

2019 CHNA Appendix (ACH)

Table of Contents

• Appendix A: Secondary Data	2
○ A1: Demographics	2
○ A2: Equitable Access to Care	6
○ A3: Child Obesity	10
○ A4: Mental Health and Substance Use	13
○ A5: Reproductive Health	18
○ A6: Social Issues	24
○ A7: Parenting Supports	30
○ A8: Food Insecurity	33
○ A9: Child Injury	38
○ A10: Immunization	41
○ A11: Oral Health	43
• Appendix B: Phone Survey	47
○ B1: Survey Questions and Results	47
○ B2: Phone Survey Demographics	51
• Appendix C: Key Informant Interviews	52
○ C1: Key Informant Interview questions	52
• Appendix D: Focus Groups	53
○ D1: Focus Group Guide	53
○ D2: Focus Group locations and participant counts	60
○ D3: Focus Group Demographic Data	61
○ D4: Focus Group Profiles by Region	62
• Appendix E: Activities Addressing prior CHNA	63
○ E1: Results from 2016 Implementation Strategy plans	63

- Appendix A: Secondary Data
 - A1: Demographics

Location	<i>Total Population by age group (total universe)</i>							
	ACS B09001 2013-17	ACS B09001 2013-17	ACS B09001 2013-17	ACS B09001 2013-17	ACS B09001 2013-17	ACS B09001 2013-17	ACS B09001 2013-17	ACS B09001 2013-17
	Total:	Under 3 years	3 and 4 years	5 years	6 to 8 years	9 to 11 years	12 to 14 years	15 to 17 years
Arkansas (State)	705,718	112,504	77,613	38,820	119,734	118,648	117,729	117,415
Arkansas	4,184	697	499	270	662	683	575	766
Ashley	4,819	573	541	201	1,110	785	781	802
Baxter	7,223	1,082	674	499	1,144	1,418	1,165	1,231
Benton	67,957	10,495	7,635	3,913	11,139	11,943	11,849	10,921
Boone	8,475	1,454	802	554	1,337	1,332	1,481	1,417
Bradley	2,602	366	325	112	585	529	279	402
Calhoun	1,007	122	172	74	126	253	94	166
Carroll	6,195	907	624	305	1,035	1,179	1,066	1,079
Chicot	2,451	325	353	144	566	369	312	373
Clark	4,313	752	426	203	615	949	633	708
Clay	3,357	526	336	134	485	688	534	654
Cleburne	4,886	668	561	283	736	847	909	882
Cleveland	1,905	232	179	81	357	219	440	397
Columbia	5,088	946	484	201	958	608	913	869
Conway	4,837	632	614	261	856	874	740	814
Craighead	25,887	4,274	3,008	1,680	4,495	4,240	3,917	4,203
Crawford	15,515	2,355	1,497	634	2,411	2,809	3,018	2,781
Crittenden	13,646	2,356	1,450	864	2,441	2,094	2,168	2,265
Cross	4,152	566	501	136	637	791	755	766
Dallas	1,741	269	98	86	228	263	215	187
Desha	3,112	574	232	193	471	582	504	552
Drew	4,097	692	445	251	649	601	685	644
Faulkner	28,573	4,543	3,128	1,594	4,936	4,674	4,809	4,712
Franklin	4,152	655	317	150	680	722	834	759
Fulton	2,455	318	266	174	368	426	449	454
Garland	20,044	3,131	2,199	1,157	3,553	3,163	3,124	3,271
Grant	4,192	595	411	201	912	546	746	781
Greene	10,751	1,779	1,025	539	2,249	1,586	1,679	1,830
Hempstead	5,773	1,135	494	294	770	1,225	928	924
Hot Spring	7,020	938	778	358	1,326	904	1,478	1,238
Howard	3,495	503	355	214	534	516	819	554
Independence	8,840	1,481	906	515	1,570	1,447	1,428	1,460
Izard	2,435	381	261	122	311	277	624	459
Jackson	3,526	522	479	163	658	554	616	497
Jefferson	16,251	2,607	1,668	960	2,584	2,662	2,821	2,868
Johnson	6,407	1,051	713	394	986	1,030	1,211	1,014
Lafayette	1,395	200	142	119	281	221	149	251
Lawrence	3,729	583	346	162	617	637	705	660
Lee	1,851	360	138	115	225	317	364	323

Lincoln	2,470	323	274	199	456	323	435	452
Little River	2,793	369	264	83	498	518	509	552
Logan	4,894	777	435	253	778	855	885	845
Lonoke	18,842	3,001	1,905	1,029	3,002	3,282	3,388	3,234
Madison	3,747	597	350	159	593	562	786	700
Marion	2,925	494	229	149	481	633	445	494
Miller	10,485	1,858	1,048	536	1,547	1,863	1,809	1,726
Mississippi	11,611	1,950	1,180	676	1,890	1,919	1,934	2,046
Monroe	1,553	325	119	117	231	276	200	285
Montgomery	1,736	315	111	80	306	340	205	363
Nevada	1,936	325	193	83	424	370	267	274
Newton	1,574	161	188	68	262	288	308	299
Ouachita	5,539	1,049	508	198	886	962	1,041	895
Perry	2,321	339	266	35	519	444	264	402
Phillips	5,149	797	629	146	799	839	1,056	883
Pike	2,436	317	302	147	448	473	322	426
Poinsett	5,739	1,029	527	303	890	914	1,044	1,032
Polk	4,728	699	532	161	697	943	780	916
Pope	14,353	2,243	1,720	673	2,568	2,550	2,417	2,160
Prairie	1,706	258	189	157	212	304	284	302
Pulaski	92,662	15,353	11,577	5,827	16,359	14,372	14,262	14,689
Randolph	4,031	694	302	273	565	603	770	698
St Francis	5,950	932	757	304	882	1,006	989	1,024
Saline	27,733	4,006	2,922	1,699	4,409	5,504	4,278	4,796
Scott	2,544	448	227	136	480	407	440	406
Searcy	1,593	227	135	112	236	170	421	292
Sebastian	31,052	4,997	3,413	1,520	5,609	4,819	5,307	5,213
Sevier	4,995	770	628	280	877	828	828	784
Sharp	3,632	487	368	183	639	591	693	671
Stone	2,497	395	173	114	393	409	500	513
Union	9,589	1,374	1,284	504	1,721	1,698	1,413	1,589
Van Buren	3,343	523	269	95	683	566	610	594
Washington	55,799	9,298	6,734	3,136	9,338	9,764	8,696	8,659
White	18,616	3,119	2,015	811	3,223	3,159	3,120	3,081
Woodruff	1,450	211	178	75	344	253	162	227
Yell	5,357	799	580	189	886	878	1,044	959

	Population count by age and race						Languages spoken at home			
	by age group (poverty determined universe)			by race <18			Ages 5-17: LOE			
	Census ACS 5 year, 2012-2016 B17001	Census ACS 5 year, 2012-2016 B17001	Census ACS 5 year, 2012-2016 B17001	Census ACS 5 year, 2012-2016 B17001 B	Census ACS 5 year, 2012-2016 B17001 i	Census ACS 5 year, 2012-2016 B17001 A	Census 2012-2016 ACS table S1601	Census 2012-2016 ACS table S1602	Census 2012-2016 ACS table S1603	Census 2012-2016 ACS table S1604
Location	Population over 18 (for whom poverty status is determined)	Population <18 (for whom poverty status is determined)	Population <5 (for whom poverty status is determined)	African-American <18 (for whom poverty status is determined)	Hispanic <18 (for whom poverty status is determined)	White <18 (for whom poverty status is determined)	Spanish	Other Indo-European	Asian and Pacific Islander languages	Other
Arkansas (State)	2,187,300	694,104	186,513	126,755	80,547	495,489	1.4%	0.1%	0.2%	0.0%
Arkansas	14,068	4,198	1,226	1,365	210	2,770	0.5%	0.1%	0.0%	0.0%
Ashley	15,921	4,828	1,280	1,423	416	3,241	1.4%	0.0%	0.0%	0.0%
Baxter	33,312	7,161	1,768	23	268	6,863	0.1%	0.1%	0.0%	0.0%
Benton	176,309	65,891	17,737	883	15,118	56,487	2.7%	0.1%	0.4%	0.0%
Boone	28,667	8,014	2,144	3	279	7,791	0.0%	0.0%	0.0%	0.0%
Bradley	8,398	2,575	680	753	628	1,491	3.1%	0.5%	0.0%	0.0%
Calhoun	4,048	1,009	291	201	131	773	1.3%	0.0%	0.0%	0.0%
Carroll	21,278	6,119	1,507	103	1,584	5,627	3.1%	0.4%	0.3%	0.0%
Chicot	7,951	2,566	713	1,587	239	877	1.5%	0.0%	0.1%	0.0%
Clark	15,446	4,387	1,183	1,133	421	2,822	1.3%	0.1%	0.0%	0.0%
Clay	11,862	3,170	727	41	96	2,959	0.2%	0.0%	0.0%	0.0%
Cleburne	20,194	4,989	1,256	61	222	4,801	0.1%	0.0%	0.0%	0.0%
Cleveland	6,400	1,935	419	205	56	1,596	0.1%	0.0%	0.1%	0.0%
Columbia	17,471	4,904	1,362	2,002	197	2,597	0.9%	0.0%	0.0%	0.0%
Conway	16,118	4,705	1,255	572	314	3,936	1.1%	0.1%	0.0%	0.0%
Craighead	74,022	24,710	6,789	4,751	1,916	17,535	0.9%	0.1%	0.1%	0.0%
Crawford	45,852	15,345	3,713	226	1,644	13,385	1.9%	0.0%	0.2%	0.0%
Crittenden	35,077	13,694	3,747	7,805	457	4,877	0.6%	0.1%	0.0%	0.0%
Cross	12,842	4,183	1,085	1,108	116	2,918	0.3%	0.0%	0.1%	0.0%
Dallas	5,672	1,485	339	649	117	687	1.1%	0.0%	0.1%	0.0%
Desha	9,025	3,039	784	1,698	252	1,209	1.2%	0.1%	0.0%	0.1%
Drew	13,657	3,833	1,083	1,229	180	2,344	0.7%	0.0%	0.0%	0.0%
Faulkner	87,465	28,049	7,725	3,691	1,715	22,434	0.5%	0.2%	0.2%	0.0%
Franklin	13,275	4,173	1,002	9	198	3,774	0.1%	0.0%	0.1%	0.0%
Fulton	9,556	2,392	545	4	15	2,242	0.0%	0.8%	0.0%	0.0%
Garland	75,715	19,469	5,343	2,171	1,818	15,139	1.0%	0.2%	0.1%	0.0%
Grant	13,672	4,157	1,024	249	47	3,823	0.1%	0.0%	0.0%	0.0%
Greene	32,517	10,436	2,656	60	490	9,921	0.4%	0.1%	0.0%	0.0%
Hempstead	16,110	5,816	1,373	1,895	1,250	3,231	4.3%	0.0%	0.0%	0.0%
Hot Spring	24,316	7,048	1,700	788	402	5,923	0.2%	0.1%	0.0%	0.0%
Howard	9,818	3,459	949	797	686	1,982	3.6%	1.5%	0.0%	0.0%
Independence	27,264	8,611	2,185	115	926	7,675	0.9%	0.1%	0.0%	0.0%

Izard	10,128	2,499	592	4	96	2,435	0.4%	0.0%	0.0%	0.0%
Jackson	10,766	3,496	985	599	162	2,615	0.2%	0.0%	0.0%	0.0%
Jefferson	50,021	16,481	4,278	10,689	478	5,150	0.4%	0.2%	0.0%	0.1%
Johnson	19,050	6,295	1,740	60	1,355	5,839	2.8%	0.1%	0.1%	0.0%
Lafayette	5,566	1,371	343	626	18	731	0.2%	0.0%	0.0%	0.0%
Lawrence	12,593	3,647	906	28	65	3,551	0.2%	0.1%	0.0%	0.0%
Lee	6,251	1,891	519	1,335	-	549	0.0%	0.0%	0.0%	0.0%
Lincoln	6,771	2,475	597	657	128	1,765	0.7%	0.0%	0.0%	0.0%
Little River	9,592	2,703	603	693	164	1,790	1.2%	0.0%	0.0%	0.0%
Logan	16,709	4,719	1,109	85	215	4,277	0.0%	0.0%	0.7%	0.0%
Lonoke	51,845	18,682	4,857	1,210	1,079	16,267	0.5%	0.0%	0.1%	0.0%
Madison	11,965	3,636	925	36	308	3,351	1.2%	0.0%	0.0%	0.0%
Marion	13,363	2,850	736	21	109	2,664	0.2%	0.0%	0.1%	0.0%
Miller	32,022	10,361	2,914	3,297	439	6,627	0.2%	0.0%	0.0%	0.0%
Mississippi	31,482	11,830	3,219	4,859	660	6,179	1.0%	0.0%	0.0%	0.0%
Monroe	5,875	1,596	475	763	38	691	0.1%	0.0%	0.0%	0.0%
Montgomery	7,186	1,737	395	16	162	1,511	0.8%	0.0%	0.1%	0.0%
Nevada	6,524	1,971	524	782	-	1,129	0.0%	0.3%	0.0%	0.0%
Newton	6,337	1,579	345	-	38	1,520	0.0%	0.0%	0.0%	0.0%
Ouachita	18,722	5,615	1,585	2,614	184	2,783	0.1%	0.1%	0.0%	0.0%
Perry	7,918	2,207	580	59	71	1,984	0.2%	0.1%	0.1%	0.0%
Phillips	14,380	5,308	1,441	3,813	135	1,412	0.2%	0.0%	0.0%	0.0%
Pike	8,291	2,522	629	38	263	2,133	1.3%	0.0%	0.0%	0.0%
Poinsett	18,071	5,614	1,457	399	252	4,808	0.3%	0.3%	0.0%	0.0%
Polk	15,412	4,704	1,189	30	539	4,224	1.4%	0.0%	0.0%	0.0%
Pope	45,398	13,969	3,927	402	1,921	12,118	1.3%	0.0%	0.1%	0.0%
Prairie	6,474	1,696	447	283	15	1,370	0.0%	0.0%	0.0%	0.0%
Pulaski	294,156	92,035	26,676	40,044	8,880	43,359	1.2%	0.1%	0.3%	0.1%
Randolph	13,392	3,779	927	25	85	3,627	0.2%	0.4%	0.0%	0.0%
St Francis	17,436	5,953	1,637	3,763	172	1,889	0.2%	0.2%	0.0%	0.6%
Saline	87,031	26,858	6,706	2,029	2,019	23,187	1.3%	0.0%	0.1%	0.1%
Scott	8,016	2,542	633	3	327	2,149	1.0%	0.0%	1.0%	0.1%
Searcy	6,264	1,572	368	-	25	1,472	0.2%	0.0%	0.0%	0.0%
Sebastian	94,886	30,198	8,119	2,177	6,831	22,236	3.0%	0.1%	0.6%	0.1%
Sevier	12,051	4,928	1,387	246	2,350	2,593	10.0%	0.0%	0.2%	0.0%
Sharp	13,261	3,419	747	2	126	3,194	0.0%	0.3%	0.0%	0.0%
Stone	9,891	2,496	583	-	82	2,396	0.0%	0.0%	0.0%	0.0%
Union	30,266	9,410	2,498	3,622	646	5,481	1.0%	0.0%	0.1%	0.0%
Van Buren	13,317	3,379	819	27	179	3,165	0.2%	0.0%	0.0%	0.0%
Washington	157,451	54,734	15,884	2,345	14,509	36,616	4.1%	0.1%	0.9%	0.0%
White	56,605	18,147	4,810	934	1,292	15,990	0.7%	0.0%	0.1%	0.0%
Woodruff	5,254	1,480	396	371	32	945	0.0%	0.0%	0.0%	0.0%
Yell	16,013	5,370	1,416	169	1,690	3,987	5.3%	0.2%	0.0%	0.0%

○ A2: Equitable Access to Care

Group	Percent Uninsured		Source
By Age: Arkansas			
Under 18	5%		RWJF analysis of Census Bureau (SAHIE) 2015 database
Age group: 0-5	4%		Kids Count Data Center analysis of 2016 American Fact Finder table B27001
Age group: 5-17	4%		Kids Count Data Center analysis of 2016 American Fact Finder table B27001
By Income: Arkansas			
Poverty level: <100%FPL	4%		Kids Count Data Center analysis of 2016 American Fact Finder table B27001
Poverty level: 100 to 149% FPL	5%		Kids Count Data Center analysis of 2016 American Fact Finder table B27001
Poverty level: 150 to 199%FPL	4%		Kids Count Data Center analysis of 2016 American Fact Finder table B27001
Poverty level: 200 to 299%FPL	4%		Kids Count Data Center analysis of 2016 American Fact Finder table B27001
Poverty level: 300% poverty or above	2%		Kids Count Data Center analysis of 2016 American Fact Finder table B27002
By Race and Ethnicity: Arkansas			
Asian and Pacific Islander	7%		Kids Count Data Center analysis of 2017 American Community Survey
African American	4%		Kids Count Data Center analysis of 2017 American Community Survey
Hispanic	9%		Kids Count Data Center analysis of 2017 American Community Survey
White	3%		Kids Count Data Center analysis of 2017 American Community Survey
2 or more races	5%		Kids Count Data Center analysis of 2017 American Community Survey
By Insurance Type : Arkansas			
Employer-based only	38%		Kids Count Data Center analysis of 2016 American Fact Finder table B27010
Direct-purchase only	4%		Kids Count Data Center analysis of 2016 American Fact Finder table B27010
Other private coverage	1%		Kids Count Data Center analysis of 2016 American Fact Finder table B27010
Public only	49%		Kids Count Data Center analysis of 2016 American Fact Finder table B27010

Both public and private coverage	4%		Kids Count Data Center analysis of 2016 American Fact Finder table B27010
Uninsured	4%		Kids Count Data Center analysis of 2016 American Fact Finder table B27010
	US	Arkansas	Source
EPSDT rate for Arkansas-Screening Ratio (Participant Ratio) 2017	58%	50%	Centers for Medicaid and Medicare services. CMS-416 report FY2017
Kids Count Ranking, overall		41	Kids Count Data Rankings
Kids Count Health Ranking, overall		30	Kids Count Data Rankings
Were ever told by a doctor or nurse that they had asthma	22.5	33.4	Centers for Disease Control +A4:D31and Prevention: 2017 YRBS

Source:	Source: Arkansas Department of Health Metric Catalog, released Sept 2018	County health rankings :RWJF analysis of Census Bureau Small Area Health Insurance Estimates (SAHIE) 2015 database		2017 Rural Health Info
Location	Well-child visits in the 3rd, 4th, 5th, and 6th Years of life	Percent of Adults with no health insurance	Percent Uninsured under 18	Health Professional Shortage area: Primary Care
Arkansas (state)	56.76	13.59	4.999	
Arkansas	44.86%	12.76	4.747	Part of county is shortage area
Ashley	53.13%	12.26	4.771	Part of county is shortage area
Baxter	54.45%	11.80	4.859	None of county is shortage area
Benton	52.00%	14.33	5.056	Part of county is shortage area
Boone	56.21%	12.69	4.629	Part of county is shortage area
Bradley	59.80%	18.13	6.808	Part of county is shortage area
Calhoun	51.96%	11.27	5.638	Whole county is shortage area
Carroll	50.94%	20.21	7.848	Part of county is shortage area
Chicot	59.09%	14.68	5.411	Part of county is shortage area
Clark	58.51%	12.48	4.671	Part of county is shortage area
Clay	47.02%	14.57	5.076	Part of county is shortage area
Cleburne	50.49%	12.39	5.306	Part of county is shortage area
Cleveland	49.73%	11.00	5.185	Whole county is shortage area
Columbia	52.99%	13.33	5.091	Part of county is shortage area
Conway	60.44%	13.43	4.979	Part of county is shortage area
Craighead	58.59%	13.03	4.865	Part of county is shortage area
Crawford	51.67%	14.84	5.853	Part of county is shortage area

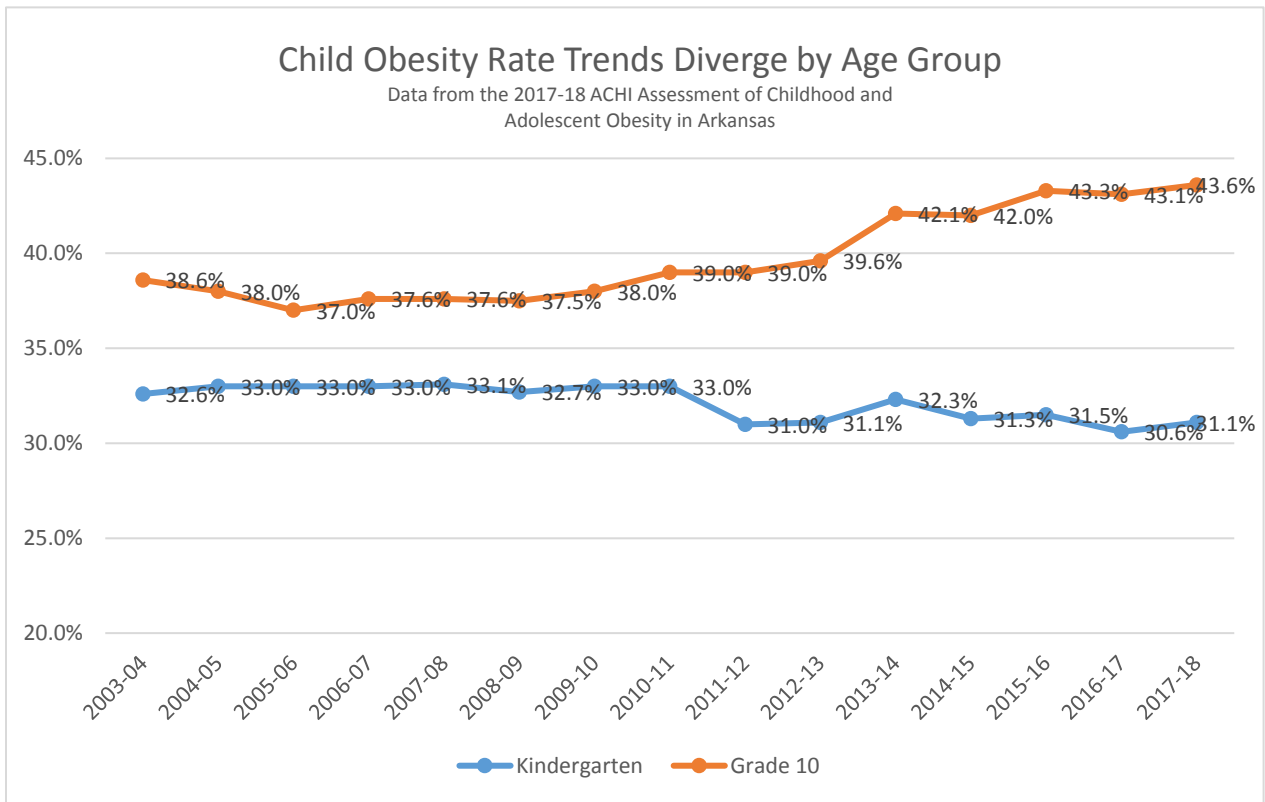
Crittenden	63.46%	10.84	3.481	Part of county is shortage area
Cross	56.04%	13.28	4.627	Part of county is shortage area
Dallas	48.05%	11.18	4.273	Part of county is shortage area
Desha	53.39%	13.54	4.858	Part of county is shortage area
Drew	56.10%	12.57	4.351	None of county is shortage area
Faulkner	62.12%	10.97	3.914	Part of county is shortage area
Franklin	49.65%	13.88	5.310	Part of county is shortage area
Fulton	53.31%	12.56	5.345	Part of county is shortage area
Garland	62.93%	15.69	5.247	None of county is shortage area
Grant	48.40%	10.42	4.625	Part of county is shortage area
Greene	57.02%	11.16	3.517	Part of county is shortage area
Hempstead	61.58%	16.19	6.470	Part of county is shortage area
Hot Spring	61.71%	10.93	3.851	Part of county is shortage area
Howard	53.05%	17.84	6.701	Part of county is shortage area
Independence	59.19%	13.04	5.256	None of county is shortage area
Izard	45.67%	15.84	7.126	Whole county is shortage area
Jackson	55.69%	13.55	4.493	None of county is shortage area
Jefferson	54.23%	11.18	3.299	Part of county is shortage area
Johnson	53.67%	18.41	7.244	Part of county is shortage area
Lafayette	50.91%	14.69	6.160	Whole county is shortage area
Lawrence	56.97%	11.70	4.393	Part of county is shortage area
Lee	63.29%	13.27	3.943	Part of county is shortage area
Lincoln	49.98%	13.71	5.927	Whole county is shortage area
Little River	62.92%	12.45	4.514	None of county is shortage area
Logan	52.66%	13.90	4.496	Part of county is shortage area
Lonoke	50.09%	10.14	4.059	Part of county is shortage area
Madison	49.28%	17.73	7.654	Part of county is shortage area
Marion	45.34%	12.47	5.692	Part of county is shortage area
Miller	56.91%	13.20	3.875	Part of county is shortage area
Mississippi	62.77%	12.13	3.617	None of county is shortage area
Monroe	64.50%	15.48	5.034	Part of county is shortage area
Montgomery	61.48%	15.87	6.521	Whole county is shortage area
Nevada	54.47%	12.47	4.231	Whole county is shortage area
Newton	56.02%	13.39	5.773	Whole county is shortage area
Ouachita	53.82%	10.12	4.062	Part of county is shortage area
Perry	55.27%	11.46	5.844	None of county is shortage area
Phillips	65.51%	12.23	4.005	None of county is shortage area
Pike	61.66%	19.33	9.280	Whole county is shortage area
Poinsett	57.91%	14.09	4.065	Part of county is shortage area
Polk	52.66%	16.62	6.554	Part of county is shortage area
Pope	49.40%	14.81	5.761	None of county is shortage area
Prairie	54.50%	15.77	6.509	Whole county is shortage area

Pulaski	59.08%	11.96	5.109	Part of county is shortage area
Randolph	52.76%	12.81	4.784	Part of county is shortage area
Saline	60.86%	10.10	3.781	None of county is shortage area
Scott	56.18%	18.83	6.909	Whole county is shortage area
Searcy	52.83%	15.61	6.083	Part of county is shortage area
Sebastian	55.74%	15.95	5.882	None of county is shortage area
Sevier	58.08%	27.48	8.975	Part of county is shortage area
Sharp	61.50%	16.16	5.107	Part of county is shortage area
St Francis	60.71%	12.16	3.677	Part of county is shortage area
Stone	53.43%	16.47	6.765	Part of county is shortage area
Union	53.21%	13.61	4.686	Part of county is shortage area
Van Buren	47.68%	15.43	5.930	Part of county is shortage area
Washington	60.09%	16.72	5.624	Part of county is shortage area
White	55.90%	13.89	4.014	None of county is shortage area
Woodruff	63.18%	15.81	5.589	Part of county is shortage area
Yell	53.39%	19.84	7.276	Part of county is shortage area

Arkansas Well-Child Visits by Gender and Race			
Source: Arkansas Department of Health Metric Catalog, released Sept 2018			
		In the 3rd, 4th, 5th, and 6th Years of life	Adolescents
Gender	Female	56.07%	35.08%
	Male	57.49%	36.29%
Race	White	53.85%	33.55%
	Black or African American	59.02%	36.53%
	American Indian or Alaska Native	49.19%	32.16%
	Asian	58.80%	31.26%
	Hispanic or Latino (no race information available)	63.88%	41.17%
	Native Hawaiian or Other Pacific Islander	36.34%	16.00%
	Hispanic or Latino and one or more races	55.81%	39.01%
	More than one race (Hispanic or Latino not Indicated)	56.98%	37.75%
Unknown	58.66%	37.49%	
Statewide		56.79%	35.68%

- A3: Obesity

Arkansas Child Obesity by Race and Age Group			
Source: ACHI 2017-18 Assessment of Childhood and Adolescent Obesity in Arkansas http://www.achi.net			
Child obesity by race		Child obesity by age group	
White	19.60%	Kindergarten	15.30%
Black	25.40%	2nd Grade	19.80%
Hispanic	30.30%	4th Grade	23.90%
Asian	13.10%	6th Grade	24.90%
Native American	21.80%	8th Grade	24.70%
		10th Grade	25.30%



	Access to Exercise Opportunities	Student BMI classification by County				
	Source: RWJF Analysis of 2010 and 2016 data from: Business Analyst, Delorme map data, ESRI, & US Census Tiger line Files	Source: ACHI 2017-18 Assessment of Childhood and Adolescent Obesity in Arkansas				
Location	% of population with adequate access to locations for physical activity	Underweight	Healthy Weight	Overweight	Obese	Overweight and obese
Arkansas (State)	66%	2.20%	58.40%	17.20%	22.20%	39.40%
Arkansas (County)	47%	1.51%	54.87%	17.53%	26.09%	43.62%
Ashley	47%	1.75%	56.98%	17.07%	24.20%	41.27%
Baxter	74%	2.47%	61.32%	16.04%	20.16%	36.21%
Benton	76%	2.64%	61.92%	16.51%	18.93%	35.44%
Boone	63%	2.08%	59.98%	14.82%	23.11%	37.93%
Bradley	71%	2.46%	49.89%	16.49%	31.16%	47.64%
Calhoun	0%	8.01%	50.00%	18.60%	30.17%	48.76%
Carroll	50%	1.83%	57.40%	16.69%	24.08%	40.77%
Chicot	30%	2.34%	54.69%	16.60%	26.37%	42.97%
Clark	67%	1.32%	56.19%	18.15%	24.34%	42.49%
Clay	32%	1.06%	55.90%	18.92%	24.12%	43.04%
Cleburne	71%	1.67%	62.83%	17.01%	18.49%	35.50%
Cleveland	1%	1.32%	61.42%	14.57%	22.68%	37.25%
Columbia	60%	1.42%	56.57%	18.64%	23.37%	42.01%
Conway	38%	1.52%	56.87%	16.01%	25.61%	41.62%
Craighead	70%	2.11%	60.14%	16.19%	21.57%	37.75%
Crawford	68%	2.35%	59.35%	17.33%	20.96%	38.30%
Crittenden	72%	2.25%	56.38%	17.55%	23.82%	41.37%
Cross	50%	2.73%	51.44%	17.02%	28.81%	45.84%
Dallas	28%	1.60%	51.12%	19.49%	27.80%	47.28%
Desha	64%	1.91%	53.50%	18.93%	25.66%	44.59%
Drew	39%	2.75%	54.90%	18.47%	23.88%	42.35%
Faulkner	63%	2.64%	60.97%	17.02%	19.38%	36.39%
Franklin	58%	2.41%	59.58%	16.59%	21.42%	38.01%
Fulton	45%	0.89%	58.01%	18.25%	22.85%	41.10%
Garland	87%	2.90%	59.99%	16.46%	20.65%	37.11%
Grant	13%	1.66%	59.34%	17.93%	21.08%	39.00%
Greene	44%	2.10%	58.57%	16.78%	22.54%	39.33%
Hempstead	63%	2.04%	55.14%	16.48%	26.34%	42.82%
Hot Spring	34%	1.71%	60.41%	16.66%	21.22%	37.88%
Howard	50%	1.23%	53.56%	16.05%	29.15%	45.20%
Independence	59%	2.04%	57.40%	18.07%	22.49%	40.56%
Izard	49%	1.41%	61.85%	16.17%	20.57%	36.73%
Jackson	42%	1.41%	48.77%	21.45%	28.37%	49.82%

Jefferson	55%	1.55%	55.92%	17.46%	25.06%	42.52%
Johnson	54%	1.68%	53.51%	17.43%	27.39%	44.82%
Lafayette	14%	0.00%	0.00%	0.00%	0.00%	0.00%
Lawrence	25%	1.71%	55.75%	18.22%	24.33%	42.55%
Lee	35%	0.00%	0.00%	0.00%	0.00%	0.00%
Lincoln	39%	1.18%	54.72%	17.11%	26.99%	44.10%
Little River	69%	2.22%	53.75%	18.89%	25.14%	44.03%
Logan	70%	2.36%	59.32%	16.05%	22.27%	38.32%
Lonoke	56%	2.07%	61.18%	16.67%	20.09%	36.76%
Madison	48%	2.07%	66.25%	15.73%	15.94%	31.68%
Marion	52%	2.38%	58.89%	19.52%	19.21%	38.73%
Miller	64%	2.33%	58.27%	16.83%	22.57%	39.40%
Mississippi	48%	2.27%	52.53%	16.99%	28.21%	45.20%
Monroe	65%	2.09%	55.52%	17.01%	25.37%	42.39%
Montgomery	98%	3.28%	60.35%	14.39%	21.97%	36.36%
Nevada	40%	2.59%	57.22%	17.41%	22.78%	40.19%
Newton	59%	1.12%	56.85%	20.45%	21.57%	42.02%
Ouachita	43%	1.83%	51.61%	18.97%	27.60%	46.57%
Perry	27%	0.92%	57.98%	19.08%	22.02%	41.10%
Phillips	64%	1.47%	49.78%	18.77%	29.98%	48.75%
Pike	51%	2.63%	58.32%	17.77%	21.28%	39.05%
Poinsett	34%	2.12%	51.31%	18.73%	27.84%	46.57%
Polk	67%	2.19%	61.85%	17.56%	18.41%	35.97%
Pope	75%	2.11%	57.69%	18.10%	22.11%	40.20%
Prairie	58%	1.59%	54.44%	19.59%	24.37%	43.96%
Pulaski	87%	2.37%	59.18%	17.27%	21.18%	38.45%
Randolph	43%	1.06%	52.56%	20.77%	25.60%	46.38%
St Francis	70%	2.99%	51.58%	17.87%	27.55%	45.42%
Saline	65%	2.33%	61.66%	17.19%	18.82%	36.01%
Scott	88%	1.53%	60.54%	19.92%	18.01%	37.93%
Searcy	23%	1.43%	55.51%	17.14%	25.92%	43.06%
Sebastian	69%	1.75%	58.97%	17.48%	21.80%	39.27%
Sevier	58%	3.03%	51.22%	18.80%	26.94%	45.74%
Sharp	56%	2.06%	55.84%	15.29%	26.80%	42.10%
Stone	59%	3.78%	60.16%	15.94%	20.12%	36.06%
Union	54%	2.16%	57.25%	17.03%	23.57%	40.60%
Van Buren	58%	2.90%	59.67%	17.54%	19.89%	37.43%
Washington	86%	2.06%	59.17%	17.63%	21.14%	38.77%
White	53%	2.80%	59.21%	16.31%	21.68%	37.99%
Woodruff	52%	1.83%	53.79%	19.58%	24.80%	44.39%
Yell	60%	1.24%	53.40%	18.10%	27.25%	45.36%

○ A4: Mental Health and Substance

ACES type:	US	Arkansas
Source: 2016-2017 National Survey of Children's Health; ChildHealthData.org		
Hard to get by on family's income-cannot afford basics	24.30%	28.70%
Parent or guardian divorced or separated	24.00%	31.50%
Parent or guardian died	3.50%	5.80%
Parent or guardian served time in jail	7.70%	13.10%
Witnessed domestic violence	5.30%	8.90%
Victim or witness of neighborhood violence	3.80%	5.00%
Lived with anyone who was mentally ill, suicidal, or severely depressed	7.40%	10.60%
Lived with anyone who had a problem with alcohol or drugs	8.50%	11.70%
Treated or judged unfairly because of his/her race or ethnic group	3.70%	2.70%
At least one of the above ACES	24.60%	27.20%
Risky Behavior	US	Arkansas
Source: Centers for Disease Control and Prevention: 2017 Youth Risk Behavior Survey - Arkansas and United States Results		
Ever drank alcohol	60.4	58.1
Had their first drink of alcohol before age 13	15.5	22.5
Currently drank alcohol	29.8	25.7
Reported current binge drinking	13.5	11.7
Ever used marijuana	35.6	31
Tried marijuana for the first time before age 13 years	6.8	10.6
Currently used marijuana	19.8	14.7
Ever used cocaine	4.8	9.4
Ever used inhalants	6.2	12.4
Ever used heroin	1.7	7.7
Ever used methamphetamines	2.5	7.5
Ever used ecstasy	4	13
Ever took steroids without a doctor's prescription	2.9	7.5
Ever took prescription pain medicine without a doctor's prescription	14	19.3
Ever injected any illegal drug	1.5	7.4
Were offered, sold, or given an illegal drug on school property	19.8	30.7
Were electronically bullied	14.9	19.7
Were bullied on school property	19	26.7
Felt sad or hopeless	31.5	40.2
Seriously considered attempting suicide	17.2	23.2

Made a plan about how they would attempt suicide	13.6	26.1
Attempted suicide	7.4	15.8
Suicide attempt resulted in an injury	2.4	7
Ever tried cigarette smoking	28.9	35.6
First tried cigarette smoking before age 13 years	9.5	16.1
Currently smoked cigarettes	8.8	13.7
Currently frequently smoked cigarettes	2.6	4.6
Currently smoked cigarettes daily	2	3.7
Smoked more than 10 cigarettes per day	9.7	11.6
Ever used an electronic vapor product	42.2	47.7
Currently used an electronic vapor product	13.2	13.9
Currently frequently used electronic vapor products	3.3	2.3
Currently used electronic vapor products daily	2.4	1.6
Currently used smokeless tobacco	5.5	12.7
Currently smoked cigars (cigars, cigarillos, or little cigars, on at least 1 day during the 30 days before the survey)	8	14.1
Currently frequently smoked cigars (cigars, cigarillos, or little cigars, on 20 or more days during the 30 days before the survey)	1.3	2.9
Did not try to quit using all tobacco products (including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products, during the 12 months before the survey, among students who used any tobacco products during the 12 months before the survey)	58.6	55
Did not get 8 or more hours of sleep (on an average school night)	74.6	76.2

Source:	RWJF county health rankings analysis 2016	ARKANSAS BRFSS 2016	RWJF county health rankings 2017	2017 Rural Health Info	Kids Count Data Center 2017	Source: 2016 Aspire Arkansas
	Average # of mentally unhealthy days in past 30 days	% Adults ever told had a Depressive Disorder	Ratio of population to mental health providers	Health Professional Shortage area: Mental Health	Individuals Receiving Substance Abuse Treatment (Unduplicated Clients)	Student Drug Use
A- Arkansas (State)	5.2	23.7	490:01:00			20%
Arkansas	4.9	21.1	1,070:1	Whole county is shortage area	312	21%
Ashley	4.8	26.1	1,370:1	Part of county is shortage area	165	19%
Baxter	5.1	30	360:01:00	Part of county is shortage area	194	18%
Benton	4.4	22.1	490:01:00	Part of county is shortage area	901	21%
Boone	4.6	29.9	1,040:1	Part of county is shortage area	131	22%
Bradley	5.2	31.2	11,000:1	Part of county is shortage area	78	12%
Calhoun	5.0	24.1		Whole county is shortage area	8	30%
Carroll	4.8	23.1	1,260:1	Whole county is shortage area	98	22%
Chicot	5.0	19.6	200:01:00	Part of county is shortage area	95	15%
Clark	5.0	22.8	480:01:00	Part of county is shortage area	66	19%
Clay	5.1	30.4	4,970:1	Part of county is shortage area	45	19%
Cleburne	4.5	23.1	1,680:1	Part of county is shortage area	180	19%
Cleveland	4.7	27.7		Whole county is shortage area	32	14%
Columbia	4.9	14	520:01:00	Whole county is shortage area	70	17%
Conway	4.9	24.9	430:01:00	Part of county is shortage area	112	18%
Craighead	4.8	26.1	270:01:00	Part of county is shortage area	391	17%
Crawford	5.1	28.6	2,310:1	Part of county is shortage area	343	25%
Crittenden	5.0	20.8	560:01:00	Part of county is shortage area	90	
Cross	4.9	26.6	2,430:1	Whole county is shortage area	36	24%
Dallas	4.7	23	530:01:00	Whole county is shortage area	6	
Desha	5.2	23.2	1,700:1	Part of county is shortage area	80	19%
Drew	5.2	24.4	160:01:00	Part of county is shortage area	122	19%
Faulkner	4.7	20.7	930:01:00	None of county is shortage area	311	20%

Franklin	5.0	27.8		Part of county is shortage area	100	20%
Fulton	4.9	26.5	4,040:1	Part of county is shortage area	32	21%
Garland	5.0	27	420:01:00	Part of county is shortage area	585	21%
Grant	4.6	22.1	1,060:1	Whole county is shortage area	79	17%
Greene	4.8	26.5	540:01:00	Part of county is shortage area	214	17%
Hempstead	5.1	28.6	1,690:1	Whole county is shortage area	83	23%
Hot Spring	4.7	26.9	590:01:00	Part of county is shortage area	145	22%
Howard	5.1	34	1,340:1	Whole county is shortage area	40	16%
Independence	4.8	26.7	600:01:00	Part of county is shortage area	211	18%
Izard	4.9	29.3	2,240:1	Part of county is shortage area	52	27%
Jackson	5.1	26	960:01:00	Part of county is shortage area	133	16%
Jefferson	5.0	18.7	530:01:00	Whole county is shortage area	599	19%
Johnson	5.1	27.5	400:01:00	Part of county is shortage area	109	17%
Lafayette	4.9	15.1	2,280:1	Whole county is shortage area	32	
Lawrence	5.1	27.1	430:01:00	Part of county is shortage area	96	14%
Lee	5.1	16.9		Whole county is shortage area	16	20%
Lincoln	4.7	20.1	910:01:00	Whole county is shortage area	43	
Little River	5.0	18.4	12,450:1	Whole county is shortage area	43	20%
Logan	4.8	24.6	4,360:1	Part of county is shortage area	135	21%
Lonoke	4.3	19.7	2,410:1	Part of county is shortage area	227	17%
Madison	5.1	24.4	730:01:00	Whole county is shortage area	36	12%
Marion	5.0	30.8	5,440:1	Part of county is shortage area	30	25%
Miller	4.8	15.2	470:01:00	Whole county is shortage area	279	19%
Mississippi	5.2	24.9	1,040:1	Part of county is shortage area	121	16%
Monroe	5.2	28.1		Whole county is shortage area	27	27%
Montgomery	4.9	26.8	8,880:1	Part of county is shortage area	33	21%
Nevada	5.3	22	1,050:1	Whole county is shortage area	16	17%
Newton	5.0	29.7	3,970:1	Part of county is shortage area	12	16%
Ouachita	5.1	16.8	650:01:00	Whole county is shortage area	48	18%
Perry	5.0	22.8		Part of county is shortage area	19	20%
Phillips	5.3	29.4	2,110:1	Whole county is shortage area	28	19%
Pike	4.9	29.3	5,420:1	Part of county is shortage area	36	21%
Poinsett	5.0	29.9	360:01:00	Part of county is shortage area	92	19%
Polk	5.1	29.7	1,550:1	Part of county is shortage area	115	24%
Pope	5.0	28.4	470:01:00	Part of county is shortage area	302	20%
Prairie	5.0	22.2	4,130:1	None of county is shortage area	25	18%
Pulaski	4.6	19.5	260:01:00	Part of county is shortage area	2,474.00	23%
Randolph	4.9	33.4	1,450:1	Part of county is shortage area	59	15%
Saline	4.1	23.2	810:01:00	None of county is shortage area	351	21%

Scott	5.1	24.4	10,280:1	Part of county is shortage area	54	21%
Searcy	5.0	30.4	470:01:00	Part of county is shortage area	21	21%
Sebastian	4.8	29.5	330:01:00	Part of county is shortage area	759	22%
Sevier	4.9	28.6	2,110:1	Whole county is shortage area	63	20%
Sharp	5.2	29.8	640:01:00	Part of county is shortage area	48	19%
St Francis	4.9	18.3	400:01:00	Whole county is shortage area	68	22%
Stone	5.3	30.1	1,790:1	Part of county is shortage area	45	17%
Union	5.1	21.5	590:01:00	Whole county is shortage area	131	28%
Van Buren	5.0	26.4	1,660:1	Part of county is shortage area	54	21%
Washington	4.3	24.3	290:01:00	Part of county is shortage area	983	18%
White	4.8	21.1	630:01:00	Part of county is shortage area	534	21%
Woodruff	5.1	22.7	1,330:1	Part of county is shortage area	21	19%
Yell	4.9	25.3	5,390:1	Part of county is shortage area	53	15%

- A5: Reproductive Health

Teen Births		
Power to Decide, Arkansas Data 2016		
	US	Arkansas
Teen Birth Rate, births per 1000 girls	20.3	34.6
Number of Teen births	209,809	3372
Change in Teen Birth rate since 2015	-9%	-9%
Change in Teen Birth rate since 1991	-67%	-56%
teen births 15-19 per 1000 girls	43	59
Teen Births by Race		
Power to Decide, Arkansas Data 2016		
	US	Arkansas
Hispanic (per 1000 girls)	32	45
Non-Hispanic White (per 1000 girls)	14	34
Non-Hispanic Black (per 1000 girls)	29	51
Teen Sexual Behavior		
Centers for Disease Control and Prevention: 2017 Youth Risk Behavior Survey - Arkansas and United States Results		
Ever had sexual intercourse	39.5	44.2
Had sexual intercourse for the first time before age 13 years	3.4	4.9
Had sexual intercourse with four or more persons during their life	9.7	12.7
Were currently sexually active (had sexual intercourse with at least one person, during the 3 months before the survey)	28.7	30.9

Did not use a condom during last sexual intercourse (among students who were currently sexually active)	46.2	51.3
Did not use birth control pills before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	79.3	82.5
Did not use an IUD (e.g., Mirena or ParaGard) or implant (e.g., Implanon or Nexplanon) before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	95.9	93.4
Did not use a shot (e.g., Depo-Provera), patch (e.g., OrthoEvra), or birth control ring (e.g., NuvaRing) before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	95.3	92.9
Did not use birth control pills; an IUD (e.g., Mirena or ParaGard) or implant (e.g., Implanon or Nexplanon); or a shot (e.g., Depo-Provera), patch (e.g., OrthoEvra), or birth control ring (e.g., NuvaRing) before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	70.6	68.9
Did not use both a condom during last sexual intercourse and birth control pills; an IUD (e.g., Mirena or ParaGard) or implant (e.g., Implanon or Nexplanon); or a shot (e.g., Depo-Provera), patch (e.g., OrthoEvra), or birth control ring (e.g., NuvaRing) before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	91.2	90.8
Did not use any method to prevent pregnancy during last sexual intercourse (among students who were currently sexually active)	13.8	19.8
Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	18.8	16.9
Were never tested for human immunodeficiency virus (HIV) (not counting tests done if they donated blood)	90.7	76.2
Did not go to school because they felt unsafe at school or on their way to or from school (on at	6.7	10.8

least 1 day during the 30 days before the survey)		
Were ever physically forced to have sexual intercourse (when they did not want to)	7.4	19.2
Experienced sexual violence by anyone (being forced to do sexual things (counting such things as kissing, touching, or being physically forced to have sexual intercourse) they did not want to do by anyone, one or more times during the 12 months before the survey)	9.7	18.5
Experienced sexual dating violence (being forced to do sexual things (counting such things as kissing, touching, or being physically forced to have sexual intercourse) they did not want to do by someone they were dating or going out with, one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey)	6.9	7.8
Experienced physical dating violence (being physically hurt on purpose (counting such things as being hit, slammed into something, or injured with an object or weapon) by someone they were dating or going out with, one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey)	8.0	12.1

Infant Mortality: Arkansas	
Kids Count Data Center - Arkansas 2016	
Infant Mortality Rate	8.1
Black	12.0
Hispanic	5.2
White	7.3

Reports of Rape among high school students in Arkansas is increasing		
Data from the Centers for Disease Control and Prevention Youth Risk Behavior Survey		
	Arkansas	US
2001	9.7	7.7
2005	11.2	7.5
2007	14	7.8
2009	13.1	7.4
2011	10.2	8
2013	11.6	7.3
2015	11.7	6.7
2017	19.2	7.4

Sexually Transmitted Infections: Arkansas	
AR Department of Health, AR STD Annual Report 2016	
Chlamydia cases, all ages, 2016	16737
Ages <13	31
Ages 13-14	136
Ages 15-18	3509
Gonorrhea cases, all ages, 2016	5732
Ages <13	14
Ages 13-14	37
Ages 15-18	865
Syphilis cases, all ages 2016	150
Ages 15-18	2
HIV disease prevalence, ages 13-24, 2017	1246

	Kids Count Data Center 2016	RWJF / National Center for Health Statistics - Natality files 2010-2016
	teen birth rate by county (2016)	Low birthweight as percent of all live births
USA		
Arkansas	33.5	9
Arkansas	62.9	11
Ashley	33.9	12
Baxter	35	7
Benton	26.4	7
Boone	41.4	6
Bradley	45.5	11
Calhoun	35.7	7
Carroll	36.1	7
Chicot	38.2	12
Clark	12.8	10
Clay	55	7
Cleburne	37.5	7
Cleveland	17.7	9
Columbia	18.9	11
Conway	36.7	8
Craighead	32.8	9
Crawford	27.9	8
Crittenden	45.7	13
Cross	30.4	11
Dallas	29.2	12
Desha	36	15
Drew	34.6	9
Faulkner	22.9	7
Franklin	37.3	9
Fulton	34.7	7
Garland	37.9	9
Grant	30.7	8
Greene	38.4	8
Hempstead	58.8	10
Hot Spring	35	10
Howard	32.7	8
Independence	39.5	8
Izard	34.9	8
Jackson	62.2	9
Jefferson	41.3	12

Johnson	41.4	7
Lafayette	45.9	12
Lawrence	41	9
Lee	42.6	13
Lincoln	30.7	10
Little River	39.7	9
Logan	42.5	10
Lonoke	30.8	8
Madison	50.5	7
Marion	41.1	7
Miller	45	10
Mississippi	62.7	11
Monroe	46	13
Montgomery	45.5	8
Nevada	68.5	11
Newton	39.6	7
Ouachita	39.5	10
Perry	21.8	10
Phillips	56.7	13
Pike	31.7	8
Poinsett	47.7	9
Polk	47.9	8
Pope	26.7	8
Prairie	41.2	8
Pulaski	30.7	10
Randolph	62.5	7
St Francis	66.7	12
Saline	16.7	8
Scott	42.6	9
Searcy	34.5	6
Sebastian	35.9	8
Sevier	62.3	6
Sharp	54.5	9
Stone	57.8	10
Union	36.6	9
Van Buren	34.8	8
Washington	24.6	8
White	24.8	8
Woodruff	52.6	7
Yell	43.2	8

○ A6: Social Issues

Arkansas Child Welfare					
Source: DHS Annual Statistical Reports					
State Fiscal Year	2013	2014	2015	2016	2017
True Cases of Child Maltreatment	7967	9675	9543	10117	9364
Children in Foster Care	7700	7513	4418	4957	5113

Economic Wellbeing		Families and housing			
Prosperity Now- Assets and Opportunity Scorecard, 2016	2018 Kids Count Profile	Kids Count Datacenter, 2016	Kids Count Datacenter, 2017	Kids Count Rankings 2018	
Liquid Asset Poverty	Kids Count Ranking, Economic Well-Being	Children in single-parent families	Children living in households that are owned	Kids Count Ranking, Family and Community	
US	43.5		35%	59%	
Arkansas	51.9 (rank 34)	41	38%	59%	45th

Source	ACS 2012-2016 B17001	ACS 2012-2016 B17002	ACS 2012-2016 B17003	ACS 2012-2016 B17001B	ACS 2012-2016 B170011	ACS 2012-2016 B17001A	ACS DP03 (2012-2016)	ACS DP03 (2012-2016)	ACS DP03 (2012-2016)
Location	Overall Poverty rate	Child poverty rate (<18)	Child poverty rate <5	AA in poverty <18	Hispanics in poverty <18	Whites in poverty <18	Median Household Income	Civilian Unemployment rate	Mean travel time to work (minutes)
Arkansas (State)	19%	27%	31%	46%	39%	21%	42,336	4.00%	21.6
Arkansas	20%	29%	41%	47%	71%	20%	37,330	5.50%	14.9
Ashley	20%	30%	31%	60%	25%	18%	36,352	5.40%	19.3
Baxter	14%	22%	37%	0%	35%	21%	38,115	2.90%	16.9
Benton	11%	16%	18%	16%	28%	16%	59,016	2.20%	19.7
Boone	17%	25%	34%	0%	10%	25%	38,664	4.70%	19.4
Bradley	29%	46%	44%	65%	61%	35%	34,665	5.70%	23.6
Calhoun	19%	31%	33%	69%	11%	21%	35,446	3.80%	25.6

Carroll	17%	25%	27%	100%	43%	22%	38,145	3.30%	19.7
Chicot	31%	44%	45%	51%	92%	25%	29,628	5.00%	20.2
Clark	24%	32%	40%	37%	67%	29%	35,595	4.60%	21.6
Clay	22%	31%	30%	0%	54%	31%	32,404	3.80%	22.3
Cleburne	15%	24%	26%	72%	19%	24%	41,717	4.30%	26.2
Cleveland	20%	31%	31%	82%	54%	23%	42,429	4.70%	28.9
Columbia	25%	36%	36%	61%	21%	19%	36,507	5.30%	17.2
Conway	22%	34%	32%	68%	75%	28%	38,266	3.90%	25.4
Craighead	19%	28%	34%	52%	54%	19%	43,892	4.00%	18.1
Crawford	19%	27%	25%	11%	47%	26%	41,792	4.00%	23
Crittenden	25%	37%	45%	51%	42%	12%	39,407	5.50%	20.8
Cross	20%	27%	37%	35%	0%	23%	39,306	4.20%	21.9
Dallas	15%	26%	29%	23%	68%	32%	35,745	3.70%	26
Desha	32%	49%	51%	69%	80%	21%	26,519	6.80%	19.3
Drew	28%	38%	46%	74%	49%	20%	33,092	7.30%	22
Faulkner	16%	17%	23%	33%	36%	13%	50,872	3.70%	24.2
Franklin	21%	29%	29%	100%	19%	31%	39,482	4.50%	25.9
Fulton	23%	46%	47%	100%	100%	44%	35,593	3.40%	23.6
Garland	21%	33%	46%	56%	38%	27%	40,011	5.00%	21.4
Grant	13%	17%	19%	45%	38%	15%	49,195	4.60%	29.6
Greene	18%	26%	36%	3%	21%	25%	42,755	4.70%	20.2
Hempstead	27%	38%	47%	35%	74%	38%	34,072	4.60%	20.7
Hot Spring	17%	24%	21%	41%	22%	22%	42,589	3.70%	26.1
Howard	20%	35%	42%	59%	41%	23%	34,672	4.20%	20.6
Independence	19%	28%	30%	83%	38%	29%	37,592	3.90%	19
Izard	22%	36%	52%	100%	29%	36%	35,188	4.30%	20.9
Jackson	27%	44%	52%	54%	54%	38%	31,245	3.20%	19.5
Jefferson	26%	39%	47%	47%	21%	22%	36,377	5.10%	21.2
Johnson	21%	31%	36%	2%	54%	31%	34,031	3.10%	20.6
Lafayette	26%	37%	48%	67%	0%	10%	29,882	5.40%	25
Lawrence	24%	30%	39%	0%	54%	30%	33,381	4.30%	25.5
Lee	30%	39%	48%	52%	-	8%	25,724	6.70%	20.8
Lincoln	23%	31%	36%	40%	30%	28%	32,369	3.70%	22.9
Little River	19%	28%	15%	14%	95%	28%	35,396	4.50%	24.5
Logan	19%	25%	30%	100%	46%	23%	36,463	4.20%	26.8
Lonoke	12%	17%	18%	31%	7%	16%	56,156	3.50%	26.9
Madison	18%	22%	25%	0%	23%	21%	39,839	2.90%	31.5

Marion	20%	31%	50%	100%	53%	30%	33,726	4.40%	21.4
Miller	21%	30%	29%	53%	30%	18%	39,955	5.10%	19.1
Mississippi	26%	38%	41%	55%	35%	25%	35,003	6.30%	18.5
Monroe	29%	44%	65%	53%	55%	34%	31,541	5.90%	21.5
Montgomery	19%	28%	33%	0%	54%	26%	35,103	2.10%	28.8
Nevada	31%	48%	52%	45%	-	52%	30,750	3.60%	30
Newton	22%	29%	29%	-	0%	29%	33,176	2.50%	33.7
Ouachita	25%	37%	46%	57%	69%	17%	31,233	4.40%	23.8
Perry	18%	30%	23%	0%	11%	29%	45,819	3.80%	33.6
Phillips	33%	53%	60%	71%	0%	6%	26,829	9.40%	18.8
Pike	18%	27%	39%	47%	48%	22%	34,519	3.10%	27.2
Poinsett	22%	35%	45%	64%	80%	32%	35,163	3.50%	23.6
Polk	25%	37%	43%	0%	44%	34%	33,202	4.20%	23.3
Pope	20%	25%	25%	57%	40%	24%	40,534	4.20%	18.3
Prairie	20%	31%	32%	30%	7%	31%	37,500	3.70%	26.2
Pulaski	18%	28%	30%	40%	40%	17%	47,101	4.00%	20.3
Randolph	20%	26%	33%	0%	29%	27%	36,318	2.10%	29.1
Saline	9%	11%	12%	12%	26%	10%	57,632	3.00%	25.8
Scott	21%	33%	34%	0%	36%	35%	37,861	6.80%	21.4
Searcy	21%	24%	24%	-	0%	26%	35,542	2.00%	27.7
Sebastian	22%	34%	33%	66%	46%	31%	40,023	3.20%	18.7
Sevier	22%	34%	28%	21%	48%	26%	38,956	4.20%	24
Sharp	22%	29%	43%	100%	32%	29%	31,068	3.70%	27.3
St Francis	25%	38%	41%	47%	22%	21%	35,066	5.20%	19.5
Stone	24%	32%	23%	-	30%	32%	30,486	3.70%	24.3
Union	21%	32%	32%	53%	38%	19%	39,836	5.10%	18.6
Van Buren	18%	27%	23%	0%	13%	27%	34,576	5.40%	26.6
Washington	19%	22%	26%	39%	38%	15%	45,442	3.40%	21.6
White	18%	20%	22%	33%	51%	19%	42,197	3.50%	23.6
Woodruff	24%	30%	47%	47%	75%	23%	30,383	6.40%	18.4
Yell	17%	26%	39%	36%	39%	24%	39,323	3.80%	20.7

	Education	Pollution	Pollution	Housing
Source	<i>RWJF / ED facts 2014-2015</i>	<i>RWJF/ 'Environmental Public Health Tracking Network</i>	<i>RWJF / Safe Drinking Water Information System</i>	<i>RWJF Comprehensive Housing Affordability</i>

				<i>Strategy (CHAS) data 2010-2014</i>
Location	High School graduation rate	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) - 2012	Indicator of the presence of health-related drinking water violations. Yes indicates the presence of a violation, No indicates no violation. - 2016	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities - 2010-2014
Arkansas (State)	85	10.1		15
Arkansas	85	10.4	No	8
Ashley	82	10.0	Yes	11
Baxter	86	9.3	No	12
Benton	90	10.0	Yes	12
Boone	92	9.2	Yes	12
Bradley	81	10.0	Yes	22
Calhoun		10.0	No	9
Carroll	81	9.2	Yes	17
Chicot	92	10.1	Yes	18
Clark	74	10.3	Yes	16
Clay	96	10.3	Yes	10
Cleburne	91	10.0	No	11
Cleveland		10.1	No	8
Columbia	89	10.0	Yes	13
Conway	89	10.4	Yes	15
Craighead	92	10.4	No	16
Crawford	87	10.0	No	14
Crittenden	86	10.4	Yes	20
Cross	84	10.3	Yes	14
Dallas	93	10.3	Yes	9
Desha	85	10.2	Yes	15
Drew	86	10.0	Yes	17
Faulkner	89	10.8	No	14
Franklin	89	9.7	Yes	12
Fulton		9.3	Yes	12
Garland	80	10.1	Yes	17
Grant	88	10.4	Yes	11
Greene	91	10.3	No	13
Hempstead	74	10.1	Yes	17

Hot Spring	91	10.5	Yes	12
Howard	93	9.9	Yes	14
Independence	89	10.0	No	15
Izard	90	9.4	No	15
Jackson	83	10.1	No	13
Jefferson	83	10.9	Yes	16
Johnson	88	9.7	No	16
Lafayette		9.9	No	13
Lawrence	90	10.1	Yes	12
Lee		10.4	Yes	17
Lincoln	93	10.3	No	14
Little River	90	10.1	No	10
Logan	94	9.8	Yes	10
Lonoke	83	11.2	Yes	12
Madison	88	9.1	No	13
Marion	90	9.1	Yes	16
Miller	80	10.1	Yes	15
Mississippi	86	10.4	Yes	17
Monroe		10.4	No	18
Montgomery		9.5	Yes	11
Nevada	88	10.0	Yes	12
Newton	88	8.8	Yes	17
Ouachita	88	10.2	Yes	15
Perry	87	10.2	Yes	10
Phillips	80	10.3	No	21
Pike	94	9.8	Yes	13
Poinsett	82	10.4	No	16
Polk	92	9.3	Yes	16
Pope	85	10.0	Yes	14
Prairie	84	10.5	Yes	12
Pulaski	72	12.2	No	16
Randolph	89	9.8	No	13
Saline	92	11.1	Yes	10
Scott	85	9.2	No	13
Searcy	96	9.1	No	12
Sebastian	84	10.2	Yes	16
Sevier	94	9.8	Yes	15
Sharp	93	9.6	Yes	14
St Francis	79	10.4	No	17
Stone	93	9.4	No	13
Union	82	10.2	Yes	16
Van Buren	91	9.9	No	14

Washington	86	9.7	Yes	19
White	84	10.8	Yes	15
Woodruff		10.3	No	15
Yell	88	10.0	Yes	17

○ A7: Parenting Supports

Infant Mortality: Arkansas and the US										
Source: Kids Count Data Center analysis of CDC and National Center of Health Statistics data										
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
United States	6.8	6.6	6.4	6.1	6.1	6	6	5.8	5.9	5.9
Arkansas	7.7	7.4	7.7	7.3	7.4	7	7.6	7.5	7.5	8.1

Source	ARKANSAS BRFSS 2016 County Estimates	Kids Count Data Center 2017	Kids Count Data Center 2018	Kids Count Data Center 2019	Kids Count Data Center 2020	Kids Count Data Center 2021	2016 Aspire Arkansas
Location	Parents with 4 or more ACES	Total true reports of child maltreatment	Children in foster care: Total (2017)	Children in foster care by Race: African American	Children in foster care by Race: Hispanic (2017)	Children in foster care by Race: White (2017)	Infant Mortality rate 2016
Arkansas (State)	19.1						7
Arkansas	22.8	22	28	7	2	19	6.4
Ashley	11.9	32	32	10	0	14	7.1
Baxter	27.5	67	90	0	6	73	7.3
Benton	20.2	349	335	7	40	262	5.8
Boone	22.6	109	158	0	3	145	6.1
Bradley	16.3	25	29	12	1	13	9
Calhoun	15.1	11	19	1	0	16	4.1
Carroll	17.3	5	108	1	17	90	9.6
Chicot	9.7	22	42	33	2	7	6.1
Clark	20.3	25	37	12	1	19	8.5
Clay	17.2	29	62	0	2	57	4.7
Cleburne	17.5	68	89	0	0	85	4.3
Cleveland	18.6	15	25	2	1	19	0
Columbia	15.9	35	59	33	4	17	6.2
Conway	19.2	64	141	12	1	102	4.8
Craighead	21.2	198	291	75	13	162	7.7
Crawford	23.4	152	268	1	7	223	8
Crittenden	20.2	87	186	119	11	42	3.8
Cross	23.5	31	70	29	0	30	8.1
Dallas	18	17	18	2	1	11	7.9
Desha	21.7	20	29	11	0	13	4.9

Drew	13.8	30	57	18	3	29	9.2
Faulkner	14.9	186	284	49	9	165	7.4
Franklin	27.8	43	99	0	6	86	8.2
Fulton	24.1	53	77	0	5	67	3.6
Garland	20.9	163	218	26	13	143	6.2
Grant	15.5	33	64	0	5	56	4.1
Greene	17.3	173	340	2	26	286	8.5
Hempstead	19.3	39	44	15	6	20	3.1
Hot Spring	21.8	62	127	3	11	98	6.9
Howard	15.9	15	15	4	1	8	5.4
Independence	22	72	126	8	6	104	6.9
Izard	25.8	41	69	1	0	63	8.8
Jackson	20.2	40	85	11	3	54	8
Jefferson	16.3	99	223	149	4	53	9.6
Johnson	22.5	85	105	5	12	82	4.5
Lafayette	17.1	11	24	5	0	15	8.3
Lawrence	18.5	34	80	3	1	72	13.6
Lee	12.1	8	16	11	3	0	3.9
Lincoln	18	12	21	9	0	9	11.2
Little River	13.4	23	34	1	1	26	1.4
Logan	27.7	78	81	0	3	69	11.3
Lonoke	15.4	136	52	4	0	43	6.3
Madison	18.1	4	162	13	4	126	5.9
Marion	25.8	32	91	1	2	75	8.8
Miller	14.5	78	33	0	0	31	3.7
Mississippi	20.7	85	189	49	9	113	7.8
Monroe	14.8	18	140	44	1	71	6.4
Montgomery	20.4	12	25	6	0	16	7.1
Nevada	18.6	18	5	0	0	4	7.6
Newton	18.6	16	18	0	0	16	5.4
Ouachita	17	45	52	21	0	23	6.3
Perry	15.1	18	15	0	0	13	7.4
Phillips	22.1	43	65	46	0	10	8.5
Pike	17.6	24	22	0	0	21	9.1
Poinsett	20.2	82	206	10	3	177	8.3
Polk	17.2	54	47	0	1	40	2.5
Pope	22.2	116	119	3	8	97	5
Prairie	18.8	9	8	2	0	6	4.6
Pulaski	15.5	414	880	459	62	256	8
Randolph	16.2	43	66	1	0	63	5.8
Saline	16.7	167	122	3	5	105	7.6

Scott	30.6	28	68	0	5	61	7.5
Searcy	26.5	16	17	0	2	15	6.1
Sebastian	33.8	330	1093	86	83	697	4.5
Sevier	11.9	30	32	4	3	23	6.3
Sharp	17.8	64	104	0	4	97	7
St Francis	12.7	56	74	43	11	14	14.7
Stone	26.7	24	49	0	3	43	3.4
Union	15.5	69	132	54	8	57	10.2
Van Buren	20.6	31	46	0	0	45	6.3
Washington	21.7	444	467	23	47	313	6.7
White	18.6	180	218	7	9	174	11.4
Woodruff	14.9	27	24	3	0	20	5.4
Yell	20.5	48	86	4	5	72	10.1

○ A8: Food Insecurity

Kids who eat Breakfast Regularly		
Centers for Disease Control and Prevention: 2017 Youth Risk Behavior Survey		
	Did not eat breakfast (during the 7 days before the survey)	Did not eat breakfast on all 7 days (during the 7 days before the survey)
US	14.1%	64.7%
Arkansas	24.3%	75.0%

Source		<i>Census table DP03 (2012-2016) American Community Survey 5-Year Estimates</i>	<i>DHS Annual Statistical Report SFY2017</i>	<i>DHS Annual Statistical Report SFY2018</i>	<i>RWJF and the National Center for Education Statistics 2015-16</i>
Location	Location Code	Percent of households With SNAP	Children 0-6 on SNAP	Children -18 on SNAP	% Children eligible for free or reduced lunch
Arkansas (State)	05	14%			64
Arkansas	5001	19%	818	978	74
Ashley	5003	21%	912	1170	61
Baxter	5005	11%	1118	1547	61
Benton	5007	7%	4796	6995	46
Boone	5009	16%	1296	1690	57
Bradley	5011	23%	542	796	73
Calhoun	5013	11%	146	170	72
Carroll	5015	11%	779	1208	71
Chicot	5017	27%	702	907	99
Clark	5019	15%	654	815	63
Clay	5021	17%	460	652	64
Cleburne	5023	9%	539	829	58
Cleveland	5025	15%	275	465	57

Columbia	5027	18%	946	1328	66
Conway	5029	17%	847	1096	71
Craighead	5031	16%	3920	5265	59
Crawford	5033	15%	2164	3172	66
Crittenden	5035	24%	3356	4677	85
Cross	5037	17%	748	946	63
Dallas	5039	17%	258	379	69
Desha	5041	29%	669	982	73
Drew	5043	19%	757	953	69
Faulkner	5045	11%	3258	4529	49
Franklin	5047	15%	554	932	58
Fulton	5049	19%	408	621	66
Garland	5051	14%	3578	4909	62
Grant	5053	9%	395	658	48
Greene	5055	16%	1743	2389	57
Hempstead	5057	14%	971	1258	90
Hot Spring	5059	17%	1093	1623	64
Howard	5061	15%	647	877	75
Independence	5063	14%	1271	1719	61
Izard	5065	16%	383	626	68
Jackson	5067	22%	684	973	74
Jefferson	5069	21%	3615	5116	79
Johnson	5071	15%	1096	1586	76
Lafayette	5073	22%	270	423	80
Lawrence	5075	19%	604	904	68
Lee	5077	37%	428	642	99
Lincoln	5079	20%	430	617	65
Little River	5081	20%	464	642	69
Logan	5083	16%	820	1210	81
Lonoke	5085	10%	1774	2721	45
Madison	5087	11%	542	771	67
Marion	5089	17%	554	726	75
Miller	5091	16%	2081	2677	67
Mississippi	5093	23%	2518	3491	84
Monroe	5095	25%	404	473	96
Montgomery	5097	17%	265	409	76
Nevada	5099	21%	375	532	100
Newton	5101	17%	195	336	73
Ouachita	5103	17%	1076	1502	73
Perry	5105	14%	322	463	59
Phillips	5107	34%	1493	2054	97
Pike	5109	14%	363	566	72

Poinsett	5111	21%	1160	1685	83
Polk	5113	19%	843	1166	78
Pope	5115	12%	1893	2419	58
Prairie	5117	16%	232	358	72
Pulaski	5119	13%	15354	20247	69
Randolph	5121	19%	583	795	68
Saline	5125	9%	2268	3494	41
Scott	5127	20%	422	642	73
Searcy	5129	15%	201	281	73
Sebastian	5131	16%	4779	6748	65
Sevier	5133	21%	803	1187	75
Sharp	5135	19%	645	1066	72
St Francis	5123	24%	1485	1857	73
Stone	5137	18%	379	678	69
Union	5139	16%	1725	2407	62
Van Buren	5141	16%	568	809	100
Washington	5143	9%	6072	8149	60
White	5145	12%	2658	3709	59
Woodruff	5147	28%	300	403	77
Yell	5149	13%	753	1139	80

Source	<i>Map the Meal Gap 2016</i>			<i>RWJF analysis of USDA Food Environment Atlas 2015</i>	<i>RWJF analysis of USDA Food Environment Atlas 2016</i>
Location	Food insecurity (all)	child food insecurity	Estimated food insecure	# Limited Access to healthy foods	% Limited Access to healthy foods
Arkansas (State)	17.2%	23.2%	163,800	254970	9
Arkansas	19.1%	23.7%	1,020	3390	18
Ashley	19.2%	25.9%	1,280	2623	12
Baxter	13.9%	23.2%	1,680	1835	4
Benton	10.8%	18.8%	12,530	11738	5
Boone	14.9%	23.8%	1,970	3822	10
Bradley	20.8%	28.1%	730	595	5
Calhoun	17.5%	24.4%	250	1747	33
Carroll	12.5%	21.9%	1,350	1047	4
Chicot	26.7%	28.8%	740	3940	33
Clark	20.4%	25.2%	1,110	4934	21
Clay	17.3%	27.3%	870	693	4

Cleburne	15.1%	24.9%	1,250	847	3
Cleveland	17.0%	25.4%	490	479	6
Columbia	22.7%	26.9%	1,390	1777	7
Conway	18.2%	27.1%	1,320	1340	6
Craighead	17.5%	23.2%	5,930	8261	9
Crawford	14.2%	23.8%	3,700	4855	8
Crittenden	25.0%	25.8%	3,590	2521	5
Cross	19.4%	24.1%	1,030	1147	6
Dallas	20.3%	23.0%	420	1486	18
Desha	26.6%	30.0%	940	2602	20
Drew	22.9%	27.5%	1,150	1997	11
Faulkner	16.3%	20.4%	5,830	6301	6
Franklin	15.9%	24.7%	1,050	660	4
Fulton	16.5%	30.0%	740	1486	12
Garland	17.1%	25.5%	5,160	10289	11
Grant	13.5%	21.1%	890	790	4
Greene	15.7%	23.9%	2,570	3984	9
Hempstead	19.8%	25.6%	1,500	3277	14
Hot Spring	16.0%	23.2%	1,650	2209	7
Howard	16.7%	24.5%	860	2853	21
Independence	15.6%	24.9%	2,220	2680	7
Izard	16.7%	28.3%	710	75	1
Jackson	21.2%	30.3%	1,070	1872	10
Jefferson	25.8%	26.7%	4,480	5499	7
Johnson	14.9%	24.8%	1,570	742	3
Lafayette	23.4%	27.2%	400	719	9
Lawrence	17.6%	25.5%	960	2710	16
Lee	27.7%	26.6%	510	2848	27
Lincoln	20.7%	25.2%	630	2372	17
Little River	18.3%	24.4%	700	647	5
Logan	15.6%	24.4%	1,200	1098	5
Lonoke	13.6%	20.4%	3,850	4537	7
Madison	14.0%	22.3%	830	1894	12
Marion	15.1%	25.6%	740	1118	7
Miller	19.6%	24.3%	2,570	5959	14
Mississippi	24.0%	28.3%	3,380	3369	7
Monroe	24.4%	28.4%	450	517	6
Montgomery	15.2%	25.3%	450	1062	11
Nevada	23.0%	29.0%	570	1290	14
Newton	15.1%	24.8%	390	1776	21
Ouachita	23.1%	26.7%	1,510	3555	14
Perry	15.1%	25.4%	570	655	6

Phillips	30.3%	31.0%	1,670	6752	31
Pike	14.9%	23.9%	610	1240	11
Poinsett	18.0%	26.7%	1,540	4688	19
Polk	16.5%	27.4%	1,300	4229	20
Pope	15.7%	23.5%	3,380	3803	6
Prairie	17.8%	25.0%	430	1713	20
Pulaski	19.9%	22.3%	20,750	39910	10
Randolph	16.1%	24.7%	980	2622	15
Saline	11.9%	18.2%	5,010	6561	6
Scott	14.9%	25.6%	660	880	8
Searcy	15.8%	24.3%	380	1355	17
Sebastian	16.1%	24.6%	7,680	4678	4
Sevier	12.0%	23.8%	1,190	1904	11
Sharp	16.9%	26.5%	950	1758	10
St Francis	25.0%	26.4%	1,620	4273	15
Stone	17.1%	26.7%	670	1682	14
Union	20.5%	25.3%	2,450	5616	13
Van Buren	16.3%	26.6%	900	1055	6
Washington	14.3%	20.5%	11,280	12307	6
White	16.3%	22.9%	4,270	4016	5
Woodruff	22.0%	26.2%	390	191	3
Yell	12.9%	22.8%	1,240	1217	5

○ A9: Child Injury

	Rarely or never wore a seat belt	Rode with a driver who had been drinking alcohol	Drove when they had been drinking alcohol	Texted or e-mailed while driving a car or other vehicle	Carried a weapon	Carried a weapon on school property	Carried a gun	Were threatened or injured with a weapon on school property	Were in a physical fight	Were in a physical fight on school property
Source:	Centers for Disease Control and Prevention: 2017 Youth Risk Behavior Survey - Arkansas and United States Results									
US	5.9	16.5	5.5	39.2	15.7	3.8	4.8	6.0	23.6	8.5
Arkansas	17.5 [†]	26.3	10.7	46.2	22.2	6.3	10.7	11.7	26.6	8.8

Injury Related Deaths, Age 0-18, 2000-2017	
Source: ACH Hope Mullins analysis of CDC data	
County	Rate
Arkansas (State)	25
Ahsley County	30.6
Arkansas County, AR (05001)	46
Ashley County, AR (05003)	30.6
Baxter County, AR (05005)	25.1
Benton County, AR (05007)	16.1
Boone County, AR (05009)	24.5
Bradley County, AR (05011)	53.5
Carroll County, AR (05015)	27.5
Chicot County, AR (05017)	Unreliable
Clark County, AR (05019)	24.6
Clay County, AR (05021)	Unreliable
Cleburne County, AR (05023)	33
Cleveland County, AR (05025)	Unreliable
Columbia County, AR (05027)	22.6
Conway County, AR (05029)	36.8
Craighead County, AR (05031)	22.7
Crawford County, AR (05033)	22.6
Crittenden County, AR (05035)	24.8
Cross County, AR (05037)	38.3
Desha County, AR (05041)	38.4
Drew County, AR (05043)	40.6
Faulkner County, AR (05045)	18.6
Franklin County, AR (05047)	Unreliable
Fulton County, AR (05049)	Unreliable
Garland County, AR (05051)	27.9
Grant County, AR (05053)	40.6

Greene County, AR (05055)	36.2
Hempstead County, AR (05057)	30.8
Hot Spring County, AR (05059)	29.6
Howard County, AR (05061)	29
Independence County, AR (05063)	22.5
Izard County, AR (05065)	Unreliable
Jackson County, AR (05067)	32.1
Jefferson County, AR (05069)	29.3
Johnson County, AR (05071)	19.5
Lafayette County, AR (05073)	Unreliable
Lawrence County, AR (05075)	32.7
Lee County, AR (05077)	Unreliable
Lincoln County, AR (05079)	45.4
Little River County, AR (05081)	Unreliable
Logan County, AR (05083)	24.2
Lonoke County, AR (05085)	27.6
Madison County, AR (05087)	40.4
Marion County, AR (05089)	35.4
Miller County, AR (05091)	26.4
Mississippi County, AR (05093)	24.7
Monroe County, AR (05095)	Unreliable
Montgomery County, AR (05097)	Unreliable
Nevada County, AR (05099)	Unreliable
Ouachita County, AR (05103)	37.2
Perry County, AR (05105)	Unreliable
Phillips County, AR (05107)	34.1
Pike County, AR (05109)	Unreliable
Poinsett County, AR (05111)	30.3
Polk County, AR (05113)	31.1
Pope County, AR (05115)	19
Prairie County, AR (05117)	Unreliable
Pulaski County, AR (05119)	24.7
Randolph County, AR (05121)	Unreliable
Saline County, AR (05125)	17.7
Scott County, AR (05127)	Unreliable
Searcy County, AR (05129)	Unreliable
Sebastian County, AR (05131)	17.6
Sevier County, AR (05133)	43.2
Sharp County, AR (05135)	37.2
St. Francis County, AR (05123)	32.9
Stone County, AR (05137)	Unreliable
Union County, AR (05139)	24.4
Van Buren County, AR (05141)	50.5

Washington County, AR (05143)	15.5
White County, AR (05145)	27.3
Woodruff County, AR (05147)	Unreliable
Yell County, AR (05149)	31.4

Injury Related Mortality, Ages 0-19 2006-2016											
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
US	21.1	20.6	18.9	17.3	16.7	16.5	15.9	15.2	15.3	16.3	17.1
AR	33.5	31.9	29.4	25.4	22.6	20.9	26.4	22	21.2	22	24.0
NW AR	28.2	20.8	25.1	15.6	14.5	10.4	17.5	12.9	14.6	13.2	18.3
AR Other	35.4	36	31	29.1	25.8	25	29.9	25.6	23.8	25.6	26.4

Motor Vehicle Related Deaths, Ages 0-19, 2006-2016											
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
US	8.8	8.4	6.8	6.1	5.5	5.4	5.1	4.8	4.8	5	5.3
AR	17.9	16	14.1	10.0	9.8	8.5	9.8	8.5	7.7	8.6	7.9
NW AR	16.0	9.9	13.5	U	U	U	U	U	U	U	U
AR Other	18.6	18.2	14.3	12.0	12.2	9.7	11.7	9.2	8.4	10.6	7.8

Suicide Related Deaths, Ages 0-19, 2006-2016											
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
US	2.1	2	2.2	2.3	2.3	2.5	2.5	2.6	2.8	3	3.1
AR	3	U	3.2	3	2.6	3	3.4	3.7	4.1	2.8	3.7
NW AR	*	*	*	*	*	*	*	*	*	*	*
AR Other	U	U	3.8	U	U	3.7	4.1	4.6	4.7	U	3.8

Firearm Related Deaths, Ages 0-19, 2006-2016											
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
US	3.8	3.6	3.5	3.3	3.2	3.2	3.2	2.9	3	3.4	3.7
AR	4.2	4.5	4.7	3.9	3.1	3.3	4.2	4.3	4.6	4.6	4.7
NW AR	*	*	*	*	*	*	*	*	*	*	*
AR Other	4.6	5.8	5.9	4.5	3.8	4	5.3	5.3	5.9	5.4	6.1

AR OTHER= AR less NW counties
U=unstable rate, means count is
20 or less per year
*=count less than 10

○ A10: Immunization

Source	<i>Children with Age Appropriate Vaccinations 2015.UAMS</i>	<i>Arkansas Department of Health, Dr. Haytham Safi</i>	<i>Arkansas Department of Health, Dr. Haytham Safi</i>	<i>Arkansas Department of Health, Dr. Haytham Safi</i>	<i>Arkansas Department of Health, Dr. Haytham Safi</i>
Location	Percent of Children with Age Appropriate Vaccinations (Rate) for 19-35 months of age	Total - Exemption rates per 1,000 students, Arkansas public schools, K-12 grades	Medical - Exemption rates per 1,000 students, Arkansas public schools, K-12 grades	Religious - Exemption rates per 1,000 students, Arkansas public schools, K-12 grades	Philosophical - Exemption rates per 1,000 students, Arkansas public schools, K-12 grades
Arkansas (State)	66.6				
Arkansas	75.8	7.5	0	6.8	0.7
Ashley	82.5	5.8	0.6	2.6	2.6
Baxter	59.5	21.9	0	6	16
Benton	61.9	20.4	0.3	4.4	15.6
Boone	69.4	25	0.3	7.7	16.9
Bradley	67.3	1.5	0	0	1.5
Calhoun	66.7				
Carroll	57.9	22.6	0.3	6.7	15.6
Chicot	71.5	12.6	0	4.4	8.1
Clark	68.7	2.8	0	0	2.8
Clay	65.4	2.6	0	2.2	0.4
Cleburne	66.2	20	0.3	7.4	12.3
Cleveland	76.1				
Columbia	76.8	2.1	0	1.6	0.5
Conway	67	3.2	0	1	2.2
Craighead	63.4	6.4	0.4	2.1	3.9
Crawford	66.4	15.1	0.2	5.5	9.4
Crittenden	58.6	1.6	0.1	0.8	0.7
Cross	72.1	4.9	0.9	0.6	3.3
Dallas	85.2	3.9	0	0	3.9
Desha	82.6	0.8	0	0	0.8
Drew	72.3	1.7	0	0.7	1
Faulkner	70.8	15.3	0.3	4.6	10.4
Franklin	69.8	3.4	0	0.6	2.8
Fulton	69.8	13.4	0.6	3.7	9.1

Garland	59.9	10.6	0.4	3.7	6.5
Grant	71.2	7.7	0.2	1.7	5.8
Greene	61	5.7	0.4	1.5	3.9
Hempstead	69.4	1.2	0	0.6	0.6
Hot Spring	62.2	11.1	0.4	5	5.8
Howard	76.4	2.1	0	1	1
Independence	72.7	12.7	0	3.4	9.3
Izard	79.1	10.3	0	1.7	8.6
Jackson	65.9	3	0.5	0.5	2
Jefferson	57.9	3	0.1	2.1	0.9
Johnson	72.4	5.9	0.2	3.3	2.4
Lafayette	73.7				
Lawrence	73.3	3.7	0	3	0.7
Lee	75.4				
Lincoln	82.1	2	0	2	0
Little River	65.6	4.7	0.5	1	3.1
Logan	71.6	3.5	0	1.3	2.2
Lonoke	66.8	10.8	0.6	3.6	6.6
Madison	48	23.5	0.4	3.1	19.9
Marion	52.6	25.9	0	11.4	14.6
Miller	48.1	15.1	0	7.8	7.3
Mississippi	67.6	3.5	0	2.1	1.4
Monroe	76.9				
Montgomery	61	8.7	0	3.9	4.8
Nevada	62.8	6.6	0	5.8	0.7
Newton	75.6	14.1	0	2.5	11.6
Ouachita	69.2	8.4	0.5	2.5	5.3
Perry	72.4	2.6	0	1.3	1.3
Phillips	67.3	1.1	0	0.5	0.5
Pike	76.7	3.5	0.5	0.5	2.5
Poinsett	71.6	4.5	0	3	1.5
Polk	66	16.7	0.3	8.9	7.5
Pope	73.6	7.8	0.5	2.4	4.8
Prairie	80.8	2.7	0	0	2.7
Pulaski	67.1	4.9	0.1	2.2	2.6
Randolph	71.9	2.8	0	0.8	2
Saline	73.8	12	0.2	3.2	8.6
Scott	71.1	5.5	0	1.4	4.2
Searcy	62	59.2	1.4	19.5	38.3
Sebastian	70.3	10.2	0.4	3.1	6.7
Sevier	74.6	4.9	0	1.2	3.7
Sharp	68.7	16	0.4	5.7	10

St Francis	64.2	1	0.3	0.6	0
Stone	85.5	22.9	0	4.9	17.9
Union	70.9	3.6	0.1	0.8	2.6
Van Buren	61.8	16.9	0.5	1.4	15.1
Washington	40.7	16	0.1	3.5	12.5
White	65.6	8.4	0.2	3	5.3
Woodruff	64.3	7.7	0	0	7.7
Yell	70.8	2.9	0.5	0.2	2.2

○ A11: Oral Health

Percent of Children with and Without Sealants by Insurance Type				
Source: AR Smiles- Arkansas Oral Health Screening 2016				
	Overall	Medicaid	ArKids	Neither Medicaid nor ArKids
Sealants Present	43.9	32.3	46	43.3
No Sealants	56.1	67.7	54	56.7

Percent of Children who Experienced Dental Decay by Water Source			
Source: AR Smiles- Arkansas Oral Health Screening 2016			
	City/County water	Well Water	Bottled Water
Dental Decay Experience	62.3	65.7	70.5
No Dental Decay Experience	37.7	34.3	29.5

Source	<i>RWJF County Health Ranking 2016</i>	<i>RWJF County Health Ranking 2017</i>	<i>ARKANSAS BRFSS 2016 County Estimates</i>	<i>2017 Rural Health Info</i>	<i>Aspire Arkansas</i>	<i>Aspire Arkansas</i>
Location	Ratio of population to dentists	Ratio of population to dentists	Percent of adults who had a dental visit in the past year (2016)	Health Professional Shortage area: Dental Care	Share of Adults with Annual Dental Visit 2016	Share of Population on Fluoridated Water
Arkansas (State)	2218:1	2218	58.6			
Arkansas	2602:1	2602	52.9	Part of county is shortage area	53%	92%
Ashley	2562:1	2562	56.4	Part of county is shortage area	56%	71%
Baxter	1955:1	1955	43.5	Part of county is shortage area	44%	80%
Benton	2306:1	2306	61.4	Part of county is shortage area	61%	99%
Boone	1865:1	1865	53.1	Part of county is shortage area	53%	0%
Bradley	2749:1	2749	56	None of county is shortage area	56%	75%
Calhoun			57.2	Part of county is shortage area	57%	0%
Carroll	3456:1	3456	59.9	Part of county is shortage area	60%	0%
Chicot	1564:1	1564	63.1	Whole county is shortage area	63%	80%
Clark	2266:1	2266	60.4	Part of county is shortage area	60%	70%
Clay	2131:1	2131	51.2	Part of county is shortage area	51%	76%
Cleburne	2807:1	2807	56.8	Part of county is shortage area	57%	96%
Cleveland			59.9	Whole county is shortage area	60%	55%
Columbia	2390:1	2390	54.8	Part of county is shortage area	55%	46%
Conway	2617:1	2617	56.6	Part of county is shortage area	57%	100%
Craighead	1323:1	1323	57.1	None of county is shortage area	57%	89%
Crawford	5661:1	5661	61	Part of county is shortage area	61%	11%
Crittenden	1758:1	1758	58.1	Part of county is shortage area	58%	83%
Cross	2130:1	2130	53.6	Part of county is shortage area	54%	75%
Dallas	3735:1	3735	58.4	Part of county is shortage area	58%	93%
Desha	3959:1	3959	54	Part of county is shortage area	54%	72%
Drew	4663:1	4663	62.4	Part of county is shortage area	62%	89%

Faulkner	2546:1	2546	65.8	None of county is shortage area	66%	77%
Franklin	5875:1	5875	60.9	None of county is shortage area	61%	21%
Fulton	6062:1	6062	43.5	Part of county is shortage area	44%	0%
Garland	1681:1	1681	61.2	None of county is shortage area	61%	98%
Grant	3616:1	3616	68.1	Part of county is shortage area	68%	65%
Greene	3431:1	3431	57.3	Part of county is shortage area	57%	89%
Hempstead	2442:1	2442	45.4	None of county is shortage area	45%	89%
Hot Spring	4172:1	4172	61.7	Part of county is shortage area	62%	100%
Howard	4459:1	4459	52.5	Part of county is shortage area	53%	96%
Independence	2859:1	2859	53.7	Part of county is shortage area	54%	69%
Izard	3358:1	3358	47.2	Part of county is shortage area	47%	16%
Jackson	2870:1	2870	54.3	Part of county is shortage area	54%	70%
Jefferson	2693:1	2693	62.8	Part of county is shortage area	63%	72%
Johnson	2908:1	2908	57.5	Part of county is shortage area	58%	97%
Lafayette			45.2	Whole county is shortage area	45%	12%
Lawrence	4184:1	4184	57.2	Part of county is shortage area	57%	79%
Lee	3103:1	3103	63.1	Whole county is shortage area	63%	85%
Lincoln	13705:1	13705	60.2	Part of county is shortage area	60%	48%
Little River	2490:1	2490	40.8	Part of county is shortage area	41%	0%
Logan	2724:1	2724	55.6	Part of county is shortage area	56%	64%
Lonoke	4013:1	4013	65.9	Part of county is shortage area	66%	98%
Madison	5357:1	5357	60.8	Part of county is shortage area	61%	0%
Marion	8163:1	8163	51.8	Part of county is shortage area	52%	5%
Miller	2737:1	2737	42.7	Part of county is shortage area	43%	17%
Mississippi	3295:1	3295	56.2	Part of county is shortage area	56%	67%
Monroe	3585:1	3585	58.5	Part of county is shortage area	59%	82%
Montgomery	4440:1	4440	58.5	Part of county is shortage area	59%	0%
Nevada	8398:1	8398	53.2	Part of county is shortage area	53%	74%
Newton			54.5	Part of county is shortage area	55%	39%
Ouachita	2678:1	2678	55.8	Part of county is shortage area	56%	74%
Perry			68.2	Whole county is shortage area	68%	85%
Phillips	3795:1	3795	47.8	Whole county is shortage area	48%	76%
Pike	2708:1	2708	53.5	Whole county is shortage area	54%	0%
Poinsett	8008:1	8008	55.1	Part of county is shortage area	55%	54%
Polk	2882:1	2882	55.8	Part of county is shortage area	56%	46%
Pope	2278:1	2278	49.3	Part of county is shortage area	49%	97%
Prairie	4126:1	4126	54.8	Whole county is shortage area	55%	77%
Pulaski	1385:1	1385	66.3	None of county is shortage area	66%	99%
Randolph	2493:1	2493	52.3	Part of county is shortage area	52%	76%

Saline	4093:1	4093	67.9	None of county is shortage area	68%	91%
Scott	5139:1	5139	57.2	Part of county is shortage area	57%	0%
Searcy	2656:1	2656	49.4	Whole county is shortage area	49%	34%
Sebastian	1374:1	1374	60.9	None of county is shortage area	61%	90%
Sevier	2818:1	2818	50.3	Whole county is shortage area	50%	51%
Sharp	4289:1	4289	52.5	Part of county is shortage area	53%	0%
St Francis	3275:1	3275	62.7	Part of county is shortage area	63%	79%
Stone	4180:1	4180	48.9	Part of county is shortage area	49%	43%
Union	2216:1	2216	53.2	None of county is shortage area	53%	57%
Van Buren	2771:1	2771	56.6	Part of county is shortage area	57%	85%
Washington	1641:1	1641	59.1	Part of county is shortage area	59%	99%
White	2936:1	2936	58.4	None of county is shortage area	58%	94%
Woodruff	2214:1	2214	56.2	Part of county is shortage area	56%	71%
Yell	4310:1	4310	52	Part of county is shortage area	52%	38%

- Appendix B: Phone Survey
 - B1: Survey Questions and Results

Q1: When it comes to children's health and well-being, what do you consider to be the number one problem being faced by your community today?

1. Obesity/Lack of exercise 10%
2. Affordable health insurance 8%
3. Poor Nutrition 7%
4. Mental health issues (incl bullying) 7%
5. Lack of healthcare services 6%
6. Contagions/Cold/Flu 6%
7. Vaccination issues 5%
8. Poor parenting 5%
9. Drugs 5%
10. Access to quality healthcare 5%
11. More focus on specific health issue 5%
12. Violence/Guns 3%
13. Food insecurity 3%
14. Better schools/school programs 2%
15. Social Media/Internet/Pop culture 2%
16. Poverty/Finances 2%
17. Lack of regular health visits 1%

Q2: Next, for each of the following, please tell me if you think it is a serious problem, a moderate problem, a minor problem, or not at all a problem in your community. How about . . . The number of teen pregnancies?

Serious problem 27%
 Moderate problem 34%
 Minor problem 31%
 Not at all a problem 4%
 Don't Know/Refused 4%

Q3: The number of children and adolescents who are overweight?

Serious problem 37%
 Moderate problem 44%
 Minor problem 17%
 Not at all a problem 2%
 Don't Know/Refused 0%

Q4: The number of parents who have poor or inadequate parenting skills and support?

Serious problem 37%
 Moderate problem 40%

Minor problem 19%
 Not at all a problem 3%
 Don't Know/Refused 1%

Q5: The number of children and adolescents who use E--Cigarettes, Juuls, and other vaping products?

Serious problem 34%
 Moderate problem 33%
 Minor problem 21%
 Not at all a problem 7%
 Don't Know/Refused 4%

Q6: The number of infants and children who are harmed by injuries?

Serious problem 14%
 Moderate problem 34%
 Minor problem 40%
 Not at all a problem 8%
 Don't Know/Refused 4%

Q7: The number of children who have dental problems?

Serious problem 24%
 Moderate problem 41%
 Minor problem 27%
 Not at all a problem 4%
 Don't Know/Refused 4%

Q8: The number of children who have mental health issues such as anxiety, depression, or suicidal thoughts?

Serious problem 37%
 Moderate problem 37%
 Minor problem 22%
 Not at all a problem 3%
 Don't Know/Refused 1%

Q9: The number of children experiencing the negative effects of poverty?

Serious problem 44%
 Moderate problem 36%
 Minor problem 15%
 Not at all a problem 4%
 Don't Know/Refused 0%

Q10: The number of children who are often hungry?

Serious problem 35%
Moderate problem 39%
Minor problem 19%
Not at all a problem 5%
Don't Know/Refused 2%

Q11: The number of children who are not vaccinated?

Serious problem 19%
Moderate problem 27%
Minor problem 33%
Not at all a problem 13%
Don't Know/Refused 7%

Q12: The number of children who are not receiving regular health checkups?

Serious problem 26%
Moderate problem 42%
Minor problem 21%
Not at all a problem 7%
Don't Know/Refused 5%

Q13: Now, thinking about the health care provider who most often cares for your child/children when he/she/they need a checkup, a prescription, or medical care for an illness . . . How would you rate the quality of healthcare your child/children receive(s)?

Excellent 70%
Good 22%
Fair 8%
Poor 0%

Q14: Do you have paid time off from your job so that you can take your child/children to a medical office to receive care, treatment or a health checkup?

Yes 64%
No 25%
Not employed 9%
Other 2%
Don't Know/Refused 0%

Q15: Overall, how would you rate the nutritional quality and healthfulness of food served in your child's/oldest child's school cafeteria?

Excellent 11%
Good 40%
Fair 31%
Poor 18%
Don't know/Refused 1%

Q16: Overall, how would you rate the nutritional quality and healthfulness of food served in your child's pre--school or daycare?

Excellent 24%
Good 46%
Fair 24%
Poor 6%
Don't Know 1%

Q17: Some states, including Arkansas, require pre--schools and daycares to follow basic standards for nutrition and quality of their meals. Other states have increased standards for nutrition and quality of their meals.

If Arkansas were to develop regulations to increase the standards for nutrition and quality of meals served in pre--schools and daycares, would you strongly support, somewhat support, or not at all support these new regulations?

Strongly support 65%
Somewhat support 26%
Not at all support 6%
No opinion 1%

Q18: Next, I have a few questions about your interest in receiving parental services if they were offered to you.

What would be your level of interest in attending a class that would teach you how to shop for and prepare affordable, healthy family meals?

Very interested 11%
Somewhat interested 19%
A little interested 21%
Not at all interested 48%

Q19: What would be your level of interest in attending a class that would help you manage behavioral, developmental, or emotional problems with your child/children?

Very interested 25%
Somewhat interested 27%
A little interested 15%
Not at all interested 33%

Q20: What would be your level of interest being a part of a home visiting program for parents of newborns and young children that would help you keep your child safe, healthy, and learning?

Very interested 12%
Somewhat interested 15%
A little interested 12%
Not at all interested 60%
Not applicable 1%

Q21: What would be your level of interest in receiving parent--child therapy services that would help your family overcome behavioral and relationship challenges?

Very interested 25%
Somewhat interested 23%
A little interested 13%
Not at all interested 37%
Not applicable 1%
Don't Know/Refused 1%

Q22: The next few questions are about a variety of topics related to your child's/children's health. Has your child/Have any of your children ever missed school due to a toothache?

Yes 7%
No 92%
Not applicable/Other 0%
Don't Know/Refused 1%

Q23: Overall, how hesitant about childhood vaccinations would you consider yourself to be?

Not at all hesitant 69%
Not that hesitant 12%
Somewhat hesitant 14%
Very hesitant 5%

Don't Know/Refused 0%

Q24: GoNoodle is a program used by schools that provides movement breaks in the classroom for kids to get them up and moving. Does your child/Do any of your children take part in a GoNoodle program at their school to increase their physical activity?

Yes 20%
No 64%
Don't Know 14%
Not Applicable 2%

Q25: The next question is about firearms. We are asking this question in a health survey in the interest of preventing firearm--related injuries. By firearms we mean pistols, shotguns, and rifles; but not BB guns, starter pistols, or airsoft. Think about guns kept in your home, garage, shed or vehicle. How many of your firearms are stored securely? By securely we mean unloaded, with ammunition stored separately from the firearm, or firearms stored in a locked gun safe or with a trigger lock.

All are stored securely 58%
Most are stored securely 8%
Some are stored securely 2%
None are stored securely 2%
No firearms in the home 28%
Don't Know/Refused 3%

Q26: Thinking about both nighttime sleeping and naps, where does your child under the age of one usually sleep?

Co--sleeper for adult bed 6%
Infant crib 39%
Cradle/Bassinette 56%

Q27: These questions are about health services and education that schools might offer to students. Please tell me, in your opinion . . . How important is it that schools provide basic health care services like wellness exams, diagnosis, and treatment services to students?

Very important 58%

Moderately important 25%
Slightly important 9%
Not at all important 7%
Don't Know/Refused 1%

Q28: How important is it that schools provide mental health services to students?

Very important 82%
Moderately important 12%
Slightly important 2%
Not at all important 2%
Don't Know/Refused 1%

Q29: How important is it that schools provide factual sex education to teenage students?

Very important 76%
Moderately important 16%
Slightly important 5%
Not at all important 3%
Don't Know/Refused 1%

Q30: How important is it that schools provide education about healthy relationships to teenage students?

Very important 77%
Moderately important 14%
Slightly important 5%
Not at all important 4%
Don't Know/Refused 0%

Q31: How important is it that schools provide education about birth control to teenage students?

Very important 72%
Moderately important 17%

Slightly important 6%
Not at all important 4%
Don't Know/Refused 1%

Q32: How important is it that schools provide education about sexually--transmitted infections and HIV/AIDS to teenage students?

Very important 85%
Moderately important 10%
Slightly important 3%
Not at all important 1%
Don't Know/Refused 2%

Q33: Telemedicine, or sometimes called Telehealth, is a way for health care visits to be provided using live video on a computer or phone. If Telemedicine services were available and covered by your insurance, how interested would you be in your child receiving an online doctor visit?

Very interested 25%
Somewhat interested 30%
Only a little interested 17%
Not at all interested 26%
Don't Know/Refused 2%

Q34: Poverty is associated with many poor health outcomes for children. Would you support or oppose a tax break for working families to make ends meet?

Strongly support 64%
Somewhat support 22%
Somewhat oppose 5%
Strongly oppose 2%
Don't Know/Refused 7%

- B2: Phone Survey Demographics

Phone Survey Demographics:	
Age:	Parents education level:
20-29 years 6%	Less than 8th grade
30-39 years 39%	Grade 9 through 11
40-49 years 38%	Grade 12 or GED
50-59 years 11%	College 1-3 years
60+ years 2%	College 4 years or more
Don't Know/Refused 4%	Don't Know/Refused 2%
Hispanic or Latino ethnicity:	Parents Gender:
Yes 8%	Male 33%
No 90%	Female 67%
Don't Know/Refused 2%	Don't Know/Refused 5%
Race:	Income:
White 84%	Less than \$25K 16%
Black/African-American 14%	Less than \$50K 15%
American Indian or Alaska Native 1%	Less than \$75K 15%
Asian 3%	Less than \$100K 17%
Pacific Islander 1%	More than \$100K 30%
Don't Know/Refused 3%	Don't Know/Refused 5%

- Appendix C: Key Informant Interviews
 - C1: Key Informant Interview questions

Community Health Needs Assessment – 2018

Key Informant Interview Questionnaire

- Please tell me about some positive aspects, assets, or resources in the community (ies) you serve that relate to children’s health.
- How are these different in Northwest Arkansas compared to the rest of the state? (if applicable)
- What trends or upcoming changes do you see in your area of specialty?
- What about recent or upcoming challenges?
- Consider the root causes driving child health in your area of expertise:
- How does the physical environment affect child health?
- Do social and economic factors play an important role in child health? If so, how?
- Is access to care a concern for the community you live/work in? (Probe: Are there barriers such as transportation, cost, distance, language or hours of operation?)
- Does your community have the knowledge or resources to live healthy lives?
- Thinking about the root causes we just discussed, are they different for children with diverse backgrounds or for children who live in various parts of Arkansas?
- PROBE: Do you think anything can be done about these different experiences?
- What are the top three things that (Arkansas Children’s Hospital/Arkansas Children’s Northwest) can do to help keep kids in your community healthy?

- Appendix D: Focus Groups
 - D1: Focus Group Guide

Welcome & Introduction

20 minutes

Welcome and thank you for volunteering to take part in this discussion. We realize you are busy and we appreciate your time. We have asked you to participate because your point of view is important and your feedback will help us understand the health status of children in your area.

My name is _____. I work in the Child Advocacy and Public Health Division of Arkansas Children's. I will be leading our discussion today.

My colleague is _____ and he/she will be taking notes and helping to record the session.

Overview of Group Discussion

Today's discussion is part of a study to learn about the health needs of Arkansas children. We will ask you questions about resources and challenges to child health in your area. The discussion will be recorded and will last for about 90 minutes.

We are hosting discussions throughout the state to get more in-depth information from community members. We will learn from your experiences (positive and negative) and opinions.

Your feedback will allow us to improve our understanding of how to assure a healthy future of children in Arkansas. We encourage you to share and participate, there are not right or wrong answers.

What questions do you have about the group discussion?

Community Health Needs Assessment

As a non-profit hospital, Arkansas Children's is required by the Internal Revenue Service (IRS) to conduct periodic assessments of the health needs of the communities we serve. This makes sure our community programs are meeting kids' needs. These studies are known as Community Health Needs Assessments, there is one for Arkansas Children's Hospital, and a separate one for Arkansas Children's Northwest. The information gathered today will be part of the next Community Health Needs Assessment, which will be used by the hospitals and our partners to help determine the best ways to improve child health in your area.

You are being invited to take part in this study because your experiences as parent, guardian, educator, service provider of a child in Arkansas, or stakeholder with knowledge of child health will contribute to our understanding and knowledge of their health needs.

What questions do you have about the Community Health Needs Assessment?

Ground Rules for Group Discussion

	Ground Rules	Annotation
1.	There are no right or wrong answers.	<i>We want your honest and candid thoughts about child health and child health issues. Feel free to say what is on your mind.</i>
2.	Respect others opinions.	<i>Everyone has a right to their opinion. Opinions are personal. We want to give everyone an opportunity to express their thoughts, feelings, and opinions even though they may be different from others.</i>
3.	Give everyone an opportunity to express their opinion.	<i>Please do not cut people off or talk at the same time that another person is speaking.</i>
4.	There are no stupid questions.	<i>If you don't understand a question that I ask, or a comment that someone else makes, feel free to ask for more information. Others may have the same question, but may be afraid to ask. Also, if you don't feel comfortable answering a question you do not have to answer it.</i>
5.	Vegas 'Rule of Confidentiality'	<i>You've heard the expression, "What happens in Vegas, stays in Vegas." We ask that you not share any comments you hear in the group discussion with your friends, family, or others outside of this group discussion. We want this to be a safe space for people to talk or express themselves</i>
	What questions do you have about ground rules?	

Cell Phones

Please turn off your phones or place them on vibrate.

Gift Cards

After our discussion today we would like to offer you a \$20 gift card as a token of our appreciation for your time and participation. You will be asked to fill out a form to receive the gift card. If you prefer not to fill out the form, you can choose to receive a gift bag instead.

Consent form

To participate in the group discussion, you will need to formally provide your consent or agreement to participate.

Let's take a moment to review the consent form together.

What questions do you have about providing consent?

Please sign the consent form and my colleague will pick it up from you. You may keep the unsigned copy for your records. Thank you.

Demographics form

We would also like to take some time to gather information about each of you. Please take a moment to answer the questions on this form and return them to me when you are finished.

What questions do you have about this form?

Recording and Note Taking

We will be recording our session. The recordings will help to accurately capture important information shared in our group discussion that may be included in the report.

I want to assure you that you will not be identified by name in the report or any other written information produced for the Community Health Needs Assessment.

We will keep the group discussion recordings secured on a secure server via a password protected computer.

We will keep group discussion notes in a locked file cabinet.

After completing the report, the recordings and notes will be destroyed.

We are going to start recording now. If you don't agree with this, you are free to leave the session and this concludes your participation. (NOTE: if yes, switch on the recorder)

Question 1

10 minutes

Imagine that 20 years from now kids in your community were rated as the healthiest in the nation. What would that look like, and how would you know that kids were healthier here than anywhere else?

Before answering out loud, take a few moments to write down, or just think about, one or two possible reasons. (NOTE: wait a few minutes then ask for people to share, use probes if they seem confused)

PROBE: What might have happened in those 20 years that would have improved child health?

PROBE: Why do you think that current child health outcomes are better in some parts of Arkansas than in others? Do some kids have more resources or opportunities where they live? Do some communities have more parks for kids to play outside? Is it easier to access medical care in certain parts of Arkansas?

PROBE: What kinds of things are keeping kids in your community from being the healthiest in the nation?

Question 2

5 minutes

We talked about a lot of things that influence child health. To help us think through them all, we will be using this poster which splits up the factors that influence health into four major sections. The different

topics are Physical Environment, Social and Economic Factors, Clinical Care, and Healthy behaviors. Can you think of where any of the topics we already mentioned would fit on this poster? (NOTE: Facilitator puts sticky notes with the different suggestions on the corresponding section of the poster. Use probe questions for parts of the poster that are empty.)

PROBE: Things that go in the Physical environment section might include: Air and water quality, housing and transit/transportation.

PROBE: Things that go in the Social and Economic Factors section might include: how the people in your community relate to each other (Social); the number of people in your community who are able to afford quality meals and community safety. (Economic)

PROBE: Things that go in the Clinical Care section might include: Access to care, quality of care, and health insurance coverage.

PROBE: Things that go in the Healthy Behaviors section might be: tobacco use, if it is easy to get plenty of fruits and vegetables, if it is easy to exercise frequently?

Break: **5 minutes**

Now let's take a small break. We posted some information around the room about your community.

Please take a moment to walk around, stretch your legs and look at some facts specific to your community. (NOTE: The 10 data sheets around the room correspond to the 10 Natural Wonders agenda topics. The facilitator should probe for these 10 topics in the following sections when possible. They are Access to Care, Childhood Obesity, Mental Health and Substance Use, Reproductive Health, Social Issues, Parent and Caregiving Support, Oral Health, Food Insecurity, Child Injury, and Immunization)

Question 3 (Physical Environment) **10 minutes**

Let's dive into the first section, "physical environment." Think about the place you live, including everything from air quality, access to grocery stores, living in crowded conditions, or traffic conditions, to the availability of safe areas or parks. How does the environment where you live affect children's health? (NOTE: Facilitator puts sticky notes or writes the different suggestions on the poster)

PROBE: How do you think physical environment in your area relates to any of the data points you saw over the break?

PROBE: Is there anything in the environment that prevents children from leading healthy lives?

PROBE: Does your environment help or hinder access to healthcare? Is travel time to health care centers a barrier?

PROBE: Is it easy to afford and access healthy foods in your community?

Question 4 (Social and Economic Factors).

10 minutes

Now think about social and economic factors in your community, from education and lack of steady, well-paying jobs, to income and safety. How, if at all, do these issues impact kid's health in your community? (NOTE: Facilitator puts sticky notes or writes the different suggestions on the poster)

PROBE: How do you think social or economic factors in your area influence the data points you saw over the break?

PROBE: How do you think these factors vary across different parts of your community, or across different parts of the state? What could be driving those differences?

PROBE: Do you think anything can be done about these differences?

PROBE: Do you think families in your community avoid utilizing or asking for resources for fear of legal repercussions or harassment?

PROBE: Does racism/discrimination affect the health of children in our community? If so, how?

Question 5 (Clinical Care)

10 minutes

When children in your community need checkups or are sick or injured, how easy or hard is it to access health care for them? (NOTE: Facilitator puts sticky notes or writes the different suggestions on the poster)

PROBE: Do you think clinical care options in your community influence any of the information posted on the wall you saw over the break?

PROBE: How has cost factored into your decision to enroll or not enroll in health insurance coverage for you and your family? What about your decision to get care or medications?

PROBE: Is it easy for you to access resources help keep your children healthy?

PROBE: What is your community's experience with school based health centers?

PROBE: Are there enough good doctors and health care providers in your community?

PROBE: Do people have somewhere to go if they are worried about a child's mental health?

PROBE: Do you have access to health care that is in your language and that understands your culture? If not, does that prevent you from seeking out care?

PROBE: Are people in your community able to access mental health and addiction treatments?

Question 6 (Healthy Behaviors)

10 minutes

Now think about what people in your family and in your community do in their day to day lives. How does your community make it easy, or hard, for them to do the things they need to do to stay healthy?

(NOTE: Facilitator puts sticky notes or writes the different suggestions on the poster)

PROBE: Does your community have the knowledge or resources to have a healthy diet, and get regular exercise?

PROBE: Do people in your community know where to go for help with drug use or losing weight?

PROBE: Is there a better way that your community could support parents who are struggling?

PROBE: Does not having enough time prevent people in your community from doing activities that lead to a healthy life?

Question 7 (Big Picture)

10 minutes

If you suddenly inherited a million dollars from a long lost relative, and the only condition was you had to spend the money on improving child health in your community, what one thing would you spend it on?

PROBE: Why would you choose this ONE change to improve child health in your community?

PROBE: How will this change improve child health?

Question 8 (Wrap up)

10 minutes

Is there anything that you would like to add before closing? Is there any issue that we have not addressed that you believe is important to child health in the state?

Concluding Remarks

This concludes your participation in this discussion. Again, I would like to thank you for your participation, as your feedback will give us a better understanding of the issues that affect children's health in the state.

The note-taker will hand out a form where you can give feedback on this discussion.

After you have filled out the form we will hand out the gift cards as a token appreciation for your time and participation.

Thank you!

- D2: Focus Group locations and participant counts

Focus Group Locations and Types			
Location	Type	Language	Participant Count
Little Rock, Pulaski County	Consumer	English	9
Little Rock, Pulaski County	Consumer	Spanish	5
Little Rock, Pulaski County	Consumer	English	9
Jessieville, Garland County	Consumer	English	5
El Dorado, Union County	Provider	English	13
Batesville, Independence County	Consumer	English	9
Booneville, Logan County	Consumer	English	7
Jonesboro, Craighead County	Provider	English	7
Van Buren, Crawford County	Provider	English	11
Rogers, Benton County	Consumer	Spanish	15
Pine Bluff, Jefferson County	Provider	English	13
Dumas, Desha County	Consumer	English	6
De Queen, Sevier County	Consumer	Spanish	12
Washington County -Springdale	Consumer	Marshallese	18
Washington County -Springdale	Provider	English	13
Washington County- Springdale	Consumer	English	12

○ D3: Focus Group Demographic Data

Focus Group (Consumer) Participant Demographics	(N=107)	Focus Group (Provider) Participant Demographics	(N= 57)
Age		Age	
18-35	48 (45%)	18-35	6 (11%)
36-49	38 (36%)	36-49	23 (40%)
50-64	14 (13%)	50-64	22 (39%)
65+	1 (0.01%)	65+	4 (0.1%)
Gender		Gender	
Male	7 (0.06%)	Male	4 (0.1%)
Female	95 (89%)	Female	52 (91%)
Race		Race	
African American	14 (13%)	African American	12 (21%)
Asian	1 (0.01%)	Asian	
Native American/Alaskan native		Native American/Alaskan native	
Native Hawaiian/Pacific Islander	17 (16%)	Native Hawaiian/Pacific Islander	
White	49 (46%)	White	43 (75%)
Other	13 (12%)	Asian	
Ethnicity		2 or more races	1 (0.1%)
Hispanic	41 (8%)	Other	
Years of state residence		Ethnicity	
<1	2 (0.02%)	Hispanic	1 (0.1%)
1 to 5	16 (15%)	Areas of specialty	
6 to 10	7 (0.06%)	Access to quality care	32 (56%)
10+	79 (74%)	Parenting and caregiving	36 (63%)
Marital Status		Childhood obesity	28 (49%)
Single	34 (32%)	Oral health	26 (46%)
Married	58 (54%)	Mental health and substance use	37 (65%)
Divorced	9 (0.08%)	Food insecurity	25 (44%)
Highest Level of Education		Reproductive health	19 (33%)
<High school	23 (21%)	Child injury	29 (51%)
High school/GED	23 (21%)	Social issues	35 (62%)
Some college/Associate's degree	39 (36%)	Immunizations	26 (46%)
Bachelor's degree +	21 (19%)		
Annual household income			
<\$19,999	42 (39%)		
\$20,000 - \$39,999	21 (19%)		
\$40,000-\$59,999	14 (13%)		
\$60,000 +	18 (17%)		
Born in USA			
Yes	57 (53%)		
Parents born in USA			
Yes	45 (42%)		

*Percentages do not add up to 100 in instances where not all participants answered the question and exceed 100 in instances where participants could choose more than 1 answer.

- D4:Focus Group Profiles by Region

Central Arkansas

Central Arkansas group discussions were held in Pulaski and Garland Counties.

Poverty was mentioned as a contributor in health disparities, with zip codes tied to quality of services received and opportunities available. They reported that people often live in crowded and insalubrious conditions. Participants said that families cannot rise out of the poverty cycle due to high housing costs and low paying jobs, and this forces many to work several shifts to make ends meet. Participants would like to see better work life balance for parents. They report that, due to low wages, parents have to work many shifts and this in turn results in children being unattended for large portions of the day.

Participants also mentioned the low number or high cost of recreational centers or activities for children. Children that are unsupervised due to parents work schedule and lack of after-school activities are seen as more likely to engage in behavior that result in unwanted pregnancies and substance abuse.

An increase in community cooperation was desired. Parents mentioned the lack of awareness of healthcare resources and the difficulty in accessing care, this was reportedly aggravated for uninsured and undocumented children. One participant said “the migrant child not born in the U.S. is outside the health services.”

Dental appointments are also thought of as difficult to obtain due to lack of providers and parents not knowing where to obtain services. School based education was mentioned as a good place option for preventive healthcare because many times parents are unable to take children to receive care due to transportation and work issues. Participants mentioned the need to educate parents so they are prepared for parenthood. They also reported a need for better school education in the areas of substance abuse, reproductive health, nutrition, healthy habits and life skills.

Urban and school gardens were suggested as a way to increase access to fresh and healthy foods. The nutrition received at schools is thought of as poor quality and some participants believed that it promoted unhealthy habits for children. This poor nutrition and lack of access to safe outdoor recreation areas was all said to contribute to the rise in obesity and dependency on technology.

Drugs are readily available to students and school zones are deemed dangerous. Participants said that many people self-medicate undiagnosed mental health issues and this is why there is a high level of substance abuse. They also reported a lack of access to affordable rehabilitation centers and that

instead of receiving treatment, many parents are incarcerated for minor offenses. Participants reported a general fear of the police among the African American and Hispanic population.

Southwest Arkansas

Southwest Arkansas group discussions were held in Sevier and Union Counties.

There is an expressed need for community centers or places for children to play and learn. Parents also mentioned the lack of safe playing areas as a risk for child injuries. Transportation is also cited as an issue that prevents families from participating in after-school activities and can impact their ability to attend medical visits.

Health services offered through schools were seen as ideal, but there also needs to be an increase in cooperation between the school and outside services. Participants reported too few providers and health centers and said that parents have to travel long distances to seek care. For uninsured and undocumented families, it is hard to access and afford care. Participants said that many times families delay care until they have the financial ability to pay. This was especially true for dental care.

Participants also emphasized the importance of providing early childhood education and access to resources. They said that many children have access to services when they enter school, but that may be too late for interventions. Participants also discussed childhood trauma (or ACEs), saying that they affect people for generations even if individuals cannot identify the trauma.

Participants saw industry and economics as strongly tied to health. When industries move out, it is seen as affecting the wellbeing of the population by impacting unemployment and jobs. Coupled with high housing costs, participants say this turns into cyclical poverty and leads to unhealthy habits. There is an understanding of the connection between economic disparities, the living environment and available resources. The Hispanic population mentioned racial profiling and discrimination from authorities and a constant fear of deportation.

Northeast Arkansas

Northeast Arkansas group discussions were held in Craighead and Independence Counties.

Participants communicated that although there are job opportunities in the community, they are often low paying. The housing options for low-income residents are not good and sometimes unhealthy. This is compounded with crime and makes living conditions unsafe for children. Participants expressed a desire for more affordable afterschool and community resources for children.

Participants also described a portion of the population as “unemployable” due to lack of transportation, incarceration history or mental and substance abuse issues. Mental health was mentioned as a priority that affects all segments of the population and that the lack of providers and rehabilitation options negatively impacts the whole family.

They also perceived a lack of pediatricians and providers in general. Interactions with the healthcare system were seen as problematic. Specifically, providers were viewed as spending too much time charting encounters and are not available to see patients. There are also many patients that fall in the gap between qualifying for Medicaid and being able to afford private insurance. The effect of people losing coverage because of the Medicaid work requirement is seen as impacting the whole family. One participant said, “Legislators don’t understand that taking healthcare away from the 40-year-old mother will trickle down to the kids in middle school”.

Focus group discussions also mentioned a need for more parenting skills for the parents and life skills for the children in school. There is a desire for more opportunities to educate children in school about nutrition and reproductive health, the latter which is still considered a taboo topic by many parents. Participants said that because parents do not address reproductive health with their children, it leads to increases in teen pregnancy rates. Tobacco use was also reported as high and participants suggested options like increasing the legal age or fining public smoking to reduce rates.

Mixed immigration status families live with a fear deportation and lack of insurance. Participants mentioned that discrimination has improved but they would like to see more work toward cultural inclusion.

Southeast Arkansas

Southeast Arkansas group discussions were held in Desha and Jefferson Counties.

Access to health is limited by the lack of providers, especially pediatricians and specialists. The lack of providers means people have to travel long distances to access services. School-based centers are good, but they would like to have a safe and efficient health department as well. There is an increase in substance abuse and diagnoses for mental health conditions.

Participants would like to have health education for children and parents to promote preventative health. They said that parents could also benefit from nutritional and healthy habits education, including literacy so they can work to meet their children’s academic needs. Participants report a lack of grocery stores and say that healthy food is hard to access and unaffordable.

They expressed that young parents and teen moms are in particular need additional information. They would like to see reproductive health education and suggested a mobile van providing birth control and pregnancy tests. They said that girls cannot get a test because it is a small community and the purchases are obvious and taboo.

Participants expressed a desire to see collaboration from the state, school and parents; community groups and churches to assist the community with resources like recreation centers, parks and daycares and to offer parental education, especially to new moms. Many parents are said to have to work several shifts and children are left unattended or have to take on responsibilities beyond their maturity level. Participants also said that an absence of daycares can prevent parents from working.

The housing conditions are very poor, and participants suggested a need for better enforcement of regulations. Many children are said to live in substandard conditions because their caregivers are afraid to report conditions to authorities for fear of losing the children. Respondents also reported high crime and a lack of safe areas for children to play. In addition, allergies and asthma levels in children are extremely high, exacerbated by poor housing conditions and the farming industry. There is also reported self-segregation, with some neighborhoods having less access to resources. Participants would like to see improved infrastructure for more job opportunities in general.

Northwest Arkansas

Northwest Arkansas group discussions were held in Benton, Washington, Logan and Crawford Counties.

Participants in Northwest Arkansas repeatedly disused the need for education on healthy behaviors as a way to improve community wellbeing. Participants would like to see policy changes to reinstate physical education and health courses to the curriculum. They suggested the health courses should cover nutritional, oral, and reproductive health among other subjects.

Previous efforts to teach abstinence rather than STD and pregnancy prevention are seen as ineffective. The topic of reproductive health remains taboo and some parents stated they would like a class to know how to approach the topic with their children. Participants feel families would benefit from parenting education and healthy habits education in general.

Participants are very enthusiastic about school-based health centers as a way to provide comprehensive care for children while avoiding problems due to transportation issues and work obligations.

Telemedicine and mobile vans were also suggested as options to increase access to care. Participants

are glad to see the expansion of health services with ACNW but say that limited numbers of providers and specialists still pose a problem, and families sometimes still have to travel to Little Rock for services.

The low level of immunization in the area is identified as a problem by both providers and parents, with some stating that no excuse exemptions and misinformation spread through social media contribute to the problem.

Many parents and providers report that the bureaucracy involved in Medicaid and DHS many times results in loss of coverage and leaves children unable to access care. For the undocumented community, obtaining medical insurance is almost impossible. The high costs for those who have insurance also limit provision of care.

Immigrant populations report difficulty in accessing healthcare due to language and cultural barriers, some mixed status families fear authorities and have stopped receiving social benefits for the whole family in case they harm the parents' path to naturalization. Minorities also report bullying and discrimination a school.

Participants suggest that increasing recreation opportunities in safe spaces would be beneficial to children's health and it would support parents by knowing they can leave their children in a safe environment while they pursue employment opportunities. This is currently difficult to access due to the high costs of daycare and the scarcity of programs available.

Participants also reported that food insecurity is high in the region, with many relying on the assistance of food pantries. Participants also state that many children are caught in the line between being unable to afford lunch and not qualifying for free-reduced lunch services.

Poverty impacts provision of care and quality of life, with those in the lower end of the financial spectrum having high levels of housing insecurity and living in unhealthy housing conditions. Some participants think income inequality contributes to disparities, while others attribute the root cause to the drug epidemic. Substance abuse is a major health topic and some believe it is caused by untreated mental health issues.

Providers have seen an increase in depression, anxiety and suicidal ideations in children and believe these are tied to parental absence due to work demands and the rise of social media. There are resources at school, but they are insufficient for the magnitude of the problem, there are few mental health and substance abuse treatment facilities in the region.

Scorecard – ACH Implementation Strategy 2017-19

86%

of the 2017-19 ACH Implementation Strategy goals were fully completed by June 30, 2019.

The 2017-19 Implementation Strategy laid out 66 goals in response to Arkansas Children’s Hospital’s 2016 Community Health Needs Assessment (CHNA), as part of the IRS Community Benefit requirements for non-profit hospitals. ACH staff and health care providers identified the goals in 10 areas of need to improve the health of children in Arkansas. Out of these goals, 55 were achieved and 8 were partially achieved, which will have a positive impact on child health in Arkansas.

✓ 86% Completed (57 goals)

✓ 8% Partially Completed (5 goals)

✗ 6% Not Completed (4 goals)

Access to Care

10 of 10 goals achieved

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

- ✓ Educate practices on billing well child visits
- ✓ Expand telemedicine to 40 school districts
- ✓ Explore implementing mobile health care
- ✓ Support ACH PCMH data analytics & quality goals
- ✓ Explore innovative ways to serve kids with asthma
- ✓ Seek funding to expand Medical-Legal Partnership
- ✓ Continue to support ACH financial counselors
- ✓ Support clinical services not yet financially stable
- ✓ Continue to support enhanced interpreter services
- ✓ Continue charity care & unreimbursed Medicaid

Social Issues

6 of 6 goals achieved

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

- ✓ Create Pro Bono network for Medical-Legal Partnership
- ✓ Connect new communities to SDOH supports
- ✓ Disseminate social need screener to ACCN providers
- ✓ Distribute ACH Innovation Fund to improve child health
- ✓ Explore ways to support children’s health equity
- ✓ Improve ACH processes for low health literacy patients

Childhood Obesity

7 of 7 goals achieved

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

- ✓ Increase active GoNoodle classrooms to 65%
- ✓ Expand options for ACH patients to enroll in WIC
- ✓ Continue enrolling ACH patients in SNAP assistance
- ✓ Increase evidence-based obesity prevention in schools
- ✓ Expand output of ACH Community Garden
- ✓ Explore provider education on obesity counseling
- ✓ Support childhood obesity prevention research, ACRI

Mental Health & Substance Abuse

5 of 9 goals achieved

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

- ✓ Establish new behavioral health workgroup
- ✓ Determine leadership & members of workgroup
- ✓ Determine purpose & mission of workgroup
- ✓ Conduct behavioral health needs assessment
- ✓ Develop messaging for behavioral health needs
- ✗ Explore community-based solutions
- ✓ Explore extending REACH program to providers
- ✗ Explore co-locating behavioral health in ACH clinics
- ✓ Explore telemedicine for behavioral health services

Reproductive Health

3 of 4 goals achieved

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

- ✓ Implement evidence-based education w/ 15 groups
- ✓ Determine feasibility of adolescent mobile health van
- ✓ Explore mobile van-linked telemedicine options for contraception pre-counseling
- ✓ Improve partner treatment for ACH patients with STIs

Parenting Supports

3 of 5 goals achieved

Provide improved access to parent education and support from various social and community networks to help more Arkansas parents raise happy, healthy children capable of lifelong learning.

- ✓ Conduct needs assessment for parenting supports
- ✗ Develop Parenting Risk Index for Arkansas
- ✓ Grow evidence-based parenting services/home visiting
- ✓ Implement maternal depression screener in ACH Epic
- ✓ Support ACH social worker with SDOH resources

Food Insecurity

7 of 7 goals achieved

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

- ✓ Increase Cooking Matters availability for families
- ✓ Continue Cooking Matters for ACH patient-families
- ✓ Offer Pop-Up Cooking Matters to high school students
- ✓ Continue USDA-supported meals for children at ACH
- ✓ Continue SNAP & WIC enrollment for patient-families
- ✓ Expand clinic screening & referrals for food insecurity
- ✓ Continue on-site mobile food pantry

Oral Health

4 of 4 goals achieved

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

- ✓ Conduct statewide surveillance for baseline data
- ✓ Continue to support ACH's three mobile dental clinics
- ✓ Continue to support ACH's dental sealant program
- ✓ Explore opportunities for fixed-base clinics in schools

Child Injury

8 of 9 goals achieved

The Injury Prevention Center at ACH is working to address the top child injury concerns in Arkansas through evidence-based prevention education, targeted advocacy, and by building capacity of parents and providers to reduce preventable injuries and death.

- ✓ Refine process for providing patient car seats at ACH
- ✓ Increase number of counties with fitting station to 20
- ✓ Increase safe-sleep certified birth hospitals to 50%
- ✓ Conduct focus groups for firearm storage messaging
- ✗ Secure funding for child/youth ATV research
- ✓ Continue programs for infant mortality prevention
- ✓ Continue programs for motor vehicle safety
- ✓ Continue programs for recreational safety
- ✓ Continue programs for intentional injury prevention

Immunization

5 of 5 goals achieved

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

- ✓ Study immunization hesitancy in AR
- ✓ Reinvigorate Childhood Immunization Task Force
- ✓ Identify HIPAA & FERPA barriers for school vaccines
- ✓ Explore options to provide immunizations to siblings
- ✓ Improve WebIZ immunization database connectivity

ACH Implementation Strategy Goal Completion and Impact Statement

Category:	Lead Agency:	Goal:	Partner with:	Progress notes:	Completed
Access to Care	ACH	Educate practices serving children on billing appropriately for the Early and Periodic Screening, Diagnostic, and Treatment Program or EPSDTs	Arkansas Children's Care Network, Arkansas Foundation for Medical Care	Provider consultation on coding provided by multiple agencies including AR Foundation for Medical Care and Arkansas Children's Care Network. IMPACT: EPSDT rates improved based on 2016 data from AR Medicaid.	Yes
Access to Care	ACH	Expand school-based telemedicine services to 40 schools in districts with high rates of free/reduced price lunch	Arkansas Department of Health, local school districts	School-Based Telemedicine is currently offered at approximately 10 districts in AR through ACH and UAMS. Act 203 of 2017 from the AR General Assembly slowed expansion by putting PCP authorization barriers in place. ACH's team was not approved for staff to run the program. IMPACT: SBTM has been a minimally successful strategy due to limited investment and expansion concerns due to Act 203 of 2017.	Partial
Access to Care	ACH	Explore opportunities for implementing mobile health care in underserved areas of AR	philanthropic partners	Explored strategy through presentation to ACH senior leadership. Mobile health was determined to be logistically difficult due to billing barriers, but enhanced mobile dental care was included in 5-year Oral Health plan. IMPACT: ACH has one more additional mobile dental unit that serves southwest Arkansas.	Yes
Access to Care	ACH	Support efforts by the ACH Patient-Centered Medical Home to improve data analytics, care management, risk stratification, and quality goals	ACCN, ACH Patient-Centered Medical Home	Arkansas Children's Care Network was created and is actively using EPIC Healthy Planet for care management, risk stratification, and improved quality with the help of improved analytics. IMPACT: Have had improved PCMH outcomes and improved ability to track metrics in real-time for ACCN clinics.	Yes
Access to Care	ACH	Continue to explore opportunities to improve outcomes for children with asthma through school-based health, telemedicine, access to pharmacy services, and innovative technological solutions		The ACCN developed an asthma pathway. The Stephens Elementary Health Clinic coordinated care for asthmatic patients and is implementing telemedicine pulmonary function tests in 2019. The asthma clinic implemented standard two-way releases to improve school/provider communication. Telemedicine extended asthma care to Jonesboro and Texarkana. Two new research studies focus on smartphones and telemedicine to improve asthma care. The School Nurse Academy focused on asthma care in 2019. IMPACT: Goal has resulted in improved PCMH metrics, training 64 school nurses in the asthma and its social determinants workshop, and improved care for children with asthma.	Yes
Access to Care	ACH	Seek funding to support expansion of the Medical-Legal Partnership at ACH	Legal Aid of Arkansas and Walmart	Received strategic funding from ACH senior leadership to support additional manager-level attorney capacity for MLP, Circle of Friends foundation support for statewide reach. IMPACT: Received national Outstanding MLP award in 2017 for improved referrals and standard screening process and more than 700 cases for patient-families have been closed by ACH MLP attorneys since 2017.	Yes
Access to Care	ACH	Continue to support ACH financial counselors and the Kids Care after-hours nurse resource line	ACH	ACH continues to support these services to connect more children to health coverage and appropriate levels of care. IMPACT: More than \$3 million each year goes toward these services to improve access to care for children.	Yes
Access to Care	ACH	Continue to support clinical services in key areas that are not yet financially sustainable	ACH	ACH has underwritten services in Jonesboro in the past IMPACT: Impact includes new service lines intended to improve community health reach more children.	Yes
Access to Care	ACH	Continue to support interpreter services that exceed required accreditation to ensure patients whose first language is not English can be fully engaged in their health care	ACH	ACH provides more than \$1 million each year to interpreter services that go beyond accreditation IMPACT: In-person interpreter services are available to patients at ACH and clinics.	Yes
Access to Care	ACH	Continue to provide services through charity care and unreimbursed Medicaid for children who cannot fully pay for their care	ACH	ACH typically provides more than \$34 million annually in uncompensated care IMPACT: Children who would otherwise go without care or accrue significant medical debt are able to access health care.	Yes

Child Obesity	ACH	65% of elementary classrooms in Arkansas will be active with GoNoodle		Per a recent GoNoodle report, 12,146 classrooms/teachers, which represents 93% of eligible elementary classroom teachers, used GoNoodle at least once during the past school year. IMPACT: Almost every elementary school in Arkansas is active with GoNoodle, and it has been built into the culture at the AR Department of Education and many schools and districts across Arkansas. ACH sought a partnership with ACRI and ACHI to evaluate the impact of GoNoodle, but the short time frame prevented impact analysis.	Yes
Child Obesity	ACH	Expand the number of days per week that ACH's patients can enroll in WIC while attending healthcare appointments	Arkansas Department of Health	Though the ACH WIC clinic has not expanded hours, the Southwest Little Rock clinic opened next door to the Arkansas Department of Health local health unit in SWLR. Close coordination provides WIC accessibility for ACH patients in a second location and broader time frame than the on-campus WIC clinic does. IMPACT: Impact includes improved access to nutrition and parenting support for ACH patients and their families.	Yes
Child Obesity	ACH	Continue to enroll children in SNAP food assistance through ACH financial counselors		ACH financial counselors continue to enroll patient in SNAP. Referrals and tracking for this service have improved following the implementation of the social needs screener in GPC, Circle of Friends, and SWLR clinic. Almost 550 families enrolled FY17-19. IMPACT: ACH patients and their families have improved access to nutrition support and healthy lifestyles.	Yes
Child Obesity	ACH	Increase opportunities for schools to partner with ACH on evidence-based obesity prevention programs such as CATCH and Organ Wise Guys		ACH's Community Outreach team has had success with long-term, evidence-based programs CATCH, Organ Wise Guys, and Pop-Up Cooking Matters programs that reach thousands of children across AR. Priority was given to districts with higher obesity rates for these programs that, together, can reach K-12. In 2019, OWG reached 14 schools, CATCH reached 20 schools, and PUCM reached 36 sites IMPACT: Process data has been exceptional for this program, but impact analysis is forthcoming pending ACHI obesity data for the 2018-2019 school year.	Yes
Child Obesity	ACH	Expand the ACH Community Garden to provide more opportunities for neighborhood engagement and to supply food pantry partners with more fresh produce	Arkansas Children's Research Institute Arkansas GardenCorps program	ACH's Community Garden expanded dramatically in the past 3 years. It provided 4,304 pounds of produce for nearby Helping Hand Food Pantry in FY19. Neighbors were engaged in working the garden and volunteers from the hospital and community enjoy team-building there. IMPACT: Fresh fruits and vegetables are provided to Helping Hand, who provides over 1,600 bags of food for food insecure patients and families.	Yes
Child Obesity	ACH	Explore opportunities for provider education on obesity counseling in more clinical areas		The COACH obesity clinic trained the Stephens Elementary clinic APRN on initial treatment of obesity to assist in follow-up for positive school screens for obesity or the early stages of Type II diabetes. IMPACT: Children and their families have improved access to obesity treatment through the Stephens school-based health clinic.	Yes
Child Obesity	ACH	The Center for Childhood Obesity Prevention at Arkansas Children's Research Institute will increase the number of childhood obesity prevention research studies that aim to contribute to reducing childhood obesity rates in Arkansas through a \$9.4 million grant from the National Institutes of Health	Arkansas Children's Research Institute	Dr. Weber at the Center for Childhood Obesity Prevention has increased the number of research projects focused on reducing child obesity in Arkansas. IMPACT: Through the Center for Childhood Obesity Prevention, significant funding has been brought into Arkansas to improve a major chronic disease for children.	Yes
Mental health and substance use	ACH	Establish a new behavioral health workgroup		A new Natural Wonders behavioral health workgroup has been established, focusing on school and community interventions that promote positive mental health outcomes IMPACT: State-wide stakeholders are engaged around children's mental and behavioral health.	Yes
Mental health and substance use	ACH	Determine membership and leadership of new behavioral health workgroup		Membership for NWPC behavioral health workgroup started with a steering committee but is growing. IMPACT: The workgroup ensures more community and school stakeholders are engaged in behavioral health solutions.	Yes

Mental health and substance use	ACH	Propose mission and scope of new behavioral health workgroup		The NWPC behavioral health workgroup is focusing on school and community mental health and substance use interventions ranging from training school personnel on evidence-based Mental Health First Aid to Project Prevent Youth Coalition youth tobacco prevention, among others IMPACT: Regardless of provider and payer issues, schools and communities will be trained to build cultures that support positive mental health for children.	Yes
Mental health and substance use	ACH	Conduct a needs assessment regarding behavioral health workgroup		A formal needs assessment was not completed, but the steering committee continues to explore focus areas for this group. IMPACT: The behavioral health needs of children and adolescents still need to be captured and analyzed formally.	Partial
Mental health and substance use	ACH	Develop messaging for behavioral health needs in Arkansas		FrameWorks, Inc. was engaged to test messages around child development and child well-being in Arkansas. Many of the communication frames they suggested support positive mental health, such as the "resilience scale" or the "resource grid" that underscore the need for mental health to be part of the solution for child well-being. IMPACT: The impact includes mental health as part of conversations about overall child well-being.	Yes
Mental health and substance use	ACH	Engage ACH behavioral health stakeholders in discussions about community-based solutions to mental health and substance use problems		The NWPC behavioral health workgroup has not yet engaged ACH and UAMS stakeholders as they have a separate group focused on payer issues and inpatient/outpatient care. IMPACT: This will be added to the next community benefit plan, if within scope.	No
Mental health and substance use	ACH	Explore opportunities to extend the REACH program to community partners and practices across Arkansas to improve behavioral health care in primary care		The REACH program has ended, but during its operation it trained several cohorts of primary care providers across the state of Arkansas in basic behavioral health care and management for children. IMPACT: More primary care providers are able to treat behavioral health diagnoses without a referral to a specialist.	Yes
Mental health and substance use	ACH	Explore opportunities to co-locate children's behavioral health care services within Arkansas Children's Hospital and clinics		This strategy was not pursued. IMPACT: n/a	No
Mental health and substance use	ACH	Explore opportunities to provide behavioral health services via telemedicine to children across Arkansas		This strategy is being explored as a way to integrate behavioral health services in primary care clinics. IMPACT: This is still being explored and has not been implemented.	Partial
Reproductive Health	ACH	The Changing the Story workgroup will have worked with 15 communities to utilize the "Preventing Teen Pregnancy in Arkansas" toolkit to pilot evidence-based health education programs.	ACH funding support; partner with consultant/Changing the Story group	A Clinton School project and Natural Wonders Innovation Fund contracts support adoption of evidence-based reproductive health education through healthy relationships with 14 schools, faith partners, and community groups over the past 3 years. IMPACT: Schools and community groups have adopted Love Notes, a program endorsed by the Centers for Disease Control and Prevention for promoting healthy relationships and reducing teen births.	Partial
Reproductive Health	ACH	Determine the feasibility of a mobile health van that provides comprehensive adolescent well-care to teens in underserved areas of Arkansas		ACH Rural Outreach Coordinators heard support for this initiative from southeast Arkansas stakeholder interviews. The strategy was explored through a presentation to ACH senior leadership. Mobile reproductive health was determined to be politically and logistically difficult. IMPACT: A mobile health strategy was explored but not pursued.	Yes
Reproductive Health	ACH	Explore opportunities for integrating telemedicine with mobile strategies to counsel patients on contraception options		ACH Rural Outreach Coordinators heard support for confidential reproductive health counseling from southeast Arkansas stakeholder interviews. The strategy was explored through a presentation to ACH senior leadership. Mobile reproductive health was determined to be politically and logistically difficult, and so integrating telemedicine was not possible. IMPACT: This telemedicine strategy was explored but not pursued.	Yes
Reproductive Health	ACH	Implement strategies to improve partner treatment for youth who have sexually transmitted infections		ACH's pediatric gynecology department's standard protocol has changed to routinely offer expedited partner treatment for patients with sexually transmitted infections. IMPACT: ACH clinics are addressing continued spread of STIs for patients and their sexual partners.	Yes

Social Issues	ACH	Establish a statewide Pro Bono network of attorneys to expand Medical Legal Partnership capacity to children across Arkansas	Legal Aid of Arkansas and Walmart	ACH's Medical Legal Partnership hosted a statewide training on MLPs that engaged almost 100 attorneys and helped Legal Aid gain many pro bono volunteers, thanks to a Natural Wonders Innovation Fund project. The MLP hosted several trainings on substantive law issues to pro bono volunteers. The MLP provided a training to Walmart attorneys on engagement with the MLP. All of these trainings offered CLE credits. Legal Aid continues to seek growth in its pro bono capacity to help meet the demand for services, especially in rural and southern communities not part of their formal territory. IMPACT: The ACH MLP has grown in the number of patients receiving extended representation for health-harming legal needs, more than 700 cases have been closed since 2017.	Yes
Social Issues	ACH	Ensure that rural outreach efforts by ACH include efforts to connect communities to resources that address social determinants of health as part of the Statewide Network of Care	Arkansas Children's Care Network	ACH's rural outreach efforts have focused their SDOH efforts as lead partners for the Excel by Eight initiative, which seeks to support children prenatal to age eight through community-based educational and health initiatives that lead to policy change. This initiative utilizes the FrameWorks "resource grid" and acknowledges that social determinants of health are an important part of the network of supports communities need for their children to thrive. ACCN has not yet branched into SDOH work. IMPACT: ACH is actively connecting its community benefit programs to the 4 current Excel by Eight communities (Sevier, Monroe, Independence, and Conway counties with more to come).	Yes
Social Issues	ACH	Create and disseminate a screening tool for social determinants of health that can be used in provider settings across Arkansas	AFMC	ACH has successfully managed a social needs screener and resource referral program since 2016, focusing on food security, educational needs, housing, health coverage, and literacy. Tens of thousands of families have been connected to resources after positive screens. ACH has also invested in better understanding how screening for social determinants of health could work outside a hospital setting. A Natural Wonders Innovation Fund contract with the Arkansas Foundation for Medical Care (AFMC) piloted the screening tool and resource provision in four types of provider clinics across the state. The project identified barriers and resulted in at least one of the four sites continuing its screening and referral program. IMPACT: SDOH screenings and partnerships are incorporated into primary care visits across Arkansas, and work continues to integrate the tool into EPIC medical records and to connect electronically to community partners for referrals and follow-up.	Yes
Social Issues	ACH	Annually by August thereafter, distribute ACH's new Innovation Funds to evidence-based programs or initiatives based on the "big ideas" that the NWPC generated to improve child health.		ACH has had three successful years of the NWPC Innovation Fund, achieving community benefit goals through partnerships with organizations working to address child health outside the hospital walls. IMPACT: The complete Natural Wonders report for 2017 - 2019 outlines successes from the NWPC Innovation Fund.	Yes
Social Issues	ACH	Explore ways ACH can systematically support health equity for patients and all children in Arkansas		Arkansas Children's created a Diversity & Inclusion committee focused on hospital and system operational improvement that lead to improved health equity for patients, caregivers, and staff. ACH's Child Advocacy and Public Health division has utilized its data-driven strategies approach to ensure that health equity is considered and captured during program planning and evaluation. IMPACT: The Diversity & Inclusion committee has moved forward an important conversation about health equity within the walls of the hospital. CAPH staff continue to monitor outcomes with outcomes disaggregated by race, gender, socioeconomic status, and other factors when available.	Yes
Social Issues	ACH	Explore opportunities to improve ACH's recognition of the low health literacy levels of patients and provide health resources at the appropriate reading level		Thanks to EPIC, targeted primary care patients or their families receive a Health Literacy Assessment to help tailor communication with families. ACH developed a list of interventions to help families with low health literacy scores. ACH's social needs screener asks questions about low health literacy and need for English as a Second Language resources, and helps connect families to Literacy Action Central Arkansas for continued literacy support. IMPACT: ACH now has specific, evidence-informed resources to help families with low health literacy understand their child's care. Data on health literacy will help drive future resources and interventions.	Yes

Parenting Supports	ACH	Conduct a needs assessment, gap analysis, and messaging tests for parenting supports in Arkansas	ACH-supported consultant	The Clinton School had a practicum project with Centers for Youth and Families that explored parent support needs in Arkansas. A Natural Wonders Innovation Fund project supported a gap analysis and development of a report outlining evidence-based parenting resources and interventions available in Arkansas. The FrameWorks project engaged families in "on the streets" interviews resulting in messaging strategies to help parents understand the need for broader community supports for children. IMPACT: Natural Wonders, Excel by Eight, and ACH partners are armed with tools needed to engage and support parents across Arkansas.	Yes
Parenting Supports	ACH	Develop a Parenting Risk Index for Arkansas that combines measures related to strong parenting	ACH-supported consultant	This strategy was not pursued IMPACT: Parenting risk and capacity is still difficult to measure in a quantitative way.	No
Parenting Supports	ACH	Expand the availability of evidence-based parenting services, including home visiting services, to all counties in Arkansas	Arkansas Department of Health, Arkansas Department of Human Services)	The AR Home Visiting Network oversees evidence-based home visiting programs that currently reach 73 counties in Arkansas and that will expand to the final two, Little River and Chicot counties, by December 2019. The capacity for home visiting in Arkansas has grown by more than 1700 slots per year with the addition of the SafeCare and Family Connects programs, and more programs are being discussed. IMPACT: Evidence-based home visiting programs now reach approximately 8,000 children at any given time and improve a host of maternal-child health outcomes in a measurable way.	Partial
Parenting Supports	ACH	Implement standard screening in ACH's Epic Electronic Medical Record to assess maternal depression		EPIC has a maternal depression screener available to ACH clinicians. IMPACT: Maternal Depression is being captured, though not as consistently as it could be, and resources to support moms with depression continue to be explored.	Yes
Parenting Supports	ACH	Explore opportunities to improve parent supports for ACH patients in partnership with the ACH social work team		ACH's social needs screener and Medical-Legal Partnership continue to be utilized each day by ACH social workers. ACH's social work team provides continued support to parents through meal vouchers, resource navigation, and other wrap-around supports. IMPACT: social workers are an important part of the network of family-supporting staff at ACH and beyond	Yes
Oral Health	ACH	Conduct statewide surveillance on children's oral health status and needs to identify baseline data	Arkansas Department of Health and Delta Dental of Arkansas	ADH partnered with ACH to conduct the Basic Screening Survey in 2017, studying third graders' oral health. IMPACT: The state had new oral health data for children for the first time in many years, capturing several measurable improvements. Oral Health outcomes for children can better be determined in Arkansas with this data. Another Basic Screening Survey is now being discussed.	Yes
Oral Health	ACH	Continue support of ACH's three mobile dental clinics that provide approximately \$1.5 million of preventive and restorative dental care to about 1,500 underserved kids each year	philanthropic partners	ACH has continued operations of 3 mobile dental clinics and added a fourth, based in Union County, after a generous \$3 million donation to ACH. Operations continue to be streamlined, and the vans provide care to children who would not otherwise receive this level of preventive and restorative dental care. IMPACT: The number of children with untreated dental caries in Arkansas has been reduced significantly per the most recent ADH survey, pointing to improved access to care. Since 2018, close to 4,000 mobile dental clinic visits have been provided at schools throughout Arkansas.	Yes
Oral Health	ACH	Continue support of ACH's preventive dental sealant program that provides sealants to thousands of children each year	philanthropic partners	ACH has continued and expanded its dental sealant program, adding new staff based in Union County. The program reaches thousands of children across AR each year with dental screenings, fluoride varnish, and dental sealant application. IMPACT: The number of children with dental sealants has increased significantly per the most recent ADH survey. Since the 2016-17 school year, ACH dental sealant programs have provided 5,829 children with sealants.	Yes
Oral Health	ACH	Explore opportunities for ACH dentists to partner with fixed-base clinics, including school-based health clinics, across Arkansas		A business plan for a fixed-base dental clinic in Springdale was proposed but not accepted by ACH leadership. The Chicot Elementary School-Based Health Center may incorporate a dental component if funding is found. Outside of ACH dentists, 15 of Arkansas's school-based health centers have on-site dental care provided. IMPACT: Children are receiving dental care in schools, but fixed-base clinics may not be the foremost strategy that is pursued.	Yes

Food Insecurity	ACH	Increase by 10% the number of youth or families with children who participate in Cooking Matters or Cooking Matters at the Store programs statewide	Arkansas Hunger Relief Alliance	In recent years, ACH's addition of a "Pop Up Cooking Matters" course to its school-based obesity prevention outreach has increased the percentage of overall Cooking Matters classes in Arkansas that reach youth and/or families with children. IMPACT: For 2017 and 2018, Cooking Matters reached more than 15,000 people, and 6,400 of those were pop-up tours, most of which were ACH classes targeted to high school students.	Yes
Food Insecurity	ACH	Continue to offer Cooking Matters classes on a regular basis that are available to ACH families		ACH Community Outreach continues to offer Cooking Matters six-lesson classes multiple times each year, with different classes focused on adults, families, and children only. ACH families are eligible to attend these. IMPACT: Up to 60 participants have learned about cooking healthful, affordable meals annually.	Yes
Food Insecurity	ACH	Offer Pop-Up Cooking Matters at the Store classes to high school students across Arkansas		ACH Community Outreach continues to offer Pop-Up Cooking Matters at the Store classes in high schools across Arkansas. IMPACT: Annually, thousands of students receive education about purchasing healthful, affordable food through mock grocery store tours and budgeting exercises.	Yes
Food Insecurity	ACH	Continue to offer USDA-supported summer and after-school meals to children on the ACH campus	USDA, local school student volunteers	ACH provides USDA-funded meals to patients and other children on its campus year-round through a medical meals program that offers summer and after-school meals. Recently, an additional waiver was sought and approved by DHS to continue operating the program. IMPACT: ACH provides around 27,000 meals annually to children on its campus.	Yes
Food Insecurity	ACH	Continue to offer enrollment in SNAP and WIC on-campus to patients and their families, including expansion to new clinics and locations such as the Southwest Little Rock clinic	Arkansas Department of Health, Department of Human Services	ACH continues to operate a WIC clinic on-campus in partnership with ADH, and it has partnered with the ADH local health unit next door to the SWLR clinic to provide services to those patients as well. ACH Financial Counselors continue to enroll patients and their families in the SNAP program, including when families are referred from a positive social needs screen. IMPACT: ACH has addressed food security for its patients and their families after they leave the hospital or clinic.	Yes
Food Insecurity	ACH	Secure resources to expand the screening and referral process for food insecurity to more clinics, including to children with food allergies experiencing food insecurity	philanthropic partners	ACH has expanded its social needs screener to more clinics, including the General Pediatric Clinic and Southwest Little Rock clinic. Adolescent Clinic will be offered in early FY20. ACH worked with Helping Hand to offer bags with special products purchased at major discounts through the Arkansas Foodbank, ensuring the food bags are appropriate for children with special dietary concerns. Additionally, ACNW is now screening for food insecurity and has a partnership with the NWA Foodbank. IMPACT: Thousands of families are connected directly to food during their health care visits each year.	Yes
Food Insecurity	ACH	Continue to offer a weekly on-site mobile food pantry to patient families being seen in the inpatient or clinic setting	Helping Hand	The Helping Hand mobile food pantry provides more than 150 bags of food to families each year. Vehicle, weather, and personnel challenges have impacted the bus schedule in the past two years. IMPACT: While families are able to access fresh fruits, vegetables, meat, and dairy through the on-site mobile pantry, barriers exist to optimal operations.	Yes
Child Injury	ACH	ACH will refine its process and structure for providing child passenger safety seats and car seat checks to patients, including patients with special medical needs		After STAT team stopped providing car seat checks, ACH hired a Child Passenger Safety coordinator for the Injury Prevention Center who is focused on training nurses to be car seat advocates, making recommendations for car seat installation, and installing car seats for discharged patients. ACH also supported trainings for special needs car seat installers to expand the number in Arkansas. Community Outreach and the IPC continue to offer car seat checks by drop in and appointment on the ACH campus. IMPACT: In Arkansas, death cases by motor vehicle injury have decreased in recent years.	Yes
Child Injury	ACH	ACH will increase to 20 the number of counties with an annual car seat fitting station event	Arkansas State Police Highway Safety Office	ACH Injury Prevention Center has partners in more than 20 counties/sites to conduct car seat fittings - they are currently funded for 12 full counties and 18 additional, individual sites for a total of 30. IMPACT: ACH is addressing motor vehicle-related deaths, one of the leading causes of death for infants and children.	Yes

Child Injury	ACH	By June 2019, 50% of Arkansas birthing hospitals will be safe-sleep certified by Cribs for Kids	ADH safe sleep COIIN	93% of AR birthing hospitals are safe-sleep certified by Cribs for Kids, a national standard. Arkansas has one of the highest percentage of certifications in the nation. IPC played a lead role in accomplishing this in partnership with the collaborative group convened by ADH. IMPACT: Babies born in Arkansas are very likely to be born at hospitals where safe sleep is demonstrated and taught to new parents.	Yes
Child Injury	ACH	By December 2017, design and conduct focus groups and complete data analysis that will inform messaging recommendations for safe firearm storage		ACH IPC completed focus groups in southern states with gun owners about safe storage. They made recommendations for messaging strategies and messengers, presenting to the Natural Wonders coalition to share with other stakeholders. A task force on safe firearm storage continues to refine the messaging in practice. IMPACT: In a state where parents are more likely to own guns than not, and guns are not always stored securely, IPC is creating an approachable, unified message around safe storage that can be used by a variety of stakeholders to ensure child safety.	Yes
Child Injury	ACH	Secure sufficient resources and begin a study to increase parents' understanding of the risk of ATV use by children	Arkansas Children's Research Institute	This strategy was not pursued IMPACT: Arkansas still needs to investigate ways to help parents make ATV use safer or non-existent.	No
Child Injury	ACH	ACH will continue investment in infant mortality prevention through education, outreach, in-reach, and research initiatives such as Safety Baby Showers and the ACH safe sleep task force		ACH IPC continues to move the CDC framework of injury prevention forward on the topic of infant mortality. Newly, IPC has partnered with Nursery Alliance birthing hospitals to ensure systems formally engaged with ACH on quality are prioritizing safety for infants. Philanthropic support for Safety Baby Showers has grown this program in target areas of the state, including the Delta. IMPACT: Injury-related deaths for children continue to decrease.	Yes
Child Injury	ACH	ACH will continue investment in motor vehicle safety efforts through education, outreach, in-reach, and research initiatives such as the ACH Safety Zone partnership for product distribution and education and efforts to improve compliance with Arkansas Graduated Driver License laws		ACH IPC continues to move the CDC framework of injury prevention forward on the topic of motor vehicle safety. In addition to its car seat work, IPC has partnered with schools to conduct teen driving surveys and leadership work as well as Teen Driving Rodeos that equip teenagers with the skills they need to be safe drivers. IMPACT: Injury-related deaths for children continue to decrease.	Yes
Child Injury	ACH	ACH will continue investment in recreational safety initiatives through education, outreach, inreach, and research initiatives such as ATV safety and bicycle/water safety product distribution		ACH IPC continues to move the CDC framework of injury prevention forward on the topic of recreational safety. A new partnership with Safety before Swim will target drowning during heavy swimming times of the year. The IPC formally took ownership of the Safety Zone operations in FY19, and it distributes safety products to hundreds of families each year. IMPACT: Injury-related deaths for children continue to decrease.	Yes
Child Injury	ACH	ACH will continue investment in intentional injury prevention by exploring new opportunities such as safe gun storage and evidence-based suicide prevention programs		ACH IPC continues to move the CDC framework of injury prevention forward on the topic of intentional injuries. Staff are now trained on 3 evidence-based programs for suicide prevention and positive mental health: Mental Health First Aid, ASIST, and SafeTalk. These are available to schools, community members, and workplaces as needed. A firearm coalition has worked extensively to define messaging for safe gun storage. IMPACT: Injury-related deaths for children continue to decrease.	Yes
Immunization	ACH	Collect and compile information to better understand immunization hesitancy in Arkansas	Arkansas Department of Health	An FY19 NWPC Innovation Fund contract supported a statewide, statistically significant survey on immunization hesitancy. IMPACT: Survey results will inform various immunization stakeholders and providers about messaging to overcome hesitancy.	Yes
Immunization	ACH	Hold regular monthly workgroup meetings with Childhood Immunization Task Force workgroup	Arkansas Pharmacist Association	The Childhood Immunization Workgroup meets monthly with an active, engaged set of participants. It has worked toward a variety of strategies that improve childhood immunizations. IMPACT: A workgroup group that was once dormant has been revived and is thriving, moving collective work on immunizations.	Yes

Immunization	ACH	Increase compliance for required school immunizations by identifying and addressing barriers to HIPAA and FERPA in regards to immunization reporting	ACH-supported consultant	A NWPC Innovation Fund report studied Arkansas law and national best practices for impacting school nurse permission to "write" to WebIZ, the state immunization registry. At the conclusion of the project, the consensus was that state agencies were pursuing data use agreements to allow departments to collaborate. A new law passed during the 2019 legislative session requires schools to publish their unimmunized/out of compliance population. IMPACT: Schools are more aware of their ability to get a two-way release signed and get around this barrier, and new publicly available information will likely drive improvements, but the root problem has still not been solved.	Yes
Immunization	ACH	Explore opportunities to provide immunizations to patients' family members in Arkansas Children's Hospital and clinics	Childhood Immunization Workgroup	ACH Primary care clinics provide immunizations to patients' siblings if they are also ACH patients, even without an appointment. Specialty clinics for children with compromised immune systems have explored providing flu vaccines to parents of patients to ensure family health. IMPACT: Arkansas's rate of child immunizations continues to improve.	Yes
Immunization	ACH	Explore opportunities to improve connectivity to WebIZ, the state's immunization registry, for ACH and other partners that serve children	Childhood Immunization Workgroup	EPIC has allowed for bi-directional, real-time communication with WebIZ, automatic immunization record queries, and other process improvements. IMPACT: The accuracy of immunization data is much improved, and processes are in place to help prevent missing data, which was an issue prior to EPIC.	Yes