

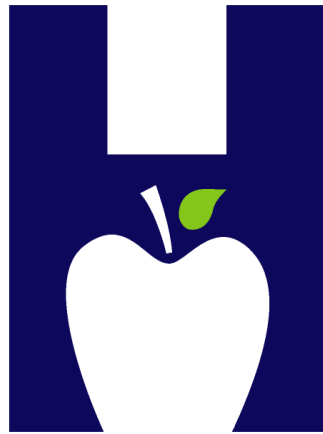
CHILDREN FIRST

Oklahoma's Nurse - Family Partnership

ANNUAL REPORT STATE FISCAL YEAR 2014



Oklahoma State Department of Health
Family Support and Prevention Service



Oklahoma State Department of Health

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Featured on Cover: Yanahili Gomez Garcia and Yetzira Garcia, Tulsa County

We want to take this opportunity to thank all of the families who open their doors, their lives and their hearts to *Children First* home visitors. A special “thank you” to the women whose stories are included in this year’s report. In addition, we acknowledge our health department co-workers and community partners who work with us to make a difference in the lives of Oklahoma families.

Children First staff

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PROGRAM OVERVIEW

History

In 1996, the Oklahoma State Legislature authorized legislation to create *Children First*. Representatives from Tulsa Children’s Consortium, the Oklahoma State Legislature and the Oklahoma State Department of Health reviewed home visiting models and chose to implement the “Olds Model,” now known as Nurse-Family Partnership (NFP). Implementation began in SFY 1997 with pilot sites in Garfield, Garvin, Muskogee and Tulsa Counties. Current funding supports approximately 140 nurse and supervisor 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 three decades of research by David Olds, Ph.D. and colleagues. NFP has been recognized by the United States Department of Health and Human Services as an evidence-based model.¹ In addition, the model has been recognized by the Coalition for Evidence-Based Policy as meeting “top tier” evidence of effectiveness and by the Centers for Disease Control and Prevention (CDC) as a program that has great potential to reduce the economic burden of child maltreatment.^{2,3} The model has been found to reduce the cost of long-term social services and to benefit multiple generations by striving to:

- Improve pregnancy outcomes by helping women alter their health-related behaviors, including reducing use of cigarettes, alcohol and illegal drugs;
- Improve child health and development by helping parents provide more responsible and competent care for their children; and
- Improve families’ economic self-sufficiency by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.⁴

Services

Home visitation services are provided through the county health departments under the Oklahoma State Department of Health and at the independent City-County Health Departments in Oklahoma and Tulsa Counties. Trained public health nurses provide assessments, education, information and linkages to community services to meet needs identified for each family. Nurse home visitors follow public health protocols and evidence-based NFP visit guidelines that focus on five domains of functioning: 1) personal health, 2) environmental health, 3) maternal life course development, 4) maternal role development and 5) networks for supportive relationships. Standardized assessment tools are utilized to assess risks 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 often consult and collaborate with both the client’s and child’s PCP to ensure continuity of care and improved 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; and
- Decrease the risk of injury, abuse and neglect.

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.

Screening Tools

- Edinburgh Postnatal Depression Scale
- Health Habits Questionnaire
- Domestic Violence Questionnaire
- Ages and Stages Developmental Questionnaire
- Ages and Stages Social-Emotional Questionnaire
- Home Observation for Measurement of the Environment
- Child Well-Being Scales

Assessments

- Brief Health Assessments
- Vital Signs
- Client Weight and Blood Pressure
 - o Each Pregnancy Visit
- Child Weight and Height
 - o Each Visit

Enrollment

Women enrolling 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; and
- 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 normal 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; and
- Monthly until the child turns 2 years of age.

Accounting of Administrative Expenditures

The *Children First* program is funded primarily through state-appropriated dollars and county millage. In addition to state funding, the Oklahoma State Department of Health receives reimbursement for nursing assessments provided for clients who receive federal Medicaid benefits. Funds from the Community-Based Child Abuse Prevention grant and Maternal, Infant, and Early Childhood Home Visiting grant were also used to support the provision of direct services.

During SFY 2014, *Children First* operated on a total budget of \$11,115,486.12. Using this budget, *Children First* served 3,022 families at a cost of \$3,678.19 per family.



Nurse Melissa Thedford with Jamie and Ciara Roberts
Garfield County

SUCCESS STORIES

Lorna Hamill's life was unstable when she entered the *Children First* program. She was homeless after the birth of her baby, moving from couch to couch at friends' homes. She eventually called a former landlord who let her rent again due to her positive history with the apartments. She was able to get a job at Walmart, making enough to pay rent, put her child in day care and save \$2,000 to buy a car. Today she is working full time, paying her rent and owns a car so she and her daughter have transportation.



Lorna and Sophia Hamill
Oklahoma County

Ronnicka Cox had a rough start in life. When she was only three years old she was severely burned on her arm by a heater. The person who maliciously did this to her was someone she saw every day. Not only was he the father of her half-brother and half-sister, he was also her mom's current boyfriend. She still remembers vividly how bad it hurt when her mother would change the bandages on her arm. Still scared from this event, Ronnicka knew she wanted better for her child. She is currently a full time nursing student and working for the National Guard. She is also engaged to the father of her child. They plan to be wed soon. Ronnicka is taking every step in her power to make a safe environment for La'mya, including enrolling in *Children First* to have the best practices for her health and the health of her child.



Ronnicka Cox and La'mya Gibbs
Comanche County

PARTICIPANT CHARACTERISTICS

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 the young woman who is pregnant for the first time to provide the best chance of promoting positive behaviors before negative ones have taken hold.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 2014, unless otherwise stated.

Household Income

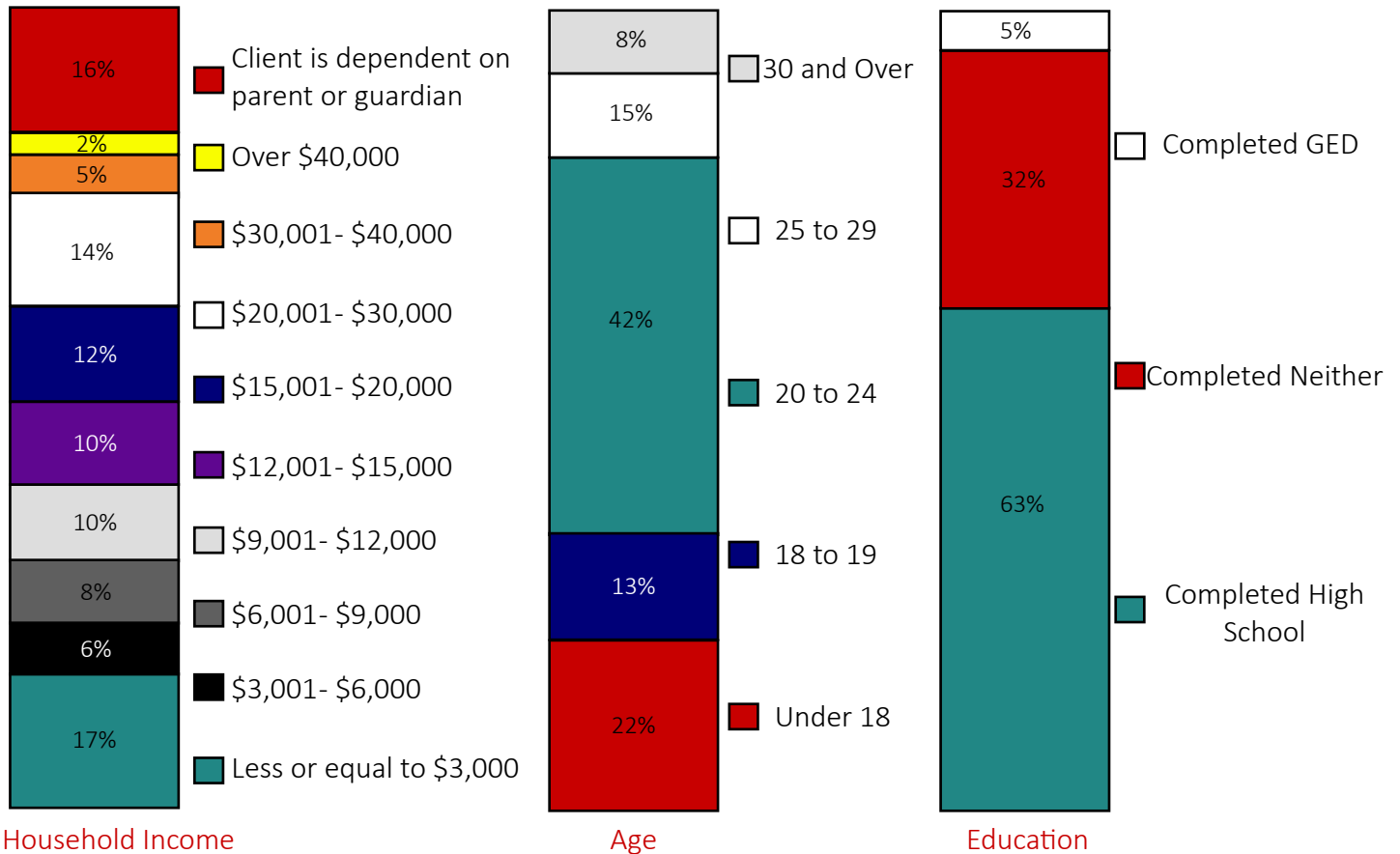
Children First requires participants to have a household income at or below 185 percent of the federal poverty level. This dollar amount varies based on the number of people in each household. For a single woman living alone, an income of \$21,589 would meet the financial criteria. For a couple expecting their first baby, this amount increases to \$29,100.⁸ Sixty-three percent of new *Children First* enrollees in SFY 2014 had an annual household income of \$20,000 or less.

Age

The median age of new enrollees in SFY 2014 was 21 years of age and the age range was 13 to 48 years of age. At enrollment in SFY 2014, 35 percent of *Children First* clients were under the age of 20 and 77 percent were under the age of 25.

Education

In SFY 2014, 68 percent of new *Children First* enrollees had completed high school or a GED. Among mothers who had not completed high school or a GED, 48 percent were currently enrolled in school.



Marital Status

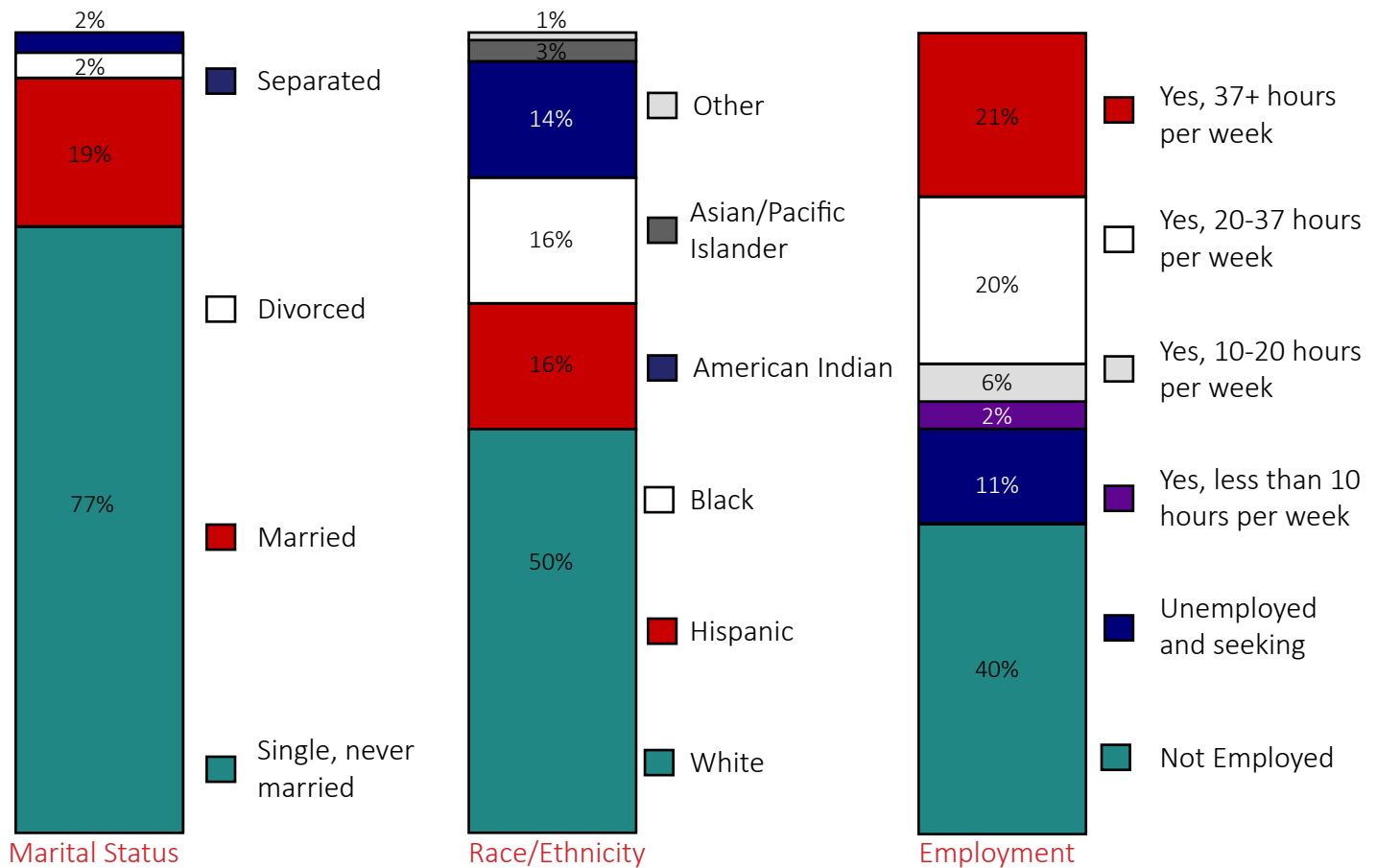
At enrollment in SFY 2014, most (77%) new *Children First* clients were single, never married.

Race/Ethnicity

Half of new *Children First* clients in SFY 2014 identified themselves as White. Almost half (46%) identified themselves as Hispanic, Black, or American Indian.

Employment

Over half (51%) of new *Children First* enrollees in SFY 2014 were unemployed at the time of enrollment. Twenty-one percent were employed full-time.



Household Composition

Half of all new *Children First* clients lived with the father of their child in SFY 2014.

Household Composition	Percent of New Enrollees
Father of the Child	50%
Other Family Members	37%
Client's Mother	29%
Other Adults	16%
Husband/Partner	3%
Other Child	2%

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 birth outcomes. The number one health concern identified at enrollment was having a high body mass index. Almost half (46%) of new *Children First* clients were identified as overweight or obese (pre-pregnancy weight). Only 35 percent of new enrollees did not have at least one health concern at the time of enrollment in SFY 2014.

Health Concern	Percent of New Enrollees
Body Mass Index	46%
Depression	20%
Asthma	16%
Previous Miscarriage, Fetal, or Neonatal Death	12%

Life Stressors

Assessments performed at client 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 adequacy of housing, exposure to intimate partner violence, family stressors, incarcerations, etc. Nurses use this information to assist families in identifying areas for behavioral change and accessing needed community services.

Life Stressor	Percent of New Enrollees
Close family member became sick or died	19%
Client became separated or divorced	13%
Person close to the client had a problem with drinking or drugs	12%

SUCCESS STORIES

“Signing up with *Children First* was one of the best decisions I made for our family. I can’t thank my nurse and the program enough for being in our lives. I am the mother of two amazing twin boys who were born two months early. The hospital staff complemented my husband and me for understanding so much about having premature twins and I gave credit to *Children First* and my nurse many times during the boys’ stay at the hospital. Now the boys are 13 months old and are doing amazing things every day. I have peace of mind knowing someone is monitoring the boys’ growth not only physically but also developmentally. They are on track with kids their age if not a little ahead. This program has been a blessing to our family and I know it has helped many other first time moms.”

- Elizabeth Marszalek



Aidyn and Alexander Marszalek
Oklahoma County

“*Children First* has benefited me in many ways, on both a personal and professional level. I have been able to succeed in getting my driver’s license, signing up for my ACT which will prepare me for college, and I’ve successfully found a job. Children don’t come with a manual but *Children First* helped ease my fears as a first time mother with no clue on what to do in many situations, from walking to talking; the program had information on it all. Safety is something that I feel the program is highly on top of, from the smallest things like what I should and shouldn’t feed my son to the bigger things such as fires, water, and electrical outlets. *Children First* has opened my eyes to what my future can become. I do have the power to be a successful mother and be able to balance a professional life with my personal life. I would like to say thank you to the state for allowing me to be a part of such an amazing program. I wouldn’t be where I am today without it!”

- Kirsten Singleton



Kirsten and Gabriel Singleton
Pontotoc County

MATERNAL HEALTH OUTCOMES

Prenatal Care

Beginning 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. By allowing a healthcare provider to identify potential problems early, the majority of pregnancy and birth related health issues can be prevented.⁹ *Children First* nurses stress the importance of early and adequate prenatal care as well as connect their clients to a primary care provider. During the course of the pregnancy, the *Children First* nurse and primary care provider are in contact and share pertinent health information about the client to ensure continuity of care.

Postpartum Depression

Postpartum depression is not preventable, but it can be treated. Nationally, approximately 13% of women display symptoms of depression after the delivery of a baby.¹⁰ Early detection of postpartum depression is a goal of *Children First*. *Children First* nurses administer the Edinburgh Postnatal Depression Scale screening at enrollment, at 36 weeks pregnancy, during the immediate postpartum period, at 4-6 months postpartum, at 12 months postpartum, and at any time that depression is suspected. Should the screening indicate signs of depression, according to the scoring tool, the *Children First* nurse will immediately connect the client to a healthcare or mental healthcare professional and follow up at the next visit.



Ninety percent of *Children First* clients who gave birth in SFY 2014 received 10 or more prenatal care visits.







There were 2,992 Edinburgh Postnatal Depression Scale screenings administered to 1,454 mothers in SFY 2014. Approximately 14% of these screenings indicated signs of depression and required immediate attention by a healthcare or mental health professional.

Smoking Cessation

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. Additionally, exposure to secondhand smoke is a major cause of childhood disease and illness, including asthma.¹¹ *Children First* nurses utilize motivational interviewing techniques to guide behavior change and refer smokers to the Oklahoma Tobacco Helpline as well as their primary care provider to help clients decrease tobacco use.



-  Clients who reduced or quit smoking by 36 weeks of pregnancy (4.8%)
-  Parents who did not smoke at intake and still do not smoke (87.4%)
-  Parents who smoked at intake and still smoke (5.9%)
-  Parents who have increased or began smoking since intake (2%)

Ninety-two percent of *Children First* clients served in SFY 2014 quit, reduced, or never began smoking between intake and 36 weeks of pregnancy.

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 40-41 weeks. Preterm birth is the birth of an infant prior to 37 weeks gestation and very preterm defines those born prior to 32 weeks gestation. According to the CDC, preterm birth is the most frequent cause of infant death, the leading cause of long-term neurological disabilities in children, and costs the United States' healthcare system more than \$26 billion each year.¹²

Babies born weighing at least five pounds eight ounces (2,500 grams) are considered normal birth weight. Babies born weighing less than five pounds eight ounces are considered low birth weight, and very low birth weight infants are those weighing less than three pounds five ounces (< 1,500 grams). Babies born at low and very low birth weight are at increased risk for health problems and developmental delays.¹³ *Children First* nurses perform a brief health assessment at every prenatal home visit. These assessments include a short health questionnaire, weight and blood pressure measurements to assess for signs and symptoms related to pre-eclampsia and gestational diabetes, and risk factors for preterm birth and/or delivery of a baby with low birth weight.

Neonatal Intensive Care Unit

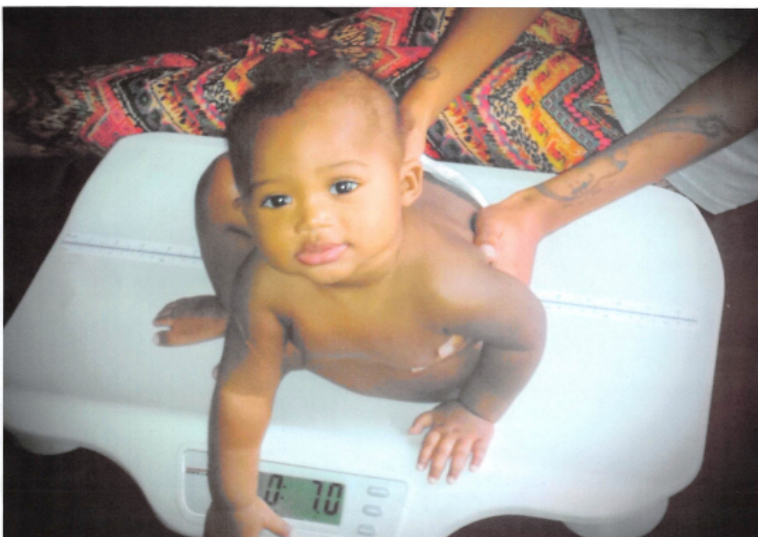
Babies born early, with low birth weight or other birth complications, may spend time in the Neonatal Intensive Care Unit (NICU). Time spent in the NICU translates into decreased attachment and bonding between mom and baby. The physical assessments conducted by *Children First* nurses intended to reduce the risk of preterm labor and babies born with low birth weight, also help to prevent entry into the NICU. If the baby does need to be admitted to the NICU, the *Children First* nurse will tailor their curriculum to help the mother care for her baby's unique needs.



Of all *Children First* babies born in SFY 2014, 13% were born preterm and 1% was born very preterm. Of all *Children First* babies born in SFY 2014, 12% were born with low birth weight and 1% was born with very low birth weight.



In SFY 2014, 11% of *Children First* mothers reported that their baby spent time in the NICU.



Armanii Briggs
Tulsa County

Breastfeeding

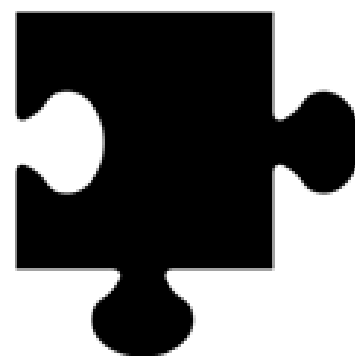
Babies who are breastfed are typically healthier and have reduced risks for Sudden Infant Death Syndrome. The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists promotes breastfeeding because of the benefits for both mom and baby. *Children First* nurses provide facts about the benefits of breastfeeding for both mom and baby as well as dispel myths. Additionally, *Children First* nurses demonstrate breastfeeding holds using models, and after the baby is born, can provide assistance while the mother is breastfeeding. The nurse can connect the client with a lactation consultant if necessary.



Among *Children First* mothers who gave birth in SFY 2014, 88% initiated breastfeeding with their new infant.

Developmental Milestones

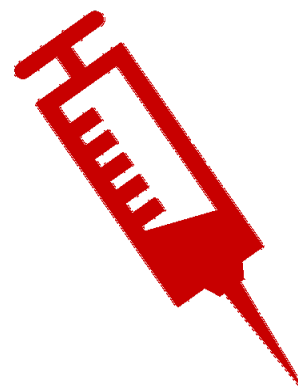
The Ages and Stages developmental assessment tool is utilized to assess cognitive, language, motor, problem solving, social and emotional milestones for children enrolled in *Children First*. These screenings are administered to children enrolled in the program regularly, beginning when the child is two months of age. If a delay is suspected, according to the scoring tool, the nurse will refer the client to SoonerStart (early intervention), Child Guidance, or the child's primary care provider.



There were 4,092 Ages and Stages Questionnaires completed in SFY 2014 for *Children First* clients. In addition, 1,383 Ages and Stages – Social-Emotional Questionnaires were completed. One hundred three referrals were made to SoonerStart following a developmental screening.

Immunizations and Well Child Exams

Children First nurses encourage and refer clients to the child's primary care provider to maintain an up-to-date status for child 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 daycare. The *Children First* nurse will review the assessments completed by the primary care provider during the well child visit with the client to build an understanding of their child's health.



At their last home visit in SFY 2014, 92% of *Children First* mothers reported that their child was up-to-date on their immunizations and 82% were up-to-date on their well child exams.

FAMILY SAFETY OUTCOMES

Domestic Violence

Intimate partner violence is a serious, preventable public health problem 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.¹⁴ *Children First* nurses assess their clients at intake, 36 weeks of pregnancy, and when the child is 12 months of age, using a questionnaire which asks about physical, sexual, and emotional abuse. If any concerns arise, a safety plan is created by the client with the help of the nurse and a referral is made to local domestic violence services.



In SFY 2014, 97% of *Children First* clients did not experience domestic violence in the past six months.

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 under 4 years of age.¹⁵ *Children First* nurses conduct a home safety check with the family when the child is 2, 10, 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; as well as multiple discussions about car seats, water safety, gun safety, etc.

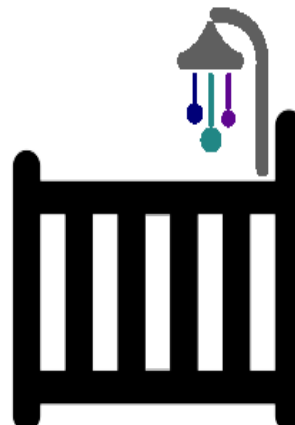


Ninety-nine percent of *Children First* clients reported never leaving their child unattended near water in SFY 2014.

Ninety-five percent of *Children First* households had at least one working smoke detector in SFY 2014.



Ninety-eight percent of *Children First* clients reported always traveling with their child in a car seat in SFY 2014.



Forty-six percent of *Children First* clients with a child two months of age reported never co-sleeping with their child, and 34% reported co-sleeping with their child only some of the time in SFY 2014.

Child Maltreatment

Of the 1,932 children who received at least one home visit from *Children First* in SFY 2014, 1,733 of them (90%) had not been named as a potential victim in an Oklahoma Department of Human Services (OKDHS) report after enrolling in *Children First*. Furthermore, 1,888 of them (98%) had not had a confirmed child maltreatment case with OKDHS after enrolling in *Children First*. None of the *Children First* children served in SFY 2014 had been named in a report to OKDHS for sexual abuse. It is noteworthy that only 10 percent of the *Children First* families served in SFY 2014 had been reported for potential maltreatment despite all entering the program with risk factors.

The following table shows the data associated with the 44 children with confirmed cases of maltreatment among the *Children First* children served in SFY 2014. The family may or may not have been participating in *Children First* at the time the report was made.

Gender of Children with a Confirmed Case of Maltreatment

Gender	Percent
Male	56%
Female	44%

Type of Maltreatment in Confirmed Cases

Type	Percent
Abuse	19%
Neglect	73%
Both	8%

Type of Neglect in Confirmed Abuse Cases

Type	Percent
Threat of Harm	46%
Exposure to Domestic Violence	16%
Other*	38%

Type of Abuse in Confirmed Neglect Cases

Type	Percent
Threat of Harm	56%
Other**	44%

Perpetrators in Confirmed Maltreatment Cases

Type	Percent
Mother	49%
Father	38%
Grandparent	7%
No relation	6%

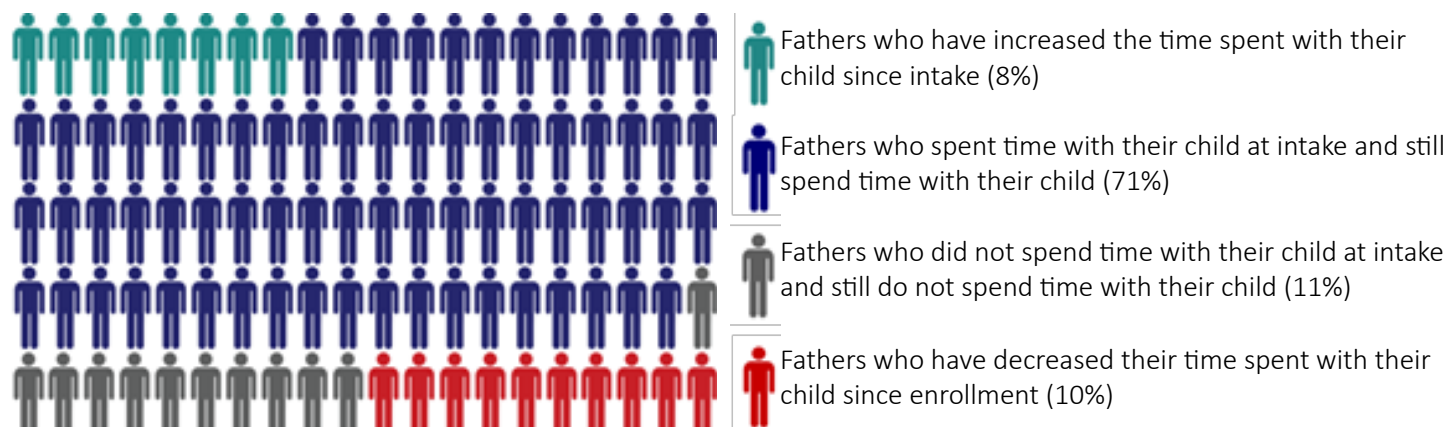
*Other includes: Burning/scalding, failure to obtain medical attention, failure to protect, failure to provide adequate nutrition, inadequate or dangerous shelter, inadequate physical care, lack of supervision, and thrown.

**Other includes: Beating/hitting, exposure to domestic violence, failure to protect, inadequate or dangerous shelter, inadequate physical care, threat of harm, and thrown.

FAMILY STABILITY OUTCOMES

Father Involvement

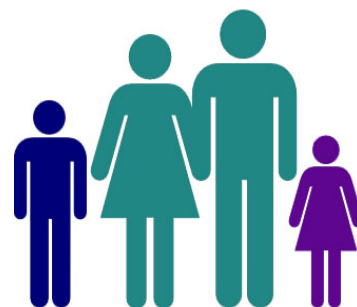
When fathers are involved in the lives of their children, the children are more likely to exhibit healthy self-esteem and do well in school.¹⁶ *Children First* nurses encourage the father of the baby to participate in all home visits. If the father is unable to participate, activities are left with the mother for the father to use at a later date. The importance of the client's personal relationships is discussed, including having a supportive relationship with a person who gives mutual emotional and monetary support.



Almost 80% of *Children First* fathers spent time with their child in SFY 2014.

Pregnancy Spacing

The amount of time between pregnancies, known as the interpregnancy 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 CDC, women with short interpregnancy intervals may be at risk for poor pregnancy outcomes.¹⁷ The recommended time between birth and the next pregnancy is a minimum of eighteen months.¹⁸ *Children First* nurses educate their clients on the importance of family planning and refer them to their local county health department to receive a form of birth control.



Only 10% of *Children First* clients served in SFY 2014 were pregnant with their second child before their first child reached one year of age. By the time their first child reached 18 months of age, 22% of *Children First* mothers were pregnant with their second child.

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 as well as financially straining the family. Parents with less education often have lower household incomes, even if they are employed full-time.¹⁹ *Children First* nurses connect their clients to local services to further their education and/or obtain a job thereby increasing their income. Financial aptitude, using credit wisely, and saving are all topics that are covered during the visits, including active skills building for money management.



Among the *Children First* clients over the age of 18 served in SFY 2014 who did not have a high school diploma or GED at intake, 50% earned their high school diploma or GED by the time their child was 18 months of age.



Of the *Children First* clients served in SFY 2014, 46% increased their household income by the time their child was 12 months of age.



Of the *Children First* clients served in SFY 2014 who were unemployed at intake, 73% had found work by the time their child was six months of age.

SUCCESS STORIES

Karla Olacio is a 14 year old mother of a 4 month old daughter. Recently the car she and her child were traveling in was involved in a hit and run accident causing their vehicle to rollover on a busy highway. Karla was injured and treated at a hospital. Her daughter was unharmed. When asked her why she took the time to strap her baby safely into a car seat before getting in that car she responded that her *Children First* nurse told her about car seat safety and its importance. She has younger siblings as well and her mother uses a car seat with them. Karla knows her baby is alive today because she was in a rear facing car seat.



Karla Olacio and Claudia Castillo
Oklahoma County

"I would recommend *Children First* to every new mom. My nurse is my support team and I've learned a lot about caring for my baby. I learned how to breastfeed, and how to read to my baby. She really likes it when I read to her."
- Lacey Richey



Lacey Richey and Armanii Briggs
Tulsa County

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, Indian Health Service, the Oklahoma Health Care Authority, public schools, and local community agencies. There were 5,432 referrals made to the *Children First* program. Of these, 3,743 met the eligibility guidelines. Among the women who were not eligible to participate, referrals were made to the Oklahoma State Department of Health Child Guidance Service and other home visitation programs such as Start Right, Oklahoma Parents as Teachers, and SafeCare.

Referral Source	Number of Referrals
Women, Infants, and Children	2,327
Health Department Family Planning	2,097
Self-Referral	134
Private Physician	57
Community Connector	48
Faith-Based Organization	39
Current/Past <i>Children First</i> Client	33
Health Department Maternity	31
Other Pregnancy Testing Clinic	20
Parent Pro	16
Indian Health Service	12
HMO/Health Care Plan	12
School	9
Department of Human Services	7
Baby Line	3
Other	298
Unknown Referral Source	289

Services

Numbers Served – Children First, SFY 2014

Referrals	5,432
Eligible Referrals	3,743
New Enrollees	1,372
Families Served	3,022
Completed Visits	30,688
Births	811

2014 County Data

County Name	Completed Visits	Referrals	Families Served*	New Enrollees	Births
ADAIR	0	1	0	0	0
ALFALFA	12	4	2	2	1
ATOKA	208	36	24	13	5
BEAVER	0	0	0	0	0
BECKHAM	0	0	0	0	0
BLAINE	304	23	28	5	9
BRYAN	395	58	73	34	8
CADDO	130	52	15	8	7
CANADIAN	725	113	58	17	25
CARTER	694	82	66	32	21
CHEROKEE	811	46	67	29	17
CHOCTAW	287	67	32	16	4
CIMARRON	0	0	0	0	0
CLEVELAND	3057	329	233	99	64
COAL	130	18	15	6	1
COMANCHE	403	246	62	49	17
COTTON	105	15	8	6	5
CRAIG	373	47	30	16	12
CREEK	655	125	67	28	12
CUSTER	343	76	41	16	13
DELAWARE	462	44	34	10	6
DEWEY	0	0	0	0	0
ELLIS	0	0	0	0	0
GARFIELD	911	167	95	36	29
GARVIN	140	58	26	5	4
GRADY	214	45	24	6	7
GRANT	57	8	6	1	2
GREER	55	18	5	1	2
HARMON	37	8	5	2	0
HARPER	0	3	0	0	0
HASKELL	27	18	4	3	0
HUGHES	52	32	10	7	1
JACKSON	270	81	37	19	7
JEFFERSON	38	5	4	1	0
JOHNSTON	125	22	10	4	4
KAY	249	94	22	6	2
KINGFISHER	496	41	43	17	13
KIOWA	37	30	7	2	0
LATIMER	151	22	15	4	3

County Name	Completed Visits	Referrals	Families Served*	New Enrollees	Births
LEFLORE	688	96	70	29	13
LINCOLN	617	57	53	12	15
LOGAN	735	137	87	50	22
LOVE	117	7	14	6	1
MAJOR	54	7	7	2	2
MARSHALL	268	46	35	19	8
MAYES	154	44	11	2	5
MCCLAIN	291	43	23	8	11
MCCURTAIN	393	94	52	37	7
MCINTOSH	214	51	29	14	7
MURRAY	31	11	6	0	1
MUSKOGEE	93	51	16	6	2
NOBLE	103	20	8	0	1
NOWATA	0	0	0	0	0
OKFUSKEE	7	28	2	2	0
OKLAHOMA	4360	845	444	212	134
OKMULGEE	310	76	33	20	8
OSAGE	5	7	1	1	0
OTTAWA	691	83	76	25	15
PAWNEE	0	7	0	0	0
PAYNE	660	163	62	20	15
PITTSBURG	388	134	54	29	10
PONTOTOC	178	30	23	11	8
POTTAWATOMIE	546	151	58	28	15
PUSHMATAHA	114	6	12	4	4
ROGER MILLS	0	0	0	0	0
ROGERS	585	102	80	35	15
SEMINOLE	323	70	26	10	9
SEQUOYAH	236	98	35	8	7
STEPHENS	254	79	26	14	13
TEXAS	0	40	0	0	0
TILLMAN	42	9	4	2	2
TULSA	5854	600	530	248	141
WAGONER	23	6	4	1	1
WASHINGTON	281	69	35	17	5
WASHITA	0	0	0	0	0
WOODS	35	2	4	0	0
WOODWARD	0	16	0	0	0
MISSING	85	113	73	0	13
Total	30688	5432	3161	1372	811

*Duplicated count due to client transfers between counties. A client who transfers in the middle of service is counted in both counties.

SUCCESS STORIES

Laci Cooper has experienced a lot for her young age of 18. She has two healthy little boys, Baylin and Brody. She is now in a healthy, positive relationship with her boyfriend, Bryan, and she recently graduated from high school. However, less than one year ago she was almost murdered by the boys' father. Her struggles have been hard, but she wants only good for her sons. Alisia Moreno, her *Children First* nurse, encouraged Laci to make positive choices for herself and her baby. Also, *Children First* educates on how to make positive decisions regarding healthy relationships. When the client was asked how she felt about her *Children First* nurse, she said she needed her. She has only positive comments about the *Children First* program and is thankful to have Alisia Moreno as her home visiting nurse. Alisia's positive reinforcement encouraged Laci to make healthy life decisions for herself and her sons and develop a positive relationship with her current partner.



Laci Cooper and Baylin Aguilar
Garfield County

Yetzira is the definition of a successful mom in the *Children First* program. In the beginning, she was determined to accomplish her goal of completing high school, which she did in May of 2014. Yetzira was able to maintain her studies as well as successfully nurturing and guiding her now almost two year old daughter. She has always been current with well checkups and immunizations, as well as learning about normal growth and development, because the health of her child is a priority to her. Yetzira was determined to breastfeed her daughter despite the potential challenges that could go along with breastfeeding and returning to high school. She persevered and continues to breastfeed her healthy toddler. Now a high school graduate, she is preparing to work towards her heart's desire of becoming a pediatrician or a nurse that works with children. She will be entering the surgical tech program at the local technical college and then plans to move on to college courses. With the education, guidance and support provided to her by her *Children First* nurse along with her determination, Yetzira has demonstrated her ability to achieve anything she puts her mind to.



Yanahili Gomez Garcia and Yetzira Garcia
Tulsa County

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