SOUTHERN MARYLAND TRI-COUNTY

COMMUNITY NEEDS ASSESSMENT

SEPTEMBER

2023

CALVERT COUNTY

CHARLES COUNTY
1658

ST. MARY'S COUNTY MARYLAND
1637
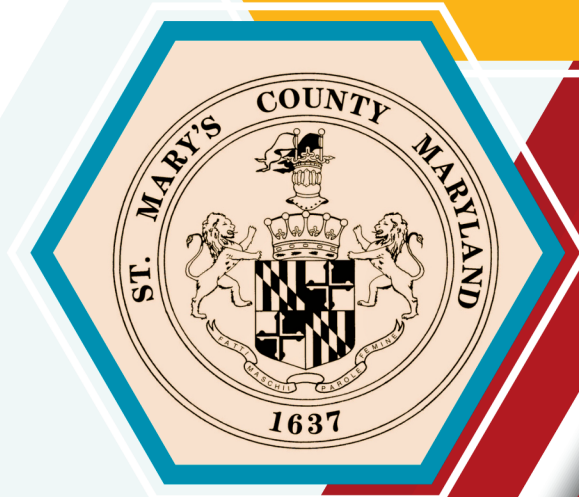
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Executive Summary

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

The Causes of Poverty

There are various causes of poverty in the Southern Maryland Tri-County Community Action Committee service area of Calvert, Charles, and St. Mary's counties in Maryland. Some of these issues reflect evidence on the primary causes of poverty such as structural inequities, labor market issues, differences in educational attainment and the economy. However, the causes of service area poverty can also be attributed to and are exacerbated by political factors, individual decisions, and the restriction of safety net programs such as Temporary Aid for Needy Families (TANF), food assistance, health insurance, subsidized housing, and child care subsidies. These challenges have led to an overburdened system and families and individuals lack access to the assistance they need to climb out of poverty. The lack of programs and services in the counties disproportionately impacts the poor and near-poor population.

A shifting economic landscape also drives significant changes. Data collected for this community assessment demonstrates that employment opportunities increasingly lie in jobs requiring higher level skills, including a college degree and analytical and technical skill sets. At the same time, jobs requiring physical or manual skills have faded. These changes have played out over decades resulting in inequities in earnings, as workers with in-demand skills experience rising wages while wages for workers without a college education have remained stagnant. Even small increases in wages have been outpaced by inflation and an increased cost of living. Barriers to upward mobility such as low-income, limited language proficiency, lack of social and/or family support, and limited self-sufficiency have been

identified as contributors to poverty and are also experienced by subpopulations in the service area at disparate rates.

It's important to note that factors that contribute to poverty interact with each other in complex ways, and addressing poverty requires a multi-faceted approach that considers the unique circumstances of the southern Maryland region where Southern Maryland Tri-County Community Action Committee (SMTCCA) operates. For example, there are many rural areas, as well as primary urban areas which require different solutions. The data in this community assessment contains a detailed analysis of local data and input from community action customers in the area and Head Start families using SMTCCAC Head Start and Early Head Start programs that provides a clearer understanding of the specific causes and conditions of poverty in Charles, St. Mary's, and Calvert counties.

The Conditions of Poverty
Southern Maryland, consisting of Calvert, Charles, and St. Mary's counties, is generally considered a more affluent region compared to other parts of Maryland. However, poverty does exist in certain areas and communities, albeit to a lesser extent than in some other regions nearby such as the cities of Baltimore and Washington D.C. which are adjacent to Charles County and Anne Arundel in St. Mary's County which is home to a naval academy.

Poverty has decreased since 2015 in the service area due to pandemic assistance and a trend in which wages have risen. For example, there were 25,496 people in poverty in the three-county service area in 2015, compared to 23,170 in 2021. Child poverty is increasing in all three counties at a faster pace than among the general population. Poverty, both situational and generational, influences the day-to-day life of individuals and children in the area, in addition to impacting their long-term health and wellbeing outcomes. Charles County had the highest poverty rate for children among the three counties in the service area. Two other high poverty areas are Lexington Park and Indian Head. The rate of poverty also differs by race. In all three counties poverty rates are higher for black/African American's and other groups than they are for whites. The rate of senior poverty in all three counties is lower than found for Maryland and for the United States. Single mothers, whose families stand to gain the most from the benefits of postsecondary degrees and supplemental assistance programs, face substantial obstacles to college completion which would help them move out of low-wage employment, rise out of poverty, and gain assistance with heavy caregiving burdens that undermine family stability. Among single mothers in the service area, over 60% live in poverty.

Some of the challenges identified in this community assessment that represent the conditions of poverty experienced by individuals in the service area are described below:

Limited access to high quality education: Low-income households struggle to access quality education due to financial constraints and other barriers in access to education. This has a long-term effect on individuals' prospects for employment and socioeconomic mobility and replicates generational cycles of poverty. For example, the rates of children that are considered to be ready for school are lowest in the county (Charles) that has the highest poverty rate. Charles County also has the lowest percentage of children that are meeting third grade achievement levels. Charles County has the highest rate of adults without a high school diploma which illustrates how poor access to early childhood education, lack of achievement in elementary and high school, and limited adult educational attainment impacts future socioeconomic success and educational attainment.

Residents in all three counties experience 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. There has been a consistent increase in the median income as a result of an influx of high earners, but those at the bottom of the earning scale continue to experience income inequality. The rate of individuals without a high school diploma in the service area is lower than found for Maryland and for the United Sates, however, the rate of individuals that have a high school diploma as their highest level of educational attainment is above that of Maryland and the United States. The area in total has a lower rate of individuals with a bachelor's degree or above. Known as the "educational paradox", this data indicates that the high rates of educational attainment are not due to the residents living in the service area generationally, but instead, are fueled by highly educated individuals and professionals relocating to the area due to its close proximity to Washington D.C.

The counties with the lowest rates of educational attainment also have the highest poverty rates and there is a racial disparity in educational attainment. In every county but Charles, which experiences the "education paradox", the graduation rates for whites are higher than for other groups. The lowest rates of educational attainment are found among Hispanic/Latinos. Charles County has the highest rates of high school dropout and St. Mary's County as the highest rates of individuals without a high school diploma. In the Head Start program, far more families have not attained a high school diploma than among individuals in the general population. The rate of families headed by a caregiver without a high school diploma in Head Start is 29%.

Lack of affordable housing: Affordable housing is a significant concern for individuals and families living in poverty. High housing costs, particularly in more urban areas of Charles County, have led to housing insecurity and overcrowded living conditions. At the same time, housing costs have increased due to rising incomes in the service area. These factors can be linked to the social determinants of health and wellbeing, particularly in relation to substance abuse and mental health. Since 2010, the rate of homeownership has increased in Calvert and St. Mary's County and decreased in Charles County. The rates of individuals that rent their housing has increased and decreased correspondingly in each county.

Housing challenges and needs of residents in the area include barriers in accessing homeownership programs due to high incomes and an inability to meet credit and downpayment requirements, substandard living conditions, and a high rental and homeownership cost burden. Concurrently, the service area has less affordable housing than other areas in the United States and Maryland. For example, in each county around 40% of rental homes are not affordable for individuals earning the median income for where they live. The housing challenges and needs that are experienced to some degree in all counties include a need for housing stability, lack of affordable housing, and increasing home prices. Among renters, 44% experience a cost burden in Calvert and Charles County and 38% of renters in St. Mary's County experience a cost burden.

St Mary's County has the lowest percentage of renters and homeowners in the service area that experience cost burden, but it also has the highest rate of HUD-assisted housing units per 10,000 people in the population and the lowest housing prices. This is in contrast to Charles County which has the lowest rate of HUD – assisted housing, the highest rates of monthly rental costs, and the highest rate of housing units with at least one substandard condition. In Charles County, 29% of homeowners experience a cost burden. In Calvert County, the housing prices are higher

than in the other counties and the area has the highest rates of individuals that experience a cost burden. As a result of housing needs, since 2021 eviction rates are on the rise in all counties except St. Mary's.

Unemployment and low-wage jobs: Limited job opportunities or the prevalence of low-wage jobs make it challenging for individuals to secure stable employment and earn a sufficient income to meet their basic needs. Overall, the rates of unemployment throughout the service area are slightly lower than for Maryland and the United States. The five-year unemployment rate indicates that other than during the COVID-19 pandemic, there has been a year-over-year decrease in unemployment that is consistent with national trends. However, in 2023, unemployment is on the rise. The unemployment rate is 2.5% in Calvert County, 3.0% in Charles County, and 2.8% in St. Mary's County. Comparatively, the rate of unemployment among Head Start parents is 8%.

The COVID-19 pandemic has led to changes in the job market that are fueling unemployment rates. For example, there are lingering layoffs and job losses, reskilling and upskilling needs to help the unemployed transition into new careers, and job market shifts where e-commerce, health care, and fields that involve remote work have become more desirable, yet they lack a workforce.

There are income and employment disparities due to race/ethnicity as the result of factors such as historical injustices and discriminatory practices, low rates of educational attainment that limit earning potential, occupational segregation in which minorities are concentrated in lower – paying positions and lack of business ownership (for example, Calvert and St. Mary's have lower rates of minority owned businesses), the wealth gap where individuals of color are less likely to own assets that can generate additional income, and racial discrimination practices in hiring.

In the service area counties, non-Hispanic whites earn more than their peers in other racial/ethnic groups. For example, in Calvert County, non-Hispanic whites earn $122,655 compared to $76,097 for black/African Americans, in Charles County whites earn $108,708 compared to $106,942 for black/African Americans, and in St. Mary's County the income disparity is greatest where whites earn an annual median income of $110,693 compared to just $56,138 for black/African Americans. It should be noted, the living wage for the area for one working adult with two children would be $109,907 in Calvert and Charles Counties and $92,102 in St. Mary's County. The income disparity is wide as well. In Calvert County, 3% of residents earn under $15,000 annually while 36% earn more than $150,000 annually. In Charles County, 7% of residents earn under $15,000 while 29% earn above $150,000, compared to 6% of residents in St. Mary's that earn under $15,000 and 30% that earn greater than $150,000. Data also shows the lowest income and highest rates of unemployment are found among those who work the least and have the lowest rates of educational attainment.

Limited access to healthcare and racial and socioeconomic disparities in the social determinants of health: Access to affordable healthcare services is a barrier for people in poverty. Lack of health insurance coverage and the limited availability of healthcare can result in inadequate medical care which impacts the life span and the quality of life for those in poverty. The service area health care provider to low-income resident ratio for dentists, physical health, and mental health care professionals is higher than the ratio for Maryland which indicates that people have more limited access to health care. Data reflecting community wellbeing factors also indicates that the number of providers is an issue, however transportation barriers also limit access to services. In addition, the large percentage of the population that receives Medicaid also

impact access to health care services because some providers will not accept public insurance as payment.

Other public and individual health concerns include a high rate of substance abuse. In Charles County, the rate of deaths due to overdose increased by 47% between 2022 – 2023. Additionally, the rate of alcohol-impaired driving deaths in all three counties is higher than the percentage of driving deaths that were due to impaired driving for Maryland. The trend in births that involve neonatal abstinence syndrome also shows that 57% of infants born addicted to substances are black, while just 33% of infants in the neonatal abstinence syndrome population are white.

Maternal and child health is generally strong in the area, however there are deep disparities when data is disaggregated by race. The rate of infant mortality is highest in Charles County, which is also the most diverse county in the region. Charles County also fares poorest in the percentage of births to unmarried mothers. In all three counties new black mothers fare worse than their peers in regard to the rate of babies born with a low birth weight, the percent of babies born to unmarried mothers, and in the percent of babies born to mothers with less than a high school diploma. These conditions set infants up for poor health outcomes throughout life.

The health insurance status of individuals is impacted by factors such as socioeconomic status, employment, and educational attainment, which in turn impacts access to health care and long-term health. In all three counties the rate of the population without health insurance is between 4% and 5%. However, the rate of uninsured people in the population for individuals without a high school diploma is between 15% and 19%. The rate of individuals without health insurance is between 16% and 17% for those who are unemployed. The rate of uninsurance among blacks ranges from 4% to 6%, which is comparable to overall rates of uninsurance in the population, however across counties, the rates of uninsurance for whites is slightly below that found for the population as a whole.

Adverse early childhood experiences and family challenges: The rate of child abuse in the service area is rising in Charles and Calvert County and it has decreased in St. Mary's County. The family challenges reported in court filings demonstrate children are exposed to adverse early childhood experiences. For example, in 2019-2020 there were two filings for domestic violence in Calvert County, 27 cases in Charles County and no cases in St. Mary's County. It is likely that due to the pandemic, rates of domestic violence were underreported. There is also a concern with child access, which means there is family conflict in which one parent restricts another from access to their children. In 2020, there were 96 child access cases in Calvert County, 177 in Charles County, and 95 in St. Mary's County.

The social determinants of health, along with other persistent barriers and historical oppression, contribute to lower rates of life expectancy among people of color in all three counties. In Calvert County, the life expectancy for whites is 79. 5 years compared to 76.7 years for black residents. In Charles County life expectancy is 77.5 years for whites and 76.8 years for blacks, in St. Mary's County, life expectancy is 78.5 years for whites and 74.1 years for blacks. Immunization rates can also illustrate the rate at which different racial groups access preventive care. Among whites, the flu vaccination rate was higher for whites and higher among residents as a whole in all three counties than for black residents.

Food insecurity: Some individuals and families in poverty experience food insecurity, meaning they lack consistent access to enough nutritious food to lead a healthy life. The percentage of the

population living in a food desert has decreased since 2010 in all counites in part, due to pandemic assistance. The number of children eligible for Free and Reduced Priced Meals (FARMS) has also increased in all counites during the past five years which indicates rising food insecurity among families, but also reflects the trend for schools to provide free meals to all children when a school is in a high-poverty census tract. The data has been disrupted by the COVID-19 pandemic which obscures rising rates of food insecurity as pandemic relief assistance is falling away.

The highest rates of children that use food assistance at school are in Charles County which also has the highest rates of food insecurity among children. St. Mary's has the highest rate of food insecurity overall and for adults. Racial disparities in regard to food security are also present. A higher percentage of blacks lack access to healthy food than the general population in all the service area counties. For example, in Calvert County, 13% of blacks are food-insecure compared to just 2% of whites. In Charles and St. Mary's County these trends are replicated. Food assistance program participation is low in all three counties which contributes to low rates of food security. When looking at rates of WIC participation, it is estimated that just 41% of eligible families are enrolled in Calvert County, 50% of eligible families are enrolled in Charles County, and 47% of WIC- eligible families are enrolled in St. Mary's County.

In general, children have higher rates of food insecurity than adults. In Calvert and Charles County, over 40% of the low-income population lives in a census tract with no access to healthy food compared to just 16% of Maryland's population. In St. Mary's County, 23% of the low-income population lacks access to food. Obesity is also an issue. Within the service area, the rate of adults that participate in no physical activity is 19% in Calvert County, 24% in Charles County (which experiences the highest rates of obesity), and 21% in St. Mary's County.

Limited transportation options: In areas with inadequate public transportation individuals without access to private vehicles find it difficult to commute to work, school, or healthcare appointments, limiting their opportunities. 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. 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. The lack of commuter infrastructure has led to increased travel time for individuals to travel to work. In Calvert County over 17% of workers travel more than 60 minutes to work and in Charles County more than 33% of workers travel at more than 60 minutes to work, compared to just 15% of Maryland residents. 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. The service area has adequate preschool slots to meet the demand for early care and education for children aged three to five years. Additionally, the area has a significant number of home visiting programs serving pregnant mothers and children aged from birth to-three years. In some cases, the home visiting programs also extend for a full five years of service. The early childhood system can serve 100% of preschool-aged children in public programs and less than 10% of all infants and toddlers. There are gaps in care that are matched to family needs in relation to the affordability of child care and lack of child care subsidies which makes accessing the care needed for all families to engage in work activities challenging. The data shows:

➢ There is a large gap in care for infants and toddlers in all three counties in the service area. The largest gap is in Charles County (5,162 slots), followed by St. Mary's County (2,986) and Calvert County (1,834).

➢ There are no other Early Head Start programs operating besides the SMTCCAC EHS program which serves 32 children in both center and home-based services.

➢ There is a gap in full-day, full-year care for preschoolers. The school districts are expanding state preschool at a rate faster than ever before. However, the schools are typically closed during the summer and will not be staffed due to teacher agreements, maintenance schedules, etc. There is an opportunity for SMTCCAC to provide summer transition programs for preschoolers.

➢ There are ample child care slots for preschoolers so there is not a need for 10-hour / full-day services unless access to child care subsidies are greatly expanded. It is also likely that families will use the full-day preschool offered by school districts to offset the costs of care.

➢ There are opportunities for preschool slots to be provided in high-quality community-based settings. There has been some debate over if Head Start is a duplication of state preschool. All three school districts have applied for a waiver to deliver the state preschool slots in community based settings citing lack of adequate high – quality care. In St. Mary's County, the district notes in their plan they intend to place three-year olds in community based settings. It might be possible for SMTCCAC to leverage this opportunity and provide center-based three-year old services without blending Head Start funds to alleviate the duplication but blending with child care subsidies instead.

There are significant staffing challenges impacting early childhood programs in the service area. The rate of expansion of state preschool is pressing an already challenging situation and staffing crisis. The wages in the service area are also increasing at the same time as more positions are becoming available, making it difficult to attract and retain staff. It is recommended that SMTCCAC explore redesigning the program in response to family and community needs and reallocate existing funds to salary costs so that SMTCCAC staff can achieve parity with staff working in similar roles in other programs. Data from the United States Department of Labor and local school districts note a significant wage gap between Head Start and state preschool wages. In addition, local schools plan to hire an additional 28 assistant teachers in the next year which will further press the system. The local schools also plan to hire an additional 12 preschool teachers.

Causes of Poverty

Education

Limited access to quality education or low educational attainment levels leads to limited employment opportunities and lower wages, which contributes to poverty.

Unemployment/Underemployment

High unemployment rates or a lack of job opportunities for specific segments of the population are persistent in the area, particularly for individuals with limited skills or education, which makes it difficult for people to escape poverty. Underemployment, where individuals work part-time or in jobs that don't match their skills, also keeps people in poverty.

Low Wages

The service area trends show that people earn more than their peers in rural areas with similar demographics. However, wages vary across counties and also among specific cohorts of the population and contribute to poverty rates and inequities.

Demographic Factors

Certain demographic factors contribute to poverty rates. For example, a high percentage of single-parent households and households where the adult has limited English proficiency face increased vulnerability to poverty.

Affordable Housing

The availability and affordability of housing in the area plays a significant role in poverty. High housing costs or limited affordable housing options consume a significant portion of a household's income, leaving less for other essential needs.

Racial and Ethnic Disparities

Systemic inequalities and racial or ethnic disparities contribute to higher poverty rates among certain groups, as they face discrimination, limited access to resources, and fewer opportunities for economic mobility.

Economic Shocks and Lingering Pandemic Transitions

Economic downturns, job losses, or changes in local industries are having a significant impact on poverty rates. Inflation of the cost of goods and services is occurring at the same time as pandemic assistance is falling away returning and leaving many in poverty.

GET TO KNOW YOUR
Survey Respondents

103 Respondents

4% SMTCCAC Staff

26% Customers

12% Board/Leaders

21% Head Start Families

37% Community Members

Respondent Residence

CHARLES · CALVERT · ST. MARY'S

12% Calvert

52% Charles

36% St. Mary's

Education Level

- Less than High School Diploma (6%)
- High School Graduate (31%)
- Some College (29%)
- College Degree (AA/BA) (22%)
- Graduate School (10%)
- Other (2%)

Percent of Responses by Race

Race	Percent
Black/African American	68
White	27
Other	9

Demographics & 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 disabiliti**
provided to these children by community agencies.

Population Density by Tract

Demographic Profile

Data indicates that the service area has an uneven distribution of resources due to the location of the population and the mixed rural and urban geographical designation.

A total of 370,933 people live in the 1,029.63 square mile service area. The population density for this area, estimated at 356 people per square mile, is greater than the national average population density of 93 people per square mile. The density of the service area population is evident in the following table.
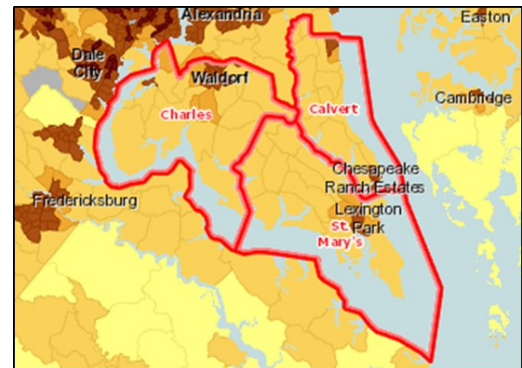
Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Service Area	370,933	1,029.63	360
Calvert County	92,515	213.19	434
Charles County	165,209	457.82	361
St. Mary's County	113,209	358.62	316
Maryland	6,148,545	9,711.24	633
United States	329,725,481	3,533,041.03	93

Table 1. Service Area Population

Population Change

Since 2010 the population has increased in all three service area counties. According to the data, Charles County has experienced a 14% increase in the population, while St. Mary's County has experienced an 8% increase and Calvert County has experienced a 5% increase. The increase outpaces the growth of the population that has occurred for Maryland (+7%) and the U.S. (+7%) over the same time period in both Charles and St. Mary's counties.

Population Change, Percent by Tract, US Census Bureau 2010 - 2020
- Over 10.0% Increase (+)
- 2.0 - 10.0% Increase (+)
- Less Than 2.0% Change (+/-)
- 2.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data
- Report Location
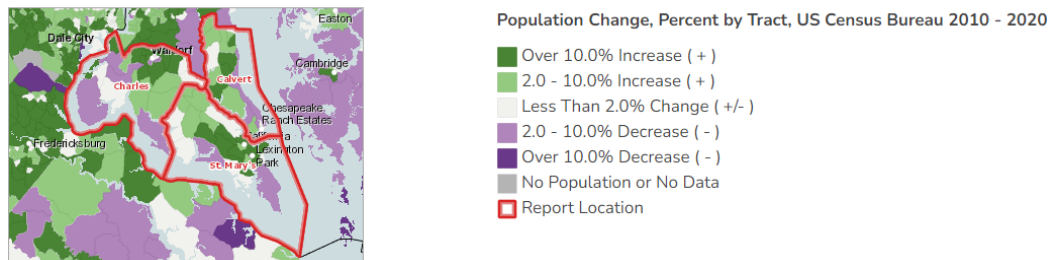
The most populated county in the service area continues to be Charles County, followed by St. Mary's, and Calvert County. Factors that contribute to population increases in the service area include the development of military bases, energy development through the Calvert Cliffs Nuclear Power Plant, and 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 resources remain at a 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 service area allowing for a more rural culture than in other parts of the state, despite several high-density areas.

Age & Gender

According to the U.S. Census, the service area population is comprised of 50% females and 49% males. The median age of the population is 39 years in Charles County, 38 years in St. Mary's County, and 41 years in Calvert County. The largest age cohorts in the population are adults 35-54 years and children under 18 years[1]. Charles County has the largest percentage of the population in the service area comprised of seniors. Within the service area, there are 21,613 children under 18 years in Calvert County, 39,863 in Charles County, and 27,480 in St. Mary's County. The total number of seniors is 101,212 in the service area comprised of 28.032 in Calvert County, 43,312 in Charles County and 29,768 in St. Mary's County.

Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Southern MD	21,465	67,491	31,993	47,186	47,968	53,618	52,256	48,956
Calvert	4,772	16,841	7,411	10,594	11,527	13,338	14,162	13,870
Charles	9,644	30,219	14,093	21,054	21,618	25,169	22,857	20,555
St. Mary's	7,049	20,431	10,489	15,538	14,823	15,111	15,237	14,531
Maryland	363,466	1,009,683	534,601	829,899	805,385	820,246	835,375	949,890

Table 2. Population by Age

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[1] US Census Bureau, American Community Survey. 2021. Source geography: County

Service Area Age Distribution

- Age 65+
- Age 0-4 yrs.
- Age 55-64 yrs.
- Age 45-54 yrs.
- Age 35-44 yrs.
- Age 5-17 yrs.
- Age 18-24 yrs.
- Age 25-34 yrs. 12.7

Pie chart values: 13%, 6%, 14%, 15%, 13%, 18%, 9%, 13%
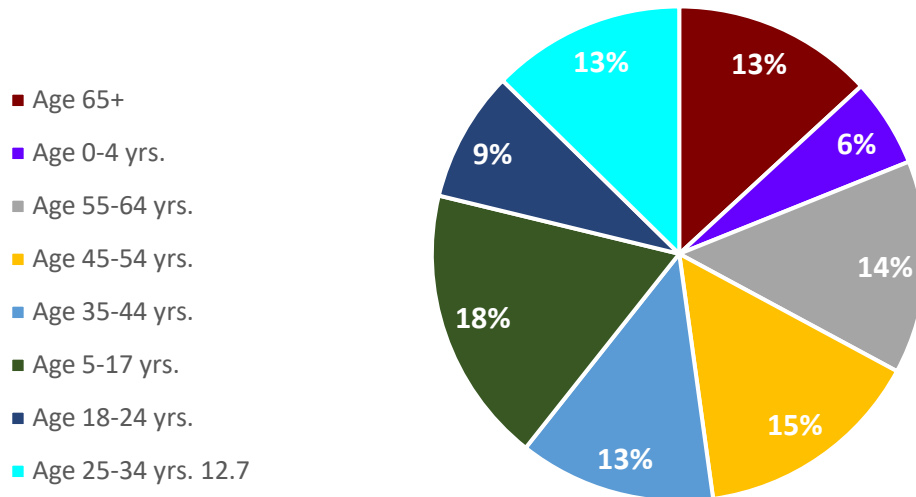
Race

The most predominant racial groups in the service area as a whole are whites who comprise 61% of the population compared to 63% of the total population in 2020 and black or African Americans who make up 29% of the population. When race is disaggregated by county Charles County is the most diverse and 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.

Among the population of children under 18 years it is estimated that in Calvert County, 6% of children are Hispanic or Latino, compared to 7% in St. Mary's County, and 9% in Charles County. Among children aged 0-4 years, 314 are Hispanic / Latino in Calvert County (8%); 1,175 children aged 0-4 are Hispanic/Latino in Charles County (11%), and there are 601 Hispanic/Latino children under 5 years in St. Mary's County (10%).

Area	White	Black	Asian	Some Other Race	Multiple Race
Service Area	60.5%	28.7%	2.7%	1.2%	6.4%
Calvert	79.2%	12.4%	2.1%	0.4%	5.0%
Charles	40.0%	47.8%	3.3%	1.5%	6.6%
St. Mary's	75.1%	14.1%	2.5%	1.3%	6.7%
Maryland	52.6%	29.8%	6.4%	5.3%	5.4%

Table 3. Population by Race

Diversification Trends

In St. Mary's County, approximately 6.7% of the total population identifies as Hispanic/Latino compared to 4.5% in Calvert County and 8.3% in Charles County. In 2015, the population of Hispanic/Latinos comprised 3% of the population in Calvert County, 5% of the population in Charles County, and 4% of the population in St. Mary's County, which demonstrates an increase in the Hispanic/Latino population in Charles and Calvert County and a decrease in St. Mary's County.

Among the black/African American population, the representation in 2015 was 13% of the total population in Calvert County, 41% in Charles County, and 14% in St. Mary's County. In 2021, the population was comprised of 14% black/African American in Calvert County (+1%), 52% in Charles County (+9%), and 17% in St. Mary's County (+3%).

Veterans

This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II. Of the 276,583 population of the report area, 35,899 or 12.9% are veterans.

Area	Total Population Age 18+	Total Veterans	Veterans, Percent of Total Population
Service Area	276,583	35,899	12.9%
Calvert	69,870	7,750	11.0%
Charles	123,320	16,692	13.5%
St. Mary's	83,393	11,457	13.7%
Maryland	4,741,625	352,738	7.4%
United States	254,296,179	17,431,290	6.8%

Table 4. Veteran Population

The following charts show the population by census tract and race for the primary groups in the service area.
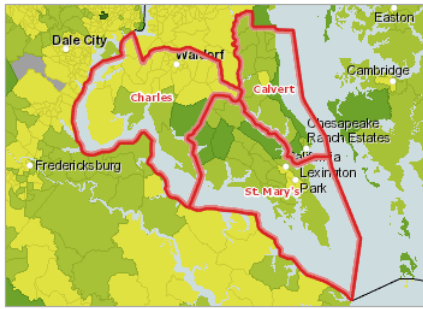
Population, White (Non-Hispanic), Percent by Tract, ACS 2017-21

- Over 95.0%
- 85.1 - 95.0%
- 65.1 - 85.0%
- Under 65.1%
- No White (Non-Hispanic) Population Reported
- No Data or Data Suppressed
- Report Location
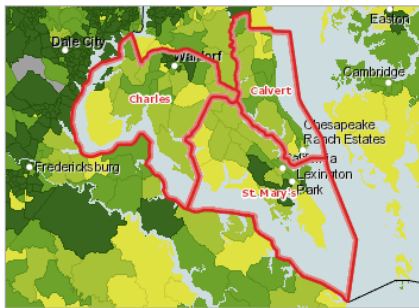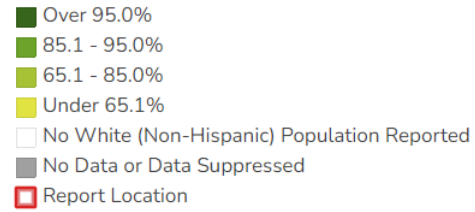
Population, Hispanic or Latino, Percent by Tract, ACS 2017-21

- Over 10.0%
- 5.1 - 10.0%
- 2.1 - 5.0%
- Under 2.1%
- No Hispanic Population Reported
- No Data or Data Suppressed
- Report Location
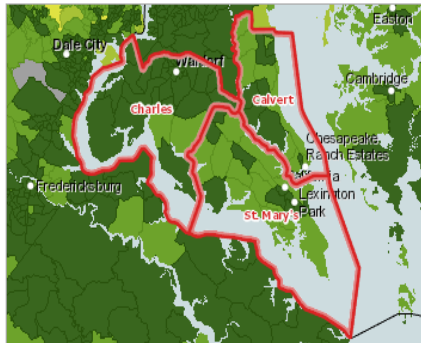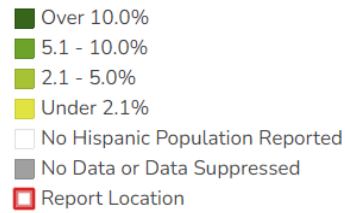
Population, Black or African American, Percent by Tract, ACS 2017-21

- Over 12.0%
- 3.1 - 12.0%
- 1.1 - 3.0%
- Under 1.1%
- No Black/African American Population Reported
- No Data or Data Suppressed
- Report Location
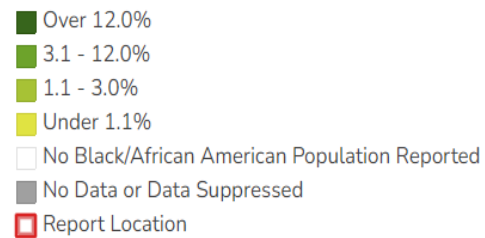
Figure 1. Racial/Ethnic Distribution of the Population

Family Composition

Family composition can have a significant impact on poverty levels. The composition of a family refers to the number of individuals, their relationships, and dependencies within a household. The following data provides information on the composition of households and families living in the service area.

According to the most recent American Community Survey estimates, 35.9% of all occupied households in the service area are family households with one or more child(ren) under the age of 18. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

Area	Total Households	Total Family Households	Number of Families with Children (Age 0-17)	Families with Children (Age 0-17), Percent of Total Households
Service Area	131,125	95,708	47,103	36%
Calvert	32,751	24,408	11,116	34%
Charles	58,138	42,475	21,280	37%
St. Mary's	40,236	28,825	14,707	37%
Maryland	2,294,270	1,516,689	715,218	31%
United States	124,010,992	80,755,759	37,558,302	30%

Table 5. Family Composition

There are a significant number of children that live in households headed by a single parent. According to the data, single female headed households make up 5% of all families in Calvert County, 10% in Charles County and 8% in St. Mary's County.

Area	Families	Married Families	Single Male Family Households	Single Female Families	% Single Female Families	% Single-Parent Families
Calvert	11,328	8,577	1,512	1,239	5%	11%
Charles	18,880	13,266	1,276	4,338	10%	13%
St. Mary's	13,032	10,112	447	2,473	8%	10%
Service Area	43,240	31,955	3,235	8,050	8%	12%

Table 6. Family Status

Children in Single-Parent Families by Age

Of the total population of children under five years there are more children that are under three years (10,135) than children that are aged 3-4 years (8,189). Of the children that are age-eligible for Head Start and Early Head Start, 24% (4,426) live in single-parent families. The breakdown by county is as follows:

- In Calvert County, 37% of children under five live in a single-parent family.
- In Charles County, 19% of children under five live in a single-parent family.
- In St. Mary's County, 20% of children under five live in a single-parent family.

Family Type of Children Under Five Years[2]				
	Total < 3 yrs.		Total 3-4 yrs.	
Area	Married Couple Families	Single Parent Families	Married Couple Families	Single Parent Families
Calvert	1,651	1,090	1,318	663
Charles	3,756	725	2,434	741
St. Mary's	2,299	794	2,620	413
Service Area	7,706	2,609	6,372	1,817

Table 7. Family Type for Children Under Five Years

Head Start

In comparison to the demographics of the service area the following data reflects the demographics of children and families enrolled in Charles County Head Start and Early Head Start. In total, 16% of Head Start children live in a family headed by two-parents and 84% live in a single-parent family. A greater percentage of children in Head Start live in single-parent families than children in the service area as a whole.

Head Start Enrollment Data[3]		
Family Composition	Total	Percentage
Total Number of Families	118	100%
Number of Two Parent Families	19	16%
Number of Single Parent Families	99	84%

Table 8. Head Start Family Status

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

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 29% of the total population, followed closely by children under 18 years at 25%. Young adults aged 18-34 years comprise 9% of the population and seniors comprise 13% of the population in the service area. Children under four years comprise 6% of the total population. The percentage of children aged 0-4 has remained consistent since 2018.
- The most predominant racial group in the service area is whites which comprise 60% of the total population and black or African Americans which total 29% of the population.
- When race is disaggregated by county, Charles County 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 population is continuing to diversify with growth in the Hispanic/Latino population in Charles and Calvert Counties and growth in the percent of the population comprised of black/African American's in all three counties.
- 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 racial/ethnic distribution indicate that the population has uneven access to resources due to isolation in parts of the service area that are not served by transportation resources and lack of services. For example, those living in the rural areas in Charles and Calvert County are likely to experience more challenges due to these factors. 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.

Changes in race within a community can be influenced by various economic and social factors. These include economic opportunities which play a role in attracting or displacing residents in a community, job availability, income, and access to affordable housing can also impact racial demographics. It has been reported that the increase in the black/African American population is driven by high housing costs in the D.C. region which is adjacent to Charles County.

Housing segregation also impacts the racial distribution. For example, a history of redlining or exclusionary zoning limits housing options for certain groups and contributes to racial segregation. The practice of redlining may be behind us, but the legacy of attitudes and practices that kept non-whites out of some neighborhoods remains pervasive. Policies that promote equal opportunity, fair housing, and anti-discrimination measures can help foster inclusive

communities, while discriminatory policies can perpetuate racial disparities. It is also important to note that these factors are interconnected and influence each other in complex ways.

Family composition and characteristics also impact the wellbeing of children, families, and individuals across a range of factors. The following factors should be considered in designing family strengthening and anti-poverty initiatives.

Single-Parent Households: Single-parent households, particularly those headed by a single mother, often face higher poverty rates compared to two-parent households. The responsibilities of raising children alone can make it challenging to balance work, childcare, and financial stability. Single parents may face difficulties in accessing affordable housing, quality education, and reliable employment opportunities. In the service area, between 19% (Charles County) and 37% of children (Calvert County) under five years live in single-parent households. The rate of enrollment of Head Start children living in single parent households is far greater than the rate of children that live in single – parent households in the county.

Household Size: The size of a household can affect poverty levels. Larger households with more members may face greater financial demands for housing, utilities, and basic necessities. If the household's income is insufficient to meet the needs of all members, poverty risk may increase.

Dependents: The presence of dependents, such as children or elderly family members, can impact poverty. The cost of providing for dependents, including healthcare, education, and childcare, can strain household finances. If the income earned by the household is inadequate to meet these additional needs, the risk of poverty may be higher. The area has a large percentage of the population comprised of seniors.

Dual-Income Households: Households with multiple earners may have a lower poverty risk compared to single-income households. Having two or more income sources can provide a more stable financial foundation, reducing the likelihood of falling into poverty. Dual-income households may have greater flexibility in meeting expenses, saving for emergencies, and investing in education or skill development.

Intergenerational Poverty: Family composition can influence the transmission of poverty across generations. If a family has experienced long-term poverty, it can be difficult to break the cycle without adequate support systems, access to quality education, and job opportunities. Intergenerational poverty can be perpetuated if family composition and circumstances limit economic mobility and opportunities for upward social mobility.

Economic Activities

Income is related to health, wellbeing, and can impact lifelong opportunities. For example, a household's income impacts household choices about housing, education, childcare, food, medical care. Employment is a critical aspect of economic security because it also usually includes benefits which further support healthy lifestyle choices. At the other end of the scale, employment is not enough to guarantees security. Underemployment and unemployment limit purchasing power and the ability to accumulate savings and assets which puts families at risk during times of economic distress.

Service Area Economic Summary

Unemployment Rate

	Cakvert	Charles	St. Mary's
Rate	2.5%	3.0%	2.8%
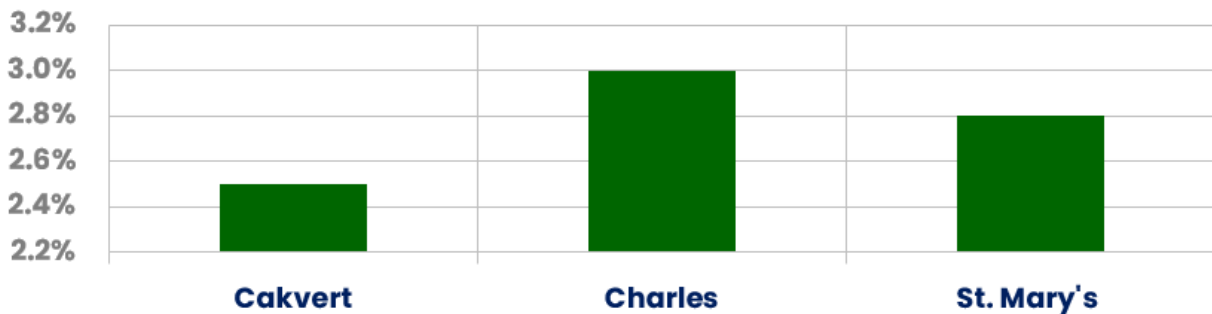
PERCENT OF HOUSEHOLDS WITH INCOME <$15,000 AND ABOVE > $150,000

	Calvert	Charles	St. Mary's
< $15,000	3%	7%	6%
>$150,000	36%	29%	30%

Legend: < $15,000   >$150,000
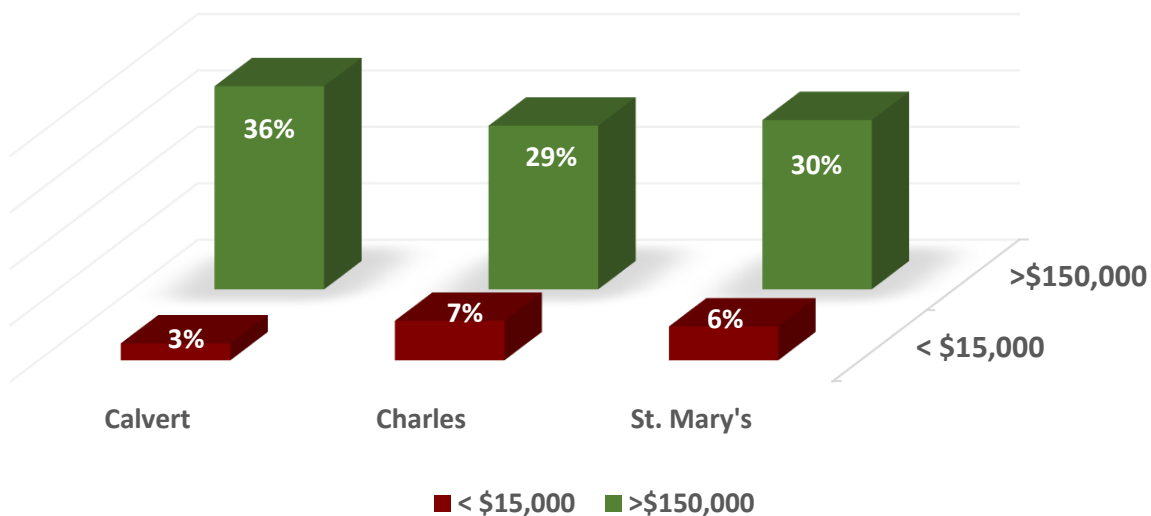
The northern part of Charles County is the "development district" where commercial, residential, and business growth is focused. The major communities of Charles County are La Plata, the county seat; Port Tobacco, Indian Head, and St. Charles; Hughesville-Waldorf-White Plains. Approximately 60%of the county's residents live in the Waldorf-La Plata.

Employment and economic indicators for the county are fairly strong. The 2021 U.S. Census American Community Survey estimates that 66.6% of the Charles County population is currently in the labor work force. The 2021 five-year estimate for Charles County found that approximately 6.4% of Charles County individuals are living below the poverty level; however, this is lower than the Maryland rate of 9%. The Charles County median household income was $107,808, well above the Maryland median household income of $91,431. The diversity of the county is also represented in the business community with 46% of all Charles County businesses being minority-owned firms. The rate of minority owned businesses in Charles County is higher than Maryland which is 38%.

Economic indicators for St. Mary's County are also strong. St. Mary's County is a world-class center for research, development, testing and evaluation of aviation and unmanned and autonomous systems (UAS) and the advanced manufacturing and aircraft modification industries. The county has over 200 high-tech aerospace and defense companies, and more aerospace engineers per capita than any place in the country. Among the population 65.6% are employed in the labor force and the poverty rate is 8%, which is slightly lower than the rate for Maryland. The median household income is $102,895. The percent of businesses that are minority owned totals 10% ,far lower than the percent of businesses that are minority owned in Charles County or the state of Maryland.

In Calvert County, 67% of the population is in the labor force. The median household income is $120,895 and the poverty rate is 6%. The major industries include defense contracting, information technology, tourism and administrative services. The percent of all businesses that are minority owned is 10% even through more than 20% of the population is comprised of underrepresented groups.

Employment

Overall, the unemployment rate in the area is slightly lower than for Maryland and for the nation. Over time, the unemployment rate has decreased by approximately 1% between 2021 and 2022. The five year unemployment rate indicates that unemployment is down from the rate experienced in 2020 and 2021, but unemployment is currently rising.

Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area	192,486	187,073	5,413	2.8%
Calvert	49,081	47,837	1,244	2.5%
Charles	86,248	83,671	2,577	3.0%
St. Mary's	57,157	55,565	1,592	2.8%
Maryland	3,153,148	3,059,159	93,989	3.0%
United States	166,285,710	159,838,595	6,447,114	3.9%

Table 9. Employment and Unemployment Rates

Five Year Unemployment Rate
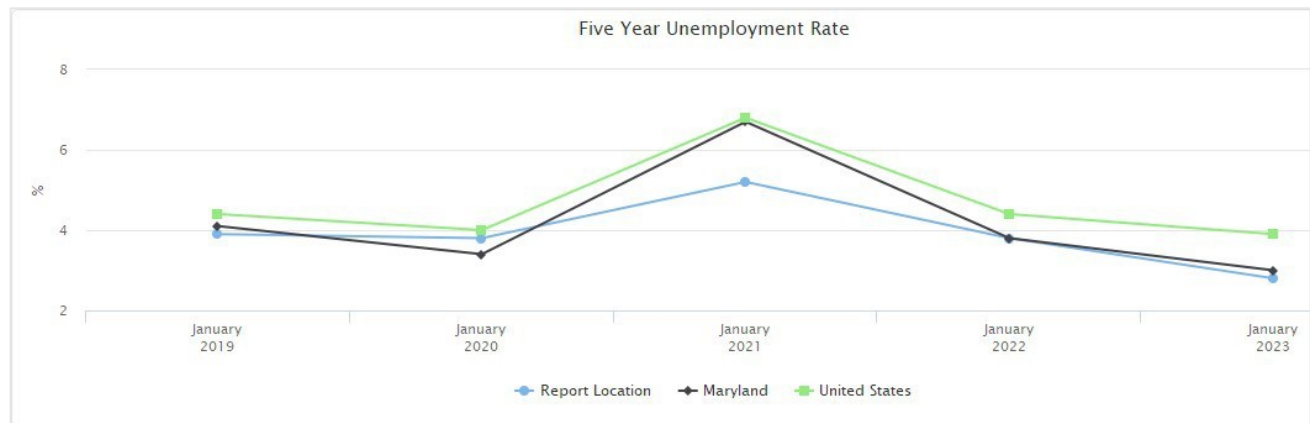
Unemployment and the COVID – 19 Pandemic

The impact of the COVID-19 pandemic on employment varied by industry. Some sectors such as retail and hospitality experienced disruption and job losses, while others saw growth. Changes that continue to evolve that impact the employment status of individuals and working conditions include:

Layoffs and Job Losses: Following a surge in unemployment rates in 2020 there continues to be a reformation of the workforce that places low-skilled workers at risk of job loss. The service area has several industries (defense, aerospace, etc.) that were impacted by supply chain disruptions which led to job loss.

Remote Work and Telecommuting: Remote work was widely accepted during the pandemic and the importance of flexible working arrangements was highlighted. As businesses have recovered from the pandemic, they are requiring workers to return to the office and to the workplace.

Reskilling and Upskilling: The pandemic accelerated the need for re-skilling and up-skilling programs to help unemployed individuals transition to new careers.

Job Market Shifts: As consumer behavior has changed, there is a shift in job market demand, with increased opportunities in e-commerce, healthcare, technology, and remote work-related fields.

Head Start

Head Start Parent Employment

Head Start and Early Head Start Parent Employment

8%

92%
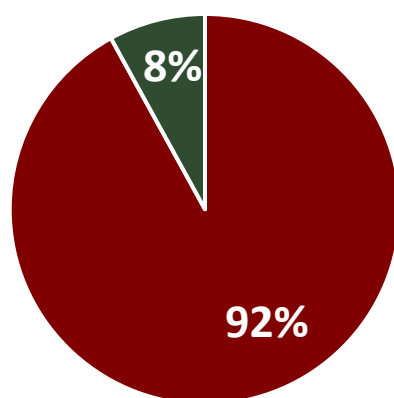
If the unemployment rate were calculated for Head Start and Early Head Start parents, it would be 8%.

■ Employed

■ Not Employed

Percent of Community Survey Respondents that are Employed

58.42%

41.58%

Yes

No

.
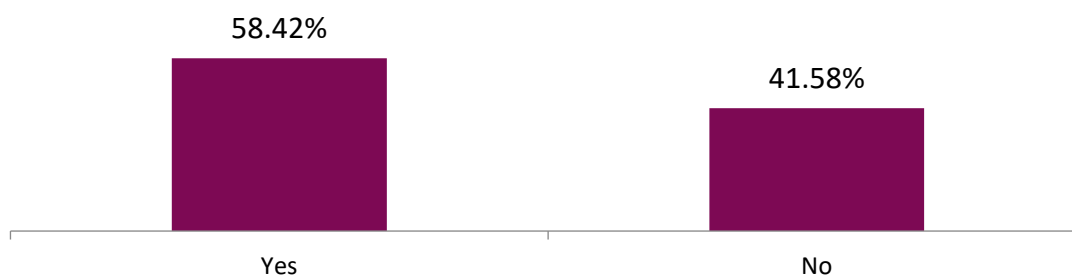
58% of community survey respondents are employed and 42% are unemployed. Of the employed respondents, 16% indicated that they work a rotating shift.

Service Area Occupations & Industries

The following figure demonstrates the different industries that make up the economy in each county in the service area.

Calvert County Industry
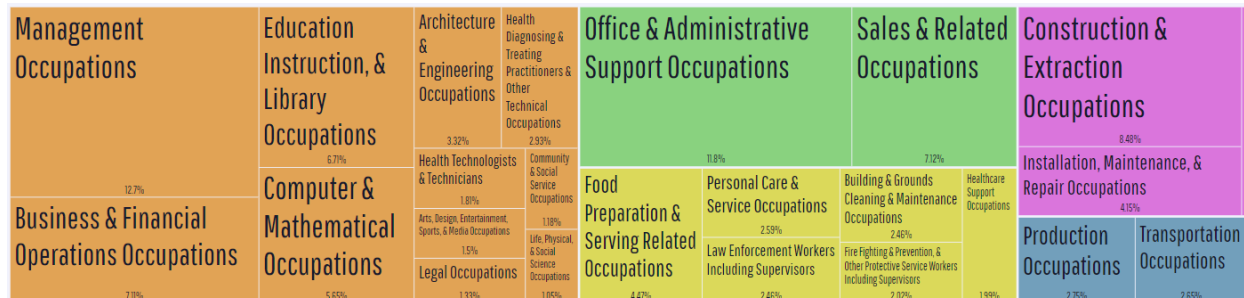
Charles County Industry
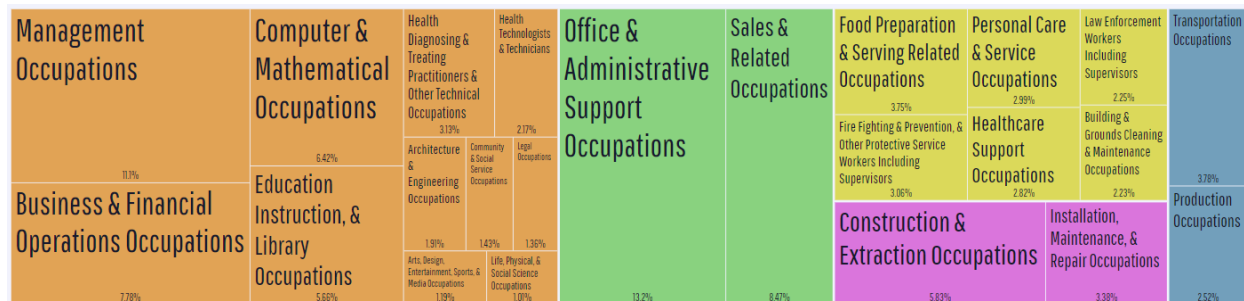
St. Mary's County Industry

Service Area Occupations

The primary occupations in each county are management, business, science, and arts.

Type	Calvert	Charles	St. Mary's
Civilian employed population >16 years	47,885	82,491	55,658
Management, business, science, and arts occupations	22,771	36,451	26,127
	47.6%	44.2%	46.9%
Service occupations	7,461	13,253	8,114
	15.6%	16.1%	14.6%
Sales and office occupations	8,410	17,598	9,772
	17.6%	21.3%	17.6%
Natural resources, construction, and maintenance occupations	5,938	7,664	5,892
	12.4%	9.3%	10.6%
Production, transportation, and material moving occupations	3,305	7,525	5,763
	6.9%	9.1%	10.4%

Table 10. Primary Occupations in Service Area

Income

Two common measures of income are median household income and per-capita income. The median income represents the middle point of incomes in the service area. The per-capita income is the average income of all individuals in the population divided by the total population. Per-capita income is used to gauge the overall economic well-being of an area irrespective of household size or family structure while median income is used to describe the income of a household or family.

Area	Median Household Income	Per Capita Income
Calvert	$120,295	$50,496
Charles	$107,808	$44,521
St. Mary's	$102,859	$44,208
Maryland	$91,431	$45,915
United States	$69,021	$37,638

Table 11. Median Income

According to the community assessment survey 27% of respondents earned less than $15,000 per year. Of respondents, 65% received their income from employment. Almost 13% of respondents received child support.

Survey Respondents' Reported Total Household Income for 2022

Bar chart showing:
- Under $15,000: 27%
- $15,000-$25,000: 22%
- $25,001-$35,000: 17%
- $35,001-$45,000: 8%
- $45,001-$55,000: 3%
- $55,001-$65,000: 3%
- $65,001 +: 19%
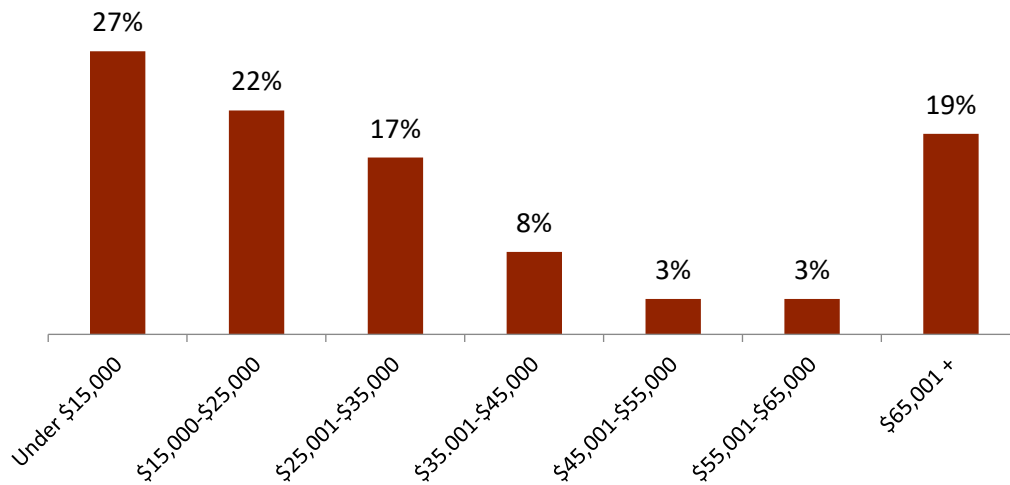
Survey Respondent's Source of Household Income

Bar chart showing:
- Employment: 65%
- Emergency Medical/...: 1%
- Retirement/Pension: 13%
- Social...: 12%
- Social Security: 15%
- Disability: 14%
- TANF: 5%
- Other source of income: 3%
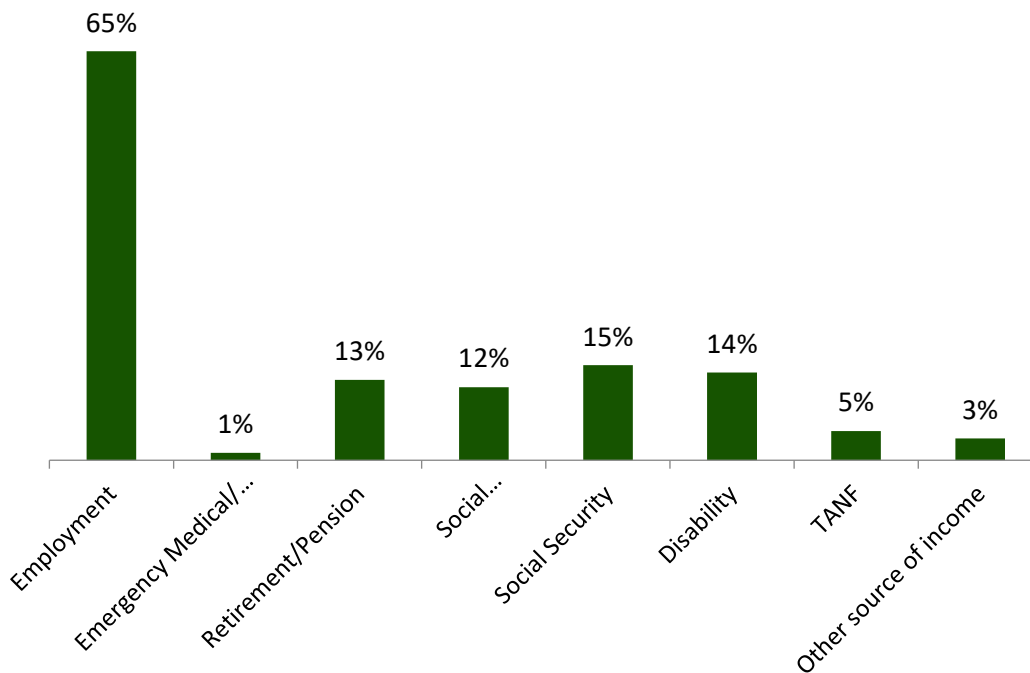
Median Income by Race and Ethnicity

There are income disparities due to race/ethnicity as the result of factors such as historical injustices and discriminatory practices, low rates of educational attainment that limit earning potential, occupational segregation in which minorities are concentrated in lower – paying positions and lack of business ownership (for example, Calvert and St. Mary's have lower rates

of minority owned businesses). Wage inequities are also impacted by a wealth gap where individuals of color are less likely to own assets that can generate additional income, and racial discrimination practices in hiring. In the service area, income by race and ethnicity trends are skewed because there are very few members of the population that are not either non-Hispanic white or black/African American. Therefore, the data in the table below should be viewed in this construct. The general trend for whites/black/African American residents shows that in all counties that whites earn more than their black/African American peers.

Area	Non-Hispanic White	Black	Asian	AI/AN	NH/PI	Some Other Race	Multiple Race	Hispanic or Latino
Calvert	$122,655	$76,097	$153,917	No data	No data	No data	$146,417	$168,833
Charles	$108,708	$106,942	$111,776	$89,936	No data	$100,076	$117,239	$109,338
St. Mary's	$110,693	$56,138	$127,439	No data	No data	No data	$114,915	$101,471

Table 12. Median Income by Race/County

Living Wage

Families must earn enough income to pay for their typical expenses in order to be self-sufficient. This includes the cost of food, childcare, medical, housing, transportation, and other necessities. The chart below shows the annual income required to achieve self-sufficiency in each county for families with two adults with 2 children and families with 1 adult with 2 children. When this data is compared to data for the median income in the service area it is evident that the median income for all types of families in all counties is insufficient to achieve self-sufficiency. This data indicates there is a large percentage of families that are vulnerable to shifts in employment, wages, and the economy.

Self Sufficiency[4]				
Area	1 Working Adult/2 Children	2 Working Adults/2 Children	Median Income Single-Mother with Children	Median Family Income
Calvert	$109,907	$58,968	$68,049	$136,948
Charles	$109,907	$58,968	$55,174	$120,704
St. Mary's	$92,102	$50,731	$40,142	$118,328
Note - The amount listed is the amount each adult must earn annually				

Table 13. Living Wage by County

Individuals completing the community assessment survey noted several challenges. For example, 29% of respondents had a student loan and 44% of these respondents had a student loan in default, while 36% reported they had made a late student loan payment in the last 12 months. The following chart notes other bills that survey respondents struggled to pay.

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[4] MIT Living Wage Calculator (2019). Living Wage Calculator. Retrieved from https://livingwage.mit.edu/; United States Census Bureau (2014-2018). Median Income in the Past 12 Months, Table S1903. Retrieved from https://factfinder.census.gov/.

Types of Bills Paid Late or Not Paid by Survey Respondents due to Financial Strain

Rent or mortgage	Medical Bills/Prescriptions	Utilities (phone/gas/water)	Loans	Credit Cards	Automobile
74%	26%	50%	32%	41%	41%
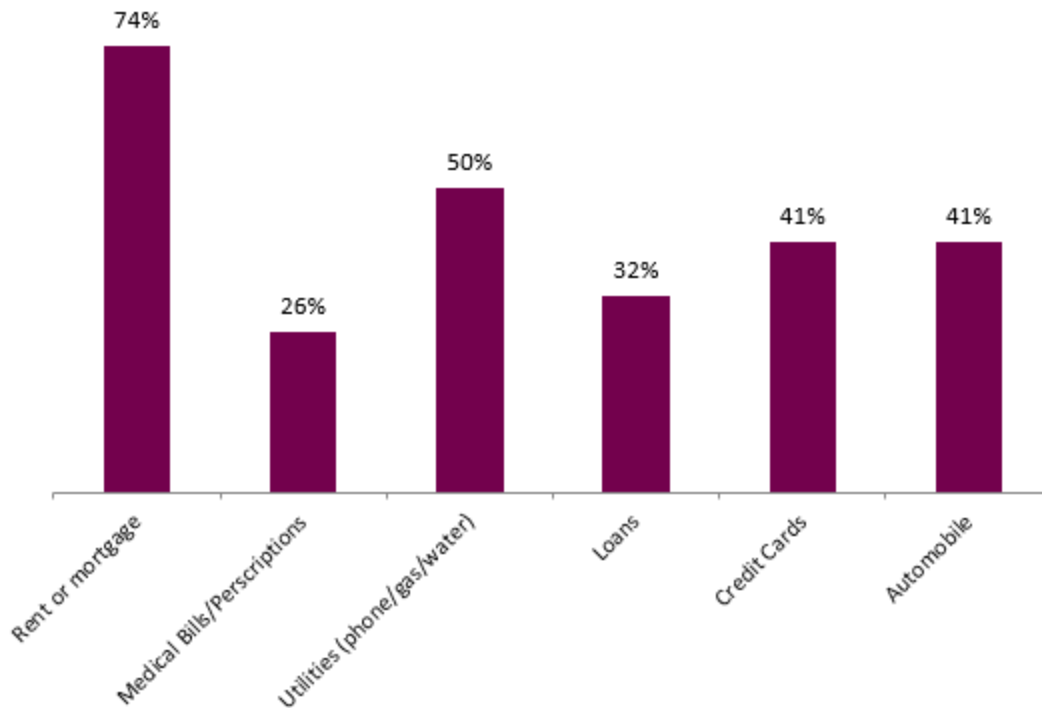
Percent Survey Respondents That Attempted to Obtain Assistance From the Following:

Church/religious organization	Made payment arrangements	Cash advance/Pay day loan	County government agencies	Local nonprofit agencies	Friends/family	Personal savings	Short-term lender	I did not try to get additional...	Other
33%	67%	30%	39%	27%	67%	24%	18%	12%	9%
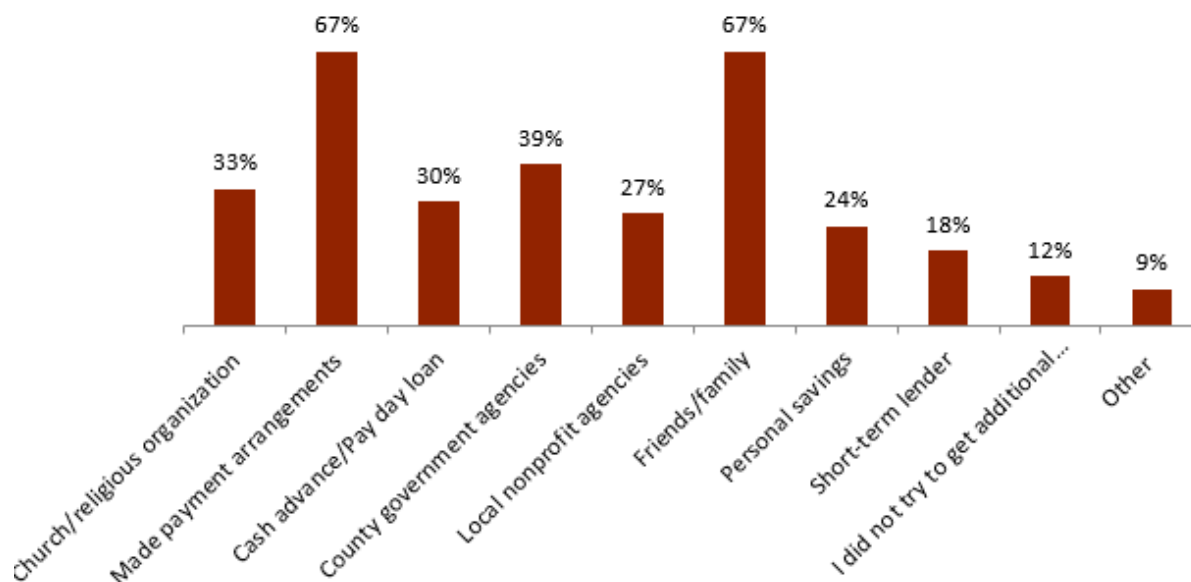
Principal Source of Income

Higher than average rates of employment in the service area counties indicates that the primary source of income for families is from work activities. However, a significant a significant number of individuals receive Maryland's Temporary Aid to Needy Families (TANF) cash aid through the Temporary Cash Assistance program. In order to qualify for this benefit program, the family/individual must cooperate with child support, participate in work activities, comply with substance abuse provisions, meet financial and technical eligibility requirements, earned and unearned income cannot exceed the benefit level paid for the assistance unit size. In the service area, the number of families/individuals that receive TANF, or Supplemental Security Income (SSI) totals: 2,626 in Calvert County, 7,224 in Charles County, and 4,395 in St. Mary's County.

Supplemental Security Income

Supplemental Security Income, or SSI, provides monthly financial payments to low-income adults that are blind, disabled, or age 65 and older. Disabled or blind children are also eligible to receive SSI benefits. Families receiving SSI are categorically eligible for Head Start services, providing the family an additional benefit and supportive resource. In 2021, there were 1,043 recipients in Calvert County, 2,337 in Charles County and 1,695 SSI recipients in St. Mary's County.

SSI Recipients	Calvert	Charles	St. Mary's
Total Number of Recipients	1,043	2,337	1,695
Total Children	123	385	253
Total 18-64	724	1,454	1,113
Total 65 or older	196	501	329

Table 14. SSI Residents by County

Indicators of self-sufficiency that can be gleaned from Program Information Report (PIR) data for Head Start families include rates of parental employment and the extent to which families use public assistance. The number of families in which one parent is employed, in job training or in school totals 108, which is 92% of all enrolled families. Of these families, 3 are in job training (30%) and 1 is attending school to obtain a GED or degree, while 104 are working. Throughout the program there are no families without at least one parent working.

2022 Head Start Families Receipt of Public Assistance			
	SNAP	SSI	WIC	TANF
HS/EHS Families	0	18	0	16

Table 15. Head Start Families Receipt of Public Assistance

Many community assessment survey respondents indicated they are working on their finances. Of respondents, 65% reported they have a monthly budget that they follow. Additionally, 31% of respondents reported they are interested in receiving budget counseling and 26% noted they are interested in financial literacy training. Of respondents, 94% reported they have a checking account, 24% have life insurance. 51% have a savings account and 3% have savings bonds.

Key Findings

The population has increased in the service area over time, while the unemployment rate has decreased. Unemployment rates have only recently recovered from the COVID-19 pandemic, however, there has been changes in the work environment and in the job structure as a result of the COVID-19 pandemic. Many people in poverty that are working are employed in the low-wage labor market in jobs that lack benefits and have low pay. A disproportionate number of jobs are also in the retail and hospitality sector where employers schedule work hours unpredictably. These factors result in wage volatility that undergirds poverty and the ability to achieve self-sufficiency.

Single-mothers, whose families stand to gain the most from the benefits of postsecondary degrees, face substantial obstacles to college completion which would help them move out of low-wage employment, including financial insecurity and heavy caregiving burdens. Steps that can be taken to help people transition into self-sufficiency include:

- Providing support in increasing their education in alignment with job growth trends in the area. By aligning education with employment, the program can help clients enter into careers that offer jobs with full-time work and benefits. At the program level, the agency can form job clubs and provide social media and other training that helps unemployed families locate and apply for employment opportunities.
- Providing comprehensive services that buffer the impact of a lack of caregiving resources experienced by single mothers. For example, developing links to child care programs that meet the full-time/year-round care needs of families and creating peer support groups. The Head Start program model is particularly effective at combining mental health, financial, and other career improvement support to help families improve their employment options.
- Integrating data collection efforts into program activities that uncover the reasons behind high levels of unemployment and developing targeted strategies to address the needs of people that are struggling. For example, creating surveys to determine if single mothers are unemployed due to caregiving responsibilities or to determine customers perceptions on the lack of jobs in their area, transportation issues, health, mental health, prior criminal records, or other barriers.

WHAT ARE THE IMPACTS OF UNEMPLOYMENT ON INDIVIDUALS'

Financial hardship that leads to difficulties covering basic expenses.

Emotional distress and uncertainty and a loss of a sense of purpose can contribute to emotional distress.

Loss of self-esteem and identity because work often plays a crucial role in shaping a sense of self and identity.

Health implications such as loss of insurance and physical health problems due to stress and anxiety.

Negative impacts on relationships and financial strains may affect interactions with others.

Reduced social interactions and more limited sense of community.

Delaying life's milestones such as retirement, starting a family, or buying a home.

Negative long-term career effects as the result of lengthy periods of unemployment.

When asked about the employment services they need and community employment needs, the community survey respondents noted the following: 29% noted a need for additional employment opportunities in the community; 22% indicated assistance to attend career training was a need, 19% of respondents noted they need computer skills training; 13% want job counseling; 5% need adult / GED education and 9% are seeking a commercial driver's license. The primary cause of employment needs in the community identified by survey respondents lack of jobs, the cost of attending career training, and lack of access to childcare and transportation.

WHAT HAPPENS AFTER UNEMPLOYMENT TO FAMILIES?

Unemployment can be especially devastating for families with children and for individuals. Housing payments, food and transportation costs, health care needs, and even childcare costs don't end when a job ends. Research shows that children are more likely to repeat a grade when parents lose jobs, and those living with unemployed single mothers are more likely to drop out of school and to experience lower emotional wellbeing.

Poverty

Poverty contributes to death, disease, and health impairments. As income inequality increases, life expectancy differences also emerge. According to a recent study, low-income Americans have higher rates of physical limitation, heart disease, diabetes, stroke, and other chronic conditions, compared to high-income Americans.[5] Wealth supports educational attainment, housing stability, and financial security.[6] Poverty also exerts adverse impacts on children through family stress processes because it can lead to family dysfunction, stress among caregivers, and parenting challenges. Some individuals may 'inherit' poverty because of being born into a particular social group defined by race, class, and location. Others experience situational poverty from which they never escape. Poverty is also interconnected along five pathways: substance abuse, educational failure, unemployment, debt, and family breakdown, making it particularly insidious.

Population in Poverty by Tract

Population Below the Poverty Level, Percent by Tract, ACS 2017-21

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%

Number Below Poverty Level

Poverty estimates for 2021 show a total of 23,170 service area residents have an income below the poverty threshold. The poverty rate among the service area residents is 6.3%, compared to a rate of 9.1% in Maryland and a rate of 12.6% reported in the country. St. Mary's County has the highest rate of poverty.

Area	Population	Population in Poverty	Percent in Poverty
Service Area	365,770	23,170	6.3%
Calvert	91,931	3,973	4.3%
Charles	163,415	10,378	6.3%
St. Mary's	110,424	8,819	7.9%

[5] Chetty R, Stepner M, Abraham S, et al. (2016). The Association Between Income and Life Expectancy in the United States, 2001-2014. JAMA, 315(16):1750–1766. doi:10.1001/jama.2016.4226
[6] Health Affairs (2018). Health, Income, & Poverty: Where We Area & What Could Help. Retrieved from https://www.healthaffairs.org/do/10.1377/hpb20180817.901935/full/.

Maryland	6,006,777	550,074	9.1%
United States	321,897,703	40,661,636	12.6%

Table 16. Poverty by County

Among children, the poverty rate is 8% in the service area, compared to a rate of 11.9% in Maryland and 17.0% in the nation. The highest rates of poverty among children are in St. Mary's County.

Area	Total Population	Population < Age 18	Population < Age 18 in Poverty	Population < Age 18 in Poverty, Percent
Service Area	365,770	88,236	7,136	8.0%
Calvert	91,931	21,450	1,118	5.%
Charles	163,415	39,528	3,224	8.1%
St. Mary's County	110,424	27,258	2,794	10.2%
Maryland	6,006,777	1,351,905	160,878	11.9%
United States	321,897,703	72,996,065	12,443,424	17.0%

Table 17. Child Poverty by County
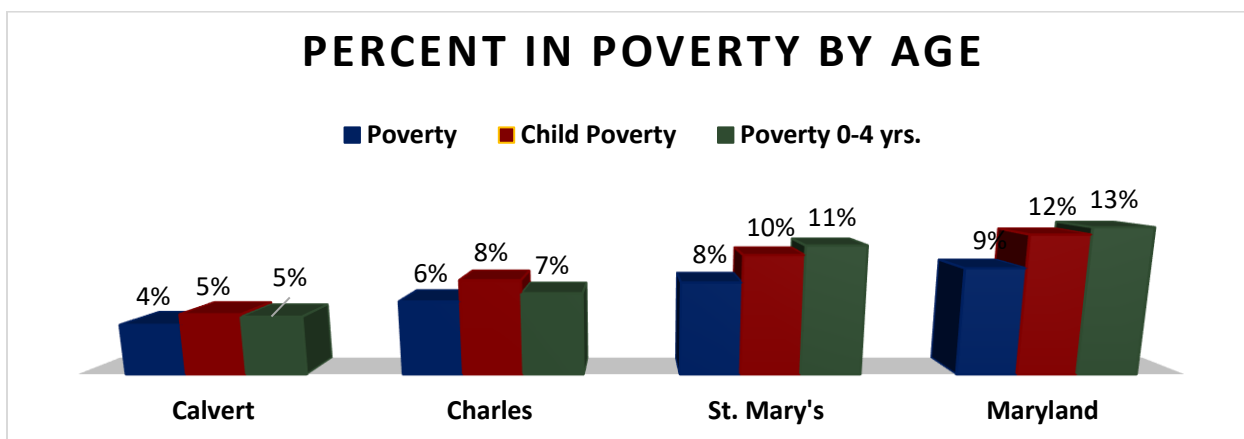
Population in Poverty by Gender

Women are slightly more likely to live in poverty than men. The highest rates of poverty are in St. Mary's County, however the poverty rate in all counties is below that of the state.

Area	Male	Female	Male, Percent	Female, Percent
Service Area	10,802	12,368	6.0%	6.6%
Calvert	1,714	2,259	3.7%	4.8%
Charles	5,231	5,147	6.6%	6.0%
St. Mary's	3,857	4,962	6.9%	8.9%
Maryland	238,213	311,861	8.1%	10.0%
United States	18,132,275	22,529,361	11.4%	13.7%

Table 18. Poverty Rate by Gender

Population in Poverty by Race/Ethnicity

Area	White	Black or African American	Native American or Alaska Native	Asian	NH/PI	Some Other Race	Multiple Race	Hispanic /Latino
Calvert	3.4%	10.2%	0.0%	2.2%	0.0%	6.5%	4.5%	6.0%
Charles	5.9%	6.1%	20.7%	5.3%	25.7%	7.9%	9.8%	2.4%
St. Mary's	6.2%	16.6%	0.0%	4.4%	0.0%	24.1%	7.3%	8.9%
Maryland	6.3%	13.0%	15.8%	7.5%	3.6%	15.2%	10.7%	12.4%
United States	10.2%	21.7%	23.4%	10.3%	16.6%	19.0%	14.8%	17.7%

Table 19. Population in Poverty by Race/Ethnicity

Charles County Poverty Rate by Race

St. Mary's County Poverty Rate by Race

Calvert County Poverty Rate by Race
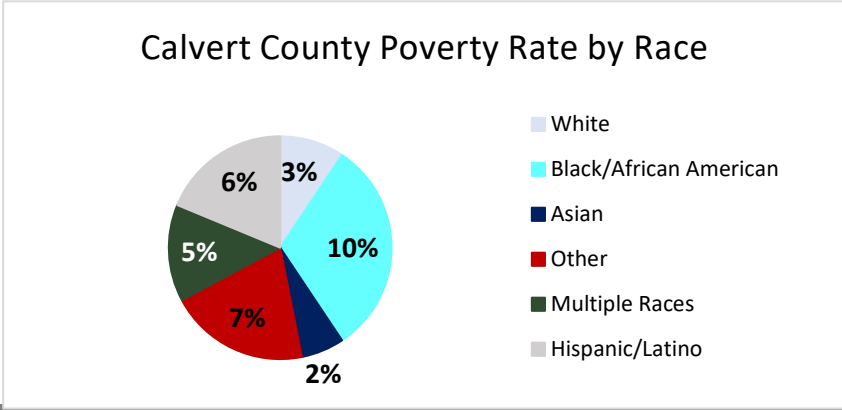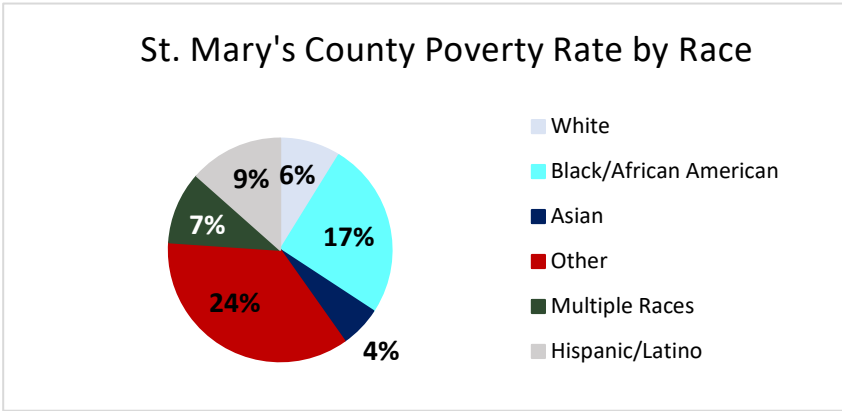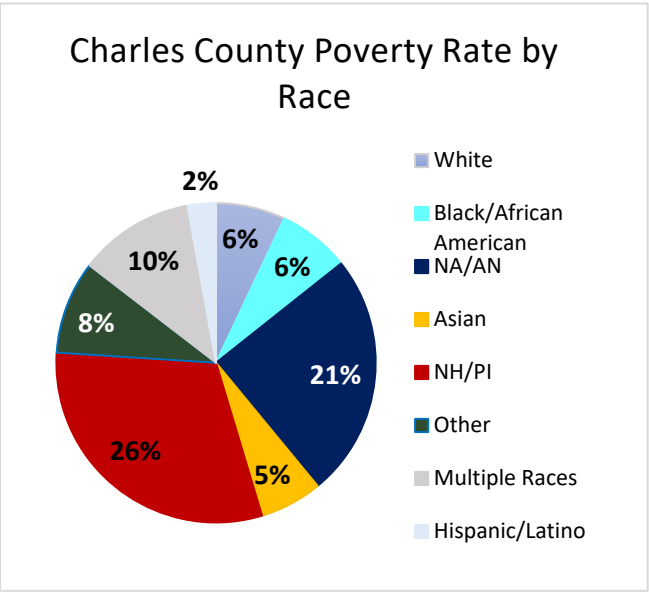
Poverty among racial/ethnic groups in the service area differs due to the longstanding impacts of historical injustices, discrimination, and bias in various aspects of society (job market, housing, and education), education disparities, employment discrimination, and the wealth gap. The criminal justice system and neighborhood segregation also contribute to higher poverty rates among some groups.

Poverty Rate by Educational Attainment

Composition of the Population in Poverty by Educational Attainment

- Less Than High School Graduate
- High School Graduate
- Some College
- BA or Higher

CALVERT COUNTY: 12%, 5%, 3%, 2%
CHARLES COUNTY: 12%, 10%, 5%, 3%
ST. MARY'S COUNTY: 27%, 8%, 6%, 1%
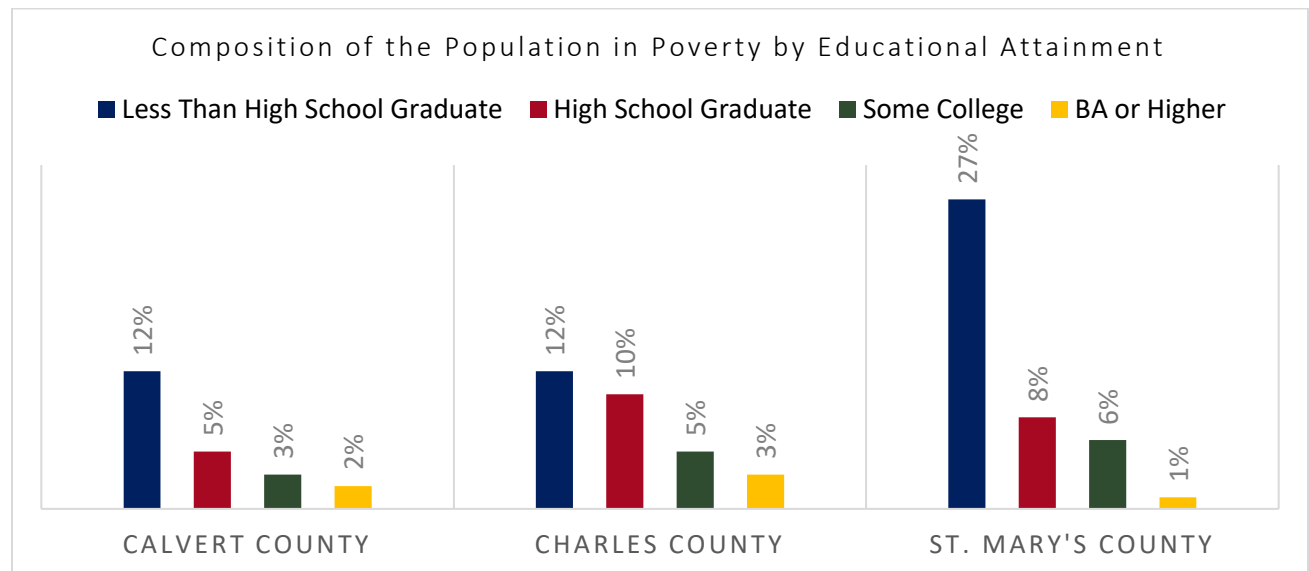
Poverty Rate by Employment

Composition of the Population in Poverty by Employment Status

- Worked Full Time
- Worked Less Than Full Time
- Did Not Work

CALVERT COUNTY: 2%, 2%, 9%
CHARLES COUNTY: 0%, 6%, 15%
ST. MARY'S COUNTY: 2%, 8%, 16%
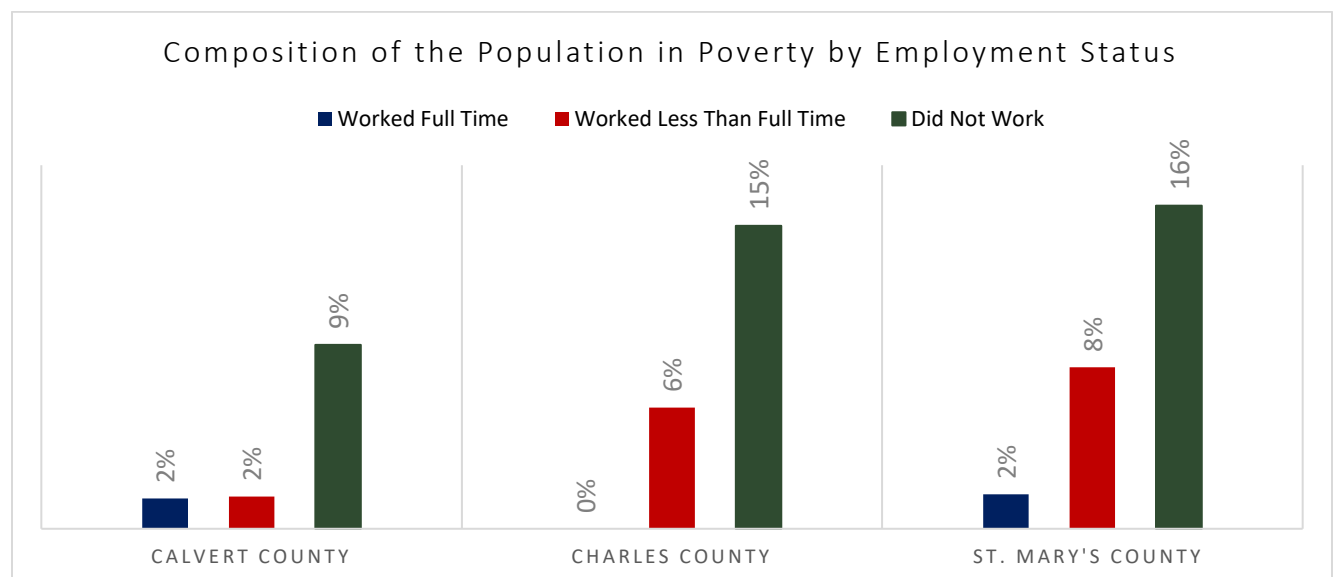
Poverty by Family Type

The percentage of households in poverty by household type are shown for the service area. It is estimated that 4.6% of all households were living in poverty in 2021, compared to the national average of 8.9%. Of the households in poverty, female headed households represented 60.5% of all households, compared to 28.3% and 11.2% of households headed by males and married couples, respectively.

Area	Poverty Rate All Types	Percent of Poverty Married Couples	Percent of Poverty Male Householder	Percent of Poverty Female Householder
Service Area	4.6%	28.3%	11.2%	60.5%
Calvert	2.8%	24.5%	19.9%	55.7%
Charles	4.2%	35.2%	11.0%	53.7%
St. Mary's	6.7%	23.3%	8.2%	68.5%
Maryland	6.2%	33.0%	9.6%	57.4%
United States	8.9%	37.0%	10.8%	52.2%

Table 20. Poverty Rate by Family Type

Seniors in Poverty

Population and poverty estimates for persons aged 65 and up are shown for the service area. According to the American Community Survey 5-year data, an average of 6.1% of people lived in a state of poverty during the survey calendar year. The poverty rate for seniors living in the service area is less than the national average of 9.6%.

Area	Ages 65 and Up Total Population	Ages 65 and Up in Poverty	Ages 65 and Up Poverty Rate
Service Area	47,930	2,927	6.1%
Calvert	13,673	371	2.7%
Charles	20,248	1,416	7.0%
St. Mary's	14,009	1,140	8.1%
Maryland	928,248	74,031	8.0%
United States	51,705,664	4,938,116	9.6%

Table 21. Senior Poverty by County

Social Vulnerability

The Social Vulnerability Index uses U.S. Census data to determine the social vulnerability of the population based on 15 social factors, including poverty, lack of vehicle access, and crowded housing. The data is grouped into four themes as follows:
- Socioeconomic
- Housing Composition and Disability
- Minority Status and Language
- Housing and Transportation

The map that follows shows the service area counties with the greatest vulnerability.
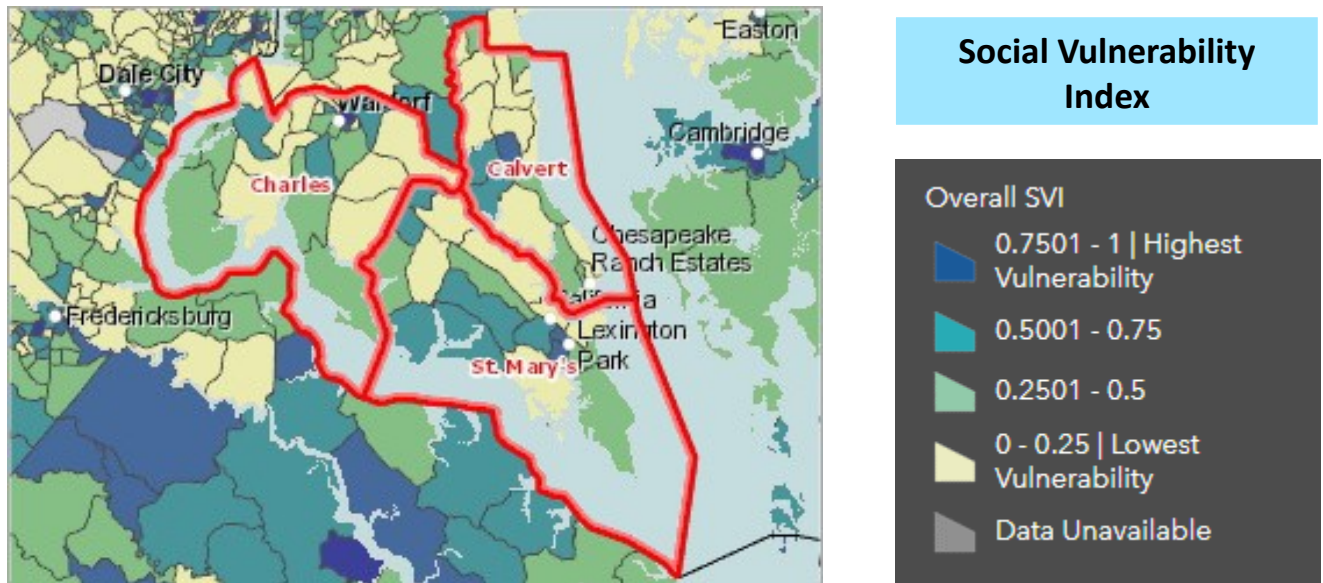
Calvert County	Poverty Rate	Charles County	Poverty Rate	St. Mary's County	Poverty Rate
Prince Frederick	11.8%	Waldorf	5.8%	Lexington Park	13.4%
Solomons	0.0%	La Plata	3.0%	Mechanicsville	1.7%
Chesapeake Beach	4.3%	Indian Head	14.1%	Leonardtown	5.8%
Lusby	7.9%	Hughesville	1.4%	Golden Beach	3.6%
Huntingtown	4.1%	Port Tobacco	0.0%	California	8.7%
Dunkirk	1.1%			Callaway	1.5%

Income Inequality

The Gini Coefficient shows income inequality in the service area. As shown in the following chart, the wealth gap is widening in St. Mary's and Calvert County and it is decreasing in Charles County.
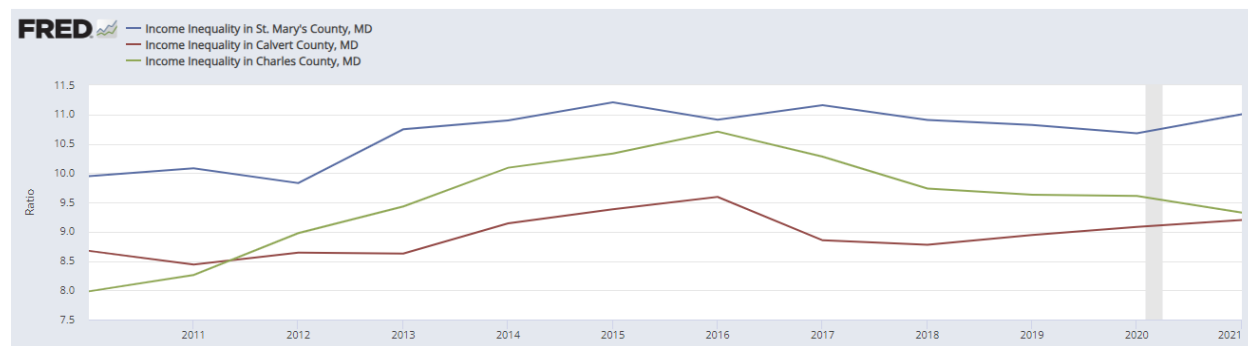
Key Findings

The poverty rate for 2021 indicates that 23,170 individuals live in poverty, a rate of 6.3% of the general population. The rate of poverty in all the service area counties is much lower than found for Maryland. There are pockets of poverty throughout the service area. Notably, there are high poverty census tracts in each county. Cities and towns with the highest rates of poverty include Prince Frederick in Calvert County, Indian Head in Charles County, and Lexington Park in St. Mary's County.

The data reveals that high levels of education correlate with employment and resultingly with higher incomes and lower rates of poverty. The presence of industry, federal military installations and the exodus of federal workers from Washington D.C. also contributes to a lower rate of poverty throughout the service area. Within the service area the poverty rates for households that worked full-time are 2% or below, compared to rates ranging from 9% (Calvert County) to 16% (St. Mary's County) for households that did not have any workers.

There is a higher rate of poverty among female – headed households and women are more likely than men to live in poverty. For example, among single-mothers, 60.5% live in poverty. The poverty rates by race/ethnicity also vary. Whites have lower rates of poverty in general, even in Charles County which is home to a large concentration of high earning black/African Americans. Other factors that contribute to poverty among single mothers include living in single income household which limits financial resources compared to two-income households, limited job opportunities where single mothers can balance work and family responsibilities, child care costs, the gender pay gap, educational attainment among single mothers that may have lower earning potential, lack of emotional and financial support from a partner or extended family members which puts additional strain on the their financial situation, lack of access to affordable housing, and health care costs. Custody and child support issues can also increase the risk of living in poverty. For racial and ethnic minorities who are also single mothers additional barriers

such as systemic inequalities and lack of ability to qualify for assistance also contribute to higher poverty rates.

One challenge impacting the area is a growing wealth gap. Maryland's richest households have dramatically larger incomes than the poorest households, which is evident in St. Mary's and Calvert Counties. The wealth gap impacts health disparities, educational opportunities, social and community factors, access to credit and loans and also has intergenerational impacts that can result in a cycle of disadvantage that traps marginalized groups in poverty.

Community assessment survey respondents also noted their opinions about the cause of income security and poverty in the community. Among respondents, lack of jobs and limited financial knowledge was cited the most frequently. Respondents also noted low wages, and the high cost of living in the area.

Head Start and Early Head Start Eligibles

Children Eligible for Head Start

The most recent poverty data for children under five years is provided by the 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 service area counties, 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 and Early Head Start in each county and for the service area.

Ages 0-4 Poverty Rate

- Report Location (7.8%)
- Maryland (12.5%)
- United States (18.5%)
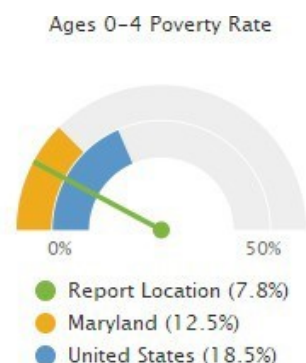
Area	Number of Children						
	<1 yr.	**1 yr.**	**2 yrs.**	**Total 0-3 yrs.**	**3 yrs.**	**4 yrs.**	**Total 3 and 4 yrs.**
Calvert	898	937	775	**2,610**	766	869	**1,635**
Charles	2,456	2,410	2,151	**7,017**	2,237	2,020	**4,257**
St. Mary's	1,604	1,592	1,719	**4,915**	1,628	1,602	**3,230**
Service Area	4,958	4,939	4,645	**14,542**	4,631	4,491	**9,122**

Table 22. Service Area Children by Age

Families and children are considered to live in extreme poverty when family income falls below 50% of the federal poverty threshold. According to the data, 5.2% of St. Mary's County children live in extreme poverty.

Children Living Below 50% of Poverty

	2.9%	4.3%	5.2%
	Calvert County	Charles County	St. Mary's County
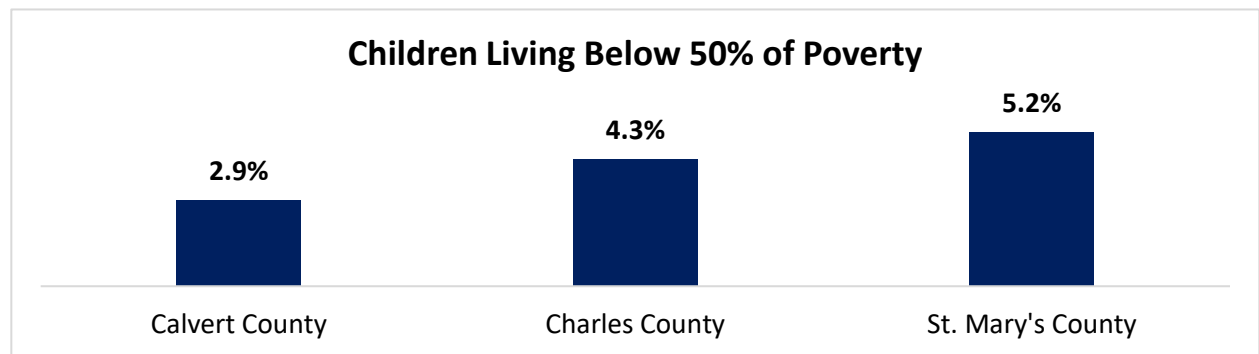
The total number of children eligible for Head Start in the service area is 735. There are an additional 1,162 infants and toddlers eligible for Early Head Start.

Head Start and Early Head Start Eligibles							
Area	Total 0-3 yrs.	Poverty Rate	Total EHS Eligible	Total 3 and 4 yrs.	Poverty Rate	Total HS Eligible	Total HS/EHS Eligible
Calvert	2,610	5%	**130**	1,635	5%	**81**	**212**
Charles	7,017	7%	**491**	4,257	7%	**297**	**789**
St. Mary's	4,915	11%	**540**	3,230	11%	**355**	**895**
Service Area	14,542		**1,162**	9,122		**735**	**1,897**

Table 23. Head Start and Early Head Start Eligibility

Geographic Location of HS and EHS Eligibles

The map below details the geographic areas that are home to concentrations of families that live in poverty.

Population Below the Poverty Level, Children (Age 0-4)
ACS 2017-21

- Over 37.0%
- 27.1 - 37.0%
- 17.1 - 27.0%
- Under 17.1%
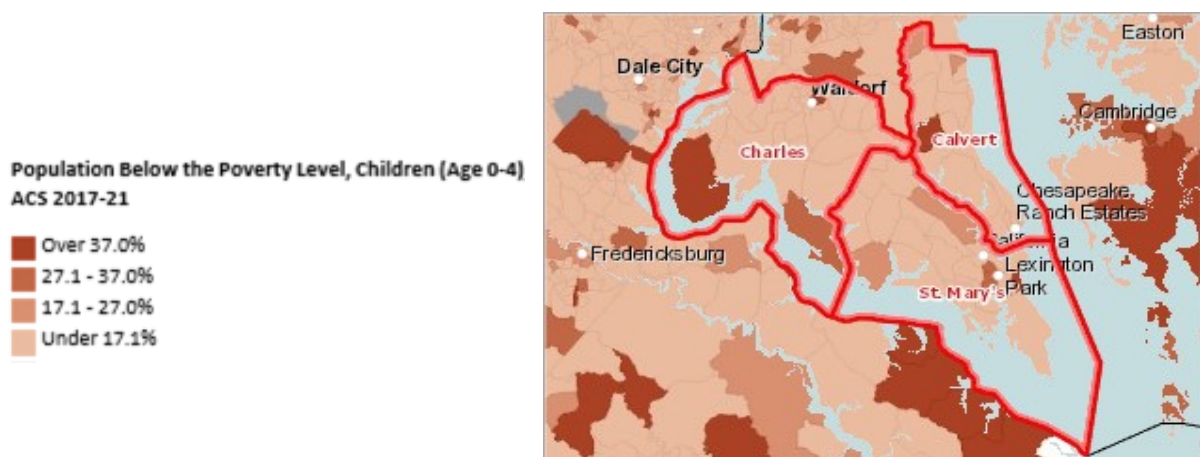
Head Start

There are a total of 789 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 can serve 92% of all children in Charles County that are eligible for Head Start. The agency can also serve 50 infants and toddlers, which indicates the agency can serve 38% of eligible infants and toddlers through Early Head Start. The program has experienced enrollment challenges due to decreasing numbers of children that are eligible for services, rising wages among early care and education professionals, and the continued expansion of state preschool which now can serve children who live in families that earn up to 300% of the federal poverty threshold.

Age of Children Enrolled in Head Start
During 2022 SMTCCAC served 68 children in Head Start (cumulative enrollment) and 82 children in Early Head Start. Of the children enrolled, 33 were aged three years and 43 were aged four years. In Early Head Start, 6 children were infants under one year of age, 45 were aged one year and 29 were two years.

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. Another statistic that can be utilized is the percentage of mothers enrolled in WIC, as that is also an indicator of eligibility for Early Head Start. Using this data 30.5% of new mothers in Charles County, 39.1% of mothers in Calvert County and 28.4% of new mothers in St. Mary's County would be eligible for Early Head Start.

Pregnant Women Eligible for Early Head Start		
Area	**Births to Mothers in Poverty**	**WIC Eligibility**
Calvert	0	255
Charles	0	749
St. Mary's	62	455
Total Service Area	62	1,459

Table 24. Pregnant Women Eligible for EHS

Race, Ethnicity, and Language of Head Start Children

Among children aged 0-4 years, 314 are Hispanic / Latino in Calvert County (8%); 1,175 children aged 0-4 are Hispanic/Latino in Charles County (11%), and there are 601 Hispanic/Latino children under 5 years in St. Mary's County (10%). 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. In all three counties less than 1% of children are dual language learners.

Child Population Aged 0-4 Years by Racial-Ethnicity[7]			
Population Subgroup	**Calvert**	**Charles**	**St. Mary's**
Total Aged 0-5 Years	5,078	8,929	7,034
White	2,813 (55%)	2,674 (30%)	3,983 (56%)
Black/African American	184 (4%)	4,317 (48%)	935 (14%)
Hispanic or Latino of any race	314 (6%)	1,175 (13%)	605 (13%)
Asian	0	127 (1%)	0
Other	1,767 (35%)	636 (8%)	1,511 (17%)

Table 25. Child Population by Race/Ethnicity

In the SMTCCAC Head Start and Early Head Start program in 2022 there were 12 dual language learners. Children living in families speaking another language at home included six children with families that spoke Spanish as a home language, 1 child with a home language that was Native Central American, South American or Mexican, 1 child lived in a family that spoke a Caribbean language at home and 4 children spoke an African language at home. The diversity in the program enrollment is far greater than the diversity in the service area. Hispanic/Latino children are overrepresented in the program.

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[7] Maryland State Department of Health. Maryland Vital Statistics Annual Report.

Head Start

SMTCCAC HS Child Race		
Race/Ethnicity[8]	**Number**	**% of Enrollment**
Black or African American	67	42%
White	3	3%
Other	3	3%
Hispanic/Latino	85	53%

Table 26. SMTCCAC HS/EHS Child Race

Children Experiencing Homelessness

The service area rate of homelessness is increasing, likely due to the increasing cost of living and mental health and substance abuse issues among caregivers. In addition, the COVID-19 pandemic has impacted housing and families are experiencing housing insecurity due to changes in employment status. The rate of homelessness is also obscured due to differences in how agencies classify homelessness and data gaps. One way of estimating the number of children eligible for Head Start and Early Head Start that are homeless is to utilize a fact sheet from the U.S. Department of Education Report on Early Childhood Homelessness which estimates that in Maryland, 1 in every 26 children under six are homeless. When this number is applied to the number of children under five in the service area the number of homeless children is estimated to be 557 infants and toddlers and 349 children aged 3-5 years.

Homeless Children Eligible for Head Start and Early Head Start		
Area	**Early Head Start**	**Head Start**
Calvert	100	62
Charles	269	163
St. Mary's	189	124
Total Service Area	557	349

Table 27. Homeless Children Eligible for HS/EHS

The enrollment of children that were homeless in the program has varied over the past several years. In 2019, the impact of the COVID-19 pandemic was just beginning which led to a high number of homeless children in 2021. The number of homeless children served by the program has since leveled off back to the number of children served in 2018. The enrollment effort for the next few years should also consider the changes in the program that have occurred since that time. For example, in 2018, the program was awarded an Early Head Start Child Care Partnership grant which increased enrollment by 50 children. In 2022, the program was under

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[8] Head Start Program Information Report 2022

enrolled so even though the number of children remained similar to 2018, the percentage of program enrollment comprised of homeless children was higher than in prior years.

Homeless Enrollment

■ 2018 ■ 2019 ■ 2021 ■ 2022
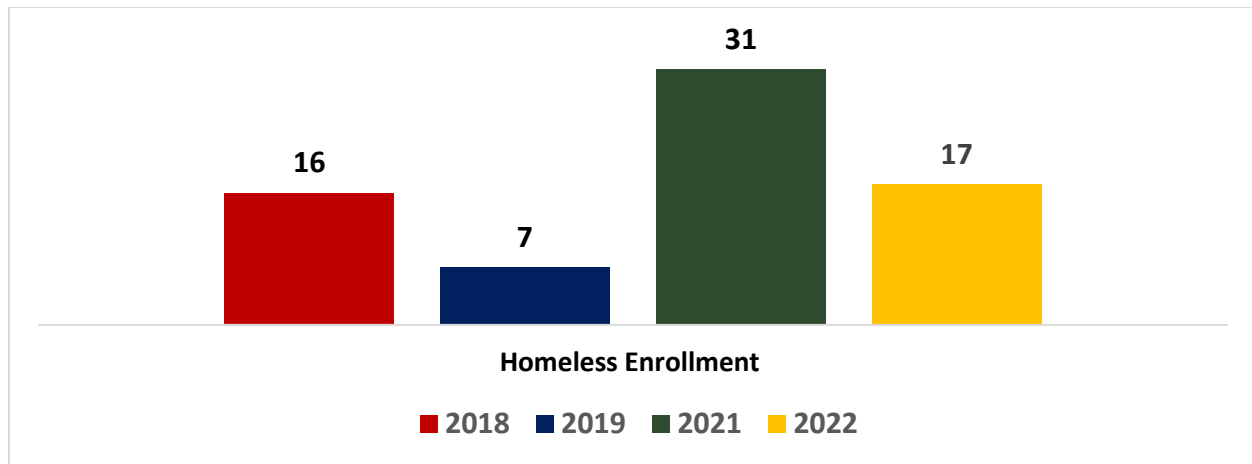
Children in Foster Care Aged Birth-to-Five

The number of children in foster care by age is derived from the total number of children in foster care for each county as of December 2022. In Calvert County there were 48 children in foster care, in Charles County the last reportable data for children in regular and family foster care noted there were 31 children in foster care, and in St. Mary's County there were 55 children in foster care. Based on the AFCARS data for 2023, 27% of the foster care population is comprised of infants and toddlers and 20% is comprised of 3 and 4 year olds. When the total population of foster care children is multiplied by the percent of the foster care population comprised of infants and toddlers and preschoolers it is estimated there are a total of 35 infants and toddlers eligible for Early Head Start and 27 children eligible for Head Start because they are in foster care.

Foster Care Children Eligible for Head Start and Early Head Start		
Area	**Infants/Toddlers**	**Preschool**
Calvert	12	10
Charles	8	6
St. Mary's	15	11
Total Service Area	35	27

Table 28. Children in Foster Care Eligible for HS/EHS

Trends in Foster Care Entry by County 2017-2022

CALVERT   CHARLES   SAINT MARY'S
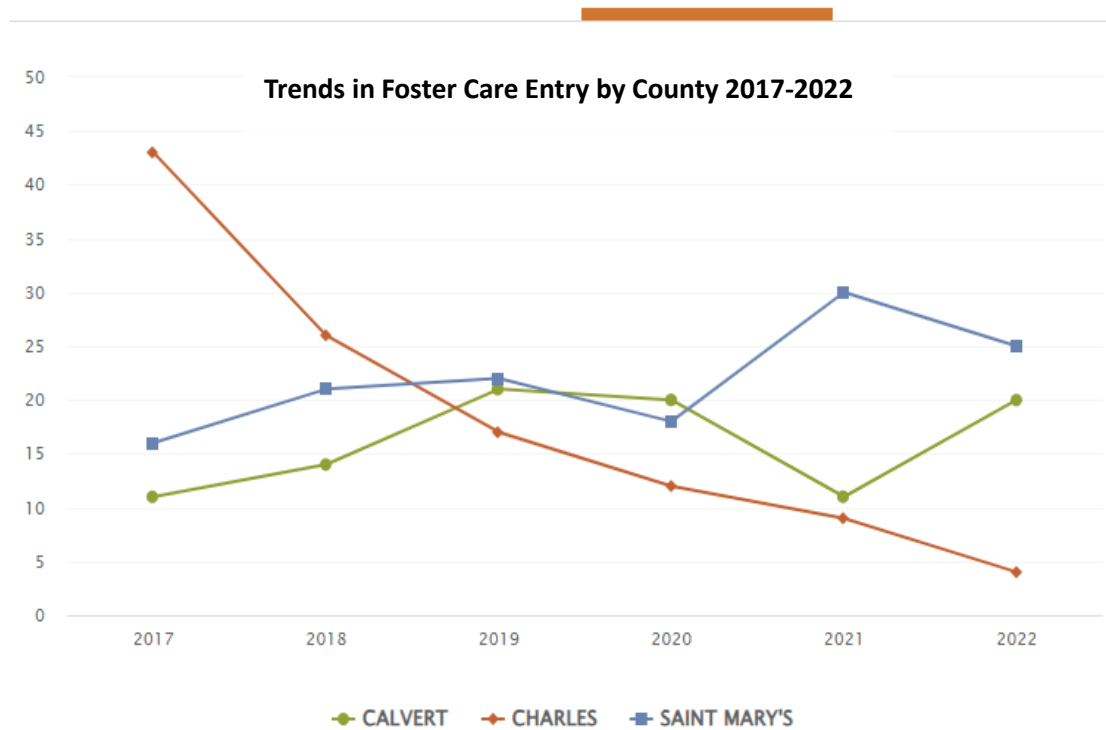
Head Start

The percentage of SMTCCAC Head Start/Early Head Start enrollment of children in foster care has declined over the past several years. Part of the reason that the enrollment has declined is due to a decline in the number of children in foster care in Charles County. The county has seen a decline due to the implementation of an alternative response system in which families are routed into intensive family support programs before removal of a child which has reduced the number of children that must enter foster care due to abuse and neglect. Last year, the program served 4 children in foster care.

Foster Care

2018   2019   2021   2022
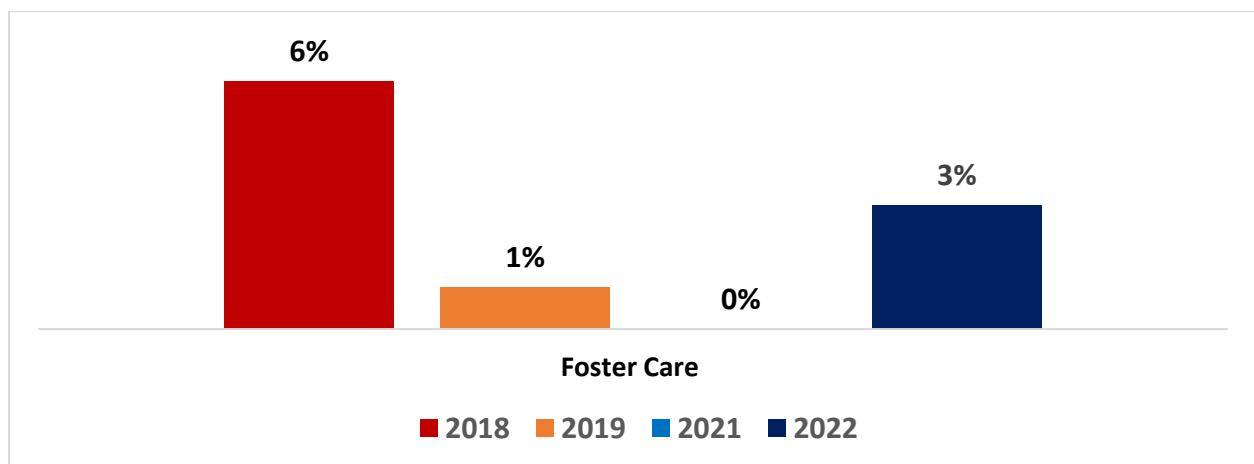
Children with Disabilities Eligible for Head Start and Early Head Start

It is estimated that 10% of children in the service area have a disability. Based on the number of children eligible for Head Start and Early Head Start, the following data describes the number of children with disabilities that can benefit from program enrollment. It is estimated there are 1,454 infants/toddlers with disabilities in the service area and 911 preschool-aged children eligible for disabilities services in the area.

Children with Disabilities Eligible for Head Start and Early Head Start		
Area	Infants/Toddlers	Preschool
Calvert	261	163
Charles	701	425
St. Mary's	492	323
Total Service Area	1,454	911

Table 29. Children with Disabilities Eligible for HS/EHS

Head Start

Since 2018, the percentage of enrollment comprised of children with disabilities has increased significantly. There were no children enrolled with disabilities in 2021 due to the COVID-19 pandemic.

Enrollment of Children with Disabilities
2018 2019 2021 2022
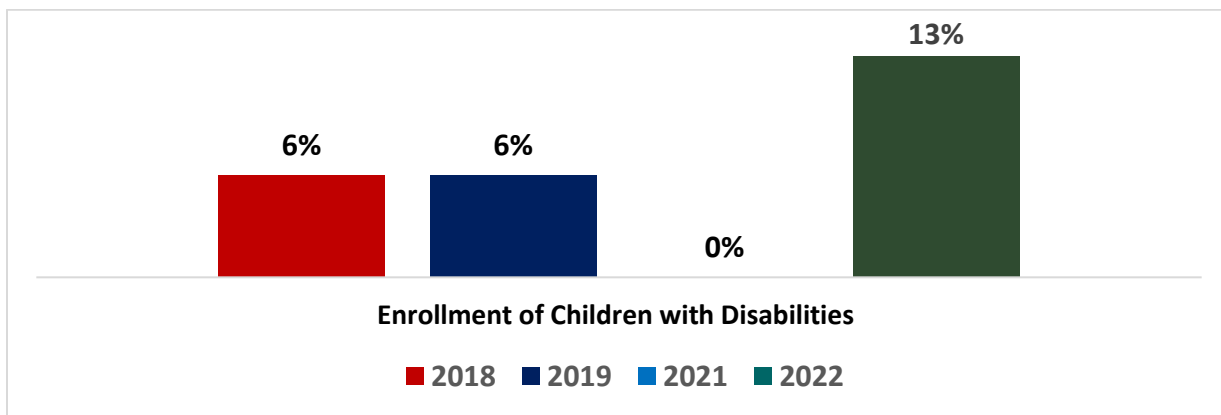
 Key Findings

In Charles County there are 491 children aged 0-2 years and 297 children aged 3-4 years eligible for Early Head Start and Head Start. There were very few births to women in poverty in the past 12 months in the service area, however there is a significant number of women receiving WIC indicating a large number of pregnant women eligible for Early Head Start. The race and ethnicity of children served in the Head Start program reflects the high rates of poverty found among minority populations. It is estimated there are no dual language learners eligible for Head Start in the service area due to a representation of families that speak a language other than English at home that does not exceed 1% in all parts of the service area. However, based on the number of dual language learners served by Charles County HS/EHS, there are three children that are dual language learners in Charles County.

An important responsibility of the Head Start program is to serve children that are particularly vulnerable. To achieve this aim, the program targets children in foster care, children that are homeless, and children with disabilities. In 2022, Head Start enrolled 4 children in the program due to their foster care status. It is estimated there are 35 infants and toddlers and 27 children aged 3-5 in foster care eligible for Head Start in the service area. In Charles County, there are estimated to be 8 infants and toddlers and 6 preschoolers in foster care. The number of homeless children is difficult to estimate, but inferences can be made using the State Early Childhood Homelessness Report which estimates 1 in every 26 children under six in Maryland are homeless. Based on the population of children under five, there are estimated to be 557 infants and toddlers and 349 children aged 3-5 years that are homeless in the three county service area. In Charles County, there are estimated to be 269 infants and toddlers and 163 preschoolers that are homeless. Children with disabilities are another population targeted by Head Start. It is estimated that 10% of children aged 0-5 years have a disability. Based on the number of children eligible for Early Head Start, there are 1,454 infants and toddlers with a disability and 911 children aged 3-5 years with a disability in the service area. In Charles County it is estimated there are 701 infants and toddlers and 425 preschoolers with a disability.

Education

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.

Education Level

Educational attainment data shows the distribution of the highest level of education achieved in the service area counties and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. In the following table, educational attainment is calculated for persons over 25 years old and is an estimated average for the period from 2017 to 2021. For the service area, 19% have at least a college bachelor's degree, while 30% stopped their formal educational attainment after high school. In all of the service area counties, the rate of individuals without a high school diploma is lower than for the state or nation.

Area	No High School Diploma	High School Only	Some College	AA Degree	BA Degree	Graduate or Professional Degree
Service Area	6.7%	30.0%	22.0%	8.5%	19.0%	13.9%
Calvert	5.4%	28.8%	21.3%	8.7%	19.7%	16.0%
Charles	6.3%	29.7%	24.0%	8.9%	18.5%	12.6%
St. Mary's	8.3%	31.3%	19.6%	7.8%	19.0%	14.0%
Maryland	9.2%	23.9%	18.4%	6.9%	22.0%	19.5%
United States	11.1%	26.5%	20.0%	8.7%	20.6%	13.1%

Table 30. Educational Attainment

Population with no HS Diploma by Tract
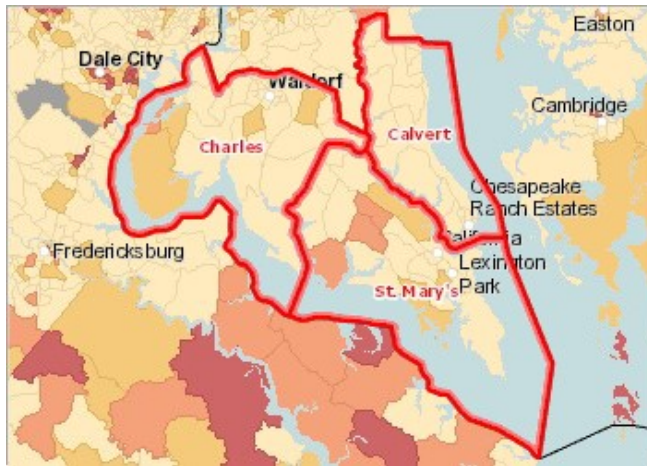
The areas that have the highest poverty rates also have the lowest rates of educational attainment.

Adult Educational Attainment

Educational Attainment

	Calvert County	Charles	St. Mary's	Maryland	US
Graduate Degree	16%	13%	14%	19%	13%
BA Degree	20%	19%	19%	22%	21%
AA Degree	9%	9%	8%	7%	9%
Some College	21%	24%	20%	18%	20%
High School Only	29%	30%	31%	24%	27%
No HS Diploma	5%	6%	8%	9%	11%

■ No HS Diploma   ■ High School Only   ■ Some College
■ AA Degree   ■ BA Degree   ■ Graduate Degree
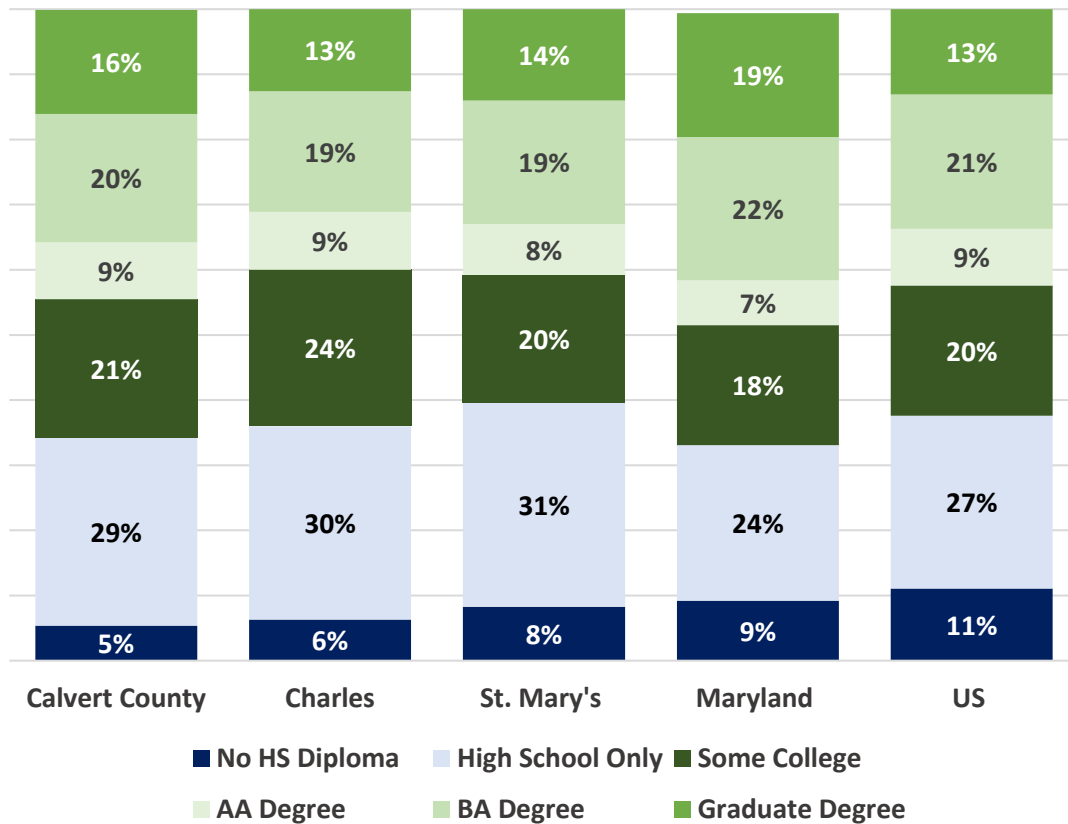
Educational Attainment by Race

The composition of the population obscures racial disparities in educational attainment. The predominant races in Charles County are white and black or African American. In Calvert and St. Mary's Counties there is less diversity but still a significant representation of black or African American's and whites. The rates of educational attainment between these two groups show a racial disparity in Calvert and St. Mary's County and no disparity in Charles County. The same trends for high school graduates are illustrated in the data on the attainment of a bachelor's degree by race/ethnicity.

High School Graduate or Higher by Race

Area	White	Black/African American	Asian	Other Races	Hispanic/Latino	Two Races
Calvert	95.9%	85.8%	90.6%	82.8%	93.8%	97.6%
Charles	93.9%	94.4%	88.7%	76.4%	85.8%	93.4%
St. Mary's	92.6%	85.5%	93.5%	63.4%	82.7%	97.8%

Table 31. Educational Attainment by Race/Ethnicity

Bachelor's Degree Attainment Rates by Race
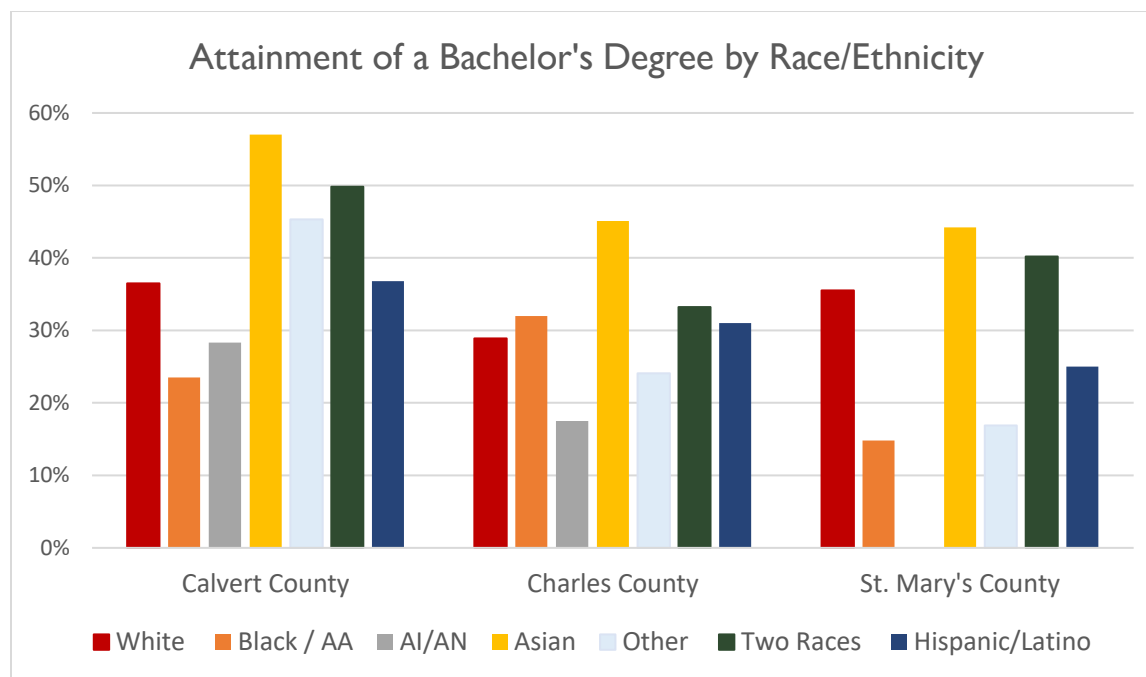
Drop-out Rates

High school dropout rates can be calculated from the number of young people not in school and not working. This measure provides extremely valuable information regarding the educational and career outlook for young adults in the service area. The highest proportion of youth aged 16 to 19 years not working or not in school is found in Charles County which has a higher

percentage double that of the state and almost four times that of St. Mary's and Calvert County. This data indicates that there is an education paradox where the high rates of educational attainment in the county are due to an influx of college educated adults moving into the county.

Area	Population Age 16-19	Population Age 16-19 Not in School and Not Employed	Population Age 16-19 Not in School and Not Employed, Percent
Service Area	19,921	1,350	6.7%
Calvert	4,540	164	3.6%
Charles	8,779	978	11.1%
St. Mary's	6,602	208	3.1%
Maryland	314,727	19,002	6.0%
United States	17,360,900	1,189,520	6.8%

Table 32. High School Dropout Rate by County

Population Aged 16 - 19 Not in School and Not Employed
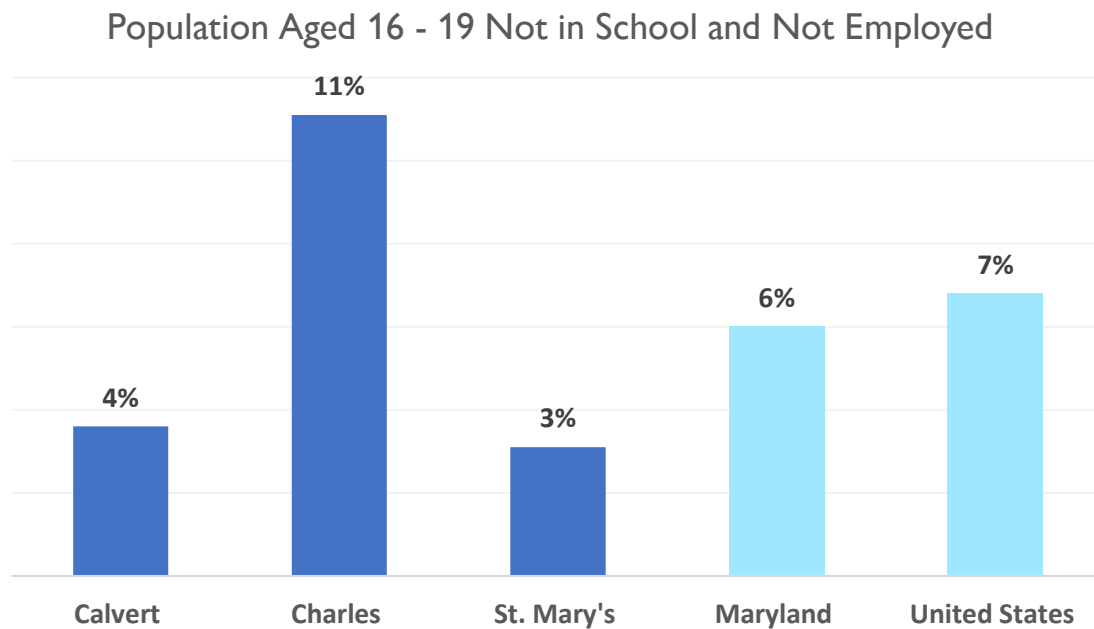
Literacy

Individuals with literacy skills at Level 2 still struggle to perform text based informational tasks, but are considered to be nearing reading proficiency. People in this literacy level can usually read printed words and digital print and can relate to and make inferences from multiple pieces of information that can be pulled from more than one document. However, complex evaluation and inferencing may still be too difficult. The percentage of the population with a literacy level at or below Level 2 is estimated at 34.9%, with a 95% probability that the actual (true, unknown) percentage is between 29.1% and 40.8%.

Literacy Levels of the Population by County			
Area	**Population Ages 16-74**	**Total At or Below Level 2**	**At or Below Level 2**
Service Area	264,412	92,354	34.9%
Calvert	67,145	23,232	34.6%
Charles	115,878	41,368	35.7%
St. Mary's	81,389	27,754	34.1%
Maryland	4,449,989	1,390,056	31.2%
United States	235,567,157	76,178,529	32.3%

Table 33. Literacy Rate by County

Public Schools

The area is home to many public schools, and they all offer a preschool program.

Area	School Name	School District	Total Students	Lowest Grade Level	Highest Grade Level
Charles	William A. Diggs Elementary School	Charles County Public Schools	762	PK	5
St. Mary's	Evergreen Elementary School	St. Mary's County Public Schools	741	PK	5
Charles	Billingsley Elementary School	Charles County Public Schools	688	PK	5
Charles	Mary B. Neal Elementary School	Charles County Public Schools	678	PK	5
Charles	Berry Elementary School	Charles County Public Schools	675	PK	5
Calvert	Patuxent Appeal Elementary Campus	Calvert County Public Schools	667	PK	5
Calvert	Windy Hill Elementary	Calvert County Public Schools	637	PK	5
Charles	J. P. Ryon Elementary School	Charles County Public Schools	630	PK	5
Calvert	Sunderland Elementary	Calvert County Public Schools	624	PK	5
Charles	William B. Wade Elementary School	Charles County Public Schools	619	PK	5

Table 34. Public Schools by County

Head Start

Head Start Parent/Guardian Education Levels

Among Early Head Start and Head Start families, the rate of families that are headed by a parent/caregiver that is less than a high school graduate is four times the rate of households headed by someone without a high school diploma for the general population. In contrast, when compared to the general population, more Head Start families have a high school diploma or associate degree as their highest level of education. Since having completed at least some college education is required to earn a living wage, it is important to help families and individuals gain access to post-secondary education and career training programs.

Head Start Parent/Guardian Education		
Of the total number of families, the highest level of education obtained by the child's parent(s) / guardian(s)	# of families at enrollment	% of families
An advanced degree or baccalaureate degree	6	5.0%
An associate degree, vocational school, or some college	17	14.4%
A high school graduate or GED	15	12.7%
Less than high school graduate	34	28.8%

Table 35. Head Start Parent Education Level

Head Start Parent/Guardian Education Level

- Less than High School — 29%
- High School Graduate/GED — 13%
- AA Degree/Vocational — 14%
- BA Degree or Higher — 5%
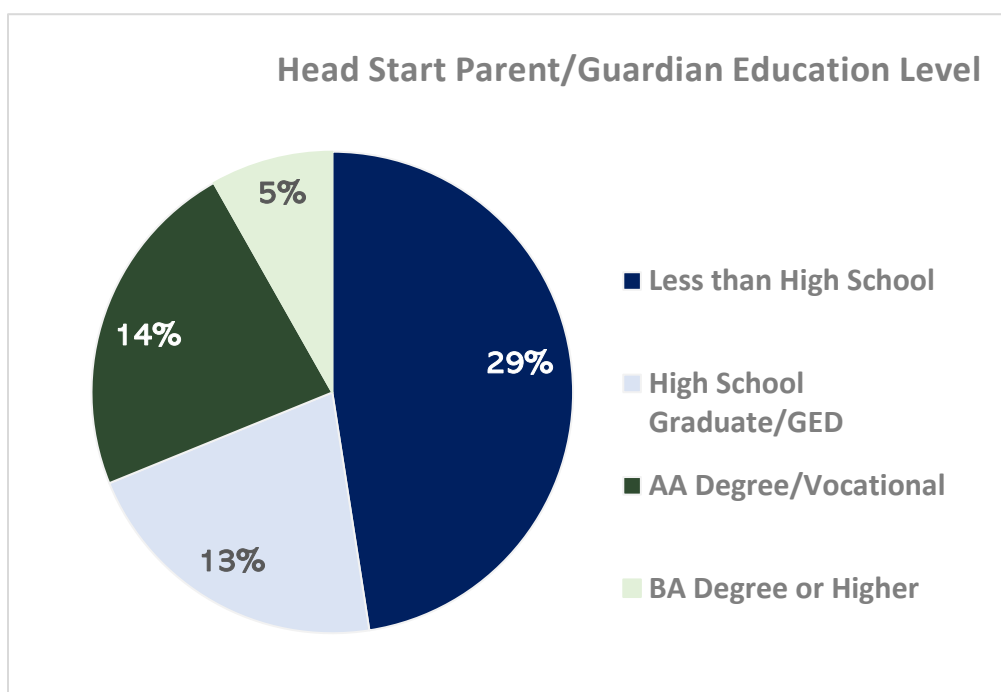
Population Aged 3-4 Years Enrolled in School

This indicator reports the percentage of the population aged 3-4 years that is enrolled in public and private preschools. This indicator helps identify places where pre-school opportunities are either abundant or lacking in the educational system.

Population Aged 3-4 Enrolled in School				
Area	Population Aged 3-4	Enrolled Population Age 3-4 Public	Enrolled Population Aged 3-4 Private	% Age 3-4 Enrolled in Public School
Calvert	1,066	835	231	78.3%
Charles	1,554	667	887	42.9%
St. Mary's	1,516	971	545	64.1%

Table 36. Population Enrolled in Preschool

Early Childhood Education

There is a disparity in kindergarten readiness that is evident in data that shows whites exceed their peers of other races in rates of school readiness, most notably there is an achievement gap for black/African American, Hispanic/Latino, and children that are dual language learners. Factors that contribute to the achievement gap include parental education and involvement, child health and nutrition, home environments, access to high quality preschool programs, economic inequality and language factors.

Percent of Kindergartners Ready for School by Race

Legend: White, African American, Asian, Hispanic, Two or More Races, Dual Language Learner, English Fluent, Overall

Calvert: White 45%, African American 19%, Hispanic 38%, Two or More Races 34%, Dual Language Learner 11%, English Fluent 38%, Overall 37%

Charles: White 47%, African American 35%, Asian (unlabeled high bar), Hispanic 25%, Two or More Races 41%, Dual Language Learner 4%, English Fluent 37%, Overall 37%

St. Mary's: White 46%, African American 18%, Asian (high bar), Hispanic 31%, Two or More Races 35%, Dual Language Learner 4%, English Fluent 40%, Overall 39%

Maryland: White 54%, African American 33%, Asian (high bar), Hispanic 19%, Two or More Races 46%, Dual Language Learner 10%, English Fluent 44%, Overall 40%

Student Achievement

The following tables/charts present 3rd grade Maryland School Assessment (MSA) results for service area counties. In all counties except Charles County students achieve at rates above that of their peers in Maryland in both Math and Reading.

3rd Graders Math Achievement Levels		
Area	**Not Meeting or Exceeding**	**Meeting or Exceeding**
Calvert	41.8%	58.3%
Charles	60.6%	39.4%
St. Mary's	53.2%	46.8%
Maryland	57.5%	42.5%

Table 37. 3rd Grade Math Achievement Levels

3rd Graders Reading Achievement Levels		
Area	**Not Meeting or Exceeding**	**Meeting or Exceeding**
Calvert	43.5%	56.5%
Charles	59.7%	36.2%
St. Mary's	53.4%	41.9%
Maryland	58.9%	41.2%

Table 38. Third Grade Reading Achievement Levels

Key Findings

The data indicates Charles County has a large percentage of the population that is educated with a college degree at the same time as having higher high school dropout rates and lower rates of student achievement on third grade Math and Reading tests. The resulting social challenge in communities that experience this trend is that the education levels in the population do not necessarily lead to proportional improvements in social and economic outcomes. For example, economic and educational success are not always correlated, and people experience factors such as underemployment, wage stagnation, student debt, a mismatch in skills, limited access to a high quality education and a changing job market where skills quickly become outdated.

Addressing the education paradox requires a comprehensive approach that includes aligning education with the needs of the job market, improving access to quality education, providing relevant skills training and development, and promoting lifelong learning. It also involves addressing structural barriers and inequalities that hinder individuals' ability to fully utilize their educational qualifications in the workforce. By understanding and addressing the education paradox, societies can strive to create more equitable and sustainable pathways to economic and social success for individuals of all backgrounds.

Among Early Head Start and Head Start families, the rate of families that are less than a high school graduate is four times the rate of the general population. In contrast, when compared to the general population, more Head Start families have a high school diploma or associate degree as their highest level of education. Since the completion of some college education is typically required to earn a living wage, it is important to help families and individuals gain access to post-secondary education and career training programs.

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.

Context for Preschool Early Childhood Services

There have been several developments since the last community assessment that have influenced the early care and education landscape that provide opportunities and challenges for Head Start programs. Concerns also have been voiced as these solutions do not yet adequately address the numerous interdependent, interacting, and interrelated components that make up the early care and education system. The new developments have also been plagued with delays due to the COVID-19 pandemic as well as funding shifts and changing priorities creating further uncertainty. Unfortunately, without clear ties between the local, state, and federal early childhood changes, the fragmented nature of these initiatives and their volatility can potentially undermine the noble intention of creating an affordable, equitable, accessible, high-quality, mixed-delivery early care and education system that meets the varying needs of families.

It is critical for the agency to view each program through a lens that considers the resources that Head Start can provide, as well as the impacts on children, families, staff, and programs. It is also important to examine them through an equity lens so that Head Start can continue to advocate that publicly funded early childhood programs encompass the core principals of equality (everyone gets something) while retaining equity (those who are the most disadvantaged get more). What follows is an overview of the state, federal and local investments that are proposed for early care and education programs.

The Kirwan Commission Report (Source - State Funding): The Kirwan Commission on Innovation and Excellence in Education was a multi-year initiative to research and develop major funding and policy reforms to improve the quality of public education. The Kirwan Commission Report (2019) was a "Call to Action" for building a strong system of education in Maryland and includes policy and funding recommendations in five areas: 1) Early Childhood Education, 2) High-quality and Diverse Teachers and Leaders, 3) College and Career Readiness Pathways, 4) Resources to Ensure all Students are Successful, and 5) Governance and Accountability. The early childhood recommendations in the plan included:

- Expand full-day preschool at no cost reaching four-year olds and three-year olds from families with incomes up to 300% of the federal poverty level and above using a sliding scale.

- Build capacity for new and current programs including providing tuition assistance for prospective staff, training, support of peer networks, and integration with the career ladder.
- Implement a school readiness assessment for all students.
- Expand Judy Centers, Family Support Centers, and the Maryland Infants and Toddlers Program to provide and coordinate access to education and support services for at-risk children aged 0-5 years.

Blueprint for Maryland's Future (SB 1030) (Source - State Funding): The Kirwan Commission's interim report issued in January 2019 laid the groundwork for the passage of The Blueprint for Maryland's Future (SB 1030) which codified the recommendations in the Kirwan Commission Interim Report. Key elements of this bill that are impacting Head Start included: three-years of increased funding for full-day preschool, teacher salary grants, concentration of poverty grants, special education funding, teacher collaborative grants, mental health coordinator funding, and supplemental instruction grants.

SB 130 was passed with amendments, but the primary elements have remained intact. The bill provides full-day preschool free of charge for all 3-and 4-year olds whose families earn below 300% of the federal poverty threshold. Additionally, preschool is now offered on a sliding scale for families that earn between 300% and 600% of the federal poverty threshold. It is anticipated that 20% of families that earn above this income level will be expected to pay the full cost of preschool, although schools can elect to cover this cost themselves. The legislation mandates that at least 30% of preschool students must be served in diverse-delivery sites in the 2021-2022 school year, climbing to 50% by 2026.

Funding for the SB 130 programs is contingent on tax revenues. The implementation plan was recently updated due to the complexity of the bill, amendments, changing fiscal conditions and the political context for delivering on SB 130's requirements. In March 2022, the implementation plan for the bill was developed. Many public schools began to receive funding in 2022, so some aspects of the plan were implemented for the 2022-2023 school year. Specifically, in addition to preschool, the bill allots funds for 135 additional Judy Centers by 2030 and 30 additional Family Support Centers, which will be known as Patty Centers, also to be in place by 2030. The bill further allocates increased funding for the Maryland Infant Toddler Program, totaling $22.7 million by 2030.

To support high-quality early childhood education and the ability of childcare providers to participate in the emerging preschool system, SB 130 establishes early childhood accreditation programs and the Child Care Accreditation Support Fund, Child Care Incentive Grant Program, Maryland Child Care Credential Program, and Child Care Career and Professional Development Fund. Funding for these programs is mandated to increase as specified. Lastly, the bill mandates that a statewide kindergarten assessment will be implemented in 2022.

Other aspects of the amended bill of note to Head Start include: a mandated summer transition program for children entering kindergarten that will be provided by public schools, funds to address trauma and behavioral health, a delay in the Maintenance of Effort and Local Share requirements, and a delay in the enactment of teacher salary increases and professional development programs until July 2024. The dates by which specified percentages of prekindergarten slots must be provided in the full-day prekindergarten program are extended by one year to 2024. The bill also extends the date by which community providers must meet specified program quality standards to the 2025-2026 school year. The funding mandate for the EXCELS bonus program is altered to begin in fiscal 2023 with 10% annual increases in fiscal 2024 through 2028.

The American Families Plan (Source - Federal Funding): Federal investments for universal preschool and increased access to childcare for families were signed into effect March 15, 2022, through the budget reconciliation process. The budget was the first step in implementing the Biden administration American Families Plan. The American Families Plan strived to provide free high-quality preschool to all three and four-year olds in the setting of the parents' choice, offers supplemental funding to cap childcare costs for families earning up to 250% of the state median income at 7% of families income, and provides funding for states to increase provider compensation and to support family childcare homes and centers. The following provisions were included in the 2022 budget:

-   The Child Care and Development Block Grant was funded at more than $6 billion which is a $254 million increase over FY 2021.
-   Head Start and Early Head Start was funded at $11 billion, of which $234M is included for a cost-of-living adjustment for Head Start staff.
-   Preschool Development Grants (PDG B-5) programs were funded at $290M which is an increase of $15M over 2021. These funds have now been pulled back for 2024.
-   IDEA grants for infants and toddlers were funded at $496M an increase of $15M and IDEA for preschoolers was funded at $409M, an increase of $11.9M.

The full impact of these programs is not yet known as they are still very much in flux. However, one common element is that all are missing the deep engagement of families in the design of the system, which undermines the equity principles the idea was built on. The Head Start program could provide guidance in this aspect of leadership as the locally designed model is effective in not only ensuring full use of the system, but in increasing equity and cultural continuity with the families and children served. By housing programs within institutions such as public schools, parents who have had difficult or negative experiences with school systems may be discouraged from enrolling their child.

Additionally, the impact on staffing for early childhood programs is not adequately examined in any of the programs that are proposed. For example, the Blueprint (SB 130) and the American Families Plan include provisions for staff development and salary increases but the Blueprint has delayed the implementation of these programs and the American Families Plan makes only a small effort in improving compensation that will not ultimately resolve the staffing challenges in the early care and education system.

Blueprint Implementation Plans

Each school district in the service area is required to submit and update a plan for the implementation of the Blueprint requirements. The charts below detail the preschool enrollment projects for 2022-2023[9] for Calvert County Public Schools, Charles County Public Schools, and St. Mary's County Public Schools. The table below describes the number of preschool slots and students that will be served in 2022-FY 2024. As shown in the data, the number of children served exceeds the number of Head Start eligible children in all service area counties.

District	2022-2023		2023-2024	
Calvert	**Public**	**Private**	**Public**	**Private**
Enrollment	120	0	120	0
Charles	**Public**	**Private**	**Public**	**Private**
Enrollment	847		985	98
St. Mary's				
Enrollment	481		520	0

Table 39. Calvert County Public Schools State Preschool Enrollment - Current and Expected

Calvert County Blueprint Implementation Trends

Calvert County possible preschool sites are described in the table that follows.

Elementary School	Address
Barstow	295 J W Williams Rd, Prince Frederick, MD 20678
Beach	7900 Old Bayside Rd, Chesapeake Beach, MD 20732
Calvert	1450 Dares Beach Rd, Prince Frederick, MD 20678
Dowell	12680 H G Trueman Rd, Lusby, MD 20657
Huntingtown	4345 Huntingtown Rd, Huntingtown, MD 20639
Mt. Harmony	900 West Mount Harmony Rd, Owings, MD 20736
Mutual	1455 Ball Rd, Port Republic, MD 20676
Patuxent-Appeal Campus	11655 H G Trueman Rd, Lusby, MD 20657
Plum Point	1245 Plum Point Rd, Huntingtown, MD 20639
St. Leonard	5370 St Leonard Rd, St Leonard, MD 20685
Sunderland	150 Clyde Jones Rd, Sunderland, MD 20689
Windy Hill	9550 Boyds Turn Rd, Owings, MD 20736

Table 40. Calvert County Preschool Sites

Calvert County Preschool Program Provider Options
Calvert County currently has 122 licensed child care providers that can participate in the preschool system but only 14 have a current EXCELS rating. Calvert County Public Schools has sought a waiver for compliance with the requirement to distribute slots to private providers.

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[9] https://aib.maryland.gov/Pages/local-school-systems.aspx

Licensed Child Care Providers in Calvert County	
Center Based Providers	
Dawns Early Light	Level 3
Loving Arms Child Care Center	Level 3
Dawns Early Light	Level 3
Prime Time Children's Center	Level 5
Solomons Day Care Center	Level 5
Bright Beginnings Children's Center II	Level 5
Carter's Webb Learning Center	Level 5
Bright Beginnings Children's Center I	Level 5
Family Child Care Homes	
Six Providers	4 = Level 3; 2 = Level 5

Table 41.Calvert County Licensed Child Care Providers QRIS Rating

Charles County Blueprint Implementation Trends

Charles County Preschool Program Provider Options
Currently there are 41 child care centers in Charles County and 161 family child care homes. Only five programs are rated a Level 5 in Maryland Excels (two centers, both of which are religiously affiliated, and three in home providers), none are rated a Level 4, twenty-one are rated a Level 3 (ten centers and eleven in home providers). Charles County Public Schools has sought a waiver for compliance with the requirement to distribute slots to private providers. The following table details actions Charles County Public Schools have taken to expand state preschool access and to implement the Blueprint.

2021-2022	- Two schools went from half-day to full day programs - Six Title I schools added an additional 4-year-old preschool classroom to their existing full-day program 15 of 22 CCPS elementary schools offering full day programs (39 full day classrooms)
2022-2023	- Remaining seven schools with half-day programs became full-day programs - All 4-year-old prekindergarten slots are full-day at all 22 CCPS elementary schools (51 full-day classrooms) - CCPS offered a preschool slot to all eligible Tier I applicants, which included applicants who met the income guidelines, youth experiencing homelessness, and children with disabilities
2023-2024	- CCPS will be leasing the Children's Learning Center from the College of Southern Maryland (CSM) to add five additional 4- year-old preschool classrooms (56 full day classrooms serving 100 children). This will provide enough slots for all eligible 4-year-olds students and additional Tier II students - CCPS will begin adding 3 year-olds in 2024-2025. For 2024-2025, CCPS will convert the Transition School in Waldorf to a preschool facility. The Transition School has been used as a swing space over the last six years while several schools have undergone major renovations. The Transition School has a capacity of around 400 students, which will provide relief to surrounding schools with capacity issues as it is in a highly populated portion of the county. This will also provide space for CCPS to begin a 3-year-old program. This early learning center will have the same offerings as the early learning center at CSM

Charles County Public Schools Prekindergarten Enrollment Sites 2022-2023

School:	Half-Day or Full Day:	Current # of Prek Classrooms:	Inclusion:	Total Number of Slots:	Excels and Accreditation:
Barnhart*	Full Day	3	2 classrooms	60	In Process
Berry+	Full Day	2	All	40	Will begin January 2024
Billingsley+	Full Day	2	1 classroom	40	Will begin August 2023
Brown*	Full Day	3	2 classrooms	60	Will begin August 2023
Craik	Full Day	2	1 classroom	40	In process
Diggs+	Full Day	2	1 classroom	40	Will begin January 2024
Gale-Bailey+	Full Day	1	All	20	In process
Higdon+	Full Day	2	None	40	In process
Indian Head*	Full Day	3	2 classrooms	60	In process
Jenifer*	Full Day	3	1 classroom	60	Will begin August 2023
Malcolm	Full Day	2	None	40	In process
Martin+	Full Day	1	All	20	Will begin January 2024
Matula	Full Day	3	2 classrooms	60	Will begin August 2023
Middleton*	Full Day	2	1 classroom	40	Will begin January 2024
Mitchell	Full Day	2	1 classroom	40	Will begin August 2023
Mt. Hope*	Full Day	2	None	40	In process
Mudd*	Full Day	3	1 classroom	60	Level 4/Yes
Neal+	Full Day	2	All	40	Will begin August 2023
Parks*	Full Day	2	1 classroom	40	Will begin January 2024
Ryon*	Full Day	4	2 classrooms	80	Level 4/Yes
Turner*	Full Day	3	1 classroom	60	Level 4/Yes
Wade	Full Day	2	1 classroom	40	Will begin August 2023
Total:	All 22 schools full day	51 full day classrooms	26 classrooms	812 full day 208 inclusion	3 Level 4 or 5 3 Accredited 7 In process

* Title I school

+ First year as full day

St. Mary's County Blueprint Implementation Plan

St. Mary's County Public Schools (SMCPS) presently serves all income eligible four year olds up to 300% of the federal poverty level (FPL) with a full day preschool experience. Bus transportation is provided to all families. This practice will continue with ongoing expansion of the Pre-K-4 program. SMCPS plans to continue serving four year old children from 300% FPL up to 600% of the FPL in SY 2025-2026. SMCPS has made a concerted effort to serve income eligible four year olds prior to the expansion of three year old programming with the intent that childcare partners would ultimately participate and serve the three year olds. This is the goal and there is a great deal of outreach and support with childcare providers to consider pursuing participation. However, SMCPS has applied for a waiver for this requirement and no slots are currently located in private or other types of settings. Further, SMCPS relinquished the Head Start grant beginning with the 2023-2024 school year with the plan to serve 4-year-old students through the Blueprint Pre-K-4 program. SMCPS staff have encouraged the Head Start regional office to pursue Blueprint participation and to potentially serve 3-year-olds. If Head Start wishes to consider the option of becoming an eligible private provider, SMCPS has offered to partner with them as a private provider despite no longer being a grantee of the school system. The following table shows actions taken by SMCPS to implement the Blueprint in 2022-2024.

2022-2023	• SMCPS converted all Pre-K-4 half day classrooms to full day • SMCPS was the grantee of the Head Start Grant which provided 1 full day 3-year-old class and 4 full day 4-year-old classes
2023-2024	• Three private providers have expressed an interest in applying for the Pre-K Expansion Grant and would serve 3-year-old students if awarded • SMCPS has relinquished the Head Start Grant for the 2023-2024 school year. All income eligible current Head Start students will be placed in a full day 4-year-old program with the proper documentation • Preschool 3 classes have been converted to Pre-K 4 full-day classes for the 2023-2024 school year

St. Mary's County Public Schools Prekindergarten Enrollment 2022-2023

LOC ID	SCHOOL NAME	PROGRAM	# FULL-DAY CLASSES	# HALF-DAY CLASSES	MAX STUDENTS	MAX FTE COUNT FULL = 1.0 HALF = 0.5
0302	Benjamin Banneker	Pre-K 4	1		20	20
0308	CWF Duke	Pre-K 4	1		20	20
0702	Dynard	Pre-K 4	1		20	20
0803	Green Holly	Pre-K 4	4		80	80
0803	Green Holly	Pre-K 4 Special Education	2		20	20
0810	Greenview Knolls	Pre-K 4	1		20	20
0805	GW Carver	Pre-K 4	4		80	80
0604	Hollywood	Pre-K 4	1		20	20
0301	Leonardtown	Pre-K 4	1		20	20
0501	Lettie Marshall Dent	Pre-K 4	2		40	40
0804	Lexington Park	Pre-K 4	2		40	40
0602	Oakville	Pre-K 4	1		20	20
0808	Park Hall	Pre-K 4	1		20	20
0201	Piney Point	Pre-K 4	1		20	20
0104	Ridge	Pre-K 4	1		20	20
0806	Town Creek	Pre-K 4	1		20	20
	School site TBD	Pre-K 4	1		20	20
	School site TBD	Pre-K 4	1		20	20
						520

* This sheet reflects FULL DAY PROGRAMMING only

Family Supports

Family support is an integral part of the Blueprint requirements. Family support for state preschool is provided through Judy Centers. Judy Center Early Learning Hubs prepare children for success in school and life. By connecting families with high-quality, comprehensive, full-day, full-year early education services, the Judy Centers promote school readiness for children ages birth through five. Utilizing a multigenerational approach for families and children, and providing professional development for early childhood educators, Judy Centers help to support all of the adults in a child's early years. Each Judy Center provides adult education, case management, developmental and health screenings, family engagement activities, parenting classes, playgroups and early intervention identification.

Calvert County - There are two Judy Centers located in the south and central areas of Calvert County at Patuxent Appeal Campus and Calvert Campus. The southern Judy Center (PAC) serves 211 families. The central Judy Center (CES) serves 175 families. Together CCPS is serving 386 families. CCPS plans to write for a third Judy Center for FY 24 at St Leonard Elementary School (SLES). Additionally, CCPS is exploring the viability of adding a satellite site because CCPS only has 3 Title I buildings.

Charles County – Charles County has three Judy Centers at Dr. Samuel A. Mudd Elementary School, C. Paul Barnhart Elementary School, Eva Turner Elementary School

St. Mary's County - SMCPS expanded the Judy Center Early Learning Hub to Lexington Park Elementary School in July 2022. This expansion allows SMCPS' Judy Centers to serve 371 families. The Judy Center main hubs are located at George Washington Carver and Green Holly schools.

As part of the Blueprint, starting in 2022, Judy Centers will grow by 9 per year for the next five years and 18 per year for the subsequent five years. In addition, starting in 2022, Judy Centers will be located in Title I and high-needs schools that score 0.6 or above, according to the Center for Disease Control's Social Vulnerability Index. The chart shows the projected expansion for Judy Center Early Learning Hubs from FY 22 to FY31.

Judy Center Early Learning Center Hub Expansion
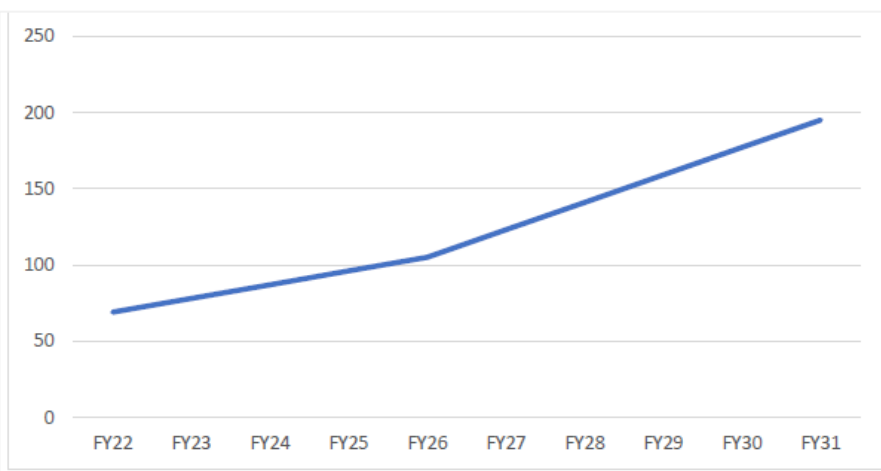
Childcare Demand

The childcare needs of families in the service area can be estimated may viewing the number of children under six that have working parents in relation to the number of slots that are available to serve them. According to the data, it is estimated that a total of 17,598 children in the service area aged under five years need childcare because they are living in families where all parents work.

Area	Children Aged 0-3	Children 3-5	% Children all parents work	Slots Needed 0-3	Slots Needed 3-5	Lic. Slots 0-3	Lic. Slots 3-5
Childcare Demand							
Calvert	2,610	1,635	77%	2,009	1,258	175	2,623
Charles	7,017	4,257	78%	5,473	3,320	311	4,681
St. Mary's	4,915	3,230	68%	3,342	2,196	356	2,686

Table 42. Childcare Demand by County

Area	Full-Time Care Needs that are Met	Centers Willing to Accept CCS	Percent Centers Willing to Accept CCS	Children Receiving CCS
Supply and Use of Subsidized Childcare				
Calvert	19	27	33%	21
Charles	33	32	73%	44
St. Mary's	34	7	28%	44

Table 43. Supply and Use of Childcare Subsidies

The demand for care is met for preschool aged children by state preschool, Head Start, and child care programs. However, there is a lack of subsidized care for children aged 3-5 years and also a lack of center-based childcare for infant and toddlers.

Infant and Toddler Child Care Needs
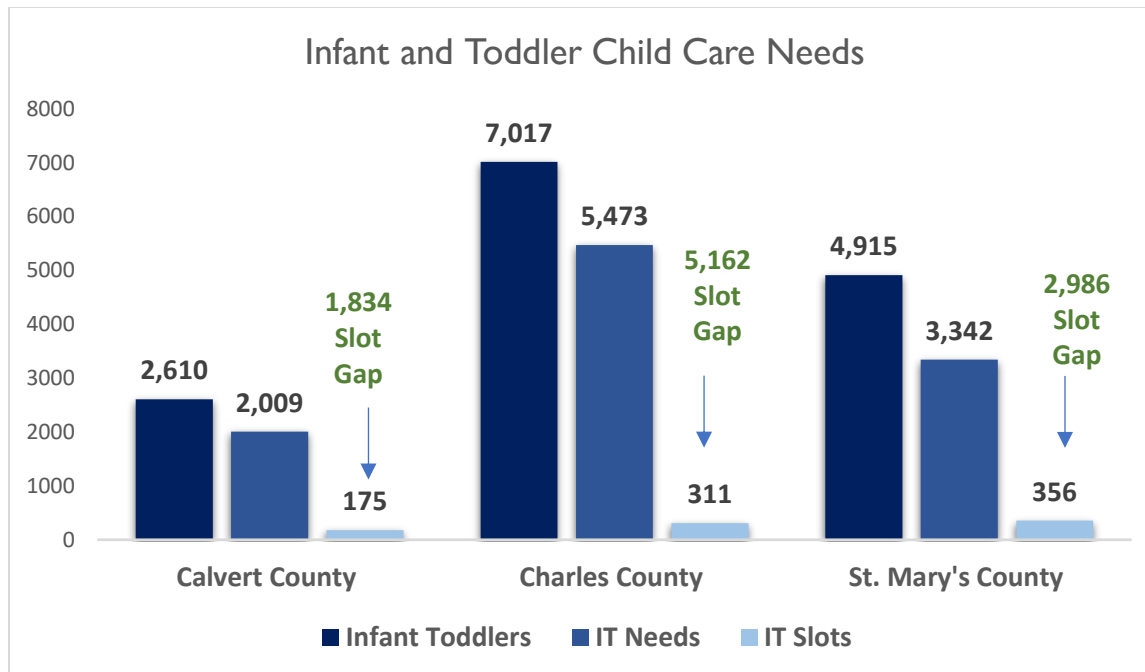
Parent Work, School, and Training Schedules

Most parents report working full-time. According to the family survey results, 58% of the families responding are employed and 16% work a rotating shift. In 32% of families responding to the Head Start family survey all parents in the household were working. The need for childcare was primarily due to work, however 20% of families responding reported they needed childcare to attend a training program.

The data collected on the scheduling needs of families indicated that 84% of families needed full-day, full-year care arrangements while 26% needed part-day care at least 5 days per week. Other respondents reported a range of care needs as detailed below:

CARE NEEDS OF FAMILIES

Category	Percent
Full Time	84%
Summer Care	52%
After School Care	42%
Before School	32%
Weekends	26%
Half-Day (5 days week)	26%
Evenings	21%
Varied Hours	16%
Partial Week	16%
None	11%
Half-Day (< 5 days week)	11%
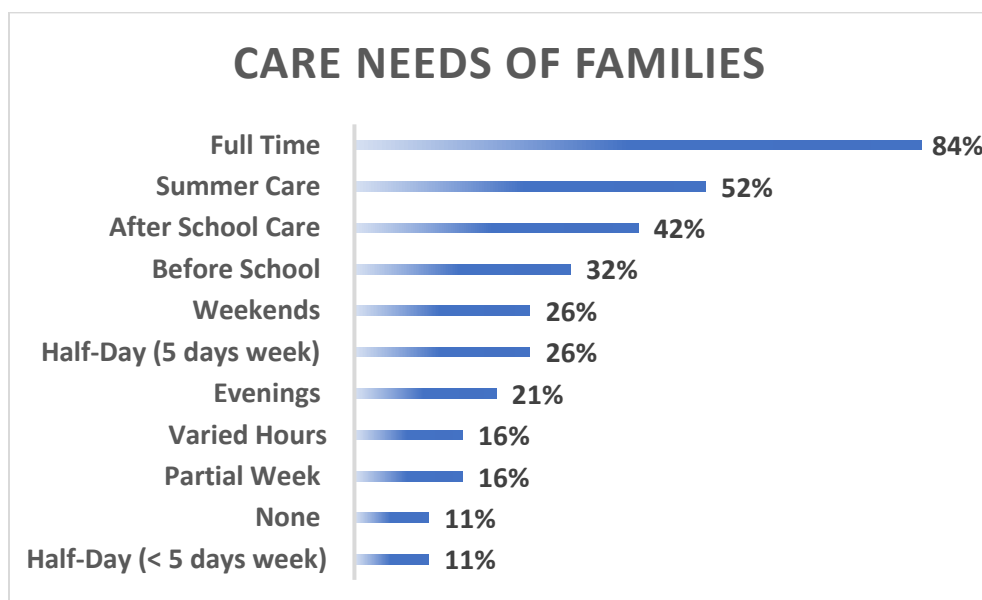
Supply of Regulated Early Childhood Programs and Education

Regulated Child Care Programs

It is estimated that the child care system can serve a total of 2,623 children aged birth to five in Calvert County, 4,527 in Charles County and 2,686 in St. Mary's County.

Service Area ECE Center-Based Landscape					
Area	**Family Child Care**	**Capacity**	**Centers**	**Capacity**	**Head Start**
Calvert	80	639	36	1,984	172
Charles	161	1,230	44	3,297	154
St. Mary's	132	1,025	25	1,661	165

Table 44. Supply of Regulated Childcare Programs

Infant and Toddler Care

The infant and toddler early childhood system can serve 175 infants and toddlers in Calvert County, 311 children in Charles County (in addition to 8 center based EHS and 12 EHS home based slots) and 356 children in St. Mary's County.

Service Area ECE Infant/Toddler Center-Based Childcare Landscape				
Area	**Infant/Toddler FCC**	**Capacity**	**Licensed Group Care Capacity**	**Early Head Start**
Calvert	80	40	135	0
Charles	28	56	255	8
St. Mary's	11	22	334	0

Table 45. Service Area Infant/Toddler Childcare Programs

Density of Providers by Community

The density of providers by community shows gaps in childcare are persistent across the service area.

Location	Family Child Care Providers	Center-Based Providers	Children 0-3 in Need of Care	Children 3-5 in Need of Care
Calvert County (Capacity 2,351)	Family Providers	Centers		
Chesapeake Beach (20732)	7	1	203	216
Dunkirk (20754)	2	3	208	95
Huntingtown (20639)	18	10	386	367
Lusby (20657)	17	2	564	317
Owings (20736)	11	7	159	156
Port Republic (20676)	3	0	70	0
Prince Frederick (20678)	14	7	331	226

Location	Family Child Care Providers	Center-Based Providers	Children 0-3 in Need of Care	Children 3-5 in Need of Care
Calvert County (Capacity 2,351)	Family Providers	Centers		
St. Leonard (20678)	7	2		
Solomons (20688)	0	2	0	0
Sunderland (20689)	1	2	15	111
Total Calvert County			1,937	1,560
St Mary's County (Capacity 2,545)	Family Providers	Centers		
Bushwood (20618)	2	0	352	206
California (20619)	12	4	17	23
Callaway (20620)	3	1	5	0
Chaptico (20621)	1	0	158	122
Charlotte Hall (20622)	1	1	0	5
Clements (20624)	1	0	123	192
Great Mills (20634)	13	1	252	208
Hollywood (20636)	18	3	369	213
Leonardtown (20650)	14	5	659	551
Lexington Park (20653)	22	5	0	0
Mechanicsville (20656)	37	4	10	0
Park Hall (20667)	1	0	0	46
Ridge (20680)	1	0	0	0
Saint Inigoes (20684)	1	0	6	6
Scotland (20687)	1	0	26	0
Valley Lee (20692)	3	0	220	346
White Plains (20695)	1	0	14	7
Total St. Mary's County			2,196	1,919
Charles County (Capacity 4,359)				
Bel Alton (20611)	3	0	34	19
Brandywine (20613)	3	0	253	133
Bryans Road (20616)	6	0	162	198
Bryantown (20617)	1	1	19	11
Charlotte Hall (20622)	1	0	182	140
Cobb Island (20625)	1	0	30	0
Hughesville (20637)	6	2	145	193
Indian Head (20640)	4	3	210	119
La Plata (20646)	19	9	441	256
Marbury (20658)	1	0	18	0
Nanjemoy (20662)	0	0	84	85
Newburg (20664)	1	0	157	71
Pomfret (20675)	0	0	9	14
Port Tobacco (20677)	0	1	66	18
Waldorf (20601)	32	10	680	643

Location	Family Child Care Providers	Center-Based Providers	Children 0-3 in Need of Care	Children 3-5 in Need of Care
Calvert County (Capacity 2,351)	Family Providers	Centers		
Waldorf (20602)	35	10	554	740
Waldorf (20603)	32	9	822	449
Welcome (20693)	2	0	16	41
White Plains (20695)	14	2	252	397
Total Charles County			4,132	3,527

Table 46. Density of Childcare Providers and Need by Area

Changes in the Supply of Child Care Providers

Since 2018, the number of childcare centers has increased slightly in Charles County (+1 program), decreased in St. Mary's County (-4 programs), and increased in Calvert County (+2 programs). The decrease corresponds with an increase in state preschool slots.

Number of Child Care Centers Current and Predicted

Calvert County: 32, 32, 32, 36, 34.8, 35.4, 36, 36.6, 37.2
Charles County: 41, 40, 38, 44, 42.5, 43.2, 44.6, 44.6, 45.3
St. Mary's County: 24, 23, 23, 20, 18, 17, 16, 14, 13

(2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026)

— Calvert County   — Charles County   — St. Mary's County
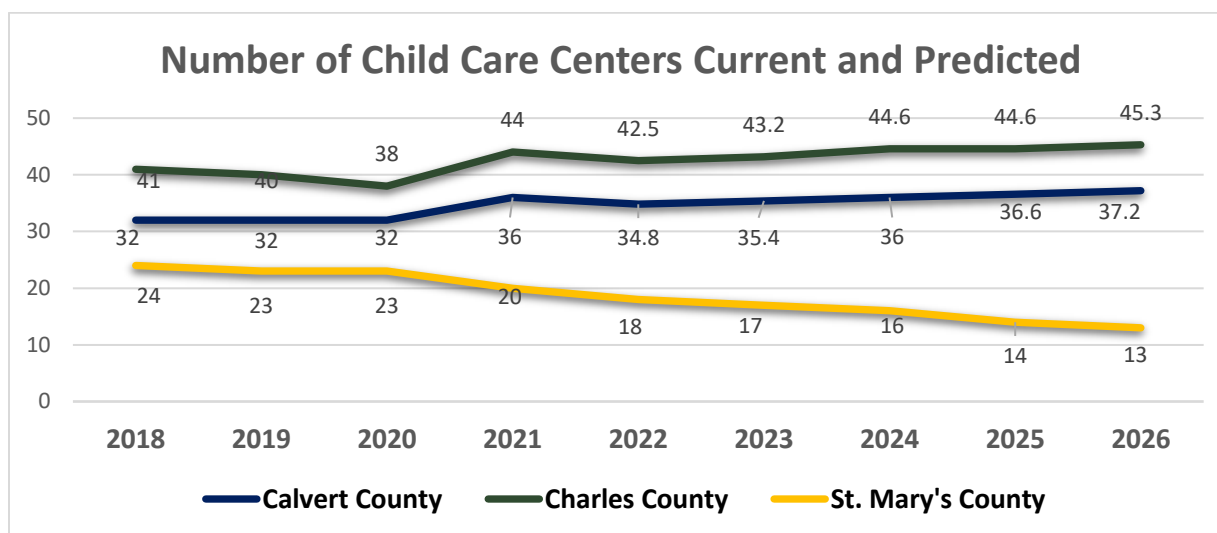
Cost of Child Care

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.

Weekly Cost of Care by Childcare Setting and Age		
Calvert		
Age of Child	**Family Childcare**	**Child Care Center**
0-23 months	$220.12	$272.33
2-4 years	$178.27	$193.59
5 years	$163.88	$185.46
School Age Full Time	$159.22	$184.74
School Age B/A	$112.92	$121.61
Charles		
0-23 months	$231.62	$310.48
2-4 years	$192.40	$229.70
5 years	$170.34	$203.11
School Age Full Time	$156.60	$210.89
School Age B/A	$117.43	$133.46
St. Mary's		
0-23 months	$205.28	$285.50
2-4 years	$175.14	$202.32
5 years	$157.85	$204.36
School Age Full Time	$147.11	$169.94
School Age B/A	$111.43	$123.64
Child Care Scholarship Rates		
Calvert & Charles (Region W)		
Age of Child	**Family Childcare**	**Child Care Center**
Birth – 24 Months	$270.00	$370.00
Age 2 and Older	$230.00	$262.00
St. Mary's (Region U)		
Birth – 24 Months	$200.00	$296.00
Age 2 and Older	$176.00	$205.00

Table 47. Weekly Cost of Care by Setting and Age

Home Visiting Programs

There are several home visiting programs operating in the three-county service area as follows:

Calvert County Public Schools (HIPPY) – Home Instruction for Parents of Preschool Youngsters is a 2-year home-based educational enrichment program that builds on the natural bond between a parent and child. The home visiting model helps parents with limited formal education prepare their preschool-aged children for successful early school experiences and strengthens the bonds among schools, families, and communities. This program serves 30 families.

Healthy Families Calvert County (Healthy Families America) - The program provides high-risk pregnant and postpartum women with case management, by a registered nurse, to improve outcomes by assisting with early entry into prenatal care, coordination of services and follow-up care in the postpartum period. Case management includes linkages to obstetric providers, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), social services, dental care, health insurance enrollment, behavioral health services, and community resources. A

licensed clinical therapist offers a weekly support group for participating mothers with Substance Use Disorders (SUD) at no cost. CCHD also coordinates a Medicated Assisted Treatment (MAT) clinic and offers Subutex for pregnant women with opioid dependency. Free Long Acting Reversible Contraceptives (LARC) are offered to program participants at no cost. CCFN funds awarded to CCHD are used to cover the cost of program supplies, such as LARC and infant supplies, including: Pack-N-Plays, Car Seat Assistance Program fees, and infant feeding supplies. This program serves 66 families annually.

Charles and St. Mary's County Healthy Families Southern Maryland (Healthy Families America) –
Healthy Families Southern Maryland is nationally accredited by Healthy Families America. The program supports parents by sending professionally trained staff to visit with families in their home once a week for an hour. The Family Support Specialist gets to know each family and uses child development curriculum and links to community resources to help parents bond with their baby, find medical care, housing, childcare, and other services. This program serves 48 families in Charles and St. Mary's counties.

Early Childhood Staff Wages and Salaries

Research is clear that skilled early educators "are the single most important factor" in providing children with the early experiences necessary to foster children's positive learning and development in early childhood settings[10]. Despite this research, most early educators earn exceedingly low wages, sometimes at or near the federal poverty level, lack access to workplace benefits, and often struggle to meet the needs of their own families[11].

A study of Maryland early childhood professional workforce characteristics and wages completed by the Center for the Study of Child Care Employment noted that in 2019, the median wage for child care workers in Maryland was $11.59, a 2% decrease since 2017. For preschool teachers the median wage was $15.33, a 4% increase since 2017. For preschool or child care center directors, the median wage was $23.09, a 1% decrease since 2017. The trend shows that preschool teachers are harder to hire and more difficult to retain due to the demands of the job and changes in the opportunities available.

The wage study data also shows that Maryland early educators with a bachelor's degree are paid 42% less than their colleagues in the K-8 system. The poverty rate for early educators in Maryland is 13.1%, much higher than for Maryland workers in general (6 %) and 7.2 times as high as for K-8 teachers (1.8%).

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[10] Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M, Espinosa, L., Gormley, J., Ludwig, J., Magnuson, K., Phillips, D., & Zaslow, M. (2013). Investing in Our Future: The Evidence Base on Preschool Education. New York, NY: Foundation for Child Development and Society for Research in Child Development.
[11] United States Department of Health and Human Services and United States Department of Education (2016). High quality early learning settings depend on a high-quality workforce: Low compensation undermines quality. Washington, D.C.: Institute of Education Sciences, U.S. Department of Education.

Wage Rates for Key Positions				
Position	**Base Wage Rate**			
	Calvert	**Charles**	**St. Mary's**	**Maryland**
Public School Teacher	$68,492	$72,482	$80,322	
Preschool Teacher Average	$57,106	$59,130	$61,699	$64,259
Family Child Care Provider	N/A	N/A	N/A	$41,753
Child Care Center Director	$118,000			$56,360
Coordinator of ECE	$122,285			$25,905
Center Aide	$35,510			$17,491

Table 48. Wage Rates for ECE Key Positions

The demand for early childhood staff has also increased. According to the O-NET Department of Labor database there are 1.9 jobs for every qualified childcare worker in Southern Maryland, 3 jobs for every qualified preschool teacher, and 13.8 jobs for every qualified education and child care administrator in Southern Maryland. The hiring patterns that are reported by the local public schools as they expand the state preschool program will worsen this trend. According to the Blueprint Implementation Reports the plan to hire staff to support of the state preschool workforce for the current time period and future is detailed in the following table.

Southern Maryland Early Childhood Workforce			
	Calvert County PS	**Charles County PS**	**St. Mary's County PS**
Student Enrollment	97	1,085	520
Total TA Positions	24	90	50
Total Filled Positions	9	77	50
Total Vacant TA Positions	15	13	0
Total Teacher Positions	13	61	27
Total Filled Positions	12	50	27
Total Vacant Positions	1	11	0

Table 49. Early Childhood Workforce Wage Rates

Family Services Staff

The wage rates for family service staff in the area are driven by wages for social workers, Judy Center staff and other positions in child and family serving agencies. According to the data, Judy Center Specialists earn a base rate of $38,214; Judy Center Program Assistants earn $33,951 annually, a Judy Center Family Service Specialist base rate of $34,978, and a Judy Center Learning Hub Coordinator earn $45,629.

Suggestions for Increasing Staff Qualifications
The following details plans and actions local school districts as well as some of the strategies SMTCCAC has taken to improve staff qualifications and recruit teachers.

- Teaching Assistants receive ongoing support directly from the Education Coordinator as they complete the CDA credentialing process. The Education Coordinator will serve as a coach, coaching and guiding potential candidates through the CDA process.
- Information Sessions will be held periodically to provide potential applicants with detailed information and updates on the CDA credentialing process. Upon

completion of their CDA, they may be asked to participate in information sessions to discuss their experience with other staff for validation.

- Cohort models have been created to provide collaboration and shared learning experiences, and it is anticipated that cohorts will be offered at least twice a year (fall/spring) until all staff receive their credential.
- The program has developed a standard portfolio binder to support staff in building their CDA portfolio.
- The program has designed training logs for staff to use in documenting their training hours and created digital folders for certification resources and materials storage.
- The staff will receive one-on-one support as needed from the Education Coordinator.
- The Education Coordinator will review and verify the staff portfolio documentation in advance of the verification visit with the Professional Development Specialist.
- A partnership has been established with Maryland Family Network to grant staff access to vouchers for the CDA competency book and application which are needed to meet certification requirements.
- A list of institutions, programs, funding and training resources has been compiled for staff to review as they complete their CDA.
- Current Charles County Public Schools (CCPS) non-certificated employees are eligible for up to $5,000 per year for tuition. CCPS is also forming cohorts with Anne Arundel Community College to support Instructional Assistants pursuing a Child Development Associate (CDA) or an associate degree (AA). CCPS will also cover the cost of all fees associated with obtaining the CDA. CCPS will also provide tuition reimbursement or direct billing for tuition for associate degree programs.

Key Findings

The service area has adequate preschool slots to meet the demand for early care and education for children aged three to five years. Additionally, the area has a significant number of home visiting programs serving pregnant mothers and children aged from birth to-three years. In some cases, the home visiting programs also extend for a full five years of service. The early childhood system can serve 100% of preschool-aged children in public programs and less than 10% of all infants and toddlers. There are gaps in care that are matched to family needs in relation to the affordability of child care and lack of child care subsidies which makes accessing the care needed for all families to engage in work activities challenging. The data shows:

- There is a large gap in care for infants and toddlers in all three counties in the service area. The largest gap is in Charles County (5,162 slots), followed by St. Mary's County (2,986) and Calvert County (1,834).
- There are no other Early Head Start programs operating besides the SMTCCAC EHS program which serves 32 children in both center and home-based services.

- There is a gap in full-day, full-year care for preschoolers. The school districts are expanding state preschool at a rate faster than ever before. However, the schools are typically closed during the summer and will not be staffed due to teacher agreements, maintenance schedules, etc. There is an opportunity for SMTCCAC to provide summer transition programs for preschoolers. There are also ample child care slots for preschoolers so there is not a need for 10-hour / full-day services unless access to child care subsidies are greatly expanded. It is also likely that families will use the full-day preschool offered by school districts to offset the costs of care.
- There are opportunities for preschool slots to be provided in high-quality community-based settings. There has been some debate over if Head Start is a duplication of state preschool. All three school districts have applied for a waiver to deliver the state preschool slots in community based settings citing lack of adequate high – quality care options to deliver the preschool services in. In St. Mary's County, the district notes in their plan they intend to place three-year olds in community based settings. It might be possible for SMTCCAC to leverage this opportunity and provide center-based three-year old services without blending Head Start funds to alleviate the duplication but blending with child care subsidies instead.

There are significant staffing challenges in the service area. The rate of expansion of state preschool is pressing an already challenging situation and staffing crisis. The wages in the service area are also increasing at the same time as more positions are becoming available, making it difficult to attract and retain staff. It is recommended that SMTCCAC explore redesigning the program in response to family and community needs and reallocating existing funds to salary costs so that SMTCCAC staff can achieve parity with staff working in similar roles in other programs. Data from the Department of Labor and local school districts note a significant wage gap between Head Start and state preschool wages. In addition, local schools plan to hire an additional 28 assistant teachers in the next year which will further press the system. They also plan to hire an additional 12 preschool teachers.

Social Determinants of Health & Well-being

Compared to nearby counties, service area residents have better overall health. However socioeconomic status and other factors also present health risks for a significant number of residents. For example, it is well documented that people with a lower income experience a greater degree of disease and mortality, especially infants and children. The disparate use of health services and lack of access to health insurance also results in disproportionate health issues as individuals grow older. Higher educational attainment and incomes typically result in a higher use of health care such as preventive visits which also contributes to better health outcomes throughout life. The following graphic details the components that make up social determinants of health (SDoH) which allows for the tracking and design of solutions to mediate disparate health outcomes.

EDUCATION
- Literacy
- Language
- Early childhood education
- Vocational training
- Higher education

FOOD
- Hunger
- Access to healthy options

NEIGHBORHOOD AND PHYSICAL ENVIRONMENT
- Housing
- Transportation
- Safety
- Parks
- Playgrounds
- Walkability
- Zip code/ geography

COMMUNITY AND SOCIAL CONTEXT
- Social integration
- Support systems
- Community engagement
- Discrimination
- Stress

ECONOMIC
- Employment
- Income
- Expenses
- Debt
- Medical bills
- Support

HEALTH CARE SYSTEM
- Health coverage
- Provider availability
- Provider linguistic and cultural competency
- Quality of care

Health Outcomes
Mortality
Morbidity
Life expectancy
Health care expenditures
Health status
Functional limitations

Population Health

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute conduct an annual snapshot analysis of county health throughout the United States which helps to identify possible solutions to create healthier places to live, learn, work and play. The ranking also provides a broadened understanding of the many factors that shape health and provides a lens through which the social determinants of health that are impacting the population in the area can be evaluated. The following components provide information on four areas that influence health: health behaviors, clinical care, social and economic factors, and the

physical environment. The rankings also allow for comparisons between counties and the state. The following charts detail the health outcomes for residents living in each county in the service area.

Quality of Life				
Quality of Life	**Calvert**	**Charles**	**St. Mary's**	**Maryland**
Poor or fair health	10%	12%	11%	11%
Poor physical health days	2.5	2.6	2.7	2.5
Poor mental health days	4.6	4.2	4.4	4.1

Table 50. Quality of Life Indicators by County

Health Factors				
Quality of Life	**Calvert**	**Charles**	**St. Mary's**	**Maryland**
Adult smoking	14%	14%	16%	11%
Adult obesity	34%	40%	37%	31%
Food environment index	8.8	8.8	8.4	8.7
Uninsured adults	4%	5%	5%	7%
Primary care physician ratio	2,070: 1	2,700:1	2,440:1	1,260:1
Dentists ratio	1,920:1	1,510:1	1,970:1	1,260:1
Mental health provider ratio	460:1	520:1	720:1	320:1

Table 51. Health Factor Rankings by County

Ratio of Population to Healthcare Providers
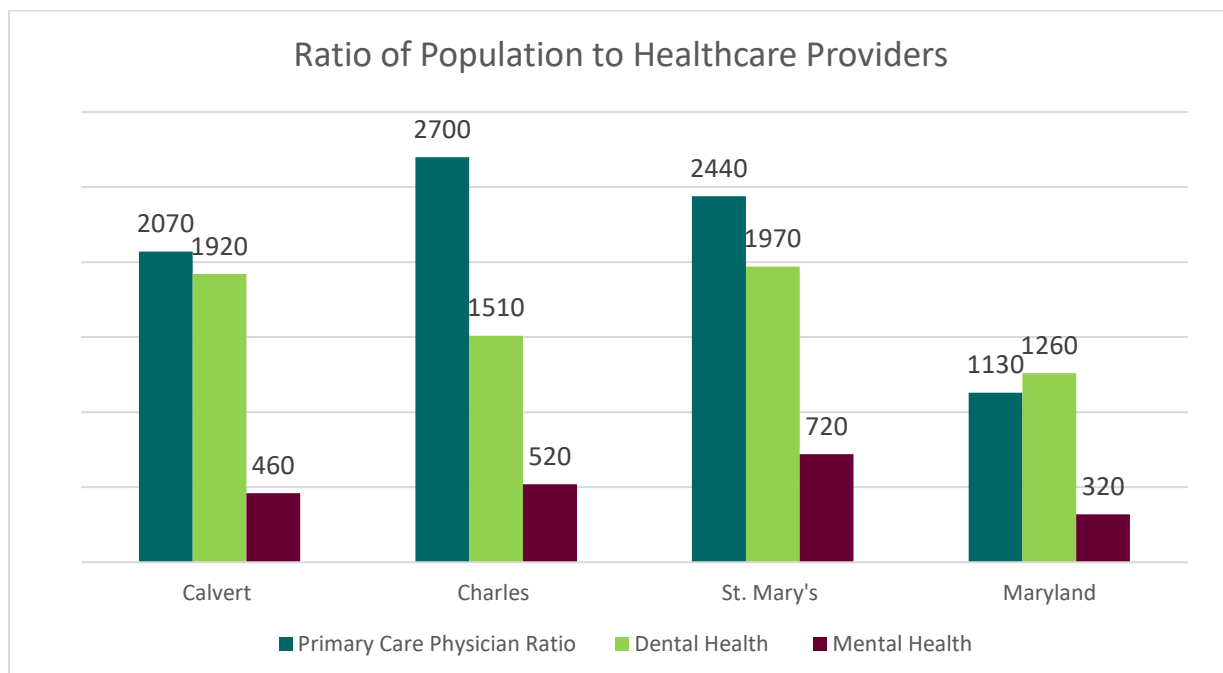
Socio-Economic Factors[12]				
	Calvert	**Charles**	**St. Mary's**	**Maryland**
Social associations	6.0	5.9	6.5	9.1
Homicides	0	7	2	9

Table 52. Socioeconomic SDoH Data by County

Communicable Diseases

The service area counties have a significant number of communicable diseases. The rates for the service area as a whole do not exceed the state rate of communicable disease prevalence in the population.

Communicable Diseases[13]					
Area	**Total Population**	**Chlamydia Infections**	**Chlamydia Infections Rate (per 100,000)**	**Gonorrhea Infections**	**Gonorrhea Infections (per 100,000)**
Calvert	32,384	152	469.4	58	179.1
Charles	19,787	58	293.1	14	70.8
St. Mary's	48,904	123	251.5	21	42.9
Service Area	318,265	1,500	471.3	468	147.0
Maryland	6,006,401	30,658	510.4	9,523	158.5
United States	321,418,820	1,598,354	497.3	468,514	145.8

Table 53. Communicable Diseases by County

Air and Water Quality

All three service area counties experience poor air and water quality.

Air and Water Quality			
	Calvert	**Charles**	**St. Mary's**
Air pollution	9.3	6.8	11.2
Drinking water violations	220	233	257

Table 54. Air and Water Quality by County

[12]County Health Rankings (2023). *Maryland.* Retrieved from https://www.countyhealthrankings.org/
[13] CARES Engagement Network (2016). *Health Indicators Report.* Retrieved from https://engagementnetwork.org/.

Social Service Needs

Social service needs were also identified by community assessment survey respondents. According to the data, 46% of respondents indicated they could access mental health service for their child or themselves if needed, while 16% said they could not access services. When asked about substance abuse, 9% of respondents indicated that the use of alcohol or other substances was a concern in their family. Of the respondents, 55% indicated they know how to access substance abuse treatment services if needed. A significant number of respondents (51%) indicated they have had a stable family life over the past year, and they are able to access needed financial assistance such as SNAP or TANF if necessary.

Respondents were asked what support they needed to exit assistance programs. The most frequently cited resources needed were a job, childcare, better job opportunities or career stability and medical assistance so they could return to work.

Substance Abuse

According to the Maryland Overdose Data Dashboard maintained by the Maryland Department of Health in just one year (March 2022 vs. March 2023) there has been a 44% increase in overdoses in Charles County, while Calvert County experienced at 29% decrease and St. Mary's County experienced a 5% decrease[14].

In 2022-2023 there were 56 overdoses in Charles County, 35 in St. Mary's County and 17 in Calvert County. Maryland experienced a 7.5% decrease in fatal overdoses during this time. Fentanyl continues to be the primary driver of overdose deaths. The opioid emergency department visit rate per 10,000 pop in Charles County is 6.96, compared to 15.0 in St. Mary's County and 7.76 in Charles County. The table below describes the number of opioid deaths by county. The following graph illustrates the trend in opioid deaths.

Percent Change in Fatal Overdose Deaths March 2022-March 2023

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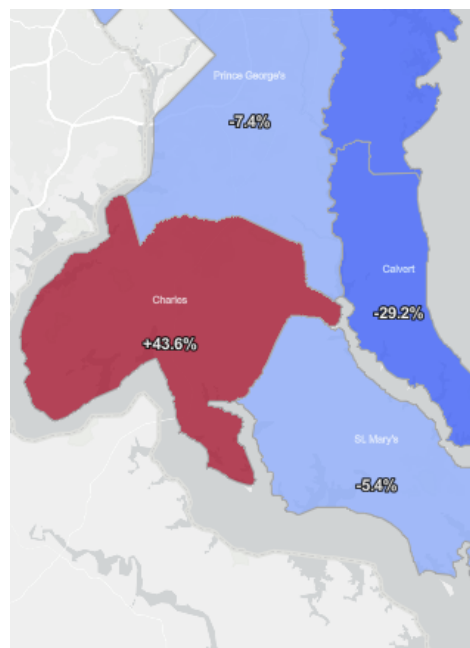
[14] Maryland Overdose Data Dashboard. https://beforeitstoolate.maryland.gov/dashboard/

Substance Abuse Deaths[15]				
	Calvert	**Charles**	**St. Mary's**	**Maryland**
Cocaine Related Deaths	5	2	4	223
Alcohol Related Deaths	3	2	2	128
Prescription Opioids	1	1	3	136
Alcohol- Impaired Driving Deaths	64 (30%)	31 (35%)	50 (42%)	29%
Rate of Excessive Drinking	18%	14%	16%	15%

Table 55. Substance Abuse Deaths by County

Trend in Opioid Deaths

Calvert County: 2020: 31, 2021: 20, 2022: 24, 2023: 17
Charles County: 2020: 26, 2021: 42, 2022: 39, 2023: 56
St. Mary's County: 2020: 29, 2021: 32, 2022: 37, 2023: 35
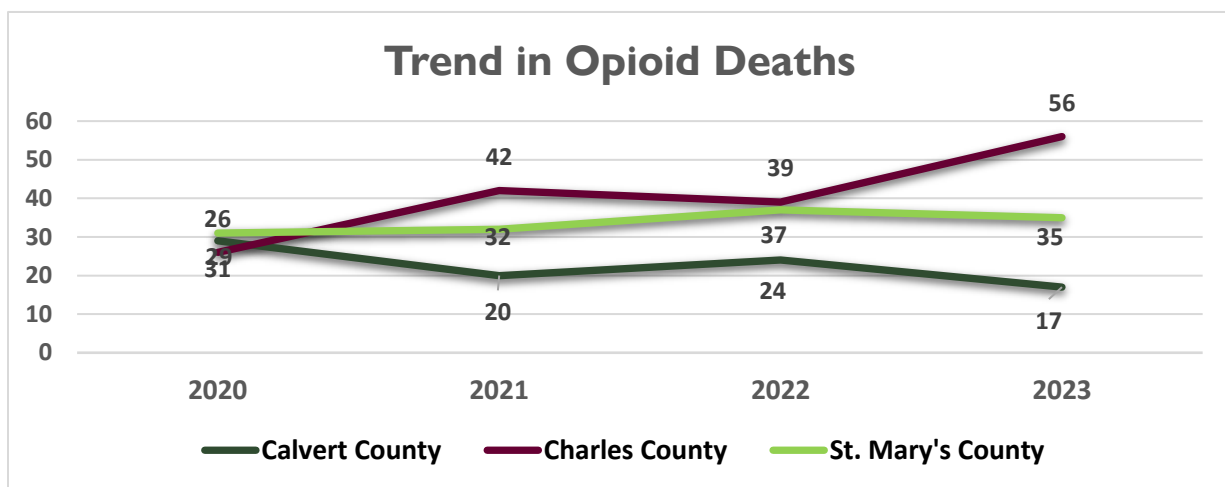
[15] Maryland Opioid Operational Command Center 2020 Annual Report.
https://health.maryland.gov/vsa/Pages/overdose.aspx

Neonatal Abstinence Syndrome (NAS)

The increasing prevalence of opioid use disorder among pregnant women has resulted in a corresponding increase in the number of infants exposed to opioids in utero. Correspondingly there has been an increase in the number who experience neonatal opioid withdrawal. The incidence rate of NAS in Maryland for 2017 was 14.3 cases per 1,000 hospital births (most recent data available). Limited data exists for this indicator, however with the increase in opioid deaths in Charles County it is important to examine this indicator of health

Racial and ethnic disparities continue to be seen in SUID cases, in Maryland and across the US.

57% of infants were Non-Hispanic Black.

33% of infants were Non-Hispanic White.

6% Hispanic, **4%** Other.

n=264 cases in Maryland
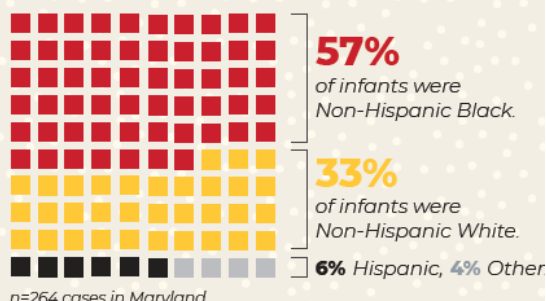
SUID rates per 100,000 live births by race/ethnicity

	Maryland	National, 2014-2018*
Non-Hispanic Other	38.3	55.8
Non-Hispanic Black	131.2	186.9
Non-Hispanic White	55.7	84.9
Hispanic	26.2	54.1

National SUID rates by race/ethnicity for 2015-2019 not yet available.

In Maryland, high rates of SUID occurred in some rural and urban jurisdictions.

33% of cases occurred in rural jurisdictions.

SUID rates per 100,000 live births by jurisdiction*

Jurisdiction	Rate
Washington	227.1
Allegany	184.3
Cecil	156.7
Wicomico	143.4
Baltimore City	140.7
Calvert	110.8
Charles	86.6
Baltimore	73.5
Howard	63.1
Anne Arundel	61.0
Prince George's	52.4
Frederick	49.1
Montgomery	31.6

MD average (73.5)
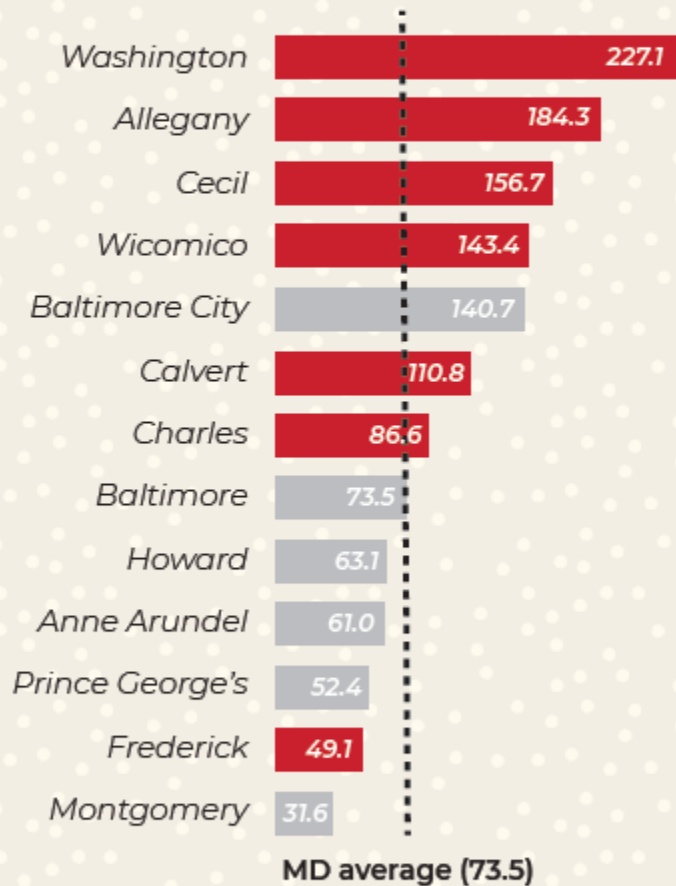
○ Urban ● Rural

Based on Maryland Vital Statistics Administration live birth data. Counties not displayed here had fewer than five SUID cases in this period.

Maternal and Child Health

Maternal and child health is a crucial indicator of the health of a community because it reflects the overall health and well-being of the total population. It also highlights the effectiveness of health care systems, the commitment to public health, social and economic development, and gender equality. Ensuring maternal and child health is not only a moral imperative but an essential strategy for building healthy, resilient, and prosperous communities.

There are an array of factors that describe maternal child health that include child survival rates such as infant mortality and proper maternal care during pregnancy which can reduce the risk of developmental delays and child death. Other services such as immunizations, proper nutrition and postnatal care improve child health in the long term. In the service area there were 4,114 total births in 2020, the dates for which the last prenatal and maternal health surveys were completed for the area. Of these births, 63% were to whites, 31% were to black mothers and 6% were to mothers of other races/ethnicities.

Area	Number of Births (2020)	Whites	Black	Other
Service Area	4,114	2,926 (63%)	1,297 (31%)	191(6%)
Calvert	943	788 (83%)	126 (13%)	29 (4%)
Charles	1,789	753(42%)	931(52%)	105 (6%)
St. Mary's	1,382	1,085 (78%)	240 (17%)	57 (6%)

Table 56. Births by Race by County

Infant Mortality

The data presented represents the five-year average infant mortality rates in the service area. In the service area county, Charles has the highest rate of infant mortality, while Calvert and St. Mary's County rates fall below that of Maryland. Data from the Maryland Department of Vital Statistics Infant Mortality Reports indicates a racial disparity in the infant mortality rate. In 2020, the infant mortality rate was 5.1 overall, for non-Hispanic whites the rate was 3.0, while for non-Hispanic black the rate was 11.1 (per 1,000) births. There is a persistent racial disparity in infant mortality.

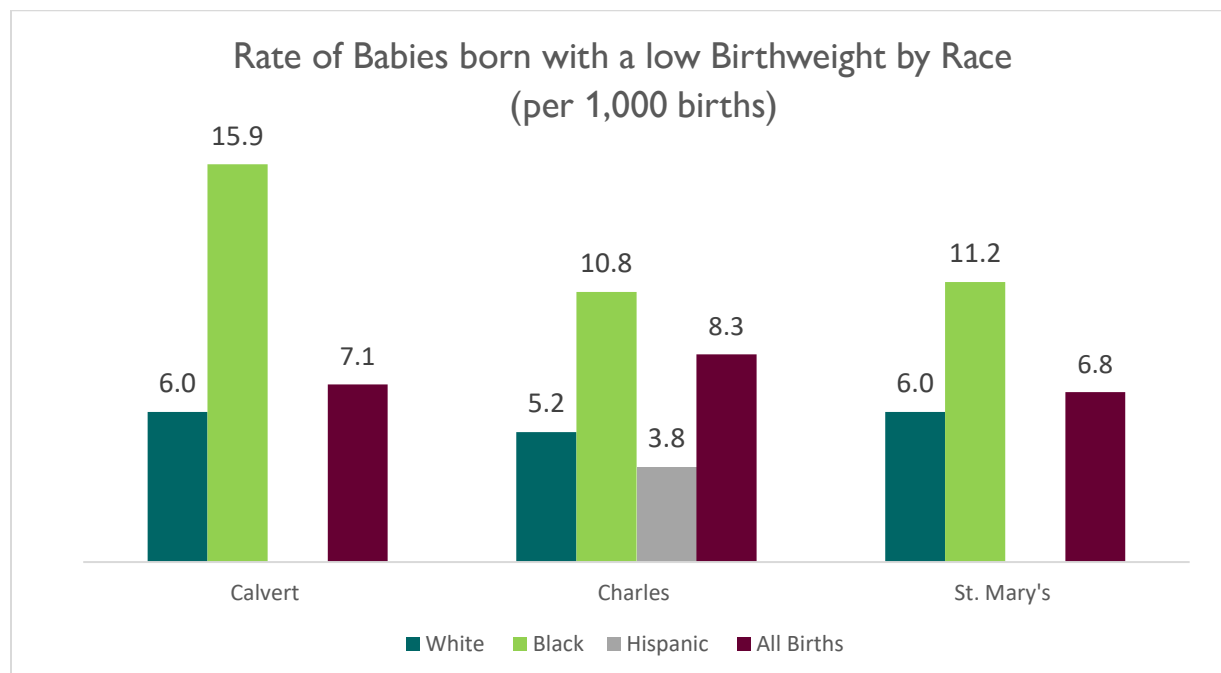| Area	Number of Infant Deaths	Deaths per 1,000 Live Births
Service Area	180	6.2
Calvert	32	5.0
Charles	93	7.2
St. Mary's	55	5.7
Maryland	3,144	6.3
United States	154,136	5.7

Table 57. Infant Mortality Rate by County

Low Birth Weight

A low birthweight is defined as less than 2,500 grams (5.5 lbs). Low birthweight is the most significant factor impacting the health of newborns and a significant determinate of post-neonatal mortality. Low birthweight increases the likelihood that infants will develop health issues such as respiratory distress syndrome, infection, and hypoglycemia. Neurodevelopmental challenges may also emerge including learning disabilities, cognitive delays and developmental disorders that worsen as a child ages. There are also growth and nutritional concerns because a low birthweight can be due to the baby not receiving adequate growth and nutrition in the womb. It's essential to note that not all low birth \weight infants experience severe long-term consequences, and many infants overcome early challenges with appropriate medical care and support. Early intervention programs, access to quality healthcare, and a nurturing environment can significantly improve outcomes for low birthweight children. As shown in the following charts, Charles County has the greatest incidence of low birthweight and there is a racial disparity where black mothers and infants fare worse than their peers across all racial groups.

Area	Percent of Babies Born with a Low Birthweight	
	Number	**Percent**
Calvert	67	7.1%
Charles	149	8.3%
St. Mary's	94	6.8%
Maryland	5,184	8.5%

Table 58. Babies Born with a Low Birthweight by County

Rate of Babies born with a low Birthweight by Race (per 1,000 births)

Calvert: White 6.0, Black 15.9, All Births 7.1
Charles: White 5.2, Black 10.8, Hispanic 3.8, All Births 8.3
St. Mary's: White 6.0, Black 11.2, All Births 6.8

Legend: White, Black, Hispanic, All Births

Teen Birth Rate

Teen pregnancy presents challenges for both adolescent parents and for communities as a whole. This includes health risks for the mother and infant and higher rates of preterm birth and low birthweight and other pregnancy related issues. Teen parents also face challenges completing their education which sets them up for economic hardships throughout life. Social stigma and isolation can also lead to mental health and distress for the adolescent parents as well as pose a higher risk of abuse and maltreatment for the child. Overall, the teen birth rate in all the service area counties is down from historical levels. However, the rate in St. Mary's County is increasing. In 2020, the teen birth rate in Calvert County was 8.7 (per 1,000 births), compared to 12.5 in Charles County and 14.0 in St. Mary's County. When data is disaggregated by race for the period 2014-2019 a clear racial disparity emerges in all counties in regard to teen birth.

Teen Births by County
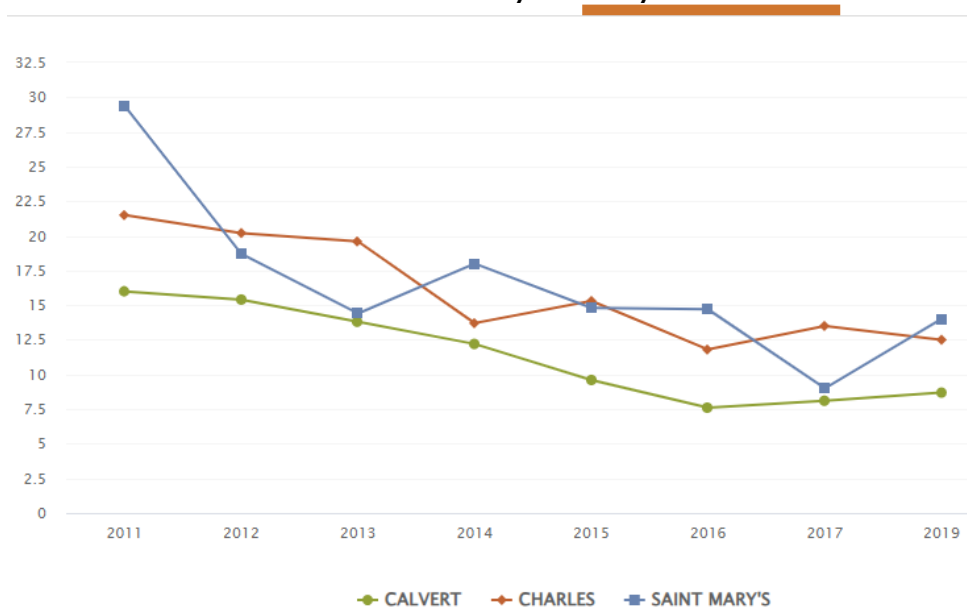
Teen Birth Rate by Race
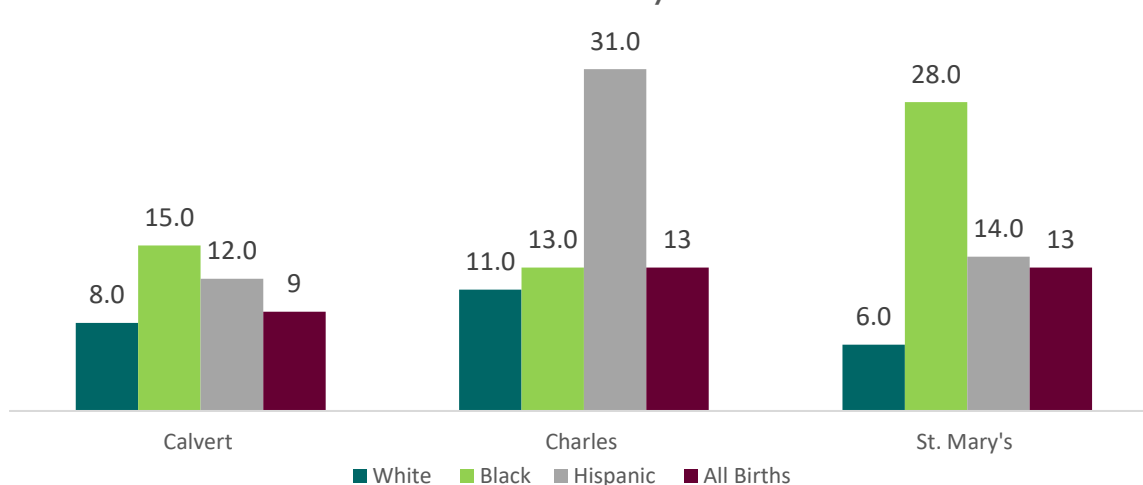
unmarried motherhood that include socioeconomic challenges due to lack of financial support from a partner; limited support systems; psychological stress, anxiety, and isolation due to sigma and parenting challenges; lower educational attainment and relationship challenges that further impact the well-being of the mother and child. It is important to note that these disadvantages are not universal but should be considered in designing multifaceted approaches and comprehensive support systems that serve all types of family structures. The data that follows shows a racial disparity in births to unmarried mothers.

Percent of Births to Unmarried Mothers

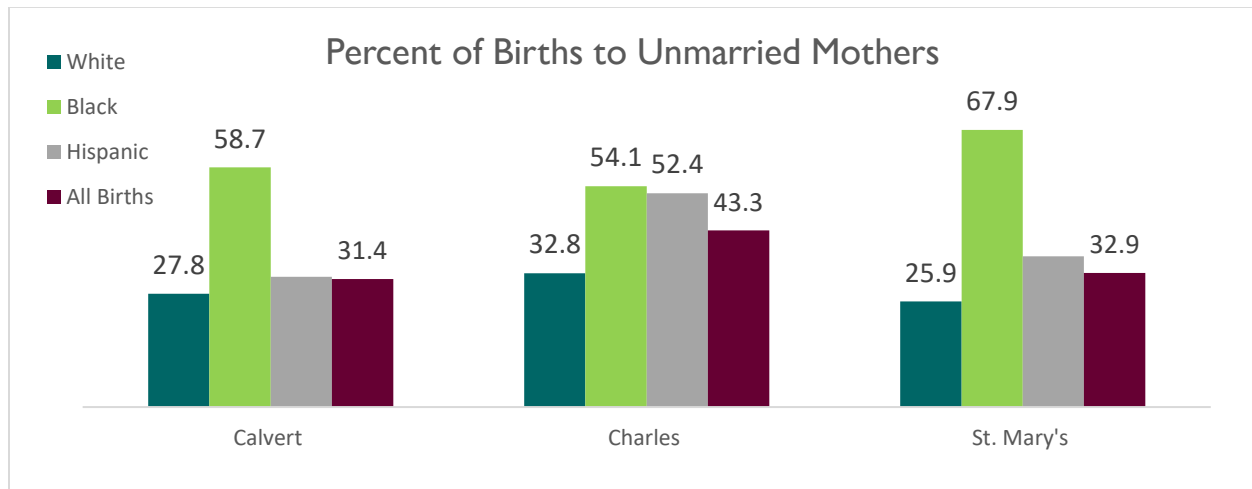|	White	Black	Hispanic	All Births
Calvert	27.8	58.7		31.4
Charles	32.8	54.1	52.4	43.3
St. Mary's	25.9	67.9		32.9

Access to Prenatal Care

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. The data shows a racial disparity for Hispanic/Latino mothers in access to prenatal care.

Percent of Mothers with Late / No Prenatal Care

	White	Black	Hispanic	All Births
Calvert	4.6		10.9	4.3
Charles	8.6	7.2	9.4	7.6
St. Mary's	6.9	8.4	36.9	7.3
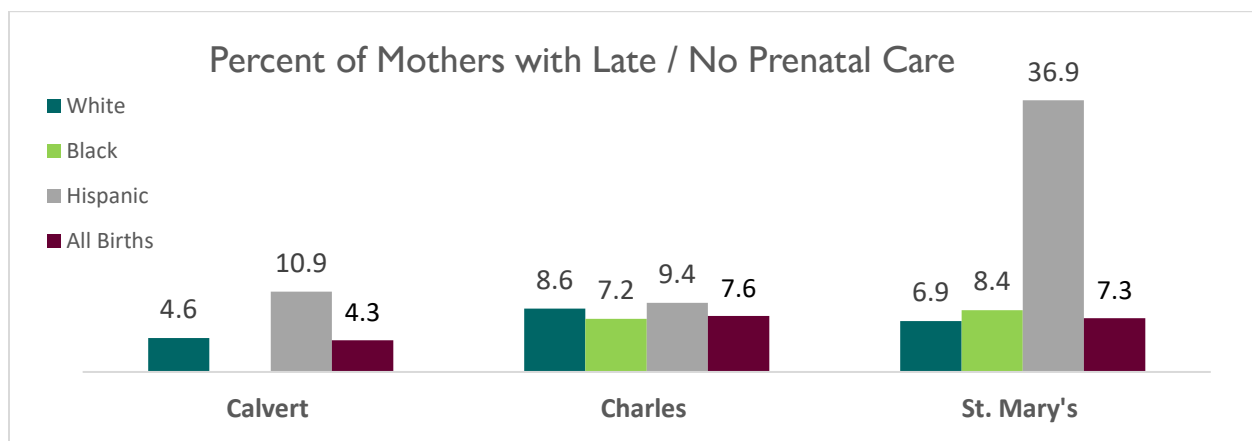
Educational Attainment of New Mothers

Research consistently shows that a mother's education level is strongly correlated with the educational outcomes of her children. Educated mothers tend to be more actively involved in

their children's education, provide a supportive learning environment at home, and value the importance of education, thus positively influencing their children's academic performance and educational attainment. Education is also associated with better family planning practices and improved maternal child health.

Percent of Births to Mothers with <12 yrs. Education

Area	White	Black	All Births
Calvert	2.2	4.8	2.7
Charles	11.2	3.2	6.9
St. Mary's	10.8	15.4	11.4
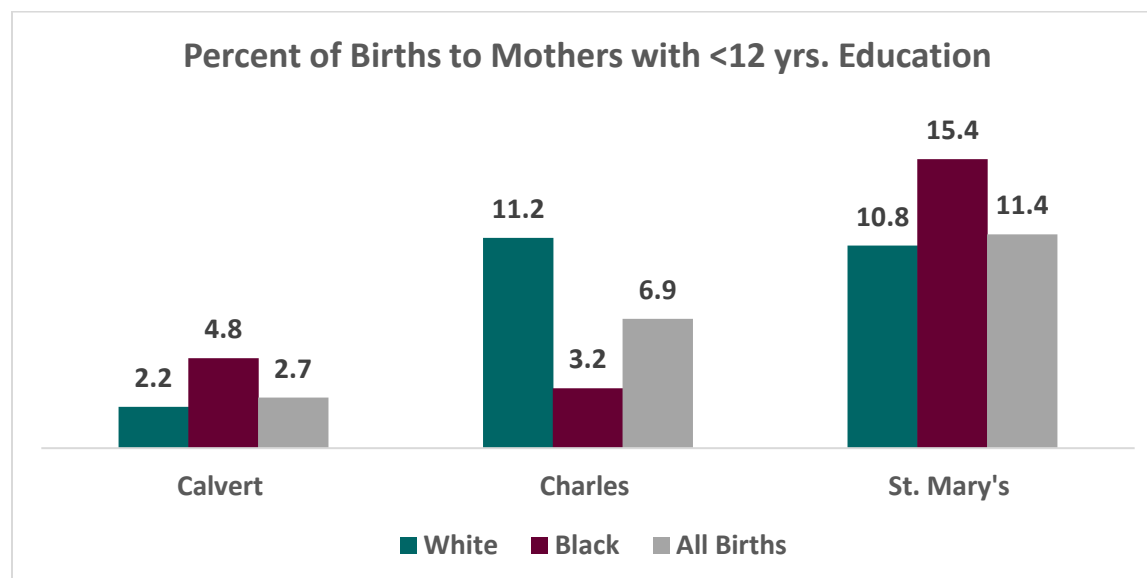
Health Insurance Status

The COVID-19 pandemic expanded access to health insurance for vulnerable populations. Maryland expanded Medicaid eligibility which allowed more low-income individuals and families to qualify for the program. Additionally, there was a special enrollment period and telehealth service expanded. However, there were also significant job losses and changes in employment that impacted the insurance status of people. The rates of access to insurance in the service area remain high and the number of individuals that are without insurance is lower than the rates found for the state or nationally. Among community survey respondents, 85% had medical insurance that included prescriptions and 44% had private medical insurance. Of respondents 28% reported someone in their household utilizes public insurance programs.

Area	Total Population Age 18-64	Pop. Age 18-64 w/ Insurance	Pop. Age 18-64 w/ Insurance, Percent	Pop. Age 18-64 w/o Insurance	Pop. Age 18-64 w/o Insurance, Percent
Service Area	226,688	214,450	94.6%	12,238	5.4%
Calvert	56,359	53,861	95.5%	2,498	4.4%
Charles	100,792	95,040	94.2%	5,752	5.7%
St. Mary's	69,537	65,549	94.26%	3,988	5.7%
Maryland	3,617,544	3,331,124	92.08%	286,420	7.9%
United States	195,681,336	171,462,530	87.62%	24,218,806	12.3%

Table 59. Health Insurance Status by Age

A high rate of children living in the service area have access to health insurance. The rate of uninsured children in all service area counties is less than found for the state and the nation.

Area	Total Population Age 0-6	Pop. Age 0-6 w/ Insurance, Percent	Pop. Age 0-6 w/o Insurance	Pop. Age 0-6 w/o Insurance, Percent
Calvert	5,240	99.4%	33	.6%
Charles	10,473	97.7%	237	2.3%
St. Mary's	9,128	100%	0	0%

Table 60. Children's Health Insurance Status

The rate of individuals that are insured differs when the data is disaggregated by income and other characteristics. Across all indicators the rate of uninsurance among members of the population that are unemployed, low-income, or lacking a high school diploma is almost five times that of the rate in the general population. When data is viewed by race there is also a disparity between whites and blacks.
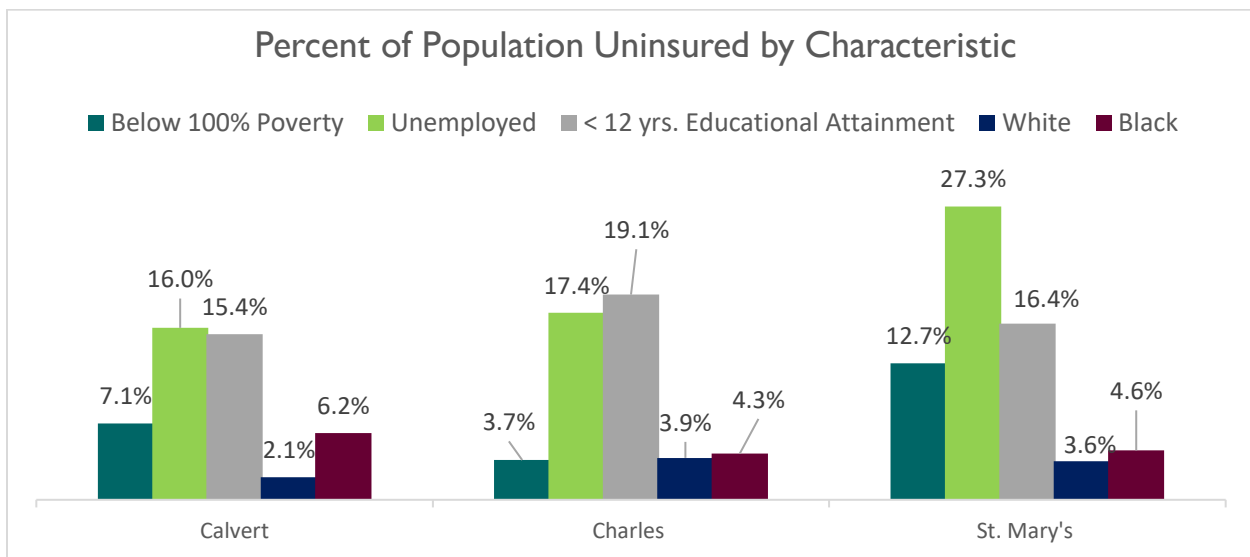
Percentage of HS/EHS Children with Health Insurance, Accessible Health Care & Up to Date Immunizations

The chart below shows that SMTCCAC has consistently provided timely health services to the children enrolled in HS/EHS. The HSPPS, Section 1302.42, *requires the program to have a system to identify and provide support and care for the health of enrolled children.* In total 100% of HS children have a family medical home and 87% have medical insurance to support ongoing preventative care. Similarly, 99% of enrolled children are up-to-date immunizations and health care recommendations in the EPSDT. There was a significant decline for the 2020 program year due to the COVID-19 pandemic and closures that limited access to health care for children.
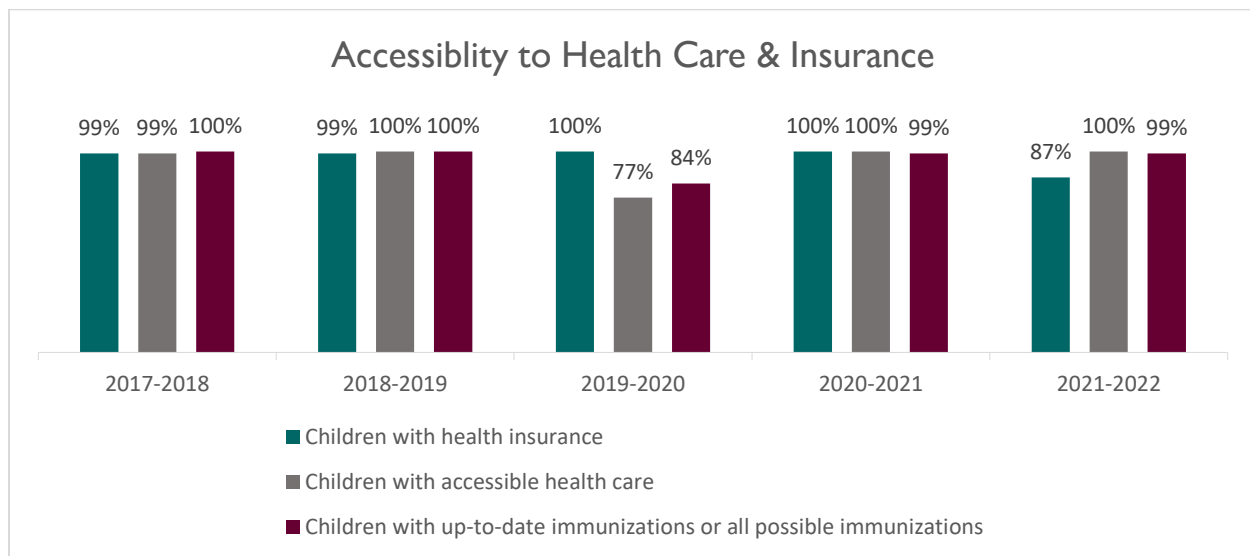
Immunization Levels Among School Children

The U.S. Department of Health Human Services (HHS) issues a vaccination schedule for children from infancy to early childhood. The premise of the vaccination schedule is to protect children from serious infectious diseases throughout life. The HSPPS require Head Start grant recipients to follow their state's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) for all enrolled children. Maryland law requires children to be up to date with immunizations before entering kindergarten. Children are required to be vaccinated against illnesses such as pertussis (whooping cough), tetanus, polio, measles, mumps, rubella, and chickenpox. These immunizations are important for the protection of the individual child and for the public's health, as many of these diseases are highly contagious. Under-vaccination can result in preventable childhood illness, hospitalization, and death. As shown in the following table, at least 99% of kindergarteners in all counties are immunized in all possible vaccinations as of October, 2022[16].

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[16] Kindergarten Immunization Rates by County 2022-2023.
https://health.maryland.gov/phpa/OIDEOR/IMMUN/Pages/Kindergarten_Immunization_Rates_by_County.aspx

Area	Students Enrolled	Kindergarteners with Complete Vaccinatons				
		DTaP	Polio	MMR	Hep	Varicella
Calvert	1,097	100%	99.9%	99.9%	99.8%	99.7%
Charles	1,826	99.5%	99.7%	99.4%	99.9%	99.5%
St. Mary's	1,257	99.5%	99.9%	99.5%	99.5%	99.5%

Table 61. Kindergarteners with Complete Vaccinations

Individuals with Disabilities Including Types of Disabilities

For the entire state of Maryland, the overall percentage of people with disabilities is 11%[17]. In Calvert County, 10.2% of people have a disability compared to 8.8% in Charles County, and 12.0% in St. Mary's County. The following data shows the number of children with disabilities and the characteristics of individuals with disabilities in the service area counties[18].

Area	<5 yrs. with a Disability	5-17 yrs. with Disability	18-34 yrs. with Disability	35-64 yrs. with Disability	65+ yrs. with disability
Calvert	29	358	1,417	3,168	3,896
Charles	83	1,781	1,281	7,372	7,891
St. Mary's	48	711	2,453	4,736	5,303

Table 62. Individuals with Disabilities by Age

The local school districts report on the number of students with disabilities to the Maryland State Department of Education. According to 2022 data, 9.3% of Charles County school district students had disabilities, compared to 10.5% in St. Mary's County and 9.4% in Calvert County.

Disabilities Among Children Under Five Years

The Individuals with Disabilities Education Act (IDEA) is a law that makes available free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services are provided to those children. The IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 7.5 million (as of the school year 2020-21) eligible infants, toddlers, children, and youth with disabilities. Infants and toddlers with disabilities, birth through age 2, and their families receive early intervention services under IDEA Part C. Children and youth ages 3 through 21 receive special education and related services under IDEA Part B.

Section 618 of the IDEA requires that each state submit data about the infants and toddlers, birth through age 2, who receive early intervention services under Part C of IDEA and children with disabilities, ages 3 through 21, who receive special education and related services under Part B

[17] The Annual Disability Statistics Compendium and its complement, the Annual Disability Statistics Supplement, https://disabilitycompendium.org/.https://disabilitycompendium.org/compendium/2019-state-report-for-county-level-data-prevalence/MD#:~:text=For%20the%20entire%20state%20of,disabilities%20was%20Howard%20(7.9%25).
[18] U.S. Census (2021) Table B18108 Age by Number of Disabilities

of IDEA. The following table reflects required data (as previously indicated) by race/ethnicity and ages, within early childhood programs served under IDEA for 2021-2022. In 2022, white children accounted for the highest number of children served through IDEA, and black/African American children were second.

Area	# of Infants and Toddlers with IFSP Served by Part C Programs	# I/T Receive EI in Home or EI Program	# Preschoolers With a Disability Served by Part B, 619 Programs
Calvert	139	118	205
Charles	221	125	235
St. Mary's	171	104	122

Table 63. Children Under Five Years served by Disabilities Services
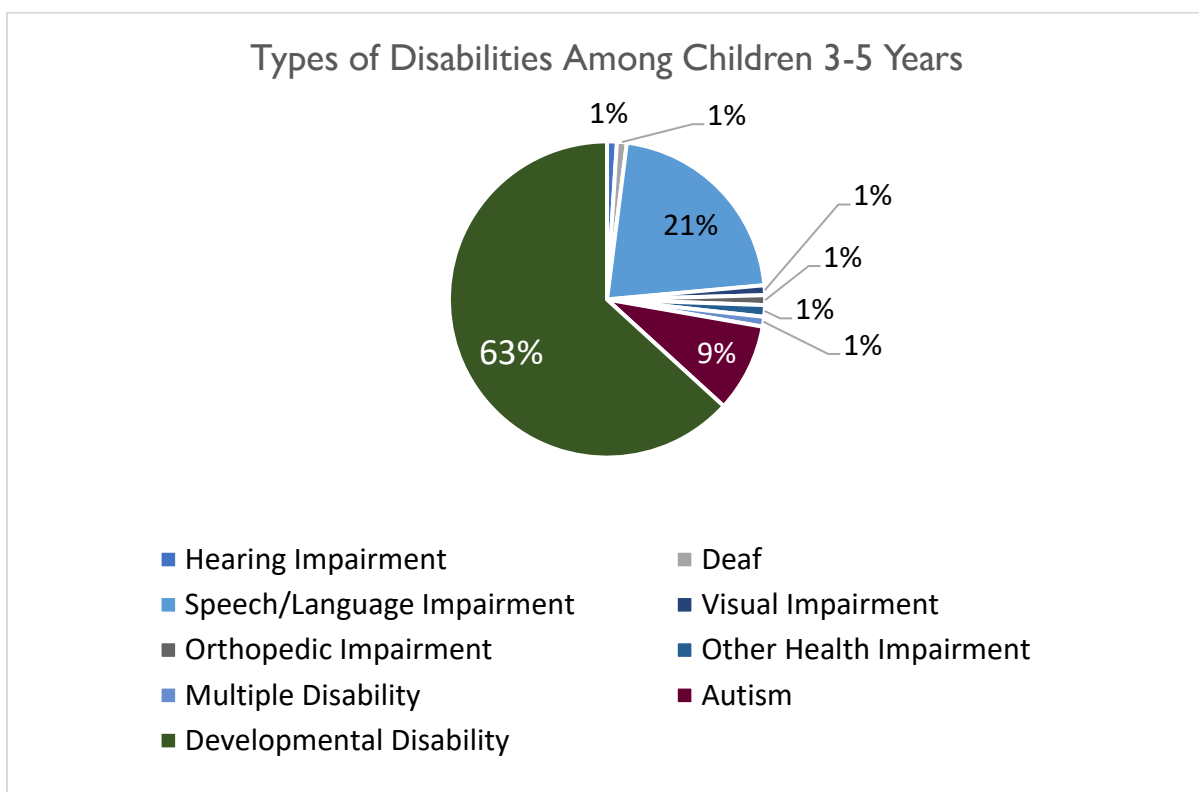
The following table identifies the number of enrolled HS and EHS children (birth to 5 years) diagnosed by a health care professional as having a disability or chronic condition, as detailed in the SMTCCAC PIR. According to the data, non-categorical/developmental delay, speech-language, asthma, life-threatening allergies, autism, and vision are the most prevalent conditions children experienced over the past 5 years. Several categories reflect no children with a specific condition. However, because OHS did not collect detailed data on the category for the given year, a determination could not be made if children were enrolled with that disability.

Category	Number of Children				
	2017	2018	2019	2021	2022
Autism Spectrum Disorder	0	0	0	1	0
Attention Deficit Hyperactivity Disorder	0	0	0	0	0
Asthma	7	15	5	5	3
Life-threatening Allergies	0	0	0	10	1
Hearing Problems	1	0	0	0	0
Vision Problems	0	0	0	1	1
Diabetes	0	0	0	0	2
Speech/Language	9	0	4	0	0
Non-Categorical Developmental Delay	0	0	0	0	2

Table 64. Children Served by Type of Disability

Child Abuse and Neglect

Child abuse can have severe and long-lasting effects on children's physical, emotional, and psychological well-being. The impact of child abuse can vary depending on the type and severity of the abuse, the child's age, and their resilience. The Maryland Department of Human Services screens abuse cases and categorizes them under Alternative Response or Investigative Response. High risk reports including cases involving serious physical injury or sexual abuse are referred to the Investigative Response track. These cases result in a formal investigative finding. Certain low risk reports may be pursued through Alternative Response. While Alternative Response allows for a tiered response and is widely considered best practice, it is important to note the effectiveness of the approach can be undermined when families cannot access services such as mental health care and substance abuse treatment that enables them to overcome their barriers. According to the Annie E. Casey Foundation, since 2017, the service area has experienced an increase in Alternative Response cases and a decrease in Investigative Responses in all counties except for St. Mary's which experienced a decrease in rates of child maltreatment in both categories.

| Alternative Response[19]						
Area	2017	2018	2019	2020	2021	2022
Calvert	157	193	212	144	160	189
Charles	385	366	335	227	306	420
St. Mary's	256	180	263	115	173	127
Total	798	739	810	486	639	736

Table 65.Child Abuse Alternative Response Rate

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[19] Annie Casey Kids Count Data Center (2017-2022). Alternative Response in Maryland. Retrieved from https://datacenter.kidscount.org/.

Investigative Response						
Area	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**
Calvert	120	124	131	82	77	105
Charles	274	208	213	145	117	142
St. Mary's	226	164	172	103	97	92
Total	620	496	516	330	291	339

Table 66. Child Abuse Investigative Response Rate

Alternative Response and Investigative Response in the Service Area
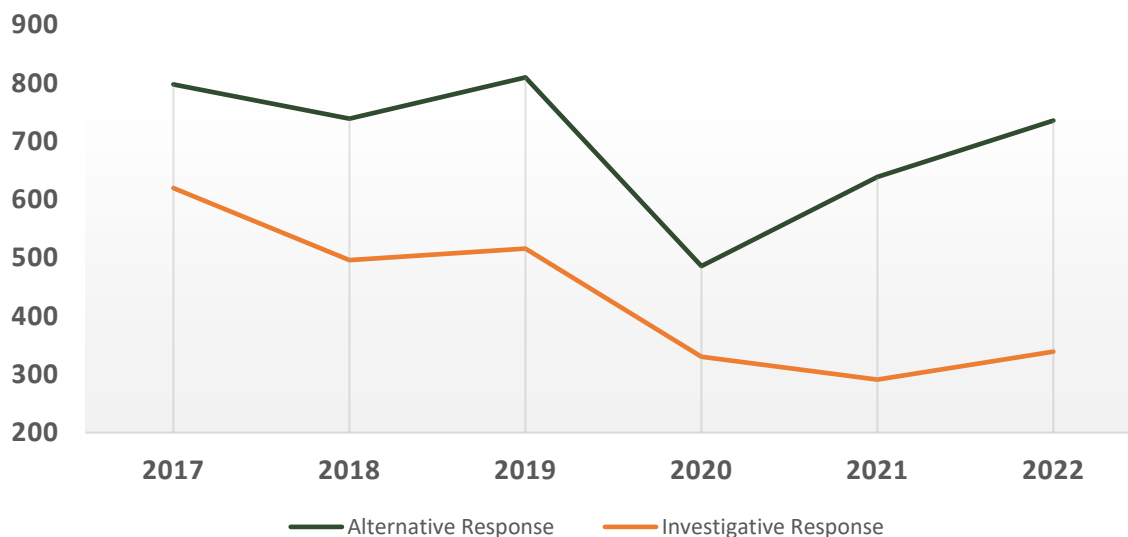
LONG-TERM & SHORT-TERM EFFECTS OF CHILD MALTREATMENT

- **Physical injuries:** Physical abuse can result in immediate injuries such as bruises, cuts, fractures, and internal injuries. In extreme cases, it can lead to permanent physical disabilities or even death.
- **Emotional and psychological trauma:** Emotional abuse, including verbal abuse, humiliation, or constant criticism, can leave deep emotional scars. Children may develop anxiety, depression, low self-esteem, and a sense of worthlessness.
- **Cognitive and developmental issues:** Child abuse can disrupt a child's cognitive development, leading to difficulties in learning, attention, and problem-solving. It may hinder their ability to form healthy relationships and trust others.
- **Post-Traumatic Stress Disorder (PTSD):** Children who experience physical or sexual abuse are at risk of developing PTSD, which can cause nightmares, flashbacks, and intense fear triggered by reminders of the abuse.
- **Behavioral problems:** Child abuse can lead to aggressive, impulsive, or withdrawn behavior. Children may act out or become socially isolated, struggling to cope with their emotions.

Family Challenges

Two trends should be considered in a review of domestic violence and its impact on families. The National Crime Victimization Survey administered by the Bureau of Justice Statistics reports that just 47% of cases of domestic violence or intimate partner violence are reported to the police. Additionally, as families were confined to their homes and experienced additional financial hardship due to the coronavirus outbreak there was an unreported rise in domestic violence incidents. It is likely not only is domestic violence going under-reported, but also families may be unserved due to lack of knowledge of the prevalence of domestic violence and what constitutes violence among families. The data that follows details court case reports and domestic violence rates in the service area counties.

Family Court Filings

Family issues addressed within the court system are reported below for 2019-2020 (latest data available). The largest number of cases relate to child access and divorce which are related.
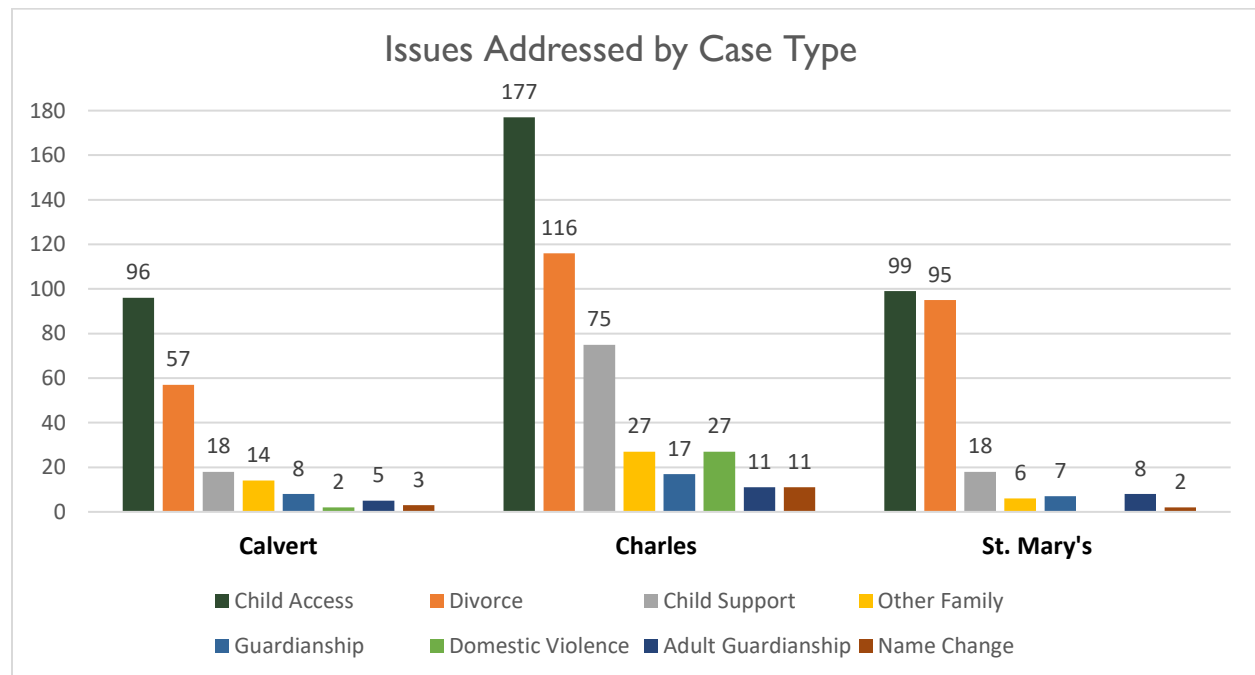
Domestic Violence

Domestic Violence Monthly Summary Report, January 2023[20]			
Sex	**Calvert**	**Charles**	**St. Mary's**
Female	45.8%	26.6%	20.6%
Male	54.2%	73.4%	76.5%
Unknown	0.0%	0.0%	2.9%
Race			
Black	41.7%	75.5%	11.8%
White	85.7%	19.1%	79.4%
Asian	0.0%	1.1%	5.9%
Other	0.0%	3.2%	0.0%
Undetermined	0.0%	1.1%	2.9%
Age			
0-17	71.4%	0.0%	0.0%
18-25	8.3%	7.4%	5.9%
25-59	58.3%	81.9%	64.7%
60+	12.5%	3.2%	14.7%
Undetermined	20.8%	7.4%	14.7%
Grounds			
Assault	25.0%	52.4%	40.0%
Caused a fear of harm	40.0%	47.6%	50.0%
Harassment	20.0%	0.0%	0.0%
Stalking	20.0%	0.0%	0.0%
Statutory abuse of a vulnerable adult	6.3%	0.0%	0.0%

Table 67. Characteristics of Victims of Domestic Violence

Family Services in Head Start

Head Start programs provide a range of family services to enhance the ability to improve outcomes for children and to promote strong and upwardly mobile families. The following chart details the services utilized by families across program years. It should be noted there are indicators with no data (N/D) collected due to changes in the Program Information Report data set.

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[20] Maryland Courts (2023). *Domestic Violence Monthly Reports.* Retrieved from https://www.courts.state.md.us/.

Head Start Family Services			
Service	2019	2021	2022
Emergency Assistance/Crisis Intervention	2.7%	37.8%	20.3%
Housing Assistance	3.6%	8.3%	16.9%
Asset Building Services	3.6%	39.9%	0%
Mental Health Services	3.6%	1.5%	18.6%
Substance misuse prevention	0%	0%	0%
Substance misuse treatment	0%	0%	0%
English as a Second Language training	2.7%	0%	0%
Assistance in enrolling into an education or job training	1.8%	5.3%	16.1%
Research-based parenting	7.2%	18.1%	0%
Involvement in discussing their child's screening and assessment	N/D	30.3%	23.7%
Supporting transitions between programs	N/D	59.8%	29.6%
Education on preventive medical and oral health	0%	74.2%	27.1%
Education on health and developmental consequences of tobacco use	N/A	18.1%	1%
Education on nutrition	N/D	52.2%	21.9%
Education on postpartum care	0%	0%	2.5%
Education on relationship/marriage	7.2%	31.0%	0%
Assistance to families of incarcerated individuals	1%	0%	28.8%

Table 68. Family Services Provided by Head Start
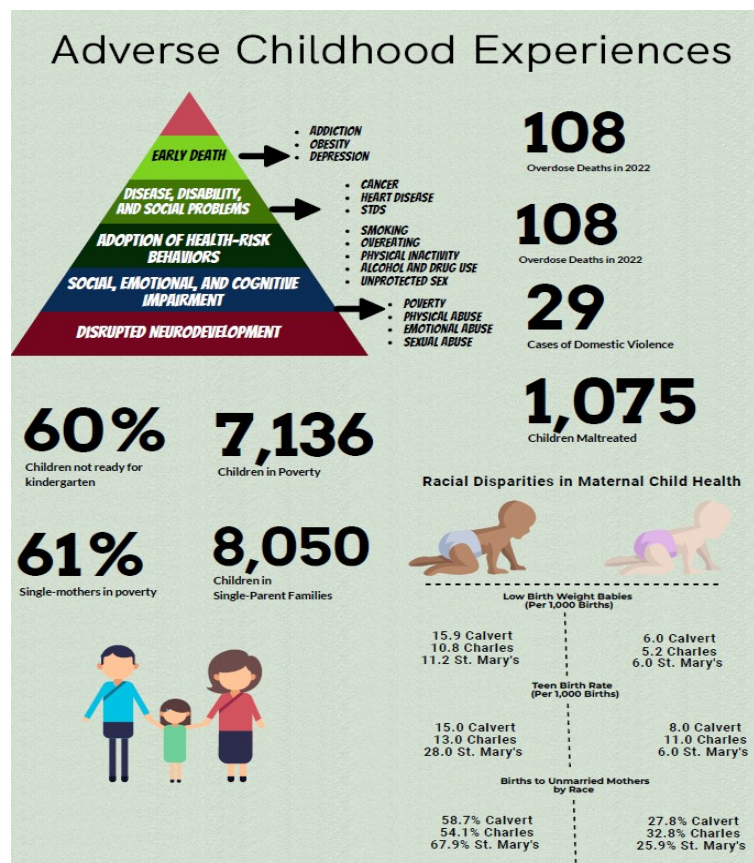
Life Expectancy & Vaccinations

Data shows that life expectancy can be improved by access to preventive health care and vaccinations. The following table shows the life expectancy for all residents and disaggregated data on life expectancy by race. The table also shows corresponding rates of flu vaccination by race. This data indicates that the life expectancy and the rates of immunizations among whites are higher than other racial/ethnic groups in most service area counties. The community assessment survey respondents were asked about the length of time since their last eye and dental exam. Among respondents, 22% reported the time period since their last eye exam was 1-2 years and 19% reported they had a dental exam between 1-2 years prior to the survey; 23% reported they had an eye exam less than six months ago and 31% reported their last dental visit was less than 6 months ago.

Life Expectancy by Race			
	Calvert	**Charles**	**St. Mary's**
Life Expectancy (All Residents)	79.4	77.8	78.3
White	79.5	77.5	78.5
Black	76.7	76.8	74.1
Asian	89.0	90.5	92.1
Hispanic	94.8	83.4	95.1
Flu Vaccinations (All Residents)	57%	48%	51%
White	58%	52%	52%
Black	48%	42%	45%
Asian	59%	52%	52%
Hispanic	54%	44%	48%

Table 69. Life Expectancy and Vaccination Rates

Key Findings

At first glance the service area residents experience far more positive health outcomes than their peers in other areas of the state and nearby such as in Washington D.C. and the City of Baltimore. However, there are deep racial disparities in well-being that impact the population.

The healthcare system is overburdened in all three counties. The ratio of people to health care providers such as primary care physicians, dentists, and mental health professionals is far greater than found for the state. Charles County has the lowest rate of access to physical health care providers and St. Mary's County residents have the lowest rate of access to mental health professionals. Since there are relatively low numbers of people that are uninsured it is likely that lack of access is due to the rural nature of the service area and lack of adequate health care providers. In the service area 5.4% of the population lacks health insurance.

Charles County is experiencing an exponential increase in deaths due to substance abuse. The rate of fatal overdoses increased by 43% in 2022-2023, while in St. Mary's and Calvert County the rates decreased. Charles County and Calvert County also have a high number of births in which babies are born addicted to drugs. At 86.6 (per 100,000 births) in Charles County and 110.8 in Calvert County, some of the highest rates for rural areas in the state.

Racial disparities in health and well-being are concerning, including maternal child health because improving maternal health often involves empowering women with access to education, reproductive rights, and economic opportunities. Empowered women can make informed decisions about their health and the well-being of their families. Improving maternal and child health is also instrumental in breaking the cycle of poverty and in reforming systems of oppression and inequity. Healthy mothers can participate more actively in the workforce and contribute to their families' economic stability, thus improving the overall socioeconomic conditions of their communities. Maternal health and well-being play a vital role in promoting early childhood development. A healthy and nurturing environment during a child's early years positively impacts their physical, cognitive, and emotional growth. Low birthweight babies often require more intensive medical care during infancy and childhood, leading to increased healthcare costs for families and the healthcare system. The following racial disparities are noted in the service area:

Life Expectancy – Black/African Americans have a lower life expectancy than all other groups in the service area.

Immunization Status – Black/African Americans have lower rates of vaccination for the flu than other groups in the service area.

Substance Abuse – Charles County has the greatest diversity in the population among all three counties and experiences the highest rates of poverty and overdose deaths.

Poor Birth Outcomes & Maternal Child Health – Black infants fare worse than their peers in relation to infant mortality, low birthweight, teen birth, and in the percent of babies born to mothers with late or no prenatal care and to mothers with less than 12 years of education.

Health Insurance Access – A larger percentage of black/African American's are uninsured than their white counterparts and these rates exceed overall rates of uninsured members in the population.

When asked about the cause of health needs in the community survey respondents reported the following issues and concerns: lack of access to doctors, food choice and lack of exercise, lack of transportation and non-responsive public systems, the cost of medical care and copays and lack of doctors that accept public insurance as payment for services.

Nutrition

Food insecurity is in the household-level economic and social condition of limited or uncertain access to adequate food. Increases in diet-related diseases and obesity are major public health problems in communities across America. Limited access to supermarkets, grocery stores, and other sources of healthy and affordable food may make it harder for some residents to eat a balanced diet. SMTCCAC provides resources through the Emergency Food Assistance Program administered through the Maryland Food Bank. In FY18 the agency served nineteen (19) food pantries and (1) shelter. Food is received once per month into the warehouse located in Calvert County and distributed to the authorized sites. They, in turn, distribute the food to qualified, low-income households throughout the three counties. Hundreds of volunteers assist in this process. The following provides a summary of the nutritional status of the service area as a whole.

Children Eligible for Free/Reduced Price Lunch

33.8%

Population Receiving SNAP Benefits

8%

Population with Low Food Access

30.5%

Food Desert Population

27,479

The USDA Food Environment Atlas and Map the Meal Gap from Feeding America provide statistics on three broad categories that describe food insecurity. The indicators include the following:

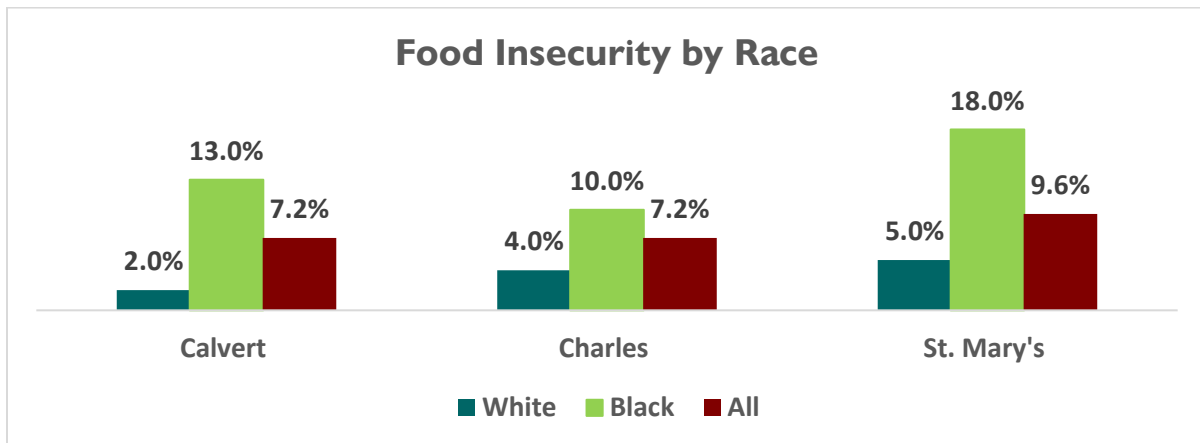- **Food Choices -** Indicators of the community's access to and acquisition of healthy, affordable food, such as: access and proximity to a grocery store; number of food stores and restaurants; expenditures on fast foods; food and nutrition assistance program participation; food prices; food taxes; and availability of local foods.
- **Health and Well-Being**- Indicators of the community's success in maintaining a healthy diet.

- **Community Characteristics** - Indicators of community characteristics that might influence the food environment, such as: demographic composition; income and poverty; population loss; metro-nonmetro status; natural amenities; and recreation and fitness centers.

Children and adults living in the service area experience a higher rate of food security than children in the state and the nation. There is a racial disparity in which black residents experience more food insecurity than whites and individuals in the community as a whole.

Food Insecurity				
Area	**Children**		**Total Population**	
County	**Number**	**Percent**	**Number**	**Percent**
Calvert	1,150	5.4%	6,590	7.2%
Charles	5,600	14.5%	11,570	7.2%
St. Mary's	2,360	9.6%	10,830	9.6%
Maryland	167,000	12.5	543,650	9.0%

Table 70. Rate of Food Insecurity

Food Insecurity by Race

Calvert: White 2.0%, Black 13.0%, All 7.2%
Charles: White 4.0%, Black 10.0%, All 7.2%
St. Mary's: White 5.0%, Black 18.0%, All 9.6%

■ White   ■ Black   ■ All

Children Eligible for Free/Reduced Priced Lunch

34% of students in the service area are eligible for free/reduced price lunches. The rate of eligibility is lower than average eligibility in the state and the nation. Additionally, when combined with poverty data, food service assistance providers can use this measure to identify gaps in eligibility and enrollment in assistance programs.

Children Eligible for Free/Reduced Price Lunch[21]			
Area	**Total Students**	**Number Free/Reduced Price Lunch Eligible**	**Percent Free/Reduced Price Lunch Eligible**
Service Area	59,306	20,025	33.8%
Calvert	15,292	3,456	22.6%
Charles	26,768	10,594	39.6%
St. Mary's	17,246	5,975	34.6%
Maryland	882,554	398,389	45.1%
United States	42,378,208	22,336,198	53.2%

Table 71. Children Eligible for FARMS
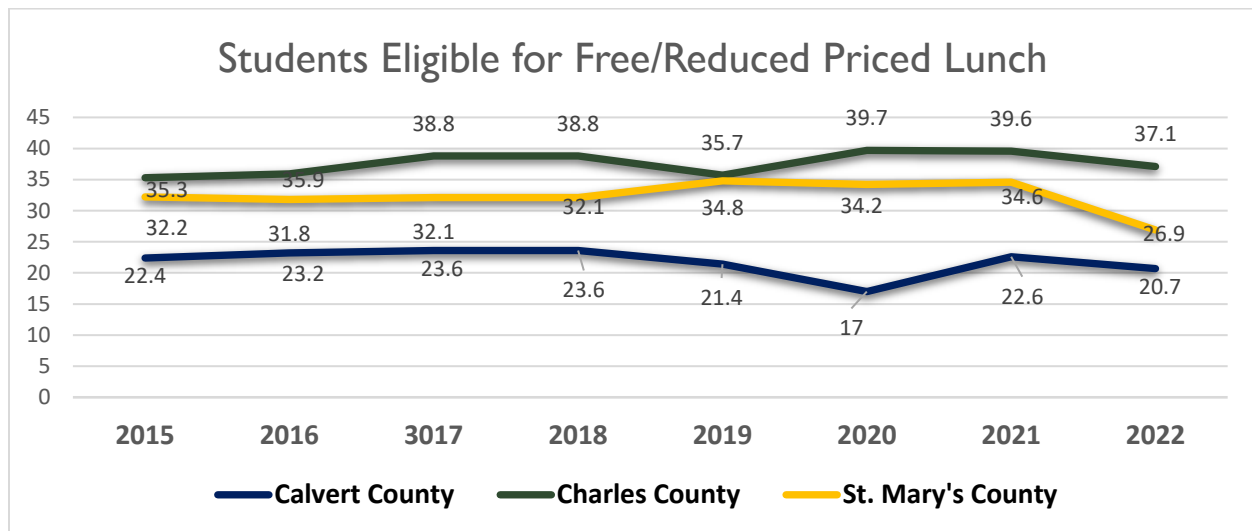
Food Assistance Program Participation

Population Receiving SNAP Benefits

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 rate of SNAP use in the service area is found in Charles County.

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[21] CARES Engagement Network (2023).

Households Receiving SNAP Benefits[22]			
Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Service Area	131,125	10,520	8.0%
Calvert	32,751	1,932	5.9%
Charles	58,138	4,695	8.0%
St. Mary's	40,236	3,893	9.6%
Maryland	2,294,270	238,288	10.3%
United States	124,010,992	14,105,231	11.3%

Table 72. Households Receiving SNAP Benefits

Households Receiving SNAP by Census Tract
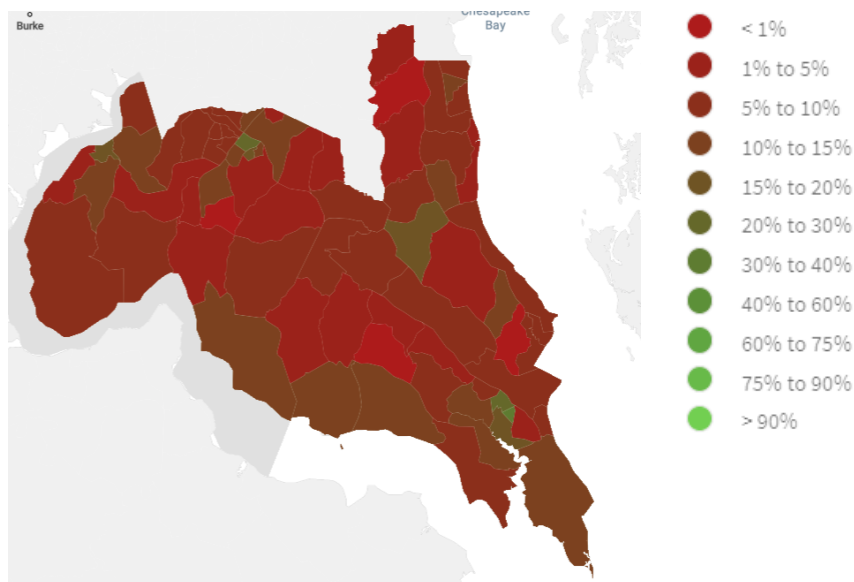
Community assessment survey respondents noted they used food assistance programs at a high rate. According to the data, only 41% of respondents reported they are able to always buy enough food for their family. Additionally, 31% reported they used a food pantry in the past 12 months. Over 49% of respondents indicated they can benefit from increased assistance from a food bank and 11% need help completed SNAP applications. 29% of respondents are interested in obtaining nutrition education.

Women, Infants, and Children (WIC)

The Women, Infant and Children (WIC) program provides healthy supplemental food and breastfeeding support to eligible pregnant women, nursing mothers, infants, and children up to age five. WIC provides information about eating a healthy diet, food vouchers and helps connect women and children to other services. A report published by John Hopkins University notes that

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[22] CARES Engagement Network (2022)

30.5% of the WIC eligible population in Charles County, 28.4% of the eligible population in St. Mary's County and 39.1% of the WIC-eligible population in Calvert County are not enrolled in WIC. In Maryland, WIC serves an average of 121,790 pregnant mothers and children[23]. As shown in the infographic that follows, there is a large number of individuals that are eligible for WIC that are not participating in the program[24].

WIC Participation by County
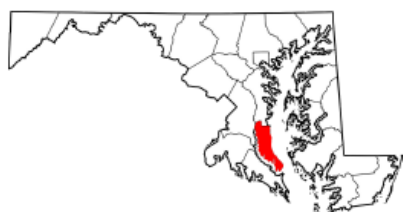
CALVERT

41.5% of eligible people enrolled.

1,253 participants
- 401 women
- 202 infants
- 650 children
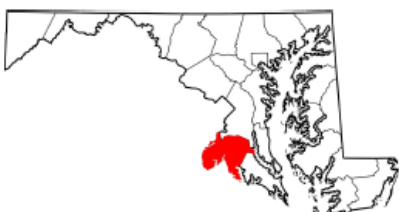
CHARLES

49.8% of eligible people enrolled.

4,136 participants
- 1,307 women
- 735 infants
- 2,094 children
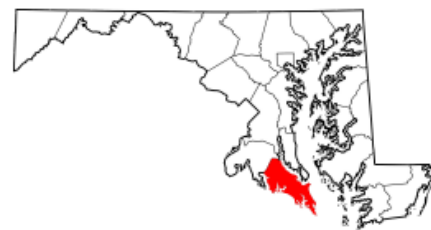
SAINT MARY'S

46.5% of eligible people enrolled.

2,511 participants
- 788 women
- 425 infants
- 1,298 children

Food Access

Low food access is defined as living more than 1 mile (urban) or 10 miles (rural from the nearest supermarket or grocery store. According to the Food Access Research Atlas, 27,479 people in the service area live in neighborhoods within food deserts. Additionally, 30% of the service area population that is low-income (LI) also have low food access, a rate higher than both the state and the nation. In Charles and Calvert County the rate of LI households that also have low food access is double that of the rate for the nation. In all counties, in the service area the rate of LI with low food access is higher than Maryland's rate.

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[23]USDA Food and Nutrition Service. WIC Monthly Data Tables. https://www.fns.usda.gov/pd/wic-program
[24] 2021 Maryland County Hunger Profiles.

Food Deserts and Low Food Access[25]				
	Total Population (2019)	**Food Desert Population**	**Low-Income Population with Low Food Access**	**% Low-Income Population with Low Food Access**
Service Area	340,439	27,479	16,604	30.5%
Calvert	88,737	6,615	4,640	42.8%
Charles	146,551	12,212	7,595	45.2%
St. Mary's	105,151	8,652	4,369	22.8%
Maryland	5,773,552	552,017	205,277	16.1%
United States	308,745,538	39,074,974	18,834,033	19.4%

Table 73. Population in Food Desert with Low Food Access and Low Income

Obesity

Research has proven that the lack of access to healthy foods contributes to obesity and poor health outcomes. For example, a study of more than 28,000 low-income children under the age of five enrolled in the Massachusetts WIC program found that persistent household food insecurity, without hunger, was associated with 22% greater odds of child obesity at two to five years of age[26]. Childhood obesity is considered an epidemic, with one out of every six children being obese[27]. The CDC reports that the prevalence of obesity among 2-5 year-olds is 13.9%. Childhood obesity has a greater prevalence in Hispanic (25.8%) than in Black/African American (22.0%) and White (14.1%) populations[28]. Childhood obesity is associated with a range of physical and mental health problems, including high blood pressure, high cholesterol, sleep apnea, bone and joint problems, asthma, type 2 diabetes, and depression.

The Robert Wood Johnson Foundation issued a report on the state of obesity in the country. According to the report, nationwide obesity for children ages 2-19 increased from 19.3% in 2019 to 22.4% in 2020. In children ages 10-17, just over 17% were considered obese, and children of color, predominantly black/African American and Hispanic/Latino children, were found obese at disproportionate rates[29]. In Maryland, the 2021 childhood obesity rate for children ages 10-17 years was 20.3% and it was 15.7% for children aged two to five years. Additionally, only 17% of children ages 2-4 participated in the Women, Infants and Children (WIC) nutrition program.

Adult obesity rates have also increased over time. In Calvert County the rate of adult obesity is 34%, in in Charles County the rate of adult obesity is 40%, and in St. Mary's County the adult rate of obesity is 37% compared to 31% in Maryland. The obesity rate is driven by inactivity. The rate of adults that report they participate in no physical activity outside of work is high,

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[25] CARES Engagement Network 2022.
[26] Retrieved from http://frac.org/pdf/frac_brief_understanding_the_connections.pdf.
[27] Better Policies for a Healthier America. The State of Obesity. Retrieved from https://stateofobesity.org/stories/southern-california.
[28] U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Health Statistics. Prevalence of Obesity Among Adults and Youth: United States, 2015-16, NCHS Data Brief, 288, October 2017. https://www.cdc.gov/nchs/data/databriefs/db288.pdf
[29] State of Childhood Obesity: Meeting the Moment: Learning from Leaders at the Forefront of Change. Robert Wood Johnson Foundation, November 2022.

albeit lower than the rates for the nation and Maryland. The highest rates of obesity are found in Charles County. The rates of diabetes for the service area reflect state rates of diabetes[30].

Obesity Rates and Physical Activity Status				
	% Adults that are Obese	% Adults that Participate in No Physical Activity	% of Population with Adequate Access to Physical Activity Locations	% Adults with Diabetes
Calvert	34%	19%	82%	11.0%
Charles	40%	24%	72%	10.9%
St. Mary's	37%	21%	78%	12.0%
Maryland	31%	21%	92%	11.0%

Table 74. Obesity Rate and Physical Activity Status

Key Findings

Efforts to address food insecurity often involve a combination of social assistance programs, community initiatives, and policy changes aimed at improving access to affordable, nutritious food for all individuals and families. The service area has disparate access and outcomes in access to healthy food for populations that are low-income and populations of color. As shown in the data the following findings are notable:

Racial Disparity in Food Security – Black/African American residents experience higher rates of food insecurity than their peers when compared to county level rates and whites.

Access to Food is Limited – The percentage of the low-income population that lacks access to healthy food is highest in Calvert and Charles, exceeding 40% of all low-income residents.

Food Programs are Not Utilized – A large percentage of the eligible population is not enrolled in SNAP or WIC. In all three counties, less than half of the eligible population is enrolled in WIC.

Obesity and Lack of Physical Activity – The service area has a high rate of obesity and all counties demonstrate a higher prevalence of obesity than for Maryland. Additionally, rates of access to physical activity locations are also lower.

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[30] Chronic Disease Indicators: Rates by Year for Maryland. BRFSS. 2022.

Housing & Homelessness

Housing is closely connected to well-being and health in several ways. Adequate and safe housing plays a crucial role in promoting overall well-being and maintaining good health for individuals and communities. For example, housing is linked to physical health because safe and well-maintained housing provides protection from pests and pollutants and exposure to environmental hazards such as mold, lead, asbestos, and poor air quality, which can lead to respiratory issues, allergies, and other health problems. Adequate housing also supports personal hygiene and sanitation, which are essential for preventing the spread of diseases. Mental health is also connected to housing. Living in a stable environment promotes lower stress levels and improved mental health outcomes. On the other hand, overcrowded, unstable, or unsafe housing can contribute to anxiety, depression, and other mental health issues.

A child's healthy growth and development are dependent on many factors, including the immediate environment in which they live. The impact on children's development is both immediate and long term; growing up in poor or overcrowded housing has been found to have a lasting impact on a child's health and well-being throughout their life. Research has demonstrated that children's life chances are affected by the standard of their housing. This "housing effect" is especially pronounced in relation to health. Both children and adults living in poor or overcrowded conditions are more likely to have respiratory problems, to be at risk of infections, and have mental health problems. Housing that is in poor condition or overcrowded also threatens safety. Further, neighborhood conditions have a major impact on health, birth outcomes, and exposure to risk factors such as injury, violence, and hazards. The town we live in can also limit the choices and resources available.

Cost Burdened Households
26%

Households
171,077

Substandard Housing
26%

Renter Occupied Homes
28,823

Southern Maryland Housing Landscape

Households:

171,077

Population:

365,770

Total Census Tracts:

65

Homeownership

Homeownership is important because it provides an avenue for wealth building. As individuals build equity and make payments on their mortgage and the property value increases, the ability of a home to serve as a source of security and wealth is established. Additionally, owning a home provides a sense of belonging and security in a community and supports stable housing costs, which also contributes to wealth building. In the service area, since 2010 the percentage of owner-occupied homes has increased slightly in Calvert and St. Mary's County, and it has decreased slightly in Charles County.

Home Ownership[31]				
Area	**% Owner-Occupied Homes**	**% Renter-Occupied Homes**	**% Owner-Occupied Homes**	**% Renter-Occupied Homes**
	2010	**2010**	**2021**	**2021**
Calvert	85.0%	15.0%	86.7%	13.3%
Charles	81.1%	18.9%	79.7%	20.3%
St. Mary's	72.9%	27.1%	75.9%	24.1%%

Table 75. Rates of Home Ownership and Renters by County

Housing Inventory and Age

Housing Quality

Substandard housing is considered to be housing that is:

1) lacking complete plumbing facilities;
2) lacking complete kitchen facilities;
3) with 1.01 or more occupants per room;
4) selected monthly owner costs as a percentage of household income are greater than 30%;
5) gross rent as a percentage of household income is greater than 30%.

Selected conditions provide information that can be used to assess the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living

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[31] U.S. Census Bureau. 2021.

and housing can be considered substandard. The service area experiences lower rates of substandard housing than the state and country.

Substandard Housing[32]			
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	131,125	34,038	25.9%
Calvert	32,751	7,377	22.5%
Charles	58,138	16,690	28.7%
St. Mary's	40,236	9,971	24.7%
Maryland	2,294,270	705,818	30.7%
United States	124,010,992	39,049,569	31.4%

Table 76. Housing with Substandard Conditions
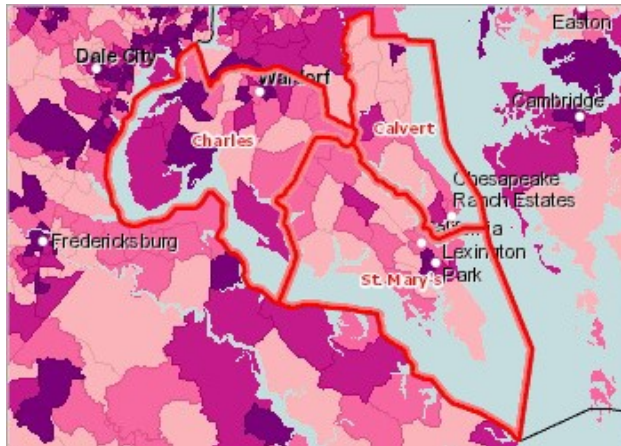
Substandard Housing Units, Percent of Total by Tract, ACS 2017-21

- Over 34.0%
- 28.1 - 34.0%
- 22.1 - 28.0%
- Under 22.1%

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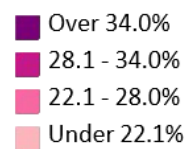
[32] CARES Engagement Network

Housing with at least 1 Substandard Condition

	Calvert	Charles	St. Mary's	Maryland	United States
	23%	29%	25%	31%	31%
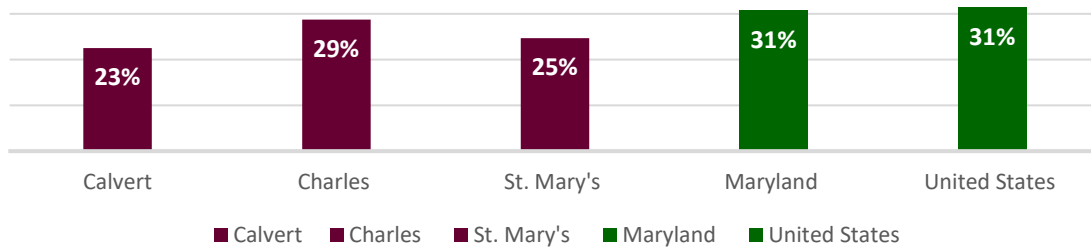
Unsafe, Unsanitary Homes

Poor housing is problematic for adults because of the amount of time adults spend indoors. For example, substandard housing, such as water leaks, poor ventilation, dirty carpets, and pest infestation can lead to an increase in mold, mites and other allergens associated with poor health. Growing up in poor housing conditions has a long-term impact on children's life chances because of the effect it has on a child's learning and education. Homeless children are particularly disadvantaged because of the disruption to their schooling caused by homelessness. Furthermore, the roots of later problems – such as offending and behavior problems in adulthood – may be traceable to behavioral problems that emerge when children are growing up in substandard housing and poor neighborhood conditions. It should also be noted that the COVID-19 pandemic has laid bare the risks of living in congregate and sub-par housing arrangements. A significant number of homes in the service area are not equipped with adequate plumbing. This is a serious concern as it contributes to unsafe, unsanitary living conditions. Charles County has the most housing without adequate plumbing.

Unsafe, Unsanitary Homes[33]						
Area	Occupied Housing Units	Housing Units without Plumbing	Percent without Plumbing	Occupied Housing Units	Housing Units without Plumbing	Percent without Plumbing
	2000	2000	2000	2021	2021	2021
Service Area	97,757	726	0.74%	131,125	704	0.54%
Calvert	25,477	137	0.50%	32,751	181	0.55%
Charles	41,668	338	0.77%	58,138	314	0.54%
St. Mary's	30,642	251	0.74%	40,236	209	0.52%
Maryland	1,980,859	9,033	0.42%	2,294,270	7,289	0.32%
United States	106,741,426	736,626	0.69%	125,207,782	491,394	0.39%

Table 77. Unsafe and Unsanitary Homes

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[33] Community Action Partnership (n.d.). *Housing.* Retrieved from https://cap.engagementnetwork.org/.

Housing Costs

Housing is one of the largest expenses of families and individuals. In the service area, housing prices and rental costs have increased over the past five years by 39% in Calvert County, by 46% in Charles County and by 54% in St. Mary's County. Rental prices have also risen since 2021 in Charles and Calvert County. In Calvert County, for a three bedroom home, rental costs have risen by 1%. In Charles County rental costs have risen by 4%, and in St. Mary's County housing costs have remained stagnant showing no percentage of increase.

Area	Median Home Price	Median Rent	Median Home Price	Median Rent
	2017	2017	2023	2021
Calvert	$345,725	$1,702	$482,500	$1,718
Charles	$323,225	$1,745	$472,000	$1,814
St. Mary's	$275,000	$1,556	$425,000	$1,543

Table 78. Housing Costs

Cost Burdened Households

A common guideline is that no more than 30% of gross household income should be spent on rent or mortgage payments, as well as utilities, property taxes and homeowners insurance. It's important to note that while the 30% guideline is widely used, it might not be suitable for everyone. Some individuals or families may need to adjust this percentage based on factors such as their income, debt obligations, other essential expenses, and long-term financial goals. For instance, if you have higher levels of debt, are saving for other goals, or facing high living costs, it is more practical to allocate a slightly higher or lower percentage to housing costs. The rate of cost-burdened households is higher for renters than homeowners. The highest rates of cost-burdened households overall is in Charles County, yet the highest rates for severely cost burdened renters is in St. Mary's County.

HOMES IN SOUTHERN MARYLAND, THE STATE'S SECOND SMALLEST REGION, EXPERIENCED THE HIGHEST INCREASE IN RENT AND SECOND HIGHEST INCREASE IN HOME PRICES OF ANY OTHER MARYLAND REGION BETWEEN 2011 AND 2017. SOUTHERN MARYLAND HAS SOME OF THE STATE'S HIGHEST HOME LOAN DELINQUENCY AND FORECLOSURE RATES, ALTHOUGH THESE RATES ARE DECREASING FASTER THAN THE STATE AVERAGE. SENIORS ARE BECOMING A LARGER SHARE OF SOUTHERN MARYLAND'S POPULATION, WITH GROWTH AMONG SENIORS SLIGHTLY OUTPACING OTHER REGIONS, THOUGH THE REGION HAS

Home Ownership[34]				
Area	**Renters that are Cost Burdened**	**Homeowners that are Cost Burdened**	**Severely Cost Burdened Homeowners**	**Severely Cost Burdened Renters**
	< 30% Income on Housing Costs		**< 50% Income on Housing Costs**	
Calvert	44.6%	23.1%	7.7%	21.0%
Charles	44.1%	29.0%	11.1%	21.4%
St. Mary's	38.8%	22.1%	7.9%	21.8%

Table 79. Housing Cost Burden

Eviction, Foreclosure, and Loan Delinquency

The rate of mortgage delinquency in Southern Maryland is 2.4% and the rate of foreclosure is 0.6% (2019). Using data from 2019-2022 the trend in evictions for each county can be observed[35]. As shown in the data, in 2020 and 2021 the rate of evictions were lower than in other years due to the pandemic assistance and a moratorium on evictions during the pandemic. In all counties except St. Mary's the rate of eviction is back on the rise to pre-pandemic levels.

Evictions by County 2019-2022

	2019	2020	2021	2022
Calvert County	1521	639	597	746
Charles County	1770	982	1229	1077
St. Mary's County	893	600	658	533
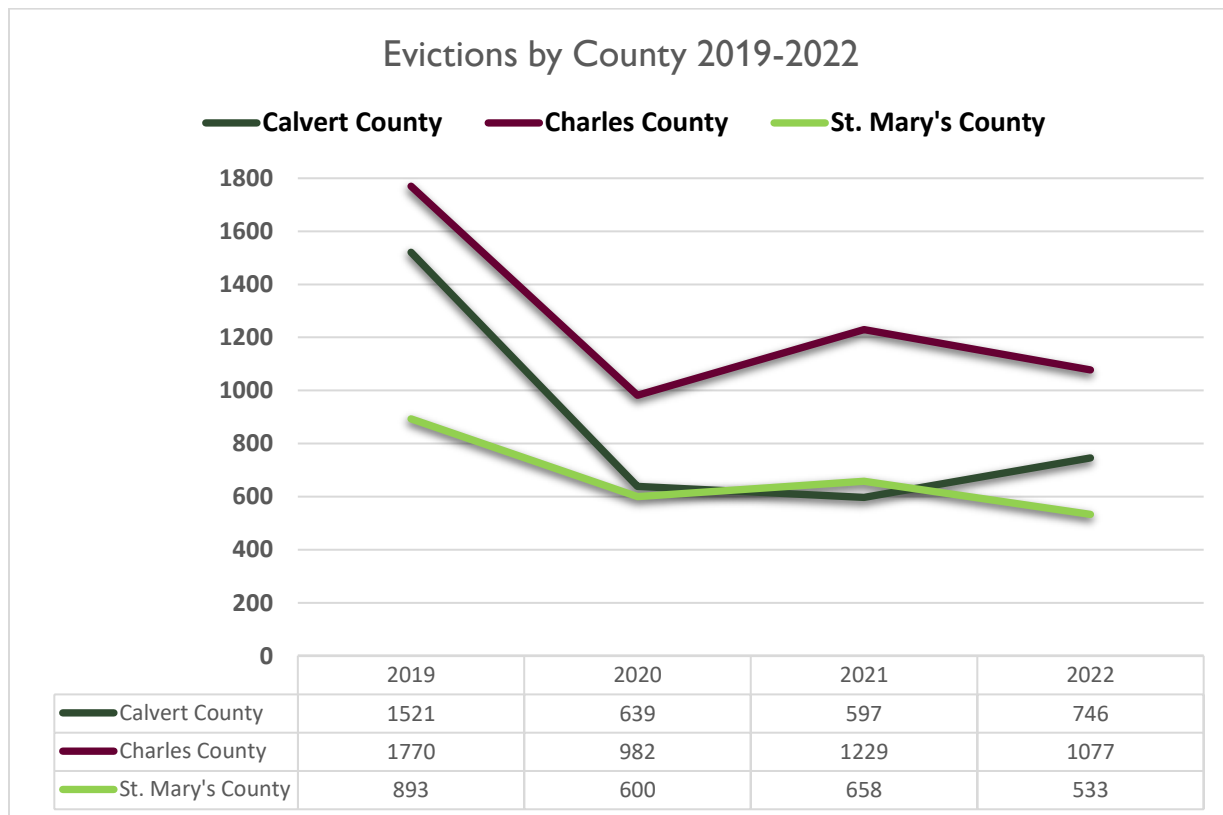
Assisted & Affordable Housing Units

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[34] U.S. Census Bureau. 2021.
[35] Maryland Housing Dashboard.
https://public.tableau.com/app/profile/yates.bi.consulting/viz/HousingDashboardJul10/HousingDashboard

Housing programs are administered by human service agencies in each county. Although there is a significant number of units, the waiting list for housing is long and families must wait up to two years to access affordable housing in some areas. The least housing is available in Calvert County and the most affordable housing is available in St. Mary's County. However, all counties fall below the state and the nation in the rate of HUD-assisted housing units per population.

Assisted Housing			
Area	**Total Housing Units (2021)**	**Total HUD-Assisted Housing Units (2021)**	**HUD- Assisted Units, Rate per 10,000 Housing Units**
Calvert	32,751	3,719	167.32
Charles	58,138	1,588	273.14
St. Mary's	40,236	1,583	393.43
Maryland	2,294,270	1000,935	439.94
United States	125,207,782	5,024,504	401.29

Table 80. Stock of Assisted Housing Units

HUD Housing Stock[36]						
Area	**Housing Choice Voucher Units**	**Project-Based Section 8 Units**	**Section 236 Units**	**Public Housing Authority Units**	**Section 202 Units**	**Section 811 Units**
Service Area	3,651	1,445	0	533	0	16
Calvert	460	79	0	0	0	0
Charles	1,630	1,144	0	533	0	0
St. Mary's	1,561	222	0	0	0	0
Maryland	57,292	16,552	28,220	309	3,363	1,168
United States	2,669,691	1,306,727	14,149	931,624	125,568	33,860

Table 81. HUD Housing Stock

Affordable Housing

This indicator reports the number and percentage of housing units affordable at various income levels. Affordability is defined by assuming that housing costs should not exceed 30% of total household income. Income levels are expressed as a percentage of each county's area median household income (AMI). The data indicates the least accessibility to affordable housing for the lowest earners.

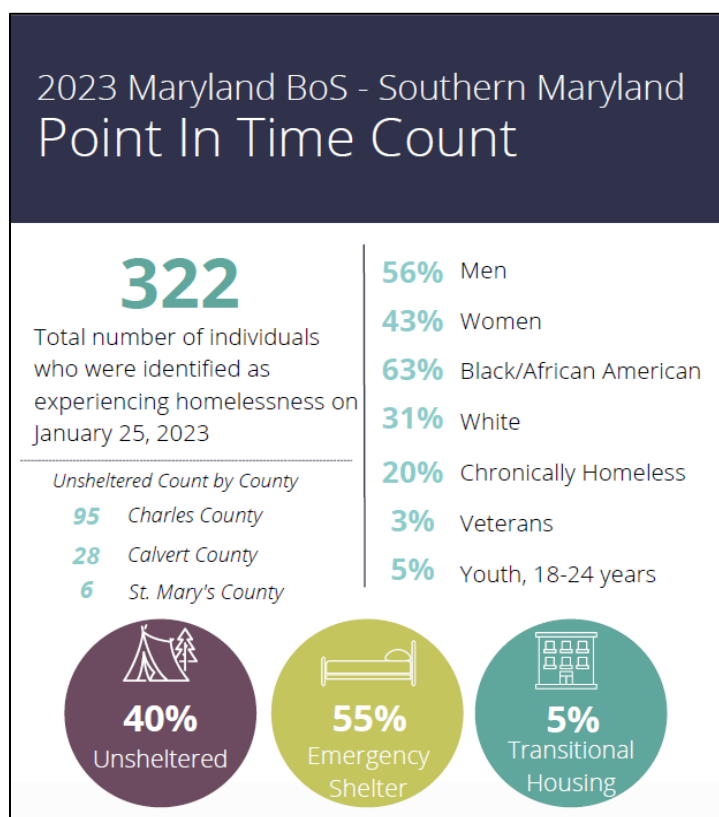[36] HUD Office of Policy Development and Research (2021). *Assisted Housing: National and Local.* Retrieved from https://www.huduser.gov/portal/datasets/assthsg.html

HUD Housing Stock						
Area	**Affordable at 15% AMI**	**Affordable at 30% AMI**	**Affordable at 40% AMI**	**Affordable at 50% AMI**	**Affordable at 80% AMI**	**Affordable at 100% AMI**
Service Area	3.2%	6.4%	10.4%	15.5%	50.2%	65.2%
Calvert	2.4%	6.4%	10.8%	16.7%	47.5%	64.1%
Charles	2.9%	5.9%	9.1%	13.0%	49.4%	65.7%
St. Mary's	4.4%	7.1%	11.8%	18.0%	49.4%	65.5%
Maryland	3.1%	6.8%	11.7%	18.4%	43.5%	61.2%
United States	3.6%	8.9%	14.5%	22.0%	45.9%	60.9%

*Table 82. Housing Affordability by Income*

Homelessness

Lack of stable housing or homelessness can have severe negative effects on health. Homeless individuals often struggle to access regular healthcare, proper nutrition, and hygiene facilities, leading to higher rates of infections, chronic diseases, and mental health disorders. The U.S. Department for Housing and Urban Development (HUD) defines homelessness according to two different classifications:

1) an individual resides in a place not meant for human habitation, such as a car, park, sidewalk, abandoned building, or on the street; or
2) an individual who resides in an emergency shelter or transitional housing for homeless persons who originally came from the streets or emergency shelters.

2023 Maryland BoS - Southern Maryland
Point In Time Count

322
Total number of individuals who were identified as experiencing homelessness on January 25, 2023

Unsheltered Count by County
95 Charles County
28 Calvert County
6 St. Mary's County

56% Men
43% Women
63% Black/African American
31% White
20% Chronically Homeless
3% Veterans
5% Youth, 18-24 years

40% Unsheltered
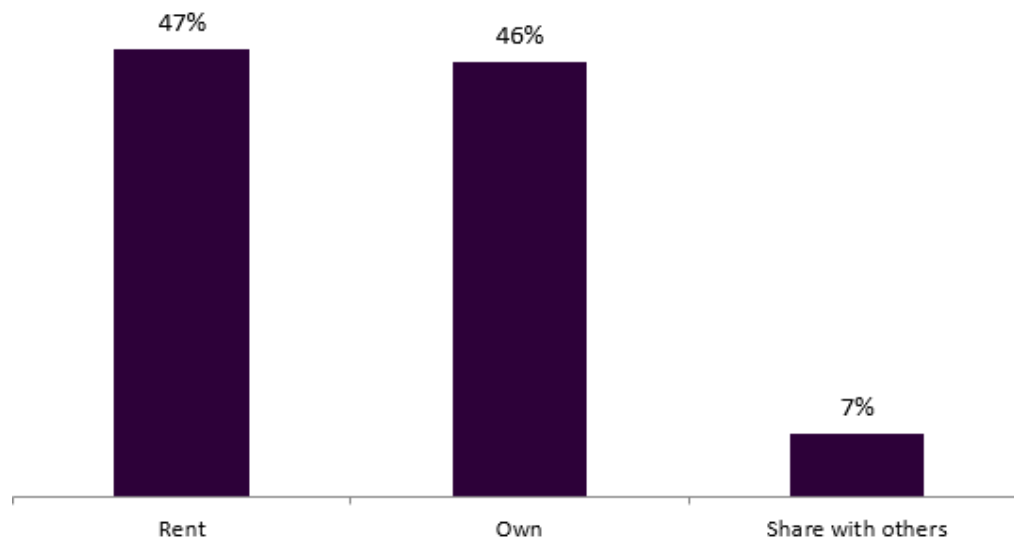55% Emergency Shelter
5% Transitional Housing

Housing Concerns and Characteristics of Survey Respondents

Survey Repondents' Type of Housing
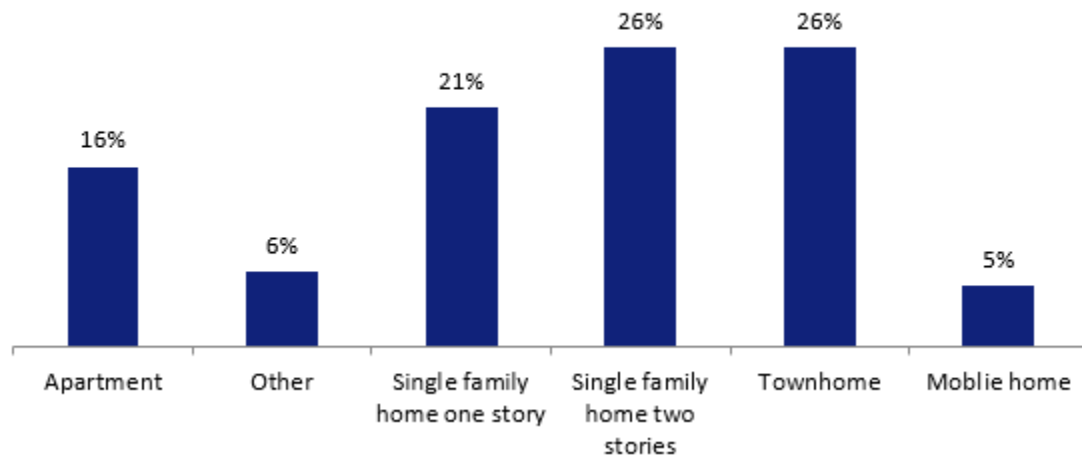
Primary Residence Status of Survey Respondents

Survey respondents were asked about their home energy needs and the following concerns were noted (in order of frequency indicated in the survey data): overcrowding (10% of respondents); general repairs (35% of respondents), family reduces energy consumption due to the cost of heat and air conditioning (31% of respondents), and 5% of respondents reported they have at some point experienced a loss of utilities. The housing needs and problems noted by community survey respondents in order of the frequency they were noted are: utility assistance, rental assistance, safe and affordable housing, programs to make homes energy efficient, programs to assist in the repair of homes and safe and affordable multi-family housing. Among those who rent that responded to the survey, 74% reported they would like to own their own home. Barriers

to homeownership included limited savings (51% of respondents), limited income (64% of respondents) and poor credit (47% of respondents).

Mobility

Individuals 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:
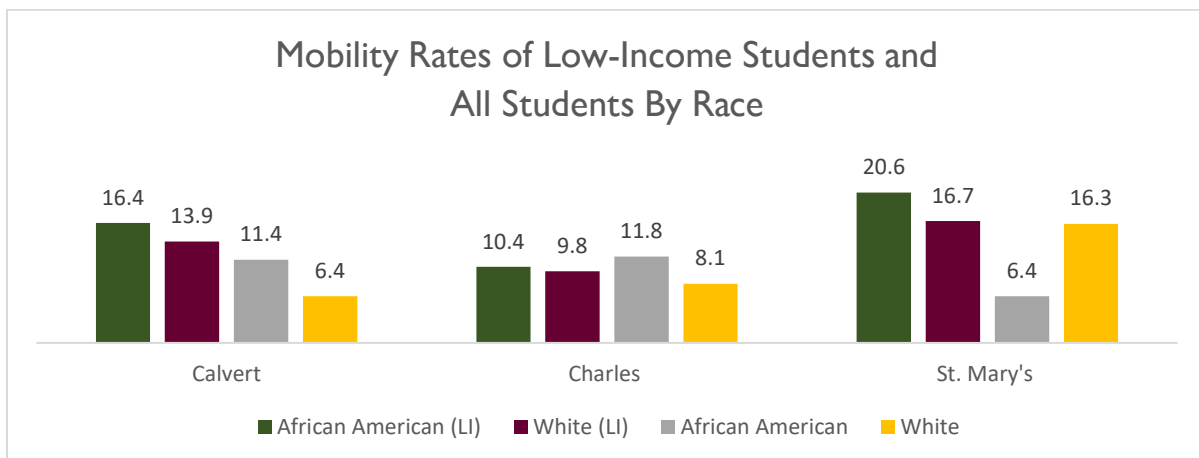
- Lower academic achievement,
- Behavior problems,
- Difficulty making friends, and
- Dropping out.

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 once during the school year. Research shows that economically disadvantaged children have the highest mobility rates of any group. The mobility rates of students varies by race. Additionally, the rate of mobility among students who receive free and reduced-priced lunch is higher than overall mobility rates.

Population In-Migration[37]						
Area	**African American**	**HI/PI**	**White**	**2 or more Races**	**Hispanic/Latino**	**Am. Ind/AK**
Calvert	11.4	16.9	6.4	8.7	11.3	22.2
Charles	11.8	11.0	8.1	10.2	16.9	22.6
St. Mary's	6.4	18.0	16.3	7.1	13.9	15.0

Table 83. Population In-Migration Rate by Race

Mobility Rates of Low-Income Students and All Students By Race

	Calvert	Charles	St. Mary's
African American (LI)	16.4	10.4	20.6
White (LI)	13.9	9.8	16.7
African American	11.4	11.8	6.4
White	6.4	8.1	16.3

Geographic mobility among adults is important for several reasons. Higher rates of geographic mobility can lead to better access to economic opportunities or signal that people are leaving the

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[37] United States Census Bureau 2021. *Geographical Mobility in the Past Year by Age for Current Residence in the United States, Table B07001.*
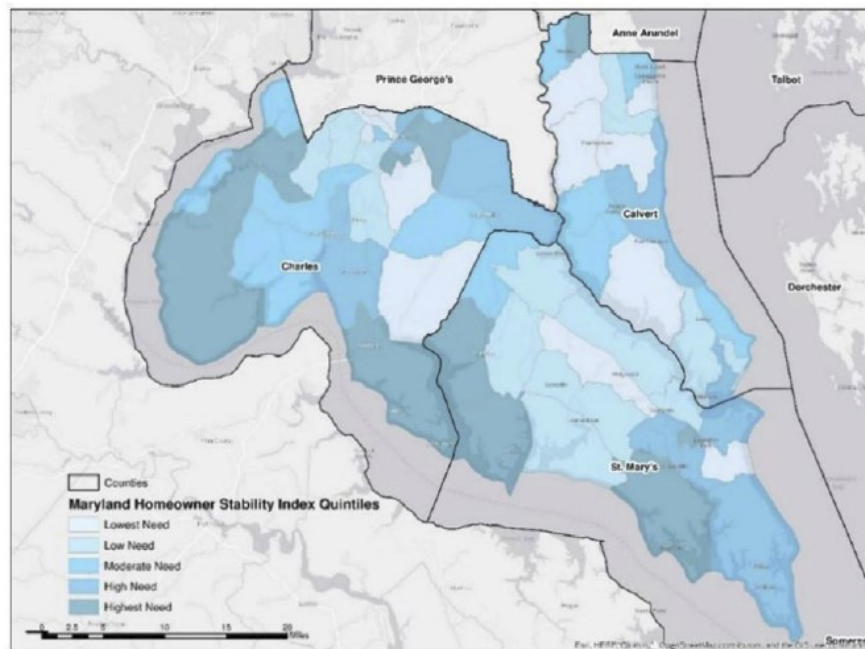
area in search of better opportunities. It can also improve the labor market as people whose job qualifications align with the opportunities available move into an area. Higher mobility rates can lead to increased cultural diversity and exchange as people from different backgrounds interact in new places. This can enrich communities and contribute to a broader understanding of various cultures. Additionally, high mobility rates can affect the planning and provision of social services and infrastructure, such as healthcare, education, transportation, and housing. Regions experiencing significant population shifts need to adapt their resources accordingly. The in-migration rate in the area is 10% for Calvert County, 12% for Charles County and 14% for St. Mary's County.

Population In-Migration			
Area	Population	# In-Migration	% In-Migration
Calvert	91,818	9,041	9.8%
Charles	163,467	19,036	11.6%
St. Mary's	111,920	15,222	13.6%

Table 84. Population In-Migration

Housing Needs of Residents

The Maryland Housing Needs Assessment and 10-Year Strategic Plan categorizes the needs of each county in the service area by identifying the types of needs that homeowners experience in each census tract in the county.

LOW/LOWEST NEED AREAS	MODERATE NEED AREAS	HIGH/HIGHEST NEED AREAS
• More housing stability • Fewer housing quality concerns • Low poverty and high household incomes • Tight housing market (high occupancy, high home prices) • Low shares of elderly adults and persons with disabilities	• The largest increase in home prices from 2000 to 2017 • Lower than average owner cost-burden rate • Older housing stock • Some residents with special housing needs	• High poverty and low household incomes • High cost-burden rate • High foreclosure and delinquency rates • High shares of elderly adults and persons with disabilities

Key Findings

Adequate housing provides a sense of security and safety. It protects individuals from violence, crime, and accidents. Unsafe neighborhoods or inadequate housing can lead to increased stress and fear, negatively affecting mental health. Access to suitable housing also promotes a sense of belonging and community engagement. People who have stable housing are more likely to establish connections with neighbors, schools, and local services, leading to a support network that positively influences mental and emotional well-being.

Policies and initiatives that focus on improving housing affordability, safety, and accessibility can have a significant positive impact on both individual and public health. Recognizing the intricate connection between housing and well-being is essential for creating healthier, happier communities. In the service area the following housing needs are prevalent:

Barriers in accessing homeownership – The costs of purchasing a home is high and has increased over the past decade at a rate faster than wages have risen. Home prices in Southern Maryland posted the second highest increase of any Maryland region between 2011 and 2017[35]. Additionally, because the median income in the area is higher than the poverty rate and due to the high cost of living in the service area, it is difficult for people to qualify for homeownership assistance programs. In addition, there are few programs to assist with issues such as meeting down payment and credit score requirements.

Barriers in accessing rental housing – Some tenants living in Southern Maryland face a series of barriers that make it more difficult to find and keep a rental home such as involvement with the criminal justice system; limited credit history; or delinquent utility payments.

Cost-burdened renters – There are a significant number of individuals that experience a rental or homeownership housing cost burden. Among renters, between 44% and 38% of all renters are cost-burdened and 21% are severely cost burdened. Between 29% (Charles) and 22% (St. Mary's) of homeowners experience a housing cost burden.

Lack of affordable housing – There are fewer affordable and assisted housing units available in all three counties in the service area when the rate of affordable and assisted housing units is compared to the rate per 10,000 residents for Maryland and the United States. Additionally, approximately 40% of all rental units are not affordable for individuals and families earning the median income in the service area counties.

Substandard conditions – Between 23% and 29% of all homes have at least one substandard condition. The homes in the service area

According to the Maryland Housing Needs Assessment and 10-Year Strategic plan. The primary strategies to resolve the housing challenges in the area include community-based and state initiatives to improve housing quality and affordability; providing support economic mobility initiatives; and expanding the scale of assistance to meet the needs of renters. The primary strategies to serve owners in the service area are to stabilize homeowners; revitalize existing homes; and to deconcentrate poverty.

Transportation & Communication

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. 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, there are no major interstate highways that can bring people into the area 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

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.

Means of Transportation to Work[38]					
Transportation	**Calvert**	**Charles**	**St. Mary's**	**Maryland**	**United States**
Total:	48,385	83,085	56,640	3,091,677	155,284,955
Car, truck, or van:	86%	84%	85%	77%	81%
Drove alone	92%	92%	92%	89%	90%
Carpooled:	8%	8%	8%	11%	10%
Public transportation	2%	5%	1%	6%	4%
Motorcycle	0%	0%	0%	0%	0%
Bicycle	0%	0%	0%	0%	0%
Walked	0%	0%	3%	19%	2%
Other means	2%	1.0%	2%	10%	1%
Worked at home	10%	10%	10%	11%	9.6%

Table 85. Means of Transportation to Work

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[38] United States Census Bureau (2021). *Means of Transportation to Work, Table B08301.*

Travel Time to Work

The travel time to work in the service area counties is reflective of the transportation system. Far more people travel more than 60 minutes to work in both Charles and Calvert Conty than found for Maryland or the United States. In St. Mary's County the greatest share of workers must travel between 10 and 34 minutes to work.

Travel Time to Work[39]					
	Calvert	**Charles**	**St. Mary's**	**Maryland**	**United States**
Total:	43,212	75,093	50,581	2,724,672	141,404,632
<10 minutes	7.1%	5.7%	8.7%	7.6%	12.7%
10 to 14 minutes	10.0%	7.9%	14.4%	9.4%	13.6%
15 to 19 minutes	9.2%	8.7%	16.1%	13.0%	15.3%
20 to 24 minutes	8.0%	6.2%	13.7%	12.8%	14.6%
25 to 29 minutes	4.1%	3.8%	6.6%	6.4%	6.4%
30 to 34 minutes	9.7%	10.4%	12.8%	15.0%	13.7%
35 to 44 minutes	9.1%	8.4%	6.0%	9.4%	6.8%
45 to 59 minutes	14.3%	15.2%	6.5%	12.0%	8.1%
60+ minutes	27.2%	33.6%	15.2%	14.7%	8.9%

Table 86. Travel Time to Work

Vehicle Ownership

The rate of vehicle ownership in the service area counties exceeds that of the population in Maryland and in the United States. Of community assessment survey respondents, 82% reported they have access to a car and 4% indicated they use a bus for transportation, the remaining 14% indicated they use Uber, family and friends or other transportation modes such as walking. Transportation needs cited by community assessment respondents was increased access to local transportation (58% of respondents) and additional transportation options for the general public (57% of respondents).

Vehicle Ownership[40]					
	Calvert	**Charles**	**St. Mary's**	**Maryland**	**United States**
Total:	48,362	82,776	4,088	3,068,421	152,891,752
No vehicle available	1.2%	1.4%	2.4%	4.0%	4.4%
1 vehicle available	8.3%	15.0%	14.8%	20.8%	20.9%
2 vehicles available	35.1%	39.3%	37.2%	40.0%	41.2%
3+ vehicles available	55.4%	44.2%	45.6%	35.2%	33.5%

Table 84. Vehicle Ownership

[39] United States Census Bureau (2021). *Means of Transportation to Work by Travel Time to Work, Table B08134.* Retrieved from https://factfinder.census.gov/.
[40] United States Census Bureau (2021). *Means of Transportation to Work by Vehicles Available, Table B08141.* Retrieved from https://factfinder.census.gov/.

Communication

The residents of the service area have access to the internet at a rate comparable to Maryland and the nation.

Computer and Internet Access[41]			
Area	**Total Population**	**Individuals with Computing Devices**	**Households with Internet Subscriptions**
Service Area	365,891	96.1%	92.8%
Calvert	91,973	97.2%	94.9%
Charles	163,465	96.0%	92.7%
St. Mary's	110,453	95.4%	91.2%
Maryland	6,010,454	96.8%	92.3%
United States	321,899,278	95.6%	89.9%

Table 88. Computer and Internet Access

Rate of Broadband Internet Coverage

- Over 98.0%
- 95.0 - 98.0%
- 90.0 - 94.9%
- 50.0 - 89.9%
- Under 50.0%
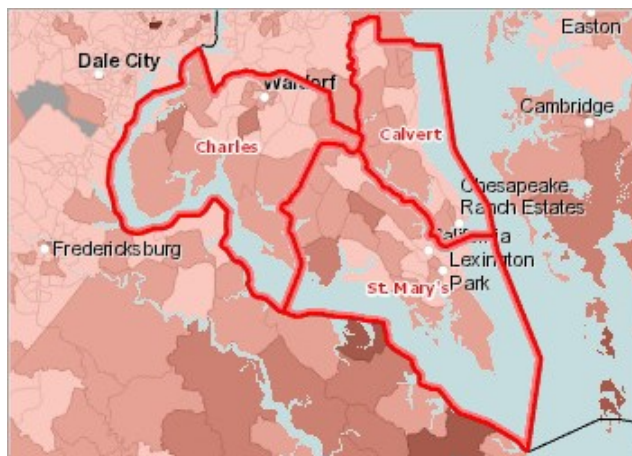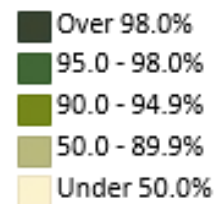
Households without Computer by Census Tract

- Over 35
- 25.1 - 35.0
- 15.1 - 25.0
- 5.1 - 15.0
- Under 5

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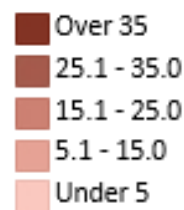
[41] United States Census Bureau (2021.). *Types of Computers and Internet Subscriptions, Table S2801.*

Key Findings

Transportation challenges can vary and are influenced by factors such as population growth, urban development, and infrastructure. Some of the general transportation challenges identified in the community assessment data and surveys in the area include:

Traffic congestion – Since the area does not have interstate highways, two lane roads are often the major commuter routes. These routes in-turn lead to population centers such as Washington D.C. The lack of commuter infrastructure has led to increased travel time for individuals to travel to work. In Calvert County over 17% of workers travel more than 60 minutes to work and in Charles County more than 33% of workers travel at more than 60 minutes to work, compared to just 15% of Maryland residents.

Limited public transportation - The area is composed of several small rural towns and public transportation is limited to the population centers. Additionally, bus routes, the travel time from one place to another and the cost of public transportation is a barrier for residents to work, obtain assistance, attend critical appointments and socialize.

Lack of alternative means of transportation – Several parts of the service area lack a pedestrian-friendly infrastructure. For example, sidewalks and bike lanes are not developed in many areas of the county. This discourages walking and cycling as viable transportation options.

Rural-Urban Interface - Charles County has both rural and urban areas. Balancing the transportation needs of these diverse regions can be a challenge, as rural areas may require different types of transportation infrastructure compared to urban centers.

Community survey respondents were asked about the cause of transportation needs in the community. The most frequently cited causes were the price of vehicles and lack of a driver's license, people not being able to afford insurance, lack of after-hours transportation, and a limited number of bus stops.

Suggestions for Addressing Community Causes and Conditions of Poverty

Addressing poverty will require multifaceted approaches that take into account both the rural and urban areas of Southern Maryland, as poverty exists in both types of communities, but manifests itself differently.

1. *Community Need Statement: Southern Maryland lacks access to asset building programs that support families in transcending poverty.* <u>Outcome Statement: Supplemental assistance programs will be accessible to those who need income support.</u> Strategy: Devise systems and strategies to help individuals enroll in basic assistance and other programs that they are eligible for and assist them in maintaining enrollment in social safety net programs.

   Both the community assessment data and survey respondents noted high levels of use of social safety net programs. Several trends also indicate that families and individuals that are income insecure are falling deeper into poverty. For example, data shows that food insecurity is increasing. Individuals completing the community assessment survey indicated they utilized both food pantries and food assistance programs. Community data indicates a high cost of living that is on the rise, including the cost of housing, which places home ownership out of reach for many individuals and families and creates housing insecurity. For example, community assessment respondents noted they paid bills late, including rent and utilities.

2. *Community Need Statement: Rates of substance abuse are high and the community lacks access to physical, oral and mental health services.* <u>Outcome Statement: Rates of substance abuse will decline and access to mental health services will increase.</u> Strategy: Address rising levels of substance abuse in communities using comprehensive approaches that involve multiple stakeholders.

   According to the Maryland Overdose Data Dashboard in just one year (March 2022 vs. March 2023) there has been a 44% increase in overdoses in Charles County, while Calvert County experienced at 29% decrease and St. Mary's County experienced a 5% decrease. Despite a decrease in overdoses, the emergency department visit rate per 10,000 members of the population in St. Mary's and Calvert County exceeds that of Charles County indicating a widespread problem. More babies are also born with neonatal abstinence syndrome than in prior years. Statewide data shows that there is an increased prevalence of neonatal abstinence syndrome in rural counties and among black/African American babies, two conditions that are present in the service area.

Strategies to respond to the substance abuse epidemic include providing prevention education expanding early intervention programs such as Early Head Start, promoting access to treatment and de-stimizing mental health services, establishing community support groups and advocating for policy changes where substance abuse is viewed as a disease and public health concern rather than an individual pathogen.

3. *Need Statement: Families, even those that do not have an income below poverty lack access to affordable housing.* <u>Outcome Statement: Families and other individuals will have access to affordable housing arrangements.</u> Strategy: Housing remains a high priority in supporting individuals and families and SMTCCAC will link people to housing support programs.

The community assessment data noted lack of affordable housing options, barriers to home ownership and the need for emergency assistance. The needs were exacerbated by the COVID-19 pandemic and the rising cost of housing. Gentrification is also forcing low-income residents to move to more rural and affordable parts of the service area which is causing displacement and resource shortages. Housing challenges impact specific cohorts of the population differently, for example seniors, individuals with disabilities, large families are disproportionately impacted. There is a need for increased multi-family housing that is of sufficient size. These challenge and problems were all concerns noted in community assessment survey data and in a review of community data. The needs are expected to escalate in the near future. To support additional housing programs, SMTCCAC can continue to expand housing programs and seek out innovative solutions such as supporting the expansion of tiny housing and accessory dwelling units or modular housing which can increase affordable housing more quickly than traditional solutions. Tenant education and advocacy programs such as providing legal aid to renters and championing organizing efforts can help empower individuals to collectively negotiate for better housing terms. The last solution is comprehensive programming in which SMTCCAC invests in supporting housing programs that combine housing with wraparound services such as mental health counseling, addiction treatment, and job training.

SOUTHERN MARYLAND TRI-COUNTY

COMMUNITY NEEDS ASSESSMENT

2023

CALVERT COUNTY

CHARLES COUNTY

ST. MARY'S COUNTY

PREPARED BY:

Heartland Solutions

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