

LANCASTER COUNTY EARLY CHILDHOOD HEALTH STATUS

*We will be a culturally aware
and inclusive community
where all young children
and their families are
healthy, thriving, and
connected.*



A collaboration between



TABLE OF CONTENTS

Population	3
Pre and Post Natal	
Births	4
Prenatal Care and Behaviors	5
Pregnancy Outcomes	6
Family Resources	
Family Income and Employment	7
Early Childhood Program Enrollment	8
Access to Care	
Health Insurance	10
Access to Health Providers	11
Health Promotion	12
Health Conditions	
Special Health Care Needs	13
Mental/Behavioral Health	14
Injuries & Mortality	15
Sources	16

This report has been generously provided by The Community Health Endowment of Lincoln and Children’s Center for the Child & Community, the community outreach hub of Children’s Hospital & Medical Center.

We could not have produced this report without those who generously provided their data and expertise. Any opinions, views, or policy positions expressed within this report are the authors’ only.

With special thanks to:

Brian Baker, Lincoln-Lancaster County Health Department

Jill Bomberger, Community Action Partnership of Lancaster and Saunders Counties

Kodi Bonesteel, Lincoln-Lancaster County Health Department

Kim Collins, DHHS

Purva Deshmukh, DHHS

David Drozd, Center for Public Affairs Research, UNO

Doug Gillespie, DHHS

Andrea Haberman, Lincoln-Lancaster County Health Department

Raju V. Kakarlapudi, Lincoln-Lancaster County Health Department

Rob McEntarffer, Lincoln Public Schools

Norm Nelson, Vital Statistics, DHHS

Wendy Rau, Lincoln Public Schools

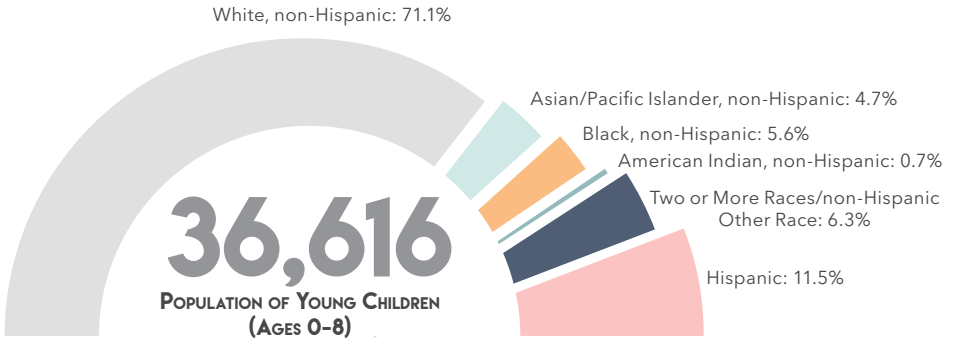
Susan Schoen, WIC, DHHS

Jessica Seberger, PRAMS, DHHS

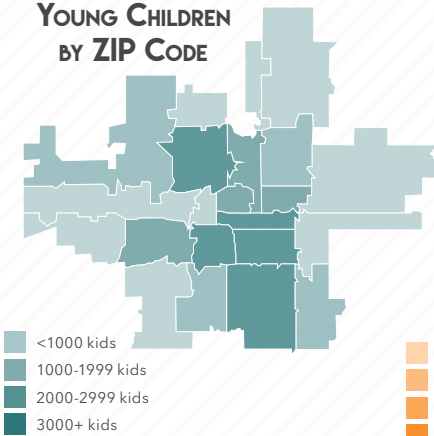
Jennifer Severe-Oforah, DHHS

POPULATION

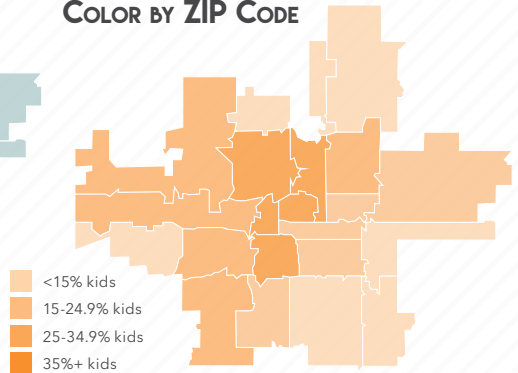
Lancaster County's young children make up 12.1% of the population and 52.8% of children under 18 living in the county. The highest concentrations of children reside in ZIP codes 68502, 68506, 68516, and 68521. White, non-Hispanic children make up a majority of 0-8 year olds in Lancaster county followed by Hispanic children. Populations of children of color are concentrated in central and Northwest Lincoln ZIP codes. 71.6% of young children live with two parents and 19.5% live with a single female.



YOUNG CHILDREN BY ZIP CODE



YOUNG CHILDREN OF COLOR BY ZIP CODE



71.6%

Married Couple Families



8.6%

Male Householder



19.5%

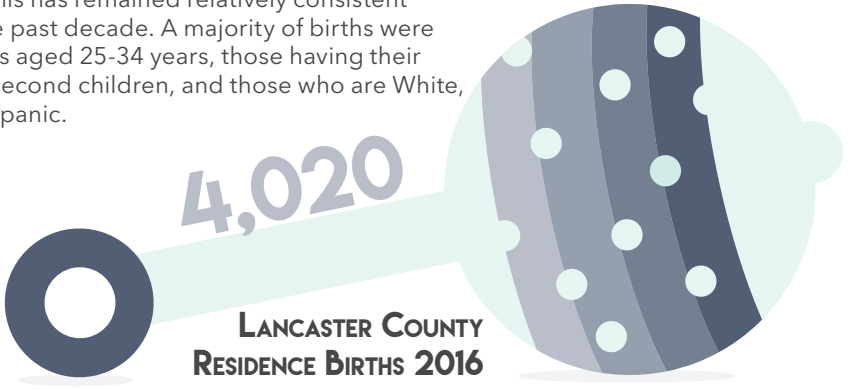
Female Householder



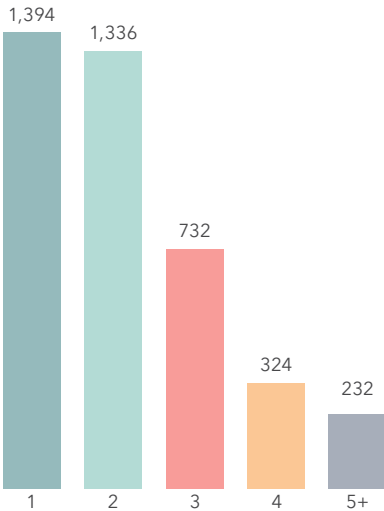
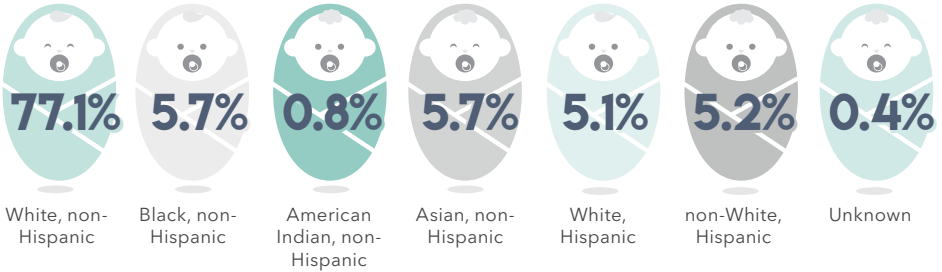
0.3%

Non-family households

4,020 babies were born in Lancaster County in 2016. This has remained relatively consistent over the past decade. A majority of births were to moms aged 25-34 years, those having their first or second children, and those who are White, non-Hispanic.



BIRTHS BY RACE/ETHNICITY



NUMBER OF BIRTHS BY PARITY

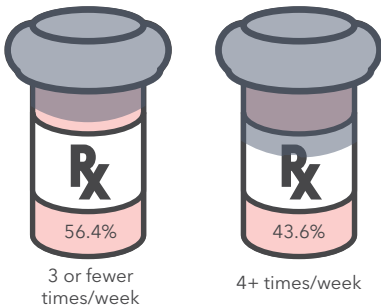
BIRTHS BY MOTHER'S AGE



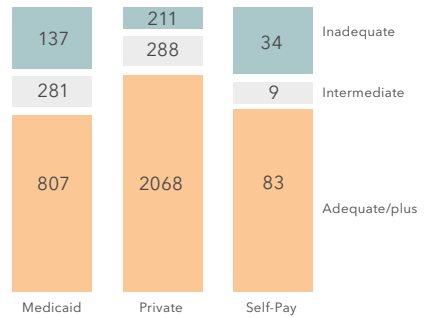
15-19: 4.0% 20-24: 15.6% 25-34: 63.3% 35+: 17.1%

PRENATAL

Women who see a health care provider regularly during pregnancy have healthier babies and are less likely to deliver prematurely or have other serious pregnancy-related problems (Kids Count). 81.1% of Lancaster County pregnant women begin prenatal care during their first trimester. Women with private health insurance are more likely to receive adequate prenatal care than those on Medicaid or self-pay. American Indian women have the highest rate of inadequate prenatal care.

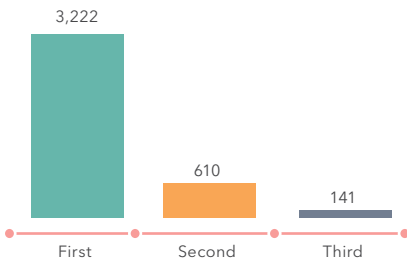
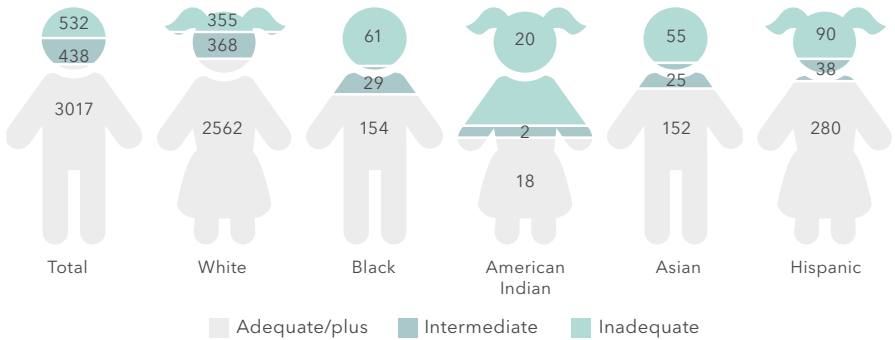


FOLIC ACID USE PRIOR TO PREGNANCY



PRENATAL CARE ADEQUACY BY PAYMENT TYPE

PRENATAL CARE ADEQUACY BY RACE/ETHNICITY



TRIMESTER BEGAN PRENATAL CARE

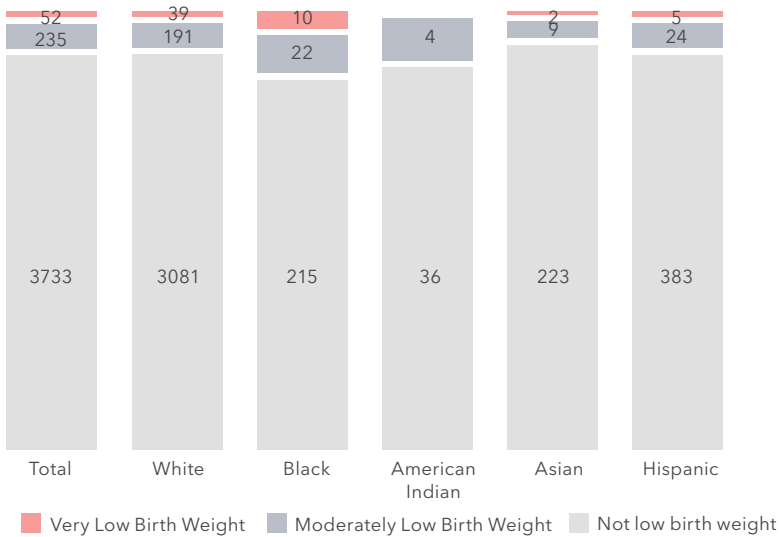
TOBACCO USE DURING PREGNANCY (2016)

Used Tobacco	395
Did Not Use Tobacco	3,443
Former Tobacco User	182

PREGNANCY OUTCOMES

A baby born with a low birth weight may have trouble eating, gaining weight, and fighting off infections (March of Dimes). 92.9% of Lancaster County babies are born at a healthy weight, but only 87% of Black babies are.

LOW BIRTH WEIGHT BIRTHS



NEBRASKA MOMS' BREASTFEEDING DURATION

Breastfeeding at 13 weeks: **60.4%**

Breastfeeding at 8 weeks: **68.5%**

Breastfeeding at 4 weeks: **79.5%**

The American Academy of Pediatrics recommends that infants should be breastfed for the first twelve months of life to achieve optimal growth, development, and health.

12%

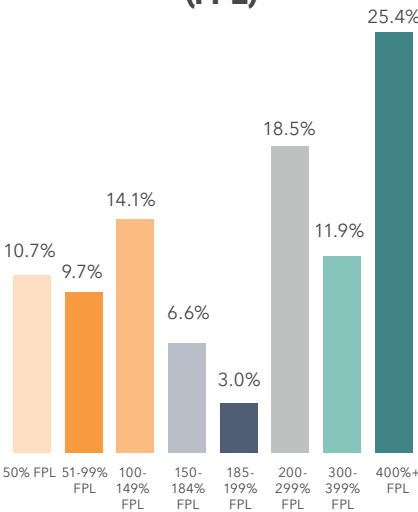


of new Nebraska moms experienced depression related to their most recent pregnancy.

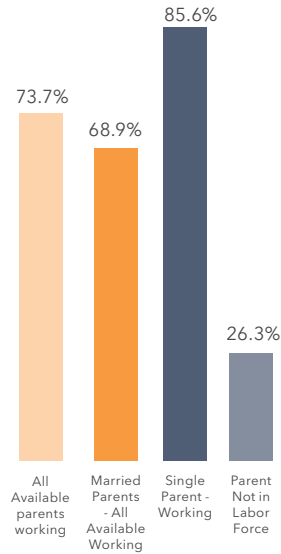
FAMILY POVERTY & EMPLOYMENT

A majority of Lancaster County children have all their parents in the workforce, but despite high rates of employment, childhood poverty still persists with 20.4% of 0-8 years olds living below the poverty line and 44.1% living in low-income families who may struggle to reach economic stability and self-sufficiency. Lancaster County also has areas of concentrated poverty, especially in ZIP codes of 68503, 68504, and 68508.

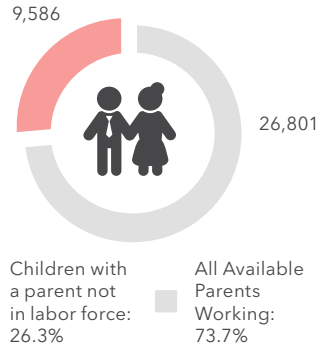
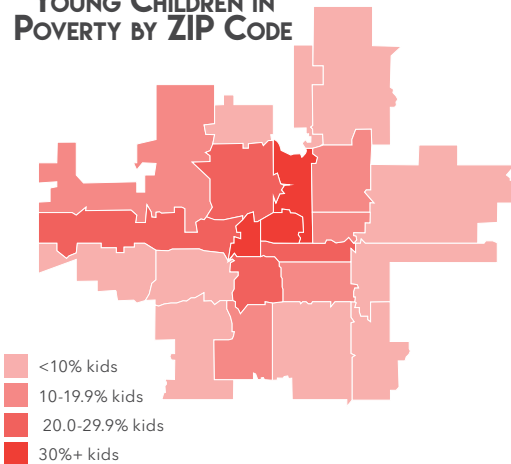
LANCASTER COUNTY CHILDREN 0-8 BY RATIO TO FEDERAL POVERTY LINE (FPL)



PARENT'S EMPLOYMENT STATUS OF LANCASTER COUNTY CHILDREN 0-8

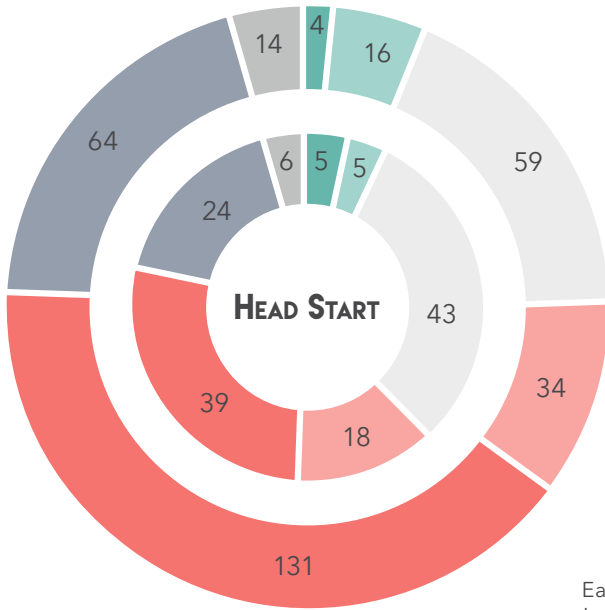


YOUNG CHILDREN IN POVERTY BY ZIP CODE



EARLY CHILDHOOD COMMUNITY SERVICES

EARLY HEAD START

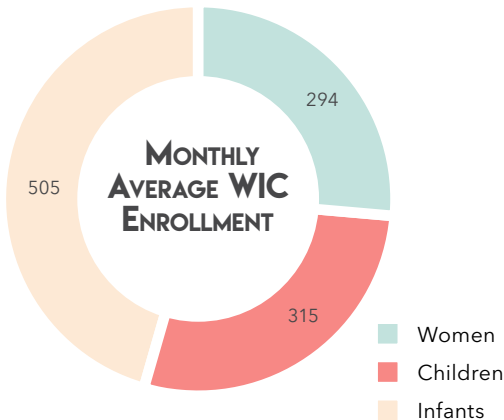


- American Indian
- Asian/Pacific Islander
- Black/African American
- Other/Unspecified
- 2+ Races
- White Non-Hispanic
- White Hispanic

Early Head Start/Head Start Language Spoken at home:

English	240
Spanish	87
Middle Eastern Language	126
Far East Asian	10
European	2
African	7
Other	12

	Center Based	Home Based
Early Head Start	136	132
Head Start	119	0

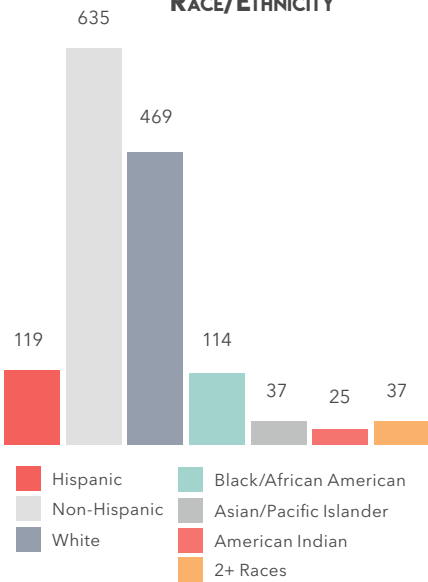


Total WIC Individuals

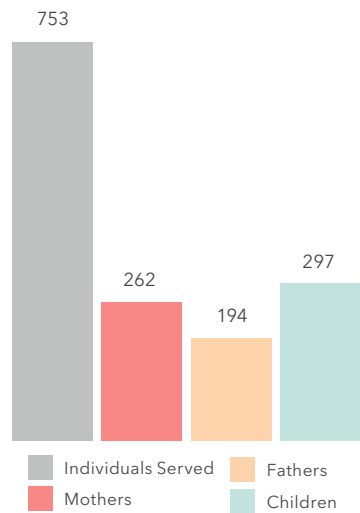
Total Women	2058
Pregnant	912
Exclusive Breastfeeding	226
Total Infants	2208
Exclusively Breastfed	270
Total Children	3532
Children with Special Needs	104

Head Start, Early Head Start, and WIC provide young children and families with nutritious foods, health and nutrition education, and assistance in accessing on-going preventive health care. These programs partner with early childhood home visiting programs to give pregnant women and families, particularly those considered at-risk, the necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn (USDA, HRSA). In Lancaster County, 387 children are served by Head Start/Early Head Start, 7798 total women, infants and children are served by WIC. 753 mothers, fathers, and children are served by Lincoln-Lancaster County Health Department Home Visiting.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT HOME VISITING BY RACE/ETHNICITY

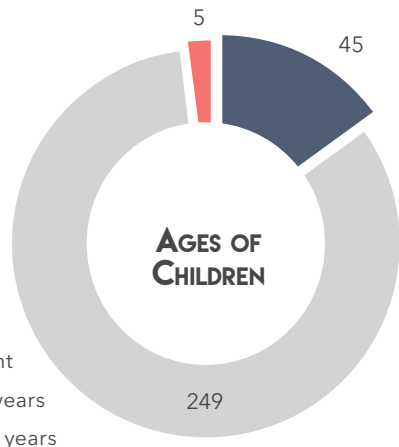


LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT HOME VISITING



4,569 home visits were provided to **342** unique families

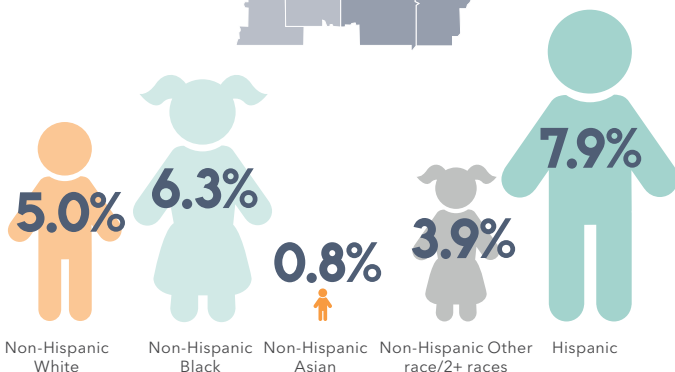
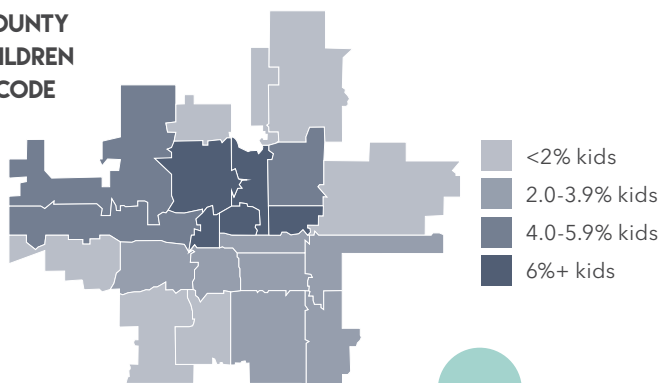
Families speaking **15** different languages were served



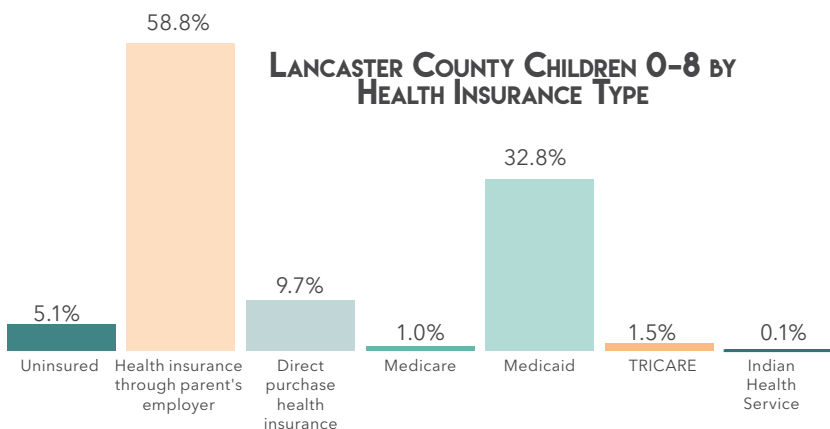
HEALTH INSURANCE

When children have health insurance, they are more likely to be healthy and get medical care than uninsured children. They are also more likely to have improved outcomes related to education and economic security benefiting society as a whole (Child Trends). 5.1% of 0-8 year olds in Lancaster County are uninsured with the highest concentrations of uninsured kids living in ZIP codes 68521, 68508, 68503, 68504, and 68505. Hispanic and Black children are also more likely to be uninsured.

LANCASTER COUNTY UNINSURED CHILDREN 0-8 BY ZIP CODE



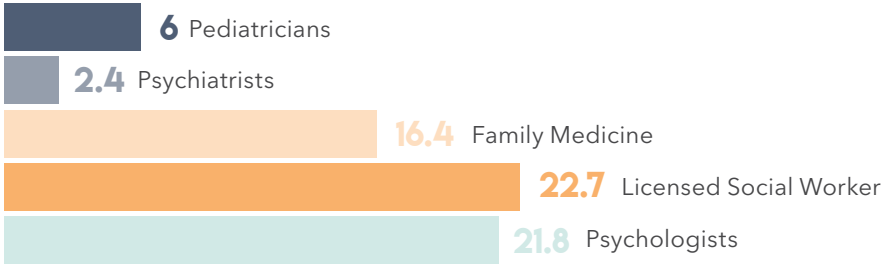
LANCASTER COUNTY UNINSURED CHILDREN 0-8 BY RACE/ETHNICITY



ACCESS TO CARE

Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans (Healthy People 2020).

LANCASTER COUNTY NUMBER OF PROVIDERS PER 10,000 CHILDREN (2015)



85%

of Nebraska kids received medical care in 2016



83%

of Nebraska kids received oral care in 2016



28.5%

of Nebraska 0-11 year olds receive medical care in a well-functioning system



55%

of Nebraska kids receive their medical care in a medical home



LPS DENTAL SCREENINGS

70% of students see their own dentist
28% see a dentist at school
2% received dental screen by school nurse
870 students were referred to further dental care
253 students were identified as having urgent dental needs



LPS HEARING SCREENINGS

16,248 students screened
8.8% required rescreening
1.9% of students were referred due to failing screening
62% of referred students received needed care
58 students made no contact after referral attempts



LPS VISION SCREENINGS

16,248 students screened
10% required rescreening
5% of students were referred due to failing screening
62% of referred students received needed care
331 students made no contact after referral attempts

HEALTH PROMOTION

Children who are food insecure are more likely to be hospitalized and face higher risks of health conditions (Feeding America). 18.7% of Lancaster County children struggle with food insecurity and 6,828 rely on SNAP for some of their nutritional needs.

Childhood vaccines help all children by working to stamp out serious childhood diseases. 98% of LPS elementary children are compliant on all their immunizations.

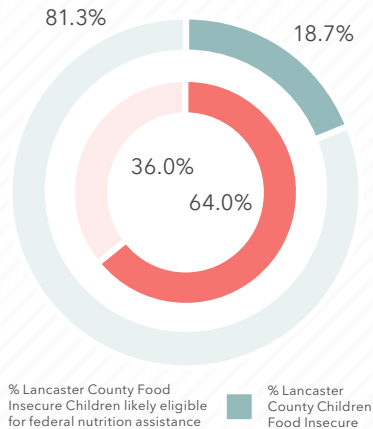
In children, a high amount of body fat can lead to weight-related diseases and other health issues, and being underweight can also put one at risk for health issues (CDC). 67% of LPS children grade 3 and under are at a normal weight. Hispanic children, American Indian children, and low-income children are more likely to have higher BMI and therefore may be at higher risk of health issues.

6,828
LANCASTER COUNTY
CHILDREN 0-8 ON SNAP
(FOOD STAMPS) JUNE 2017

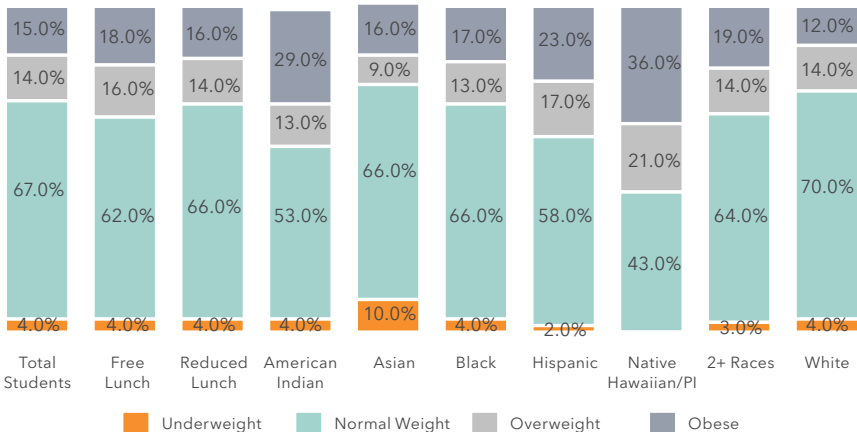
**LPS ELEMENTARY STUDENT
 IMMUNIZATION RATES
 2017/2018 SCHOOL YEAR**

Compliant on all Immunizations	98.0%
Non-compliant	0.6%
Exemptions	1.2%

LANCASTER COUNTY FOOD INSECURE CHILDREN



LPS STUDENTS GRADE 3 AND UNDER BMI



SPECIAL HEALTH CARE NEEDS

Children with special health care needs have, or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions, and who also require health and related services of a type or amount beyond that required by children generally (HRSA).

14.5%

Public school children grade 3 and under designated special education

7.1%

Public school children grade 3 and under with asthma

2.6%

Public school children grade 3 and under with risk of breathing emergency

0.8%

Public school children grade 3 and under with a seizure disorder

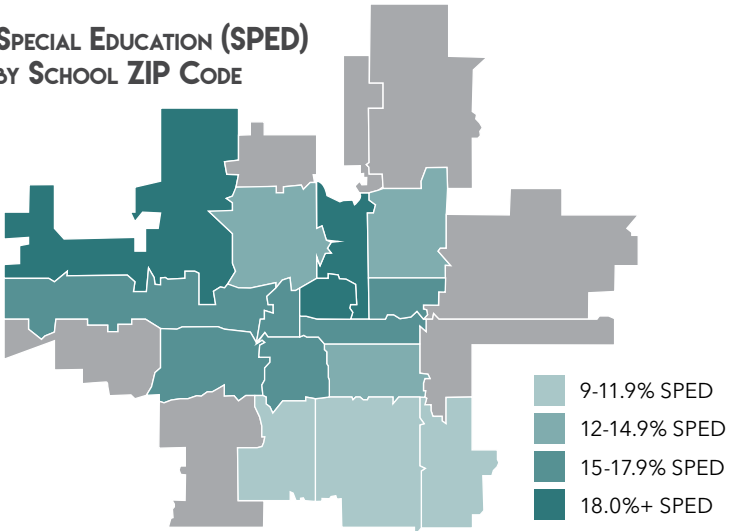
0.2%

Public school children grade 3 and under with diabetes

37

Children had elevated blood lead levels in 2016

SPECIAL EDUCATION (SPED) BY SCHOOL ZIP CODE



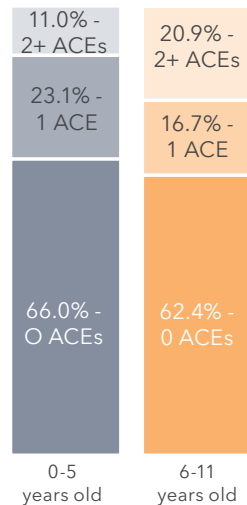
2.4%
(893)

Lancaster County Children 0-8 have a parent-reported disability

MENTAL & BEHAVIORAL HEALTH

As early experiences shape the architecture of the developing brain, they also lay the foundations of sound mental health. Disruptions to this developmental process can impair a child’s capacities for learning and relating to others – with lifelong implications (Center on the Developing Child). Adverse childhood experiences (ACEs) are stressful or traumatic events. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person’s lifespan. When children are exposed to chronic stressful events, their neurodevelopment can be disrupted. As a result, the child’s cognitive functioning or ability to cope with negative or disruptive emotions may be impaired (SAMHSA).

% of Nebraska children experiencing each ACE	0-5 years old	6-11 years old
Parent was divorced or separated	15.2%	19.0%
Lived with someone mentally ill, suicidal, or severely depressed	5.6%	11.5%
Lived with someone with a substance abuse problem	4.1%	10.6%
Parent or guardian was incarcerated	3.5%	10.4%
Very often hard to get by on family income	7.1%	6.0%
Treated or judged unfairly because of race/ethnicity	0.5%	4.8%
Victim or witness to neighborhood violence	0.8%	3.5%
Witnessed domestic violence	3.7%	2.8%
Parent or guardian died	0.5%	2.8%



NEBRASKA CHILDREN EXPERIENCING ACEs

68%

of Nebraska 6 months to 5 year olds met all four measures of "flourishing"

FLOURISHING MEASURES:

1. Child is affectionate with parent/s
2. Child shows interest and curiosity in learning new things
3. Child smiles and laughs a lot
4. Child bounces back quickly when things do not go his or her way

LPS ELEMENTARY SCHOOL MENTAL HEALTH VISITS

277

Unique Students

373 422

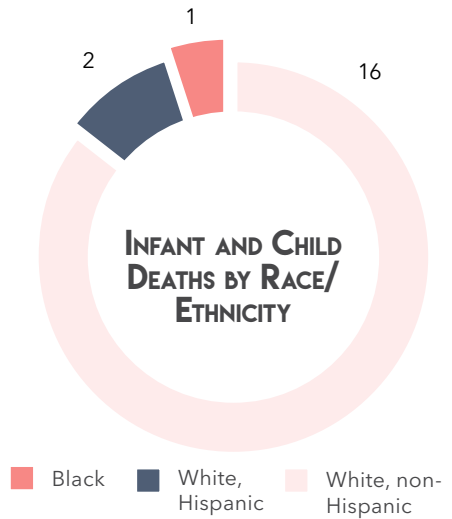
Unique Visits

Interventions

INJURIES & MORTALITY

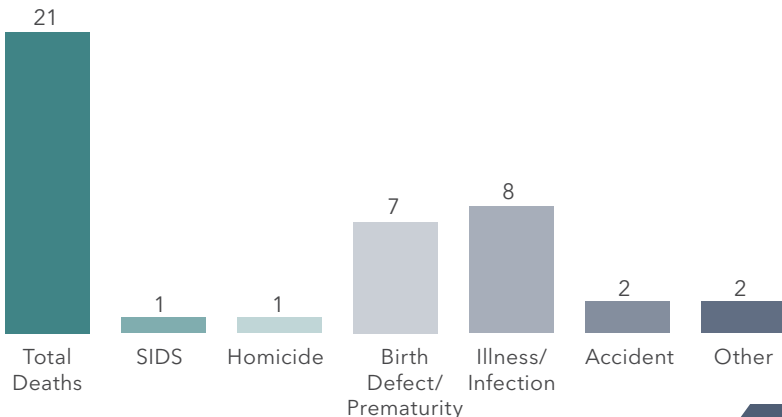
In addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society (CDC). 19 babies died before their 1st birthday in Lancaster County in 2016. Leading causes were illness/infection and birth defects/prematurity. Two Lancaster County children under 8 died due to accident in 2016. 2,241 children 0-8 years old were hospitalized due to injury.

Lancaster County Children 0-8 discharged from hospital due to injury	Jan-Sep 2016
Fall	984
Other/Unspecified	424
Other Transportation	281
Natural/Environmental	191
Motor Vehicle	135
Cut/Pierce	127
Fire/Burn	99
Total	2,241



**RATE OF INFANT MORTALITY
IN LANCASTER COUNTY:**
4.7 per 1,000 live births

INFANT AND CHILD MORTALITY BY CAUSE



DATA SOURCES

Population: U.S. Census Bureau, 2016 American Community Survey 5-year Estimates
Births: Vital Statistics, Nebraska Department of Health and Human Services (DHHS)
Prenatal Care: Vital Statistics, DHHS
Folic Acid Use: Nebraska PRAMS, DHHS
Prenatal Tobacco Use: Vital Statistics, DHHS
Birthweight: Vital Statistics, DHHS
Breastfeeding: Nebraska PRAMS, DHHS
Maternal Depression: Nebraska PRAMS, DHHS
Parent Employment Status: U.S. Census Bureau, 2016 American Community Survey 5-year Estimates
Poverty and Income Ratio: U.S. Census Bureau, 2016 American Community Survey 5-year Estimates
Home Visiting: Lincoln-Lancaster County Health Department
Head Start/Early Head Start: Community Action Partnership of Lancaster and Saunders Counties
WIC: Nebraska WIC Program, DHHS
Health Insurance: U.S. Census Bureau, 2016 American Community Survey 5-year Estimates
Health Care Provider Rate: Centers for Disease Control
Receipt of Care/Medical Home: National Survey of Children's Health
Health Screenings: Lincoln Public Schools
Immunizations: Lincoln Public Schools
Food Security: Feeding America, Map the Meal Gap
SNAP Enrollment: Financial Services, DHHS
Child Weight/BMI: Lincoln Public Schools
Disability: U.S. Census Bureau, 2016 American Community Survey 5-year Estimates
Special Education: Lincoln Public Schools
Health Care Needs: Lincoln Public Schools
Blood Lead Level: Public Health, DHHS
ACEs: National Survey of Children's Health
Flourishing: National Survey of Children's Health
Mental Health Visits: Lincoln Public Schools
Injury Hospitalizations: Safe Kids, Lincoln-Lancaster County Health Department
Mortality: Vital Statistics, DHHS

Author: Chrissy Tonkinson
Designer: Victoria Jones