2025-2026

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 recipients 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 recipients 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 the grantees. Annual updates will be completed each year.

This Community Assessment represents the needs of families residing in Douglas County, Nebraska, including Bennington, Boys Town, Omaha, Ralston, Valley, and Waterloo.[1] Two recipients in Douglas County collaborated on this five-year community assessment. The most recent update has occurred in January of 2026.

The two recipients 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.

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, from 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 on 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 boundaries 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 are 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 when possible.

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.

Significant Findings

According to the estimates conducted for available data from the community assessment, there are currently an estimated 7,459 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 householders 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 23.6%% in 2023. The primary language of approximately 71% 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%.

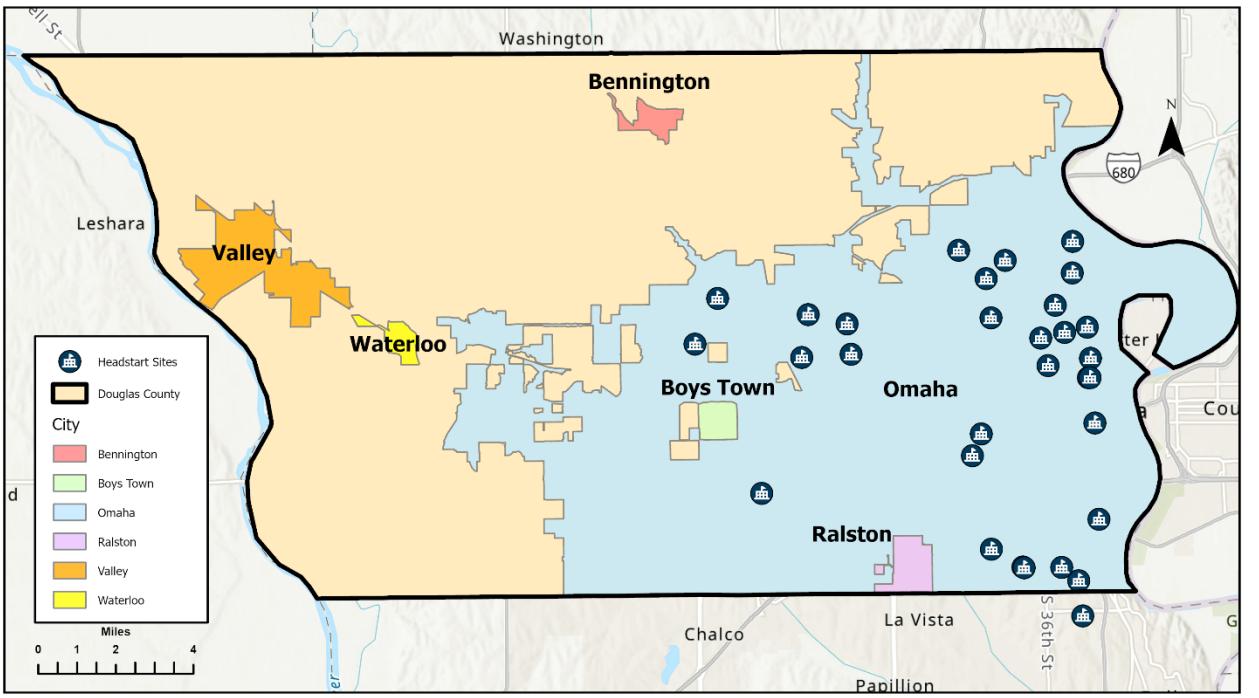
Utilizing the Community Assessment

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 Town, Omaha, Ralston, Valley, 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. Douglas County Nebraska



According to the 2019-23 American Community Survey, there are 585,461 residents in Douglas County and according to that same survey, 14.6% 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 2019-23 American Community Survey

has 488,197 residents and makes up about 83% 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 2019-23 American Community Survey suggests that the overall population of the community has changed over the past 23 years. The total population of Douglas County grew from 463,585 to 585,461 residents, an increase of approximately 26.3%, while the state of Nebraska increased only 14.9% between 2000 and 2023. During this same time, the city of Omaha increased its populationfrom 390,007 to 488,197, an increase of 25.2%. As seen in Table 1, the population of Omaha makes up about 83% of the total county population and over 90% of the minority population. Additionally, from 2000 to 2023, Omaha's percentage of White residents dropped from over 75% to 64.2%. During this same period, Omaha's Hispanic population grew from 7.5% to 15.6% of the city population.

These changes over the last 23 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 8.2% of the White population in Douglas County was living in poverty according to the 2019-2023 ACS. 26.3% of African Americans, 16.3% of American Indians, 10.6% of Asians, 16.2% of Hispanic/Latinos were in poverty. 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 2023

Race/Ethnicity	Douglas County	Omaha	Omaha as a % of Douglas County
Total	585,461	488,197	83.4%
Hispanic	82,687	76,142	92.1%
White, non-Hispanic	390,024	313,260	80.3%
Black, non-Hispanic	60,395	56,075	92.8%
American Indian, non-Hispanic	1,425	1,145	80.4%
Asian, non-Hispanic	24,443	19,310	79.0%
Other or 2+ Races, non-Hispanic	26,487	22,265	84.1%
Minority	195,437	174,937	89.5%

Source: 2019-23 American Community Survey (B03002)

Children in Poverty— Census Data

According to the 2019-23 American Community Survey (ACS), there are 48,986 children five or younger in Douglas County. According to the ACS, 7,459 or 15.2% were living in poverty during that time. There are 5,877 children under age five and 1,582 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 23.0% in the number of children five or younger and a 26.7% increase in the number of children in poverty over the last 23 years.

TABLE 2

Children 5 & Under in Poverty in Douglas County: 2019-23 & 2000

	2019-23			2000	Change	
	Total Pop. 5 and Under	0-4 Years Old	5 Years Old	Total <6 Years Old	Total Change 2019-23 - 2000	% Change 2019-23 - 2000
Children 5 & Under	48,986	40,159	8,827	39,821	9,165	23.0%
In Poverty	7,459	5,877	1,582	5,889	1,570	26.7%
% in Poverty	15.2%	14.6%	17.9%	14.8%		

Source: 2019-23 American Community Survey & 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 7,459 children five and under in poverty in Douglas County, 71.9%, or 5,361 children, are living east of 72nd Street. In the past, the rate of children in poverty was roughly equal between the northeast and the southeast. However, as of 2023, the rate of children in poverty in southeast Omaha is now roughly equal to that in west Omaha, while poverty in northeast Omaha has increased.

TABLE 3

Children 5 & Under in Poverty in Douglas County: 2019-23

Douglas County Area*	Pop. 5 and Under in Poverty	Distribution	Pop. 5 and Under	Distribution
Total	7,459	100.0%	48,986	100.0%
Northeast of 72nd & Dodge	3,278	43.9%	10,399	21.2%
Southeast of 72nd & Dodge	2,083	27.9%	8,912	18.2%
East of 72nd Street	5,361	71.9%	19,311	39.4%
West of 72nd Street	2,098	28.1%	29,675	60.6%

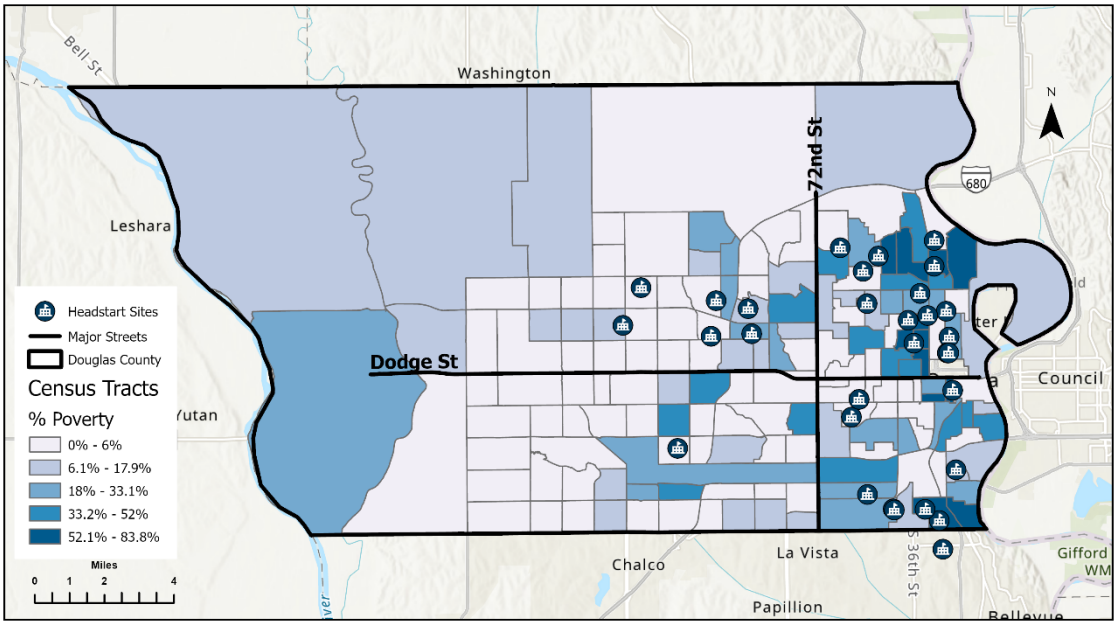
Source: 2019-2023 American Community Survey (B17001)
*Douglas County Area = Douglas County as divided by 72nd St. and Dodge St.

Like poverty levels, the distribution of racial and ethnic groups among children five and under varies significantly across 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 59% White, 12.1% Black, 4.4% Asian, and 24.4% other race or combination of races. Additionally, 22.6% 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 56% of African American children live in the northeast portion of Omaha, about 46% of all Hispanic or Latino children live in the Southeast portion of Omaha and 73% of all White children live west of 72nd Street.

As can be seen in Table 4, almost 72% of all children five and under in poverty reside in the eastern portion of Douglas County. Almost 44% of all children five and under in poverty reside in the northeastern portion of Douglas County. Additionally, the poverty rate of African American children is nearly 44%, about 18% for children of some other race, and over 19% for Hispanic or Latino children. This contrasts with a poverty rate of under 9% for White children five and under in Douglas County. Additionally, nearly 10% of Asian children five

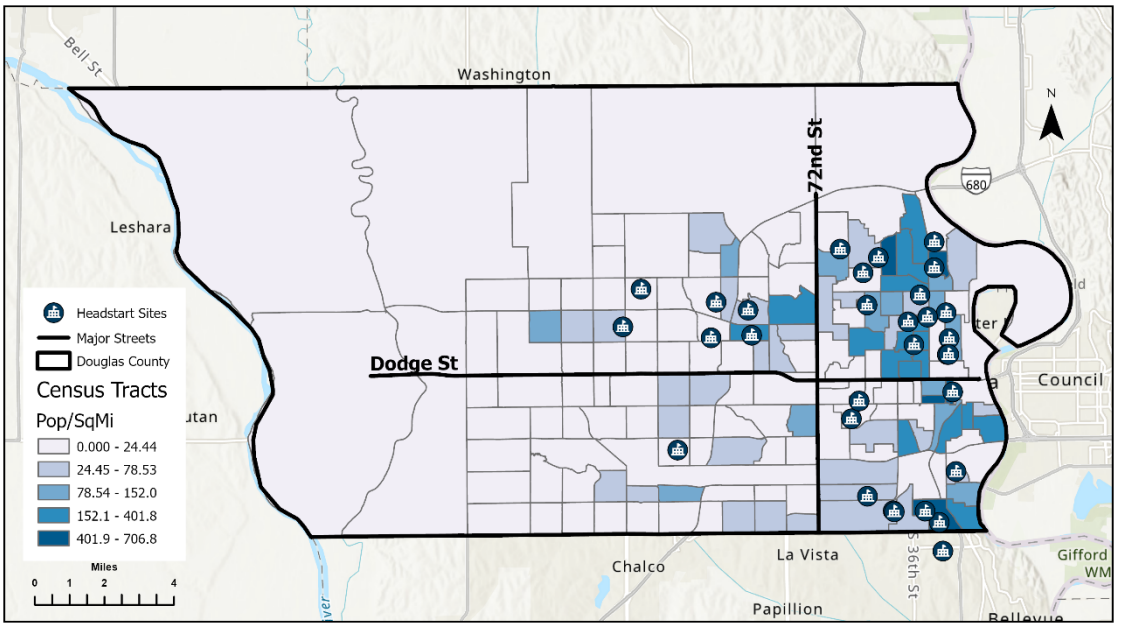
and under are in poverty. Douglas County has seen dramatic increases in the Karen, Karenni, Kachin, and Chin refugee populations coming from Myanmar (Burma) and refugee camps in Thailand.

Map 2. Percent of Children Five Years and Younger in Poverty: 2019-2023 American Community Survey



Source: 2019-2023 American Community Survey (B17001) – OPS Research Division

Map 3. Density of Children Five Years and Younger in Poverty: 2019-2023 American Community Survey



Source: 2019-2023 American Community Survey (B17001) – OPS Research Division

TABLE 4

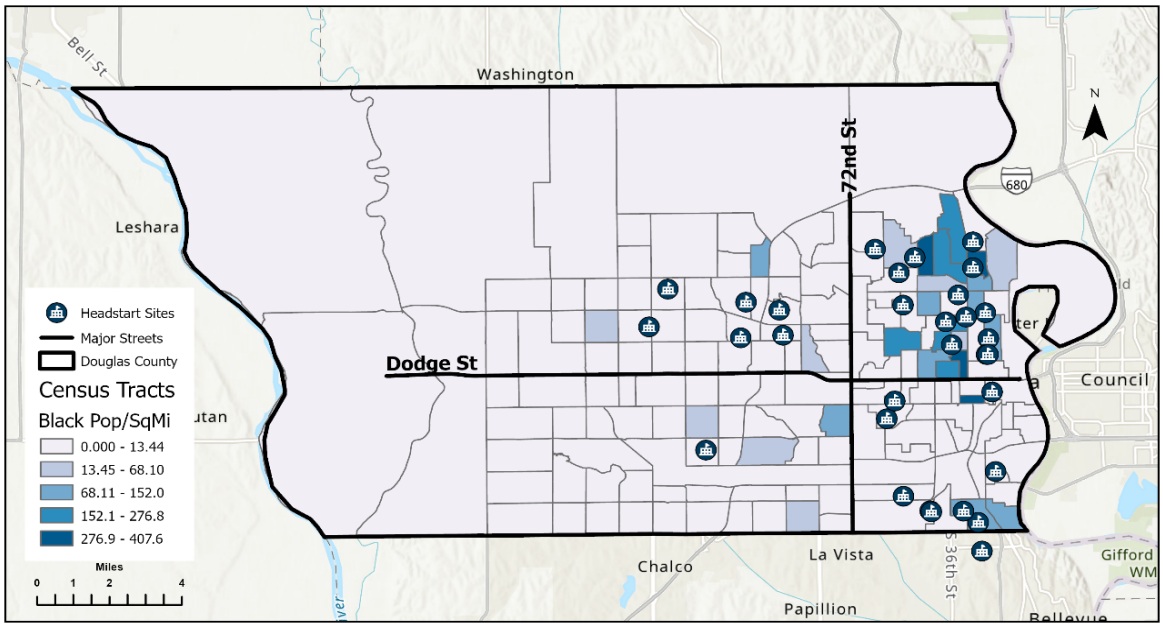
Children 5 & Under in Poverty in Douglas County: 2019-23

	Total	White	African American	Asian	Other	Hispanic
Total Pop. 5 and Under	48,986	28,918	5,941	2,176	11,951	11,069
In Poverty	7,459	2,502	2,583	203	2,171	2,115
% in Poverty	15.2%	8.7%	43.5%	9.3%	18.2%	19.1%
In Poverty						
Northeast of 72nd & Dodge	3,278	557	1,906	121	694	480
% of each racial/ethnic group in poverty	43.9%	22.3%	73.8%	59.6%	32.0%	22.7%
Southeast of 72nd & Dodge	2,083	1,001	302	0	780	1,222
% of each racial/ethnic group in poverty	27.9%	40.0%	11.7%	0.0%	35.9%	57.8%
East of 72nd Street	5,361	1,558	2,208	121	1,474	1,702
% of each racial/ethnic group in poverty	71.9%	62.3%	85.5%	59.6%	67.9%	80.5%
West of 72nd Street	2,098	944	375	82	697	413
% of each racial/ethnic group in poverty	28.1%	37.7%	14.5%	40.4%	32.1%	19.5%

Source: 2019-2023 American Community Survey (B17001-B17001I)

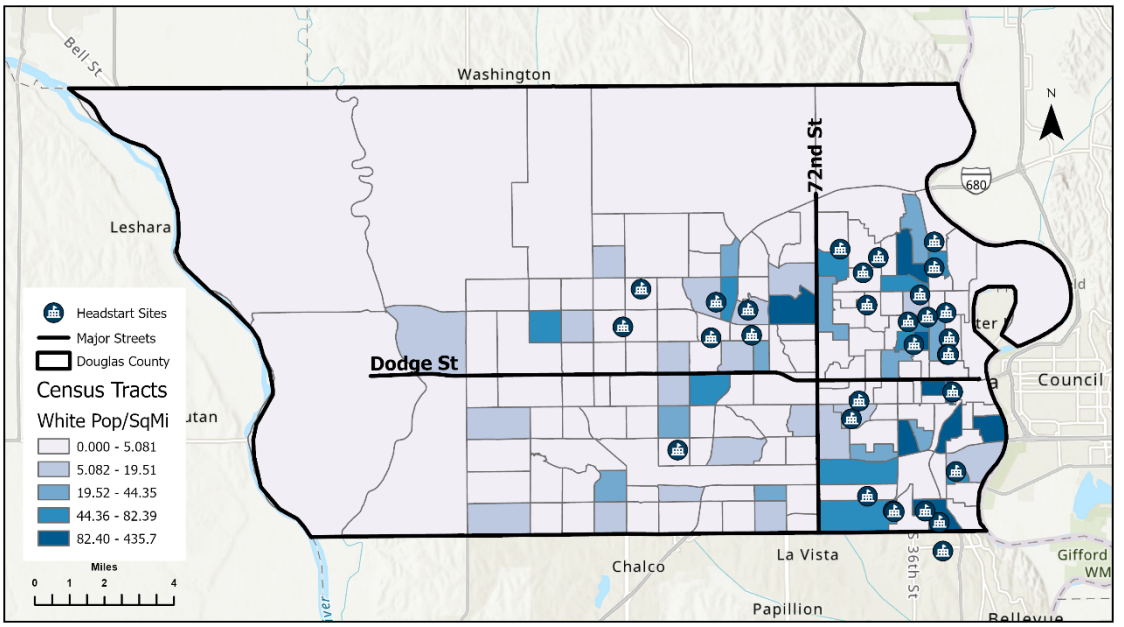
Note: Includes any family with a child five years old or under. Those reporting Hispanic ethnicity are also counted in a racial category.

Map 4. Density of African American Children Five Years and Younger in Poverty: 2019-2023 American Community Survey



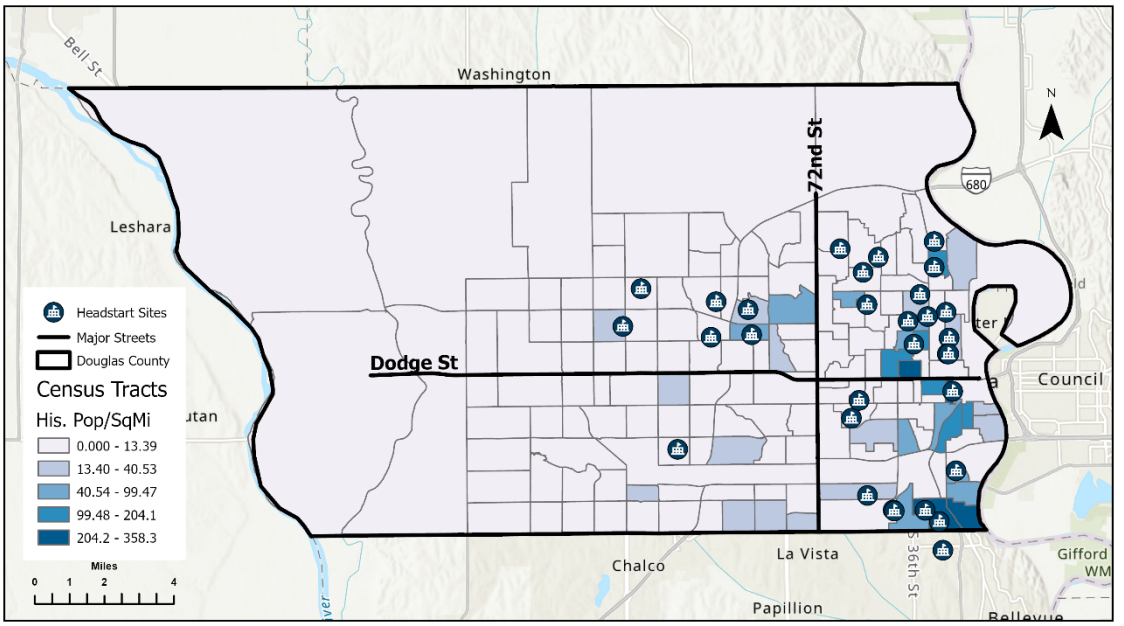
Source: 2019-2023 American Community Survey (B17001) – OPS Research Division

Map 5. Density of White Children Five Years and Younger in Poverty: 2019-2023 American Community Survey



Source: 2019-2023 American Community Survey (B17001) – OPS Research Division

Map 6. Density of Hispanic/Latino Five Years and Younger in Poverty: 2019-2023 American Community Survey



Source: 2019-2023 American Community Survey (B17001) – OPS Research Division

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. Beginning in the 2022-23 school year, OPS qualified for the Community Eligibility Provision (CEP), a federal program that allows high-poverty districts to offer breakfast and lunch at no cost to students without the need to fill out an application. However, the district does collect Educational Benefits Forms, which collect financial information that allows eligible families to access benefits in our schools and community while providing a socioeconomic indicator akin to the previous Free and Reduced Priced Lunch metric. In 2023-24, 72.7% of OPS students PK-12 qualified for Educational Benefits. This indicator of financial need is much higher than Free and Reduced Price Lunch participation in the other six public school districts located in Douglas County. Additionally, OPS serves the majority of all impoverished students in the county. In 2023-2024, 43 of the 65 elementary schools in OPS had Educational Benefits eligibility percentages over the elementary district average of 74.1%. 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

2023-24 F/R Lunch Percentage for Douglas County School Districts

District	F/R Lunch %	Enrollment
OMAHA PUBLIC SCHOOLS	CEP	51,693
ELKHORN PUBLIC SCHOOLS	11.40%	11,455
DOUGLAS CO WEST COMMUNITY SCHS	31.54%	1,116
MILLARD PUBLIC SCHOOLS	28.83%	23,300
RALSTON PUBLIC SCHOOLS	64.95%	3,409
BENNINGTON PUBLIC SCHOOLS	13.91%	4,285
WESTSIDE COMMUNITY SCHOOLS	38.14%	6,319

Source: 2023-2024 NDE F/R Lunch Count by School

Families in Poverty (Race/Ethnicity)—Census Data

The number of people in poverty has increased across all demographics over the last 23 years. According to the 2019-23 American Community Survey, in Douglas County, 11.2% of all people were in poverty. There were over 10,200 total families in poverty including nearly 8,000 families with children under the age of 18. The poverty rate was 7.2% among all families and 19.6% of matriarchal families with no spouse present.

More specifically, 13% of families with related children under five years old in Douglas County have income below the poverty level according to the 2019-2023 ACS. When households with related children under five years old were headed by women in Douglas County, 36.7% were below the poverty level. The percentage of these families who are in poverty also varies by race/ethnicity as Table 6 shows. African Americans have the highest poverty rate for families with a child under 5 (36.7%) as well as among female headed households with a child under 5 but no spouse present (52.9%) while comparable White rates are much lower at 8.3% and 32.6% respectively.

TABLE 6

Families with Children Under 5 in Douglas County: 2019-23

Family Type	Total	White	African American	Asian	Other	Hispanic
Families with Children Under 5	27,617	18,798	3,433	1,488	3,898	4,105
In Poverty	3,582	1,556	1,259	90	677	899
Percent in Poverty	13.0%	8.3%	36.7%	6.0%	17.4%	21.9%
Female headed families no spouse present with child <5	5,438	2,553	1,659	46	1,180	1,058
Percent of all families with child < 5	19.7%	13.6%	48.3%	3.1%	30.3%	25.8%
Number in Poverty	1,998	833	877	0	288	289
Percent in Poverty	36.7%	32.6%	52.9%	0.0%	24.4%	27.3%

Source: U.S. Census Bureau, 2019-2023 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 2019-2023 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 in eastern Douglas County. Additionally, 43% of all families in poverty with children five and under are in the northeast portion of Douglas County (1,531 families). In comparison, there are about 1,059 families with children five and under in poverty in the southeast and 992 in western portions of the county. The poverty rate for families with children under 5 in the eastern part of the county (25.3%) is about 4.5 times higher than in the west part of the county (5.7%).

TABLE 7

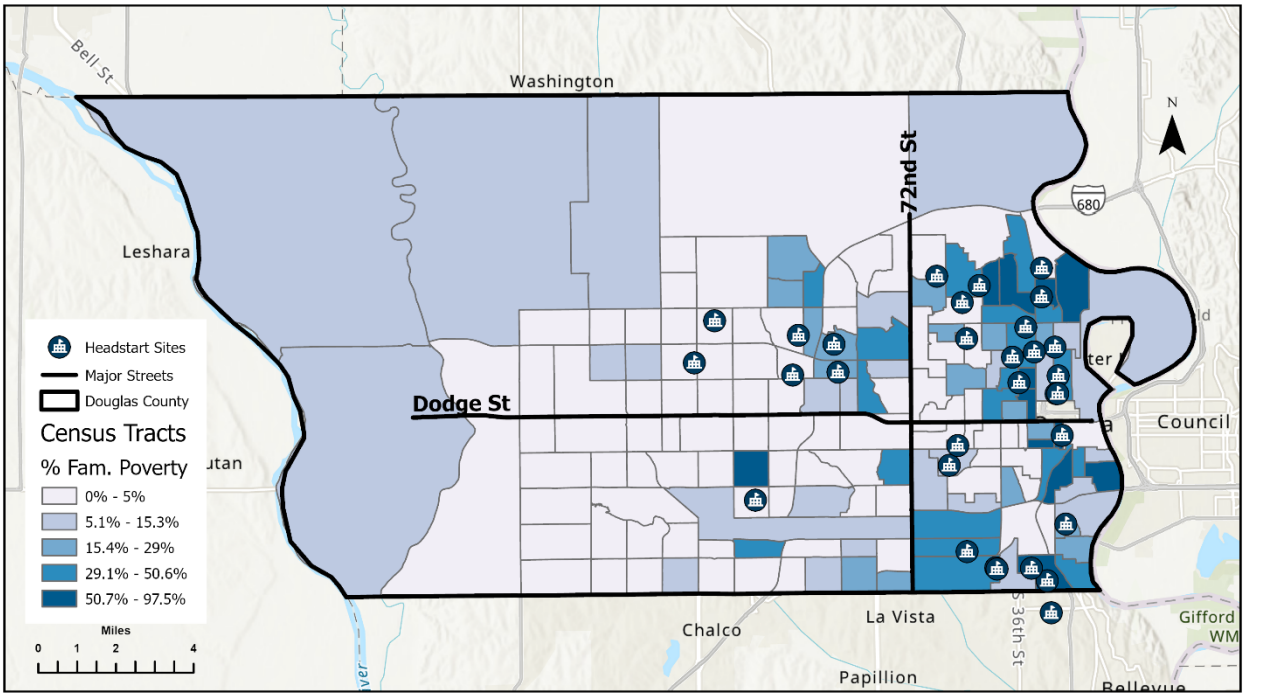
Families with Children 5 & Under in Poverty in Douglas County: 2019-23

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	3,582	100.0%	27,617	13.0%
Northeast of 72nd & Dodge	1,531	42.7%	5,412	28.3%
Southeast of 72nd & Dodge	1,059	29.6%	4,826	21.9%
East of 72nd Street	2,590	72.3%	10,238	25.3%
West of 72nd Street	992	27.7%	17,379	5.7%

Source: 2019-2023 American Community Survey (B17010)
*Douglas County Area = Douglas County as divided by 72nd St. and Dodge St.

Most families with children in poverty are living in the urban core of the city, east of 72nd Street. However, there are nearly 1,000 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. Percent of Families with Children Under Five Years Old in Poverty: 2019-2023 American Community Survey



Source: 2019-2023 American Community Survey (B17010) – OPS Research Division

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 and 9. Among all families with children under 5, Douglas County is about 68% White, 12% Black, 5% Asian, and 14% Other Races. About 15% of these families are Hispanic/Latino. When poverty, race and ethnicity are examined more closely, it is clear that these populations live in specific areas of the city. Almost 66% of African American families in poverty with children under five live in the northeast portion of Omaha. Similarly, almost 65% of all Hispanic/Latino families in poverty with children five and under live in the southeast portion of Omaha.

The Hispanic population has increased significantly over the past 23 years in Douglas County growing from 30,928 people in 2000 to 82,687 in 2023. This represents an increase from 6.7% to 14.1% 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 non-Hispanic White population decreased from 78.2% to 66.6% of the population while non-Hispanic Asians increased from 1.7% to 4.2%. 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 about 8,000 to nearly 25,000, stems in part from an increase in the 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

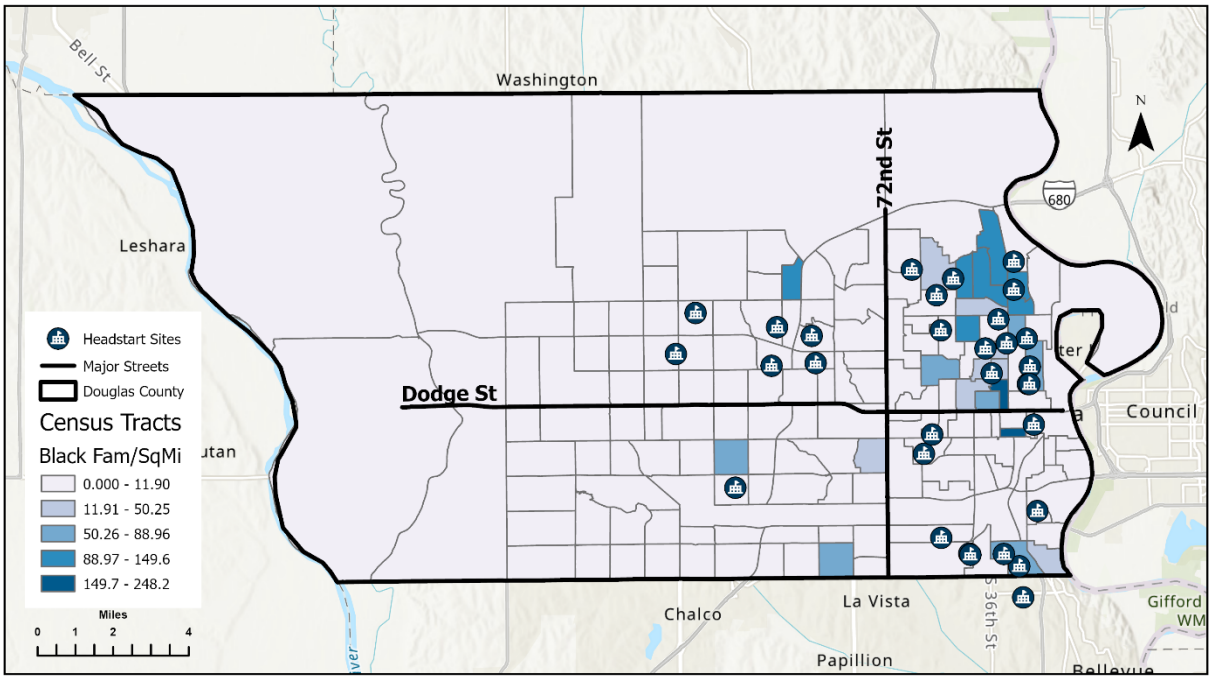
Families with Children Under Five in Poverty in Douglas County: 2019-23

Douglas County Area*	Total	White	%	African American	%	Asian	%	Other	%	Hispanic	%
Families	27,617	18,798	N/A	3,433	N/A	1,488	N/A	3,898	N/A	4,105	N/A
Families in poverty	3,582	1,556	100.0%	1,259	100.0%	90	100.0%	677	100.0%	899	100.0%
Northeast of 72nd & Dodge	1,531	458	29.4%	827	65.7%	26	28.9%	220	32.5%	213	23.7%
Southeast of 72nd & Dodge	1,059	581	37.3%	159	12.6%	0	0.0%	319	47.1%	583	64.8%
East of 72nd Street	2,590	1039	66.8%	986	78.3%	26	28.9%	539	79.6%	796	88.5%
West of 72nd Street	992	517	33.2%	273	21.7%	64	71.1%	138	20.4%	103	11.5%

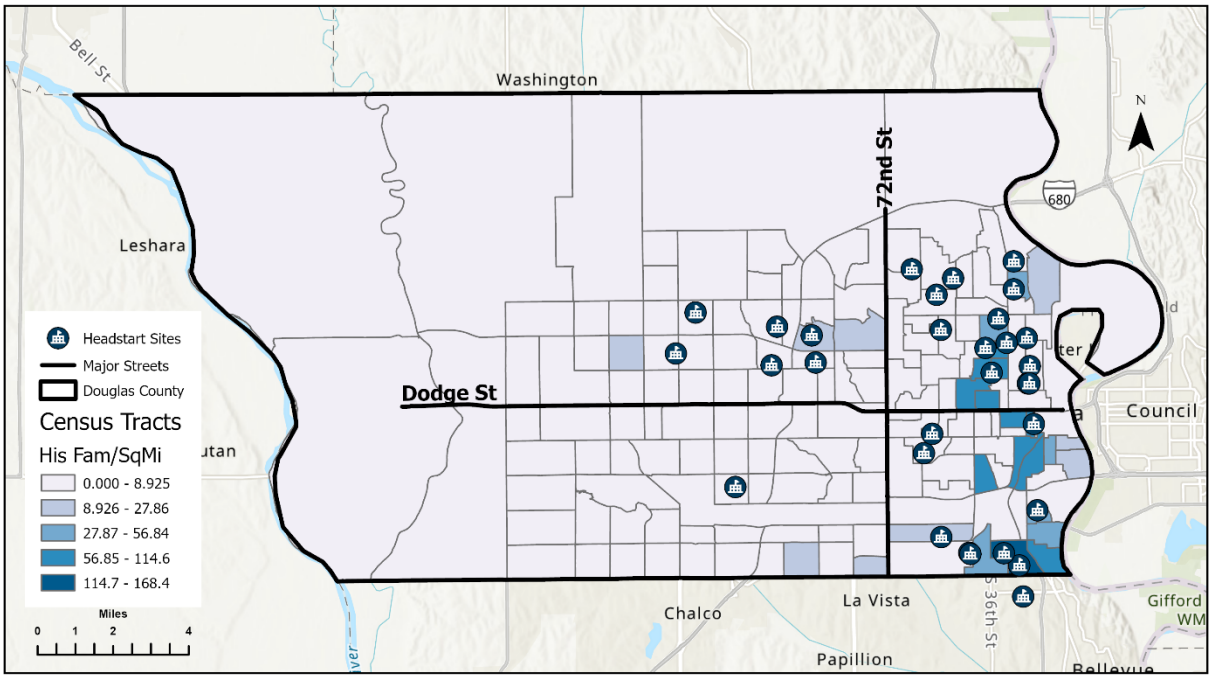
Source: 2019-2023 American Community Survey (B17010-B17010I)
Note: Includes any family with a child under five years old. Those reporting Hispanic ethnicity are also counted in a racial category.
*Douglas County Area = Douglas County as divided by 72nd St. and Dodge St.

Map 8. Density of African American Families with Children Under Five Years Old in Poverty: 2019-2023 American Community Survey

Source: 2019-2023 American Community Survey (B17010) – OPS Research Division



Map 9. Density of Hispanic/Latino Families with Children Under Five Years Old in Poverty: 2019-2023 American Community Survey



Source: 2019-2023 American Community Survey (B17010) – OPS Research Division

These same demographic trends are also present in the enrollment of OPS (table 9). The population of OPS grew by nearly 13% from 45,782 to 51,697 between 2001-02 and 2023-24. During this same period, the White student population in the district decreased by over 51%. The African American student population declined by more than 15%, partially due to the inclusion of a multiracial category. The Asian student population increased by 381% and the Hispanic population increased by 210%. The overall percentage of students of color in the district also increased from less than 50% in 2001-02 to 78% 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.

TABLE 9

Omaha Public Schools PK-12 Population 2001-02 to 2023-24

Race/Ethnicity	2001-2002		2023-24		Change 2001-02 to 2023-24	
	#	%	#	%	Change	% Change
Total	45,782	100.0%	51,697	100.0%	5,915	12.9%
White	23,200	50.7%	11,303	21.9%	-11,897	-51.3%
Black/African American	14,444	31.5%	12,233	23.7%	-2,211	-15.3%
Hispanic	6,669	14.6%	20,683	40.0%	14,014	210.1%
Asian	787	1.7%	3,786	7.3%	2,999	381.1%
American Indian	682	1.5%	391	0.8%	-291	-40.5%
Pacific Islander	N/A	N/A	60	0.1%	N/A	N/A
Multi-Racial	N/A	N/A	3,241	6.3%	N/A	N/A
Minority	22,582	49.33%	40,394	78.1%	17,812	-40.5%

Source: 2001-02 & 2023-24 OPS Official Membership

Due to participation in the Community Eligibility Provision, the measure of poverty in OPS changed during the 2022-23 school year from Free and Reduced-Price Lunch participation to eligibility for Educational Benefits. The Educational Benefits Form collects financial information that allows eligible families to access benefits in our schools and community while providing a socioeconomic indicator for students and schools similar to the Free and Reduced Lunch metric used in the past. This metric shows poverty trends similar to that of the county with regards to racial and ethnic groups. Table 10 highlights change in the total number of Free and Reduced Lunch students from the 2001-02 school year to students eligible for Educational Benefits in the 2023-24 school year. The indication of financial need in the district increased from under 50% in 2001-02 to over 72% in 2023-24. Additionally, there have been increases in financial need among most minority groups, especially Asian students.

TABLE 10

Omaha Public Schools PK-12
F/R Lunch Participation in 2001-02 compared to
Educational Benefits Eligibility in 2023-24

Race/Ethnicity	Free/Reduced Lunch Participation 2001-2002		Educational Benefits Eligibility 2023-2024		Change 2001-02 to 2020-21	
	#	%	#	%	Change	Change in %
White	7,422	32.0%	5,122	45.3%	-2,300	13.3%
Black/African American	9,946	68.9%	10,497	85.8%	551	16.9%
Hispanic	4,632	69.5%	16,198	78.3%	11,566	8.8%
Asian	273	34.7%	3,100	81.9%	2,827	47.2%
American Indian	450	66.0%	324	82.9%	-126	16.9%
Pacific Islander	N/A	N/A	44	73.3%	N/A	N/A
Multi-Racial	N/A	N/A	2,287	70.6%	N/A	N/A
Total	22,723	49.6%	37,572	72.7%	14,849	23.1%

Source: 2001-02 & 2023-24 OPS Official Membership

Language — Census Data

The continuous growth in various cultures is having a great impact on the landscape of Omaha. As previously noted, the Hispanic population has increased significantly over the past 23 years in Douglas County. According to the 2019-23 ACS, among people at least five years old living in Douglas County, just over 16% spoke a language other than English at home. Just over 61% of those speaking a language other than English at home spoke Spanish with about 15% speaking Asian and Pacific Island languages.

A closer examination of languages spoken at home in different areas of Douglas County, as seen in Table 11 and Map 10, suggests concentrations of both non-English speakers and specific languages. About 40% of all people,five and over speaking a language other than English at home are in southeast Douglas County. Similarly, most Spanish speakers are in southeast Douglas County. Conversely, most people speaking Asian and Pacific Island languages as well as other Indo-European languages live west of 72nd Street. Foreign born people make up over 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, 16% compared to 11% for native born individuals. Newly arriving refugee populations have and will continue to have an impact on the area's demographics.

TABLE 11

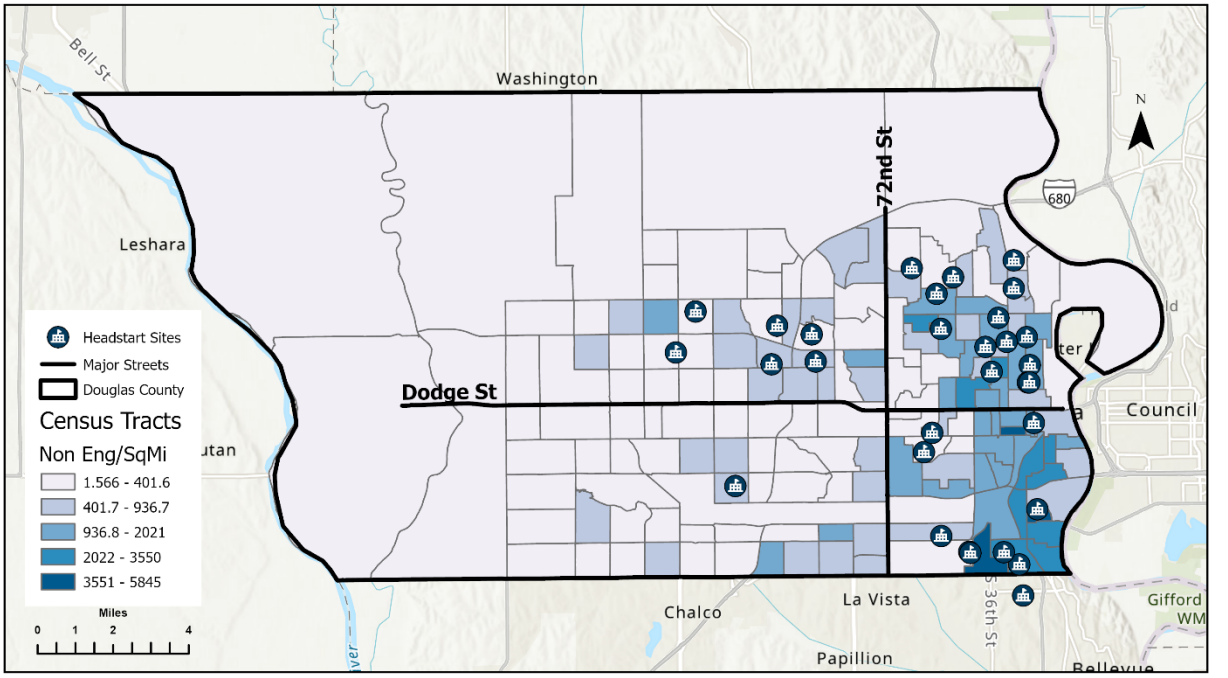
Population Five and Over Who Speak a Language Other Than English: 2019-23

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	87,486	100.0%	53,722	61.4%	13,256	15.2%	12,797	14.6%	7,711	8.8%
Northeast of 72nd & Dodge	19,939	22.8%	9,503	17.7%	4,696	35.4%	2,471	19.3%	3,269	42.4%
Southeast of 72nd & Dodge	35,590	40.7%	30,976	57.7%	1,193	9.0%	1,828	14.3%	1,593	20.7%
East of 72nd Street	55,529	63.5%	40,479	75.3%	5,889	44.4%	4,299	33.6%	4,862	63.1%
West of 72nd Street	31,957	36.5%	13,243	24.7%	7,367	55.6%	8,498	66.4%	2,849	36.9%

Source: 2019-2023 American Community Survey (S1601)

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

Map 10. Density of People Five and Older who Speak a Language Other Than English: 2019-2023 American Community Survey



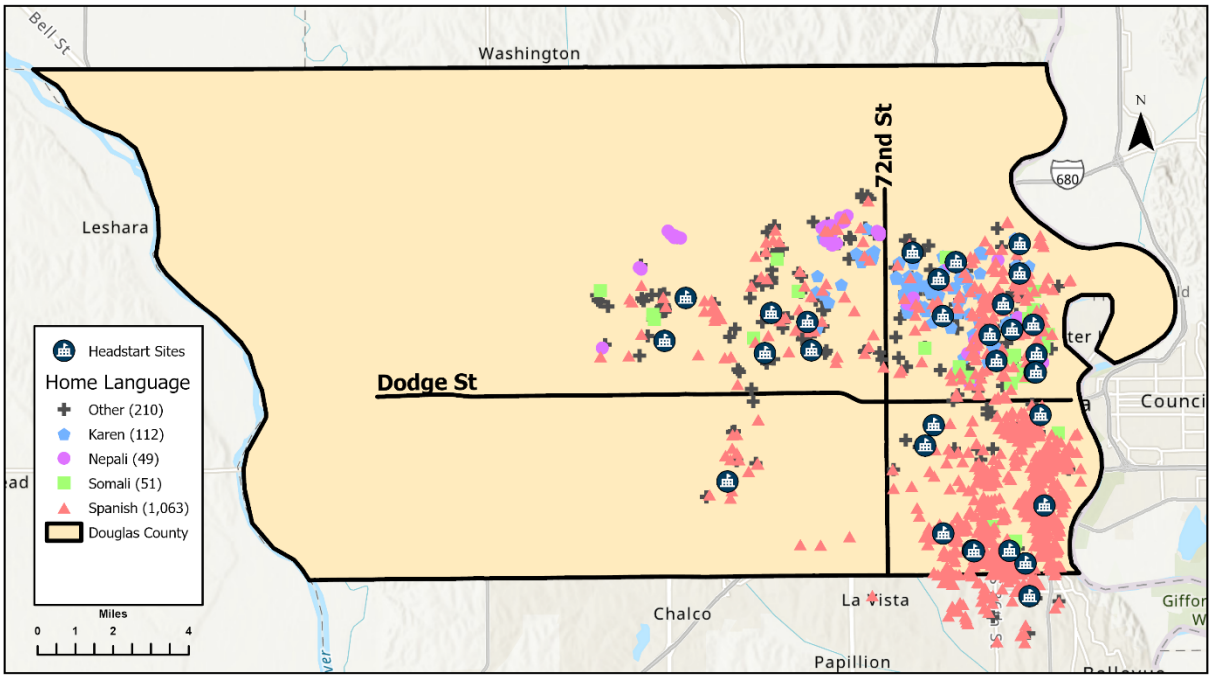
Source: 2019-2023 American Community Survey (S1601) – OPS Research Division

Language — School Data

Over the past 19 years, the K-12 English Learner (EL) population in OPS has increased from 8.6% in 2001-02 to 23.6% in 2023-24. In 2023-24 there were 111 different languages spoken by students in OPS.

In an examination of the 3,787 kindergartners enrolled in OPS for official membership in 2023-24, 1,464 or 38.7% spoke one of 47 languages other than English at home. Just over 71% of these non-English speakers spoke Spanish, 7.5% spoke Karen, 3.4% spoke Somali and 3.3% spoke Nepali. The remaining 43 languages make up about 14% of the non-English speakers. As seen in map 11, 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 11. Kindergartners with a Home Language Other Than English: 2023-2024 Official Membership



Source: 2023-2024 Official Membership – OPS Research Division

Douglas County is experiencing many demographic changes that are associated with large urban areas like the city of Omaha. The county has increased 26% in total population from 2000 to 2023, 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 consist 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 more families are living in poverty than 23 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 2025

AGENCY	PROGRAM NAME	PROGRAM MODEL/TYPE	TARGET POPULATION SERVED	CAPACITY
Charles Drew Health Center	Omaha Healthy Start	Home-Based	Serve 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 teens, 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 from 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. The 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 *(Home-based and Pre-K numbers were pulled from the OPS Membership Report for Fall 2023-2024)*	411 home-based and 902 center-based
	Head Start (Grantee)	Head Start	Serves children ages 3-5 who live in Douglas County and have an income within 100% of the Federal Poverty Guidelines.	560 HS 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 the Federal Poverty Guideline.	152 EHS, 187 HS center-based

	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 the Federal Poverty Guideline.	111 home-based
Visiting Nurses Association	Project WIN	Home Based with Public Health Nurses	Serves young, at-risk families who are expecting or have an 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
	Healthy 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	1,339
Bennington	60
Douglas County West	97
Elkhorn	295
Millard	523
Ralston	163
Westside	152

Source: School District websites 2024-2025

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 old by July 31st of that enrollment year. Part-day morning or afternoon services are provided for $175 per month. Families may complete fee applications 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 special education 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, including meals. Tuition assistance is available for families eligible for Free or Reduced Lunch.

The Elkhorn Public School District's preschool program provides Title I, English Language Learner, 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 and the Peer Model program which costs $180 per month.

The Ralston Public School District provides tuition-free learning opportunity services for children who 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. They serve 20 (three-year-olds- who qualify for Special Education) and 143 (Four and Five-year-olds). Space is limited.

Westside provides early childhood education to toddler students 18 months to three years of age and preschool students 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 $256/week with a $70 non-refundable registration fee. 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 before 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 8:40-11:00 am on Wednesdays and from 8:40-11:30 am on M, T, TH, and F. The PM half-day sessions are 11:55-2:15 pm on Wednesdays and 12:35-3:25 pm on 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 5 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.

Douglas County has an abundance of private childcare facilities, including in-home childcare and daycare centers. Currently, Douglas County has 324 private daycares.[2] This includes Family Day Care Homes and In-Home providers. Many of the facilities that are in zip codes with higher poverty rates accept childcare subsidies. When sampling various daycares in poverty-stricken areas, those centers typically have more children who rely on available subsidies. Many facilities in North and South Omaha provide services for children who 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 771 licensed childcare programs available for families; however, costs can be prohibitive for low-income families.[2] Families that qualify for childcare subsidies must meet income guidelines just as Head Start families must meet those same guidelines. Families may qualify for

[2] 2025 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.

subsidized childcare services, with a payment based on 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 daycare reimbursement rates set by the 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	$35

Source: Nebraska Department of Health and Human Services Guidance Document 2024

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 2024

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 have 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 the 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 must 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 must provide special education and related services to all eligible children in their district who have been verified with a disability.

Janice Nitz, Data Manager with the Nebraska Department of Education, Office of Special Education (2025), reports that the following table estimates the number of children in Douglas County that were identified with a disability in Douglas County.[4]

AGENCY/SCHOOL DISTRICT NAME	Age 0-3	Age 3-5
OMAHA PUBLIC SCHOOLS	407	806
ELKHORN PUBLIC SCHOOLS	72	138
MILLARD PUBLIC SCHOOLS	119	302
RALSTON PUBLIC SCHOOLS	29	57
BENNINGTON PUBLIC SCHOOLS	30	68
WESTSIDE COMMUNITY SCHOOLS	29	77
DOUGLAS CO WEST	11	12

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

[4] J. Nitz, Nebraska Department of Education, personal communication, February 2025.

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 2024-2025

Primary Disability	Students
Autism	324
Developmental Delay	791
Emotional Disturbance	0
Hearing Impaired	36
Intellectual Disability	0
Multiple Impairment	0
Orthopedic Impairment	1
Other Health Impairment	8
Speech Language Impairment	83
Visual Impairment	7
Grand Total	**1250**

Source: OPS Official Membership, October 2024

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.[5] 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 specials 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.

[5] Nebraska Early Childhood Interagency Coordinating Council (ECICC). (20, May 14). 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 surrounding areas.	http://nefamilysuppotnetwork.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 ensures 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	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, and 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 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)	Assisting 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 Association (MDA)	Providing specialized medical services for families with children with muscular dystrophy, ALS, or related muscle-debilitating diseases	https://www.mda.org/office/omaha 402-390-2914

DATA REGARDING THE EDUCATION, HEALTH, NUTRITION, AND SOCIAL SERVICES OF HEAD START ELIGIBLE CHILDREN AND THEIR FAMILIES

Education

Families are essential to school readiness and academic success. Head Start and Early Head Start programs are valuable partners with families in this endeavor. Early Childhood education sets the foundation for learning in company with parents. Graduation rates in Douglas County and the State of Nebraska are similar. Specifically, 91.5% of individuals in Douglas County have at least graduated high school or earned a General Education Diploma (GED).[6]

EDUCATIONAL ATTAINMENT FOR THE POPULATION 25 YEARS AND OVER IN THE UNITED STATES, NEBRASKA AND DOUGLAS COUNTY: 2019-2023

Education Level Completed	United States		Nebraska		Douglas County, Nebraska	
	Estimate	%	Estimate	%	Estimate	%
Total:	231,791,117	100.0%	1,307,246	100.0%	387,846	100.0%
No schooling completed	4,664,092	2%	23,891	1.8%	9,303	2.3%
Nursery school	71,633	0.0%	513	0.0%	27	0.0%
Kindergarten	62,150	0.0%	86	0.0%	86	0.0%
1st grade	98,100	0.0%	699	0.0%	368	0.0%
2nd grade	206,341	0.0%	998	0.1%	415	0.1%
3rd grade	420,750	0.1%	1,815	0.1%	444	0.1%
4th grade	308,789	0.2%	1,588	0.1%	243	0.0%
5th grade	496,481	0.1%	1,670	0.1%	584	0.2%
6th grade	1,906,446	0.8%	8,508	0.7%	3,448	0.8%
7th grade	606,901	0.3%	2,227	0.2%	443	0.1%
8th grade	1,870,118	0.8%	6,275	0.5%	1,161	0.3%
9th grade	2,451,189	1.1%	7,493	0.6%	1,702	0.4%
10th grade	2,763,917	1.2%	9,451	0.7%	3,064	0.8%
11th grade	3,188,897	1.4%	12,970	1.0%	4,940	1.4%
12th grade, no diploma	4,582,649	1.9%	17,886	1.4%	4,868	1.3%
Regular high school diploma	50,835,531	22.0%	280,521	21.5%	65,264	16.8%
GED or alternative credential	9,270,393	4.0%	43,619	3.3%	10,315	2.6%
Some college, less than 1 year	28,660,664	12.4%	104,046	8.0%	26,809	6.9%
Some college, 1 or more years, no degree	15,040,320	6.5%	172,888	13.2%	52,859	13.6%
Associate's degree	20,469,668	8.8%	148,822	11.4%	29,590	7.6%
Bachelor's degree	50,567,878	21.8%	298,782	22.8%	106,099	27.4%
Master's degree	23,772,531	8.8%	113,876	8.7%	44,255	9.4%
Professional school degree	5,487,904	10.2%	29,264	2.2%	13,464	2.8%
Doctorate degree	3,987,775	1.7%	19,358	1.5%	8,095	1.6%

Source: U.S. Census Bureau, 2023 American Community Survey (B15003)

[6] 2019-2023 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 who earn a college degree is substantially higher. Specifically, 42.2%[7] of individuals in Douglas County have a bachelor's degree, as compared to 31.4% for the rest of the state of Nebraska.

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 higher salaries ($40,231) than not graduating high school ($36,104). Additionally, attending some college or earning and associate's degree results in an increase in salary ($45,785), as opposed to stopping at a high school diploma ($40,231).

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, higher in Douglas County as compared to the rest of the state of Nebraska.[8]

MEDIAN EARNINGS IN THE PAST 12 MONTHS BY EDUCATIONAL ATTAINMENT FOR THE POPULATION 25 YEARS AND OVER: 2023

Education Level Completed	United States	Nebraska	Douglas County, Nebraska
Less than a high school graduate	$31,660	$39,451	$36,104
High school graduate (includes equivalency)	$39,428	$39,565	$40,231
Some college or associate degree	$45,924	$45,546	$45,785
Bachelor's degree	$67,256	$61,239	$66,562
Graduate or professional degree	$86,524	$72,775	$76,650

Source: U.S. Census Bureau, 2023 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 their daily lives. There are over 34 adult education sites within Nebraska. The Nebraska Department of Education provides a list of Adult Education programs available in the area. According to Shirley Gruntorad, from the Nebraska Department of Education: 574 persons took part or all of the GED test battery in 2024. Of this number 295 completed the test and 216 achieved scores high enough to qualify for a Nebraska High School Diploma. Shirly Gruntorad reports that the GED numbers have changed from 2013 to 2014, due to a new, and more difficult test, incorporated in 2014.[9]

[7] Bureau of Labor Statistics. (n.d.). Retrieved from http://www.bls.gov/.
[8] 2023 American Community Survey (B20004), U.S. Census Bureau. (n.d.). Retrieved from http://factfinder2.census.gov/.
[9] S. Gruntorad, Nebraska Department of Education, personal communication, January 2020.

Metropolitan Community College offers GED classes throughout the metropolitan area at their North and South Omaha locations. The Omaha Public Schools no longer offer the GED program; however, there are onsite and remote learning options available throughout Nebraska and no cost testing vouchers are available for Nebraska Adult Education enrolled students.

Literacy is a focal point for Nebraska. State initiatives and organizations such as Learning for All, Nebraska Growing Readers, Read Aloud Nebraska, Nebraska READS Initiative and the Nebraska Literacy Project. Learning for All focuses on adult learners, while Nebraska Reads provides a comprehensive approach that includes students, parents and educators. The purpose of Read Aloud Nebraska is to foster a love of reading.

The Nebraska Literacy Project provides a framework for Nebraska educators and other stakeholders to work together to positively impact literacy for all Nebraska students. Aligned with this initiative, Omaha Public Schools has set a districtwide goal for all students to be reading on grade level by 2030. This applies to all programs within the district including Head Start. The pre-reading skills learned in early childhood are essential to learning and school readiness.

English Language Learners

In the state of Nebraska, the number of English Language Learner (ELL) students increased by approximately 2% from 2022-2023 to 2023-2024.[10] The ESL population in OPS is currently almost 24%. The number of students who are served in the OPS ESL program has grown from 19% in 2019-2020 to 24%.[11]

Families in Omaha Public Schools may speak one of 111 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 (including 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). Some courses through Omaha Public Schools offer English instruction for parents while their children participate in early learning experiences.

The 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 parents 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.

[10] State of the Schools Report, Nebraska Department of Education. (n.d.). Retrieved from http://reportcard.education.ne.gov/.
[11] OPS District Data Book 2023-2024, Omaha Public Schools. (February 2025.). 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 Centers for Disease Control and Prevention (CDC), the virus is constantly evolving through random mutations making treatment and prevention methods difficult. As of January 19, 2025, there have been 777,335,228 confirmed cases and 7,084,023 deaths worldwide. The U.S. has had 103,436,829 confirmed cases and 1,212,505 deaths.[12] Nebraska has seen 4,948 deaths and Douglas County has had 1,471 deaths.[13]

COVID-19 vaccines have been distributed across the globe and over 13 billion doses have been given to date.[12] Vaccine rates are declining and 70% of Americans, 66% of Nebraskans, and 14% of Douglas County residents are up to date on the vaccine. Due to the ever-changing variants, Douglas County had an increase in cases, hospitalizations, and deaths in 2024 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. As of May 1, 2024, Nebraska hospitals are no longer required to report hospital respiratory pathogen, bed capacity, and supply data related to COVID-19.[13]

Health and Nutrition in Omaha

Good health and nutrition provide a foundation for a successful education for children. According to the United Health Foundation's "America's Health Ranking 2024," Nebraska is ranked the 18th healthiest state in the United States.[14] In different research provided by the Kids Count Book 2023, Nebraska fell to the 17th ranking from being ranked 9th in 2023 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.[15]

The 2024 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) Prenatal and Infant Health; and 9) Sexual Health.[16] 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. Colds/flu and Mental Health were also among

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[12] World Health Organization. *Coronavirus Dashboard*. (2024). Retrieved from https://covid19.who.int/region/amro/country/us

[13] Douglas County Health Department. (2025). Douglas County NE COVID-19 Dashboard. Retrieved from https://dogis.maps.arcgis.com/apps/dashboards/8a88e2fb7ca74d58888bd277aae00a7f

[14] United Health Foundation, America's Health Rankings. (2024). Retrieved from http://www.americashealthrankings.org.

[15] Kids Count in Nebraska 2025 Report. (June 9, 2025). Retrieved from https://www.aecf.org/interactive/databook

[16] PRC Child & Adolescent Health Needs Assessment. (2024). Retrieved from http://assets.boystown.org/hosp_peds_docs/2024-PRC-Child-Adolescent-CHNA-BTNRH.pdf

the top primary health concerns identified by the Douglas County Health Department in 2024, along with respiratory issues.

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 preventive care such as vaccination, 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 a government-sponsored program such as Medicaid, Medicare, CHIP, or Kids Connection. Finally, there must be the ability of a family to access health care services.

Availability of Health Care Services: The Omaha metropolitan area has 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 can access one of two community health organizations, Charles Drew Health Center located in northeast Omaha, and One World Community Health Center, which has six clinics located in southeast, west, southwest and northwest Omaha. Both organizations provide health care services to children and adults, using a sliding fee scale based on 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. SBHCscan screen health 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 151,355 children living in Douglas County who were enrolled in Medicaid or Children's Health Insurance Program (CHIP) in 2024, which is 26% of all children living in Douglas County.[17] 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 a 1.7% growth from 2019. 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.[18] 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 156,305 children 18 and under in 2020. Kids Count Data Book 2024 reported that only 5% of Nebraska's children were uninsured in 2022, which dramatically increases access to healthcare.[19]

Effective January 1, 2024, the continuous eligibility period for children enrolled in Medicaid and CHIP was

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

[18] Nebraska DHHS. Retrieved from http://dhhs.ne.gov/medicaid/Pages/med_CHIP.aspx.

[19] 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

extended from 6 months to 12 months. Children born to mothers covered by Medicaid or CHIP continue to receive one full year of continuous eligibility. Also, effective January 1, 2024, Medicaid extended the continuous postpartum coverage for individuals who received Medicaid while they were pregnant. This extended the postpartum period from 60 days to 12 months.[20]

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, 2021, 95% of children under the age of 6 have health insurance. As of 2021, the rate of adults in Douglas County without health insurance was at 9%, an increase from 7.9% in 2018.[14] above 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 11.9% in 2024, helping to lead the nation toward our lowest uninsured rate in recorded history. However, Nebraska's insured decreased from 30 in 2018 to 18 in 2024.[21] The increases in access to coverage 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.

Ability of a Family to Access Services: The 2024 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) inconvenient office hours; and 3) finding a physician. [16]

Prenatal Care

According to the Centers 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 2022, 74.9% of women in Nebraska met that mark. The percentage of non-Hispanic Black women (66.8%) and Hispanic women (68.5%) receiving first-trimester prenatal care is lower than non-Hispanic White women (76.8%).[22] 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

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[20] Nebraska Department of Health and Human Services. (2024). Nebraska Medicaid Annual Report. Retrieved from https://nebraskalegislature.gov/FloorDocs/108/PDF/Agencies/Health_and_Human_Services__Department_of/107_20241227-115219.pdf

[21] United Health Foundation, America's Health Rankings. (2024). Retrieved from http://www.americashealthrankings.org.

[22] 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

pregnant women who are over 19. In 2022 only 34% of pregnant teens under the age of 18 received prenatal care during the first trimester.[23]

Births:

According to vital statistics for Douglas County, the total number of births in Douglas County decreased from 8,319 in 2018 to 7,714 in 2023. 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 vary 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 2023, 3,024 babies were born to single mothers in Douglas County, which accounts for 39.2% of all births in the county.[24]

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 11.1% in 2024 which was enough to bump the state's grade in the organization's annual report card to a D. In Douglas County, the preterm birth rate increased to 12.8% in 2024 with a grade of a F.[25]

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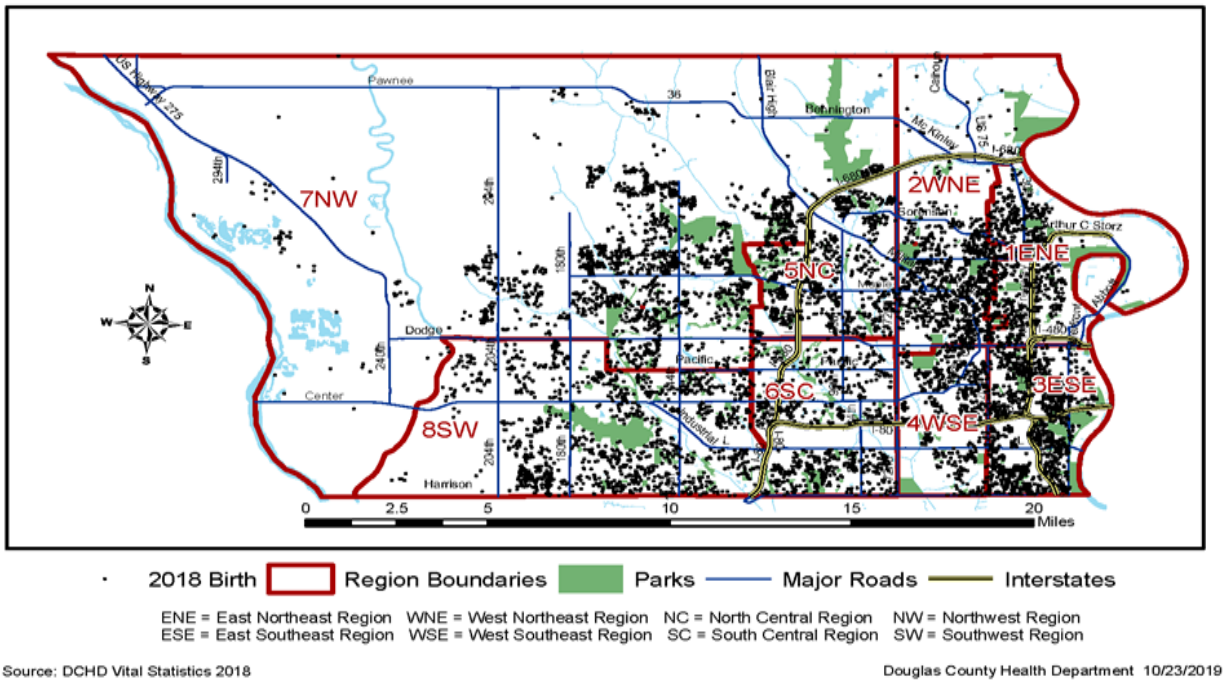
[23] DCHD MCH. (2017). Maternal Child Health (MCH) Tables, Douglas County Health Department, Douglas County, NE. Retrieved from https://www.dchealthdata.com/images/files/MCH_2016.pdf

[24] United States Census Bureau. (2024). Quick Facts, Omaha Nebraska. Retrieved from https://www.census.gov/quickfacts/fact/table/omahacitynebraska/PST045223

[25] March of Dimes. (2025). Retrieved from https://www.marchofdimes.org/peristats/reports/nebraska/report-card



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."[26] 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 regards to public health and welfare, teen pregnancy remains an important national concern, even though teen births are the lowest in a decade."[27]

In Nebraska, more babies are born to American Indian/Alaskan Native teen moms than any other racial

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[26] 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.

[27] *2016 Kids Count in Nebraska Report* (Rep.). (2017, January 10). Retrieved from http://voicesforchildren.com/wp-content/uploads/2017/01/2016-Kids-Count.pdf.

cohort (31.4%), followed by Hispanic teen moms (33%), African American teen moms (23.3%) and Caucasian teen moms (6.4%). Pregnancies of teens ages 15 to 19 have steadily declined over the past ten years in Douglas County with a high of 41.2 per 1,000 live births in 2007 down to 14.1 per 1,000 live births in 2023. In 2023, there were 329 live births to teens living in Douglas County, which was only 4.3% of all births in the County.[28] 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%.[24]

Some primary influencing factors may be the increase of pregnancy prevention programs in the community, 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 to increase the sexual knowledge of youth and, thereby, decrease the number of youths engaging in risky sexual behavior, the rates of STDs, and teen pregnancy. Steps to reaching this goal include: 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.[29]

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 6.1 per 1,000 live births in 2019.[30] 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:[31]

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 1.2 times higher than the rate of all other babies and jumped from 7.6 per 1,000 live births in 2012 to 15 in 2023.[25] However, there continues to be a racial disparity in mortality rates. The infant mortality rate in 2023 of white non-Hispanic infants is 5 per 1,000 live births, and 5 per 1,000 births for Hispanic children.[27] The Healthy People's 2030 national health target is to reduce the infant mortality rate to 5 deaths per 1,000 live births.[22]

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

[29] *2016 Adolescent Health Project Report* (Rep.). (n.d.). Retrieved from http://www.omahawomensfund.org/.

[30] Nebraska Department of Health and Human Services. (2024). State Child Death Review Team Annual Report. Retrieved from https://dhhs.ne.gov/MCH%20Epidemiology/Child%20Death%20Review%20Team%20Annual%20Report%202024.pdf

[31] *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

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.[32]

"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 an 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 increased from 2015's rate of 8.4% to 8.6% in 2023 and 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 and substance abuse 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.[33] In 2023, the LBW rate for Douglas County was 9.5% for all births. Prior to 2023, 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 2023 was 14.8%, which is double the 7% rate for White and the 8.7% rate for Hispanic women.[25]

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 .94 per 1,000 births in 2022, which is consistent with the national rate of 1.0 per 1,000 births. Nebraska's Department of Health and Human Services plans to update and expand family, community, and provider-level promotion of infant safe sleep practices in all birthing hospitals through Safe Sleep Champions Campaign and to include pediatric and Women, Infants, and Children (WIC) clinics in this promotion; Train visiting nurses and social service personnel in culturally sensitive, in-home interventions to promote safer sleep environments; Provide infant death investigation training for investigators, law enforcement and coroners and encourage investigators to adopt and routinely complete Sudden Unexplained Infant Death Investigation Reporting Form; and Counsel caregivers on the risk of SUID for infants cared for by caregivers impaired by alcohol, illicit substances, and certain medications whenever safe sleep education is provided.[20]

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 95% of all children to receive the primary immunization series by age two. In 2023, 93% of Nebraska children received their immunizations by age two. As the rise

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[32] *2011 Community Needs Assessment* (Rep.). (2012, October). Retrieved from https://www.douglascountyhealth.com/.
[33] The Annie E. Casey Foundation. (2009, July). *KIDS COUNT Indicator Brief: Preventing Low Birthweight* (Rep.). Retrieved from http://www.aecf.org/.

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 2023, Nebraska had 38.8% of children aged 19 to 35 months without all immunizations, which is up from 27.4% in 2019. In 2024, Nebraska ranked 47th in children's immunizations, which 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.[21] Among kindergarten students, vaccination coverage continues to decline as exemptions increase, which can lead to outbreaks.[14]

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.[34]

Lead Levels

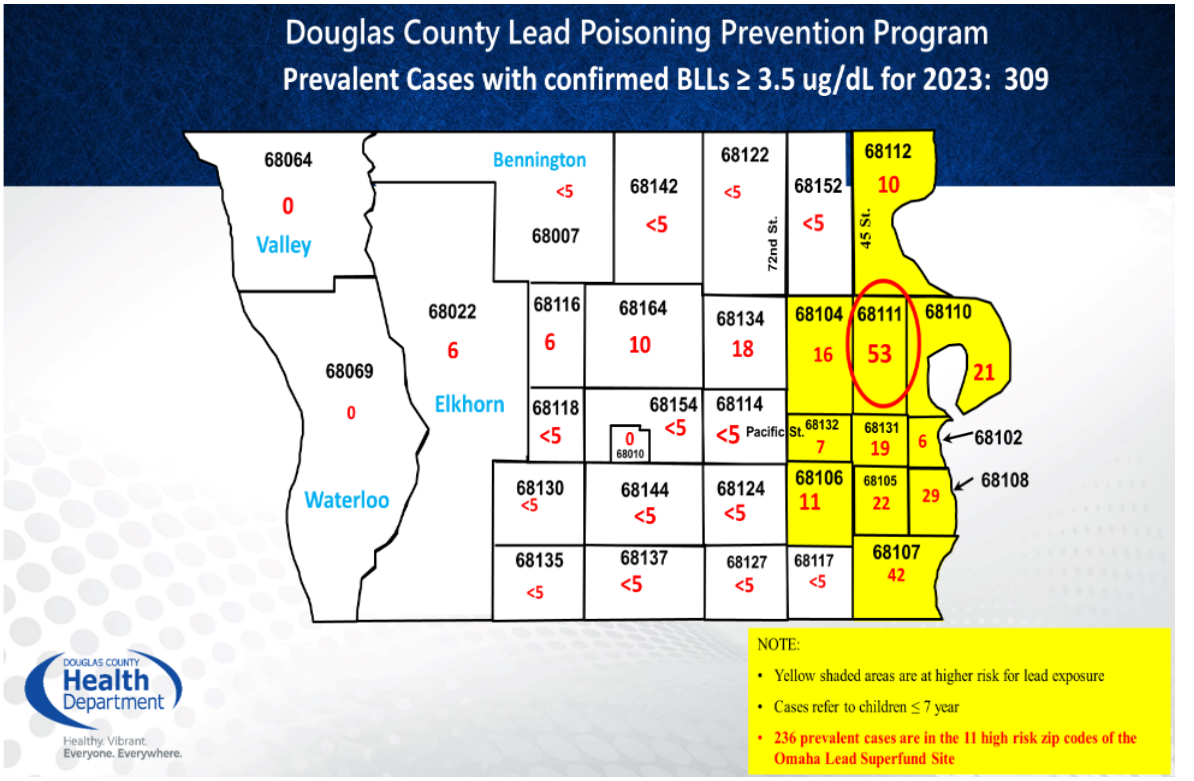
According to the CDC, across the nation there are at least 4 million households with children that are exposed to high lead levels and about a half million children between the ages of 1-5 years, with blood lead levels above 5 micrograms per deciliter. Although no safe blood lead level in children has been identified, the CDC recommends public health actions be initiated for a reference level of 3.5 ug/dl. The blood lead reference value was 5.0 ug/dL since 2012. In 2021 the CDC approved a new reference value of 3.5 ug/dL which Nebraska adopted in 2022. Healthy People's 2030 goals are to decrease exposure to lead and reduce blood lead levels in children aged one to five years with a target level of 1.18 ug/dL.[35]

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 lead 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 capillary blood lead test to screen all children under age 7 every year. If a capillary test is greater than or equal to 3.5 ug/dL, a confirmation venous blood test will be performed. With venous lead levels equal to 3.5 ug/dL, Douglas County Health Department completes environmental lead risk assessments of the child's home to identify lead hazards, provide education about lead poisoning.[35]

21[34] Immunization Information System. (n.d.). Retrieved from https://www.douglascountyhealth.com.

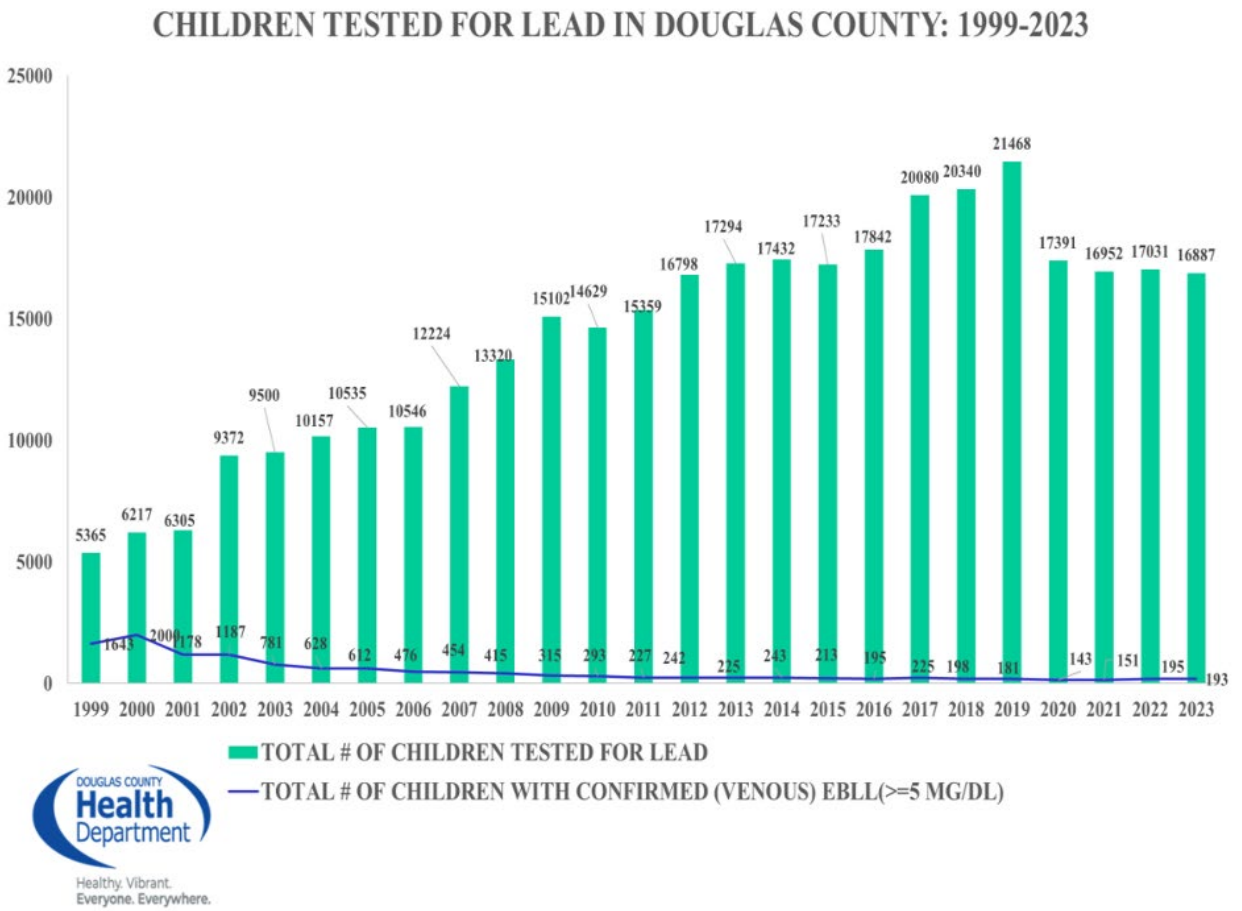
[35] Nebraska Department of Health and Human Services. (2023). Blood Lead Levels in Children 2022 Statewide Data Summary. Retrieved from https://dhhs.ne.gov/Reports/Blood%20Lead%20Levels%20in%20Children%20Data%20Summary%202022.pdf



Source: Douglas County Health Department Lead Prevention Program

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 resided in the zip codes that encompass the Superfund site and in houses built before 1960.[41]

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 took 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 the Douglas County Health Department, the Omaha Lead Hazard Control Program, Omaha Healthy Kids, and the University of Nebraska-Lincoln Extension in Douglas County.



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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 2023, of the 16,887 children that were screened for lead poisoning in Douglas County,193 children were identified with elevated blood levels and 85% of these elevated lead levels are from minority populations.[36]

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.[37] It has been found that the earlier a hearing impairment is identified, and treatment begins, the greater the likelihood of preventing or reducing the disabling effects associated with it, such as poor language or social/emotional development.[38]

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 2023, inpatient hearing screenings were reported on 22,819 newborns, or 98%, and of those who received a screening, 23,760 (96%) passed the inpatient

[36] Douglas County Health Department. (n.d.). Lead Poisoning Prevention Program Statistics. Retrieved from www.douglascountyhealth.co,/lead-poisioning-prevention.
[37] March of Dimes. (2014, June). Hearing Loss. Retrieved from https://www.marchofdimes.org/complications/hearing-impairment.aspx
[38] 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

screening.[39] 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 42.9% of infants residing in Nebraska in 2023 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 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 declining services, unable to contact the family, family moved out of state, and no indication of developmental delay (slight or mild hearing loss)."[39]

According to the 2024 PRC Child & Adolescent Community Health Needs Assessment for Douglas & Sarpy Counties, Nebraska, and Pottawattamie County, Iowa, a total of 13.8% 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.[40] Nevertheless, Asthma is one of the top causes 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, might contributing factors to the number of children in Douglas County living with asthma. In 2024, 4.8% of Nebraska children were living with asthma. The state ranks number 4 for childhood asthma.[14] In 2012, 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.[41]

Although asthma-related deaths have decreased since the mid-1990s, asthma continues to be a problem in Douglas County and 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]

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[39] Nebraska Health and Human Services. (2024). *2024 Annual Report Newborn Screening in Nebraska Newborn Bloodspot Screening for Metabolic and Inherited Disorders and Early Hearing & Detection Intervention*. Retrieved from https://nebraskalegislature.gov/FloorDocs/108/PDF/Agencies/Health_and_Human_Services__Department_of/865_20241227-105357.pdf.

[40] 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.

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

Oral Health

According to Nebraska Department of Health and Human Services, nearly 60% of Nebraska children will have experienced tooth decay before entering kindergarten. Tooth decay causes children to miss more school days than any other chronic health problem.[42] According to the 2022 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 that 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 aged 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.[43]
"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." [44]

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." [45] Wait times for dental exams and treatment has remained long, roughly 4-6 months in Omaha, caused by backlog from the pandemic.

The following data from the 2024 PRC Child & Adolescent Community Health Needs Assessment for Douglas & Sarpy Counties in Nebraska and Pottawattamie County in 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 (85.5%) have visited a dentist or other oral health care provider (for any reason) in the past year.
  - Note that less than 75% 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 9.4% of parents report that they have experienced difficulties accessing dental care for their child (age 1 to 17) in the past year.[16]
- 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 coverage is in Southwest Omaha. [45]

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

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[42] Nebraska Department of Health and Human Services. (2023). Nebraska Oral Health Survey of Young Children, 2021-2022. Retrieved from https://dhhs.ne.gov/Reports/Oral%20Health%20Survey%20of%20Young%20Children%20Fact%20Sheet%20-%202021-2022.pdf

[43] 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.

[44] 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.

[45] 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

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.[46]

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 as "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.

As of 2024, 28.1% of children in Nebraska were overweight or obese. Nebraska ranks number 20 for childhood obesity.[21] According to the 2024 PRC Community Health Needs Assessment for Douglas & Sarpy Counties, Nebraska and Pottawattamie County, Iowa, 33.4% of children aged 5-17 in the Omaha Metro are overweight or obese (based on Body Mass Index calculated from height/weight) a decrease from 39.6% in 2021. 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 southwest Omaha at 40.4% and southeast Omaha at 38.2%.[16]

We have all heard that adults are role models for children. As of 2024, 37.6% of adults in Nebraska were overweight or obese compared to the national average of 17%, causing Nebraska to be ranked number 42 for obesity.[14] 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 2030 target of 15.5%. According to trend reports, this has been statistically unchanged since 2011.[14]

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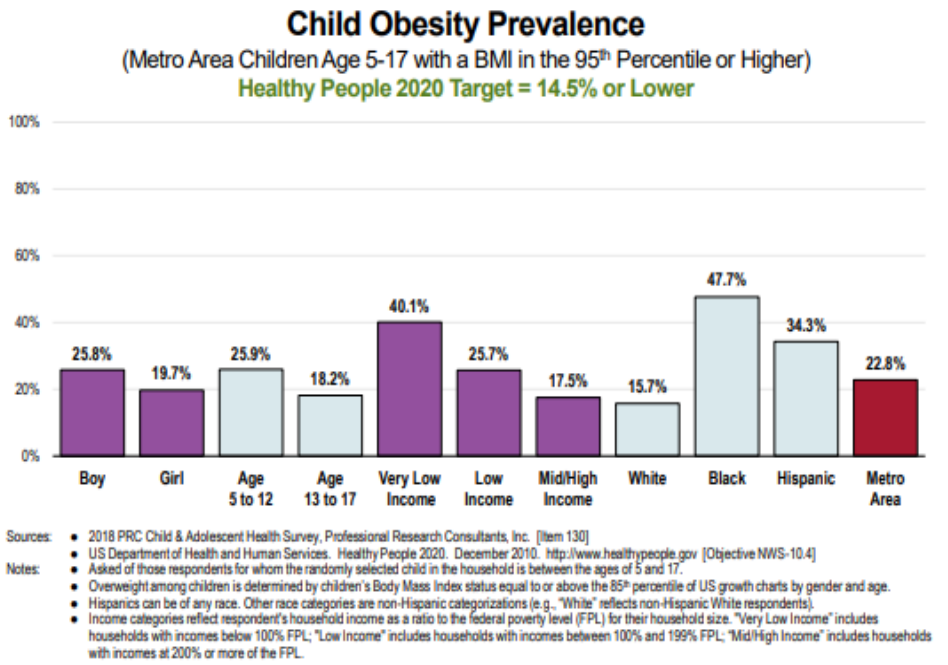
[46] Lynch, C. A. (2016, December 7). Provider Bulletin N 16-29 [Letter written December 7, 2016, to Nebraska Medicaid Providers]. Retrieved from dhhs.ne.gov/medicaid/Documents/pb1629.pdf

Other explanations for this include the fact that thirty years ago the average child would walk to school, eat home-cooked meals of reasonable sizes, have vegetables on the plate with most meals, play outside daily, and rarely eat out or snack between meals.[47] But lifestyles have changed. In this fast-paced society, we eat outside of the home more than ever before. Due to safety concerns, many children cannot play outside. Budget cuts in many schools have decreased or eliminated physical education classes.



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 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,

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

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 Health Watch 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 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”.[48]

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. 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;

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[48] 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/.

which earns them a five score, increased 17 percent.[20]

The Live Well Omaha Community Report Card also indicated that the number of community and school gardens is on the rise. The number of gardens has doubled in recent years and includes 50 gardens all over the city.

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, the Nebraska WIC program revamped its food package to include foods lower in fat and higher in fiber. Eligible participants must meet the income guidelines of 185% poverty and have a nutritional risk. Nebraska WIC programs serve 36,500 participants per month.[49]

In 2023 in Douglas County, WIC served an average of 2,700 women and children per month at all Douglas-Sarpy County clinics.[50] 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.[51] 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.[52]

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. In 2023, there were 22.2 million families with children on SNAP. It is the largest program working to fight hunger in America. The Head Start Act now includes SNAP as a categorical eligible category. 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.[53]

The Federal Government pays for 100% of SNAP benefits. The administrative cost is covered by the state government. SNAP benefits, distributed via Electronic Benefit Transfer (EBT) cards, are provided by the

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[49] Nebraska Department of Health and Human Services. (2024). About WIC. Retrieved from https://dhhs.ne.gov/Pages/WIC-About.aspx

[50] Nebraska Local Health Departments. 2023 Annual Report. Retrieved from https://govdocs.nebraska.gov/epubs/H8200/A002-2023.pdf

[51] USDA Food and Nutrition Service. (n.d.). About WIC- How WIC Helps. Retrieved from https://www.fns.usda.gov/wix/about-wic-helps.

[52] 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.

[53] United States Department of Agriculture. SNAP Eligibility (2024). Retrieved from https://www.fns.usda.gov/snap/recipient/eligibility

United States Department of Agriculture (USDA) to aid families that have income at or below 130% of the Federal Poverty Level (FPL) to maintain a healthy diet. For example, a family of four can make no more than $3,380.00 a month of benefits during 3 months of benefits during any 3-year period if they are not working a minimum of 20 hours per week or participating in a training program.[53]

Nebraska state unemployment rate, as of December 2024, was 2.8%. 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 December 2024 local unemployment rate for the Omaha, NE-Council Bluffs, IA Metropolitan statistical area was a ranking of 53. The rankings were 1-389. The American Community Survey shows the median per capita income for Nebraska was $40,637 in 2023. Compared to the US per capita income of $68,531, Nebraska's per capita income is $27,894 lower. The average income of residents in Omaha Nebraska is $42,515 a year.[24] Many of the people who use SNAP are employed but their income is insufficient compared to the cost of living.

Douglas County sits in Nebraska Congressional District 2, under Congressman Don Bacon. The USDA profile of SNAP households in 2023 for District 2 states that during that year, $0.23 billion in SNAP was issued, and there were 23,383 SNAP participating households. In Congressional District 2, 9% of households receive SNAP. The median income of households on SNAP was $24,235. 51% of the households receiving SNAP were in a household with children under 18 years. The race/ethnicity of the households were as follows: White 49.3%, Black or African American 27.4%, Hispanic or Latino 12.2%, Asian 3.8%, American Indian and Alaska Natives 0.5%, and other races 7%. SNAP benefit recipients in Douglas County in 2023 was 58,995.[53]

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 percentage of children eligible for free and reduced meals in 2023-2024 was 74.5% or 38,000 children.[54] School breakfast and lunch programs are provided by the USDA, which 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 2022-2023 school year, 55% of children participating in the program statewide lived in the Omaha metro area.[55] 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]

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[54] Omaha Public Schools. (2024). Educational Benefit Eligibility. Retrieved from https://www.ops.org/cms/lib/NE50000695/Centricity/Domain/204/BOE%20Official%20EBF%20Report%2023-24.pdf

[55] 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 the end of May 29th through beginning of August. In 2024, KCK served over 50,000 meals.[56]

Bed Bugs

The Omaha community is experiencing an influx of an unwelcome population of bed bugs since 2011. A 2025 Orkin report ranked Omaha the 36th worst city for bed bugs nationwide.[57] 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. In January 2025, a class-action lawsuit was filed alleging the Omaha Housing Authority failed to eliminate bed bug infestations at the high-rise apartments for low-income residents.[58] 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 bedbug cases overall this year. He said a big issue is that some people can't afford the cost of eradicating bedbugs, which can run from $300 to $6,150 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. More than 2.7 million children and adolescents in the U.S. are living with severe major depression and 60% of youth with major depression receive no mental health treatment.[59]

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[56] The Salvation Army of Omaha, Nebraska. (2024). Hunger Skyrockets During Summer. Retrieved from https://centralusa.salvationarmy.org/omaha/kids-cruisin-kitchen/

[57] Orkin. (2025). U.S. Bed Bug Cities List 2024. Retrieved from https://www.orkin.com/press-room/2024-worst-cities-for-bed-bugs

[58] The Daily Record (2025). After Months Of Outcry, Low-Income Tenants Sue Omaha Housing Authority Over Bed Bug Infestation. Retrieved from https://www.omahadailyrecord.com/content/after-months-outcry-low-income-tenants-sue-omaha-housing-authority-over-bed-bug-infestation

[59] Mental Health America. (2024). The State of Mental Health in America. Retrieved from https://mhanational.org/issues/state-mental-health-america

Research has shown that 57% of children with mental health problems come from families living at or below the federal poverty level.[60] 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, 2024). The State of Pediatric Mental Health in America 2023 Report ranked Nebraska 49th, one of the poorest states in pediatric mental health and treatment. [59] The lower ranking indicates that youth have a 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 who are left untreated because of access to care has decreased from 76% to 59.80%.[61]

Out of Nebraska's 1.8 million residents, approximately 257,0000 adults and 23,000 children are living with a 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.[59]

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. The national teen suicide rate is 10.5 compared to Nebraska's increased rate of 14.4.[14]

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.[62] 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.[45]

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".[63]

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[60] 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.

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

[62] 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.

[63] *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.

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

In May 2023, Governor Jim Pillen signed LB 276, the Certified Community Behavioral Health Clinic Act, that launched the implementation of Certified Community Behavioral Health Clinics (CCBHCs) throughout Nebraska in an effort to increase access to services, enable providers to incorporate evidence-based practices and further establish care coordination. In 2024, "the Nebraska Department of Health and Human Services Division of Behavioral Health selected seven providers to begin the Certified Community Behavioral Health Clinics (CCBHC) certification program as an initiative to enhance access to the highest standard of mental health and substance use care." Providers include CenterPointe, Community Alliance, Heartland Counseling Services, Heartland Family Services, Lutheran Family Services, South Central Behavioral Services and The Well. Over the next year, the providers will develop services and programs needed to meet state requirements and help improve Nebraska's mental health system.[64]

[64] NE Department of Health and Human Services (2024). Nebraska Increases Mental Health and Substance Use Treatment Services by Selecting Seven Providers to Become Certified Community Behavioral Health Clinics. Retrieved from https://dhhs.ne.gov/Pages/Nebraska-Increases-Mental-Health-and-Substance-Use-Treatment-Services-by-Selecting-Seven-Providers-to-Become-CCBHCs.aspx

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) 2026 Fair Market Rent (FMR) for a two-bedroom apartment is $1,368 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 the income on rent and afford two bedrooms, an individual must make $22.00 per hour working 40 hours per week. Nearly half of renters are spending over the expected 30% of their household income in the Omaha-Council Bluffs metro.[65]

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.[66] 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. In addition, people of color are disproportionately impacted (28% African American, 27% American Indian/Alaska Native, 22% Asian/Pacific Islander, 18% Hispanic and 11% while).[67]

According to the 2024 U.S. Census Bureau's American Community Survey, there are an estimated 257,743 housing units in Douglas County. Of these units, 242,890 (95%) are occupied, and the number of vacant units is 13,765. 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.

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[65] U.S. Department of Housing and Urban Development. (2025). *FY 2026 Fair Market Rent documentation system*. HUD User. Retrieved January 20, 2026, from https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2026

[66] "Out of Reach 2024: Nebraska", National Low Income Housing Coalition, (n.d.) https://nlihc.org/oor/nebraska

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

The two primary 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 1,232 families including 975 households with children through the Section 8 program. DCHA owns and manages 109 low-income housing tax credit units, 68 rural elderly/disabled units, 78 HUD low rent units and 1,236 Section 8 voucher program units.[68] 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.[69] 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.[70] 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. From 2018 to 2024 OHA sought local, state, and federal funds to help address these needs.[71]

In 2019, the U.S. Department of Housing and Urban Development awarded two major grants to create new neighborhoods in the place of old public housing in Omaha. OHA and the city received $25 million to replace the 111-unit Spencer Homes with several mixed income housing developments At least 111 units will be subsidized through rent vouchers, while the rest will be a combination of low-rent “affordable” units and market-rate housing. In 2022, OHA received a $50 million grant to replace the 358-unit Southside Terrace and build mixed-income housing. OHA intends to convert some properties from public housing to Section 8 housing, through HUD’s Rental Assistance Demonstration program.[72]

Canopy South, based on the Purpose-Built Communities model transforms neighbors including high-quality mixed-income housing, cradle-to-career education pipeline and comprehensive community wellness resources. Canopy South will work in partnership with OHA and the City of Omaha to replace 358 units at Southside Terrace with high-quality new construction. There will be over 700 new units in total by 2028. The remainder of the 358 units will be a mix of affordable and market rate units.[73]

Seventy-Five North Revitalization is a nonprofit organization focusing on providing high-quality, mixed-income housing and economic development in the historic Highlander neighborhood of North Omaha. The results will be more than 300 rental housing units, 16 single family homes and 3 renovated homes distributed among low and moderate income and market-rate renters.[74]

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[68] Douglas County Housing Authority. (2021). Douglas County Housing Authority 2021 Annual Report, Year of Reflection (Rep.). Retrieved from http://www.douglascountyhousing.com/docs/2021AnnualReport.pdf.

[69] Douglas County Housing Authority. (n.d.). Section 8 Applicants. Retrieved from http://www.douglascountyhousing.com/Section8App.html.

[70] Omaha Housing Authority. (n.d.). Overview. Retrieved from http://www.ohauthority.org/section8.

[71] 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.

[72] Habitat for Humanity of Omaha. (2024). 2023 annual report. https://habitatomaha.org/wp-content/uploads/2025/10/Annual-Report-2023-082724.pdf

[73] Canopy South. (n.d.). *News & events: Choice Neighborhoods Planning & Action Grant*. Retrieved February 1, 2025, from https://www.canopysouth.org

[74] Seventy Five North. (n.d.). *What we do: Mixed-income housing*. Retrieved February 1, 2025, from https://www.seventyfivenorth.org

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 annual impact data, FHAS served 14,706 clients, distributed 1.7 million funds in rent and utility assistance helped 93 families avoid foreclosure and prepared 5,000 tax returns.[75]

Habitat for Humanity of Omaha has partnered with more than 1,425 families in the 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 2023 Annual Report, Habitat for Humanity of Omaha partnered with 986 families through various programs including the Home Journey Program and Home Repair Program. They completed up to 39 homes in 2023 with 183 children moving into a new home. Homes are built with donor contributions, volunteer labor, and donated materials. Partner families are required to contribute 200 hours of Sweat Equity on the building site through the Home Journey Program. Their monthly mortgage payments are then used to build more homes. [77]

Homelessness

Threshold CoC, formerly The Metro Area Continuum of Care for the Homeless, reported a total of 1,609 homeless persons and 174 of which were children on a single night in January 2024 in the metropolitan area. There were 6,000 people served in shelters and transitional housing in 2023. Of these, 53% were experiencing homelessness for the first time, 31% were chronically homeless, 9% were fleeing domestic violence and 7% were U.S. military veterans. For race and ethnicity, 49% of homeless were White, 28% were Black, African American or African and 13% Hispanic/Latino. Single adults make up 92% of the homeless with men more likely than women to experience homelessness.[77]

There are over 100 organizations in Omaha and Council Bluffs that provide a variety of services to address homelessness. Heartland United Way 211 provides a list of preventative resources that are available for shelter and housing services. Contacting one of the local Access Points if experiencing homelessness provides the first step for coordinated entry to resolve a housing crisis. Street Outreach is a resource for those sleeping outside, living in a car, or in an abandoned building. According to Threshold CoC, there are 1,227 emergency shelter beds in the metro area. Additionally, there are 859 permanent supportive housing beds for individuals, and 311 transitional housing beds for families.

Threshold CoC conducted a system wide gap analysis in 2024 addressing homeless services and discovered gaps in the societal, system, and service levels. Societal level gaps include unaffordable housing costs and rising cost-of-living expenses, living wage gaps including low wages and limited employment opportunities and finally negative public perception of people experiencing homelessness which creates barriers to progress and disagreement in how best to address homelessness.

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[75] 2024 Annual Report for Family Housing Advisory Services.(2024). *https://www.flipbookpdf.net/web/files/uploads/bbb80f86af95045249ed85b0773ff22634aa1481202408.pdf*.

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

[77] Threshold CoC. (2024). *The homeless system dashboard: FY 2024*. https://www.thresholdcoc.org

System gaps include the need for a collective vision and common approach to addressing homelessness, maximizing coordination and impact of funding, consistent data collection and data driven decision making, system coordination between organizations to help navigate service intake and delivery and eliminate silos, and to help support front line staff.

The final gap analysis is the service level. This includes access to services and duration of services that leave some individuals underserved. Prevention services are needed to help people stay housed. In addition, safe shelter options for some groups are limited, and long-term housing options are needed to adequately meet the needs of the community. Lack of mental health, substance use, and transportation services are barriers for the homeless. Finally, ensuring high quality care with well-trained and experienced staff is critical to implementing this community-wide strategic plan to improve the state of homelessness across the community.

Domestic Violence

Domestic violence remains a significant public health and safety concern in Douglas County, Nebraska. Recent data indicate both an increased prevalence of intimate partner violence and sustained demand on emergency and criminal justice systems. Criminal justice and emergency response data further underscore the scope of the issue. The Domestic Violence Council (DVC), in collaboration with the Women's Fund of Omaha, leads Douglas County's Coordinated Response Team (CRT), which brings together service providers and justice system partners including the Women's Center for Advancement (WCA), Catholic Charities, Project Harmony, the Omaha Police Department, Douglas County Sheriff's Office, and the Douglas County Attorney's Office. Through this collaboration, the DVC collects and analyzes domestic violence data spanning the full continuum of system involvement—from 911 calls through probation—to identify trends and inform improvements in community response.

Data from these partners show that domestic violence–related 911 calls have increased since 2020, following a period of gradual decline between 2015 and 2019. In recent years, Douglas County has averaged approximately 51 domestic violence calls per day, reflecting persistent and widespread demand for emergency intervention. In 2022, there were 18,656 domestic violence–related calls to 911, an increase from 15,856 calls in 2014. That same year, 2,917 arrests related to domestic violence were made. Arrest numbers across the county have recently leveled off, a trend that may be partially attributable to enhanced law enforcement response and training. Notably, beginning in 2016, more than 1,000 police officers countywide received specialized domestic violence training, strengthening investigative practices and survivor-centered responses.[78]

Incident-level data from the Nebraska Commission on Law Enforcement and Criminal Justice 2023 Domestic Abuse Report further illustrates the ongoing burden of domestic violence in Douglas County. In 2023, law enforcement agencies reported 64 aggravated domestic assaults and 469 simple domestic assaults, for a total of 533 documented domestic abuse incidents. These figures reflect reported incidents and likely underrepresent the full scope of domestic violence, given known barriers to reporting.

The Women's Center for Advancement (WCA) remains a cornerstone of support for survivors of domestic violence in Douglas County. According to the 2024 WCA Annual Report, the organization provided services to more than 4,338 individuals impacted by domestic violence, sexual assault, human trafficking,

[78] Domestic Violence Council of Douglas County. (2023). *Douglas County coordinated response team: Domestic violence system data and trends*. https://www.dvcouncil.org

and stalking, along with nearly 3,953 children as secondary survivors during that year. WCA advocates responded to thousands of crisis contacts, including 9,588 hotline calls and 5,170 police reports, and supported survivors through 1,421 safety plans and 435 protection orders. These services encompass advocacy, crisis support, legal assistance, safety planning, and other survivor-centered interventions. WCA also offers daily support and comprehensive services, serving hundreds of clients across educational, counseling, advocacy, and other vital services on a consistent basis. The organization emphasizes trauma-informed care and empowerment for survivors seeking safety and self-sufficiency.[79] Young children may have difficulty forming secure attachments, as their caretaking parents may not be able to respond consistently to their needs if they are in a domestic violence situation.

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.[80] "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."[81]

The Child Saving Institute (CSI) provides a range of support and recovery services designed to help survivors of domestic violence and their families rebuild safety, stability, and wellbeing. Central to CSI's approach is the Family Empowerment Program (FEP), a trauma-informed, strength-based initiative that offers free, curriculum-based empowerment groups along with personalized support services for survivors and their children. The FEP includes structured 10-week empowerment group sessions that engage survivors and non-abusive parents in evidence-based learning activities focused on healing, resilience, coping skills, and emotional regulation following experiences of domestic violence. These continuous group sessions are designed to promote long-term personal growth and recovery, rather than functioning as short-term or drop-in support offerings.[82]

Child Abuse and Neglect

Child abuse and neglect are critical public health issues that profoundly impact children's safety, development, and long-term wellbeing. The Nebraska Department of Health and Human Services (DHHS) annually publishes statistics on reported and substantiated cases of child abuse and neglect, offering insight into trends affecting children and families statewide.

According to the Nebraska DHHS 2023 Child Abuse and Neglect Annual Data Report, there were 2,892 substantiated child abuse or neglect victims statewide in calendar year 2023 (defined as unique children

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79 Women's Center for Advancement. (2025). 2024 annual impact report. https://wcaomaha.org/wp-content/uploads/2025/06/2024-WCA-Annual-Report-20250623-DIGITAL_v8-4.pdf

[80] 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.

[81] 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.

[82]Child Saving Institute. (2025). *Domestic violence recovery & support – Family Empowerment Program*. https://childsaving.org/services/thriving-families/domestic-violence-recovery-support/

for whom maltreatment was confirmed through investigation or legal disposition). Of those, the Eastern Service Area—which includes Douglas and Sarpy counties—had 1,443 substantiated victims, representing nearly half (49.9%) of all substantiated victims in the state. This reflects a substantial regional burden of child maltreatment.[83] Within the Eastern Service Area in 2023, the majority of confirmed cases involved physical neglect and physical abuse. Specifically, 1,052 cases of physical neglect and 364 cases of physical abuse were reported in this service area, along with 80 emotional abuse and 129 sexual abuse substantiations (noting that children may experience more than one type of maltreatment). Age distribution data for substantiated child victims further reveals a disproportionate impact on very young children. National child welfare context data indicates that in Nebraska in 2023, children under age one made up approximately 12.4% of maltreatment victims, followed by age one and age two groups at roughly similar rates—highlighting the heightened vulnerability of infants and toddlers to abuse and neglect. The ongoing work of DHHS and child protection partners is complemented by recent enhancements to reporting infrastructure. In 2024, DHHS launched a 24/7 online child and adult abuse reporting portal to augment the existing Child Abuse and Neglect Hotline, offering Nebraskans another avenue to report suspected maltreatment and potentially improving timely response and data collection. Together, these data emphasize that child abuse and neglect remain pressing concerns in Nebraska—particularly in more populous service areas like the Eastern region—and that continued prevention, early intervention, and systemic support are essential for protecting children and supporting families.

TABLE 1-5: CAN REPORT COUNTS BY SERVICE AREA

Calendar Year	Report Status	Central		Eastern		Northern		Southeast		Western		Grand Total	
		Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
2023	Reports Received	3,335		16,069		4,490		9,353		3,099		36,366	
	Abuse/Neglect Reports	3,222	96.6%	14,032	87.3%	4,317	96.1%	9,061	96.9%	2,953	95.2%	33,585	92.4%
	Reports Assessed	1,585	47.5%	5,725	35.6%	2,143	47.7%	3,401	36.4%	1,565	50.5%	14,419	39.6%
	Reports Substantiated*	194	12.2%	647	11.3%	307	14.3%	378	11.1%	206	13.2%	1,732	12.0%
	Reports Unfounded	830	52.3%	3,192	55.8%	979	45.7%	1,988	58.5%	789	50.4%	7,778	53.9%
	Unable to Locate	35	2.2%	66	1.2%	16	0.7%	21	0.6%	8	0.5%	135	0.1%
	Dependent Child Reports Assessed	40	2.5%	1066	18.6%	65	3.0%	76	2.2%	45	2.9%	1,292	9.0%
	Alternative Response	501	31.6%	1,671	29.2%	651	30.4%	945	27.8%	511	32.7%	4,279	30.9%
	Assessment In Process	0	0%	16	0.3%	127	5.9%	3	0%	9	0.6%	155	29.7%
	Closed No Finding***	0	0%	1	0%	0	0%	1	0%	0	0%	2	0%

*Substantiated includes incidents where the county attorney has filed and the disposition is pending a court decision.
**Closed No Finding includes reports where the alleged perpetrator was under the age of 12 and state law does not allow a finding to be entered.

Figure 1 Nebraska Department of Health and Human Services Child Abuse and Neglect 2023 Annual Data

Children in Out-of-Home Care

The 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.

[83] Nebraska Department of Health and Human Services. (2025). *Child Abuse and Neglect 2023 annual data report*. https://dhhs.ne.gov/DCFS%20Data%20and%20Reports/CAN%202023%20Annual%20Data%20Report.pdf

In the 2023–24 fiscal year, the Nebraska Foster Care Review Office (FCRO) tracked the experiences of 6,731 children who were removed from their homes and placed in state custody or out-of-home care at least one day through the child welfare or juvenile justice systems statewide. As of June 30, 2024, a point-in-time snapshot showed that there were 4,151 court-involved children in out-of-home care or on a trial home visit across Nebraska. This represented a slight decrease compared to the previous year (4,184 on June 30, 2023).

These children were served across multiple service areas; of particular relevance for Omaha's metropolitan region, the Eastern Service Area (ESA), which includes Douglas and Sarpy Counties, accounted for a significant portion of the child welfare caseload. On June 30, 2024, 1,496 children in the ESA were wards under the Department of Health and Human Services (DHHS) and in out-of-home care or on trial home visits, which continued to reflect the region's larger share of children in care compared to other service areas. National and statewide data typically show that younger children are disproportionately represented in the child welfare system due to their vulnerability and inability to protect themselves from abuse or neglect, a pattern that FCRO emphasizes in its narrative discussions of risk and service needs.

The child welfare system has improved slightly in Nebraska over recent years but is not without its problems. According to the Nebraska Foster Care Review Office 2024 Annual Report, "Many challenges in child welfare remain to be addressed and some new issues have been identified. Neglect was the most common reason children in the child welfare system entered out-of-home care. In addition, families in the child welfare system continue to struggle with access to mental health treatment, substance use, and domestic violence. For many children in out-of-home care, minimal to no progress is being made toward permanency. Racial and ethnic disparities are pervasive throughout the child welfare systems, and the disparities are greatest among the youth." The Nebraska Foster Care Review Office provides oversight of the foster care system. The report also shows there are 75% of current relatives and 82% of kinship homes were approved for placement of children. However, no standardized training is required for a home to be approved and a child placed.[84]

Drug and Alcohol Abuse

Alcohol continues to be the most commonly used substance among adults in Nebraska, and rates of alcohol use, binge drinking, and alcohol-impaired driving remain higher in the state than national averages, according to recent Nebraska Young Adult Alcohol Opinion Survey findings and other state surveillance systems. Nebraska's adult binge drinking prevalence—defined as consuming four or more drinks for women or five or more drinks for men on a single occasion—was about 19.2% in 2023, exceeding the U.S. rate of 15.3%. Statewide alcohol misuse also places a significant burden on public health and safety systems.[85]

At the youth level, Nebraska's Youth Risk Behavior Surveillance data indicate positive trends: between 2014 and 2023 the percentage of high school students reporting any alcohol use in the past 30 days declined from 22.7% to 10.8%, and current binge drinking among teens (grades 9–12) dropped from 10.5% to 4.1% over the same period. Simultaneously, self-reported driving after drinking decreased from 10.1% to 2.7%, and riding with a drinking driver declined from 22.3% to 11.2%, reflecting decreases in risky alcohol-related behaviors among Nebraska youth. Local data from Douglas County show similar downward trends for both youth and adult alcohol use over recent years. Adult self-reported alcohol consumption in Douglas County—as measured by the Behavioral Risk Factor Surveillance System—

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[84] Nebraska Foster Care Review Office. (2024). *2024 Annual Report*. Nebraska Government Publications. https://govdocs.nebraska.gov/epubs/F7000/A001-2024.pdf

[85] Nebraska Department of Health and Human Services, Division of Public Health. (2022). *Nebraska young adult alcohol opinion survey report*. Retrieved January 20, 2026, from https://dhhs.ne.gov/Behavioral%20Health%20Documents/Nebraska%20Young%20Adult%20Alcohol%20Opinion%20Survey%20Report-2022.pdf

declined from about 64.8% of adults reporting any alcohol use in the past 30 days in 2011 to lower levels in later surveillance years, and binge drinking among county adults was generally lower in recent years.[86]

Trends among Nebraska *young adults (ages 19–25)* similarly show declines in risk behaviors: the Nebraska Young Adult Alcohol Opinion Survey reported that 29.9% of respondents in 2022 reported binge drinking in the past month, a decline from much higher rates in the early 2010s, and *alcohol-impaired driving* (past-year driving under the influence) has decreased substantially since 2010. These findings suggest ongoing improvements, though risky alcohol use remains a notable public health concern. compared with earlier data. County-level BRFSS data also indicate that alcohol-impaired driving remains measurable but not markedly higher than Nebraska state averages.

While many other states continue to face severe opioid crises, Nebraska's drug landscape still shows a prominent methamphetamine problem alongside rising opioid use. Recent research indicates that methamphetamine-related adverse outcomes and treatment admissions have been increasing in the state, with psychostimulant-involved overdose deaths rising substantially in recent years. For example, Nebraska experienced a 58.8% increase in psychostimulant-involved overdose deaths from 2018 to 2019, with methamphetamine specifically contributing to this rise, and treatment admissions for methamphetamine more than doubled over the prior decade. This underscores that methamphetamine remains a major concern in Nebraska's substance misuse profile. Law enforcement continues to emphasize methamphetamine's threat; agencies in Nebraska have reported large increases in meth seizures and prosecutions, reflecting sustained distribution and trafficking challenges. Regions across the state have engaged in multi-agency efforts to address methamphetamine's impact on communities, families, and public safety. Opioid misuse in Nebraska, although historically lower than many states, has been increasing and represents a serious public health issue as well. In 2023, Nebraska recorded 172 drug overdose deaths, with opioids involved in just under half of those deaths, yet overall rates of opioid mortality remain much lower than the national average due in part to historically limited fentanyl penetration compared to other regions. Despite the lower rates, synthetic opioids and fentanyl are increasingly present in overdose data, and opioid prescribing and misuse trends continue to attract prevention and treatment attention.[87]

Nebraska has also expanded its public health response to opioid and other substance use disorders. The state has been included in CDC overdose prevention funding efforts, and the Department of Health and Human Services continues to support prevention, treatment, and recovery initiatives that integrate expanded access to services and data-driven interventions.[88]

Employment

Nationally, Nebraska ranks 5th of all states 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 2024, the preliminary Nebraska (not seasonally adjusted) unemployment rate was 2.8%, compared to 4.1% for the nation. In October 2024, the total civilian labor force (not seasonally adjusted) for Douglas County, Nebraska (2024 Def.) was 293,928 of which 527,729 were employed and 14,767 were unemployed with an unemployment rate of 2.9%.[89] There are 1.5 candidates available per job opening in Douglas County.

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[86] U.S. Centers for Disease Control and Prevention. (2024). Youth Risk Behavior Surveillance System (YRBSS): Nebraska results. https://www.cdc.gov/healthyyouth/data/yrbs/index.htm
[87] University of Nebraska–Lincoln. (2020). Study shows meth usage on the rise in Nebraska. https://news.unl.edu/article/study-shows-meth-usage-on-the-rise-in-nebraska
[88] U.S. Centers for Disease Control and Prevention. (2024, August 29). *Overdose prevention funding: Nebraska*. https://www.cdc.gov/injury/budget-funding/nebraska.html
[89] NEWorks. (December 07). Area Labor Force, Employment & Unemployment Data. Retrieved December 07, 2018, from

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 on 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 to a high of 17.58% in Northeast 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

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.[90]

The industries that have seen the largest increase are information (7.0%), Education and Health Services (6.9%), Construction (3,2%) and Manufacturing (2.5%). Finally, Eppley saw an increase in passenger enplanements compared to October 2023. Greater Omaha Chamber.

Health Care and Social Assistance are the largest employment sectors in Nebraska, encompassing major medical providers like Nebraska Medicine hospitals and clinics. Methodist Health System, CHI Health and More collectively employing over 15,000 individuals. A key development in the sector is the University of Nebraska Medical Center's planned 42.19-billion-dollar hospital. Once built, the 1.27 million sq. Ft. facility will feature 556 beds. Given the scale of the project, its opening is not expected until after 2030.[91]

Offutt Air Force Base is Omaha's largest employer, with over 6,632 military personnel and nearly 3,838 civilian employees. A significant ongoing project at the base is the Flood Recovery PMO, which focuses on rebuilding Offutt after the catastrophic 500-year flood of 2019. The flood causes extensive damage, destroying about a third of the base, valued at approximately $700 million. In September 2021, the Air Force began awarding contracts to rebuild the southeastern portion of the base, which includes 26 new facilities spread across eight campuses, slated for completion by 2027.

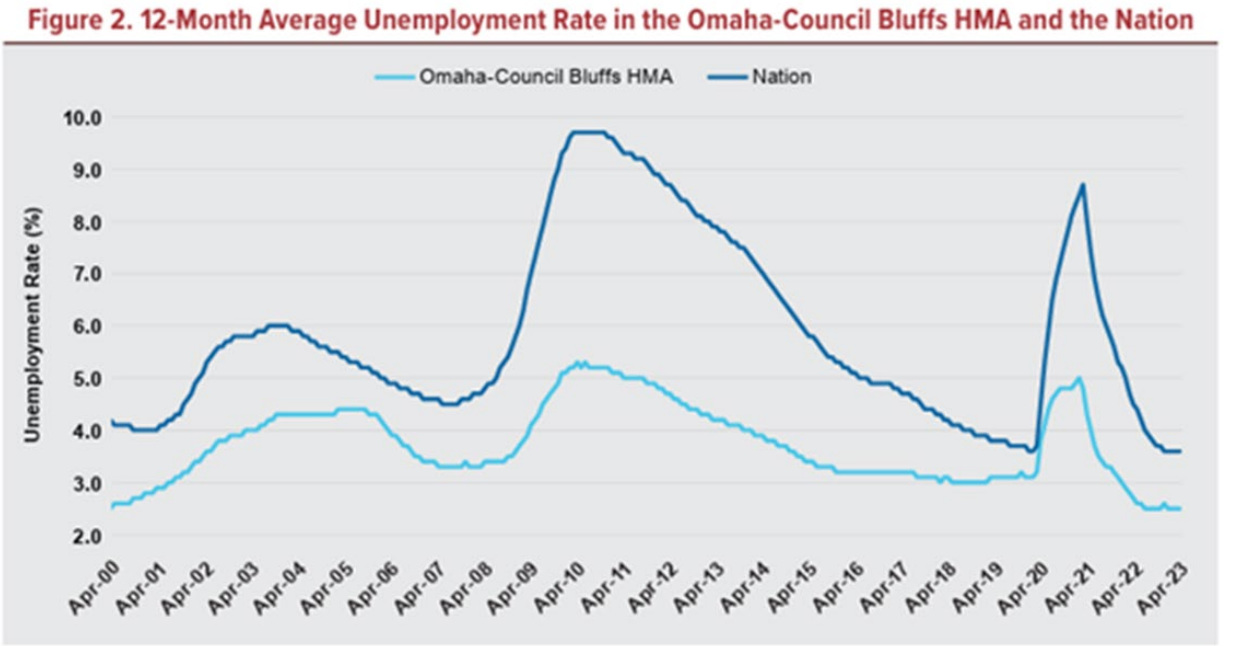
Nearly 32,000 individuals including military members, civilians, contractors, dependents, and retirees, live in the region, contributing to the creation of about 4,400 secondary jobs. Offutt plays a crucial role in Nebraska's economy, generating nearly $2.7 billion annually. The base has also invested over $125

https://neworks.nebraska.gov/vosnet/lmi/profiles/profileDetails.aspx?enc=Elzv7W1H4bwmL k /LJ5/TeJ5p 4Me9j4vgCelCiU nzZt6EFyLRfR4wqy7iZXIOplsiOy1kAmFVQAx08Xm4xw==

[90] 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

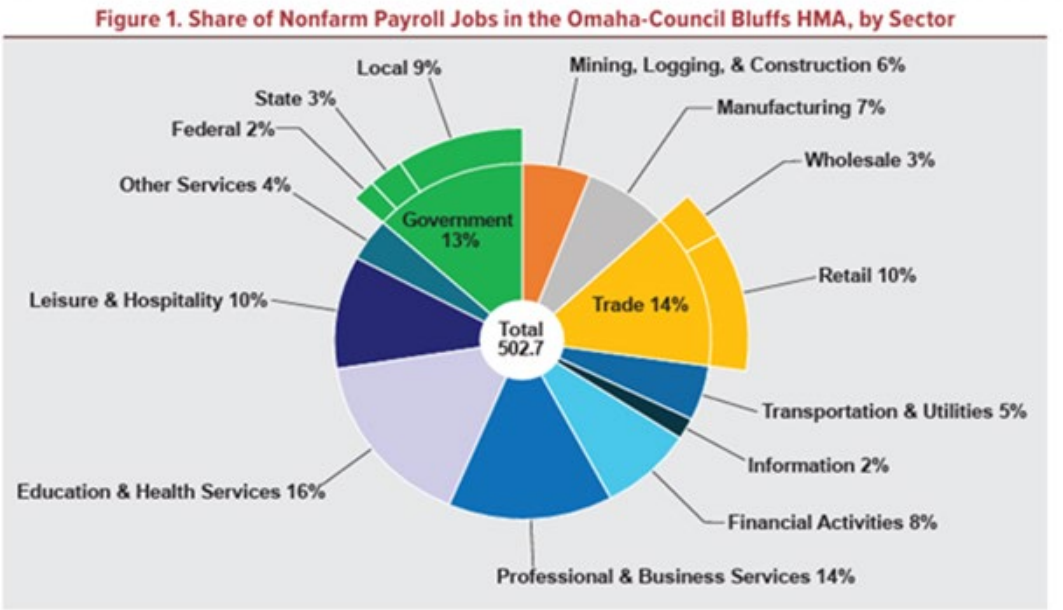
[91] University of Nebraska Medical Center. (n.d.). *Project NEXT*. UNMC. https://www.unmc.edu/project-next/index.html

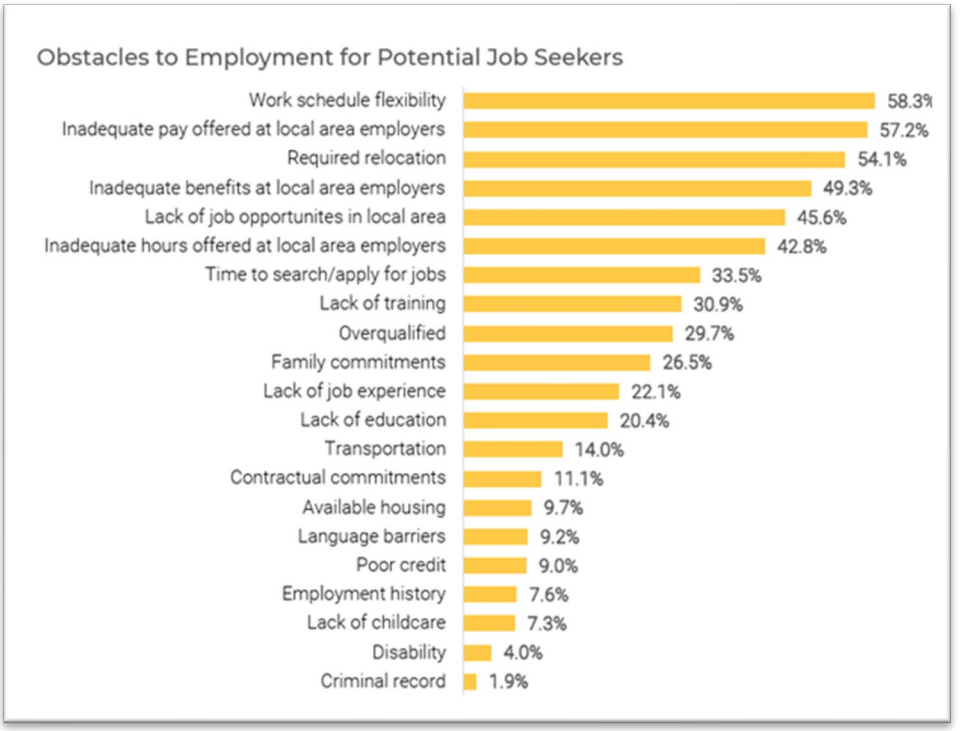
million in infrastructure improvements.[92]



Before the impact of the COVID-19 pandemic, the unemployment rate in the Omaha HMA generally declined each year from 5.2% in 2010 to 3% in 2018 as shown in the figure above. As the impact of the pandemic deepened, the unemployment rate rose to 3.8% during the 12-month ending April 2020 and again to 4.3% during the 12 months ending April 2021. The unemployment rate declined to 2.7%, however, during the 12 months ending April 2022. By comparison, the unemployment rate in the nation declined similarly Omaha HMA.

[92] Offutt Air Force Base. (2022, May 10). *Offutt continues to influence local economy*. Offutt.af.mil. https://www.offutt.af.mil/News/Article/3024917/offutt-continues-to-influence-local-economy/





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.[93]

[93] *Omaha Metro Labor Availability Report* (Rep.). (2022, Summer). Retrieved January 25, 2025, from Departments of Labor Economic Development website: https://dol.nebraska.gov/webdocs/Resources/Items/Omaha%20LAS%20Report_2.pdf.

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 Transit system. The cost for an adult to ride is $1.25 regular and $1.50 express. The K-12 program allows students to ride free has been extended until further notice because 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 who 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. Metro Transit offers MOBY services, a shared ADA complementary paratransit services for people who cannot access the conventional, fixed-route bus network due to a disability or disabling health condition. Additionally, Metro partners with local colleges to provide access to education while encouraging students to utilize bus 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. Fares now match standard metro rates. 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.

There are various resources available to assist with transportation needs through the website FindHelp.org. This platform provides access to programs and services that can help with affordable rides, public transit options, and other transportation related support.

Crime

According to Neighborhood Scout's analysis of FBI reported crime data for 2023, Omaha has a crime rate of 42 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 24. 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 220. 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.[94]

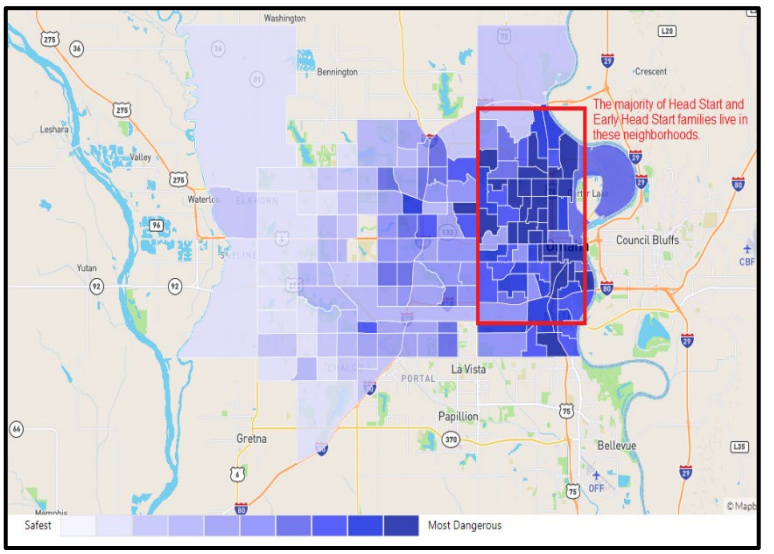
In 2024, Omaha had 1,736 violent crimes reported: criminal homicide, forcible rape, robbery, and aggravated assault.[95] Included in this number are 19 criminal homicides, which was a 34% decrease from 2023.

In an interview January 3, 2025 Omaha Chief of Police Todd Schmaderer stated to WOWTV "For the first time ever under my term, we had just 19 homicides," Schmaderer said. "It's always been a goal of ours to get under 20, so 19 for a city the size of Omaha is really an incredible number. And then, per capita homicides, when you factor in our population growth, it's the lowest we've had in years." Overall OPD says

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

[95] Omaha Police Department Omaha, NE. (n.d.). *2015 Monthly Crime Statistics* (Rep.). Retrieved from Http://polic.cityofomaha.org/OPD-crime-statistics

violent crime was down 21% in 2024.



Property crimes, which include burglary, larceny-theft, and motor vehicle theft, were reported at 15,536 in 2024. Overall, crime is down in Omaha following a 10-year trend. Omaha Chief of Police Todd Schmaderer, in an interview January 3rd, 2025, reported by WOWTV says crime was relatively low in 2023, but in 2024, it was even lower — the lowest in over a decade. "To be down another 17 percent overall is really a remarkable achievement for our community," Schmaderer said. "Our community partners and the Omaha Police officers who work here drive this crime reduction."[96]

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 by 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.

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

[96] WOWT. (2025, January 3). *OPD Chief: Omaha among 'safest major cities in Midwest' as 2024 sees marked reduction in crime rate*. WOWT. https://www.wowt.com/2025/01/03/opd-chief-omaha-among-safest-cities-midwest-2024-sees-marked-reduction-crime-rate/

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."[97] 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 art projects. 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.[98]

[97] Building a Community within a Community. (n.d.). Retrieved December 07, 2018, from http://www.seventyfivenorth.org/about1/.
[98] 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 involved 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.

1. Education Concerns:
    - Child's school attendance
    - Parents' involvement in the 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)
    - Functional literacy levels

2. Basic Needs Concerns:
    - Economic resources to provide food
    - Available and accessible transportation access
    - Affordable housing and concerns about 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
    - Access to mental and behavioral health care for children
    - Access to 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 adult education
    - Adequate employment
    - Intergenerational poverty
    - Adequate social support systems

The most pressing concerns identified in the community assessment include access to basic needs and the need for increased mental health support for both children and parents. Additionally, school attendance was identified as a significant concern, as excessive tardiness or absences may negatively impact a child's educational experience and overall developmental progress, including social-emotional, fine motor, gross motor, cognitive, and language development.

Economic challenges remain a substantial issue affecting families in Head Start. Economic well-being directly impacts a family's ability to provide for their children's health, nutrition, and overall safety. Addressing these concerns through community resources, education, and support systems remains a priority for Head Start and Early Head Start programs.

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 services for families, but they also provide training to area professionals.

Girls Inc. of Omaha offers a comprehensive range of services to empower young women. Their programs focus on helping girls develop confidence, resilience, and the skills needed for long-term success. By providing essential resources such as housing, meals, counseling, technology access, and transportation, they ensure a holistic approach to supporting their participants. Their outreach, especially with the expansion to include young women over 18, underscores their commitment to lifelong support and personal growth.[99]

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, associate's

[99] Girls Inc.. Inspiring All Girls to be Strong, Smart & Bold. (2025, January 21). https://girlsincomaha.org/

degrees, and bachelor's degrees from institutions. Some of those institutions offer online learning, allowing parents to study without the challenge of transportation. A list of institutions of higher education includes:[100]

- 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.[101] 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 many 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 a 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 support to families through Parent University. Additional support is funded in specific elementary schools to coach and support early childhood education teachers, ranging from Pre-Kindergarten through First Grade.

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.

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[100] ChildPlus Report 3420. (n.d.). Retrieved http://childplus.net
[101] Heartland Workforce Solutions. (n.d.). Youth Services. Retrieved December 07, 2018, from http://www.hws-ne.org/YouthServices.html

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 healthcare providers working to ensure that uninsured and underinsured children and adults receive adequate healthcare services. There are many healthcare organizations that are 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 offers 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 its Caremobile 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 healthcare service.[102]

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.[103] 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's mission is to provide food, healthcare, and a way forward to people severely affected by poverty in the Omaha area.[104] Heart Ministries recently opened the Fresh Start Laundromat and created jobs while offering free and reduced laundry services based on family needs. 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 families.[105]

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[102] 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/.

[103] Together. (n.d.). Our Services. Retrieved from http://togetheromaha.org/i-need-help-2/services/.

[104] Heart Ministry Center. (n.d.). All Programs and Services. Retrieved from http://heartministrycenter.org/programs/all-programs/.

[105] Catholic Charities. (n.d.). Our Services. Retrieved from http:// http://www.ccomaha.org/what-we-do/.

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 the services offered. For some programs, income guidelines must be met for a family or individual to qualify for assistance. Aside from the 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 provided 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 coordinates 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 for the most vulnerable of Omaha's citizenry.

Many community resources exist in the Omaha Metropolitan area, to serve children and families. As the city of Omaha changes how 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.

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 ten weeks 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.[106]

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.[107] 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 family activities throughout the year.

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

[107] 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 on 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	204
Northwest	78	170
Southeast	147	204
Southwest	18	12
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 areas 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. To examine the data, children on a waiting list were included in the data set based on 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 from birth to 3 years old. Early education opportunities for children ages 3 to 5 years old have 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 areas.

	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%	464	84%	408	62.3%
West of 72 St	2,172	25.2%	96	16%	182	37.6%

Omaha Public Schools identifies about 109 different languages. Spanish speakers make up 71% of non-English speakers, 8.5% spoke Karen, 4.4% spoke Somali and 3.2% spoke Nepali. Foreign born people 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 23.0% in the number of children five or younger, and a 26.7% increase in the number of those children in poverty over the last 23 years.
- Minority population - an increase in PK – 12 over the last 23 years. The Hispanic population has increased significantly from 14.6% to 40.0% 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 78% in 2020-2021.

- Poverty rate for minorities – African American and Hispanic families – have the highest rates of poverty in the city and the county. African Americans have the highest poverty rate for families with a child under 5 (36.7%) as well as among female headed households with a child under 5 but no spouse present (52.9%).

- English Language program has grown by 55.1% over the last 10 years. There has been an 8.5% increase in EL students served from 2022-23 to 2023-24. There are more than 111 different languages spoken in OPS. In an examination of the kindergartners enrolled in OPS for 2023-24, 39.2% spoke one of 47 languages other than English at home.

- Geography – Almost 66% of African American families in poverty with children under five live in the northeast portion of Omaha. Similarly, almost 65% of all Hispanic/Latino families in poverty with children five and under live in the southeast portion of Omaha.

- Children with disabilities – The three most common disabilities diagnosed in children aged birth to 5 years enrolled in OPS are developmental delay, autism, and speech-language impairment.

- Obesity – The 2021 Community Health Needs Assessment for Douglas & Sarpy Counties, Nebraska and Pottawattamie County, Iowa indicates that 33.4% of children aged 5-17 in the metro are overweight or obese.

- Access to healthy food – The availability of healthy 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) - 9% of all individuals living in Douglas County are food insecure, with 51% 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 as categorically eligible. This policy change allows Head Start programs to reach families better through coordination with other programming.

- Mental Health - 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.

- 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, 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. The top concerns for the three groups were identifying the basic needs of economic resources to provide food, transportation, and affordable housing. Also identified were 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: 2019-23

	Total	White	African American	Asian	Other	Hispanic
Total Pop. 5 and Under	48,986	28,918	5,941	2,176	11,951	11,069
In Poverty	7,459	2,502	2,583	203	2,171	2,115
% in Poverty	15.2%	8.7%	43.5%	9.3%	18.2%	19.1%
In Poverty						
Northeast of 72nd & Dodge	3,278	557	1,906	121	694	480
% of each racial/ethnic group in poverty	43.9%	22.3%	73.8%	59.6%	32.0%	22.7%
Southeast of 72nd & Dodge	2,083	1,001	302	0	780	1,222
% of each racial/ethnic group in poverty	27.9%	40.0%	11.7%	0.0%	35.9%	57.8%
East of 72nd Street	5,361	1,558	2,208	121	1,474	1,702
% of each racial/ethnic group in poverty	71.9%	62.3%	85.5%	59.6%	67.9%	80.5%
West of 72nd Street	2,098	944	375	82	697	413
% of each racial/ethnic group in poverty	28.1%	37.7%	14.5%	40.4%	32.1%	19.5%

Source: 2019-2023 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 5

2024-25 F/R Lunch Percentage for Douglas County School Districts

District	F/R Lunch %	Enrollment
Omaha	CEP	52,524
Ralston	60.6%	3,491
Douglas County West	26.3%	1,096
Westside	38.1%	6,330
Millard	27.7%	23,253
Bennington	11.0%	4,381
Elkhorn	9.7%	11,653

Source: 2024-2025 NDE F/R Lunch Count by School

TABLE 6

Families with Children Under 5

Douglas County

Family Type	Total	White	African American	Asian	Other	Hispanic
Families with Children Under 5	27,617	18,798	3,433	1,488	3,898	4,105
In Poverty	3,582	1,556	1,259	90	677	899
Percent in Poverty	13.0%	8.3%	36.7%	6.0%	17.4%	21.9%
Female headed families no spouse present with child <5	5,438	2,553	1,659	46	1,180	1,058
Percent of all families with child < 5	19.7%	13.6%	48.3%	3.1%	30.3%	25.8%
Number in Poverty	1,998	833	877	0	288	289
Percent in Poverty	36.7%	32.6%	52.9%	0.0%	24.4%	27.3%

Source: U.S. Census Bureau, 2019-2023 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 7

Families with Children 5 & Under in Poverty in Douglas County: 2019-23

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	3,582	100.0%	27,617	13.0%
Northeast of 72nd & Dodge	1,531	42.7%	5,412	28.3%
Southeast of 72nd & Dodge	1,059	29.6%	4,826	21.9%
East of 72nd Street	2,590	72.3%	10,238	25.3%
West of 72nd Street	992	27.7%	17,379	5.7%

Source: 2019-2023 American Community Survey (B17010)
*Douglas County Area = Douglas County as divided by 72nd St. and Dodge St.

ENROLLMENT FOR PRE-K BY SCHOOL DISTRICT: 2024-2025

School District	Pre-K Enrollment
Omaha	1,339
Bennington	60
Douglas County West	97
Elkhorn	295
Millard	523
Ralston	163
Westside	152

Source: School District websites 2024-2025

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	204
Northwest	78	170
Southeast	147	204
Southwest	18	12
Total	560	615

Source: Child Plus Report Feb 2025