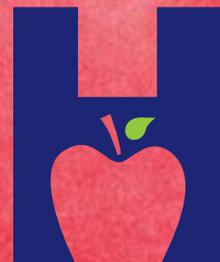


# Heroes for a Lifetime



**Celebrating 10 Years of  
Children First Service  
to Oklahoma!**

**Children First  
Oklahoma's Nurse-Family Partnership  
Annual Report  
State Fiscal Year 2007**



# Acknowledgements

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

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## Dear Reader:

**S**tate fiscal year 2007 was a very special year for *Children First* – its tenth year serving Oklahoma families. In this year's Annual Report we will highlight a decade of making a difference by one of Oklahoma's finest public health programs.

For the past decade *Children First*, Oklahoma's Nurse-Family Partnership Program, has served the people of our state by providing nurse home visitation services to low-income families who are pregnant with their first child. We have had the privilege of providing services to approximately 29,000 families. One in every five first time income-eligible births in Oklahoma participates in our program. Our nurses feel honored.

A special thank you to the nurses, *Children First* heroes, who are committed to making a difference. With their encouragement, support, education and mentoring many Oklahoma families now feel more confident in caring for their children.

On behalf of the entire *Children First* family, I thank you for investing in our work and continuing to support Oklahoma's smallest citizens and our future heroes.

Sincerely,

Mildred O. Ramsey, R.N., M.P.H.

Director, *Children First*



**Mildred O. Ramsey, R.N., M.P.H.**  
Director, *Children First*

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What you call a  
**hero,**  
I call  
**just doing  
my job.**

~Author Unknown

## Oklahoma Needs Healthier Mothers and Babies

Children are the future of society – future citizens, students, professionals and parents. In Oklahoma, most children are born safe and are well cared for, but too many are born with health problems or are born into families who are not prepared to care for them. Sadly, when compared to the United States overall, more children per capita in Oklahoma face poor health status.

For example, a greater percentage of women in Oklahoma smoke during pregnancy, and a higher proportion of children die as infants (see Figure 1).

In the United States and in Oklahoma, individuals and families with low socioeconomic resources tend to have the worst health outcomes. For example, low-income women in Oklahoma tend to have higher rates of unintended pregnancy, low birth weight and preterm birth.<sup>1,2</sup> This trend in poor health status tends to carry over to the children, thus creating a cycle of poor health. However, through targeted public health efforts, many precursors for poor health are preventable and can be improved.

In addition, recent research has shown a strong relationship between negative childhood events and poor adult health. In the Adverse Childhood Experiences study, Dr. Vincent Felitti and colleagues have shown that adults who experienced certain childhood experiences such as abuse and neglect are more likely to have problems with substance abuse, mental illness and chronic health problems as adults.<sup>3</sup> These poor health outcomes translate into direct and indirect long-term costs for society, such as treatment and incarceration costs. If the adverse childhood experiences can be prevented, so can the detrimental effects and costs across the life span.

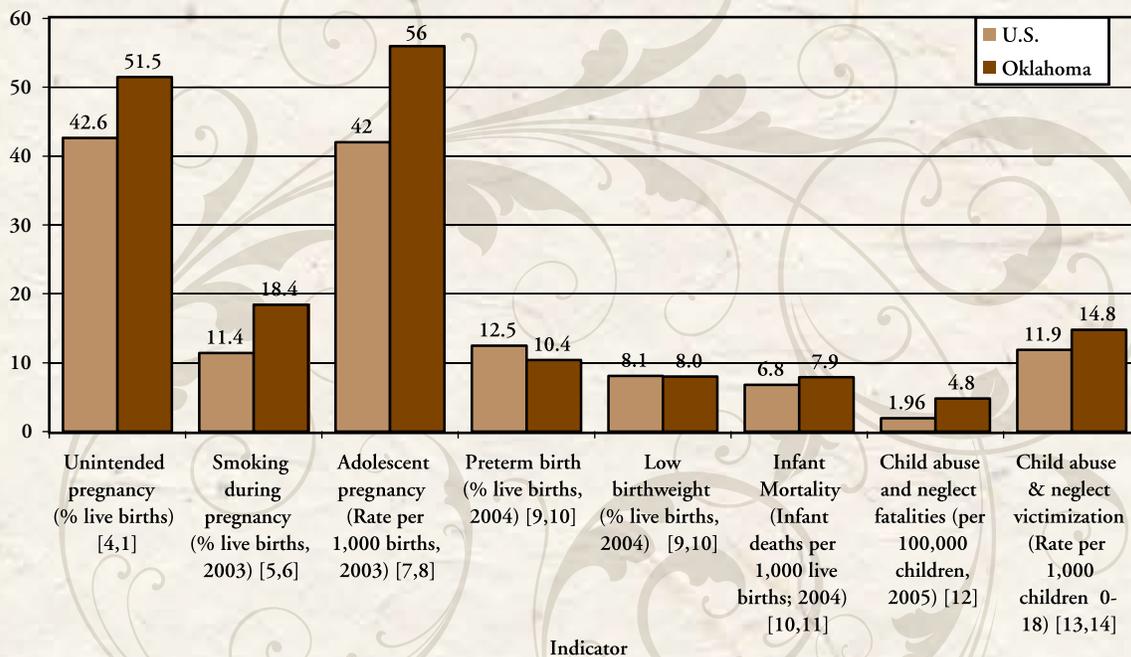


# Children First: Part of the Solution

In the late 1970's, Dr. David Olds recognized a need for services that would improve the health and socioeconomic status of low-income women and their children. For over 25 years, Dr. Olds and his research team have examined the impact of nurse home visits on the health and social outcomes of low-income pregnant women. Three separate case-control studies have shown that nurse home visitation results in healthier mothers and healthier children, with benefits including improved prenatal health, fewer subsequent pregnancies, increased maternal employment, fewer childhood injuries and improved school readiness. <sup>15</sup> Today, 22 states in the United States are putting Dr. Olds' research into practice through the Nurse-Family Partnership organization. <sup>15</sup>

*Children First* is Oklahoma's Nurse-Family Partnership program. The *Children First* program has served Oklahoma for over 10 years. Currently, the program budgets 170 full-time registered nurse positions to serve families in all 77 Oklahoma counties.

Figure 1. Key Maternal and Child Health Indicators, Oklahoma vs. US



## Mission Statement

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.



*Children First's vision is to promote a continuum of healthy pregnancies, healthy babies, healthy families and healthy communities.*

The objectives of the *Children First* program include:

- Increase clients' self-sufficiency
- Improve clients' parenting skills
- Improve pregnancy outcomes
- Strengthen the parent-child bond
- Improve clients' problem-solving abilities
- Improve clients' access to community resources
- Improve child health and development
- Help clients achieve personal goals

*Children First* is a voluntary program; women referred to the program are neither obligated to enroll nor to participate for a certain amount of time. A woman is eligible for *Children First* if she is a first-time mother at or below 185% of the Federal Poverty Level (~\$17,500 for one person), and is less than 29 weeks pregnant. Once enrolled, the client may receive weekly or bi-weekly home visits from a registered nurse throughout pregnancy until her child's second birthday.

Nurse home visitors are often lifelines for their clients. They provide education about pregnancy and parenting, assess clients' needs and connect them to community resources, and support them while they strive to plan and achieve their life goals. Nurses also evaluate clients' health status and make sure that the children are safe, healthy and growing properly.

## Program Evaluation

The purpose of program evaluation is to monitor the performance of the *Children First* program and to use data for program improvement. During home visits, nurses collect health-related data on their clients and clients' children. These data are stored in a secure database at the Oklahoma State Department of Health, and are used to prepare evaluation reports.

Unless otherwise indicated: the data utilized in preparing the Oklahoma State Fiscal Year section of the report were collected by Oklahoma's *Children First* program between July 1, 2006 and June 30, 2007. The data presented are for those clients who enrolled during this time period and the percent of missing responses for any reported measure is less than 5%.

Data utilized for the ten-year statistical summary section of the report were collected by Oklahoma's *Children First* program between January 1, 1997 and June 30, 2007. Prior to 2004, program data were entered and stored using Microsoft Access. In 2004, the program began using the Public Health Oklahoma Client Information System (PHOCIS) and converted all prior data into the new system. The different data storage methods and 2004 data conversion must be taken into consideration when examining trends in program data.



How important it is  
for us to **recognize**  
and **celebrate**  
our **heroes**  
and **she-roes!**

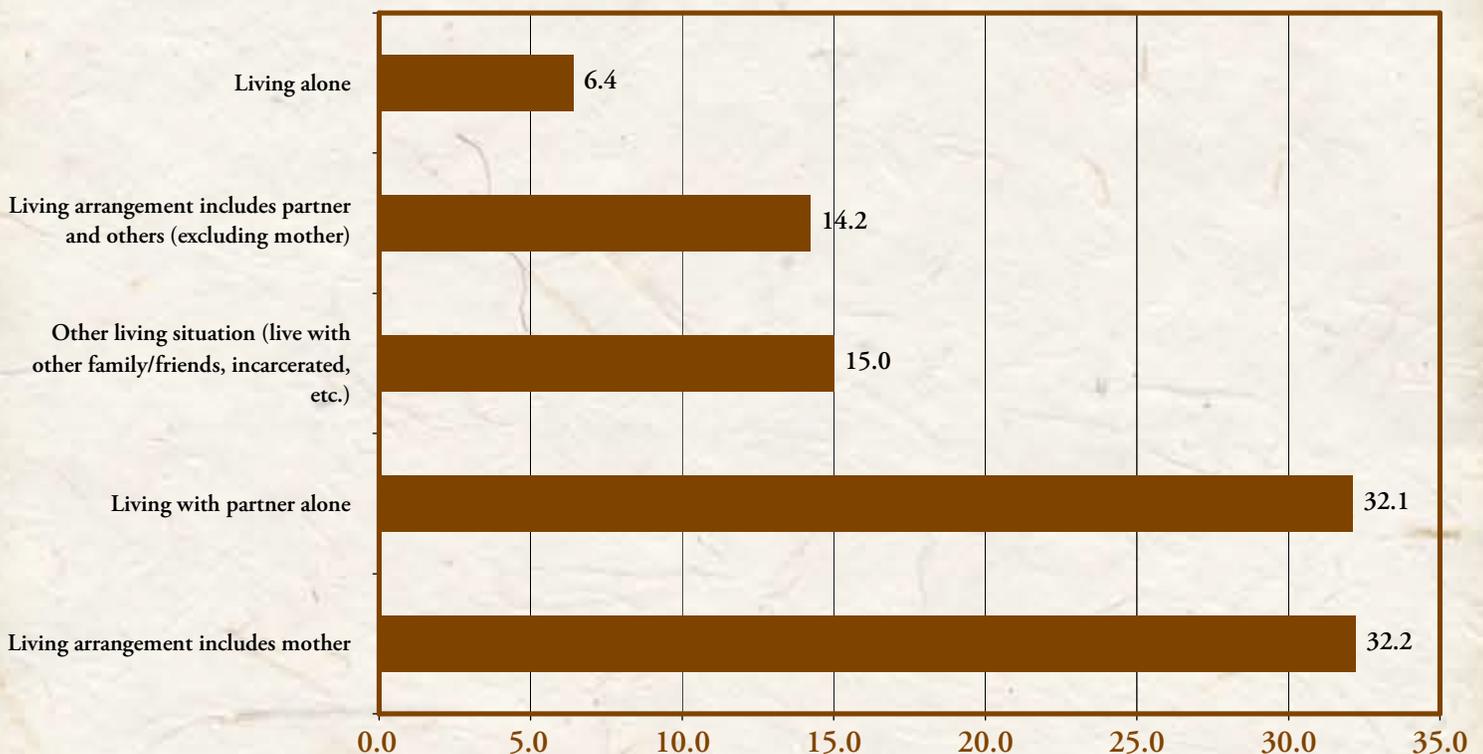
-Maya Angelou

# Required Reporting, SFY 2007

Oklahoma State Statute 63-1-110-1 establishes the *Children First* Fund for the operation of the *Children First* program. Part B of the statute requires the State Department of Health to report certain family characteristics every year. The following meet the reporting requirements as described in this statute for Oklahoma's State Fiscal Year 2007 (July 1, 2006 through June 30, 2007).

- 2,362 new families were accepted into the *Children First* program; Appendix 1 displays this figure for each county
- Women who enrolled in the program in 2004 stayed in the program for 13.1 months, on average, or until the baby was approximately 8 months old
- *Children First* referred ineligible women to other services, including community-based programs funded by the Oklahoma Child Abuse Prevention fund (OCAP) and Oklahoma Parents as Teachers
- 48.5% of new clients were teenagers
- 72.9% of new clients were single, never married
- 32.2% of new clients had a living arrangement which included the client's mother
- 32.1% of new clients had a living arrangement which included only the client's partner
- The average actual program expenditure per family served was \$2,766.61

Figure 2. Living Arrangements of Children First Enrollees, SFY 2007



## *Children First* Activities Summary, SFY 2007

The following figures summarize, in numerical terms, the accomplishments of the *Children First* program across the state of Oklahoma during SFY 2007. These numbers are subject to change from year to year for various reasons that include funding changes, client retention rates, nurse attrition and even the weather!

- *Children First* received referrals for 6,387 pregnant women, most of whom (65%) were referred to *Children First* by WIC or Health Department Family Planning clinics
- *Children First* enrolled 2,362 new clients
- *Children First* completed 44,729 home visits
- *Children First* served 4,809 Oklahoma families
- *Children First* clients delivered 1,533 babies
- *Children First* saw 392 clients stay in the program through the child's 2nd birthday



# True heroism

is remarkably sober,

very undramatic.

It is **not** the urge to

surpass all

others at whatever cost,

but the **urge** to serve

others,

at whatever cost.

*-Arthur Ashe*

# Who Are *Children First* Clients? (SFY 2007)

Research on the Nurse-Family Partnership program has demonstrated that the program has the most benefit for young mothers with low financial, social or psychological resources.<sup>16</sup> In addition, the earlier a mother enrolls in the program during pregnancy, the greater the possibility of positively impacting that birth outcome. Therefore, the *Children First* program strives to enroll young, first-time, low-income mothers prior to the 16th week of pregnancy. Below, the figures present a picture of newly enrolled *Children First* clients during SFY 2007.

## Client Characteristics At Enrollment

- **Age:** 48.5% of new clients were teenagers (19 years old or younger)
- **Marital Status:** 72.9% of new clients were single, never married
- **Education:** 39.4% of new clients had less than a high school education
- **Income:** 52.4% of new clients had a known household income less than \$15,000; 60.6% of new clients were receiving WIC at enrollment\*
- **Race/Ethnicity:** 37.1% of clients reported being a race other than white or Caucasian; 17.1% of clients reported being of Hispanic or Latino ethnicity
- **Unintended Pregnancy:** 63.1% of new clients had an unintended pregnancy
- **Contact with the Baby's Father:** 75.2% of new clients report seeing baby's father on a daily basis

*\*Depicts Clients enrolled between 10/1/2006 and 6/30/2007*

Figure 3. Ages of Children First Enrollees and Fathers, SFY 2007

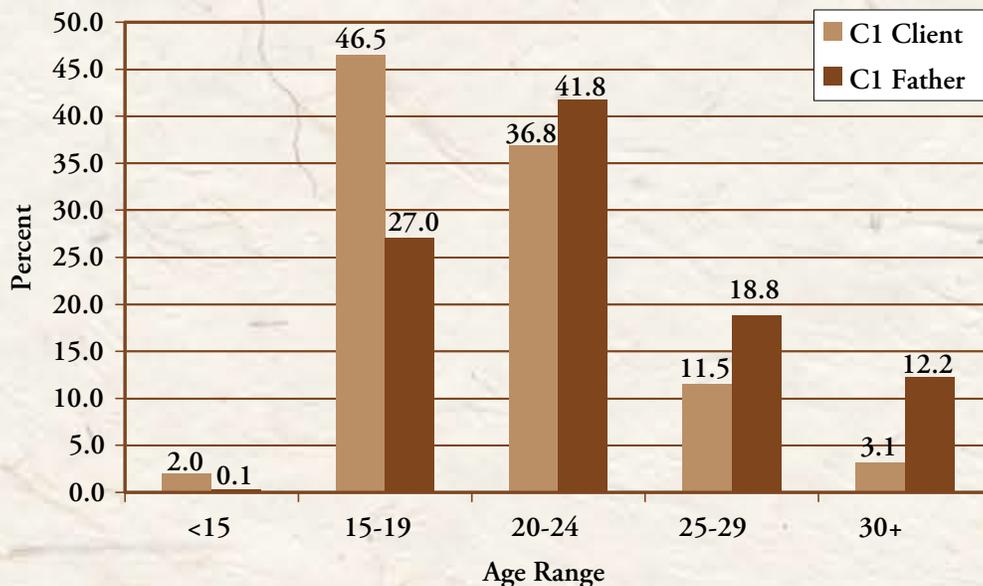


Figure 4. Marital Status of Children First Enrollees, SFY 2007

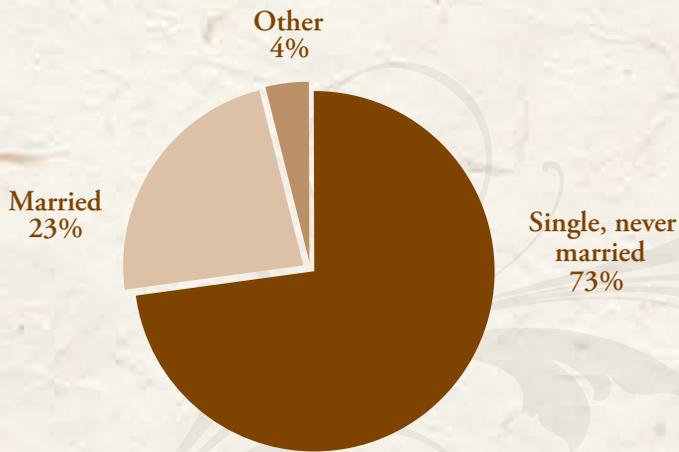


Figure 5. Education Completed by Children First Enrollees, SFY 2007

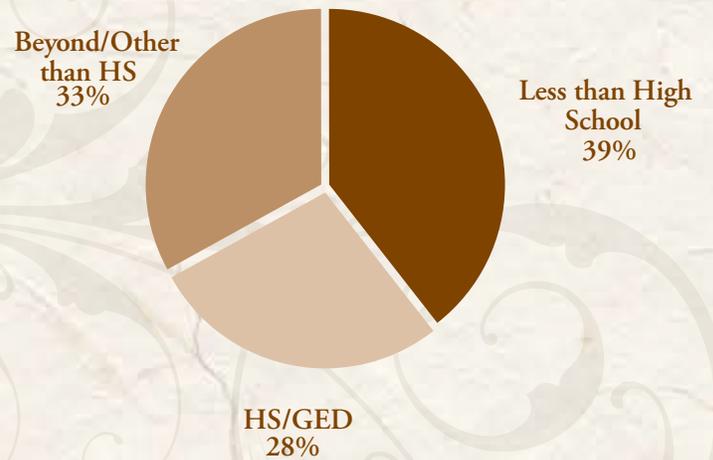
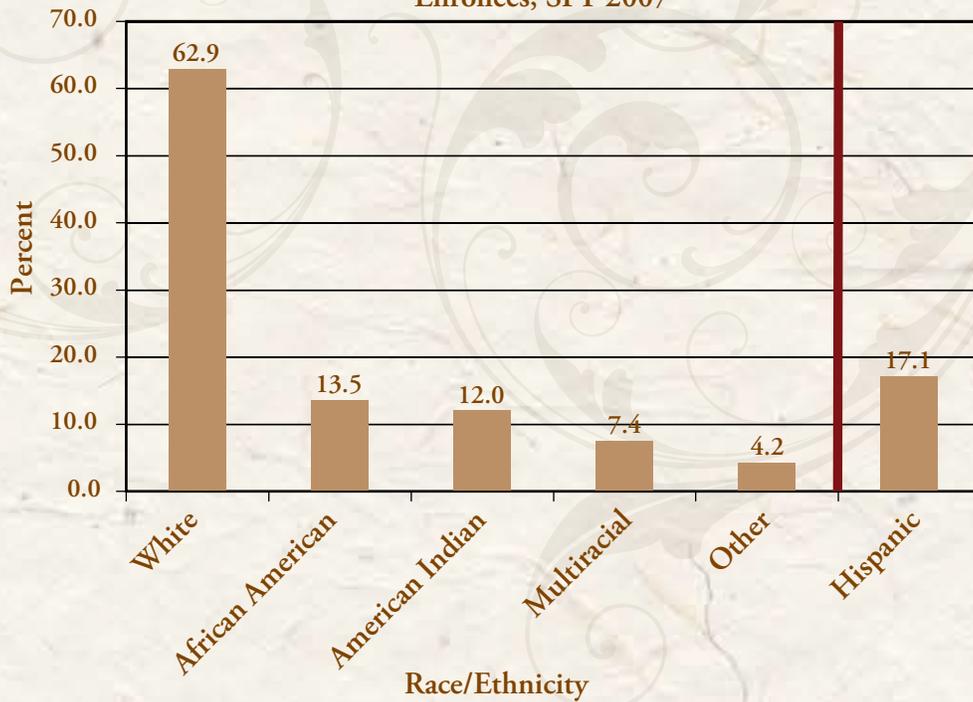


Figure 6. Race and Ethnicity of Children First Enrollees, SFY 2007



## Program Involvement

- On average, new clients were 17.4 weeks pregnant at their 1st or 2nd home visit
- 95.2% of new clients were fewer than 29 weeks pregnant at enrollment
- 38.8% of participating families had the baby's father present during at least one home visit

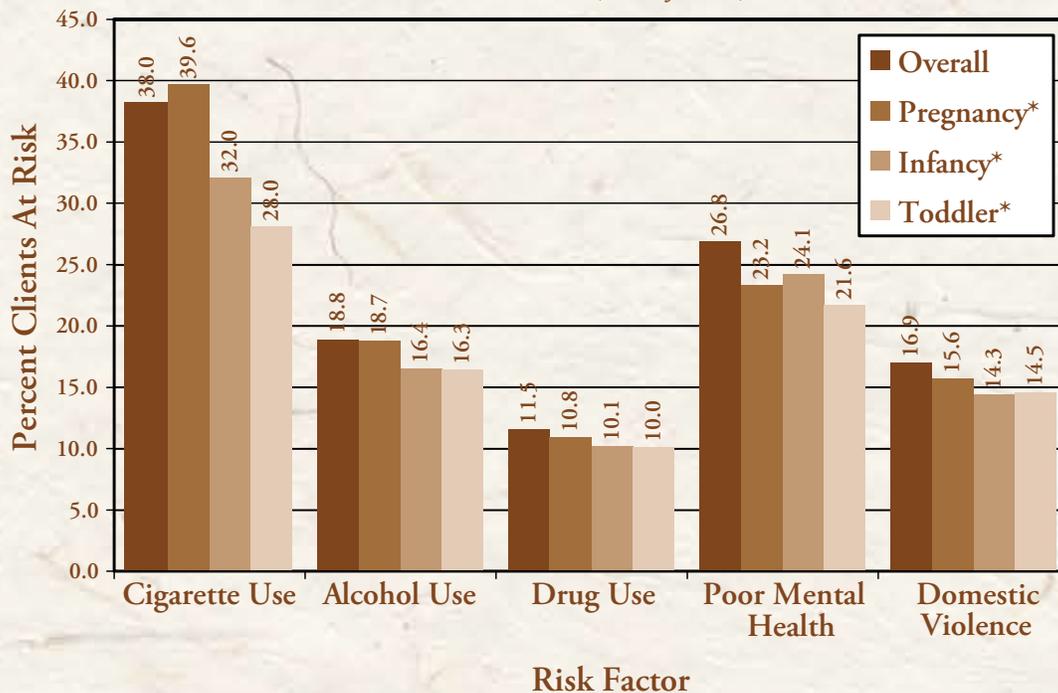
## Risky Behaviors

During every home visit, the nurse assesses the client's risk related to multiple behaviors and conditions. The prevalence of these behaviors and conditions among *Children First* participants is presented in Figure 7. For reference, the following recent statistics present a picture of risk behaviors in the general population of pregnant women:

- 13.1% of women report smoking cigarettes during the final 3 months of pregnancy<sup>4</sup>
- 5.6% women report using alcohol during the final 3 months of pregnancy<sup>4</sup>
- 4.0% of pregnant women ages 15-44 report using illicit drugs in the past month<sup>17</sup>
- 26.2% of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year.<sup>18</sup>
- 3.7% of women report being physically abused by their husband or partner during pregnancy<sup>4</sup>

Figure 7. Nurse-Assessed Risk Status of Participating Children First Clients During SFY 2007

\*Uses data from October 1, 2006-June 30, 2007



# Child Abuse and Neglect Risk

- For participating families with children, the nurse assesses the child’s safety, health and development at each home visit. Of particular interest is the child’s potential risk for experiencing child abuse or neglect. Figure 8 depicts the percent of children in participating families that nurses assess as having been at risk some time during SFY 2007 for child physical abuse, sexual abuse or neglect.

- In addition, *Children First* home visitors are mandatory reporters of suspected child maltreatment and have a greater opportunity to recognize potential maltreatment because of their presence in the home and knowledge of the family. During SFY 2007, *Children First* nurses made 194 reports to the Oklahoma Department of Human Services for suspected child abuse or neglect: 53 cases where the child was not yet born, 8 cases where the child’s age was not given, and 133 cases where the child was in the home. Among those 133 cases, the vast majority of reports were for neglect (See Table 1).

Figure 8. Nurse-Assessed Risk Status of Participating Children During SFY 2007

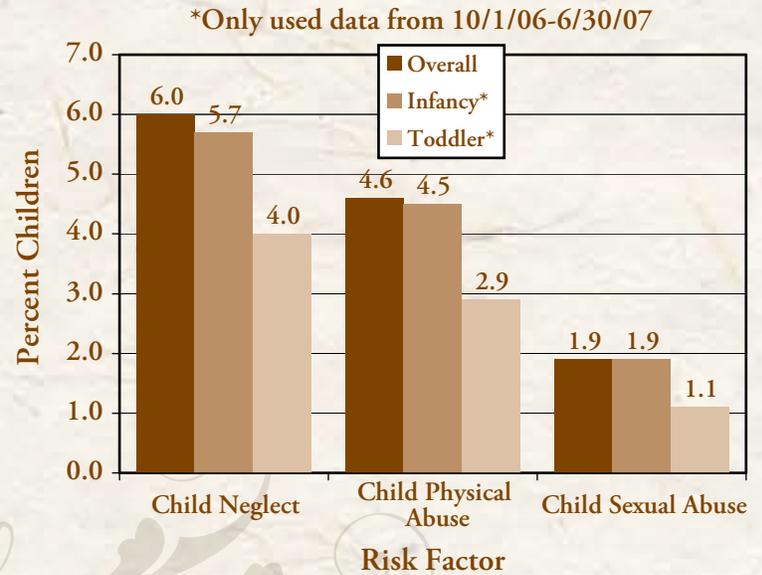


Table 1. Number of Children First DHS Reports by Type of Suspected Abuse, SFY 2007

Type of Suspected Abuse	Children First Reports
Neglect	73
Physical Abuse	15
Sexual Abuse	4
Emotional Abuse	8
Multiple Abuse Types	3
Abuse & Neglect	15
Potential For Abuse or Neglect	10
Domestic Violence	4
Possible Kidnapping	1

# Program Outcomes, SFY 2007

The *Children First* program collects multiple pieces of data in order to examine health outcomes among participants. Ultimately, the program's goals are to have:

1. Good pregnancy outcomes
2. Healthy infant/toddler growth and development
3. Healthy, self-sufficient families

The program collects and reports on the following indicators as objectives or stepping-stones towards achieving the ultimate goals for families.

- **Smoking Cessation:** 53.8% clients who smoked at enrollment quit or reduced smoking by the end of their pregnancy.
- **Breastfeeding Initiation:** 80.6% of clients who had babies initiated breastfeeding; the most recent figure for the general population of Oklahoma moms shows a 68.9% breastfeeding initiation rate.<sup>19</sup>



Figure 9. Smoking Status at 36 weeks gestation among clients who smoked at intake, SFY2007 (N=595)

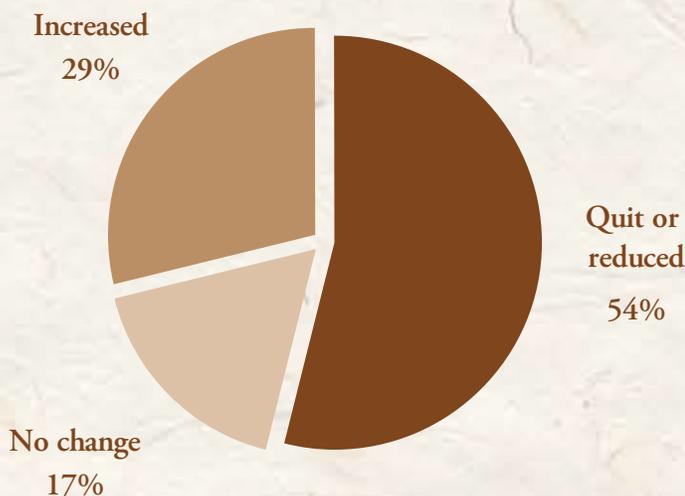
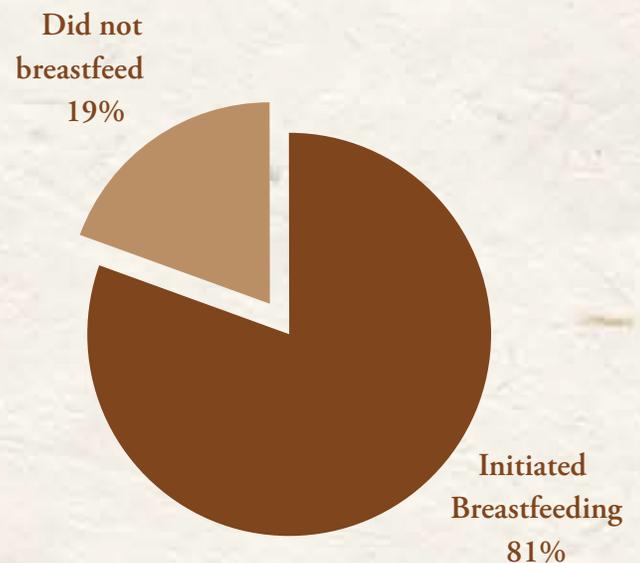


Figure 10. Breastfeeding Initiation of *Children First* Clients, SFY 2007 (N=1,227)

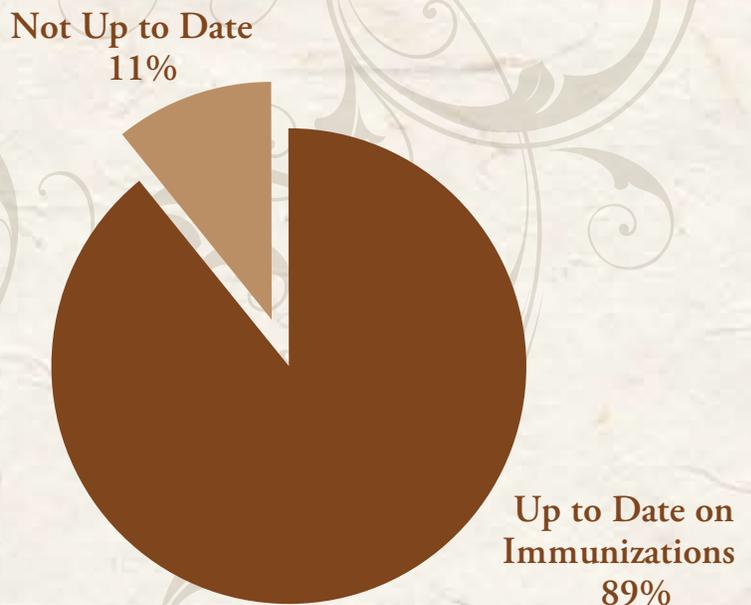


- Low Birthweight and Preterm Births:** Babies who are born too small (low birth weight) or too early (preterm) are at increased risk for short-term and long-term health complications as well as infant death. Table 2 shows the percentage of *Children First* infants born low birthweight or preterm compared to all first-time births in Oklahoma. It is important to note that the rates for all Oklahoma first-time births include women of varying risk, while *Children First* clients are more likely to be higher risk in terms of income, education, age and social support.
- Immunizations:** 89.1% of children were up to date on their immunizations. Approximately 74.6% of Oklahoma children are fully immunized by the age of two. <sup>20</sup>
- Adequate Prenatal Care:** 90.0% of women who enrolled in *Children First* during their first trimester completed 10 or more prenatal care visits during pregnancy.

Table 2. Percent of Infants Born with Low Birthweight or Preterm, Oklahoma <i>Children First</i> Program vs. All First-Time Oklahoma Births		
	Percent <i>Children First</i> Births, SFY07	Percent First-time Oklahoma Births, 2004-2006
Very Low Birthweight (<1,500g)	1.9	1.4
Low Birthweight (1,500-2,499g)	7.2	6.7
LBW+ VLBW	9.1	8.1
Very Preterm (<32 weeks)	2.2	1.7
Preterm (32-36 weeks)	8.3	9.0
Preterm + Very Preterm	10.5	10.7



Figure 11. Immunization Status of *Children First* Clients' Children, SFY 07 (N=2,457)





Everybody's  
searching for  
a hero;

People need someone  
to look up to.

-From "The Greatest Gift of All"  
sung by Whitney Houston

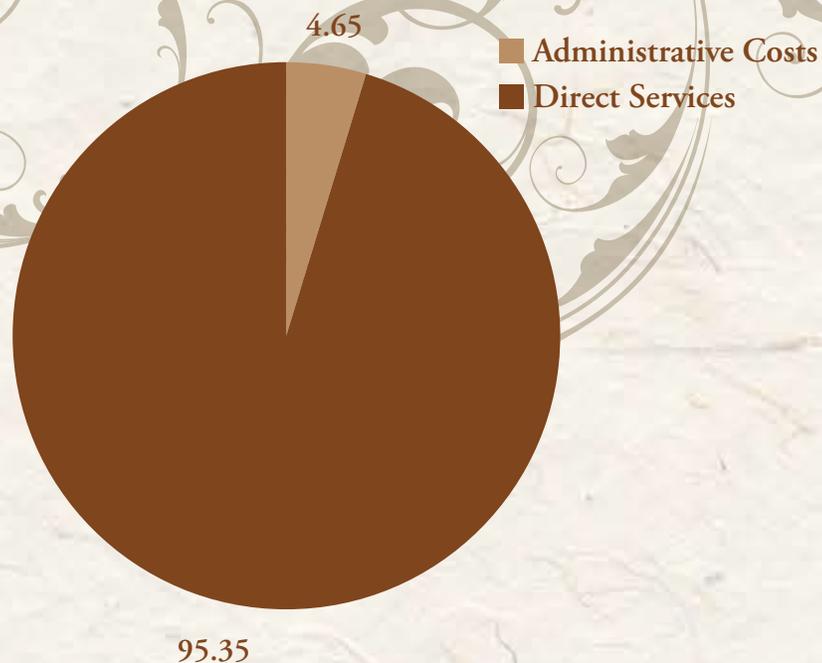
- **Maternal Education and Employment:** In 2007, the *Children First* program conducted a brief study, which looked at mothers who enrolled in the program in 2004, and their socioeconomic outcomes 12 months postpartum. This study found that clients were more likely at 12 months than at Intake to:
  - ◇ Be married or living with their current husband/partner
  - ◇ Have completed 12 years of education
  - ◇ Be working, particularly full-time
  - ◇ Be accessing food stamps, housing assistance, Medicaid and TANF

In addition, 56.7% of clients enrolled in grade school at Intake either advanced a grade or graduated from high school by 12 months postpartum; 15.1% of clients not enrolled in any type of school at Intake had enrolled in school by 12 months postpartum; and 27.4% of clients who had never worked at Intake entered the workforce by 12 months postpartum.

# Children First Costs and Expenditures, SFY 2007

Salary and Fringe (Central Office)	\$497,183.21
Travel	\$20,088.28
Contractual	\$31,652.94
Supplies	\$2,828.63
Equipment	\$1,232.04
Other	\$43,488.86
Data Processing	\$22,008.65
Total Administrative Costs (Program Support)	\$618,482.61
Total Expenditures (Direct and Support)	\$13,304,621.75
Expenditure per family served	\$2,766.61

Figure 12. Percent of Expenditures by Type, Children First Program, SFY 2007



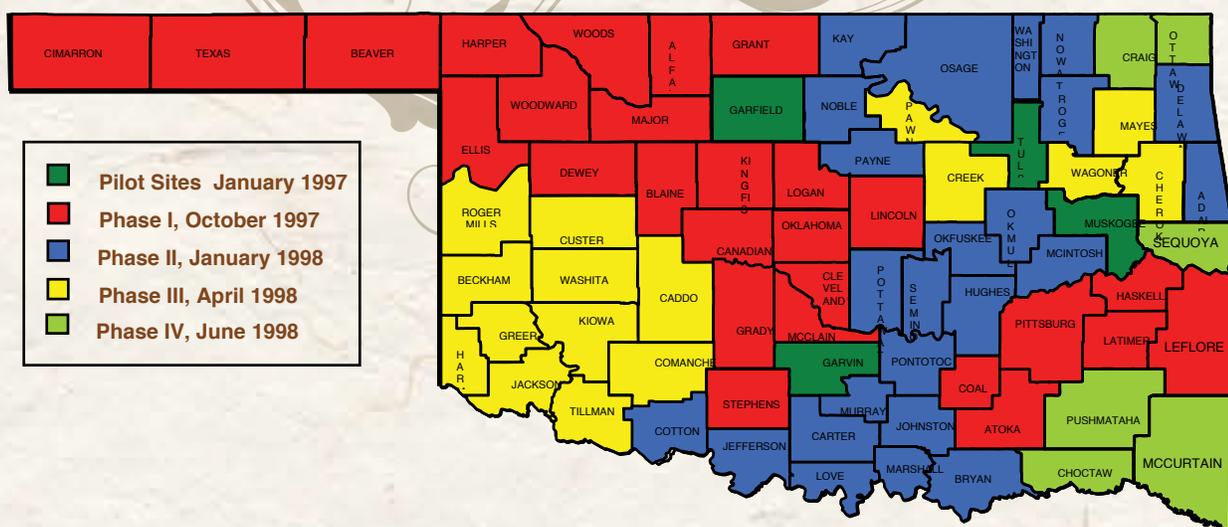
Note: Reported costs and expenditures are based on validation estimates. This means that it includes time and effort from OSDH employees who are not paid directly from the *Children First* budgets but who performed *Children First* services. The *Children First* program received \$11.55 million in funding from the State of Oklahoma during SFY 2007. The program generates additional revenue from services provided to Medicaid-eligible clients.

# A Decade of Putting *Children First*

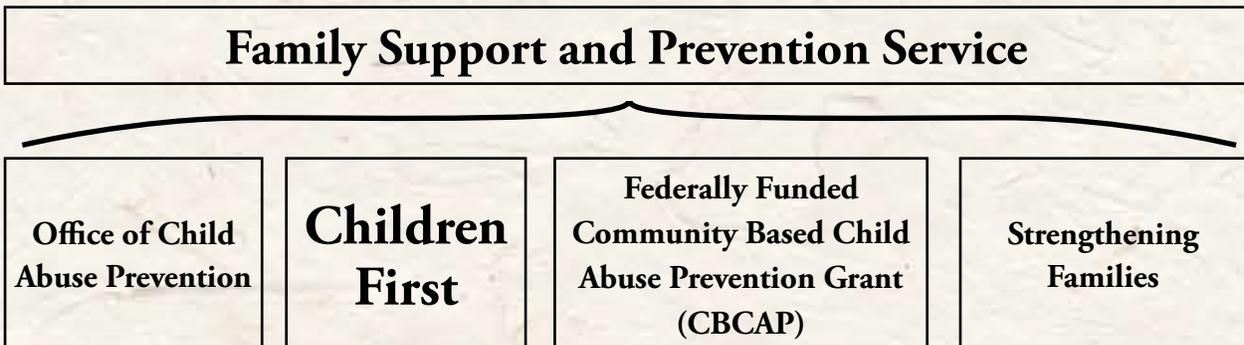
In 1996, after searching for an evidence-based model to reduce child abuse and neglect, the state of Oklahoma decided to implement the Olds, Nurse Family Partnership (NFP), Model utilizing the County Health Department system. This model represents a highly refined approach to the long-established public health practice of home visiting. It was designed to impact the health and well being of a mother during her first pregnancy and parenting experience, with the effects being seen for future children.

In February 1997, four pilot sites with 22 nurses were funded in Garfield, Garvin, Muskogee and Tulsa Counties. By October 1998, services were available in all 77 counties and by 1999, over 270 positions were budgeted to provide services in Oklahoma (Figure 13). Due to budget reductions in SFY 2003, the number of home visitors decreased to its current level of 170 budgeted positions.

Figure 13. Map of *Children First* Counties by Phase-In Date



*Children First* is administered through the Oklahoma State Department of Health, Family Health Service. The Program is funded through state appropriations, the federal Community Based Child Abuse Prevention grant (CBCAP), and reimbursement for providing case management services. In 2003, *Children First* and the Office of Child Abuse Prevention were combined into one service – The Family Support and Prevention Service. Through collaboration with other Public Health services, *Children First* is improving pregnancy outcomes, child health and development and family self-sufficiency.



# A Decade of Service By The Numbers

Not only is the existence of a public health program for ten years impressive in and of itself, the numbers have added up over the years to present an astonishing picture. Consider this: You could not fit all of the *Children First* families served over the years into downtown Oklahoma's Ford Center, which seats over 19,500 people! Consider these other interesting facts about *Children First* over the past decade:

- 624 registered nurses have served as either home visitors or lead nurses for the *Children First* program
- Nurses have completed 572,338 home visits to 28,951 Oklahoma families
- 19,092 infants were born into the *Children First* program, including 60 sets of twins and 2 sets of triplets
- 4,269 families stayed in the program until the child was 2 years old
- The program has consistently served a greater proportion of minority populations than are represented in the general population of Oklahoma
- Among all families ever enrolled in the program, the average length of enrollment was 13.4 months (or until the child is about 8 months old)\*
- The *Children First* program has served...
  - ◇ 1 out of every 10 first-time births in Oklahoma
  - ◇ 1 out of every 5 first-time income-eligible births in Oklahoma

*\*Excludes clients who only had one home visit*



# A Decade of Heroes: A Portrait of *Children First* Nurse Home Visitors

Rather than just focusing on the *Children First* data and numbers, you have to go beyond the numbers to truly understand what makes the program work: It is the nurses and the relationships they sustain with their clients. Over a two-year period, nurses become many things for their clients – a community link, a confidant, a sounding board, a support person, a champion, a cheerleader, a reliable fixture and beacon of hope – in sum, a hero. A strong nurse-client relationship increases the likelihood that the client, in turn, will become a hero to her family and children.

## What it Means To Be a *Children First* Nurse

*Children First* utilizes licensed registered nurses to provide home visitation services. At hire, the typical *Children First* nurse has an Associates Degree in Nursing and over four years in maternal and child health related nursing experience. Over 35% of nurse home visitors have a BSN or above. Throughout our ten years we have observed that many nurses return to school for their BSN. Although nurses provide direct services, *Children First* utilizes all Health Department Services and Community Agency resources needed to meet their client's needs.

Because nursing experience varies, the Program offers training opportunities for nurses to increase competencies in providing services through home visits. Nurses receive training in topics including:

- Theories and Principles on which the NFP Model is based
- Adoption
- Attachment
- Breastfeeding
- Domestic Violence
- Grief
- SIDS
- Substance Abuse
- Car Seat Safety
- Child Abuse and Neglect
- TANF/Medicaid
- Case Management
- Cultural Competency

Nurses also receive a review of maternal health, child health and infant and toddler assessment to assist them in providing brief health assessments. In order to help assess parent-child interactions and promote attachment, nurses are trained to utilize the Partners in Parenting Education (PIPE), NCAST: Feeding and Teaching Scales and Keys to Caregiving. Nurses employed one year or more are required to attend 12 hours of continuing education annually.

*Children First* Nurses are experts at navigating the terrain and attempting to locate clients. Each nurse home visitor drives at least 2,000 miles each year making home visits to families (not including attempted visits or no-shows). Each quadrant of the state has its own obstacles that impact travel time from dirt roads to “chicken-trucks,” lumber trucks and farm equipment. Time from the duty station to the visit may take as long as an hour for some of the nurses in rural settings.

Delivering services in the home (client's turf) offers the nurse an opportunity to individualize the education content and approach. Although nurses utilize well-developed visit guidelines, they understand that the client is the expert on her own life and works with her to set the visit agenda. The client ultimately controls the visit frequency and length. Nurses employ many different strategies to maintain access to the family and keep them engaged during the intervention.

## Spotlight: Pilot Nurses

When the program began in 1997, 22 nurses began working with the pilot program sites. Three of these nurses still work for the *Children First* program ten years later. We asked them to share some of their thoughts, looking back on a decade of service and looking forward to the future of the program

"I wanted to work with *Children First* because I wanted to make a difference in teen moms' lives; I was once a teen mom. I wanted to provide them with skills I never received. I love working with the clients. Once, while on a visit with a home visitor, we were trying to get a mentally challenged mom to bond more with her baby. I noticed how she was holding her kitten and stroking it gently and I encouraged her to do the same with the baby. On our next visit, I noticed the mom embracing her baby with a more gentle touch. It is so rewarding when you know you make a difference in a mother and child's life."

Linda Hitchye, Lead Nurse, Muskogee and Sequoyah Counties  
10 Years *Children First* Service



"I had always wanted to be a community health nurse. I wake up every morning and want to go to work. When I hire someone new, the first question I ask them is: How do you feel about change? I see the program as a caterpillar morphing into a beautiful butterfly. I would like people to know that in the *Children First* program, we make a difference, we make life a better place."

Bobbie Smith, Lead Nurse, Garfield, Major, Alfalfa,  
Grant and Woods Counties, 10 Years *Children First* Service



"I want people to know that this is an evidence-based, proven model of home visitation. Over the next ten years, I hope the program continues to grow or at least return to peak staffing numbers. I'd also like to see the program go as paperless as possible, and to see formal marketing for the program put into place. I could not think of a finer group of professionals to work with. I am truly blessed to be surrounded by an awesome group of nurses. This work is life changing for both the families and the nurses!!!"

Cathy Sullivan, Supervising Nurse, Tulsa County  
10 Years *Children First* Service





## Facing the Challenges Ahead

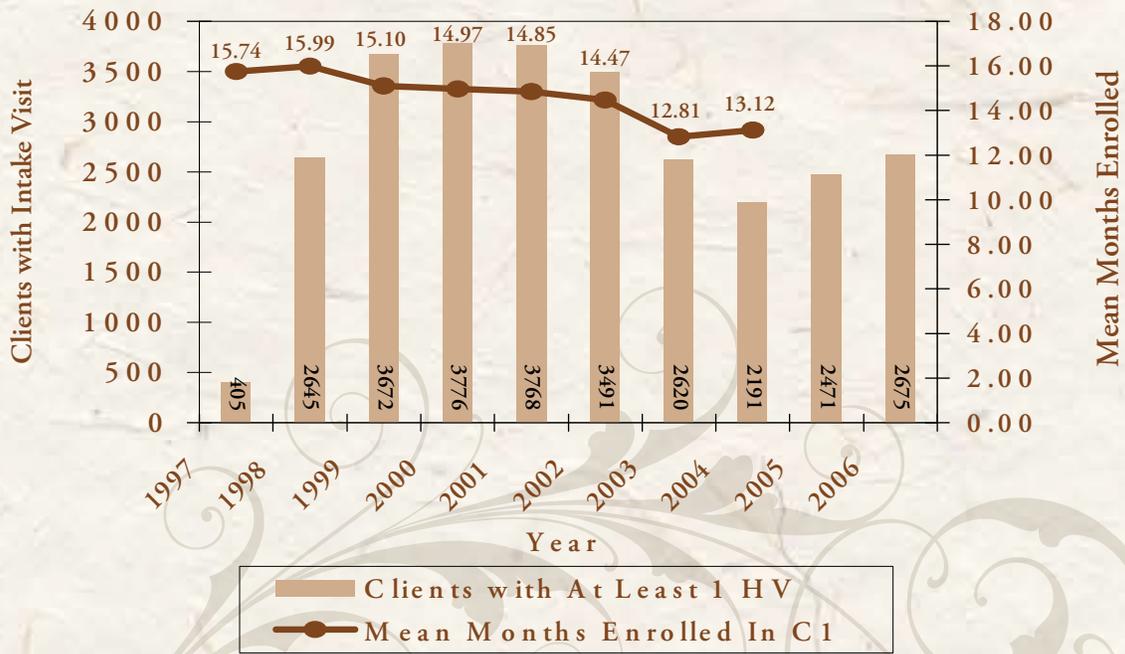
During its ten years of implementation, the *Children First* program has faced and met multiple challenges, including real and threatened funding cuts, staffing reduction, changes in eligibility criteria and changes in billing procedures. Through these challenges, the program has continued to be able to offer high-quality nurse home visitation services to Oklahoma families.

Data from the past ten years give some idea as to what challenges lay ahead. At the height of *Children First* funding, the program served over 1,000 more families per year than it does today [See Figure 14]. One major challenge is to secure additional funding to bring the level of service back to that peak amount and serve more families. At the same time, the program must contend with the challenge of increasing implementation costs, including travel costs and nurse salaries.

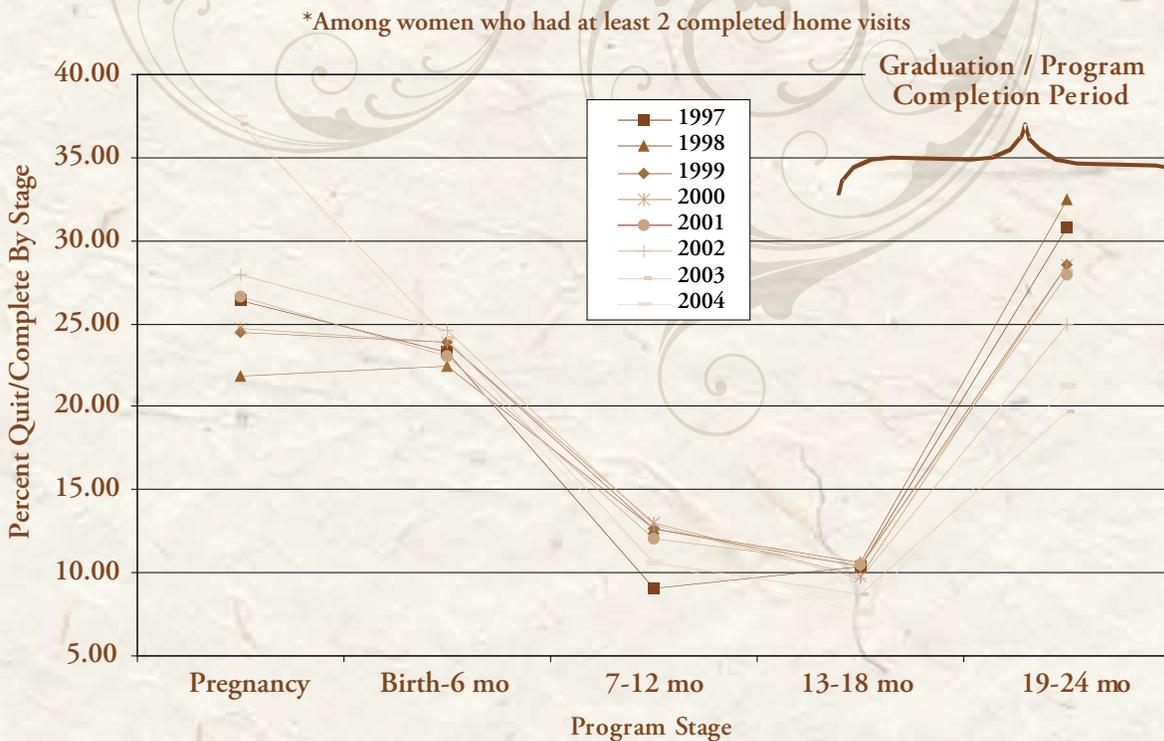
In addition, data reveal that the program has too many clients drop out of the program during the first six months after the baby is born [See Figure 15]. It is a challenge to the program to investigate and invest in ways to promote client retention during that critical time period. As part of this effort, the program will continue to participate in the retention project with the National Nurse-Family Partnership Service Office ([www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)).

Finally, the program collects rich data on participants while they are in the *Children First* program. However, the program is challenged with partnering with other agencies and sharing data in order to present a richer portrait of the program's benefits for participating families.

**Figure 14. New Clients and Mean Months Enrolled in *Children First*, 1997-2006**



**Figure 15. Program Stage When Family Quit or Completed *Children First* by Year of Enrollment, 1997-2004**



## *Children First: Research and Evaluation Findings Throughout the Years*

The *Children First* program uses the Nurse-Family Partnership model, which has a long history of strong research-based evidence that the program is effective. During the ten years of *Children First* program implementation, *Children First* data have been used, both internally and externally, to show effectiveness at benefiting Oklahoma families.

In 2004, Dr. Helene Carabin and colleagues at the University of Oklahoma Health Science Center published a study that showed *Children First* to be effective at preventing very preterm and very low birth weight births and reducing infant mortality among participants, when compared to a retrospective comparison group.<sup>21</sup>

In addition, internal analyses of data from the *Children First* program have shown notable, consistent positive outcomes, including:

- High immunization rates among enrolled children
- Significant reduction in smoking during pregnancy among participating women
- High rates of breastfeeding initiation when compared to state rates
- An infant mortality rate that is approximately one-half of the rate for other first-time births in Oklahoma

In the next ten years of providing service, *Children First* will strive to continue utilizing the data it collects to continually assess and improve the quality of service provision and to evaluate the benefits of the program for participating families.



## Children First: Saving Taxpayer Money

In all government-funded activities, it is of the utmost importance to retain good stewardship with taxpayer money. Those charged with protecting and promoting the public good within government entities must choose programs that are a wise investment. Typically, an activity is considered a wise investment of public dollars if the activity provides a high return on the invested money, ultimately saving taxpayer money in the long run.

The Nurse-Family Partnership home visitation model has been recognized as a cost-effective program by multiple entities:

- The RAND Corporation, in a 1998 report, said that the Nurse-Family Partnership program saves government money by increasing tax revenues; decreasing government assistance; decreasing expenditures in education, health and other services; and decreasing spending in the criminal justice system. <sup>22</sup>
- In 2004, the Washington State Institute of Public Policy showed NFP to be the most cost-effective model for early childhood intervention, providing a net return to government of \$17,180 per family served, or a \$2.88 return for every \$1.00 invested in the program. <sup>23</sup>
- In 2005, the RAND corporation published a study saying that the NFP program saved more money in high-risk populations, with approximately \$5.70 saved for every \$1.00 invested. <sup>24</sup>

For the three past state fiscal years (2004 to 2006), the *Children First* program spent \$35.7 million to provide needed services to Oklahoma families. Using the Washington State Institute for Public Policy cost savings estimate, this service saved the State of Oklahoma over \$102.6 million during these three years.

Everything that can be  
counted does not necessarily  
count; everything that counts  
cannot necessarily be counted.

-Albert Einstein



## Appendix 1. *Children First* Statistic Summary by County, SFY 2007

Country	Referrals	Enrollees	Enrollment Rate	Completed Visits	Families Served	Live Births	Graduates
Adair	54	15	27.8	259	33	7	4
Alfalfa	7	1	14.3	13	1	0	0
Atoka	42	7	16.7	216	17	9	0
Beaver	10	5	50.0	102	7	3	0
Beckham	68	21	30.9	479	57	18	8
Blaine	37	21	56.8	557	45	12	7
Bryan	201	86	42.8	1,022	140	34	6
Caddo	58	14	24.1	335	40	14	6
Canadian	82	33	40.2	773	72	37	3
Carter	81	39	48.1	583	72	20	5
Cherokee	35	33	94.3	728	71	21	5
Choctaw	59	10	16.9	110	22	3	0
Cimarron	0	0	N/A	0	0	-	0
Cleveland	241	106	44.0	2,483	212	79	17
Coal	29	13	44.8	195	19	10	0
Comanche	289	47	16.3	1,381	140	34	14
Cotton	22	7	31.8	239	20	8	3
Craig	33	15	45.5	242	26	8	1
Creek	153	31	20.3	263	35	6	1
Custer	69	14	20.3	356	32	11	1
Delaware	46	18	39.1	331	38	13	2
Dewey	0	0	N/A	0	0	-	0
Ellis	5	2	40.0	0	5	0	1
Garfield	233	75	32.2	1,154	152	51	15
Garvin	96	28	29.0	251	38	11	0
Grady	93	38	40.9	497	54	17	2
Grant	1	1	100.0	24	2	1	0
Greer	19	5	26.3	133	12	4	0
Harmon	12	2	16.7	60	6	3	0
Harper	10	5	50.0	156	12	4	1
Haskell	34	4	11.8	161	16	7	2
Hughes	30	8	26.7	103	16	5	1
Jackson	92	41	44.6	558	81	23	5
Jefferson	13	5	38.5	108	10	2	1
Johnston	31	13	41.9	142	21	6	0
Kay	126	29	23.0	587	52	29	8
Kingfisher	47	24	51.1	773	61	22	8
Kiowa	50	14	28.0	187	21	6	1
Latimer	34	10	29.4	155	21	8	1
LeFlore	143	62	43.4	1,199	111	34	7
Lincoln	85	34	40.0	689	69	20	7
Logan	158	77	48.7	1,082	119	25	9

**Appendix 1. Children First Statistic**  
**Summary by County, SFY 2007 (continued)**

Love	19	3	15.8	92	13	5	2
Major	10	4	40.0	109	16	8	0
Marshall	43	20	46.5	269	37	9	2
Mayes	62	26	41.9	483	51	17	6
McCain	33	12	36.4	344	23	9	2
McCurtain	9	4	44.4	516	4	3	0
McIntosh	128	50	39.1	460	74	16	2
Murray	65	16	24.6	305	38	17	6
Muskogee	50	19	38.0	919	36	10	8
Noble	65	54	83.1	64	111	27	0
Nowata	18	1	5.6	0	6	2	0
Okfuskee	25	6	24.0	76	11	4	1
Oklahoma	526	247	47.0	5,072	517	186	44
Okmulgee	56	12	21.4	431	44	17	6
Osage	1	0	0.0	0	0	0	0
Ottawa	84	32	38.1	714	73	20	10
Pawnee	64	30	46.9	405	36	16	0
Payne	86	32	37.2	987	88	23	17
Pittsburg	122	56	45.9	1,019	128	50	5
Pontotoc	71	21	29.6	641	68	16	12
Pottawatomie	201	47	23.4	626	82	23	4
Pushmataha	29	2	6.9	53	9	1	0
Roger Mills	6	2	33.3	50	3	3	0
Rogers	114	36	31.6	566	83	27	7
Seminole	81	37	45.7	376	49	11	1
Sequoyah	110	44	40.0	993	105	28	11
Stephens	140	25	17.9	262	33	12	1
Texas	64	23	35.9	461	55	26	2
Tillman	33	10	30.3	206	16	9	0
Tulsa	869	389	44.8	8,245	851	261	83
Wagoner	86	28	32.9	423	55	15	2
Washington	85	31	36.5	378	54	15	1
Washita	15	3	20.0	117	10	4	3
Woods	20	2	10.0	25	8	1	0
Woodward	68	23	33.8	396	37	15	0
Unknown	-	-	-	-	-	-	1
	<b>Referrals</b>	<b>Enrollees</b>	<b>Enrollment Rate</b>	<b>Completed Visits</b>	<b>Families Served</b>	<b>Live Births</b>	<b>Graduates</b>
<b>TOTALS</b>	<b>6,386</b>	<b>2,362</b>	<b>37.0</b>	<b>44,729</b>	<b>4,809</b>	<b>1,533</b>	<b>392</b>

## Appendix 2. *Children First* Statistic Summary by County, 1997-2007

County	Home Visits	Families Served	Births
Adair	5,824	244	169
Alfalfa	238	11	7
Atoka	2,727	168	104
Beaver	1,880	94	63
Beckham	4,872	241	154
Blaine	5,448	224	165
Bryan	8,161	494	267
Caddo	6,196	319	217
Canadian	21,498	573	410
Carter	8,351	422	291
Cherokee	9,190	459	297
Choctaw	4,910	259	181
Cimarron	265	11	11
Cleveland	27,599	1,271	899
Coal	2,100	115	75
Comanche	25,262	1,263	840
Cotton	1,239	58	41
Craig	4,085	156	116
Creek	6,256	409	227
Custer	5,265	256	158
Delaware	6,965	293	204
Dewey	351	13	15
Ellis	442	25	15
Garfield	16,608	856	584
Garvin	6,902	309	220
Grady	8,660	320	239
Grant	519	21	16
Greer	1,447	77	57
Harmon	1,273	69	46
Harper	651	36	29
Haskell	2,211	129	88
Hughes	2,510	169	96
Jackson	11,325	554	377
Jefferson	1,451	98	50
Johnston	1,752	145	65
Kay	10,083	481	313
Kingfisher	6,103	254	186
Kiowa	3,353	178	126
Latimer	1,819	110	60
LeFlore	12,796	559	413

## Appendix 2. *Children First* Statistic Summary by County, 1997-2007 (Continued)

Lincoln	8,141	385	243
Logan	10,118	528	287
Love	1,572	96	67
Major	1,123	65	38
Marshall	2,828	151	88
Mayes	3,903	239	144
McClain	2,261	122	79
McCurtain	5,301	378	201
McIntosh	4,553	249	155
Murray	2,639	130	95
Muskogee	14,726	777	486
Noble	1,776	62	46
Nowata	65	6	2
Okfuskee	1,144	96	47
Oklahoma	60,539	3,291	2,202
Okmulgee	6,882	354	240
Osage	754	43	31
Ottawa	8,358	348	248
Pawnee	3,053	169	110
Payne	15,757	609	452
Pittsburg	14,919	727	482
Pontotoc	6,247	396	220
Pottawatomie	10,407	575	345
Pushmataha	1,434	94	52
Roger Mills	192	16	10
Rogers	9,131	485	312
Seminole	6,861	402	209
Sequoyah	10,715	478	317
Stephens	5,594	250	162
Texas	5,743	308	209
Tillman	1,817	144	61
Tulsa	85,478	4,270	2,798
Wagoner	5,194	281	160
Washington	4,018	251	140
Washita	1,542	59	44
Woods	3,085	137	90
Woodward	3,604	234	146
Unknown	1,277	3	183
	Home Visits	Families Served	Births
TOTAL	572,338	28,951	19,092

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