



Children First

Oklahoma's Nurse-Family Partnership

State Fiscal Year 2023

Annual Report

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PROGRAM OVERVIEW:

HISTORY

In 1996, the Oklahoma State Legislature authorized legislation to create Children First (C1). Representatives from Tulsa Children's Consortium, the Oklahoma State Legislature and the Oklahoma State Department of Health (OSDH) reviewed home visiting models and chose to implement the "Olds Model," now known as Nurse-Family Partnership (NFP). Implementation began in state fiscal year (SFY) 1997 with pilot sites in Garfield, Garvin, Muskogee and Tulsa counties. Current funding supports 78.5 nurse home visitors, nurse supervisors and program manager positions.

Oklahoma utilizes the NFP model to improve child health outcomes and minimize risk factors known to contribute to child maltreatment. The NFP model is based on more than four decades of research by David Olds, Ph.D. and colleagues, and strives to:

- Improve pregnancy outcomes by partnering with pregnant women to engage in preventive health practices, including prenatal care from their healthcare providers, improving their nutrition and reducing any use of habit-forming substances;
- Improve child health and development by assisting families to provide responsible and competent care; and
- Improve the economic self-sufficiency of the family by supporting parents to develop a vision for their own future, plan additional pregnancies, continue their education and find work.¹

NFP has been recognized by the United States Department of Health and Human Services as an evidence-based model and demonstrated "top tier" evidence of effectiveness by the Coalition of Evidence-Based Policy. In addition, it has been endorsed by the Centers for Disease Control and Prevention (CDC) as a program that has great potential to reduce the economic burden of child maltreatment.²⁻⁴ NFP has shown favorable results in moderate to high quality impact studies related to: maternal health, child health, child development, school readiness, positive parenting practices, family economic self-sufficiency; and reductions in child maltreatment, juvenile delinquency, and family violence/crime.²

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.

VISION

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

SERVICES

Home visitation services are provided through county health departments under the OSDH and the independent city-county health departments in Oklahoma and Tulsa counties and through a public/private Partnership at Parent Promise in Oklahoma County. A first-time mother, referred to as a client in this report, is enrolled prior to 29 weeks of pregnancy. Specially trained public health nurses provide assessments, education, information and linkages to community services in order to meet the needs identified for each family.

Nurse home visitors follow public health physician approved protocols and evidence-based NFP visit guidelines to provide a systematic and comprehensive nursing approach that focuses on six domains of functioning: personal health, environmental health, maternal life course development, maternal role development, networks for supportive relationships, and utilization

of services. Standardized assessment tools assess risk for depression, substance abuse, intimate partner violence, physical abnormalities, child growth and developmental delays. Services rendered by the nurses are not intended to replace services provided by the Primary Care Provider (PCP). In fact, nurses consult and collaborate with both the client's and child's PCP to ensure continuity of care and help improve health outcomes. Children First services are provided to:

- Improve maternal health throughout pregnancy and after the child's birth.
- Improve child health and development from birth to age two.
- Enhance family functioning and family stability.
- Improve maternal life course development.
- Decrease the risk of injury, abuse and neglect.

OVERVIEW:

SCREENING TOOLS

- Patient Health Questionnaire (PHQ-9) (Client)
- Generalized Anxiety Disorder (GAD-7) (Client)
- Health Habits Questionnaire (Client)
- Intimate Partner Violence Questionnaire (Client)
- Ages and Stages Developmental Questionnaire (Child)
- Ages and Stages Social-Emotional Questionnaire (Child)
- Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE) (Client and Child)

NURSING ASSESSMENTS

- Brief Health Assessment of Client and Child
- Vital signs of Client and Child
- Client Weight and Blood Pressure
- Child Weight, Length and Head Circumference

ENROLLMENT

Women enrolling as clients in the Children First program, must meet the following criteria:

- The participant must be a first-time mother.⁵
- The monthly household income must be at or below 185% of the federal poverty level.
- The mother must be less than 29 weeks pregnant at enrollment.

Participation in Children First is voluntary. While the NFP intervention is designed to start early in the pregnancy and continue until the child's second birthday, clients are not obligated to participate for any finite length of time.

VISIT SCHEDULE

The suggested visit schedule is as follows:

- Weekly for four weeks following enrollment.
- Every other week until the baby is born.
- Every week during the six-week postpartum period.
- Every other week until the child is 21 months of age.
- Monthly until the child turns 2 years of age.

Nurses may adjust visit schedule and location based on the needs, or at the request of the client.

PROGRAM COSTS

During SFY 2023, a total \$6,554,557 was expended on Children First activities. Funding sources included state appropriations, county millage, and Medicaid reimbursements, as well as federal funds from the Community-Based Child Abuse Prevention Grant. The cost per family was \$5,665 (total expenditures divided by the number of families served). The data in this report does not include funding or clients served by the Maternal, Infant and Early Childhood Home Visitation Grant.

CHARACTERISTICS:

PARTICIPANTS

Reports show that home visitation programs have the most benefit for young mothers with low financial, social or psychological resources.⁶ In addition to these characteristics, the NFP model is designed specifically to target first-time pregnant women to provide the best chance of promoting positive behaviors.⁷ Throughout the years, Children First has been successful in enrolling clients who meet these characteristics. The following demographics reflect the status of new Children First clients at enrollment during SFY 2023, unless otherwise stated.

HOUSEHOLD INCOME

In order to participate in Children First, the client must have a household income less than 185% of the federal poverty level. This dollar amount varies based on the number of people in each household. For a single woman living alone, an income of \$26,973 would meet the financial criteria. For a client expecting a first baby, the amount increases to \$36,482.⁸ Most (57%) new Children First enrollees in SFY 2023 had an annual household income of \$20,000 or less, including 6% who were dependent on a parent/guardian.

HOUSEHOLD INCOME*	PERCENT
Client is dependent on parent/guardian	7%
≤\$3,000	15%
\$3,000-\$6,000	4%
\$6,001-\$9,000	3%
\$9,001-\$12,000	8%
\$12,001-\$15,000	9%
\$15,001-\$20,000	11%
\$20,001-\$30,000	20%
\$30,001-\$40,000	12%
≥ \$40,000	6%
Client declined to answer	5%

*Due to rounding percentages, some tables may not always add up to 100%.

AGE OF CLIENT

The median age of new enrollees in SFY 2023 was 23 years of age, and the age range was 14 to 42 years of age. At enrollment, 22% of Children First clients were under the age of 20, and 73% were under the age of 25.

AGE OF CLIENT*				
Under 18	18-19	20-24	25-29	30 & OLDER
7%	15%	51%	20%	7%

*Due to rounding percentages, some tables may not always add up to 100%.

EDUCATION

In SFY 2023, 72% of Children First enrollees had already obtained a high school diploma.

EDUCATION		
Did not complete GED or High School	Completed GED	Completed High School
24%	3%	72%

*Due to rounding percentages, some tables may not always appear to add up to 100%.

Nearly half (49%) of the clients who had obtained a high school diploma had sought higher education.

MARITAL STATUS

In SFY 2023, 76% of Children First clients were single, never married.

MARITAL STATUS*			
Single, never married	Married	Separated	Divorced
76%	22%	<1%	1%

*Due to rounding percentages, some tables may not always appear to add up to 100%.

RACE/ETHNICITY

Nearly three quarters (71%) of Children First clients in SFY 2023 identified themselves as White. One-fifth of the clients served (20%) identified as Black, Asian or American Indian.

RACE/ETHNICITY**					
White	Black or African American	Asian or Pacific Islander	American Indian or Alaska Native	Other (Includes multiracial)	Hispanic
69%	13%	3%	7%	8%	22%

**Not all clients chose to indicate one race/ethnicity.

EMPLOYMENT

Nearly half (47%) of Children First enrollees in SFY 2023 were unemployed at the time of enrollment. One quarter (27%) were employed full-time.

EMPLOYMENT*	PERCENT
Part Time Employment (less than 10 hours per week)	2%
Part Time Employment (10-19 hours per week)	3%
Part Time Employment (20-36 hours per week)	20%
Full Time Employment (37+ hours per week)	25%
Not employed and seeking employment	8%
Not employed (student, homemaker, other)	41%
Unemployed/not looking	0%

*Due to rounding percentages, some tables may not always appear to add up to 100%.

HOUSEHOLD COMPOSITION

Of the clients who live with others, two-thirds (66%) lived with the father of their child in SFY 2023.

HOUSEHOLD COMPOSITION***	PERCENT
Live Alone	7%
Institutional Facility (Residential Treatment/Incarcerated) Group home or shelter, Homeless	1%
Father of Child	66%
Other Family Members	39%

Client's Mother	26%
Husband/Partner (not father of the child)	3%
Other Adults	16%

***Percentages based on clients who indicated they lived with others received additional prompts and therefore could select more than one option.

HEALTH CONCERNS

Pregnancy and birth outcomes are impacted by a client's pre-pregnancy health status. Nurses utilize well-developed tools and questionnaires to assess the client's health status at enrollment. As partners, the client and nurse develop a plan of care to reduce factors associated with poor health and birth outcomes. The number one health concern identified at enrollment was having a high body mass index. Over half (54%) of Children First clients were identified as overweight or obese (pre-pregnancy weight). Only 34% of new enrollees did not have at least one health concern at the time of enrollment in SFY 2023.

Children First nurse home visitors follow the Prenatal Weight Gain Management Policy, and work with the client to develop a plan of care when high body mass index is indicated as a risk factor. Nurses follow Physician Approved Protocols to provide nursing interventions, education and referrals related to elevated blood pressure, infections, and other types of health concerns. Nurses use a client-centered approach to ensure the best outcomes for the client and the baby.

HEALTH CONCERNS****	PERCENT
Clients with no health concerns	34%
High Body Mass Index (overweight + obese)	54%
Depression	36%
Asthma	16%
Previous Miscarriage, Fetal Death or Neonatal Death	10%
Diabetes	2%
High Blood Pressure	5%
Chronic Infections (urinary/vaginal)	14%

****Clients could select more than one option; therefore, some tables may not always appear to add up to 100%.

LIFE STRESSORS

Assessments performed at enrollment yield information on the types of stressors experienced by Children First clients. Questionnaires are designed to elicit information about the client's social environment such as family stressors, incarcerations, etc. Nurses use this information to assist families in identifying areas for behavioral change and accessing needed community services. The stressor "Close family member became sick or died" indicated that our clients experienced a greater amount of familial illness or loss in SFY 23 (28%) compared to the previous fiscal year (15%).

LIFE STRESSORS****	PERCENT
Close family member became sick or died	28%
Client became separated or divorced	10%
Person close to the client had a problem with drinking or drugs	19%
Client was very sick	10%
Client was in a physical fight	5%
Client's husband/partner was sent to jail	4%
Client was in extreme debt	9%
Client lost job	15%
Client's husband/partner lost job	9%
Client was without a phone	8%
Client & child did not have enough food	8%

Client went to jail	2%
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****Clients could select more than one option; therefore, some tables may not always appear to add up to 100%.

MATERNAL HEALTH OUTCOMES:

PRENATAL CARE

Initiating prenatal care in the first trimester and attending regular prenatal visits help to ensure a healthy pregnancy and increase the probability of having a healthy baby. Early prenatal care offers opportunity for the healthcare provider to identify potential problems, thereby potentially preventing pregnancy and birth-related health issues.⁹ Children First nurse home visitors stress the importance of early and consistent prenatal care as well as connect clients to a provider. During the pregnancy, the nurse home visitor and provider are in contact and share pertinent health information about the client to ensure continuity of care. Over half (56%) of Children First clients who gave birth in SFY 2023 received 10 or more prenatal care visits.

GENERAL ANXIETY DISORDER

Generalized anxiety disorder (GAD) is characterized by excessive anxiety and worry about a variety of events or activities that occur frequently, for at least six months. People with GAD find it difficult to control their worry, which may cause impairment in social, occupational, or other areas of functioning.¹⁰ An estimated 19% of U.S. adults experience GAD at some time in their lives. Prevalence of GAD was higher for females (23.4%) than males (14.3%). The Generalized Anxiety Disorder-7 (GAD-7) screening is administered at enrollment, 36 weeks of pregnancy, during the first 8 weeks postpartum, between 4-6 months postpartum, at 12 months postpartum and as indicated by signs or symptoms of anxiety. Children First nurse home visitors are trained to help mothers identify stressors and help the mother construct a plan to overcome her anxiety utilizing the NFP Mental Health Intervention Resource which includes a Mental Health Intervention Clinical Pathway for home visitors and supervisors. NFP clinical pathways outline nursing interventions and provide guidance on referrals to healthcare and/or mental health professionals. There were 1,207 GAD-7 screenings completed for 813 clients. Of those, 30% indicated signs of anxiety and required a nursing intervention and/or referral to a healthcare or mental health provider.

POSTPARTUM DEPRESSION

Postpartum depression can be treated. A CDC study showed that about 1 out of 10 women in the U.S. experienced symptoms of depression in the last year, and 1 in 8 women with a recent live birth experience symptoms of postpartum depression.¹¹ Early detection of postpartum depression is a goal of Children First. The Patient Health Questionnaire (PHQ-9) screens for depression and is administered at enrollment, 36 weeks of pregnancy, during the first 8 weeks postpartum, between 4-6 months postpartum, at 12 months postpartum, and at any time that signs or symptoms of depression are suspected. If the screening indicates signs of depression, the Children First nurse home visitor immediately begins to follow the NFP Mental Health Intervention Clinical Pathway. The nurse will follow-up with the client no later than two weeks after a referral is made. In SFY 23, there were 1,514 PHQ-9 depression screenings administered to 822 clients. Approximately 10% of screenings indicated signs and symptoms of depression and required a nursing intervention and/or referral to a healthcare or mental health professional.

SMOKING CESSATION

From 1965 to 2019 the age-adjusted cigarette smoking prevalence among adults age 18 and over fell by two-thirds (from 41.9% to 14.2%).¹² Still, smoking is one of the most important known preventable risk factors for low birth weight and preterm delivery, as well as many other adverse pregnancy and birth outcomes. Electronic cigarettes and other products containing nicotine are not safe to use during pregnancy.¹³ Additionally, exposure to secondhand smoke is

a major cause of childhood disease and illness such as asthma.¹⁴ Children First nurse home visitors utilize motivational interviewing techniques to facilitate behavior change and refer smokers to the Oklahoma Tobacco helpline as well as their PCP to help decrease the use of tobacco and other products containing nicotine.

SMOKING BEHAVIOR: INTAKE TO 36 WEEKS OF PREGNANCY	PERCENT
Clients who reduced or quit smoking by 36 weeks of pregnancy	3%
Clients who never began smoking between intake and 36 weeks	97%

CHILD HEALTH OUTCOMES:

GESTATIONAL AGE AND BIRTH WEIGHT

Gestational age is the number of weeks between the date when the last normal menses began and the date of birth. Full term is defined as a pregnancy lasting 39-40 weeks. Preterm birth is the birth of an infant prior to 37 weeks of pregnancy, and very preterm defines those born prior to 32 weeks gestation. According to the CDC, preterm birth affected approximately 1 in every 10 babies. Preterm birth and low birth weight accounted for nearly 15% of infant deaths and is the leading cause of long-term neurological disabilities in children. In 2022, the rate of preterm birth among African American women (14.8%) was approximately 50 percent higher than the rate of preterm birth among white or Hispanic women (9.5% and 10.2% respectively).¹⁵ Preterm and low birth weight deliveries also costs the United States’ healthcare system more than \$25 billion each year.¹⁶ Babies born weighing at least five pounds and eight ounces (2,500 grams) are considered normal birth weight. Babies born weighing less than five pounds and eight ounces are considered low birth weight, and very low birth weight infants are those weighing less than three pounds and five ounces (<1,500 grams). Babies born at low and very low birth weight have an increased risk for health problems and developmental delays.¹⁷ A total of 10% of all Children First babies were born preterm; 9% were born with low birth weight and 1% very low birth weight. The national preterm birth rate in the United States is 10% and the preterm birth rate in OK is 11%. Although Children First serves a high-risk population, the preterm birth rate for Children First was 10% which is slightly lower than the state preterm birth rate.

Children First nurse home visitors perform a brief health assessment at every visit during the prenatal period that evaluates weight and blood pressure, signs and symptoms of pre-eclampsia, infections, preterm birth, and low birth weight risk factors and provide nursing interventions and referrals to the provider when indicated.

Percent of C1 Babies Born by Birthweight	
Born at normal birth weight	90%
Born at low birth weight	9%
Born at very low birth weight	1%
Percent of C1 Babies Born Premature	
Born premature in SFY 23 (<37 weeks)	7%
Born very premature (<32 weeks)	2%

NEONATAL INTENSIVE CARE UNIT

Babies born early, with low birth weight or other birth complications, may spend time in the Neonatal Intensive Care Unit (NICU). Time spent in the NICU may inhibit attachment and bonding between mother and baby. The physical assessments, screening, referrals, and nursing interventions provided by Children First nurse home visitors are intended to reduce the risk of preterm labor and low birth weight babies and prevent entry into the NICU. If the baby needs to be admitted to the NICU, the Children First nurse tailors the NFP Guidelines to help the mother care for her baby's unique needs. In SFY 23, 13% of Children First clients reported their baby spent time in the NICU.

BREASTFEEDING

The American Academy of Pediatrics promotes breastfeeding because it benefits both mother and baby. The benefits for the mother include decreased risk of Type 2 diabetes and some cancers later in life. Benefits for the baby include decreased risk of some illness and sudden infant death syndrome (SIDS).¹⁸ Children First nurse home visitors educate clients about the choices available to feed their baby and work with the client to help her make the best choice for herself and her baby. Nurses provide facts about the benefits of breastfeeding as well as dispel myths. Additionally, these nurses demonstrate (using models) how to hold an infant during breastfeeding. After the baby is born, they assist the mother with breastfeeding challenges or questions, and connect the client with a lactation consultant when necessary. Among Children First clients who gave birth in SFY 2023, 98% initiated breastfeeding with their new infant. Nearly half (44%) of Children First clients were still breastfeeding their child at 6 months of age.

DEVELOPMENTAL MILESTONES

Children First uses the Ages and Stages Questionnaire, a developmental screening tool, to assess cognitive, language, motor, problem-solving, social, and emotional milestones of children. These screenings are administered regularly, beginning when the child is four months of age. If the scoring tool indicates a potential delay, the nurse will refer the client to SoonerStart (Early Intervention), Child Guidance and/or the child's PCP.¹⁹ There were 814 Ages and Stages Questionnaires (ASQ-3) completed among clients. In addition, 441 Ages and Stages Social-Emotional Questionnaires (ASQ:SE-2) were completed. There were 14 referrals made to SoonerStart and 4 referrals to Child Guidance services based on screening results.

IMMUNIZATIONS AND WELL-CHILD EXAMS

Children First nurse home visitors refer clients to the child's PCP to maintain an up-to-date status for childhood immunizations and well-child examinations. Immunization records are retrieved from the state database and reviewed with the client. Clients can also use these records as proof of immunization when enrolling in early care and education. The Children First nurse will discuss with the client assessments completed by the PCP during the well-child visit to build client understanding of the child's health.

At their most recent home visit, 85% of clients reported their child was up to date on immunizations, and 85% were current on their well-child exams. At 24 months, most children were up to date on their immunizations (92%) and well-child exams (92%).

Stephanie Keef

My Story

Our story begins in the fall of 2005. I was 21 years old, working at a big-name clothing store at the mall and making plans to get married that November. I was living in Enid, OK, and life was good. I was free to go about doing whatever I pleased. Little did I know that life was about to throw a big curve ball, ready or not.

I discovered I was pregnant just one month before our wedding. It was unexpected, but exciting. I remember being scared to tell my parents, but quickly shared the news with them. They were worried and expressed concern, mainly because I was young and not living in the same city as they were. Yet, I assured them that I would be just fine. We were going to be fine.

My husband and I were married that November, but not everything was paradise. Just a short month into our marriage, I discovered my husband had been unfaithful and that he was leaving. He wasn't ready for this family life, and I was devastated. What was I going to do now? I'm pregnant and alone, living over an hour away from all my family. And to make matters worse, I was fired from my job because they "couldn't employ a pregnant woman during the holiday season." I realize now that my employer couldn't do that, but I was young and dumb.

I knew I needed help and needed help fast. I found myself at the County Health Department, filling out forms and pulling pamphlets off the wall to read. I went to the library and bought books. I read every single thing I could to help learn what was about to come. I even started a pregnancy journal to record everything I could.

My beautiful son, Christian, was born in May 2006, a month before he was supposed to arrive. He was tiny and had a few health issues to overcome, but he was here, and I was in love. I knew I needed to give him the best version of myself, despite my situation. I was determined.

I heard about a program called Children First, where a nurse would come to my house and check on both me and the baby. This was exactly what I needed. I signed up fast and was assigned a nurse named Tracie. She was so kind and caring and helped teach me the skills I needed to be a good mother to this precious human being. Her frequent visits were a comfort to me, and I looked forward to seeing her. She would look over the baby, she'd sit and listen, give advice, and she would support me in one of the hardest times of my life. Without her help, I would have been lost and completely on my own. Tracie didn't just give us physical check-ups, but emotional and mental support as well. She gave me the confidence boost I needed to pick myself up and start making plans for a real future.

I was eventually able to move back home and in with my family, secure a job and childcare. I was also able to enroll in college courses. In October 2009, I purchased a home for myself and



(From Left to Right)
Top Row: Kevin Keef, Stephanie Keef,
Christian Jackson.
Bottom Row: Ella Keef

my son, all on my own. I had never felt more confident in my “single mom” skin than I did then. Christian and I were two peas in a pod, best friends and living happily together. We had a wonderful support system and I thank God for all the people along our journey that helped get us to where we are today. Children First, and Tracie, played a huge part in that.

Today, Christian is coming up on his 18th birthday and we are thriving! He has been heavily involved in the Scouting program and will soon earn Eagle Rank, as well as graduate high school before heading to Culinary School. I am remarried and have added a beautiful little girl to our family. I was able to start and maintain a career in pharmacy and open my own business creating, selling and showing my artwork. I have not been a perfect mother by any means and am still learning every single day. Our journey may have started out rocky, but we truly are the example of living happily ever after.

FAMILY SAFETY OUTCOMES:

INTIMATE PARTNER VIOLENCE

Intimate partner violence is a serious, preventable public health concern that affects millions of Americans. Physical, sexual, or psychological harm caused by a current or former partner not only negatively affects the physical and emotional well-being of the mother, but her children as well.²⁰ Children First nurse home visitors assess their clients between the 5th and 7th visit, 12 weeks postpartum, when the child is 16 months of age, and as needed using a questionnaire that asks about physical, sexual, and emotional abuse. If any concerns arise, the client, with the help of the nurse creates a safety plan and a referral is made to local domestic violence intervention services.

- 84 of the 96 clients (88%) assessed at intake and to current had never experienced domestic violence.
- 12 of the 96 clients (12%) assessed at intake to current had experienced domestic violence.

Children First nurse home visitors work with families to build strong protective factors, such as quality relationships and social supports, to decrease the risk of intimate partner violence.

INJURY PREVENTION

According to the CDC, unintentional injuries such as suffocation, drowning, motor vehicle crashes, and burns are the leading causes of death and disability for children one to four years of age, and the fourth leading cause in children less than one.²¹ Children First nurse home visitors conduct a home safety check with the family when the child is 2 months, 10 months, and 21 months of age. These safety checks include an inspection of the crib to ensure a safe sleep environment that is free from stuffed animals, bumper pads, pillows, and other people; inspection of smoke detectors, including number, placement, and working order; and multiple discussions about car seats, water safety, gun safety, etc. Children First has worked in collaboration with the Oklahoma State Department of Health Maternal and Child Health Services (MCH) to provide cribs for families in need that meet specific criteria. In SFY 2023, MCH distributed 245 portable cribs to families in need and 41 (17%) of those cribs were distributed to Children First families. Nurses provide education, nursing intervention and/or referrals when areas of concern regarding safety are identified.

- **Safe Sleep**
Nearly half (49%) of Children First clients with a child two months of age reported never co-sleeping with their child, and 37% reported co-sleeping with their child only some of the time in SFY 2023.

- **Car Seat Safety**
Almost all Children First clients (99%) reported always traveling with their child in a car seat in SFY 2023.
- **Fire Safety**
Most Children First clients (90%) had at least one working smoke detector.
- **Water Safety**
All Children First clients (100%) reported never leaving their child unattended near water in SFY 2023.

CHILD MALTREATMENT

Of the 716 children who received at least one visit from Children First in SFY 2023, 639 of them (89%) had not been named as a potential victim in an Oklahoma Department of Human Services (OKDHS) report after enrolling in the program. Furthermore, 668 (93%) have not had a confirmed child maltreatment case with OKDHS since enrollment despite working with high-risk families.

CASES OF MALTREATMENT

The data below is related to the 48 confirmed cases of maltreatment among children participating in Children First.

GENDER OF VICTIM	PERCENT
Male	54%
Female	46%
TYPE OF MALTREATMENT	
Abuse	19%
Neglect	81%
Both	19%
TYPE OF ABUSE IN CONFIRMED CASES	
Threat of Harm	9%
Other (includes: beating/hitting, exposure to domestic violence, failure to protect, inadequate or dangerous shelter, inadequate physical care, and thrown)	91%
TYPE OF NEGLECT IN CONFIRMED CASES	
Threat of Harm	10%
Other (includes: burning/scalding, failure to obtain medical attention, failure to protect, failure to provide adequate nutrition, inadequate or dangerous shelter, inadequate physical care, and lack of supervision)	90%
PERPETRATORS IN CONFIRMED MALTREATMENT CASES	
Mother	36%
Father	38%
Grandparent	5%
No Relation	21%

FAMILY STABILITY OUTCOMES:

FATHER INVOLVEMENT

When fathers are involved in the lives of their children, the children are more likely to exhibit healthy self-esteem and do well in school.²² Children First nurse home visitors encourage the father of the baby to participate in all home visits. If the father is unable to participate, activities are left with the mother for the father to use later. The importance of the client's personal relationships is discussed, including having a supportive relationship with the person who gives mutual emotional and monetary support.

- 80% of biological fathers spent at least once per week taking care of and/or playing with their child.
- 84% of mothers see or talk to the baby's biological father at least once per week.
- 18% of mothers increased from intake the frequency of time seeing or talking to the baby's biological father.
- 10% of biological fathers did not spend time with their child at all.

PREGNANCY SPACING

The amount of time between pregnancies, known as the inter-pregnancy interval, is calculated as the number of months between the date the last pregnancy ended and the date of the last menstrual period prior to the subsequent pregnancy. According to the March of Dimes, women with short inter-pregnancy intervals may be at risk for poor pregnancy outcomes. The recommended time between birth and the next pregnancy is a minimum of eighteen months.²³ Children First nurse home visitors educate clients on the importance of family planning. Referrals are made as needed to the local county health department or the client's PCP for Family Planning services. The NFP Maternal Life-Course Development Objective for the rate of subsequent pregnancies within the first 2 years following the first child's birth is 25% or less. Only 11% of Children First clients were pregnant with their second child before their first child reached one year of age. A total of 17% of clients were pregnant with their second child by the time their first child reached 18 months of age.

SOCIOECONOMIC INDICATORS

Economic security is important to the well-being of children and families. Poverty places families with children at risk of experiencing unhealthy outcomes. The stress of unemployment places a burden on parents, and financially strains the family. Parents with less education often have lower household incomes; even if they are employed full-time.²⁴ Children First nurse home visitors connect their clients to local resources to assist them to further their education and/or obtain a job, thereby increasing their income. Gaining financial aptitude by using credit wisely and saving money are all topics covered during visits, including building money management skills.

- **Household Income**
Among the Children First clients served, 15% increased their household income by the time their child was 12 months of age.
- **Employment**
Among the Children First clients who were unemployed at intake, 11% had found work by the time their child was 6 months of age.
- **Education**
Among the Children First clients over the age of 18 who did not have a high school diploma or GED at intake, 17% earned their high school diploma or GED by the time their child was 18 months of age.

- **Health Insurance**
Most clients (85%) used Medicaid as their primary insurance.

CHILDREN FIRST ACTIVITIES:

REFERRALS

Each team of nurses has developed unique strategies to reach potential clients in their respective counties. Lead nurses have provided outreach to private physicians, the Indian Health Service, the Oklahoma Health Care Authority, public schools and local community agencies. There were 2,484 referrals made to the Children First program. Of these, 2,277 met the eligibility guidelines. Among the women who were not eligible to participate, referrals were made to the OSDH Child Guidance program or home visitation programs such as Parents as Teachers and SafeCare.

REFERRALS TO CHILDREN FIRST	NUMBER
Women, Infants and Children (WIC)	1,626
Health Department Family Planning	493
Other (includes Indian Health Services, Other Home Visiting Programs)	227
Oklahoma Health Care Authority	11
Pregnancy testing clinic (Non-Health Department)	11
Community-based agency	11
Community Connector	13
parentPRO	12
School	7
Department of Human Services	5
Hospital, Medical Provider, Private physician	21
Family/friend/neighbor	3
Health Department Maternity	21
Connect First	79
Total	2,540

TYPE OF REFERRAL AND SERVICE	NUMBER
Referrals	2,633
Eligible Referrals	2,560
New Enrollees	840
Families Served	1,143
Completed Visits	10,083
Births	437

Clients who are ineligible to be served by Children First are referred to other parentPRO programs. ParentPRO is a free service that connects families to home-based parenting services. Families can call 1-877-271-7611 and speak to a referral specialist, or they can navigate the website to find services in their area. During SFY 2023, parentPRO referred 12 potential clients to Children First. ParentPRO is designed to provide a continuum of services to fit the needs of all families seeking parenting support.²⁵

SFY 2023 Annual Report Data

Children First, Oklahoma's Nurse-Family Partnership

Children First Program	Completed Visits	Referrals	Families Served	New Enrollees	Births	Average Length of Enrollment (Days) [†]	Median Length of Enrollment (Days)
C1-Adair CHD	19	20	<5	<5	<5	475	497
C1-Atoka CHD	0	<5	0	<5	0	0	0
C1- Beckham CHD	0	<5	0	<5	<5	0	0
C1-Bryan CHD	23	57	<5	<5	<5	310	327
C1-Caddo CHD	8	9	<5	<5	<5	249	197
C1-Canadian CHD	501	111	57	48	13	386	261
C1-Carter CHD	350	36	36	21	11	313	237
C1-Cherokee CHD	192	38	26	18	10	316	227
C1-Choctaw CHD	143	28	18	12	7	394	350
C1-Cleveland CHD	934	214	106	74	45	368	292
C1-Coal CHD	7	<5	<5	<5	0	177	177
C1-Comanche CHD	134	42	30	20	15	309	212
C1-Cotton CHD	<5	5	<5	<5	<5	161	161
C1-Craig CHD	86	22	13	11	5	227	207
C1-Creek CHD	277	51	28	15	11	459	349
C1-Delaware CHD	291	41	30	22	10	357	251
C1-Garfield CHD	48	40	6	5	<5	231	232
C1-Garvin CHD	7	<5	<5	<5	<5	387	387
C1-Grady CHD	62	49	6	25	<5	544	585
C1-Greer CHD	11	<5	<5	<5	<5	283	283
C1-Harmon CHD	7	<5	<5	<5	<5	405	405
C1-Haskell CHD	8	18	<5	<5	<5	354	354
C1-Hughes CHD	43	11	<5	<5	<5	518	308
C1-Jackson CHD	11	9	<5	6	<5	253	253
C1-Jefferson CHD	26	6	<5	<5	<5	280	176
C1-Johnston CHD	26	8	<5	<5	<5	147	114
C1- Kiowa CHD	0	<5	0	0	0	0	0
C1-Kingfisher CHD	161	18	14	4	4	530	547
C1- Kay CHD	0	<5	0	0	0	0	0
C1-Latimer CHD	17	5	<5	<5	0	128	126
C1-Leflore CHD	352	51	32	17	15	382	330
C1-Lincoln CHD	11	5	<5	<5	0	546	546
C1-Logan CHD	71	36	6	<5	<5	403	397
C1-Love CHD	103	15	7	6	5	317	339
C1-Marshall CHD	227	35	33	24	5	238	137
C1-Mayes CHD	50	25	9	8	<5	232	218

C1-Mcclain CHD	74	30	6	14	<5	687	757
C1- McCurtain CHD	0	29	0	<5	0	0	0
C1- McIntosh CHD	0	<5	0	0	0	0	0
C1- Murray CHD	0	<5	0	0	0	0	0
C1-Muskogee CHD	62	<5	5	<5	<5	460	532
C1- Noble CHD	0	<5	0	0	0	0	0
C1-Okfuskee CHD	44	10	<5	<5	0	379	379
C1-Oklahoma CCHD	1,778	777	221	208	100	334	290
C1-Okmulgee CHD	56	35	9	11	<5	145	104
C1-Ottawa CHD	279	30	31	12	8	399	327
C1- Pawnee CHD	0	<5	0	0	0	0	0
C1-Payne CHD	306	45	31	13	11	439	450
C1-Pittsburg CHD	163	52	20	14	8	320	239
C1-Pontotoc CHD	42	8	6	6	<5	192	151
C1-Pottawatomie CHD	172	70	24	13	<5	475	391
C1-Pushmataha CHD	66	18	8	6	<5	432	311
C1-Rogers CHD	73	39	17	12	<5	366	303
C1-Seminole CHD	128	32	17	11	6	292	212
C1-Sequoyah CHD	<5	40	<5	<5	0	252	252
C1-Stephens CHD	33	14	6	<5	<5	246	271
C1-Tillman CHD	<5	<5	<5	<5	<5	267	133
C1-Tulsa CCHD	2448	308	236	119	100	417	349
C1-Wagoner CHD	110	37	16	13	3	336	163
C1-Washington CHD	33	17	5	<5	<5	295	309
State Wide ^β	10,083	2,633	1,157	840	437	334	n/a

[¶] Included clients who have had at least one completed home visit in SFY23 and whose start and end dates conform to the following:

1. Start date was prior to SFY23, but end date within SFY23.
2. Start date was prior to SFY23, but end date/still enrolled after SFY23.
3. Start date was within SFY23, but end date/still enrolled after SFY23.
4. Start date and end date were both within SFY23.

^βTotals may be under/overestimates due to data suppression (<5).

ACKNOWLEDGMENTS:

We want to thank all the families who open their doors, their lives and their hearts to Children First nurse home visitors. In addition, we want to acknowledge our health department co-workers and community partners who work with us to make a difference in the lives of Oklahoma families.

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REFERENCE:

1. *Nurse-Family Partnership Overview*. (n.d.) Retrieved November 22, 2023, from <https://www.nursefamilypartnership.org/wp-content/uploads/2020/08/NFP-Overview-1.pdf>
2. US Department of Health & Human Services. *Home Visiting Evidence of Effectiveness* (n.d.) Retrieved November 22, 2023, from [Model Search | Home Visiting Evidence of Effectiveness \(hhs.gov\)](https://www.hhs.gov/model-search/home-visiting-evidence-of-effectiveness)
3. Social Programs that Work. (2020, January 3) Retrieved November 22, 2023, from https://evidencebasedprograms.org/policy_area/prenatal-earlychildhood/
4. Child Maltreatment: Prevention Strategies. Centers for Disease Control and Prevention. Pages 27-28 Retrieved November 22, 2023, from <https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>
5. A first time mother is: 1) a woman who is expecting her first live birth, has never parented and plans on parenting this child; 2) a woman who is expecting her first live birth, has never parented and is contemplating placing the child for adoption; 3) a woman who has been pregnant, but has not delivered a child due to abortion or miscarriage; 4) a woman who is expecting her first live birth, but has parented stepchildren or younger siblings; 5) a woman who has delivered a child, but her parental rights were legally terminated within the first few months of that child's life; or 6) a woman who has delivered a child, but the child died within the first few months of life.
6. Centers for Disease Control and Prevention. (2003, October 3) Task Force on Community Prevention Services. First Reports Evaluating the Effectiveness of Strategies for Preventing Violence: Early Childhood Home Visitation. MMWR. October 3, 2003. Retrieved November 22, 2023, from [First Reports Evaluating the Effectiveness of Strategies for Preventing Violence: Early Childhood Home Visitation: Findings from the Task Force on Community Preventive Services \(cdc.gov\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5010a.htm)
7. Goodman, A. Grants Results Special Report: The Story of David Olds and the Nurse Home Visiting Program. Robert Wood Johnson Foundation. July 2006.
8. Oklahoma State Department of Health. (n.d.). Retrieved November 22, 2023, from [wic-income-eligibility-guidelines.pdf \(oklahoma.gov\)](https://www.ok.gov/health/wic-income-eligibility-guidelines.pdf)
9. NIH National Library of Medicine. (2015, March 26) Medline Plus. Prenatal Care. Retrieved November 22, 2023, from [Prenatal Care | Prenatal Testing | MedlinePlus](https://medlineplus.gov/prenatalcare.html)
10. National Institute of Mental Health. Retrieved November 22, 2023, from <https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder>
11. Centers for Disease Control and Prevention. (2023, May 22) Reproductive Health. *Depression Among Women*. Retrieved November 22, 2023, from <https://www.cdc.gov/reproductivehealth/depression/index.htm#Postpartum>
12. Centers for Disease Control. (2023, June 26) National Center for Health Statistics. Health, United States, 2020-2021. Retrieved November 22, 2023, from <https://www.cdc.gov/nchs/hus/topics/tobacco-use.htm>
13. Centers for Disease Control and Prevention. (2023, May 22) Reproductive Health. Substance Use During Pregnancy. Retrieved November 22, 2023, from [Substance Use During Pregnancy | CDC](https://www.cdc.gov/reproductivehealth/substance-use-during-pregnancy.html)
14. Centers for Disease Control and Prevention. (2022, November 29) Smoking and Tobacco Use. *Secondhand Smoke*. Retrieved November 22, 2023, from [Secondhand Smoke | CDC](https://www.cdc.gov/tobacco/secondhand-smoke.html)
15. Centers for Disease Control and Prevention. (2023, October 24) Reproductive Health. *Preterm Birth*. Retrieved November 22, 2023, from [Preterm Birth | Maternal and Infant Health | Reproductive Health | CDC](https://www.cdc.gov/reproductivehealth/maternal-infant-health/preterm-birth.html)
16. March of Dimes. (2023) Prematurity Profile. *A Profile of Prematurity in United States*. Retrieved November 22, 2023, from [A profile of prematurity of United States | PeriStats | March of Dimes](https://www.marchofdimes.org/prematurity-profile)
17. March of Dimes. (2021, June) *Low Birthweight*. Retrieved November 22, 2023, from [Low birthweight \(marchofdimes.org\)](https://www.marchofdimes.org/low-birthweight)
18. American Academy of Pediatrics. (2021, March 9). *Breastfeeding Overview*. Retrieved December 4, 2023, from <https://www.aap.org/en/patient-care/breastfeeding/breastfeeding-overview/>
19. SoonerStart is an early intervention program for families of infants and toddlers (birth to 36 months) who have developmental delays. Retrieved from: [SoonerStart \(oklahoma.gov\)](https://www.soonerstart.org/)
20. Centers for Disease Control and Prevention. (2021, October 9) Violence Prevention. *Intimate Partner Violence*. Retrieved November 22, 2023, from [Intimate Partner Violence | Violence Prevention | Injury Center | CDC](https://www.cdc.gov/violenceprevention/intimatepartnerviolence/)
21. Centers for Disease Control and Prevention. (n.d.) WISQARS. 10 Leading Causes of Death in the United States. Retrieved November 22, 2023, from [WISQARS Data Visualization \(cdc.gov\)](https://www.cdc.gov/wisqars/data-visualization/) about:blank
22. Rosenberg, J. and Wilcox, W.B. The Importance of Fathers in the Healthy Development of Children. The U.S. Department of Health and Human Services Administration on Children, Youth and Families, Children's Bureau, Office

- on Child Abuse and Neglect, Chapter 3 (2006). Retrieved November 22, 2023, from [The Importance of Fathers in the Healthy Development of Children \(childwelfare.gov\)](#)
23. March of Dimes. (2017, July) *How Long Should You Wait Before Getting Pregnant Again?* Retrieved November 22, 2023 from: [How long should you wait before getting pregnant again? \(marchofdimes.org\)](#)
 24. National Center for Children in Poverty Bank Street Graduate School of education. (2007, November). *Parent's Low Education Leads to Low Income, Despite Full-Time Employment.* Retrieved November 22, 2023, from [text_786.pdf \(nccp.org\)](#)
 25. parentPRO (n.d.) Retrieved November 22, 2023, from [Home | parentPRO](#)

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