

STATE TITLE V BLOCK GRANT NARRATIVE

STATE: **AR**

APPLICATION YEAR: **2005**

I. General Requirements

[A. Letter of Transmittal](#)

[B. Face Sheet](#)

[C. Assurances and Certifications](#)

[D. Table of Contents](#)

[E. Public Input](#)

II. Needs Assessment

III. State Overview

[A. Overview](#)

[B. Agency Capacity](#)

[C. Organizational Structure](#)

[D. Other MCH Capacity](#)

[E. State Agency Coordination](#)

[F. Health Systems Capacity Indicators](#)

IV. Priorities, Performance and Program Activities

[A. Background and Overview](#)

[B. State Priorities](#)

[C. National Performance Measures](#)

[D. State Performance Measures](#)

[E. Other Program Activities](#)

[F. Technical Assistance](#)

V. Budget Narrative

[A. Expenditures](#)

[B. Budget](#)

VI. Reporting Forms-General Information

VII. Performance and Outcome Measure Detail Sheets

VIII. Glossary

IX. Technical Notes

X. Appendices and State Supporting documents

I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

All assurances and certifications are kept on file in the Statewide Services Business Unit, located in the Arkansas Department of Health's State Office in Little Rock.

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

/2004/ A public notice was placed for ten days in the major Arkansas newspaper, the Arkansas Democrat-Gazette, and in the major Hispanic newspaper for Central Arkansas, Hola Arkansas!, advising of a public hearing on June 30th, 2003, at 2:00 p.m. Present were David Rath, Family Service Unit, Nicollete Pearson, Abstinence Education Program, Aurian Zoldessy, Women's Health, and a stenographer Debbye Petre, CCR, of Petre's Stenograph Service. There were no comments or questions received. A second public hearing August 25th for post-grant submission comments will be advertised in the same manner. //2004//

/2005/ The MCHBG notice of public hearing was dispatched via the CityWatch system, (rapid fax communications to 312 media outlets (newspapers, TV, and Radio) throughout the state of Arkansas). In addition. public notices were placed in newspapers throughout the state, in all ADH Regional Offices and Local Health units in all 75 counties of Arkansas. The Arkansas Radio Network conducted a live interviewed with the MCHBG coordinator which broadcasted information about the hearing statewide. The hearing scheduled prior to submission of the block grant was June 10, 2004 and centrally located in the auditorium of the State Health Department. The public had until July 1, 2004 by which to comment on Arkansas' application. The post-grant submission public hearing is scheduled for August 25th, 2004 and will be videocast to approximately 36 locations throughout the state for the convienance of the public. //2005//

II. NEEDS ASSESSMENT

In application year 2005, the Needs Assessment may be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

Health outcome statistics show Arkansas needs improvement relative to other states. This comparison exists for a very broad range of health measures. Arkansas can simultaneously address groups of measures by developing broad access to care and public awareness or education programs. Some examples of initiatives already under way are: ARKids First Program (child health insurance), Abstinence Education Program (local grants), Unwed Birth Coalition (local grants), folic acid awareness (a statewide collaborative media effort), injury prevention in children (several special projects), and smoking cessation. These are described in later sections of this application.

Some examples of collaborative efforts begun in the past year include 1) a variety of activities aimed at nutritional improvements, tobacco use cessation and prevention, and 2) developing a new college of public health. Efforts in these areas have been initiated between ADH, and other health and social service entities, and communities in the state. These activities have all begun with actions of the State Legislature, and enjoy support at the community level for the many communities in the state. To enhance its ability to sustain these collaborative efforts, the ADH has been reorganizing for the last 4 years.

The three main features of reorganization include 1) restructuring, 2) team management, and 3) Hometown Health Improvement (HHI), a new way of doing business at the community level. HHI involves developing coalitions of community leaders to identify local health problems that communities are willing to own and address with local as well as state and federal resources.

/2003/ Regarding collaborative efforts, AR Kids First has enrolled nearly as many children as are estimated to be in need for the state. The Abstinence Education Program continues its community based grants with most of those projects originally funded, and has added new grants. Unwed Birth Coalition Grants also grew in number. The folic acid awareness campaign has matured, and the state has enjoyed a decline in the neural tube defects rate. Also regarding collaborative efforts, the College of Public Health (COPH) of the University of Arkansas for Medical Sciences (UAMS) had begun teaching its first class January 2002. Forty-two students were enrolled then. Of this number, 80% were female and over 40% were minorities. Courses taught the first semester included all the basic science courses for the Public Health degree. In the fall, another first-time course was added, an Overview of Maternal and Child Health, a two-hour course required for all students planning to concentrate in the MCH Department. Dr. Nugent of the ADH, Chair Pro Tem of the MCH Department, and Carole Garner, MPH, RD, LD, and an ADH colleague, managed the overview course. Together, 41 faculty volunteers from the UAMS schools of Nursing and Medicine and the ADH have been gathered to plan and develop the MCH Department. The COPH of the University of Arkansas for Medical Sciences is developed its curriculum in close collaboration with other academic institutions including the University of Arkansas campuses at Fayetteville and Little Rock and the University of Central Arkansas in Conway.

Regarding reorganization, in 2003 the ADH had restructured to create the Agency Leadership Team, five Regions, and two larger organizational (central) divisions. MCH was reorganized as Family Health, comprised of the Child Health Team (Infant Health, Oral Health and Injury Prevention Programs), the Women's Health Team (Perinatal and Reproductive Health Programs) and the WIC Program. Team management had been instituted at the levels of the Agency Leadership Team, the five Regional Leadership Teams, and Leadership Teams for the other major divisions. Through May 2002, ADH had created Hometown Health Improvement (HHI) sites (coalitions) located in 29 of the 75 counties statewide. //2003//

/2004/ Regarding new collaborative efforts, the Arkansas Department of Health has created a Nutrition/Physical Activity/Tobacco Committee to develop population-based strategies for the prevention of chronic disease and obesity. The committee is comprised of representatives of various areas within the agency to collaborate both within the agency and with external partners. One of the first committee activities was to form a legislative work group comprised of agency colleagues and

external partners, such as the College of Public Health, University of Arkansas for Medical Sciences, American Heart Association, Arkansas Advocates for Children and Families, the Department of Education, and many other health-related organizations, to create legislation that would ensure a healthier school environment. The legislation was passed by Arkansas' 84th General Assembly, and became Act 1220 of 2003. In addition to specific mandates, such as banning vending machines from elementary schools, it established a Child Health Advisory Committee that will make recommendations to the State Board of Education and the State Board of Health regarding nutrition and physical activity standards and policy. Health Promotion Specialists, funded by the Arkansas Department of Health's portion of the tobacco Master Settlement Agreement money, will provide technical assistance to the schools to implement school health policy. Fact sheets on all chronic disease prevention programs in the Arkansas Department of Health were created for dissemination, especially to Hometown Health coalitions, so as to inform them of the public health resources available to their communities. The committee also collaborated to apply for two grants: 1) The "State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases," a CDC capacity-building grant, and 2) The "Steps to a HealthierUS Grant: A Community-Focused Initiative to Reduce the Burden of Asthma, Diabetes and Obesity." Committee members also wrote a successful proposal to the National Governor's Association (NGA) Center for Best Practices, giving Arkansas the opportunity to be one of nine states and one territory to participate in the second annual NGA Policy Academy on Chronic Disease Prevention and Management, in Chicago on August 4-6, 2003.

Also regarding collaborative efforts in 2003, the College of Public Health (COPH) continues to develop. As of June 2003, 150 students were enrolled for the 2003-2004 academic year. Among enrolled students, 58.7 % were Caucasian, 34.7% were African American, 4.0% Asian, and 1% Hispanic. Courses include a post-baccalaureate certificate program and a Masters in Public Health degree. Concentrations in Bio-statistics, Epidemiology, Health Behavior and Education, Policy and Management, Environment, and Maternal and Child Health are being developed by faculty organized into departments of the same names. A Doctor of Public Health degree is being planned to which each department will contribute "core" and advanced courses. At the masters level so far, 10 students have completed the first MCH Overview Course, and approximately another 14 have expressed an interest in pursuing the MCH concentration. Dr. Nugent continues to serve as the Chair Pro Tem of the MCH Department. Two paid part-time faculty people work in the MCH Department and 40 voluntary faculty members participate in its teaching and planning efforts. This fall (2003) the Overview course will be repeated and two other courses are being planned, one in Adolescent Health, and one in primary and preventive health care (access to care) for children. A family-oriented, multidisciplinary course for Children with Special Health Care Needs is available to one or two students, and is taught at the Partners for Inclusive Communities Center at UAMS. The COPH is now writing its formal application to the Center for Education in Public Health (CEPH), the national accrediting body for public health schools. The application will be submitted in late fall, 2003, and an evaluative site visit from CEPH is anticipated in early 2004.

Regarding reorganization, under the Agency Leadership Team, the major organizational divisions are now called "Business Units." They consist of the five Public Health Regions, Shared Services, and Statewide Services. The Public Health Regions provide public health services in the geographic region of the state. These units have broad authority and flexibility for public health activities to meet the needs of customers in the region. Shared and Statewide Services are central offices. Shared Services supports the work of the Public Health Regions. This unit also provides services in the region when special expertise is needed or as required by economy of scale. Statewide Services supports the work of the Agency Leadership Team, and provides broad program leadership. The core functions of Statewide Services in the new structure are: 1) program management including federal interface, grant coordination, bench marking, state level partnership building and interstate coalition building; 2) policy development including program standards, rules and regulations and federal requirements; 3) training; 4) technical assistance; 5) fiscal monitoring including state level budget process, state level contracting and procurement, state level federal accounting processes, and contract payroll; 6) program evaluation including compliance; and 7) general administrative service. Business Units support either Service Units (in the central office) or Groups (in the regions). Service Units and Groups each include Work Units functioning as teams. In the central office, ADH has

established Service Units combining broad groupings of programs. Service Unit Leaders work together as the Business Unit Leadership Team. Within Service Units, related services and programs are combined into Work Units. Central office Work Units operate in like areas of public health, often sharing a target sub-population or a type of clinical care. The Business Units in the Central Office have established Leadership Teams at the Business Unit level. They are working on team development at the Service Unit and Work Unit levels. The Family Health Group is now called the Family Health Service Unit. Its composition includes as before, the Women's Health, Child and Adolescent, and WIC programs, now referred to as "Work Units." Work Unit and Service Unit teams collaborate strategically, pool resources, and make decisions at the level closest to the program or service provided to the citizens of Arkansas. In this manner, all entities are represented, and decisions are made only after careful consideration of the consequences for all service units, work teams and regions. In the Regions, reorganization is also proceeding. Regions have established Groups, each composed of a single large county or a combination of two or three small ones. Within counties, Local Health Units (some counties have 2 or 3 LHUs) will be designated as Work Units. The number of HHI sites has increased to 45 located in 43 of the 75 counties statewide. HHI continues to collaborate with citizens, businesses, and health professionals in the community via local coalitions that drive the public health process. The variety of issues and priorities already identified at the community level is growing rapidly. Team management concepts are being applied at many levels. The Agency Leadership Team, Regional Leadership Teams, and Business Unit Leadership Teams have been functioning for several years. Statewide and Shared Business Units have delineated their Service Unit Teams. Service Units have composed their Work Units in the central office, but work unit teams remain to be organized. Regional Leadership Teams have established teams composed of all the Group Leaders in the region. Local Health Work Units are established, but within them teams remain to be developed. Intensive training of all these teams is under way. Intensive training has been extended to the Regional Teams and Service Unit Teams. Other trainings have involved the Group Leaders, but remain to be "rolled out" to the Groups and Local Health Units. //2004//

//2005/ The Agency Leadership Team is now called Senior Staff. The new director of Statewide Services under which MCH resides is Mr. Donnie Smith. Ms. Renee Patrick is deputy director. Regional team leaders are now called Regional Directors and their subordinates (group leaders) are now called District Managers who oversee one to several county health units. Hometown Health Improvement Leaders manage local health unit operations and coordinate county coalitions.

Ms. Martha Hiatt, formerly director of Statewide Services has taken the lead on the Governors Healthy Arkansas Initiative.

Governor Mike Huckabee launched the Healthy Arkansas Initiative on May 4, 2004. The Initiative will use existing resources and funding sources to provide information and create incentives to convince Arkansans to give up unhealthy habits.

Governor Huckabee said, "We must convince Arkansans that the key to real change is a behavior change. We eat the wrong foods. We smoke too much. We don't exercise enough. If a person maintains a normal body weight, exercises at least three times each week and doesn't use tobacco, that person will live an average of 13 years longer than he or she would live otherwise."

The Healthy Arkansas Initiative targets state employees, Medicaid recipients and other Arkansans. The Governor has charged both Dr. Fay Boozman, director of the Department of Health (ADH) and Kurt Knickrehm, director of the Department of Human Services (DHS) to achieve specific goals among the targeted populations.

ADH has been directed to achieve specific goals by January 2007 to increase rates of physical activity among children and adults, reduce overweight and obesity rates among children and adults and reduce rates of smoking among adolescents and adults.

DHS was directed to develop a pilot project to attempt to improve health behaviors among the approximate 600,000 Arkansans who receive Medicaid benefits. Input on how healthy habits should be rewarded has been requested from a number of groups, including the Arkansas State Employees Association.

Another component of Healthy Arkansas focuses on worksite wellness. On April 29, the Governor invited business leaders statewide to attend a meeting to discuss fiscal impacts of changing unhealthy behaviors including:

Financial and lifestyle incentives offered to employees to live a healthier life;

Determining why employees are overweight, not exercising or smoking;

Defining the true cost to our state due to unhealthy lifestyle; and

Determining the health problems that can be changed by behavior change

Governor Huckabee has asked for involvement from the business community on the front-end to make these issues a priority. He stressed that creating a healthier workforce is a fiscal issue and will result in fewer sick days, increased productivity and lower health insurance costs. The Governor is seeking concepts and best practices that impact healthcare that have worked for one company to share with a larger audience.

The Healthy Arkansas Initiative will be a focus of Governor Huckabee's administration during the next 32 months. The Initiative creates an ongoing effort to change Arkansas from one of the unhealthiest states in the country to one of the healthiest.

Department of Health Priority Focus Areas FY04-FY07

The following focus areas summarize the Department's priorities for FY04-FY07 as established in its strategic goals and organizational objectives and represent the policy environment in which the MCH Block Grant is being managed:

- * Be a High Performance Agency**
- * Have strong management systems that produce Performance Based Budgeting and Franchise Agreement results**
- * Improve external and internal customer satisfaction**
- * Strengthen lines of accountability**
- * Improve the delivery of direct services to meet state and federal requirements and maximize resources**
- * Improve agency administrative systems to meet state and federal requirements and maximize resources**
- * Make Hometown Health Improvement the Way the Agency Does Business**
- * Integrate working with communities and support of HHI into all programs**
- * Include support of HHI in federal grants**
- * Have as many strong community coalitions as possible**
- * Create a Department that Incorporates and Practices Public Health Principles**
- * Develop public health knowledge and practice among leaders at all levels**
- * Provide basic public health orientation and training for all colleagues**
- * Strengthen agency capacity for core public health functions (Assessment, Assurance, Policy Development)**
- * Provide leadership for addressing 2010 Goals related to Nutrition, Physical Activity, and Tobacco**
- * Develop Gold Standard policies and recommendations**
- * Implement Act 1220 of 2003**
- * Maintain ADH Tobacco Settlement funding for implementation of CDC Best Practices**
- Secure federal funding**
- * Build a mutually beneficial relationship with the College of Public Health**
- * Educate the Public and Public Officials on the Role of and Need for Public Health**

- * Through Public Health Preparedness, strengthen public health understanding and relationships with the medical community, hospitals, fire, police, community officials, etc.**
 - * Use the media to educate the general public and public officials on public health**
 - * Build partnerships and advocacy for addressing public health issues through boards, coalitions, external committees, etc.**
 - * Speak to civic groups about public health issues**
 - * Re-design Human Resource Systems to Enable the Department to Recruit and Retain Diverse, Qualified Public Health Professionals**
 - * Develop a proposal for a comprehensive career salary grid and request its approval**
 - * Request reclassification of leadership positions according to the organizational structure**
- //2005//**

//2005/Nancy Holder is the Program Administrator at the Department of Human Services, Children with Special Health Care Needs; (nancy.holder@arkansas.gov) The DHS organizational chart is attached to this section. //2005//

B. AGENCY CAPACITY

//2004/ Arkansas Department of Human Services, Children's Medical Services:
Continuing the downward trend over the past few years, the total caseload for Children's Medical Services (CMS) as of May 1, 2003 (which includes closed and denied cases) decreased to 17,015 children with special health care needs, a decrease of over 1,000 clients from this time last year. Likewise, the total active caseload for CMS on May 1, 2003, was reduced to 14,458 clients, of whom 98.4% were on Medicaid. The number of families who chose CMS staff to be their case managers fell to 1,984. This reduction has occurred because many families who initially chose CMS to be their case managers did not respond to personal contact from CMS staff to develop a service plan or because they were determined to be medically ineligible for CMS.

In September 2002 CMS' budget situation had improved so that CMS was able to resume normal payment for services including services that had been put on hold since the Spring of 2002. In December 2002, CMS was able to resume paying for services for Medicaid clients that are not covered by the Medicaid state plan, such as van lifts, overhead lifts, ramps, IPV machines and inextuffalators. By paying for these services, CMS enables families to care for their children and youth at home and to decrease hospitalizations due to respiratory illnesses.

CMS is in the second year of the MCHIP medical home grant. During the first year a website was established, www.medicalhomeAR.org, which includes medical home information and a county resource guide. A parent resource guide listing state resources was also published and distributed, which is also downloadable on the website. Training of residents in the State's medical school began, as well as training of existing pediatricians and family doctors and their staff by the CMS Medical Director through community-based seminars.

In November 2002 CMS began administration of a new Medicaid respite waiver, under which up to 175 clients on SSI or TEFRA with physical disabilities may be approved for up to \$1,000 worth of respite care per year and up to 100 clients (on SSI or TEFRA) with diagnoses of mental retardation or developmental delay may be approved per year.**//2004//**

//2005/The Title V program for CSHCN formerly known as Children's Medical Services on April 1, 2004 was fully transitioned into Children's Services in the Division of Developmental Disabilities Services (DDS). Under Children's Services, staff funded by Title V continue to provide payment for health services for about 200 non-Medicaid children and case management services for about 1,900 Medicaid clients. In addition, Title V funded staff share responsibility with Part C-funded staff for reviewing and approving service plans for about 3,000 Early Intervention clients and 730 clients who are on the DDS Alternative Community

Services Medicaid 1915(c) waiver program./2005/

Many ADH Perinatal Health resources and efforts support local health units (LHUs) in the provision of direct prenatal care services.

/2003/ Three LHUs began offering maternity services in FY02 in an effort to provide better access to care. Another LHU stopped prenatal services after determining that they could better assist local physicians by providing Presumptive Medicaid enrollment and nutrition/education services.

/2004/ Budget constraints caused three counties with small maternity caseloads to discontinue prenatal care services. Prenatal care for residents of these counties is available via private care, rural health centers, as well as local health units in the adjoining counties. //2004//

/2005/ Four counties near Pulaski County, where the University of Arkansas for Medical Sciences (UAMS) operates a prenatal clinic, discontinued perinatal care services. Pregnant women may attend a health department clinic in a surrounding county or the UAMS clinic. The Perinatal Health program began meeting, along with several other organizations and agencies, with UAMS to develop their Antenatal and Neonatal Guidelines, Education and Learning System (ANGELS). In collaboration with general practice and obstetrical practitioners throughout the state, ANGELS is developing best practice guidelines and will function as a referral source for high-risk pregnancies.//2005//

Perinatal Health licenses and subsequently monitors the practices of the 22 licensed lay midwives and 21 licensed lay midwife apprentices in the state. /2003/ In 2001, 268 women began their prenatal care with a midwife with 186 of them continuing in midwifery care through birth.

/2004/ In 2002, 267 women began their prenatal care with a midwife with 202 of them continuing in midwifery care through birth. 25 midwives were licensed that year. //2004//

/2005/ There are now 29 Licensed Lay Midwives, with the increase primarily in the Northwest region of the state where the Hispanic population has so increased. However, the number of midwifery births has decreased. In 2003, 229 women began their care with a midwife and 150 continued in midwifery care through birth. //2005//

Perinatal Health operates the 1-800 MCH telephone line, 24 hours a day, seven days a week. Callers receive a wide range of resource information about specific campaigns and programs within the ADH.

/2003/ The ConnectCare HelpLine answered 18,691 calls from Medicaid recipients who needed assistance with the ConnectCare Primary Care Case Management program and 2,936 calls requesting information for the ARKids First program.

/2004/ Callers can now receive smoking cessation counseling through ADH's Stamp Out Smoking (SOS) program, implemented in January 2003. The ConnectCare Help Line, operated in conjunction with the MCH line, answered 30,674 calls from Medicaid recipients who needed assistance with the ConnectCare Primary Care Case Management program, and 1,157 calls specifically requesting information about the ARKids First program. //2004//

Perinatal Health works with the Arkansas Chapter of the March of Dimes in the promotion and implementation of the worksite prenatal program. /2003/ Responsibility for this program shifted from the Central Office to the Hometown Health Improvement Regional Coordinators. Promotional activity has slowed while the Coordinators are learning about their new roles and the resources available to them.

/2004/ The March of Dimes discontinued this program in the Fall of 2002. Businesses can get prenatal educational materials or seminars for their employees at their local county health unit. //2004//

/2003/ WIC Breastfeeding is part of WIC Nutrition Services and the WIC Team in the Family Health

Group of Statewide Services. Central Office colleagues include a State Breastfeeding Coordinator and a Nutritionist/Registered Dietitian, both of whom are IBCLC Lactation Consultants. The WBS is responsible for the promotion and support of breastfeeding activities statewide, compliance with federal WIC regulations and education of colleagues about lactation. WBS coordinates breastfeeding activities through ten regional Breastfeeding Coordinators, Nutritionists, Home Economists, MCH Nurse Specialists, Peer Counselors, Health Educators and other field colleagues.

/2004/ WIC Breastfeeding has links to many statewide and community health organizations. Local county breastfeeding activities are coordinated and facilitated via five Regional Breastfeeding Coordinators. Basic breastfeeding support is available at each of 92 county health units. Services coordinated or provided by WIC Breastfeeding include electric breast pumps; educational materials; a bulletin mailed quarterly to 1700 health professionals, clinics, and hospitals with up to date breastfeeding and nutrition information; promotional items; training for ADH staff in contact with WIC participants; breastfeeding help line receiving 60-100 calls per month; monthly distribution of breastfeeding rates to Regions and counties; and a breastfeeding web site. //2004//

The ADH Division of Nutrition Services has been eliminated. /2003/ Agency reorganization has realigned the Nutrition Program from a centralized nutrition presence to Nutritionists and Home Economists concentrated within specific programmatic areas, i.e., WIC, Diabetes, 5 A Day, the 5 Regions and one on loan to the new UAMS College of Public Health. There are now 30 Nutrition colleagues, 28 funded by WIC, one with State funding, one by the Diabetes Control Program and seven Home Economists. Major initiatives have included the development and implementation of training and policies related to the 2000 CDC Growth Charts, BMI-for-age, WIC risk criteria revisions and nutrition education plans and materials. An expansion of the Obesity Task Force report included collaborative work with the UAMS Nutrition Academic Award grantees to coordinate a one-day, invitation only, Nutrition Summit. Attendees developed action steps to move forward the recommendations of the report. Nutrition colleagues were major contributors to the "Wallet to Waistline" study performed in conjunction with the National Alliance for Nutrition and Activity and the American Institute for Cancer Research. This study creates an awareness of portion size, caloric density and marketing. Media contacts included over 700 television stations nationally. In-services were developed on current research findings in pediatric nutrition as related to daily practice. These programs were taken to four of the five Regions at their request.

/2004/ Nutritionists and Home Economists now provide services in Programs in Statewide Services (i.e. WIC, 5-A-Day, and Diabetes) and as part of Regional Patient Care Teams. There are now 30 nutrition colleagues, 28 funded by WIC, two in Diabetes Control, and 5 Home Economists. Major initiatives include development and implementation of training and policies related to breastfeeding promotion and support, and obesity. The WIC breastfeeding team, consisting of a nurse and nutritionist, provided training in the Regions, as well as initiated development of self-study competency-based modules. The USDA Southwest Nutrition Services Program Integrity (NSPI) work group, of which Arkansas WIC is a part, produced and presented a day-long teleconference "On the Road to Excellence-Fit Kids" in April, 2003, targeting childhood obesity. Arkansas WIC is contracting to develop professional education modules for nurses and nutritionists in the art of counseling families with obese children. //2004//

/2005/ Nutritionists and Home Economists now provide services in Programs in Statewide Services (i.e. WIC, 5-A-Day, and Diabetes) and as part of Regional Patient Care Teams. There are now 26 nutrition colleagues, 24 funded by WIC, one in Diabetes Control and one in 5-A-Day, and 4 Home Economists. Major initiatives include development and implementation of training and policies related to breastfeeding promotion and support, and obesity. The WIC breastfeeding team, consisting of a nurse and nutritionist, provided training in the Regions, as well as initiated development of self-study competency-based modules. The USDA Southwest Nutrition Services Program Integrity (NSPI) work group, of which Arkansas WIC is a part, is producing educational modules and teaching kits as follow-up to the day-long teleconference "On the Road to Excellence-Fit Kids" presented in April, 2003, targeting childhood obesity. The quarterly newsletter to health professionals has been replaced with a monthly emailed

breastfeeding update sent to the 103 county level breastfeeding resource staff. It contains updated breastfeeding information and suggested activities to promote and support breastfeeding. A Steering Committee has been organized to provide guidance to state level WIC staff for planning statewide breastfeeding efforts for the next 3 years. A USDA grant has been received to expand the Peer Counselor program. A statewide breastfeeding conference was held in cooperation with Arkansas Lactation Affiliate with over 200 persons in attendance. A physician specific breastfeeding module is under development. Breastfeeding rates have increased 2 percentage points to 15%. //2005//

The State Genetics Program is part of Child and Adolescent Health. The State Genetics coordinator is liaison between the Arkansas Department of Health and other agencies in the State that provide genetic services including, Arkansas Children's Hospital (ACH) and the University of Arkansas for Medical Sciences (UAMS). The coordinator supports the Arkansas Genetics Advisory Committee, provides inservice education to hospitals, physician offices and other groups regarding genetic issues and collects and reports statewide statistical data for the Arkansas Newborn Screening Program. /2003/ The State Genetics Program and State Genetics coordinator functions continue unchanged.

/2004/ Statistical report for Fiscal Year 2002 indicates: 97.8% of live births received newborn screenings for the four mandated genetic diseases (phenylketonuria, congenital hypothyroidism, galactosemia, hemoglobinopathies), and 92.7% of those found to have disease received treatment. This year two bills were passed into law: Act 1440 of 2003, providing tax credit of \$2,400 per year per child for parents of infants with catastrophic metabolic disorders. This act adds coverage for galactosemia, organic acidemias, and disorders of amino acid metabolism, in addition to phenylketonuria. Act 1293 of 2003, gives the Arkansas State Board of Health the authority to expand the Newborn Screening Program. //2004//

The Infant Hearing Program identifies infants at risk for hearing loss. Hospital personnel complete an at-risk questionnaire for each live birth and forward it to the Arkansas Department of Health. Parents whose infants are found to be at risk are notified and provided with a referral listing for follow-up testing. ADH provides information materials and referral source listings to all hospitals. Physicians are notified of monthly of at-risk infants under their care who should be tested for hearing loss.

/2004/ 55 of 57 birthing hospitals now meet the Universal Newborn Hearing Screening mandate. //2004//

/2005/ 50 of 51 birthing facilities provide physiological hearing screens for babies born at their hospital before discharge. Risk information for hearing loss is also collected on each birth. Physiological hearing screen results and risk information is forwarded to the Infant Hearing Program at the Arkansas Department of Health. The program notifies parents and physicians of infants needing further hearing evaluation and tracks infants/children through the audiologic process of identification of hearing loss and early intervention. //2005//

The MCH Block Grant supports medical consultation for the blood lead screening program.

/2003/ PCPs may refer children to their local health units for lead testing. The primary care physician provides subsequent follow up and treatment. Parents with concerns about lead exposure may request testing. A risk assessment is conducted and testing is provided as appropriate.

/2004/ Local Health Units no longer provide lead screening. Policy drafts are being revised to state that the LHU will advise parents of children on WIC to see their PCP for screening at 12 to 24 months. Parents of children less than six years old will be given a screening questionnaire and advised to see their PCP for screening if there are any positive responses. The LHU will provide parents of children less than 6 years old with a lead fact sheet describing dangers of lead exposure to young children and preventive measures. Policies to be completed August 2003. Information packet for PCPs providing EPSDT services is being prepared that will explain the need for lead screening and describe current

EPSDT guidelines for lead screening. Packet should be completed August 2003. //2004//

/2005/The Lead Screening Policy is currently being revised and updated. Local Health Unit WIC and Immunization clinics are now providing lead screening questionnaires to parents. Parents are then advised to see their PCP if any of the responses are positive.//2005//

The "State-Based Core Injury Prevention Program" targets intentional and unintentional injuries among all age groups.

/2002/ For the third year of the five-year State-based Core Injury Prevention Grant, the Arkansas Department of Health asked for funding for a part-time Senior Program Analyst who would have two primary responsibilities: first, to coordinate the analysis of data from the Hospital Discharge Data System to ascertain the quality and completeness of HDDS E-Code data, and, second, to identify barriers that hospitals may encounter that interfere with the submission of accurate and complete E-Code data and to make recommendations to correct these deficiencies.

/2003/ This Senior Program Analyst will continue to work with the project and accomplish similar functions. The first responsibility of coordination of data for analysis is of prime importance in the publication of the document entitled "Injury in Arkansas -- A Report to the State." This document provides statistical data and trends, outlines risk behaviors and focuses on special populations' injury incidence such as spinal cord injury, traumatic brain injury and domestic violence.

Current negotiations are underway with the Athletic Trainers Association of America to develop methodology for the collection of sports-related injury, as this is of particular concern in the state of Arkansas. Also under discussion is the development of methodology to collect data on injuries related to all terrain vehicles.

Future plans include publication of this data in the State and Territorial Injury Prevention Directors Association publication, Injury Indicators 2002.

/2004/ Publication of "Injury in Arkansas: A State Profile" was accomplished, with distribution to all Hometown Health Improvement Projects, Injury Coalition members and organizations, UAMS and Children's Hospital administrative staff, EMT classes, county Cooperative Extension Services, and the media, among others. Based on this data, a Strategic Injury Prevention Plan will be developed. The Plan will identify areas of highest risk for specific injuries, as well as address gaps in prevention resources. Mini-awards addressing the Strategic Plan will be awarded to Injury Prevention Coalition members. //2004//

//2005//An update of the document "Injury in Arkansas: A State Profile" was accomplished based on Mortality and EMS vehicle run data. Also achieved was a collaborative effort with Arthritis, Diabetes, Tobacco Control programs in the production of individualized county Health Profiles, because motor-vehicle crashes rank among the five most common causes of death in most Arkansas counties. In addition, the Injury Prevention Coalition has included numerous new partners throughout the state by the inclusion of Hometown Health Improvement Projects, as well as representatives of the more rural parts of Arkansas. //2005//

Child and Adolescent Health conducts a low-cost safety seat program available in 80 of the 94 local health units in the state. ADH clients may purchase a new convertible safety seat on an income-based sliding scale. Funding for the program comes from the Preventive Health Block Grant, reimbursements from seat sales and occasionally other sources. Medical consultation for the program is provided through Title V.

/2003/ Consultation was available in 85 of 94 local health units in state.

/2004/ Safety seat program continues to be available in 85 of 94 local health units. //2004//

/2005/ Child and Adolescent Health conducts a low-cost safety seat program available in 85 of

the 94 local health units in the state. ADH clients may purchase a new convertible safety seat on an income-based sliding scale. Funding for the program comes from the Preventive Health Block Grant, reimbursements from seat sales and occasionally other sources. Medical consultation for the program is provided through Title V.

Safety seat program continues to be available in 85 of 94 local health units. //2005//

The Fire Related Burn Prevention Program (FRBP) is in its sixth and final grant year of funding from the Centers for Disease Control and Prevention. A major component of the grant is a research study conducted in Jefferson County. This study's purpose is to determine the most effective educational strategy to teach proper smoke alarm installation and maintenance. An important objective of the program is to lower the fire fatality rate in Arkansas. There is a statewide component, which provides fire safety education and free smoke alarms for at-risk populations, including children age five and younger, seniors (grandparents), ADH In-Home Services recipients, and persons with hearing loss. Its primary methods have consisted of working statewide with local community fire departments and firefighter and fire chiefs' associations, as well as other groups identified within the community. ADH offers technical assistance to coalitions to develop individualized outreach and identification plans, as well as appropriate paperwork completion. The program has been offered to all 75 Arkansas counties with 68 counties electing to participate.

/2003/ This research project was completed, the final report written and disseminated and a presentation of the findings was made at the Safe USA conference in December of 2002. The results of this study reveal significant information regarding smoke alarm installation and fire escape planning as they relate to educational methodology. Under negotiation is the publication of these findings in the American Journal of Public Health. The statewide smoke alarm program continues offering smoke alarms to at-risk populations through coalitions of community fire departments, health department personnel and city and county governments.

/2004/ The statewide Smoke Alarm Program currently targets six high-risk counties with long-life battery smoke alarm installation, fire escape planning information and six-month follow-up. The program is implemented through cooperative efforts of county Departments of Emergency Management, local fire departments and county ADH offices. The program continues to provide, on a restricted basis, visual smoke alarms for individuals with total hearing loss. //2004//

The Adolescent Health Program was initiated in 1992 through a five-year MCHIP grant. In FY '98 the State Adolescent Health Coordinator and the School Health Coordinator positions were combined. The new position, Adolescent and School Health Coordinator, is State funded with medical consultation for the programs provided through Title V. The Adolescent and School Health Coordinator provides training and consultation and promotes collaboration among programs that serve youth.

ADH has been involved in the School-Based Health Center program since 1989. Currently, 20 centers located on the school grounds provide services to students and faculty of the host schools. Staffing varies, depending on the population of the student body. A public health nurse, social worker, and clerk staff an average size center. In urban areas, physicians from the community volunteer in the centers on a regular basis. In some rural school districts traditional school nursing services are provided when the school is unable to recruit nurses. All center staff are Arkansas Department of Health colleagues and function under its policies and procedures. Arkansas law states that all centers are under the control and authority of the local school board and the staff works closely with the school to assure the intent of the legislation is met.

/2002/ The Department of Health provided clinical services in 20 of the state's 1,149 public schools. These limited health services were available to about 12,000 of the state's almost 450,000 public school students. The budget shortfall for the State fiscal year beginning July 1, 2001, necessitated reallocating staff from the school-based health centers to other activities, including long-term health effects of tobacco use, physical inactivity and poor nutrition.

ADH is redirecting its efforts work with schools on a broader scale through Hometown Health Improvement coalitions. The Department is working to build community partnerships to better serve students statewide. The Tobacco Settlement funds will be used to hire 18 BSN prepared Registered Nurses to become community prevention nurse specialists. These nurses will be housed at the 15 Educational Co-ops around the State that serve as resources to all school districts, school nurses, and teachers. Additional training for these nurses will be provided through the new School of Public Health, also funded by the tobacco settlement.

/2003/ The budget shortfall for the State fiscal year beginning July 1, 2001 lead to discontinuation of all direct clinical services in public schools. Activities with schools will be more population-based, such as those utilizing the Community Prevention Nurse Specialists. A State School Nurse Consultant has been hired to direct the project. These nurses are expected to begin participating in the tobacco reduction effort during the 2002-03 school year. The School Health Coordinator position continues through a partnership with the Arkansas Department of Education (ADE).

/2004/ The Coordinated School Health Grant has not been refunded by CDC, resulting in the Department of Health losing its School Health Coordinator position. However, the Community Prevention Nurse Specialists have begun tobacco reduction efforts, and will be incorporating nutrition and physical activity into their school health activities. Other educational components added in the 2002-03 school year include Scoliosis Screening Workshops (with Continuing Education Credit), and nutrition and physical activity education. The Arkansas Department of Health coordinated a work group comprised of major health groups in the state, to create school health legislation that became law during the 2003 legislative session (Act 1220 of 2003). Among other things, this law calls for the establishment of a 15-member state Child Health Advisory Committee to develop nutrition and physical activity standards and policy recommendations for schools. Fulltime positions are included in the law, including two community health promotion professionals to be assigned to the Departments of Health and Education respectively, and community health promotion specialists in "several distinct areas of the state." It also calls for the Department of Education to convene local school nutrition and physical activity advisory committees. Another law, Act 1816 of 2003, was passed during the 2003 session. This law creates a Health Advisory Committee to coordinate efforts to combat the effects of inadequate health care on the educational performance of children in Arkansas school systems. The committee is to study and evaluate this issue, and develop a strategic statewide plan to address it. The Arkansas Department of Health's WIC Program has contracted to have its nutritionists and home economists trained in obesity counseling. It also is collaborating with Arkansas Children's Hospital to co-sponsor a two-day, statewide childhood obesity conference in September 2003. //2004//

Violence Prevention Coordinator/Program provides violence prevention curriculum to schools.

/2004/ The Violence Prevention Program has been discontinued due to budgetary shortfalls. //2004//

Unwed birth and teenage pregnancy prevention: The Federal Personal Responsibility Act of 1995 required states to develop plans to reduce both the numbers of unwed births and teenage pregnancies, without an increase in abortions. In response to this State responsibility, three actions were taken by the 1997 Arkansas General Assembly and signed into law by the Governor: 1. HCR 1010 created legislative oversight of activities supported in Act 1159 and Act 1101. 2. Act 1159 established the Arkansas Department of Health (ADH) as the coordinating agency for unwed birth and teenage pregnancy prevention. 3. Act 1101 appropriated \$1,040,700 for each year of the biennium for this purpose. Funds to support local teen pregnancy prevention coalitions in ten Arkansas counties were awarded during the past year.

/2003/ Fifteen county coalitions for prevention of unwed teenage pregnancy were funded, along with a contract for evaluation and technical assistance. The coalitions have been given guidance to increase activities that research findings have shown to be effective. The National Campaign to Prevent Teen Pregnancy's publication "Emerging Answers" and consultation with Doug Kirby, Ph.D., have been used as resources for this effort.

/2004/ Thirteen county coalitions for prevention of unwed teenage pregnancy continue to be funded, along with a contract for evaluation and technical assistance. //2004//

Arkansas Healthy Child Care America Grant to improve the health and safety of children in child care.

/2003/ The Arkansas Healthy Child Care America Grant has made considerable progress in program development during the year. The Arkansas Project Child Care Nurse Specialist was hired and was trained as a Child Care Health Consultant. In 2001 the Eleanor Mann College of Nursing at the University of Arkansas, Fayetteville was selected as a subrecipient to develop the Child Care Health Consultant curriculum. The Project Nurse Specialist collaborated with the College and the Arkansas curriculum has now been developed. A plan is established to pilot this curriculum during 2002 and then to recruit nurses to be trained as Child Care Health Consultants, beginning in the fall of 2002 and continuing into 2003.

/2004/ October of 2002, 15 nurses were certified as Child Care Health Consultants in Arkansas. The ADH collaborated with DHS on this project and in 2003 relinquished the continuation of the project to the DHS Division of Childcare and Early Childhood Education. //2004//

ADH has been involved in the School-Based Health Center program since 1989. Centers located on school grounds provide services to students and faculty of the host schools.

/2003/ Centers closed due to budget shortfalls.

/2004/ Community Prevention Nurse Specialists are in place in Educational Co-operative sites throughout the state. These nurses have been providing direction and educational information to school nurses. Tobacco reduction efforts have begun, and other educational components added in the 2002-03 school year include Scoliosis Screening Workshops and nutrition & activity education. //2004//

ADH Vision and Hearing Screening Program provides training/technical assistance to ensure quality vision and hearing screenings are conducted in schools. Following training and certification conducted by the Department, school nurses, speech-language pathologists and other school personnel provide vision and hearing screenings for approximately two hundred and forty thousand (240,000) children annually. Reports of screening results are compiled by staff and shared with each school district superintendent.

/2003/ During 2000-2001 school year, 235,337 vision screenings and 229,903 hearing screenings were reported. Of these, 17,028 were referred for eye/vision examinations and 3,241 for ear/hearing examinations. 8,854 new eye/vision problems and 1,405 new ear/hearing problems were diagnosed.

/2004/ 2001-2002 school year: 248,571 vision screenings and 243,128 hearing screenings reported to ADH. 19,095 referred for eye/vision examinations, 3,400 for ear/hearing examinations. 10,547 new eye/vision problems and 1,595 new ear/hearing problems were diagnosed. 117 certifications issued to school personnel. 151 recertifications issued in 2002. //2004//

Oral Health is within the Child Health Work Unit. PANDA (Prevent Abuse and Neglect through Dental Awareness) was founded by Lynn Mouden, DDS. The Office of Oral Health received a competitive cooperative agreement from the Centers for Disease Control and Prevention to augment the State oral health program. Under the "CORE" grant of \$131,873.00, the Office will build infrastructure and capacity within the State oral health program, create an effective oral health coalition for Arkansas and expand or create effective programs to improve oral health outcomes and reduce disparities. Each part of the grant is expected to run for five years.

/2002/ PANDA is replicated in 6 foreign countries and 44 states.

/2003/ The CDC cooperative agreements have led to numerous programs within the Office of Oral Health. The Arkansas Oral Health Coalition, led by the Office of Oral Health, has representation from 25 diverse organizations and agencies across the state. The Coalition has brought new focus to oral health issues across the state. PANDA has been replicated in 44 states and 7 international programs.

/2004/ PANDA was replicated in 46 states and 8 international areas.

C. ORGANIZATIONAL STRUCTURE

Arkansas Department of Human Services, Children's Medical Services

/2004/ Arkansas Department of Human Services (DHS)- Nancy Holder continues to serve as the interim Program Director for Children's Medical Services (CMS). CMS staff positions declined over the past year as total CMS staff positions decreased to 69, with 51 community-based positions and 18 Central Office administrative and support staff positions. The decrease in positions was due to the inability to replace employees due to budget issues. //2004//

Arkansas Department of Health, and MCH Programs

The Arkansas Department of Health (ADH) officially began reorganization in April 2000. The new structure is built around information colleagues provided to the leadership team October through December 1999. Changes to the current structure are in response to the barriers to excellence identified during colleague discussion groups last fall. The agency re-organization is expected to facilitate better coordination of direct services, improved methods of data collection and analysis, greater focus on population based initiatives and better communication among ADH colleagues statewide. With an increased focus on customer satisfaction the quality of care and services provided by ADH local Health Units will improve. The new structure establishes a geographic customer focus to replace current program focus. It reduces layers within the organization and establishes team-based management to enable colleagues to make decisions quicker, easier and at the right level.

/2004/ Arkansas Department of Health (ADH)- In an effort to maintain continuous improvement, the roles and responsibilities of our Agency Leadership Team (ALT) have been realigned effective July 1, 2003. This realignment allows the agency to streamline the process for decision-making with the ALT at the agency level, clarify and strengthen our system of shared responsibility and accountability, and formalize the ALT's involvement in business unit and agency operations. The following is a brief description of the new roles of the ALT members:

Director's Office: Dr. Joe Bates' role will remain deputy state health officer and agency leader for scientific practice. Dr. Bates will be the ALT liaison to the medical horizontal team. Jim Wilson will coordinate support for the Board of Health as well as provide support for and assistance to the agency director. Jim Mills will coordinate special projects as well as provide support for and assistance to the agency director.

Shared Services (SHS): Charles McGrew will serve as agency leader for SHS. He will provide guidance to the SHS leadership on grant opportunities, use of new or unobligated funds, policy development, etc. He will determine when SHS issues should be brought before the ALT. He will be the ALT liaison to the environmental and epidemiology horizontal teams. Statewide Services (SWS): Martha Hiatt will serve as the agency leader for SWS. She will provide guidance to the SWS leadership on grant opportunities, use of new or unobligated funds, policy development, etc. She will determine when SWS issues should be brought before the ALT. Hometown Health Improvement will move from Staff Services to SWS sometime during the next year. Martha will be the ALT liaison to the hometown health improvement and patient care horizontal teams. Regional Business Units: Lewis Leslie will serve as agency leader for regional business units. He will provide guidance to and support for the regional team leaders. Office of Administration: Maria Jones will serve as the agency leader for administration. She will provide guidance for financial management, human resources and information technology. Maria will be the ALT liaison to the administrative and information systems horizontal teams. Office of Public Health Preparedness: Jerry Hill will serve as agency leader for public health

preparedness. Jerry will be responsible for the agency's preparedness for and response to bio-terrorism, other infectious diseases and other public health threats and emergencies. This office includes bio-terrorism and radiation control and emergency management. Office of Staff Services: Gail Gannaway will serve as agency leader for staff services. She will provide guidance for performance measures, franchise agreements, strategic planning, quality improvement and program evaluation, and minority health. Gail will be the ALT liaison to the quality improvement horizontal team. Jim Wilson will provide guidance for legal and internal audit. Jim Mills will provide guidance for agency communications. Lewis Leslie will provide guidance for workforce development and training. Lewis will also be the ALT liaison to the colleague development horizontal team. We believe these changes will assist the agency and the business units in making decisions at the correct level, and enhancing open communications.

See the attached organizational chart that has been updated as of July, 2003. Note particularly the Statewide Services Business Unit (SWS), which is comprised of four Service Units - Chronic Disease; Family Health; Infectious Disease; and Health Systems. Changes since last year include: Bioterrorism moving under the newly-created Office of Public Health Preparedness; the Behavioral Health Service Unit abolished, with the Tobacco Work Group moving under the Chronic Disease Service Unit, and the Alcohol and Drug Prevention Work Unit being transferred out of the agency to the Arkansas Department of Human Services. Each Service Unit is comprised of Work Units. The Family Health Service Unit administers the MCH Block grant, and is comprised of three Work Units - Child Health; Women's Health; and WIC (Supplemental Nutrition Program for Women, Infants, and Children). Another change since last year are the designations of these areas. Since last year, Groups have been renamed as Service Units, while the designation Team has changed to Work Unit.

As mentioned above, Hometown Health Improvement (HHI) will become part of Statewide Services later this year. This should enhance the opportunity for HHI to receive programmatic services and technical assistance from SWS, which will improve the agency's capacity to conduct community-based public health. Another major change anticipated in the coming year is decentralization of the WIC Program. The WIC Transition Work Group formulated a plan that would provide a WIC Coordinator for each of the five Regions. They would be responsible for coordinating the localized WIC program/services in their respective Regions, being the liaison to the State WIC Office, and serving on a statewide WIC Coordinating Team. The Coordinating Team is to be comprised of each Regional WIC Coordinator, an administrative person from the State WIC Office, and the WIC Nutrition Coordinator. This team would enhance communication between the State WIC Office and the Regions, increase Regions' involvement in statewide planning and policy development, and increase knowledge and compliance with WIC Federal Regulations. A WIC Training Coordinator position is to be established. This position will be located in the State WIC Office, and is intended to facilitate the development and delivery of training to all colleagues performing WIC functions. //2004//

//2005/The Title V agency for CSHCN formerly known as Children's Medical Services was fully transitioned into the Division of Developmental Disabilities Services' (DDS) Children's Services agency in the Spring of 2004. Regina Davenport is the Assistant Director of Children's Services. There will eventually be between 93 and 100 staff positions in Children's Services//2005//

//2005/ Arkansas Department of Health (ADH)- With the organizational change ADH implemented in 2000 came new terms such as "leader" and "teams." This was done to align our organizational structure with our agency's new culture. The agency had become very hierarchal and autocratic in culture and structure and wanted to change culture and structure to reflect the guiding principles, and value statements.

However, all this new terminology appeared to have confused our constituents inside and outside the agency. Elected officials, business partners and some government counterparts, did not easily understand and relate to "leadership teams" as a description of our agency's management structure. Many ADH colleagues saw only blurred lines of authority and accountability.

Therefore, ADH changed the titles of many of the leadership roles and revised the organizational chart effective May 2004 (See chart attached).

The agency leadership team is now called Senior Staff.

Director's Office: Dr. Joe Bates' role remains the deputy state health officer and agency leader for scientific practice. Dr. Bates is the Senior Staff's liaison to the internal medical horizontal group and works closely with Internal Audit and Communication. Jim Wilson is Director of Administration and oversees Financial Management, Third Party reimbursement, Information Technology, Legal, Human Resources, Workforce Development and the Training Office. Donnie Smith is Director of Statewide Services and guides Chronic Disease, Family Health, which includes MCH, Infectious Disease and Health Systems. Charles McGrew is the Director of Shared Services and leads Building & Supply Services, Environmental Health, Health Information Services, In-Home Services and Laboratory Services. Radiation Control and Emergency Management and Bioterrorism are located in Public Health Preparedness directed by Jerry Hill. Five ADH Public Health Regional Directors oversee 23 District Managers throughout the state,(formerly called group leaders) supervise Hometown Health Improvement Leaders/Local Health Unit Administrators.

Carladder Parham is the new Family Health Service Unit Leader for Statewide Services and Dr. Richard Nugent now serves as Medical Leader of Family Health Services. Both provide guidance for a Family Health Services Leadership Team which includes administration and clinical leadership of the Work Teams within Family Health. Those involved include for Child and Adolescent Health, Dr. Kara Cooper-Ellison and Ms. Shawn Addison Administrative Leader; for Women's Health Mr. Bradley Planey and Dr. Mike Riddell;and for WIC, Mr. Marcell Jones and Ms. Susan Handford, nutritionist.

D. OTHER MCH CAPACITY

The number of ADH employees funded by the Maternal and Child Health Block Grant (MCHBG) is not indicative of the number of ADH employees who work on Title V Programs. In FY 1999, approximately 116 personnel, 90 field, were funded by the MCHBG. However, the Title V effort included a total of 207 full time equivalents (FTEs). The ADH, MCH team is part of the Public Health Programs Group. MCH personnel include a Medical Director, Administrative Director, a Chief Nurse Consultant and a Management Project Analyst. Others on the MCH team include colleagues from Child and Adolescent Health, Oral Health, Women's Health, Perinatal Health, Reproductive Health with the Unwed Birth Prevention Project, Abstinence Education and WIC.

Richard Nugent, M.D. has been the Medical Director of the MCH team since 1992. Dr. Nugent is a 1962 graduate of Amherst College, in Massachusetts. He completed his doctor of medicine degree at the University of Pennsylvania at Philadelphia in 1966. He obtained residency training in Obstetrics and Gynecology at the University of Vermont in Burlington. In 1974 he received his Master of Public Health degree from the University of North Carolina at Chapel Hill. He completed his residency training in preventive medicine, and is board certified in General Preventive medicine/Public Health.

Jean Hagerman became the Administrative Director of the MCH team in March of 1999. She is a 1975 graduate of the University of Arkansas at Little Rock where she also completed a Master of Public Administration degree. She came to the Arkansas Department of Health in 1975 and has 24 years of experience in public health.

/2002/ In FY 2000, 121 ADH colleagues were funded through the Maternal and Child Health Block Grant, of these, 111 were in the field. The total Title V effort included approximately 283 FTEs (much of the increase is accounted for by the TLC Nurse Home Visiting Program). Many of the MCH Team's day-to-day responsibilities are moving from the ADH Central Office to the new Public Health Regions.

For example, the Patient Care Leaders in the five Public Health Regions now carry out the MCH Chief Nurse Consultant's responsibilities.

In December 2000, Richard Nugent, MD, MPH became the Medical Leader for the Southeast Public Health Regional Team. Dr. Nugent continues as the MCH Medical Director. Jean Hagerman is now the Administrative Leader of the Southeast Public Health Regional Team and is no longer Administrative Director of MCH.

Ron Stark assumed the role of Interim Team Leader for Maternal and Child Health in January 2001. He is a 1979 graduate of Arkansas Tech University and attended graduate school at the University of Central Arkansas. Mr. Stark has over 20 years of experience in public health and social services programs.

/2003/ In FY 2001, 105 full-time equivalents were funded through with Title V Block Grant. Of these, 92 were colleagues in Local Health Units, delivering direct services. The total Title V effort for all sources equaled 385 FTE's. In October 2001, Ron Stark was named Group Leader of the Family Health Group, which includes the WIC Team, Women's Health Team (Maternal and Reproductive Health), and the Child and Adolescent Health/Oral Health/Injury Prevention Team. In May 2002, Mr. Stark was named as the Administrative Leader of the ADH statewide Services business unit. Currently, Mr. Stark functions in both the Group Leader and Administrative Leader roles, but the Family Health Group Leader role will be advertised in July 2002.

/2004/ In 2003, 117.5 full-time equivalents were funded through the Title V Block Grant. Of these, 115.5 were colleagues in Local Health Units, delivering direct services. The total effort for all sources equaled 385.5 FTE's. Although its composition remains the same, the designation Family Health Group was changed to Family Health Service Unit. David Rath, MA,RD,LD, replaced Ron Stark as the Family Health Service Unit Leader, as of mid-January, 2003. Mr. Stark is now the Administrative Leader for Statewide Services. Kara Cooper-Ellison, MD,MSPH, has become the Child Health Work Unit Leader in 2003, and Brad Planey, MS, is the Women's Health Work Unit Leader. //2004//

/2005/ As of June 1, 2004, Mr. Donnie Smith returns to ADH Statewide Services as the Director. Ms. Renee Patrick is deputy director and Mr. Ron Stark continues to serve as the Administrative Leader for Statewide Services. The Family Health Service Unit within Statewide Services is now headed by Ms. Carladder Parham and replaces David Rath. Kara Cooper-Ellison, MD,MSPH, is the physician assigned to the Child Health Work Unit and Brad Planey, MS, is the Women's Health Work Unit Leader.

/2005/ Richard Nugent, MD, MPH as described above, now serves as Medical Leader for the Family Health Services in ADH. He shares leadership responsibility with Carladder Parham who is the new Director of the Family Health Services Unit in the Statewide Services Business Unit. In addition to his medical leadership of the former grouping of MCH services, (Perinatal, Family Planning and Child and Adolescent Health Programs), he and Ms. Parham provide leadership for the WIC Work Unit, now a part of Family Health. Ms. Parham and Dr. Nugent are developing a Family Health Leadership Team including administrative and clinical leaders from each of the three work teams in the unit.

/2005/ Responsibility for program planning and evaluation for Children's Services (which contains the Title V agency for CSHCN formerly known as Children's Medical Services) resides with Regina Davenport, Assistant Director of Children's Services. Ms. Davenport has a B.S. in Psychology from Arkansas State University and did graduate studies in counseling and special education at the University of Central Arkansas. She is the parent of a child with special health care needs. Nancy Holder, Program Administrator, assists with administrative responsibilities. The Parent Advisory Council, which consists of about 30 parents of CSHCN and meets quarterly, also assists with planning and evaluation. Children's Services has one parent activities coordinator, Rodney Farley, on staff. In addition, there are seven professional staff who are parents of CSHCN.//2005//

E. STATE AGENCY COORDINATION

Hometown Health Initiative (HHI) established by ADH to work with community coalitions to assess community health; then plan, develop, and evaluate local public health initiatives. What started in December 1998 with one pilot county (Boone County) has grown into eleven counties designated as HHI, with two additional counties identified as joint ventures and five more counties earmarked to begin their HHI community mobilization by October 1, 2000. The department plans to expand HHI to include 15 to 20 additional counties by the end of the next state fiscal year, June 30, 2001. Viable State and community partnerships, established by Hometown Health Improvement sites to assess, plan, develop, and evaluate local initiatives are paramount to achieving Title V performance goals.

/2002/ Hometown Health Improvement continues to expand. As of May 2001, there are 18 HHI sites. ADH has designated eleven additional sites for HHI expansion.

/2003/ HHI sites in 29 of the 75 counties.

/2004/ HHI has continued to experience phenomenal growth. Since the initiation of the pilot site in December 1998, HHI has grown both within the agency and across the state. HHI initiatives have formed in 45 counties to date. //2004//

Hometown Health Improvement sites provide organized approaches to identifying and implementing effective community health strategies.

/2004/ HHI continues for work jointly with Critical Access Hospitals (CAHs). A specific objective for HHI is included in the CAH grant to assist with community assessment, to develop new initiatives, and to sustain existing ones. Sixteen counties have a CAH -- ten are currently HHI sites with one additional to start-up by Summer 2003. A total of 25 communities have a Critical Access Hospital or have a hospital eligible for that status. Of those 25 communities, 14 have an existing HHI initiative or have plans to kick-off in 2003. The Critical Access Hospital in many of these communities has played a vital role in the community development process, from engaging the community, to assessing health issues, to implementing action plans to address the issues. Other communities need this relationship further developed and nurtured. The assessment phase is the first phase of Hometown Health Improvement. Fourteen communities with CAH or CAH-eligible have already completed surveys or have them planned for completion by July 2003. The sixteen remaining communities are potential sites for community assessments in FY 2004. //2004//

Technical assistance is provided to HHI sites to assist communities in achieving their identified goals.

/2004/ HHI Regional Support Staff continue to provide technical assistance to communities and local leaders in assessment, training, implementation of activities, and evaluation. //2004//

HHI training, planning, and workgroups to enhance the process of bringing public health to communities:

/2004/ Developing methods of evaluation has been a main focus of HHI for the past year. As a result of a strategic planning session with the ADH Agency Leadership Team, several workgroups were convened to work on issues. The first workgroup convened was charged with developing a way to define the HHI continuum to include all stages (phases) of the community development process. This should also include defining how the agency will define both short and long-term success. The group came up with the following phrase for the "marketing" definition of HHI: "Helping Communities Plan for a Healthy Tomorrow." Upon reviewing background material, the group agreed upon the three stages: (1) Mobilization, (2) Planning, and (3) Implementing and Evaluating. The group developed a phases checklist to be completed by the HHI support team and the local HHI team leaders. This checklist will be used as a guide to help determine where counties are in the stages. The HHI Horizontal team set a deadline of May 2003 for completing the checklist statewide. The second workgroup convened was

charged with identifying infrastructure needed for community development process. To try to determine some of the specific needs and begin to match those with existing resources, the workgroup developed a Local Needs Assessment questionnaire. The results of this questionnaire are expected in June 2003. The workgroup is also collecting information from the programs in the state office.

Donna Yutzy consulted with the HHI regional leadership to develop evaluation tools for local coalitions. The Quality Management Coalition Review is being conducted with all counties having an active coalition for at least a year. This assessment will help determine any issues or deficiencies that need to be addressed and set goals to alleviate these. HHI Regional Support Teams are comprised of the Regional Leader, Coordinator, Health Educator &/or Rural Health Specialists, and Community Health Nurse Specialists. //2004//

In Arkansas several collaborative efforts have been established to provide leadership training to nurses and other public health workers who have not necessarily been educated to the Bachelor's level. These are (1) the Arkansas Academy for Public Health Leadership, (2) the South Central Public Health Leadership Institute, and (3) the Arkansas Public Health nursing Leadership Institute. In addition, Arkansas health professionals are participating in national public health leadership training efforts (4). Comments for each of these programs are offered below.

(1) ADH sponsors the Arkansas Leadership Academy, a joint endeavor with the University of Alabama/Birmingham School of Public Health. Six-day training held over course of a year.

/2004/ To date, 243 colleagues have completed the Arkansas Academy for Public Health Leadership. The current class of 66 colleagues, working on 14 Department projects, will graduate in August 2003. Seventy slots are allocated for the 2003-2004 class. Applications are currently being accepted for the 2003-2004 class. //2004//

/2005/ The current class of 63 in the Academy for Public Health Leadership will graduate in August 2004. Applications are being accepted for the next class to begin in October 2004. Beginning in July 2004, the Department will collaborate with our new institutional partner, the University of Arkansas Medical Sciences College of Public Health (COPH). The COPH will provide faculty and project technical assistance to the Academy teams //2005//

(2) Colleagues are also encouraged to participate in the South Central Public Health Leadership Institute (SCPHLI), a multi-state partnership encouraging public health leadership and skills development.

/2004/ Ninety ADH colleagues have now graduated from SCPHLI. The current cohort of 14 ADH colleagues will complete their SCPHLI requirements in September 2003. //2004//

(3) The Arkansas Public Health Nursing Leadership Institute, a collaborative effort between the University of Arkansas Medical Sciences (UAMS) College of Nursing and the Department, is designed to equip non-BSN prepared Public Health Nurses with leadership, management and community nursing skill sets.

/2005/ Applications are currently being accepted for the Nursing Leadership class to start in October 2004. The 13 colleagues currently attending will complete the Institute in September 2004.//2005//

(4) A team of 4 ADH colleagues is currently participating in the CDC/CCL/UNC National Public Health Leadership Institute (PHLI). The Department plans to sponsor another team of colleagues for the next application cycle. While the Department has participated in public health leadership endeavors at both the state and regional levels, this is the first year to participate at the national level. Additionally, the Department, in collaboration with the University of Arkansas Medical Sciences College of Public Health, is now recognized as a full-member organization with the National Public Health Leadership Development Network.

The 2nd cohort of 16 RNs is now completing their public health projects. Applications for the 3rd cohort to begin coursework on August 13, 2004 are being accepted. Beginning with the 2004 class, continuing education hours will be offered to participants rather than academic credit. //2005//

//2004/ Nineteen ADH RNs, have completed the first two segments of the web-based Leadership Institute for Public Health Nursing. The Nursing Leadership and Management Course was completed in December 2002. This course included leadership and management theory, personnel management and delegation, conflict management, scheduling and budgeting. //2004//

//2005/ The Department supports up to four MPH assistance scholarships annually. Since 1997, six colleagues have completed their MPH degrees from Tulane University, with Department assistance. The UAMS College of Public Health is now available for ADH colleagues pursuing MPH degrees. //2005//

//2005/One additional ADH colleague completed the MPH degree from Tulane University, with Department assistance. The UAMS College of Public Health is now available for ADH colleagues pursuing MPH degrees. The department supports 4 colleagues in their pursuit of an MPH degree at UAMS College of Public Health. Additionally the department supports 3 colleagues in the public health certificate program. The annual application process is currently underway for the next fiscal year. Several ADH colleagues are currently enrolled in the MPH program without Department assistance. //2005//

//2005/ One of the four colleagues who received Department assistance graduated this spring and has applied for the College of Public Health's Doctor of Public Health (DrPH) in Public Health Leadership degree program. The Department continues to assist up to 4 colleagues pursuing MPH degrees as well as colleagues pursuing the 18 hour Certificate in Public Health. //2005//

The Arkansas Department of Human Services and the Arkansas Department of Health implemented a Medicaid Family Planning Waiver Project in 1997. The long-term goal of the project is to reduce the number of unintended pregnancies in Arkansas. The waiver extends Medicaid coverage of family planning services to Arkansas women of childbearing age with a family income at or below 133% of the federal poverty guidelines. //2003/ The ADH regions have agreed to a goal of increasing the number of women served in public health family planning clinics by an average of 10% over a 18-month period. New initiatives in outreach, education and follow-up have begun in many locations in concert with this goal. Development of an application for extension of the Medicaid Family Planning Waiver Project has been completed. The extension requests that the qualifying family income increase to 200% of the federal poverty guidelines. It also requests that all participating providers be able to enroll participants. The expansion should eliminate economic barriers for most women in need of family planning services.

**//2005/ Medicaid Management Information System
Children's Health Services Subsystem**

The Children's Health Services Subsystem supports the Early and Periodic Screening, Diagnosis, and Treatment program (EPSDT). This preventive health care program applies to all Medicaid recipients who are younger than 21. It includes developmental screenings, encouraging the detection and treatment of potential health problems. The subsystem is concerned mostly with informing the parents or guardians of EPSDT recipients about the availability of services and reminding them to take advantage of those services. Twice a year, it notifies recipients of the services that are available. When a screening is due (according to a schedule defined by DMS), it sends a notice to the appropriate County Human Services Office (Arkansas Department of Human Services), which contacts the recipient to arrange an appointment. The Children's Health Services Subsystem also generates reports that satisfy federal and state requirements for reporting services to children and that are used by

Children's Health Services administrators to chart the direction of programs.//2005//

/2004/ The ADH regions were successful in increasing the number of women served in family planning by 1,000 during calendar year 2002. The application for extension of the Medicaid Family Planning Waiver Project was granted for an additional 3 years. As of July 2003, the waiver will cover all women of childbearing age with incomes up to 200% of the Federal Poverty Level. The waiver includes new efforts to address the primary health care needs of women through an organized referral system. *//2004//*

/2004/ Children's Medical Services (CMS) is in the second year of the MCHB-funded medical home grant and continues collaboration with the University of Arkansas for Medical Sciences, the CMS Parent Advisory Council, the Arkansas Chapter of the American Academy of Pediatrics and Arkansas Children's Hospital. CMS also collaborated during the past year with the Governor's Developmental Disabilities Council to publish a parent resource guide which can be downloaded from the grant project's website, www.medicalhomeAR.org.

Coordination of the TEFRA program was transferred from CMS to the Division of Medical Services and has subsequently been transformed into a Medicaid Waiver. At this time, CMS activities with the TEFRA Waiver are limited to referrals for the program and consultation on programmatic questions. CMS continues collaboration with the State Medicaid program, particularly with regard to administration of the Medicaid respite waiver program, which CMS administers.

CMS has historically collaborated with the Arkansas Early Intervention Services Program (EI), within the Division of Developmental Disabilities Services (DDS), by working closely to provide needed services to families of children with dually eligible diagnoses. For example, the CMS Medical Director has been a member of the State Interagency Coordinating Council that oversees EI activities since its inception. However, the two programs were segregated with each entity doing separate, sometimes parallel, activities and services for families until CMS became a part of DDS in 2002. On June 2, 2002, Children's Medical Services began a pilot project with Early Intervention services to provide ongoing service coordination to mutually eligible, medically involved children. CMS staff were trained on EI policy and procedure and were certified as EI Case Managers prior to the June 2nd begin date. CMS procedure was developed to merge the two programs into a cohesive framework. Ongoing EI training and technical assistance was provided by EI during the next six months. On January 1, 2003, CMS staff began the second phase of the pilot project by receiving additional training and becoming the initial EI coordinator and providing all aspects of EI services to families. CMS and EI management continue to meet weekly to resolve issues, develop procedures and ensure that families receive needed services.*//2004//*

/2005/ ACT 1220 of 2003 created the Arkansas Child Health Advisory Committee to address childhood obesity and develop statewide nutrition and physical activity standards. The Committee meets monthly and makes policy recommendations to the State Board of Education and the State Board of Health.

Major tasks mandated by the Act include:

?Removing elementary school student in-school access to vending machines offering food and beverages.

?Developing recommendations to ensure that nutrition and physical activity standards are implemented to provide students with the skills, opportunities and encouragement to adopt healthy lifestyles.

?Requiring schools to include as part of the annual report to parents and the community the amounts and sources of funds received from competitive food and beverage contracts.

?Requiring schools to include as part of each student's health report to parents an annual body mass index (BMI) percentile.

?Requiring schools to annually provide parents an explanation of the possible health effects of body mass index, nutrition and physical activity.

Members of the Arkansas Child Health Advisory Committee:

- Arkansas Department of Health**
- Arkansas Dietetic Association**
- Arkansas Academy of Pediatrics**
- Arkansas Academy of Family Practice**
- Arkansas Association for Health, Physical Education and Dance**
- Arkansas Heart, Cancer and Lung Associations**
- College of Public Health**
- Arkansas Center for Health Improvement**
- Arkansas Advocates for Children and Families**
- U of A Cooperative Extension Service**
- Arkansas Department of Education**
- Arkansas School Food Services Association**
- Arkansas School Nurses Association**
- Arkansas Association of Education Administrators**
- Arkansas Parents Teachers Association**

//2005//

/2005/ Children's Services (CS), formerly known as CMS, is in the third and final year of the MCHB-funded Medical Home grant. Seed money from these grant funds is being utilized for initiation of Project DOCC (Delivery of Chronic Care) in Arkansas. This project is a joint collaboration between the University of Arkansas for Medical Sciences Department of Pediatrics, CS and the Parent Advisory Council (PAC). The PAC has been instrumental in this project with many of its members serving as teachers. Plans are being made to continue Project DOCC after the conclusion of the Medical Home grant utilizing salary savings from vacated positions.

CS staff collaboration with the Governor's Developmental Disabilities Council through the Medical Home grant continues through translation of the "You Are Not Alone" resource brochure into Spanish.

Collaboration with ADH Hometown Health Initiative (HHI) teams is a priority with CS staff around the State. Members of CS staff are active members of coalitions in several locations in the State. The CS PAC has been provided information on the location of HHI coalitions and has been encouraged to participate in this venture in their areas of the State to assure that the needs of CSHCN and their families are brought to the table in their communities.

Collaboration is ongoing with the Division of Behavioral Health Services via the Child and Adolescent Service System Program (CASSP) regional teams around the State. CS staff provides service coordination assistance as a member of these interagency teams working with CSHCN with mental health issues.

The CS Assistant Director is a founding member of the Advisory Board for the Autism Project Collaborative, a surveillance grant from the CDC, with Partners for Inclusive Communities (Arkansas' University Affiliated Program).

Member of CS staff serve on the oversight committee for Violence Prevention in the Developmentally Disabled population. This is a multi-agency grant coordinated by Partners for Inclusive Communities.

The CS Assistant Director serves as Administrative leader of the "Together We Can" (TWC) program. This is a multi-agency effort to provide support to families that enables them to keep their children in the community. CS staff are represented on each TWC team to provide resource information to families and other team members.

The CS Assistant Director is collaborating with the Department of Education VIB staff on development of a transition process for young children to assure that related health care

F. HEALTH SYSTEMS CAPACITY INDICATORS

Reduce infant mortality. /2003/ The encouraging trend of previous years seems to have suffered a setback, based on 2001 provisional data. Infant mortality was back to 8.3 per thousand live births. The racial disparity grew, as well, with the rate in African Americans reaching 14.5 versus 6.9 per thousand for whites.

/2004/ There is some encouragement in the latest trend. Infant mortality saw a drop from 8.3 to 7.9 per thousand live births. Racial disparity saw a slight decrease with the rate in African Americans dropping to 13.1 versus 6.7 per thousand for whites. //2004//

/2005/ Upward pressure on infant mortality due to increasing low birthweight has finally impacted the IMR for Arkansas. The trend is in moderately low weight white births, not African American or very low weight births.//2005//

Reduce the percentage of births to unmarried women. In 1998 there were 12,910 births to unmarried women out of a total of 36,831 (35.1%). By comparison, the United States percent of births to unmarried women was 32.8. In Arkansas, the long-term trend has been toward an increase in births to unmarried women. In 1983, 21.9 percent of all births in Arkansas were to unmarried women. By 1998, this had increased to 35.1 percent. /2002/ In 1999 the birth rate to Arkansas' unmarried women was 35.2 percent. /2003/ In 2001, based on provisional data, the birth rate to Arkansas' unmarried women was 36.2 percent.

/2004/ The 2002 birth rate to Arkansas' unmarried women was 37.1 percent. //2004//

ADH Abstinence Education Program:

Funded 19 abstinence education grantees in January through September, 1999.

/2002/ 14 grantees were funded October 1 - September 2001.

/2003/ Funded 13 abstinence education Title V subrecipients for the grant cycle October 2001-September 2002.

The Phase One Interim Report for evaluation of this Title V Section 510 program was released on March 15, 2002. The evaluation focused on local program effectiveness and assessing a student's knowledge and behavior regarding sexual health values and practices. The IRE was awarded a contract for 2001-2003 to continue the evaluation of the Arkansas Abstinence education programs. The ADH Abstinence Program received an \$800,000 SPRANS Community-Based Abstinence Education grant in July 2000. Funded 16 Abstinence Education SPRANS subrecipients for the grant cycle December 2001 -- June 2002.

/2004/ The Abstinence Education Steering Committee continues to hold quarterly meetings. Received year two of the MCHB SPRANS community-based abstinence education grant in the amount of \$800,000 for grant cycle July 1, 2002 through June 30, 2003. Funded 13 SPRANS subrecipients to promote the growth of abstinence until marriage for ages 12 through 18. Funded 13 Title V subrecipients to promote the growth of abstinence until marriage for ages less than 10 through 24. Twenty-six (26) subrecipients serve 21 of 75 of Arkansas' counties. Subrecipients are composed of school districts, faith-based and community-based organizations. From December 2001 through June 2002, SPRANS funds served 4,998 youth ages 12 through 18. From October 2001 through September 2002, Title V funds served 26,811 youths ages less than 10 through 24. A total of 31,809 youth, ages less than 10 through 24, received the abstinence until marriage message. The number of live births to teen mothers continues to decrease from 6,831 (18.5%) in 1998, 6,536 (17.8%) in 1999 to 6,527 (17.2%) in 2000 (ADH Statistics). The 1999 and 2001 Arkansas Youth Risk Behavior Survey

data shows the high rates of sexual activity among Arkansas youth are declining. In 1999, 38 percent of 9th graders, 56 percent of 10th graders, 67 percent of 11th graders and 72 percent of 12th graders reported that they have had sexual intercourse. In 2001, 35.9 percent of 9th graders, 53.3 percent of 10th graders, 60 percent of 11th graders and 77.6 percent of 12th graders reported that they have had sexual intercourse. These figures represent decreases in three of the four grades. Technical assistance was provided on selecting appropriate materials and data collection to meet the federal requirements as well as the communities' need. Subrecipients, in conjunction with the Arkansas Department of Health and the Governor's Steering Committee on Abstinence Education, hosted a statewide abstinence conference entitled Leading Our Generation, in August 2002. Fifty-six communities were represented with over 600 youth and adults. The Institute for Research and Evaluation's Phase II Evaluation Report (February 4, 2003) states that abstinence education efforts in Arkansas are showing signs of success. Six (6) of the ten (10) projects evaluated are achieving strong short-term results in changing student attitudes and intentions in the direction of abstinence. These short-term outcomes provide a valuable basis for providing technical assistance to the program developers, administrators, and teachers so that they can make adjustments in the early stages and then test the impact of those adjustments for program improvement. The Phase I Evaluation Report (March 15, 2002), stated that only two (2) projects had very strong short-term impact. //2004//

Increase the percent of pregnant women counseled for HIV testing. /2003/ According to 2000 PRAMS data, more women received HIV counseling (76.3%) but fewer recall actually being tested (76.9%). Twenty-eight babies were born to HIV-infected mothers in 2001.//2003//

/2004/ PRAMS data for 2001 indicate that fewer women reported having a discussion with their provider about HIV (70.3%) and fewer reported being tested (74.3%). In 2002, 28 babies were born to HIV-infected mothers. //2004//

/2005/ See Form 14, Priority 4 Footnotes for further discussion.//2005//

Reduce the number of unintentional injuries to children (Child Health Work Unit).

/2004/ In 2002, 325 kids participated in the six safety stations (Boating, Seatbelt, Poison Control, Bicycle Helmet, Safety at Grandma's Home, and Fire Safety House). In 2003, 455 kids participated. //2004//

Health Systems Capacity Indicator #1:

ADH epidemiology colleagues participated in Coordinated School Health workshops in the past that address environmental factors that can cause or exacerbate asthma.

/2004/ Health education colleagues in ADH are working with the AR Asthma Coalition on public awareness issues. ADH has applied for the Steps HealthierUS Grant that has asthma component. Some ADH local health units provide asthma services. //2004//

/2005/ Health Systems Capacity Indicator #1: The rate of children hospitalized for asthma (ICD-9 Codes: 493.9) per 10,000 children less than five years of age.

/2005/ Health Systems Capacity Indicators #2: The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen. The reported provisional rate of 95.95 is reassuring, and may increase with final data.//2005//

/2005/ Health Systems Capacity Indicator #3: The percent of SCHIP enrollees who received one periodic screen, as presented in the measure shows a marked decline from 2002. The numbers are also markedly reduced and the accuracy of the data is in serious doubt. ADH is working on clarifying this information, but no answer is available as of the closing of this response time

period. Data-sharing between agencies on this figure is still problematic, but we are working on our partnership with DHS. //2005//

//2005/ Health Systems Capacity Indicator #4: The percent of women 15 through 44 with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index. The indicator still remains high in the provisions/ data.//2005//

Other capacity measures and comments:

2005/ The ADH Regions served 74,245 clients in the Family Planning Clinics in calendar year 2003. The Medicaid Family Planning Waiver went from 133% up to 200% of the Federal Poverty Level in August 2003. Surprisingly, this has not yet resulted in increasing the number of clients served by ADH in Family Planning. It is possible that these women were served in the private sector, but we lack data to show this trend.//2005//

ADH continued to support the Campaign for Healthier Babies, which addresses National performance measures 15, 17, and 18. This coalition-managed campaign continued to focus heavy media attention on the need for early prenatal care. In FY 2001 it continued other activities designed to encourage women to obtain early prenatal care. These include the Happy Birthday Baby Book, a coupon book designed to be an incentive for pregnant women, and the Babies and You worksite education program.

The MCH Epidemiology Grant awarded from CDC in FY 1997 provided ADH with the ability to conduct more in-depth surveillance and epidemiological studies related to the MCH population. This information has helped the department in this application and for general program planning.

The CDC MCH Epidemiology Grant expired at the end of FY 2001. ADH refilled the Epidemiology role in May 2001, and will continue to fund the position after the end the grant.

//2004/The PRAMS grant, awarded to the Center for Health Statistics, also offers Arkansas a great deal of perinatal and MCH related information. It is used extensively in program planning and for dissemination to public and private entities throughout the state.

ADH has hired two epidemiologists for the MCH Epidemiology role.

The Perinatal Health Services Advisory Board will continue to be staffed by the ADH Perinatal Health team. This board provides important input with representatives from across the state and is a perinatal health advocate and voice for perinatal issues, activities and information. //2004//

//2005/Health Systems Capacity Indicator #07: The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year. The percent of EPSDT eligible children ages 6 through 9 who received a dental service in Calendar Year 2003: 39.4%. //2005//

//2004/ The Department of Human Services is negotiating to increase Medicaid reimbursement fees, so as to increase the number of providers. This will provide more opportunity for service, which should increase the number of eligible children receiving services. CMS, AR Title V CSHCN program, will continue to provide services to SSI beneficiaries under the age of 16 years. In addition to Case Management services, it is anticipated that the program will be able to continue to provide equipment that is not covered by Medicaid to enable families to continue to care for their children at home and in their communities. Examples include van lifts, wheelchair ramps and overhead lift systems. In addition, CMS is purchasing pulmonary equipment that is not covered by Medicaid to decrease the need for hospitalization for those young people with compromised respiratory systems. Examples

include Inexsuffalators and Intrapulmonary Percussive Ventilation systems. //2004//

//2005/ Health Systems Capacity Indicator #08: The percent of State SSI beneficiaries less than 16 years old reveiving rehabilitiative services from the State children with Special Health Care Needs (CSHCN) program. CS, AR Title V CSHCN program, will continue to provide services to SSI beneficiaries under the age of 16 years. Also, of note, the change in the TEFRA program in Arkansas over the past 18 months to a waiver with monthly premiums based on parental income has led to a decrease in the number of eligible TEFRA recipients that Title V has served as well. Many parents have looked at how much the premium would be in addition to what they are already paying in private insurance premiums. If private insurance is picking up the majority of the child's needs and TEFRA was not paying enough to offset the cost of the premium, families have opted not to apply for the TEFRA waiver. These families have generally been over income for Title V services and have therefore had their cases closed out on our system. In addition to Case Management services, it is anticipated that the program will be able to continue to provide equipment that is not covered by Medicaid to enable families to continue to care for their children at home and in their communities. Examples include van lifts, wheelchair ramps and overhead lift systems. In addition, CMS is purchasing pulmonary equipment that is not covered by Medicaid to decrease the need for hospitalization for those young people with compromised respiratory systems. Examples include Inexsuffalators and Intrapulmonary Percussive Ventilation systems.//2005//

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

/2004/ Arkansas for Medical Sciences, American Heart Association, Arkansas Advocates for Children and Families, the Department of Education, and many other health-related organizations, collaborated to create legislation that would ensure a healthier school environment. The legislation was passed by Arkansas' 84th General Assembly, and became Act 1220 of 2003. In addition to specific mandates, such as banning vending machines from elementary schools, it established a Child Health Advisory Committee that will make recommendations to the State Board of Education and the State Board of Health regarding nutrition and physical activity standards and policy. Health Promotion Specialists, funded by the Arkansas Department of Health's portion of the tobacco Master Settlement Agreement money, will provide technical assistance to the schools to implement school health policy. Fact sheets on all chronic disease prevention programs in the Arkansas Department of Health were created for dissemination, especially to Hometown Health coalitions, so as to inform them of the public health resources available to their communities. The committee also collaborated to apply for two grants -- 1) The "State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases," a CDC capacity-building grant, and 2) The "Steps to a HealthierUS Grant: A Community-Focused Initiative to Reduce the Burden of Asthma, Diabetes and Obesity." Committee members also wrote a successful proposal to the National Governor's Association (NGA) Center for Best Practices, giving Arkansas the opportunity to be one of nine states and one territory to participate in the second annual NGA Policy Academy on Chronic Disease Prevention and Management, in Chicago on August 4-6, 2003. The Office of Minority Health has been an active member of this committee to ensure that health disparities are considered when planning activities/projects/initiatives.

The Arkansas WIC Program is collaborating with the University of Arkansas for Medical Sciences and ARKids First to hold a statewide childhood obesity conference September 4 and 5, 2003. Health professionals will be invited, and WIC will fund registration and per diem for AR Department of Health colleagues. The WIC Program has contracted to have nurses, nutritionists and home economists trained to counsel parents of children determined to be overweight at WIC clinics.

/2005/ WIC collaborated with the University of Arkansas for Medical Sciences and ARKIDS First to present the first statewide childhood obesity conference September 4 and 5, 2003. The emphasis was on childhood obesity, identifying the problem. Some 800 health care and educational professionals participated. A follow-up conference is planned for August 10-11, 2004. The emphasis will be in interventions/strategies for addressing the problems relating to childhood obesity.//2005//

Unwed births and inadequate prenatal care can lead to health problems and overly tax the health care system. State performance measure #21, percent of Arkansas high school students engaged in sexual intercourse, and state performance measure #20, percent of births to unmarried women attempt to address these issues. The Arkansas Department of Health provides fiscal support for both unwed birth and abstinence coalitions located throughout the state, particularly in areas that historically have high unwed birth rates. Family Planning clinics are held in the Arkansas Department of Health's Local Health Units statewide. Arkansas receives the Family Planning Medicaid Waiver so that it can provide family planning services to women up to 200% of the poverty level. //2004//

***/2005/ Arkansas Department of Health
Priority Focus Areas
FY04-FY07***

***Arkansas Department of Health
Priority Focus Areas
FY04-FY07***

The following focus areas summarize the Department's priorities for FY04-FY07 as established in its strategic goals and organizational objectives. These are part of the policy environment in

which the MCH Block Grant is being managed, and do not represent the specific Block Grant Priorities that are addressed in Form 14. See that form for comments in the footnotes. These priorities are listed here for general discussion, and will be considered in the forthcoming needs assessment process for the next 5 years of the MCHBG.

? Be a High Performance Agency

? Have strong management systems that produce Performance Based Budgeting and Franchise Agreement results

? Improve external and internal customer satisfaction

? Strengthen lines of accountability

? Improve the delivery of direct services to meet state and federal requirements and maximize resources

? Improve agency administrative systems to meet state and federal requirements and maximize resources

? Make Hometown Health Improvement the Way the Agency Does Business

? Integrate working with communities and support of HHI into all programs

? Include support of HHI in federal grants

? Have as many strong community coalitions as possible

? Create a Department that Incorporates and Practices Public Health Principles

? Develop public health knowledge and practice among leaders at all levels

? Provide basic public health orientation and training for all colleagues

? Strengthen agency capacity for core public health functions (Assessment, Assurance, Policy Development)

? Provide leadership for addressing 2010 Goals related to Nutrition, Physical Activity, and Tobacco

? Develop Gold Standard policies and recommendations

? Implement Act 1220 of 2003

? Maintain ADH Tobacco Settlement funding for implementation of CDC Best Practices

? Secure federal funding

? Build a mutually beneficial relationship with the College of Public Health

? Educate the Public and Public Officials on the Role of and Need for Public Health

? Through Public Health Preparedness, strengthen public health understanding and relationships with the medical community, hospitals, fire, police, community officials, etc.

? Use the media to educate the general public and public officials on public health

? Build partnerships and advocacy for addressing public health issues through boards, coalitions, external committees, etc.

? Speak to civic groups about public health issues

? Re-design Human Resource Systems to Enable the Department to Recruit and Retain Diverse, Qualified Public Health Professionals

? Develop a proposal for a comprehensive career salary grid and request its approval

? Request reclassification of leadership positions according to the organizational structure

B. STATE PRIORITIES

/2004/ According to the United Health Foundation's State Health Rankings for 2002, Arkansas is 47th overall. It is 16% above the national average for heart disease, has a high rate of premature death with 9,524 years lost per 100,000 population, high total mortality with prevalence of children in poverty at 27.5 percent of persons under age 18*--+ 1,000.8 deaths per 100,000, a high prevalence of children in poverty at 27.5 percent of persons under age 18, and health disparities are high (only 57.3 percent of pregnant black women receive adequate prenatal care compared to 75.1 percent of pregnant white

women).

Hometown Health Improvement sites (coalitions are considered as "sites") provide organized approaches to identifying and implementing effective community health strategies. This model emphasizes the elimination of duplication of effort. It promotes community based health status assessment and prioritization of health issues and needs. The HHI encourages locally designed strategies to address the Title V national and State negotiated performance measures. It allows communities to create systems that plan for health, promote healthy behaviors and provide services that are appropriate for their needs. The number of HHI sites has increased to 45 located in 43 of the 75 counties statewide.

The Arkansas Department of Health has created a Nutrition/Physical Activity/Tobacco Committee to develop population-based strategies for the prevention of chronic disease and obesity. The committee is comprised of representatives of various areas within the agency to collaborate both within the agency and with external partners. One of the first committee activities was to form a legislative work group comprised of agency colleagues and external partners, such as the College of Public Health, University of Arkansas for Medical Sciences, American Heart Association, Arkansas Advocates for Children and Families, the Department of Education, and many other health-related organizations, to create legislation that would ensure a healthier school environment. The legislation was passed by Arkansas' 84th General Assembly, and became Act 1220 of 2003. In addition to specific mandates, such as banning vending machines from elementary schools, it established a Child Health Advisory Committee that will make recommendations to the State Board of Education and the State Board of Health regarding nutrition and physical activity standards and policy. Health Promotion Specialists, funded by the Arkansas Department of Health's portion of the tobacco Master Settlement Agreement money, will provide technical assistance to the schools to implement school health policy. Fact sheets on all chronic disease prevention programs in the Arkansas Department of Health were created for dissemination, especially to Hometown Health coalitions, so as to inform them of the public health resources available to their communities. The committee also collaborated to apply for two grants ? 1) The "State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases," a CDC capacity-building grant, and 2) The "Steps to a HealthierUS Grant: A Community-Focused Initiative to Reduce the Burden of Asthma, Diabetes and Obesity." Committee members also wrote a successful proposal to the National Governor's Association (NGA) Center for Best Practices, giving Arkansas the opportunity to be one of nine states and one territory to participate in the second annual NGA Policy Academy on Chronic Disease Prevention and Management, in Chicago on August 4-6, 2003.

Act 1293 of 2003 increases testing for metabolic errors in newborns, and improves health insurance coverage for these conditions. It gives the Arkansas State Board of Health the authority to expand the number of genetic disorders that may be screened, and mandates that Medicaid shall reimburse the hospitals that perform the tests. This should increase the success of accomplishing the National Performance Measure #01.

Breastfeeding has been shown to have many health advantages. The Arkansas WIC Breastfeeding Program has applied for a grant to train field colleagues to use social marketing techniques to promote breastfeeding. This relates to NP Measure #11.

//2005/ Arkansas WIC Breastfeeding was awarded a "Using Loving Support to Build a Breastfeeding Friendly Community" grant from USDA for training. Forty four Health Department, community representatives, and state level WIC staff attended a two day breastfeeding social marketing training March 23 & 24, 2004. Fifteen community based breastfeeding projects are in progress as an outcome of the training. A Steering Committee was formed using participants from the training and a state wide implementation plan was developed to guide breastfeeding promotion and support efforts for the next three years. //2005//

The Office of Oral Health received a continuation grant from CDC for the 2003 federal fiscal year. A

new grant offering has combined oral health with 7 other components and will serve as a "continuation grant" for the five years beginning on June 30, 2003. The new grant will continue to support innovation for capacity and infrastructure in the Office of Oral Health. /2004/ The Arkansas Oral Health Coalition has grown to 31 agencies and organizations. Recent additions to the coalition include: Arkansas State Board of Dental Examiners, Donald W. Reynolds Center on Aging, University of Arkansas Cooperative Extension Service, and UAFS Dental Hygiene Program. The Office of Oral Health, and the Coalition, sponsored the Governor's Oral Health Summit held on June 14, 2003. The conference theme for 2003 is the role of oral health in general health. Speakers addressed topics of periodontal disease affects on preterm, low birthweight babies; the present science on amalgam restorations, and a model program to educate other health care professionals about oral conditions. The conference highlighted the coalition's newest project, Body Walk, an interactive traveling exhibit for elementary school students. Body Walk will travel through out Arkansas beginning in the fall of 2003. Three additional water supplies have voted to initiate community water fluoridation: Dardanelle, Ashdown, Rector, Kimzey East Water District, and Little River Water District. Preventive Health and Health Services Block Grant funding is supporting fluoridation equipment purchases as funding is made available. Assessment activities in 2002-2003 were concentrated on adult dental needs. An adult dental needs telephone survey conducted statewide in 2002 was followed by a paper survey of more than 2500 clients of community health centers across Arkansas. An "open-mouth" survey of residents of long term care facilities across Arkansas included almost 700 Arkansans. The Arkansas Oral Health Coalition conducted dental sealant programs in two areas. Working with UALR Share America, the Dental Health Action Team, UAMS Dental Hygiene Program and Delta Dental Plan of Arkansas, more than 2000 children were screened in the Little Rock School District, and more than 200 third grade students received dental sealants in a school-based protocol. In western Arkansas, a project in collaboration with Healthy Connections and UAFS Dental Hygiene Program provided dental sealants to almost 100 students. A total of 695 students were examined in the 2002 survey showing a dental sealant rate of 24.4%. This helps meet NP Measure #09. //2004//

//2004B// ADH activities to eliminate health disparities.

Requests for Proposals (RFP) to create Unwed Birth Coalitions were created by the ADH Women's Health Work Unit to expressly target the Hispanic population. They were sent to 4 Hispanic groups in Arkansas, encouraging them to apply. This effort to address health disparities relates to State Performance Measure #20 - "Percent of births to unmarried women," and National Performance Measure #8 ? "Rate of birth (per 1,000) for teenagers aged 15 through 17 years."

Since Hispanics and African-Americans are over-represented as WIC participants, the following should help to deal with health disparities in the areas of obesity and breastfeeding:

The Arkansas Department of Health's (ADH) WIC Program has become more involved in the prevention of childhood obesity. It collaborated with the University of AR for Medical Sciences' (UAMS) Department of Pediatrics, and Arkansas Children's Hospital to host the Department of Pediatrics University of Alabama at Birmingham and the International Life Sciences Institute Center for Health Promotion teleconference, "Assessment and Behavioral Management of Childhood Obesity." Many ADH health professionals throughout the state attended. WIC also collaborated with the Kids First Program at Arkansas Children's Hospital and UAMS to sponsor a two-day conference on childhood obesity that was open to all health professionals, educators, and other interested parties throughout the state. National experts were obtained to speak at the conference. This issue relates to State Performance Measure #27 ? "Percent of overweight among low-income children birth to age five." The WIC Breastfeeding Program has just received a \$75,000 CDC grant to promote breastfeeding. Ethnic minorities and lower socioeconomic populations have lower breastfeeding rates than the general population and, therefore, do not reap the health benefits of breastfeeding as fully as they could. This includes recent evidence that breastfed infants have a lower risk of being overweight or obese later in life. This relates to National Performance Measure #11 ? "Percentage of mothers who breastfeed their infants at hospital discharge," and State Performance Measure #27 ? "Percent of overweight among low-income children birth to age five."

According to data from the Arkansas Center for Health Statistics, the diabetes mortality rate for African Americans is 3 times the rate seen among whites in Arkansas. The ADH Diabetes Control Program (DBCP) and ADH Cardiovascular Health (CVH) Program partnered with the Minority Health Commission, ADH Minority Health Office, ADH Hometown Health Initiative, and others to do a survey in the Delta Region of Arkansas to over-sample the African American population. Its objective was to assess the health disparities among people with diabetes in Arkansas and, hence, develop strategies to eliminate them. The survey revealed that health disparities exist among different racial/ethnic groups in Arkansas, and also in different geographic locations of the state. The resultant data is still being analyzed, but it will identify the burden of chronic disease, including diabetes, stroke and heart disease. The data will be broken down by gender, race, and other categories, such as pregnancy (e.g. gestational diabetes). The DBCP and CVH Programs plan to partner with the Minority Health Commission, Hometown Health and other others in an effort to eliminate health disparities that exist in the state. //2004B//

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

a. Last Year's Accomplishments

Targets continued to be met in 2003. The State Genetics committee submitted the State Genetics Plan to the ADH Senior Staff and to the State Board of Health in March 2003.

b. Current Activities

In FY 2003, 99.7% of live births received newborn screenings for the four mandated genetic diseases. 95% (22 or 23) of those found to have Sickle Cell Disease and in need of treatment received treatment. 100% of those found with PKU, Congenital Hypothyroidism and Galactosemia received treatment.

c. Plan for the Coming Year

The mission of the Arkansas Genetic Services Advisory Committee is to assure coordinated, comprehensive and integrated quality services for the genetic health of the people of Arkansas and to provide for development of sound genetic health policy for the State of Arkansas.

The State's Genetic Plan is a "work in progress" and will necessarily be revised and expanded as new developments in genetics and molecular medicine proliferate in the coming years.

The plan is designed to:

- a) Incorporate contributions from families, health care providers in the public, private, and related sectors; health care consumers in a wide variety of communities; and educators who serve the people of the State of Arkansas
- b) Coordinate and integrate public health care resources which address the genetic concerns of the people of Arkansas
- c) Evaluate services, resources, and programming which address the genetic concerns of the people of Arkansas
- d) Enhance the availability and accessibility of quality and comprehensive genetic services for all Arkansans.
- e) Provide the assurance and policy development necessary to establish an integrated information "data warehouse" for the Arkansas Department of Health Programs and other health care providers serving the health care and human service needs of Arkansas families.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

a. Last Year's Accomplishments

Children's Services through the MCHB-funded medical home grant has been working during the past year to educate physicians how to be more family-friendly and to treat families as equal partners in decision-making about their child's medical treatment. Under the medical home grant residents at the State's medical school are trained by families of CSHCN in these family-friendly principles. The medical home website includes a resource guide at the county, State and national levels to help ensure families are connected to the services they need.

In addition, Children's Services attempts to ensure the satisfaction of families of CSHCN with the services they receive through family-centered care coordination by a staff of nurses and social workers. Children's Services has seven parents of CSHCN who have been either nurses or social workers on our staff for several years. Also, Children's Services has had a full-time parent activities coordinator who is the father of a young adult with spina bifida. This coordinator works closely with the Parent Advisory Council, which meets quarterly and provides guidance to administrative staff on policy and procedures.

b. Current Activities

Children's Services continues with its care coordination efforts to try to ensure families are satisfied with the services they receive. The medical home grant continues to train physicians to treat families of CSHCN as equal partners. Children's Services continues to collaborate with the Parent Advisory Council to ensure that families partner in decision-making and are satisfied with the services they receive. Newly integrated staff in Children's Services include four parents of CSHCN making a total of 11 parents of CSHCN on staff.

c. Plan for the Coming Year

Children's Services will continue with care coordination activities, medical home training and collaboration with the Parent Advisory Council to ensure that families of CSHCN partner in decision-making at all levels and are satisfied with the services they receive.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

a. Last Year's Accomplishments

The 2003 Family Satisfaction Survey response to questions related to receiving coordinated, ongoing, comprehensive care within a medical home indicate respondent difficulty with the questions pertaining to this performance measure. 99% stated they a doctor or clinic as their source of ongoing healthcare. On the follow-up question asking where the ongoing health care was received, 53.5% did not respond. Of the 46.5% responding to the question, 45% replied doctor, RNP or specialist. Also, of note, there was a change in the pool of individuals sent the survey beginning in 2003. Previously, surveys were sent to all active cases on the database. In 2003, surveys were sent to families whose children had Medicaid and had chosen Title V as their case manager as well as to families whose children did not have Medicaid and Title V is payor of medical care. It is unknown whether this had an impact in responses to the survey questions. We will work to clarify these questions in future surveys.

Children's Services through the MCBH-funded medical home grant awarded a subgrant to the State medical school to train residents in the medical home concept. As part of this subgrant,

parents of CSHCN were trained and paid to meet with residents and explain to them their special perspectives of medical care for CSHCN. In addition to continuing the community-based trainings of pediatricians and family doctors, the Children's Services Medical Director and a professor from the State medical school conducted medical home presentations at the annual meetings of the Arkansas Chapter of the American Academy of Physicians and the Academy of Family Physicians. Parents of CSHCN were an important component of those presentations.

The medical home project also funded a part-time employee at Arkansas Children's Hospital to survey the information transfer to and from PCP's and subspecialty physicians at the hospital involved in the care of CSHCN. Also included in the information gathering are questions concerning the families' understanding of the purpose of the subspecialty visit and its impact on the care of their children.

The medical home website continued to provide an excellent resource guide for parents of CSHCN along with the brochure called "You Are Not Alone", which has been widely distributed.

b. Current Activities

Children's Services is continuing with the training of medical school residents in the medical home concept mainly through the "Project DOCC" concept of parents of CSHCN training the residents. Children's Services is also continuing with the survey of the information transfer to and from PCP's and subspecialty physicians at Arkansas Children's Hospital.

c. Plan for the Coming Year

Children's Services will continue through the medical home grant to train residents at the State medical school in medical home concepts. The major means of accomplishing this training will be through the Project DOCC concept of parents of CSHCN training residents. A televideo conference on the medical home concept will be conducted by the Children's Services Medical Director for physicians at the Area Health Education Centers around the State. Brochures on medical home concepts for both the families of CSHCN and for physicians are being published. The research assistant at Arkansas Children's Hospital will complete her survey of the information transfer to and from PCP's and subspecialty physicians at the hospital. It is hoped that this information will initiate quality improvement activities in information sharing which will improve the quality of the medical home from the perspective of patients, parents and professionals.

Through the Divisions Technology Plan, facilities are being fitted with fiber optic capability to support video downlinks. This will enhance our capacity to provide consultations with specialists for CSHCN in rural Arkansas. While this is not directly related to Medical Home, it will provide an avenue for primary care physicians to more quickly obtain evaluations by specialists.

Performance Measure 04: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

a. Last Year's Accomplishments

Children's Services care coordinators encourage and assist all applicants who are potentially eligible for Medicaid to apply for Medicaid. Also Children's Services works closely with Arkansas Children's Hospital to obtain Children's Services applications on potentially eligible CSHCN.

b. Current Activities

Children's Services is continuing to encourage and assist applicants potentially eligible for Medicaid to apply for Medicaid and is continuing to work with Arkansas Children's Hospital to obtain Children's Services applications on potentially eligible CSHCN.

c. Plan for the Coming Year

Children's Services will continue to encourage and assist all applicants who are potentially eligible for Medicaid to apply for Medicaid and will work closely with Arkansas Children's Hospital to obtain Children's Services applications on potentially eligible CSHCN.

Performance Measure 05: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

a. Last Year's Accomplishments

Children's Services' staff of both nurses and social workers provided care coordination in a community-based setting to assure that families of CSHCN can use services easily. Also Children's Services' staff worked with the "Together We Can" program in a multi-agency effort to assure that families can access services easily. Through the MCHB-funded medical home grant, Children's Services staff have trained new and existing physicians to be family-friendly and provided them (and families of CSHCN) with resource information to assist families to access services easily in their communities.

b. Current Activities

Children's Services is continuing to provide care coordination in community-based settings and work with the "Together We Can" program to assure that families of CSHCN can access services easily in their communities. The medical home project is training physicians to be family-friendly and providing them (and families of CSHCN) with information (through a website and publications) to help them assure families of CSHCN receive the services they need.

c. Plan for the Coming Year

Children's Services will continue to provide care coordination, work with "Together We Can", and train physicians (and provide both physicians and families with resource information) to assure that the community-based service systems are organized so families of CSHCN can use them easily.

The organizational changes within the Division of Developmental Disabilities Services (DDS), where Children's Services (CS) is located, allow for a single point of entry into the CSHCN and DDS system of care. CS staff continue to receive training to increase their knowledge and abilities across all programs and to provide easier access to services for parents of all CSHCN. As members of the regional CASSP teams, CS staff are a vital resource to families of dually diagnosed children and youth.

Performance Measure 06: The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

a. Last Year's Accomplishments

Children's Services for several years has collected transition data from a monthly survey of all Children's Services' clients who turn 14 during the month and also mails them information on transition issues. An MCHB-funded consultant provided technical assistance to Children's Services in automating the database from this survey. Children's Services has also printed several articles on transition in the quarterly newsletter. A newsletter was published specifically for youth 14 and older was published which contained transition information. The Children's Services parent activities coordinator conducted a series of workshops throughout the State (including at the annual meeting of the Arkansas chapter of the American Academy of Pediatrics) on transition issues, with an emphasis on transition to adult health care.

b. Current Activities

No change - no change - no change - no change.

c. Plan for the Coming Year

No change - no change - no change - no change.

Performance Measure 07: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

a. Last Year's Accomplishments

For children between 24 and 35 months of age, the rate of complete immunization for age was 68.5% in CY 2003. These results are only for children seen through the local health units. ADH is working to include more private physicians in the computerized immunization reporting system in order to make immunization records more accessible to our mobile population as well as produce a more accurate assessment of the level of protection. In 2003, the Clinical Assessment Software Application (CASA) with private providers was implemented.

b. Current Activities

The CD/Immunization Work Unit, through our local health units, routinely offers all vaccines necessary to age-appropriately immunize children. Each local health unit provides all immunization services including the identification of children who are delinquent on needed doses of vaccine. Follow-up activities are initiated which are designed to prompt parents to bring these children into the clinics to receive these needed doses of vaccine. Additionally, the CD/Immunization Work Unit has Vaccine for Children (VFC) regional colleagues who promote immunization activities in private physician's offices throughout the state. These activities include assessment of their patient's immunization status and providing technical assistance on how to conduct follow-up of their children to increase immunization rates. The Work Unit, through the regional colleagues, continually solicits participation of all clinics, both public and private, to participate in the VFC program enabling the Arkansas Department of Health to expand the availability of these services across Arkansas.

c. Plan for the Coming Year

The CD/Immunization Work Unit will continue to promote the immunization of our children through the Vaccine for Children (VFC) Program. We will expand our capabilities in identifying areas of the state that have low immunization rates utilizing the Geographic Information System (GIS). This will enable the work unit to intensify our efforts in these areas. The regional colleagues will continue to promote participation of all immunization providers in the VFC

program. Clinics will be assessed routinely to determine the age-appropriate immunization status of the children they serve so that steps can be taken to increase their children's immunization rates. The Work Unit will also stay abreast of other State's activities and will implement those activities that have been proven to increase immunization rates.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

a. Last Year's Accomplishments

The county coalitions have a total of 681 members. A total of 27,004 youths participated in abstinence activities. All county coalitions are involved with local school districts. The coalitions offered ten programs for sexually active youth and five after school programs. Programs included mentoring, clinic services, parenting skills, and family planning. Abstinence until marriage television commercials were aired for three months from November 2003 through January 2004. The commercials generated calls for more information and requests for staff to participate in health fairs and youth conferences.

b. Current Activities

Shaun Addison, former Abstinence Education Program Coordinator, is now Administrative Work Unit Leader for Child and Adolescent Health, and Selma Brooks, is currently the Abstinence Education Program Coordinator.

c. Plan for the Coming Year

New Futures will continue to work with the county coalitions to implement new activities that encourage youth to avoid pregnancy. New Futures will provide ongoing training, technical assistance and evaluation to county coalitions.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

a. Last Year's Accomplishments

Many programs of the Office of Oral Health are funded under a competitive cooperative agreement from the Centers for Disease Control and Prevention to augment the State oral health program. Under the "" grant of \$201,067.00, the Office is building infrastructure and capacity within the State oral health program, creating an effective oral health coalition for Arkansas and expanding or creating effective programs to improve oral health outcomes and reduce disparities. The grant is scheduled to run for five years. Grant funding has provided for additional staff and provided funds to better assess oral health in Arkansas, to design new programs on dental sealants, tobacco cessation and prevention, and mouth guard use. The cooperative agreement has also provided for the meeting of the statewide oral health coalition. Under the leadership of Arkansas Governor Mike Huckabee, the conference, named the "Governor's Oral Health Summit", is now in it's third year The CDC cooperative agreement also provides additional support for improving the community water fluoridation program in Arkansas. The grant, funds expanded capacity and infrastructure to support monitoring, surveillance and intra-agency cooperation on water fluoridation. The new funding also allows expansion of educational opportunities to further acceptance of fluoridation among policy makers, health care professionals, civic leaders, water plant personnel, and citizens.

b. Current Activities

The Advisory Committee was transformed into the Arkansas Oral Health Coalition and formalized through signed resolutions from each organization member. The Arkansas Oral Health Coalition, led by the Office of Oral Health (OOH), has representation from 32 diverse organizations and agencies across the state. During the 2003-2004 school year, OOH conducted a county-specific oral health needs assessment, involving more than 7,000 third-grade children. The OOH will continue to assess oral health needs in the state. The OOH is also working to identify communities in the state with a strong interest in fluoridation. The Arkansas Oral Health Coalition has also piloted school-based dental sealant projects in two communities, serving more than 400 students and is further expanding the program in 2004. Oral health education, and education on dental sealants targeted to dental professionals is part of the Office of Oral Health's CDC cooperative agreement.

c. Plan for the Coming Year

The Arkansas Oral Health Coalition continues to conduct dental sealant programs in two areas. Working with UALR Share America, the Dental Health Action Team, UAMS Dental Hygiene Program and Delta Dental Plan of Arkansas, more than 2000 children were screened in the Little Rock School District, and more than 200 third grade students received dental sealants in a school-based protocol. The dental sealant project in the Little Rock School District has led to the establishment of the "Future Smiles" dental clinic in the new Wakefield Elementary School in southwest Little Rock. The clinic, developed and funded in cooperation with UALR Share America, the Little Rock School District and United Way of Pulaski County, will begin serving approximately 2,500 at-risk children beginning in August of 2004. In western Arkansas, a project in collaboration with Healthy Connections and UAFS Dental Hygiene Program provided dental sealants to almost 100 students. OOH is working with three additional communities interested in water fluoridation initiatives. Local health professionals and community leaders are targeted for education offerings on fluoridation throughout the year. Audience-specific educational materials are currently being designed for increased awareness on fluoridation. Numerous presentations on family violence prevention are already scheduled through 2005 for various health care professionals and lay audiences. Also, the successful Spit Tobacco Prevention Night at the Arkansas Travelers' baseball game is already on the schedule for its third year, enrolling more than 1000 children in a pledge to not use tobacco in any form.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

a. Last Year's Accomplishments

The Office of Childhood Injury Prevention provided staff support for the Arkansas SAFEKIDS (ASK) Coalition. ASK is a joint effort between the Arkansas Department of Health and Arkansas Children's Hospital. The coalition includes over 30 organizations that work together to reduce the number of fatal and non-fatal injuries to children. Their efforts focused on creating safer homes and communities through education and intervention. One of the activities ASK was involved in, was educating children and care givers on the importance of using seat belts and child safety seats. ASK, and other health and safety organizations, participated in numerous child safety seat checks across the state. These checks involved examining child safety seats for installation errors, structural damage, and recall issues. In the past year, over 900 seats have been checked in Arkansas, with an improper usage rate of more than 90%. Utilizing federal funds and private donations, several of the check-sites provided new safety seats to families free of charge. The ASK also distributed more than 700 free bicycle helmets during the year to community and school groups, and at health fairs and bicycle rodeos.

b. Current Activities

To celebrate National SAFE KIDS Week in May, the ASK sponsors an interactive safety event at the Little Rock Zoo every year. The Arkansas SAFE KIDS Coalition continues to provide education to parents and caregivers, and support for enforcement of the strengthened Child Passenger Protection Act. The Act was strengthened in 2001 to state that children from birth to six years or 60 pounds must be restrained in an appropriate child safety seat and children from six years or 60 pounds to age 15 must be restrained in a seat belt in all seating positions. Child Passenger Restraint Use for children ages 0-4: US Baseline: 92% in 1998; AR current usage rate: 64.9%.

c. Plan for the Coming Year

The Arkansas SAFE KIDS Coalition will continue to focus on reducing motor vehicle fatalities. The Arkansas Safety Belt Coalition and SAFE KIDS will continue working toward the passage of a primary seat belt law in the next legislative session. SAFE Kids will continue to distribute free bicycle helmets to children during the SAFE KIDS at the Zoo celebration, bicycle rodeos, school presentations, and community events. Child safety seat checks, bicycle helmet promotions and other childhood injury prevention programs will continue through the Arkansas SAFE KIDS Coalition and the Office of Childhood Injury Prevention.

Performance Measure 11: Percentage of mothers who breastfeed their infants at hospital discharge.

a. Last Year's Accomplishments

Arkansas WIC Breastfeeding was awarded a "Using Loving Support to Build a Breastfeeding Friendly Community" grant from USDA for training. Forty four Health Department, community representatives, and state level WIC staff attended a two day breastfeeding social marketing training March 23 & 24, 2004. Fifteen community based breastfeeding projects are in progress as an outcome of the training. A Steering Committee was formed using participants from the training and a state wide implementation plan was developed to guide breastfeeding promotion and support efforts for the next three years.

WIC collaborated with the University of Arkansas for Medical Sciences and ARKIDS First to present the first statewide childhood obesity conference September 4 and 5, 2003. The emphasis was on childhood obesity, identifying identifying the problems. 800 health care and educational professionals participated.

b. Current Activities

Nutritionists and Home Economists now provide services in Programs in Statewide Services (i.e. WIC, 5-A-Day, and Diabetes) and as part of Regional Patient Care Teams. There are now 26 nutrition colleagues, 24 funded by WIC, one in Diabetes Control and one in 5-A-Day, and 4 Home Economists. Major initiatives include development and implementation of training and policies related to breastfeeding promotion and support, and obesity. The WIC breastfeeding team, consisting of a nurse and nutritionist, provided training in the Regions, as well as initiated development of self-study competency-based modules. The USDA Southwest Nutrition Services Program Integrity (NSPI) work group, of which Arkansas WIC is a part, is producing educational modules and teaching kits as follow-up to the day-long teleconference "On the Road to Excellence-Fit Kids" presented in April, 2003, targeting childhood obesity. (Martha Hall) The quarterly newsletter to health professionals has been replaced with a monthly emailed breastfeeding update sent to the 103 county level breastfeeding resource staff. It contains updated breastfeeding information and suggested activities to promote and support breastfeeding. A Steering Committee has been organized to provide guidance to state level

WIC staff for planning statewide breastfeeding efforts for the next 3 years. A USDA grant has been received to expand the Peer Counselor program. A statewide breastfeeding conference was held in cooperation with Arkansas Lactation Affiliate with over 200 persons in attendance. A physician specific breastfeeding module is under development. Breastfeeding rates have increased 2 percentage points to 15%.

c. Plan for the Coming Year

A follow-up of the first childhood obesity conference (a second conference) is planned for August 10-11, 2004. The emphasis will be in interventions/strategies for addressing the problems relating to childhood obesity.

The Arkansas WIC Breastfeeding Program has applied for a grant to train field colleagues to use social marketing techniques to promote breastfeeding.

Performance Measure 12: Percentage of newborns who have been screened for hearing before hospital discharge.

a. Last Year's Accomplishments

Arkansas' birthing facilities continue to provide physiological hearing screenings for 98% of newborns born at their hospital in FY 2003.

b. Current Activities

Fifty out of fifty-one (50/51) of Arkansas' birthing facilities meet the Universal Newborn Hearing Screening mandate. They have appropriate equipment and infants born at their facilities are tested before discharge. In order to improve follow-up results, bi-monthly reports are sent to physicians for infants identified as being their patients. Medicaid reimbursement for inpatient hospital hearing screening has begun. Medicaid also covers outpatient-hearing screening with a primary care provider (PCP) referral.

c. Plan for the Coming Year

Several projects are in the process of completion to increase public education of the importance of early identification of hearing loss. The Infant Hearing Program (IHP) has contracted with a company for development of a media campaign to target new parents and professionals regarding the importance of early identification/early intervention. Also, database modifications are planned to allow for more comprehensive record keeping and tracking of hearing impaired children. In CY 2003, the IHP began a scan program for data capture and will expand to on-line submission for diagnostic information in the near future. In addition to the bi-monthly reports sent to physicians for infants identified as their patients, the hospital nursery staff receives statistical feedback regarding the monthly pass and refer rates for infants born at their facilities.

Performance Measure 13: Percent of children without health insurance.

a. Last Year's Accomplishments

Overall Insurance Rates. The HRSA State Planning Grant (SPG) survey (2001) found that more than 15% (~0.4 million) of all Arkansans are uninsured. Conversely, ~85% (~2.3 million) of Arkansans are insured. Examining the age and employment status of the uninsured and their household incomes provides previously unavailable Arkansas-specific information to target

increased outreach for existing programs and new program development.

Age and Insurance. Age is an important determinant of insurance status due to program eligibility definitions. Virtually all Arkansans (99%) over 65 years of age are covered by the federal Medicare program. In addition, 87% of children and adolescents (under 18 years) have health insurance, either private or through the state's ARKids First program. However, 1 in 5 adults aged 19--64 years lacks health insurance, and almost 1 in 4 young adults aged 19--44 years lacks health insurance--most of these people are working.

b. Current Activities

The Arkansas Center for Health Improvement (ACHI) is working with a leadership team of representatives from the legislature, business, the health department and many others to solve the problem of uninsurance in our state. The primary problem is to address un- and under-insurance among working people in the ages between 18 and 65.

c. Plan for the Coming Year

Arkansans from lower-income families represent a greater proportion of the state's uninsured. Importantly, most uninsured individuals are in working families with household incomes of 100%--200% of the FPL. Of the uninsured children, ~81% live in families with incomes <200% of the FPL and, therefore, are potentially eligible for the ARKids First Medicaid/SCHIP (State Children's Health Insurance Program). These children may have never enrolled; may have been previously enrolled but failed to re-enroll; or, if their family has recently lost health insurance in the private sector, may be in the requisite waiting period prior to enrollment (currently 6 months without health insurance). Obviously, eligible children should be enrolled and maintained in the existing ARKids program, which has demonstrated success and continued political support. However, public programs offer very limited, if any, health insurance coverage for the "working poor" adults aged 19--64 years.

Increase ARKids Enrollment

While the ARKids First program has been largely successful in enrolling more than 70,000 of the original 90,000-targeted children, rising insurance premiums have forced many families to drop health insurance coverage. According to data obtained from the 2001 Arkansas Household Insurance Survey, ~75,000 Arkansas children live in families earning less than 200% of the FPL and are uninsured--many of these represent newly uninsured children and adolescents.

Ongoing surveillance, aggressive outreach and enrollment that build upon school nurse enrollment strategies are planned to ensure all children who are eligible for services are enrolled.

Performance Measure 14: Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

a. Last Year's Accomplishments

Little data existed in regard to this objective. Population estimates from the U.S. Census Bureau project a three year average of a total of 381,000 children under 19 years below 200% of poverty.

Medicaid data indicated that 361,885 of the 352,096 total unduplicated Medicaid and ARKids First eligible children received a Medicaid service during FY 2003. There is high utilization among actual Medicaid eligibles (those with active Medicaid cards). There are, however, indications that much of this care is episodic, rather than preventive.

b. Current Activities

Medicaid statistical data reflects that 361,885 Medicaid-eligible children received a service paid by the Medicaid program. The most current U.S. Census Bureau estimates of uninsured children by State for 2000, 2001 and 2002, show that there are 381,000 children under age 19 who are below 200 percent of poverty level. Based on these estimates, the percentage of potentially Medicaid-eligible children who have received a service paid for by Medicaid is 95%, which surpasses our objective of 75%. While some of this improvement is attributable to the penetration of ARKids First into the uninsured population, the 381,000 includes a standard error of 26,000. While Arkansas has consistently used the three-year estimates of children in poverty from the current population surveys, the estimates for only year 2000 for the CHIP allocation formula reflect 403,000 Arkansas children below 200% of poverty level. Using this estimate would reduce Arkansas' performance to 89.8%. If these differences persist next year, Arkansas may consider modifying the denominator for this measure to the annual estimate.

c. Plan for the Coming Year

We are continuing with previous plans and activities.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

a. Last Year's Accomplishments

ADH continued to support the Campaign for Healthier Babies, which addresses National performance measures 15, 17, and 18. This coalition-managed campaign continued to focus heavy media attention on the need for early prenatal care and other healthy pregnancy activities. In FY 2003 it continued other activities designed to encourage women to obtain early prenatal care. These included the Happy Birthday Baby Book, a coupon book designed to be an incentive for pregnant women. The MCH Epidemiology Grant awarded from CDC in FY 1997 provided ADH with the ability to conduct more in-depth surveillance and epidemiological studies related to the MCH population. However, the epidemiologist position was unfilled during FY 03 but was filled again in FY04. This information has helped the department in this application and for general program planning.

b. Current Activities

The CDC MCH Epidemiology Grant expired at the end of FY 2001. ADH refilled the Epidemiology role in May 2001, and will continue to fund the position after the end the grant. The PRAMS grant, awarded to the Center for Health Statistics, also offers Arkansas a great deal of perinatal and MCH related information. It is used extensively in program planning and for dissemination to public and private entities throughout the state. The Campaign for Healthier Babies Program received \$200,000 in tobacco funding in the Spring of 2003 to improve the health of babies, including reducing the number of low-birth-weight babies. ADH Perinatal Health is working with the University of Arkansas for Medical Sciences to implement the ANGELS project (Antenatal and Neonatal Guidelines, Education and Learning System) that will make evidence-based guidelines, 24 hour consultation, and high-risk referral available to all family practitioners and obstetricians in the state.

c. Plan for the Coming Year

ADH will continue to support the Campaign for Healthier Babies, which addresses National performance measures 15, 17, and 18. This coalition-managed campaign will continue to focus heavy media attention on the need for early prenatal care. These include the Happy Birthday

Baby Book, a coupon book designed to be an incentive for pregnant women. The Perinatal Health Services Advisory Board will continue to be staffed by the ADH Perinatal Health team. This board provides important input with representatives from across the state and is a perinatal health advocate and voice for perinatal issues, activities and information. ADH Perinatal Health will continue to collaborate with UAMS towards implementation of the ANGELS project.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

a. Last Year's Accomplishments

Last Year's Accomplishments include networking with national suicide prevention programs to identify effective strategies for suicide prevention. ADH facilitated participation by ten interagency and organizational stakeholders in a bi-regional federally sponsored suicide prevention conference on Strategic Planning. This group has been designated the Suicide Prevention Team, which is a component of the Intentional Injury Committee, for the Core Injury Prevention Strategic Plan.

b. Current Activities

The ADH Core Injury Prevention Program is facilitating statistical reports of violent deaths, including Suicide in the State of Arkansas. ADH incorporates summaries of current Youth Risk Behavior Surveillance (YRBS) studies into its analysis to identify areas at high-risk for youth suicides. YRBS studies are implemented through the Arkansas Department of Education

c. Plan for the Coming Year

The Suicide Prevention Team has identified a matrix of entities interested or involved in suicide prevention. This matrix consists of those parties interested in actual involvement in the planning process, those offering resources such as curriculums, or project sites for suicide prevention activities, and those organizations or individuals wishing to serve as information disseminators. This matrix will be utilized in Suicide Prevention Plan development and for intervention implementation purposes.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

a. Last Year's Accomplishments

ADH will continue to support the Campaign for Healthier Babies, which addresses National performance measures 15, 17, and 18. This coalition-managed campaign will continue to focus heavy media attention on the need for early prenatal care. In FY 2003 it continued other activities designed to encourage women to obtain early prenatal care and practice healthy behaviors. These include the Happy Birthday Baby Book, a coupon book designed to be an incentive for pregnant women to obtain early prenatal care and keep their prenatal care appointments. The MCH Epidemiology Grant awarded from CDC in FY 1997 provided ADH with the ability to conduct more in-depth surveillance and epidemiological studies related to the MCH population. This information has helped the department in this application and for general program planning.

b. Current Activities

The CDC MCH Epidemiology Grant expired at the end of FY 2001. The Agency continues to fund the position after the end the grant and the position is currently filled. The PRAMS grant, awarded to the Center for Health Statistics, also offers Arkansas a great deal of perinatal and MCH related information. It is used extensively in program planning and for dissemination to public and private entities throughout the state. The media campaign for the tobacco component of the Campaign for Healthier Babies continues to run. ADH is collaborating with the UAMS to implement the ANGELS project which will encourage delivering physicians across the state to transport pregnant women with a high-risk condition or in early preterm labor to the UAMS facility. There the mother can receive specialized care aimed towards a healthier outcome.

c. Plan for the Coming Year

The MCH Epidemiologist position is currently filled. The Perinatal Health Services Advisory Board will continue to be staffed by the ADH Perinatal Health team. This board provides important input with representatives from across the state and is a perinatal health advocate and voice for perinatal issues, activities and information.

Performance Measure 18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

a. Last Year's Accomplishments

ADH continued to support the Campaign for Healthier Babies, which addresses National performance measures 15, 17, and 18. This coalition-managed campaign continued to focus heavy media attention on the need for early prenatal care. In FY 2003 it continued other activities designed to encourage women to obtain early prenatal care. These include the Happy Birthday Baby Book, a coupon book designed to be an incentive for pregnant women to obtain early prenatal care and keep appointments. The MCH Epidemiology Grant awarded from CDC in FY 1997 provided ADH with the ability to conduct more in-depth surveillance and epidemiological studies related to the MCH population has helped the department in this application and for general program planning.

b. Current Activities

The CDC MCH Epidemiology Grant expired at the end of FY 2001. ADH refilled the Epidemiology role in May 2001, and will continue to fund the position after the end the grant. The PRAMS grant, awarded to the Center for Health Statistics, also offers Arkansas a great deal of perinatal and MCH related information. It is used extensively in program planning and for dissemination to public and private entities throughout the state.

c. Plan for the Coming Year

ADH will continue to fund a MCH Epidemiologist. The Perinatal Health Services Advisory Board will continue to be staffed by the ADH Perinatal Health team. This board provides important input with representatives from across the state and is a perinatal health advocate and voice for perinatal issues, activities and information.

General Instructions/Notes:

List major activities for your performance measures and identify the level of service for these activities. Activity descriptions have a limit of 100 characters.

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.				
1. The State Genetics Committee has initiated the development of a "State Genetics Plan"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)				
1. Care Coordination activities by CMS target those CSHCN in need of services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Public forums were held by CMS management to obtain parent input on program direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. CMS through the MCHB-funded medical home grant provides training to teach physicians how to access s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

3) The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)				
1. CMS through the MCHB-funded medical home grant trains residents of the State's medical school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. The CMS medical director and CMS parent coordinator train physicians and their office staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. CMS has established a website (www.medicalhomeAR.org) to explain the medical home concept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. CMS together with the Governor's Developmental Disabilities Council has published a resource guide.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)				
1. CMS encourages and assists all CMS applicants who are potentially eligible for Medicaid to apply.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. CMS works closely with Arkansas Children's Hospital to obtain CMS applications on eligible CSHCN.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)				
1. CMS provides care coordination to all clients who request CMS assistance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. CMS works with the "Together We Can" program in a multi-agency	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

effort to assure that CSHCN can access				
3. CMS established a county and State resource guide on the medical home website to assist CSHCN to access	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)				
1. CMS for several years has conducted a monthly survey of all CSHCN turning 14 and mailed them transit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. CMS has printed articles on transition in the quarterly CMS Newsletter.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The CMS Parent Activities Coordinator has conducted several trainings on self-determination.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.				
1. Regional colleagues will continue to promote participation of all immunization providers in the Vaccine For Children Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. The Immunization Work Unit continually solicits participation of all clinics, public & private.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years.				
1. One coalition has a website up and running. One other has plans to implement a website.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Training was provided to county coalition staff and partners for "Programs That Work"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Program activities continue to include mentoring, clinic services, parenting skills, family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.				
1. The Arkansas Oral Health Coalition piloted school-based dental sealant projects in two communities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. The Arkansas Oral Health Coalition conducted dental sealant programs in two areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. A western Arkansas collaborative project provided dental sealants to almost 100 students.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
10) The rate of deaths to children aged 14 years and younger				

caused by motor vehicle crashes per 100,000 children.				
1. AR Safe Kids sponsors an interactive safety event at the Little Rock Zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Child Passenger Protection Act strengthened through efforts of AR SAFE KIDS Coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Child safety seat checks, bicycle helmet promotion and other childhood injury prevention programs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
11) Percentage of mothers who breastfeed their infants at hospital discharge.				
1. Basic breastfeeding support is available at each of 92 county health units.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Wellness in the Community bulletin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Breastfeeding promotion material for Health Fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Co-sponsor of statewide Arkansas Lactation Affiliate joint yearly statewide breastfeeding conference	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Breastfeeding Help line ? 60-100 calls per month	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Website specific for Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
12) Percentage of newborns who have been screened for hearing before hospital discharge.				
1. Maintain database and tracking system for all infants receiving hearing screens, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Provided training education to nurses working in AR Universal Newborn Hearing Screening Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Training workshops for Audiologists specific to Auditory Brainstem Response Audiometry & Otoacoustic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Collaborative training workshops with Arkansas Children's Hospital for Speech Pathologists & others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Lead Agency in state's interagency collaborative Cultural Competence Multi-Diversity Workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Workshops for service providers working with families of hearing-impaired children	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
13) Percent of children without health insurance.				
1. ADH continues to work with DHS through the ConnectCare contract to increase enrollment in ARKids 1st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Local health units continue to encourage enrollment in ARKids First.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
14) Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.				
1. Enrolling uninsured children in Medicaid/ARKids First & assuring they receive preventive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
15) The percent of very low birth weight infants among all live				

births.				
1. ADH will continue to support the Campaign for Healthier Babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Regular reports focusing on specific aspects of MCH data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. The Perinatal Health Services Advisory Board staffed by the ADH Perinatal Health Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
16) The rate (per 100,000) of suicide deaths among youths aged 15 through 19.				
1. Networking with national suicide prevention programs to ID effective strategies for suicide preventi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Suicide Prevention Strategic Plan will be component in Core Injury Prevention Strategic Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.				
1. ADH will continue to support the Campaign for Healthier Babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Regular reports focusing on specific aspects of MCH data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. The Perinatal Health Services Advisory Board staffed by the ADH Perinatal Health Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.				
1. ADH will continue to support the Campaign for Healthier Babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Regular reports focusing on specific aspects of MCH data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. The Perinatal Health Services Advisory Board staffed by the ADH Perinatal Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *State Performance Measure #32 (new in 2005) The percent of women smoking during pregnancy.*

a. Last Year's Accomplishments

The percent of women smoking during pregnancy is a new state performance measure for 2005.

b. Current Activities

ADH screens all pregnant women for smoking utilizing a "4 A" intervention - Ask, Assess, Advise and Assist. Pregnant smokers who decide to stop are referred to the ADH Quitline if no local resources exist.

There are currently 51 counties with 58 sites providing prenatal care including health education and smoking cessation counseling.

Also, in FY 03 there were 14,161 patients with a maternity code (includes WIC as well as prenatal clinic patients) and 6118 patients began prenatal care in our clinics.

c. Plan for the Coming Year

Callers will continue to receive smoking cessation counseling through ADH's Stamp Out Smoking (SOS Quitlines) program.

September 2004 through March 2005, the Arkansas Minority Health Commission, using Supplemental Funds for Competitive "State-Based Tobacco Cessation Quitlines" will implement a community outreach program in Hispanic/Latino communities. The contractor will provide Spanish-speaking residents with education, information, and access to cessation services as well as increasing awareness of the SOS Quitline.

State Performance Measure 3: *State Performance Measure #21* The percent of Arkansas high school students who have engaged in sexual intercourse.

a. Last Year's Accomplishments

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

There is little disagreement about the need for effective measures to reduce adolescent pregnancy and the spread of sexually transmitted diseases. Teen fertility rates continue to decline slightly in recent years. The decrease in teen fertility rates in Arkansas has not kept pace with the U. S. The percentage of live births to unmarried women remains unacceptably high at 34.9 percent in 1998, 35.2 percent in 1999, 35.8 percent in 2000, and 36.2 in 2001. This has been seen for both black and white women alike, with 5,626 (76.0 percent) of live births to black unmarried women and 7,322 (25.8 percent) of live births to white unmarried women during 2001. The number of live births to teen mothers continues to decrease from 6,831 (18.5 percent) in 1998, 6,536 (17.8 percent) in 1999, 6,527 (17.2 percent) in 2000, to 6,050 (16.4 percent) in 2001. This decline is seen in both the black and white population, from 28.4 percent in 1998, 27.5 percent in 1999, 26.0 percent in 2000, to 25.4 percent in 2001 for blacks; and 16.0 percent in 1998, 15.3 percent in 1999, 15.0 percent in 2000, to 14.1 percent in 2001 for whites.

The number of reported cases of sexually transmitted diseases has been on the rise. Chlamydia became a reportable disease in Arkansas in July 1995. The total number of cases has grown from 674 in July 1995, 6,366 in 2000, and 7,222 in 2001 to 7,783 in 2003 mainly because of more screening. The number of Chlamydia cases for the 15-24 year old is also very high. The number of gonorrhea cases rose from 3268 in 1999, to 4222 in 2003 with almost equal distribution among males and females. Early syphilis cases decreased from 213 cases in 1999, to 114 cases in 2003. Similarly congenital syphilis cases have decreased from 12 in 1999 to 3 in 2003.

The 1999 and 2001 Arkansas Youth Risk Behavior Survey helps to explain the rates of birth and the number of reported cases of sexually transmitted diseases. These data suggest that while rates of sexual activity among Arkansas youth remain high, onset of sexual activity is occurring later. In 1999, 38 percent of 9th graders, 56 percent of 10th graders, 67 percent of 11th graders and 72 percent of 12th graders reported that they have had sexual intercourse. In 2001, 35.9 percent of 9th graders, 53.3 percent of 10th graders, 60 percent of 11th graders and 77.6 percent of 12th graders reported that they have had sexual intercourse.

The state has recognized the need to focus on preventive measures to limit the number of youth negatively affected by poor choices. Although many reproductive health models and practices strive to reduce the early onset of sexual ac

b. Current Activities

A great deal of effort has been made in Arkansas to address adolescent sexuality. The Abstinence program is only one. Pubic awareness efforts have been numerous over the last 15 years including the Arkansas Time Bomb (early 90s), and in resurgence of interest in STD issues such as HIV/AIDS and a recent syphilis outbreak in the northwest part of our state. In addition, the Hometown Health Improvement effort has galvanized many local groups to attend many health issues. Prevalent among those interests is the topic of adolescent pregnancy.

Introduction of the Title V, Section 510 Abstinence Education funding into Arkansas has fueled the impetus for community-based abstinence education programs and provided some direction

and focus for those interested in this field. Some of the more popular curricula used by Title V funded programs and others include: EXCEL; Choosing the Best; Baby Think It Over; Teen-Aid; Me, My World, My Future; Project Reality; and A. C. Green. Many programs also employ a mentoring and peer involvement program called "A- (Abstinence) Teams." The addition of SPRANS funds allowed more youth to receive the abstinence until marriage message. Most of the SPRANS programs model successful Title V programs. With the additional abstinence funds, we average five subgrantees per region whereas the average was two subgrantees. The five regions include an average of 15 counties each. Some subgrantees cover two to three counties.

Teen pregnancy is a phenomenon of social and cultural variation that tends to wax and wane over a period of decades.

c. Plan for the Coming Year

The state plans to make the greatest impact in promoting abstinence by reducing adolescent and premarital sexual behavior, to be competitive for the bonus award for the 50 states, and to meet the required mandates of the Welfare Reform Plan. The RFP gives priority for funding to those applicants that have the most sound and reasonable application, and that serve populations with high numbers of out-of-wedlock and teen births. Priority in funding will be given to communities which rate in the top 20 of Arkansas' 75 counties in the annual average number of births to unwed teens during the past five years.

The Arkansas Abstinence Education Program has two goals: (1) Increase abstinence education for school-age youth in the state. Objectives to obtain this goal include awarding subgrants that support abstinence education initiatives to communities through a competitive RFP process and conducting two statewide abstinence education program development workshops for subgrantees. (2) Continue a statewide evaluation of Title V abstinence education programs. The Institute for Research and Evaluation (IRE) will continue to perform the evaluation

State Performance Measure 4: State Performance Measure #22 The percentage of children through age 18 and below 200 percent of poverty enrolled in ARKids First child health insurance program.

a. Last Year's Accomplishments

The AR Kids first program covers children who are eligible for Medicaid (AR Kids A), children who are eligible for a state-funded insurance program that has a benefit package like the state employees health insurance with co-pays (AR Kids B), and also SCHIP funds. AR kids A does not have copays and has a wider range of covered services. Last year, the AR Kids program worked more closely with eligible families to move some from B to A in order to obtain the additional benefits. The data provided in Performance Measure 22 shows a decline in the number of eligible children served. That number is just the AR Kids B group which has decreased because the families desired the better coverage of AR Kids A and were switched. As of June, 2004, a "snapshot" of the data showed that there were 60,463 children in B and 177,930 in A. We are working with Medicaid staff to further characterize this shift. However, the AR Kids First program continues and has in fact increased its efforts with families to make appropriate choices among the programs. In addition, it has further simplified the eligibility process by issuing only one eligibility ID card which covers both programs, avoiding the need for a family to carry one for each of them.

b. Current Activities

AR Kids First continues to work with parents to help them make the best personal choice of benefits packages. While ADH does not at the moment have total figures on the growth of both A and B programs, we have no evidence that AR Kids has done anything but increase in numbers served.

c. Plan for the Coming Year

The intent of AR Kids First is to continue to make its programs easier to access and to be more "family friendly."

State Performance Measure 5: *State Performance Measure #24* The percent of pregnant women counseled for HIV testing.

a. Last Year's Accomplishments

In FY 2003 the number of clients receiving prenatal care in ADH clinics continued to decline and the percent of Arkansas' pregnant women receiving first trimester care also declined. But those receiving care in ADH clinics were more likely to have been tested for HIV (77.6%) than those receiving care from a private physician (74.9%).

b. Current Activities

Fifty-eight (58) sites in 51 (68%) of 75 counties in Arkansas provide prenatal care. In FY 03 there were 14,161 patients with a maternity code (includes WIC as well as prenatal clinic patients) and 6118 patients began prenatal care in ADH clinics.

In FY 2003 the number of clients receiving prenatal care in ADH clinics continued to decline and the percent of Arkansas' pregnant women receiving first trimester care also declined. But those receiving care in ADH clinics were more likely to have been tested for HIV (77.6%) than those receiving care from a private physician (74.9%).

RESPONSE TO 2005 APPLICATION REVIEW

2002 and 2003 data are estimates.

The denominator, 34,273, represents all mothers experiencing a live birth in 2001. The sampling program that weights the data set, calculates this number. So, for example, 25,469 moms experiencing a live birth in 2001 reported that they were tested for HIV at some time during their most recent pregnancy or delivery.

74.3% of moms stated that they received a test for HIV at some time during their most recent pregnancy or delivery - $25469/34273$

11.7% of moms stated that a health care worker talked to them during a prenatal care visit about being tested for HIV. $3991/34273$

c. Plan for the Coming Year

ADH will continue to provide direct prenatal care services including HIV counseling, in 61% (58/95) of its LHUs. In many counties these clinics provide services to low income women who would otherwise not be able to access care. ADH will continue to collaborate with local physicians, but will continue in the role of primary care gap-filler. The nursing staff in these clinics will continue to educate patients about eliminating smoking, alcohol and drugs, maintaining appropriate weight and hydration. Staff will continue to advise patients to seek

treatment for any infection to decrease risks of having preterm labor a low birthweight baby. Chlamydia testing and subsequent treatment continued in FY 2003. ADH local health units will continue to counsel women concerning HIV. This includes services such as nutrition and social work counseling, and case management. These activities also impact National Performance Measures #15 and #18.

State Performance Measure 6: State Performance Measure #34 (new in 2005) Percent of overweight among WIC children 0-5 years.

a. Last Year's Accomplishments

b. Current Activities

c. Plan for the Coming Year

State Performance Measure 7: State Performance Measure #28 The percent of 14-15 yr olds on CMS who state that CMS transition services have helped improve their knowledge/ability to transition into adult life.

a. Last Year's Accomplishments

Children's Services has conducted a monthly survey which deals with transition issues of youth with special needs for several years. Surveys are sent each month to CSHCN turning 14 during the month . The pool from which the names of the youth are pulled from the Title V database is specific to individuals who are Medicaid recipients that have requested Title V case management assistance as well as individuals who are Medicaid recipients and have not requested Title V case management assistance. Along with the survey a pamphlet on transition issues and resources is also sent. Children's Services received technical assistance from John Snow Inc. consultants on setting up a database with the information from the survey for needs assessment and program evaluation purposes. Also Children's Services has published a quarterly newsletter for many years which often has articles on transition in it. As part of the medical home grant Children's Services has conducted a series of training workshops for physicians and parents of CSHCN which include transition issues.

b. Current Activities

Children's Services is still publishing a quarterly newsletter which contains occasional articles on transition issues. The Children's Services parent coordinator has also been assisting in the medical home project through Project DOCC to ensure that physicians and parents of CSHCN are trained in transition issues.

c. Plan for the Coming Year

Children's Services will continue publishing the quarterly newsletter (which contains occasional articles on transition issues) for clients who have chosen Children's Services to be their case manager and for Early Intervention and Alternative Community Services waiver clients. Parents of CSHCN who have been trained in transition concepts under the medical home grant's Project DOCC will continue to train residents at the State's medical school in family-centered care including transition issues.

State Performance Measure 8: *State Performance Measure #29* The percent of parents responding on the CMS Parent Satisfaction Survey that CMS service coordination teams told them about other services available to them.

a. Last Year's Accomplishments

Children's Services revised and expanded the annual Needs Assessment done Statewide. The denominator has changed in this area due to a change in the pool group who were sent the Needs Assessment. In past years, the survey was sent to all individuals on the Title V database with a currently active status. The pool group was decreased to reflect individuals that are Medicaid eligible and have requested Title V case management assistance as well as Title V recipients who are not Medicaid eligible and for whom Title V pays for services.

Children's Services' staff updated county resource directories and provided the information to families during visits.

The quarterly newsletter contained articles informing families of issues of importance to them and their children.

Children's Services' staff assisted families in completion of the application process for the respite waiver.

Parent Advisory Council members participated in quarterly meetings that included training on varied topics.

A technical assistance visit and interview was completed by staff from John Snow Inc. This should improve the quality of the transition survey questions and the information collected.

b. Current Activities

Resource directories in Spanish are being completed in several areas of the State with high Hispanic populations.

One issues of a Children's Services newsletter for teenagers age 14 and over has been completed and included discussion of transition issues and resources.

Staff from John Snow Inc. completed the Technical Assistance project through an u-pdate made in the transition survey mailed to teens turning age 14 each onth and modification to the database used to compile the information.

Title V CSHCN staff have been trained in the DDS Alternative Community Service Home and Community Waiver, Special Needs Program and Integrated Services program and make referrals for each program.

Initial training in State and community resources is being provided to DDS Service Specialist who are now working with the Title V CSHCN program.

c. Plan for the Coming Year

Ongoing training in State and community resources to new Title V CSHCN staff will be provided through regional meetings.

Increase the printing and distribution of a newsletter to teens age 14 and over from once per year to twice a year, at a minimum, which will provide education, work and benefit resource information.

Assign a Title V Registered Nurse to become a liaison with tertiary care NICU staff in the highly populated central Arkansas area. With regular contact between Title V and hospital staff, families will become aware of resources at an earlier point in their child's life.

State Performance Measure 9: *State Performance Measure #30 (New in 2005) ACT 1220* baseline data: The percent of public school students overweight (95th percentile)

a. Last Year's Accomplishments

Last year, the state made major statewide efforts to implement the provisions of Act 1220 to measure BMI index in all school children. These results are reported in Performance Measure 30.

b. Current Activities

This year, the remaining school systems not reporting BMI measurements submitted their data. Now the ACT 1220 program has notified by letter the BMI result of all children measured. Public response to receiving these letters is beginning to be expressed through calls to the program.

c. Plan for the Coming Year

/2005/Healthy Arkansas Initiative

Governor Mike Huckabee launched the Healthy Arkansas Initiative on May 4, 2004. The Initiative will use existing resources and funding sources to provide information and create incentives to convince Arkansans to give up unhealthy habits.

Governor Huckabee said, "We must convince Arkansans that the key to real change is a behavior change. We eat the wrong foods. We smoke too much. We don't exercise enough. If a person maintains a normal body weight, exercises at least three times each week and doesn't use tobacco, that person will live an average of 13 years longer than he or she would live otherwise."

The Healthy Arkansas Initiative targets state employees, Medicaid recipients and other Arkansans. The Governor has charged both Dr. Fay Boozman, director of the Department of Health (ADH) and Kurt Knickrehm, director of the Department of Human Services (DHS) to achieve specific goals among the targeted populations.

ADH has been directed to achieve specific goals by January 2007 to increase rates of physical activity among children and adults, reduce overweight and obesity rates among children and adults and reduce rates of smoking among adolescents and adults.

DHS was directed to develop a pilot project to attempt to improve health behaviors among the approximate 600,000 Arkansans who receive Medicaid benefits. Input on how healthy habits should be rewarded has been requested from a number of groups, including the Arkansas State Employees Association.

Another component of Healthy Arkansas focuses on worksite wellness. On April 29, the Governor invited business leaders statewide to attend a meeting to discuss fiscal impacts of changing unhealthy behaviors including:

Financial and lifestyle incentives offered to employees to live a healthier life;

Determining why employees are overweight, not exercising or smoking;

Defining the true cost to our state due to unhealthy lifestyle; and

Determining the health problems that can be changed by behavior change

Governor Huckabee has asked for involvement from the business community on the front-end to make these issues a priority. He stressed that creating a healthier workforce is a fiscal issue and will result in fewer sick days, increased productivity and lower health insurance costs. The Governor is seeking concepts and best practices that impact healthcare that have worked for one company to share with a larger audience.

The Healthy Arkansas Initiative will be a focus of Governor Huckabee's administration

during the next 32 months. The Initiative creates an ongoing effort to change Arkansas from one of the unhealthiest states in the country to one of the healthiest.//2005//

State Performance Measure 10: *State Performance Measure #31 (new in 2005) ACT 1220 baseline data: The Percent of public school students at risk of overweight (85-95th percentile)*

a. Last Year's Accomplishments

b. Current Activities

RESPONSE TO 2005 APPLICATION REVIEW

2005/Healthy Arkansas Initiative

Governor Mike Huckabee launched the Healthy Arkansas Initiative on May 4, 2004. The Initiative will use existing resources and funding sources to provide information and create incentives to convince Arkansans to give up unhealthy habits.

Governor Huckabee said, "We must convince Arkansans that the key to real change is a behavior change. We eat the wrong foods. We smoke too much. We don't exercise enough. If a person maintains a normal body weight, exercises at least three times each week and doesn't use tobacco, that person will live an average of 13 years longer than he or she would live otherwise."

The Healthy Arkansas Initiative targets state employees, Medicaid recipients and other Arkansans. The Governor has charged both Dr. Fay Boozman, director of the Department of Health (ADH) and Kurt Knickrehm, director of the Department of Human Services (DHS) to achieve specific goals among the targeted populations.

ADH has been directed to achieve specific goals by January 2007 to increase rates of physical activity among children and adults, reduce overweight and obesity rates among children and adults and reduce rates of smoking among adolescents and adults.

DHS was directed to develop a pilot project to attempt to improve health behaviors among the approximate 600,000 Arkansans who receive Medicaid benefits. Input on how healthy habits should be rewarded has been requested from a number of groups, including the Arkansas State Employees Association.

Another component of Healthy Arkansas focuses on worksite wellness. On April 29, the Governor invited business leaders statewide to attend a meeting to discuss fiscal impacts of changing unhealthy behaviors including:

- Financial and lifestyle incentives offered to employees to live a healthier life;
- Determining why employees are overweight, not exercising or smoking;
- Defining the true cost to our state due to unhealthy lifestyle; and
- Determining the health problems that can be changed by behavior change

Governor Huckabee has asked for involvement from the business community on the front-end to make these issues a priority. He stressed that creating a healthier workforce is a fiscal issue and will result in fewer sick days, increased productivity and lower health insurance costs. The Governor is seeking concepts and best practices that impact healthcare that have worked for one company to share with a larger audience.

The Healthy Arkansas Initiative will be a focus of Governor Huckabee's administration during the next 32 months. The Initiative creates an ongoing effort to change Arkansas from one of the unhealthiest states in the country to one of the healthiest.//2005//

c. Plan for the Coming Year

As a result of Act 1220 of 2003, Arkansas is the first state to collect body mass index (BMI) data on all children enrolled in public schools. This project involves annually measuring the BMI of every student in grades K ? 12, approximately 450,000 students. This provides actual data about the children in our state who are overweight or at risk of becoming overweight and will help in planning and evaluating programs in our schools.

The Arkansas Center for Health Improvement (ACHI) is responsible for coordinating the BMI project, calculating and analyzing data, and developing reports. Preliminary results recently released by ACHI showed that 40% of the children in Arkansas public schools were overweight or at risk for becoming overweight.

ADH Strategies: Statewide

Ensure continuation of BMI assessment in all public schools, as required by Arkansas Act 1220.

Work with ACHI to develop an ongoing process for BMI assessment.

Utilize Community Health Nurse Specialists to assist schools.

Work with ACHI and College of Public Health to analyze and report BMI assessment results.

Support evaluation of Arkansas Act 1220.

Work with College of Public Health on current evaluation.

Work with Child Health Advisory Committee to assure ongoing evaluation.

Publish an annual report.

Establish a Governor's Physical Fitness Award modeled after the President's Physical Fitness Award.

FIGURE 4B, STATE PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) State Performance Measure #32 (new in 2005) The percent of women smoking during pregnancy.				
1. Project continued through limited follow-up within the SIDS program for suspected SIDS cases	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.				

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) State Performance Measure #21 The percent of Arkansas high school students who have engaged in sexual intercourse.				
1. Funded 13 SPRANS sub-recipients to promote the growth of abstinence until marriage for ages 12-18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Provided technical assistance on selecting appropriate materials and data collection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Sub-recipient, ADH & Steering Committee hosted a statewide abstinence conference	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) State Performance Measure #22 The percentage of children through age 18 and below 200 percent of poverty enrolled in ARKids First child health insurance program.				
1. The ADH ConnectCare staff will continued to cover after-hours calls for the Dept of Human Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ADH will continue to promote ARKids First and facilitate enrollment at the local level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) State Performance Measure #24 The percent of pregnant women counseled for HIV testing.				
1. ADH continues to collaborate with local physicians	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) State Performance Measure #34 (new in 2005) Percent of overweight among WIC children 0-5 years.				
1. Presented teleconference on effectively educate families about weight management, etc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Creation of periodic newsletters on weight management and obesity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Creation of a multi-agency, multidisciplinary task force addressing the issues through Act 1220 of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) State Performance Measure #28The percent of 14-15 yr olds on CMS who state that CMS transition services have helped improve their knowledge/ability to transition into adult life.				
1. Mail a monthly survey (along with information on transition issues) to all CSHCN on Children's Medic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Hold training workshops around the State on transition issues for parents of CSHCN.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Publish articles on transition in the quarterly CMS newsletter.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Publish a quarterly newsletter designed especially for youth with special health care needs with art	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Assist with training of physicians participating in the medical home grant to ensure transition issu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Conduct an annual client satisfaction/needs assessment survey of all families on CMS which has numer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

7) State Performance Measure #29 The percent of parents responding on the CMS Parent Satisfaction Survey that CMS service coordination teams told them about other services available to them.

1. Children's Medical Services (CMS) case managers were trained with resource information given to the

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------

2. CMS case managers were trained and certified as Early Intervention services coordinators.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------

3. Referrals to CMS, Early Intervention and Developmental Disabilities Services are made for SSI applic

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------

4. The quarterly CMS newsletter contained articles informing families of services and issues important

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------

5. The CMS Parent Advisory Council meetings were held quarterly with training given on various topics o

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------	--------------------------

6.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

7.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

8.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

9.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

10.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

8) State Performance Measure #30 (New in 2005) ACT 1220 baseline data: The percent of public school students overweight (95th percentile)

1.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

2.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

3.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

4.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

5.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

6.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

7.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

8.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

9.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

10.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

9) State Performance Measure #31 (new in 2005) ACT 1220 baseline data: The Percent of public school students at risk of overweight (85-95th percentile)				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. OTHER PROGRAM ACTIVITIES

The Arkansas Center for Birth Defects Research and Prevention was founded two years ago with a grant from CDC and is making excellent contributions to the national research effort. The Center found that between 1992 and 1996, Arkansas's neural tube defect (NTD) rates were among the highest in the nation, and increasing. This finding motivated the Dept. of Health to join with the Center, March of Dimes, the Spina Bifida Association, Arkansas Children's Hospital, and others to mount a state public awareness campaign around NTD prevention by dietary fortification and supplementation with folic acid. These groups partnered with news media to develop a television and newspaper effort building on the national campaign. The Department purchased and is providing free bottles of folic acid tablets to all new family planning patients. /2002/ ADH now provides folic acid tablets and information about the importance of folic acid to family planning patients on their annual visits.

/2004/ All women who come to the Health Department for pregnancy testing only are now offered folic acid tablets if the test is negative, and prenatal vitamins if the test is positive. Appropriate education is provided to all.

The Arkansas (AR) Folic Acid Coalition is comprised of: ADH (5 members from Family Health), AR Chapter of the March of Dimes, AR Center for Birth Defects Research and Prevention, AR Children's Hospital, AR Dept. of Education, AR Dietetic Assoc., AR Spinal Cord Commission, Spina Bifida Association of AR, U of AR for Medical Sciences, and the U of AR Cooperative Extension Svcs. on the coalition. Its purpose: educate women, the medical community, and the general public on the benefits of folic acid. The Coalition's Internet site (<http://www.aristotle.net/~folicacid/>) is one means of accomplishing this purpose. Act 55 of 2003 appropriates \$150,000 as Medicaid match funds for state folic acid services. This provides a total of \$300,000 for a physician awareness/education initiative on folic acid, including appropriate protocols for such to incorporate into their patient care. //2004//

Babies and You prenatal education programs in the work sites throughout the state.

/2004/ The March of Dimes discontinued this program. Businesses desiring education are referred to their local county health department. //2004//

The 24-hour MCH 1-800 line. Operators will continue to provide telephone coverage for Operation KidCare, Mercury and Fish and a variety of other programs. /2002/ The MCH Help Line now responds to calls about the Infant Hearing Program. The Help Line received 12,448 requests for the Baby Book

in FY 2001. /2003/ The MCH Help Line was renamed to MCH Health Information Resource Line. The Information Resource Line received 24,257 calls. Of those calls, 10,500 were requests for Happy Birthday Baby Books and 13,757 were requests for other information.

/2004/ In 2002 there were 12,813 calls for the Happy Birthday Baby Book and 2761 other calls. //2004//

ADH is developing a Healthy Child Care America/Child Care Health Consultant (CCHC) educational program jointly with the U of AR Fayetteville (Eleanor Mann School of Nursing). The curriculum is ready to pilot this year (2002). This CCHC program will provide targeted nurses with special knowledge about child care settings and is intended to improve the health milieu for children in child care environments. These consultants will be able to offer staff training; parent educational programs; on-site assessment within the child care environment. They will focus on health and safety practices and program operations. They will be prepared to provide advocacy and to promote quality childcare in the community.

/2004/The Healthy Childcare America Grant was lost in 2003. //2004//

ADH WIC Breastfeeding:

/2004/ In 2003, over 650 field staff participated in Competency Based Breastfeeding Training provided by the WIC Nutrition and Breastfeeding Team. A self-study version of the training will be available later in 2003, to be distributed statewide. This training incorporates management of breastfeeding problems and benefits of breastfeeding. In addition, thousands of pamphlets, tear sheets, posters, and other breastfeeding patient information materials are distributed statewide to teach parents and staff about breastfeeding. The WIC program will also continue to provide electric breastpumps to enable working or student mothers to continue to breastfeed. In addition, WIC Breastfeeding maintains an ongoing relationship with tertiary hospitals to increase the number of premature infants who receive the life-saving benefits of breastmilk. On the average, mothers of premature infants are able to obtain a quality electric breastpump from WIC within 2-5 days of delivery. All pregnant women entering the WIC program receive information about the benefits of breastfeeding (an estimated 60% of all pregnant Arkansas women are eligible for the WIC program). The Competency Based Breastfeeding Training for ADH WIC colleagues teaches counseling techniques that help ensure effective breastfeeding promotion -over 700 colleagues completed the training during 2003. The Training is offered on an ongoing yearly basis. //2004//

Maternity Program: The Social Work team will continue to provide counseling to women with high-risk pregnancy in Faulkner, Jefferson, Crittenden, St. Francis and Mississippi counties in the state. /2002/ Counties where high-risk pregnant women receive counseling from the Social Work Team include Pulaski, Perry, and Conway counties. The Maternal Infant Program now makes social work home visits in Faulkner County. /2003/ Eleven counties now provide social work consultation in the prenatal clinics. The Maternal Infant Program is now in 48 counties and makes social work home visits available.

/2004/ Six counties now have social workers available for Prenatal Clinics. //2004//

F. TECHNICAL ASSISTANCE

A center point of agency activity during the next year will be expansion of the Hometown Health Improvement Project. Technical assistance related to evaluating the effectiveness of local coalitions, especially those that are newly formed is requested.

As the Department moves more into core public health functions, more information concerning how

other agencies have successfully shifted into this role would be helpful. This is particularly true of the monitoring role. What components are included in monitoring? How was this done without alienating the providers being monitored? Can a direct service role be maintained and monitoring be a responsibility? General information about how this transition has worked in other states would be useful.

/2002/ As the ADH plays less of a direct service role, the Department will likely work to assure services through care coordination and case management strategies. Technical assistance regarding how clinical staff may move into these roles would help the Department make this transition.

/2003/ The ADH has been using extensive technical assistance from the School of Public Health at the University of Alabama. Their assistance is aimed at further roll-out of the Arkansas Strategic Plan for Improvement, Results, and Excellence (ASPIRE). Reorganization is still in a phase of developing general administrative staffing and team decision-making management styles at all levels of the agency. Centrally, reassignment of program staff to management teams is still occurring. As the Women's Health Team, the Child and Adolescent Health/Oral Health/Injury Prevention and the WIC Team become fully formed, and become integrated in the Family Health Group, the staff can look in more detail at the needs of women and children in the state. It is likely that more specific demand for TA will occur at that time.

/2004/ ADH will be implementing new activities related to obesity, physical activity, and tobacco use prevention, with primarily children being targeted. These activities could be aided by the kind of technical assistance that MCHB offers to states. For example, our health education nurses in the school cooperatives will need a train-the-trainer program to promote USDA standards for competitive foods (vending machines, a la carte stores, etc.) One of the MCH Bureau-funded TA services may help us develop such a train the trainer program. Hometown Health colleagues that work with community coalitions to bring public health to the local level, as well as the local coalitions, need training in areas such as grant writing, building and maintaining collaborative partnerships, and program evaluation. Also, train-the-trainer programs in counseling parents of overweight children would benefit ADH health personnel in the WIC clinics. These clinics are ideal venues for efforts to prevent childhood obesity.

The WIC Breastfeeding Program requests assistance in developing a standardized data- collection system to determine the rate of breastfeeding at hospital discharge. There are varying methods of collection of breastfeeding rates of initiation, many which do not reflect the rate at hospital discharge.

Soon after finishing this block grant application in July, we will need to start thinking about our 5 year needs assessment for the MCH Block. TA for this process would be helpful.

As the Agency "rolls out" its team training and forms its Work Units, it will be helpful to work through a strategic planning process at the work unit level. TA could be helpful here. Child and Adolescent Health in particular could benefit from this kind of opportunity, because: a) Child Health clinics no longer exist in our local health units, b) our activities will focus more on interagency efforts and health systems development, and c) we should be developing new partnerships for children including mental health in a way not done before. //2004//

V. BUDGET NARRATIVE

A. EXPENDITURES

/2004/ Total Expenditures for the FY2002 Federal-State MCH Partnership were \$30,399,853. This was a reduction of \$2,977,754 from the budget submitted with the FY 2002 application. Less of the Title V federal allocation was spent than budgeted due to both ADH and CMS reorganizing services and structure. Arkansas state contribution of \$8,008,893 more than met the maintenance of effort requirement of \$5,797,136.

Other Funds expenditures were reduced from \$990,686 to \$552,114, primarily due to reductions in media purchasing for Medicaid Outreach and Education. Expenditure of program income of \$15,268,452 was less than the \$16,066,872 budgeted, due to the inclusion of existing fund balances in the Family Planning Medicaid budget. Other Federal Funds expended were slightly less than the \$5,439,600 budgeted, primarily due to a decline in the expenditure of federal abstinence funds.

Direct Health Care Services was the predominant type of service provided through MCH. A minimal decline in these services was primarily due to loss of EPSDT revenue, and a movement of MCH activity toward infrastructure-building services, primarily Hometown Health. At the same time, more CMS activity was directed away from enabling services and infrastructure building toward direct services. //2004//

/2005/ Total Expenditures for the FY2003 Federal-State MCH Partnership were \$31,078,443 a decline from the amount (\$33,377,607) budgeted for previous year. Expenditures at ADH dropped as reductions in direct services occurred. This was particularly apparent with MCH Block funds, as direct maternity care was reduced.

Arkansas state contribution of \$7,431,977 more than met the maintenance of effort requirement of \$5,797,136. Much of the ADH's state contribution is documented through time-allocation. In July 2001, the Arkansas Administrative Statewide Information System, an integrated accounting, human resources, and materials management System provided a modern, automated accrual accounting system across all state agencies. The system was implemented without a cost-allocation system. This system is still under development. Consequently, state effort from time allocation in this application is based on 2001 figures, which have been adjusted for changes in clinic activity and increases in salary. This situation should be rectified by July 2005 as a cost allocation system compatible with AASIS is currently under development.

Other Funds expenditures were reduced substantially. The Medicaid ConnectCare outreach and education contract, while ongoing was moved from under the pervue of the MCH/Family Health Service Unit. Those expenditures are no longer counted. Expenditure of program income of \$15,420,453 exceeded the \$14,598,020 budgeted. Most of this was increases in family planning expenditures, including increased cost of contraceptives.

ADH has made a concerted effort to redefine budget to distinguish direct services from enabling services and population-based services. Also, numbers are affected by caseload declines across programs in FY 2003.

Movement of state match away from well-child clinics to immunization clinics moved nearly \$3 million in expenditures from direct services to population-based services.

ADH identified expenditures for health education and other enabling services that had previously been counted as direct services. This included surveying staff regarding the amount of time expended in family planning and maternity offices visits that was directed toward health education and other enabling services, as opposed to the direct provision of health care services. This moved about one-third of staff time for family planning and about forty percent of staff time for maternity to enabling./2005//

/2005/ The CSHCN budget for FFY 2003 shows a \$1.8 million dollar variance between the 2003 budgeted and expenditure amounts. Budgeted program income for FFY 2003 was \$2.5 million

in case management revenue from Medicaid. Actual income received for case management billing during that time period was \$1.2 million. Total expenditures in FFY 2003 for Children's Services was \$7,352,672 which was a decrease of \$469,644 from expenditures in FFY 2002. This decrease is attributed to a change in eligibility criteria established in earlier years. Financial eligibility criteria decreased to 185% of Federal Poverty Level and age eligibility criteria was changed from age 21 years to age 18 years. These changes coupled with an ongoing problem with issuing payments via electronic means resulted in the decreased spending. Decreased program income plus decreased spending equals the variance from the planned budget. /2005//

B. BUDGET

/2004/ The projected Title V appropriation for Arkansas is expected to be \$7,808,811. Preventive and Primary Care for Children is budgeted at \$3,374,394 or 42.73 percent of the total. The amount projected for CSHCN (CMS) is \$2,447,125, which is 31.34 percent of the total. Title V administrative costs are estimated at \$413,583, 5.3% of the total allocation. The amount of total State funds budgeted is \$7,492,879. Each of these budgeted items satisfies the legislative requirements. Total carryover projected from previous years is \$1,042,869. The total state match including state and local funds, other funds and program income is \$24,979,834, which exceeds the maintenance of effort requirement of \$5,797,136.

Income from the provision of family planning services has risen, due to the Family Planning (Women's Health) waiver has risen over the years. The MCH budget reflects expenditures budgeted on family planning income of more than \$13,000,000. At the same time that family planning has increased, Medicaid income from the provision of maternity services has fallen by about \$300,000 per year, as more pregnant women with Medicaid coverage find care through the private sector. Also, more women receiving maternity services through ADH clinics have no source of coverage.

Again, the State MCH Budget Grand Total reflects an increase over past years in the amount of other federal funds. Most of this increase is derived from the inclusion of \$64,131,226 in federal WIC funds, as WIC is included in the ADH Family Health/MCH umbrella.

The estimated unobligated balance for ADH from FY 2003 is \$491,696. The bulk of this carryover resulted from the closure of the Perinatal Nurse Home Visiting Program, which was partially funded with \$300,000 in MCHBG funds. A portion of these funds may be redirected toward childhood obesity and physical activity and toward Health Insurance Portability and Accountability Act compliance for MCH clinical services.

ADH estimates that seventy percent or \$17,925,863 of the FY2004 ADH share of the Federal State Title V Block Grant Partnership Total will be expended for direct health care services. While ADH has reduced the scope of direct care services provided to mothers and children (specifically EPSDT and school health), the block grant still supports FTE's in local health units who are providing maternity care family planning, and WIC services. Also, much of the state match counted in previous years reflected effort in child health clinics and school health. This effort has been replaced by child immunization activity. The pyramid reflects that more MCH grant funds are now directed to the Hometown Health effort and building infrastructure in local communities.

/2004/The Title V Block Grant for CMS is projected to be \$2,719,028 plus a carryover of \$551,173 has been estimated. The state funds to CMS totals \$2,452,937 of which \$182,554 is allocated to administrative costs. The remainder of the required state match is derived from expenditures on direct services and insurance collections. Without these insurance collections, CMS would have to pay more out of state funds to the hospital for direct medical services.

Non-Federal Funding -- CMS receives full cost reimbursement from Medicaid for performing case management for Medicaid clients on the CMS program. This funding is estimated at \$2,500,000 in

FFY 2004. These funds are categorized as program income. Policy Development and Program Development and Management are included in the administration of Title V. Quality Assurance & Standards Development and Community Assessment are included in CSHCN Care Coordination.

Administrative costs are budgeted at \$271,903 Title V and \$182,554 state funds. The budget by types of service is estimated along with the breakdown of administrative costs for each of the four types of services. //2004//

/2005/ADH faced entering the state fiscal year in July 2005 facing a serious state budget shortfall. The Department had experienced nearly a 20 percent decline in clinical visits over the last three years. The agency's three biggest reimbursement accounts--Family Planning, Maternity and Immunizations--were spending more money than they were taking in. Consequently, the deficit for FY05 was projected at about \$5,350,000.

Evidence suggested that several different factors contributed to the decline in clinic activity and subsequent budget deficit:

-During the 2001 budgeting process, the Department eliminated the child health program and stopped providing Early Periodic Screening, Diagnosis and Treatment (EPSDT or well-child checkups). This was a dramatic change in ADH services. The care of those EPSDT children was transferred to their primary care providers on the Medicaid Program. An extensive process of supporting families to find a PCP was pursued by Medicaid and ADH. Medicaid contracted ADH as their agent to help notify EPSDT families and coordinate the process of identifying PCPs. That was called "Connect Care." Since that was put in place, a high number of EPSDT children successfully found PCPs. Enrollement and services through EPSDT (now called the AR Kids First Program) appear to have continued on a strong upswing since then.

Immunizations are being tracked through a new web-based reporting system which has not yet reached expected performance levels. So it is difficult to use this backup data to reassure us that the former EPSDT kids are indeed receiving services.

Evidence presented elsewhere in the application suggests children are receiving screening services from their PCPs.

The Department has difficulty recruiting and retaining Registered Nurses and Nurse Practitioners in some counties, because ADH salaries are not competitive with the private sector. These colleagues are needed to staff our clinics.

Dr. Fay Boozman, director, said, "Some of these factors (i.e., ARKids) are good for Arkansans, but hard on the Health Department budget. We are forced to do what every Arkansas family has to do if they are spending more money than they are making. We have to balance the ADH checkbook."

The Department addressed the shortfall by eliminating 123 positions. Sixty-nine of these were vacant and 38 were currently filled. Sixteen colleagues were reassigned. In addition, five people will be reduced from full-time to part-time employment. Operational expenses were also reduced.

The projected Title V appropriation for Arkansas is expected to be \$7,666,081. Preventive and Primary Care for Children is budgeted at \$2,909,382 or 37.95% percent of the total. The amount projected for CSHCN (CMS) is \$2,402,396, which is 31.34 percent of the total. Title V administrative costs are estimated at \$360,425, 4.7% of the total allocation. The amount of total State funds budgeted is \$7,431,977. Each of these budgeted items satisfies the legislative requirements. Total carryover projected from previous years is \$58,407.

The MCH budget reflects expenditures budgeted on program income have dropped by \$2,000,000 since last year. This results from the decline in family planning and maternity services over the past two years. Total visits for direct services have declined by more than 20% since 2001. Medicaid income from the provision of maternity services has dramatically declined. The amount of expenditures budgeted on maternity Medicaid has fallen from \$2.3 million in FY 2003 to \$841,113 in 2005. The State MCH Budget Grand Total has increased to \$108,806,526..

The estimated unobligated balance for ADH from FY 2004 is only \$58,407. The reduction in revenue from Medicaid services has eliminated carryover from previous years. Forty-three percent or \$13,026,981 of the FY2005 ADH share of the Federal State Title V Block Grant Partnership Total will be expended for direct health care services. This reduction reflects both the actual declines in the provision of services and re-computation of the expenditure by type of service taking into account that immunization activity is counted as population based services, and re-categorizing some activities formerly counted as direct services more appropriately as enabling services. Also, much of the state match counted in previous years reflected effort in child health clinics and school health. This effort has been replaced by child immunization activity. The pyramid reflects that more MCH grant funds are now directed to the Hometown Health effort and building infrastructure in local communities.

/2005/The Title V Block Grant for CMS is projected to be \$2,710,740 plus a carryover of \$58,407 has been estimated. The state funds to CMS totals \$2,077,103 of which \$163,087 is allocated to administrative costs. The remainder of the required state match is derived from expenditures on direct services and insurance collections. Without these insurance collections, CMS would have to pay more out of state funds to the hospital for direct medical services.

Non-Federal Funding -- CMS receives full cost reimbursement from Medicaid for performing case management for Medicaid clients on the CMS program. This funding is estimated at \$2,500,000 in FFY 2005. These funds are categorized as program income. Policy Development and Program Development and Management are included in the administration of Title V. Quality Assurance & Standards Development and Community Assessment are included in CSHCN Care Coordination.

CMS Administrative costs are budgeted at \$271,074 Title V and \$163,087 state funds.

The budget by types of service is estimated along with the breakdown of administrative costs for each of the four types of services./2005//

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.