2016
COMMUNITY ACTION OF NEBRASKA
State and Regional Community Assessment Report
COMMUNITY ACTION

The heart of Community Action is changing people’s lives through the spirit of hope and improving communities. In 2014, Community Action observed its 50th anniversary of helping low income individuals and families transition out of poverty and into a life of self-sufficiency. Whether this story is a well known favorite or one you are hearing for the first time, the War on Poverty was a movement proclaimed half a century ago and is one filled with dreams, courage, and promise.

Currently, there are more than 1,000 Community Action Agencies (CAA’s) across the United States. In Nebraska, there are nine private non-profit CAA’s. Agencies commonly offer assistance with education, employment skills, asset development, financial literacy and budgeting, emergency services, housing needs, transit, weatherization, and Affordable Care Act Navigators.

CAA’s are locally operated and collaborate with various community partners mobilizing resources and creating innovative programs which improve lives and builds stronger communities throughout Nebraska and across the nation.

The Promise of Community Action

Community Action changes people’s lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.

Nebraska’s 9 Community Action Agencies

- Blue Valley Community Action Partnership, Inc.
- Community Action Partnership of Lancaster and Saunders
- Community Action Partnership of Mid-Nebraska
- Community Action Partnership of Western Nebraska
- Central Nebraska Community Action Partnership
- Eastern Nebraska Community Action Partnership, Inc.
- Northeast Nebraska Community Action Partnership, Inc.
- Northwest Community Action Partnership
- Southeast Nebraska Community Action Partnership, Inc.
Acknowledgments

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Community Action of Nebraska expresses its sincere appreciation to the University of Nebraska at Omaha’s Support and Training of the Evaluation of Programs (STEPs) for the data analysis and assistance with the development of this report. We would also like to extend thanks to each of Nebraska’s CAAs for their contributions to this report. Finally, we are grateful to the thousands of Nebraskans who took the time to fill out the survey. This report would not have been possible without their participation.

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Community Action of Nebraska is the state association for the nine Community Action Agencies in Nebraska. Established in 1984, Community Action of Nebraska provides training and technical assistance to the local Community Action Agencies. Community Action of Nebraska staff participate in several statewide initiatives with other partners, working on policies and practices that assist with other organizations to serve low income families.

Community Action of Nebraska launched the 2016 Community Assessment Survey in August 2016, mailing 10,000 surveys to residents across the state of Nebraska. The assessment surveys asked questions covering a wide range of topics, including choices and access to health care; issues related to raising, educating, and caring for children; issues related to home ownership and household expenses; employment, income, and debt; problems faced in meeting basic needs; access to employment and educational services; access to health and community services; safe activities for teens; and independent living.

With this survey, Community Action of Nebraska aims to discover the most pressing challenges Nebraskans face so that Community Action Agencies across the state will be better equipped to address those challenges. These agencies will use the results to evaluate and revise programs and services to better fit the needs of their communities.

**Survey Participants**

2,524 Nebraskans participated in the 2016 survey, a 25% response rate.

**Poverty**

<table>
<thead>
<tr>
<th>TOP PERCEIVED CAUSES OF POVERTY</th>
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<tr>
<td>60% LOW MOTIVATION</td>
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<tr>
<td>51% LACK OF TRAINING OR EDUCATION</td>
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<tr>
<td>46% DRUG ABUSE OR ADDICTION</td>
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<tr>
<td>36% BEING A SINGLE PARENT</td>
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**Health Care**

62% DELAYED medical care DUE to COST

1 in 3 reported issues accessing disability services for adults and children. 1 in 4 reported issues accessing mental health services.

**Housing**

81% owned their own home

Among non-homeowners, 42% reported DOWN PAYMENT as a barrier to homeownership.
Children and Youth

42% were RAISING CHILDREN

TOP 3 ISSUES for those raising children
23% COST OF CHILD CARE
10% LACK OF CHILD CARE OPENINGS
9% LACK OF SICK CHILD CARE

Basic Needs

Respondents were asked if they had any problems with the following basic needs:

- 60% had issues with affordable medical care for the whole family.
- 58% had issues with affordable dental care for the whole family.
- 56% had issues with affordable eye care for the whole family.
- 33% had issues paying for utilities such as gas, electricity, or water.
- 33% had issues with affordable food.
- 33% had issues with affordable housing.
  - had issues with affordable clothing.
  - had issues with safe places to live.

Income and Finances

When respondents compared their financial status to the previous year:

- 58% reported it was about the same.
- 23% reported it was WORSE.
- 19% reported it was BETTER.

- 50% reported NO Credit Card Debt.
- 25% carried $1,000-$4,999.
- 25% carried $5,000.
- 33% with household incomes under $60,000 had used a payday loan in the past year.

Employment

Among respondents looking for work:

- 51% reported health or disabilities as a barrier to employment in their household.
- 18% reported a lack of available jobs as a barrier.
- 11% reported a lack of required education as a barrier.
HEALTH CARE

A QUICK LOOK AT THE NATION

According to the 2015 National Health Interview Survey (NHIS), 9% of all adults were without health insurance. The number of uninsured decreased from 16% in 2010 to 9% in 2015. In 2010, 7% of adults did not obtain needed medical care due to cost, which decreased to 5% in 2015. The percentage of persons who had a usual place to go for medical care was 88% in 2015, 86% in 2013, and 85% in 2010.

THE SURVEY SAYS

Places for Routine Care

In 2016, MOST respondents reported receiving routine health care from their REGULAR FAMILY DOCTOR. WALK-IN CLINICS were the SECOND MOST COMMON place to go for routine medical care. This data is consistent with the 2010 and 2013 survey results.

Health Care Access

The TOP ISSUES for ACCESSING HEALTH CARE SERVICES across the years included: Accessing Disability Services for Adults and Children, and Mental Health Care.
**Delivering Care Due to Cost**
In Nebraska, respondents reported in the 2010, 2013, and 2016 surveys that cost of health care and access to health care was a trending problem.

Trends in delaying health care due to cost were consistent each year. Each year the MAJORITY of respondents DELAYED health care AT LEAST SOMETIMES. Nearly 1 in 5 respondents reported ALWAYS delaying care due to cost each year.

The data showed an upward trend in the overall percentage of respondents who reported that they never delayed health care due to cost in the previous year.

**AFFORDABLE MEDICAL CARE** for the whole family was an ISSUE FOR A MAJORITY of respondents each year. Affordable dental care and eye care also presented problems.

- **Medical care**
  - 62% in 2010
  - 60% in 2013
  - 54% in 2016

- **Dental care**
  - 64% in 2010
  - 55% in 2013
  - 57% in 2016

- **Eye care**
  - 61% in 2010
  - 55% in 2013
  - 55% in 2016

57% DELAYED dental care DUE TO COST in 2016
55% DELAYED eye care DUE TO COST in 2016
HEALTH CARE
Through Words & Experiences

NURSING WITH LOVE

Martha originally came in to Northeast Nebraska Community Action Partnership’s (NENCAP) Women, Infant, and Children (WIC) office for a re-enrollment appointment. Pregnant with twins, Martha voiced her uncertainty about breast-feeding two babies. The NENCAP WIC Certified Lactation Counselor provided support, education and encouragement to Martha and offered her breastfeeding classes.

Martha was hospitalized for one week with preterm labor. She was placed on bed rest 34 weeks into her pregnancy and was unable to attend the breastfeeding classes. Twin girls, Milly and Lilly, were born at 35½ weeks and enrolled into NENCAP’s WIC services when they were 20 days old.

Martha had been mostly breastfeeding the twins up to the time of WIC enrollment. Martha shared that she wanted to work toward fully breastfeeding the twins and did not really want to give them formula. The WIC Lactation Counselor continued to provide her with support and encouragement while breastfeeding the twins.

Martha returned to the WIC office in April 2016. She had continued to breastfeed Milly and Lilly, supplementing with formula only as needed. Martha was able to decrease their food package to one can of formula per month for each baby.

With the loving support and education provided by the WIC Lactation Counselor and the rest of the WIC staff at NENCAP, Martha was able to successfully breastfeed Milly and Lilly for more than one year. Martha says she is, “very thankful to the WIC program for all of the support I received during my pregnancy and with breastfeeding after the babies were born.”
HEALTH CARE MADE PERSONAL

Community Action Partnership of Western Nebraska’s (CAPWN) Health Care Center provides affordable, quality health care for the whole family. It delivers a full range of health services, including medical, dental, reproductive, WIC (Women, Infants and Children), HIV/AIDS, immunizations, behavioral health, diabetic care, migrant and minority programs and services.

A patient came to the CAPWN Health Center for her annual well-woman exam. The provider was quite thorough in her evaluation and examination. Blood work was drawn including liver function testing. The patient’s liver enzymes were slightly elevated. Diligently, the provider ordered an abdominal CT. The test revealed that the patient had a cancerous mass on her right kidney. The mass was fully encapsulated and was able to be removed successfully in surgery. Because of the provider’s attention to detail, the mass was discovered in a timely manner and the patient was able to be treated immediately. Following recovery from the surgery, the patient was able to return to her full-time job. There has been no further reoccurrence.
A QUICK LOOK AT THE NATION

In the United States, the homeownership rate in 2016 was 63.5% which is not significantly different from the seasonally adjusted homeownership rate (63.4%)\(^2\). The national homeownership rate has steadily declined since the 2008 recession\(^3\). In 2015, Nebraska’s homeownership rate was 66.2%\(^{10}\).

THE SURVEY SAYS

Homeownership

81%

Reported Owning Their Own Home in 2016 which is significantly above national and state averages.

Homeownership and Age
Nationally, adults 65 years and older had the highest homeownership rates (79%) while adults under 35 years old had the lowest (35%). Homeownership rates were higher across all age categories in the survey sample compared to national averages\(^2\).

Non-Homeowners
In 2016, 20% of respondents reported not owning a home, a decrease from 2013 where 30% reported not owning a home.

The TOP REASONS for NOT OWNING a HOME in 2016 included:
Unable to Get a Down Payment, Not Wanting to Own, and Unable to Get a Loan.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Down Payment</td>
<td>42%</td>
</tr>
<tr>
<td>Do Not Wish to Own</td>
<td>31%</td>
</tr>
<tr>
<td>Unable to Get a Loan</td>
<td>25%</td>
</tr>
<tr>
<td>Poor Credit Rating</td>
<td>21%</td>
</tr>
<tr>
<td>Lack of Assistance for First-time Home Buyers</td>
<td>16%</td>
</tr>
<tr>
<td>Lack of Quality Housing</td>
<td>15%</td>
</tr>
<tr>
<td>Currently in Process of Purchasing a Home</td>
<td>11%</td>
</tr>
<tr>
<td>Lack of Available Housing</td>
<td>11%</td>
</tr>
</tbody>
</table>
HOUSING

COSTS ASSOCIATED WITH HOUSING

Repairs
The American Housing Survey 2015\(^4\) indicated:

- 14% of all housing units were built before 1940.
- 27% of all housing units were built between 1940 and 1969.
- 42% of all housing units were built between 1970 and 1999.
- 17% of all housing units were built between 2000 and 2015.

Survey respondents who reported owning their home were asked about necessary home repairs. 46% reported no home repairs were necessary. Regarding repairs that were necessary, respondents reported the following repairs, which were consistent with the 2010 and 2013 survey results:

- 27% Structural Repairs
- 21% Plumbing/Electrical
- 15% Heating/Cooling
- 12% Appliances
- 10% Other

Utilities

- 40% of respondents reported spending $200-$299 on monthly utilities.
- 43% of homeowners spent $200-$299 on monthly utilities.
- 24% of renters spent $200-$299 on monthly utilities.
- 19% of renters did not have to pay utilities.
- The above numbers were consistent with 2010 and 2013 survey results.

Rent and Mortgage Payments

- 32% of respondents did not have a monthly rent or mortgage payment.
- 23% of homeowners had a $1,000 or more monthly mortgage payment.
- 28% of non-homeowners (renters) had a $400-$599 monthly rent payment.
SEEKING A BETTER LIFE

Seeking a better life for her family, Kathy and her four children moved to Fairbury in the 1980’s to live with her sister.

“Mr. Rick Nation gave me my first job in the Blue Valley Community Action (BVCA) office. With this job opportunity, I was able to get a place to live. It was truly an answer from God. BVCA gave me a chance to start a new life in Fairbury.”

“I learned early on how important Blue Valley Community Action was to this community. Thirty years later, BVCA, came into my life again.” Kathy feared that soon she would no longer be able to live in her deteriorating 1920’s home due to mounting repair needs she could not afford to make. At 69 years old and living on a fixed income, she contacted BVCA’s Housing Department about affordable repair options. BVCA staff worked with Kathy to enroll her in the Owner Occupied Housing Rehabilitation program, which provides qualified homeowners with a low interest revolving loan for repairs and modifications. Staff coordinated with a licensed contractor to replace the roof, install new siding and windows, update the electric panel, add smoke detectors, install handrails, and test for lead-based paint.

“Blue Valley Community Action is important to our community and other communities like ours. Everything they did was for my care.” Now that her home is rehabilitated and her monthly utility bills have been reduced by half, Kathy feels safe and confident about living there on her own. “It is truly the best house on the block!”
POVERTY

A QUICK LOOK AT CENSUS DATA

The U.S. Census Bureau indicates that nearly 13% of Nebraskans live in poverty.

**Poverty in Nebraska:**
- 21% of children under 5
- 15% of children 5 to 17
- Nearly 9% of all families
- 18% of families with children under 5
- 30% of single mother families
- 51% of single mothers with children under 5

**Top Perceived Causes of Poverty in 2016 by Household Income**

- **Low Motivation:** 60%
- **Lack of Training or Education:** 51%
- **Drug Abuse/Addiction:** 46%
- **Being a Single Parent:** 36%

Trends varied some for those with incomes under $16,000:
- A significantly smaller percentage perceived low motivation, lack of training, and drug abuse or addiction as barrier compared to those with higher incomes.
- A significantly greater percentage perceived not enough jobs, disability, and lack of affordable housing as barriers compared to those with incomes higher than $16,000.
BICYCLING OUT OF POVERTY

Suffering from severe untreated mental health issues, Greg was referred by Goodwill Industries to the local Hall County office of Central Nebraska Community Action Partnership (CNCAP). Greg’s mental health condition had deteriorated resulting in not being able to keep a job and chronic homelessness. He was sleeping in unlocked vehicles, under homes, bridges, and in garages.

A bicycle had been donated to Greg. When possible, Greg biked to the Salvation Army where he could eat two meals a day, other times Greg resorted to eating from the dumpster at night because he was always hungry. Due to his transient lifestyle, Greg’s feet had been rubbed raw from wearing boots two sizes too small.

Greg began meeting with Lisa, CNCAP’s SSI/SSDI Outreach Access and Recovery (SOAR) Advocate. Lisa established a timeline of Greg’s mental illness starting when he entered the foster care system in California due to child abuse. Lisa was able to document the progression of Greg’s mental illness allowing him to receive diagnostic services through the Mid-Plains Behavioral Health Center. A psychologist signed a Medical Summary Report, a requirement for Lisa to file a disability claim on Greg’s behalf. In August 2016, Greg received his first disability payment.

Greg now has a place to eat, bathe, and sleep. He continues to meet with Lisa on a regular basis. They work on skills such as budgeting; anger management and appointment follow through; to preserve Greg’s independence and prevent returning to a life lived in poverty.
A QUICK LOOK AT THE CENSUS

In Nebraska, 51% of families with a female as head of household and related children under 5 years old lived below the poverty level. For married couples with children under 5 years, it was 6%. Head Start eligibility requires families’ incomes to be below federal poverty guidelines. For a four-person family, income below $24,300 is considered to be living in poverty. Many families, whether living in poverty or not, encountered issues related to child care.

THE SURVEY SAYS

Issues Related to Child Care: Overall
Respondents were asked to indicate which issues they experienced related to child care (“select all that apply”). In 2016, 42% of respondents were raising children in their household. Of those raising children, the top three issues related to child care were cost (23%), lack of child care openings (10%), and lack of sick child care (9%). Two of the three issues were also top issues in 2010 and 2013: cost and lack of sick child care.

The TOP 3 ISSUES related to CHILD CARE were:
Cost of Child Care, Lack of Child Care Openings, and Lack of Sick Child Care.

Compared to previous survey years, the following issues were reported related to child care:

- Cost of child care as an issue for most respondents declined from 2010 (36%) to 2016 (23%).
- Lack of sick child care was reported as a consistent issue in 2010, 2013, and 2016 (8%, 8%, and 9%, respectively).
**Issues Related to Child Care by Household Income**

The TOP ISSUES related to child care across all household incomes included:

- Cost and Night or Weekend Child Care.

When comparing income categories further, the following trends emerged:

- Generally, more of the respondents who reported an income of $15,999 or less reported all child care issues as major issues.
- 50% of respondents who reported an income of $15,999 or less were more likely to report cost of child care as a major issue compared to the other income categories.
- 48% of respondents who reported an income of $15,999 or less were more likely to report lack of sick child care and lack of night or weekend child care as major issues compared to the other income categories.

**Difficulties Accessing Services Related to Children**

Difficulty accessing services decreased from 2010 to 2013 followed by an increase in 2016. Increases were greatest for Accessing Education Support Services for Children and Parenting Classes.
Birth to Five
Respondents were asked what kind of educational services they would want for their children ages five and under. The majority of respondents (55%) wanted preschool educational services for their children ages three to five years old followed by early child care for children birth to three years old (24%), and full day educational services (21%).

Teens
Respondents were asked about their difficulties accessing safe activities for teens:

- 50% of respondents reported difficulty accessing safe activities for teens on the weekends and during the summer.
- 48% of respondents reported difficulty accessing safe after school activities for teens.
- 40% of respondents reported difficulty finding opportunities for parents to meet other parents.
- 34% of respondents reported difficulty with neighborhood/community safety for teens.

Accessing Safe Activities for Teens: Rural vs. Urban vs. Micropolitan Communities

The TOP ISSUES related to ACCESSING SAFE ACTIVITIES FOR TEENS across all areas included: Accessing Activities After School, on Weekends, and During the Summer.

Although trends were similar for those and other issues related to teens:
- Urban respondents reported the most difficulty accessing safe activities for teens after school, on the weekends, and during the summer.
- Rural respondents reported the most difficulty accessing opportunities to meet other parents.
- Micropolitan (populations of 2,500-250,000 people) respondents reported the most difficulty accessing activities in safe neighborhoods/communities.
At three years old, Luis had never spoken a single word. It was something that kept his mom, Sara, up at night—she felt lost, uncertain, and scared. Why couldn’t Luis say “yes” and “no” and “why” like her other children had well before they were three? Why would he cry when he wanted something instead of just asking? These were questions that plagued Sara’s mind on a daily basis. She wanted to help him, she just didn’t know how.

Luis and Sara were able to enroll in an Early Head Start Home-based program through Community Action Partnership of Lancaster and Saunders Counties (CAPLSC). They began to receive professional support and guidance to work through the delays Luis was experiencing. It was determined that Luis had autism. With support from their Early Head Start Family Educator, Sara began conducting activities that were individualized to his developmental needs. They’d sing, read and write. They worked non-stop, and Sara hoped for just one thing: for her son to speak his first word.

During a home visit, Sara took out a big sheet of paper and in big letters, she began to write: A, B, C… Luis watched as she wrote each letter. What happened next stunned the whole family. “Beeee,” Luis’s little voice spoke, “Ceeee“.
NYAH HAS HER SMILE BACK

While enrolled in Northwest Community Action Partnership’s (NCAP) Head Start program in Chadron, Nyah developed horrible mouth pain derived from decay and rot in her teeth. Her mouth had become infected and swollen, and she couldn’t eat. This usually happy little girl was weepy and miserable with pain. Her aunt and uncle, temporary guardians, took her to the nearby reservation for care, but were turned away.

Health coverage had been interrupted due to Nyah being abandoned by her mother. A local Chadron dentist agreed to help her ‘without payment.’ They said they knew and respected the Head Start program enough to know that this was an emergency situation. Nyah was put on antibiotics to clear up her infection, subsequently two teeth were pulled. The services provided by this dentist allowed time for health coverage and paperwork to be put in order. Nyah’s dental surgery was then scheduled.

“What a success to have them (local dentist) come through and help Nyah,” replied her guardian, “Honestly, I can’t thank you enough for your time and care with Nyah, we truly appreciate it.” Nyah’s guardians will never forget what was done for their precious little girl commenting, “You are all the greatest!! You gave Nyah her smile back.”
Basic Needs Include:

Housing  Food  Child Care  Transportation  Health Care

A QUICK LOOK AT THE NATION

For the 2016 fiscal year (October 1, 2015 to September 30, 2016), the national median income for four-person families was $79,626. In Nebraska, the median income for four-person families was $78,738.

For basic needs of a four-person family in urban Nebraska, 2014 data showed approximately $5,398 per month ($64,780 annually) was necessary. Basic needs included housing, food, child care, transportation, and health care. For rural Nebraska, the monthly cost was approximately $4,934 ($59,203 annually).

THE SURVEY SAYS

Households with Difficulty Meeting Basic Needs

The TOP BASIC NEEDS which respondents had DIFFICULTY MEETING across all years included: Affordable Medical Care, Affordable Dental Care, and Affordable Eye Care.

Compared to previous survey years:

- Difficulties with meeting basic needs declined from 2010 to 2016 in half of the categories except for medical, dental, eye care, and affordable place to live which increased from 2013 to 2016.
Basic Needs | Rural vs. Urban
The survey asked respondents about the seriousness of the problem when meeting the basic needs of a safe place to live and affordable food choices.

For SAFE PLACE TO LIVE, respondents reported the following:

- Respondents who lived in urban areas reported having the most difficulty finding a safe place to live when compared to those who lived in rural and micropolitan areas.
- 11% of respondents who lived in rural and micropolitan areas of Nebraska reported a problem finding a safe place to live.

For AFFORDABLE FOOD CHOICES, respondents reported the following:

- 40% of respondents who lived in micropolitan areas (populations of 2,500-250,000 people) reported having the most difficulty purchasing affordable food choices compared to those who lived in rural or urban areas.
- 34% of respondents who lived in rural areas of Nebraska reported a problem purchasing affordable food.
- 29% of respondents who lived in urban areas of Nebraska reported a problem purchasing affordable food.

Respondents Reporting Issues with: Affordable Food Choices and Safe Place to Live
BABY STEPS TO SUCCESS

Expecting her third child, jobless, and without a valid driver’s license, Jamie, a single mother of two small children, moved from Illinois to southeast Nebraska seeking to build family stability. Extended family welcomed them into their home, helping Jamie and her children find a local church and establish a relationship with Southeast Nebraska Community Action Partnership (SENCA).

Jamie utilized SENCA’s Head Start Preschool and Humboldt Table Rock Steinauer School’s (HTRS) Sixpence programs for her children. She describes both programs as “Wonderful, helping kids grow while preparing them for Kindergarten.” Sixpence also helped Jamie in her dual role of being both mom and dad, providing her with key parenting skills and support as her children’s first and most important teacher.

Through Head Start referrals, Jamie became a Project First transitional homeless program participant. She worked with the Richardson County Family Development Specialist completing the 24-month program in just 13 months. Prior to the program, Jamie was unable to secure employment that would help her achieve her financial goals. In August 2015, she started working in a manufacturing plant 30 miles away. Jamie completed Homebuyer Education and enrolled in the Individual Development Account (IDA) matched savings program with the goal of purchasing a house in the community she and her children now call home.

With hard work, determination, and assistance from SENCA, Jamie increased her employment skills and income, allowing her to pay down $5,750 of debt, save $1,172, reinstate her driver’s license and eliminate her need for state aid! Jamie shares, “A person has to want to succeed. Be honest with yourself and others.”
A QUICK LOOK AT THE NATION

When looking at employment status over the past 12 months and unemployment rates across a variety of demographics, Nebraskans fared better than the United States population as a whole.

Compared to the overall U.S. population, a greater percentage of Nebraskans worked either full-time (65% vs. 57% national rate) or part-time (20% vs. 18% national rate) during the past 12 months. A smaller percentage of Nebraskans reported not working at all during the past 12 months compared to the overall population.

UNEMPLOYMENT RATES REPORTED BY U.S. CENSUS

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<th></th>
<th>U.S.</th>
<th>NEBRASKA</th>
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<td>8.3%</td>
<td>4.7%</td>
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With the exception of American Indians and Alaskan Natives, unemployment rates were lower for Nebraskans compared to the overall U.S. population across all demographics. Nebraskans experiencing unemployment rates of 10% or more included 16-19 year olds, Black or African Americans, American Indians or Alaskan Natives, and those below poverty level.

THE SURVEY SAYS

Unemployment

Each survey year, respondents were asked if any adults in their household were unemployed. The percentage of respondents indicating that an adult in their household was unemployed decreased to 24% in 2016 from 30% and 29% in 2013 and 2010, respectively.

UNEMPLOYMENT RATES AMONG SURVEY RESPONDENTS

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<th></th>
<th>2010</th>
<th>2013</th>
<th>2016</th>
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<tr>
<td></td>
<td>29%</td>
<td>30%</td>
<td>24%</td>
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Barriers to Employment

TOP BARRIERS TO EMPLOYMENT IN 2016

Health or Disability 51%
Lack of Available Jobs 18%
Lack of Required Education 11%

These perceived barriers were consistently ranked among the top barriers across various demographics such as age, ethnicity, education, rurality vs. urbanicity, and household income.
REACHING ABOVE AND BEYOND

The impact of Eastern Nebraska Community Action Partnership’s (ENCAP’s) Behavioral Health Services (BHS) program goes beyond the obvious. Benefiting from the program’s holistic approach to care, the program’s clients begin contributing to their family and community in ways they had not been able to previously. Often, this means getting back to work.

“Eric” is one of the many BHS clients who is turning the corner toward greater social and financial stability. After working at the same job for 18 years, the death of a loved one sent him into a state of deep depression. He turned to methamphetamine to cope which led to a term in prison. After his release, he felt hopeless and could not interact with his family. However, by attending intensive outpatient (IOP) therapy, which includes both group and individual therapy weekly, Eric achieved sobriety and began to work through his grief.

With encouragement from his therapist and peers, Eric applied to his old job, addressed his past troubles during the interview, and earned the chance to return to his old job and make more than $20 an hour. Eric’s struggles are far from over, but he has become a positive force in group therapy and is rebuilding positive connections with his family.

Finding and keeping a job takes hard work; doing so with a recent criminal record, fighting addiction, and facing mental illness takes even more. ENCAP’s BHS program helps clients realize their strengths and gives them the tools they need to live healthier, happier lives as employed members of our community.
FINANCIAL STATUS

Current Status Compared to Previous Years

When comparing survey results from 2010, 2013, and 2016, a majority (54%-58%) of each year’s respondents reported their financial status was about the same as the previous year. Also, among respondents who reported a change in financial status each year, more respondents reported their current financial status had worsened (23%-30%) than improved (16%-19%).

IN 2016

58% reported their status REMAINED ABOUT THE SAME
23% reported their status WORSENED
19% reported their status IMPROVED

EARNINGS

Household Income: Overall

Respondents reported their household income by selecting one of seven income categories that ranged from $15,999 or Less to Over $80,000.

In 2016, the distribution of reported household incomes was nearly even across income ranges under $60,000, with 9% to 12% of respondents selecting each of those ranges.

For the higher income ranges, over one-fourth (27%) of respondents reported household incomes over $80,000 and nearly one-fifth (17%) reported household incomes of $60,000-$79,999.
**Household Income by Family Size**
Similar to previous survey years, household income varied by household size in 2016.

- The majority (64%) of single-person households reported incomes of less than $35,000, with one-fourth (25%) earning less than $16,000.

- The majority (76%) of two-person households reported incomes of $35,000 or more, with nearly one-third earning $35,000-$59,999 and nearly one-half (46%) earning $60,000 or more. Of those earning less than $35,000, 7% earned less than $16,000.

- While the majority (60%) of three-person households earned $60,000 or more, nearly one-quarter (21%) of these households earned less than $35,000, with 8% earning less than $16,000.

- The majority (76%) of four-person households reported household incomes of $60,000 or more.

- The majority (55%) of five person households earned $60,000 or more, nearly one-third (30%) earned $35,000-$59,999, and 16% earned less than $35,000.

**Sources of Household Income: Overall**
When asked to report their household’s source(s) of income, the majority (72%) of respondents reported employment as a source of income, followed by Social Security (24%), self-employment (22%), and retirement (17%).

Only 3% of 2016’s respondents reported Supplemental Security Income and child support as sources of household income in 2016, and even fewer (only 1%) reported TANF/public assistance and unemployment as sources of household income.

The majority (56%) of 2016’s respondents reported their household’s income came from a single source (e.g. just employment vs. employment and public assistance) followed by respondents reporting two sources (32%) and 3 or more sources (7%).

Among respondents who reported employment as a source of income in their household, 22% reported self-employment, 9% reported Social Security, and 7% reported retirement as additional sources of income in their household.

**CREDIT CARDS**

**Credit Card Dependency**
In 2010, 13% of respondents reported depending on credit cards; this percentage increased to 19% in 2013, but decreased to 16% in 2016.
INCOME AND FINANCES

Credit Card Debt: Overall
Trends for credit card debt remained consistent across survey years.

Each year,
• At least 50% or more respondents reported no credit card debt.
• Just over 33% of respondents reported carrying $1,000 or more.
• Nearly 25% reported carrying $1,000-$4,999.
• Nearly 25% reported carrying $5,000 or more.

Credit Card Debt by Household
Trends for credit card debt were similar across household income levels. This result compared to respondents’ debt-to-income ratio showed debt does not vary. A large percentage of respondents reported no credit card debt.

Money Use Behaviors: Overall
When comparing respondents’ behaviors related to spending and saving, trends have been consistent from year-to-year or showed slight improvements. Results indicated that a greater percentage of respondents reported engaging in ‘positive’ vs. ‘negative’ behaviors each year.
Respondents with the least household income (less than $15,999) engaged in nearly all behaviors (positive and negative) less than respondents in higher household income groups. Engagement in positive behaviors was significantly lower among respondents in the lowest household income group.

Respondents with household incomes of $35,000-$59,999 engaged in nearly all negative behaviors more than respondents from any other group; many behaviors were selected by nearly half of these respondents.

Approximately one-third of respondents with household incomes under $60,000 used payday loan services.

Over one-third of respondents with incomes of $35,000 or more depended on credit cards, with 40% of these same respondents making only minimum payments each month.

Although respondents in the highest income group ($60,000 or more) reported the highest engagement with positive behaviors, they also reported high engagement in negative behaviors related to credit cards, spending savings to meet needs, and early withdrawals from retirement.
FINANCIAL LITERACY LEADS TO FAMILY STABILITY

Sharon came to Community Action Partnership of Mid-Nebraska’s Franklin Community Services office interested in the Financial Peace University classes offered by the agency. She worked at Franklin’s local hospital and lived approximately 15 miles outside of Franklin with her husband and young family. Financial Peace University is a life-changing program that teaches clients to achieve their financial goals by eliminating debt, saving for the future, and giving back to the community.

After attending the classes for several weeks, Sharon shared that because of the financial literacy tools she had obtained, she was able to pay off her vehicle loan early, allowing her and her family to more adequately budget towards their basic needs. Education can be the most powerful weapon for changing one’s world. The resources and education Sharon was able to receive from Community Action helped her and her family towards self-sufficiency by managing the income they had and budgeting effectively.
POVERTY
Top 3 Perceived Causes
- 65% Low Motivation
- 50% Drug Abuse or Addiction
- 46% Lack of Training or Education

EMPLOYMENT
Top 3 Barriers
- 64% Health or Disability
- 35% Lack of Available Jobs
- 24% Lack of Specific Jobs

HEALTHCARE
Top 3 Issues
- 65% DELAYED dental care DUE to COST
- 63% DELAYED medical care DUE to COST
- 35% expressed ISSUES ACCESSING disability SERVICES for adults

CHILDREN & YOUTH
Top 3 Issues
- Lack of Sick Child Care - 33%
- Cost of Child Care - 32%
- Lack of Openings - 14%
- Teens After School - 26%
- Teens on Weekends - 25%
- Teens in Summer - 25%

INCOME & FINANCES
Top 3 $ Behaviors
- Positive Behaviors
  - Followed a Budget - 48%
  - Saved for Retirement - 45%
  - Put Money in Savings - 41%
- Negative Behaviors
  - Payday Loan - 30%
  - Spent Savings - 30%
  - Depended on Credit - 24%

HOUSING
Top 3 Barriers
- Excludes those not looking to buy
  - DOWN PAYMENT was an issue for 57%
  - 33% were UNABLE TO GET A LOAN
  - 33% had POOR CREDIT

BASIC NEEDS
Top 3 Needs
- 61% reported AFFORDABLE MEDICAL CARE for the family.
- 61% reported AFFORDABLE DENTAL CARE for the family.
- 59% reported AFFORDABLE EYE CARE for the family.

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POVERTY
Top 3 Perceived Causes
57% Low Motivation
57% Lack of Training or Education
46% Drug Abuse or Addiction

EMPLOYMENT
Top 3 Barriers
65% Health or Disability
17% Lack of Specific Jobs
11% Lack of Education

HEALTHCARE
Top 3 Issues
57% DELAYED medical care DUE to COST
48% DELAYED dental care DUE to COST
32% expressed ISSUES ACCESSING disability SERVICES for adults

CHILDREN & YOUTH
Top 3 Issues
Cost of Childcare - 55%
Lack of Infant Care - 25%
Lack of Nt/Wknd Care - 19%
Teens Weekends - 57%
Teens Summer - 57%
Teens After School - 54%

INCOME & FINANCES
Top 3 $ Behaviors
Positive Behaviors
Put Money in Savings - 65%
Saved for Retirement - 57%
Followed a Budget - 53%
Negative Behaviors
Spent Savings - 30%
Depended on Credit - 19%
Minimum CC Payment - 17%

BASIC NEEDS
Top 3 Needs
61% reported AFFORDABLE MEDICAL CARE for the family.
55% reported AFFORDABLE DENTAL CARE for the family.
49% reported AFFORDABLE EYE CARE for the family.

HOUSING
Top 3 Barriers
Excludes those not looking to buy
DOWN PAYMENT was an issue for 77%
25% were UNABLE TO GET A LOAN
33% had POOR CREDIT

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SERVING THE COUNTIES OF:
Lancaster and Saunders

57% DELAYED medical care DUE to COST
32% expressed ISSUES ACCESSING disability SERVICES for adults
61% reported AFFORDABLE MEDICAL CARE for the family.
55% reported AFFORDABLE DENTAL CARE for the family.
49% reported AFFORDABLE EYE CARE for the family.
65% Health or Disability
17% Lack of Specific Jobs
11% Lack of Education
57% Low Motivation
57% Lack of Training or Education
46% Drug Abuse or Addiction
57% DELAYED dental care DUE to COST
32% expressed ISSUES ACCESSING disability SERVICES for adults
61% reported AFFORDABLE MEDICAL CARE for the family.
55% reported AFFORDABLE DENTAL CARE for the family.
49% reported AFFORDABLE EYE CARE for the family.
POVERTY
Top 3 Perceived Causes

- 68% Low Motivation
- 46% Drug Abuse or Addiction
- 54% Lack of Training or Education

EMPLOYMENT
Top 3 Barriers

- 49% Health or Disability
- 14% Lack of Available Jobs
- 6% Lack of Specific Jobs

CHILDREN & YOUTH
Top 3 Issues

- 63% DELAYED medical care DUE to COST
- 60% DELAYED dental care DUE to COST
- 23% expressed ISSUES ACCESSING disability SERVICES for adults

INCOME & FINANCES
Top 3 $ Behaviors

Positive Behaviors
- Saved for Retirement - 59%
- Put Money in Savings - 52%
- Followed a Budget - 43%

Negative Behaviors
- Spent Savings - 30%
- Depended on Credit - 17%
- Paid Utilities Late - 13%

HOUSING
Top 3 Barriers

Excludes those not looking to buy

- DOWN PAYMENT was an issue for 57%
- 42% were UNABLE TO GET A LOAN
- 33% had POOR CREDIT

BASIC NEEDS
Top 3 Needs

- 65% reported AFFORDABLE MEDICAL CARE for the family.
- 63% reported AFFORDABLE DENTAL CARE for the family.
- 60% reported AFFORDABLE EYE CARE for the family.

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POVERTY
Top 3 Perceived Causes

- 50% Low Motivation
- 49% Lack of Training or Education
- 46% Drug Abuse or Addiction

EMPLOYMENT
Top 3 Barriers

- 66% Health or Disability
- 25% Lack of Available Jobs
- 6% Lack of Specific Jobs

HEALTHCARE
Top 3 Issues

- 66% DELAYED dental care DUE to COST
- 66% DELAYED medical care DUE to COST
- 48% expressed ISSUES ACCESSING disability SERVICES for adults

CHILDREN & YOUTH
Top 3 Issues

- Cost of Childcare - 63%
- Lack of School Age Care - 38%
- Lack of Sick Child Care - 34%

- Teens Weekends - 89%
- Teens Summer - 89%
- Teens After School - 82%

INCOME & FINANCES
Top 3 $ Behaviors

Positive Behaviors

- Put Money in Savings - 52%
- Followed a Budget - 45%
- Saved for Retirement - 40%

Negative Behaviors

- Spent Savings - 38%
- Minimum CC Payment - 25%
- Depended on Credit - 22%

HOUSING
Top 3 Barriers

Excludes those not looking to buy

- DOWN PAYMENT was an issue for 77%
- 66% were UNABLE TO GET A LOAN
- 66% had POOR CREDIT

BASIC NEEDS
Top 3 Needs

- 64% reported AFFORDABLE EYE CARE for the family.
- 62% reported AFFORDABLE MEDICAL CARE for the family.
- 59% reported AFFORDABLE DENTAL CARE for the family.

CONTACT US

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POVERTY
Top 3 Perceived Causes
- Low Motivation: 59%
- Lack of Training or Education: 50%
- Drug Abuse or Addiction: 47%

EMPLOYMENT
Top 3 Barriers
- Health or Disability: 51%
- Lack of Education: 23%
- Lack of Specific Jobs: 9%

CHILDREN & YOUTH
Top 3 Issues
Lack of Sick Child Care: 39%
Lack of Nt/Wknd Care: 37%
Lack of Care Openings: 34%
- Teens Weekends: 55%
- Teens After School: 51%
- Teens Summer: 45%

INCOME & FINANCES
Top 3 $ Behaviors
- Positive Behaviors: Put Money in Savings: 51%
  Followed a Budget: 49%
  Saved for Retirement: 43%
- Negative Behaviors: Spent Savings: 20%
  Depend on Credit: 11%
  Minimum Credit Card Pmt: 11%

HOUSING
Top 3 Barriers
Excludes those not looking to buy
- DOWN PAYMENT was an issue: 51%
- Poor Credit: 40%
- Lack of Quality Housing: 12%

BASIC NEEDS
Top 3 Needs
- Affordable Dental Care: 57%
- Affordable Medical Care: 56%
- Affordable Eye Care: 50%
POVERTY
Top 3 Perceived Causes
76% Lack of Training or Education
52% Low Motivation
43% Drug Abuse or Addiction

EMPLOYMENT
Top 3 Barriers
45% Health or Disability
35% Lack of Specific Jobs
20% Lack of Available Jobs

HEALTHCARE
Top 3 Issues
54% Delayed medical care DUE to COST
39% Delayed dental care DUE to COST
33% expressed ISSUES ACCESSING mental health SERVICES

CHILDREN & YOUTH
Top 3 Issues
Cost of Childcare - 75%
Lack of Sick Care - 35%
Lack of Care Openings - 34%
Teens Summer - 54%
Teens Weekends - 46%
Teens’ Parents Meet - 35%

INCOME & FINANCES
Top 3 $ Behaviors
Positive Behaviors
Followed a Budget - 55%
Put Money in Savings - 52%
Saved for Retirement - 54%
Negative Behaviors
Depended on Credit - 24%
Minimum Credit Card Pmt - 15%
Paid Utilities Late - 8%

BASIC NEEDS
Top 3 Needs
45% reported AFFORDABLE MEDICAL CARE for the family.
38% reported AFFORDABLE EYE CARE for the family.
36% reported AFFORDABLE DENTAL CARE for the family.

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### Poverty

**Top 3 Perceived Causes**
- 59% Low Motivation
- 46% Drug Abuse or Addiction
- 47% Lack of Training or Education

### Employment

**Top 3 Barriers**
- 36% Lack of Childcare
- 34% Transportation
- 29% Health or Disability

### Healthcare

**Top 3 Issues**
- 62% Delayed medical care due to cost
- 69% Delayed dental care due to cost
- 45% expressed issues accessing disability services for adults

### Children & Youth

**Top 3 Issues**
- Cost of Childcare - 57%
- Lack of Care Openings - 57%
- Lack of School Age Care - 26%
- Teens Summer - 41%
- Teens Weekends - 38%
- Teens’ Parents Meet - 36%

### Income & Finances

**Top 3 $ Behaviors**
- Positive Behaviors
  - Put Money in Savings - 56%
  - Saved for Retirement - 45%
  - Followed a Budget - 42%
- Negative Behaviors
  - Minimum Credit Card Pmt - 19%
  - Paid Utilities Late - 16%
  - Depended on Credit - 14%

### Basic Needs

**Top 3 Needs**
- 62% reported affordable medical care for the family.
- 60% reported affordable dental care for the family.
- 58% reported affordable eye care for the family.

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**Contact Us**

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SERVING THE COUNTIES OF:
Box Butte, Dawes, Sheridan, Cherry, and Sioux

POVERTY Top 3 Perceived Causes
- 70% Low Motivation
- 47% Lack of Training or Education
- 39% Drug Abuse or Addiction

EMPLOYMENT Top 3 Barriers
- 53% Health or Disability
- 29% Lack of Available Jobs
- 2% Lack of Specific Jobs

HEALTHCARE Top 3 Issues
- 71% DELAYED medical care DUE to COST
- 66% DELAYED dental care DUE to COST
- 35% expressed ISSUES ACCESSING disability SERVICES for adults

CHILDREN & YOUTH Top 3 Issues
- Cost of Childcare - 57%
- Lack of Care Openings - 36%
- Lack of Sick Child Care - 24%

- Teens Weekends - 59%
- Teens After School - 56%
- Teens’ Summer - 49%

INCOME & FINANCES Top 3 $ Behaviors
- Positive Behaviors
  - Put Money in Savings - 49%
  - Followed a Budget - 46%
  - Saved for Retirement - 34%

- Negative Behaviors
  - Spent Savings - 38%
  - Paid Utilities Late - 18%
  - Depended on Credit - 18%

HOUSING Top 3 Barriers
Excludes those not looking to buy
- DOWN PAYMENT was an issue for 57%
- 17% were UNABLE TO GET A LOAN
- 17% had POOR CREDIT

BASIC NEEDS Top 3 Needs
- 70% reported AFFORDABLE DENTAL CARE for the family.
- 66% reported AFFORDABLE MEDICAL CARE for the family.
- 66% reported AFFORDABLE EYE CARE for the family.

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**POVERTY**
Top 3 Perceived Causes

- 59% Low Motivation
- 46% Drug Abuse or Addiction
- 47% Lack of Training or Education

**EMPLOYMENT**
Top 3 Barriers

- 56% Health or Disability
- 26% Lack of Education
- 11% Lack of Available Jobs

**HEALTHCARE**
Top 3 Issues

- 59% DELAYED medical care DUE to COST
- 50% DELAYED dental care DUE to COST
- 43% expressed ISSUES ACCESSING disability SERVICES for adults

**INCOME & FINANCES**
Top 3 $ Behaviors

- Positive Behaviors:
  - Put Money in Savings - 52%
  - Saved for Retirement - 48%
  - Followed a Budget - 38%

- Negative Behaviors:
  - Spent Savings - 31%
  - Minimum Credit Card Pmt - 12%
  - Depended on Credit Cards - 11%

**CHILDREN & YOUTH**
Top 3 Issues

- Cost of Childcare - 54%
- Teens Summer - 64%
- Teens After School - 61%
- Teens Weekends - 61%

**BASIC NEEDS**
Top 3 Needs

- 52% reported AFFORDABLE DENTAL CARE for the family.
- 50% reported AFFORDABLE MEDICAL CARE for the family.
- 48% reported AFFORDABLE EYE CARE for the family.

**HOUSING**
Top 3 Barriers

- DOWN PAYMENT was an issue for 61%
- 53% had POOR CREDIT
- 47% reported LACK OF QUALITY HOUSING

**CONTACT US**

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*Community Action of Nebraska*
State and Regional Community Assessment Report
The questionnaire and survey administration were the same as the 2013 report. This includes 1,100 surveys sent to each of the nine service areas of Community Action of Nebraska. Overall, 2,524 individuals responded giving a response rate of 25% which is considered high for a mail survey. Below are the responses for each of the nine service areas. Approximately 151 respondents did not identify which county they resided in.

<table>
<thead>
<tr>
<th>Community Action Service Area</th>
<th>Number of Respondents</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Valley Community Action Partnership</td>
<td>292</td>
<td>27%</td>
</tr>
<tr>
<td>Community Action Partnership of Lancaster and Saunders Counties</td>
<td>257</td>
<td>23%</td>
</tr>
<tr>
<td>Community Action Partnership of Mid-Nebraska</td>
<td>271</td>
<td>25%</td>
</tr>
<tr>
<td>Community Action Partnership of Western Nebraska</td>
<td>268</td>
<td>24%</td>
</tr>
<tr>
<td>Central Nebraska Community Action Partnership</td>
<td>259</td>
<td>24%</td>
</tr>
<tr>
<td>Eastern Nebraska Community Action Partnership</td>
<td>163</td>
<td>15%</td>
</tr>
<tr>
<td>Northeast Nebraska Community Action Partnership</td>
<td>293</td>
<td>27%</td>
</tr>
<tr>
<td>Northwest Nebraska Community Action Partnership</td>
<td>268</td>
<td>24%</td>
</tr>
<tr>
<td>Southeast Nebraska Community Action Partnership</td>
<td>302</td>
<td>27%</td>
</tr>
</tbody>
</table>

To determine if the survey respondents aligned with the larger population that they represent, we assessed the representativeness of the sample by comparing demographics such as education, age, and gender of the survey respondents to the Nebraska Census.

- A majority of respondents who completed the survey had a high school diploma or equivalent (26%).
- Education was oversampled for respondents who reported having an Associate's and graduate or professional degrees. There was under-sampling in the 12th grade or less categories.
- 41% of the sample were between the ages of 44 and 64 years old. This percentage is significantly larger than the Nebraska Census for this age category.
- The survey sample had a large percentage of older adults (in all categories 45 years and older).
- Ages 24 and under were significantly under-sampled whereas survey respondents 45 years and older were over oversampled.
- More females (62%) than males (38%) completed the survey.
- Compared to the Nebraska Census, the number of males was under-sampled.
- Whites responded to the survey at a greater rate than any other race.
- All other race categories were under-sampled which led to very few analysis conducted across race.
WEIGHTING THE DATA | NEBRASKA CENSUS COMPARED TO SURVEY SAMPLE

Educational Attainment

<table>
<thead>
<tr>
<th>Population 25 years and over</th>
<th>Nebraska Census</th>
<th>2016 Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 9th grade</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>9th to 12th, no diploma</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>High school graduate (or GED)</td>
<td>28%</td>
<td>26%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>24%</td>
<td>21%</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>10%</td>
<td>16%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Graduate or professional degree</td>
<td>10%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Age

<table>
<thead>
<tr>
<th>Ages</th>
<th>Nebraska Census</th>
<th>2016 Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 and under</td>
<td>35%</td>
<td>0.3%</td>
</tr>
<tr>
<td>25-44 years</td>
<td>26%</td>
<td>16%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>25%</td>
<td>41%</td>
</tr>
<tr>
<td>65-74 years</td>
<td>8%</td>
<td>23%</td>
</tr>
<tr>
<td>75-84 years</td>
<td>5%</td>
<td>15%</td>
</tr>
<tr>
<td>85 and older</td>
<td>2%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Nebraska Census</th>
<th>2016 Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>50%</td>
<td>62%</td>
</tr>
<tr>
<td>Male</td>
<td>50%</td>
<td>38%</td>
</tr>
</tbody>
</table>

To address discrepancies between the sample and the population, the results were statistically adjusted to guarantee the responses of education, age, and sex were weighted according to actual population proportions. Routine weighting procedures were completed to conduct the analyses in this report.
1 Ward, Clarke, Nugent, Schiller. Early Release of Selected Estimates Based on Data from the 2015 National Health Interview Survey (NHIS): May 2016.


4 United States Census. American Housing Survey 2015. Retrieved from https://www.census.gov/programs-surveys/ahs/data/interactive/ahstablecreator.html? s_areas=a00000&s_year=n2015&s_tableName=Table1&s_byGroup1=a1&s_byGroup2=a1&s_filterGroup1=t1&s_filter Group2=g1.


