Community Action Partnership of Lancaster and Saunders County

Early Head Start / Head Start Programs

2016 Community Assessment

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Introduction

The Community Action Partnership (Community Action) of Lancaster and Saunders County is a Nebraska organization that implements community initiatives to combat poverty. In addition to numerous other services, Community Action implements the federal Head Start (HS) and Early Head Start (EHS) programs in the regional jurisdictions of Lancaster and Saunders counties of Nebraska. Head Start and Early Head Start are federally funded programs primarily serving families in poverty. The program description of Head Start is "… a Federal program that promotes the school readiness of children from birth to age five from low-income families by enhancing their cognitive, social, and emotional development" (Nebraska Head Start, n.d.).

Triennially, all organizations implementing HS and EHS services are required by the HS regulation 45 CRF, Subpart 1305.3 to conduct a thorough community assessment of their service area. In 2016, EHS/HS of Lancaster and Saunders counties partnered with Support and Training for the Evaluation of Programs (STEPs) based in the Grace Abbott School of Social Work at the University of Nebraska at Omaha to conduct the community assessment. The purpose of the assessment is to inform program planning, recruitment, and service delivery. Six areas of assessment are covered in-depth in this study as required by the HS Performance Standards. The study captured data regarding:
1. Demographic make-up of EHS- and HS-eligible children and families, including their estimated number, geographic location, and racial and ethnic composition.
2. Other child development and child care programs serving EHS/HS-eligible children, including publicly funded state and local preschool programs, and the approximate number of HS-eligible children served by each.
3. Estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provided to these children in community agencies.
4. Education, health, nutrition, and social service needs of EHS/HS-eligible children and their families defined by secondary data.
5. Education, health, nutrition, and social service needs of EHS/HS-eligible children and their families as defined by families of HS-eligible children and by institutions in the community that serve young children.
6. Resources that could be used to address the needs of EHS/HS-eligible children and their families, including assessments of their availability and accessibility.

The service area for EHS/HS of Lancaster and Saunders County is unique in its population distribution. Of the combined population of the two counties, 85% of individuals reside within the city of Lincoln located in Lancaster county. Because the large urban area of Lincoln dominates the statistics for Lancaster county, the data tables separate out the city of Lincoln from the rural portion of Lancaster county whenever possible. This breakdown provides a clear articulation of the characteristics and needs of both urban and rural residents. Across most data in this document, similarities can be seen between Saunders county and the rural Lancaster geographic area, effectively presenting a distinction between the demographics of rural and urban service areas.

Section 1: Demographics of EHS/HS Eligible Children and Families

During the previous three-year period, EHS/HS provided services through four primary outlets in Saunders and Lancaster counties. In Lancaster county, center-based programming was provided through Lincoln Public Schools and Educare, and in Saunders county, programming was provided through Wahoo Public Schools. In addition, EHS services are delivered in clients' homes. Table 1.1 displays the general population data across the identified geographic service areas of Saunders and Lancaster counties, with further breakdown by Lincoln and rural Lancaster county. Close to 85% of the population in both counties fell within the city of Lincoln. The table also illustrates the distribution of the population across the ages. Consistently across the geographic areas, children under the age of 18 comprised roughly a quarter of the overall population, though a slightly smaller percentage of children are in the Lincoln area than in the rural areas.

The population specifically relevant to the EHS/HS programs and defined by the U.S. Census Bureau's age categories are the children three and four years old and children under three years old because of their age eligibility for the programs. In the rural areas, the percentage of populations by age of children was quite similar for those eligible for EHS and those eligible for HS, while in Lincoln (and therefore Lancaster overall), there was a slightly higher portion of children who were age-eligible for HS than for EHS.

Table 1.1 Total Population by Age
(total counts and percent of total population)

	Saunders County	Lancaster County	Lincoln	Rural Lancaster
Total population	20,867	293,726	265,811	27,915
Adults (over 18 years)	15,556 (75%)	225,872 (77%)	205,639 (77%)	20,233 (73%)
Children (under 18 years)	5,311 (26%)	67,854 (23%)	60,172 (23%)	7,682 (28%)
5-18 years	3,974 (19%)	47,669 (16%)	41,653 (16%)	6,016 (22%)
3 and 4 years	698 (3%)	11,998 (4%)	11,130 (4%)	868 (3%)
under 3 years	639 (3%)	8,187 (3%)	7,389 (3%)	798 (3%)

(U.S. Census Bureau, 2014i; U.S. Census Bureau, 2014j).

HS's program model emphasizes the role of parents as children's first and most important teachers. In addition to serving the child, HS also provides for the needs of the family as a unit, working to support and empower parents (Nebraska Head Start, n.d.). According to the Aspen Institute, "Two-generation approaches focus on creating opportunities for and addressing needs of both vulnerable parents and children together" (Aspen Institute, n.d., p. 2). The Ascend

Program of the Aspen Institute was created for and is driven by the goal of helping parents, especially women and their children, out of poverty. Their work found four primary themes that constitute an effective two-generation approach to poverty reduction which include (Aspen Institute, n.d.):

- health and well-being,
- economic supports,
- education, and
- social capital.

Across the nation, EHS/HS programs are creatively developing programming to meet the needs of the adult family members they are serving, including adult education, English language learners' classes, and job readiness and training (Aspen Institute, n.d.). Table 1.2 provides the population totals for the *family units*[1] in each of the geographic areas to reflect the family focus of the two-generational approach.

Table 1.2 Total Families by Child Status
(total counts and percent of total families)

	Saunders County	Lancaster County	Lincoln	Rural Lancaster
Total number of families (2+ related)	5,588	70,894	62,849	8,045
Families with related children	5,259 (94%)	66,313 (94%)	58,955 (94%)	7,358 (92%)

(U.S. Census Bureau, 2014b).

Demographics of Eligible Children and Families

To be eligible for EHS/HS programming, in addition to meeting the age requirements, children must come from families who are low income as defined by the federal poverty guidelines or who are receiving public assistance (Temporary Assistance for Needy Families or Supplemental Security Income); be homeless or be a foster care child. Additionally, 10% of those enrolled can have a household income of up to 130% of the poverty line (Nebraska Head Start, n.d.). The first criterion for the report requests, "Demographics make-up of Head Start and Early Head Start eligible children and families, including their estimated number, geographic location, and racial and ethnic composition." Demographic data provided in this report will mirror the eligibility criteria. Figure 1.2 depicts the breakdown of the overall Head Start & Early Head Start enrollment by eligibility type in Community Action's 2015/2016 programming.

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[1] "Families" are defined as a household in which two or more people are related by birth, marriage, or adoption reside (U.S. Census Bureau's *American Community Survey*). The "total number of families" includes all family types, whether or not there are children in the family. The bottom row of the table is of particular interest to the EHS/HS programming as it reflects the families in which there were children–although not necessarily age-qualified for these programs. Note that the data provided in this table does not reflect families where there were children living in the home who were not related through birth, marriage, or adoptions–such as foster care placements.

By a considerable majority, enrollees in EHS/HS programming are eligible by having income status below the federal poverty level (73%), followed next by receipt of public assistance (16%) in all programs except for center-based HS in Lincoln. Furthermore, the third most commonly occurring enrollment eligibility type is status as homeless for all programming in Lincoln. While no families enrolled due to status as homeless in programming through Wahoo Public Schools in Saunders county, 15 families in EHS, 17 families in center-based HS, and 14 families in Lincoln Public Schools were enrolled with status as homeless (Community Action Partnership, 2016a, 2016b, 2016c).

Figure 1.2 2015/2016 EHS/HS Enrollment by Eligibility Type
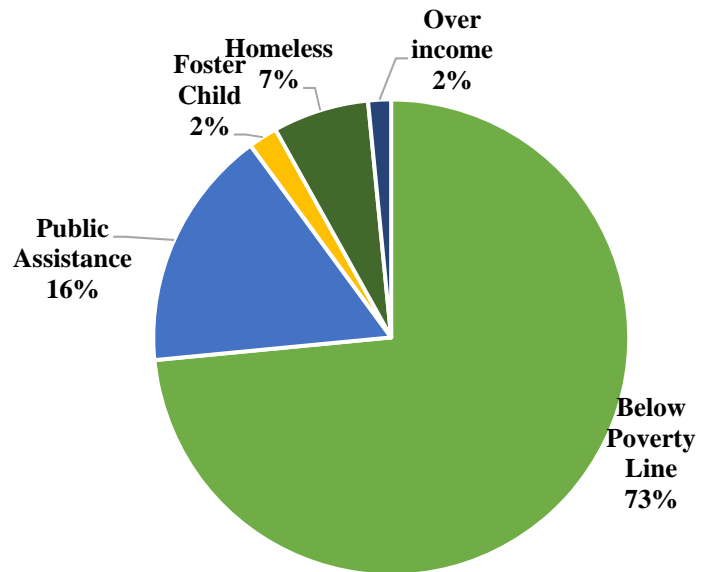
Low-Income Status

Families who are low income, as defined by the Federal Poverty Guidelines, are eligible for EHS/HS services. Table 1.3 outlines the markers for the federal poverty line which define eligibility for EHS/HS programs. The data collected in this section were drawn from the U.S. Census American Community Survey. Because the U.S. Census utilizes a different measure of poverty than the Federal Poverty Guidelines,[2] it is important to be aware that actual income figures vary slightly from the EHS/HS eligibility guidelines in the data below.

Table 1.3 Federal Poverty Guidelines

Household Size	Max Annual Income	Household Size	Max Annual Income
1	$11,770	5	$28,410
2	$15,930	6	$32,570
3	$20,090	7	$36,730
4	$24,250	8	$40,890
(Nebraska Head Start, n.d.)		Add $4,160 for each additional person	

Tables in the following section depict more specifically those families who were eligible for services through EHS/HS based on their poverty status. These tables describe the eligible population by exploring the characteristics of eligible families.

Table 1.4 displays statistics of families below poverty level, making explicit the number of families living in poverty with children under five years old in the home, indicating these were

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[2] The Federal Poverty Guideline is calculated by taking three times the cost of a basic food diet determined in 1963 by the number of people living in the household. The Official Poverty Measure of the US Census Bureau builds upon the method for the FPL by also taking into consideration the family composition, age of family members, and by adjusting for inflation. (University of Wisconsin, n.d.; US Census Bureau, n.d.).

the families eligible for the EHS/HS programs. An estimated 246 families in poverty with related children under age five live in Saunders county, 4,275 in Lincoln, and 33 in rural Lancaster. Across the geographic regions described, rural Lancaster had the lowest rate of poverty among families with children.

Table 1.4 Total Families with Children and Poverty Status
(total counts and percent of total families with related children)

	Saunders County	Lancaster County	Lincoln	Rural Lancaster
Total families with related children	**5,259**	**66,313**	**58,955**	**7,358**
Families below poverty level with related children	627 (12%)	11,736 (18%)	11,534 (20%)	202 (3%)
Total families below poverty level with children under 5 in the home	246 (5%)	4,308 (7%)	4,275 (7%)	33 (1%)

(U.S. Census Bureau, 2014c).

Family Type

Table 1.5 further illustrates the familial characteristics of EHS/HS eligible families, displaying the estimated distribution of those families across three family types: married-couple families, unmarried-mother families, and unmarried-father families. Table 1.6 displays the rates of the family types represented in the 2015-2016 EHS/HS enrollment for comparison.

Research indicates that children raised in single-parent families sometimes fare worse than children raised in families where parents are married. The difference in parenting afforded to children in these fragile family types could be caused by insufficient parental resources, parental mental health, the relationship quality between parents, and the stability of the family, among other reasons (Waldfogel, Graigie, & Brooks-Gunn, 2010). Bandry, Andrews, and Anderson-Moore (2012) found that across types of family disadvantage, including single-parent families, absence of emotional support accounted for the difference in child outcomes. These findings support the core component of building social capital in the two-generation approach by the Ascend Program (Aspen Institute, n.d.). Awareness of the vulnerability of single-parent families can be informative to EHS/HS' planning efforts.

According to the U.S. Census Bureau estimates, the majority of income-eligible families in Saunders county (76%) and Lincoln (50%) were headed by single-parent households, while in contrast, the majority of families in rural Lancaster county were married couples (67%). For enrolled EHS/HS families, single-parent family types were the most common in Wahoo Public Schools and center-based HS, accurately reflecting the population trends. In EHS and Lincoln Public School enrollment, on the other hand, more families were headed by two parents than single parents.

Most of the children enrolled in EHS/HS were being raised by their parents, and in single-parent families, most children were living with their mother. However, children in seven families were living with their father only, all of whom attend programming in Lincoln (Community Action Partnership, 2016a, 2016b, 2016c). These figures are consistent with the demographic data available on single, male-headed household displayed in Table 1.6, showing estimates that less than 1% of these family types in Saunders county, while around 12% were single, male-headed families in the Lincoln area.

Table 1.5 Families with Children under 5 years below Poverty Level by Family Type
(total counts and percent of families with children in poverty by family type)

	Saunders County	Lancaster County	Lincoln	Rural Lancaster
Total families below poverty level with children under 5 in the home	**246**	**4,308**	**4,275**	**33**
In married-couple	60 (24%)	1,628 (38%)	1,606 (38%)	22 (67%)
Female householder, no husband present	186 (76%)	2,155 (50%)	2,145 (50%)	10 (30%)
Male householder, no wife present	0 (<1%)	525 (12%)	524 (12%)	1 (3%)

(U.S. Census Bureau, 2014c).

Table 1.6 EHS/HS Families Served by Family Type 2015/2016

	Early Head Start	Lincoln Center-based Head Start	Wahoo Public Schools Head Start	Lincoln Public Schools Head Start
Total families served	192	69	46	326
Two-parent families	118 (61%)	21 (30%)	20 (43%)	221 (68%)
Single-parent families	74 (39%)	48 (70%)	26 (56%)	105 (32%)

(Community Action Partnership, 2016a, 2016b, 2016c).

In 2015/16, 12 families in which children were being raised by their grandparents enrolled in EHS/HS programming. Of those 12 families, 7 were two-parent families and 5 were single-parent families (Community Action Partnership, 2016a, 2016b, 2016c). This demonstrates that the EHS/HS programs are reaching a demographic in the community with need for their services. Table 1.7 displays the estimated rates of families where grandchildren were living with their grandparents in Saunders and Lancaster counties, defined further by whether they were responsible for those children and if they were below the poverty line.

Table 1.7 Children Living with Grandparents

	Saunders	Lancaster	Lincoln	Rural Lancaster
Total	270	3,089	2,713	376
Income below poverty line in past 12 months	13 (4.8%)	504 (16.3%)	496 (18.2%)	8 (2.1%)
Grandparent responsible for grandchildren	10	324	319	5
Not responsible for grandchildren	3	180	177	3

(U.S. Census Bureau, 2014d).

Racial/Ethnic Representation

Table 1.8 depicts the racial and ethnic characteristics of EHS/HS-eligible families. Across the geographic areas, White was the primary race. Lincoln had the highest degree of racial diversity. In both Saunders and rural Lancaster counties, fewer than 3% of families in poverty were of a race other than White, compared to 18% in Lincoln. Of families in Lincoln, 16% were Hispanic/Latino, 14% were Black/African American, 7% were Asian, and 6% were multi/other racial. Therefore, the EHS/HS programs serving families in Lincoln will likely have a more diverse racial/ethnic mix.

Table 1.8 Families below Poverty Level by Race/Ethnicity
(total counts and percent of families in poverty by race/ethnicity)

	Saunders County	Lancaster County	Lincoln	Rural Lancaster
Total families	5,588	70,894	62,849	8,045
Total families in poverty	**277** (5%)	**6,605** (9%)	**6,459** (10%)	**146** (2%)
White	270 (98%)	4,722 (72%)	4,579 (71%)	143 (98%)
Black or African American	0 (<1%)	872 (13%)	871 (14%)	1 (1%)
American Indian/Alaska Native	0 (<1%)	126 (2%)	126 (2%)	0 (<1%)
Asian	0 (<1%)	436 (7%)	436 (7%)	0 (<1%)
Native Hawaiian and Other Pacific Islander	0 (<1%)	33 (1%)	33 (1%)	0 (<1%)
Other or Multiple Race	7 (3%)	416 (6%)	414 (6%)	2 (1%)
Hispanic or Latino (of any race)	4 (1%)	1,068 (16%)	1,058 (16%)	10 (7%)

(U.S. Census Bureau, 2014b).

Figure 1.3 2015/16 Race/Ethnic EHS/HS Enrollemnt

American I
Alaska N

Biracial/M

Figure 1.3 displays the overall racial composition of EHS/HS enrollment in 2015/2016. According to the U.S. Census Bureau demographic estimates, the overall service area of Saunders and Lancaster counties has a 72% White population. When compared to the data in Figure 1.3, Community Action's EHS/HS is serving a slightly larger rate of minority populations than is estimated to be present in the overall population of individuals in poverty. However, the rates of each population type being served through EHS/HS in 2015-2016 were consistent with the population estimates within one to two percentage points for each racial category.

Figure 1.4 display the racial representation in 2015/2016 EHS/HS enrollment by program provider. While reflective of the demographic estimates, Wahoo Public Schools (Saunders County) had a low level of racial/ethnic diversity as compared to the centers located in Lincoln.

Figure 1.4 Racial Representation by Program Type

Legend:
- Native Hawaiian/PI
- Other
- American Indian/Alaska Native
- Asian
- Bi/Multi-racial
- Black/AA
- White

Categories (x-axis): Early Head Start, Center Based Head Start, Wahoo Public Schools, Lincoln Public Schools
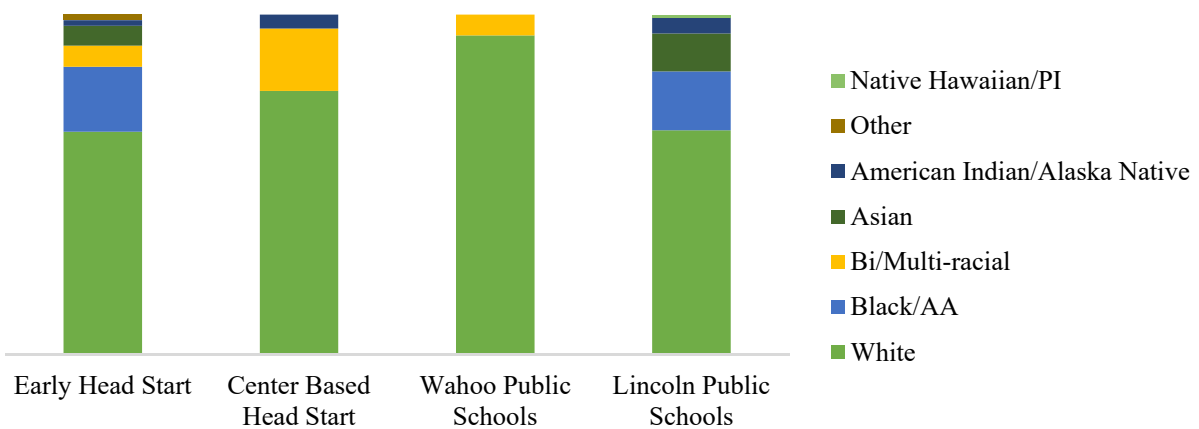
Figure 1.5 reports the ethnic representation in 2015-16 EHS/HS enrollment. The percentage of children enrolled in Wahoo Public School programming who were Hispanic/Latino is slightly above with the demographic estimate of 1% Hispanic/Latino for Saunders county. All three of the program providers in Lincoln surpass the census estimates of 16% Hispanic/Latino.

Figure 1.5 EHS/HS 2015/2016 Hispanic/Latino Representation

■ Hispanic or Latino origin
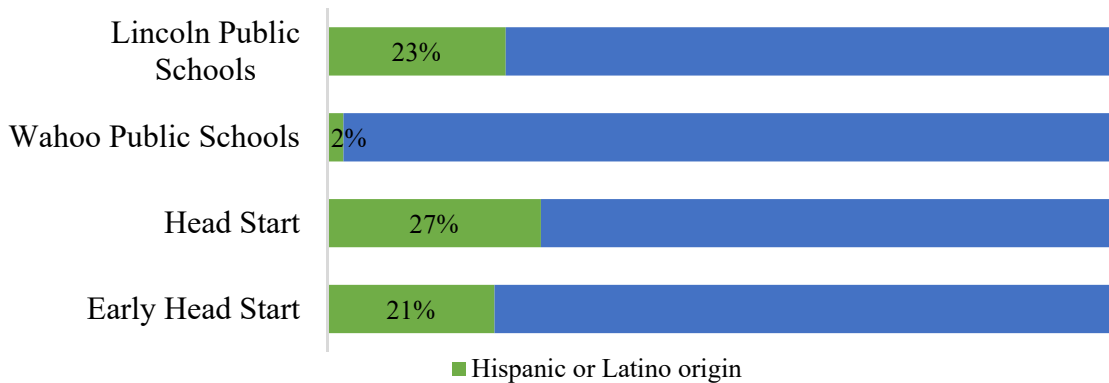
Children in Foster Care

In 2015/2016, 2% of those enrolled in EHS/HS were eligible for programming due to being in foster care, down from 7% in 2014/2015. From April 2015 to March 2016, a daily average of 40 children were in foster care in Saunders county and 560 children in Lancaster county (Foster Court Improvement, 2016).

Families Receiving Public Assistance

Families receiving public assistance are categorically eligible for EHS/HS due to their low-income status. In 2015/2016, 16% of all children enrolled in EHS/HS were eligible due to their receipt of public assistance, up from 13% in 2014/2015. According to the U.S. Census Bureau (U.S. Census, 2014k), an estimated 657 households with children under 18 were receiving SNAP, ADC, or SSI in Saunders county 2014. In Lancaster county, 14,908 families received one of these types of public assistance, with 14,487 (97%) of those families residing in Lincoln and 421 (3%) residing in rural Lancaster county (U.S. Census, 2014k).

Homelessness

Of children enrolled in EHS/HS programming in 2015-2016, 7% were eligible due to status as being homeless, up from 4% in 2014-2015. According to the 2016 Point-In-Time report which attempts to count all homeless individuals at a single point in time each year, 694 individuals were homeless in Lincoln on January 28, 2016, and 155 of those individuals were children under the age of 18 (University of Nebraska at Lincoln Center for Children, Families and the Law, 2016). Statistics were not immediately available for rates of homelessness in Saunders county or rural Lancaster county.

Section 2: Other Child Development and Child Care Programs

HS and EHS programs work to prepare children cognitively, socially, and emotionally to succeed when they enter kindergarten and beyond (National Head Start Association, 2016). Other early childhood programs have similar foci, and a thorough assessment of similar programs can provide a more comprehensive understanding of the role EHS/HS plays in the community.

Data in Table 2.1 from the U.S. Census (2014) provides estimates on the number of children in the relevant geographies that are enrolled in "nursery school" for those who are above and below the poverty line, which provides insight into the rates of nursery school participation of HS-eligible children. These data do not differentiate what type of nursery school programming the children are involved in, meaning these rates could include children involved in HS as well as other programs.

Table 2.1 Enrollment in Nursery School

	Saunders	Lancaster	Lincoln	Rural Lancaster
Below poverty line	100	644	642	2
Above poverty line	255	3,845	3,392	453

(U.S. Census Bureau, 2014a).

When considering the various options available to HS- and EHS-eligible families, it can be beneficial to understand the factors that inform parents' decision making regarding provider selection. Of the many factors that parents have to consider in their decision making, quality and cost of care are the primary concerns. Issues involving the cost of care are particularly pressing for families living in poverty. Most parents accurately understand that higher quality care costs more than low quality care, and most parents say they are willing to pay for high quality of care regardless of income level (Shlay, Tran, Weinraub, & Harmon, 2005). Despite their understanding and stated willingness to pay more for higher quality childcare, their ability may be limited.

In addition to the cost of care, low-income families can face additional constraints on their ability to obtain the best quality care for their children. For example, many low-income parents hold irregular work schedules, which could require them to work evenings, weekends, or swinging schedules each week. This is especially true for low-income single mothers, who are most likely to hold these types of variable schedules (Cabrera, Hutchens, & Peters, 2006). Because of these scheduling challenges, families may select to use 24-hour child care centers or informal childcare arrangements (Cabrera, Hutchens, & Peters, 2006; Forry, Tout, Rothenberg, Sandstrom, & Vesely, 2013). When working to meet the needs of eligible families, it may be useful to take into consideration and, if able, to accommodate the scheduling challenges families face through increased flexibility of programming.

Furthermore, parents may face barriers to selecting high quality child care due to limited transportation. Low-income parents may have difficulty transporting their children to high quality centers further away, and instead may rely upon the centers available within their neighborhoods (Cabrera, Hutchens, & Peters, 2006; Forry, Tout, Rothenberg, Sandstrom, & Vesely, 2013).

In both Saunders and Lancaster counties, school-based pre-kindergarten programs are available to families. There is not a direct way to know what portion of the students enrolled in these pre-kindergarten programs would be eligible for EHS/HS services based on eligibility criteria. Data is available on the percentage of students at each school who qualify for free and reduced lunch. The data can be used to approximate the percentage of children attending school-based pre-kindergarten programs who may be eligible for EHS/HS programs based on their income eligibility. Table 2.2 provides data on the number of schools providing pre-kindergarten services in the city of Lincoln, the number of children served, and the rate and estimated number of children receiving free and reduced lunch in those schools. The same information is available for rural Lancaster county in Table 2.3, and for Saunders county in Table 2.4.

School-based pre-kindergarten programming occurs during the traditional school day, so may not be accommodative of non-traditional scheduling. However, it is likely that a school offering pre-kindergarten is in geographic proximity for many families, and especially for the programs in Lincoln where this programming type is available at 37 schools, lessening issues related to transportation.

Table 2.2 Lincoln Pre-Kindergarten and Early Childhood Special Education Enrollment

School District	Number of Schools	Pre-K Enrollment 2015/2016	Free & Reduced Lunch Status	Estimated Free & Reduced Totals
Lincoln				
Lincoln Public Schools	37	1,528	42%	645
Private Schools	19	687	*varies	
Lincoln Total	56	2,215		

(Nebraska Department of Education, 2015a)

Table 2.3 Rural Lancaster County Pre-Kindergarten Enrollment & Early Childhood Special Education Enrollment

School District	Number of Schools w/Pre-K	Pre-K Enrollment 2015/2016	Free & Reduced Lunch Status	Estimate Free & Reduced Totals
Waverly Public Schools	2	52	17%	9
Malcolm Public Schools	1	7	11%	1
Norris Public Schools	1	56	12%	7
Raymond Central	1	11	18%	2
Rural Lancaster Total	5	126	15%	19

(Nebraska Department of Education, 2015a).

Table 2.4 Saunders County Pre-Kindergarten Enrollment

School District	Number of Schools w/Pre-K	Pre-K Enrollment 2015/2016	Free & Reduced Lunch Status	Estimate Free & Reduced Totals
Ashland-Greenwood Public Schools	1	34	32%	11
Yutan Public Schools	1	33	26%	9
Wahoo Public Schools	1	44	31%	14
Mead Public Schools	1	2	37 %	1
Cedar Bluffs Public Schools	2	41	54%	22
Saunders County Totals	6	154	36%	57

(Nebraska Department of Education, 2015a).

With an ever-rising number of families with all available parents in the workforce, finding access to affordable, high-quality childcare is becoming an increasingly significant issue. When children go to school-based pre-kindergarten, which often do not last the entire work day, parents may also need to find childcare outside of the educational setting during work hours.

The developmental education received in these types of placements can vary greatly, as few regulations or standardized expectations on the care provided exist. It is also important to recognize that many families may likely be utilizing care outside of licensed facilities. This is especially true for immigrant families who often have lower incomes, less access to community resources, and more language barriers than do non-immigrant families (Polakow, 2007). Licensed child care providers can be provided in a variety of settings, including in-family homes (termed *family based providers*), in commercial centers (termed *center-based providers*), or in preschool settings (termed *pre-school providers*).

Childcare subsidies are available to help eligible low-income families cover the high costs of child care. However, many low-income parents are unable to afford the real cost of even subsidized care, which means that such families are likely to seek out free school-based care or lower-cost options including care with relatives (Cabrera, Hutchens, & Peters, 2006; Forry, Tout, Rothenberg, Sandstrom, & Vesely, 2013).

Like EHS/HS, eligibility for childcare subsidies is based on the federal poverty guidelines. Therefore, the utilization of these childcare subsides is used to approximate the number of families who are eligible for EHS/HS programming. Tables 2.5, 2.6, and 2.7 provide data on the overall count and capacity of license providers in Nebraska as well as the count and capacity of accepted childcare subsidies. The data is then broken down further to demonstrate what ages of children are accepted (what capacity is available by age) for those available subsidy slots. The data is provided for Saunders and Lancaster counties as well as the Lincoln versus rural Lancaster county breakout. Separate tables contain this data for family-based providers (Table 2.5), center-based providers (Table 2.6), and preschool providers (Table 2.7).

The majority of subsidies are available through center-based providers. While a greater quantity of family-based providers exist than center-based providers across all areas, the capacity for

family-based providers is limited to a maximum of 10 or 12 children, while the capacity for center-based programs can be upwards of 100 children. No preschool-type providers accept childcare subsidies for their programs.

Table 2.5 Family Based Providers and Childcare Subsidies

	Saunders	Lancaster	Lincoln	Rural Lancaster
Total providers	25	347	320	27
Total capacity	268	3,568	3,288	280
Total accepting subsidies	8	104	100	4
Subsidy capacity	86	1,052	1,008	44
Capacity 6 weeks +	86	1,052	1,008	44
Capacity 18 mo. + only	0	0	0	0
Capacity 2 years + only	0	0	0	0
Capacity 3 years + only	0	0	0	0

(Nebraska DHHS, 2016).

Table 2.6 Center Based Providers & Childcare Subsidies

	Saunders	Lancaster	Lincoln	Rural Lancaster
Total providers	9	115	109	6
Total capacity	411	10726	10,338	388
Total accepting subsidies	7	93	87	5
Subsidy capacity	357	8738	8384	354
Capacity 6 weeks +	327	7447	7093	354
Capacity 18 mo. + only	0	533	6	0
Capacity 2 years + only	0	260	260	0
Capacity 3 years + only	30	498	498	0

(Nebraska DHHS, 2016).

Table 2.7 Preschool Providers & Childcare Subsidies

	Saunders	Lancaster	Lincoln	Rural Lancaster
Total providers	3	15	14	1
Total capacity	73	391	361	30
Total accepting subsidies	0	0	0	0
Subsidy capacity	0	0	0	0

(Nebraska DHHS, 2016).

For every 20 subsidized childcare slots available, eight children are in poverty in Saunders county (20:8 = 2.5 ratio), nine children in poverty in Lincoln (20:9 = 2.2 ratio), and fewer than two children in rural Lancaster county (10:1 = 10.0 ratio). While more slots are available than are children in poverty, these slots may also be filled by children not receiving a subsidy. For example, a childcare provider might have the capacity to accept 12 childcare subsidies, but 10 of those slots are filled by non-subsidized placements, leaving only two slots available for children in poverty.

Section 3: Disabilities: Prevalence, Types, and Related Services

When developmental delays and disabilities are detected in children at an early age, interventions can begin when they may be most impactful and valuable. Early childhood is the primary age to serve children with disabilities as their brains have the highest degree of plasticity and are more easily impacted than are the brains of children without disabilities. Furthermore, children who experience other forms of vulnerability such as poverty, abuse, and neglect can experience cumulative negative effects (National Early Childhood Technical Assistance Center, 2011). For these reasons, HS- and EHS-eligible children experiencing delays or disabilities are particularly in need of specialized attention and intervention. Because families in poverty more frequently have less education and less available resources, obstacles may present in detecting and treating these vulnerable children.

HS programming aims to provide vulnerable children with the care they need. HS regulations state that 10% of enrollments be made available to children with disabilities (Head Start Regulation, 2007b). The percentage of students identified as needing special education services within each of the school districts in Community Action's service area provides an overview of the prevalence of such disabilities (Nebraska Department of Education, 2015). With the statewide school special education percentage at 15%, a number of the public schools in Saunders County register somewhat higher percentages at 21% (Wahoo) and 18% (Ashland-Greenwood and Yutan).

Figure 3.1: Percentage of Students in Special Education
in 2014/2015

School	Percentage
Nebraska Statewide	15%
SAUNDERS COUNTY	
Wahoo Public Schools	21%
Ashland-Greenwood Public Schools	18%
Yutan Public Schools	18%
Mead Public Schools	14%
Cedar Bluffs Public Schools	11%
LANCASTER COUNTY	
Lincoln Public Schools	15%
Raymond Central Public Schools	14%
Waverly School District	11%
Norris School District	8%
Malcolm Public Schools	6%
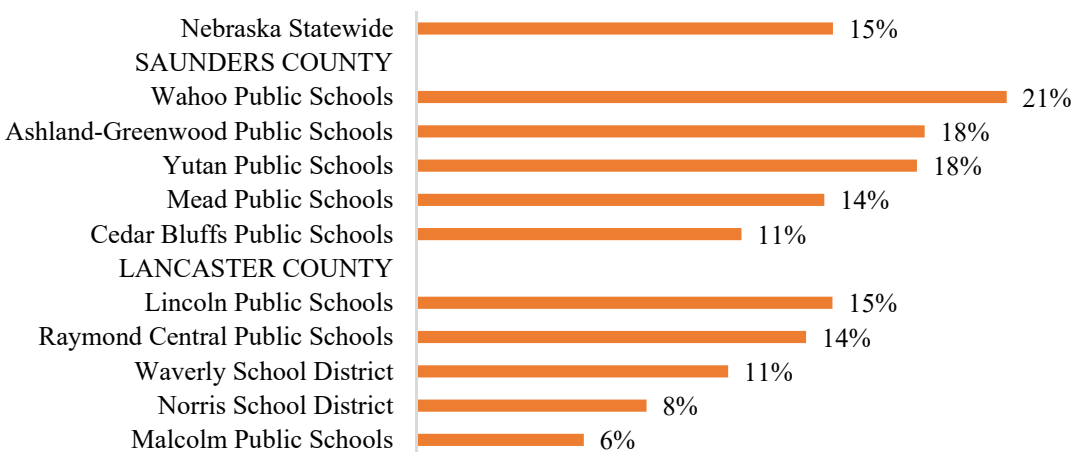
To best aid in recruitment of children with disabilities into the EHS/HS programs, it is beneficial to understand the types and frequencies of disabilities experienced by children in the service area. Figure 3.2 identifies the types of disabilities specifically identified in the Lincoln Public Schools (Lincoln Public Schools, 2016). "Specific learning disabilities" have been identified for close to one-third of the district's special education students.

Figure 3.2: Lincoln Public Schools' Mix of
Special Education Students in 2015/2016

Disability	Percentage
Specific Learning Disability	30%
Developmentally Delayed	16%
Speech Language Impairment	15%
Other Health Impairment	13%
Autism	9%
Emotional Disturbance	8%
Intellectual Disability	5%
Hearing Impaired	2%
Multiple Impairments	1%
Visually Impairment	1%
Traumatic Brain Injury	1%
Orthopedic Impairment	<1%
Deaf Blindness	<1%
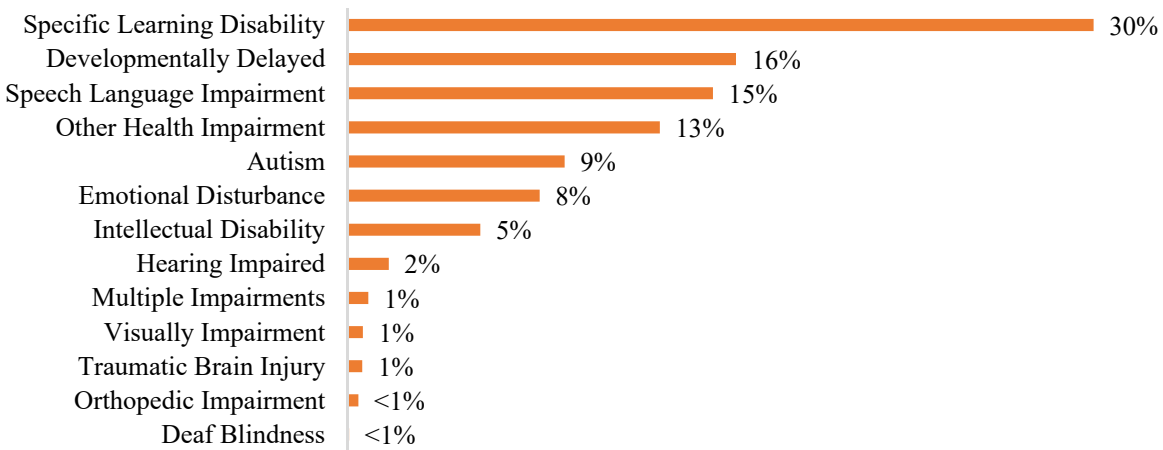
Shifting the focus to the age groups that EHS/HS serves, Table 3.1 provides data on the frequency and types of childhood disabilities experienced across Nebraska for children ages birth to 3 years, and Table 3.2 provides the same data for children in Nebraska ages 3 to 5 years.

The most commonly occurring childhood disability in Nebraska is developmental delays, which comprised 77% of disabilities faced by children birth to age 3 in 2015-2016. The next most commonly occurring disabilities in the birth to age 3 age group are categorized as "other impaired health," speech-language impairments, and hearing impairments.

**Table 3.1 Children With Disabilities Ages Birth to 3 years
by Disability Category**

Disability	2013-14	2014-15	2015-16
Autism	22	26	28
Deaf-blindness	3	1	0
Developmentally delayed	1,024	1,158	1,323
Emotional disturbance	0	1	0
Hearing impairments	58	71	77
Intellectual disability	0	0	0
Multiple disabilities	0	2	2
Orthopedic impairments	29	19	9
Other health impaired	232	155	129
Specific learning disabilities	4	1	0
Speech-language impairments	137	122	126
Traumatic brain injury	9	11	8
Visual impairments	8	10	7
Total	**1,526**	**1,577**	**1,709**

(Nebraska Department of Education, 2016).

Rates of all disability types increase when considering children ages 3 to 5 years, as conditions and delays are more detectable as children age. Developmental delays remain the primary form of disability for children in the 3 to 5 age group, followed by speech-language impairments. The level of autism increases significantly for children in this age category compared to those in the birth to age 3 category.

Table 3.2 Children With Disabilities Ages 3 years to 5 years by Disability Category

Disability	2013-14	2014-15	2015-16
Autism	251	263	314
Deaf-blindness	1	3	3
Developmentally delayed	2,091	2,458	2,807
Emotional disturbance	21	19	15
Hearing impairments	106	111	97
Intellectual disability	48	41	29
Multiple disabilities	22	26	23
Orthopedic impairments	51	50	41
Other health impaired	306	271	229
Specific learning disabilities	32	19	17
Speech-language impairments	2,397	2,166	1,939
Traumatic brain injury	19	13	17
Visual impairments	28	25	26
Total	**5,373**	**5,465**	**5,557**

(Nebraska Department of Education, 2016).

Consistent with the statewide prevalence, the most frequently experienced disability in EHS/HS programming in 2015-16 was "non-categorical/developmental delays" (n=66), followed by speech/language impairments (n=12). Other types of disabilities experienced children in EHS/HS programming were health impairments (n=2), emotional disturbance (n=2), hearing impairment (n=2), and autism (n=1). All of the children with disabilities in Community Action's EHS/HS programming were receiving services for their disability (Community Action Partnership, 2016a, b, c, &d.)

Nearly three out of four children with disabilities (74%) in EHS/HS programming were served through Lincoln Public Schools. The 85 children with disabilities served by EHS/HS in 2015-16 represented 18% of overall enrollment. Children with disabilities represented 14% of children in Wahoo Public Schools, 20% of children in center-based HS, and 18% of children in Lincoln Public Schools (Community Action Partnership, 2016a, b, c, &d.)

Resources Available
Several services are available in Nebraska to assist children with disabilities and their families. The DHHS provides several such services. These services assist with a range of needs, including

but not limited to supplement caregiver services, education, transportation, and financial supplements for medical and technological needs.

Medically Handicapped Children's Program (MHCP) provides access to "services coordination/case management, evaluations, access to specialty physicians, and payment of services" for families with children under 21 who have a qualifying disability, who live in Nebraska, and meet financial eligibility requirements (Nebraska DHHS, 2016g).

Disabled Children's Program (DCP) pays for non-medical services for children with disabilities, including respite services, travel-related expenses for medical-related trips, special equipment, care for siblings of the disabled child during medical care, and education for parents about children's disabilities and needs. To be eligible for this program, children must be Nebraska residents, receive Supplemental Security Income, and be age 15 or under (Nebraska DHHS, 2016a).

Child Care for Children/Youth with Disabilities provides specialized childcare for children or youth age 18 and under with disabilities to permit parents/caretakers the ability to work or receive job training. To receive these services, children must be Medicaid eligible, have needs that cannot be met another way, and have health needs similar to those met in nursing home care (Nebraska DHHS, 2016b).

Respite Services ensure quality caregiving of children with disabilities by paying someone to come into the home to provide care to the child while giving the primary caregivers a temporary break. Respite services are available to ongoing, continuous caregivers of children, spouses, parents, and adult siblings with disabilities who are unable to pay for these services due to limited income and resources (Nebraska DHHS, 2016d).

Respite services providers can be identified through the **Nebraska Respite Network**. The Nebraska Respite Network is part of the Nebraska DHHS and is responsible for coordinating respire resources of families on Nebraska. Families living in Saunders and Lancaster counties are in the Southeast service area of the Nebraska Respite Network (Nebraska DHHS, 2016c).

Early Development Network provides services to families of infants or toddlers "who are not developing typically or who have been diagnosed with a health condition that will affect their development." To be eligible, children must be evaluated through a multidisciplinary team in the school district in which the family resides (Nebraska DHHS, 2016f).

Department of Developmental Disabilities provides funding and services directly to individuals with developmental disabilities and funding and oversight to other organizations serving those with developmental disabilities. The Department of Developmental Disabilities (DD) also determines eligibility for DD services and DD Medicaid Waiver (Nebraska DHHS, 2016e).

Other services available through the DHHS include, but are not limited to, Assistive Technology/Home Modification, Nutrition Services, Katie Becket Program (Home Health Nursing), and Transportation Services (Nebraska DHHS, 2016g).

There are also services available to families with children who have disabilities outside of those offered by the DHHS. Some of the resources available include:

The Arc of Nebraska and Lincoln/Lancaster County provides a range of services that advance the empowerment of individuals with developmental disabilities and their inclusion into a productive, meaningful role in society while supporting and connecting families of these individuals (The Arc of Lincoln, 2016).

Ollie Webb Center, Inc. offers programing that connects families raising children with disabilities. The **Parent to Parent of Omaha** program connects parents with peers who are also parenting children with disabilities to providing the parents with education and support from other parents who have been through similar experiences (Ollie Webb, Inc., 2016). The **Parent Resource Information and Support Meetings (PRISM)** provide the forum for parents of children with disabilities to gather together seven times each year to learn and gain support from other parents with similar experiences (Ollie Webb, Inc., 2016).

Munroe Meyer Institute provides interdisciplinary, coordinated treatment and service delivery to children and families with diverse disability needs (Munroe Meyer Institute, 2016).

Nebraska Center for the Education of Children who are Blind or Visually Impaired provides programming that is school based, center based, or residentially based. Their mission is to "improve the learning of children who are blind or visually impaired through ha commitment to communication, accountability, and leadership" (Nebraska Center for Children who are Blind or Visually Impaired, n.d.).

Nebraska Commission for the Deaf and Hard of Hearing provides education and advocacy on behalf of Nebraskans who are deaf and hard of hearing, including the coordination of interpretation services (Nebraska Commission of Deaf and Hard of Hearing, n.d.).

Nebraska Commission for the Blind and Visually Impaired assists individuals in leading self-sufficient life through vocational rehabilitation services including independent living skills (Nebraska Commission for Blind and Visually Impaired, n.d.).

PTI Nebraska supports and empowers parents in acquiring the quality education and healthcare services for their children with disabilities (PIT Nebraska, n.d.).

Section 4: Needs of EHS/HS Eligible Families
Defined by the Data

As described by the Ascend Program, whose goal is helping families move themselves out of poverty, the four primary themes to poverty reduction include (Aspen Institute, n.d.):
- health and well-being,
- economic supports,
- education, and
- social capital.

The following discussion of the nutrition, health, education, and social services needs of EHS/HS-eligible families align well with these primary themes.

Nutrition

One of the most fundamental needs for developing children is a healthy diet, requisite to normative development; immunity to illness and disease; and energy to explore, learn, and grow. Malnutrition results from inadequate quantities of food or inadequate nutritional value of the foods consumed. Addressing the long-term health, educational, and economic future of children would be incomplete without attention to their nutritional needs (Feeding America, 2016).

Many economically vulnerable populations live in "food deserts." "Food deserts are defined as parts of the country vapid of fresh fruit, vegetables, and other healthful whole foods, usually in impoverished areas. This is largely due to a lack of grocery stores, farmers' markets, and healthy food providers" (American Nutrition Association, 2015, para.1). When families reside in food deserts, they lack access to the quality food they need. Often, and especially if transportation is a barrier, they are left to purchase food for their families at convenience stores or fast-food restaurants, which increases of the risk of malnutrition.

The United States Department of Agriculture (USDA) monitors access to food for families in the United States. "Food insecurity" is a term used to articulate the types and degree of need related to food access. Food insecurity is defined by the USDA as "a household-level economic and social condition of limited or uncertain access to adequate food" (U.S. Department of Agriculture, 2016a, para. 3). Measuring the extent of nutritional needs in a community can be best measured by looking at the levels of food security in the area. According to the U.S. Department of Agriculture (2016a), food security is categorized further into two degrees of low food security:
- **"Low food security:** reports of reduce quality, variety, or desirability of diet. Little or no indication of reduced food intake."
- **Very low food security**: reports of multiple indications of disrupted eating patterns and reduced food intake" (U.S. Department of Agriculture, 2016a, para. 3).

Food insecurity is affecting the populations of the EHS/HS services areas in both Saunders and Lancaster counties, with 19% of families in Saunders county and 21% of families in Lancaster county experiencing food insecurity (Kids Count, 2016).

Malnutrition, as a result of food insecurity, has many immediate negative consequences, particularly on developing children in early childhood, including weight loss, stunted growth, and vulnerability to infection, and in severe cases, death (Brown & Pollit, 1996). The consequences of malnutrition felt in the present are only an indication of the potential consequences to come for children, as many of the issues presented by malnutrition translate into chronic health such as anemia and asthma (Eicher-Miller, Mason, Weaver, McCabe, & Boushey, 2009; Skalicky, Meyers, Adams, Yang, Cook, & Frank, 2006).

Cognitive impairments are also associated with poor nutrition. Malnutrition in the first few years of life can restrict functional brain development, limiting intellectual and cognitive ability (Brown & Pollit, 1996). In addition, cognitive impairment may also result from malnourished children's lethargy produced from lack of usable energy and experiences of lower quality of life that restrict their full engagement in school (Brown & Pollit, 1996; Casey, Szeto, Robbins, Stuff, Connell, Gosseet, & Simpson, 2005).

Maternal nutrition is also an important consideration for children's health. When maternal nutrition is low during child-bearing, birth complications and low birth weight are more likely to occur (Heinig & Dewey, 1996; Laraia, Siega-Rix, & Gundersen, 2010). Brown and Pollitt (1996) found, while sometimes irreparable damage was done by malnourishment in the first few years of life, many times improvement to nutrition in conjunction with sustained tutoring for the child could repair some of the cognitive impairment. These findings substantiate the efforts of HS and EHS programming, providing children with nutritional support and sustained educational intervention through early childhood.

Several programs meet the nutritional needs of children and families in Saunders and Lancaster counties, including the National School Lunch Program, Supplemental Nutrition Assistance Program (SNAP), and Women, Infants and Children (WIC). The participation rates of these programs can be used to approximate the number of EHS/HS eligible families who face food insecurity.

The National School Lunch Program provides reduced fee or free lunches to children in public schools, non-profit private schools, and childcare settings for low-income families (U.S. Department of Agriculture, 2016b). Table 4.1 provides figures for participation in the National School Lunch Program in the EHS/HS service areas.

Table 4.1 National School Lunch Program Participation (2014-2015)

	Saunders	Lancaster	Lincoln	Rural Lancaster
Reduced Lunch	291	3,506	3,211*	295*
Free Lunch	764	14,817	14,333*	484*
Free & Reduced	1,067	18,456	17,677*	779*
Percentage	30%	35%	38%	14%

*Some **Figure**s in these geographies have been masked due to having fewer than 10 students or greater than 99% of students enrolled in that type of reduced lunch category per school. Therefore, these figures are approximate.
(Nebraska Department of Education, 2015a).

In addition to ensuring access to healthy food in the school setting, the Supplemental Nutrition Assistance Program (SNAP) provides families with access to electronic money redeemable for food. SNAP measures the monthly participation rates of both households and individuals. Looking specifically at the participation rates of children, the average monthly participation in 2014 in SNAP was 578 children in Saunders county (11.1% of all children) and 12,830 children in Lincoln (18.4% of all children) (Kids Count, 2016).

Furthermore, Women Infants and Children (WIC) provides vouchers to supplement the diets of pregnant, breastfeeding, or post-partum women and their infants and children under age 5 who meet income eligibility requirements and are determined to have nutritional risk by a physician, nurse, or nutritionist (U.S. Department of Agriculture, 2015). The total participation in the WIC program in Nebraska in 2015 was 37,601, with an average monthly participation of is 8,457 women, 9,191 infants, and 19,312 children (U.S. Department of Agriculture, 2015).

Health

Overall, 56% of Nebraskans report their health as "very good" or "excellent," though only 31% of persons with a household income below $15,000 rate their health in the same way. Evidently, there are health discrepancies based upon income level (Center for Disease Control and Prevention, 2016b). Income levels, in addition to numerous other socioeconomic indicators like education level and race, have been linked to numerous negative health outcomes (Center for Disease Control and Prevention, 2016). Many factors that impact these reported differences in health status are discussed below.

Health Insurance and Medical Home
Due to the high cost of health care, families' access to health insurance is a necessary prerequisite to children receiving consistent, ongoing health services. In both Saunders and Lancaster counties, 5% of children were without any form of health insurance in 2013 (Kids Count, 2016). In Saunders county, 22% (n=1,150) and in Lancaster county 32% (n=22,484) of insured children were enrolled in the government funded health insurance programs of Medicaid or the Children's Health Insurance Program (CHIP) (Kids Count, 2016).

Adults are insured at lower rates than are children, particularly adults 18 to 64 years old. In Lancaster county, an estimated 14% of adults ages 18 to 65 were uninsured, and in Saunders

county, an estimated 10% of adults in that same age range were uninsured. The rates of those over 65 being uninsured were fewer than 1% for both Saunders and Lancaster counties (U.S. Census, 2014h). In Lancaster county, where racial diversity is higher, estimates indicate a disparity in rates of individuals insured between races. White people are insured at considerably higher rates than are their minority neighbors. Similarly, foreign-born populations are less likely to have health insurance than are those native born. Furthermore, as education level increases so do the rates of individuals with health insurance (U.S. Census, 2014h). These differences in insurance rates contribute to the disparities in health outcomes for these vulnerable populations.

According to the Patient Centered Primary Care Collaborative (2015), "The medical home is best described as a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety" (para.1). This model has become widely used and accepted as a standard of quality health care. According to Data Resources Center for Children and Adolescents (n.d.), 61% of Nebraska children had a "medical home" through which they received health care. Perhaps a result of inadequate health care coverage, access to primary care sees division based on socioeconomic characteristics as well. Of the lowest income Nebraskans, 64% reported having one person they considered their personal doctor, compared to 81% in the highest income category (Center for Disease Control and Prevention, 2016b).

Healthcare Provider Visits
For developing children, regularly doctor visits are important to ensure normal, healthy development. In 2012, 84% of children had preventative health care visits in the past year (Data Resource Center for Child & Adolescent Health, n.d.). Part of the importance of children having preventative doctor visits includes keeping them up to date on their routine vaccinations. According to the Kids Count (2016), "80.2% of Nebraska children had received the [primary immunization] series by age two… which is higher than the national average of 71.6%."

Only 63% of Nebraskans over the age of 18 had a routine checkup in the last year. The prevalence of routine doctor visits increased as income increased: 58% of Nebraskans in the lowest income category and 67% of those in the highest income category (Center for Disease Control and Prevention, 2016b).

Prenatal and Infancy
Conditions impacting children around the time of birth are important indicators of health, as they can set the trajectory of children's ongoing health and wellness. Measures of prenatal and perinatal health include birth weight, birth defects, and premature births. Table 4.2 provides figures on the type and frequency of perinatal birth risks experienced by infants in Nebraska in 2014. In 2014, a similar rate of low birth rate was experienced between Saunders and Lancaster county (6%). On the other hand, Saunders county saw twice the rate of birth defects than did Lancaster county in the same year. Premature birth was the most frequently observed perinatal health concern, with 7% of infants born premature in Saunders and 9% in Lancaster county. Sometimes these defects are a result of infants being born to young mothers. In 2014, five infants were born to teen mothers in Saunders county and 180 infants were born to teen mothers in Lancaster county (Kids Count, 2016).

Table 4.2 Perinatal Infant Health Risks

	Saunders County		Lancaster County	
	Number	Percent	Number	Percent
Low birth weight	13	6%	243	6%
Birth defects	11	5%	102	3%
Premature birth	15	7%	366	9%

(Nebraska DHHS, 2014).

Oral Health

Oral health is an important element of overall health, and failing to maintain good oral health can lead to poor health in other areas of the body. In 2012, 73% of Nebraska children had excellent or very good oral health and 80% were receiving preventative dental care in 2012 (Data Resource Center for Child & Adolescent Health, n.d.). Unfortunately, only 48% of the lowest earning Nebraskans adults reported visiting a dentist in the last year, and 53% of these low-income individuals reported having permanent teeth extracted (Center for Disease Control and Prevention, 2016b). These figures compare to only 79% of the highest earning Nebraskans who report having visited a dentist in the past year, and only 28% having a permanent tooth extracted (Center for Disease Control and Prevention, 2016b).

Physical Fitness

The American Heart Association (2016) says children ages 2 years and over need at least 60 minutes of aerobic activity every day, as physical activity is a primary factor in controlling weight; reducing risk of high blood pressure, cancer, and diabetes; and improving psychological well-being. Being physically active in childhood is important for setting a tone for physical activity throughout life (Center for Disease Control and Prevention, 2016b). Nevertheless, only one in three children is physically active every day and instead are spending seven or more hours in front of screens a day (President's Council on Fitness, Sports, & Nutrition, n.d.).

Nebraska adults struggle to reach suggested levels of physical activity as well, relating to the high numbers of individuals who are overweight or obese. In 2013, 19% of individuals participated in aerobic physical activity in the last 30 days. Those in higher income categories tended to report higher levels of aerobic activity (Center for Disease Control and Prevention, 2016b). Those with a household income of $15,000-$24,000 per year, not those with the lowest income, had the lowest levels of physical activity. It was those with an income of less than $15,000 per year who saw the highest rates of obesity (36%) (Center for Disease Control and Prevention, 2016b).

Behavioral Health

Both Lancaster County Public Health Department and Three Rivers Public Health department (serving Saunders county) indicated behavioral health as an area needing attention in their 2016 Community Health Improvement Plan reports, articulating strategies to improve the quality, accessibility, and affordability of behavioral health care. Behavioral health encompasses a number of conditions, including substance use and abuse and mental and emotional diagnoses.

In 2014, 59% of adults drank alcohol in last 30 days, and 20% of individuals reported binge drinking. The likelihood of drinking alcohol increased as income increased–those with lower income were less likely to consume alcohol (Center for Disease Control and Prevention, 2016b). In that same year, 17% of Nebraskan adults reported being current tobacco smokers. Contrary to the trend seen with alcohol, the prevalence of smoking tobacco increased as income decreased. Of those with an income of less than $15,000 per year, 32% reported being current smokers, compared to 11% of those with an income of $50,000 or more (Center for Disease Control and Prevention, 2016b).

Mental health and substance abuse issues are prevalent in Nebraska. In 2014, 4% of Nebraska adults had serious mental illness, 8% had dependence on alcohol, and 2% had dependence on illicit drugs. These conditions, if untreated, can be fatal. In 2014, 4% of adults age 18 and over reported thoughts of suicide, slightly higher than the national average. Nevertheless, only 47% of those with a mental illness, and only 7% of those with substance use disorders received treatment (Substance Abuse and Mental Health Services Administration, 2015).

Educational Needs

As previously articulated, the HS model posits that parents are children's first and most important teachers. It is therefore important to understand the differences in parental characteristics that may improve or impair the quality of education they provide their children. One of the primary factors influencing the quality of educational support children receive from their parents depends upon the educational experiences the parents themselves received, both directly and indirectly.

Figure 4.1

Earnings and unemployment rates by educational attainment, 2015

	Median usual weekly earnings	Unemployment rate
Doctoral degree	$1,623	1.7%
Professional degree	$1,730	1.5%
Master's degree	$1,341	2.4%
Bachelor's degree	$1,137	2.8%
Associate's degree	$798	3.8%
Some college, no degree	$738	5.0%
High school diploma	$678	5.4%
Less than a high school diploma	$493	8.0%
	All workers: $860	All workers: 4.3%
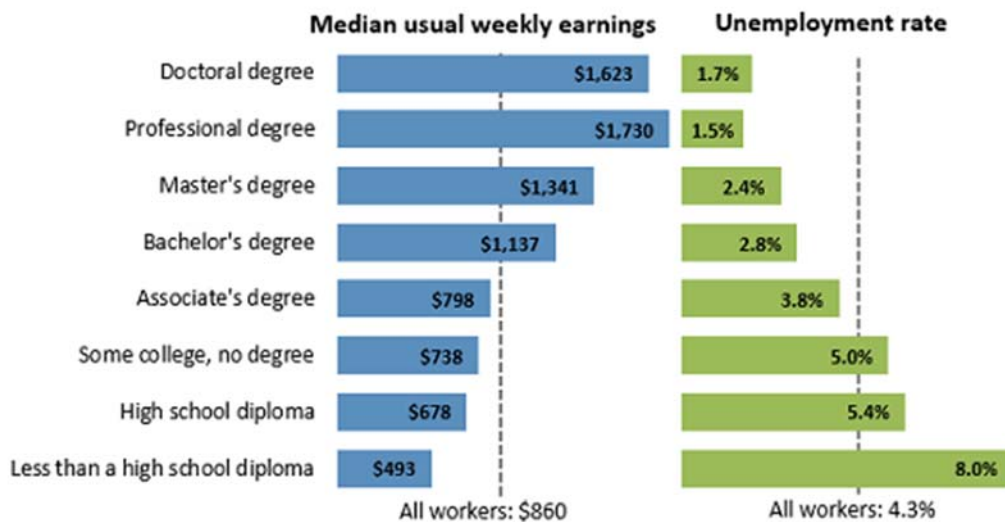
Note: Data are for persons age 25 and over. Earnings are for full-time wage and salary workers.
Source: U.S. Bureau of Labor Statistics, Current Population Survey

One of the most evident impacts of higher parental education is an increase in family income, which can have a positive influence on a multitude of child needs. As can be seen in Figure 4.1

from the Bureau of Labor Statistics (2016), as a person's level of education increases, the median income increases and the unemployment rate decreases. As individuals reach higher levels of educational attainment and begin to see increase in economic resources, many other aspects of socioeconomic disadvantage begin to decline. With increased income, families are more likely to be able to secure health insurance; have reliable transportation; provide nutritious meals; and acquire safe, high quality housing in more prosperous areas.

Parental education has important direct influences on children's development as well, especially relating to children's academic performance. These influences include parents having more accurate perception of their children's academic abilities and performance, setting higher expectations for their children, and engaging in activities that support their children's education (Davis-Kean, 2005).

In addition to establishing a relationship between parent education and academic performance through cross-sectional analysis, a long-term study found that educational and occupation success at age 48 was predicted by their parents' education when they were in childhood. The researchers found that higher parental education predicted increased educational aspirations and achievement when the respondents of the study were age 19, and increased occupational success at age 48 (partially resultant from the higher education achieved at age 19) (Dubow, Boxer, & Huesmann, 2010).

Therefore, the influence of parental education has immediate influence on school performance, inspires higher educational attainment, and predicts greater occupational success. Having established the influence on children, and in keeping with the two-generation approach to poverty prevention, seeking to bolster parent education is a logical, evidence-based approach for EHS/HS programmers to take.

Table 4.3 provides insight into the community need in terms of educational attainment, by displaying the levels of educational attainment of householders falling below the poverty line in Saunders and Lancaster counties.[3] Looking specifically at households eligible for HS and EHS programming due to poverty status, rates of high school graduation are higher in the rural areas than in the urban areas. In Lincoln, 77% of householders graduated high school, while 85% did so in Saunders county, and 95% of householders in rural Lancaster county.

Further insights are gained by looking deeper into the available data on educational attainment (though not tabulated below). More male householders left high school prior to graduation than did female householders–this is especially true in Saunders and rural Lancaster counties. In Saunders county, over a third of male householders who were living in poverty did not graduate high school (U.S. Census Bureau, 2014b). Furthermore, a high percentage of householders living in poverty, especially female householders, had completed some college or received an associate's degree without completing a bachelor's degree. This is particularly true for those living in Lincoln.

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[3] The data in Table 23 refer to households rather than families, and therefore includes information about householders who may not have children.

This information could be beneficial in identifying ways to support EHS/HS-eligible families, perhaps tailoring assessment and interventions to support fathers in obtaining their GED, or supporting mothers in successfully completing their college degree.

Table 4.3 Householders below Poverty Level by Educational Attainment
(total counts and percent of householders in poverty by education)

	Saunders County	Lancaster County	Lincoln	Rural Lancaster
Total number of households	8,070	116,533	106,512	10,021
Total householders below poverty level	**276 (3%)**	**6,586 (6%)**	**6,449 (6%)**	**137 (1%)**
Less than high school graduate	41 (15%)	1,503 (23%)	1,494 (23%)	7 (5%)
High school graduate	116 (42%)	1,626 (25%)	1,562 (24%)	64 (47%)
Some college, associate's degree	86 (31%)	2,719 (43%)	2,673 (41%)	48 (35%)
Bachelor's degree or higher	33 (12%)	738 (11%)	720 (11%)	18 (13%)

(U.S. Census Bureau, 2014b).

Furthermore, Table 4.4 displays the educational attainment of parents with children enrolled in EHS/HS programming. In each program setting, there were more parents with less than a high school diploma than were estimated in the larger population. This could indicate effective outreach towards this population, drawing families with limited education into programming.

Table 4.4 Level of Education of EHS/HS enrolled Parents 2015/2016

	Early Head Start	Community Head Start	Wahoo Public Schools	Lincoln Public Schools
Less than high school graduate	51 (27%)	25 (36%)	7 (15%)	79 (26%)
A high school graduate	60 (31%)	19 (28%)	22 (48%)	100 (33%)
An associate degree, vocational school, or some college	52 (27%)	18 (26%)	17 (37%)	76 (25%)
Advanced degree or baccalaureate degree	28 (15%)	7 (10%)	0 (0%)	51 (17%)

(Community Action Partnership, 2016abcd).

Table 4.5 displays the number of EHS/HS-enrolled families who are currently in school or receiving job training. Of two-parents EHS/HS, 20% of enrolled families had at least one parent

involved in job training, while 15% percent of single-parent households were in job training or school in 2015-16.

Table 4.5 Parent School/Job training Enrollment

	Early Head Start	Community Head Start	Wahoo Public Schools	Lincoln Public Schools
Two parent families				
Both parents in school/job training	5 (4%)	2 (10%)	1 (5%)	3 (1%)
One parent in JT/school	25 (21%)	3 (14%)	5 (25%)	20 (9%)
Neither parent in JT/school	88 (75%)	16 (76%)	14 (70%)	198 (90%)
Single-parent families				
In JT/school	12 (16%)	6 (12%)	7 (27%)	13 (12%)
Not in JT/School	62 (84%)	42 (88%)	19 (73%)	92 (88%)

(Community Action Partnership, 2016abcd).

While benefits to families and children when parents receive higher levels of education are many, the most direct and profound desired result is employment in high earning jobs. Table 4.6 provides data on the employment statistics of EHS/HS enrolled families. Of parents, 80% were employed in 2015-16, which compares to 97% employed (3% unemployment rate) in Lancaster county and 97% employed (3% unemployment rate) in Saunders county overall (Bureau of Labor Statistics, 2016b).

Table 4.6 EHS/HS Enrolled Parent Employment 2015/2016

	Early Head Start	Community Head Start	Wahoo Public Schools	Lincoln Public Schools
Two-parent families				
Both employed	19 (16%)	11 (52%)	7 (35%)	84 (38%)
One employed	70 (59%)	7 (33%)	12 (60%)	114 (52%)
Both not working	29 (25%)	3 (14%)	1 (5%)	23 (10%)
Single-parent families				
Employed	44 (59%)	42 (88%)	16 (62%)	83 (79%)
Not working	30 (41%)	6 (12%)	10 (38%)	22 (21%)

(Community Action Partnership, 2016abcd).

For children and families living in poverty, life can become increasingly complex with the vast array of social service needs that may be present in their lives. The accumulation of these needs also increases their vulnerability. Because EHS/HS is determined to provide quality services to the most vulnerable families in their region, the types of social challenges in their communities, and what the impacts of those social challenges might be are important to consider

Cultural and Linguistic Needs
Families are continuously joining the communities of Saunders and Lancaster counties by way of migration, refugee resettlement, and immigration. In 2014, an estimated 21,548 foreign-born individuals were living in Lancaster county, (21,070 in Lincoln and 478 in rural Lancaster county), and 313 were living in Saunders county (U.S. Census Bureau, 2014f). Concerns for family well-being arise when there is limited English proficiency because the families can be "linguistically isolated," causing them to have restricted ability to communicate with and engage in their communities. The U.S. Census Bureau (n.d., n.p.) defines a household as linguistically when "all members 14 years and over speak a non-English language and also speak English less than 'very well.'"

Table 4.7 displays the languages other than English spoken in the EHS/HS service areas. The U.S. Census Bureau (2014) estimates 96% of families in Saunders county and 97% of families in rural Lancaster county spoke English only, while Lincoln has considerably higher linguistic diversity with 11% of the population speaking a language other than English at home.

Table 4.7 Language Spoken at Home
(percent of population over 5 years old by language spoken at home)

	Saunders County	Lancaster County	Lincoln	Rural Lancaster
Speak only English	96%	89%	88%	98%
Speak a language other than English	4%	11%	12%	3%
Spanish or Spanish Creole	2%	4%	4%	0%
Other Indo-European Language	2%	3%	3%	2%
Asian and Pacific Island Languages	1%	3%	4%	1%
Other Languages	0%	1%	1%	0%

(U.S. Census Bureau, 2014c)

Table 4.8 explores further the rates of families who were "linguistically isolated," expressing the potential support needs of those who speak a language other than English. This table reveals the English-speaking proficiency of individuals who speak a different language at home. Grounded in the percentage of families who speak another language at home (prevalence), it identifies those who report they struggle to speak English very well (need). For example, 2% of individuals in Saunders county spoke Spanish/Spanish Creole, and of those individuals, 61% spoke English "less than" very well. In both Saunders and Lancaster counties, the majority of individuals who spoke Asian/Pacific Island languages do not speak English very well.

While a minority of families have no adults in the home who speak English well, the families who fall into this category are especially vulnerable because of the parents' decreased competitiveness in the workforce, therefore increasing the likelihood of poverty, and reduced ability for parents to interact in a way that bolsters cognitive, academic, and health care access for their children (Glick, Walker, & Luz, 2013).

Table 4.8 Ability to Speak English
(percent of population over 5 years old by language & ability to speak English)

	Saunders		Lancaster	
	Prevalence	**Need**	**Prevalence**	**Need**
	% of population (over 5 years old) speaking language	Speaks English less than "very well"	% of population (over 5 years old) speaking language	Speaks English less than "very well"
Spanish or Spanish Creole	2%	61%	4%	37%
Other Indo-European language	2%	20%	3%	33%
Asian and Pacific Island languages	1%	56%	3%	58%
Other languages	0%	0%	1%	43%

(U.S. Census Bureau, 2014c).

To specify the needs of EHS/HS families further, Table 4.9 displays the types and rates of languages spoken at home by EHS/HS-enrolled families. Similar to the population statistics, Spanish is the most commonly spoken language other than English. Lincoln Public Schools programming has the highest rates of linguistic diversity, with 15% families speaking Spanish, 26% families speaking Middle Eastern and South Asian Languages, and 6% speaking families speaking East Asian languages. In EHS, 36% speak Middle Eastern or South Asian language, second only to English. In center-based HS, Spanish was the most common language other than English. No languages other than English were spoken in Wahoo.

Table 4.9 Primary Language Spoken at Home

	Early Head Start	Community Head Start	Wahoo Public Schools	Lincoln Public Schools
English	100 (42%)	47 (65%)	49 (100%)	174 (51%)
Spanish	38 (16%)	15 (20%)	0 (0%)	51 (15%)
Native Central American, South American, or Mexican Languages	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Caribbean languages	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Middles Eastern & South Asian languages	85 (36%)	10 (14%)	0 (0%)	87 (26%)
East Asian languages	7 (3%)	0 (0%)	0 (0%)	22 (6%)
Native North American/ Alaska Native languages	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Pacific Island languages	0	0	0	0
European & Slavic Languages	2 (1%)	0	0	4 (1%)
African languages	2 (1%)	1 1%	0	2 (1%)
Other	4 (2%)	1 (1%)	0	0
Unspecified	1 (0%)	0	0	0

(Community Action Partnership, 2016a, 2016b, 2016c, & 2016d).

To combat linguistic isolation, it is important that service providers make effort to reach families in their primary language, which EHS/HS has made great strides to do. Employing individuals who are bilingual in languages mirroring that of the clients they services helps to reduce linguistic isolation, further bilingual language development of children served, and further the mission of empowering parents as children's first and foremost teachers. To provide services directly to parents in the two-generational approach to poverty prevention, it is important to overcome language barriers.

Table 4.10 evidences the efforts to reduce language barriers by showing the languages spoken by EHS/HS child development staff. Reflective of the higher linguistic diversity of HS families enrolled in Lincoln Public Schools programming, 10 staff speak a language other than English, 5 of whom speak Spanish, and 3 speak East Asian language, reflecting the higher rates of families speaking those languages.

4.10 Child Development Staff Language

	Early Head Start	Community Head Start	Wahoo Public Schools	Lincoln Public Schools
Staff who speak language other than English	6	3	0	10
Spanish	3	1	0	5
Caribbean languages		0	0	0
Middle Eastern & South Asian languages	3	1	0	0
East Asian languages	0	0	0	3
European & Slavic languages	0	0	0	1
African languages	0	1	0	0
Other	0		0	1 Haitian

(Community Action Partnership, 2016a, 2016b, 2016c, & 2016d).

Housing

Accessibility of safe, affordable housing is a crucial concern of families in poverty. According to the National Low-Income Housing Coalition (2016), an individual would need to work 65 hours at minimum wage to afford two-bedroom housing in Lincoln and 62 hours a week at minimum wage in Saunders county. To afford two-bedroom housing at fair market value, it would require full-time income of $14.65 per hour in Lincoln and $13.85 in Saunders County (National Low-Income Housing Coalition, 2016). Given that most of the families served in EHS/HS programming fall below the federal poverty level, and many of EHS/HS enrolled families have either no adults working or only one adult working, it is likely that affording family housing may be a challenge.

If it is a challenge for families to afford the cost of housing, they are more likely to experience residential instability, as families may move to find cheaper housing or may be evicted, which can result in homelessness (Crowley, 2016). When families move frequently, they are also likely to change schools and childcare providers, causing a great disruption in children's stability and academic progress. Family moves, especially those that are the result of outside forces and do not improve housing conditions, occur frequently (six or more), or are perceived as negative by the parent are more damaging for children (Crowley, 2016).

Racial minorities and low-income families move more frequently than families in other demographics, perhaps due to their increased likelihood of renting over owning their homes, and those who rent move considerably more often than those who own (Schachter, 2004). Table 4.11 depicts the ratio of families in poverty who rented versus owned their homes. Consistent with the literature, when comparing those above and below the poverty level, families below the poverty line were more likely to rent than own their homes, indicating increased risk for instability. Home ownership was more common in rural areas for both families above and below the poverty line. Unlike Saunders county or Lincoln, the majority of families living below the poverty line in rural Lancaster county were home owners rather than renters.

These high rates of renting for individuals below the poverty line could contribute to a higher degree of transience. It may be beneficial to consider education and support surrounding renter obligations and rights as a means of promoting stability for children in EHS/HS programs, particularly those in Lincoln. Furthermore, families may be aided by connection to quality low-income housing and rent assistance programs.

Table 4.11 Housing Ownership by Families below Poverty Level
(total counts and percent of families in poverty by housing ownership)

	Saunders County	**Lancaster County**	**Lincoln**	**Rural Lancaster**
Families in poverty	**308**	**6,634**	**6,460**	**174**
Owner occupied	109 (35%)	1,131 (17%)	1,018 (16%)	113 (65%)
Renter occupied	199 (65%)	5,503 (83%)	5,442 (84%)	61 (35%)

U.S. Census ACS 10-14 C17019

Transportation

Another social service need that families may face is barriers to transportation. Table 4.12 seeks to approximate the transportation needs of EHS/HS eligible families by reporting the types and rates of transportation families in poverty use to get to work. Across the geographic areas, families were most likely to drive their own car to work than use other types of transportation. This suggests an opportunity to educate program participants about the best practices in safely transporting young children in their vehicles. Note that the second most common means of transportation to work varies by geographic area:

- Lincoln, 13% carpooled.
- Saunders County, 9% walked.
- Rural Lancaster County, 32% worked at home.

Table 4.12 Workers below Poverty Level Means of Transportation
(total counts and percent of workers in poverty
by means of transportation to work)

	Saunders County	Lancaster County	Lincoln	Rural Lancaster
Total Workers in Poverty	379	14,482	14,223	259
Drove alone: Car, truck, or van	298 (79%)	10,812 (75%)	10,686 (75%)	126 (49%)
Carpooled: Car, truck, or van	29 (8%)	1,904 (13%)	1,872 (13%)	32 (12%)
Public transportation (excluding taxicab)	0 (0%)	427 (3%)	420 (3%)	7 (3%)
Walked	33 (9%)	440 (3%)	428 (3%)	12 (5%)
Taxicab, motorcycle, bicycle, or other	7 (2%)	571 (4%)	571 (4%)	0 (0%)
Worked at home	12 (3%)	328 (2%)	246 (2%)	82 (32%)

(U.S. Census Bureau, 2014d).

The data above give a glimpse into the transportation needs of families, and how those needs differ between the urban versus rural areas. It is important to note that these data are for those individuals who are working. Data on the annual HS report shows that many families receiving services are not employed, which may then make it even less likely the families will have a reliable means of transportation. Furthermore, at least a quarter of individuals drove alone to work in a car, truck, or van. Inherent costs are associated with keeping a vehicle running. Due to their low-income status, keeping up with car maintenance and gasoline prices may be a challenge for these families.

Family Violence
Few matters place children in the position of vulnerability more than exposure to family violence. Exposure to violence can make long-lasting neurological changes on developing brains, rewiring the minds of exposed children to be alert to danger, producing fear and anxiety that can interfere with children's social and cognitive development (National Research Council, 2014). Children can be indirectly exposed to violence by domestic abuse between their parents or can be directly exposed through direct forms of child abuse.

In 2014, there were 1,163 arrests for domestic assault in Lancaster county, 137 of which were aggravated assaults, defined as an unlawful attack… for the purpose of inflicting severe or aggravated bodily injury, … [which] is usually accompanied by the use of a weapon or by means to likely to produce death or great bodily harm." There were 71 arrests for domestic assault in Saunders county, 6 of which were for aggravated assaults. Children who witness violence between their adult caregivers experience adverse consequences, including more health complaints related to eating, sleeping, and pain (Lamers-Winelman, De Schipper, & Oosterman, 2012).

Child maltreatment is an issue of particular significance to programs serving children under the age of 5, as birth to age 5 is the age group most frequently victimized. According to the Center for Disease Control and Prevention (2014), "In 2012, 27% of victims were younger than 3 years, 20% of victims were 3-5 years, with children younger than 1 year having the highest rate of victimization." Table 4.13 provides the number of children maltreatment reports in Saunders and Lancaster counties between October 2014 and September 2015.

Table 4.13 Child Maltreatment Reports

	Saunders County	**Lancaster County**
Children subject of maltreatment reports	137	4,442
Children subject of maltreatment investigations	98	2,975

(Fostering Court Improvement, 20126a & 2016b).

The rate of child removals to foster care in Nebraska between April 2015 and March 2016 was 53.1 per every 10,000 children. This compares to the rate in Saunders county of 31.5 children per 10,000, and the rate in Lancaster county of 33.4 per 10,000. Table 4.14 displays the rates and reasons that children were removed from their homes as a result of a child maltreatment investigation in Saunders and Lancaster counties during that time period. More than one reason could be cited for children to be removed from the home. The percentage indicates the times each reason was cited of the total number of reasons cited for removals during the given time period.

Children in both counties are most frequently removed from their homes on the basis of neglect, which is particularly poignant due to the significant relationship between poverty and neglect, where many removals for neglect would not otherwise occur if the families could afford safe, adequate housing, sufficient diet, and adequate supervision for their children (Duva & Metzger, n.d.)

Table 4.14 Child Maltreatment Removals

	Saunders County	**Lancaster County**
Total Removals	**17**	**237**
Removals for Neglect	6 (35%)	95 (40%)
Caretaker Drug or Alcohol Use	0	95 (40%)
Physical Abuse	5 (29%)	17 (7%)
Caretaker Inability to Cope	0	5 (2%)
Inadequate housing	0	13 (5%)
Incarceration	4 (24%)	20 (8%)
Child Behavior	3 (18%)	21 (9%)
Abandonment	1 (6%)	21 (9%)
Sexual Abuse	0	13 (5%)

(Fostering Court Improvement, 20126a & 2016b).

Section 5: Needs and Strengths of EHS/HS-Eligible Families Defined by the Families and Service Providers

The identification of the needs of EHS/HS-eligible families can be clarified by hearing the voices of both the families and of those who help children and their families meet their education, health, nutrition, and social service needs. Input was gathered from families involved with Community Action's EHS/HS program, families living in poverty, and social service providers within Community Action's service area of Lancaster and Saunders counties. The methodology section of this report provides details how these groups are defined and how the input was gathered, while this section shares their voices.

Need Priorities

Each of the groups–families involved with Community Action's EHS/HS program, families living in poverty, and social service providers–were asked to rate whether various issues were problems for their families or clients. The following graphs display their responses.

Community Action's EHS/HS Families
An analysis of the potential Community Action EHS/HS families' needs revealed different priorities for those whom English was their primary language as compared to those for whom English was a second language.

**Figure 5.1 Family Needs Prioritized
by English-speaking EHS/HS Eligible Families**

Need	always	sometimes	never
quality childcare	23%	29%	48%
food	3%	49%	48%
medical care	13%	29%	58%
disability / chronic illness support	10%	22%	68%
neighborhood safety	6%	26%	68%
transportation	6%	26%	68%
service availability & access	11%	15%	74%
legal assistance	7%	19%	74%
keeping a job	3%	20%	77%
getting a job		23%	77%
adult education		19%	81%
housing	3%	16%	81%
mental health care	3%	13%	84%
domestic violence / abuse		10%	90%
substance abuse treatment	3%	3%	94%
ESL read/write education	3%		97%
ESL speech education	3%		97%

■always ■sometimes ■never

In those households where English was the primary language spoken, the greatest needs were reported to be having quality childcare, providing food, and getting medical care. However, those families who speak a different language at home overwhelmingly named learning to speak, read, and write in English as their most pressing need. It is also interesting to note that none of these ESL families acknowledged a need related to disabilities/chronic illnesses, legal issues, mental health problems, or substance abuse issues.

Figure 5.2 Family Needs Prioritized
by ESL EHS/HS Eligible Families

Need	always	sometimes	never
ESL read/write education	21%	47%	32%
ESL speech education	30%	38%	32%
getting a job	15%	18%	67%
adult education	15%	18%	67%
service availability & access	5%	27%	68%
transportation	9%	18%	73%
keeping a job	6%	18%	76%
medical care	9%	15%	76%
neighborhood safety		15%	85%
quality childcare	6%	6%	88%
food		12%	88%
housing		9%	91%
domestic violence / abuse	3%	3%	94%
disability / chronic illness support			100%
legal assistance			100%
mental health care			100%
substance abuse treatment			100%

■ always ■ sometimes ■ never

Families Living in Poverty

Families living at or near the poverty level expressed the most concern about finding affordable services to meet their needs, including legal assistance, and eye, dental, and medical care.

**Figure 5.3 Family Needs Prioritized
by Families Living in Poverty**

Need	serious problem	minor problem	not a problem
affordable legal services	65%	31%	4%
affordable eye care for the whole family	77%	18%	5%
affordable dental care for the whole family	84%	8%	8%
affordable medical care for the whole family	72%	18%	10%
paying for utilities	46%	38%	16%
access to disability services for adults	41%	38%	21%
affordable food choices	39%	40%	21%
access to employment services	47%	24%	29%
affordable clothing	27%	42%	31%
affordable place to live	40%	22%	38%
access to education support services for children	50%	8%	42%
access to mental health care	37%	21%	42%
access to help for drug or alcohol abuse	27%	20%	53%
safe place to live	17%	27%	56%

■ serious problem   ■ minor problem   ■ not a problem

The common theme of affordability ties these top needs together. While these may not be services families access every day, they need to be affordable when they are needed.

Social Service Providers

The social service providers classified most of the categories of service to be a need for families in poverty with young children. At the top of the list of *serious problem* ratings were food, mental health care, substance abuse treatment, and housing options. Their focus was on both basic needs and the mental well-being of these clients.

**Figure 5.4   Family Needs Prioritized
by Social Service Providers**

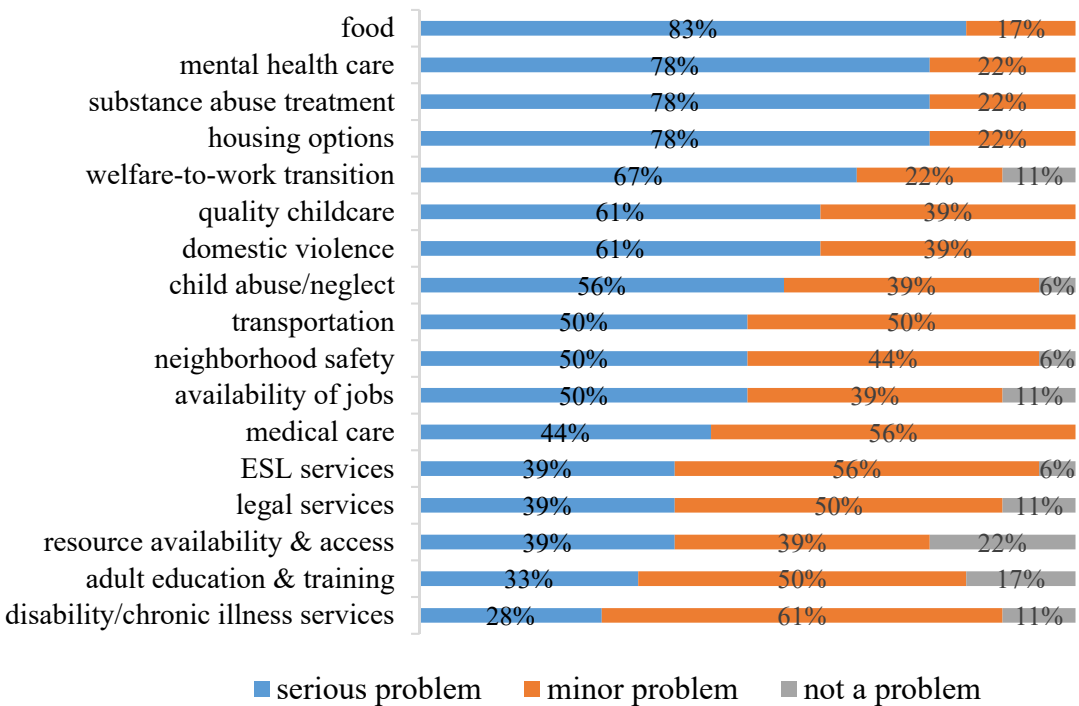| Category	serious problem	minor problem	not a problem
food	83%	17%	
mental health care	78%	22%	
substance abuse treatment	78%	22%	
housing options	78%	22%	
welfare-to-work transition	67%	22%	11%
quality childcare	61%	39%	
domestic violence	61%	39%	
child abuse/neglect	56%	39%	6%
transportation	50%	50%	
neighborhood safety	50%	44%	6%
availability of jobs	50%	39%	11%
medical care	44%	56%	
ESL services	39%	56%	6%
legal services	39%	50%	11%
resource availability & access	39%	39%	22%
adult education & training	33%	50%	17%
disability/chronic illness services	28%	61%	11%

■ serious problem   ■ minor problem   ■ not a problem

These categories span the topics highlighted in the remainder of this section: nutrition, health, education, and social services.

Nutrition Needs

Nutrition needs are equated here to a declared need for food or food choices. The EHS/HS families are the least likely of the groups to acknowledge that need.

- Community Action's EHS/HS families: 31% reported *having food for the family* as a problem.
- Families living in poverty: 79% reported *affordable food choices* as a problem.
- Social service providers: 100% reported *food for the family* as a problem.

Social service providers also offered the following comments about the struggles of providing healthy food to those in need:

- Need is high but ample resources are available including food pantries/banks and SNAP.
- Emergency food available but nutritional food is not always available.

- Both educating families about the importance of healthy eating and providing access to healthy foods is important. (Note: Food banks distribute what they receive regardless of health value.)
- Food may not be consistently available.

Health Needs

Health needs are defined here by the families' reported need for medical care (including eye and dental care), mental health care, drug and alcohol abuse treatment, and services for those with a disability or chronic illness.

Community Action's EHS/HS families:
- 32% reported *medical care* as a problem.
- 15% reported *help for a family member with a disability/on-going illness* as a problem.
- 8% reported *help with mental health problems* as a problem.
- 3% reported *help with drug or alcohol problems* as a problem.

Families living in poverty:
- 95% reported *affordable eye care for the whole family* as a problem.
- 92% reported *affordable dental care for the whole family* as a problem.
- 90% reported *affordable medical care for the whole family* as a problem.
- 80% reported *access to disability services for children* as a problem.
- 79% reported *access to disability services for adults* as a problem.
- 58% reported *access to mental health care* as a problem.
- 47% reported *access to help for drug or alcohol abuse* as a problem.

Social service providers:
- 100% reported *medical care* as a problem.
- 100% reported *drug or alcohol abuse treatment* as a problem.
- 100% reported *help with mental health care* as a problem.
- 89% reported *services for those with a disability or chronic illness* as a problem.

Once again, the EHS/HS families were the least likely of the groups to acknowledge healthcare needs. Similar to the families living in poverty, the need for general medical care is much more prevalent than the need for mental health or substance abuse treatment. The social service providers also see mental health/abuse services as a common need and offer some insights about why in their comments:

Drug or alcohol abuse treatment:
- Lincoln community is influenced by college culture.
- Prescription drugs/opiates can be an issue.
- Challenges include family responsibilities come before seeking treatment, and many programs have waiting lists.
- Some people may not acknowledge need for treatment or may not seek out treatment.

Mental health care:
- People are slow and/or afraid of acknowledging mental health problems and seeking help.
- Immigrants need free services where no social security number or insurance is required.
- Challenges include undiagnosed issues and programs with waiting lists.

Services for those with a disability or chronic illness:
- Immigrant status and not having a social security number can be barriers.
- Public schools also have programs for 0-5 year olds.
- Developmental disability services are overwhelmed and have waiting lists.

Medical care:
- Payment systems (ObamaCare, Medicaid) help, but with no social security number, immigrants struggle.
- Getting care for children is priority, so medical care for adults becomes secondary.
- Families in poverty tend to use emergency room for all needs.
- Families in poverty need to understand/accept medical care system expectations including the value of preventive care (less expensive and less serious), and keeping/being on time to medical appointments.
- Dental care is often not a priority because of cultural differences, no fluorinated water, and money and time management.
- Prescriptions sometimes need to be paid by charitable organizations.
- Although primary care is adequate in Saunders county, a specialty clinic is needed. When families have to seek specialty care outside of Wahoo, both time and money can become barriers.

Educational and Employment Needs

Education and employment needs are defined by the families' childcare and adult education needs as well as their employment supports and successes.

Community Action's EHS/HS families:
- 31% reported *quality childcare* as a problem.
- 26% reported *adult education* as a problem.
- 28% reported *getting a job* as a problem.
- 23% reported *keeping a job* as a problem.

Families living in poverty:
- 58% reported *access to education support services for children* as a problem.
- 71% reported *access to employment services* as a problem.

Social service providers:
- 100% reported *quality childcare* as a problem.
- 89% reported *availability of jobs* as a problem.
- 83% reported *education & training for adults* as a problem.

Quality childcare was acknowledged as a top priority need by both EHS/HS families and social service providers, however, at a much lower level for the families (31%) than the providers (100%).

The social service providers elaborated on the complexity of both education and employment needs:

<u>Quality childcare:</u>
- Educare and Community Action are offering more options.
- The need is greater than the available slots so there are waitlists.
- Quality childcare is costly. Quite a few are available, but cost is a barrier.
- Need quality childcare for families during 2nd & 3rd shifts and when children are sick.

<u>Availability of jobs:</u>
- Immigration status and not having a social security number can be a barrier.
- Low unemployment but many low paying, not livable wage jobs. Gainful employment needs to be defined by permanency and benefits.
- Availability of jobs in Lincoln is usually not the issue, instead it is being qualified and having support to get there, including transportation and childcare.
- Availability of employment in Wahoo is a serious problem. It varies with the status of local businesses.

Social Service Needs

The social service needs include the supports that families might seek to meet their basic needs (i.e., communication, housing, transportation) as well as their safety needs (i.e., family violence).

<u>Culture & Linguistic Needs</u>
Community Action's EHS/HS families:
- 68% of ESL families and 3% of English-speaking families reported *learning to speak English* as a problem.
- 68% of ESL families and 3% of English-speaking families reported *learning to read and write English* as a problem.

Social service providers:
- 94% reported *ESL services* as a problem.

While the stated need for ESL services is clearly from those families who speak a language other than English at home, the social service providers also perceive that need and a number of them mentioned using interpreters to communicate with their clients.

The social service providers also offered clarifications to the needs and identification of possible solutions to the issue of English as a second language:
- Greatest need is among Spanish speakers in Saunders County.
- Both language and cultural barriers need to be addressed.

- Programs which teach English and available interpreters/translators are helpful.

<u>Housing</u>
Community Action's EHS/HS families:
- 14% reported *having a place to live* as a problem.
- 23% reported *feeling safe in your neighborhood* as a problem.

Families living in poverty:
- 62% reported *affordable place to live* as a problem.
- 44% reported *safe place to live* as a problem.
- 84% reported *paying for utilities* as a problem.

Social service providers:
- 100% reported *housing options* as a problem.
- 94% reported *neighborhood safety* as a problem.

Once again, the social service providers reported the highest levels of concern about housing options. The affordability of housing and utilities seems to be the most pressing issue among the families in poverty.

The social service providers elaborated on some of the difficulties they see as their clients deal with housing issues:
- Alternatives to stable housing include:
  - Emergency shelters (concerns about safety/security in shared spaces).
  - "Couch surfing."
  - Repeated moves.
- Affordable and available housing can be difficult to find needed low-cost options.
  - Families may have a housing voucher, but cannot find a landlord to accept it or to make the situation affordable.
  - Housing available for low-income families have waiting lists.
- Factors that make housing difficult to acquire:
  - Large refugee families can find it difficult to find housing.
  - Criminal records.
  - Immigrant status/no social security number.

<u>Transportation and Legal Services</u>
Community Action's EHS/HS families:
- 29% reported *getting to where you need to* as a problem.
- 12% reported *help with legal issues* as a problem.

Families living in poverty:
- 96% reported *affordable legal services* as a problem.

Social service providers:
- 100% reported *transportation* as a problem.
- 89% reported *legal services* as a problem.

Transportation, or getting where they need to be, registered as a need for close to one-third of the EHS/HS eligible families. The social service providers offered some explanations about why that might be so in the following comments related to transportation and legal issues:

Transportation:
- Cost of a car and gas is high.
- Lincoln bus system is good, but:
  - Limited service during evening hours and weekends.
  - Is not practical with young children.
  - Requires numerous bus changes to get across town.
- Saunders county has no public transportation available and transportation problems can limit access to resources available in neighboring counties.

Legal services:
- Admitting there is a problem can be difficult for people.
- Immigrant status and not having a social security number can be a barrier.
- Many legal issues related to poverty including relationship issues, child support/custody, landlord issues, and tickets.

Family Violence
Community Action's EHS/HS families:
- 8% reported *feeling safe in your home related to violence or abuse* as a problem.

Social service providers:
- 100% reported *help for domestic violence/abuse* as a problem.
- 94% reported *help for child abuse/neglect* as a problem.

Within this sensitive issue of domestic violence and abuse, the social service providers reported a high level of concern, while less than 10% of the EHS/HS-eligible families acknowledged it as a problem in their household.

The social service providers also offered the following comments that explain how complicated the issues of domestic violence and child abuse/neglect can be.

Domestic violence/abuse problems:
- Domestic violence agencies are overwhelmed, and shelters are at capacity.
- Number of cases is increasing, partially because awareness and reporting of incidents is increasing.
- Domestic violence adds another barrier to feeling in control of one's life.
- Domestic violence is based in dependency because it is difficult to walk away if you do not have means to survive on your own.

Child abuse/neglect problems:
- Mothers are protective of their children, yet the system blames the mother resulting in the fear of losing children if reported.
- Child abuse/neglect cases overall breakdown to 75% neglect of providing for basic needs and 25% drugs or domestic violence issues in family.
- Abuse and neglect cause adverse childhood experiences (ACES)/toxic stress which has a critical impact on brain development especially in children between 0-5 years.
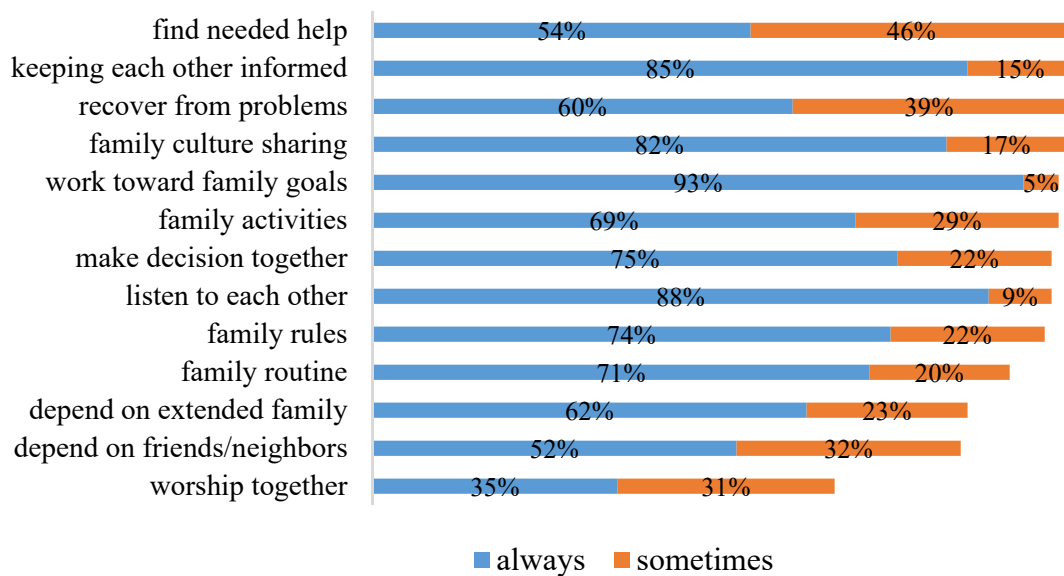
Family Strengths

Within this section focused on the needs of families in poverty with young children, it is important to acknowledge the strengths these families bring to deal with their challenges. Both the families involved with Community Action's EHS/HS program and the social service providers registered their perceptions of those strengths.

Community Action's EHS/HS Families
When presented with a list of family activities and characteristics, the EHS/HS families confirmed their families either do or demonstrate these strengths. Almost all of the families reported:
- Communication strengths (i.e. finding help when they need it, keeping each other informed about what is happening, making decisions together, listening to and sharing with each other).
- Family cohesion (i.e., sharing family culture, celebrations, and traditions together, doing activities as a family, continuing to work toward what you want for your family, following a clear set of family rules).
- Resiliency (i.e., recovering quickly after dealing with problems and challenges).

**Figure 5.5 Family Strengths Confirmed
by EHS/HS Families**

	always	sometimes
find needed help	54%	46%
keeping each other informed	85%	15%
recover from problems	60%	39%
family culture sharing	82%	17%
work toward family goals	93%	5%
family activities	69%	29%
make decision together	75%	22%
listen to each other	88%	9%
family rules	74%	22%
family routine	71%	20%
depend on extended family	62%	23%
depend on friends/neighbors	52%	32%
worship together	35%	31%

Within the framework of finding help when they need it, these families identified the following sources as most helpful (percent of families using): friends (71%), referrals from programs that they are already connected to (57%), family (43%), and internet (33%).

Social Service Providers
When asked, the service providers were also able to generate a long list of strengths they observed these families with young children bringing to the challenges of poverty. Although offered by a variety of these providers, the comments are organized below in meaningful clusters.

Realistic about their needs:
- Willingness to look for and accept help.
- Motivated by desire to stay together as a family.

Network of support:
- Informal supports: friends, neighbors, and volunteers (not paid to help families).
- Support from immediate and extended family members.

Relationship focused:
- Warm and caring, welcoming to others.
- Word-of-mouth information shared and referrals made.

Sense of community within community:
- Refugees celebrate their own culture.
- Translate through language barriers for each other (including children translating for parents).

Determination and persistence:
- Try their best to move through the challenges that come with poverty.
- Work on finding solutions and keep trying different options.
- Work through governmental hoops to get help they need.

Highly motivated:
- Laziness stigma is not accurate.
- Ready and willing to work.
- Immigrants/refugees are anxious to learn English.
- Want tools to succeed, but not always sure what they are and how to get them.

Resourceful and problem-solvers:
- Make do with what they have.
- Learn where to go and how to access help.
- Navigate system as best they can, are aware of resources and rules, proper use.
- Technology savvy.

Generous:
- Help each other: family, friends and neighbors.
- Volunteer at school.

Resilient and flexible:
- Positive attitude even though it is likely they have experienced many traumas.

It is powerful to recognize that many of the strengths acknowledged by families are also recognized by the service providers who work with them.

System Strengths

In their words of wisdom and advice, the service providers offered the following suggestions about how the system might most effectively operate to meet the needs of families in poverty with young children. One provider identified these as "fix the world" wishes and they include:

- Think about and deal with the family as an integrated whole because what happens to one, impacts the others; holistic approach across agencies and focus on entire family.

- Strengths-centered advocacy for families is critical.
  - If coming out of negative or abusive situation, personal strengths may have been used against them, so they need to be re-framed and identified as strengths.

- Important to understand the values of poverty (ala Ruby Payne) vs. middle class.
  - Middle class value education, employment, assume responsibility for self, money is to play bills and secondarily to play with.
  - Poverty requires a focus on meeting basic needs and, therefore, parents may not place a priority on children's future growth, success, and school readiness.
  - Establish role models for adults in poverty (generational poverty) to help with building their social capital. The Food Bank of Lincoln has a "Building Social Capital" class that connects volunteers from faith-based organizations, businesses, and service organizations to mentor.

- Trauma-informed care:
  - This approach is advocated for by coalition of Regional Behavioral Health, Dept of Education, and NE DHHS.
  - Children in poverty often experience vicarious trauma.
  - Children with behavioral issues, which are possibly caused by trauma they have experienced, tend to move from daycare to daycare because of their behaviors.

- Critical process to help needy families achieve self-sufficiency:
  - Strengths-based assessment of the entire family.
  - Case management (with invitation to be at the table for decision-making).
  - Referral to needed services.
  - Follow-up.

- Lincoln community ideas:
  - o Central location to access all resources (e.g., Health 360 Clinic).
  - o Capacity of programs is the issue, not availability.
  - o Affordable, available, efficient mass transit is needed, including services on Sundays and evenings.

Section 6: Resources to Address the Needs of EHS/HS Eligible Families

The two counties that constitute the service area of Community Action's EHS/HS program are distinct from each other in the resources available for families in poverty with young children. As a metropolitan area and the state capital, Lincoln contains a wide variety of governmental supports and social service agencies. Saunders county, with less than 10% of the population of its neighbor Lancaster county, and a more rural setting, has more limited formal supports in place. Key informants from both counties acknowledged that collaboration among service providers is critical. They described an ideal system where service providers partner with each other and help families navigate the systems and their resources.

Lancaster County
Lancaster county and its metropolitan area of Lincoln has a wide variety of programs that serve the needs of its residents. One of the interviewees representing an organization in Lincoln commented that "if you are in poverty, Lincoln is a good place to find help." Other key informants offered the following comments about these families and services in Lancaster county:

- Families in poverty get overwhelmed and disconnected. Whether it is generational or situational poverty, it needs to be recognized that:
  - Families in poverty lead complex lives as they try to manage priorities, time, and resources.
  - Resources may be there, but it is difficult to figure out how to access them and put all the pieces together.
- A wide variety of services are available, but lengthy waitlists exist for most services.
- Case management services are critical:
  - To help families access needed services and not just hand them information.
  - For long-term support beyond when the crisis has been resolved.
- Computer access to HHS and unemployment services can be a barrier to some families.

Even with the wealth of resources available in the Lincoln area, it is critical to recognize the importance of supporting families in accessing, utilizing, and benefiting from the resources they need to move toward self-sufficiency.

A detailed and updated listing of the range of resources available in Lancaster county is provided by the Lancaster County Resource Guide which is available online at:
http://dhhs.ne.gov/children_family_services/BridgeToIndependence/Documents/Lincoln.pdf

The guide provides each program's name, address, website, phone number, services, hours, and fees, if applicable. In addition, each of the categories listed in the guide's table of contents is coded according to the following framework of six protective factors described as the key elements for supporting the well-being of children and families:

1. Nurturing and Attachment: Stable caregivers who work to understand and meet children's needs for love, affection, and stimulation.

2. Knowledge of Parenting and of Child and Youth Development: Understanding child development and parenting strategies that support physical, cognitive, language, social, and emotional development.
3. Parental Resilience: Managing stress and functioning well when faced with challenges, adversity, and trauma.
4. Social Connections: Positive relationships that provide emotional, informational, instrumental, and spiritual support.
5. Concrete Supports for Parents: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.
6. Social and Emotional Competence of Children: Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.

This protective factors coding is consistent with the goals of the EHS/HS program's goal of supporting **"Every child … to reach their full potential." The 2016 Lancaster County Resource Guide's table of contents includes the following categories:**

- BASIC NEEDS: 2-1-1; AccessNebraska; Food; Emergency Shelter; Clothing; Housing (Non-Emergency); Rent & Utility & Financial Assistance; Home Buying/Home Weatherization & Repair; Transportation & Bus Pass Info; Medical Assistance; Holiday Food & Donation Programs
- CHILDREN AND FAMILY FOCUSED PROGRAMS: Abuse/Neglect Assistance; Addiction Treatment/Transitional & Halfway Housing; Mental Health Counseling & Therapy; Support Groups; Legal Assistance; Language Assistance; Senior Resources; Disability Resources; Respite & Child Care/Before & Afterschool Programs; Parenting Resources, Education & Family Support; Job Training, Employment Assistance,GED & Higher Education; Community, Recreation & Cultural Centers; Youth Programs, Summer Programs, Mentoring & Tutoring; Other (Laundry Voucher, Auto Repair, Diapers, etc.); Churches

Saunders County

Saunders county has fewer formal and local programs that serve the needs of its residents with young children living in poverty. One of the interviewees representing an organization from Saunders county described the situation: "As a rural county, resources, both formal and informal, are more limited but the sense of community here is stronger." Confirming the dependence on more informal support systems, the key informants offered the following list of key resources for families in poverty in Saunders county:

- School districts, including free and reduced meal program, backpack program, newly placed social workers in schools.
- Legal entities, including police and courts.
- Prevention/juvenile justice coalition.
- Ministerial association.
- Local churches.
- Salvation Army.
- Lions Club/Kiwanis.
- Community Action.

Although a number of the key informants indicated there was no centralized resource/guide to resources in Saunders county, others indicated there is an effort underway to remedy that gap. Youth Services of Saunders County recently published the 2016 Saunders County Resource Guide, which is provided in Appendix A of this report. An online version of the resource is under development. That guide includes the names and phone numbers of each organization within the following categories:

- Hotlines/Crisis Interventions.
- Legal help.
- Emergency services.
- Shelters.
- Employment / Education.
- Services for hearing/visually impaired.
- Food/clothing.
- Drug/alcohol treatment.
- Low-income housing,
- Additional resources.

On their Juvenile Diversion website, the developers of this new Saunders County Resource Guide also identify Nebraska 2-1-1 as a resource that:

> …keeps an accurate and comprehensive database that you can use to find health and human services to meet your needs. Our database allows you to browse hundreds of health and human services online, learn about specific programs, intake requirements, eligibility, operation hours and more. The database also has information on disaster related services.
>
> You can also call Nebraska 2-1-1 to speak with a trained call specialist who can help you identify services. Just dial 2-1-1 on your home or cell phone, no area code is needed or dial 402-444-6666.

The http://www.saunderscounty.ne.gov/webpages/juvenile/juvenile.html website also provides a link to a Saunders County Resource Guide focused on domestic abuse.

Section 7: Conclusions

The Community Action Partnership of Lancaster and Saunders County's Early Head Start and Head Start programs serve two distinctly different service areas. While the city of Lincoln accounts for 85% of the total population in Community Action's service area, the city is home to 94% of families living below the poverty level with children under age 5 in the home, the closest census classification to EHS/HS' target clients (see Tables 1.1 and 1.4). Community Action's current undertakings to open two new EHS/HS centers in the heart of Lincoln's most impoverished neighborhoods addresses this concentration of need. The Lincoln community is rich with organizations positioned to support families in need, but can be challenged by the overwhelming demand for their services, resulting in waitlists.

The urban area of Lincoln contains a diverse population of families in need. Over 25% of families living in poverty in the city are non-whites, including 14% Black/African American and 7% Asian (see Table 1.8). This racial diversity introduces the potential of "linguistic isolation" with 12% of the population over 5 years old speaking a language besides English in their homes. The most common languages spoken are Spanish (4%) and Asian/Pacific Island languages (4%) (see Table 4.7). This communication challenge was confirmed by the ESL families completing the EHS/HS interviews when they rated learning how to speak, read, and write English as their top need (see Figure 5.2). The social service providers identified this group's family strengths to be their motivation to learn English as well as the informal support that they provide to each other.

Broadening to the perspectives of the remaining EHS/HS eligible families, the families living in poverty, and the service providers, different needs surface. Common among the groups are food and healthcare needs, including affordable eye, dental, and medical care as well as mental health care and substance abuse treatment. The English-speaking EHS/HS group added "quality childcare" to their top priorities, while the families living in poverty noted "affordable legal services", and the service providers mentioned "housing options" (see Figures 5.1, 5.3 & 5.4). With respect to this range of identified needs, the social service providers identified persistence, resourcefulness, and resiliency as the strengths used by these families to deal with the challenges they faced.

Saunders county is a more homogeneous rural county with 98% of the families in poverty being White (see Table 1.8). These EHS/HS-eligible families with children under 5 were primarily (76%) headed by single mothers, a particularly vulnerable segment of this population (see Table 1.5). The issues of isolation in Saunders county are more related to opportunity availability. There is no public transportation system, job openings can be limited, and formal support services are less available. The social service providers described the ongoing efforts in this community to coordinate the resources of governmental and community-based efforts to support families in need.

The systems in place and under development to support the progress toward self-sufficiency for EHS/HS-eligible families will continue to identify and address their community's challenges, whether they be the diversity of an urban setting or the expanses of a rural setting. Among the strengths identified by the social service providers was the importance of taking a holistic and strengths-centered approach to both the community support efforts *and* the advocacy for and support of families toward their goals.

Section 8: Methodology

A variety of sources were used to complete this community assessment. The primary data, collected and/or analyzed by the research team, focused specifically on families and social service providers within Lancaster and Saunders counties. It included interviews with key informants, interviews with EHS/HS-eligible families, and surveys of families in poverty. The secondary data was identified and analyzed to provide a profile of Community Action's service area.

Primary Data

Key Informant Interviews

A series of interviews were conducted with key informants from a variety of social service, governmental, and community organizations in Lancaster and Saunders counties. Community Action Partnership provided a list of contacts at a wide range of organizations in their service area and provided an email introduction to STEPs and the project. Subsequently, interviewees were asked for suggestions of additional individuals who would provide further clarification of the needs of families in poverty with young children.

Nineteen interviews were completed with representatives from the following organizations:
- Catholic Social Services of Southern Nebraska
- Community Health Endowment
- El Centro De Las Americas
- Food Bank of Lincoln
- Friendship Home
- Lincoln-Lancaster County Health Department
- Lutheran Family Services Health 360 Integrated Care
- Lutheran Family Services Refugee Resettlement Program
- NE Department of Health and Human Services
- People's Health Center
- Rescare Workforce Services
- Salvation Army in Saunders County
- Saunders County Ministerial Association
- Saunders County Youth Services
- St. Monica's Behavioral Health Services for Women
- Steen Law Office
- Three Rivers Public Health Department
- United Way of Lincoln and Lancaster County
- UNL Department of Special Education and Communication Disorders
- Wahoo Public Schools / Saunders County Head Start

Five of these organizations were recruited specifically to represent the Saunders County perspective.

EHS/HS-Eligible Family Interviews

Community Action EHS/HS provided a list of 570 families who were either enrolled in or waitlisted for their programs. Of those families, 474 had phone numbers available in the database. The database was stratified by the primary language spoken at home. A stratified random sample of 174 were called and 65 interviews were completed for a response rate of 37%.

With the help of both Arabic and Spanish translators, completed interviews included Community Action's EHS/HS clients whose primary language spoken at home is not English.

Figure 8.1 Breakdown of "Primary Language Spoken at Home"
of EHS/HS Eligible Families:
Program Listing vs. Interviewees

ESL, 47%

English, 53%

ESL, 52%

English, 48%

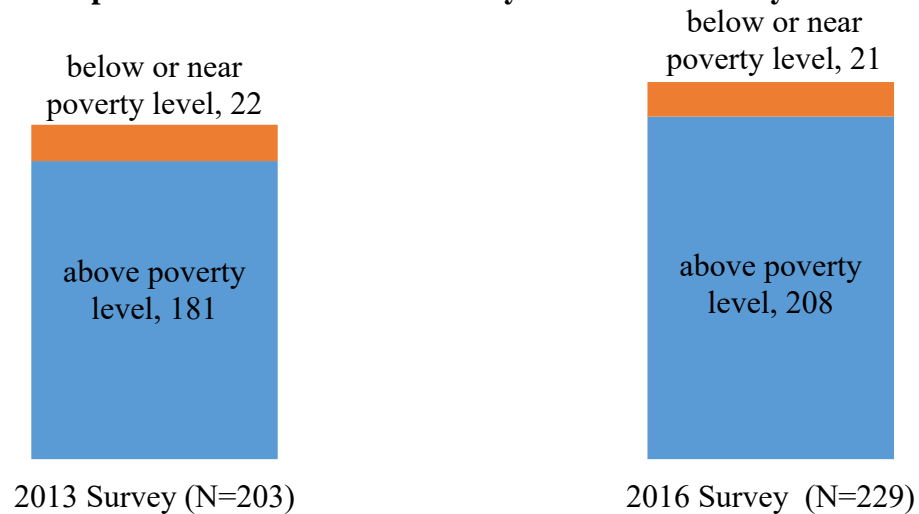program listing (N= 474)   completed interviews (N=65)
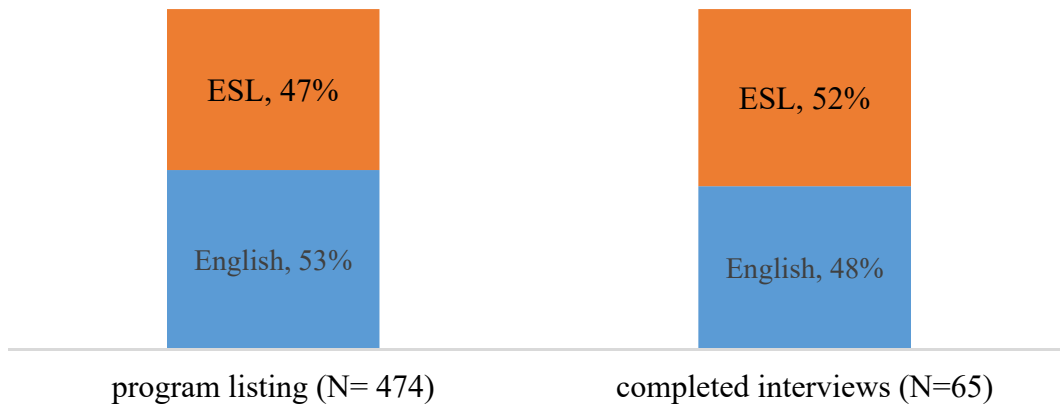
The telephone interviews were supplemented by the administration of the written survey at four EHS playgroups at which Community Action staff helped with translation as needed.

Families in Poverty Survey

Analysis of the Lancaster and Saunders counties' data from the Community Action of Nebraska's (CAN) Community Assessment Surveys from 2013 and 2016 provided the view of families living below or near the poverty level. The 2016 survey data included only 21 responses from families below or near the poverty level. Therefore, the 22 additional surveys from 2013 in that same category were included in the analysis to provide a broader perspective on their needs.

**Figure 8.2 Family Poverty Status among
Respondents to CAN's Community Assessment Surveys**

below or near
poverty level, 22

below or near
poverty level, 21

above poverty
level, 181

above poverty
level, 208

2013 Survey (N=203)

2016 Survey (N=229)

Only about 10% of CAN survey respondents in the 2013 and 2016 Community Assessments live
below or near poverty level.

Secondary Data

Demographic, Community, and Program Data

The governmental, community, and program data was drawn from a variety of sources including:
- Governmental agencies:
  - U.S. Census Bureau.
  - U.S. Department of Agriculture.
  - Center for Disease Control and Prevention.
  - U.S. and Nebraska DHHS.
  - Substance Abuse and Mental Health Services Administration.
  - Nebraska Department of Education.
- Community organizations:
  - Center for Children, Families, and the Law.
  - Voices for Children.
  - Aspen Institute.

Annual reports from the Community Action Partnership as well as academic journal articles
helped to frame the data analysis.

The demographics reported throughout this Report are drawn from the American Community
Survey of the U.S. Census Bureau. Appendix B provides a summary and detailed definitions
from this data source.

Appendix A: Saunders County 2016 Resource Guide

HOTLINES / CRISIS INTERVENTIONS

Abuse Hotline Nebraska	1-800-652-1999
Blue Valley Behavioral Health Crisis Number	
	1-877-409-6600

Boys Town National Hotline Drug/Alcohol Treatment

Nebraska……………………………………..	1-800-448-3000
TDD Line……………………………..............	1-800-448-1833
Family Helpline/Family Navigation…………..	1-888-866-8660
Crisis Text Line	741741

GLBT National Help	1-888-843-4564
(Gay, Lesbian, Bisexual, and Transgender Hotline)	

Heartland Family Service: 24-hour Crisis Hotline	
	1-800-523-3666
National Human Trafficking	
Resource Center	1-888-373-7888

National Suicide	
Prevention Lifeline	1-800-273-8255

Poison Control	1-800-222-1222

USA National Child Abuse Hotline	1-800-422-4453

Saunders County Domestic Violence
- Day: 402-443-8163
- Evening: 402-429-8933

Grief Support	402-502-2773

Autism Support	402-884-7336

	8113
	8119
	4181
	2161
Nebraska Bar Association	402-475-7091
Child Support Enforcement	402-443-8104
Center for Legal Immigration Assistance	402-471-1777
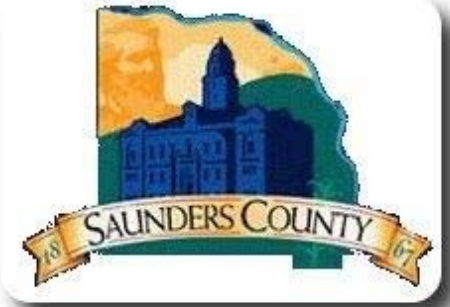
RESOURCE GUIDE

2016

Created by
Youth Services of Saunders County

YOUTH SERVICES
(402)-443-8169

SHERIFF'S OFFICE
(402)-443-1000

SAUNDERS COUNTY
CRIME STOPPERS
(402)-443-8181

FOR MORE INFORMATION

CHECK OUT OUR WEBSITE

AT

saundersconnect.org

EMERGENCY SERVICES

Emergency-Fire, Police, Ambulance	**911**
Saunders County Sheriff	402-443-1000
Ashland Police	402-944-2222
Cedar Bluffs Police	402-628-3115
Ceresco Police	402-665-2391
David City Police	402-367-3133
Mead Police	402-624-2056
Wahoo Police	402-443-4155
Yutan Police	402-625-2112

Fire Departments

|	
Wahoo:	402- 443-1519
Ashland:	402- 944-7004
Colon:	402-647-4455
Cedar Bluffs:	402-628-5495
Yutan:	402-625-2273
Mead:	402-624-3610
Ceresco:	402-665-2227
Ithaca:	402- 623-4323
Prague:	402- 663-4844
Malmo:	402- 642-5658

State Patrol...800-525-5555

Saunders County Crime Stoppers.........402-443-8181

ADDITIONAL RESOURCES

Nebraska Resource Database:	**211**
Medicaid Wahoo Office	402-443-5719
Saunders County Lost Pets	402-277-7056 **or** 402-432-2814
Saunders County Assessor	402-443-5708
Saunders County Clerk	402-443-8101
Saunders County Planning and Zoning	402-443-8123
Saunders County Treasurer	402-443-8128
Drivers License Examiners	402-443-8130
Saunders County Highway Department	402-443-8124
Saunders County Register of Deeds	402-443-8111
Saunders County Veteran Services	402-443-8137
Saunders County Public Transportation	402-443-8168
Saunders County Youth Services	402-443-8169
Three Rivers Public Health Department	402-727-5396

- Hotline …………………………..……..1-866-727-5396

Saunders County Emergency Manager	402-443-5645
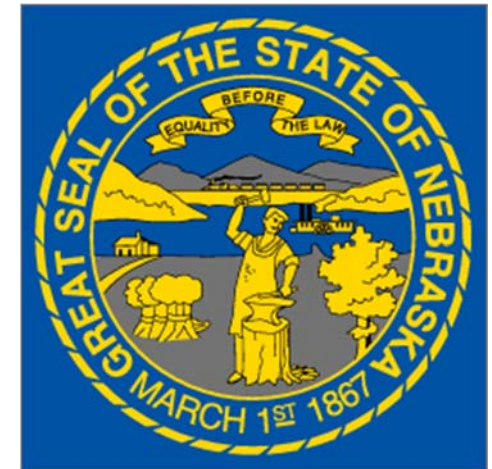
Intel Ride (Medicaid only)............................844-531-3783

Saunders County Public Transportation...........402-443-8168

Gas Assistance (Ministerial Association).........402-443-3160

Midwest Special Services............................800-260-9596

Golden Plains Services...............................402-331-7433

Prince of the Road....................................888-452-3194

Ryan's Repair...**402-443-1559**

SENIOR SERVICES

Saunders Senior Services......................**402-443-4603**
Ashland Senior Citizens Center..........................402-944-7627
Valparaiso Senior Center..................................402-784-2234
Wahoo Senior Diner..............402-443-4896 **or** 402-443-4887
Yutan Senior Center..402-625-9901
Saunders House.....................402-608-2459 **or** 402-443-3333
Handi-Van..402-443-8168
Wahoo Busy Wheels.......................................402-443-4174

SERVICES FOR HEARING/ VISUALLY IMPAIRED

Nebraska Commission for the Deaf and Hard of Hearing

- Toll-Free number   800-545-6244
- Lincoln Phone   402-471-3593

Visit ncdhh.ne.gov for a list of licensed state interpreters.

SHELTERS

The Bridge...1-888-721-4340
Care Corps. Inc...402-721-3125
Lydia House...402-829-1531
People's City Mission....................................402-475-1303
Homeless Prevention Center............................402-475-6888
Matt Talbot Kitchen......................................402-477-4116
Stephen Center..402-731-0238
Siena Francis House......................................402-341-1821
Friendship Home..402-437-9302
Open Door Mission.......................................402-422-1111
Community Action Partnership/ Supportive Services for Veterans
and Families..308-202-1324
CEDARS Emergency shelter.............................402-436-5437

LOW-INCOME HOUSING

Koch Apartments   402-443-4081
The HUD   402-492-3101
- TTY...402-492-3183

Wahoo Public Library	402-443-3871
Vocational Rehabilitation	1-800-472-3382
Nebraska Unemployment Insurance	402-458-2500
Drivers Education	402.443.4001
Saunders County Early Head Start	402-443-4240
• Emergency Services	402-443-4250 **Ext. 1007**

Early Head Start (Community Action Partnership)
                                                   402-471-4515

Pre-school Programs:
- Cedar Bluffs   402-628-2060
- Yutan   402-625-2141

Heartland Family Services   402-721-5099

Community Action Partnership   402-443-4250 **Ext. 100**

Union Service Fund (Ceresco Residents)   402-665-2061

Weatherization (Community Action)
402-471-4515
- Wahoo   402-443-3336
- Ashland   402-944-7083

Job Corps   402-438-5774

GED / Adult Education   402-480-1771

YESS Program   402-441-4920 **or** 402-447-7111

Contact your local school for information about:
After School Programs
Food Backpack Programs
Teammates Programs
Clothing/ Supplies
& Services Provided

EMPLOYMENT /EDUCATION

DRUG/ALCOHOL TREATMENT

Blue Valley Behavioral Health	402-443-4414
Bryan Health:	
• Emergency	402-481-5151
• Counseling Center	402-481-5991
Catholic Social Services	402-474-1600
	or 1-800-981-8242
Home Health Agency	402-443-4798
LINCS: Linking Individuals/Families in Need	
• Ages 7-11	402-441-5615
• Ages 12-18	402-441-5630
Family & Youth Investment	877-286-4343
Medicaid	855-632-7633
Alcoholics Anonymous	
• Valparaiso & Ceresco	402-665-2061
• Wahoo	402-443-3160
Blue Valley Behavioral Health	402-443-4414
Good Neighbor Fremont	402-721-0951

FOOD/CLOTHING

SNAP/Emergency Assistance	855-444-5556
Saunders County Food Pantry	402-443-4174
	402-443-6719
Health and Human Services	402-443-4252
Ashland St. Mary's (Ashland Residents)	402-944-3554
The Goodwill- Fremont	402-727-5007
The Goodwill- Lincoln	402-438-2022
Ashland American Lutheran	402-944-3535
First Presbyterian Church (Wahoo)	402-443-4220
Bethlehem Lutheran Church	402-433-3160
WIC (appointments only)	402-443-3160
Center for People in Need	402-476-4357
Catholic Social Services	402-474-1600
The Daisy Thrift Store	402-475-7777
The Barnabas Community Center	402-423-4769
Good Neighbor Community Center	402-477-4173
Lincoln Berean Church	402-483-6512
Macie's Place	402-601-1773 or 402-440-9929
The Purple Peacock	402-466-5238
Salvation Army- Lincoln	402-474-4747 or 402-474-6263
Salvation Army- Wahoo	402-443-3940
YWCA Job Outfitters	402-434-3494
Esther's Closet	402-466-6736
Ministerial Association	402-443-3940

Appendix B: American Community Survey Description and Definitions

DEMOGRAPHIC DATA SOURCE SUMMARY

The data in the tables above were drawn directly from the U.S. Census Bureau's American Community Survey (ACS) which provide estimates spanning a five-year period from 2010-2014. The ACS is a mandatory, ongoing statistical survey that samples a small percentage of the population every year. The ACS helps local officials, community leaders, and businesses understand the changes taking place in their communities. Important: estimates are based in the annual samplings and not actual counts of the population distribution and characteristics. The data provided throughout this document in the category of "Rural Lancaster" represents the non-Lincoln portions of the county and were calculated by taking the difference between Lancaster county and Lincoln figures.

In reading and interpreting secondary data, it is important to understand the ways in which the original researchers defined the variables under consideration. Definitions used in the ACS that are particularly relevant to the content and purpose of this report are provided below–these were drawn verbatim from the Census.gov website:
https://www.census.gov/glossary/#term_Familyhousehold

- Household: A household includes the people who occupy a housing unit (such as a house or apartment) as their usual place of residence. A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household. The count of households excludes group quarters. The two major categories of households are "family" and "nonfamily."

- Family household: A family includes a householder and one or more people living in the same household who are related to the householder by birth, marriage, or adoption. All people in a household who are related to the householder are regarded as members of his or her family. The household may contain people not related to the householder, but those people are not included as part of the householders' family in the census tabulations. Thus, the number of family households is equal to the number of families, but family households may include more members than do families. A household can contain only one family for purposes of census tabulation.

- Family: For family groups, each married couple or parent/child group is counted separately, even if they reside in the same household. So, for example, if a household consists of a married couple, one of whom is the householder, and their adult daughter and her child, the married couple will be one family group, and the adult daughter and her child will be a second family group.

- Poverty: Following the Office of Management and Budget's (OMB's) Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family (and every

individual in it) or unrelated individual is considered in poverty. There is now a second measure of poverty called the Supplemental Poverty Measure or "SPM." Every year since 2010, the Census Bureau has released a report describing this measure The SPM extends the official poverty measure by taking account of government benefits and necessary expenses like taxes that are not in the official measure. It does not replace the official poverty measure and will not be used to determine eligibility for government programs.

Appendix C: Report References

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