



Children First
Oklahoma's Nurse-Family Partnership

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State Fiscal Year Annual Report
2022



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PROGRAM OVERVIEW:

HISTORY

In 1996, the Oklahoma State Legislature authorized legislation to create Children First (C1). Representatives from Tulsa Children's Consortium, the Oklahoma State Legislature and the Oklahoma State Department of Health (OSDH) reviewed home visiting models and chose to implement the "Olds Model," now known as Nurse-Family Partnership (NFP). Implementation began in state fiscal year (SFY) 1997 with pilot sites in Garfield, Garvin, Muskogee and Tulsa counties. Current funding supports 80 nurse home visitors, nurse supervisors and program manager positions.

Oklahoma utilizes the NFP model to improve child health outcomes and minimize risk factors known to contribute to child maltreatment. The NFP model is based on more than four decades of research by David Olds, Ph.D. and colleagues, and strives to:

- Improve pregnancy outcomes by partnering with moms to engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets and reducing any use of habit-forming substances;
- Improve child health and development by assisting families to provide responsible and competent care; and
- Improve the economic self-sufficiency of the family by supporting parents to develop a vision for their own future, plan additional pregnancies, continue their education and find work.¹

It has been recognized by the United States Department of Health and Human Services as an evidence-based model and demonstrated "top tier" evidence of effectiveness by the Coalition of Evidence-Based Policy. In addition, it has been endorsed by the Centers for Disease Control and Prevention (CDC) as a program that has great potential to reduce the economic burden of child maltreatment.²⁻⁴ NFP has shown favorable results in moderate to high quality impact studies related to: maternal health, child health, child development, school readiness, positive parenting practices, family economic self-sufficiency; and reductions in child maltreatment, juvenile delinquency, and family violence/crime.²

MISSION

The mission of Children First is to empower first-time eligible families to care for themselves and their babies by providing information and education, assessing health, safety and development, and providing linkages to community resources, thereby promoting the well-being of families through public health nurse home visitation, ultimately benefiting multiple generations.

VISION

The Children First vision is to promote a continuum of healthy pregnancies, healthy babies, healthy families and healthy communities.

SERVICES

Home visitation services are provided through county health departments under the OSDH and the independent city-county health departments in Oklahoma and Tulsa counties. A first-time mom, referred to as a client in this report, is enrolled prior to 29 weeks of pregnancy. Specially trained public health nurses provide assessments, education, information and linkages to community services in order to meet the needs identified for each family.

Nurse home visitors follow public health physician approved protocols and evidence-based NFP visit guidelines to provide a systematic and comprehensive nursing approach that focuses on six domains of functioning: personal health, environmental health, maternal life course development, maternal role development, networks for supportive relationships, and utilization of services. Standardized assessment tools assess risk for depression, substance abuse,

intimate partner violence, physical abnormalities, child growth and developmental delays. Services rendered by the nurses are not intended to replace services provided by the Primary Care Provider (PCP). In fact, nurses consult and collaborate with both the client's and child's PCP to ensure continuity of care and help improve health outcomes. Children First services are provided to:

- Improve maternal health throughout pregnancy and after the child's birth.
- Improve child health and development from birth to age two.
- Enhance family functioning and family stability.
- Improve maternal life course development.
- Decrease the risk of injury, abuse and neglect.

OVERVIEW:

SCREENING TOOLS

- Patient Health Questionnaire (PHQ-9) (Client)
- Generalized Anxiety Disorder (GAD-7) (Client)
- Health Habits Questionnaire (Client)
- Intimate Partner Violence Questionnaire (Client)
- Ages and Stages Developmental Questionnaire (Child)
- Ages and Stages Social-Emotional Questionnaire (Child)
- Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE) (Client and Child)

NURSING ASSESSMENTS

- Brief Health Assessment of Client and Child
- Vital signs of Client and Child
- Client Weight and Blood Pressure
- Child Weight, Length and Head Circumference

ENROLLMENT

Women enrolling in the Children First program, the client, must meet the following criteria:

- The participant must be a first-time mother.⁵
- The monthly household income must be at or below 185% of the federal poverty level.
- The mother must be less than 29 weeks pregnant at enrollment.

Participation in Children First is voluntary. While the NFP intervention is designed to start early in the pregnancy and continue until the child's second birthday, clients are not obligated to participate for any finite length of time.

VISIT SCHEDULE

The suggested visit schedule is as follows:

- Weekly for four weeks following enrollment.
- Every other week until the baby is born.
- Every week during the six-week postpartum period.
- Every other week until the child is 21 months of age.
- Monthly until the child turns 2 years of age.

Nurses may adjust visit schedule and location based on the needs, or at the request of the client.

PROGRAM COSTS

During SFY 2022, a total of \$6,140,783 was expended on Children First activities. Funding sources included state appropriations, county millage, and Medicaid reimbursements, as well as federal funds from the Community-Based Child Abuse Prevention Grant. The cost per family was \$5,820 (total expenditures divided by the number of families served).

CHARACTERISTICS:

PARTICIPANTS

Reports show that home visitation programs have the most benefit for young mothers with low financial, social or psychological resources.⁶ In addition to these characteristics, the NFP model is designed specifically to target first-time pregnant women to provide the best chance of promoting positive behaviors.⁷ Throughout the years, Children First has been successful in enrolling clients who meet these characteristics. The following demographics reflect the status of new Children First clients at enrollment during SFY 2022, unless otherwise stated.

HOUSEHOLD INCOME

In order to participate in Children First, the client must have a household income less than 185% of the federal poverty level. This dollar amount varies based on the number of people in each household. For a single woman living alone, an income of \$25,142 would meet the financial criteria. For a couple expecting their first baby, the amount increases to \$33,874.⁸ Most (55%) new Children First enrollees in SFY 2022 had an annual household income of \$20,000 or less, including 6% who were dependent on a parent/guardian.

HOUSEHOLD INCOME*	PERCENT
Client is dependent on parent/guardian	6%
≤\$3,000	14%
\$3,000-\$6,000	3%
\$6,001-\$9,000	5%
\$9,001-\$12,000	6%
\$12,001-\$15,000	7%
\$15,001-\$20,000	12%
\$20,001-\$30,000	25%
\$30,001-\$40,000	8%
≥ \$40,000	4%
Client declined to answer	6%

*Due to rounding, percentages in some tables may not always add up to 100%.

AGE OF CLIENT

The median age of new enrollees in SFY 2022 was 22 years of age, and the age range was 14 to 49 years of age. At enrollment, 26% of Children First clients were under the age of 20, and 73% were under the age of 25.

AGE OF CLIENT*				
Under 18	18-19	20-24	25-29	30 & OLDER
8%	17%	47%	19%	7%

*Due to rounding, percentages in some tables may not always add up to 100%.

EDUCATION

In SFY 2022, 72% of Children First enrollees had completed high school or a GED.

EDUCATION			
Did not complete GED or High School	Completed GED	Completed High School	Education beyond High School %
25%	3%	72%	43%

*Due to rounding, percentages in some tables may not always appear to add up to 100%.

MARITAL STATUS

In SFY 2022, 79% of Children First clients were single, never married.

MARITAL STATUS*			
Single, never married	Married	Separated	Divorced
79%	17%	1%	1%

*Due to rounding, percentages in some tables may not always appear to add up to 100%.

RACE/ETHNICITY

Nearly three quarters (71%) of Children First clients in SFY 2022 identified themselves as White. Nearly one fifth (20%) identified as Black, Asian or American Indian.

RACE/ETHNICITY**					
White	Black or African American	Asian or Pacific Islander	American Indian or Alaska Native	Other (Includes multiracial)	Hispanic
71%	16%	2%	5%	6%	22%

**Not all clients chose to indicate one race/ethnicity.

EMPLOYMENT

Nearly half (47%) of Children First enrollees in SFY 2022 were unemployed at the time of enrollment. One quarter (27%) were employed full-time.

EMPLOYMENT*	PERCENT
Part Time Employment (less than 10 hours per week)	2%
Part Time Employment (10-19 hours per week)	5%
Part Time Employment (20-36 hours per week)	19%
Full Time Employment (37+ hours per week)	27%
Not employed and seeking employment	9%
Not employed (student, homemaker, other)	38%
Unemployed/not looking	0%

*Due to rounding, percentages in some tables may not always appear to add up to 100%.

HOUSEHOLD COMPOSITION

Of the clients who live with others, over half (61%) lived with the father of their child in SFY 2022.

HOUSEHOLD COMPOSITION***	PERCENT
Live Alone	6%
Institutional Facility (Residential Treatment/Incarcerated) Group home or shelter, Homeless	<1%
Father of Child	61%
Other Family Members	42%
Client's Mother	29%
Husband/Partner (not father of the child)	2%
Other Adults	14%

***Percentages based on those who live with others, and clients could select more than one option.

HEALTH CONCERNS

Pregnancy and birth outcomes are impacted by a client's pre-pregnancy health status. Nurses utilize well-developed tools and questionnaires to assess the client's health status at enrollment. As partners, the client and nurse develop a plan of care to reduce factors associated with poor birth outcomes. The number one health concern identified at enrollment was having a high body mass index. Over one third (39%) of Children First clients were identified as overweight or obese (pre-pregnancy weight). Only 37% of new enrollees did not have at least one health concern at the time of enrollment in SFY 2022.

Children First nurse home visitors follow the Prenatal Weight Gain Management Policy, and work with the client to develop a plan of care for a high body mass index. Nurses follow Physician Approved Protocols to provide nursing interventions, education and referrals related to blood pressure, infections, and other types of health concerns. Nurses use a client-centered approach to ensure the best outcomes for the client and the baby.

HEALTH CONCERNS****	PERCENT
Clients with no health concerns	37%
High Body Mass Index (overweight + obese)	39%
Depression	34%
Asthma	14%
Previous Miscarriage, Fetal Death or Neonatal Death	10%
Diabetes	2%
High Blood Pressure	6%
Chronic Infections (urinary/vaginal)	12%

****Clients could select more than one option; therefore, some tables may not always appear to add up to 100%.

LIFE STRESSORS

Assessments performed at enrollment yield information on the types of stressors experienced by Children First clients. Questionnaires are designed to elicit information about the client's social environment such as family stressors, incarcerations, etc. Nurses use this information to assist families in identifying areas for behavioral change and accessing needed community services.

LIFE STRESSORS****	PERCENT
Close family member became sick or died	15%
Client became separated or divorced	11%
Person close to the client had a problem with drinking or drugs	19%
Client was very sick	15%
Client was in a physical fight	6%
Client's husband/partner was sent to jail	4%
Client was in extreme debt	6%
Client lost job	16%
Client's husband/partner lost job	10%
Client was without a phone	7%
Client & child did not have enough food	6%
Client went to jail	3%

****Clients could select more than one option; therefore, some tables may not always appear to add up to 100%.

MATERNAL HEALTH OUTCOMES:

PRENATAL CARE

Initiating prenatal care in the first trimester and attending regular prenatal visits help to ensure a healthy pregnancy and increase the probability of having a healthy baby. By allowing a healthcare provider to identify potential problems early, many pregnancy and birth-related health

issues can be prevented.⁹ Children First nurse home visitors stress the importance of early and adequate prenatal care as well as connect clients to a PCP. During the pregnancy, the nurse home visitor and PCP are in contact and share pertinent health information about the client to ensure continuity of care. Consequently, 59% of Children First clients who gave birth in SFY 2022 received 10 or more prenatal care visits.

GENERAL ANXIETY DISORDER

Generalized anxiety disorder (GAD) is characterized by excessive anxiety and worry about a variety of events or activities that occur frequently, for at least six months. People with GAD find it difficult to control their worry, which may cause impairment in social, occupational or other areas of functioning.¹⁰ An estimated 31% of U.S. adults experience GAD at some time in their lives. The Generalized Anxiety Disorder-7 (GAD-7) screening is administered at Intake, when the child is 6 months, 12 months, 18 months and 24 months of age and as indicated. Children First nurse home visitors are trained to help mothers identify stressors and help the mother construct a plan to overcome her anxiety. There were 831 GAD-7 screenings completed for 663 clients. Of those, 27% of the screenings using the GAD-7 indicated signs of anxiety and required a referral to a healthcare or mental health provider.

POSTPARTUM DEPRESSION

Postpartum depression can be treated. A CDC study showed that about 1 out of 10 women in the U.S. experienced symptoms of depression in the last year, and 1 in 8 women experience symptoms of postpartum depression.¹¹ Early detection of postpartum depression is a goal of Children First. The Patient Health Questionnaire (PHQ-9) screens for depression and is administered at enrollment, 36 weeks of pregnancy, during the first 8 weeks postpartum, between 4-6 months postpartum, at 12 months postpartum, and at any time that signs or symptoms of depression are suspected. If the screening indicates signs of depression, the Children First nurse home visitor immediately begins to follow the NFP Mental Health Intervention Clinical Pathway. This pathway outlines nursing interventions and provides guidance on when nurses should refer to a healthcare and/or mental healthcare professional. The nurse will follow-up with the client no later than two weeks after a referral is made. There were 1,042 PHQ-9 depression screenings administered to 608 clients. Approximately 10% of screenings indicated signs and symptoms of depression and required a referral to a healthcare or mental health professional.

SMOKING CESSATION

Smoking is one of the most important known preventable risk factors for low birth weight and preterm delivery, as well as many other adverse pregnancy and birth outcomes. E-cigarettes and other products containing nicotine are not safe to use during pregnancy.¹² Additionally, exposure to secondhand smoke is a major cause of childhood disease and illness such as asthma.¹³ Children First nurse home visitors utilize motivational interviewing techniques to facilitate behavior change, and refer smokers to the Oklahoma Tobacco helpline as well as their PCP to help decrease the use of tobacco and other products containing nicotine.

SMOKING CESSATION: INTAKE TO 36 WEEKS OF PREGNANCY*	PERCENT
Clients who quit, reduced, or never began smoking between intake and 36 weeks	98%

*Due to rounding, percentages in some tables may not always appear to add up to 100%.

SMOKING CESSATION: INTAKE TO CURRENT*	PERCENT
Clients who did not smoke at intake and still do not smoke	95%
Clients who smoked at intake and still smoke	3%
Clients who decreased smoking since intake	1%
Clients who increased or began smoking since intake	2%

*Due to rounding, percentages in some tables may not always appear to add up to 100%.

ANTICIPATORY GUIDANCE AND HEALTH EDUCATION TOPICS

Children First nurse home visitors work diligently to provide anticipatory guidance, and health education on a variety of topics to significantly reduce the incidence of illness and injury and promote child growth and development. When clients were asked about specific topics such as those included in the table below, it was evident that nurses frequently provided more information on anticipatory guidance and health education when compared to other providers.

ANTICIPATORY GUIDANCE AND HEALTH EDUCATION TOPICS	NURSE	OTHER Providers
How smoking during pregnancy could affect your baby	94%	75%
Breastfeeding your baby	97%	75%
How drinking alcohol during pregnancy could affect your baby	96%	72%
Using a seatbelt during your pregnancy	79%	25%
Birth control methods to use after your pregnancy	90%	73%
Medicines that are safe to take during your pregnancy	72%	93%
How using illegal drugs could affect your baby	93%	66%
Doing tests to screen for birth defects or diseases that run in your family	74%	85%
What to do if your labor starts early	95%	75%
Getting tested for HIV (the virus that causes AIDS)	58%	70%
Physical abuse to women by their husbands or partners	93%	41%
How UTIs and yeast infections could affect you and your baby	93%	73%
How STDs could affect you and your baby	89%	65%
How Strep B could affect you and your baby	82%	69%
How to position your baby when he/she goes to sleep	96%	58%
How to prevent your baby from getting injured	93%	48%

CHILD HEALTH OUTCOMES:

GESTATIONAL AGE AND BIRTH WEIGHT

Gestational age is the number of weeks between the date when the last normal menses began and the date of birth. Full term is defined as a pregnancy lasting 39-40 weeks. Preterm birth is the birth of an infant prior to 37 weeks of pregnancy, and very preterm defines those born prior to 32 weeks gestation. According to the CDC, 1 in every 10 babies was born preterm in 2020. In 2020, the rate of preterm birth among African-American women (14.4%) was about 50 percent higher than the rate of preterm birth among white or Hispanic women (9.1% and 9.8% respectively).¹⁴ Preterm and low birth weight also costs the United States' healthcare system more than \$26 billion each year.¹⁵ Babies born weighing at least five pounds and eight ounces (2,500 grams) are considered normal birth weight. Babies born weighing less than five pounds and eight ounces are considered low birth weight, and very low birth weight infants are those weighing less than three pounds and five ounces (<1,500 grams). Babies born at low and very low birth weight have increased risk for health problems and developmental delays.¹⁶ Children First nurse home visitors perform a brief health assessment at every visit during the prenatal period that evaluates weight and blood pressure, signs and symptoms of pre-eclampsia, infections, preterm birth and low birth weight risk factors.

C1 babies born at normal birth weight	87%
C1 babies born premature in SFY 22 (<37 weeks)	13%

NEONATAL INTENSIVE CARE UNIT

Babies born early, with low birth weight or other birth complications, may spend time in the Neonatal Intensive Care Unit (NICU). Time spent in the NICU may inhibit attachment and bonding between mother and baby. The physical assessments, screening, referrals and nursing interventions provided by Children First nurse home visitors are intended to reduce the risk of preterm labor and low birth weight babies and prevent entry into the NICU. If the baby needs to be admitted to the NICU, the Children First nurse tailors the NFP Guidelines to help the mother care for her baby's unique needs. In SFY 2022, 14% of Children First clients reported their baby spent time in the NICU. A total of 13% of all Children First babies were born preterm and 3% were very preterm; 10% were born with low birth weight and 3% very low birth weight.

BREASTFEEDING

The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists promote breastfeeding because of the benefits for both mother and baby. The benefits for the mother include healing faster and decreased risk for some cancers later in life and benefits for the baby include decreased risk of illness and Sudden Infant Death Syndrome (SIDS). Children First nurse home visitors educate clients about the choices available to feed their baby and work with the client to help her make the best choice for herself and her baby. Nurses provide facts about the benefits of breastfeeding as well as dispel myths. Additionally, these nurses demonstrate (using models) how to hold an infant during breastfeeding. After the baby is born, they assist the mother with breastfeeding challenges or questions, and connect the client with a lactation consultant when necessary. Among Children First clients who gave birth in SFY 2022, 90% initiated breastfeeding with their new infant. Nearly half (42%) of Children First clients were still breastfeeding their child at 6 months of age.

DEVELOPMENTAL MILESTONES

Children First uses the Ages and Stages Questionnaire, a developmental screening tool, to assess cognitive, language, motor, problem-solving, social, and emotional milestones of children. These screenings are administered regularly, beginning when the child is four months of age. If the scoring tool indicates a potential delay, the nurse will refer the client to SoonerStart (Early Intervention), Child Guidance and/or the child's PCP.¹⁷ There were 741 Ages and Stages Questionnaires (ASQ-3) completed among clients. In addition, 322 Ages and Stages Social-Emotional Questionnaires (ASQ:SE-2) were completed. There were no referrals made to SoonerStart and 14 referrals to Child Guidance services based on screening results.

IMMUNIZATIONS AND WELL-CHILD EXAMS

Children First nurse home visitors refer clients to the child's PCP to maintain an up-to-date status for childhood immunizations and well-child examinations. Immunization records are retrieved from the state database and reviewed with the client. Clients can also use these records as proof of immunization when enrolling in early care and education. The Children First nurse will discuss with the client assessments completed by the PCP during the well-child visit to build client understanding of the child's health.

At their most recent home visit, 84% of clients reported their child was up to date on immunizations, and 83% were current on their well-child exams. At 24 months, most children were up to date on their immunizations (87%) and well-child exams (86%).

CLIENT STORY



(From left to right)
Xavier Sambrano, Rena Sambrano, Steven Sambrano, Liliana Sambrano,
(Bottom row) David Sambrano

We had been trying to get pregnant and were unsuccessful so when I actually became pregnant, I was scared that the pregnancy would not take. I was also scared because I was not prepared and I was a first-time mom. I remember thinking “ok, now what?” We had our parents support at the time but we still felt like we needed additional support. We were newlyweds and new parents at the same time. We were living with my mom in an apartment to save money at that time. I enrolled in the program because it was for first time mothers. It was assuring to know that someone with a medical background, a nurse, would be there to support me. I was a nervous wreck even though we had a support system in place. There is something different about your normal support system versus a medical professional support system. My mom was in the medical field but I still felt like I needed additional support. We were poor as dirt at the time of enrollment into the program.

The program was so awesome! We had so many questions and we had a nurse there to help answer those questions and give us resources we did not know existed. Doctors seem to get annoyed with all the questions. We had a hands-on nurse to help us. She came to our environment and got to see how our baby was in our environment. You know babies seem to be different in the doctor’s office. In our home the nurse could see what we could see. She also was able to see our home and help us to make it safe for our baby. The program helped us tremendously. It was because of my Children First nurse that my baby is alive today. She saved my baby’s life. She spoke with the pediatrician she had referred me to and they told me to bring my baby to them right away. I did not know the difference in a regular doctor and a pediatrician. I knew my nurse knew what she was talking about and that my baby needed help. Now, my son is 16 years old and he still sees that same pediatrician. He is the pediatrician for all 3 of our kids now. I remember my baby was constipated and having diarrhea like stools at the same time. He was all sunken in and discolored but no one would listen to me and my Children First nurse is who got me the help we needed. Being in the program, helped me learn to be persistent and it helped me with my second child as well. He was having seizures but no

one would listen to me so I continued to be persistent and was able to get the care I needed for him.

My husband and I both have great jobs now. My husband has been with his job for 13 years now and I have been at mine for 11. We both have retirement plans. We bought our own home about 7 years ago. Xavier is in the Renaissance club at school. A 3.5 or greater GPA is required to be in that club. He is now a sophomore and qualified for the High School baseball team. He plays basketball and is in Cross Country as well. The program helped us accomplish these goals by supporting us and helping us with resources. They did not give us a hand out but instead a hand up to help us move forward and upward.

FAMILY SAFETY OUTCOMES:

INTIMATE PARTNER VIOLENCE

Intimate partner violence is a serious, preventable public health concern that affects millions of Americans. Physical, sexual, or psychological harm caused by a current or former partner not only negatively affects the physical and emotional well-being of the mother, but her children as well.¹⁸ Children First nurse home visitors assess their clients at intake, 12 weeks postpartum, when the child is 16 months of age, and as needed using a questionnaire that asks about physical, sexual, and emotional abuse. If any concerns arise, the client with the help of the nurse creates a safety plan and a referral is made to local domestic violence services.

- 86% of clients who were not experiencing domestic violence at intake and are still not experiencing domestic violence.
- 10% of clients who were experiencing domestic violence at intake but are now not experiencing domestic violence.
- 3% of clients who were not experiencing domestic violence at intake but are now experiencing domestic violence.
- 2% of clients who were experiencing domestic violence at intake and are still experiencing domestic violence.

Children First nurse home visitors work with families to build strong protective factors, such as quality relationships and social supports, to decrease the risk of intimate partner violence.

INJURY PREVENTION

According to the CDC, unintentional injuries such as suffocation, drowning, motor vehicle crashes, and burns are the leading causes of death and disability for children one to four years of age, and the fourth leading cause in children less than one.¹⁹ Children First nurse home visitors conduct a home safety check with the family when the child is 2 months, 10 months and 21 months of age. These safety checks include an inspection of the crib to ensure a safe sleep environment that is free from stuffed animals, bumper pads, pillows, and other people; inspection of smoke detectors, including number, placement, and working order; and multiple discussions about car seats, water safety, gun safety, etc. Children First has worked in collaboration with the Oklahoma State Department of Health Maternal and Child Health Services (MCH) to provide cribs for families in need that meet specific criteria. In SFY 2022, MCH distributed 230 portable cribs to families in need and 63 (27%) of those cribs were distributed to Children First families. Nurses provide education, nursing intervention and/or referrals when areas of concern regarding safety are identified.

- **Safe Sleep**
Over half (51%) of Children First clients with a child two months of age reported never co-sleeping with their child, and 26% reported co-sleeping with their child only some of the time in SFY 2022.

- **Car Seat Safety**
Almost all Children First clients (99%) reported always traveling with their child in a car seat in SFY 2022.
- **Fire Safety**
Most Children First clients (96%) had at least one working smoke detector.
- **Water Safety**
All Children First clients (100%) reported never leaving their child unattended near water in SFY 2022.

CHILD MALTREATMENT

Of the 845 children who received at least one visit from Children First in SFY 2022, 686 of them (81%) had not been named as a potential victim in an Oklahoma Department of Human Services (OKDHS) report after enrolling in the program. Furthermore, 808 (96%) have not had a confirmed child maltreatment case with OKDHS since enrollment despite working with high-risk families. Three Children First children served had been named in a report to OKDHS for sexual abuse.

CASES OF MALTREATMENT

The data below is related to the 24 confirmed cases of maltreatment among children participating in Children First.

GENDER OF VICTIM	PERCENT
Male	73%
Female	27%
TYPE OF MALTREATMENT	
Abuse	14%
Neglect	77%
Both	9%
TYPE OF ABUSE IN CONFIRMED CASES	
Threat of Harm	8%
Other (includes: beating/hitting, exposure to domestic violence, failure to protect, inadequate or dangerous shelter, inadequate physical care, and thrown)	92%
TYPE OF NEGLECT IN CONFIRMED CASES	
Threat of Harm	37%
Other (includes: burning/scalding, failure to obtain medical attention, failure to protect, failure to provide adequate nutrition, inadequate or dangerous shelter, inadequate physical care, and lack of supervision)	63%
PERPETRATORS IN CONFIRMED MALTREATMENT CASES	
Mother	44%
Father	40%
Grandparent	3%
No Relation	13%

FAMILY STABILITY OUTCOMES:

FATHER INVOLVEMENT

When fathers are involved in the lives of their children, the children are more likely to exhibit healthy self-esteem and do well in school.²⁰ Children First nurse home visitors encourage the father of the baby to participate in all home visits. If the father is unable to participate, activities are left with the mother for the father to use later. The importance of the client's personal

relationships is discussed, including having a supportive relationship with the person who gives mutual emotional and monetary support.

- 77% of biological fathers spent at least once per week taking care of and/or playing with their child.
- 85% of mothers see or talk to the baby's biological father at least once per week.
- 8% of mothers increased from intake the frequency of time seeing or talking to the baby's biological father.
- 16% of biological fathers did not spend time with their child at all.

PREGNANCY SPACING

The amount of time between pregnancies, known as the inter-pregnancy interval, is calculated as the number of months between the date the last pregnancy ended and the date of the last menstrual period prior to the subsequent pregnancy. According to the March of Dimes, women with short inter-pregnancy intervals may be at risk for poor pregnancy outcomes. The recommended time between birth and the next pregnancy is a minimum of eighteen months.²¹ Children First nurse home visitors educate clients on the importance of family planning. Referrals are made as needed to the local county health department or the client's PCP for Family Planning services. Only 16% of Children First clients were pregnant with their second child before their first child reached one year of age. By the time their first child reached 18 months of age, 26% of clients were pregnant with their second child.

SOCIOECONOMIC INDICATORS

Economic security is important to the well-being of children and families. Poverty places families with children at risk of experiencing unhealthy outcomes. The stress of unemployment places a burden on parents, and financially strains the family. Parents with less education often have lower household incomes; even if they are employed full-time.²² Children First nurse home visitors connect their clients to local services to assist them to further their education and/or obtain a job, thereby increasing their income. Gaining financial aptitude by using credit wisely and saving money are all topics covered during visits, including building money management skills.

- **Household Income**
Among the Children First clients served, 49% increased their household income by the time their child was 12 months of age.
- **Employment**
Among the Children First clients who were unemployed at intake, 31% had found work by the time their child was 6 months of age.
- **Education**
Among the Children First clients over the age of 18 who did not have a high school diploma or GED at intake, 50% earned their high school diploma or GED by the time their child was 18 months of age.
- **Health Insurance**
Most clients (85%) used Medicaid as their primary insurance

CHILDREN FIRST ACTIVITIES

REFERRALS

Each team of nurses has developed unique strategies to reach potential clients in their respective counties. Lead nurses have provided outreach to private physicians, the Indian Health Service, the Oklahoma Health Care Authority, public schools and local community

agencies. There were 2,484 referrals made to the Children First program. Of these, 2,277 met the eligibility guidelines. Among the women who were not eligible to participate, referrals were made to the OSDH Child Guidance program or home visitation programs such as Parents as Teachers and SafeCare.

REFERRALS TO CHILDREN FIRST	NUMBER
Women, Infants and Children (WIC)	1,544
Health Department Family Planning	532
Other (includes Indian Health Services, Other Home Visiting Programs)	154
Oklahoma Health Care Authority	56
Pregnancy testing clinic (Non-Health Department)	1
Community-based agency	8
parentPRO	44
Current/Past C1 Client	8
School	8
Department of Human Services	3
Hospital, Medical Provider, Private physician	14
Faith Based Organization	0
Family/friend/neighbor	12
Health Department Maternity	5
Connect First	97
Total	2,486

TYPE OF REFERRAL AND SERVICE	NUMBER
Referrals	2,486
Eligible Referrals	2,277
New Enrollees	913
Families Served	1,055
Completed Visits	7,859
Births	364

The global pandemic which impacted our nation in 2020 and 2021 significantly impacted the ability to provide home visitation services. In March 2020, as a result of the pandemic, Children First nurses were required to begin providing visits via telephone or virtually for their safety and for the safety of clients. As Public Health Nurses, most Children First Nurses were assigned to assist with the pandemic response. Children First Nurses worked diligently to maintain relationships with their clients while simultaneously assisting in the pandemic response. Some nurses spent as much as 80% of their time working the pandemic response. As a result, the caseloads for the Children First Program significantly decreased across the state and many nurses lost the majority of their caseload due to the significant shift of their responsibilities during the pandemic. It should also be recognized that client outcomes, retention, and enrollment were profoundly impacted, as evidenced by the data in this report. Due to safety measures in place as a result of the vast community spread of the virus, nurses were not always able to provide in-person visits. When telephonic or virtual visits did occur, there were multiple challenges in being able to conduct those visits. Some of these challenges included poor or limited internet access for clients and limited hot spot connections for nurses. The nurses and clients also had to quickly learn how to effectively engage with each other during virtual or telephone visits. The program and the Nurse-Family Partnership National Service Office have worked collaboratively to assist nurses in overcoming these multiple challenges. Nurse-Family

Partnership National Service office has assisted in providing access to just-in-time learning to help nurses navigate all the changes.

In addition to the difficulty in rebuilding caseloads, there was also an average of 16 Children First Nurse Home Visitor vacancies across that state during the pandemic. The program has utilized various tools to recruit qualified nurses including sending post cards to all registered nurses located in hard to fill geographic areas, posting on social media sites and NFP website, attending career fairs, connecting with senior nursing students at universities and many other avenues. It is still a challenge, and we are continuing to find ways to be creative in seeking qualified candidates for our program.

Clients who are ineligible to be served by Children First are referred to other parentPRO programs. ParentPRO is a free service that connects families to home-based parenting services. Families can call 1-877-271-7611 and speak to a referral specialist, or they can navigate the website to find services in their area. During SFY 2022, parentPRO referred 44 potential clients to Children First. ParentPRO is designed to provide a continuum of services to fit the needs of all families seeking parenting support.²³

SFY 2022 Annual Report Data

Children First, Oklahoma's Nurse-Family Partnership

Children First Program	Completed Visits	Referrals	Families Served	New Enrollees	Births	Average Length of Enrollment (Days) [¶]	Median Length of Enrollment (Days) ^{¶¶}
C1-Adair CHD	21	19	10	5	<5	647	672
C1-Beckam CHD	<5	<5	<5	<5	<5	<5	<5
C1-Bryan CHD	8	31	<5	<5	<5	178	190
C1-Caddo CHD	5	8	<5	<5	<5	135.5	135.5
C1-Canadian CHD	489	125	50	56	28	382	293
C1-Carter CHD	146	47	24	21	8	292	229
C1-Cherokee CHD	40	31	<5	16	<5	419	340
C1-Choctaw CHD	102	37	10	8	<5	510	341
C1-Cleveland CHD	506	144	63	52	13	543	620
C1-Comanche CHD	209	144	53	61	12	175	133
C1-Cotton CHD	<5	<5	<5	<5	<5	125	125
C1-Craig CHD	100	30	16	9	<5	315	232
C1-Creek CHD	270	52	30	18	<5	563	435
C1-Delaware CHD	149	35	18	9	5	473	384
C1-Garfield CHD	6	6	<5	<5	<5	95	97
C1-Grady CHD	43	9	<5	<5	<5	567	518
C1-Hughes CHD	54	5	6	<5	<5	500	308
C1-Jackson CHD	<5	14	<5	8	<5	89	89
C1-Jefferson CHD	<5	<5	<5	<5	<5	194	194
C1-Johnston CHD	14	17	8	8	<5	98	94
C1-Kingfisher CHD	190	17	15	6	8	478	489
C1-Kiowa CHD	<5	<5	<5	<5	<5	111	111
C1-Leflore CHD	298	46	39	28	9	329	204
C1-Lincoln CHD	38	<5	6	<5	<5	786	881
C1-Logan CHD	65	49	9	19	<5	201	222
C1-Marshall CHD	126	21	14	12	5	254	168
C1-Mayes CHD	6	27	<5	<5	<5	111	116
C1-McClain CHD	74	10	<5	<5	<5	686	841
C1-McCurtain CHD	116	26	20	8	<5	225	140
C1-Muskogee	<5	18	<5	<5	<5	59	59
C1-Oklahoma CCHD	1,178	633	201	207	85	338	234
C1-Okfuskee CHD	19	6	<5	<5	<5	245	245
C1-Okmulgee CHD	23	29	5	11	<5	155	108
C1-Ottawa CHD	235	45	30	37	12	322	235
C1-Payne CHD	259	69	30	20	13	282	272
C1-Pawne CHD	<5	<5	<5	<5	<5	<5	<5
C1-Pittsburg CHD	150	67	24	21	<5	192	144

Children First Program	Completed Visits	Referrals	Families Served	New Enrollees	Births	Average Length of Enrollment (Days) [¶]	Median Length of Enrollment (Days) ^{¶¶}
C1-Pontotoc	13	<5	<5	<5	<5	157	157
C1-Pottawatomie	229	87	28	22	9	543	515
C1-Pushmataha CHD	89	19	9	6	<5	336	327
C1-Rogers CHD	153	26	12	<5	6	517	498
C1-Seminole CHD	47	19	14	10	<5	301	177
C1-Sequoyah CHD	9	17	<5	<5	<5	279	203
C1-Stephens CHD	10	12	<5	8	<5	202	218
C1-Tillman CCHD	<5	5	<5	<5	<5	110	110
C1-Tulsa CCHD	2,112	464	240	181	108	376	298
C1-Wagoner	136	46	16	8	9	375	350
C1-Washington	96	42	15	10	<5	284	235
State Wide ^β	7,846	2,576	1,056	922	367	303	251

Included clients who have had at least one completed home visit in SFY22 and whose start and end dates conform to the following:

1. Start date was prior to SFY22, but end date within SFY22
2. Start date was prior to SFY22, but end date/still enrolled after SFY22
3. Start date was within SFY22, but end date/still enrolled after SFY22
4. Start date and end date were both within SFY22

Totals may be under/overestimates due to data suppression (<5).

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We want to thank all the families who open their doors, their lives and their hearts to Children First nurse home visitors. In addition, we want to acknowledge our health department co-workers and community partners who work with us to make a difference in the lives of Oklahoma families.

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