Annual Report State Fiscal Year 2013

Children First

Oklahoma's Nurse-Family Partnership

Promoting Health and Enriching Lives

Family Support and Prevention Service

Oklahoma State Department of Health

Nurse-Family Partnership

Helping First-Time Parents Succeed

Oklahoma State Department of Health

Acknowledgements

We want to take this opportunity to thank all of the families who open their doors, their lives and their hearts to *Children First* home visitors. A special "thank you" to the women whose stories are included in this year's report. In addition, we acknowledge our health department co-workers and community partners who work with us to make a difference in the lives of Oklahoma families.

- *Children First* staff

This report is respectfully submitted in compliance with Oklahoma Statute 63-1-110.1 by:

Oklahoma State Department of Health Terry L. Cline, PhD Commissioner Secretary of Health & Human Services	Stephen W. Ronck, MPH Deputy Commissioner Community & Family Health Services Annette Jacobi, JD Director Family Support & Prevention Service	Mildred O. Ramsey, RN, MPH Program Manager *Children First* Chelsie Melkvik, MPH Epidemiologist Family Support & Prevention Service Miriam McGaugh, PhD Director Community Epidemiology & Evaluation

Cover photo: Tucker Brown, son of Jeni Brown, Cleveland County *Children First* client

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Enriching Lives . . .

Kedrick, Kymbri, Chad, and Shylah Ridgway
Garfield County

"If someone had told me fifteen years ago that I would be graduating from OU with a master's degree, I would have laughed at them. I was focused on taking care of my son and graduating high school. At that point in my life, college had never crossed my mind and it wasn't exactly something that people like me did. I am fortunate in that a very special woman named Bobbie Smith was brought into my life through a first-time parent program. She earned my trust and respect as a mentor and friend because of the genuineness she possesses. Bobbie became my biggest cheerleader and encouraged me to pursue things I never thought possible. She gave me the courage to further my education and was there with me as I began the process, offering help and positivity every step of the way. Through the years, I have turned to Bobbie for support and she has always been there to nudge me or guide me, whichever I needed at the time. I am unsure if Bobbie is aware of the impact she made on my life or how much I appreciate her. I have always thanked her but thank you doesn't really cover my gratitude. Bobbie is great at her job and is the most caring, selfless person I have ever met. I can only imagine the number of individuals she has touched during her career, lives she probably has no idea she changed and people she has no idea she empowered. The only way I know to repay her is to pay it forward. My hope is that I am able to be the person who makes a difference in someone else's life the way she made a difference in mine."
Shylah Ridgway, Children First Client

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 140 nurse and 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 three decades of research by David Olds, Ph.D. and colleagues. NFP has been recognized by the United States Department of Health and Human Services as an evidence-based model.[1] In addition, the model has been recognized by the Coalition for Evidence-Based Policy as meeting "top tier" evidence of effectiveness and 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, 3] The model has been found to reduce the cost of long-term social services and to benefit multiple generations by striving 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; and
- Improve families' economic self-sufficiency by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.[4]

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.

Services

Home visitation services are provided through the county health departments under the Oklahoma State Department of Health and at the independent City-County Health Departments in Oklahoma and Tulsa Counties. 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 that focus on five domains of functioning: 1) personal health, 2) environmental health, 3) maternal life course development, 4) maternal role development and 5) networks for supportive relationships. Standardized assessment tools are utilized to assess risks 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:

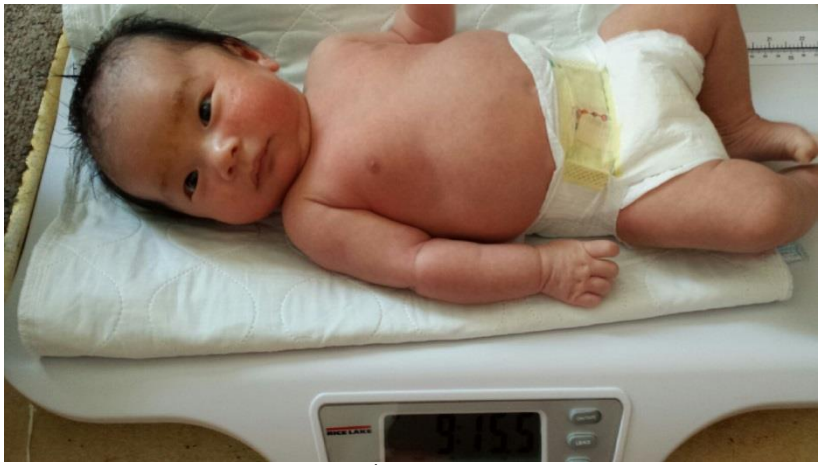
- Improve maternal health throughout pregnancy and after the child's birth;
- Improve child health and development from birth to age two;
- Enhance family functioning and family stability;
- Improve maternal life course development; and
- Decrease the risk of injury, abuse and neglect.

Screening Tools

- Edinburgh Postnatal Depression Scale
- Health Habits Questionnaire
- Domestic Violence Questionnaire
- Ages and Stages Developmental Questionnaire
- Ages and Stages Social-Emotional Questionnaire
- Home Observation for Measurement of the Environment
- Child Well-Being Scales

Assessments

- Brief Health Assessments
- Vital Signs
- Client Weight and Blood Pressure
    - Each Pregnancy Visit
- Child Weight and Height
    - Each Visit



Rachel Pham, daughter of Huyen Le
Cleveland County

Enrollment

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

- The participant must be a first time mother;[i]
- The monthly household income must be at or below 185% of the federal poverty level; and
- 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 normal 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; and
- Monthly until the child turns 2 years of age.

Although the model offers a suggested visit schedule, clients are encouraged to develop a schedule that meets their needs. Visits can be scheduled after normal work hours on an as needed basis. While most visits are conducted in the client's home, visits can be conducted at the health department or other locations as requested by clients due to mitigating circumstances such as domestic violence or safety concerns in the home. Nurses encourage the inclusion of family and loved ones during the intervention, which may continue for up to two and a half years.

Tulsa Parents' Day, April 2013

Nurse Elias with Kamille Rogers, daughter of Brittany Ledbetter

[i] 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.

Promoting Health . . .

Tracey Harjo and daughter, Jonaliy Harjo
Oklahoma County

"Just a year ago my life was spiraling out of control. Today I am in Children First. I'm getting my GED, have quit smoking and drinking and the drugs. I have a new baby girl. I was able to successfully breastfeed for four months. She is my world. I have to do this for her!"

Tracey Harjo

Children First Client

PARTICIPANT CHARACTERISTICS

Reports show that home visitation programs have the most benefit for young mothers with low financial, social or psychological resources.[5] In addition to these characteristics, the NFP model is designed specifically to target the young woman who is pregnant for the first time to provide the best chance of promoting positive behaviors before negative ones have taken hold.[6] 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 2013, unless otherwise stated.

Income

Children First requires participants to have a household income at or below 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 $21,257 annually would meet the financial criteria. For a couple expecting their first baby, this amount increases to $28,694.[7]

Nearly half (48%) of enrollees in SFY 2013 had an annual household income of $15,000 or less, and approximately one-fourth (27%) of new clients had a household income between $15,000 and $30,000 per year. Sixteen percent of new program participants were dependent on their parent or guardian for income (Figure 1).

Supplemental Services

Children First income guidelines align with enrollment guidelines for the Supplemental Program for Women, Infants, and Children (WIC) and Medicaid programs. First-time mothers currently enrolled in WIC or Medicaid automatically qualify for *Children First*.

At enrollment, approximately 80% of new *Children First* participants were enrolled in Medicaid and/or receiving WIC services. Additionally, 16% were enrolled in the Supplemental Nutrition Assistance Program (food stamps) (Table 1).

Figure 1: Income

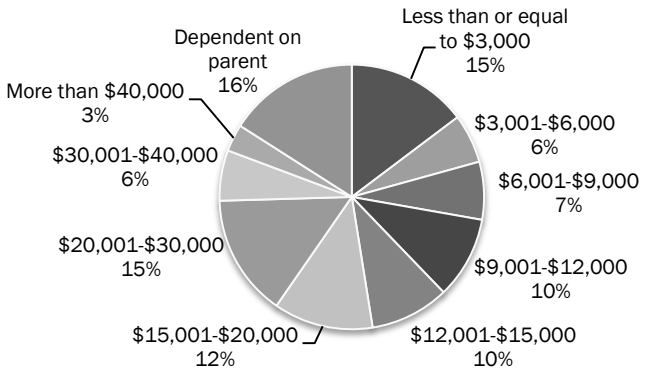


Table 1: Supplemental Services at Enrollment

Service	Percent of New Enrollees
Medicaid	81%
WIC	79%
Food Stamps	16%

Age

Approximately 70% of first time births in Oklahoma in 2012 were to women aged 18-29 years.[8] At enrollment in SFY 2013, 13% of *Children First* clients were under the age of 18, 22% were 18 or 19 years of age, 45% were 20 to 24 years of age, 14% were 25 to 29 years of age, and 6% were 30 years or older (Figure 2). The median age of new enrollees in SFY 2013 was 21 years of age. The age range for SFY 2013 was 13-42 years. Trend analysis has shown that the age range for program participants has remained constant throughout the years. *Children First* continues to enroll younger first time mothers when compared to all first time mothers in Oklahoma.[9]

Among all first time mothers in Oklahoma who gave birth in 2012, 8% were under the age of 18, 15% were 18 or 19 years of age, 36% were 20 to 24 years of age, 26% were 25 to 29 years of age, and 15% were 30 years or older.[8]

Education

In 2009, women with 12 years of education or more represented 78% of all first time births in Oklahoma.[8]

In SFY 2013, 61% of new *Children First* enrollees had completed high school or a GED (Figure 3). Among mothers who had not completed high school or a GED, 50% were currently attending middle school, high school, or working towards their GED.

Marital Status

At enrollment in SFY 2013, most (75%) *Children First* clients were single, never married. Twenty-two percent were married and very small percentages were divorced or separated (Figure 4).

Among all first time mothers in Oklahoma, 50% were married and 50% were not married in 2012.[8]

Figure 2: Age

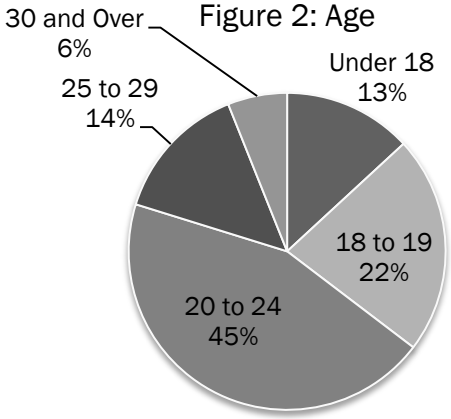


Figure 3: Education

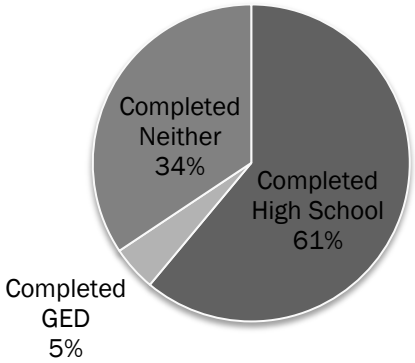
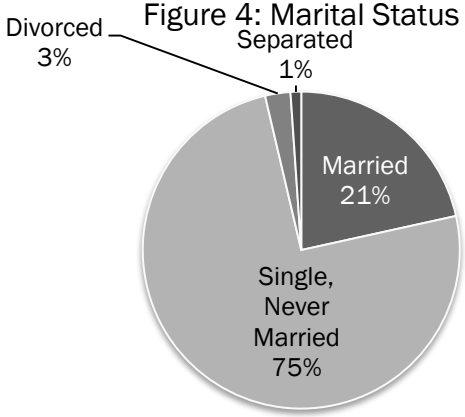


Figure 4: Marital Status



Race/Ethnicity

Over half (54%) of new *Children First* clients in SFY 2013 were White. African American women represented 14% and American Indian 14%. Asian, Hawaiian/Pacific Islander and "Other" represented a very small percentage of *Children First* participants. Participants who self-identified as Hispanic represented 15% (Figure 5).

According to the United States Census, in 2012, 75.5% of the Oklahoma population was White, 7.6% Black, 9.0% American Indian, 1.9% Asian, 0.2% Native Hawaiian or other Pacific Islander, and 5.8% multiracial. A total of 9.3% self-identified as Hispanic.[10]

Employment

Approximately half of *Children First* clients in SFY 2013 were unemployed at the time of enrollment. Twenty-two percent were employed full-time (at least 37 hours per week) and 27% were employed part-time (Figure 6).

Household Composition

Fifty percent of new *Children First* clients lived with the father of the child and 29% lived with the client's mother. Only 6% lived on their own in SFY 2013 (Table 2).

Figure 5: Race/Ethnicity

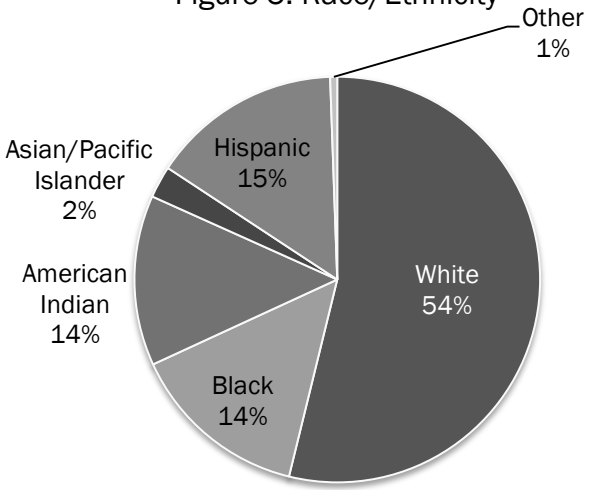


Figure 6: Hours Worked per Week

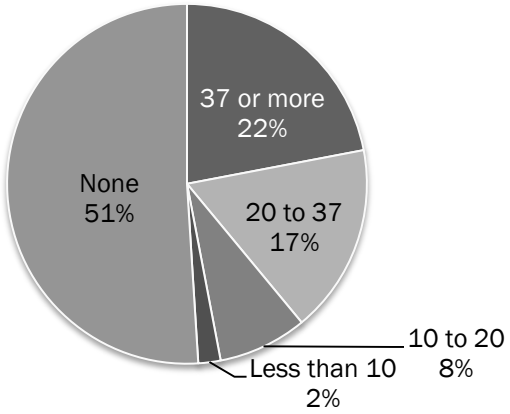


Table 2: Household Composition

	Percent of New Enrollees
Father of Child	50%
Client's Mother	29%
Alone	6%
Husband/Partner*	3%
Other Family	38%
Other Adults	16%
Other Child	2%

*Other than the father of the child
Note: Clients may live with more than one other person.

Maternal Health

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 (BMI). Almost half (46%) of clients were identified as overweight or having a BMI over 25. In 2012, 32% of Oklahoma adults were considered obese.[11] Other common health issues identified were depression, asthma, and previous miscarriage, fetal, or neonatal death (Table 3).

Life Stressors

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 adequacy of housing, exposure to intimate partner violence, family stressors, incarcerations, etc.

During the year prior to enrollment, *Children First* clients had been impacted by life stressors such as the death or illness of a close family member, relationship issues, and a person close to them who had a problem with drinking or drugs (Table 4). Nurses use this information to assist families in changing behaviors and accessing needed community services.

Table 3: Health Concerns at Enrollment

Health Issue	Percent of New Enrollees
BMI	46%
Depression	19%
Asthma	17%
Previous Miscarriage, Fetal, or Neonatal Death	12%
Back or Spinal Injuries/Problems	11%
Chronic Urinary Tract Infections	9%
Mental Health Problems other than Depression	8%

Note: Clients can indicate more than one health issue.

Table 4: Life Stressors in the Past 12 Months

Stressor	Percent of New Enrollees
Close family member sick or died	36%
Person close to client had a problem with drinking or drugs	24%
Client became separated or divorced	20%
Client was without a telephone	15%
Client lost their job	14%
Client's husband/partner lost their job	14%
Client was very sick	13%
Client was in debt over their head	12%
Client or client's child did not have enough food	11%

Note: Clients can indicate more than one stressor.

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, Indian Health Service, the Oklahoma Health Care Authority, public schools and local community agencies.

Referrals to the *Children First* program come from several different sources. The most common sources are county health department WIC and Family Planning clinics (Table 5). There were 5,729 referrals made to the *Children First* program. Of these, 3,434 met the eligibility guidelines and 1,852 chose to enroll. 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 Start Right, Oklahoma Parents as Teachers and Safe Care.

Services

Children First nurse home visitors completed 34,548 visits to 3,513 families in 67 Oklahoma counties[ii] (Table 6).

Table 5: *Children First* Referral Sources, SFY 2013

Women, Infants, and Children (WIC)	2,439
Health Department Family Planning	2,406
Self-Referral	110
Faith-Based Organization	66
Other Pregnancy Testing Clinic	36
Current/Past *Children First* Client	29
Health Department Maternity	29
Baby Line	20
Private Physician	20
School	18
Indian Health Service	14
Department of Human Services	7
Health Maintenance Organization/Health Care Plan	7
Other Referral Source	382
Unknown Referral Source	146
Total Referrals Statewide*	5,729

*Not all referrals to *Children First* are eligible for participation – see "Enrollment Criteria."

Table 6: Number Served in *Children First*, SFY 2013

Nurses Number of non-supervisory nurse home visitor full time positions	103
Referrals Number of women referred to the program	5,729
Eligible Referrals Number of women referred who met eligibility requirements	3,434
New Enrollees Number of women who enrolled in the program during SFY 2013	1,852
Families Served Number of families that received at least one visit during the year	3,513
Completed Visits Number of completed home visits or supervisory visits	34,548
Births Number of babies born during SFY 2013	1,030

[ii] See Current *Children First* Staffing on page 25 for distribution of nurses within the state.

Promoting Health . . .

Kimberly Moore and son, Ryan Davis

Grady County

"I started out with a lot of problems that [Nurse] Amber has gotten me through. I've grown a lot as a mother and accomplished my goals because of her and the program. I learned about how bad smoking and second hand smoke are for me and my baby and have been able to stop smoking and stay smoke free."

Kimberly Moore

Children First Client

CHILDREN FIRST OUTCOMES

Maternal Health

Indicators for Depression

Postpartum depression is not preventable, but it can be treated. Nationally, approximately 13% of women display symptoms of depression after the delivery of a baby.[12] Early detection of postpartum depression is a goal of *Children First*. *Children First* administers the Edinburgh Postnatal Depression Scale screening at enrollment, during the immediate postpartum period, and at 12 months postpartum.

There were 2,922 Edinburgh Postnatal Depression Scale screenings administered to 980 (96%) *Children First* mothers who gave birth in SFY 2013. Approximately 17% of these screenings indicated signs of depression and required immediate attention by a healthcare or mental health professional.

89% of new *Children First* mothers attended 10 or more prenatal care visits while only 69% of new Oklahoma mothers attended 10 or more visits.

Early and Adequate Prenatal Care

Beginning prenatal care in the first trimester and attending regular prenatal visits help to ensure a healthy pregnancy and increase chances of having a healthy baby. During 2012 in Oklahoma,[iii] 69% of first time mothers attended ten or more prenatal visits, 25% attended five to nine, 4% attended one to four, and 2% received no prenatal care.[8]

Eighty-nine percent of *Children First* mothers who gave birth in SFY 2013 attended ten or more prenatal care visits. Ten percent attended four to nine visits and only 1% did not receive any prenatal care.

[iii] Throughout this report statewide data is provided to give context for the *Children First* outcomes. These are not meant to be comparisons as the *Children First* population is comprised of mothers that tend to have greater socio-economic and health challenges than the general Oklahoma population. The most current statewide numbers are provided, however, they are usually a year or more behind *Children First* data due to the timeline of releasing vital statistics and other reports.

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, including asthma.[13] *Children First* nurses utilize motivational interviewing techniques and refer smokers to the Oklahoma Tobacco Helpline and their primary care provider to help clients decrease tobacco use.

Among *Children First* clients served in SFY 2013 who reported that they were current smokers when they enrolled, 29% reported quitting smoking by 36 weeks of pregnancy, 12% reduced smoking, 52% had no change in smoking behavior, and 8% increased smoking. Of the clients who reported that they were not current smokers when they enrolled, 97% reported still not smoking at 36 weeks of pregnancy.

41% of *Children First* mothers who smoked at enrollment quit or reduced smoking by the time they were 36 weeks pregnant.

Child Health

Gestational Age at Birth

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 40-41 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.[14] Ten percent of babies born in 2012 to Oklahoma first time mothers were born before 37 weeks gestation. Two percent were born very preterm and 8% were born between 32 and 36 weeks gestation.[8]

Of all *Children First* babies born in SFY 2013, 11% were born preterm. Three percent were very preterm and 8% were between 32 and 36 weeks gestation.

11% of *Children First* babies were born preterm and 9% were born with low birth weight. These percentages are similar to all Oklahoma births.

Birth Weight

Babies born weighing at least five pounds eight ounces (2,500 grams) are considered normal birth weight. Babies born weighing less than five pounds eight ounces are considered low birth weight, and very low birth weight infants are those weighing less than three pounds five ounces (< 1,500 grams). Babies born at low and very low birth weight are at increased risk for health problems and developmental delays.[15] Approximately 7% of babies born to first time mothers in Oklahoma in 2012 were low birth weight and 2% were very low birth weight.[8]

Of all *Children First* babies born in SFY 2013, 7% were born with low birth weight and 2% were born with very low birth weight.

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 translates into decreased attachment and bonding between mom and baby and incurs NICU costs. Of all of the babies born in Oklahoma in 2012, 7% were admitted to the NICU.[16]

In SFY 2013, 12% of *Children First* mothers reported that their baby spent time in the NICU.

Breastfeeding

Babies who are breastfed are typically healthier and have reduced risks for Sudden Infant Death Syndrome. The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists promotes breastfeeding because of the benefits for both mom and baby. Seventy-six percent of Oklahoma mothers who gave birth in 2010 initiated breastfeeding.[17]

Among *Children First* mothers who gave birth in SFY 2013, 89% initiated breastfeeding with their new infant.

> 89% of *Children First* mothers initiated breastfeeding. Only 76% of all Oklahoma mothers initiated breastfeeding.

Developmental Milestones

The Ages and Stages screening system is utilized to assess developmental, social and emotional milestones for children enrolled in *Children First*.

There were 4,141 Ages and Stages Questionnaires completed in SFY 2013 for *Children First* clients. In addition, 1,283 Ages and Stages – Social-Emotional Questionnaires were completed. Seventy referrals were made to *Sooner Start* (early intervention) following a developmental screening.

Immunizations and Well Child Exams

Children First nurses encourage and refer clients to the child's primary care provider to maintain an up-to-date status for child immunizations and well child examinations. In 2011, 72% of Oklahoma children were up-to-date on their immunizations.[18]

At their last home visit in SFY 2013, 95% of *Children First* mothers reported that their child was up-to-date on their immunizations and 75% were up-to-date on their well child exams.

95% of *Children First* children were up-to-date on their immunizations whereas only 72% of Oklahoma children were up-to-date.

Michael Scott-Frazier, son of Breann Frazier

Tulsa County

Family Stability

Father Involvement

When fathers are involved in the lives of their children, they are more likely to exhibit healthy self-esteem and do well in school.[19]

Among the *Children First* clients served in SFY 2013 who reported that their child's father did not spend any time at all with the child when the child was six months old, 19% reported that the father spent time with the child when the child was one year of age. This increased to 23% when the child reached 18 months of age. Of the clients who reported that their child's father spent time with them daily when the child was six months of age, 90% were still spending time with them daily when the child reached one year of age.

Pregnancy Spacing

The amount of time between pregnancies, 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.[20] The recommended time between birth and the next pregnancy is a minimum of eighteen months.[21] In 2011, 21% of Oklahoma mothers with a subsequent live birth had less than 18 months between births.[8]

Thirteen percent of *Children First* mothers who reached 12 months postpartum in SFY 2013 were pregnant with a second child. Twenty-one percent of those who reached 18 months postpartum 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 as well as financially straining the family. Parents with less education often have lower household incomes, even if they are employed full-time. Additionally, the median annual income for single parent households with children under six years old is roughly one-fourth that of two-parent families.[22]

Continuing Education

Among *Children First* clients 18 years of age or older served in SFY 2013 who reported not having a high school diploma or GED at enrollment, 35% reported obtaining their high school diploma or GED by the time their child was 18 months of age.

35% of *Children First* clients 18 years of age or older who did not have a high school diploma or GED obtained a diploma while enrolled in *Children First*.

Workforce Participation

Among *Children First* clients served in SFY 2013 who reported being unemployed at enrollment, 25% had a full-time job, and 44% had a part-time job by the time the child was six months old. When the child was 12 months old, 29% of these mothers were employed full-time and 40% part-time. This increased to 35% full-time when the child reached 18 months of age.

Household Income

Among *Children First* clients served in SFY 2013 who reported making $9,000 or less at enrollment, only 56% were making $9,000 or less when their child was 6 months old, 49% at 12 months old, 34% at 18 months, and 30% at 24 months.

41% of clients increased their income while participating in *Children First*.

Marital Status

Among *Children First* clients served in SFY 2013 who reported being single at enrollment, 16% reported being married by the time their child was 6 months old and 22% reported being married by the time their child was a year old.

Family Safety

Domestic Violence

Intimate partner violence is a serious, preventable public health problem 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.[23]

Ninety-two percent of *Children First* clients served in SFY 2013 who reported experiencing domestic violence at least once prior to enrollment reported not having experienced domestic violence since they enrolled in *Children First*. Of those who reported never experiencing domestic violence at enrollment, 97% reported not having experienced domestic violence since they enrolled in *Children First*.

92% of *Children First* clients who had experienced domestic violence reported not experiencing domestic violence since enrolling in *Children First*.

Injury Prevention

According to the CDC, unintentional injuries such as suffocation, drowning, motor vehicle accidents, and burns are the leading causes of death and disability for children under 4 years of age.[24] In Oklahoma from 2008 to 2012, 219 children died from unintentional injuries.[8]

Water Safety

Ninety-nine percent of *Children First* clients served in SFY 2013 reported never leaving their child in the bathtub alone or by a pool, lake, pond, etc. unattended.

Car Seat Safety

Ninety-eight percent of *Children First* clients served in SFY 2013 reported buckling their child into a car safety seat all the time.

98% of *Children First* clients reported that their babies were always in a car seat when riding in a car.

Sleep Safety

Among the *Children First* clients served in SFY 2013 who reported ever sharing a sleep surface with their infant at two months of age, 29% reported never sharing a sleep surface with their child at ten months of age. Of the clients who reported never sharing a sleep surface with their infant at two months of age, 65% still had never shared a sleep surface with their child at ten months of age.

Fire Safety

Ninety-four percent of *Children First* clients served in SFY 2013 had at least one working smoke detector in the home by the time their child was 10 months old.

94% of *Children First* clients had at least one working smoke detector in the home by the time their child was 10 months old.

DHS Reports and Confirmations

During SFY 2013, *Children First* collaborated with the Oklahoma Department of Human Services (OKDHS) to match children served by *Children First* to child maltreatment reports and confirmations. The family may or may not have been participating in *Children First* at the time of the report.

Of the 2,066 children who received at least one home visit from *Children First* in SFY 2013, 1,854 of them (90%) had never been named as a potential victim of an OKDHS report. Furthermore, 2,033 (98%) had never had a confirmed child maltreatment case with OKDHS. None of the *Children First* children served in SFY 2013 had been named in a report to OKDHS for sexual abuse.

Andrea Hawkins and daughter, Novalee Hawkins

Pottawatomie County

90% of *Children First* children had never been named as a potential victim on an OKDHS report.

98% of *Children First* children had never had a confirmed child maltreatment case.

In order to enroll in *Children First*, the mother must be at or below 185% of the federal poverty level. Low income, young age, low education, and single parenthood are all common in the clients served by *Children First* and are all risk factors for child maltreatment.[25] It is noteworthy that only 10% of *Children First* children served in SFY 2013 had ever been reported for potential maltreatment considering all entered the program with risk factors associated with child maltreatment.

Of the children served by *Children First* in SFY 2013, 212 had been named a potential victim in an OKDHS report. Sixteen percent (33/212) of these children had a confirmed case of child maltreatment at some point in their life. Fifty-five percent of these children were male (Figure 7).

Of the 33 children served by *Children First* in SFY 2013 who had a confirmed case of child maltreatment in their lifetime, 49% had a confirmed case of neglect, 36% had a confirmed case of abuse, and 15% had a confirmed case which involved both abuse and neglect (Figure 8). The types of abuse and neglect are listed in Table 7 and Table 8.

Seventy-seven percent of the perpetrators of the 33 confirmed cases of child maltreatment among children served by *Children First* in SFY 2013 were the biological mother or father of the child. Some of the cases had more than one identified perpetrator (Table 9).

Figure 7: Gender of Victims

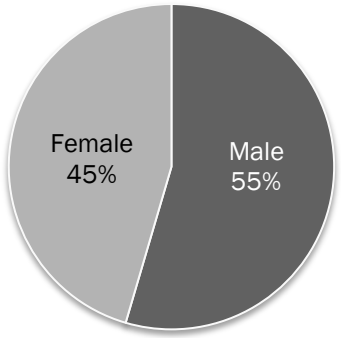
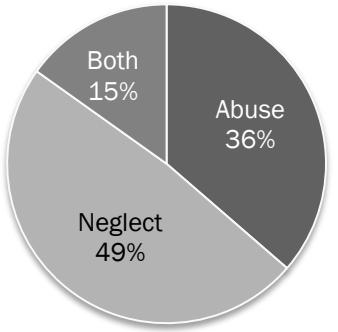


Figure 8: Type of Maltreatment



*Note: No confirmed cases of sexual abuse.

NOTE: Each confirmed case may have more than one type of abuse or neglect as well as more than one perpetrator.

Table 7: Proportion of Confirmed Abuse Cases by Type

Type of Abuse	Percent of Abuse
Threat of Harm	96%
Beating/Hitting - Instrument	4%

Table 8: Proportion of Confirmed Neglect Cases by Type

Type of Neglect	Percent of Neglect
Threat of Harm	28%
Exposure to Domestic Violence	16%
Failure to Protect	16%
Inadequate or Dangerous Shelter	8%
Inadequate Physical Care	8%
Abandonment	4%
Lack of Supervision	4%
Other	16%

Table 9: Perpetrators of Those with a Confirmed Case of Child Maltreatment

Relationship to Child	Percent of Perpetrators
Mother (Biological)	49%
Father (Biological)	28%
Father (Alleged)	8%
Father (Legal)	5%
Grandparent (Paternal)	5%
Child Care Center Employee	1%
Father (Foster)	1%
Grandparent (Maternal)	1%
Mother (Foster)	1%
No relation	1%

ACCOUNTING OF ADMINISTRATIVE EXPENDITURES

The *Children First* program is funded primarily through state-appropriated dollars. In addition to state funding, the Oklahoma State Department of Health receives reimbursement for nursing assessments provided for clients who receive federal Medicaid benefits. Funds from the Community-Based Child Abuse Prevention grant and Maternal, Infant, and Early Childhood Home Visiting grant were also used to support the provision of direct services.

During SFY 2013, *Children First* operated on a budget of $12,594,279. Of the total $12.6 million, $425,405 (3.4%) were used to fund central office activities including staff to conduct training for new nurses, technical assistance, professional development for program nurses, program evaluation, indirect and other administrative costs.

Jeremy Zhon, Son of Xiaolan Liao

Cleveland County

Enriching Lives

Lamyah has had some ups and downs in her life, but she knows she is destined for success. During her pregnancy she traveled from Muskogee to Tulsa for her job at the Laureate Psychiatric Hospital. She was employed part-time and worked two days a week from 7 p.m. to 7 a.m. She delivered a full-term healthy baby and then took some time off to be with her newborn. When her baby was six weeks old, she returned to work full-time, while continuing to breastfeed. With self-motivation and encouragement, Lamyah met her goal to become a Licensed Practical Nurse in June 2013. Lamyah continues to be engaged in the Children First program and we are proud of her growth and accomplishments.

Submitted by Kathy Warren,

Children First Nurse

Lamyah Crawford and daughter, Sarai Brown

Muskogee County

IMPLEMENTING WITH FIDELITY AND QUALITY

Model Fidelity

Moving from research to practice in the real-world setting is a big step. Most important to the implementation of an evidence-based program is the need to ensure that implementation faithfully adheres to the model's original design and intent. Implementing with fidelity is essential to ensure that programs yield outcomes similar to those produced in the trials.

As NFP is replicated in new sites, the program model and its implementation require continuous improvement. Throughout its existence, NFP has continued to refine the framework to define program fidelity and track program implementation. Eighteen model elements have been developed to cover seven areas of program implementation. A key focus of the NFP continuous quality improvement (CQI) has been assuring that NFP sites implement the program in accordance with these core model elements. All implementation sites are provided technical assistance and guidance to ensure sites meet these established standards. Reports from NFP with site specific data are provided to implementation sites to help determine the degree to which sites meet model benchmarks. Together with the Nurse-Family Partnership National Service Office, *Children First* monitors quality at every phase of the program.

Quality Improvement

The Oklahoma State Department of Health is currently implementing a Quality Improvement (QI) Plan to ensure an environment and culture of continuous quality improvement for all agency programs. After participating in agency sponsored training, *Children First* central office staff identified an opportunity to improve services and outcomes. Training in the QI process was provided to all *Children First* teams by the Office of Performance Management. To answer the question, "What are we trying to achieve?", each team developed an aim statement, utilized QI tools, and completed a storyboard by June 30, 2013.

Initially the *Children First* programs were to focus on a global aim statement "increase by 10% the number of families served in *Children First*." However, further analysis of the data revealed that each local program had varying aspects needing improvement. Each team was able to examine their local data and choose an aim statement that would move the state as a whole towards enrolling more clients and providing more visits to those clients already enrolled. Highlights from two projects are included in this report.

Cherokee, Craig, Delaware and Ottawa Counties

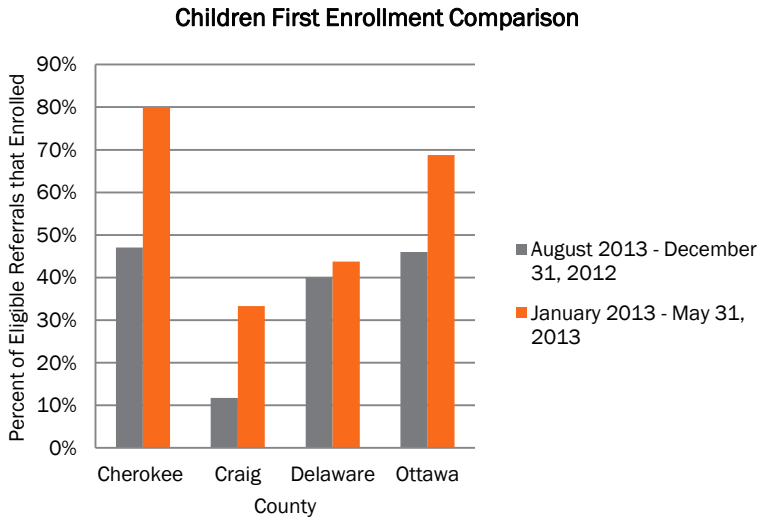
PLAN

Aim Statement: Increase enrollment by 5% by May 31, 2013
Improvement Theory: If health department staff promotes the benefits of the *Children First* program through increased face-to-face interviews and adequate knowledge of the program, enrollment will increase.

DO

A staff member was identified at each health department to conduct face-to-face interviews with potential clients when a *Children First* nurse was unavailable. The staff member shadowed visits and was trained in how to present the program to potential clients.

CHECK



ACT

The process was implemented by all four health departments and the project was presented to all lead nurses.

Cleveland and McClain Counties

PLAN

Aim statement: Decrease the number of clients that drop from the *Children First* program by 5% by June 30, 2013. (The drop rate at the beginning of the project was 35%.)
Improvement Theory: By utilizing a standard process for contacting clients after attempted or canceled visits, client retention would be higher.

DO

Standardize process for all client contacts. A template for client contact letters was developed and utilized. An effort was made to schedule office time to allow for follow-up phone calls to locate clients. Clients were contacted within 24 hours of an attempted or canceled visit. If no contact was made from that call, two more calls were made during next 1-2 weeks. If no contact from those calls, the client was sent a letter at 3 weeks. The client was then considered inactive if no contact was made within 90 days.

CHECK

The standard was implemented for 5 months prior to June 30, 2013. The drop rate for this time frame was only 12%. Five of six nurses consistently met the visit standard of 40 visits per month.

ACT

Continue to implement the standard contact methods. Investigate the possibility of utilizing agency phone equipment to text clients to make the initial contact or remind them about the visit.

Cleveland and McClain County Children First Nurses

Enriching Lives

"I was previously enrolled in the Children First Program offered through the Coal County Health Department. My nurse was Lora Beth. When I first signed on I was very excited about being a new parent but had a lot of concerns about what was going to happen and did not know what to expect at all. She was there for our family at all times. I had always heard when you have a baby that they do not come with an instruction manual, but with Lora's help I felt like we were more prepared. I guess I could say that she was our manual!

While enrolled in the program, I became pregnant with my daughter and was hospitalized with pre-term labor. It was the first time I had ever left my son, and my husband, with Lora's help, felt very comfortable continuing the program. While in the hospital I would think of my family and decided to write a story – My Busy Day at the Ranch. I submitted the story and it was published by Xlibris which is owned by Random House. Our story has been shared worldwide. In October 2013, my second book was published – Deer Hunting with Daddy.

We confidently feel that the Children First Program has helped us reach our goals. We feel that without this program our family ways and marriage would not be near as strong today. . . I am very thankful to have had this in our lives and for our nurse Lora!"

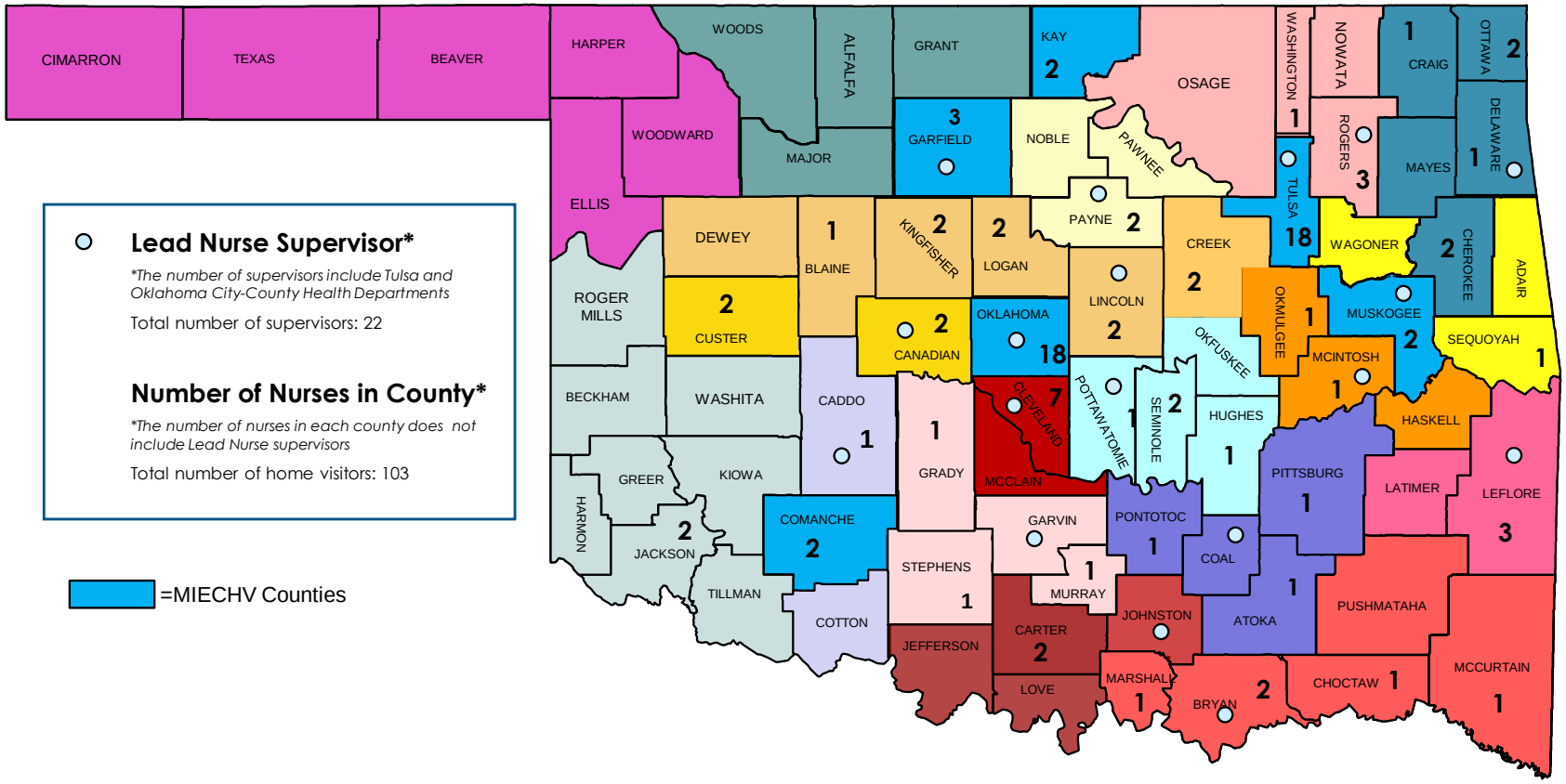
Jeanna Johnston

Children First Graduate 2011

Jeanna Johnston and Nurse, Lora Haworth

Coal County

Current Children First Program Staffing



The county district areas (and number of nurses) are as follows:

- Blaine, Dewey, Kingfisher, Lincoln, Logan (7)
- Creek (2)
- Nowata, Osage, Rogers, Washington (4)
- Cleveland, McClain (7)
- Coal, Pittsburg, Pontotoc, Atoka (3)
- Kay, Noble, Pawnee, Payne (4)
- Muskogee, Sequoyah, Adair (3)
- LeFlore, Latimer (3)
- Garvin, Grady, Murray, Stephens (3)
- Canadian, Custer (4)
- Bryan, Choctaw, McCurtain, Pushmataha (4)
- Carter, Jefferson, Johnston, Love , Marshall (3)
- Haskell, McIntosh, Okmulgee (2)
- Caddo, Comanche, Cotton (3)
- Beckham, Greer, Harmon, Kiowa, Jackson, Roger Mills, Tillman, Washita (2)
- Alfalfa, Garfield, Grant, Major, Woods (3)
- Hughes, Okfuskee, Pottawatomie, Seminole (4)
- Beaver, Cimarron, Ellis, Harper, Texas, Woodward (0)
- Cherokee, Craig, Delaware, Mayes, Ottawa (6)
- Oklahoma (18)
- Tulsa (18)

2013 County Data					
County Name	Completed Visits	Referrals	Families Served	New Enrollees	Births
ADAIR	279	3	21	5	14
ALFALFA	1	3	1	1	0
ATOKA	144	30	18	13	3
BEAVER	0	0	0	0	0
BECKHAM	0	9	0	0	0
BLAINE	331	25	37	11	10
BRYAN	824	111	110	81	21
CADDO	66	46	16	5	3
CANADIAN	671	153	79	39	30
CARTER	782	78	79	46	19
CHEROKEE	770	73	86	50	16
CHOCTAW	269	61	36	20	5
CIMARRON	0	0	0	0	0
CLEVELAND	2736	323	206	96	71
COAL	120	26	16	8	7
COMANCHE	40	50	16	10	1
COTTON	13	1	2	2	0
CRAIG	141	51	15	11	8
CREEK	699	134	67	32	21
CUSTER	548	98	53	23	20
DELAWARE	513	58	30	13	11
DEWEY	0	0	0	0	0
ELLIS	0	0	0	0	0
GARFIELD	924	192	112	50	31
GARVIN	269	83	35	18	9
GRADY	258	82	29	13	8
GRANT	18	10	4	3	1

County Name	Completed Visits	Referrals	Families Served	New Enrollees	Births
GREER	60	23	7	4	2
HARMON	44	13	7	5	2
HARPER	15	6	1	0	1
HASKELL	43	20	5	2	3
HUGHES	59	40	11	8	3
JACKSON	329	73	37	22	10
JEFFERSON	68	15	8	2	2
JOHNSTON	124	28	13	6	4
KAY	464	81	38	20	9
KINGFISHER	521	49	53	22	18
KIOWA	80	10	8	4	4
LATIMER	193	30	16	7	6
LEFLORE	914	105	68	28	26
LINCOLN	667	90	67	30	25
LOGAN	695	124	85	57	17
LOVE	176	17	10	8	5
MAJOR	51	12	6	3	0
MARSHALL	280	42	33	21	5
MAYES	137	74	19	13	6
MCCLAIN	266	43	23	19	5
MCCURTAIN	410	111	50	35	8
MCINTOSH	276	38	22	11	5
MURRAY	73	23	9	4	3
MUSKOGEE	393	63	53	32	19
NOBLE	90	21	8	5	4
NOWATA	0	0	0	0	0
OKFUSKEE	2	22	1	1	0
OKLAHOMA	4716	929	517	293	138
OKMULGEE	229	79	25	23	4

County Name	Completed Visits	Referrals	Families Served	New Enrollees	Births
OSAGE	4	9	1	1	0
OTTAWA	712	113	86	45	20
PAWNEE	0	15	0	0	0
PAYNE	719	168	71	42	24
PITTSBURG	601	108	65	32	21
PONTOTOC	230	66	35	26	9
POTTAWATOMIE	646	199	87	44	28
PUSHMATAHA	169	24	12	5	5
ROGER MILLS	0	0	0	0	0
ROGERS	739	113	82	33	25
SEMINOLE	371	66	33	16	12
SEQUOYAH	175	60	28	18	4
STEPHENS	105	111	24	17	1
TEXAS	0	35	0	0	0
TILLMAN	60	25	10	8	2
TULSA	7488	568	629	280	205
WAGONER	103	5	12	7	2
WASHINGTON	318	97	39	18	8
WASHITA	0	0	0	0	0
WOODS	85	4	7	1	3
WOODWARD	183	30	17	11	9
MISSING	49	32	7	13	9
TOTAL	**34548**	**5729**	**3513**	**1852**	**1030**

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