

Annual Report, State Fiscal Year 2009

NURTURING strong families



Children First
Oklahoma's Nurse-Family Partnership

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Dear Reader,

I am happy to present to you the Children First Annual Report for SFY 2009. This report summarizes our effort to provide services to first-time pregnant women who are young, with low incomes, often single and with few economic and social resources. Activities outlined in the report represent our efforts to prevent child abuse and neglect and improve the health and well-being of Oklahoma families by using the Nurse-Family Partnership (NFP) Model.

By utilizing the NFP model with fidelity, Children First has been able to show positive outcomes. Client successes are directly linked to services provided by our nurse home visitors and a few of those successes are highlighted in this report. I commend our staff of dedicated professionals who are making a difference in the lives of Oklahoma children and families.

Thank you for another year of supporting Children First, Oklahoma's Nurse-Family Partnership.

Mildred Ramsey, RN, MPH
Director, Children First

NURTURING beginnings



KRISTI AVERS, Lincoln County

Parenthood can seem like an overwhelming task to many first-time mothers. Children First client Kristi Avers was one of the scores of women who worry about adjusting to pregnancy and impending motherhood.

Kristi's nurse home visitor recognized her anxiety and imparted the knowledge necessary to help Kristi feel more competent. "My C1 nurse Judy Bishop re-instilled a level of confidence in myself that I had lost when I found out that I was pregnant," explains Kristi. "She knew I was not dealing well with the fact that I was going to have a baby and she didn't overwhelm me at all; instead she listened to my fears and helped me to better prepare myself for parenthood."

Judy's objective and knowledgeable responses to Kristi's questions helped put her at ease with her transformation into parenthood and reassured Kristi she could be successful. "She took the time to encourage me to be the best mom that I could be," says Kristi. "Not only did Judy give me a sense of accomplishment, but she was there to answer any questions I had about how my child was developing. Enrolling in the Children First program not only helped me grow as a mother, but also helped me grow as an individual."

Kristi and her daughter Abbi graduated from the program four years ago. She is now the Women, Infants and Children (WIC) Breast-feeding Peer Counselor at the Lincoln County Health Department and is currently pursuing a degree in elementary education.

PROGRAM DESCRIPTION:

History

Children First was created in 1996 with the goal of reducing child abuse and neglect throughout the state. To accomplish this, Oklahoma chose to implement the Nurse-Family Partnership (NFP) model of nurse home visitation services. This evidence-based model, founded by David Olds, PhD, has been researched for over 30 years and proven to deliver beneficial multi-generational outcomes and reduce the costs of long-term social service programs.¹

In 1997, the program was piloted with 22 nurses in four counties: Garfield, Garvin, Muskogee and Tulsa. By October 1998, the program, delivered through Oklahoma's county health department system, had expanded statewide to serve clients in all 77 counties. At its peak in 2002, funding for Children First supported 270 nurse positions. Budget cuts have reduced funding to a level that currently supports 136 nurses. Currently, Children First serves over 4,500 families annually. During its 12 years in existence, Children First has served over 33,000 Oklahoma families.

Services

The Children First program provides nurse home visitation services to pregnant women and their families during pregnancy and up to two years after the child is born. Clients

receive regular weekly or bi-weekly home visits from a registered nurse. During these visits, nurses:

- Assess clients' health status and socioeconomic needs;
- Assess child health and development;
- Provide education and information so clients know what to expect in the months ahead;
- Provide support and encouragement as clients strive to reach personal goals; and
- Connect clients with any community resource they may need to achieve their goals.

Nurses work collaboratively with providers to achieve goals related to improving birth outcomes and child health. Services provided by nurse home visitors do not replace those of the primary care provider.

Enrollment Criteria

Women participating in the Children First program must meet the following criteria:

- The participant must be a first time mother;
- Household income must be at or below 185% of the Federal Poverty Level; and
- The mother must be less than 29 weeks pregnant at enrollment.

Participation in Children First is voluntary. There is no obligation for participants to continue for a set time frame. Children First mothers benefit from the therapeutic relationship with their nurse home visitor over a longer time period.

Mission

The mission of Children First is to empower first-time eligible families to care for themselves and their babies by providing information and education, assessing health, safety and development and providing linkages to community resources, thereby promoting the well being of families through public health nurse home visitation, ultimately benefiting multiple generations.

Goals

- Achieve positive pregnancy outcomes
- Achieve positive child health and development
- Improve families economic self-sufficiency

Objectives

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



CLIENT DEMOGRAPHICS, SFY 2009

The transition to parenthood can be difficult. Women who are becoming mothers for the first time and who also have few health, economic, and social resources are shown to have higher rates of child maltreatment and poorer birth outcomes. Home visitation programs are considered the "gold standard" for the prevention of child abuse and neglect in vulnerable populations. The following demographics reflect the status of the mother at enrollment unless otherwise indicated.

Income

Children First requires participants to have a household income at or below 185% of the federal poverty level. This dollar amount varies based on the number in each household. For a single woman living alone, an income of \$20,085 annually would meet the Children First eligibility requirements. For a couple expecting their first baby, this number increases to \$26,945.

Nearly half (49.2%) of enrollees had an annual income less than \$15,000. About one fourth of clients made between \$15,000 and \$30,000 per year. Approximately 19% of program participants did not know their annual household income, most of whom were teenagers. (See Figure 1)

Age

Over sixty percent of first time births in Oklahoma were to women aged 20 to 29 years. 13.8% of all Oklahoma births were to moms aged 19 and under.

43.5% of Children First moms were 20-29 years old at enrollment. Over half (51.8%) of Children First participants were teenagers under 19 years of age. Less than 5% of moms were over the age of 30. The age of Children First moms ranged from 13 to 40 with an average age of 20.4 years (std dev 4.148). (See Figure 2)

An independent data analysis by the College of Public Health at the University of Oklahoma (OU,COPH), showed the age range for Children First participants remained constant from 2005 to the present.² Children First continues to serve Oklahoma's youngest mothers.

Education

In Oklahoma, over half (59%) of first-time births are to mothers with 12 years of education. 21% of all first-time births were to women with "some college education." Only 19% of Oklahoma births were to women with bachelor's degrees or more education.

In Children First in 2009, 74% of women had completed high school at enrollment in the program. Half of these women had attended some post secondary education. 24% were currently enrolled in education. Among the mothers under 18, seventy percent were currently attending school.³ (See Figure 3)

Figure 1: Annual Income of C1 Enrollees, SFY 2009

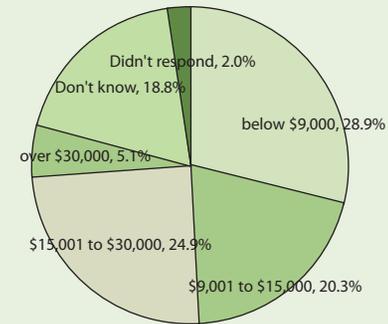


Figure 2: Age at Enrollment for C1 Clients, SFY 2009

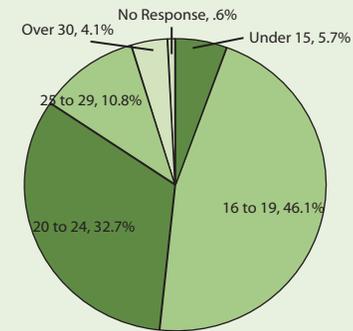
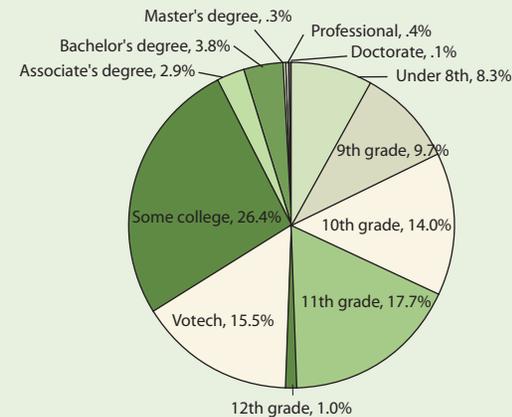


Figure 3: C1 Clients' Highest Education Completed, SFY 2009



Marital Status

Most Children First clients were single, never married (77.2%). 18.6% were married and very small percentages were divorced, widowed, separated or gave no response. (See Figure 4)

Analysis of 2005-2009 data performed by OU, COPH showed that the percent of mothers enrolled in C1 who are married has decreased over the last 5 years from 25% to 18%.⁴

Race/Ethnicity

Half of Children First clients were White. Hispanic and African American women each represented 14.3%. American Indian women were 9.9% of all clients. 8.5% of enrolled women indicated multiple races. Very small percents of Asian, Hawaiian/Pacific Islander and "Other" were also clients of Children First. (See Figure 5)

Household Composition

Nearly 49% of clients' homes included their partner or husband and 47.4% of client households included one or both of the client's parents or other adult relative(s). Only 7% live alone. (See Figure 6)

Insurance Status

At the time of enrollment, 10% of C1 moms had private health insurance. Two-thirds of mothers were enrolled in Medicaid. Twenty-four percent had no coverage. At the time of delivery, 85% of new moms were enrolled in Medicaid and 8% had private health insurance. Seven percent had no coverage.

Figure 4: Marital Status of C1 Enrollees, SFY 2009

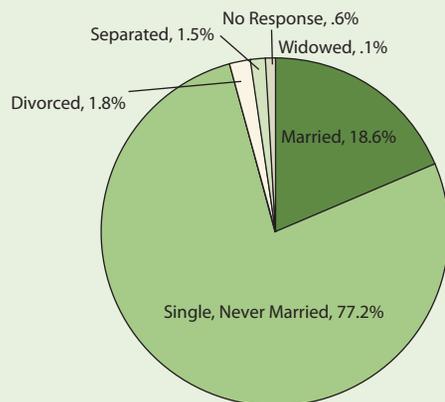


Figure 5: Race/Ethnicity of C1 Enrollees, SFY 2009

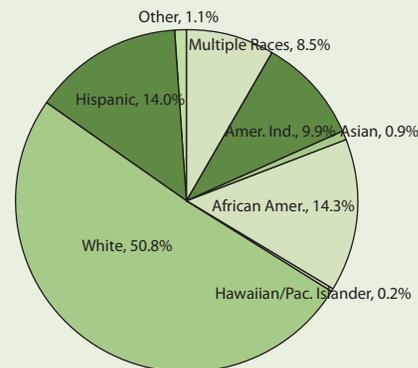
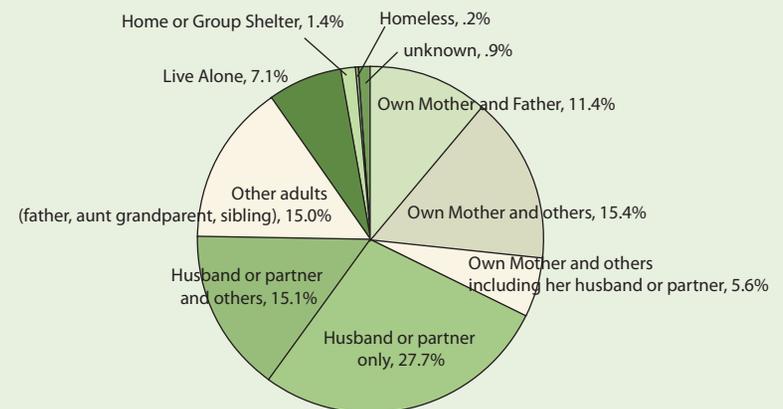


Figure 6: Household Composition of C1 Clients, SFY 2009



CHILDREN FIRST ACTIVITIES

Services Delivered

In SFY 2009, there were 136 home visitors providing home visits to families statewide. Children First nurse home visitors provided 44,239 visits to 4590 families in 74 Oklahoma counties.

4,023 eligible women were referred to Children First, 55% of whom enrolled. 1,400 babies were born to mothers in the program. 493 toddlers graduated from the program. (See Table 1)

Table 1: Services delivered, SFY 2009

Nurses number of non-supervisory nurse home visitor full-time positions	136
Referrals number of women referred to the program	6,457
Eligible Referrals number of women referred to the program who met eligibility requirements	4,023
New Enrollees number of women who enrolled in the program during SFY 2009	2,236
Current Participants number of families that received at least one visit during the last year	4,590
Completed Visits number of completed home visits or supervisory visits	44,239
Births number of families with completed birth forms	1,400
Graduates number of families remaining in program until child's 2nd birthday	493

Referrals

Referrals to the Children First program come from several different sources. The most common sources are county health department family planning and Women, Infants and Children (WIC) clinics. Each team of nurses has developed

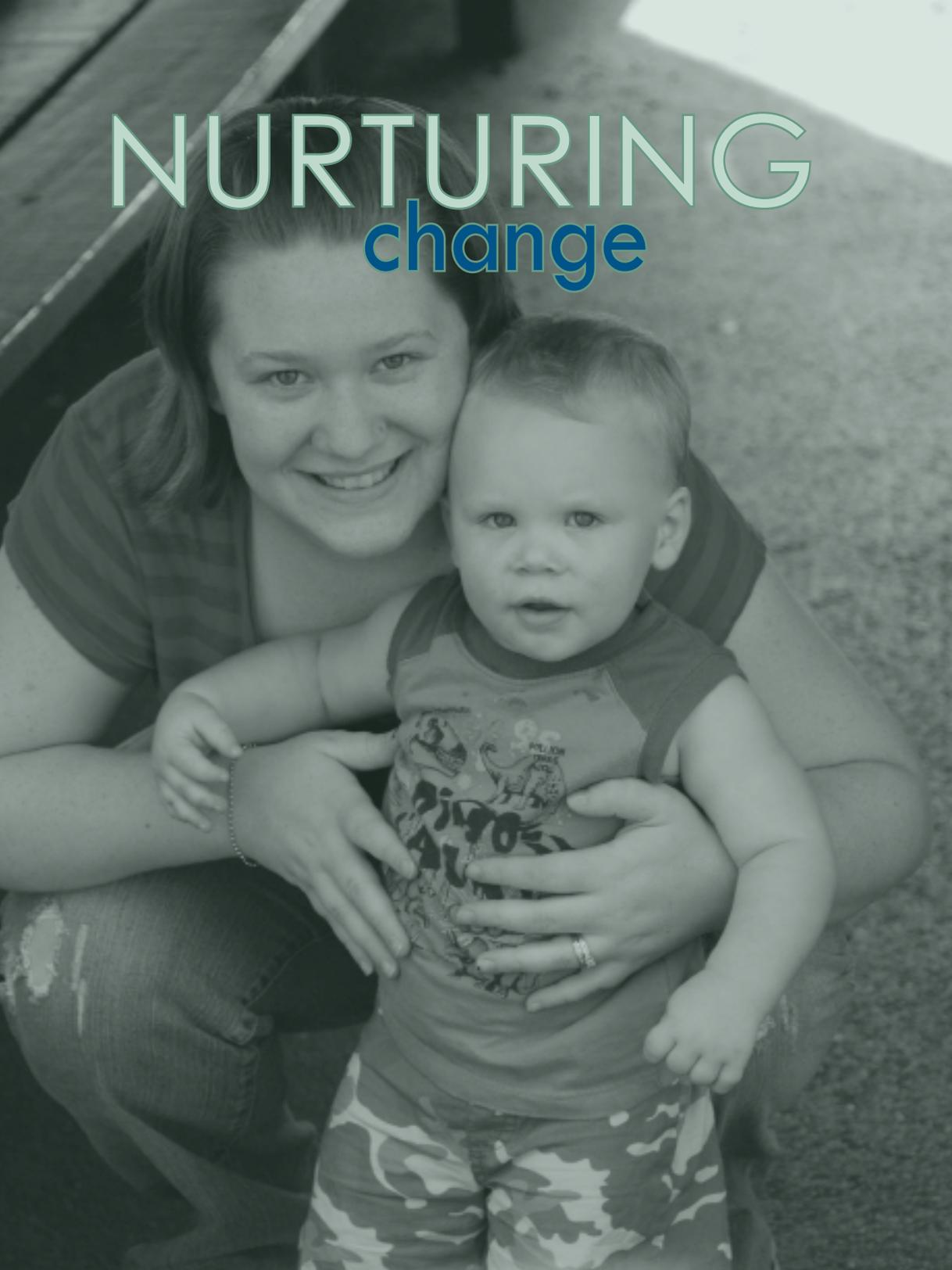
unique strategies to reach potential clients during the critical period defined by the guidelines for enrollment (prior to 29th week of pregnancy). Routine assessments of services are provided to ensure that both the client and the program achieve their goals.

There were 6,457 referrals made to the Children First program. Of these, 4,023 met the eligibility guidelines and 2,236 chose to enroll and participate. Among the women who were not eligible to participate, referrals were made to Child Guidance, Start Right programs and Oklahoma Parents as Teachers. Table 2 shows which sources referred women to the C1 program.

Table 2: Sources referred to C1, SFY 2009

Health Department Family Planning Clinic	3,089	48%
WIC	1,336	21%
Other	1,063	16%
Babyline of Tulsa	272	4%
Self	195	3%
Unknown Source	115	2%
Health Department Maternity Clinic	84	1.3%
Indian Health Service	66	1%
Current or Past Client	64	0.9%
School	46	0.7%
Physician	40	0.6%
Faith-Based Organization	6	.09%
HMO/Health Plan	3	.04%
DHS	3	.04%
Total Referrals Statewide	6,457*	100%

*Not all referrals to Children First are eligible for participation - see "Eligibility Requirements."



NURTURING change

ASHLEY McLAUGHLIN, Sequoyah County

Ashley McLaughlin was just 17 years old when she became pregnant. While her parents were supportive, Ashley still felt she could benefit from extra help and choosing to enroll in Children First seemed like a natural decision for her.

Ashley knew others who had participated in the program and enjoyed it. It was this familiarity with Children First that allowed her to quickly develop a bond with her nurse home visitor, Tanya Shamblin.

"I feel I can tell my nurse anything," says Ashley. "I can't say that about everyone."

Having such a strong relationship with her home visitor was a great benefit to Ashley. Tanya provided the support she needed to quit smoking as well as changing other habits to help her become a good parent.

"I was headed down some wrong roads before I became a mom," Ashley explains.

Now her life is completely different. "My son has changed my life for the better," Ashley states. "Many people I see that have kids aren't as happy to be a mom as I am."

Ashley and her son, Dylan, graduated from the program in December 2009.

CHILDREN FIRST OUTCOMES

Children First knows that pregnant women can increase the likelihood that their babies will be born healthy if they engage in healthy behaviors and avoid risky behaviors around the time of pregnancy. Since C1 visits begin early in the pregnancy, nurse home visitors are in a unique position to screen for risky behaviors and promote healthy ones. As these behaviors are identified, nurses provide intervention, education, counseling, referrals and follow-up to increase the probability of positive outcomes for mom and baby.

In SFY 2009 there were 1,400 babies born to 1,347 C1 moms, including 48 twins. Five births had incomplete data. Approximately 12,500 pregnant women are eligible for Children First in a given year. C1 served approximately 10% of all eligible babies born during the fiscal year.

MATERNAL HEALTH

Postpartum Depression Screening



Since postpartum depression can be disabling for new mothers and can impact the mother-baby bond, it was identified as a topic for special focus this year. Under current program guidelines nurses are required to administer the Edinburgh Postnatal Depression Screening tool at 2, 4 and 6 weeks. Of the screenings conducted at 4 weeks postpartum, 6.3% of C1 moms had scores indicating a risk for depression. Nurses provide referrals to lo-

Good News:

At 6 months postpartum, 89.4% of moms report their babies having no exposure to smoke in their home.

cal mental health resources for these clients. Screening results with scores indicating depression are forwarded to the client's primary care physician.

Smoking Cessation

According to the CDC and other researchers, smoking is the most important known preventable risk factor for low birthweight and small size for gestational age, both of which are leading contributors of fetal neonatal deaths. In addition, maternal smoking during pregnancy has emerged as a major risk factor in almost every epidemiological study of SIDS.⁵ The Surgeon General's Office states children exposed to secondhand smoke are at an increased risk for Sudden Infant Death Syndrome (SIDS), acute respiratory infections, ear problems, and severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their exposed children.⁶

The American Journal of Obstetrics and Gynecology published a study in 2004 showing the dose-response relationship between smoking and pregnancy complications. Smoking while pregnant was shown to increase the rate of preterm delivery.

At intake, 82% of our pregnant moms reported not having smoked in the last 48 hours. At 36 weeks pregnant, 88% of women reported not having smoked in the last 48 hours. At 12 months postpartum, 74% of new moms reported NOT having smoked in the last 48 hours. The mothers who have quit are shown in Table 3.

Table 3: Smoking Cessation	Have quit
Intake	28.7%
36 weeks	31.4%
12 months	18.4%

INFANT AND TODDLER HEALTH AND DEVELOPMENT

Infant Mortality

A study conducted by the OU, COPH showed that between 2001 and 2004, the infant mortality rate among Children First participants was approximately half that of other women with first-time births in the state of Oklahoma. In 2002, Oklahoma's infant mortality rate was 8.1 infant deaths per 1000 live births. The Healthy People 2010 goal for Infant Mortality is 4.5 infant deaths per 1,000 births. Children First clients experienced an Infant Mortality Rate of only 4.35 deaths per 1,000 births, thus achieving the goals set forth by the HP2010 guidelines.⁷



Breastfeeding Initiation and Duration

Extensive research has shown nutritional, health, immunological, developmental, psychological, social, economic and environmental benefits related to breastfeeding. In a recent study in PEDIATRICS,

Good News:

Between 2001 and 2004, the infant mortality rate among Children First participants was approximately half that of other women with first-time births in the state of Oklahoma.

In SFY 2009, 81.4% of new C1 mothers reported having breastfed their babies.

the Journal of American Academy of Pediatrics, showed breastfeeding may serve as a protective mechanism against child abuse and neglect.⁸

The statewide breastfeeding rate of all new moms is 75.7%. Among Children First clients who gave birth in SFY 2009 and had completed 4-week follow up data, 81.4% of new moms reported having breastfed their babies. At the four week follow-up appointment, 42% reported continuing to breastfeed and 19.1% of new moms reported pumping breastmilk for their babies. 22% of moms reported breastfeeding their babies at 6 months. 11.4% continue to nurse at 12 months.

The Oklahoma TOTS survey is a follow-up survey of parents of two year olds and is administered statewide to a random sample. In 2008, 30.5% of new moms were breastfeeding at 6 months and 12% were breastfeeding their babies at 12 months.

Table 4: Breastfeeding Initiation and Duration

	Initiation	6 Mos	12 Mos
HP2010 Goals	70%	50%	25%
TOTS	75.7%	30.5%	12.0%
Children First	81.4%	22.0%	11.4%

Time in NICU

The cost of a single day in the Neonatal Intensive Care Unit can be up to \$2000.⁹ Babies who are born early or with low birth-weight can end up spending days or even weeks in the NICU. Time spent in the NICU and the NICU environment may hinder formation of attachment and bonding between mom and baby. For this reason, these children, often with developmental delays, may be at an added risk of child abuse and neglect.

Children First nurses are knowledgeable about the needs of preterm and low birthweight infants and are able to give new moms the information and support necessary to care for children with special needs. Nurses are trained in the NCAST (Nursing Child Assessment Satellite Training) and PIPE (Partners in Parenting Education) curricula and provide moms with the support they need to bond with these special babies. Only 8% of all Children First babies have spent one day in the NICU (n=116). The range was from 1 day to 60 days with a median of 5 days and a mode of 1 day.

Gestational Age and Birthweight

The gestational age of a baby at delivery is a predictor of a child's future health and wellness. Typically, babies born before 37 weeks are at a higher risk for chronic health conditions and developmental delays. It is well documented that

Good News:

96% of Children First babies were of normal birth-weight at delivery.

92% of Children First babies were a normal gestational age at delivery.

children with mental and physical disabilities are at greater risk for abuse and neglect.

Children First moms gave birth to 1,347 singletons in 2009. 96% had babies with normal birth weight (5.5 pounds or greater) and 92% had babies with normal gestational age (37 weeks or more). (See Table 5)

Table 5: Preterm and Low Birthweight among Children First babies born in SFY 2009 compared to all Oklahoma births in 2007

	Low Birth Weight	Very Low Birth Weight	Preterm	Very Preterm
Children First Births, SFY 2009	3.0%	1.0%	5.6%	2.2%
Oklahoma State Births, 2007	5.5%	1.1%	7.6%	1.4%

Very low birthweight is less than 1,500 grams (3.5 pounds)
 Low birthweight is less than 2500 grams (5.5 lbs)
 Preterm is less than 37 weeks gestation
 Very preterm is less than 32 weeks gestation

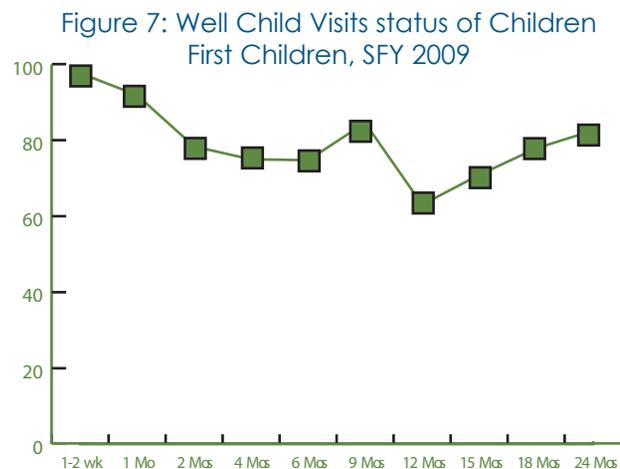
There were 24 pairs of twins born to C1 moms during SFY 2009. We have omitted these babies from the gestational age and low birth weight statistics because of their tendency to be premature and underweight.

Good News:

79% of Children First babies and toddlers were up-to-date on their immunizations.

Immunizations and Well Child Visits

During SFY 2009, 78.9% of Children First children were up to date on their immunizations. The Figure 7 below shows the percent of Children First children at each age interval with a completed well child visit by their physician.



Ages and Stages Questionnaire

C1 nurses use the Ages and Stages Parent Survey to screen for developmental delays at two month intervals. When a

child's scores indicate a delay, nurses provide referrals to the appropriate services for early intervention (SoonerStart, Child Guidance, etc.).

The percent of Children First babies at risk for a developmental delay according to 2005-2009 data, is illustrated in Table 6. The child may be counted multiple times if they were identified as being at risk at the subsequent follow-up visits.

As expected, the highest percent identified as at risk for a developmental delay is among infants born preterm (50%), and/or born with low birthweight (40.3%). Additionally, babies born to mother less than 15 years old (30.2%) or born to a mother older than 30 years old (34%) showed scores indicating a risk for developmental delays.¹⁰

Table 6: C1 children at risk for developmental delay, by child's age in months

	At risk for a developmental delay	
Age in months	YES (%)	Total completed questionnaires
4	11.6	1778
6	10.7	1586
8	6.9	1455
10	7.5	1297
12	7.1	1130
14	12.4	1060
16	12.5	961
18	16.9	870
20	17.0	808
22	21.0	694
24	15.6	714

FAMILY STABILITY

Paternal Interaction

Fathers' involvement with their children is essential for child development and well-being. The Developing a Daddy Survey (DADS) Workgroup, National Education Statistics,¹¹ has identified indicators of father involvement as accessibility (presence or availability), responsibility (understanding and meeting child's need) and engagement (one-on-one interaction). C1 activities are designed to educate moms and dads on these aspects of father involvement in order to improve father engagement.

At intake, nearly 49% of clients' homes included their partner or husband. At six months of age, 67.8% of Children First dads saw their babies daily. At 12 months, 69.2% saw their babies daily and at 18 months, 62.5% saw their babies daily.



MATERNAL LIFE COURSE DEVELOPMENT

Pregnancy Spacing

Researchers found that infants born to women who conceived less than six months after giving birth had a 40% increased risk for being born prematurely and a 61% increased risk of low birth weight, compared with infants born to mothers who waited 18 months to two years between pregnancies.¹² The timing and number of subsequent pregnancies also has important implications for the health of the mother, her ability to complete her education, find a job and child care.

Only 21 Children First moms were pregnant 6 months after giving birth to their first child (2.5%). 92 were pregnant a year after their first child (14%) and 108 were pregnant at 18 months after the birth of their first child (25%).

Workforce Participation

48% of Children First mothers report working at a paying job 6 months after their child was born. At twelve months post partum that number increases to 62%. When Children First babies are eighteen months old 70% of moms are working.

FAMILY SAFETY

Recent reviews show the leading causes of child death in C1 participants are suffocation due to co-sleeping and vehicular crashes. With this in mind, nurses were able to provide 267 car seats and 222 cribs in SFY 2009 to Children First families who were not able to acquire these items on their own. These items were purchased in SFY 2008 in part with grant money from the Ronald McDonald House Charities.

Safe Sleep Practices

The American Academy of Pediatrics recommends that babies sleep alone, in a crib, and on their backs in order to prevent incidents of death associated with co-sleeping and Sudden Infant Death Syndrome.¹³ Children First nurses edu-



Good News:

97.2% of Children First moms report their babies are always in a car seat when riding in a car.

cate new moms on this practice. 61.5% of new moms report their 2 month old babies are always put to sleep on their backs. 33.3% of new moms report their babies always sleep alone (not in the same bed as other children or adults).

Car Seat Usage

According to the CDC, motor vehicle crashes are the leading cause of death among children in the United States.¹⁴ 97.2% of Children First moms report their babies are always in a car seat when riding in a car. 90% report they believe the car seat is properly installed and 95% report the car seat is appropriate for the size of their baby.

Child Abuse and Neglect Reports

Children First nurses, like all Oklahomans, are mandatory reporters of suspected child abuse and neglect. When maltreatment is thought to be occurring, C1 nurses contact the Department of Human Services to make a report. They also notify the Oklahoma State Department of Health.



Good News:

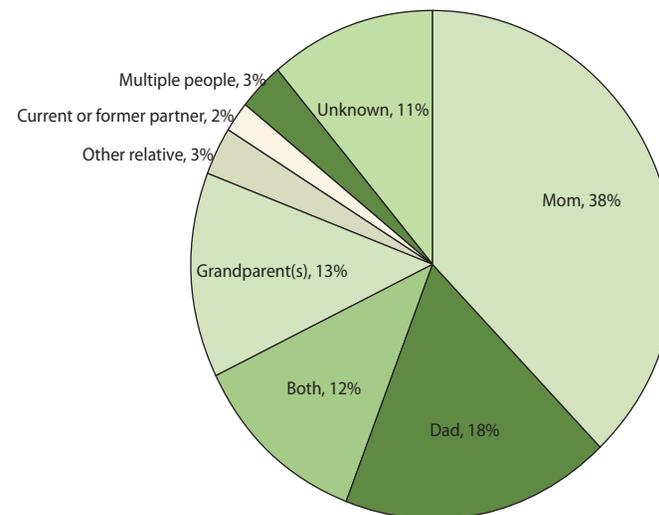
While C1 babies are at higher risk for abuse and neglect, and are reported more often, fewer confirmations of maltreatment are found.

Children First babies, because their mothers tend to be young, single, and have few financial and emotional supports, are at a higher risk for abuse and/or neglect. Available data shows there were 196 child abuse reports made to DHS by C1 nurses during SFY 2009. 72% (142) of these reports cited neglect. 14% (25) cited multiple issues, 7% (14) cited physical abuse, 5% (10) cited emotional abuse, and 2% (5) cited sexual abuse. In Oklahoma overall, DHS reported 83.7% of their confirmed cases to be for neglect, 12% for physical abuse, and 4% for sexual abuse.¹⁵

While Children First parents are at greater risk for being abusive or neglectful, they are named less often by C1 nurses as the alleged perpetrators than that of biological parents in the general state population. Within Oklahoma, DHS reported that 45.4% confirmed cases involved the mother of the baby and 30.7% involved the father of the baby. Of the reports made by Children First nurses, in regards to their clients, only 38% (75) involved the mother

of the baby and 18% (36) involved the father of the baby. 12% involved both the mother and father of the baby. (See Figure 8)

Figure 8: Person(s) Reported for Suspected Child Maltreatment, SFY 2009



During SFY 2008, C1 program staff conducted a study matching Children First babies to DHS data on reports and confirmations of child maltreatment between 2002 and 2006. Results showed, when compared to the general population of Oklahoma children 0-2 years old, C1 parents had higher reporting rates for suspected child maltreatment, but lower rates of confirmed abuse and neglect.¹⁶

Required Reporting

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



Good News:

If the general Oklahoma population of 0-2 year olds had the same confirmation rate as C1 0-2 year olds, 914 fewer children would have been confirmed maltreatment victims from 2002-2006.

report certain family characteristics every year. The following meet the reporting requirement, as described in this statute for SFY 2009 (July 1, 2008 to June 30, 2009).

Table 7: Required Reporting, SFY 2009

New families accepted into program	2,236
Referrals to other programs for ineligible families	156
Clients who were teens (< 20 years old)	1,138
Clients who were single, never married	1,697
Clients living with their parents	250
Clients whose household included their mother	463
Clients whose household included their partner	941
Expenditure per family served	\$2,533.81



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 data about 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 information were collected by Oklahoma's Children First program between July 1, 2008 and June 30, 2009.

Table 8: Program Expenditures, SFY 2009

Administration - Central Office	
Salary and fringe	\$421,011
Travel	\$3,741
Supplies/Equipment	\$3,284
Data (information technology)	\$18,155
Other (copiers, motorpool, phones, etc.)	\$25,263
	\$471,454
Evaluation	
Rattan Consulting	\$48,561
University of Oklahoma	\$12,925
Nurse-Family Partnership (training)	\$3,893
	\$65,379
Service Delivery	
Contracts:	
Tulsa City-County Health Department	\$1,950,718
Oklahoma City-County Health Department	\$1,449,214
Nurse-Family Partnership	\$46,947
	\$3,446,879
Community Health Departments:	
Salary and fringe	\$6,726,150
Travel	\$519,054
Supplies/Equipment	\$38,378
Printing	\$68,939
Other	\$48,388
Data	\$245,574
	\$7,646,483
Total Actual Expenditures	\$11,630,195

**NOTE: The Children First program received \$11.55 million in funding from the State of Oklahoma during SFY 2009. The program generates additional revenue from services provided to Medicaid-eligible clients.*

NURTURING strong families



TASHA CANTRELL, Bryan County

Tasha Cantrell's experience participating in Children First was all about learning how to nurture her baby during pregnancy and throughout the first years of his life.

"Most first-time moms go into it blind and scared," explains Tasha. "I was completely prepared and ready."

Tasha's home visitors, Pat Lynn and Melodie Draper, educated her about having a healthy pregnancy, labor and delivery and what to expect from her child during the different stages of his development.

"I knew what to expect when I first brought my son home," says Tasha, "what I could and couldn't do and at what time I could start doing them."

Pat and Melodie taught Tasha about her son's physical, mental and emotional development and social skills and how she could help him achieve important milestones. "I learned about the things my son would be trying to accomplish...This program was a huge help as we started learning to eat baby food and at what time to start on solids."

Ashley believes her nurses, "were such a blessing to me and I am very grateful for what they taught me. I would recommend this program to any first-time mom."

Tasha and her son Austin graduated from the program in September 2007.

NURSE-FAMILY PARTNERSHIP

Helping First-Time Parents Succeed®

Outcomes and National Recognition

Nurse-Family Partnership (NFP) began in the early 1970s when Dr. David Olds began the first of three randomized controlled trials in Elmira, New York. Over the next 30 years, he continued to test and improve the program with a series of randomized, controlled trials.



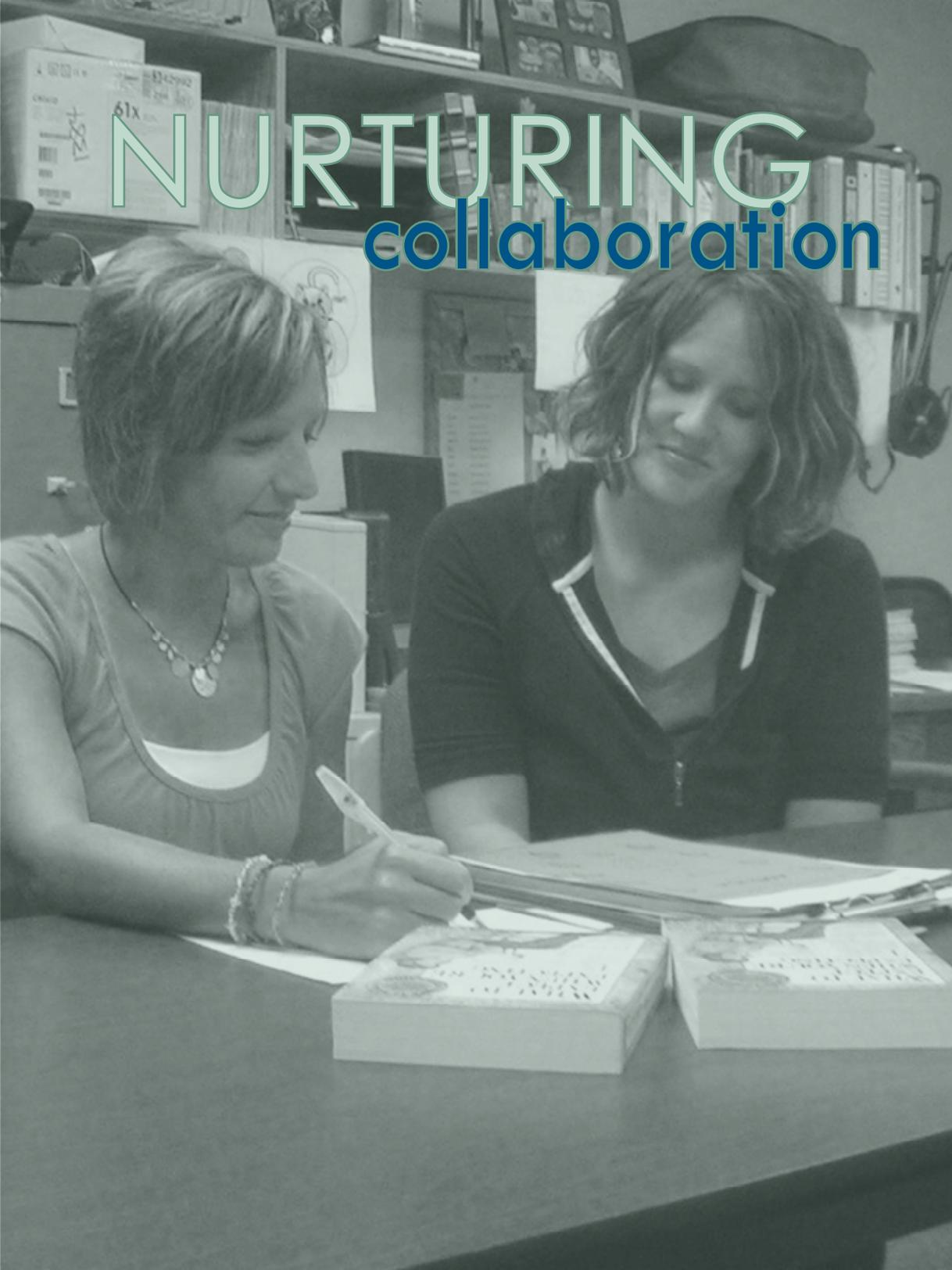
Outcomes of these trials have shown the model to be effective in improving pregnancy outcomes, child health, and development and increasing economic self-sufficiency in both the short and long term.¹⁷ In addition, there is less child abuse and neglect documented, more employment for the moms and better performance in school for the child.

ated program that promotes safe, stable and nurturing relationships and environments which can improve children's health over a lifetime and reduce the health disparities between advantaged and disadvantaged children.

In the December 2008 issue of *The Lancet*, NFP is recognized as the program with the best evidence for preventing child physical abuse and neglect. According to the *The Lancet*, NFP has shown reductions in objective measures of child maltreatment or associated outcomes when administered to high risk families prenatally and in the first 2 years of a child's life.¹⁸

The Coalition for Evidence-Based Policy has recognized NFP as meeting the Top Tier Evidence standard. The Top Tier standard definition established by Congressional legislation shows NFP to be an "intervention shown in well-designed and implemented randomized controlled trials, preferably conducted in typical community settings, to produce sizeable, sustained benefits to participants and/or society."¹⁹

Recently the CDC stated in *The Journal of the American Medical Association* that NFP was the most rigorously evalu-



NURTURING collaboration

JESSICA SNOWDEN, Kingfisher County

In 2002, Jessica Snowden was newly married and expecting her first child. Being apprehensive about what to expect, she enrolled in Children First. "Having Noah ten months after my husband and I were married, with him working nights, Children First really helped me become the best mother I can be," says Jessica.

Jessica's nurse, Robin Pyle, helped educate her about pregnancy, delivery and caring for her child. "Robin taught me about what I was going through, and that it was okay," says Jessica.

This support and encouragement created a special bond between the new mother and her home visitor. "She was always there for me and we really had a close connection that helped so much," says Jessica. "Having that relationship with your Children First nurse is such a huge thing, especially when you get close to delivery, which can be a scary time."

Robin not only encouraged Jessica through the different stages of her pregnancy, but she also challenged her to follow her dream of becoming a nurse. Jessica says that she "fell in love with what Robin did. I wanted to help people who are where I've been."

Jessica went on to finish nursing school and joined the nursing staff at the Kingfisher County Health Department on February 22, 2007. After serving in the general clinic, she is now working as a Children First nurse with the Kingfisher County Health Department and has come full circle; working alongside Robin and helping others just like Robin helped her.

NURTURING COLLABORATION

The Power of Partnerships

Children First, Oklahoma's Nurse-Family Partnership, recognizes the benefits of working with other programs, agencies, and organizations. By engaging others in our work and collaborating with other programs in their work, we can increase our ability to have a positive impact on the clients we serve. Children First staff participate in projects at the local, state, and national levels to help Oklahoma families have healthier pregnancies, healthier babies, and become the best parents they can be.

Children First team members serve on local advisory boards, participate on child abuse multidisciplinary teams, and conduct health fairs and local events to promote client/child health and safety. Children First Lead Nurses participate in coalitions, work with local school programs to provide health information, and provide outreach to community agencies and civic groups. These partnerships provide opportunities for clients to receive support and items such as diapers, food, and smoke detectors.

Central office staff participate in workgroups associated with "Preparing for a Lifetime, It is Everyone's Responsibility." This initiative was established by the Oklahoma State Department of Health to reduce infant mortality and other adverse



birth outcomes. Workgroups address issues related to preconception health, prenatal health, maternal infections, prematurity, breastfeeding, postpartum depression, tobacco use, safe sleep, and injury prevention. Through collaboration with

the postpartum depression workgroup, C1 nurses received training on the latest information on postpartum depression, screening tools, and state referral resources.

Our partnership with NFP has allowed Oklahoma Children First teams the opportunity to participate in the process of developing new visit guidelines, updating the data collection system, and participating in a research study conducted by Dr. David Olds about client retention. As members of the NFP State Nurse Consultant workgroup, our nurse consultants assist NFP with development of model/program standards utilized by all sites.

Table 9: County Data, SFY 2009

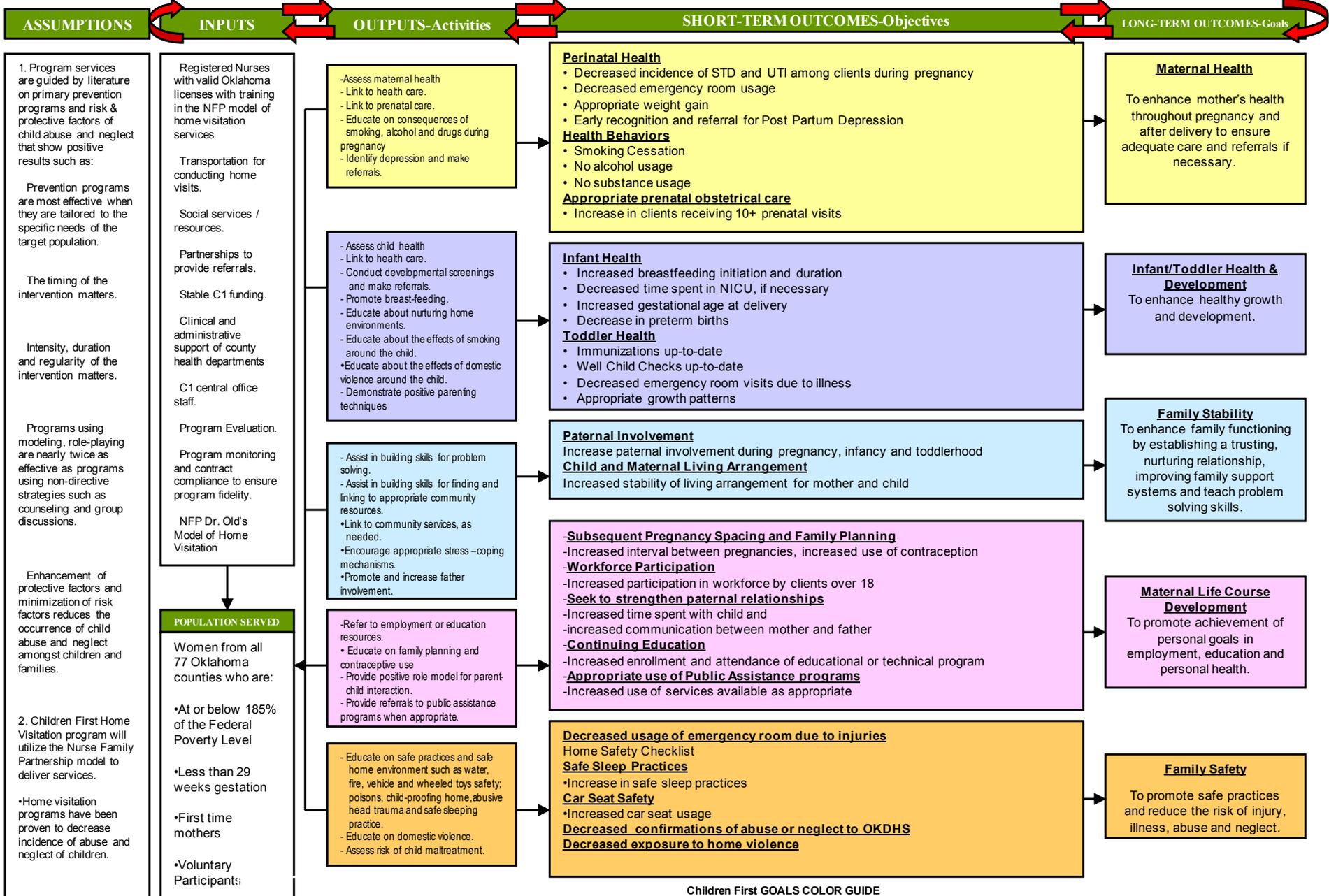
County	Completed Visits	Families Served	Referrals	Enrollees	Births	Graduates	Enrollment Rate
Adair	-	-	27	-	-	-	-
Alfalfa	-	-	2	-	-	-	-
Atoka	231	21	29	7	5	5	24%
Beaver	28	3	4	0	1	1	0%
Beckham	200	28	56	12	6	3	21%
Blaine	320	25	22	9	11	2	41%
Bryan	969	131	176	72	25	9	41%
Caddo	310	34	106	16	13	2	15%
Canadian	880	81	114	37	25	18	32%
Carter	540	61	86	33	17	6	38%
Cherokee	724	81	47	33	19	11	70%
Choctaw	65	19	60	10	1	0	17%
Cimarron	-	-	-	-	-	-	-
Cleveland	3,012	263	468	123	101	27	26%
Coal	236	19	28	7	5	4	25%
Comanche	696	85	182	55	25	7	30%
Cotton	114	16	23	9	4	4	39%
Craig	386	32	33	13	14	3	39%
Creek	426	52	141	32	9	7	23%
Custer	273	31	74	15	10	3	20%
Delaware	276	38	50	18	7	4	36%
Dewey	-	-	-	-	-	-	-
Ellis	1	1	5	1	0	0	20%
Garfield	1,017	127	302	59	32	18	20%
Garvin	378	42	79	19	17	3	24%
Grady	236	30	108	13	3	2	12%
Grant	29	4	2	-	-	-	-
Greer	80	10	24	5	2	2	21%
Harmon	54	8	12	3	3	3	25%
Harper	22	2	3	1	2	0	33%
Haskell	106	15	37	7	2	3	19%
Hughes	141	18	37	11	6	1	30%
Jackson	532	62	98	37	14	4	38%
Jefferson	74	7	9	3	3	1	33%
Johnston	248	30	31	13	9	1	42%
Kay	310	36	78	16	5	10	21%
Kingfisher	573	54	52	32	21	5	62%
Kiowa	138	11	16	3	2	0	19%
Latimer	125	16	42	6	3	2	14%

County	Completed Visits	Families Served	Referrals	Enrollees	Births	Graduates	Enrollment Rate
LeFlore	1,576	125	133	47	36	13	35%
Lincoln	566	62	78	29	8	10	37%
Logan	1,016	115	158	62	26	10	39%
Love	108	9	15	4	4	0	27%
Major	144	16	17	5	4	3	29%
Marshall	316	43	50	29	11	2	58%
Mayes	-	-	74	-	-	-	-
McClain	427	41	80	21	15	6	26%
McCurtain	376	48	100	30	15	3	30%
McIntosh	251	30	56	12	6	6	21%
Murray	260	24	38	10	4	4	26%
Muskogee	923	95	74	49	34	6	66%
Noble	218	16	16	7	7	1	44%
Nowata	-	-	-	-	-	-	-
Okfuskee	51	6	27	5	4	1	19%
Oklahoma	5,955	610	559	322	208	76	58%
Okmulgee	493	45	78	17	21	0	22%
Osage	-	-	-	-	-	-	-
Ottawa	801	80	66	33	20	7	50%
Pawnee	289	37	22	14	7	2	64%
Payne	1,270	125	159	62	45	13	39%
Pittsburg	1,098	126	141	60	33	22	43%
Pontotoc	321	65	47	24	15	2	51%
Pottawatomie	992	118	208	56	27	8	27%
Pushmataha	35	7	43	2	3	0	5%
Roger Mills	7	2	4	1	1	0	25%
Rogers	742	88	122	45	22	9	37%
Seminole	357	50	65	24	10	2	37%
Sequoyah	796	94	102	26	18	12	25%
Stephens	32	3	160	-	1	-	-
Texas	160	21	58	12	5	4	21%
Tillman	236	22	25	8	9	1	32%
Tulsa	9,945	873	802	432	281	86	54%
Wagoner	62	21	40	10	2	2	25%
Washington	393	46	116	27	13	4	23%
Washita	-	-	-	-	-	-	-
Woods	57	10	22	5	1	2	23%
Woodward	215	23	38	16	5	5	42%
TOTAL	44,239	4,590	6,457	2,236	1,400	493	35%

Table 10: Reasons for not enrolling in program, SFY 2009

Reason	Initial home visit completed	
She is not eligible (not a 1st time mom, past 28th week, income too high)	308	11.5%
She is no longer pregnant	159	5.9%
She feels she does not need the program	393	14.7%
She did not return phone calls	704	26.2%
She did not keep the scheduled intake appointment(s)	162	6.0%
She is uncomfortable with a commitment of 2+ years	2	0.1%
She won't be raising the child (plans to terminate, adoption, etc.)	6	0.2%
She accepted other programs/services (Give name as details)	9	0.3%
She moved/plans to move out of the state	72	2.7%
She requested additional time and never followed up	89	3.3%
Schedule conflict (too busy, work conflict, etc.)	47	1.8%
Family/boyfriend/partner opposed to program	23	0.9%
She did not provide specific reasons	65	2.4%
She could not be located (wrong address, etc.)	338	12.6%
There was no interpreter available	15	0.6%
There was no nurse available to provide services	110	4.1%
All nurses have full caseloads	34	1.3%
Other (Give details)	146	5.4%
Total Responses	2,682	

Children First - Logic Model



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