

# The State of Nebraska's Babies R

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

## Demographics

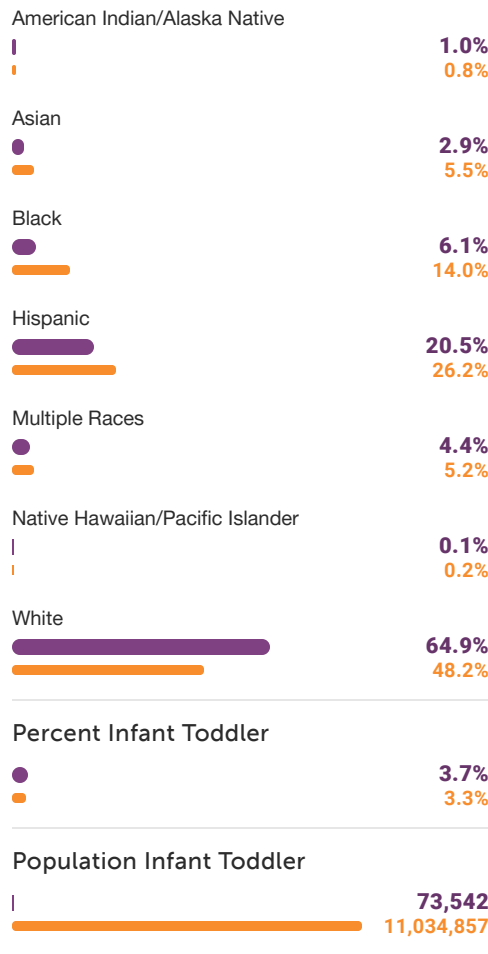
Nebraska National Average

### Infants and toddlers in Nebraska

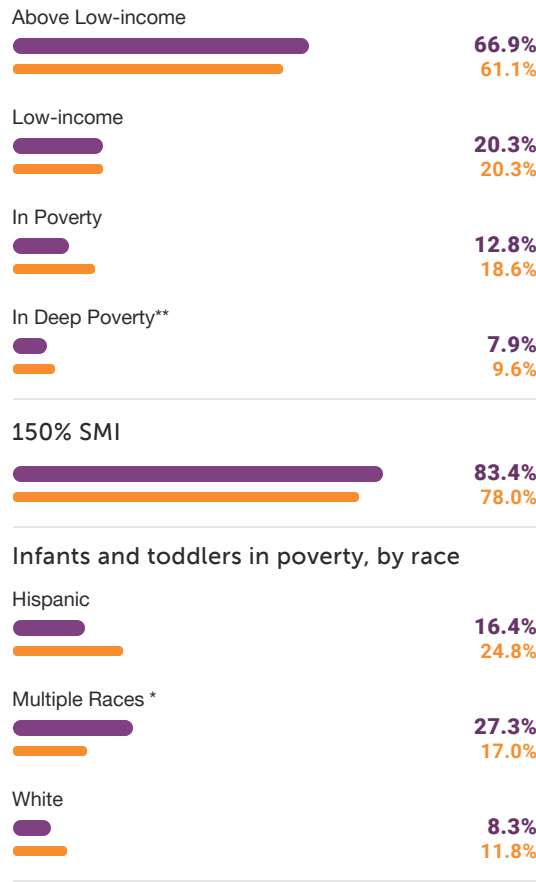
Nebraska is home to 73,542 babies, representing 3.7 percent of the state's population. As many as 33.1 percent live in households with incomes less than twice the federal poverty line (in 2021, about \$55,000 for a family of four<sup>1</sup>), placing them at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

1. Source: U.S. Census Bureau, Population Division. Poverty Thresholds by Size of Family and Number of Children. <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>

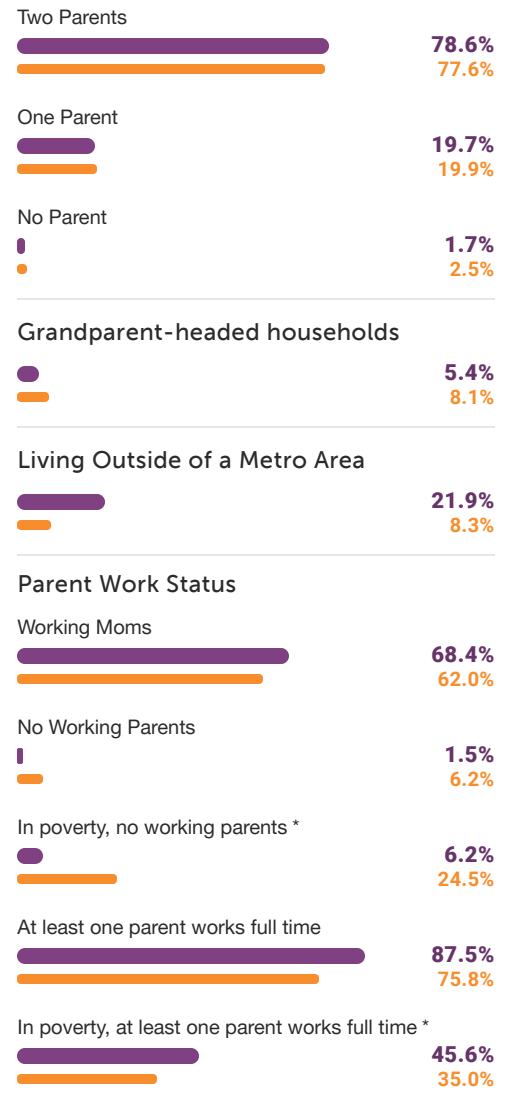
#### Race/ethnicity of infants and toddlers



#### Poverty status of infants and toddlers



#### Family Structure



\*Numbers are small; use caution in interpreting.

\*\*Subset of "In Poverty"

Note: N/A indicates Not Available

## How are Nebraska's babies faring in Good Health?

Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Nebraska falls in the Improving Outcomes (O) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as nutrition and mental health. Nebraska performs better than national averages on key indicators, such as the percentage of babies receiving recommended vaccinations and eligible 10-year-olds participating in WIC. The state is performing worse than national averages on indicators such as the percentage of babies receiving preventative medical care and uninsured babies in families with low incomes.

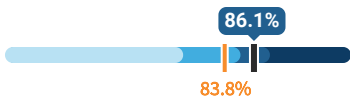
## Key Indicators of Good Health

● Nebraska ● National Avg

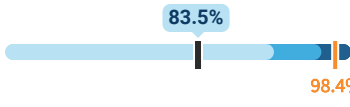
Eligibility limit (% FPL) for pregnant women in Medicaid



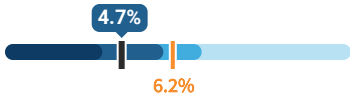
Infants ever breastfed **NR**



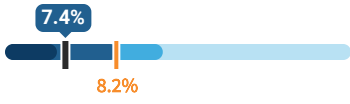
WIC coverage for infants \*



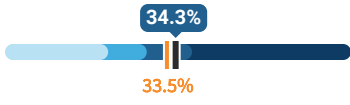
Late or no prenatal care received



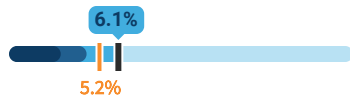
Babies with low birthweight



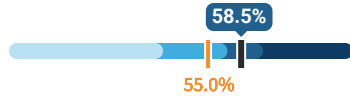
Preventive dental care received



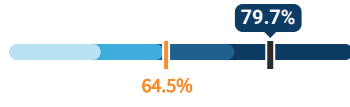
Uninsured low-income infants and toddlers



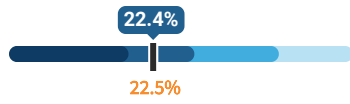
Infants breastfed at 6 months



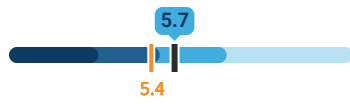
WIC coverage for one-year-olds \*



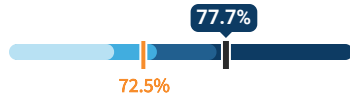
Mothers reporting less than optimal mental health



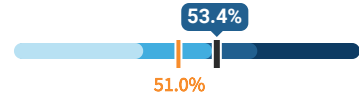
Infant mortality rate (deaths per 1,000 live births)



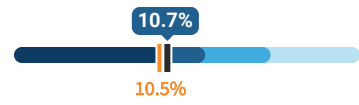
Received recommended vaccines



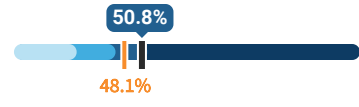
Medical home



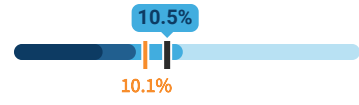
High weight-for-length in WIC **NR**



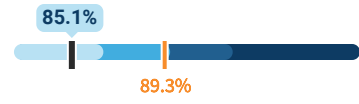
WIC coverage for two-year-olds \*



Babies born preterm



Preventive medical care received



\*Numbers are small; use caution in interpreting.

## Good Health Policy in Nebraska

Medicaid expansion state	Yes
CHIP maternal coverage for unborn child option <b>NR</b>	Yes
Postpartum extension of Medicaid coverage	No law beyond mandatory 60 days
Pregnant workers protection	Limited coverage: State employees and private employees with exceptions
State Medicaid policy for maternal depression screening in well-child visits	No policy
Medicaid plan covers social-emotional screening for young children	Yes
Medicaid plan covers IECMH services at home	Yes
Medicaid plan covers IECMH services at pediatric/family medicine practices	Yes
Medicaid plan covers IECMH services in early childhood education settings	No

Note: N/A indicates Not Available

## All Good Health Indicators for Nebraska

State Indicator National Avg

### Health Care Coverage and Affordability

Eligibility limit (% FPL) for pregnant women in Medicaid	<b>199.0</b> 200.0	Uninsured low-income infants and toddlers	<b>6.1%</b> 5.2%
Medical home	<b>53.4%</b> 51.0%		

### Nutrition

Infants ever breastfed <b>NR</b>	<b>86.1%</b> 83.8%	Infants breastfed at 6 months	<b>58.5%</b> 55.0%
High weight-for-length in WIC <b>NR</b>	<b>10.7%</b> NA	WIC coverage for infants	<b>83.5%</b> 98.4%
WIC coverage for one-year-olds	<b>79.7%</b> 64.5%	WIC coverage for two-year-olds	<b>50.8%</b> 48.1%

### Maternal Health

Late or no prenatal care received	<b>4.8%</b> 6.4%	Maternal mortality rate (deaths per 100,000 live births) <b>NR</b>	<b>NA</b> 23.8
Mothers reporting less than optimal mental health	<b>20.6%</b> 21.9%		

### Children's Health

Babies born preterm	<b>10.5%</b> 10.1%	Babies with low birthweight	<b>7.4%</b> 8.2%
Infant mortality rate (deaths per 1,000 live births)	<b>5.7</b> 5.4	Preventive dental care received	<b>34.3%</b> 33.5%
Preventive medical care received	<b>85.1%</b> 89.3%	Received recommended vaccines	<b>77.7%</b> 72.5%

Note: N/A indicates Not Available.

# Strong Families

## How are Nebraska's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but families with low income and in historically marginalized communities of color face additional challenges that impact their babies' immediate and future well-being. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Nebraska falls in the Improving Outcomes (O) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentage of babies who have had two or more adverse experiences and babies living in crowded housing. The state is performing close to or better than the national averages for Strong Families indicators used in the ranking.

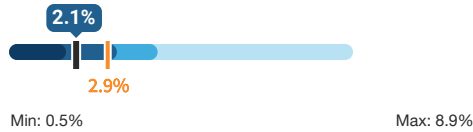
## Key Indicators of Strong Families

● Nebraska ● National Avg

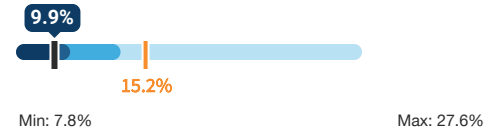
TANF benefits receipt among families in poverty



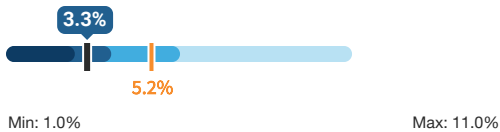
Housing instability



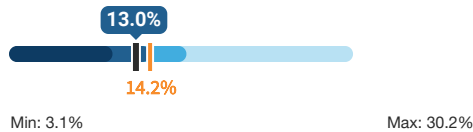
Crowded housing



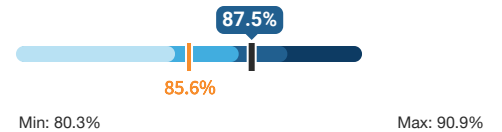
Unsafe neighborhoods



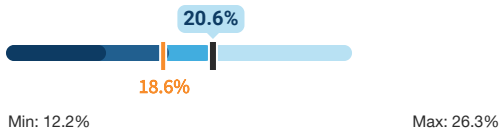
Low or very low food security



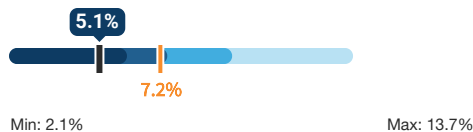
Family resilience



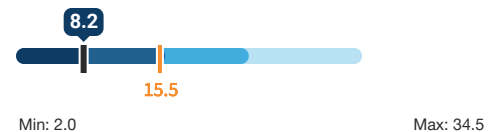
1 adverse childhood experience



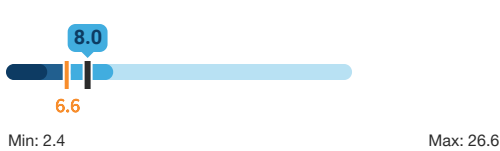
2 or more adverse childhood experiences



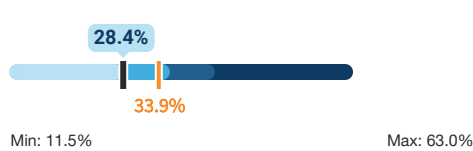
Infant/toddler maltreatment rate (per 1,000 children ages 0-2) **NR**



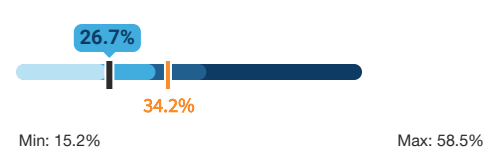
Removed from home **NR**



Time in out-of-home placement **NR**



Permanency: Adopted **NR**



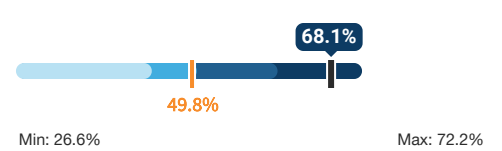
Permanency: Guardian **NR**



Permanency: Relative **NR**



Permanency: Reunified **NR**



Potential home visiting beneficiaries served



\*Numbers are small; use caution in interpreting.

## Strong Families Policy in Nebraska

Paid family leave	No
Paid sick time that covers care for child	No
TANF work exemption	No
State child tax credit	No
State Earned Income Tax Credit	Yes

Note: N/A indicates Not Available

## All Strong Families Indicators for Nebraska

State Indicator

National Avg

### Basic Needs

TANF benefits receipt among families in poverty	<b>20.1%</b> 19.0%	Housing instability	<b>2.1%</b> 2.9%
Crowded housing	<b>9.9%</b> 15.2%	Unsafe neighborhoods	<b>3.9%</b> 5.0%
Low or very low food security	<b>13.0%</b> 14.2%		

### Child Well-being and Resilience

Family resilience	<b>87.5%</b> 85.6%	1 adverse childhood experience <b>NR</b>	<b>20.6%</b> 18.6%
2 or more adverse childhood experiences	<b>5.1%</b> 7.2%	Infant/toddler maltreatment rate (per 1,000 children ages 0-2) <b>NR</b>	<b>8.2</b> 15.5
Removed from home <b>NR</b>	<b>8.0</b> 6.6	Time in out-of-home placement <b>NR</b>	<b>28.4%</b> 33.9%
Permanency: Adopted <b>NR</b>	<b>26.7%</b> 34.2%	Permanency: Guardian <b>NR</b>	<b>NA</b> 7.9%
Permanency: Relative <b>NR</b>	<b>NA</b> 7.0%	Permanency: Reunified <b>NR</b>	<b>68.1%</b> 49.8%
Potential home visiting beneficiaries served	<b>1.6%</b> 2.1%		

Note: N/A indicates Not Available.

# Positive Early Learning Experiences

## How are Nebraska's babies faring in Positive Early Learning?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of babies' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income, ensures all infants and toddlers have the opportunity for optimal development. However, disparities in access to high-quality care remain across many states and communities in the United States.

Nebraska scores in the Getting Started (G) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentage of babies in families below 100 percent of the federal poverty line with access to Early Head Start. Nebraska is doing worse than the national average on indicators such as the percentage of infants and toddlers who received a developmental screening. Beginning with the 2022 profile, infant care costs as a percentage of the state's median income for single and married parents are not factored into the ranking.

## Key Indicators of Positive Early Learning Experiences

● Nebraska ● National Avg

Parent reads to baby every day



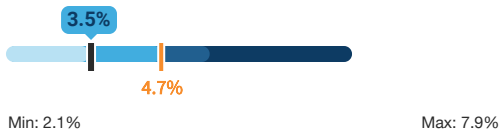
Parent sings to baby every day



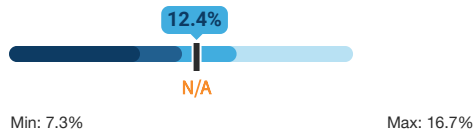
% Income-eligible infants/toddlers with Early Head Start access



Low/moderate income infants/toddlers in CCDF funded-care



Cost of care, as % of income married families **NR**



Cost of care, as % of income single parents **NR**



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



\*Numbers are small; use caution in interpreting.

## Positive Early Learning Experiences Policy in Nebraska

Adult/child ratio		EHS standards met for 1 of 3 age groups
Level of teacher qualification required by the state beyond a high school diploma		No credential beyond a high school diploma
Group size		EHS standards met for 0 of 3 age groups
Infant/toddler professional credential	NR	No ✗
Families above 200% of FPL eligible for child care subsidy		No ✗
State reimburses center-based child care		No ✗
At-risk children included in Part C eligibility definition	NR	No ✗

Note: N/A indicates Not Available

## All Positive Early Learning Experiences Indicators for Nebraska

● State Indicator    ● National Avg

### Activities that Support Early Learning

<b>R</b> Parent reads to baby every day	<b>36.2%</b> 37.4%	<b>G</b> Parent sings to baby every day	<b>53.7%</b> 58.1%
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### Access to Early Learning Programs

<b>O</b> % Income-eligible infants/toddlers with Early Head Start access	<b>14.0%</b> 11.0%	<b>G</b> Low/moderate income infants/toddlers in CCDF-funded care	<b>3.5%</b> 4.7%
Cost of care, as % of income married families	<b>NR</b> 12.4% NA	Cost of care, as % of income single parents	<b>NR</b> 41.0% NA

### Early Intervention

<b>G</b> Developmental screening received	<b>28.8%</b> 34.2%	<b>G</b> Percentage of infants/toddlers receiving IDEA Part C services	<b>4.2%</b> 6.8%
Timeliness of Part C services	<b>NR</b> 99.1% NA		

Note: N/A indicates Not Available.