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DANDELION

A large genus of flowering plants in the family of Asteraceae. They are tap-rooted, biennial or perennial herbaceous plants which are native to temperate areas in the Northern hemisphere.



Note on Children First Data

As part of home visits, *Children First* nurses complete data collection forms with *Children First* clients. Information is gathered about client demographics, health indicators and outcomes. Clients provide informed consent and the program observes strict confidentiality measures in compliance with HIPAA regulations. This information was used to generate the content of this document.

In the spring of 2004, *Children First* data were transferred from the existing database to the new PHOCIS system. In the process, some information was not well integrated. Thus, some caution must be taken when examining the data presented in this report.

In addition, few meaningful outcomes could be assessed spanning fiscal years because of the potential lack of continuity between SFY 2004 and SFY 2005 data. We will begin looking at longitudinal data for the SFY 2006 annual report beginning with data that have only been entered into PHOCIS beginning in the spring of 2004. Examples of outcomes that will be examined include: breastfeeding, smoking cessation, education, marital status, work force participation, and child development.



Summary of Reporting Required by Statute SFY 2005

Age and Marital Status of Parents

Most new *Children First* clients were single and had never been married (71%). Over 50% of new clients were 19 years old and younger; 92% were 25 years old and younger. *Children First* fathers were, on average, 2.5 years older than *Children First* clients.

Household Composition of Families Served

A total of 52.1% of *Children First* enrollees lived with their husband or boyfriend; 31.7% lived only with their husband or boyfriend and nobody else. Approximately one out of three (32.2%) enrollees lived with their mothers. Only 7.3% of *Children First* clients lived alone.

Number of Families Accepted into the Program by Location/Average Length of Time Enrolled

During State Fiscal Year 2005, *Children First* received 5,912 referrals; 2,327 (39.3%) of these women enrolled in the program. See Appendices one and two for enrollment information by county and administrative region.

According to data from the most recent Nurse-Family Partnership Management Report, out of 9,081 participants eligible for graduation by June 30, 2005, 3,191 participants graduated and 5,721 dropped out before completion. Of those who dropped out, 28% dropped during pregnancy, 29% between birth-6 months, 21% between 6-12 months, 17% between 12-18 months, and 6% between 18-24 months. See section 3 of this report for the NFP executive summary of the annual management report.

Referrals Made on Behalf of Families not Accepted into the Program

Nurses referred women who did not enroll in *Children First* to various other services, most frequently Child Abuse Prevention services (OCAP) and Parents as Teachers.

Average Actual Expenditures Per Child

An average of \$1,955.33 was expended per family served in SFY 2005.

planting seeds of success

Most children in Oklahoma are properly cared for and grow up healthy and happy. However, too many experience maltreatment at the hands of a caregiver, other adult or occasionally another child. The consequences of maltreatment often extend from childhood to adulthood. While child maltreatment certainly has legal implications, it is also very much a public health issue that impacts the biopsychosocial health and well-being of individuals and families, and poses significant costs to Oklahoma's public systems involved in the response to child maltreatment and its consequences.

Treatment services are necessary partners in the prevention of child maltreatment. However, prevention is the most effective way to save individuals, families and society from ever experiencing child maltreatment and its detrimental consequences.

Oklahoma's public health system is dedicated to preventing the occurrence of child maltreatment by implementing evidence-based program models that have demonstrated impact on the reduction of child maltreatment among participants.

The Oklahoma State Department of Health is a leader for child abuse and neglect prevention activities for the state of Oklahoma. The two programs using research-based models to help strengthen Oklahoma families and prevent child maltreatment are the Child Abuse Prevention Service (OCAP), which uses the Healthy Families model, and *Children First*, which uses the Nurse-Family Partnership model.

MISSION

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

VISION

To promote a continuum of healthy pregnancies, healthy babies, healthy families and healthy communities.

OBJECTIVES

- Increase clients' self-sufficiency and ability to problem solve
- Improve clients' parenting skills
- Improve access to community resources for clients
- Improve pregnancy outcomes
- Improve child health and development
- Strengthen bond between parent and child
- Help clients achieve personal goals

WHO WE ARE

In 1997, a program was piloted in Oklahoma to support families and address risk factors for child maltreatment. The model implemented was the Nurse-Family Partnership (NFP) model, an evidence-based model diligently researched for over 20 years by Dr. David Olds and colleagues. Numerous articles about the model have been published in peer-reviewed journals, including the Journal of American Medical Association and the American Journal of Public Health.

The Nurse-Family Partnership model has been recognized as a cost-effective prevention program by the RAND Corporation, saving an estimated 4 dollars for every 1 dollar invested.¹ It has also been recognized as a promising strategy for preventing child maltreatment by the Centers for Disease Control and Prevention (CDC).² Recent cost-effective analysis by the Washington State Institute of Public Policy showed NFP to be the most cost-effective model for early intervention, providing a net return to government of \$17,180 per family served.³

Research on the NFP model has shown intensive home visiting by specially trained public health nurses to have multiple benefits for the families served, including:³

- 85%** increase in workforce participation
- 56%** reduction in visits to the emergency room
- 32%** reduction in subsequent pregnancy
- 44%** reduction in maternal behavioral problems due to drug use
- 79%** reduction in confirmed child maltreatment

There is at least one NFP site in 20 states. In Oklahoma, the NFP program is called *Children First*. *Children First* began serving clients in the spring of 1997. In the beginning, 19 public health nurses served 4 counties: Garfield, Garvin, Muskogee and Tulsa. By SFY 1999, *Children First* had expanded to approximately 270 nurses providing service in all 77 counties statewide. In fact, Oklahoma was the first statewide implementation of the Nurse-Family Partnership model.

There are now approximately 160 nurses providing coverage in all 77 counties statewide. The nurses are to carry an average caseload of between 25-30 clients.

WHAT WE DO

Children First provides nurse in-home visiting services following the NFP model for first-time parents who meet the eligibility requirements. A woman is considered eligible for participation in *Children First* if she is:

- Fewer than 29 weeks pregnant
- A first-time mother
- At or below 185% of the federal poverty level

Children First enrolls a woman early in her pregnancy and offers services up until her child is 2 years old. Enrolling a woman prenatally provides the program an opportunity to have a positive impact on birth outcomes. A woman's first child provides a unique teachable time frame during which healthy behaviors can be developed that will last through that child's life and through future pregnancies. In addition, *Children First* provides services for the child's first 2 years of life, the time frame during which 73% of deaths due to maltreatment occur.

All *Children First* nurses have been professionally trained on pertinent topics such as prenatal health, child development, positive parenting, and emotional health and well-being. Nurse home visitors follow a visit schedule, visiting their clients approximately twice a month. During home visits, nurses provide targeted case management services, focusing on making and following up on appropriate referrals. Home visitors also provide education in critical areas such as parenting and safety and regularly check to see if the child is healthy, safe and growing properly.

Children First also continues to participate in research activities of national significance with Dr. David Olds, Ph.D., director of the Prevention Research Center for Family and Child Health at the University of Colorado Health Science Center. Select sites throughout Oklahoma are implementing alternative home visit strategies with the goal of identifying how to reduce the number of clients who quit the program and increase the length of time they participate. Oklahoma is participating in this study at no additional cost to the state.

The Child Abuse Prevention and Treatment Act of 1988 defines child abuse and neglect as: Any act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation. An act or failure to act which presents an imminent risk of serious harm.⁴

Prevention of Child Maltreatment

The most recent statistics available from the Centers for Disease Control and Prevention (CDC) indicate that over 900,000 children are maltreated each year in the United States.^{4,5} While most people probably think that these cases are mainly of physical or sexual abuse, the vast majority are neglect cases. Overall, approximately 60% of maltreated children are neglected; 20% are physically abused; 10% are sexually abused; and 7% are emotionally or psychologically abused.^{4,5}

Annually, 1,500 children across the United States die as a result of maltreatment.^{4,5} According to the CDC, 36% of maltreated children die from neglect, 28% die from physical abuse, and 29% die from multiple maltreatment types.⁵ Children younger than 4 account for over 79% of maltreatment deaths; 44% of deaths occur among children under the age of 1.⁵

In Oklahoma in SFY 2004, 80.2% of confirmed child maltreatment cases were of neglect (n=24,611); 13.9% were of physical abuse (n=4,266), and 5.9% were of sexual abuse (n=1,793).⁶ (Note: children can be victims of more than one

category, which is why the numbers of confirmed cases by type are larger than the total number of confirmed individual cases). The largest contributors to neglect were: substance abuse by caretaker (21.2%), failure to protect (19.4%), threat of harm (11.9%) and exposure to domestic violence (11.4%).⁶ The mother was the perpetrator in 46.4% of confirmed maltreatment cases; the father was the perpetrator in 27.9% of cases.⁶

In Oklahoma during SFY 2004, children younger than 3 years old accounted for 25.6% of confirmed child maltreatment cases, but 72.6% of child maltreatment deaths. The CDC estimates direct costs of child maltreatment in the United States to be about \$24 billion annually, and indirect costs from the long-term consequences of child maltreatment to be \$69 billion annually.⁵ Thus, the total cost to society approaches \$100 billion annually!

“The public health system in Oklahoma is dedicated to preventing the occurrence of child maltreatment by implementing evidence-based program models...”

Child maltreatment is preventable. Preventing child abuse and neglect would save society billions of dollars a year, and save individuals and families from lasting physical and emotional consequences.

Children First aims to prevent child maltreatment by building a family’s capacity to overcome risk factors and by enhancing a family’s protective factors.

Consider the following risk factors for child maltreatment: domestic abuse and violence, maternal depression, substance abuse, social isolation, limited understanding of children and child development, poverty and low socioeconomic status; unintended pregnancy, and having a child with disabilities.⁵

Children First nurses help families to address and overcome these and other risk factors by regularly assessing these risk factors in the family, providing individualized education, and linking families to community resources that can address their needs.

In other words, *Children First* nurses work to increase the family’s protective factors and therefore reduce child maltreatment. Protective factors include: a supportive family environment, positive parenting skills, stable family relationships, parental employment, adequate housing, access to health care and social services, and caring adults outside the family.⁵

Confirmed Victims of Child Maltreatment in Oklahoma



Child maltreatment also drains individuals and families of emotional and psychological resources. Consider the following well-researched effects of child maltreatment:⁵

-Maltreated children are at increased risk for adverse health outcomes and behaviors as adults, such as smoking, alcoholism, drug abuse, eating disorders, severe obesity, depression, suicide, sexual promiscuity, and certain chronic diseases.

-Maltreatment during infancy or early childhood can cause improper brain development, which leads to lasting physical, mental and emotional problems.

-Infant victims of Shaken Baby Syndrome can have lasting disabilities such as blindness and cerebral palsy.

-Children who have been maltreated by adult caregivers are twice as likely to be physically assaulted as adults.

-As many as one-third of parents who have been maltreated in childhood may victimize their own children.

nourishing the seed

Every day in Oklahoma 138 babies are born: 6 are born to teens, 53 are born without having received adequate prenatal care, and 11 are born too small.⁷

Babies who are born too small (low birth weight) are at higher risk of experiencing health problems, long-term disabilities, and infant death.⁸ Babies who are born too early (premature) can also face serious health problems. In addition, the costs of caring for low birth weight and premature babies are far greater than for other babies.

In Oklahoma, rates of preterm birth and low birthweight are higher than the national average. In addition, the rate of very low birthweight babies in Oklahoma has increased in recent years.⁸ *Children First* is effective in preventing very premature births and very low birth weight babies, according to research conducted at the University of Oklahoma College of Public Health.⁹ Over a four-year period, *Children First* had prevented 22 very premature births and 14 very low birthweight babies.⁹

Using national cost estimates associated with premature and low birth weight deliveries, this saved an estimated \$2.7 million (\$75,000 in hospital charges per child).¹⁰

Infant and child mortality rates in Oklahoma are consistently higher than the national average. Research has shown that babies born to *Children First* clients have approximately half the risk of dying during their first year of life compared to a control group.⁹ It is hard to put a cost figure on saving a newborn life.

Rates of childhood immunization among Oklahoma's children are consistently lower than the national average. *Children First* has consistently demonstrated higher immunization rates among its 2-year-old children (between 85-97%) than the general population of 2-year-old children in Oklahoma.

Children First in Oklahoma has documented other encouraging findings that have most likely resulted in government cost savings:

- Almost 50% of *Children First* clients who smoke at intake reduce smoking by 36 weeks gestation.
- Only 32% of mothers report a subsequent pregnancy during the 2 years of participation.
- The breastfeeding initiation rate of *Children First* clients is equal to or higher than the state rate.



02 reporting

The dandelion is an excellent barometer. In fine weather the ball extends to its fullest, but when rain approaches, it shuts like an umbrella. If the weather is inclined to be showery it keeps shut all the time, only opening when the danger from getting wet is past.

referral summary

During SFY 2005, 5,912 women were referred to *Children First*. The majority of referrals to *Children First* came from an OSDH Family Planning clinic or WIC (Supplemental Nutrition Program for Women, Infants and Children). Baby Line – an information and referral service for pregnant women in the Tulsa area – provided 13.9% of the total referrals to *Children First*. Other referral sources included current and past clients, friends and family members, the Department of Human Services (DHS), schools, private physicians, faith-based organizations, and HMOs/health care plans.

Of the 5,912 women referred to *Children First*, 2,327 (39.3%) enrolled in the program; 3,585 did not. For enrollment data on specific counties and administrative regions, please see appendices one and two.

There were various reasons why women did not enroll in the program: 23.7% could not be enrolled because either the nurse could not locate the woman or the woman did not return phone calls or keep the initial visit; 8.7% of referred women were not eligible or were no longer pregnant; and 6.2% felt the program was not necessary for them. Approximately 14.2% of referred women had other reasons why they did not enroll, including schedule conflicts and plans to move out of the area.

Nurses referred women who did not enroll in *Children First* to various other services to meet their needs. Nurses most frequently referred non-enrollees to Parents as Teachers and Oklahoma Child Abuse Prevention services (OCAP). Several women received referrals to WIC, Youth and Family Services, Bright Beginnings, Healthy Steps, Kids Are Special, child-birth classes, breastfeeding support and nutrition services.

Sources of Referrals to *Children First*, SFY 2005

- 33.1% OSDH Family Planning
- 30.6% WIC
- 13.9% Baby Line (Tulsa)
- 12.4% Other
- 02.8% Indian Health Service
- 02.5% Maternity Health Clinic
- 02.2% Self-Referral

demographics of new clients

Marital Status

Most (71.0%) *Children First* clients enrolled in SFY 2005 were single and had never been married. Slightly more than 25% of women who enrolled were married. Less than 3% had been divorced; less than 2% were separated; and less than 1% were widows.

Age

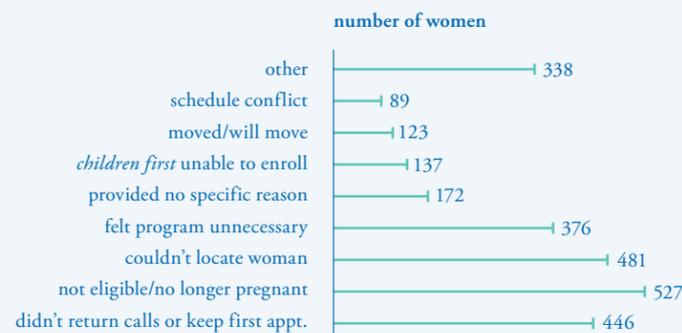
Almost 3% of newly enrolled *Children First* clients were under 15 years of age; 49.4% were between the ages of 15-19, and 51.3% were between 20-25 years of age. Approximately 24% of *Children First* clients were over the age of 25. On average, *Children First* fathers (the reported fathers of the *Children First* client's baby) were 2.5 years older than clients: 23.0 years old compared to 20.5 years old.

In general, *Children First* clients are younger at first birth than the general population of women in Oklahoma: 81.4% of *Children First* clients are under the age of 25 at their first birth, while 65.6% of women in Oklahoma are under the age of 25 at their first birth.

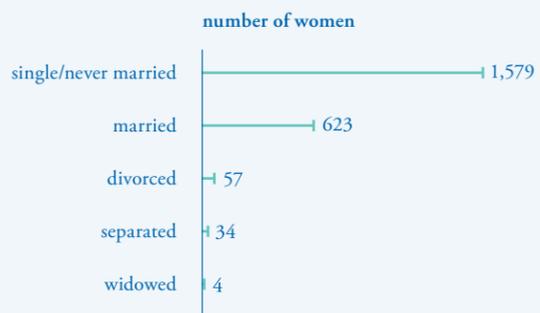
Race/Ethnicity

Minority populations are more heavily represented in the *Children First* client population than in the general population of childbearing age (15-44) in Oklahoma. Upon enrollment into the program in SFY 2005, *Children First* clients reported their race as follows: 58.2% White, 12.1% Black or African American, 11.9% multi-racial, 9.0% American Indian or Alaskan Native, 7% other races (not listed as options), and 1% or less Asian, Native Hawaiian or Pacific Islander. Approximately 50% of clients who report multiple races chose White and American Indian/Alaskan Native. Roughly 16% of *Children First* clients reported being of Hispanic or Latino ethnicity, while 84% did not.

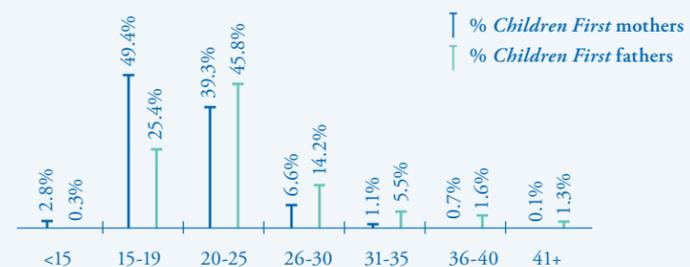
Reasons Why Women Referred to *Children First* Were Not Enrolled, SFY 2005



Marital Status of *Children First* Clients at Enrollment, SFY 2005



Age Ranges of Newly Enrolled *Children First* Mothers and Fathers, SFY 2005



Self-Reported Race/Ethnicity of *Children First* Clients at Enrollment, SFY 2005 Compared to State of Oklahoma

| Race/Ethnicity | Children First SFY 2005 | OK population (ages 15-44) 2004 |
|-------------------------------------|-------------------------|---------------------------------|
| White | 58.2% | 77.2% |
| Black/African American | 12.1% | 8.6% |
| Multiple Races | 11.9% | 3.9% |
| American Indian or Alaskan Native | 9.0% | 8.5% |
| Other | 7.1% | 2.4% |
| Asian | 1.1% | 1.8% |
| Native Hawaiian or Pacific Islander | 0.5% | 0.04% |
| Persons of Hispanic/Latino origin | 16.0% | 7.4% |

“44% of all *Children First* graduates who entered the program **without** a high school diploma had **received their diploma** upon program completion.”

-Nurse-Family Partnership management report, 2005

Education

Approximately 7.7% of *Children First* clients at enrollment had completed 8th grade or less; 35.1% had completed 9th, 10th or 11th grade, and 33.5% had completed high school/GED; less than one-fourth of clients (23.5%) at enrollment had completed any education above high school.

In total, over one-third of newly enrolled *Children First* clients were still in school (35.3%). The majority of clients still in school were either in high school or completing their GED (59.4%); 5.5% were still in middle school, 8.5% were in a vocational or technical education program and 26.5% were in college.

Among newly enrolled *Children First* clients who had less than a high school education, only 53.4% were still in some type of school. Among newly enrolled clients who had completed high school, 13.4% were still in some type of school. Of those newly enrolled clients who had completed some education beyond high school, 33.4% remained in some type of educational program.

Household Composition

During SFY 2005, 52.1% of *Children First* enrollees lived with their husband or boyfriend; approximately one-third of clients lived only with their husband or boyfriend and nobody else (31.7%). One out of three enrollees lived with their mothers (32.2%). Only 7.3% of *Children First* clients lived alone.

Over 98% of newly enrolled clients could identify the father of their baby. The vast majority of them (76%) either saw or talked to the father of the baby on a daily basis.

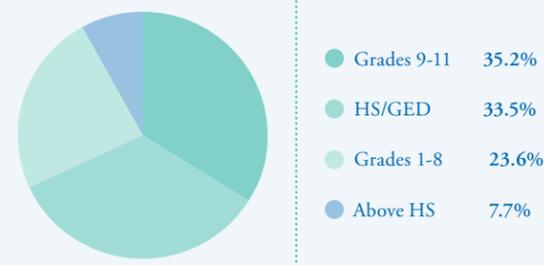
Household Income

The vast majority of new *Children First* enrollees (59.1%) had an annual household income of \$15,000 or less and 12.5% did not know what their annual household income was, mostly teenagers. Almost one-fourth (24.0%) of new *Children First* clients had a household income between \$15,001 and \$30,000. Only 4.4% had a household income over \$30,000.

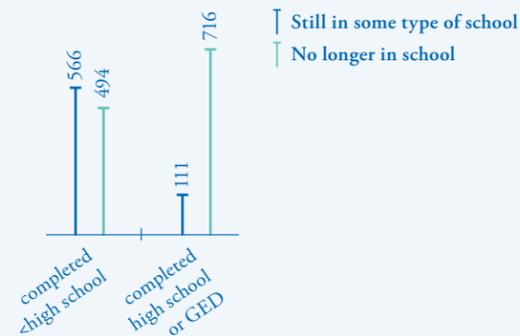
Weeks Pregnant at Enrollment

A woman must be <29 weeks pregnant to be eligible for the *Children First* program. Over 98% of the enrollees were less than 29 weeks pregnant at enrollment. The majority of new clients (62.9%) were between 0 and 20 weeks pregnant at enrollment. The average number of weeks pregnant at enrollment was 17.5 weeks.

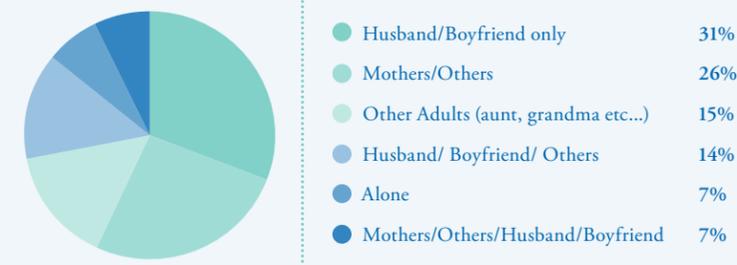
Highest Level of Completed Education of *Children First* Clients at Enrollment, SFY 2005



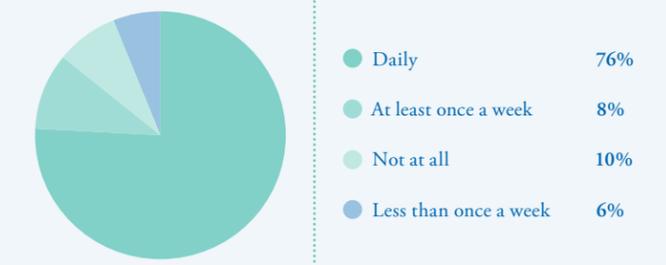
Newly Enrolled *Children First* Clients, SFY 2005
Type of School Completed and Current School Involvement



Household Composition of *Children First* Clients Upon Enrollment, SFY 2005



Frequency of Seeing/Talking to Baby's Biological Father Among *Children First* Clients Upon Enrollment, SFY 2005



visit summary

Visit Details

In SFY 2005, 160 *Children First* nurse home visitors completed 45,851 home visits. There was an attempted 6,625 home visits made by nurses. For every 7 completed home visits, 1 home visit was attempted. Nurses had to cancel an average of one visit per month.

Children First served 5,048 families, meaning they received at least one completed home visit from a *Children First* nurse. Assuming that there were 160 home visiting nurses employed at any given time, each nurse served approximately 31 families over the course of SFY 2005.

Visit Type Summary, SFY 2005

| | |
|---------------|------------------------------|
| 45,851 | Completed visits |
| 6,625 | Attempted visits |
| 3,944 | Visits canceled by clients |
| 2,151 | Visits canceled by nurse |
| 105 | Completed supervisory visits |
| 55 | Attempted supervisory visits |

“Home visitors provide **education** in critical areas such as parenting and safety and regularly check to see if the child is **healthy, safe and growing properly.**”

Discontinuing Clients

During SFY 2005, 983 clients dropped out from the *Children First* program. The majority (60.6%) of these clients declined further participation. Frequently cited reasons for declining further participation included: being too busy (predominantly because of school or work), not wanting a new nurse, the client feeling like she did not need the program any more, and the client’s husband, boyfriend or other family member discouraging further participation.

Approximately 27.1% of discontinuers moved out of the county or state and did not want to participate at the new location. Nine percent dropped the program because of a miscarriage or their infant or child had died. Other reasons included the child having been adopted or placed in foster care, termination of maternal rights (with no further involvement of another care giver), and mother’s death.

Inactive Clients

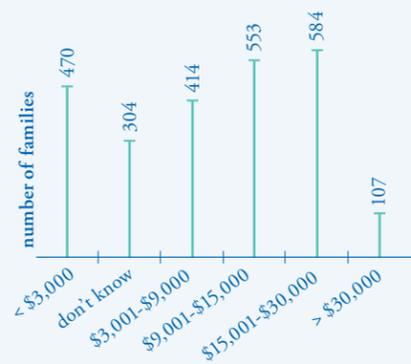
Also during SFY 2005 there were over 1,200 clients who had at least one interruption in home visits thus becoming inactive for a lengthy period of time. There were three main reasons why this occurred: 61.7% of inactive clients missed excessive appointments; the nurse was unable to locate 29.9% of these inactive clients; and the program was unable to provide services for 9.4% of inactive clients. In cases where the program was unable to provide services, the reasons were: nurse unavailable, interpreter unavailable and program unable to accommodate the client’s schedule.

While *Children First* targets first-time mothers, if the mother is no longer in the program, another caregiver can elect to continue participating. In SFY 2005, *Children First* continued to provide services to 44 families in which someone other than the mother had taken over the primary caregiver role.

Length of Participation

According to data from the most recent Nurse-Family Partnership Management Report, which examines data since July 1, 2000, out of 9,081 participants eligible for graduation by June 30, 2005, 63% dropped out before completion and 3,191 graduated. Of those participants who dropped out, 28% dropped during pregnancy, 29% between birth-6 months, 21% between 6-12 months, 17% between 12-18 months, and 6% between 18-24 months.

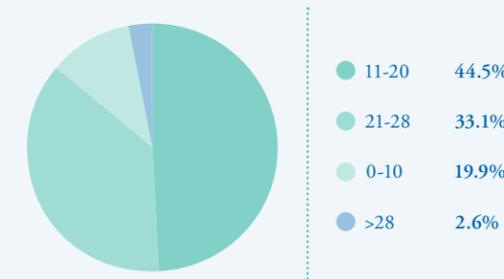
Household Income of Clients Enrolled in *Children First*, SFY 2005



Household Income Category by Number in Household for *Children First* Clients Upon Enrollment, SFY 2005



Clients Weeks Pregnant at Enrollment, SFY 2005



Reasons *Children First* Clients Dropped the Program, SFY 2005



risk factor summary

Indicators are items we can measure in order to estimate risk. In this annual report, we describe *Children First* clients' self-report on indicators of the following risk factors: unintended pregnancy, inadequate prenatal care and domestic abuse.

Unintended Pregnancy

Women who have unintended pregnancies are less likely to get early prenatal care and may be more likely to expose the fetus to harmful substances such as alcohol and cigarette smoke. Unintended pregnancy is a risk factor for low birthweight and child maltreatment.

Unintended pregnancy is defined as a pregnancy that is either mistimed or unwanted. Among *Children First* clients who enrolled during SFY 2005, 68.3% reported that their pregnancy was unintended; 64.8% said "I became pregnant sooner than I wanted" (mistimed) and 3.5% of respondents said "I didn't want to ever become pregnant then or any time in the future" (unwanted).

Initiation of Prenatal Care

Receiving late or no prenatal care is a potential risk factor for poor birth outcomes mainly due to missed opportunities to provide necessary education and identify health problems that could impact the pregnancy.

Among *Children First* clients who were in their 2nd or 3rd trimester of pregnancy at enrollment, 74.2% had received prenatal care in the first trimester; 25.8% had either not received prenatal care yet or received it after the 1st trimester (women in the first trimester of pregnancy at enrollment, still had time to initiate prenatal care during the first trimester). Over 40.5% of all new clients reported not getting prenatal care as early as they wanted to. The most prevalent reasons for not getting earlier prenatal care were: not having a Medicaid card, not being able to get an appointment, and not knowing they were pregnant.

Domestic Abuse and Violence

Domestic abuse are risk factors for poor mental health (including postpartum depression) and child maltreatment. Among women who enrolled in *Children First* in SFY 2005: 30.4% reported a history of having been emotional or physical abused by a partner or someone else important to them. One out of six newly enrolled clients (16.2%) report having been physically hurt by someone in the past year, the majority reporting the perpetrator as being a current or former male partner. Almost 6% report having been physically hurt by someone during their pregnancy, with 44.8% reporting a past or current male partner as the perpetrator and 55.2% reporting somebody else - a family member, friend, acquaintance or stranger. Approximately 3.5% reported having been raped during the past year.

Approximately **68%** of new *Children First* clients reported that their pregnancy was **unintended**.

Over **40%** of all new *Children First* clients reported **not getting prenatal care** as early as they wanted to.

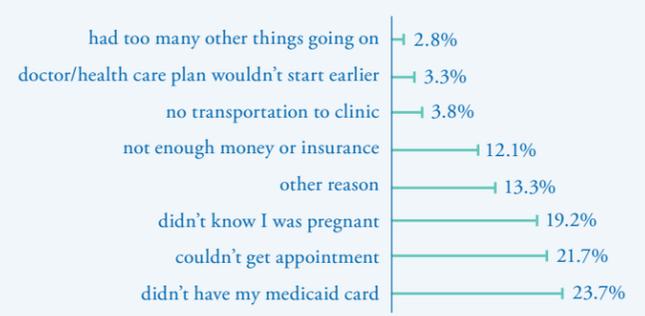
13

Pregnancy Intendedness Among *Children First* Clients at Intake, SFY 2005



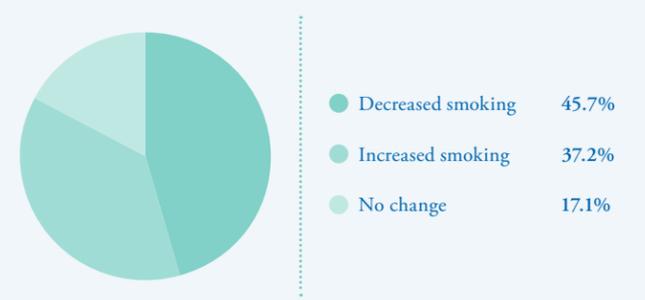
14

Reasons *Children First* Enrollees Did Not Get Prenatal Care as Early as They Wanted, SFY 2005



15

Among *Children First* Clients Who Reported Recent Smoking at Intake; Change in Cigarette Use at 36 Weeks Gestation, SFY 2005



Child Abuse and Neglect Reporting

Children First nurse home visitors are mandatory reporters of suspected child abuse or neglect, and have a greater opportunity to recognize potential child maltreatment because of their presence in the home and knowledge of the family. During SFY 2005, *Children First* nurses made 206 reports to the Department of Human Services for suspected child maltreatment and 97 reports for cases where the child had not yet been born.

Smoking Cessation

Smoking during pregnancy is associated with labor and delivery complications, prematurity and low birthweight. *Children First* nurses refer clients to smoking cessation services. The program collects information about smoking and other substance use among participants with the Health Habits form, which is completed at intake, 36 weeks gestation, and 12 months postpartum.

Among *Children First* clients who had Health Habits forms at intake and 36 weeks gestation during SFY 2005, 41.3% reported having smoked some time during their pregnancy, including before they found out they were pregnant. Among clients who reported smoking during the past 48 hours at intake, 45.7% had decreased their smoking during the past 48 hours at 36 weeks. Fewer had increased smoking (37.2%), and even fewer had no change in smoking (17.1%).

Breastfeeding Initiation and Duration

Breastfeeding imparts numerous benefits to an infant. Infants who are not breastfed face an increased risk of health problems including certain infections, chronic conditions and increased hospitalizations.¹¹

Children First clients appear to initiate breastfeeding at rates comparable or higher than the rate for all mothers in Oklahoma. For *Children First* clients who gave birth during SFY 2005, 77.4% initiated breastfeeding. The state rate for breast feeding initiation in Oklahoma is 69.8%.¹¹ Among those who did not initiate breastfeeding, the most prevalent reason was they did not want to or did not like it (37%). Nearly 11% of new *Children First* moms were embarrassed to begin breastfeeding; this may be due to the young age of many *Children First* clients. Nine percent did not breastfeed because they were going back to work or school.

“Other” reasons for not initiating breast feeding included: mother’s young age, pain from c-section and infant’s extended stay in the hospital.

During SFY 2005, 710 women were in *Children First* at 6 months postpartum. Among these participants, 63.5% breastfed for at least 2 weeks. At more than 8 weeks postpartum, 34.6% mothers were breastfeeding. Compared to the most recent statewide PRAMS data for Oklahoma mothers, a slightly greater proportion of *Children First* mothers breastfed for at least 2 weeks, and a smaller proportion breastfed after 8 weeks.¹²

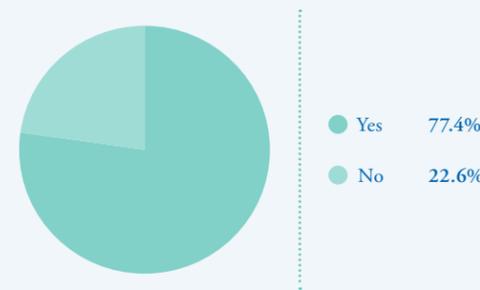
Among all women participating at 6 months postpartum, 72.1% had initiated breastfeeding. Among these initiators, 88% breastfed longer than 2 weeks; 46% breastfed for longer than 8 weeks; 26.3% were still breastfeeding at 6 months.

Immunization Status

In SFY 2005, the *Children First* program collected information about immunizations on 2,308 children. Of these children, 89.2% were up to date on their immunizations, based on nurse assessment, at the most recent home visit during which immunization data were collected. In Oklahoma, approximately 72% of children 24 months old are up to date on their immunizations.¹³

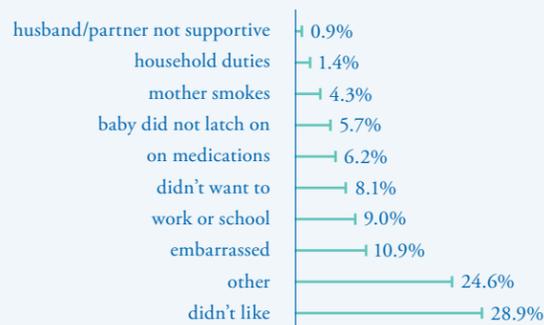
16

Breastfeeding Initiation Among *Children First* Clients Who Gave Birth, SFY 2005



17

Reasons *Children First* Clients Did Not Initiate Breastfeeding, SFY 2005



18

Breastfeeding Duration at 6 Months Postpartum Among *Children First* Clients Who Had Ever Breastfed, SFY 2005



“A woman’s first child provides a unique **teachable time frame** during which health behaviors can be developed that will last through that child’s life and future pregnancies.”

program expenditures

Full accounting of administrative costs:
The following are expenditures incurred by the *Children First* central office during SFY 2005 (see figure 20). (Note: This amount is approximately 5% of the total state appropriations provided to Children First).

“Recent cost-benefit analysis showed NFP to be the **most cost-effective model** for early intervention, providing a net return to government of **\$17,180** per family served.”



The *Children First* program is needed now more than ever for new families in Oklahoma. Oklahoma’s child health outcomes have consistently been worse than national averages. *Children First* promotes healthy behaviors and overall health for Oklahoma families and offers primary prevention of poor birth outcomes, which drains families and Oklahomans of financial resources. *Children First* will continue to empower and inform first-time parents and to link them to the resources they need to be successful and have healthy, happy children.

19
Program Expenditures, SFY 2005

| | |
|--|-----------------------|
| Salary and Fringe | \$447,239.42 |
| Travel | \$20,402.59 |
| Contractual | \$39,197.88 |
| Supplies | \$5,359.97 |
| Equipment | \$740.44 |
| Other | \$14,031.27 |
| Data Processing | \$17,077.80 |
| Total Administrative Costs | \$544,049.37 |
| Percent of Total State Appropriations | 5.11% |
| Total Expenditures | \$9,870,505.57 |
| Average Actual Expenditure Family | \$1,955.33 |

20
Children First Expenditures, SFY 2005



03 partnership report

Each dandelion has a tiny parachute to spread far and wide into the wind.

The following is the executive summary of the Management Report published by the Nurse-Family Partnership (Report time span: Initiation through June 30, 2005), reprinted with permission from the Nurse-Family Partnership. The report describes the population of *Children First* graduates, describes outcomes among graduates, compares *Children First* processes to a national standard, and compares characteristics of Cohort 1 (enrolled between July 1, 2000 and June 30, 2002) to Cohort 2 (enrolled between July 1, 2002 and June 30, 2005).

Executive Summary

This is the third management report for the *Children First* program in the state of Oklahoma, based on the Nurse-Family Partnership intervention model developed and tested by Dr. David Olds and colleagues. The Oklahoma State Department of Health coordinates the implementation of this program which serves all 77 counties. This report presents the analyses of data available from July 1, 2000 through June 30, 2005 (previous reports presented analyses for participants enrolled prior to July 1, 2000 and are not repeated in this report, as the data would not have changed given that these participants have been discharged from the program). The analyses for this report were conducted by the National Center for Children, Families and Communities (NCCFC) at the University of Colorado at Denver and Health Sciences Center using data from the Public Health Oklahoma Clinical Information System (PHOCIS).

The *Children First* program has been in operation since 1997. During the period covered in this report, 15,082 participants have enrolled in the program, and 9,081 participants have had the opportunity to complete the full program cycle from pregnancy through their child's second birthday.

In part one of this report, demographics and other descriptive statistics will be presented for the graduates (those who remained in the program until their child's second birthday) and non-completers (those who dropped from the program before their child's second birthday). Further consideration of program, maternal, and infant outcomes will be given to the 3,191 participants who have completed the program.

Also of interest is whether participant characteristics, program implementation and participant outcomes changed over time. Part two of this report compares those who entered the program between July 1, 2000 and June 30, 2002 (Cohort 1) with those who entered the program between July 1, 2002 and June 30, 2005 (Cohort 2).

Graduates of the *Children First* Program: Participant Characteristics at Program Intake

Children First Graduates

Median age 20; median education 12 years; 62% unmarried; 53% unemployed; 56% medicaid recipients

Race/Ethnicity

61% non-Hispanic White; 14% Hispanic; 10% African American/Black; 10% Native American; 4% multiracial/other; 1% Asian

Statistically Significant Differences Between Graduates and Non-Completers at Intake

Demographic Characteristics

Compared with non-completers, graduates of the program were older at intake (median age: 20 vs. 19), had a higher high school completion rate (63% vs. 55%), were more likely to be married (38% vs. 28%) and more likely to be first-time mothers (98% vs. 96%).

Ethnicity

Graduates had a different distribution of race/ethnicity than non-completers with more non-Hispanic White (61% vs. 59%) and fewer African American/Black (10% vs. 13%) participants.

Economic Factors and Use of Government Assistance

Graduates were less likely to be unemployed (53% vs. 58%) and reported less use of WIC (73% vs. 75%), Medicaid (56% vs. 60%) and Food Stamps (12% vs. 15%).

Household Size and Composition

Graduates reported having fewer people living in their household (median number of people in household: 2 vs. 3) and were more likely to be living with their husband/boyfriend (51% vs. 45%).

Psychological Characteristics

Graduates were more likely to have higher mental health scores (score greater than 3.0: 85% vs. 82%), which indicates a stronger sense of mastery over life challenges.

Contact With Biological Father

Graduates were more likely to have contact with the biological father of their child on a daily basis (78% vs. 74%).

Program Implementation

Children First graduates received an average of 9.0 visits during the pregnancy phase, 16.3 visits during the infancy phase, and 10.3 visits during the toddler phase. National NFP averages for the number of visits per graduate were 9.5, 17.4 and 11.5.

Visit lengths in each program phase averaged more than 65 minutes; the NFP objective is a minimum of 60 minutes.

Children First has closely matched the program guidelines for content of home visits with the exception of the maternal role domain in the infancy phase (37% vs. 37% national NFP vs. 45-50% NFP guideline) and the life-course development domain in the toddler phase (14% vs. 17% national NFP vs. 18-20% NFP guideline).

42% of *Children First* graduates were enrolled by the 16th week of pregnancy, a rate higher than the national NFP average of 41%; 95% of *Children First* graduates were enrolled by the 28th week of pregnancy (national NFP: 91%).

For those who could have completed the program by June 30, 2005, the largest proportion of drops (50%) occurred during the infancy phase (national NFP 52%).

Outcomes for *Children First* Graduates

There was a statistically significant reduction (-16%) in the number of women smoking during pregnancy among *Children First* graduates (-15% for national NFP). Among moderate and heavy smokers who continued to smoke during pregnancy, there was a significant reduction (-2.1) in the number of cigarettes smoked per day (national NFP: -2.7).

10.1% of *Children First* graduates' infants were premature (national NFP: 9.8%); premature rates for the predominant ethnic groups were: 9.6% for non-Hispanic Whites (national NFP: 9.7%), 10.8% for Hispanics (national NFP: 8.0%), 9.2% for Native Americans (national NFP: 9.1%) and 10.0% for African Americans/Blacks (national NFP: 12.5%).

7.8% of *Children First* graduates' infants were low birth weight (national NFP: 8.4%); low birth-weight rates for the predominant ethnic groups were: 7.2% for non-Hispanic Whites (national NFP: 7.9%), 8.0% for Hispanics (national NFP: 7.4%), 4.6% for Native Americans (national NFP: 6.2%), and 12.5% for African Americans/Blacks (national NFP: 13.1%).

Children First graduates' rates for completion of recommended infant (age 12 months) immunizations were 90-96% with the exception of HIB (80%). The immunization rates for toddlers, age 24 months, were 96-97% with the exception of the DTP/DTaP (58%) and HIB (84%) DTP/DTaP and HIB rates may be under reported because of different dosage patterns among pharmaceutical products.

12% of *Children First* graduates had a subsequent pregnancy by 12 months after the birth of their first child (12% for national NFP graduates), while 33% experienced a subsequent pregnancy by 24 months postpartum (32% for national NFP graduates).

By program completion, 44% of the women who entered the program without a high school diploma/GED had received their diploma/GED and 13% were continuing their education beyond high school; an additional 13% were still working toward their diploma/GED.

Among graduates who entered the program with a high school diploma/GED, the percentage of enrollment in additional schooling remained the same from intake to program completion (22%).

Among graduates who were 18 years or older at intake, 56% were working by program completion, a rate comparable to the NFP national average.

Among graduates who were 17 or younger at intake, workforce participation increased from 18% at intake to 37% by program completion.

Children First graduates worked an average of 7 months during their first postpartum year and 9 months during the following year. The NFP national averages are 7 months and 8 months, respectively.

The percentage of participants married increased from 43% at intake to 60% by program completion.

“There was a statistically significant **reduction** in the number of women smoking during pregnancy among *Children First* graduates.”



Comparison of *Children First* Cohort 1 & 2:

Participant Characteristics

Several statistically significant socio-demographic differences were found, at intake, between participants enrolled from July 1, 2000 to June 30, 2002 (Cohort 1) and those enrolled between July 1, 2002 and June 30, 2005 (Cohort 2).

Demographic Characteristics

Cohort 2 participants were more likely to be unmarried (74% vs. 68%).

Ethnicity

As compared to Cohort 1, there were increases among Cohort 2 participants in the percentages of multiracial/others, African American/Blacks and Hispanics, and decreases in the percentages of non-Hispanic Whites and Native Americans.

Economic Factors and Use of Government Assistance

Over time, *Children First* enrolled more participants with greater financial need; Cohort 2 participants reported having lower household incomes (median income: \$10,500 vs. \$13,500), higher unemployment rate (59% vs. 56%) and more use of government assistance (WIC: 76% vs. 74%; Medicaid: 67% vs. 58%; Food Stamps: 19% vs. 13%).

Household Size and Composition

Cohort 2 participants were more likely to be living with their mothers and less likely with their husband/boyfriend.

Program Implementation

Enrollment by 16 weeks of pregnancy was the same for the two cohorts (47%); the total rates of enrollment by 28 weeks of pregnancy were 95% for both cohorts. National NFP averages for percentages of enrollment by 16 weeks and 28 weeks of pregnancy were 42% and 92%, respectively.

Attrition increased over time in both the pregnancy (Cohort 1: 14.5%; Cohort 2: 18.8%) and infancy (Cohort 1: 24.4%; Cohort 2: 31.4%) phases.

The average numbers of completed home visits declined slightly, over time, in both the pregnancy (Cohort 1: 8.1; Cohort 2: 7.6) and infancy (Cohort 1:10.2; Cohort 2: 8.5) phases.

Both cohorts have closely matched the program guidelines for content of home visits with the exception of the maternal role domain in the infancy phase. It is noted that time devoted to this domain during the infancy phase has increased over time (36% for Cohort 1, 38% for Cohort 2).

18 significant reductions in the numbers of cigarettes smoked per day by those who continued to smoke during pregnancy (Cohort 1: -2.3 cigarettes; Cohort 2: -2.1 cigarettes).

There were no statistically significant differences between Cohorts in premature rates (Cohort 1: 9.8%; Cohort 2: 10.2%) and low birthweight rates (Cohort 1: 8.2%; Cohort 2: 8.7%).

Participant Outcomes

Immunization rates by 12 months infant age were 82-98% for Cohort 1 and 77-78% for Cohort 2 with the exception of DTP/DTaP (63%) and HIB (53%).

Immunization rates by 24 months child age were 85-98% for Cohort 1 with the exception of DTP/DtaP (63%) and 78-92% for Cohort 2 with the exception of DTP/DTaP (17%). DTP/DTaP and HIB rates may be under reported because of different pharmaceutical preparations used.

Subsequent pregnancy rates were similar for the cohorts by both 12 months (13% of Cohort 1, 11% of Cohort 2) and 24 months postpartum (33% of Cohort 1, 34% of Cohort 2).

Workforce participation was similar for the cohorts among participants in both age groups, 18 years or older and 17 years or younger at intake.

Participants in both cohorts worked an average of 7 months during their first postpartum year.



04 appendices/sources

Dandelions are especially well-adapted to a modern world of “disturbed habitats.” They were even introduced into the Midwest from Europe to provide food for the imported honeybees in early spring. They now grow virtually worldwide.

1 Children First Enrollment: Visits and Families Served by County, SFY 2005

| county | women referred SFY 05 | women enrolled | enrollment rate (%) SFY 05 | total completed visits | total families served |
|-----------|-----------------------|----------------|----------------------------|------------------------|-----------------------|
| Adair | 51 | 11 | 21.6 | 474 | 39 |
| Alfalfa | 2 | 2 | 100 | 10 | 0 |
| Atoka | 55 | 2 | 3.6 | 13 | 1 |
| Beaver | 23 | 12 | 25.2 | 255 | 24 |
| Beckham | 68 | 25 | 36.8 | 602 | 56 |
| Blaine | 42 | 28 | 66.7 | 614 | 60 |
| Bryan | 187 | 40 | 21.4 | 640 | 82 |
| Caddo | 66 | 27 | 40.9 | 518 | 53 |
| Canadian | 101 | 42 | 41.6 | 879 | 83 |
| Carter | 79 | 28 | 35.4 | 435 | 46 |
| Cherokee | 70 | 35 | 50 | 825 | 127 |
| Choctaw | 24 | 10 | 41.7 | 148 | 34 |
| Cimarron | 0 | 0 | N/A | 0 | 0 |
| Cleveland | 303 | 119 | 39.3 | 2979 | 273 |
| Coal | 2 | 8 | 400 | 48 | 10 |
| Comanche | 225 | 85 | 37.8 | 2268 | 228 |
| Cotton | 8 | 4 | 50 | 93 | 12 |
| Craig | 25 | 23 | 92 | 508 | 50 |
| Creek | 205 | 46 | 22.4 | 736 | 71 |
| Custer | 30 | 13 | 43.3 | 282 | 47 |
| Delaware | 53 | 25 | 47.2 | 727 | 58 |
| Dewey | 0 | 0 | N/A | 0 | 0 |
| Ellis | 1 | 1 | 100 | 27 | 5 |
| Garfield | 253 | 75 | 29.6 | 1965 | 222 |
| Garvin | 44 | 2 | 4.5 | 33 | 6 |

| county | women referred SFY 05 | women enrolled | enrollment rate (%) SFY 05 | total completed visits | total families served |
|------------|-----------------------|----------------|----------------------------|------------------------|-----------------------|
| Grady | 59 | 25 | 42.4 | 932 | 80 |
| Grant | 0 | 0 | NA | 0 | 0 |
| Greer | 22 | 2 | 9.1 | 57 | 7 |
| Harmon | 3 | 1 | 33.3 | 30 | 1 |
| Harper | 5 | 4 | 80 | 77 | 10 |
| Haskell | 53 | 12 | 22.6 | 233 | 27 |
| Hughes | 26 | 4 | 15.4 | 96 | 9 |
| Jackson | 94 | 34 | 36.2 | 845 | 108 |
| Jefferson | 24 | 13 | 54.2 | 180 | 19 |
| Johnston | 33 | 18 | 54.5 | 125 | 19 |
| Kay | 86 | 36 | 41.9 | 907 | 80 |
| Kingfisher | 38 | 25 | 65.8 | 575 | 52 |
| Kiowa | 28 | 10 | 35.7 | 359 | 29 |
| Latimer | 40 | 10 | 25 | 64 | 8 |
| LeFlore | 145 | 48 | 33.1 | 636 | 85 |
| Lincoln | 87 | 28 | 32.2 | 622 | 71 |
| Logan | 108 | 48 | 44.4 | 945 | 107 |
| Love | 10 | 2 | 20 | 47 | 6 |
| Major | 0 | 0 | N/A | 0 | 0 |
| Marshall | 50 | 8 | 16 | 196 | 24 |
| Mayes | 30 | 23 | 76.7 | 467 | 58 |
| McClain | 15 | 8 | 53.3 | 64 | 17 |
| McCurtain | 53 | 12 | 22.6 | 92 | 20 |
| McIntosh | 59 | 33 | 55.9 | 432 | 62 |
| Murray | 33 | 13 | 39.4 | 371 | 35 |

| county | women referred SFY 05 | women enrolled | enrollment rate (%) SFY 05 | total completed visits | total families served |
|--------------|-----------------------|----------------|----------------------------|------------------------|-----------------------|
| Muskogee | 82 | 45 | 54.9 | 1156 | 128 |
| Noble | 0 | 0 | N/A | 0 | 0 |
| Nowata | 0 | 0 | N/A | 0 | 0 |
| Ofuskee | 35 | 5 | 14.3 | 28 | 6 |
| Oklahoma | 562 | 224 | 39.9 | 3981 | 501 |
| Okmulgee | 71 | 27 | 38 | 366 | 54 |
| Osage | 0 | 0 | — | 0 | 0 |
| Ottawa | 110 | 42 | 38.2 | 1097 | 107 |
| Pawnee | 7 | 2 | 28.6 | 6 | 4 |
| Payne | 145 | 47 | 49.7 | 1385 | 139 |
| Pittsburg | 117 | 35 | 29.9 | 684 | 130 |
| Pontotoc | 97 | 41 | 42.3 | 518 | 58 |
| Pottawatomie | 224 | 43 | 19.2 | 733 | 86 |
| Pushmataha | 0 | 0 | — | 0 | 0 |
| Roger Mills | 1 | 1 | 100 | 15 | 2 |
| Rogers | 142 | 40 | 28.2 | 907 | 114 |
| Seminole | 72 | 20 | 27.8 | 486 | 65 |
| Sequoyah | 120 | 42 | 35 | 1150 | 132 |
| Stephens | 73 | 25 | 34.2 | 279 | 31 |
| Texas | 20 | 13 | 65 | 274 | 35 |
| Tillman | 45 | 9 | 20 | 181 | 28 |
| Tulsa | 948 | 444 | 46.8 | 8018 | 876 |
| Wagoner | 80 | 19 | 23.8 | 334 | 48 |
| Washington | 102 | 23 | 22.5 | 313 | 45 |
| Washita | 11 | 7 | 63.6 | 139 | 24 |
| Woods | 30 | 14 | 46.7 | 184 | 33 |
| Woodward | 32 | 14 | 43.8 | 168 | 21 |

2 Children First Enrollment: Visits and Families Served by Administrative Region, SFY 2005

| Administrative Region | women referred SFY 05 | women enrolled | enrollment rate SFY 05 | total completed visits | total families served |
|---|-----------------------|----------------|------------------------|------------------------|-----------------------|
| Beaver, Cimarron, Ellis, Harper, Texas Woodward | 81 | 44 | 54.3 | 791 | 95 |
| Craig, Delaware, Ottawa | 188 | 90 | 47.9 | 2332 | 215 |
| Blaine, Dewey, Kingfisher, Lincoln, Logan | 275 | 129 | 46.9 | 2756 | 290 |
| Tulsa County | 948 | 444 | 46.8 | 8018 | 876 |
| Kay, Noble, Payne | 231 | 108 | 46.8 | 2292 | 219 |
| Adair, Cherokee, Mayes | 151 | 69 | 45.7 | 1385 | 224 |
| Muskogee, Sequoyah | 202 | 87 | 43.1 | 2306 | 260 |
| Canadian, Custer | 131 | 55 | 42.0 | 639 | 130 |
| Carter, Jefferson, Johnston, Love | 146 | 61 | 41.8 | 874 | 90 |
| Cleveland, McClain | 318 | 127 | 39.9 | 3043 | 290 |
| Oklahoma County | 562 | 224 | 39.9 | 3981 | 501 |
| Beckham, Harmon, Jackson, Roger Mills | 166 | 61 | 36.7 | 1492 | 167 |
| Comanche, Cotton, Greer | 255 | 91 | 35.7 | 2418 | 247 |
| Caddo, Kiowa, Tillman, Washita | 150 | 53 | 35.3 | 1197 | 134 |
| Haskell, Latimer, LeFlore, McIntosh, Okmulgee | 368 | 130 | 35.3 | 1731 | 236 |
| Alfalfa, Garfield, Grant, Major, Woods | 285 | 91 | 31.9 | 2159 | 255 |
| Atoka, Coal, Pittsburg, Pontotoc | 271 | 86 | 31.7 | 1263 | 199 |
| Garvin, Grady, Murray, Stephens | 209 | 65 | 31.1 | 1615 | 152 |
| Nowata, Osage, Rogers, Washington | 244 | 63 | 25.8 | 1220 | 159 |
| Creek, Pawnee, Wagoner | 292 | 67 | 22.9 | 1076 | 123 |
| Bryan, Choctaw, Marshall, McCurtain, Pushmataha | 314 | 70 | 22.3 | 1753 | 160 |
| Hughes, Okfuskee, Pottawatomie, Seminole | 357 | 72 | 20.2 | 1343 | 166 |

Note: Due to configuration of the data collection system, referral and enrollment forms may have been inadvertently entered for the wrong county, but in the same administrative region. Therefore, we have included the breakdown of enrollment data by administrative region (appendix two).

SOURCES & ACKNOWLEDGEMENTS

This report is submitted in compliance with Oklahoma Statue 63-1-110.1 by the following:

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Data for this report reflects responses by *Children First* clients obtained between July 01, 2004 and June 30, 2005.

The number of valid responses for a question can vary depending on the time frame, the availability of the information or the number of women available to respond. The following are the number of valid responses out of the number of respondents or forms for each question used in this analysis:

Referral source 1,477/6,042 forms; **Reasons for non-enrollment** 3,458/3,585 non-enrollees; **Marital status**, 2,477/2,516 forms; **Age** 2,481/2,516 forms; **Race** 2,391/2,516 forms; **Ethnicity** 2,477/2,516 forms; **Highest education level** 2,474/2,516 forms; **Current school involvement** 2,473/2,516 forms; **Household composition** 2,466/2,516; **Frequency of seeing baby's biological father** 2,392/2,516 forms; **Household income** 2,432/2,516 forms; **Weeks pregnant at enrollment** 2,238/2,368 forms; **Visit type** 58,683/58,906 forms; **Reasons clients drop out**, n=983; **Unintended pregnancy** 2,210/2,368 forms; **Prenatal care initiation** 2,004/2,368 forms; **Never abused** 2,105/2,368 forms; **Abused past year** 2,083/2,368 forms; **Raped past year** 2,081/2,368 forms; **Hurt since pregnancy** 2,083/2,368 forms; **Smoking some time during pregnancy at 36 weeks gestation (yes/no)** 517/540 forms; **Cigarettes smoked in past 48 hours at 36 weeks gestation** 520/540 forms; **Breastfeeding initiation** 1,008/1,022 forms; **Reasons for not initiating breastfeeding** 194/228 non-initiators; **Breastfeeding duration at 6 months postpartum**: 505 responses on "still breastfeeding" (yes/no)/512 forms; 356 responses on duration/372 women not breastfeeding at 6 months; **Immunization status** 2,308/2,385 forms.

ACKNOWLEDGEMENTS

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SOURCES

- 01 Karoly LA et al. Investigating in Our Children: What We Know and Don't Know About the Costs and Benefits of Early Childhood Interventions. 1998: RAND.
- 02 Centers for Disease Control and Prevention. First Reports Evaluating the Effectiveness of Strategies for Preventing Violence: Early Childhood Home Visitation. MMWR. 2003;52(RR14):1-9. <<www.ced.gov/mmwr/preview/mmwrhtml/rr5214a.htm>>.
- 03 Nurse Family Partnership Web site: www.nursefamilypartnership.org/professionals/681_1153.asp
- 04 Association of State and Territorial Health Officials. Injury Prevention Policy Fact Sheet. April 2005. <<www.astho.org/pubs/Childmaltreatmentfactsheet4-05.pdf>>.
- 05 National Center for Injury Prevention and Control. Child Maltreatment: Fact Sheet. <<www.cdc.gov/ncip/factsheets/cmfacts.htm>>.
- 06 Oklahoma Department of Human Services. Child Abuse and Neglect Statistics SFY 2004. <<www.okdhs.org/ioppr/abuse_neglect_fy04.pdf>>.
- 07 Oklahoma KIDSCOUNT Fact Book, 2005.
- 08 March of Dimes Web site: <<www.marchofdimes.com/professionals/681_1153.asp>>.
- 09 Carabin H, et al. Does Participation in a Nurse Visitation Programme Reduce the Frequency of Adverse Prenatal Outcomes in First-Time Mothers? Pediatric and Prenatal Epidemiology. 2005;19:19:194-205
- 10 National Governor Association Center for Best Practices. Healthy Babies: Efforts to Improve Birth Outcomes and Reduce High-Risk Births. June 28, 2004. Available at <<www.nga.org/portal/site/ngamenuitem.9123e83af6786440ddcbeeb501010a0/?vgnextoid=5565303cb0b32010VCM1000001a01010aRCRD>>.
- 11 Oklahoma State Department of Health, Maternal and Child Health Service. PRAMSGRAM: Breast feeding, Part I: Initiation. Oklahoma Pregnancy Risk and Assessment Monitoring System. 2005;9:1.
- 12 Oklahoma State Department of Health, Maternal and Child Health Service. PRAMSGRAM: Breast feeding, Part II: Duration. Oklahoma Pregnancy Risk and Assessment Monitoring System. 2005;9:2.
- 13 Oklahoma State Department of Health, Immunization Service.

This very moment is a seed from which the flowers
of tomorrow's happiness grow.

-Margaret Lindsey