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**Capitol View**

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**It’s a Desert Out There Nebraska**

Just when you thought the drought was bad, deserts have started popping up in Nebraska.

Pick a topic: childcare; food; maternal health care. They have been discussed in the interim by lawmakers and deserve to be included among bills under consideration next session. It’s time to start looking at problems affecting Nebraskans and not the national agenda of one political party.

For example, the state could help encourage more doctors to dedicate their time and specialty to labor and delivery care if the dangers of maternal health care deserts are addressed, state Sen. Jen Day of Omaha recently told members of the Legislature’s Health and Human Services Committee. She was joined by doctors, maternal health experts and hospital administrators during an interim study hearing.

The Centers for Disease Control and Prevention define a maternal desert as any county without a hospital or birth center offering obstetric care. In Nebraska, nearly 52% of the 93 counties qualify.

About 15% to 20% of all birthing-age women in Nebraska live in a county without maternal care. That’s about 80,000 women.

Day tells about a young mother who couldn’t find or afford childcare so she could drive a distance to attend a doctor’s appointment. Notice multiple problems in one issue. Affordable and accessible childcare enters the picture.

A survey by the Buffett Early Childhood Institute at the University of Nebraska found that two-thirds of childcare providers have experienced income reductions in the past year and that staff turnover is rampant. Nine in 10 providers employing staff have had difficulty hiring for open positions, citing a lack of applicants and inability to offer sufficient pay. Two-thirds of child

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care employers experienced staff turnover, with nearly 7 in 10 providers saying staff were leaving the field of early childhood care entirely.

A University of Nebraska Medical Center researcher told the committee 16% of Nebraska mothers have to travel at least 30 minutes to a care provider. Nationally, fewer than 10% of mothers live that far from care.

The dangers of traveling farther distances to obtain prenatal care are real, said Dr. Ann Anderson Berry, executive director of the Child Health Research Institute at UNMC, testifying as an individual. “When you can’t get health care in your community, the decision to seek care gets more complicated,” Berry said.

Dr. Daniel Rosenquist, a family doctor in Columbus and past president of the Nebraska Medical Association, said decreased access to high-quality maternal health care has serious long-term consequences. He suggested the state could help cover some of the costs of training more rural general practitioners in obstetrics.

Berry and others, including State Sen. Merv Riepe of Ralston, a former hospital administrator who serves on the committee, extolled the virtues of making it simpler and easier for women to give birth at home with the trained help of midwives.

Equally concerning to Nebraskans should be food deserts. How far do you have to drive to get a loaf of bread or a gallon of milk?

The Federal Government defines a food desert as a census tract where at least 500 people live in low-income areas and have limited access to a grocery store or a healthy, affordable food retail outlet. Limited access is defined as more than one mile for urban census tracts and more than 10 miles for rural census tracts.

Some areas have been dubbed “food deserts” because residents do not live near grocery stores or other food retailers that carry affordable and nutritious food. Many impoverished neighborhoods and communities only have convenience-type stores that are more expensive and do not stock healthy foods. Living in a food desert is not the same thing as

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being food insecure, but food-insecure individuals are often hardest hit by living in a food desert, especially those without access to a car, or who live in remote rural areas.

Food insecurity in Nebraska households is higher than the national average, according to a recent survey by the U.S. Department of Agriculture. Data showed that more than 12% of Nebraskans experienced food insecurity from 2020 to 2022. That’s higher than all neighboring states except Missouri.

While strengthening nutrition programs is a first step, experience suggests that a broader focus on a full range of policies that affect family economic well-being will be necessary. When people face hunger, they often struggle to meet other basic needs as well — such as housing, employment, and healthcare.

Family economic well-being in Nebraska. Let’s make it a big deal in the next legislative session.

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*J.L. Schmidt has been covering Nebraska government and politics since 1979. He has been a registered Independent for more than 20 years*.