

2023-2024



OPS HEAD START

Community Assessment

Douglas County

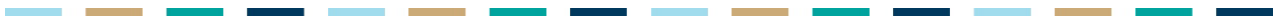
Omaha Public Schools Head Start
Program Prepared by:

Community Assessment Team

Omaha Public Schools

Educare Center of Omaha

Salvation Army Early Head Start



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INTRODUCTION

The Community Assessment is a strategic planning task to help grantees determine long-term and short-term program goals and objectives. The community assessment identifies issues and trends within Douglas County that impact vulnerable families with young children and provides the grantees the opportunity to ensure that the document meets the Performance Standards as outlined in the Head Start Act and 1302.11, 1302.20, 1302.53, 1302.102, and 1302.103. The Community Assessment is used to address the specific mission of both grantees. Annual updates will be completed each year, beginning November 2021.

This Community Assessment represents the needs of families residing in Douglas County, Nebraska, including the communities of Bennington, Boys and Girls Town, Omaha, Ralston, Valley, and Waterloo.¹ Two grantees in Douglas County collaborated on this five-year community assessment for 2023.

The two grantees include Omaha Public Schools (OPS), the grantee for the Douglas County School District Head Start and Early Head Start Program. Educare of Omaha, is a delegate of the OPS Head Start & Early Head Start Grant, providing center-based services to children from birth through age five. The Salvation Army Early Head Start is the second grantee that provides Early Head Start home-based services to infants, toddlers, and prenatal women, as well as leading a small number of center-based opportunities.

Information in this Community Assessment includes 1) the demographic make-up of Head Start and Early Head Start eligible children and families, including geographic location, race, ethnicity, and languages they speak; 2) the number of children experiencing homelessness; 3) the number of children in foster care; 4) children with disabilities; 5) other child development and child care programs; 6) typical work and school schedules of parents with eligible children; 7) data regarding education, health, nutrition and social service needs of eligible families; 8) responses from families and community agencies regarding the education, health, nutrition, and social service needs of eligible families; 9) resources in the community to address the needs of eligible children and their families; and 10) strengths of the community.

The two grant programs are committed to supporting the transition of children and families from Early Head Start to Head Start services. Partnerships have flourished that support the grantees working together to aid the transition process. Our focus is to ensure that families receiving EHS services can transition into Head Start or public preschool services. Our goal is to have as many children as possible experience five (5) years of early childhood education prior to beginning Kindergarten.

Each Grantee will use the Executive Summary to identify grantee-specific uses and focus. The primary purpose of this Community Assessment is to serve as a tool in decision making regarding Early Head Start and Head Start program planning, development, and evaluation. This assessment will assist each grantee's respective Governing Board and Policy Council in identifying current trends in the communities, needs and characteristics of families and children in poverty, and available resources for families as well as potential gaps in resources. It will also identify and support continued collaboration between the Head Start and Early Head Start grantees in Douglas County.

¹ Historical Data, Demographics. (n.d.). Retrieved from <https://commissioners.douglascounty-ne.gov/>.

EXECUTIVE SUMMARY

Methodology – The Community Assessment Process

The Douglas County Head Start and Early Head Start Grant, also known as Omaha Public Schools Head Start (OPSHS), serves 899 children, birth to 5 years of age, in center-based settings. Educare of Omaha is the Delegate for OPSHS, serving 152 Early Head Start and 187 Head Start children.

Omaha Public Schools has merged Head Start and Title 1 Pre-Kindergarten under one umbrella, Omaha Public Schools Early Childhood Programs. There is one application process for all OPS Early Childhood Programs, with selection criteria based upon specific grant requirements. Early Childhood classrooms are located in forty-six elementary buildings in the district. The program is focused on inclusion and utilizing funding to effectively serve children and families according to their needs. Children funded from Head Start, Title 1, and Early Childhood Special Education are enrolled in classrooms with blended funding in many elementary school buildings.

Residents of the Omaha Public School District may be found in one of two counties. Families must reside within the OPS boundaries to be eligible for Title 1 and district Pre-Kindergarten and must reside in Douglas County to be eligible for Head Start. Families residing in both Douglas County and OPS may be eligible for both programs. Families residing in Sarpy County may be eligible for Pre-Kindergarten through Omaha Public Schools Title 1. Families outside the Omaha Public School District boundaries and within Douglas County may be eligible for Head Start.

Selection criteria used for Head Start is applied for use in Title 1 and district Pre-Kindergarten. Once a child is selected, the Early Childhood Program takes into consideration the child's home attendance area (neighborhood elementary school) and parent preference when considering placement options. The intent of this focus is to help children and families transition from Early Childhood to Kindergarten while remaining in the home school elementary building.

Head Start provides full day services for all children and families enrolled. OPS Head Start will use home school data in the community assessment to support decision making regarding classroom locations.

In conclusion, the Community Assessment provides important information toward developing quality care programs, targeting those children and families most in need of services, consistent with the goals of Early Head Start and Head Start. The Community Assessment Team wishes to express its thanks to all the staff and community volunteers who gave time and energy to this task. All three grants serve families in Douglas County Nebraska in both common and unique ways.

Significant Findings

According to the estimates conducted for available data from the community assessment, there are currently an estimated 8,604 children five years and younger in poverty residing in Douglas County, and eligible for Early Head Start and Head Start services. The bulk of the children living in poverty are in the northeast and southeast corridors of Omaha. (Table 3 Demographics).

There is a significant discrepancy between Caucasian children in poverty (15.1%) and children of other racial and ethnic groups. African American and American Indian families have the highest rates of poverty in the city and the county at over 30%. Asian and African American families' rate of families with female

householder have the highest rates of poverty in the city and the county (Table 6). Additionally, of the families with children under age five and a female householder in Douglas County, almost 93% live within the city limits of Omaha.

English Language Learners have jumped from 8.6% of the population in 2000 to 18.8% in 2021. The primary language of approximately 61% of English Language Learners is Spanish. Other languages include languages from Asia, Africa, and Europe, such as Karen, Karenni, Thai, Nepali, Somali, Arabic, and French. Thirty-eight percent of children entering Kindergarten in 2020-21 were English Language Learners. This growth represents a significant increase in need based on the changing student population.

The unemployment rate in Douglas County remains at about 3%. Poverty rates are rising because, although most people are employed, pay rates remain low. Further, the corridor with the highest poverty rate also has a significantly higher unemployment rate of 17.58%.

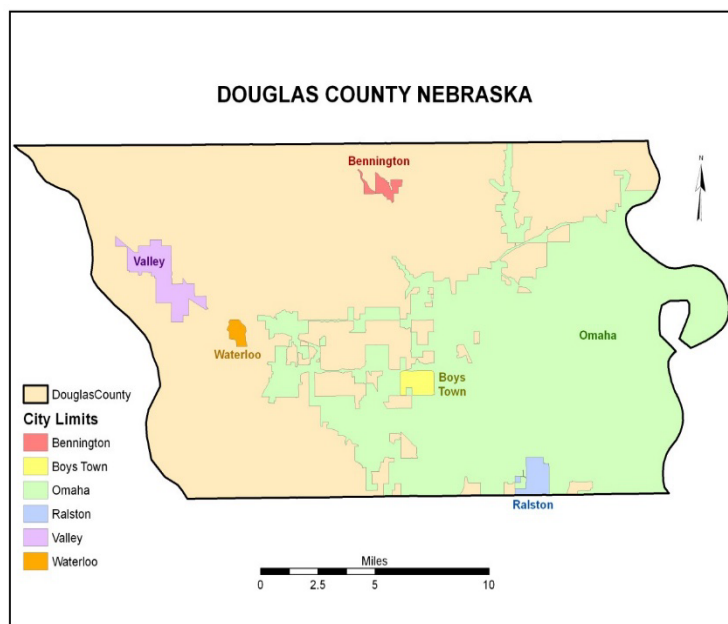
Utilizing the Community Assessment

Data from the Community Assessment is presented to the OPS Board of Education, Educare Board of Directors, the Head Start and Early Head Start Policy Council, and Head Start staff. It is used to develop strategic plans and establish program goals.

Service Area and Recruitment Area

Omaha is a Midwestern city situated on the eastern edge of the state of Nebraska and is the largest city in the state. Douglas County is the primary county within Omaha and is the Service Area for Head Start and Early Head Start. It includes six cities and towns: Bennington, Boys and Girls Town, Omaha, Ralston, Valley, and Waterloo and seven school districts: Bennington, Douglas County West, Elkhorn, Millard, Omaha, Ralston and Westside. The county covers almost 340 square miles, of which the city of Omaha makes up about 131 square miles.

MAP 1



According to the 2015-19 American Community Survey, there are 560,617 residents in Douglas County and according to that same survey, 17.2% of children under the age of five in Douglas County are living in poverty. Most of these children live in the city of Omaha, which, according to the 2015-19 American Community Survey has 475,862 residents and makes up about 85% of the total population of Douglas County. More specifically, the children in poverty tend to live in the northeastern and southeastern sections of the city, which is the primary recruitment area for the grantees. The following report will consist of information about these areas.

DEMOGRAPHICS

A comparison of the 2000 Census and Census Redistricting Data from the 2015-19 American Community Survey suggests that the overall population of the community has changed over the past 19 years. The total population of Douglas County grew from 463,585 to 560,617 residents, an increase of 20.9%, while the state of Nebraska increased only 11.9% between 2000 and 2019. During this same time, the city of Omaha increased its population from 390,007 to 475,862, an increase of 22%. As seen in table 1, the population of Omaha makes up about 85% of the total county population and over 92% of the minority population. Additionally, from 2000 to 2019, Omaha's percentage of White residents dropped from over 75% to 66.6%. During this same period, Omaha's Hispanic population grew from 7.5% to 13.9% of the city population.

These changes over the last 19 years suggest that while the proportion of White residents in the city has declined, the Hispanic and minority proportion of the population has increased. This is significant because the poverty rates in Omaha and Douglas County are much higher among minority groups than among the predominately White population. Only 9.2% of the White population in Douglas County was living in poverty according to the 2015-2019 American Community Survey (ACS). During this same period, 26.0% of African Americans, 19.0% of American Indians, 20.5% of Asians, and 21.1% of Hispanics were below the poverty level. The differences between these groups and the geographic locations of poverty and minority groups within the county, city and school districts are detailed in the following sections.

TABLE 1
Population 2019

Race/Ethnicity	Douglas County	Omaha	Omaha as a % of Douglas County
Total	560,617	475,862	84.88%
White	389,094	316,914	81.45%
Black/African American	61,271	57,893	94.49%
Hispanic	70,367	66,168	94.03%
Asian	21,225	18,096	85.26%
American Indian	2,338	2,029	86.78%
Other	16,322	14,762	90.44%
Minority	171,523	158,948	92.67%

Source: 2015-19 American Community Survey

Children in Poverty— Census Data

According to the 2015-2019 American Community Survey (ACS), there are 49,897 children five or younger in Douglas County. According to the ACS, 8,604 or 17.2% were living in poverty during that time. There are 7,240 0–4-year-olds and 1,364 five-year-olds in poverty in Douglas County. There were only 39,821 children five or younger in Douglas County in 2000 of which 5,889, or 14.8%, were living in poverty. This suggests an increase of 25.3% in the number of children five or younger and a 45.9% increase in the number of those children in poverty over the last 19 years. The number of births, as well as those births among those in poverty, has been steadily increasing over the last 19 years. The result,

as can be seen in table 2, is an increase in the number of children in poverty over 19 years ago.

TABLE 2
Children 5 & Under in Poverty in Douglas County: 2015-19 & 2000

	2015-19			2000	Change	
	Total Pop. 5 and Under	0-4 Years Old	5 Years Old	Total <6 Years Old	Total Change 2015-19 - 2000	% Change 2015-19 - 2000
Children 5 & Under	49,897	41,801	8,096	39,821	10,076	25.3%
In Poverty	8,604	7,240	1,364	5,889	2,715	46.1%
% in Poverty	17.2%	17.3%	16.8%	14.8%		

Source: 2015-2019 American Community Survey (B17001) & 2000 Census

An additional analysis of children in poverty in Douglas County by geographic area suggests some differences between the east, west, north, and south portions of the county. As can be seen in table 3 of the 8,604 children five and under in poverty in Douglas County, 74.8%, or 6,432 children, are living east of 72nd Street. The rate of children in poverty is equal between the northeast and southeast. These distributions of children in poverty can also be seen in maps 2 and 3. These two large populations of children in poverty in the northeast and southeast also differ in terms of race, ethnicity, and language.

TABLE 3
Children 5 & Under in Poverty in Douglas County: 2015-19

Douglas County Area*	Pop. 5 and Under in Poverty	Pop. 5 and Under in Poverty as a % of the Total Pop. 5 and Under in Poverty	Pop. 5 and Under	% of Pop. 5 and Under In Poverty
Total	8,604	100.0%	49,897	17.2%
Northeast of 72 nd & Dodge	3,211	37.3%	9,826	32.7%
Southeast of 72 nd & Dodge	3,221	37.4%	9,897	32.5%
East of 72 nd Street	6,432	74.8%	19,723	32.6%
West of 72 nd Street	2,172	25.2%	30,174	7.2%

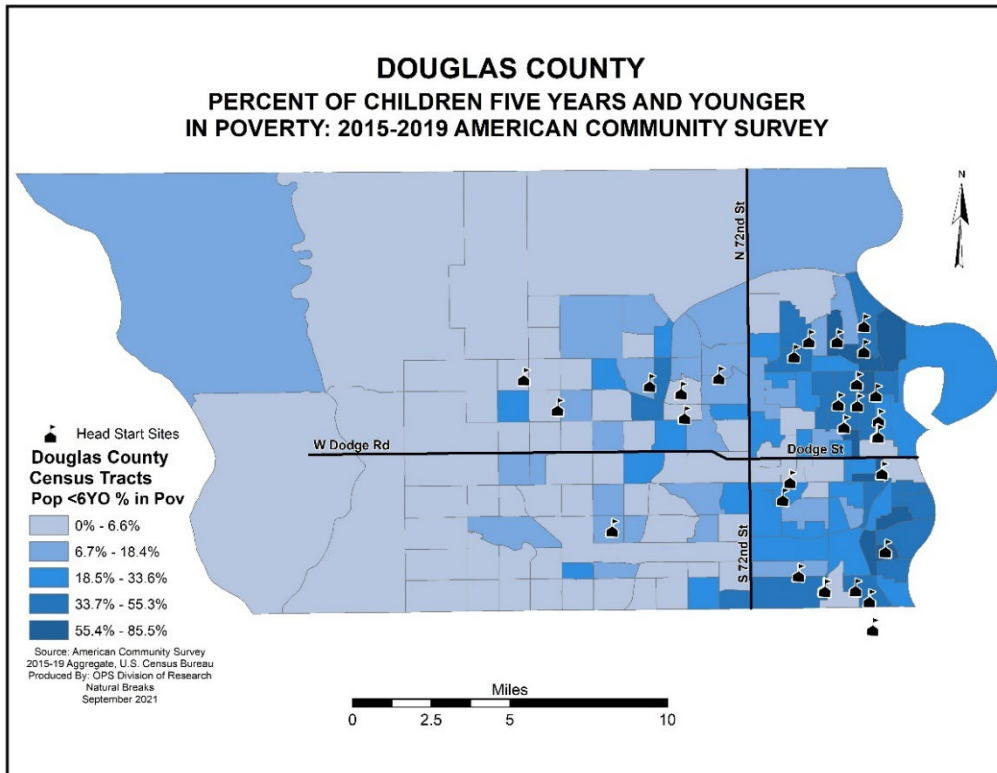
Source: 2015-2019 American Community Survey (B17001)

*Douglas County Area = Douglas County as divided by 72nd St. and Dodge St.

Similar to poverty levels, the location of racial and ethnic groups of children five and under is also contrasting between the different areas of Douglas County. The geographic segregation of children in poverty is also seen by race and ethnicity in table 4 and maps 4, 5, and 6. Regarding children who are five and under, the county as a whole is about 72.0% White, 12.4% African American, 0.9% American Indian, 4.5% Asian, and 10.2% some other race or combination of races. Additionally, 20.1% of children five and under reported being Hispanic or Latino in addition to a race or combination of races. When race and ethnicity are examined more closely, it is clear that these populations live in specific areas of the city. Among children five and under, more than 57% of African American children live in the northeast portion of Omaha, about 53% of all Hispanic or Latino children live in the southeast portion of Omaha and 68% of all white children live west of 72nd Street.

As can be seen in table 4, almost 75% of all the children five and under in poverty reside in the eastern portion of Douglas County. More than 37% of all the children five and under in poverty reside in the northeastern portion of Douglas County. Additionally, the poverty rate of African American children is 37%, 25% for American Indian children, 20% for children of some other race, and over 27% for Hispanic or Latino children. This contrasts with a poverty rate of just under 13% for white children five and under in Douglas County. Additionally, the percentage of Asian children five and under who are in poverty has increased from about 1% during the 2006-2010 ACS to more than 26% during the 2015-2019 ACS. This dramatic increase is likely due to increases in the Karen, Karenni, Kachin, and Chin refugee population coming from Myanmar (Burma) and refugee camps in Thailand.

MAP 2



MAP 3

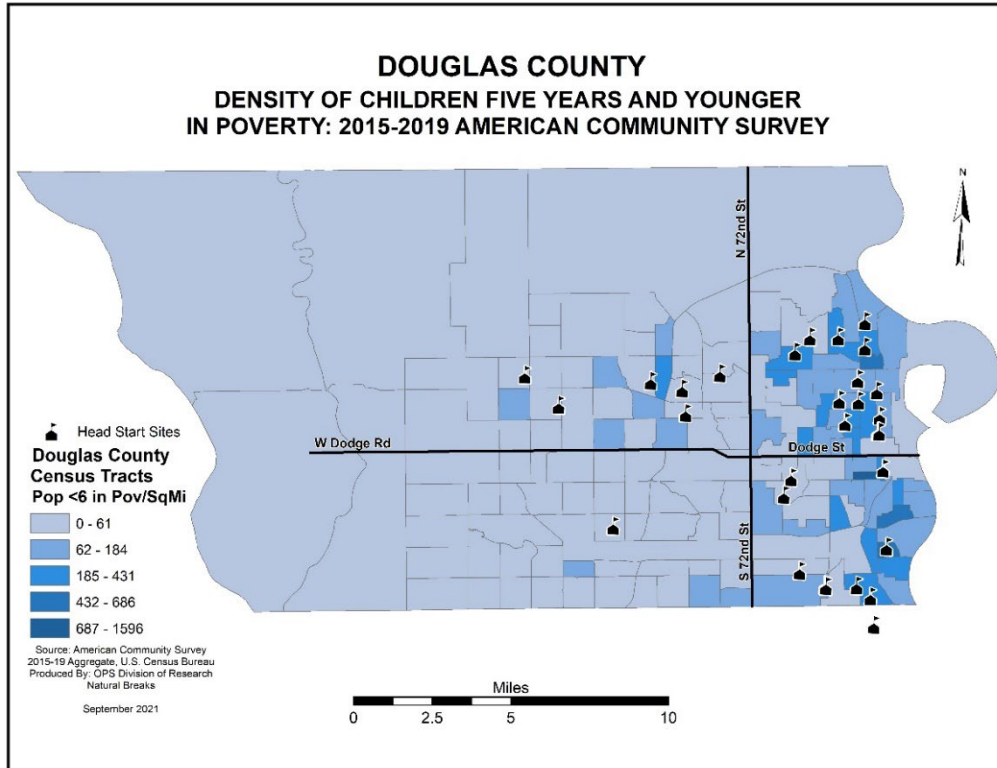


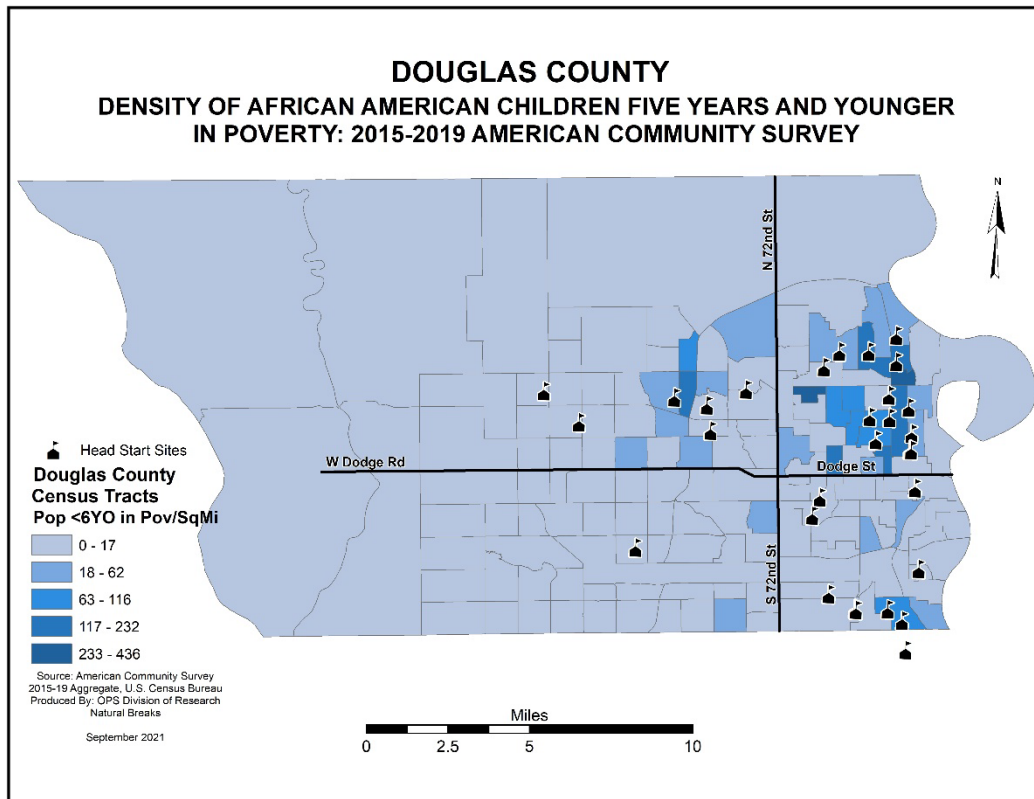
TABLE 4
Children 5 & Under in Poverty in Douglas County: 2015-19

	Total	White	African American	American Indian	Asian	Other	Hispanic
Total Pop. 5 and Under	49,897	35,901	6,167	470	2,256	5,103	10,030
In Poverty	8,604	4,594	2,279	118	593	1,020	2,761
% in Poverty	17.2%	12.8%	37.0%	25.1%	26.3%	20.0%	27.5%
In Poverty							
Northeast of 72nd & Dodge	3,211	845	1,454	109	488	315	515
% of each racial/ethnic group in poverty	37.3%	18.4%	63.8%	92.4%	82.3%	30.9%	18.7%
Southeast of 72nd & Dodge	3,221	2,532	206	0	0	483	1,961
% of each racial/ethnic group in poverty	37.4%	55.1%	9.0%	0.0%	0.0%	47.4%	71.0%
East of 72nd Street	6,432	3,377	1,660	109	488	798	2,476
% of each racial/ethnic group in poverty	74.8%	73.5%	72.8%	92.4%	82.3%	78.2%	89.7%
West of 72nd Street	2,172	1,217	619	9	105	222	285
% of each racial/ethnic group in poverty	25.2%	26.5%	27.2%	7.6%	17.7%	21.8%	10.3%

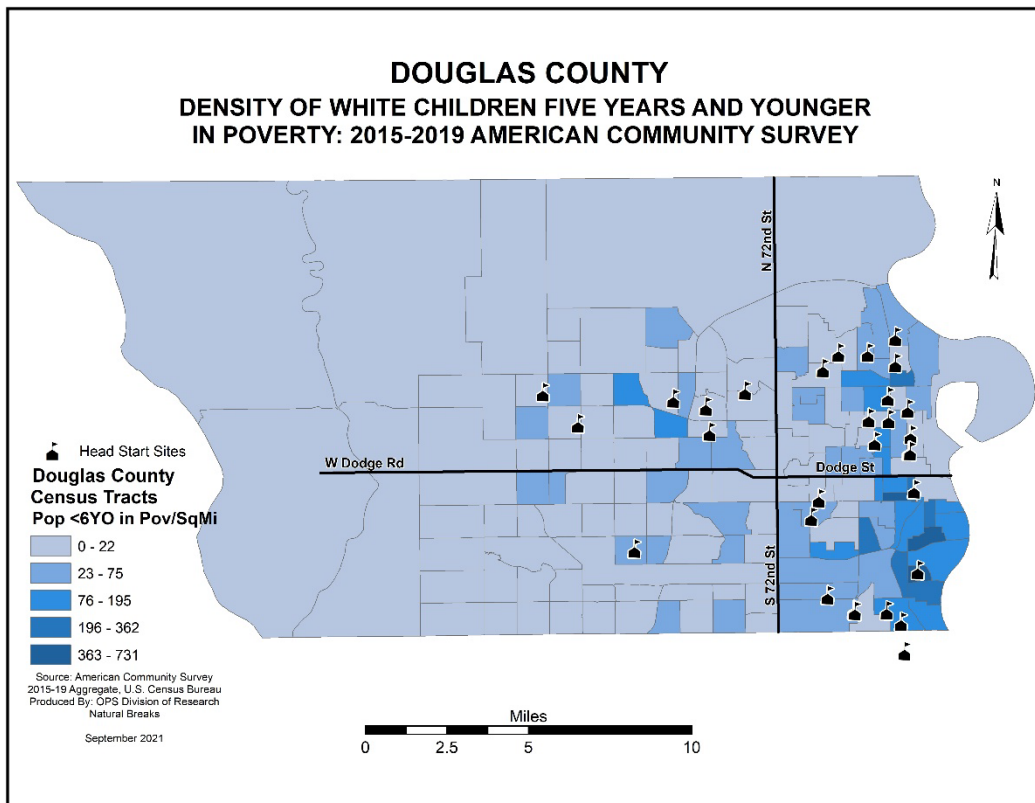
Source: 2015-2019 American Community Survey (B17001-B17001I)

Note: Includes any family with a child under five years old - Those reporting Hispanic ethnicity are also counted in a racial category

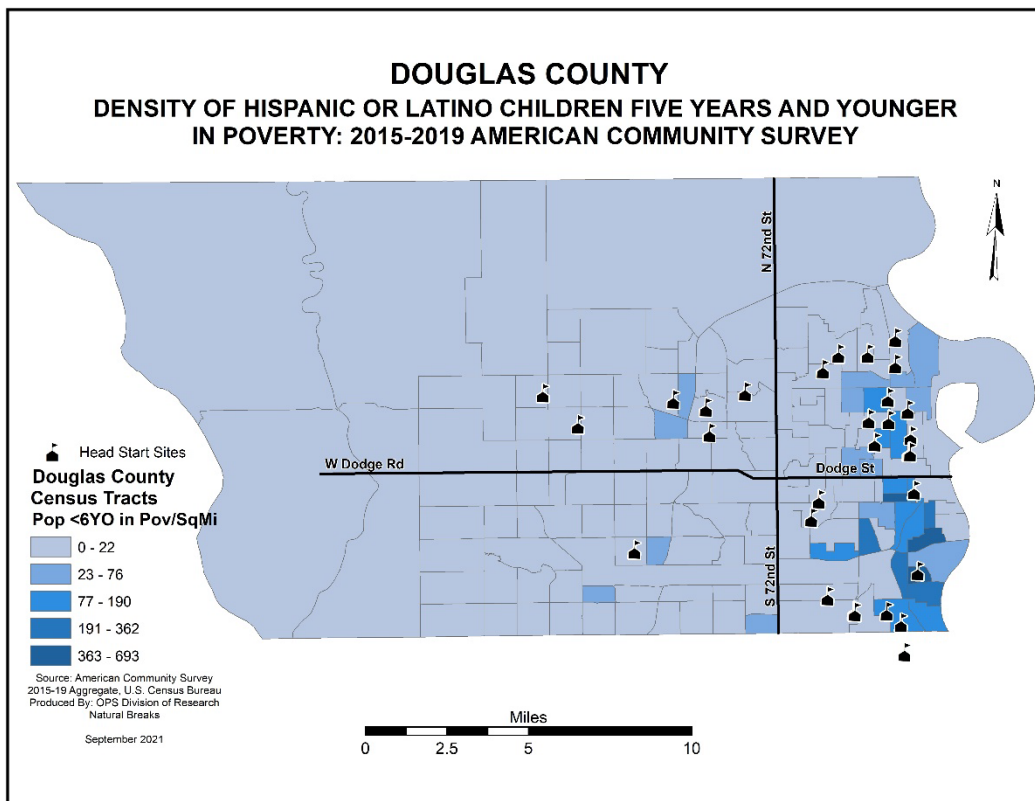
MAP 4



MAP 5



MAP 6



Children in Poverty— School Data

Situated in the urban core of the county and the City of Omaha, the Omaha Public School District encompasses all the northeast and southeast portions of the county and some of what would be the northwest quadrant. According to the 2019-2020 F/R Lunch Report from the Nebraska Department of Education, the percentage of students in OPS who qualify for Free and Reduced Priced Lunch averages nearly 74%. The average is much higher than the other six public school districts located in Douglas County (table 5). Additionally, OPS serves the majority of all impoverished students in the county. In 2020-2021, 36 of the 63 elementary schools in OPS had Free and Reduced Priced Lunch percentages over the district average of 79.3%. Most of these schools are located in the northeast and southeast portions of the district. These school district demographics mirror that of the city and county.

TABLE 5
2019-20 F/R Lunch Percentage for Douglas County School Districts

District	F/R Lunch %	Enrollment
Omaha	73.7%	53,483
Ralston	57.0%	3,378
Douglas County West	30.7%	975
Westside	32.1%	6,094
Millard	22.0%	24,038
Bennington	10.3%	3,288
Elkhorn	8.6%	10,322

Source: 2019-2020 NDE F/R Lunch Count by School

Families in Poverty (Race/Ethnicity)— Census Data

Poverty rates have increased across all demographics over the last 20 years. According to the 2015-19 American Community Survey, in Douglas County 12.0% of all people were in poverty. There were over 10,880 total families and over 8,900 families with children under the age of 18 in poverty during this same period. Additionally, 8.1% of all families and 24.6% of matriarchal families with no spouse present had incomes below the poverty level. This is an increase over the 2000 Census where 6.7% of all families and 22.9% of matriarchal families with no spouse present had incomes below the poverty level.

More specifically, 15.9% of families with related children under five years old in Douglas County have income below the poverty level according to the 2015-2019 ACS. When households with related children under five years old were headed by women in Douglas County, 43.1% were below the poverty level (table 6). The percentage of these families who are in poverty also varies by race/ethnicity. African American, and American Indian families have the highest rates of poverty in the city and the county at over 30%. Asian, Other race, and African American families' rate of families with female householder have the highest rates of poverty in the city and the county (table 6). Additionally, of the families with children under age five and a female householder in Douglas County, almost 93% live within the city limits of Omaha.

TABLE 6

Families with Children Under 5

Douglas County

Family Type	Total	White	African American	American Indian	Asian	Other	Hispanic
Families	29,832	22,030	4,441	200	1,681	1,480	4,157
In poverty	4,744	2,493	1,547	74	285	345	1,123
Percent in poverty	15.9%	11.3%	34.8%	37.0%	17.0%	23.3%	27.0%
Families with a female householder no spouse present.	6,590	3,651	2,294	122	80	443	1,040
Percent of families	22.1%	16.6%	51.7%	61.0%	4.8%	29.9%	25.0%
In poverty	2,843	1,373	1,148	58	41	223	498
Percent in poverty	43.1%	37.6%	50.0%	47.5%	51.3%	50.3%	47.9%

City Of Omaha

Family Type	Total	White	African American	American Indian	Asian	Other	Hispanic
Families	24,582	17,459	4,063	200	1,440	1,420	3,910
In poverty	4,453	2,313	1,467	74	268	331	1,105
Percent in poverty	18.1%	13.2%	36.1%	37.0%	18.6%	23.3%	28.3%
Families with a female householder no spouse present.	6,106	3,324	2,154	122	64	442	1,013
Percent of families	24.8%	19.0%	53.0%	61.0%	4.4%	31.1%	25.9%
In poverty	2,652	1,263	1,068	58	41	222	498
Percent in poverty	43.4%	38.0%	49.6%	47.5%	64.1%	50.2%	49.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey (B17010A - B17010I)

Note: Includes any family with a child under five years old - those reporting Hispanic ethnicity are also counted in a racial category

An analysis of census tract data from the 2015-2019 American Community Survey in table 7 suggests that the distribution of families with children under five in poverty is very similar to the distribution of children in poverty. Nearly 75% of all families in poverty with children under five are located in eastern Douglas County. Additionally, nearly 40% of all families in poverty with children five and under are located in the northeast portion of Douglas County. This accounts for 1,827 families or 30% of all families with children five and under in the northeast. In comparison, there are about 1,649 families with children five and under in poverty in the southeast and 1,268 in western portions of the county where they make up about 30% and 7% respectively of the total families with children five and under populations there.

TABLE 7

Families with Children 5 & Under in Poverty in Douglas County: 2015-19

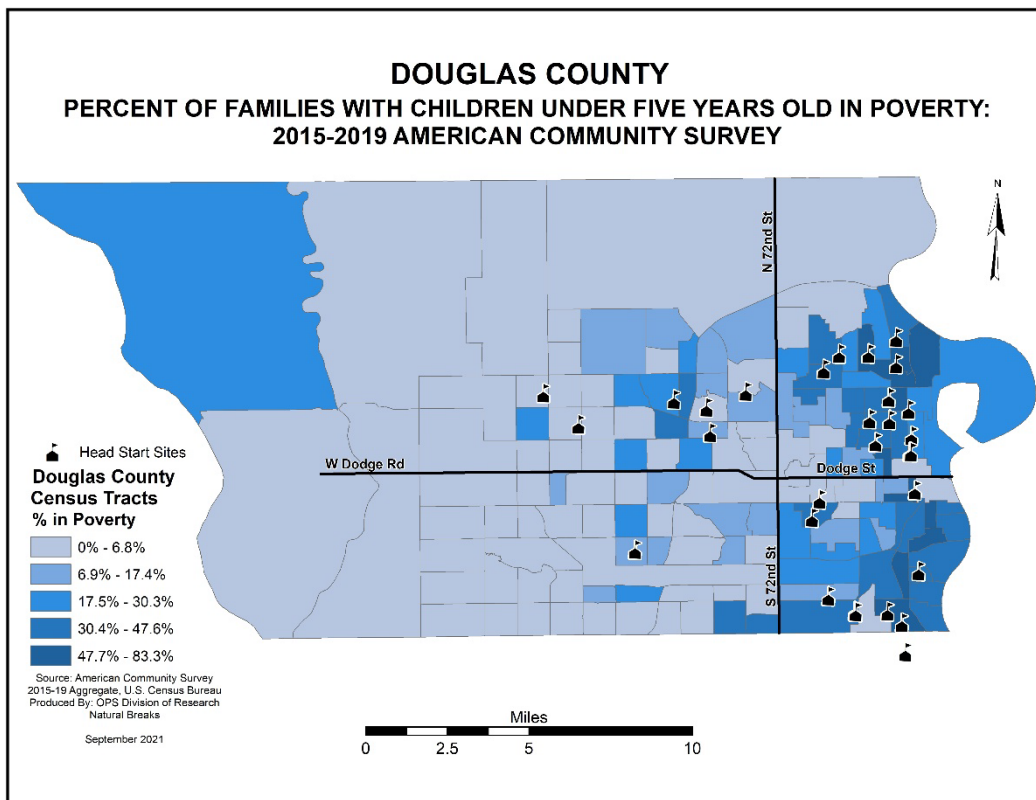
Douglas County Area*	Families with Children Under 5 in Poverty	Families with Children Under 5 in Poverty as a % of the Total Families with Children Under 5 in Poverty	Families with Children Under 5	% of Families with Children Under 5 In Poverty
Total	4,744	100.0%	29,832	15.9%
Northeast of 72 nd & Dodge	1,827	38.5%	6,100	30.0%
Southeast of 72 nd & Dodge	1,649	34.8%	5,506	29.9%
East of 72 nd Street	3,476	73.3%	11,606	30.0%
West of 72 nd Street	1,268	26.7%	18,226	7.0%

Source: 2015-2019 American Community Survey (B17010)

*Douglas County Area = Douglas County as divided by 72nd St. and Dodge St.

Most of the families with children in poverty are living in the urban core of the city, east of 72nd Street. However, there are over 1,200 families located west of 72nd Street, some of which are located in the more rural portions of western Douglas County as seen on map 7. This population, though relatively small in comparison to that in the core, is relevant.

MAP 7



Racial and ethnic groups in Douglas County are, to a certain extent, geographically segregated as can be seen in tables 6 and 8 along with maps 8, 9 and 10. Douglas County is about 71% White, 17% African American, 1% American Indian, 6% Asian and 6% some other race or combination of races for families with children under five. Additionally, 16% of families with children under five reported being Hispanic or Latino in addition to a race or combination of races. When race and ethnicity are examined more closely, it is clear that these populations live in specific areas of the city. Almost 64% of African American families in poverty with children under five live in the northeast portion of Omaha. Similarly, over 73% of all Hispanic or Latino families in poverty with children five and under live the southeast portion of Omaha.

The Hispanic population has increased significantly over the past 19 years in Douglas County growing from 30,928 people in 2000 to 70,367 people in 2019. This represents an increase from 6.7% to 12.6% of the total population. This is largely the result of the immigration of Latinos to South Omaha as well as natural population growth. During this same period in Douglas County, the White population, including those who identified as White and ethnically Hispanic or Latino, decreased from 81.0% to 69.4% of the population while the Asian population increased from 1.7% to 3.8%. This decrease in the White percentage of the population is largely a result of the increase in the minority population, as the total number of Whites increased during this period. The growth in the Asian population, which represents an increase from just fewer than 8,000 to more than 21,000, is most likely the result of an increase in immigration of refugee populations from Southeast Asia. Overall, these trends suggest that Douglas County's minority population has increased over the last 19 years and will likely continue to increase.

TABLE 8
Families with Children Under Five in Poverty in Douglas County: 2015-19

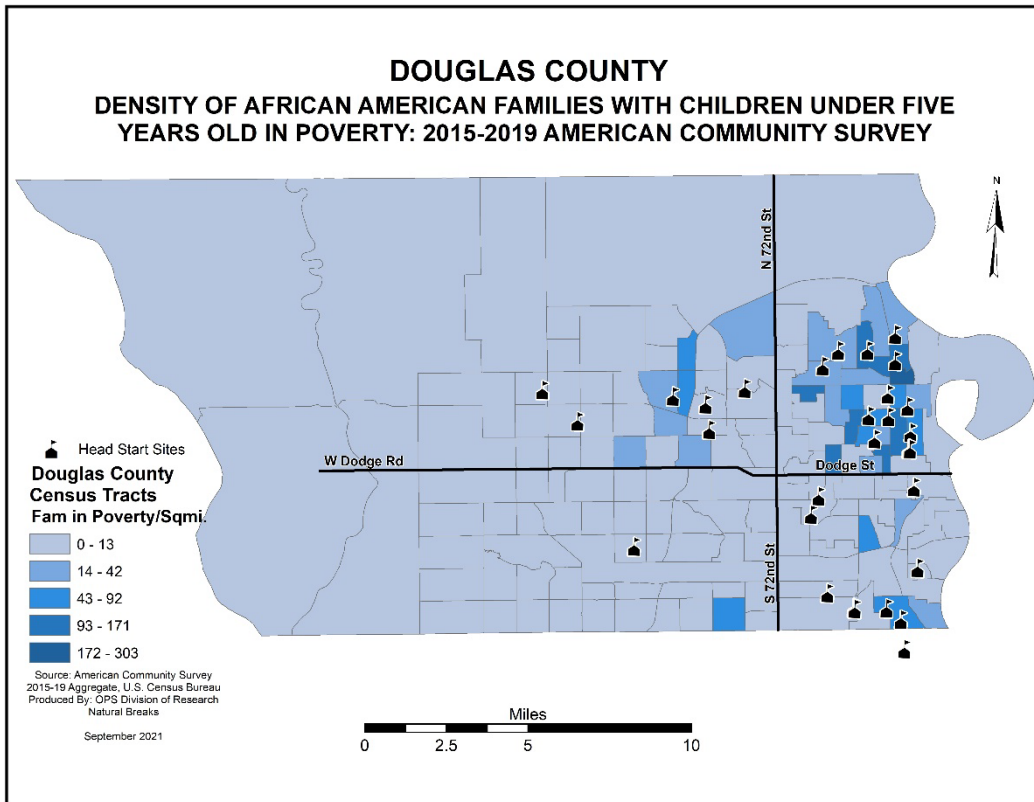
Douglas County Area*	Total	White	%	African American	%	American Indian	%	Asian	%	Other	%	Hispanic	%
Families	29,832	22,030	11.3%	4,441	34.8%	200	37.0%	1,681	17.0%	1,480	23.3%	4,157	27.0%
Families in poverty	4,744	2,493	100.0%	1,547	100.0%	74	100.0%	285	100.0%	345	100.0%	1,123	100.0%
Northeast of 72 nd & Dodge	1,827	482	19.3%	987	63.8%	63	85.1%	226	79.3%	69	20.0%	171	15.2%
Southeast of 72 nd & Dodge	1,649	1,296	52.0%	176	11.4%	11	14.9%	0	0.0%	166	48.1%	822	73.2%
East of 72 nd Street	3,476	1,778	71.3%	1,163	75.2%	74	100.0%	226	79.3%	235	68.1%	993	88.4%
West of 72 nd Street	1,268	715	28.7%	384	24.8%	0	0.0%	59	20.7%	110	31.9%	130	11.6%

Source: 2015-2019 American Community Survey (B17010-B17010I)

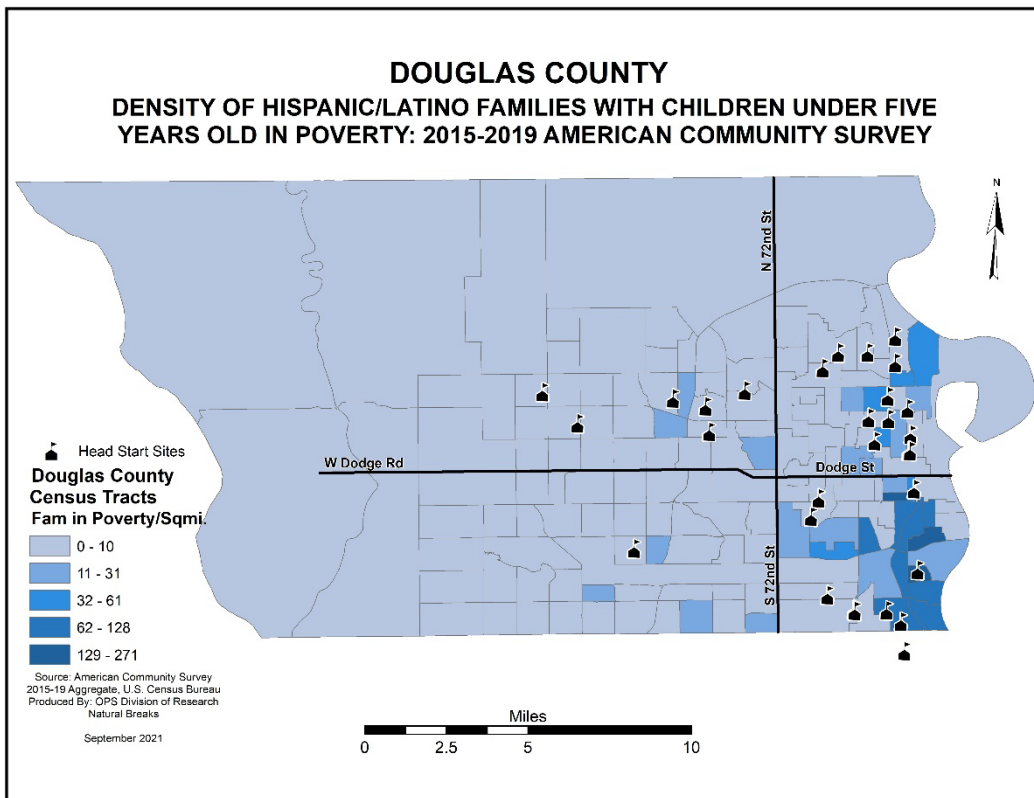
Note: Includes any family with a child under five years old - Those reporting Hispanic ethnicity are also counted in a racial category

*Douglas County Area = Douglas County as divided by 72nd St. and Dodge St.

MAP 8



MAP 9



These same demographic trends are also present in the enrollment of OPS (table 9). The population of OPS grew by 13% from 45,782 to 51,950 between 2001-02 and 2020-21. During this same period, the White student population in the district decreased by 45%. The African American student population declined 11%, partially due to the inclusion of a multiracial category. The Asian student population increased by 355% and the Hispanic population increased 190%. The overall percentage of student of color in the district also increased from less than 50% in 2001-02 to 74% in 2020-21. OPS, situated in the urban core of Douglas County, has a higher percentage of minority residents than that of the county or the City of Omaha as a whole.

The OPS district's measure of poverty, Free and Reduced Priced Lunch participation, also shows poverty trends similar to that of the county with regards to racial and ethnic groups. Table 10 highlights changes in the total number of Free and Reduced Lunch students from the 2001-02 school year to the 2020-21 school year. Free and Reduced Lunch percentages in the district increased from under 50% to almost 77% in 2020-21. Additionally, there have been large increases in the number of students eligible for Free and Reduced Lunch in most minority groups, especially Asian and Hispanic groups.

TABLE 9
Omaha Public Schools PK-12 Population 2001-02 to 2020-21

Race/Ethnicity	2001-2002		2020-21		Change 2001-02 to 2020-21	
	#	%	#	%	Change	% Change
Total	45,782	100.00%	51,950	100.00%	6,168	13.47%
White	23,200	50.70%	12,658	24.37%	-10,542	-45.44%
Black/African American	14,444	31.50%	12,850	24.74%	-1,594	-11.04%
Hispanic	6,669	14.60%	19,373	37.29%	12,704	190.49%
Asian	787	1.70%	3,579	6.89%	2,792	354.76%
American Indian	682	1.50%	406	0.78%	-276	-40.47%
Pacific Islander	N/A	N/A	64	0.12%	N/A	N/A
Multi-Racial	N/A	N/A	3,020	5.81%	N/A	N/A
Minority	22,582	49.30%	39,292	75.63%	16,710	74.00%

Source: 2001-02 & 2020-21 OPS Official Membership

TABLE 10

Omaha Public Schools PK-12 F/R Lunch Population 2001-02 to 2020-21

Race/Ethnicity	2001-2002		2020-2021		Change 2001-02 to 2020-21	
	#	%	#	%	Change	Change in %
White	7,422	32.00%	6,003	47.42%	-1,419	15.42%
Black/African American	9,946	68.90%	11,455	89.14%	1,509	20.24%
Hispanic	4,632	69.50%	17,034	87.93%	12,402	18.43%
Asian	273	34.70%	3,081	86.09%	2,808	51.39%
American Indian	450	66.00%	334	82.27%	-116	16.27%
Pacific Islander	N/A	N/A	52	81.25%	N/A	N/A
Multi-Racial	N/A	N/A	2,240	74.17%	N/A	N/A
Total	22,723	49.60%	40,199	77.38%	17,476	27.78%

Source: 2001-02 & 2020-21 OPS Official Membership

Language — Census Data

The growth in the numbers of Hispanic families and children is changing the cultural landscape of Omaha. As previously noted, the Hispanic population has increased significantly over the past 19 years in Douglas County. According to the 2015-19 ACS, among people at least five years old living in Douglas County, just over 15% spoke a language other than English at home. About 61% of those speaking a language other than English at home spoke Spanish and just less than 39% spoke some other language.

A closer examination of languages spoken at home in different areas of Douglas County, as seen in table 11 and map 11, suggests concentrations of both non-English speakers and specific languages. Almost 43% of all people five and over speaking a language other than English at home are located in southeast Douglas County. Similarly, the majority of Spanish speakers are located in southeast Douglas County. People speaking Asian and Pacific Island languages appear to be split about equally between eastern and western Douglas County, while people speaking other Indo-European languages are largely in western Douglas County. People who are foreign born make up almost 10% of the population in Douglas County. Almost 90% of this population speak a language other than English. Additionally, the foreign-born population in Douglas County is more likely to be in poverty, 20.3% compared to 12.0% for all individuals. Newly arriving refugee populations have and will continue to have an impact on the area's demographics.

TABLE 11

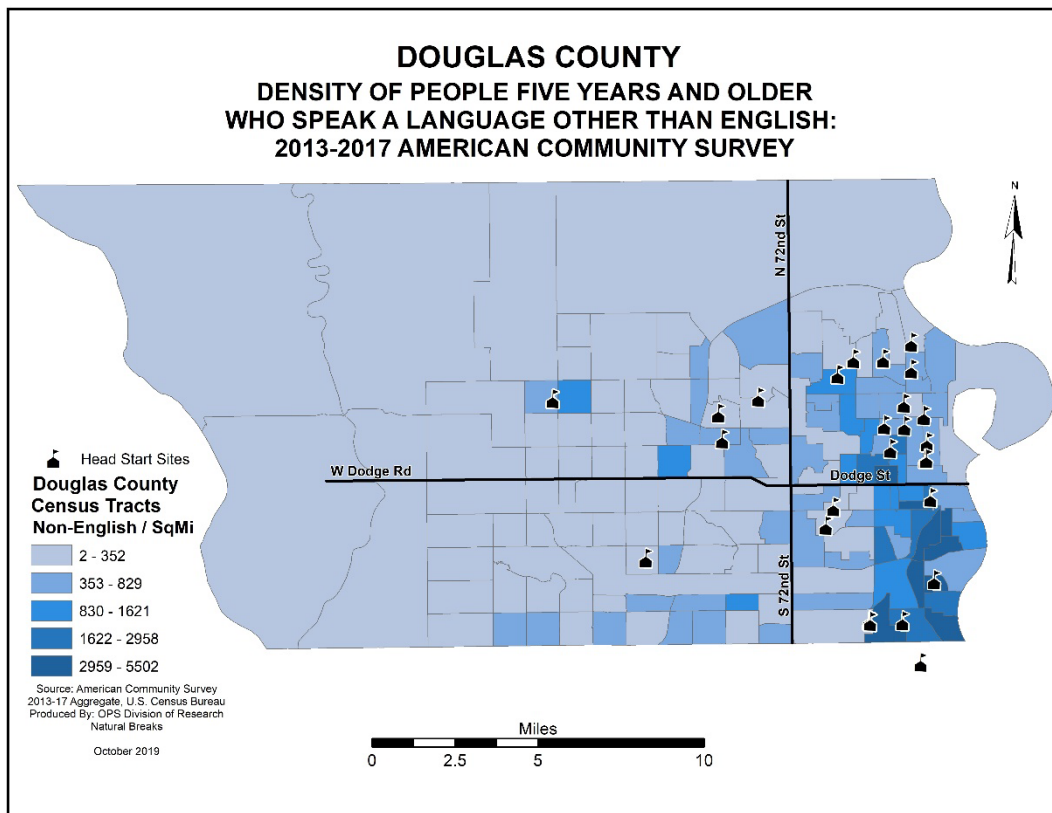
Population Five and Over Who Speak a Language Other Than English: 2015-19

Douglas County Area*	Total non-English Speakers	%	Spanish language speakers	%	Asian and Pacific Island language speakers	%	Other Indo-European language speakers	%	Other language speakers	%
Total	79,199	100.0%	48,406	61.1%	12,414	15.7%	11,119	14.0%	7,260	9.2%
Northeast of 72 nd & Dodge	18,489	23.3%	8,060	16.7%	5,228	42.1%	1,932	17.4%	3,269	45.0%
Southeast of 72 nd & Dodge	33,683	42.5%	29,691	61.3%	1,078	8.7%	1,740	15.6%	1,174	16.2%
East of 72 nd Street	52,172	65.9%	37,751	78.0%	6,306	50.8%	3,672	33.0%	4,443	61.2%
West of 72 nd Street	27,027	34.1%	10,655	22.0%	6,108	49.2%	7,447	67.0%	2,817	38.8%

Source: 2015-2019 American Community Survey (S1601)

*Douglas County Area = Douglas County as divided by 72nd St. and Dodge St.

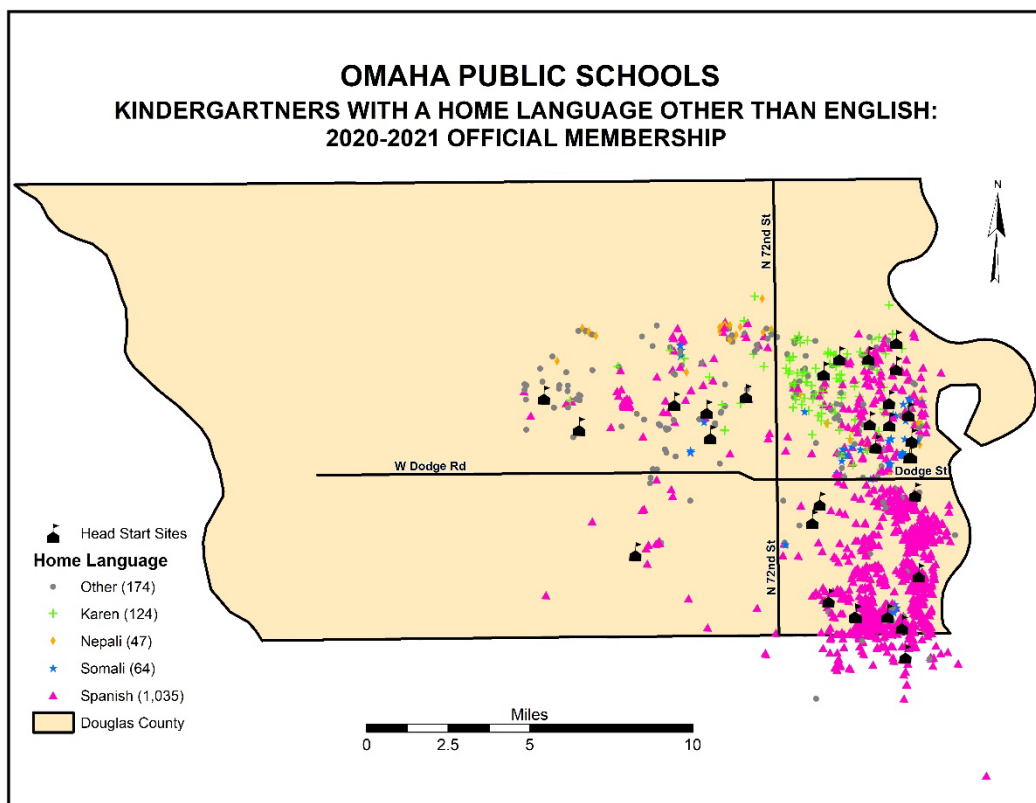
MAP 11



Language — School Data

Over the past 19 years, the English Learner (EL) population in OPS has increased from 8.6% in 2001-02 to 18.8% in 2020-21. In 2020-21 there were more than 109 different languages spoken by students in OPS. In an examination of the 3,775 kindergartners enrolled in OPS for official membership in 2020-21, 1,455 or 38.5% spoke one of 43 languages other than English at home. About 71% of these non-English speakers spoke Spanish, 8.5% spoke Karen, 4.4% spoke Somali and 3.2% spoke Nepali. The remaining 39 languages make up about 13% of the non-English speakers. As seen in map 12, the Spanish speakers are concentrated in southeast Douglas County. The growth in this program represents a significant increase in need, based on the changing student population.

MAP 12



Douglas County is experiencing many demographic changes that are associated with large urban areas like the city of Omaha. The county has increased nearly 21% in total population from 2000 to 2019, much of this growth in suburban areas outside of the city limits of Omaha. The increase in population outside the city is largely the result of White residents' migration to suburban homes. Conversely, population increases within the city limits consists of Hispanic residents and other minority groups. The growth in minority populations is important for three reasons. First, growth in the Hispanic and refugee/immigrant populations increases the need for English as a Second Language services for children. Second, because minority and immigrant groups are more likely to be in poverty, there is an increasing need for services for these children and families. Finally, increases in poverty rates and Free and Reduced Lunch applications suggest that there are more families living in poverty than 19 years ago.

OTHER CHILD DEVELOPMENT & CHILDCARE PROGRAMS IN DOUGLAS COUNTY

There are several “public supported” early childhood programs in Douglas County. Home visitation programs, early intervention programs, Head Start and Early Head Start Programs, and public-school Pre-Kindergarten programs can be found throughout the county. Universal early childhood education remains unavailable in the state.

Home-Based and Center-Based Early Childhood Programs in Omaha, NE as of January 2024

AGENCY	PROGRAM NAME	PROGRAM MODEL/TYPE	TARGET POPULATION SERVED	CAPACITY
Charles Drew Health Center	Omaha Healthy Start	Home-Based	Serves pregnant people, parents, and guardians with children under 12 months, residents of Douglas County.	750
Child Saving Institute	Teen and Young Parents Program	Early Childhood Services, Home-Based, Classes and Groups	Serves teen or young parents or young expectant parents (under 25) with support services and parenting education.	35
	Early Childhood Education Center	Center-based Early Childhood Services	Serves children ages 6 weeks to 6 years in a licensed center-based setting.	120
	Spellman Child Development Center	Center-based Early Childhood Services	Serves children ages 6 weeks to 6 years in a licensed center-based setting.	140
Lutheran Family Services	Family Liaison Program	Home-Based, partnership with the Learning Community of Douglas and Sarpy Counties	Serves low-income families with children newborn to first grade that are referred by one of the Learning Communities or the eight identified schools in north and south Omaha. Part of the Superintendents Early Learning Plan.	70 families
	Young Families Initiative Program	Home-Based with incentives	Serves pregnant women and parents with infants and toddlers living in Douglas County who have incomes below or near the Federal Poverty Guidelines.	90-100 families
Nebraska Children's Home Society	Young Parents Support Program	Early Childhood Services, Home-Based	Serves pregnant or children aged 5 and under. Priority is given to parents 22 and under who have not yet graduated from high school. Serving Douglas and Sarpy counties.	98
	Healthy Families America Home Visitation Program	MIECHV (Federal) - Healthy Families America Home-Based	Pregnant women and parents aged 19 and older with children under 3 months old who are living in Douglas County, primarily Northeast Omaha. Income up to 150% of the Federal Poverty Guidelines.	60 families
Omaha Schools Foundation	OPSF – ECE Parent Pay Pre-Kindergarten	Center based program	Children must be 4 years of age and toilet trained. Cost is \$250/wk.	119 school based
Omaha Public Schools	Early Childhood	Early Development Network (IDEA), Home and Center-Based	Prekindergarten serves children who are 4 and reside within the boundaries of the Omaha Public Schools (<i>Home-based and Pre-K number were pulled from the OPS Membership Report for Fall 2023-2024</i>)	411 home-based and 902 center-based
	Head Start (Grantee)	Head Start	Serves children ages 3-5 who live in Douglas County and have income within 100% of Federal Poverty Guidelines.	560 school based
Educare of Omaha, INC	Educare (OPS Delegate)	Head Start/Early Head Start, Center-Based	Serves children ages birth-5 who live in Douglas County and have an income within 100% of Federal Poverty Guideline.	152 EHS, 187 HS center-based

	Omaha Early Learning Centers	Early Head Start, Child Care Partnership (a Nebraska Early Childhood Collaborative partnership)	Serves low-income children ages birth to three. Educare inspired centers have 27 classrooms adjacent to Kennedy, Skinner and Gateway Elementary School.	176 center based
	Sixpence Partnership	Sixpence funded center based and home based	48 center-based children from birth to age three at Kellom and Gateway, and 70 home-based children at Kennedy and Gateway.	118 center and home based
The Salvation Army	Early Head Start	Early Head Start, Home Based	Serves prenatal women and children from birth to age 3 who live in Douglas County and have an income within 100% of Federal Poverty Guideline.	111 home-based
Visiting Nurses Association	Project WIN	Home Based with Public Health Nurse	Serves young, at-risk families who are expecting or have a infant or child under 3 years of age 12 months or younger, and who are living in Douglas, Sarpy, and Pottawattamie counties.	20
	Love and Learn Teen Program	Early Childhood Services, Home Based	Public health nurses, social workers and parent coaches work together to serve pregnant and parenting teens and young adults 25 years and younger living in Douglas and Sarpy counties.	100
	Heathy Families America Home Visitation Program	MIECHV (State) - Healthy Families America Home-Based	Pregnant women and families with infants under 3 months old at admission who meet certain screening requirements (parents must be ages 22 and older). Families whose income is at or less than 250 percent of the Federal Poverty Level are eligible for services.	50

Pre-Kindergarten Programs in Surrounding School Districts

School District	Pre-K Enrollment
Omaha	1,313
Bennington	38
Douglas County West	55
Elkhorn	314
Millard	691
Ralston	158
Westside	115

Source: School District websites 2023-2024

Bennington Public Schools offers early childhood education services to children with special needs. Fifty percent of classroom slots are available for the Peer Model program. These typically developing students are selected through a lottery drawing to participate in this inclusion program. Children must be three or four years by July 31st of that enrollment year. Part day morning or afternoon services are provided for \$175 per month. Fee applications may be completed that may qualify a child for free or reduced tuition.

Douglas County West School District (Valley) serves three- and four-year-old children born on or before July 31st in the early childhood education program. Students must qualify for services. Children without disabilities may be selected to serve as peer models, with a parent pay fee of \$165 per month for half day services which includes meals. Tuition assistance is available for families eligible for Free or Reduced

Lunch.

The Elkhorn Public School District's preschool program provides Title I services, English Language Learner services and Special Education services for students ages three and four. Children are screened to determine their need for concept development and/or speech. Services are part day and are offered Monday through Thursday. A limited number of slots are reserved for parent pay, Peer Model program and cost \$180 per month.

The Ralston Public School District provides tuition free services for children that turn four years old between August 1st of the previous school year and July 31st of the current school year. Children may attend Monday, Tuesday, Wednesday, and Thursday from 8:00 AM-3:00 PM. Developmentally appropriate activities are used to promote motor and social development along with language and educational skills. Space is limited.

Westside provides early childhood education to students 18 months to three years of age and three to five years of age for either two, three, or five days a week. All have both full and part day options. For all day preschool, the rate is \$241/week. Creative Curriculum is used to help children develop and learn through play.

Millard Public Schools have preschool for children who turn 4 years of age on or before July 31 of the year prior to attending Kindergarten. Priority for enrollment is given to Title I, ELL, and children with a verified disability. No more than 50% of enrolled 4-year-olds can be on an Individualized Education Plan (IEP). Parent Pay for four-year-olds is based on Title I eligibility and other predetermined criteria. It is a blended classroom with students receiving IEP services and Parent Pay. Classrooms that serve three-year-old students who are Title I eligible and are on an IEP. Tuition for half day preschool is 20 payments of \$99 divided over the school year. Half Day AM sessions are from 8:45-11:05 on Wednesdays and from 8:45-11:30 Monday-Thursday. The PM half day sessions are 11:50-2:15 on Wednesday and 12:40-3:25 M, T, TH, F.

The Omaha Public Schools District's Early Childhood Education programs provide services that include, but are not limited to, free meals, health and nutrition education for children and families, special education services, certified teachers in every classroom, family support services and joint learning opportunities between Head Start, Early Childhood Special Education, and Pre-Kindergarten children.

Omaha Schools Foundation's Early Childhood Education Parent Pay provides PreK programming at 6 Omaha Public Schools' Elementary School locations. Students must be 4 years of age on or before August 16. There is a \$75 non-refundable registration fee. Weekly tuition rates are \$250. The program aligns curriculum with the Omaha Public Schools District's Early Childhood programming.

There is an abundance of private childcare facilities within Douglas County. Private facilities include in-home childcare and daycare centers. Currently Douglas County has 374 private daycares.² This includes Family Day Care Homes and In-Home providers. Many of the facilities that are in zip codes within higher poverty rates accept childcare subsidies. When sampling various daycares in poverty-stricken areas, those centers typically have more children that rely on available subsidies. Many facilities in North and South Omaha provide services for children that are below the federal poverty level. Transportation, educational and nutrition services are provided at many private childcare centers. However, very few centers work with outside organizations to provide additional services for the children and their families.

Douglas County has approximately 768 licensed childcare programs available for families; however, cost can be prohibitive for low-income families.² Families that qualify for childcare subsidies must meet income

² 2024 Child Care Roster, Nebraska Department of Health and Human Service. (n.d.). Retrieved from <http://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>.

guidelines just as Head Start families must meet those same guidelines. Families may qualify for subsidized childcare services, with a payment based upon family size and income. To qualify for childcare subsidy, the parent must be:

- Employed
- Actively seeking employment
- Participating in an Employment First activity as part of the ADC Program
- Attending school or training sessions
- Going to medical or therapy appointments for self or another child
- Incapacitated (must be verified by a physician)

Families often find the cost of childcare, whether center-based or home-based, to be a large portion of the family income. The chart below demonstrates the current day care reimbursement rates set by Nebraska Department of Health and Human Services. This creates additional financial stress in families whose incomes are at or just above the poverty level. It further limits access to quality childcare services for children whose parents are not employed or enrolled in school.

More Nebraska families with young children benefit from the state's Childcare Subsidy program as a result of LB485 passed in May 2021. The bill provides significant help for many families who struggle with the costs of childcare. This pilot project will conclude on September 30, 2026. The annual cost of childcare for one infant and one toddler can amount to as much as 69 percent of a four-person family's annual household income at 130 percent FPL and nearly 49 percent of family income at 185 percent FPL. It is estimated that the bill will provide 7,128 more children with a subsidy.

AVERAGE DAILY CHILD SUBSIDY RATES

	Childcare Center	Childcare Home
Infant	\$58.25	\$35.50
Toddler	\$51.50	\$35
Preschool	\$46.51	\$30

Source: Nebraska Department of Health and Human Services Guidance Document 2023

AVERAGE DAILY CHILDCARE COST WITHOUT SUBSIDY

	Childcare Center	Childcare Home
Infant	\$67.80	\$50
Toddler	\$64.20	\$50
Preschool	\$58.80	\$50

Source: Nebraska Childcare Market Rate Survey Report 2023

Head Start classrooms are located in all areas of Douglas County, northeast, southeast, northwest, and southwest.³ The majority of classrooms are found east of 72nd Street. There remains a need for quality and affordable early childhood education and childcare services in all areas of Douglas County.

³ ChildPlus Report 1010. (n.d.). Retrieved <http://childplus.net>.

CHILDREN WITH DISABILITIES

For a child to qualify for early intervention services, the Early Development Network in the child's school district must evaluate the child through a multidisciplinary team process (MDT). Once the evaluation and assessment has been completed and a disability has been verified, an Individualized Family Service Plan is established for children birth to age three. A service coordinator assists children of eligible families with disabilities to identify and meet each child's needs through coordination of formal and informal support systems. The Individualized Family Service Plan will:

- * Explain the process and legal basis
- * Provide guidelines for developing an effective team
- * Give examples of effective strategies
- * Give instructions on completing the Individualized Family Service Plan document
- * Allow all participants to evaluate the effectiveness of their teams; including suggestions on how to improve team functioning

Services for young children with disabilities are required to be provided in natural environments for children birth to age three and in inclusive environments for children ages 3 to 5. In Nebraska, school districts are required to provide special education and related services to all eligible children in their district who have been verified with a disability.

Robyn Gonzales, Data Manager with the Nebraska Department of Education, Office of Special Education (2019), reports that the following table estimates the number of children in Douglas County that will be identified with a disability⁴:

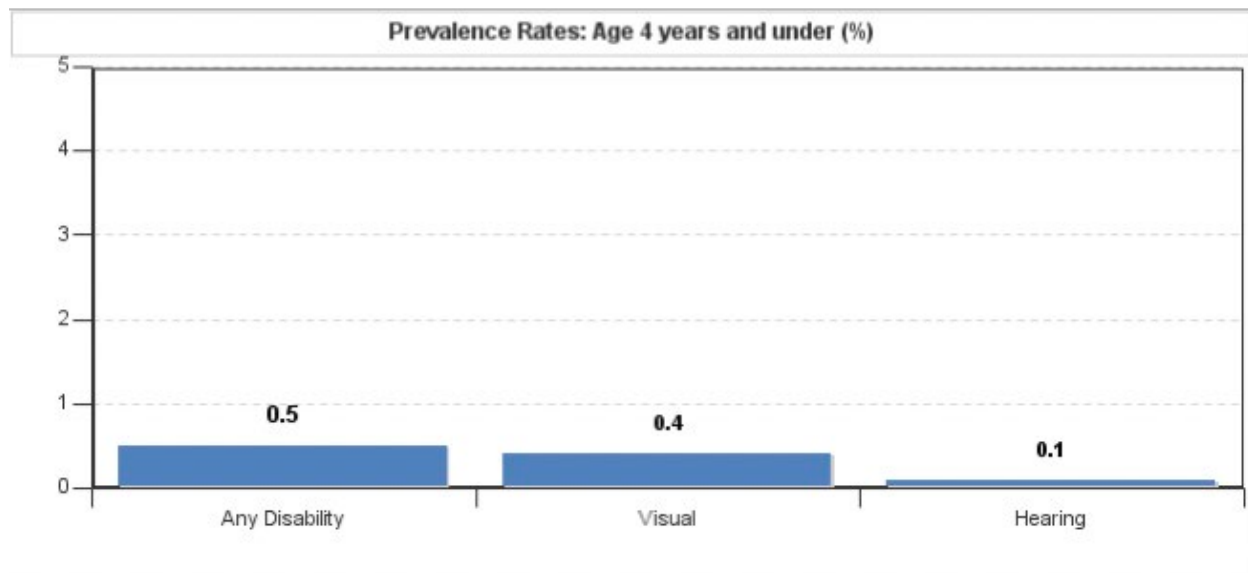
AGENCY/SCHOOL DISTRICT NAME	Age 0-3	Age 3-4	Age 4-5
OMAHA PUBLIC SCHOOLS	266	238	365
ELKHORN PUBLIC SCHOOLS	86	66	65
MILLARD PUBLIC SCHOOLS	81	90	125
RALSTON PUBLIC SCHOOLS	16	15	18
BENNINGTON PUBLIC SCHOOLS	12		11
WESTSIDE COMMUNITY SCHOOLS	23	28	31
FORT CALHOUN COMMUNITY SCHS	494	460	628

Source: Provided by Nebraska Department of Education, Office of Special Education

According to the 2013 Disability Status Report for Nebraska, the overall percentage (prevalence rate) of children with a visual and/or hearing disability ages 0 to 4 in Nebraska was 0.5 percent. In other words, in 2013, 700 of the 126,700 children ages 0 to 4 in NE reported one or more disabilities. In Nebraska in 2013, 0.4 percent reported a visual disability and 0.1 percent reported a hearing disability.⁵

⁴ R. Gonzales, Nebraska Department of Education, personal communication, December 2019.

⁵ Erickson, W., Lee, C., & von Schrader, S. (2014). 2013 Disability Status Report: Nebraska. Ithaca, NY: Cornell University Employment and Disability Institute (EDI).



The table below identifies the types of disabilities diagnosed in children ages birth to 5 years who are enrolled in Omaha Public Schools. The three most common diagnoses are developmental delay, autism, and speech language impairment.

OPS Pre-Kindergarten Students Aged 0 to 5 Identified as Receiving Special Education Services by Primary Disability
Official Membership 2020-21

Primary Disability	Students
Autism	133
Developmental Delay	741
Emotional Disturbance	1
Hearing Impaired	37
Intellectual Disability	4
Multiple Impairment	1
Orthopedic Impairment	9
Other Health Impairment	24
Speech Language Impairment	94
Visual Impairment	4
Grand Total	1048

Source: OPS Official Membership, October 2020

The Early Childhood Interagency Coordinating Council was created in 2000 to advise and assist the collaborating agencies in carrying out the provisions of the Early Intervention Act, the Quality Child Care Act (ECICC), and other early childhood care and education initiatives under state supervision.⁶ The ECICC is also identified by the governor as the State Early Learning Council to meet the federal requirements of the Improving Head Start for School Readiness Act. In 2010 the ECICC established the Early Childhood System Team to formalize an interagency work team that brings together the various divisions within state agencies, Head Start grantees, and other key stakeholders from local communities to implement ECICC recommendations and early childhood priorities. There are four core components: 1) Enhance state leadership alignment and support for high quality early childhood programs; 2) Develop high quality early childhood educators through system reform, training, support, and resources; 3) Support a comprehensive system of wraparound services for early childhood care; and 4) Build a unified data system to support programs that are accountable and use of data to guide instruction and program development. The Nebraska Department of Health and Human Services, the Nebraska Department of Education and the University of Nebraska will collectively manage this initiative.

PTI Nebraska is a statewide resource for families of children with disabilities or special health care needs. PTI empowers parents and provides them with the knowledge and capacity to improve the education and healthcare outcomes for their children. There is a wide range of local and state organizations offering support to the families of children with a disability. Families are frequently referred to the appropriate organization as the child enters the educational system and begins to receive services at the point of diagnosis.

⁶ Nebraska Early Childhood Interagency Coordinating Council (ECICC). (18, September 2). ECICC Statutes and Policies. Laws, Statutes & Regulations supporting the work of ECICC (Rep.). Retrieved from www.education.ne.gov/ecicc/statutes/

RESOURCES FOR FAMILIES OF CHILDREN WITH A DISABILITY STATE AND LOCAL ORGANIZATIONS

Nebraska Family Support Network	Supporting families in the behavioral health system in Omaha and surround areas.	http://nefamilysupportnetwork.org 402.345.0791
Arc of Nebraska	A non-profit that aims to improve the quality of life for people with developmental disabilities	http://www.arc-nebraska.org 402.475.4407
Autism Spectrum Disorder (ASD in Nebraska)	Nebraska Act Early State Autism Team ensuring early and effective action for families and children with ASD and related disabilities	www.unl.edu/asdnetwork click on ASD Network
Autism Action Partnership	Improving the quality of life for persons on the Autism Spectrum and their families	http://www.autismactionpartnershp.org/ 1.877.273.2271
Autism Society of Nebraska	Providing support for individuals with autism spectrum disorders and their families	http://www.autismnebraska.org 1.800.580.9279
LDA of Nebraska	Supporting families of children with Learning Disabilities throughout Nebraska	http://www.ldanebraska.org 402.348.1567
Nebraska Advocacy Services	Nebraska's Protection and Advocacy System serving persons with disabilities throughout Nebraska	http://www.nebraskaadvocacyservices.org 402.474.3183
Ollie Webb Center Inc.	Enriching the lives of individuals with developmental disabilities and their families	http://www.olliewebbinc.org 402.346.5220
Spina Bifida Nebraska	Supporting families and individuals affected by Spina Bifida throughout Nebraska	http://www.spnabifidanebraska.org
United Cerebral Palsy Nebraska	Providing programs, services, and support for people with all disabilities	http://www.ucpnebraska.org 402.502.3572
Munroe-Meyer Institute	Providing services and support for persons with disabilities throughout Nebraska	http://www.unmc.edu/mmi/ 402.559.6430
Children's Respite Care Center	Providing comprehensive services and family support to children with special medical, developmental, cognitive impairment	http://crccomoha.org
Answers 4 Families	Providing internet-based support to Nebraskans with special needs	http://answers4families.org
NRRS, Nebraska Resource and referral System	Search among thousands of community agencies and organizations for the services and resources	http://nrrs.ne.gov

Source: Parent Training Information pti-neraska.org/state-and-local-organizations/2019

Disabled Children's Program (SSI-DCP)	Providing assistance to families with paying for non-medical services related to the child's disability	http://dhhs.ne.gov/Pages/hcs_programs_dcp
Down Syndrome Alliance of the Midlands	Providing assistance, advocacy and support to families touched by Down Syndrome	https://www.dsamidlands.org/ 402-554-6095
Medically Handicapped Children's Program (MHCP)	Providing specialized medical services for families with children with disabilities or ongoing healthcare needs	http://dhhs.ne.gov/ages/hcs_prgrams_mhcp

Source: Nebraska Department of Health and Human Services/2019

Muscular Dystrophy	Providing specialized medical	https://www.mda.org/office/omaha
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Association (MDA)	services for families with children with muscular dystrophy, ALS, or related muscle-debilitating diseases	402-390-2914
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DATA REGARDING THE EDUCATION, HEALTH, NUTRITION, AND SOCIAL SERVICES OF HEAD START ELIGIBLE CHILDREN AND THEIR FAMILIES

Education

Families play a critical role in helping their children be ready for school and for a lifetime of academic success. Head Start and Early Head Start programs are valuable partners with families in this endeavor. Graduation rates in Douglas County are similar to those in the State of Nebraska. Specifically, 91% of individuals in Douglas County have at least graduated high school or earned a General Education Diploma (GED).⁷

EDUCATIONAL ATTAINMENT FOR THE POPULATION 25 YEARS AND OVER IN THE UNITED STATES, NEBRASKA AND DOUGLAS COUNTY: 2015-2019

Education Level Completed	United States		Nebraska		Douglas County, Nebraska	
	Estimate	%	Estimate	%	Estimate	%
Total:	220,622,076	100.0%	1,251,026	100.0%	365,113	100.0%
No schooling completed	3,207,385	1.5%	14,521	1.2%	5,558	1.5%
Nursery school	45,255	0.0%	216	0.0%	73	0.0%
Kindergarten	49,948	0.0%	312	0.0%	155	0.0%
1st grade	129,453	0.1%	559	0.0%	368	0.1%
2nd grade	270,970	0.1%	1,245	0.1%	654	0.2%
3rd grade	581,732	0.3%	2,133	0.2%	770	0.2%
4th grade	442,064	0.2%	1,721	0.1%	813	0.2%
5th grade	648,147	0.3%	2,132	0.2%	802	0.2%
6th grade	2,477,446	1.1%	10,113	0.8%	3,513	1.0%
7th grade	875,757	0.4%	2,858	0.2%	943	0.3%
8th grade	2,556,133	1.2%	12,023	1.0%	2,633	0.7%
9th grade	3,253,918	1.5%	12,123	1.0%	3,932	1.1%
10th grade	3,724,846	1.7%	13,986	1.1%	4,392	1.2%
11th grade	4,232,307	1.9%	17,261	1.4%	5,221	1.4%
12th grade, no diploma	3,976,900	1.8%	16,332	1.3%	4,667	1.3%
Regular high school diploma	50,745,827	23.0%	283,407	22.7%	66,618	18.2%
GED or alternative credential	8,726,921	4.0%	43,187	3.5%	11,393	3.1%
Some college, less than 1 year	13,721,144	6.2%	93,120	7.4%	23,018	6.3%
Some college, 1 or more years, no degree	31,323,554	14.2%	192,367	15.4%	56,161	15.4%
Associate's degree	18,712,207	8.5%	132,185	10.6%	28,443	7.8%
Bachelor's degree	43,646,104	19.8%	262,614	21.0%	94,308	25.8%
Master's degree	19,454,174	8.8%	96,921	7.7%	34,441	9.4%
Professional school degree	4,681,075	2.1%	22,846	1.8%	10,398	2.8%
Doctorate degree	3,138,809	1.4%	16,844	1.3%	5,839	1.6%

Source: U.S. Census Bureau, 2015-2019 American Community Survey (B15003)

⁷ 2015-2019 American Community Survey, US Census Bureau. (n.d.). Retrieved from <http://www.census.gov/>.

Education Matters

As compared to the rest of the state, the percentage of High School Graduates in Douglas County that earn a college degree is substantially higher. Specifically, 25.8%⁸ of individuals in Douglas County have a bachelor's degree, as compared to 19.8%¹³ for the rest of the state of Nebraska. Further, this trend continues into even higher educational levels with 9.4%¹³ of Douglas County residents possessing a master's degree and 1.6%¹³ of Douglas County residents possess a Doctorate degree, as compared to 8.8% and 1.4% respectively for the rest of the state.¹³

In general, across an individual's working lifespan, differences in educational attainment can be related to differences in expected salaries. Specifically, in Douglas County, each additional level of education an individual earns is related to an increase in salary such that earning a High School diploma results in 20%¹³ higher salaries (\$30,962) than not graduating high school (\$25,743). Additionally, attending some college or earning an Associates Degree results in a 26%¹³ increase in salary (\$39,156), as opposed to stopping at a high school diploma (\$30,962). Earning a bachelor's degree subsequently results in a 39%¹³ increase in salary (\$54,349), and earning a Graduate Degree results in an increase of 23%¹³ (\$66,961) over the salary of those with a Bachelor's Degree.

Therefore, given that Omaha residents possess higher levels of educational attainment, as compared to the rest of the state of Nebraska, wages should be higher in Omaha, as compared to the rest of the state. This assumption is supported by local census data that indicates that wages are, on average, \$2,948 higher in Douglas County as compared to the rest of the state of Nebraska.⁹

MEDIAN EARNINGS IN THE PAST 12 MONTHS (2019 INFLATION-ADJUSTED DOLLARS) BY EDUCATIONAL ATTAINMENT FOR THE POPULATION 25 YEARS AND OVER: 2019

Education Level Completed	United States	Nebraska	Douglas County, Nebraska
Less than high school graduate	\$24,071	\$26,610	\$25,743
High school graduate (includes equivalency)	\$31,264	\$31,488	\$30,962
Some college or associate degree	\$37,471	\$37,348	\$39,156
Bachelor's degree	\$54,925	\$50,424	\$54,349
Graduate or professional degree	\$74,253	\$63,653	\$66,961

Source: U.S. Census Bureau, 2015-2019 American Community Survey (B20004)

Adult Education is primarily a federally funded program serving adults, 16 years of age and older, withdrawn from school, and who lack a high school diploma or who lack the basic skills to function effectively in the workplace and in their daily lives. According to Shirley Gruntorad, from the Nebraska Department of Education: 407 persons took part or all of the GED test battery in 2019. Of this number 279 completed the test and 246 achieved scores high enough to qualify for a Nebraska High School Diploma. Shirley Gruntorad reports that the GED numbers have changed from 2013 to 2014, due to a new, and more difficult test, incorporated in 2014.¹⁰

⁸ Bureau of Labor Statistics. (n.d.). Retrieved from <http://www.bls.gov/>.

⁹ 2015-2019 American Community Survey (B20004), U.S. Census Bureau. (n.d.). Retrieved from <http://factfinder2.census.gov/>.

¹⁰ S. Gruntorad, Nebraska Department of Education, personal communication, January 2020.

The Nebraska Department of Education provides a list of Adult Education programs available in the area. Metropolitan Community College offers GED classes throughout the metropolitan area, as does every area school district.

The Midlands Literacy Center provides educational services for adults, focusing on those who may be functionally illiterate. This agency reports that 16%¹¹ of the Omaha population are functionally illiterate, which means they cannot read well enough to fill out a job application, read a food label, or read to their children. This includes GED and Adult Basic Education classes, as well as English Language Learner and computer literacy. Educational services are individualized to support adults developing functional literacy skills.

English Language Learners

In the state of Nebraska, the number of English Language Learner (ELL) students increased from 6.2% in 2014-2015 to 7% in 2020-2021¹². The number of refugees is up 77% over the last nine years with the largest growth coming from Southeast Asian countries. The ESL population in OPS is currently almost 19%. The number of students served in the OPS ESL program has grown over 540% in the past 24 years.¹³

Families in Omaha Public Schools may speak one of 109 different languages. Spanish is spoken by 73.53% of the children, followed by Karen (a language spoken by an ethnic minority of Myanmar), and Somali (includes Maay-Maay). Other languages include Nepali, Nuer, Arabic, Karenni, Burmese, French, and a variety of indigenous languages. This increase in refugees and immigrants in the Omaha area has had a direct impact on the Head Start and Early Head Start programs.

English as a Second Language classes can be found at community organizations, including First Lutheran Church, Salvation Army Kroc Center, El Museo Latino, Latino Center of the Midlands, The Learning Community Center of South Omaha, and Refugee Empowerment Center (formerly Southern Sudanese Community Center).

The three Head Start and Early Head Start grant programs are committed to encouraging parents to become self-sufficient by promoting education advancement. Family Services' staff work one-on-one with the parent to identify educational goals and resources, as needed. Parents are also encouraged to practice literacy skills with their children, so that their children are more likely to become successful in adulthood.

¹¹ Just the Facts, Literacy Center. (n.d.). Retrieved from <http://www.midlandsliteracy.org/>.

¹² State of the Schools Report, Nebraska Department of Education. (n.d.). Retrieved from <http://reportcard.education.ne.gov/>.

¹³ OPS District English Language Learner/Refugees Report 2020-2021, Omaha Public Schools. (October 2021.). Retrieved from <http://www.district.ops.org/>.

HEALTH & NUTRITION

COVID-19 Pandemic

COVID-19 emerged in December 2019 and caused a worldwide pandemic. COVID-19 is an RNA virus caused by the SARS-CoV-2. According to the Center for Disease Control and Prevention (CDC), the virus is constantly evolving through random mutations making treatment and prevention methods difficult. As of January 24, 2023, there have been 773,119,173 confirmed cases and 6,990,067 deaths world-wide. The U.S. has had 103,436,829 confirmed cases and 1,144,877 deaths.¹⁴ Nebraska has seen 4,895 deaths and Douglas County has had 1,367 deaths.¹⁵

COVID-19 vaccines have been distributed across the globe and over 13 billion doses have been given as of November 26, 2023.¹⁴ Vaccine rates are increasing and 70% of Americans, 72.2% of Nebraskans and 77.2% of Douglas County residents have been vaccinated. Due to the ever-changing variants, Douglas County has seen a recent increase in cases, hospitalizations, and deaths despite the vaccination rates. As of January 1, 2023, the Douglas County Health Department stopped reporting breakthrough COVID cases of fully vaccinated residents, as variants continued to mutate and spread. Current hospital occupancy rates are at 83% in the Omaha Metro area and roughly 40% of cases are children ages 0-19.¹⁵

Cases

Updated 1/06/2022	Number of COVID-19 breakthrough cases	Percent of vaccinated people who test positive for COVID-19
Total	14722*	4.0%

*out of 364,883 fully vaccinated

Deaths

Updated 1/06/2022	Number of COVID-19 deaths among breakthrough cases	Percent of vaccinated people with a breakthrough case that died of COVID-19
Total	76*	0.021%

*out of 364,883 fully vaccinated

Source: Douglas County Health Department, 2022

Health and Nutrition in Omaha

¹⁴World Health Organization. *Coronavirus Dashboard*. (2024). Retrieved from <https://covid19.who.int/region/amro/country/us>

¹⁵ Douglas County Health Department. (2022). Douglas County NE COVID-19 Dashboard. Retrieved from <https://experience.arcgis.com/experience/1205c60366ba43719a59225ec62e31b5/page/Summary/>

Good health and nutrition provide a foundation for a successful education for children. According to the United Health Foundation “America’s Health Ranking 2023,” Nebraska is ranked the 17th healthiest state in the United States.¹⁶ In different research provided by the Kids Count Book 2023, Nebraska rose to the 8th ranking from being ranked 25th in 2016 for Overall Children’s Health. Overall Children’s Health ranks each state across four domains—health, education, economic well-being, and family and community—as an assessment of child well-being.¹⁷

The 2021 Professional Research Consultants (PRC) Child & Adolescent Community Health Needs Assessment for Douglas & Sarpy Counties, Nebraska, and Pottawattamie County, Iowa identified the following as opportunities for children’s health improvement 1) Access to Healthcare Services; 2) Injury & Safety; 3) Mental & Behavioral Health; 4) Nutrition, Physical Activity, & Weight 5) Oral Health; 6) Parenting, Education & Family Support; 7) Pediatric Chronic Conditions; 8) Physical Environment; and 9) Prenatal & Infant Health.¹⁸ In the areas that need improvement, parents identified the number one health issue for children under 12 as the issues of obesity, nutrition and exercise. Obesity and Infant Health were also in the top primary health concerns identified by the Douglas County Health Department in 2017, along with Trauma Informed Care, Lead, Health Equity and STD’s.¹⁹

Access to Health Care

Children need access to the health care system for diagnosis and treatment of acute and chronic illnesses, treatment of injuries, and for preventive care such as vaccinations and health promotion teaching and counseling. Access to health care is a three-fold issue for families. First, there must be the availability of health care services in the area. Second, there must be the ability to pay for health care services, either through private insurance, including insurance through the Affordable Care Act (ACA), or through a government-sponsored program such as Medicaid, Medicare, CHIP or Kids Connection. Finally, there must be the ability of a family to access the health care services.

Availability of Health Care Services: The Omaha metropolitan area had fifteen hospitals and nationally renowned medical centers including Nebraska Medicine, CHI (Catholic Health Initiatives) and Children’s Hospital and Medical Center that provide health care services at independent clinics throughout the community. Families without health insurance or who may be undocumented are able to access one of two community health organizations, Charles Drew Health Center located in northeast Omaha, and One World Community Health Center, which has three clinics located in southeast, west, and northwest Omaha. Both organizations provide health care services to children and adults, using a sliding fee scale based upon family size and income. This service is often utilized by individuals who are not eligible for Medicaid, Kids Connection, or CHIP. Additionally, children enrolled in Omaha Public Schools, and their siblings aged birth to 19 years, are eligible to receive health care services at one of seven School-Based Health Centers (SBHC) offered through Charles Drew Health Center, One World Health Community Health Center, Nebraska Medicine (UNMC) or CHI. The School-Based Health Centers have the ability to screen health

¹⁶ United Health Foundation, America’s Health Rankings. (2024). Retrieved from <http://www.americashealthrankings.org>.

¹⁷ Voices for Children in Nebraska. (2023). Kids Count in Nebraska 2022 Report. Retrieved from <https://assets.aecf.org/m/resourcedoc/aecf-2022kidscountdatabook-2022.pdf>

¹⁸ PRC Child & Adolescent Health Needs Assessment. (2021). Retrieved from <https://www.childrensomaha.org/wp-content/uploads/2021/11/2021-PRC-Pediatric-CHNA-Report.pdf>

¹⁹ Douglas County Health Department, ‘State of Public Health Douglas County, Nebraska, 2017’. (n.d.). Retrieved from <http://www.douglascohealth.org/>.

status, and test for, diagnose and treat many common conditions such as sore throats, minor injuries, headaches, immunizations, ear infections, and other infectious diseases.

Ability to Pay: Health insurance is a major determinant of access to care. There were 162,207 children living in Douglas County who were enrolled in Medicaid or Children's Health Insurance Program (CHIP) in 2019, which is 25.5% of all children living in Douglas County.²⁰ According to Medicaid.gov, there were 231,455 children living in Nebraska who were enrolled in Medicaid or Children's Health Insurance Program (CHIP) in 2020, which is 1.7% growth from 2019.²¹ CHIP is an expansion of Medicaid as health care coverage for qualified children who are without other health insurance and who do not qualify for Medicaid.²² It provides free to low cost health insurance for Nebraska children living in families whose incomes are at or below 213% of the federal poverty level (FPL), which was expanded in 2015 from 200%. CHIP provided health coverage for a monthly average of 163,466 children 18 and under in 2018. Kids Count Data Book 2020 reported that only 5.6% of Nebraska's children were uninsured in 2019, which dramatically increases access to healthcare.²³

Of the child health trends tracked by Kids Count, the most remarkable is the tremendous increase in health insurance coverage: 95 percent of American children now have health insurance. According to Health Matters in Douglas County, 2015, 97% of children under the age of 6 have health insurance. As of 2018, the rate of adults in Douglas County without health insurance was at 7.9%, a drop from 12.1% in 2011.²⁴ Among the four metro areas, Douglas County (particularly eastern Douglas County) has the highest uninsured rate and Sarpy County has the lowest. In 2016, Kids Count in Nebraska reported that in 2009, nearly one-third of emerging adults 19-25 in the state of Nebraska were uninsured. With the enactment of the Affordable Care Act, insurance coverage has been expanded to these young people due to provisions allowing them to remain on their parent's health insurance plan until age 26 or to purchase insurance directly through the Health Care Marketplace. With the enactment of dependent coverage, the uninsured rate among 18-24 year olds in Nebraska dropped by more than 50% from 25.5% in 2009 down to 8.3% in 2018, helping to lead the nation toward our lowest uninsured rate in recorded history. However, Nebraska's insured rate continues to rank in the lower half amongst states, coming in 30th in 2018.²⁵ The increases in access to coverage have led to increased access to health care for young people, and has improved their health and financial security, which may potentially generate long-term economic benefits.²⁶

Ability of a Family to Access Services: The 2021 PRC Child & Adolescent Community Health Needs Assessment for Douglas & Sarpy Counties, Nebraska, and Pottawattamie County, Iowa indicated that families ranked obesity and nutrition & exercise as top health priorities for the community. It indicated the biggest barriers to healthcare in the Omaha Metro to be: 1) difficulty getting a doctor's appointment; 2) lack of transportation; 3) cost of prescription.

²⁰ Children enrolled in Medicaid and CHIP. (2022, January 10). Retrieved from <http://voicesforchildren.com/data-research/kids-count/>

²¹ Unduplicated Number of Children Ever Enrolled in CHIP and Medicaid. (2019, May 1). Retrieved from <https://www.medicaid.gov/chip/reports-and-evaluations/index.html>

²² Nebraska DHHS. Retrieved from http://dhhs.ne.gov/medicaid/Pages/med_CHIP.aspx.

²³ 2018 Kids Count in Nebraska Report. (2019, January 1). Retrieved from <https://voicesforchildren.com/wp-content/uploads/2019/01/2018-Kids-Count-in-Nebraska-Report.pdf>

²⁴ 2018 Community Needs Assessment (Rep.). (2018, April). https://www.douglascountyhealth.com/images/CHNS/CHIP/2018_CHA_Adult_Metro_Area_survey_report.pdf

²⁵ Savaiano, E. (2019, September 20). New Census data shows growing number of uninsured Americans, less so in Nebraska. Retrieved from <https://enroll-ne.org/blog/3066>

²⁶ Schoen, C. (2016, February). The Affordable Care Act and the U.S. Economy: A Five-Year Perspective (Rep.). Retrieved from <http://www.commonwealthfund.org/>.

Prenatal Care

According to the Center for Disease Control and Prevention, nearly 1/3 of American women giving birth experience a pregnancy related complication. Early and appropriate care may prevent severe consequences for both the mother and her baby. Early prenatal care is widely accepted as a valuable and cost-effective preventative service. The Nebraska Healthy People 2030 goal is for 80.5% of women in Nebraska to receive prenatal care beginning in the first trimester of pregnancy and in 2021, 75.6% of women in Nebraska met that mark. The percentages of non-Hispanic black women (68.5%) and Hispanic women (69.7%) receiving first trimester prenatal care is lower than non-Hispanic White women (80.5%).²⁷ Pregnant women in Douglas County were as likely as other women in Nebraska to begin receiving prenatal care in the first three months of pregnancy. Teen mothers seek prenatal care at a lower rate than pregnant women who are over 19. In 2018 only 46.4% of pregnant teens under age 18 received prenatal care during the first trimester.²⁸

Births:

According to vital statistics for Douglas County, the total number of births in Douglas County decreased from 8,800 in 2016 to 8,319 in 2018. Interestingly, when dividing the city into four main quadrants typically used for a population assessment (Northeast, Southeast, Northwest, and Southwest using Dodge Street and 72nd Street as dividers) the quadrants were relatively close in number of births with Northeast = 1,792, Southeast = 1,808, Northwest = 1,809, and Southwest = 1,993. The big difference is that the total square miles and population in those quadrants varies greatly between east and west, with the eastern side being far more densely populated (See DCHD, Live Births Dot Density, Douglas County, NE 2018). In 2018, 2,988 babies were born to single mothers in Douglas County which accounts for 35.9% of all births in the county.

Preterm Births: The March of Dimes reports premature birth, and its complications are the largest contributors to infant death in the United States and preterm birth rates have been increasing for four years. Premature or preterm birth is defined as birth before 37 weeks gestation. The March of Dimes' 2020 Goal is to reduce the incidence of preterm births to no more than 8.1% of live births. Nebraska's preterm birth rate rose to 10.5% in 2018 which was enough to bump the state's grade in the organization's annual report card to a D+.²⁹ In Douglas County, the preterm birth rate increased to 11.1% in 2018 with a grade of a D.³⁰

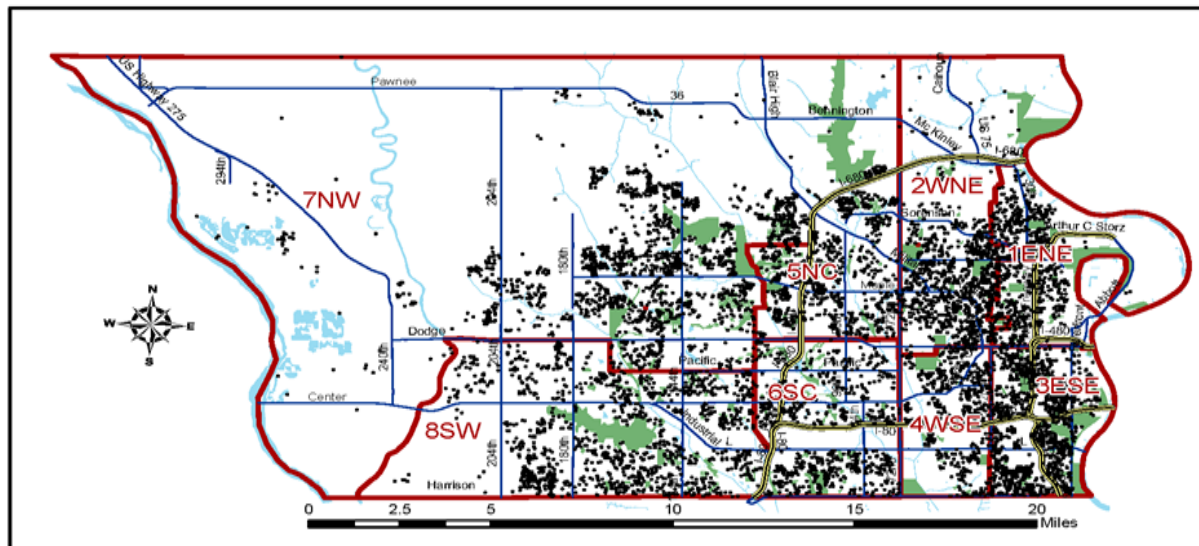
²⁷ U.S. Department of Health and Human Services. (2024). Healthy People 2030. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-pregnant-women-who-receive-early-and-adequate-prenatal-care-mich-08>

²⁸ DCHD MCH. (2017). Maternal Child Health (MCH) Tables, Douglas County Health Department, Douglas County, NE. Retrieved from https://www.dchealthdata.com/images/files/MCH_2016.pdf

²⁹ DCHD Vital Statistics. (2020). Maternal Child Health (MCH) Tables 2018. Retrieved from https://www.dchealthdata.com/images/files/MCH_2018.pdf

³⁰ March of Dimes. (2019). Retrieved from <https://www.marchofdimes.org/peristats/tools/reportcard.aspx?frmodrc=1®=31>

Live Births Dot Density Douglas County, NE 2018



• 2018 Birth Region Boundaries Parks — Major Roads — Interstates
ENE = East Northeast Region WNE = West Northeast Region NC = North Central Region NW = Northwest Region
ESE = East Southeast Region WSE = West Southeast Region SC = South Central Region SW = Southwest Region

Source: DCHD Vital Statistics 2018

Douglas County Health Department 10/23/2019

Teen Pregnancy

“According to the January 2016, Congressional Research Service Report entitled Teen Pregnancy Prevention: Statistics and Programs, teen moms are more likely to drop out of school and have low educational attainment, face unemployment, poverty, and welfare dependency, experience more rapid repeat pregnancy, become single mothers, and experience divorce, if they marry.”³¹ The report goes on to say that, “Effective teen pregnancy prevention is essential to reducing poverty, intergenerational poverty and racial/ethnic and geographic disparities. The greatest social impact of teen pregnancy is on educational attainment.”²⁹

Educational attainment is directly related to long-term income earning potential and productive contribution to society. “Adolescent pregnancy affects the potential of youth and the growth and development of newborns. This includes low birth weight infants, preterm labor complications and infant death. With regard to public health and welfare, teen pregnancy remains an important national concern, even though teen births are the lowest in a decade.”³²

In Nebraska, more babies are born to White, non-Hispanic teen moms than any other racial cohort combined (68.4%), followed by Hispanic teen moms (17.6%), and African American teen moms (6.7%). American Indian/Alaskan Native (1.3%) and Asian/Pacific Islander (3.5%) teen moms had the lowest

³¹ Anthony, MD, MPH, R. S., & Wang, PhD, H. (2017, January). *Future Unknown: The Outlook of Teen Pregnancy in Nebraska* (Rep.). Retrieved from <https://hollandinstitute.org/teen-pregnancy>.

³² *2016 Kids Count in Nebraska Report* (Rep.). (2017, January 10). Retrieved from <http://voicesforchildren.com/wp-content/uploads/2017/01/2016-Kids-Count.pdf>.

number of babies born in the state. Pregnancies of teens ages 15 to 19 have steadily declined over the past ten years in Douglas County with a high of 47.4 per 1,000 live births in 2007 down to 22.1 per 1,000 live births in 2016. In 2018, there were 369 live births to teens living in Douglas County, which was only 4.6% of all births in the County.³³ Of these teen births, Hispanic youth had the highest teen birth rate at 10.3%, followed by African American youth at 8.3%, and White youth at 2%.

Some primary influencing factors may be the increase of pregnancy prevention programs in the community, and new, current, and comprehensive Human Growth and Development standards and a grade-specific curriculum based on National Sexual Education Standards adopted by Omaha Public Schools in 2016. This new curriculum was supported by the new Adolescent Health Project (AHP), which was launched in 2015 by the Women's Fund of Omaha with the goal of increasing the sexual knowledge of youth and, thereby, decreasing the number of youths engaging in risky sexual behavior, the rates of STDs, and of teen pregnancy. Steps to reaching this goal includes: 1) Increased STD testing and treatment; 2) Increased distribution of condoms; 3) Increased distribution of contraception, including long-acting reversible contraception (LARC); and 4) Comprehensive sex education.³⁴

Infant Mortality

Infant mortality is an indicator of the health of a community. It reflects the overall state of maternal health, as well as the quality and accessibility of primary health care available to pregnant women and infants.

In Douglas County, infant mortality increased from a low of 4.2 per 1,000 live births in 2012 to 6.4 per 1,000 live births in 2018. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy. The top five contributing factors to infant mortality, which were identified during a 2020 case review, were:³⁵

1. Prematurity
2. Incompetent Cervix
3. Extremely Low Birth Weight
4. Infection/Sepsis
5. Respiratory Distress

What is even more concerning is that the infant mortality rate of African American babies has jumped from 7.6 per 1,000 live births in 2012 to 20.9 in 2016.²⁷ However, there continues to be a racial disparity in mortality rates. The infant mortality rate in 2018 of white non-Hispanic infants is 5.7 per 1,000 live births, and 5.8 per 1,000 births for Hispanic children.²⁷ The Healthy People's 2020 national health target is to reduce the infant mortality rate to 6 deaths per 1,000 live births.

It has been shown that risks of infant death in the first year of life are increased by several factors such as: poverty, lack of health care and insurance, pre-conceptual health status, education, and personal health behaviors during pregnancy.³⁶

³³ DCHD Vital Statistics. (2020). *Maternal Child Health (MCH) Tables 2018*. Retrieved from https://www.dchealthdata.com/images/files/MCH_2018.pdf

³⁴ 2016 Adolescent Health Project Report (Rep.). (n.d.). Retrieved from <http://www.omahawomensfund.org/>.

³⁵ Douglas County 2021 Annual FIMR (Fetal and Infant Mortality Review) Report, page9, https://www.douglascountyhealth.com/images/FIMR_BBC/Publications_Reports/FIMR_Annual_Community_Report_2019_-_2020_9_rs.pdf

³⁶ 2011 Community Needs Assessment (Rep.). (2012, October). Retrieved from <https://www.douglascountyhealth.com/>.

“Additional work is being done in the areas of preconception health, prenatal care, infant health and safe sleep, with long term goals of early entry to prenatal care, a decrease in the number of premature births and fetal deaths, access to quality medical homes for all infants, a decrease in the number of sleep related infant deaths, and adolescents and young adults having access to the resources needed to live healthy lives.”³⁴

Low Birth Rate Infants

The highest predictor of death and disability in the United States is low birth weight (LBW). Babies born with a LBW (less than about 5.5 pounds) are at greater risk of dying within the first year of life. They are also more likely to experience developmental problems and short and long-term disabilities. Improvement in infant birth weight can impact and significantly reduce the infant death rate. LBW has decreased from 2015's rate of 8.4% but remains high across the United States and in Douglas County. Recent increases in multiple births have strongly influenced this trend although rates have also been higher among single births. Smoking accounts for 20% to 30% of all LBW births but poor nutrition, poverty, stress, violence in the home and infections can increase the risk of a baby being born with a LBW.³⁷ In 2018, the LBW rate for Douglas County was 8.6% for all births. Douglas County's percentages have typically been below the US National average. There also is a disparity in ethnicity; LBW babies born to African American women in 2018 was 14.8%, which is double the 7% rate for White and the 8.7% rate for Hispanic women²⁷.

Sudden Infant Death Syndrome

Sudden Infant Death Syndrome (SIDS) refers to the unexplained death of an infant under the age of one year. The Douglas County Health Department statistics indicate SIDS rates have steadily increased in Douglas County from a low of .5 per 1,000 births in 2010 up to 1.2 per 1,000 births in 2015, which is three times higher than the national rate of .4 per 1,000 births.

In Douglas County, efforts are being made to reduce infant mortality. The Baby Blossoms Collaborative (BBC) is an initiative coordinated through the Douglas County Health Department (DCHD) that collaborates with 40 agencies across Douglas County serving as a Community Action Team (CAT) whose goal is to decrease infant mortality in Douglas County.³⁸ Safe sleep options are presented through the “Nothin’ but Baby” campaign initiated by the BBC. Their approach includes preconception education, promoting prenatal care, education about safe sleep environments and education about infant immunizations to reduce the rate or prevent Sudden Unexplained Infant Death (SUID) and Sudden Infant Death Syndrome (SIDS).

Immunization Rates

Immunizations are one of the most effective and cost-efficient ways to prevent disease. The Centers for Disease Control and Prevention (CDC) aims for 90% of all children to receive the primary immunization series by age two. As the rise in refugees continues in Omaha, the immunization rate declines. Local providers are working hard to immunize all new refugee children and place them on catch-up schedules. In 2019, Nebraska had 27.4% of children aged 19 to 35 months without all immunizations, which is up from only 19.8% in 2014 and in 2017 only 77.9% of Nebraska 2 year olds (19-35 months of age) had received

³⁷ The Annie E. Casey Foundation. (2009, July). *KIDS COUNT Indicator Brief: Preventing Low Birthweight* (Rep.). Retrieved from <http://www.aecf.org/>.

³⁸ DCHD, (n.d.). Infant and Child Health. Fetal Infant Mortality Review (FIMR). Retrieved from <https://www.douglascountyhealth.com/infant-and-child-health/fimr>.

the immunization series by age two compared to 80.2% in 2014.³⁹ Immunizations include four DTaP (diphtheria-tetanus-pertussis) shots, four pneumococcal disease shots, three polio shots, one MMR (Measles-Mumps-Rubella) shot, three Hepatitis B immunizations, Hib series, and one Varicella.⁴⁰

Nebraska State Immunization Information System (NESIIS) is a secure, statewide, web-based system that has been developed to connect and share immunization information among public health clinics, private provider offices, local health departments, schools, hospitals, and other health care facilities that administer immunizations. Immunization records can be accessed with the first and last name, date of birth and social security number of the child.⁴¹

Lead Levels

According to the CDC, across the nation there are at least 4 million households with children that are exposed to high lead levels and about a half million children between the ages of 1-5 years, with blood lead levels above 5 micrograms per deciliter. Although no safe blood lead level in children has been identified, the CDC recommends public health actions be initiated for a reference level of 5 ug/dl or higher. Healthy People's 2020's goal is to eliminate Elevated Blood Lead Level (EBL) (>10 ug/dl).⁴²

Childhood lead exposure has long been linked to developmental and neurological delays, associated with a decrease in IQ and an increase in behavioral problems. Lead exposure can also affect nearly every system in the body. Lead can be found in chipped and peeling paint from homes built before 1978, water pumped through leaded pipes, imported items, and some consumer products such as jewelry. Children ages zero to three suffer the most devastating effects of lead poisoning although children up to age seven can be affected.

For families living in Omaha, according to the Douglas County Health Department, children most at risk for lead exposure are under seven years of age and live in or frequently visit homes east of 72nd Street. (See CLPPP Target Areas, Douglas County, NE, 2016 map). Many Early Head Start and Head Start children live in the areas east of 72nd St., so particular attention is paid to lead testing and higher lead levels with these children. The DCHD protocol for lead testing of children in Douglas County states that "health providers should use a blood lead test to screen all children at approximately 12, 24, and 36 months of age, or at the first visit after 9 months if no prior test record available." "Children that have had a prior test ≥ 9.5 ug/dL should be retested as recommended in the CDC guidelines for responding to blood lead levels in children, 2012." Homes are inspected when a child has a reported Elevated Blood Lead Level (EBL).

³⁹ Center for Disease Control, (2016, October 6). *2002 through 2017 Childhood Combined 7-vaccine Series Coverage Trend Report*. Retrieved from <https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/7-series/trend/index.html>.

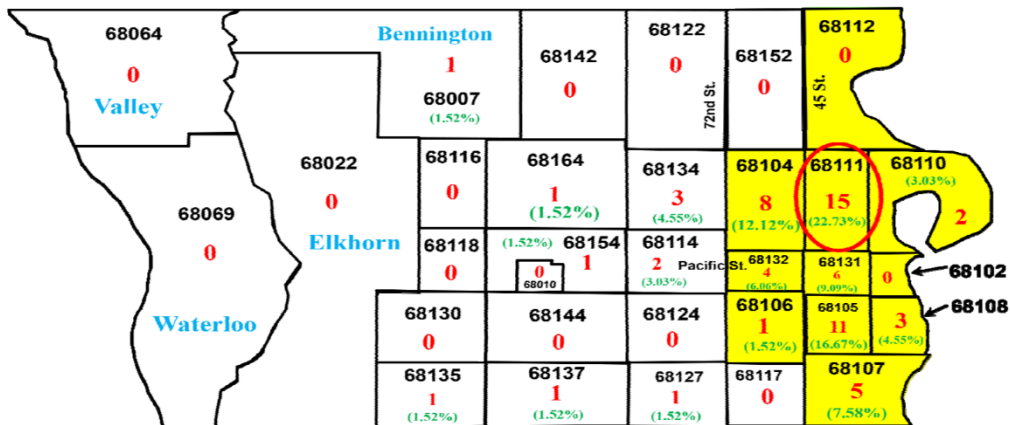
⁴⁰ CDC. (n.d.). Immunization Schedules. Retrieved from <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>.

⁴¹ Immunization Information System. (n.d.). Retrieved from <https://www.douglascountyhealth.com>.

⁴² Childhood Lead Poisoning Prevention. (n.d.). Retrieved from <https://www.cdc.gov>.

Douglas County Lead Poisoning Prevention Program

TOTAL NEW EBL CASES 2017 = 66



The percentages expressed are the ratio of cases in 2017 only

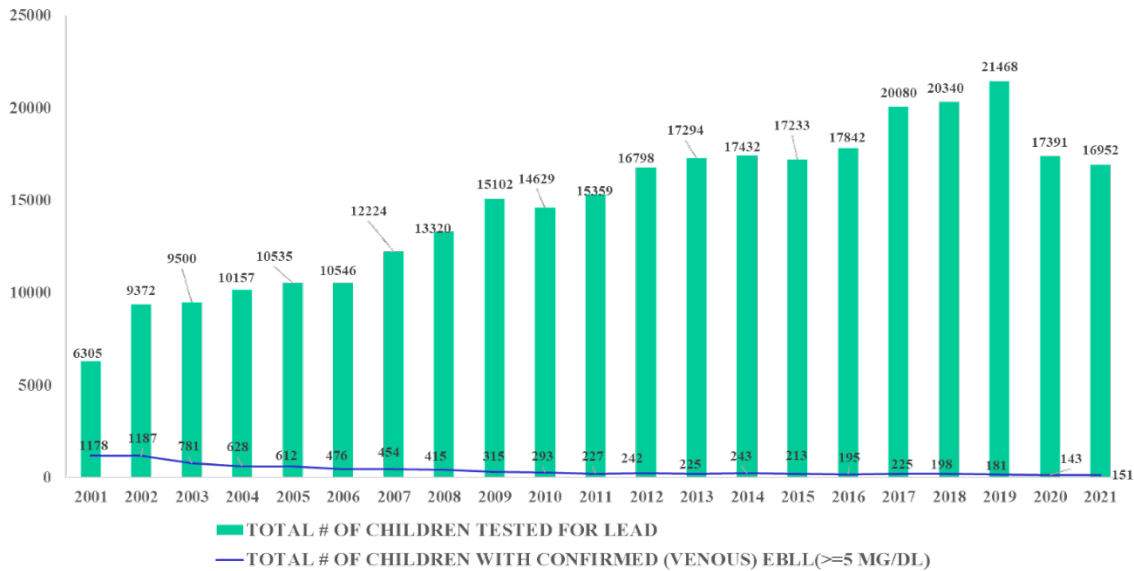
Yellow shaded areas are at higher risk for lead exposure



In 1998 when the Douglas County Health Department first requested help from the Environmental Protection Agency to deal with the high lead levels in the eastern half of Omaha, 596 out of the 3,447 (17%) children tested had blood lead levels exceeding 10 micrograms per deciliter. In 2013, more than 29,000 Douglas County children, the highest number ever, have been tested for blood lead levels and 375 children have been identified with an elevated blood lead level > 10 ug/dl.³⁹ Most of the children identified reside in the zip codes that encompass the Superfund site and in houses built before 1960⁴¹.

At the end of 2015, the EPA ended the most intensive part of the Lead Superfund cleanup effort across eastern Omaha. The city of Omaha will now take over outreach and cleanup efforts. The efforts will continue to be funded by the EPA up to roughly \$30 million. In the last 15 years, the EPA tested approximately 40,000 properties and cleaned up about 15,000. The last 1,000 properties will be cleaned up under the direction of the City of Omaha in the next 7 years. In August of 2015, HUD awarded Omaha, Nebraska over 2 million dollars in grant money to protect children and families from dangerous lead and other home hazards. Other organizations providing outreach to the community for lead poisoning prevention include Douglas County Health Department, the Omaha Lead Hazard Control Program, Omaha Healthy Kids, and the University of Nebraska-Lincoln Extension in Douglas County.

CHILDREN TESTED FOR LEAD IN DOUGLAS COUNTY: 2001-2021



Fortunately, even though the number of children screened for lead poisoning continues to rise each year, the number of children tested with an elevated blood level continues to decline (see graph). In 2021, of the 16,952 children that were screened for lead poisoning in Douglas County, 213 children were identified with elevated blood levels.⁴³

Hearing/Speech

According to the March of Dimes, “nearly 3 in 1,000 (about 12,000) are born with some kind of hearing loss in this country each year.”⁴⁴ It has been found that the earlier a hearing impairment is identified, and treatment begun, the greater the likelihood of preventing or reducing the disabling effects associated with it, such as poor language or social/emotional development.⁴⁵

The Infant Hearing Act, a Nebraska law passed in 2000, requires the hearing screening of all newborns in birthing facilities in Nebraska. It also requires birthing facilities to educate parents about newborn hearing screening and any necessary follow-up care. In 2021, inpatient hearing screenings were reported on 24,471 newborns or 98.7%, and of those who received a screening, 23,146 (94.3%) passed the inpatient screening.⁴⁶ The majority of Nebraska hospitals are currently using the Otoacoustic Emissions (OAE) technique.

The Annual Report went on to mention that “Records for the Early Development Network (EDN), Nebraska’s Part C Early Intervention Program, indicate that 88% of infants residing in Nebraska in 2021 diagnosed as deaf or hard of hearing with a developmental delay, were enrolled in EDN services by 6 months of age for families accepting Part-C services. It is projected that the percentage for enrollment within 6 months will be approximately 88%, since there are still 66 infants needing a confirmatory diagnosis

⁴³ Douglas County Health Department. (n.d.). Lead Poisoning Prevention Program Statistics. Retrieved from www.douglascountyhealth.co./lead-poisoning-prevention.

⁴⁴ March of Dimes. (2014, June). Hearing Loss. Retrieved from <https://www.marchofdimes.org/complications/hearing-impairment.aspx>

⁴⁵ Center for Disease Control and Prevention. (n.d.). *EHDI Program Update, CDC’s Progress in Detecting Infant Hearing Loss*. Retrieved from <https://www.cdc.gov/ncbddd/hearingloss/documents/hearing-factsheet.pdf>

⁴⁶ Nebraska Health and Human Services. (2024). *2021 Annual Report Newborn Screening in Nebraska Newborn Bloodspot Screening for Metabolic and Inherited Disorders and Early Hearing & Detection Intervention*. Retrieved from <http://dhhs.ne.gov>.

and some will be referred to early intervention more than 6 months after their date of birth. The reasons for those infants not enrolled include: parents declined services, unable to contact the family, family moved out of state, and no indication of developmental delay (slight or mild hearing loss).”

According to the 2021 PRC Child & Adolescent Community Health Needs Assessment for Douglas & Sarpy Counties, Nebraska, and Pottawattamie County, Iowa, a total of 13.4% of the Omaha Metro Area children have some type of speech or language problem, and 6.1% have been diagnosed with hearing problems. While this is comparable to other communities throughout the US, Omaha has seen an increase in speech or language issues since 2012, and a significant increase in hearing problems.

Asthma

Asthma is a long term, disease that causes the airways of the lungs to tighten and constrict. Wheezing, breathlessness, chest tightness and coughing are some of the symptoms of the disease. Asthma can be hard to diagnose, especially in children younger than 5 years of age.⁴⁷ Nevertheless, Asthma is the number one cause of school absenteeism and is rising more rapidly in preschool-aged children than any other group. However, if controlled, students can be successful in school with a comprehensive plan that addresses both the medical management and environmental triggers to avoid.

Environmental contaminants, such as lead, second-hand smoke, and insect infestation, may be a contributing factor to the number of children in Douglas County living with asthma. In 2020, there were 6,828 children under the age of 18 living with asthma in Douglas County. Douglas County has raised its score from a dismal F grade in high ozone days (meaning “unhealthy air days”) between 2012 and 2014 to a B grade between 2019 and 2021. There were higher numbers of children living with asthma in northeast and southeast Omaha. Nebraska ranks among one of the highest states in the US of children with persistent severity of asthma.⁴⁸

Although asthma related deaths have decreased since the mid-1990s, asthma continues to be a problem in Douglas County and in the US. Asthma affects people of every race, sex, and age, however significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Children living below the federal poverty level are among the highest risk.³⁴

Oral Health

According to the 2016 Nebraska Oral Health Assessment Report, children in the 0-5 age range make up 8% of Nebraska’s population. It states that “dental decay is the most prevalent chronic disease affecting children in the U.S”, and that “children in the 0-5 age range are at risk for high rates of early childhood dental caries, especially low income, minority and special needs children who are less likely to see a dentist on a regular basis”. Nebraska Oral Health Surveillance System Report 2021 indicated 80.1% of Nebraska children ages 1-17 had preventative dental care in 2019, which was an increase from 74% in 2018. Only 40.9% of children ages 1-18 who were enrolled in Medicaid or CHIP had preventative dental care in 2020. In 2020, the number of practicing dentists that accept Nebraska Medicaid was 653, down from 785 in 2018.⁴⁹

⁴⁷ Health and Achievement, Managing Asthma in the School environment (EPA 402-K-10-004, August 2010), United States Environmental Protection Agency. Retrieved from <http://www.epa.gov>.

⁴⁸ American Lung Association. (2024). *State of the Air 2023* (Rep.). Retrieved from www.lung.org/.

⁴⁹ Nebraska Oral Health Surveillance System. (2021). *Nebraska State Oral Health Surveillance Report, 2011-2020*. Retrieved from <https://www.astdd.org/docs/2021-nebraska-oral-health-surveillance-report.pdf>.

“According to the Maternal and Child Oral Health Resource Center, an estimated 52 million school hours or 850,000 school days are lost nationwide per year because of dental-related illness.”⁵⁰

The need for oral health care is the most prevalent unmet health care need. Oral health diseases and disorders are almost entirely preventable. The 2021 PRC Child & Adolescent Community Health Needs Assessment reports transportation and cultural/language as the two most common barriers to accessing a child’s medical care in the Omaha Metro area in 2021.”⁵¹

The following data from the 2021 PRC Child & Adolescent Community Health Needs Assessment for Douglas & Sarpy Counties, Nebraska and Pottawattamie County, Iowa clearly indicates that the children targeted by Head Start and Early Head Start Programs in Omaha are precisely those most likely to not receive proper oral health care - children under the age of 5 from low income families, particularly Hispanic and refugee families, living in northeast and southeast Omaha. The statistics speak for themselves:

- Most Metro Area children aged 1-17 (77.2%) have visited a dentist or other oral health care provider (for any reason) in the past year.
 - Note that less than 55.1% of children aged 1-4 are likely to have visited a dentist or dental clinic in the past year.
- A total of 96.9% of these visits for children aged 1-17 were preventive.
- A total of 12.5% of parents report that they have experienced difficulties accessing dental care for their child (age 1 to 17) in the past year.
- Nearly 9 in 10 Metro Area children aged 1-17 (89.3%) have coverage that covers all or part of their dental expenses. Within Douglas County, the highest without coverages is in Southwest Omaha.⁵¹

A Public Health Representative and a Physician in Omaha stated [not identified by name]: *“Significant needs still exist in north Omaha, and in our refugee communities. Poor funding across the board for dental care. Dentists typically put limits on low-income care to keep their practices financially healthy. They too do not want to invest in low return humans, poor patient, and family compliance, etc.” “Lack of dental insurance for kids and lack of providers willing to treat children without insurance. Also, a lot of families do not think oral health care is important.”*

School-based Oral Health Services: Fortunately, Building Health Futures has developed a network of Oral Health providers prepared to provide oral health services to children enrolled in elementary schools throughout OPS. The Child Oral Health Collaborative Service Providers offer school-based oral health services at over 40 schools in the OPS District. Children in these schools are eligible to receive a dental screening, oral health education, fluoride varnish treatments, dental sealants, and/or restorative procedures. All services are provided in the school setting by a dental professional. Providers include Charles Drew Health Center, Creighton University School of Dentistry, Iowa Western Community College, One World Community Health Centers, and University of Nebraska Medical Center College of Dentistry.

On July 1, 2017, the Nebraska Department of Health and Human Services, Division of Medicaid and Long-Term Care (MLTC) launched a new program that transitioned the State’s current Fee-For-Service dental program to a managed care delivery system. The new program is administered by a Dental Benefits Manager (DBM) who handles claims, payments, and prior authorizations, and will work with providers and Medicaid clients to coordinate the client’s dental care. This new program is aimed at improving care coordination and access to dental care for Medicaid eligible individuals. The contracted DBM is responsible for establishing a Dental Home program that strengthens the provider-patient relationship, encourages the utilization of preventative services, and promotes positive patient education.⁵²

⁵⁰ Department of Health and Human Services, & Nebraska DHHS Oral Health and Dentistry. (18, January 24). 2016 Nebraska State Oral Health Assessment & Dental Disease Burden Report (Rep.). Retrieved from <http://dhhs.ne.gov/Reports>.

⁵¹ Children’s Hospital and Medical Center. (2018) Retrieved from <http://www.childrensomaha.org/wpcontent/uploads/2019/01/2018-Child-Adolescent-PRC-CHNA-Report-Childrens-Hospital-Medical-Center-12.28-1.pdf>

⁵² Lynch, C. A. (2016, December 7). Provider Bulletin N 16-29 [Letter written December 7, 2016 to Nebraska Medicaid Providers]. Retrieved from dhhs.ne.gov/medicaid/Documents/pb1629.pdf

Overweight and Obese Children and Adults

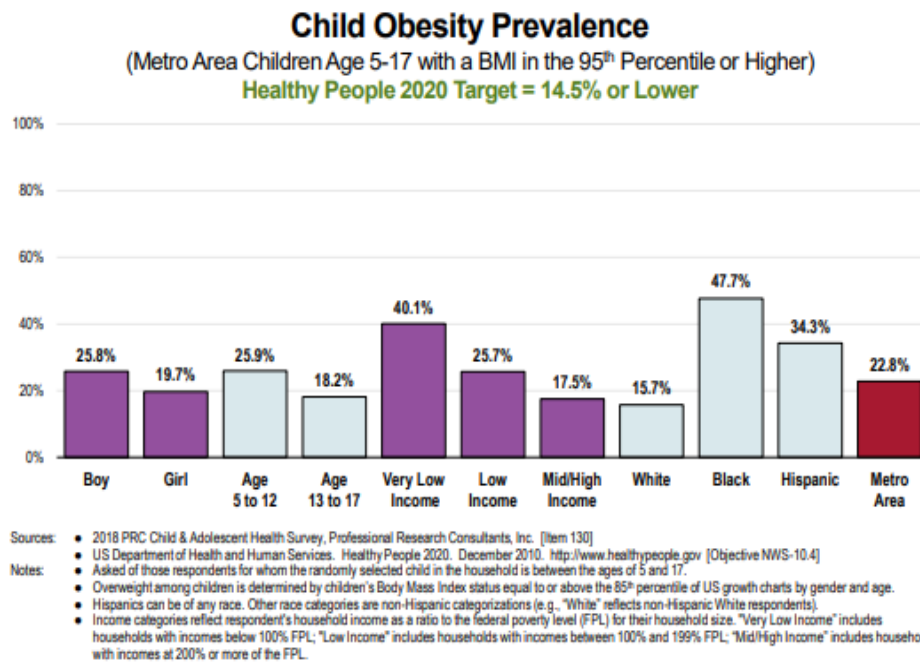
Across the nation childhood obesity numbers have tripled in the last 30 years. While children under the age of two years are monitored for a healthy weight for their length and age, they are generally not classified “overweight” or “obese”. Children over the age of two may be classified as overweight and obese, and could face health problems. These children are at greater risk of high blood pressure, high cholesterol, type 2 diabetes, joint problems and social or psychological problems such as poor self-esteem and discrimination.

According to the 2021 PRC Community Health Needs Assessment for Douglas & Sarpy Counties, Nebraska and Pottawattamie County, Iowa, 39.6% of children aged 5-17 in the Omaha Metro area are overweight or obese (based on Body Mass Index calculated from height/weight) an increase from 26.9% in 2015. Additionally, those who are more likely to be overweight or obese include children aged 5 to 11; those in households with incomes under 200% of the federal poverty level; and Hispanic children. The highest areas for children who are obese are northeast Omaha at 51% and southeast Omaha at 52.7%.

We have all heard that adults are role models for children. The overweight and obesity rates for adults define why children may be overweight or obese. According to the same Community Health Needs Assessment, only 69.3% of adults in the Omaha Metro area are at a healthy weight. This is less favorable than both the state and national findings. This number failed to satisfy the Healthy People 2020 target of 33.9% or higher. And according to trend reports, this is statistically unchanged since 2011.

Other explanations for this include the fact that thirty years ago the average child would walk to school, eat home cooked meals with reasonable portion sizes, have vegetables on the plate with most meals, play outside daily, and rarely eat out or snack between meals.⁵³ But lifestyles have changed. In this fast-paced society, we are eating outside of the home more than ever before. Due to safety concerns, many children are not able to play outside. Budget cuts in many schools have decreased or eliminated physical education classes.

⁵³ Obama, M. (2010, February 9). Learn the Facts. Retrieved from <https://letsmove.obamawhitehouse.archives.gov/learn-facts/epidemic-childhood-obesity>



Overweight or obese individuals are one key indicator in determining the health of a city. In October 2013, Douglas County introduced the Douglas County Community Health Improvement Plan (CHIP). One of the initiatives of the plan is to improve the health of Douglas County residents. Included in the initiative are four priority areas for health, one of which is obesity and nutrition. In relation to the obesity/nutrition priority, four objectives are currently in progress with a goal to “assure sufficient resources that promote proper nutrition, healthy weight/weight maintenance, and increase the likelihood of health habits through maximizing a supportive environment.” Progress toward this goal continued through December 2016.

The Community Health Needs Assessment reports that, when asked if obesity is a major problem in Omaha, a Public Health representative from Douglas County stated, “Obesity rate in Douglas County is still increasing whereby many areas around the country are seeing a leveling off or even a slight decrease. A Physician, in Douglas County shared, “Obesity is a major problem within this community. Too many single parent families or in families with both parents, either one or both are working long hours. They don't have the time, money, or knowledge to help children learn to eat the right foods.

Nutrition

According to the 2021 PRC Community Health Needs Assessment for Douglas & Sarpy Counties, Nebraska and Pottawattamie County, Iowa, “Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.” Proper nutrition serves as the foundation for a healthy lifestyle and is directly affected by your financial status and where you live. Being undernourished can inhibit a family's ability to function appropriately. Good nutrition will impact the future physical & mental health, academic achievement, and economic productivity of a child.

Food Insecurity: Food insecurity is defined as “inadequate access to sufficient, safe, and nutritious food that meets individuals’ dietary needs”. Research conducted by Children’s HealthWatch and others has found that food insecurity can damage children’s health and brain development years before they enter a classroom. By kindergarten, food-insecure children often are cognitively, emotionally, and physically behind their food-secure peers.” “Food-insecure young children are nearly twice as likely to be in fair or poor health when compared to food-secure young children and are also more likely to suffer from common illnesses such as stomachaches, headaches, and colds when they reach preschool age.” “Food insecure infants and toddlers are two thirds more likely than food-secure young children to be at risk for developmental delays”.⁵⁴

According to the 2022 Kids Count in Nebraska Report, “alongside increasing poverty rates for families in Nebraska, the number of households that didn’t know where their next meal was coming from has been on the rise in recent years”. The Voices of Children Report indicates that 13% of Douglas County children are living in households experiencing food insecurity. The 2020 data released by Feeding America reports that 15.8% of all individuals living in Douglas County are food insecure, with 52% of them having income below 130% of the Federal Poverty Guideline, which would make them eligible for SNAP, WIC and free school meals. Another 19% have incomes between 130-185% of the FPG and are therefore eligible for WIC and reduced cost school meals. And the upper 29% of individuals with food insecurities have incomes above 185% of the FPG, and consequently are not eligible for any food service programs.

Consumption of Nutritious Foods: The 2021 PRC Community Health Needs Assessment Report reported more than 32.7% of children in Omaha eat more than five servings of fruit and vegetables daily per day, and that there is an upward trend of fruit and vegetable consumption by residents in Douglas County among adults. Those more likely to report difficulty getting fresh fruits and vegetables include lower-income residents (up to 200% of the poverty threshold) and parents of Hispanic children.

Douglas County Health Department conducted a study to find ways to increase fruit and vegetable consumption. The study found accessibility to healthy food options is a barrier for families. Most families have healthy food options, within one mile of their home. However, there are some urban areas where families must travel over two miles to find healthy food options. Many of these areas only have groceries at the local gas station as a food source and these families do not have reliable transportation to areas where healthy food options are available.

Food options have improved in Douglas County. The 2018 NEMS assessment reports that there has been a 23% increase in access to a full range of food for residents. The percentage of stores providing healthy offerings in the five key food groups of fruit, vegetables, milk, meat or meat alternatives, and whole grains – which earns them a five score - increased 17 percent.²⁰

The Live Well Omaha Community Report Card also indicated that the numbers of community and school gardens are on the increase. The numbers of gardens have doubled in recent years and include 50 gardens all over the city.

⁵⁴ Hickson, BA, M., Ettinger de Cuba, MPH, S., Weiss, MS, I., Donofrio, BA, G., & Cook, PhD, J. (2013, September 3). *Too Hungry to Learn: Food Insecurity and School Readiness* (Rep.). Retrieved <http://childrenshealthwatch.org/too-hungry-to-learn-food-insecurity-and-school-readiness/>.

Woman, Infant and Children (WIC)

WIC is a supplemental nutrition program for breastfeeding, pregnant and postpartum women, and infants and children up to five years old. This program is designed as a short-term intervention to influence lifelong nutrition and health behaviors in a targeted high-risk population. WIC provides nutrition and health information, breastfeeding support, and supplemental foods such as milk, juice, cheese, eggs and cereal to participants. In October 2009, Nebraska WIC program revamped their food package to include foods lower in fat and higher in fiber. Eligible participants must meet the income guidelines of 185% of poverty and have a nutritional risk.

In 2016 in Douglas County, WIC served an average of 13,818 women and children per month at all Douglas-Sarpy County clinics.⁵⁵ Participation in the WIC program helps ensure normal growth, increase immunization rates, improve diets, reduce levels of anemia, increase cognitive performance, and improve access to regular health care.⁵⁶ Currently only 40% of Omaha Public School Head Start children are receiving WIC benefits, a decrease from 46% five years ago.

Women who are pregnant, breast-feeding, or families with infants and children up to age 6 who are at or below 185% of poverty, are also eligible for the USDA Commodity Supplemental Food Program (CSFP). This program provides surplus commodity foods such as non-fat dry milk, cheese, canned vegetables, juices, fruits, pasta, rice, dry beans, peanut butter, and infant formula and cereal to eligible participants.⁵⁷

Supplemental Nutrition Assistance Program (SNAP)

Supplemental Nutrition Assistance Program (SNAP), formally known as Food Stamps is a federal program that helps millions of Americans who are low income put food on their table across the United States. There are 9.5 million families with children on SNAP. It is the largest program working to fight hunger in America. The Head Start Act now includes SNAP. This policy change allows Head Start programs to reach families better and coordinate programs so that families eligible for multiple programs can more easily participate in services for which they qualify.

The Federal Government pays for 100% of SNAP benefits. The administrative cost is covered by state government. SNAP benefits, distributed via Electronic Benefit Transfer (EBT) cards, are provided by the United States Department of Agriculture (USDA) to aid families that have income at or below 130% of the Federal Poverty Level (FPL) in order to maintain a healthy diet. For example, a family of four can make no more than \$3,006.00 a month of benefits during 3 months of benefits during any 3-year period if they are not working a minimum 20 hours per week or participating in a training program.

Nebraska state unemployment rate, as of Oct. 2022, was 2.4%. Nebraska's ranking of 5 of the 50 states is among the lowest in the nation, but the number of Nebraskans who rely on government assistance has risen. The October 2019 local unemployment rate for the Omaha, NE-Council Bluffs, IA Metropolitan statistical area was a ranking of 106. The rankings were 1-389. The American Community Survey shows the median per capita income for Nebraska was \$36,227 in 2021. Compared to the US per capita income,

⁵⁵ 2016 Annual Report for Douglas County Health Department (Rep.). Retrieved from <https://www.dchealthdata.com/images/files/Annual-Report-2016.pdf>.

⁵⁶ USDA Food and Nutrition Service. (n.d.). About WIC- How WIC Helps. Retrieved from <https://www.fns.usda.gov/wic/about-wic-helps>.

⁵⁷ USDA Food and Nutrition Service. (n.d.). Commodity Supplemental Food Program (CSFP). Retrieved from <https://www.fns.usda.gov/csfp/commodity-supplemental-food-program-csfp>.

Nebraska per capita income is \$2,105 lower. The average income of residents in Omaha Nebraska is \$27,226 a year.

Many of the people who use SNAP are employed.

Douglas County sits in Nebraska Congressional District 2, under Congressman Don Bacon. The USDA profile of SNAP households in 2018 for District 2 states that during that year, \$0.23 billion in SNAP was issued, and there were 175,849 people on SNAP per month. In Congressional District 2, 9% of households receive SNAP. The median income of households on SNAP was \$24,235. 56.90% of the households receiving SNAP were in a household with children under 18 years. The race/ethnicity of the households were as follows: White 58.20%, Black or African American 30.80%, Hispanic or Latino 15.30%, Asian 5.6%, American Indian and Alaska Natives 1.5%, other race 1.10%. SNAP benefit recipients in Douglas County December 20, 2018 was 65,667(+more).

President Trump called for massive cuts to the SNAP budget, which would eliminate benefits for 4 billion people; this included the unemployed, the elderly, individuals with disabilities and low-income working families with children. In 2021, President Biden reversed this and provided 1 billion per month in temporary food assistance.⁵⁸ President Biden reevaluated the cost of a nutritious, practical, cost-effective diet, which revealed the need for a 21% increase on the current Thrifty Food Plan. As a result, the average SNAP benefit increased by \$36.24 per person per month, for Fiscal Year 2022 beginning on October 1, 2021.⁵⁹

Food Programs that Serve Children

School Breakfast and Lunch Program: Families are eligible for free or reduced-price lunches based on their income level through the USDA School Lunch Program. Families must have an income at or below 130% Federal Poverty Levels (FPL) to receive free lunches and 185% FPL to receive reduced price meals. In Douglas County, OPS is the only school district that offers a free breakfast. The other school districts offer a free or reduced breakfast based on eligibility for lunch. The percent of children eligible for free and reduced meals in 2016-2017 was 47.5% or 50,901 children.⁶⁰ School breakfast and lunch programs are provided by the USDA, who reimburses schools and childcare facilities for meals served to qualifying families.

Backpack Program: In addition to the school breakfast and lunch programs, nearly 75 schools in the Omaha area offer the Backpack Program. During the 2017-2018 schoolyear, 55% of children participating in the program statewide lived in the Omaha metro area.⁶¹ School Lunch and Breakfast programs are also provided by the USDA, reimbursing schools and childcare facilities for meals served to qualifying families. Early Head Start/Head Start children continue to benefit from the Backpack program and School Breakfast and Lunch program at our center-based partners.

Kid's Café: Kids Cafe is one of the nation's largest free meal service programs for low-income children. Kids Cafe serves evening meals in partnership with community organizations that offer a safe environment after school. Food Bank for the Heartland supplies meals for 19 Kids Cafe sites in Omaha and surrounding areas and serves over 2,700 meals each week.⁵⁶

⁵⁸ Reiley, L. (2021). *Biden administration reverses Trump decision, will provide \$1 billion a month more in emergency food assistance*. The Washington Post. Retrieved from <https://www.washingtonpost.com/business/2021/04/02/biden-usda-snap-relief/>

⁵⁹ US Department of Agriculture. (2021). *USDA Modernizes the Thrifty Food Plan*. Retrieved from <https://www.usda.gov/media/press-releases/2021/08/16/usda-modernizes-thrifty-food-plan-updates-snap-benefits>

⁶⁰ 2018 Kids Count in Nebraska Report. (2019, January 1). Retrieved from <https://voicesforchildren.com/wp-content/uploads/2019/01/2018-Kids-Count-in-Nebraska-Report.pdf>

⁶¹ Food Bank for the Heartland. (n.d.). *Get Food The Backpack Program*. Retrieved from <https://foodbankheartland.org/get-food/#section04>.

Kids Cruisin' Kitchen Program: Forty-five percent of children receive free or reduced school lunches and are seeking other resources for meals when school is out of session. Food Bank for the Heartland and The Omaha Salvation Army are collaborating during the summers to bring hot, nutritious meals free of charge to the places where children live and play such as parks, libraries, and apartment complexes. Children 18 years of age and under are eligible for free meals at one of the 21 mobile sites in the Omaha area Mondays through Fridays from May 31st through August 5th. In 2019, KCK served over 50,000 meals.⁵⁶

Bed Bugs

The Omaha community is experiencing an influx of an unwelcome population – bed bugs. An article entitled *Omaha Nebraska Bed Bug News* dated June 25, 2011, discusses the issues regarding the problems with bed bugs in the Omaha area. Referencing an article in the Omaha World Herald about an interview with the Nebraska Department of Health and Human Services on the growth of bed bug control problems in Nebraska, it states that in a 2009 survey they indicated that pest-control companies treated 616 bedbug infestations in 2008, up from 196 the year before and only 48 in 2003. Reid Steinkraus, Douglas County's Supervisor of Sanitation Control, said the bedbug problem has remained steady since its resurgence around 2008. Very few hotels have had infestations this summer, Steinkraus said, but there have been extensive bedbug problems in some Omaha Housing Authority towers. The owner of Omaha Pest Control Inc. said he's responded to infestations at day camps, childcare facilities, movie theaters and residences. Exterminators in the Omaha area say they get two to three bedbug calls a day, and Douglas County health officials say there have been more overall bedbug cases this year. He said a big issue is that some people can't afford the cost of eradicating bedbugs, which can run from \$400 to \$2,000 depending on the treatment and size of the infected area. Health officials in Nebraska and Iowa say no community has been spared from having a bedbug infestation and that, contrary to common belief, everyone is at risk of getting bedbugs.

Mental Health

Mental, emotional, and behavioral (MEB) health is a critical component of a child's well-being. Young children with mental health problems miss out on developmental experiences that promote early learning. The prevalence of mental health problems is markedly higher for children in families facing economic hardship and other stressful circumstances, such as maternal depression. Research has shown that 57% of children with mental health problems come from families living at or below the federal poverty level.⁶² Overall approximately 1 in 5 youth aged 13–18 (21.4%) experiences a severe mental disorder at some point during their life. For children aged 8–15, the estimate is 13% (NAMI, 2017). According to Mental Health America's State of Mental Health Report 2023, Nebraska ranks 49 overall for youth having a prevalence of mental illness and access to care. The lower the ranking indicates that youth have higher prevalence of mental illness and lower rates of access to care. Some of the measures that make up the ranking include children with private insurance that did not cover mental or emotional problems, youth with at least one major depressive episode in the past year, and youth with substance use disorder in the past year. Nationally, rates of youth with severe depression increased from 8.2% in 2015 to 11.5% in 2023. However, the rate of youth that are left untreated because of access to care has decreased from 76% to 59.80%.⁶³

Out of Nebraska's 1.8 million residents, approximately 91,000 adults and 23,000 children are living with a

⁶² Stagman, S., & Cooper, J. L. (2010, April). *Children's Mental Health What Every Policymaker Should Know* (Rep.). Retrieved from http://www.nccp.org/publications/pub_929.html.

⁶³ The State of Mental Health America. (2024). Retrieved from <https://mhanational.org/sites/default/files/2023-State-of-Mental-Health-in-America-Report.pdf>

serious mental illness. It is estimated that one in five Nebraska families are affected by mental illness; their own or their parents. Two thirds are not getting the help they need.⁶⁴

According to the 2021 PRC Child and Adolescent Community Health Assessment Executive Report, mental, emotional, and behavioral (MEB) disorders are common and begin early in life. The ranking of fair to poor has decreased from 8% in 2015 to 2.1% in 2021. In addition, “Fair/poor” mental health status among children 5-17 is more often noted for girls and teenagers. Signs of depression are most notably higher among children living in very low-income households as well.

Approximately 81% of key informants for the 2021 PRC Health Assessment characterized mental and emotional health for children and Adolescents as a “major problem” in the community. Parents and physicians surveyed reported Adverse Childhood Experiences (ACEs) and access to care/services as major problems related to mental health services in Douglas County. Douglas County has agencies in the community that accept Medicaid, provide services at a low-cost, or have sliding fee scales. Unfortunately, there is often a stigma attached to the need for mental health services. Parents may feel they are blamed for their child’s mental health problems and are ashamed to seek help.⁶⁵ The majority of child psychiatrists in the state are located in the larger cities of Omaha and Lincoln, but there is still a shortage and they are utilized as a last resort for childhood problems.⁵¹

CHI Health Lasting Hope Recovery Center is a 64-bed adult psychiatric facility. CHI Health Psychiatric Residential Treatment Facility (PRTF) is a 20-bed facility designed to treat children and adolescents ages 6 - 18 years old with a psychiatric disorder, and there are additional inpatient and outpatient services for Children and Adolescents up to the age of 18. An assessment of Omaha area behavioral health services completed in Omaha in 2014 found that Region 6 (a five-county area surrounding Omaha) “lacks both widespread capabilities to treat co-occurring mental illness and substance use disorders or co-occurring behavioral health and physical health conditions.” It went on to say that “not-for-profits are ‘maxed out’ and inundated by calls for service” and that “appropriate residential care is very difficult to access at times”.⁶⁶

In 2007, the State legislature established the Children’s Behavioral Health Task Force to address the behavioral health needs of children, adolescents, and their families. Based on the Task Force’s recommendations, the Nebraska Department of Health and Human Services (DHHS) began shifting services from out-of-home care towards community-based services focusing on prevention and early intervention. In 2009, the Nebraska Legislature authorized the creation three new services: Nebraska Family Helpline, Family Navigator and Right Turn. These programs are intended to provide support to families in meeting the needs of their children who may be experiencing behavioral or emotional problems and develop plans to address the needs. Staff also provide referrals to community-based services and informal support. In October of 2012, Hornby Zeller Associates, Inc. published a final report. Each of the three evaluations has revealed that the services that do exist, together with these new supplements, satisfy the needs of 80 to 90 percent of the families with whom they come in contact. In some cases, the types of support provided by these programs, provided earlier, may have helped to forestall such difficult problems later. As noted in the 2015 PRC Health Assessment, “the greatest opportunity for intervention is among young people. Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk. Interventions targeting families dealing with adversities,

⁶⁴ Project Relate. (2012). Facts About Mental Illness. Retrieved from www.projectrelate.org/mental_illness_stats.html

⁶⁵ Early Childhood Mental Health Work Group. (2002, March). *Early Childhood Mental Health, A Report to Nebraska* (Rep.). Retrieved from <http://ccfl.unl.edu/about/faculty-staff/people/clewis/report.pdf>.

⁶⁶ *Omaha Area Adult Behavioral Health System Assessment, Final Summary of Findings and Recommendations* (Rep.). (2015, January). Retrieved from http://otoc.org/wp-content/uploads/2015/09/Omaha-Region-6-System-Assessment-Report-FINAL-TriWest-Group-2015_01_16.pdf.

such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.”

In 2016 the Nebraska Department of Health and Human Services’ Division of Behavioral Health received a grant to expand and sustain the System of Care in the state of Nebraska, which is a “framework for designing mental health services and supports for children and youth who have a serious emotional disturbance, and their families, through a collaboration across and involving public and private agencies, families and youth.”⁶⁷ It will take partners from across the state three to five years to fully implement the strategic plan, which is geared to “improve service delivery systems, provide meaningful benefits and measurable, positive outcomes for children, youth and families.”⁶¹ Nebraska’s goals under the System of Care include:

1. Lowering the average age (in years) of first system contact (currently 9.38 years for Nebraska.)
2. Reducing the percentage of youth placed out of home (currently 17.7 percent for Nebraska.)
3. Decreasing the average annual cost per youth (currently \$4,392.90 in Nebraska.)
4. Improve school attendance rate (currently 95.2 percent in Nebraska, according to the Department of Education.)

⁶⁷ Department of Health & Human Services Nebraska. (2016). [Brochure]. Author. Retrieved from <http://www.nebraskachildren.org/what-we-do/system-of-care.html>.

SOCIAL SERVICES

The Omaha Douglas County area is fortunate to have a variety of social agencies that target the needs of children and families to ensure that children are 'well educated' and empower parents to strive to become self-reliant. Collaboration and cooperation with local agencies allow Head Start and Early Head Start enrolled families access to services in the community to support those families in achieving their goals. There are, however, many adverse situations that require additional support for families to be successful. Oftentimes concerns and barriers such as housing, homelessness, domestic violence, child abuse, substance abuse, unemployment, transportation, and unsafe neighborhoods impede family progress.

Housing

Omaha, NE is generally considered an affordable place to live, however that is not necessarily true for low-income families, especially when it comes to rent. The following is information from The Landscape, a project organized by the Omaha Community Foundation (OCF) that incorporates publicly available data, policy review, and insight gathered from direct engagement with residents in Douglas, Sarpy, and Pottawattamie Counties. The Housing and Urban Development's (HUD) 2023 Fair Market Rent (FMR) for a two-bedroom apartment is \$1083 for the Omaha-Council Bluffs area (this includes utilities). It is reported that 45% of renters do not have sufficient income to meet their housing needs. In order to spend no more than 30% of income on rent and afford two bedrooms, an individual must make \$19.00 per hour working 40 hours per week. This increased from \$17.39 per hour since our community assessment update last year. Nearly half of renters are spending over the expected 30% of their household income in the Omaha-Council Bluffs metro.⁶⁸

According to the National Low Income Housing Coalition, there is currently a shortage of affordable and available rental homes for extremely low-income households across Nebraska. Many of these households are spending more than half of their income on housing. Severely cost burdened poor households are more likely than other renters to sacrifice other necessities, like healthy food and healthcare to pay the rent, and to experience unstable housing situations like evictions.⁶⁹ About 3 out of every 4 people living at or below the poverty line live in substandard housing, and living in substandard housing can affect a household's health, stability, education, and general well-being.⁷⁰

According to the 2021 U.S. Census Bureau's American Community Survey, there are an estimated 248,372 housing units in Douglas County. Of these units, 236,106 (95%) are occupied, and the number of vacant units is 12,266. Douglas County Housing Authority and Omaha Housing Authority provide public housing and administer Section 8 vouchers in Douglas County. Family Housing Advisory Services and Habitat for Humanity also assist families with housing needs.

The two agencies providing low-income housing for families, including families with disabilities, include Douglas County Housing Authority, and the Omaha Housing Authority. Douglas County Housing Authority (DCHA), which serves Douglas County west of 72nd Street, currently serves more than 1,180 families including 992 children through the Section 8 program. DCHA also owns and manages 38 single-family

⁶⁸ The Landscape, "Neighborhoods in the Omaha-Council Bluffs area: Affordability of Housing", (n.d.) <http://www.thelandscapeomaha.org/Neighborhoods/Affordability-of-Housing>

⁶⁹ "Out of Reach 2018: Nebraska", National Low Income Housing Coalition, (n.d.) <https://nlihc.org/oor/nebraska>

⁷⁰ The Landscape, "Neighborhoods in the Omaha-Council Bluffs area: Quality of Housing" (n.d.) <http://www.thelandscapeomaha.org/Neighborhoods/Quality-of-Housing>

homes and a 40-unit property as public housing.⁷¹ The waiting list to receive section 8 assistance is up to one year or more and the waiting list for public housing is 3 months to 3 years.⁷² Douglas County Housing Authority has a home ownership program called Valley Crown and Gretna Crown that assists median income participants in becoming homeowners. There are 12 houses in Valley and 15 houses in Gretna that are a part of the credit to own program. The Omaha Housing Authority (OHA), which serves families east of 72nd Street, administers approximately 4,300 Section 8 vouchers and has over 2,700 public housing units and scattered site housing available for low income families.⁷³ In addition to having a long wait for available housing, OHA is also struggling with the needs of an aging inventory within their public housing stock, with the average age being 45 years-old with no major renovations. They are currently seeking local, state, and federal funds to help address these needs.⁷⁴

An unfortunate example of the aging public housing property and substandard rental property often occupied by low-income families, including a number of families in Head Start and Early Head Start, is a housing crisis that just occurred in September 2018 at the Yale Park Apartments, formerly known as the Tommie Rose Gardens Apartments, previously owned by the Omaha Housing Authority. The City of Omaha housing inspectors investigated the property and found more than 2,500 violations including gas leaks, faulty wiring, leaky roofs, and unsanitary conditions involving cockroaches and bedbugs. The nearly 500 residents, primarily refugee families from Myanmar, were removed from the property and relocated in temporary housing. Drawn to the property by the affordable rent and not having a real understanding of renter rights, these refugee families were at the mercy of the property owner.⁷⁵

Another resource for families is Family Housing Advisory Services (FHAS), which has offices in North and South Omaha. Family Housing Advisory Services provides housing and financial education and advocacy. According to their 2014 Community Impact Report, FHAS served nearly 12,179 clients in 2014 including 3,726 households requesting homelessness prevention services. The agency also provides homeowner education, asset management, investigates fair housing complaints, assists with mortgage financing, and has housing development and rehabilitation programs.

Habitat for Humanity of Omaha has partnered with more than 1,425 families in our community.⁷⁶ Thousands of donors and volunteers have worked together with Habitat Omaha Partner Families to make these services a reality, building stronger neighborhoods and affecting measurable change in the community.

According to their 2015 Annual Report, Habitat for Humanity of Omaha expected to complete up to 45 homes in 2016. Homes are built with donor contributions, volunteer labor, and donated materials. Partner families are required to contribute 350 hours of Sweat Equity on the build site and by attending homeownership workshops. Their monthly mortgage payments are then used to build more homes. Most Habitat houses are located in Northeast Omaha neighborhoods east of 72nd Street.

⁷¹ Douglas County Housing Authority. (2016). Douglas County Housing Authority 2016 Annual Report, Nurturing Hope Through Housing (Rep.). Retrieved from <http://www.douglascountyhousing.com/docs/2016AnnualReport.pdf>.

⁷² Douglas County Housing Authority. (n.d.). Section 8 Applicants. Retrieved from <http://www.douglascountyhousing.com/Section8App.html>.

⁷³ Omaha Housing Authority. (n.d.). Overview. Retrieved from <http://www.ohauthority.org/section8>.

⁷⁴ Omaha-Council Bluffs Consortium Consolidated Submission for Community Development Programs: 2018 Action Plan. Retrieved from https://planninghcd.cityofomaha.org/images/stories/2018_Action_Plan.pdf, page 65.

⁷⁵ Omaha World Herald articles, staff writers Erin Duffy and Emily Nohr, September 26 and 27, 2018

⁷⁶ About Habitat for Humanity of Omaha. (n.d.). Retrieved from <http://habitatomaha.org/>.

Homelessness

The Metro Area Continuum of Care for the Homeless reported a total average of 1,481 homeless persons on a single night in the metropolitan area, and an estimated total count of 5,542 homeless persons between 10/1/2014 and 9/30/2015.⁷⁷ Of this number, 362 were under the age of 5. The following information is from their *2010 Progress Report on Preventing & Ending Homelessness in Douglas, Sarpy & Pottawattamie Counties*: In interviews conducted with 105 people in shelter in 2010, six themes emerged as the number one reason reported for being homeless: job instability, family/relationship breakdown, moved from out-of-state, substance use, general economic hard times, and domestic violence. The average length of a homeless episode for people in families during 2010 was 157 days, and 18% of families returned to homelessness in 2010 after a prior episode. Of the people experiencing homelessness in Omaha in 2010, 17% have a serious mental illness, and 26% have a chronic substance abuse issue.

There are many resources in the Omaha area for emergency housing shelters and homeless assistance. According to the Metro Area Continuum of Care for the Homeless, there are 796 emergency shelter beds in the metro area, 55 of which were added in 2010. Additionally, there are 332 permanent supportive housing beds for individuals, and 244 transitional housing beds for families.

Domestic Violence

According to the 2018 PRC Community Health Needs Assessment for Douglas County, 13.4% of responding adults in Douglas County reported being hit, slapped, pushed, kicked, or hurt in any way by an intimate partner. This is a 1.5% increase over the 11.9% reported in 2015.

The Domestic Violence Council, in conjunction with the Women's Fund of Omaha works to unite people, service and systems to end intimate partner violence in the Omaha metro community area. The DVC leads the Coordinated Response Team (CRT) for Douglas County. Partners include the Women's Center for Advancement (WCA), Catholic Charities, and Project Harmony as well as the Omaha Police Department, Douglas County Sheriff's Office, and Douglas County Attorney's Office. The DVC collects criminal justice system data from many community partners within Douglas County - from the initial contact with 911 all the way through probation - and reviews data trends. They use this data to collectively inform about strategies to improve response within the community. They report that in 2014 there were 15,856 domestic violence calls to 911 in Douglas County. There were 1,819 arrests.

According to a Spring 2015 article in Today's Omaha Woman, WCA advocates worked with 3,989 victims in 2014—an 81% increase from the 2,209 victims served in 2013. In their 2015 Annual Report, Catholic Charities of Omaha reported serving 5,416 domestic violence clients. The WCA reports that they serve 150 clients daily including education, counseling, advocacy, and other services.

Domestic violence has great short-term and long-term impacts on infants and toddlers. Research has shown that “children who witness family violence suffer the same consequences as those who are directly abused.”⁷⁸ Young children may have difficulty forming secure attachments, as their caretaking parent may not be able to respond consistently to their needs if they are in a domestic violence situation.

⁷⁷ MACCH. (n.d.). *MACCH Metro Area Continuum of Care for the Homeless Annual Report 2015* (Rep.). Retrieved from http://www.endhomelessnesstoday.org/2015_MACCH_Annual_Report.pdf.

⁷⁸ The Effects of Family Violence on Children - Where Does it Hurt? (2017, January 9). Retrieved March 23, 2018, from <http://www.rcmp-grc.gc.ca/cp-pc/chi-enf-abu-eng.htm>.

Research on interventions for young children experiencing risk factors, such as domestic violence coupled with poverty, highlights the importance of intentional efforts to promote healthy social and emotional development, to strengthen (or repair) damaged relationships with primary caregivers, and to ensure that there are other caring and stable adults in the child's world.⁷⁹ "Early childhood programs (especially Early Head Start and Head Start) that take a holistic approach to serving families and address education, employment, and lack of basic resources, are also in a strong position to help families. Sometimes, because parents trust them, they may be the first to learn about domestic violence—either through children or parents' disclosure. They can help parents understand how to help their children deal with the violence and support the parents as the nurturers and teachers of their children."⁸⁰

The Child Saving Institute offers support and recovery services for survivors of domestic violence. The free support group consists of a 10-week class filled with activities to aid in processing and healing following the trauma caused by domestic violence. The support group gives the parent and their child the support needed to regain stability.

Child Abuse and Neglect

Child abuse and neglect is a form of violence that is impacting our children. According to the Nebraska Department of Health and Human Services Child Abuse and Neglect 2017 Annual Data, there were 1,943 substantiated victims of child abuse and neglect in the Eastern Service Area (Douglas and Sarpy counties). This included 295 cases of physical child abuse, 1,626 cases of neglect, and 198 cases of sexual child abuse. Alarming, 747 or 38.4% of substantiated victims involved children ages zero to four years with infants and toddlers under the age of 2 being the single largest age of children at 18.5%, followed by age 2 at 7.4%. Remarkably, although the total reports assessed have gone up by 17% over the past 10 years, substantiated victims have only gone up by 8.5%.

EASTERN SERVICE AREA (ESA)

TABLE ESA-1: CAN REPORT STATISTICS BY CALENDAR YEAR

Calendar Year	Total Reports Assessed	Total Reports Substantiated	Substantiated Victims
2008	4,368	1,203	1,840
2009	5,071	1,472	2,344
2010	5,060	1,501	2,275
2011	5,311	1,394	2,061
2012	3,853	968	1,526
2013	4,233	1,199	2,021
2014	4,181	1,016	2,060
2015	4,877	927	1,871
2016	5,189	896	2,012
2017	5,281	876	1,943

Figure 1 Nebraska Department of Health and Human Services Child Abuse and Neglect 2017 Annual Data

⁷⁹ Knitzer, J. (2000). *Promoting resilience: Helping young children and parents affected by substance abuse, domestic violence, and depression in the context of welfare reform*. New York: Columbia University, National Center for Children in Poverty.

⁸⁰ Cohen, E., & Knitzer, J. (2004, January 1). *Young Children Living with Domestic Violence: The Role of Early Childhood Programs* (Rep. No. 2). Retrieved https://ir.uiowa.edu/cgi/viewcontent.cgi?article=1002&context=socialwork_pubs.

Children in Out-of-Home Care

Nebraska Department of Health and Human Services divides counties into several service areas. Douglas County is part of the Eastern Service Area, which also includes Sarpy County. The Eastern Service Area provides services to families, including out-of-home (foster care) through contracted services. As of June 30, 2018, there were 1,682 children in out-of-home care in Douglas County, and approximately 41.2% or 693 of these children were aged birth to 5 years. According to the Nebraska Foster Care Review Office Annual Report Issued September 2018, “The increased prevalence of children in this age group (0-5) is likely due to their vulnerability and inability to protect themselves from parental abuse or neglect.” PromiseShip, formerly the Nebraska Families Collaborative formed by Boys Town and other private Omaha-area child welfare agencies, is the primary agency that contracts with the state to provide foster, kinship, and group home care to children in Douglas and Sarpy Counties.

The child welfare system has improved slightly in Nebraska over recent years but is not without its problems. According to an August 2018 article in the Omaha World Herald, since 2009 when the state originally contracted with PromiseShip in an attempt to privatize child welfare statewide, there have been issues surrounding child welfare costs. Currently, state auditors have questioned more than \$26 million worth of Nebraska child welfare expenses from last year, primarily in areas including payments made in error, overpayments, unauthorized payments, unreasonable costs, and numerous other payments, although PromiseShip has disputed some of the specific payments questioned by the auditors. “This audit reveals two of the largest agencies we have tasked with the essential role of ensuring the safety and stability of children and families are not performing up to the level needed,” said Sarah Helvey, child welfare director of Nebraska Appleseed.⁸¹ The audit also referred to another study commissioned by the Legislature that concluded that privatization had not produced “any measurable benefit” for the state.

Drug and Alcohol Abuse

Alcohol remains the most commonly used substance among adults in Nebraska, and was consistently higher than the U.S. Likewise, alcohol-impaired driving among Nebraska adults has declined, but also remains higher than the U.S.⁸² According to the Behavioral Risk Factor Surveillance System and the Youth Risk Behavior Surveillance System at the Douglas County Health Department, alcohol consumption for both youth and adults living in Douglas County has declined in recent years. In 2012, 52% of youth stated they had tried alcohol as compared to 46.3% in 2016, and youth who consumed 5 or more drinks in one day (binge drinking) has dropped from 15.1% in 2012 to 11.7% in 2016.⁸³ Adult alcohol consumption has declined as well, although not by as much. In 2011, 64.8% of adults had at least one drink of alcohol within the past 30 days, and that number dropped to 61.1% in 2016. More importantly, of women who are of childbearing age, 18.7% identified as binge drinkers in 2016 as compared to 26.7% in 2011.⁸⁴

While many other states are facing increasing problems with opioid abuse, Nebraska is still battling methamphetamine abuse far more than with opioids, although opioid use is increasing as well. There were five times as many meth-related cases seen in the U.S. Attorney’s Office for Nebraska in 2016 than in 2007, and twice as many arrests for meth made by the Omaha Police Department as five years earlier. Meth continues to be ranked as the top drug threat in the Midwest by law enforcement officials, according to a survey by the Midwest HIDTA. A 2017 article in the Omaha World Herald goes on to state that “meth

⁸¹ Nebraska Foster Care Review Office Annual Report Issued September 2018, Figure 13: Nebraska Children in Out-of-Home Care or Tribal Home Visit on June 30, 2018 and Figure 16: Age Group of NDHSS Wards in Care on 6/30/18, <http://www.fcro.nebraska.gov/pdf/FCRO-Reports/2018-annual-report.pdf>.

⁸² NDHHS, Division of Public Health Office of Community Health and Performance Management. (n.d.). *State Health Assessment: Nebraska September 2016* (p. 10, Rep.).

⁸³ NDC Health Department. (n.d.). Alcohol Consumption. Retrieved from <https://www.dchealthdata.com/health-behaviours/youth-health-behaviors/subcategory?catid=4101&subcatid=4102>.

⁸⁴ NDC Health Department. (n.d.). Binge Drinking Among Women of Childbearing Age. Retrieved from <https://www.dchealthdata.com/health-behaviours/adult-health-behaviors/indicator?catid=4009&subcatid=4011&indid=15453>.

factors into more Nebraska child welfare cases than any other drug, and that one in three children in foster care in Nebraska has parents using meth.”⁸⁵

Nevertheless, opioids are an issue on the rise in Nebraska. Over one-third of the 149 Nebraskans who died from a drug overdose in 2015 were opioid related, and the majority of these deaths were in the larger metropolitan areas like Omaha, according to Nebraska’s Vital Statistics Department. A major contributing factor to opioid abuse is the overprescribing of opiates.

Fortunately, the Nebraska Department of Health and Human Services is making strides to address this issue. In 2017, they received a \$2 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to combat opioid-related issues. The funding is being used to increase access to treatment and the provision of prevention, treatment, and recovery activities, create a mandatory reporting law flagging patients receiving more than 150 doses of short-acting opioids within a 30-day period, and enact legislation that requires daily reporting of dispensed controlled substances and prescription drugs.⁸⁶

Employment

Nebraska ranks 7th with the lowest level of unemployment. In fact, the monthly average Nebraska unemployment rate has been among the lowest in the nation for years. In August 2018, the preliminary Nebraska (not seasonally adjusted) unemployment rate was 2.7%, compared to 3.9% for the nation. In September 2018 the total civilian labor force (not seasonally adjusted) for Douglas County, Nebraska (2013 Def.) was 293,928 of which 285,765 were employed and 8,163 were unemployed with an unemployment rate of 2.8%.⁸⁷ There are 1.5 candidates available per job opening in Douglas County.

Employment levels naturally change over time for many reasons, one of these being seasonality. The seasonal jobs include construction, snow, and yard maintenance, etc. Many families involved in Head Start and Early Head Start are affected by seasonal employment. Unemployment in Douglas County, Nebraska ranges widely based upon zip code. By far, the highest unemployment rate is found in northeast Omaha. Unemployment rates range from a low of 0.96% in southwest Omaha

Area Profile for Douglas County, NE					
Number of Candidates and Openings for Jobs by Occupation Table					
The table below shows the occupations with the highest job openings advertised online in Douglas County, NE on November 6, 2018 (Jobs De-duplication Level 2).					
Rank	Occupation	Median Wage	Job Openings	Potential Candidates	Potential Candidates Per Job Opening
1	Registered Nurses	\$62,722	360	155	0.43
2	Customer Service Representatives	\$33,213	328	1,919	5.85
3	Retail Salespersons	\$24,057	251	286	1.14
4	Nursing Assistants	\$28,272	178	439	2.47
5	First-Line Supervisors of Food Preparation and Serving Workers	\$30,059	177	103	0.58
6	Computer Programmers	\$77,308	164	71	0.43
7	Combined Food Preparation and Serving Workers, Including Fast Food	\$21,698	144	217	1.51
8	Heavy and Tractor-Trailer Truck Drivers	\$42,666	137	381	2.78
9	Computer Occupations, All Other	\$86,473	127	302	2.38
10	Security Guards	\$29,922	127	151	1.19
Job Source: Online advertised jobs data					
Candidate Source: Individuals with active résumés in the workforce system					
Wage Source: Nebraska Department of Labor, Labor Market Information, Occupational Employment Statistics					

⁸⁵ Stoddard, M., & Alamdari, N. (2017, October 9). As a nation faces opioid epidemic, in Nebraska and Iowa, Meth is still the 'No 1 threat'. *Omaha World Herald*. Retrieved from https://www.omaha.com/news/crime/as-nation-faces-opioid-epidemic-in-nebraska-and-iowa-meth/article_87acfe3a-4708-5207-9271-3a158dc66ece.html.

⁸⁶ Gage / Governor's Office, T. (2016, June 21). DHHS Working to Combat Opioid Abuse. *DHHS News Release*, 30. Retrieved December 07, 2018, from dhhs.ne.gov/Pages/newsroom_2016_june_opioid.aspx

⁸⁷ NEWorks. (December 07). Area Labor Force, Employment & Unemployment Data. Retrieved December 07, 2018, from <https://networks.nebraska.gov/vosnet/lmi/profiles/profileDetails.aspx?enc=Elzv7W1H4bwmLk/LJ5/TeJ5p4Me9j4vgCelCiUnzZt6EFyLRfR4wqy7iZXIOplsiOy1kAmFVQAx08Xm4xw==>

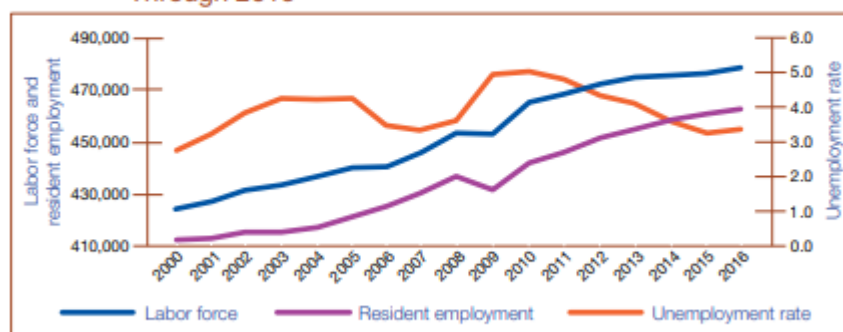
to a high of 17.58% in Northeast Omaha.

Economic conditions in the Omaha metropolitan area (The HMA consists of eight counties: Cass, Douglas, Sarpy, Saunders, and Washington Counties in Nebraska and Harrison, Mills, and Pottawattamie Counties in Iowa.) remain positive, with more than 6 consecutive years of job gains.⁸⁸

The education and health services sector is the largest employment sector in the HMA. The HMA is a regional medical center for many rural areas across Nebraska and Iowa. Several recent expansions occurred in this sector during the past year that contributed to increased employment, expansion at The Methodist Health System and the opening of the new \$93 million Madonna Rehabilitation Hospital. During the 12 months ending March 2017, the education and health services sector led job gains, increasing by 2,600 jobs, or 3.4%, from the previous 12 months. This increase continues a trend of strong growth in this sector, which, since 2000, has been the fastest growing sector in the HMA.

During the 12 months ending March 2017, nonfarm payrolls in the financial activities sector expanded by 900 jobs, or 2.1%, due to many small to midsize expansions at several local firms. The government sector is the fourth largest employment sector in the HMA. This sector increased by 300 jobs, or 0.5%, during the 12 months ending March 2017. Offutt Air Force Base (AFB), in Sarpy County, immediately south of the city of Omaha, is the largest employer in the HMA with more than 15,000 employees. Offutt AFB is home to STRATCOM headquarters and, in fiscal year (FY) 2016, had an estimated economic impact of \$1.7 billion on the local economy. One of the major projects currently ongoing at the base is the construction of the new STRATCOM headquarters building, a \$1.2 billion Strategic Command center that broke ground in October 2012. In addition, Facebook recently announced they will build a new data center in Sarpy County, Nebraska. The data center will consist of two 450,000-square-foot buildings. This project is expected to create 1,000 construction jobs and 100 permanent jobs when completed in 2020.

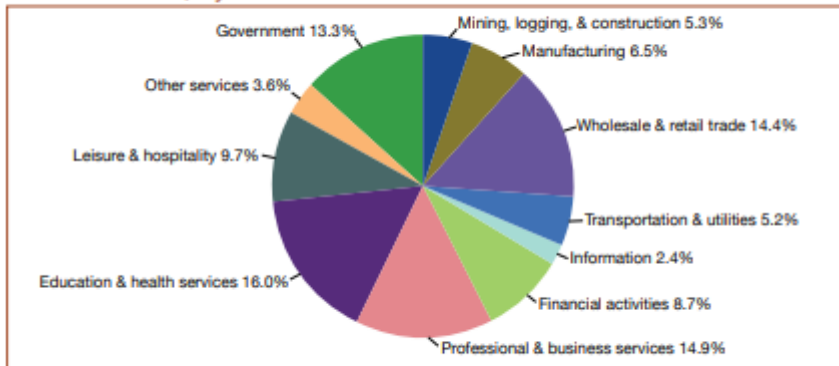
Figure 1. Trends in Labor Force, Resident Employment, and Unemployment Rate in the Omaha-Council Bluffs HMA, 2000 Through 2016



Source: U.S. Bureau of Labor Statistics

⁸⁸ McDonald, T. (2017, April 1). *Comprehensive Housing Market Analyses Omaha-Council Bluffs, Nebraska-Iowa* (Rep.). Retrieved December 7, 2018, from US Department of Housing and Urban Development website: <https://www.huduser.gov/portal/publications/pdf/OmahaNE-comp-17.pdf>

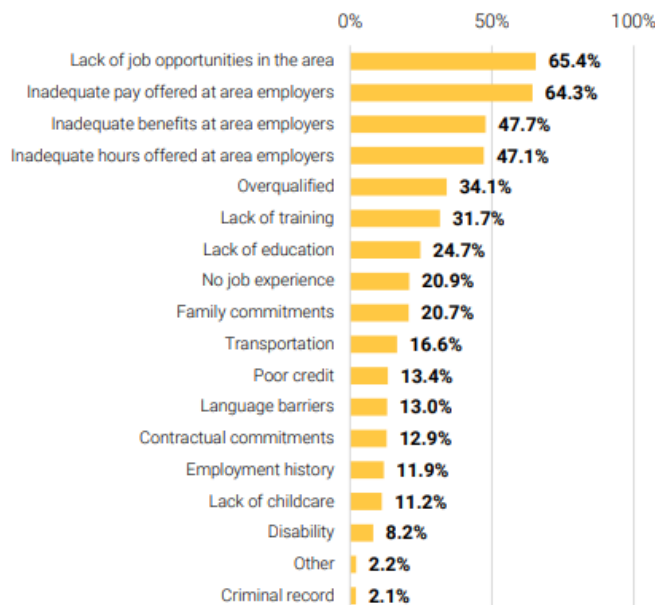
Figure 2. Current Nonfarm Payroll Jobs in the Omaha-Council Bluffs HMA, by Sector



Note: Based on 12-month averages through March 2017.

Source: U.S. Bureau of Labor Statistics

Obstacles to Employment



Active job seekers' most commonly cited obstacles to employment were job market-related issues (e.g., pay offered, hours offered) rather than workforce related issues, such as being overqualified or inexperienced.⁸⁹

⁸⁹ Omaha Metro Labor Availability Report (Rep.). (2018, Spring). Retrieved December 07, 2018, from Departments of Labor Economic Development website: <https://networks.nebraska.gov/admin/gsipub/htmlarea/uploads/OmahaLaborAvail2018.pdf>.

2012	2015
Top 5 Barriers for Employment	Top 5 Barriers for Employment
<ol style="list-style-type: none"> 1. Limited Job Opportunities (39%) 2. College Classes (37%) 3. Cost of Training (27%) 4. Physical Health Issues (25%) 5. Disability – unable to work (15%) 	<ol style="list-style-type: none"> 1. Physical Health Issues (31%) 2. Cost of Training (26%) 3. Limited Job Opportunities (24%) 4. Education Level (19%) 5. Work Experience (12%)
Top 5 Education and Training Needs	Top 5 Education and Training Needs
<ol style="list-style-type: none"> 1. Computer Skills (53%) 2. College Classes (37%) 3. Leadership Skills (33%) 4. Certifications (26%) 5. Advancement Skills (21%) 	<ol style="list-style-type: none"> 1. Computer Skills (57%) 2. College Classes (33%) 3. Leadership Skills (27%) 4. Certifications (26%) 5. Resume (22%)
Number of hours worked per week	Number of hours worked per week
Less than 20 hours – 5% 20-29 – 6% 30-39 – 8% 40-49 – 40% 50-70 – 15% 70+ – 3%	Less than 20 hours – 4% 20-29 – 5% 30-39 – 6% 40-49 – 36% 50-70 – 12% 70+ – 3%
Top 5 Characteristics Important in the Work Environment	Top 5 Characteristics Important in the Work Environment
<ol style="list-style-type: none"> 1. Work Ethic (49%) 2. Trustworthiness/Honesty (47%) 3. Respect (46%) 4. Positive Attitude (46%) 5. Communication (37%) 	<ol style="list-style-type: none"> 1. Trustworthiness/Honesty (50%) 2. Respect (49%) 3. Work Ethic (45%) 4. Positive Attitude (41%) 5. Communication (38%)

Transportation

Transportation is also a major concern in Douglas County because it impacts access to employment and to services. In a study of upward mobility based at Harvard University, commuting time has emerged as the single strongest factor in the odds of escaping poverty. The longer the average commute, the worse the chances of low-income families moving up the ladder and out of poverty.

The Omaha metro area uses the Metro Area Transit (MAT) system. The cost for an adult to ride is \$1.25 regular and \$1.50 express. K-12 program that allows students to ride free has been extended until further notice as a result of the program's success within the community. High school students must provide a school issued student ID and younger students must simply notify the driver that they are students. Free IDs are provided with proof of enrollment for students that do not have a school issued ID card and can be obtained at the Metro office. Children under five years old are free if accompanied by an adult. Additionally, Metro partners with local colleges to provide access to education while encouraging students to utilize busing services at Metro Community College and the College of Saint Mary. Senior/Disabled/Medicare can apply for half priced fares. Metro launched the Omaha Rapid Bus Transit

(ORBT) in November 2020. ORBT was free to ride for the first four months of operation. There is also a varied rate 10-ride pass, a \$55 30-day unlimited and a \$27.50 half-fare rate for eligible persons that are senior citizens, Medicare recipients, and disabled individuals. A contactless fare payment option is available to riders.

According to the Douglas County Health Matters Report for 2015, 7.6% of households in Douglas County did not own a vehicle. The report added that while most households with above average incomes have a car, only half of low-income households do.

Crime

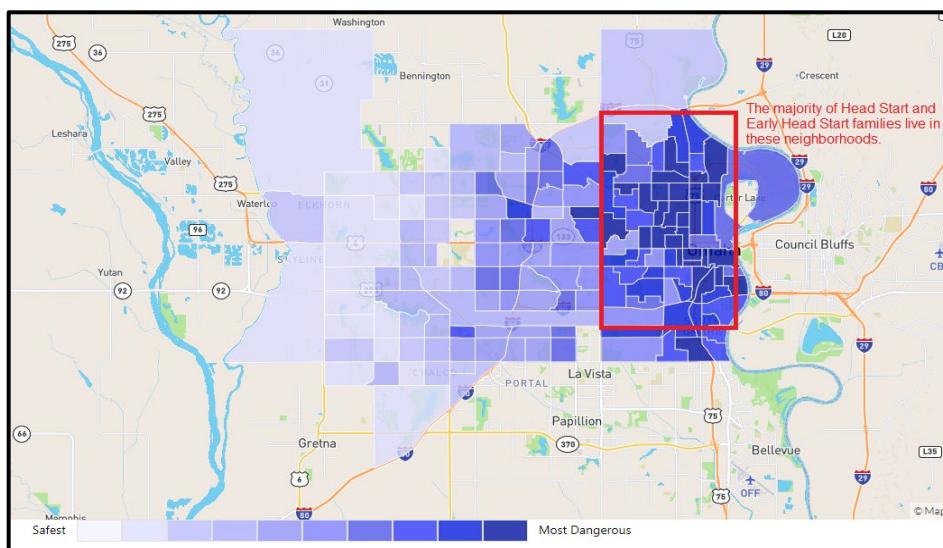
According to Neighborhood Scout's analysis of FBI reported crime data for 2016, Omaha has a crime rate of 43 per 1,000 residents, which is one of the highest crime rates in America compared to all communities of *all* sizes, however, it is rated near average compared to other communities that were of a *similar* size. One's chance of becoming a victim of either violent or property crime here is 1 in 23. The chance of becoming a victim of a violent crime such as rape, murder and non-negligent manslaughter, armed robbery, and aggravated assault, including assault with a deadly weapon is 1 in 170. The violent crime rate is one of the highest in the nation, across communities. Property crime, particularly motor vehicle theft, is another area that is high in Omaha with the chance of becoming a victim rating at 1 in 27.⁹⁰

In 2015, Omaha had 2,331 violent crimes reported: criminal homicide, forcible rape, robbery, and aggravated assault.⁹¹ Included in this number are 50 criminal homicides, which was a 56% increase from 2014. Property crimes, which include burglary, larceny-theft, and motor vehicle theft, were reported at 18,592 for 2015. The Omaha World Herald reported on July 7, 2015, that there had been 59 gun-related crimes in Omaha in the first six months of 2015. The article quoted Omaha Police Chief Todd Schmaderer as saying "2015 has had aggressive outbreaks of violence, and it is important to define what that violence is — gang members shooting each other and retaliating back and forth. It's those gang members that are causing all of the problems for our city." Another Omaha World Herald article dated January 11, 2016, states that "Gang disputes motivated nearly half of the 2015 killings (...) Five of the eight multiple-victim homicides were gang-related. In 21 of the cases, the suspect, or the victim or both were affiliated with gangs, according to police data."

⁹⁰ Neighborhood Scout. (n.d.). Omaha, NE Crime Analytics. Retrieved December 07, 2018, from <https://www.neighborhoodscout.com/ne/omaha/crime>.

⁹¹ Omaha Police Department Omaha, NE. (n.d.). *2015 Monthly Crime Statistics* (Rep.). Retrieved from <https://police.cityofomaha.org/185-2015-monthly-crime-statistics>.

Gang activity is the cause of a great deal of violence on the streets of Omaha. According to data from the Omaha Police Department, there were 2,697 suspected gang members in the city as of the first quarter of 2018. Nebraska Medicine's trauma team sees a little under 200 victims of violence such as gunshot wounds, stab wounds, and assaults per year. The trauma centers at CHI Health and Nebraska Medicine (based in Omaha) have joined forces with YouTurn, a community organization focused on violence prevention, to help address this issue of gang-related violence. YouTurn outreach workers come to the trauma center to intervene, help defuse any retaliatory acts of violence, and support family members and friends caught up in the crisis.⁹²



Neighborhoods

OPS is the grantee of the center-based Head Start and Early Head Start programs and the Salvation Army is the grantee of the home-based Early Head Start program in Omaha. Together they serve the majority of students in the most populated, core urban area of the city, which is predominantly in Douglas County. The neighborhoods of the Douglas County/Omaha Service and Recruitment Areas can be generalized by their geographic locations within the city. Specifically North Omaha, South Omaha, Northwest Omaha, Midtown, and to a lesser extent, West Omaha.

The neighborhoods in the Omaha community are inhabited with a diverse population of people who are located throughout the metro area. Nevertheless, there are numerous, current, and historically specific neighborhoods in Douglas County that represent a wide range of races, ethnic backgrounds, and cultures such as the Latino population in south Omaha, which once inhabited Czechs, Polish, German and Italian immigrants. Like the ethnically diverse populations in these neighborhoods, a majority of students served by the Early Head Start and Head Start grantee programs reflect these diverse populations.

Poverty and crime rates vary across neighborhoods, and from block to block within neighborhoods, however neighborhoods in northeast Omaha have had higher crime rates and gang activity than in other parts of the city. Services are in place for families in these neighborhoods to receive assistance, and a number of the families qualify for help through the schools such as free or reduced cost school lunches.

⁹² Vaidya, A. (2018, July 3). 2 competing health systems partner with community group to squash escalating street violence. *Becker's Hospital Review*. Retrieved December 07, 2018, from <https://www.beckershospitalreview.com/population-health/2-competing-health-systems-partner-with-community-group-to-quash-escalating-street-violence.html>

The good news is that little by little, Omaha is revitalizing its inner-city neighborhoods, which is where the majority of Early Head Start and Head Start families reside. In 2011, redevelopment of the northeast Omaha area began when the Seventy-Five North Revitalization Corporation started 75 North with the sole purpose of facilitating the revitalization of a healthy, sustainable, mixed-income, mixed-use community in North Omaha's Highlander neighborhood. It is using the Purpose-Built Communities model that has a three-pronged approach: 1) cradle to college educational pipeline; 2) mixed-income housing; and 3) community health and wellness. According to their website, when completed, "75 North will include retail space, a greenhouse, community spaces, and 223 units of rental housing, including a 61-unit development for seniors."⁹³ The Spencer homes were demolished in 2022, reconstruction will commence in 2023.

A few years later in 2014 the city started a project in the same area to create "Prospect Village", a 60-block area where there once stood a dilapidated 300-unit public housing complex that was demolished in 2009 and opened 23 acres of contiguous land less than a mile from downtown Omaha and its emerging midtown area. The two-year initiative focused on three broad issues. The first issue was housing and blight mitigation, which included housing construction, rehabilitation, and repair as well as the health-minded housing improvements of Lead Paint Hazard Control and Healthy Homes programs. The second was replacing abandoned and unmaintained vacant lots with neighborhood amenities such as community gardens and public arts projects. And the third was creating empowering community activities such as free financial management and parenting classes, homeowner education, a gang-prevention, self-esteem, and character-development program for boys, and the establishment of the Prospect Village Neighborhood Association. The city conducted a similar targeted neighborhood revitalization initiative in the south Omaha neighborhood of Deer Park in 2016 and 2017, and a new project, which began in 2018.⁹⁴

⁹³ Building a Community within a Community. (n.d.). Retrieved December 07, 2018, from <http://www.seventyfivenorth.org/about1/>.

⁹⁴ Office of Policy Development and Research. (n.d.). Omaha, Nebraska: Holistic Neighborhood Revitalization in Prospect Village. Retrieved December 07, 2018, from <https://www.huduser.gov/portal/casestudies/study-011818.html>.

DATA FROM FAMILIES AND INSTITUTIONS

The community assessment process included gathering information on the education, health, nutrition, and social services needs and concerns of the Head Start and Early Head Start eligible children and their families, as defined by families and community institutions. Needs assessments were completed with families within 90 days of program entry. Anecdotal focus group discussions are completed with community providers and partners.

1. Education Concerns:
 - Child's school attendance
 - Parent's involvement in child's education
 - Adequate and qualified teaching staff
 - Free childcare (for EHS home-based children and older siblings)
 - Continuing education for parents (time, money, availability)
2. Basic Needs Concerns:
 - Economic resources to provide food
 - Transportation access
 - Affordable housing and concerns of becoming homeless
 - Children's clothing for seasonal changes
3. Health and Nutrition Concerns:
 - Access to health care
 - Dental treatment including oral surgery/ dental procedures – fear of anesthesia and pain
 - Lack of Medicaid and other insurance coverage
 - Mental and behavioral health care for children
 - Mental Health for families including depression
 - Waitlist for mental health diagnosis and treatment for children and families
 - Untreated mental health due to lack of medical coverage (postpartum depression)
 - Lack of resources to provide healthy food options
4. Social Service Concerns:
 - Parent training and education
 - Adequate employment
 - Intergenerational poverty
 - Adequate social support systems

The areas of most concern in the community assessment were access to basic needs and increased mental health needs of both child and parent. Another area of concern was in relation to the attendance of children in the Head Start program. Children in Head Start may have excessive tardiness or absences, which could impede education for the child and affect the child's overall well-being on a developmental level impacting social-emotional, fine-motor, gross motor, cognitive development, and language development.

Economics was also a huge concern for children and families when it came to the findings in the community assessment. Economics affects every aspect of daily living for children who are part of the Head Start program. Economic well-being impacts the family's ability to meet the health, nutrition, and safety of all family members.

COMMUNITY RESOURCES TO ADDRESS THE NEEDS OF HEAD START CHILDREN AND FAMILIES

The ongoing needs in Douglas County are apparent, but for every community need, there is a way to help. These problems are not easily separated because individuals tend to have multiple problems, verifying the need for programs to work together. There are many large social service organizations in the Omaha area including The Salvation Army, Heartland Family Service, Lutheran Family Services, Child Saving Institute, Open Door Mission, and Catholic Charities. Most of these organizations offer a multitude of services from material assistance to family support to mental health counseling. To easily locate services in the community, United Way of the Midlands offers a statewide accurate and comprehensive database of health and human services through its Nebraska 2-1-1 hotline, which is accessible by phone and online. The service offers a Community Referral Specialist who can help families find resources, such as food, shelter, clothing, abuse prevention, mental health services, medical support groups, senior services, and children and teen services.

Omaha has some valuable resources designed especially for kids. “Kid Squad” is an early childhood consultation program that provides therapeutic consultation, training, and support at no cost to childcare providers and parents who have preschool-age kids with behavior problems. Ready in 5 School Readiness Program through Heartland Family Services works with children ages 3-6 years old from Omaha’s international community to help provide educational support and training to families on school readiness skills, literacy concepts family wellness and in-home group support. Project Harmony is a collaboration between Child Protective Services, the Omaha Police Department Child Victim/Sexual Assault Unit, Child Saving Institute and Lutheran Family Services that provides effective, immediate, and sensitive support to children who are victims or suspected victims of abuse and neglect, and their non-offending family members. Not only do they provide case coordination of services for families, they also provide training to area professionals.

Although the need for culturally based services is still great, there are a growing number of services in the Omaha area that cater to immigrants and refugees. There are the International Center of the Heartland, the Latina Resource Center, the Latino Center of the Midlands, Lutheran Family Services Immigration and Refugee Services, and the Refugee Empowerment Center, to name a few. The Omaha Refugee Task Force, which was formed in 2001 and is comprised of community service agencies providing programs and services to refugees in the Omaha area, has been instrumental in helping collaborate services for refugees in the community.

The Douglas County area has many employment agencies and training organizations. Families applying for Temporary Assistance for Needy Families (TANF) benefits must register with an Employment First agency and develop a job search or job training plan. The Nebraska Department of Labor has two office locations in Omaha. Community Resources for employment and training include Goodwill Industries and the Urban League of Nebraska Career Services Program. The Latino Center of the Midlands offers job training and education services to Spanish-speaking individuals.

There are many opportunities for adults to seek job training, including certification, Associates Degrees, and Bachelor Degrees from institutions. Some of those institutions offer on-line learning, allowing parents to study without the challenge of transportation. A list of institutions of higher education includes:⁹⁵

⁹⁵ ChildPlus Report 3420. (n.d.). Retrieved <http://childplus.net>

- University of Nebraska at Omaha
- Creighton University
- Clarkson College
- Nebraska Methodist College
- Bellevue University
- Metropolitan Community College
- College of St. Mary
- The Buffett Early Childhood Institute at the University of Nebraska Omaha
- Aim Institute

Agencies are located near bus lines for those with transportation difficulties and offer many services to unemployed and underemployed adults of all ages. Some services focus specifically on serving young adults, such as the Partnership for Youth Development Program through Goodwill. This free program partners with Heartland Workforce Solutions to serve youth ages 14-24 and helps with education, as well as employment services.⁹⁶ Heartland Workforce Solutions is a unique program that has partnered with the Head Start program, as well as the rest of the Omaha community, to offer a variety of employment services to participating families. These services center on linking individuals to careers and are provided in a number of different languages, given the availability of staff. Educational classes, skill-building workshops, and case management are all components of the program. Other community agencies serve adults who have specific challenges with employment, such as those without a high school education or those with criminal history.

Community-based organizations are available to families in all parts of the Omaha Metro area. The YMCA has scholarship memberships available for those families who qualify. Funding is limited, and families may apply at any YMCA branch. The Salvation Army operates the Kroc Center in south Omaha and provides community recreation services to families in the area. PTI Nebraska strives to empower parents and provides them with the knowledge and capacity to improve education and healthcare outcomes for their children with disabilities or special care health needs. Several agencies are available to offer parent education and reduced cost counseling services to children, families, and adults. These agencies include Heartland Family Services, Lutheran Family Services, Catholic Charities, Child Saving Institute, and Nebraska Children's Home Society.

The Learning Community of Douglas and Sarpy Counties was created by the State of Nebraska Legislature in 2006. The eleven (11) school districts in the two-county area serve low-income children in many ways. It operates two Learning Community Centers, one in north Omaha and one in south Omaha. Both centers offer parent education classes, including English Language Learner classes, and other supports to families through Parent University. Additional supports are funded in specific elementary schools to coach and support early childhood education teachers, ranging from Pre-Kindergarten through First Grade.⁹⁷

In recent years, violence has impacted our Head Start and Early Head Start families in a large way. We often refer our families to Grief's Journey (formerly Ted E. Bear Hollow), which provides a welcoming, safe place where grieving children, teens, and adults can find hope. Young people between the ages of 3-18 and their caregivers are offered services free of charge. Services include support groups, family days, retreats, and remembrance walks.

⁹⁶ Heartland Workforce Solutions. (n.d.). Youth Services. Retrieved December 07, 2018, from <http://www.hws-ne.org/YouthServices.html>

⁹⁷ Learning Community of Douglas and Sarpy County. (n.d.) Retrieved from <http://learningcommunityds.org>.

In recent surveys, parents have indicated that healthcare, dental or physical, is of importance to their child's overall growth. Omaha also has a strong network of health care providers working to ensure that uninsured and underinsured children and adults receive adequate health care services. There are many healthcare organizations readily available and convenient for Head Start families. Some of them, especially Charles Drew Health Center and One World Community Health Centers, offer a sliding fee scale for families that cannot afford to pay for health services yet do not qualify for Medicaid benefits for themselves and their children.

One World Community Health Centers offer a variety of health-related services in multiple locations throughout the Omaha metro area, including school-based health centers. Services provided include, but are not limited to, pediatric medical services, dental clinics, behavioral health services, WIC, and adult medical services. Many providers through One World speak both English and Spanish, eliminating language barriers for our Spanish-speaking families. In addition to services offered in buildings, One World offers their Caremobile mobile dental clinic to schools in lower socioeconomic areas. The School-Based Health Care Centers are located in eight OPS buildings, and all children enrolled in OPS, along with their siblings, have access to this health care service.⁹⁸

Like One World Community Health Centers, the Charles Drew Health Center (CDHC) offers a variety of services to families in our community. These services include, but are not limited to, a dental clinic, behavioral health services, WIC, and pediatric and adult medical services. In addition, CDHC offers programs that focus on obesity, asthma, and infant mortality. Creighton School of Dentistry also provides dental education and preventive care for children 3-14 years of age.

Together Inc. provides financial assistance for rent, utilities, transportation, food and gently used clothing and furniture.⁹⁹ They collaborate with Nebraska 2-1-1, Community Alliance, Healthy Kids, and Metro Area Continuum of Care for the Homeless to assist families in the Omaha-Metropolitan area. Several faith-based organizations serve our Head Start families in the community.

Heart Ministry Center is a nonprofit organization and is an affiliate of Sacred Heart Catholic church located on the north side of Omaha. The Heart Ministry Center mission is to provide food, healthcare, and a way forward to people severely affected by poverty in the Omaha area.¹⁰⁰ Heart Ministries recently opened the Fresh Start Laundromat and created jobs while offering free and reduced laundry services based on family need. All families have access to the case management and social work team.

Catholic Charities of Omaha provides many services to our Head Start families. These services include, but are not limited to, affordable housing, childcare, mental health, addiction recovery, and education. Of particular interest to our families are the Christ Child North and Juan Diego Centers. Families living in the northern part of town can access the Christ Child North Center, which offers neighborhood association meetings, a food pantry, micro business training, immigration assistance, and the Latina Resource Center to community members. The Latina Resource Center is a program that is a collaboration between multiple agencies in the community, rooted in the principle of empowering the women of the household to strengthen and produce more healthy, self-sufficient

⁹⁸ OneWorld Community Health Centers, Inc. (n.d.). School-Based Health Centers. Retrieved from <http://www.oneworldomaha.org/for-patients/services-programs/school-based-health-centers/>.

⁹⁹ Together. (n.d.). Our Services. Retrieved from <http://togetheromaha.org/i-need-help-2/services/>.

¹⁰⁰ Heart Ministry Center. (n.d.). All Programs and Services. Retrieved from <http://heartministrycenter.org/programs/all-programs/>.

families.¹⁰¹

Federal, state, and county government programs exist in Omaha, serving families throughout Douglas County. The following chart shows those agencies along with a brief description of services offered. For some programs, income guidelines must be met for a family or individual to qualify for assistance. Aside from Nebraska Department of Health and Human Services, program budget constraints restrict the number of families each program can serve.

Service	Agency	Target Population
Housing	Housing & Urban Development (HUD)	Low to Moderate Income families seeking to purchase a home.
	SRUS	Counseling regarding home ownership, grants, loan modifications, foreclosures
	Douglas County Housing Authority	Section 8 Vouchers to assist low-income families to rent from a private landlord; Housing selection west of 72 Street
	Omaha Housing Authority	Section 8 Vouchers to assist low-income families to rent from a private landlord; Public Housing available
	Family Housing Advisory Services	Home Ownership Programs; Foreclosure prevention counseling; Tenant Rights advocacy; Fair Housing Education; Landlord/Tenant Mediation; Credit Counseling Services.
	Superfund/Omaha Lead Program	Removal and replacement of contaminated soil; Outreach programs for Lead Poisoning Education
Utilities	Douglas County General Assistance	Financial assistance provide through this program includes utility assistance
	Omaha Public Power (OPPD)	Energy Intervention Program to assist with high utility bills.

Strong networks of resources exist in Omaha and Douglas County to serve our homeless and near-homeless community members. Agencies serving these individuals and families have developed a communication system through an organization called Metro Area Continuum of Care for the Homeless. This coalition of agencies coordinated services to low-income individuals and families and has a web-based communication system that keeps community organizations informed of program updates and funding issues. In addition, the community resources in this organization work together to seek additional funding grants that support work stabilization to the most vulnerable of Omaha's citizenry.

Many community resources exist in Omaha Metropolitan area, to serve children and families. As the city of Omaha changes the way in which affordable housing is offered to lower income families, there are challenges regarding the location of these community resources. Most resources are located east of 72nd Street, where bus services are also readily available. There is a growing population of lower income families residing west of 72nd Street and in the smaller communities outside the city limits that may have public transportation challenges when accessing community resources.

¹⁰¹ Catholic Charities. (n.d.). Our Services. Retrieved from <http://www.ccomaha.org/what-we-do/>.

One of Omaha's strengths is the work that has occurred to coordinate services for families. Public and private organizations work jointly to provide a safety net for families experiencing challenges. Community organizations have established coalitions to work on specific issues, including:

- United Way of the Midlands 211
- Metro Area Continuum of Care for the Homeless (MAACH)
- Nebraska Early Childhood Collaborative
- Hunger Free Heartland
- Omaha Refugee Task Force
- BRIDGE Family Resources Connector Network

The Family Leadership Institute is an education curriculum aimed at providing families with the tools they need to help their children obtain success throughout their school careers. This school year it is being offered over a ten-week period on Saturday morning at three OPS Schools. Some Head Start families have taken advantage of the opportunity to attend the sessions, where topics range from "Home: Where Leadership Begins" to "Creating a Family Action Plan: Roadmaps to Success." Some of our families that participated in this program have reported that Head Start values are being reaffirmed and the importance of family well-being is emphasized.¹⁰²

Families wishing to engage in recreation around town may do so in a multitude of ways. From parks to museums and the Henry Doorly Zoo, the community offers learning opportunities to our families in an entertaining way. Families wishing to become members of the Omaha Children's Museum may join at any time during the year, but those who cannot afford the membership receive the opportunity to apply for one at a reduced price based on household income.¹⁰³ Families have the opportunity to join the YMCA through a scholarship program, reducing the cost of membership. Joslyn Art Museum currently waives admission through a philanthropic donation. El Museo Latino offers families activities throughout the year.

¹⁰² Eastern Region Enlace. (2016, January). Family Leadership Institute. Retrieved from http://www.clovis-schools.org/Enlace/Family_leadership_institute.html.

¹⁰³ Omaha Children's Museum. (n.d.). Membership. Retrieved from <http://www.ocm.org/membership/buy-membership/>.

HEAD START HOME SCHOOL ATTENDANCE AREA

As we focus on placing children in the home school area, we are analyzing our enrolled students as well as the waitlist, to determine availability and access to services for families who are not working, going to school, or in some type of job training. Waitlist data for full-day services was reviewed based upon primary parental preference and compared to the number of children served. Dividing lines followed the demographic data in this report, using 72nd and Dodge Streets to divide school preferences into quadrants.

Head Start Waitlist

Quadrant	# Served	Total Waitlist
Northeast	317	186
Northwest	78	254
Southeast	147	167
Southwest	18	8
Total	560	615

Home attendance area information was gathered for all children enrolled in or on a waitlist at Head Start locations. The Omaha Public Schools “Find My School” tool was used to determine home attendance area for those children, based upon addresses in Child Plus. Eligibility criteria found in Child Plus Eligibility Criteria report was used to determine eligibility for services. For the purpose of examining the data, children on a waiting list were included in the data set based upon home attendance area, which may not reflect the family preference.

The data review demonstrates a strong need for full day services throughout Douglas County. There are rarely families preferring part-day placements. There remains a strong need for early childhood services in the northeast, northwest, and southeast parts of Douglas County.

DOUGLAS COUNTY HS & EHS COMMUNITY ASSESSMENT SUMMARY

Douglas County Nebraska continues efforts to meet the needs of infants, toddlers, preschoolers, and their families. There has been a growth in programming for children ages birth to 3 years. Early education opportunities for children ages 3 to 5 years of age has grown slightly, however most of these services charge a fee for programming and the number of young children in poverty continues to grow.

In Douglas County, 74.8% of children under 5 years of age in poverty reside east of 72nd Street, while 25.2% of children in poverty reside west of 72nd Street. The Douglas County Head Start grant has 84% of its services located east of 72nd Street, and 16% located west of 72nd Street.

The chart below compares full day Head Start openings in OPS classrooms with the most recent poverty rates in Douglas County. Data indicates that there is a disparity between the percentage of children in poverty residing east and west of 72nd Street compared to the percentage of Head Start seats in those same geographic area.

	Children Under 5 in poverty	% Children Under 5 in Poverty	# Head Start Seats in Full Day OPS Classrooms	% of Head Start Seats in Full Day OPS Classrooms	# of Waitlisted Children	% of Waitlisted Children
Total	8,604		560			
East of 72 St	7,647	74.8%	470	84%	255	62.3%
West of 72 St	2,172	25.2%	90	16%	154	37.6%

Omaha Public Schools identifies about 109 different languages. Spanish speakers make up 71% of non-English speakers, 8.5% spoke Karen, and 4.4% spoke Somali and 3.2% spoke Nepali. People who are foreign born make up almost 10% of the population in Douglas County. Almost 90% of this population speak a language other than English. Additionally, the foreign-born population in Douglas County is more likely to be in poverty, 20.3% compared to 12.0% for all individuals. Newly arriving refugee populations have and will continue to have an impact on the area's demographics.

Parents, community agencies, and partners were utilized to gather information about their concerns. All groups identified basic needs of access to food, transportation, housing, and attendance as a concern for the child, and access to parent education and higher education resources for adults. Consensus among all three groups was identified when inquiring about health and nutrition concerns or access to health care and dental treatment, and Medicaid or insurance as high priority issues. The top social service concern identified by all three groups was the need for parent education. Additional concerns are adequate employment opportunities and intergenerational poverty. There is a multitude of social services available to families in Douglas County, offering mental health services, parent education, emergency assistance, health services, and other resources. Despite the existence of services, families continue to identify a need for support, particularly around parenting, budgeting, and nutrition services. Based upon an analysis of the data, the following represents the priority trends that confront our children and families. The main concerns in our service area are as follows:

- Poverty rates – Data shows an increase of 25.3% in the number of children five or younger, and a 45.9% increase in the number of those children in poverty over the past 19 years.

- Minority population - an increase in PK – 12 over the last 19 years. The Hispanic population has increased significantly from 6.7% to 12.6% of the total population, while the Asian population has increased during that same period. The overall percentage of minority students in the district also increased from less than 50% in 2001-02 to 74% in 2020-2021.
- Poverty rate for minorities – African American and American Indian families – have the highest rates of poverty in the city and the county at over 30%. Asian and African American families with a female householder have the highest rates of poverty in the city and the county (table 6). Additionally, of the families with children under age five and a female householder in Douglas County, almost 93% live within the city limits of Omaha.
- English Language Learners are growing in our community (from 8.6% in 2001 -02 to 18.8% in 2020-2021). In 2020-2021, there were more than 107 different languages spoken in OPS. In an examination of the kindergartners enrolled in OPS for 2020-21, 38.5% spoke one of 43 languages other than English at home.
- Geography – Almost 75% of children ages 5 and younger in poverty live in the eastern portion of Douglas County. More than 37% of all children five and under in poverty reside in the northeastern portion of Douglas County.
- Children with disabilities – The three most common disabilities diagnosed in children aged birth to 5 years enrolled in OPS are autism, developmental delay, and speech language impairment.
- Adult Literacy - 16% of adults in the Douglas County area population are functionally illiterate which means they cannot read well enough to fill out a job application or read to their children.
- Obesity – 2018 Community Health Needs Assessment for Douglas & Sarpy Counties, Nebraska and Pottawattamie County, Iowa indicates that 35.9% of children aged 5-17 in the metro are overweight or obese. An increase from 26.9% in 2015.
- Access to healthy food – The availability of health food in Douglas County has improved, with an increase of 17% of stores selling healthier food. Families are still indicating a lack of resources to provide healthy food options.
- Supplemental Nutrition Assistance Program (SNAP) - 15.8% of all individuals living in Douglas County are food insecure, with 52% of them having income below 130% of the Federal Poverty Guideline, which would make them eligible for SNAP. The Head Start Act now includes SNAP. This policy change allows Head Start programs to reach families better and coordinate programs so that families are eligible for multiple programs.
- Mental Health - Approximately 81% of key informants for the 2018 PRC Health Assessment characterized mental and emotional health for children and adolescents as a “major problem” in the community.
- Social Services – Homelessness, domestic violence, child abuse, and drugs and alcohol, remain concerns in the community. The community needs more affordable housing, access to job training leading to employment, additional drug and alcohol treatment centers, and availability of public transportation.
- Family & Institution Data – Families, community agencies, and partners identified very similar concerns when surveyed. Top concerns for the three groups were identifying basic needs of economic resources to provide food, transportation, and affordable housing. Also identified was child school attendance, parent education and training, and access to health care.

DOUGLAS COUNTY SNAPSHOT

TABLE 4
Children 5 & Under in Poverty in Douglas County: 2015-19

	Total	White	African American	American Indian	Asian	Other	Hispanic
Total Pop. 5 and Under	49,897	35,901	6,167	470	2,256	5,103	10,030
In Poverty	8,604	4,594	2,279	118	593	1,020	2,761
% in Poverty	17.2%	12.8%	37.0%	25.1%	26.3%	20.0%	27.5%
In Poverty							
Northeast of 72nd & Dodge	3,211	845	1,454	109	488	315	515
% of each racial/ethnic group in poverty	37.3%	18.4%	63.8%	92.4%	82.3%	30.9%	18.7%
Southeast of 72nd & Dodge	3,221	2,532	206	0	0	483	1,961
% of each racial/ethnic group in poverty	37.4%	55.1%	9.0%	0.0%	0.0%	47.4%	71.0%
East of 72nd Street	6,432	3,377	1,660	109	488	798	2,476
% of each racial/ethnic group in poverty	74.8%	73.5%	72.8%	92.4%	82.3%	78.2%	89.7%
West of 72nd Street	2,172	1,217	619	9	105	222	285
% of each racial/ethnic group in poverty	25.2%	26.5%	27.2%	7.6%	17.7%	21.8%	10.3%

Source: 2015-2019 American Community Survey (B17001-B17001I)

Note: Includes any family with a child under five years old - Those reporting Hispanic ethnicity are also counted in a racial category

TABLE 6
Families with Children Under 5

Douglas County

Family Type	Total	White	African American	American Indian	Asian	Other	Hispanic
Families	29,832	22,030	4,441	200	1,681	1,480	4,157
In poverty	4,744	2,493	1,547	74	285	345	1,123
Percent in poverty	15.9%	11.3%	34.8%	37.0%	17.0%	23.3%	27.0%
Families with a female householder no spouse present.	6,590	3,651	2,294	122	80	443	1,040
Percent of families	22.1%	16.6%	51.7%	61.0%	4.8%	29.9%	25.0%
In poverty	2,843	1,373	1,148	58	41	223	498
Percent in poverty	43.1%	37.6%	50.0%	47.5%	51.3%	50.3%	47.9%

City Of Omaha

Family Type	Total	White	African American	American Indian	Asian	Other	Hispanic
Families	24,582	17,459	4,063	200	1,440	1,420	3,910
In poverty	4,453	2,313	1,467	74	268	331	1,105
Percent in poverty	18.1%	13.2%	36.1%	37.0%	18.6%	23.3%	28.3%
Families with a female householder no spouse present.	6,106	3,324	2,154	122	64	442	1,013
Percent of families	24.8%	19.0%	53.0%	61.0%	4.4%	31.1%	25.9%
In poverty	2,652	1,263	1,068	58	41	222	498
Percent in poverty	43.4%	38.0%	49.6%	47.5%	64.1%	50.2%	49.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey (B17010A - B17010I)

Note: Includes any family with a child under five years old - those reporting Hispanic ethnicity are also counted in a racial category

TABLE 5

2019-20 F/R Lunch Percentage for Douglas County School Districts

District	F/R Lunch %	Enrollment
Omaha	73.7%	53,483
Ralston	57.0%	3,378
Douglas County West	30.7%	975
Westside	32.1%	6,094
Millard	22.0%	24,038
Bennington	10.3%	3,288
Elkhorn	8.6%	10,322

Source: 2019-2020 NDE F/R Lunch Count by School

ENROLLMENT FOR PRE-K BY SCHOOL DISTRICT: 2023-2024

School District	Pre-K Enrollment
Omaha	1,1313
Bennington	38
Douglas County West	55
Elkhorn	314
Millard	691
Ralston	158
Westside	115

Source: School District websites 2023-2024

**AVERAGE DAILY CHILD
SUBSIDY RATES**

	Childcare Center	Childcare Home
Infant	\$58.20	\$35.50
Toddler	\$51.50	\$35
Preschool	\$46.51	\$30

Source: Nebraska Department of Health and Human Services Guidance document 2023

**AVERAGE DAILY CHILDCARE
COST WITHOUT SUBSIDY**

	Childcare Center	Childcare Home
Infant	\$67.80	\$50
Toddler	\$64.20	\$50
Preschool	\$58.80	\$50

Source: Nebraska Childcare Market Rate Survey Report 2023

Head Start Waitlist

Quadrant	# Served	Total Waitlist
Northeast	317	186
Northwest	78	254
Southeast	147	167
Southwest	18	8
Total	560	615

Source: Child Plus Report Feb 2023