

Children First
Oklahoma's Nurse-Family Partnership
State Fiscal Year Annual Report
2020

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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 (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 approximately 80 nurse home visitor 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, 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 the 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 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.

OVERVIEW:

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, Height and Head Circumference

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-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 see clients more or less frequently based on the needs, or at the request of the client.

PROGRAM COSTS

During SFY 2020, a total of \$6,391,299 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 \$4,816 (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 2020, 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 \$23,107 would meet the financial criteria. For a couple expecting their first baby, the amount increases to \$31,284.⁸ Two-thirds (67%) of new Children First enrollees in SFY 2020 had an annual household income of \$20,000 or less, including 11% who were dependent on a parent/guardian.

HOUSEHOLD INCOME*	PERCENT
Client is dependent on parent/guardian	11%
≤\$3,000	13%
\$3,000-\$6,000	6%
\$6,001-\$9,000	6%
\$9,001-\$12,000	9%
\$12,001-\$15,000	11%
\$15,001-\$20,000	12%
\$20,001-\$30,000	18%
\$30,001-\$40,000	9%
≥ \$40,000	2%
Client declined to answer	5%

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

AGE OF CLIENT

The median age of new enrollees in SFY 2020 was 21 years of age, and the age range was 14 to 44 years of age. At enrollment, 28% of Children First clients were under the age of 20, and 75% were under the age of 25.

AGE OF CLIENT*				
Under 18	18-19	20-24	25-29	30 & OLDER
9%	19%	47%	14%	12%

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

EDUCATION

In SFY 2020, 71% of Children First enrollees had completed high school or a GED.

EDUCATION		
Completed High School	Completed GED	Did not complete GED or High School
67%	4%	29%

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

MARITAL STATUS

In SFY 2020, 81% of Children First clients were single, never married.

MARITAL STATUS*			
Single, never married	Married	Separated	Divorced
81%	16%	<1%	2%

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

RACE/ETHNICITY

Two-thirds (66%) of Children First clients in SFY 2020 identified themselves as White. One quarter (25%) identified as Black, Asian or American Indian.

RACE/ETHNICITY**					
White	Hispanic	Black or African American	Asian	American Indian or Alaska Native	Other (includes multiracial)
66%	22%	15%	3%	7%	8%

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

EMPLOYMENT

Over half (54%) of Children First enrollees in SFY 2020 were unemployed at the time of enrollment. Slightly less than one quarter (24%) were employed full-time.

EMPLOYMENT*	PERCENT
Part Time Employment (less than 10 hours per week)	2%
Part Time Employment (10-19 hours per week)	6%
Part Time Employment (20-36 hours per week)	14%
Full Time Employment (37+ hours per week)	24%
Not employed and seeking employment	11%
Not employed (student, homemaker, other)	43%

*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 (62%) lived with the father of their child in SFY 2020.

HOUSEHOLD COMPOSITION***	PERCENT
Father of Child	62%
Other Family Members	32%
Client's Mother	29%
Husband/Partner (not father of the child)	3%
Other Child	3%
Other Adults	26%

***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 half (55%) of Children First clients were identified as overweight or obese (pre-pregnancy weight). Only 38% of new enrollees did not have at least one health concern at the time of enrollment in SFY 2020.

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 referral 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
High Body Mass Index (overweight + obese)	55%
Depression	29%
Asthma	16%
Previous Miscarriage, Fetal or Neonatal Death	8%
Diabetes	2%
High Blood Pressure	7%
Chronic Infections (urinary/vaginal)	10%

****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	30%
Client became separated or divorced	12%
Person close to the client had a problem with drinking or drugs	18%
Client was very sick	7%
Client was in a physical fight	6%
Client's husband/partner was sent to jail	7%
Client was in extreme debt	7%
Client lost job	15%
Client's husband/partner lost job	13%
Client was without a phone	10%
Client & child did not have enough food	7%
Client went to jail	2%

****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, the majority of 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 course of 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, 94% of Children First clients who gave birth in SFY 2020 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 5.7% 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 1,214 GAD-7 screenings completed for 923 clients. Of those, 21% of clients screened 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 connects the client to a healthcare and/or mental healthcare professional, and the nurse will follow-up with the client no later than two weeks after the referral is made. There were 1,616 PHQ-9 depression screenings administered to 862 clients. Approximately 20% of clients screened 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 with decreasing use of tobacco and other products containing nicotine.

SMOKING CESSATION: INTAKE TO 36 WEEKS OF PREGNANCY*	PERCENT
Clients who reduced or quit smoking by 36 weeks of pregnancy	3%
Clients who quit, reduced, or never began smoking between intake and 36 weeks	93%

*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	90%
Clients who smoked at intake and still smoke	5%
Clients who decreased smoking since intake	1%
Clients who increased or began smoking since intake	3%

*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 in an effort 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 PCPs or other providers.

ANTICIPATORY GUIDANCE AND HEALTH EDUCATION TOPICS	NURSE HOME VISITOR	PCP OR OTHER
How smoking during pregnancy could affect your baby	97%	78%
Breastfeeding your baby	100%	83%
How drinking alcohol during pregnancy could affect your	98%	73%

baby		
Using a seatbelt during your pregnancy	87%	34%
Birth control methods to use after your pregnancy	92%	73%
Medicines that are safe to take during your pregnancy	90%	94%
How using illegal drugs could affect your baby	95%	69%
Doing tests to screen for birth defects or diseases that run in your family	79%	86%
What to do if your labor starts early	97%	74%
Getting tested for HIV (the virus that causes AIDS)	74%	67%
Physical abuse to women by their husbands or partners	95%	48%
How UTIs and yeast infections could affect you and your baby	94%	70%
How STDs could affect you and your baby	90%	69%
How Strep B could affect you and your baby	88%	74%
How to position your baby when he/she goes to sleep	98%	69%
How to prevent your baby from getting injured	97%	51%

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 and low birth weight accounted for about 17% of infant deaths and is the leading cause of long-term neurological disabilities in children.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.¹⁵ 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, and preterm birth and low birth weight risk factors.

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 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 curriculum to help the mother care for her baby's unique needs. In SFY 2020, 15% of Children First clients reported their baby spent time in the NICU. A total of 12% of all Children First babies were born preterm and <1% were very preterm; 9% 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, including healing faster and decreased risk for some cancers later in life, and baby, like decreased risk of illness and Sudden Infant Death Syndrome (SIDS). Children First nurse home visitors 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 2020, 91% initiated breastfeeding with their new infant. Nearly half (44%) of Children First clients were still breast feeding 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 or the child's PCP.¹⁶ There were 1,308 Ages and Stages Questionnaires (ASQ-3) completed among clients. In addition, 672 Ages and Stages Social-Emotional Questionnaires (ASQ:SE-2) were completed. There were 35 referrals made to SoonerStart and 24 referrals to Child Guidance services because of these screenings.

IMMUNIZATIONS AND WELL-CHILD EXAMS

Children First nurse home visitors 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 early care and education. 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 most recent home visit, 90% of clients reported their child was up-to-date on immunizations, and 84% were current on their well-child exams. At 24 months, most children were up-to-date on their immunizations (90%) and well-child exams (80%).

FAMILY SAFETY OUTCOMES:

INTIMATE PARTNER 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.¹⁷ 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 emotion 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.

- 83% 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.
- 6% of clients who were not experiencing domestic violence at intake, but are now experiencing domestic violence.
- 1% 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 fifth leading cause in children less than one.¹⁸ 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 2020, MCH distributed 122 portable cribs to families in need and 101 (82%) 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**

Half (50%) of Children First clients with a child two months of age reported never co-sleeping with their child, and 28% reported co-sleeping with their child only some of the time in SFY 2020.

- **Car Seat Safety**

Children First clients (99%) reported always traveling with their child in a car seat in SFY 2020.

- **Fire Safety**

Children First clients (90%) had at least one working smoke detector.

- **Water Safety**

Children First clients (99%) reported never leaving their child unattended near water in SFY 2020.

CHILD MALTREATMENT

Of the 1,137 children who received at least one home visit from Children First in SFY 2020, 684 of them (60%) had not been named as a potential victim in an Oklahoma Department of Human Services (OKDHS) report after enrolling in the program. Furthermore, 1,082 (95%) have not had a confirmed child maltreatment case with OKDHS since enrollment in spite of 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 14 confirmed cases of maltreatment among children participating in Children First.

GENDER OF VICTIM	PERCENT
Male	44%
Female	56%
TYPE OF MALTREATMENT	
Abuse	41%
Neglect	58%
Both	1%
TYPE OF ABUSE	
Threat of Harm	14%
Other (includes: beating/hitting, exposure to domestic violence, failure to protect,	86%

inadequate or dangerous shelter, inadequate physical care, and thrown)	
TYPE OF NEGLECT	
Threat of Harm	17%
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)	83%
PERPETRATORS	
Mother	37%
Father	37%
Grandparent	3%
Other family member (aunt, uncle)	4%
No Relation	19%

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.¹⁹ 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 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.
- 80% of mothers see or talk to the baby's biological father at least once per week.
- 4% of mothers increased from intake the frequency of time seeing or talking to the baby's biological father.
- 14% 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.²⁰ 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 12% 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, 25% 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.²¹ 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.

- **Employment**
Among the Children First clients who were unemployed at intake, 19% had found work by the time their child was 6 months of age.
- **Household Income**
Among the Children First clients served, 50% 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 who did not have a high school diploma or GED at intake, 35% earned their high school diploma or GED by the time their child was 18 months of age.

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 2,605 referrals made to the Children First program. Of these, 2,285 met the eligibility guidelines. Among the women who were not eligible to participate, referrals were made to the OSDH Child Guidance program and home visitation programs such as Parents as Teachers and SafeCare.

REFERRALS TO CHILDREN FIRST	NUMBER
Women, Infants and Children (WIC)	1,316
Health Department Family Planning	686
Other (includes Indian Health Services, Other Home Visiting Programs)	296
Oklahoma Health Care Authority	4
Pregnancy testing clinic (Non Health Department)	2
Community-based agency	3
Community Connector	44
Current/Past C1 Client	7
School	7
Department of Human Services	3
Hospital, Medical Provider, Private physician	19
Faith Based Organization	3
Family/friend/neighbor	9
Health Department Maternity	1
parentPRO-brochure/website	7
Connect First	198
Total	2,605

TYPE OF REFERRAL AND SERVICE	NUMBER
Referrals	2,605
Eligible Referrals	2,285
New Enrollees	735
Families Served	1,327

Completed Visits	13,307
Births	413

In SFY 2019, the county health departments were able to post and hire positions vacated during the SFY 2018 budget crisis. Nurses worked diligently to rebuild the program to capacity. However, as we are all aware, the pandemic which impacted our nation in 2020 has significantly impacted the ability to provide home visitation services. In March 2020, as a result of the Coronavirus, Children First nurses were required to begin providing home visitation via telephone for their safety and for the safety of the clients. In addition, the majority of nurse home visitors, as Public Health Nurses, responded to assist with the pandemic. Children First Nurses, have worked to maintain relationships with their clients while assisting in the response to the pandemic. Some nurses are spending as much as 80% of their time working the pandemic response. As a result, the caseloads for the Children First Program have significantly dropped across the state.

Clients who are not able 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 2020, parentPRO referred 39 potential clients to home-based services and 9 (23%) 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

Children First Program	Completed Visits	Referrals	Families Served	New Enrollees	Births	Average Length of Enrollment [¶]	Median Length of Enrollment [¶]
Adair	267	19	22	<5	7	485	469
Beckham	0	<5	0	0	0	0	0
Blaine	0	<5	0	0	0	0	0
Canadian	320	117	31	32	9	336	190
Carter	168	48	26	15	6	423	330
Caddo	13	24	<5	<5	<5	111	103
Cherokee	387	47	36	9	14	509	525
Choctaw	232	35	19	10	<5	528	401
Cleveland	1902	130	139	50	44	446	357
Comanche	695	187	81	41	30	328	269
Cotton	6	5	<5	<5	<5	181	181
Craig	15	<19	<5	<5	<5	141	155
Creek	295	67	29	22	12	303	336
Custer	26	13	<5	<5	<5	82	48
Delaware	50	19	7	5	<5	395	341
Garvin	0	<5	0	0	0	0	0
Grady	26	23	5	5	0	113	103
Hughes	88	13	9	5	<5	257	188
Jefferson	32	7	<5	<5	<5	478	362
Johnston	91	<5	6	0	<5	572	552
Kingfisher	131	18	12	6	6	339	348

Children First Program	Completed Visits	Referrals	Families Served	New Enrollees	Births	Average Length of Enrollment	Median Length of Enrollment [¶]
Le Flore	392	44	36	9	11	417	389
Latimer	0	<5	0	0	0	0	0
Lincoln	193	39	17	8	6	464	428
Logan	154	41	20	16	<5	367	244
Love	21	<5	<5	0	0	799	799
Marshall	181	21	16	12	8	370	354
Mayes	5	20	<5	<5	<5	124	124
McClain	181	23	17	10	6	333	146
McCurtain	344	101	40	31	7	191	306
McIntosh	<5	10	<5	<5	0	274	274
Murray	0	<5	0	0	0	0	0
Muskogee	<5	<5	<5	<5	0	261	261
Okfuskee	0	<5	0	0	0	0	0
Oklahoma	2,569	496	288	159	105	446	420
Okmulgee	0	<5	0	0	0	0	0
Osage	0	<5	0	0	0	0	0
Ottawa	136	31	20	5	7	479	496
Pawnee	0	<5	0	0	0	0	0
Payne	<5	<5	<5	0	<5	231	231
Pittsburg	49	75	13	15	<5	160	111
Pottawatomie	400	121	8	29	17	335	324
Pushmataha	63	19	41	5	0	488	302
Rogers	<5	9	<5	<5	0	77	77
Seminole	121	34	14	8	5	360	258
Sequoyah	71	41	7	<5	<5	466	541
Stephens	18	15	<5	<5	<5	545	530
Tulsa	3,646	642	337	205	102	420	320
Wagoner	5	<5	<5	0	<5	125	124
Washington	0	<5	0	0	0	0	0
Woodward	0	<5	0	<5	0	0	0
Totals^β	13,307	2,605	1,327	735	413	343 (Average)	331 (Median)

[¶]Included clients who have had at least one completed home visit in SFY20 and whose start and end dates conform to the following:

1. Start date was prior to SFY20, but end date within SFY20
2. Start date was prior to SFY20, but end date/still enrolled after SFY20
3. Start date was within SFY20, but end date/still enrolled after SFY20
4. Start date and end date were both within SFY20

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

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3. Coalition for Evidence-Based Policy. Retrieved from: https://evidencebasedprograms.org/policy_area/prenatal-earlychildhood/
4. Child Maltreatment: Prevention Strategies. Centers for Disease Control and Prevention. Pages 25-26 Retrieved from: <https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf>
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