still under criminal investigation or prosecution.

Of the 172 deaths reviewed, 87 children in Arkansas died from unintentional injuries, including motor vehicle-related injuries, unintentional drowning, asphyxia, poisoning/overdose and fire-related injuries. The most common manners of death by age are as follows:

- Birth to under 1 year: SUID and asphyxia
- Ages 1 to 4 years: unintentional drowning
- Ages 5 to 9 years: unintentional drowning and fire-related injuries
- Ages 10 to 14 years: motor vehicle-related injuries and suicide
- Ages 15 to 17 years: motor vehicle-related injuries, suicide and homicide

Additionally, the number of drowning deaths doubled from the prior year, and most were in children aged 1-4 (Arkansas ICDR Annual Report, 2024). These deaths occurred in swimming pools or open water, and most drowning locations had no fence, gate or other barrier preventing children from entering the water.

In 2022, Arkansas saw 37 motor vehicle crash fatalities among youth aged 0-18. Eleven of these fatalities were between 0 and 14 years of age, with the remaining 26 coming from the 15-18 year age group (National Highway Traffic Safety Administration, 2018-2022).

ACH saw 1,814 children for injury-related visits in 2023. The top mechanisms of injury were falls (37%), motor vehicle crashes (18%), all-terrain vehicle (ATV) injuries (10%) and firearm-related injuries (5%) (ACH Proprietary Data, 2023).

> **"My kids play in or near our home. We don't let them go far away because it's not safe."**
> **– Focus group participant**

Additional Findings

44/50
Arkansas Rank: Child Injury Deaths
America's Health Rankings, 2024

27.3 Arkansas | **18.6** U.S.
Child Injury Deaths per 100,000
CDC WONDER, Multiple Cause of Death Files, 2020-2022

68 2022 CHNA | **87** 2025 CHNA
Number of Unintentional Deaths in Arkansas's Children
Arkansas ICDR, 2024

46.5% 2019 | **50.6%** 2023
Arkansas Youth Who Report Not Always Wearing a Seat Belt
CDC YRBSS, 2023

Additional Need: Injury Prevention

PRIMARY DATA

KEY INFORMANT FEEDBACK

Several key informants discussed the reasons and causes of child injuries. One key informant approached injury prevention from the perspective of social determinants of health, specifically saying a lack of access to housing, food security and other basic needs creates family stressors. Those stressors often cause poor health outcomes and cause children to be injured.

> **"I am so emotionally tired of taking my children to funerals of other children. It's heart-wrenching to watch them mourn and to know if only... this was a tragic accident that could have been prevented."**
> **– Key informant**

FOCUS GROUP FEEDBACK

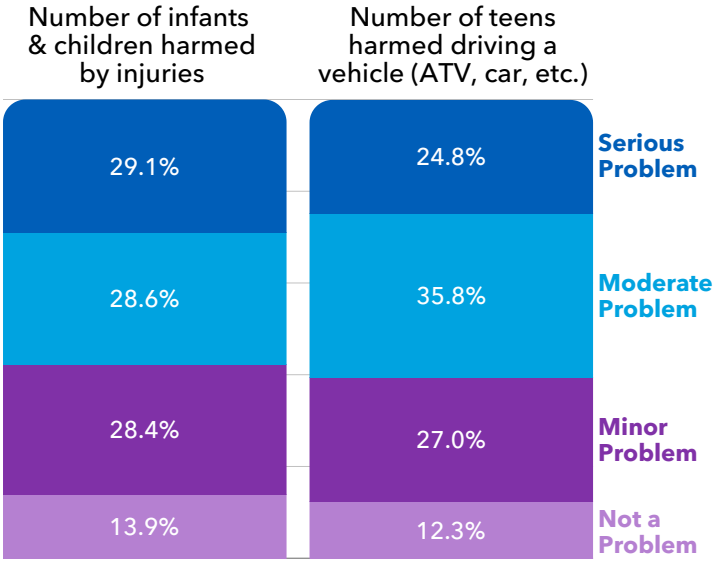
Focus group participants did not deeply discuss the topic of unintentional injuries and the risk to children. However, a few mentions were primarily related to accessing care following an injury. One participant cited seeing children who suffered an injury that was not treated over the weekend, leading to infection and a more complex issue.

PARENT SURVEY RESULTS

Nearly 58% of parents identified infants and children harmed by injuries as a serious or moderate problem in their community. Additionally, more than 60% of parents identified teens injured while driving a vehicle as a serious or moderate problem.

When asked what injuries they most worry about happening to their child or children, parent respondents worried about injuries occurring on a playground or while playing sports (41%), while their teen is driving a car (40%), drowning while swimming (38%) and while out walking or running (33%).

Parent & Caregiver Perspectives on Injury Prevention Topics

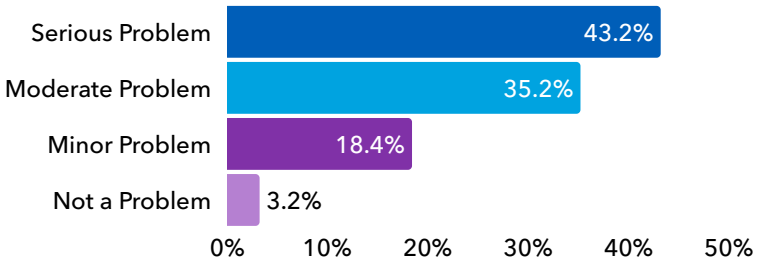


Source: CHNA Parent & Caregiver Survey, 2024

YOUTH SURVEY RESULTS

The number of young people hurt while driving a car was a concern among youth respondents, with 78% of youth identifying it as a serious or moderate problem. Additionally, 69% of respondents were concerned about the number of children and youth experiencing injuries by a weapon.

Youth Perspectives on the Number of Young People Hurt While Driving a Vehicle (ATV, car, etc.)



Source: CHNA Youth Listening Survey, 2024

Additional Need: Substance Use Prevention

OVERVIEW

Substance use prevention is a complex issue, as it deals with youth behaviors and those of parents and other influential adults. Children living with family members who have a substance use disorder are potentially impacted by a variety of emotional, cognitive, behavioral and social problems. Excluding alcohol and tobacco, an estimated 2.0% of Arkansas children live with a parent with a substance use disorder (U.S. Department of Health & Human Services, 2022).

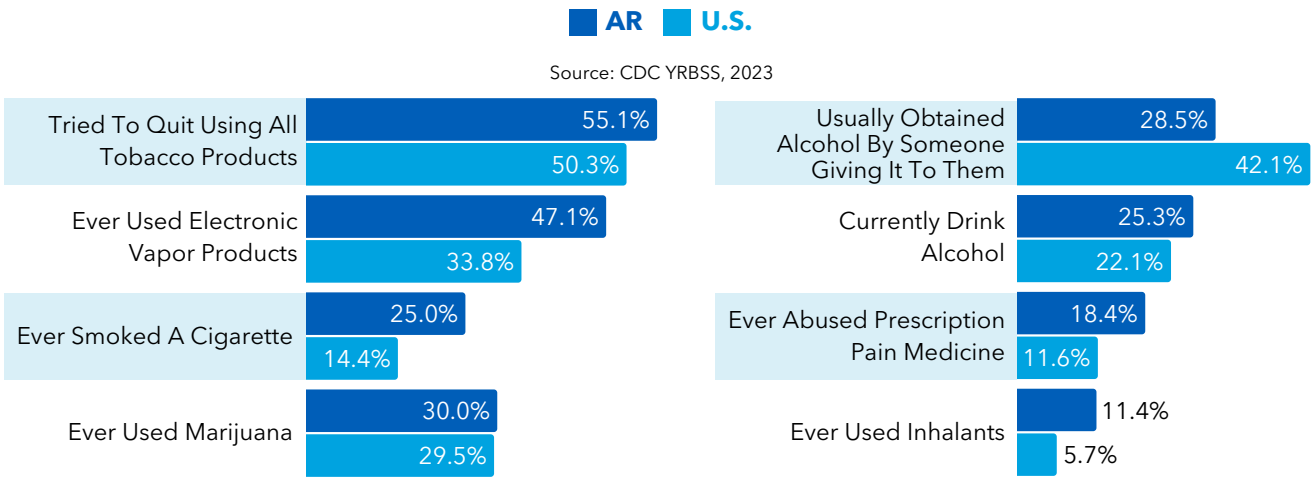
At this writing, planning for the construction of the National Center for Opioid Research & Clinical Effectiveness (NCOR) at Arkansas Children's is underway. NCOR will position Arkansas as a national leader in understanding the impacts of the opioid crisis and substance use on the fetus, newborns, and developing children and adolescents while also advancing prevention efforts to protect child health.

SECONDARY DATA

In 2022, among the 42 children in Arkansas who died as a result of unintentional injuries, nine children suffered unintentional poisoning or overdose. More than half of those – five – children died of a fentanyl overdose, an increase from one the previous year (Arkansas ICDR, 2024).

Arkansas high school students ranked higher than the U.S. for almost all variables related to substance use in 2023 (CDC YRBSS, 2023). Nearly half of respondents indicated they have ever used electronic cigarettes compared to one-third of youth nationally. Arkansas youth tobacco use is higher than the U.S. average for all 20 measures. Similarly, Arkansas youth outpace the U.S. for 19 of 20 measures related to alcohol and drug use.

Youth Use of Alcohol, Tobacco & Other Drugs – AR & U.S. Comparison



Additional Findings

42/50
Arkansas Rank: Child Tobacco Use
America's Health Rankings, 2024

32/50
Arkansas Rank: Child Electronic Vapor Product Use
America's Health Rankings, 2024

11.2% Arkansas | **11.2%** U.S.
Youth Ages 12-17 Using Marijuana in Past Year
National Survey on Drug Use & Health, 2021-2022

50% 2022 CHNA | **43%** 2025 CHNA
Arkansas Children Entering Foster Care from Substance Abuse
Arkansas DCFS Annual Report Card, 2020, 2024

Additional Need: Substance Use Prevention

STAKEHOLDER ENGAGEMENT

KEY INFORMANT FEEDBACK

Key informants discussed issues related to substance use, misuse and abuse 27 times, with most comments combined with conversations about general behavioral and mental health needs. Both vaping and marijuana were called out specifically by three key informants. Some of those interviewed also expressed concern about children being exposed to substance abuse and addiction in their homes by parents and other adults living in the home.

FOCUS GROUP FEEDBACK

Addiction and substance abuse, by both adults and children, was a topic of discussion in virtually all focus groups. Vaping was also explicitly mentioned by several focus group participants.

> **"We have had several overdoses in Junior and High School. We've had presentations. I don't know where we go from there – our community has a lot of drug use in the entire population."**
> **– Key informant**

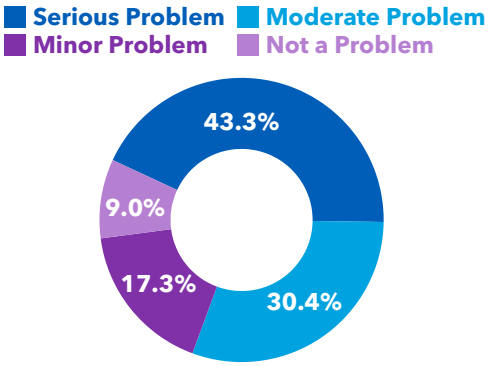
The frequent discussion of substance addiction ranked as the fifth most common topic within the group conversations, just behind general mental health. Several focus groups had a number of educators, including teachers, administrators and school nurses. These participants had more lengthy discussions about substance addiction and misuse. Many said they have noticed a change since medical marijuana became legal in Arkansas. Some said students come to school smelling like marijuana, and some were concerned about the possibility of children innocently bringing marijuana edibles to school.

PARENT SURVEY RESULTS

One quarter (24.9%) of parents selected drugs as one of the top five problems affecting children's health and well-being. Additionally, 12.4% of parents chose tobacco and nicotine use as one of the top five problems, with nearly three-quarters of parents (73.7%) indicating that youth use of e-cigarettes and other vaping products is a serious or moderate problem.

When asked about topics for future research, 29% of parents indicated a need for more exploration of tobacco use, and 28.2% of parents indicated a need for more exploration of opioids.

Parent & Caregiver Perspectives on the Number of Children & Adolescents Who Use Vaping Products



Source: CHNA Parent & Caregiver Survey, 2024

YOUTH SURVEY RESULTS

The most seriously ranked issue among the youth surveyed was the use of e-cigarettes and other vaping products. Nearly 60% of youth respondents indicated that their use is a serious problem, with an additional 21% viewing it as a moderate problem. An open-ended question allowed participants to address any other issues of concern. Some form of substance abuse - drugs, alcohol, tobacco, vaping – was mentioned 37 times. Youth identified that the problem affects their peers, as well as their parents and caregivers, and that individuals often use substances to cope with mental health issues like depression.

> **"I feel like drugs, alcohol and nicotine are the common denominator for most problems in children and adults."**
> **– Youth survey participant**

Additional Need: Violence Prevention

OVERVIEW

The CHNA team identified violence prevention as a multi-faceted issue that encompasses bullying, physical fights, forced sex and violence by firearms.

Parents, caregivers and youth elevated bullying as one of their most significant concerns. Forty-one percent of parents and caregivers identified bullying as one of the top problems facing youth in their communities today. Nearly 85% of the youth surveyed identified the number of bullied children as a serious or moderate problem in their community. One in four Arkansas youth were bullied on school property, compared to 19.2% of U.S. youth (CDC YRBSS, 2023).

Nearly 60% of parents and caregivers surveyed worry about their child seeing or experiencing violence at school. In 2023, 9.1% of Arkansas high school students reported being involved in a physical fight on school property, compared to 7.9% of U.S. students. This measure experienced a 54% increase in Arkansas from 2021 to 2023 (CDC YRBSS, 2023).

SECONDARY DATA

- Between 2020 and 2022, firearm-related deaths (including unintentional, suicide, homicide, and undetermined causes) represented 10 deaths per 100,000 aged 1–19 in Arkansas, nearly double the U.S. rate of 5.9 per 100,000 children during the same period (America's Health Rankings, 2024).
- In 2022, Arkansas had the sixth-highest firearm death rate among U.S. states, with 10.5 deaths per 100,000 youth aged 1–19. This included a homicide rate of 7.7, a suicide rate of 2.2, and 0.7 deaths per 100,000 from other firearm-related causes (Johns Hopkins Bloomberg School of Public Health, 2024).
- According to the 2023 CDC YRBSS, Arkansas high school students reported a higher or equal incidence of violent behaviors than the U.S. average.
- More than 17% of Arkansas youth reported ever being forced to have sexual intercourse on the 2023 CDC YRBSS, compared to 8.6% of U.S. youth.
- Five percent of injury-related patient visits at ACH in 2023 were related to firearms (ACH Proprietary Data, 2023).

> **"I feel like the number one problem that children face today is violence. There have been a lot of children dying within the last few years, and the rates seem to be growing when they should be falling."**
> **– Youth survey participant**

Additional Findings for Arkansas

39/50
Arkansas Rank: Child Firearm Deaths
America's Health Rankings, 2024

2019	2023
12.6%	17.4%

Overall Arkansas Youth Ever Physically Forced to Have Sexual Intercourse
CDC YRBSS, 2023

2019	2023
16.9%	21.5%

Arkansas Female Youth Ever Physically Forced to Have Sexual Intercourse
CDC YRBSS, 2023

2019	2023
22.2%	25.0%

Arkansas Students in a Physical Fight
CDC YRBSS, 2023

Additional Need: Violence Prevention

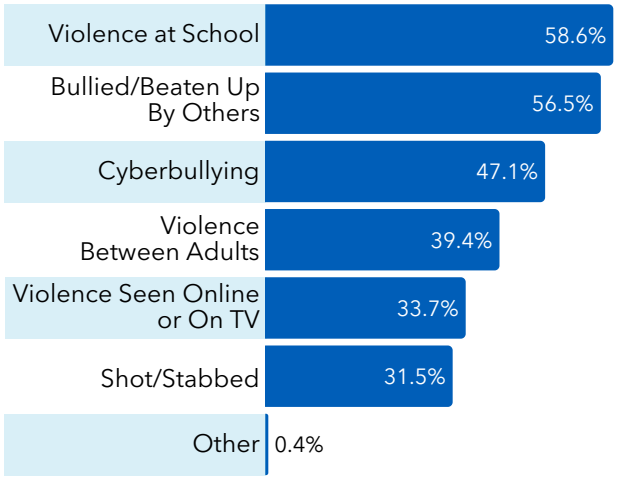
PRIMARY DATA

Violence was not a common topic among key informants and focus group participants. However, some stakeholder feedback from parents, caregivers and youth showed increased concerns related to violence.

PARENT SURVEY RESULTS

- Nearly 46% of respondents said they keep firearms in their homes, garages, sheds or vehicles. Of those, 84.7% said all firearms are stored securely, while only 2.1% said none are.
- Of the 23 variables listed, 12.7% of parents selected violence and firearms as one of the top problems facing the community in terms of children's health and well-being.
- Below are additional findings of the parent survey related to violence prevention.

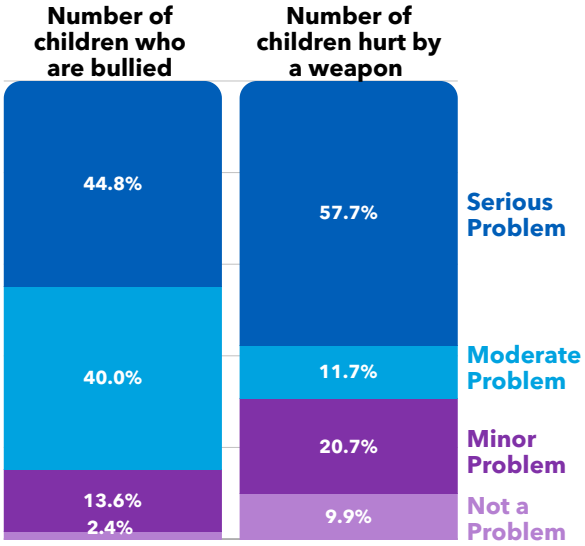
What types of violence do you most worry about your children experiencing or witnessing?



Source: CHNA Parent & Caregiver Survey, 2024

YOUTH SURVEY RESULTS

Nearly 85% of youth cited the number of bullied young people, and 69.4% of youth cited the number of young people hurt by a weapon as a serious or moderate problem.



> **"The number one problem young people face today is social media, gun violence and drugs. It's really a little bit of everything."**
> **– Youth survey participant**

KEY INFORMANT FEEDBACK

Key informants believe that firearm deaths will continue to rise and were concerned that bullying, abuse and forced sex are not frequently discussed. They noted that the lack of discussion can result in the issues not being addressed.

FOCUS GROUP FEEDBACK

One focus group participant expressed concern about the level of violence in gaming, which she described as an addiction. One comment from the Natural Wonders Partnership Council groups was related to challenges and promoting safe, supportive home environments.

Violence prevention was not a topic mentioned explicitly during the Hispanic and Marshallese focus groups. However, both groups expressed a desire for safer outdoor spaces for their children to play and be active and cited crime as one reason their children may not currently be able to access such spaces.

Previous Assessment & a Snapshot of Implementation Strategy Impacts

PREVIOUS ASSESSMENT & A SNAPSHOT OF IMPLEMENTATION STRATEGY IMPACTS

The 2023-2025 ACH Implementation Strategy outlined nine aims and 46 action steps to address the needs identified in the 2022 ACH CHNA. The strategy included a variety of interventions, from executing evidence-based curricula to leveraging cash and in-kind contributions, often layering these interventions to increase impact. A few examples of this work are included here, with more on our website at archildrens.org/communitybenefit.

A PARTNERSHIPS APPROACH

Foundational to the success of the strategy was partnership. As the cornerstone organization for the Natural Wonders Partnership Council, Arkansas Children's convened a diverse set of child health organizations, nonprofits, funders and agencies to address the health needs of children identified in the 2022 ACH CHNA. Established in 2006, more than 185 members, representing 61 organizations, comprise the council and work collaboratively through five workgroups. Arkansas Children's will continue to convene with the council to leverage resources and partnerships to address the child health needs identified in the 2025 CHNA.

Arkansas School Nurse Partnership

The Arkansas School Nurse Partnership, between Arkansas Children's, ADH and ADE, convened school nurses to support their professional development through the Arkansas School Nurse Academy (SNA), Arkansas School Nurse Vodcast and a resource webpage. Trainings were designed to meet the needs expressed by school nurses and align with identified child health priorities while offering flexible learning formats, from in-person sessions at the SNA to on-demand resources on the webpage. Nurses can earn continuing nursing education (CNE) credits for attending the vodcast. The School Nurse Vodcast reached all 75 counties in Arkansas and expanded its impact to nine additional states, including Delaware, Kentucky, Maryland, Missouri, New York, Ohio, South Carolina, Tennessee and Texas.

EXAMPLES OF TRAINING TOPICS

Motivational Interviewing
Behavioral Health
Depression & Anxiety
Immunizations
Child Abuse & Neglect
Asthma
Reproductive Health
Section 504
Traumatic Brain Injuries
Functional Neurological Disorders
Syncope
Allergies & Anaphylaxis

Arkansas Children's Hospital: Needs Assessment

CONNECTION TO RESOURCES

Success for the 2023-2025 Implementation Strategy also relied heavily on connecting families and communities to local free and reduced-cost resources. Primarily, this took place through Arkansas Children's Resource Connect, powered by FindHelp.org. Patients, families, staff, external community members and community-based organizations utilized this closed-loop referral platform at all Arkansas Children's campuses. Through it, families were connected to local, reliable resources for their food security, behavioral and mental health, housing, utility and other financial assistance needs, with an average of 22,052 searches per year in FY 2023 and FY 2024.

SOCIO-ECOLOGICAL APPROACH TO FOOD SECURITY

Arkansas Children's utilized a multi-faceted, socio-ecological model to address food security through best practice clinical interventions and a partnerships approach in communities to serve our patients, patients' families, employees and the communities we serve.

Complete Social Determinants of Health Screening (Hunger Vital Signs) → **Results become part of the Electronic Medical Record (EMR)** → **Assistance given to those who screen vulnerable for food insecurity**

EMERGENCY FOOD DISTRIBUTION
Emergency Groceries
USDA Sack Lunches
Little Free Food Pantries

ENROLLMENT IN FOOD ASSISTANCE PROGRAMS

CAREGIVER MEAL ASSISTANCE

REFERRAL TO FOOD PANTRIES
Food Pantry Referrals Close to Home

EXPANDED ACCESS TO CHILDHOOD VACCINES

Arkansas Children's first expanded access to childhood vaccines in FY 2023 through a mobile vaccine strategy targeting Arkansas counties with low immunization rates and low VFC provider access. Through this strategy and partnerships, Arkansas Children's provided 709 needed immunizations to children in the seven targeted low-access counties, plus additional counties of Carroll and Boone. Target immunization rates were achieved in all seven target counties, improving immunization rates by as much as 25% (Yell County).

Our learnings from this effort led to future work in FY 2024, broadening vaccine access through advancing the VFC program. The Arkansas Immunization Action Coalition, also known as ImmunizeAR, was a large partner in this work. The Arkansas Children's Community Health Fund provided funding to assist pharmacies in VFC program enrollment, specifically in counties where the only VFC providers were located in LHUs. This effort enrolled eight pharmacies in the VFC program, reducing the number of counties where the LHU served as the only VFC provider from 12 to 9.

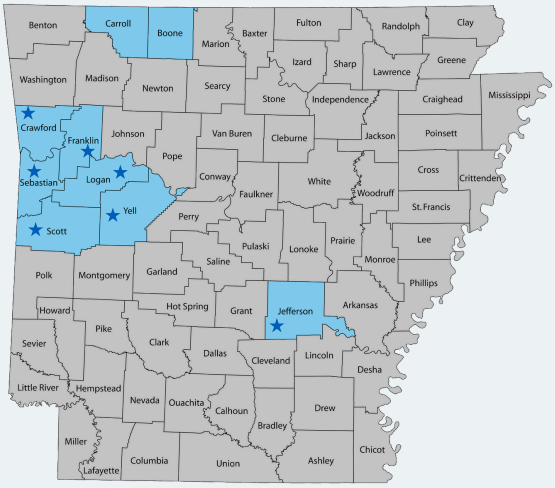
According to the Arkansas Department of Health (ADH), at the 2022 CHNA, 62.2% of Arkansas children aged 19-35 months had received the recommended doses of childhood vaccines. Now, that has increased to 66.6%.

Arkansas Immunization Rate

2022 CHNA **62.2%** → 2025 CHNA **66.6%**

Source: ADH - WebIZ, Children Age 19-35 Months by Combined 7 Series

FY 2023 REACH



Looking Forward

- Community Resources
- Engagement of Community Stakeholders
- Big Ideas from Community
- Authors & Acknowledgements

COMMUNITY RESOURCES & PARTNERS

To address the needs identified in this CHNA, Arkansas Children's recognizes the importance of partnerships and leveraging community resources. Key partners and resources identified to address these issues include:

BEHAVIORAL & MENTAL HEALTH

- State agencies
- Local (city and county) organizations
- Arkansas Behavioral Health Integrated Network
- Arkansas Advancing Wellness and Resiliency in Education (AWARE)
- Natural Wonders Partnership Council
- UAMS Family Treatment Program and Child Study Center
- Arkansas Foundation for Suicide Prevention (AFSP)
- National Alliance for Mental Illness (NAMI)
- UAMS Trauma Resource Initiative for Schools

WELL-CHILD CARE: ACCESS TO CARE & PREVENTIVE CARE

- State agencies
- Local (city and county) organizations
- Federally Qualified Health Centers (FQHCs)
- Arkansas Advocates for Children and Families
- Ronald McDonald House Charities (RMHC) Arkansas
- Delta Dental
- Legal Aid of Arkansas
- Arkansas Minority Health Commission
- Immunize Arkansas
- School-based health centers

NUTRITION SECURITY

- State agencies
- Local (city and county) organizations
- Clinic-based outreach
- Arkansas Hunger Relief Alliance
- Local food banks and pantries
- Arkansas Children's Resource Connect, powered by findhelp.org
- Arkansas Chapter American Academy of Pediatrics (ARAAP)
- Arkansas Cooperative Extension

MATERNAL & INFANT HEALTH

- State agencies
- Local (city and county) organizations
- Organizations offering home-visiting programs
- UAMS
- Arkansas Children's Nursery Alliance
- Arkansas Children's Community Engagement, Advocacy and Health Division
- Arkansas Perinatal Quality Collaborative

COMMUNITY RESOURCES & PARTNERS

CHILD MALTREATMENT PREVENTION

- State agencies
- Local (city and county) organizations
- Children's Advocacy Centers of Arkansas (CACs)
- Arkansas Commission of Child Abuse, Rape and Domestic Violence
- UAMS
- Team for Children at Risk (TCAR)
- Arkansas Children's Community Engagement, Advocacy and Health Division
- Natural Wonders Partnership Council
- ARAAP

INJURY PREVENTION

- State agencies
- Local (city and county) organizations
- Arkansas Highway Safety Office
- Arkansas Children's Community Engagement, Advocacy and Health Division
- UAMS

SUBSTANCE USE PREVENTION

- State agencies
- Local (city and county) organizations
- UAMS: Crisis Stabilization Unit
- Arkansas Opioid Recovery Partnership
- National Center for Opioid Research & Clinical Effectiveness (NCOR)

VIOLENCE PREVENTION

- State agencies
- Local (city and county) organizations
- Safe Place by National Safe Place Network

FINANCIAL HARDSHIP

- State agencies
- Local (city and county) organizations
- Arkansas Children's Resource Connect, powered by findhelp.org

ENGAGEMENT OF COMMUNITY STAKEHOLDERS

To conduct the 2025 CHNA, the team engaged many individuals and organizations representing the communities Arkansas Children's serves. Through this engagement and data collection, this assessment identified the child health issues affecting the children of Arkansas. The CHNA team engaged schools, parents, caregivers and various organizations with an interest in these issues to define the needs of this CHNA. Those organizations include:

- Arkansas Children's Hospital and Arkansas Children's Northwest
- Arkansas Children's Clinical Network
- Arkansas Department of Health
- Arkansas Department of Education Division of Primary and Secondary Education
- Arkansas Department of Human Services
- Arkansas Minority Health Commission
- Arkansas Rural Health Partnership
- Arkansas Commission on Child Abuse, Rape and Domestic Violence
- Arkansas Coalition of Marshallese
- Arkansas Hunger Relief Alliance
- Arkansas Advocates for Children and Families
- Immunize Arkansas
- Marshallese Educational Initiative
- School-based Health Alliance of Arkansas
- The Arkansas Food Bank and the Northwest Arkansas Food Bank
- The University of Arkansas for Medical Sciences
- The Arkansas Foundation for Medical Care (AFMC)
- Health policy organizations, including the Arkansas Center for Health Improvement
- Health care providers, including pediatricians, family practice physicians and nurses
- Health researchers
- Nonprofit organizations providing direct services
- Private health insurance companies
- Faith community representatives
- Low-income legal services organizations
- Private foundations like the Arkansas Community Foundation
- The Arkansas Campaign for Grade-Level Reading
- Private industries ranging from pharmaceutical companies to chambers of commerce
- Parents and caregivers
- Educators
- Community leaders

BIG IDEAS FROM COMMUNITY STAKEHOLDERS

Many stakeholders who were engaged through focus groups and key informant interviews for this CHNA were asked how they would address children's health needs if they had unlimited resources. The following are ideas related to each of the identified needs that resulted from those conversations:

BROAD HEALTH NEEDS

- Increase parental support and education, which could positively impact many, if not all, of the identified needs
- Create a case management or mentorship program for parents to connect them with support and a community of people that empower them to access resources
- Take a holistic approach to health and health care – focus on the whole child and recognize that behavioral and mental health are key to overall health

BEHAVIORAL & MENTAL HEALTH

- Work to remove stigma from mental health
- Provide mental health services and support in every school in a ratio that can genuinely support the student population
- Establish premier mental health services, including healthy living habits, available food and a comfortable environment
- Expand telehealth for mental health services to address the deficit of providers. One key informant said some telehealth mental health services are available in Arkansas and offered by institutions outside the state

WELL-CHILD CARE: ACCESS TO CARE & PREVENTIVE CARE

- Create more access through mobile health clinics and meet children where they are with health care and dental needs
- Provide free and easy access to immunizations
- Locate a clinic in every community
- Offer parent centers and school-based health clinics in every school district

NUTRITION SECURITY

- Increase grocery stores with affordable, fresh and nutritious food in areas with low access to nutritious and fresh food
- Provide free meals at school

MATERNAL & INFANT HEALTH

- Increase awareness of the importance of prenatal care
- Increase access to early prenatal care
- Provide every mom access to a home visiting program
- Expand home visit program assets and expand their use, making services more consistent across the state

FINANCIAL HARDSHIP

- Every child would have access to clean and environmentally safe housing
- Help increase attainable housing opportunities for families
- Increase access to quality and affordable childcare options

AUTHORS & ACKNOWLEDGMENTS

An internal Arkansas Children's Community Engagement team, working with Boyette Strategic Advisors, a Little Rock-based consulting firm, completed this assessment. Boyette provided both qualitative and quantitative research support under the guidance of the Arkansas Children's team. Boyette has experience delivering holistic strategic plans, workforce solutions, impact evaluations, corporate services and general business consulting, allowing their team to see through each lens to provide research, creative thinking and implementation guidance to Arkansas Children's. This CHNA was prepared to satisfy the federal tax-exemption requirements of the Affordable Care Act in addition to meeting specific planning objectives of Arkansas Children's Hospital.

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- Kay Stebbins – Director of Research and Analytics, Boyette Strategic Advisors

ADVISING GROUPS

ARKANSAS CHILDREN'S 2025 CHNA ADVISORY COMMITTEE

A group of internal and external stakeholders, including Arkansas Children's senior leadership and other team members, as well as external partners such as representatives from ADH, ADE, DHS and the Arkansas Minority Health Commission, provided oversight and leadership for the CHNAs of both ACH and ACNW. These individuals represented the perspective of ACH, ACNW and the Arkansas Children's system. The advisory group reviewed all needs assessment findings and participated in the process to identify the priority health needs.

ARKANSAS CHILDREN'S 2025 CHNA WORKING GROUP

The working group included team members representing ACH, ACNW and the system, with individual expertise from various areas, including strategy, community engagement, process improvement, research and clinical areas. The working group served many roles through the ACH and ACNW CHNA processes. Specifically, the group helped design, refine and use the weighting and ranking tool to prioritize each assessment's needs.

REFERENCES

Arkansas Center for Health Improvement. (2023-2024). Assessment of Childhood and Adolescent Obesity in Arkansas. https://achi.net/wp-content/uploads/2024/12/241213A-FINAL-2023-2024-Arkansas-Student-BMI-Report.pdf.

Arkansas Center for Health Improvement. (2025). Birthing Hospitals in Arkansas. https://achi.net/maternal-infant-health/#arkansas-birthing-hospitals

Arkansas Children's. (2023). Arkansas Children's Hospital – Injury-Related Visits. Proprietary Data.

Arkansas Children's. (2025). Infant & Child Death Review Annual Report. https://www.archildrens.org/injury-prevention-center/infant-and-child-death-review

Arkansas Department of Education. (2020). 2020 School Health Profiles Report. https://dese.ade.arkansas.gov/Files/20210312135109_2020AR%20Trend%20Report.pdf

Arkansas Department of Health. (2020). Arkansas Pregnancy Risk Assessment Monitoring System (PRAMS) Survey. https://healthy.arkansas.gov/wp-content/uploads/2020_AR_PRAMS_Surveillance_Report.pdf

Arkansas Department of Health. (2022). Arkansas STI Surveillance Report 2022. https://healthy.arkansas.gov/wp-content/uploads/AR-STI-Surveillance-Report-2022.pdf

Arkansas Department of Health. (2024). Immunization Reports. Arkansas Immunization Information System – WebIZ. https://adhimmreglive.arkansas.gov/

Arkansas Department of Health. (2025). VFC Information, Vaccines for Children - Arkansas. Retrieved from Immunize AR. https://www.immunizear.org/vaccines-for-children-providers

Arkansas Department of Human Services. (2024). Annual Report Card State Fiscal Year 2024. Division of Children and Family Services. https://humanservices.arkansas.gov/divisions-shared-services/children-family-services/dcfs-data-and-reports/

Arkansas Department of Human Services. (2023-2024). Arkansas Prevention Needs Assessment Survey. Prevention Services. Division of Behavioral Health Services. https://arkansas.pridesurveys.com

Arkansas Hunger Relief Alliance. (2022). Addressing Food Access in Arkansas: A Report & Recommendations From The 2022 Arkansas Governor's Food Desert Working Group. https://arhungeralliance.org/wp-content/uploads/2022/12/Food-Desert-Working-Group-Report.22.pdf

BroadbandNow. (2024). Best & Worst States for Broadband, 2025. https://broadbandnow.com/research/best-states-with-internet-coverage-and-speed

Bureau of Labor Statistics. (2022). Occupational Employment Statistics. Retrieved from ALICE in the Crosscurrents – An Update on Financial Hardship in Arkansas. https://www.unitedforalice.org/Attachments/AllReports/2024-ALICE-Update-AR-FINAL.pdf

Centers for Disease Control and Prevention. (2017-2022). Wide-ranging Online Data for Epidemiologic Research (WONDER) Linked Birth/Death Infant Records. https://wonder.cdc.gov/natality-expanded-provisional.html

REFERENCES

Centers for Disease Control and Prevention. (2018-2022). Maternal Deaths and Mortality Rates. National Center for Health Statistics. National Vital Statistics System. https://www.cdc.gov/nchs/maternal-mortality/mmr-2018-2022-state-data.pdf

Centers for Disease Control and Prevention. (2018-2023). Wide-ranging Online Data for Epidemiologic Research (WONDER) Multiple Cause of Death Files. https://wonder.cdc.gov/mcd.html

Centers for Disease Control and Prevention. (2022). Vaccination Coverage Among Adolescents Aged 13-17 Years. National Immunization Survey - Teen. https://www.cdc.gov/mmwr/volumes/72/wr/mm7234a3.htm

Centers for Disease Control and Prevention. (2022). Web-based Injury Statistics Query and Reporting System (WISQARS). Fatal and Nonfatal Injury Reports. https://wisqars.cdc.gov

Centers for Disease Control and Prevention. (2022). Web-based Injury Statistics Query and Reporting System (WISQARS). Leading Causes of Death Visualization Tool. https://wisqars.cdc.gov

Centers for Disease Control and Prevention. (2023). Youth Risk Behavior Survey Explorer. https://yrbs-explorer.services.cdc.gov/#/

Centers for Disease Control and Prevention. (2023-2024). SchoolVaxView. Vaccination Coverage and Exemptions among Kindergartners. https://www.cdc.gov/schoolvaxview/data/index.html

Centers for Disease Control and Prevention. (2023-2024). Wide-ranging Online Data for Epidemiologic Research (WONDER) Provisional Natality. https://wonder.cdc.gov/natality-expanded-provisional.html

Centers for Disease Control and Prevention. (2024). 2024 Provisional Pertussis Surveillance Report. https://www.cdc.gov/pertussis/media/pdfs/2025/01/pertuss-surv-report-2024_PROVISIONAL-508.pdf

Centers for Disease Control and Prevention. (2024). National Vital Statistics Reports, Vol. 73, No. 5. https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-05.pdf

Centers for Disease Control and Prevention. (2024). Rates of Any and Exclusive Breastfeeding by State among Children Born in 2021. National Immunization Survey - Child. https://www.cdc.gov/breastfeeding-data/modules/2021-rates-any-exclusive-bf-state.htm

Esri. (2025). ArcGIS Business Analyst. https://www.esri.com/en-us/arcgis/products/arcgis-business-analyst/overview

Feeding America. (2022). Map the Meal Gap. https://map.feedingamerica.org/county/2022/child/

Health Resources and Services Administration. (2022-2023). National Survey of Children's Health. https://www.childhealthdata.org/browse

Healthy People 2030. (2020). Food Insecurity. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity

REFERENCES

Johns Hopkins Bloomberg School of Public Health Center for Gun Violence Solutions (2024). State Data - Arkansas. https://publichealth.jhu.edu/center-for-gun-violence-solutions/arkansas

Kaiser and Family Foundation. (2023). State Health Facts. https://www.kff.org/other/state-indicator/percent-of-children-whose-families-had-trouble-paying-bills-for-childs-medical-or-health-care-bills-in-past-12-months/?currentTimeframe=0&sortModel=%7B%22colId%22:%22 Location%22,%22sort%22:%22asc%22%7D

Kaiser and Family Foundation. (2023). State Health Facts. https://www.kff.org/other/state-indicator/children-0-18/?currentTimeframe=0&sortModel=%7B%22colId%22:%22 Location%22,%22sort%22:%22asc%22%7D

March of Dimes. (2023). PeriStats. https://www.marchofdimes.org/peristats/state-summaries/arkansas?lev=1&obj=3®=99&slev=4&sreg=05&stop=55&top=3

Mental Health America. (2024). Data & Rankings. https://mhanational.org/the-state-of-mental-health-in-america/data-rankings/ranking-the-states/

National Children's Alliance. (2024). National Statistics on Child Abuse. https://www.nationalchildrensalliance.org/media-room/national-statistics-on-child-abuse/

National Low Income Housing Coalition. (2025). The Gap — A Shortage of Affordable Homes. https://nlihc.org/sites/default/files/gap/2025/gap-report_2025_english.pdf

Rural Health Information Hub. (2024). Health Professional Shortage Areas: Mental Health by County. https://www.ruralhealthinfo.org/data-explorer?id=209

Rural Health Information Hub. (2024). Health Professional Shortage Areas: Dental Care by County. https://www.ruralhealthinfo.org/data-explorer?id=208

School-Based Health Alliance of Arkansas. (2025). Arkansas SBHC Directory. https://sbhaar.clubexpress.com/content.aspx?page_id=22&club_id=563085&module_id=505474

Substance Abuse and Mental Health Services Administration. (2021-2022) National Surveys on Drug Use and Health (NSDUH): Model-Based Estimated Prevalence For States. https://www.samhsa.gov/data/report/2021-2022-nsduh-state-prevalence-estimates

The American Board of Pediatrics. (2024). General Pediatricians U.S. State and County Maps. https://www.abp.org/dashboards/general-pediatricians-us-state-and-county-maps

The Annie E. Casey Foundation. (2024). KIDS COUNT Data Book. https://www.aecf.org/resources/2024-kids-count-data-book

The Annie E. Casey Foundation. (2024). The KIDS COUNT Data Center. https://datacenter.aecf.org/data?location=AR#AR/2/0/char/0

The Commonwealth Fund. (2023). 2023 Scorecard on State Health System Performance. https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance

REFERENCES

United for ALICE. (2024). ALICE in the Crosscurrents – An Update on Financial Hardship in Arkansas. https://www.unitedforalice.org/Attachments/AllReports/2024-ALICE-Update-AR-FINAL.pdf

United for ALICE. (2024, 2025). Research Center - Arkansas. https://www.unitedforalice.org/state-overview/arkansas

United Health Foundation. (2024). 2024 Health of Women and Children Report. America's Health Rankings. https://www.americashealthrankings.org/learn/reports/2024-health-of-women-and-children-report

United States Census Bureau. (2020-2023). American Community Survey. https://data.census.gov/table

United States Census Bureau. (2020-2024). State Population by Characteristics: 2020-2024. https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-detail.html

United States Department of Agriculture. (2024). Household Food Security in the United States in 2023. https://ers.usda.gov/sites/default/files/_laserfiche/publications/109896/ERR-337.pdf?v=35208

United States Department of Agriculture. (2024). National- and State-Level Estimates of WIC Eligibility and Program Reach in 2022. https://ers.usda.gov/sites/default/files/_laserfiche/publications/109896/ERR-337.pdf?v=35208

United States Department of Agriculture. (2025). Estimates of State SNAP Participation Rates in 2022. https://www.fns.usda.gov/research/snap/participation-rates-2022

United States Department of Health & Human Services. (2022). Child Welfare Outcomes Report Data – Maltreatment Types of Child Victims. https://cwoutcomes.acf.hhs.gov/cwodatasite/byState/arkansas/

United States Department of Health & Human Services. (2023). U.S. National and State Estimates of Children Living with Parents Using Substances, 2015-2019. Office of the Assistant Secretary for Planning and Evaluation. https://aspe.hhs.gov/sites/default/files/documents/faa1b19e66053008e89782914f0aa693/children-at-risk-of-sud.pdf

United States Department of Transportation National Highway Traffic Safety Administration. (2022). Fatality and Injury Reporting System Tool (FIRST). https://cdan.dot.gov/query

University of Wisconsin Population Health Institute. (2024). County Health Rankings & Roadmaps. https://www.countyhealthrankings.org/

U.S. News & World Report. (2024). Best States Ranking. https://www.usnews.com/news/best-states/rankings

World Health Organization. (2025). Low Birth Weight. https://www.who.int/data/nutrition/nlis/info/low-birth-weight

APPENDIX A

PARENT & CAREGIVER SURVEY

Top Problems Related to Children's Health & Well-Being						
Problem	**Rank 1**	**Rank 2**	**Rank 3**	**Rank 4**	**Rank 5**	**Top 5 Ranking**
Lack of access to nutritious food	9.3%	11.2%	9.9%	7.8%	4.3%	**42.6%**
Mental health issues	8.1%	10.6%	8.7%	7.8%	7.2%	**42.4%**
Bullying	8.1%	9.1%	10.0%	8.7%	5.2%	**41.2%**
Child abuse	16.8%	9.4%	6.0%	4.9%	2.7%	**39.9%**
Obesity/lack of exercise	15.9%	5.7%	5.4%	5.1%	5.8%	**37.9%**
Affordable health insurance	8.2%	10.3%	5.7%	5.1%	3.4%	32.8%
Lack of parenting skills	4.0%	8.2%	7.5%	6.3%	5.7%	31.8%
Drugs	4.3%	4.6%	5.8%	4.9%	4.3%	24.1%
Suicide	4.2%	6.1%	5.7%	4.2%	2.2%	22.5%
Poverty/finances	5.5%	3.1%	2.8%	4.5%	5.8%	21.9%
Social media/internet	2.4%	2.2%	4.3%	3.9%	4.6%	17.5%
Lack of quality health care services	2.4%	4.0%	3.0%	3.7%	3.4%	16.6%
Lack of affordable housing	1.6%	3.0%	3.4%	2.5%	4.2%	14.8%
Violence/Guns	1.2%	1.6%	2.4%	4.2%	3.3%	12.7%
Tobacco and nicotine use	1.3%	1.9%	2.5%	3.7%	2.8%	12.4%
Contagions/cold/flu/RSV	1.9%	1.2%	1.9%	1.6%	1.9%	8.7%
Vaccination issues	1.2%	1.3%	1.8%	2.1%	1.0%	7.5%
Infant and child injuries and deaths	0.6%	1.2%	1.8%	1.8%	2.1%	7.5%
Poor educational opportunities	0.7%	0.4%	1.0%	2.4%	1.8%	6.4%
Systemic racism	0.7%	1.0%	1.3%	1.6%	0.6%	5.4%
Poor dental health	0.3%	0.4%	0.4%	0.6%	1.5%	3.3%

APPENDIX B

FOCUS GROUP GUIDE – PAGE 1

INTRODUCTION		
Key Points	**Content**	**Time Allocated**
Welcome/ Introductions	▪ Welcome participants to the session and thank them for attending. ▪ My name is {name}, and I will be leading our discussion today. I am with a Little Rock-based firm that is assisting Arkansas Children's Hospital/Arkansas Children's Northwest in collecting information. My colleague is {name}. He will be taking notes and helping ensure that we capture all of the valuable information you will provide. ▪ Let's have each of you introduce yourselves and what your role is related to children's health. (Parent/Caregiver, Medical Professional, Educator, Community Leader)	3 min
Purpose of the Group	• Arkansas Children's Hospital (ACH) and Arkansas Children's Northwest (ACNW) are engaging in listening sessions to better understand the health needs of children in our communities. This will help inform the 2025 Arkansas Children's Community Health Needs Assessments and community programs to meet the needs of children and their caregivers. • These discussions will be held virtually and in-person with various groups with an interest in the health of our children. These conversations will provide in-depth information for consideration in determining opportunities to improve children's health. Your experiences and opinions will be very important to this process. • Do you have any questions about the purpose of our discussion?	2 min
Logistics	• Our conversation will last for about one hour. And to ensure that it flows well and that everyone has the opportunity to participate, I would like to start with a few Ground Rules for the day/evening: ◦ Please speak one at a time. ◦ There are no right or wrong answers. ◦ Respect others' opinions. ◦ Give everyone an opportunity to share their thoughts and experiences. ◦ If you agree or disagree with a comment, please speak up, but in a respectful way. ◦ There are no stupid questions. ◦ Everything we discuss during this session will remain confidential.	3 min

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FOCUS GROUP GUIDE – PAGE 2

INTRODUCTION		
Key Points	**Content**	**Time Allocated**
	• We want all of you to actively participate in the conversation. (If you are unfamiliar with Zoom, it has a hand raise function that will allow you to get my attention if you have difficulty jumping into the conversation.) • We want to assure you that the information we collect will remain confidential and will not have your name attached to it. Instead, we will review all of the information we gather and compile a report of themes and findings. • We will be recording this session to help us accurately capture all of the information discussed today. {Name} will also be taking notes to be used for the same purpose. If you do not agree with our recording this session, feel free to leave the discussion. Otherwise, we will begin recording now. • Throughout this session, we will periodically include an Instant Poll. This will be a simple yes/no or multiple-choice question that will give us data to quantify how many of you share the same concerns or opportunities related to children's health. Like the discussion, no names will be attached to the Instant Poll questions. You will simply use your cell phone to record your answer, with the totals being shared on the screen. • The first questions are simple demographics to make sure we have representation from all areas of the state, all roles within the state that related to children's health and diversity in race or ethnicity. • We are going to begin with an Instant Poll. Please either scan the QR code that you see on the screen or click the link that is available in the chat window on the right side of your screen using your cell phone. You will then see the question and answer options.	
Instant Poll Questions	• **What role do you play in keeping children healthy?** ◦ Parent/Caregiver ◦ Educator ◦ Medical Professional ◦ Community Leader ◦ Other • **What is your race?** ◦ American Indian or Alaska Native ◦ Asian or Asian Indian ◦ Black or African American ◦ Hispanic or Latino ◦ Middle Eastern or North African ◦ Native Hawaiian or Pacific Islander	2 min

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FOCUS GROUP GUIDE – PAGE 3

INTRODUCTION		
Key Points	**Content**	**Time Allocated**
	◦ White or Caucasian ◦ Some Other Race ◦ Two or More Races • **From the list below, what do you believe is most important to children's health.** ◦ Routine check-ups with a health care provider ◦ Access to Mental and Behavioral Health Services ◦ Nutritious food ◦ Opportunities for safe exercise and play ◦ Immunizations/Vaccinations ◦ Parenting/Family Support ◦ Stable, safe housing ◦ Dental services ◦ Quality childcare and education ◦ Other	

FOCUS GROUP QUESTIONS		
Key Points	**Content**	**Time Allocated**
General Thoughts	▪ When you think about children's health, what is the first word that comes to mind? ▪ When you think about children in your community, what keeps you up at night or worries you? ▪ What do you see as the greatest need in your area to improve children's health? ▪ If you had one suggestion on what could be done to improve children's health, what would it be?	45 min
Health Care	Now we are going to talk a little more specifically about things that impact children's overall health and well-being. First, we will discuss the clinical and medical care that children need to be healthy. This may include a routine visit to a physician, seeing a specialist like a cardiologist, but also could include mental health supports, such as visits with a therapist.	

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	Clinical Care: ▪ When children need a well checkup or are sick or injured, how easy or hard is it to access health care for them in your area? ▪ Are other resources available to keep children healthy? ▪ What health and wellness services for children are missing from your community or region that you believe are really needed? ▪ Where do people go if they are concerned about a child's mental health?	
Social Determinants of Health (SDoH)	Now let's think about the social conditions that impact the health and safety of children. To start, let's do another quick Instant Poll.	
Instant Poll – Barriers	• **Which, if any, of the following do you see as barriers to accessing health resources for children?** ◦ Affordability ◦ Lack of Insurance ◦ Transportation ◦ Lack of Services in Rural Areas ◦ Time Away from Job ◦ Language Barriers ◦ Lack of Trust ◦ Other ◦ All of the Above ◦ None of the Above	
SDoH – General	• How do these barriers hinder access to health care for children? • What services exist in your area to help address some of these barriers?	
SDoH – Physical Environment	When thinking about the physical environment where children live, learn and play, this might include roads, housing and schools, but also air quality, pest control, etc. • How does the environment where you live – air quality, living conditions, access to food, traffic, access to parks/outdoor activities – affect children's health and safety? • Is there anything in the environment that helps children lead healthy lives? • Is there anything in the environment that prevents children from leading healthy lives? • Where do children in your community go to be physically active?	
SDoH – Social & Economic Factors	Now let's discuss social and financial stability in your community, especially focusing on factors that impact our children. This might include education, employment opportunities for adults and community safety.	

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SDoH – Social & Economic Factors	• In thinking about social and economic factors in your community, how do they affect the health and well-being of children in your area? • How supportive is the community for families? (job opportunities, major health issues, access to nutritious food) • What local resources are available to help families with children? What barriers exist in accessing those resources? • How do these factors vary across different parts of your community or different areas of the state?	
Health Behaviors	Our final focus area is on health behaviors – things like use of tobacco, ability to walk or be active outside, a healthy diet, drug use. **Healthy Behaviors:** ▪ What behaviors do you see in your community that keep children healthy and safe? ▪ What behaviors do you see that prevent children from living a healthy life? ▪ Who or what is your most trusted source for information about children's health? ▪ What ways does or could your community support parents?	
Instant Poll – Greatest Concern	• **What are your top two greatest concerns when thinking about children's health in Arkansas? You may select two concerns. (last question)** ◦ Obesity/Lack of exercise ◦ Child Abuse ◦ Lack of affordable health insurance ◦ Lack of access to nutritious food ◦ Mental health issues ◦ Suicide ◦ Bullying ◦ Lack of quality health care services ◦ Contagions/Cold/Flu/RSV ◦ Vaccination issues ◦ Lack of parenting skills ◦ Drugs and substance misuse ◦ Infant and child injuries and deaths	

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	◦ Violence/Guns ◦ Tobacco and nicotine use ◦ Poor educational opportunities ◦ Social Media/Internet ◦ Poverty/Finances ◦ Systemic Racism ◦ Poor dental health ◦ Lack of affordable housing ◦ Other problem	
Big Picture	Big Picture: After hearing today's discussion, have you changed your mind about any factors that affect children's health and well-being? If you had unlimited resources/help, how would you improve the health and well-being of children?	
Probes	Possible probes: Would you explain further? Tell me more about that. Can you give me an example of what you mean? Is there anything else? Please describe what you mean. Does someone else have a similar/different experience?	
CONCLUDING THE GROUP		
Key Points	**Content**	**Time Allocated**
Summary of Key Points	• Provide a summary of the discussion and any particular highlights. ◦ General Thoughts ◦ Access to Services ◦ Clinical Care ◦ Physical Environment ◦ Social & Economic Factors ◦ Healthy Behaviors ◦ Possible Solutions	1 min
Final Question	• Is there any issue that we have not discussed that you believe is important to children's health in the state?	2 min
Thank You	• Thank you, again, for your open, honest participation today. Your input will be very important as we work to identify the most pressing needs and how they might be addressed to improve children's health. Have a great rest of your day/evening!	1 min

APPENDIX C

ACH PRIORITIZATION INDEX

Metrics for Index Factors		
Factor	**Metric**	**Source**
Priority: Behavioral & Mental Health (Total Score: 85)		
Scope	• Mental Health Provider Ratio • Flourishing Behavioral Health • Children's Mental Health Conditions	• County Health Rankings • America's Health Rankings • America's Health Rankings
Severity	• Teen Suicide Rate (per 100,000 youth age 15-19) • Youth Had Serious Thoughts of Suicide	• CDC WONDER, 2020-2022 • CDC YRBSS, 2024
Community Priority	• Mentions in 2025 CHNA primary data collection components	• Arkansas Children's stakeholders
Health Disparity	• Comparison to Mental Health Provider Ratio for Counties with High Level of Poverty (financial); a Low Overall Population (rural); and a High Non-White Population (racial)	• County Health Rankings
Priority: Well-Child Care – Access to Care (Total Score: 84)		
Scope	• Pediatrician Provider Ratio • Primary Care Provider Ratio • Uninsured Children	• America's Health Rankings • County Health Rankings • America's Health Rankings
Severity	• Focus Group Participants Identification of Barriers to Health • Youth Survey Participants Concern About Children Not Going to Doctor As Needed	• Arkansas Children's Focus Group Participants • Arkansas Children's Youth Survey Respondents
Community Priority	• Mentions in 2025 CHNA primary data collection components	• Arkansas Children's stakeholders
Health Disparity	• Primary Care Provider Ratio for Counties with High Level of Poverty (financial); Low Overall Population (rural); and a High Non-White Popultation (racial)	• County Health Rankings

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ACH PRIORITIZATION INDEX

Metrics for Index Factors		
Factor	**Metric**	**Source**
Priority: Well-Child Care – Preventive Care (Total Score: 75)		
Scope	• Immunizations for 19 to 35 Months • Child Obesity Rate • Dental Provider Ratio	• Arkansas Department of Health • Arkansas Center for Health Improvement • County Health Rankings
Severity	• Pediatrician Provider Ratio • Vaccine Exemption Rate • Rank for Annual Well-Child Visits to Physicians	• CMS NPPES, 2023 • Arkansas Department of Health • America's Health Rankings
Community Priority	• Mentions in 2025 CHNA primary data collection components	• Arkansas Children's stakeholders
Health Disparities	• Immunizations for 19 to 35 Months • Child Obesity Rate • Dental Provider Ratio	• Arkansas Department of Health • Arkansas Center for Health Improvement • County Health Rankings
Priority: Nutrition Security (Total Score: 72)		
Scope	• Food Insecurity Rate for Children • Children's Food Sufficiency Ranking • Children's Mental Health Conditions Ranking	• Map the Meal Gap • America's Health Rankings • America's Health Rankings
Severity	• Arkansas households experiencing food insecurity • Very Low Food Security Rate • Children likely income-eligible for federal nutrition programs	• Arkansas Food bank • USDA Economic Research Service • Map the Meal Gap
Community Priority	• Mentions in 2025 CHNA primary data collection components	• Arkansas Children's stakeholders
Health Disparity	• Child food insecurity rate	• Map the Meal Gap

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ACH PRIORITIZATION INDEX

Metrics for Index Factors		
Factor	**Metric**	**Source**
Priority: Maternal & Infant Health (Total Score: 72)		
Scope	• Teen birth ranking • Maternity desert counties	• America's Health Rankings • March of Dimes PeriStats
Severity	• Low birth weight • Pre-term births • Infant mortality rate	• March of Dimes Peristats
Community Priority	• Mentions in 2025 CHNA primary data collection components	• Arkansas Children's stakeholders
Health Disparity	• Low birth weight • Pre-term births • Teen birth ranking	• March of Dimes PeriStats • March of Dimes PeriStas • America's Health Rankings
Additional Need: Child Maltreatment Prevention (Total Score: 66)		
Scope	• Maltreatment reports to hotline	• Arkansas Division of Children & Family Services
Severity	• Substantiated reports of child maltreatment	• Arkansas Division of Children & Family Services
Community Priority	• Mentions in 2025 CHNA primary data collection components	• Arkansas Children's stakeholders
Health Disparity	• Substantiated reports of child maltreatment	• Arkansas Division of Children & Family Services
Additional Need: Injury Prevention (Total Score: 63)		
Scope	• Child injury deaths per 1,000 • Youth who texted while driving • Parent survey concern about teens harmed while driving a vehicle	• America's Health Rankings • CDC YRBSS • CHNA Parent Survey
Severity	• ICDR deaths of children in motor vehicle crashes • Deaths per 100,000 children	• Arkansas ICDR Report • County Health Rankings
Community Priority	• Mentions in 2025 CHNA primary data collection components	• Arkansas Children's stakeholders
Health Disparity	• Motor Vehicle Crash Deat	• County Health Rankings

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ACH PRIORITIZATION INDEX

Metrics for Index Factors		
Factor	**Metric**	**Source**
Additional Need: Substance Use Prevention (Total Score: 59)		
Scope	• Arkansas youth using EV products • Public schools offering alcohol and drug prevention	• America's Health Rankings • Arkansas School Health Profiles
Severity	• Arkansas youth concerns about alcohol, tobacco and other drugs • % of driving deaths involving alcohol-impaired drivers	• Arkansas Children's Youth Survey Respondents • County Health Rankings
Community Priority	• Mentions in 2025 CHNA primary data collection components	• Arkansas Children's stakeholders
Health Disparity	• Arkansas youth using EV products • Arkansas drug overdose rate	• America's Health Rankings • County Health Rankings
Additional Need: Violence Prevention (Total Score: 53)		
Scope	• Arkansas ranks for 12 types of violence experienced by children • Akransas youth concerns about children and young people being bullied • Arkansas youth concerned about physical fights, bullying and violent attacks	• CDC YRBSS • Arkansas Children's Youth Survey Respondents • Arkansas Children's Youth Survey Respondents
Severity	• Child Firearm Deaths • Arkansas Murder Index 2024 • Arkansas Rep Index 2024	• America's Health Rankings • FBI Crime Data Explorer • FBI Crime Data Explorer
Community Priority	• Mentions in 2025 CHNA primary data collection components	• Arkansas Children's stakeholders
Health Disparity	• Juvenile arrests in Arkansas • Arkansas Murder Index 2024 • Arkansas Rape Index 2024	• CDC YRBSS • FBI Crime Data Explorer • FBI Crime Data Explorer

Arkansas Children's Hospital