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)

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

(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)

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

(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).

**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, it is important to be aware that actual income figures vary slightly from the EHS/HS eligibility guidelines in the data below.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Max Annual Income</th>
<th>Household Size</th>
<th>Max Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,770</td>
<td>5</td>
<td>$28,410</td>
</tr>
<tr>
<td>2</td>
<td>$15,930</td>
<td>6</td>
<td>$32,570</td>
</tr>
<tr>
<td>3</td>
<td>$20,090</td>
<td>7</td>
<td>$36,730</td>
</tr>
<tr>
<td>4</td>
<td>$24,250</td>
<td>8</td>
<td>$40,890</td>
</tr>
</tbody>
</table>

(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)

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

(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  |
|----------------------------------------|---------------------------------|----------------|----------------|----------------|
|                                        | 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 | 1,628 | 1,606 | 22 |
| | (24%) | (38%) | (38%) | (67%) |
| Female householder, no husband present | 186 | 2,155 | 2,145 | 10 |
| | (76%) | (50%) | (50%) | (30%) |
| Male householder, no wife present | 0 | 525 | 524 | 1 |
| | (<1%) | (12%) | (12%) | (3%) |

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

<table>
<thead>
<tr>
<th>Table 1.6 EHS/HS Families Served by Family Type 2015/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Early Head Start</td>
</tr>
<tr>
<td>Total families served</td>
</tr>
<tr>
<td>Two-parent families</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Single-parent families</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

(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

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

(R.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

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

(U.S. Census Bureau, 2014b).
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 1.5 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**

<table>
<thead>
<tr>
<th>Program Provider</th>
<th>Hispanic/Latino Origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Public Schools</td>
<td>23%</td>
</tr>
<tr>
<td>Wahoo Public Schools</td>
<td>2%</td>
</tr>
<tr>
<td>Head Start</td>
<td>27%</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>21%</td>
</tr>
</tbody>
</table>

**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>
<thead>
<tr>
<th></th>
<th>Saunders</th>
<th>Lancaster</th>
<th>Lincoln</th>
<th>Rural Lancaster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below poverty line</td>
<td>100</td>
<td>644</td>
<td>642</td>
<td>2</td>
</tr>
<tr>
<td>Above poverty line</td>
<td>255</td>
<td>3,845</td>
<td>3,392</td>
<td>453</td>
</tr>
</tbody>
</table>

(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

<table>
<thead>
<tr>
<th>School District</th>
<th>Number of Schools</th>
<th>Pre-K Enrollment 2015/2016</th>
<th>Free &amp; Reduced Lunch Status</th>
<th>Estimated Free &amp; Reduced Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Public Schools</td>
<td>37</td>
<td>1,528</td>
<td>42%</td>
<td>645</td>
</tr>
<tr>
<td>Private Schools</td>
<td>19</td>
<td>687</td>
<td>*varies</td>
<td></td>
</tr>
<tr>
<td><strong>Lincoln Total</strong></td>
<td><strong>56</strong></td>
<td><strong>2,215</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Nebraska Department of Education, 2015a)

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

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

(Nebraska Department of Education, 2015a).
Table 2.4 Saunders County Pre-Kindergarten Enrollment

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

(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 subsidies 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

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

(Nebraska DHHS, 2016).

Table 2.6 Center Based Providers & Childcare Subsidies

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

(Nebraska DHHS, 2016).

Table 2.7 Preschool Providers & Childcare Subsidies

<table>
<thead>
<tr>
<th></th>
<th>Saunders</th>
<th>Lancaster</th>
<th>Lincoln</th>
<th>Rural Lancaster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total providers</td>
<td>3</td>
<td>15</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>Total capacity</td>
<td>73</td>
<td>391</td>
<td>361</td>
<td>30</td>
</tr>
<tr>
<td>Total accepting subsidies</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Subsidy capacity</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

(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.
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).

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.
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

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

(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

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

(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 respite 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 programming 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 a 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 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 reduced 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)

<table>
<thead>
<tr>
<th></th>
<th>Saunders</th>
<th>Lancaster</th>
<th>Lincoln</th>
<th>Rural Lancaster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced Lunch</td>
<td>291</td>
<td>3,506</td>
<td>3,211*</td>
<td>295*</td>
</tr>
<tr>
<td>Free Lunch</td>
<td>764</td>
<td>14,817</td>
<td>14,333*</td>
<td>484*</td>
</tr>
<tr>
<td>Free &amp; Reduced</td>
<td>1,067</td>
<td>18,456</td>
<td>17,677*</td>
<td>779*</td>
</tr>
<tr>
<td>Percentage</td>
<td>30%</td>
<td>35%</td>
<td>38%</td>
<td>14%</td>
</tr>
</tbody>
</table>

*Some figures 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

<table>
<thead>
<tr>
<th></th>
<th>Saunders County</th>
<th>Lancaster County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>13</td>
<td>6%</td>
</tr>
<tr>
<td>Birth defects</td>
<td>11</td>
<td>5%</td>
</tr>
<tr>
<td>Premature birth</td>
<td>15</td>
<td>7%</td>
</tr>
</tbody>
</table>

(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

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Median usual weekly earnings</th>
<th>Unemployment rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctoral degree</td>
<td>$1,623</td>
<td>1.7%</td>
</tr>
<tr>
<td>Professional degree</td>
<td>$1,730</td>
<td>1.5%</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>$1,341</td>
<td>2.4%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>$1,137</td>
<td>2.8%</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>$798</td>
<td>3.8%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>$738</td>
<td>5.0%</td>
</tr>
<tr>
<td>High school diploma</td>
<td>$678</td>
<td>5.4%</td>
</tr>
<tr>
<td>Less than a high school diploma</td>
<td>$493</td>
<td>8.0%</td>
</tr>
</tbody>
</table>

All workers: $860
All workers: 4.3%


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. 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)

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

(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

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

(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

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

(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

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

(Community Action Partnership, 2016abcd).
Social Service Needs

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)

<table>
<thead>
<tr>
<th>Language Spoken at Home</th>
<th>Saunders County</th>
<th>Lancaster County</th>
<th>Lincoln</th>
<th>Rural Lancaster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speak only English</td>
<td>96%</td>
<td>89%</td>
<td>88%</td>
<td>98%</td>
</tr>
<tr>
<td>Speak a language other than English</td>
<td>4%</td>
<td>11%</td>
<td>12%</td>
<td>3%</td>
</tr>
<tr>
<td>Spanish or Spanish Creole</td>
<td>2%</td>
<td>4%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Other Indo-European Language</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Asian and Pacific Island Languages</td>
<td>1%</td>
<td>3%</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Other Languages</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

(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)

<table>
<thead>
<tr>
<th>Language Type</th>
<th>Saunders</th>
<th></th>
<th>Lancaster</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prevalence</td>
<td>Need</td>
<td>Prevalence</td>
<td>Need</td>
</tr>
<tr>
<td>% of population (over 5 years old) speaking language</td>
<td>% speaks English less than “very well”</td>
<td>% of population (over 5 years old) speaking language</td>
<td>% speaks English less than “very well”</td>
<td></td>
</tr>
<tr>
<td>Spanish or Spanish Creole</td>
<td>2%</td>
<td>61%</td>
<td>4%</td>
<td>37%</td>
</tr>
<tr>
<td>Other Indo-European language</td>
<td>2%</td>
<td>20%</td>
<td>3%</td>
<td>33%</td>
</tr>
<tr>
<td>Asian and Pacific Island languages</td>
<td>1%</td>
<td>56%</td>
<td>3%</td>
<td>58%</td>
</tr>
<tr>
<td>Other languages</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>43%</td>
</tr>
</tbody>
</table>

(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
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 biligual 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

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

(Community Action Partnership, 2016a, 2016b, 2016c, & 2016d).
<table>
<thead>
<tr>
<th>Staff who speak language other than English</th>
<th>Early Head Start</th>
<th>Community Head Start</th>
<th>Wahoo Public Schools</th>
<th>Lincoln Public Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Caribbean languages</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Middle Eastern &amp; South Asian languages</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>East Asian languages</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>European &amp; Slavic languages</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>African languages</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>1 Haitian</td>
<td>1</td>
</tr>
</tbody>
</table>

(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)

<table>
<thead>
<tr>
<th></th>
<th>Saunders County</th>
<th>Lancaster County</th>
<th>Lincoln</th>
<th>Rural Lancaster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families in poverty</td>
<td>308</td>
<td>6,634</td>
<td>6,460</td>
<td>174</td>
</tr>
<tr>
<td>Owner occupied</td>
<td>109 (35%)</td>
<td>1,131 (17%)</td>
<td>1,018 (16%)</td>
<td>113 (65%)</td>
</tr>
<tr>
<td>Renter occupied</td>
<td>199 (65%)</td>
<td>5,503 (83%)</td>
<td>5,442 (84%)</td>
<td>61 (35%)</td>
</tr>
</tbody>
</table>

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)

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

(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

<table>
<thead>
<tr>
<th></th>
<th>Saunders County</th>
<th>Lancaster County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children subject of maltreatment reports</td>
<td>137</td>
<td>4,442</td>
</tr>
<tr>
<td>Children subject of maltreatment investigations</td>
<td>98</td>
<td>2,975</td>
</tr>
</tbody>
</table>

(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

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

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

<table>
<thead>
<tr>
<th>Need</th>
<th>Primary Language</th>
<th>Secondary Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality childcare</td>
<td>23%</td>
<td>29%</td>
</tr>
<tr>
<td>Food</td>
<td>3%</td>
<td>49%</td>
</tr>
<tr>
<td>Medical care</td>
<td>13%</td>
<td>29%</td>
</tr>
<tr>
<td>Disability/chronic illness support</td>
<td>10%</td>
<td>22%</td>
</tr>
<tr>
<td>Neighborhood safety</td>
<td>6%</td>
<td>26%</td>
</tr>
<tr>
<td>Transportation</td>
<td>6%</td>
<td>26%</td>
</tr>
<tr>
<td>Service availability &amp; access</td>
<td>11%</td>
<td>15%</td>
</tr>
<tr>
<td>Legal assistance</td>
<td>7%</td>
<td>19%</td>
</tr>
<tr>
<td>Keeping a job</td>
<td>3%</td>
<td>20%</td>
</tr>
<tr>
<td>Getting a job</td>
<td>3%</td>
<td>23%</td>
</tr>
<tr>
<td>Adult education</td>
<td>19%</td>
<td>81%</td>
</tr>
<tr>
<td>Housing</td>
<td>3%</td>
<td>16%</td>
</tr>
<tr>
<td>Mental health care</td>
<td>3%</td>
<td>13%</td>
</tr>
<tr>
<td>Domestic violence/abuse</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Substance abuse treatment</td>
<td>33%</td>
<td>94%</td>
</tr>
<tr>
<td>ESL read/write education</td>
<td>3%</td>
<td>97%</td>
</tr>
<tr>
<td>ESL speech education</td>
<td>3%</td>
<td>97%</td>
</tr>
</tbody>
</table>

Legend: 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**

<table>
<thead>
<tr>
<th>Need</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESL read/write education</td>
<td>21%</td>
<td>47%</td>
<td>32%</td>
</tr>
<tr>
<td>ESL speech education</td>
<td>30%</td>
<td>38%</td>
<td>32%</td>
</tr>
<tr>
<td>getting a job</td>
<td>15%</td>
<td>18%</td>
<td>67%</td>
</tr>
<tr>
<td>adult education</td>
<td>15%</td>
<td>18%</td>
<td>67%</td>
</tr>
<tr>
<td>service availability &amp; access</td>
<td>5%</td>
<td>27%</td>
<td>68%</td>
</tr>
<tr>
<td>transportation</td>
<td>9%</td>
<td>18%</td>
<td>73%</td>
</tr>
<tr>
<td>keeping a job</td>
<td>6%</td>
<td>18%</td>
<td>76%</td>
</tr>
<tr>
<td>medical care</td>
<td>9%</td>
<td>15%</td>
<td>76%</td>
</tr>
<tr>
<td>neighborhood safety</td>
<td>15%</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>quality childcare</td>
<td>6%</td>
<td>6%</td>
<td>88%</td>
</tr>
<tr>
<td>food</td>
<td>12%</td>
<td></td>
<td>88%</td>
</tr>
<tr>
<td>housing</td>
<td>9%</td>
<td></td>
<td>91%</td>
</tr>
<tr>
<td>domestic violence / abuse</td>
<td>38%</td>
<td></td>
<td>94%</td>
</tr>
<tr>
<td>disability / chronic illness support</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>legal assistance</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>mental health care</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>substance abuse treatment</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

[Legend: 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

<table>
<thead>
<tr>
<th>Need</th>
<th>Serious Problem</th>
<th>Minor Problem</th>
<th>Not a Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordable legal services</td>
<td>65%</td>
<td>31%</td>
<td>4%</td>
</tr>
<tr>
<td>Affordable eye care for the whole family</td>
<td>77%</td>
<td>18%</td>
<td>5%</td>
</tr>
<tr>
<td>Affordable dental care for the whole family</td>
<td>84%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Affordable medical care for the whole family</td>
<td>72%</td>
<td>18%</td>
<td>10%</td>
</tr>
<tr>
<td>Paying for utilities</td>
<td>46%</td>
<td>38%</td>
<td>16%</td>
</tr>
<tr>
<td>Access to disability services for adults</td>
<td>41%</td>
<td>38%</td>
<td>21%</td>
</tr>
<tr>
<td>Affordable food choices</td>
<td>39%</td>
<td>40%</td>
<td>21%</td>
</tr>
<tr>
<td>Access to employment services</td>
<td>47%</td>
<td>24%</td>
<td>29%</td>
</tr>
<tr>
<td>Affordable clothing</td>
<td>27%</td>
<td>42%</td>
<td>31%</td>
</tr>
<tr>
<td>Affordable place to live</td>
<td>40%</td>
<td>22%</td>
<td>38%</td>
</tr>
<tr>
<td>Access to education support services for children</td>
<td>50%</td>
<td>8%</td>
<td>42%</td>
</tr>
<tr>
<td>Access to mental health care</td>
<td>37%</td>
<td>21%</td>
<td>42%</td>
</tr>
<tr>
<td>Access to help for drug or alcohol abuse</td>
<td>27%</td>
<td>20%</td>
<td>53%</td>
</tr>
<tr>
<td>Safe place to live</td>
<td>17%</td>
<td>27%</td>
<td>56%</td>
</tr>
</tbody>
</table>

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

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.

Education 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:

**Quality childcare:**
- 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.

**Availability of jobs:**
- 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.

<table>
<thead>
<tr>
<th>Social Service Needs</th>
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</thead>
<tbody>
<tr>
<td>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).</td>
</tr>
</tbody>
</table>

**Culture & Linguistic Needs**
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.

**Housing**

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:
  o Emergency shelters (concerns about safety/security in shared spaces).
  o “Couch surfing.”
  o Repeated moves.

• Affordable and available housing can be difficult to find needed low-cost options.
  o Families may have a housing voucher, but cannot find a landlord to accept it or to make the situation affordable.
  o Housing available for low-income families have waiting lists.

• Factors that make housing difficult to acquire:
  o Large refugee families can find it difficult to find housing.
  o Criminal records.
  o Immigrant status/no social security number.

**Transportation and Legal Services**

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](image)

- find needed help: 54% always, 46% sometimes
- keeping each other informed: 85% always, 15% sometimes
- recover from problems: 60% always, 40% sometimes
- family culture sharing: 82% always, 17% sometimes
- work toward family goals: 93% always, 7% sometimes
- family activities: 69% always, 31% sometimes
- make decision together: 75% always, 22% sometimes
- listen to each other: 88% always, 12% sometimes
- family rules: 74% always, 26% sometimes
- family routine: 71% always, 29% sometimes
- depend on extended family: 62% always, 38% sometimes
- depend on friends/neighbors: 52% always, 48% sometimes
- worship together: 35% always, 65% sometimes
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.

<table>
<thead>
<tr>
<th>System Strengths</th>
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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:
  - Central location to access all resources (e.g., Health 360 Clinic).
  - Capacity of programs is the issue, not availability.
  - Affordable, available, efficient mass transit is needed, including services on Sundays and evenings.
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](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.
- 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](http://www.saunderscounty.ne.gov/webpages/juvenile/juvenile.html) website also provides a link to a Saunders County Resource Guide focused on domestic abuse.
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**

<table>
<thead>
<tr>
<th>Language Spoken at Home</th>
<th>Program Listing (N= 474)</th>
<th>Completed Interviews (N=65)</th>
</tr>
</thead>
<tbody>
<tr>
<td>English, 53%</td>
<td>ESL, 47%</td>
<td>ESL, 52%</td>
</tr>
<tr>
<td>ESL, 47%</td>
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<td>English, 48%</td>
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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.
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** 1-877-409-6800
**Boys Town National Hotline Drug/Alcohol Treatment**
Nebraska ............................................. 1-800-448-3000
TDD Line ............................................. 1-800-448-1833
**Family Helpline/Family Navigation** .......................... 1-888-886-8600
**Crisis Text Line** 741741
**GLBT National Help** 1-888-843-4564
(Gay, Lesbian, Bisexual, and Transgender Hotline)
**Heartland Family Service: 24-hour Crisis Hotline**
**National Human Trafficking Resource Center** 1-800-523-3666
**National Suicide Prevention Lifeline** 1-888-373-7888
**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

**LEGAL HELP**
**Saunders County District Court** 402-443-8113
**Saunders County Court** 402-443-8119
**Saunders County Public Defender** 402-443-4181
**Legal Aid of Nebraska** 402-435-2161
**Nebraska Bar Association** 402-475-7091
**Child Support Enforcement** 402-443-8104
**Center for Legal Immigration Assistance** 402-471-1777

**GREEN BAY WATER SYSTEMS**
**Water Hydrant Tests**
- **City Streets**
  - **Day:** 402-889-2960
  - **Evening:** 402-889-2961
- **Private Streets**
  - **Day:** 402-889-2960
  - **Evening:** 402-889-2961

**GALEN DEMING MEMORIAL LIBRARY**
**Library Card Application** 402-449-4700
**Library Hours**
- **Adults**
  - **Summer:** 9:00 AM - 9:00 PM
  - **Winter:** 9:00 AM - 9:00 PM
- **Children**
  - **Winter:** 9:00 AM - 9:00 PM

**CONTRIBUTIONS TO THE SAUNDERS COUNTY LAW ENFORCEMENT & JUDICIAL CENTER**
**Youth Services of Saunders County**
**DONATION BOX:** 433 N. CHESTNUT Wahoo, NE 68066

**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  402-443-5706
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
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
Yutan Senior Center: 402-625-9901
Saunders House: 402-606-2459 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 nddh.ne.gov for a list of licensed state interpreters.

SHELTERS

The Bridge: 1-888-721-4340
Care Corps, Inc.: 402-721-3125
Lydia House: 402-629-1531
People’s City Mission: 402-475-1303
Matt Talbot Kitchen: 402-477-4116
Stephen Center: 402-731-0238
Sienna Francis House: 402-341-1821
Friendship Home: 402-437-9002
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

EMPLOYMENT /EDUCATION

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: 402-944-7063

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
### DRUG/ALCOHOL TREATMENT

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<th>Service Provider</th>
<th>Contact Information</th>
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<tr>
<td>Blue Valley Behavioral Health</td>
<td>402-443-4414</td>
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<td>Bryan Health:</td>
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<td>- Emergency</td>
<td>402-481-5151</td>
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<td>- Counseling Center</td>
<td>402-481-5991</td>
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<td>Catholic Social Services</td>
<td>402-474-1600</td>
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<td>or 1-800-981-8242</td>
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<td>Home Health Agency</td>
<td>402-443-4798</td>
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<td>LINCS: Linking Individuals/Families in Need</td>
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<td>- Ages 7-11</td>
<td>402-441-5615</td>
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<td>- Ages 12-18</td>
<td>402-441-5630</td>
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<td>Family &amp; Youth Investment</td>
<td>877-286-4343</td>
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<td>Medicaid</td>
<td>855-632-7633</td>
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<td>Alcoholics Anonymous</td>
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<td>- Valparaiso &amp; Ceresco</td>
<td>402-665-2061</td>
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<td>- Wahoo</td>
<td>402-443-3160</td>
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<td>Blue Valley Behavioral Health</td>
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<td>Good Neighbor Fremont</td>
<td>402-721-0961</td>
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### FOOD/CLOTHING

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<th>Service Provider</th>
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<tr>
<td>SNAP/Emergency Assistance</td>
<td>855-444-5556</td>
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<td>Saunders County Food Pantry</td>
<td>402-443-4174</td>
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<td>402-443-6719</td>
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<td>Health and Human Services</td>
<td>402-443-4252</td>
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<td>Ashland St. Mary's (Ashland Residents)</td>
<td>402-944-3554</td>
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<td>The Goodwill- Fremont</td>
<td>402-727-5007</td>
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<td>The Goodwill- Lincoln</td>
<td>402-438-2022</td>
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<td>Ashland American Lutheran</td>
<td>402-944-3535</td>
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<td>First Presbyterian Church (Wahoo)</td>
<td>402-443-4220</td>
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<tr>
<td>Bethlehem Lutheran Church</td>
<td>402-433-3160</td>
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<td>WIC (appointments only)</td>
<td>402-443-3160</td>
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<tr>
<td>Center for People in Need</td>
<td>402-476-4357</td>
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<td>Catholic Social Services</td>
<td>402-474-1600</td>
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<td>The Daisy Thrift Store</td>
<td>402-475-7777</td>
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<td>The Barnabas Community Center</td>
<td>402-423-4769</td>
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<td>Good Neighbor Community Center</td>
<td>402-477-4173</td>
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<td>Lincoln Berean Church</td>
<td>402-483-6512</td>
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<tr>
<td>Macie's Place</td>
<td>402-601-1773 or 402-440-9029</td>
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<tr>
<td>The Purple Peacock</td>
<td>402-466-5238</td>
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<tr>
<td>Salvation Army- Lincoln</td>
<td>402-474-4747 or 402-474-6263</td>
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<td>Salvation Army- Wahoo</td>
<td>402-443-3940</td>
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<tr>
<td>YWCA Job Outfitters</td>
<td>402-434-3494</td>
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<td>Esther's Closet</td>
<td>402-466-6736</td>
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<td>Ministerial Association</td>
<td>402-443-3940</td>
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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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children’ educational and occupational success: Mediation by family interactions, child
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Eicher-Miller, Mason, Weaver, McCabe, & Boushey. (2009). Food insecurity is associated with
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http://fosteringcourtimprovement.org/ne/County/Saunders/

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10.1016/j.ssresearch.2012.08.003


http://www.unmc.edu/mmi/


https://www.nhhsa.org/why-head-start/why-it-matters


  *Unemployment rates by county, not seasonally adjusted, Nebraska August 2016.* Retrieved from http://data.bls.gov/map/MapToolServlet


