

## Arkansas Title V Maternal and Child Health Services Block Grant 2023 Report and 2025 Application

### III.A. Executive Summary

#### III.A.1. Program Overview

This annual report represents the fifth submission under the Maternal and Child Health (MCH) federal guidance for the 2021-2025 cycle and includes National Performance Measures (NPM), State Performance Measures (SPM), and Evidenced-based/Evidence-Informed Strategy Measures (ESM).

The Arkansas Department of Health (ADH) is one of 15 state agencies comprising the executive branch under the direction of Governor Sarah Huckabee Sanders leadership. The Title V Maternal and Child Health Block Grant (MCHBG) supports the ADH’s mission and vision by addressing emerging and priority needs, improving gaps in and barriers to access to care, and increasing the capacity of the public health and health care systems and workforce.

The MCH programs are housed in the ADH’s Family Health Branch (FHB), which is part of the agency’s Division for Health Advancement (DHA). Arkansas’s Title V MCHBG Program consists of shared leadership between the ADH Family Health Branch and the Arkansas Department of Human Services’ (ADHS) Children with Chronic Health Conditions Program (aka Children with Special Health Care Needs - CSHCN) within the Division of Developmental Disabilities Services (DDS). The state Title V MCH leadership team makes program and policy decisions and ensures alignment across programs and agencies. Designated state priority leads oversee program and policy work and provide technical assistance and oversight to local Title V grantees.

The 2019/2020 Title V and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) needs assessment findings informed the selection of priority needs, strategies, objectives, and measures in the state’s 2021-2025 Title V action plan.

Table 1: Highest Priority Needs by Health Domain, NPM and/or SPM

Priority Need	Health Domain	NPM/SPM
Obesity	Child, Adolescent	NPM 8
Access to Care	Adolescent	SPM 2
	Perinatal/Infant	SPM 1
	CSHCN	SPM 3, 4
Persistently High Infant Mortality Rate	Perinatal/Infant	NPM 3, 4, 5
Oral Health	Women/Maternal	NPM 13
Child Safety Due to Internal Injury	Child	NPM 7
	Adolescent	NPM 9
Developmental, Behavioral, Mental Health	Child	NPM 6
Transition to Adulthood	Adolescent CSHCN	NPM 12
Well Woman Care	Women/Maternal	NPM 1

Arkansas selected the following 10 NPM that most closely align with the priorities mentioned above. Arkansas also selected four SPM to monitor progress with state

priority needs not specifically addressed by an NPM. The state-specific priorities are newborn hearing screening, adolescent nicotine use, the health care system for CSHCN, and implicit bias in public health systems.

The Title V staff conducted an interim needs assessment survey among its domain workgroup stakeholders and partners. Each Title V domain is made up of stakeholders with lived experience, professional expertise, and/or community leadership and engagement skills who serve in an advisory capacity to the Arkansas Title V team. The intent was to gain input and insight on problem areas, gaps in services, and emerging issues. A REDCap survey link to the questionnaire was emailed in March 2024 to a group of 150 MCH domain workgroup stakeholders and partners. A total of 113 participants responded to the survey. Participants were asked to describe the type of organization they served in 2023, county of residence and service, MCH population(s) they served, age, race and ethnicity, and gender. Based on their MCH population selection(s), participants were asked a series of questions regarding last year's greatest public health problems, gaps in public health, what public health is doing well, strengths and weaknesses, and emerging health issues for those MCH populations. Across the board for all five domains, mental health became a consistent theme as a public health problem, gap in public health, weakness of the system, and an emerging health issue.

**Women/Maternal Health.** Half of respondents said mental health disorders was the most important public health problem in 2023. Other important public health problems that women/maternal health faced were lack of access to early and adequate prenatal care and being overweight/obese. **Gaps:** More than 40% of respondents indicated assistance navigating through health or public health systems as a gap in services. Mental health services (35%) and the availability of maternity care services (20%) were also issues. **Weaknesses:** Respondents mentioned limited access and availability of maternal health care providers and lack of mental health, alcohol, and drug rehabilitation resources as weaknesses in the public health system for women. Public transportation to health services and difficulty navigating health and insurance systems were also highlighted. **Strengths:** Respondents cited the Arkansas Department of Health's many programs for women's health such as family planning; Women, Infants and Children (WIC)/Nutrition program; and maternity clinics, as well as locations and extended hours. **Emerging Issues:** Access to maternal health providers and mental health services top the list for what respondents perceived as emerging issues for women's health.

**Perinatal/Infant Health.** The survey showed that premature delivery, unsafe sleep practices, and non-initiation or early termination of breastfeeding were the greatest concerns for perinatal/infant health. **Gaps:** More than half of respondents felt the greatest gap was assistance in navigating the health or public health system. The availability of transportation services and healthcare providers were also shown to be gaps in the system. **Weaknesses:** Respondents shared that difficulty countering misinformation about vaccinations; lack of education for pregnant and new mothers; and lack of parental knowledge were weaknesses in the public health system. **Strengths:** Several respondents said the WIC/Nutrition program, breastfeeding support, and

vaccinations were strengths in the public health system for perinatal/infant health.

**Emerging Issues:** When asked what emerging issues they saw for perinatal/infant health, respondents said lack of parental education and maternal opioid use, or neonatal opioid withdrawal syndrome were becoming issues.

**Child Health.** Four out of five respondents selected developmental and behavioral disorders as the most pressing problem for children's health. Overweight/obese (42%) and physical inactivity (25%) ranked second and third. **Gaps:** Similar to previous MCH populations, the number one gap in the health for children was assistance in navigating through health and public health systems. **Weaknesses:** Half of respondents cited lack of mental and behavioral health services as a weakness for the public health system for children's health. **Strengths:** Strengths included Medicaid access, improved awareness for the importance of mental health, and safety net programs. **Emerging Issues:** Half (50%) of respondents who answered this question said mental health was an emerging issue for children. Bullying and suicide also appeared as emerging issues for this age group.

**Adolescent Health.** The list of leading public health concerns for adolescents mirrors the list for children's health: mental health disorders (84%) and being overweight/obese (42%). **Gaps:** Mental health services were listed as the main gap in adolescent health in Arkansas (72%). **Weaknesses:** Half (53%) of respondents viewed lack of mental health resources, providers, and inpatient treatment for teens as a weakness. Lack of dental health for teens and tobacco/vaping, drug, and alcohol rehabilitation and education were also listed as weaknesses for the adolescent public health system. **Strengths:** Respondents felt that access to immunizations, reproductive health clinics, and telehealth options were strengths of the public health system for adolescents. **Emerging Issues:** Mental health was a consistent theme across all MCH populations, and adolescents were no different. Access to mental and emotional health services for youth was frequently cited as an emerging issue.

**CSHCN.** Obtaining personal care services and lack of engagement of evidence-based practices related to transition to adult health care were listed as the most important public health problems affecting CSHCN. Transportation availability and access to case management were also top concerns. **Gaps:** When asked about gaps in health for CSHCN, respondents selected mental health services, education about Medicaid eligibility categories of assistance, and obtaining personal care services/respite care. **Weaknesses:** As with gaps in health care for CSHCN, mental and behavioral health services access for CSHCN was listed as a weakness in the public health system. Other perceived weaknesses of the system were transportation to providers and resources, obtaining information on respite resources, long wait time for waiver programs and services, uneven quality of providers and coordinators, and case manager turnover. **Strengths:** Several respondents said case management and care coordination were strengths of the public health system for CSHCN. Availability of resources, services, and supporting agencies and provider availability and access were also mentioned. **Emerging Issues:** Several respondents listed equal access and equity to mental health services as an emerging health concern for CSHCN. Respite care for families; easier access to treatments, medications, supplies, and equipment;

and transportation, particularly in rural areas, were also cited as emerging issues for CSHCN.

The Title V program supports coordinated, family-centered services, including services for children with special needs. Within the quality improvement initiative, the Title V staff analyze efforts, effectiveness, as well as the impact of work to improve public health policies and processes. The Title V Program's nurse care coordinators worked with families to develop family-centered plans, to reach priority goals for children with special needs and their families. Nurse care coordinators also coordinate support and services for eligible families through collaborative partnerships with other programs and related agencies. Partnerships with related agencies around common goals ensure coordinated, comprehensive services to assist families in reaching their goals for their children.

The Arkansas Home Visiting Network (AHVN) works with several agencies including Arkansas Center for Health Improvement (ACHI), ADH, Arkansas Advocates for Children, and the Arkansas Chapter of American Academy of Pediatrics to help identify activities and strategies to help reduce health disparities for Arkansas families. Key strategies to help eliminate health inequalities include 1) connecting families with prenatal care, postnatal care, doulas, and services that help provide transportation to medical appointments; 2) connecting local MIECHV programs with local food banks and statewide nutritional programs that help address food insecurity; and 3) connecting local MIECHV programs with resources designed to assist families in establishing medical and dental homes.

The MIECHV AHVN works closely with Delta Dental and Arkansas Blue Cross Blue Shield through the Natural Wonders Council to address health disparities at a system level, including disseminating medical and dental resources, insurance option information, and public assistance options to MIECHV-served families. The AHVN also works closely with statewide medical systems to include home visiting as an important option for addressing the state's high infant mortality rate. The AHVN assists MIECHV-funded models in reducing racial and ethnic health disparities by providing training and technical assistance designed to improve cultural competency in the delivery of screenings, assessments, case management, family support, and referrals.

The MIECHV (AHVN) funded programs utilize Family Map Inventories to identify each family's strengths and risks—including social determinants of health—to assist home visiting staff in making appropriate referrals and connecting families with helpful resources. In addition, the AHVN has partnered internally with Arkansas Children's Hospital (ACH) in helping to expand Arkansas Resource Connect (a customized version of the FindHelp website) to better assist home visitors and early childcare workers in connecting families with resources available locally. The AHVN is currently working with Arkansas Resource Connect to ensure that each home visiting program is connected to the system and has the technical assistance needed to use the system to connect families to services.

The Title V MCH programs strives to ensure women and children receive the health benefits they are entitled to; including preventive health services and screening, to promote the importance of coordinated care, and to address issues of health equity. The Title V program works cohesively with the Office of Health Disparities Elimination (OHDE) to effectively address pertinent issues and maximize the impact of efforts. The OHDE collaborated with the Arkansas Breastfeeding Coalition, Arkansas Minority Health Commission, and several CBOs to provide safe sleep and lactation education statewide. Most recently, OHDE partnered with ADH Worksite Wellness to create reserved parking spaces for expecting employees at the ADH main office and lab as part of a continuing effort toward creating equitable environments. OHDE also collaborates with the Arkansas Minority Health Commission (AMHC), the ACHI, and the University of Arkansas for Medical Sciences (UAMS) to improve state health data collection, use, and dissemination strategies that represent diverse populations in state health planning, program development and awareness initiatives.

Program evaluation efforts are ongoing to determine the effectiveness of program strategies and improve outcomes. The MCH epidemiologist works with the Arkansas State Systems Development Initiative (SSDI) staff to provide data, measure progress, and inform decision making around program objectives and measures.

Expanding and maintaining long-term partnerships continues to be the driving force of success to address priority needs statewide. Working with diverse stakeholders provides an unconventional venue to capture individuals that are most vulnerable. Other accomplishments include the Arkansas Maternal Mortality Review Committee (AMMRC) co-branding of the Hear Her statewide media campaign launched to educate the public about the Urgent Maternal Warning Signs. Also, during the 2023 legislative session three bills were enacted.

- Act 581 ensures healthcare providers receive reimbursement from Arkansas Medicaid program for offering Long-Acting Reversible Contraceptives (LARC) immediately and during the postpartum period.
- Act 553 amended the law concerning postmortem examinations. The state medical examiner is mandated to conduct a postmortem examination on a pregnant women or women who was pregnant 365 days prior to her death and the death is potentially related to the care of or physiology of pregnancy or the maintenance of the pregnancy, unless the death resulted from a medical condition or injury not related to the pregnancy.
- Act 67 amended the law concerning the confidentiality of and the providing of information by the Prescription Drug Monitoring Program (PDMP). A Memorandum of Agreement now exists between PDMP and AMMRC allowing the nurse abstractor access to PDMP records. This creates another path to obtain patient medical records.

The largest ongoing challenge facing MCH is staffing. The State of Arkansas hiring freeze of state funded employees is ongoing as well as the difficulty to hire qualified candidates due to the competitive pay to secure high-quality employees. As of March 2024, the Governor announced an initiative to revise the state's pay plan.