

Children First: Oklahoma's Nurse-Family Partnership

Oklahoma State Department of Health

Who We Are

- *Children First* is a primary prevention program whose goals include: Improving pregnancy outcomes; Improving child health and development; Improving clients' parenting skills; Strengthening the parent-child bond; and Encouraging clients to make plans regarding subsequent pregnancies, returning to school, and finding employment.
- *Children First* utilizes a nurse home-visitation model developed and well researched by Dr. David Olds and colleagues; now called the Nurse-Family Partnership.
- The Nurse-Family Partnership is a widely recognized model that is currently available in 33 states.

What We Do

- Public health nurses with specialized training provide home-visitation services to low-income, high-risk first time pregnant women and their babies, starting before the 29th week of pregnancy and continuing until the child turns 2 years old.
- Nurses support and empower families, provide information and education, assess clients' needs, and provide linkages to community resources to meet their needs. Nurses also regularly assess the child's health, development and safety.
- Services are available through county health departments at no cost to participating families.

Who We Serve

Who is Eligible to Enroll in the *Children First* Program?

In order to maintain model fidelity, all newly enrolling mothers must meet the following criteria:

- Enroll before the 29th week of pregnancy
- Be expecting their first child; and
- Meet income guidelines (185% of the Federal Poverty Level).

When a client seeking services is not eligible for the *Children First* program, the home visitor refers the mother to other community-based programs including Start Right (Healthy Families), Oklahoma Parents as Teachers or Child Guidance.

Who is the Typical *Children First* Client?

According to research, the beneficial effects of the model are greater for women unmarried with incomes at or below 185% of the Federal Poverty Level and expecting their first child. Among *Children First* clients enrolled during SFY 2012:

- 74.6% were single, never married
- 39.8% were 19 years or younger
- 31.6% had less than a high school education
- 51.1% had an annual household income of \$15,000 or less
- 14.8% smoked at intake
- 47.3% were White
- 16.6% were African American
- 16.1% were Hispanic
- 16.1% were American Indian
- 3.9% self-identified as "Other"
- 21.0% reported a history of depression



We provide the paint...

You create the masterpiece



Why We Do It

Nurse-Family Partnership Findings

- Studies have shown, among mothers with low psychological resources, those who participated in the Nurse-Family Partnership program had homes that were more beneficial to children's early learning, and their children scored better on developmental scales than those of similar mothers who did not participate.
- Research on the Nurse-Family Partnership model has shown intensive home visiting by specially trained public health nurses to have multiple benefits for the families served, including¹:

Child Injury and Maltreatment:

- 48% reduction in child abuse and neglect
- 56% reduction in emergency room visits for accidents and poisonings

School Readiness:

- 50% reduction in language delays of child at 21 months
- 67% reduction in behavior/intellectual problems at age 6

Family and Economic Stability:

- 83% increase in workforce participation
- 20% reduction in months on welfare
- 32% reduction in subsequent pregnancy
- 46% increase in father's presence in household
- 59% reduction in arrests among children

Children First Findings

- *Children First* clients experience significant reductions in smoking during pregnancy, rates of breastfeeding initiation higher than the state average, and high immunization rates for their children.
- Studies conducted on *Children First* have shown:

Child Injury and Maltreatment:

- 50% reduction in the risk of dying during the first year of life when compared to a retrospective control group²
- 914 fewer Oklahoma children would have been confirmed maltreatment victims if the general population of Oklahoma 0-2 year olds had the same confirmation rate as *Children First* 0-2 year olds between 2002-2006

- *Children First* data for SFY 2012³ shows:

Maternal and Child Health:

- 90% of infants were born with normal birth weights
- 89.1% of infants were born with normal gestational ages
- 89.0% of C1 mothers had adequate prenatal care
- 86.1% of C1 mothers initiated breastfeeding
- 87.4% reported placing their baby on their back to sleep at 2 months of age

*Family and Economic Stability:*⁴

- 77% of C1 mothers had daily contact with the father of their child
- 75.6% of mothers were participating in the workforce at 12 months postpartum
- 80.3% of mothers did not have a subsequent pregnancy at 18 months postpartum
- Reduced rates of violence during pregnancy

How the Program Saves Money

Children First clients potentially saved Oklahoma taxpayers over \$2.7 million dollars, using national estimates of hospital costs associated with low birthweight and prematurity (\$75,000 per child).⁵ The program prevented 22 very premature births and 14 very low birthweight babies over a four year period.

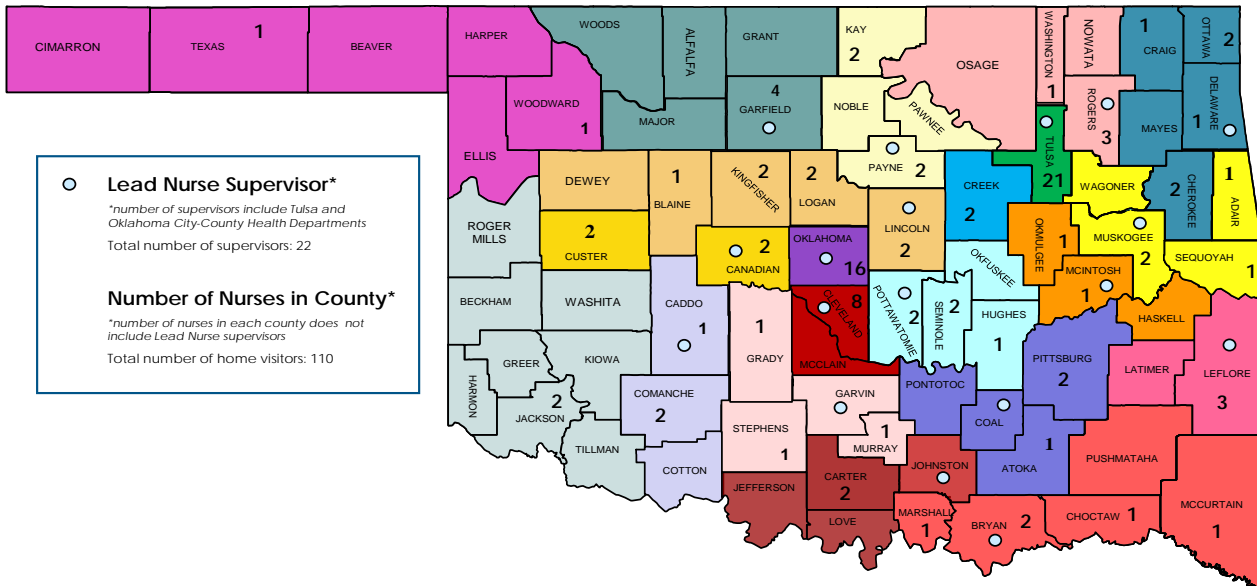
The Washington State Institute for Public Policy⁶ found that the Nurse-Family Partnership ranked highest in terms of cost return among pre-kindergarten, child welfare, youth development, mentoring, youth substance abuse prevention and teen pregnancy prevention programs. Net return to government was approximately \$23,000 per family served.

Where Services are Available

The Children First program, originally piloted in 4 counties in 1997, now provides services statewide. Currently, *Children First* employs 22 lead nurse supervisors and 110 nurse home visitors who deliver services through the county health department system. A caseload for each full-time nurse home visitor is 25 active clients. The number of home visitors headquartered in each county/district is a reflection of factors including budgetary constraints and the number of referrals indicating the need for services in the area. If a county is without a home visitor, clients needing services may receive visits by nurses in surrounding counties within each lead nurse supervisory district as necessary and available.



Current Children First Program Staffing



The county district areas are as follows:

- Blaine, Dewey, Kingfisher, Lincoln, Logan (7)
- Creek (2)
- Nowata, Osage, Rogers, Washington (4)
- Cleveland, McClain (8)
- Coal, Pittsburg, Pontotoc, Atoka (3)
- Kay, Noble, Pawnee, Payne (4)
- Muskogee, Sequoyah, Adair (4)
- 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 (4)
- Hughes, Okfuskee, Pottawatomie, Seminole (5)
- Beaver, Cimarron, Ellis, Harper, Texas, Woodward (2)
- Cherokee, Craig, Delaware, Mayes, Ottawa (6)
- Oklahoma (16)
- Tulsa (21)

January 31, 2013

How the Program is Funded

Children First, Oklahoma's Nurse-Family Partnership, is implemented statewide using monies from the General Revenue Fund of the Oklahoma State Department of Health budget, Medicaid, Millage and Community Based Child Abuse Prevention Grant (CBCAP) funds. The dollar amounts below from 2000-2011 represent budgeted state funds and do not include Medicaid reimbursement. The dollar amounts for 2012 represent State, Medicaid, Millage and CBCAP funds.

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Appropriations (\$ millions)	13.8	15.9	13.9	11.9	10.9	10.9	10.9	11.5	11.7	11.5	11.5	11.5	10.4
Families Served	7,029	8,015	8,014	7,527	5,869	5,048	5,008	4,809	4,836	4,590	4,073	3,616	3,547
Completed Visits	76,865	83,794	79,792	78,653	56,426	45,851	45,831	44,725	45,903	44,239	39,464	34,217	33,460
Average # of Nurses	156	156	156	156	156	156	152	157	121	106	109	98	98

Oklahoma State Department of Health
 Children First, Oklahoma's Nurse-Family Partnership
 1000 NE 10th Street, Oklahoma City, OK 73117-1299
 Web: <http://cf.health.ok.gov> ~ Ph: 405-271-7611 ~ Fax: 405-2721-1011

With Whom We Work

Children First collaborates with many agencies with similar missions of improving infant health and preventing child maltreatment. Members of the *Children First* staff participate in projects at the local, state and national levels to increase the ability to have positive impacts on the clients served, including:

- Serving on local advisory boards
- Providing outreach and education within local communities and civic groups
- Serving on child abuse multidisciplinary teams
- Conducting health fairs and local events promoting client/child health and safety
- Participating in workgroups to reduce infant mortality and other adverse birth outcomes
- Actively collaborating with the Nurse-Family Partnership National Service Office
- Engaging community-based partners, such as faith-based groups and Native American Tribes, to ensure services are widely available and accessible to those seeking to participate

For more information about the *Children First* program, visit <http://cf.health.ok.gov>. You may access further statistical information in the reports provided under the publications tab.

1 Nurse Family Partnership website: <http://www.nursefamilypartnership.org>

2 Carabin H, et al. Does participation in a nurse visitation programme reduce the frequency of adverse perinatal outcomes in first-time mothers? *Paediatric and Perinatal Epidemiology*. 2005;19:194-205.

3 *Children First* data reports can be accessed at <http://cf.health.ok.gov>

4 Oklahoma *Children First* Program Evaluation Report 7. Nurse-Family Partnership. September 24, 2010.

5 Washington State Institute for Public Policy. Return on investment: Evidence-based options to improve statewide outcomes. A. Aos, R. Lieb, J. Mayfield, M. Miller and A. Pennucci. Olympia, WA, 2012.

6 National Governor Association Center for Best Practices. Healthy babies: Efforts to improve birth outcomes and reduce high-risk births. June 28, 2004. Available at

<http://www.nga.org/portal/site/nga/menuitem.9123e83a1f6786440ddcbeeb501010a0/?vgnextoid=5565303cb0b32010VgnVCM1000001a01010aRCRD>

