



# Annual Report SFY 2013

Oklahoma State Department of Health

Office of Child Abuse Prevention

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## History of the Office of Child Abuse Prevention

The Office of Child Abuse Prevention (OCAP) was created in 1984 by the Oklahoma Child Abuse Prevention Act, Title 63, O.S. Section 1-227.1. The Act declared the prevention of child abuse and neglect as a priority in Oklahoma. In accordance with the Act, OCAP was placed within the Oklahoma State Department of Health (OSDH) to emphasize prevention as the focus rather than “after-the-fact” intervention.



### Start Right

*Evidence has shown families with risk factors related to abuse and neglect benefit the most from home visitation services. Start Right Programs use the Healthy Families America framework and the Parents as Teachers curriculum to support home visiting, impact a child's healthy growth and development, and promote parent-child interaction. Parents' personal resources, including knowledge, skills, and attitudes toward parenting, impact their relationship with their baby. Start Right helps parents improve family functioning, strengthen the parent-child relationship, promote child well-being and reduce the likelihood of child abuse and neglect. The goals of Start Right are to increase a family's protective factors and reduce the number of risk factors that often contribute to child abuse and neglect.*

### Start Right Program Services

- ⦿ *Initial assessments to determine family needs*
- ⦿ *Intensive home visitation services*
- ⦿ *Child development, domestic violence, and depression screenings with connections to appropriate services*
- ⦿ *Referrals and connections to community resources such as Medicaid, food banks, quality childcare, job training, immunizations, etc.*
- ⦿ *Respite vouchers for childcare to families experiencing great stress or acute crisis*

## Start Right Demographics

*Start Right* utilizes the Healthy Families America (HFA) framework and Parents as Teachers (PAT) curriculum which is designed to help families manage life's challenges by building on their strengths. *Start Right* services are offered voluntarily and are free of charge.

The *Start Right* enrollment criteria allow a parent to enroll in home visitation services as long as they have a child in the household under the age of one year; however, it is best to engage them as early as possible, particularly during the prenatal period.

The enrollment criteria for *Start Right* are broad and include:

- ⊙ Enrolling mothers after the 29<sup>th</sup> week of pregnancy<sup>1</sup>
- ⊙ Enrolling mothers who are pregnant with a child subsequent to their first child any time during the pregnancy
- ⊙ Enrolling parents with a newborn through 12 months of age<sup>2</sup>
- ⊙ Allowing families to remain active in the program until the child's sixth birthday<sup>3</sup>

Positive, persistent outreach efforts are used to reach eligible families. Participation in community events and developing collaborations with other programs and agencies such as Women, Infants and Children (WIC) and the Department of Human Services (DHS) are effective ways to recruit families. Interested parents are screened and assessed to determine if the services offered meet their needs.

*Start Right* Programs use the Kempe Family Stress Checklist (Kempe) to determine eligibility and appropriateness of services for each family. The Kempe is a research-based tool designed to determine the strengths and needs of a family.<sup>4</sup> The home visitor arranges to meet with a family to gather information related to mental health, support systems, coping skills and attachment with the baby in order to assess for child abuse and neglect risk factors.

A total of seven hundred eighty-six families were served by *Start Right* in State Fiscal Year (SFY) 2013.



<sup>1</sup>Start Right contracts require that all mothers qualifying for Children First (C1) Program (Oklahoma's Nurse Family Partnership) be referred to C1 in order to avoid duplication of services. C1 is a state funded home visitation program focusing on low-income mothers expecting their first child. Mothers may enroll up to the 29th week of pregnancy.

<sup>2</sup>An adaptation has been granted by HFA for Oklahoma: families may enroll prenatally or within three months of the baby's birth; however, in Oklahoma there is an allowance for up to thirty-three percent of families to be enrolled with a child between the ages of three months and twelve months of age.

<sup>3</sup>Start Right identifies one child in the family that meets the age criteria upon enrollment. Although the Family Support Worker offers services to the whole family, the length of enrollment is based on the age of the identified child.

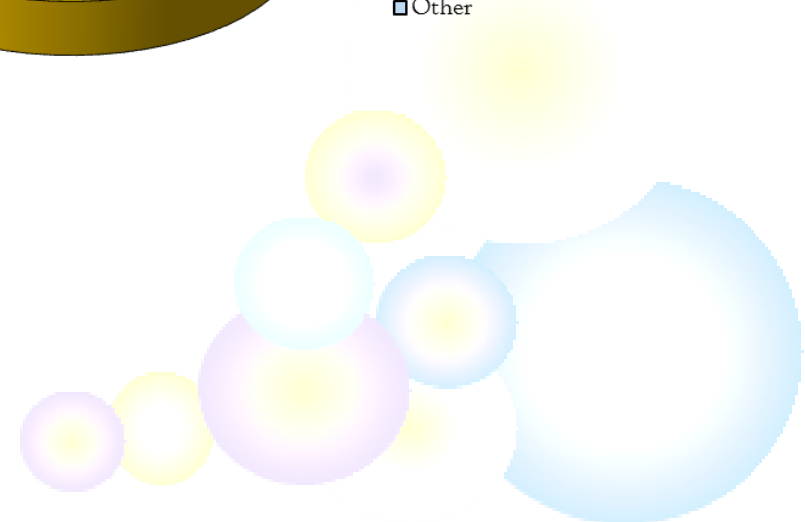
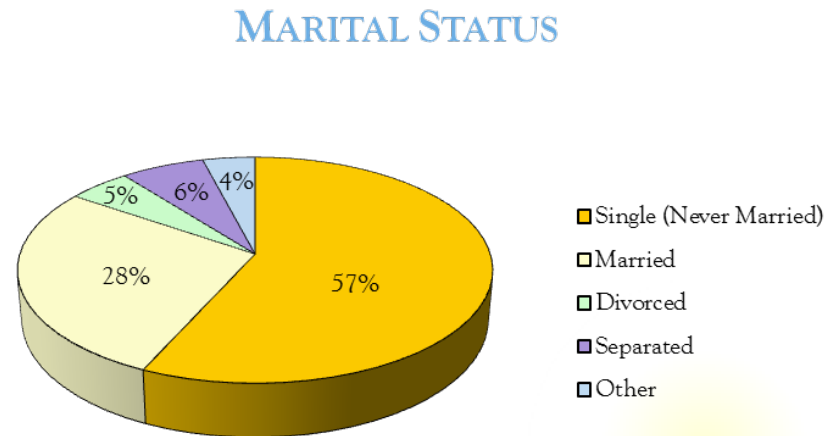
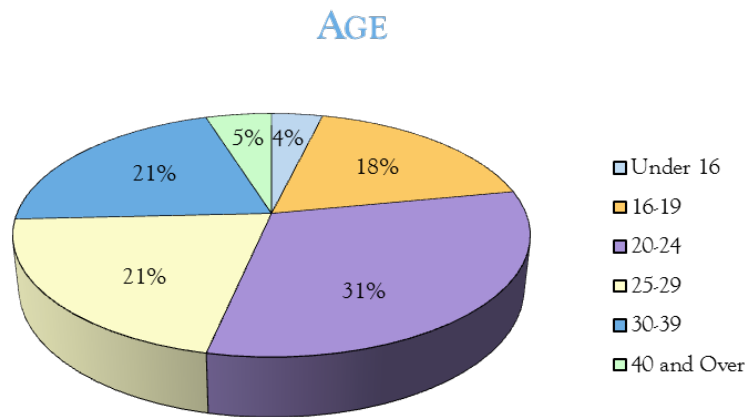
<sup>4</sup>Family Stress Checklist (A.K.A. Kempe Family Stress Checklist or Carroll-Schmidt Parenting Checklist), Retrieved from [http://friendsnrc.org/component/joomdoc/doc\\_details/212-family-stress-checklist-annot](http://friendsnrc.org/component/joomdoc/doc_details/212-family-stress-checklist-annot)

DEMOGRAPHICS

### Age and Marital Status of Primary Caregivers

**AGE:** The average age of *Start Right* parents who enrolled in SFY 2013 was 25 years of age. Twenty-two percent were teenagers raising children and 31 percent were in their early 20s; more than half of the parents (53 percent) were under the age of 25 years. The youngest parent was 12 years of age and the oldest was 57 years of age.

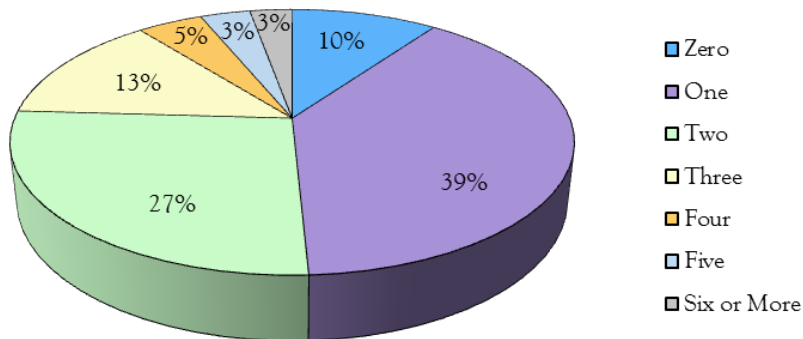
**MARITAL STATUS:** Fifty-seven percent of *Start Right* parents who enrolled in SFY 2013 reported their marital status as single, never married. Twenty-eight percent reported being married and much smaller percentages reported being divorced or separated.



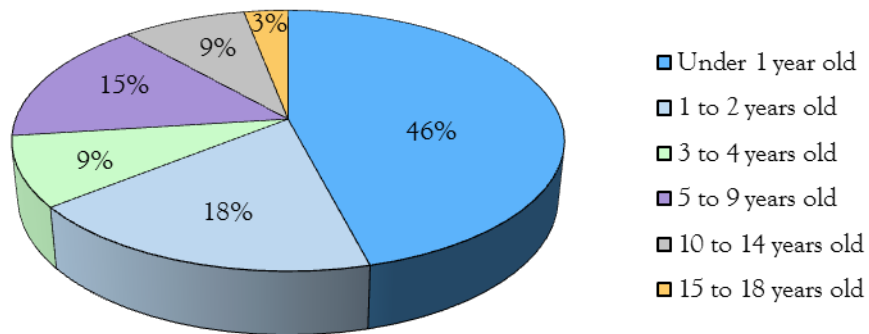
DEMOGRAPHICS

## Number and Age of Children Living in the Household

### NUMBER OF CHILDREN IN THE HOME



### AGE OF CHILDREN IN THE HOME



Forty-nine percent of *Start Right* families who enrolled in SFY 2013 reported living with only one child or being pregnant. Another 27 percent reported living with two children. About one quarter of *Start Right* families reported living with more than two children. Sixty-four percent of the children were under three years of age. Only 12 percent of *Start Right* families report living with a child that is ten years or older.

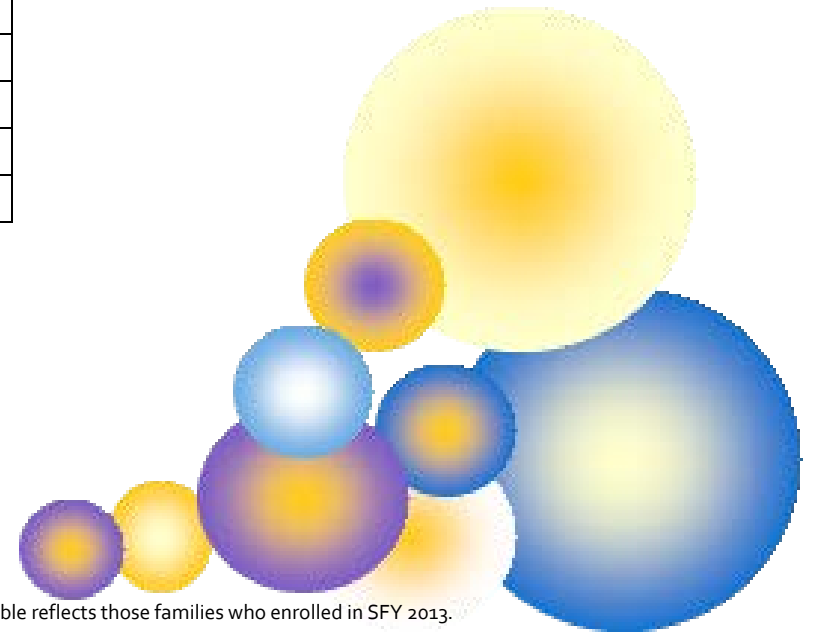


DEMOGRAPHICS

## Household Composition of Families Served

Among the three hundred ninety *Start Right* families who enrolled in SFY 2013, there were 423 other adults living in the same household as the mother of the child. Eighty-one parents reported living alone at enrollment.<sup>5</sup>

Adults Living in the Household other than the Mother	Number
Father of the Child	176
Grandmother of the Child	94
None	81
Grandfather of the Child	46
Others	38
Sister of the Parent	26
Brother of the Parent	10
Uncle of the Parent	10
Friend of the Parent	9
Aunt of the Parent	8
Boyfriend/Not the Father of the Child	4
Stepfather of the Child	2



<sup>5</sup> Of the seven hundred eighty-six families served during SFY 2013, three hundred ninety were new enrollees. The table reflects those families who enrolled in SFY 2013.



## DEMOGRAPHICS

### Average Length of Enrollment

The ultimate length of service is based on individual family successes determined by goals that are set with the help of the home visitor. As the successes of the family increase, the frequency of home visits decrease. The goal of *Start Right* is to empower families to maintain stability specifically as it relates to a healthy, safe and nurturing environment for their child. The duration of service intensity will vary based on the goals achieved by the family, program location and community resources.<sup>6</sup> Seven hundred eighty-six families were served in SFY 2013 and their average length of enrollment (from their first home visit to their last home visit of SFY 2013) was 15 months.

Site	Counties Served	Number of Families	Average Time in Program (In Months)
Center for Children and Families, Inc. <i>Bringing Up Babies</i>	Cleveland	57	12
	Pottawatomie	9	5
Community Health Centers <i>Positive Parents</i>	Oklahoma	33	12
Early Childhood Resource Center <i>Healthy Families Program</i>	Nowata	1	0
	Washington	23	3
Great Plains Youth and Family Services, Inc. <i>Growing in Family Training (GIFT)</i>	Beckham	12	18
	Greer	3	13
	Jackson	18	22
	Kiowa	10	12
	Tillman	0	0
	Washita	2	60
Help-In-Crisis, Inc. <i>Helping U Grow (HUG)</i>	Adair	0	0
	Cherokee	63	10
	Wagoner	0	0
Latino Community Development Agency <i>Nuestras Familias</i>	Oklahoma	69	23

<sup>6</sup> Healthy Families America Participants Manual, Retrieved from <http://www.healthyfamiliesamerica.org/home/index.shtml>

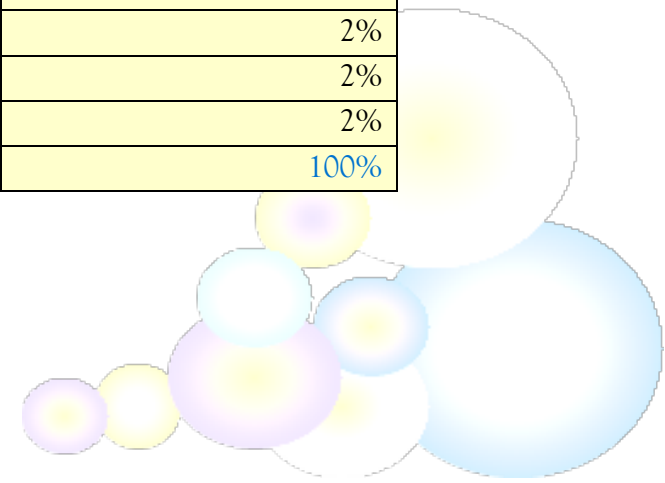
McClain-Garvin County Youth and Family Center <i>Healthy Beginnings Program</i>	McClain	23	17
	Garvin	24	21
	Grady	3	3
	Southern Cleveland	6	16
McCurtain County Health Department <i>Bright Beginnings</i>	McCurtain	45	22
Northern Oklahoma Youth Services Center and Shelter, Inc. <i>Family Resource Program</i>	Kay	28	11
	Osage	4	13
Northwest Family Services, Inc. <i>Family Building Blocks</i>	Alfalfa	1	25
	Grant	0	0
	Harper	0	0
	Major	6	8
	Woods	43	7
Okmulgee-Okfuskee County Youth Services, Inc. <i>Family Resource and Support Program</i>	Okfuskee	1	10
	Okmulgee	47	15
Parent Child Center of Tulsa, Inc. <i>Great Beginnings Tulsa</i>	Tulsa	129	12
Parent Promise <i>Family Resource Program</i>	Oklahoma	87	16
Youth and Family Services for Hughes and Seminole Co. <i>Great Beginnings</i>	Hughes	2	2
	Seminole	37	20
<b>Total</b>		<b>786</b>	<b>15</b>

DEMOGRAPHICS

## Families Declining Participation and Reasons Provided

One thousand ninety-eight families were screened for risk factors associated with child maltreatment. Of those screened, 96 percent had risk factors identified. Among those with positive screenings for risk factors, 901 were further assessed to determine if they would benefit from home visiting services. The remaining 153 families did not continue the assessment process for the following reasons.

Reason	Number of Families	Percent
Parent did not return phone call	30	20%
Parent not interested	29	19%
Qualified for and was referred to Children First <sup>7</sup>	28	18%
Program was unable to contact family for assessment	12	8%
Parent lived outside of program service area	12	8%
Other	12	8%
Parent did not feel the need for the program	10	7%
Parent currently participating in another program	7	4%
Parent could not be located (wrong address, etc.)	4	2%
Parent requested additional time and never followed up	3	2%
Parent did not provide specific reason	3	2%
Child Protective Services were currently involved with the family	3	2%
<b>Total</b>	<b>153</b>	<b>100%</b>



<sup>7</sup> Start Right contracts require that all mothers qualifying for Children First (C1) Program (Oklahoma's Nurse Family Partnership) be referred to C1 in order to avoid duplication of services. C1 is a state funded home visitation program focusing on low-income mothers expecting their first child. Mothers may enroll in C1 up to the 29th week of pregnancy.

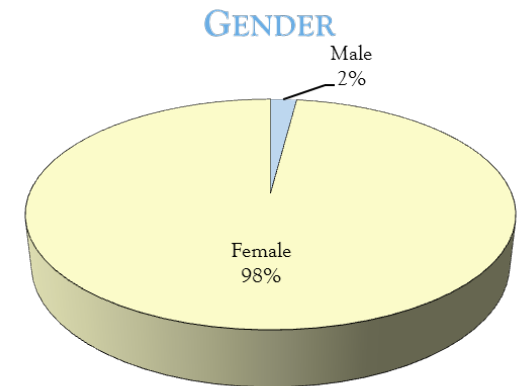
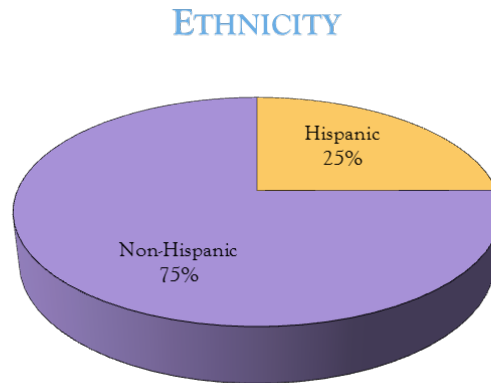
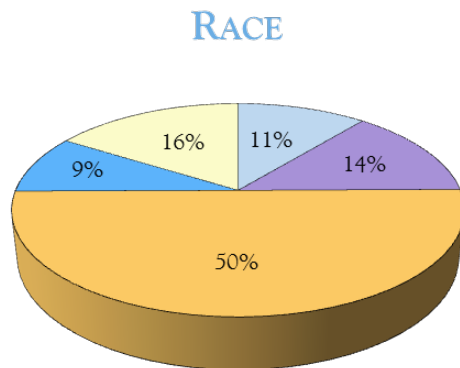
DEMOGRAPHICS

### Race, Ethnicity and Gender

**RACE:** Of the *Start Right* parents who enrolled in SFY 2013, 50 percent identified as White, 14 percent Black, 11 percent American Indian, 9 percent multiracial, and 16 percent other race. According to the United States census, the 2012 population of Oklahoma was 75.5 percent White, 7.6 percent Black, 9.0 percent American Indian, 5.8 percent multiracial, 1.9 percent Asian, and 0.2 percent Native Hawaiian or other Pacific Islander.<sup>8</sup>

**ETHNICITY:** Of the *Start Right* parents who enrolled in SFY 2013, 25 percent identified as Hispanic or Latino, whereas only 9.3 percent identified as Hispanic or Latino in the total Oklahoma population in 2012.

**GENDER:** The vast majority of *Start Right* primary caregivers were female. Two percent of the primary caregivers who enrolled in *Start Right* in SFY 2013 were male.



Legend for RACE: American Indian (light blue), Black (dark blue), White (orange), Multiracial (medium blue), Other (yellow)

<sup>8</sup> Oklahoma QuickFacts, 2012. United States Census Bureau, Retrieved from <http://quickfacts.census.gov/qfd/states/40000.html>



DEMOGRAPHICS

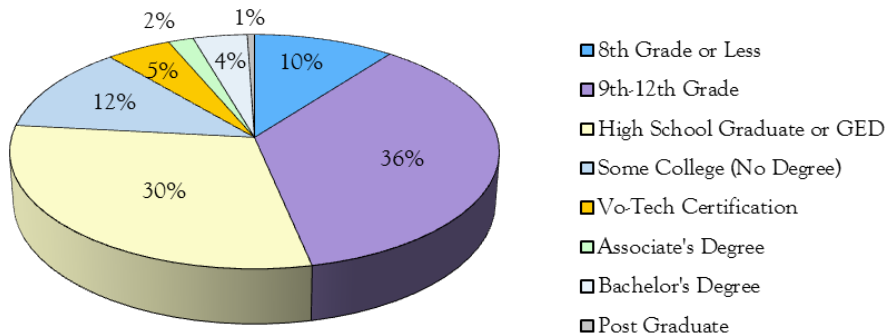
Education, Employment and Income

**EDUCATION:** Forty-six percent of *Start Right* parents who enrolled in SFY 2013 did not have a high school diploma or GED. Thirty percent reported having a high school diploma or GED and 24 percent reported having some education beyond high school.

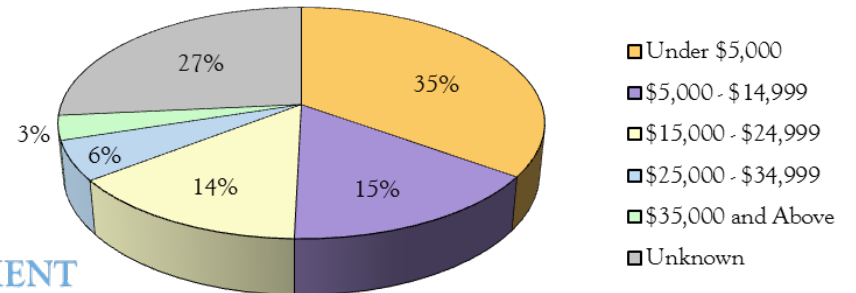
**EMPLOYMENT:** Seventy-four percent of *Start Right* parents who enrolled in SFY 2013 were unemployed. Nine percent were employed with a full-time position and 12 percent with a part-time position. Five percent were otherwise employed with odd jobs, irregular employment, on medical leave or received disability.

**INCOME:** Sixty-four percent of *Start Right* parents who enrolled in SFY 2013 reported having a household income of less than \$25,000.

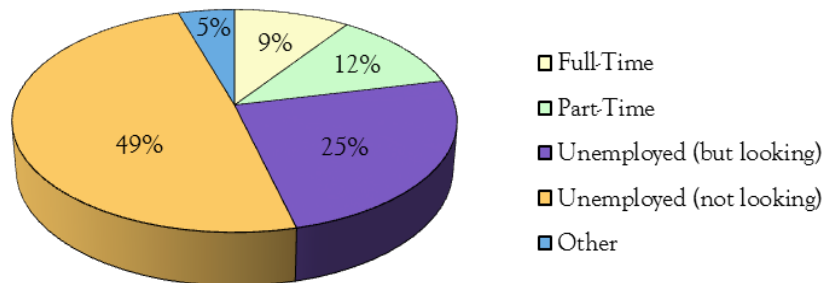
EDUCATION



HOUSEHOLD INCOME



EMPLOYMENT



## Program Costs per Family for SFY 2013

The average state expenditure per family during SFY 2013 was \$3,117. This amount was calculated by dividing the total contract expenditures of \$2,450,585 by the total number of unduplicated families participating in *Start Right* services. A total of 786 families were enrolled in *Start Right* services in SFY 2013.

In contrast, the average maintenance cost per child in foster care per year was \$19,107. The number of children in foster care in the United States on September 30, 2009 was 423,773. The average number receiving foster care maintenance payments was 174,300. State and federal government expenditures in federal year 2010 for foster care maintenance payments amounted to \$3.3 billion.

State and federal expenditures for foster care administrative costs (placing and monitoring children in foster care) totaled \$4.3 billion. The number of children entering foster care or in care totaled 679,191. Thus, the average administrative cost per child served per year was \$6,675. The total of maintenance costs and administrative costs per child per year was \$25,782 (\$19,107 plus \$6,675).<sup>9</sup>



<sup>9</sup> Adopting from Foster Care, Retrieved from <https://www.adoptioncouncil.org/publications/adoption-advocate-no-35.html>

## Circle of Parents Support Groups

### Collaborative Efforts

In 2011, *Start Right* partnered with the Oklahoma State Department of Health Child Guidance Service to provide Circle of Parents support groups.<sup>10</sup> There are 26 Circle of Parents support groups in both rural and urban settings across the state.

#### ~ PARENT STORY ~

Melinda Ramirez attends Circle of Parents every Thursday morning with her two children ages one and three, so eager to learn. Melinda graduated from high school early last year and has found stable employment which has allowed her to budget her earnings and buy a car. In addition, she has managed to plan for her family by saving money. Skills to attain these goals were made possible through the Circle of Parents meetings Melinda attended. “I really feel grateful for these meetings because I don’t have much of a support system. When I’m here I’m not only learning how to be a better parent, but I’m also observing and meeting other parents who are in similar situations. We support each other and it’s nice to have other parents around who care about me and my kids.”



**CIRCLE OF PARENTS** is a national network of statewide non-profit organizations and parent leaders that are dedicated to using the mutual self-help support group model as a means of preventing child abuse and neglect and strengthening families. Circle of Parents offers anyone in a parenting role the opportunity to participate in weekly group meetings with other parents to exchange ideas, share information, develop and practice new parenting skills, learn about community resources, and give and receive support. Groups are parent-led with the support of a trained group facilitator, are conducted in a confidential and non-judgmental manner, are free of charge, and provide developmentally-appropriate children’s programs or child care concurrent with the parent group meetings.

<sup>10</sup> The Child Guidance Service has three professional components: Behavioral Health Services, Parent Education Services, and Speech Language Services. These components are designed to provide a continuum of services to build healthy family relationships and enhance child development.

## Family Success Stories through Protective Factors

The majority of families served by *Start Right* home visitation programs are single mothers who fall into the 20 to 24 year old age group, with less than a high school education and an average household income of less than \$5,000. The likelihood of child abuse and neglect associated with these factors diminishes when certain protective factors are well-established in a family. Research about preventing child abuse and neglect was connected with knowledge about quality early care and education. The Center for the Study of Social Policy developed a new conceptual framework and approach to preventing child abuse and neglect called Strengthening Families, which involves building evidence-based protective factors around young children and their families.<sup>11</sup> Research shows the protective factors listed on the following pages build family strengths and a family environment that promotes optimal development for young children.<sup>12</sup> *Start Right* builds protective factors into the services provided to families during every home visit.



<sup>11</sup>Strengthening Families History, Retrieved from <http://www.cssp.org/reform/strengthening-families/the-basics/history>

<sup>12</sup> Strengthening Families, *What are the Protective Factors?* Retrieved from <http://www.cssp.org/reform/strengthening-families/the-basics/protective-factors>



## PROTECTIVE FACTOR ONE: PARENTAL RESILIENCE

*The ability to manage and **BOUNCE BACK** from all types of challenges that emerge in every family's life*

*Finding ways to **SOLVE PROBLEMS***

**BUILDING AND SUSTAINING TRUSTING RELATIONSHIPS** *with your child*

**KNOWING HOW TO SEEK HELP** when necessary

**AGENCY:** Help In-Crisis

**PROGRAM:** Start Right - Helping U Grow

Josefina is the mother of a beautiful baby girl with special needs. She has faced several obstacles in her life and with the addition of a new baby with Down Syndrome, her home visitor, Karina has supported her in setting goals to encourage overcoming the obstacles. As a result of working with Karina, Josefina has applied for financial assistance with programs for infants and children with disabilities that provide her the means to care for day-to-day needs. The financial assistance ensures that Josefina is able to focus on what is important, eight month old Roselyn.

Josefina continues to reach the goals she has set for herself and Roselyn and has accomplished increasing bonding time with Roselyn through infant massage and breastfeeding. Breastfeeding has been an ongoing challenge with a low production of milk and Roselyn struggling to latch during feedings. Through this challenge, Karina has provided information and support to Josefina. As a result, Josefina continues to try and breastfeed and when necessary she manually pumps to provide all the benefits breast milk offers.

With Karina's assistance, Josefina has received referrals to Women, Infants and Children, SoonerStart, and other programs within her local health department. She has followed through with each appointment she schedules - even if she has to walk when transportation is not available. Josefina is determined to help her daughter have the best life possible and despite their circumstances, continues to keep a positive outlook on life.



✧ JOSEFINA SIERRA  
CHEROKEE COUNTY

## PROTECTIVE FACTOR TWO: CONCRETE SUPPORTS IN TIMES OF NEED

*Meeting* **BASIC ECONOMIC NEEDS** (e.g., food, shelter, clothing and health care, etc.)

*Increasing* **KNOWLEDGE OF ADEQUATE SERVICES AND SUPPORTS**

*Providing* **STABILITY, TREATMENT AND HELP** for family members to get through a crisis

**AGENCY:** Northwest Family Services

**PROGRAM:** Start Right – Family Building Blocks

Tracie Meeks continues to encourage her family members, friends and husband to participate in the home visits she has scheduled with her home visitor Kathy. During a recent visit, Tracie's grandma, sister, niece and nephew all joined in the visit by engaging in a finger play activity. Tracie shared with her family that "It is good for us all to play together nicely!" Tracie is very active in her plan of service and advocates for the Family Building Blocks Program every chance she gets.

In addition to the consistent encouragement she provides to others and receives from her family members, Tracie takes her message out into her apartment community and has recently recruited her sister who moved to Oklahoma from New York. Tracie shared past home visit topics that she keeps in her parent notebook filled with information from Kathy. She also shared DVD's to further spark her sister's interest in the home visitation program. Though hesitant at first, after just the second home visit Tracie's sister commented "I guess my sister was right. There are lots of things I don't know and certainly can't remember. I am so glad to get this information."

Among all the hats she wears, including mom, wife, sister, daughter, aunt, and advocate for the program, Tracie has also found a way to give back to others. Having two daughters, she has simply run out of room for many of her baby items and she decided to "re-gift" them to other families. Tracie understands the needs families have with a new baby and feels "it is all perfectly good and I know other families could use this stuff!"

✧ **TRACIE MEEKS**  
MAJOR COUNTY



## PROTECTIVE FACTOR THREE: SOCIAL CONNECTIONS

*Networks of SUPPORT, including friends, family and community*

*Opportunities to “GIVE BACK”*

**BUILDING SELF-ESTEEM** *while simultaneously* **BENEFITING THE COMMUNITY**

*Building POSITIVE RELATIONSHIPS*

**AGENCY:** Latino Community Development Center

**PROGRAM:** Start Right - Nuestras Familias

When Saba Penalzoa was four months pregnant, she felt anxious because she did not think she was prepared to have a child. A friend told her about a home visitation program at the Latino Community Development Agency that helped pregnant mothers. When Saba began home visits, her home visitor Marina provided her an abundance of information related to self-care including information on what to eat in order to have a healthy child. After giving birth to her daughter, Saba was afraid to bathe her because she was so little. Again, Marina was there to show her how to safely bathe her baby and to provide her support.

Saba began feeling tired and very weak following the birth of her daughter, which she initially thought was a normal feeling following childbirth. When Saba shared how she was feeling with Marina, she provided Saba referrals to the Hope Community Center and the Crisis Intervention Center for medical and counseling services. Marina assisted with translating over the telephone as well as during appointments. Upon assessment of her symptoms, Saba was informed that her feelings of weakness and being tired were due to depression. The referrals that followed for the treatment of her depression helped Saba to feel better, and a spiritual retreat she participated in also helped her to identify the source of depression. As a victim of sexual abuse at the age of seven, being physically abused by her parents and being told not to cry, Saba came to realize why her child’s cry tormented her to the point of severe headaches.

While Saba was pregnant with her second daughter, Marina helped her to reconnect with her oldest daughter by providing tips on how to get her involved in the pregnancy to help her in accepting the new baby. Saba said, “Marina motivates me to do activities with the kids. She taught me that they need to feel love and that they need to be hugged and kissed. She continues to provide avenues for support when we are in need and with that assistance has shown me how to give my children a quality life.” As Saba continues along the path of parenthood, she has strived to improve herself by obtaining a GED through a referral to the Even Start Program and strengthening her marriage with support from Family Expectations.



— SABA PENALOZA  
OKLAHOMA COUNTY

## PROTECTIVE FACTOR FOUR: KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT

*Accurate information about* **CHILD DEVELOPMENT**

**APPROPRIATE EXPECTATIONS** *for children's behavior at every age from many sources, including family members, parent education and home visitation services*

**PROMOTES HEALTHY DEVELOPMENT**

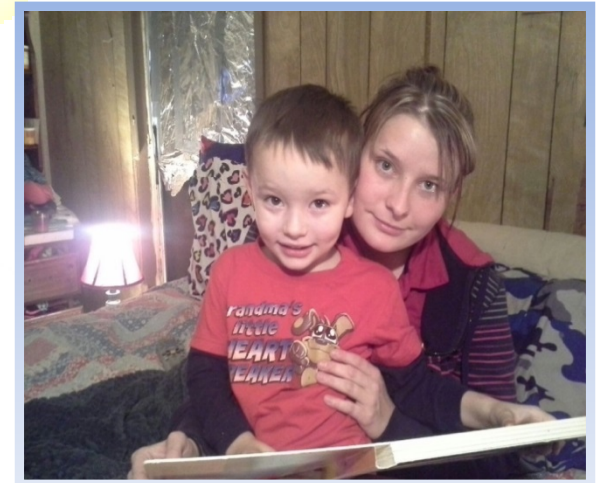
*Most* **EFFECTIVE WHEN IT COMES AT THE PRECISE TIME**

**AGENCY:** Youth and Family Services

**PROGRAM:** Start Right - Great Beginnings

Courtney Williams was a teenager when she enrolled in the Great Beginnings Program with her five month old son Gabriel. The Department of Human Services provided Courtney with information about the home visitation program while she was being monitored due to Gabriel being underweight. Being a young mom with new responsibilities, Courtney left the alternative school she was attending to take care of Gabriel. She is currently working at McDonald's as a shift leader where she has been employed for the past two years. This position came as a result of partnering with her home visitor to complete the employment application process, and once she obtained the job, working diligently to shine in her job performance. Because of the employment success, Courtney was able to purchase her first car, and she and Gabriel, who is now three years old, are living with Courtney's mom who is very supportive.

Knowing that Gabriel was underweight, Courtney's home visitor, Shai, worked with her on topics related to nutrition and has been able to really gain the trust of Courtney who was hesitant about enrolling in the program initially. Courtney's family has learned a great deal about Gabriel's development through the program. Both Courtney and Gabriel's grandmother have learned to look for a variety of tasks Gabriel is able to accomplish such as opening and closing doors and working challenging puzzles without assistance. They also monitor how he treats others and how he interacts with other children. Through working with Shai and the Great Beginnings Program, Courtney and her mother are able to see how reading books, using parallel, self-talk and parentese with Gabriel has aided in his language development. Both Courtney and her mother reference the milestone handouts provided by Shai to remain well-informed of typical developmental milestones in language, social-emotional, gross and fine motor as well as cognitive development. Additionally, Shai works with the family in defining ways they can assist Gabriel with achieving each task.



☞ COURTNEY WILLIAMS  
SEMINOLE COUNTY



## PROTECTIVE FACTOR FIVE: SOCIAL - EMOTIONAL COMPETENCE OF CHILDREN

A CHILD'S ABILITY TO INTERACT POSITIVELY *with others,*

SELF-REGULATE *behavior and* EFFECTIVELY COMMUNICATE *feelings*

POSITIVE IMPACT ON RELATIONSHIPS *with family, other adults, and peers*

EARLY IDENTIFICATION *and assistance for both parents and children can head off negative results and keeps*  
DEVELOPMENT ON TRACK

**AGENCY:** Northern Oklahoma Youth Service

**PROGRAM:** Start Right – The Family Resource Program and The Total Dad

When Paige Hadley enrolled for home visitation services, she was seven months pregnant and expressed to her home visitor, LaChez', that she really wanted to work on self-control when it came to expressing her feelings, keeping her anger levels down, and having patience for her two year old son and her fiancé.

Paige worked on her goal of trying to keep calm with her family and not only tried ideas that LaChez' suggested, but also came up with her own system allowing her to include her two year old son. Paige and her family worked on not yelling and learning when they should take timeouts so they would not lose control of their feelings – all of which directly affect a child's ability to maintain control and regulate their individual action and reaction, in addition to building healthy relationships with other children and adults.

Paige has made tremendous progress toward increased family success, which has allowed her to be more organized in other areas of her life, such as implementing alternative discipline methods – timeouts, daily routines for the family, and focusing on their health through increased awareness of nutrition and physical activity. Paige is committed to staying at home with her children until they are both in school. She works with them daily on developmental activities, and Samuel has met each of his milestones which are assessed using the Ages and Stages and the Ages and Stages-Social Emotional screenings. Paige believes that one of the main benefits of home visits and working with LaChez' is being empowered to be a better mother and role model in order to positively influence her children in every way that affects their development.



PAIGE HADLEY  
KAY COUNTY

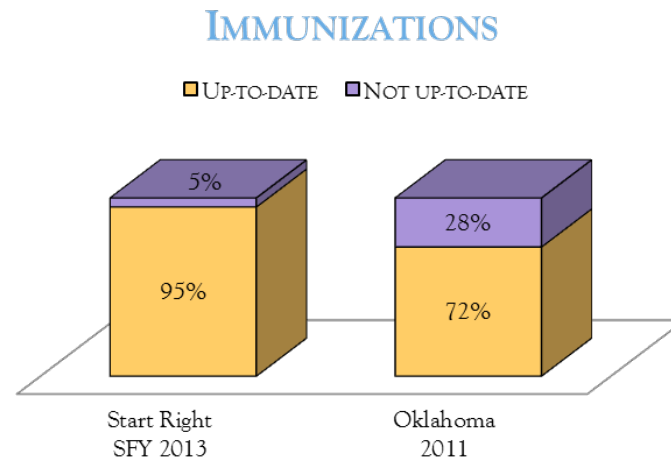
## Start Right Outcomes

### Child Health and Development

Improving the health and development of infants and children is an important goal of *Start Right*. The well-being of *Start Right* families determines the health of the next generation and can help predict future health challenges for families, communities, and the health care system. Families in *Start Right* can benefit from education, referrals, and access to necessary resources that lead to healthier outcomes for their babies.

**IMMUNIZATIONS:** Vaccines are one of the most successful and cost-effective public health tools for preventing disease and death. Currently there are vaccines available to protect children against diseases which can cause serious afflictions such as paralysis, loss of hearing, infertility and even death.<sup>13</sup> Timely immunizations are one of the most important ways for parents and caregivers to protect their children and others from infectious diseases.

In SFY 2013, 95 percent of *Start Right* parents reported at the last home visit that their child was up-to-date on their immunizations. In 2011, 72 percent of Oklahoma children were up-to-date on their immunizations.<sup>14,15</sup>



<sup>13</sup>Vaccine Safety and the Importance of Immunization, Retrieved from <http://www.health.ny.gov/prevention/immunization/>

<sup>14</sup> 2011 Oklahoma State Immunization Information System (OSIIS) Data

<sup>15</sup> Throughout this report, statewide data is provided to give context for the Start Right outcomes. These are not meant to be comparisons as the Start Right population is comprised of mothers that tend to have greater socioeconomic and health challenges than the general Oklahoma population. The most current statewide numbers are provided, however, they are usually a year or more behind Start Right data due to the timeline of releasing vital statistics and other reports.

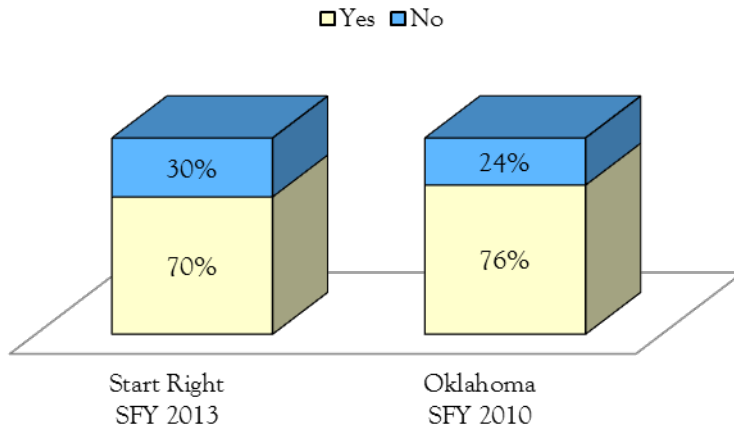
OUTCOMES

**BREASTFEEDING:** Breast milk is widely acknowledged to be the most complete form of nutrition for most infants with a range of benefits for their health, growth, immunity and development.<sup>16</sup>

Of the *Start Right* mothers who gave birth in SFY 2013, 70 percent initiated breastfeeding. In comparison, 76 percent of new Oklahoma mothers initiated breastfeeding in 2010.<sup>17</sup>



### INITIATION OF BREASTFEEDING



<sup>16</sup> Maternal, Infant and Child Health, Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=26>

<sup>17</sup> Prams Brief: Duration and Exclusivity of Breastfeeding in Oklahoma. August 2012

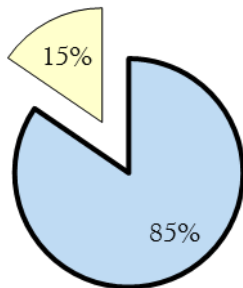
OUTCOMES

**PHYSICAL ACTIVITY:** Physical activity produces overall physical, psychological and social benefits. The American Heart Association recommends that children and adolescents participate in at least 60 minutes of moderate to vigorous physical activity every day. Compared to children who are inactive, physically active children tend to be more physically fit, have stronger bones and muscles, and feel better about themselves. They may even have reduced symptoms of anxiety and depression.<sup>18</sup>

Of the *Start Right* children over one year of age served in SFY 2013 who were reported as not exercising at all at enrollment, 79 percent were reported as exercising at least once a week at the end of SFY 2013.

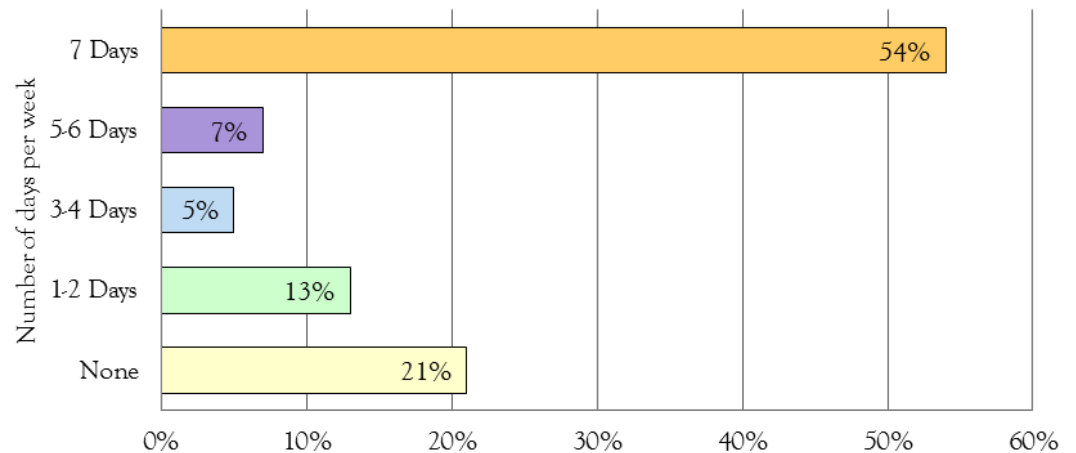
### PHYSICAL ACTIVITY AT ENROLLMENT

- No Physical Activity in the Last Week
- One or More Days with Physical Activity in the Last Week



### PHYSICAL ACTIVITY IN 2013

OF THOSE REPORTING NO PHYSICAL ACTIVITY AT ENROLLMENT



<sup>18</sup> Jodie Shield, Healthcare, Academy of Nutrition and Dietetics, Retrieved from <http://www.sharecare.com/health/fitness-exercise-children/physical-activity-children>



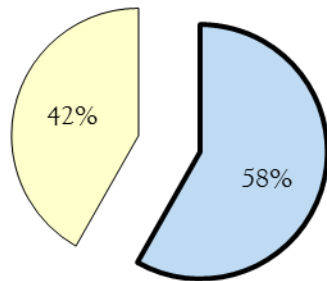
OUTCOMES

**NUTRITION:** Good nutrition is an important part of leading a healthy lifestyle. Healthy eating patterns in childhood and adolescence promote optimal childhood health, growth, and intellectual development; and prevent immediate health problems, such as iron deficiency anemia, obesity, eating disorders, and dental issues.<sup>19</sup>

Of the *Start Right* children over one year of age served in SFY 2013 who were reported as eating no fruits or vegetables per day at enrollment, 97 percent were reported as eating at least one per day at the end of SFY 2013.

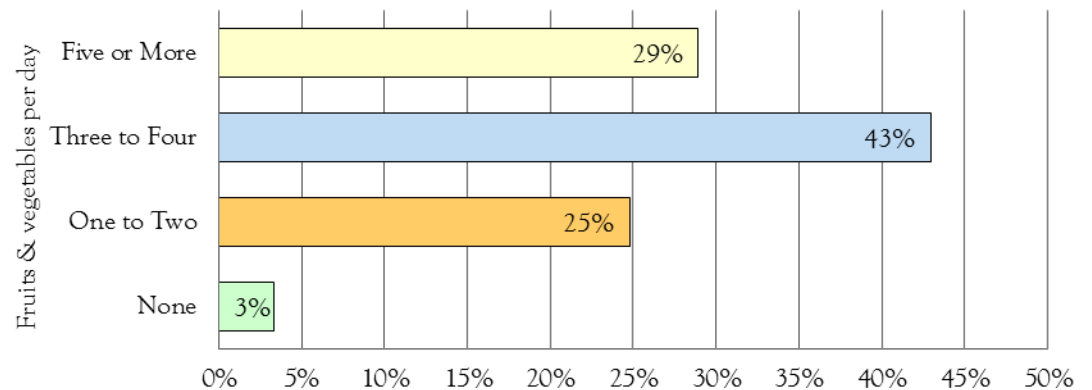
### NUTRITION AT ENROLLMENT

■ No fruits or vegetables per day    □ One or more fruits or vegetables per day



### NUTRITION IN 2013

OF THOSE REPORTING EATING NO FRUITS OR VEGETABLES PER DAY AT ENROLLMENT



<sup>19</sup> MMWR Recommendations and Reports, Guidelines for School Health Programs to Promote Lifelong Healthy Eating, Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/00042446.htm>

OUTCOMES

Parent Health

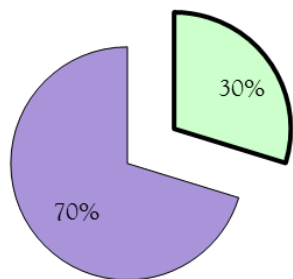
Parents who lead a healthy lifestyle are planting the seeds for their children to go on to live healthy lives as well. With obesity reaching epidemic proportions, leading by example is more important than ever, and so is getting children involved in eating better and increasing physical activity.<sup>20</sup> Studies have shown that the manner in which parents interact with their children can have a strong influence on their children’s involvement with cigarette smoking, alcohol use, and recreational drugs.

**TOBACCO USE:** In Oklahoma, the percentage of adults (ages 18+ years) who reported smoking cigarettes was 26.1 percent in 2011. Across all states and the District of Columbia, the prevalence of cigarette smoking among adults ranged from 11.8 percent to 29.0 percent.<sup>21</sup> Smoking has many adverse reproductive and early childhood effects, including increased risk for infertility, preterm delivery, stillbirth, low birth weight and Sudden Infant Death Syndrome.<sup>22</sup>

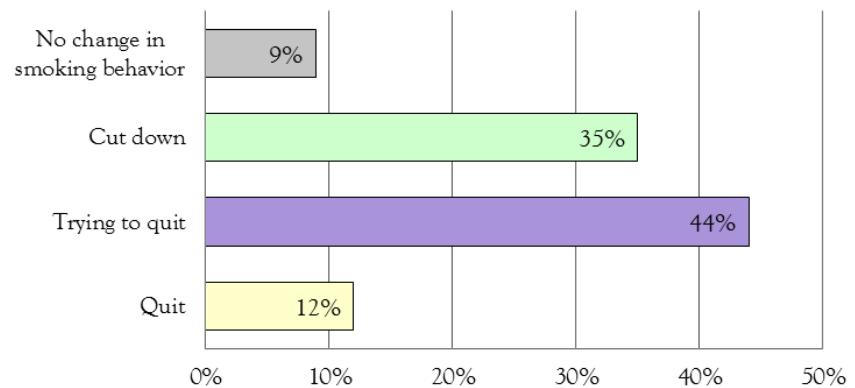
Of the parents served in SFY 2013 who reported smoking at enrollment, 12 percent reported quitting smoking, 35 percent reported cutting down on smoking, and 44 percent reported trying to quit at the end of SFY 2013.

TOBACCO USE AT ENROLLMENT

Smoked in the last 48 hours | Did not smoke in the last 48 hours



TOBACCO USE IN 2013  
OF THOSE REPORTING SMOKING AT ENROLLMENT



<sup>20</sup> Importance of Living a Healthy Lifestyle, Retrieved from <http://www.livestrong.com/article/31783-importance-lifestyle/>

<sup>21</sup> Adult Current Cigarette/Smokeless Tobacco Use, Retrieved from [http://www.cdc.gov/tobacco/data\\_statistics/state\\_data/state\\_highlights/2012/pdfs/states/oklahoma.pdf](http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2012/pdfs/states/oklahoma.pdf)

<sup>22</sup> Smoking & Tobacco Use, Retrieved from [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/effects\\_cig\\_smoking/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/)

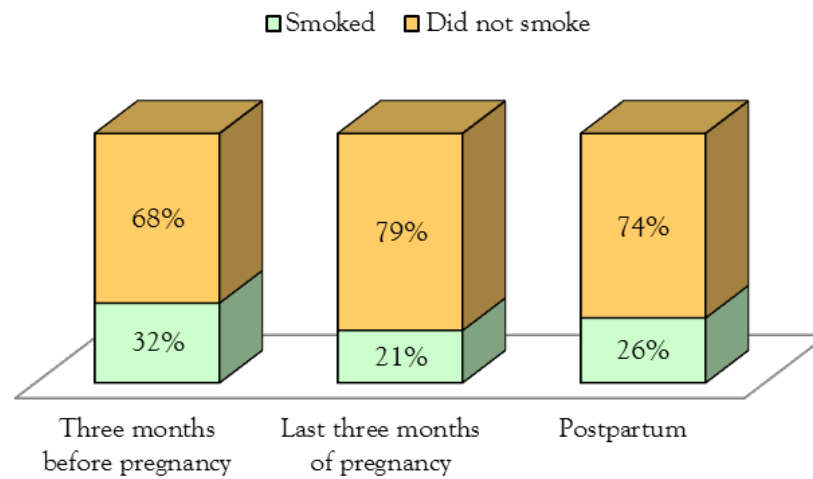
## OUTCOMES

**TOBACCO USE DURING PREGNANCY:** One of the best things a pregnant mother can do is protect her baby from tobacco smoke and give her child a healthy start in life. Every cigarette a mother smokes contains over 4,000 chemicals, and smoking while pregnant can harm an unborn baby. Cigarettes can restrict the essential oxygen supply, so a baby's heart has to beat harder every time a mother chooses to smoke. Tobacco use during pregnancy remains one of the single most preventable causes of poor birth outcomes. The connection between tobacco use during pregnancy and poor infant outcomes may include:<sup>23</sup>

- ⊙ Higher rates of preterm delivery
- ⊙ Low birth weight
- ⊙ Stillbirth
- ⊙ Neonatal and perinatal mortality

Of the *Start Right* mothers enrolling prior to the 29th week of pregnancy from SFY 2010 to SFY 2013, 32 percent reported smoking in the three months prior to becoming pregnant, 21 percent reported smoking during the last three months of pregnancy, and 26 percent reported smoking after the birth of the child.

### TOBACCO USE DURING PREGNANCY

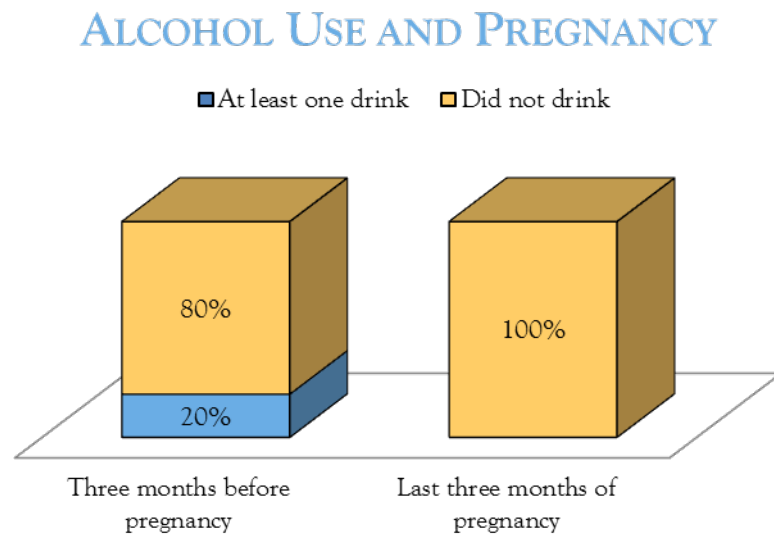


<sup>23</sup>Stop Smoking in Pregnancy. NHS Choices. <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/smoking-pregnant.aspx#close>

## OUTCOMES

**ALCOHOL USE DURING PREGNANCY:** When a pregnant woman drinks alcohol, so does her unborn baby. Alcohol in the mother's blood passes through the placenta to the baby through the umbilical cord. Drinking alcohol during pregnancy can cause miscarriage, stillbirth, and a range of lifelong disorders, known as fetal alcohol spectrum disorders (FASDs). FASDs are 100 percent preventable. There is no known safe amount of alcohol to drink while pregnant and no safe kind of alcohol. There is also no safe time during pregnancy to drink.<sup>24</sup>

Of the *Start Right* mothers enrolling prior to the 29th week of pregnancy from SFY 2010 to SFY 2013, 20 percent reported drinking alcohol during the three months prior to becoming pregnant and zero percent reported drinking alcohol during the last three months of pregnancy.

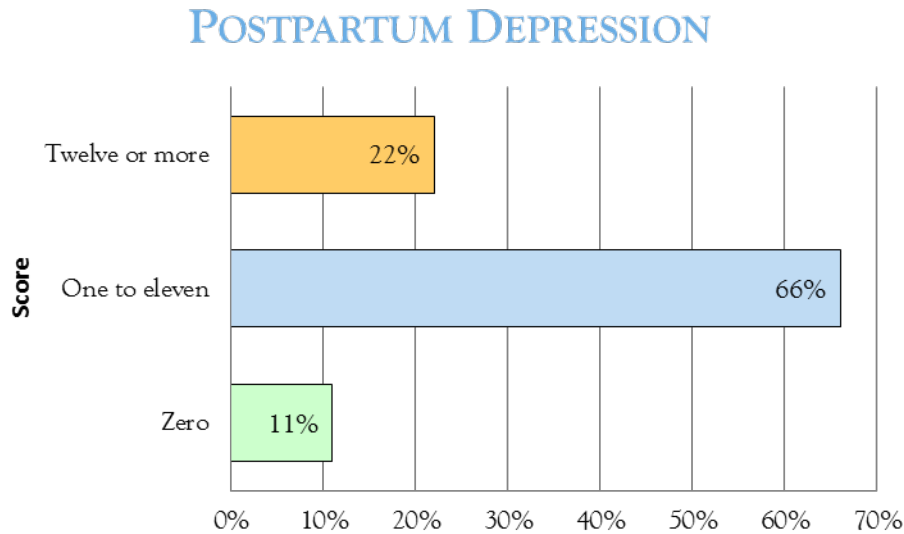


<sup>24</sup> Alcohol Use During Pregnancy: Why Alcohol is Dangerous, Retrieved from <http://www.cdc.gov/NCBDDD/fasd/alcohol-use.html>

OUTCOMES

**POSTPARTUM DEPRESSION:** Recent research reveals that over ten percent of pregnant women and approximately 15 percent of postpartum women experience depression. Eighty percent of women may experience the “baby blues,” a brief period of mood symptoms that is considered normal following childbirth. The changes in lifestyle associated with caring for a young infant may constitute a set of stressors that have mental health consequences for the mother.<sup>25</sup>

Two hundred thirty-eight Edinburgh Postpartum Depression Screenings, a standardized tool used to identify women who may be experiencing postpartum depression, were administered to *Start Right* mothers in SFY 2013. Eighty-eight percent of these screenings indicated signs of depression. Twenty-two percent indicated the need for immediate attention by a healthcare or mental health professional.



<sup>25</sup> National Alliance on Mental Illness; Women and Depression, Retrieved from [http://www.nami.org/Content/NavigationMenu/Mental\\_Illnesses/Women\\_and\\_Depression/womenanddepression.pdf](http://www.nami.org/Content/NavigationMenu/Mental_Illnesses/Women_and_Depression/womenanddepression.pdf)



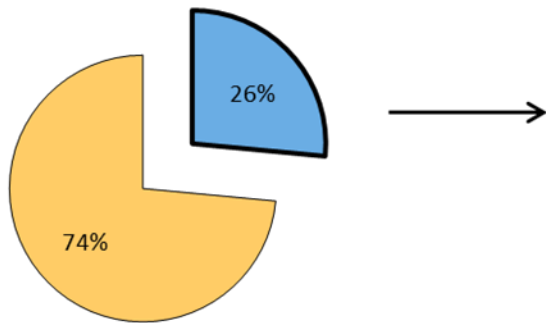
OUTCOMES

**PHYSICAL ACTIVITY:** By maintaining a healthy diet and being physically active, individuals can achieve a healthy weight and reduce their risk of chronic diseases such as diabetes, heart disease, and some forms of cancer, and strengthen bones to reduce the risk of osteoporosis.<sup>26</sup> A healthy exercise plan and diet is critical for a parent to have a positive influence on their children. Parents must take care of themselves to properly take care of their children. According to reports by the Centers for Disease Control and Prevention (CDC), Oklahoma’s obesity rate for adults is eighth highest in the nation and for high school students is tied for sixth highest. Obesity impacts all aspects of physical and mental health and is directly related to inactive lifestyles and poor nutrition. Physical inactivity, poor nutrition, consumption of sugar-sweetened beverages and excessive television viewing can contribute to excess weight gain in children and adults.

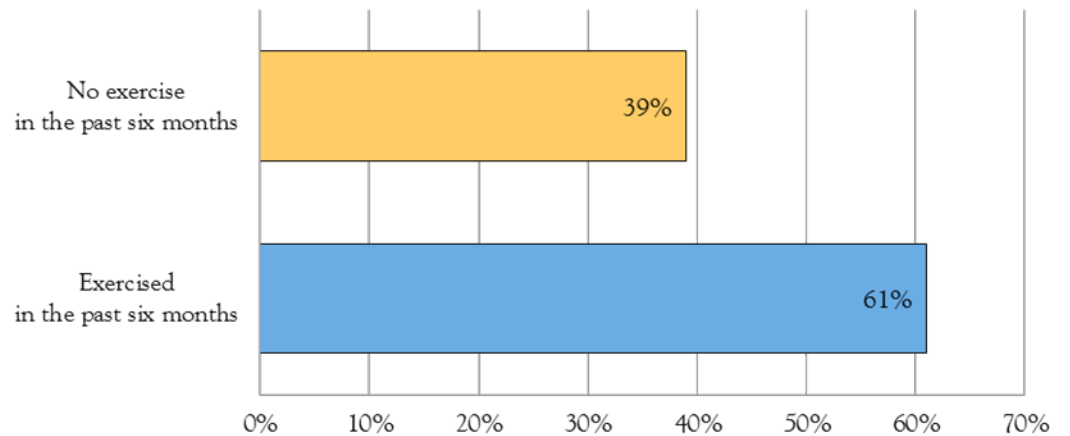
Of the *Start Right* parents who reported not exercising in the past six months at enrollment, 61 percent reported exercising in the past six months at the end of SFY 2013.

PHYSICAL ACTIVITY AT ENROLLMENT

■ No exercise in the past six months    ■ Exercised in the past six months



PHYSICAL ACTIVITY IN 2013  
OF THOSE REPORTING NOT EXERCISING AT ENROLLMENT



<sup>26</sup> New York Department of Health, Priority Area: Physical Activity and Nutrition, The Burden of Physical Inactivity and Poor Nutrition, Retrieved from [http://www.health.ny.gov/prevention/prevention\\_agenda/physical\\_activity\\_and\\_nutrition/](http://www.health.ny.gov/prevention/prevention_agenda/physical_activity_and_nutrition/)

OUTCOMES

**NUTRITION:** Of the *Start Right* parents who reported eating no fruits and vegetables each day at enrollment, 63 percent reported eating at least one per day at the end of SFY 2013.

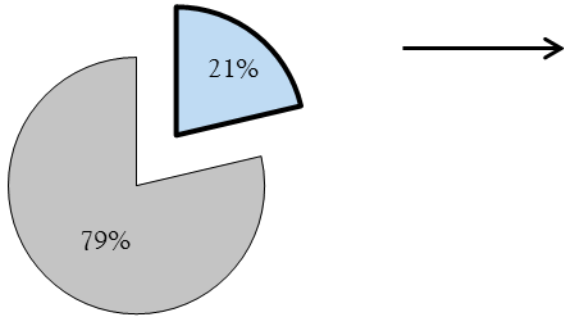
*“The food and activity choices we make today affect us both now and in the future. Choosing foods sensibly, and balancing food and physical activity, are basic steps necessary to set the stage for lifelong health.”*

Anita K. Poole

Oklahoma Food Policy Council Chair

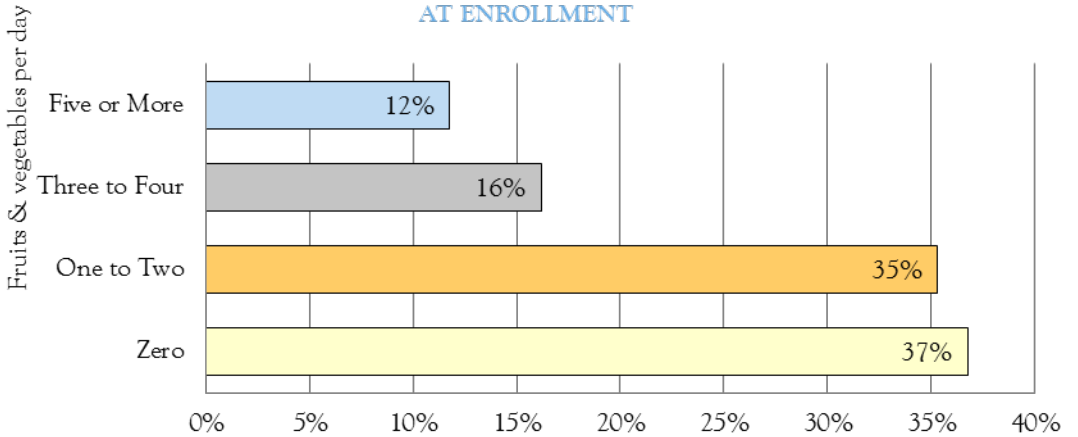
### NUTRITION AT ENROLLMENT

■ No Fruits & Vegetables per Day   ■ At Least One Fruit or Vegetable per Day



### NUTRITION IN 2013

OF THOSE REPORTING EATING NO FRUITS OR VEGETABLES PER DAY AT ENROLLMENT



OUTCOMES

## Family Stability

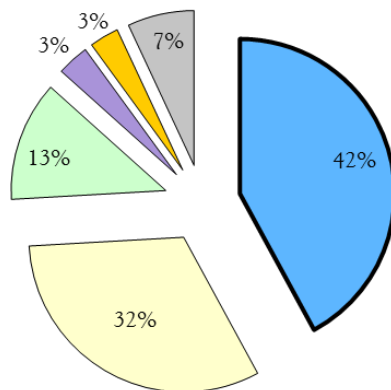
The *Start Right* program has an impact on many factors that directly influence family functioning and family stability. Helping to build a stronger family leads to decreased child maltreatment and is instrumental in helping children reach their optimal level of development. Children who have a stable family life have caregivers who remain constant, consistent and connected to them over time.<sup>27</sup>

**EDUCATION:** Parents with less education often have lower household incomes, even if they are employed full time. Policies that support education for low-income parents offer them the potential for lasting economic security.<sup>28</sup>

Of the *Start Right* parents served in SFY 2013 who reported not having a high school diploma or GED at enrollment, 18 percent reported having a high school diploma, GED or beyond at the end of SFY 2013.

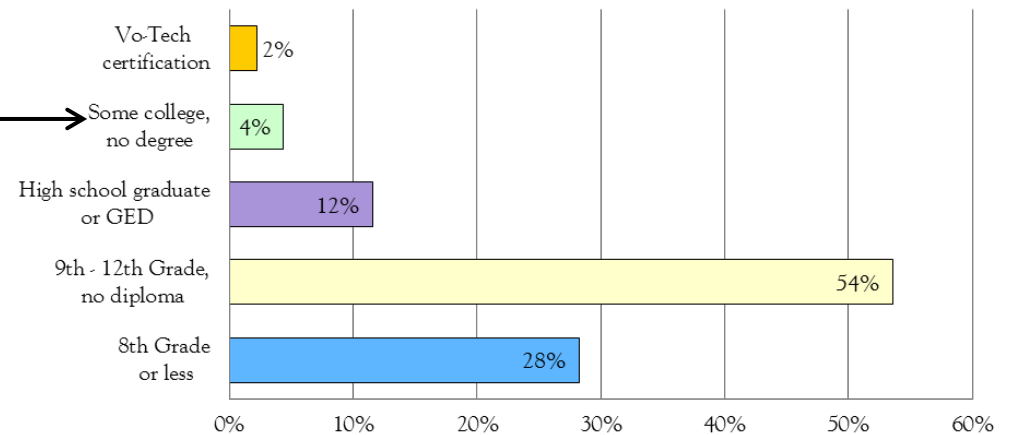
### EDUCATION AT ENROLLMENT

- No high school diploma
- High school graduate or GED
- Some college, no degree
- Vo-Tech certification
- Associate's Degree
- Bachelor's degree or beyond



### EDUCATION IN 2013

OF THOSE REPORTING NOT HAVING A HIGH SCHOOL DIPLOMA OR GED AT ENROLLMENT



<sup>27</sup> The Future of Children, Journal Issue: Children, Families, and Foster Care. Family Stability and Healthy Child Development. Retrieved from <http://futureofchildren.org/publications/journals/article/index.xml?journalid=40&articleid=133&sectionid=873>

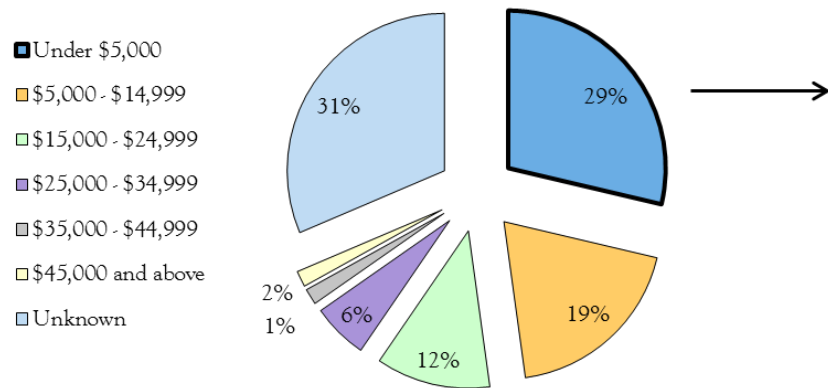
<sup>28</sup> Parents' Low Education Leads to Low Income, Despite Full-Time Employment; Retrieved from [http://www.nccp.org/publications/pub\\_786.html](http://www.nccp.org/publications/pub_786.html)

OUTCOMES

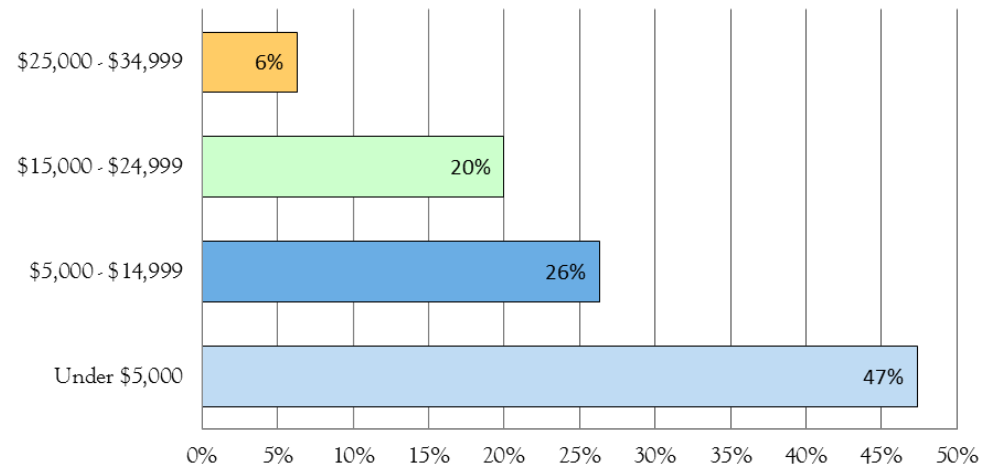
**HOUSEHOLD INCOME:** Economic security is important to the well-being of children and families. Poverty places families with children at risk of experiencing unhealthy outcomes. Many *Start Right* families live in poverty, and many others have household incomes that are just above the poverty line. Child maltreatment can often be linked to stress, and families with low household incomes tend to be under more stress than the average family.<sup>29</sup>

Of the *Start Right* parents served in SFY 2013 who reported making less than \$15,000 at enrollment, 26 percent reported making \$15,000 or more at the end of SFY 2013.

HOUSEHOLD INCOME AT ENROLLMENT



HOUSEHOLD INCOME IN 2013  
OF THOSE REPORTING A HOUSEHOLD INCOME OF LESS THAN \$15,000 AT ENROLLMENT



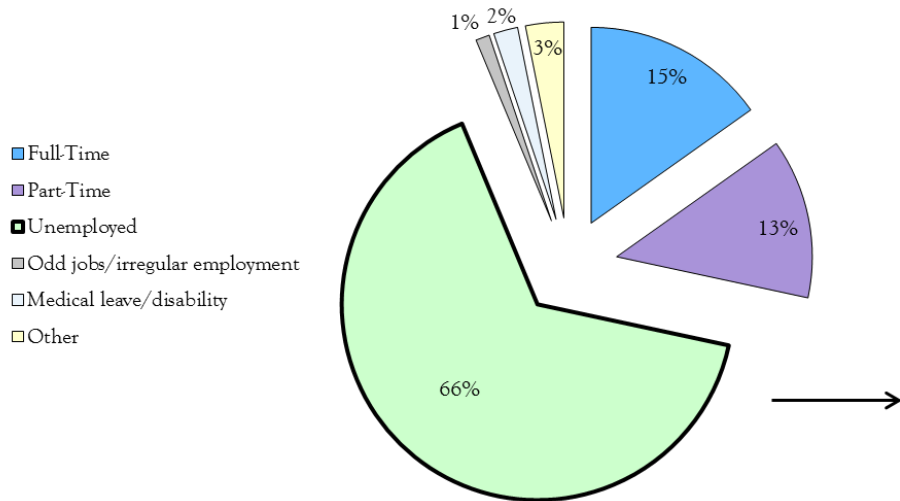
<sup>29</sup> From Poverty to Child Welfare Involvement: The Critical Role of Housing in Family Stability. Children, Youth & Families. Practice Update. 2009, Retrieved from <http://socialworkers.org/practice/children/2009/sept2009.pdf>

OUTCOMES

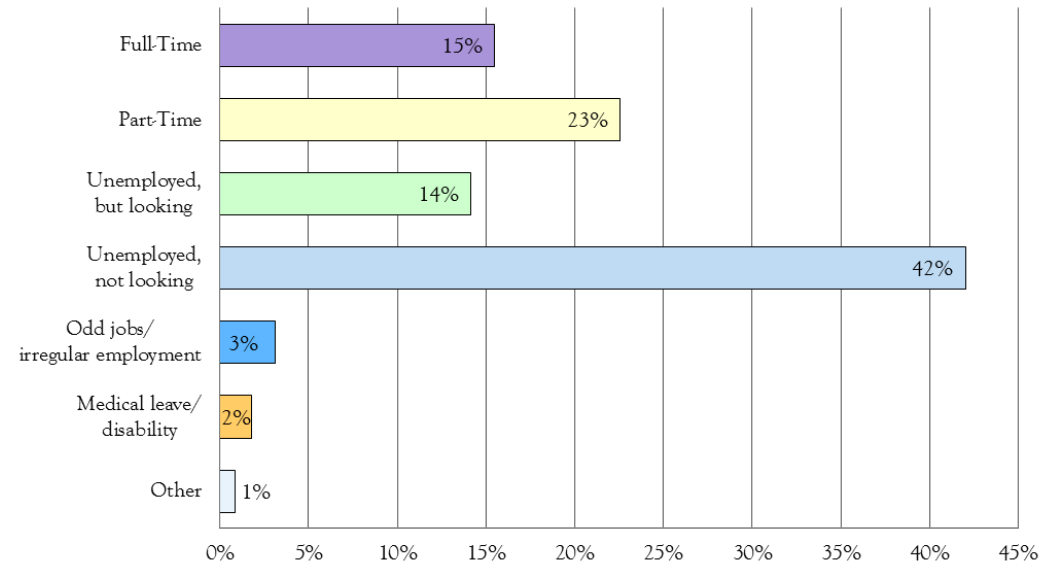
**EMPLOYMENT:** The stress of unemployment can lead to declines in individual and family well-being. The burden of unemployment that is placed on a family can also affect outcomes for children as the stress and depressive symptoms associated with job loss or insecurity can negatively affect parenting practices.<sup>30</sup>

Of the *Start Right* parents served in SFY 2013 who reported being unemployed at enrollment, only 56 percent reported still being unemployed at the end of SFY 2013.

EMPLOYMENT AT ENROLLMENT



EMPLOYMENT IN 2013  
OF THOSE REPORTING BEING UNEMPLOYED AT ENROLLMENT



<sup>30</sup> Psychological Effects of Unemployment and Underemployment. American Psychological Association. Retrieved from <http://www.apa.org/about/gr/issues/socioeconomic/unemployment.aspx>



OUTCOMES

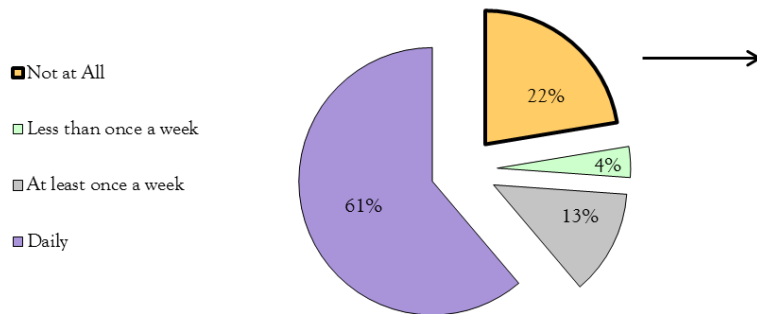
**FATHER INVOLVEMENT:** Children who have an involved father are more likely to be emotionally secure, confident and tend to have better social connections with peers. They are also less likely to get in trouble at home, school, or in the neighborhood. Infants who receive high levels of affection from their fathers feel a more secure bond with both parents. A number of studies suggest they also are more sociable with other children throughout early childhood.<sup>31</sup>

Of the *Start Right* parents served in SFY 2013 who reported that the father of the child did not spend any time at all with the child at enrollment, 23 percent reported the father spending time with the child at the end of SFY 2013.



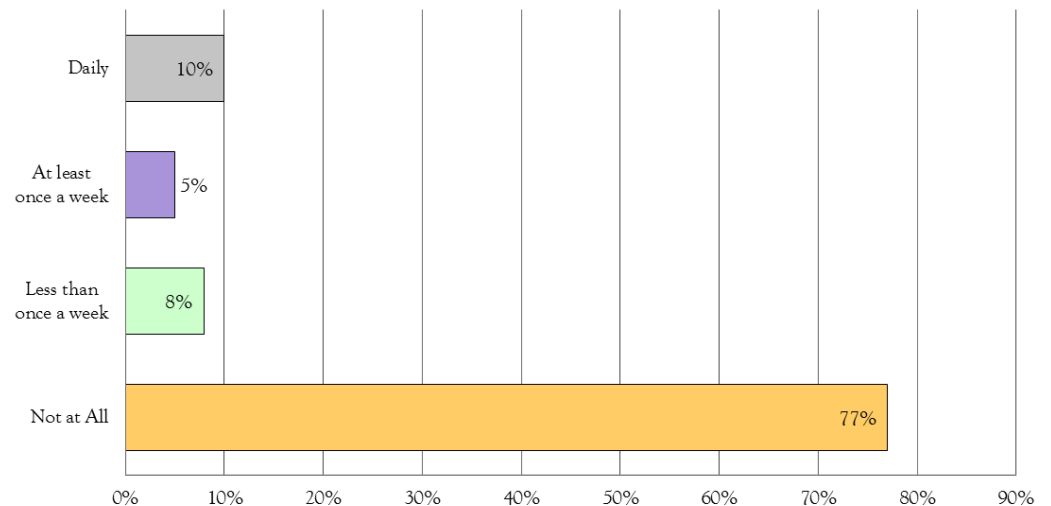
Michal Justice, Kay County Northern Oklahoma Youth Services Family Resource Center

FATHER INVOLVEMENT AT ENROLLMENT



FATHER INVOLVEMENT IN 2013

OF THOSE REPORTING THAT THE FATHER DID NOT SPEND ANY TIME WITH THE CHILD AT ENROLLMENT



<sup>31</sup> The Importance of Fathers in the Healthy Development of Children. Child Information Gateway, United States Department of Health and Human Services. Retrieved from <https://www.childwelfare.gov/pubs/usermanuals/fatherhood/chaptertwo.cfm>

OUTCOMES

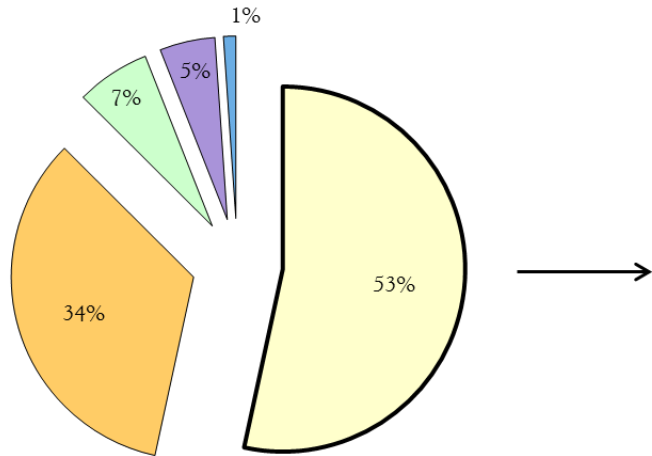
**MARITAL STATUS:** The median annual income for single parent households with children under six years old is roughly one-fourth that of two-parent families. However, the number of children per family unit is generally comparable, approximately two per household.<sup>32</sup>

Of the *Start Right* parents served in SFY 2013 who reported being single at enrollment, 18 percent of them reported being married at the end of SFY 2013.

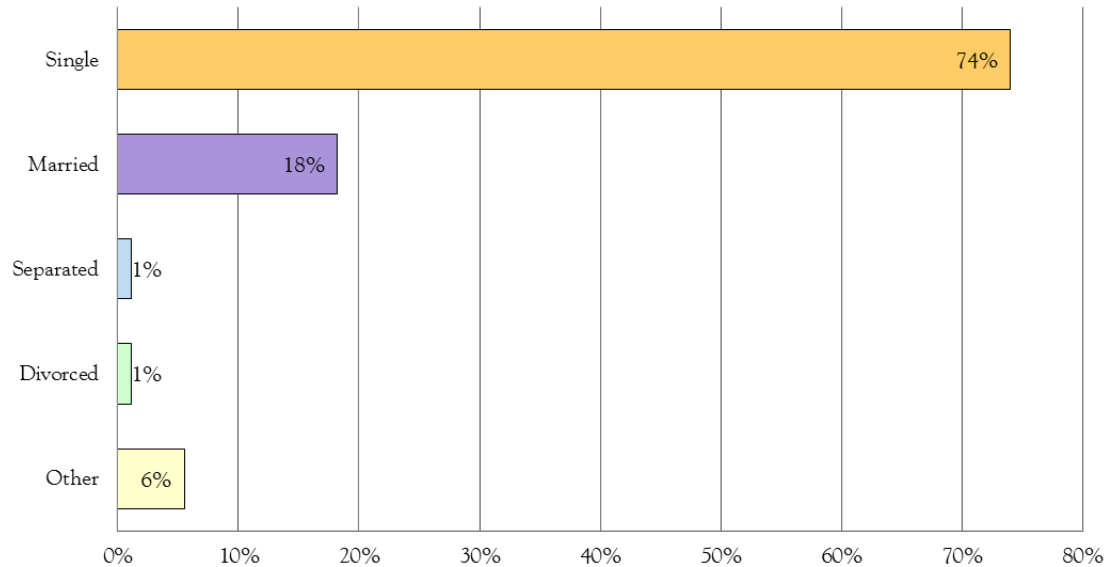
Note: The time between enrollment and SFY 2013 could be up to six years. It is possible for a parent to have reported being single at enrollment, become married and since divorced.

MARITAL STATUS AT ENROLLMENT

Single Married Separated Divorced Other



MARITAL STATUS IN 2013  
OF THOSE REPORTING BEING SINGLE AT ENROLLMENT

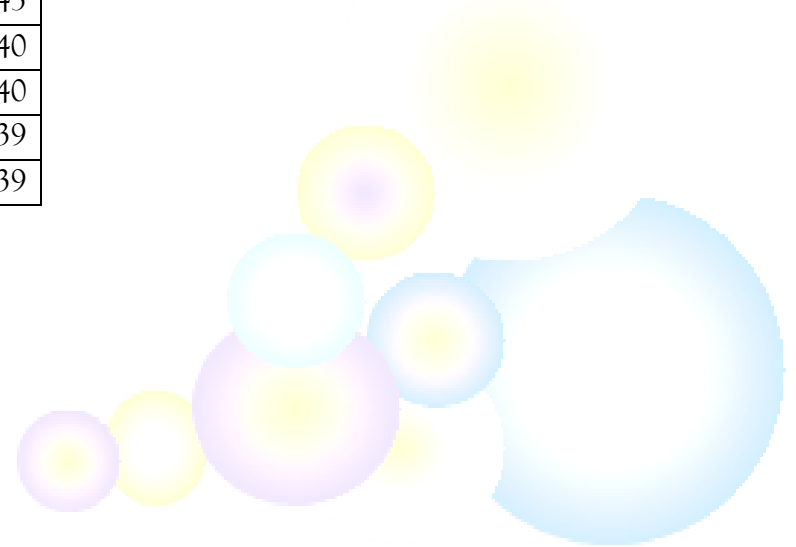


<sup>32</sup> Single-Parent Families in Poverty, Retrieved from <http://www3.uakron.edu/schulze/4.01/readings/singleparfam.htm>

## OUTCOMES

**CONNECTIONS TO SERVICES:** Families enrolled in home visitation services may be living in at-risk situations and in need of basic services. The most common services utilized among the *Start Right* families are clothing and food. *Start Right* home visitors connect families to services in order to help reduce stress levels, provide for basic needs and increase family stability.

Service	Number of Referrals Made
Clothing	1493
Food	566
Primary Care Physician	338
Transportation	260
Parenting Support/Classes	186
Furniture including cribs	176
Family Planning	162
Mental Health	154
Food Stamps	143
English as a Second Language (ESL) Classes	140
Housing Assistance	140
Medicaid	139
Literacy Programs	139



OUTCOMES

## Family Safety

Unintentional injuries kill, injure and disable more children each year than all childhood diseases combined. Public health characterizes injury events as predictable and preventable if the proper safety measures are in place.<sup>33</sup>

Education, connecting families to needed resources, and modeling/sharing strategies are utilized in helping to create a safer family environment. According to the Centers for Disease Control and Prevention, unintentional injuries such as suffocation, drowning, motor vehicle accidents, and burns are the leading cause of death and disability for children under 4 years of age.<sup>34</sup> In Oklahoma from 2008 to 2012, 219 children died from unintentional injuries.<sup>35</sup>



*"If a disease were killing our children at the rate unintentional injuries are, the public would be outraged and demand that this killer be stopped."*

C. Everett Koop, MD, ScD  
Former US Surgeon General  
Chairman, The National SAFE KIDS  
Campaign

<sup>33</sup> Unintentional Injuries in Childhood: Analysis and Recommendations. Retrieved from [http://futureofchildren.org/futureofchildren/publications/docs/10\\_01\\_FullJournal.pdf](http://futureofchildren.org/futureofchildren/publications/docs/10_01_FullJournal.pdf)

<sup>34</sup> National Action Plan, Centers for Disease Control and Prevention, Retrieved from <http://www.cdc.gov/safekid/NAP/background.html>

<sup>35</sup> Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2008 to 2012, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE), Retrieved from <http://www.health.ok.gov/ok2share>

OUTCOMES

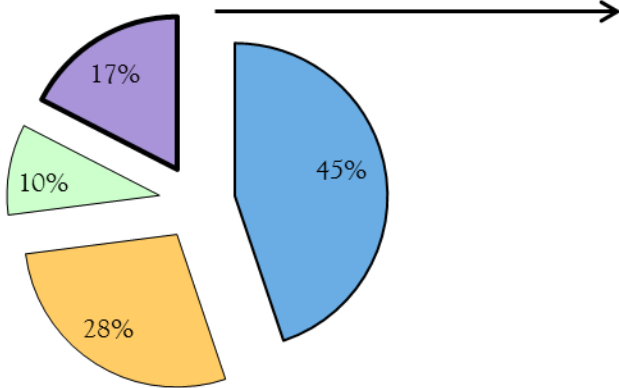
Car Seat Safety, Safe Sleep, Water Safety and Fire Safety:

**CAR SEAT SAFETY:** Ninety-seven percent of *Start Right* parents reported buckling their child in a car safety seat all of the time when riding in a car in SFY 2013.

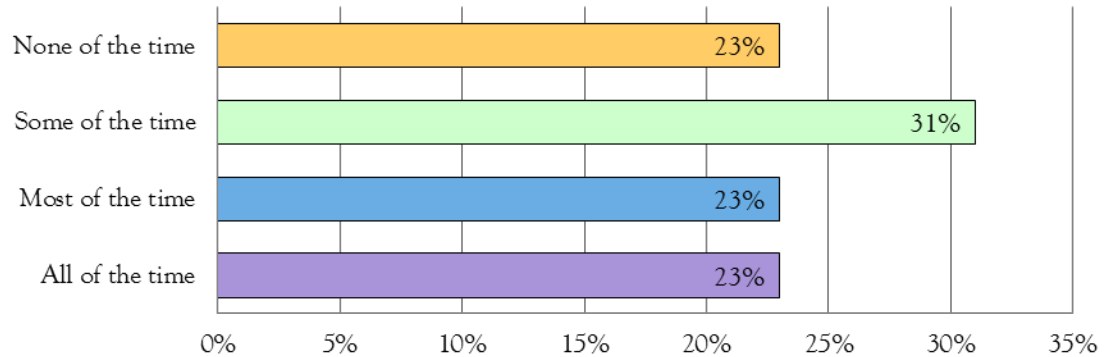
**SAFE SLEEP:** Of the *Start Right* parents served in SFY 2013 who reported that their infant always shared a sleeping surface with other people (adults or children) at enrollment, only 23 percent reported the infant always sharing a sleep surface at the end of SFY 2013.

SHARED SLEEP SURFACE AT ENROLLMENT

None of the time    Some of the time    Most of the time    All of the time



SHARED SLEEP SURFACE IN 2013  
OF THOSE REPORTING SHARING A SLEEP SURFACE ALL OF THE TIME AT ENROLLMENT





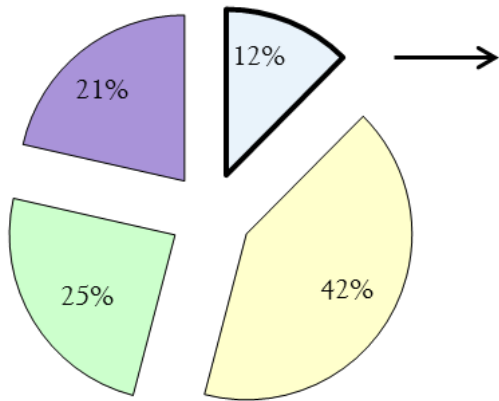
OUTCOMES

**WATER SAFETY:** Ninety-nine percent of *Start Right* parents reported never leaving their child unattended near water sources such as a tub, bucket, or container of water or a body of water such as a lake, pond, pool, etc. in SFY 2013.

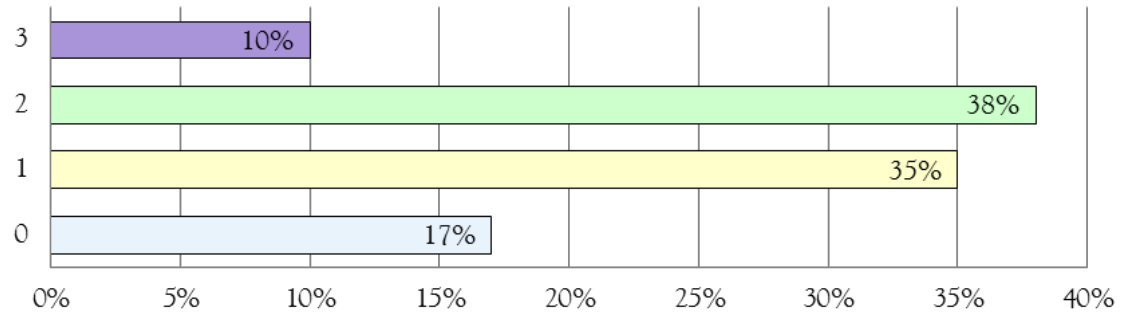
**FIRE SAFETY:** Of the *Start Right* parents served in SFY 2013 who had no working smoke detectors in their homes at enrollment, 83 percent had at least one working smoke detector at the end of SFY 2013.

WORKING SMOKE DETECTORS AT ENROLLMENT

Zero One Two Three or more



WORKING SMOKE DETECTORS IN 2013  
OF THOSE REPORTING HAVING NO WORKING SMOKE DETECTORS  
AT ENROLLMENT



OUTCOMES

**DOMESTIC VIOLENCE:** Over the past few decades, there has been an increased understanding of the co-occurrence of domestic violence and child maltreatment. Research suggests that 30 to 60 percent of the families that experience either domestic violence or child abuse are experiencing the other as well.<sup>36</sup> There are also mental health repercussions of domestic violence which include higher incidences of depression, post-traumatic stress disorder and suicide. Additionally, victims are more likely to engage in substance abuse and other risky behaviors.<sup>37</sup>

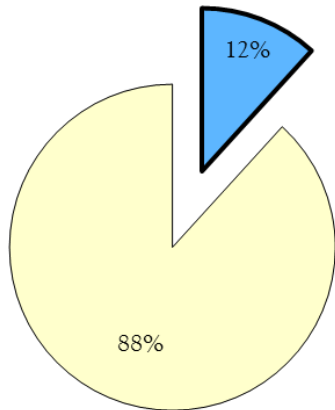
*“Intimate partner violence is a serious, preventable public health problem that affects millions of Americans. Partner violence is linked to numerous health issues and adverse health behavior.”*

*Dr. Nidal M. Karin  
Behavioral Scientist  
Centers for Disease Control and Prevention*

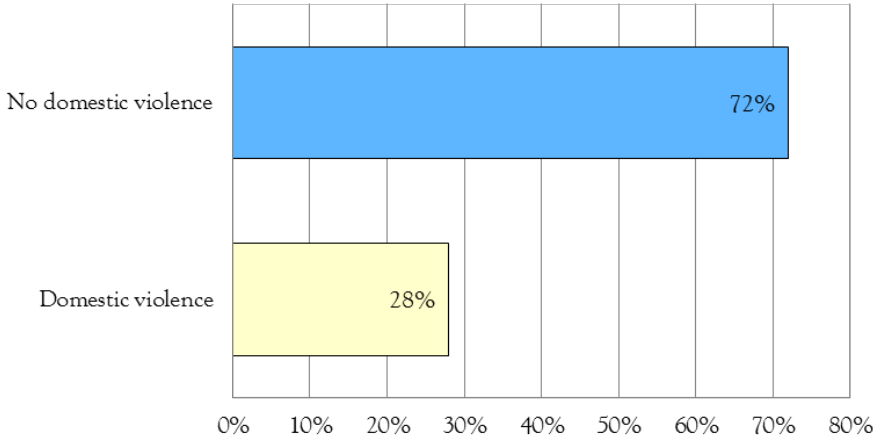
Of the *Start Right* parents served in SFY 2013 who reported experiencing domestic violence at enrollment, 72 percent have reported no longer experiencing domestic violence at the end of SFY 2013.

DOMESTIC VIOLENCE AT ENROLLMENT

■ Domestic violence    □ No domestic violence



DOMESTIC VIOLENCE IN 2013  
OF THOSE REPORTING EXPERIENCING DOMESTIC VIOLENCE  
AT ENROLLMENT



<sup>36</sup> The Overlap Between Child Maltreatment and Domestic Violence. Child Protection in Families Experiencing Domestic Violence. Child Welfare Information Gateway, Retrieved from <https://www.childwelfare.gov/pubs/usermanuals/domesticviolence/domesticviolenceb.cfm>

<sup>37</sup> CDC Doctor: Domestic Violence is a Serious Public Health Issue, Retrieved from <http://www.dvccct.org/dvcc-updates/medical-advocacy-news-c/3331-cdc-doctor-domestic-violence-is-a-serious-public-health-issue.html>

# Department of Human Services Data

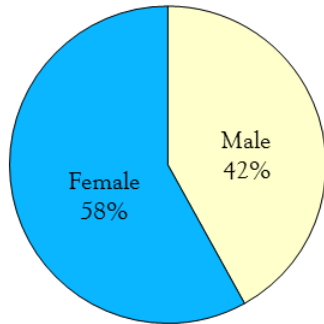
During SFY 2013, the OCAP collaborated with the Oklahoma Department of Human Services (OKDHS) to match children served by *Start Right* to child maltreatment reports and confirmations. The family may or may not have been participating in a *Start Right* Program at the time of the report.

Of the 774 children who received at least one home visit from *Start Right* in SFY 2013, 594 of them (77 percent) had never been named as a potential victim of an OKDHS report. Furthermore, 740 of them (96 percent) had never had a confirmed child maltreatment case with OKDHS. None of the *Start Right* children served in SFY 2013 had been named in a report to OKDHS for sexual abuse.

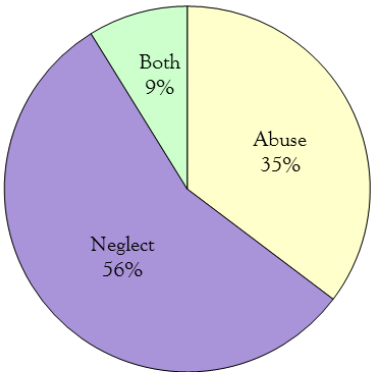
In order to enroll in *Start Right*, the parent must score a minimum number of points on the Kempe Family Stress Checklist, a nationally recognized and validated tool that evaluates parents' risk for maltreating their children. It is noteworthy that less than 25 percent of the *Start Right* families served in SFY 2013 had ever been reported for potential maltreatment despite all entering the program with risk factors.

Of the children served by *Start Right* in SFY 2013, 180 had been named a potential victim of an OKDHS report. Nineteen percent (34/180) of these children had a confirmed case of child maltreatment at some point in their life. Fifty-eight percent of these children were female.

GENDER OF CHILDREN WITH A CONFIRMED CASE OF MALTREATMENT



TYPE OF MALTREATMENT IN CONFIRMED CASES



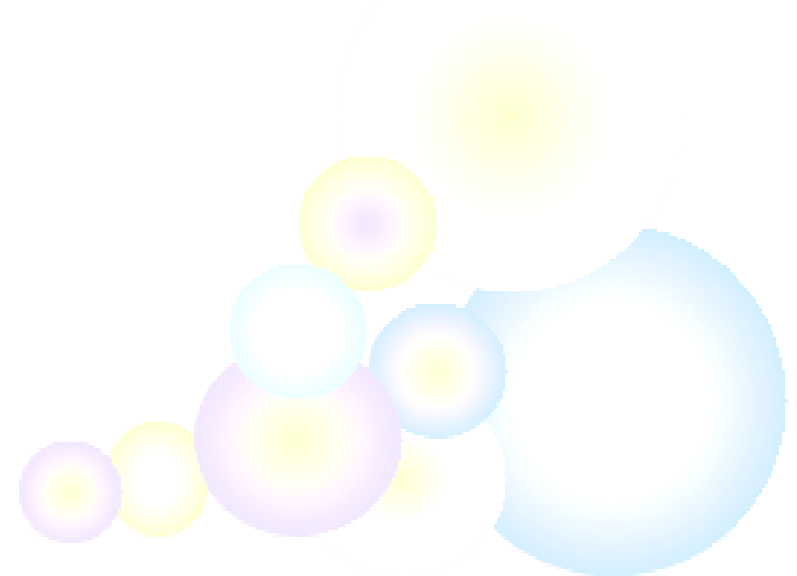
Of the 34 children served by *Start Right* in SFY 2013 who had a confirmed case of child maltreatment in their lifetime, 56 percent had a confirmed case of neglect, 35 percent had a confirmed case of abuse, and nine percent had a confirmed case which involved both abuse and neglect. The types of abuse and neglect are listed in the following tables.

***Start Right* children served in SFY 2013 who had a confirmed case of abuse**

Type of Abuse	Percent
Threat of Harm	80%
Beating/Hitting - Instrument	13%
Other	7%

***Start Right* children served in SFY 2013 who had a confirmed case of neglect**

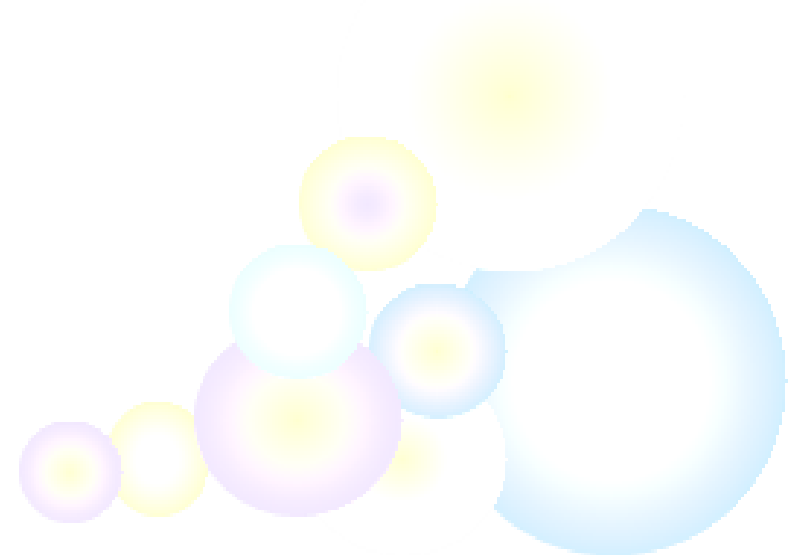
Type of Neglect	Percent
Threat of Harm	33%
Failure to Protect	23%
Inadequate or Dangerous Shelter	14%
Exposure to Domestic Violence	14%
Lack of Supervision	4%
Failure to Obtain Medical Attention	4%
Failure to Thrive	4%
Other	4%



The perpetrators of the 34 confirmed cases of child maltreatment of the children served by *Start Right* in SFY 2013 are listed in the table below. Fifty-eight percent of the perpetrators were the biological mother or father of the child. Many of the cases had more than one perpetrator identified.

**Perpetrators involved in confirmed cases of child maltreatment of *Start Right* children served in SFY 2013**

Relationship to the Child	Percent
Mother (Biological)	33%
Father (Biological)	25%
Father (Alleged)	11%
Grandparent (Maternal)	10%
Great Grandparent (Maternal)	8%
Grandparent (Paternal)	3%
Mother (Step)	3%
Father (Foster)	2%
Father (Legal)	2%
Great-Aunt (Paternal)	1%
Mother (Foster)	1%
No Relation	1%





## Recommendations

### SFY 2012 Recommendations and Accomplishments

As reported in the SFY 2012 Annual Report, there were three areas of change and improvement the Office of Child Abuse Prevention defined for the future: enhanced program evaluation, a comprehensive training track for home visitors and improved collaboration efforts within the OSDH and external home visitation programs.

- ⦿ **ENHANCED PROGRAM EVALUATION:** In the past year, *Start Right* focused on determining whether *Start Right* contractors were meeting their intended objectives by enhancing the Oklahoma Child Abuse Prevention Program Application Database. The OCAP provided program contractors with monthly data reports that included number of families served and completed home visits. *Start Right* contractors were provided improved data collection forms that focused on specific areas of concern when dealing with high risk populations. These forms were kept up-to-date and were revised based on input from home visitors, consultants and evaluators. Additionally, a focus was made regarding the importance of data cleaning as it related to data entry and verification at each contracted program site and at the state office for outcomes and reporting. Data cleaning is critical in order to continue to improve the *Start Right* program's internal evaluation and accountability capacity, as well as to strengthen confidence in reported outcomes.
- ⦿ **COMPREHENSIVE TRAINING TRACK:** The OCAP has provided *Start Right* Program contractors with numerous trainings designed to better equip home visitors in providing services to high risk families. A training calendar was developed in collaboration with the other home visiting programs within the Oklahoma State Department of Health. Trainings are directly related to family health, child health, child development, family safety, family stability, protective factors and child abuse and neglect. These trainings are ongoing and are scheduled according to program required timelines as indicated within each home visitation model. In addition to an intensive training track, the OCAP implemented monthly supervisors calls which address program procedure updates and allow a platform for consultants and evaluators to enhance staff competence and cooperation.

- ◎ **COLLABORATION EFFORTS:** Oklahoma’s public health approach to prevention of child abuse and neglect is carried out through a system of evidence-based home visitation services (see table below). In addition to these internal relationships, *Start Right* benefits from many external partnerships including the Home Visitation Leadership Advisory Coalition, the Child Abuse Prevention Internal Task Force and the Oklahoma Department of Human Services through quarterly meetings and ongoing collaboration. These entities act in part as advisory boards which help to improve the services provided by *Start Right*. In an effort to strengthen these collaborations as well as to enhance community partnerships, the OCAP held a two day Home Visitors Conference titled “*Partners In Progress – Strengthening Oklahoma’s Families.*”

## The Oklahoma Comprehensive System of Evidence-Based Home Visitation Services

The State of Oklahoma utilizes evidence-based prevention models for families with young children who are at risk for poor health, mental health, behavioral and educational outcomes as well as child abuse and neglect.

Program	Parents as Teachers	Children First	Start Right	SafeCare
Agency	Oklahoma State Department of Education & Oklahoma State Department of Health	Oklahoma State Department of Health	Oklahoma State Department of Health	Oklahoma Department of Human Services
Model	Parents as Teachers (PAT)	Nurse-Family Partnership (NFP)	Healthy Families America (HFA)	SafeCare
Staff	Bachelors prepared or Paraprofessional with additional training	Registered Nurses with additional training	Bachelors prepared or Paraprofessional with additional training	Bachelors prepared professionals with additional training
Client Enrollment Criteria	The program enrolls: <ul style="list-style-type: none"> <li>-expectant parents as well as parents with children birth to age three.</li> </ul>	Participants must: <ul style="list-style-type: none"> <li>-be expecting their first child;</li> <li>-have a household income at or below 185% of the Federal Poverty Level; and</li> <li>-be less than 29 weeks pregnant at the time of enrollment.</li> </ul>	The program enrolls: <ul style="list-style-type: none"> <li>-expectant women after the 29<sup>th</sup> week of the first pregnancy, or at any time during pregnancy for subsequent births, or</li> <li>-families with a child age one or younger.</li> </ul>	The program enrolls: <ul style="list-style-type: none"> <li>-families with at least one child age five years or younger; and</li> <li>-families with risk factors such as substance abuse, domestic violence, or mental health issues.</li> </ul>
Outcomes	Increases School Success: In SFY 2010, of the 270 children who entered PAT with ASQ scores indicating they were at risk for school failure, less than a quarter, 61 children, were at risk at the end of the program.	Prevents Child Abuse and Neglect: If the state of Oklahoma lowered its confirmed maltreatment rate to that of Children First, 914 fewer Oklahoma children between the ages of 0 and 2 years would have been confirmed maltreatment victims (2002-2006).	Reduces Smoking: In SFY 2012, after just six months in the Start Right program, the percent of Start Right primary caregivers who reported smoking dropped below the national average for adults who live at or below the poverty level. Twenty percent of participants reported that they smoked less after participating in the program for six months.	Increased Social Support and Family Resilience: Oklahoma families randomized to SafeCare were significantly more likely to be referred to and connected to community-based services needed than standard care. <sup>38</sup>

<sup>38</sup> Home Visiting Evidence of Effectiveness (HomVEE), Retrieved from <http://homvee.acf.hhs.gov/>

## SFY 2013 Recommendations

There are four areas of concentration that will define the future of the Office of Child Abuse Prevention *Start Right* Program contractors: the *Start Right* Logic Model, Continuous Quality Improvement (CQI), child health and development outcomes and father involvement.

- ⦿ **START RIGHT LOGIC MODEL:** The *Start Right* Logic Model will be revised and adhered to in order to more specifically represent the work being carried out by *Start Right* home visitors and to effectively measure desired outcomes. The goals set forth in the revised logic model will serve as programmatic benchmarks to be included in the SFY 2014 annual report.
- ⦿ **CONTINUOUS QUALITY IMPROVEMENT:** *Start Right*, in collaboration with other home visiting programs funded by the Oklahoma State Department of Health, is undergoing a CQI initiative. *Start Right* will use quality improvement projects to make systematic improvements in home visiting program processes and outcomes by gaining a detailed understanding of the model delivery process and making necessary adjustments. The goals for the coming year are to establish an organizational foundation for quality improvement by creating a structure that will facilitate the CQI projects. The plan includes trainings provided by both internal and external CQI experts and the formation of learning communities. Child health and development has been identified as an area needing immediate attention in an effort to improve birth outcomes and overall child health of *Start Right* children.
- ⦿ **CHILD HEALTH AND DEVELOPMENT OUTCOMES:** The OCAP acknowledges that in order to improve child health outcomes *Start Right* home visitors need to be more intensively trained and held accountable for providing comprehensive health education to their families. This includes providing information about the importance of consistent prenatal visits to the doctor, the benefits of folic acid and proper nutrition during pregnancy, all of which contribute to improved birth outcomes and overall child health. Through the CQI process, the OCAP is expecting home visitors will discover the need to assist families in obtaining health insurance and accessing quality primary care.

- ⊙ **FATHER INVOLVEMENT:** The majority of home visitation models are focused on the bonding and attachment between a mother and her baby. *Start Right* has been implementing strategies to also involve fathers in home visiting services which emphasize the importance of a father's role and increase the bonding and attachment between a father and his child. Northern Oklahoma Youth Services is implementing a cutting-edge program designed for primary caregivers who are fathers. *The Total Dad* program is one-of-a-kind in that it is staffed with two male home visitors that are dedicated to promoting the program to fathers and to providing home visitation services to families desiring increased father involvement. Materials and curriculum have been incorporated to appeal to males who are interested in learning more about child health and development, parenting, family safety as well as local family resources. The OCAP will monitor and evaluate *The Total Dad* program for effectiveness and possible expansion within *Start Right*.

### APPENDIX A. Office of Child Abuse Prevention Logic Model

