

CHILDREN FIRST

OKLAHOMA'S NURSE - FAMILY PARTNERSHIP
STATE FISCAL YEAR 2018 ANNUAL REPORT

2018



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PROGRAM OVERVIEW

HISTORY

In 1996, the Oklahoma State Legislature authorized legislation to create Children First. Representatives from Tulsa Children's Consortium, the Oklahoma State Legislature and the Oklahoma State Department of Health reviewed home visiting models and chose to implement the "Olds Model," now known as Nurse-Family Partnership (NFP). Implementation began in SFY 1997 with pilot sites in Garfield, Garvin, Muskogee and Tulsa Counties. Current funding supports approximately 80 nurse and nurse supervisor 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 helping women alter their health-related behaviors, including reducing use of cigarettes, alcohol and illegal drugs.
- Improve child health and development by helping parents provide more responsible and competent care for their children.
- Improve families' economic self-sufficiency by helping parents develop a vision for their own future, plan future 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, demonstrated "top tier" evidence of effectiveness by the Coalition of Evidence-Based Policy, and 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 high or moderate 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.

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 the county health departments under the Oklahoma State Department of Health 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 to meet needs identified for each family. Nurse home visitors follow public health protocols and evidence-based NFP visit guidelines, providing 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 often consult and collaborate with both the client's and child's PCP to ensure continuity of care and improved 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.

1. Oklahoma Children First Program Evaluation Report: Nurse-Family Partnership, September 24, 2010.

2. US Department of Health & Human Services: Home Visiting Evidence of Effectiveness <https://hnpvce.aif.hhs.gov/Models.aspx>

3. Coalition for Evidence-Based Policy. Retrieved from: <http://hopeevidence.org/>

4. Child Maltreatment: Prevention Strategies. Centers for Disease Control and Prevention. Retrieved from: <https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf>



SCREENING TOOLS

- Patient Health Questionnaire (PHQ9) (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 & Child)

NURSING ASSESSMENTS

- Brief Health Assessment of Client and Child
- Vital signs of Client and Child
- Client Weight and Blood Pressure
- Child Weight and Height

ENROLLMENT

Women enrolling in the Children First program 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-weeks postpartum period.
- Every other week until the child is 21 months of age.
- Monthly until the child turns 2 years of age.

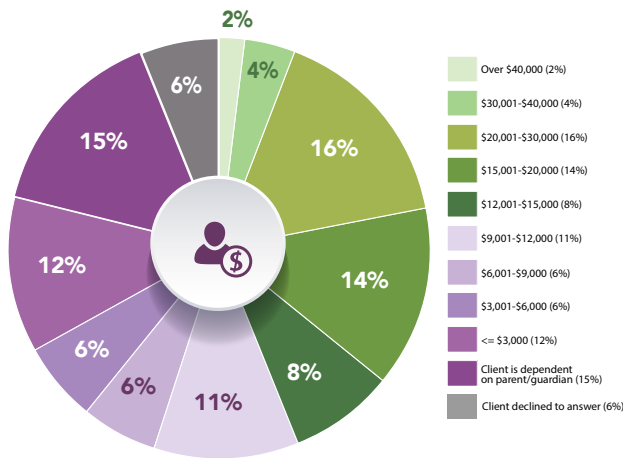
PROGRAM COSTS

During SFY 2018, a total of \$6,588,505 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 and the Maternal, Infant and Early Childhood Home Visiting Grant. The cost per family was \$3,565 (total expenditures divided by the number of families served). The data in this report do not include clients served by the Maternal, Infant and Early Childhood Home Visiting Grant.

5. A first time mother is: 1) a woman who is expecting her first live birth, has never parented and plans on parenting this child; 2) a woman who is expecting her first live birth, has never parented and is contemplating placing the child for adoption; 3) a woman who has been pregnant, but has not delivered a child due to abortion or miscarriage; 4) a woman who is expecting her first live birth, but has parented stepchildren or younger siblings; 5) a woman who has delivered a child, but her parental rights were legally terminated within the first few months of that child's life; or 6) a woman who has delivered a child, but the child died within the first few months of life.

PARTICIPANT CHARACTERISTICS

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 before negative ones have taken hold.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 2018, unless otherwise stated.



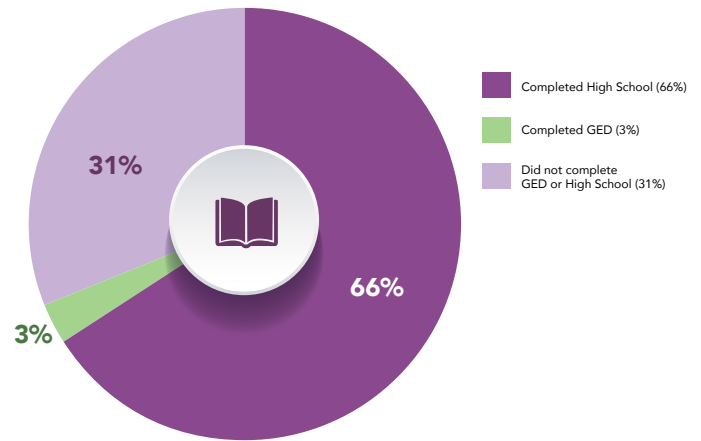
HOUSEHOLD INCOME *Figure 1*

In order to participate in Children First, the client must not have a household income greater 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 \$22,311 would meet the financial criteria. For a couple expecting their first baby, this amount increases to \$30,044.⁸ Seventy-two percent of new Children First enrollees in SFY 2018 had an annual household income of \$20,000 or less, including 15% who were dependent on a parent/guardian.

AGE *Figure 2*

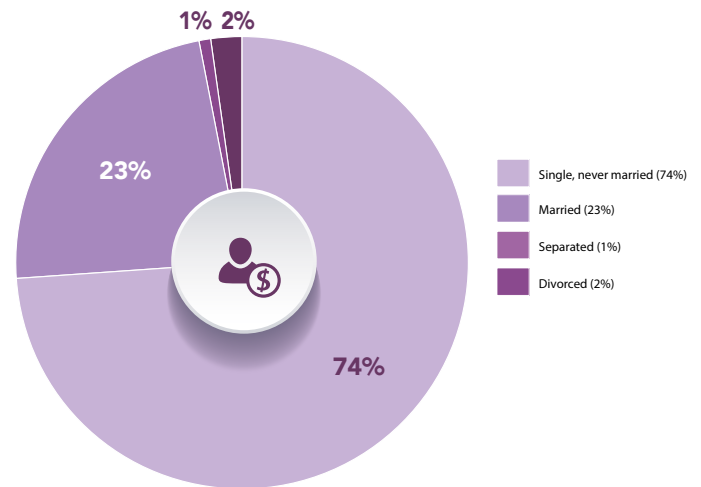
AGE OF CLIENT					
UNDER 18	18-19	20-24	25-29	30 & OLDER	RANGE: 13-44
8%	18%	45%	19%	10%	MED=21

The median age of new enrollees in SFY 2018 was 21 years of age and the age range was 13 to 44 years of age. At enrollment in SFY 2018, 26% of Children First clients were under the age of 20 and 71% were under the age of 25.



EDUCATION *Figure 3*

In SFY 2018, 69% percent of new Children First enrollees had completed high school or a GED. Nearly half (45%) of all clients sought education beyond high school, and of those, 18% obtained a bachelor's degree or higher.



MARITAL STATUS *Figure 4*

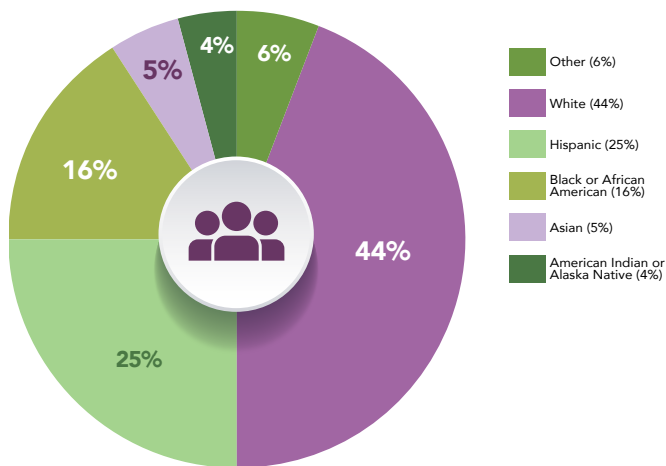
In SFY 2018, most (74%) new Children First clients were single, never married.

6. Centers for Disease Control and Prevention. Task Force on Community Prevention Services. First Reports Evaluating the Effectiveness of Strategies for Preventing Violence: Early Childhood Home Visitation. MMWR. October 3, 2003.

7. Goodman, A. Grants Results Special Report: The Story of David Olds and the Nurse Home Visiting Program. Robert Wood Johnson Foundation. July 2006.

8. 2018 Poverty Guidelines. Office of the Assistant Secretary for Planning and Evaluation United States Department of Health and Human Services. Retrieved from: <https://aspe.hhs.gov/poverty-guidelines>

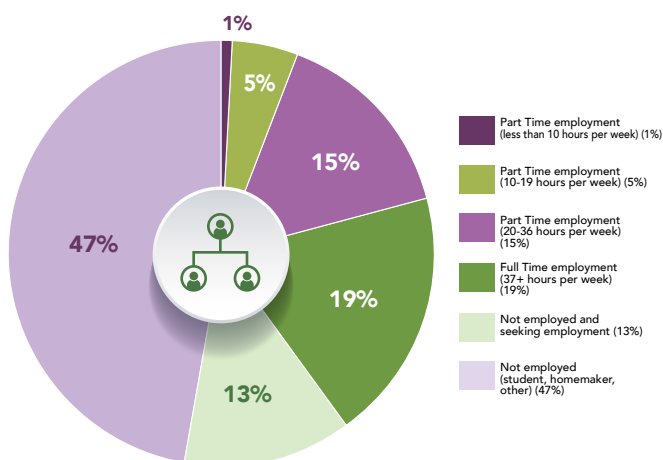
CHARACTERISTICS



RACE/ETHNICITY Figure 5

Less than half, (44%) of new Children First clients in SFY 2018 identified themselves as White. Half of the clients at fifty percent identified themselves as Hispanic, Black, Asian, or American Indian.*

*Not all clients chose to indicate race/ethnicity



EMPLOYMENT Figure 6

Over half (60%) of Children First enrollees in SFY 2018 were unemployed at the time of enrollment. Nineteen percent were employed full-time.

HOUSEHOLD COMPOSITION	
	PERCENT
Father of the Child	62%
Other Family Members	44%
Client's Mother	28%
Husband (not the father) / Partner	3%
Other Child	4%
Other Adults	16%

HOUSEHOLD COMPOSITION Figure 7

Of the clients who live with others, over half (62%) lived with the father of their child in SFY 2018.

HEALTH CONCERNS	
	PERCENT
High Body Mass Index (overweight + obese)	52%
Depression	28%
Asthma	16%
Previous Miscarriage, Fetal or Neonatal Death	9%
Diabetes	3%
High Blood Pressure	4%
Chronic Infections (urinary/vaginal)	12%

HEALTH CONCERNS Figure 8

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. Just over half (52%) of new Children First clients were identified as overweight or obese (pre-pregnancy weight). Only 36% of new enrollees did not have at least one health concern at the time of enrollment in SFY 2018.

Children First nurses follow the Children First Prenatal Weight Gain Management Policy and work with the client to develop a plan of care for any client identified as having a high body mass index. Nurses work with clients to ensure the best outcomes for the client and the baby.

LIFE STRESSORS (categories are not exclusive)	
	PERCENT
Close family member became sick or died	27%
Client became separated or divorced	14%
Person close to the client had a problem with drinking or drugs	14%
Client was very sick	7%
Client was in a physical fight	6%
Client's husband/partner was sent to jail	8%
Client was in extreme debt	8%
Client lost job	14%
Client's husband/partner lost job	10%
Client was without a phone	12%
Client & child did not have enough food	8%
Client went to jail	4%

LIFE STRESSORS Figure 9

Assessments performed at client 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.

MATERNAL HEALTH OUTCOMES

PRENATAL CARE

Beginning 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, the majority of pregnancy and birth-related health issues can be prevented.⁹ Children First nurses stress the importance of early and adequate prenatal care as well as connect their clients to a PCP. During the course of the pregnancy, the Children First nurse and PCP are in contact and share pertinent health information about the client to ensure continuity of care.

GENERALIZED ANXIETY DISORDER

Generalized anxiety disorder is characterized by excessive anxiety and worry about a variety of events or activities that occurs more days than not, for at least six months. People with generalized anxiety disorder find it difficult to control their worry, which may cause impairment in social, occupational, or other areas of functioning.¹⁰ An estimated 5.7% of U.S. adults experience generalized anxiety disorder at some time in their lives. The Generalized Anxiety Disorder (GAD-7) screening is provided at Intake, when the child is 6 months, 12 months, 18 months and 24 months of age and as indicated. Children First nurses are trained to help mothers identify stressors and help the mother construct a plan to overcome her anxiety.

POSTPARTUM DEPRESSION

Postpartum depression can be treated. Nationally, approximately 13% of women display symptoms of depression after the delivery of a baby.¹¹ Early detection of postpartum depression is a goal of Children First. The Patient Health Questionnaire (PHQ9) screens for depression and are performed at enrollment, 36 weeks 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 is suspected. If the screening indicates signs of depression, the Children First nurse immediately connects the client to a healthcare or mental healthcare professional and follows up at the next visit.

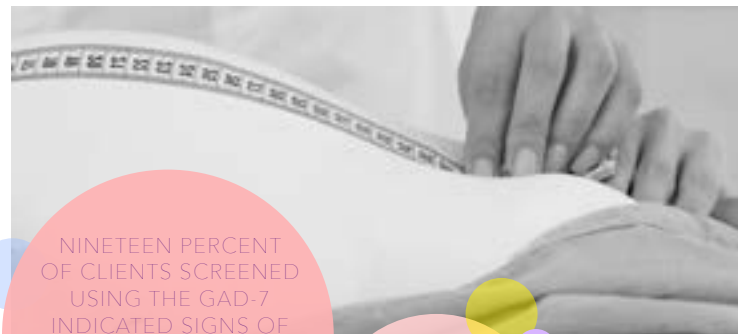
SMOKING CESSATION

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. Additionally, exposure to secondhand smoke is a major cause of childhood disease and illness, such as asthma.¹² Children First nurses utilize motivational interviewing techniques to guide behavior change and refer smokers to the Oklahoma Tobacco helpline as well as their PCP to help clients decrease tobacco use.

SMOKING

88% of Children First clients served in SFY 2018 quit, reduced, or never began smoking between intake and 36 weeks of pregnancy.

- 89% did not smoke at intake and still do not smoke
- 5% smoked at intake and still smoke
- 5% reduced or quit smoking by 36 weeks of pregnancy
- 4% decreased smoking since intake
- 4% increased or began smoking since intake



NINETEEN PERCENT OF CLIENTS SCREENED USING THE GAD-7 INDICATED SIGNS OF ANXIETY & REQUIRED A REFERRAL TO A HEALTH CARE OR MENTAL HEALTH PROVIDER

THERE WERE 1,567 GAD-7 SCREENINGS COMPLETED FOR 1,208 CLIENTS

There were 2,057 PHQ9 depression screenings administered to 1,171 mothers in SFY 2018.

Approximately eighteen percent of clients screened indicated signs and symptoms of depression and required referrals to a healthcare or mental health professional.

ANTICIPATORY GUIDANCE AND HEALTH EDUCATION TOPICS *Figure 10*

Children First nurses work diligently to provide anticipatory guidance and health education for a variety of topics in an effort to significantly reduce the incidence of illness and injury and promote child growth and development. When asked if specific topics were addressed by their PCP, nurses frequently provided information for all anticipatory guidance and health education topics listed in the table below than the PCP.

HEALTH EDUCATION TOPIC	NURSE PROVIDED	PCP OR OTHER
How smoking during pregnancy could affect your baby	94%	78%
Breastfeeding your baby	94%	76%
How drinking alcohol during pregnancy could affect your baby	93%	66%
Using a seatbelt during your pregnancy	84%	69%
Birth control methods to use after your pregnancy	92%	63%
Medicines that are safe to take during your pregnancy	82%	71%
How using illegal drugs could affect your baby	94%	87%
Doing tests to screen for birth defects or diseases that run in your family	92%	83%
What to do if your labor starts early	78%	35%
Getting tested for HIV (the virus that causes AIDS)	92%	70%
Physical abuse to women by their husbands or partners	94%	71%
How UTIs and yeast infections could affect you and your baby	76%	67%
How STDs could affect you and your baby	93%	47%
How Strep B could affect you and your baby	91%	53%
How to position your baby when he/she goes to sleep	95%	59%
How to prevent your baby from getting injured	86%	46%

9. Prenatal Care. Medline Plus. Retrieved from: <http://www.nlm.nih.gov/medlineplus/prenatalcare.html>

10. <https://www.nimh.nih.gov/health/statistics/generalized-anxiety-disorder.shtml>

11. Postpartum Depression. JAMA Patient Page. Retrieved from: <http://jama.jamanetwork.com/article.aspx?articleid=186751>

12. Tobacco Use and Pregnancy. Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/tobaccousepregnancy/>



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 gestation and very preterm defines those born prior to 32 weeks gestation. According to the CDC, preterm birth is the most frequent cause of infant death, the leading cause of long-term neurological disabilities in children, and costs the United States' healthcare system more than \$26 billion each year.^{13,14} 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 (<1500 grams). Babies born at low and very low birth weight have increased risk for health problems and developmental delays.¹⁴ Children First nurses perform a brief health assessment at every prenatal home visit that evaluates weight and blood pressure, signs and symptoms of pre-eclampsia, infections, and risks for preterm birth risks and low birth weight.

NEONATAL INTENSIVE CARE UNIT

In SFY 2018, 12% of Children First mothers reported that their baby spent time in the NICU.

Babies born early, with low birth weight, or with other birth complications may spend time in the Neonatal Intensive Care Unit (NICU). Time spent in the NICU may inhibit attachment and bonding between mom and baby. The physical assessments by Children First nurses are intended to reduce the risk of preterm labor and low birth weight babies, as well as to prevent entry into the NICU. If the baby does need to be admitted to the NICU, the Children First nurse tailors the curriculum to help the mother care for her baby's unique needs.

Of all Children First babies born in SFY 2018, 10% were born preterm and 2% were born very preterm. Of all Children First babies born in SFY 2018, 8% were born with low birth weight and 2% were born with 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 mom, including healing faster and decreased risk for some cancers later in life, and baby, like decreased risk of illness and Sudden Infant Death Syndrome. Children First nurses provide facts about the benefits of breastfeeding for both mom and baby as well as dispel myths. Additionally, Children First nurses demonstrate breastfeeding holds using models, and after the baby is born, can provide assistance to the mother when breastfeeding challenges or questions arise and may connect the client with a lactation consultant when necessary.



Among Children First mothers who gave birth in SFY 2018, 92% initiated breastfeeding with their new infant.

13. Preterm Birth. Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/PretermBirth.htm>
14. Birth Weight. March of Dimes. Retrieved from: <http://www.marchofdimes.org/mission/the-economic-and-social-costs.aspx>



CHILD HEALTH OUTCOMES

DEVELOPMENTAL MILESTONES

The Ages and Stages Questionnaire is a developmental screening tool that assesses cognitive, language, motor, problem-solving, social, and emotional milestones for children enrolled in Children First. These screenings are administered regularly, beginning when the child is four months of age. If the scoring tool suggests a delay the nurse will refer the client to SoonerStart (early intervention), Child Guidance, or the child's PCP.¹⁵

There were 1,969 Ages and Stages Questionnaires completed in SFY 2018 for Children First clients. In addition, 967 Ages and Stages Social-Emotional Questionnaires were completed.

There were 75 referrals made to SoonerStart and 20 referrals to Child Guidance services as a result of these screenings.

IMMUNIZATIONS AND WELL-CHILD EXAMS

Children First nurses encourage and refer clients to the child's PCP to maintain an up-to-date status for child 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 daycare. The Children First nurse will review the assessments completed by the PCP during the well-child visit with the client to build an understanding of the child's health.

At their last home visit in SFY 2018, 93% of C1 mothers reported their child was up-to-date on their immunizations and 87% were up-to-date on their well-child exams



Ana Martinez
OKLAHOMA COUNTY

At 24 months, over three quarters of children were up-to-date with their immunizations (86%) and well-child visits (77%).

15. SoonerStart is an early intervention program for families of infants and toddlers (birth to 36 months) who have developmental delays. Retrieved from: https://www.ok.gov/health/County_Health_Departments/Carter_County_Health_Department/SoonerStart_Early_Intervention/

MARIANNE GRANT

MY STORY

I didn't expect to get pregnant. Motherhood was the last thing on my mind. My husband and I were both working crummy jobs, barely able to pay our bills and afford to eat when we got the news. He was attending University of Central Oklahoma to get a bachelor's in Public Health and our five-year goal planned for him to finish both his undergrad and graduate degree, as well as have me attend school to finally complete my undergraduate degree.

The news of being pregnant hit me straight in the chest because I felt broken and helpless. I was raised by an abusive father who rarely stayed in the country and a mother who is a selfish, unloving, and a narcissist. They completely destroyed my family relations, to the point where I haven't spoken to them in years. So, I could not even dream that I was equipped to succeed where they failed.



(From Left to Right)

Renée LaBarbera, Brenton LaBarbera & Marianne Grant

I have witnessed mothers who have had similar pasts to what I experienced and I also witnessed those families fall apart. I was so certain I was going to follow the same path; however, through the Children First program, I was able to receive assistance and guidance that they weren't.

Every visit my nurse would come with information relevant to what I was experiencing in my life, be it about personal issues, my pregnancy, my relationship, or about what to expect and know about my daughter. She encouraged me to ask questions and never made me feel as if the questions were silly. She told me that I knew my body and my child better than anyone. And my questions not only needed to be asked but they deserved to be heard.

As the only understanding woman in my life, she easily became a role model to me and hearing her tell me this ignited a spark in me which my parents stole in my childhood. My nurse listened to a lonely, broken woman and went above and beyond in her efforts to help connect me with mental health services after I had given up myself after multiple failed attempts. She worked tirelessly finding resources because she wanted me to succeed in my mental health battle. The therapist she found me was a dream come true.

Every day is a struggle, because every day my daughter is shedding light on a shadow from my past. And these shadows try to re-cripple my heart. But because of the tools and guidance I received from Children First and therapy, I am able to avoid my parent's mistakes. I grew up believing the only thing I can do is give up and fail. That is what I am good at, but not this time. This program laid out bread crumbs for me to follow on the road to success. It is constructed beautifully to help us transition from life without a child, to surviving pregnancy, to having newborns in our lives. But it wasn't just the information, resources, and guidance; it's the fact that they hire people filled with compassion and love.

My hand was held through the most difficult time in my life and that helped me want to succeed. Today I am a stay at home mom and freelance writer. I am currently composing a self-help book called "Thriving Through Her Toddler Years", which talks about my journey to healing while being a mother, despite challenges with mental and physical health. While I still plan on continuing my education, my main focus is educating our daughter and helping her grow in a healthy and loving environment.

My husband graduated in May from the University of Oklahoma Health and Sciences Center with a Master of Public Health in epidemiology. He is able to financially support our family as a research coordinator.

I know without a shadow of a doubt that I wouldn't be where I am today without the help and aid of Children First. This program saved me from my past and helped allow me to be the best version of myself. It helped me to love myself, my husband, my life, and my daughter with all my heart. Children First led me to become a mother my daughter will not only respect, but be proud of.

FAMILY SAFETY OUTCOMES

INTIMATE PARTNER VIOLENCE

Intimate partner violence is a serious, preventable public health problem affecting 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.¹⁶ Children First nurses assess their clients at intake, 12 weeks postpartum, when the child is 16 months of age, and as needed using a questionnaire which asks about physical, sexual, and emotion abuse. If any concerns arise, a safety plan is created by the client with the help of the nurse and a referral is made to local domestic violence services.

- 86% were not experiencing domestic violence at intake and are still not experiencing domestic violence
- 7% were experiencing domestic violence at intake, but are now not experiencing domestic violence
- 3% were not experiencing domestic violence at intake, but are now experiencing domestic violence
- 4% were experiencing domestic violence at intake and are still experiencing domestic 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 under 4 years of age.¹⁷ Children First nurses conduct a home safety check with the family when the child is 2, 10 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 and Maternal and Child Health Services (MCH) to provide cribs for families in need and meet specific criteria.

In SFY 2018, MCH distributed **116 portable cribs to families in need** and 39 (34%) of those cribs were distributed to Children First families. Children First nurses provide education and/or referrals when areas of concern regarding safety are identified.



CAR SEAT SAFETY

Ninety-eight percent of Children First clients reported always traveling with their child in a car seat in SFY 2018.



WATER SAFETY

Ninety-nine percent of Children First clients reported never leaving their child unattended near water in SFY 2018.

89%

Eighty-nine percent of Children First clients had at least one working smoke detector.

SAFE SLEEP

Over half (53%) of Children First clients with a child 2 months of age reported never co-sleeping with their child, and 32% reported co-sleeping with their child only some of the time in SFY 2018.

16. Intimate Partner Violence. Injury Prevention and Control. Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/ncipc/prevention/intimatepartnerviolence/index.html>

17. National Action Plan. Centers for Disease Control and Prevention. Retrieved from: <https://www.cdc.gov/safeschool/index.html>

CHILD MALTREATMENT

Of the 1,289 children who received at least one home visit from Children First in SFY 2018, 1,138 of them (88%) had not been named as a potential victim in an Oklahoma Department of Human Services (OKDHS) report after enrolling in Children First. Furthermore, 1,256 clients (97%) have not had a confirmed child maltreatment case with OKDHS since enrolling in Children First. None of the Children First children served in SFY 2018 had been named in a report to OKDHS for sexual abuse. It is noteworthy that only 12 percent of the Children First families served in SFY 2018 had been reported for potential maltreatment despite all entering the program with risk factors.

Figure 11

CHILDREN WITH A CONFIRMED CASE OF MALTREATMENT

The data below is related to the 33 confirmed cases of maltreatment among children participating in Children First at the time the report was made.

Gender of Victim	Percent
Male	48%
Female	52%
Type of Maltreatment in Confirmed Cases	
Abuse	64%
Neglect	3%
Both	33%
Type of Abuse in Confirmed Abuse Cases	
Threat of Harm	33%
Other (includes: beating/hitting, exposure to domestic violence, failure to protect, inadequate or dangerous shelter, inadequate physical care, and thrown)	67%
Type of Neglect in Confirmed Neglect Cases	
Threat of Harm	43%
Other (includes: burning/scalding, failure to obtain medical attention, failure to protect, failure to provide adequate nutrition, inadequate or dangerous shelter, inadequate physical care, lack of supervision, and thrown)	57%
Perpetrators in Confirmed Maltreatment Cases	
Mother	38%
Father	43%
Grandparent	8%
No Relation	7%
No Relation	4%



Gertoria Mitchell
OKLAHOMA COUNTY



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.¹⁸ Children First nurses 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 at a later date. 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.

76% of biological fathers spent at least once per week taking care of and/or playing with their child

83% of mothers see or talk to the baby's biological father at least once per week

7% of mothers increased from intake the frequency of time seeing or talking to the baby's biological father in SFY 2018

14% of biological fathers did not spend time with their child at all



18. Rosenberg, J. and Wilcox, W.B. The Importance of Fathers in the Healthy Development of Children. The U.S. Department of Health and Human Services Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect, Chapter 3 (2006).



PREGNANCY SPACING

The amount of time between pregnancies, known as the interpregnancy 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 CDC, women with short interpregnancy intervals may be at risk for poor pregnancy outcomes.¹⁹ The recommended time between birth and the next pregnancy is a minimum of eighteen months.²⁰ Children First nurses 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 birth control services.

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 as well as financially straining the family. Parents with less education often have lower household incomes; even if they are employed full-time.²¹ Children First nurses connect their clients to local services to further their education and/or obtain a job, thereby increasing their income. Financial aptitude, using credit wisely, and saving are all topics that are covered during visits, including active skills building for money management.

SPACING

Only 12% percent of Children First clients served in SFY 2018 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, 20% of Children First mothers were pregnant with their second child.

EMPLOYMENT

Of the Children First clients served in SFY 2018 who were unemployed at intake, 19% had found work by the time their child was six months of age.

HOUSEHOLD INCOME

Of the Children First clients served in SFY 2018, 47% increased their household income by the time their child was 12 months of age.



EDUCATION

Among the Children First clients over the age of 18 served in SFY 2018 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.

19. Interpregnancy Interval. Centers for Disease Control and Prevention. Retrieved from: http://www.cdc.gov/pediatrics/what_is/pncs_health_indicators.htm

20. Zhu, B.P. Effect of Interpregnancy Interval on Birth Outcomes: Findings from Three Recent U.S. Studies. International Journal of Gynecology & Obstetrics. April 2005.

21. Single-Parent Families in Poverty. Retrieved from: <http://www2.uskon.org/ufsch/bz/401/readings/singleparent.htm>

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 2,982 referrals made to the Children First program. Of these, 2,587 met the eligibility guidelines. Among the women who were not eligible to participate, referrals were made to the Oklahoma State Department of Health Child Guidance Service and other home visitation programs such as Parents as Teachers and SafeCare.

Figure 12

ENTITIES REFERRING TO CHILDREN FIRST	
REFERRAL SOURCE	#
Women, Infants and Children (WIC)	1,879
Health Department Family Planning	688
Other (including DHS, HMO, Judicial)	196
Oklahoma Health Care Authority	92
Pregnancy testing clinic (Non Health Department)	24
Community-based agency	22
Community Connector	17
Current/Past C1 Client	14
School	9
Private physician	8
Faith Based Organization	7
Other Home Visiting Program	7
Family/friend/neighbor	5
Hospital	5
Health Department Maternity	4
parentPRO-brochure/website	5
Total	2,982

Due to budget restraints, the Oklahoma State Department of Health was faced with several difficult financial decisions, including not refilling vacant Children First nurse home visitor positions. Families were still able to obtain referrals to home-based parenting or other services by contacting the parentPRO hot line.²²

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 2018, parentPRO referred 135 potential clients to home-based services and 19 of those were referred to Children First. ParentPRO is designed to provide a continuum of services to fit the needs of all families seeking parenting support.²²



Figure 13

SERVICES	
TYPES OF REFERRALS AND SERVICES	#
Referrals	2,982
Eligible Referrals	2,587
New Enrollees	864
Families Served	1,810
Completed Visits	17,632
Births	494

22.



www.parentpro.org

Figure 14

2018 COUNTY DATA

County Name	Completed Visits	Referrals	Families Served	New Enrollees	Births	Average Length of Enrollment in days*	Median Length of Enrollment in days*
Adair	185	30	19	8	7	524	513
Alfalfa	26	0	3	0	0	980	980
Atoka	0	4	0	0	0	0	0
Beaver	0	0	0	0	0	0	0
Blaine	0	2	0	0	0	0	0
Caddo	12	1	1	0	0	911	911
Canadian	426	57	54	16	12	580	684
Carter	194	56	21	7	7	545	611
Cherokee	599	35	57	19	15	604	608
Choctaw	245	37	22	11	5	519	526
Cimarron	0	0	0	0	0	0	0
Cleveland	1,794	175	157	60	46	566	517
Coal	0	0	0	0	0	0	0
Comanche	427	60	39	19	13	606	637
Cotton	15	1	1	0	0	954	954
Craig	213	31	17	6	6	601	607
Custer	6	0	4	0	0	619	619
Delaware	451	36	31	7	10	594	677
Dewey	11	1	1	0	1	147	147
Ellis	4	0	1	0	0	912	912
Garfield	331	75	50	25	12	638	615
Garvin	1	1	1	0	0	987	987
Grady	33	0	3	0	0	869	869
Grant	12	2	1	0	0	1216	1216
Greer	0	0	0	0	0	0	0
Harmon	0	0	0	0	0	0	0
Harper	24	0	2	0	1	555	555
Haskell	11	3	1	0	0	932	932
Hughes	50	13	7	2	3	452	550
Jefferson	15	6	2	1	1	532	532
Johnston	78	7	11	6	4	244	257
Kay	18	12	6	2	0	569	690
Kingfisher	196	24	20	5	5	714	825
Kiowa	6	0	1	0	0	1006	1006
Latimer	0	2	0	0	0	0	0

County Name	Completed Visits	Referrals	Families Served	New Enrollees	Births	Average Length of Enrollment in days*	Median Length of Enrollment in days*
LeFlore	515	40	47	15	10	710	847
Lincoln	267	36	38	17	9	558	539
Logan	595	79	68	32	16	437	412
Love	30	13	5	3	0	380	447
Major	0	3	0	0	0	0	0
Marshall	109	26	26	15	3	507	401
Mayes	147	47	14	2	4	477	449
McClain	249	24	21	9	6	549	398
McCurtain	374	60	46	19	3	377	183
McIntosh	62	21	11	4	2	889	981
Murray	0	2	0	0	0	0	0
Muskogee	134	40	19	3	5	446	437
Noble	19	1	3	1	0	269	221
Okfuskee	9	6	4	1	0	724	758
Oklahoma	3,370	781	375	256	126	534	467
Okmulgee	13	11	4	1	0	374	261
Osage	26	4	3	0	1	466	466
Ottawa	312	52	32	9	6	664	670
Pawnee	0	1	0	0	0	0	0
Payne	153	26	18	5	5	400	278
Pontotoc	0	0	0	0	0	0	0
Pottawatomie	320	91	44	21	11	497	371
Pushmataha	92	17	7	5	3	485	406
Rogers	193	44	22	0	3	678	694
Seminole	138	32	17	13	4	362	264
Sequoyah	93	77	14	8	2	567	606
Stephens	28	45	5	4	1	226	287
Texas	0	2	0	0	0	0	0
Tulsa	4,483	671	390	207	110	517	463
Wagoner	2	7	2	0	0	883	883
Washington	202	34	28	12	8	372	331
Woods	0	3	0	0	0	0	0
Woodward	314	15	37	8	8	581	623
						Avg	Avg
TOTAL	17,632	2,982	1,810	864	494	545	514

* Included clients who have had at least one completed home visit in SFY18 and whose start and end dates conform to the following:

1. Start date was prior to SFY18, but end date within SFY18
2. Start date was prior to SFY18, but end date/still enrolled after SFY18
3. Start date was within SFY18, but end date/still enrolled after SFY18
4. Start date and end date were both within SFY18

ACKNOWLEDGMENTS

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

TOM BATES, J.D.

Interim Commissioner of Health

TINA R. JOHNSON, MPH, RN

Deputy Commissioner
Community and Family Health Services

BETH MARTIN

Director
Family Support and Prevention Service

CONNIE FREDERICK, BSN, RN

Children First Program Manager
Family Support and Prevention Service

JOHN DELARA, MPH, CPH

Epidemiologist
Community Epidemiology and Evaluation

ALORA KORB MCCARTHY, M.A

Program Assessment and Evaluation
Specialist
Community Evaluation & Records Support

BRANDY BUCHANAN

Children First Administrative Assistant
Family Support and Prevention Service



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