



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.

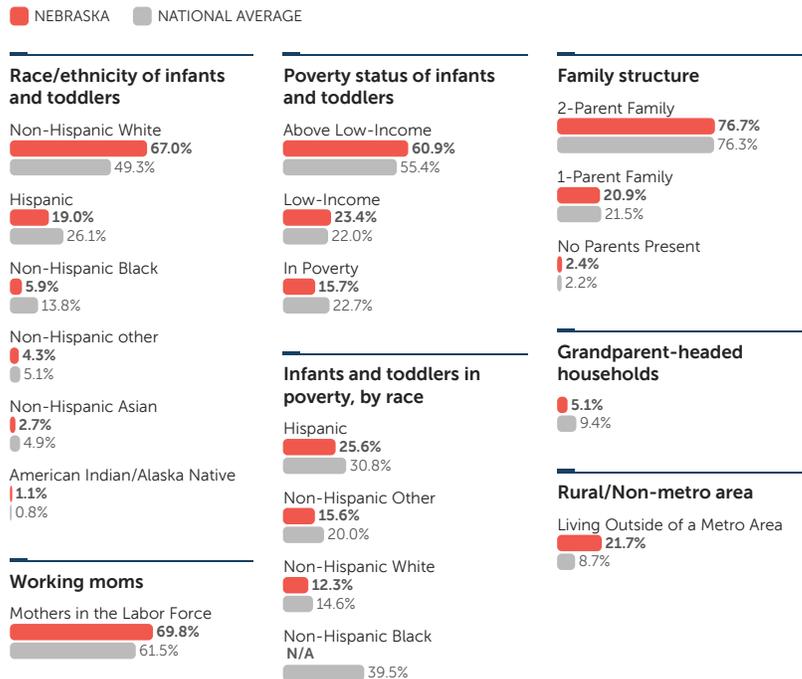
This fact sheet provides a snapshot of how infants, toddlers, and their families are faring with respect to these three developmental domains. For each domain, selected child or family indicators and policy indicators are highlighted and compared to national averages. Important demographic information is also included. A summary table of all indicators is provided on the last page, for reference.



Demographics Infants and toddlers in Nebraska

Overview

Nebraska is home to 79,828 infants and toddlers, representing 4.2 percent of the state's population. As many as 39 percent live in households with incomes less than twice the federal poverty line (in 2017, about \$50,000 a year for a family of four), placing them at economic disadvantage. America's youngest children are diverse and are raised in a variety of family contexts. A broad array of policies and services are required to ensure that all of them have an equitable start in life.



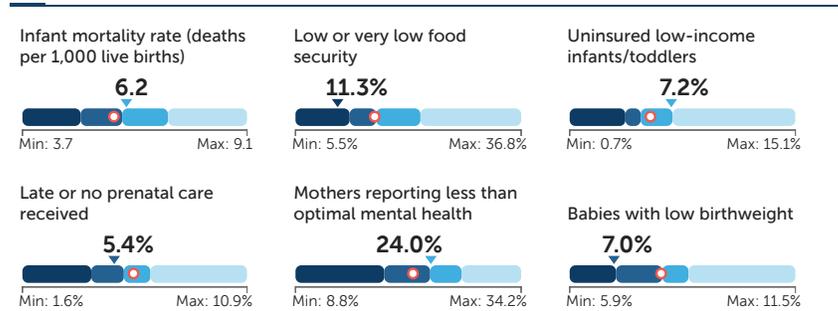
What is Good Health?

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first 3 years than at any other stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

Nebraska falls in the Reaching Forward (R) tier of states when it comes to the overall health of infants and toddlers. The state's low ranking in the Good Health domain primarily reflects indicators in the Reaching Forward (R) tier, including food security and nutrition indicators. Likewise, Nebraska is the Reaching Forward (R) tier on indicators of health care access and affordability.

Six Key Indicators of Good Health

KEY ← Range of all state values → ▼ Nebraska ○ National average
G Getting Started **R** Reaching Forward **O** Improving Outcomes **W** Working Effectively



Good Health Policy in Nebraska

Medicaid expansion state	No ❌
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 at ECE programs	No ❌

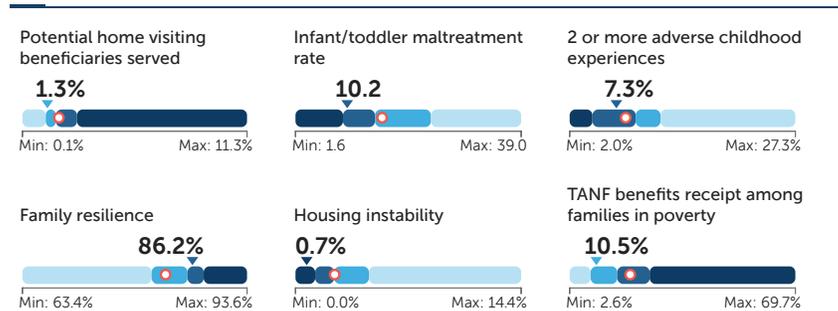
What Defines Strong Families?

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children's daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children's needs, and family-friendly employer policies that provide paid sick and family leave.

Nebraska falls in the Improving Outcomes (O) tier of states when it comes to indicators of Strong Families. The state's high ranking in this domain primarily reflects indicators in the Working Effectively (W) and Improving Outcomes (O) tiers, including those for the child welfare subdomain. However, Nebraska is in the Reaching Forward (R) tier when it comes to most indicators related to access to basic needs and supports, such as the percentage of young children living in crowded housing.

Six Key Indicators of Strong Families

KEY ← Range of all state values → ▼ Nebraska ○ National average
G Getting Started **R** Reaching Forward **O** Improving Outcomes **W** Working Effectively



Strong Families Policy in Nebraska

Paid sick time that covers care for child	No ❌
Paid family leave	No ❌



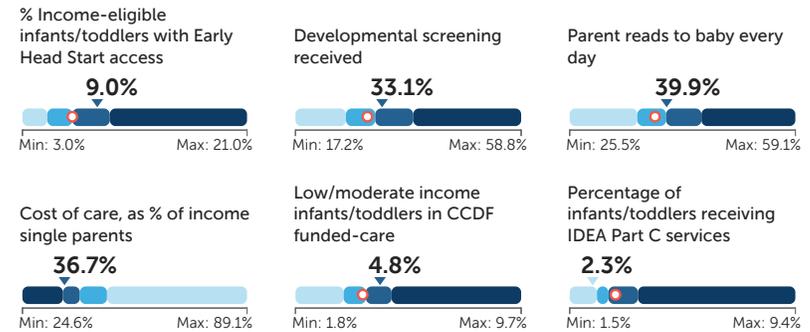
What Defines Positive Early Learning Experiences?

Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for life-long learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Nebraska scores in the Working Effectively (W) tier of states when considering key indicators related to early care and education and early intervention for infants and toddlers. The state's high ranking in the Positive Early Learning Experiences domain is primarily due to the indicators in the Improving Outcomes (O) tier, including most indicators of early care and education opportunities. Two early intervention and prevention indicators are also in the Improving Outcomes (O) tier, but the percentage of infants and toddlers receiving IDEA Part C services is in the Getting Started (G) tier.

Six Key Indicators of Positive Early Learning Experiences

KEY ← Range of all state values → ▼ Nebraska ○ National average
G Getting Started R Reaching Forward O Improving Outcomes W Working Effectively



Positive Early Learning Experiences Policy in Nebraska

Families above 200% of FPL eligible for child care subsidy No

All indicators for Nebraska

G Getting Started R Reaching Forward O Improving Outcomes W Working Effectively

Good Health

R Eligibility limit (% FPL) for pregnant women in Medicaid	199.0	National average: 200.0	R Uninsured low-income infants/toddlers	7.2%	National average: 5.8%
W Low or very low food security	11.3%	National average: 16.5%	R Infants ever breastfed	82.2%	National average: 83.2%
R Infants breastfed at 6 months	57.0%	National average: 57.6%	O Late or no prenatal care received	5.4%	National average: 6.2%
R Mothers reporting less than optimal mental health	24.0%	National average: 22.0%	O Preventive medical care received	94.2%	National average: 90.7%
R Preventive dental care received	30.2%	National average: 30.0%	O Babies with low birthweight	7.0%	National average: 8.2%
R Infant mortality rate (deaths per 1,000 live births)	6.2	National average: 5.9	W Received recommended vaccines	80.6%	National average: 70.7%

Strong Families

W Housing instability	0.7% <i>National average: 2.5%</i>	R Crowded housing	11.2% <i>National average: 15.6%</i>
R TANF benefits receipt among families in poverty	10.5% <i>National average: 20.6%</i>	O Infant/toddler maltreatment rate	10.2 <i>National average: 16.0</i>
W Unsafe neighborhoods	1.9% <i>National average: 6.3%</i>	O Family resilience	86.2% <i>National average: 82.6%</i>
O 1 adverse childhood experience	18.9% <i>National average: 21.9%</i>	O 2 or more adverse childhood experiences	7.3% <i>National average: 8.3%</i>
G Infants/toddlers exiting foster care to permanency	95.5% <i>National average: 98.4%</i>	R Potential home visiting beneficiaries served	1.3% <i>National average: 1.9%</i>

Positive Early Learning Experiences

O Parent reads to baby every day	39.9% <i>National average: 38.2%</i>	W Parent sings to baby every day	64.5% <i>National average: 56.4%</i>
O % Income-eligible infants/toddlers with Early Head Start access	9.0% <i>National average: 7.0%</i>	O Cost of care, as % of income married families	11.1% <i>National average: N/A</i>
O Cost of care, as % of income single parents	36.7% <i>National average: N/A</i>	O Low/moderate income infants/toddlers in CCDF funded-care	4.8% <i>National average: 4.2%</i>
O Developmental screening received	33.1% <i>National average: 30.4%</i>	O Infants/toddlers with developmental delay	0.0% <i>National average: 1.1%</i>
G Percentage of infants/toddlers receiving IDEA Part C services	2.3% <i>National average: 3.1%</i>		