



December  
2021

Community Needs Assessment

*“People helping people; empowering individuals, strengthening families and enriching communities in Northeast Nebraska.”*



# Executive Summary

NENCAP's 2021 Community Needs Assessment presents an overview of the current community conditions for Antelope, Burt, Cedar, Cuming, Dakota, Dixon, Dodge, Knox, Madison, Pierce, Stanton, Thurston, Washington and Wayne counties which make up the Agency service area in Northeast Nebraska. The report is derived from national sources, community and agency feedback, client satisfaction surveys and surveys of service providers and partners. Data within the report represents the most current data available however some sources did not release updates this year due to the COVID-19 pandemic that their agencies as well as NENCAP have been facing since March 2020.

## Service Area Population



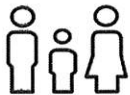
7,837 square miles



189,235 individuals



75,120 households



28.4% of households have children under age 18



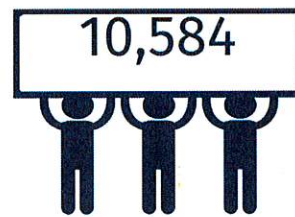
13.1% of households are seniors age 65 and over living alone



38% of Nebraska's Native American Population resides within the service area



29.59% of the population of the service area lives below 200% of Federal Poverty Level



Clients served in Fiscal year 2020-2021

## Client Demographics

- 10,584 Clients Served
- 192 Head Start Students
- 66 Early Head Start Students
- 685 Clients served by CSFP
- 638 Clients served by food pantries
- 2,247 Clients received immunizations
- 56 Children served by Early Development Network
- 61 Families enrolled in Health Families America
- 605 Clients received rental assistance
- 439 Clients received utility assistance
- 202 Clients received assistance with tax preparation and/or homestead exemption application
- 61 Veterans received SSVF services
- 77 Clients served by Weatherization
- 5,059 Clients served by WIC



# Agency Mission and Vision

## Mission Statement

People helping people; empowering individuals, strengthening families and enriching communities in Northeast Nebraska.

## Vision Statement

Imagine...

Being an agency that empowers communities and families.

Imagine...

Communities inspired with confidence and trust to support the agency.

Imagine...

Building strong family foundations through education, empowerment and support.

Imagine...

Every person understanding and living a healthy lifestyle.

Imagine...

Unlimited access to quality healthcare.

Imagine...

Needs of every culture, ethnicity, race and gender is understood and met in an ever changing population.

Imagine...

Safe and affordable housing available for all.

Imagine...

An agency developing and nurturing partnerships that provide seamless services.

Imagine...

Northeast Nebraska Community Action Partnership, Inc.



# Agency History

Northeast Nebraska Community Action Partnership, Inc. (NENCAP) is a private, 501 c (3) non-profit, incorporated under the laws of the State of Nebraska, and headquartered in Pender, Nebraska. The Agency was chartered in 1966 as the Thurston County Community Action Council under the provisions of the Economic Opportunity Act of 1964.

NENCAP has approximately 130 employees and serves around 10,000 clients a year. Below is a description and history of NENCAP programs and services.

## NENCAP Homeless Programs

- Since 1998, the Agency has served the homeless with grant funds from the Nebraska Homeless Assistance Program (NHAP).
- From July of 2012 through June 2020 the Agency served the homeless and near homeless with SSI/SSDI Outreach, Access, and Recovery (SOAR).
- The agency was also a Housing Prevention and Rapid Re-housing (HPRP) grantee from 2009 to 2011.
- The agency has been entering all client data in a Homeless Management Information System (HMIS) since 2007.
- In 2013, the agency started providing housing and support services specifically for veterans through the U.S. Department VA Supportive Services for Veteran Families Program.

## NENCAP Economic Self Sufficiency Programs

- Since 2009, the agency has served the homeless and near homeless with grant funds.
- Since 2009, the agency has provided self-sufficiency focused case management to those receiving homeless services.
- The agency has been providing free income tax assistance for over 30 years.

## NENCAP Housing Programs

- Since 1975, Weatherization/furnace replacement services have been provided to low-income families.
- Since 1990, the agency has administered rent, utility and food assistance from the federal Emergency Food and Shelter Program.

## NENCAP Health Programs

- From 2010 to 2015 the agency hosted support groups and provided resource and referral coordination for the Traumatic Brain Injury Network.
- Operation Great Start and Operation Building Blocks, two early childhood home visitation programs providing parenting education since 2005, were consolidated into an evidence-based home visitation program called Healthy Families. This program is accredited by the Healthy Families America Program.
- Early Development Network has been administered since 1996 in the Norfolk Public School District of Madison County.
- Since 1988, the agency has provided immunizations to the public through traveling clinics across the service area.
- In 2013, the U.S. Department of Health and Human Services funded a statewide network of Marketplace Navigators to assist families and individuals enrolling in health insurance under the Affordable Care Act. NENCAP staff assists families, individuals and small businesses purchasing health insurance coverage through the federally operated Health Insurance Marketplace. This program ended in November 2017.

## NENCAP Food Programs

- The agency manages four Food Pantries across the service area.
- The agency has managed the Commodity Supplemental Food Program since 1984 in 12 of 14 counties.
- Since 1976, the agency has served over 5,000 clients a year with Women, Infants and Children (WIC).

## NENCAP Education Programs

- Since 1966, the agency has served an average of 350 children per year with Head Start services. In late 2015 an Early Head Start program was implemented at the Siouxland Family Center in Dakota County.

The agency is overseen by a volunteer board of directors, comprised of representatives of the low-income population, government entities and private interests. NENCAP manages a budget of over 9 million dollars.

*This institution is an equal opportunity provider.*

# Key Findings

Northeast Nebraska Community Action Partnership, Inc. (NENCAP) collects and analyzes both qualitative and quantitative data on its geographic service area in this assessment. This data is compared to previous years to track trends affecting low-income individuals and families and the barriers faced within communities.

- NENCAP's service area has seen an increase in individuals over the age of 65, as it has over the past number of years while the number of children ages 0-4 decreases or remains the same across counties. The median age for the whole service area is 45, ranging from 27.5 in Thurston County to 45.7 in Burt County.
- The Hispanic population grew again by nearly 3,500 residents between the 2014-2018 American Community Survey and the 2015-2019 Survey. This growth is consistent with the increase of over 3,000 in the previous reporting year.
- The number of Veteran residents decreased in recent years with an average of 6.16% of the report area reporting Veteran status.
- The percent of people in poverty is higher in the service area than the State of Nebraska.
- Rental households in the report area are more likely to be cost burdened by housing at 31.96% of households when compared to owner households both with (21.55%) and without (13.29%) mortgages.

Compared to the State of Nebraska the service area reported a lower percentage of both rental and owner occupied with mortgage households suffering a cost burden. However, the percentage of owner households without a mortgage who are cost burdened in the report area was higher than that of Nebraska. The counties of Washington, Thurston, Stanton, Pierce, Knox, Dodge, Dakota & Burt all reported higher than state percentages of cost burdened owner-occupied households without a mortgage.

- Household internet access is a new category to the assessment. The report area with households without internet access is 9.4%. Thurston County has the highest percentage of households without internet access at 17.09% and Cedar County was the lowest at 4.82%.
- Thurston County, which also has the highest number of children living in poverty, has only one WIC Authorized Food Store. Madison County with the largest population in the service area has 5 WIC Authorized Food Stores. While Cuming and Knox Counties have 25% of the population of Madison County, Cuming County has the same number of WIC Authorized Food Stores as Madison County and Knox County has 6.

# Data by Topic

## Population by Gender

Report Area	Male	Female	Percent Male	Percent Female
Report Area	92,762	93,577	49.78%	50.22%
Antelope County	3,186	3,155	50.24%	49.76%
Burt County	3,177	3,333	48.80%	51.20%
Cedar County	4,327	4,171	50.91%	49.09%
Cuming County	4,487	4,465	50.12%	49.88%
Dakota County	10,125	10,018	50.19%	49.81%
Dixon County	2,909	2,810	50.86%	49.14%
Dodge County	18,022	18,643	49.15%	50.85%
Knox County	4,177	4,249	49.57%	50.43%
Madison County	17,447	17,633	49.73%	50.27%
Pierce County	3,555	3,589	49.76%	50.24%
Stanton County	2,984	2,973	50.09%	49.91%
Thurston County	3,566	3,615	49.66%	50.34%
Washington County	10,058	10,303	49.40%	50.60%
Wayne County	4,742	4,590	50.81%	49.19%
Nebraska	954,950	959,621	49.88%	50.12%
United States	159,886,919	164,810,876	49.24%	50.76%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

## Population by Age

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65 and over
Report Area	12,815		16,964					294,069
Antelope County	410		453					1,455
Burt County	331		416					1,540
Cedar County	562		615					1,806
Cuming County	556		684					1,944
Dakota County	1,738		1,849					2,706
Dixon County	398		425					1,142
Dodge County	2,479		3,313					6,977
Knox County	542		555					2,061
Madison County	2,574		3,348					5,452
Pierce County	464		512					1,350
Stanton County	379		397					1,045
Thurston County	699		734					857
Washington County	1,206		1,550					3,631
Wayne County	477		2,113					1,447
Nebraska	131,473		189,438					294,069
United States	19,767,670		30,646,327					50,783,796

Report Area	Median Age	Report Area	Median Age	Report Area	Median Age
Antelope County	44.9	Dodge County	38.9	Washington County	41.2
Burt County	45.7	Knox County	45.6	Wayne County	32
Cedar County	42.7	Madison County	36.6	Nebraska	36.5
Cuming County	42.6	Pierce County	41.6	United States	38.1
Dakota County	33.4	Stanton County	42.1		
Dixon County	40.8	Thurston County	27.5		

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract

## Population by Race

Report Area	White	Black	American Indian	Asian	Native Hawaiian / Pacific Islander	Multiple Races
Report Area	147,821	2,838	6,108	1,619	226	4,732
Antelope County	5,899	22	16	22	-	112
Burt County	6,197	19	72	35	17	201
Cedar County	8,010	25	13	9	2	132
Cuming County	7,638	21	26	18	9	166
Dakota County	9,347	1,603	526	602	154	506
Dixon County	4,643	17	19	17	-	106
Dodge County	29,501	215	133	183	12	947
Knox County	6,967	16	943	28	3	236
Madison County	27,823	404	366	445	7	908
Pierce County	6,950	30	17	12	2	150
Stanton County	5,215	22	27	18	7	190
Thurston County	2,444	24	3,897	8	4	120
Washington County	19,359	70	25	100	1	649
Wayne County	7,828	350	28	122	8	309
Nebraska	1,484,687	94,405	15,051	52,359	1,318	72,634
United States	191,697,647	39,940,338	2,251,699	19,618,719	622,018	13,548,983

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

## Population by Ethnicity

Report Area	Total Population	Hispanic or Latino Population	Percent Population Hispanic or Latino	Non-Hispanic Population	Percent Population Non-Hispanic
Report Area	189,235	25,444	13.44%	163,791	86.56%
Antelope County	6,295	221	3.51%	6,074	96.49%
Burt County	6,722	172	2.55%	6,550	97.45%
Cedar County	8,380	186	2.22%	8,194	97.78%
Cuming County	9,013	1,112	12.34%	7,901	87.66%
Dakota County	21,582	8,811	40.83%	12,771	59.17%
Dixon County	5,606	796	14.19%	4,810	85.81%
Dodge County	37,167	6,083	16.37%	31,084	83.63%
Knox County	8,391	185	2.20%	8,206	97.80%
Madison County	35,585	5,514	15.49%	30,071	84.51%
Pierce County	7,317	142	1.94%	7,175	98.06%
Stanton County	5,842	352	6.02%	5,490	93.98%
Thurston County	6,773	260	3.84%	6,513	96.16%
Washington County	20,865	619	2.97%	20,246	97.03%
Wayne County	9,697	991	10.22%	8,706	89.78%
Nebraska	1,961,504	234,715	11.97%	1,726,789	88.03%
United States	3,331,449,281	62,080,044	18.73%	269,369,237	81.27%

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract

## Household Types

Report Area	Total Households	Total Family Households	Families with Children (Under Age 18)	Percent of HH with Seniors 65+ Living Alone
Report Area	75,120	49,845	21,367	13.1%
Antelope County	2,714	1,769	633	16.2%
Burt County	2,856	1,892	761	16.1%
Cedar County	3,506	2,374	943	14.8%
Cuming County	3,727	2,414	988	15.9%
Dakota County	7,404	5,384	2,601	9.7%
Dixon County	2,352	1,569	644	13.5%
Dodge County	15,261	9812	4,280	13.7%
Knox County	3,586	2,347	902	16.1%
Madison County	14,205	8,939	4,107	10.8%
Pierce County	3,022	2,001	849	13.1%
Stanton County	2,418	1,742	674	8.4%
Thurston County	2,176	1,601	706	10.9%
Washington County	8,185	5,747	2,371	11.9%
Wayne County, NE	3,708	2,254	908	11.7%
Nebraska	759,176	483,908	220,192	11.4%

Data Source: Kids Count Data Center, Nebraska Foster Care Review Board, measured at Point in Time on June 30, 2021

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

## Children in Foster Care

County	2011	2014	2017	2021
Report Area	291	517	429	357
Antelope	8	16	8	5
Burt	2	8	15	8
Cedar	5	2	6	5
Cuming	23	17	20	22
Dakota	41	43	29	46
Dixon	3	12	4	4
Dodge	73	170	161	99
Knox	2	7	3	8
Madison	94	126	130	121
Pierce	5	12	5	6
Stanton	2	3	4	3
Thurston	5	67	8	6
Washington	23	21	27	10
Wayne	5	13	9	14

Data Source: Kids Count Data Center, Nebraska Foster Care Review Board, measured at Point in Time on June 30, 2021

## Population with a Disability

Report Area	Total Population (For Whom Disability Status Is Determined)	Total Population with a Disability	Percent Population with a Disability
Report Area	183,766	22,676	12.3%
Antelope County	6,275	909	14.5%
Burt County	6,415	1,032	16.1%
Cedar County	8,351	951	11.4%
Cuming County	8,793	926	10.5%
Dakota County	19,962	2,262	11.3%
Dixon County	5,631	715	12.7%
Dodge County	36,103	4,817	13.3%
Knox County	8,232	1,177	14.3%
Madison County	34,465	3,796	11.0%
Pierce County	7,023	742	10.6%
Stanton County	5,891	701	11.9%
Thurston County	7,145	912	12.8%
Washington County	20,179	2,790	13.8%
Wayne County	9,301	946	10.2%
Nebraska	1,884,850	218,839	11.6%
United States	319,706,872	40,335,099	12.6%

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract

## Children with Disabilities Served by Head Start

Disability	2018-2019 Head Start Program Information Report (PIR)	2020-2021 Head Start Program Information Report (PIR)
Autism	2	4
Health Impairments	0	0
Speech/Language Impairments	14	10
Intellectual	0	0
Visual Impairments	0	0
Learning Disability	0	0
Developmental Delay Impairment	28	29
Deaf/Hearing Impairments	2	0
Multiple Disabilities	3	0
Ortho Impairments	0	0
Number of children with an IEP	49	43
Number of children with an IFSP	3	5

Data Source: NENCAP 2018-2019 and 2020-2021 PIR

## Veteran Population

Report Area	Total Population	Veterans Total	Percentage Veteran Population
Report Area	189,235	11,664	6.16%
Antelope County	6,295	494	7.84%
Burt County	6,722	534	5.49%
Cedar County	8,380	566	6.75%
Cuming County	9,013	521	5.75%
Dakota County	21,582	879	4.07%
Dixon County	5,606	382	6.81%
Dodge County	37,167	2,565	6.90%
Knox County	8,391	667	7.94%
Madison County	35,585	1,939	5.44%
Pierce County	7,317	408	5.57%
Stanton County	5,842	381	6.52%
Thurston County	6,773	315	4.65%
Washington County	20,865	1,518	7.27%
Wayne County	9,697	496	5.11%
Nebraska	1,961,504	117,466	5.98%
United States	3,331,449,281	18,230,322	5.47%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

## Limited English Households

Report Area	Total Households	Limited English Speaking Households	Percent Limited English Speaking Households
Report Area	75,120	2,204	2.9%
Antelope County	2,714	16	0.6%
Burt County	2,856	0	0.0%
Cedar County	3,506	29	0.8%
Cuming County	3,727	94	2.5%
Dakota County	7,404	785	10.6%
Dixon County	2,352	45	1.9%
Dodge County	15,261	640	4.2%
Knox County	3,586	27	0.8%
Madison County	14,205	467	3.3%
Pierce County	3,022	0	0.0%
Stanton County	2,418	38	1.6%
Thurston County	2,176	23	1.1%
Washington County	8,185	11	0.1%
Wayne County	3,708	29	0.8%
Nebraska	759,176	19,930	2.6%
United States	120,756,048	53	4.4%

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract

# Population in Poverty

Report Area	Total Population	Percent Population in Poverty Below 50%	Percent Population in Poverty Below 100%	Percent Population in Poverty Below 185%	Percent Population in Poverty Below 200%
Report Area	189,235	5.22%	16.46%	24.89%	29.59%
Antelope County	6,295	4.63%	16.17%	29.35%	31.99%
Burt County	6,722	4.90%	15.08%	27.43%	29.79%
Cedar County	8,380	2.44%	9.96%	19.97%	23.00%
Cuming County	9,013	2.30%	11.30%	23.29%	26.93%
Dakota County	21,582	8.54%	22.14%	28.47%	32.48%
Dixon County	5,606	2.99%	13.93%	28.63%	27.57%
Dodge County	37,167	5.08%	16.94%	21.58%	33.13%
Knox County	8,391	3.33%	13.10%	25.50%	28.61%
Madison County	35,585	6.47%	18.31%	29.38%	32.25%
Pierce County	7,317	3.53%	10.27%	18.88%	22.86%
Stanton County	5,842	3.61%	7.94%	18.11%	21.89%
Thurston County	6,773	11.81%	34.96%	50.34%	54.99%
Washington County	20,865	3.29%	12.73%	16.65%	18.24%
Wayne County	9,697	5.05%	15.97%	23.25%	24.81%
Nebraska	1,961,504	4.48%	14.50%	24.34%	27.00%
United States	3,331,449,281	5.69%	16.89%	26.84%	29.34%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

## Children in Poverty

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty Below 100%
Report Area	181,057	46,243	7,574	16.37%
Antelope County	6,261	1,473	204	13.80%
Burt County	6,409	1,456	254	17.40%
Cedar County	8,310	2,115	185	8.70%
Cuming County	8,777	2,170	183	8.40%
Dakota County	19,882	5,776	1,463	25.30%
Dixon County	5,632	1,423	161	11.30%
Dodge County	35,542	8,633	1,653	18.10%
Knox County	8,217	2,017	248	12.30%
Madison County	34,009	8,639	1,666	19.30%
Pierce County	6,961	1,725	144	8.30%
Stanton County	5,892	1,493	52	3.50%
Thurston County	7,103	2,538	858	33.80%
Washington County	20,026	4,960	527	10.60%
Wayne County	8,036	1,825	66	3.60%
Nebraska	1,859,691	464,544	64,599	13.90%
United States	316,715,051	72,235,700	13,377,778	18.50%

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract

## Projected 2021-22 Early Head Start/Head Start Enrollment Under Age 5

County	Number of Children Under 5	Number of Children Under 5 in Poverty	Projected 2021-2022 Early Head Start/Head Start Enrollment Under 5	# of Unserved Eligible Children Under 5
Antelope	410	82	0	82
Burt	331	60	34	26
Cedar	562	61	0	61
Cuming	556	103	34	69
Dakota	1,738	551	83 (HS) 58 (EHS)	406
Dixon	398	60	0	60
Dodge	2,479	493	135*	358
Knox	542	66	20 37**	9
Madison	2,574	605	195	410
Pierce	464	41	0	41
Stanton	379	30	20	10
Thurston	699	266	20 340***	0
Washington	1,206	141	20	121
Wayne	477	7	17	0
Totals	12,815	2566	1017	1,653

\*Served by another grantee: Dodge County

\*\*Santee Sioux Nation serves 37 Head Start Children in Knox County.

\*\*\*Omaha Tribe of Nebraska serve 101 Head Start Children and 48 Early Head Start children.

Winnebago Tribe of Nebraska Educare serves 191 children in Thurston County.

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract

## Median Household and Per Capita Incomes

Report Area	Total Households	Median Household Income	Total Population	Per Capita Income
Report Area	75,120	No Data	181,057	No Data
Antelope County	2,714	\$ 49,912	6,261	\$ 26,523.00
Burt County	2,856	\$ 54,203	6,409	\$ 31,635.00
Cedar County	3,506	\$ 61,869	8,310	\$ 30,163.00
Cuming County	3,727	\$ 56,768	8,777	\$ 29,765.00
Dakota County	7,404	\$ 59,231	19,882	\$ 25,269.00
Dixon County	2,352	\$ 56,905	5,632	\$ 27,634.00
Dodge County	15,261	\$ 54,085	35,542	\$ 28,019.00
Knox County	3,586	\$ 52,332	8,217	\$ 28,409.00
Madison County	14,205	\$ 53,188	34,009	\$ 28,179.00
Pierce County	3,022	\$ 64,511	6,961	\$ 32,040.00
Stanton County	2,418	\$ 63,986	5,892	\$ 29,117.00
Thurston County	2,176	\$ 51,034	7,103	\$ 20,141.00
Washington County	8,185	\$ 71,430	20,026	\$ 35,145.00
Wayne County	3,708	\$ 56,456	8,036	\$ 26,671.00
Nebraska	759,176	\$ 61,439	1,859,691	\$ 32,302.00
United States	120,756,048	\$ 60,383	316,715,051	\$ 34,103.00

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

## Unemployment

Report Area	Civilian Force	Labor Number Employed	Number Unemployed	Unemployment Rate – June 2020	Unemployment Rate – November 2021
Report Area	98,692	95,153	3,439	5.3%	0.9%
Antelope County	3,291	3,217	74	3.2%	0.8%
Burt County	3,102	2,982	120	5.3%	1.2%
Cedar County	4,633	4,584	49	3.5%	0.9%
Cuming County	4,850	4,610	140	3.7%	0.7%
Dakota County	10,704	10,294	410	7.4%	1.3%
Dixon County	2,971	2,897	74	4.5%	1.1%
Dodge County	19,309	18,444	865	5.4%	1.1%
Knox County	4,367	4,239	128	1.1%	1.0%
Madison County	18,861	18,271	590	5.5%	1.0%
Pierce County	3,883	3,799	84	4.1%	0.8%
Stanton County	3,286	3,229	57	4.6%	0.9%
Thurston County	3,214	2,785	429	9.1%	1.8%
Washington County	10,748	10,468	280	5.6%	1.1%
Wayne County	5,473	5,334	139	4.3%	1.0%
Nebraska	1,033,747	999,212	34,535	6.9%	1.2%
United States	163,555,585	154,842,185	8,713,400	11.2%	4.2%

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract, NE Department of Labor

## Average Weekly Wages by Household

Report Area	Average Weekly Wages	Report Area	Average Weekly Wages
Antelope County	\$750	Knox County	\$694
Burt County	\$728	Madison County	\$890
Cedar County	\$723	Pierce County	\$751
Cuming County	\$822	Stanton County	\$1,313
Dakota County	\$1,127	Thurston County	\$865
Dixon County	\$792	Washington County	\$1,060
Dodge County	\$851	Wayne County	\$723

*Data Source: US Department of Labor, Bureau of Labor Statistics. Second Quarter 2021. Source geography: County*

## Head Start and Early Head Start Adults Employed or in Job Training/School

Total Number of Families	Head Start	Early Head Start
Two Parent Families	75	25
Single Parent	106	31
At least one parent employed	101	31
At least one parent in job training	0	0
At least one parent is enrolled in school	4	0
Neither/no parent or guardian is employed, in job training or in school at child's enrollment	76	25

Data Source: 2020-2021 NENCAP Head Start/Early Head Start PIR

## Public Assistance Income

Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Report Area	75,120	955	1.27%
Antelope County	2,714	36	1.33%
Burt County	2,856	28	0.90%
Cedar County	3,506	31	0.88%
Cuming County	3,727	53	1.42%
Dakota County	7,404	59	0.79%
Dixon County	2,352	26	1.10%
Dodge County	15,261	246	1.61%
Knox County	3,586	55	1.53%
Madison County	14,205	142	0.90%
Pierce County	3,022	45	1.48%
Stanton County	2,418	35	1.44%
Thurston County	2,176	102	4.68%
Washington County	8,185	84	1.02%
Wayne County	3,708	13	0.35%
Nebraska	759,176	12,983	1.71%
United States	120,756,048	2,853,791	2.36%

Public assistance dollars include general assistance and TANF, but do not include SSI or noncash benefits such as Food Stamps.

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

## Children Eligible for Free/Reduced Lunch

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Report Area	32,624	16,308	50%
Antelope County	842	374	44.40%
Burt County	1,267	522	41.20%
Cedar County	1,239	500	40.40%
Cuming County	1,476	273	52.40%
Dakota County	4,377	2,860	65.30%
Dixon County	689	250	36.30%
Dodge County	6,154	3,418	55.50%
Knox County	1,655	827	50.00%
Madison County	5,760	2,802	48.60%
Pierce County	1,173	384	32.70%
Stanton County	625	265	42.40%
Thurston County	1,973	1,699	86.10%
Washington County	3,713	875	23.60%
Wayne County	1,681	759	45.20%
Nebraska	326,392	147,328	45.10%
United States	50,744,629	25,124,175	49.50%

Data Source: National Center for Education Statistics, NCES - Common Core of Data, 2018-19. Source geography: Address

## Food Insecurity Rate

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate	Percent of Food Insecure Population Ineligible for Assistance	Population Under Age 18	Food Insecure Children, Total	Child Food Insecurity Rate	Percent of Food Insecure Children Ineligible for Assistance
Report Area	181,057	22,430	12.38%	No Data	46,993	7,880	16.77%	No Data
Antelope County	6,261	780	12.30%	33%	1,491	260	17.10%	21%
Burt County	6,409	870	13.30%	37%	1,462	280	19.30%	29%
Cedar County	8,310	830	9.80%	48%	2,156	300	14.00%	47%
Cuming County	8,777	910	10.20%	37%	2,202	300	13.40%	23%
Dakota County	19,882	2,410	11.90%	28%	5,867	1,090	18.60%	32%
Dixon County	5,632	610	10.70%	42%	1,427	210	14.60%	35%
Dodge County	35,542	4,750	13.00%	31%	8,787	1,550	17.60%	18%
Knox County	8,217	1,010	11.90%	39%	2,034	340	16.80%	29%
Madison County	34,009	4,390	12.50%	33%	8,816	1,500	17.00%	22%
Pierce County	6,961	740	10%	51%	1,790	240	13.70%	50%
Stanton County	5,892	540	9%	50%	1,497	180	12.20%	43%
Thurston County	7,103	1,350	18.80%	21%	2,580	650	25.10%	8%
Washington County	20,026	2,220	10.90%	57%	5,003	760	15.20%	49%
Wayne County	8,036	1,020	10.90%	39%	1,881	220	11.70%	45%
Nebraska	1,859,691	225,580	11.70%	43%	474,107	71,560	15.10%	35%

Data Source: Feeding America. 2019. Source geography: County

## Households Receiving Snap Benefits

Report Area	Households Receiving SNAP Total	Households Receiving SNAP Percent	Households Receiving SNAP Income Below Poverty	Households Receiving SNAP Income Above Poverty	Households Not Receiving SNAP Income Below Poverty
Report Area	6,855	9.1%	3,426	3,429	5,701
Antelope County	214	7.9%	131	83	209
Burt County	234	8.2%	111	123	230
Cedar County	213	6.1%	74	139	167
Cuming County	214	5.7%	55	159	268
Dakota County	790	10.7%	415	375	577
Dixon County	114	4.8%	80	34	166
Dodge County	1,768	11.6%	730	1038	1,084
Knox County	293	8.2%	147	146	197
Madison County	1,531	10.8%	853	678	1,317
Pierce County	135	5.5%	72	93	199
Stanton County	116	4.8%	27	89	139
Thurston County	459	21.1%	260	199	232
Washington County	628	7.7%	387	241	338
Wayne County	116	3.1%	84	32	579
Nebraska	63,216	8.3%	30,453	32,763	54,035
United States	14,171,567	11.7%	6,707,025	7,464,542	8,903,117

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

## Population Percent of Uninsured Adults

Report Area	2011	2012	2013	2014	2015	2016	2017	2018	2019
Report Area	18.18%	16.99%	17.57%	14.78%	12.63%	12.69%	13.24%	8.30%	12.67%
Antelope County	18.60%	16%	16.80%	13.90%	11.30%	11.30%	11%	8.05%	11.50%
Burt County	17.40%	15.60%	15.60%	11.60%	10.60%	10.80%	11%	8.78%	13.00%
Cedar County	17.30%	15.50%	15.40%	14.10%	9.90%	9%	9.70%	7.45%	10.60%
Cuming County	19%	17.40%	18.10%	15.20%	13.10%	11.50%	12.60%	8.79%	13.90%
Dakota County	25.10%	24.20%	25.50%	22.30%	19.90%	16%	16.10%	12.52%	19.40%
Dixon County	18.10%	17.10%	17.90%	14.10%	13.40%	10.40%	10.80%	7.94%	12.00%
Dodge County	18.10%	16.70%	17.90%	14.60%	12.10%	10.70%	10.70%	7.95%	12.30%
Knox County	21.70%	20.50%	21.40%	19%	14.20%	14.20%	13.10%	9.18%	14.70%
Madison County	17.90%	17.30%	17.60%	15.10%	13.60%	10.70%	11.30%	8.61%	13.20%
Pierce County	16.60%	14.30%	14.10%	10.90%	7.70%	7.30%	7.20%	6.64%	9.60%
Stanton County	15.10%	13.10%	13.30%	11.90%	8%	8%	7.50%	5.76%	9.00%
Thurston County	25.70%	26.30%	24.30%	23.80%	23.10%	17.30%	15.90%	13.04%	21.60%
Washington County	10.70%	10%	9.80%	7.50%	6.30%	5.60%	6.20%	5.02%	7.60%
Wayne County	16%	13.40%	16.10%	12.20%	10.80%	8.80%	7.90%	5.31%	9.00%
Nebraska	16.34%	15.65%	15.94%	13.47%	11.16%	9.70%	9.60%	7.86%	11.40%

Data Source: US Census Bureau, Small Area Health Insurance Estimates, 2019. Source geography: County

## Population Percent of Uninsured Children

Report Area	Total Population Under Age 19	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Report Area	47,936	44,864	93.59%	3,072	6.4%
Antelope County	1,514	1,401	92.50%	113	7.5%
Burt County	1,502	1,397	93.00%	105	7.0%
Cedar County	2,181	2,024	92.80%	157	7.2%
Cuming County	2,223	2,066	93%	157	7.1%
Dakota County	5,864	5,407	92.20%	457	7.8%
Dixon County	1,474	1,356	92.00%	118	8.0%
Dodge County	8,980	8,501	94.70%	479	5.3%
Knox County	2,072	1,905	91.90%	167	8.1%
Madison County	9,032	8,431	93.30%	601	6.7%
Pierce County	1,849	1,737	93.90%	112	6.1%
Stanton County	1,494	1,417	94.80%	77	5.2%
Thurston County	2,592	2,399	93%	193	7.4%
Washington County	5,278	5,026	95.20%	252	4.8%
Wayne County	1,881	1,797	95.50%	84	4.5%
Nebraska	488,399	463,050	94.80%	25,349	5.2%

Data Source: US Census Bureau, Small Area Health Insurance Estimates, 2019. Source geography: County

## Educational Attainment

Report Area	No High School Diploma	High School Only	Some College	Associates Degree	Bachelors Degree	Graduate or Professional Degree
Report Area	10.50%	33.60%	21.80%	13%	14.90%	6.30%
Antelope County	7.56%	33%	25.40%	14.90%	13.90%	5.20%
Burt County	9.56%	37%	21.90%	13.40%	13.70%	4.40%
Cedar County	7.45%	35.30%	21.20%	16.70%	13.90%	5.50%
Cuming County	12.62%	36.10%	16.70%	11.40%	17.50%	5.70%
Dakota County	25.41%	36.40%	18%	7.60%	8.60%	4%
Dixon County	11.41%	36.30%	20.50%	11.40%	14.60%	5.90%
Dodge County	10.68%	36.30%	23.70%	10.80%	12%	6.60%
Knox County	8.84%	33.30%	23.10%	13.10%	15.40%	6.30%
Madison County	9.85%	30.70%	21.30%	15.70%	16%	6.40%
Pierce County	5.23%	34.40%	18.60%	19.50%	16.80%	5.50%
Stanton County	7.03%	32.30%	24.80%	19.30%	12.10%	4.50%
Thurston County	12.41%	32.90%	26.30%	11.70%	11.20%	5.50%
Washington County	4.27%	30.90%	22.30%	12.20%	21.90%	8.30%
Wayne County	4.19%	25.50%	22.50%	13.40%	22.60%	11.80%
Nebraska	8.91%	26.30%	23.00%	10.50%	20.80%	10.50%
United States	12.34%	27.10%	20.60%	8.40%	19.40%	12.10%

Data Source: US Census Bureau, American Community Survey, 2014-18; Source Geography: County

## Children with a Verified Disability Receiving Special Education

Percentages					
Years	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
<b>School District</b>					
Allen Consolidated	18.78	20.19	21.15	19.7	19.32
Arlington Public	10.31	11.67	8.87	10.84	11.7
Bancroft-Rosalie Community	7.72	8.47	8.75	10.04	10.04
Battle Creek Public	12.74	15.12	12.44	13.89	15.09
Blair Community	14.45	13.96	13.06	13.05	14.3
Bloomfield Community	10.25	11.76	12.6	12.24	13.2
Creighton Community	10.23	11.76	9.84	10.18	10.31
Crofton Community	14	15.24	12.42	14.41	13.44
Elgin Public	12.23	11.39	10.53	14.86	19.12
Elkhorn Valley	17.74	20.68	17.11	13.56	13.47
Emerson Hubbard Public	15.07	15	16.25	13.46	17.74
Fort Calhoun Community	14.98	16.72	16.47	14.47	15.85
Fremont Public	18.55	19.78	18.32	17.75	18.63
Hartington-Newcastle Public	29.53	29.55	28.48	28.53	29.45
Homer Community	15.78	17.27	17.71	16.02	13.71
Howells-Dodge Consolidated	14.29	14.93	14.6	11.52	8.44
Laurel-Concord-Coleridge	11.71	13.27	12.47	12.35	12.59
Logan View Public	20.55	21.22	18.32	18.98	17.57
Lyons-Decatur Northeast	19.7	24.06	21.36	22.65	23.95
Madison	15.47	16.8	17.98	16.43	16
Nebraska Unified District 1	17.32	18.4	16.78	15.38	15.33

Neligh-Oakdale	18.14	18.48	14.57	14.21	16.8
Newman Grove Public	15.79	18.31	16.46	15.85	16.56
Niobrara Public	21.81	29.73	20.65	24.62	20.85
Norfolk Public	15.91	16.57	15.96	15.55	15.26
North Bend Central Public	12.5	13.79	16.61	14.99	13.5
Oakland Craig Public	19.04	20.62	20.15	19.14	20.71
Osmond Community	15.53	13.66	13.55	13.21	12.06
Pender Public	16.17	16.31	14.89	12.57	12.57
Percentages					
Years	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
School District					
Pierce Public	17.67	21.46	19.62	19.26	17.7
Plainview Public	18.93	21.61	17.42	18.89	15.65
Ponca Public	13.51	17.33	15.87	17.52	15.19
Randolph Public	13.57	15.38	17.6	14.83	12.45
Santee Community	27.81	34.72	28.13	33.78	28.13
Scribner-Snyder Community	18.41	18.96	17.46	21.13	19.9
South Sioux City Community	12.58	14.22	12.66	13.17	13.61
Stanton Community	14.91	14.67	13.7	14.49	14.46
Tekamah-Herman Community	16.37	19.22	16.7	14.89	15.31
Umo N Ho N Nation Public	14.09	22.34	20.65	22.74	23.5
Wakefield Public	11.82	13.08	9.34	11.03	11.5
Walthill Public	26.38	28.23	24.22	20.98	21.94
Wausa Public	12.9	11.06	10.36	12.61	12.28
Wayne Community	10.87	12.11	10.48	10.57	9.46
West Point-Beemer Public	18.52	18.6	17.08	16.32	16.57

Winnebago Public	24.19	26	27.8	26.85	27.14
Winside Public	12.39	13.78	13.2	14.43	10.2
Wisner-Pilger Public	14.88	17.14	15.89	14.41	16.2
Wynot Public	12.58	19.48	17.53	12.16	10.53
Average for Service Area	16.01	17.79	16.33	16.26	16.03
Nebraska	14.66	15.74	14.71	14.71	14.97

## Housing Cost Burden 30% or Greater

Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Percentage of Cost Burdened Households (Over 30% of Income)
Report Area	74,866	15,814	21.12%
Antelope County	2,748	481	17.50%
Burt County	2,885	621	21.53%
Cedar County	3,508	574	16.36%
Cuming County	3,790	584	15.41%
Dakota County	7,427	1,704	22.94%
Dixon County	2,307	430	18.64%
Dodge County	15,090	3,386	22.44%
Knox County	3,662	674	18.41%
Madison County	14,236	3,143	22.08%
Pierce County	2,985	552	18.49%
Stanton County	2,351	456	19.40%
Thurston County	2,142	516	24.09%
Washington County	8,133	1,994	24.52%
Wayne County	3,602	699	19.41%
Nebraska	748,405	187,010	24.99%
United States	118,825,921	38,077,410	32.04%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract

## Median Housing Age

Report Area	Total Housing Units	Median Year Structures Built	Median Age from 2019
Report Area	80,919	1964	55
Antelope County	3,112	1955	64
Burt County	3,324	1951	68
Cedar County	3,900	1956	63
Cuming County	4,123	1956	63
Dakota County	7,765	1973	46
Dixon County	2,520	1951	55
Dodge County	16,191	1964	56
Knox County	4,502	1963	48
Madison County	15,094	1971	56
Pierce County	3,118	1963	56
Stanton County	2,460	1970	49
Thurston County	2,283	1973	46
Washington County	8,577	1976	43
Wayne County	3,950	1969	50
Nebraska	844,278	1973	46
United States	140,498,736	1978	41

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract

## Housing Vacancy Rate

Report Area	Total Housing Units	Vacant Housing Units	Vacant Housing Units, Percent
Report Area	88,950	1,628	1.80%
Antelope County	3,738	64	1.70%
Burt County	3,67	204	5.50%
Cedar County	4,373	3	0.10%
Cuming County	4,336	134	3.10%
Dakota County	8,992	146	1.60%
Dixon County	2,693	382	0%
Dodge County	18,219	8	2.10%
Knox County	5,152	8	0.20%
Madison County	16,955	441	2.60%
Pierce County	3,536	69	2%
Stanton County	2,749	3	0.10%
Thurston County	1,579	21	1.30%
Washington County	9,024	78	0.90%
Wayne County	3,925	75	1.90%
Nebraska	893,907	20,361	2.30%
United States	149,623,509	3,747,598	2.50%

Data Source: US Department of Housing and Urban Development, 2019-Q2; Source Geography: County

## Household Internet Access

Report Area	Total Households	Households without Internet Access	Percentage of Households without Internet Access
Report Area	75,120	7,067	9.40%
Antelope County	2,714	206	7.59%
Burt County	2856	345	12.07%
Cedar County	3,506	169	4.82%
Cuming County	3,727	584	15.67%
Dakota County	7,404	925	12.49%
Dixon County	2,352	284	12%
Dodge County	15,261	1439	9.43%
Knox County	3,586	339	9.45%
Madison County	14,205	1283	9.03%
Pierce County	3,022	142	5%
Stanton County	2,418	162	6.69%
Thurston County	2,176	372	17.09%
Washington County	8,185	614	7.50%
Wayne County	3,708	203	5.47%
Nebraska	759,176	51,409	6.77%
United States	120,756,048	9,654,251	7.99%

Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract

## Households with No Vehicle

Report Area	Total Households	Percentage of Households without a Vehicle
Report Area	75,120	4.6%
Antelope County	2,714	3.3%
Burt County	2856	4.4%
Cedar County	3,506	3.1%
Cuming County	3,727	4.5%
Dakota County	7,404	5.6%
Dixon County	2,352	4.4%
Dodge County	15,261	5.9%
Knox County	3,586	4.7%
Madison County	14,205	6.4%
Pierce County	3,022	3.4%
Stanton County	2,418	3.3%
Thurston County	2,176	8.0%
Washington County	8,185	4.3%
Wayne County	3,708	2.5%
Nebraska	759,176	5.4%
United States	120,756,048	8.6%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

## Low Food Access

Report Area	Total Population	Low Income Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Report Area	188,972	64,825	11,735	18.10%
Antelope County	6,685	2,743	500	18.23%
Burt County	6,858	2,268	18	0.79%
Cedar County	8,852	2,447	420	17.16%
Cuming County	9,139	2,190	110	5.02%
Dakota County	21,006	9,335	904	9.68%
Dixon County	6,000	1,668	617	36.99%
Dodge County	36,691	12,044	2,906	24.13%
Knox County	8,701	3,466	292	8.42%
Madison County	34,876	10,603	2,862	26.99%
Pierce County	7,266	2,005	1,251	62.39%
Stanton County	6,129	1,701	846	49.74%
Thurston County	6,940	5,185	515	9.93%
Washington County	20,234	3,802	261	6.86%
Wayne County	9,595	5,368	233	4.34%
Nebraska	1,826,341	588,717	110,288	18.73%
United States	308,745,538	106,758,543	2,221,368	18.94%

Data Source: US Department of Agriculture Economic Research Service, USDA- Food Access Research Atlas, 2015. Source Geography: Tract

## WIC Authorized Food Stores

Report Area	Total Population	Number WIC- Authorized Food Stores
Report Area	189,235	39
Antelope County	6,295	3
Burt County	6,722	3
Cedar County	8,380	3
Cuming County	9,013	5
Dakota County	21,582	3
Dixon County	5,606	0
Dodge County	37,167	4
Knox County	8,391	6
Madison County	35,585	5
Pierce County	7,317	2
Stanton County	5,842	0
Thurston County	6,773	1
Washington County	20,865	2
Wayne County	9,697	2
Nebraska	1,961,504	326

Data Source: US Census Bureau & Nebraska WIC

## SNAP Authorized Food Stores

Report Area	Total Population	Total SNAP- Authorized Retailers	SNAP- Authorized Retailers, Rate per 10,000 Population
Report Area	188,972	153	8.1
Antelope County	6,685	6	8.98
Burt County	6,858	7	10.21
Cedar County	8,852	8	9.04
Cuming County	9,139	7	7.66
Dakota County	21,006	19	9.05
Dixon County	6,000	4	6.67
Dodge County	36,691	31	8.45
Knox County	8,701	9	10.34
Madison County	34,876	29	8.32
Pierce County	7,266	6	8.26
Stanton County	6,129	2	3.26
Thurston County	6,940	11	15.85
Washington County	20,234	8	3.95
Wayne County	9,595	6	6.25
Nebraska	1,826,341	1,274	6.98
United States	312,411,142	250,022	8

Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator.

Additional data analysis by CARES. 2019. Source geography: Tract

## Poor General Health

Report Area	Total Population Age 18	Estimated Population with Poor or Fair Health	Crude Percentage	Age-Adjusted Percentage
Report Area	140,720	19,478	13.80%	12.70%
Antelope County	5,099	770	15.10%	11.50%
Burt County	5,355	760	14.20%	12.80%
Cedar County	6,571	769	11.70%	9.80%
Cuming County	6,901	994	14.40%	12.50%
Dakota County	14,786	2,824	19.10%	19%
Dixon County	4,395	457	10.40%	9.60%
Dodge County	27,911	4,131	14.80%	13.50%
Knox County	6,627	994	15%	11.90%
Madison County	25,920	3,655	14.10%	13%
Pierce County	5,386	506	9.40%	8.30%
Stanton County	4,469	599	13.40%	13.50%
Thurston County	4,453	784	17.60%	17.70%
Washington County	15,121	1,285	8.50%	8.20%
Wayne County	7,726	950	12.30%	11.70%
Nebraska	1,357,819	171,085	12.60%	12%
United States	232,556,016	37,766,703	16.20%	15.70%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

## Access to Primary Care

Report Area	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
Report Area	187,569	97	51.7
Antelope County	6,398	3	46.89
Burt County	6,573	3	45.64
Cedar County	8,610	1	11.61
Cuming County	9,027	4	44.31
Dakota County	20,850	1	4.8
Dixon County	5,782	2	34.59
Dodge County	36,744	24	65.32
Knox County	8,482	6	70.74
Madison County	35,174	26	73.92
Pierce County	7,202	7	97.2
Stanton County	6,069	0	0
Thurston County	6,969	5	71.75
Washington County	20,258	11	54.3
Wayne County	9,431	4	42.41
Nebraska	1,881,503	1,706	90.7
United States	318,857,056	279,871	87.8

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.

Source geography: County

## Teen Birth Rate

Report Area	Female Population Age 15 – 19 2006-2012	Births to Mothers Age 15 – 19 2006-2012	Teen Birth Rate (Per 1,000 Population) 2004- 2010	Teen Birth Rate (Per 1,000 Population) 2005- 2011	Teen Birth Rate (Per 1,000 Population) 2006-2012
Report Area	6,795	226	34	32.97	33.26
Antelope County	179	4	18.3	19.4	19.6
Burt County	197	4	21.3	20.2	20.7
Cedar County	307	3	14.4	12.7	10.8
Cuming County	288	6	21.2	20.1	20.4
Dakota County	781	44	54.5	51.3	56.5
Dixon County	205	6	28.6	26.1	27
Dodge County	1,182	44	37.7	38	37.3
Knox County	258	7	27.4	25.7	25.8
Madison County	1,274	54	43.7	42.1	42.1
Pierce County	226	4	15.6	17.1	16.8
Stanton County	208	5	27.5	26.5	24.7
Thurston County	297	31	105.2	104.5	105.1
Washington County	747	9	14.1	12.8	12.3
Wayne County	646	5	7.5	7.5	7.3
Nebraska	62,897	2,013	34	32.9	32
United States	10,736,677	392,962	39.3	38	36.6

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2006-12. Source geography: County

## Infant Mortality Rate

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Report Area	13,135	75	5.7
Antelope County	415	4	9.6
Burt County	350	1	2.8
Cedar County	565	4	7.2
Cuming County	590	0	0
Dakota County	1,835	12	6.5
Dixon County	400	3	7.5
Dodge County	2,585	13	5.2
Knox County	495	4	8.3
Madison County	2,635	18	6.8
Pierce County	465	1	2.3
Stanton County	400	2	4.9
Thurston County	815	6	7.1
Washington County	1,085	3	2.8
Wayne County	500	4	7.9
Nebraska	134,720	768	5.7
United States	20,913,535	136,369	6.5

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.

2006-10. Source geography: County

## Low Birth Weight

Report Area	Total Live Births 2006-2012	Low Weight Births (Under 2500g) 2006-2012	Low Weight Births, Percent of Total 2004-2010	Low Weight Births, Percent of Total 2005- 2011	Low Weight Births, Percent of Total 2006- 2012
Report Area	18,403	1,092	6.03%	6.04%	5.93%
Antelope County	560	29	5.40%	5.10%	5.20%
Burt County	532	35	8.10%	7.20%	6.50%
Cedar County	777	27	3.50%	3.30%	3.50%
Cuming County	826	50	5.90%	6.40%	6.10%
Dakota County	2,478	151	6.50%	6.30%	6.10%
Dixon County	560	36	6.40%	6.80%	6.50%
Dodge County	3,528	226	6.70%	6.40%	6.40%
Knox County	700	41	7%	5.80%	5.90%
Madison County	3,864	232	6%	6.10%	6%
Pierce County	616	31	4.40%	4.80%	5%
Stanton County	567	31	4.40%	4.40%	5.50%
Thurston County	1,155	70	6.10%	6.40%	6.10%
Washington County	1,519	87	5.80%	6.30%	5.70%
Wayne County	721	46	5.10%	6%	6.40%
Nebraska	185,983	13,019	7.10%	7%	7%
United States	29,300,495	2,402,641	8.20%	8.20%	8.20%

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2006-12. Source geography: County

# Obesity

Report Area	Total Population Age 20	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)	Percent Males with BMI > 30.0 (Obese)	Percent Females with BMI > 30.0 (Obese)
Report Area	135,165	46,351	32.30%	35.80%	32.50%
Antelope County	4,766	1,487	31.10%	33.90%	28.20%
Burt County	4,996	1,644	32.70%	34.70%	30.90%
Cedar County	6,240	2,103	34.10%	36.60%	31.50%
Cuming County	6,657	2,277	34.10%	36.10%	32.20%
Dakota County	14,150	5,377	37.90%	39.60%	36.40%
Dixon County	4,189	1,529	36.30%	38.10%	34.50%
Dodge County	27,051	9,441	34.90%	35.80%	34.10%
Knox County	6,247	2,018	32.30%	33.40%	31.10%
Madison County	25,431	8,189	31.90%	33.80%	30%
Pierce County	5,269	1,821	34.60%	36.40%	32.90%
Stanton County	4,243	1,532	35.50%	36.90%	34%
Thurston County	4,352	1,850	42.60%	42%	43.30%
Washington County	14,812	4,829	32.20%	34.60%	29.80%
Wayne County	6,768	2,254	33.40%	35.60%	31.10%
Nebraska	1,370,105	427,833	31.10%	32.50%	29.70%
United States	238,842,519	67,983,276	28.30%	28.70%	27.90%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.

Source geography: County

## Lack of Social/Emotional Support

Report Area	Total Population Age 18	Estimated Population Without Adequate Social / Emotional Support	Crude Percentage	Age-Adjusted Percentage
Report Area	140,720	28,267	20.10%	19.60%
Antelope County	5,099	933	18.30%	16.90%
Burt County	5,355	1,017	19%	18.30%
Cedar County	6,571	1,242	18.90%	18%
Cuming County	6,901	1,387	20.10%	18%
Dakota County	14,786	3,667	24.80%	25%
Dixon County	4,395	835	19%	19.20%
Dodge County	27,911	5,861	21%	20.40%
Knox County	6,627	1,856	28%	27.20%
Madison County	25,920	4,873	18.80%	18.40%
Pierce County	5,386	819	15.20%	14.10%
Stanton County	4,469	1,050	23.50%	23.90%
Thurston County	4,453	1,069	24%	23.70%
Washington County	15,121	1,920	12.70%	12.60%
Wayne County	7,726	1,738	22.50%	22.70%
Nebraska	1,357,819	233,545	17.20%	17.10%
United States	232,556,016	48,104,656	20.70%	20.70%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

## Access to Mental Health Providers

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Report Area	187,570	317	591.7	169
Antelope County	6,398	2	3,199	31.2
Burt County	6,572	2	3,286.20	30.4
Cedar County	8,613	1	8,613.30	11.6
Cuming County	9,026	7	1,289.50	77.5
Dakota County	20,850	51	408.8	244.6
Dixon County	5,782	2	2,891	34.5
Dodge County	36,744	58	633.5	157.8
Knox County	8,482	2	4,240.90	23.5
Madison County	35,174	159	221.2	452
Pierce County	7,201	3	2,400.40	41.6
Stanton County	6,068	1	6,068	16.4
Thurston County	6,969	19	366.8	272.6
Washington County	20,259	5	4,051.90	24.6
Wayne County	9,430	5	1,886.10	53
Nebraska	1,817,433	4,569	397.8	251.3
United States	317,105,555	643,219	493	202.8

Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016. Source geography: County

# Poverty by County, Age, Gender, Race and Ethnicity

Subject	Antelope County, Nebraska		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	6,284	790	12.6%
<b>AGE</b>			
Under 18 years	1,492	266	17.8%
Under 5 years	410	88	21.5%
5 to 17 years	1,082	178	16.5%
Related children of householder under 18 years	1,483	259	17.4%
18 to 64 years	3,393	380	11.2%
18 to 34 years	1,043	166	15.9%
35 to 64 years	2,348	214	9.1%
60 years and over	1,983	172	8.9%
65 years and over	1,399	144	10.3%
<b>SEX</b>			
Male	3,154	384	12.2%
Female	3,130	406	13.0%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>			
White alone	6,132	761	12.4%
Black or African American alone	44	0	0%
American Indian and Alaska Native alone	9	1	11.1%
Asian alone	10	0	0%
Native Hawaiian and Other Pacific Islander alone	0	0	-
Some other race alone	54	5	9.3%
Two or more races	35	23	65.7%
Hispanic or Latino origin (of any race)	201	27	13.4%
White alone, not Hispanic or Latino	5,989	740	12.4%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Subject	Burt County, Nebraska		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	6,425	751	11.7%
<b>AGE</b>			
Under 18 years	1,455	222	15.3%
Under 5 years	332	49	14.8%
5 to 17 years	1,123	173	15.4%
Related children of householder under 18 years	1,446	213	14.7%
18 to 64 years	3,489	427	12.2%
18 to 34 years	1,029	181	17.6%
35 to 64 years	2,460	246	10%
60 years and over	1,998	133	6.7%
65 years and over	1,481	102	6.9%
<b>SEX</b>			
Male	3,158	302	9.6%
Female	3,267	449	13.7%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>			
White alone	6,118	677	11.1%
Black or African American alone	40	14	35%
American Indian and Alaska Native alone	111	36	32.4%
Asian alone	32	0	0%
Native Hawaiian and Other Pacific Islander alone	0	0	-
Some other race alone	38	6	15.8%
Two or more races	86	18	20.9%
Hispanic or Latino origin (of any race)	186	20	10.8%
White alone, not Hispanic or Latino	5,992	663	11.1%

Subject	Cedar County, Nebraska		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	8,336	759	9.1%
<b>AGE</b>			
Under 18 years	2,114	254	12%
Under 5 years	563	81	14.4%
5 to 17 years	1,551	173	11.2%
Related children of householder under 18 years	2,114	254	12.0%
18 to 64 years	4,565	387	8.5%
18 to 34 years	1,407	201	14.3%
35 to 64 years	3,158	186	5.9%
60 years and over	2,347	131	5.6%
65 years and over	1,657	118	7.1%
<b>SEX</b>			
Male	4,258	341	8%
Female	4,078	418	10.3%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>			
White alone	8,170	691	8.5%
Black or African American alone	3	0	0%
American Indian and Alaska Native alone	76	53	69.7%
Asian alone	6	0	0%
Native Hawaiian and Other Pacific Islander alone	2	0	0%
Some other race alone	39	9	23.1%
Two or more races	40	6	15%
Hispanic or Latino origin (of any race)	151	33	21.9%
White alone, not Hispanic or Latino	8,065	667	8.3%

Subject	Cuming County, Nebraska		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	8,824	615	7%
<b>AGE</b>			
Under 18 years	2,193	183	8.3%
Under 5 years	529	83	15.7%
5 to 17 years	1,664	100	6%
Related children of householder under 18 years	2,185	175	8%
18 to 64 years	4,832	272	5.6%
18 to 34 years	1,561	173	11.1%
35 to 64 years	324	99	3%
60 years and over	2,271	160	7%
65 years and over	1,799	160	8.9%
<b>SEX</b>			
Male	4,444	247	5.6%
Female	4,380	368	8.4%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>			
White alone	8,317	509	6.1%
Black or African American alone	6	0	0%
American Indian and Alaska Native alone	14	0	0%
Asian alone	28	0	0%
Native Hawaiian and Other Pacific Islander alone	11	0	0%
Some other race alone	280	29	10.4%
Two or more races	168	77	45.8%
Hispanic or Latino origin (of any race)	871	224	25.7%
White alone, not Hispanic or Latino	7,804	381	4.9%

Source: U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates

Subject	Dakota County, Nebraska		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	20,006	3,312	16.6%
<b>AGE</b>			
Under 18 years	5,771	1,399	24.2%
Under 5 years	1,746	647	37.1%
5 to 17 years	4,025	752	18.7%
Related children of householder under 18 years	5,714	1,342	23.5%
18 to 64 years	11,749	1,690	14.4%
18 to 34 years	4,628	1,054	22.8%
35 to 64 years	7,121	636	8.9%
60 years and over	3,611	246	6.8%
65 years and over	2,486	223	9.0%
<b>SEX</b>			
Male	10,010	1,433	14.2%
Female	9,136	1,879	18.9%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>			
White alone	13,798	1,566	11.3%
Black or African American alone	942	357	37.9%
American Indian and Alaska Native alone	529	182	34.4%
Asian alone	651	233	35.8%
Native Hawaiian and Other Pacific Islander alone	22	0	0%
Some other race alone	3,580	891	24.9%
Two or more races	484	83	17.1%
Hispanic or Latino origin (of any race)	7,785	1,376	17.7%
White alone, not Hispanic or Latino	9,776	1,179	12.1%

Subject	Dixon County, Nebraska		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	5,660	707	12.5%
<b>AGE</b>			
Under 18 years	1,444	273	18.9%
Under 5 years	391	125	32.0%
5 to 17 years	1,053	148	14.1%
Related children of householder under 18 years	1,436	265	18.5%
18 to 64 years	3,154	346	11%
18 to 34 years	965	127	13.2%
35 to 64 years	2,189	219	10%
60 years and over	1,479	99	6.7%
65 years and over	1,062	88	8.3%
<b>SEX</b>			
Male	2,863	346	12.1%
Female	2,797	361	12.9%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>			
White alone	5,333	673	12.6%
Black or African American alone	14	8	57.1%
American Indian and Alaska Native alone	25	0	0%
Asian alone	4	2	50%
Native Hawaiian and Other Pacific Islander alone	0	0	-
Some other race alone	200	2	1%
Two or more races	84	22	26.2%
Hispanic or Latino origin (of any race)	759	131	17.3%
White alone, not Hispanic or Latino	4,792	544	11.4%

Subject	Dodge County, Nebraska		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	35,592	4,862	13.7%
<b>AGE</b>			
Under 18 years	8,599	1,788	20.8%
Under 5 years	2,413	618	25.6%
5 to 17 years	6,186	1,170	18.9%
Related children of householder under 18 years	8,500	1,689	19.9%
18 to 64 years	20,612	2,558	12.4%
18 to 34 years	7,105	1,462	20.6%
35 to 64 years	13,504	1,096	8.1%
60 years and over	8,843	630	7.1%
65 years and over	6,381	516	8.1%
<b>SEX</b>			
Male	17,646	2,017	11.4%
Female	17,946	2,845	15.9%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>			
White alone	33,558	4,456	13.3%
Black or African American alone	310	114	36.8%
American Indian and Alaska Native alone	327	112	34.3%
Asian alone	154	35	22.7%
Native Hawaiian and Other Pacific Islander alone	32	0	0%
Some other race alone	482	20	4.1%
Two or more races	719	125	17.4%
Hispanic or Latino origin (of any race)	4,445	1,365	30.7%
White alone, not Hispanic or Latino	29,994	3,301	11.0%

Subject	Knox County, Nebraska		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	8,238	899	10.9%
<b>AGE</b>			
Under 18 years	2,018	312	15.5%
Under 5 years	529	80	15.1%
5 to 17 years	1,489	232	15.6%
Related children of householder under 18 years	2,013	307	15.3%
18 to 64 years	4,356	410	9.4%
18 to 34 years	1,265	6161	12.7%
35 to 64 years	3,091	249	8.1%
60 years and over	2,503	208	8.3%
65 years and over	1,864	177	9.5%
<b>SEX</b>			
Male	4,080	345	8.5%
Female	4,158	554	13.3%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>			
White alone	7,145	549	7.7%
Black or African American alone	17	1	5.9%
American Indian and Alaska Native alone	820	307	37.4%
Asian alone	27	6	22.2%
Native Hawaiian and Other Pacific Islander alone	11	9	81.8%
Some other race alone	81	6	7.4%
Two or more races	137	21	15.3%
Hispanic or Latino origin (of any race)	220	30	13.6%
White alone, not Hispanic or Latino	1,076	549	7.8%

Subject	Madison County, Nebraska		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	34,101	5,393	15.8%
<b>AGE</b>			
Under 18 years	8,648	1,805	20.9%
Under 5 years	2,544	734	28.9%
5 to 17 years	6,104	1,071	17.5%
Related children of householder under 18 years	8,589	1,746	20.3%
18 to 64 years	20,552	3,074	15.0%
18 to 34 years	7,547	1,721	22.8%
35 to 64 years	13,005	1,353	10.4%
60 years and over	6,940	767	11.1%
65 years and over	4,901	514	10.5%
<b>SEX</b>			
Male	16,956	2,234	13.2%
Female	17,145	3,159	18.4%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>			
White alone	31,233	4,652	14.9%
Black or African American alone	497	226	45.5%
American Indian and Alaska Native alone	520	223	42.9%
Asian alone	516	4	0.8%
Native Hawaiian and Other Pacific Islander alone	0	0	-
Some other race alone	865	118	13.3%
Two or more races	450	170	37.8%
Hispanic or Latino origin (of any race)	5,167	1,422	27.5%
White alone, not Hispanic or Latino	27,167	3,469	12.5%

Subject	Pierce County, Nebraska		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	6,987	507	7.3%
<b>AGE</b>			
Under 18 years	1,738	133	7.7%
Under 5 years	456	36	7.9%
5 to 17 years	1,282	97	7.6%
Related children of householder under 18 years	1,726	121	7.0%
18 to 64 years	4,018	251	6.2%
18 to 34 years	1,228	112	9.1%
35 to 64 years	2,790	139	5%
60 years and over	1,695	143	8.4%
65 years and over	1,231	123	10%
<b>SEX</b>			
Male	3,492	201	5.8%
Female	3,495	306	8.8%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>			
White alone	6,810	487	7.2%
Black or African American alone	15	0	0%
American Indian and Alaska Native alone	8	0	0%
Asian alone	30	0	0%
Native Hawaiian and Other Pacific Islander alone	6	0	0%
Some other race alone	4	4	100%
Two or more races	114	16	14%
Hispanic or Latino origin (of any race)	116	12	10.3%
White alone, not Hispanic or Latino	6,475	479	7.1%

Subject	Stanton County, Nebraska		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	5,939	525	8.8%
<b>AGE</b>			
Under 18 years	1,518	119	7.8%
Under 5 years	403	62	15.4%
5 to 17 years	1,115	57	5.1%
Related children of householder under 18 years	1,518	119	7.8%
18 to 64 years	3,475	302	8.7%
18 to 34 years	1,061	133	12.5%
35 to 64 years	2,414	169	7%
60 years and over	1,381	148	10.7%
65 years and over	946	104	11%
<b>SEX</b>			
Male	2,982	215	7.2%
Female	2,957	310	10.5%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>			
White alone	5,763	511	8.9%
Black or African American alone	85	14	16.5%
American Indian and Alaska Native alone	0	0	-
Asian alone	26	0	0%
Native Hawaiian and Other Pacific Islander alone	0	0	-
Some other race alone	25	0	0%
Two or more races	40	0	0%
Hispanic or Latino origin (of any race)	318	40	12.6%
White alone, not Hispanic or Latino	5,470	471	8.6%

Subject	Thurston County, Nebraska		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	7,042	1,992	28.3%
<b>AGE</b>			
Under 18 years	2,500	966	38.6%
Under 5 years	673	279	41.5%
5 to 17 years	1,827	687	37.6%
Related children of householder under 18 years	2,484	950	38.2%
18 to 64 years	3,707	900	24.3%
18 to 34 years	1,578	466	29.5%
35 to 64 years	2,129	434	20.4%
60 years and over	1,197	171	14.3%
65 years and over	835	126	15.1%
<b>SEX</b>			
Male	3,492	926	26.5%
Female	3,550	1,066	30%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>			
White alone	2,758	362	13.1%
Black or African American alone	17	8	47.1%
American Indian and Alaska Native alone	4,086	1,586	38.8%
Asian alone	51	23	45.1%
Native Hawaiian and Other Pacific Islander alone	0	0	-
Some other race alone	5	0	0%
Two or more races	125	13	10.4%
Hispanic or Latino origin (of any race)	392	165	42.1%
White alone, not Hispanic or Latino	2,547	254	10%

Subject	Washington County, Nebraska		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	19,879	1,611	8.1%
<b>AGE</b>			
Under 18 years	4,899	421	8.6%
Under 5 years	1,170	47	4%
5 to 17 years	3,729	374	10%
Related children of householder under 18 years	4,894	416	8.5%
18 to 64 years	11,660	973	8.3%
18 to 34 years	3,389	351	10.4%
35 to 64 years	8,271	622	7.5%
60 years and over	4,536	263	5.8%
65 years and over	3,320	217	6.5%
<b>SEX</b>			
Male	9,798	639	6.5%
Female	10,081	972	9.6%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>			
White alone	19,303	1,483	7.7%
Black or African American alone	212	51	24.1%
American Indian and Alaska Native alone	7	0	0%
Asian alone	44	0	0%
Native Hawaiian and Other Pacific Islander alone	8	8	100%
Some other race alone	40	0	0%
Two or more races	265	69	26%
Hispanic or Latino origin (of any race)	567	79	13.9%
White alone, not Hispanic or Latino	18,853	1,404	7.4%

Subject	Wayne County, Nebraska		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	8,126	1,150	14.2%
<b>AGE</b>			
Under 18 years	1,828	123	6.7%
Under 5 years	501	55	11%
5 to 17 years	1,327	66	5.1%
Related children of householder under 18 years	1,824	119	6.5%
18 to 64 years	4,912	900	18.3%
18 to 34 years	1,934	285	40.6%
35 to 64 years	2,978	115	3.9%
60 years and over	1,965	163	8.3%
65 years and over	1,386	127	9.2%
<b>SEX</b>			
Male	4,145	578	13.9%
Female	3,981	572	14.4%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>			
White alone	7,802	1,017	13%
Black or African American alone	108	106	98.1%
American Indian and Alaska Native alone	53	0	0%
Asian alone	17	15	88.2%
Native Hawaiian and Other Pacific Islander alone	0	0	-
Some other race alone	48	2	4.2%
Two or more races	98	10	10.2%
Hispanic or Latino origin (of any race)	476	79	16.6%
White alone, not Hispanic or Latino	7,378	940	12.7%

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# Partner Satisfaction Survey Results

Northeast Nebraska Community Action Partnership (NENCAP) staff are pleasant and helpful.		
Answer Choices	Responses	
Strongly Agree	55.93%	33
Agree	33.15%	19
Undecided	8.47%	5
Disagree	3%	2
Strongly Disagree	0%	0
	Answered	59
	Skipped	0
I receive a timely response to my telephone or email communications.		
Answer Choices	Responses	
Yes	72.88%	43
No	8.47%	5
Not Applicable	18.64%	11
	Answered	59
	Skipped	0
Information about our programs and services is communicated clearly and timely.		
Answer Choices	Responses	
Strongly Agree	35.59%	21
Agree	47.45%	28
Undecided	10.16%	6
Disagree	6.77%	4
Strongly Disagree	0.00%	0
	Answered	59
	Skipped	0
Comments		
What is your organization's overall level of satisfaction with NENCAP's services?		
Answer Choices	Responses	
Very Satisfied	40.67%	24
Satisfied	47.45%	28
Neither satisfied nor dissatisfied	8.47%	5
Somewhat dissatisfied	3%	2
Very dissatisfied	0%	0
	Answered	59
	Skipped	0
Which of the following methods do you prefer to learn about NENCAP programs and services? (check your top two preferences)		
Answer Choices	Responses	
Face-to-Face Meetings	30.50%	18
E-Mail	79.66%	47
Mail	6.77%	4
Newspaper	3.38%	2
Newsletter	16.94%	10
Website	18.64%	11
Facebook	11.86%	7
Other (please specify)	1.89%	1
	Answered	59
	Skipped	0
Would you like a NENCAP Staff member to hold a presentation about its programs and services at your organization?		
Answer Choices	Responses	
Yes	6.77%	4
No	71.18%	42
Other	13.55%	8
	Answered	54
	Skipped	5
Which NENCAP programs do you work with? (check all that apply)		
Answer Choices	Responses	
Homeless Prevention Services(emergency rental and or utility assistance)	28.81%	17

SSI/SSDI Outreach, Access and Recovery (SOAR)	7.26%	4
Individual Development Accounts (IDA) Program	8.47%	5
Free Income Tax Assistance	10.16%	6
Women, Infants and Children (WIC)	32.20%	19
Commodities Supplemental Food Program (CSFP)	11.86%	7
Head Start	32.20%	19
Early Head Start	18.64%	11
Immunizations	23.72%	14
Healthy Families Program (Home Visitation Program)	22.03%	13
Weatherization	10.16%	6
Food Pantry	23.72%	14
Early Development Network (EDN)	16.94%	10
Car Seat Program	13.55%	8
Supportive Services for Veteran Families	13.55%	8
Other (please specify)	10.16%	6
	Answered	59
	Skipped	0
<b>How often does your organization refer clients to NENCAP?</b>		
	Answer Choices	Responses
	Very Often	11.20% 7
	Often	27.58% 16
	Occasionally	36.20% 21
	Rarely	20.68% 12
	I do not refer clients to NENCAP	3.44% 2
	Answered	58
	Skipped	1

**What types of services could individuals and families benefit from that are NOT currently offered through NENCAP?**

not sure

more food pantrys

NENCAP offers a many wonderful services to support our communities, I can't think of any not currently offered.

Early Learning

None

Assistance with Utilities

Backpack Program (food)

More individual case management to support specific needs as they arise relating to nutritional, medical, education, or housing needs

Something to do with at risk youth and helping them middle school age to high school

**Do you have comments or suggestions for improving services administered by Northeast Nebraska Community Action Partnership?**

They do a great job!!

Thanks for all you do and just keep communicating...

Kim does great work!

attended our meetings for at least 18 months. Is this no longer a duty of the area manager or the mental help keep us more involved and up to date. There are still some entities within the group that are not following the Kim does an incredible job taking care of Veterans. She is pertinent to keeping Veterans in homes and off the streets. Always finds a way to assist with rent, down payments, utilities, etc. that allows or keeps a veteran in a home! Thank you!

No suggestions other than I love the idea of having someone come to our congregation and talk about what you do provide. I had a council member walk in when WIC was here and ask "What's WIC?" so information and communication about what you do would be great. Thanks!

I'd like to have a quality family service worker for our preschool program. In our 12 years of partnership we have only had three years where the family service worker was effective in the classroom and with families

# Client Satisfaction Survey Results

## Client Satisfaction Survey Results

	2018	2019	2020	2021
<b>Gender</b>				
Male	15.26%	21.46%	14.89%	35.63%
Female	84.74%	78.54%	85.11%	64.37%
<b>Age</b>				
18-24	20.27%	9.96%	9.15%	11.51%
25-44	55.20%	32.90%	49.30%	41.88%
45-54	3.24%	4.76%	2.82%	5.75%
55-59	1.53%	6.49%	4.23%	4.18%
60-64	4.77%	11.26%	9.15%	6.80%
65+	14.99%	34.63%	25.35%	27.74%
<b>Race</b>				
Black or African American	2.51%	5.68%	10%	3.66%
Asian	1.17%	0.87%	3.57%	0.52%
Caucasian	64.38%	75.11%	62.14%	60.20%
American Indian	8.03%	4.80%	7.14%	2.61%
Bi-Racial	1.17%	1.75%	1.43%	0.10%
Hispanic	24.58%	12.66%	17.86%	26.70%
Other	1%	0.44%	2.14%	0.10%
<b>County of Residence</b>				
Antelope	1.36%	3.48%	0%	1.57%
Burt	5.09%	0.09%	0%	3.66%
Cedar	1.87%	2.17%	1.46%	1.57%
Cuming	6.45%	5.22%	5.11%	6.28%
Dakota	23.26%	11.74%	25.55%	32.46%
Dodge	2.72%	2.17%	2.92%	5.23%
Dixon	13.24%	12.61%	3.65%	1.57%
Knox	7.47%	9.57%	13.87%	5.75%
Madison	20.03%	34.78%	24.82%	18.32%
Pierce	3.90%	6.96%	5.11%	1.57%
Saunders	1.36%	0.87%	0.73%	0.00%
Stanton	5.09%	3.04%	10.22%	4.71%
Thurston	3.57%	3.04%	2.19%	6.28%
Washington	2.55%	0.87%	2.19%	7.32%
Wayne	2.38%	3.04%	2.19%	2.09%
<b>Which NENCAP office did you come to seeking help?</b>				
Pender	25.54%	17.47%	10.29%	25.13%
Norfolk	27.36%	44.98%	36.03%	22.51%
South Sioux City	25.36%	13.97%	27.21%	30.36%
Fremont	16.49%	13.10%	6.62%	3.14%

Creighton	6.70%	13.10%	14.71%	6.80%
Other	5.07%	2.18%	6.61%	8.37%
<b>Family Type</b>				
Single Person	20.39%	50.85%	37.86%	32.98%
Two Parent Family	53.67%	23.31%	35.71%	36.64%
Single Female Parent	18.76%	13.56%	17.14%	18.84%
Single Male Parent	1.47%	0.85%	0.71%	1.04%
2+ Adults (no dependent children)	5.87%	10.59%	8.57%	8.90%
Other	0.65%	1.27%	1.43%	0.00%
<b>Number of Household Members</b>				
1	16.99%	42.80%	31.43%	29.31%
2-3	29.94%	28.39%	27.14%	24.60%
4-6	46.12%	28.39%	37.86%	40.31%
7-10	7.12%	1.27%	3.57%	5.23%
11+	0.16%	0%	0%	0.00%
<b>Number of children in the household</b>				
0	23.60%	54.35%	36.43%	40.83%
1	17.33%	12.17%	17.14%	10.99%
2-3	40.10%	24.78%	32.14%	34.03%
4-6	17.33%	8.26%	13.57%	12.56%
7-10	1.65%	0.43%	0.71%	1.57%
11+	0%	0%	0%	0.00%
<b>Household Income</b>				
Less than \$10,000	30.77%	37.44%	30.66%	22.51%
\$10,000-\$20,000	28.09%	37%	37.96%	35.07%
\$20-\$30,000	16.05%	12.78%	12.41%	18.84%
\$30-\$40,000	12.21%	7.49%	5.84%	10.99%
\$40-\$50,000	5.52%	2.64%	5.11%	5.23%
\$50,000+	7.36%	2.64%	8.03%	4.71%

<b>Which of the following media channels do you prefer to learn about community programs and services?</b>				
Flyers in public places	18.89%	18.37%	15.67%	15.70%
Newspaper	23.89%	35.71%	26.12%	18.32%
Mail	35.12%	32.65%	38.81%	26.17%
E-mail	26.38%	23.98%	38.06%	25.13%
Website	19.61%	14.29%	14.93%	13.61%
Facebook	40.46%	32.65%	41.04%	49.73%
Other	5.34%	12.75%	11.94%	12.04%
<b>What programs did you access?</b>				
Car seat	4.64%	3.51%	4.38%	1.57%
SOAR	0%	0.88%	0.73%	NA
Weatherization	7.28%	6.58%	5.11%	9.94%
Rent Assistance	6.79%	12.28%	13.14%	5.23%
EDN	0.50%	0.44%	0%	1.57%
WIC	53.48%	35.09%	29.93%	28.27%
Utility assistance	10.43%	17.54%	10.95%	6.80%
Healthy Families	5.30%	7.02%	6.57%	5.23%
SSVF	0%	0.44%	2.92%	0.50%
Tax Assistance	1.16%	2.63%	1.46%	6.28%
Immunizations	9.11%	7.02%	7.30%	11.51%
Commodities	17.05%	38.60%	30.66%	19.89%
Food Pantries	12.09%	23.68%	20.44%	16.75%
Early Head Start	7.62%	3.07%	18.98%	9.94%
Head Start	27.15%	3.95%	27.01%	30.89%
ACA Navigator	0.83%	0%	0%	NA
Other	0.83%	1.32%	2.92%	1.57%
<b>Overall how would you rate the quality of services you received?</b>				
Excellent	79.84%	86.02%	79.29%	74.86%
Good	18.36%	13.98%	18.57%	22.51%
Fair	1.48%	0%	1.43%	1.04%
Poor	0.33%	0.71%	0%	0.00%

<b>Were you treated with dignity and respect by NENCAP staff?</b>				
Yes	99.51%	98.73%	98.59%	96.85%
No	0.49%	1.27%	1.41%	1.04%
Other				2.61%
<b>Were location hours of office and clinic operation convenient to meet your needs?</b>				
Yes	99.50%	98.31%	99.28%	97.90%
No	0.50%	1.69%	0.72%	2.10%
<b>Did NENCAP staff perform a thorough assessment of your situation and give you information on other NENCAP programs that may be helpful?</b>				
Yes	96.76%	97.29%	94.93%	75.91%
No	3.24%	2.71%	5.07%	7.32%
Not Needed				12.56%
Other				2.61%
<b>Did staff give you information on helpful programs and services outside of NENCAP, including contact information?</b>				
Yes	92.19%	94.25%	88.57%	69.63%
No	7.81%	5.75%	10.71%	10.99%
Not applicable				15.18%
Other				2.09%

<b>How would you rate the staff's overall knowledge of the program?</b>				
Excellent	80.03%	86.03%	75.18%	72.77%
Good	19.13%	13.97%	23.40%	20.41%
Fair	0.67%	0%	0.71%	6.28%
Poor	0.17%	0%	0.71%	0.00%
<b>Based on the services the program could provide, were your needs met?</b>				
Entirely	80.44%	83.41%	72.66%	70.15%
Mostly	18.04%	15.72%	25.18%	24.08%
A few	1.01%	0.87%	0.72%	3.14%
None	0.51%	0%	1.44%	0.52%
Other				1.57%
<b>Were your phone calls and/or messages returned in a timely manner?</b>				
Yes	98.30%	98.19%	97.12%	86.38%
No	1.70%	1.81%	2.16%	1.57%
Other				8.37%
<b>Would you recommend NENCAP to a friend or relative?</b>				
Yes	98.82%	99.57%	97.87%	97.38%
No	1.18%	0.43%	2.13%	2.62%
<b>Do you feel your situation has improved due to the help of NENCAP?</b>				
Yes	98.29%	97.80%	95.62%	94.24%
No	1.71%	2.20%	2.92%	1.57%
Other				4.18%

## Client Satisfaction Survey Comments 2021

What types of services could you and your family benefit from that are not currently offered through NENCAP?

Not sure

As a woman with chronic depression, epilepsy, limited arm movement from surgery and cluster headaches for 27 years I'd suggest a longer term type of help. Some days its a challenge to even shower and no one gets it but for me it's a triumph that they couldn't understand. It would be nice to find a program that dies a quarterly type of help for people like me. I struggle multiple times a year with different issues and when they all hit at once theres no stopping it. It's hard to continually ask for help because I already feel worthless, it'd be easier to ask instead of beg after the fact. Its doesn't feel good to not be able to provide the way I want to. I wish there was an alternative for people like me who want to do but physically can't at times.

None

Diane directed me to ABLE for employment once I am healthy again.

Window replacement Propane. Electric

Smoke alarms provided for families homes, and children's counseling. Also classes for parents on CPR and what to do if kids choke according to their age.

Heating help and food stamps

Creo q lo q ofrecen es satisfactorio

Im not familiar with all the programs. Weve only used a few in the past and present.

Internet for older people over 65

Don't need any other services

Formula milk for mom

She was so helpful!

I wish she could have gotten my medica paper.

None at this time

no other services

They help me with food and other needs I need so (This is what she wrote, not sure she understood question.)

Rent assistance Food pantries utility assistance

I wish they could deliver me the farmers to families food so I don't wait in line and that taxes were 5 days a week.

Is there any denial are that I can look into

none

Todo está perfecto

nada

Enough with the services nencap provided for my family.

everything is great

Yo creo que con el servicio que nos an dado nos a ayudado muchísimo

I have no clue really

Help with utilities

Las platicas

Nothing more

N/A

needing a new basement post (support)

Our old wood siding/fascia doesn't hold paint anymore. Very difficult to keep it painted, too expensive and shouldn't be on ladders. Walls are not insulated well--have ice on inside in winter.

only the help on fixing the bad windows

none

No tengo ideas en mente

renta o deposito para mudar de casa

None, our family has benefited from the WIC program.

I don't know if they replace windows, mine whistle in the wind. I also need help with my basement.

Unknown what is available.

with a little good

help homeowners (Veteran)

Help getting a vehicle

nonoe

Fresh Fruits & Vegetables for Commodities

Don't really know

Don't really know

Electric bill

I'm not sure you could help but there is a need for a taxi type service for the elderly here in Decatur. We need someone who could take people to appointments & shopping.

Don't know what's available

I'm not sure. I have very little knowledge with this stuff sadly

WIC

We don't suffer from hunger.

Estamos bien

Reminding calls or texts.

none

Not sure

beneficios para familias imigrantes

I don't know any other

# Community Forum Survey Results

# Community Forum Survey Data

Rather than holding Focus Groups due to COVID-19. Surveys were sent out to NENCAP Staff, Board Members, Community-Based Organizations, Low-Income Representatives, Educational Institutions, Faith-Based Organizations and Head Start Policy Council in December 2021. The results of the surveys are listed below:

NENCAP Staff, Board Members (no current responses), **Community-Based Organizations**, Low-Income Representatives, **Educational Institutions**, Faith-Based Organizations (no current responses) and Head Start Policy Council, Private Sector or Business

## What conditions in the community benefit low-income families?

Rental assistance and utility assistance

There is a very low unemployment rate, so finding good paying jobs is easy.

A community that is supportive of low-income families becoming self-reliant is key to their success. With supportive services and guidance a family can become stable with or sometimes without subsidies. The community should work as a network covering all service areas such as housing, education, employment, daycare, etc.

Safe housing, access to healthcare, access to safe and reliable child care, means for transportation, available jobs, strong social network/inclusion, access to healthy food

Schools and organizations that help the families out.

free early childhood programs, so working families can maintain jobs.

Food banks, good paying jobs, available shopping that is affordable such as groceries and clothing.

governing bodies that understand the experience of being low-income i.e. not just saying people need to work harder but truly understanding that many things effect and affect those who are low-income; job training programs; safe, quality, affordable child care

Providing food, assistance with housing and utilities, assistance with Day Care and Pre School helps low-income families.

Plentiful job opportunities, housing opportunities, childcare opportunities. Medical and dental care on sliding scale and reasonable right in the community. Access to help/assistance after hours so they don't have to take off work. Knowing exactly where to go to get assistance and not being shamed when they have to ask for help.

Medical, dental, reduced membership fees for gyms and youth sports

**Programs to help them with a hand up not a hand out.**

**Low income housing, transportation, food pantry, meals on wheels, goodwill, vaccine clinics, daycares and preschools, afterschool care, family activities, school programs for kids in transition to staying home, parent supports, school lunch programs, WIC**

**There are a number of grants available the many agencies are using to support low-income families right now especially if they have challenges COVID related**

**toiletries, housing assistance**

**There is a need for information to reach the low income families.**

**Unsure of what this means**

Daycare, transportation, and basic needs

social capital/social support such as groups- libraries, churches, parks, bowling groups etc.

Community Collaborations such as Growing Community Connections.

Food Banks

Many agencies working together.

Community Response provides a central intake.

Food pantries; mobile food pantry; Salvation Army, Goodwill, and local second hand stores to provide affordable clothing and household items; free lunch and breakfast at school

free events such as the blessings holiday shop, the food pantry for holiday meals, free thermometers for families

food & utilities

rental assistanceutility assistancefood assistanceparenting assistancediaper drive

Easy access to services. Affordability of houses/food resources

Food banksHealth care clinics

## How do people in poverty relate or connect to the community?

They connect when they can talk to people who are empathetic and willing to help out anyway possible.

Word of mouth, Schools, City Clerks, Staff Outreach, Flyers, Food Pantries, Landlords

They participate in the same school system.

In my experience people in poverty mainly have a small group of friends and or family that they connect with or they isolate. A lot of individuals feel more welcome in the community when they connect with neighbors, groups or service providers that make them feel welcomed to the community.

Social events and connections, church/religious activities, school events, business dealings, kid activities,

They try to get help from agencies around.

Mainly through the public school system or organizations within each community.

Thru church, school, workplaces.

I feel people in poverty connect to the community through others - by word of mouth or referrals. Another ways would be through the school if their children are old enough to attend and through a church. A Senior Center can be valuable for the older people in the community to make connections.

Some of the people in poverty are very appreciative and others act as though they are entitled to assistance.

Word of mouth, trying to find answers on their own, past experiences with an organization that has helped them. Just trying to get by on little means and hoping someone can help.

Faith, culture, neighborhood

Sometimes for some people, I think it is a pattern of past experience on how they were taught to relate or connect to the community. I also think they don't reach out until the very last minute they need help.

They don't, feel outcasted, denial Free activities, sports scholarships

Many seem to know they have access to resources

There are electronic signs around several areas that let families know of resources in the communities. The schools are great about sending home information and helping families find resources, SCHD Ne is very helpful in helping people find resources, food, kids activities

They struggle as some resources are a challenge for these people

Boost economy. Moral

Word of mouth, church, radio, employment etc.

Through group activities

often primarily through agencies

Schools

Access to information through their school newsletters; churches

their community is their second home and they should be welcomed and treated as if part of the community

community action

through community organizations

They look for services; attend free community events

They need to ask for assistance and not just assume that they will get it

#### **What role should NENCAP and others interested in reducing poverty play in our communities?**

Meeting with people face to face and really listen to their stories. People sometimes do not believe there is poverty in their community and it is more than likely in your community closer than you think.

NENCAP should be at the forefront in providing outreach to the communities by contacting influential people in the community such as Pastors, City Clerks, Chamber, Schools, other Food Pantries and involved in the Continuum of Cares and Coalitions. They can work with people to reduce struggles obtaining/maintaining employment by providing transportation, affordable child-care, and other needs.

NENCAP should continue to provide the services they currently have to help reduce poverty. I feel the wide range of services the agency provides gives support and aid to those in poverty to assist them to self-dependent.

We should be present, available, transparent to services offered, collaboration and partnership, address community needs, fill gaps in services

NENCAP has a lot of things that can help people in poverty, the people just need to ask for help.

We should be the role model for all early childhood services beginning from birth through high school.

Work with the community to provide opportunities for good paying work, affordable decent housing and resources to keep families safe and healthy.

We can be advocates for those who are in poverty by educating the policy makers and community leaders about the realities of poverty. We can also make efforts to include those who are in poverty in planning and events.

NENCAP can help with food, housing, utilities, Head Start, Immunizations, Early Development Services, Healthy Families Program and referrals to meet the clients' needs.

More partnerships with community providers like physicians, clinics, dentist and businesses that can give donations or give their time and/or expertise to solve issues for our customers. Are we on every city's community boards to know what each city needs? Provide a hand up. I.e. if they receive commodities and are able to do any volunteer work or assist other families in any other way establish avenues where they can be part of a solution. Outreach and education, Advocating with policy makers/heads of businesses, present data in terms of "temporary supports"/in a positive light, saying "900 people versus 10% of population"

It's easier said than done. but keep the lower income population 'educated' about being educated. Encourage and promote awareness of staying in school, encouraging interest and learning trades & skills, and keeping health

It is challenging right now with People trying to social distance and stay safe, but in the summer bigger events that have fun games, informational hand outs and helpful supplies are always a great way to reach out rental assistance, utility assistance, food baskets, assisting in getting dental providers to take Medicaid. There are not any providers in community that Nebraska Medicaid.

Educating on how to find and maintain employment, where to seek help, more access to services in the rural communities Widen what qualifies for receiving benefits Do more community culture festivities to invite everyone so they feel welcome and know about the services. To help people and give tips or goals on how to become self sustaining. try to make more people aware of your services. encourage collaborative partnerships between the recipients and their community so they feel connected and can offer social support back Early Childhood programming and other programming.

NENCAP should continue to offer WIC, free immunizations; food pantry; weatherization programs; Head Start Begin to offer Early Head Start to reach more children at a younger age. education of resources community events to establish this exactly what they are doing they help a lot continue offering support and emergency assistance Explain plans and expectations to the plans Stop giving free stuff to people not in poverty. We put furnaces in homes that are nicer than mine and my employees. People are abusing the programs. There are lots of poverty you are not reaching.

#### **What are the benefits to working collaboratively with other agencies to meet client needs?**

Collectively come up with a strategic plan to meet the client needs. By working collaboratively the whole family is assisted, not just individuals No one agency can meet every clients need.

I enjoy working with other agencies because we all learn from each other and work toward providing the support the client needs. Working with other agencies can be a source for other resources that you did not think of or were not aware of. The ability to pool resources to make programs and services stronger, easier to address needs, strengthen partnerships, open communication to better serve communities, builds credibility To see families happy and also to feel good about helping families. To be the best that we can be.

NENCAP cannot provide all needed services and working with other agencies brings a holistic approach to meeting the needs of the poor as well as the needs of the whole community. Partnering lets those who are experts work on projects that they can make succeed. Working as a singular agency that is not possible and more than likely is a duplication of services.

When agencies work together none of them have to be all things to all people. Having good working relationships with other agencies allows for "warm hand-offs" when clients are referred from one agency to another. We can provide all around services for clients by working collaboratively with other agencies. Also, services aren't duplicated this way.

Our resources are limited, collaborations provide a greater pool of resources to choose from. Builds us up as good community neighbors and providers and the money stays here to benefit each community.

Broader reach and resources, but more difficult to make happen

Sharing resources and not duplicating them.

Education, not having to be all things to all people, non-duplication of services, free advertising/referrals, more effectively serve families, potentially build new programs

There are many groups with similar goals, it would be beneficial to really open up lines of communications among 'like minded' agencies & organizations to strengthen their efforts in meeting needs

Collaboration is key to serving our communities, together we can do so much more! We all can use our strengths and resources to support families in the way that is best for them.

system approach to keep clients off the stress in homes, supported with jobs and resources

If all agencies would be able to provide the same information and contacts. It would save time and the person in need could make less phone calls or trips to save money.

Best quality of care

Knowing more resources and referrals.

to share services

Make sure everyone getting the services they need

enhanced population communication to strategic plan better

Reduce number of locations a family needs to go if we avoid duplication of services and work collaboratively to support the family.

When we do not duplicate efforts, we are able to maximize the staff and financial resources in our area.

knowledge for all

we can each help in different ways

then community partners can focus on different areas of assistance needed

The word gets out more and more people are aware of the things that could help their families.

Easier access to resources.

#### **What are the barriers to working collaboratively with other agencies to meet client needs?**

Not knowing what other agencies rules, policies, or protocol.

Programs rules and regulations

I would say primarily getting a clients signature on a Release Of Information can be a problem.

I do not see any barriers to working with other agencies.

Time factor, miscommunication, disagreements, lack of resources

None

Meeting everyone's mandates and expectations.

Groups/Agencies may see needs differently, have a different vision, there may be an unbalances approach to funding and agencies may all be understaffed to achieve the goal.

Requirements/regulations of the funding sources such as whether a program can serve people who are undocumented. Language barriers may exist. Programs may not have the capacity to serve additional people.

It is hard to coordinate calls and clients don't always follow through with their appointments.

Their products/services don't align with our client's needs. They have limited goodwill funds to use and other agencies may already have a partnership with them. Not sure we have enough employees to focus on the efforts of collaborating with other agencies. Time spent is a barrier.

Who is the leader, different rules or goals

Lack of communication. Funding.

Competition for funds, some families may be overwhelmed by multiple providers, keeping up to date with who is where, difference of opinions, logistics, client participation/acceptance of other program

The barriers are there, yes, and identifying them are critical and not easy. Many groups depend on volunteers, but the numbers of, and interest in, volunteering is dwindling. The demand on sources for funding is another factor, there is money, but finding it, competing for it & qualifying has become difficult and time consuming

Good communication is key, not only to the person sharing their story but with each other so we know how we can each help.

The biggest barrier I have seen lately in general is access, online/internet access if a huge barrier for disabled and elderly persons. Many can't access benefits in this way.

Knowing what agency helps the different groups of people that are in need of services.

Poor communication

Not having transportation and not having a stable place to meet us and have to move due to housing.

Duplication of services

no communication.

differing priorities, different stakeholders, overbearing leaders

It takes time to learn all the services and key people to help connect those resources to the right people.

Time to plan; Head Start regulations  
time, COVID

very few / better communication  
the openness to collab.

Not everyone understands the information that needs to be given out or what the program has in it.

A lot of running around and showing abundant documents; There is very little effective collaboration between agencies (e.g. short staff, representatives not available; different times open)

a lot of people you serve do not have internet. They cant find your number to call. They have no idea what NENCAP is or the service you provide.

### **What programs and strategies have been successful in reducing poverty?**

What programs and strategies have been successful in reducing poverty?

The food pantry and the NHAP program

Rent and Utility programs, Food Pantries, WIC, WX, Hd St, EHS, Imms, Healthy Families, Housing Authorities, and referral strategies.

Programs such as Head Start, and Healthy Families by having a 2-generation approach.

I feel all the NENCAP programs are helpful in reducing poverty however the client also needs to be responsible for their success. I personally see value in all programs that provide an aid to assist clients with being self-reliant.

Home Visitation, Rent/Utility assistance, case management, access to healthcare and food

Community action help, food pantries, donations from schools and organizations.

Early Childhood Programs allow families with younger children to be school ready.

Long term case management to help people transition. This may need to be a year or longer. Just getting to a safe place does not keep someone there. They can fall back as soon as one thing goes wrong. To help and manage through those ruff spots will be the success long term.

I feel all of NENCAP's Programs have made an impact in reducing poverty. The "Pink Sheet" is helpful for referrals to clients who walk in asking about assistance.

Project Homeless Connect with directing clients right to the provider. Commodities can help reduce food insecurity, thereby allowing a client to put the money towards housing costs. Access to organizations that can assist in a crisis and beyond. Making education accessible and faith based strategies. There is a study that shows that when a family pays tithing they are lifted out of their circumstances usually moving to a better neighborhood. Serving others and budgeting to pay tithing with a foundation in a higher power empowers them.

I think any program that assists the person with their self worth and sense of accomplishment through volunteering, therapy or training to improve their situation.

Available/affordable quality childcare, available/affordable quality housing, EHS and Head Start, programs with wrap around supports, Sixpence, job training, transportation, flexible employers

Head Start comes to mind right away, and one of the most successful Federal programs ever! But that detail is not well known.

Scholarship programs for low income students have grown and the impact has had to be felt.

Community 'free health screenings' have helped in helping people in need succeed

Providing support before people are actually homeless.

Not sure

Energy assistance, food banks, housing assistance. Financial planning,

LIHEAPRental assistance Deposit assistance Head start and day careRapid rehousing Food assistance

Bus fares paid for and food shortages

community gardens, community thrift stores that donate back to the community, community transport programs, early head start-birth to three, nutritional supplemental programs, public health nursing outreach, community education programs, economic infrastructure building, church outreach, community centers, Community Response, Growing Community Connections.

not sure

nencap & vso

emergency assistanceWIC

Education

Working with high poverty serving organizations. Opens up the doors for others.

### What attracts families to a service or resource?

Empathetic people willing to listen to them

The attraction is need of services. Families are always looking at ways to benefit their family

If the service meets the families needs.

First impressions are very important. Staff should make families feel welcome and that they are in a safe and nonjudgmental environment. Families will come back to work with you if you build a rapport with them.

Welcoming environment, the ability for the service to fill a need, word of mouth

The word "Free".

The need for that service or resource.

Being able to keep their dignity and if it is easy.

Positive word of mouth - testimonials of their friends/family, the service being accessible/not intimidating - staff at the service do not treat people like they are a chore or interruption

Friendly, non-judgmental workers makes a big difference when clients are seeking assistance.

Basic needs of food and medical care like immunizations. Also early childhood education.

Need

An unfulfilled need.

Cultural respect/understanding, cultural/societal norms in NE versus country of origin, parents sharing success with programs, staff being non-judgmental/respectful, Staff ability to communicate with family/client in native language/building relationships and trust

Knowing what is available, easy access to the service - simplifying the qualifying process and going to 'where the people are' all plays a role in successful programs/services.

Trust and word of mouth

Offering of help, non judgmental staff, welcoming staff

If the staff is willing and able to help

Reputation. Benefits

That it is free and are in rural areas.

Their current needs

Word of mouth

Ease of access. Friendliness of the service.

Easy access and the impact on children

location, ease of access, the need for something

advertisement

feeling listened to. getting immediate help with a need.

Information and assistance

Ease of access to apply, Minimal amount of time to apply, ability to send documents electronically themselves/fill out applications on their own.

### What barriers keep families from finding or using services and opportunities?

Transportation

Barriers may be no transportation or have a vehicle but broke down or have no gas to get to meeting, Stigma,

Pride,

Some families lack transportation to the services.

I would say the paperwork is the biggest barrier. Most agencies have their applications online and families today like the online applications.

Lack of transportation, lack of knowledge that services exist and where

Their embarrassment or knowledge of how to ask for help.

child care and transportation

Too much paperwork. Making them feel worthless. Taking too long no matter what causes that.

language barriers, being undocumented/fearing legal repercussions

Some clients don't have a telephone or a car which can be big barriers. Some clients have a mental illness which can be a factor in using services and opportunities.

Time, information, pride, being just on the cusp of making too much money to meeting qualifications. No access to transportation to appointments. Language barriers.

No vision, hope or education

Lack of an established network and easy access to it. Too much bureaucracy.

Transportation, or lack there of. Location of services is critical. A major fear is for those who are here illegally, & the concern about being undocumented along with language barriers

Transportation, pride, knowledge of opportunities

They don't have access to the internet and not knowing where to find help

Cost and accessibility

They are unaware of these services and do not know they are free or don't know English.

Language barriers, not trusting people want to help

transportation

transient lifestyle, perceptions of unfriendly staff, overbearing guidelines,

Having to travel to multiple locations to access supports, lots of paperwork, lack of transportation.

Language barriers - information is needed in Spanish and Korean; lack of internet access

transportation, travel, parental consent, language barriers, no childcare, cost

language

Not understanding how to get the help that is needed

Transportation, locations of organizations, not having all the required documents

no contact feeling judged transportation

Not knowing who/what organizations offer services and opportunities.

### **If you could change one aspect of a program or service, what would it be and why?**

Transportation vouchers

I would like to change the income guidelines for the CSGP program as many elderly are just over the income guidelines. Serve the

Disabled - which should be an automatic eligibility just like those that receive LIHEAP or Medicare/Medicaid

I would include either transportation to services or bring services to families.

I would provide online applications along with paper applications. I would also condense the applications because they tend to be repetitive and you are answering the same information several times on several forms or sometimes on the same form.

Entry ways into offices could be more welcoming with water, snacks, comfortable chairs, plants, calming environment.

Nothing at this time.

enough funding to meet the service needs.

Deep training for two or three in-take people so that the client is respected, quick to get services and the client gets to the right program or programs quickly to be served.

Have faster computers for WIC and Immunizations to speed up the time spent waiting for the computers to respond so client's can be better served.

As an organization, I think we could hold evening clinics/information events for the community to come talk to us.

The bureaucratic hoops sometimes are like a full time job

The client if able would exchange voluntarism for commodities or other services.

Adequate funding that would assure 'free health screening' services would be available year 'round....along with assistance to

offer follow up care to people who need it. However, free services are not the answer, the answer is a better informed

population that is educated and trained in useful skills.

Try to help the people not to rely on just the resources but to try to better themselves

More transportation options

Lead more with compassion and understanding.

Need more people to be aware of the services especially the different racial groups.

have programs include goal setting and accountability- important motivators and mechanisms for behavior change

Ease of access

Expand your services to communities outside of Norfolk

more education in the community on a monthly setting that brings in education about services and provides daycare so the parent can understand and become informed of any options they have

More education and information for the workers and the community

Easier time apply for programs and better assistance with being able to send an application to Medicaid, SNAP, ADC at time of visit instead of sending them to another agency to complete.

I am familiar with the furnace program. You should stop using the State energy standards, and just put in furnaces that meet local code or standard install practices.

Reaching more elderly with these programs. These are the people with fixed incomes that do not or have limited abilities to supplement their fixed income. We need to start taking care of our elderly and making them MORE of a priority. These are the people that will suffer in silence and are too proud to ask for help. They may be technology challenged or need help filling out applications. With the rising cost of groceries, utilities and professional fees, our elderly need help that Social Security benefits are not taking into account with increase in payments. Young people have access to discounted or free childcare, food stamps and low income housing where the system is rigged to give our elderly just enough to not qualify for state programs that are offered to people with the abilities to get job but are choosing to make decisions and have others support those choices rather accepting the challenges of those choices like others have had to do before them.

# CARES/COVID-19 COMMUNITY NEEDS ASSESSMENT

Surveys were made available in April 2020 to NENCAP's service provider partners. There were 102 responses. The results to the survey are shown below.

What county or counties in the NENCAP service area do you provide services in? Please check all that apply.		
Answer Choice	Responses	Responses Percent
Antelope	13	13.83%
Burt	19	20.21
Cedar	14	14.89
Cuming	21	22.34
Dakota	45	47.87
Dixon	18	19.15
Dodge	19	20.21
Knox	21	22.34
Madison	29	30.85
Pierce	16	17.02
Stanton	19	20.21
Thurston	32	34.04
Washington	21	22.34
Wayne	26	27.66
To the best of your knowledge do you serve households that would be below 200% Federal Poverty Level (FPL)?		
Yes	79	84.04%
No	15	15.96%
Have you seen needs increase for individuals over 60 years old?		
A great deal	15	15.96%
A lot	11	11.70%
A little	41	43.62%
None at all	25	26.60%
Are you seeing increased needs for pregnant women?		
A great deal	7	7.45%
A lot	9	9.57%
A little	46	48.94%
None at all	30	31.91%

Do you believe there have been increased barriers to medical supplies and medications?		
A great deal	18	19.35%
A lot	27	29.03%
A little	38	40.86%
None at all	10	10.75%
Have you seen an increase in loss of employment in your area?		
A great deal	25	26.60%
A lot	31	32.98%
A little	34	36.17%
None at all	4	4.26%
Do you believe families could benefit from a technology lab available by appointment?		
A great deal	23	24.21%
A lot	28	29.47%
A little	39	41.05%
None at all	5	5.26%
Are people aware of how to apply for unemployment (including those who are not traditionally eligible for unemployment)?		
A great deal	8	8.42%
A lot	19	20.0%
A little	64	67.37%
None at all	4	4.21%
Have families been able to meet their daily household needs during COVID-19 restrictions?		
A great deal	2	2.15%
A lot	38	40.86%
A little	47	50.54%
None at all	5	5.38%
Are families experiencing food shortages?		
A great deal	9	9.57%
A lot	21	22.34%
A little	53	56.38%

None at all	11	11.70%
Are you seeing an increase in housing instability or homelessness?		
A great deal	4	4.35%
A lot	14	15.22%
A little	41	44.57%
None at all	33	35.87%
What are the greatest challenges households are facing? Check all that apply.		
Accessing food	59	62.77%
Transportation to access food	36	38.30%
Hygiene or personal care items	46	48.94%
Medical needs	36	38.30%
Medication Assistance	29	30.85%
Paying rent or mortgage	66	70.21%
Paying utilities	72.34%	68%
Childcare	57	60.64%
Transportation	32	34.04%
Do you feel families are knowledgeable of the resources available in their area?		
A great deal	7	7.61%
A lot	19	20.65%
A little	68.48%	63
None at all	3	3.26%

**What common needs are you seeing for individuals over 60 years old?**

Rent assistance and referrals to be able to get food. Funding to pay for prescription medication & transportation to medical appointments.

Daily essentials, masks, difficulty in attending regular doctor appointments, etc.

Personal protective equipment - gloves and face masks and hand sanitizers, disinfectant wipes, etc.

Housing or assisted living area

Health care, daily tasks, money

Food

Childcare, medical care, basic needs

Delivery services so they can stay home.

Medical

Need parenting support - raising grandchildren, financial support and mental health therapy.

Food, Rent

food, housing

APS cases, needing guardians in place for the elderly

Food supplies for Sr. Center in Macy

Food and basic needs

transportation, meds, help around their homes inside/out

groceries

due to their health they need people helping them get food, items they may need, they are worried of getting the coronavirus

I only work with young children and families so I don't know data regarding this demographic.

food insecurity

Delivered Goods and Running Errands

Elderly living on Social Security are unable to afford the up keep and ultimate replacement cost of HVAC equipment that would help with heating and cooling costs. As well as the replacement of Water Heater that are not repairable.

Needing food, like our Commodities Program. Not being able to go to the grocery store, due to ride-COVID exposure, not being able to see family/etc.

Income assistance for widows/widowers who lost their mate, were living on two s/s checks and now have only one income.

Mostly food need

Fear, isolation. Not able to get to resources. (groceries, mail at Post office, medications)

Homeless Individuals that are older than 60. Also Individuals that need help with rental/utility payments that are over 60.

I don't work with this age group

Employees 60+ years are scared, worry about coming to work.

Grocery needs.

Having to choose between food and medicine

Food, rent and utility assistance

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Food utility assistance basic needs items

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people are staying home but they are reluctant to be out for groceries etc due to risk of exposure; problem for couple families where all were tested positive-how do they go out to get groceries, some needed to pick up prescriptions, had a couple where one pos/one neg and negative became sick-needed to come be seen but no one available to bring as spouse was quarantined.

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seeking treatment for depression and anxiety

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transportation, and ability to get to the grocery store, pharmacy etc. due to the virus recommendations.

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food

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Food and rental needs

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Currently questions about canning and gardening

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It's been very surprising to me that we haven't seen an increase in needs but we I think we are only beginning. I would anticipate an increase in the near future and at least by Fall when the 2nd round gets here.

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help with medications and medical appointments/bills, running errands

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Food ( I think they are afraid to run out)

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Food/Medical Care

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I do not work with people in this age demographic.

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Cleaning supplies, toilet paper, food, paper goods money

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We don't routinely work with this population.

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Needing people to do errands for them, because they don't feel comfortable.

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Someone to talk to during this time, staying connected with others during isolation, activities for them to do to keep busy

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**What common needs are you seeing amongst pregnant women?**

Being able to access offices that are closed (WIC, Basic Needs).

mental support, prenatal support

N/A

Programs to get them ready to be a mom

Parenting support, mental health therapy/ support, and have financial needs.

Formula

Prenatal Care, housing and financial assistance while and after birth.

Support for diapers and food

They have limited funds, need for food from our food pantry, need for assistance for paying bills

I feel they are currently scared with the covid-19

We serve a high demographic of mothers under the age of 26 that don't have access to prenatal care due to bouncing back and forth between qualifying for Medicaid coverage.

food insecurity - job loss

the usual, food, housing assistance, Medicid.

Mostly formula

needing comfort and reassurance, that their baby will be able to stay healthy after birth. Wondering if they will be able to have their spouse/mother/support in the delivery room, or if they will be alone. Struggling more with postpartum depression as they won't have the physical support of others to help in those first weeks home.

More pregnancies, formula, food

Assistance with WIC

We only have one pregnant staff member and she is staying home.

More clients needing WIC services

concern for being out for groceries, child care, work and risk of exposure. Reluctance to come to clinic for appts due to potential risk of expos.

Anxiety for the safety for a safe delivery for the baby and family health.

No one to help watch kids when the go to Doctor apt and they are scared of getting sick

Access to diapers, wipes and child care.

Formula

Baby clothes, diapers, cribs, blankets nutritional food

That no one can be in the delivery room with them when the baby is born. They want that support.

prenatal care, lack of access to quality food.

## What barriers has social distancing placed on overall health (physical activity, mental health, etc.)?

Loneliness and isolation. Delay in ability to get services and meet with someone.

Public parks, walking trails, etc have been shut down, limiting lots of great opportunity for physical activity. Almost all stores have been shut down, and if they haven't shut down then they have limited their opening hours. Children are slowly no longer being allowed into stores, so families are finding it difficult to make it to the store to meet their essential needs. I think the combination of everything shutting down has caused a mental health drain on everyone.

mental health

limits physical activity.

depression

There is simply no replacement for human touch. Mental Health has suffered a great deal as well as relapse prevention services. Food Insecurity, job insecurity and increased stress all affect the ability of families to remain mentally healthy and strong and the risk of child maltreatment has exponentially increased.

educational opportunities, not getting out, socializing is limited to technology that we are trying to get teens off of.

I think a lot of people are struggling with mental health issues due to the lack of being able to be around people. Coffee hour, book clubs, card nights, golf, etc are all put on hold and this lack of socialization takes a toll on mental health.

Tele-health is available but people lack devices and internet/solid phone service

Mental and physical health, especially of seniors and children, particularly family members of packing plant employees

People need to be with family and friends

People are less active and using computers/devices more. Mental health is a huge concern. People may be suffering alone due to COVID 19 and the stay home recommendation.

Many families are without work, without childcare, and without emotional support at times. This can affect families wellbeing as well as their mental health.

Mental health issues have arisen due to isolation.

It's what people make of it. You can still get exercise by walking, running. Mental health, yes, people that are not able to go to work are worried about finances. People that are going to work are worried about contracting COVID-19 and bringing it home to their families. It feels like a no win situation.

Mental health

not being able to have face to face contact with clients and also clients not getting mental health needs met

Lower physical health higher mental health needs

mental health, coaching or classes to improve parenting and mental health are not available, lack of physical activity, normal activities, library etc

mental health concerns, increased domestic violence, physical activity

People are more scared about COVID-19. they miss their routines, the people they interact with, the options for physical activity

depression leading to attempted suicides, financial issues leading to homelessness and lack of food

Mental Health based on FB communications

Some don't leave their houses, stressed out because they are not working, can't go anywhere

Mental health I think with being stuck in homes, not being able to see family and friends.

It seems to be more difficult to go out and play with friends, meet up with friends to visit and check in on each other with this virus. It's hard being in our home and not around people

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#### Mental health

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Families living in small environments ie. apartments, trailers etc. not able to get physical activity due to lack of accessibility to do so.

some children do not have a yard to play in so they need a park to play, but a lot of parks are closed due to Covid. Many of elders who are in nursing homes rely heavy on their family members coming to see them for reassurance and happiness but the no visitor policy has come into place. Plenty of people utilize public gyms for fitness with equipment they don't have at their home.

social isolation, stress, weight gain, loss of physical activity, limited activities in home, worried about increase child abuse, over eating under active, increased alcohol consumption

is lots in all areas

Not being able to spend time with other family & friends

people are not getting their physical activity, and some people may suffer from anxiety attack or depredation.

its difficult to find face masks, gloves, hand sanitizer. People may not be exercising, they may feel sad with everything going or not being able to be near family members.

people living in poverty especially have struggles accessing prescriptions for mental health needs, when funds get low then they stop taking their meds

tele health has taken over, which can work for those with the ability to use it. However, many medical clinics, dental offices, and mental health practitioners are not seeing patients unless they have access to tele health

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#### Mental health and well-being

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#### Mental health

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Clearly prolong isolation from human contact isn't ideal for anyone that struggles to ask for help and it only aids in the lack of help they receive without the advocates for these individuals having to keep their distance. No receiving the help needed only contributes to the decline of ones physical and mental help.

mental health in relation to not being to work/stress over finances

Being social distanced from others can play a part in depression and anxiety.

It's affected everything, GREATLY. The continued exposure of COVID and it spreading in our county is frightening. Some families have lost their jobs, have no income coming in, unable to leave our homes and apply social distancing. This has affected every topic imaginable.

In our area just practicing the guidelines is followed quite well so other than people in nursing homes being alone, I don't believe people are skipping walking or having mental pressures.

not being able to seek appropriate medical attention

Mental health for most of the people.

Increased physical activity with many going for walks/riding bikes. Struggles with mental health, depression and anxiety. Fear of the unknown. not being able to have the comfort/support of those around us.

I have a client that is almost legally blind. He was going to appointments in Fremont that was helping his eye site. Now that they aren't meeting his eye site has gotten worse than what it was before. I have also seen a couple of clients that their moods have changed a lot. I have suggested them calling the Suicide Line and other Mental Health Resources.

limit physical activity time, mental health worsening unable to get support, or assistance w/child care and senior care

I have seem more people walking, but stress is increasing.

Social distancing and isolation are hard mentally on people.

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Our athletic facilities are closed so no access available.

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Increases in anxiety. People are not taking social distancing seriously and are causing distress to others.

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Not being able to see friends as much.

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Mental health is suffering greatly. There is a substantial increase in domestic violence. Tension is growing.

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Lack of exercise, weight gain, depression and anxiety.

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Social Distancing, not being able to see family

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unable to get exercise, over the counter meds, afraid to get medical attention

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several seniors are staying home so little social interaction, anxiety, they are reluctant to come in for needed appts i.e. INR for coumadin therapy, post hospitalization follow up etc

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individuals are reported deficits in supply of pain medications and some increase in co-pay

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mental health issues, the weather has been pretty good so people have been able to get out and walk and exercise.

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no activity & depression

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Barriers that has caused overall health that I have seen increase is mental health.

---

Honestly in my community it has slowed down the people being out a little bit but not much.

---

Mental health for employees and clients has decreased.

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Anxiety and the unknown of what to expect

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mental health and lack of physical activity

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Strictly depends on individual and their situation - if they were struggling before they are struggling more now and seem to be less positive about the future - lack of income affects their outlook and struggling with having kids 24/7

---

Mental health. Fear, stress. Physical activity has decreased and poor eating habits have increased due to staying home.

---

isolation is causing many to experience depression that they have not experienced before and they are not able to get to or access mental health professionals

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Not able to see their families.

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Mental health mostly

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I think people are starting to have a hard time not seeing people and having daily interactions with people

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Not being able to access gyms, parks, walking trails.

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Social distancing has made it more difficult for individuals to attend appointments.

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decreased physical activity and contributing to a lot of mental health issues

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Mental health

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I feel social distancing has further isolated people who are already on the margins. I also think parents are using social distancing as an excuse for not going outside with their children and increased screen time.

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physical and mental health

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Telehealth is difficult for some, they need the face to face in person interaction. Mental health needs are increasing as anxiety and depression set in for some who cannot maintain their normal life routines and the worry about income plays a large role.

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It has hurt our elders mental health by leaving them along without social interactions. The community as a whole is scared and unsure of what's going to happen leaving them with sleepless nights.

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Follow through on well-child checks, immunizations, prenatal checks

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Mental Health of being unable to socialize

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I feel the mental health of the elderly are greatly affected

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Physical & mental health and financial hardship.

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Internet and devices

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More of my clients are suffering mental health issues due to all the changes and social distancing

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There's no gyms open, so although yes people can take walks etc, they don't have access to the machines they were using. I've seen people that have anxiety and depression that are unable to get their medication, and or see a doctor at this time, have many break downs.

---

With gyms and malls closed, it is difficult to get exercise when the weather is bad. Single moms need a break from their children and can not get one, the demands to work from home and also teach children schoolwork has played a toll on mental health. In addition, elders are lonely and bored.

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Many are not being active or participating in social activities via technology. Increase in substance use and depression.

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## What long terms needs do you see in the area of employment in your area?

Employers that pay a living wage and provide opportunity for advancement.

Factory productions have been limited to or paused. It is going to take awhile to get these productions up and running again.

employees who want to clean and disinfect to protect the public.

Space or Area

higher pay for lower skilled, but essential positions like front desk or fast food and delivery drivers - but not so high that it disqualifies them for other benefits because then they would fall into the gap of working to self sufficiency but going backward financially.

consistent paying jobs that can help pay bills

We are a very tourism driven town and there has been a huge decrease in employment by not having as many tourists coming through the area.

Everyone needs money to live

A concern for the cattle/hog industry. A way to safely keep the packing plants open so production can continue. Help for farmers facing these issues.

I'm not sure

Retraining, need small businesses to reopen.

Businesses need to be able to safely reopen. The community needs to feel comfortable going into businesses, knowing that their health is not at risk.

Catching up on bills for those that are unemployed.

More jobs

Financial Recovery

Sustainable housing to keep employees here

Once the pandemic has subsided I think it will be a difficult transition to get some of the population back to work, if there is still work for them to do.

More employment opportunities

With the casino shut down - many families only have one or none incomes.

Need to open back up so everyone can go back to work!! Afraid small businesses may have to permanently close

Rent assistant, job searches

Bring in bigger companies that can employ several people year round. Bring in more business opportunities for our town.

Great partnership

Public housing, medical services & grocery stores.

people need get healthy and get back to work

full time and long term employment

PPE for the future clinics opening up

the lack of childcare

Many of the parents that access our programs have lost employment during the pandemic due to employment locations being closed. Many of these were families that were already struggling so this is going to create even more heightened needs for them.

a lot of college students went home. As businesses open back up there might not be enough people/enough willing people to work those minimum wage jobs

More plans for if this happens again in the fall or future

Nothing

It was difficult enough prior to this pandemic to find and get people that WANTED to work with the benefits that go above their normal take home income that people are being offered, it will be difficult to get the people that didn't want to work before this crisis to go back to their regular earning potential.

People accepting jobs and continuing with employment by reporting to work

unemployment funds, food assistance

Employees who's workplaces are now closed, or have limited staff have no jobs (food industry especially)

I would guess some small businesses may not recover, causing a need for both the owners and their employees.

More monetary help for people that lost their jobs.

childcare for parents still working, many daycares closing and not being able to continue to pay their staff. Bars and restaurants employing younger people who may not have much savings built up. Those places also losing a lot of business in not being able to be open or only offer carry out.

Retraining. Help with resumes, filling out applications.

There isn't enough employment at this time. People are getting laid off and cannot find anywhere to work so their financial needs are getting worse. Some are worried that if they get laid off now their employers will not take them back. They are also worried that when they put this on their Resume that it will look bad also.

Better benefits and flexibility

financial support for businesses so they can open or remain open for the long term.

Need masks and gloves

Rural Nebraska lacks universal access to Internet. So communications, online economic development, online jobs, are all lacking for our people.

Long term unemployment benefits.

Jobs

Entry level jobs.

Some small business that have closed may never reopen so fewer jobs

Most businesses have remained open

Many will remain unemployed or will have a extended leave time, and/or will not receive any unemployment benefits. Causes a trickle down effect for food, housing costs, car payments, etc

lack of opportunity for employment due to closed businesses

I think most people will go back to work after the country restarts. Small businesses were hurt most, and many were just recovering from the flood last year. Day care providers are an issue with an increased demand. and/or they are hurting because people are home with their children due to school closings.

unemployment

re- employment with businesses that have closed

I see people needing to go back to work and open their businesses back up.

Being able to hire employees or retain employees due to lack of childcare or need to assist children of school age at home to "home school"

Businesses closed due to governors recommendations, but some owners are wondering how they will financially re-open and how to tell their employees that they might re-open

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and thus they won't have a job to come back to – for now they are still looking at options but reality of no income and all the expenses to be paid without a payroll is still overwhelming to them.

---

I think it will correct once the pandemic subsides unless the small businesses cannot survive the closures right now.

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waiting period of unemployment has been unusually prolonged so individuals who have otherwise be able to sustain with that income cannot currently due to not benefits being received

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None

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I have seen a lot of small business that have to close there doors.

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N/a

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Individuals are laid off due to the virus. Businesses need to be open again so individuals can return to work.

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employment

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Business need to open back up.

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I think more jobs need to either pay their employees or offer jobs for them such as working from home and paying them that way.

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Access to quality child care.

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Rent assistance for those that cannot pay as they do not have a job right now and unemployment is not going through. This is probably our number one concern along with utility payments. Groceries seem to be fine as of now.

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Funding for the people that have been laid off due to the coronavirus.

---

unsure

---

College students have lost their part time employment and income for food and ability to pay rent

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Unemployment benefits. Families getting back to normal work life routine.

---

Not sure

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Although daycares are still open, because parents are no longer working, the daycare is losing kids/money. Staff in daycares, are being laid off, because they're unable to afford to pay them.

---

Some businesses are closing down.

---

assistance to provide help with families paying bills. childcare assistance.

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**What may be needed to allow more workers to work remotely?**

Technology help, accessibility and quality reliable internet

Stronger/faster internet connections, communication devices such as computers, phones, etc.

more PPE for they own safety

higher speed internet service and ways to communicate- laptops, etc.

wifi capability unlimited data cell phone reception

higher bandwidth internet services

better internet!

internet service (reduced cost, accessibility, bandwidth)

Nothing-Cant run casino remotely to my knowledge

Depends on the job

Updated devices and good internet.

Proper working devices for each worker.

Free internet services- maybe include in city utilities.

Access to the needed technology and internet access. Not everyone has the means to accommodate that.

Resources

Wifi connections and also laptops or other computer devices

none

not sure

equipment, technology, internet, funding

computers, internet access

I don't know how you create remote work for service industries - but we need to start thinking about this.

Better internet service

computers, printers

laptops I think.

More affordable internet in North Bend. At this time, Great Plains communications is the only option for the most reliable and stable internet provider. I think they need good competition to bring their internet price lower and higher speeds for our people.

N/A

Better access to their own laptops from their job

dont know

a computer

devices, internet access

access to internet that is reliable

Hotspots/Stable wifi

Computers

I do not have an answer to this question as our service is a hands on type of industry so remote working isn't an option in our field of HVAC repair and installs.

Not sure

Help from their employers on the right devices, or software to be able to work from home.

Work plan agreements at home, access to a laptop or computer, access to a phone line

Certainly hi speed, hi traffic volume internet.

lap top,

More equipment.

faster/access to internet. computers/devices. Mental health support for parents also caring for children while still working

Computers, WIFI, Printers

work laptops and VPN for internet

Jobs that allow them to work remotely.

Laptop computers

Universal Internet Access for all would significantly change the economic opportunities.

Businesses in the area cannot work remotely.

I think we have enough to work remotely.

Internet, wifi, and equipment.

printers and fax machines

affordable internet and access to laptops

Technology that is affordable and accessible

access to computers and internet

more broadband. .... internet and cell phone service are not great in our area. More education on technology usage, google voice, zooms, box for those that are new to this. I think some of this will be the new norm for a while.

more computers

internet

More access to affordable internet and some people don't already have the technology at home so they need their employers to provide such technology.

The technology

Better safety rules and compassion to employees

Better internet connectivity and training on using remote technology

No all employers have work for employees to do remotely. Other issue is if employee doesn't have internet to home - cost of setting it up and local providers are not coming into the home, so they leave the equipment at the door and then call the person to walk them through how to set up the equipment - if your technology skills are low - this is another struggle to work. Getting on community hot spots is not always an easy task to -- not enough hot spots

Technology classes. Access to high speed Internet. More opportunities to work remotely. More thinking outside the box and learning from others (businesses) on how to make remote working successful.

internet access, technology equipment, office supplies

Employers allowing them to

Not sure I know a lot of friends that still go to work at banks , court house and factories.

Free internet services or equipment from employers

Internet connection, laptops, printer/scanner, phone. Online applications!!!!

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better internet services

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Laptops and faster, more reliable and more affordable internet

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Masks and 6ft or more distance

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Expanded wi-fi coverage.

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Technology, iPads, computers, cellphones. Many counseling agencies are looking for more iPads, laptops, etc. for their telehealth needs.

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Free internet access, and technology to use.

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internet access, updated technology (hardware and software), training on how to appropriately use company-owned devices and technology

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Internet access

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access to good internet and laptops

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More ipads, laptops, surface pros etc. As well as internet access.

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Internet

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technology, internet access

---

Unsure

---

Printers, adequate workspace - many use their kitchen tables.

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funds to purchase additional computers, wifi

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## **What educational technology needs do families have to carry on remote learning when schools are not physically open?**

Reliable in-home internet. A central location is not helpful if they don't have the transportation to it and are caring for younger children at the time.

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Internet and computer access.

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social media groups

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computers and internet services

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computers wifi

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internet access, technology access, but greater than that older siblings are caring for younger so their time is often occupied by other responsibilities which would not be the case if their younger siblings were in school

---

more laptops and internet to hold all the new technology

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Many of our families have multiple students and limited incomes. Devices and internet service is an issue. Many of the families only use their phone data for internet.

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MANY need unlimited data and more devices. One device per household with 6 kids does not make learning possible

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Language and technology assistance for parents who are unfamiliar with academic technology.

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Hopefully computers are available

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This is a huge concern for families. Some need technical support. Others need support with the amount of work being sent home. This needs to be evaluated nation wide.

---

I think some families may not have wifi, as well as working devices for their needs.

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Language barrier, parents need to be able to stay home in order to provide education to children. Parents may need some education to provide schoolwork.

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There are a lot of families that may not have computers, iPad, tablets, or internet services needed to do home-schooling.

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Electronics, internet, books

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more one on one zooms with teachers and resources to get internet and or computers

---

some access through kids devices, but not all; parents do not have technology available; no longer use library or other computer lab, fax, copy, points

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internet access, technology access (computer, tablet, etc.)

---

majority of our families do not have computers or access to online learning due to lack of finances

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NICC has tried to make sure that the dual credit students, enrichment students and credential seeking students have what they need. Internet access in Thurston County needs to be addressed. ABBN is not the right answer.

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Service

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Answers to questions concerning their child's learning, some don't have internet

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The access to internet and resources to help parents with the home work itself.

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stable, reliable internet service. Fast internet so multiple children can use the internet at one time and get the work completed. Also a larger broadband so multiple users do not drag down the system. The families need to feel they can ask for help and assistance for technology issues without judgement and have the questions answered by someone that will explain in simple terms.

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Packets

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Online tutoring for all subjects & take home packets

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internet, home computers, way to call without giving out cell phone to everyone

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Have a computer at home

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Internet

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been able to understand English language, the families might need ESL courses

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devices are largely being provided through the school system so that biggest need is the internet access

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access to internet, access to devices. Many families use only a phone as their internet connection. Students need devices, printers, and reliable internet services.

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Day care and free meals.

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Computers

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Students need Wifi and technology adequate computer/laptop. There has to be a system and a learning plan in place as well as a clear direct access to resources for children to be successful with anything in life and parents/caregivers need to be educated on how and where to find these resources as well to be able to assist in the success of each child.

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Accessible internet and laptop availability

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Interaction from school teachers and staff, and the ability to get learning packets

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computer labs, laptops, etc.

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Internet in remote areas (farms,) wifi

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internet and a computer or tablet

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Most people don't know how to use a computer

---

computers/devices with access to internet. takes younger children much longer to type their answers, so maybe some type of talk to text option? Books, a concrete schedule to follow, specific instructions to lessons or zoom meetings with teachers teaching a concept. Parents are not equipped to teach specific math concepts. which creates frustration and a negative environment at home.

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Internet for children to be able to do online classes and meetings.

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learn how to navigate and help children with homework

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It seems that most schools have a plan to continue on with learning, however the parents may not necessarily respond to the schools or ensure children are continuing on with their learning.

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Internet access in their homes

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More physical homework with a timely check in by an educator.

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Their smart phones/ipads/computers

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Internet service

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Money for internet access and additional computers

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affordable internet speed to allow multiple computers access

---

access to internet, computers or tablets

---

access to computers and internet

---

They will need more chromebook/ipad or lap tops available. Maybe for check out. Some schools have these for students, but not all. also more education on how to use these new programs, zoom, box, google voice etc.

---

computers

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computer skills comprehension of English

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Some have tablets, phones and some have computers but I think there are a lot of families that don't have that kind of stuff as well.

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Internet and tablets

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Internet connections and education to parents to be able to assist children

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Middle school and high school technology is provided by the school - elementary school is different and most are doing work sheets which probably isn't the best type of option to inspire children to learn - Plus parents are not prepared to teach - technology is not the only issue here - perhaps providing unlimited data packages would be a better solution than offering more technology -- help them expand the cell phone or i-pads or whatever they are currently using.

---

Not sure but I believe there are a lot of people (parents) who are not tech savvy, especially on a computer. I would also think that the way kids are taught now is different than when the parents were taught so I'm sure there's frustration from parents with understanding how to help their kids with their work.

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same type of needs as #9

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Unsure

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Our school has been using zoom, google classroom, word doc I know lots of families are having a hard time getting their kids to sit and do the work.

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Educational websites or platforms.

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computer and internet

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better internet, options for students that are struggling to work individually with teachers

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Laptops and access to internet

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Some families don't have ways of getting to a computer or phone and have no ways of helping their children learn because of that issue or because wifi isn't available for them.

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Many families do not have wi-fi in their homes. Not every child who needs a laptop or tablet for school has access to one.

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wifi

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Having an internet provider that provides cheap/free internet for the rest of the school year would benefit our community.

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Enrichment packets that teachers have put together for their students. We were not able to do E-learning due to lack of funding for our community.

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internet access, hardware, and software

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Blair Community Schools has met the needs of families

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I think most families rely on their cell phones.

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Internet

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internet access

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Computers, IPADS, many schools are sending written worksheets home.

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Needing a phone or tablet for children to do their online activities.

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wifi access tech access

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**What challenges have you had in delivering services to clients?**

clients unfamiliar with video conferencing and nervous about accessing different programs on their phone.

None

not at all

no challenges for myself.

lack of computers by families lack of wifi cell phone strength

Virtual Home Visits can only be so effective - there is so substitute for human contact

responses from students and their families

communication (or lack of)

Lack of devices in a timely manner

None

Not being able to connect remotely. Language barriers.

Some clients do not have email, have changed numbers without letting us know, or do not respond to calls, texts, emails.

Time

No internet services, difficult mode of service for children, clients have had phone service cut so finding them can be difficult.

Families are frustrated that they cannot physically see their children. Working through their frustrations, getting families set up with virtual visits.

Having proper equipment, masks and gloves

not being able to meet face to face and also losing contact with some clients

Delivery

barriers with technology, physical contact restrictions

going into homes without knowing if they have been exposed to covid19

technology skills

Internet Service

They can't sign documents

none really. Except I get a lot of request for food.

I work at the local library. We have been able to help people that need a computer and the internet for unemployment. Our challenge is that our wi-fi slows down sometimes when we are not open. I have asked our computer IT person and they do not know why this happens.

None

None

not enough hours in the day

financial

Not being available to clients in their area

been able to receive a respond from them by phone or text

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not getting the in person face to face interactions that are so important

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not all families have access to reliable internet or devices, despite the school offering both at no cost. Education is not the biggest concern of many students and families at this time.

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Clients not being home

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Nothing

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We have been very fortunate that we have only ran into one situation where a customer had been exposed to the virus and we were unable to help him because every service person I have is married with small children that they go home to every day. We simply can not send any one of them into that situation as we are a small business and everyone of them are essential. Exposing them to service one person could have the potential of having them fall ill and wouldn't allow many many others to go without service.

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Involvement from families

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N/A

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everything is over the phone, no in-person contact. explaining things over the phone, asking questions, conversations being loud or distracting trying to figure the issues, delayed services

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Having the court house closed to the public.

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updated information. Phone coverage

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People not able to send proofs via email, due to not knowing how to use a computer.

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not having access to our building/able to make copies of activities to send home. Some families do not answer/want contact. limited access to our translator to contact DLL families

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It's hard to judge needs when you can't actually see people.

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Not being able to go visit the clients. Food Pantries aren't bad because we set them outside and they come to get them. Most of my challenges come from not seeing clients. Not being able to communicate with them other than talking with them through the phone.

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language barriers, no access to internet or access to internet but don't know how to navigate or use it or how to use email.

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Families are not able to keep appointments due to fear of contracting the virus.

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Need current heights and weights and Hemoglobins and can't do over the phone.

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Internet access

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Social distancing has been a challenge.

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none

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Not able to meet with them face-to-face.

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Difficult determining all needs when not allowed to see the actual environment

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So far everyone has adjusted to appointments and relying on the mail

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Them not qualifying for current programs, transportation, documents needed to apply

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Patient anxiety, transportation, pts keeping up to date with what is current w/ pandemic mgt

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clients report lack of transportation and/or gas money

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Just the lack of knowledge in how to use technology. ie. board meetings. but we had a tutorial and it is improving. And people need to trust that their employees are doing their job. Everyone appreciates the opportunity to work at home I think.

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reaching out

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personal face to face interaction

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If we need a parents' signature, some may not have access to printer or scanner. With the coronavirus its hard because we need to avoid in person interactions to get a signature. I personally don't want to knock on their door and talk with them because you don't know if they

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have the virus. I also don't have a printer at home so I need to go to the office which I really don't want to with the high number of cases of coronavirus.

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Getting people to answer the phone and talking with me. I think part of it is people are afraid to admit they need assistance and they never did before.

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Contacts between families.

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None

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social distancing, language barriers,

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Working remotely - zoom after zoom - need I say more???? Calling clients and since they may not know my cell phone they don't answer the call - no different than me -- if I don't recognize the number I don't answer it and wait to see if the person leaves a message.

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None at this time .

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Adapting to screening clients over the phone and accessing required documents, signatures, etc electronically

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N/A

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No possible way of distancing

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Mental health : People are right now I feel are stressed with home schooling , working from home and not seeing people I think the change is affecting everyone.

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Distancing

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They do not have access to computers or internet. They do not fill out the NHAP app correctly or they do not sign where needed. Waiting on the mail. An online application would be a big help.

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less availability uncertainty

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Lack of proper PPE

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I haven't had to deliver any items or services to clients. So I can't give you an answer to this.

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I have found that newer clients, with whom I do not have an established relationship, are not keeping scheduled "visits". I also am not able to demonstrate things as the majority of my clients have chosen phone calls over video calls.

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Not being physically present but zoom works well

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Doing our application over the phone or online has been challenging but we have a system that seems to work for now.

---

I have been in contact with my parents via phone calls, emails, and text messaging

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reliable internet access

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Worrying about health & safety of myself and the clients. Many families do not respond or communicate back to us.

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Some don't have internet so we have to meet with them over phone

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none

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None

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Not being able to take them shopping for groceries or to appointments since our agency is on a travel ban.

---

inability to reach many of them without going directly to their homes.

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## What items/programs are required to help families meet their needs?

We have provided families with diapers, wipes, and baby formula during our closure. Teachers are also reaching out to families at least once per week to check in and make sure all of their needs are being met. Teachers share various activities with families and provide materials for these activities when needed.

medical items- thermometers, gloves, face masks, diapers, formula, cleaning and disinfectant products.

Food

Food Banks in this area are turning families away due to short supply of food

food,

We would benefit from having a food bank available. The school has provided much needed food for families/students.

Food Cleaning supplies Rent/housing assistance Help with bills if they lost their job protective equipment (masks)

Families need parental support, and financial assistance.

Access to community resources. Knowing what resources are available and a way to get to those places.

food, hygiene products, activities for kids

Tanf, GA, CFS, Clinic

Financial security - Just heard about someone who had their utilities shut off - why are people having their utilities shut during this time.

food, basic needs.

Help with diapers

more cleaners and sanitizers

they need more help with groceries some don't know how to do the walmart shopping on line

As people lose their jobs, knowing or having help applying for Medicaid etc

educational activities, information needed, formula, diapers and wipes.

I feel that living within Norfolk has given our community members more access to financial and food supports that likely aren't as available in some of the surrounding smaller communities

budgeting. The stimulus check helped many families, but many of the families I work with struggle with saving it, or using it to pay current bills.

Food, wipes, currently paper products

Grocery shopping, utility services (water, gas & electric), access to medical services (either in person or virtual visits) that includes drive thru pharmacy service, postal service, Library services altered physical access but manages book exchange while practicing social distancing.

All NENCAP services

food - shelter - employment - health

not sure

Cleaning supplies, personal hygiene. Food programs

food assistance-has helped with the public school offering free lunches for children and a local restaurant offering free meals on the weekends. These services will end in 2 weeks. financial support to pay bills

Some are struggling with Food.

IEP; extra help w/homework, daycare

We are able to deliver 350 lunches and 350 breakfasts each day with educational enrichment materials. However only 2/3 are wanting us to do such meals and materials.

Toilet tissue and hygiene products.

Food bank

Rent and utility assistance

More awareness of food pantry, help with bills and affordable internet for multiple children to access their homework

food, basic needs, access to internet, transportation assistance, assistance with housing costs and other payments they may have.

groceries/meals, transportation

food banks and access to other household supplies

some milk and egg shortages in small towns, toilet paper, due to hoarding has caused some problems. Some limitations now with what the grocery stores can get in, but there is still a variety to pick from.

more communication

Food and technology and daycare

Lack of toilet paper/ food pantry

Funds to purchase health foods

Your question is so difficult to answer with your 4 responses, every situation is different. Basic needs - shopping social distancing - you go to the store and people ignore the 6 foot rules and so many young children are with the parent when they shop -- let - single parents may not have child care so what do they do with their children when they need groceries? Plus people hoarding supplies hasn't helped and when you were living paycheck to paycheck and someone says you have enough food in the house for 2 weeks they are - they don't know the situation. Do you try to apply for UN-employment? Gave up after being on hold for 1 hour plus? What do you do with your children while you are on hold? You have no income and your rent is due and no it is due for the second month -- landlords have expenses too - where do you go and how long can you live in the apartment before you are kicked out -- rent and utility assistance is needed. But too few know where they might go in the community to get the help. Many feel afraid and alone while others expect the government to bail them out without doing anything.

From the input we are getting families seem to be doing ok. Not sure how but we are not getting many calls for assistance.

food, utility and rental assistance, internet, phone charges, transportation, etc

Unsure

I know a lot of my families need daycare.

Cleaning supplies and food

Food banks/internet access/medical care/employment

diapers, wipes, food pantry for some

access to talk to professionals

Rental assistance, unemployment to start coming through, utility assistance. Many families are not able to pay rent or utilities right now but it will continue to add up until they are able to go back to work.

Financial assistance, paper goods, cleaning supplies, food assistance.

cleaning supplies, PPE

College students especially need help with food and rent

technology, internet, food services, diapers/wipes/formula.

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Food and toiletries

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rental assistance, food assistance, transportation,

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Unknown

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Masks are needed greatly. Continual education on open food pantries via social media and ads in newspapers will be helpful.

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no, food needs, basic toiletry needs, etc.

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**Are there specific supply needs in the community that are not being met?**

Support, information. There is a lot of gossip and hearsay people are going to instead of the reliable information that is out there.

Masks and gloves are very scarce.

same as number 14.

N/A

Food

idk

Unsure

PPE for packing plant employees and family members

Food banks

No at this time.

I don't know for sure.

Not sure

At times toilet paper and different food items are hard to find.

Not that I'm aware of.

Very limited on disinfecting supplies. gloves and masks

unknown

cleaning supplies, groceries to those in quarantine and/or vulnerable population, diaper shortage

Lack of masks and sanitizer and cleaning supplies are on short supply

food, finance, education,

Paper and cleaning products: toilet paper, paper towels, hand sanitizer, laundry soap, laundry facilities, cleaning supplies Personal hygiene: soap, toothpaste, shampoo

Not that I'm aware of

non I know of at this time.

N/A

No.

can't get food fast enough to people need it

house hold supplies

not now

face masks, gloves

Child care centers are struggling to get cleaning supplies

not that I am aware of

Not that I am aware of

Yes money wise it's harder for families with shut down businesses to earn money and buy groceries

Not that I am aware of

Not sure

Masks
delivery of items to the home, out of stock essential needs for the home and health
no
no
?
Medications, food, mental health
I believe that since we are working as a community things are being handled. Programs are having food drives for the food pantries. Communities are really stepping up at this time. I don't see a huge need of supplies, at this time.
hand sanitizer
Food and housing
Weekend food supports. 24/7 Mental health supports for these challenging times.
Hygiene products.
not in my area
Mental health needs. Nutrition information
Small community grocery store is having a hard time with keeping shelves stocked. Food pantry needs to be more public so people have an option.
basic personal protective gear, transportation needs, basic needs
PPE always an opportunity
not that I am aware of
I think we need a system to check on the elderly, and special needs individuals in the community. Some have no one to help them. They need to be identified. ALSO, some of the tech services have extended their offerings, like unlimited access etc. That is a big need right now.
food for the elderly
yes, limited essential items that families need more then the limit that is placed. Causing more trips to the store
Toilet paper is hard to come by at times.
No
Unsure
Hand sanitizers and disinfectants are in low supply -if available- Walmart and other local stores are now TP as are the other stores. Acetaminophen is usually down to one or out, rubbing alcohol is out Stores are struggling to get trucks so - shelves in general are not as full. People have to look for substitutes since their favorite brand may be temporarily out of stock Also fresh vegetables have spiked in cost - lettuce was \$1.98 a head last week - what a jump.
Probably more food bank/pantry needs. Maybe some access to computers (but in a safe way). Maybe some education on how to get exercise and use social distancing.
no
Unsure
I feel like meat will be gone soon. I know my family are famers and my dad is having a hard time getting cows to the plants to get meat. I know other famers that are having to euthanize animals bc they cant get them into the plants .
N/a
Not that I am aware of.

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increased mental health

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PPE/Food bank

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I honestly wouldn't know

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I would say the same ones that are happening in other areas.

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none

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One food pantry has closed and is by appointment for necessities only.

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Clorox, disinfectant, toilet bowl cleaner, paper towels, cleaning solutions, floor cleaners, toilet paper.

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cleaning supplies, PPE

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Not that I am aware of at this time

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n/a

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Good

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rental assistance is needed but landlords are not writing evictions due to the gov. order so agencies will not help

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No

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No masks to give to clients

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not enough food, access to food

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**Please share any other needs you are seeing from clients and families that may not have been addressed in this survey.**

I worry about families who cannot pay rent right now, but as soon as the waiver period is over the total amount of back rent is due within 30 days and they will still be unable to pay right away, so I feel evictions, housing problems and homelessness will increase soon after that 30 day window.

Parental support

Some are requesting infant formula, diapers

Don't have full access to current information to comment.

For those that have lost their job, these things are issues for the families. Many have recieved short term help, so hopefully that will carry them thru. I wonder what will happen when the schools quit providing lunches etc.

Not only accessing food - but paying for it -- children being home all day is trying food budgets - they want to snack and the food budgets are very tight without snacks - listening to you child say, "I am hungry" is pulling at parents heart strings. Some school districts are preparing sack lunches for children - but not all, or parents don't have transportation to go pick up the food. There is a disconnect there. Plus how can you make sack lunches appealing after 6 weeks? There are challenges. Plus a lot of schools provided breakfast too and so that is an additional cost parents need to pick up. NE farmers may be dumping milk because trucks can't get to pick up the raw milk, but prices in stores haven't decreased.

I would imagine there are more than this but this is what I've heard so far.

Anyone waiting for unemployment are struggling in all these areas

Can't think of anything else.

Diapers and wipes

People are in need of support in the form of therapy and parental support.

Many people are new to using services or systems, a whole new group of people who have never had to seek out assistance before

lack of communication ex phones. cell phones, email,

N/A

N/A

need more Spanish resources-- Hispanic families don't have enough access to same medical info

none

I think the mental health piece for families is going to be huge during this time period. It is a high stress time and for families that already had mental health struggles and difficulties with accessing therapy services for themselves or their children, that can create unsafe living situations for all involved.

For the most part people in this area want to get back to work to support their families. But there will be some that will not have a job to go back to if they are employed by small businesses.

not sure

There is a high level of concern, brought on by rumors rather than facts. Keeping a reliable source of accurate information into the community is vital.

Unemployment benefits knowledge and how to apply for them.

Need businesses to re-open

lack of financial resources due to the back log in unemployment application process

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who do they call?

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Shortage in daycare for the parents that are still able to work.

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The uncertainty of the future - how long will this last? When will it be over? What will happen to my children if I am a single parent and I get sick? Fear of the unknown. This is new to everyone and some are not handling it very well.

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N/A

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N/a

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Telemedicine is new for many families and some doctor's offices. Some parents have said they were unable to utilize the service and have not received medical care for their child because they do not want to physically go to the clinic. Tutorials may be helpful.

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Just all around support and assurance that there are agencies that are able to assist!

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Internet

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