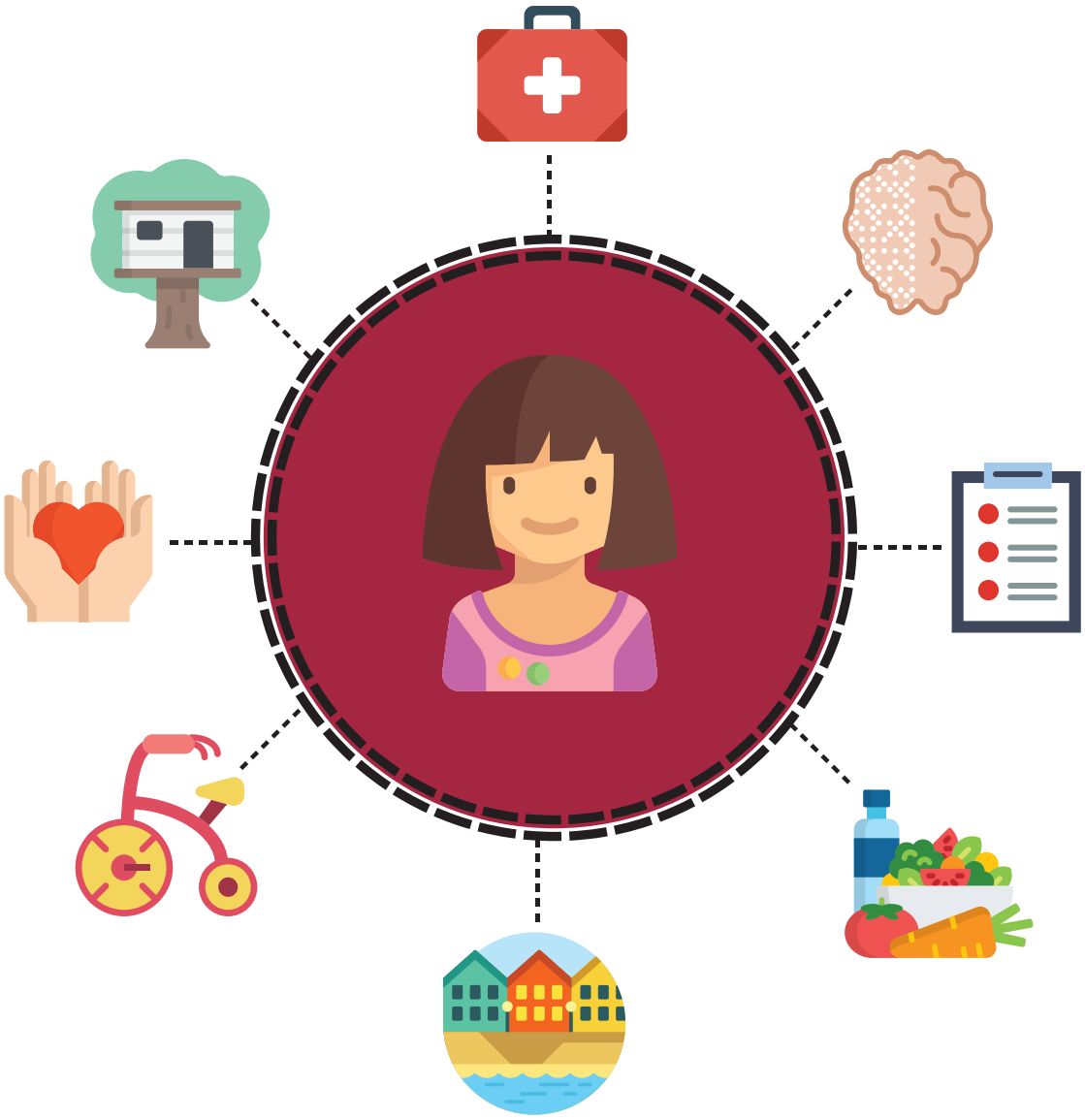

Early Childhood Health: Lancaster County

Needs Assessment Results

Children's CENTER FOR THE CHILD & COMMUNITY

MERC
Methodology & Evaluation Research Core Facility

Early Childhood Health: Lancaster County Needs Assessment
April 2018

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Early Childhood Health: Lancaster County

The Children's Center for the Child & Community commissioned a needs assessment of four sectors in Lancaster County, Nebraska: parents, healthcare providers, childcare providers, and community stakeholders. The purpose of the needs assessment was to identify the gaps and needs related to early childhood health in the community. The questions included in the surveys and interviews reported here were chosen to inform future strategies and actions.

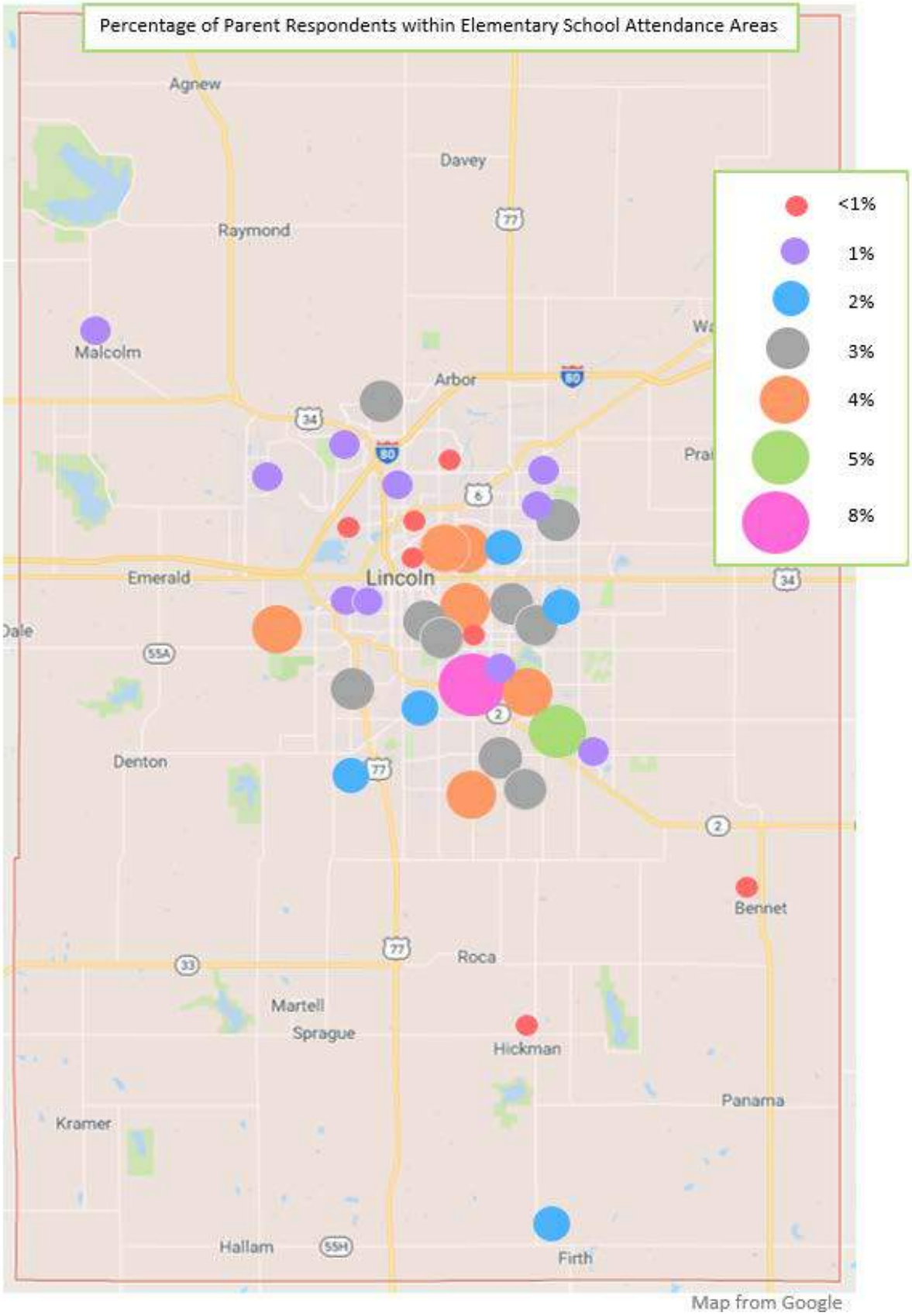
Data collection for the survey portion of this assessment was conducted by the Bureau of Sociological Research at the University of Nebraska-Lincoln and the staff at the Children's Center for the Child & Community. The surveys were conducted in October and November of 2017. A team from the Methodology and Evaluation Research Core Facility (MERC) conducted interviews and focus groups with assistance from staff at the Children's Center for the Child & Community. These data were collected in February and March of 2018.

Parents

Parent surveys were created in both a paper (mail) and web (using Qualtrics software) format. Over one thousand (1,155) paper surveys with business reply envelopes were distributed to schools, childcare centers, and other community organizations, and three organizations asked for web links. Two hundred and twenty-four parents returned a survey, 38 via web (17%), and the rest via mail.

The average age of survey respondents was 34, and 84% said they were female, 15% said they were male, and <1% said they were another gender. Nine percent said their children were of Hispanic or Latinx origin, and the most common races were white (86%), black/African American (6%), and Asian (5%). The majority reported that English was the main language spoken at home (93%). The respondents were highly educated, with 86% reporting to have at least a four-year degree. The average number of children age 8 or younger per respondent was 1.7 (with a range of 'Still pregnant' to 7), and fewer than 10% reported children ages 9-19 in their household. A third of respondents had children in grades kindergarten through 3rd grade. Four out of every five parents (82%) had their child(ren) in a child care center or family care provider more than 10 hours a week (and 73% agreed or strongly agreed that the childcare for 0-8 year olds in their communities was excellent). Tables from the returned surveys is in Appendix A.

In the survey, we asked respondents to provide the closest intersection or elementary school to their residence. These answers were mapped onto approximate elementary school attendance areas (using Lincoln Public School maps for areas within Lincoln), and are shown as a percentage of overall respondents on the county map on the next page. Sixteen percent of respondents did not provide any (or enough) information to include in the map.


Percentage of Parent Respondents within Elementary School Attendance Areas
<1%
1%
2%
3%
4%
5%
8%
Agnew
Davey
Raymond
Malcolm
Arbor
Lincoln
Emerald
Denton
Bennet
Roca
Martell
Sprague
Hickman
Panama
Kramer
Hallam
Firth
Map from Google

Two parent focus groups were conducted in winter 2018. One focus group consisted of 8 mothers that completed a survey in the first stage and said they were willing to be contacted for a follow-up. Due to the privilege of the survey respondents and a desire to hear feedback from a variety of perspectives, the second focus group was recruited with the help of local partners who worked with low-income parents. Seven parents (2 fathers and 5 mothers) participated in the other focus group; one parent spoke only Spanish, and another parent translated. Both focus groups were conducted in English, with dinner and childcare provided, plus $25 in compensation for their time and inconvenience. When asked about their role in ensuring young children are healthy and thriving, parents described their role as being the primary provider for all seven main aspects of health (physical well-being, mental well-being, brain development, basic needs are met, safe neighborhoods, access to healthy foods, and support and education for families) and for being responsible to seek out community resources that are made available to them.

Childcare Providers

Using the licensed childcare provider list maintained by the Nebraska Department of Health and Human Services (and available online), 514 childcare providers were identified in Lancaster County who served children in the age range of interest. Two-hundred and two childcare providers returned paper surveys, resulting in a response rate of 40.4% (AAPOR RR2). On average, the respondents had 19 years of experience as childcare providers (ranging from 1-55 years), and 93% had child development training. Comparatively few of the providers participated in the state supported programs Go NAP SACC (32%), Step Up to Quality (25%), the Pyramid Model (18%), and Rooted in Relationships (7%). The survey results for this sector are in Appendix B.

Childcare providers that completed a survey in the first stage and said they were willing to be participate for a follow-up were contacted to be part of one of two focus groups. Two childcare providers attended the first focus group, and five joined the second. Both focus groups were conducted in English, with refreshments and $25 in compensation provided. Childcare providers identified their role in ensuring young children are healthy and thriving as being a primary care provider for children and being a resource for parents.

Healthcare Providers

The Children's Center for the Child & Community provided a list of 205 healthcare providers in Lancaster County to be surveyed. Sixty completed surveys were returned (AAPOR RR2 30.5%), and 136 were returned as undeliverable. Four respondents were dropped from the analyses for not serving patients within the 0-8 age range. Of the rest, 96% were available for patients from infancy through young

adulthood. Almost half (49%, n=55) of respondents were family practice physicians, one-third were pediatricians, and the rest reported a variety of other positions. The average experience level among healthcare providers was 22 years, ranging from 2 to 50 years. Ninety-three percent said their office maintains an electronic health record (EHR) or database with all pertinent medical information (72% can pull their EHR data into aggregate form). Three out of five (61%) track the number of patients who are current on immunizations, and almost half (49%) track the percentage who are up to date on well-child visits. Seventy percent said they would be willing to share similar quality practice measures to create an early childhood data surveillance system. The survey data from this group is in Appendix C.

Interviews were scheduled with two physicians selected for their knowledge of childhood health and involvement in the community. The interviews were conducted over the phone, and they were offered $50 in compensation (only one accepted the money). Physicians stated their role in ensuring young children are healthy and thriving encompassed education for adults and children, as well as connecting parents to resources on top of providing physical health services.

Community Stakeholders

The Children's Center for the Child & Community provided a list of 134 community stakeholders in Lancaster County. Email addresses were available for this list, so a web survey was used. Additional stakeholders from the mental health community were contacted via listserv using an anonymous survey link. For the named stakeholders, the response rate was 33.6% (AAPOR RR2), with 45 completed surveys. An additional 18 anonymous surveys were completed from the listserv contacts. Just over half of the respondents (55%) gave their position titles, but there was little overlap in title. About half of the provided titles (51%) indicated a leadership position (e.g. director, supervisor, administrator). The full list is available in Appendix D.

A sub-survey that was specific to mental health providers included questions that the other stakeholders were not given. Six stakeholders said they were mental health providers, and the average experience of the five who answered the years in practice question was 16 years (ranging from 5-30 years).

Six community stakeholders (including mental health providers) were interviewed as part of the follow-up to the survey. The interviews were conducted over the phone, and the interviewees were given $25 for their knowledge and time (only one accepted the incentive). When asked about their role in ensuring young children are healthy and thriving, community stakeholders said it was connecting families to necessary resources and advocating for those resources. When asked the same question, the mental health providers gave the same answer as the healthcare

providers: education for adults and children, as well as connecting parents to resources on top of providing mental health services.

Community stakeholders were asked about the need to focus on 33 topics in Lancaster County, and the accessibility and effectiveness of services and supports for said topics. Their response options ranged from 1 (limited need or not very accessible/effective) to 4 (great need or very accessible/effective). Although possible answers ranged from 1-4 (unsure answers were not counted for these figures), average answers for needs ranged from 2.56-3.71, answers for accessibility ranged from 1.77-2.81, and answers for effectiveness ranged from 2.20-3.07. For each set of questions, they were specifically asked to consider these needs in the context of kindergarten readiness so that young children are healthy, safe and ready to learn. The respondents were not asked to compare the different services, but we ranked the topics based on their answers. We highlight the highest and lowest five from each of these three lists (need, accessibility, and effectiveness). The numerical averages and rankings are shown in Appendix E.

Structure of the Report

There were few instances where the exact same questions were asked of all sectors. More often, questions were tailored to the knowledge and expertise of the respondents. When possible, results that are common across sectors are shown.

The various questions were roughly grouped within similar dimensions: access to healthcare, main aspects of health (physical well-being, mental well-being, brain development, basic needs are met, safe neighborhoods, access to healthy foods, and support and education for families), school readiness and needs of young children, and familiarity with resources. The qualitative and quantitative results are presented together. These data collection methods and dimensions overlap, but are organized for as much clarity as possible. The actual questions, response options, and results are shown in the Appendices.

Findings

Access to Healthcare

Parents, healthcare providers, and stakeholders were asked questions about healthcare access. These questions cover opinions about accessibility, parent interactions with the healthcare community in regards to their children, communication between different sectors related to healthcare, and healthcare practitioners reporting of the practices in their own office.

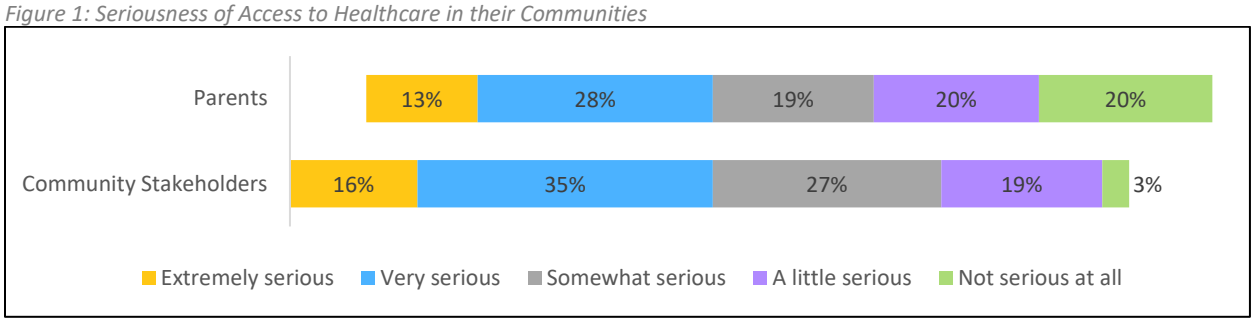
Access to a primary, preventative medical home was rated as a great need by almost half of the surveyed community stakeholders (47.5%), but when compared to the rest of the 33 items, it was not at the top of the list for need. It was at the top of the list (#5) for accessibility, although only 5.5% of respondents rated it very accessible, over half (52.7%) said a medical home was moderately accessible.

During interviews, physicians and mental health providers were asked what additional needs they had in their own practice to provide accessible, high quality, and affordable healthcare for all. The most common need was more funding to execute daily operations, followed by better reimbursement for services provided to Medicaid patients and the ability to integrate mental health into primary practice. Other needs included expanding insurance coverage of behavioral treatment, collaborating with schools so they can identify and effectively deal with behavioral issues, teaching the community the importance of preventative care, and more time and staff to provide services.

> "*On a school base, where a lot of work needs to be done, I really think that there are inadequate conceptions on what it would look like to do a good job of meeting the mental health needs of young children".*

Another way of looking at access to healthcare is to ask about the seriousness of the issue. Just over half of community stakeholders (51%) said access to healthcare was a very serious or extremely serious health issue for 0-8 year olds *in their communities*. This is slightly higher than the parents' answers to the same question (41% said very serious or extremely serious). The difference of opinion is illustrated in Figure 1, which shows that parent opinions were less concentrated than the stakeholders'.

Figure 1: Seriousness of Access to Healthcare in their Communities



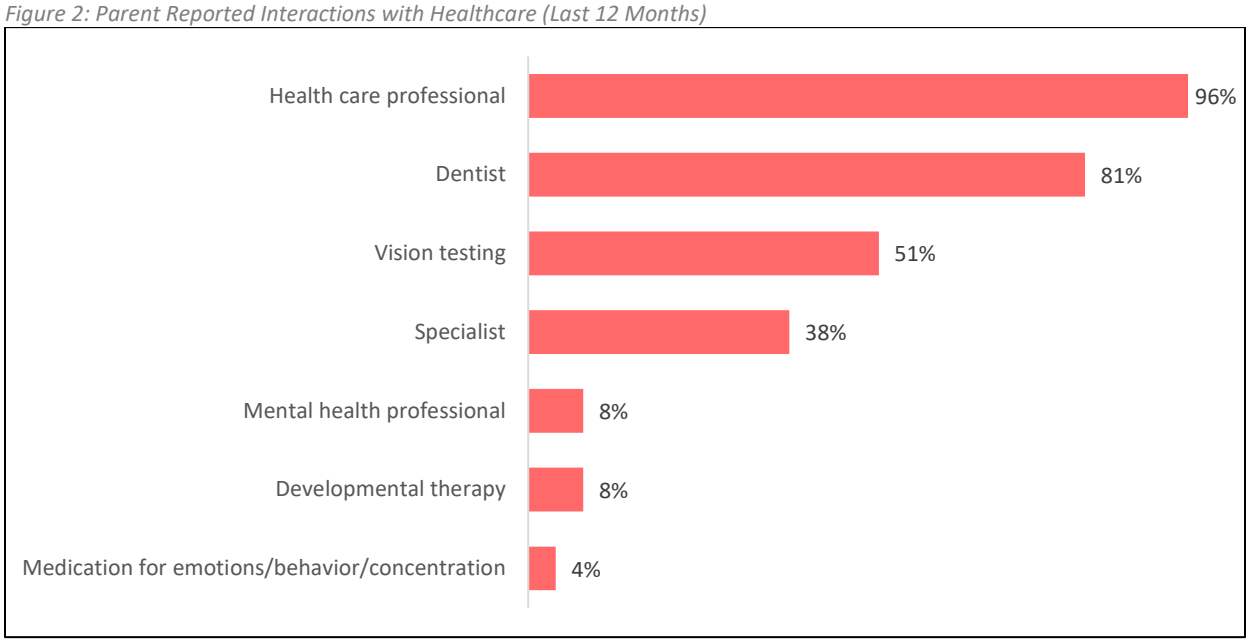
The parents were also asked to rate how much access to healthcare impacts the health of 0-8 year olds in their community. It was asked on a similar scale to the seriousness, from no impact at all to huge impact, and 46% said access to healthcare was a large or huge impact on the health of children.

This pattern of impact being rated higher than seriousness for various health issues held for every one of these questions that were asked of parents.

The surveyed parents likely had a different perspective because of their own experiences with the healthcare system. Almost all parents (99%) had health insurance at the time of the survey (12% were covered via Medicaid or S-CHIP). Few of the responding parents reported difficulty paying their medical bills in the past year (7%) or using the Emergency Room or Urgent Care for regular medical care for their children (2%). Nearly all with insurance (98%) reported being able to see the healthcare providers they needed, 97% had a regular healthcare provider for their children, and 94% had taken their children to their well-child visits.

Figure 2 shows the percentage of surveyed parents reporting interactions with the specific healthcare elements listed in the previous 12 months. Almost all of those surveyed reported that their children interacted with healthcare professionals, and over four out of five (81%) took their child(ren) to a dentist. Just over half (51%) of the families surveyed took their child for vision testing. The surveyed parents had a good opinion of the available healthcare services for 0-8 year olds in their communities. Eighty-six percent agreed or strongly agreed that those services were excellent. Almost three-quarters (73%) agreed or strongly agreed there were enough medical specialists for 0-8 year olds.

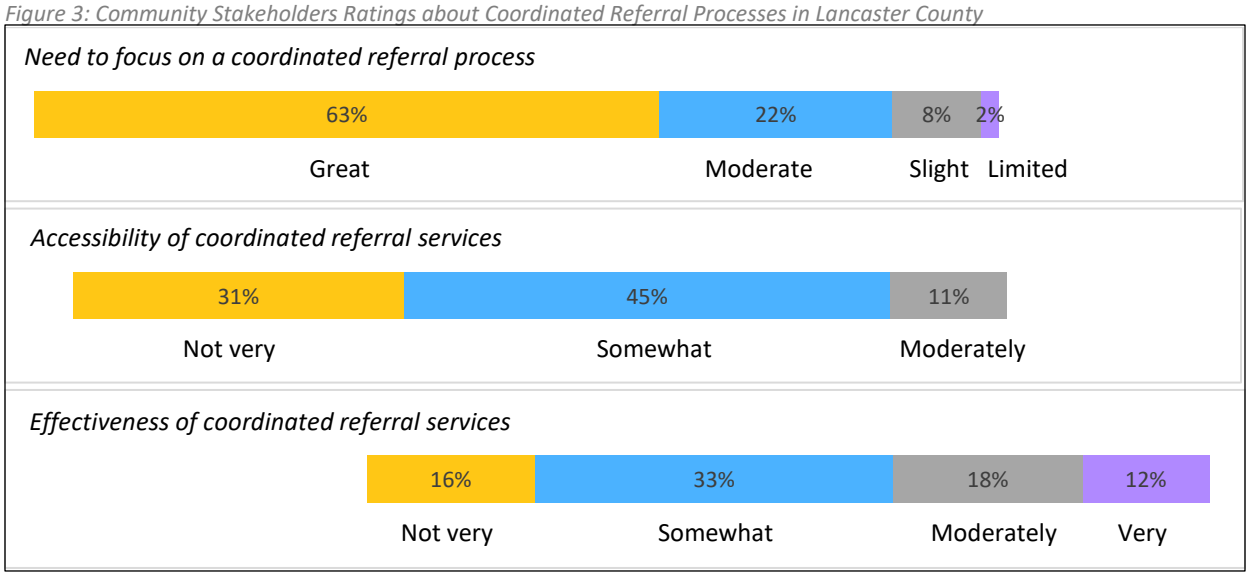
Figure 2: Parent Reported Interactions with Healthcare (Last 12 Months)



Patient referrals is an important aspect of health access. Thirty percent of parents reported their children needed a referral in the previous 12 months. Of those that were referred, the process went well for the majority of parents, and 90% received the referral services. About 5% said getting the referral was difficult, 98% thought the referral was appropriate, and 97% said the referred services were helpful. Of those that had a regular healthcare provider for their children, less than half (47%) said that office helped coordinate care with different providers or services, with roughly the same number (45%) unsure if care coordination was offered.

Community stakeholders were asked about the coordinated referral process in Lancaster County. A coordinated referral process connects patients to the providers and services they need in a way that is efficient and informative for all parties involved. The need to focus on this issue was rated in the top five issues, with almost two-thirds of respondents (63%) saying there was a great need (Figure 3). Accessibility was rated very low - #33 out of 33, with more than three out of ten saying coordinated referral services were not very accessible. Effectiveness of coordinated referral services was also low, and one in five community stakeholders said they were unsure about this question.

Figure 3: Community Stakeholders Ratings about Coordinated Referral Processes in Lancaster County



Community stakeholders were asked about coordination services they provided in their organizations. Over half (54%) said their organization utilized care coordination to connect families with community resources. Fewer (36%) said they coordinated care plans with primary care providers, but almost a quarter (24%) said they don't, but would like to. Similar responses were recorded when asked about bi-directional referral pathways with primary care providers (31% said yes, and 21% said no, but would like to). It should be noted, 14% were unsure of the answer to both questions about organizational relationships with primary care physicians.

Community stakeholders were also asked about the greatest barriers in Lincoln/Lancaster County to coordinate care across healthcare and community partners. This was an open-ended question, and their answers were coded for common themes. The most common answers were related to a lack of knowledge of different expertise/specialization/services, and a need for a hub or network to make the connections (37% each of provided answers). One-third said lack of communication was a barrier. Over a quarter referred to economics, mostly referring to limited access for some patients, with a couple of references of costs to providers. Other barriers included confidentiality, time, and limited services in some areas.

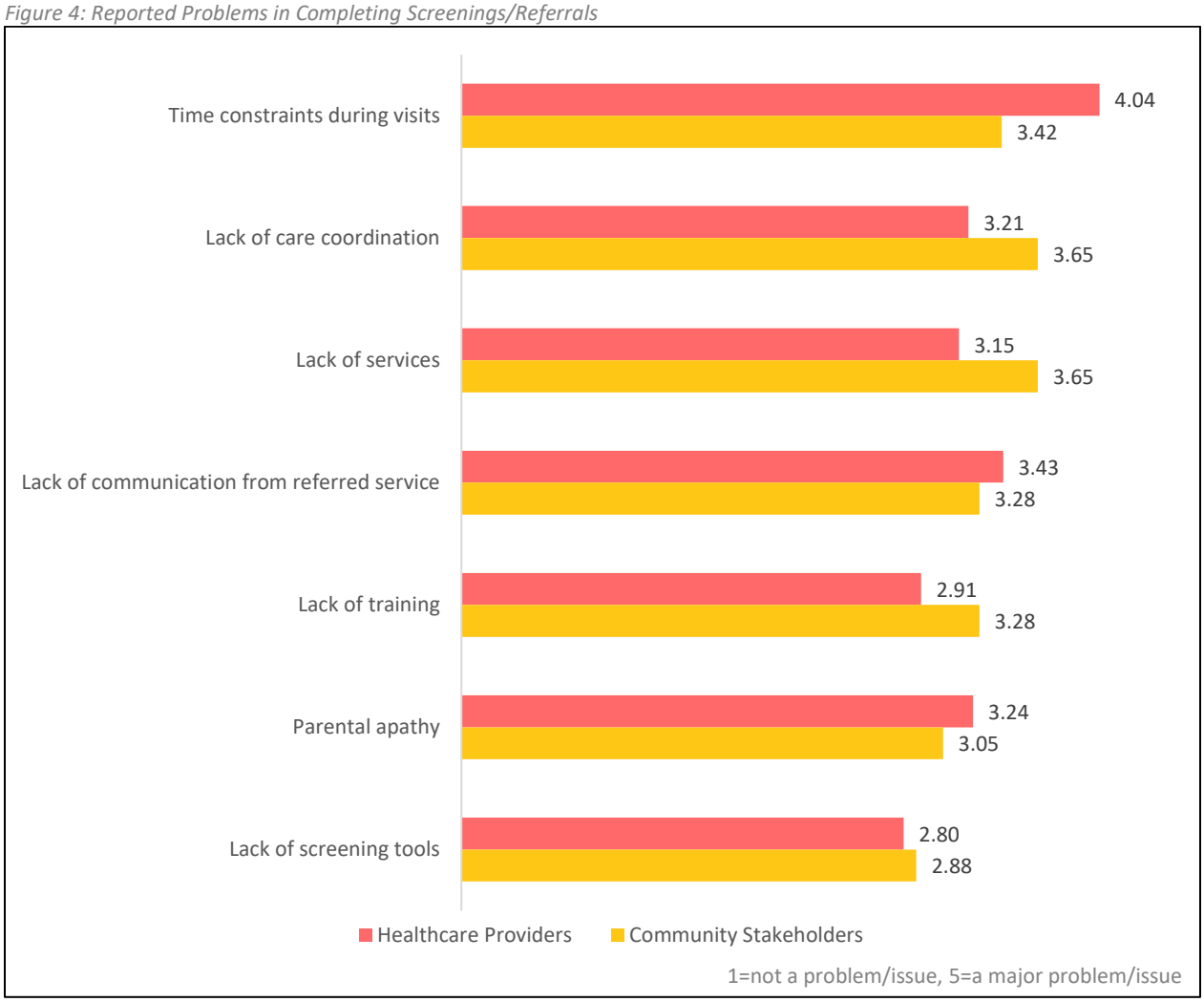
Physicians and mental health providers did not have many concerns when asked in interviews about concerns regarding a coordinated referral process. However, some suggestions for improvement

were to increase communication between the entities involved in the referrals and follow-up feedback on the process after the initial referral:

> "*I would not rank that as high [need] because I think having a coordinated referral process does not address the problems of access. Getting me a referral does not help me if I cannot afford the treatment".*

Healthcare providers and community stakeholders were also asked their opinions about the referral process. For each of the barriers listed in Figure 4, they were asked how much of a problem they were to completing screenings and referrals. The response scale was from 1 (not a problem/not an issue) to 5 (a major problem/a huge issue). According to healthcare providers, time constraints during visits was the greatest barrier, on average ranked as a frequent problem according to respondents (4.04 out of 5). Community stakeholders believed lack of care coordination and lack of services were greater problems (3.65) than time constraints (3.42), on average. Communication from referred services were the next greatest problem for healthcare providers (3.43), followed by parental apathy (3.24), and care coordination (3.21). For both groups, lack of screening tools was the lowest rated problem, on average.

Figure 4: Reported Problems in Completing Screenings/Referrals

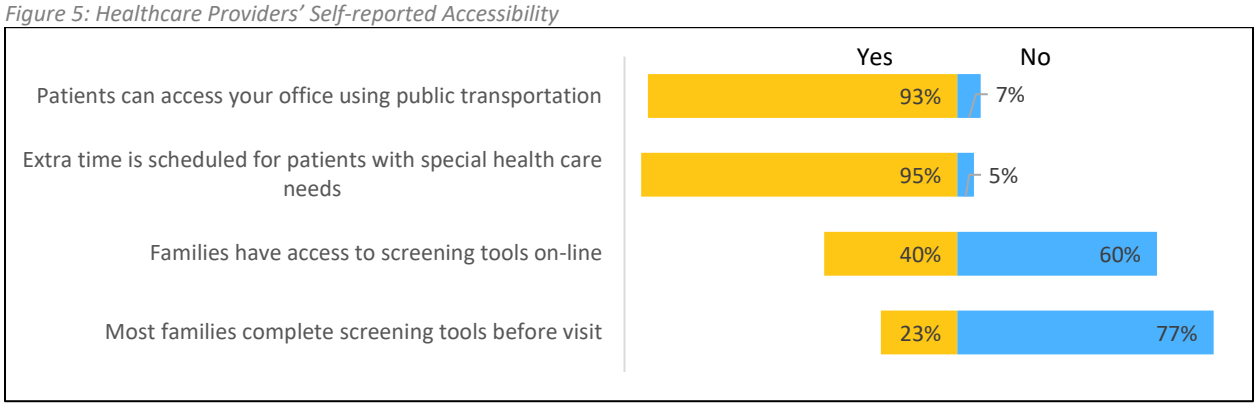


Childcare providers do not provide access to healthcare, but they can influence parents and healthcare providers. Eighty-four percent of childcare providers reported talking with families about health issues and concerns, and 60% said it was not at all difficult to do. Very few of the surveyed providers (9%) said they communicate with children's physicians on care needs. Just over half (52%) said it would be very difficult to do.

Half of the healthcare providers reported their practice was a patient centered medical home[1], a model based on providing comprehensive and coordinated care, with a commitment to quality and safety, and being accessible to patients. An additional 13% said they were working towards becoming one. Two separate questions asked about care coordination: one asked if their office provides care coordination and three out of four said yes (77%), but 96% said their office coordinates care among multiple providers for their patients. When asked about the importance of facilitating all aspects of care, 85% said it was very or extremely important in their day-to-day practice. It was less common for physicians to be involved in the care and discharge of their patients when they receive care in another facility (69% said frequently or always).

In terms of accessibility (see Figure 5), it was commonly reported that their office was accessible via public transportation (93%), and that they scheduled extra time for patients with special healthcare needs (95%). Less common was having screening tools on-line (40%), and families completing screening tools before the visit (23%). The majority of respondents who said most families complete screening tools before visits (83%) had on-line screening tools available, but less than half (46%) of those with screening tools on-line had most families complete them before visits. (Very few parents (<6%) had not taken their child(ren) to their well-child visits, but among those, none claimed transportation as a barrier.)

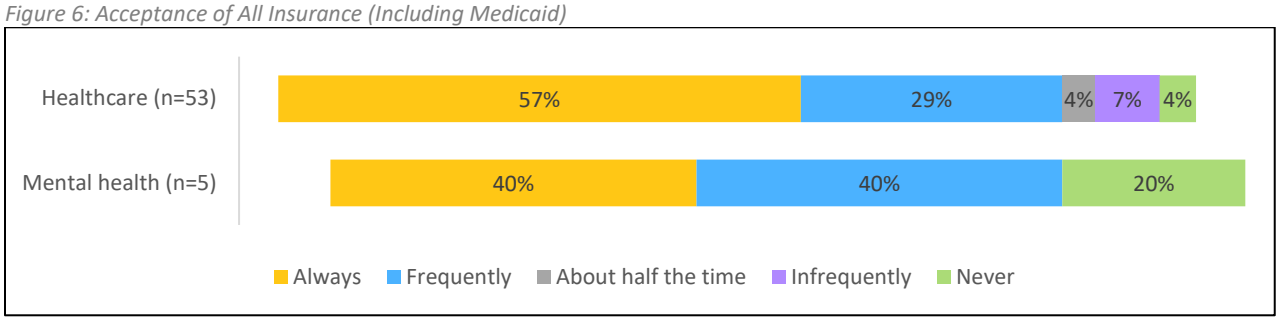
Figure 5: Healthcare Providers' Self-reported Accessibility



We asked healthcare providers and mental health providers about their office practices related to insurance. For the majority of healthcare providers (57%), their office always accepts all insurance, including Medicaid, but this was less common among the mental health providers (see Figure 6). Twenty-nine percent of healthcare providers said they frequently accept all insurance, while 40% of mental health professionals claimed the same.

[1] Defining PCHM, AHRQ PCHM Resource Center

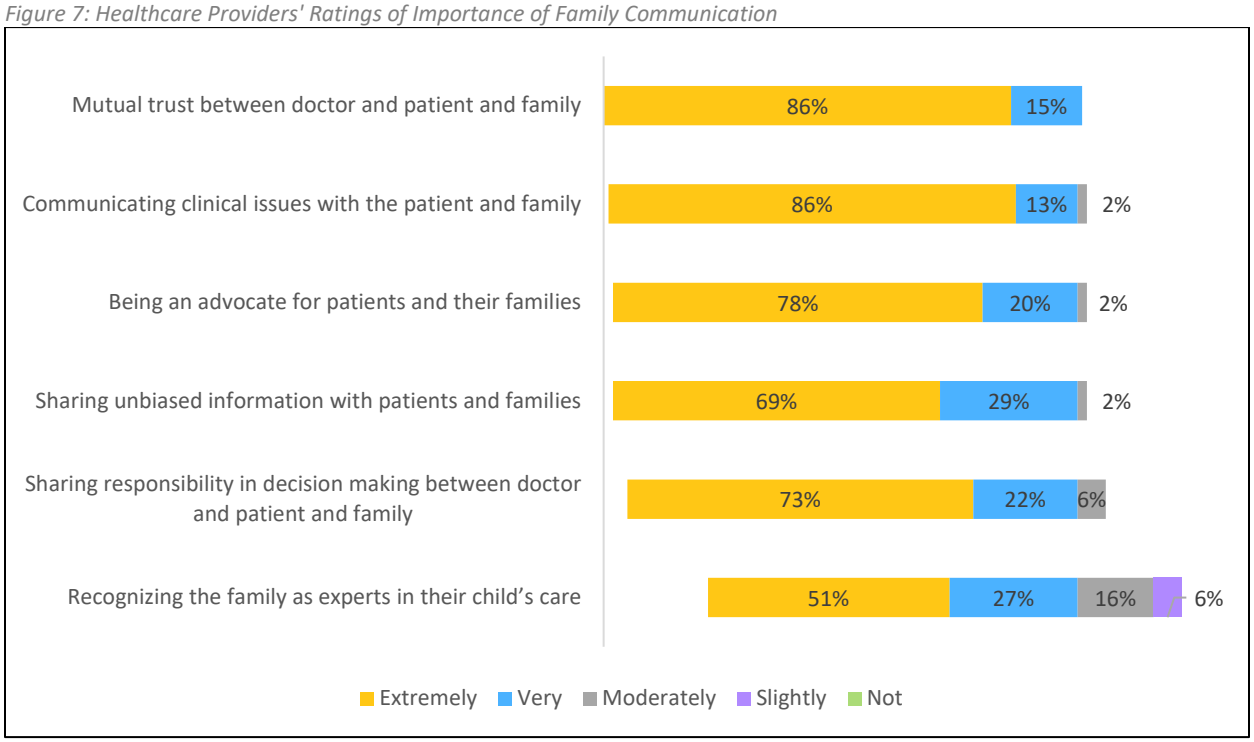
Figure 6: Acceptance of All Insurance (Including Medicaid)



The majority of healthcare providers (85%) said they experienced challenges working with Medicaid. Changes in insurance were accommodated frequently or always by 93% of physicians, and 80% of mental health providers. Sharing information about private insurance and public resources was less common – half of healthcare providers and 40% of mental health providers said it is a frequent practice, but only 29%/20% said it is something they always do.

Communication between healthcare providers and patients and their families is obviously important, and Figure 7 shows how important each aspect of communication was to the surveyed physicians. Mutual trust was ranked the most important by all healthcare providers - all answered it was either extremely or very important. Communicating clinical issues with the patient and family was rated as extremely important by the same percentage of respondents, but a few rated it as only moderately important. Overall, recognizing the family as experts in their child's care had the lowest importance, yet over half still said that was extremely important.

Figure 7: Healthcare Providers' Ratings of Importance of Family Communication

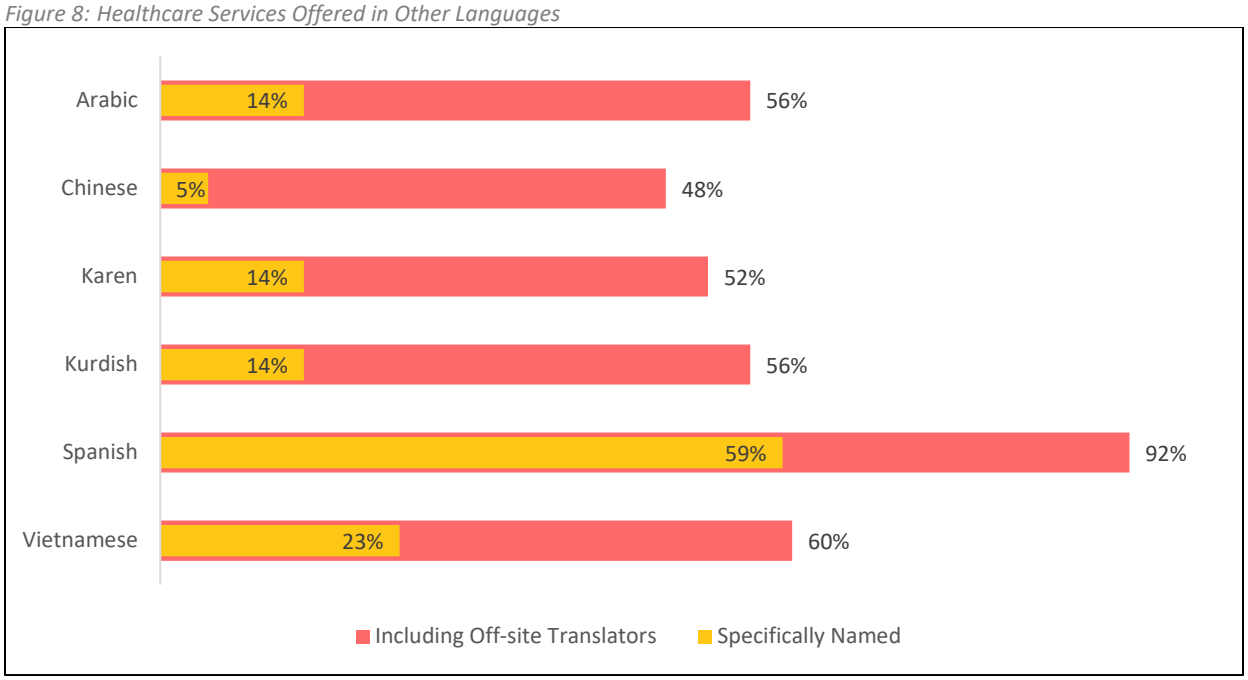


Two thirds of healthcare providers said families or youth were always able to speak directly to them, and the remaining third said they were frequently available. Sixty percent of the mental health providers answered always to that question, with the remainder reported it as a frequent occurrence.

Language barriers are a major problem for healthcare access. As a refugee resettlement destination, the diversity of languages spoken in the state of Nebraska is broader than many might expect. Between 2002 and 2016, 11,075 refugees came from 35 countries to resettle in the state[2]. Over a quarter (27% or 2,990) settled in Lancaster County, representing 31 countries. More than half of surveyed healthcare providers (59%) said they offered services in languages other than English. Twenty-five of the 31 respondents (or 81%) who offered services in languages other than English volunteered more information on the languages covered by their care. Thirteen (52%) specifically named Spanish, and one in five (20%) named Vietnamese, but 48% said they used a phone translation service (like Marti, Language Link, or Blue Phone). Other languages covered included Arabic, Chinese, Karen, and Kurdish. Although only one of these providers explicitly said they have a phone translator in addition to specific languages, it is unclear if these services are over the phone or in person. Most of the responses using phone services said they offer services in any language.

Figure 8 shows the languages specifically named, plus the percentage offering that language through the translation services. Just over one-third (36%) of respondents said they often engaged an interpreter or translator to communicate with patients and/or their families, with a similar number (35%) saying they rarely engaged such services (27% said sometimes). More providers said they offered materials in other languages (71%) – primarily in Spanish (92%) and Vietnamese (14%), with on-line support such as Google translate used to assist.

Figure 8: Healthcare Services Offered in Other Languages



[2] Omaha Herald Refugee Resettlement Statistics

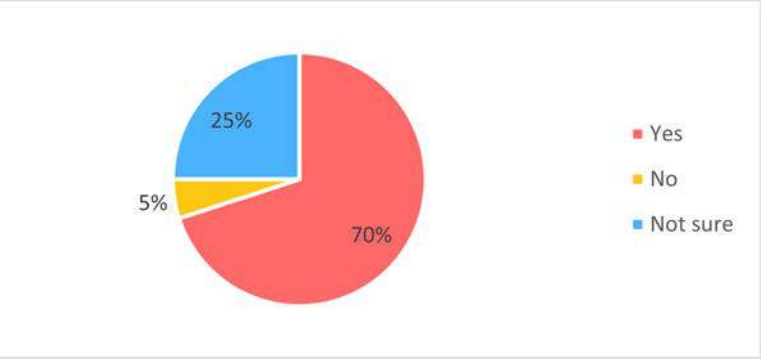
Related to language and communication is the issue of cultural awareness. Respondents from all sectors were asked to provide their definitions of cultural awareness. The general theme from these responses was being willing to understand and accept different cultures from their own. One community stakeholder stated:

> *"We all grow up in a different way, so sometimes that include[s] implicit biases that we may not even be cognizant of as we look at the world through the lens of our experiences. Trying to get outside that box and have conversations with people who are different from myself, and yourself, is beneficial to everybody".*

When respondents were asked how to integrate cultural awareness in health, suggestions included starting with identifying access barriers specific to other cultures, such as language barriers, partnering with cultural centers to identify the best practices in reaching those cultures, and acknowledging there is a gap in services to certain minority cultures.

Stakeholders were also asked about the availability of mental health providers that are trained in evidence-based practices. Fewer than 5% said there was an adequate supply, with the majority of respondents answering 'No' (62%), with 22% saying 'Maybe'. A third of respondents answered the open-ended question "If training was offered, what topics would you prioritize?" The two most common answers were parent-child interactions (41% of provided responses, with about half specifically suggesting Parent Child Interaction Therapy (PCIT) and dealing with trauma (36%)). Depression was mentioned by almost a quarter of respondents, with several specifically mentioning post-partum depression. Besides PCIT, Child Parent Psychotherapy (CPP), and some varieties of Cognitive Behavior Therapy (CBT) were recommended. Various types of child development were also suggested (brain/emotional/social/etc.), as well as appropriate discipline practices.

Healthcare providers' opinions on whether Lancaster County has a collaborative provider community



Aspects of Health

The parents, childcare providers, healthcare providers, and community stakeholders were asked questions about different aspects of health in seven categories: physical well-being, mental well-being, brain development, basic needs, safe neighborhoods, access to healthy foods, and support and educations for families. These categories overlap, but help focus areas of early child health, and group the information provided by the respondents across the four sectors.

Parents and childcare providers were provided a handout showing the seven aspects of health that this assessment focused on to make sure young children are health and thriving (see Appendix F) and were asked if these were things they thought of when thinking of health, and if there were additions that could be made. There were no aspects that respondents would remove from the handout. Both sectors suggested adding parent education, encompassing safe environments not just safe neighborhoods, and adding "fun" or "play" time to all aspects.

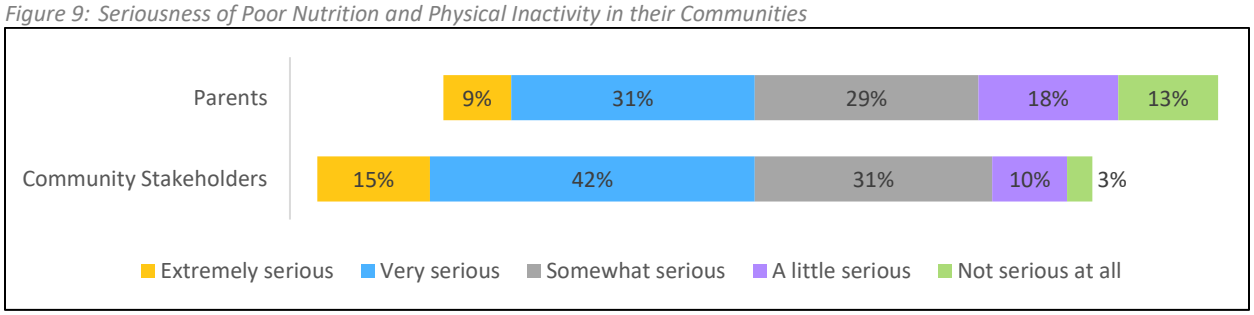
During the qualitative data collection (interviews and focus groups), all sectors were asked what a healthy, thriving young child means to them and what it includes. All sectors identified physical well-being and safe neighborhoods. Childcare providers in both focus groups also identified access to healthy foods. Parents identified basic needs being met and mental well-being. According to community stakeholders, mental well-being and education were also important. Both physicians also identified access to healthy foods and brain development. Based on the responses, all seven main aspects outlined for health were identified as necessary for a healthy, thriving young child.

Physical Well-being

During the focus groups and interviews, all sectors were asked about what a healthy, thriving young child meant to them and what it included – all described physical well-being in their answers. Physical well-being includes growth, muscle control, coordination, balance, fine motor skills, safety rules, and self-care. One concept that captures the foundation of physical well-being is the first 1,000 days[3]. This program focuses on nutrition as the support for healthy growth and brain development. Of the four sectors, only healthcare providers were asked about this, and only about one in three (31%) discussed it with parents and caregivers.

Parents and community stakeholders were asked about how serious various issues were for 0-8 year olds in their communities. As Figure 9 shows, community stakeholders expressed more concern about poor nutrition and physical inactivity than parents. Parents were also asked about the impact of poor nutrition and physical inactivity on the health of 0-8 year olds in their community, which they had more concern about (45% said a large or huge impact, versus the 40% who said very or extremely serious). The relative privilege of the parents may be the reason they did not see these issues as a serious problem for young children in their communities, but they saw them as having a greater impact.

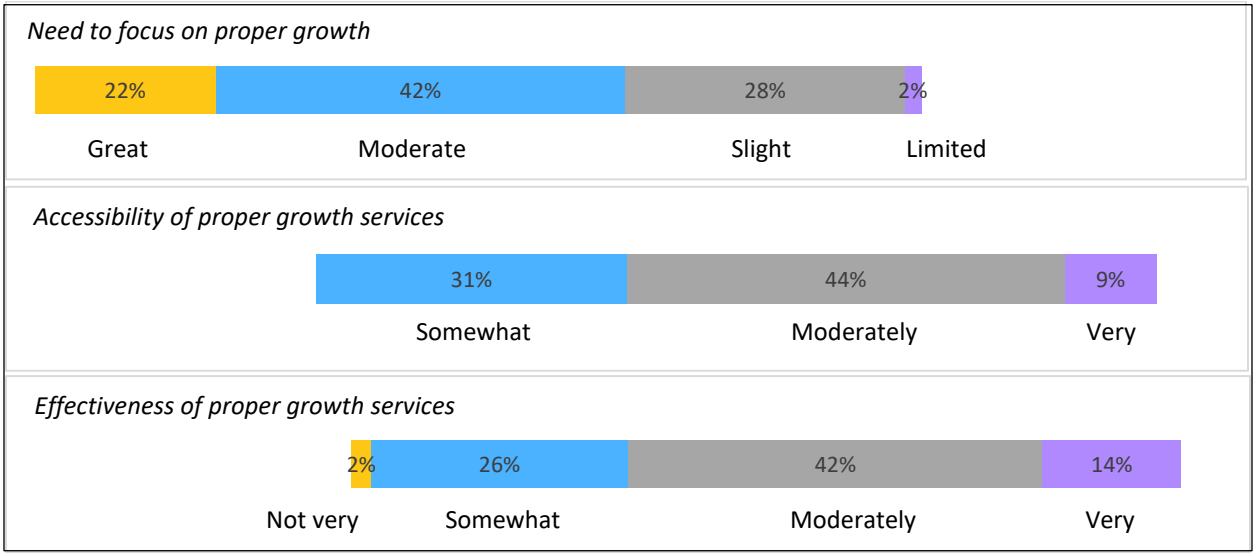
Figure 9: Seriousness of Poor Nutrition and Physical Inactivity in their Communities



[3] Why 1,000 Days?

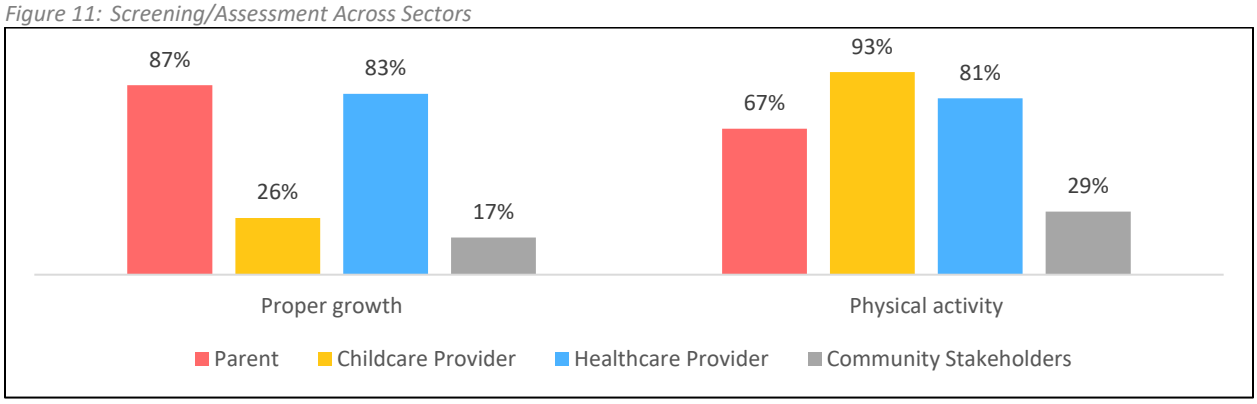
The community stakeholders rated the need, accessibility, and effectiveness of services related to proper growth (Figure 10). For each set of questions, they were specifically asked to consider these needs in the context of kindergarten readiness so that young children are healthy, safe and ready to learn. The need to focus on proper growth in Lancaster County was deemed low by community stakeholders relative to the other 33 topics rated, but over a fifth (22%) said there was a great need. The accessibility of services related to proper growth was rated comparatively highly, fourth from the top of the list when ranked on this dimension. The effectiveness of services was also rated highly, but not in the top five.

Figure 10: Community Stakeholders Ratings about Proper Growth in Lancaster County



Respondents in all four sectors were asked about screening for various issues. Figure 11 shows the differences in screening/assessment in proper growth and physical activity for each group. Proper growth screening covers height and weight changes as children age. Parents reported screening, conversation, or resources from their healthcare or mental health provider related to proper child growth at almost the same rate as healthcare providers reported screening (87% and 83%, respectively). (In a separate question, 80% of physicians reported often educating parents on growth and development during well-child visits.) Screening was far less common from childcare providers (which asked about overweight/underweight concerns; 26%) or stakeholders (17%).

Figure 11: Screening/Assessment Across Sectors



About 43% of parents described obesity and being overweight as a very serious or extremely serious issue for 0-8 year olds, and a large or huge impact on the health of 0-8 year olds in their community. Although few childcare providers reported discussing overweight/underweight concerns with parents, even fewer surveyed parents reported having that conversation (4%). This was recorded as having the highest difficulty for childcare providers to do. In follow-up during the focus groups, childcare providers noted it was a difficult topic to address with families, however some providers addressed the issue from a whole center perspective instead of singling out individuals. Other health issues or concerns were discussed more frequently, with 45% of parents hearing from their childcare providers.

Physical activity screening and assessment was more common across most sectors. Physical activity assessments can cover play and exercise, sedentary behavior, and barriers to movement, but are often framed as obesity prevention. Two-thirds of parents reported getting information about physical activity from healthcare providers and almost a third (31%) received information from their childcare provider. Four out of five healthcare providers (81%) reported assessing physical activity, and 77% said they educated parents on the topic during well-child visits.

Physical activities were covered by the majority of childcare providers. For the smallest children, 94% worked with infants on tummy time, and 93% limited sitting time in swings and seats. Structured (93%) and unstructured (97%) physical activity opportunities were common, as was engaging children in outdoor activities (99%). None of these activities were considered difficult for at least three-quarters of the respondents (75-93%, depending on the question).

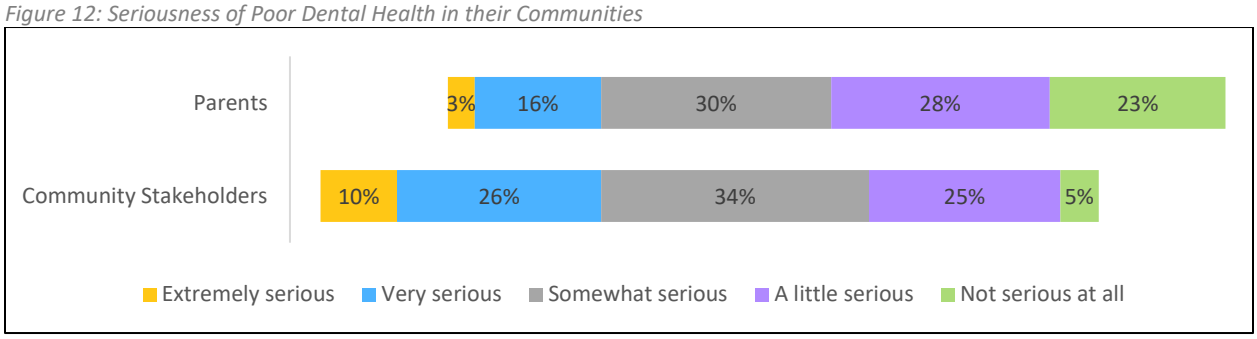
Motor skill development was another common activity for childcare providers. At least 99% said they let children touch books and turn the pages and helped older children with motor skills (with fewer than 12% reporting any difficulty). Ninety-seven percent said they had children practice drawing, writing and recognizing numbers, shapes, colors, letters, sounds and his/her name. Both fine and gross motor skills were assessed often by approximately three-quarters of healthcare providers (72%, and 75%, respectively).

Only parents were asked specifically about asthma and early childhood. First they were asked about how serious asthma is for 0-8 year olds in their community, followed by how much asthma impacts the health of 0-8 year olds in their community. One in five parents (21%) surveyed said this was a very or extremely serious issue, and nearly the same percentage (22%) said it was a large or huge issue in their community.

Dental health was mentioned infrequently about health. Many parents (82%) said they heard from healthcare professionals about dental care, and one in four got this information from their childcare provider. Less than half of childcare providers said they discussed dental health with parents and a little over half (59%) of healthcare providers reported assessing dental health. Additionally, it was claimed as a frequent education topic during well-child visits by 79% of healthcare providers. Fewer than one in five community stakeholders said they assessed dental health. When asked about the dental health services in Lancaster, stakeholders rated them as moderately effective, and compared to other topics rated, it was the 2nd highest out of 33 topics.

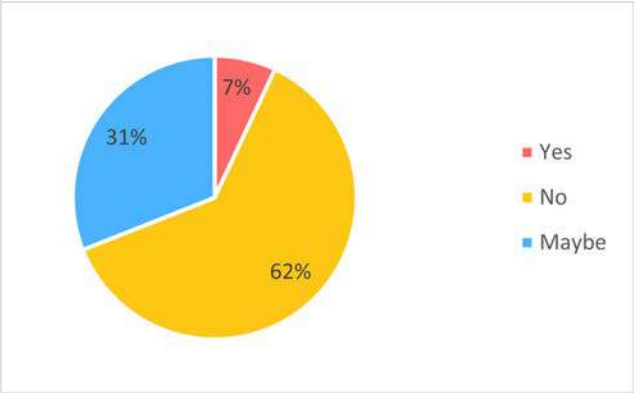
Fewer than 20% of community stakeholders screened for dental health, while 81% of parents took their child to a dentist in the past year, which may explain the difference in attitudes shown in Figure 12. Only 19% of parents rated dental health as very or extremely serious in their community, compared to almost twice as many community stakeholders (36%). Almost half of parents (46%) said poor dental health had a large or huge impact on the health 0-8 year olds in their community. (Community stakeholders were not asked about the impact.)

Figure 12: Seriousness of Poor Dental Health in their Communities



Childcare providers were asked about additional trainings they were interested in related to physical and motor development. This was an open-ended question, and the answers coded for common themes. The two most common answers (representing approximately a third of the provided answers) were related to screening children for delays, and different activities to do with children. A variety of desired activities were listed, but the most common were physical activities (both indoor and outdoor). Less common, but mentioned by more than 10% of the respondents was communicating with parents about their child(ren)'s issues.

Community stakeholders' opinions on whether there is an adequate supply of mental health providers that are trained in evidence-based practices in Lancaster County



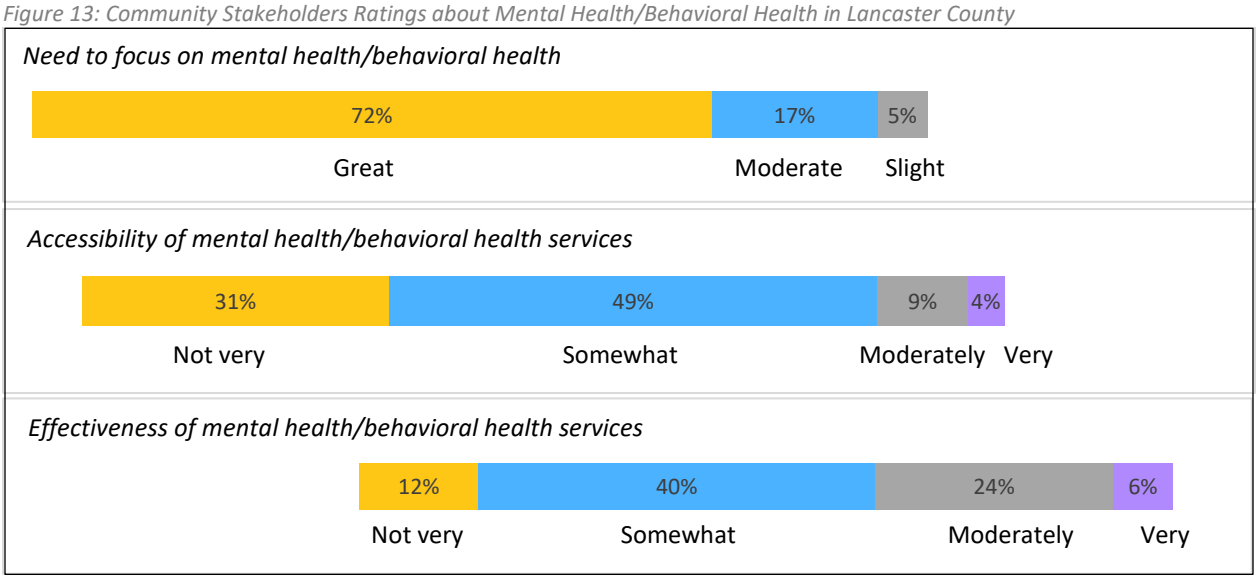
Mental Well-being

Positive relationships, social competence, low stress, and self-regulation are all areas of interest under the umbrella of mental well-being. Mental well-being was identified by parents and community stakeholders as part of a healthy, thriving young child, when asked during focus groups and interviews.

Mental and behavioral health services in Lancaster County were a major concern for the surveyed community stakeholders (Figure 13). Out of the 33 topics they rated, this was #1 in terms of

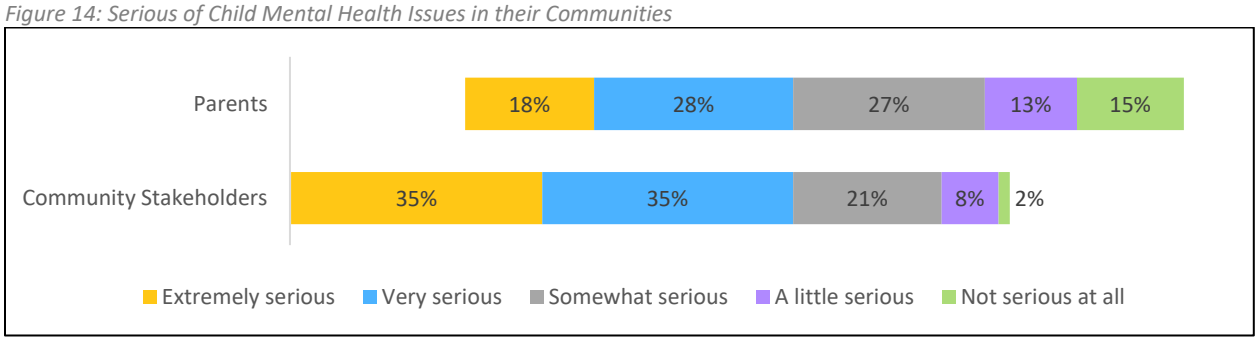
need – nearly three-quarters (72%) said there was a great need to focus on mental health and behavioral health. Both the accessibility and effectiveness of mental health and behavioral health services were rated low, appearing in the 32nd and 30th spots, respectively, when ranked with the other topics.

Figure 13: Community Stakeholders Ratings about Mental Health/Behavioral Health in Lancaster County



In a separate question, community stakeholders were asked about the seriousness of child mental health issues for 0-8 year olds in their community. Seventy percent said this was very or extremely serious (see Figure 14). When asked the same question, less than half of parents (46%) gave the same answers. Parents were asked a separate question about the impact of child mental health issues on the health of 0-8 year olds, and about the same percentage (47%) said it had a large or huge impact.

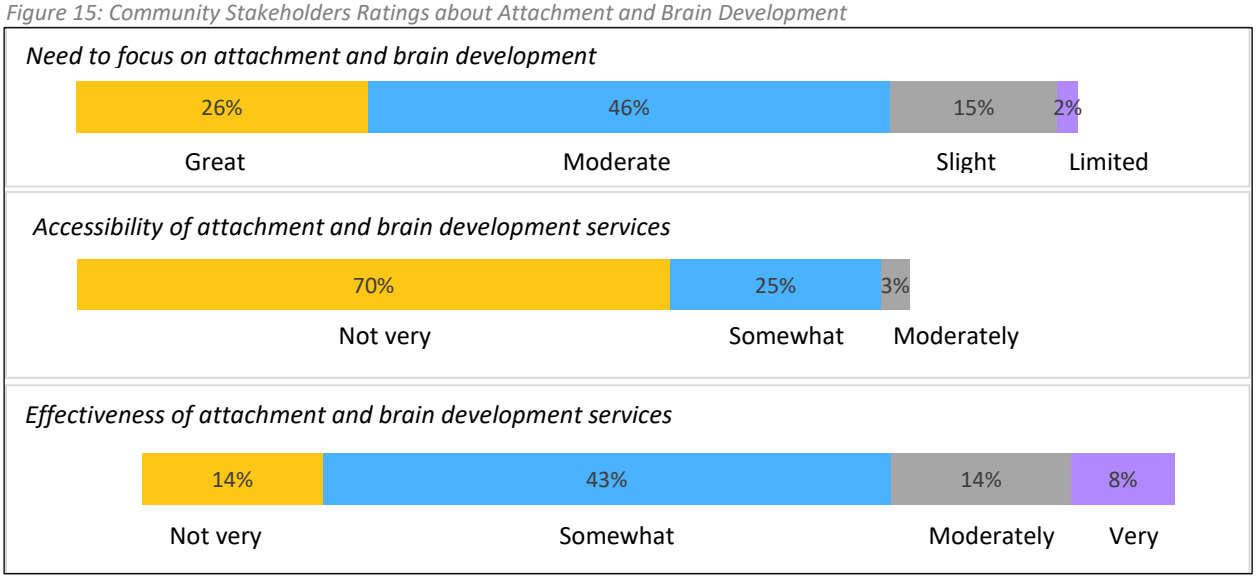
Figure 14: Serious of Child Mental Health Issues in their Communities



Like many of the domains covered in our data collections, positive relationships overlap with other areas, such as brain development, and basic needs. Attachment is part of social and emotional development in infancy, and is linked to brain development in infants who are learning from their experiences. Although brain development is covered in the next section, the link to relationships (and therefore mental well-being) makes this relevant here. Attachment and brain development were high on the list of concerns for surveyed community stakeholders (Figure 15). Over a quarter (26%) said there was a great need to focus on these issues in Lancaster County. Accessibility and effectiveness were both

rated low compared to the other rated topics. Seven out of ten respondents said services were not very accessible, while one in seven said services were not very effective. (These were ranked 29th and 33rd on their respective lists of topics.)

Figure 15: Community Stakeholders Ratings about Attachment and Brain Development



Almost all participants in the focus groups and interviews expressed concerns about attachment and brain development when asked. Stakeholders, physicians, and parents all identified the need for early intervention regarding these items. Stakeholders suggested sharing resources with all sectors to increase the knowledge of brain development and attachment, while childcare providers and parents expressed interest in gaining this knowledge. Childcare providers suggested having in-services and increased communication with parents and schools, while parents suggested home nurses, prenatal education, and insurance incentives. Many respondents also commented on how parent-child interactions, mental and behavioral health, and attachment and brain development all interact and rely on each other:

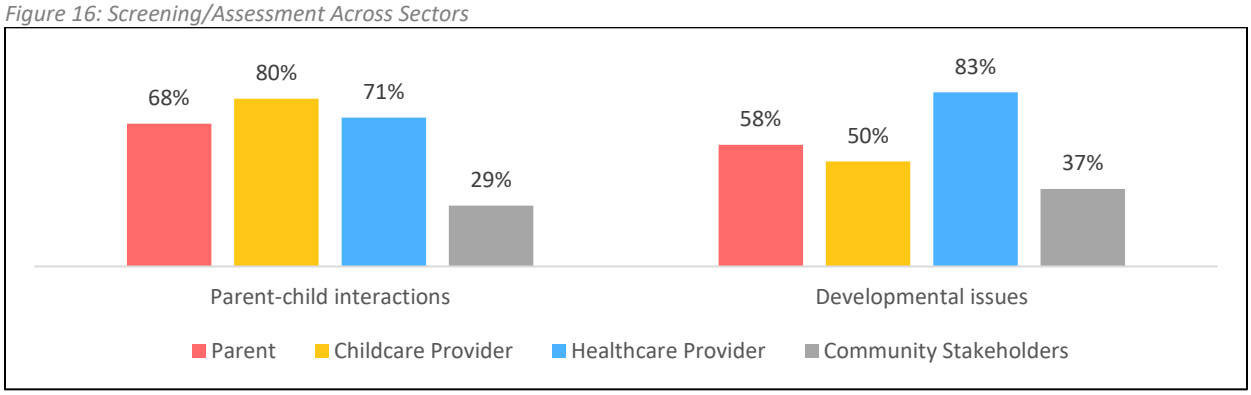
> *"So we know that the experiences that children have in the first five years can have an impact on their growth and development in the future; which includes attachment, and it includes the social-emotional development… and it includes the ability for children and parents to have good parent-child interactions."*

Parent-child interactions were recognized as a cornerstone of positive relationships for children, and of great concern for many groups. Parent-child interactions were commonly screened for by childcare (80%) and healthcare (71%) providers (Figure 16). Fewer parents (68%) reported such conversations from their healthcare providers, while the same percentage of physicians said they provided education on parent-child interactions during well-child visits. Screening for parent-child interactions were less common among the community stakeholders. Based on this survey data, the focus groups and interviews participants were about their concerns related to parent-child interactions. Comments included there need to be more resources for parents and more opportunities in the community for these interactions to happen:

"*Those adult child interactions between the parents and their kids may be the best that they know how to do, but may not be what's best for their children".*

Concerns expressed about parent-child interactions included the increasing presence of technology in peoples' lives, stressors in parents' lives, and time constraints due to work.

Figure 16: Screening/Assessment Across Sectors



More than half of parents (58%) said they heard about developmental issues from their healthcare providers. Screening for developmental issues occurred less frequently than parent-child interaction among childcare providers, but more frequently among healthcare providers and community stakeholders. In interviews, physicians and mental health providers were asked about whether there are inconsistencies with developmental screening tools, and all respondents said there are. However, many did not see this as a barrier to their practice because the different tools focus on a wide range of issues that are useful to look at with patients.

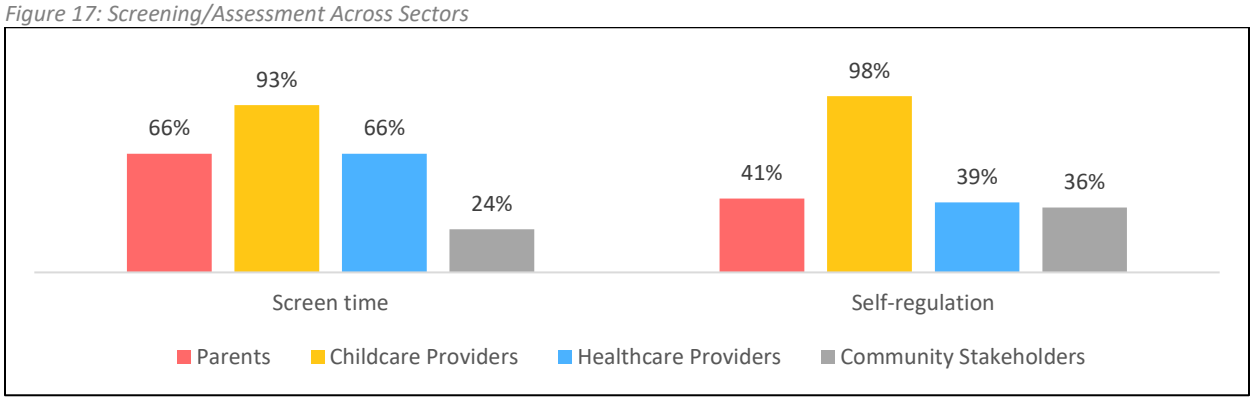
"*Screening tools aren't meant to be perfect, you have to identify them as a risk-benefit ratio, so it depends on what purpose we're using them for. In general, there would be some discrepancies but they're still better to use them than to not."*

Although more physicians reported developmental screenings, fewer parents reported hearing about developmental issues from the health professionals working with their children. A third of surveyed parents (34%) saw developmental delays as a very serious or extremely serious issue for 0-8 year olds in their community, and 38% thought they had a large or huge impact on the health of children 0-8 in their community. Few parents with childcare providers heard from them that their child(ren) might need screening for developmental delays (11%). Developmental issues cover children's responses to their environment, such as emotion and stress regulation. One caution for this question is that we cannot be sure what type of development the respondents are thinking of when they answered this question.

Healthy sleep is an important component of mental (and physical) well-being. Thirty percent of the parents who had childcare providers said their provider gave them information on this topic. In contrast, 74% of the childcare providers surveyed said they talked with families about healthy sleep routines. A similar percentage of physicians (72%) said they often screen for sleep problems in their young patients, and a few more (77%) said they often cover education on the topic during well-child visits. Eighty-one percent of parents said their child(ren) frequently get enough sleep for their age.

The American Academy of Pediatrics recommends limiting media use for children for the impact it has on their sleep, physical fitness, behavior, and learning and social skills[4]. Figure 17 shows that two-thirds of surveyed parents discussed limiting screen time for their children with healthcare providers (and 18% heard about it from childcare providers, if they had one for at least 10 hours a week). Two thirds of physicians said they assessed screen time, but in a separate question, slightly more healthcare providers (72%) said they often provided education on screen time during well-child visits. More than nine out of ten childcare providers (93%) assessed screen-time, but fewer than a quarter of community stakeholders said they did this type of assessment/screening. Almost three-quarters of parents (73%) said they frequently limited the amount of time their child(ren) spent in front of a TV watching TV programs, videos or playing video games. Slightly more parents (79%) limited the amount of time their child(ren) spent with computers, cell phones, handheld video games, and other electronic devices. Nine out of ten parents reported monitoring the content their child(ren) watched on TV, played on the computer, or did on electronic devices.

Figure 17: Screening/Assessment Across Sectors

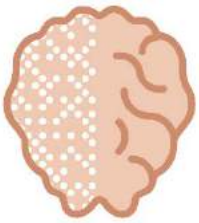


Almost all of the childcare providers said they helped children to control their behavior (self-regulation), but 41% or fewer of respondents in the other sectors said they screened for self-regulation (or discussed it, in the case of parents). When interviewed, the physicians said they were not familiar with standardized assessment tools for self-regulation. All but one of the surveyed childcare providers said they set rules and taught children how to follow them, and a similar number (99%) covered the following with the children in their care: responding to positive actions with positive words, such as "You did it!" or "Well done!", teaching them to express emotion in safe ways, and to take care of their own needs (such as toileting). Seventy-one percent of healthcare providers reported often covering toilet training during well-child visits.

The majority of childcare providers (99%) reported using a positive, upbeat attitude when caregiving, and using positive physical contact. Ninety-nine percent of childcare providers said they helped children resolve conflicts among children, taught children to play with others, share, and cooperate, and a similar number (98%) said they helped children build relationships with peers and adults.

[4] Healthy Digital Media Use Habits for Babies Toddlers Preschoolers, American Academy of Pediatrics

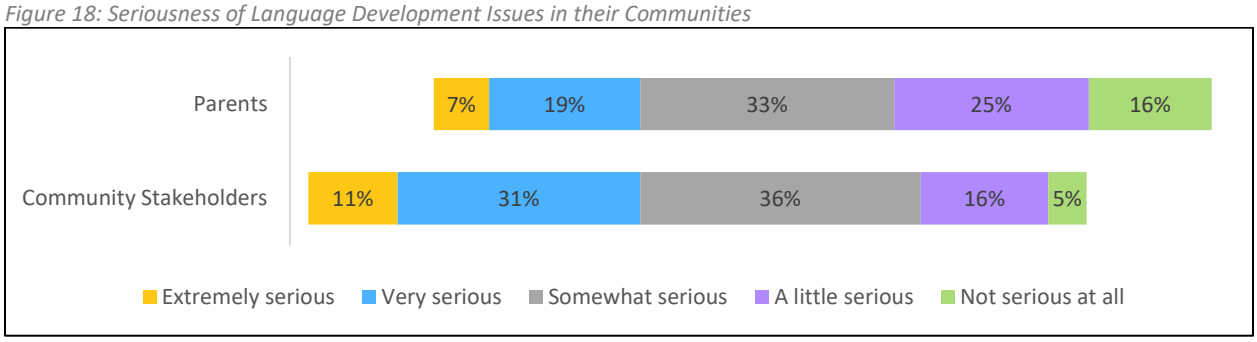
Brain Development



Brain development is part of both physical and mental well-being, but important in and of itself. This includes information about new experiences, language, vision, hearing, and social interactions. During interviews, physicians were asked what a healthy, thriving young child means to them and what it includes – brain development was a key component. Two-thirds of surveyed physicians said they often educated parents on early childhood brain development during well-child visits.

Just over a quarter of parents (26%) thought language development issues were very serious or extremely serious for children 0-8 in their community, compared to two-fifths of community stakeholders (42%, see Figure 18). Parents were most likely to rate the impact of language development issues in their community as having some impact (37%), but more parents rated these problems as having little or no impact (34%) than a greater problems.

Figure 18: Seriousness of Language Development Issues in their Communities



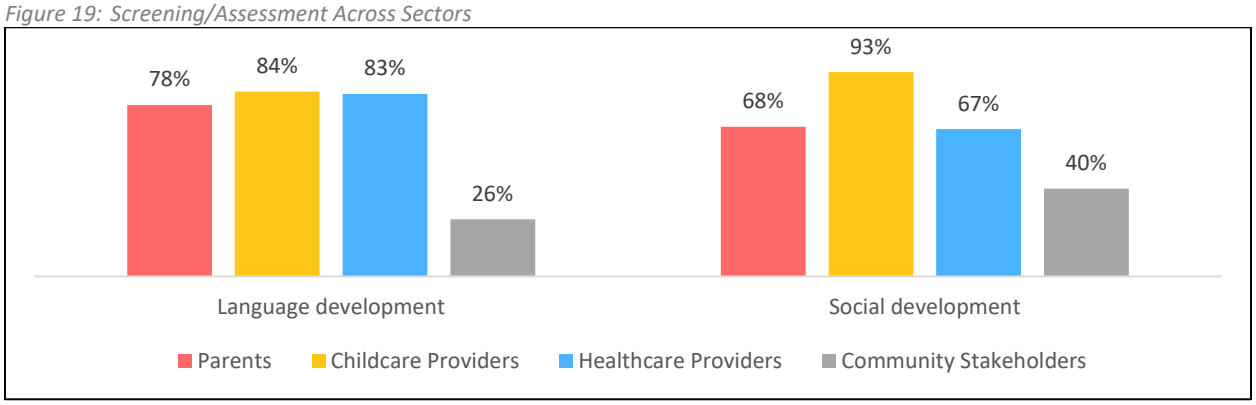
Parents were asked if their child(ren)'s doctor or mental health provider had ever talked to them, screened for, or provided resources about attachment and brain development, and just over half said yes (52%). A third of parents (33%) said they received information about learning disabilities, and slightly less (30%) heard about autism. Over half of the healthcare providers surveyed (56%) said they often screened for autism, but this was far less common for community stakeholders (12%) (childcare providers were not asked about autism). Community stakeholders gave their opinions on services related to autism in Lancaster County, and the effectiveness of autism related services was rated very low, compared to other topics rated (31st out of 33). Half said that autism services were not very or only somewhat effective, and more than a quarter (26%) where unsure (which was not included in the ranking.

Literacy is the ability to read and write, and difficulties with literacy may be due to learning disabilities. These may be linked for some children, but are distinct issues for others. Literacy is impacted by the activities parents and caregivers do with their children. More than three-quarters of parents (77%) reported getting information about reading to and with their child(ren) from healthcare professionals. Fewer healthcare providers (64%) said they often covered literacy during well-child visits. Fewer parents (54%) reported hearing about reading to their child(ren) from their childcare providers. Table 1 shows the frequency of reading and other common family activities reported by the parents.

Table 1: (Parents) How many days in the last week did the following activities occur?				
	N	Ave	Min	Max
You or other family members read to your child(ren)?	209	6.2	0	7
You or other family members told stories or sang songs to your child(ren)?	207	6.1	0	7
Your child(ren) played with other children their age?	207	5.5	0	7
You or any family member took your child(ren) on any kind of outing, such as to the park, library, zoo, shopping, church, restaurants, or family gatherings?	206	3.9	0	7
All or most of the family members who live in the household ate a meal together	208	6.1	0	7

Language development is most intensive during the first three years of life when children are acquiring language and speech skills. Based on the answers from the all the sectors, healthcare providers and childcare providers were equally likely to assess language development, while just over three-quarters of parents said they heard about this issue from their healthcare provider (see Figure 19). Almost half (48%) of the 82% of parents who had childcare providers heard about their child's language development from that provider. Childcare providers were asked a number of questions related to language development. Three-quarters reported talking to families about language development concerns. They were more likely (57%) than not to talk with families about community resources for language development. They responded to infant vocalizations (95%), read books with the children every day (95%), talk about the words they see in books (95%). They also encouraged children to talk (98%), learn with repeated phrases such as saying the alphabet out loud, counting to 10, naming shapes or objects (98%), and helped with language such as repeating words, commenting, and answering children's questions (99%). Childcare providers focused on verbal language more than healthcare providers (69% report often assessing this), but they spent more time with the children.

Figure 19: Screening/Assessment Across Sectors

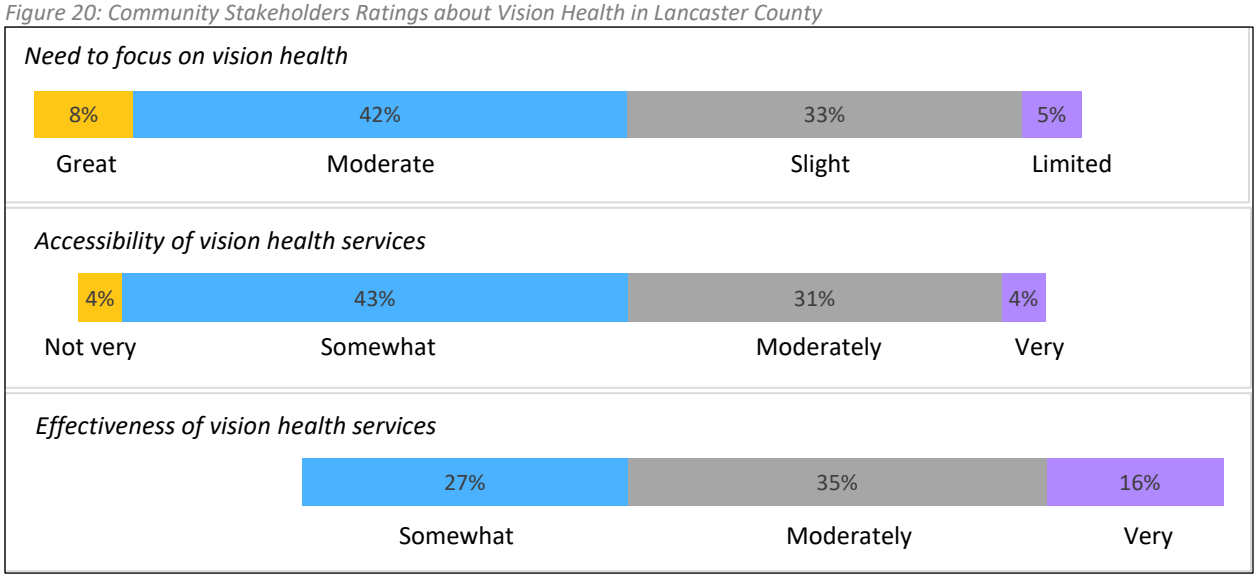


Social development starts early, but is judged in interactions with others through their attitude, independence, ability to make and play with friends, etc., as they get older. Social development and social interactions were most commonly assessed by childcare providers (93%). Just over two-thirds of parents (68%) with childcare providers said they discussed child-to-child or child-to staff interactions with their childcare providers, while 90% of childcare providers reported talking to families about the

same. Just over half of the childcare professionals (52%) said they talked with families about community resources for social development. Social language and self-help were regularly assessed by more than half of the healthcare providers (60% reported doing so often).

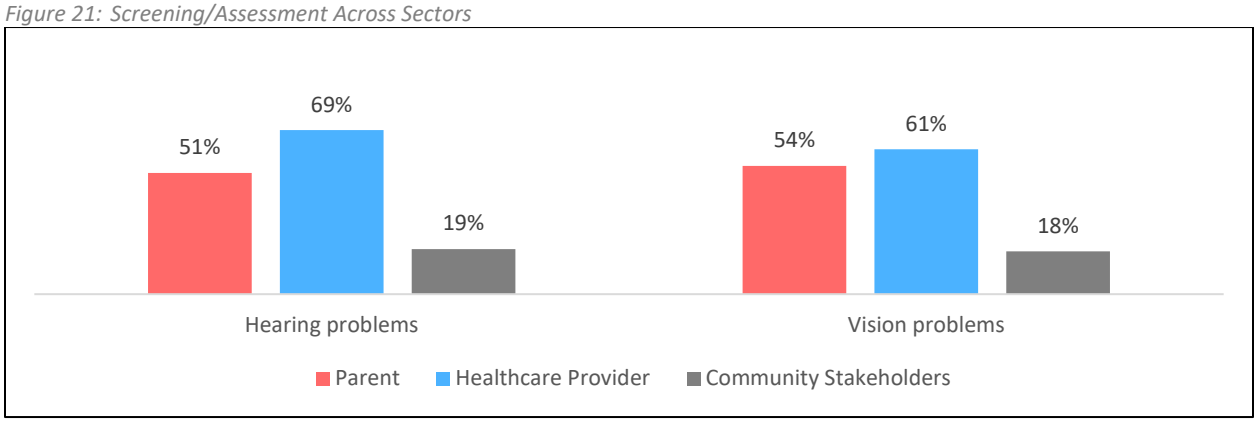
Language and social development are easier for children if they are without vision problems. Surveyed community stakeholders rated the need to focus on vision health in Lancaster County as very low – 32nd out of 33 topics (see Figure 20). Only 8% said there was a great need to focus on vision health. Half as many said vision health services were very accessible, but accessibility for this issue was not rated particularly high or low. The effectiveness of vision health services was rated highly - fourth out of 33. About one in six respondents though the vision health services in Lancaster County were very effective.

Figure 20: Community Stakeholders Ratings about Vision Health in Lancaster County



Screening for hearing and vision varied across sectors, but was not asked of childcare providers (Figure 21). Slightly over half of parents reported hearing about hearing (51%) and vision (54%) screening from healthcare providers. Over two-thirds of surveyed healthcare providers (69%) said they screened for hearing problems, but fewer said they screened for vision problems (61%). About the same percentage of community stakeholders said they screened or assessed hearing (19%) or vision (18%).

Figure 21: Screening/Assessment Across Sectors



All but two of the childcare providers surveyed (99%) said they taught children to pay attention. A similar number said they encourage imaginative play (98%), and encourage the use of games and toys (99%). Fewer (94%) said they have the children work on a task until it is done, but it was still reported by the majority of respondents. These are aspects of cognitive development, and help them process the sensory information. Many of the physicians surveyed (62%) said they often assessed cognitive abilities in children ages 0-8, and 32% of community stakeholders reported the same.

An open-ended question was asked of childcare providers about their interest in training about social-emotional topics, and the answers were coded for common themes. The most common answers were about children's interactions, such as play, and building relationships (33%). There were half as many answers about educating parents, and dealing with issues at home (15% each). The fourth most common answer was about knowledge about community resources (11%). Childcare providers were also asked specifically about training on language issues, which 43% of the answers were about wanting to learn techniques to help develop language skills in children. This was followed by communication with parents about language development concerns, and how to assess language development (19% each). Resources were a common answer for this training area, with 14% of answers about either community resources, or reading material for the provider.

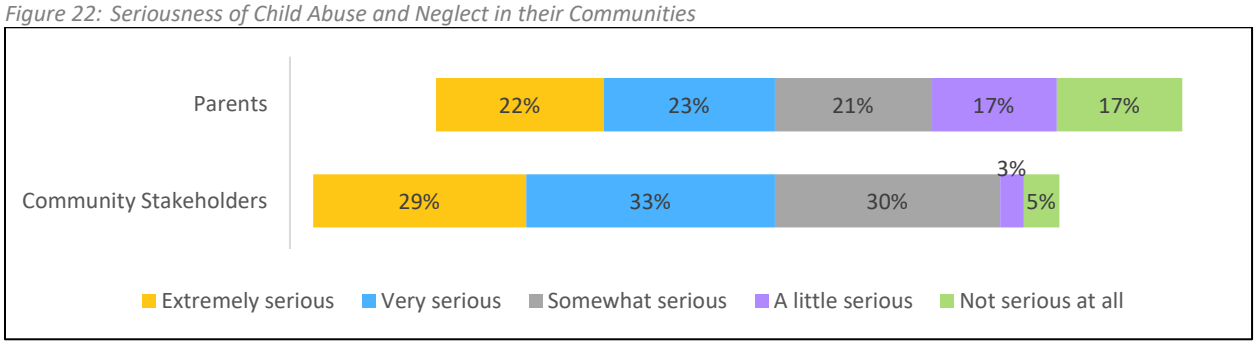
Basic Need are Met

Basic needs support well-being in children: food, shelter, and a safe and stable living environment. In focus groups, parents described basic needs being met as a key aspect of what a healthy, thriving young child meant to them. Few surveyed parents had difficulty covering their basic needs on their family income. Over half (56%) said it was never very hard to get by (hard to cover the basics like food or housing on their family's income, while 23% said rarely, 12% said sometimes, and 10% said often or very often. Very few said their child(ren) received nutrition assistance in the prior 12 months. Seven percent had used WIC, 6% used free or reduced lunch, 5% used SNAP/EBT, and 2% used the backpack program. These numbers are quite low compared to the most recent area data, which put the percentage of households in this Congressional District (1) receiving SNAP at 31%[5].

Parents and community stakeholders were asked to rate the seriousness of child abuse and neglect within their communities (Figure 22). Less than half of surveyed parents (45%) said that child abuse and neglect were very or extremely serious in their communities. They were also asked about how much child abuse and neglect impacted the health of 0-8 year olds in their communities: almost half (49%) said it was a large or huge impact. This perception of impact was slightly closer to what the community stakeholders said about the seriousness of these issues, with 62% answering that they were very serious or extremely serious.

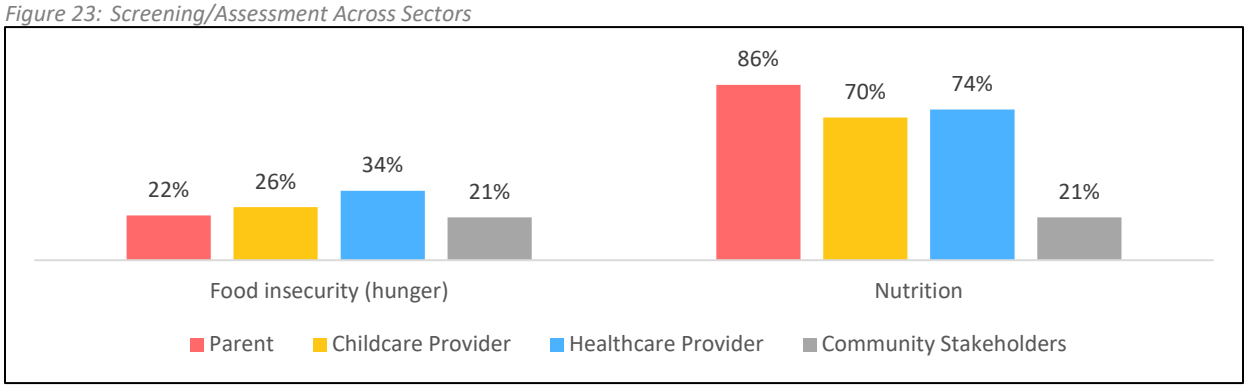
[5] Profile of SNAP Households in Nebraska Congressional District 1

Figure 22: Seriousness of Child Abuse and Neglect in their Communities



According to the most recent available data (2015), there were 12,830 food insecure children in Lancaster County (a rate of 18.7%)[6]. Screenings for food insecurity were not very common among our respondents (Figure 23). Fewer than a quarter of parents (22%) said their healthcare provider talked to them about this topic. About the same percentage of community stakeholders (21%) said they screened or assessed for food insecurity, and they thought the services for food insecurity in the county were very accessible (2nd highest out of 33 listed). Just over a quarter of childcare providers (26%) said they assessed child hunger. Only 3 percent of parents reported hearing about community resources related to hunger from their childcare provider. Physicians were the most likely to say they assessed for this (although it is very low in comparison to most of the other issues healthcare providers screen for), but only about a third (34%) said they did.

Figure 23: Screening/Assessment Across Sectors



Nutrition is distinct from food insecurity in that it focuses on what children are eating, not the lack of food. Specifically, making sure children are getting the nutrients and healthy foods they need to thrive. More surveyed parents reported hearing about nutrition from their healthcare professionals (86%) than surveyed healthcare providers reported doing such screening (74%). Most healthcare providers (81%) reported often educating parents about nutrition during well-child visits. Childcare providers were less likely to assess early childhood nutrition (70%), and community stakeholders were the least likely to do so (21%).

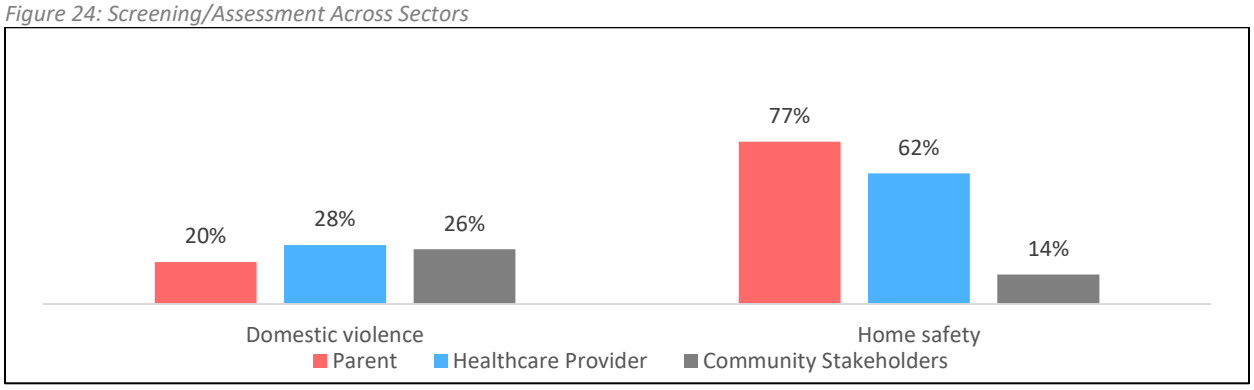
Safety is very important to children's health and well-being. Age-appropriate discipline guides the child in ways they can understand. Almost two-thirds of parents (64%) said their doctor or mental

[6] Feeding American Map the Meal Gap, Lancaster County, NE

health professional talked to them about age appropriate discipline. Only 45% of the healthcare providers said they often assessed discipline practices, but 65% said they often provide education on this topic during well-child visits. Almost half of parents (49%) who had a childcare provider for more than 10 hours a week said their provider talked with them about age-appropriate discipline. The majority of childcare providers (87%) said they ensured that their discipline and guidance styles matched the parents'. Community stakeholders thought the effectiveness of age-appropriate discipline services in Lancaster County was low compared to the other topics they rated (29th out of 33 topics).

A safe and stable living environment is incompatible with domestic violence and a lack of home safety (hazards within the home that lead to injury for children). One out of five surveyed parents said they heard about domestic violence from a healthcare professional (Figure 24). Slightly more healthcare providers (28%) reported screening for domestic violence (childcare providers were not asked this question). Education and screening for home safety was more common – over three-quarters of parents (77%) said they heard about it from their healthcare providers, and 62% of surveyed physicians said they assessed home safety. In a separate question, physicians were asked about what they covered in their well-child visits, and seven out of ten physicians said they often provided education on home safety.

Figure 24: Screening/Assessment Across Sectors

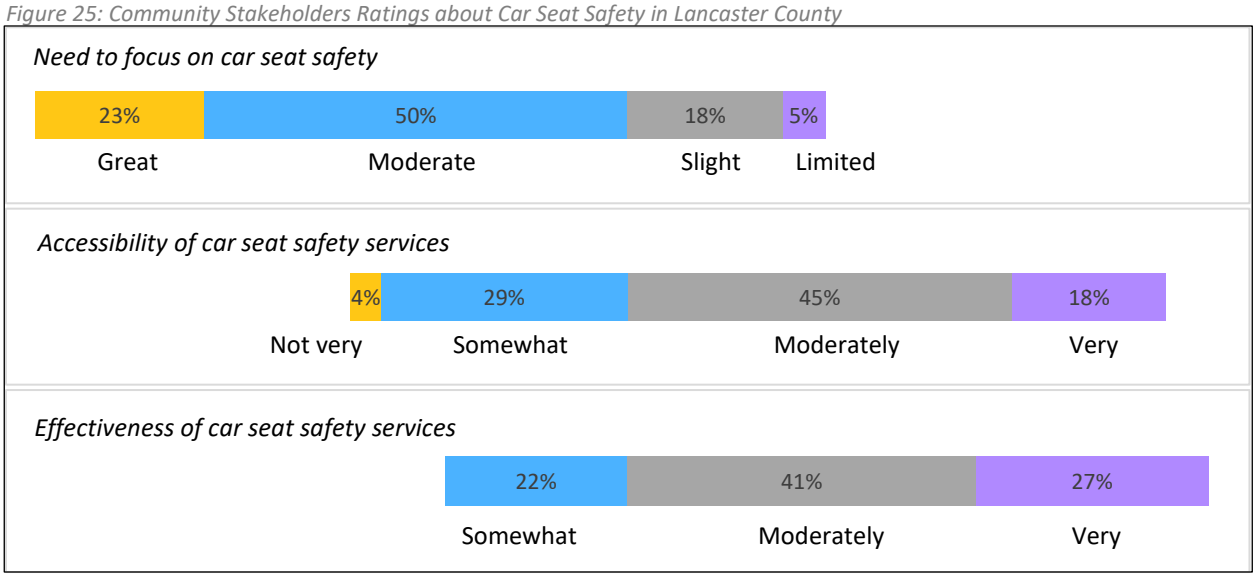


According to the Center for Disease Control (CDC), injury is the leading cause of death for children in the US[7]. Injury prevention covers a range of concerns around the home (such as carbon monoxide, fire escapes, household poisons, toy safety, etc.) and in public (distracted driving, playground safety, and youth sports injuries, among others). Parents were surveyed about the seriousness of injuries for children ages 0-8 in their community – overall, they rated this as a somewhat serious issue (2.65 on a scale from 1-5). They were also asked about the impact of injuries on the children in their community, which was rated as having some impact (2.81 on a scale of 1-5).

Community stakeholders rated car seat safety (which is specific part of injury prevention) in Lancaster County (Figure 25). The rated need to focus on care seat safety was not particularly high, although nearly a quarter (23%) said there was a great need. The accessibility of car seat safety services was rated very high in comparison to the other topics rated – number 1 out of 33. The effectiveness of such services was rated just as highly (#1).

[7] National Action Plan for Child Injury Prevention, CDC

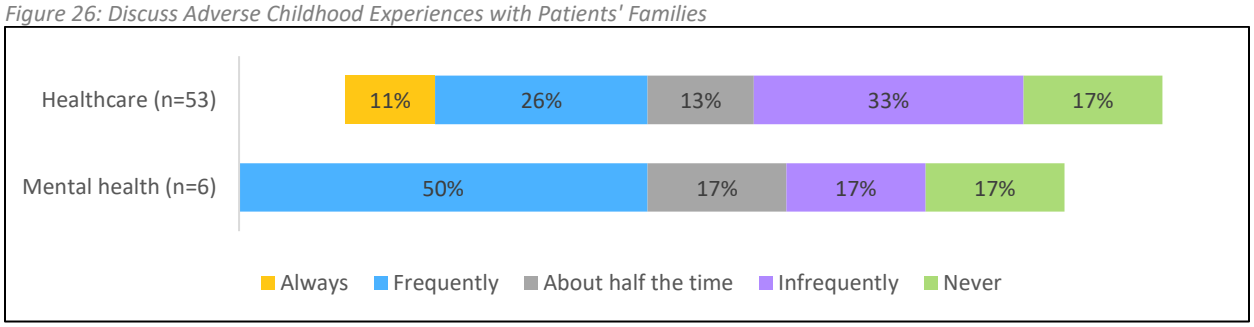
Figure 25: Community Stakeholders Ratings about Car Seat Safety in Lancaster County



Four out of five parents said they talked about injury prevention with their healthcare provider, while 70% of providers said they educated parents on the topic during well-child visits. Child passenger safety was a little more common topic between parents and physicians, with 82% of parents said they discussed car seat safety, and 74% of providers saying they often provided such education (15% said they rarely or never provide such education on child passenger safety nor injury prevention).

The Adverse Childhood Experiences (ACE) study looks at the childhood experiences that have been linked to chronic health conditions, limited life potential, risky health behaviors, and early death in prior research[8]. Over 60% of physicians say they never screen for ACEs (only 11% say they do so often). Only 17% of providers said they never discuss ACEs with patient's families (see Figure 26). The same percentage of mental health providers said they never discussed the ACEs, but frequent use was more common among mental health providers compared to the physicians surveyed. Some of the community stakeholders screened for ACEs (44%), with 16% reporting doing it often.

Figure 26: Discuss Adverse Childhood Experiences with Patients' Families



ACEs are most often measured through a ten-item questionnaire that asks about actions that occurred during the first 18 years of life. While some may be aware of the questionnaire, they may not be familiar with the original study, as appears to be the case among healthcare providers in Lancaster

[8] About Adverse Childhood Experiences, CDC

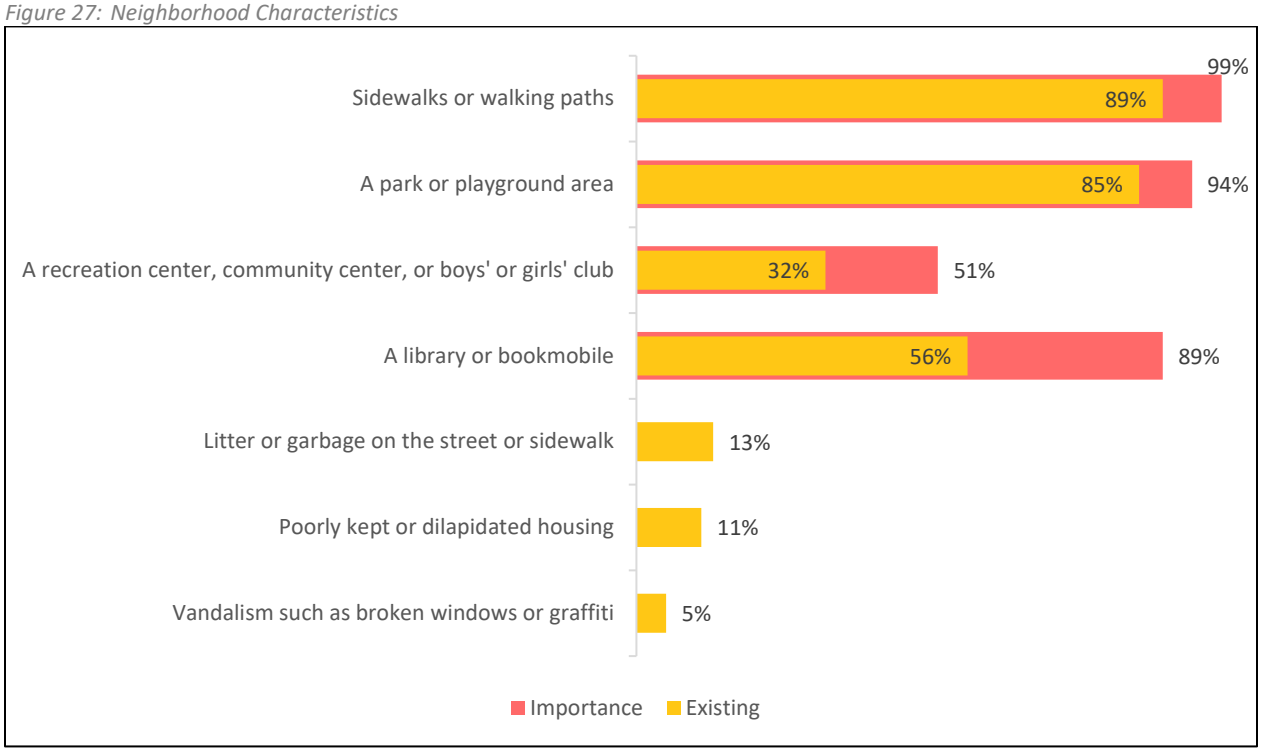
County (87% of healthcare providers said they were not familiar with the original study). In interviews with physicians and mental health providers they asked to provide insight as to why there was a low percentage of usage (<40%). Respondents identified time, staffing, and financial barriers.

Safe Neighborhoods

Neighborhood safety is important for early childhood development, and unsafe neighborhoods have been shown to be associated with poor social and motor development, as well as many other social issues related to socioeconomic status, such as low birthweight, abuse and neglect, and lower educational outcomes[9]. During the qualitative focus groups and interviews, all sectors identified safe neighborhoods as a key aspect of what is needed for young children to be healthy and thriving.

Parents were asked about their neighborhood characteristics in the survey. They were asked about how important certain positive neighborhood characteristics were, and then whether those and other characteristics like vandalism were present in their neighborhood. Figure 27 shows the combined answers to these questions. For the four positive questions, there was more desire for those features than they had, but the overall trends were similar across features. Sidewalks or walking paths were the most desirable, followed by a park or playground area. The least important (overall) was also the least likely to be present: community centers. There was a lower incidence of negative neighborhood issues, with litter the most likely (13%), followed by poorly kept housing (11%), and vandalism (5%).

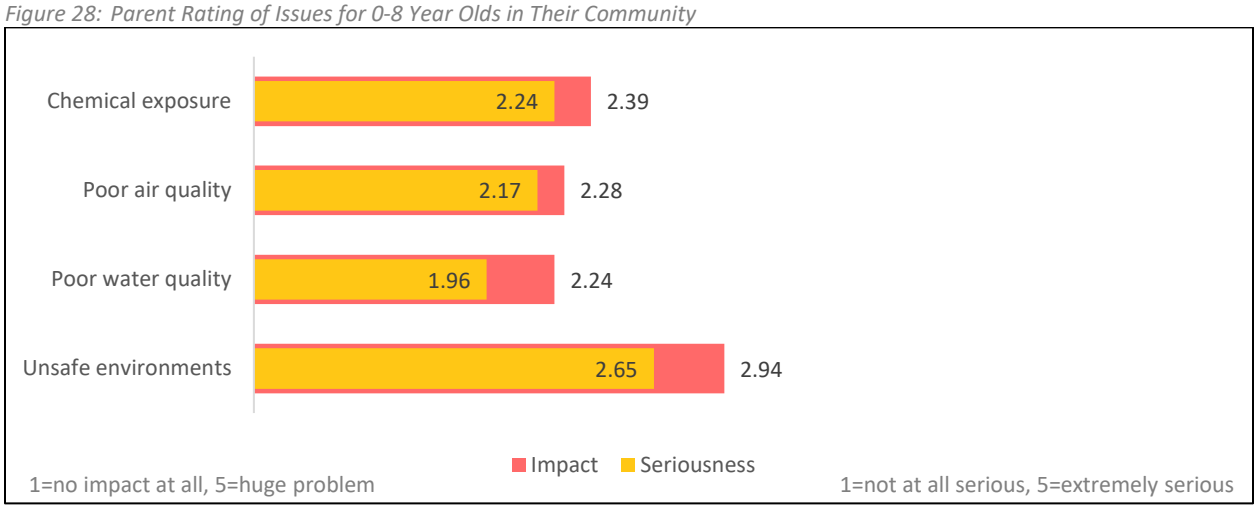
Figure 27: Neighborhood Characteristics



[9] Neighborhood Safety, Child Trends DataBank

Parents were asked about the seriousness of a number of health issues for 0-8 year olds in their community. Then they were asked about the impact of those issues on the health of 0-8 year olds in their community. Figure 28 shows four neighborhood/environmental issues that were not asked of any other sector: chemical exposure, poor air quality, poor water quality, and unsafe environments. For each of these, the respondents rated the seriousness of these issues as less of an issue than the impact, and for the first three, they were rated as a little serious, and having a little impact (on average). Unsafe environments were more of a concern to the surveyed parents, which they rated as having some impact, but less serious.

Figure 28: Parent Rating of Issues for 0-8 Year Olds in Their Community



Regardless of their physical neighborhood characteristics, parents frequently thought their children were safe in their community (90%), and at school (94%). They also mostly felt supported by the people in their neighborhood. Almost three-quarters (74%) said they agreed or strongly agreed that the people in their neighborhood watched out for each other's children. Slightly more agreed there are people they could count on in their neighborhood (78%), and that people in their neighborhood helped each other out (79%). The greatest agreement was for the statement "If my child(ren) were outside playing and got hurt or scared, there are adults nearby who I trust to help my child" – 81% answered agree or strongly agree.

Access to Healthy Foods

Access covers both the ability to find and purchase high quality and healthy food. Some families may lack close access to sources of food, while others may have readily available food, but it lacks the nutrition recommended by health professionals. Lancaster County is home to both urban and rural food deserts: a census tract where at least 500 people have limited access to affordable, healthy foods, and are in a low-income area[10].

During their focus groups and interviews, physicians and childcare providers identified access to healthy foods as a key part of a healthy, thriving childhood. Three-quarters of surveyed parents with

[10] Food Deserts in Nebraska, 2015

childcare providers said their provider taught their child(ren) about healthy food. Fewer parents (41%) received information or resources to parents about good nutrition. When childcare providers were surveyed about healthy foods and eating, three practices were common to almost all providers, and described as not at all difficult to do: teaching children about healthy foods (99% did, and 89% said it was not at all difficult), offering fruits and vegetables (97%, 97%), and limiting sugary beverages (95%, 97%). The less common practices were serving meals Family Meal style (where children serve themselves and learn to respond to their own needs) and engaging children in gardening (with 51% claiming each practice). Just over half of surveyed healthcare providers (53%) said they educate parents on family meals during well-child visits.

Support & Education for Families

Families need access to community resources (discussed more later), support of culture, support of networks, and parent education to help children be healthy and thrive. When asked about their role in ensuring young children are healthy and thriving, community stakeholders said they connected families to necessary resources and advocated for those resources. Mental health providers and physicians stated their role encompassed education for adults and children, as well as connecting parents to resources on top of providing physical and mental health services.

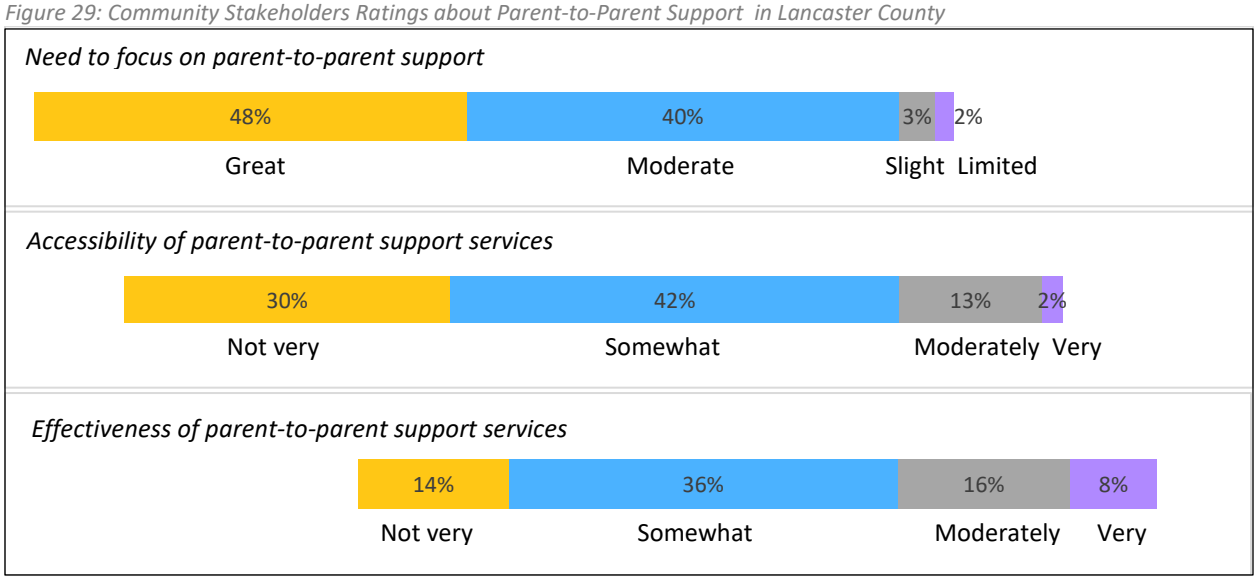
Although the data collection was focused on children ages 0-8, it was clear in the focus groups and interviews that the respondents were thinking broadly about the impacts on children. When asked specifically about mental and behavioral health concerns, all sectors agreed there were concerns and stated that mental health issues with parents and adults directly affect their children.

> "*One of the best things we can do to support the kids is to support mental health needs within the family".*

However, access to mental health services was a common need identified. Additionally, mental health providers and stakeholders suggested training those who interact with the children to identify mental health and behavioral concerns.

Parent support groups are one way families can gain support and education. Community stakeholders were surveyed about the need, accessibility, and effectiveness of services related to parent-to-parent support groups (see Figure 29). Compared to the other 33 services listed, parent support was ranked low in accessibility (31st out of 33), and effectiveness (32nd out of 33). While we did not ask a specific question about parent support during the parent focus groups, families freely shared knowledge of local resources in the process of answering the structured questions, and seemed grateful to have new knowledge and the ability to commiserate about shared experiences.

Figure 29: Community Stakeholders Ratings about Parent-to-Parent Support in Lancaster County



Few surveyed parents (16%) reported hearing about parent-to-parent support groups from care providers, and healthcare providers reported a range of frequencies in linking families to family resources (such as family support groups and/or parent-to-parent groups). Fewer than half of physicians (47%) reported frequent or always linking families to such resources, while 39% said it was an infrequent practice or never done.

Less than half of parents (44%) agreed or strongly agreed that there were enough parent programs for parents of young children, 0-8 year olds, in their community. More parents agreed or strongly agreed (55%) that there were enough support networks in their community for individuals and families during times of stress and need (such as support groups, faith community outreach, community agencies, etc.). One of the community stakeholders wrote in their survey:

> *"We do a great job in Lincoln addressing issues and providing resources for families in crisis but we lack education for families to get out of crisis."*

We asked the community stakeholders what topics they recommended for training or education for families with young children (ages 0-8). Almost half of the answers were about child development (48% of provided answers), with half specifying brain development. The next most common answers (about a third each) suggested education related to trauma or adverse childhood experiences, and interactions (parent-child or social development). Nutrition and discipline were mentioned by over 10% of respondents, sometimes in combination (two-thirds of respondents offered multiple suggestion):

> *"Early childhood attachment and brain development; Serve and return; Injury prevention and child passenger safety; Literacy promotion; family meals and nutrition; setting limits and appropriate discipline strategies; sleep; outside play time; parental support."*

Support and education efforts start before a child is born, and 62% of surveyed physicians reported consulting with expecting parents. Prenatal care was one of the issues parents were surveyed about. They were asked to rate how serious this health issue was for 0-8 year olds in their community, and how much this health behavior impacted the health of 0-8 year olds in their community. Just over a quarter (28%) said this was a very or extremely serious issue, and 35% said it had a large or huge impact on early childhood health.

Although the percentage of infants who are breastfed at 6 months of age is relatively high in Nebraska (>65%[11]), many families still need support. According to community stakeholders, the need to focus on breastfeeding is low (30th out 33 topics, see Figure 30). Both accessibility and effectiveness of breastfeeding services were rated highly compared to other topics rated – both at #3 out of 33. Like car seat safety, proper growth, and vision health, this is an area that stakeholders think is well addressed in Lancaster County.

Figure 30: Community Stakeholders Ratings about Breastfeeding

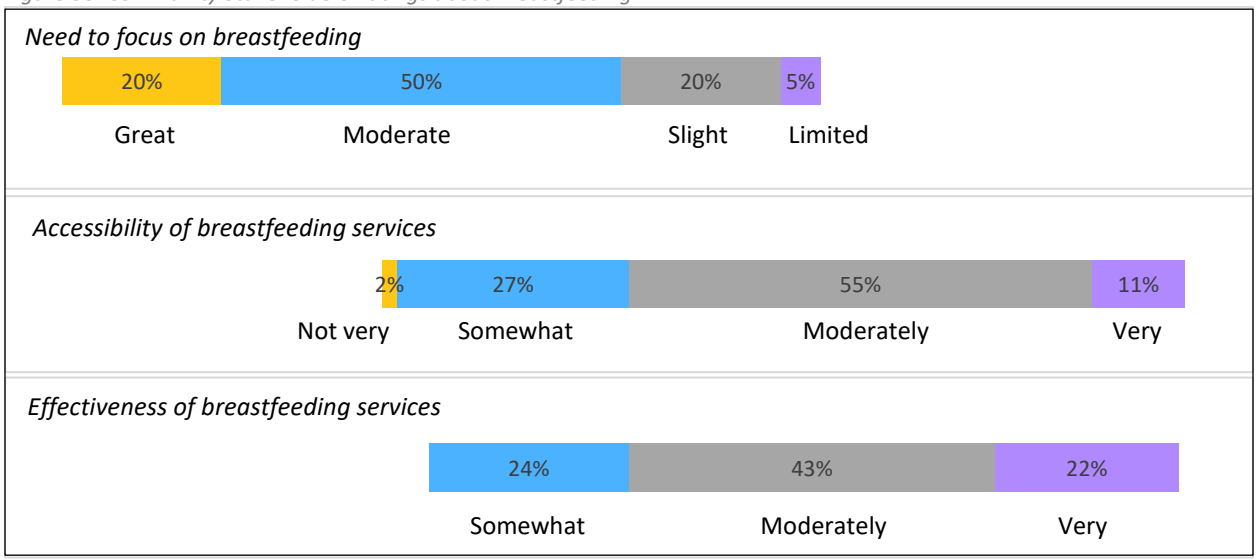
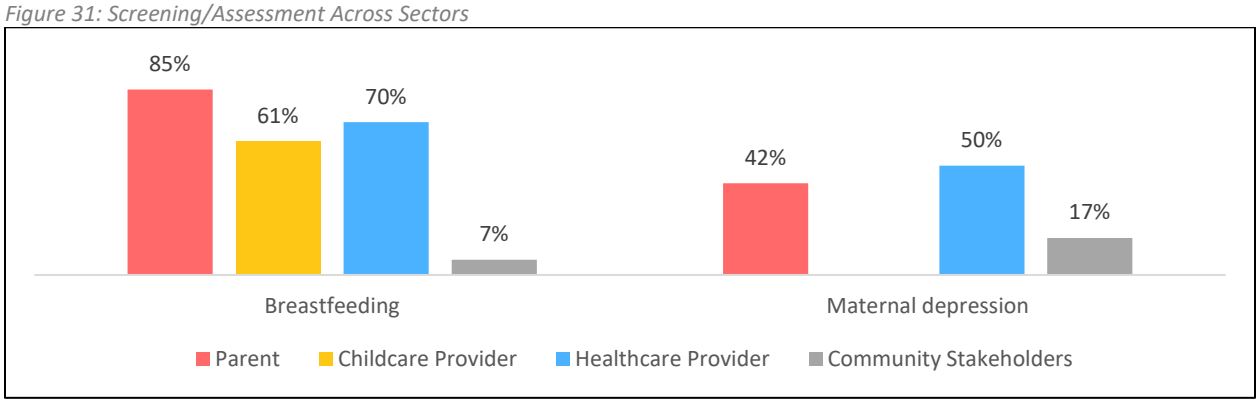


Figure 31 shows the efforts to screen and assess breastfeeding and maternal depression across all four sectors. Most of the parents (85%) said their healthcare or mental health provider screened, talked with, or provided resources related to breastfeeding, and 13% said they were referred to a specialist. Many surveyed physicians (81%) reported often providing education related to breastfeeding during well-child visits. Of the parents who had a childcare provider, just over half (53%) said their provider had a supportive environment for breastfeeding. In contrast, 87% of the surveyed childcare providers said they supported breastfeeding parents and/or families (with 91% saying it was not at all difficult to do). Fewer providers said they screened for or assessed breastfeeding, with a great deal of variability across sectors (7%-70%). Sixty percent of childcare providers said they talked with parents about breastfeeding.

[11] Nationwide Breastfeeding Goals, CDC

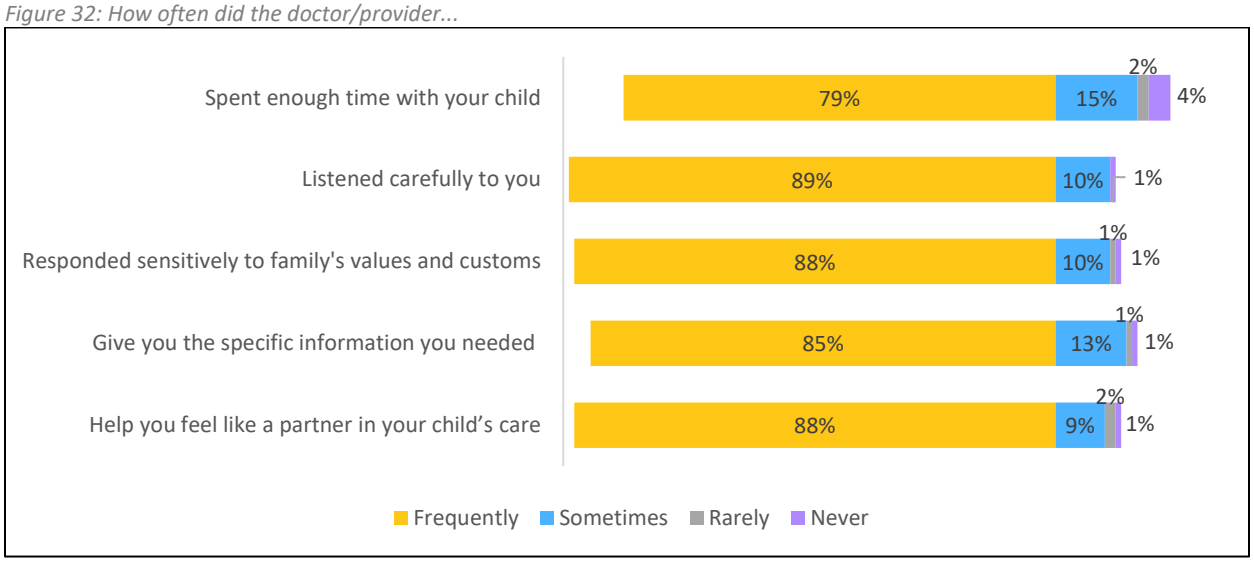
Figure 31: Screening/Assessment Across Sectors



Maternal depression (or postpartum depression) affects more than one in ten women in Nebraska[12]. Just over a third of parents (35%) rated maternal depression as a very serious or extremely serious issue for children ages 0-8, and fewer (31%) said it had a large or huge impact on the health of children the same age in their community. Less than half of parents (42%) reported communication from providers for maternal depression. Half of healthcare providers said they screened for maternal depression, but this was less common than breastfeeding assessments. Among the community stakeholders, maternal depression screening was more common than breastfeeding assessments. (Childcare providers were not asked about this assessment.)

The most common sources of information on children's health, development, and safety for parents were the doctor's office (95%), the internet (77%), and family and friends (73%), followed by childcare (61%), and school (51%). Parents were asked specifically about their interactions with doctors and healthcare providers related to their children's health. Figure 32 shows the results of those questions, and an overall pattern that the majority of parents (79%+) surveyed had frequent positive communications with healthcare providers.

Figure 32: How often did the doctor/provider...



[12] 2011 PRAMS (Pregnancy Risk Assessment Monitoring System) Data, from the CDC

The majority of parents (70%) said their children's doctors and healthcare providers did not need to communicate with childcare, school, or other programs. Of the 20% of parent respondents who answered that communication was needed, 85% said they were satisfied or very satisfied with that communication. Eighteen percent of parents whose child(ren) was in childcare said their child care provider had communicated with their physician about their child(ren)'s care needs. The surveyed physicians were asked about the importance of coordinating the plan of care with educational and other community organizers, and just over half (53%) said it was very or extremely important.

School Readiness and Needs of Young Children

Each sector surveyed was asked the following question: "Thinking about school readiness, what are the greatest needs of young children 0-8, and their families, in your community? (Please consider the areas of comprehensive health services, child care and early education, parenting, and safety)" The answers to this open-ended question were coded for themes. Table 2 shows the most common themes (those that were included in more than 10% of responses) across all four sectors. (The other themes may have been mentioned, but by few respondents.)

Table 2: Greatest Needs of Young Children, by Sector

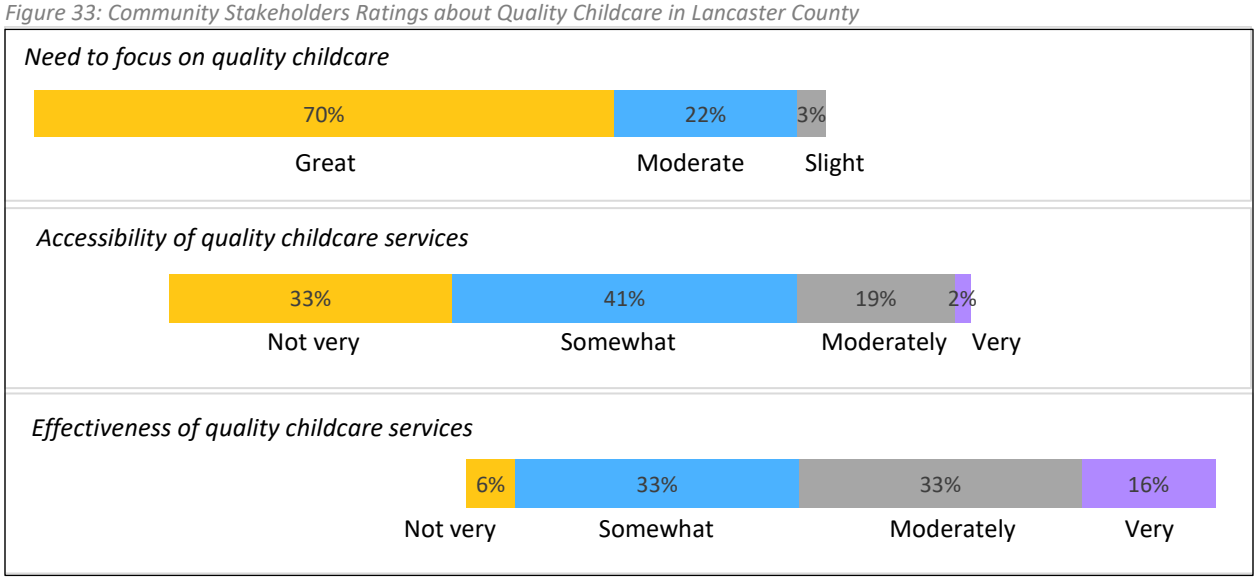
	Parents	Childcare Providers	Healthcare Providers	Community Stakeholders
Affordability	18%	17%	19%	29%
Basic needs (food/shelter)				21%
Child development support		18%		21%
Childcare/daycare	22%	14%		**50%**
Community supports	14%			29%
Early education	**31%**	**24%**	35%	36%
Healthcare		13%		
Language services			13%	
Literacy			19%	
Mental health				25%
Parenting	12%	18%	**39%**	25%
Reduced screen time			13%	
n	122	72	31	28

The clearest pattern in Table 2 is the lack of consensus across the sectors. Only three themes were common in all four: Affordability, early education, and parenting. Affordability included any responses that mentioned affordability, costs, expenses, or poverty/low-income. Early education included mentions of preschool (most often public preschool), although these were sometimes discussed distinctly. Parenting was most often not specific, as in *"parenting skills"* or *"parenting classes,"* but also included parental involvement and leadership.

Among the surveyed parent answers (n=122), the most common answer was related to early education (24%). This was a common theme (18%) for childcare providers (n=72) as well, which often

tied together with parenting skills and education (18%), and child development (18%). Thirty-five percent of healthcare providers (n=31) also rated early education highly, but not as high as parenting (39%; such as *"A stable home environment that is safe and has involved parents"*). More community stakeholders (n=28) rated early education as a great need than any other group (36%), but half answered that childcare was a great need for children ages 0-8. A common answer (across all sectors) was *"Access to quality child care,"* or something very similar. This aligns with their assessment of services related to quality childcare in Lancaster County (Figure 33). Quality childcare was rated 2nd out of 33 topics, and 70% of stakeholders said there was a great need to focus on quality childcare. The accessibility of quality childcare was rated low, with a third of respondents saying services were not very accessible (30th out of 33). The effectiveness of services was not rated particularly high or low.

Figure 33: Community Stakeholders Ratings about Quality Childcare in Lancaster County



Familiarity with Resources

Across the four sectors, respondents were asked about their familiarity with resources in the area (see Table 3 for resources asked across at least 3 sectors). Surveyed parents were asked if they had used these resources, and childcare providers, healthcare providers, and stakeholders were asked if they had referred people to the services on the list. In focus groups, parents noted there were community resources available but the knowledge and/or access to these resources wasn't always there. Parents also felt it important to have a holistic community mindset to ensure children's health regarding policy actions or business decisions.

There were some very large differences across sectors, particularly between parents and healthcare providers. Some of this is likely due to the relative privilege of the parents who responded. For example, three-quarters of healthcare providers referred people to Head Start or Early Head Start, but only 2% of parents said they used either. Other resources with large differences between sectors include child advocacy centers, domestic violence, language assistance, Nebraska Family Helpline, and the UNL Barkley Center.

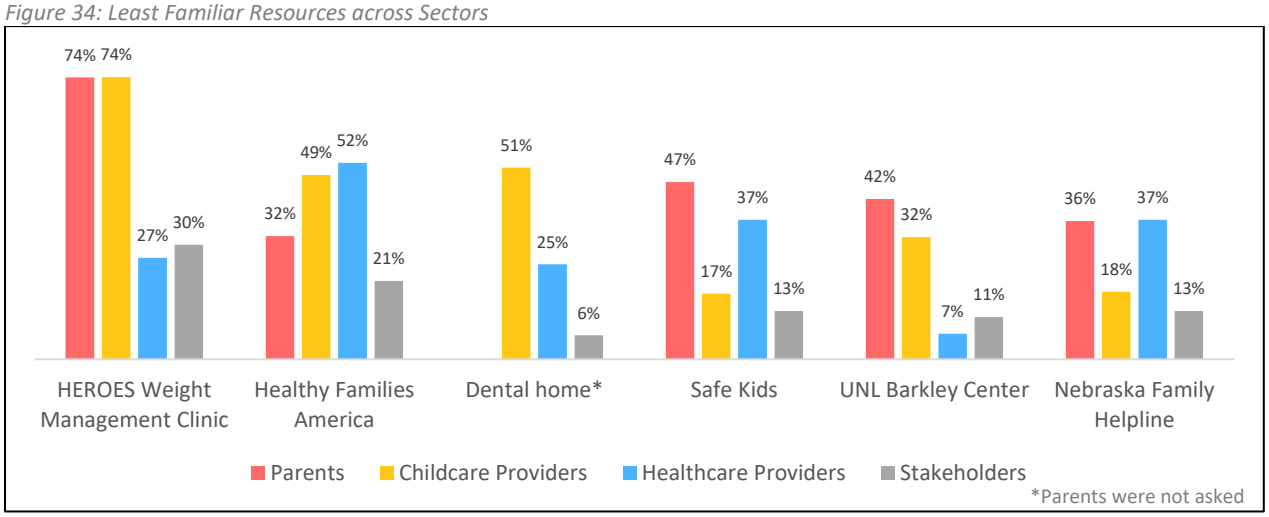
Table 3: Survey respondents that have used or referred someone to the listed program, by sector				
	Parents	Childcare Providers	Healthcare Providers	Stakeholders
Anti-poverty/Emergency assistance programs	3%	27%	30%	43%
Breastfeeding classes	55%	37%	78%	60%
Breastfeeding support groups	35%	35%	74%	48%
Child Advocacy Centers	3%	30%	67%	60%
Child Care	84%		52%	52%
Child Protective Services		43%	89%	74%
Community or cultural centers	19%	16%	33%	57%
Dental home		7%	56%	57%
Disability resources	4%	20%	52%	64%
Domestic violence	3%	22%	50%	52%
Family Resource Center	3%	26%	30%	38%
Food Bank of Lincoln	7%	37%	65%	62%
Grief counseling	4%	25%	61%	55%
Head Start/Early Head Start	3%	47%	83%	57%
Health Department Dental Services	3%	20%	46%	48%
Healthy Families America/Home visiting program	8%	7%	20%	41%
HEROES Weight Management Clinic	6%	2%	50%	14%
Lactation consultation		29%	87%	50%
Language assistance	3%	23%	61%	55%
Lincoln Parks and Recreation	58%	60%	57%	71%
LPS Early Intervention Services	12%	58%	83%	79%
Mental health providers for parents	8%	14%	54%	
Nebraska Family Helpline	2%	14%	17%	48%
Nutrition education/cooking classes	6%	20%	35%	39%
Parenting classes	20%	24%	32%	36%
Private speech therapy	5%	32%	70%	36%
Respite care	3%	22%	54%	41%
Safe Kids	4%	14%	17%	24%
SNAP Assistance	9%	31%	48%	50%
UNL Barkley Center	4%	18%	78%	36%
WIC Supplemental Nutrition Program	13%	49%	93%	64%
YMCA	58%	43%	83%	62%

There were few resources that were used by at least half of parents: breastfeeding classes (50%), Lincoln Parks and Recreation (52%), YMCA (52%), and childcare (76%). Of the referring sectors, at least half of childcare providers referred people to Lincoln Public Schools (LPS) Early Intervention Services (56%), Lincoln Parks and Recreation (58%), and Lincoln City Libraries (66%). Many community stakeholders also referred people to LPS Early Intervention Services (54%), and also Child Protective Services (52%). Healthcare providers were the most likely to refer people to community resources: more than half of the respondents said they referred people to 16 of the 32 resources. Among the healthcare

providers, the low referral resources stood out more: Healthy Families America (18%), Nebraska Family Helpline (15%), and Safe Kids (15%).

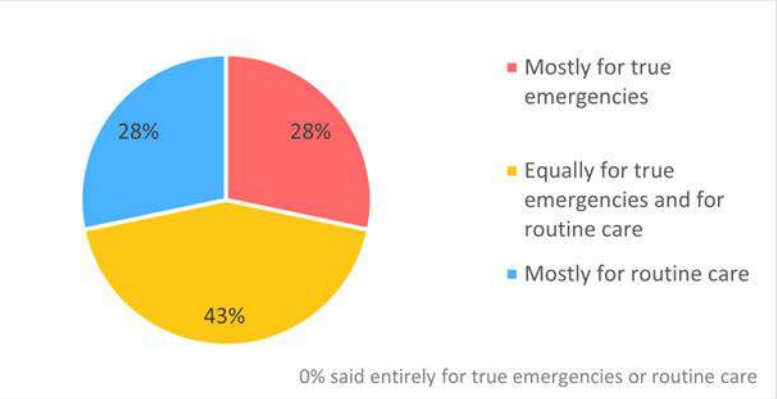
Respondents were also asked about the resources they were unfamiliar with. Six items on the list showed up as the most frequently selected (Figure 34). About three-quarters of parents and childcare providers had never heard of the HEROES Weight Management Clinic (74%). Community stakeholders were the most knowledgeable about resources, but 30% had never heard of HEROES. Healthy Families America was unknown by 52% of responding physicians, which helps explain the low referral rate. About half of childcare providers (49%) and one-fifth of stakeholders also claimed ignorance of Healthy Families America. Half of childcare providers (51%) said they had never heard of dental home, but this is likely a terminology problem. Close to half of parents (47%), 37% of healthcare providers, and 13% of stakeholders were unfamiliar with Safe Kids. (Seventeen percent of childcare providers did not know of Safe Kids, but this was not one of the more common choices.) UNL's Barkley Center was unknown to 42% of parents and 32% of childcare providers. Finally, 37% of physicians and 36% of parents had never heard of the Nebraska Family Helpline, and neither had 13% of stakeholders.

Figure 34: Least Familiar Resources across Sectors



Respondents could select any item they wanted to know more about, and these overlapped very little with the least familiar resources for most sectors. Childcare providers were the exception, and wanted to know about HEROES, Healthy Families America, and dental homes. Parents were most interested in classes (nutrition education and parenting) and outdoor resources (Lincoln Parks and Recreation, and community gardens, which was only asked of parents). Healthcare providers wanted to know more about anti-poverty programs and nutrition education. Stakeholders were also interested in nutrition education, as well as parenting classes, HEROES, and the Family Resource Center. Overall, nutrition education was the most desired, but fewer than 15% of respondents in any sector wanted information about any of the listed resources. See Appendix F for a full list of responses.

Healthcare providers' opinions on whether the local emergency rooms are used more for true emergencies or more for routine care



Cross-sector Feedback

During the focus groups and interviews, all sectors were asked to provide feedback on what they would like the other sectors to know or focus on to ensure youth children are healthy and thriving. Feedback for parents included utilizing and acknowledging the resources that are available to them to better understand the importance of the different aspects of health.

> *"I want [parents] to know how to choose a high quality early childhood program, so I want them to know what they should be looking for, what they should be asking of the program."*

Feedback for childcare providers included utilizing training on behavioral health and development and increasing communication with the parents, as well as an emphasis on how critical and valued their role is in ensuring young children are healthy and thriving.

> "*I really want them to see the value in understanding children's social-emotional health, understanding guidance discipline behavior as it related to young kids and eliminating completely this notion of kicking kids out because of behaviors."*

Other sectors wanted stakeholders to know the importance of getting services and resources to the families and those involved in ensuring young children's health, and to make those resources affordable and accessible to everyone, because early investment will lead to benefits in the community workforce and the health of the population.

> *"Sometimes we like to blame parents or schools, but really it's a lack of having adequate resources that often is our biggest barrier."*

Finally, other sectors wanted healthcare providers to ensure they are taking a comprehensive approach to health, are taking cultural aspects into consideration, and are communicating with parents and childcare providers.

> "*I would like to keep reminding [healthcare providers] of the importance of their role in education, advice giving. I think they're just a really critical advisor to families".*

Overall

We collected data from parents, and three other sectors that we can consider service providers for families (childcare providers, healthcare providers, and community stakeholders). All of the service providers described their role in ensuring young children are healthy and thriving as being a resource for parents. Parents saw (part of) their role as seeking out community resources for their child(ren). However, they expressed some frustration in focus groups about the difficulty in learning about needed resources. When asked about specific resources, the knowledge of and usage of resources varied a lot by sector. Only one resource was used or referred by at least half of respondents in each sector: Lincoln Parks and Recreation. However, out of a list of 37 resources, 13 were known by at least half of each sector.

When given many options, or when asked an open-ended question, the different perspectives of the respondents in each sector dominated. For example, when asked about the greatest needs of young children, answers ranged across 12 topics, with several mentioned by only one or two sectors. Only three topics appeared as themes in all four sectors: early education, parenting, and affordability. When asked about what is included in a healthy, thriving child, all sectors identified physical well-being and safe neighborhoods. Overall, they addressed all seven items that we considered the main aspects of health for children ages 0-8 years old: physical well-being, mental well-being, brain development, basic needs are met, safe neighborhoods, access to healthy foods, and support and education for families. When asked specifically about these aspects, respondents agreed with them, but said one thing was missing: fun, or play.

When asked more in-depth questions about specific issues, concerns were shared by all sectors. Based on survey data, we asked focus group and interview participants specifically about parent-child interactions, mental health/behavioral health, and attachment and brain development. While they thought each of these were very important issues, they shared similar desires to address each of them: help parents understand why each are important and what they can do to improve outcomes for children. Further, addressing the mental health needs of parents to help support healthy and safe environments for kids. These issues come down to educating parents and having available, accessible resources to address issues children and families experience – resources they know how to find, and can afford to use.

The availability of resources is a concern in Lancaster County, but informing parents and families about existing resources is an important gap that needs to be addressed. All sectors recognized the importance of this in their own roles and in their expectations for others. To fulfill this need, increased and improved communication between sectors would need to take place. While accessing health services was deemed important, coordination of care and knowledge of different expertise/specialization/services, and resources was a greater concern to the respondents and participants for this needs assessment.

Appendix A: Parent Survey Results

Parent Q1: How many individuals are in your household?

	N	Ave	Min	Max
Children age 0-8	222	1.7	0	7
Children age 9-19	100	0.5	0	4
Adults (over 19)	182	1.9	0	5

Parent Q2: Do you have a child (or children) in Kindergarten or grades 1-3?

	N	%
Yes	76	33.9
No	148	66.1
Total	224	100

Parent Q3: Does your child(ren) have healthcare coverage, including health insurance through your employer, private plans or public plans such as Medicaid?

	N	%
Yes	221	99.1
No	2	0.9
Total	223	100

(If yes to Q3) Parent Q4: During the past 12 months, was there any time when they had healthcare coverage?

	N	%
Yes	1	50
No	1	50
Total	2	100

(If yes to Q3) Parent Q5: Is that coverage Medicaid or the State Children's Health Insurance Program, S-CHIP

	N	%
Yes	214	12.4
No	190	87.6
Total	217	100

(If yes to Q3) Parent Q6: Does your child(ren)'s health insurance allow them to see the healthcare providers they need?

	N	%
Yes	214	98.2
No	4	1.8
Total	218	100

Parent Q7: Have you ever completed forms online to prepare for your child(ren)'s visit to the doctor?

	N	%
Yes	137	61.2
No	87	38.8
Total	224	100

Parent Q8: Please indicate whether each of the following occurred for your child (or any of your children) in the past 12 months.

	Overall N	Yes %	No %
a: Saw a healthcare professional (such as doctor or nurse) for any kind of medical care	224	96.4	3.6
b: Saw a dentist for any kind of dental care	213	80.8	19.2
c: Saw a mental health professional	211	8.1	91.9
d: Saw a specialist (such as a surgeon or allergy doctor)	212	38.2	61.8
e: Took medication for their emotions, behavior, or for concentration	212	3.8	96.2
f: Had vision testing	212	50.5	49.5
g: Received developmental therapy (e.g. speech, occupational or physical therapy, etc.)	212	8.0	92.0

Parent Q9: Do you have a regular healthcare provider for your child(ren)?

	N	%
Yes	217	96.9
No	7	3.1
Total	224	100

(If yes to Q9) Parent Q10: Is there anyone in this provider's office that helps coordinate care with different providers or services?

	N	%
Yes	93	47.2
No	15	7.6
Unsure	89	45.2
Total	197	100

Parent Q12: During the past 12 months, did your child(ren) need a referral to see any doctors or receive any services?

	N	%
Yes	64	29.8
No	151	70.2
Total	215	100

(If yes to Q12) Parent Q13: If your child(ren) received a referral:

	Overall N	Yes %	No %
a: Was getting a referral difficult?	62	4.8	95.2
b: Did the referral seem appropriate?	60	98.3	1.7
c: Did you receive the referral services?	60	90.0	10
d: Were the services received from the referral helpful?	57	96.5	3.5

Parent Q14: In the past 12 months, did your family have problems paying or were unable to pay any of your child(ren)'s medical or mental healthcare bills?

	N	%
Yes	14	6.5
No	200	93.5
Total	214	100

Parent Q15: In the past 12 months, how often did you have difficulty getting an appointment for your child(ren) to see a doctor?

	N	%
Frequently	4	1.9
Sometimes	18	8.4
Rarely	44	20.5
Never	144	67.0
Not applicable	5	2.3
Total	215	100

Parent Q16: In the past 12 months, how often did you have difficulty getting an appointment for your child(ren) to see a mental health professional?

	N	%
Frequently	0	0
Sometimes	5	2.3
Rarely	3	1.4
Never	24	11.2
Not applicable	183	85.1
Total	215	100

Parent Q17: Is your child(ren)'s usual source of medical care an Emergency Room or Urgent Care center?

	N	%
Yes	4	1.9
No	210	98.1
Total	214	100

Parent Q18: Have you taken your child(ren) for their recommended physical wellness exams? (aka well-child visits)?

	N	%
Yes	201	94.4
No	12	5.6
Total	213	100

(If yes to Q18) Parents Q19: Were the following barriers to taking your child(ren) to their well-child visits?

	Overall	Yes	No
	N	%	%
a: Time	10	30.0	70.0
b: Lack of insurance	4	66.7	33.3
c: Transportation	3	0.0	100.0
d: Not sure where to take them	3	33.3	66.7
e: Other	2	50.0	50.0

Child is unborn; Father is a health professional; I am pregnant

Parent Q20: Do your child(ren)'s doctors or other healthcare providers ever need to communicate with childcare, school, or other programs?

	N	%
Yes	40	18.7
No	150	70.1
Unsure	24	11.2
Total	214	100

(If no on Q20) Parent Q21: Overall, how satisfied or dissatisfied are you with that communication?

	N	%
Very satisfied	17	44.7
Satisfied	15	39.5
Neither satisfied nor dissatisfied	4	10.5
Dissatisfied	2	5.3
Very dissatisfied	0	0.0
Total	38	100

Parent Q22: Does your family most often get information about health, development, and safety for your child(ren) from the following sources?

	Overall	Yes	No
	N	%	%
a: Doctor's office	212	95.3	4.7
b: Family/Friends	195	73.8	26.2
c: School	174	51.1	48.9
d: Childcare	177	60.5	39.5
e: Health Department	167	18.6	81.4
f: Church	164	9.8	90.2
g: On-Line	188	76.6	23.4
h: Other	83	10.8	89.2

American Academy of Pediatrics: Caring For Your Baby or Young Child
Books (parenting) (4)
Bryan Hospital Mailings
I'm a nurse
Myself & collegues-pediatric therapists
Primary literature accessed online
Reading books, listening to beneficial radio programs
Scientific literature

Parent Q23: Please indicate if your child(ren)'s doctor or mental health provider has ever talked to you, screened for, or provided resources about the following topics, or if they referred you to another resource or specialist:

	Overall	Yes	No	Unsure	Referred
	N	%	%	%	%
a: Age-appropriate discipline	210	63.8	30.5	5.7	2.7
b: Attachment and brain development	202	52.0	43.1	5.0	1.3
c: Autism	203	30.0	64.0	5.9	0.4
d: Breastfeeding	200	85.0	13.5	1.5	12.9
e: Car Seat Safety	201	82.1	16.4	1.5	1.8
f: Dental health	200	82.0	16.0	2	5.8
g: Developmental issues	202	58.4	36.6	5	3.1
h: Domestic violence	201	19.9	68.2	11.9	0.0
i: Food insecurity (hunger)	207	22.2	73.4	4.3	0.0
j: Proper growth (height & weight)	202	86.6	12.4	1.0	1.3
k: Hearing problems	205	51.2	45.4	3.4	3.6
l: Home safety	203	76.8	22.2	1.0	0.9
m: Injury prevention (helmets, water, sleep safety)	202	79.7	19.3	1.0	0.4
n: Language development	203	78.3	20.2	1.5	3.1
o: Learning disabilities	203	32.5	61.6	5.9	0.9
p: Maternal depression	203	42.4	50.2	7.4	0.4
q: Nutrition	203	85.7	13.3	1.0	1.3
r: Parent-child interactions	209	67.9	27.3	4.8	0.0
s: Parent-to-parent support group (family support)	204	15.7	77.9	6.4	0.0
t: Physical activity	203	66.5	29.6	3.9	0.0
u: Reading to and with your child	203	76.8	21.2	2.0	0.4
v: Screen time	203	66.0	30.5	3.4	0.0
w: Self-regulation	203	41.4	45.8	12.8	1.3
x: Social development	203	68.0	28.6	3.4	0.9
y: Vision problems	202	54.0	43.1	3.0	6.7

Parent Q24: The following statements are about interactions with doctors and healthcare providers related to your child(ren)'s health. Please think about interactions that took place in the past 12 months, and indicate how often these occurred. How often did the doctor/provider…

	Overall	Frequently	Sometimes	Rarely	Never
	N	%	%	%	%
a: Spend enough time with your child	210	78.6	14.8	2.4	4.3
b: Listen carefully to you	202	88.6	10.4	0.0	1
c: Respond sensitively to your family's values and customs	202	87.6	10.4	1.0	1
d: Give you the specific information you needed (this can include things such as the causes of any health problems, how to care for a child now, and what to expect in the future)	203	85.2	12.8	1.0	1
e: Help you feel like a partner in your child's care	203	87.7	9.4	2.0	1

Parent Q25: Please rate how serious these health issues are for 0-8 year olds in your community:

	Overall	Not serious at all	A little serious	Some-what serious	Very serious	Extrem-ely serious
	N	%	%	%	%	%
a: Access to healthcare	205	20%	20%	19%	28%	13%
b: Asthma	195	17%	30%	32%	17%	4%
c: Chemical exposure	195	33%	34%	15%	12%	6%
d: Child abuse and neglect	195	17%	17%	21%	23%	22%
e: Child mental health issues	195	15%	13%	27%	28%	18%
f: Developmental delays	196	16%	18%	33%	22%	11%
g: Injuries	204	21%	23%	32%	17%	6%
h: Language development issues	196	16%	25%	33%	19%	7%
i: Maternal depression	195	16%	19%	30%	26%	9%
j: Overweight and obesity	196	13%	14%	30%	28%	15%
k: Poor air quality	195	35%	28%	25%	8%	4%
l: Poor dental health	203	23%	28%	30%	16%	3%
m: Poor nutrition and physical inactivity	194	13%	18%	29%	31%	9%
n: Poor water quality	194	47%	27%	14%	6%	6%
o: Prenatal care	194	23%	24%	25%	18%	10%
p: Unsafe environments	194	21%	28%	25%	14%	11%

Parent Q26: Please rate how much these health behaviors impact the health of 0-8 year olds in your community:

	Overall	No impact at all	A little impact	Some impact	A large impact	Huge impact
	N	%	%	%	%	%
a: Access to healthcare	197	14%	13%	28%	20%	25%
b: Asthma	187	11%	25%	42%	15%	7%
c: Chemical exposure	184	27%	34%	21%	9%	9%
d: Child abuse and neglect	187	13%	14%	25%	22%	26%
e: Child mental health issues	186	11%	10%	32%	26%	20%
f: Developmental delays	185	11%	15%	36%	24%	14%
g: Injuries	197	16%	21%	40%	13%	10%
h: Language development issues	187	11%	22%	37%	20%	10%
i: Maternal depression	186	13%	19%	37%	17%	14%
j: Overweight and obesity	186	9%	14%	33%	24%	20%
k: Poor air quality	186	31%	30%	27%	5%	8%
l: Poor dental health	194	14%	26%	38%	16%	6%
m: Poor nutrition and physical inactivity	186	10%	10%	34%	24%	22%
n: Poor water quality	187	37%	27%	20%	7%	9%
o: Prenatal care	185	12%	21%	31%	19%	16%
p: Unsafe environments	187	14%	25%	30%	17%	15%

Parent Q27: Is your child(ren) in a child care center or family care provider more than 10 hours per week?

	N	%
Yes	174	82.1
No	38	17.9
Total	212	100

(If yes to Q27) Parent Q28: The following statements are about interactions with your childcare provider related to your child(ren)'s health. Please think about interactions that took place in the past 12 months, and indicate if these occurred.

	Overall N	Yes %	No %	NA %
a: Communicated with my child(ren)'s physician on care needs	167	18.0	64.7	17.4
b: Provided a supportive environment for breastfeeding	160	53.1	6.3	40.6
c: Referred me to community resources for food insecurity or hunger resources	162	3.1	33.3	63.6
d: Talked with me about age-appropriate discipline	163	48.5	39.3	12.3
e: Talked with me about having my child(ren) screened for developmental delays	161	11.2	61.5	27.3
f: Talked with me about health issues or concerns	162	45.1	43.8	11.1
g: Talked with me about my child's language development	163	47.9	39.3	12.9
h: Talked with me about overweight/underweight concerns	159	4.4	69.8	25.8
i: Talked with me about reading to my child(ren)	167	53.9	38.9	7.2
j: Talked with me about social interaction (child-to-child or child-to-staff) concerns	163	53.4	39.3	7.4
k: Talked with me or provided resources about healthy sleep routines	163	30.7	58.9	10.4
l: Talked with me or provided resources about physical activity	163	31.3	57.1	11.7
m: Talked with me or provided resources about setting screen time limits	163	17.8	69.9	12.3
n: Talked with me or provided resources about the importance of good nutrition	163	41.1	49.7	9.2
o: Talked with me or provided resources for maintaining healthy teeth	163	26.4	61.3	12.3
p: Taught my child(ren) about healthy foods	163	74.8	15.3	9.8

Parent Q29: How many days in the last week did the following activities occur?

	N	Ave	Min	Max
You or other family members read to your child(ren)?	209	6.2	0	7
You or other family members told stories or sang songs to your child(ren)?	207	6.1	0	7
Your child(ren) played with other children their age?	207	5.5	0	7
You or any family member took your child(ren) on any kind of outing, such as to the park, library, zoo, shopping, church, restaurants, or family gatherings?	206	3.9	0	7
All or most of the family members who live in the household ate a meal together	208	6.1	0	7

Parent Q30: How often do you think your child(ren) gets enough sleep for their age?

	N	%
Frequently	171	81.0
Sometimes	35	16.6
Rarely	2	0.9
Never	3	1.4
Total	211	100

Parent Q31: How often do you limit the amount of time your child(ren) spends in front of a TV watching TV programs, videos or playing video games?

	N	%
Frequently	154	73.0
Sometimes	41	19.4
Rarely	8	3.8
Never	8	3.8
Total	211	100

Parent Q32: How often do you limit the amount of time your child(ren) spends with computers, cell phones, handheld video games, and other electronic devices?

	N	%
Frequently	166	79.0
Sometimes	29	13.8
Rarely	6	2.9
Never	9	4.3
Total	210	100

Parent Q33: How often do you monitor the content of what your child(ren) watches on TV, plays on the computer, or does on electronic devices?

	N	%
Frequently	7	3.3
Sometimes	3	1.4
Rarely	11	5.2
Never	189	90.0
Total	210	100

Parent Q34: Is it important for your neighborhood to have the following?

	Overall N	Yes %	No %
a: Sidewalks or walking paths	212	98.6	1.4
b: A park or playground area	202	94.1	5.9
c: A recreation center, community center, or boys' or girls' club	200	51.0	49.0
d: A library or bookmobile	201	83.1	16.9

Parent Q35: Does your neighborhood have the following?

	Overall N	Yes %	No %
a: Sidewalks or walking paths	211	89.1	10.9
b: A park or playground area	203	84.7	15.3
c: A recreation center, community center, or boys' or girls' club	202	31.7	68.3
d: A library or bookmobile	203	55.7	44.3
e: Litter or garbage on the street or sidewalk	203	12.8	87.2
f: Poorly kept or dilapidated housing	203	11.3	88.7
g: Vandalism such as broken windows or graffiti	203	5.4	94.6

Parent Q36: How often do you feel your child(ren) is safe in your community or neighborhood?

	N	%
Frequently	185	89.8
Sometimes	20	9.7
Rarely	1	0.5
Never	0	0.0
Total	206	100

Parent Q37: How often do you feel your child(ren) is safe at school?

	N	%
Frequently	180	80.0
Sometimes	10	4.4
Rarely	2	0.9
Never	0	0.0
Not applicable	16	7.1
Total	208	100

Parent Q38: Parent Respondents by (Approximate) Elementary School Attendance Areas

Lincoln Public Schools Attendance Areas	N	%
Adams	5	2%
Arnold	2	1%
Beattie	7	3%
Belmont	3	1%
Brownell	2	1%
Calvert	3	1%
Campbell	1	0%
Cavett	9	4%
Clinton	1	0%
Eastridge	7	3%
Elliott	1	0%
Everett	2	1%
Fredstrom	2	1%
Hartley	8	4%
Hill	4	2%
Holmes	1	0%
Humann	7	3%
Kahoa	6	3%
Kloefkorn	3	1%
Kooser	6	3%
Maxey	11	5%
Mcphee	3	1%
Morley	6	3%
Pershing	3	1%
Prescott	7	3%
Pyrtle	5	2%
Randolph	10	4%
Riley	4	2%
Roper	10	4%
Rousseau	17	8%
Sheridan	7	3%
West Lincoln	1	0%
Wysong	6	3%
Zeman	9	4%
Outside Lincoln Public School System		
Bennet	1	0%
Hickman	1	0%
Firth	4	2%
Malcolm	2	1%

Parent Q39: Please answer how much you agree or disagree with each statement about your community or neighborhood:

	Overall	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	N	%	%	%	%	%
a: People in my neighborhood help each other out.	211	36.0	43.1	15.2	3.8	1.9
b: We watch out for each other's children in this neighborhood.	204	37.3	36.8	22.1	2.5	1.5
c: There are people I can count on in this neighborhood.	203	41.4	36.9	14.8	4.4	2.5
d: If my child(ren) were outside playing and got hurt or scared, there are adults nearby who I trust to help my child.	204	42.6	38.2	12.3	5.4	1.5

Parent Q40: Please answer how much you agree or disagree with each of the following statements:

	Overall	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	N	%	%	%	%	%
a: The healthcare services that are available for 0-8 year olds in my community are excellent.	210	41.9	44.3	11.4	1.9	0.5
b: There are enough medical specialists available for 0-8 year old in my community.	202	29.7	42.6	16.3	8.9	2.5
c: Childcare for 0-8 year olds in my community is excellent.	203	32.0	40.9	16.3	8.4	2.5
d: There are enough parent programs for parents of young children, 0-8 year olds, in my community.	202	12.9	30.7	35.6	17.8	3
e: There are enough support networks in my community for individuals and families during times of stress and need (such as support groups, faith community outreach, community agencies, etc.)	203	15.8	38.9	32.0	8.4	4.9

Parent Q41-73: Please indicate your use or familiarity with the following programs (you may choose more than one) (using n=203)

	Used %	Heard of %	Never heard of %	Would like to know more %
Q41: Emergency assistance programs	3.0	69.0	28.1	2.0
Q42: Breastfeeding classes	55.2	47.8	1.5	1.0
Q43: Breastfeeding support group	34.5	65.0	2.0	1.0
Q44: Child Advocacy Center	2.5	82.8	14.8	3.4
Q45: Child care	83.7	22.2	3.0	2.0
Q46: Community or cultural centers	19.2	72.4	9.9	4.9
Q47: Community gardens	21.7	66.5	8.9	6.4
Q48: Disability resources	3.9	76.8	18.2	2.5
Q49: Domestic violence	2.5	85.2	11.8	1.0
Q50: Family Resource Center	2.5	70.0	26.6	4.4
Q51: Financial education	6.9	65.0	23.6	3.9
Q52: Food pantry/Food Bank of Lincoln	5.4	91.6	3.4	0.5
Q53: Grief counseling	4.4	81.8	11.8	2.0
Q54: Head Start/Early Head Start	2.5	91.6	4.9	5.9
Q55: Home Visiting Program (Healthy Families America or other)	7.9	56.2	36.0	2.0
Q56: Health Department Dental Services	4.4	63.1	33.0	2.0
Q57: HEROES Weight Management Clinic	6.4	16.7	82.3	2.5
Q58: Housing (assistance, home buyer programs)	3.9	76.8	14.3	2.0
Q59: Job/career services	7.4	78.8	7.9	3.0
Q60: Language assistance (interpreting or English classes)	3.0	82.8	14.8	1.5
Q61: Lincoln Parks and Recreation Programs	57.6	43.8	3.4	6.4
Q62: LPS Early Intervention Services	11.8	61.6	26.1	3.4
Q63: Mental health providers for parents	7.9	58.6	32.5	2.5
Q64: Nebraska Family Helpline	1.5	56.7	40.4	3.0
Q65: Nutrition education/cooking classes	5.9	64.0	28.1	8.9
Q66: Parenting classes	19.7	61.1	19.7	6.4
Q67: Private speech therapy	5.4	76.4	17.7	2.0
Q68: Respite care	3.0	66.0	31.0	2.0
Q69: Safe Kids	4.4	42.9	51.7	4.9
Q70: SNAP/EBT (Formerly Food Stamps)	8.9	83.3	8.4	1.0
Q71: UNL Barkley Center	3.9	48.8	46.8	3.0
Q72: WIC Supplemental Nutrition Program	12.8	81.3	6.9	1.0
Q73: YMCA or community recreation facility	57.6	48.3	1.5	5.4

Parent Q74: Since your child(ren) was born, how often has it been very hard to get by on your family's income – hard to cover the basics like food or housing?

	N	%
Very often	8	3.8
Often	12	5.7
Sometimes	24	11.5
Rarely	49	23.4
Never	116	55.5
Total	209	100

Parent Q75: During the past 12 months, did your child(ren) receive the following nutrition assistance?

	Overall N	Yes %	No %
a: SNAP/EBT (formerly food stamps)	205	4.9	95.1
b: Free/Reduced lunch	200	6.0	94.0
c: Women, Infants, and Children (WIC) Program	200	6.5	93.5
d: Backpack Program	199	1.5	98.5

Parent Q76: Is English the main language spoken at home?

	N	%
Yes	198	93.4
No	14	6.6
Total	212	100

Parent Q76a: Other languages spoken at home:

	N	%
	204	90.7
Armenian	1	0.4
Bangla	1	0.4
Chinese	4	1.7
Japanese	1	0.4
Karen	1	0.4
Russian	1	0.4
Spanish	11	4.9
Vietnamese	1	0.4
Total	225	100

Parent Q77: Is your child(ren) of Hispanic or Latina/a origin?

	N	%
Yes	18	8.5
No	193	91.5
Total	211	100.0

Parent Q78: Please indicate the racial background(s) for the child(ren) in your home: *(Check all that apply)*

	N	%
White	194	86.2
Black or African American	13	5.8
American Indian or Alaskan Native	6	2.7
Asian	12	5.3
Native Hawaiian or other Pacific Islander	0	0
Other *(please specify)*	2	0.9
Asian		
Bi-racial		
Hispanic (2)		
Human		
I'm from Chile		
Kurdish/Yizidi		
Mixed (both)		
Native America		

Parent Q79: What is the highest education completed by any adult in your household?

	N	%
Middle school	3	1.4
High school diploma/GED	9	4.3
Some college	9	4.3
2 yr degree (such as LPN or AA)	9	4.3
4 yr degree (such as BA or BS)	67	32.1
Graduate degree (such as JD, MA, or PhD)	112	53.6
Total	209	100

Parent Q80: What is your age?

N	Ave	Min	Max
212	34	12	49

Parent Q81: Are you:

	N	%
Male	32	15.1
Female	179	84.4
Another (Genderqueer)	1	0.5
Total	212	100

Parent Q82: Would you be willing to be contacted for a follow-up to this survey?

	N	%
No	113	54.1
Yes	96	45.9
Total	209	100.0

Parent Q84: Thinking about school readiness, what are the greatest needs of young children 0-8, and their families, in your community? (Please consider the areas of comprehensive health services, child care and early education, parenting, and safety)

1. Early childhood education - pre-school public program. - 800+ student wait list. 2. Mental health support programs for parents & children

1. Vision/hearing/dental/care healthcare 2. Food security, drinking water safety 3. Protection from bigotry, racial discrimination, bullying, violence.

Access to affordable quality childcare, including before and after school programs

Access to affordable resources

Access to affordable, high quality childcare.

Access to affordable, high quality early childhood education.

Access to affordable, quality childcare. Community support for families, such as paid family leave, assistance with adjusting to new members of the family, through doula. Nursing , lactation, and postpartum support.

Access to competent, safe, and beneficial childcare (before & after school especially). More library locations would be nice, but I realize they are on a limited budget.

Access to food parenting support/classes early education

Access to healthcare -access to early education -proper nutrition -less screen time

Access to preschool

Actually, enforcing some type of k or pre-k attendance or other social-skill building environments would be useful.

Adequate food -adequate safe housing & clothing

Afforadable & quality childcare.

Affordable child care

Affordable child care and early education*

Affordable childcare with hours that meet the needs of a family with 2 working parents & preschools/pre-k programs with hours that work for working parents

Affordable childcare, before and after school care

Affordable, high-quality early childhood care/education

After school care once children are in grade school because both my husband and I work full time

Appropriate programming and educational initiatives/activites for children of ALL (dis)abilities. A mother of a cognitively advanced child (under the age of four), it has been difficult finding resources at her level in our community.

Attentive, attuned & responsive parents

Before/after school care & care for school breaks

Bigger playground

Brain development from birth; not academic ability

Character building classes

Child - parent relationship - reading, positive interactions -nutrition & physical activity -positive parent to parent relationships/interactions (healthy marriages)

Child care

Child care & early education (2)

Childcare is limited in our immediate area. Meals outside of school/childcare.

Children just need to get to bed early to that they do better throughout the day and at school

Cost effective learning opportunities

Developmental delays and mental health services, parenting classes, safety
Early child education 0-2 childcare services that are affordable and quality
Early childhood ed/affordable daycare.
Early childhood educatiion
Early childhood education-quality & availability for all.
Early childhood programs that are affordable
Early educataion; parenting
Early education (2)
Early education & - parenting
Early education for parents & children
Early education for parents who work 8-5, rather than half of a day.
Early education, childcare providers, help getting parenting resources like baby sitters, breastfeeding support
Early education/preparation programs
Early intervention services and educating the public about the availability of those services
Early intervention, access to quality daycare & pre-k education for readiness to begin school, access to lps services for ell/refugees, low income for pre-k. Community outreach for ell/refugee families.
Educating those who are unaware of programs they could be accessing. Child care & early child development programs that are available to everyone.
Education
Emotionla intelligence & social skills
Food security early literacy mental health
For students to have a stable home life.
Good adult role models, structure & schedule, access to early education opportunities, discipline
Good preschool programs
Great doc, safety, clean living environment
Greater access to public preschool. There is not enough space for those unable to afford private preschools.
Having capable, qualified individuals in daycares & preschools to help children & first time parents.
Healthcare
Healthcare/dental, school supplies, transportation
High quality affordable child care; Better and affordable activities; Expanded library services, for example, I'd like to take my baby to the library's story hour for babies, but all the times are on weekdays and I work full time. I also wish I can find more foreign language children's material at the library.
High quality childcare & family nutrition
Homelessness
I think each family needs a place where they feel understood and like they belong - could be a neighborhood, church, cultural community, etc. Support and care comes from being part of a positive community!
I think the greatest needs are for support for those families and children even before the children start kindergarten. Infants and toddlers need access to healthcare, their parents need the support to set their kids up for success right from infancy. When parents are struggling to feed and clothe their babies, it can be hard for them to provide the other nurturing things babies need such as cuddle time, reading, positive interaction, etc.

If you make 40k you can't get help but barely make it w/o. Makes single parents think to work less but someday we will figure it out. Healthcare is nothing when it comes to children compared to daycare in terms of cost. Thanks for reading!

Kindness

Learning to read

Making sure basic needs are met, plus access to education

Meeting basic needs - affordable nutrition, shelter, clothing, and healthcare.

Mental health

Mental health resources - we recently had to wait 3+ months for an initial appt. W/ a therapist, ended up cancelling appt.

Mental health services for families with medicaid -child care costs

Mental health services for multrculurel people

Mental health/behavioral health servies

More access to affordable daycare & pre-schools. Parenting classes for anyone & everyone, not just those going through a divorce.

More affordable and high quality child care.

More before & after school programs at schools

More childcare and afterschool program options. Especially afterschool and summer options for school age children - there are not enough options, and those that do exist have long waiting lists and/or are incredibly expensive.

More daycare providers & before & after school care!

More involved parents, read to children, socialize children

More preschool programs

More resources for knowing and choosing early education.

N/a

Need recreation center or a community center.

Nutrition & bullying

One of the greatest needs i see if for parents to learn how to appropriately partner w/ professionals & advocate for their children.

Options for affordable healthcare act coverage

Parent education classes

Parenting - a society that helps form good parents

Parenting assistance, head start/early childhood care

Parenting classes behavior management parents being parents & not friends mental-health in children

Parenting classes behavior management parents screentime mental health in children

Parenting classes health services

Parenting classes screen time anti bullying nutrition

Parenting early ed.

Parenting skills classes, life skills

Playgrounds nature areas libraries/bookmobiles

Possibility of half-day kindergarten with lps.

Pre schools that are separate from a daycare/elc program.

Pre-kindergarden education programs (vpk)

Prenatal care nutrition

Primary care providers
Quality child care
Quality child care and preschool to get kids ready for what they are expected to know before starting kindergarten.
Quality childcare & preschool early intervention-health and development issues
Quality early childcare, the costs of childcare
Quality early ed programs connecting with nature on a daily basis.
Reading math
Safe and excellent childcare
Safety
Safety of the home & daycare environment. Development & interaction w/ parents & caregivers.
School family involvement & support
Social/emotional development
Suggestions of family friendly easy activities to help promote school readiness
Summer care for families with two working parents.
Support for the whole family
Teach kids respect, to listen to their elders, read to them, teach to read
To learn how to walk and learn english.
Transportation to/from school
Unsure

Appendix B: Childcare Provider Survey Results

Childcare Q1-22: For each of the following practices, please indicate if they regularly occur at your center or childcare home and mark the level of difficulty in putting these practices into action.

	N	Yes %	Not at all difficult %	A little difficult %	Kind of difficult %	Very difficult %
Q1: Screening children for developmental delays	197	49.7	38.9	31.8	21.0	8.3
Q2: Talking with families about health issues or concerns	202	84.2	59.8	31.3	6.1	2.8
Q3: Talking with families about overweight/underweight concerns	195	25.6	37.3	23.5	17.6	21.6
Q4: Communicating with children's physicians on care needs	201	8.5	21.5	15.4	11.5	51.5
Q5: Referring families to community resources for food insecurity	198	25.8	52.1	20.4	15.5	12.0
Q6: Talking with families about the importance of good nutrition	201	69.7	70.7	15.0	8.4	6.0
Q7: Talking with families about breastfeeding	196	61.2	81.9	10.0	5.0	3.1
Q8: Teaching children about healthy foods	201	98.5	88.8	10.1	1.1	0.0
Q9: Talking with families about healthy sleep routines	200	73.5	62.1	24.7	10.3	2.9
Q10: Talking with families about maintaining healthy teeth	199	45.7	68.6	17.3	9.6	4.5
Q11: Supporting breastfeeding parents/families	196	87.1	90.9	7.4	1.1	.6
Q12: Offering fruits and vegetables	201	97.0	96.8	2.7	.5	0.0
Q13: Limiting screen time	199	92.5	88.5	8.7	2.2	.5
Q14: Limiting sugary beverages	199	94.5	96.7	2.8	0.0	.6
Q15: Serving meals in a Family Meal Style	200	51.0	55.4	14.3	18.5	11.9
Q16: Engaging children in gardening	202	51.0	48.1	24.1	14.2	13.6
Q17: Engaging children in outdoor activities	202	99.0	92.5	5.9	1.6	0.0
Q18: Structuring physical activity opportunities	202	93.1	84.2	13.1	2.2	.5
Q19: Ensuring unstructured physical activity time	200	96.5	91.3	8.7	0.0	0.0
Q20: Limiting sitting time for infants in swings and seats	195	93.3	75.4	21.1	2.9	.6
Q21: Working with infants on tummy time	191	93.7	82.5	14.6	2.3	.6
Q22: Helping older children with motor skills (such as finishing puzzles or zipping zippers)	202	98.5	88.2	10.2	1.6	.0

Childcare Q23: If you are interested in training on any of the physical and motor development above, which topics are you most interested in receiving?

(N/a) - none
1# how to screen for delays and where to refer parents for help
All! We implement them all but i love to learn more & increase my knowledge!
Communicating w/ parents concerning health concerns, sleeping habits & food.
Disabilities - signs
Engaging children in autdeor activities
Family style meals
Gardening
Gardening & structured physical activities
How to have lps do screenings for disabilities, for early childhood intervention and services, without alienating parents.
I do infants 20 years only
I do not care for children under the age of two. I rarely have under-privileged children.
I have noticed children learn ideas faster while engaged in activity, even unrelated to subject. I would be interested in learning the statistics on benefits of learning while playing.
I made a mistake on #3. It should be yes & not at all difficult
I've had quite a bit in these areas
Ideas on how to share information w/ parents in a way that they will take our advice or actually listen
Im taking training classes through dhhs
Indoor activities/games
Infant activities that incourage growth
Large motor activities for the indoors.
Learning how to screen for delays. That makes me uncomfortable - like it's not my place to do that.
Structured physical activities. I like ideas on this.
More activities to do or creating things to make.
Physical activities for indoor play
Screening children for developmental delays (more information)
Screening children, referrals
Screening for delays & better information on early autisic concerns
Screening for delays/issues and resources for help.
Structured physical activity - healthy sleep routines
Talking with parents about overweight children. Don't feel like it's our area of expertise.
Teaching toodlers walk and potty training as well.
Working with families with children with behavior concerns at school - needs not being met at home.

Childcare: For each of the following practices, please indicate if they regularly occur at your center or childcare home and mark the level of difficulty in putting these practices into action.

	N	Yes	Not at all difficult	A little difficult	Kind of difficult	Very difficult
Q24: Assessing child-to-child interactions	199	92.5	77.5	19.2	2.7	.5
Q25: Assessing parent/child interactions	196	80.1	61.0	27.7	7.3	4.0
Q26: Encouraging children to express thoughts and feelings	196	98.5	67.2	28.5	4.3	0.0
Q27: Ensuring that your discipline and guidance styles match the parents'	200	86.5	42.4	34.2	13.6	9.8
Q28: Helping children learn to control their behavior	200	98.0	38.3	38.3	18.6	4.8
Q29: Helping children resolve conflicts with other children	196	98.5	42.0	42.0	13.3	2.7
Q30: Helping children to build relationships with peers and other adults	201	97.5	63.4	30.1	4.8	1.6
Q31: Responding to children's positive actions with positive words, such as "You did it!" or "Well done!"	202	98.5	93.7	5.8	0.0	.5
Q32: Setting rules and teaching children how to follow the rules	201	99.5	61.0	29.4	8.6	1.1
Q33: Talking to families about social interactions (child-to-child or child-to-staff) concerns	200	89.5	54.9	32.1	11.4	1.6
Q34: Talking with families about community resources for social development	200	51.5	45.9	28.7	16.6	8.9
Q35: Teaching the children to pay attention	198	99.0	39.0	36.9	21.4	2.7
Q36: Teaching the children to express emotions in safe ways	200	99.0	47.9	39.5	10.5	2.1
Q37: Teaching the children to play with others, share and cooperate	202	99.0	48.7	38.1	10.6	2.6
Q38: Teaching the children to take care of their own needs (toileting)	201	98.5	42.6	44.7	11.2	1.6
Q39: Using a positive, upbeat attitude when caregiving	202	99.0	70.7	25.5	2.1	1.6
Q40: Using positive physical contact (such as hugging, patting their backs, or holding their hands)	201	99.0	94.7	4.8	.5	0.0

Childcare Q23: If you are interested in training on any of the social-emotional developments above, which topics are you most interested in receiving?

*Talking with parents about appropriate discipline/guidance @ home. *talking to parents about social concerns.
#24 #27(we work w/ teen parents) :)
#37 (2)
Again, always love to learn more!
Building relationships with peers
Children's behavior & talking with parents about developmental delays
Doing assessments, and what their purpose is.
Doing this for 20 years has taught me more then any class could.
Effects of divorce on children
Express emotions safe way
Expressing emotions
Getting kiddos to listen I'm constantly having to tell them several times to do something. Mostly 4 yr olds
Helping children build relationships w/ peers & adults
Helping children learn to control their behavior (2)
Helping parents learn behavior management
How to help young children deal with the affects of a split family.
How to teach 2 yo to listen? #lostcause??
I am taking classes through DHHS and they have great resources
I just took a 6 hour class on social-emotional developent. I found it to be very thorough.
Ideas on helping children resolve conflicts w/ other children.
Information on helping parents follow through @ home
Obtaining community resources
Resources for families
Resources in the community we can use and/or refer families to.
Setting & following rules - controlling behavior - discipline styles - sharing - paying attention
Social interactions in age 2 to 3
Staff postive & upbeat attitude day to day -
Tips to maintain being positive all the time
Yes, any S.E. inform. Is helpful

Childcare: Please indicate whether or not you have participated in the following:

	N	Yes %	No %	Do Not Know %
Q42: Go NAP SACC	199	31.7	55.3	13.1
Q43: Step Up to Quality	196	25.0	66.3	8.7
Q44: The Pyramid Model	198	17.7	69.7	12.6
Q45: Rooted in Relationships/Circle of Security	199	6.5	81.4	12.1

Childcare: For each of the following practices, please indicate if they regularly occur at your center or childcare home and mark the level of difficulty in putting these practices into action.

	N	Yes %	Not at all difficult %	A little difficult %	Kind of difficult %	Very difficult %
Q46: Assessing language development	200	83.5	55.0	34.4	9.4	1.1
Q47: Encouraging imaginative play	199	97.5	91.5	8.0	.5	0
Q48: Encouraging talking (such as asking questions that a child can answer easily, or asking about a family member or toy)	199	97.5	88.8	11.2	0	0
Q49: Encouraging use of game and toys	202	99.0	94.2	5.8	0	0
Q50: Encouraging children to learn with repeated phrases (such as saying the alphabet out loud, counting to 10, naming shapes or object)	202	97.5	89.9	10.1	0	0
Q51: Having the children practice drawing, writing and recognizing numbers, shapes, colors, letters, sounds and his/her name	199	97.0	79.7	17.1	3.2	0
Q52: Having the children work on a task until it's done	202	94.1	44.1	43.6	11.2	1.1
Q53: Helping with language (such as repeating words, commenting, and answering children's questions)	201	98.5	81.9	16.0	1.6	.5
Q54: Letting children touch books and turn the pages	202	99.5	89.3	9.1	1.6	0
Q55: Reading books with the children every day	202	94.6	87.2	9.6	2.1	1.1
Q56: Responding to infant vocalizations	194	94.8	93.8	4.5	.6	1.1
Q57: Talking about the words you see in the books	201	95.0	91.8	6.6	1.1	.5
Q58: Talking with families about community resources for language development	198	57.1	54.8	24.8	15.9	4.5
Q59: Talking with families about language development concerns	200	74.5	50.9	27.4	17.7	4.0
Q60: Talking with families about reading to their children	202	67.8	74.8	14.1	8.0	3.1

Childcare Q61: If you are interested in training on language development, which topics above are you most interested in receiving?

#46 how to get parents to understand child has delayed language. & needs help. #58 i need resources.
#47 this seems to be "old schol" these days
Assessing language development (2)
Assessing language development talking w/ families
Charts for 2-3 year old language sounds, goals and development
Children working to completion
Different resourcs for families!
Getting community resources
How to help develop speech & blending sound
How to identify if a child has a speech concern that needs immediate intervention.
I have a 25 year old special needs daughter. I live all this special needs training everyday.
Infant vocalration
Language development - have a slow talker who is 3 parent & I are talking LPS testing
Learning more to help kids more
Methods to help 2-5 year olds stay on task and focused.
Reading & affect on kids - practice w/ #'s etc (51.) 47 & 48
Reading material resources
Speach strategies for children with speach issues.
Suitable activities to help with letter recognition
Taking training classes through DHHS they have great resources
Talking with families about language development concerns
Talking with families about reading to their children
When is it appropriate to share language concerns with parents and best ways to approach parents when you have concerns.

Childcare Q62: For how many years have you been a childcare provider?

N	Ave	Min	Max
199	19.4	1	55

Childcare Q63: Have you received Child Development Training?

	N	%
Yes	183	92.9
No	14	7.1
Total	197	100.0

Childcare Q64: Would you be willing to be contacted for a follow-up to this survey?

	N	%
Yes	91	46.4
No	105	53.6
Total	196	100.0

Childcare Q65-96: Please indicate your use or familiarity with the following programs *(you may choose more than one)* (Using n=196)

	Referred %	Heard of %	Never heard of %	Know more %
Q65: Anti-poverty programs	26.5	48.5	19.9	5.1
Q66: Breastfeeding classes	36.7	58.2	4.6	1.0
Q67: Breastfeeding support group	35.2	56.6	6.1	0.5
Q68: Child Advocacy Center	29.6	64.8	3.6	3.1
Q69: Child protective services	43.4	55.6	1.5	2.6
Q70: Community or cultural centers	16.3	68.4	11.7	2.6
Q71: Dental home	6.6	32.7	52.0	7.7
Q72: Disability resources	20.4	61.2	11.7	5.1
Q73: Domestic violence	22.4	74.5	1.5	3.1
Q74: Family Resource Center	26.0	66.3	8.2	5.1
Q75: Food pantry/Food Bank of Lincoln	36.7	63.8	0.0	1.5
Q76: Grief counseling	24.5	68.9	4.1	4.1
Q77: Head Start/Early Head Start	47.4	55.6	0.5	1.0
Q78: Health Department Dental Services	19.9	57.1	21.9	4.1
Q79: Healthy Families America	7.1	37.8	50.0	7.1
Q80: HEROES Weight Management Clinic	2.0	15.3	76.5	7.1
Q81: Lactation consultant	28.6	59.2	11.2	0.5
Q82: Language assistance (interpreting or English classes)	23.0	58.7	17.3	3.1
Q83: Lincoln City Libraries	67.9	35.2	0.0	0.0
Q84: Lincoln Parks and Recreation Programs	60.2	41.3	0.0	0.5
Q85: LPS Early Intervention Services	57.7	38.8	7.1	1.0
Q86: Mental health providers for parents	14.3	52.0	31.1	4.1
Q87: Nebraska Family Helpline	14.3	64.8	18.4	6.1
Q88: Nutrition education/cooking classes	20.4	57.7	18.4	6.1
Q89: Parenting classes	24.0	67.9	5.6	4.1
Q90: Private speech therapy	32.1	58.2	9.7	3.6
Q91: Respite care	21.9	68.4	6.6	2.6
Q92: Safe Kids	13.8	63.3	17.9	5.1
Q93: SNAP/EBT (Formerly Food Stamps)	30.6	64.3	5.1	0.5
Q94: UNL Barkley Center	18.4	43.4	33.2	4.6
Q95: WIC Supplemental Nutrition Program	49.0	51.5	2.0	0.0
Q96: YMCA or community recreation facility	42.9	61.2	0.0	0.5

Childcare Q97: Thinking about school readiness, what are the greatest needs of young children (ages 0-8) and their families, in your community? (Please consider the areas of comprehensive health services, child care and early education, parenting, and safety.)

*Early literacy *communication of sleep/behavior developmental appropriotness w/ parents.
*nutrition *mastering basic social skills
*Good, cheap healthcare *food resources *parental education/training
1) getting parents to know expectations of where kid should be developmentaly. Even my clients that are educators don't pay attention to this. Or are to busy to let kids take time to learn self help, help w/ social emotional skills, corect behaivior or help with language 2) having help kids that need special ed.
92 nu.
Access to materials
Affordable childcare good salaries to keep teachers in ece - focusing on all centers, not just extra $ for head start programs.
Affordable quality child care, universal health insurance, and the reinstatement of bussing for elementary students.
Affordable, quality child care.
As child care providers, we are not necessarily experts in the various problems a family may encounter or it may not be appropriate for us to bring it up. It would be great to have services where the experts come into our center for various programming, assessments, etc. Then they can work directly w/ families in need from there. Centers can make a great "middle man"!
Before & after school programs
Behavior control. Learning (abcs 123s name) self-care (toileting - feeding - dressing)
Bussing. We are working families with 8-5 jobs
Character development
Cheaper preschools with trasportation
Childcare & early education
Children need their parents to learn how to parent and parents need to be aware of how their lifestyle/behaviors shape children. Parents need to learn how to help child problem solve and learn daily living skills & socialization skills.
Dental care, nutrition education
Developmentally appropriate activities for children ages 3-5 for after school/weekend activities. The importance of not filling a child's schedule with structured activities.
Early education for we that is affordable
Early education parenting
Financial help
Following instructions, self regulation
Free programming for young children ages 0-5. Drop in programs, classes, etc.
Having the same values & concerns we as teachers have (following through)
Healthcare
Health services and life skills
Healthcare & childcare
I think it is ridiculous teaching 3 year olds to sit and do worksheets and the pressure placed on preschool teachers to get children ready for kindergarten. Learning through play should be our primary goal as early learning teachers/providers.
I think the greatest need is preschool programs free/sliding fees. It is to much to ask of kindergarten teachers to get all students on the same level before and after school care is also a concern. Between cost and transportation and availibility choices are limited. -final concern for young children is the

turn over rate in providers. Centers have a high turn over rate with providers and kids change classrooms constantly this cannot be helpful in their social & emotional growth
In the lincoln community or our school's community? Answers could vary.
Knowing what to look for in a quality childcare/preschool that will help their children to be ready for school so that they are not behind.
Language & nutrition
Literacy readiness. We are in an area of poverty, so books are an issue.
Lps early intervention services, early education services
Making sure the kid is emotional ready. Need to be able to sit and follow directions.
More infant child care. A headstart program.
Motor skills
My greatest concern is that pre-school children are given te opportunity to use their imgination, to explore outside and be creative and not stuck in too structured situations at such early ages. To be guided with many choices yet are able to flow from one thing to another, they are all so different and need to individualy be guided as a group and on thier own-
Na
None
None for my population served.
None in our professional served.
Not knowing about some of these things being offered. Not knowing who to contact to get information.
Parent education & support
Parent should do things with the child on like walks and, playing outside. One week family night as well
Parents need to work with there own children more
Parents not accepting (the reality) that their child may have a "need"… or accepting our suggestions, about what we observe everyday. And the lack of communication and involvment of parents.
Parents understanding their role as leaders & guidance -all people understanding all aspects of kindergarten, not just academic
Pediatricians who take medicaid. Most/all of our teen moms go to the er for runny noses, coughs, fevers, etc… i think we are doing much better w/ child care (affordable) since the new centers opened at health 360 & kaplan's building
Proper healthcare services. Dental and vision
Quality childcare & child education that is affordable to parents and still can sustain a provider's needs. Currently potential parents are wanting to pay $15/day -- that's $1.50/hr!! :((so i guess the $1.00 incentive for this survey almost met these folk's hourly need. :) :))
Quality developmentally oppropriate child care
Quality preschool/childcare
Quality time together so emotionally ready to go to school and learn
Readiness pamplets?
Respect
Social & emotional health & development parent education in developmentally appropriate readiness for school
Social interactions - large ratios = independence confidence
Social skills. Children need to be taught how to respect others in order to grow in all other areas of development. I see too many parents obsessed with academics and they are not modelling or teaching their children kindness to others. I have also seen daycare providers who think kids should "work it out." they have to be taught first how to problem solve and how to be kind

Speaking only from my own experience, helping the children develop appropriate social skills so they are well prepared to listen to the teacher, get along with friends.
Speech assistance
Support system
Teach families that putting a child on an electronic device is not a substitute for person to person interaction & learning.
The children in my care have been very fortunate to have all their needs met and more.
The greatest needs are support, resources, healthy family environment & healthy social environment in which they can learn & be comfortable.
There is a great need for after school care at the schools. Many providers can't transport & parents can't leave work to get kids to daycare.
There is little need for health services but i see a lot of children with minimal self help skills and language development.
There is some disagreement in my center with parents as to how much a daycare should teach children before school it would be nice to have a guideline to help encourage parents to support learning in daycare.
To have access to learning all needed to enter kindergarten.
To turn off screen/tablets, pick up crayons and to play outside, awareness of resources in the community - like the list above
We have a growing community but we do not offer head start program in this area. Parents would have to drive to Lincoln.
We seem to have very good programs here in Lincoln

Appendix C: Healthcare Provider Survey Results

Healthcare Q1: How many years have you been in practice?

N	Ave	Min	Max
56	21.57	2	50

Healthcare Q2: Is your practice a Patient-Centered Medical Home?

	N	%
Yes	28	50.9
No	20	36.4
Working towards becoming one	7	12.7
Total	55	100.0

Healthcare Q3: Do you see patients ages 0-8?

	N	%
Yes	54	100
No	0	0
Total	54	100

Healthcare Q4: Do you consult with expecting parents (i.e. prenatal visits)?

	N	%
Yes	34	61.8
No	21	38.2
Total	55	100.0

Healthcare Q5: Do you experience challenges working with Medicaid?

	N	%
Yes	46	85.2
No	8	14.8
Total	54	100.0

Healthcare Q6: What are the challenges you experience working with Medicaid?

- Getting things covered - low re-imbursement -some specialty clinics do not accept Medicaid so may have difficulties with referrals

* Getting coverage for testing

1. Inappropriate on no reimbursement for approved proc. 2. Slow response to credentialing or to questions 3. Inappropriate prior authorizations

1) enrollment 2) follow through 3) payments 4) tracking

A big one is when a child is stable on a particular med (such as an allergy med or a steroid cream for eczema) & they make us try & fail others first. -formularies change - hard to keep up with it all. -poor reimbursement. High expectations for what we are supposed to do with little time & financial reimbursement -no disincentive for families for misusing ER (or incentive to appropriately use ER) -no financial support for nutrition services

Billing getting paid at all burdensome paperwork poor insurance company responses unneccessary prior authorizations medication denials getting paid 1/3 of what others pay slow claims processing long times on hold for staff.
Coverage for meds. Approval for procedures
Coverage of various formulas or the hoops you have to go through to get coverage.
Declining needed procedures and decreasing reimbursements
Exhaustive efforts to get services for children with special needs. Frequent denials for services that are needed. Laborous attempts to have one on one to overcome denials. Trying to find people who will see Medicaid to begin with.
Formularies change frequently, don't make sense. Prior auth process is lengthy & burdensome.
Reimbursements are very poor. In order to be financially viable, I have closed my practice to new Medicaid.
Getting patient's coverage getting meds covered
Getting procedures preauthorized
Getting total care & well care to pay claims in a timely manner
Lack of coverage for some services pre-authorization for some testing
Low reimbursement rates. Higher percentage of no-shows for appointments. Higher restrictions on covered services.
Low reimbursements -it takes too long to get paid from Medicaid.
Managed care switching companies and having to redo all prior auth for meds. Etc. Prompt payment for services
Med formulary referrals not accepting Medicaid i.e. Madonna for concussion.
Medicaid covers minimal tests, referrals or meds.
Medicaid patient want their children to be seen by a pediatrician and not a family physician
Medication formulary at times it can be a guessing game knowing what is covered
Medications
N/a
No challenges
No shows adequate payment
No shows language barrier
Noncompliance failed appt. Poor reimbursement
Payment timelines limited rx formulary
Payment, prior auth, patient compliance
Poor communication delayed responding conflicted responses & service poor reimbursement
Poor compliance/no shows substance abuse poor mental health coverage reimbursement well below cost!!
Poor IQ of parents lack of support ie from families poverty unable to get rx's or otc's needed poor compliance & more
Poor reimbursement
Poor reimbursment unable to vaccinate in my office
Pre authorization for tests
Problems with all aspects of dealing with the 3 insurance companies administering the managed care product.
Problems with credentialing, paying us on time and unwillingness to meet to fix problems.
Referral options medications options
Reimbursement referrals reimbursement for interpreters

Reimbursement too low.
Reimbursment contracting delays in authorizations
Reinbursement -need to have everything prior authorized. Send patients to ER so can get tests done
Same as every insurance => difficulty with coverage of desired medications for patients.
Slow & improper processing of claims continuing transportation to appointment issues. Ie: cannot transport both parents to medial appts with an infant in hospice (only 1)
They do not send me any ob patients anymore used to send all I wanted now - ob go to midwives babies to pediatricians
Time program limited formula

Healthcare Q7-12: Please indicate whether each of the following applies to your practice/office.

	Overall N	Yes %	No %
Q7: Care coordination is provided	56	76.8	23.2
Q8: Extra time is scheduled for patients with special health care needs	56	94.6	5.4
Q9: Families have access to screening tools on-line	55	40	60
Q10: Most families complete screening tools before visit	53	22.6	77.4
Q11: Patients can access your office using public transportation	56	92.9	7.1
Q12: Your office maintains an electronic health record (EHR) or database containing all pertinent medical information including hospitalizations and specialty care	55	92.7	7.3

Healthcare Q13: Do you feel that Lancaster County has a collaborative provider community?

	N	%
Yes	39	69.6
No	3	5.4
Not sure	14	25
Total	56	100

Healthcare Q14: What are the greatest issues in our having (or becoming) a collaborative provider community?

1. The disconnection from the hospital by primary care physicians 2. Ehr notes that are long & not informative 3. Communication gaps from notes being sent to conversations being held
Communication & getting correct information. Electronic mr systems talking.
Communication efficient communication
Ehr's talking to each other
Faxes, phone calls can be inefficient. More electronic forms of communication are needed.
Finding the time to share information.
Finding time to communicate. Don't set psych/caring notes
Getting everyone on board
Great county medical society
Interface between hospital and clinic health records
It would be nice if any/all clinics who give shots to vfc eligible kids would be required to put into nesiis.
Needing a universal ehr

New to area ~ 1 year. Still learning nuances
No organnation
None
Not sure
Past medical community was more close net and cooperative. Current community is more fragmented
Pediatric specialists - too long for waits for referral times. Not enough pediatric beds in winter
Poor communication duplication services no interoperability between eklr's nehii is not effective or efficient.
Poor ehr interfaces propriatory restriction
Poor fhr to ehr communication
Poor interchange/interaction between medical & mental health providers
Reliable, consistant services (psych and others)
Same aehr or sharing interface - nehii and pdmp are trying
Shared medical records (will improve with epvc) -value multidisciplinary approach to patient care and respecting all that play a part.
Shared record keeping
Sharing medical information in a secure & efficient manner willingness of providers to make the effort to call about a patient
Time (2)
Time access mutual engagement
Unsure
Vaccine records

Healthcare Q15: Do you offer services in any language(s) other than English?

	N	%
Yes	31	58.5
No	22	41.5
Total	53	100

(If yes to Q15) Healthcare Q15a: a. What other languages do you offer services in?

All thru blue phone
All via interpretor in person or on phone
All via Marti
All we have interpretive services
Chinese
Interpretation via language link
Some Spanish
Spanish (6)
Spanish Karen Vietnamese Kurdish Arabic
Spanish Kurdish
Spanish Vietnamese Karin also have phone translator
Spanish, Arabic, Vietnamese, Kurdish, etc.
Spanish, Vietnamese, Koran
Translators Arabic, Vietnamese, Spanish

Use intrepretors?
Use phone interpreter
Via interpret
We have a Marti system computerized interpreter - that will have a video/live interaction with the family - many options for language
We use language link so any
We utilize translators for most languages

Healthcare Q16: How often do you engage an interpreter or translator to communicate with patients and/or their families?

	N	%
Often	20	36.4
Sometimes	15	27.3
Rarely	19	34.5
Never	1	1.8
Total	55	100.0

(Why never?): When needed

Healthcare Q17: Do you offer materials in any language other than English?

	N	%
Yes	39	70.9
No	16	29.1
Total	55	100.0

(If yes to Q17) Healthcare Q17a: In what other languages do you offer materials?

Many
Many from computer educ.
Some Spanish materials
Spanish (24)
Spanish available on nutrition care manual -google translate for other languages
Spanish other langes if I can find them on the internet
Spanish viet
Spanish Vietnamese Arabic
Spanish vietnese
Spanish-primarily v/s sheets
Spanish, Vietnamese, Karen, etc.
Spanish. Some CDC brochures also in Arabic, Vietnamese, etc.
Spanish. Will look up other languages online sometimes
Vaccine information sheets

Healthcare Q18: Are you available to patients from infancy through young adulthood (age 18)?

	N	%
Yes	52	96.3
No	2	3.7
Total	54	100.0

Healthcare Q19: Do you discuss with parents and caregivers the pivotal and foundation role of the first 1000 days?

	N	%
Yes	16	30.8
No	36	69.2
Total	52	100.0

Healthcare Q20: Are you familiar with the original Adverse Childhood Experiences (ACE) study?

	N	%
Yes	7	12.7
No	48	87.3
Total	55	100.0

Healthcare Q21: Would you say that the local emergency rooms are used more for true emergencies or more for routine care?

	N	%
Entirely for true emergencies	0	0
Mostly for true emergencies	15	27.8
Equally for true emergencies and for routine care	23	42.6
Mostly for routine care	15	27.8
Entirely for routine care	0	0.0
Varies by hospital	0	0.0
Not sure	1	1.9
Total	54	100.0

Healthcare Q22: Are you a:

	N	%
Pediatrician	18	32.7
Family practice physician	27	49.1
Nurse practitioner	0	0.0
Physician's assistant	0	0.0
Other	10	18.2
Total	55	100.0

(Other): Allergist, Anesthesiologist, Dentist, ENT (2), Otolaryngologist, Pediatric dietician, Practice administrator, Psychologist, RN-clinic nurse, Urgent care

Healthcare Q23-30: The following statements are about practices in your practice/office. Please indicate how frequently each occurs.

	N	Always %	Frequently %	About half the time %	Infrequently %	Never %
Q23: Discussing Adverse Childhood Experiences with patients' families.	53	11.3	26.4	13.2	34.0	15.1
Q24: All insurance, including Medicaid, is accepted.	54	59.3	27.8	1.9	7.4	3.7
Q25: Changes in insurance are accommodated.	54	50.0	42.6	5.6	0.0	1.9
Q26: Families or youth are able to speak directly to the physician/provider.	53	66.0	34.0	0.0	0.0	0.0
Q27: Information is made available about private insurance and public resources.	53	28.3	49.1	7.5	15.1	0.0
Q28: Care among multiple providers is coordinated through your office for your patients.	54	63.0	33.3	0.0	1.9	1.9
Q29: When your patient receives care in another facility, you are involved in their care and discharge (as much as possible)	55	30.9	38.2	10.9	16.4	3.6
Q30: Families are linked to family resources (such as family support groups and/or parent-to-parent groups).	55	10.9	36.4	14.5	32.7	5.5

Healthcare Q31-38: For each of the following statements, please indicate how important it is in your day-to-day practice.

	N	Extremely important %	Very important %	Moderately important %	Slightly important %	Not at all important %
Q31: Coordinating the plan of care with educational and other community organizations	55	18.2	34.5	29.1	14.5	3.6
Q32: Mutual trust between doctor and patient and family	55	85.5	14.5	0.0	0.0	0.0
Q33: Being an advocate for patients and their families	55	78.2	20.0	1.8	0.0	0.0
Q34: Sharing unbiased information with patients and families	55	69.1	29.1	1.8	0.0	0.0
Q35: Communicating clinical issues with the patient and family	55	85.5	12.7	1.8	0.0	0.0
Q36: Sharing responsibility in decision making between doctor and patient and family	55	72.7	21.8	5.5	0.0	0.0

Q37: Recognizing the family as experts in their child's care	55	50.9	27.3	16.4	5.5	0.0
Q38: All aspects of care are facilitated	54	48.1	37.0	13.0	1.9	0.0

Healthcare Q39-64: Please indicate how often you screen for each of the following conditions, and what tools you use (if applicable):

	N	Often %	Sometimes %	Rarely %	Never %	Tools
Q39: ACEs or SDH	54	11.1	7.4	20.4	61.1	History & exam & vision & hearing mechanical; screening question
Q40: Autism	54	55.6	16.7	13.0	14.8	As reported by primary physician; CBSCD; CSBS-DP (2); CSBS-PP; history & exam & vision & hearing mechanical; mchat (8); pedi neurologist assesment
Q41: Breastfeeding assessment	54	70.4	3.7	9.3	16.7	As reported by primary physician; discussed verbally at office visit (OV); history & exam & vision & hearing mechanical; intake history; no 'tool'; part of AEHR; screening question; use milk works
Q42: Cognitive abilities	53	62.3	18.9	5.7	13.2	A & s; as reported by primary physician; CBSCD; CSQ; discussed verbally at office visit (OV); history & exam & vision & hearing mechanical; intake history; MM; MMSE; part of AEHR; psychology; SLUMS & MMSE
Q43: Dental problems	54	59.3	25.9	3.7	11.1	Ask parents; discussed verbally at office visit (OV); exams, x-rays; history & exam & vision & hearing mechanical; HX & exam at WCC; intake history; part of AEHR; questionaire every visit; screening questions
Q44: Developmental milestones	54	83.3	3.7	9.3	3.7	A & S, ROS; bright futures; built in EHR question; CSBS – DP; CSBS-DP & bright futures; denue; discussed verbally at office visit (OV); history & exam & vision & hearing & mechanical; intake history; LCCHD tools; part of AEHR; questionaire every visit; screening questions
Q45: Discipline practices	53	45.3	28.3	15.1	11.3	Discussed verbally at office visit (OV); history & exam & vision & hearing mechanical; intake history; part of AEHR
Q46: Domestic violence	53	28.3	45.3	13.2	13.2	History & exam & vision & hearing mechanical; part of AEHR
Q47: Fine motor	54	72.2	9.3	5.6	13.0	A & S, ROS; AAFP/AAP; at OV; history & exam & vision & hearing mechanical; intake history; ; neuro exam; part of

						AEHR; pedi neuro assessment; questionaire
Q48: Food insecurity	53	34.0	30.2	24.5	11.3	? In our questionaire; AAFP/AAP; at OV; history & exam & vision & hearing mechanical; intake history; part of AEHR; pedi GI assessment
Q49: Gross motor	52	75.0	9.6	5.8	9.6	A & S, ROS; AAFP/AAP; at OV; history & exam & vision & hearing mechanical; intake history; neuro exam; part of AEHR; pedi neuro assessment; questionaire.
Q50: Growth assessments	54	83.3	7.4	1.9	7.4	AAFP/AAP; BMI; ; EMR;
Q51: Hearing problems	54	68.5	20.4	3.7	7.4	4, 5, 8, 12 yrs & prn audiometry; AAFP/AFP; andiosrom; at OV; audio; audiogram; exam; hearing screen @ k-garten check; history & exam & vision & hearing mechanical; in office audiogram; intake history;
Q52: Home safety	53	62.3	20.8	7.5	9.4	AAFP/AFP; at OV; history & exam & vision & hearing mechanical; intake history; part of AEHR; ROS; WCC
Q53: Language delays	54	83.3	7.4	5.6	3.7	A & s; AAFP/AFP; audio; CSBS – DP; CSBS DP - 9, 18, 24 mo.; CSBS-DP; history & exam & vision & hearing mechanical; intake history; MCHAT; part of AEHR; pedi neuro assessment; questionaire; WCC
Q54: Maternal depression	54	50.0	31.5	3.7	14.8	AAFP/AFP; edinburauph; edinburgh; EPDS (2); every visit 2wk - 6 month edinburg; history & exam & vision & hearing mechanical; intake history; part of AEHR; PHQY – ediburgh;
Q55: Nutrition	53	73.6	18.9	1.9	5.7	AAFP/AFP; every visit, questionaire; history & exam & vision & hearing mechanical;
Q56: Parent-child interactions	52	71.2	17.3	5.8	5.8	AAFP/AFP; history & exam & vision & hearing mechanical; part of AEHR
Q57: Physical activity	53	81.1	11.3	1.9	5.7	Ask parents; at OV; history & exam & vision & hearing mechanical; intake history; part of AEHR; questionaire; we ask questions o too
Q58: Screen time	53	66.0	15.1	5.7	13.2	History & exam & vision & hearing mechanical; intake history;
Q59: Self-regulation	52	38.5	36.5	7.7	17.3	At OV; history & exam & vision & hearing mechanical; intake history; part of AEHR; questionaire
Q60: Sleep problems	53	71.7	22.6	1.9	3.8	At OV; exam; history & exam & vision & hearing mechanical; intake history; part of AEHR; pedi neuro assessment; questionaire

Q61: Social development	54	66.7	18.5	3.7	11.1	At OV; bright; CSBS-DP; history & exam & vision & hearing mechanical;
Q62: Social language & self-help	53	60.4	26.4	1.9	11.3	At OV; CSBS-DP @ 9, 18, 24 mo; future; history & exam & vision & hearing mechanical; intake history; part of AEHR; questionaire
Q63: Verbal language	54	68.5	14.8	11.1	5.6	At OV; CSBS-DP; CSBS-DP @ 9, 18, 24 mo; history & exam & vision & hearing mechanical; intake history; part of AEHR; questionaire
Q64: Vision problems	54	61.1	25.9	0.0	13.0	4, 5, 8, 12 WCC & prn near & far; distance vision screen; eye chart/exam; history & exam & vision & hearing mechanical; intake history; part of AEHR; photo optic vision screener; photo screener @ age 3 vision screen @ k-garten visit; questionaire; vision screening

Healthcare Q65-96: Please indicate your use or familiarity with the following programs *(you may choose more than one)* (Out of n=54)

	Referred %	Heard of %	Never heard of %	Would like to know more %
Q65: Anti-poverty programs	29.6	37.0	20.4	14.8
Q66: Breastfeeding classes	77.8	20.4	1.9	1.9
Q67: Breastfeeding support group	74.1	18.5	1.9	1.9
Q68: Child Advocacy Center	66.7	24.1	5.6	7.4
Q69: Child care	51.9	29.6	7.4	11.1
Q70: Child protective services	88.9	11.1	0.0	1.9
Q71: Dental home	55.6	14.8	25.9	1.9
Q72: Community or cultural centers	33.3	51.9	9.3	5.6
Q73: Disability resources	51.9	29.6	13.0	7.4
Q74: Domestic violence	50.0	33.3	5.6	11.1
Q75: Family Resource Center	29.6	40.7	16.7	9.3
Q76: Food pantry/Food Bank of Lincoln	64.8	27.8	1.9	1.9
Q77: Grief counseling	61.1	25.9	7.4	7.4
Q78: Head Start/Early Head Start	83.3	13.0	1.9	0.0
Q79: Health Department Dental Services	46.3	31.5	18.5	5.6
Q80: Healthy Families America	20.4	16.7	53.7	11.1
Q81: HEROES Weight Management Clinic	50.0	18.5	25.9	5.6
Q82: Lactation consultant	87.0	11.1	1.9	0.0
Q83: Language assistance (interpreting or English classes)	61.1	18.5	20.4	1.9
Q84: Lincoln Parks and Recreation Programs	57.4	35.2	3.7	3.7
Q85: LPS Early Intervention Services	83.3	11.1	5.6	0.0
Q86: Mental health providers for parents	53.7	27.8	14.8	3.7
Q87: Nebraska Family Helpline	16.7	35.2	38.9	11.1
Q88: Nutrition education/cooking classes	35.2	29.6	24.1	13.0
Q89: Parenting classes	31.5	55.6	5.6	11.1
Q90: Private speech therapy	70.4	24.1	5.6	100.0
Q91: Respite care	53.7	35.2	9.3	5.6
Q92: Safe Kids	16.7	37.0	38.9	9.3
Q93: SNAP/EBT (Formerly Food Stamps)	48.1	33.3	13.0	3.7
Q94: UNL Barkley Center	77.8	13.0	7.4	1.9
Q95: WIC Supplemental Nutrition Program	92.6	7.4	0.0	0.0
Q96: YMCA or community recreation facility	83.3	14.8	0.0	1.9

Healthcare Q97-113: Please indicate how often you provide education for each of the topics during well-child visits, and check if you would like to know more about each.

	N	Often %	Some-times %	Rarely %	Never %	Would like to know more %
Q97: Breastfeeding	53	81.1	9.4	1.9	7.5	0.0
Q98: Child passenger safety	53	73.6	11.3	3.8	11.3	1.9
Q99: Dental/oral health	52	78.8	11.5	3.8	5.8	1.9
Q100: Discipline	52	65.4	21.2	5.8	7.7	3.8
Q101: Early childhood brain development	53	66.0	20.8	1.9	11.3	1.9
Q102: Family meals	53	52.8	30.2	7.5	9.4	1.9
Q103: Growth and development	53	79.2	13.2	0.0	7.5	0.0
Q104: Home safety	53	71.7	17.0	1.9	9.4	0.0
Q105: Injury prevention	53	69.8	15.1	5.7	9.4	0.0
Q106: Language development	53	71.7	13.2	5.7	9.4	0.0
Q107: Literacy	53	64.2	15.1	9.4	11.3	1.9
Q108: Nutrition	53	81.1	13.2	0.0	5.7	0.0
Q109: Parent-child interactions	53	67.9	20.8	3.8	7.5	1.9
Q110: Physical activity	53	77.4	13.2	1.9	7.5	0.0
Q111: Screen time	53	71.7	13.2	5.7	9.4	0.0
Q112: Sleep	53	77.4	15.1	1.9	5.7	0.0
Q113: Toilet training	52	71.2	15.4	1.9	11.5	0.0

Healthcare Q114-Q120: Please indicate how much of a problem each of the following is to completing screening and referrals.

	N	A major problem %	A frequent problem %	Some-times a problem %	Rarely a problem %	Not a problem %
Q114: Lack of care coordination	54	9.4	26.4	47.2	9.4	7.5
Q115: Lack of communication from referred service	54	9.3	35.2	46.3	7.4	1.9
Q116: Lack of screening tools	53	0	20.4	40.7	37.0	1.9
Q117: Lack of services	54	11.3	17.0	50.9	17.0	3.8
Q118: Lack of training	53	3.7	20.4	46.3	22.2	7.4
Q119: Parental apathy	54	1.9	35.2	50.0	11.1	1.9
Q120: Time constraints during visits	54	38.9	37.0	14.8	7.4	1.9

Healthcare Q121: Do you track the percentage of patients that are up to date on well-child visits?

	N	%
Yes	26	49.1
No	27	50.9
Total	53	100.0

Healthcare Q122: Do you track the number of patients who are up to date with immunizations?

	N	%
Yes	33	61.1
No	21	38.9
Total	54	100.0

Healthcare Q123: Would you be willing to be contacted for a follow-up to this survey?

	N	%
Yes	18	34.6
No	34	65.4
Total	52	100.0

Healthcare Q124: Can you pull your EHR data into aggregate form?

	N	%
Yes	36	72.0
No	14	28.0
Total	50	100.0

(If yes to Q124) Healthcare Q125: Would you be willing to share quality practice measures (i.e., % of patients that are up-to-date on well-child visits, BMI % for age) to create an early childhood data surveillance system?

	N	%
Yes	21	70.0
No	9	30.0
Total	30	100.0

Healthcare Q126: Thinking about school readiness, what are the greatest needs of young children 0-8, and their families, in your community?

A stable home environment that is safe and has involved parents.

Access to affordable healthcare & support services. Access to health club

Affordible preschool, language barriers recent immigrants, push reading

Behavior, disipline, and related parenting.

Better quality evals by early intervention & more meaningful therapy - the quality has ↓↓ a lot in recent years. Also, give more kids access to head start.

Community needs a comprehensive approach and a coordinated system of referrals.

Concern of screen time, screen addiction - access to unhealthy sites (porn, foods, etc)

Early education options - low income kids need good day care & headstart

Early education parental guidance & tips

Early education, availability of services, strong need for developmental pediatrician

Early education/literacy parenting (assistance services for single mothers)

Early introduction to reading & encouraging that practice vs screen time

Education about limiting screentime healthy activities book reading time

Education or getting kids off of screen, not to even let them use screens (phone etc) at a young age. It snatches away their innate curiosity to learn & problem solve. Good media campaigns might be helpful. (like there are on car seats, nutrition, etc).

Ensuring normal hearing through screening programs

Getting involved excite head start extremely helpful.

Hastering English language

Hearing screening for me as an ent

Improved access to primery care services

Language fluency (speech therapy); behavioral counseling

Language support early mental health support

More available reading program like public libraries do easy access - incentives for head start type program

Need greater availability of high quality affordable day care & preschool for all 3-5 yo.

No opinion

Not sure

Nutrition family support

Parent education to read & talk to children. & parents to encourage interaction with their environment.

Parenting and early education

Parenting skills

Parenting skills!

Probably parenting skills in terms of balancing discipline and encouragement.

The children in my practice don't have the chaos in their homes like many pts

Time with their families, safe, warm & fed

You don't mention financial planning - most families waste financial resources, thus lose opportunity across the spectrum.

Healthcare: If you have any additional comments or feedback, please leave it in the comment box below.

As a chief medical officer of a health system, many of these questions don’t apply to me as I don't provide direct medical care. I am responsible for our care coordination services and quality efforts
Closed loop feedback from services. Pt gets in community. We depend on parents to let us know.
Don't trust nehr ability to pull accurate data. Ehr systems although a great dream are killing health care and burning out provider.
I don't have time for more surveys
Much of this survey is primary care oriented with my practice being ent
The clinic I work in is a specialty clinic. So we have children who need pedi neurologist or pedi gi providers. They do all assessments. I have recently left the clinic. So no follow up please.
Time constraints to do all is big problem.
When recently in Spain, their public schools are available for all children, their 5 yr old are already reading & doing simple math. Young children have no priority with our policy makers, the extremely important home visitation for newborns & family very undervalued as well! Helps prevent child abuse & import. Educational resource for family/benefit to child.

Appendix D: Community Stakeholder Survey Results

Stakeholder Q1: Please rate how serious these health issues are for 0-8 year olds in your community:

		Not serious at all	A little serious	Somewhat serious	Very serious	Extremely serious
	N	%	%	%	%	%
a: Access to health care	63	3.2	19.0	27.0	34.9	15.9
b: Asthma	62	4.8	19.4	54.8	16.1	4.8
c: Chemical exposure	60	15.0	35.0	38.3	6.7	5.0
d: Child abuse and neglect	63	4.8	3.2	30.2	33.3	28.6
e: Child mental health issues	63	1.6	7.9	20.6	34.9	34.9
f: Developmental delays	62	3.2	12.9	38.7	33.9	11.3
g: Injuries	60	8.3	33.3	36.7	16.7	5.0
h: Language development issues	61	4.9	16.4	36.1	31.1	11.5
i: Maternal depression	60	3.3	20.0	26.7	38.3	11.7
j: Overweight and obesity	61	4.9	4.9	31.1	42.6	16.4
k: Poor air quality	61	16.4	44.3	31.1	3.3	4.9
l: Poor dental health	61	4.9	24.6	34.4	26.2	9.8
m: Poor nutrition and physical inactivity	62	3.2	9.7	30.6	41.9	14.5
n: Poor water quality	62	37.1	38.7	17.7	4.8	1.6
o: Prenatal care	61	9.8	19.7	32.8	29.5	8.2
p: Unsafe environments	62	11.3	27.4	22.6	22.6	16.1

Stakeholder Q2: Thinking of children ages 0-8 in Lancaster County, how much need is there to focus on the following health topics? Consider these needs in the context of kindergarten readiness so that young children are healthy, safe and ready to learn.

	N	Limited need %	Slight need %	Moderate need %	Great need %	Unsure %
a: Access to primary, preventive medical home	60	3.4	10.2	32.2	47.5	6.8
b: Age-appropriate discipline	60	0	6.7	41.7	48.3	3.3
c: Attachment and brain development	60	0	3.3	25.0	70.0	1.7
d: Autism	60	3.3	21.7	28.3	41.7	5.0
e: Breastfeeding	60	5.0	20.0	50.0	20.0	5.0
f: Car seat safety	60	5.0	18.3	50.0	23.3	3.3
g: Case management services	60	6.7	8.3	33.3	46.7	5.0
h: Cognitive development	60	1.7	8.3	36.7	48.3	5.0
i: Coordinated referral process	60	1.7	8.3	21.7	63.3	5.0
j: Dental health	60	1.7	15.0	45.0	33.3	5.0
k: Domestic violence	60	3.3	6.7	36.7	50.0	3.3
l: Food insecurity (hunger)	59	3.4	6.8	37.3	50.8	1.7
m: Hearing	60	8.3	31.7	41.7	8.3	10.0
n: Home safety	60	3.3	18.3	46.7	28.3	3.3
o: Injury prevention	60	1.7	26.7	50.0	18.3	3.3
p: Interpretation/translation services	59	0.0	11.9	33.9	49.2	5.1
q: Language development	60	0.0	18.3	36.7	38.3	6.7
r: Learning disabilities	60	0.0	16.7	43.3	33.3	6.7
s: Literacy	60	1.7	6.7	38.3	45.0	8.3
t: Maternal depression	59	0.0	10.2	32.2	49.2	8.5
u: Mental health/behavioral health	60	0.0	5.0	16.7	71.7	6.7
v: Neighborhood safety	60	0.0	18.3	58.3	16.7	6.7
w: Nutrition	60	1.7	3.3	46.7	45.0	3.3
x: Parent-child interactions	60	1.7	5.0	16.7	73.3	3.3
y: Parent-to-parent support	60	1.7	3.3	40.0	48.3	6.7
z: Pediatric specialists	60	1.7	21.7	36.7	33.3	6.7
aa: Physical activity	60	1.7	13.3	48.3	35.0	1.7
bb: Physical development	60	1.7	23.3	35.0	33.3	6.7
cc: Proper growth (height & weight)	60	1.7	28.3	41.7	21.7	6.7
dd: Quality childcare	60	0.0	3.3	21.7	70.0	5.0
ee: Social development	60	1.7	8.3	36.7	50.0	3.3
ff: Transportation services	60	0.0	10.0	51.7	30.0	8.3
gg: Vision health	60	5.0	33.3	41.7	8.3	11.7

Stakeholder Q3: Thinking of children ages 0-8 in Lancaster County, how accessible are services and supports related to the following areas?

	N	Not very accessible %	Somewhat accessible %	Moderately accessible %	Very accessible %	Unsure %
a: Access to primary, preventive medical home	55	1.8	27.3	52.7	5.5	12.7
b: Age-appropriate discipline	55	20.0	43.6	21.8	5.5	9.1
c: Attachment and brain development	54	25.9	46.3	14.8	1.9	11.1
d: Autism	55	12.7	50.9	21.8	0.0	14.5
e: Breastfeeding	55	1.8	27.3	54.5	10.9	5.5
f: Car seat safety	55	3.6	29.1	45.5	18.2	3.6
g: Case management services	55	10.9	47.3	25.5	3.6	12.7
h: Cognitive development	55	5.5	56.4	25.5	1.8	10.9
i: Coordinated referral process	55	30.9	45.5	10.9	0.0	12.7
j: Dental health	55	3.6	36.4	38.2	10.9	10.9
k: Domestic violence	55	3.6	50.9	30.9	1.8	12.7
l: Food insecurity (hunger)	55	0.0	29.1	52.7	10.9	7.3
m: Hearing	54	1.9	38.9	33.3	5.6	20.4
n: Home safety	55	5.5	49.1	25.5	1.8	18.2
o: Injury prevention	55	3.6	43.6	34.5	5.5	12.7
p: Interpretation/translation services	55	18.2	40.0	30.9	1.8	9.1
q: Language development	55	3.6	43.6	36.4	5.5	10.9
r: Learning disabilities	55	3.6	43.6	32.7	7.3	12.7
s: Literacy	55	1.8	45.5	38.2	7.3	7.3
t: Maternal depression	55	21.8	49.1	16.4	3.6	9.1
u: Mental health/behavioral health	55	30.9	49.1	9.1	3.6	7.3
v: Neighborhood safety	54	9.3	44.4	22.2	7.4	16.7
w: Nutrition	55	0.0	56.4	30.9	3.6	9.1
x: Parent-child interactions	54	18.5	53.7	11.1	1.9	14.8
y: Parent-to-parent support	53	30.2	41.5	13.2	1.9	13.2
z: Pediatric specialists	55	12.7	43.6	30.9	5.5	7.3
aa: Physical activity	54	1.9	48.1	29.6	13.0	7.4
bb: Physical development	54	1.9	40.7	31.5	11.1	14.8
cc: Proper growth (height & weight)	54	0.0	31.5	44.4	9.3	14.8
dd: Quality childcare	54	33.3	40.7	18.5	1.9	5.6
ee: Social development	54	13.0	53.7	18.5	1.9	13.0
ff: Transportation services	54	20.4	53.7	14.8	0.0	11.1
gg: Vision health	54	3.7	42.6	31.5	3.7	18.5

Stakeholder Q4: Thinking of families with children ages 0-8 in Lancaster County, how effective are the services and supports in the following areas?

	N	Not very effective %	Somewhat effective %	Moderately effective %	Very effective %	Unsure %
a: Access to primary, preventive medical home	51	3.9	29.4	39.2	9.8	17.6
b: Age-appropriate discipline	51	7.8	43.1	25.5	3.9	19.6
c: Attachment and brain development	51	13.7	43.1	13.7	7.8	21.6
d: Autism	50	8.0	42.0	22.0	2.0	26.0
e: Breastfeeding	51	0.0	23.5	43.1	21.6	11.8
f: Car seat safety	51	0.0	21.6	41.2	27.5	9.8
g: Case management services	51	2.0	37.3	31.4	7.8	21.6
h: Cognitive development	51	5.9	35.3	29.4	7.8	21.6
i: Coordinated referral process	51	15.7	33.3	17.6	11.8	21.6
j: Dental health	51	2.0	19.6	37.3	23.5	17.6
k: Domestic violence	51	5.9	31.4	35.3	5.9	21.6
l: Food insecurity (hunger)	51	2.0	31.4	39.2	13.7	13.7
m: Hearing	51	0.0	23.5	47.1	3.9	25.5
n: Home safety	49	2.0	28.6	42.9	6.1	20.4
o: Injury prevention	51	3.9	25.5	45.1	7.8	17.6
p: Interpretation/translation services	51	7.8	27.5	31.4	15.7	17.6
q: Language development	51	3.9	35.3	37.3	3.9	19.6
r: Learning disabilities	51	3.9	37.3	37.3	2.0	19.6
s: Literacy	51	5.9	27.5	47.1	9.8	9.8
t: Maternal depression	49	4.1	42.9	30.6	2.0	20.4
u: Mental health/behavioral health	50	12.0	40.0	24.0	6.0	18.0
v: Neighborhood safety	51	3.9	27.5	45.1	3.9	19.6
w: Nutrition	51	2.0	33.3	45.1	5.9	13.7
x: Parent-child interactions	51	9.8	23.5	35.3	9.8	21.6
y: Parent-to-parent support	50	14.0	36.0	16.0	8.0	26.0
z: Pediatric specialists	51	3.9	21.6	35.3	15.7	23.5
aa: Physical activity	50	2.0	36.0	38.0	14.0	10.0
bb: Physical development	51	0.0	31.4	41.2	11.8	15.7
cc: Proper growth (height & weight)	50	2.0	26.0	42.0	14.0	16.0
dd: Quality childcare	51	5.9	33.3	33.3	15.7	11.8
ee: Social development	51	3.9	37.3	27.5	11.8	19.6
ff: Transportation services	50	8.0	36.0	28.0	14.0	14.0
gg: Vision health	51	0.0	27.5	35.3	15.7	21.6

Stakeholder Q5: Please indicate how often you screen for each of the following conditions, and what tools you use (if applicable):

	N	Often %	Some-times %	Rarely %	Never %	Tools
a: ACEs or SDH	45	15.6	20.0	8.9	55.6	ACES checklist; ACES Questionnaire; informal questionnaire; Interviews;
b: Autism	43	11.6	14.0	25.6	48.8	Ages and Stages; chat; Formal standardized assessment tools; MCHAT; observation and referral to LPS
c: Breastfeeding assessment	44	6.8	13.6	13.6	65.9	asking at visit; Educator interview; Go NAP SACC self-assessment; locally designed interview; Refer
d: Cognitive abilities	44	31.8	15.9	13.6	38.6	Ages and Stages and Teaching Strategies GOLD; ASQ-3; Formal standardized assessment tools; ; interview, ages and stages; observation, portfolio; pre-treatment assessments, IEP; selected developmental screening questions; Teaching Strategies Gold
e: Dental problems	44	18.2	15.9	13.6	52.3	Dental exam (unknown specific tool); Physical exam screening; prompt to ask about dental home if not addressed in last 6 months- refer to home and varnish as indicated; Refer; screenings by dental professional
f: Developmental milestones	43	37.2	20.9	9.3	32.6	ages and stages (2); ASQ-3/ASQ-SE; Formal standardized assessment tools; IEP; Not specific screening tool in practice, but ask developmental screening questions; observation, portfolio; selected questionnaire parent report; Teaching Strategies Gold (2)
g: Domestic violence	43	25.6	23.3	11.6	39.5	informal questions-; Interviews; Our own assessment; parent interview; Social history screening; structured interview; three questions
h: Food insecurity	42	21.4	16.7	14.3	47.6	informal questions; interview (3); USDA questionnaire
i: Growth assessments	42	16.7	9.5	16.7	57.1	AGS, refer; BMI at all visits; CDC and WHO Growth Charts; height and weight; WIC
j: Hearing problems	42	19.0	9.5	19.0	52.4	interview and observations; OAE and audiometry; observation; parent report; refer
k: Home safety	43	14.0	16.3	18.6	51.2	checklist on antic guidance; home safety checklist; Interview
l: Language delays	42	26.2	16.7	16.7	40.5	ages and stages; Ages and Stages and Teaching Strategies GOLD; Ask about language and developmental delays; ASQ-3; Formal standardized assessment tools;

						no formal tool; observation and referral to LPS
m: Maternal depression	42	16.7	19.0	11.9	52.4	BDI, variety of depression screens, interview; CES-D; Family history screening; interview; no formal too
n: Nutrition	42	21.4	28.6	9.5	40.5	BMI- all counseled on eating and exercise every visit; CEBQ; evaluation tool designed by university; Go NAP SACC self-assessment; Interview; WIC; Youth Physical Activity and Nutrition Assesment Form
o: Parent-child interactions	41	29.3	26.8	2.4	41.5	CHEERS; CPP Crowell assessments, CPP reports; Crowell assessment; no formal tool; Observation in clinic; no screening tools used; PICCOLO
p: Physical activity	41	29.3	19.5	14.6	36.6	evaluation tool designed by university; Go NAP SACC self-assessment; interview; no formal tool; observation, portfolio; Teaching Strategies Gold; Youth PAN Form; YRBS
q: Screen time	42	23.8	16.7	11.9	47.6	evaluation tool designed by university; Go NAP SACC self-assessment; interview (2); no formal tool; Youth PAN Form; YRBS
r: Self-regulation	42	35.7	11.9	14.3	38.1	BASC III, AGS, Bayley; Crowell assessment; no formal tool; No screening tools, but psychologist within our clinic asks questions regarding self regulation; observation, portfolio; psychological assessments used on occasion; Teaching Strategies Gold
s: Social development	40	40.0	15.0	7.5	37.5	Ages and Stages and Teaching Strategies GOLD; ASQ-SE; ASQ-SE used in our initiative; BASC III, AGS, Bayley; Crowell assessment, ages and stages; observation, portfolio; selected questionnaire parent report; Social history screening asking about peers; Teaching Strategies Gold
t: Vision problems	40	17.5	17.5	12.5	52.5	observation and referral to LPS; SPOT screener; Variety of visuospatial & visuomotor tests. Referrals; vision screen in office

Stakeholder Q6: Please indicate how much of an issue each of the following are to completing screening and referrals

	N	Not an issue %	A little bit of an issue %	Somewhat of an issue %	A large issue %	A huge issue %
a: Lack of screening tools	40	17.5	20.0	32.5	17.5	12.5
b: Lack of training	40	12.5	15.0	30.0	17.5	25.0
c: Time constraints during visits	38	13.2	13.2	18.4	28.9	26.3
d: Lack of care coordination	40	5.0	7.5	27.5	37.5	22.5
e: Lack of services	40	5.0	5.0	35.0	30.0	25.0
f: Parental apathy	40	7.5	25.0	35.0	20.0	12.5
g: Lack of communication from referred service	39	7.7	20.5	25.6	28.2	17.9

Stakeholder Q7: If training or education was developed for families with young children (0-8 years old), what topics would you recommend addressing:

Adverse Childhood Experiences and Brain Science.

Brain development, nutrition, developmentally appropriate practices, social emotional development, talking with children, reading aloud to them

brain development, positive social emotional development,circle of security-parenting,

Developmental Delays, social development,

disciplinechild development/brain developmentACESsocial-emotional health

Domestic violence, child abuse and neglect, child development, when to seek screenings or services, parent/child interactions, how to access resources (food, medical care, translation, transportation, mental health for child, mental health for parents, etc.)

Early childhood attachment and brain development; Serve and return; Injury prevention and child passenger safety; Literacy promotion; family meals and nutrition; setting limits and appropriate discipline strategies; sleep; outside play time; parental support

Early education what can be done at home to promote early education. Parental mental health, how to do things that care for yourself.

Fundamental and importance of play. Positive discipline. Parent-child interactions that promote healthy personality development.

healthy parent-child interactions, family routines, emotion coaching, typical development and related expectations, need for sleep and how to deal with behaviors that interfere

How not addressing the needs of the parent, impacts how the parent is able to care for the child. Set the parent up for success, you set the child up for success. Quality childcare (affordable) is one of the largest problems we see in this community. There has to be a solution.

How to select and monitor child care for children What to expect from a care giverHow to communicate with a care giverHow to communicate with a child

I need to qualify myself...I was an early child educator for many years, but now work in the mental health field with adults, so some of this survey was difficult to accurately complete.

I said we never conduct "screenings" because to me that indicates a specific procedure/tool to identify issues. Our teachers are constantly "monitoring" children for all of the mentioned issues. If we suspect there may be an issue, we refer the family to a specialized practitioner or organization based on our concerns.

Impact of toxic stress and trauma on child development beginning in pregnancy. Impact of domestic violence on young children. Impact of substance abuse on early development.

Impact of trauma and how to help remediate

normative development, parental & familial stress, accessing available resources, communicating difficulty accessing resources

Parenting class on screen time and create and learning environment in the home.

Quality care expectations and accountability

Quality Child careAutismChild Development, Language DelaysNutrition/Physical ActivityLiteracy

Responsive parenting practices, literacy and nutrition based services and these are key to kindergarten readiness.

Sexual Abuse Prevention - Minimizing Opportunities and How to React Responsibly to a Disclosure of Abuse and Neglect

Social Emotional DevelopmentRelationship Building/Attachment

The difficulties of parenting for EVERY parent, not just those in poverty or in the system

The importance of parent interactions with children, brain development, ACE's. That Social emotional competence the biggest indicator of school readiness.

The importance of social -emotional development in the prevention of behavioral health issues and school readiness.

Trauma

Trauma and brain developmentThe importance of a quality early childhood educationPreventative care assistance - helping families learn the importance of regular well child checks, dental and vision routines

We do a great job in Lincoln addressing issues and providing resources for families in crisis but we lack education for families to get out of crisis.

Stakeholder Q8: Does your organization utilize care coordination to connect families with community resources?

	N	%
Yes	23	53.5
No	20	46.5
Total	43	100.0

Stakeholder Q9: Does your organization coordinate care plans with primary care providers?

	N	%
Yes	15	35.7
No	11	26.2
No, but would like to	10	23.8
Unsure	6	14.3
Total	42	100.0

Stakeholder Q10: Does your organization have bi-directional referral pathways with primary care providers?

	N	%
Yes	13	31.0
No	14	33.3
No, but would like to	9	21.4
Unsure	6	14.3
Total	42	100.0

Stakeholder Q11: In your opinion, what are the greatest barriers in Lincoln/Lancaster County to coordinate care across health care & community partners?

Awareness of what each works on and how they each contribute to the members of our community: networking

Communication plan and lack of a hub for coordination of community resources. There is also a lack of infrastructure and vision for child health.

Communication!

CommunicationKnowledge of what each organization does

Confidentiality and availability of pediatricians to Medicaid clients

Economic pockets dictate varying perspectives of what needs to be doneDefining who is doing what and why and keeping that updatedDemands Establishing action plans and measures of success or need for adjustments

Health care providers are often too busy to complete the appropriate screens, much less review the information from other health care partners. Furthermore, costs associated with medical records for syncing them with potential collaborators are high. Assuming the screens are completed, there are human resource limitations to communicating the outcomes and providing the services their program provides at the same time. Sharing information is a huge barrier as well due to HIPAA and a reluctance of providers to ask clients at intake if their data can be shared for research and other population health approaches to better understanding our community health issues.

Knowing resources and how to connect families

Knowledge of referrals, transportation, clients living in the moment

Lack of a single coordinated entry system, different mechanisms of communicating between health and community providers

Lack of educated professionals who are content in their roles and hopeful that leadership in these organizations will support their work with kids/families.

lack of engagement between the different providers and systems of care within our community.

lack of frequency and completeness of communication

Lack of information and training about services available. Dependent on families to be the coordinators and communicators of information.

Lack of knowledge of resources available and how to access them. Not using simple screening tools in primary health care offices for depression, or child development.

Lack of time, money and quality staff.

Language barriers and financial difficulties to access health professional.

No coordinated care connections or effective integrated care options.

Only parents can make referrals so we can only request that they take that step

Patients are unsure what information their providers are sharing with each other, finding a secondary source to better meet the needs of the family if the PCP doesn't provide expertise in that area. Speech services are limited in the North side of Lincoln.

payment issues, availability of time for the specialists involved, tendency to work in professional silos rather than as holistic health teams

Staff time, lack of knowledge, disorganized systems, confidentiality

The barrier between physical (medical) and emotional & cognitive (mental health) in funding and insurance company policies. Too many children are denied needed assessments because the criteria is not inclusive or developmentally focused.

The resources for families to find the information.

Time

We haven't ever been approached by a doctor or organization that could help us. We would also like to make sure we would refer a family to a qualified doctor. If someone has a medical need and does not have a primary care doctor, we typically refer to an urgent care or our own primary care doctors.

Willingness to do so

Stakeholder Q12: Do you think we have an adequate supply of mental health providers that are trained in evidence-based practices?

	N	%
Yes	3	4.8
Maybe	14	22.2
No	28	62.2
Total	42	100

Stakeholder Q13: If training was offered, what topics would you prioritize?

appropriate discipline practices

brain development, trauma-informed care, protective factors that build families up

CCBT

Child development, evidence-based approaches to parent training, and evidence-based approaches to treating family trauma (and not overgeneralizing traumatic experiences), how to conduct a comprehensive assessment to form a proper case conceptualization to drive treatment, skills for collaborating with parents when providing services to children.

Child Parent Psychotherapy, Parent Child Interaction Therapy, TF-CBT, Circle of Security Parenting, Dyadic Developmental Psychotherapy

child parent psychotherapy, trauma assessment and treatment, parent child interaction therapy, post-partem depression

Child Parent PsychotherapyParent Child Interaction TherapyCognitive Focused Cognitive Behavioral Therapy

Depression

Difference between behavioral and developmental issues

Everything related to young children, and for parents who abuse or neglect or who are at risk to abuse or neglect

For mental health providers (I am not one), CPP and PCIT. There is a huge need in our community, and not enough providers.

Healthy emotional and mental development. The importance of relationships in development of the social/emotional domain which is fundamental to all later learning and development across domains.

How to handle difficult situations as a parent for children 0-8.Consistent parenting practices

Infant/Early Childhood Mental health training. CPP, PCIT, ABC....

Maternal depression screening; Child abuse prevention; ACES; two generation approaches; discipline and behavior management; early childhood brain development and attachment; serve and return

Mental health issues in the family and how it impacts children; Resources to assist those families in getting the help they need

parent child interactions, appropriate discipline and brain development

Parent-child interaction, stress & stress reduction techniques, promoting resilience, coping with adversity

Parent-child interactionTeacher/Caregiver training

TraumaSocial-Emotional

Undecided.

Understanding Domestic Violence and focusing on the batterer and why the victim does/doesn't do.Poverty

Stakeholder Q14: Please indicate your use or familiarity with the following programs *(you may choose more than one)* (Out of n=42)

	Referred	Heard of	Never heard of	Know more
	%	%	%	%
a: Anti-poverty programs	42.9	23.8	7.1	14.3
b: Breastfeeding support	59.5	38.1	0.0	4.8
c: Breastfeeding classes	54.8	40.5	4.8	2.4
d: Breastfeeding support group	47.6	47.6	7.1	2.4
e: Child Advocacy Center	59.5	31.0	0.0	7.1
f: Child care	52.4	21.4	0.0	2.4
g: Child Protective Services	73.8	21.4	0.0	2.4
h: Community or cultural centers	57.1	31.0	2.4	4.8
i: Dental home	57.1	19.0	9.5	7.1
j: Disability resources	64.3	21.4	2.4	9.5
k: Domestic violence	52.4	26.2	2.4	9.5
l: Family Resource Center	38.1	19.0	9.5	21.4
m: Food pantry/Food Bank of Lincoln	61.9	28.6	2.4	4.8
n: Grief counseling	54.8	35.7	0.0	11.9
o: Head Start/Early Head Start	57.1	23.8	0.0	4.8
p: Home Visiting Program (Healthy Families America or other)	40.5	19.0	31.0	16.7
q: Health Department Dental Services	47.6	26.2	14.3	14.3
r: HEROES Weight Management Clinic	14.3	21.4	45.2	21.4
s: Lactation consultation	50.0	38.1	2.4	2.4
t: Language assistance (interpreting or English classes)	54.8	31.0	2.4	14.3
u: Lincoln Parks and Recreation Programs	71.4	31.0	0.0	7.1
v: LPS Early Intervention Services	78.6	16.7	0.0	4.8
w: Nebraska Family Helpline	47.6	26.2	19.0	11.9
x: Nutrition education/cooking classes	28.6	38.1	7.1	21.4
y: Parenting classes	35.7	26.2	7.1	21.4
z: Private speech therapy	35.7	47.6	7.1	9.5
aa: Respite care	40.5	42.9	4.8	11.9
bb: Safe Kids	23.8	35.7	19.0	16.7
cc: SNAP/EBT (Formerly Food Stamps)	50.0	38.1	0.0	9.5
dd: UNL Barkley Center	35.7	33.3	16.7	7.1
ee: WIC Supplemental Nutrition Program	64.3	33.3	0.0	9.5
ff: YMCA or community recreation facility	61.9	26.2	0.0	7.1

Stakeholder Q15: What is your position title? (e.g. administrator, provider, program specialist, coordinator, etc.)

Administration
Administrator (3)
Bilingual Liaison (2)
Chief Advancement Officer
Child Care Director
childcare administrator
Coordinator (3)
Daycare Owner
daycare provider
Director (3)
Director/Teacher
educator
Employment Specialist with the Mental Health Association of NE
Executive Director (2)
Other
Pediatrician and administrator within a healthcare system
Program Director
program specialist
Program Supervisor
Project coordinator
Project Manager (2)
Research Analyst
Senior VP
Site coordinator
supervisor

Stakeholder Q16: Would you be willing to be contacted for a follow-up to this survey?

	N	%
No	23	60.5
Yes	15	39.5
Total	38	100.0

Stakeholder Q17: Are you a mental health professional?

	N	%
No	39	86.7
Yes	6	13.3
Total	45	100

(If yes to Q17) Stakeholder Q18: How many years have you been in practice?

N	Ave	Min	Max
5	15.8	5	30

(If yes to Q17) Stakeholder Q19: Do you see patients ages 0-8?

	N	%
Yes	4	66.7
No	2	33.3
Total	6	100

(If yes to Q17) Stakeholder Q20: In your practice, are mental health services available to children from all income groups?

	N	%
Yes	4	80
No	1	20
Total	5	100

(If yes to Q17) Stakeholder Q21: Please indicate whether each of the following are true of your practice/office:

		Yes	No
	N	%	%
a: Patients can access your office using public transportation	5	80	20
b: Extra time is scheduled for patients with special health needs	5	60	40
c: Families have access to screening tools on-line	5	20	80
d: Most families complete screening tools before visit	5	40	60

(If yes to Q17) Stakeholder Q22: What do you, as a mental health professional, think a parent should know today about parenting relative to early childhood health?

parent child interactions, Attachment, brain development, how to set boundaries with children and follow through, social emotional regulation.

The importance of and strategies for ensuring adequate sleep, the importance of preventive health care, strategies for building children's social emotional skills, building healthy routines and relationships, the importance of addressing parental depression, the dangers of too much screentime and watching violent programming.

The importance of nurturing, supportive, consistent parenting. The importance of a safe environment including safety from domestic violence. The impact of stress, neglect and trauma on the child's developing brain. How mother or caregiver's mental health, including postpartum depression can impact a child's development including brain development.

Understand how early childhood trauma/exposure to trauma may effect the child.

Understanding and management of crying in early infancy to avoid incidents of brain injury from shaking or abuse. How prenatal environment impacts the developing fetus and baby. The importance of sleep and what are typical developmental sleep patterns. The importance of pleasurable interactions with infants and children.

(If yes to Q17) Stakeholder Q23: Do you feel that Lancaster County has a collaborative provider community?

	N	%
Yes	4	66.7
No	2	33.3
Total	6	100.0

(If yes to Q17) Stakeholder Q24: What are the greatest issues in our having (or becoming) a collaborative provider community?

Time constraints of providers, demands for productivity via face-to-face sessions, limits ability to coordinate care

(If yes to Q17) Stakeholder Q25: Is English the primary language spoken in your practice/office?

	N	%
Yes	4	66.7
No	2	33.3
Total	6	100.0

(If yes to Q17) Stakeholder Q26: Do you offer services in languages other than English?

	N	%
Yes	4	66.7
No	2	33.3
Total	6	100.0

(If yes to Q17, and Q26) Stakeholder Q26a: What other languages do you offer services in?

Spanish (2)
Vietnamese, some Spanish

(If yes to Q17) Stakeholder Q27: How often do you engage an interpreter or translator to communicate with patients and/or their families?

	N	%
Frequently	1	16.7
Sometimes	4	66.7
Rarely	1	16.7
Never	0	0
Total	6	100

(If yes to Q17) Stakeholder Q28: Do you offer materials in any language other than English?

	N	%
No	1	16.7
Yes	5	83.3
Total	6	100.0

(If yes to Q17 and Q28) Stakeholder Q28a: What other languages do you offer materials in?

Spanish (2)
Spanish and Vietnamese
Spanish, Arabic

(If yes to Q17) Stakeholder Q29: The following statements are about practices in your practice/office. Please indicate how frequently each practice occurs.

	N	Always %	Frequently %	About half the time %	Infrequently %	Never %
Adverse childhood experiences are discussed with patients' families.	6	0	50	16.7	16.7	16.7
All insurance, including Medicaid, is accepted.	5	40	40	0	0	20
Changes in insurance are accommodated.	5	40	40	0	0	20
Families or youth are able to speak directly to the mental health professional.	5	60	40	0	0	0
Information is made available about private insurance and public resources.	5	20	40	20	0	20
Families are linked to family resources (such as family support groups and/or parent-to-parent groups).	5	0	60	20	20	0

(If yes to Q17) Stakeholder Q30: For each of the following statements, please indicate how important it is in your day-to-day practice

	N	Extremely important %	Very important %	Moderately important %	Slightly important %	Not at all important %
Coordinating the plan of care with educational and other community organizations	4	25	75	0	0	0
Mutual trust between doctor and patient and family	4	50	25	0	0	25
Being an advocate for patients and their families	4	25	75	0	0	0
Sharing unbiased information with patients and families	4	50	50	0	0	0
Communicating clinical issues with the patient and family	4	50	50	0	0	0
Sharing responsibility in decision making between doctor and patient and family	3	33.3	66.7	0	0	0
Recognizing the family as experts in their child's care	4	50	50	0	0	0

Stakeholder Q31: Thinking about school readiness, what are the greatest needs of young children 0-8, and their families, in your community? (Please consider the areas of comprehensive health services, childcare and early education, parenting, and safety)

1. Support for establishing healthy parenting practices2. Nutrition practices and food access resources3. Help for families of children with mild or moderate delays- services available

Access to quality child care.

Accessible and affordable quality child care and early education

Attention to the development of children through parenting (finding ways to give parenting help first off - importance of brain development and positive interaction) placing in child care with attentive staff and in a safe environment that develops a sense of security and development and parent engagement)
Time management for parents and single parents to enable priority of time for children

Early education and access to quality. Affordable housing is a big barrier to families. Having more programs to assist with down payments for home ownership or helping families restore their credit would be helpful. There seem to be many resources for the very poor, but families right above that line are most impacted as they do not qualify for any subsidies or assistance. There needs to be something to help those families.

Education regarding brain development as it pertains to the value of Early Childhood Education.

Good childcare options, Prenatal care and parenting classes, Coordination of health and counseling services information, schools to be more informed about mental health issues involving children and resources available

good preschool education, access to family services, food security and financial security for families.

Having a regular health care provider and having some child care or early education would be beneficial to being ready for school.

high quality, affordable, accessible child care, high quality medical home services (including education on development, screentime, sleep, safety, nutrition), high quality mental health services for children and families in need

I think a one-stop shop for resources. A place for parents to easily find what they are looking for. I would also like to see a gentle way for providers to refer parents for help when providers suspect an issue. Often parents get defensive when we mention their child might need help and then they never seek services. A parent group to reach out to that could make the transition to receiving services easier? I can think of at least 2-3 children in our care currently that we have had discussions about developmental or mental health needs where parents have never sought help.

Improving the health of communities by reducing poverty, strengthening a sense of ownership, reducing crime, improving job opportunities, investing more in aging infrastructure of poor neighborhoods and improved communications and standardization within health care and between organizations and providers.

Language services and tutoring programs.

Mental health services and parenting support for vulnerable children and families with a focus on early attachment.

mental health identification of delays using validated screening tools and coordination of early intervention services coordination of existing community resources

More quality child care facilities, increased mental health services and support, and more parental and family supports around comprehensive health.

Of course families must have the ability to meet basic needs before you can get to higher levels of needs. Parent-child interaction and the recognition of social emotional competence as the greatest indicator of school readiness must be considered. Child care professionals need to make a living wage in order to provide quality services.

parenting and safety, referrals to early education services, children who do not get screened and thus don't get early treatment, basic food/shelter needs

Parents need jobs that have a career pathway and that pay a living wage. This is the most important.

Our families need access to affordable and high quality childcare. Our community needs to send the message that we care about all of our kids, not just those who happen to be born into privilege and wealth.

Quality child-care, education about early childhood development, parenting classes and parenting support to promote healthy parent child relationships, early education that address academic and social needs, safe living environment free of domestic violence

Quality childcare and developmentally appropriate, early childhood classrooms.

Quality childcare and early childhood education for parents, and access to health services

Quality mental health assessment and services Quality, affordable child care

Quality preschool and prekindergarten programs

realizing from administration down to parents that there is more to Kindergarten readiness than just ABCs and more necessary is appropriate behavior and social skills.Parents need to be better role models and leaders within their own families and homes and more instruction needs to be provided so parents can make that connection with their kids.

Social emotional development. A lot of children have been through major events in their lives and do not have the skills they need to cope and deal with normal every day situations.

Stability, safety, security,

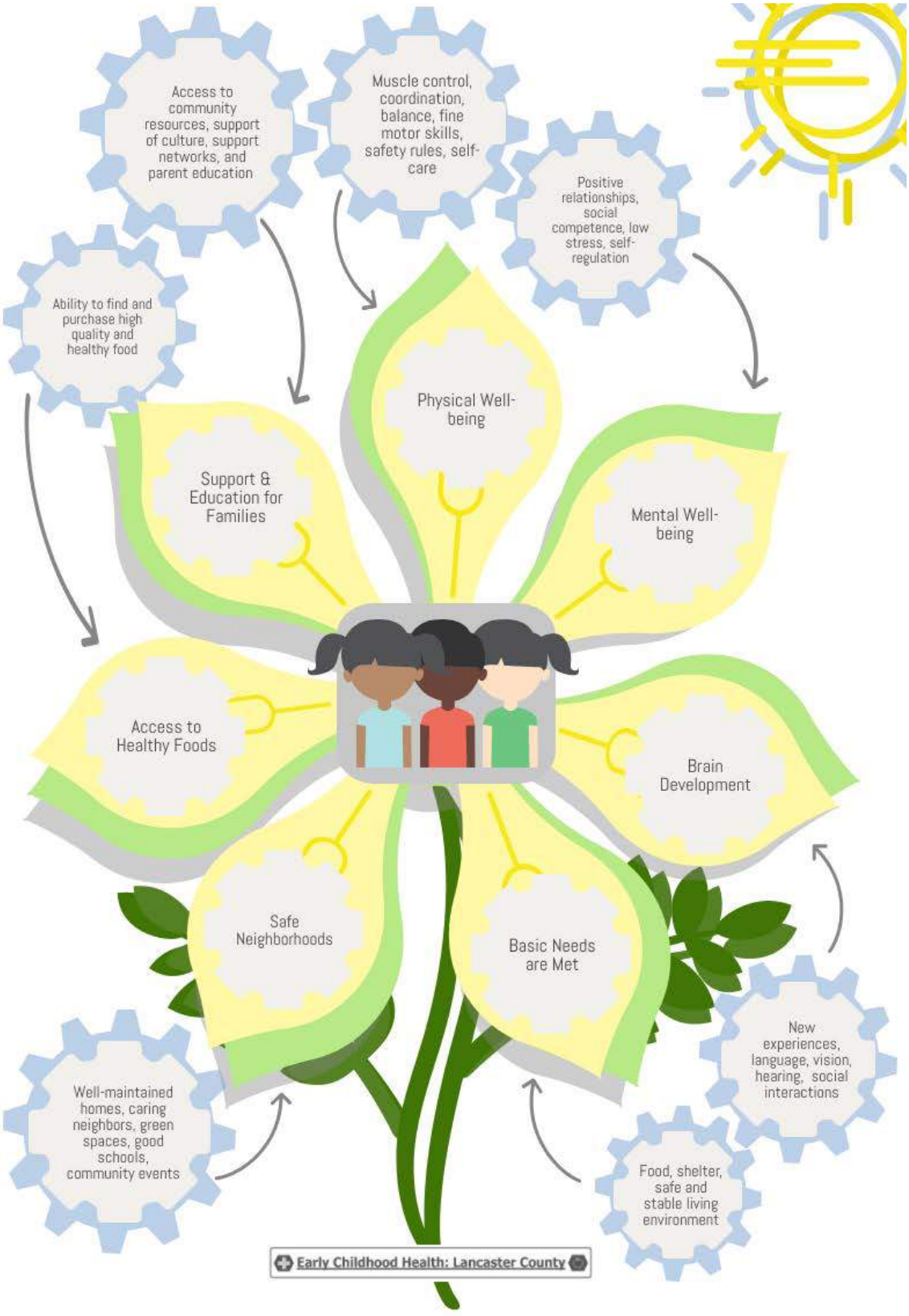
Understanding that to be kindergarten ready is more about the social emotional health of a child than their academic skill.

Appendix E: Community Stakeholders' Ratings of Services

Community Stakeholders' Ratings of Services in Lancaster County

	Need to Focus	#	Accessibility	#	Effectiveness	#
Access to primary, preventive medical home	3.33		2.71	5	2.67	
Age-appropriate discipline	3.43		2.14		2.32	29
Attachment and brain development	3.68	3	1.92	29	2.2	33
Autism	3.14		2.11		2.24	31
Breastfeeding	2.89	30	2.79	3	2.98	3
Car seat safety	2.95		2.81	1	3.07	1
Case management services	3.26		2.25		2.58	
Cognitive development	3.39		2.27		2.5	
Coordinated referral process	3.54	5	1.77	33	2.33	
Dental health	3.16		2.63		3	2
Domestic violence	3.38		2.35		2.53	
Food insecurity (hunger)	3.38		2.8	2	2.75	
Hearing	2.56	33	2.53		2.74	
Home safety	3.03		2.29		2.67	
Injury prevention	2.88	31	2.48		2.69	
Interpretation/translation services	3.39		2.18		2.67	
Language development	3.21		2.49		2.51	
Learning disabilities	3.18		2.5		2.46	
Literacy	3.38		2.55		2.67	
Maternal depression	3.43		2.02		2.38	
Mental health/behavioral health	3.71	1	1.84	32	2.29	30
Neighborhood safety	2.98		2.33		2.61	
Nutrition	3.4		2.42		2.64	
Parent-child interactions	3.67	4	1.96		2.58	
Parent-to-parent support	3.45		1.85	31	2.24	32
Pediatric specialists	3.09		2.31		2.82	5
Physical activity	3.09		2.58		2.71	
Physical development	3.07		2.61		2.77	
Proper growth (height & weight)	2.89	29	2.74	4	2.81	
Quality childcare	3.7	2	1.88	30	2.67	
Social development	3.4		2.11		2.59	
Transportation services	3.22		1.94		2.56	
Vision health	2.6	32	2.43		2.85	4

Appendix F: Focus Group Handout



Appendix G: Resources across Sectors

Table G1: Percentage of Respondents (in each sector) that have used or referred someone to the listed program

	Parents	Childcare Providers	Healthcare Providers	Stake-holders
Anti-poverty/Emergency assistance programs	3%	27%	30%	43%
Breastfeeding classes	55%	37%	78%	60%
Breastfeeding support groups	35%	35%	74%	48%
Child Advocacy Centers	3%	30%	67%	60%
Child Care	84%		52%	52%
Child Protective Services		43%	89%	74%
Community or cultural centers	19%	16%	33%	57%
Community gardens	22%			
Dental home		7%	56%	57%
Disability resources	4%	20%	52%	64%
Domestic violence	3%	22%	50%	52%
Family Resource Center	3%	26%	30%	38%
Food Bank of Lincoln	7%	37%	65%	62%
Grief counseling	4%	25%	61%	55%
Head Start/Early Head Start	3%	47%	83%	57%
Health Department Dental Services	3%	20%	46%	48%
Healthy Families America/Home visiting program	8%	7%	20%	41%
HEROES Weight Management Clinic	6%	2%	50%	14%
Housing (assistance, home buyer program)	4%			
Job/career services	7%			
Lactation consultation		29%	87%	50%
Language assistance	3%	23%	61%	55%
Lincoln City Libraries		68%		
Lincoln Parks and Recreation	58%	60%	57%	71%
LPS Early Intervention Services	12%	58%	83%	79%
Mental health providers for parents	8%	14%	54%	
Nebraska Family Helpline	2%	14%	17%	48%
Nutrition education/cooking classes	6%	20%	35%	39%
Parenting classes	20%	24%	32%	36%
Private speech therapy	5%	32%	70%	36%
Respite care	3%	22%	54%	41%
Safe Kids	4%	14%	17%	24%
SNAP Assistance	9%	31%	48%	50%
UNL Barkley Center	4%	18%	78%	36%
WIC Supplemental Nutrition Program	13%	49%	93%	64%
YMCA	58%	43%	83%	62%

Table G2: Percentage of Respondents (in each sector) that have only heard of the listed program

	Parents	Childcare Providers	Healthcare Providers	Stake-holders
Anti-poverty programs	69%	49%	37%	24%
Breastfeeding classes	48%	58%	20%	41%
Breastfeeding support groups	65%	57%	19%	48%
Child Advocacy Centers	83%	65%	24%	31%
Child Care	22%		30%	21%
Child Protective Services		56%	11%	21%
Community or cultural centers	72%	68%	52%	31%
Community gardens	67%			
Dental home		33%	15%	19%
Disability resources	77%	61%	30%	21%
Domestic violence	85%	75%	33%	26%
Family Resource Center	70%	66%	41%	19%
Financial education	65%			
Food Bank of Lincoln	92%	64%	28%	29%
Grief counseling	82%	69%	26%	36%
Head Start/Early Head Start	92%	56%	12%	24%
Health Department Dental Services	63%	57%	32%	26%
Healthy Families America/Home visiting program	57%	38%	17%	19%
HEROES Weight Management Clinic	17%	15%	19%	21%
Housing assistance/home buyer programs	77%			
Job/career services	79%			
Lactation consultation		59%	11%	38%
Language assistance	83%	59%	19%	31%
Lincoln City Libraries		35%		
Lincoln Parks and Recreation	44%	41%	35%	31%
LPS Early Intervention Services	62%	39%	11%	17%
Mental health providers for parents	59%	52%	28%	
Nebraska Family Helpline	57%	65%	35%	26%
Nutrition education/cooking classes	64%	58%	30%	38%
Parenting classes	61%	68%	56%	26%
Private speech therapy	76%	58%	24%	48%
Respite care	66%	68%	35%	43%
Safe Kids	43%	63%	37%	36%
SNAP Assistance	83%	64%	33%	38%
UNL Barkley Center	49%	43%	13%	33%
WIC Supplemental Nutrition Program	81%	52%	7%	33%
YMCA	48%	61%	15%	26%

Table G3: Percentage of Respondents (in each sector) that have never heard of the listed program

	Parents	Childcare Providers	Healthcare Providers	Stake-holders
Anti-poverty programs	28%	20%	20%	7%
Breastfeeding classes	2%	5%	2%	5%
Breastfeeding support groups	2%	6%	2%	7%
Child Advocacy Centers	15%	4%	6%	0%
Child Care	3%		7%	0%
Child Protective Services		2%	0%	0%
Community garden	9%			
Community or cultural centers	10%	12%	9%	2%
Dental home		52%	26%	10%
Disability resources	18%	12%	13%	2%
Domestic violence	12%	2%	6%	2%
Family Resource Center	27%	8%	17%	10%
Financial education	24%			
Food Bank of Lincoln	3%	0%	2%	2%
Grief counseling	12%	4%	7%	0%
Head Start/Early Head Start	5%	1%	2%	0%
Health Department Dental Services	33%	22%	19%	14%
Healthy Families America/Home visiting program	36%	50%	54%	31%
HEROES Weight Management Clinic	82%	77%	26%	45%
Housing assistance/home buyer programs	14%			
Job/career services	8%			
Lactation consultation		11%	2%	2%
Language assistance	15%	17%	20%	2%
Lincoln City Libraries		0%		
Lincoln Parks and Recreation	3%	0%	4%	0%
LPS Early Intervention Services	26%	7%	6%	0%
Mental health providers for parents	59%	31%	15%	
Nebraska Family Helpline	40%	18%	39%	19%
Nutrition education/cooking classes	28%	18%	24%	7%
Parenting classes	20%	6%	6%	7%
Private speech therapy	18%	10%	6%	7%
Respite care	31%	7%	9%	5%
Safe Kids	52%	18%	39%	19%
SNAP Assistance	8%	5%	13%	0%
UNL Barkley Center	47%	32%	7%	17%
WIC Supplemental Nutrition Program	7%	2%	0%	0%
YMCA	1%	0%	0%	0%

Table G4: Percentage of Respondents (in each sector)that want to know more about the listed program

	Parents	Childcare Providers	Healthcare Providers	Stake-holders
Anti-poverty programs	2%	5%	15%	14%
Breastfeeding classes	1%	1%	2%	2%
Breastfeeding support groups	1%	1%	2%	2%
Child Advocacy Centers	3%	3%	7%	7%
Child Care	2%		11%	2%
Child Protective Services		3%	2%	2%
Community gardens	6%			
Community or cultural centers	5%	3%	6%	5%
Dental home		8%	2%	7%
Disability resources	3%	5%	7%	10%
Domestic violence	1%	3%	11%	10%
Family Resource Center	4%	5%	9%	21%
Financial education	4%			
Food Bank of Lincoln	1%	2%	2%	5%
Grief counseling	2%	4%	7%	12%
Head Start/Early Head Start	6%	1%	0%	5%
Health Department Dental Services	2%	4%	6%	14%
Healthy Families America/Home visiting program	2%	7%	11%	17%
HEROES Weight Management Clinic	2%	7%	6%	21%
Housing assistance/home buyer programs	2%			
Job/career services	3%			
Lactation consultation		1%	0%	2%
Language assistance	2%	3%	2%	14%
Lincoln City Libraries		0%		
Lincoln Parks and Recreation	6%	1%	4%	7%
LPS Early Intervention Services	3%	1%	0%	5%
Mental health providers for parents	3%	4%	4%	
Nebraska Family Helpline	3%	6%	11%	12%
Nutrition education/cooking classes	9%	6%	13%	21%
Parenting classes	6%	4%	11%	21%
Private speech therapy	2%	4%	100%	10%
Respite care	2%	3%	6%	12%
Safe Kids	5%	5%	9%	17%
SNAP Assistance	1%	1%	4%	10%
UNL Barkley Center	3%	5%	2%	7%
WIC Supplemental Nutrition Program	1%	0%	0%	10%
YMCA	5%	1%	2%	7%