2018 Agency-Wide Community Assessment

SMTCCAC
Southern Maryland Tri-County Community Action Committee, Inc.

The Promise of Community Action

"Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other."

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Executive Summary

Poverty in the Southern Maryland Tri-County Community Action Committee Service Area

The Causes of Poverty

A major force shaping low-income neighborhoods has been the transformation of the urban economy, which for the past fifty years and most rapidly in the past two decades, has become more decentralized, global, and heavily reliant on finance, services, and technology rather than on its once larger and more powerful manufacturing base[1]. As a result, these macroeconomic changes have fueled a concentration of poverty and joblessness among populations with limited access to college and career readiness and barriers to upward mobility such as low-income, limited language proficiency, and lack of family support or self-sufficiency. While jobs are plentiful in the Tri-County Community Action Committee's service area of Southern Maryland (Calvert, Charles, St. Mary's Counties) in recent years, the primary industries that are open to individuals without a high school diploma or those with only a high school diploma consist of retail, services, or hospitality positions. Jobs in these industries are often low-paying and do not offer benefits or retirement options. The job structure in the area contributes to long-term poverty that is difficult to transcend. Data collected for the community assessment indicates the largest driver of poverty is depressed wages with few employment opportunities that can improve mobility for low-income residents.

Poverty among all groups can be attributed in part to a local social and economic system that creates and reproduces poverty. If poverty were caused as a result of one's independent actions, we would anticipate a much smaller population impacted by poverty. Because the service area population in poverty exceeds more than 25,000 individuals it can be assumed that there are systemic forces at work in perpetuating generational and situational poverty. Gentrification of the area that has pushed low-income residents out of the population centers combined with inadequate transportation networks also make access to jobs, childcare, and social services costly and difficult, exerting a strain on the service delivery system. In under-resourced rural communities lack of access to many services jeopardizes the health of residents of towns in the service area. Individuals cannot reach grocery stores, retail outlets, or health service agencies without an undue burden. Together, these factors contribute to poor health and social and economic disparities in wellbeing that fuel generational and situational poverty.

What is Community Action?

Community Action Agencies are private non-profit or public organizations that were created by the federal government in 1964 to combat poverty in a geographically designated area. Status as a Community Action Agency (CAA) is the result of an explicit designation by the local or state government. The program was created to provide low-income people opportunities in accessing various resources to achieve their goals, become self-sufficient, and support their community by helping other people.

A CAA involves the low-income population it serves in the planning, administering, and evaluating of its programs**.** A CAA carries out its mission through a variety of means including:

1. Community-wide assessment of needs and strengths.
2. Comprehensive anti-poverty plans and strategies.
3. Provision of a broad range of direct services.
4. Mobilization of financial and non-financial resources.
5. Advocacy on behalf of low-income people and,
6. Partnerships with other community-based organizations to eliminate poverty or address specific needs of the community.

[1] Abramson, Tobin, & VanderGoot, 1995; Massey & Eggers, 1993.

Poverty is manifested differently for certain segments of the population. The economy and the large concentration of seniors living on a fixed income is an important predictor of poverty in the service area. According to the Southern Maryland Tri-County Community Action Committee needs assessment survey data, respondents were found to be more likely to receive government benefits or social security than members of the general population in the service area and demonstrated a lower income. Comments in the survey responses indicated that seniors in poverty tend to have unstable housing arrangements and increased food insecurity. Poverty among families is also greater among single-parent families and families with children under five years of age. One causal factor for high rates of poverty among young families may be the cost of childcare and the difficulty single-female householders and parents that are at an early stage in their career have in earning enough income to support a family. Female incomes are lower than found among males in the service area due to a gender-pay gap, as well as a tendency of women to leave the workforce to care for small children, which can limit their occupational mobility. For families that do receive governmental assistance, the eligibility cliff can become a disincentive to increasing their earnings because as earnings increase, other government assistance is reduced, coupled with an increasing cost of living and only incremental increases in wages. Research by Shipler (2004) echoes this trend among low-income groups.

Data from the community assessment indicates a racial disparity in regard to quality of life indicators and wellbeing in all three counties for African Americans in regard to: income, poverty, education, life expectancy and health, teen birth, and pathways to breaking generational poverty cycles such as home ownership. The disparity is due in part to generational factors, lack of educational attainment, and other systemic barriers that limit the ability of populations of color to access health care and postsecondary education. In turn, the ability of populations of color to enter into occupational roles that pay a living wage is limited.

Within the service area, accumulated disadvantages result in a lower net worth among those in poverty and lack of adequate resources for self-sufficiency, such as financial resources to make ends meet and retirement savings. The trend in which individuals from upper-middle class families start off, maintain, and extend to their children a considerable wealth advantage while those from working-class or low-income families must climb the occupational ladder to increase their assets remains true throughout the service area for all of those in poverty, regardless of gender, race, or ethnicity. The foundational origins of individuals that begin life in poverty and experiencing disadvantage have their ability to accumulate assets restricted no matter how many rungs on the ladder they climb because they are unable to bring assets forward from the previous generation. For some individuals such as those of color and women, their asset accumulation remains capped due to a wage ceiling and blocked pathways to mobility. The service area's fragmented and siloed system for linking families to basic needs assistance and social services helps individuals keep their heads above water but is not as effective at reducing generational poverty through asset building.

The Conditions of Poverty

The term "neighborhood effects" is used to describe the simultaneous presence of neighborhood socioeconomic disadvantage with other social problems, including high rates of unemployment, crime, adolescent delinquency, teenage childbearing, social and physical disorders, single-parent households, child maltreatment, high levels of mobility, poor child and adult health and mental health, and poor developmental outcomes for children and adolescents[2].

The service area communities have an uneven distribution of resources both geographically and socioeconomically. The counties are rural with urban cities such as Waldorf (Charles County), Lexington

[2] Coulton, Korbin, Su & Chow, 1995; Policy Link, 2002; Roosa et al., 2003, Sampson, 2001, Sampson, Morenoff, & Gannon-Rowley, 2002.

Park and California (St. Mary's County) and Chesapeake Beach (Calvert County). Data in St. Mary's County is skewed by the presence of the naval base and data in Charles County is skewed by gentrification and rising incomes. Socioeconomically, even in more prosperous geographic areas, an invisible class of poverty persists in rural and urban enclaves in all counties alongside other more obvious indicators of poverty such as blight, homelessness, and urban decay. The needs of individuals with a low-income are obscured by county-level census data that shows higher than average family incomes, lower poverty rates than in other areas in the nation, and relatively high levels of education and literacy among the population. The data creates a picture of relative health and wellbeing that rings true in theory, but not in the daily experiences of residents. The smaller than average population size also lends the counties to a minimum allocation of funds to support the public services system. Both population size and masked needs make it difficult to obtain additional resources funded by state and federal programs to support the needs of the population.

A review of the data for the service area shows that the population experiences the following common issues:

- ***A high cost of living and stagnant poverty rates***. All three counties have a high cost of living that has been fueled by a growth in the number of individuals moving from the Metro Washington D.C. area to more affordable suburban parts of the service area, particularly in Charles County. Despite a consistent increase in the median income as a result of an influx of high earners the population in poverty still increased over the past five years, illustrating a long-term trend of year-over-year increases in poverty among the most vulnerable segments of the population. In 2000, there were 17,750 residents in poverty in the service area compared to 25,496 in 2015. The increases since 2000 were as follows: Calvert County experienced an increase of 1,238 individuals in poverty rising from 3,969 people in 2000 to 5,207 people in poverty in 2015; in Charles County the number in poverty rose by 4,405 people, from 7,500 individuals in poverty in 2000 to 11,905 individuals in 2015; In St. Mary's County, the number in poverty rose from 6,281 people (2000) to 8,384 individuals in 2015, demonstrating an increase of 2,103 people in poverty. Women are more likely to live in poverty than men. In Calvert County, 4.6% (2,044) of males are in poverty compared to 7.0% (3,163) of women. In Charles County, 8.8% (6,972) of females live in poverty compared to 6.8% (4,933) of males and in St. Mary's County, 9.8% (5,286) of females live in poverty compared to 5.8% (3,098) of males.

  Child poverty is increasing in all three counties at a faster pace than among the general population. Child poverty, both situational and generational, influences the day-to-day life of children in addition to impacting their long-term outcomes in health and wellbeing. In Calvert County, the poverty rate among all individuals in the population is 5.9% (5,315 people), compared to a rate of 8.1% of children (1,154 children birth-17 years), and 7.1% for children aged 0-5 years (327 children). In Charles County, the poverty rate among all ages is 7.1% (10,943 individuals), compared to a rate of 10.4% (2,720) for children and 14.9% for children aged 0-5 years (1,361 children). while in St. Mary's County the poverty rate among all ages is 8.7% representing 9,398 individuals, compared to 12.7% (3,439) of all children and 11.7% of children aged 0-5 years (860 children). Charles County has the highest poverty rates among children and a lower rate of poverty among adults. As discussed prior, the lower rate of poverty is due to an influx of residents from Metro Washington D.C. that have a high income, thus there are pockets of the county that remain deeply impoverished, particularly in areas of Waldorf in Charles County and in ZIP codes 20625 (south county) which has a poverty rate of 19%. Concentrated areas of poverty in St. Mary's County include the ZIP codes of 20606, 20684, 20626, 20660, and 20674 which have poverty rates that exceed 20%. In Calvert County, poverty rates are lower than in either St. Mary's or Charles County and exceed 10% of the population in ZIP code 20714 (Holland Point).

- ***Senior poverty rates are below average but are elevated for senior women and seniors of color.*** Seniors experience issues related to lack of transportation, food insecurity, depression and mental health issues, and lack of financial stability due to a limited income. The service area senior poverty rate is 6.8% (2,634 individuals), 1% lower than the state senior poverty rate. In Calvert County, there are 748 (poverty rate of 6.8%) seniors in poverty compared to 1,235 (poverty rate of 7.8%) seniors in Charles County and 651(poverty rate of 5.5%) seniors living in poverty in St. Mary's County. In regard to gender, 4.6% (10,075) of males over age 65 years lived in poverty compared to 8.5% (15,421) of females. In Calvert County, 7.0% (3,163) of female seniors live in poverty compared to 4.6% (2,044) of males.

- ***Educational attainment rates among individuals of color and achievement rates for low-income students and Black or African American students are diminished***. In all counites the percent of adults without a high school diploma is much higher for individuals of color than found among the general population. The greatest differences in adult educational attainment are found in St. Mary's County, which is also the least diverse of all service area counties. The data is also skewed in St. Mary's due to the impact of the naval air station. When rates of educational attainment for Leonardtown are examined, the trends remain the same but the differences grow greater in significance than county-level rates of educational attainment. The adult educational attainment disparity is seeded in elementary school.

  St. Mary's had the largest achievement gap in which the percent of students with a low-income that met proficiency in Math and English/Language Arts in the third grade was 18% lower than the rate found among all students. Data indicated the gap began in early childhood. When data for the county was examined by race, among Black or African American students, the rate of students that met proficiency was 20% lower than found among all third-grade students as a whole. By the time students are in high school the achievement gap decreases by 9% for low-income students, but by just 4% for Black or African American students.

  In Calvert County, the achievement gap between low-income students in English/Language Arts is prevalent. Again, children start kindergarten further behind than their peers across the state with an achievement gap present for low-income and Black or African American children. In elementary school in English / Language Arts, low-income students demonstrate a rate of proficiency 7.7% lower than all students. Black or African American students achieved at a rate 8.2% lower than all students.

  The achievement gap in Charles County is more prevalent among low-income students than among students of color. Black or African American kindergarten readiness is at parity with Whites. In elementary school, Black or African American students have achievement rates 10% higher than whites in English Language Arts and 8% higher in Math, while low-income student achievement is 11% lower than all students in English/Language Arts and 7% lower in Math. Despite higher than average achievement rates when the high school graduation rates are compared between lower and higher-income communities it is evidenced that a racial achievement gap is still persistent in areas of the county that have higher rates of poverty. The data in Charles County obscures the conditions of poverty in very low-income geographic areas.

- ***The number of SMTCCAC survey respondents that are unemployed is greater than the percent of the population in the community that is unemployed. In addition, employment is not keeping up with the net change in the population.*** The unemployment rate decreased less than 1% for all counties in the past year (-3% over the last 3 years). The population growth in Calvert County

during this time period was 2%, compared to 3.6% in Charles County and 3.7% in St. Mary's County[3]. For the entire service area, population growth exceeded 25% in the last 10 years.

Head Start parents have a lower rate of high school graduation leading to a disadvantage educationally in terms of acquiring meaningful employment. The major theme identified by respondents as a barrier to employment was a lack of jobs and limited qualifications for employment opportunities that are available. This data is consistent with the education and career needs data in which a large percentage of respondents reported job training as a major need in the community. When workforce trends were examined in each community, data indicates that there is a high-end job growth in professional and business services with a technology-intensive knowledge base foundation. There is also strong growth in service and retail professions which are at the lower-end of the wage spectrum. It is anticipated that wage inequality will continue to grow if individuals in poverty are not able to improve their qualifications to extend into the professional fields. The most common job groups, by number of people living in Charles County, are Management, Business, Science, & Arts, Sales & Office, and Service. The most common employment sectors for those who live in Calvert County, are Public Administration, Retail trade, and Construction. The most common job groups, by number of people living in St. Mary's County, are Management, Business, Science, & Arts, Sales & Office, and Service. Within the three-county area, jobs that have experienced growth since 2012 include public administration, education and health services, professional services, leisure and hospitality and other services, while manufacturing trade, transportation and utilities, construction, financial activities and information have experienced a significant decline.

- ***Access to health services is limited with an expressed need for expanded dental services.*** The service area health care provider to low-income resident ratio for dentists, physical health, and mental health care is lower than found across the state. In all counties, the rate of access for children and adults that received a dental visit in the last year was lower than found in Maryland. Data indicates that while providers are an issue, transportation and a large percentage of the population that receives Medicaid also impact access to health care services.

- ***Health disparities impact a large percentage of the population.*** The health of the population is promising in several parts of the service area but a significant number of residents face significant challenges in maintaining health and well-being as a result of health disparities that are present at birth and persist throughout life for individuals of color or for those with a low-income. Charles and St. Mary's Counties rank in the bottom two tiers of the state in regard to health outcomes. The ranking is due to the population in poverty, barriers to accessing health services (geography and lack of providers), and the prevalence of health problems that are compounded by other factors such as lack of access to nutrition, limited coordination of health services, and low health literacy. In Calvert County, the life expectancy for Black or African American residents is 77.6 yrs. versus 80.3 for Whites and 80.1 for all residents. In Charles County, the life expectancy for Whites is 79.3 versus 79.7 for Black/African Americans and 79.5 for all residents. In St. Mary's County, the life expectancy for Black or African American residents is 76.6 yrs. versus 79.4 for Whites and 79.1 for all residents.

- ***Maternal and child health indicators are poorer in regard to smoking during pregnancy, preterm birth, and an increased rate of teen birth among mothers of color.*** The teen birth rate differs by race with Black or African American teens experiencing higher rates of teen birth as

[3] U.S. Census Open Data Network. https://www.opendatanetwork.com/entity/0500000US24037-0500000US24009-0500000US24017/St_Marys_County_MD-Calvert_County_MD-Charles_County_MD/demographics.population.change?year=2015&ref=related-peer

evidenced by a rate of 22.6/1,000 in Calvert County, 15.7 in Charles County and 17.2 in St. Mary's County, compared to 9.6 for all races in Calvert, 15.3 in Charles, and 14.8 for all races in St. Mary's County. The rate of preterm birth is also higher for women of color in all counties than found across the state at 9.1% in Calvert, 10.6% in Charles, and 9.1% in St. Mary's County, compared to 7.6% of babies in Maryland.

- ***Substance abuse is increasing at a significant rate that outpaces growth in the substance abuse rate found at the state level indicating a growing crisis in public health. Substance abuse trends are linked to the prevalence of mental illness, homelessness, and poverty.*** Similar to the upward trend in substance abuse found in Maryland, the Southern Maryland counties are experiencing a dramatic increase is substance abuse and overdose deaths. The number of Marylanders who died from drug and alcohol-related overdoses in 2016 reached an all-time high of 2,089, a 66% rise from 2015. In the past, substance abuse deaths were primarily attributed to Heroin, followed by prescription drugs. In recent years, Heroin still accounts for the majority of overdose deaths, but deaths due to Fentanyl have exponentially increased. Heroin and Fentanyl now account for 90% of the overdose fatalities, according to an annual report from the state's health department. Southern Maryland saw 88 deaths in 2016 from substance abuse, a nearly 50% increase compared to 2015. When data from 2014 is included, Heroin-related deaths increased by 67% in the last two years. The drug-induced death rate is 25.0 in Calvert County, 13.3 in Charles County and 10.6 in St. Mary's County, compared to 17.7 in Maryland.

  There are multiple causes of the opioid crisis such as overprescribing, easy access to opioids, and limited access to less-addictive, more expensive pain medication and addiction treatment. Unemployment and lack of health insurance are also associated with a higher instance of prescription opioid misuse and abuse[4]. Plans for combating the opioid epidemic must be multifaced at the system and community level. For example, education efforts must be paired with treatment services for those that are addicted, which in turn reduces the demand for drugs in the community. Despite a declaration of an opioid crisis for Maryland and nationally, and the three-pronged plan for reducing the addiction epidemic proposed at the federal level, which includes aggressively prosecuting illegal drug traffickers, closing shipping loopholes for drugs and encouraging the approval of drugs to fight addiction such as Suboxone and Narcan, the epidemic in the service area is likely to worsen. The national strategy must expand treatment to significantly impact the service area to be an effective measure for combating substance abuse. Also, changes to the policies surrounding the Affordable Care Act will most likely reduce health coverage for many Americans and recovery and treatment for those who become uninsured.

  Community-based strategies that could impact the increasing rate of substance abuse in the service area include: advocating and working in collaboration with addiction service providers and hospitals to link SMTCCAC self-sufficiency and two-generation services to treatment programs, educating health and social service professionals to increase referrals to treatment among service-seeking populations, pooling and leveraging funds and grant opportunities to expand sober housing and other residential and non-residential treatment programs, and creating strong recovery-specific connections between anti-poverty, employment, and social services programs to support ongoing sobriety for individuals with addiction history.

- ***The supply of emergency housing and shelter beds is not adequate to support the number of homeless individuals identified by the Point-In-Time Housing Count or the state estimate of homeless individuals.*** There are 143 emergency shelter beds in the service area, yet the

[4] Harvard Business Review, 2017. https://hbr.org/2017/10/to-combat-the-opioid-epidemic-we-must-be-honest-about-all-its-causes

population of individuals receiving homeless services is estimated to be 1,329[5]. The Point-in-Time (PIT) count estimates there are 181 homeless individuals in households with at least one adult and one child and an additional 236 persons in households without children at any given time in the service area that are homeless. The PIT count estimates that 50 of those that are homeless are severely mentally ill and 45 are chronic substance abusers. Victims of domestic violence also comprise eleven members of the homeless population. Housing issues are of particular concern in light of high crime rates, increasing mental illness, and increasing substance abuse. Often, individuals released from the criminal justice system quickly end up in homeless shelters which could be contributing to the growing members of the homeless population that experience substance abuse and mental illness as these issues are overrepresented among the criminal justice involved population. Without adequate resources recidivism rates in the service area among this population are likely worsen. There are 26 homeless encampments in the three-county service area.

- ***Housing insecurity and the condition of housing for low-income residents impacts a significant percent of the population and low-income residents.*** The national home ownership rate is 63.6%, compared to 66.5% for Maryland, 81.9% for Calvert County, 77.4% for Charles County, and 71.9% for St. Mary's County. The general trends for the service area indicate that rates of individuals that own a home are higher than found nationally and in the state. The percentage of the renter – occupied units is correspondingly low. The rate of renter-occupied units is 36.4% for the U.S. and 33.5% in Maryland, which is almost double the rate found in Southern Maryland Counties. The percentage of renter-occupied households is 18.1% in Calvert County, 22.6% in Charles County, and 28.1% in St. Mary's County. There is a 0% vacancy rate for affordable housing in Calvert County. In Charles and St. Mary's County the cost of rent is high which also creates affordable housing concerns. The rental vacancy rate is slightly lower than the rate for the nation and reflective of the state vacancy rate. This data indicates that in Calvert County finding appropriate housing is a concern while in Charles County, the cost of housing is more of a concern for families. Should these trends continue it is likely employers will report problems finding qualified personnel due to the high cost of housing and economic development efforts may be stalled as the housing system becomes more inadequate for workers.

  The condition of housing in some areas and the housing occupied by low-income residents is of concern. Overall, the service area counties fare better or comparable to the state in the rate of substandard conditions, likely due to the expansion of newly built housing as the area became more populated, but there are areas of the counties that have a large stock of housing that lacks plumbing, sewer and water systems. Disproportionately, survey respondents reported having experienced these issues. The areas that are most in need of services such as weatherization and affordable housing include areas of Waldorf in Charles County, Prince Frederick in Calvert County and Lexington Park in St. Mary's County[6].

  Affordability of housing is complicated by lack of affordable housing stock which was an expressed need in each county. According to the Maryland Department of Housing and Community Development the estimated net shortage of affordable and available rental housing in Calvert County was 207 units, compared to 469 units in Charles County and 343 units in St. Mary's County[7]. In turn, 50% of community survey respondents pointed the primary cause of housing issues was lack of affordable and available housing and 34% pointed to the cost of living

[5] State of Maryland Interagency Homelessness Report to Legislature (2016).
[6] http://msa.maryland.gov/megafile/msa/speccol/sc5300/sc5339/000113/002000/002959/unrestricted/20066364-0008e.pdf
[7] https://planning.maryland.gov/PDF/YourPart/773/20140127/Housing_Maryland.pdf

and low wages as foundational problems impacting housing issues. The opinions of survey respondents align with the primary housing data collected for the service area.

- ***Food insecurity is becoming more prevalent***. Characteristics associated with nutritional vulnerability present among the Southern Maryland population include having a low-income, experiencing persistent poverty, lack of income security, lack of savings and the variation in the cost of living in the service area (medical expenses, changes in the cost of living, rent increases, etc.). Food security needs are complicated by restrictions on the use of food pantry services and the ability of the emergency food system to accommodate the needs of the population. While food bank data is critical in understanding food security, food bank users are only a subset of the food insecure households, often those experiencing the most severe circumstances. Barriers to the use of food banks or distribution programs include the perception in the level of need that an individual may have, limited operating hours and the location of food banks which may make them difficult to reach, and the chance that families will be turned away because there is not enough food.

  The percent of the population living in a food desert has grown since 2010 in all counites. In addition, children eligible for Free and Reduced Priced Meals (FARMS) has also increased in all counites during the past five years. Children have higher rates of food insecurity than adults. In each county over 30% of the population lives in a census tract with no healthy food access compared to just 18.2% of the state population. The highest rates of children that use FARMS are in Charles County which also has the highest rates of food insecurity. Among children, Charles has lower rates of food insecurity, which could be due to high rates of participation in FARMS and a lower cost of food than in the other service area counties. Racial disparities in regard to food security are also present. A higher percentage of non-Hispanic Blacks lack of access to healthy food than rates of healthy food access demonstrated among the general population.

- ***Transportation can be a major obstacle for low-income families in the service area due to limited public transportation resources that are either not available in all areas or do not meet the scheduling needs of families.*** Southern Maryland's unique geographic location limits its connections to the rest of Maryland. Transportation is an issue relevant to the ability of the service area to grow economically as well as to support the ability of families to access resources. Since the area is a peninsula, no major interstate highways traverse it and the bridges connecting Calvert, St. Mary's, and Charles County are low capacity, two-lane structures. Transportation issues include routes with few stops and long waiting times for buses to traverse the area. Additionally, each county experiences issues related to collaboration between transit providing agencies that limit the ability to leverage transportation resources.

  Without reliable transportation, families cannot take advantage of housing, health services, or employment opportunities. Issues identified as the cause of transportation needs in the community most commonly cited by survey respondents included that the cost of transportation was too high and that the transportation system was insufficient. In all service area counties, less than 5% of the population lacks access to a vehicle which contributes to high rates of congestion along highways and roads. There has also been a gentrification occurring where low-income residents are pushed to more rural areas that lack transportation as housing costs increase. In these areas transportation can be more limited or non-existent.

- ***Childcare Accessibility is limited as evidenced by a significant childcare slot gap in each county and lack of affordable childcare options.*** Common trends across the service area indicate that there is a significant need for childcare programs for children birth-to-two years, in addition to affordable childcare that spans the range of birth-to-five years. Of Southern Maryland Tri-County

Community Action Committee needs assessment survey respondents, 87% of Head Start eligible respondents indicated they are interested in Early Head Start services. In all three counties the most pressing childcare issues are related to cost and accessibility. As such, a combination of home-based and center-based options would best serve families.

The waiting list for childcare subsidies in the area is extensive with over 250 children in Charles County on a waiting list for assistance, 64 children in Calvert County and 45 children waiting for childcare subsidies in St. Mary's County. Charles County also has several areas within the county that do not have any providers at all. Charles County has the highest slot gap of all three counties and the highest rate of children per regulated space. There are over 1,300 eligible children aged birth-to-five years utilizing other childcare programs in the tri-county service area with the majority residing in Charles County.

Childcare costs the most in Calvert County at an average of $223/week for a child under two (infant/toddler) and $171/week for a child aged 3-5 years (preschooler). In Charles County, the cost of childcare for an infant/toddler is $257 and $182 for a preschooler, compared to $295 weekly in St. Mary's County for an infant/toddler and $218 for a preschooler.

Agency Description

Overview of Southern Maryland Tri-County Community Action Committee, Inc.

Southern Maryland Tri-County Community Action Committee, Inc. (SMTCCAC, Inc.), was first established in 1965 as a private non-profit organization. Services are available to persons residing in Calvert County, Charles County, and St. Mary's County. Upon receiving additional funding in 1967, the program's Head Start and Emergency Food and Medical Services took shape, along with the Family Movement Independence Demonstration Project. By 1981, there were 12 programs under the umbrella of SMTCCAC, Inc. As a result of these 12 programs, 10,505 citizens received the help they needed.

President Johnson signs the Economic opportunity Act of 1964.

Programs and services administered are designed to combat poverty and promote economic self-sufficiency. Periodic needs assessments are conducted to determine the need for certain services, improvements needed, and gaps in services. Programs provided by SMTCCAC, Inc. include:

- Career Training Programs
- Friendly Health Services
- Senior Companion
- Housing Counseling
- Office of Home Energy Program

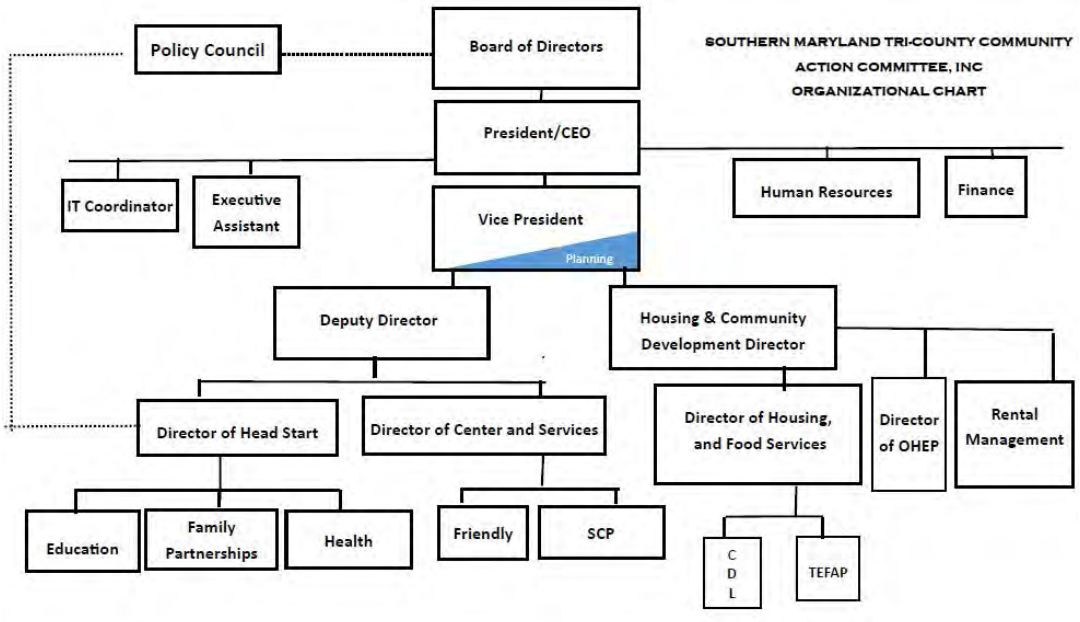


Figure 1 Organizational Chart

Head Start and Early Head Start

The SMTCCAC Head Start program design and options consider the needs of the families and trends related to population, service needs, and the availability of other early childhood education programs in the service area. In 2016-2017, SMTCCAC provided Head Start services according to the following program models:

- 120 Head Start slots
- 60 non-federal state preschool slots

In 2018, SMTCCAC will continue to offer a diverse array of program options that meet the needs of all families, including low-income working families.

OFFICE OF HEAD START
An Office of the Administration for Children & Families

Head Start supports the school readiness of young children aged birth-to-five from low-income families through agencies in their local community. In addition to education services, programs provide children and their families with health, nutrition, social, and other services. Head Start services are responsive to each child and family's ethnic, cultural, and linguistic heritage. Head Start encourages the role of parents as their child's first and most important teachers. Programs build relationships with families that support positive parent-child relationships, family well-being, and connections to peers and community.

Head Start began as a program for preschoolers. Early Head Start serves pregnant women, infants, and toddlers. Early Head Start helps families care for their infants and toddlers through early, continuous, intensive, and comprehensive services.

The Head Start program is authorized by the Improving Head Start for School Readiness Act of 2007. Local services are delivered by about 1,700 public and private nonprofit and for-profit agencies. These agencies receive grants from the U.S. Department of Health and Human Services (HHS). Head Start agencies design services for children and families that meet the needs of their local community and the Head Start Program Performance Standards. Both Head Start and Early Head Start programs offer a variety of service models, depending on the needs of the local community. Programs may be based in centers, schools, or family child care homes. Early Head Start services are provided for at least six hours per day, whereas Head Start preschool services may be half-day (four hours) or full-day. Another program option for Early Head Start is home-based services.

Overview of Assessment Process

The Community Needs Assessment

The purpose of the community assessment is to provide a current snapshot of the well-being of families and children in the Southern Maryland Tri-County Community Action Committee's (SMTCCAC) three-county service area and to meet the requirements of the Community Services Block Grant (CSBG) and Head Start program. This assessment meets the requirements for Section 676 (b) (11) of the CSBG Act and the goals set forth by the Office of Economic Opportunity and Information Memorandum 49, from the Office of Community Services United States Department of Health and Human Services. For CSBG, the community assessment offers a focus on local conditions and enables the agency to analyze the economic opportunities and barriers for all residents who are at risk of remaining or becoming economically insecure. The community assessment also identifies existing resources to expand opportunities and leads to a multi-year service strategy for the agency. For the Head Start program, this document is prepared in accordance with 45 CFR 1302.11. It serves as an overall assessment of local social and economic conditions as they relate to the needs, priorities, and lives of Head Start eligible children and other low-income families in the Head Start service area of Charles County. It provides information compiled from various national, state, and local sources for the entire SMTCCAC three-county service area. The table below shows the ways in which the community assessment is used by the SMTCCAC board of directors, the Head Start board and policy council, and program staff.

Purpose of the Community Assessment	
Community Action	**Head Start**
Understand the scope of both emerging and ongoing needs of economically insecure residents in the community.	The overall vision and direction of the agency.
Choose the role the organization will play in meeting some of those needs.	Program goals and long and short-term program objectives.
Identify economic resources, social resources, and partnership opportunities in the community that can help meet the needs.	The types of services that are needed and the criteria that define the types of children and families who will be prioritized for selection and enrollment.
Identify significant public policy issues.	The service delivery options to be implemented.
Educate community residents and leaders about the identified needs and provide input on policies and strategies.	The recruitment area that will be served by Head Start and Early Head Start.
Explain to the community the rationale behind decision to prioritize needs and allocate resources.	The number of Head Start eligible children and families in the service area and appropriate locations for services.

Table 1 Purpose of the Community Assessment

In July, 2017 SMTCCAC issued a bid request for community assessment and strategic planning services. The bid was awarded to Heartland Solutions who worked with SMTCCAC staff to design the overall planning process, develop the needs assessment methodology, and worked with the board and staff to

identify and prioritize needs and strategies to address those need that would guide the organization for the next several years. The project plan was designed to facilitate a comprehensive and timely process that allowed for significant engagement of staff, program participants, and other stakeholders in the community assessment process. The community assessment occurred from August-December 2017. The staff and board members that participated in the process included:

Planning and Evaluation Committee Members	
Name	**Title**
Michael E. Young, MSW	President, Chief Executive Officer
Donna Montgomery	Head Start Director
Director of Center and Services	Gwendolyn Ferguson
Director of Housing and Food Services	Mary Dade
Director of OHEP	Virginia Pilkerton
Ernest Downs	Planning and Evaluation Committee Chair
Mary Dryden	Planning and Evaluation Committee
Josephus Harris, Jr.	Planning and Evaluation Committee
Joseph Douglas Frederick	Planning and Evaluation Committee
Veronica Kelly	Planning and Evaluation Committee, Policy Council Chair
Louis Grasso	Planning and Evaluation Committee

Table 2 Community Assessment Steering Committee

The staff, board, and Planning and Evaluation Committee members worked collaboratively to determine the information to collect, methods for collecting data, the participants for each data collection method, the anticipated process timelines, and monitoring activities to assure the accuracy of data. Throughout the community assessment development process, the group provided oversight and feedback, monitored the process towards tasks and milestones in the community assessment development plan, and conducted tasks to ensure the completion of the community needs assessment and its linkage to the strategic planning process.

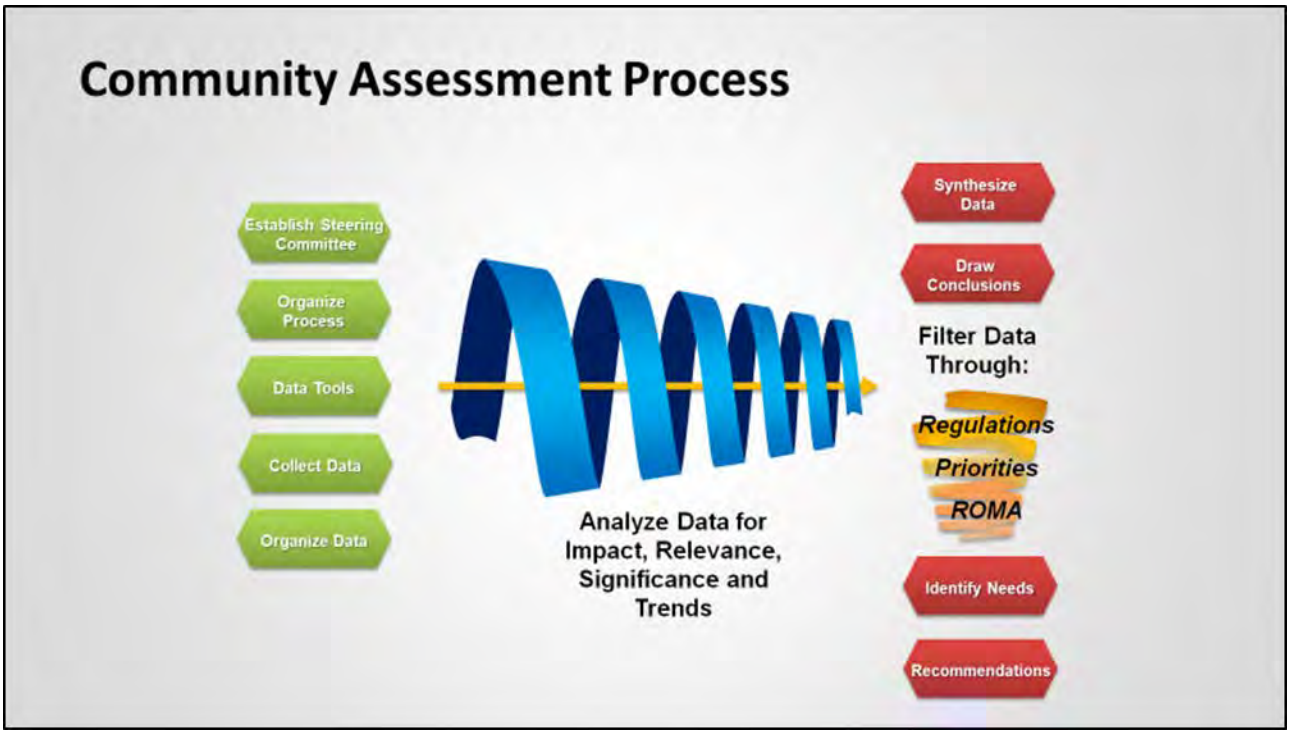


Figure 2 Community Assessment Process

The team collected data on the following information:

- *Overview of the CSBG and Head Start Service Area.* An overview of the three-county service area including the economy, major employers, and trends in the community, children, and families.
- *A complete analysis of the community-wide conditions.* An internal and external analysis of quantitative and qualitative data in order to prioritize and address verified urgent and local needs.
- *A description and analysis of the needs of low-income persons in the SMTCCAC service area.* The committee worked with the Heartland demographer and research team to discover the needs of low-income individuals using a variety of sources such as a survey that included the general public, census data, feedback from employers, key informant input, and the input of elected officials.
- *A Description of the Head Start Eligible Population.* A profile of the service area's Head Start (HS) and Early Head start (EHS) eligible families, based on authoritative information sources. This includes, the number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak.
- *Special Populations.* An analysis of children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Educational Agency Liaisons and an estimate of the number of children in foster care.
- *Early Childhood Education Programs.* A review of other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served.
- *Children with Disabilities.* A description of the number of children with disabilities, including the types of disabilities and relevant services and resources provided to these children by community agencies such as IDEA Part C and B providers and community child care providers.

- *Employment, Education, Housing, Health, Nutrition, Transportation, Asset Development, and Social Service Needs.* A description of the needs of low-income residents, residents at-risk of becoming economically insecure, seniors, Veterans, Head Start eligible children and their families, including prevalent social or economic factors that impact their well-being.
- *Parent Needs.* Typical work, school, and training schedules of parents with eligible children.
- *Community Resources.* A review of community resources available to Head Start eligible families in the service area and low-income individuals.
- *Community assets, Community Linkages and Strengths of the community*. A summary of community and program strengths. The Planning and Evaluation Committee identified community assets and service gaps using survey data from low-income individuals and feedback from staff, key informants, elected officials, the general public, elected officials, and agency partners.
- *Barriers to Services.* Barriers to services identified through an analysis of data and alignment to the needs of families, the community, and agency needs and resources.
- *Organizational capacity and board development opportunities.* Using the Results Oriented Management Accountability (ROMA) system of national goals, the Planning and Evaluation Committee examined the data by content area in the context of three primary areas related to poverty: Family, Community, and Agency. Through this process, the group identified and determined the causes and conditions of poverty, the needs of low-income individuals, how well the needs of low-income persons are met, barriers to serving residents, community strengths and assets, and recommendations of solutions to address barriers.

Community Assessment Project Tasks	
Description	**Activity**
Project activities begin.	8/1/17
Needs assessment workgroup created, assessment coordinator identified within the agency and Heartland, appointed the agency team, and created a data map including quantitative and qualitative data and sources.	8/5/17
Board and Planning and Evaluation Committee engaged in community assessment process and plan for community assessment was presented to the board and policy council; the Planning and Evaluation Committee introduced assessment concepts and choices, identified the assessment communities, identified the categories of needs and assets to inform the scope of the assessment.	8/5/17
Survey designed, data collection plan and assessment created.	8/1/17-8/22/17
Implement data collection plan (qualitative and quantitative data), surveys and interviews begin, timelines monitored, defined roles of staff, board members, agency partners, consultants, develop feedback tools and finalize data collection tools.	8/22/17-9/1/17

Community Assessment Project Tasks	
Description	**Activity**
Data from counties is collected and analyzed (quantitative and qualitative data), report analysis weekly, create county profiles.	7/20/17-9/1/17
Progress updated provided to board and policy council.	monthly
Interviews/focus groups conducted (qualitative data).	8/30/17-12/1/17
Data analysis and key findings are identified.	8/30/17-12/1/17
1st draft is submitted for review. Board reviews mission and vision statements, both staff and board review data and identify critical community issues, resources, and service gaps.	8/30/17
ROMA incorporated into the report.	9/1/17
Final draft is submitted for approval.	9/7/17
Presentation to board and approval of CNA.	12/9/17
Board sets overarching strategic goals for the next five years, staff develop outcomes, strategies, and indicators for achieving identified goals.	12/9/17
Board approves plan and implementation. Board discusses and amends and approves plan as needed, staff develop timeline for implementation.	12/9/17

Table 3 Community Assessment Project Tasks

Methods of Data Collection

Sources of Data and Data Collection Methods
Numerous primary and secondary data sources were used to describe the demographics of the service area and the physical, social, and economic well-being of the area's low-income population. Sources of primary data included information collected during meetings held throughout the year in the community, feedback from parent surveys, community partner surveys, and data gathered from primary interviews with key staff, informants, and selected community service providers.

Secondary sources of data included population datasets such as the U.S. Census Bureau, the Community Commons website, Maryland State Department of Education, the Kids Count Data Center, Maryland Department of Health, Healthy People 2020, and the County Health Ranking reports. These sources are cited throughout the document and in tables in the appendix. In addition, the assessment includes information garnered from other secondary sources such as community health and needs assessments published by other agencies in the service area.

Internal data included information necessary to create a profile of children and families, services received, goals attained, and services for children with disabilities. These sources included service reports from the Community Action program, information from agency management information systems, the Head Start Program Information Report, assessment reports, staff feedback, health services data, nutrition and mental health services information, and data gathered from a core team of staff that participated in the design and implementation of the community assessment. In addition to participating in data collection, providing feedback, and receiving reports on the community assessment, the Head Start policy council and SMTCCAC board of directors and the SMTCCAC Planning and Evaluation Committee oversaw the community assessment.

Distinguishing Features of ACS 1-year, 3-year, and 5-year estimates		
1-year estimates	**3-year estimates**	**5-year estimates**
12 months of collected data	36 months of collected data	60 months of collected data
Data for areas with populations of 65,000+	Data for areas with populations of 20,000+	Data for all areas
Smallest sample size	Larger sample size than 1-year	Largest sample size
Less reliable than 3-year or 5- year	More reliable than 1-year; less reliable than 5-year	Most reliable
Most current data	Less current than 1-year estimates; more current than 5-year estimates	Least current
Best Used When	**Best Used When**	**Best Used When**
Currency is more important than precision	More precise than 1-year, more current than 5-year	Precision is more important than currency

Distinguishing Features of ACS 1-year, 3-year, and 5-year estimates		
1-year estimates	**3-year estimates**	**5-year estimates**
Analyzing large populations	Analyzing smaller populations and geographies	Analyzing very small populations and tracts for which 1-year data is not available

Table 4 Description of Data Sources

Summary of Data Sources	
Quantitative Data	
Source	**Topics**
U.S. Census; American Community Survey	Demographics, Education, Income, Healthcare/Insurance, Employment, Housing, Nutrition, Maternal and Child Health, Basic Assistance, Economics
U.S Department of Labor; Bureau of Labor Statistics and the MD Office of Workforce Information and Performance (OWIP)	Employment, Income and Wages, Industry, Workforce
Maryland Department of Health	Behavioral Risk Factors, Health, Immunizations, Oral Health, Birth Defects, Health Workforce, Nutrition
U.S. Center for Disease Control	Oral Health
MD Governor's Office of Crime Control and Prevention	Crime and Delinquency
Maryland State Data Center	Child Population Demographics
Annie E. Casey Foundation. Kids Count Data Center	Dual Language Learners, Maternal and Child Health, Child Abuse, WIC Enrollment
United Health Foundation	Health Rankings
Mental Health America	Mental Health
U.S. Department of Housing and Urban Development	HUD and housing information
Maryland State Data Center	Population Demographics
Community Commons	Population Density, Demographics, Education, Student Achievement, English Language Proficiency, Health, Neighborhood and Environment, Housing, Veterans, Insurance, Health Professional Shortage Areas, Immunization Data, Elderly Population Demographics, Nutrition
Maryland State Department of Education	Education, Student Achievement, Disabilities, English Language Learners, Economically Disadvantaged Students
Head Start PIR	Head Start Demographics, Enrollment, and Services
Surveys	393 Surveys [Calvert = 79; Charles = 191; St. Mary's = 64; Other =11]

Summary of Data Sources	
	25% Program Participants/Clients (308) 30% General Public (80) 9% Partnering Agencies (37) 12% Board Members (5) 15% SMTCCAC Staff (31)
Qualitative Data - *Please see Appendix Table for a list of participants by data source	
Interviews	Public Sector Interviews – (2) Senator Middleton and Delegate Proctor
Community Forums	(3) – Calvert, Charles, and St. Mary's County

Table 5 Summary of Data Sources

SMTCCAC Client, Board Member, Elected Official, Agency Partner, and Public Survey
A survey was developed to identify and clarify the perception of needs for individuals as it relates to the following areas: demographics, Veteran status, role with agency, employment, housing, transportation, childcare, youth, food/nutrition, health, emergency services/basic needs, safety, community and other needs. Respondents were asked to rate their responses using a Likert scale design aligned with low-to-high need categories. All participants had the option to complete the survey online. In addition, hard copy or survey links were disseminated with a response of 393 surveys.

To engage the public and low-income residents in the needs assessment process SMTCCAC shared information about the assessment beginning in August, 2017. Instructions on how to access the survey were provided to staff, agency partners, board and committee members, and other stakeholders in each community. The SMTCCAC staff also disseminated flyers and shared opportunities for participation using announcements at meetings, flyers, Facebook and social media postings, and email and phone communication asking other agencies to notify their clients of the opportunity to provide feedback.

Key informants were also invited to participate in the survey. SMTCCAC staff sent emails to elected officials, board members, judges, commissioners, city administrators and others throughout the region. In total, two key informants responded to our request for an interview and 37 community agency representatives completed the online survey or submitted a hard-copy survey to SMTCCAC.

Staff input was solicited through the community needs assessment survey and through feedback during routine communication activities. The Planning and Evaluation Committee met to discuss the project and other events throughout the process. On December 8, 2017 and staff reviewed the data and integrated the ROMA process, goals, into the community assessment recommendations. The staff were asked to review the findings of the assessment and ROMA goals and provide ideas and input on the topics. This information fed into the assessment of community needs, gaps, barriers to services, community resources, and assets. Strategic planning was facilitated on December 9, 2017. The board was updated on the progress of the community assessment during meetings in July through November and presented the full assessment report in December. The qualitative information collected was recorded using hand written notes and compared with other findings to identify key data themes. The information was then analyzed by the researcher for accuracy and considered in the determination of community assets, the needs of low-income individuals, and gaps in services. The information also informed strategy development related to addressing the needs of communities and low-income residents.

Methods for Data Analysis

Initial data analysis was completed by Heartland Solutions and the SMTCCAC management team. The members of the Planning and Evaluation Committee provided additional analysis as they considered the data from their individual areas of expertise and engaged in discussions about the ranking of needs in counties throughout the service area. Conclusions and recommendations were formulated from these reviews and were considered by the board of directors and the Head Start policy council. These conclusions and recommendations will form the basis for planning and guide the agency vision for the next several years.

Heartland utilized the following process to analyze the community assessment data:

Data Analysis Strategies	
Analysis Task	**Purpose**
Data was organized and combined according to information about each indicator that was assessed.	Although data differs slightly between areas combining the data allows the assessment team to analyze the multiple dimensions of a single issue.
Closely related information was grouped together and organized into domains. (For example: improving family and individual economic security, improving wellbeing of families and children, increasing community economic vitality and opportunities, increasing the CAA's capacity to support growth in new directions, opportunity conclusions).	Issues were analyzed in order to connect conditions to the different statistical, programmatic, and opinion indicators that facilitate a complete understanding of issues. This framework provides a foundation for strategic planning and the establishment of a community action plan.
The data was analyzed to identify similarities in findings from quantitative and qualitative data.	The thematic analysis allows the assessment team to rank needs present in the service area and in each county according to their prevalence.
Weight quantitative and qualitative data.	The weighted method of analysis allows the assessment to consider the severity of issues beyond identification of needs based solely on the data sources that provided the largest number of responses.
Needs are ranked and categorized and county profiles were developed.	Classification of the needs assists in developing strategies to address each need.
Determine how current programs address identified needs.	The comparison of data allows SMTCCAC to assess how effectively the agency is at serving each county and subsets of the population and in meeting CSBG national performance indicators.

Table 6 Data Analysis Strategies

Guide to this Community Assessment

In each section of this community assessment information and data on specific issues is first presented for the community followed by related information gathered from community surveys and information specific to the Head Start (HS) and Early Head Start (EHS) program families and children. Each of these are highlighted as follows:

Service Area Data

Head Start

Input from the Community & Survey Data

Key Findings

Demographics and Information on the Population

Head Start Program Performance Standard

***1302.11 (b)* Community wide strategic planning and needs assessment (community assessment). (1) To design a program that meets community needs and builds on strengths and resources, a program must conduct a community assessment at least once over the five-year grant period. The community assessment must use data that describes community strengths, needs, and resources and include, at a minimum: (i) The number of eligible infants, toddlers, preschool age children, and expectant mothers including their geographic location, race, ethnicity and languages they speak, including: (A) children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A); (B) children in foster care; and (C) children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies.**

This section of the community assessment provides a "big picture" illustration of the population within the state of Maryland and the three-county SMTCCAC service area of Calvert, Charles, and St. Mary's. It also includes information about the racial composition and socioeconomic status of the area that highlights aspects of the social and demographic context that impact low-income families and the program. This section focuses on three primary areas: 1) describing the geographic service area and the context for services, 2) describing the population dynamics as they pertain to the number of children eligible for Head Start and Early Head Start and their location, and the number of low-income individuals in the service area that may benefit from the Community Services Block Grant (CSBG) and other services, and 3) the composition of the population including those targeted for Head Start (low-income children and their families, homeless children and families, children in foster care, children with disabilities) and CSBG programs. The data also includes information about the age and gender of the population.

County Overview

The three counties comprising Southern Maryland include Calvert, Charles and St. Mary's. They are bordered by the Chesapeake Bay on the east, by the Potomac River on the west and by Anne Arundel and Prince George's counties on the north. From a statewide perspective, this region is located on the western shore of the Chesapeake Bay.

Figure 3 Tri-County Map

Charles County
Charles County is located in Southern Maryland, a 30-minute drive from Washington D.C. The area is largely rural and accounts for 5% of the state's total landmass. The northern part of the county is the "development district" where commercial, residential and business growth is focused. The major communities include Waldorf, La Plata (the county seat), Port Tobacco, Indian Head, and St. Charles. Approximately 60% of the county's residents live in the greater Waldorf-La Plata Area.

Calvert County
Calvert County, located to the east of Charles County is a peninsula located on the western shore of the Chesapeake Bay. At only 213 square miles, it is Maryland's smallest county. With a long and skinny topography, the county's "spine" is Maryland Routes 2/4 running from Dunkirk in the north to Solomons Island in the south. This topography presents challenges to both transportation and service delivery that are unique to Calvert County. Key cities include North Beach, Prince Frederick, and Lusby.

St. Mary's County
St Mary's County is small in geographic size and population, with half of the population living in rural settings. The county borders Virginia, across the Potomac River. Major communities include Lexington Park, California, and Leonardtown (county seat). The county is also home to three military bases.

Demographic Profile

Service Area Data

The service area is comprised of metropolitan and rural locations. A total of 352,482 people live in the 1,028.36-square mile SMTCCAC service area. The population density for the area, estimated at 342.76 persons per square mile, is greater than the national average population density of 89.61 persons per square mile, but less than found across the state of Maryland[8]. The designation of an area as rural or urban is important in determining the needs of the community for the following reasons:

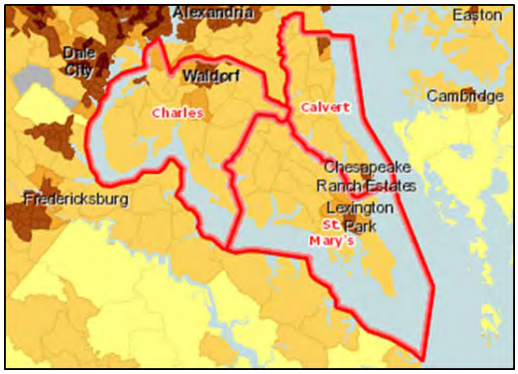


Figure 4 Service Area Map

- How many people a community has—that is, its population size, influences whether a business will have enough customers to survive, which impacts economic development.
- Whether the population grows or shrinks influences decisions on school consolidation and impacts school funding formulas.
- Whether the population is young or old influences the needs of the community.
- Whether the population is poor or rich influences the community's fiscal means.

Data indicates that the service area has an uneven distribution of resources due to the location of the population and its rural and urban designation. The most urban areas include the cities of Waldorf (Charles County, Lexington Park and California (St. Mary's County) and Chesapeake Beach (Calvert County). Although the area was once a rural agricultural region, over the years it has become a bedroom community for the Washington D.C. metropolitan area, resulting in tremendous growth.

[8] Community Commons

Population Density in the Service Area[9]					
County	**Total Population**	**Population Density**	**Land Area**	**Major Metro Area**	**Size Rank in MD[10]**
Service Area	352,482	342.76	1,028.36		
Calvert	90,114	213.18	422.71	Chesapeake Beach/5,816	8
Charles	152,754	457.78	333.68	Waldorf/ 67,752; La Plata/8,903	12
St. Mary's	109,614	357.39	306.7	Lexington Park/12,516; California/12,132	13
Maryland	5,930,538	9,709.47	610.8		
United States	316,515,021	89.61	3,532,070.45		

Table 7 Population Density

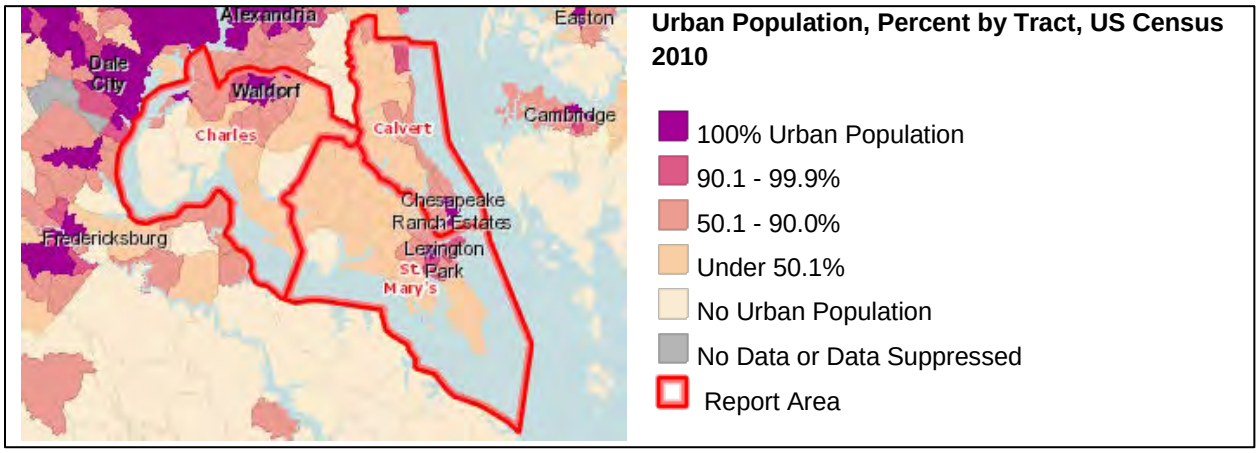


Figure 5 Urban Population Percentage Map

The most populated county in the service area is Charles County, followed by St. Mary's, and Calvert County. Factors that contribute to population increases in the service area include the development of military bases, energy development through the Calvert Cliffs Nuclear Power Plant (Calvert County), and an increase in housing prices in more urban areas and Washington D.C that drives families to rural and suburban locations where they can afford housing. Despite growth, transportation is low capacity. There are no major interstate highways connecting the region. Additionally, the bridges connecting the three counties and Virginia are two-lane structures that isolate the region, allowing for a more rural culture than in other parts of the state.

Population, Age, and Gender

According to the U.S. Census, the service area population is compared of 50% females and 49% males. The largest age cohorts in the population are adults aged 35-54 years, which represent 42% of the total population, followed closely by children under 18 years at 25%. Young adults aged 18-34 years comprise

[9] Community Commons; US Census Bureau, American Community Survey. 2011-15. Source geography: Tract
[10] https://www.indexmundi.com/facts/united-states/quick-facts/maryland/population-density#map

21% of the population, and seniors comprise 11% of the population in the service area. Children under four years comprise just over 6% of the total population. The distribution of the population is reflective of the state and nation. However, Calvert County has a slightly smaller proportion of the population comprised of children aged 0-4 years than found in the service area as a whole, in Maryland, and nationally. Charles County has the largest percentage of the population in the service area comprised of seniors[11].

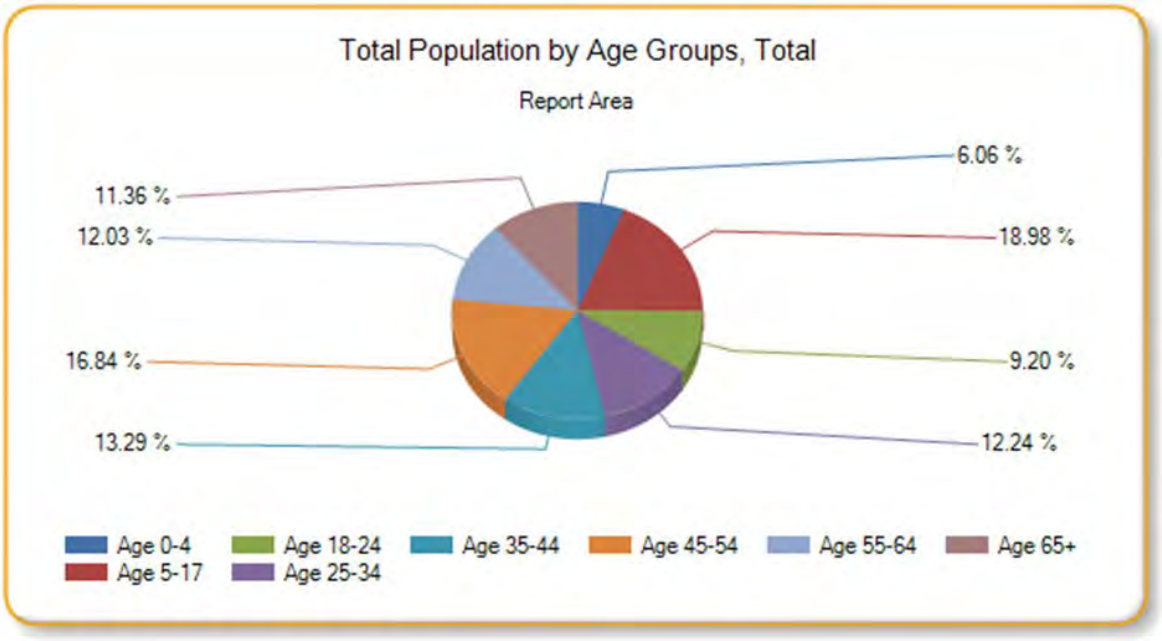


Figure 6 Total Population by Age

Age of the Population[9]								
County	**0-4 yrs.**	**5-17 yrs.**	**18-24 yrs.**	**25-34 yrs.**	**35-44 yrs.**	**45-54 yrs.**	**55-64 yrs.**	**Age 65+**
Service Area	6.0%	18.9%	9.2%	12.2%	13.2%	16.8%	12.0%	11.3%
Calvert	5.2%	19.3%	8.6%	10.5%	12.1%	18.2%	13.2%	12.4%
Charles	6.0%	19.1%	9.2%	12.3%	14.1%	16.8%	11.6%	10.6%
St. Mary's	6.7%	18.3%	9.6%	13.4%	13.0%	15.6%	11.5%	11.4%
Maryland	6.2%	16.5%	9.5%	13.7%	13.0%	14.9%	12.6%	13.3%
United States	6.2%	16.9%	9.9%	13.5%	12.8%	13.8%	12.4%	14.1%

Table 8 Age of Population

Population Composition Distribution by Age[9]								
County	**0-4 yrs.**	**5-17 yrs.**	**18-24 yrs.**	**25-34 yrs.**	**35-44 yrs.**	**45-54 yrs.**	**55-64 yrs.**	**Age 65+**
Service Area	21,348	66,908	32,428	43,152	46,838	59,362	42,389	40,057
Calvert	4,704	17,450	7,770	9,531	10,974	16,483	11,945	11,257
Charles	9,222	29,297	14,072	18,854	21,558	25,734	17,757	16,260
St. Mary's	7,422	20,161	10,586	14,767	14,306	17,145	12,687	12,540
Maryland	367,722	980,558	563,799	813,312	774,255	887,018	752,723	791,151
United States	19,912,018	53,771,807	31,368,674	42,881,649	40,651,910	43,895,858	39,417,628	44,615,477

Table 9 Population Composition Distribution by Age

Population by Age and Gender[11]								
	0-4 yrs.		**5-17 yrs.**		**18-64 yrs.**		**Over 65 yrs.**	
County	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**
Service Area	10,937	10,411	33,907	33,001	109,887	114,282	16,254	21,900
Calvert	2,464	2,240	8,776	8,674	28,113	28,590	4,439	6,115
Charles	4,687	4,535	15,013	14,284	46,926	51,049	6,505	9,155
St. Mary's	3,786	3,636	10,118	10,043	34,848	34,643	5,310	6,630
Maryland	187,617	180,105	499,595	480,963	1,846,288	1,944,819	303,688	452,008
United States	10,175,713	9,736,305	27,479,063	26,292,744	98,539,826	99,675,893	17,538,907	25,075,799

Table 10 Population by Age and Gender

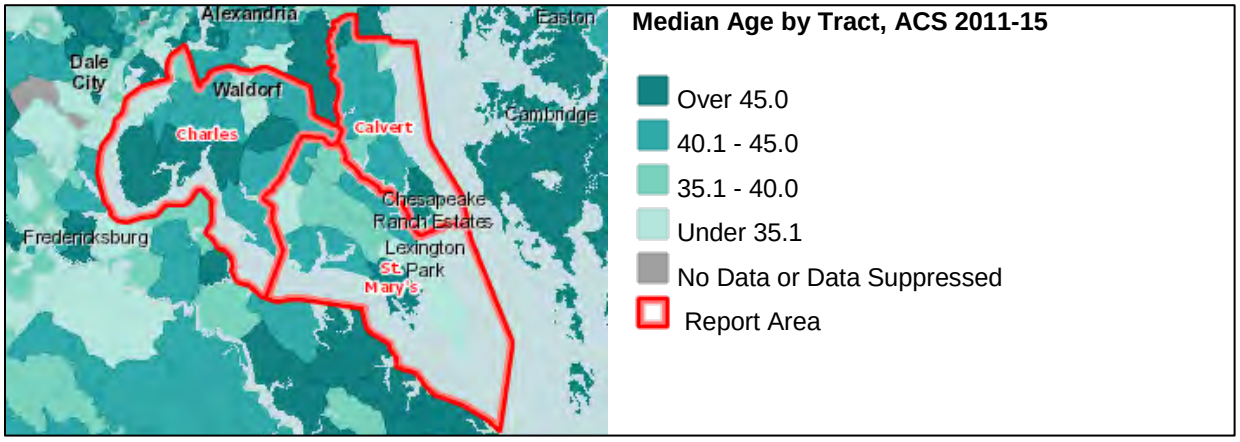


Figure 7 Median Age by Tract Map

[11] US Census Bureau, American Community Survey. 2011-15. Source geography: County

Five-year census data from 2011-2015 indicates the median age in the service area ranges from 40.6 years in Calvert County to 36.3 years in St. Mary's County and 37.7 years in Charles County. In both Calvert and St. Mary's County, the population is slightly younger than the state median age of 38.2 years. When data is compared to the 2006-2010 years, trends indicate that the population is aging in all counites. In 2010, the median age of the population in Calvert County was 39.1 years. In St. Mary's County, the population age was 35.7 years and in Charles County, the median age of the population was 36.6 years.

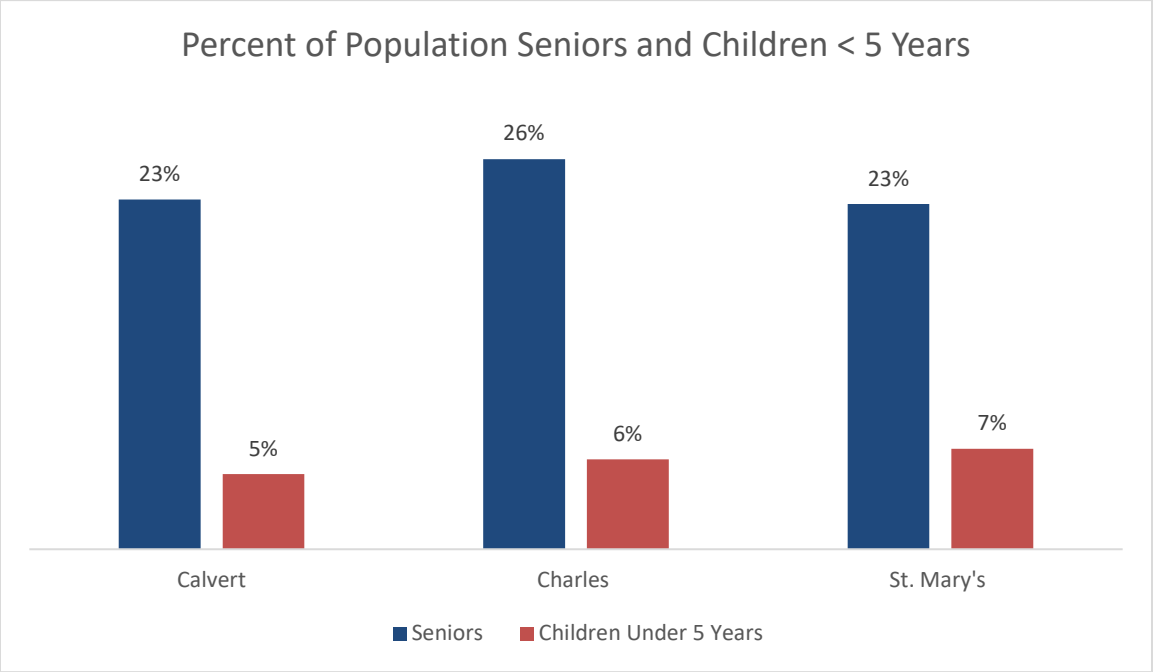


Figure 8 Population of Seniors and Children under 5 Years

Population by Race Alone[12]							
County	**White**	**Black**	**Asian**	**Native Ameri. Alaska Native**	**Native Haw. / Pacific Islander**	**Some Other Race**	**Multiple Races**
Report Area	234,441	91,607	9,186	1,406	221	2,540	13,081
Calvert	73,776	11,451	1,263	129	0	441	3,054
Charles	73,934	64,532	4,984	1,065	192	1,460	6,587
St. Mary's	86,731	15,624	2,939	212	29	639	3,440
Maryland	3,416,107	1,750,916	357,616	15,579	2,754	211,914	175,652
United States	232,943,055	39,908,095	16,235,305	2,569,170	546,255	14,865,258	9,447,883

Table 11 Population by Race Alone

[12] U.S. Census Bureau 2011-2015. American Community Survey; Table DP05

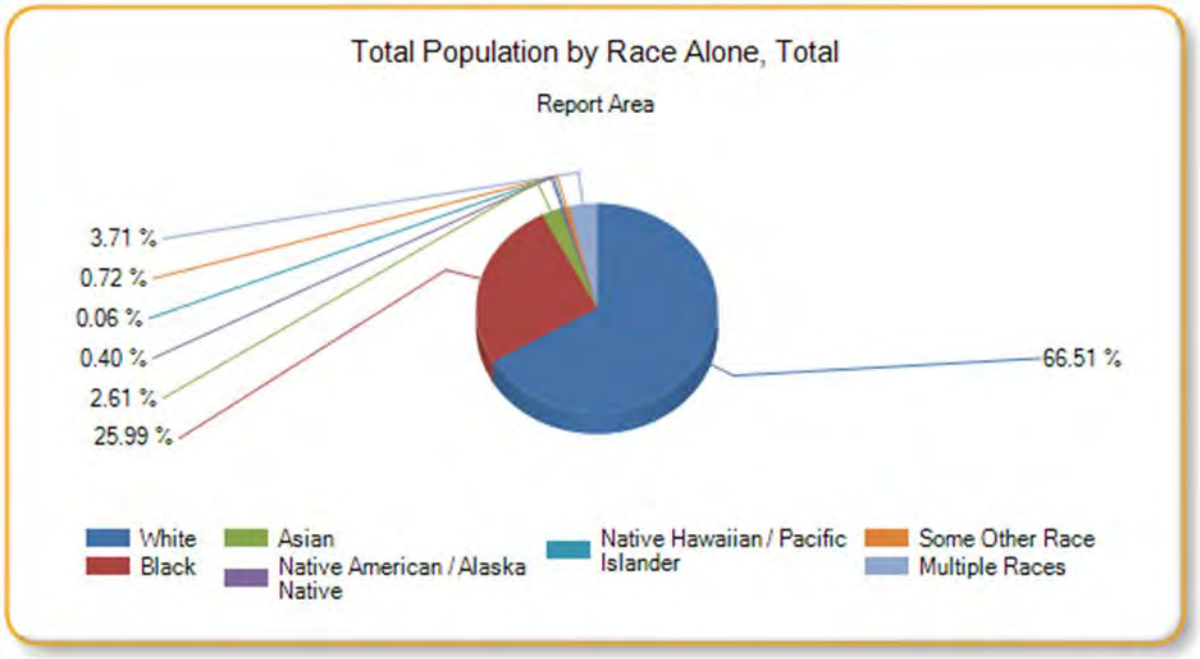


Figure 9 Total Population by Race Alone

The most predominant racial groups in the service area as a whole are whites who comprise 66.5% of the total population and black or African Americans who make up 26% of the population. In regard to ethnicity, 95.5% of the population is non-Hispanic. However, each county's trends differ in the distribution of racial-ethnic groups. Charles County is quickly becoming a minority-majority county[12].

When race is disaggregated by county, the county with the most diverse population is Charles which proportionately has more black or African American residents and fewer white residents than neighboring counties. Calvert is the least diverse county with more whites and fewer residents that are black or of other races represented in the population composition.

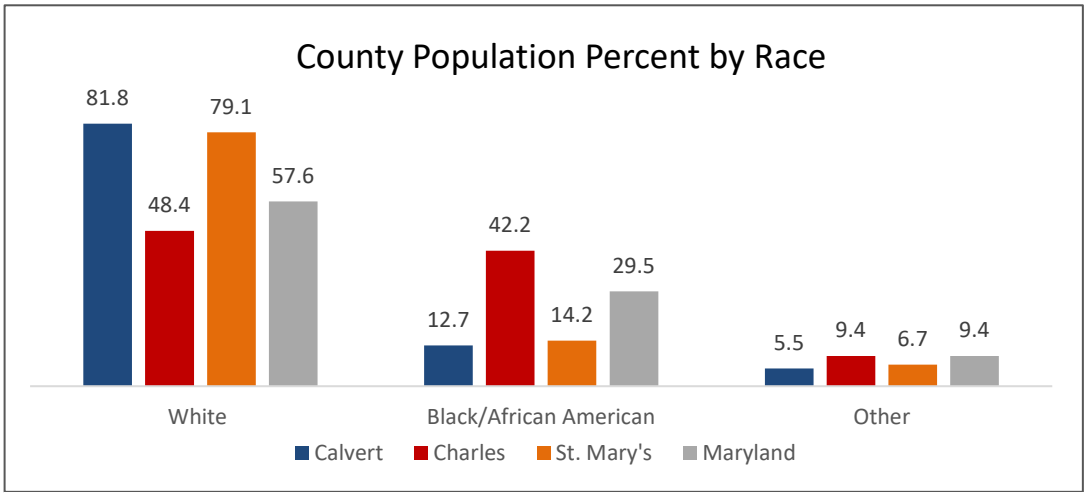


Figure 10 County Population Percent by Race

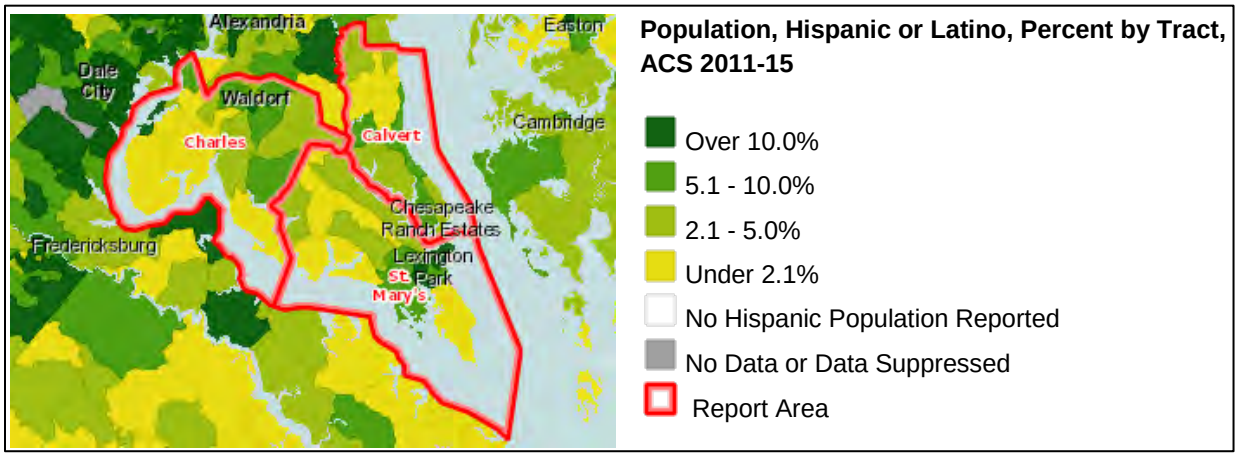


Figure 11 Percentage of Hispanic or Latino Map

As shown in the figure above, although representing a small portion of the population in each county, Hispanic/Latino residents live in ethnic enclaves in Waldorf and Lexington Park. Over the past five years the population has diversified slightly in all counties except Charles which experienced a 10% increase in minority representation among the population[13].

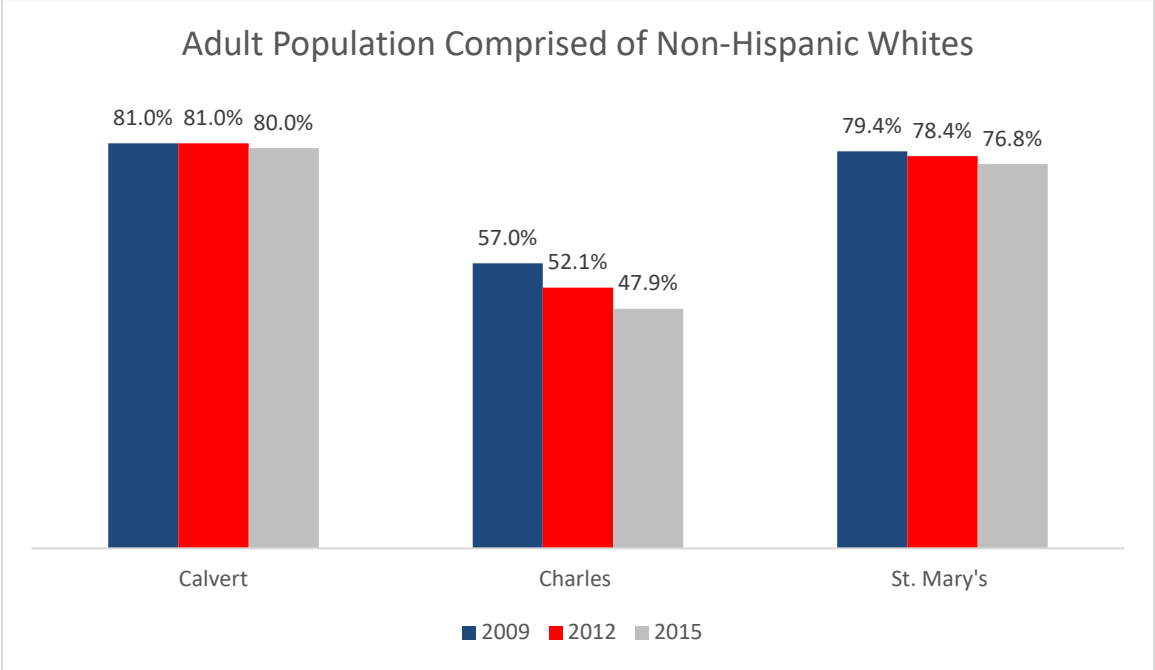


Figure 12 Adult Population of Non-Hispanic Whites

[13] Annie E. Casey Foundation. Kids Count Data Center

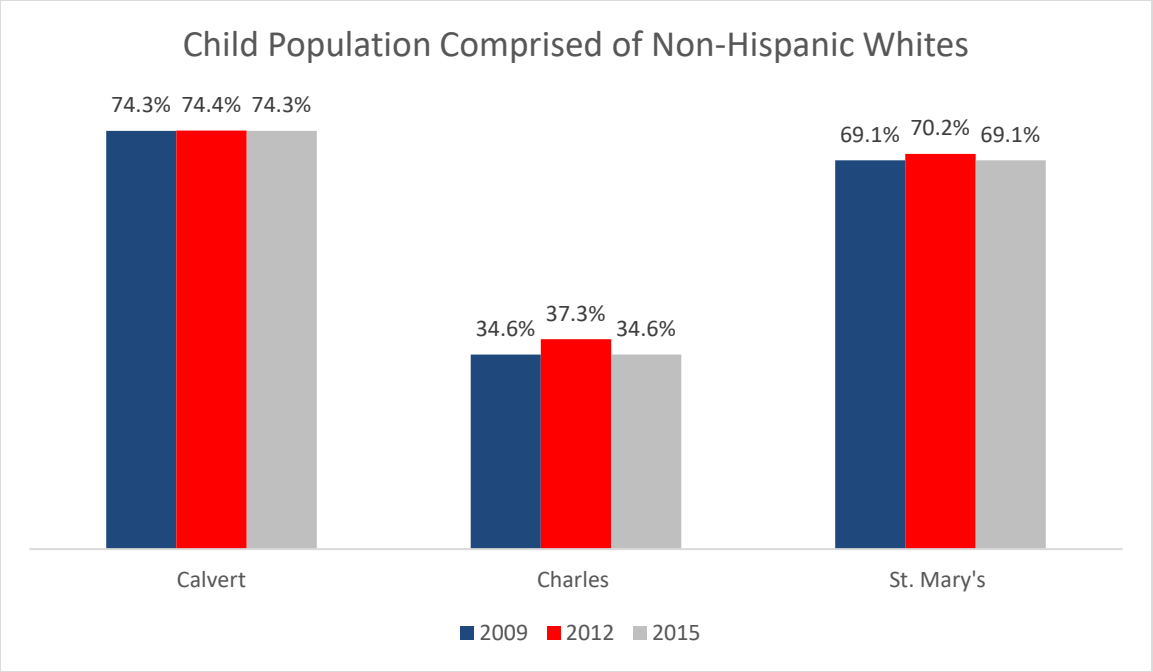


Figure 13 Child Population of Non-Hispanic Whites

Veterans

The service area has a larger concentration of Veterans due to the presence of several military bases in the area as shown in the following table.

Veterans[14]			
County	**Total Population Over Age 18**	**Total Veterans**	**Veterans, Percent of Population**
Service Area	260,468	36,274	13.9%
Calvert	67,162	8,774	13.0%
Charles	113,093	15,753	13.9%
St. Mary's	80,213	11,747	14.6%
Maryland	4,555,597	403,900	8.8%
United States	241,816,698	20,108,332	8.3%

Table 12 Veteran Population

[14] US Census Bureau, American Community Survey. 2011-15.

DEMOGRAPHIC OVERVIEW

In the last six years, the senior population increased by at least 23% in all service area counties.

Since 2010, the population has grown by 25% in the service area. St. Mary's experienced the largest growth in population.

Although comprising just 4.4% of the service area population, the Hispanic/Latino population has increased by 128% since 2000.

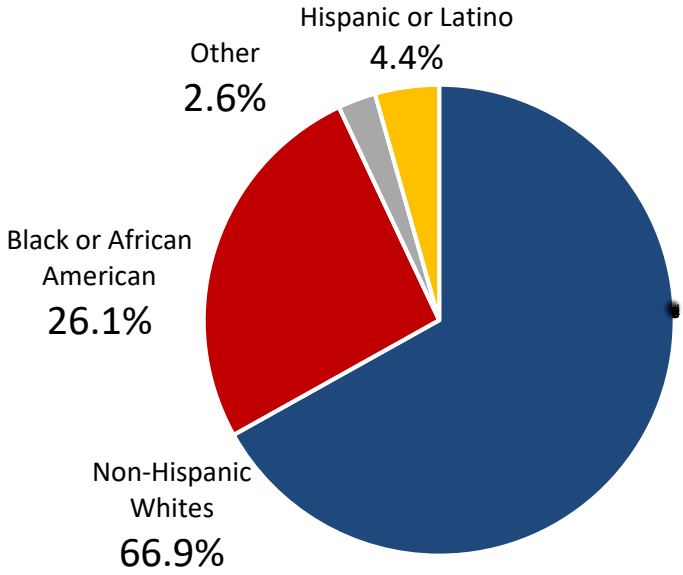
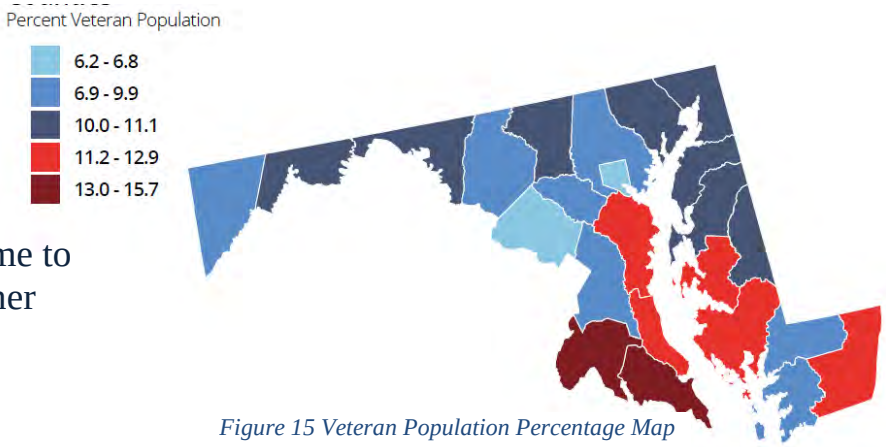


Figure 14 Population by Race

POVERTY

Families are not moving out of poverty

There are 25,656 service area residents in poverty, an increase of 1% since 2000



The service area is home to more Veterans than other counties in Maryland

Figure 15 Veteran Population Percentage Map

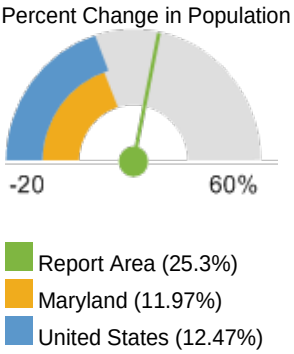
Key Findings

A summary of demographic trends that impact the service area includes:

- The population density varies with a rural population and larger geographical span in Calvert County and a larger denser population in Charles County.
- The largest age cohorts in the population are adults aged 35-54 years, which represent 42% of the total population, followed closely by children under 18 years at 25%. Young adults aged 18-34 years comprise 21% of the population and seniors comprise 11% of the population in the service area. Children under four years comprise just over 6% of the total population.
- The most predominant racial groups in the service area are whites which comprise 66.5% of the total population and black or African Americans which make up 26% of the population. In regard to ethnicity, 95.5% of the population is non-Hispanic.
- When race is disaggregated by county Charles has the most diverse population with proportionately more black or African American residents and fewer white residents than neighboring counties. Calvert is the least diverse county with more whites and fewer residents that are black or African American or individuals of other races represented in the population.
- The service area is home to more than 36,000 Veterans which comprise 13-14% of the population in each county compared to 8% of the population as a whole for the U.S.

The population density and compositions indicate that the service area has an uneven distribution of resources due to the location of the population and isolation of parts of the service area such as rural areas in Charles and Calvert County. Charles County is the largest county in the service area in regard to population size and experiences the greatest diversity and increasing numbers of vulnerable populations, such as seniors and children under five years. St. Mary's is the smallest county in the service area and in the state of Maryland. Many of the services for the entire service area are centered in Waldorf, the biggest city in the three-county area. In St. Mary's County, services are located in Lexington Park.

During the fourteen-year period of 2000-2015, the total population estimates for the service area indicate the population grew by 25.3%, increasing from 281,320 persons in 2000 to 352,482 persons in 2015. The greatest population increase occurred in St. Mary's County, followed closely by Charles County. Both of these counties experienced a growth rate of 27%. When compared to the state and nation, the service area has experienced significantly higher population growth, a rate double the national trend.



Population Change in Last Five Years (2010-2015)[15]				
County	**Population 2015**	**Population 2000**	**Population Change**	**Percent Change**
Service Area	352,482	281,320	71,162	25.3%
Calvert	90,114	74,563	15,551	20.8%
Charles	152,754	120,546	32,208	26.7%
St. Mary's	109,614	86,211	23,403	27.1%
Maryland	5,930,538	5,296,486	634,052	11.9%
United States	316,515,021	281,421,906	35,093,115	12.4%

Table 13 Population Change 2010-2015

Race and Ethnicity Trends

According to American Community Survey (ACS) 2011-2015, five-year population estimates, the white population comprised 66.9% of the service area population, the black or African American population represented 26.1%, and other races combined were 6.8% of the population. Persons identifying themselves as mixed race made up 3.7% of the population. The population in the service area is not as diverse as that of the state of Maryland or the nation; however, it is diversifying. As shown in the following chart, the change in population for Hispanic/Latinos was 128% versus a rate of population change for Non-Hispanics of 19%. The greatest rate of increase was in St. Mary's County, which increased in Hispanic residents by almost 130% over the last decade. The rate of increase in each county exceeds the state rate of increase in the Hispanic population which was also elevated at 106%.

[15] U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates Table DP05.Community Commons.

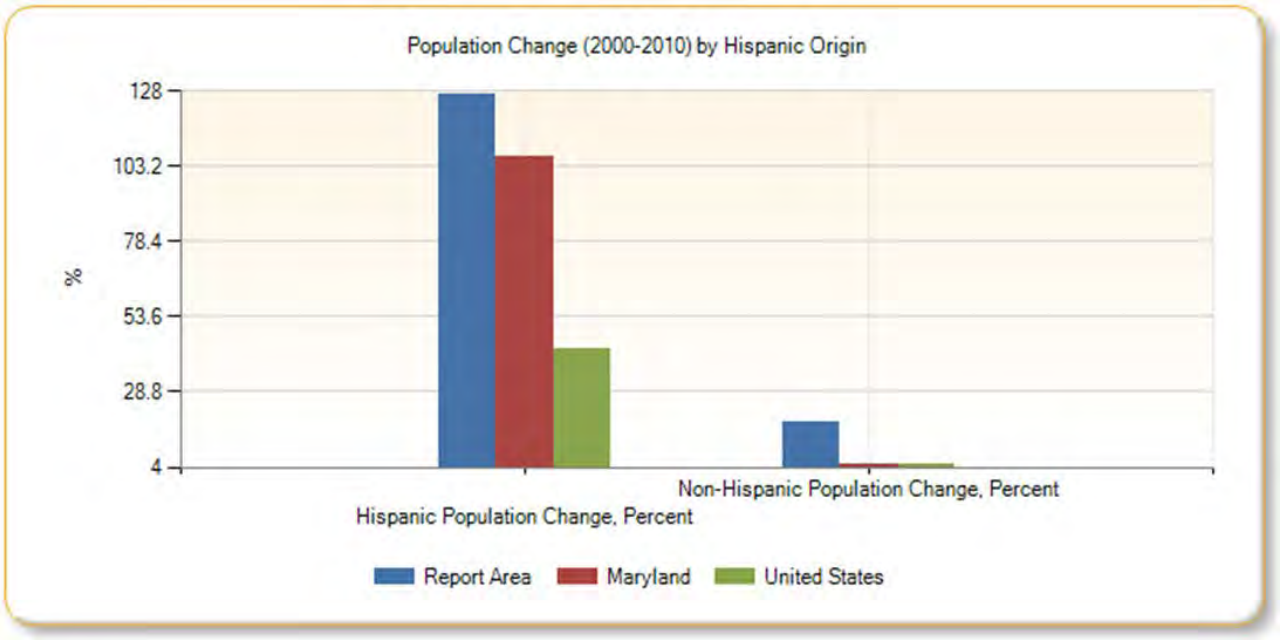


Figure 16 Population Change by Hispanic Origin

As shown in the following chart, the rate of population increase was lowest among whites and highest among those of multiple races and individuals of other races (which includes Hispanics). The most significant rates of diversification occurred in the most urban parts of the service area[9].

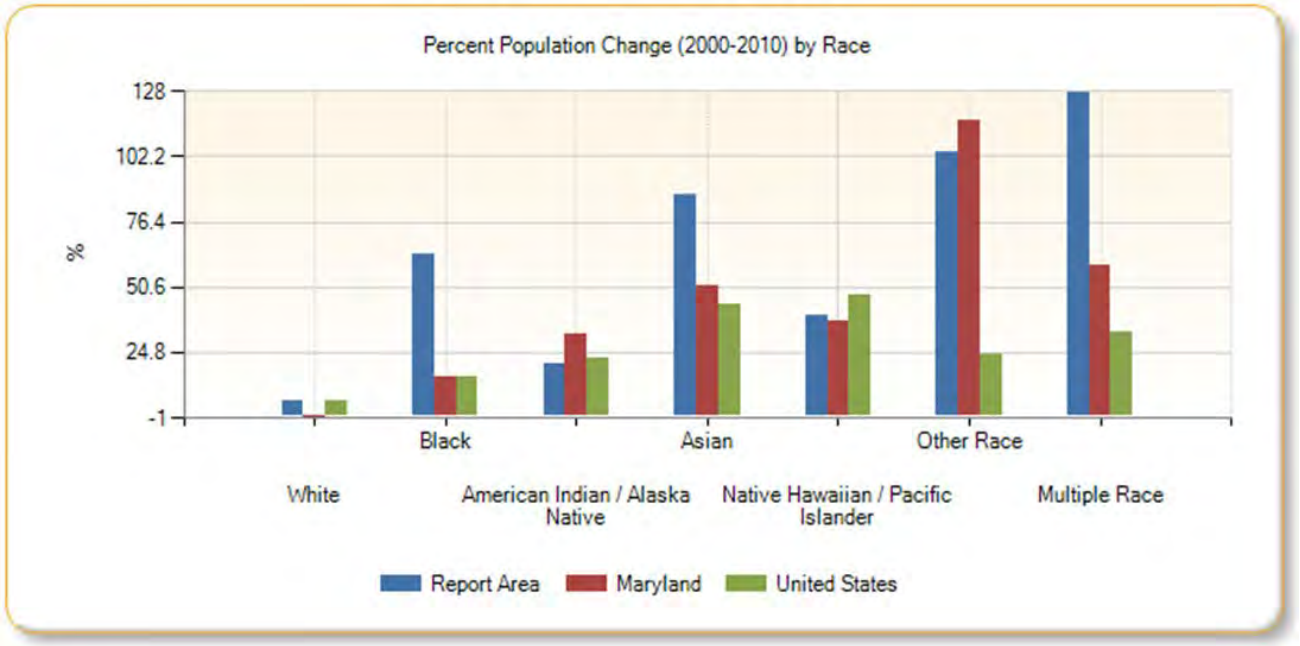


Figure 17 Percent Population Change by Race

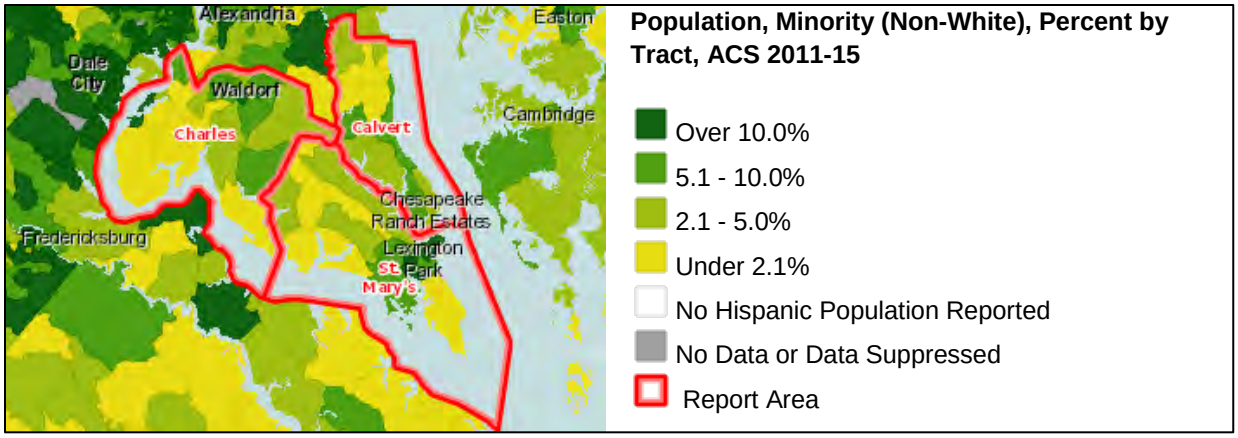


Figure 18 Minority Population Map

Population growth among seniors is increasing in each county as shown in the following table. The greatest increase in the senior population was in Charles County. In contrast, the population of children under five years is declining in the service area, except for in Charles County which experienced a slight, not significant increase in children aged 0-5 years.

Population Change Among Seniors (2010-2016)[16]				
County	**Population 2010**	**Population 2016**	**Population Change**	**Percent Change**
Service Area	34,316	45,714	11,398	24.9%
Calvert	9,683	12,777	3,094	24.2%
Charles	13,852	18,790	4,938	26.7%
St. Mary's	10,781	14,147	3,336	23.7%

Table 14 Population Change Among Seniors

Population Change Among Children 0-5 Years (2010-2016)[16]				
County	**Population 2010**	**Population 2016**	**Population Change**	**Percent Change**
Service Area	22,006	21,778	-228	-1%
Calvert	4,988	4,935	-53	<1%
Charles	9,438	9,612	+174	+1%
St. Mary's	7,580	7,231	-349	-4.8%

Table 15 Population Change Among Children 0-5 Years

[16] U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates Table PEPAGESEX

Family Composition

The U.S. Census Bureau reports that there are approximately 89,897 family households in the service area[17]. When data is examined by household type, family households comprise 38.2% of households in Charles County, 37.8% of all households in St. Mary's County, and 37% of the service area households in Calvert County. The greatest rates of households with children are found among married-couple families. There is also a significant number of female-householders in each county with children. The largest number of single-mothers live in Charles County.

Service Area Households by Type[18]						
Households by Type	**Calvert**		**Charles**		**St. Mary's**	
Family households	**11,537**		**20,348**		**14,545**	
Children under 18 years	11,419	98.9%	20,285	99.6%	14,388	98.9%
Married-couple family						
Children under 18 years	8,075	69.9%	13,112	64.4%	10,690	73.4%
Male householder – no wife present						
Children under 18 years	821	7.1%	1,527	7.5%	975	6.7%
Female householder- no husband present						
Children under 18 years	2,523	21.8%	5,646	27.7%	2,723	18.7%

Table 16 Service Area Households by Type

The following tables detail the household composition by age of children present in the household.

Service Area Households and Families[17]				
	Calvert	**Charles**	**St. Mary's**	**Total**
Families				
Total Families	**23,245**	**38,911**	**27,741**	**89,897**
Households with Children <18 yrs.	10,176	18,158	13,097	41,431
Under six years only	14.8%	16.1%	23.9%	
Under six and six to 17 years	14.2%	18.8%	17.9%	
Six to 17 years only	71%	65.1%	58.2%	

Table 17 Service Area Households and Families

[17] U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates; Table S1101.
[18] U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates; TableB11005; imputed.

The following table describes the composition of families by family type. According to the data, single parent households in all counties are less likely to have children under six than married couples. For example, the percentage of female-householders with children under six years in St. Mary's County is 35.7% (children under six years and children under six and 6-17 years), compared to 26.6% in Charles County and 25.7% in Calvert County. For married-couple families, 43% of those living in St. Mary's County have children under six years, compared to 38% of married-couple families in Charles County, and 29.1% of families in Calvert County.

Service Area Family Composition			
Calvert County			
Type of Family	**Married-Couple**	**Male-householder**	**Female-householder, No Husband Present**
Children under 6 yrs. only	13.3%	28.1%	16.0%
Under 6 and 6-17 yrs.	15.8%	10.8%	9.7%
6 to 17 yrs. only	70.9%	61.2%	74.3%
Charles County			
Children under 6 yrs. only	16.6%	22.5%	13.4%
Under 6 and 6-17 yrs.	21.6%	12.0%	13.2%
6 to 17 yrs. only	61.8%	65.6%	73.4%
St. Mary's County			
Children under 6 yrs. only	24.4%	26.5%	20.9%
Under 6 and 6-17 yrs.	18.9%	14.6%	14.8%
6 to 17 yrs. only	56.7%	58.9%	64.3%

Table 18 Service Area Family Composition

According to the U.S. Census, there are a total of 6,797 grandparents in the service area living with their own grandchildren. In Calvert County, 1,899 grandparents are raising their grandchildren, compared to 3,249 grandparents in Charles County and 1,649 grandparents in St. Mary's County. Of those grandparents, over 50% (3,498) are responsible for grandchildren that are under six years of age[19].

Single Parents

Of the total population of children under five years there are more children that are under three years (9,874) than children that are aged 3-4 years (6,346). Of the children that are age-eligible for Head Start, 16.7% (2,723) live in single-parent families and 83.3% (13,497) live in married-couple families. St. Mary's County has the largest number of children that are living in single parent families. It was noted in the strategic planning session that the trend in St. Mary's could be influenced by high rates of divorce among military families which comprise a significant number of households in the area.

[19] U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates; TableB10001; imputed.

Family Type of Children Under Five Years[20]				
County	Total < 3 yrs.		Total 3-4 yrs.	
	Married Couple Families	Single Parent Families	Married Couple Families	Single Parent Families
Calvert	1,376	639	1,470	59
Charles	3,418	692	2,099	213
St. Mary's	2,809	940	2,325	180
Service Area	7,603	2,271	5,894	452

Table 19 Family Type of Children Under Five Years

Head Start

Head Start Children and Families

The following data reflects the demographics of children and families enrolled in Charles County Head Start in regard to family type. In total, 21% of Head Start children live in a family with two-parents and 78.9% live in a single-parent family. A greater percent of children in Head Start live in single-parent families than children in Charles County that live in single-parent families.

Head Start Enrollment Data[21]	
Total Number of Families	133
Number of Two Parent Families	28
Number of Single Parent Families	105

Table 20 Head Start Enrollment Data

[20] U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates; Table B09002.Imputed
[21] Southern Maryland Tri-County Community Action Committee Program Information Report (2016).

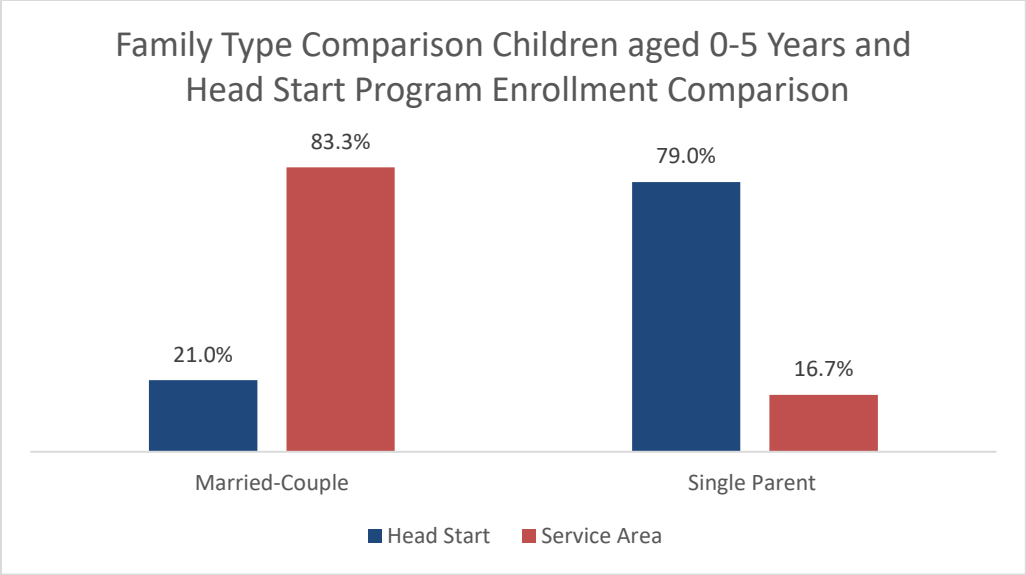


Figure 19 Family Type Comparison

Service Area Data

The Number of Eligible Infants, Toddlers, and Preschool Age Children and Expectant Mothers
Understanding the dynamics of the number and location of children begins with placing the service area in the context of the state and national scope of the population. This breakdown allows for: 1) viewing the larger age-related population composition, 2) placing young children in the context of all age groups, and 3) appreciating the location of children to understand the allocation of resources to serve young children. The age group breakdowns described below are driven by the availability of data and the enrollment needs of the Head Start program and other programs serving children under 18 years:

- Children ages 0-4 years (Infants/Early Childhood/Preschool)
- School Aged Children (Ages 5-17 years)
- Adults (18 years of age and older)

The early childhood population provides a picture of the group of young children from which Head Start and Early Head Start enrollment can be drawn. The U.S. Census Bureau estimates that approximately 4.6% of the service area population is under five years. When compared to the nation and State of Maryland, the service area has a slightly smaller percentage of the population comprised of children under five years. However, Charles County, the designated Head Start service area for SMTCCAC has a larger percentage of children under five years of age.

Population Comparison Children Under Age 18 and Under Age Five Years US and Service Area [15]						
Age	**U.S. Population**	**% of U.S. Population**	**MD Population**	**% of MD Population**	**Service Area Pop**	**% of SA Pop**
Under 5 Years	19,912,018	6.3%	367,722	6.2%	16,220	4.6%
Under 18 Years	62,536,249	19.7%	1,328,487	22.4%	87,300	24.7%

Table 21 Population Comparison of Children Under 18 Yrs. and Under 5 Years

The Annie E. Casey Foundation indicates the number of children has decreased in many parts of the service area among children under five years and children aged 5-17 years. Patterns of growth among children aged 0-5 years in more urban parts of the service area have resulted in a net increase of children aged 0-4 years and a slight decline in the number of children aged 5-17 years in Charles County in between 2011-2016. In the table below counties with a decrease in the child population are noted in red text. Between 2020 and 2040, the population of children under five is expected to increase[22].

.

Estimated Number of Children by Age – Trend[12]				
County	**Children Aged 0-4 Years**		**Children 5-17 Years**	
	2011	**2016**	**2011**	**2016**
Calvert	4,997	4,935	17,817	16,636
Charles	9,410	9,612	29,310	28,584
St. Mary's	7,613	7,231	20,184	20,412
Service Area	22,020	21,778	67,311	65,632

Table 22 Estimated Number of Children by Age

Population Projection Children Aged 0-4 Years 2020-2040[23]					
County	**Projected Number of Children**				
	2020	**2025**	**2030**	**2035**	**2040**
Calvert	6,846	5,504	5,579	5,339	5,121
Charles	10,550	11,480	12,993	13,438	21,814
St. Mary's	7,880	8,699	9,750	10,152	10,439
Service Area	25,276	25,683	28,322	28,929	37,374

Table 23 Population Projection Children Aged 0-4 Years 2020-2040

[22] U.S. Census Bureau. 2010 Census Summary File 1 Single Years of Age and Sex: QT-PT. Imputed.
[23] Maryland State Data Center; Department of Planning http://www.mdp.state.md.us/msdc/s3_projection.shtml

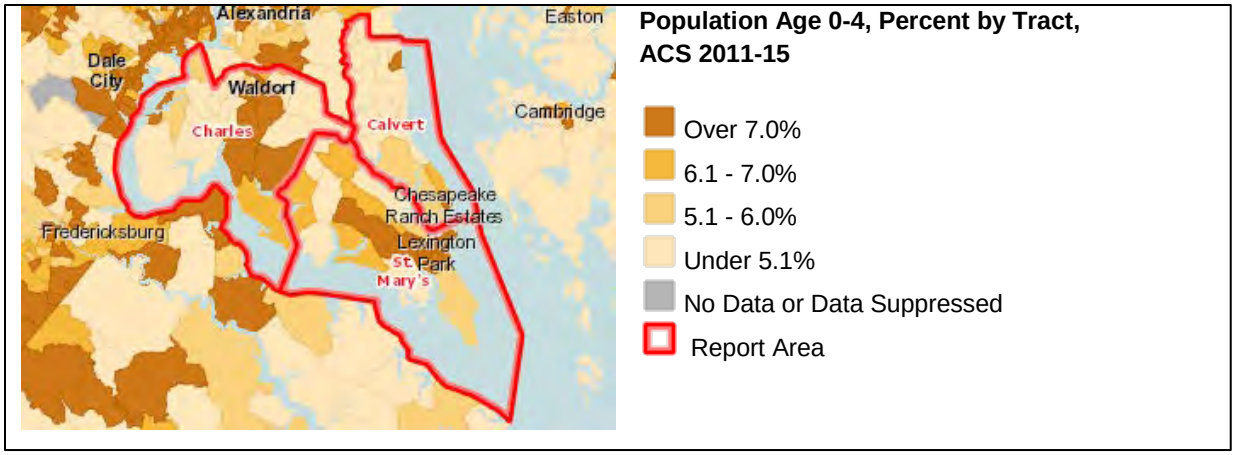


Figure 20 Population Age 0-4 Map

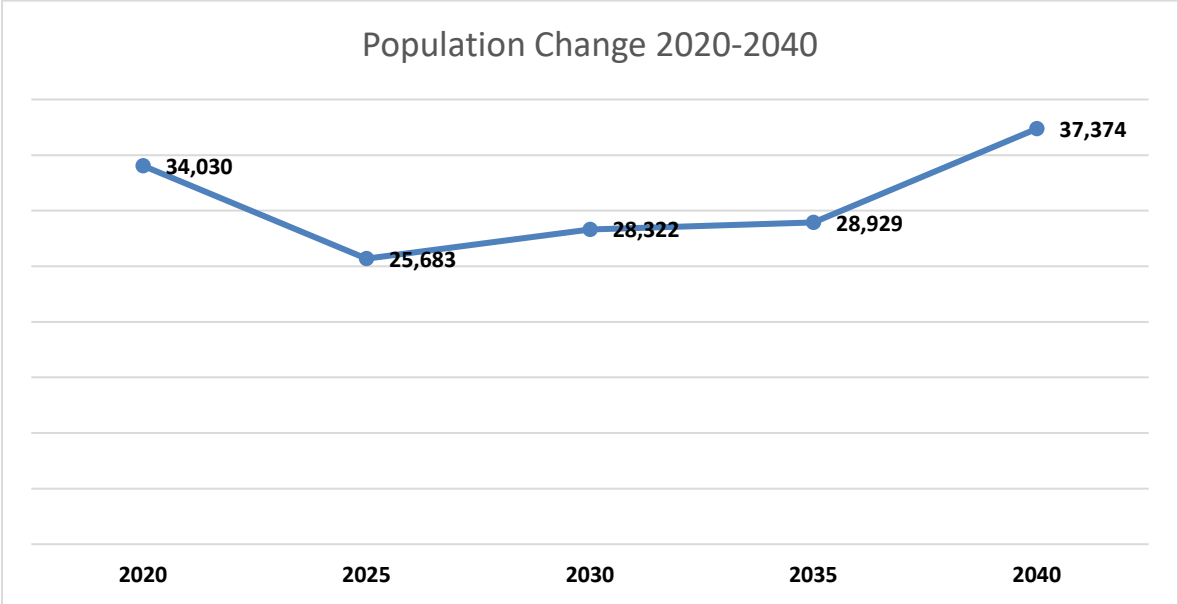
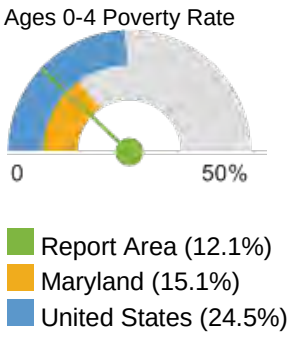


Figure 21 Population Change 2020-2040

Head Start and Early Head Start Eligibles

Methodology to Estimate Children Eligible for Head Start

The most recent poverty data for children under five years is provided by the 2012-2016 American Community Survey using the poverty rate for children under five years. The most recent data available for the number of children under five by single years is calculated by using information from the U.S. Census for children aged 0-3 and 3-4 years living in households and families. To provide better estimates of children eligible for the program, the following steps were taken: 1) we collected data on the number of children present in the county, 2) we multiplied the child poverty rate for children under five years by the number of children in each county to gather an estimate of eligible children, and 3) we added the totals together to get a number of children eligible for Head Start in each county.



Service Area Children Aged 0-4 Years by Age[24]							
County	Projected Number of Children						
	<1 yr.	1 yr.	2 yrs.	Total 0-3 yrs.	3 yrs.	4 yrs.	Total 3 and 4 yrs.
Calvert	927	944	995	**2,866**	1,050	1,072	**2,122**
Charles	1,807	1,794	1,997	**5,598**	1,905	1,935	**3,840**
St. Mary's	1,457	1,406	1,449	**4,312**	1,546	1,494	**3,040**
Service Area	4,191	4,144	4,441	**12,776**	4,501	4,501	**9,002**

Table 24 Service Area Children Aged 0-4 Years by Age

Head Start and Early Head Start Eligibles							
County	Projected Number of Children						
	Total 0-3 yrs.	Poverty Rate	Total EHS Eligible	Total 3 and 4 yrs.	Poverty Rate	Total HS Eligible	Total Eligible
Calvert	**2,677**	7.1%	**190**	**1,934**	7.1%	**137**	**327**
Charles	**5,598**	14.9%	**834**	**3,537**	14.9%	**527**	**1,361**
St. Mary	**4,312**	11.7%	**504**	**3,040**	11.7%	**356**	**860**
Service Area	**12,587**	12.1%	**1,528**	**8,511**	12.1%	**1,020**	**2,548**

Table 25 Head Start and Early Head Start Eligibles

[24] U.S. Census Bureau. 2010 Census Summary File 1 Single Years of Age and Sex: QT-PT. Imputed.

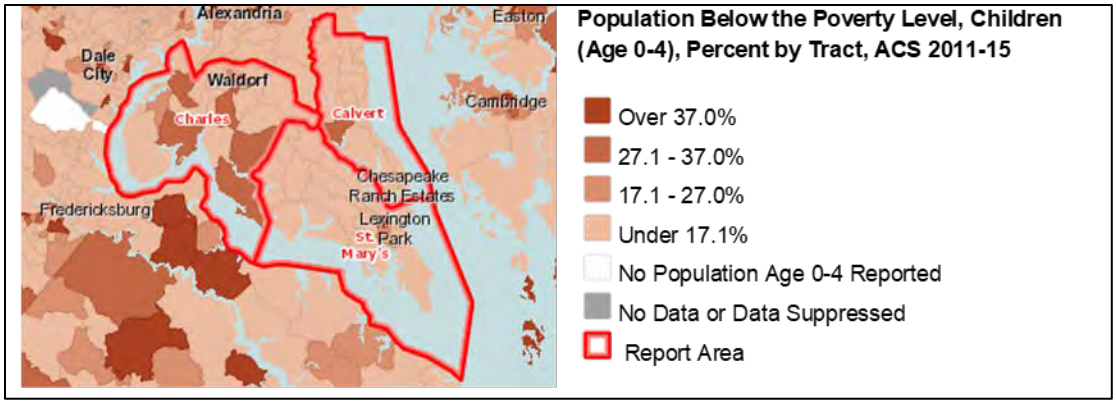


Figure 22 Population Below Poverty Level Map

Head Start

There are a total of 1,361 children in Charles County eligible for Head Start and Early Head Start. According to the SMTCCAC Program Information Report, the agency is funded to serve 120 Head Start children and serves 60 children funded by Maryland State Preschool, which indicates the Head Start program serves 23% of all children in Charles County that are eligible for Head Start and 0% of Early Head Start children that are eligible for the program. The data indicates a slot gap of 407 for Head Start and 834 for Early Head Start.

Age of Children Enrolled in Head Start

During 2016-2017, SMTCCAC served 146 children in Head Start (cumulative enrollment). Of children enrolled 102 were aged three years and 44 were aged four years. The location of children eligible for Head Start can also be identified using data from local school districts within the service area. According to information on the percentage of student enrollment that is comprised of economically disadvantaged students the areas with the most concentrated areas of poverty in the service area are in Charles County which demonstrates a rate of Free and Reduced-priced Meals (FARMS) eligibility of 35.2%. The lowest rates of eligibility are found in Calvert County. Both of these rates fall below that of the State of Maryland and the U.S.

Free and Reduced Priced Lunch Eligibility[25]			
County	**Total Students**	**Number Free/Reduced Price Lunch Eligible**	**Percent Free/Reduced Price Lunch Eligible**
Service Area	60,176	18,616	30.9%
Calvert	16,031	3,587	22.3%
Charles	26,258	9,265	35.2%
St. Mary's	17,887	5,764	32.2%
Maryland	874,505	393,773	45.0%
US	50,436,641	26,213,915	52.1%

Table 26 Free and Reduced-Price Lunch Eligibility

[25] National Center for Education Statistics, NCES - Common Core of Data. 2014-15. Community Commons.

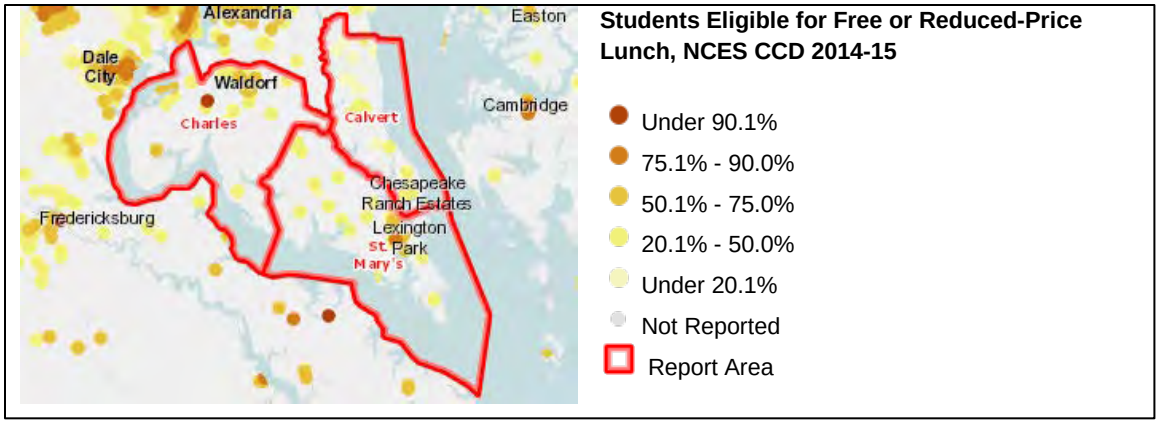


Figure 23 Students Eligible for Free and Reduced-Price Lunch Map

Pregnant Women Eligible for Early Head Start

Research shows that Early Head Start can improve birth outcomes and the long-term chances of children experiencing health and developmental wellbeing that can help them overcome the burden of poverty. There are few programs available for pregnant women in the service area due to Maryland's lack of funding for intensive preventive services in less populated areas of the state. Most services are intervention based and women are eligible only after they have given birth. The Kaiser Family Foundation reports that Medicaid covers 46% of births nationwide. The following table uses statistics on the number of births in each county to estimate the number of pregnant mothers eligible for Early Head Start due to a low-income. It is estimated there are 847 pregnant mothers eligible for Early Head Start in Charles County and a total of 1,936 women eligible for Early Head Start throughout the SMTCCAC CSBG service area.

Pregnant Women Eligible for Early Head Start[26]		
County	**Births (N)**	**# Medicaid Births (N X 46%)**
Calvert	925	425
Charles	1,843	847
St. Mary's	1,444	664
Total Service Area	4,212	1,936

Table 27 Pregnant Women Eligible for Early Head Start

Key Findings

At 4.6%, the service area has a smaller population comprised of children under five years than found at the state level, except for in Charles County. Over the past five years, the population of children aged 0-4 has declined in the service area in all counties except for Charles County which is where SMTCCAC operates the Head Start program. Charles County experienced a slight growth in the number of children

[26] Maryland Department of Health Vital Statistics Jurisdictional Data. https://health.maryland.gov/vsa/Pages/Jurisdictional-Data.aspx

aged 0-4, likely among infants and toddlers which could be due to a larger concentration of African American or black and Hispanic residents, who have higher birth rates than whites and are accounting for a large percentage of the population growth in the area. Over the next five years, the population of children aged 0-4 years is expected to increase slightly and level off with a sharp decline anticipated by 2025, followed by an increase by 2040.

Many children in the service area are at a higher risk of poverty and school failure due to an increased likelihood of living with a single-parent. Differences in life outcomes, some have argued, are largely determined by the characteristics of the family, such as its composition and social and economic resources. One fundamental characteristic of the family that has significant and sustaining effects on children is its structure—that is, the number of parents and their relationships to the children in the household. A family structure can constrain the availability of economic and social resources, for example parents' ability to spend time with their child, be involved in educational activities, and expend monetary resources that can promote positive educational outcomes and well-being. Families in the service area with children consist of mostly married-couples. However, 16.7% of families with children aged birth-to-five years are headed by a single-parent. There is a total of 2,723 single-parent families in the service area. In Charles County, 692 children aged birth-three years live in single-parent families and 213 children aged 3-5 years live in single-parent families. When compared to the proportion of families headed by a single-parent living in Charles County communities, children living in families headed by a single-parent are overrepresented in the Head Start program, comprising 79% of total program enrollment.

There is a large number of children and pregnant women eligible for Head Start and Early Head Start that are unserved. According to the data collected, the service area poverty rate for children aged birth-to-five years is 12.1%. Within each county the poverty rate differs slightly. When this rate is applied to the number of children age-eligible for Head Start it is estimated there are 2,548 children eligible for Head Start or Early Head Start. Of these children, 1,020 are eligible for Head Start and 1,528 children are eligible for Early Head Start. The SMTCCAC program is funded to serve 120 Head Start children in Charles County. The number of funded-slots can serve just 23% of all children in Charles County that are eligible for Head Start and 0% of Early Head Start children that are eligible for the program. The data indicates a slot gap of 407 for Head Start and 834 for Early Head Start. Additionally, there are estimated to be 847 pregnant mothers in Charles County eligible for Early Head Start that are not currently served.

Race, Ethnicity, and Language of Head Start Children

The major racial groups in Maryland are comprised of 57.6% whites, 29.5% black/African American, and 9.4% other races. Maryland is home to 1,344,853 children, of which 33% are under six years and 6% are under five years[27]. Of the population of young children, the majority are white comprising 41.9% of the population under 18 years. Other significant racial groups include black or African American children (29.9%), and Asians (6.0%). Of the child population, 17% is Hispanic/Latino[13]. Service area race-ethnicity trends show that in general the service area is less diverse than the state. However, there are pockets of diversity in each county and the child population is more diverse than the adult population.

The following table shows the racial-ethnicity of children in the service area. In Charles County, the composition of the population is comprised of significantly more black or African American children than that of the population in Calvert or St. Mary's Counties.

Child Population Aged 0-4 Years by Racial-Ethnicity[28]			
Population Subgroup	**Calvert**	**Charles**	**St. Mary's**
Total Aged 0-5 Years	4,888	9,303	7,299
White	76.7%	39.1%	71.6%
Black/African American	14.2%	46.1%	18.0%
Hispanic or Latino of any race	5.9%	10.2%	7.0%
Other	3.2%	4.6%	3.4%

Table 28 Child Population Aged 0-4 Years by Racial Ethnicity

Child Population Aged 0-18 yrs. Years by Racial-Ethnicity[29]			
Population Subgroup	**Calvert**	**Charles**	**St. Mary's**
White	74.3%	34.6%	69.1%
Black/African American	10.7%	45.3%	14.8%
Asian	1.3%	3.4%	1.9%
Hispanic or Latino of any race	4.9%	6.7%	6.2%
Other	8.8%	10.0%	8.0%

Table 29 Child Population Aged 0-18 Years by Racial Ethnicity

When compared to the population of children under 18 years in the service area the population of children under four years is more diverse in Charles County and less diverse in Calvert County. In Charles County Head Start black or African Americans and children of other races comprise the majority of enrollment which reflects the higher rates of poverty found among families of color.

[27] U.S. Census Bureau. 2011-2015 American Community Survey; Table S0901
[28] Maryland State Department of Health. Maryland Vital Statistics Annual Report (2015) Imputed.
[29] Annie E. Casey Foundation. Kids Count Data Center datacenter.kidscount.org

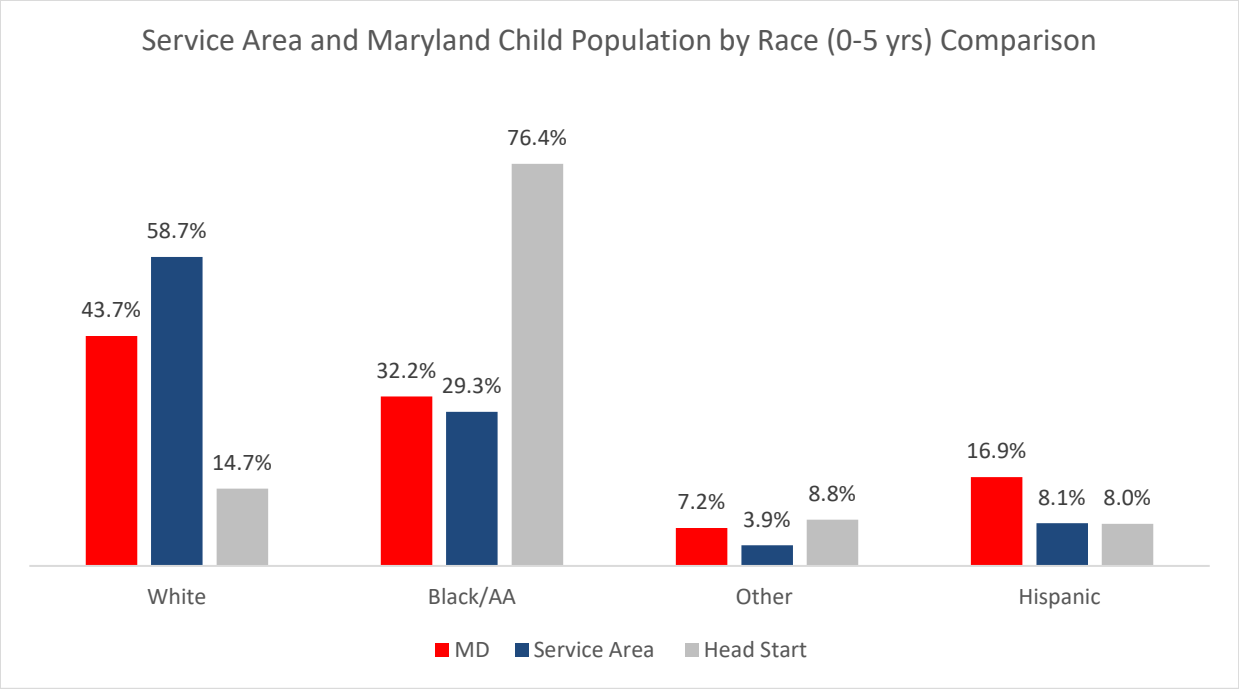


Figure 24 Child Population by Race Comparison

Race of Children 0-4 Years

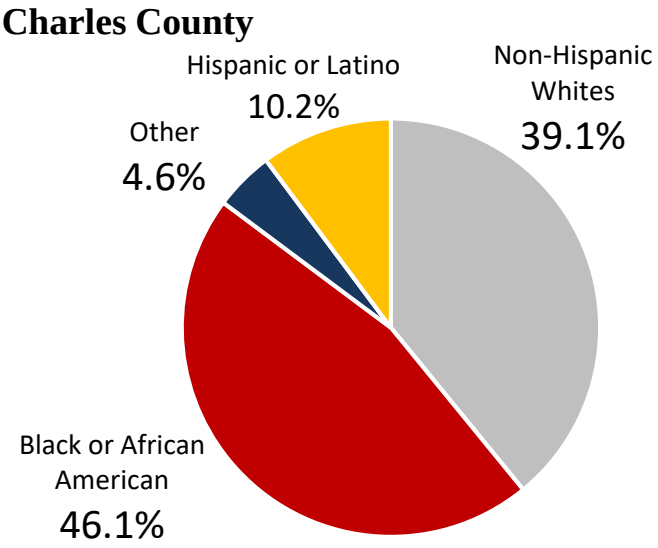


Figure 25 Charles County Race of Children 0-4

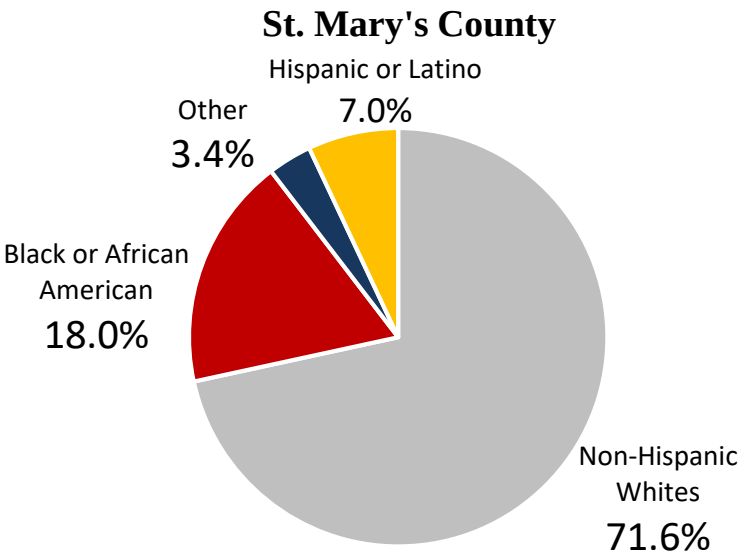


Figure 26 St. Mary's County Race of Children 0-4

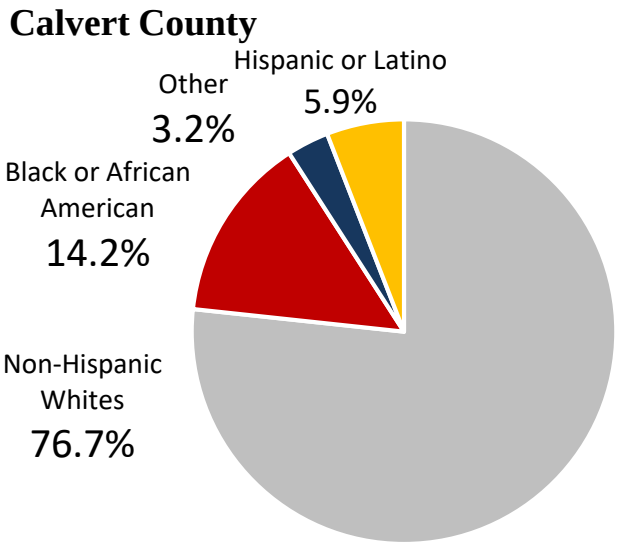


Figure 27 Calvert County Race of Children 0-4

SMTCCAC HS Child Race		
Race/Ethnicity[30]	**Head Start Number**	**% of Enrollment**
Black or African American	104	71.1%
White	20	8.9%
Other	12	14%
Hispanic/Latino	11	6%

Table 30 SMTCCAC Head Start Children Race

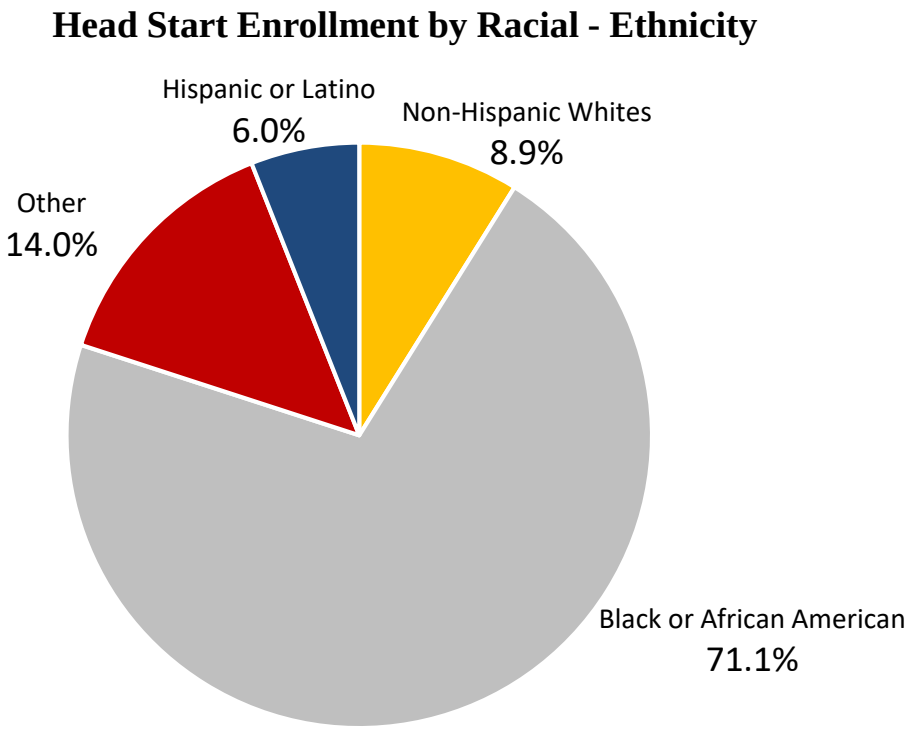
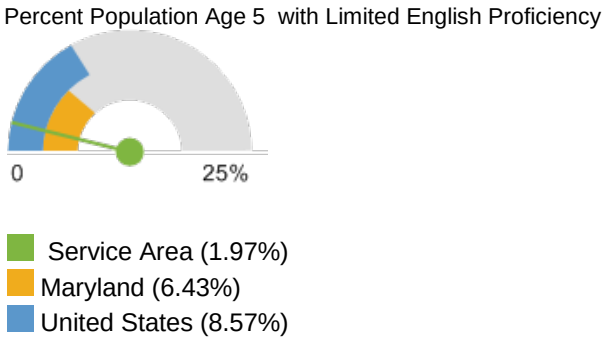


Figure 28 Head Start Enrollment by Racial - Ethnicity

[30] Head Start Program Information Report 2016-2017

Language

Living in a limited English household may signal that a population may need English-language assistance. Additionally, an inability to speak English well can create a barrier to services such as healthcare, basic assistance, transportation, and literacy/education. At 6.4% Maryland has a lower percentage of the population that is limited English proficient. Among the service area population over five years of age, less than 2% have limited English proficiency. Of these, individuals the majority are Hispanic. One population trend in the service area that should be noted is how quickly the Hispanic/Latino population is increasing. Frequently, when population size increases, the service system does not keep pace in the development of culturally and linguistically appropriate services. As a result, a gap in services emerges for people with limited English proficiency.



Population with Limited English Proficiency[31]			
County	**Population Age 5**	**Population Age 5+ with Limited English Proficiency**	**Percent Population Age 5+ with Limited English Proficiency**
Service Area	331,134	6,508	1.9%
Calvert	85,410	1,144	1.3%
Charles	143,532	3,173	2.2%
St. Mary's	102,192	2,191	2.1%
Maryland	5,562,816	357,588	6.4%
United States	296,603,003	25,410,756	8.5%

Table 31 Population with Limited English Proficiency

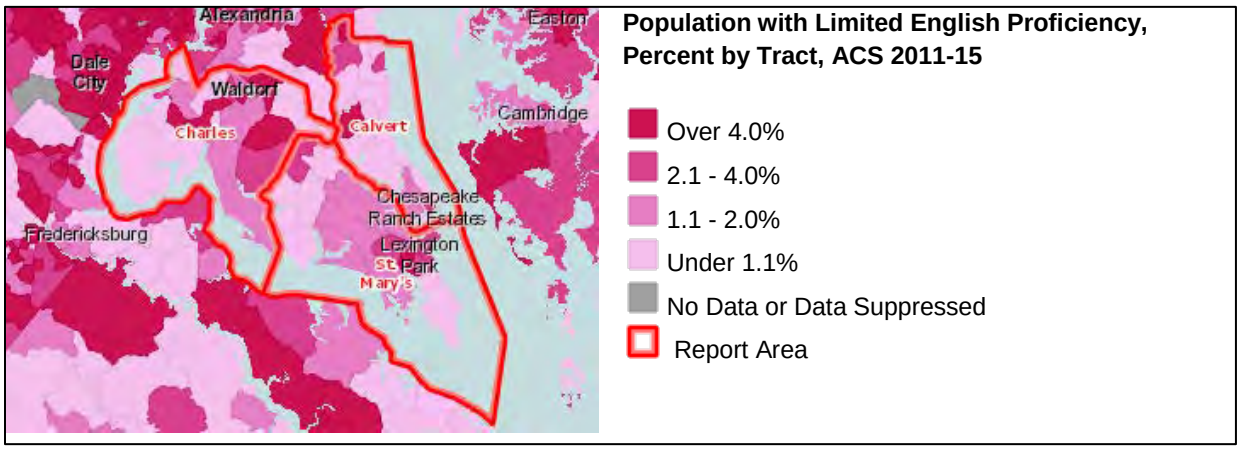


Figure 29 Population with Limited English Proficiency Map

The most frequent foreign language spoken at home in the service area among those over five years is Spanish. In all counties, Spanish language speakers comprise more than 50% of the population that

[31] Community Commons

speaks a language other than English at home, followed by those speaking other Indo-European languages and individuals that speak Asian and Pacific Island languages[32]. In regard to languages, each county demonstrates a lower percentage of student enrollment comprised of dual language learners than found nationally, as shown in the following table. However, the child population is much more diverse than the adult population.

County	Students	% Enrollment Hispanic	% Students LEP33
Calvert	15,950	(5.7%) 922 students	Less than 5%
Charles	26,390	(7.6%) 2,032 students	Less than 5%
St. Mary's	18,067	(6.7%) 1,228 students	Less than 5%
Maryland	886,221	(16.4%) 145,800	11.6%
United States34	50,710,000	25%	9.4%

Table 32 Dual Language Learners by County

English language proficiency is vital in economic success. In the service area, the following language trends are present:

- In the service area, Charles County had the highest proportion of dual language learners as indicated through an analysis of the average enrollment of students in elementary schools that report their racial-ethnicity as Hispanic
- Charles County had the highest rates of students eligible for Free and Reduced Priced Meals indicating high rates of poverty among children.

Dual Language Learners Eligible for Head Start

To calculate the number of children eligible for Head Start and Early Head Start that are dual language learners, the number of children eligible for the program aged birth-to-two years (Early Head Start) and the number of children aged 3-5 years (Head Start) was multiplied by the percent of the population that speaks another language at home that speak English "less than very well" in each county. The table below details the number of children eligible for Early Head Start and Head Start by county that are dual language learners. According to the data, there are 32 children aged birth-to-three that are dual language learners in poverty eligible for Early Head Start and 22 dual language learners aged 3-5 years living in poverty eligible for Head Start in the service area.

Dual Language Learners Eligible for Head Start and Early Head Start					
County	Total % children 0-4 years LEP	0-3 yrs. EHS Eligible	# EHS DLLs	3 and 4 yrs. HS Eligible	# HS DLLs
Calvert	1.3%	190	3	137	2
Charles	2.2%	834	18	527	12
St. Mary's	2.1%	504	11	356	8

Table 33 Dual Language Learners Eligible for Head Start and Early Head Start

[32] U.S. Census Bureau American Fact Finder (2015). Table S1601
[33] Maryland State Department of Education. 2017 Maryland Report Card. http://reportcard.msde.maryland.gov/Demographics.aspx?K=08AAAA
[34] National Center for Education Statistics (2017). https://nces.ed.gov/programs/coe/indicator_cgf.asp

Head Start

According to the Head Start Program Information Report (PIR), 96% of families in Head Start spoke English and 3% (4 families) spoke another language at home.

Key Findings

In Charles County, the composition of the population is comprised of significantly more black or African American children that that of the population in Calvert or St. Mary's Counties. The presence of dual language learners is tied to Hispanic racial-ethnicity, as Spanish is the most frequent language spoken at home by non-English speakers in the service area. However, the SMTCCAC Head Start program does not serve a representational proportion of Spanish-speaking families when enrollment is compared to the presence of Spanish-speaking families in the service area. The dual language learners in the program speak another language other than Spanish. Although Hispanic/Latinos comprise just a small proportion of the population in the service area the location of dual language learners is most concentrated in Charles County.

English is the primary language spoken at home for SMTCCAC families. At 6% of enrollment, the presence of Hispanic/Latino children reflects the percent of students enrolled in Bilingual English as a Second Language programs in local schools in the service area, which is less than 5% of students in all counties. In total, it is estimated there are 54 children aged birth-to-five living in poverty that are dual-language learners living in the service area eligible for Early Head Start or Head Start. Of the eligible dual-language learners, 32 are infants and toddlers and 22 are aged three-to-five years. When data is extracted for Charles County, it was revealed there are 18 infants and toddlers in homes that do not speak English as a primary language that are eligible for Early Head Start and 12 Head Start eligible children living in homes that speak English as a second language.

SMTCCAC

Service Area Data

Homeless Children Eligible for Head Start

The McKinney-Vento Homeless Education program objectives are to increase access to education and provide stability and opportunity for educational success for children and youth experiencing homelessness. The overall intent of the McKinney-Vento Education for the Homeless Children and Youth grant is to remove all educational barriers facing homeless children and youth, with an emphasis on educational enrollment, attendance and success. To estimate the number of homeless children eligible for Head Start and Early Head Start the percent of the homeless population comprised of infants and toddlers and preschoolers was identified using a methodology created by ChildTrends. The proportion of the total homeless population comprised of children under five was calculated against the total estimated homeless population for the Southern Maryland Region[35]. Based on a total homeless population of 1,329[36] and a

[35] Homeless Children and Youth. Child Trends. https://www.childtrends.org/indicators/homeless-children-and-youth/

[36] Maryland Department of Human Resources (2016) Annual Report on Homelessness.

rate of 39% of the homeless population comprised of children under five years, it is estimated there are 518 homeless children eligible for Head Start in the service area.

In 2016-2017, SMTCCAC served 17 homeless families with 18 homeless children. In addition, three children experiencing homelessness were served during the program year of which 100% lived in families that acquired housing.

Children in Foster Care Eligible for Head Start

Identifying families and children at risk for abuse or neglect, addressing these risk areas, and ensuring safety for children are essential to protecting children from harm. According to the Child Welfare Outcomes Report for 2009-2011, the national child maltreatment rate was 9.9 (most recent data available). Maryland's rate fluctuated by one point over the past two years (increased and then decreased by nearly the same amounts), such that the FY2013 rate of 9.2 is just below the FY2011 rate, and the state rate is lower than the national rate. In 2015, 3,914 children in Maryland lived apart from their families in out-of-home, compared with 5,460 children in 2011[37]. According to the national report on the Adoption and Foster Care Analysis and Reporting System (AFCARS) 7% of foster care children are less than 1 years old, 8% are 1 year of age, 7% are two years, 6% are aged three years and 6% are aged four years[38]. In Maryland, it is likely the reduction in foster care represents an increased ability to intervene in at-risk families and the expansion of alternative programs that help families stay intact.

Children that are in foster care represent a high-risk population whose negative life circumstances necessitated their placement in the child welfare system. Some of the challenges they may face that impact their chances for success in school include:

- Low birth weight
- Abusive homes
- Increased hunger and poor nutrition
- Frequently changing schools
- Exposure to environmental hazards such as drugs, alcohol, and violence
- Lack of home support in reading and language development
- Single-parent homes
- Less involved home and school connections[39]

Consequently, children and youth in foster care are more likely than their peers to have lower test scores, repeat grades, require special education services, exhibit behavior problems, have lower attendance and drop out of school. Children in foster care are categorically eligible for Head Start programs and qualify for priority enrollment in the program. To estimate the number of children in foster care that are eligible for Head Start and Early Head Start data was collected on the total number of children in foster care for each county in the service area. The total number of children was calculated based on the percentage of the foster care population that is typically comprised of infants and toddlers and preschool aged children

[37] Child Welfare League of America (2017). Maryland's Children 2017. http://www.cwla.org/wp-content/uploads/2017/03/MARYLAND.pdf. http://www.cwla.org/wp-content/uploads/2017/03/MARYLAND.pdf
[38] U.S. Administration for Children and Families. The AFCARS Report (2016). https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport23.pdf
[39] Zetlin, A. (2013). Placed at Risk by the System. The Educational Vulnerability of Children and Youth in Foster Care. Nova Science Publishers, Inc.

identified by the 2016 AFCARS report. The following table shows the number of children eligible for Head Start and Early Head Start due to foster care status. There are estimated to be 73 eligible foster care children in the service area. Of the children eligible, 29 live in the program's currently designated Head Start service area of Charles County.

Estimated Number of Children in Foster Care by County by Age[40]								
County	**Total # of children in foster care (N)**	**# age less than 1 yr. (N X 7%)**	**# age 1 (N X 8%)**	**# age 2 (N X 7%)**	**# EHS elig.**	**# age 3 (N X 6%)**	**# age 4 (N X 6%)**	**# HS elig.**
Calvert	54	4	4	4	**12**	3	3	**6**
Charles	83	6	7	6	**19**	5	5	**10**
St. Mary's	78	5	6	5	**16**	5	5	**10**
Service Area Total	215	15	17	15	**47**	13	13	**26**

Table 34 Estimated Number of Children in Foster Care by County by Age

Head Start

SMTCCAC served 4 children in foster care placement during the program year. There were 2 children referred to Head Start by child welfare agencies.

Children with Disabilities

Within the service area, disabilities services are provided in each Lead Educational Agency to children aged 3-5 through the Maryland Preschool Special Education program. Services to infants and toddlers with disabilities are provided through the early intervention (EI) provider agency in each county. These agencies in collaboration with Head Start offer a range of services and resources for children with disabilities and their families such as speech therapy, adaptive equipment, physical therapy and other needs. It is estimated that there are 380 children with disabilities in Charles County eligible for Head Start and 168 children eligible for Early Head Start. The following chart shows the children served by Head Start and PSE and EI programs in 2016 for each county in the CSBG service area.

Children with Disabilities Aged 0-5 years Served by PSE and EI[41]				
	Preschool		**Early Intervention**	
County	**# 2016**	**% of Enrollment in PreK Programs**	**# 2016**	**Total # aged 0-5 years receiving special education/EHI Services [42]**
Calvert	210	13.9%	134	301

[40] Annie E. Casey Foundation. Total Children in Out of Home Placement. http://datacenter.kidscount.org

[41] Maryland Department of Education. Maryland Special Education Census Data (2016) Table 6. Students with Disabilities by Grade. http://archives.marylandpublicschools.org/MSDE/divisions/planningresultstest/doc/20162017Student/2016SPED.pdf

[42] Maryland Special Education Census Data. Table 31: Part C Child Report.

Children with Disabilities Aged 0-5 years Served by PSE and EI[41]				
	Preschool		Early Intervention	
County	# 2016	% of Enrollment in PreK Programs	# 2016	Total # aged 0-5 years receiving special education/EHI Services [42]
Charles	380	13.2%	168	368
St. Mary's	123	7%	150	363

Table 35 Children with Disabilities Aged 0-5 years Served by PSE and EI

The most frequent type of disabilities for children receiving services aged 3-21 years was a developmental delay. It should be noted that typically the most frequent disability when data are disaggregated for children aged 3-5 years are speech and language disabilities which is evident in comparison to data on Head Start enrollment of children with disabilities.

Types of Disabilities among Students Aged 3-21 Years		
Type of Disability	% of Enrollment in PSE Services	HS Disabilities Enrollment[43]
Intellectual Disability	<1%	7%
Hearing Impaired	<1%	
Deaf	<1%	
Speech/Language	34.6%	82%
Visually Impaired	<1%	
Emotionally Disturbed	<1%	
Orthopedically Impaired	<1%	
Other Health Impaired	1.7%	
Specific Learning Disabilities	<1%	
Multiple Disabilities	1.2%	
Autism	7.3%	11%
Traumatic Brain Injury	<1%	
Developmental Delay	55.1%	

Table 36 Types of Disabilities among Students Aged 3-21 Years

[43] Head Start Program Information Report (2016)

Student Disabilities by Race Aged 3 and 4 Years Served by LEA					
County	**Asian**	**Black or African American**	**White**	**Hispanic/Latino**	**Two or More Races**
Calvert	0%	12.1%	69.7%	9.1%	9.1%
Charles	0%	33.3%	44.4%	11.1%	11.1%
St. Mary's	5%	5%	45%	35%	10%

Table 37 Student Disabilities by Race Aged 3 and 4 Years Served by LEA

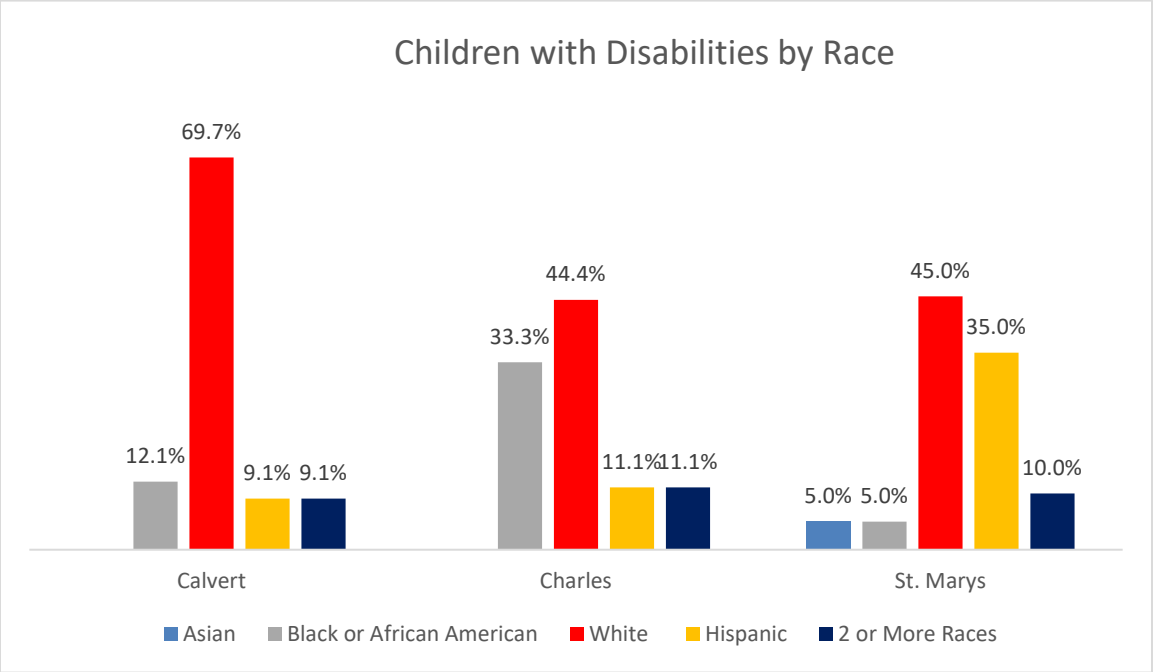


Figure 30 Children with Disabilities by Race

Head Start

Head Start Enrollment of Children with Disabilities	
Number of children with and IEP	17 (12%)
Number of children determined eligible prior to enrollment	13
Number of children determined eligible during enrollment year	4

Table 38 Head Start Enrollment of Children with Disabilities

Key Findings

An essential element of the Head Start program is its aim to target the most at-risk children by providing priority enrollment for particularly vulnerable children. Categorical eligibility associated with poor health and developmental outcomes designated as important program enrollment priorities include homeless children and children that are in foster care or involved in the child welfare system. Children with disabilities are also prioritized. Based on a total homeless population of 1,329 and a rate of 39% of the homeless population comprised of children under five years it is estimated there are 518 homeless children eligible for Early Head Start or Head Start in the service area. Children and youth in foster care are more likely than their peers to have lower test scores, repeat grades, require special education services, exhibit behavior problems, have lower attendance and drop out of school. In total, there are 47 infants and toddlers in foster care in the service area counties and 26 children aged 3-5 years in foster care. There are estimated to be 19 children eligible for Early Head Start in Charles County and 10 children eligible for Head Start that are in foster care. It is estimated that there are 380 children with disabilities in Charles County eligible for Head Start and 168 children eligible for Early Head Start.

Poverty

A primary focus of the community needs assessment is to help the agency understand the scope of both the emerging and ongoing needs of the communities of service, which includes the conditions and causes of poverty and how it impacts economically insecure residents. In order to uncover the factors that contribute to poverty and gain a picture of the lived experience of individuals in poverty it is important to create a comprehensive profile of the socioeconomic status of the population and specific cohorts such as children, women, and the elderly. It is also vital to examine structural contributions to poverty such as barriers to educational attainment and blocked pathways to upward mobility for residents who are at risk of remaining or becoming economically insecure.

Head Start Program Performance Standard

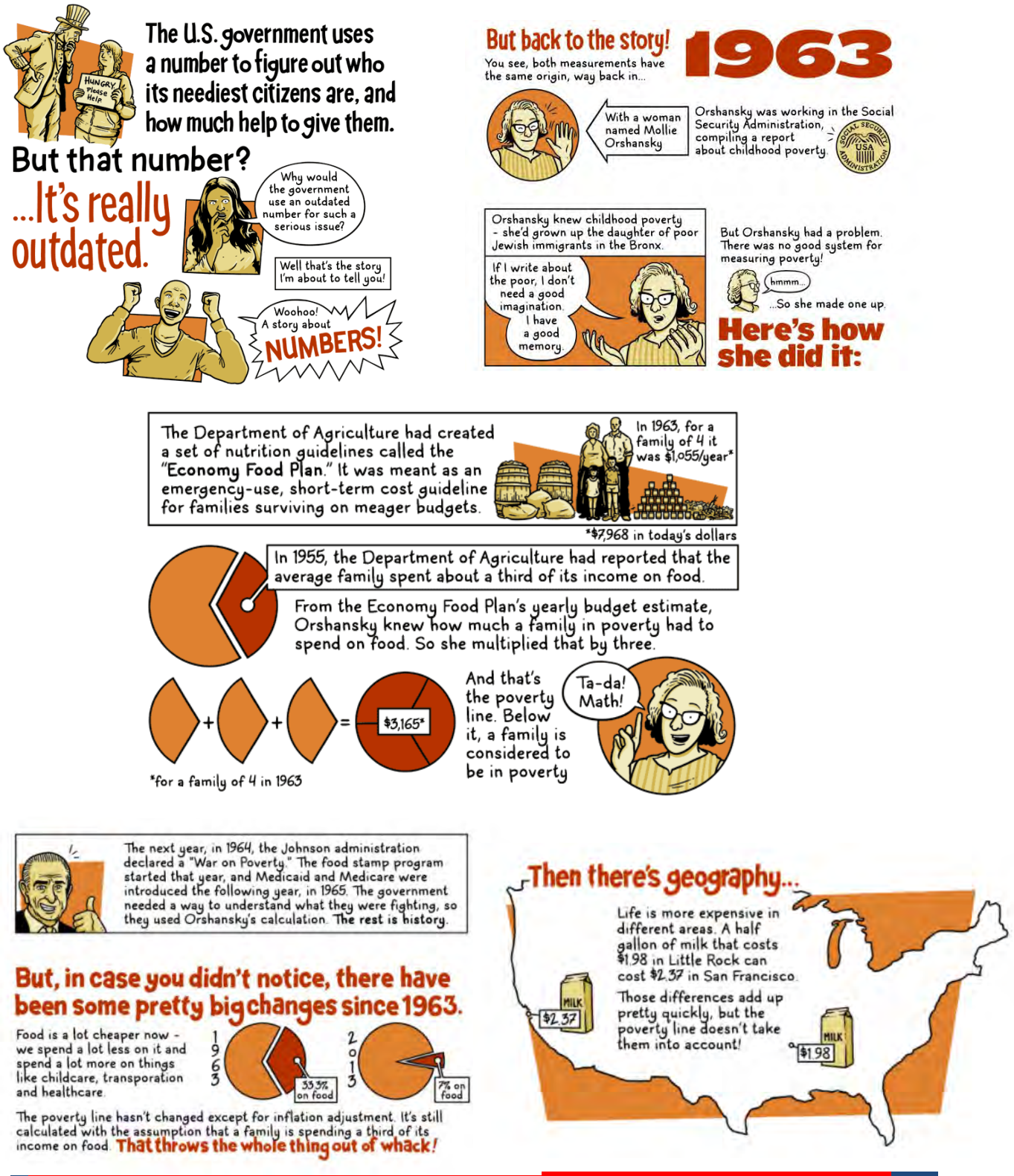
1302.11 (b) (ii) The education, health, nutrition, and social service needs of eligible children and their families, including prevalent social or economic factors that impact their wellbeing.

This section of the community assessment provides information about the service needs of families, children, seniors, and low-income residents in the service area and examines the resources in the community that are available to meet these needs. The data provided allows the program to compare the education, health, and wellbeing of low-income populations to those residing in the service area and throughout Maryland. This data includes information about: 1) the education levels of Head Start parents and other adults in the service area counties, 2) the extent to which children experience and achievement gap, and 3) data that uncovers disparities in health and wellbeing for low-income families, seniors, minorities, and area residents. Data is also collected and presented that describes the views of the SMTCCAC community partners, program participants, and other stakeholders in relation to service domains (housing, income, etc.), education, health, nutrition, and social service needs of low-income residents.

To be eligible for CSBG services and benefits clients must be at or below 100% of the federal poverty threshold as defined by the federal Office of Management and Budget (OMB) based on the most recent federal Census data and as revised annually by the U.S. Department of Health and Human Services. The Head Start program also requires that at least 90% of children have an income below the poverty threshold and up to 10% of enrollment can be comprised of children with a family income that exceeds the poverty level. However, in some cases program enrollment may be comprised of up to 35% of participants whose families have incomes below 130% of the federal poverty line.

Defining poverty

Poverty means different things in different communities. Nationally, developed in the 1960s, the poverty threshold represents the basic cost of food for a household, multiplied by three. A family is judged to be poor if its pre-tax income falls below this threshold. The following infographic describes how the poverty threshold is structured.



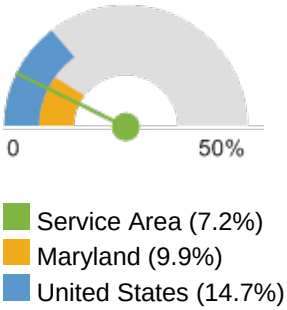
An additional group of “near poor” has emerged in many communities. Income in families “at-risk” of poverty means the family income is less than enough to cover basic needs and saving requirements. The depth of poverty, is a way of measuring a step beyond the “in poverty” or “not in poverty” categories. A household with an income-to-poverty ratio (how close a household is to the poverty threshold) of 125% is 25% above the poverty threshold whereas a household with an income-to-poverty ratio of 50% is 50% below the poverty threshold. Certain governmental agencies use income and poverty levels to determine eligibility for programs. For example, children up to age 19 are eligible to receive Medicaid if their income is less than 200% of poverty. Certain types of publicly subsidized child care are available for families making up to 150% of poverty and there are other child care subsidies where families are eligible if their incomes are less than 185% of poverty. Often, families at-risk of poverty or at different depths of poverty are placed on an eligibility cliff for services.

Service Area Data

Poverty by Age[44]						
County	**All Ages**	**All Ages Poverty Rate**	**Age 0-17**	**Age 0-17 Poverty Rate**	**Age 5-17**	**Age 5-17 Poverty Rate**
Service Area	25,656	7.2%	9,085	10.6%	6,253	9.3%
Calvert	5,315	5.9%	1,709	8.1%	1,154	7.1%
Charles	10,943	7.1%	3,937	10.4%	2,720	9.6%
St. Mary's	9,398	8.7%	3,439	12.7%	2,379	12.0%
Maryland	1,166,735	9.9%	368,458	13.6%	245,212	12.5%
United States	46,153,077	14.7%	15,000,273	20.3%	10,245,028	19.0%

Table 39 Poverty by Age

Poverty Rate



Key Findings

There is a total of 25,656 individuals in poverty in the service area. When compared to the state and national trends there is a lower percentage of the population in the service area living in poverty. As shown in the chart, the county with the highest poverty rate among all ages of residents is St. Mary’s. The county with the highest poverty rates among children is also St. Mary’s. When trends in poverty are examined data indicates that the economic wellbeing of families is stagnant with each county experiencing only a 1% increase or decrease in poverty in each county over the past 15 years.

[44] US Census Bureau, Small Area Income & Poverty Estimates. 2015. Community Commons.org.

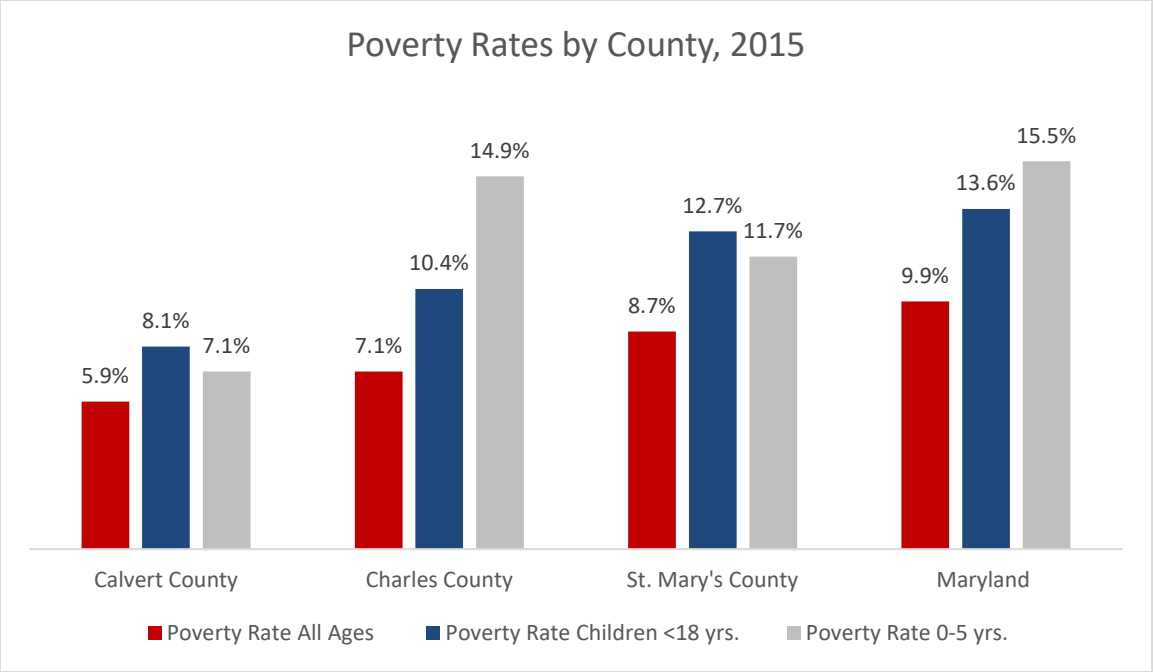
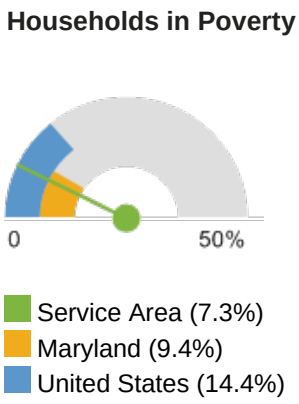


Figure 31 Poverty Rates by County

Poverty Rate Change 2000-2015[44]					
County	**Persons in Poverty 2000**	**Poverty Rate 2000**	**Persons in Poverty 2015**	**Poverty Rate 2015**	**Change in Poverty Rate 2000-2015**
Calvert	3,969	5.1%	5,315	5.9%	0.8%
Charles	7,500	6.1%	10,943	7.1%	1.0%
St. Mary's	6,281	7.4%	9,398	8.7%	1.3%
Service Area	17,750	6.21%	25,656	7.28%	1.0%
Maryland	832,009	7.9%	1,166,735	9.9%	2.0%
United States	31,581,086	11.30%	46,153,077	14.70%	3.4%

Table 40 Poverty Rate Change 2000-2015

Across the three-county service area 7% of all households are in poverty (9,010). The highest poverty rates are found in St. Mary's County which has 3,088 households in poverty, compared to 4,134 in Charles County, which has a larger population resulting in a higher number of households in poverty (4,134). Calvert County has the least number of families in poverty, both by percentage of the population and in size at 1,788 households. The highest poverty rates among children aged 0-4 years are in Charles County.



Households in Poverty[45]			
County	**Total Households**	**Households in Poverty**	**Percent Households in Poverty**
Calvert	31,155	1,788	5.7%
Charles	53,171	4,134	7.8%
St. Mary's	38,243	3,088	8.1%
Service Area	122,569	9,010	7.3%
Maryland	2,166,389	204,361	9.4%
United States	116,926,305	16,811,595	14.4%

Table 41 Households in Poverty

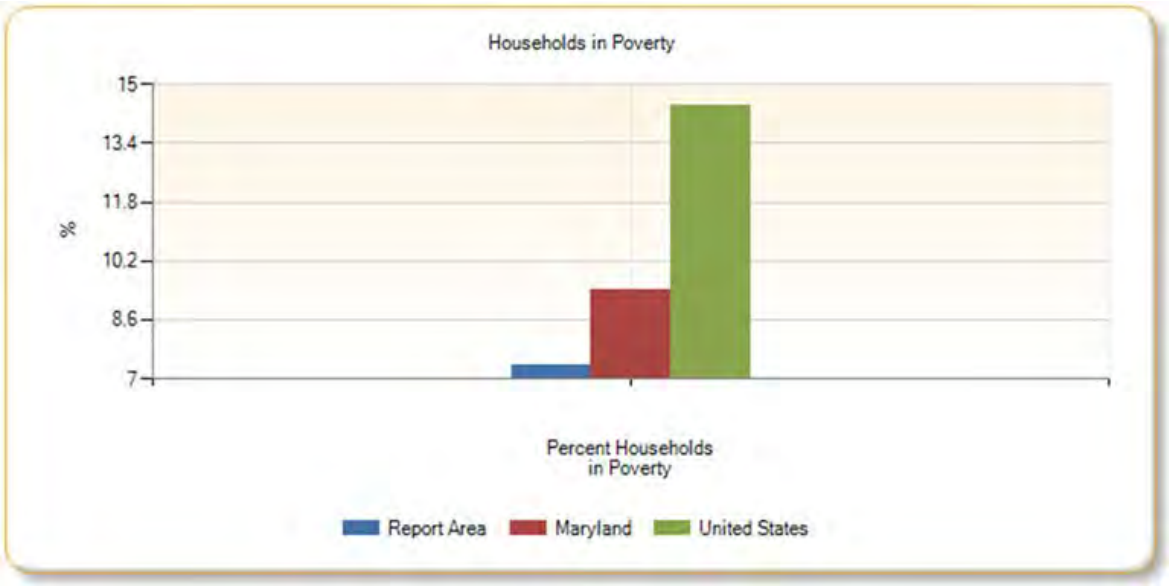


Figure 32 Households in Poverty

[45] US Census Bureau, American Community Survey. 2011-15; Community Commons Report. Accessed May, 2017

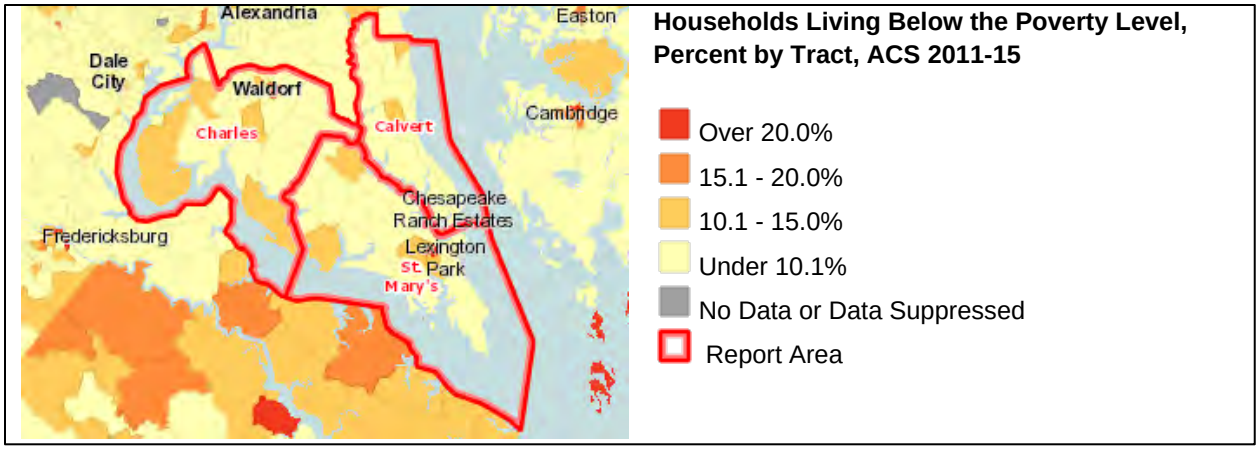


Figure 33 Households Living Below the Poverty Level Map

Poverty Rate[46]			
County	**Total Population**	**Population in Poverty**	**Percent Population in Poverty**
Calvert	89,205	5,207	5.8%
Charles	150,803	11,905	7.8%
St. Mary's	106,780	8,384	7.8%
Service Area	346,788	25,496	7.3%
Maryland	5,789,228	576,805	9.9%
United States	308,619,550	47,749,043	15.4%

Table 42 Poverty Rate

When data is cross-referenced with service area households, 27.7% of Charles County households are comprised of single-female headed households with children compared to 21.8% of total households in Calvert County and 18.7% in St. Mary's County. Female householders were overrepresented among the population in poverty in all counties. St. Mary's County had the highest percentage of female-headed households in the service area living in poverty at 71.9%, followed by Charles County at 61.6%, and Calvert County which demonstrated a rate of 60.9%.

Households in Poverty by Type[47]				
County	**Poverty Rate All Types**	**Percent of Poverty Married Couples**	**Percent of Poverty Male Householder**	**Percent of Poverty Female Householder**
Calvert	3.5%	33.8%	5.3%	60.9%
Charles	6%	29.1%	9.3%	61.6%
St. Mary's	6.1%	20.3%	7.8%	71.9%
Maryland	7.0%	29.1%	10.5%	60.4%

[46] US Census Bureau, American Community Survey. 2011-15. Communitycommons.org
[47] US Census Bureau, American Community Survey. 2011-15.

Households in Poverty by Type[47]				
County	**Poverty Rate All Types**	**Percent of Poverty Married Couples**	**Percent of Poverty Male Householder**	**Percent of Poverty Female Householder**
United States	11.3%	36.2%	10.7%	53.1%

Table 43 Households in Poverty by Type

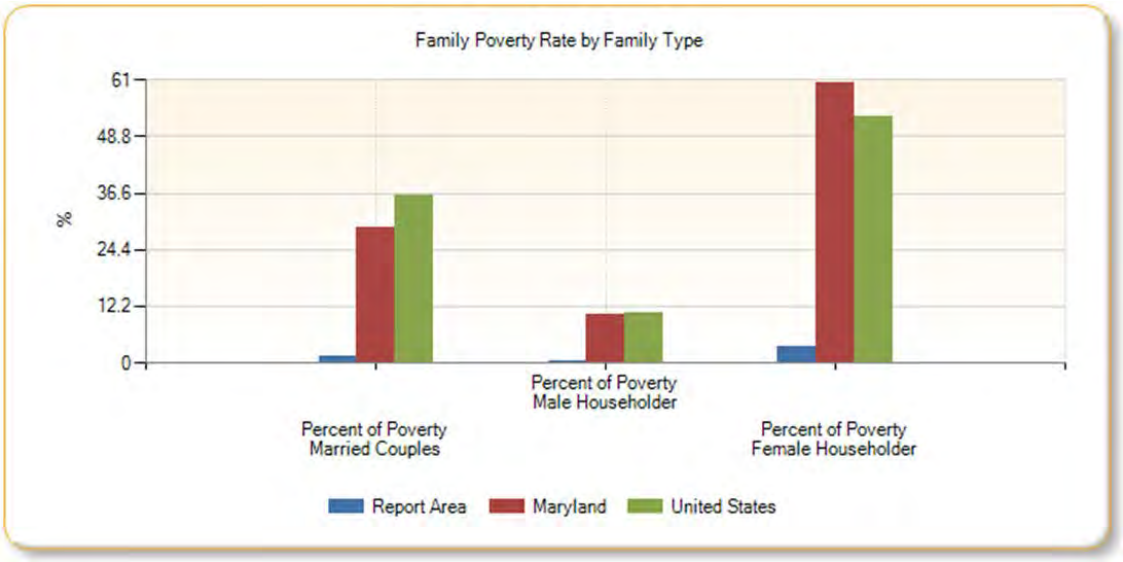


Figure 34 Family Poverty Rate by Family Type

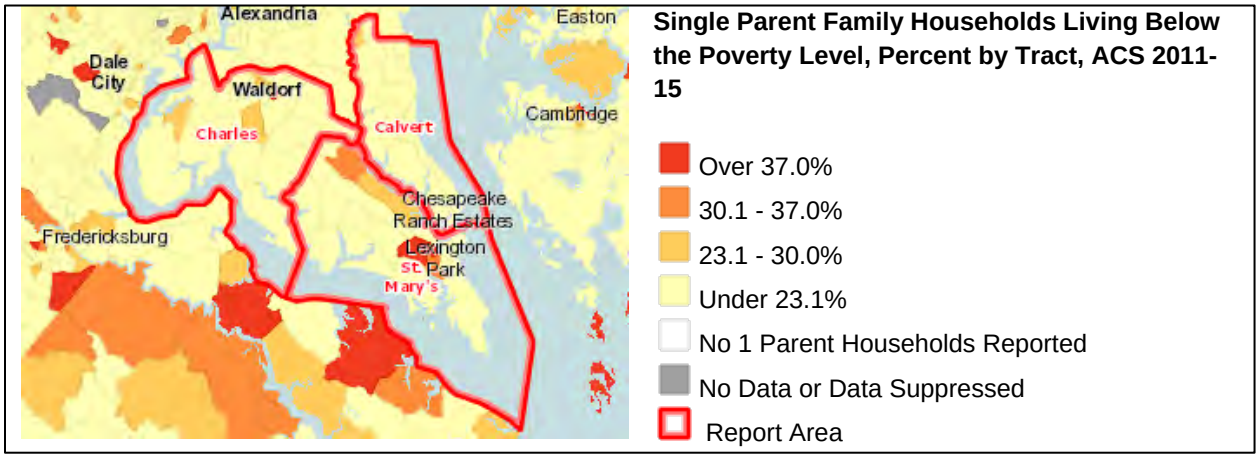


Figure 35 Single Parent Family Households Living Below Poverty Level Map

Key Findings

Despite a large proportion of the population in poverty, the poverty rate change in the area between 2000 to 2015 is lower than the rate of change found across the nation at 1% in the service area versus a nationwide rate of 3.4% growth in poverty. When compared to the state of Maryland the change in the

rate of poverty for the same time period, is slightly lower than the state rate of 2%. The county with the greatest increase in poverty was St. Mary's which also has the highest poverty rates, although Charles County has the most people in poverty.

It is estimated that 7.3% of all households (9,010) are living in poverty within the service area compared to the national average of 14% of all households. Even though the poverty rates are lower than found across the U.S. the service area reflects state and national trends in which there is an increasing number of single-female householders that are living in poverty. There is also a higher cost of living that does not allow families to stretch their income. The high cost of living has inflated wages which obscures the daily reality of poverty for families. The highest rates of poverty are found among female-householders, followed by married-couples. At 71% of all female-headed households, there are more female-headed householders in poverty in St. Mary's County than in the other counties, but the rate of poverty among single-female headed households in Calvert and Charles is also high exceeding 60%. In all counties, poverty in married-couple families is approximately half the rate found in female-headed households. The female-headed household poverty rate in St. Mary's County is three times as high as the rate of poverty for married-couples. Most households in poverty are comprised of married-couples and single-females with children under six in the home.

Child Poverty

Poverty can have many meanings and impacts on children. Lack of income can influence children's day-to-day lives through inadequate nutrition, fewer learning experiences, instability of residence, lower quality of schools, exposure to environmental toxins, family violence and homelessness, and dangerous neighborhoods. The following table shows a cross section of outcomes that have found to be associated with poverty (by no means exhaustive) in several large, nationally representative cross-sectional surveys. The list of outcomes provides an illustration of the broad range of effects that poverty can have on children[48].

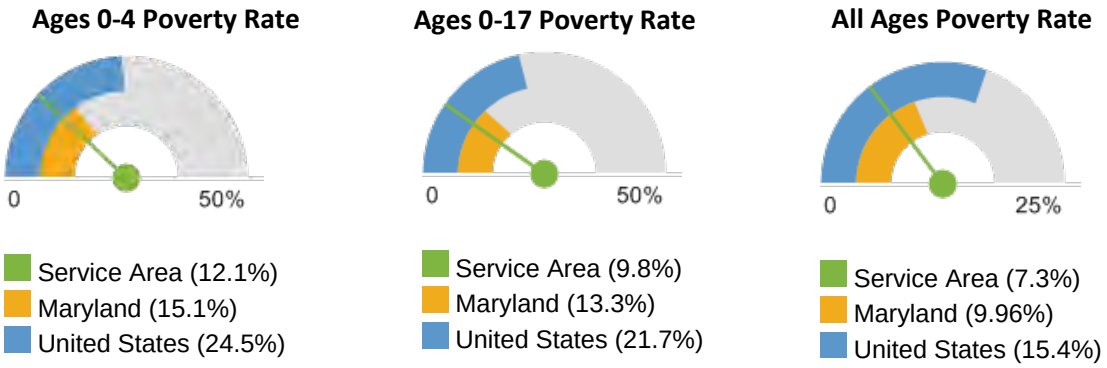
Selection of Population-Based Indicators of Well-Being for Poor and Nonpoor Children in the U.S.			
Indicator	**% of Poor Children**	**% of Nonpoor children**	**Ratio of Poor to Nonpoor Children**
Physical Health Outcomes (aged 0-17 yrs.)			
Reported to be in excellent health	37.4%	55.2%	0.7
Reported to be in poor or fair health	11.7%	6.5%	1.8
Experienced an accident in the past year that required medical attention	11.8%	14.7%	0.8
Chronic asthma	4.4%	4.3%	1.0
Lead poisoning	16.3%	4.7%	3.5
Infant mortality	1.4/100 live births	0.8/100 live births	1.5
Stunting (being in the 5th percentile for height)	10%	5%	2.0
Number of short stay hospital stays in past year per 1,000 children	81.3	41.2	2.0

[48] Brooks-Gunn, J. & Duncan G.J. (1997). The Effects of Poverty on Children; Center for Young Children and Families. Princeton University. https://www.princeton.edu/futureofchildren/publications/docs/07_02_03.pdf

Selection of Population-Based Indicators of Well-Being for Poor and Nonpoor Children in the U.S.			
Indicator	**% of Poor Children**	**% of Nonpoor children**	**Ratio of Poor to Nonpoor Children**
Cognitive Outcomes			
Developmental delay	5%	3.8%	1.3
Learning disability	8.3%	6.1%	1.4
Social Achievement Outcomes			
Grade repetition	28.8%	14.1%	2.0
Ever expelled or suspended	11.9%	6.1%	2.0
High school dropout	21%	9.6%	2.2
Emotional or Behavioral Outcomes			
Parents report a behavior problem that lasted more than three months	16.4%	12.7%	1.3
Parents report child ever being treated for an emotional or behavioral problem	2.5%	4.6%	0.6
Parent of a list of typical child behavioral problems in the last three months	57.4%	57.3%	1.0
Other			
Female teens who had an out-of-wedlock birth	11%	3.6%	3.1
Economically inaction at age 24 years	15.9%	8.3%	1.9
Experienced hunger (food insufficiency) at least in the past year	15.9%	1.6%	9.9
Reported cases of child abuse and neglect	5.4%	0.8%	6.8
Violent crimes experienced	5.4%	2.6%	2.1
Afraid to go out in their neighborhood	19.5%	8.7%	2.2

Table 44 Selection of Population-Based Indicators of Well-Being for Poor and Nonpoor Children in the U.S.

According to the American Community Survey, an average of 9.8% percent of children (8,532) in the service area lived in a state of poverty during the calendar year. The poverty rate for children living in the service area is lower than the national average of 21.7%.



Child Poverty Rate (0-17 yrs.)[49]			
County	**Ages 0-17 Total Population**	**Ages 0-17 In Poverty**	**Ages 0-17 Poverty Rate**
Calvert	21,767	1,368	6.3%
Charles	38,191	4,285	11.2%
St. Mary's	27,342	2,879	10.5%
Service Area	87,300	8,532	9.8%
Maryland	1,328,487	176,322	13.3%
United States	72,540,829	15,760,766	21.7%

Table 45 Child Poverty Rate (0-17 yrs.)

Poverty Rate Children (0-4 yrs.)[45]			
County	**Ages 0-4 Total Population**	**Ages 0-4 In Poverty**	**Ages 0-4 Poverty Rate**
Calvert	4,611	326	7.1%
Charles	9,135	1,358	14.9%
St. Mary's	7,360	860	11.7%
Service Area	21,106	2,544	12.1%
Maryland	361,798	54,591	15.1%
United States	19,605,884	4,795,039	24.5%

Table 46 Poverty Rate Children (0-4 yrs.)

[49] US Census Bureau, American Community Survey. 2011-15. Table S1701

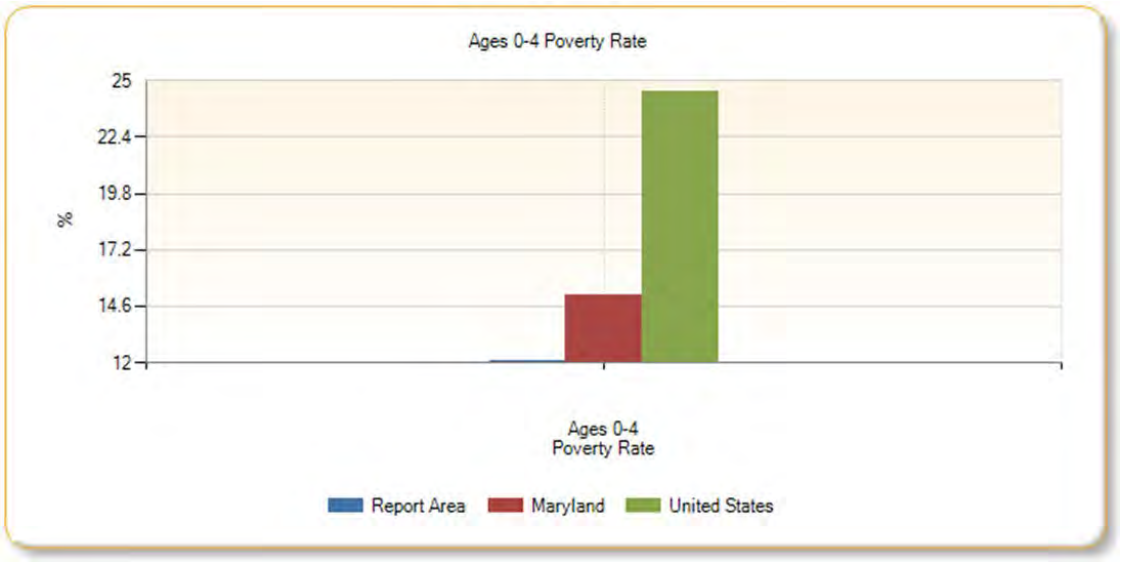


Figure 36 Ages 0-4 Poverty Rate

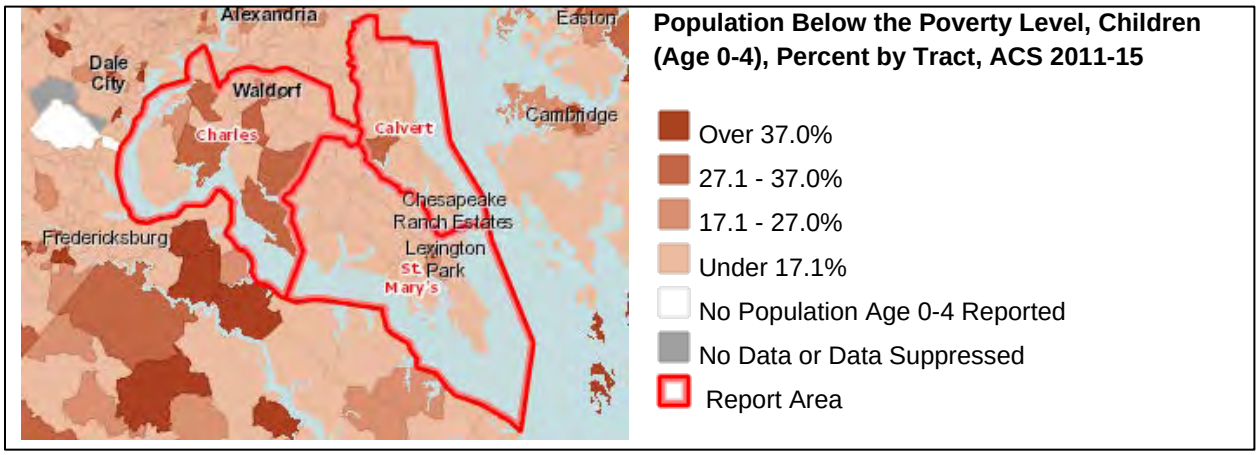


Figure 37 Children 0-4 Below the Poverty Level Map

Population and poverty estimates for children age 5-17 years old are shown for the service area. According to the American Community Survey 5-year data, an average of 9% of children aged 5-17 years lived in a state of poverty during 2015 (5,988). The poverty rate for children living in the report area is lower than the national average of 20.7%. The largest percent of the child population in poverty is found Charles and St. Mary's Counties.

Poverty Rate (5-17 yrs.)[50]			
County	**Ages 5-17 Total Population**	**Ages 5-17 In Poverty**	**Ages 5-17 Poverty Rate**
Calvert	17,156	1,042	6.1%
Charles	29,056	2,927	10.1%
St. Mary's	19,982	2,019	10.1%

[50] US Census Bureau, American Community Survey. 2011-15

Poverty Rate (5-17 yrs.)[50]			
County	**Ages 5-17 Total Population**	**Ages 5-17 In Poverty**	**Ages 5-17 Poverty Rate**
Service Area	66,194	5,988	9%
Maryland	966,689	121,731	12.6%
United States	52,934,945	10,965,727	20.7%

Table 47 Poverty Rate (5-17 yrs.)

Change in Childhood (0-17 yrs.) Poverty Rate 2000-2015[51]					
County	**Poverty Age 0-17 2000**	**Poverty Rate Age 0-17 2000**	**Poverty Age 0-17 2015**	**Poverty Rate Age 0-17 2015**	**Difference in Rate Age 0-17 2000-2015**
Calvert	1,475	6.7%	1,709	8.1%	+1.4%
Charles	2,841	8.1%	3,937	10.4%	+2.3%
St. Mary's	2,465	10.4%	3,439	12.7%	+2.3%
Service Area	6,781	8.4%	9,085	10.6%	+2.2%
Maryland	288,011	10.7%	368,458	13.9%	+3.2%
United States	34,759,369	16.2%	44,997,842	20.7%	+4.5%

Table 48 Change in Childhood (0-17 yrs.) Poverty Rate 2000-2015

Change in Childhood (5-17 yrs.) Poverty Rate 2000-2015					
County	**Poverty Age 5-17 2000**	**Poverty Rate Age 5-17 2000**	**Poverty Age 5-17 2015**	**Poverty Rate Age 5-17 2015**	**Difference in Rate Age 5-17 2000-2015**
Calvert	962	5.7%	1,154	7.1%	+1.4%
Charles	1,866	7.2%	2,720	9.6%	+2.4%
St. Mary's	1,568	9.1%	2,379	12%	+2.9%
Service Area	4,396	7.3%	6,253	9.7%	+2.4%
Maryland	182,500	9.4%	245,212	12.8%	+3.4%
United States	22,608,374	14.6%	30,733,123	19.5%	+4.9%

Table 49 Change in Childhood (5-17 yrs.) Poverty Rate 2000-2015

Key Findings

Child poverty, both situational and generational poverty influences the day-to-day life of children in addition to impacting long-term outcomes in health and wellbeing. In the service area, the rate of poverty among all child age cohorts is lower than the rates for the state and nation. The youngest children, those

[51] US Census Bureau, Small Area Income Poverty Estimates. 2015.

aged 0-4 years, are more likely to live in poverty demonstrating a rate 5% higher than the rate of poverty among all ages in the service area and 3% higher than the rate of poverty for children aged 0-17 years in the area. Child poverty in the service area continues to slightly increase, however not at a rate comparable to that found across the state of Maryland (+3.2%) or nationally (+4.5%). Charles and St. Mary's Counties have the same increase in poverty over the 15-year period examined. For children aged 0-4 years, the U.S. Census only calculates poverty rate changes at the national level. For this age group, the rate of poverty increased by 4.1% over the years of 2000-2015. For children aged 5-17 years, similar trends were found in which the rate of increase in poverty in the service area was less than found at the state and national level, but it is slightly increasing over time.

Population in Poverty by Race/Ethnicity

All counties in the service area demonstrate a disproportionate percent of the population of color in poverty when poverty rates for minorities are compared to their white peers. Among minorities, the highest rates of poverty are found among African American or black residents and those of multiple races. It should be noted that many Hispanics are included in the category of multiple races or some other race, which also have higher rates of poverty than found in the general population.

Percent Population in Poverty by Race[52]

County	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Calvert	4.8%	10.8%	37.9%	0.0%	no data	10.0%	11.8%
Charles	6.1%	9.5%	7.0%	9.2%	3.1%	9.9%	10.3%
St. Mary's	5.4%	21.4%	3.3%	9.1%	0%	5.1%	6.5%
Service Area	5.4%	11.7%	9.3%	7.9%	2.9%	8.7%	9.7%
Maryland	7.0%	15.0%	14.0%	7.9%	8.6%	15.7%	12.6%
United States	12.7%	27%	28.3%	12.5%	20.9%	26.5%	19.9%

Table 50 Percent Population in Poverty by Race

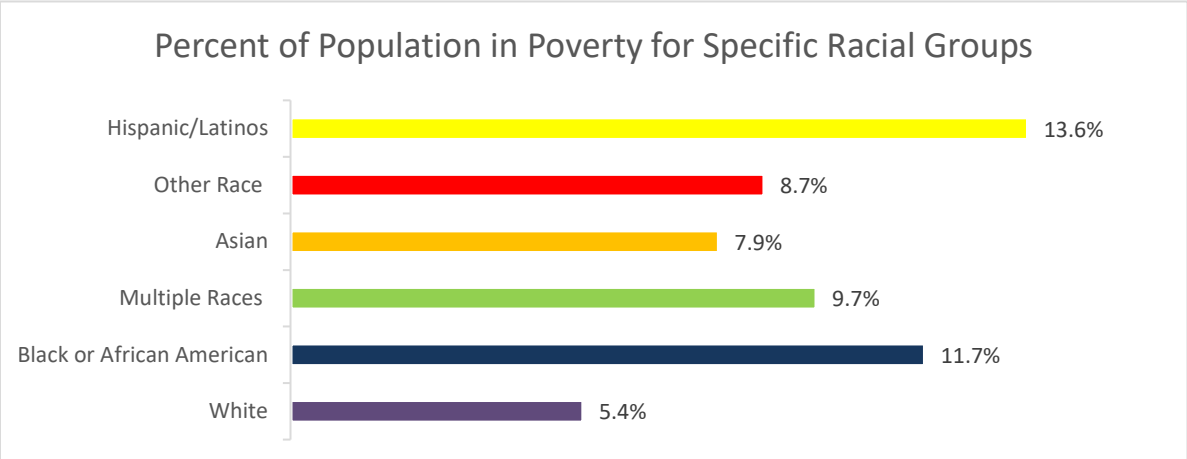


Figure 38 Percent of Population in Poverty for Racial Groups

[52] Community Commons. 2017. American Community Survey 2011-1015 Five-Year Estimates

When poverty is viewed in terms of race whites make up the largest proportion of those in poverty in poverty. However, individuals of color are overrepresented among the total population in poverty when their rate of poverty is compared to their rate of representation in the total population.

Within the service area, the white population comprises 66.9% of all individuals while the black population represented 26% of all residents. When compared to the racial distribution of the population in poverty, blacks are overrepresented among the population in poverty comprising 41% of the total population in poverty, while whites comprise 49% of the population in poverty. Within the service area, the percent of the population comprised of Hispanic/Latinos is small (2,090 individuals or less than 5% of the population). However, it should be noted the rate of poverty among Hispanic/Latinos is significant at 13.6% of all Hispanic/Latinos. The rate of poverty for Hispanics is 7.9% in Calvert County, 11.7% in Charles Count and 20.2% in St. Mary's County.

The Intersection of Poverty and Race Among Children

According to the Children's Defense Fund, black and Hispanic children continue to suffer disproportionately from poverty, with the youngest children most at-risk of being poor[53]. The data below shows disparities among children in the U.S. by race. Service area poverty trends reflect the increased likelihood that children in poverty are of color.

- ***One in three*** black children and more than ***one in four*** Hispanic children were poor in 2015, compared to ***one in eight*** white children.
- Nearly ***one in six*** black children and ***one in nine*** Hispanic children were living in extreme poverty compared to ***one in 17*** white children.
- More than ***one in three*** black children under age five were poor, ***one in five*** were extremely poor.
- Nationally, while black children have the highest rates of poverty, the largest number of poor children are Hispanic, followed by white children. As shown in the chart below, in the service area Asian children have high rates of poverty that exceed those of black/African American children but because Asians represent only a small percentage of the population there are more black/African American children living in poverty in the service area.

[53] http://www.childrensdefense.org/library/data/child-poverty-in-america-2015.pdf

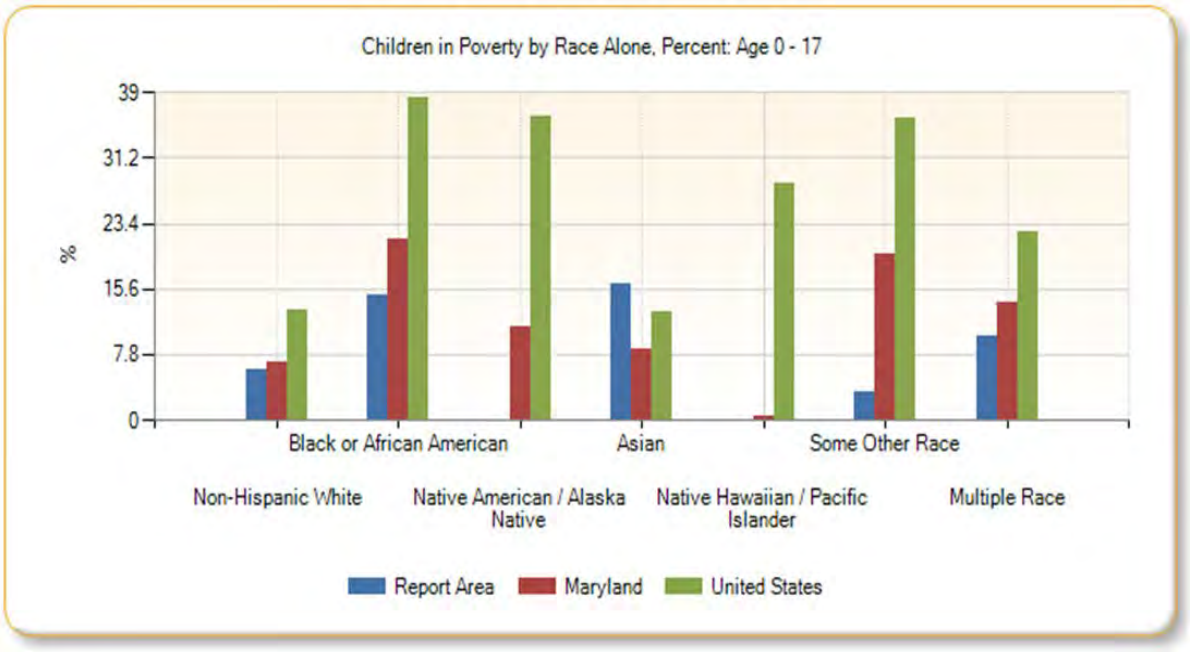


Figure 39 Children Age 0-17 in Poverty by Race

Children in Poverty by Race (Age 0-17 years)							
County	**Non-Hispanic White**	**Black or African American**	**Native American / Alaska Native**	**Asian**	**Native Hawaiian / Pacific Islander**	**Some Other Race**	**Multiple Race**
Calvert	4.8%	10.5%	0%	0%	no data	0%	13.9%
Charles	8.3%	12.3%	0%	19.2%	0%	4.5%	10.6%
St. Mary's	5.2%	29.1%	0%	17.1%	0%	4.0%	5.3%
Service Area	5.9%	14.9%	0%	16.2%	0%	3.3%	9.9%
Maryland	6.9%	21.4%	11.0%	8.5%	0.58%	19.7%	13.9%
United States	13.0%	38.3%	36.0%	12.9%	28.1%	35.8%	22.3%

Table 51 Children in Poverty by Race (Age 0-17 years)

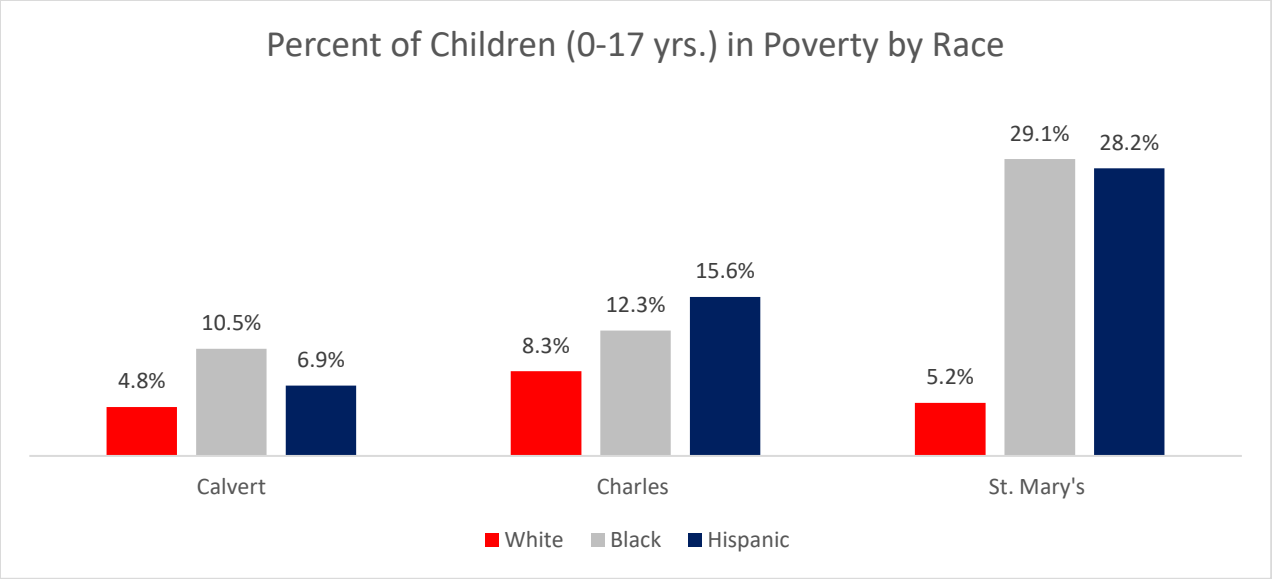


Figure 40 Percent of Children 0-17 in Poverty by Race

Children in Poverty by Race (Ages 0-4 years)							
County	**Non-Hispanic White**	**Black or African American**	**Native American / Alaska Native**	**Asian**	**Native Hawaiian / Pacific Islander**	**Some Other Race**	**Multiple Race**
Calvert	5.6%	4.3%	no data	0%	no data	0%	12.6%
Charles	9.4%	17.4%	no data	22.4%	no data	0%	12.8%
St. Mary's	6.1%	38.2%	0%	9.2%	no data	0%	0%
Service Area	6.9%	20.3%	0%	17.5%	no data	0%	8.7%
Maryland	7.6%	25.1%	4.4%	7.1%	0%	21.2%	13.8%
United States	14.9%	43.4%	40.8%	12.1%	30.6%	38.4%	24.8%

Table 52 Children in Poverty by Race (Ages 0-4 years)

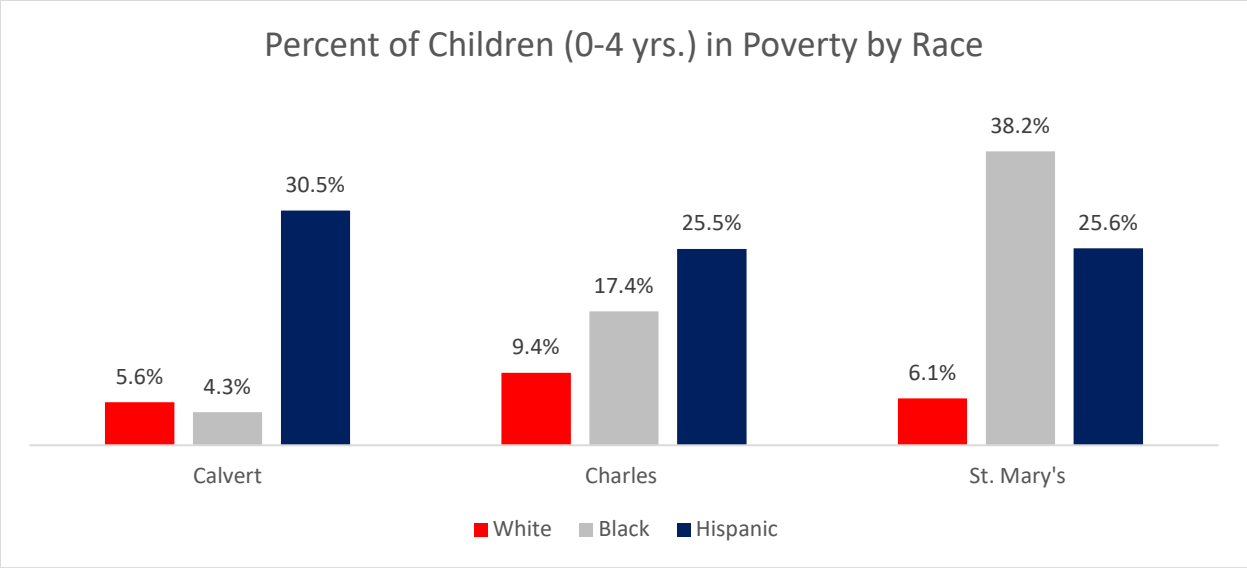


Figure 41 Percent of Children 0-4 in Poverty by Race

Children in Poverty by Race (Ages 5-17 years)							
County	**Non-Hispanic White**	**Black or African American**	**Native American / Alaska Native**	**Asian**	**Native Hawaiian / Pacific Islander**	**Some Other Race**	**Multiple Race**
Calvert	4.6%	12.1%	0%	0%	no data	0%	14.3%
Charles	7.9%	10.9%	0%	18.2%	0%	6.7%	9.6%
St. Mary's	4.8%	25.9%	0%	20.4%	0%	5.2%	8.0%
Service Area	5.6%	13.4%	0%	15.8%	0%	4.9%	10.4%
Maryland	6.7%	20.0%	12.9%	9.0%	0.69%	18.9%	14.0%
United States	12.4%	36.4%	34.3%	13.1%	27.2%	34.8%	21.1%

Table 53 Children in Poverty by Race (Ages 5-17 years)

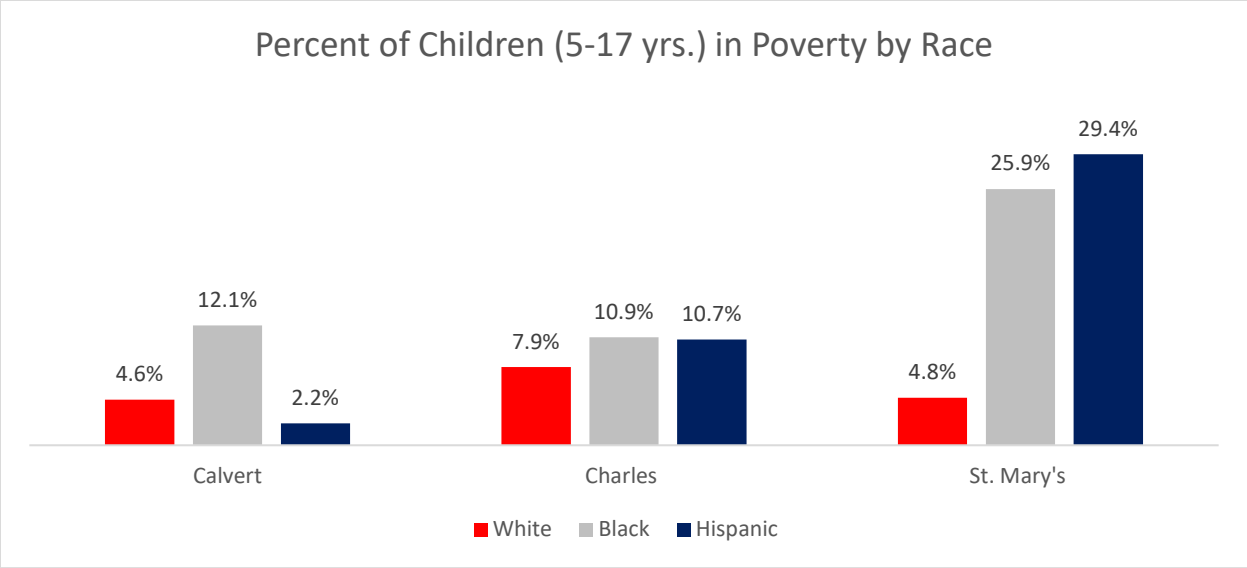


Figure 42 Percent of Children 5-17 in Poverty by Race

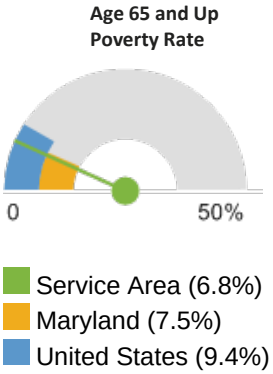
Key Findings

Data indicates a racial disparity is present among the population in poverty that begins in childhood and persists into adulthood. Although white children make up the greatest number of children in poverty, children of color are overrepresented when the rate of children of a particular racial cohort living in poverty is compared to the percentage of the total population comprised of these groups. As shown in the charts, the highest rates of poverty among racial groups with a significant presence in the service area are found among black or African American children (14.9% = 3,648), compared to a 5.9% (2,924) poverty rate for white children. Among children under five, the poverty rate is 20.3% for black/African American children aged 0-4 years, compared to a rate of 6.9% for their white peers. The greatest disparity between income for children and color is in St. Mary's County.

As a result of poverty and disadvantage many children in America may be on separate tracks into adulthood. On one track are economically advantaged children, many of whom reside with two highly educated parents. The other track typically includes poor children residing with a single-mother or with two parents struggling to make ends meet in a changing global economy. In many ways, these tracks represent distinct fortunes along lines of racial and ethnic background. White children are proportionally over-represented among the more advantaged segments of the child population, while children of historically disadvantaged racial minorities and America's "new" immigrants make up disproportionately large shares of the economically deprived.

Seniors in Poverty

Poverty rates for seniors (persons age 65 and over) are shown below. According to American Community Survey estimates, there were 2,634 seniors living in poverty or 6.8% of the population aged 65 and older. Charles County has the largest percentage of seniors in poverty (1,235) compared to St. Mary's which has the lowest rate of senior poverty and least number of seniors in poverty (651). In Calvert County, the rate of senior poverty is 6.8% and 748 seniors live in poverty. The poverty rate in the service area for seniors is less than that found at the state or national levels. In regard to gender, 4.6% of males over age 65 years lived in poverty compared to 8.5% of females. The disparity between men and women in regard to senior poverty was greatest in Charles County where 5% of men lived in poverty compared to 10% of females.



Seniors in Poverty[54]			
County	**Ages 65 and Up Population**	**Ages 65 and Up In Poverty**	**Ages 65 and Up Poverty Rate**
Service Area	38,804	2,634	6.8%
Calvert	10,978	748	6.8%
Charles	15,913	1,235	7.8%
St. Mary's	11,913	651	5.5%
Maryland	767,170	57,433	7.5%
United States	43,313,536	4,058,359	9.4%

Table 54 Seniors in Poverty

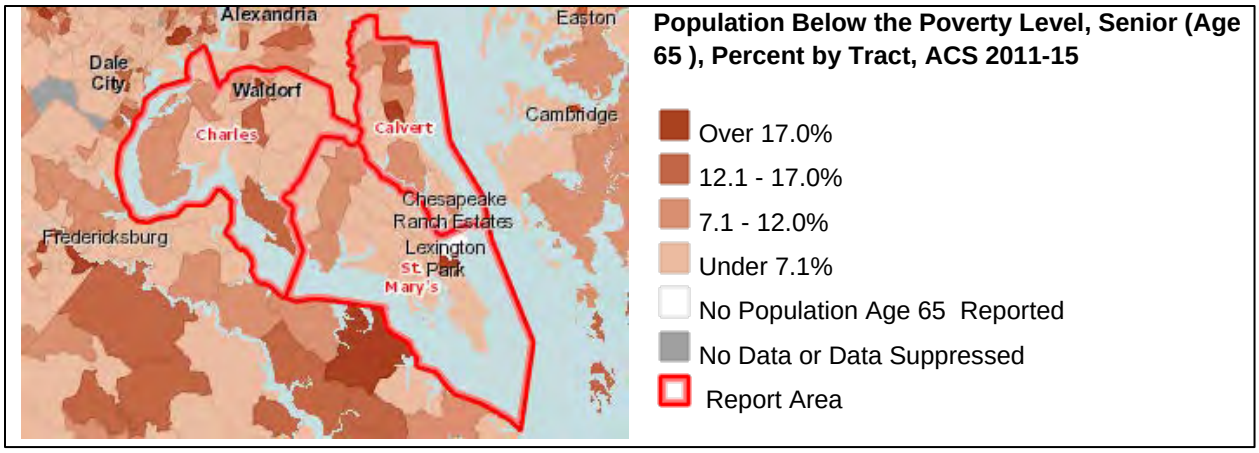


Figure 43 Senior Population Below Poverty Level

[54] U.S. Census American Community Survey. 2011-2015. Table S1703

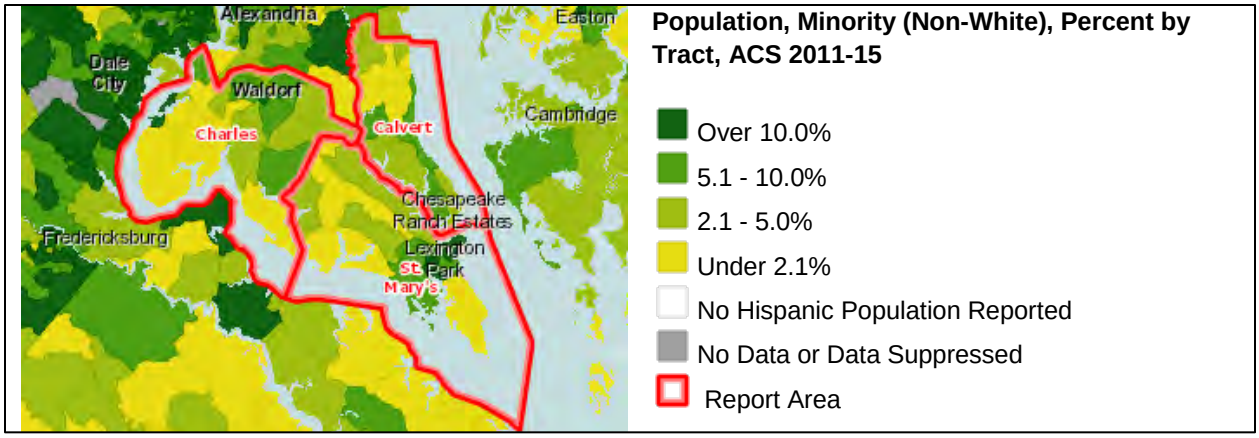


Figure 44 Minority Population Map

In regard to race, similar to rates of poverty found among other age cohorts and a socioeconomic racial disparity was prevalent between black and White residents over age 65 years. In all counties, black or African American's and those of multiple races demonstrate higher poverty rates than whites. The poverty rates found among individuals reporting they are of multiple races in Charles and Calvert county are higher than that found across the state of Maryland and the nation. Among African Americans, the rate in poverty in Calvert and St. Mary's county are higher than state, but not national trends.

Poverty Rate Age 65 Years and Up by Race							
County	**Non-Hispanic White**	**Black or African American**	**Native American / Alaska Native**	**Asian**	**Native Hawaiian / Pacific Islander**	**Some Other Race**	**Multiple Race**
Service Area	4.8% (1,442)	13.3% (1,004)	46.7% (87)	0.12% (1)	0%	0%	18.9% (49)
Calvert	4.8% (441)	15.9% (229)	100% (18)	0.7% (1)	no data	no data	22.9% (20)
Charles	5.6% (589)	11.9% 544	44.8% 69	0%	0%	0%	19.4% (21)
St. Mary's	4.1% (412)	15.3% (231)	0%	0%	no data	0%	12.7% (8)
Maryland	5.5% (29,448)	11.8% (20,420)	15.9% (272)	10.6% (3,922)	3.0% (3)	16.8% (993)	12.9% (979)
United States	7.2%	18.0%	18.6%	13.2%	13.7%	22.5%	14.1%

Table 55 Poverty Rate Age 65 Years and Up by Race

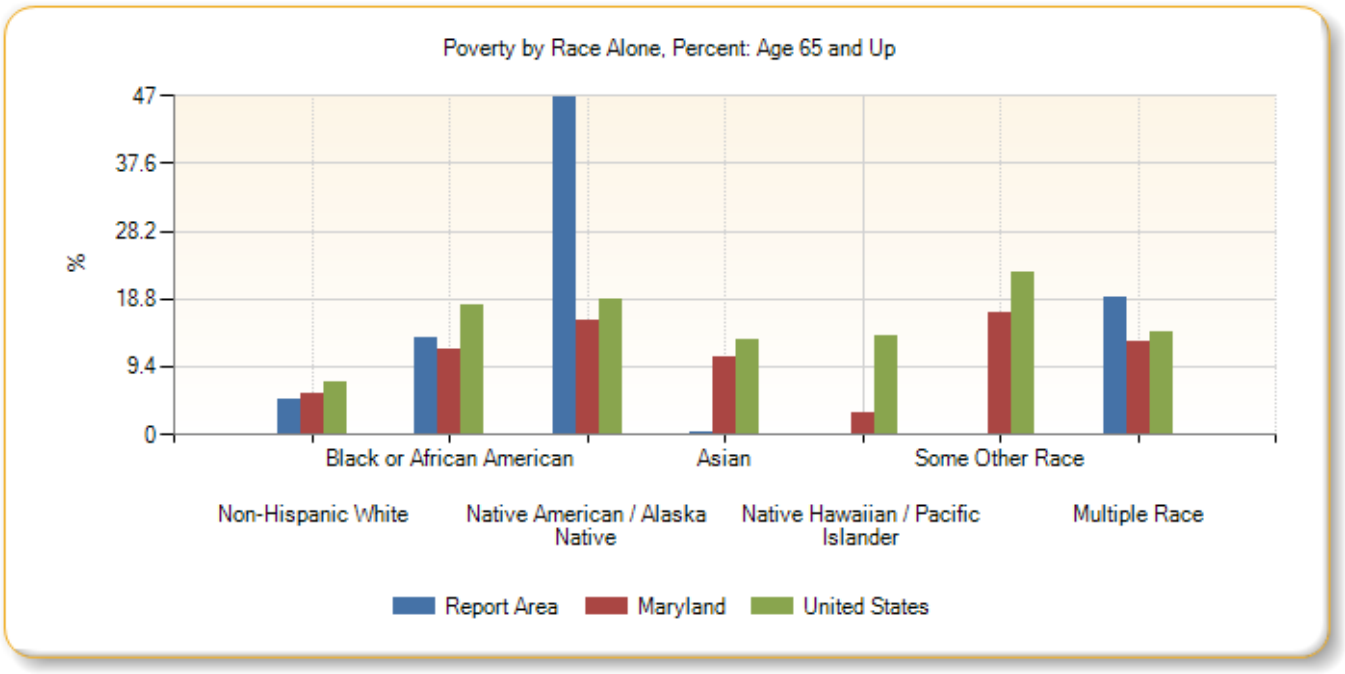


Figure 45 Poverty by Race: Age 65 and Up

Population in Poverty by Gender

Data indicates females are more likely to experience poverty than men. Although the population distribution of males and females is almost equal 8.7% of female's experience poverty versus just 5.9% of males in the service area. Women tend to experience poverty at higher rates than men due to a gender pay gap. In addition, women with children also tend to leave the workforce to care for small children at different times during their career, which impacts their ability to advance in the workplace. Lastly, women also are more likely to be working in "helping" professions which pay less than scientific and administrative occupations.

Population in Poverty by Gender[55]				
County	**Total Male**	**Total Female**	**Percent Male**	**Percent Female**
Service Area	10,075	15,421	5.9%	8.7%
Calvert	2,044	3,163	4.6%	7.0%
Charles	4,933	6,972	6.8%	8.8%
St. Mary's	3,098	5,286	5.8%	9.8%
Maryland	246,497	330,308	8.8%	11.0%
United States	21,410,511	26,338,532	14.1%	16.7%

Table 56 Population in Poverty by Gender

[55] Community Commons. 2017. American Community Survey 2011-1015 Five-Year Estimates.

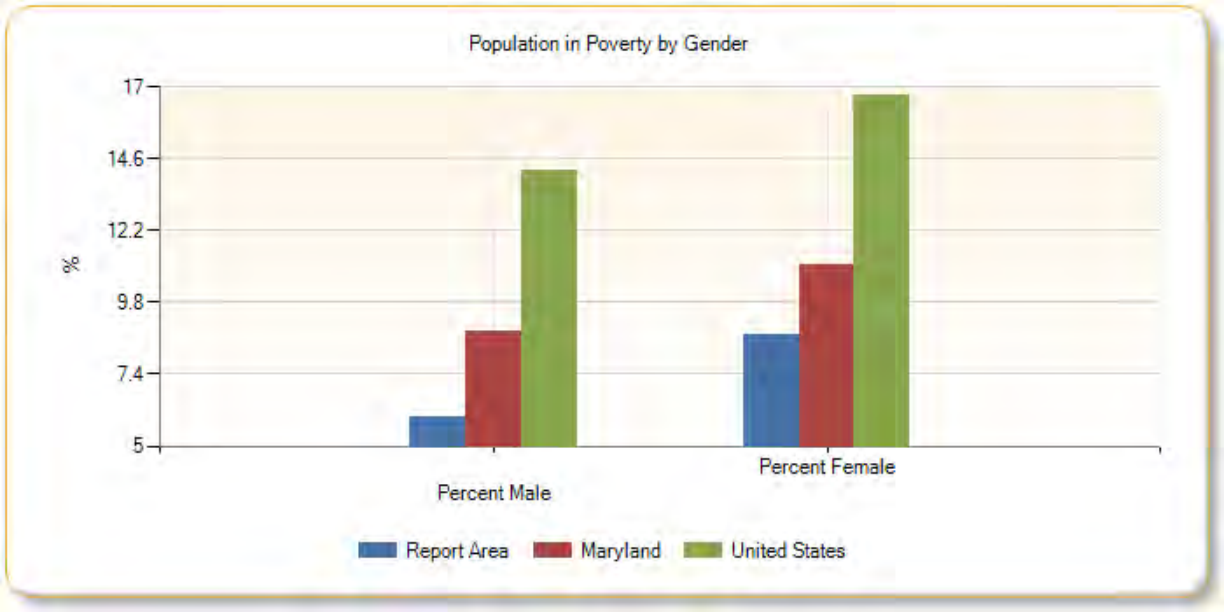


Figure 46 Population in Poverty by Gender

Population in Poverty by Gender Age 65 and Up[56]				
County	**Total Male**	**Total Female**	**Percent Male**	**Percent Female**
Service Area	815	1,819	4.6%	8.5%
Calvert	255	493	5.0%	8.3%
Charles	367	868	5.2%	9.7%
St. Mary's	193	458	3.5%	7.1%
Maryland	19,057	38,376	5.7%	8.8%
United States	1,385,728	2,672,631	7.2%	11.0%

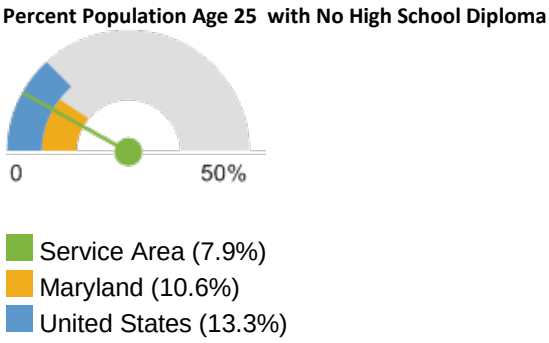
Key Findings

The combined service area senior poverty rate was lower than found nationally and at the state level. However, the rate of senior poverty in Charles County exceeded that of the state. The same trend was identified in overall rates of poverty by race and gender in which the service area poverty rate for men and for women was lower than found nationally and in Maryland. The socioeconomic disparity for black or African Americans, identified for children and other individuals was also present the population cohort over aged 65 years. The disparity was worse among older segments of the population than among younger groups such as children under five. Charles County is most diverse with the northeast section of the county home to the largest concentration of residents that are members of minority groups, which are also home to some of the census tracts with the largest concentration of seniors in poverty. When poverty was examined by gender, women were almost twice as likely to live in poverty than men in St. Mary's County. In Calvert and Charles, the rate of male poverty among those aged 65 and up was in most cases almost three percent less than the rate found for female seniors.

[56] Community Commons. 2017. American Community Survey 2011-1015 Five-Year Estimates.

Education

Education Landscape



Education is a strong determinant of socioeconomic status and health outcomes. Steps taken to increase the educational level in a population can decrease poverty and improve population health. It is known that those with more than 12 years of education have a higher life expectancy and higher incomes, on average, than those with 12 or fewer years of education. Those with less education often have less income and reduced access to health insurance and other social services they may need to attain self-sufficiency. In the service area, 7.9% of individuals lack a high school diploma compared to 10.7% of adults in Maryland and 13.3% of the U.S. population. The table below describes the education level of individuals in the service area for persons over age 25 years. As indicated by the table, the service area exceeds the state in the percent of adults that have a high school diploma. The service area also exceeds the state in regard to the percent of the population that has a high school diploma only and some college, but falls below the state in regard to the percent of the population that has attained a bachelor or graduate degree.

Educational Attainment[57]

County	Percent No High School Diploma	Percent High School Only	Percent Some College	Percent Associates Degree	Percent Bachelor Degree	Percent Graduate or Professional Degree
Service Area	7.9%	31.5%	24.0%	7.6%	17.3%	11.4%
Calvert	5.8%	31.5%	25.3%	7.3%	17.4%	11.7%
Charles	7.7%	32.2%	24.7%	8.1%	17.2%	10.2%
St. Mary's	9.6%	31.9%	21.1%	5.2%	18.8%	13.4%
Maryland	10.7%	25.5%	19.5%	6.4%	20.6%	17.3%
United States	13.3%	27.8%	21.1%	8.1%	18.5%	11.2%

Table 57 Educational Attainment

[57] U.S. Census Bureau. American Community Survey. 2011-2015. Educational Attainment. Table S1501

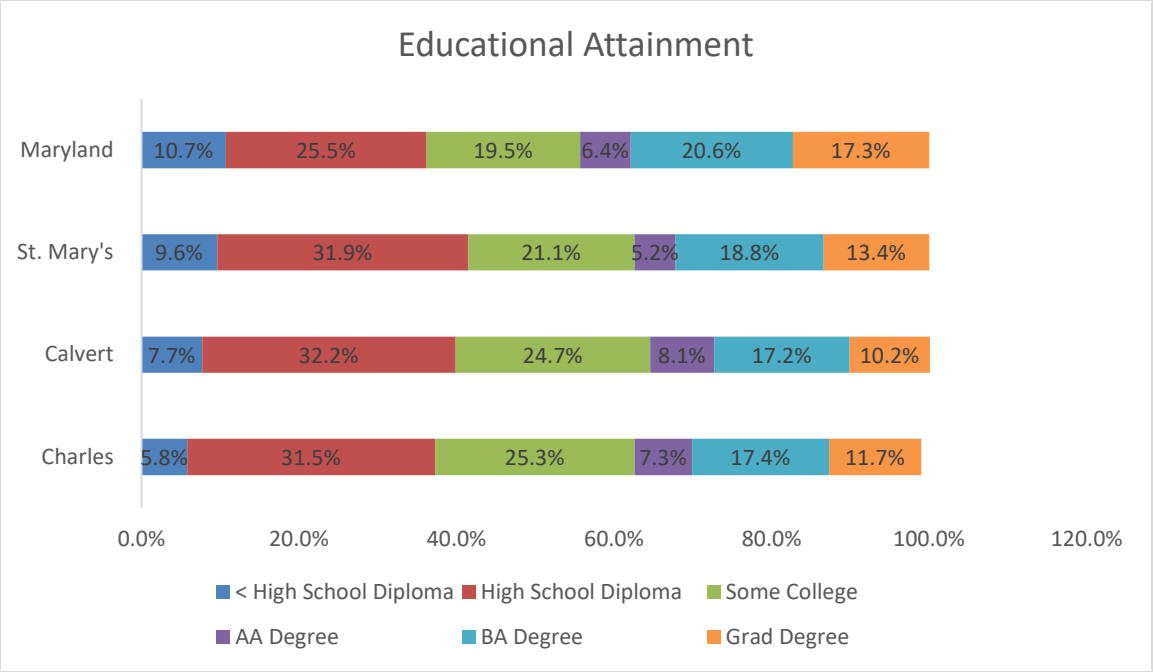


Figure 47 Educational Attainment

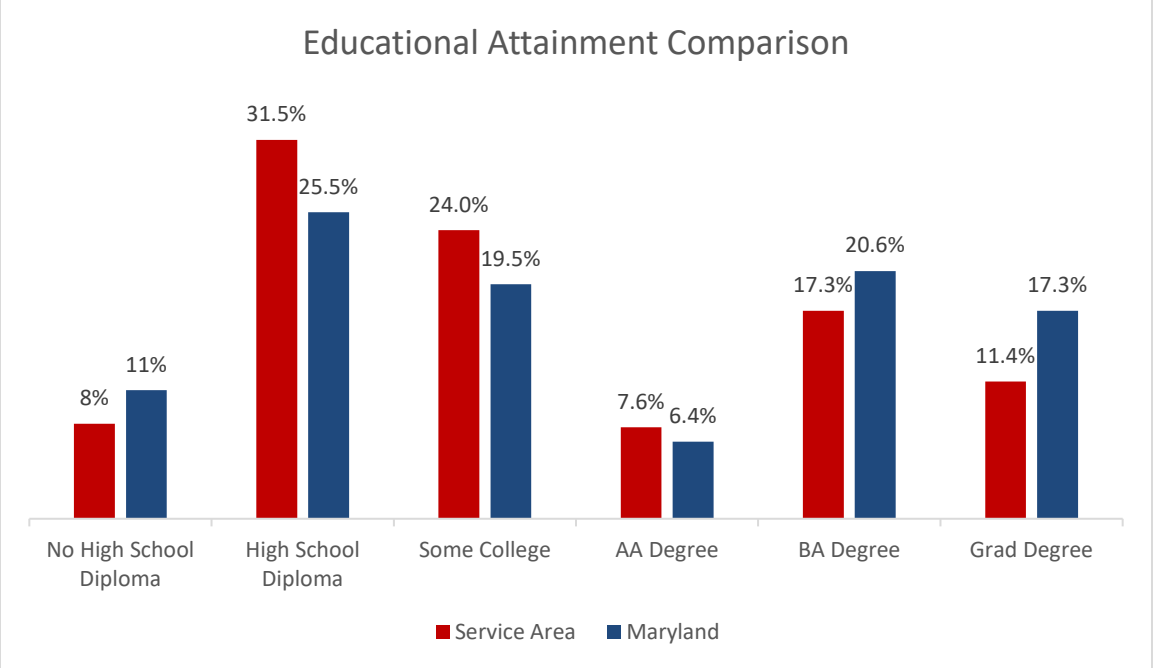


Figure 48 Educational Attainment Comparison

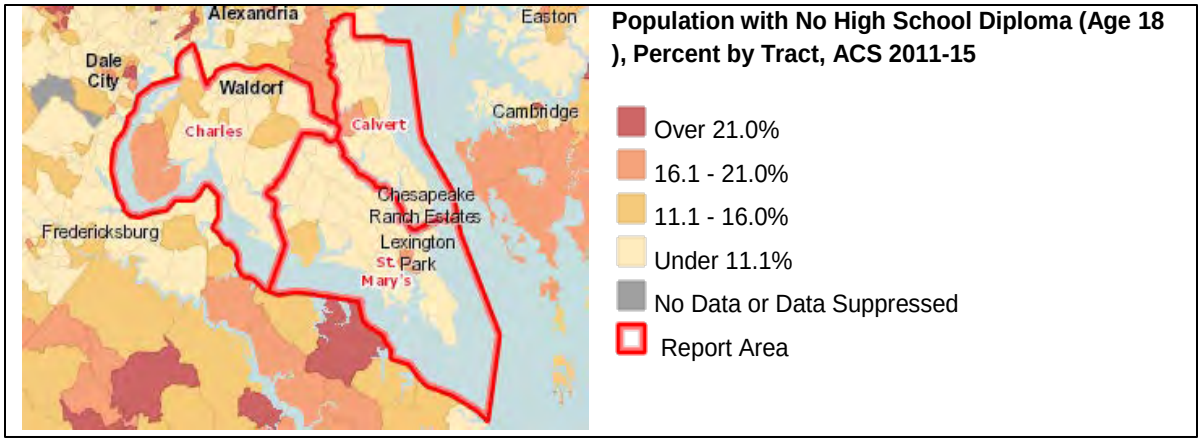


Figure 49 Population with No High School Diploma Map

Veterans Educational Attainment

The following chart contrasts the educational attainment of Veterans between military Veterans and non-Veterans in the region. Educational attainment is calculated for persons over 25, and is an estimated average for the period from 2011 to 2015. As shown in the table, educational attainment for Veterans is higher than non-Veterans in the service area. The trend for increased educational attainment among Veterans in the service area is different than found for Maryland as a whole in which non-veterans have higher rates of education than Veterans.

Veterans Educational Attainment								
County	**Veterans % No Diploma**	**Veterans % High School Diploma**	**Veterans % Some College Diploma**	**Veterans % Bachelors or Higher Diploma**	**Non-Veterans % No Diploma**	**Non-Veterans % High School Diploma**	**Non-Veterans % Some College Diploma**	**Non-Veterans % Bachelors or Higher Diploma**
Service Area	3.8%	24.5%	38%	**33.6%**	8.8%	33.2%	30.4%	**27.4%**
Calvert	4.6%	26.9%	34.1%	**34.3%**	7.1%	32.6%	32.2%	**27.8%**
Charles	3.8%	24.0%	39.8%	**32.2%**	8.4%	33.9%	31.3%	**26.2%**
St. Mary's	3.09%	23.3%	38.4%	**35.0%**	10.9%	32.5%	27.6%	**28.9%**
Maryland	6.3%	25.4%	33.1%	**35.1%**	11.%	25.6%	25.0%	**38.1%**
United States	7.1%	29.0%	36.8%	**27.0%**	14.0%	27.6%	28.2%	**30.0%**

Table 58 Veterans Educational Attainment

Population without a High School Diploma by Race[58]							
County	**White**	**Black or African American**	**Native American / Alaska Native**	**Asian**	**Native Hawaiian / Pacific Islander**	**Some Other Race**	**Multiple Race**
Service Area	7.1%	10.1%	12.5%	8.6%	0%	18.7%	4.8%
Calvert	5.6%	12.8%	0%	10.1%	no data	26.0%	6.6%
Charles	7.5%	7.5%	15.8%	10%	0%	19.8%	3.1%
St. Mary's	8.0%	18.6%	5.0%	6.0%	0%	12.6%	7.0%
Maryland	8.6%	11.2%	21.0%	9.7%	9.1%	46.4%	10.2%
United States	11.3%	16.2%	20.9%	14.0%	13.9%	40.7%	13.9%

Table 59 Population without a High School Diploma by Race

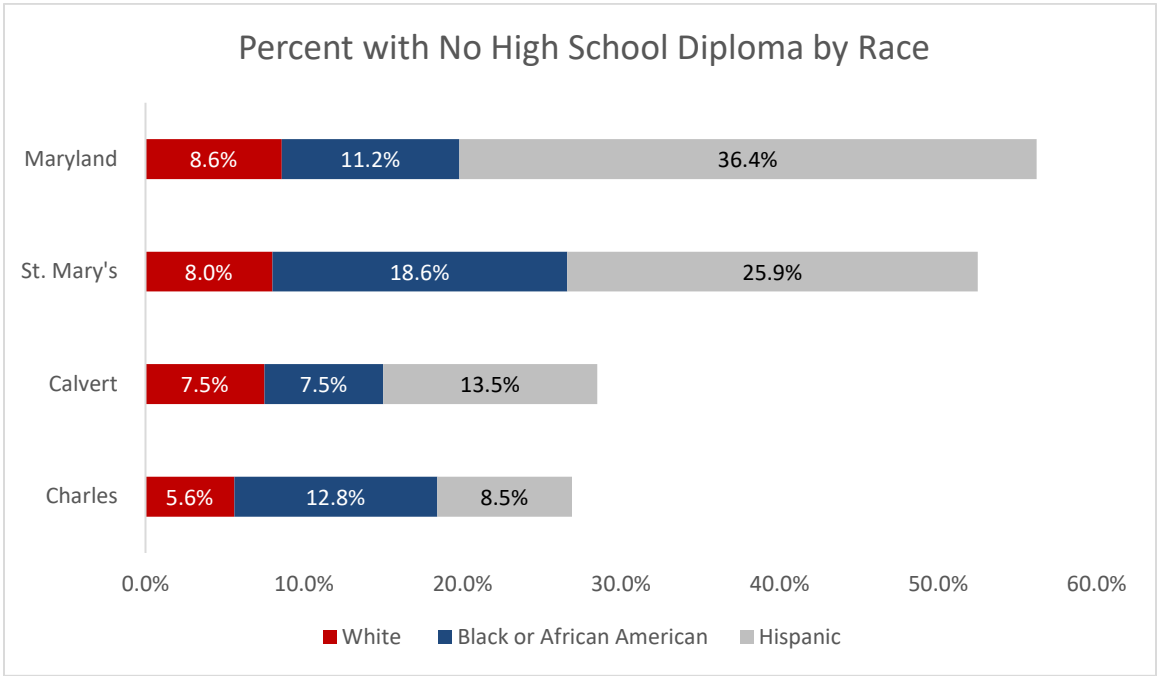


Figure 50 Percent with No High School Diploma by Race

Key Findings

The service area high school graduation rates reflect trends found across the state and the rate of individuals that have less than a high school diploma is slightly lower than the state average. However, there is an education gap in which individuals of some other race have a significantly higher rate of high school dropout than those of other races. The disparity in educational attainment translates into a disparity in income and increased inequality as residents who are more highly educated are more likely to have a

[58] U.S. Census American Community Survey. Community Commons

higher income. The greatest educational disparity is in St. Mary's County in which those of color are significantly more likely to not have a high school diploma.

Adult Literacy

The National Center for Education Statistics (NCES) produces estimates for adult literacy based on educational attainment, poverty, and other factors in each county. The counties all have a similar percentage of the adults lacking literacy skills, differing by 1% or less.

Percentage of Adults Lacking Literacy Skills		
County	**Estimated Population over 16**	**Percent Lacking Literacy Skills**
Service Area	232,012	8.5%
Calvert County, MD	63,959	9%
Charles County, MD	99,473	9%
St. Mary's County, MD	68,580	8%
Maryland	4,190,921	11%
United States	219,016,209	14.6%

Table 60 Percentage of Adults Lacking Literacy Skills

Head Start Program Performance Standard

1302.11 (b) (ii) The education, health, nutrition, and social service needs of eligible children and their families, including prevalent social or economic factors that impact their wellbeing.

There are approximately 96,022 individuals in the service area over the age of three years who are currently enrolled in school as shown in the following table[59].

Service Area School Enrollment							
County	**Enrolled in School**	**Enrolled in Preschool**	**Enrolled in Kindergarten**	**Enrolled Grade 1-8**	**Enrolled grade 9-12**	**Enrolled in College**	**Enrolled in Professional School**
Calvert	24,824	1,284	828	10,516	6,571	4,265	1,360
Charles	40,013	2,221	1,975	18,743	7,595	7,281	2,198
St. Mary's	31,185	1,616	886	12,699	6,339	8,090	1,555

Table 61 Percentage of Adults Lacking Literacy Skills

School Districts

There are three school districts in the SMTCCAC service area, St. Mary's County Public Schools, Calvert County Public Schools and Charles County Public Schools.

[59] U.S. Census American Community Survey. Table B14001.

The service area county public schools serve 60,407 children. The racial-ethnic composition of enrollment is shown in the following charts[60]. As indicated, Charles County is the most diverse district with 54.8% of enrollment comprised of black or African American children and 27% of enrollment comprised of whites, with 18.2% of enrollment comprised of other races. In St. Mary's and Calvert Counties the public-school enrollment population is primarily White, with a significant representation of African American or black students.

Enrollment Trends in Calvert County						
Race	**Calvert**		**Charles**		**St. Mary's**	
	# of Students (Total = 15,950)	**%**	**# of Students (Total = 26,390)**	**%**	**# of Students (Total = 18,067)**	**%**
American Indian/Alaska Native	35	<1%	131	<1%	49	<1%
Asian	241	1.5%	833	3.2%	461	2.6%
Black or African American	2,096	13.1%	14,456	54.8%	3,315	18.3%
Hispanic/Latino	922	5.8%	2,032	7.7%	1,228	6.8%
HI/Pacific Islander	16	<1%	28	<1%	30	<1%
White	11,401	71%	7,045	27%	11,717	65%
Two or More Races	1,239	8%	1,865	7%	1,267	7%

Table 62 Enrollment Trends in Calvert County

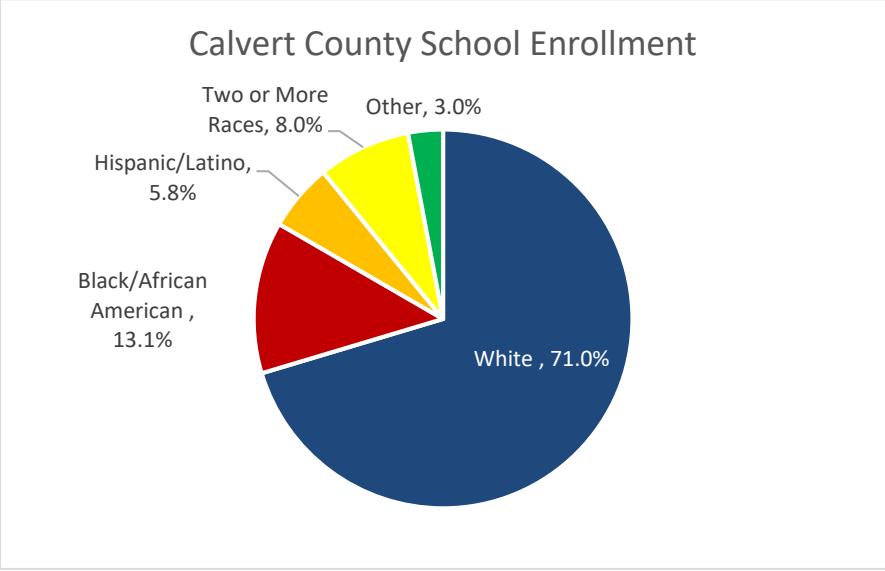


Figure 51 Calvert County School Enrollment

[60] 2017 Maryland Report Card. http://reportcard.msde.maryland.gov/SpecialServices.aspx?PV=36:E:18:AAAA:2:N:0:14:1:1:1:1:1:1:3

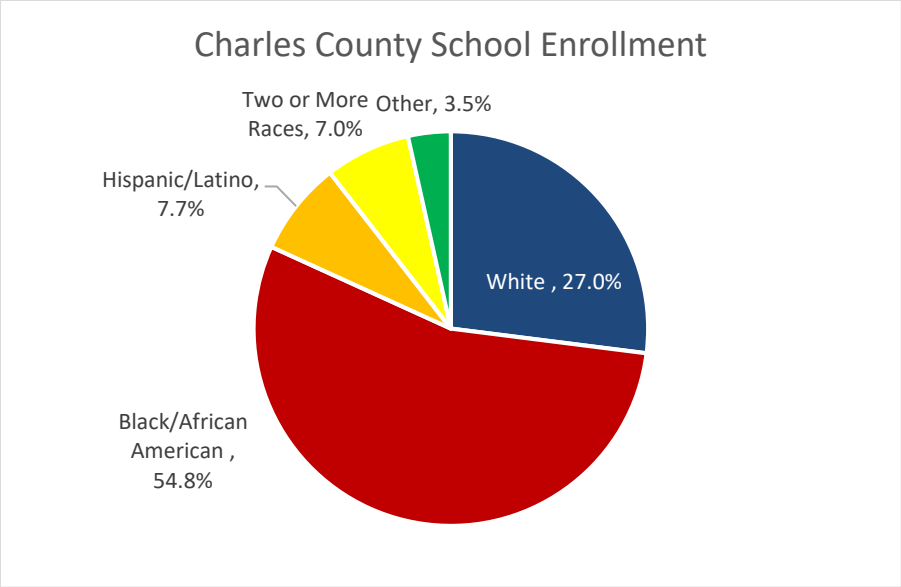


Figure 52 Charles County School Enrollment

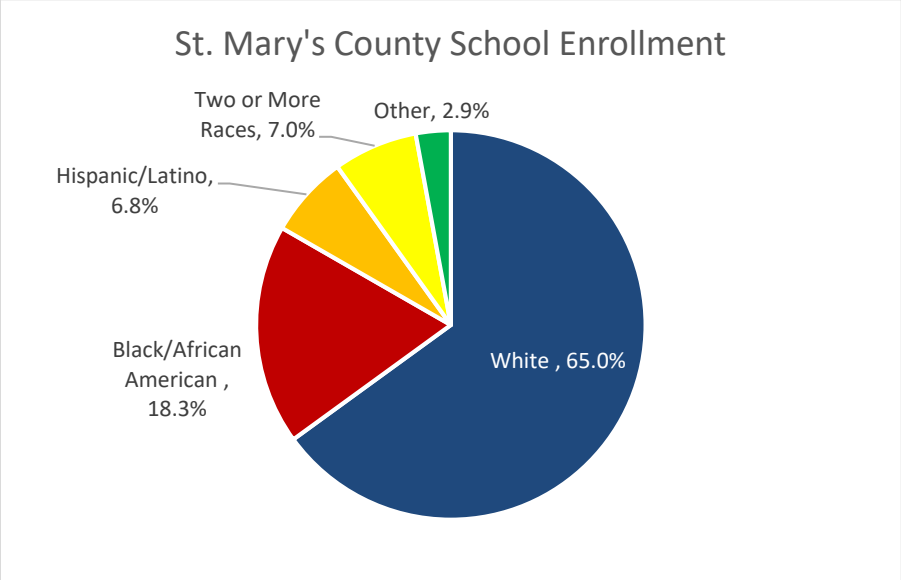
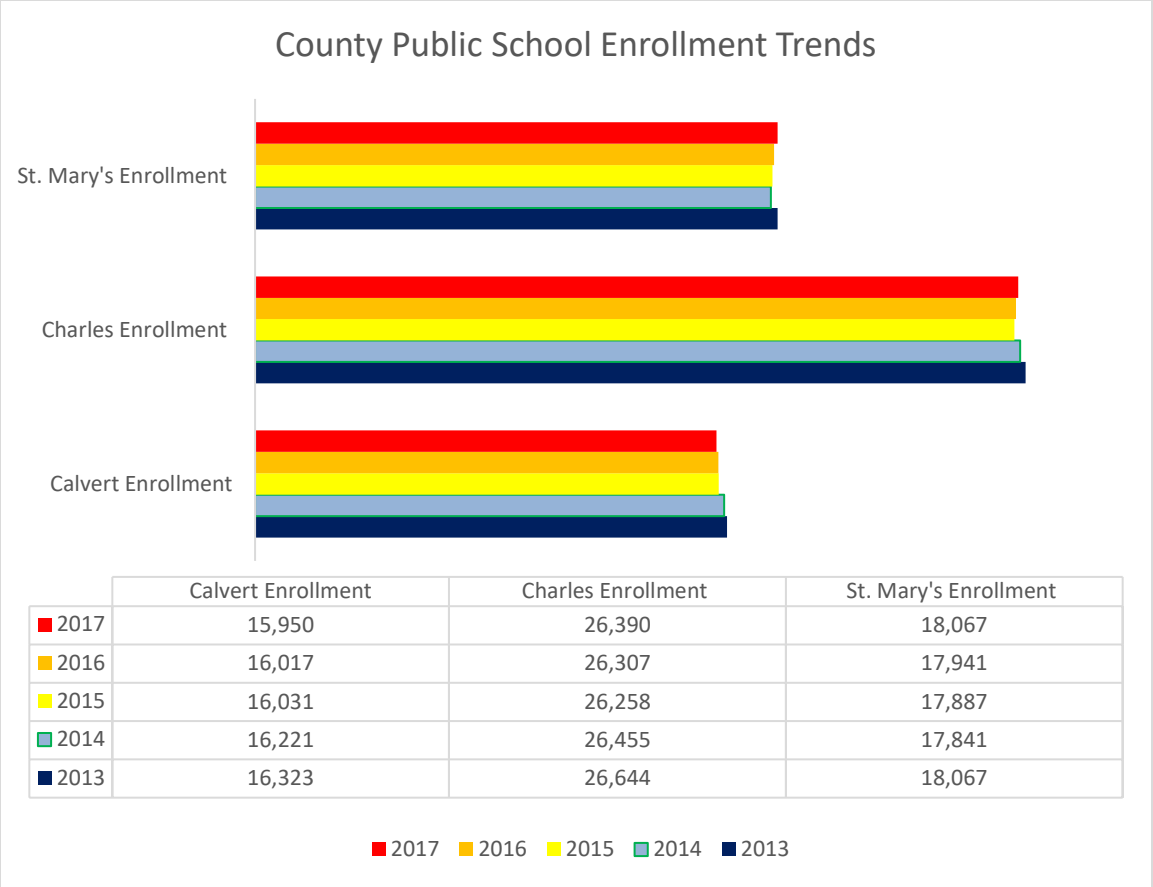


Figure 53 St, Mary's County School Enrollment

Student enrollment over the past five years has continued to grow only slightly. As shown in the following chart, increases in school enrollment do not reflect the high rate of population growth that has occurred in the area.



	Calvert Enrollment	Charles Enrollment	St. Mary's Enrollment
2017	15,950	26,390	18,067
2016	16,017	26,307	17,941
2015	16,031	26,258	17,887
2014	16,221	26,455	17,841
2013	16,323	26,644	18,067

Figure 54 County Public School Enrollment Trends

Student Mobility

Families move for many reasons, including job change, housing type, affordability and size, eviction, domestic problems, neighborhood characteristics, or school choice. No matter the cause, changing schools can have an impact on student success, often negatively impacting student achievement. Students who change schools frequently often face challenges including:

- Lower academic achievement
- Behavior problems
- Difficulty making friends and
- Dropping out

Students who change schools during the school year for a reason other than normal grade progression are considered mobile. The student mobility rate is the unduplicated count of students who move schools at least one time during the school year. The following chart shows the mobility rate for service area students in 2016. Research shows that economically disadvantaged children have the highest mobility rates of any group. The mobility rate for students that are eligible for FARMS in the service area reflects this trend, as the mobility rate was higher in all school districts for children receiving FARMS than the district-wide rates as a whole. Although the state does not collect data on students that experience other

disadvantages it should be noted that youth in foster care, homeless children, and children from migrant and military families are also highly mobile. Among children with limited English proficiency, the mobility rate was high in all districts and exceeded the rates found among most other categories of students. In regard to race, children of color are more mobile than whites in all school districts.

Student Mobility Rates						
County	**All Elem. Students**	**Free and Reduced Lunch Elig.**	**Limited English Prof.**	**White**	**Black/ African American**	**Hispanic/Latino**
Calvert	11.6	15.6	29.1	9.9	18	14.4
Charles	19.8	30.2	33.7	11.9	22.8	25.8
St. Mary's	17.8	25.3	30.1	12.7	30.6	23.6

Table 63 Student Mobility Rates

The highest poverty school district in the service area as determined using student rates of eligibility for FARMS is Charles County.

Student Eligibility for Free and Reduced-Priced Lunch[61]	
School District	**% of enrollment receiving FARMS**
Calvert	25.8%
Charles	42.9%
St. Mary's	37.9%

Table 64 Student Eligibility for Free and Reduced-Priced Lunch

Student Achievement

Achievement gaps begin as early as nine months of age and can become significant long before they are measured in third grade by state standardized tests. Studies show that differences in academic achievement among cohorts of students are associated with factors that pose as a disadvantage for children such as a low family income, limited parent educational attainment, family structures in which children are raised by a single-parent or caregiver other than the parent, adverse neighborhood conditions, and less exposure to language and other educational experiences. Factors including a child's health, nutrition, emotional stress and violence experiences are also known to impact a child's early cognitive and social development[62].

Head Start programs serve the most vulnerable children in Maryland. When the children enter the program, they are given an assessment that measures their development in several important domains such as cognition, motor skills, language, approaches to learning, and social-emotional competencies. These assessments are used to measure progress towards school readiness throughout the year. Data shows that Head Start program participation clearly begins to close the achievement gaps for disadvantaged children.

[61] http://reportcard.msde.maryland.gov/rschool.aspx?K=03AAAA&WDATA=school#elementaryschools
[62] The Ounce of Prevention Fund. Starting Early to Close the Achievement Gap. http://site.ieanea.org/region/40/assets/closingtheachievementgap.pdf

Head Start Student Achievement

Teaching Strategies Gold is an assessment system for children from birth through kindergarten and measures the knowledge, skills, and behaviors that are most predictive of school success. Teaching Strategies GOLD® (TS Gold) blends ongoing, authentic, observational assessment across all areas of development and learning with intentional, focused, performance-assessment tasks for selected literacy and numeracy objectives. SMTCCAC Head Start utilizes TS Gold reports to:

- Collect and gather child outcome data as one part of a larger accountability system;
- Guide program planning and professional development opportunities; and
- Inform strategic investments to close learning gaps.

SMTCCAC teaching staff use TS Gold reports to:

- Observe and document children's development and learning over time;
- Plan instruction to support children's needs;
- Identify children who might benefit from additional support, screening, or further evaluation;
- Report and communicate progress with family members and others.

The following chart shows the percent of Head Start children meeting developmental expectations in the Head Start learning domains and the increase in achievement occurring from fall, 2017 to spring, 2017.

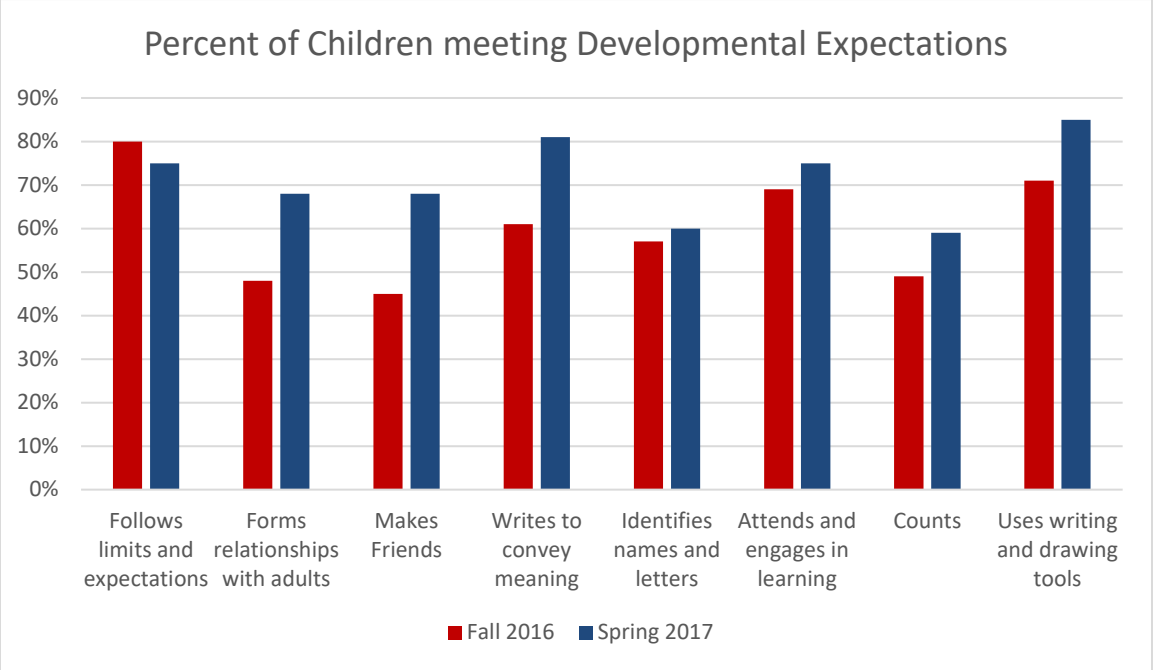


Table 65 Head Start Children Demonstrating School Readiness

The Maryland Department of Education collects school readiness data that enables teachers to target instruction for children where it is needed and to address learning gaps. There are two primary assessment methods used. The Early Learning Assessment (ELA) measures learning in young children aged 36-72

months in Language and Literacy, Mathematics, Science, Social Foundations, Social Studies, Physical Well-being and Motor Development, and the Arts. The other assessment, the Kindergarten Readiness Assessment looks at knowledge, skills, and behaviors of kindergartners across four domains: Language & Literacy, Mathematics, Social Foundations and Physical Well-being and Motor Development. Using a sample of public school kindergarteners in each county, the Kindergarten Readiness Assessment (KRA) identified the following rates of school readiness among service area kindergarteners. The KRA also illustrated achievement gaps present in each county among incoming kindergarteners.

County Kindergarten Assessment Rates of School Readiness[63]				
County	**Language and Literacy**	**Mathematics**	**Social Foundations**	**Physical Well-being and Motor Development**
Calvert County	48%	46%	57%	57%
Charles County	36%	31%	51%	53%
St. Mary's County	37%	36%	55%	60%
Maryland	40%	38%	53%	55%

Table 66 County Kindergarten Assessment Rates of School Readiness

When data is disaggregated by race/ethnicity (for groups with more than 25 children assessed) the following trends are noted:

Calvert County

- In Calvert County, fewer African American (37%) and Hispanic (36%) kindergartners demonstrate school readiness than all kindergarteners in Calvert County as a whole (50% are school ready). African American children have rates of school readiness 13 points below all kindergartners and Hispanic/Latino children rates of school readiness are 14 points lower than the rate found among all kindergarteners.
- Children from low-income households (39% demonstrate readiness), those learning the English language, or those who have a disability (35%) have lower levels of school readiness than Calvert County kindergarteners as a whole.
- In Calvert County, 39% of children from low-income households demonstrate readiness, compared with 54% of children from mid to high-income households which is a 15-point achievement gap. Diminished school readiness impacts, 27% of kindergarteners, the rate of eligibility for FARMS in the school district.

Charles County

- Rates of school readiness are lower in Charles County than in Calvert and St. Mary's County at 41% of all kindergartners and lower than the rate of school readiness in the state (43%). The lowest rates of school readiness are found among Hispanic children which demonstrate readiness 20 points lower than their county peers.
- Children from low-income households (37% demonstrate readiness), those learning the English language, or those who have a disability (13%) have lower levels of school readiness than Charles County kindergarteners as a whole in which 41% of children are ready for kindergarten.
- Among children from low-income households, 37% demonstrate readiness, compared with 43% of children from mid to high-income households which is a 6-point achievement gap. Lower rates

[63] http://www.readyatfive.org/school-readiness-data/readiness-matters-2017/jurisdictional-data-2017.html

of school readiness are particularly concerning as 42% of kindergartners reside in low-income households.

St. Mary's

- Just 42% of St. Mary's County children demonstrate school readiness compared to 43% in Maryland.
- The rate of school readiness for African American children is 11% lower than found among all children in the county.
- The rate of school readiness for children with a low-income is 24% lower than found among children with a mid to high income (52% readiness rate) which is a 28-point achievement gap. Within the county, 36% of kindergarteners have a low income.

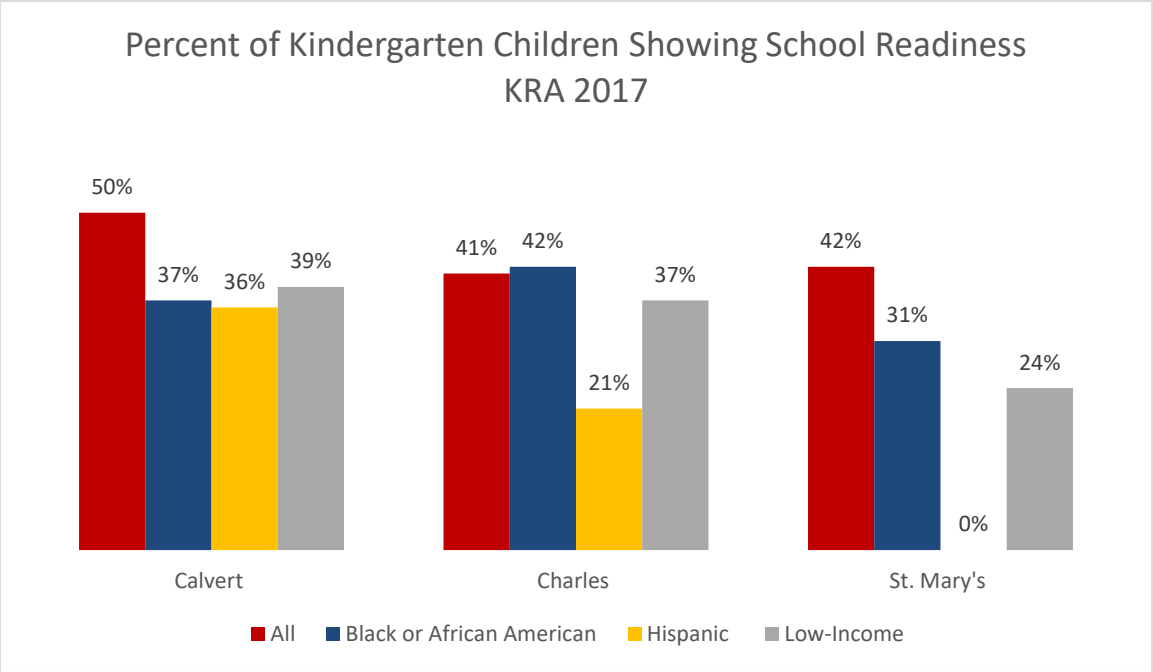


Figure 55 Percent of Kindergarten Children Showing School Readiness

Educational Attainment Among Head Start Families

Children can be trapped in cycles of poverty. The conditions of poverty are different in rural and urban areas. For example, in rural areas there may be few resources or employment opportunities. In urban areas dilapidated schools and violent neighborhoods impact educational experiences. Lack of education impacts children and families negatively as they struggle to attain self-sufficiency. Since the Head Start program and CSBG services target a large number of female-householders, a large number of parents not working, and those with limited levels of educational attainment it is important to provide individuals and families with access to services that link them to career and adult education programs. When parents are able to mobilize their cultural assets and motivation to improve their lives they can benefit from assistance that enables them to transcend language barriers and/or past negative experiences with education systems that impede their enrollment and completion of GED, career, and postsecondary education programs. Children

in these families observe this behavior and are more likely to successfully break cycles of poverty in adulthood.

Partnership for Assessment of Readiness for College and Careers (PARCC)
In 2015 Maryland implemented the Partnership for Assessment of Readiness for College and Careers (PARCC) state assessment in Reading and Mathematics. Through PARCC, students in grade 3-8 take assessments in English and Math that are reported annually.

Third Grade Reading Scores
To ensure that all children have what they need to be successful in school and life they need to have acquired the tools that will enable them to succeed in school. The ability to read at grade level by the end of the third grade is an important marker for future academic success. Beginning in the fourth grade, children transition from learning how to read to reading-to-learn. The following tables show the percent of children in third grade that met or exceeded expectations in English/Language Arts and Math and the scores of high school students on PARCC tests.

Third Graders Meeting or Exceeding Proficiency[64]		
County	**English/Language Arts**	**Math**
Calvert	54.8%	64.1%
Charles	34.7%	40.2%
St. Mary's	37.2%	48.4%
Maryland	39.8%	43%

Table 67 Third Graders Meeting or Exceeding Proficiency

High School Students Meeting or Exceeding Proficiency		
County	**English/Language Arts**	**Math**
Calvert	63.5%	48.7%
Charles	40.8%	29.9%
St. Mary's	61.2%	49.9%
Maryland	24.6%	36.5%

Table 68 High School Students Meeting or Exceeding Proficiency

When data is disaggregated by socioeconomic status and income the following trends are present:

- In Calvert County, the percentage of students that were not proficient in English was increased among black or African American students by 8%. In Math, the largest gap in achievement was among children with a low-income in which 8% more students tested not proficient in Math.
- In Charles County, the disparity in proficiency in both English and Math was most prevalent among students with a low-income. The rate of students with a low-income that were not proficient in English was 10% higher than found among all students and 8.4% higher than their middle-income peers in Math.
- In St. Mary's County, more students that were black or African American were not proficient in Math and English. In English, the rate of students that were not proficient for black or African American students was 19% higher than found among all students. In Math, the rate of students

[64] http://reportcard.msde.maryland.gov/ParccHighResults.aspx?PV=78:11:99:AAAA:1:N:0:13:3:1:5:1:1:1:3

with a low income that were not proficient was 17.5% higher. The achievement disparity was greatest in St. Mary's County than in all other counties in the service area.

Grade Three Students Meeting Not Proficiency Comparison								
County	English/Language Arts				Math			
	All	Low SES	Black/African American	White	All	Low SES	Black/African American	White
Calvert	8.2%	15.9%	**16.4%**	6.4%	6.1%	**14.5%**	14.4%	<5%
Charles	20.3%	**30.9%**	24.4%	14.1%	10.9%	**19.3%**	14.9%	5.1%
St. Mary's	18.7%	33.6%	**38.4%**	13.1%	12.3%	23.5%	**29.8%**	6.8%
Maryland	21.1%	**32.9%**	31.5%	10.6%	14.3%	**23.0%**	22.6%	6.5%

Table 69 Grade Three Students Meeting Not Proficiency Comparison

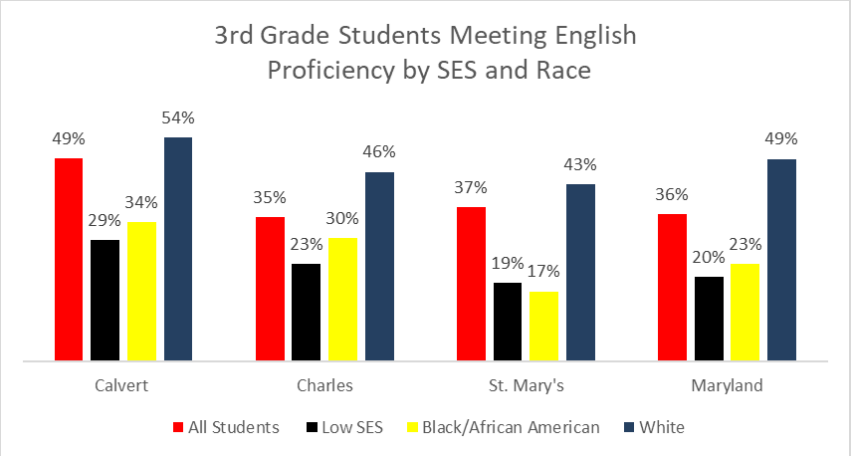


Figure 56 3rd Grade Students Meeting English Proficiency by SES and Race

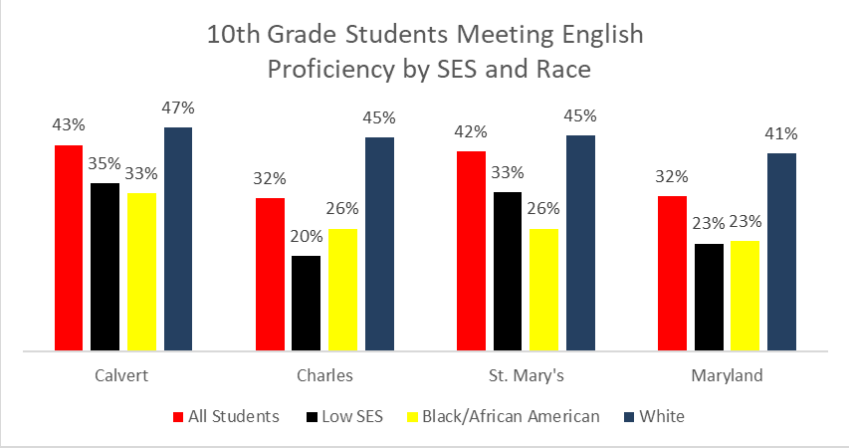


Figure 57 10th Grade Students Meeting English Proficiency by SES and Race

The following trends were identified in student achievement in English as children progressed through school.

- By the time Calvert County students entered high school the achievement gap was diminished by 8% for students with a low income and 10% for black or African American students.
- In Charles County, the achievement gap for students with a low income did not improve between elementary and high school. Additionally, the achievement gap for black or African American students only improved by 1%.
- St. Mary's had the largest achievement gap in which the percent of students with a low income that met proficiency in the third grade was 18% lower than the rate found among all students. Among black or African American students, the rate of student that met proficiency was 20% lower than found among all third-grade students as a whole. By the time students are in high school the achievement gap decreases by 9% for low-income students and by 4% for black or African American students.

Figure 58 Portrait of Two Schools in Charles County

A Portrait of Two Schools in Charles County	
Henry E. Lackey High School	***North Point High School***
Enrollment Composition - 59% African American/Black; 30% White; 11% other ***Student Mobility: 10.2% (Among Entrants - 11.7% Black/African American and 5% Whites)***	***Enrollment Composition - 57% African American/Black; 22% White; 21% other*** ***Student Entrant Mobility: 6.4% (Among Entrants - 4% Black/African American and <1% Whites)***
Low-Income Students – 41% FARMS	***Low-Income Students – 19.2% FARMS***
Graduation Rate All = 88.11% ***Graduation Rate Whites = 86.9%*** ***Graduation Rate Black/African American= 87.22%*** ***Low-Income Students = 77.2%***	***Graduation Rate All = 95%*** ***Graduation Rate Whites = 95%*** ***Graduation Rate Black/African American= 95%*** ***Low-Income Students = 89.3%***
Henry Lackey High School is located in one of the most impoverished ZIP codes in the service area while North Point High School is in an area that is undergoing gentrification in which families from the affluent suburbs of Metro Washington D.C. are moving into the Waldorf area of Charles County to take advantage of the lower cost of living and high-quality schools. While the enrollment composition is comparable between the two schools, North Point has much higher rates of graduation of among all student cohorts. These trends are obscured when graduation rates are viewed at the county level.	

Head Start

The Head Start parent population reflects diminished educational attainment when compared to peers across the state and adults that are not in poverty in the same area. In Head Start, 25% of parents do not have a

high school diploma, compared to the rate of adults lacking a high school diploma over 25 years in Maryland which is 18%.

Head Start Parent Educational Attainment			
Data Points	**Head Start**	**Total Service Area**	**Charles County**
Less than high school graduate	7.0%	7.9%	8.0%
High school graduate or GED	53.0%	31.5%	32.2%
Associate degree, vocational school, or some college	44.0%	24.0%	31.8%
Advanced degree or baccalaureate degree	7.0%	37.9%	27.4%

Table 70 Head Start Parent Educational Attainment

The following tables detail the number and percent of Head Start parents that accessed job training or adult education through the Head start program, as recorded in the 2016-2017 PIR.

Number of Head Start Families Receiving Assistance with Adult Education		
Type of Assistance	**Total**	**Percent**
Job Training	11	8.2%
Adult Education	7	5.2%
English as a Second Language Training	0	0%

Table 71 Number of Head Start Families Receiving Assistance with Adult Education

Key Findings

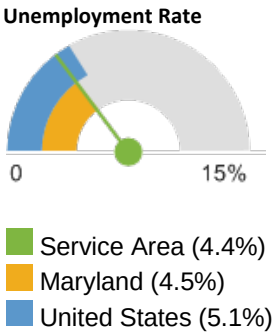
Rates of educational attainment in the service area are higher than found nationally for rates of high school graduation and degree attainment. However, when compared to service area educational attainment, fewer Head Start parents have completed an advanced degree or bachelor degree. A significant number of parents participating in Head Start are engaged in advancing their education. Based on the percent of parents that are participating in job training it appears that SMTCCAC Head Start is taking strides to help parents plan for and meet their educational goals. Despite the motivation of families to achieve their goals, data indicates that poor students and students of color start school at a disadvantage. In the service area, early education data from the Maryland State Preschool program indicates more students of color and students with a low income enter school unprepared to succeed. State standardized testing shows that students generally make-up ground in educational disparities between high school and the third grade, but the disparity does not level out in adulthood in reductions in poverty and earnings at parity with service area family income levels.

Solutions to educational disparities include expanding early care and education programs to begin earlier to address the achievement gap. For example, Early Head Start could magnify the impact of state preschool and Head Start by providing more continues and intensive education and school readiness services that begin earlier in the child's life. As a result, children can enter school at parity with their middle-income white peers. For adults, coordinating adult education programs, working collaboratively with employers to match jobs to career development programs, and promoting education can serve as a viable pathway out of poverty.

Employment

Current Unemployment

Labor force, employment, and unemployment data for each county in the service area is provided in the table below. Overall, the service area experienced an average 4.4% unemployment rate in June 2017. St. Mary's County had the highest rate of unemployment, but it was only slightly higher than the other counties. The service area rate of unemployment was lower than the rate found at the state (4.5%) and across the nation (5.1%) for the same time period.



Current Unemployment[65]				
County	**Labor Force**	**Number Employed**	**Number Unemployed**	**Unemployment Rate**
Service Area	185,174	176,972	8,202	4.4%
Calvert	47,824	45,851	1,973	4.1%
Charles	81,966	78,323	3,643	4.4%
St. Mary's	55,384	52,798	2,586	4.7%
Maryland	3,190,270	3,047,294	142,976	4.5%
United States	160,806,227	152,564,718	8,241,509	5.1%

Table 72 Current Unemployment

Unemployment Change

Unemployment change within the report area during the 1-year period from June 2016 to June 2017 is shown in the chart below. According to the U.S. Department of Labor, the number of individuals unemployed for this one-year period decreased from 9,510 unemployed individuals in June 2016 to 8,202 unemployed individuals in June 2017.

Unemployment Change March 2016-March 2017[65]					
County	**Unemployment June 2016**	**Unemployment June 2017**	**Unemployment Rate June 2016**	**Unemployment Rate June 2017**	**Rate Change**
Service Area	9,510	8,202	5.17%	4.43%	-0.74%
Calvert	2,357	1,973	4.97%	4.13%	-0.85%
Charles	4,267	3,643	5.27%	4.44%	-0.82%
St. Mary's	2,886	2,586	5.21%	4.67%	-0.54%
Maryland	170,044	142,976	5.35%	4.48%	-0.87%

[65] U.S. Department of Labor Bureau of Labor Statistics, March 2017.

Unemployment Change March 2016-March 2017[65]					
County	Unemployment June 2016	Unemployment June 2017	Unemployment Rate June 2016	Unemployment Rate June 2017	Rate Change
United States	8,840,257	8,241,509	5.55%	5.13%	-0.42%

Table 73 Unemployment Change March 2016-March 2017

Household Income

Median annual household incomes in the report area for 2015 are shown in the table below. Since this reports a median amount, a "Service Area" value is not able to be calculated. Calvert County has the highest median income, although every county in the service area exceeds the median income found across the state and nationally.

Median Household Income[66]	
County	Median Household Income
Calvert	$98,937
Charles	$87,941
St. Mary's	$83,148
Maryland	$75,784
United States	$55,775

Table 74 Median Household Income

Thirteen Month Unemployment Rates

Unemployment change within the report area from June 2016 to June 2017 is shown in the chart below. According to the U.S. Department of Labor, unemployment for this thirteen-month period slightly decreased, although not significantly in any county. The highest rate of unemployment for this period is in St. Mary's and Charles Counties, which also have the highest rates of poverty.

Thirteen Month Unemployment Rate Growth[67]													
County	June 2016	July 2016	Aug. 2016	Sep. 2016	Oct. 2016	Nov. 2016	Dec. 2016	Jan. 2017	Feb. 2017	Mar. 2017	Apr. 2017	May 2017	Jun. 2017
Service Area	4.4%	4.5%	4.4%	4%	4%	3.7%	3.5%	4.1%	4.1%	3.9%	3.7%	3.7%	4.3%
Calvert	4.1%	4.2%	4%	3.7%	3.7%	3.4%	3.3%	3.9%	3.9%	3.7%	3.3%	3.5%	4.0%
Charles	4.4%	4.6%	4.5%	4.1%	4.1%	3.9%	3.7%	4.1%	4.2%	4.1%	4%	3.8%	4.4%
St. Mary's	4.7%	4.6%	4.4%	3.9%	3.9%	3.6%	3.4%	4.1%	4.2%	4%	3.5%	3.6%	4.3%
Maryland	4.5%	4.4%	4.4%	4.2%	4.2%	4%	3.9%	4.5%	4.5%	4.3%	3.9%	3.9%	4.2%

[66] U.S. Census Bureau American Community Survey 2011-2015. Economic Characteristics
[67] US Department of Labor, Bureau of Labor Statistics. 2017 - June.

Thirteen Month Unemployment Rate Growth[67]													
County	**June 2016**	**July 2016**	**Aug. 2016**	**Sep. 2016**	**Oct. 2016**	**Nov. 2016**	**Dec. 2016**	**Jan. 2017**	**Feb. 2017**	**Mar. 2017**	**Apr. 2017**	**May 2017**	**Jun. 2017**
United States	5.1%	5.2%	5.1%	4.9%	4.7%	4.5%	4.6%	5.2%	5%	4.6%	4.2%	4.2%	4.5%

Table 75 Thirteen Month Unemployment Rate Growth

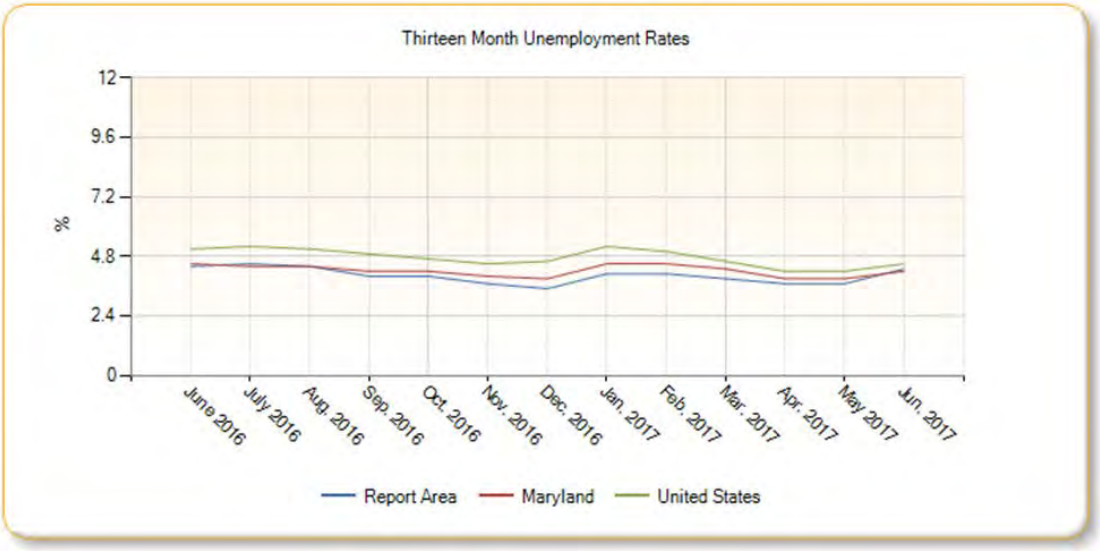
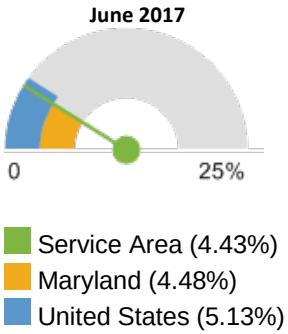


Figure 59 Thirteen Month Unemployment Rates

Five Year Unemployment Rate

Unemployment change within the service area from June 2013 to June 2017 is shown in the chart below. According to the U.S. Department of Labor, unemployment for this five-year period fell from 6.9% percent to 4.4% percent. Similar to national and state trends, the unemployment rate in all counties fell over the five-year period.



Five Year Unemployment Rate[68]					
County	**June 2013**	**June 2014**	**June 2015**	**June 2016**	**June 2017**
Service Area	6.9%	6.7%	5.8%	5.1%	4.4%
Calvert	6.7%	6.5%	5.6%	4.9%	4.1%
Charles	7.1%	6.9%	6.0%	5.2%	4.4%
St. Mary's	6.8%	6.6%	5.7%	5.2%	4.6%

[68] US Department of Labor, Bureau of Labor Statistics. 2017 - June.

Five Year Unemployment Rate[68]					
County	**June 2013**	**June 2014**	**June 2015**	**June 2016**	**June 2017**
Maryland	7.3%	7.0%	6.0%	5.3%	4.4%
United States	8.4%	7.8%	6.3%	5.5%	5.1%

Table 76 Five Year Unemployment Rate

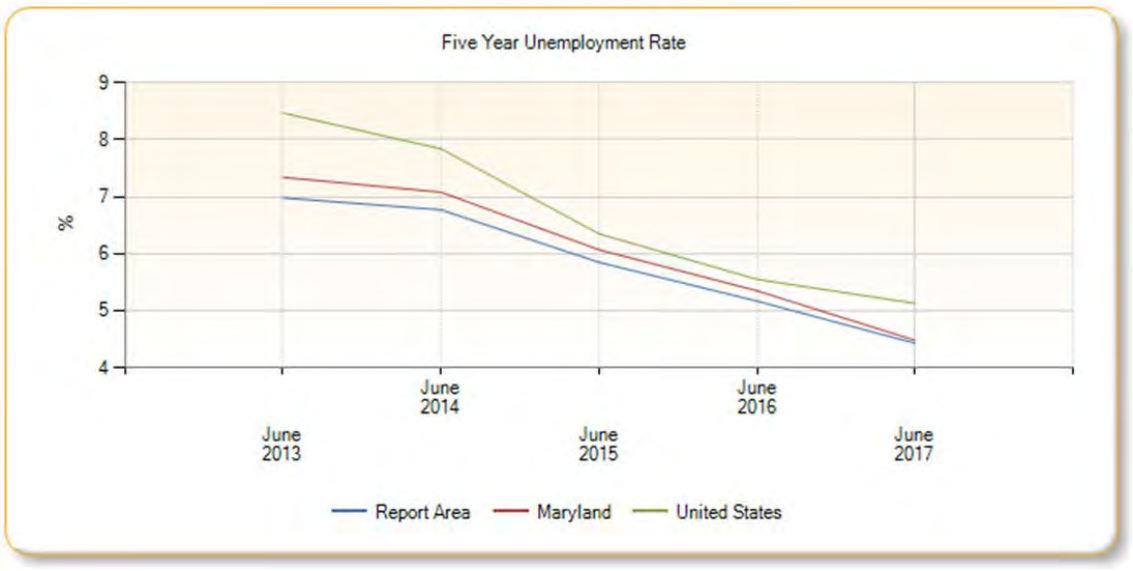


Figure 60 Five Year Unemployment Rates

Key Findings

Overall rates of unemployment in the service area are falling in-step with national and state rates of employment increases. The service area rate of unemployment was lower than the rate found at the state (4.5%) and across the nation (5.2%) for the same time period.

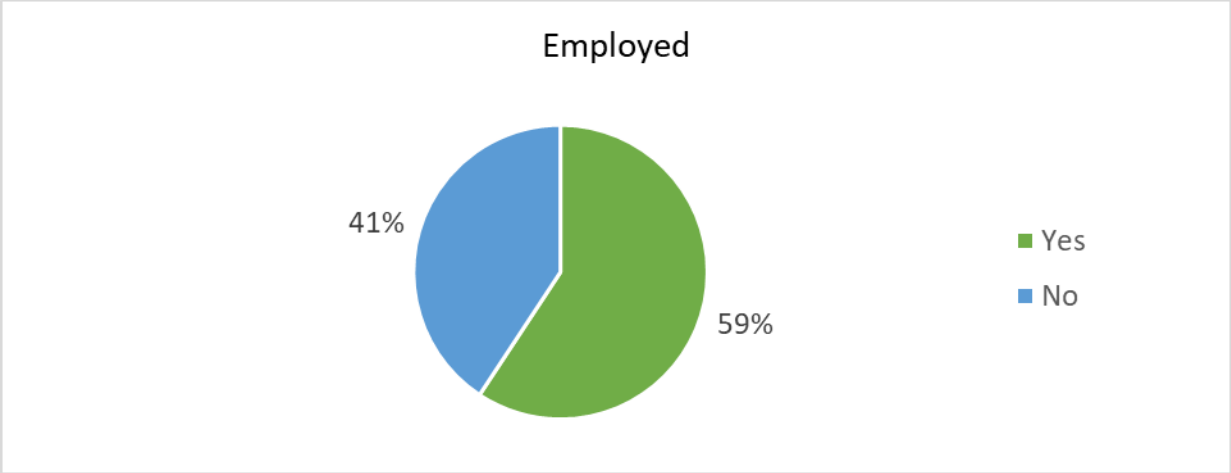


Figure 61 Percent of Respondents Employed

In the community assessment survey, 366 responses were collected in regard to employment status with 217 respondents answering “yes” and 149 answering “no” they were not employed. The number of SMTCCAC survey respondents that are unemployed is greater than the percent of the population in the community that are unemployed. Part of this trend is due to the high percentage of Head Start families completing the community needs assessment survey. There were 128 open-ended survey responses in which individuals were asked about employment needs in the community. The chart below shows the percentage of community needs assessment survey respondents that noted barriers to employment. By far, the most frequently cited barriers were a lack of jobs and limited qualifications for employment opportunities that are available in the community. This data is consistent with the education and career needs data in which a large percentage of respondents reported job training as a major need in the community.

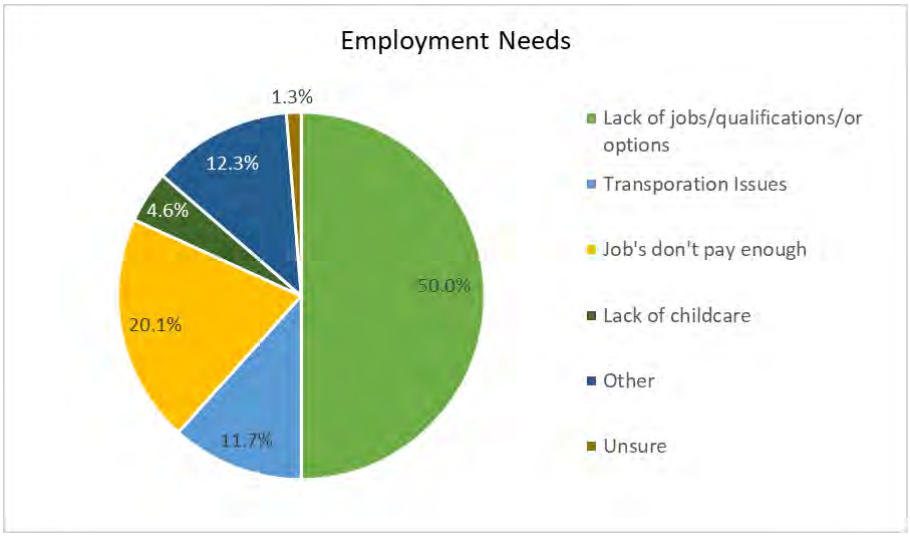


Figure 62 Respondent Employment Needs

Head Start Program Performance Standard

1302.11 (b) (iii): Typical work, school, and training schedules of parents with eligible children;

Head Start

The Annie E. Casey Foundation uses the percentage of children living in families where no parent has full-time, year-round employment as one measure of family economic security. When only one parent is employed full-time children are more likely to live in poverty. Many families must also piece together part-time employment to make ends meet. Furthermore, without a good education and relevant job skills it is difficult for parents to earn a living wage to support their families.

The majority of families in Head Start are single-parent families, comprising 78% of total enrollment. The enrollment composition in Head Start differs from the service area in that a larger proportion is comprised of single-parent families. The program enrollment pattern illustrates the increased likelihood that children in single-parent families are more likely to be living in poverty. It also reinforces the idea that poor children experience risk factors that make them academically and developmentally vulnerable.

SMTCCAC Head Start Family Composition		
Agency Totals	**Head Start**	**Percent**
Total Number of Families	133	100%
Number of Two-Parent Families	28	21.1%
Number of Single-Parent Families	105	78.9%

Table 77 SMTCCAC Head Start Family Composition

Within SMTCCAC the number of families in which all parents are working totals 57 (42% of enrolled families). The percent of parents employed in Head Start is lower than the rate found in the service area's general population; in total 58 (43%) program families have no workers. While employment rates are improving, those with the best chance of moving out of poverty are families that have all available parents working, especially because of the high cost of living in the area.

SMTCCAC Head Start Parent Employment Data		
Parent Status	**Head Start**	**Percent**
Two-parent families	28	21%
Both parents/guardians employed	2	2%
One parent/guardian employed	18	13.5%

SMTCCAC Head Start Parent Employment Data		
Parent Status	**Head Start**	**Percent**
Both parents/guardians are not working	8	6%
Parent is in job training	3	2.2%
Single-parent families	105	78.9%
Parent/guardian is employed	55	41.3%
Parent/guardian is not working	50	16.4%
Parent in Job Training	16	16.4%

Table 78 SMTCCAC Head Start Parent Employment Data

Families demonstrate a need for childcare due to issues such as full or part-time employment and attending career training programs. In total, 305 survey respondents answered employment questions which encompassed Head Start families and other SMTCCAC customers. Data indicates that just slightly more families work at 36% of respondents, than are not working which was reported by 28% of survey respondents. Among 54 Head Start families that responded to this question, 57% (31) indicated that all parents in the household are working.

Among SMTCCAC survey respondents 18.8% of respondents reported they worked a rotating shift indicating that a significant number of families need childcare during the work day. Disaggregated survey data indicates that of the 68 Head Start families responding to the survey, 37% (20) are in need childcare to attend work or school programs. As anticipated, the rate of Head Start families that need childcare is much higher than in the general survey respondent population.

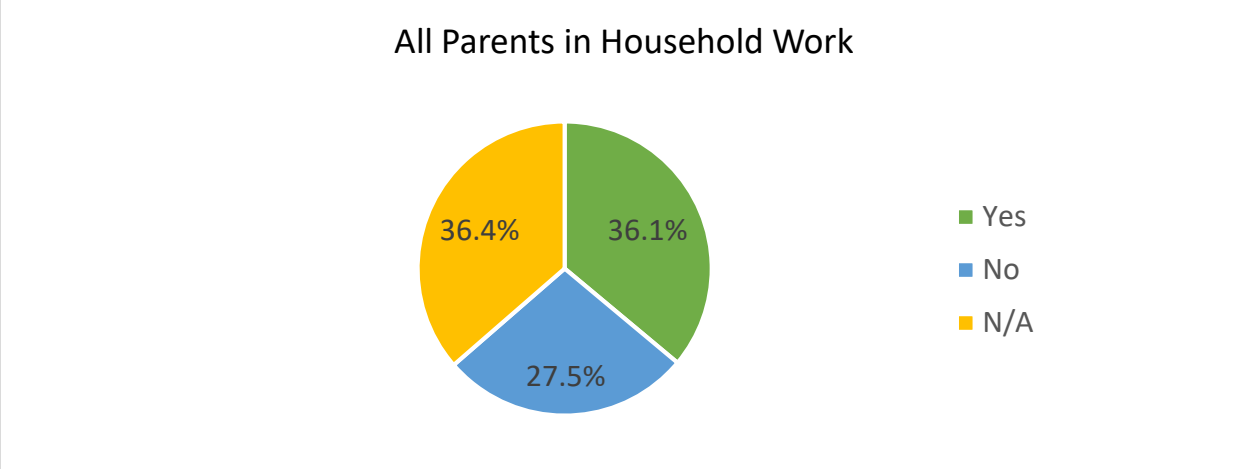
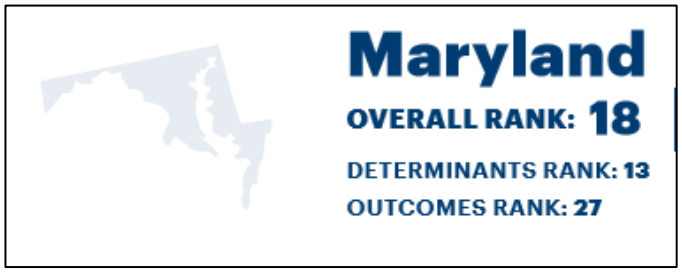


Figure 63 All Respondent Parents in Household Work

Figure 64 Respondents Who Need Childcare to Attend Training

Health



The United Health Foundation ranks Maryland as the 18th best state in the nation in regard to overall health, which is the same rank as in 2015. Areas of improvement in the state occurring since the last ranking include a reduction in rates of smoking and drug deaths and a higher percentage of high school graduation. The state also reports a decreasing prevalence of frequent mental distress; however, this trend is not prevalent in the SMTCCAC service area. The state's challenges include a high violent crime rate, a high infant mortality rate, and a high prevalence of low birth weight. The service area challenges are influenced by the state's capacity to provide health care services and public policy decisions that impact the amount of funds provided to small counties to serve their population. The service area reflects the state in other areas such as in the presence of a wide disparity in health, with low-income children suffering poorer overall health outcomes than their middle-income peers. Racial disparities between whites and black or African Americans also lead to long-term health inequities. The worsening health of children and growing obesity rates among adults is of concern. The trend of increasing obesity among adults and children is partly due to an increase in physical inactivity, a growing percentage of children in poverty in areas of the state, and limited availability of primary care physicians in rural areas.

Public Health Regions

Each Maryland County is assigned to one of five state designated health service regions as shown below. All SMTCCAC service area counties are located in Health Services Region 5.

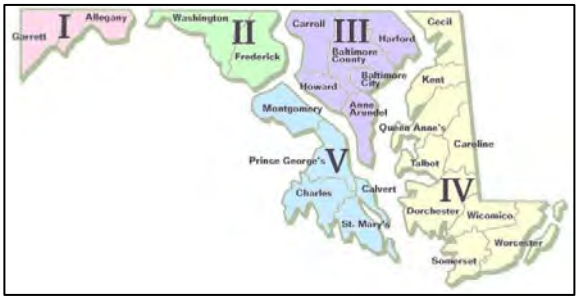


Figure 65 Health Service Regions

Health Outcomes

Service Area Data

2017 County Health Rankings[69]	
County	**Ranking in State**
Calvert	6
Charles	12
St. Mary's	8

Table 79 2017 County Health Rankings

According to the Mobilizing Action towards Community Health County Health Rankings, Maryland counties are ranked from 1-24 in regard to health outcomes. This ranking is based on a composite of factors related to health and wellbeing such as access to clinical care, social and economic factors, physical environment, and health status. According to the report, health outcomes for service area residents can be organized into areas in which residents demonstrate better health outcomes and worse outcomes compared to the health of the Maryland population as a whole[69].

Aggregated health outcomes and county-level data is shown for the service area in the following table. As shown, each county has diverse health and quality of life needs. The worst health ranking for each indicator is highlighted in red text. St. Mary's County has the poorest health demonstrating more negative health trends than other counties. On average, the service area ranks better than the majority of the rest of the state of Maryland in regard to the quality of life experienced by residents and the physical environment. The areas ranked worse in regard to access to health care demonstrating a lower ratio of physical, dental, and mental health care providers compared to the population in need of services. Additionally, adults have higher rates of obesity and tend to be more isolated from their peers when compared to the state of Maryland.

Health Indicators 2017					
Indicator	**Service Area Average**	**Calvert**	**Charles**	**St. Mary's**	**Maryland**
Quality of Life Ranking		**6**	**12**	**8**	
Poor or fair health	12%	11%	12%	13%	13%
Poor physical health days	2.9	2.7	2.9	3.1	3.5
Poor mental health days	3.0	3.2	3.0	3.3	3.4
Health Factors Ranking		**7**	**13**	**10**	
Smoking	14%	14%	14%	14%	15%
Adult Obesity	33%	30%	36%	32%	29%
Food environment index	8.6	8.9	8.1	8.8	8.2
Teen births	21	17	22	23	25
Clinical Care Ranking		**6**	**17**	**12**	
Uninsured Adults	6%	6%	6%	6%	9%

[69] http://www.countyhealthrankings.org/app/maryland/2017/rankings/outcomes/overall

Health Indicators 2017					
Indicator	**Service Area Average**	**Calvert**	**Charles**	**St. Mary's**	**Maryland**
Primary Care Physician Ratio	2,267:1	1,810:1	2,420:1	2,570:1	1,130:1
Dentists Ratio	1,907:1	2,260:1	1,430:1	2,030:1	1,360:1
Mental Health Providers	550:1	580:1	980:1	890:1	490:1
Social and Economic Factors Ranking		**5**	**10**	**8**	
Some College	69%	68%	67%	69%	69%
Income Inequality	3.7	3.6	3.7	3.9	4.5
Social Associations	6.7	7.0	6.2	6.9	8.9
Violent Crime	245	130	374	231	465
Physical Environment		**14**	**16**	**9**	
Air Pollution	8.9	8.9	9.2	8.5	9.5
Severe Housing Problems	13%	14%	14%	13%	17%

Table 80 Service Area Average Health Rankings

Several factors indicate a racial disparity in health outcomes. In the service area counties, the population is comprised of primarily white and black or African American residents. African American or black residents make-up the largest minority group consisting of 14% of the population in St. Mary's County, 37.3% of the population in Charles County, and 14.1% of the population in Calvert County[70]. As shown in the following table (the lowest life expectancy is shown in red text) black or African American residents of all counties except Charles have lower life expectancy.

Other social determinants of health begin at birth with the health status of infants and mothers. Data collection is more limited when there are less than five infant deaths that occur in a particular county. As a result, infant mortality rates vary and are not reported for some areas because of the population size. For Charles County, the only reported data, the rate of infant mortality is higher for black or African American infants than the rates found among all infants. When data on teen births in analyzed, the service area counties have rates that are below the teen birth rate found across Maryland. However, there are increased teen birth rates among black or African American teens when the rates for white and black teens are compared.

Social Determinates of Health [71]			
County	**All Races**	**White**	**Black**
Life Expectancy			
Calvert	80.1	80.3	77.6
Charles	79.5	79.3	79.7
St. Mary's	79.1	79.4	76.6

[70] https://phpa.health.maryland.gov/OEHFP/EH/tracking/Pages/County-Profiles.aspx
[71] Maryland Vital Statistics (2015)

Social Determinates of Health [71]			
County	**All Races**	**White**	**Black**
Maryland	79.7	80.3	77.3
Infant Mortality			
Calvert	N/A	N/A	N/A
Charles	4.9	N/A	5.9
St. Mary's	6.2	6.0	N/A
Maryland	7.1	4.7	11.0
Teen Births <18 yrs. of Age			
Calvert	9.6	8.7	22.6
Charles	15.3	13.9	15.7
St. Mary's	14.8	11.7	17.2
Maryland	16.9	15.1	32.3

Table 81 Social Determinates of Health

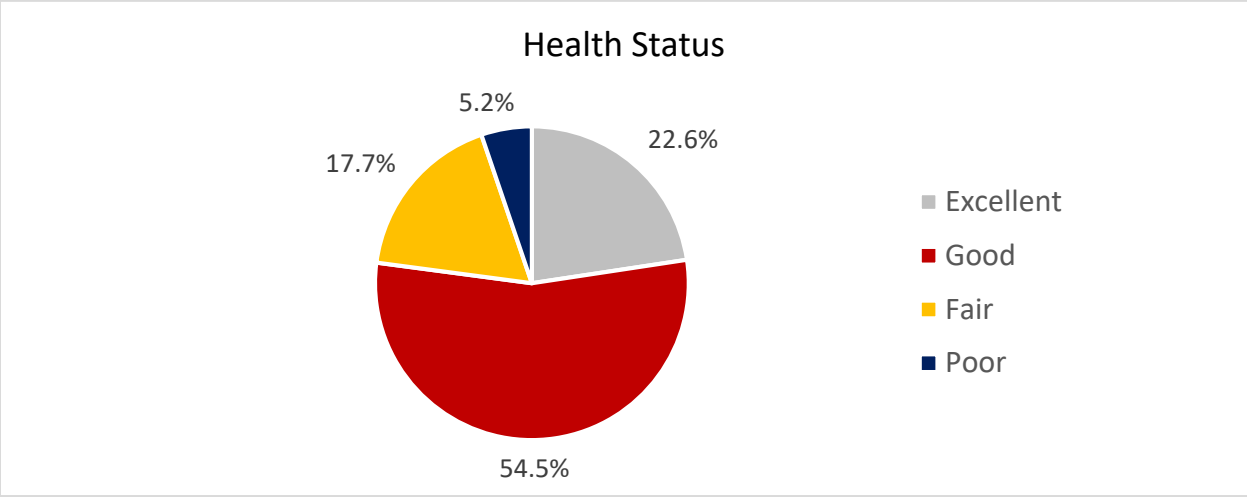
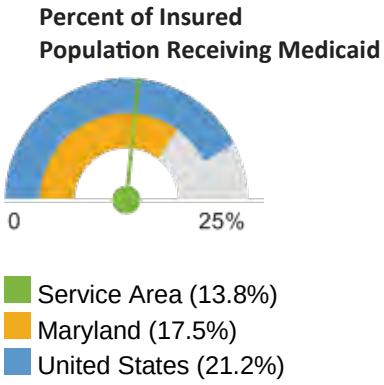


Figure 66 Respondent's Health Status

Of 345 survey respondents that commented on their health status over 75% reported their health as good or excellent.

Access to Medical, Dental, Mental Health Services



Several parts of the counties in the service area are federally designated shortage areas for primary medical care, oral health, and mental health services. Designations are made for the entire county or for specific areas within the county. The following table shows the number of facilities that are located in designated Health Professional Shortage Areas (HPSA) in each county. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. In the service area, there are 23 areas that are federally designated as having limited access to services. As shown in the chart, the counties do not have any Federally Qualified Health Centers. The map indicates the HPSA score. A score of 1 indicates no shortage a score of 25 indicates the highest shortage across all three types of federal designations. In the table, data indicates there are no dental care facilities in the counties that provide services to low-income populations. As a result low-income residents and their families must travel out of the county to receive oral health services.

Health Facilities in Designated Shortage Areas by County[72]				
County	**Primary Care Facilities**	**Dental Facilities**	**Mental Health Facilities**	**Total Facilities**
Service Area	10	0	3	13
Calvert	0	0	1	1
Charles	4	0	1	5
St. Mary's	6	0	1	7

Table 82 Federal Health Shortage Designations

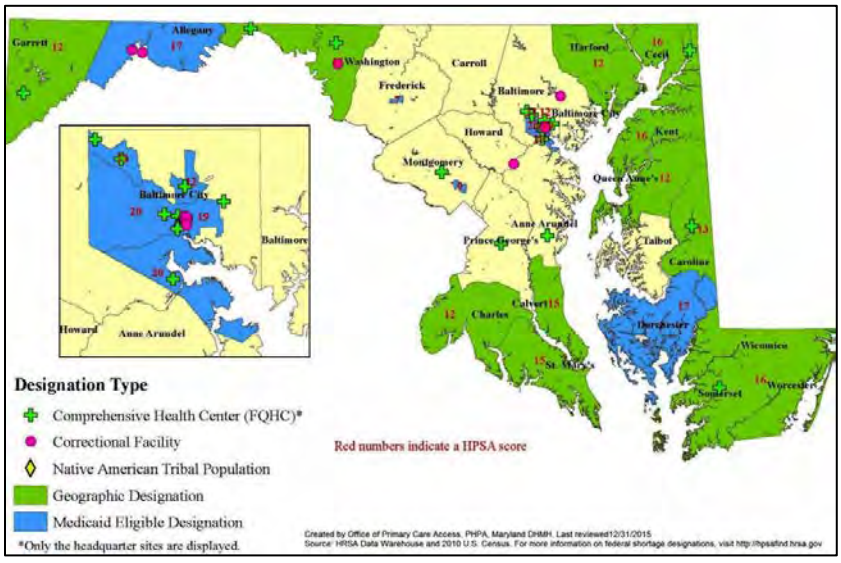


Figure 67 Medical Care Access

[72] https://datawarehouse.hrsa.gov/Tools/Analyzers/HpsaFindResults.aspx

An indicator of access to care includes the number of Medicare and Medicaid providers. The analysis includes a summary of providers that reach all facets of the population such as: hospitals, nursing facilities, Federally Qualified Health Centers, rural health clinics, and community mental health centers for the three-county service area. According to the data, the distribution of health services is uneven. the service area, there is a limited number of providers that accept Medicaid/Medicare as shown in the table below. There are seven general hospitals in the service area.

Health Care Resources in the Service Area[73]				
Number of Providers	**Medical Physical**	**Oral Health**	**Mental Health**	**Nursing Facility**
# providers accept Medicaid/Medicare	124	8	46	19

Table 83 Health Care Resources in the Service Area

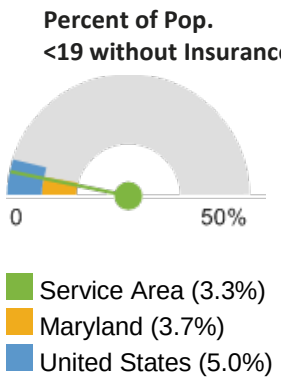
Health Care Access Indicator[74]				
Area	**% saw a Dr. in past year**	**Unable to see a doctor due to cost**	**Children had a dental visit in past year**	**Adult Last Dental Visit in past year**
Calvert County	80.9%	N/A	58.6%	72.1%
Charles County	76.4%	4.9%	50.7%	77.7%
St. Mary's County	89.9%	N/A	56.0%	77.2%
Maryland	76.2%	10.8%	68.4%	81.5%

Table 84 Health Care Access Indicator

Community needs assessment survey respondents were asked how often they see a doctor for routine health care. Among 331 respondents, most saw a doctor annually on a more frequent basis.

Health Insurance

The ability to access health insurance is a key driver of health status. Throughout the service area just 3.3% of the child population does not have insurance. Among adults, 5.5% are uninsured compared to 8.8% across the state. Within the service area, the rate of individuals that receive Medicaid is lower for all age groups than found at the state level, but higher among the community needs assessment survey population. According to the Health Rankings data the primary care physician, mental health and dental health care provider rates compare poorly when compared to the Maryland state ratios. Having fewer healthcare professionals in the area, may be linked to the lower rates of children and adults that receive routine dental and doctor visits. This data indicates that lack of access to providers is a larger concern in the area than the ability to pay for health care services.



[73] http://opl.tmhp.com/ProviderManager/AdvSearch.aspx
[74] http://ship.md.networkofcare.org/ph/ship.aspx

Percent of Population Receiving Medicaid Insurance by Age[75]			
Area	**Under Age 18**	**Age 18 - 64**	**Age 65**
Report Area	21.4%	9.2%	10.3%
Calvert County	19.7%	9.0%	9.2%
Charles County	22.8%	8.5%	10.4%
St. Mary's County	20.9%	10.4%	11.3%
Maryland	31.8%	11.1%	11.8%
United States	37.9%	12.1%	14.0%

Table 85 Percent of Population Receiving Medicaid Insurance by Age

Health Care Access Differences

Access to health care differs among the population. As expected, seniors demonstrate higher rates of access. This could be due to the availability of Medicare and the need for increased health services as individuals age. The Maryland Behavioral Risk Factor Surveillance System notes the following trends in regard to health access in the region[76]:

- 82.4% of residents had a routine check-up in the last year. This group included 88.8% of seniors, 67.6% of young adults, 70.6% of those aged 30-44 years, and 80.9% of individuals aged 45-64 years.
- 87.9% of the population reports they have a personal doctor. When data is analyzed by age group, those aged 18-29 years are least likely to have a medical home (71.8%), compared to 93.4% of those aged 45-64 years and 95.7% of seniors.
- Medical costs differ for individuals without insurance. As a result, some residents elect not to see a doctor. When asked, “was there a time in the last 12 months when you needed to see a doctor but could not because of cost”, 4.9% of those surveyed reported they avoided seeing a doctor due to cost. When data was examined by age, seniors were the most likely to visit the doctor with only 3.8% skipping visits, compared to 27.6% of those aged 30-44 years. Individuals that did not have insurance also skipped doctor visits at a rate of 42%, versus just 12.7% of those who had insurance.

The three counties in the service area ranked among the bottom five of all counties in Maryland in regard to the number of adolescents that received a check-up in the last year and among the six worst in the number of children that had a dental visit in the past year.

[75] Community Commons

[76] 2015 Maryland BRFSS Statewide and county-level estimates data tables. https://phpa.health.maryland.gov/ccdpc/Reports/Documents/2015_MD_BRFSS_County_Level_Data_Tables.pdf

As shown in the chart below, a larger percentage of the survey respondents do not have private medical insurance than the rate of residents that have private medical insurance in the service area. In addition, a larger percent of respondents' dependents do not have private medical insurance. Conversely, a larger percent of respondents have someone in their households that uses Medicaid or the state Children's Health Insurance Program.

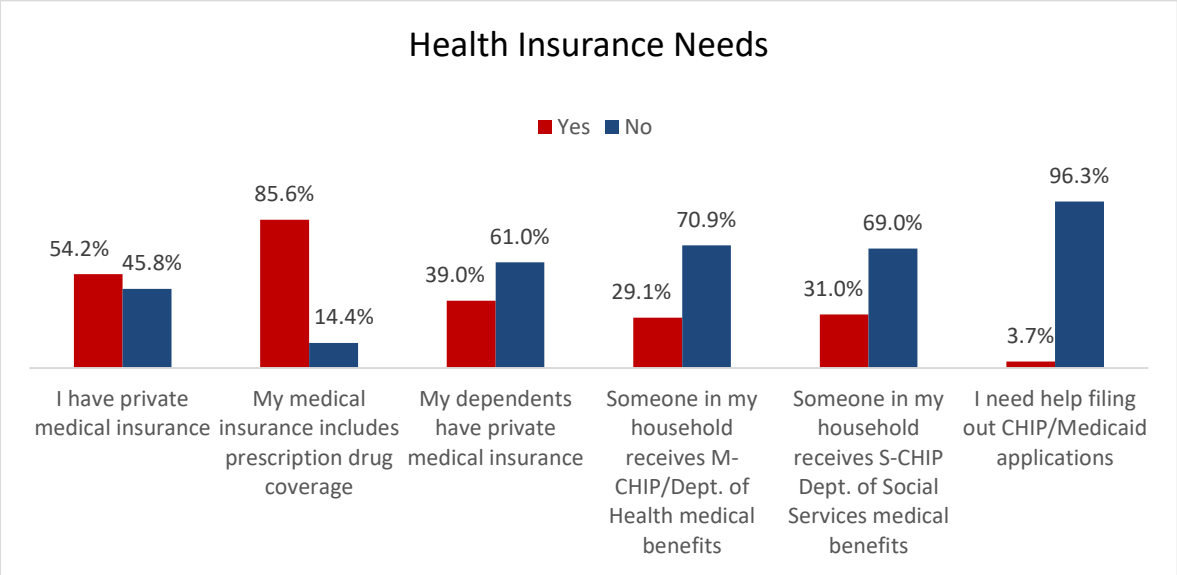


Figure 68 Respondent's Health Insurance Needs

Prenatal Care and Birth Outcomes

The United States Health and Human Services Agency notes that early and continuous prenatal care helps identify conditions and behavior that can result in low birth weight babies, such as poor nutrition, smoking, drug and alcohol abuse, inadequate weight gain during pregnancy, and repeat pregnancy in six months or less. They report that babies born to mothers who received no prenatal care are three times more likely to be born with a low birth weight and five times more likely to die than those whose mothers received prenatal care. Women with unplanned pregnancies, without a regular health care provider prior to pregnancy, or without a high school diploma are also least likely to receive prenatal care during the first trimester of pregnancy. Barriers to early or inadequate prenatal care include language or cultural differences, fear of the medical system, lack of awareness of the pregnancy, lack of money or insurance, absence of services within the community, and problems related to transportation[77].

The following table presents information on the timing and adequacy of prenatal care pregnant women receive in the service area. Often early prenatal care, maternal health, and early experiences impact child development over the long term. As shown in the table when data is aggregated for the service area new mothers and infants fare better than their peers across the state in regard to most indicators except in the percent of mothers that smoke during pregnancy.

[77] U.S. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Public Health Service, *From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children,* http://stacks.cdc.gov/view/cdc/11354/

Service Area Maternal and Child Data [78]		
Indicator	**Service Area**	**Maryland**
Live births	4,072	71,806
Age of Mother – Under 18 yrs.	12.0%	19.4%
Low birth weight babies	7.6%	8.5%
Births to Unmarried Women	39.2%	39.8%
Births to mothers < high school diploma	18.9%	19.3%
Smoking during pregnancy	7.4%	3.9%
Infant Mortality Rate	5.9/1,000	6.6/1,000
Preterm Births	7.6%	10.1%

Table 86 Service Area Maternal and Child Health

The following trends were noted among the service area counties:

- Charles County has the highest rate of teen birth (1.2%).
- Charles County has the highest rate of infant mortality (2.9% of all babies born in the service area). This is partially due to a more diverse population and the impact of high infant mortality rates among women of color.
- The percent of babies born to single-mothers is highest in Charles County (20%), followed by St. Mary's County (10.7%) and Calvert County (8.5%).

According to the 2016 Annie Casey Foundation Kids Count Data Book, the service area demonstrates the following maternal and child health trends.

- The program reflects state trends in regard to the percent of mothers that receive early prenatal care with Calvert County demonstrating a rate of 77.1% of women who received early prenatal care compared to 66.5% in Charles County and 77.4% in St. Mary's county. When compared to 66.6% of all mothers in Maryland Charles County falls slightly lower than the state.
- A higher than average rate of preterm birth at 10.1% versus 7.6% in Maryland. The rate of preterm birth is highest in Charles County at 10.6%, compared to 9.1% in Calvert and St. Mary's County[79].
- A high percentage of births that are low birthweight, especially in Charles County which has a rate of 9% compared to 5.1% in St. Mary's and 5.3% in Calvert County. Charles County exceeds the state in the percent of births that are low birthweight.
- Lower rates of infant mortality (except Charles County). The rate of infant mortality in Calvert County is 4.1/1,000 compared to 4.3/1000 in St. Mary's County and 6.3/1000 in Charles County.

[78] Annie Casey Foundation. Kids Count Data Center.
[79] https://www.marchofdimes.org/Peristats/ViewSubtopic.aspx?reg=24&top=6&stop=91&lev=1&slev=4&obj=9

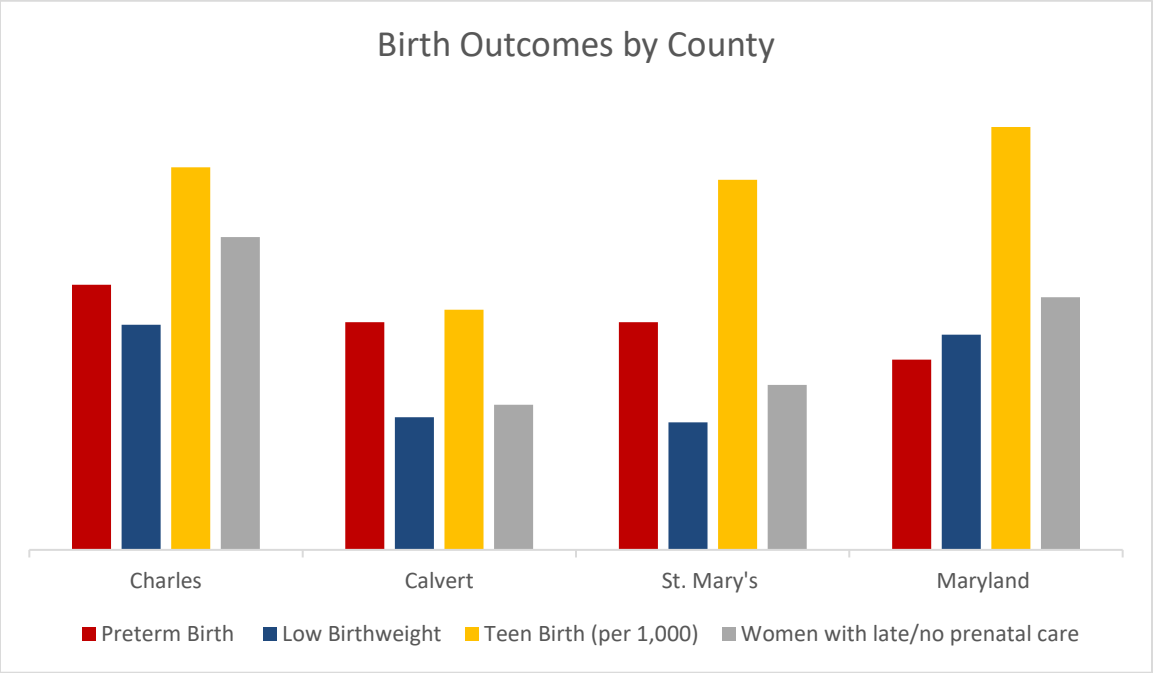


Figure 69 Birth Outcomes by County

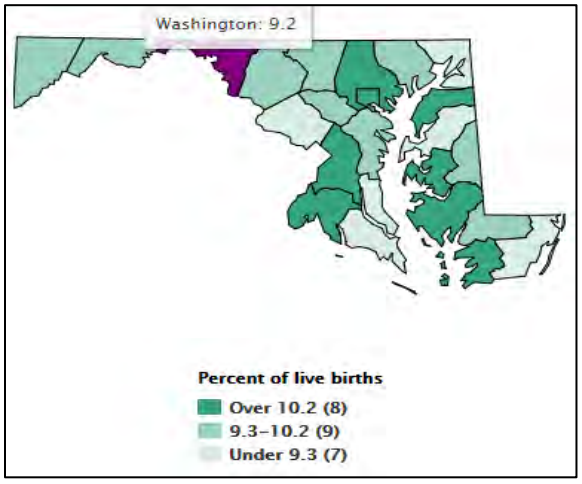


Figure 71 Percent of Births that Are Preterm[80]

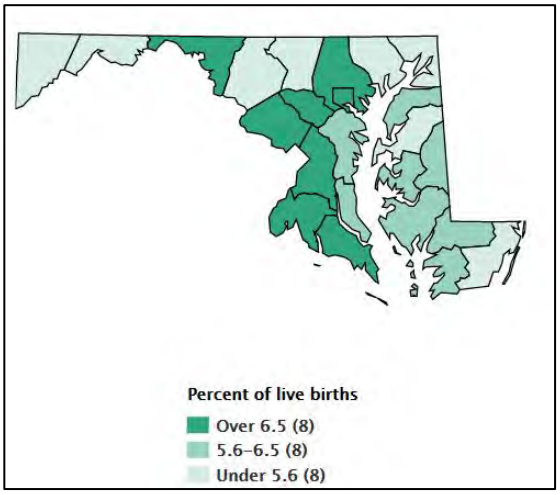


Figure 70 Percent of mothers that Receive Late Prenatal Care

[80] Maryland State Health Improvement Process. http://calvert.md.networkofcare.org/indicator_maps/Maryland-SHIP-InteractiveAtlas/atlas.html

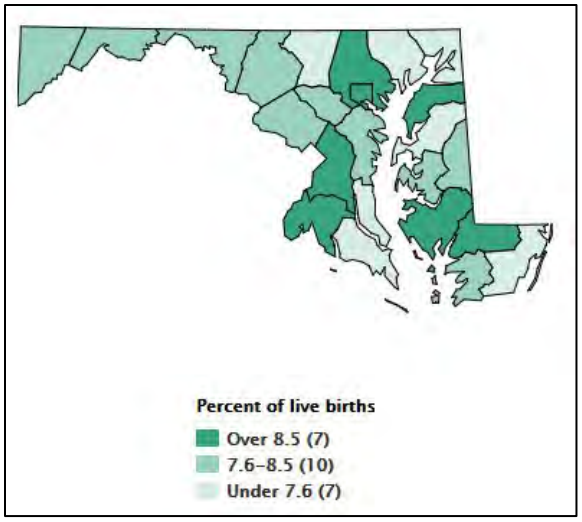


Figure 73 Percent of Births that are Low Birthweight

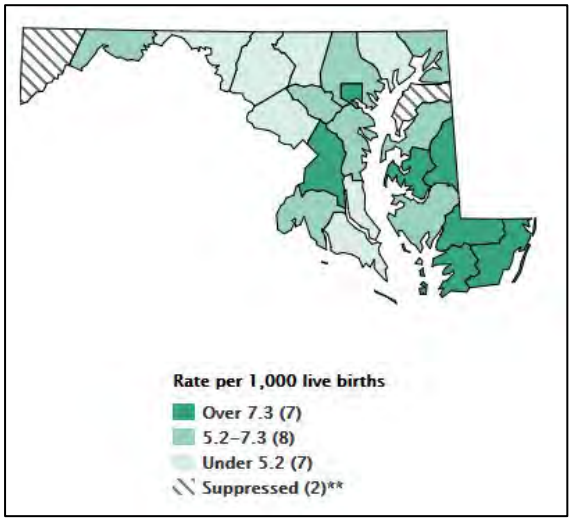


Figure 72 Rates of Infant Mortality

Head Start

The vast majority of Head Start children receive Medicaid. The Medicaid insurance program covers medical care such as doctor visits, prescription medicine, mental health care, dental care, hospitalizations, surgeries, and family planning at little or no cost to the member or the member's family. Medicaid covers many different types of people:

- Children up to age 19
- Pregnant women
- Low-income parents/caretakers of children under the age of 18

Like any Medicaid-based program, parents encounter difficulties locating providers who will accept the insurance, but in the service area this is primarily due to limited numbers of service providers in the area rather than the cost or lower provider reimbursement rates for services. This is particularly true of pediatric dentists. Even though the state of Maryland has increased Medicaid reimbursement rates, the number of providers has not caught up with the number of individuals that need services. In addition, the Affordable Care Act has increased the number of individuals with insurance that are seeking care placing new pressure on the health care system. The following table details the number of children enrolled in Head Start supported by various sources of insurance. When compared to rates of insurance for children under six years in the service area the program demonstrates a higher rate of children that are covered by Medicaid.

Source of Insurance	Head Start
Medicaid	88%
State Funded Insurance	<1%%
Private Health Insurance	10.5%

Source of Insurance	Head Start
Military Health Insurance	0%
No Health Insurance	2.8%

Table 87 Source of Insurance for HS Children

Medical Homes

The American Academy of Pediatrics developed the medical home model for delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective to all children and youth. This includes children and youth with special health care needs. Through this partnership, the pediatric care team can help the family/patient access, coordinate, and understand specialty care, educational services, out-of-home care, family support, and other public and private community services that are important for the overall health of the child and family.

The following table demonstrates the success of the program in securing medical homes for all children. The SMTCCAC Head Start system for determining the status of a child's medical home upon enrollment enables the program to ensure that all children have a medical home within the timeframe established in the Head Start Program Performance Standards.

Insurance Status	Head Start
Children with Medical Homes at beginning of Enrollment Year	142 (97%)
Children with Medical Homes at end of Enrollment Year	142 (97%)

Table 88 Medical Home Status of HS Children

Early and Periodic Screening, Diagnosis and Treatment Program

The Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) was created by the U.S. Congress in 1967 to ensure that low-income children and youth are provided complete health care services. In Maryland, early and periodic screening of children is provided by the Maryland Children's Health Program (MCHP), which provides complete health assessments for the early detection and prevention of disease and disability in children and youth. The program is offered to eligible children and youth at no cost. The examination is a complete head-to-toe health evaluation of a child or youth. It includes health history; physical exam; review of dental, nutritional and developmental status; immunization; tests for anemia and lead exposure; screenings of hearing and vision; blood pressure; urinalysis; and health education.

The following table indicates the extent to which children are up-to-date in receiving their periodic health screenings and assessments upon enrollment in Head Start and at the end of the school year. In 2016-2017, 6 (4%) Head Start children were newly diagnosed with a chronic condition needing medical treatment, of which all received necessary treatment and health care services.

HS/EHS Children Up-To-Date on EPSTD		
Program	**At Enrollment**	**End of Year**
Head Start	145	132

Table 89 HS/EHS Children Up-to-Date on EPSTD

Maryland continues to exhibit strong immunization rates amongst enrolled kindergarteners. To comply with the Code of Maryland Regulations, schools report the number of fully-vaccinated students enrolled in kindergarten. From 2003 to 2014, greater than 99% of kindergarten students have met the school immunization requirements. More than 99% of the kindergarteners surveyed had immunization records, and the rates of DTaP, Polio, MMR, and Hepatitis B vaccinations were more than 99%. Some counties reported close to 100% vaccination rates.

The Head Start program can support vaccination rates by educating others the need for continued strengthening of vaccine delivery systems, improving access to primary pediatric care, and increasing efforts to provide accurate information regarding the safety and benefits of childhood vaccination to parents who wish to protect their children from vaccine-preventable diseases. The following table details the number of Head Start children up-to-date on their immunizations at enrollment and end of year. SMTCCAC Head Start children demonstrate high rates of immunization.

HS/EHS Children Up-To-Date on Immunizations		
Program	**At Enrollment**	**End of Year**
Head Start	144(98%)	144 (98%)

Table 90 HS/EHS Children Up-To-Date on Immunizations

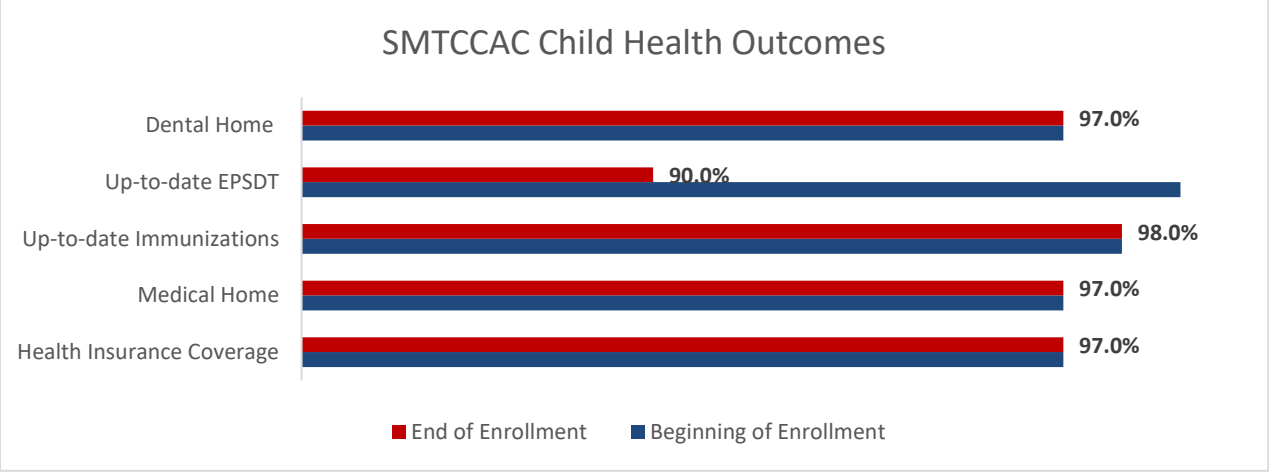


Figure 74 SMTCCAC Child Health Outcomes

Survey responses about the cause of health needs in the community varied. As shown below, the most significant contributing factor to health needs in the community identified by respondents was the cost of insurance, followed by the lack of insurance. In the response category of "other", respondents reported additional causes of health needs in the community that included a lack of knowledge about insurance, lack of knowledge about proper health care, and providers that do not accept certain kinds of insurance.

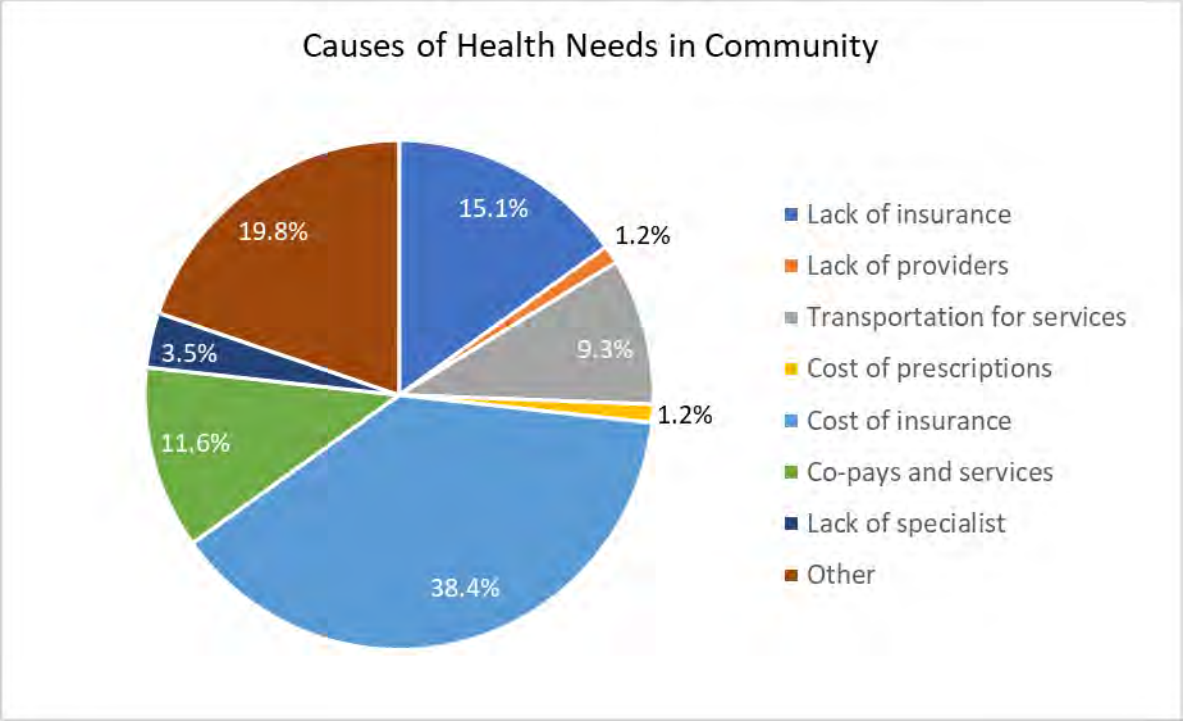


Figure 75 Cause of Health Needs in Community

Substance Abuse

Substance Abuse in the Service Area

AMONG 252 (64%) COMMUNITY NEEDS ASSESSMENT SURVEY RESPONDENTS DRUG/ALCOHOL ABUSE WAS REPORTED AS THE MOST SIGNIFICANT PROBLEM IN THE COMMUNITY.

Children form their opinions of human nature and the world based on their experiences and observations. For children, the family is the most important institutional influence upon their socialization. Children that grow up in homes where drug use is tolerated and in communities with high rates of drug use are more likely to become involved in substance abuse themselves. Southern Maryland is experiencing higher rates of substance abuse across a variety of substances than observed in prior years and has a shortage of service providers for mental health and in and out-patient substance abuse treatment. In Charles County there are three recovery houses. In Calvert County, there are several agencies that address substance abuse including Bayside Recovery, Carol Porto Treatment Center, Calvert Memorial Hospital, the Calvert County Health Department, and the Calvert County Alliance Against Substance Abuse. St. Mary's County substance abuse agencies are also overburdened and include the St. Mary's Local Drug and Alcohol Abuse Council, the Cove (adolescent treatment), Beacon adult recovery center, two sober houses, Walden Sierra, Inc. Step N2 Recovery, and the St. Mary's County Department of Public Health.

Tobacco

The rate of tobacco use in all three counties is 14% which compares favorably to the rate of tobacco use by adults in Maryland which is 15%[81]. The state is ranked among the top 10% of states in regard to the

[81] County Health Rankings. http://www.countyhealthrankings.org/app/maryland/2017/rankings/anne-arundel/county/outcomes/overall/snapshot

states with the lowest of the percentage of the population that smokes, but does not meet the Healthy People 2020 goal of 12%. According to the Youth Risk Behavior Survey, the following trends were identified among adolescents in regard to tobacco use. While rates of smoking are decreasing, rates of students that use electronic vaping products are significantly higher.

Youth Patterns of Tobacco Use and Exposure[82]			
County	**% students smoked before 13 yrs. of age**	**% students smoked during last 30 days**	**% of students that have used e-cigarettes or other vaping products**
Calvert	7.5%	12.7%	38.7%
Charles	7.7%	9.2%	40.9%
St. Mary's	9.9%	15.6%	41.5%
Maryland	7.1%	8.7%	37.6%

Table 91 Youth Patterns of Tobacco Use and Exposure

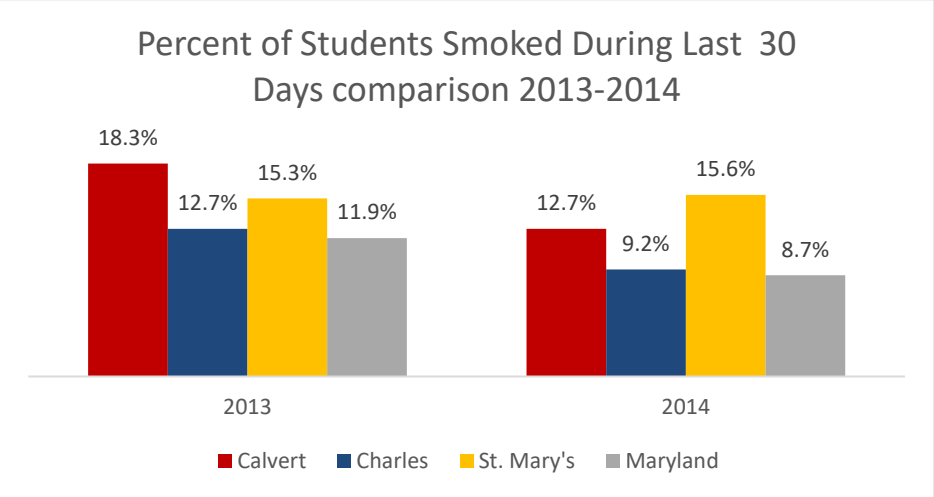


Figure 76 Percent of Students Who Smoked During Last 30 Days 2013-2014

Drug and Alcohol Use

The rate of drug and alcohol use in the service area is on the rise among adults and children. Drugs like heroin and prescription pills are increasingly impacting the population, along with increases in co-occurring mental health and substance abuse disorders. Data from the Behavioral Risk Factor Surveillance Survey in 2015 indicates concerning rates of binge drinking in which St. Mary's County far exceeds the rate of binge drinking for all adults across Maryland. In addition, the rate of drug and alcohol intoxication deaths is increasing at a much higher rate than found for the state of Maryland in Calvert and Charles Counties.

[82] Maryland Youth Risk Behavior Survey (2014). https://phpa.health.maryland.gov/ccdpc/Reports/Documents/2014%20YRBS%20Reports/YRBS%20High%20School%20Summary%20By%20County.pdf

Youth Patterns of Alcohol Use and Exposure			
County	**% students drank alcohol before 13 yrs. of age**	**% students drank during last 30 days**	**% of students that have had five or more drinks in a row in last 30 days**
Calvert	17.3%	34.4%	20.0%
Charles	19.5%	26.2%	12.6%
St. Mary's	20.3%	31.9%	17.7%
Maryland	17.3%	26.1%	13.1%

Table 92 Youth Patterns of Alcohol Use and Exposure

Adult Alcohol Use and Drinking			
County	**Drug and Alcohol Intoxication Deaths Increase between 2013-2015[83]**	**Adults that engage in Chronic Drinking**	**Adults who engage in Binge Drinking**
Calvert	+11 (+73%)	N/A	7.6%
Charles	+8 (57%)	3.3%	11.7%
St. Mary's	-1 (-1%)	N/A	19.2%
Maryland	+156 (+20%)	4.9%	14.2%

Table 93 Adult Alcohol Use and Drinking

The drug- induced death rate is higher than the Healthy People 2020 goal for Maryland (12.6/100,000) in Calvert and Charles County and higher than the state rate of 17.7 in Calvert County. Substance abuse is becoming more prevalent as shown in the following chart and rising significantly year by year[84]. The rate of emergency room visits for addiction-related conditions has also increased in all counties since 2010 with the most significant increases found in Calvert and St. Mary's County.

Drug-Induced Death Rate Trend			
Location	**2007-2009**	**2010-2012**	**2013-2015**
Calvert County	13.3	14.7	25.0
Charles County	9.5	11.1	13.3
St. Mary's County	8.5	9.8	10.6[85]
Maryland	12.1	12.3	17.7

Table 94 Drug-Induced Death Rate Trend

[83] Drug and Alcohol-Related Intoxication Deaths in Maryland https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/2014.12.16%20-%20Quarterly%20Data%20Workbook%202014_3rd%20Quarter_posted%20online.pdf
[84] http://ship.md.networkofcare.org/ph/ship-detail.aspx?id=md_ship29
[85] Data for 2012-2014 – Data not available for 2013-2015

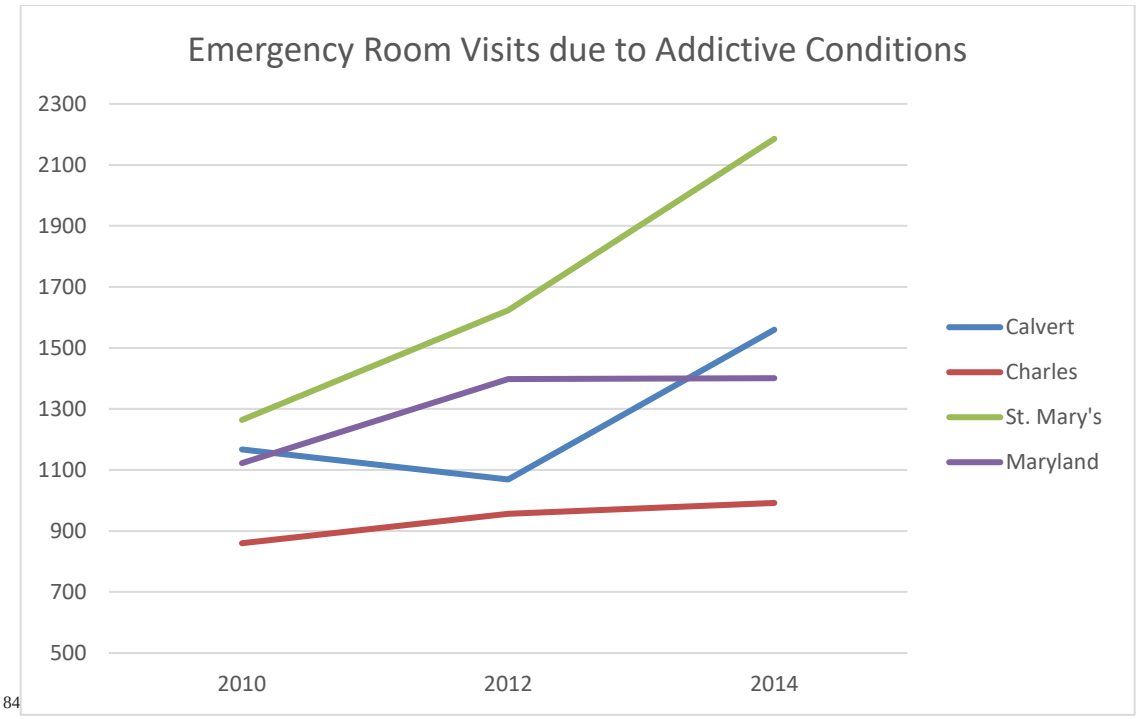


Figure 77 Emergency Room Visits due to Addictive Conditions

Opioids

Opioid addiction is increasing and contributing to a public health crisis impacting the entire service area. As shown in the chart that follows, since 2007, the Maryland death rate for opioids has increased over time. The most significant increase is in Fentanyl-Related deaths which increased 88% during the period of 2007-2014[83]. Within Southern Maryland, the rates of increase show similar patterns. In 2007, there were no deaths reported for any of the three service area counties that were Fentanyl-related. However, by 2016, Calvert County had 21 deaths, Charles County had 27 deaths, and St. Mary's County experienced 14 deaths. In total, the service area had 62 deaths related to Fentanyl. The trend data indicates that the epidemic became worse between 2014 and 2016. Before 2014, the area only had experienced four total deaths compared to 62 in 2016 (77% increase). In SMTCCAC Head Start, 1 family received services related to substance abuse and substance abuse prevention or treatment.

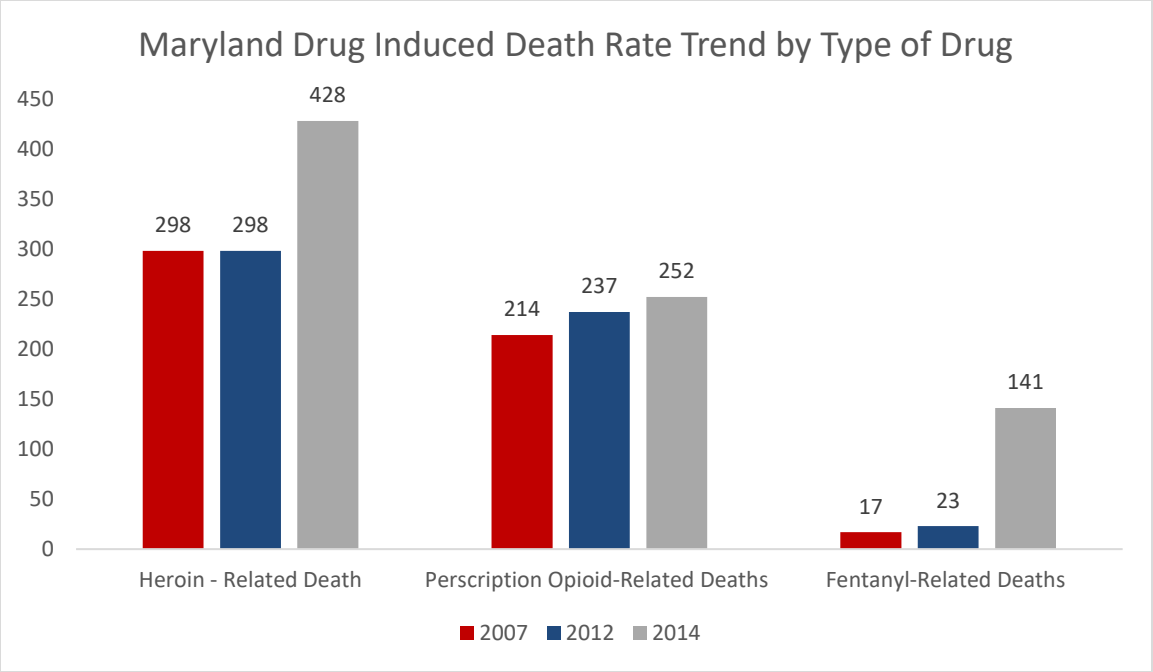


Figure 78 Maryland Drug-Induced Death Rate by Drug

Key Findings

The health of the population is promising in several parts of the service area; however, the population faces significant challenges in maintaining health and well-being as a result of health disparities that are present at birth and persist throughout life for individuals of color or for those with a low-income. All service area counties except for one (Calvert) rank in the bottom two tiers of the state in regard to health outcomes. The ranking is due to the population in poverty, barriers to accessing health services (geography and lack of providers), and the prevalence of health problems that are compounded by other factors such as lack of access to nutrition, limited coordination of health services, and low health literacy.

Seniors demonstrate the highest rates of utilization of the health care system. Insurance coverage rates are comparable to the rest of the state in the counties served by SMTCCAC. In regard to the use of Medicaid, the population in the service area also shows a comparable rate of use of public health insurance coverage than the state but use of Medicaid in the Head Start program is much higher.

Maternal and child health care trends in the service area are promising in Calvert County, but concerning in Charles County and to some extent in St. Mary's County. Racial trends indicate a higher rate of teen birth among black or African American teens and higher rates of infant mortality for babies of color. The only indicator in which all counties exceeded the state rate of prevalence was in the use of tobacco during pregnancy, which is in line with increasing rates of substance use in the area. The service area has significantly elevated rates of substance abuse, particularly in regard to drug-related deaths. Fentanyl – related deaths have increased at the greatest rate. In Calvert and Charles County data shows drug use is increasing faster than the rate found at the state level indicating a growing crisis in public health.

How to address the priorities:

- Increase awareness of available resources. Programs can compile and collect information about resources and share it with doctors, hospitals, child care providers, and community health workers. Social media can also be used to build trust and a good reputation among underutilized providers.
- Increase access to services by promoting Medicaid reimbursement among providers, particularly those for children with special health care needs.
- Shorten and streamline provider enrollment processes and pool money to avoid duplication and increase coordination.
- Increase collaboration by sitting down with competing entities and work out which organizations will serve which locations and groups.
- Educate elected officials about pregnancy statistics to bring attention to teen births and racial disparities and other sex education problems.
- Educate providers on how to communicate better with parents. For example, how to explain the importance of lead testing for children.
- Partner with local substance abuse coalitions to bring attention to growing rates of substance abuse.
- Integrate substance abuse education into parent training programs.
- Reach out to programs that are providing treatment and resources to families that have a member experiencing substance abuse and prioritize those children for enrollment in Head Start. For example, the family dependency treatment court, drug court, and hospitals.

Oral Health

The Maryland Oral Health Surveillance System does not collect data at the county level. State data sources are presented below to illustrate the need for oral health services in the state. Medicaid is the primary source of dental coverage for children in low-income families and provides care for 604,560 children in Maryland. According to data from the Center for Medicaid Services, of the total children enrolled in Medicaid, the following treatment percentages were identified:

Oral Health Services by Age in Maryland						
Dental Health Service Data	**Total**	**<1 yr.**	**1-3yrs.**	**4-5 yrs.**	**6-9 yrs.**	**10-14 yrs.**
Total eligibles receiving any dental services	181,368	199 (1.1%)	48,243 (26.6%)	19,769 (10.9%)	35,366 (19.5%)	39,538 (21.8%)
Total eligibles receiving a preventive dental service	151,140	23 (<1%)	26,751 (17.7%)	75,570 (50%)	92,195 (61.9%)	85,394 (56.5%)
Total eligibles receiving dental treatment services	78,592	12 (<1%)	20,669 (26.3%)	8,330 (10.9%)	22,241 (28.6%)	19,255 (24.5%)
Total eligibles receiving any dental or oral health service	373,554	429 (1.1%)	19,357 (21%)	66,910 (53.6%)	108,413 (64.8%)	106,058 (59.3%)

Table 95 Oral Health Services by Age in Maryland

For adults in Maryland, rates of access to oral health services is comparable to that of their peers across the nation. According to Behavioral Risk Factor Surveillance System data, the following findings were identified in response to the question, “How long has it been since you last visited a dentist for dental clinic?”.

- When disaggregated by income, **39.5%** of adults making less than $15,000 saw a dentist in the past 12 months compared to **82%** of individuals making $75,000 or more annually that saw a dentist in the past 12 months. **69.9%** of those making $50,000-$75,000 saw a dentist and **60%** of persons earning between $25,000 and $49,000 saw a dentist.
- Data by race indicates access to care disparities between whites (**68.5%** saw a dentist in the past year), blacks (**67.2%** saw a dentist in the past year), and Hispanics (**58.3%** saw a dentist in the past year).
- Employment status positively impacted the ability of adults to see a dentist. Due to insurance, **65%** of employed individuals saw a dentist, as opposed to **48.4%** of unemployed adults that saw a dentist. Students and homemakers had rates of access comparable to employed adults. Among students and homemakers, **62.2%** saw a dentist in the past year.

Adults in poverty have poorer oral health that often begins in early childhood. When asked, "How many of your permanent teeth have been removed because of tooth decay or gum disease?" the following data was identified:

- In regard to race**, 27.3%** of Hispanics reported 1 to 5 teeth had been removed, compared **to 28.0%** of Whites, and **34.0%** of blacks reported they had 1 to 5 teeth removed due to tooth decay.
- When controlled for income, the cohort earning from $25,000 to $50,000 included the most individuals (**34.5%)** who have had 1 to 5 teeth removed due to decay.
- Overall, according to the BRFSS in the state of Maryland, **54.8%** of adults had at least one tooth extracted, and **31.5%** had more than five teeth extracted.

Mental Health

According to Mental Health America, Maryland is ranked 13th in overall mental health[86]. The ranking indicates a lower prevalence of mental health and substance abuse problems when compared to other nearby states.

Adult Ranking

The seven measures that comprise the adult mental health ranking for a particular state include:

1. Adults with any mental illness (AMI).
2. Adults with dependence or abuse of illicit drugs or alcohol.
3. Adults with serious thoughts of suicide.
4. Adults with AMI who did not receive treatment.
5. Adults with AMI reporting an unmet need.
6. Adults with AMI who are uninsured.
7. Adults with a disability who could not see a doctor due to costs.

Maryland is ranked 6th out of 51 in adult mental health.

Youth Ranking

The factors that are used to rank the status of a state in regard to youth mental health include:

1. Youth with at least one past year major depressive episode (MDE).
2. Youth with dependence or abuse of illicit drugs or alcohol.
3. Youth with severe MDE.
4. Youth with MDE who did not receive mental health services.
5. Youth with severe MDE who received some consistent treatment.
6. Children with private insurance that did not cover mental or emotional problems.

[86] 2016 State of Mental Health in America Ranking of States. http://www.mentalhealthamerica.net/issues/2016-state-mental-health-america-ranking-states#Overall Ranking

7. Students identified with emotional disturbance for Individualized Education Program.

Maryland is ranked 21st in youth mental health and wellbeing.

Prevalence Ranking
The prevalence ranking is comprised of six measures:

1. Adults with any mental illness (AMI).
2. Adults with dependence or abuse of illicit drugs or alcohol.
3. Adults with serious thoughts of suicide.
4. Youth with at least one past year major depressive episode (MDE).
5. Youth with dependence or abuse of illicit drugs or alcohol.
6. Youth with serve MDE.

Maryland is ranked 13th in the prevalence of mental health issues.

The state of mental health in Maryland is complicated by limited access to mental health services. While there is little data on the prevalence of mental health issues outside of the federal designation for mental health services for the SMTCCAC service area, it can be inferred that the area demonstrates limitations due to its rural nature and limited resources for community services. These factors will exacerbate any already present mental health issues. The nine measures that make up the access ranking for mental health include:

1. Adults with any mental health issue (AMI) who did not receive treatment.
2. Adults with AMI reporting unmet need.
3. Adults with AMI who are uninsured.
4. Adults with a disability who could not see a doctor due to costs.
5. Youth with mental depressive episodes (MDE) who did not receive mental health services.
6. Youth with severe MDE who received some consistent treatment.
7. Children with private insurance that did not cover mental or emotional problems.
8. Students identified with emotional disturbance for an Individualized Education Program.
9. Mental health workforce availability.

The access raking for Maryland is 17th.

Service Area Data

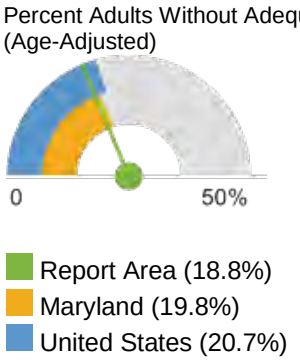
According to the Robert Wood Rodgers Foundation County Health Rankings, data indicates that Maryland adults reported an average of 3.4 poor mental health days in the past 30 days as opposed to a national average of 3.2 days[87]. The following table details the mental health landscape as related to the state of Maryland and the service area. According to the Maryland County Health Rankings, mental health and increased resources for substance abuse is a pressing concern.

[87] County Health Rankings Roadmaps.

2017 County Mental Health Indicators				
County	**% Pop in Frequent Mental Distress**	**Suicide Rate (Deaths per 100,000)**	**Mental Health Provider Ratio**	**Social Associations**
Calvert	9%	11.7	580:1	7.0
Charles	10%	11.2	980:1	6.2
St. Mary's	10%	11.3	890:1	6.9
Maryland	11%	9.8	490:1	8.9
Service Area Avg./Public Health Region	9.6%	11.4	522:1	6.7

Table 96 County Mental Health Indicators

Many adults within the service area report they lack social or emotional support (18.8%)[88]. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability and lack of social and emotional support is correlated with increased likelihood of substance use and abuse.



Children's Mental Health

In order for children to have the best chance for success in life and school, they need to be healthy in all facets. Mental health is an important component of overall health. Children who are mentally healthy have "a positive quality of life and can function well at home, in school, and in their communities"[89]. Children's mental disorders can affect children of all ages, gender, and ethnic and racial backgrounds. Common mental health disorders with a childhood and adolescent onset include:

- Attention deficit/hyperactivity disorder (ADD)
- Behavior disorders
- Mood and anxiety disorders
- Substance abuse disorders
- Eating disorders
- Elimination disorders
- Learning and communication disorders
- Schizophrenia

[88] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

[89] Division of Human Development and Disabilities, National Center on Birth Defects and Developmental Disabilities, Center for Disease Control and Prevention. (2015, November 6). Child Development; Children's Mental Health. Retrieved from Centers for Disease Control and Prevention: http://www.cdc.gov/ncbddd/childdevelopment/mentalhealth.html.

- Tic disorders

Several factors can contribute to the development of mental disorders in children including family history and living circumstances, biological factors, toxic stress, and adverse childhood experiences, such as exposure to violence or substance abuse. Mental health professionals have developed effective treatments and programs for most mental health conditions; however, individuals with a mental disorder often do not seek treatment because they either do not have access to care, or do not want help for one reason or another. Since many mental disorders have onsets during childhood that follow them into adulthood it is imperative that providers are able to identify, provide access, and treat disorders in their early stages. Health services must also provide adequate and easy access to mental health care. Stabilizing or increasing funding for mental health services, particularly at community and non-clinical settings can provide increased and easier access to youth-friendly treatment for mental disorders.

Infant and early childhood mental health refers to how well a child develops socially and emotionally[90]. Understanding infant mental health is the key to preventing and treating the mental health problems of very young children and their families. It also helps guide the development of healthy social and emotional behaviors. SMTCCAC Head Start ascribes to a vision for mental health in Head Start that conforms to the Center for Early Childhood Mental Health Consultation. The philosophy is based on the following principals[91]:

- The mental health of young children is intimately and inextricably linked to the well-being of their caregivers (i.e., parents, guardians, teachers, and other Head Start staff).
- Efforts to promote positive mental health and well-being in children, staff and caregivers should be given equal weight with efforts to reduce problem behaviors and/or social-emotional distress.
- Culture plays a central role in shaping young children's social-emotional and behavioral development, influencing parenting behaviors and understanding mental health.
- Building the skills and knowledge of mental health consultants in Head Start programs will result in more effective consultation and better outcomes.
- Strong administrative support for the importance of mental health promotion, prevention and intervention will allow effective practices to be adopted and sustained in Head Start programs.

Head Start

SMTCCAC provides on-site mental health consultation through a partnership with local therapists. The program works in concert with special education and early intervention service providers to offer children and families comprehensive mental health services. These efforts and practices have a significant impact on children's achievement in social and emotional development domains as evidenced in Teaching Strategies Gold social and emotional development indicators and rates of Head Start student growth. The following data details mental health services offered to SMTCCAC children during 2016-2017:

Mental Health Services to SMTCCAC Enrolled Children and Families	
Hours Per Month the Mental Health Professional is On Site	5
Children with Staff Consultations	6 (4%)
Children with 3 or More Consultations	1 (<1%)

[90] Zero to Three. www.zerotothree.org
[91] http://www.ecmhc.org/principles.html

Mental Health Services to SMTCCAC Enrolled Children and Families	
Children that received Mental Health Referrals	1 (<1%)
Children received Mental Health Services	6 (4%)

Table 97 Mental Health Services

Key Findings

Although data is limited, it is likely that the service area reflects general mental health trends found at the state and regional level. According to data, there is a need for increased mental health service providers for all groups (Veterans, families, and youth). In the service area, a slightly lower percentage of the population reports they experience mental distress when compared to the state (9.6% in service area, versus 11% in Maryland); however, there are higher rates of suicide in the service area (11.4% in service area versus 9.8% in Maryland) and lower mental health provider ratios throughout the service area counties. The service area also has a significant number of Veterans, which are more likely to experience mental health and substance abuse issues. In Head Start, mental health services were accessed by only one family and 4% of the Head Start population experienced mental health or behavioral challenges that warranted a mental health consultation.

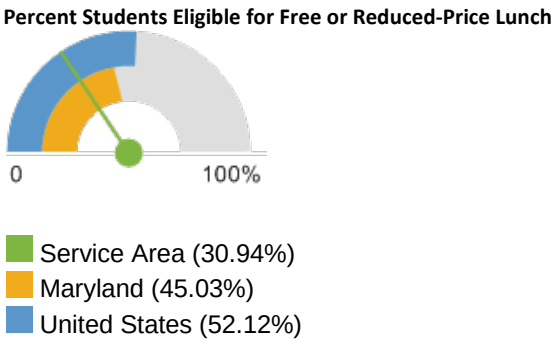
How to Address Priorities:

Activities that could support improvements in the mental health service system include:

- To fight stigma (particularly among Veterans) facilitate an education campaign that encourages people to talk more openly about mental illness, ask for help when they need it, and understand that their illness is not shameful. This strategy could also include expanding participation in mental health awareness weeks designated by the National Alliance on Mental Illness.
- Build local capacity for public mental health research in poor countries in the service area to provide county-level data on child expulsions, suicides, mental illness, and other gaps in services related to substance abuse treatment and mental health.
- Conduct a one-day community conversion about mental health using the Mental Health in My Community resources published by the U.S. Department of Health and Human Services. (https://www.mentalhealth.gov/talk/community-conversation/).
- Participate in health fairs and classes aimed to improve education about mental health issues, services, and resources in the community.
- Draw in hard-to-reach parents to improve their social connections and mental health protective factors.
- Provide information about substance abuse services and resources to improve awareness of how to access substance abuse assistance.
- Provide training to staff and parents that helps them recognize the importance of preventing mental health problems at an early age using the social-emotional development domains of the state early learning guidelines.
- Provide information and training related to cultural norms and expectations for young children as it pertains to mental health.

Nutrition

Children in food-insecure households or households that struggle to afford food for their families are at an increased risk for numerous health problems and added emotional stress, impacting school readiness and ongoing school success. Feeding America reports the national average meal costs $2.89. Due to the cost of living and the price of food the average meal cost is $3.25 per meal in the service area. It is estimated that more than 34,460 individuals are food insecure, with Charles County having the highest rate of food insecurity (17,940 individuals)[92]. In the three counties in the service area there are an additional 14,910 children that experience food insecurity. For a household that has difficulty making ends meet, the food budget is often the first area that is scaled back when unexpected expenses occur.



Food Insecurity[92]			
Area	**Average Cost Per-Meal**	**% Pop. Food Insecure**	**% Children Food Insecure**
Service Area	$3.25	9.8%	16.7%
Calvert	$3.54	7.5%	17.2%
Charles	$3.05	11.8%	15.1%
St. Mary's	$3.17	8.9%	18.5%
Maryland	$3.12	12.7%	19.2%

Table 98 Food Insecurity

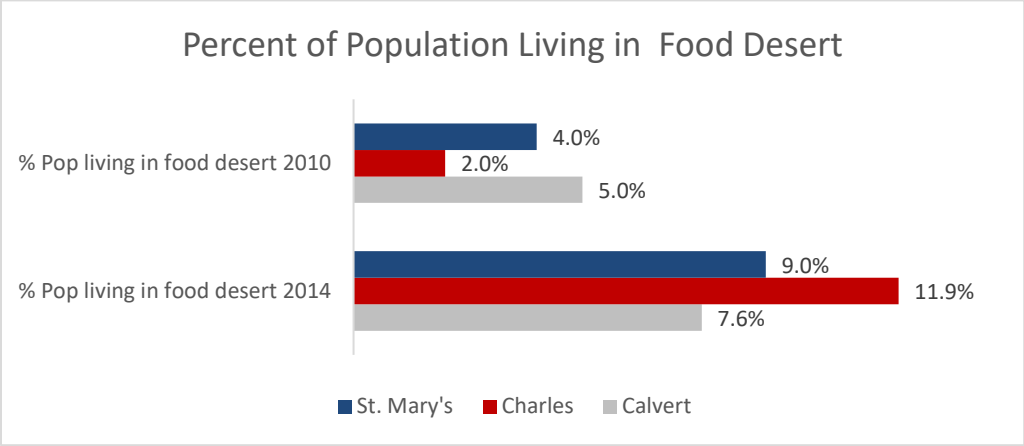


Figure 79 Percent of Population Living in Food Desert[93]

[92]Feeding America (2016) map.feedingamerica.org
[93] USDA Food Environment Atlas

Although food-insecurity is linked to poverty, measuring the need for food from poverty rates alone is insufficient. Many food-insecure children live in households with incomes above the poverty level and are above eligibility for federal nutrition programs such as the Supplemental Nutrition Assistance Program (SNAP) and the Free and Reduced-Price Meals program (FARMS). In order to improve the estimate of food-insecure children, Feeding America has published a model that utilizes additional indicators to calculate insecurity at the county, congressional district, and state levels. This includes examining unemployment rates, child poverty, median income levels, homeownership rates, and the presence of African-American and Hispanic children. Using this model, it is estimated that 45% of the population that is food insecure in St. Mary's County is above the eligibility threshold for SNAP or other nutrition programs, compared to 53% of the food-insecure population in Calvert, and 54% of the food-insecure population in Charles County.

Free and Reduced-Priced Meals (FARMS)

Within the service area, 18,616 public school students or 31% of students are eligible for FARMS out of 60,176 total students enrolled in public schools. This indicator is relevant because it assesses vulnerable populations more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, food service assistance providers can use this measure to identify gaps in eligibility and enrollment. Over the years, the rate of children eligible for FARMS increased sharply between 2010 and 2014. Since then, the rate has increased slightly year-over-year.

Children Eligible for FARMS			
Area	**Total Students**	**Number FARMS Eligible**	**Percent FARMS Eligible**
Service Area	60,176	18,616	30.9%
Calvert	16,031	3,587	22.3%
Charles	26,258	9,265	35.2%
St. Mary's	17,887	5,764	32.2%
Maryland	874,505	393,773	45.0%
United States	50,436,641	26,213,915	52.1%

Table 99 Children Eligible for Free or Reduced-Priced Lunch

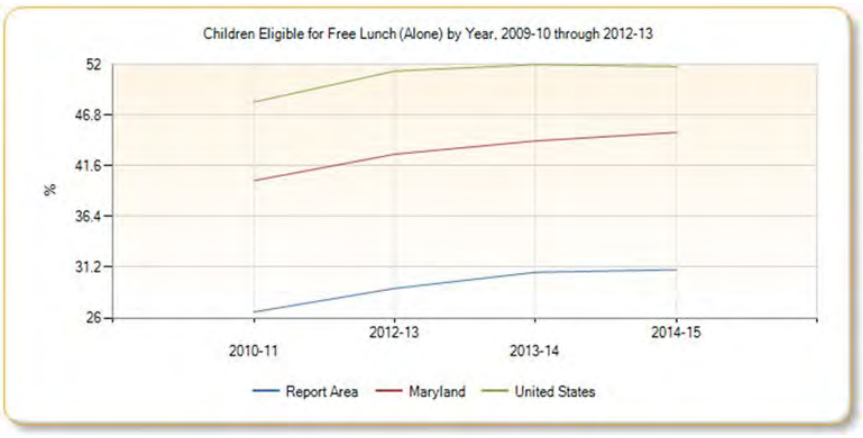


Figure 80 Children Eligible for Free or Reduced-Priced Lunch Trend

Access to Food

The food environment—how close a family lives to a grocery store—influences health as families are more likely to eat fast food or food from convenience stores when they do not have access to a grocery store. Access to food is important because it provides a measure of food security and healthy food access for women and children in poverty, as well as environmental influences on dietary behaviors. Using the Modified Retail Food Index compiled by the Center for Disease Control, low food access census tracts are considered those with index scores of 10.0 or less. The table below indicates that a large percentage of residents in the service area have low access to healthy food.

Percent of Population with Low Food Access[94]						
Area	**Total Population**	**Percent Population in Tracts with No Food Outlet**	**Percent Population in Tracts with No Healthy Food Outlet**	**Percent Population in Tracts with Low Healthy Food Access**	**Percent Population in Tracts with Moderate Healthy Food Access**	**Percent Population in Tracts with High Healthy Food Access**
Service Area	340,443	0.38%	37.1%	19.2%	39.8%	3.3%
Calvert	88,741	1.4%	32.4%	15.6%	43.6%	6.8%
Charles	146,551	0%	39.2%	23.7%	35.7%	1.3%
St. Mary's	105,151	0%	38.3%	16%	42.5%	3.1%
Maryland	5,773,552	0.74%	18.2%	27.7%	47.8%	5.4%
United States	312,474,470	0.99%	18.6%	30.8%	43.2%	5.0%

Table 100 Percent of Population with Low Food Access

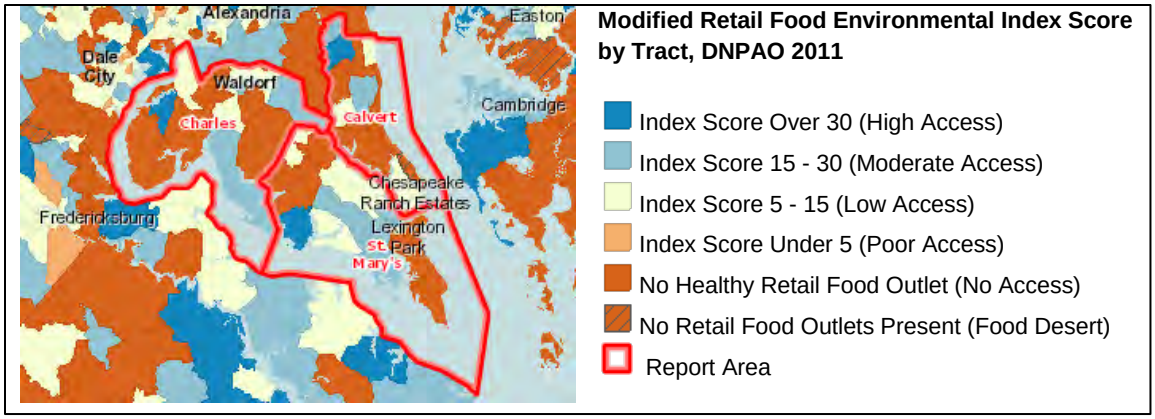


Figure 81 Food Environment Score

[94] US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas. 2011.

Population with Low or No Healthy Food Access by Race/Ethnicity								
Area	**Total Population**	**Non-Hispanic White**	**Non-Hispanic Black**	**Non-Hispanic Asian**	**Non-Hispanic American Indian / Alaska Native**	**Non-Hispanic Other**	**Multiple Race**	**Hispanic or Latino**
Service Area	57.63	55.9%	62.9%	60.4%	61.6%	60.5%	63.5%	62.0%
Calvert	50.71	51.1%	47.3%	47.6%	51.4%	46.5%	50.6%	59.6%
Charles	62.87	61.0%	67.2%	62.8%	65.1%	60.3%	67.3%	61.8%
St. Mary's	56.29	54.3%	64.6%	62.5%	58.3%	70.8%	65.6%	64.0%
Maryland	47.9	43.3%	59.1%	45.8%	51.8%	47.4%	50.1%	44.1%
United States	52.0	49.3%	64.1%	51.2%	54.5%	57.9%	53.6%	54.9%

Table 101 Population with Low or No Healthy Food Access by Race/Ethnicity

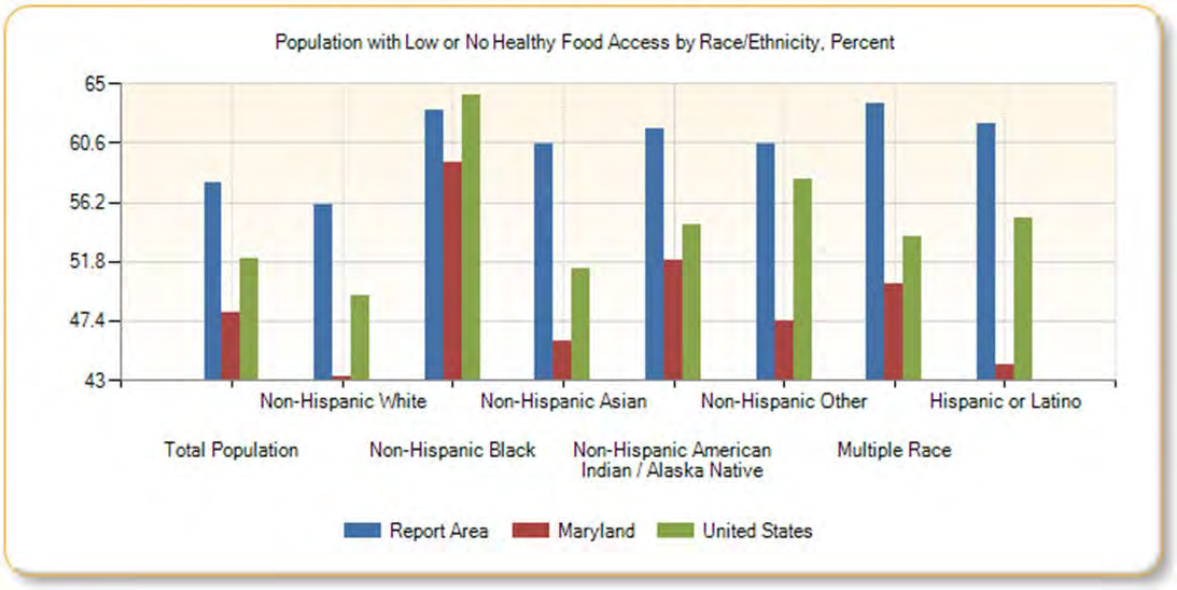
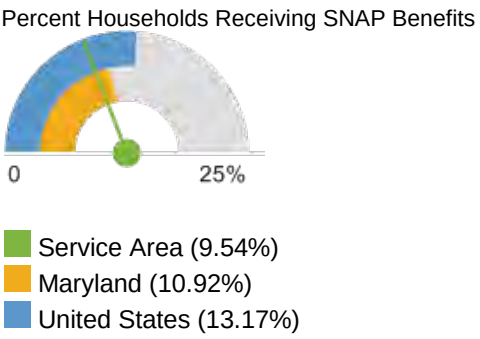
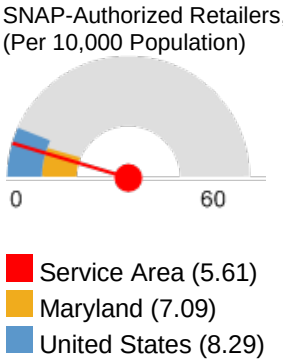


Figure 82 Population with Low Food Access by Race

Supplemental Nutrition Assistance Program (SNAP)

The SNAP program helps mitigate the negative impacts of food insecurity on children and adults. The federally-funded SNAP program provides eligible households with cards that can be used to purchase food at participating local grocery stores or markets. The program is administered by the Department of Social Services in each part of the service area. The highest rates of SNAP use are found in St. Mary's County. When rates of SNAP use by family type are examined, the percent of households receiving SNAP with children under 18 years is significantly higher among single female- headed households in all counites. As such, rate of usage is highest among single-parent households in Calvert County[95]. Within Head Start it is likely that food security is not improving, but declining rates of SNAP during certain periods of time are due to a work requirement in which individuals must work 20 hours weekly to receive TANF, which is often associated with SNAP enrollment. When unemployment rates are high, service area counties can receive a work requirement waiver; however, as unemployment rates have dropped counties are not eligible for the waiver, and as a result, individuals lose assistance, even though workers suffer barriers to employment. Compounding food insecurity is limited access to grocery stores and food outlets that accept SNAP. According to the USDA, the service area has a rate of SNAP authorized retailers that are lower than found across the state and nation.





Households Receiving SNAP Benefits			
Area	**Total Households**	**Households Receiving SNAP Benefits**	**Percent Households Receiving SNAP Benefits**
Service Area	122,569	11,696	9.5%
Calvert	31,155	2,686	8.6%
Charles	53,171	4,794	9.0%
St. Mary's	38,243	4,216	11.0%
Maryland	2,166,389	236,656	10.9%
United States	116,926,305	15,399,651	13.1%

Table 102 Households Receiving SNAP Benefits

SNAP Rates Among Families with Children by Family Type			
Area	**Households receiving SNAP**	**Married-Couple Family**	**Single-Parent Householder**
Calvert	8.6%	14.3%	42.9%
Charles	9.0%	18.6%	37.0%

[95] U.S. Census Bureau. American Community Survey. Table S2201.

SNAP Rates Among Families with Children by Family Type			
Area	**Households receiving SNAP**	**Married-Couple Family**	**Single-Parent Householder**
St. Mary's	11.0%	14.9%	34.6%

Table 103 SNAP Rates Among Families with Children by Family Type

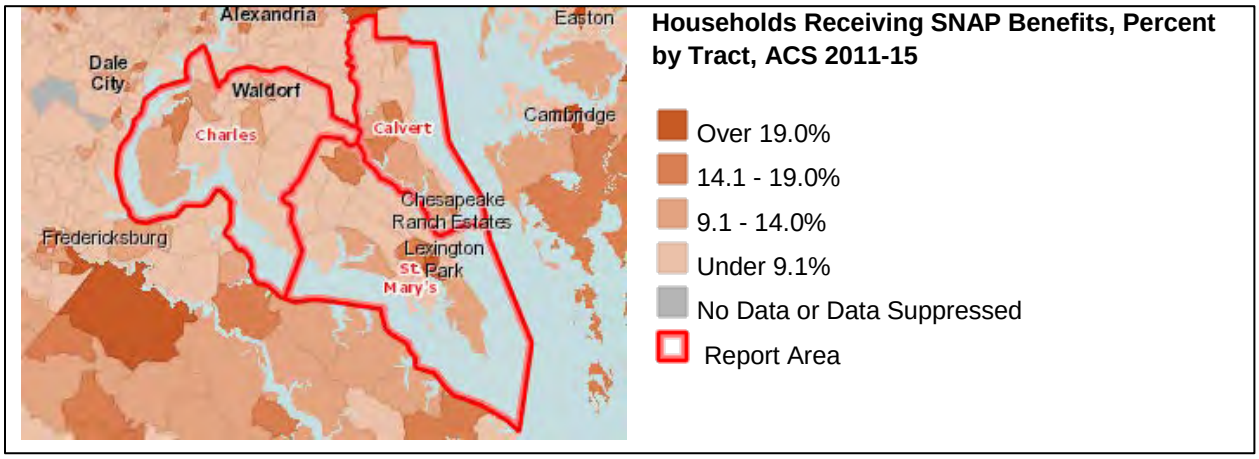


Figure 83 Households Receiving SNAP Benefits Map

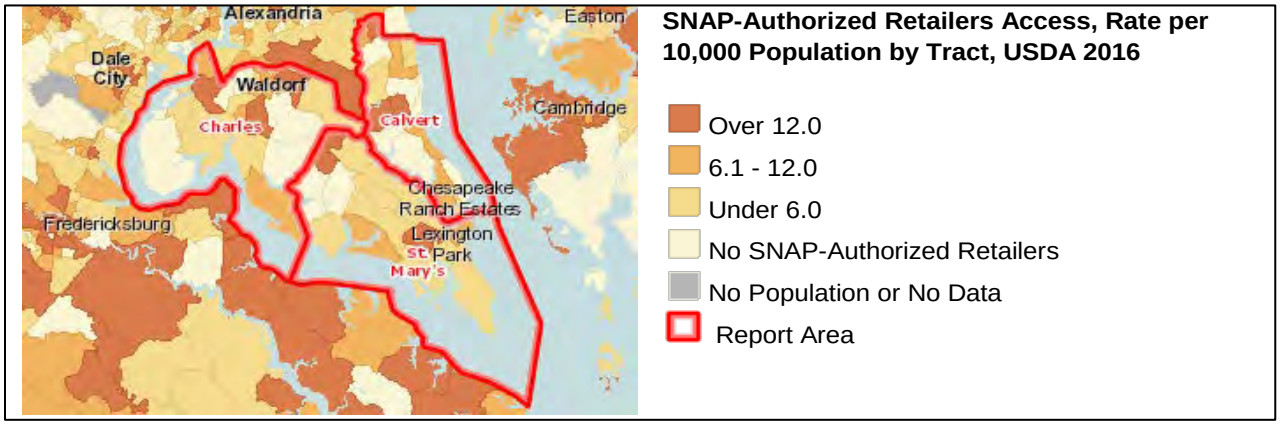


Figure 84 SNAP-Authorized Retailers Access Map

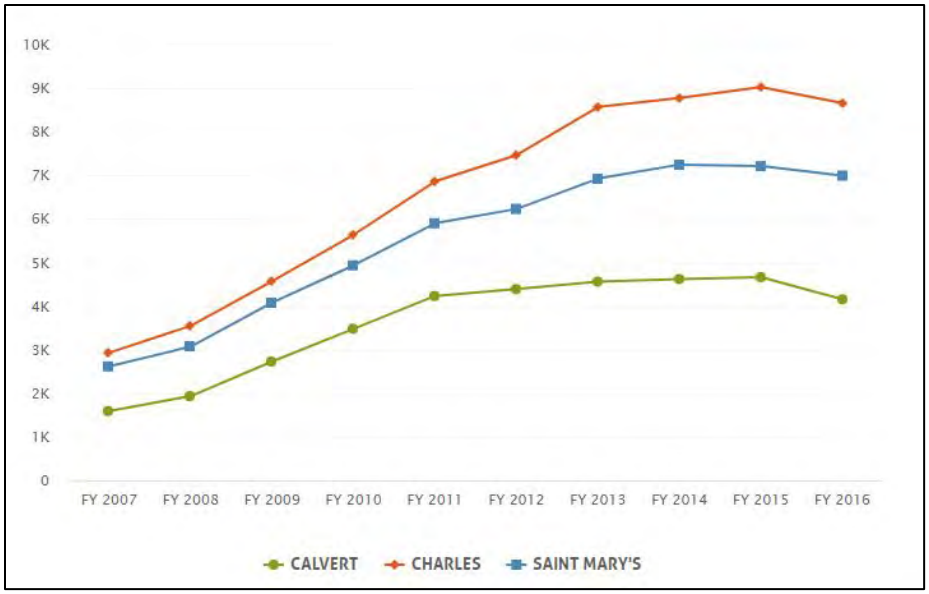


Figure 85 SNAP Participation Trend 2007-2016

Temporary Assistance for Needy Families (TANF)

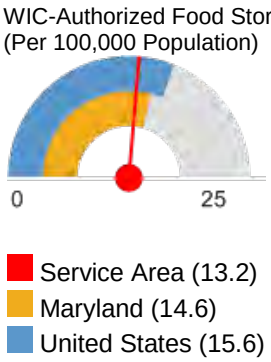
The Temporary Assistance for Needy Families (TANF) program provides temporary financial assistance for pregnant women and families with one or more dependent children. TANF helps to pay for food, shelter, utilities, and expenses other than medical costs. As of July 2017, there were 19,105 families in the state of Maryland on TANF. On average, these families received $501 monthly, with an average total received of $3,746. The table below shows rates of TANF use in the service area and the average amount received.

Households Receiving TANF				
Area	**Total Households**	**Households Receiving TANF Benefits**	**Percent Households Receiving TANF Benefits**	**Average Public Assistance Amt. Received**
Service Area	122,569	2,763	2.2%	$3,217
Calvert	31,155	775	2.4%	$2,381
Charles	53,171	1,023	1.9%	$3,988
St. Mary's	38,243	965	2.5%	$3,072
Maryland	2,166,389	55,413	2.5%	$3,746
United States	116,926,305	3,223,786	2.7%	$3,490

Table 104 Households Receiving TANF

Women, Infants, and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk. WIC provides nutritious foods to supplement diets, information on healthy eating, including breastfeeding promotion and support and referrals to health care. To be eligible for WIC services, an applicant's gross income must fall at or below 185% of the U.S. Poverty Income Guidelines. Maryland was ranked 8th in the nation for the highest percentage of children on WIC that were obese. In Maryland, there were 146,411 children served by the WIC program in 2011.



Despite high rates of accessibility for program assistance it is difficult for families to locate stores that accept WIC in some parts of the service area. Rates of food outlets and access to WIC stores are described in the table below. Service area access rates are much lower than found nationally and at the state level, except in Charles County which has the most urban population.

WIC Participant Access to Food Stores			
Area	**Total Population (2011 Estimate)**	**Number WIC-Authorized Food Stores**	**WIC-Authorized Food Store Rate (Per 100,000 Pop.)**
Service Area	345,871	46	13.2
Calvert	89,256	9	10.1
Charles	149,130	22	14.8
St. Mary's	107,485	15	14
Maryland	5,903,001	867	14.6
United States	318,921,538	50,042	15.6

Table 105 WIC Participant Access to Food Stores

Head Start

In 2016-2017, 63 Head Start children received WIC benefits (43% of families) The table below describes nutrition related health issues at time of enrollment. Among children enrolled in the program, 41 are overweight or obese, representing 28% of all Head Start children.

Head Start Child Nutrition Data	
Data Points	**Head Start**
Underweight (at Enrollment according to 2000 CDC BMI-for-age growth chart)	8
Healthy Weight (at Enrollment according to 2000 CDC BMI-for-age growth chart)	92
Overweight (at Enrollment according to 2000 CDC BMI-for-age growth chart)	20
Obese (at Enrollment according to 2000 CDC BMI-for-age growth chart)	21

Table 106 Head Start Child Nutrition Data

Input from the Community & Survey Data

Program families were asked about the extent to which their food supply was adequate and other nutrition issues. As shown in the following chart, a significant percentage of families used a food bank in the last 12 months (26.4%) and large percentage of families participate in other food assistance programs such as SHARE, WIC, or SNAP. Among Head Start families, 22% reported using a food pantry in the last year. Other nutrition and food security issues identified by survey respondents include a need for increased food assistance, which was identified by 67% of survey respondents as a major or minor need.

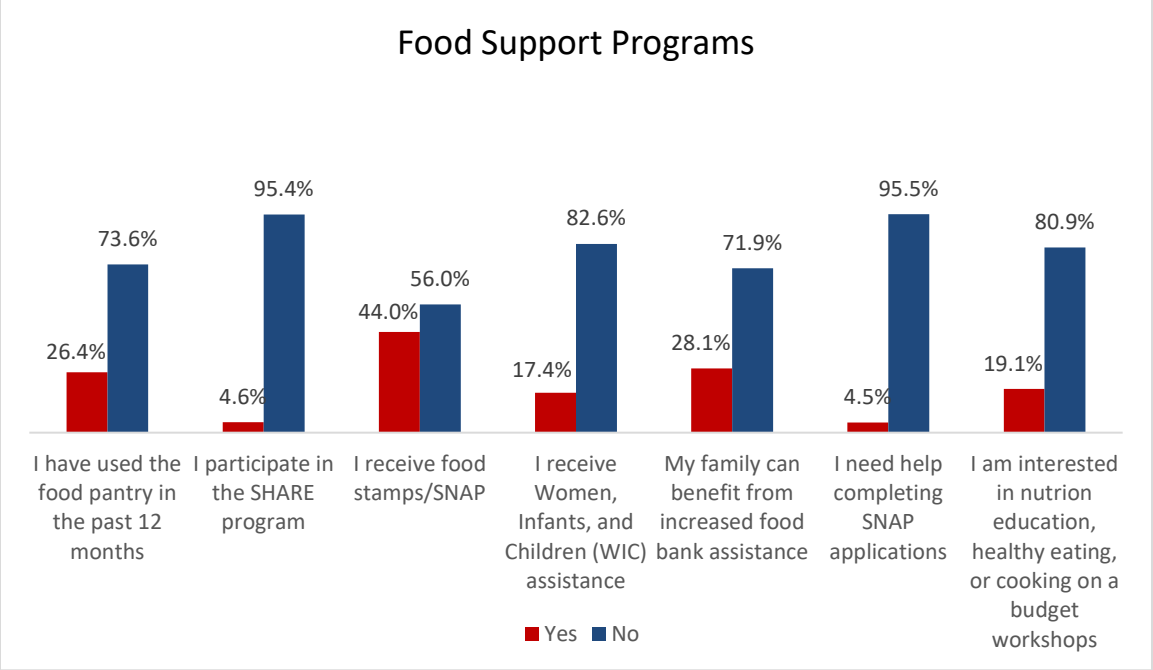


Figure 86 Food Support Programs

Key Findings

The annual food insecurity report produced by the USDA indicates that food insecurity has dropped since 2014[96]. The report also notes that food insecurity in Maryland is below the U.S. average. Rates of food security are on average higher in the service area counties than found across the state. However, a significant, at-risk, underserved population includes families on an eligibility cliff for supplemental assistance programs and individuals working in jobs that do not pay a living wage. For poor families, the level of food assistance is frequently a problem and food runs out before the end of the month. Feeding America estimates 45% of the population that is food insecure in St. Mary's County is above the eligibility threshold for SNAP or other nutrition programs, compared to 53% of the food-insecure population in Calvert County, and 54% of the food-insecure population in Charles County. The food security data and school participation in the FARMS program is consistent with increases in the number of children eligible for FARMS which has a higher rate of eligibility than SNAP, WIC and TANF. Each county also has areas considered to be food deserts that impact 7.6% of the population in Calvert County, 9% of the population in St. Mary's County, and 11.9% of the population in Charles County. Between 2010 and 2014, the percent of the population living in food deserts also grew. Living in areas without ready access to fresh, healthy, affordable food contributes to a poor diet which can lead to higher levels of obesity and other health related concerns.

Over time, there has been a rise in the amount of food assistance funds received by families, but a drop in the last year which exacerbates an already limited food supply for food insecure families. The drop-in food assistance is likely due to the implementation of work requirements. It is estimated 9% of the population participates in SNAP, and 2% of the population receives TANF. However, rates of participation in SNAP among single-parents range from 32%-42% across the service area. SNAP enrollment has grown over time and experienced a slight increase in 2015, followed by a slight decrease in 2016. The continuing need for public assistance indicates that family poverty rates and income are not improving for a large segment of the population or keeping pace with increases in the cost of living. Head Start parents cope with food insecurity by making hard choices like choosing between food and utilities, transportation and medical care. The families with the most severe food insecurity use coping methods such as eating inexpensive, unhealthy food; eating expired food; getting help from family/friends; selling or pawning personal property; growing food in a garden; and watering down food or drinks, including infant formula and milk. The impact of food insecurity can last a lifetime and result in developmental delays, trouble performing in school, health issues that can last into adulthood, and obesity.

In the family and community survey data several indicators of food insecurity were noted. Among families 26.4% reported using a food pantry in the last year. Other nutrition and food security issues identified by survey respondents included a need for more programs to provide emergency food assistance. Head Start programs can play an important role in resolving food insecurity. Hungry and malnourished children suffer from two to four times as many individual health problems as children who are adequately nourished. Health issues include unwanted weight loss, fatigue, headaches, irritability, and frequent colds.

[96]USDA. Household Food Security in the United States (2016). https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx#trends

Social Services

Social services that link low-income families to jobs, work support and requirements, housing security, family functioning, and subsidies for childcare, utilities, and health services can boost the earnings of low-income workers and incentivize the willingness to work so that individuals can escape poverty.
Overall, there has been a decline in the caseloads of families that receive social service and public assistance. However, these declines have not been accompanied by improvements in the status of low-income families and neighborhoods. Based on a review of research, the U.C. at Berkeley four key themes identified apply to the population in Calvert, Charles, and St. Mary's Counties. These issues include:

1. Low-income families experience severe hardships whether they rely on cash assistance, work or a combination of both. For example, families experience lack of childcare and affordable housing even though their income may be above the poverty line.
2. Earnings from government assistance and low-wage labor are inadequate for providing even a minimal standard of living to low-income families. As a result, they must choose between health care and food or other necessary expenditures.
3. Low-income families are resourceful and exhibit strengths equal to non-poor families and demonstrate a remarkable ability to employ flexible and creative coping strategies.
4. Low-income families face significant barriers to using public and private services and to increasing earnings from work. For example, many families do not know they are eligible for assistance or there are disincentives to increasing earnings because as earnings increase, other government assistance is reduced.
5. The quality of life for families of color and immigrants is continuously affected by discriminatory practices in the employment and service sectors. For example, low-income families of color and immigrant families shoulder the burden of poor education systems, random crime, gangs, high unemployment, ongoing issues with the police, job and earnings discrimination, discrimination within programs such as Temporary Aid for Needy Families (TANF) and constant fear of remaining in poverty for generations[97].

Increasing Economic Opportunity

We long ago concluded that education, work, and marriage are major keys to reducing poverty and increasing economic opportunity. We also emphasize the role of personal responsibility in all three of these vital components of building a path to the American Dream. But government programs to help low-income American parents escape poverty and build opportunity for themselves and their children are also important.

- *Ron Haskins, Brookings Institution Testimony to U.S. Congress*

[97] Serving Low-Income Families in Poverty Neighborhoods Using Promising Programs and Practices. http://cssr.berkeley.edu/pdfs/lowIncomeFam.pdf

Child Maltreatment

Safe, stable, and nurturing relationships and environments are best for children to grow and develop to their full potential. Unfortunately, some children suffer physical, sexual, or emotional abuse or neglect. Child abuse and neglect can have severe effects on children's cognitive, social-emotional, language, mental health, and behavioral development that can last well into adulthood. Adults who were neglected or abused as children are a greater risk for substance abuse, eating disorders, mental health issues, and chronic disease[98].

Young children under the age of four are at greatest risk for the most severe consequences of abuse and neglect. These negative outcomes include disrupted brain development, improper development of the nervous system, and serious physical injury or death. Individual, family, and community factors contribute to the risk of child abuse and neglect. The Centers for Disease Control and Prevention lists these risk factors by group.

Individual Risk Factors include:

- Parents' lack of understanding children's needs, child development, and parenting skills
- Parents' history of child maltreatment
- Substance abuse or mental health issues
- Young age of parents, low educational attainment, single-parenthood, low income
- Non-biological, transient caregivers in the home

Family Risk Factors include:

- Social isolation
- Family disorganization, dissolution, and violence
- Parenting stress, poor parent-child relationships and negative interactions

Community Risk Factors include:

- Community violence
- Concentrated neighborhood disadvantage and poor social connections[99]

Service Area Data

66% of survey respondents reported their family life has been stable over the past year.

The known rate of maltreatment in the service area ranges from 3.9/1,000 (St Mary's County) to 4.2/1,000 in Charles County, and 4.1 in Calvert County compared 7.3/1,000 for the state[100]. Over the last seven years the rate has dropped from the highest rates in each county but rates of maltreatment were still much lower in 2010 at just 2.6/1,000 population in Charles County, 3.4/1,000 in Calvert County and 4.2/1,000 in St. Mary's County.

Lower-risk families that are involved in the child welfare system are assessed through an alternative response system (AR). Instead of resulting in a maltreatment charge, AR cases receive services that will reduce the families risk of child maltreatment. According to an evaluation of the AR program in

[98] Understanding Child Maltreatment: Fact Sheet. 2014. National Center for Injury Prevention and Control. Division of Violence Prevention. Centers for Disease Control and Prevention. www.cdc.gov/violenceprevention

[99] Child Maltreatment: Risk and Protective Factors. Centers for Disease Control and Prevention. http://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html

[100] http://ship.md.networkofcare.org/ph/ship-detail.aspx?id=md_ship7

Maryland conducted by the Department of Human Resources Social Services Administration, most families involved in the child welfare system have only one or two children. In addition, in 47.8% of cases, these children lived in a single-parent household (89% headed by a female). In regard to ethnicity, when known, the race of families was white 34.3% of the time, and, in 30.7% of cases, the race of the family was African-American. Hispanic identity was indicated in just 3.9% of cases.

When the type of abuse and maltreatment was examined, 39.2% of cases were related to physical abuse. It is also concerning that inadequate food or nutrition was reported in 5.2% of cases; inadequate clothing or hygiene in 6.6% of cases. Unsafe conditions in the home were a causal factor of removal in 20.9% of cases, and inadequate supervision was indicated in 22.3% of maltreatment cases[101].

In the service area counties, the number of children in foster care has fluctuated over the last three years. The largest number of children in foster care reside in Charles County which correspondingly, has the highest rate of maltreatment of all service area counties.

Children in Foster Care Trend[102]			
Area	**2014**	**2015**	**2016**
Maryland	6,180	5,547	4,968
Calvert	68	61	54
Charles	83	91	78
St. Mary's	85	99	74

Table 107 Children in Foster Care Trend

In the service area, the Center for Children serves children and families that are involved in the child welfare system through crisis intervention, therapy, education and advocacy. Families are also served by the county Department of Human Resources and individual counseling programs.

Crime

Juvenile crime is a precursor to adult offenses. The prevalence of offending tends to increase from late childhood, peaks in the teenage years (from age 15 to 19), and then declines in the early 20s. This bell-shaped age trend, called the age-crime curve, is universal in Western populations[103]. There is good evidence that early interventions in childhood, such as home visits by nurses, preschool and early childhood enrichment programs (including Head Start), and parent management training are effective in preventing delinquency. In addition, individual interventions can reduce offending in the early adult years[104].

The following chart shows data related to juvenile crime for the county compared to the state of Maryland. Juvenile crime is the highest in St. Mary's County which also has the highest rate of relative arrests for Black juveniles versus their White peers. Among adults, the highest rates of violent crime in

[101] http://www.dhr.state.md.us/documents/Data%20and%20Reports/SSA/Alternative%20Response%20in%20Maryland%20Final%20Report_DHR.pdf

[102] Annie E. Casey Foundation. Kids Count Data Center. http://datacenter.kidscount.org

[103] Farrington, David P., "Age and Crime," in *Crime and Justice: An Annual Review of Research*, vol. 7, eds. Michael Tonry and Norval Morris, Chicago, Ill.: University of Chicago Press, 1986: 189-250

[104] Welsh, Brandon C., Mark W. Lipsey, Frederick P. Rivara, J. David Hawkins, Steve Aos, and Meghan E. Hollis-Peel, "Promoting Change, Changing Lives: Effective Prevention and Intervention to Reduce Serious Offending," in *From Juvenile Delinquency to Adult Crime: Criminal Careers, Justice Policy, and Prevention*, eds. Rolf Loeber and David P. Farrington, New York: Oxford University Press, 2012: 245-277.

the service area per 100,000 population are highest in Charles County at 325 versus 465 for the state of Maryland, and 373 for the U.S. The lowest rates of crime are found in St. Mary's County.

Juvenile Crime Trends[13]				
Indicator	**Calvert**	**Charles**	**St. Mary's**	**Maryland**
Percent of Youth that reoffend after 1 year of release	40.0%	36.6%	44.7%	45.8%
Juvenile arrest rate	348.0	454.0	460.8	375.6
Juvenile arrest relative rate for racial-ethnicity	2.7	2.3	5.0	3.0
The Relative Rate Index compares the arrest rate for White youth with the arrest rate for African-American youth. To calculate the RRI, the arrest rate for African-American youth is divided by the arrest rate for White youth. The arrest rate is calculated by dividing the number of arrests for each group by the population of that group. As shown in the table, African American youth are 5% more likely to be arrested than White youth in St. Mary's County.				

Table 108 Juvenile Crime Trends

Area Crime[105]			
Indicator	**Calvert**	**Charles**	**St. Mary's**
Arrest Rate (Per 100,000)	5,218	5,571	4,299
Violent Crime Index	90	325	88

Table 109 Area Crime

Domestic Violence

According to the State Health Improvement Process rates of domestic violence greatly exceed that of the state of Maryland in Charles and St. Mary's Counties, which also exceeds the state goal of 445 and the state rate of prevalence—510.9. Domestic violence contributes greatly to the morbidity and mortality of Maryland citizens. Up to 40% of violent juvenile offenders witnessed domestic violence in the homes, and 63% of homeless women and children have been victims of intimate partner violence as adults. Rates of domestic violence are difficult to discern and are often unreliable due to the tendency of victims to not report due to fear or stigma. A concerning trend in the service area is increasing rates of domestic violence over the past five years.

Domestic Violence Trends[106]				
Indicator	**Calvert**	**Charles**	**St. Mary's**	**Maryland**
Rate of Domestic Violence	475.6	713.4	775.5	510.9

Table 110 Domestic Violence Trends

[105] https://www.ojjdp.gov/ojstatbb/ezaucr/asp/ucr_display.asp
[106] http://ship.md.networkofcare.org/ph/ship-detail.aspx?id=md_ship12

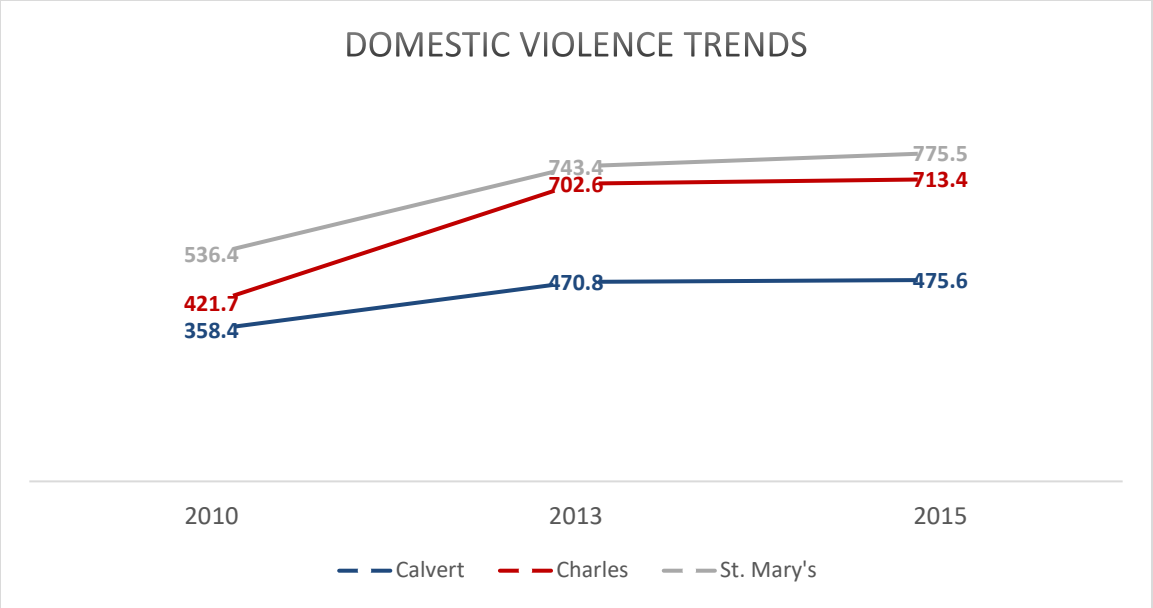


Figure 87 Domestic Violence Trends

In the Southern Maryland service area there are six domestic violence shelters.

Input from the Community & Survey Data

When asked about their social service needs, family and agency community needs survey respondents noted the following significant concerns:

- 16.8% reported they could not access mental health services for themselves or their child.
- 13% of families indicated their family life has not been stable over the past year.
- 7.7% of survey respondents indicated that drugs and alcohol were a concern in their family.

Survey respondents were also asked what they would need to exit assistance programs. A variety of responses were provided, however the most respondents (72%) reported they needed additional income to exit assistance and 13% reported they needed a job. Two additional respondents commented that they need assistance in finding information on building credit and assistance in finding educational information to exit assistance.

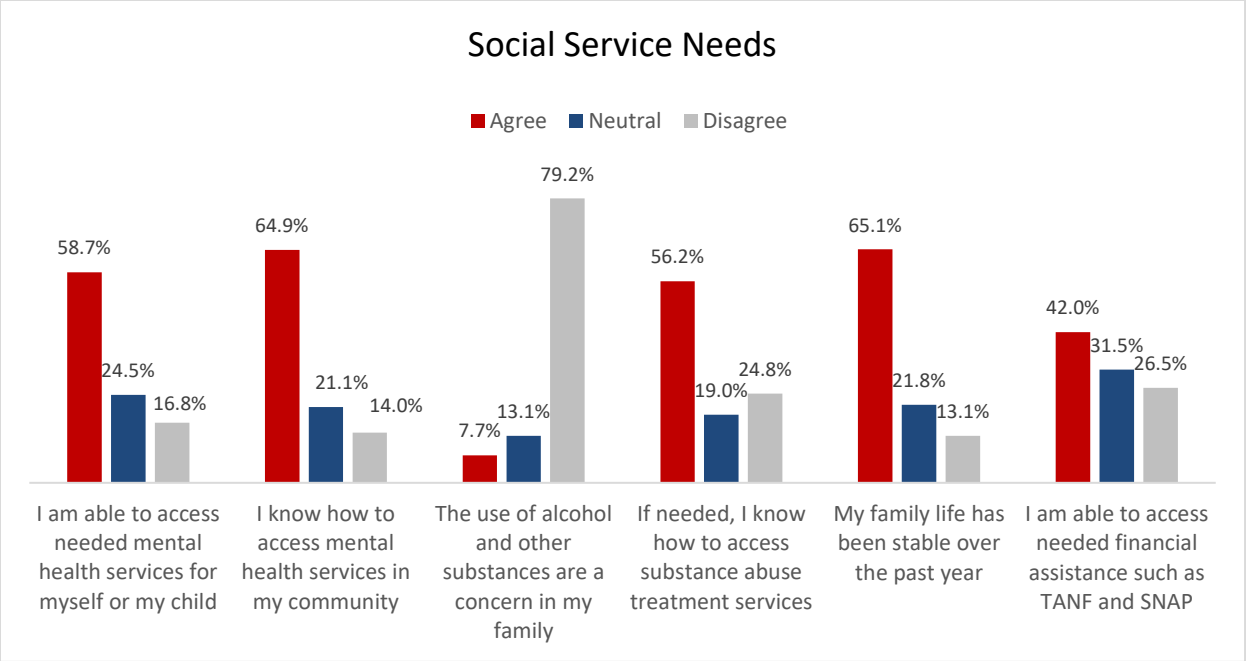


Figure 88 Social Service Needs of Head Start Families

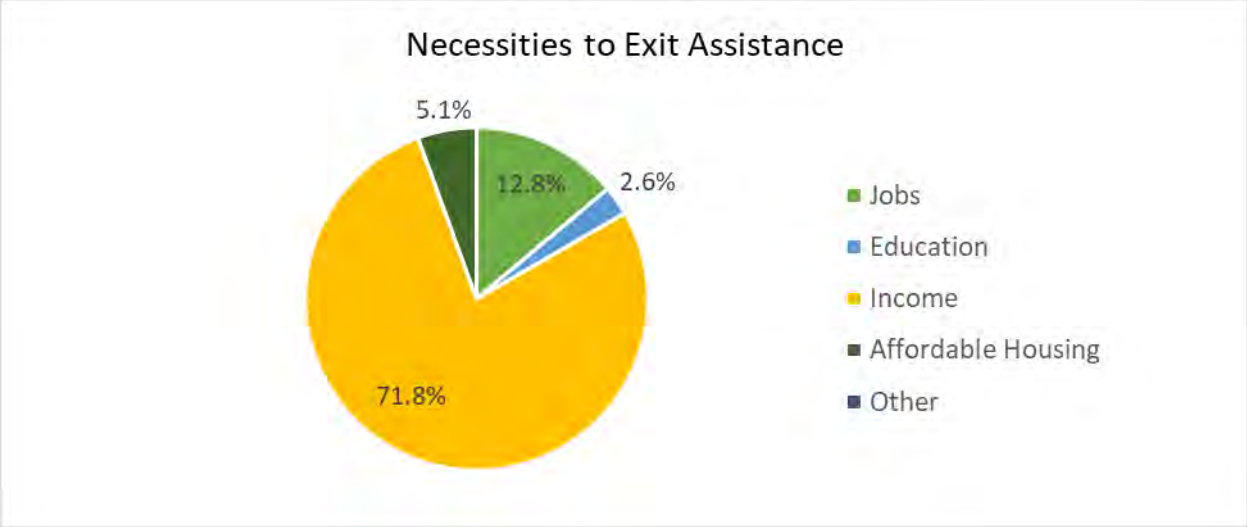


Figure 89 Necessities to Exit Assistance

Key Findings

Families and the community demonstrate a high need for a strong social services system partially due to having a low income that impacts housing security, growing rates of substance abuse, and gaps in the

system that impact the ability of families to access public assistance like TANF, SNAP, and mental health services. Rates of child abuse in the service area are lower than found among the state. However, examining and addressing child maltreatment is particularly important because low-income families and Head Start families experience many of the risk factors that contribute to higher rates of child abuse and neglect, substance abuse, and crime, such as high rates of poverty and lack of educational attainment. For example, in the service area the combined rate of children under four years that live in poverty is 12.1% which exposes them to adverse conditions that can impact family resources and dynamics. In addition, many families in poverty have a composition similar to the population in the child welfare Alternative Response program which demonstrates that without lack of intervention many children are at-risk of maltreatment and family disruption. The rates of domestic violence in the area and crime are also high. These rates can often be associated with high rates of poverty and substance abuse, two factors that impact families in the service area. The combination of crime, substance abuse, domestic violence, and family stress due to poverty creates a dangerous combination of risk factors that can impact young children who are dependent on their caregivers.

The violent crime index monitors four crimes that are indicative of the level of crime in a community. These include murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault. High levels of violent crime compromise physical safety and psychological well-being. High crime rates can also deter residents from pursuing healthy behaviors, such as exercising outdoors. Additionally, exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders and may contribute to obesity prevalence[107]. Exposure to chronic stress also contributes to the increased prevalence of certain illnesses, such as upper respiratory illness, and asthma in neighborhoods with high levels of violence[108]. Charles County has the highest crime rates of all counties in the service area. Juvenile crime is highest in St. Mary's County, although Charles County experiences a similar rate of juvenile crime. Domestic violence rates are increasing in all counties, with the highest rate and most significant increase found in St. Mary's County.

[107] [1] Ellen IG, Mijanovich T, Dillman KN. Neighborhood effects on health: Exploring the links and assessing the evidence. Journal of Urban Affairs. 2001; 23:391-408.
[108] Johnson SL, Solomon BS, Shields WC, McDonald EM, McKenzie LB, Gielen AC. Neighborhood violence and its association with mothers' health: Assessing the relative importance of perceived safety and exposure to violence. J Urban Health. 2009;86: 538-550.

Homelessness

Many families in the service area are at-risk of losing their housing as a result of Southern Maryland's elevated cost of living and lack of affordable housing throughout the service area. Combined, there were 181 homeless individuals in households with at least one adult and one child and an additional 236 persons in households without children at any given time in the service area that are homeless. However, according to the 2016 estimated total homeless population for the Southern Maryland Region there were 1,329 homeless individuals[109]. Data from the statewide homeless needs assessment indicates there were 26 homeless encampments in the area. It should be noted that the data from the homeless count is a count of sheltered and unsheltered individuals on a particular night each year, while the state estimates are drawn from services provided to homeless individuals and other population count data sources.

Service Area Combined Point-in-Time Homeless Count	
Number of homeless individuals in households with one adult and one child (108 children)	181
Number of adults without children	236
Total number of chronically homeless households	1 (4 people)

Table 111 Service Area Combined Point-in-Time Homeless Count

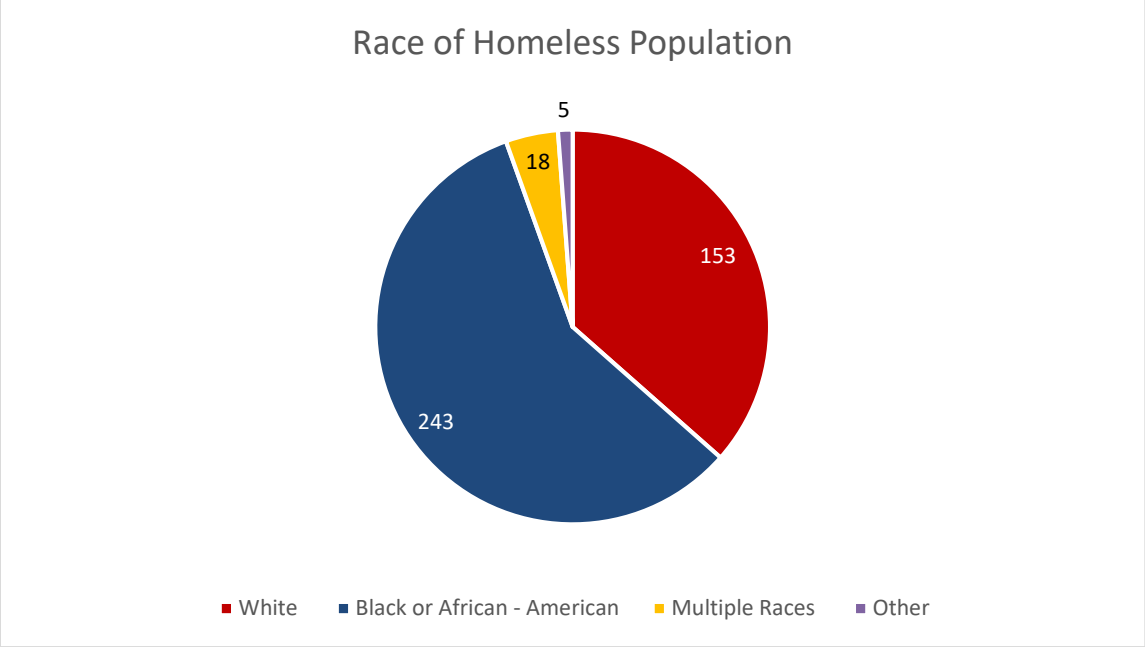


Figure 90 Race of Homeless Population

[109] 2016 Annual Report on Homelessness. Maryland's Interagency Council on Homelessness.

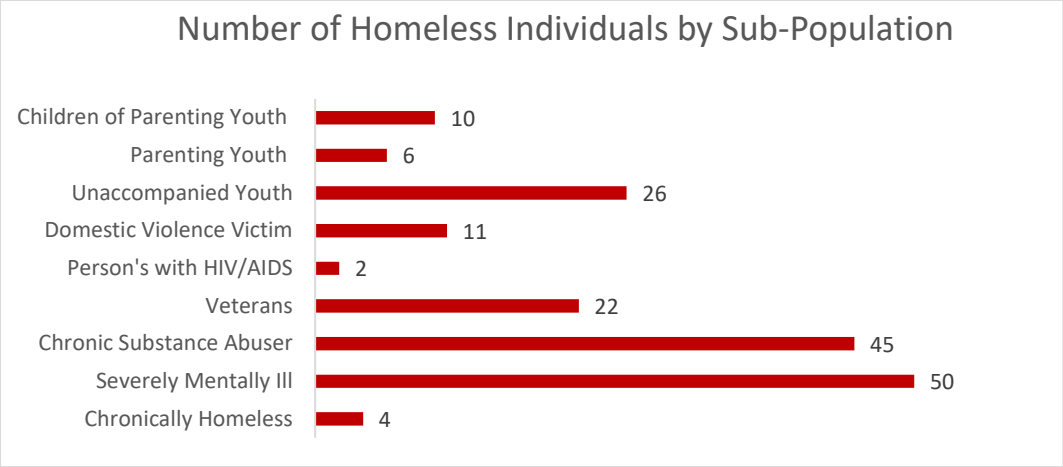


Figure 91 Homeless Individuals by Sub-Group

The supply of emergency shelter beds is not adequate to meet the needs of those who are homeless. The chart below indicates the supply of housing resources in the service area[110]. As shown below there are 143 emergency shelter beds, yet the population of homeless is estimated to be 1,329 by the state and the PIT count estimates there are 181 homeless adult/child households at any given time in the service area.

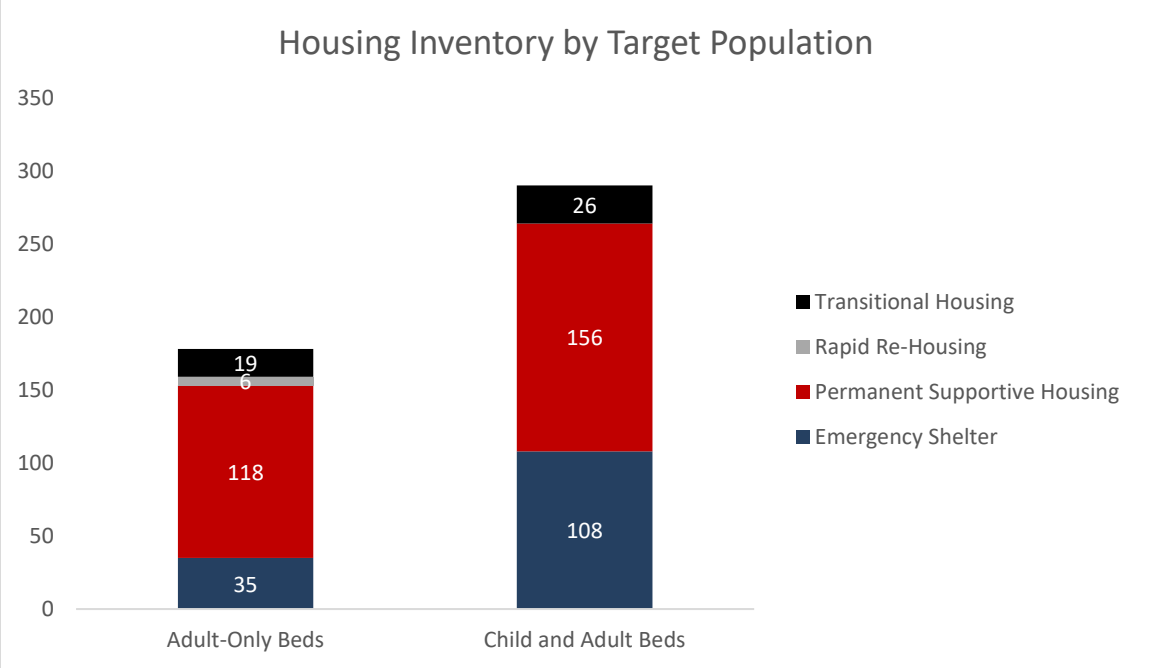


Figure 92 Housing Inventory by Target Population

[110] https://www.hudexchange.info/resource/reportmanagement/published/CoC_Dash_CoC_MD-508-2016_MD_2016.pdf

Housing

Neighborhood and The Community Environment

Just as the conditions within our homes have important implications for health and well-being, the conditions in the neighborhoods surrounding our homes can also have a major impact on health, birth outcomes, and exposure to risk factors such as injury, violence, and hazards. Where an individual lives can also limit the choices and resources available to them. For example, the ability and motivation to exercise and avoid smoking and excessive drinking can be constrained by living in a neighborhood that lacks safe areas for exercise and where intensive tobacco and alcohol advertising and outlets target poorer and minority youth.

The age of housing unit indicator shows the median year in which all housing units (vacant and occupied) were first constructed. When used in combination with data from previous years this data helps identify new housing construction and measures the disappearance of old housing from the inventory. Housing data also serves to aid in the development of formulas to determine substandard housing and provides assistance in forecasting future services, such as energy consumption and fire protection. According to the data, there are 130,025 housing units in the area. Most housing was built during the 1980's which is indicative of the suburban nature of the area and population growth patterns. In Calvert County, the median year structures were built was 1989, compared to 1988 in Charles, and 1987 in St. Mary's County. The median year that structures were built in Maryland is 1976.

Housing Units			
Area	**Total Housing Units (2010)**	**Total HUD-Assisted Housing Units**	**HUD-Assisted Units, Rate per 10,000 Housing Units**
Area	130,025	3,637	279.72
Calvert County	33,780	532	157.49
Charles County	54,963	1,581	287.65
St. Mary's County	41,282	1,524	369.17
Maryland	2,378,814	98,352	413.45
United States	133,341,676	5,005,789	375.41

Table 112 Housing Units

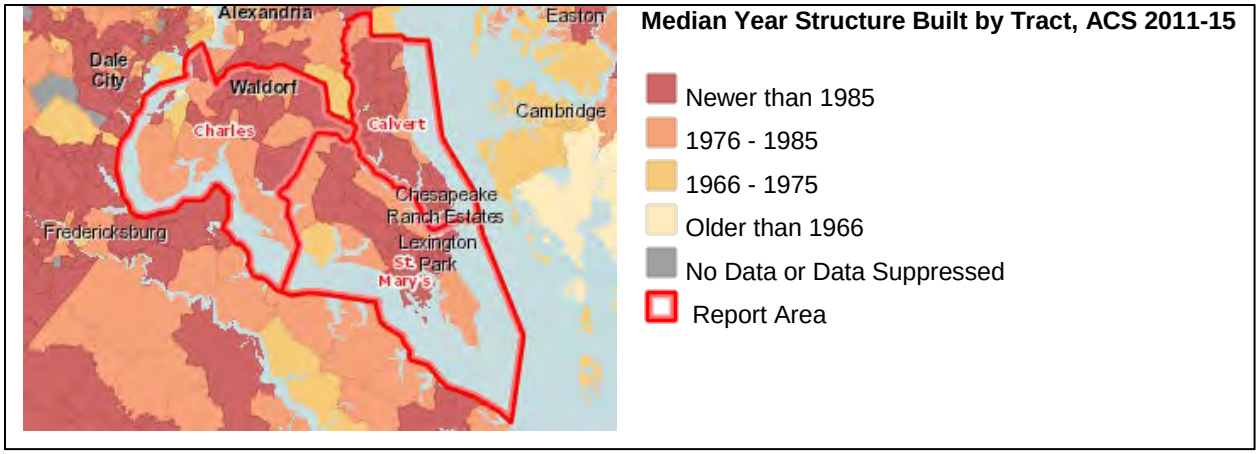


Figure 93 Median Year Structure Built Map

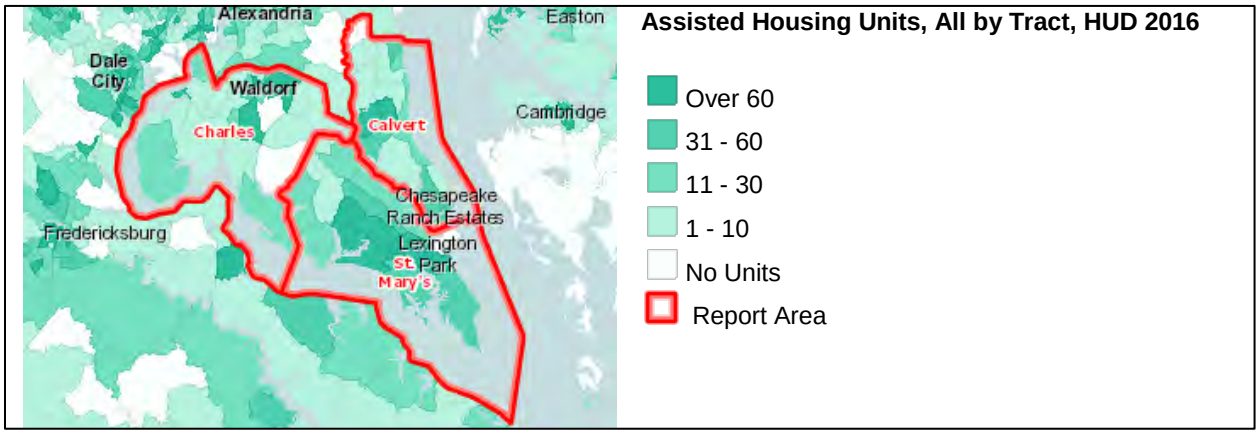


Figure 94 Assisted Housing Units Map

Housing Units by Age					
Area	**Before 1960**	**1960-1979**	**1980-1999**	**2000-2010**	**After 2010**
Service Area	11.2%	23.7%	40.0%	21.3%	3.5%
Calvert County	11.0%	20.0%	47.7%	19.4%	1.7%
Charles County	10.0%	25.3%	39.0%	22%	3.5%
St. Mary's County	13.1%	24.6%	35.3%	21.9%	4.9%
Maryland	29.8%	26.2%	30.0%	12.3%	1.5%
United States	29.1%	26.6%	27.7%	14.8%	1.5%

Table 113 Housing Units by Age

When asked about the condition of their housing, community assessment survey respondents indicated that they experience housing issues such as a need for repairs (30%), overcrowding (6%), and difficulty affording the costs of utilities (20%). Housing issues are not in alignment with data in which survey respondents report they have difficulty affording the cost of utilities, yet most families have not lost use of their utilities service in the past year. It is possible that families are making payments on overdue utility bills, but they are not able to afford the full cost of utilities every month.

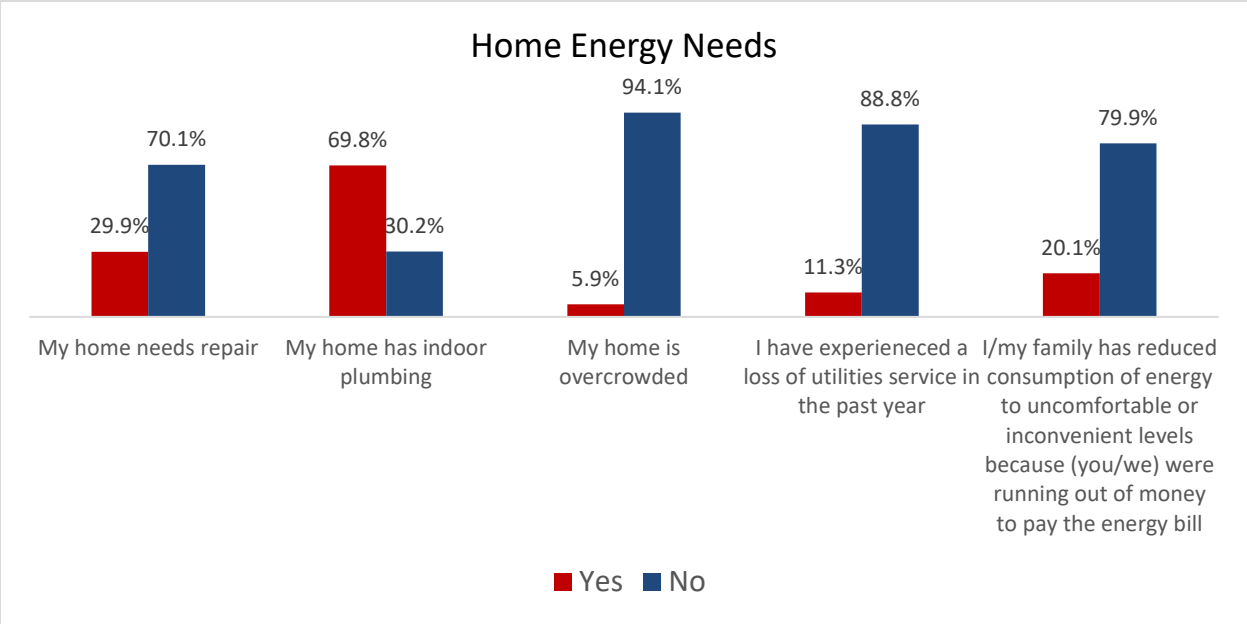


Figure 95 Respondent's Home Energy Needs

Home Ownership

The national home ownership rate is 63.6%, compared to 66.5% for Maryland. In the service area there is a homeownership rate of 81.9% for Calvert County, 77.4% for Charles County, and 71.9% for St. Mary's County. The general trends for the service area indicate that the percentage of individuals that own a home is higher than found nationally and in the state. The percentage of the renter – occupied units is correspondingly low. The rate of renter-occupied units is 36.4% for the U.S. and 33.5% in Maryland, which is almost double the rate found in Southern Maryland Counties. The percentage of renter-occupied households is 18.1% in Calvert County, 22.6% in Charles County, and 28.1% in St. Mary's County. While rates of home ownership are high in the service area, home ownership is out of reach for many low-income families due to the cost of housing and difficulties related to purchasing a home. Most community assessment survey respondents are renters that live in a single-family home or apartment/townhomes. Of survey respondents, 39% of respondents own their own home. Within the service area there is a racial gap in regard to homeownership in which more whites own their homes than individuals of color.

Home Loan Mortgage Amounts								
Area	**Under $60,000**	**Under $60,000**	**$60,000 - $119,999**	**$60,000 - $119,999**	**$120,000 - $199,999**	**$120,000 - $199,999**	**$200,000 or More**	**$200,000 or More**
Service Area	46	1%	150	3.2%	861	18.7%	3,531	76.9%
Calvert	3	0.2%	24	2.1%	199	17.4%	917	80.2%
Charles	30	1.3%	75	3.4%	437	19.9%	1,647	75.2%
St. Mary's	13	1.0%	51	4.0%	225	17.9%	967	76.9%
Maryland	1,242	2.0%	4,591	7.6%	12,796	21.3%	41,460	69.0%
United States	203,473	6.2%	618,748	19.1%	966,072	29.8%	1,451,453	44.8%

Table 114 Home Loan Mortgage Amounts

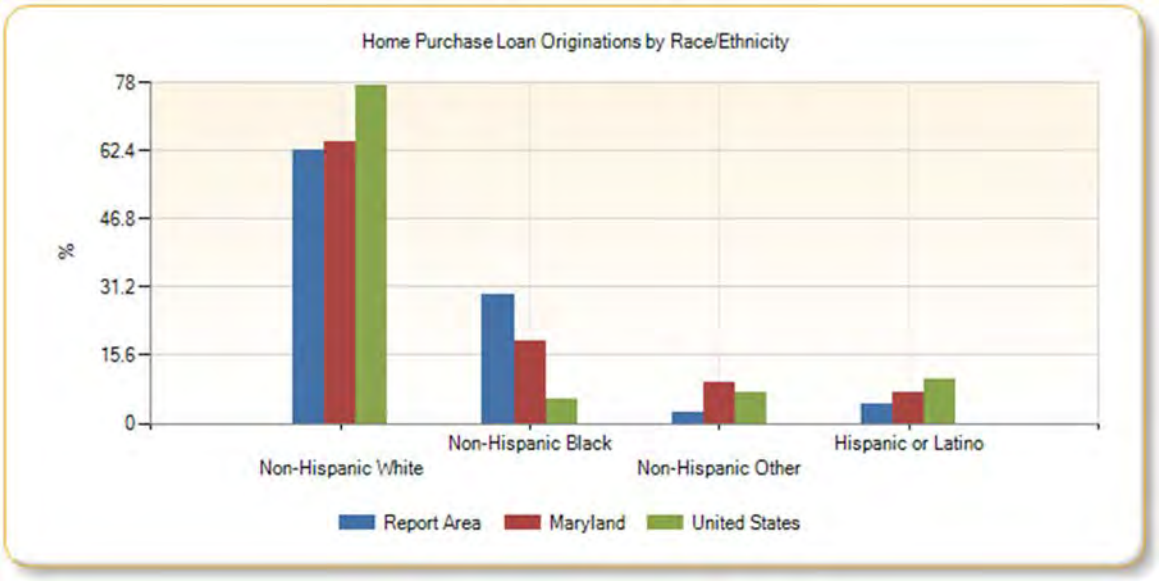


Figure 96 Home Purchase Loan Originations by Race/Ethnicity

A large number of survey respondents reported they would like to own a home; however, many barriers to home ownership were identified. The issues encountered included limited income, lack of savings, and poor credit. Additionally, a large percentage of survey respondents were not aware of the SMTCCAC homeownership resources. This data is particularly of note because 50% of the survey respondents are renters, of which a large percentage have an income near poverty which are the targeted population for homeownership programs.

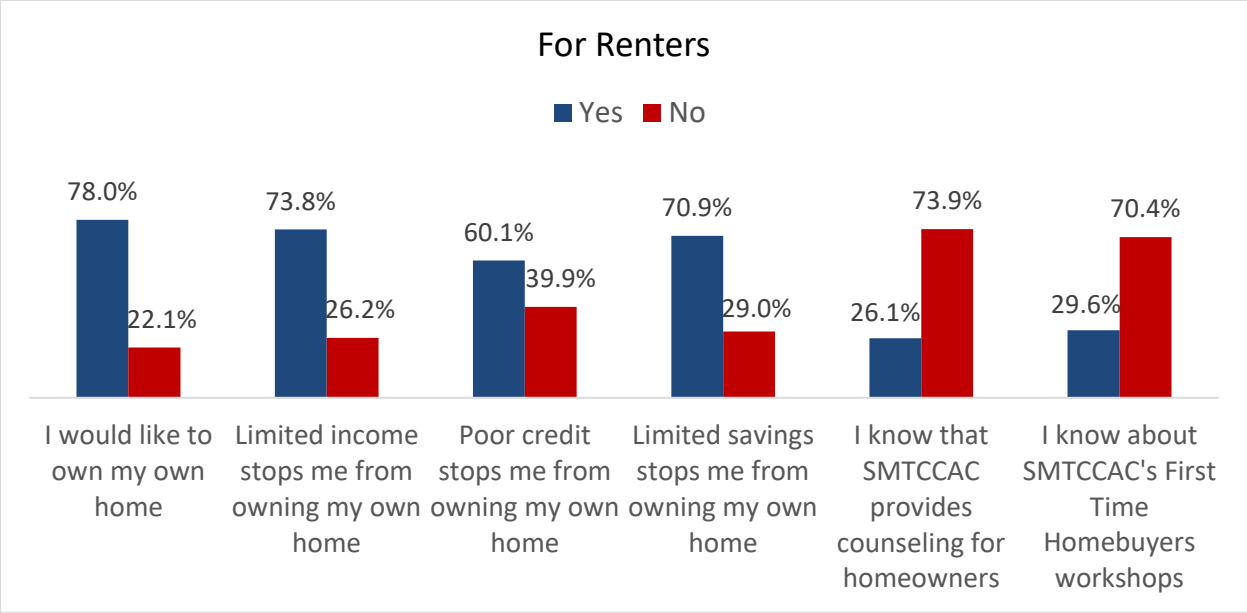


Figure 97 Renter's Housing Needs

Vacancy Rates

The U.S. Postal Service provides information quarterly to the U.S. Department of Housing and Urban Development on addresses identified as vacant in the previous quarter. Residential and business vacancy rates for the report area in the first quarter of 2015 are reported in this community needs assessment. For this reporting period, a total of 7,685 residential addresses (renter and homeowner) were identified as vacant in the report area, a vacancy rate of 8%. The homeowner vacancy rate in the U.S is 1.8% compared to 2.0% in MD, which is reflective of the rates in the service area (Calvert is 1.4%; Charles is 1.1%, St. Mary's is 1.7%). For renters, the vacancy rate is 5.9% in the U.S. and 5.5% in MD. In the service area, renters have few options in Calvert County which has a 3.9% vacancy rate[111]. The rental vacancy rate in Charles County is 5.7% and the rate is 9.3% in St. Mary's County.

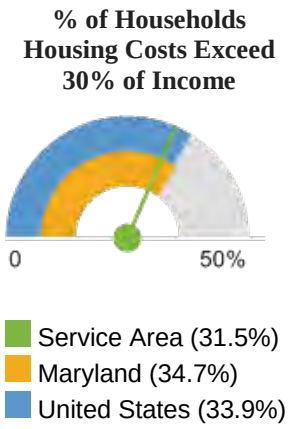
Housing Vacancy Rates			
Area	**Total Housing Units**	**Vacant Housing Units**	**Vacant Housing Units (Total)**
Service Area	134,302	11,733	8.7%
Calvert County	34,384	3,229	9.3%
Charles County	57,156	3,985	6.9%
St. Mary's County	42,762	4,519	10.5%
Maryland	2,410,256	243,867	10.1%
United States	133,351,840	16,425,535	12.3%

Table 115 Housing Vacancy Rates

[111] U.S. Census American Fact Finder. Table CP04 Comparative Housing Characteristics

Cost Burdened & Substandard Households

Within the service area 31% of households experience substandard housing conditions such as overcrowding or lack of kitchen and plumbing facilities[112]. The U.S. Census American Community Survey indicates that 590 units lack plumbing facilities, 304 lack a complete kitchen, and 1,094 households have no phone service[113]. The median rental cost is $1,557 per month in Calvert County, $1,487 in Charles County and $1,263 in St. Mary's County. Housing is unaffordable for 31.5% of households who spend more than 30% of their income on housing costs. The housing cost burden is greater for renters than for homeowners. Once housing becomes unaffordable, families are more likely to double-up which contributes to overcrowding, making homelessness more difficult to track. Overcrowding impacts 2% of all housing units in the service area.



Southern Maryland Substandard Housing Conditions			
Area	**Total Occupied Housing Units**	**Occupied Housing Units with One or More Substandard Conditions**	**Percent Occupied Housing Units with One or More Substandard Conditions**
Service Area	122,569	38,286	31.2%
Calvert	31,155	9,491	30.4%
Charles	53,171	18,415	34.6%
St. Mary's	38,243	10,380	27.1%
Maryland	2,166,389	749,323	34.5%
United States	116,926,305	40,585,236	34.7%

Table 116 Southern Maryland Substandard Housing Conditions

Cost Burdened Households (Over 30% of Income)			
Area	**Total Households**	**Cost Burdened Households**	**Percentage of Cost Burdened Households**
Service Area	122,569	38,711	31.5%
Calvert	31,155	9,672	31.0%
Charles	53,171	18,655	35.0%
St. Mary's	38,243	10,384	27.1%
Maryland	2,166,389	753,488	34.7%
United States	116,926,305	39,670,109	33.9%

Table 117 Cost Burdened Households

[112] Robert Wood Johnson Foundation (2016) County Health Rankings and Roadmaps. http://www.countyhealthrankings.org

[113] U.S. Census Bureau, 2011-2015 ACS 5-Year Estimates. Selected Housing Characteristics.

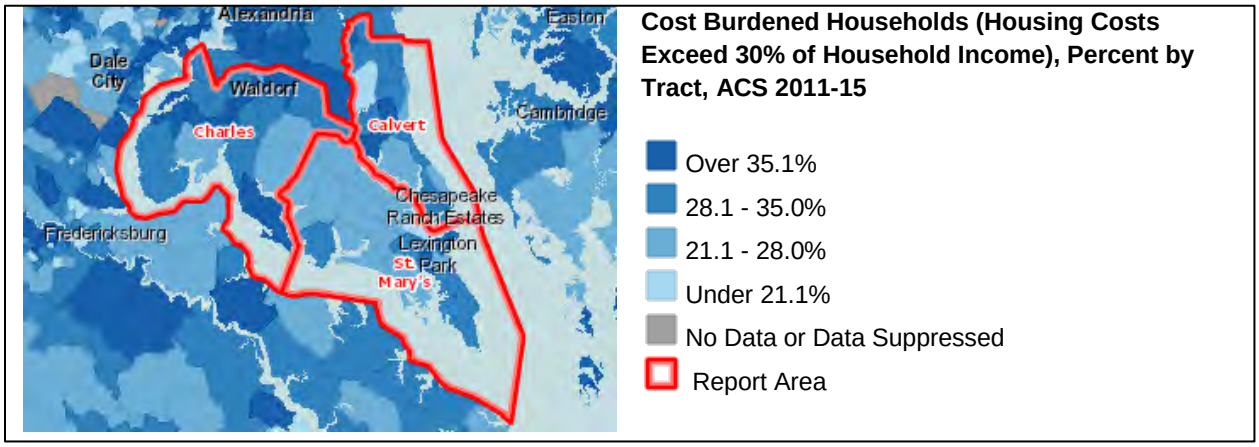


Figure 98 Cost Burdened Households by Census Tract

Cost Burdened Households by Tenure						
Area	**Rental Households**	**Percentage of Rental Households that are Cost Burdened**	**Owner Occupied Households (With Mortgage)**	**Percentage of Owner Occupied Households w/ Mortgages that are Cost Burdened**	**Owner Occupied Households (No Mortgage)**	**Percentage of Owner Occupied Households w/o Mortgages that are Cost Burdened**
Service Area	28,166	47.4%	75,714	30.2%	18,689	13.3%
Calvert	5,723	48.5%	20,805	30.5%	4,627	11.4%
Charles	11,850	53.6%	34,457	33.1%	6,864	12.4%
St. Mary's	10,593	39.7%	20,452	24.7%	7,198	15.4%
Maryland	718,727	48.7%	1,081,480	32.3%	366,182	14.6%
United States	42,214,214	47.8%	48,414,291	32.3%	26,297,800	14.4%

Table 118 Cost Burdened Households by Tenure

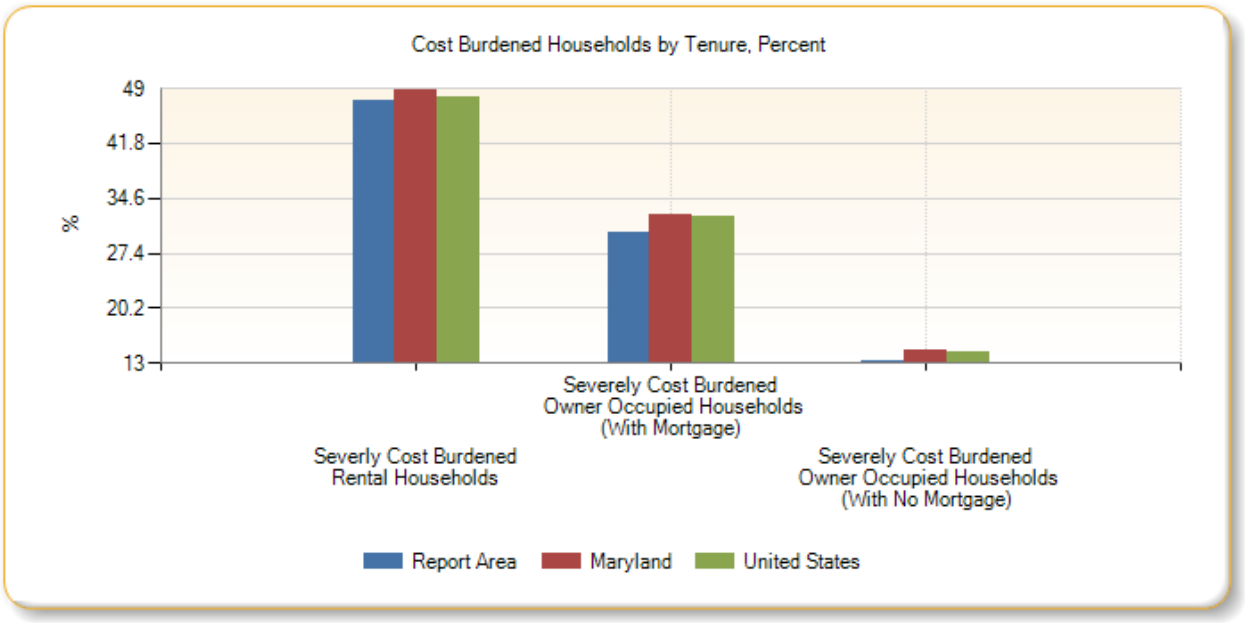


Figure 99 Cost Burdened Households by Tenure

Among needs assessment survey respondents, a large percentage (45%) of individuals pay over $1,000 for their rent or mortgage. When asked about their annual income, 54% of survey respondents indicated their income was under $25,000 while 26% reported their income as over $55,000. This data indicates it is likely a large percentage of SMTCCAC customers experience a housing cost burden.

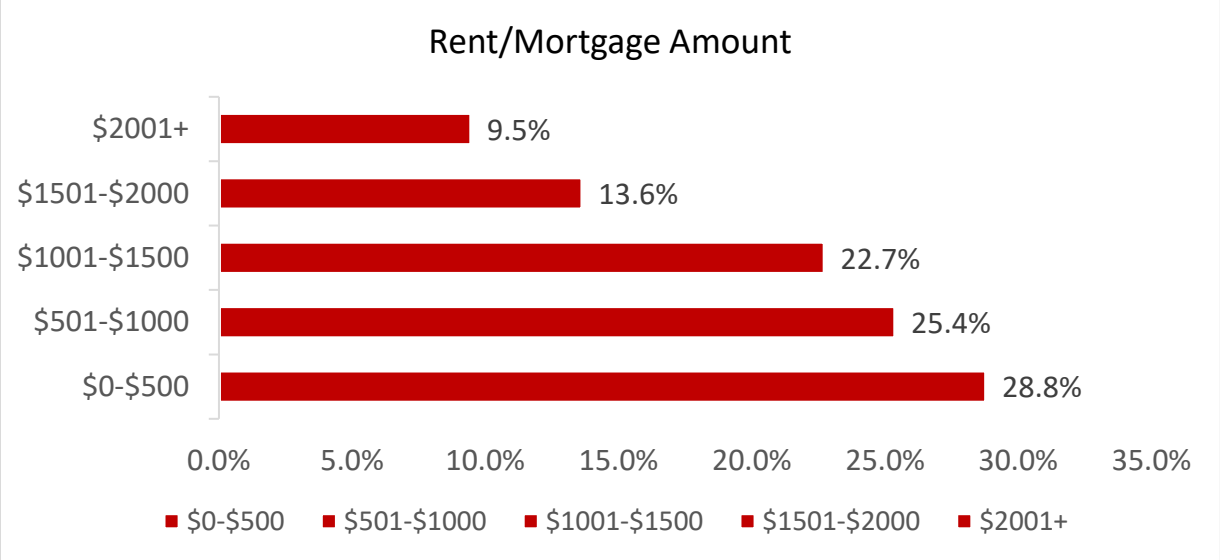


Figure 100 Respondent's Rent/Mortgage Amount

Assisted Housing

HUD-funded assistance housing units are available to eligible renters and offer a degree of housing security for low income families and individuals. The following table shows the HUD-Assisted Units in

the service area and the rate of HUD-Assisted Units per 10,000 housing units. When compared to the nation and the state, the service area has fewer HUD-Assisted Units.

Assisted Housing Units			
Area	**Total Housing Units (2010)**	**Total HUD-Assisted Housing Units**	**HUD-Assisted Units, Rate per 10,000 Housing Units**
Service Area	130,025	3,637	279.72
Calvert County	33,780	532	157.49
Charles County	54,963	1,581	287.65
St. Mary's County	41,282	1,524	369.17
Maryland	2,378,814	98,352	413.45
United States	133,341,676	5,005,789	375.41

Table 119 Assisted Housing Units

Low-income Housing Tax Credit (LIHTC)

The Low-income Housing Tax Credit (LIHTC) program gives State and local LIHTC-allocating agencies the equivalent of nearly $8 billion in annual budget authority to issue tax credits for the acquisition, rehabilitation, or new construction of rental housing targeted to lower-income households. The following reports the total number of housing units benefiting from LIHTC.

LIHTC Properties in Service Area		
Area	**LIHTC Properties**	**LIHTC Units**
Service Area	31	2,323
Calvert County	12	760
Charles County	8	609
St. Mary's County	11	954
Maryland	706	59,628
United States	43,092	2,784,155

Table 120 LIHTC Properties in Service Area

Housing Insecurity

When asked about bills paid late in the past year, 33% of survey respondents paid rent late and 70% reported they had an overdue utility bill.

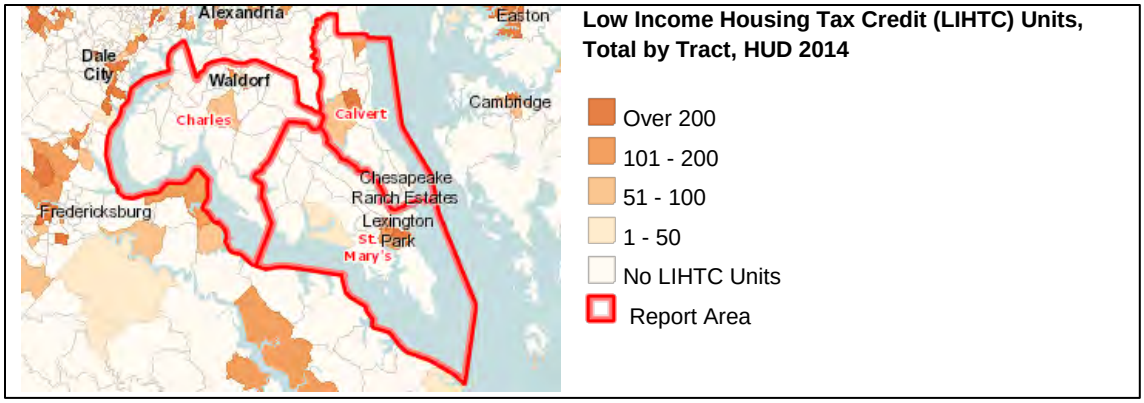


Figure 101 Low-Income Housing Tax Credit Map

Input from the Community & Survey Data

There were multiple housing needs identified by survey respondents. According to the data, more than 50% of survey respondents noted the needs identified in the following chart as a major need within the community related to housing.

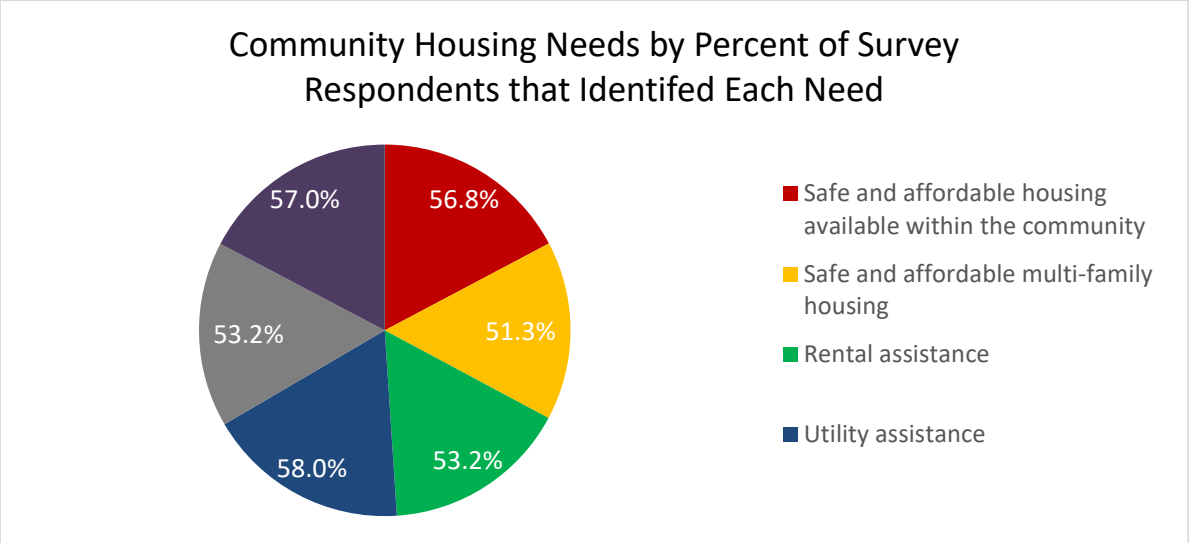


Figure 102 Housing Issues Identified by Families

Respondents were also asked about the possible causes of housing needs in the community. There were 121 open-ended responses to the question related to the cause of housing issues. The most frequently cited cause of housing problems was a lack of affordable and available housing. The data from the survey responses is aligned with the data found in the collection of primary data related to housing needs in the service area.

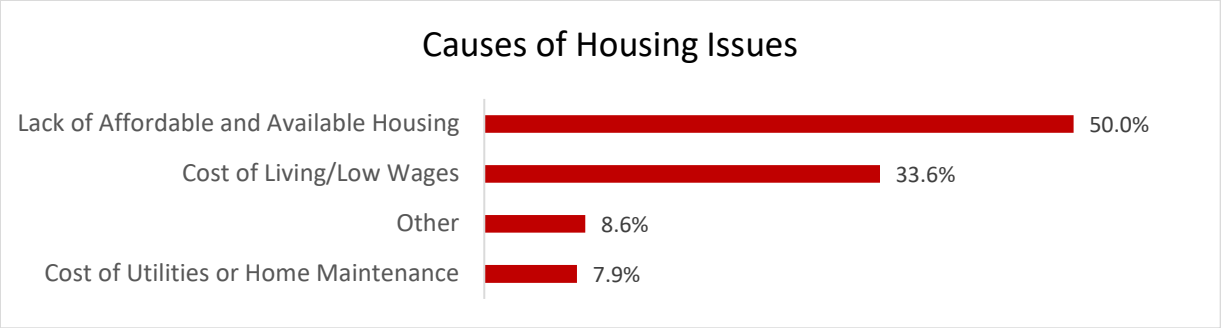


Figure 103 Cause of Housing Issues Identified by Respondents

Key Findings

Housing issues such as rising home prices, rental costs and lack of affordable housing are increasingly problematic for low-income families in the service area. According to the 2017 Point-in-Time Housing Count, there were 180 households consisting of at least one adult and one child. According to the 2016 estimated total homeless population for the Southern Maryland Region there were 1,329 homeless individuals that needed housing services. Housing is unaffordable for 31% of the population that spends more than 30% of their income on housing costs. Repeatedly in the data families and community agency survey respondents noted the cost of housing and utilities as a concern.

Income

Two common U.S. Census measures of income are Median Household Income and Per Capita Income. In the table below, both measures are shown for the service area. The average per capita income for the service area is $37,328 compared to a national average of $28,929. The median household income in the service area and in every service county exceeds that found across Maryland and greatly exceeds the average median household income for the U.S.

Household Income		
County	**Median Household Income**	**Per Capita Income**
Service Area	no data	$37,328
Calvert	$109,288	$39,010
Charles	$102,498	$36,809
St. Mary's	$98,260	$36,668
Maryland	$90,089	$36,897
United States	$66,011	$28,929

Table 121 Household Income

Income is directly connected to family structure and race and limits or supports the quality of life and well-being of families. As shown below, the service area population suffers from an income disparity related to race and family status.

Median Income by Family Composition						
Area	**Married-Couple Families without Children**	**Married-Couple Families with Children**	**Single-Males without Children**	**Single-Males with Children**	**Single Females without Children**	**Single Females with Children**
Calvert County	$117,400	$131,367	$104,531	$44,542	$83,704	$51,625
Charles County	$120,818	$123,336	$88,000	$60,984	$77,212	$51,327
St. Mary's County	$106,774	$116,573	$57,731	$63,365	$56,592	$30,224
Maryland	$103,983	$116,159	$68,677	$51,003	$61,567	$36,880
United States	$76,158	$85,393	$52,072	$38,140	$43,324	$24,433

Table 122 Median Income by Family Composition

Median Income by Race-Ethnicity								
Area	**Non-Hispanic White**	**Black**	**Asian**	**American Indian / Alaska Native**	**Native Hawaiian / Pacific Islander**	**Other Race**	**Multiple Race**	**Hispanic / Latino**
Calvert County	$115,065	$75,707	$104,803	no data	no data	no data	$106,458	$92,125
Charles County	$108,170	$96,122	$122,578	$79,881	$76,897	$104,342	$94,879	$104,706
St. Mary's County	$106,233	$51,448	$111,250	no data	no data	no data	$63,793	$61,500
Maryland	$103,183	$69,770	$105,665	$65,691	$76,810	$53,140	$85,162	$61,183
United States	$74,738	$43,060	$84,964	$43,635	$56,928	$41,106	$56,749	$44,580

Table 123 Median Income by Race-Ethnicity

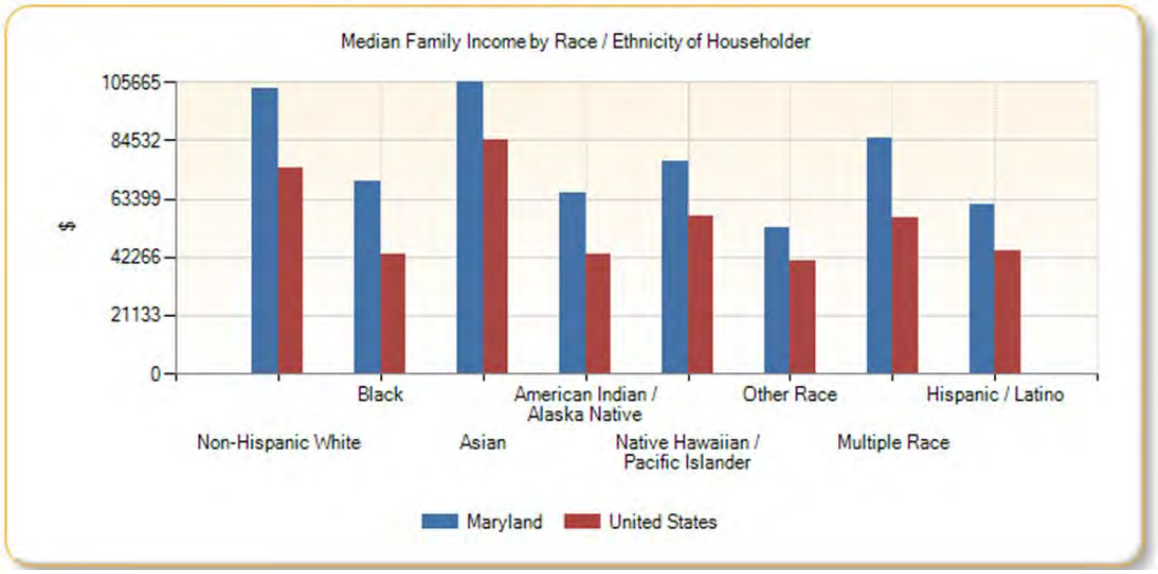


Figure 104 Median Family Income by Race/Ethnicity

The community needs assessment survey respondents have a lower income that found among families in the service area. According to the data from 350 survey participants, the majority of families earn less than $25,000 (55% of respondents).

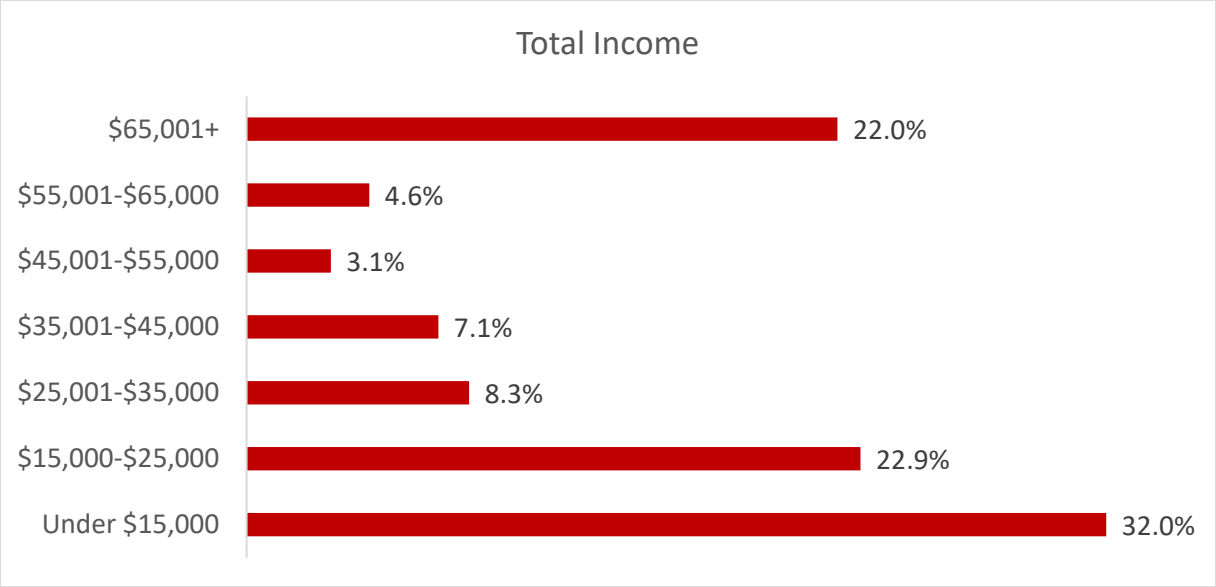


Figure 105 Total Income of Respondents

Despite having a low income, most respondents work. Of 351 survey respondents, 58% reported their income came from employment.

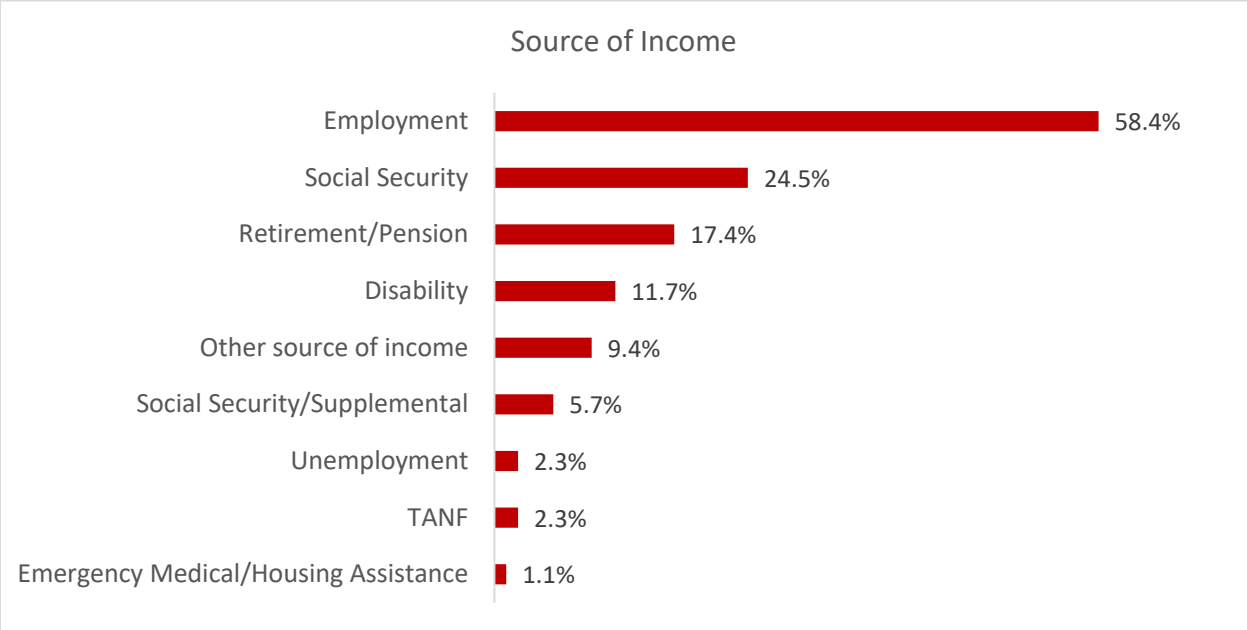


Figure 106 Source of Respondent's Income

A small percentage of survey respondents also indicated they received child support payments (40 respondents /13%). Of those receiving child support, 63% noted that it was court ordered, yet just 34% of respondents said that they receive their payments as scheduled. The lack of child support and the high

percentage of single-mothers could be contributing to the higher than average poverty rates among single-female-headed families in the service area.

Survey data also indicated a high degree of income insecurity and lack of family self-sufficiency. According to the survey respondents, 68% reported they could cover their monthly expenses over the last 12 months. However, a large percentage (70.6%) also reported they had difficulty covering specific expenses. The following chart shows bills that survey respondents were unable to pay at some point during the past year and the types of assistance that SMTCCAC families sought out.

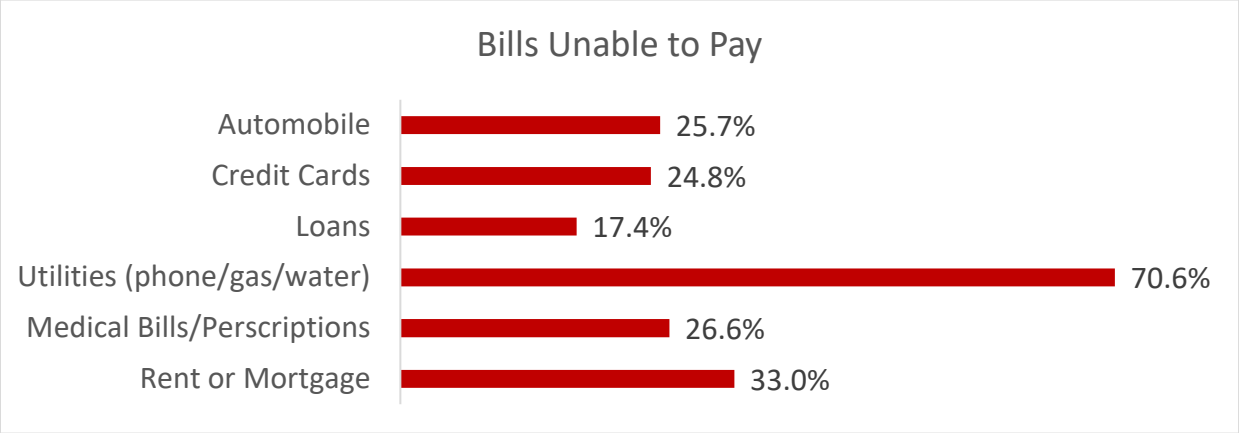


Figure 107 Bills Respondent's Unable to Pay

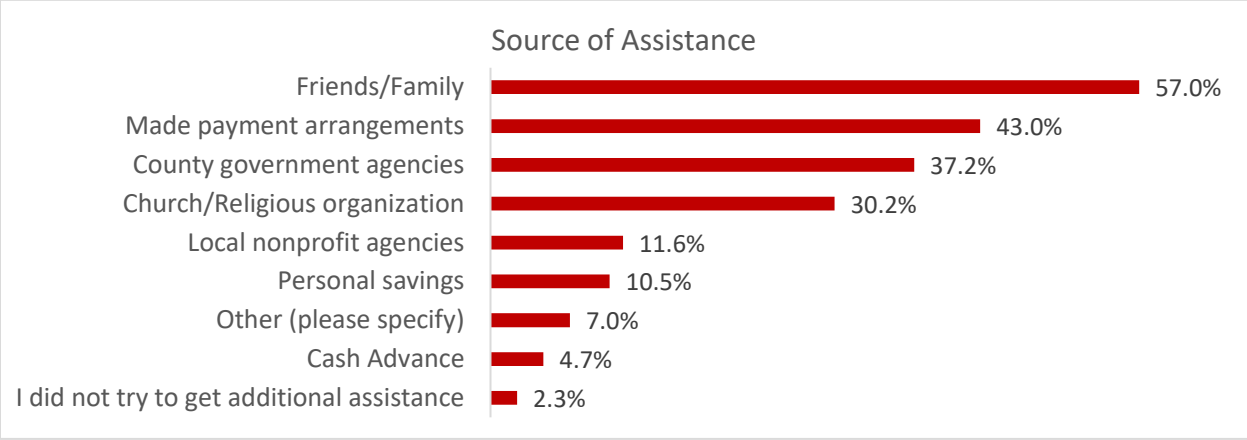


Figure 108 Respondent's Source of Assistance

The specific responses for those who chose “other” are: tried to get a loan, company that makes the medicine, food stamps, my mom bought school stuff, took out a loan, and family.

Survey respondents are more likely to have a checking account and less likely to have established long-term financial security through retirement or other accounts. As shown in table, 94% of respondents have a savings account while just 6% have a savings bond.

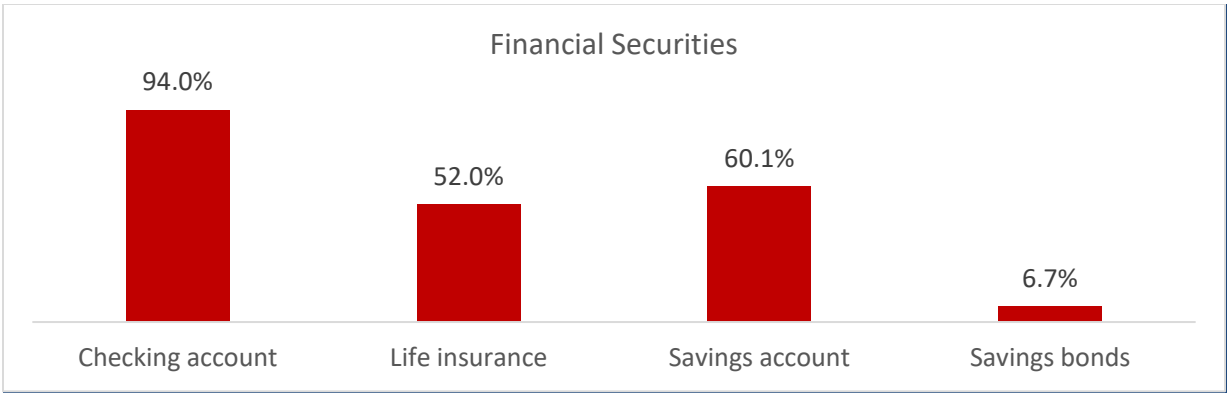


Figure 109 Respondent's Financial Securities

A large percentage of individuals also have a student loan at 31% of individuals responding to the question, "Do you have a student loan?". Of those respondents, 22% had a student loan in default and 28% have been late on a student loan payment in the past 12 months.

Families manage their expenses by budgeting and by obtaining assistance when needed. However, just 24% of respondents were interested in receiving financial literacy training and 37% of respondents did not follow a budget. Head Start families were more likely to follow a budget than other survey respondents, which highlights the focus of the program on two-generation strategies that help families attain self-sufficiency, while concurrently working to break cycles of poverty through early childhood interventions.

Key Findings

In the needs assessment survey household income was distributed unevenly across the seven income ranges identified in the income question. In the majority of household individuals worked at 59% versus 41% of respondents that reported they were unemployed, but 55% of survey respondents earned less than $25,000 annually. A small percentage of the respondents reported they received child support (13%) and a significant percent of respondents indicated they had a student loan (31%).

Respondents were also asked about their financial behaviors and finances, including bills that have been paid late and difficulties families experience making ends meet. In behaviors related to spending and saving the most frequent responses reflective positive behaviors. Most respondents were able to cover their monthly expenses (68% or respondents) and 93% of respondents had a checking account. Respondents also report having a savings account (60% of participants) and 6% have savings bonds. In total, 52% of respondents maintain a life insurance policy. Among respondents that experienced difficulty paying their bills, the largest percentage reported having a late utility bill (71%), followed by a high percentage of respondents that had difficulty paying their rent or mortgage (33%). When respondents needed assistance they most often reported reaching out to family members or friends (57%) followed by accessing county government agencies (37%) and churches (30%). A small percentage of respondents reported by sought cash advances (5%) and a larger percentage attempted to make payment arrangements for late bills (43%).

Early Care and Education

Head Start Program Performance Standard

1302.11 (B)(iv) Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served.

Based on the number of parents that are working, 75 (51% of all enrolled children) Head Start children require program-based or relative care because they live in families where all parents are in the workforce. This rate is lower than the rate of 77% of children under six with all parents in the workforce in Calvert County, 64% of children in Charles County, 65% of children in St. Mary's County and a state rate 71.5% of children under six years with all parents working. Nationally, 64.8% of families with children under six years have all parents employed[114].

Among community needs assessment survey respondents, 38 individuals indicated they had a child aged 0-3 years. Of these families, 87% reported they would be interested in Early Head Start services. In total 66% of these families indicated they would utilize a home-based program. In regard to preschool aged children, 82% of the survey participants responding to the survey question had a child aged 3-5 years (most Head Start parents responded to this question). Of these families, 53% utilized other childcare options besides Head Start. As shown below, most respondents relied on family childcare homes, centers and other family members to care for their children.

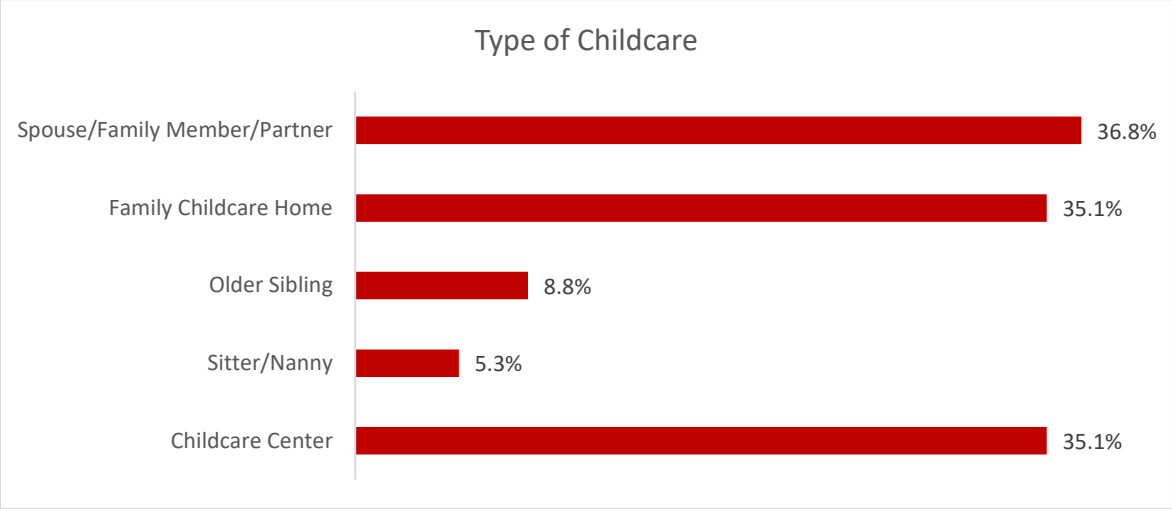


Figure 110 Respondent's Childcare Type

Childcare needs identified also included afterschool care and full-time childcare services.

[114] U.S. Census American Community Survey 2011-2015 5-Year Estimates Table B23008. Imputed

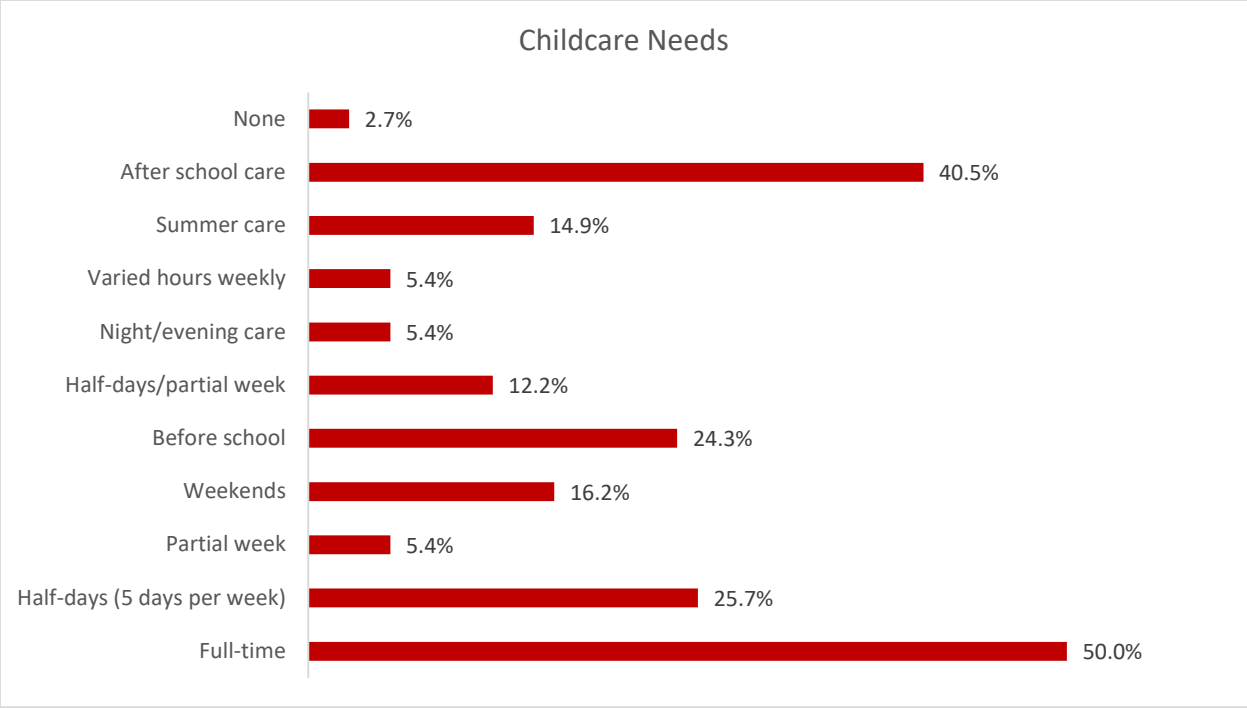


Figure 111 Childcare Needs Identified by Respondents

Access to Child Care

The corresponding maps show the supply of child care in the service area counties. Data indicates that many areas in each county have very few children per regulated child care space. These are primarily the rural areas of the service area counties.

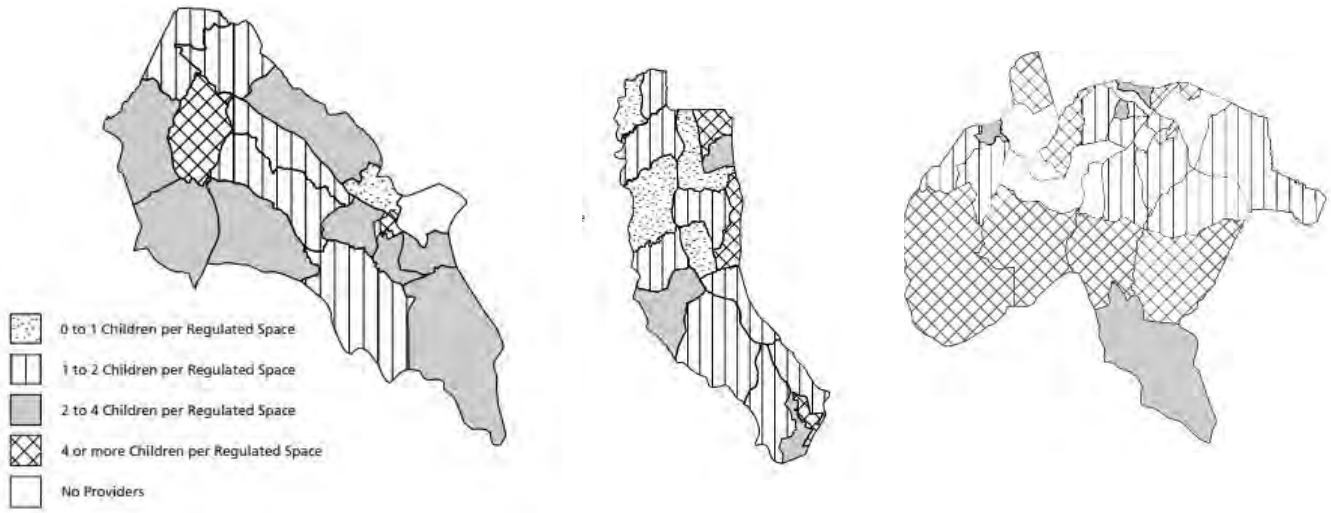


Figure 112 Regulated Child Care Spaces by Census Tract

The table below shows the number of child care programs in each county by type and capacity[115]. Low-income children are served through the network of family child care providers and in Head Start and State Preschool programs throughout the service area.

County Childcare Demographics						
Type of Program	Calvert		Charles		St. Mary's	
	# of Programs	Capacity	# of Programs	Capacity	# of Programs	Capacity
Childcare Center	50	2,348	78	4,603	39	1,898
Family Childcare	108	835	208	1,564	184	1,378
Total Slots	158	**3,183**	316	**6,167**	223	**3,276**
Total Children <12 yrs.[115]	14,094		24,153		18,320	
Total Slots Needed (children % parents that work) & Slot Gap	10,852	7,669	15,457	9,290	11,098	7,822

Table 124 County Childcare Demographics

The charts below show the number of programs in the service area zip codes:

Density of Family Providers and Center Programs by Community/Zip Code

The following chart shows the number of registered family child care providers and licensed full-day child care centers in Calvert as of July 1, 2016.

Community/ Zip Code	Family Providers	%	8-12 Hour Centers	%
Chesapeake Beach 20732	8	6.7	1	3.0
Dunkirk 20754	3	2.5	3	9.1
Huntington 20639	24	20.0	10	30.3
Lusby 20637	1	0.8	0	0.0
Lusby 20657	27	22.5	3	9.1
North Beach 20714	2	1.7	0	0.0
Owings 20736	14	11.7	7	21.2
Port Republic 20676	6	5.0	0	0.0
Prince Frederick 20678	22	18.3	4	12.1
Saint Leonard 20685	11	9.2	3	9.1
Solomons 20688	0	0.0	1	3.0
Sunderland 20689	2	1.7	1	3.0
Totals	120	100.0 %	33	99.9%

Figure 113 Density of Family Providers and Center Programs by Zip Code

The following chart shows the number of registered family child care providers and licensed full-day child care centers in Charles as of July 1, 2016.

Community/ Zip Code	Family Providers	%	8-12 Hour Centers	%
Bel Alton 20611	2	0.9	0	0.0
Brandywine 20613	2	0.9	0	0.0
Bryans Road 20616	8	3.6	1	2.5
Charlotte Hall 20622	3	1.3	0	0.0
Faulkner 20632	1	0.4	0	0.0
Hughesville 20637	8	3.6	3	7.5
Indian Head 20640	9	4.0	3	7.5
La Plata 20646	27	12.0	6	15.0
Marbury 20658	1	0.4	0	0.0
Nanjemoy 20662	1	0.4	0	0.0
Newburg 20664	3	1.3	0	0.0
Pomfret 20675	1	0.4	0	0.0
Port Tobacco 20677	0	0.0	1	2.5
Swan Point 20645	1	0.4	0	0.0
Waldorf 20601	44	19.6	8	20.0
Waldorf 20602	53	23.6	8	20.0
Waldorf 20603	45	20.0	9	22.5
Welcome 20693	2	0.9	0	0.0
White Plains 20695	14	6.2	1	2.5
Totals	225	99.9%	40	100.0%

[115] Maryland Child Care Resource Network. Child Care Demographics 2016. http://www.marylandfamilynetwork.org/resources/child-care-demographics/

The following chart shows the number of registered family child care providers and licensed full-day child care centers in St. Mary's as of July 1, 2016.

Community/ Zip Code	Family Providers	%	8-12 Hour Centers	%
Avenue 20619	1	0.5	0	0.0
Bushwood 20618	3	1.6	0	0.0
California 20619	21	10.9	5	20.0
Callaway 20620	3	1.6	1	4.0
Chaptico 20621	1	0.5	0	0.0
Charlotte Hall 20622	2	1.0	1	4.0
Clements 20624	2	1.0	0	0.0
Great Mills 20634	20	10.4	2	8.0
Helen 20635	0	0.0	14.0	
Hollywood 20636	22	10.4	3	12.0
Leonardtown 20650	20	10.4	3	12.0
Lexington Park 20653	33	17.2	5	20.0
Mechanicsville 20659	54	28.1	3	12.0
Morganza 20660	0	0.0	1	4.0
Park Hall 20667	2	1.0	0	0.0
Ridge 20680	3	1.6	0	0.0
Scotland 20687	1	0.5	0	0.0
Valley Lee 20692	4	2.1	0	0.0
Totals	192	99.9%	25	100.0%

At 76% of respondents, most community survey participants with children indicated they are happy with their childcare arrangements.

The chart below shows the number of children receiving childcare subsidies by age and the type of care preferred by families. There are currently 64 children on a waiting list for childcare subsidies in Calvert County, 283 children on a waiting list in Charles County, and 45 children in St. Mary's County on a waiting list for childcare subsidies[116].

Childcare Subsidies Distributed by Age				
Area	**Infant/Toddler**	**Preschool**	**Kindergarten**	**School Age**
Calvert	25%	27.5%	5.0%	42.5%
Charles	29.3%	32.3%	6.7%	31.5%
St. Mary's	38.7%	25.5%	11.2%	24.4%

Table 125 Childcare Subsidies Distributed by Age

Children Receiving Childcare Subsidies			
Area	**# of Children**	**# of Families**	**Subsidy Funding**
Calvert	97	60	$33,895
Charles	317	176	$120,657
St. Mary's	145	78	$44,800

[116] http://earlychildhood.marylandpublicschools.org/data

Children Receiving Childcare Subsidies			
Area	**# of Children**	**# of Families**	**Subsidy Funding**
Full or Part-Time Care Needs of Families Receiving Childcare Subsidies			
Area	**Full-Time**	**Part-Time**	
Calvert	50%	50%	
Charles	48.8%	50.3%	
St. Mary's	51%	46.9%	

Table 126 Children Receiving Childcare Subsidies

Counties throughout Maryland offer state-funded pre-kindergarten (PreK) programs for four-year-old children. While some PreK programs are offered for a full-day, others operate 2.5-hour sessions five days weekly in the mornings and afternoons. First priority for PreK enrollment is given to children who are homeless or from low-income families. If space is available programs can enroll children who demonstrate a lack of readiness for school, as determined by the county. In total, there are 352 state PreK slots in Calvert County, 778 in Charles County and 771 in St. Mary's County.

Total 4-yr. old Children in other Programs			
Area	**Calvert**	**Charles**	**St. Mary's**
Childcare Centers	296	553	260
State PreK[117]	352	778	771
Family Homes	99	155	146
Total	747	1,486	1,177

Table 127 Total 4-yr. old Children in other Programs

Total Children in Other Programs Eligible for HS/EHS			
Area	**Calvert**	**Charles**	**St. Mary's**
Childcare	24	47	16
State PreK	230	523	484
Total	254	570	500

Table 128 Total Children in Other Programs Eligible for HS/EHS

The Cost of Child Care

The cost of child care is an issue of concern for low-income families. The County Child Care Profiles estimate the cost of care for a family of four with a child aged 1-2 years and a child aged 3-5 years. The average weekly cost of care for a child by age and type of care setting is described in the following table.

[117] https://www.childtrends.org/wp-content/uploads/2013/05/Maryland-Early-Childhood-Risk-and-Reach-Assessment.pdf

Weekly Cost of Care by Child Care Setting and Age[115]		
Calvert		
Age of Child	**Family Childcare**	**Child Care Center**
0-23 months	$194.12	$223.75
2-4 years	$156.09	$171.33
5 years	$138.46	$160.00
School Age Full Time	$127.53	$146.00
School Age B/A	$95.37	$107.00
Charles		
0-23 months	$183.67	$257.71
2-4 years	$155.57	$182.22
5 years	$137.71	$170.30
School Age Full Time	$126.51	$159.77
School Age B/A	$94.11	$124.50
St. Mary's		
0-23 months	$175.50	$295.00
2-4 years	$143.79	$218.17
5 years	$130.25	$212.50
School Age Full Time	$123.52	$132.50
School Age B/A	$92.20	$103.00

Table 129 Weekly Cost of Care by Child Care Setting and Age

According to community needs assessment survey respondents, a striking majority indicated they had concerns about the cost of childcare. Other childcare related issues experienced by families are indicated in the following charts.

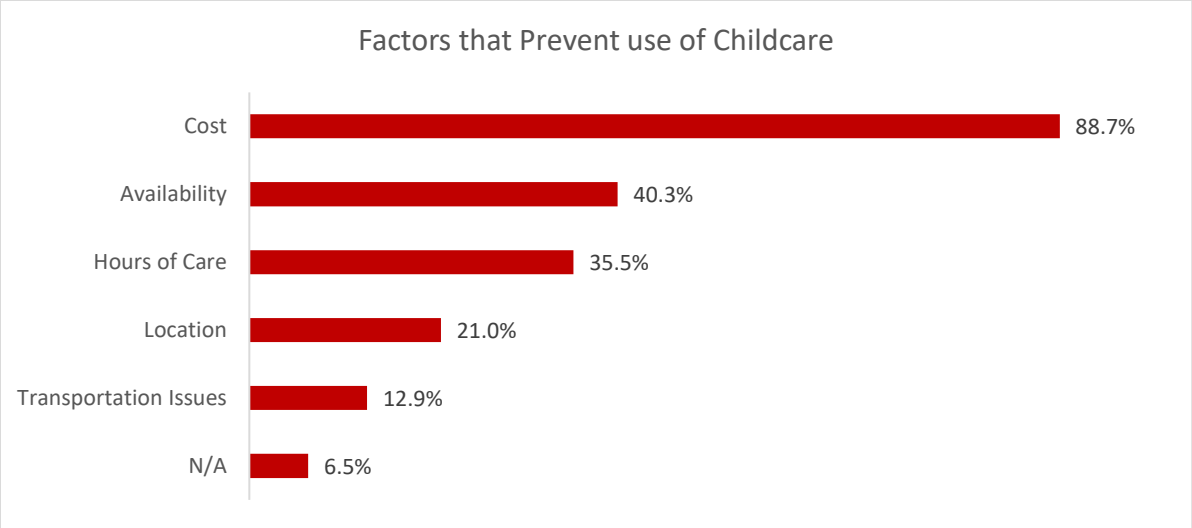


Figure 114 Factors that Prevent Use of Childcare Indicated by Families

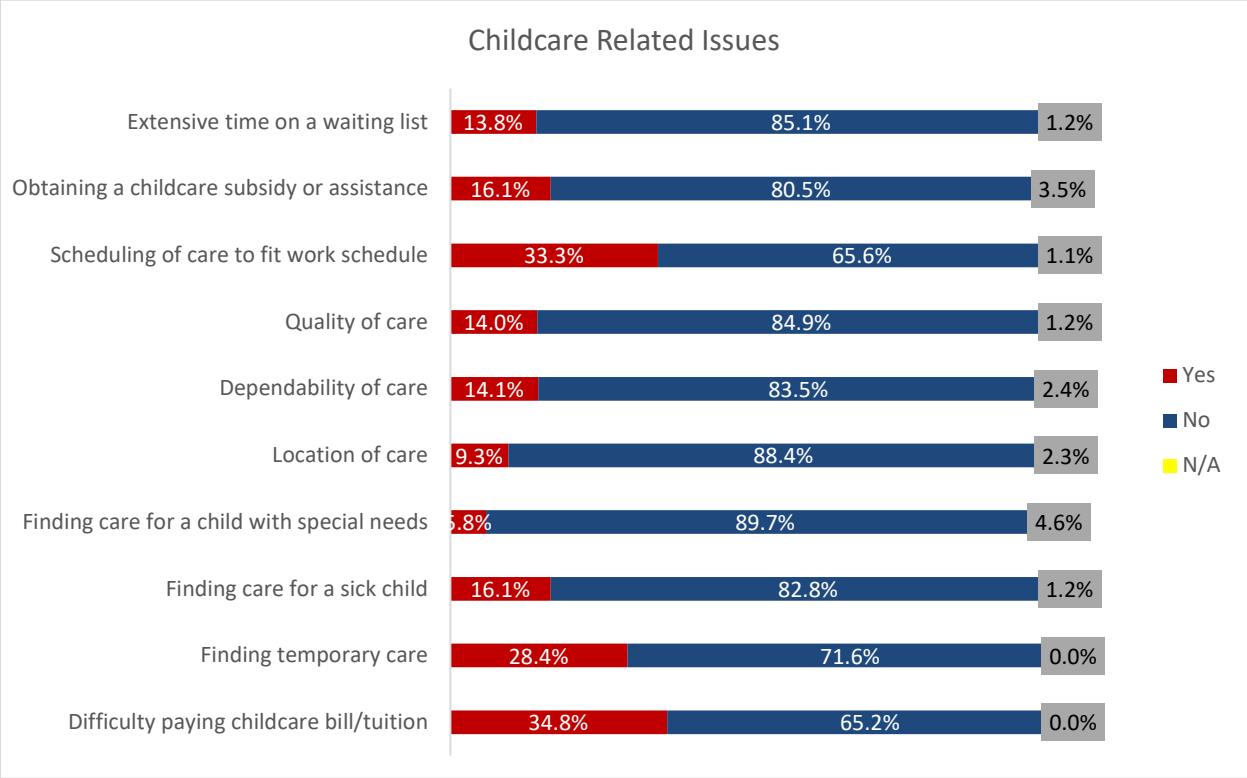


Figure 115 Childcare Related Issues Identified by Families

Evidence-Based Home Visiting Programs

The service area counties have limited access to home visiting programs. Calvert County has one Early Head Start program, one Healthy Families home-visiting program operated by the Health Department and a Hippy program. Charles has one Healthy Families home visiting grantee, and St. Mary's has no evidence based home visiting sites.

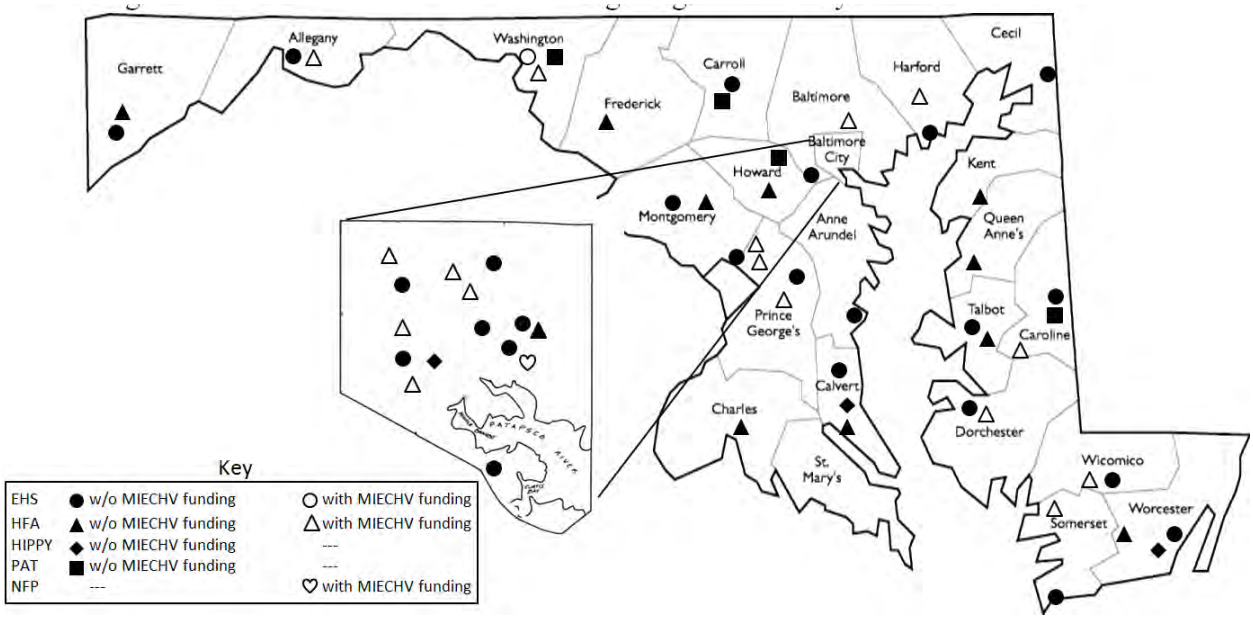


Figure 116 Maryland Home Visiting Programs

Key Findings

Based on the number of parents that are working, 75 (51%) Head Start children require program-based or relative care because they live in families where all parents are in the workforce. The rate of parents in all three counties that work is lower than the state rate of families with children under six years that have all parents working (71.5%) and the national rate of parents of children under six that work (64.8%).

In the service area, there is a significant slot gap for childcare in all counties and Charles County has the largest childcare slot gap. It is estimated there are 254 children in Calvert County that are eligible for Head Start or Early Head Start that are served in other early care and education programs, compared to 570 children in Charles County, and 500 children in St. Mary's County. The cost of childcare is also high and consumes a significant amount of income for low-income families. In addition to a high cost of care and a need for additional childcare slots there is a waiting list for childcare subsidies in each county. Families experience issues such as lack of access to affordable care and scheduling limitations when they are seeking to obtain childcare so that they can work.

Transportation

Southern Maryland, located southeast of Washington, D.C., is surrounded on three sides by water, the Chesapeake Bay, the Potomac River, and divided by the Patuxent River. The region is linked to the rest of Maryland and the Washington, D.C. metropolitan area through Prince George's and Anne Arundel Counties to the north and to Virginia to the south via a bridge across the Potomac River. Southern Maryland's unique geographic location limits its connections to the rest of Maryland. Transportation is an issue relevant to the ability of the service area to grow economically as well as to support the ability of families to access resources. Since the area is a peninsula, no major interstate highways and the bridges connecting Calvert, St. Mary's and Charles County are low capacity, two-lane structures. Transportation tissues include routes with few stops and long waiting times for buses to traverse the area.

Commuter Travel Patterns

The following table shows the method of transportation workers used to travel to work for the service area. Of the 176,442 workers in the report area, 82% drove to work alone while 8.2% carpooled. 4.5% of all workers reported that they used some form of public transportation while others used some optional means including 1.5% walking or riding bicycles, and 0.7% used taxicabs to travel to work.

Commuter Travel Patterns[118]							
County	**Workers 16 and Up**	**Percent Drive Alone**	**Percent Carpool**	**Percent Public Transportation**	**Percent Bicycle or Walk**	**Percent Taxi or Other**	**Percent Work at Home**
Service Area	176,442	82%	8.2%	4.5%	1.5%	0.7%	3.2%
Calvert	45,052	81.3%	9.2%	3.3%	1%	0.9%	4.3%
Charles	76,469	80%	8.4%	6.5%	1.2%	0.6%	3.3%
St. Mary's	54,921	85.3%	7.3%	2.5%	2.2%	0.6%	2.1%
Maryland	2,942,352	73.7%	9.5%	9%	2.7%	0.9%	4.2%
United States	143,621,171	76.4%	9.5%	5.1%	3.4%	1.2%	4.4%

Table 130 Commuter Travel Patterns

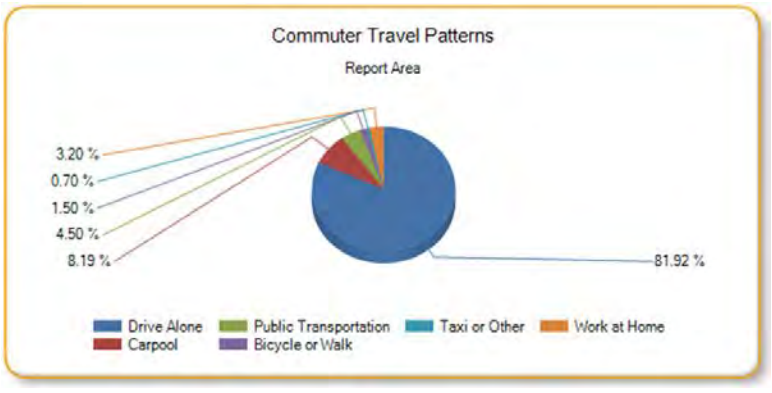


Figure 117 Commuter Travel Patterns

[118] Communitycommons.org

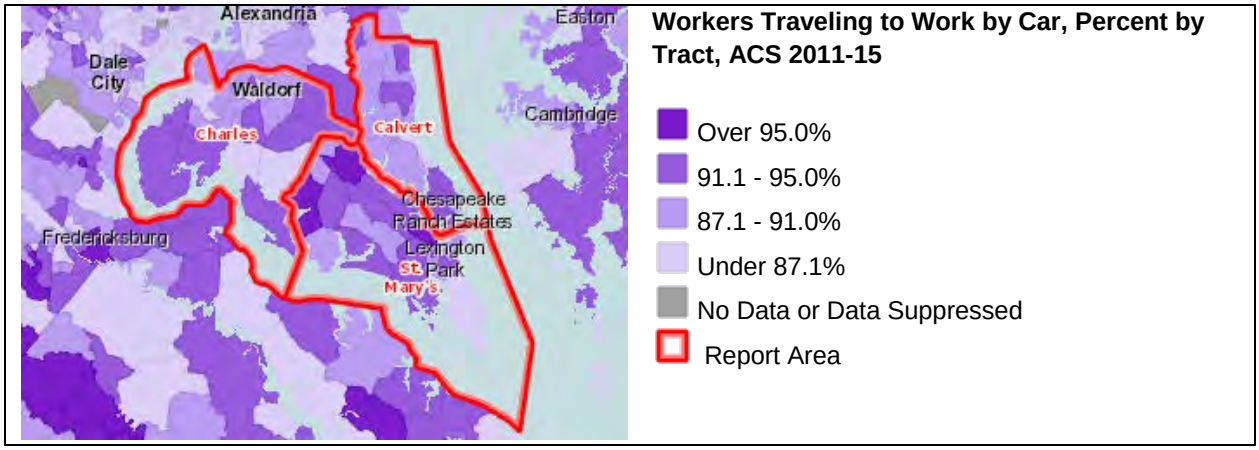


Figure 118 Workers Traveling to Work by Car

Travel Time to Work

Commuting times in Southern Maryland are among the highest in the nation. Travel times for workers who travel to work is shown for the service area. The median commute time, according to the American Community Survey, for the report area of 36 minutes is longer than the national median commute time of 24 minutes.

Travel Time to Work 2011-2015[119]

County	Workers Age 16 and Up	Travel Time to Work in Minutes (% of workers)				
		< 10	10-30	30-60	60+	Average Commute Time
Service Area	176,442	7.86	34.52	30.93	23.52	36.68
Calvert	45,052	7.67	31.06	34.96	26.3	38.39
Charles	76,469	5.89	28.34	34.84	30.93	41.4
St. Mary's	54,921	11.54	49.37	25.53	13.55	28.71
Maryland	2,942,352	7.66	41.19	36.28	14.87	30.93
United States	143,621,171	13.06	50.34	28.11	8.49	24.78

Table 131 Travel Time to Work 2011-2015

Public Transportation

Public transportation is limited. Each county in Southern Maryland provides a combination of fixed and deviated fixed-route services. Deviated fixed-route services typically pick up passengers along a fixed route, but allow drivers to deviate slightly to drop off riders. In Charles County, Charles VanGO has 10 routes serving Charles and St. Mary's County. In Calvert County, transportation is provided within the county by Calvert County Transit. In St. Mary's County bus service is provided by St. Mary's SMS. Common transportation issues identified for the service area included a transportation network that links Charles and Calvert Counties, more transportation options for rural areas, expanded outreach and education regarding the transportation options in the service area, and increased collaboration among agencies to address legal and communication barriers that impede leveraging transportation resources between agencies. Other transportation gaps identified in the service area included limited hours and lack

[119] US Census Bureau, American Community Survey. 2011-15.

of transportation on holidays. Transportation issues identified in each county by the Southern Maryland Coordinated Public Transit – Human Services Transportation Plan[120] specific to each county were as follows:

Calvert County:

- There is lack of knowledge about what transportation services are available and how they can be accessed. This lack of knowledge exists for riders, potential riders, their families and their advocates. Expanded outreach, education, and training on how to use the system is needed.
- There are not enough lift-equipped vehicles available for service in the county. Additional accessible services are needed.
- The fares are not affordable for people whose trips are not subsidized by a particular program (i.e., Medicaid). More cost-effective services are needed.
- Transportation needs to link Calvert to Charles County.

Charles County

- There is a need for additional and reliable transportation opportunities for work trips, as well as more convenient travel options for people who are "trip-chaining" (i.e., making a trip with several destinations and trip purposes, such as daycare/employment). Work trip gaps also included service to the western side of the county, workers with multiple jobs (traveling from job to job), and third shift employment coverage.
- There are safety and accessibility issues once people get off the bus. There is a need for additional sidewalks, crosswalks, and shelters.
- There is a need for more funding to support specialized transportation and to support public transit to future locations (i.e. College of Southern Maryland Hughesville campus). There is also a need to address challenges with funding silos which prohibit sharing and coordination opportunities.

St. Mary's County

- There is a communication gap between agencies concerning clients that need transportation, and therefore there is a need to improve coordination so that trips can be scheduled based on available capacity. The acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of GIS mapping, GPS technology, coordinated vehicle scheduling, dispatching and monitoring technologies, technologies to track costs and billing in a coordinated system, and single smart customer payment systems is needed.
- There is a need for additional service options for social and shopping trips, particularly for older adults.
- Expanded demand response/specialized services are needed. This is particularly a concern for dialysis where clients are able to go to the center on public transit and often require a specialized trip for their return trip.

[120] http://www.kfhgroup.com/Final_Report_Southern_Maryland_1.14.16.pdf

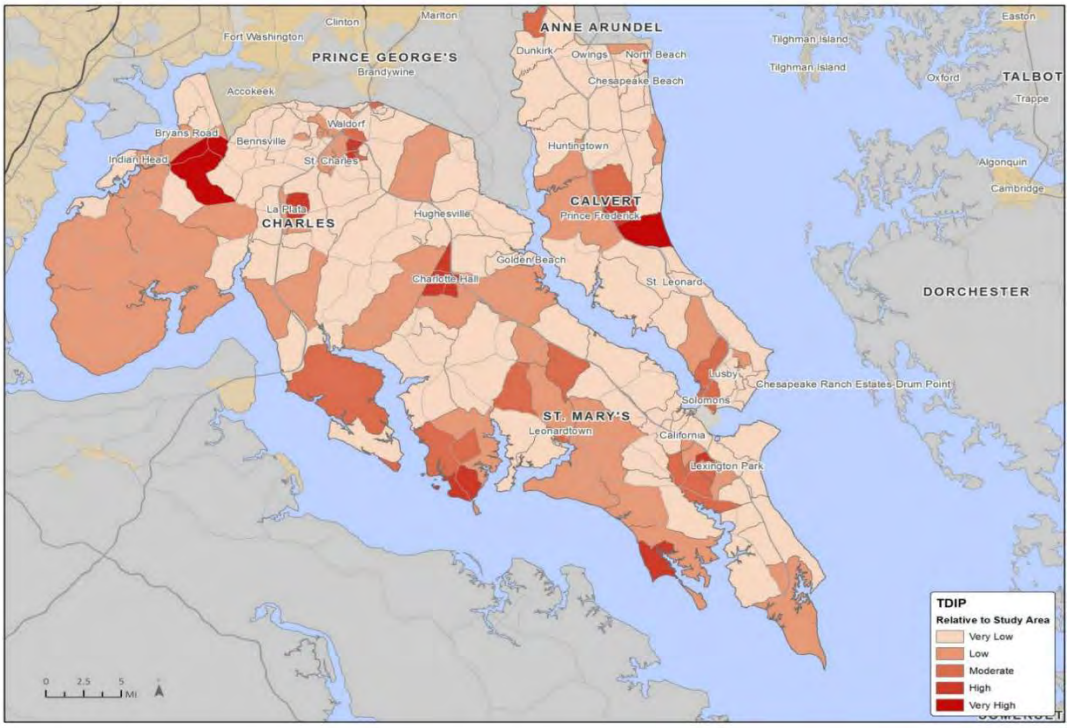


Figure 119 Transit Dependence Index

The second socioeconomic group analyzed by the transportation plan indices is the senior adult population. Individuals age 65 years and older may scale back their use of personal vehicles as they age leading to a greater reliance on public transportation compared to those in other age brackets. According to the American Community Survey, over 16% of the area's population is age 65 and older. The block groups classified as having a "very high" concentration of senior adults are located in Leonardtown, Charlotte Hall, south of Golden Beach, southeast of La Plata, parts of Bryans Road, north of Huntingtown, Owings, north and west of Solomons islands and Bennsville. The figure below shows the relative number of senior adults in the region.

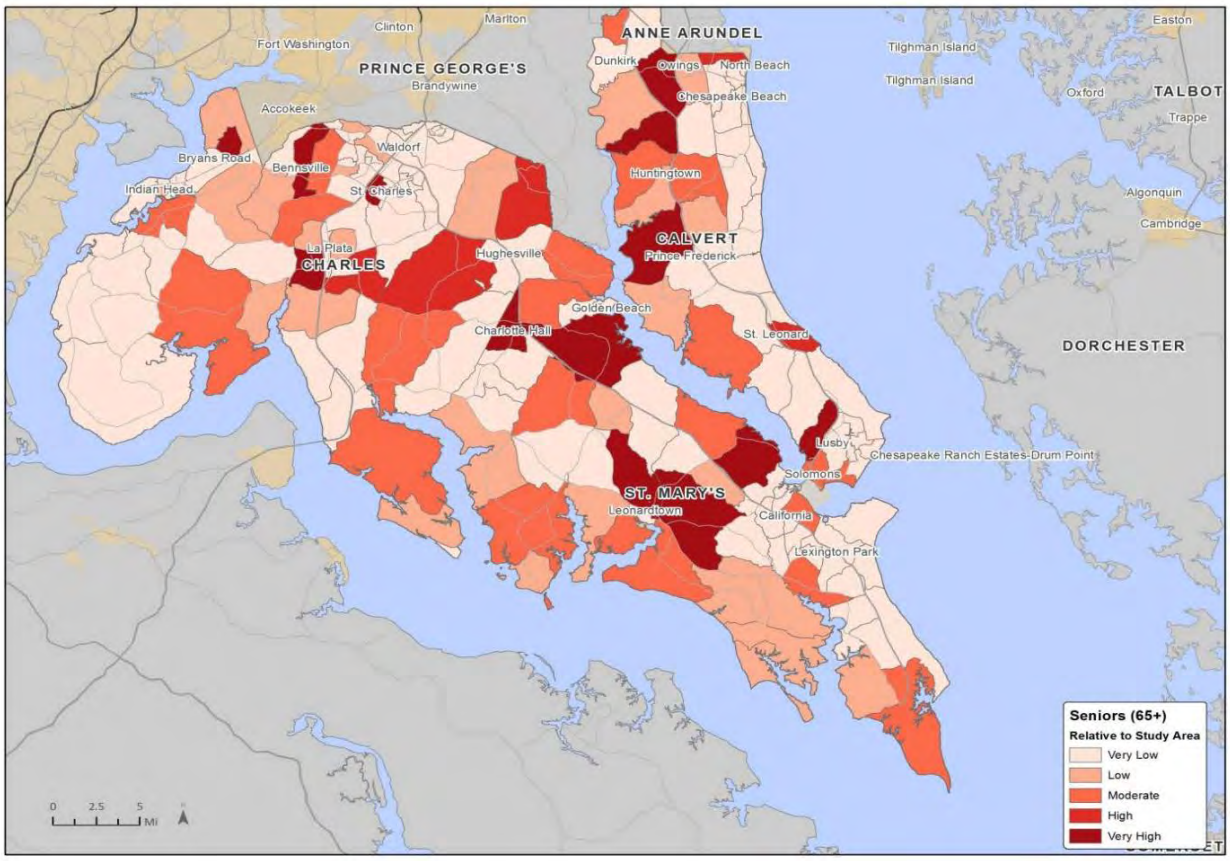


Figure 120 Senior Population Density

Vehicle Ownership

Most residents own at least one vehicle as shown below; however, a significant percentage of the population owns only one vehicle.

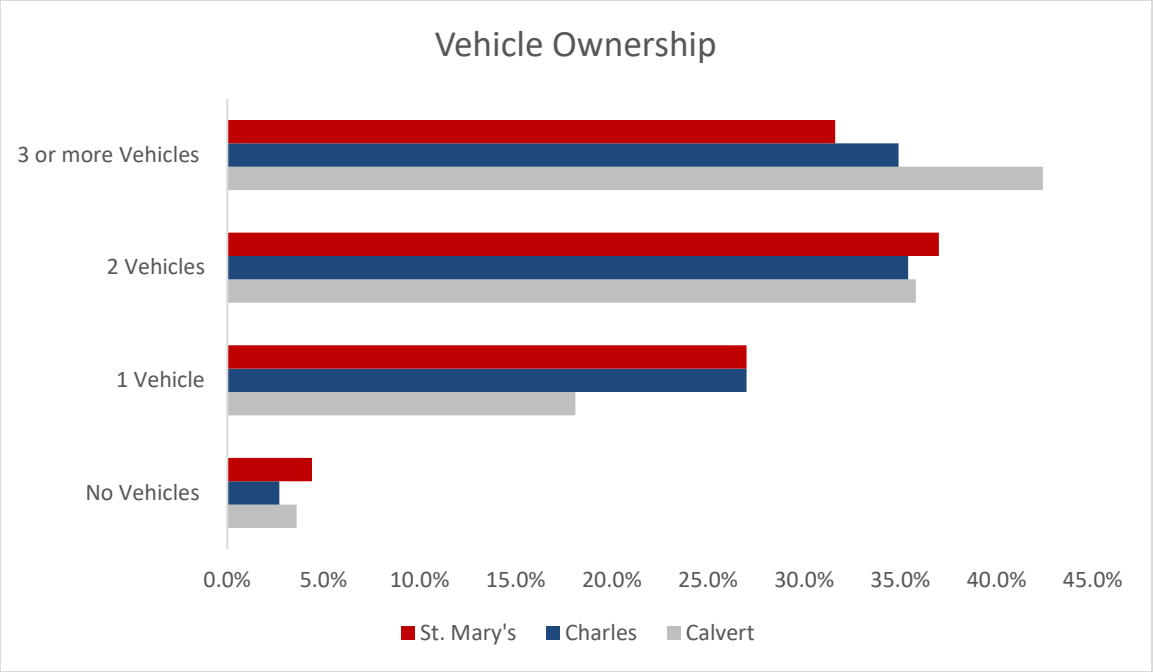


Figure 121 Respondent's Vehicle Ownership

Among community assessment survey respondents most own a car, at 88% of all respondents. However, those participating did note transportation needs as follows in the chart below. The most frequently expressed need was transportation for the general public.

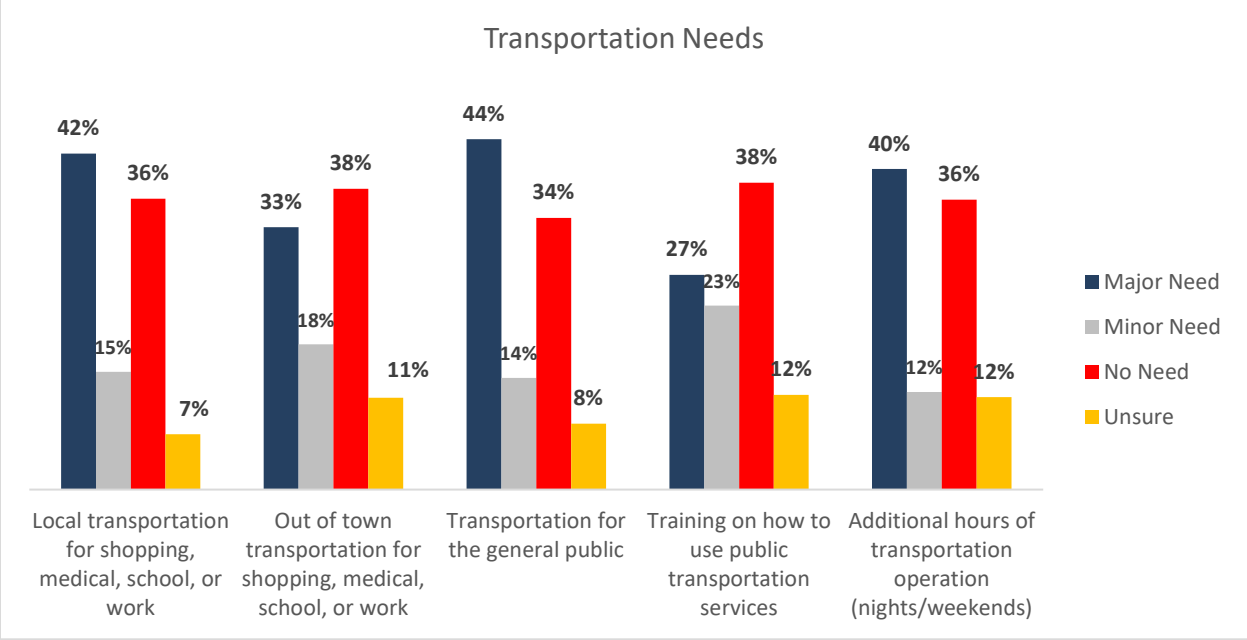


Figure 122 Transportation Needs Identified by Respondents

Respondents were also asked their opinion about the cause of transportation needs in the community. The following chart shows the issue identified and the percent of respondents selecting that issue as a major need. The most significant need identified was the cost of transportation in which 32% of survey respondents indicated that cost was a major barrier to transportation in the community.

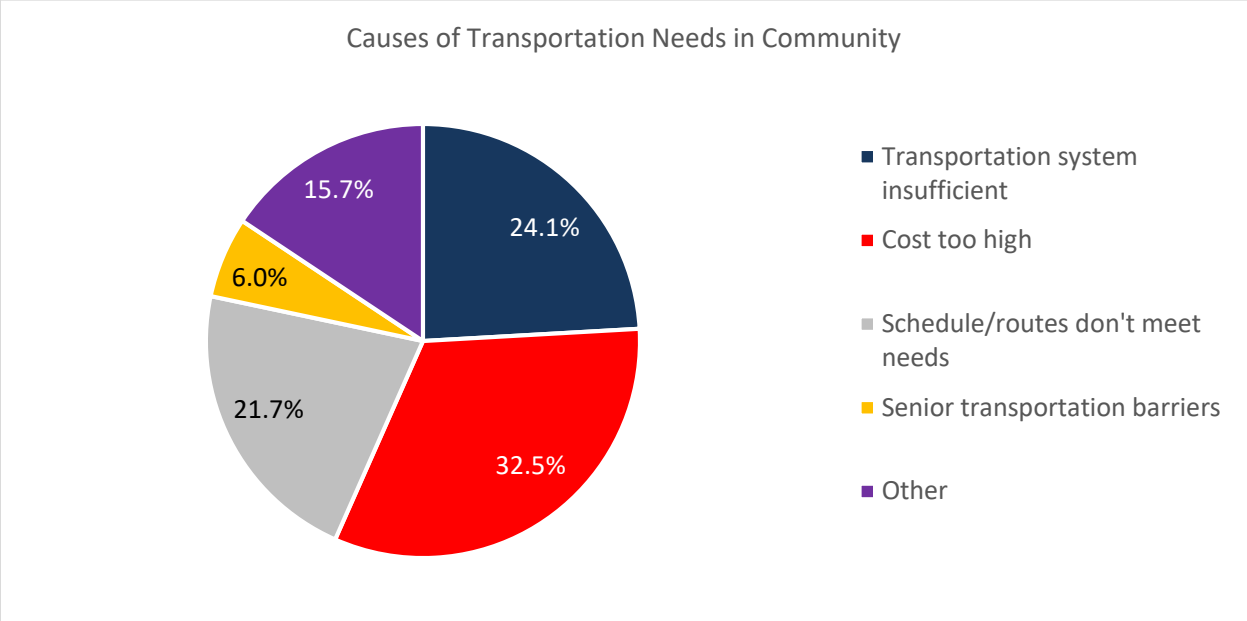


Figure 123 Causes of Transportation Needs in Community

Key Findings

Transportation can be a major obstacle for low-income families in the service area due to limited public transportation resources that are either not available in all areas or do not meet the scheduling needs of families. Without reliable transportation, families cannot take advantage of housing, health services, or employment opportunities.

Head Start Program Performance Standard

1302.11 (B)(v) Resources that are available in the community to address the needs of eligible children and their families;

Community needs assessment survey respondents were asked about the foundational causes of poverty in the service area. As shown in the chart below, respondents felt the primary issue underlying poverty as lack of jobs and low paying jobs, followed by lack of education and training programs.

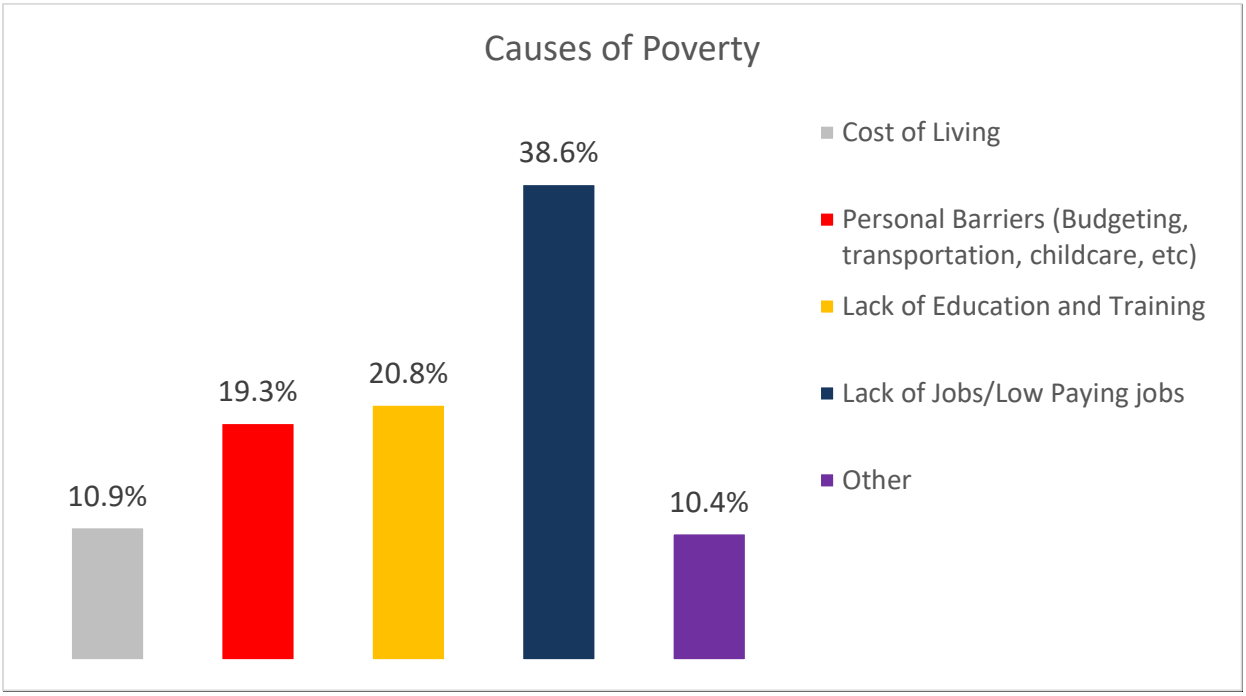


Figure 124 Causes of Poverty Indicated by Respondents

Self-Sufficiency

SMTCCAC administers several programs to assist families in attaining self-sufficiency that are in alignment with the community services plan. The following data indicates the level of access that was provided to low-income individuals in the service area.

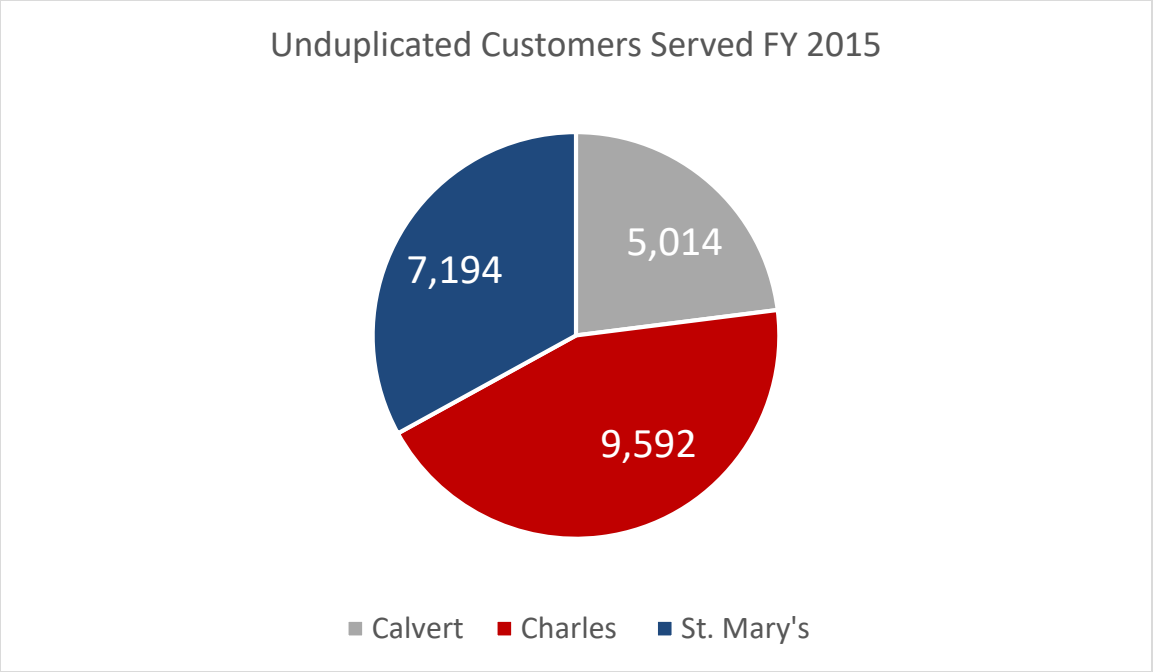


Table 132 SMTCCAC Services

Comprehensive Service Delivery

SMTCCAC offers a total two-generation approach to services in which the needs of the family are met concurrently with the needs of children. In addition, numerous programs serve individuals such as the elderly, disabled, and those in need of health or workforce services. In the 2015 program year, 21,800 unduplicated consumers benefited from the agency programs. Services included:

- Affordable Rental Housing
- Career Training for a Class B Commercial Driver's License
- Head start
- Energy Assistance
- The Tri-County Fuel Fund
- Friendly Health Services
- Housing Opportunities for Persons with AIDS
- Housing Counseling Services
- Southern Maryland Rural Area Transportation (SMART)
- Senior Companion Program
- The Emergency Food Assistance Program
- Weatherization/Housing Preservation Program

The following table indicates the total service units provided through SMTCCAC programs in the three-county service area of focus in this Community Needs Assessment.

Program Outcomes FY 2015	
Program	**Outcomes**
Commercial Driver's License Training Program	19 people graduated with a Class B Commercial Driver's License 11 people found employment or were able to advance in their current job using their new certification.
Friendly Health Services	Fourteen (14) elderly and 22 disabled persons were provided with 3,553 Days of Care at Friendly Health Services. Participants were transported to 182 medical or therapeutic appointments and 86 trips for pharmacy services.
Head Start	135 children were in part-day classes - 3.5 hours a day, 4 days a week The average monthly attendance was 82%.
Housing	Eleven homebuyer workshops were held with 121 people in attendance. Twenty-two households became homeowners after attending the workshops and receiving one-on-one counseling. The purchase of those homes put a total of $5,253,486 back into the local economy and provided the homeowners with a valuable asset.
Housing Opportunities for persons with Aids	Eighteen Calvert County residents living with AIDS received assistance with their monthly rent in the Housing Opportunities for Persons with AIDS (HOPWA) program administered by SMTCCAC, Inc. They were responsible for using 30% of their income for rent and utilities, anything over that was handled by the program. $144,506 was expended for rental and utility assistance.
Tri-County Fuel Fund	110 households received funding and $35,359 in monetary assistance was provided. The program impacted 22 households in Calvert County, 59 households in Charles County and 29 households in St. Mary's County.
Office of Home Energy Programs	6,841 households applied for energy assistance in the program year, 6,368 households received grants to assist them with their primary heating source and electric bills through the Maryland Energy Assistance Program (MEAP), Maryland's Low-Income Heating Assistance Program (LIHEAP). MEAP benefits went directly back into the local economy when they were disbursed directly to energy and fuel providers on behalf of the applicants. Electric Universal Service Bill Assistance and Arrearage Program (EUSP) funds were also provided to customers as follows $832,492 in Calvert County, $1,703,918 in Charles County and $1,569,957 in St. Mary's County.
Weatherization	Through the Weatherization Assistance Program 97 individuals received services. This included eight households in Calvert County, 22 households in Charles County and 12 households in St. Mary's County. Of the 42 households that received home energy audits, 31 of those households received weatherization services such as installation of insulation, caulking, hot water heater wraps, low-flow shower heads and CFL bulbs

Program Outcomes FY 2015	
Program	**Outcomes**
	to improve the energy efficiency in the home. Twenty (20) households had furnaces replaced for a total value of $95,357.
Emergency Food Assistance Program	Ten food shipments were received - 347,732 pounds of food, valued at $196,834 was received and distributed in the community by volunteers. This food helped stock the shelves of 28 food pantries and 2 soup kitchens. 23,253 food packages were provided to households living at 150% of federal poverty guidelines thanks to the program. The distribution was as follows; 7,342 went to Calvert households, 10,399 went to Charles households, and 5,512 went to St. Mary's households. Approximately 500 volunteers contributed to the success of the program.
Senior Companion Program	A fantastic group of low-income seniors, age 55 and older, provided one-on-one volunteer service to frail, elderly and/or disabled persons. There were nine volunteers in Calvert County donating 11,452 hours of service to 25 clients. In Charles County, 30 volunteers provided 29,307 hours of service to 44 clients. In St. Mary's County there were 24 volunteers that provided 22,829 hours of services to 38 clients.
Southern Maryland Rural Transportation	Southern Maryland Area Rural Transportation, also known as SMART provided transportation to 41 Charles County residents with a total of 155 trips to enable them to reach therapy sessions and other activities important to their success and stability in the community.

Table 133 Total Service Units Provided by SMTCCAC

According to the 2016-2017 Head Start Program Information Report families accessed the following services during the Head Start program year:

Head Start

Services Accessed by Head Start Families		
Type of Service	**Service Units**	**% of Families Received Service**
Emergency/ Crisis Intervention	4	2%
Mental Health Services	6	4.1%
Adult Ed	7	4.7%
Job Training	11	7.5%
Substance Abuse Prevention	133	91%
Substance Abuse Treatment	1	0%

Services Accessed by Head Start Families		
Type of Service	**Service Units**	**% of Families Received Service**
Child Abuse and Neglect	0	0%
Domestic Violence Services	0	0%
Child Support Assistance	0	0%
Health Education	133	91%
Assistance to Families with Incarcerated	0	0%
Parenting Education	12	8%
Relationships/Marriage Ed	0	0%
Asset building	5	3.4%

Table 134 Services Accessed by Head Start Families

Additional major needs identified by survey respondents included expanded afterschool programs, substance abuse programs, child abuse and neglect services, affordable childcare and crime reduction programs. When asked about community needs respondents noted the following:

- 63% indicated a need for an improved infrastructure such as repairs to buildings and streets.
- 66% of respondents noted a need for more public recreational facilities and parks.
- 65% of respondents indicated a need for crime reduction and neighborhood safety programs.
- 60% of respondents noted a need for neighborhood clean-up projects.
- 61% of respondents noted a need for emergency shelter for disasters.
- 67% of respondents indicated a need for emergency programs for housing and food assistance.
- 62% of respondents noted a need for emergency programs for the homeless.

Needs Identified

A review of the data for the service area shows that the population experiences the following common issues:

- ***A high cost of living and stagnant poverty rates***. All three counties have a high cost of living that has been fueled by a growth in the number of individuals moving from the Metro Washington D.C. area to more affordable suburban parts of the service area, particularly in Charles County. Despite a consistent increase in the median income as a result of an influx of high earners the population in poverty still increased over the past five years, illustrating a long-term trend of year-over-year increases in poverty among the most vulnerable segments of the population. In 2000, there were 17,750 residents in poverty in the service area compared to 25,496 in 2015. The increases since 2000 were as follows: Calvert County experienced an increase of 1,238 individuals in poverty rising from 3,969 people in 2000 to 5,207 people in poverty in 2015; in Charles County the number in poverty rose by 4,405 people, from 7,500 individuals in poverty in 2000 to 11,905 individuals in 2015; In St. Mary's County, the number in poverty rose from 6,281 people (2000) to 8,384 individuals in 2015, demonstrating an increase of 2,103 people in poverty. Women are more likely to live in poverty than men. In Calvert County, 4.6% (2,044) of males are in poverty compared to 7.0% (3,163) of women. In Charles County, 8.8% (6,972) of females live in poverty compared to 6.8% (4,933) of males and in St. Mary's County, 9.8% (5,286) of females live in poverty compared to 5.8% (3,098) of males.

  Child poverty is increasing in all three counties at a faster pace than among the general population. Child poverty, both situational and generational, influences the day-to-day life of children in addition to impacting their long-term outcomes in health and wellbeing. In Calvert County, the poverty rate among all individuals in the population is 5.9% (5,315 people), compared to a rate of 8.1% of children (1,154 children birth-17 years), and 7.1% for children aged 0-5 years (327 children). In Charles County, the poverty rate among all ages is 7.1% (10,943 individuals), compared to a rate of 10.4% (2,720) for children and 14.9% for children aged 0-5 years (1,361 children). while in St. Mary's County the poverty rate among all ages is 8.7% representing 9,398 individuals, compared to 12.7% (3,439) of all children and 11.7% of children aged 0-5 years (860 children). Charles County has the highest poverty rates among children and a lower rate of poverty among adults. As discussed prior, the lower rate of poverty is due to an influx of residents from Metro Washington D.C. that have a high income, thus there are pockets of the county that remain deeply impoverished, particularly in areas of Waldorf in Charles County and in ZIP codes 20625 (south county) which has a poverty rate of 19%. Concentrated areas of poverty in St. Mary's County include the ZIP codes of 20606, 20684, 20626, 20660, and 20674 which have poverty rates that exceed 20%. In Calvert County, poverty rates are lower than in either St. Mary's or Charles County and exceed 10% of the population in ZIP code 20714 (Holland Point).

- ***Senior poverty rates are below average, but are elevated for senior women and seniors of color.*** Seniors experience issues related to lack of transportation, food insecurity, depression and mental health issues, and lack of financial stability due to a limited income. The service area senior poverty rate is 6.8% (2,634 individuals), 1% lower than the state senior poverty rate. In Calvert County, there are 748 (poverty rate of 6.8%) seniors in poverty compared to 1,235 (poverty rate

of 7.8%) seniors in Charles County and 651(poverty rate of 5.5%) seniors living in poverty in St. Mary's County. In regard to gender, 4.6% (10,075) of males over age 65 years lived in poverty compared to 8.5% (15,421) of females. In Calvert County, 7.0% (3,163) of female seniors live in poverty compared to 4.6% (2,044) of males.

- ***Educational attainment rates among individuals of color and achievement rates for low-income students and Black or African American students are diminished***. In all counites the percent of adults without a high school diploma is much higher for individuals of color than found among the general population. The greatest differences in adult educational attainment are found in St. Mary's County, which is also the least diverse of all service area counties. The data is also skewed in St. Mary's due to the impact of the naval air station. When rates of educational attainment for Leonardtown are examined, the trends remain the same but the differences grow greater in significance than county-level rates of educational attainment. The adult educational attainment disparity is seeded in elementary school.

  St. Mary's had the largest achievement gap in which the percent of students with a low-income that met proficiency in Math and English/Language Arts in the third grade was 18% lower than the rate found among all students. Data indicated the gap began in early childhood. When data for the county was examined by race, among Black or African American students, the rate of students that met proficiency was 20% lower than found among all third-grade students as a whole. By the time students are in high school the achievement gap decreases by 9% for low-income students, but by just 4% for Black or African American students.

  In Calvert County, the achievement gap between low-income students in English/Language Arts is prevalent. Again, children start kindergarten further behind than their peers across the state with an achievement gap present for low-income and Black or African American children. In elementary school in English / Language Arts, low-income students demonstrate a rate of proficiency 7.7% lower than all students. Black or African American students achieved at a rate 8.2% lower than all students.

  The achievement gap in Charles County is more prevalent among low-income students than among students of color. However, Black or African American kindergarten readiness is at parity with Whites. In elementary school, Black or African American students have achievement rates 10% higher than whites in English Language Arts and 8% higher in Math, while low-income student achievement is 11% lower than all students in English/Language Arts and 7% lower in Math. Despite higher than average achievement rates when the high school graduation rates are compared between lower and higher-income communities it is evidenced that a racial achievement gap is still persistent in areas of the county that have higher rates of poverty. The data in Charles County obscures the conditions of poverty in very low-income geographic areas.

- ***The number of SMTCCAC survey respondents that are unemployed is greater than the percent of the population in the community that is unemployed. In addition, employment is not keeping up with the net change in the population.*** The unemployment rate decreased less than 1% for all counties in the past year (-3% over the last 3 years). The population growth in Calvert County during this time period was 2%, compared to 3.6% in Charles County and 3.7% in St. Mary's County[121]. For the entire service area, population growth exceeded 25% in the last 10 years.

[121] U.S. Census Open Data Network. https://www.opendatanetwork.com/entity/0500000US24037-0500000US24009-0500000US24017/St_Marys_County_MD-Calvert_County_MD-Charles_County_MD/demographics.population.change?year=2015&ref=related-peer

Head Start parents have a lower rate of high school graduation leading to a disadvantage educationally in terms of acquiring meaningful employment. The major theme identified by respondents as a barrier to employment was a lack of jobs and limited qualifications for employment opportunities that are available. This data is consistent with the education and career needs data in which a large percentage of respondents reported job training as a major need in the community. When workforce trends were examined in each community, data indicates that there is a high-end job growth in professional and business services with a technology-intensive knowledge base foundation. There is also strong growth in service and retail professions which are at the lower-end of the wage spectrum. It is anticipated that wage inequality will continue to grow if individuals in poverty are not able to improve their qualifications to extend into the professional fields. The most common job groups, by number of people living in Charles County, are Management, Business, Science, & Arts, Sales & Office, and Service. The most common employment sectors for those who live in Calvert County, are Public Administration, Retail trade, and Construction. The most common job groups, by number of people living in St. Mary's County, are Management, Business, Science, & Arts, Sales & Office, and Service. Within the three-county area, jobs that have experienced growth since 2012 include public administration, education and health services, professional services, leisure and hospitality and other services, while manufacturing trade, transportation and utilities, construction, financial activities and information have experienced a significant decline.

- ***Access to health services is limited with an expressed need for expanded dental services.*** The service area health care provider to low-income resident ratio for dentists, physical health, and mental health care is lower than found across the state. In all counties, the rate of access for children and adults that received a dental visit in the last year was lower than found in Maryland. Data indicates that while providers are an issue, transportation and a large percentage of the population that receives Medicaid also impact access to health care services.

- ***Health disparities impact a large percentage of the population.*** The health of the population is promising in several parts of the service area but a significant number of residents face significant challenges in maintaining health and well-being as a result of health disparities that are present at birth and persist throughout life for individuals of color or for those with a low-income. Charles and St. Mary's Counties rank in the bottom two tiers of the state in regard to health outcomes. The ranking is due to the population in poverty, barriers to accessing health services (geography and lack of providers), and the prevalence of health problems that are compounded by other factors such as lack of access to nutrition, limited coordination of health services, and low health literacy. In Calvert County, the life expectancy for Black or African American residents is 77.6 yrs. versus 80.3 for Whites and 80.1 for all residents. In Charles County, the life expectancy for Whites is 79.3 versus 79.7 for Black/African Americans and 79.5 for all residents. In St. Mary's County, the life expectancy for Black or African American residents is 76.6 yrs. versus 79.4 for Whites and 79.1 for all residents.

- ***Maternal and child health indicators are poorer in regard to smoking during pregnancy, preterm birth, and an increased rate of teen birth among mothers of color.*** The teen birth rate differs by race with Black or African American teens experiencing higher rates of teen birth as evidenced by a rate of 22.6/1,000 in Calvert County, 15.7 in Charles County and 17.2 in St. Mary's County, compared to 9.6 for all races in Calvert, 15.3 in Charles, and 14.8 for all races in St. Mary's County. The rate of preterm birth is also higher for women of color in all counties than

found across the state at 9.1% in Calvert, 10.6% in Charles, and 9.1% in St. Mary's County, compared to 7.6% of babies in Maryland.

- ***Substance abuse is increasing at a significant rate that outpaces growth in the substance abuse rate found at the state level indicating a growing crisis in public health. Substance abuse trends are linked to the prevalence of mental illness, homelessness, and poverty.*** Similar to the upward trend in substance abuse found in Maryland, the Southern Maryland counties are experiencing a dramatic increase is substance abuse and overdose deaths. The number of Marylanders who died from drug and alcohol-related overdoses in 2016 reached an all-time high of 2,089, a 66% rise from 2015. In the past, substance abuse deaths were primarily attributed to Heroin, followed by prescription drugs. In recent years, Heroin still accounts for the majority of overdose deaths, but deaths due to Fentanyl have exponentially increase. Heroin and Fentanyl now account for 90% of the overdose fatalities, according to an annual report from the state's health department. Southern Maryland saw 88 deaths in 2016 from substance abuse, a nearly 50% increase compared to 2015. When data from 2014 is included, Heroin-related deaths increased by 67% in the last two years. The drug-induced death rate is 25.0 in Calvert County, 13.3 in Charles County and 10.6 in St. Mary's County, compared to 17.7 in Maryland.

  There are multiple causes of the opioid crisis such as overprescribing, easy access to opioids, and limited access to less-addictive, more expensive pain medication and addiction treatment. Unemployment and lack of health insurance are also associated with a higher instance of prescription opioid misuse and abuse[122]. Plans for combating the opioid epidemic must be multifaced at the system and community level. For example, education efforts must be paired with treatment services for those that are addicted, which in turn reduces the demand for drugs in the community. Despite a declaration of an opioid crisis for Maryland and nationally, and the three-pronged plan for reducing the addiction epidemic proposed at the federal level, which includes aggressively prosecuting illegal drug traffickers, closing shipping loopholes for drugs and encouraging the approval of drugs to fight addiction such as Suboxone and Narcan, the epidemic in the service area is likely to worsen. The national strategy must expand treatment to significantly impact the service area to be an effective measure for combating substance abuse. Also, changes to the policies surrounding the Affordable Care Act will most likely reduce health coverage for many Americans and recovery and treatment for those who become uninsured.

  Community-based strategies that could impact the increasing rate of substance abuse in the service area include: advocating and working in collaboration with addiction service providers and hospitals to link SMTCCAC self-sufficiency and two-generation services to treatment programs, educating health and social service professionals to increase referrals to treatment among service-seeking populations, pooling and leveraging funds and grant opportunities to expand sober housing and other residential and non-residential treatment programs, and creating strong recovery-specific connections between anti-poverty, employment, and social services programs to support ongoing sobriety for individuals with addiction history.

- ***The supply of emergency housing and shelter beds is not adequate to support the number of homeless individuals identified by the Point-In-Time Housing Count or the state estimate of homeless individuals.*** There are 143 emergency shelter beds in the service area, yet the population of individuals receiving homeless services is estimated to be 1,329[123]. The Point-in-Time (PIT) count estimates there are 181 homeless individuals in households with at least one

[122] Harvard Business Review, 2017. https://hbr.org/2017/10/to-combat-the-opioid-epidemic-we-must-be-honest-about-all-its-causes
[123] State of Maryland Interagency Homelessness Report to Legislature (2016).

adult and one child and an additional 236 persons in households without children at any given time in the service area that are homeless. The PIT count estimates that 50 of those that are homeless are severely mentally ill and 45 are chronic substance abusers. Victims of domestic violence also comprise eleven members of the homeless population. Housing issues are of particular concern in light of high crime rates, increasing mental illness, and increasing substance abuse. Often, individuals released from the criminal justice system quickly end up in homeless shelters which could be contributing to the growing members of the homeless population that experience substance abuse and mental illness as these issues are overrepresented among the criminal justice involved population. Without adequate resources recidivism rates in the service area among this population are likely worsen. There are 26 homeless encampments in the three-county service area.

- ***Housing insecurity and the condition of housing for low-income residents impacts a significant percent of the population and low-income residents.*** The national home ownership rate is 63.6%, compared to 66.5% for Maryland, 81.9% for Calvert County, 77.4% for Charles County, and 71.9% for St. Mary's County. The general trends for the service area indicate that rates of individuals that own a home are higher than found nationally and in the state. The percentage of the renter – occupied units is correspondingly low. The rate of renter-occupied units is 36.4% for the U.S. and 33.5% in Maryland, which is almost double the rate found in Southern Maryland Counties. The percentage of renter-occupied households is 18.1% in Calvert County, 22.6% in Charles County, and 28.1% in St. Mary's County. There is a 0% vacancy rate for affordable housing in Calvert County. In Charles and St. Mary's County the cost of rent is high which also creates affordable housing concerns. The rental vacancy rate is slightly lower than the rate for the nation and reflective of the state vacancy rate. This data indicates that in Calvert County finding appropriate housing is a concern while in Charles County, the cost of housing is more of a concern for families. Should these trends continue it is likely employers will report problems finding qualified personnel due to the high cost of housing and economic development efforts may be stalled as the housing system becomes more inadequate for workers.

  The condition of housing in some areas and the housing occupied by low-income residents is of concern. Overall, the service area counties fare better or comparable to the state in the rate of substandard conditions, likely due to the expansion of newly built housing as the area became more populated, but there are areas of the counties that have a large stock of housing that lacks plumbing, sewer and water systems. Disproportionately, survey respondents reported having experienced these issues. The areas that are most in need of services such as weatherization and affordable housing include areas of Waldorf in Charles County, Prince Frederick in Calvert County and Lexington Park in St. Mary's County[124].

  Affordability of housing is complicated by lack of affordable housing stock which was an expressed need in each county. According to the Maryland Department of Housing and Community Development the estimated net shortage of affordable and available rental housing in Calvert County was 207 units, compared to 469 units in Charles County and 343 units in St. Mary's County[125]. In turn, 50% of community survey respondents pointed the primary cause of housing issues was lack of affordable and available housing and 34% pointed to the cost of living and low wages as foundational problems impacting housing issues. The opinions of survey respondents align with the primary housing data collected for the service area.

[124] http://msa.maryland.gov/megafile/msa/speccol/sc5300/sc5339/000113/002000/002959/unrestricted/20066364-0008e.pdf
[125] https://planning.maryland.gov/PDF/YourPart/773/20140127/Housing_Maryland.pdf

- ***Food insecurity is becoming more prevalent***. Characteristics associated with nutritional vulnerability present among the Southern Maryland population include having a low-income, experiencing persistent poverty, lack of income security, lack of savings and the variation in the cost of living in the service area (medical expenses, changes in the cost of living, rent increases, etc.). Food security needs are complicated by restrictions on the use of food pantry services and the ability of the emergency food system to accommodate the needs of the population. While food bank data is critical in understanding food security, food bank users are only a subset of the food insecure households, often those experiencing the most severe circumstances. Barriers to the use of food banks or distribution programs include the perception in the level of need that an individual may have, limited operating hours and the location of food banks which may make them difficult to reach, and the chance that families will be turned away because there is not enough food.

  The percent of the population living in a food desert has grown since 2010 in all counites. In addition, children eligible for Free and Reduced Priced Meals (FARMS) has also increased in all counites during the past five years. Children have higher rates of food insecurity than adults. In each county over 30% of the population lives in a census tract with no healthy food access compared to just 18.2% of the state population. The highest rates of children that use FARMS are in Charles County which also has the highest rates of food insecurity. Among children, Charles has lower rates of food insecurity, which could be due to high rates of participation in FARMS and a lower cost of food than in the other service area counties. Racial disparities in regard to food security are also present. A higher percentage of non-Hispanic Blacks lack of access to healthy food than rates of healthy food access demonstrated among the general population.

- ***Transportation can be a major obstacle for low-income families in the service area due to limited public transportation resources that are either not available in all areas or do not meet the scheduling needs of families.*** Southern Maryland's unique geographic location limits its connections to the rest of Maryland. Transportation is an issue relevant to the ability of the service area to grow economically as well as to support the ability of families to access resources. Since the area is a peninsula, no major interstate highways traverse it and the bridges connecting Calvert, St. Mary's, and Charles County are low capacity, two-lane structures. Transportation issues include routes with few stops and long waiting times for buses to traverse the area. Additionally, each county experiences issues related to collaboration between transit providing agencies that limit the ability to leverage transportation resources.

  Without reliable transportation, families cannot take advantage of housing, health services, or employment opportunities. Issues identified as the cause of transportation needs in the community most commonly cited by survey respondents included that the cost of transportation was too high and that the transportation system was insufficient. In all service area counties, less than 5% of the population lacks access to a vehicle which contributes to high rates of congestion along highways and roads. There has also been a gentrification occurring where low-income residents are pushed to more rural areas that lack transportation as housing costs increase. In these areas transportation can be more limited or non-existent.

- ***Childcare Accessibility is limited as evidenced by a significant childcare slot gap in each county and lack of affordable childcare options.*** Common trends across the service area indicate that there is a significant need for childcare programs for children birth-to-two years, in addition to

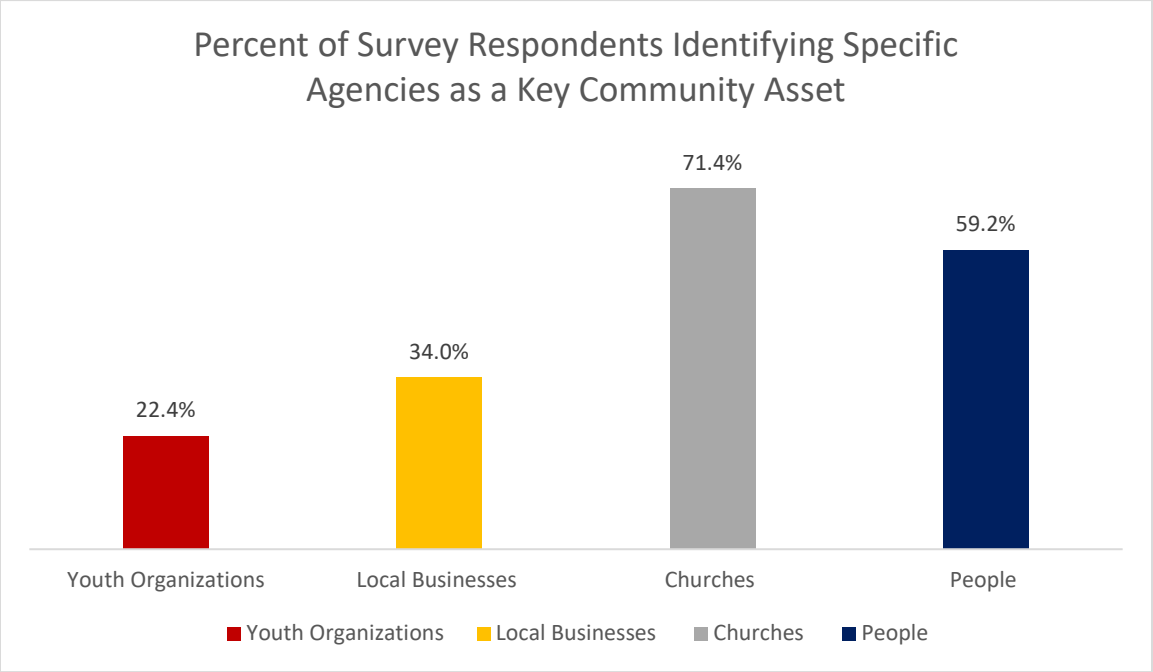
affordable childcare that spans the range of birth-to-five years. Of Southern Maryland Tri-County Community Action Committee needs assessment survey respondents, 87% of Head Start eligible respondents indicated they are interested in Early Head Start services. In all three counties the most pressing childcare issues are related to cost and accessibility. As such, a combination of home-based and center-based options would best serve families.

The waiting list for childcare subsidies in the area is extensive with over 250 children in Charles County on a waiting list for assistance, 64 children in Calvert County and 45 children waiting for childcare subsidies in St. Mary's County. Charles County also has several areas within the county that do not have any providers at all. Charles County has the highest slot gap of all three counties and the highest rate of children per regulated space. There are over 1,300 eligible children aged birth-to-five years utilizing other childcare programs in the tri-county service area with the majority residing in Charles County.

Childcare costs the most in Calvert County at an average of $223/week for a child under two (infant/toddler) and $171/week for a child aged 3-5 years (preschooler). In Charles County, the cost of childcare for an infant/toddler is $257 and $182 for a preschooler, compared to $295 weekly in St. Mary's County for an infant/toddler and $218 for a preschooler.

Community Strengths and Assets

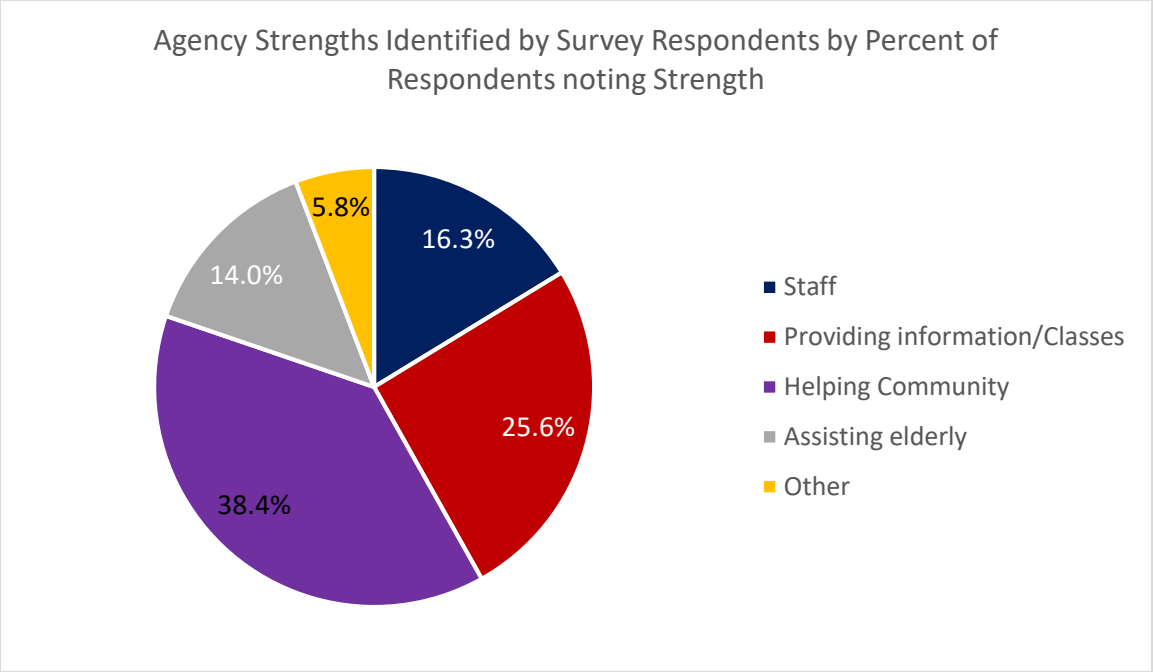
Low-income families are resilient and resourceful. Many low-income families show a remarkable capacity to employ flexible and creative coping strategies as well as make use of extensive social networks to meet their needs. Survey respondents identified a number of community agencies that act as resources as a strength in the community as shown in the chart below. Other noted strengths not featured in the chart below included nonprofit organizations, the ability of agencies to collaborate, the jobs provided at the naval base, and schools.



The community survey respondents reported they rely on help from community agencies, faith-based entities, and public assistance when necessary. SMTCCAC enjoys positive relationships with program participants and community agencies. Strengths identified through the needs assessment process included the ability of the agency to reach diverse populations and the longevity of the organization. While services are at their maximum capacity, the services available were also noted as efficient and effective. Among survey respondents, 26% noted SMTCCAC's ability to provide information and classes to the community as a strength. Another strength of the agency is to match services to the local sense of place. Each county has an identity of its own and services provided by SMTCCAC are designed using a locally-based model that reflects the engagement of the low-income population served.

Within SMTCCAC, assets include dedicated, caring, and respectful staff. The agency also offers a variety of services and has implemented a teamwork culture and systemic process for making referrals between programs that result in a comprehensive two-generation approach to service delivery. Fourteen percent of

survey respondents reported the ability to assist the elderly as an agency strength. The agency also has the capacity to serve a large number of customers and uses a strength-based approach to facilitate client-driven services.



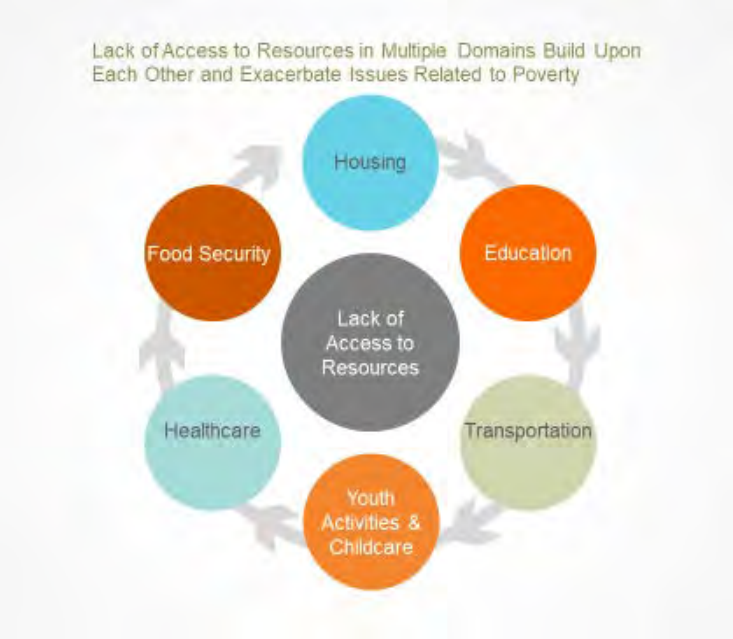
Service Linkages

Service Linkages
SMTCCAC collaborates with other organizations to ensure the best possible support and outcomes for Community Action program participants. The types of agencies that act as collaborative partners include local government entities in each county such as human service agencies, public health departments, schools, colleges and law enforcement (courts, public safety agencies, etc.) programs. Other agencies include private non-profits, medical and mental health care service providers, local business organizations and faith-based entities. Some of the agencies that act as key partners are listed in the following table.

Agency Partners	
United Way	Center for Children, Inc.
Judy Center	Department of Health
Lifelong Learning Center	Charles County Public Schools
Chamber of Commerce	Department of Labor and Licensing
The Arc of Southern Maryland	Center for Life Enrichment
Division of Rehabilitation Services (DORS)	Developmental Disabilities Association (DDA)
Boys and Girls Club	Boy Scouts/Girl Scouts
Department of Housing and Community (DHCD)	Department of Social Services

Barriers

Throughout the needs assessment process survey data respondents, participants in community forums, and key informants were asked about barriers to services. The most frequently cited barriers were transportation, lack of affordable childcare that enables families to work, and the availability of jobs that pay a livable wage. In addition to physical access to services and resources there is informational, social, and psychological access issues as well. For example, individuals need to know an offering exists, to see it as important, and then be willing to use it. Service area barriers can be reduced by creating opportunities that make it easier for residents to access and utilize services and by addressing head-on the stigma associated with services such as mental health support and substance abuse treatment or homelessness through education campaigns. A need for leveraged services and increased collaboration was also noted in interviews conducted for the community needs assessment. Practices that can reduce barriers to access to services include the following:



1. Consider literal and physical access when designing services outside basic assistance and emergency services. For example, if an informational class exists, but is not available at a time when those who need it can use it (no evening or weekend hours for those who work full-time day jobs, for example), then some individuals may have no access to that service. If a service is limited to a particular small group by funding or organizational policy, it isn't accessible to many who need it. These conditions also hold for such amenities as sports facilities, cultural programs, and libraries, and for information. They hold as well for healthy products – whole grain bread, fresh fruit and vegetables, clean water, etc. In a key informant interview for the needs assessment Delegate Proctor noted that in the near future a new sports complex will be built that will serve the counties in Southern Maryland. Seeking grant funding from local foundations would be a good strategy to address the need for additional youth activities that was cited in the community assessment forum as a way to strengthen the community.
2. Psychological barriers such as shame or embarrassment about what they need (basic skills, treatment for STD's, homeless support services, mental health and substance abuse treatment) or fear of failure keep many people from seeking services, from using such public amenities as libraries, or even from registering to vote. Strategies that may be helpful for reducing psychological barriers to services include reframing a service to make it more acceptable (more convenient/less embarrassing) and conducting outreach through other agencies that have already formed a trusting relationship with potential customers.

3. Utilizing different service models for rural and urban customers can also target and strengthen programs. Providing direct social services poses a number of different challenges than the delivery of cash assistance. Unlike cash assistance, social services must be accessed through regular visits to service providers. Policy makers interviewed for the community assessment as well as customers and SMTCCAC survey respondents are aware of the transportation infrastructure issues in the service area and the limitations posed by the geographic nature of Southern Maryland. To better match the geography of poverty to services the program can provide more home-based services such as home-based Early Head Start. In addition, outreach workers or community navigators can help support expansion of services. For example, one model utilized in Pennsylvania uses expanded function dental hygienists that travel into communities and oral health professional shortage areas to provide dental exams and other routine oral health care to high-risk populations.

Suggested Priorities for Community Discussion

According to the community needs assessment survey data the top needs identified in each county were primarily related to housing. While this could be due to the large number of survey respondents that utilize SMTCCAC housing services this need also aligns with primary data indicating lack of affordable housing in the service area and the high cost of living. The following housing needs were identified in the

Most cited housing needs in all three counties:

1. Emergency programs for housing.
2. Programs to assist in the repair of homes
3. Programs to make homes more energy efficient
4. Safe and affordable housing within the community
5. Safe and affordable multifamily housing

The top needs identified in the community forums were as follows:

1. Jobs and livable wages
2. Transportation
3. Affordable housing/education and training
4. Healthcare/childcare
5. Youth services

In interviews and public forums conducted for the community assessment and other community meetings, SMTCCAC staff asked questions about the network of services in the communities of service and how well they meet local needs. The responses were analyzed in relation to jobs, basic needs, housing, health, and other areas of concern identified through the assessment process. The top concerns identified by agency partners completing the survey were employment, crime, housing, child abuse and neglect and alcohol and drug abuse. In interviews with legislators and key informants, the top needs in the community included an increased need for collaboration among agencies, funding for expansion of services, and improved access to education and employment opportunities.

Top 10 Needs by County by Ranking in Survey Responses				
Service Area		**Calvert**	**Charles**	**St. Mary's**
1	Utility Assistance	Programs to assist in repair of homes	Utility Assistance	Utility Assistance
2	Safe and affordable housing available within the community	Programs to make homes energy efficient	Safe and affordable housing available within the community	Rental Assistance
3	Programs to assist in repair of homes	Emergency programs for the homeless	Programs to assist in repair of homes	Programs to assist in repair of homes
4	Programs to make homes energy efficient	Emergency programs for food assistance	Programs to make homes energy efficient	Safe and affordable housing available within the community
5	Rental Assistance	Emergency programs for housing	Rental Assistance	Emergency programs for housing
6	Emergency programs for housing	Safe and affordable housing available within the community	Safe and affordable multi-family housing	Emergency programs for the homeless
7	Safe and affordable multi-family housing	Safe and affordable multi-family housing	The cost of living in my community is too high.	Emergency programs for food assistance
8	The cost of living in my community is too high	Transportation for the general public	Emergency programs for housing	Programs to make homes energy efficient
9	Emergency programs for food assistance	Utility Assistance	Jobs in my community do not pay an adequate wage	Crime reduction/neighborhood safety programs
10	Emergency programs for the homeless	More public recreational facilities and parks	More public recreational facilities and parks	Safe and affordable multi-family housing

Table 135 Top 10 Needs by County by Ranking in Survey Responses

Top Needs from Public Forums			
Ranking Index	**Calvert**	**Charles**	**St. Mary's**
5 points	Education, Training, and Livable Wages	Transportation	Education and Training
4 points	Healthcare (medication costs), Housing, Food/Hunger and Literacy	Affordable Housing/Livable Wages	Livable Wages
3 points	Childcare/Transportation/Youth Services	Jobs/Childcare	Transportation
2 points	Mental Health/Drugs and Addiction/Adult Daycare	Substance Abuse	Affordable Housing/Youth Services
1 point	Access to a directory of available programs and services	Affordable Healthcare	Aging /Affordable Health Care

Elements / Total score	Needs Ranking Surveys (Quantitative/Qualitative)	Needs Ranking Quantitative and Primary Data	Needs Ranking Interviews	Needs Ranking Forums	Final Ranking Top 10 Needs
Housing (20)	High	High	High	High	**# 1**
Nutrition (14)	Medium	High	Medium	Medium	# 8
Healthcare (18)	Medium	High	High	High	**# 3**
Employment (20)	High	High	High	High	**# 2**
Income Management (10)	Low	Medium	Medium	Low	# 10
Education (15)	Medium	Low	High	High	# 7
Early Childhood (10)	Medium	Low	Medium	Low	# 9
Childcare (16)	Medium	High	High	Medium	**# 5**
Transportation (18)	Medium	High	High	High	**# 4**
Youth Services (16)	Medium	Medium	High	High	# 6
Recreation (10)	Medium	Low	Medium	Low	# 11
Community Dev. (10)	Medium	Low	Medium	Low	# 12

Top Five Priority Community Needs	
EMPLOYMENT OPPORTUNITES & EDUCATION	
Employment and Education	The employment landscape poses challenges for individuals that do not have a college degree. An influx of the population has impacted opportunities for employment and overall job growth has not kept pace with population increases. The employment rate has declined less than 3% over the past five years, while the population has grown by 25% since 2010. Additionally, the rate of adults living in the area that have not attained at least a bachelor degree is significant exceeding 70% of all residents. Head Start parents have a lower rate of high school graduation leading to a disadvantage educationally in terms of acquiring meaningful employment. The major theme identified by respondents as a barrier to employment was a lack of jobs and limited qualifications for employment opportunities that are available in the community. This data is consistent with the education and career needs data in which a large percentage of respondents reported job training as a major need in the community. Within SMTCCAC, the number of families in which all parents are working totals 75 (51% of enrolled families). The percent of parents employed in Head Start is lower than the rate found in the service area's general population; in total 58 (43%) program families have no workers. While employment rates are improving, those with the best chance of moving out of poverty are families that have both parents working, especially because of the high cost of living in the area. Among the total community survey respondents, the rate of employment was 59.3% which is also lower than the rate found in the general population. Workforce trends in each community indicates that there is a high-end job growth in professional and business services with a technology-intensive knowledge base foundation. There is also strong growth in service and retail professions, which are at the lower-end of the wage spectrum. It is anticipated that wage inequality will continue to grow if individuals in poverty are not able to improve their qualifications to extend into the professional fields. The most common job groups, by number of people living in Charles County are Management, Business, Science, & Arts, Sales & Office, and Service. The most common employment sectors for those who live in Calvert County, are Public Administration, Retail trade, and Construction. The most common job groups, by number of people living in St. Mary's County, are Management, Business, Science, & Arts, Sales & Office, and Service. The jobs that have experienced growth since 2012 include public administration, education and health services, professional services, leisure and hospitality and other services, while manufacturing trade, transportation and utilities, construction, financial activities and information have experienced a significant decline.
	National Goal: Low income people become more self-sufficient (Goal 1).

	Partnerships among supporters and providers of service to low-income people are achieved (Goal 4). Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems (Goal 6).
	National Performance Indicator: NPI 1.1 – Employment NPI 1.2 – Employment Supports NPI 4.1 – Expanding Opportunities through Community-Wide Partnerships NPI 6.3 – Child and Family Development
	Services: Southern Maryland Job Source, community colleges, SMTCCAC programs
	Possible Causes: The population's struggle with improving their employment is rooted in low education levels that begin with a lack of school readiness, low standardized test scores in elementary school, and graduation from high school, but lack of completion of postsecondary programs that result in a bachelor degree or a career training program that is aligned with job growth in the area and pays a living wage. These struggles are combined with a lack of job growth to support the expanding population, which leads to limited options for upward mobility that impact residents, and lack of employment opportunities that are a viable pathway to financial security.
AFFORDABLE HOUSING AND UTILITIES ASSISTANCE	
Affordable Housing and Utilities Assistance	The need for utility assistance is demonstrated across a range of both qualitative and quantitative indicators. At the foundation of the struggle to afford housing costs and utilities are high rates of poverty and a higher than average cost of living. According to the U.S. Census, poverty rates grew by 1% in Southern Maryland between 2000-2015. There is a total of 25,656 individuals in poverty in the service area. The income levels of individuals and households comprised of racial-ethnic minorities, seniors, and families and children falls well below that of the state average income. The cost of living in the service area is high, ranked 15th in the nation. There is a significant gap in affordable housing with the service area having a HUD assisted housing unit rate of 279.72 compared to 413.45 for Maryland and 375.41 for the nation. When asked about the condition of their housing community assessment survey respondents indicated that they experience housing issues such as a need for repairs (30%), overcrowding (6%), and difficulty affording the costs of utilities (20%).
	National Goal: Low-income people become more self-sufficient (Goal 1). The conditions in which low-income people live are improved (Goal 2). Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems (Goal 6).

	National Performance Indicator: NPI 1.3 – Economic Asset Enhancement and Utilization NPI 2.1 – Community Improvement and Revitalization NPI 2.2 – Community Quality of Life and Assets NPI 2.3 – Community Engagement NPI 6.1 – Independent Living NPI 6.2 – Emergency Assistance NPI 6.4 – Family Supports (Seniors, Disabled, Caregivers) NPI 6.5 – Service Counts
	Services: Referrals to SMTCCAC utility assistance services such as the Maryland Energy Assistance Program (MEAP) and the Utility Service Protection Program (USPPP) and the Electric Universal Service Program
	Possible Causes: Poverty is pervasive in the service area for some populations (single-female headed households, seniors, and in specific census tracts). Both quantitative and qualitative data indicates that individuals have a low-income, may be on a fixed income (elderly, disabled, Veterans), and that workers earn low wages. The lack of income makes it more difficult to secure the resources necessary to meet their basic needs, particularly when the high cost of living in the service area is considered. The affordable housing stock in the area is insufficient to meet the needs of the low-income population and other housing that is available for those earning a low-income is frequently aging or in disrepair which also increases the cost of utilities.
	AFFORDABLE CHILDCARE AND YOUTH PROGRAMS
Affordable Childcare and Youth Programs	Common trends across the service area indicate that there is a significant need for childcare programs for children birth-to-two years, in addition to affordable childcare that spans the range of birth-to-five years. In Maryland, the cost of childcare consumes 40.3% of a single-parent average annual income for one child and 67.7% of a single parent income for two children. The cost of care is nearly $5,000 higher than the annual cost of college tuition at a four-year college. Childcare costs the least in Calvert County at an average of $223/week for a child under two (infant/toddler) and $171/week for a child aged 3-5 years (preschooler). In Charles County, the cost of childcare for an infant/toddler is $257 and $182 for a preschooler, compared to $295 weekly in St. Mary's County for an infant/toddler and $218 for a preschooler. In all three counties the most pressing childcare issues are related to cost and accessibility. The waiting list for childcare subsidies in the area is extensive with over 250 children in Charles County on a waiting list for childcare assistance, 64 children in Calvert County and 45 children waiting for childcare subsidies in St. Mary's County. Charles County also has several areas within the county that do not have any providers at all. Charles County has the highest slot gap of all three counties and the highest rate of children per regulated space. There are over 1,300 eligible Early Head Start /HS children utilizing other childcare programs in the tri-county service area with the majority residing in Charles County. Of SMTCCAC survey respondents, 87% of Head Start eligible respondents indicated they are interested in Early Head Start services.

	National Goal: The conditions in which low-income people live are improved (Goal 2). Agencies increase their capacity to achieve results (Goal 5). Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems (Goal 6).
	National Performance Indicator: NPI 2.2 – Community Quality of Life and Assets NPI 5.1 – Agency Development NPI 6.3 – Child and Family Development NPI 6.4 – Family Supports (Seniors, Disabled, and Caregivers)
	Services: Head Start/Early Head Start, public and private childcare programs
	Possible Causes: The cost of childcare is driven by many factors such as qualified staff, the costs associated with meeting childcare licensing requirements (ratios, facilities, meals, activities/materials), and aspects of childcare quality such as professional development and enriched environments. Unfortunately, the true cost of quality far exceeds the amount that families can afford to pay. These costs are most likely to come when parents are starting their career and when families are least likely to be able to afford them. As a result of unaffordable childcare costs many families rely on childcare subsidies or forego/limit their employment during their child's early years. Data indicates that the service area has high rate of parental employment and an insufficient number of childcare subsidies and affordable childcare options to meet the needs of the population.
TRANSPORTATION	
Transportation	Transportation is an issue relevant to the ability of the service area to grow economically as well as to support the ability of families to access resources. Transportation can be a major obstacle for low-income families in the service area due to limited public transportation resources that are either not available in all areas or do not meet the scheduling needs of families. Since the area is a peninsula, no major interstate highways and the bridges connecting Calvert, St. Mary's and Charles County are low capacity, two-lane structures. Transportation tissues include routes with few stops and long waiting times for buses to traverse the area. Issues identified as the cause of transportation needs in the community most commonly cited by survey respondents included that the cost of transportation was too high and that the transportation system was insufficient. In all service area counties, less than 5% of the population lacks access to a vehicle which contributes to high rates of congestion along highways and roads.
	National Goal: The conditions in which low-income people live are improved (Goal 2). Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems (Goal 6).
	Indicator:

	NPI 2.1 – Community Improvement and Revitalization NPI 6.1 – Independent Living NPI 6.2 – Emergency Assistance NPI 6.4 – Family Supports (Seniors, Disabled, and Caregivers) NPI 6.5 – Service Counts
	Services: VanGo public transportation (Charles County), Charles County Department of Health (medical assistance transportation), Calvert County Public Transportation, St. Mary's County Health Department Medical Transportation Program; St. Mary's County Paratransit Service, St. Mary's Transit System
	Possible Causes: Southern Maryland, located southeast of Washington, D.C., is surrounded on three sides by the Chesapeake Bay and the Potomac River, and divided by the Patuxent River. The region is linked to the rest of Maryland and the Washington, D.C. metropolitan area through Prince George's and Anne Arundel Counties to the north and to Virginia to the south via a bridge across the Potomac River. Southern Maryland's unique geographic location limits its connections to the rest of Maryland.
AFFORDABLE HEALTH CARE & SUBSTANCE ABUSE PROGRAMMING	
Health Services & Substance Abuse Programs	The service area experiences a shortage of health resources and rural residents and racial-ethnic minorities experiences health disparities that contribute to lifelong disadvantages. In Calvert County, the life expectancy for black or African American residents is 77.6 yrs. versus 80.3 for Whites and 80.1 for all residents. In Charles County, the life expectancy for Whites is 79.3 versus 79.7 for black/African Americans and 79.5 for all residents. In St. Mary's County, the life expectancy for black or African American residents is 76.6 yrs. versus 79.4 for Whites and 79.1 for all residents. When health outcomes are examined, African Americans and Hispanics have a lower life expectancy, higher rates of infant mortality, and higher rates of teen birth than rates found in the general population. Primary health and dental services are also more limited in the rural areas of the county. The service area provider ratio for dentists, physical health, and mental health providers is lower than found across the state. In all counties, the rate of access for children and adults that received a dental visit in the last year was lower than found in Maryland. Substance abuse also is a pressing concern that continues to worsen. Similar to the upward trend in Maryland, the Southern Maryland counties are experiencing a dramatic increase is substance abuse and overdose deaths. The number of Marylanders who died from drug and alcohol-related overdoses in 2016 reached an all-time high of 2,089, a 66% rise from 2015. Heroin and Fentanyl account for 90% of the overdose fatalities, according to an annual report from the state's health department. Southern Maryland saw 88 deaths in 2016, a nearly 50% increase compared to 2015. When data from 2014 is included, Heroin-related deaths increased by 67% in the last two years. The drug-induced death rate is 25.0 in

	Calvert County, 13.3 in Charles County and 10.6 in St. Mary's County, compared to 17.7 in Maryland. At the same time as abuse is increasing, services are not expanding to meet increase needs for treatment.
	National Goals: The conditions in which low-income people live are improved (Goal 2). Partnerships among supporters and providers of services to low-income people are achieved (Goal 4). Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems (Goal 6).
	National Performance Indicator: NPI 2.1 – Community Improvement and Revitalization NPI 4.1 – Expanding Opportunities through Community-Wide Partnerships NPI 6.1 – Independent Living NPI 6.2 – Emergency Assistance NPI 6.3 – Child and Family Development NPI 6.4 – Family Supports (Seniors, Disabled, and Caregivers) NPI 6.5 – Service Counts
	Services: Southern Maryland Intergroup Alcoholics Anonymous, Calvert Alliance Against Substance Abuse, Jude House, Mental Health, Substance Abuse and Victims Advisory Council, St. Mary's County Alliance for Alcohol/Drug Abuse Prevention, Walden, The Carol M. Porto Treatment Center (Calvert Treatment Facility)
	Possible Causes: The service area primary care provider to low-income population ratio is 2,267:1 compared to 1,130:1 in Maryland. In regard to dental health, the ratio is 1,907:1 compared to 1,360:1 for the state. Mental health care services are also impacted with a ratio of 550:1 compared to the state ratio of 490:1. The prevalence of health problems are compounded by other factors such as lack of access to nutrition, limited coordination of health services, lack of transportation access, and low health literacy. Increased rates of substance abuse are linked to mental illness, homelessness, and poverty.

Possible Solutions and/or Recommendations

Heartland Identified Possible Solutions and Recommendations for Discussion	
LINKS TO EMPLOYMENT OPPORTUNITES & EDUCATION	
Need # 1	Through the leveraging of resources within the service area, an increase in employment opportunities within the community may impact the gap in employment and employment training programs. SMTCCAC provides a number of career training programs and has the capacity to expand these services to meet emerging workforce occupations that pay a livable wage. Service agencies such as Southern Maryland Job Source can also be utilized to provide intensive assistance in helping individuals to attain employment. In addition to SMTCCAC, various agencies provide academic and vocational training with the objective of furthering participants' employment opportunities within the service area.
AFFORDABLE HOUSING & UTILITIES ASSISTANCE	
Need # 2	Potential solutions in the service area in relation to providing utility assistance may include the collaboration between housing agencies, city municipalities, and area service agencies and other non-profit entities, such as social services and faith based organizations to increase access to utility assistance. Also, an increase in collaboration between organizations within the community and educational agencies to provide information around energy tips for consumers that will motivate tenants of affordable housing and non-profit facilities, as well as those receiving energy assistance, to become more informed energy consumers. Collaboration with local service entities to create new programs and expand existing programs, to address gaps in low-income energy assistance.
INCREASE AFFORDABLE CHILDCARE OPTIONS	
Need # 3	SMTCCAC is uniquely positioned to address childcare needs, both due to the agency's experience operating a high – quality early childhood program and experience developing workforce programming that has made the agency familiar with the needs of families. To support childcare access, SMTCCAC can expand full-day/full-year programming options in both Head Start and Early Head Start to meet the needs of families. Because of the increased number of infants and toddlers in the service area and due to the increased cost of care, a priority should be the expansion of Early Head Start programming. This option should include a home-based program to meet the stated needs of families and to address transportation issues. The program can also work through community-level committees to support childcare

	initiatives that reduce the cost of care for example, public tax initiatives that offset the costs of paying for or providing high-quality childcare programs.
	IMPROVE TRANSPORTATION RESOURCES
Need # 4	Transportation issues are rooted in the geographic and transit infrastructure in the service area and are worsening due to gentrification that has lead to displacement. There is a need for rural transportation and further development of all public transportation options. To address these challenges Maryland has collaborated with community action agencies to expand transportation resources to low-income individuals, senior citizens and the disabled. However, there is much work to be done. Activities to support this need that have been successfully implemented in other communities include pooling funds between community action and workforce agencies to provide transportation for riders to job training, post-secondary education programs and employment sites while children are attending Head Start programs, reimbursing drivers who transport eligible Medicaid recipients, youth, or at-risk elderly or mentally disabled or low-income residents to medical appointments and care, working with mass transit operators across counties and with the state to develop new job access routes that meet the needs of participants and employers, and promoting vehicle ownership through vehicle donation programs in which recipients of cars must "pay back" the community through volunteer work.
	REDUCE HEALTH DISPARITES FOR TARGED POPULATIONS AND INCREACE SUBSTANCE ABUSE PROGRAMMING
Need # 5	The reduction of health disparities and need to address substance abuse issues is a complex problem that must be addressed using multi-faceted collaborative strategies. SMTCCAC can begin this work by increasing awareness of available resources. Programs can compile and collect information about resources and share it with doctors, hospitals, child care providers, and community health workers. Social media can also be used to build trust and a good reputation among underutilized providers. At a systemic level, the program can support an increase in access to services by promoting Medicaid reimbursement among providers, particularly those for children with special health care needs. The agency can also lead grant seeking efforts to fund health mobile outreach services. Other activities that include shortening and streamline provider enrollment processes and pooling money to avoid duplication and increase coordination can also occur through health advocacy groups to magnify the efforts of SMTCCAC. As a longstanding community agency, SMTCCAC can work to increase collaboration among service providers by sitting down with competing entities and work out which organizations will serve which locations and groups. The program staff can also educate elected officials about pregnancy

statistics to bring attention to teen births and racial disparities and other sex education problems. Head Start staff can also play a critical role in educating providers on how to communicate better with parents. For example, how to explain the importance of lead testing for children or working through the Health Services Advisory Committee to advocate for public policies that work to support substance abuse reduction. For example, in Colorado pregnant women are able to share information about their drug use with healthcare providers without fear of criminal prosecution. To the extent possible, SMTCCAC can partner with local substance abuse coalitions to bring attention to growing rates of substance abuse. Ways that SMTCCAC can support their efforts include integrating substance abuse education into parent training programs and performing outreach to programs that are providing treatment and resources to families that have a member experiencing substance abuse so that children in substance abusing families are prioritized for enrollment in Head Start. For example, the family dependency treatment court, drug court, and hospitals would be a good source of contact for program enrollment and recruitment staff.

Activities that could support improvements in the mental health service system include:

- To fight stigma (particularly among Veterans) facilitate an education campaign that encourages people to talk more openly about mental illness, ask for help when they need it, and understand that their illness is not shameful. This strategy could also include expanding participation in mental health awareness weeks designated by the National Alliance for Mental Illness.
- Build local capacity for public mental health research in poor countries in the service area to provide county-level data on child expulsions, suicides, mental illness, and other gaps in services related to substance abuse treatment and mental health.
- Conduct a one-day community conversion about mental health using the Mental Health in My Community resources published by the U.S. Department of Health and Human Services. (https://www.mentalhealth.gov/talk/community-conversation/).
- Participate in health fairs and classes aimed to improve education about mental health issues, services, and resources in the community.
- Draw in hard-to-reach parents to improve their social connections and mental health protective factors.
- Provide information about substance abuse services and resources to improve awareness of how to access substance abuse assistance.
- Provide training to staff and parents that helps them recognize the importance of preventing mental health problems at an early age using the social-emotional development domains of the state early learning guidelines.
- Provide information and training related to cultural norms and expectations for young children as it pertains to mental health.

Appendix

Ranking Index for Needs Identified in Public Forums	
Domain Area	**Index Score**
Jobs/Livable Wages	13
Transportation	11
Affordable Housing	10
Education and Training	10
Healthcare	6
Childcare	6
Youth Services	5
Mental Health/Substance Abuse	4
Service Information	1
Food	1
Literacy	1

Quantitative Data Ranking Methodology	
Ranking	**# of Data Sources Showing Service Area Need**
High (5 points)	80% -100% of data sources demonstrate need and/or service are average reflects (within 5%) or exceeds state or national rate.
Medium (3 points)	79% - 50% of data sources demonstrate need and service area meets state or national rate for relevant indicators.
Low (2 points)	0 – 49% of data sources demonstrate need service area is lower than national rate for relevant indicators.
Interview/Community Data Ranking Methodology	
Ranking	**# of Data Sources Showing Service Area Need**
# of times mentioned/Noted	= points assigned
Forum and Interview Ranking	Participants ranked needs from 1-5; Greatest Need # 1 = 5 points = High Need # 2 = 4 points = High Need # 3 = 3 points = Medium Need # 4 = 2 points = Low Need # 5 = 1 point = Low Need

Ranking Index for All Community Assessment Components					
Elements / Total Points	**Needs Ranking Surveys (Quantitative/Qualitative)**	**Needs Ranking Quantitative and Primary Data**	**Needs Ranking Interviews**	**Needs Ranking Forums**	**Final Ranking Top 10 Needs**
Housing (20)	High	High	High	High	**# 2**
Nutrition (14)	Medium	High	Medium	Medium	# 8
Healthcare (18)	Medium	Medium	High	High	**# 5**
Employment (20)	High	High	High	High	**# 1**
Income Management (10)	Low	Medium	Medium	Low	# 10
Education (15)	Medium	Low	High	High	# 7
Early Childhood (10)	Medium	Low	Medium	Low	# 9
Childcare (16)	Medium	High	High	High	**# 3**
Transportation (18)	Medium	High	High	High	**# 4**
Youth Services (16)	Medium	Medium	High	High	# 6

Ranking Index for All Community Assessment Components					
Elements / Total Points	**Needs Ranking Surveys (Quantitative/Qualitative)**	**Needs Ranking Quantitative and Primary Data**	**Needs Ranking Interviews**	**Needs Ranking Forums**	**Final Ranking Top 10 Needs**
Recreation (10)	Medium	Low	Medium	Low	# 11
Community Dev. (10)	Medium	Low	Medium	Low	# 12

Ranking Index for Needs Identified in Public Forums	
Domain Area	**Index Score**
Jobs/Livable Wages	13
Transportation	11
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Education and Training	10
Healthcare	6
Childcare	6
Youth Services	5
Mental Health/Substance Abuse	4
Service Information	1
Food	1
Literacy	1

Community Assessment Sector Participants				
Type of Participant	**Name of Organization / Individual**	**Surveys**	**Interviews**	**Forum**
Community-based Organizations	Center for Children	X		
	Southern Maryland Tri-County Community Action Committee Staff	X	X	X
	Prime Time Children's & Youth Activity Center	X		
	Project ECHO	X		
	Calvert Collaborative for Children & Youth	X		
	Boys and Girls Club of Southern Maryland	X		X
	Calvert Minority Business Alliance	X		
	Lifestyles of Maryland	X		
	Crisis Intervention Center	X		
	Southern Maryland Community Network	X		
	Tri-County Youth Services Bureau	X		
	Friendly Health Services	X		
	Humane Society of Charles County	X		
	Habitat America			X
	Kiwanis of Waldorf			X
	United Way of Calvert County			X
Faith-based Organizations	Helping Inmates Transition to Society – St. John Vianney Catholic Church	X		X
	Community Ministry of Calvert County	X		
Private sector Organizations /Individuals	Chesapeake Current			X
	Southern Maryland Electric Cooperative	X		
Public sector Organizations	Charles County Public Library	X		X

Community Assessment Sector Participants				
Type of Participant	**Name of Organization / Individual**	**Surveys**	**Interviews**	**Forum**
	Calvert County Behavioral Health	X		
	Charles County Department of Health	X		
	Calvert County Hospice	X		
	Calvert County Office on Aging	X		
	Calvert County Department of Social Services	X		
	Calvert County Behavioral Health	X		
	St. Mary's Health Department	X		
	Local and Regional Homeless Prevention Board	X		
	Hospital of Charles County	X		
	Aging and Disabilities Program – Charles County			X
	Calvert County Recreation Department			X
	Delegate Proctor		X	
	Senator Middleton		X	

Community Survey

Southern Maryland Tri-County Community Action Committee, Inc.
COMMUNITY SURVEY

About you and your family:

1. Date: _____ **City of Residence:** _____ **Zip Code:** _____

2. Please check all that apply: ( ) Board/Committee Member ( ) SMTCCAC Employee
( ) SMTCCAC Program Participant ( ) General Public ( ) Public Official
( ) Head Start participant ( ) Policy Council Representative
( ) Partner Agency (name):_____

3. County of Residence: ☐ Calvert County ☐ Charles County ☐ St. Mary's County ☐ Other

4. I was born in:
☐ 1996-1998
☐ 1977-1995
☐ 1965-1976
☐ 1947-1964
☐ 1946- or prior

5. My highest level of education is:
☐ Grade 8 or less
☐ 9-12 grade, non-graduate
☐ High school graduate/GED
☐ Some College
☐ Graduate School
☐ Other_____

6. Race:
☐ White
☐ African American/Black
☐ Multi-race
☐ Asian
☐ Native American

7. Ethnicity:
☐ Hispanic
☐ Not Hispanic

8. Gender: ☐ Male ☐ Female

9. Veteran/Active Military: ☐ Yes ☐ No

10. The number of people in my household, including myself is: _____

I am a registered voter: ☐ Yes ☐ No

11. Marital Status:
☐ Married
☐ Separated
☐ Widowed
☐ Never Married
☐ Divorced

12. I am currently single, head of household and live with children under age 18: ☐ Yes ☐ No

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Individual and community needs:

Respondents should indicate either their own individual needs, or needs that they have identified within their community. Please indicate the level of need by placing "**X**" in the appropriate box:

13. Senior /disability needs:	**Yes**	**No**
I am currently caring for an elderly or disabled family member ***(If no**, please skip to employment and training section - Question #14)* ***If yes,** How many hours a day?* ☐ 1-3 ☐ 4-6 ☐ 7-11 ☐ 12+		

	Yes	**No**
Do you receive respite care or in-home care services?		

Please rank the challenges you face while caring for an elderly or disabled family member (1= least challenging / 5 = most challenging).	**1**	**2**	**3**	**4**	**5**
Not enough time for personal needs or other responsibilities					
Transportation to and from appointments					
Work stress					
Financial hardship					
Other (please describe):					

14. Employment/training needs:	**Yes**	**No**	**N/A**
Are you employed?			
If yes, do you work a rotating shift?			
I need childcare to attend a training / career program			
If you have children, do all parents in your household work?			

I am interested in receiving or obtaining (please check all that apply):	**Major Need**	**Minor Need**	**No Need**	**Unsure**
Employment opportunities within the community				
Assistance to attend a trade, technical school, or college or other specialized training				
Computer skills training				
Job Counseling				
Adult/GED Education				
Other (please describe):				

What do you believe is the cause of the employment needs in your community?

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15. Income and financial security needs:

My total household income in 2016 was (include all types of income before any deductions):

- ☐ Under $15,000
- ☐ $15,000-$25,000
- ☐ $25,001-$35,000
- ☐ $35,001-$45,000
- ☐ $45,001-$55,000
- ☐ $55,001-$65,000
- ☐ $65,001 or more

The source of my household income is (please check all that apply):

- ☐ Unemployment
- ☐ Retirement/Pension
- ☐ Social Security
- ☐ Disability
- ☐ TANF
- ☐ Emergency Medical/ Housing Assistance
- ☐ Social Security/Supplemental
- ☐ Child Support
  _____ *Court ordered* _____ *Voluntary*
  Do you receive your child support as scheduled?
  ___ *Yes* ___ *No*
- ☐ Employment
- ☐ Other Source of income: _____

In the last 12 months, I was able to cover my monthly expenses (housing, food, clothing, utilities, transportation, medical care, etc.)? ☐ Yes ☐ No

If no, *I could not pay (please check all that apply):*

- ☐ Rent or mortgage
- ☐ Utilities (phone/gas/water)
- ☐ Credit Cards
- ☐ Automobile
- ☐ Medical
- ☐ Loans
- ☐ Other_____

If no, *I tried to get assistance from the following (please check all that apply):*

- ☐ County government agencies
- ☐ Local nonprofit agencies
- ☐ Friends/family
- ☐ Personal savings
- ☐ Church/Religious Organization
- ☐ Made payment arrangements
- ☐ Cash advance
- ☐ Other_____

I have the following (please check all that apply):

- ☐ Checking account
- ☐ Savings account
- ☐ Savings bonds
- ☐ Life Insurance
- ☐ Student loan

If you have a student loan:
Is your student loan in default? ___ *Yes* __*No*

Have you been late on a student loan payment in the past 12 months? ___ *Yes* ___ *No*

Please let us know about your budget:	**Yes**	**No**
I have a budget		
I follow a budget		
I am interested in budget counseling		
I am interested in financial literacy training		

What do you believe is the cause of income insecurity and poverty in your community?

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16. Housing needs:

I live in:

☐ Apartment ☐ Single family, two stories ☐ Mobile Home
☐ Townhome ☐ Other ☐ Single family, one story

For my primary residence, I: ☐ Rent ☐ Own or ☐ Share a residence with others.

My monthly rent or mortgage payment is: $_____

My home and energy needs:	**Yes**	**No**
My home needs repair		
My home has indoor plumbing		
My home is overcrowded		
I have experienced a loss of utilities service in the past year		
I/my family has reduced consumption of energy to uncomfortable or inconvenient levels because (you/we) were running out of money to pay the energy bill		

For renters:	**Yes**	**No**
I would like to own my own home		
Limited income stops me from owning my own home		
Poor credit stops me from owning my own home		
Limited savings stops me from owning my own home		
I know about SMTCCAC's First Time Homebuyers workshops		
I know that SMTCCAC provides counseling for homeowners		

Please rank the following housing needs in your community:	**Major Need**	**Minor Need**	**No Need**	**Unsure**
Safe and affordable housing available within the community				
Safe and affordable multi-family housing				
Rental Assistance				
Utility Assistance				
Programs to make homes energy efficient				
Programs to assist in repair of homes				

What do you believe is the cause of housing needs in your community?

17.Transportation needs:

My main source of transportation is:

☐ Car ☐ Bus ☐ Cab ☐ Friends/Family ☐ Uber/Lift ☐ Other

Please rank the following transportation needs:	**Major Need**	**Minor Need**	**No Need**	**Unsure**
Local transportation for medical, school, or work				
Out of town transportation for medical, school, or work				
Transportation for the general public				
Training on how to use public transportation services				
Additional hours of transportation operation (nights/weekends)				

What do you believe is the cause of transportation needs in your community?

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18. Health needs:

My general health is:
☐ Excellent ☐ Good ☐ Fair ☐ Poor

Please provide information about your health/insurance status:	Yes	No
I have private medical insurance		
My medical insurance includes prescription drug coverage		
My dependents have private medical insurance		
Someone in my household receives M-CHIP/ Dept. of Health medical benefits		
Someone in my household receives S-CHIP/Dept. of Social Services medical benefits		
I need help filling out CHIP/Medicaid Applications		

How often do you and other members of your household see a doctor for routine matters?	6 or fewer months	6 mo-1yr.	1 yr.-2 yrs.	More than 2 yrs.
The time period since my last eye exam is				
The time period since my last dental exam is:				

What do you believe is the cause of health needs in your community?

19. Nutrition needs:

I am able to buy enough food for my family:
☐ Always ☐ Usually ☐ Seldom ☐ Never

Please provide information about your use of food support programs:	Yes	No
I have used a food pantry in the past 12 months		
I participate in the SHARE program		
I receive food stamps/SNAP		
I receive Women, Infants and Children (WIC) assistance		
I /my family can benefit from increased food bank assistance		
I need help completing SNAP applications		
I am interested in nutrition education, healthy eating, or cooking on a budget workshops		

20. Social service needs:

	Agree	Neutral	Disagree
I am able to access needed mental health services for myself or my child			
I know how to access mental health services in my community			
Use of alcohol and other drugs are a concern in my family			
If needed, I know how to access substance abuse treatment services			
My family life has been stable over the past year			
I am able to access needed financial assistance such as TANF and SNAP			

If you are presently receiving services such as medical assistance, food stamps/SNAP, Independence Card, Section 8 Voucher or a rental subsidy, what do you need to exit assistance?

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21. Early childhood education/ childcare needs (if not applicable, please skip to question # 22):		
Please provide information about your need for early childhood education /childcare services (if applicable):	**Yes**	**No**
Do you have a child aged 0-2 yrs.?		
***If yes**, would you be interested in a home-based parent/early childhood education program?*		
***If yes,** would you be interested in center-based early childhood services such as Early Head Start?*		
Do you have a child aged 3-4 yrs.?		
Do you use childcare programs other than Head Start? ***If yes**, # of children in care: _____ *Please indicate the type of care you use:* ☐ Childcare center ☐ Family childcare home ☐ Sitter/Nanny ☐ Spouse/Partner/Family Member ☐ Older Sibling		

Please mark the types of childcare services that you need:

Full-time	☐	Half-days/partial week	☐
Half-days (5 days weekly)	☐	Night/evening Care	☐
Partial week	☐	Varied hours weekly	☐
Weekends	☐	Summer Care	☐
Before school	☐	After School	☐

Please tell us about your childcare experiences:	**Yes**	**No**
Are you satisfied with your child care arrangements?		
What factors prevent you from using childcare?		
Cost		
Availability		
Location		
Transportation issues		
Hours of care		
Other (please describe):		
Have you had any of these childcare related problems in the past year?	**Yes**	**No**
Difficulty paying a childcare bill/tuition		
Finding temporary care		
Finding care for a sick child		
Finding care for a child with special needs		
Location of care		
Dependability of care		
Quality of care		
Scheduling childcare to match your work schedule		
Obtaining a childcare subsidy / childcare assistance		
Sitting on a waiting list for childcare/preschool		
Would you attend parenting classes if they were offered in your community?		

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22. Emergency and community needs:				
Please rank the following community and neighborhood assistance needs:	**Major Need**	**Minor Need**	**No Need**	**Unsure**
Emergency programs for the homeless				
Emergency programs for food assistance				
Emergency programs for housing				
Emergency shelter for natural disasters				
Neighborhood clean-up projects				
Crime reduction/neighborhood safety programs				
More public recreational facilities and parks				
Improved infrastructure (streets, revitalization of buildings)				

Other factors that contribute to poverty:

23. Attitudes about race and gender:				
Please rank the extent to which you think the following occurs in your community:	**Great Extent**	**Some Extent**	**No Extent**	**Unsure**
Families of color live in specific neighborhoods in my community.				
The neighborhood conditions in my community where people of color live are the same as in other areas in regard to the conditions of roads, access to markets, health services, education, and crime prevention.				
Children of color get the same quality of education as other children in my community that are not of color.				
When seeking medical/health care, I feel like my physician's decisions are affected by my race or gender.				
Individuals of color are represented among the public officials in my community.				
Law enforcement officials in my community treat people of color the same as others that are not of color.				
I have provided information about my race when I have sought employment in my community (either on an application or I have been asked about my nationality in an interview).				
I am treated the same as others in my same job that are of another race or gender.				
I have experienced difficulty finding housing due to my race or due to a potential landlord's ideas about individuals with my same race-ethnicity.				
24. Geographic location and poverty:				
My community has enough jobs for all who need them				
The jobs in my community pay an adequate wage				
The cost of living in my area is too high				
In recent years, jobs have left the community				

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There is a community college/university within 30 miles of my home				

25. Please select and rank in order of importance (1=high/5=low) up to five of the following problem areas or personal concerns.

____After school programs
____Alcohol/Drug Abuse
____Abuse and Neglect
____Child Care (affordable/accessible)
____Crime
____Education
____Employment
____Energy Assistance
____Healthcare
____Housing
____Job Training
____Legal Services
____Recreational Opportunities and Access
____Rent/Mortgage Payment
____Senior Services
____Transportation
____Youth Services
____Enough Food
Other: _____

26. What are the strengths of your community (please check all that apply)?

Youth organizations_____ Local businesses_____ Churches _____ People_____
Other (please specify):_____

What are the strengths of SMTCCAC?