

*Start Right*   
**HEALTHY FAMILIES AMERICA**

**ANNUAL REPORT**  
**2016**

FAMILY SUPPORT AND PREVENTION SERVICE  
OKLAHOMA STATE DEPARTMENT OF HEALTH





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## OVERVIEW

- 3 Program Overview
- 5 Client Characteristics

## FAMILY SAFETY

- 11 Child Maltreatment
- 12 Intimate Partner Violence
- 13 Preventable, Unintentional Injuries and Deaths, Safe Sleep, Car Seat, Fire, and Water Safety
- 14 Success Story

## HEALTH & DEVELOPMENT

- 16 Physical Activity of Children and Breastfeeding
- 17 Nutrition, Vaccines, and Postpartum Depression
- 18 Tobacco Use
- 19 Success Story

## FAMILY STABILITY

- 21 Father Involvement
- 21 Employment, Household Income and Education
- 22 Connections to Services
- 23 Success Story

## CONCLUSION

- 24 SFY 2016 Accomplishments  
SFY 2016 Recommendations
- 25 Acknowledgments

# PROGRAM OVERVIEW

## OFFICE OF CHILD ABUSE PREVENTION

The Office of Child Abuse Prevention (OCAP) was created in 1984 by the Oklahoma Child Abuse Prevention Act, Title 63, O.S. Section 1-227.1. The Act declared prevention of child maltreatment as a priority in Oklahoma. Recognizing child abuse and neglect as a significant public health issue, the legislature placed the OCAP at the Oklahoma State Department of Health – emphasizing the importance of prevention rather than “after-the-fact” intervention.

As the field of prevention evolved, the efforts and activities to support families became more sophisticated. In 1995, the OCAP began work with Drs. Anne and Rex Culp of Oklahoma State University to pilot and research a relatively new prevention strategy: home visiting. Utilizing a blend of state and federal dollars, the efforts were implemented in six counties.<sup>1</sup> At the completion of Culp’s work, it was determined that home visiting was beneficial to families. After much consideration, the OCAP chose this strategy in association with the nationally recognized model “*Healthy Families America*” (*HFA*).

## PROGRAM COSTS

The state expenditure per family for *HFA* during SFY 2016 was \$3,632. This amount was calculated by dividing the total contract expenditures of \$2,440,714 by the total number of unduplicated families participating in *HFA*. During SFY 2016, a total of 672 families received at least one home visit.

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<sup>1</sup> Garfield, McCurtain, Muskogee, McIntosh, Washington and Nowata Counties

## HEALTHY FAMILIES AMERICA

**Healthy Families America** is an evidence-based model which provides family support in the home. The goals of **HFA** are to increase each family's protective factors and reduce risk factors that often contribute to child abuse and neglect. **Healthy Families America** is equipped to work with families who have histories of trauma, intimate partner violence, mental health, and substance abuse issues.<sup>2</sup> Developed in 1992 by Prevent Child Abuse America, the model requires implementing agencies to complete a stringent affiliation and accreditation process to ensure the quality of home-based services.

### ELIGIBILITY CRITERIA

Referrals to local **HFA** Programs come from a variety of sources including Women, Infants, and Children Clinics (WIC), the parentPRO free telephone referral line, the Oklahoma Department of Human Services (OKDHS), and most often friends and family. Participation in **HFA** is voluntary and the families may remain actively engaged in services until their child's sixth birthday. In order to enroll, the following criteria must be met:

- The mother is beyond her 29th week of pregnancy;<sup>3</sup> or
- The mother is pregnant with at least her second child; or
- The mother/caregiver has a child under the age of 12 months;<sup>4</sup> and
- The family scores a minimum of 25 out of 100 on the Kempe Family Stress Checklist

## THE KEMPE FAMILY STRESS CHECKLIST

**Healthy Families America** uses the Kempe Family Stress Checklist, a standardized assessment tool, to systematically identify and assess families that would benefit most from home visiting services and identifies the various histories associated with increased risk for child maltreatment or other adverse childhood experiences.<sup>5</sup> The Kempe identifies the family strengths as well as family history and/or issues related to higher risk of child maltreatment and/or poor childhood outcomes.<sup>6</sup> The **HFA** Family Support Worker (FSW) uses the information from the Kempe to develop an individualized Family Support Plan focusing on the family's strengths and working towards the reduction of risk factors.

<sup>2</sup> About Healthy Families America. - <http://www.healthyfamiliesamerica.org/the-hfa-strategy-1/>

<sup>3</sup> HFA contracts require that all mothers qualifying for Children First (C1), Oklahoma's Nurse Family Partnership Program, be referred to C1 in order to avoid duplications of services. C1 focuses on low-income mothers expecting their first child.

<sup>4</sup> An adaptation has been granted by HFA for Oklahoma. Families may enroll prenatally or within three months of the baby's birth; however, in Oklahoma there is an allowance for up to thirty-three percent of families to be enrolled with a child between the ages of three months and twelve months of age.

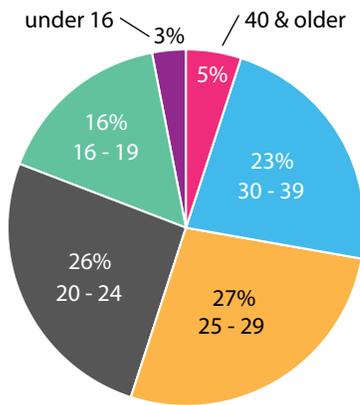
<sup>5</sup> HFA Best Practice Standards, Critical Element #2. Effective July 1, 2014-December 31, 2016.

<sup>6</sup> Healthy Families America [Home Visiting for Prevention of Child Abuse and Neglect] (HFA). <http://www.cebc4cw.org/program/healthy-families-america-home-visiting-for-prevention-of-child-abuse-and-neglect/detailed>

## CLIENT CHARACTERISTICS

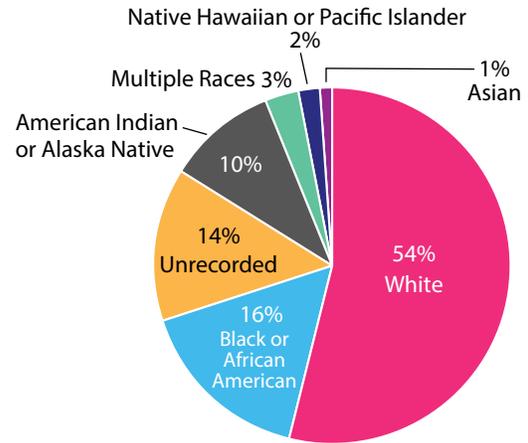
### AGE

The average **HFA** parent who enrolled in SFY 2016 was 28 years of age. The youngest reported parent was 14 years of age and the oldest reported parent was 57 years of age.



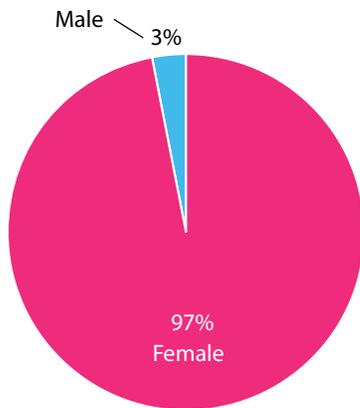
### RACE

Minorities make up thirty-four percent of the Oklahoma population.<sup>7</sup> Thirty-two percent of the **HFA** population who enrolled in SFY 2016 identified as minorities.



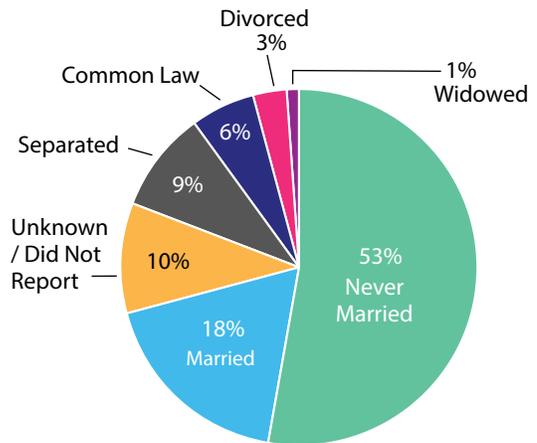
### GENDER

Ninety-seven percent of parents who enroll in **HFA** are female, though males are encouraged to participate. During SFY 2016, male parents made up three percent of the new enrollment.



### MARITAL STATUS

A little over half of **HFA** parents who enrolled in SFY 2016 were single and had never been married.

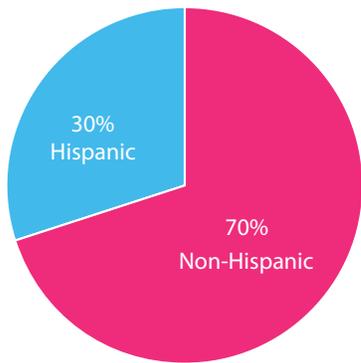


<sup>7</sup> United States Census Bureau. <http://www.census.gov/quickfacts/table/PST045215/40>

CLIENT CHARACTERISTICS

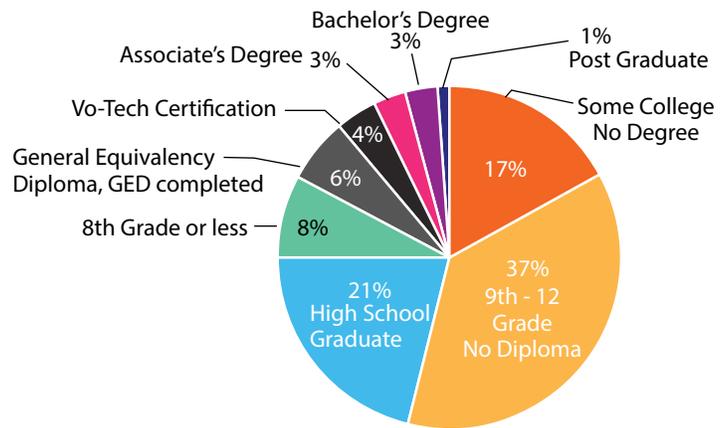
ETHNICITY

Ten percent of Oklahomans identify as Hispanic,<sup>8</sup> whereas thirty percent of *HFA* parents in SFY 2016 identified as such.



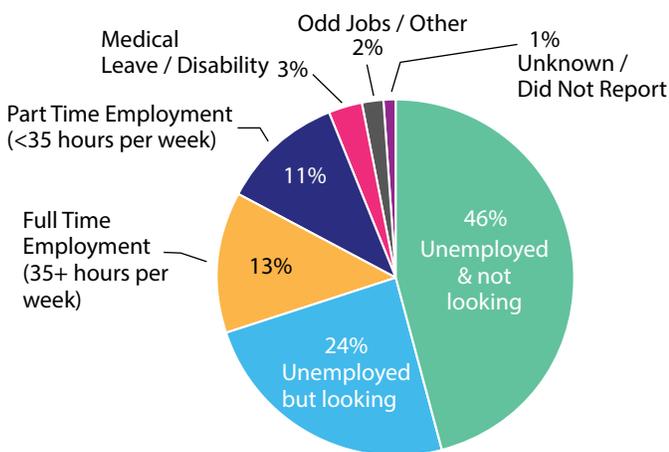
EDUCATION

Of the *HFA* parents participating in SFY 2016, forty-five percent did not have a high school diploma at the time of enrollment.



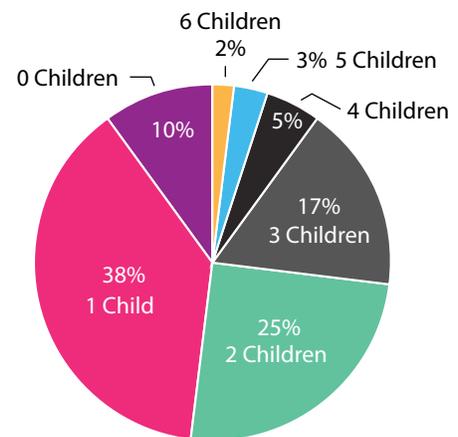
EMPLOYMENT

A majority of *HFA* parents who enrolled in SFY 2016 were unemployed.



NUMBER OF CHILDREN IN THE HOME

Forty-eight percent of *HFA* clients who enrolled in SFY 2016 reported living with one child or were pregnant at time of enrollment.

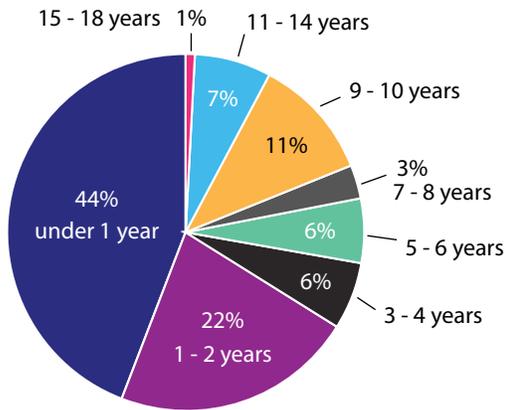


<sup>8</sup> United States Census Bureau. <http://www.census.gov/quickfacts/table/PST045215/40>

CLIENT CHARACTERISTICS

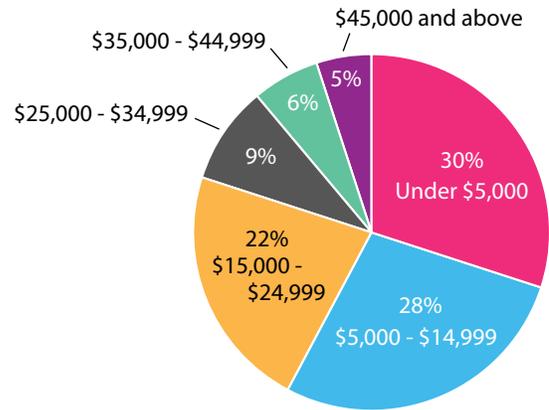
AGE OF CHILDREN IN THE HOME

Sixty-six percent of the children living in the home of new *HFA* parents in SFY 2016 were two-years old or younger.



HOUSEHOLD INCOME

Fifty-eight percent of *HFA* parents who enrolled in SFY 2016 reported having a household income less than \$15,000.



HOUSEHOLD COMPOSITION

Among the *HFA* families who enrolled in SFY 2016, there were 228 other adults living in the same household as the mother of the children. Forty-two persons reported living alone.

Adult Type	Number
Father of child	92
None	42
Grandmother of the child	39
Others	24
Boyfriend/Not father of child	3
Grandfather of the child	19
Stepfather of child	0
Friend of the client	12
Sister of the client	12
Brother of the client	13
Aunt of the client	8
Uncle of the client	6
<b>Total</b>	<b>270</b>



Anna Rowan and her grandchildren: Malachi, Gimeni, & Javonni Rowan-Palmer, Cherokee County

AVERAGE LENGTH OF ENROLLMENT

The length of time a family participates in *HFA* services depends upon the family’s specific needs and the goals that they wish to achieve. The home visits are scheduled weekly, bi-weekly, or monthly. Services may begin during the prenatal period and may last until that child’s sixth birthday. During SFY 2016, 672 families participated in *HFA*. The average length of enrollment was 21 months (some families began services in previous years and have continued).

Site	Counties Served	# of Families	Average Time in Program (In Months)	Amount Awarded
Center for Children and Families, Bringing Up Babies	Cleveland, Pottawatomie	50	22	\$ 193,575
Community Health Centers, Positive Parents	Oklahoma	31	18	\$ 150,000
Great Plains Youth and Family Services, Healthy Families Great Plains	Beckham, Greer, Jackson, Kiowa, Tillman, Washita	43	23	\$ 170,850
Help-In-Crisis, Helping U Grow (HUG)	Adair, Cherokee, Wagoner	43	29	\$ 200,000
Latino Community Development Agency, Healthy Families OKC- Nuestras Familias	Oklahoma	51	28	\$ 199,193
McClain-Garvin County Youth and Family Center, Healthy Beginnings	McClain, Garvin, Grady, S. Cleveland	54	25	\$ 150,000
McCurtain County Health Department, Healthy Families McCurtain County	McCurtain	46	17	\$ 200,000
Northern OK Youth Services, Healthy Families Kay & Osage Counties	Kay, Osage	31	28	\$ 150,000
Northwest Family Services, Family Building Blocks	Alfalfa, Grant, Harper, Major, Woods	53	12	\$ 150,000
Okmulgee-Okfuskee County Youth Services, Family Resource and Support Program	Okfuskee, Okmulgee	48	20	\$ 150,000
Parent Child Center of Tulsa, Healthy Families Tulsa	Tulsa	127	15	\$ 424,067
Parent Promise, Family Resource Program	Oklahoma	69	15	\$ 258,329
Youth and Family Services for Hughes and Seminole Co., Great Beginnings	Hughes, Seminole	26	39	\$ 150,000
<b>Total</b>		<b>672</b>	<b>21</b>	

FAMILIES NOT PARTICIPATING

Four hundred ninety-six families who were referred to *HFA* did not enroll in home-based parenting services due to several factors including moving out of the area, scheduling conflicts, or they enrolled in another program.

Reason	Number
Potential enrollee moved out of service area	51
Unable to locate potential enrollee	83
<i>HFA</i> Program unable to contact family for assessment	4
Other	121
Potential enrollee accepted into another program	17
Potential enrollee’s schedule (too busy, work conflict, etc.)	22
Potential enrollee did not return phone calls	112
Potential enrollee does not feel the need for the program	37
Potential enrollee’s child was too old	10
Potential enrollee lived outside of program service area	23
Potential enrollee’s child no longer in their care	15
Potential enrollee incarcerated	1
<b>Total</b>	<b>496</b>

## FAMILY SAFETY

During home-based parenting services, FSWs provide safety education regarding the family and the home including topics such as child abuse and neglect, intimate partner violence, home safety and preventable unintentional injuries and deaths. Family Support Workers help families create a safe environment by connecting them with community-based resources. Families are given safety strategies and education to reduce environmental hazards, avoid injuries and promote a healthy home.



Araya,  
Robin,  
Adien  
& Arianna  
Hines,  
Tulsa County

**CHILD MALTREATMENT**

During SFY 2016, the OSDH collaborated with the Oklahoma Department of Human Services (OKDHS) to match children served by *HFA* to child maltreatment reports and confirmations. The family may or may not have been participating in a *HFA* program at the time of the report. Of the 726 children who received at least one home visit from *HFA* in SFY 2016, 566 of them (seventy-eight percent) had never been named as a potential victim in an OKDHS report after enrolling in *HFA*. Furthermore, 674 of them (ninety-three percent) have never had a confirmed child maltreatment case with OKDHS since enrolling in *HFA*. None of the *HFA* children served in SFY 2016 has been named in a report to OKDHS for sexual abuse.

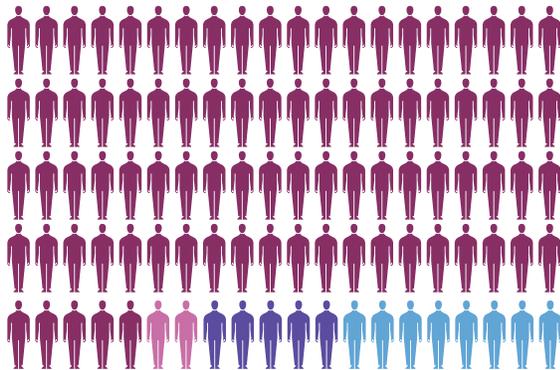
In order to enroll in *HFA*, the parent must score a minimum number of points on the Kempe Family Stress Checklist. The Kempe is conducted to identify the family strengths as well as family history and/or issues related to higher risk of child maltreatment and/or poor childhood outcomes. It is noteworthy that only seven percent of the *HFA* families served in SFY 2016 had a confirmed child maltreatment case despite all entering the program with risk factors associated with child maltreatment.

**CHILDREN WITH A CONFIRMED CASE OF MALTREATMENT**

Gender	Percent
Male	56%
Female	44%
<b>Type of Maltreatment in Confirmed Cases</b>	
Abuse	13%
Neglect	81%
Both	6%
<b>Type of Abuse in Confirmed Abuse Cases</b>	
Threat of Harm	25%
Other Includes: Beating/hitting, exposure to domestic violence, failure to protect, inadequate or dangerous shelter, and inadequate physical care.	75%
<b>Type of Neglect in Confirmed Neglect Cases</b>	
Threat of Harm	10%
Other Includes: Abandonment, beating/hitting, burning/scalding, cutting/puncturing, failure to obtain medical attention, failure to thrive, inadequate or dangerous shelter, inadequate physical care, lack of supervision, mental injury and shaking.	90%
<b>Perpetrators in Confirmed Maltreatment Cases</b>	
Mother	55%
Father	37%
Other Includes: Grandparents and "no relation"	8%

### INTIMATE PARTNER VIOLENCE

Intimate partner violence (IPV) is a serious, preventable public health problem that affects millions of Americans. The term “intimate partner violence” describes physical, sexual, or psychological harm by a current or former partner or spouse.<sup>9</sup> Children who are exposed to violence in their homes can suffer significant physical, mental and emotional harm with long-term effects that can last well into adulthood. More than one in nine (eleven percent) of children are exposed to some form of family violence, including one in fifteen (seven percent) exposed to IPV between parents or between a parent and that parent’s partner. One in four children (twenty-six percent) are exposed to at least one form of family violence during their lifetime.<sup>10</sup>



In SFY 2016, ninety percent of *HFA* parents did not experience intimate partner violence in the past six months.

### INTIMATE PARTNER VIOLENCE

-  Parents who were not experiencing intimate partner violence at enrollment, and are still not experiencing intimate partner violence (85%)
-  Parents who were experiencing intimate partner violence at enrollment, and are still experiencing intimate partner violence (2%)
-  Parents who were experiencing intimate partner violence at enrollment, but are now not experiencing domestic violence (5%)
-  Parents who were not experiencing intimate partner violence at enrollment, but are now experiencing intimate partner violence (8%)

<sup>9</sup> Injury Prevention & Control: Division of Violence Prevention, Intimate Partner Violence. <http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html>

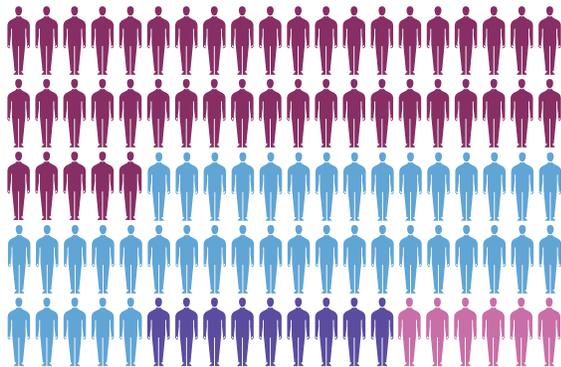
<sup>10</sup> Intimate Partner Violence and Other Family Violence. Sherry Hamby, David Finkelhor, Heather Turner, and Christopher Ormrod. <https://www.ncjrs.gov/pdffiles1/ojdp/227744.pdf>

## PREVENTABLE, UNINTENTIONAL INJURIES AND DEATHS

Unintentional injuries—such as those caused by burns, drowning, falls, poisoning and road traffic—are the leading cause of mortality and unintentional injuries among children. For children less than one year of age, two-thirds of injury deaths are due to suffocation. Drowning is the leading cause of injury death for those one to four years of age.<sup>11</sup> Child injury death rates have decreased twenty-nine percent in the last decade indicating progress has been made in preventing childhood injuries.<sup>12</sup> Injuries are predictable and preventable and children can be kept safe if parents are equipped with safety tools and knowledge. Family Support Workers conduct a home safety audit every six months, and at any time they see a hazard that could compromise the child’s safety. The goal is to provide the safest environment possible. Should an issue arise, FSWs connect the family with agencies that provide free safety items such as car seats, outlet covers and smoke detectors.

### SAFE SLEEP

Each year in the United States, there are about 3,500 Sudden Unexpected Infant Deaths (SUID). These deaths occur among infants less than one year old and have no immediate obvious cause. The three commonly reported types of SUID are SIDS, an unknown cause, and accidental suffocation and strangulation in bed.<sup>13</sup> For this reason, FSWs educate parents about the importance of their child having an individual sleep surface separate from any other person. Family Support Workers help families create a safe sleeping environment such as a crib without bumper pads, pillows, quilts and stuffed toys. Additionally, FSWs provide education about safe swaddling practices and the need to place infants on their back in order to reduce the risk of Sudden Infant Death Syndrome (SIDS). Family Support Workers also connect families with services that provide appropriate sleep surfaces.



Fifty-four percent of *HFA* parents either reduced or never started co-sleeping with their child in SFY 2016

### SAFE SLEEP

-  Parents who did not co-sleep with their child at enrollment and still do not co-sleep with their child (45%)
-  Parents who co-slept with their child at enrollment and still co-sleep with their child (40%)
-  Parents who have reduced co-sleeping since enrollment (9%)
-  Parents who increased co-sleeping with their child or began co-sleeping with their child since enrollment (6%)



### CAR SEAT SAFETY

Ninety-seven percent of *HFA* parents reported always traveling with their child appropriately restrained in a car seat in SFY 2016.

### FIRE SAFETY

Ninety-three percent of *HFA* households had at least one working smoke detector in SFY 2016.

### WATER SAFETY

Ninety-nine percent of *HFA* parents reported never leaving their child unattended near water in SFY 2016.

<sup>11</sup> Injury Prevention & Control: Protect the Ones You Love. Child Injuries are Preventable. [https://www.cdc.gov/safefchild/child\\_injury\\_data.html](https://www.cdc.gov/safefchild/child_injury_data.html)  
<sup>12</sup> National Action Plan for Child Injury Prevention. <https://www.cdc.gov/safefchild/nap/>  
<sup>13</sup> Sudden Unexpected Infant Death and Sudden Infant Death Syndrome. <http://www.cdc.gov/sids/data.htm>



## Success Story

### SIERRA, BRICE AND MEADOW SCHAFER

Ponca City

Northern Oklahoma Youth Services  
Healthy Families: Kay and Osage Counties

Northern Oklahoma Youth Services (NOYS) in Ponca City offers a Teen Parenting Education High School Completion Program for students who are pregnant or have a child. Sierra and 11-month-old Brice participated in the program because Sierra wanted to be a better mother, and hoped that it would improve the relationship with her husband. Sierra found out about the services offered through NOYS, which focus on parenting and the importance of father involvement. She enrolled with hopes of encouraging her husband to participate by having a male home visitor. Sierra's FSW, Jeremy, met weekly with the family and continued to encourage her husband to participate. Despite efforts, Jeremy was unable to engage him during the visits. Adding to an already unstable home life, Sierra's mother would come in and out of her life, staying with the family when she was out of prison or drug rehabilitation. Sierra felt overwhelmed with caring for her mother and baby, attending school and trying to provide for her family.

Due to low income and instability, the family moved frequently and sold their belongings for money. Through all of the uncertainty, Jeremy was there for them. Sierra stated "Jeremy helped us so much by referring us to services in the community which helped us get through it," adding "I never felt judged by Jeremy."

Sierra became pregnant with her second child, and her relationship was crumbling. Her husband became verbally abusive and controlling of Sierra. He isolated her by not allowing her to have friends, a driver's license or to get her high school diploma. With the continued support of Jeremy, Sierra found the courage to leave the relationship. Jeremy helped Sierra enroll in a TANF-based program that enabled her to secure housing, put a restraining order in place to keep her family safe, and enroll in high school. Sierra exclaimed "I was the first person in my family to graduate high school!" Sierra now lives in secure housing, has a driver's license and is attending full time classes at the technical school in Ponca City.

Sierra said "Through all of these changes in our lives, Jeremy provided emotional support to me, and helped me remain focused on the health and welfare of my children."

## HEALTH & DEVELOPMENT

A child's future depends on opportunities to achieve optimal physical growth and psychological development. Never before has there been so much knowledge to assist families in their desire to raise children to meet their potential.<sup>14</sup> Childhood is an important phase in life which determines the quality of health, well-being, learning and behavior across the life span. It is a period of great opportunity, but also of great vulnerability to negative influences.<sup>15</sup> Family Support Workers provide parents with an array of resources to promote healthy habits for the family including physical activity and nutrition, breastfeeding, timely vaccines, tobacco cessation, and referrals for postpartum depression.



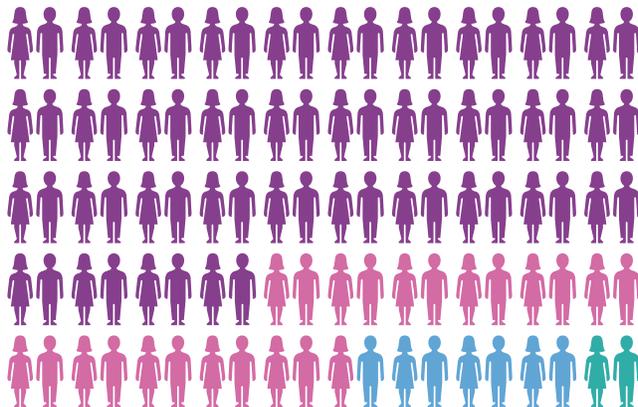
Pamela  
and  
Astrid Garcia,  
Oklahoma County

<sup>14</sup> Maternal, Newborn, Child and Adolescent Health. Early Child Development. [http://www.who.int/maternal\\_child\\_adolescent/topics/child/development/en/](http://www.who.int/maternal_child_adolescent/topics/child/development/en/)

<sup>15</sup> Maternal, Newborn, Child and Adolescent Health. A Time of Vulnerability and Opportunity. [http://www.who.int/maternal\\_child\\_adolescent/topics/child/development/en/](http://www.who.int/maternal_child_adolescent/topics/child/development/en/)

## PHYSICAL ACTIVITY OF CHILDREN

Physical activity is an easy, fun way for families to spend time together. By engaging in an active lifestyle, children and parents will benefit from the exercise they need to stay healthy. In addition, children will develop healthy habits to carry with them into the future.<sup>16</sup> Family Support Workers provide parents with valuable information regarding how physical activity promotes motor development and creates a healthy environment.



Seventy-five percent of *HFA* children over one year of age were physically active for 20 minutes or more at least one day per week in SFY 2016.

## PHYSICAL ACTIVITY



Children who were physically active at enrollment and still are physically active (68%)



Children who were not physically active at enrollment and still are not physically active (23%)



Children who have increased physical activity since enrollment (7%)



Children who have decreased physical activity since enrollment (2%)

## BREASTFEEDING

Breast milk is best for infants, and the benefits extend well beyond basic nutrition. Breast milk is tailored to fit the needs of an infant by providing vitamins and nutrients babies need in the first six months of life as well as providing disease-fighting substances that protect babies from illness.<sup>17</sup> Family Support Workers are provided breastfeeding training so that they can support mothers and make appropriate referrals to lactation consultants when necessary.

During SFY 2016, sixty-one percent of new mothers participating in the *HFA* program initiated breastfeeding.



<sup>16</sup> Shape Your Future, Move More/Family. <http://shapeyourfutureok.com/move-more/family-2/>  
<sup>17</sup> UNICEF Nutrition, Breastfeeding [http://www.unicef.org/nutrition/index\\_24824.html](http://www.unicef.org/nutrition/index_24824.html)

## NUTRITION

Eating healthy helps families live a longer, healthier life. Not only do nutritious foods have positive effects on mental and physical well-being, they also help reduce the risk of chronic diseases like stroke, diabetes, heart disease and some cancers.<sup>18</sup> Family Support Workers encourage parents to serve healthy snacks and nutritious foods at every meal by providing child-friendly recipes, teaching food safety, and referring families to WIC, the Supplemental Nutrition Assistance Program,<sup>19</sup> and local food banks.

Eighty-three percent of *HFA* children reported eating at least one serving of fruits or vegetables each day in SFY 2016.



## VACCINES

It is always better to prevent a disease than to treat it after it occurs. The best way to protect children and communities is to ensure timely vaccines are administered. Diseases that used to be common in this country and around the world have been prevented by vaccination. Over the years vaccines have prevented countless cases of disease and saved millions of lives.<sup>20</sup> Immunizing children also helps to protect the health of communities, by preventing the spread of deadly diseases. Family Support Workers provide

an immunization schedule upon enrollment and assist the families when making appointments for timely vaccines. In addition, FSWs provide transportation or referrals for transportation so families can get to clinics for appointments.

During SFY 2016, eighty-one percent of *HFA* parents reported that their children were up-to-date on vaccines.

## POSTPARTUM DEPRESSION

Many women have the baby blues after childbirth. Symptoms may include mood swings, feeling sad, anxious or overwhelmed, crying spells, loss of appetite, and trouble sleeping. The baby blues most often go away within a few days or a week. However, the symptoms of postpartum depression last longer and are more severe. Postpartum depression can begin anytime within the first year after childbirth. Hormonal and physical changes after birth and the stress of caring for a new baby may play a role.<sup>21</sup> Family Support Workers administer an early detection screening of maternal depression using the Edinburgh Postnatal Depression Scale. Depending on time of enrollment, screenings take place prenatally, at two, four and six weeks postpartum; and any time postpartum depression is suspected. If the parent enrolls after six weeks postpartum, a screening is administered within two months of engaging in home-based parenting services.



Three hundred and thirty-four Edinburgh Postpartum Depression Screenings were administered to new *HFA* mothers in SFY 2016. Seventy percent indicated some signs of depression; thirteen percent indicated the need for immediate referral to a health care professional.

<sup>18</sup> Shape Your Future, Eat Better. <http://shapeyourfutureok.com/eat-better/>

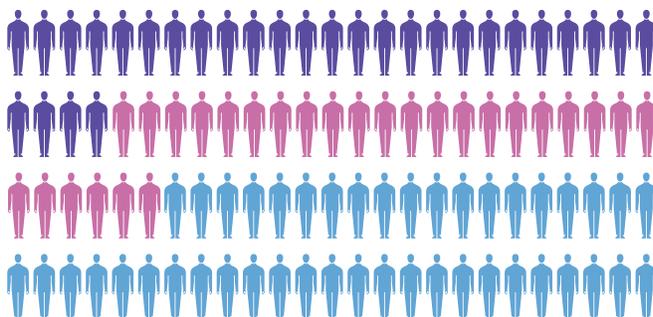
<sup>19</sup> United States Department of Agriculture Food and Nutrition Service, Women, Infants, and Children <http://www.fns.usda.gov/wic/women-infants-and-children-wic>

<sup>20</sup> Centers for Disease Control and Prevention, Why are Childhood Vaccines So Important? <http://www.cdc.gov/vaccines/vac-gen/howvpd.htm>

<sup>21</sup> Medline Plus, Postpartum Depression. <https://medlineplus.gov/postpartumdepression.html>

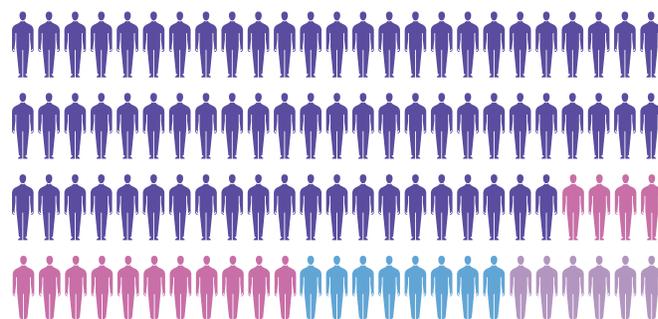
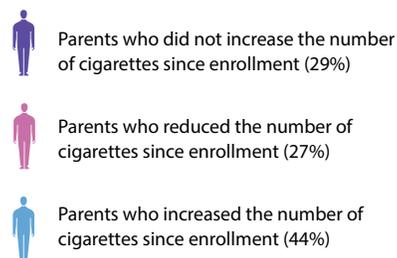
## TOBACCO USE

Being tobacco free is necessary for a healthy lifestyle and reduces the risk of cancer and chronic diseases. A tobacco-free life not only improves the parents' health, but the health of their children. Secondhand smoke contains over 70 cancer-causing chemicals, and even brief exposure to secondhand smoke can be harmful to one's health.<sup>22</sup> But by supporting tobacco-free environments at home, families can protect their children from secondhand smoke. Family Support Workers help families in their efforts to quit smoking by providing them with Oklahoma Tobacco Helpline<sup>23</sup> information and additional education and resources needed to quit.



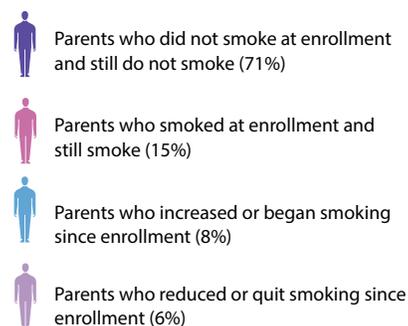
Of the *HFA* parents who smoked, fifty-six percent either did not increase or reduced smoking between enrollment and the end of SFY 2016.

## NUMBER OF CIGARETTES



Of the total enrollment (smokers and non-smokers) the majority of *HFA* parents did not increase or never began smoking from the time of enrollment to the end of SFY 2016.

## SMOKING



<sup>22</sup> Shape Your Future, A Program of TSET, Be Tobacco Free. <http://shapeyourfutureok.com/be-tobacco-free/>  
<sup>23</sup> Oklahoma Tobacco Helpline. <http://okhelpline.com/>



## Success Story

### KENDRA, CHRISTOPHER, JAKE AND MCKENZIE ADAMS

Newcastle

McClain-Garvin Youth and Family Center Inc.  
Healthy Beginnings

Kendra came to the McClain-Garvin Healthy Beginnings Program seeking help when she was pregnant with twins. Kendra was going to be a first time mother, while her husband, Christopher, already had children from a previous relationship. Kendra had grave concerns about how to raise her babies, given the fact she had suffered severe abuse as a child. Kendra stated "I felt dehumanized from emotional and sexual abuse from a family member. The fear I had in raising my kids was extreme since I did not have normalcy growing up." Kendra's FSW, Sharla, listened to Kendra voice her desperation to be a "good mom" and quickly began providing her with information, activities and support to help Kendra reach her goal. The first goal Sharla helped Kendra with was to deal with her past issues of abuse. Kendra was ashamed and hesitant to speak to anyone about her experiences. With Sharla's support, Kendra was able to start counseling and has been consistent with her appointments.

As Kendra began to gain confidence, she set additional prenatal goals, including a healthy diet and exercise. Sharla began to see Kendra's fears of being a "good mom" melt away into excitement about the arrival of her twins, Jake and McKenzie. In 2012, Kendra and Christopher had two healthy babies.

Kendra continues home-based parenting services consistently learning new things about Jake and McKenzie and sharing her knowledge with Christopher. Sharla has been with Kendra every step of the way, watching Jake and McKenzie learn colors, letters, how to spell their names and counting. Kendra's goals have shifted from being a "good mom" to preparing her children to enter kindergarten ready to learn.

*Kendra stated "Sharla has given me the tools, methods, and self-belief that I wasn't tainted by a dark past," adding "They say God gives us with what we need, and I'm grateful every week that I see Sharla."*

## FAMILY STABILITY

Children who experience family stability have parents who remain constant, consistent, and bonded to them over time. Parents who provide a nurturing and stimulating home environment and engage in appropriate parenting with their baby are laying the foundation for optimal child development. Characteristics of the home environment, such as warmth, emotional availability, stimulation, family cohesion, and day-to-day activities, have been linked to family stability. Children are more likely to have trusting relationships with parents who are consistent and nurturing, which leads to a number of positive developmental outcomes.<sup>24</sup>

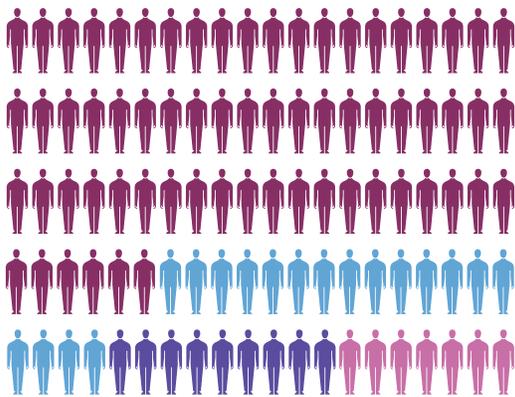


Elizabeth  
Rowan,  
Cherokee  
County

<sup>24</sup>The Future of Children, Journal Issue: Children, Families, and Foster Care, Family Stability and Healthy Child Development. <http://futureofchildren.org/publications/journals/article/index.xml?journalid=40&articleid=133&sectionid=873>

## FATHER INVOLVEMENT

The benefits of father involvement start at birth. Babies with more involved fathers are more likely to be emotionally secure, confident in new situations, and eager to explore their surroundings. As they grow, they are more sociable. Toddlers with involved fathers are better problem-solvers and have higher IQs by age three. They are more ready to start school and can deal with the stress of being away from home all day better than children with less involved fathers.<sup>25</sup>



Seventy-five percent of fathers of *HFA* children spent time with their child in SFY 2016.

## FATHER INVOLVEMENT

-  Fathers who spent time with their child at enrollment and still spend time with their child (66%)
-  Fathers who did not spend time with their child at enrollment and still do not spend time with their child (18%)
-  Fathers who have increased the time spent with their child since enrollment (9%)
-  Fathers who have decreased the time spent with their child since enrollment (7%)



## EMPLOYMENT

Of the *HFA* parents served in SFY 2016 who were unemployed at enrollment, forty-eight percent have found work.

## HOUSEHOLD INCOME

Eighty-eight percent of *HFA* parents served in SFY 2016 have maintained or increased their household income.

## EDUCATION

Of the *HFA* parents served in SFY 2016, twenty-two percent have furthered their education since enrollment.

<sup>25</sup> Modern Families + Fresh Ideas, Parenting, Why Kids Need Their Dads. <http://www.parenting.com/article/why-kids-need-their-dads>

## CONNECTIONS TO SERVICES

Families enrolled in **HFA** are connected with services in order to help reduce stress levels, provide for basic needs, and increase family stability.

### SERVICE REFFERALS

Services	# of Referrals
Clothing	917
Medicaid/SoonerCare	72
Women, Infants, & Children	78
Food	394
Food Stamps	112
Dental	163
Immunizations	85
English as a Second Language (ESL)	72
Parenting Classes	290
Transportation	341
Rent	135
Car Seats	188
Vision	73
General Education Diploma (GED)	90
Furniture	46
Smoke Detectors	56

The data was reported as an unduplicated count due to an improved database and more comprehensive method of cleaning the data.



Lashawnda Crockett & A-Keilah Gordon,  
Seminole County



## Success Story

### LEAH COLE, BRIAN AND BERETTA AKE

Hobart

Great Plains Youth and Family Services Inc.  
Healthy Families Great Plains

Leah, a young mother of Brian and Beretta, moved to Hobart to escape an abusive relationship. New to the community, Leah had no sense of direction, but did have some family support. Leah's aunt told her about the Healthy Families – Great Plains Program (HF-GP), so Leah made a visit. As soon as she walked in the door, the staff at HF-GP provided Leah with basic needs such as diapers, wipes and infant supplies for her two small children. Jamie, her FSW sat down with Leah and listened to her wants and needs. Leah was in need of a job to support her family and her top priority was to gain full time employment. Jamie referred Leah to the Workforce Innovation Opportunity Act (WIOA) Program. She knew it would be difficult to obtain all the paperwork necessary to be accepted because Leah was from another state and a member of the Kiowa Tribe. Leah felt like she was hitting roadblock after roadblock, to the point of giving up. Each time Leah would get discouraged, Jamie was there to encourage her by telling her "Leah, life may seem dim and dull, but there is a light at the end of the tunnel and with each new day, that light will get brighter and brighter." Leah never gave up hope as she and Jamie navigated the state and tribal systems. Eventually, the documentation was in place and Leah was able to successfully enroll in the WIOA Program. Yet, Leah was not out of the woods. Brian and Beretta were placed in temporary state custody until Leah could meet the requirements of her Safety Plan. With a heart of determination and the support of Jamie, Leah saved enough money to afford housing and utilities. Jamie helped Leah get furniture and develop a monthly budget.

Through the WIOA Program, Leah was able to gain part-time employment. Jamie continued to offer Leah referrals for support, but Leah was determined to do it on her own, telling Jamie "I want to save the money myself" she added, "I made the decision after losing my children that I would make sure to get into a position that I would never lose my children again and that I would get there by doing it myself." Jamie knew she could do it and cheered her on towards success. Leah and her children are reunited, living in safe housing, and Leah is employed full-time. When Jamie asked Leah if she could share her success story, Leah smiled a big smile and replied with a soft "Yes."

### FAMILY UPDATE

Leah has been awarded the Workforce Alumni Award from WIOA for excellence in the workforce. Leah was presented her award at the Oklahoma State Capitol in November 2016.

## SFY 2016 ACCOMPLISHMENTS

### IMPLEMENTATION OF NEW DATA SYSTEM

The implementation of the Efforts to Outcomes Database (ETO) has allowed Contractors the freedom to access a multitude of data reports that support quality improvement. Contractors are able to identify the number of families served, monthly retention reports, and completed home visits vs. attempted home visits. In addition, the ETO Database is a mechanism to streamline communication between the OSDH and Contractors, from Contractor to Contractor, and communication to other home visiting programs such as Children First (C1), Parents as Teachers (PAT), and SafeCare.

### parentPRO

parentPRO is a free service that connects families to home-based parenting services.<sup>26</sup> Families can call a 1-800 number and speak to a referral specialist, or they can navigate the website to find services in their area. During SFY 2016, parentPRO referred 173 families to home-based parenting services. parentPRO is designed to provide a continuum of services to fit the needs of all families seeking support.

## SFY 2016 RECOMMENDATIONS

### COST SAVING MEASURES

After careful consideration, and in an effort to broaden the home-based parenting services net, the OSDH made the decision to end the *HFA* Model and implement the Parents as Teachers (PAT) Model. The Parents as Teachers Model has universal access and broad enrollment criteria based on the age of the child which allows families to access the program during the prenatal period through completion of kindergarten. By implementing the PAT Model, contractors are able to serve the same population, with less administration and training costs. In order to make this transition the Contractors were required to submit a PAT Affiliation Plan and attend the PAT Model Implementation Training. The PAT Affiliation Plans have been approved by the PAT National Office, and staff (including supervisors and direct service staff) has completed the Model Implementation Training. The Contractors implemented the PAT Model on November 7, 2016. The ODSH anticipates an increase in the number of families served and a decrease in costs in SFY 2017.

Gimeni Rowan,  
Cherokee  
County



Javonni Rowan-Palmer,  
Gimeni & Malachi  
Rowan,  
Cherokee County



Malachi  
Rowan,  
Cherokee  
County



<sup>26</sup> parentPRO <http://www.parentpro.org/content/services>

# ACKNOWLEDGMENTS

This report is respectfully submitted in compliance with Title 63 O.S., Section 1-227.3.

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