



Eastern Nebraska Community Action Partnership (ENCAP)

Community Needs Assessment: Douglas and Sarpy Counties

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UNIVERSITY OF NEBRASKA AT OMAHA
SUPPORT AND TRAINING FOR
THE EVALUATION OF PROGRAMS

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SNAPSHOT OF ENCAP

The mission of ENCAP is “**to eliminate the causes of poverty by strengthening individuals, families, and communities through self-sufficiency initiatives in Douglas and Sarpy counties.**”¹

As shown in the logic model below, ENCAP currently provides behavioral health, nutrition, family development, and transportation services. The logic model shows outputs and short-term outcomes as expected results of providing these services, as well as the resources needed to accomplish these outcomes. Serving people at 125% of the poverty line and below, ENCAP’s long-term outcomes are to assist individuals and families in **achieving economic security, having improved mental health, increased access to food, having strong intergenerational connections, and improving their communities.**

-
- Economic security
 - Mental health
 - Nutrition support
 - Intergenerational connections
 - Improved communities
-

Also shown below is a brief description of current services, including the number of staff and volunteers, and the target population.

The logic model can be utilized as a guide for selecting measurement tools and engaging in data collection, analysis, and reporting. STEPs has provided preliminary guidance for moving in this direction, and stands ready to assist.

¹ (Who we are, 2017).

ENCAP Logic Model

Statement of the problem: Low-income individuals and families in Douglas and Sarpy counties struggle to achieve economic security, and their social mobility potential is stagnant. These individuals and families are less engaged and active in their communities, have poor health outcomes, and have limited access to economic opportunities. ENCAP is working to integrate current services in order to foster long-term positive changes among the populations it serves.

Inputs	Activities	Outputs	Short-Term Outcomes			
Financial Resources <ul style="list-style-type: none"> • Community Service Block Grant • Commodity Supplemental Food Program • Other grants and contracts • Donations • BHS Insurance Contract Income and client pay Personnel <ul style="list-style-type: none"> • Administrative and program staff • Volunteers Other Resources <ul style="list-style-type: none"> • Building space: on-site commercial kitchen; on-site food bank • Vehicles • Screen printing shop equipment • Land for community garden 	Provide:	Behavioral Health Services	Behavioral Health Services			
				<ul style="list-style-type: none"> • Mental health and substance abuse evaluations • Counseling and support groups • Training for students and interns 	<ul style="list-style-type: none"> • # of clients assessed for mental health concerns and substance abuse • # of clients directed toward mental health services • # of clients who attended counseling and support groups • # of hours of therapeutic services provided • # of students/interns trained 	Clients have: <ul style="list-style-type: none"> • Immediate mental health crises resolved • Fewer probation/parole violations • Increased access to mental health services • Increased access to substance abuse treatment • Intern/students have increased knowledge and skills in delivery of behavioral health services
				<ul style="list-style-type: none"> • Provide food through Commodity Supplemental Food Program (CFSP) and the Bellevue Food Pantry • Community garden 	Nutrition Center Services	Nutrition Center Services
				Provide:	Family Development Services	Family Development Services
<ul style="list-style-type: none"> • Provide transportation to/from school and after-school activities 	Transportation Services	Transportation Services				
			<ul style="list-style-type: none"> • Provide transportation to/from school and after-school activities 	<ul style="list-style-type: none"> • # of individuals transported • # of rides provided 	<ul style="list-style-type: none"> • Youth and other individuals have needed transportation 	

Long-term outcomes: Individuals and families with low incomes: achieve economic security, have improved mental health, have strong intergenerational connections, and are engaged and active in building opportunities in communities. Also, youth set and reach educational and career goals.

Impact: Communities where people with low incomes live are healthy and offer economic opportunity.

Overview of ENCAP’s Current Services

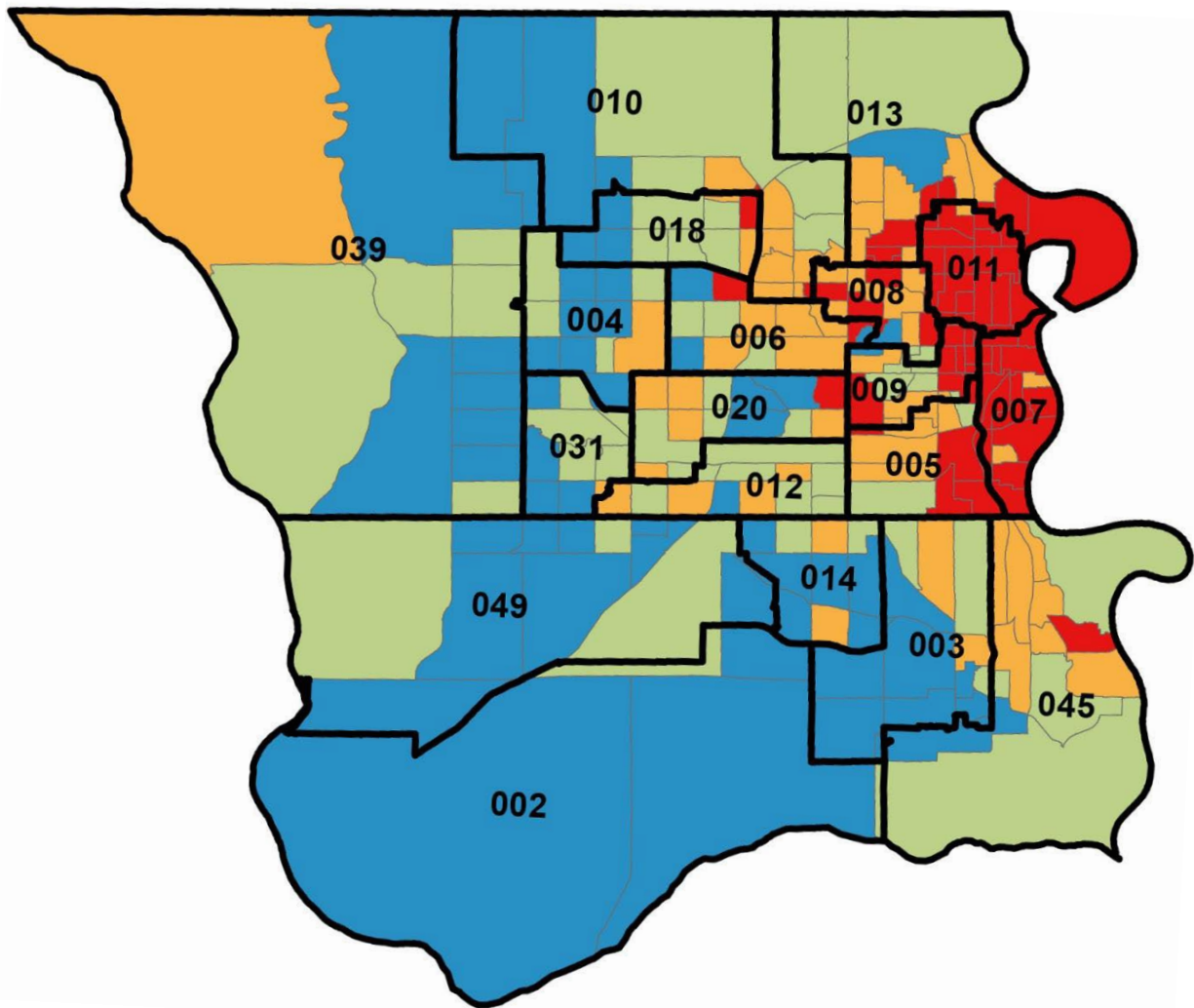
as of 8-14-2017

Description of Services	# of Staff	Volunteers	Target Population	# of Clients Served (approx.)
<p>Behavioral health:</p> <ul style="list-style-type: none"> • Mental health and substance abuse evaluations • Counseling and support groups • Training for students and interns 	<p>3 staff:</p> <ul style="list-style-type: none"> • 2 therapists (PLMHPs who will reach full licensure in 2018) • 1 clinical supervisor (LIMHP) 	<p>1 volunteer leading Women’s Empowerment Group</p>	<p>Individuals with substance abuse and/or mental illness. Clients on probation through U.S. Probation & Pretrial Services. We will explore services to adolescents and families with children, including those served by other ENCAP programs, in the coming year</p>	<p>200 clients annually, primarily in Douglas County</p>
<p>Nutrition center:</p> <ul style="list-style-type: none"> • Provide food through the Commodity Supplemental Food Program (CSFP) and the Bellevue Food Pantry • Community garden 	<p>3 staff:</p> <ul style="list-style-type: none"> • 1 Driver/Distribution Specialist • 1 Center Assistant • 1 Nutrition Center Coordinator 	<p>4 plus volunteer assistance through Douglas County Corrections work release program</p>	<p>CSFP serves seniors age 60 years and over at 130% of FPL or lower.</p>	<p>1,200 seniors annually across both Douglas and Sarpy counties</p>
<p>Family development:</p> <ul style="list-style-type: none"> • Community Response • Emergency financial assistance and financial counseling • Youth activities and support • Senior activities and support • Step-Up Omaha! 	<p>6 staff:</p> <ul style="list-style-type: none"> • 1 Director • 2 Outreach Specialists • 1 Senior Support Coordinator • 1 Data and Intake Specialist • 1 Youth Coordinator 	<p>6</p>	<p>Families in crisis situations; families at risk of becoming involved with the child welfare system; seniors who want to engage with each other and participate in enrichment activities; youth ages 14-18 from low-income households</p>	<p>Crisis assistance²: Rent, 193; Utility, 160, Emergency food, 2,939 household members</p> <p>Community response³: 40 families, with 107 children, plus others</p> <p>50 seniors, 44 youth (Step-Up)</p>
<p>Transportation:</p> <ul style="list-style-type: none"> • for OPS • for others 	<p>9 staff:</p> <ul style="list-style-type: none"> • 1 Transportation & Operations Coordinator • 8 part-time drivers 	<p>None</p>	<p>Pre-K through high school ESL, Title I, and homeless students; provide rides for youth to Boys and Girls Club of the Midlands locations; provide rides for seniors to and from ENCAP events</p>	<p>Youth from 50 families per month, 24 seniors per year</p>

² for 6 months: October 1, 2016–March 31, 2017.

³ June 2016–December 2016.

**Douglas and Sarpy Counties: 2010-2014
Persons below Poverty as a Percentage of the Population**



Percent below Poverty
Douglas County = 14.7%; Sarpy County = 6.8%
Nebraska = 12.9%

- 0.0% - 5.0% (50)
- 5.1% - 9.6% (50)
- 9.7% - 19.8% (50)
- 19.9% - 54.2% (49)

Heavy boundaries and numbers represent Nebraska Legislative Districts. Light boundaries represent census tracts.
 Source: U.S. Census Bureau, American Community Survey 2010-2014, 5-year estimate
 Prepared by UNO Center for Public Affairs Research, April 2016

More maps and information available: <https://www.unomaha.edu/college-of-public-affairs-and-community-service/center-for-public-affairs-research/documents/2016reports/nplc-tracts-2010-2014.pdf>

COMMUNITY NEEDS BASED ON CENSUS DATA AND COMMUNITY REPORTS

Multigenerational Poverty

In 2015, 79,587 ($\pm 7,320$) people in Douglas County and 10,048 ($\pm 2,971$) people in Sarpy County lived below the poverty level.⁴ In Douglas County, this included 14,114 families, and in Sarpy County this included 1,975 families.⁵ (See Appendix A Poverty Thresholds.)

In Douglas County, 20% of children were living below the poverty line in 2014; in Sarpy County, this number was 10% of children (as compared to 18% in Nebraska).⁶ The pockets of poverty for children are very similar to those shown in the map above. Nearly 8% of those ages 65 and over live below the poverty level.⁷

In Nebraska, over half (53%) of American Indian or Alaskan Native children, just under half (46%) of Black children, and one-third (33%) of Hispanic children live in poverty, as compared to 11% of White, non-Hispanic children.⁸

The poverty threshold in 2016 for a two-parent family with two children under the age of 18 years was \$24,339 (\$2,028/month). Poverty, as defined by the U.S. Census Bureau, is when a “family’s total income is less than the family’s threshold.”⁹ Thresholds vary by the size of the family and age of its members, do not vary geographically, and are updated annually for inflation using the Consumer Price Index.¹⁰

Even when employed, many families still struggle to meet the needs of their families. The Living Wage Calculator shows a living wage in Douglas County for a two-adult, two-child family as \$15.85/hour for each of the two adults working full-time. Included in this estimate is minimum requirements for food, childcare, health insurance, housing, transportation, and other basic necessities.¹¹ (See Appendix B Living Wage Calculation.)

Living in poverty limits individuals’ ability to meet their basic needs. Factors such as transportation, physical and mental health, education, and childcare often stand in the way.

The Community Action of Nebraska (2016) survey showed the top *perceived* cause of poverty among residents in Douglas and Sarpy counties was lack of training or education (76%),

⁴ U.S. Census Bureau, 2015 American Community Survey, 1-year estimates.

⁵ U.S. Census Bureau, 2015 American Community Survey, 1-year estimates.

⁶ U.S. Census Bureau, American Community Survey 2010-2014 5-year estimate.

⁷ U.S. Census Bureau, 2015 American Community Survey 1-year estimate.

⁸ U.S. Census Bureau, American Community Survey 2010-2014 5-year estimate.

⁹ U.S. Census Bureau, 2016.

¹⁰ U.S. Census Bureau, 2016.

¹¹ Living Wage Calculator, 2017

followed by low motivation (52%), drug abuse/addiction (43%), and being a single parent (37%).¹²

Living in poverty severely limits individuals' ability to meet their basic needs, including housing and food. Although many people long for employment that provides a living wage, factors such as transportation, physical and mental health, education, and childcare often stand in the way. (See Appendix C Poverty Thresholds for Services.)

Food

In 2015, one in seven Nebraska households did not know where their next meal was going to come from.¹³ **In the Omaha-Council Bluffs area, 60% of people living below the poverty line are food insecure.** This includes half of all Hispanic and over one-third of Black families, as compared to 15% of White families.¹⁴ Food insecurity is most acute in South and North Omaha.¹⁵

60% of low-income people in the Omaha area are food insecure.

Often, people who are food insecure not only buy less food, but they buy food that is less nutritious, which leads to physical health concerns such as obesity and chronic diseases.¹⁶ Up to 10% of people in Omaha live more than a mile from the nearest grocery store, which puts them in the category of living in a “food desert,” according to the U.S. Department of Agriculture.

Children are significantly impacted by hunger as it leads them toward difficulty in concentrating in school and exhibiting behavioral issues. Some children rely on the food they receive at school; nearly three-fourths of students in Omaha Public Schools received a free or reduced lunch in the 2015-2016 school year.¹⁷ (See Appendix D Map: Free and Reduced Lunch.)

Housing

Along with food, safe shelter is a very important basic need. According to the Landscape (2016), **1,261 people were chronically homeless in Omaha-Council Bluffs in 2014.** In 2015, there were 2,201 homeless children age 18 and younger in Nebraska.¹⁸ Many other people experienced brief episodes of homelessness and moving between family and friends.

75% of low-income people live in substandard housing.

In addition, **nearly 75% of people living at or below the poverty line live in substandard housing**, which includes concerns with mold, lead, and pests, and overcrowding.¹⁹

¹² Community Action of Nebraska: 2016.

¹³ National and State Program Data, Food Research & Action Center, USDA; as shown in Kids Count Nebraska, 2017.

¹⁴ The Landscape, 2016.

¹⁵ United Way Community Assessment 2013-2014.

¹⁶ The Landscape, 2016.

¹⁷ The Landscape, 2016.

¹⁸ Nebraska Homeless Assistance Program, as shown in Kids Count Nebraska, 2017.

¹⁹ The Landscape, 2016.

United Way focus group participants concurred that affordable housing for low-income families is often poorly maintained and classified as “unstable.”

In Nebraska in 2015, over two-thirds (68%) of families with children owned their home. This percentage drops to about 30% of Black families, 40% of American Indian, and 45% of Hispanic families, as compared to 70% of White, non-Hispanic families.²⁰ Also, 42,000 children lived in crowded housing, and 109,000 lived in households with a high housing cost burden in 2015 in Nebraska.²¹

According to the Department of Housing and Urban Development (HUD), an individual should not have to spend more than 30% of his or her income on housing. In Douglas and Sarpy counties, 23% and 14% of individuals reporting a household income of less than \$35,000 are paying at least 30% of their income on housing.²² According to The Landscape (2016), 44% of renters spend 30% or more on housing costs.

In the Omaha area, someone would need to make more than \$17/hour and work 40 hours/week to spend less than 30% on a typical two-bedroom apartment (\$836/month).²³ The minimum wage at this time is \$9/hour. Half of respondents to United Way’s survey indicated they sometimes had to turn to community referrals to help pay for their utilities.

In one survey, the top reasons for not owning a home in Douglas and Sarpy counties were inability to pay the down payment (51%), lack of assistance for first-time home buyers (42%) (much higher than the state average), and unable to get a loan (38%).²⁴

According to focus groups conducted by United Way, barriers to securing affordable housing include background checks, bad credit, up-front costs, and utility costs.

Transportation

Transportation, whether it be a privately owned vehicle, public transportation (bus), walking, or biking, is critical for accessing food, employment, and critical community resources. In 2015, 6% of households in Douglas County and 4% in Sarpy County, had no vehicle available.²⁵ **In the zip codes of 68110 and 68111 in North Omaha, these percentages raise to 16% and 18% of households, respectively, having no vehicle available.**²⁶

Nearly one-fifth of households in North Omaha do not have a vehicle available.

Many of Omaha’s neighborhoods, including those with the most density of populations, are not well-connected to employment centers through convenient public transit.²⁷ Less than half

²⁰ U.S. Census Bureau, 2015 American Community Survey, 1-year estimates.

²¹ Nebraska Homeless Assistance Program, as shown in Kids Count Nebraska, 2017.

²² U.S. Census Bureau, 2011-2015.

²³ The Landscape, 2016.

²⁴ Community Action of Nebraska, 2016.

²⁵ U.S. Census Bureau, 2011-2015 American Community Survey, 5-year estimates.

²⁶ U.S. Census Bureau, 2011-2015 American Community Survey, 5-year estimates.

²⁷ The Landscape, 2016.

of all jobs in the Omaha area are within a quarter mile of a bus stop.²⁸ According to The Landscape (2016), less than 3% of all adults use public transportation to get to and from work. Nearly three-fourths of people use their own vehicle, and about 15% participate in a car pool. Over half of people who ride the Metro take two or more bus routes to get to their destination; this can mean that people take 45 minutes, even 2 hours to get to work.²⁹ Similarly, as reported in the United Way Community Assessment, over two-thirds of survey respondents expressed that reliable and affordable transportation was a problem for people in their community. Some United Way focus group members expressed that they had missed job opportunities due to transportation barriers. Many indicated that working non-traditional hours further compounded their ability to utilize public transportation.

In Douglas and Sarpy counties, low-income households typically spend between 51-57% of their total income on transportation (car only).³⁰ Since these same households typically spend most of their income on housing, this leaves limited or no funding for necessities such as food, clothing, medical care, and childcare. According to the United Way Community Assessment 2013-2014, “Almost 3 out of 4 respondents with a household income of \$15,000 or less viewed transportation as an issue” (p. 43). (In Douglas County, 24,486 households reported a household income of less than \$15,000 (+-1,285). In Sarpy County, 3,360 households reported a household income under \$15,000 (+-536).³¹)

Specifically to North Omaha, there are 7,012 jobs in the 68110 zip code, but 6,784 people who work in this zip code live elsewhere. Only 228 people who live in this zip code, work in this zip code; 3,205 people who live in this zip code work outside this zip code. Similarly, there are 3,447 jobs in 68111, but 3,059 people who work in this zip code live elsewhere. Only 388 people who live in this zip code, work in this zip code; 9,184 people who live in this zip code work outside this zip code.³²

Employment

The labor force participation rate for individuals 16 years or older in Douglas County is 72%, and 76% in Sarpy County (compared to 71% in Nebraska).³³ The unemployment rate in Douglas County is 6.5%, and 5.1% in Sarpy County (compared to 5.4% in Nebraska).³⁴ The rate of unemployment in far east Douglas and Sarpy counties is 9-25%. More specifically, the unemployment rate in the North Omaha zip code of 68111 is 19%, and 12% in the North and South Omaha zip codes of 68108, 68112, and 68131.³⁵ **Over half of people living below the poverty line are working part- or even full-time.**³⁶ Many people who do not have enough

Although more than half of low-income people are working, they cannot pay their bills.

²⁸ The Landscape, 2016.

²⁹ The Landscape, 2016; United Way Community Assessment 2013-2014.

³⁰ The Landscape, 2016.

³¹ U.S. Census Bureau, 2011-2015.

³² OnTheMap, U.S. Census, 2014.

³³ U.S. Census Bureau, American Community Survey 2010-2014, 5-year estimate.

³⁴ U.S. Census Bureau, American Community Survey 2010-2014, 5-year estimate.

³⁵ NE Dept of Labor, U.S. Census, American Community Survey, 2013.

³⁶ The Landscape, 2016.

money to pay their bills say that a higher paying job would be helpful, as would government assistance; some said a budgeting class would be helpful.³⁷

Overall, unemployment is low in the Omaha area, but it disproportionately affects people of color: 14% of Blacks and 10% of Hispanics, compared to 5% of Whites.³⁸ **Even when education levels are the same, people of color earn about \$10,000 less per year than Whites.**³⁹ Without a college education, many jobs in the Omaha area are also inaccessible to those who are unemployed.⁴⁰ Unemployment rates are much higher for those individuals with lower levels of education.⁴¹ Other barriers to employment, as cited in the United Way Community Assessment, included lack of transportation, work experience, and childcare.

In 2015, 78% of children in Nebraska had all available parents in the workforce.⁴² Unfortunately, as discussed above, just because parents are working does not mean economic stability for the family.

According to the Community Action of Nebraska (2016) survey, 16% of respondents said health/disability was a barrier to employment; 13% reported a lack of specific types of jobs, which was nearly twice than across the state.⁴³

Behavioral Health and Substance Abuse Treatment

One in five Nebraskans self-reported a mental illness in a 2016 survey. **The prevalence of depression and poor mental health is higher among persons who had lower incomes and lower educational levels.** American Indians were most at high risk for depression and poor mental health.⁴⁴ Among high school students, 24% reported feeling depressed in the past year, and 15% had considered attempting suicide.

Depression rates and suicide attempts are higher among female than male students, and among Hispanic students than Non-Hispanic White students (rates among Black students not available).⁴⁵

The prevalence of poor mental health is much higher among low-income people. Services are hard to access.

Of residents in Douglas County, 10% self-reported as having fair to poor mental health, with higher rates (13%) in northeast and southeast Omaha. Nearly one-fourth (24%) reported symptoms of chronic depression over the last two years, with 11% reporting as having major depression diagnosed by a physician.⁴⁶ Of residents in Sarpy and Cass counties, 7% self-reported

³⁷ United Way Community Assessment 2013-2014.

³⁸ The Landscape, 2016.

³⁹ The Landscape, 2016.

⁴⁰ The Landscape, 2016.

⁴¹ United Way Community Assessment 2013-2014.

⁴² U.S. Census Bureau, 2015 American Community Survey.

⁴³ Community Action of Nebraska: 2016.

⁴⁴ Nebraska Behavioral Health Needs Assessment, 2016.

⁴⁵ Nebraska Behavioral Health Needs Assessment, 2016.

⁴⁶ Community Health Needs Assessment, 2015.

as having fair to poor mental health. Just over one-fifth (21%) reported symptoms of chronic depression over the last two years, with 6% reporting as having major depression.⁴⁷ According to The Landscape (2016), nearly one-third of people who are homeless also struggle with mental illness.

In the Omaha metro area, a much higher percentage of individuals with very low incomes reported having fair or poor mental health (31%), and another 17% of those with low incomes. Women reported having fair or poor mental health at a higher rate than men (13% compared to 8%).⁴⁸ The suicide rate per 100,000 people in the Omaha metropolitan area was 10.1, between 2011 and 2013.⁴⁹

Respondents to the United Way survey indicated that mental health services were very difficult to access, as compared to medical and dental care. Less than half of adults and adolescents in Nebraska with a mental illness (47% and 43%) received treatment.⁵⁰

COMMUNITY NEEDS BASED ON KEY INFORMANT INTERVIEWS AND FOCUS GROUPS

Key Informant Interview: Methodology

At ENCAP's invitation, STEPs conducted individual interviews with key informants to learn more about how to alleviate poverty in the Omaha community. In collaboration with ENCAP, STEPs interviewed individuals based on their knowledge and experience in relation to people in poverty. Careful attention was paid to including different service area perspectives in the interviews. After creating a list of individuals, ENCAP's Executive Director reached out to the individuals, explaining the purpose of the interview and asking for their participation.

A STEPs' graduate research assistant conducted 15 interviews with key informants between April and May of 2017: 13 women and 2 men. STEPs staff interviewed key informants in a location and at a time that suited the interviewee. Most interviews took place at the interviewee's place of employment, however, several occurred at the University of Nebraska at Omaha (UNO). The interviews were comprised of 10 questions and lasted anywhere from 15 to 60 minutes, depending on the amount of content the individuals had to share (see interview questions in Appendix E).

The interviewer typed notes during interviews and also made an audio-recording for double-checking the notes later. The verbal comments were compiled into tables for analysis and determination of common themes. STEPs utilized *open coding* to determine relevant information pertaining to the most pressing needs of the Omaha community, as reported by the key informants. *Open coding* is a method of organizing qualitative data in order to deduce specific themes and commonalities across the findings.

⁴⁷ Community Health Needs Assessment, 2015.

⁴⁸ Community Health Needs Assessment, 2015.

⁴⁹ Community Health Needs Assessment, 2015.

⁵⁰ Nebraska Behavioral Health Needs Assessment, 2016.

Information gathered from these interviews helped inform the questions for the focus groups conducted with community members.

Focus Group: Methodology

In May 2017, STEPs conducted three focus groups to empower community members to articulate struggles they face. These focus groups took place in the Omaha and Bellevue area. ENCAP chose the host sites and then recruited focus group members with assistance from representatives at the host sites.

Ten women and one man participated in the focus groups, responding to 7 questions. Each group lasted between 25 to 60 minutes. The first focus group took place in Bellevue, and had six people in attendance. The second focus group took place in North Omaha, and had two attendees. The third focus group took place in South Omaha, with three people in attendance. All of the participants received gift cards for their participation in the focus groups. A STEPs graduate research assistant facilitated the groups in Bellevue and Omaha, and was assisted by another UNO employee who typed notes and audio-recorded the groups.

The focus group in South Omaha intended to encapsulate the voices of Spanish-speaking individuals. STEPs trained an ENCAP Spanish-speaking staff member to facilitate this group in Spanish, and was present for the group. Prior to the group, an ENCAP employee translated all relevant documents into Spanish. The audio-recording was transcribed into English by a third party hired by ENCAP, and was compiled with the other two focus groups prior to analysis.

To analyze the data, STEPs compiled the responses into tables for detailed analysis and determination of common themes. *A priori* coding was utilized to determine relevant themes. As the key informant interviews informed the questions utilized for the focus groups, STEPs hoped to confirm or deny key informant findings from the perspective of community members actually experiencing the issues on a day-to-day basis.

Limitation: Although efforts were made to engage a higher number of community members in the focus groups, uncontrollable circumstances (conflicting client events, other appointments) resulted in the focus groups being smaller than intended.

Themes from Key Informant Interviews and Focus Groups

The following data reveals an on-the ground perspective on what local social service professionals and community members perceive the needs are in Douglas and Sarpy counties. **Topics initially noted by key informants and later validated by community members included transportation, mental health services, food scarcity, social capital, affordable housing and childcare, community collaboration, and youth programming.**

Transportation

Across many of the key informant interviews, transportation emerged as an issue that imposed limitations upon clientele. Several informants related transportation limitations to employment troubles their clients face. One individual stated that it **“comes back down to transportation and the location in which they [clients] reside is the problem.”** Clients need **“transportation to jobs, we are currently connecting people to one community, but they**

aren't able to get to the areas with the livable wage jobs." One interviewee shared the story of a client who rode his bike to the bus stop, took two busses to get to work, and then underwent the same process to get home. She noted that people may want to work and have the ability to do so, but **"not everyone is going to have the same determination as that gentleman did."** Another informant added, **"If services aren't on a bus line then that is a major barrier for people seeking services."**

Both key informants and community members agree that transportation is a barrier that keeps individuals from accessing services and employment.

Community members confirmed that transportation is a struggle for them. A majority of focus group participants identified transportation as **"poor,"** citing it oftentimes as a barrier that **"makes it hard to take care of yourself."** Community members also discussed transportation in the context of job possibilities and access to grocery stores. **"Bus routes can limit you when you're job hunting."** For some participants, transportation is a barrier that kept people from being able to maintain employment once they have secured it.

One participant suggested transporting people to areas with livable wage jobs as a way to help people. Another participant said that in Bellevue, **"even a mini bus from Old Towne to Wal-mart a couple of times a day would help."**

Mental Health and Substance Abuse Treatment Services

Several key informants spoke to the lack of services available to clientele needing mental health treatment. **"There are a lot of mental health issues, not enough funding for those. Not enough treatment facilities for addiction so a lot of addicts are in jail..."** Another informant added to this by describing how a lack of mental health services can lead to people struggling with employment. **"Many of my clients have mental health issues and they're not getting served in that they've been prescribed medication and refuse to take it so prevents them from being employed or have a difficult time getting employment."**

The conversation about drugs and lack of specialized treatment centers became a substantial topic in the Bellevue focus group. Community members agreed, **"Drugs have gotten a lot worse in Bellevue."** One individual discussed how this affected employment. **"I could not find help that wasn't on meth."** Others discussed a potential solution to this issue being increased access to drug treatment in the area.

Food Scarcity

Although many organizations are working to address the issue of food scarcity, key informants noted that many clients are still struggling to obtain basic resources. As one interviewee stated, **"The need for food is great... There's about 33% of our population they say they don't know where their next meal would come from in the next 30 days."** Another individual said that when thinking about the unmet needs and gaps in services, **"Food deserts are definitely something to keep in mind."**

The Bellevue focus group confirmed food scarcity as an issue. One individual shared that during the summer months, she **"will have 4 or 5 kids who aren't [her] kids eating at [her] house"** because they cannot get enough to eat at home. She said the mobile food pantries

in the area frequent places that are too far for young children to access. Participants identified agency collaboration as a way to address some of the needs they are experiencing.

Social Capital

One key informant described **“a sense of hopelessness”** as a challenge for clients to overcome. Another informant spoke to this by stating that individuals often struggle to know what they are capable of when they live in situations that do not allow them to experience opportunity or to reach their potential. One interviewee shared a success story of a woman who cried when she realized she could develop a career and do something valuable with her life. This individual later summed this up by saying, **“Once you know better, you do better.”**

“A sense of hopelessness” occurs when individuals are living in situations that disallow them to see opportunity or potential pathways to success.

Several individuals stated that people often do not have the resources available to successfully identify or navigate their own potential. **“Lots of kids come from families that don’t have further education.”** They may not know what the next step is after high school, or they take the next step and have no one who knows how to support them when they do. Some community members agreed that **“by the time they [youth] reach high school, they should have a realistic idea of what path they want to take...”** One community member summarized this thought by expressing, **“You only know what you know.”** Unless teens receive exposure to all the opportunities they can take advantage of, they have trouble knowing what success could look like.

Regarding success, one community member discussed the lack of support and knowledge from a financial aspect by explaining that young teens do not have the economic skills to be successful. This discussion surrounded issues of credit, interest rates, and money management issues that many teens do not receive information about in school or from their parents. If no one is teaching these skills to teens, they are left to self-navigate complex monetary systems on their own, which can be challenging.

Regarding support and knowledge in a professional setting, one individual expressed concern: **“People go to jobs not knowing what the requirements are”** in the professional world. **“Getting to work at 9 means you’re late. You should get there at a quarter to 9 so that you are ready to start at 9.”** These **“unwritten rules”** are difficult to learn and navigate without having someone who can explain them and guide teens through the various systems. Several community members agreed that one way to combat these issues is to support and **“empower the teens who are about to enter into adulthood”** by providing programming that helps to expose them to new and useful skills.

Affordable Housing and Childcare

Key informants identified affordable housing and childcare as unmet needs in the community as well. As expressed by one key informant, the need for affordable housing **“is one of the biggest issues.”** Another key informant spoke to the importance of homelessness prevention services as a way of best serving clients. **“There is a need for more help with prevention than the homeless side”** because keeping clients housed is an important step in helping clients become stable.

Several informants described affordable childcare as something that is difficult for parents to obtain when trying to manage all of their other financial responsibilities. One informant highlighted this struggle with the question: **“Do I take the low paying job or pay for daycare?”** Community members in the focus groups confirmed this conundrum as well. One community member explained, **“Sometimes you’re paying more than half your check in childcare depending on the number of kids you have.”** When individuals are struggling to pay so much for childcare, **“It makes more sense to stay home.”** A lack of affordable childcare may be a barrier that keeps people from employment and limits their financial flexibility.

Community Collaboration

When asked about potential assets that could be leveraged to better meet the needs of the community, many key informants identified **“collaboration, responsible collaboration, or carefully communicated collaboration”** among agencies as a critical piece of this work. Others agreed that more work should be done to address the pervasive issues of poverty in more innovative ways. **“We need to be creative to address problems...”** As one informant stated, **“My greatest asset is truly other people who care.”**

Many key informants identified agency collaboration as key to better addressing the needs of individuals in poverty.

Youth Programming

Community members suggested that ENCAP utilize its building space to provide **“something for kids or teens.”** One community member expressed a desire to have her child participate in community service activities. Another community member said that ENCAP should provide programming that promotes youth problem solving instead of **“always telling them what things should be.”** Community members concluded with the idea that children and teens need more opportunities. **“Give the kids more to look for”** in regards to their futures.

Many community members confirmed or elaborated upon information presented initially by the key informants. These findings are an important component of identifying community needs, as well as better understanding the need from those who are experiencing it.

SNAPSHOT OF BEST PRACTICES

STEPS chose the following literature based on best practices, collaborative efforts addressing poverty, and increasing social capital and hope in impoverished communities. Reviewing these practices and modeling programming after them may help ENCAP increase its effectiveness in achieving its mission.

Intergenerational Poverty

Utah Intergenerational Welfare Reform Commission. (2016). Utah's fifth annual report on intergenerational poverty, welfare dependency, and the use of public assistance. Retrieved from <https://jobs.utah.gov/edo/intergenerational/igp16.pdf>

This report distinguishes between two types of poverty: intergenerational poverty and situational poverty. The findings conclude that situational poverty brought on by the loss of a job or the death of a spouse can be effectively assisted with the current prevention and assistance programs in place. However, intergenerational poverty—poverty impacting families across multiple generations—is not adequately addressed to help families reach self-sufficiency. The commission concluded that there are four indicators of child well-being that must be addressed to break the cycle of intergenerational poverty and to provide increased opportunities for these children to succeed: health, family economic stability, early childhood development, and education. Various indicators are included for each a category to track the progression and impact of change efforts. Included in this report are benchmarks and recommendations regarding the commission's 5- and 10-year plan to implement positive changes. Promising practices in this report include a home visiting program, Care Coalition community response, school-based behavioral health programs, investments in early childhood development opportunities, economic development programs, and adult education.

Promising Practice: Home Visits

The home visiting program utilized TANF resources to provide evidence-based visitation to individuals living in communities with high numbers of people living in intergenerational poverty situations. These visitations “are designed for parents with young children to obtain strong parenting skills that promote children’s healthy development” (p. 24). These programs have been effective in meeting outcomes relating to healthy pregnancies, healthy childhood development, and economic stability.

Promising Practice: CARE Coalition Community Response

A coalition including representatives from county government, local behavioral health authorities, school district officials, hospital staff, and law enforcement was created to utilize an evidence-based “prevention system designed to reduce adolescent delinquency and substance abuse through preventative interventions identified and tailored to the county’s” needs (p. 49). This model utilizes cross-sector partnerships to strategically address community issues associated with intergenerational poverty.

Promising Practice: Economic Development

One school district worked to empower students to develop goals and plans for future careers. The school achieved this by “creating a culture where enrollment in post-secondary education or training programs is expected of all students, even among those who are first-generation college students” (p. 33). This initiative helped support students and ensure that regardless of current educational standing, students had the support necessary to make positive strides. Students received access to college advisors who helped them navigate the enrollment process in post-high school training. This program allowed students to increase graduation rates and enrollment in post-secondary education.

Promising Practice: Adult Education

One adult education program is “achieving a level of success seemingly unobtainable in other programs” by focusing on the academic and social/emotional needs of enrolled students (p. 40). By monitoring academics along with providing resources to childcare, tutoring, financial aid, and counseling, students were able to have needs addressed in a timely manner. This programming allowed students more opportunity for success, however, many students attributed the one-on-one assistance and access to childcare as the main reason they were successful.

Pac, J., Nam, J., Waldfogel, J., & Wimer, C. (2017). Young child poverty in the United States: Analyzing trends in poverty and the role of anti-poverty programs using the Supplemental Poverty Measure. *Children & Youth Services Review*, 74, 35-49.
doi:10.1016/j.chilyouth.2017.01.022

While children of all ages are impacted by poverty, the age group said to be the most at risk are the younger children who rely solely on caregivers for “adequate substance and care” (p. 35). “Early childhood (the period from birth through age five) is generally recognized as a “sensitive period,” during which children's neurological development and subsequent cognitive and non-cognitive abilities are shaped by the accumulation of childhood experiences” (p. 36). The short-term effects of poverty on these youth can lead to negative health issues, lower educational attainment, and cognitive delays. Anti-poverty programs that have early intervention for families with young children are believed to create more successful outcomes for children as they grow up.

Sparks, S. (2014). Anti-poverty programs target both children and parents. *Education Week*, 14-15.

Intergenerational approaches are frequently utilized to assist families in poverty. Effective dual generational programming may include childcare, parenting classes, academic counseling, and career training, along with a variety of other programs. Studies have shown that “parents’ and children’s educational and life trajectories are inextricably linked” (p. 14). This suggests that further programming to address the needs of both the parent and the child may be beneficial.

Collaboration to Address Need

Cnaan, R., & An, S. (2016). Harnessing faith for improved quality of life: Government and faith-based nonprofit organizations in partnership. *Human Service Organizations: Management, Leadership & Governance*, 40(3), 208-219. doi:10.1080/23303131.2015.1117555

This article discusses an initiative to merge faith-based communities with public sector organizations in order to better address the unmet need for mental health services. Network governance is a model utilized by Arthur C. Evans, Jr. during his time as commissioner of Philadelphia's Department of Behavioral Health and Intellectual Disability (DBHIDS).

Scholars define network governance in several ways. One said that it "vaguely refers to nonhierarchical attempts at coordinating public and private interests, actions and resources" (p. 210). Another said network governance is "relatively stable, horizontal articulations of interdependent but operationally autonomous actors, who interact through negotiations which take place within a regulative, normative, cognitive framework that is self-regulated within limits set by external agencies and which contributes to the production of public purpose" (p. 210).

A key piece of this collaboration involved engaging faith-based leaders and making them "willing collaborators" in the process (p. 214). Two committees were created, one to identify and reach out to faith-based leaders in the community while the other worked on creating internal adaptations that "could enhance the incorporation of faith and spirituality in the care of needy individuals" (p. 214). Much work took place to incorporate and provide opportunities for faith-based leaders to become involved in the mental health partnership.

This partnership allowed the DBHIDS to reach out to underserved populations through a connection with a faith-based community representative. For example, Buddhist priests assisted with contacting immigrants from Southeast Asia (p. 215). Through the repetition of similar collaborations, the Faith and Spiritual Affairs advisory board learned to identify the appropriate clergy member when needing to contact a new population.

Simo, G. (2009). Sustaining cross-sector collaborations: Lessons from New Orleans. *Public Organization Review*, 9(4), 367-384. doi:10.1007/s11115-009-0091-x

Cross-sector collaboration can be utilized "when the issues to be ameliorated transcend the capabilities of single organizations" or when organizations lack the capacity to affect needed change on their own" (p. 368). This article examines the collaboration between nonprofits and faith-based organizations during the aftermath of Hurricane Katrina in New Orleans. Many critiques have been stated about the coordination of assistance in regards to this natural disaster. As people noted, there were communication failings, poorly planned evacuations, and inadequate planning overall. The public witnessed responses "primarily from a largely uncoordinated and inconsistent set of nonprofit, faith-based and private actors" (p. 371). A cross-sector collaboration model is discussed, encompassing five components: initial conditions, process, structure and governance, contingencies and constraints, and outcomes and accountability.

Initial conditions for cross-sector collaboration often require clearly defined relationships, agreements on the problem, sponsors, and agency characteristics. Without focusing and clearly defining the linkages and duties of organizations in a partnership, there is room for issues during large-scale emergencies. After the hurricane emergencies passed, several organizations failed to see the need or lacked in capacity that would encourage them to collaborate with other agencies. This led to organizations working in silos instead of together to address a problem. Process conditions include “forging initial agreements, building leadership, legitimacy, and trust, managing conflict, and planning” phases (p. 376). Trust between the partnering agencies must be established in order to have a solid collaboration, and to ensure effective communication, teamwork, and follow through. Structure and governance is important to establish in any collaborative effort as it helps to define the roles and responsibilities within the partnership.

Social Capital, Hope, and Intergenerational Findings

Sheehan, K., & Rall, K. (2011). Rediscovering hope. *Phi Delta Kappan*, 93(3), 44-47.

In this article, Sheehan argues that “the real problem for children in poverty may not be weak academic skill sets, poor teachers, or lesser resources, but rather a lack of hope that they can alter their life conditions through effort” (p. 44).

Hope is defined as the “capacity to clearly conceptualize goals, develop strategies to reach our goals, and initiate strategies and sustain the motivation to achieve those goals” (p. 44).

Located in Freeport, New York, De La Salle School is discussed as a success in “building academic capacity, spiritual strength, a feeling of community—and a culture of hope for children in poverty” (p. 45). This school enrolls male students of color living below the poverty line. Upon entering this school, many students are “two grade levels behind but are at or above state-mandated levels by the time they complete their program” (p. 45). All of the students who go through this program graduate from high school, despite the fact that the “national average suggests that only one in three males from similar conditions of poverty and these neighborhoods would be expected to graduate” (p. 45).

The school utilizes research and best practices regarding hope in order to transform the lives of the students in the program. Praise for successes, small class sizes, and exposure to the success of others are all strategies utilized in this school. By allowing alumni of the school to return and meet with students, the school emphasizes the possibility of success, along with increasing the social capital that students have.

Four strategies utilized to increase hope within the school system include “hope finding, hope bonding, hope enhancing, and hope reminding” (p. 46).

“**Hope finding**” involves the process of “making students aware of the disposition of hope in their own dispositions and frames of mind as well as in others” (p. 47). Teachers can discuss the concept of hope with students by “having students identify goals, agency, and pathways of characters in stories” (p. 47). This allows them to further their understanding of the concept, helping to open their minds to the possibility of more.

“Hope bonding” involves the “relationships that serve as persuaders that we can attain our goals” (p. 47). Teachers and school leadership take on these roles and promote concepts of hope in conversation and teachings with students.

“Hope enhancing” includes activities that allow students to clearly articulate, “goals, develop pathways to achieving those goals...and reframe obstacles into challenges” (p. 47). By having students actively think about their goals and various steps to securing their future, a culture of hope can be created.

“Hope reminding” involves students being reminded and consistently aware of their goals along with the struggles that they are overcoming to achieve those goals.

By creating and fostering hope in students, educators and others alike can work to empower individuals to chase and achieve their dreams. Tracking goals with lists and personal reflection helps to keep the conversation about progress close at hand.

DeVore, S., Winchell, B., & Rowe, J. M. (2016). Intergenerational programming for young children and older adults: An overview of needs, approaches, and outcomes in the United States. *Childhood Education, 92*(3), 216-225. doi:10.1080/00094056.2016.1180895

This article stresses the importance of intergenerational (IG) programming and the positive outcomes it has on both the children and seniors involved. Outcomes of such programming, as well as information regarding the planning process are included.

Outcome of intergenerational programming can include improved awareness and attitudes about each group toward the other. One study showed that “children who had participated in IG activities shared significantly more positive descriptions of sketches depicting older adults than children who attended a traditional preschool program” (p. 218). Many times, older adults “formed close relationships with young children” and became more comfortable engaging with children throughout the programming. By increasing levels of engagement between these two groups, young children are said to have “increased empathy towards older adults and gains in social skills” (p. 221). Levels of “higher engagement contribute to the older adults’ well-being and sense of purpose” (p. 221). These findings are important as they highlight the effect that IG programming can have in the lives of children and older adults.

Mariani, S. (2016). Universal internet access as a tool to fight poverty: The FCC’s Lifeline Program. *Georgetown Journal on Poverty Law & Policy, 23*(3), 551-570.

This article discusses the importance of the internet in relation to connecting humans to mainstream society. The FCC “recognizes high-speed Internet as the 21st Century’s essential communications technology” (p. 553). Without access to the internet, many Americans struggle to obtain online information about housing, transportation, services, and employment. In 2016, it is estimated that “20% of Americans, sixty-four million people, have neither a home broadband connection nor a smartphone through which they can connect to the Internet” (p. 554). In 2013, around 27% of Americans did not have access to internet in their own homes. Of individuals not

having access to internet, a disproportionate number of them are living in poverty. This article suggests that the “digital divide” can only be equalized by creating equal access to the internet for all people (p. 554). This can increase people’s access to social resources, via friends and family, as well as other opportunities provided through the internet.

SUMMARY AND NEXT STEPS

Poverty and its effects on families and children is a significant problem in Douglas and Sarpy counties. Just as poverty does not develop overnight, it cannot be resolved overnight. In broad strokes, this needs assessment identifies some of the biggest needs in ENCAP’s service area and lays the groundwork for ENCAP to determine next steps forward. Any of the areas identified in this report could be studied on its own to better define the need, hear how families and communities wish the need to be addressed, and examine efforts currently underway.

Intergenerational poverty creates a culture of symptoms for people of all ages who live in impoverished conditions; it is often considered to be more difficult to address than situational poverty. Despite its complexity, interventions that address the whole family are helpful in meeting the specific needs of families and children.

Key informants stated that collaboration and creative solutions need to be effectively communicated across agencies. As said best by one informant, **“We would have more impact if we worked collaboratively on an issue instead of in a silo.”** Collaborations could help break the cycle of intergenerational poverty by tailoring services for the unique needs of children and parents.

Overall, key informants and community members also spoke about the impact that hope can have on individuals. Through the empowerment of communities and the fostering of hope, individuals can come to believe in themselves and envision a brighter future. ENCAP is well-positioned to bring hope for individuals, families, and communities mired in intergenerational poverty. ENCAP’s current behavioral health, nutrition, family development, and transportation services appear to be welcomed by the individuals they reach, young and old alike.

ENCAP should be bold in moving forward, while continuing to listen to the voices of those around them. ENCAP can be part of the solution through getting food to the hungry, shelter to those in unsafe housing, jobs to those needing a livable wage, transportation to those who feel stranded, mental health services to those who seek them, and support to those who feel alone.

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Appendix A Poverty Thresholds for 2016 by Size of Family and Number of Related Children under 18 Years

Size of family unit	Related children under 18 years								
	None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual):									
Under age 65.....	12,486								
Aged 65 and older.....	11,511								
Two people:									
Householder under age 65.....	16,072	16,543							
Householder aged 65 and older.....	14,507	16,480							
Three people.....	18,774	19,318	19,337						
Four people.....	24,755	25,160	24,339	24,424					
Five people.....	29,854	30,288	29,360	28,643	28,205				
Six people.....	34,337	34,473	33,763	33,082	32,070	31,470			
Seven people.....	39,509	39,756	38,905	38,313	37,208	35,920	34,507		
Eight people.....	44,188	44,578	43,776	43,072	42,075	40,809	39,491	39,156	
Nine people or more.....	53,155	53,413	52,702	52,106	51,127	49,779	48,561	48,259	46,400

Source: U.S. Census Bureau.

Appendix B Living Wage Calculation for Douglas County, Nebraska

The living wage shown is the hourly rate that an **individual** must earn to support their family, if they are the sole provider and are working full-time (2080 hours per year). All values are **per adult in a family** unless otherwise noted. The state minimum wage is the same for all individuals, regardless of how many dependents they may have. The poverty rate is typically quoted as gross annual income. We have converted it to an hourly wage for the sake of comparison.

Hourly Wages	1 Adult	1 Adult 1 Child	1 Adult 2 Children	1 Adult 3 Children	2 Adults	2 Adults 1 Child	2 Adults 2 Children	2 Adults 3 Children
Living Wage	\$10.28	\$22.61	\$29.06	\$37.09	\$8.80	\$12.90	\$15.85	\$18.92
Poverty Wage	\$5.00	\$7.00	\$9.00	\$11.00	\$3.00	\$4.00	\$5.00	\$6.00
Minimum Wage	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00

Source: <http://livingwage.mit.edu/counties/31055>

Typical Expenses

These figures show the individual expenses that went into the living wage estimate.

Annual Expenses	1 Adult	1 Adult 1 Child	1 Adult 2 Children	1 Adult 3 Children	2 Adults	2 Adults 1 Child	2 Adults 2 Children	2 Adults 3 Children
Food	\$3,047	\$4,613	\$6,867	\$9,073	\$5,587	\$7,069	\$9,079	\$11,031
Child Care	\$0	\$5,836	\$11,671	\$17,507	\$0	\$5,836	\$11,671	\$17,507
Medical	\$2,252	\$7,061	\$6,774	\$6,935	\$5,300	\$6,774	\$6,935	\$6,793
Housing	\$6,192	\$10,032	\$10,032	\$13,524	\$7,992	\$10,032	\$10,032	\$13,524
Transportation	\$4,235	\$8,042	\$10,504	\$11,460	\$8,042	\$10,504	\$11,460	\$11,498
Other	\$2,560	\$4,175	\$5,027	\$6,260	\$4,175	\$5,027	\$6,260	\$5,702
Required annual income after taxes	\$18,286	\$39,758	\$50,875	\$64,758	\$31,095	\$45,243	\$55,437	\$66,056
Annual taxes	\$3,103	\$7,276	\$9,564	\$12,391	\$5,496	\$8,405	\$10,503	\$12,658
Required annual income before taxes	\$21,389	\$47,035	\$60,440	\$77,150	\$36,591	\$53,649	\$65,940	\$78,714

Source: <http://livingwage.mit.edu/counties/31055>

Appendix C Poverty Thresholds for Services

2015 Federal Poverty Level Guidelines

Program Eligibility	Child Care Subsidy	SNAP	WIC Reduced Price Meals	CHIP (Kids Connection)	ACA Exchange Tax Credits	
Family size	100%	130%	133%	185%	200%	400%
1	\$11,770	\$15,301	\$15,654	\$21,775	\$23,540	\$47,080
2	\$15,930	\$20,709	\$21,187	\$29,471	\$31,860	\$63,720
3	\$20,090	\$26,117	\$26,720	\$37,167	\$40,180	\$80,360
4	\$24,250	\$31,525	\$32,253	\$44,863	\$48,500	\$97,000
5	\$28,410	\$36,933	\$37,785	\$52,559	\$56,820	\$113,640
6	\$32,570	\$42,341	\$43,318	\$60,255	\$65,140	\$130,280
7	\$36,730	\$47,749	\$48,851	\$67,951	\$73,460	\$146,920
8	\$40,890	\$53,157	\$54,384	\$75,647	\$81,780	\$163,560

Source: Georgetown University Health Policy Institute: Center for Children and Families.

*For families with more than 8 people, add \$4,160 for each additional member.

Kids Count Nebraska, 2017

Other thresholds for services in Nebraska (percent of poverty level):

ENCAP	125%
Supplemental Nutrition Assistance Program (SNAP)*	130%
Commodity Supplemental Food Program (CSFP)	130%
Free and reduced price lunch (school)	185%
Medicaid	185%
Aid to Dependent Children	185%

*formerly known as the Food Stamp Program

Employment First: see http://dhhs.ne.gov/children_family_services/Pages/wer_werindex.aspx

Sources:

SNAP: http://dhhs.ne.gov/children_family_services/Pages/fia_guidelines.aspx

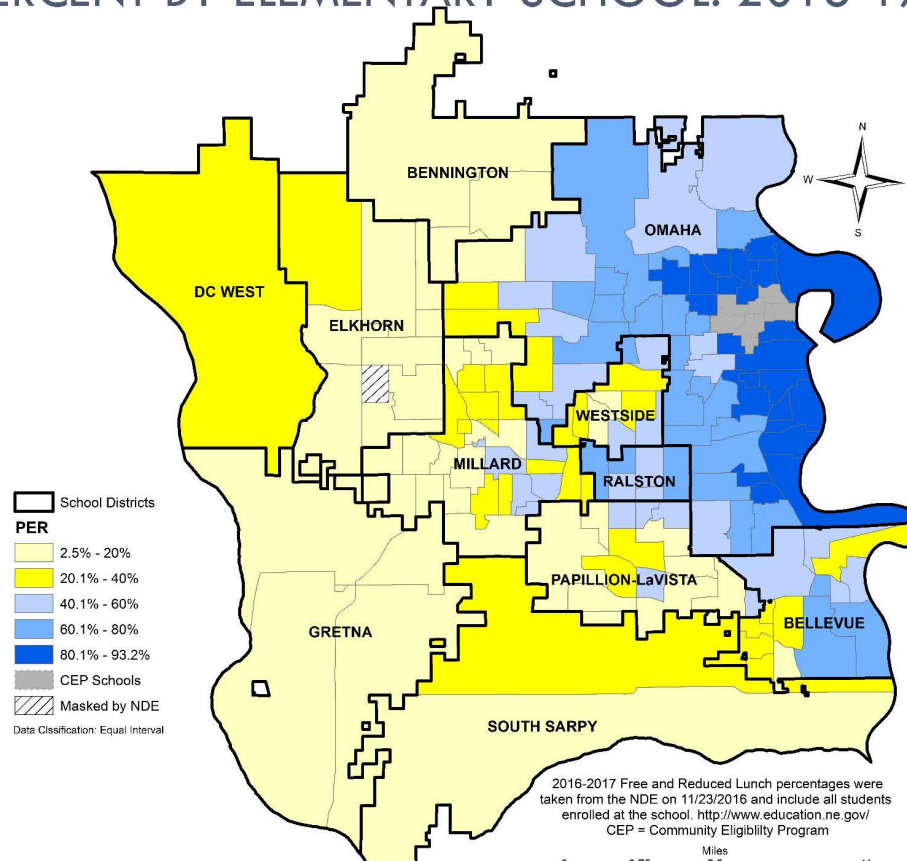
Free or reduced price lunch: <https://nces.ed.gov/blogs/nces/post/free-or-reduced-price-lunch-a-proxy-for-poverty>

Medicaid: http://dhhs.ne.gov/medicaid/Pages/med_reform_eligibility.aspx

Aid to Dependent Children: http://dhhs.ne.gov/children_family_services/Pages/fia_adc.aspx

Appendix D Map: Free and Reduced Lunch

LEARNING COMMUNITY FREE & REDUCED LUNCH PERCENT BY ELEMENTARY SCHOOL: 2016-17



Source: <http://district.ops.org/Portals/0/RESEARCH/Docs/Statistical%20Reports/FreeReduced/2016-17%20FreeReducedLunchReport.pdf>

Appendix E Key Informant and Focus Group Questions

Questions: Key Informant Interviews

1. How long has your organization provided services to the community?
2. What services do you provide to the community?
3. Why do you provide these particular services?
4. Who is your target population?
5. What does the target population need most? How are these needs being met?
6. What are the unmet needs in the community?
7. What areas within Eastern Nebraska has the highest unmet need?
8. What are some of the challenges or barriers that prevent them from getting what they need?
9. What assets can be leveraged to address the need that exist in the community?
10. In your opinion, where are the gaps in existing services?

Questions: Focus Groups

1. What is your name? How long have you lived in Omaha?
2. What do you think about transportation in Omaha? What can be done to improve transportation?
3. When you need services, for example rental assistance or access to a food bank, how do you find out about the services available?
4. What are some of the greatest challenges your community/neighborhood is facing right now? What are services that could make a major positive impact in your life?
5. What is it like for you (or your friends or family members) to find jobs with livable wages?
 - a. What are some barriers that keep you from finding a job?
 - b. What do you need to help you get a better job?
 - c. What are the barriers that keep you from maintaining employment once you have a job?
6. What do you know about ENCAP and its services?
7. (Omaha groups only) ENCAP wants to better utilize their building space. Thinking about the community needs, how could ENCAP best use their space?