FOOD MAPPING REPORT
for the Omaha-Council Bluffs Metropolitan Area

Created and Developed in Partnership with
# TABLE OF CONTENTS

## NARRATIVE

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>3</td>
</tr>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>Methodology</td>
<td>8</td>
</tr>
<tr>
<td>Community Food Needs</td>
<td>11</td>
</tr>
<tr>
<td>Community Food Assets</td>
<td>23</td>
</tr>
<tr>
<td>Implications</td>
<td>39</td>
</tr>
<tr>
<td>Contributions</td>
<td>43</td>
</tr>
<tr>
<td>References</td>
<td>44</td>
</tr>
</tbody>
</table>

## TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1: Forms of Community Food Assets</td>
<td>6</td>
</tr>
<tr>
<td>Table 2: Summary of Food Mapping Data Elements and Research Methods</td>
<td>10</td>
</tr>
<tr>
<td>Table 3: 2015 Food Insecurity Comparisons for the Region</td>
<td>12</td>
</tr>
<tr>
<td>Table 4: Food Insecurity Comparisons for the Region</td>
<td>14</td>
</tr>
<tr>
<td>Table 5: Regional Comparison between CHNA Food Access and Feeding America Food Insecurity Rates</td>
<td>17</td>
</tr>
<tr>
<td>Table 6: Household Travel Trends for Food Secure and Food Insecure Populations</td>
<td>26</td>
</tr>
</tbody>
</table>

## CHARTS

<table>
<thead>
<tr>
<th>Chart</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chart 1: Forms of Community Food Assets</td>
<td>13</td>
</tr>
<tr>
<td>Chart 2: Distributions of Food Insecurity Among Census Tracts</td>
<td>15</td>
</tr>
<tr>
<td>Chart 3: Distributions of NEMS Scores</td>
<td>25</td>
</tr>
<tr>
<td>Chart 4: Count of Stores by NEMS Scores</td>
<td>26</td>
</tr>
<tr>
<td>Chart 5: SNAP Utilization by State</td>
<td>39</td>
</tr>
</tbody>
</table>

## MAPS

<table>
<thead>
<tr>
<th>Map</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Map 1: Food Insecurity by Census Tract Across Omaha-Council Bluffs Metro Area</td>
<td>16</td>
</tr>
<tr>
<td>Map 2: Poverty Rates Across Omaha-Council Bluffs Metro by Zip Code</td>
<td>18</td>
</tr>
<tr>
<td>Map 3: Food Deserts Across Omaha-Council Bluffs Metro Area by Census Tract</td>
<td>19</td>
</tr>
<tr>
<td>Map 4: Access to Vehicles, Supermarkets and Food Desert Classification by Census Tract Across Omaha-Council Bluffs Metro Area</td>
<td>20</td>
</tr>
<tr>
<td>Map 5: Low Access Census Tracts Across Omaha Council-Bluffs Metro Area</td>
<td>21</td>
</tr>
<tr>
<td>Map 6: Food desert Tracts with Median Income &lt;200% FPL and Food Insecurity Rates &gt;20%</td>
<td>22</td>
</tr>
<tr>
<td>Map 7: Full Access Stores, Douglas County</td>
<td>27</td>
</tr>
<tr>
<td>Map 8: Full Access Stores, Sarpy County &amp; Council Bluffs, Healthy Neighborhood Stores, Douglas County</td>
<td>28</td>
</tr>
<tr>
<td>Map 9: Food Insecurity with Food Pantries and Meal Providers</td>
<td>31</td>
</tr>
<tr>
<td>Map 10: Food Insecurity with Summer Feeding Programs and Back Pack Programs</td>
<td>34</td>
</tr>
<tr>
<td>Map 11: High Food Insecurity with Low Resources</td>
<td>40</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY
Growing interest regarding food insecurity and associated resources in the Omaha-Council Bluffs metro area prompted the Iowa West Foundation (IWF) to commission United Way of the Midlands (UWM) to conduct an anti-hunger service delivery study. UWM’s Community Impact and Analytics team applied a mixed methods approach utilizing publicly available data, field research, focus groups, interviews and other community engagement activities to provide a more complete picture of service delivery and assets across the entire metro area. In total, UWM reviewed data from more than a dozen sources and engaged more than 150 individuals in the process.

These efforts lead to the following observations about food assets and service delivery in our region:

- Several areas present moderate to high food insecurity but have very few resources located within that geography: South West Council Bluffs, East Bellevue, portions of Western Douglas and Sarpy Counties
- Transportation is a key component to consider when addressing food deserts, strategies include expanding transportation options and expanding the Healthy Neighborhood Store concept in cases where the addition of a full access grocery store is not feasible
- Based on the analysis of the pantries in our community, the community could benefit most from investing in improving the capacities and sophistication of our existing pantries rather than the continued proliferation of smaller pantries that don’t fully meet the needs of their clients
- Our analysis across the food systems revealed opportunities to increase collaboration, share common best practices among agencies, and utilize shared metrics

Collaboration within the food system has gained momentum, particularly in North and Central Omaha where pantries along the 24th Street Corridor have collaborated with the Alliance for a Better Omaha (formerly Hunger Collaborative). The Douglas County Health Department has worked with neighborhood stores in pockets of limited food access to provide healthy, accessible food options. Emerging collaborative efforts led by area health organizations are including food and nutrition components as part of an effort to align resources and goals, further promoting the intersection between food and health. Additional collaborative projects within our community are beginning to address specific issues within the food system.

Existing coordination and collaborative work focused on intersecting elements within the food system may benefit from broader system-wide planning that strengthens these efforts, identifies new strategies and opportunities for collaboration and promotes system-wide practices and shared metrics.

Additional collaborative efforts should complement existing work, and support a comprehensive response to rising food insecurity across the region. In September of 2017, United Way of the Midlands was awarded a USDA Community Foods Planning grant that will bring organizations across the metro area together to co-create a plan for addressing food insecurity in the Omaha – Council Bluffs Community. Data from this food mapping effort will support and inform development of that plan.
INTRODUCTION
A strong community depends on an accessible and affordable food system for all people – one that provides services to meet current food needs and builds capacity to provide healthy food for generations to come. Yet, in the Omaha-Council Bluffs metro area, about one in seven individuals experience food insecurity because they lack reliable access to adequate food.¹ Food insecurity within the Omaha-Council Bluffs community is generally consistent with rates across the country. However, a closer look reveals pockets of need in our community where estimated rates of food insecurity reach above 40% and urban food deserts where people struggle to purchase affordable healthy food near their homes.

**Food insecurity:** A household-level economic and social condition of limited or uncertain access to adequate food.²

**Hunger:** An individual-level physiological condition that may result from food insecurity.¹

**Food Deserts:** Low-income neighborhoods without ready access to healthy and affordable food.²

Sources: 1. The Committee on National Statistics (CNSTAT) panel. 2. U.S. Department of Agriculture.

These realities are exacerbated by additional factors such as rising poverty, potential changes to federal funding priorities, and shifting corporate investments – the long-term effects of which are unknown. Research suggests a variety of human, social, financial, physical and natural resources influence food security on both the household and community level.² Such resources are considered assets related to food security because their availability and quality affect the reliability of the healthy food supply for Omaha-Council Bluffs residents.

<table>
<thead>
<tr>
<th>Asset/Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human</td>
<td>Self-reliance: The capacity and skills of people who live in a community.</td>
</tr>
<tr>
<td>Social</td>
<td>Relationships, regulatory climate and networks</td>
</tr>
<tr>
<td>Financial</td>
<td>Monetary resources such as equity, grants or credit</td>
</tr>
<tr>
<td>Physical</td>
<td>Manufactured items or built infrastructure. This may include tools, facilities and community gardens.</td>
</tr>
<tr>
<td>Natural</td>
<td>Ecological resources that occur naturally the environment such as land and soil, water, unimproved green space, habitat and biodiversity.</td>
</tr>
</tbody>
</table>


When the household food security measure is used in a representative survey of the community, it can provide a solidly quantified “bottom-line” indicator by which to estimate levels of food security within the community. This makes it a strong tool to monitor and assess food insecurity.³ As such, household food insecurity as defined by the USDA and measured through Core Food Security Module (CFSM) of the Current Population Survey (CSP) annual December supplement has been used as a point of reference throughout this report.
More broadly, USDA indicates communities may be considered to be food insecure if

1. There is any substantial level of household food insecurity within the community;
2. There are inadequate resources from which people can purchase foods;
3. The available food purchasing resources are not accessible to all community members;
4. The food available through the resources is not sufficient in quantity or variety;
5. The food available is not competitively priced and thus is unaffordable to low-income households;
6. There are inadequate food assistance resources to help low-income people purchase foods at retail markets;
7. There are no local food production resources;
8. Locally produced food is not available to community members;
9. There is no support for local food production resources.4

Understanding service delivery and associated assets, therefore, creates a baseline understanding regarding the resources available to address community food insecurity. The maps and analysis that follow describes the nature of food insecurity in our community with consideration to assets and resources available to provide a foundation to inform and help shape any subsequent community food planning efforts.
METHODOLOGY
Food insecurity affects the entire Omaha-Council Bluffs metro area, with individuals accessing resources from across the region to meet their food needs. As such, the scope of this report was focused on the Omaha-Council Bluffs metro area including Douglas, Sarpy and Pottawattamie counties.

Initial research priorities were informed through insights obtained during a meeting held November 2016 where 48 attendees from different food entities across the community participated in dialogue facilitated by UWM. Additional insights informing the project were gathered during a community symposium on food insecurity hosted by the United Way in March of 2017.

UWM's Community Impact and Analytics team applied a mixed methods approach utilizing publicly available data, field research, focus groups, interviews and other community engagement activities to provide a complete picture of service delivery and assets. Data was analyzed at the metro area, county, zip code and census tract levels as indicated. For the purposes of this report, the research team gathered data on food insecurity, food deserts, and income through interviews and focus groups with case managers and members of our community who have struggled with food security. The team also gathered data on assets present in our community, including but not limited to, grocery stores, pantries for emergency food, government programs like SNAP, meal programs and community gardens. Table 2 below summarizes the data collection methods for each element in this report.

Of particular note is original field research conducted by UWM to understand the availability of healthy nutrition environments – particularly grocery stores. Such assets are believed to influence access to affordable, healthful food. “Understanding of healthy nutrition environments, while growing, is limited by the lack of reliable and valid measures of these environments.”6 UWM therefore conducted a Nutrition Environment Measures Survey (NEMS) specific to grocers in Sarpy and Pottawattamie counties, combining this data with a 2015 NEMS study conducted for Douglas County by that county’s health department. Stores were identified in partnership with the Iowa and Nebraska state grocers’ associations; UWM was given verbal or written permission to administer the survey at each site.

Limitations and Omissions

UWM research focused on food needs and assets within the Omaha-Council Bluffs community. Although consumption of nutritional food is related to health outcomes, UWM did not explore the intersection among food and public health beyond the availability of healthy options. Likewise, transportation was a physical asset that was not mapped although public and private transportation influences access to food. Additional elements outside the scope of this report include funding sources to programs, land use, and other agriculture measures.
### Table 2. Summary of Food Mapping Data Elements and Research Methods

#### Needs

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Method</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security</td>
<td>Obtained estimated rates of food insecurity at the Census Tract level from Feeding America</td>
<td>Measure and map geographically fluctuations in levels of food insecurity at the census tract level in our community</td>
</tr>
<tr>
<td>Food Deserts</td>
<td>Obtained data sets and maps available online through the USDA</td>
<td>Geographically map areas of our community where residents have transportation barriers to accessing healthy food</td>
</tr>
<tr>
<td>Economic Factors</td>
<td>Pulled data on poverty rates, median income, unemployment and others through the American Community Survey</td>
<td>To give context to the drivers of food insecurity in our community</td>
</tr>
<tr>
<td>General Health Factors*</td>
<td>Obtained data from the 2015 Community Health Needs Assessment CHNA</td>
<td>Community health was outside the scope of this study but our food security findings were compared with the findings of the CHNA to provide additional context</td>
</tr>
<tr>
<td>Community Experience</td>
<td>Client Interviews, Client and Case Manager Focus Groups, Community Agency Interviews</td>
<td>To understand the drivers and contributing factors of food insecurity in our community, provide a human perspective to the research findings.</td>
</tr>
</tbody>
</table>

#### Assets

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Method</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Healthy Foods – Douglas County</td>
<td>Utilized the NEMS report published by Douglas County Health Department in 2015</td>
<td>Geographically maps access to healthy food retail outlets in Douglas County</td>
</tr>
<tr>
<td>Access to Healthy Foods – Sarpy County and Council Bluffs</td>
<td>Replicated Douglas County NEMS study in Sarpy County and Council Bluffs with 142 stores</td>
<td></td>
</tr>
<tr>
<td>Food Pantries</td>
<td>Obtained an initial list of pantries from Food Bank of the Heartland, engaged 42 in structured phone interviews</td>
<td>To extend data on healthy food access in existing Douglas county to Sarpy and Council Bluffs</td>
</tr>
<tr>
<td>Food System – Community Agencies</td>
<td>Obtained a list through discussions with Subject Matter Experts, engaged 30 in structured phone interviews</td>
<td>Geographically maps pantry locations for comparison to areas of need in the community, gather data on pantry characteristics, strengths and opportunities</td>
</tr>
<tr>
<td>Other Assets</td>
<td>Obtained physical locations for 12 Healthy Neighborhood Stores, 107 Backpack Program Locations, 134 Summer Feeding Locations, and 17 Meal Providers to include asset maps</td>
<td>Geographically map locations for comparison to areas of need in the community</td>
</tr>
</tbody>
</table>
COMMUNITY FOOD NEEDS
Food is part of our daily experience and influences every aspect of daily life. Health, safety, housing, academic attainment, and work performance are all related to adequate food consumption. The long-term impact of food insecurity and hunger is a cycle of instability, which makes it more difficult for adults and children to reach their full potential.

**Food Insecurity**

According to Feeding America, about 42,238,000 or 13.4% of the national population struggles with food insecurity, meaning they have limited or uncertain access to adequate food. Food insecurity is higher among households with incomes near or below the federal poverty line, households with children – especially those with only one adult – black or Hispanic households, and households of women and men living alone. Food insecure families with children are often working families; nationally, 85% of food insecure households with children are headed by adults who work.

Furthermore, state levels of food insecurity vary considerably – from 7.7% in North Dakota to 21.5% in Mississippi. Nebraska and Iowa perform slightly better than the national average: Nebraska ranks 16th in the nation with 12.3% of households experiencing food insecurity, while Iowa ranks 11th at 12.0%.

At a more granular level, the Omaha-Council Bluffs metro region has higher rates of food insecurity than either Nebraska or Iowa; 13% of people in Douglas, Sarpy, and Pottawattamie Counties experience food insecurity. Of the three counties in the metro area, Douglas County has the highest percentage of food insecure residents at 13.8% (74,260 residents), while 11.6% of Pottawattamie county (10,810 residents) and 10.4% of Sarpy County (17,630 residents) residents are food insecure. Though there is just 3.4% separating Douglas and Sarpy Counties, this difference is significant relative to counties across the country.

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More than half of the counties across the country have lower food insecurity rates than Douglas County. In comparison, Pottawattamie and Sarpy Counties are performing better in terms of food insecurity than nearly 75% and 85% of U.S. counties, respectively.

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**Table 3. 2015 Food Insecurity Comparisons for the Region**

<table>
<thead>
<tr>
<th>Region (Unit of Analysis)</th>
<th>Food Insecure People</th>
<th>Rates of Food Insecurity</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>42,238,000</td>
<td>13.4%</td>
<td></td>
</tr>
<tr>
<td>Nebraska</td>
<td>233350</td>
<td>12.3%</td>
<td>31st</td>
</tr>
<tr>
<td>Iowa</td>
<td>376,240</td>
<td>12.0%</td>
<td>20th</td>
</tr>
<tr>
<td>Douglas County</td>
<td>74,260</td>
<td>13.8%</td>
<td>51st</td>
</tr>
<tr>
<td>Sarpy County</td>
<td>17,360</td>
<td>10.4%</td>
<td>16th</td>
</tr>
<tr>
<td>Pottawattamie County</td>
<td>10,810</td>
<td>11.6%</td>
<td>27th</td>
</tr>
</tbody>
</table>

**Food Insecurity Among Children**

Children are disproportionately affected by food insecurity. Fluctuations among children in food insecure households emulate adult trends, but the rate of food insecurity among children is higher across the country -- and across the midlands region.

In both Iowa and Nebraska, the percent of children living in food insecure homes is noticeably higher than rates for adults alone at 18.3% in Nebraska and 16.7% in Iowa. However, over the past five years, rates of food insecurity, as well as child insecurity rates have trended downward in both Nebraska and Iowa as represented in Chart 1. In Douglas County an estimated 18.5% of children live in food insecure households, in Pottawattamie County the estimated percentage is 17.8%, while in Sarpy County the estimated percentage is 16.1%.

Focus group participants with children reported special challenges related to budgeting, particularly during the summer when children are out of school. Families with children stressed the necessity of an adequate food budget, and reported using coping mechanisms to provide for their children. Coping mechanisms may include rationing food among family members, and financial strategies such as borrowing money from payday lenders at interest rates up to 30 percent. Families may also employ trade-off strategies – opting to go without food or medicine to maintain their housing, utilities or other necessities. Many parents within focus groups reported skipping meals to ensure their children had enough to eat or adding items like rice, cereal or pancakes to create more filling meals.

![Chart 1. Nebraska and Iowa Food Insecurity Over Time](source)
Food Insecurity Among Seniors

Food insecurity and hunger among older adults and seniors influences the ability of this population to remain healthy and independent. For example, only 13.6% of seniors (aged 60 and above) experiencing food insecurity self-report their health as excellent or very good; that rate increases to 38.6% for seniors who are food secure. Additional factors unique to food security among seniors include: limited physical mobility, loss of driving privileges, memory issues, income reductions, increased medical bills, and isolation.

State data for Iowa and Nebraska show a vastly different portrait of food insecurity among seniors – particularly in Iowa where food insecurity is nearly double across all age groups.

Table 4 displays the food insecurity rates for seniors of different ages and income levels in Nebraska and Iowa.

<table>
<thead>
<tr>
<th>Table 4: Food Insecurity Rates Among Seniors in Nebraska and Iowa</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Food Security</strong></td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Nebraska (40+ years of age)</td>
</tr>
<tr>
<td>Nebraska (60+ years of age)</td>
</tr>
<tr>
<td>Nebraska ages 60+ below 200% FPL</td>
</tr>
<tr>
<td>Iowa (40+ years of age)</td>
</tr>
<tr>
<td>Iowa (60+ years of age)</td>
</tr>
<tr>
<td>Iowa ages 60+ below 200% FPL</td>
</tr>
</tbody>
</table>


Food Insecurity Related to Income, Poverty

Although food insecurity rates at the state and county level are comparable to national averages, the local portrait of food security is influenced by factors that fluctuate greatly among neighborhoods. These include, but are not limited to economic factors such as median income, poverty, and unemployment. Census tract level data reinforces this reality as rates of food insecurity across the Omaha Council Bluffs metropolitan area range from a low of 4.2% to a high of 46.7%. Chart 2 shows the prevalence by which food insecurity exists among Omaha-Council Bluffs metro area census tracts.
While the majority of census tracts (63%) have low to moderate levels of food insecurity (between 4 and 14%), deep pockets of very high rates of food insecurity remain in our community – as evidenced by the 52 tracts where more than 19% of families are food insecure.
Map 1 illustrates how food insecurity rates differ geographically across our community, with higher rates of food insecurity within the urban core of north and south Omaha.

For the most part, these findings echo the results of the 2015 Community Health Needs Assessment (CHNA) Survey conducted in Douglas, Sarpy, and Pottawattamie counties. The CHNA asked respondents how often they worried about running out of food before having money to buy more. Because this is less stringent than the USDA's definition of food insecurity, it reflects a greater proportion of respondents experiencing challenges related to food. Despite this difference, the regional rankings remain quite similar. However, while both CHNA and Feeding America rank the southeast region of our community as the area with the second most limited food access, the variance between these measures is more than twice any other regional variance. See Table 5.
<table>
<thead>
<tr>
<th>CHNA Regions,</th>
<th>CHNA Report Food Access</th>
<th>Feeding America Food Insecurity</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>South East Douglas County Region</td>
<td>33.30%</td>
<td>13.59%</td>
<td>-19.71%</td>
</tr>
<tr>
<td>North East Douglas County Region</td>
<td>34.50%</td>
<td>25.10%</td>
<td>-9.40%</td>
</tr>
<tr>
<td>North West Douglas County Region</td>
<td>21.70%</td>
<td>13.50%</td>
<td>-8.20%</td>
</tr>
<tr>
<td>South West Douglas County Region</td>
<td>12.60%</td>
<td>10.90%</td>
<td>-1.70%</td>
</tr>
<tr>
<td>West Douglas County Region</td>
<td>3.80%</td>
<td>9.20%</td>
<td>5.40%</td>
</tr>
<tr>
<td>Douglas County</td>
<td>23.00%</td>
<td>13.58%</td>
<td>-9.42%</td>
</tr>
<tr>
<td>Sarpy County</td>
<td>13.80%</td>
<td>10.4%</td>
<td>-3.40%</td>
</tr>
<tr>
<td>Pottawattamie County</td>
<td>19.5%</td>
<td>11.60%</td>
<td>-7.90%</td>
</tr>
</tbody>
</table>


Focus group participants reported concerns about running out of food and difficulty budgeting; participants said gaining a living wage job is a priority and an essential solution to food insecurity. Education, job training, workforce development, and employment services are all needed – particularly among individuals who experience poverty. Map 2 displays poverty across the metro area by census tract.

Map 2: Poverty Rates Across Omaha-Council Bluffs Metro Area by Census Tract

**Food Deserts**

The extent to which a community meets the food needs of its residents is further reflected by the location and prevalence of food deserts. Food deserts are areas that lack access to food vendors, such as grocery stores and supermarkets, where fresh fruits, vegetables, meats, diary, and whole grains can be purchased. To qualify as a food desert, a neighborhood must meet two criteria: being a low-income community and low-access community. In the Omaha-Council Bluffs metro, 23 census tracts qualify as food deserts as reflected in Map 3.

Six of the 23 census tracts that qualify as food deserts are in Council Bluffs. The majority of the ‘west end’ of Council Bluffs, generally thought of as the portion of the community that is south of Broadway and West of the South Expressway, qualifies as a food desert. In Douglas and Sarpy counties, food deserts are more distributed across the north and south of the metro, but are exclusively on the east side of the counties; there are no food deserts west of 84th Street.
Because the USDA utilizes 1 mile as point at which a supermarket is too far away, there may be some residents who do not find living in a food desert to be a burden if they have access to personal transportation to reach supermarkets outside of the 1-mile area. Map 4 illustrates this by showing food deserts in green colors, with six food desert tracts in Nebraska and one in Iowa that also have low vehicle access in dark green, these areas may have a high need related to food vendor access. Areas shaded in magenta are areas that have low vehicle access and low access to supermarkets, but do not qualify as a food desert because they exceed the low-income threshold.

There are many areas within the Omaha-Council Bluffs metro that face both low car ownership and a lack of access to grocers which may warrant attention in addition to the areas that meet the standard definition of a food desert.

Map 4: Access to Vehicles, Supermarkets and Food Desert Classification by Census Tract

Map 5 reiterates how income influences considerations to food access. It identifies all areas that qualify as low access, even those where a significant portion of the population are not low income. As is evident by the map, many West Omaha and Sarpy County residents do not live within 1-mile of the nearest grocery. This is also true for very large portions of rural Pottawattamie and Mills Counties and some portions of rural Sarpy County; in these areas the threshold is 10 miles to the nearest grocery. However, because these areas are not low income, they are not considered food deserts as it is likely that residents in these areas have the financial resources to allow them to travel to food vendors outside of the 1-mile radius.

Map 5: Low Access Census Tracts Across the Omaha-Council Bluffs Area

**Considering Multiple Factors**
Combining food deserts, food insecurity, and income data illustrates areas of highest need in our community. Map 6 reflects tracts where individuals have limited access to purchase food, have household incomes below 200% of Federal Poverty Level (FPL), and at least 20% of people experience food insecurity.

There are many areas within the Omaha-Council Bluffs metro that face both low car ownership and a lack of access to grocers which may warrant attention in addition to the areas that meet the standard definition of a food desert.

These conditions related to food security are likely the result of some of the extreme economic conditions present in these areas where poverty rates range from 29% to 59% and unemployment ranges from 8.5% to 23.4%.

**Map 6: Food Deserts Tracts with Median Income <200% FPL and Food Insecurity Rates >20%**

![Food Deserts Tracts Map](https://www.ers.usda.gov/data-products/food-environment-atlas/)

Food Insecurity Rates:  
- 20-24%  
- 25-29%  
- 30+%  


COMMUNITY FOOD ASSETS
A number of resources and community assets exist across the Omaha-Council Bluffs metro area to address food insecurity. Human, social, financial, physical and natural assets within the community shape the food system and the experiences of residents in the region.

The accessibility and quality of community assets greatly influences the ability of Omaha-Council Bluffs residents to have a reliable supply of healthy food to sustain themselves and their families.

Such local assets include:

• Vendors such as grocers and convenience stores, which provide food for sale
• Food pantries that provide a safety net where individuals can access food for free to prepare at home when individuals and families do not have access to or cannot afford enough food
• Meal programs for adults, such as those at homeless shelters and senior centers or those delivered to individuals at home, which provide individuals a hot or cold meal
• Programs for children, such as school lunches, backpack programs, and out of school time meals
• Federal and state programs, such as Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) and Women Infants and Children (WIC), which support the ability of individuals and families to purchase or obtain designated food through approved vendors
• Community gardens and farmers’ markets, through which foods are grown and distributed locally, providing access to fresh and healthy foods and supporting community development and local economies
• Health-focused programs, such as breastfeeding initiatives, nutrition education, and cooking classes, which build skills to support food security and health

Because food insecurity is often the consequence of economic instability or poverty, there are a number of related community assets that greatly affect food security. Among others, these include public transportation, employment, and public safety. Other resources, such as access to land for food production, and food cooperatives also impact the quantity, quality, and affordability of food in a community. Though these community assets are important factors influencing food insecurity, they are outside the scope of this report.

Vendors

Stores that sell fresh food and food products -- including supermarkets, grocery stores, corner or convenience stores, ethnic food stores, chain superstores, or health food stores -- are a vital component of the assets needed to create food security; the vast majority of Americans procure their food through vendors. Vendors, or retail food outlets, vary in terms of type and quality of product sold, location and accessibility, and price.

UWM evaluated vendors across Douglas, Sarpy and Pottawattamie counties based on the quantity, quality, and accessibility of food using the Nutrition Environmental Measures Survey (NEMS) for stores. NEMS identifies vendors that have sufficient healthy options available for sale in the five food groups: vegetables, fruit, meat, dairy, and whole grains. Vendors receive one point for each food group where a defined threshold of healthy options has been met, resulting in a NEMS score ranging from zero to five. NEMS data for Douglas County was obtained from a report issued by Douglas County Health Department in 2015. The research team then replicated their study and methods in Sarpy County and Council Bluffs areas in accordance with NEMS protocol, available here: http://www.med.upenn.edu/nems/
Chart 3 displays the distribution of NEMS scores across Douglas and Sarpy Counties in Nebraska, and Council Bluffs. Stores that score a two or less offer limited healthy options and are generally small convenience stores. Such small convenience stores are frequently partnered with gas stations and outnumber stores with healthier options across the community, which is to be expected given their small size and ubiquitous nature.

__While the number of stores with limited healthy options is greatest in Douglas County, the percentage of these stores is relatively similar across the different regions of our community. As reflected by NEMS scores of 3 to 5 in Chart 3, a higher percentage of stores offer moderate or full access to healthy options in Council Bluffs than in the NE counties surveyed.__

Of the stores that offer moderate or full access to healthy options for all five food groups, NEMS score of three or higher, stores that score a five are the most numerous as illustrated in Chart 4 on the next page. Stores that score a five are almost always full-service grocery stores and will be referred to as full-access stores in this report in that they offer healthy options for the full five food groups. Stores that score 3 or 4 are usually drug stores or medium-sized retail outlets like pharmacies and discount chains, or larger convenience stores that offer a broader selection of food options.

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As noted in the needs section of this report, some areas in the Omaha-Council Bluffs metro area are considered food deserts because they do not have sufficient access to a supermarket; convenience stores are not counted as vendors for food desert calculations. For individuals with access to a personal vehicle, living more than 1 mile from a grocery store may not present a significant barrier to obtaining healthy food. In fact, most people in the U.S. report traveling an average of 3.8 miles to purchase food at their primary store.

Yet, people experiencing food insecurity may experience a different reality – they are less likely to use their own vehicle, and due to transportation constraints, tend to shop closer to home.

Both food insecure and food secure households demonstrate a willingness to travel past the closest store to purchase groceries, indicating that the price, selection, or quality of items sold at supermarkets may influence consumers’ choice of where to purchase groceries as much or more than proximity.13
Map 7 illustrates the 1-mile radius around full-access stores in Douglas County, reflecting adequate coverage of the more urban areas of the county, in terms of areas where residents are within proximity to a full access store.

Map 7: Full Access Stores, Douglas County

Convenience and Healthy Neighborhood Stores
In the absence of nearby supermarkets, corner or convenience stores may be relied upon by residents as key sources of food. Yet, the NEMS analysis of food vendors illustrates that most convenient stores are lacking in healthy options for more than 1 or 2 food groups.

However, the Douglas County Health Department, in partnership with the Nebraska Grocery Industry Association and University of Nebraska Lincoln Extension, is working with area neighborhood stores to offer healthier food options. The Healthy Neighborhood Store program uses price, placement, and promotional strategies to encourage consumers to purchase healthy options including demonstrations on how to prepare healthy meals. Approximately 5,000 people shop at Healthy Neighborhood Stores each month. In addition to improving access to healthy food for neighborhoods, the program has also lead to increased sales for vendors.

Map 8, on the next page, compares the location of vendors with a NEMS score of 5 and the location of Healthy Neighborhood Stores to food deserts in the metro, revealing the following:

- Two Healthy Neighborhood Stores are actually within a food desert while several others are very near food desert tracts.
- There are a number of full access vendors in Council Bluffs within food deserts; however, the majority of full access stores in Council Bluffs exist along the main streets, few resources exist within the food deserts in the west end of the city.
- Food deserts in Sarpy County do have full access vendors nearby or within the food desert. As a note, having a vendor located within a tract does not necessarily disqualify the tract as a food desert if a certain percentage of the residents within that tract live more than 1 mile away from a vendor.
Pantries
Food pantries operate on a direct service model to address hunger and food insecurity by providing food at no cost to individuals expressing a need. Discussions with subject matter experts as well as focus group sessions with case workers, and community members experiencing food insecurity reveal several key attributes that determine how effectively a food pantry can accomplish its mission of addressing hunger in the community.

Our research shows best practices for pantries are locations that are open nights and weekends, offer client choice, have strategies that prioritize healthy and fresh food, employ formal screening procedures to identify and meet other client needs, have minimal wait times, and are equipped to serve people who speak languages other than English. Of the pantry providers interviewed by our team, only three met all of these criteria.

We obtained a list of 77 food pantries (62 in Nebraska and 15 in Iowa) supported by the Food Bank for the Heartland and contacted them regarding their input for this report. This assessment is based on detailed responses from 39 pantry providers who agreed to a request to be interviewed (27 in Nebraska and 12 in Iowa), the remaining 38 pantries either declined, or failed to respond after at least 3 attempts to contact them.

• Of the 39 pantries we surveyed, 10 offered weekend hours and 12 offered at least one evening per week. Evening hours were classified as being open until 7 or later. Many families that utilize pantries are working poor, so night and weekend options are better for accommodating those families. As referenced earlier, individuals experiencing food insecurity are more likely to carpool or borrow a vehicle, increasing the importance of extended hours.
• Twenty-four pantries identified as ‘choice’ pantries, meaning clients were allowed to choose their food rather than receiving a pre-packaged selection. Choice pantries prevent waste and allow clients to only select food they can use, and have the knowledge to prepare.
• Twenty pantries mentioned some strategy for addressing healthy foods. Some referenced established guidelines like MyPlate or those offered by the food bank, some utilized community gardens, and others made a general effort to keep fresh produce on hand or reject donations of grossly unhealthy options.
• Fresh food is important to pantry clients as well as essential to supporting a healthy lifestyle. Nineteen pantries offered fresh produce, but only five offered fresh meat and two offered fresh dairy products. The major limitation to this, of course, is refrigeration capabilities.
• Wait time data was inconsistently reported and thus, not analyzed. Feedback in focus groups and client interviews did not reveal any indication that this is typically a problem.
• Nine pantries had formal procedures to screen clients for other needs. It’s a best practice to not only address the current need for food, but to try to help clients address the root cause of their food insecurity, whether that means signing up for SNAP, receiving rent assistance, or being referred for other community services. Screening procedures are critical to meet this need. In focus groups, case managers and clients discussed how some documentation requirements are cumbersome. Some clients suggested requirements were less burdensome in Council Bluffs than in the Omaha area. All clients suggested simplifying and streamlining documentation and application requirements to make food services more accessible.
• Although twenty of the pantries were equipped to serve English-speaking clients only, eighteen could accommodate at least one other language, usually Spanish, with seven of those pantries able to handle three or more different languages.
• While there were pantries operating in Council Bluffs that met these needs, seven choice pantries, five pantries open either nights or weekends, four with healthy foods strategies, three with options for other languages, and one with a formal screening procedure, only one Council Bluffs pantry offered more than two of these services and none offered more than three.

Pantries differ in terms of the services they offer and in size. The majority of the pantries in the community operate at a very small scale. Of the pantries surveyed that provided information on their staff, most had two or fewer employees (72%, 26 of 36). Of the 23 who provided budget information, four had operating budgets over $1M, while more than half (56%) had budgets ranging from $0 to $50,000. Dozens of additional pantries that were not interviewed as part of this study also exist and operate largely on individual donations.

We analyzed the restrictions that pantries placed on clients. Most restrictions addressed how frequently a client can utilize the pantry. These restrictions varied widely, but most, 62%, limited services to one time per month. Other restrictions were usually related to safety or appropriate behavior of the patrons. Based on interviews and focus groups with clients, it was regularly discussed that sometimes the restrictions are problematic, however, most seemed to also understand the need to regulate the food distribution to maximize resources among individuals truly in need.
In aggregate, this research illustrates that although there are many food pantries in the Omaha – Council Bluffs area, there are only a few that exemplify best practices to alleviate immediate hunger and address the causes of persistent food insecurity, this is especially true in Council Bluffs.

• Among choice pantries surveyed, five were open both night and weekend hours
• Similarly, only five choice pantries also had a strategy for providing healthy food and some type of formal screening procedure. However, even pantries that met many of the best-practice criteria could benefit from increased capacity

Pantries, Location and Transportation
Map 9, on the following page, illustrates that the majority of food pantries are clustered near the areas of highest food insecurity in our community. However, there are still areas that have fairly high rates of food insecurity that are a mile or more from a pantry.

Also, even in areas of moderate to low food insecurity, there are still citizens who have a need for the immediate food services offered by pantries. Yet, in these areas the nearest pantry may be quite far away, particularly for those in Western Douglas and Sarpy Counties, and South of I-80 in Council Bluffs.

• Of the pantries surveyed, 56%, (22 of 39) are located less than ¼ mile from a public transit stop
• Although some pantries report offering some transportation assistance, 67% (26 of 39) offer no such services
  o Seven (18%) pantries offered a shuttle or non-emergency home delivery
  o Eight (21%) offered transportation services in the case of emergency only

As such, transportation needs emerged as a common theme in our focus groups and conversations with case managers and other subject matter experts.
Meal Programs for Adults

Meal programs for adults and families address hunger by providing hot or carry away meals. Such programs tend to target two populations:

- Homeless or near homeless adults and families - In addition to lacking the means to obtain food, this population may also lack the resources to properly store the food or prepare meals.
- Seniors – This population may have difficulty obtaining food and preparing their own meals.

Most of the meals programs interviewed mentioned challenges with funding, facilities, staff or other resources – yet the majority indicated they are able to handle all referrals. The largest meals program in the metro specifically noted there was a greater need than capacity while also stating they were able to handle all referrals they receive. These contradictory findings may require additional research to understand the relationship between resources and the ability to serve the population in need. It is possible there was a disconnect between the intent of our question, to understand how many pantries had a greater need than they could serve, and what the respondents meant when they indicated they could handle all the referrals that were made to them.
Meal Programs Serving Homeless and Adult Populations

According to the 2016 Metro Area Continuum of Care for the Homeless (MACCH) Annual Report, 6,947 individuals experienced homelessness in fiscal year 2016. Of the nine meals programs surveyed for this study, three are located at homeless shelters and constitute the largest meal programs in the metro area. The strategy of co-locating meal programs with homeless shelters would seem to be an effective way to serve the target population of homeless or near homeless adults and families. Some programs attempt to extend their reach through a mobile component of a feeding program to target homeless or near homeless that are not at a shelter.

Based on our interviews, only two programs offer a mobile component to target homeless populations not near a shelter; none are operating in the Council Bluffs area.

Healthy options and wrap around services were also examined in relation to meal programs for the broader adult and family population.

• Few of the nine program providers interviewed had a specific strategy to address the nutritional components of the meals they were providing. Notably, one program did leverage community gardens to improve access to fresh produce
• Five of the nine meal program providers interviewed had programs to assist clients with signing up for federal benefits such as SNAP, WIC, and Temporary Assistance to Needy Families (TANF). Most mentioned a need or desire to assist with other things such as utilities, education, and signing up for other benefits such as Social Security Disability

Meal Programs Serving Seniors

To combat food insecurity among seniors, meal programs and delivery services exist to varying degrees across the metro. These include congregate meal sites at senior centers and mobile programs such as Meals on Wheels. As part of this study, UWM surveyed seven programs that serve seniors: two home meal delivery programs, three congregate meal sites or senior centers, one federal commodity foods site provider, and one education and outreach program. Programs serving seniors share the goals of providing foods, keeping seniors healthy, and helping seniors maintain independence. However, each type of program also includes unique elements.

• Senior Centers/Congregate meal sites: Senior centers provide noon meals that meet 1/3 of the daily nutritional requirements of seniors. In addition to providing a meal, senior center meal sites provide seniors with the opportunity for social interaction, helping to reduce social isolation. There are fourteen senior center meal sites in Douglas and Sarpy Counties, and one in Council Bluffs. Some senior centers ask for a monthly membership fee, others request payment for meals, while others do not charge for meals. Some senior centers also have community gardens or cooking classes to further empower seniors in food preparation. None of the senior centers surveyed for this report assist seniors with applying for federal programs such as SNAP.

• Home delivery meal programs bring hot meals into seniors’ homes and are designed for seniors 60 plus that cannot attend a senior center and have limited mobility or ability to cook. Individuals are often asked to make a contribution for the meals, but not all providers require payment. Meals are provided through the Eastern Nebraska Office on Aging in Nebraska and Connections Area Agency on Aging in Council Bluffs, or through other agencies that partner with them. The interaction with the person delivering the meal may reduce feelings of social isolation for home-bound seniors.
• The Commodity Supplemental Foods Program is a program of the Food and Nutrition Service of the USDA. It provides a box of supplemental nutritionally balanced foods to low-income seniors, including grains, vegetables, fruits, protein, and dairy. In Nebraska, it is available in Douglas and Sarpy counties through the Eastern Nebraska Community Action Partnership (ENCAP). The program is not available in Pottawattamie County, Iowa. The program in Nebraska serves about 1,700 seniors each month. Seniors can pick up their supplemental foods at ENCAP or at a number of satellite locations. There is also a transportation team that makes home deliveries.

• The education and outreach program surveyed for this report serves Sarpy and Cass counties and focuses on improving the health of seniors. They offer cooking classes and presentations on nutrition and physical activity. They are working more with farmers markets to reward seniors for attending classes or health check-ups with vouchers for farmers markets and other local vendors. They also share information about federal nutrition programs, such as SNAP.

State wide comparisons show significantly higher rates of food insecurity among seniors in Iowa. Higher rates of food insecurity compared with the relative lack of programs targeting seniors operating in Pottawattamie County suggest an area of opportunity or development in the Council Bluffs area.

Meal Programs for Children
Higher rates of food insecurity among households with children coupled with the influence of food insecurity on childhood development and school component suggest programs focused on children are a vital component of the food security network.

The Omaha-Council Bluffs metro area benefits from several large-scale programs designed to feed school-aged youth in our community; several of these programs are government funded. During the school year, the national school lunch program supports children in receiving low cost or free lunches and breakfasts at public and nonprofit private schools. Additionally, all Omaha Public Schools offer free breakfast to all students.

Additional programs work to ensure kids do not go hungry when school is out of session, and some operate at public and private schools. These programs wrap-around the school schedule and generally target low-income areas and include:

• Breakfast programs in public and nonprofit private schools, which also receive federal assistance.
• After-school programs
• Backpack programs providing meals over the weekend
• Summer meal programs providing free lunch
Themes Associated with the Local Food System
In addition to the themes and evidence provided about the individual organizations who serve the community, we inquired about components that would indicate that there is a strong food security system in our community.

Specifically, we examined the following phenomenon across food security related agencies:

- Coordination and Collaboration
- Utilizing Evidence-Based Practices and/or Models
- Employing Shared Definitions and Measurement
- Collective Policy and Advocacy Work

Coordination and Collaboration
As shown by the data presented in this report, a community that does not have strong coordination and collaboration will have gaps in services, geographic coverage spaces, and an inability to effectively and efficiently refer clients to places to serve unmet needs. Interviews with agency professionals indicate some coordination among organizations, particularly in working with others to address needs of clients.

Currently, food is the third highest need expressed by callers to United Way of the Midland’s 2-1-1 Call Center; information and referral specialists connect callers to food resources and services across the community using a database with more than 300 food resources alone. Along the 24th Street corridor, the Alliance for a Better Omaha (formerly Hunger Collaborative) has worked to
connect the efforts of three large pantries and consider client needs beyond food, such as housing. The intersection between food and health is also being recognized by area health providers, some of whom are now screening for food security as part of their intake process. Douglas County Health Department and Live Well Omaha have further rallied a group of committed leaders to create an Accountable Health Community with “mutually-reinforced activities that impact health.”26 This collaborative effort includes attention to access to healthy foods and diet.27 As referenced earlier in the report, the Douglas County Health Department has worked with neighborhood stores in pockets of limited food access to provide healthy, accessible food options.

Food is also a component of Heartland 2050, a community effort to improve the quality of life in the Omaha-Council Bluffs region. As part of the Natural Resources component of Heartland 2050, a Local Foods Coordinating Council is engaged in creation of a sustainable system of local agriculture that provides food to the region, as well as other local food systems work.

- Model ordinances and codes
- Regional branding and education
- Equitable access to healthy, local foods
- Funding
- Biodiverse and sustainable agriculture

The elements within the Council’s work (above) and insights from community thought leaders suggest this group is currently focused on food production elements of the system.

Multiple agencies reported obstacles to collaboration. Specifically, respondents cited obstacles including lack of time, knowledge, communication, and staff. Additionally, some noted perceived competition among different entities, funding, federal policy restrictions, and the need to build relationships as complications to having strong collaborations.

It is worth noting that most of the formal collaborative efforts we found were based out of Omaha or Douglas County and many operated in Douglas County exclusively, only a few, such as Heartland 2050, extended their efforts into Sarpy County or Council Bluffs. One factor that may be contributing to this is the difficulty that comes when working across municipalities. Many organizations funding or scope of work is tied to a strict geographical area. This suggests that collaborative components necessary to address food insecurity at the community level may need to be driven by professional organizations that are not constrained by municipal boundaries.

Research from New London, Conn., suggests another challenge to collaboration is that “there is no form of government that considers the food system in its entirety and advocates for the welfare of its citizens regarding food.”28 This naturally leads to fragmentation across government and local organizations. This suggests efforts to improve the health across our region must be braided together to form a comprehensive framework that employs strategies and evidence-based practices present in successful systems.

Although distance, transportation and localized policy and ordinances create barriers to multi-state collaboration, there are examples of coalitions that cross state boundaries to draw from. The Greater Kansas City Food Policy Coalition includes representatives from both Kansas and Missouri portions of this metro area and influencers representing critical components of the food system including healthcare, agriculture, education, social services, food distribution, government, private business, nonprofit agencies, and others. More than 43 organizations are part of the coalition; 36% of these are based in Kansas reflecting an intentional effort to be inclusive.29
The Greater Kansas City Food Policy Coalition focuses its efforts to increase institutional purchasing of locally grown food, as well as the availability of retailers offering healthy options. In 2013, the coalition brought retailers together in a Task Force and created nine recommendations for retailers of different types to improve the availability of healthy, affordable food in underserved areas through the development of supermarkets and grocery stores. This reinforces the role of the business sector in helping to span geographic boundaries, while maintaining and recognizing various methods of service delivery.

The Kansas-Missouri Nutrition Incentive Collaborative launched an evaluation of a program very similar to the Bonus Bucks program in Nebraska to match SNAP benefits used to purchase fresh produce with incentives that vary across communities. This is another example of how a regional approach can be successful while maintaining a local orientation in service delivery.

**Utilizing Evidence-Based Practices and/or Models**

Though some providers adhered to well-known and/or proven methods (e.g., trauma informed care) on how to interact with individuals and families, this report did not find the same regarding adherence to proven food security interventions. Most organizations did not indicate that they had implemented an evidence-based model or practices. For those who did, the most frequently cited aspect was employing a “choice pantry” model in the case of food pantry programs. Some organizations referenced the federal guidelines such as MyPlate, but most organizations indicated that they were operating without a model and/or that they had put together their “own way” of doing the work. We know that utilizing evidence based practices, when they exist, results in many positives (e.g., improved client situations), and provides a platform to allow for continuous improvement in contrast to doing things as “they have always been done”. Without proven efforts to rely upon, many providers are employing attempts to meet their clients’ needs without knowing if those efforts stand the best chance of being successful. Furthermore, without consistency in how different organizations are addressing their clients’ needs there will be a reduced ability to understand what is changing as a result of the food insecurity work (i.e., “are clients any better off?”). This could result in clients being confused when engaging with multiple organizations to meet their families’ needs.

**Employing Shared Definitions and Measurement**

When we asked program professionals about what data they collected to know more about who they were serving and what was happening as a result of their work, the responses indicated far more inconsistency across entities. Specifically, when asked about what data was collected about their clients, there were some frequently cited components such as “family size”, “income”, and some general demographics (e.g., gender, race, language spoken). Understanding who were being served, however, was far from a universal practice.

Though programs had some similarity in understanding who were being served, there was very little consistency in what programs were collecting in order to better understand the impact of the work being done. When program professionals did indicate that they measured elements of their work to understand their client’s progress, it was evident that there were not shared definitions of “impact” or “progress”. Some programs reported specifically tracking how many meals were served, or tracked pounds of food given out, but several provided nebulous answers to the inquiry such as “solving the food issues.”

Clarity of a conceptual definition of food security success was not present, nor was a consistent set of indicators or metrics to better understand what is happening as a result of the interventions present in our community.
Collective Policy and Advocacy Work
In communities where there has been centralized leadership toward progress in food security, the presence of a strong collective policy effort is the norm (e.g., New London County Connecticut). In May 2015, the Metro Omaha Food Policy Council wrote articles of incorporation to formalize its work to

- Conduct public awareness campaigns on matters regarding the food system
- Educating and communicate directly with the members of the community and elected or appointed officials
- Promote collaboration and linkages within local food system networks

However, we found no evidence indicating any kind of shared policy and/or advocacy work being done in our community across any of the answers to the 85-items in our agency interviews. One reason for this may be because the Metro Omaha Food Policy Council is a relatively new entity, having received its IRS verification in 2016.34 35

The central focus of the mapping effort was not to examine “food security system health”, but there were important themes and inconsistencies that we felt we needed to highlight in this report. The pattern of responses indicates an opportunity in this community to strengthen the systemic components necessary to enhance community-level progress and food security.

Federal and State Benefits
In the 2016 Fiscal Year, USDA spent $71 billion on SNAP, $22 billion on feeding children, additional $6 billion on WIC and $182 million on feeding programs for the elderly. The total budget for food and nutrition services was $102.3 billion. In August 2017, $10.3 million dollars in SNAP benefits were claimed across Douglas, Sarpy, and Pottawattamie counties. These programs are a critical component of the food system and stakeholders we spoke with emphasize the importance of leveraging these programs to address hunger in our community.
The most direct way to leverage these benefits is to maximize utilization among eligible clients in our community. A study on SNAP participation in 2013 found that nationally, 85% of those eligible to receive SNAP benefits participated in the program. Iowa’s participation rate of 96% compares very well to the national average, while Nebraska’s participation rate of 79% indicates ample opportunity to improve utilization of these important benefits. While reliable participation estimates are not available for SNAP, WIC and other benefits at the county level, more attention should be paid to monitoring these going forward so conscious efforts can focus on ensuring use of these resources are maximized.
IMPLICATIONS
The results in this report present the current needs and assets related to food security within the Omaha-Council Bluffs metro area. In doing so, it creates a snapshot of a community where food insecurity is distributed across age and income categories. A number of areas, highlighted in Map 11 below, can be identified where there is significant food insecurity but access to assets to address the problem are extremely limited. Additional work should be done to understand factors specific to these areas in order to understand how best to develop resources in these areas.

Map 11: High Food Insecurity with Low Resources


**Top Level Conclusions**

The presence of food deserts, particularly in North and South Omaha represent geographic areas that are at the highest risk of experiencing food insecurity. However, food deserts present a somewhat limited view of food access because they do not account for convenience stores, individuals earning moderate incomes, other food assets and willingness to travel. Because, some food insecure households may be able and willing to travel more than one (1) mile to access a preferred grocer, the quality and variety of foods sold at grocers near to food deserts may help mitigate the impacts of food deserts. However, markets near food deserts may not be ideal to support a full access grocery due to population density or economic constraints. Other solutions might involve mitigating transportation issues to make utilizing existing grocery stores outside of the
food deserts a more attractive option. To this end, local thought leaders have shared that the emergence of delivery and pick-up options has the potential to influence the way community members’ access markets. Another option would be expanding the Healthy Neighborhood Store concept so that these areas have increased access to healthy foods for those with transportation challenges. The most glaring room for improvement exists in the large food desert present in the West-End of Council Bluffs. Further opportunities exist on finding improved solutions to serving clients with transportation barriers beyond extended hours and proximity to public transportation access points.

Based on the analysis of the pantries in our community, the community could benefit most from investing in improving the capacities of our existing pantries rather than the continued proliferation of pantries that don’t fully meet the needs of their clients. This strategy may have secondary benefits such as increased utilization of federal benefits, particularly among Nebraska residents and seniors.

**Recommendations and Conclusions**

Within the Omaha-Council Bluffs community, thought leaders are addressing the connection of food access, with health and nutrition and financial stability: some health systems are now screening for food security, farmers’ markets are accepting SNAP and offering bonus bucks, a program that incentivizes shoppers to use their SNAP benefits on fresh produce, convenience stores are considering healthier offerings, and several food-focused programs also consider housing and financial instability.

Overall, this reflects growing collaboration across sectors and a willingness for organizations to examine the role of food in living our best life. In a sustainable community system farmers, consumers and community organizations partner to create a more locally-based, self-reliant food economy.37 “Today, our challenge is to build and support food systems that provide for the long-term health of our environment, our families, and our communities.”38 Existing coordination and collaborative work focused on intersecting elements within the food system may benefit from broader system-wide planning that strengthens these efforts, identifies new strategies and opportunities for collaboration and promotes system-wide practices and shared metrics.

A regional approach to address food security represents the geographic reality of the metro area, leveraging the resources from the entire community to improve access to healthy, affordable food. Isolated approaches reinforce existing silos, ignore collaborative opportunities, and underestimate the intersection between Omaha and Council Bluffs. As illustrated by examples of other regional efforts, multi-state collaborative approaches can be successful where common threads are identified, local identity is maintained and representation is genuine.

Additional research focus areas may include:

- Deeper investigation into some of the geographic areas noted in this study as having very high levels of food insecurity, or those that present as food insecure or a food desert but seem to lack resources.
- Looking more closely at how transportation affects people’s situation in regard to food and examining how other communities have attempted to address these issues.
- Research other community’s approaches to increasing collaboration in the food systems within their communities and leveraging lessons learned in our own community regarding collaboration in other subject areas.
To this end, UWM has been awarded a USDA Community Foods Planning grant and is bringing organizations across the metro area together to co-create a plan to reduce food insecurity and improve the nutritional quality of food in our region. Community Food Projects are designed to increase food security by bringing people and organizations together to assess strengths, enhance connections, and plan for long-term solutions to local food needs. This report, therefore, creates a foundation to inform and shape subsequent work in this next phase of community food planning.
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Center for Nutrition
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2. Roadmap


11. FoodAPS


15. From personal communication with Sarah Scram, Douglas County Health Department on April 17, 2017.


17. Note: Not all pantries responded to all interview questions.

18. An individual is considered homeless if she is 1) literally homeless; 2) at imminent risk of homelessness; 3) homeless under other federal statutes; and 4) fleeing/attempts to flee domestic violence.


25. However, more specific and targeted research is required before drawing any further conclusions regarding senior meals program investment in CB.


31. US Department of Agriculture. Grant non-Technical Summary: KANSAS/MISSOURI NUTRITION INCENTIVE COLLABORATIVE PROGRAM


