



“Children First was a lifeline to me at a very difficult time in my life. I am thankful for the thoughtfulness of Children

First. My nurse brought educational videos and detailed information on taking care of my baby and making my home safer for her. She also encouraged me to go back to college, helped me find resources and is an advocate for my daughter.”

- CASSIDY
NFP (C1) Client

“The program definitely helped me to improve my knowledge to be a mom, but also helped me increase my desire to be a nurse. My C1 nurse Wendy was my model for what I wanted to be someday. She helped me improve not only the quality of life for my baby, but mine as well. She has all my gratitude, respect and I know that it was with her help, that I am where I’m at today. What a wonderful program to participate in, and now work for.”

MELISSA,
NFP (C1) Nurse Home Visitor

CHILDREN FIRST, OKLAHOMA’S NURSE-FAMILY PARTNERSHIP

A PROGRAM THAT REDUCES GOVERNMENT EXPENDITURES

Nurse-Family Partnership® (NFP) is a public health program that is based on evidence from randomized, controlled trials that proves it works. The evidence shows that first-time mothers working with a Nurse-Family Partnership nurse home visitor can transform their lives and the lives of their children. Moreover, independent research proves that for every public health dollar invested in a local Nurse-Family Partnership program, communities can realize **up to five dollars in return**.

Children First, Oklahoma’s Nurse-Family Partnership was created in 1996 as a deterrent to child maltreatment and a means to improving children’s health and well-being. Originally piloted in four counties, Children First is now delivered through the statewide county health department system. Since 1996, the program (which is administered by the Oklahoma State Department of Health) has served more than 35,000 families, including 4,073 first-time moms during State Fiscal Year 2010. Children First focuses on three Nurse-Family Partnership goals:

1. Improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets, and reducing their use of cigarettes, alcohol and illegal substances;
2. Improve child health and development by helping parents provide responsible and competent care; and
3. Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

Oklahoma Health Improvement Plan (OHIP) 2010-2014 Flagship Issues

TOBACCO USE PREVENTION

34% of C1 mothers who smoked at program intake decreased their smoking, which is a significant improvement over a 14% reduction three years ago.

OBESITY REDUCTION

80% of C1 mothers initiated breastfeeding, compared to 65% of mothers in the general Oklahoma population. Research has shown that breastfeeding is associated with a reduced risk of obesity for the infant later in life. OHIP includes an objective to create more “Baby Friendly” (breastfeeding) hospitals in Oklahoma. For more information, please visit www.babyfriendlyusa.org.

CHILDREN’S HEALTH

84% of C1 mothers sought prenatal care during their first trimester, which is more than the state rate of 73.9% for all Oklahoma mothers. (The OHIP goal is to increase the overall state rate to 85.7%.)

INFANT MORTALITY REDUCTION

The Children First infant mortality rate is half the rate of other Oklahoma first-time births (4.35 vs. 8.0 deaths per 1,000 live births).

When Nurse-Family Partnership (NFP) serves a family in Oklahoma, by the child's twelfth birthday, government cost offsets average \$18,707. Oklahoma state and local government offsets are \$5,716, and federal offsets are \$12,991. Offsets continue to accrue thereafter from reduced spending on TANF, Medicaid, food stamps, and child abuse. An estimated \$807 in additional offsets per family later result because NFP continues to reduce youth offending and associated criminal justice costs through age 17. Youth substance abuse also declines, but we have not yet valued those offsets. NFP also improves the quality of life of participating mothers and children. This analysis does not address the cost of delivering NFP services.



This analysis covers cost offsets through age 12 and focuses specifically on state government offsets and to a lesser extent on federal government offsets. It is the first analysis that separates offsets to state and local versus federal government. Prior cost-benefit analyses of the NFP model monetized savings to society or to government. Savings to society include government offsets, increases in family income, and the value of increased quality of life. Cost-benefit analyses also show varied return on investment because the analyses monetize different outcomes for different periods of time. For example, the studies by the Washington State Institute for Public Policy compare total program cost with state government and societal savings through age 15.

The estimates here combine Oklahoma cost data with effectiveness data derived from four randomized trials of NFP (the Denver, Elmira, and Memphis trials by David Olds and a small independent trial in Louisiana, Sonnier et al. 2007), plus an unpublished evaluation of NFP effectiveness when scaled up in New York City (personal communication, Lindsay Senter, October 2010).

Cost Offsets to the State of Oklahoma within 12 Years of the Birth of a First Child Whose Mother Received Any Nurse-Family Partnership Services and Corresponding Offsets to the Federal Government (in June 2010 dollars)

Category of Savings/ Age of Child	Year 0*	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Total
Reduced TANF Payments	\$34	\$73	\$53	\$134	\$50	\$91	\$101	\$121	\$84	\$59	\$41		\$841
Increased Medicaid Graduation	\$176	\$104	\$88	\$124	\$107	\$83	\$31	\$51	\$27	\$66	\$173	\$116	\$1,146
Lower costs if on Medicaid	\$355	\$357	\$126	\$126	\$126	\$229	\$229	\$229	\$229	\$229	\$33	\$33	\$2,031
Fewer 2nd Babies on Medicaid		\$355	\$74	\$74	\$74	\$74	\$74	\$74	\$74	\$74			\$947
Less Child Care, 2nd Births		\$7	\$7	\$7	\$7								\$28
Less Remedial Services							\$92						\$92
Less Child Abuse	\$26	\$26	\$26	\$26	\$26	\$26	\$26	\$26	\$26	\$26	\$26	\$26	\$312
Less Youth Crime												\$47	\$47
Total State Offsets	\$591	\$922	\$374	\$491	\$390	\$503	\$553	\$501	\$440	\$454	\$273	\$222	\$5,714
Federal Offsets	\$1,090	\$1,863	\$883	\$1,242	\$1,265	\$1,440	\$891	\$985	\$996	\$1,174	\$724	\$438	\$12,991
Total Government Offsets	\$1,681	\$2,785	\$1,257	\$1,733	\$1,655	\$1,943	\$1,444	\$1,486	\$1,436	\$1,628	\$997	\$660	\$18,705

* Year 0 runs from birth to the day before the child's first birthday.

For more information, please contact Children First at 405-271-7611 or view the 2010 Annual Report at: www.ok.gov/health



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