



Central Arkansas:
Five years of Community
Health Transformation

INTRODUCTION

Across the country every day, local and national organizations invest their time, energy, and resources to improve the health and wellness of people and communities. These groups include governments, hospitals, doctors, and others in the provider community; nonprofits and service providers; members of the business community; and many others. However, to provide the most meaningful and systemic changes, these efforts must be well coordinated and complement each other, and result in a series of goals that everyone in the community has a stake in achieving.

This is where the Clinton Health Matters Initiative (CHMI) works to make a difference. To achieve better health outcomes, we know that we must implement changes that will influence where we live, learn, work, and play. CHMI works across sectors to create systematic changes that addresses the policies, processes, and practices that influence and impact the social determinants of health. We critically examine these interdependent systems – health care, community, environment, education, employment and income – and find sustainable approaches to improve health outcomes and reduce health inequity.

CHMI implements their Community Health Transformation (CHT) work in six communities in the United States that are disproportionately impacted by chronic disease to improve health outcomes and close gaps in health disparities. We do this by convening community stakeholders and developing a strategic plan – what we call a Blueprint for Action – for improving the health and wellness of residents and turning that plan into action. Through this process CHMI maps out common goals and objectives for improving health outcomes and facilitates the implementation of that plan through the coordination of resources and the alignment of organizational efforts across industries and sectors. This equates to more effective community action and more impactful progress in improving the health of the community.

Central Arkansas, which includes Pulaski County and the capital city of Little Rock, was the second community where we began this work in 2012. Other regions within CHMI's Community Health Transformation (CHT) portfolio include Adams County, Mississippi; Northeast Florida (Jacksonville); Greater Houston, Texas; Knox County, Illinois; and San Diego County, California. In 2018, CHMI completed its five-year engagement in the Coachella Valley, California.

We take a careful and deliberate approach to building out our CHT regions by developing a Blueprint for Action and identifying ways to improve health outcomes that are informed by and specific to the unique context of each region. In each of our communities, we:

- 1. EVALUATE THE COMMUNITY:** We assess the community's overall health and wellness, including an examination of community and population health indicators to determine areas of greatest need.
- 2. BRING THE COMMUNITY TOGETHER:** We convene key stakeholders from across sectors to discuss each organizations' current work and priorities.
- 3. MAP OUT A BLUEPRINT FOR ACTION:** We work collaboratively with these stakeholders to chart a local Blueprint for Action, which includes key priority areas and specific recommendations.
- 4. HELP IMPLEMENT SOLUTIONS:** For the actions that we've identified in the Blueprint for Action, we work across sectors to help implement these solutions.
- 5. BRING MORE RESOURCES TO BEAR:** We work with national, regional, and local experts and programs to leverage additional resources that will help advance priority actions in the local Blueprint for Action.

CHMI has a proven record of success in communities across the United States. Our community health model improves health infrastructure, policies, and outcomes by leveraging partner agencies, aligning

regional resources, and instilling a cross-sector collaborative model. Our model leverages the knowledge base and community connections of a regional director, who is hired from within the community to lead the development and execution of a regional Blueprint for Action.

Over the past five years, CHMI has made significant progress toward improving health related systems in each of these regions, building partnerships of purpose with leading organizations at the local and national level, and elevating dialogue with stakeholders on the issues of health and wellness, child welfare, juvenile justice, and combating the opioid crisis.

CHMI AND CENTRAL ARKANSAS

Central Arkansas is home to nearly 400,000 residents and includes the state capital of Little Rock. Other key organizations and institutions located in the region include the Little Rock Technology Park, the Arkansas Innovation Hub, and private and public institutions of higher learning (the University of Arkansas at Little Rock, Pulaski Technical College, and three historically black colleges and universities - Philander Smith College, Arkansas Baptist College, and Shorter College), all of whom are dedicated to promoting entrepreneurship, technology, and innovation.

There exists structural and systemic obstacles exist within the social determinants of health to improving health outcomes in the region. It is estimated that there are 23,098 children living in poverty, with 36.1% being African-American, 40.3 percent Latino, and 28.2 percent under five years of age. According to the U.S. Census Bureau, the percentage of Arkansas residents living below the poverty line is shrinking, but it is still ranked 44th in the nation with a poverty rate of more than 17 percent in 2017.

Wage and gender gap disparities also exist in Pulaski County. In 2016, according to Data USA, full-time male employees in Arkansas made 1.36 times more than female employees with average salaries of \$53,883 and \$39,715, respectively.

According to the U.S. Census Bureau, Arkansas has made progress in addressing gaps in health care access and services: Arkansas's rate of total uninsured residents declined by 50 percent between 2013 and 2016 and the rate of uninsured children in Arkansas dropped in 2016 to four percent. This is due in part to the implementation of the Affordable Care Act's Medicaid expansion – also known as the private option and now rebranded as “Arkansas Works” – which was approved by the state legislature in 2013.

However, there is still much to be done to maintain the services and resources needed in the region and to leverage additional private and public partnerships that will address the gaps and disparities in the systems of where individuals and families live, learn, work, and play.

The existence of these disparities made Central Arkansas (Pulaski County) ideal for CHMI's Community Health Transformation model. In December of 2012, the Clinton Foundation announced that Central Arkansas would be the site of the second Community Health Transformation community. From its inception, CHMI designed this work with both a national and regional focus in Central Arkansas, with the support of core strategic partners and the Clinton Presidential Center. The Presidential Center played an instrumental role in helping CHMI establish and strengthen partnerships throughout Central Arkansas and the state. The Presidential Center opened in 2004 and has welcomed more than 4.6 million visitors from around the world as a well-respected anchor in the community for its ability to catalyze investments and community partners.

In May of 2013, CHMI convened community members and jointly developed a five-year strategy to improve health and wellness in Central Arkansas, known as a “Blueprint for Action.” Overwhelming support leading up to the launch of the Central Arkansas Blueprint for Action resulted in more than 200 Arkansas

stakeholders from the public, private, and philanthropic sectors and strategic partners from the health and wellness community participating in the workshop.

Since the launch, CHMI has worked strategically with stakeholders and focus groups to align efforts and leverage resources that will influence practice, scale solutions, and elevate conversations to improve health outcomes in Arkansas.

This report is the conclusion of CHMI's five-year effort to improve health and wellness in the community. CHMI worked with many strategic partners throughout the region to advance improvements in health and wellness, six of which will be examined in more detail throughout this report.

STEP ONE: EVALUATE THE COMMUNITY'S NEEDS

At the onset of our five-year engagement in Central Arkansas, CHMI conducted an environmental scan that established baseline health conditions and provided valuable data that identified the current opportunities and threats within the community. Through data collection and analysis, stakeholder interviews, and the review of existing plans, CHMI built the Blue Print for Action, a tailored strategy, approach, and engagement model designed to improve the health of the community.

The first phase of this process in Central Arkansas relied on key community leaders and stakeholders to provide local context to supplement national or higher order data related to health outcomes. The County Health Rankings were used as a framework to guide conversations and provide information on the state of health in Central Arkansas. Much of the local information was obtained through and supplemented by the Arkansas Department of Health, the Arkansas Economic Development Institute at the University of Arkansas at Little Rock, the Arkansas Economic Development Commission, and University of Arkansas Cooperative Extension.

Stakeholder interviews were conducted as CHMI began to formulate the Blueprint, and this engagement continued throughout the duration of our work. These interviews were the first opportunity CHMI had to introduce the Community Health Transformation model to the Central Arkansas region and explain the process and its purpose. These interviews were vital in building relationships with key decision-makers to engage them in the initiative. Additionally, during these meetings, CHMI staff asked key stakeholders and regional decision-makers a specific set of questions to gauge their interest, expertise, and willingness to work collaboratively, all of which provided necessary contextual background that informed the model of implementation and was incorporated into the environmental scan.

The interviews were conducted at the start of the CHMI relationship with the region, after which there was continued engagement leading up to – and continuing long after – the Blueprint workshop. Community leaders were generous with their time, information, and honesty. Through one-on-one, in-person interviews, CHMI learned what they each believed were the key health priorities to be addressed, where they saw themselves and their agencies contributing to improving health outcomes, and what challenges existed to bringing people together across sectors to address a common goal.

In addition to the key stakeholder interviews and engagement strategy, a corporate roundtable breakfast was held in 2013 in parallel with our efforts to collect information through the interviews and health outcomes data. CHMI, in partnership with then-Governor Mike Beebe; Dr. Joe Thompson, Arkansas Surgeon General; Dr. Joe Bates, senior public health advisor; and Grant Tennille, executive director, of the Arkansas Economic Development Commission hosted this breakfast to introduce CHMI to the Arkansas corporate and business community to support the work of existing public private partnerships and garner both national and local connections that address immediate needs in the region.

This corporate roundtable breakfast included an influential cross-section of executive business leaders from major retail corporations, the hospitality industry, both local and state chambers of commerce, food manufacturing, financial and banking, the aerospace technology and communications industry, and health and human services sectors. This core group of leaders proved to be instrumental in moving the work forward and coordinating efforts to continue progress throughout the five-year development and implementation of CHMI.

STEP TWO: BRINGING TOGETHER STAKEHOLDERS IN CENTRAL ARKANSAS

In the second phase of the Community Health Transformation process, our staff brought together community decision-makers and content area experts for workshops where they identified, discussed, and prioritized key goals – referred to as “Bold Action Steps” – that could lead to improved health outcomes.

The Bold Action Steps are purposefully designed to be audacious and ambitious – it is the goal of CHMI to have each community strive to achieve greater than expected health outcomes. On May 30, 2013, CHMI staff facilitated a one-day workshop which brought together 200 community decision-makers, stakeholders, and content area experts to develop and discuss these Bold Action Steps.

The workshop began with an overview of health in Central Arkansas, provided by then-Arkansas Surgeon General, Dr. Joe Thompson. Attendees were then assigned to one of nine working groups, based upon the health factors that contribute to individuals’ health and longevity as defined by County Health Rankings model. These working groups served as a series of facilitated conversations, designed to identify five Bold Action Steps per group. After the workshop, these 45 Bold Action Steps were combined with the background data and analysis to create a community consensus document intended to guide our work in the region over the next five years, titled the “Central Arkansas Blueprint for Action,” which was then released to the community. The Blueprint incorporated key recommendations made during the workshop by a diverse array of individuals, including local health and education practitioners, policymakers, hospital and clinic administrators, public health workers, philanthropists, nonprofit organizations, and local community leaders, among others.

STEP THREE: HELPING IMPLEMENT SOLUTIONS IN CENTRAL ARKANSAS

The Blueprint for Action is defined by a series of action steps that have been developed by the community. Execution of these action steps has been facilitated by one full-time regional director and implemented by members of the community working individually and collectively to accomplish the Bold Action Steps in alignment with one another. CHMI guided and facilitated this work in several ways:

- Regular meetings across sectors;
- Network and relationship building;
- Managing steering committees and working groups;
- Managing communication between stakeholders;
- Recommending best practices from local and national examples;
- Addressing barriers to success;
- Identifying funding opportunities;
- Connecting to Clinton Foundation national partners;
- Leveraging Clinton Foundation communications and marketing platforms to elevate work; and
- Representing the Clinton Foundation in the community.

The 45 Bold Action Steps within the Central Arkansas Blueprint for Action were designed to address the social determinants of health, including health behaviors, clinical care, social and economic factors, and the built environment. These goals were developed to be inclusive of known and emerging community initiatives to uplift ongoing efforts and support promising practices. These Action Steps also addressed a broad array of community needs, some of which the community had indicated that they had wanted to solve for many years, and others which were ideas new to the region or its stakeholders. The following sections highlight key successes and accomplishments from CHMI's work over the past five years in facilitating the implementation of the region's Blueprint for Action.

THE BLUEPRINT'S IMPACT

The Central Arkansas Blueprint for Action was developed with strategic partners from the region and included 45 Bold Actions Steps, all of which track back to broader, audacious community goals. Highlighted in this report are key successes and accomplishments from CHMI's work over the past five years in facilitating the implementation of the region's Blueprint for Action. Listed below are the seven goals laid out in our Blueprint where CHMI saw significant community traction and actively built partnerships:

- To provide healthy and affordable food options to all residents in the region;
- To increase access to quality education and living wage employment;
- To promote and support inclusion in the region;
- To be the healthiest, sustainable, and most well-connected community to access the resources needed to live a well-balanced and healthy lifestyle;
- To increase access to comprehensive education and services they need to maintain comprehensive health and sex education;
- To improve access to comprehensive quality healthcare services and systems that support a healthier lifestyle;
- To reduce substance abuse and tobacco and alcohol use to protect the health, safety, and quality of life for all.

The Bold Action Steps identified in the Blueprint covered a diverse range of community-driven solutions which sought to address access to quality care, the promotion of healthy behaviors, improve education and workforce investment. Central Arkansas leaders expressed a desire to build upon existing efforts and to create new opportunities which would promote efficiency and collaboration in the areas that impact the quality of life for the region's residents.

Collectively, the successful implementation of these steps demonstrated a commitment on behalf of CHMI and its regional partners to prioritize, build, and sustain a culture of health throughout the fabric of the community.

CHMI worked with many strategic partners throughout the region to advance improvements in health and wellness, six of which will be examined in more detail. These six collective action partnerships highlight collaborative efforts focused on healthy eating and food quality, education, employment and income, housing and technology, philanthropic investment, access to quality care, sexual health, opioid prevention, and national forums with local impact.

COLLECTIVE ACTION PARTNERSHIPS

Fresh 2 You Mobile Market

One broad goal within the Blueprint for Action was to provide healthy and affordable food options to all residents in the region. The issues surrounding food deserts, access, and quality were important to Arkansans because communities need high quality and affordable food. Additionally, the public health issue of obesity continues to be a struggle, as Arkansas has one of the highest obesity rates in the country.

As part of the effort to address this goal, CHMI worked alongside strategic partners and implemented a mobile fresh market that increased access to locally grown fresh foods in the region and increased local market opportunities for farmers. Additionally, CHMI provided support through research and technical assistance from the field to integrate promising practices and evidence-based research focused on operation and sustainability models of mobile markets.

In the spring of 2014, Dr. Stacy Moak, professor and graduate coordinator of criminal justice at the University of Little Rock, had a conversation with CHMI about connecting stakeholders who were addressing food insecurity in the region with new partners who would be interested in building a coalition with one shared vision.

CHMI and Dr. Moak connected with the founders of the Green Machine of Memphis, Tennessee, who had launched a similar effort to address food insecurity and who had previously utilized a bus as a “mobile market” to bring fresh fruits and vegetables to neighborhoods with limited access to fresh produce in Memphis.

CHMI and Dr. Moak then engaged Little Rock Mayor Mark Stodola, the University of Arkansas at Little Rock, and the People’s Tree to convene a larger working group comprised of diverse stakeholders. Collectively, this group worked on the concept of creating a mobile market and ultimately engaged the Clinton School of Public Service to help assess the needs of the community.

In 2015, the working group was granted a Clinton School of Public Service research team to conduct a community needs assessment, the findings of which were outlined in a peer-reviewed academic journal and supported the creation of a mobile market by adding to the existing academic research and assessing best practices of that venture in the community.

RESEARCH FINDINGS INCLUDE:

- Cost was the biggest barrier to fresh produce access in the target neighborhoods, followed closely by limited transportation;
- Building and maintaining sustainable community gardens should be a priority;
- The type of produce available should be sensitive to the community’s needs/preference and not chosen for them without input;

“There is one family that warms my heart every Saturday that they come visit the bus. They live in the neighborhood right next to the Hillary Clinton Children’s Library. The mother is blind. Her two kids watch for the bus every Saturday, and they walk over together. The mother said it is the highlight of her daughter’s Saturday. She purchases food to cook with and can feel everything with her hands. It is convenient for her, because all the produce is easily accessible. They even got some honey this week too!”

Emily DeYmaz
Fresh2You

- The community desires increased communication, collaboration, and coordination related to food intervention; and
- Social and economic inequities are ever present and tend to be in distressed communities, particularly communities of color.

As a result of the community needs assessment, the Arkansas Hunger Relief Alliance and the Vine and Village organizations were better able to identify the needs of the community. With the convening and research support from CHMI, these organizations launched the Fresh2You Mobile Market in August of 2016. This fruit and veggies bus has already reached more than 3,500 people in the Little Rock and North Little Rock communities and has been able to fill the void in geographic “food deserts” in Central Arkansas brought on by the closing of local neighborhood grocery stores.

Arkansas PROMISE Partnership

As part of an effort to address the Blueprint’s goals of increasing access to quality education and living wage employment and promoting and supporting inclusion in the region, CHMI worked alongside strategic partners to increase investments in summer youth engagement and development programs. The challenges associated with obtaining a quality education, earning a living wage, and promoting principles of inclusion are important to Arkansans. CHMI heard from stakeholders that duplicative processes in the healthcare and educational system make it difficult to access the healthcare and educational system.^{1 2}

Our partnerships in this area focused on reinforcing the importance of education, teaching health and wellness life skills, increasing the number of high school graduates attending post-secondary and technical education, and implementing parent readiness skills that supported family management skills and literacy levels.

In 2013, CHMI convened and facilitated a working group of stakeholders to focus on gaps in services provided to children and families who receive financial assistance from the federal government. This working group then developed and submitted a proposal for funding, and in September of that year the U.S. Department of Education awarded the University of Arkansas College of Education and Health Professions and the Arkansas Department of Education with a \$35.7 million, five-year grant.

The Arkansas PROMISE (Promoting the Readiness of Minors in Supplemental Security Income) Partnership was developed to improve the provision and coordination of services and support for children who receive supplemental security income and their families to enable them to achieve improved outcomes. These outcomes include graduating from high school ready for college and a career, completing post-secondary education and job training, and obtaining competitive employment in an integrated setting and, as a result, achieving long-term reductions in the child recipients’ reliance on supplemental security income.

“A lot of times people think because a person has a disability they can’t do certain things. I think [the PROMISE Partnership] is a great way for businesses to see that people with disabilities can do great things.”

Tina Shavis

parent of a PROMISE participant

¹ <https://dredf.org/2018/03/22/arkansas-harsh-medicaid-work-requirement-confirms-fears-of-disabled-enrollees/>

² <https://www.bls.gov/news.release/pdf/disabl.pdf>

In Arkansas, the program is being administered by the Department of Education and the University of Arkansas, in partnership with several other state agencies and private organizations. A team of researchers at Mathematica Policy Research is evaluating the program and its 2,000 youth participants in Arkansas.

In addition to CHMI working with a group of Arkansas stakeholders to secure the grant, CHMI currently serves as a co-convenor and advisor on how to enact systems changes in education, employment, and social/health services in alignment with the Central Arkansas Blueprint for Action.

Act 943

Throughout the development of the Blueprint for Action, CHMI heard from stakeholders that increasing access to comprehensive education and services in health and sex education were important to Arkansans and developed bold action items that focused on this issue. Although teen pregnancy and child bearing are at historic lows, 3,372 Arkansas teenagers still gave birth in 2016, and 17% of all teen births were to teens who already had a child.³

CHMI worked alongside strategic partners to establish a free-standing council that will provide leadership, frame dialogue on sexual health and education and work to ensure supportive policies and practices on sexual health are implemented. Additionally, CHMI worked to establish an active youth leadership council on sexual health, which focused on peer leadership and social marketing efforts to help young adults make informed decisions about their sexual health.

In 2014, CHMI and the Women's Foundation of Arkansas partnered to publish and disseminate three reports focused on the status of girls and women in Arkansas. The reports were done in conjunction with both the Clinton School of Public Service and the Clinton Presidential Center.

The first report, "Our Common Journey," found that in the United States, the education level of mothers was linked to their children's health outcomes. The report advocated for policy and practice change that focused on educational attainment and the gender wage gap of girls and women, with the potential for exponential returns to the state of Arkansas in the form of improved children's health, well-being, and economic success as adults.

The findings of the report are especially relevant in Arkansas, where 38 percent of children lived in single-parent households headed by women. These demographics, coupled with alarmingly low education levels, mean a focus on women's education is a crucial strategy in improving the lives of all Arkansans.

The second report, "The Voices of Women" report, documented the voices of 51 Arkansas women, discussed their perceptions based on their own experiences and beliefs. The outcomes of the qualitative interviews written in this report helped to support the findings in the first report, "Our Common Journey" with regard to education and economic attainment for women and girls in Arkansas. The most discussed topics included gender disparities, gender pay gaps, and the lack of female representation in top-level positions.

"Only with the continued support and collaboration by the Clinton Foundation and Clinton Health Matters Initiative is the work on lowering teen and young adult unplanned pregnancy working as well as it is. These organizations have always had a vocal and important seat at the table since the beginning and we are extremely fortunate for this partnership."

Angela Lasiter

Executive Director, Arkansas Campaign to Prevent Unplanned Pregnancy

³ <https://powertodecide.org/what-we-do/information/national-state-data/arkansas>

The third report, “Delivering Better Education,” showed that academic achievement is difficult for teen parents, and that unintended pregnancy among teens is associated with long-term health and social consequences for teens, their families, and their communities. Educational achievement affects the lifetime income of teen mothers: two-thirds of families started by teens are poor, and nearly one in four will depend on welfare within three years of a child’s birth. Thirty percent of all teenage girls who drop out of school cite pregnancy and parenthood as key reasons, with higher rates noted for Hispanic (36 percent) and African-American (38 percent) girls.

OTHER KEY FINDINGS INCLUDE:

- Less than two percent of teen mothers will graduate from college by age 30;
- The highest teen pregnancy rates occur in the most rural regions of the state;
- Arkansas is one of only 14 states that do not require schools to provide either sex or STI/HIV education; and
- Children of teen mothers are more likely to experience teen pregnancy and childbirth as a teen.

During the summer of 2015, individuals from local community colleges, universities, the Women’s Foundation of Arkansas, Arkansas Department of Health, Arkansas Department of Human Services, Arkansas Department of Education, and Arkansas Department of Higher Education formed the HB 1534 Working Group to begin the process of developing a plan of action to address the findings in all three reports and to augment existing efforts in this area.

After tireless work with several different stakeholders, the HB 1534 Working Group introduced to the state legislature House Bill No. 1534 (Act 943), “A Plan of Action to Address the Prevention of Unplanned Pregnancies Among Older Unmarried Teens on Arkansas College and University Campuses.” The legislation passed that year, mandating all public college and universities to develop an action plan to address unplanned pregnancies on college campuses among young adults.

THE ACTION PLANS OF THESE PUBLIC COLLEGES AND UNIVERSITIES MUST ADDRESS THE FOLLOWING:

1. Incorporation of unplanned pregnancy prevention information for students into student orientation and student advisors’ unit plan on school campuses;
2. Integration of information that is recognized as medically accurate by the American Congress of Obstetricians and Gynecologists about the prevention of unplanned pregnancy into academic courses when appropriate, including, without limitation, abstinence education;
3. Identification of opportunities to raise awareness and provide resources about the prevention of unplanned pregnancies across the student population;
4. Identification of opportunities for current students to reach out to younger teens to serve as mentors or role models of successful behaviors and healthy choices, including opportunities for outreach during summer vacation or during traditional after-school hours for grades kindergarten through twelve (K-12);
5. Identification of private or federal grants available to address the prevention of unplanned pregnancy and promote student success, including any partnerships necessary to compete for such grant;
6. Collaboration with the Department of Health or federally qualified health centers to promote access to care;
7. Identification of child care, transportation, financial aid, and other challenges specific to existing single parents;
8. Identification of a method to measure effectiveness; and
9. Identification of other topics or issues relating to the prevention and reduction of unplanned pregnancies among older teens.

Through the formulation of and immediately following the passage of HB 1534, CHMI worked in a strategic advisory capacity actively participating in the working group that pushed forward this bill, supporting the development of the survey sent to community colleges and universities to assess resources and capacity, identifying funding opportunities, and connecting the working group to national partners like the National Campaign to Prevent Teen and Unplanned Pregnancy, now known as Power to Decide.

To provide a more sustainable path forward, the Arkansas Campaign to Prevent Unplanned Pregnancies was established as a 501(c)3, as one of the Bold Action Steps in the Central Arkansas Blueprint for Action in 2016.

Little Rock ConnectHome

Another priority area for stakeholders in the region was the technology divide that is pervasive throughout the state. Arkansas ranks 48th in the country for internet access, and 30 percent of the state's population has access to fewer than two internet providers. An estimated 20 percent have only a smart phone for internet access at home. And in a state where 17 percent of residents live below the poverty line – ranked 44th in the country – even those with access might not be able to afford it.^{4,5} Related research also indicates that addressing the technology divide is one of the most critical issues for education across K-12th grade and higher education today.⁶

“I am really glad this program exists for my kids, and I’m thankful for the services they now have.”

Stacie Brown

mother of ConnectHome family in Little Rock

In response to this divide, CHMI developed partnerships that furthered the goals of increasing access to quality education, living wage employment, and to improving access to comprehensive quality healthcare services and systems that support a healthier lifestyle.”

In an effort to achieve these goals, CHMI worked alongside strategic partners and implemented a robust network system that supported families by assisting them in navigating through health and social services and increased the number of public and private partnership agreements that encouraged the development of housing improvements.

In 2015, then-President Barack Obama and Julian Castro, then-secretary of the Department of Housing and Urban Development, launched a pilot program called ConnectHome, which aimed to provide low-income residents with digital literacy training and access to digital devices and low-cost internet service. This program was initially launched in 28 cities around the country, including in Little Rock, Arkansas.

According to data from the Pew Internet and American Life Project, nearly 75 million people in the United States don't have access to the internet. Many of these individuals come from low-income and minority communities, which isolates them from the digital society. The strategic plan of the ConnectHome initiative is to improve HUD-assisted residents' quality of life by introducing them to educational and Section 3 resident job opportunities, family self-sufficiency budgeting, and homeownership.

According to ConnectHome, 84 percent of people looking for new jobs applied using an online application, 95 percent of students use the internet to access the assignments and complete homework, and 59 percent of caregivers said they can provide better attention to their patients by using the internet.

More specifically in Little Rock, the ConnectHome initiative seeks to eliminate the digital divide and provide these services to various public housing developments. Of the 1,100 HUD assisted residents, a gap analysis

⁴ <https://www.citylab.com/equity/2018/08/arkansas-medicaid-work-requirements-online-reporting/567589/>

⁵ <https://broadbandnow.com/Arkansas>

⁶ <https://www.sreb.org/news/10-critical-issues-educational-technology>

survey of 393 residents showed that 69 percent of the residents did not have access to internet services. Those that had limited access to internet services used high-cost cellular data plans to substitute.

The Housing Authority of the City of Little Rock (LRHA), Arkansas D/B/A Metropolitan Housing Alliance (MHA) was an early buy-in to the ConnectHome program for its four-transitional public housing site locations and seven mixed housing site locations. With the help of its community partners MHA was able to implement a program that placed donated computers in computer labs for more than 670 residents to access; provided desktop computers to more than 75 residents for as low as \$50 each; negotiated residents' ISP access for as low as \$9.99 per month; provided free tablets to families with children and to seniors, and hosted and implemented more than 50 digital literacy training classes. The immediate benefits of these initiatives have resulted in an increase in resident college enrollment, and an increase of new job opportunities for residents, and one resident who is currently working toward credit management to prepare for the American dream of homeownership.

In addition to serving on the advisory board, CHMI also supported the initiative by serving as a neutral convener, a connector, and a broker of resources for the ConnectHome initiative. Three years since its launch, ConnectHome has now been implemented in 56 cities and one tribal community across the United States.

Arkansas Impact Philanthropy (AIP)

The sectors of philanthropy, government, business, and nonprofit have long worked together to solve social problems. Often, these efforts have been done by focusing on a specific issue of shared interest. In alignment with the Blueprint's goal for Central Arkansas to be the healthiest, sustainable, and most well-connected community, our network of stakeholders in the philanthropy sector's desired goal was to make collaborative efforts, shared interests, and investments in Arkansas more intentional with a perspective that lifted solutions and addressed inequity and disproportionality among social issues.

CHMI worked alongside these partners and increased the number of public and private partnership agreements, defined a shared strategy, vision and mission for the philanthropic sector and brought more diverse voices and sectors to the table to invest in driving social change.

In December 2015, the Winthrop Rockefeller Foundation (WRF), the Clinton Foundation, and the Council on Foundations (COF) co-hosted a meeting at the Clinton Presidential Center on the local relevance of the United Nations' Sustainable Development Goals. This was the first of a series of similar conversations occurring in the philanthropy sector across the country.

In October 2016, WRF, the Clinton Foundation, COF, and the Arkansas Community Foundation organized a follow-up meeting – the Bold Ideas Gathering (BIG) – to turn the energy of the 2015 meeting into action. BIG brought together 50 leaders from 26 philanthropic organizations to seed the idea of the “Arkansas Impact Philanthropy” (AIP), a collaboration to help more Arkansas foundations see their role in supporting the key issues facing the state.

AT THE BOLD IDEAS GATHERING, TWO IMPORTANT QUESTIONS WERE RAISED:

- “How can philanthropic organizations work together to address some of the core issues that impact Arkansas and the region – including access to health care, quality education, and family-supporting jobs?”
- “How can the stakeholders at the Bold Ideas Gathering begin to tackle the biggest challenges in our communities?”

As a result of this collaboration, Arkansas Impact Philanthropy was formed and in its first year of operation, established a steering committee with the goal of seeking areas of alignment where philanthropic organizations serving Arkansas could work together.

The vision of the group is to develop a strong philanthropic sector that collaborates to create an inclusive Arkansas where everyone thrives and the mission is to create systems change in Arkansas through philanthropic collaboration. A few specific examples of AIP influence include:

- The Tyson Foundation and Delta Dental have joined forces, putting \$20K each to offer an oral healthcare event for Tyson employees and their families.
- The Mary Reynolds Babcock Foundation has found AIP members and gatherings critical in helping the out-of-state foundation inform its Arkansas grantmaking strategies.
- The Walmart Foundation and Walton Family Foundation leveraged AIP to help inform their joint request for proposals promoting cultural programs/projects.
- The Winthrop Rockefeller Foundation, Carl and Florence King Foundation, and Arkansas Community Foundation have co-invested in an Arkansas nonprofit capacity study to identify sector needs that philanthropy can address.
- The Walmart Foundation, Mary Reynolds Babcock Foundation, Arkansas Community Foundation, and Winthrop Rockefeller Foundation have commissioned a State of the State report showcasing philanthropic impact in Arkansas and opportunities for catalytic funding.

“Big change often starts in small places. With just three million residents, Arkansas is a place where change *is* possible with cohesive vision and strategic investment. Arkansas Impact Philanthropy is a space where foundations are aligning around the vision of an inclusive Arkansas where everyone thrives. Through AIP, philanthropic leaders in Arkansas can collaborate to elevate the challenges that the state must address and invest in solutions that will move Arkansas forward.”

Regan Gruber Moffitt, J.D.

Vice President, The Winthrop Rockefeller Foundation

National Convenings with Local Impact

Over the course of CHMI's five-year window in Central Arkansas, the Clinton Presidential Center and CHMI have hosted several national events that have brought leaders from around the country to the region. These events raise the profile of health and wellness issues regionally, while forging valuable connections among leaders from business philanthropy, and policy nationwide.

Sixth Annual Clinton Health Matters Summit

In April 2017, the Clinton Health Matters Activation Summit was held in Little Rock, Arkansas, at the Clinton Presidential Center. The Summit focused on creating health equity in the 21st century by highlighting both national efforts and community-led solutions. The Summit brought together more than 300 thought leaders from across the nation to discuss the most current and emerging health issues and solutions. By hosting this annual event for the first time in Central Arkansas, CHMI was able to connect local thought leaders with nationally recognized experts and stakeholders from other CHMI communities to share best practices and lessons learned. Additionally, CHMI incorporated local leaders on panel discussions, bringing national attention to the successes achieved in Central Arkansas.

MAJOR ANNOUNCEMENTS AT THE EVENT INCLUDED:

- ADAPT Pharma announced an expansion of its partnership with CHMI from 2016 to provide every college in the U.S. with the kits and training necessary to administer naloxone – an opioid overdose reversal drug.
- The Arkansas Department of Higher Education announced the statewide Plan of Action to Address the Prevention of Unplanned Pregnancies Among Older Unmarried Teens on Arkansas College and University Campuses.
- The Alliance for a Healthier Generation announced their Health Innovation Award Winners:
 - Goldring Center for Culinary Medicine at Tulane University, New Orleans
 - Healthy Homes, Healthy Futures at Children’s National Health System, Washington, DC
 - KNIGHTS Clinic at Grace Medical Home, funded by The Diebel Legacy Fund at Central Florida Foundation, Orlando.
- CHMI announced a new Community Health Transformation site in San Diego that aims to improve the health of the most vulnerable children in the child welfare and juvenile justice systems in partnership with The San Diego Foundation and the San Diego County Board of Supervisors.
- Harvard Medical School announced the launch of a new extensive open online course designed to address issues of addiction and dependency in the workplace. “The Opioid Crisis in America,” Harvard’s newest course offering, challenges the assumptions about addiction, who becomes addicted, and what treatment pathways are most effective. This self-paced course, which is free to the general public is eligible for continuing education credits through select professional associations and delivers on the partnership’s goal of improving individual and community health through employer-focused solutions.

Prescription Drug Abuse Town Hall

In 2016, CHMI convened local and national experts for a Town Hall focused on the opioid epidemic. The Prescription Drug Abuse Town Hall: Building a Community of Support, held at the Clinton Presidential Center, brought together individuals and organizations to discuss what communities in Arkansas and around the country needed to build, develop, and implement comprehensive responses to the opioid epidemic. This event and dialogue aligned with the needs of the region, since Arkansas ranks first in the nation in the misuse of pain killers in youth aged 12 - 17.^{7,8}

The goal of the Town Hall was to harness the collective knowledge of local and national experts, including community-based health and policy advocates, representatives from academic and research institutions, faith-based leadership, and harm-reduction organizations and to empower local communities to play a preventive role in the opioid abuse epidemic. Attendees discussed the merits of systemic solutions that would address the use of the prescription drug monitoring program (PDMP) by providers and the value of linking that information to electronic medical records, as well as how anchor institutions will collectively work together to implement effective prevention programs and link services within the region. In addition to raising the profile of this critically important issue for the region, the Town Hall helped build dialogue and policy discussion that helped feed into the Clinton Foundation’s continued work fighting the epidemic.

Clinton Foundation Day of Action Program

CHMI also utilized ongoing volunteer opportunities with the Clinton Presidential Center to further efforts toward achieving the Bold Action Steps. For instance, the Clinton Foundation Day of Action program was

⁷ <https://www.ajpb.com/news/arkansas-to-launch-initiative-to-reduce-prescription-drug-misuse-in-teens>

⁸ <https://www.thetreatmentcenter.com/resources/drug-facts-by-state/arkansas/>

founded by Chelsea Clinton in the wake of Hurricane Sandy in 2012 and has since mobilized more than 7,200 volunteers and donated more than 29,000 volunteer hours across the United States. The Days of Action range in focus area, but all align with the Central Arkansas Blueprint for Action and have featured participation from CHMI's strategic partners to raise awareness and make a greater impact in communities across Central Arkansas.

SOME EXAMPLES INCLUDE:

- Honoring Martin Luther King, Jr. by providing breakfast to residents at Our House shelter. Our House serves 77,000 meals annually and empowers homeless and near-homeless families and individuals to succeed in the workforce, in school, and in life through active participation in the community, and has the only licensed child development center for homeless children in Arkansas.
- Addressing food insecurity and hunger by partnering with the Arkansas Food Bank to prepare packages for families who need it the most.
- Recognizing Global Youth Service Day (GYSD) by partnering with City Year to host nearly 200 students in a service learning program at the Clinton Center and the Arkansas Foodbank.

Employee and College Health Programs

Over the course of the past five years, two additional CHMI programs were offered in Central Arkansas - the Employee Health Improvement Program and the College Health Program. These programs provided technical assistance to colleges and employers in the region on how to establish cultures of health within their organization and helped advance the Blueprint goal of improving access to comprehensive quality healthcare services and systems that support a healthy lifestyle.

The Employee Health Improvement Program is a no-cost program originally offered to employers in 2014. Central Arkansas served as the second pilot site for the launch of the program in partnership with the Little Rock Chamber of Commerce and the Winthrop Rockefeller Institute. The program serves as a resource to support the development, implementation, and evaluation of employee wellness initiatives to improve employee health and increase employee productivity in the Little Rock area.

The Employee Health Improvement Forum, held on March 23, 2017, addressed the rationale and motivation for focusing on worksite wellness and introduced CHMI's toolkit for small- and mid-sized businesses. CHMI brought together business owners and entrepreneurs from Central Arkansas to align their energy, ideas, and resources toward the development of scalable solutions in employee health improvement.

THE FORUM PROVIDED PARTICIPANTS THE OPPORTUNITY TO:

- Learn about CHMI's new Employee Health Improvement Toolkit, designed specifically to address the needs of small- to mid-sized businesses;
- Identify actionable steps that they can take to improve the health and wellbeing of their employees, colleagues, and peers in the workplace;
- Engage in conversations with like-minded peer organizations across industries and sectors that are pursuing health improvement strategies.

The College Campus Health program was introduced to the Central Arkansas region in 2017. This no-cost platform is a comprehensive effort to improve student health and wellness and address critical issues such as mental health, substance abuse, and suicide prevention. CHMI engaged with the University of Arkansas at Pine Bluff and conducted several in-person workshops.

CONCLUSION

CHMI is humbled by the impact that has been achieved in Central Arkansas and by the commitment of the many stakeholders involved. It is because of the deep engagement and collaboration of the community that the collective action, cross-sector collaboration, and community-focused efforts were successful and will be sustained in the coming years. Together, CHMI and its partners have accomplished many of the priorities included in the region's Blueprint for Action and collectively have improved the landscape of community health in Central Arkansas.

Without our partners we would not have been able to move the needle forward in the key focus areas (healthy eating and food quality, education, employment and income, sexual activity, family and social support, and philanthropic sustainability) or convene and highlight national trends and voices that influence our health outcomes locally.

We are particularly proud of the network of partners that we have assembled over the past five years – a network that crosses sectors, industries, and issue areas that will serve as the basis of continued collaboration and collective action in the years to come. The next section provides an outline of what to expect next, additional details on lessons learned by CHMI where progress was not achieved as originally envisioned, and an assessment from our evaluation team on the impact of our five-year engagement in Central Arkansas.

What's Next

Throughout the deployment of its community health transformation model, CHMI focused on building community capacity to create systems change. As highlighted in this report, many strategic partners – representing communities, organizations, NGOs, and public and private entities – were engaged in ongoing projects and they, in addition to many others, are committed to continuing to address the health needs of our region.

In addition to the ongoing community work highlighted in this report, CHMI has committed to addressing public health issues on a national scale and elevating the work of its partners and collaborators in Central Arkansas. On specific issues that are a priority regionally and for CHMI nationally, CHMI will continue to work with our network of stakeholders in the region by developing solutions that can be brought to scale in Central Arkansas and nationally.

Lessons Learned

CHMI recognizes that the work of improving the health of a community is a long-term process, with new challenges and priorities emerging over time. In addition, part of the Community Health Transformation process is setting very ambitious goals that are not necessarily fully achievable in a five-year window of time with limited resources. As a result, CHMI readily acknowledges that it was unable to advance some Bold Action Steps even though high levels of collaboration and engagement occurred over the past five years.

There were audacious goals included in the Blueprint and many organizations and strategic partners have committed their continued resources and support in working effortlessly towards accomplishing those goals beyond CHMI's five-year engagement.

When looking at the areas with little to no traction in CHMI's Blueprint for Action in Central Arkansas, we noticed the need to critically re-examine the community landscape and needs, and resources available. The implementation process and the outcomes should not diminish the need to address these issues; rather, we believe that this indicates a lack of resources and infrastructure needed (i.e. social and funding capacity) to bring about desired change.

To help support CHMI's partners in the future in other regions, we will identify these issues early in the process. CHMI has now instituted a feasibility study and a timeline and resource identification of each Bold Action Step identified through the Blueprint workshops. The incorporation of this knowledge as the Blueprint is written will help guide the approach to implementation on these issues, preparing the community for realistic outcomes and helping to better identify what progress can be obtained over time.

Lastly, in Central Arkansas, CHMI has learned over time with our partners that there are other key factors that play a role in advancing social innovation. We identified three key factors that needed to be addressed with each of our efforts. In the six collective action partnerships discussed, each one met the factors below and we felt that our approach was tailored accordingly.

1. **UNMET SOCIAL NEEDS.** Our work and partnerships must address social needs that are not being met – with an understanding that these needs may shift with time as the demographics and culture of the community shift as well.
2. **EQUITY AND INCLUSIVITY ARE KEY.** With disparities showing the inequality of many efforts to improve health and wellness, it is critical that partnerships promote diversity and inclusion to reach vulnerable and traditionally excluded and marginalized communities.
3. **THERE IS NO ONE SIZE FITS ALL:** Our social issues are complex, therefore any efforts must take a collaborative approach that coordinates the work of many stakeholders and organizations at the same time with a shared agenda.

Observations from the Wake Forest Evaluation Team

The Clinton Foundation engaged an independent team of researchers from Wake Forest School of Medicine in September 2016 to evaluate the CHMI's Community Health Transformation program. The Wake Forest team examined how the CHMI model is being implemented within the six participating communities as well as the effect that the CHMI process is having on the development of work that has the potential to improve community health. Across the CHMI sites, the Wake Forest team has observed that the initiative is stimulating new health improvement work and adding momentum to projects that pre-dated CHMI. In Central Arkansas, CHMI has contributed to the development of several notable health-improvement projects, including Fresh2You, Arkansas PROMISE, Act 943 (which supports the prevention of unwanted pregnancies), Little Rock ConnectHome, and Arkansas Impact Philanthropy. These projects took shape, became more strategic, expanded their reach, and/or enhanced their sustainability over the past five years. These projects were developed and implemented by a wide variety of people and organizations throughout Central Arkansas. The Clinton Foundation also played a critical role in supporting the advancement of these health-improvement projects by creating a Blueprint which reflects the priorities of local stakeholders, by holding annual Activation Summits in Arkansas and California, and by deploying a full-time regional director, who provided a broad range of support over the life course of the projects. More specifically, CHMI advanced the work in Central Arkansas by encouraging new action, raising the profile of programs such as Arkansas PROMISE and ConnectHome, bringing together people and organizations with shared interests, facilitating planning meetings, and encouraging strategic thinking.

Beyond stimulating individual projects, CHMI has also supported the development of new networks, enhanced the visibility and credibility of groups that are engaged in innovative work, and offered valuable forms of mentoring and advising to local nonprofit organizations. In our view, CHMI's contributions to health-improvement work in Central Arkansas are due largely to the Regional Director's active and tailored engagement with a broad range of local actors, including both established and emerging leaders in the public

and nonprofit sectors. Based on our knowledge of foundation-sponsored initiatives to improve community health, the Evaluation Team believes that the CHMI process is generating notable progress, especially in Central Arkansas.

When local leaders came together in Central Arkansas' CHMI Blueprint session in 2013 they identified a broad set of aspirational goals for improving the health of Central Arkansas. Meaningful progress has been made over the past five years. However, it is also clear that much more remains to be done to achieve the highly ambitious goals that local leaders staked out for themselves. The CHMI process has played an important role in setting the stage for the next phase of work – by cultivating new programs, networks, and collaborative problem-solving and initiative-taking. The longer-term impact of CHMI will depend largely on how leaders build on these accomplishments and take advantage of the community's increased capacity to address the complex health challenges facing the region.

Acknowledgements

- To all the stakeholders in Arkansas and more specifically Central Arkansas: Thank you for bringing your thoughts, collective action, and input to challenging conversations that drove solutions towards systems change. The existing efforts put forth to influence where we live, learn, work, and play could not have been done without your contribution. Thank you for working alongside CHMI and contributing to make our communities stronger and healthier.
- To the leadership and staff at the Clinton Presidential Center: Thank you for being a consistent support system and team. Under the Clinton Foundation portfolio of domestic initiatives, you have always been an integral part of the success of CHMI. Whether it was by providing meeting space, logistical support, serving as a strategic thought partner, or leveraging your network to help CHMI not only be sustainable but thrive in Central Arkansas. CHMI will forever be grateful.
- To the communities, families, and individuals who have contributed and made sure that your voice – the “community voice” – and active participation was a part of the process: Thank you for your transparency and willingness to share and allow us to work alongside your efforts. CHMI is thankful and humbled by your partnership.
- To all the strategic partners who made a commitment since the beginning through the launch of the Central Arkansas Blueprint for Action to drive healthier outcomes: Thank you for your dedication and support. Thank you, to the strategic partnerships that formed over this five-year tenure in which CHMI played a role. A sincere thanks to those who individually came together and strategically developed partnerships where you were gracious enough to share your stories and be highlighted in this report, “Central Arkansas: Five Years of Community Health Transformation.”

For questions or additional information please contact CHMI@clintonfoundation.org.