2020
Community Assessment Update

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

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

Contents

Executive Summary

A review of the data for the service area shows that the population continues to experience the following common issues:

A high cost of living and stagnant poverty rates. The rates of poverty in the area have decreased slightly since the last community assessment was completed. However, the rates of poverty remain high among specific cohorts such as single-mothers, families with children, and individuals that are unemployed. Poverty rates decreased across the counties in the general population, but increased (by less than 1%) for children.

Senior poverty rates are below average but are elevated for senior women and seniors of color. Rates of senior poverty are still below the state and national average. However, when data is disaggregated by gender there is a disparity in poverty rates.

Educational attainment rates among individuals of color and achievement rates for low-income students and Black or African American students are diminished. The rate of educational attainment and student achievement have not significantly changed since the last community assessment. Racial-disparities in educational attainment and school readiness between whites and children of color remain persistent.

Maternal and child health outcomes remain poor and are worsening. Across factors such as the percent of babies born with a low birthweight, the rate of births to teens and access to prenatal care all counties have shown diminished health outcomes. It is particularly concerning because these factors are improving across the nation and for Maryland.

Housing insecurity remains driven by a high cost of living. The rate of substandard housing in the housing stock has slightly improved since the last community assessment, but not significantly. There has been no change in the stock of affordable housing, even though poverty rates among children are increasing. Rental prices have increased due to increases in income.

Food insecurity is not increasing but remains higher than for the national average and the state of Maryland. The rate of food insecurity for the combined service area is 30%, compared to 16% for Maryland. There is also concentrated areas of low-food access and limited access to transportation.

The COVID-19 Pandemic
The pandemic has laid bare the inequities in society. It is likely that individuals with a low-income and families with children will continue to be hit hardest and will feel the lasting impacts of the pandemic. Issues of concern include reduced employment rates, food insecurity, housing insecurity due to lack of work, breakdowns in the public service system and support network, and increasing educational disparities among children that are already disadvantaged. The unique challenges families and economically insecure individuals will face as a result of the pandemic are discussed further within specific sections of the community assessment such as poverty, education, health, nutrition, and housing. Additionally, due to the pandemic there were not updates to the child care data for the area or in regard to homelessness.

Based on the data and consistent trends in the community assessment the following suggested priorities remain:

Top Five Priority Community Needs
EMPLOYMENT OPPORTUNITES & EDUCATION

Employment and Education	The employment landscape poses challenges for individuals that do not have a college degree. An influx of the population has impacted opportunities for employment and overall job growth has not kept pace with population increases. The employment rate has declined less than 3% over the past five years, while the population has grown. Additionally, the rate of adults living in the area that have not attained at least a bachelor degree remains significant exceeding 70% of all residents. Workforce trends in each community indicates that there is a high-end job growth in professional and business services with a technology-intensive knowledge base foundation. There is also strong growth in service and retail professions, which are at the lower-end of the wage spectrum. It is anticipated that wage inequality will continue to grow if individuals in poverty are not able to improve their qualifications to extend into the professional fields.
	National Goal: Low income people become more self-sufficient (Goal 1). Partnerships among supporters and providers of service to low-income people are achieved (Goal 4). Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems (Goal 6).
	National Performance Indicator: NPI 1.1 – Employment NPI 1.2 – Employment Supports NPI 4.1 – Expanding Opportunities through Community-Wide Partnerships NPI 6.3 – Child and Family Development
	Services: Southern Maryland Job Source, community colleges, SMTCCAC programs
	Possible Causes: The population's struggle with improving their employment is rooted in low education levels that begin with a lack of school readiness, low standardized test scores in elementary school, and graduation from high school, but lack of completion of postsecondary programs that result in a bachelor degree or a career training program that is aligned with job growth in the area and pays a living wage. These struggles are combined with a lack of job growth to support the expanding population, which leads to limited options for upward mobility that impact residents, and lack of employment opportunities that are a viable pathway to financial security.
AFFORDABLE HOUSING AND UTILITIES ASSISTANCE	
Affordable Housing and Utilities	The need for utility assistance is demonstrated across a range of both qualitative and quantitative indicators. At the foundation of the struggle to afford housing costs and utilities are high rates of poverty and a higher than average cost of living. The income levels of individuals and households comprised of racial-ethnic minorities, seniors, and

Assistance	families and children falls well below that of the state average income. The cost of living in the service area is high and continues to rank 15th in the nation. There is a significant gap in affordable housing with the service area
	National Goal: Low-income people become more self-sufficient (Goal 1). The conditions in which low-income people live are improved (Goal 2). Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems (Goal 6).
	National Performance Indicator: NPI 1.3 – Economic Asset Enhancement and Utilization NPI 2.1 – Community Improvement and Revitalization NPI 2.2 – Community Quality of Life and Assets NPI 2.3 – Community Engagement NPI 6.1 – Independent Living NPI 6.2 – Emergency Assistance NPI 6.4 – Family Supports (Seniors, Disabled, Caregivers) NPI 6.5 – Service Counts
	Services: Referrals to SMTCCAC utility assistance services such as the Maryland Energy Assistance Program (MEAP) and the Utility Service Protection Program (USPPP) and the Electric Universal Service Program
	Possible Causes: Poverty is pervasive in the service area for some populations (single-female headed households, seniors, and in specific census tracts). Both quantitative and qualitative data indicates that individuals have a low-income, may be on a fixed income (elderly, disabled, Veterans), and that workers earn low wages. The lack of income makes it more difficult to secure the resources necessary to meet their basic needs, particularly when the high cost of living in the service area is considered. The affordable housing stock in the area is insufficient to meet the needs of the low-income population and other housing that is available for those earning a low-income is frequently aging or in disrepair which also increases the cost of utilities.
	AFFORDABLE CHILDCARE AND YOUTH PROGRAMS
Affordable Childcare and Youth Programs	The childcare data has not been updated due to the pandemic. However, there have been widespread closures of childcare programs and many have not re-opened which has exacerbated already critical shortages of affordable childcare. In all three counties the most pressing childcare issues are related to cost and accessibility. The waiting list for childcare subsidies in the area is extensive Charles County also has several areas within the county that do not have any providers at all.
	National Goal: The conditions in which low-income people live are improved (Goal 2). Agencies increase their capacity to achieve results (Goal 5). Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems (Goal 6).
	National Performance Indicator: NPI 2.2 – Community Quality of Life and Assets

	NPI 5.1 – Agency Development NPI 6.3 – Child and Family Development NPI 6.4 – Family Supports (Seniors, Disabled, and Caregivers)
	Services: Head Start/Early Head Start, public and private childcare programs
	Possible Causes: The cost of childcare is driven by many factors such as qualified staff, the costs associated with meeting childcare licensing requirements (ratios, facilities, meals, activities/materials), and aspects of childcare quality such as professional development and enriched environments. Unfortunately, the true cost of quality far exceeds the amount that families can afford to pay. These costs are most likely to come when parents are starting their career and when families are least likely to be able to afford them. As a result of unaffordable childcare costs many families rely on childcare subsidies or forego/limit their employment during their child's early years. Data indicates that the service area has high rate of parental employment and an insufficient number of childcare subsidies and affordable childcare options to meet the needs of the population.
TRANSPORTATION	
Transportation	Transportation is an issue relevant to the ability of the service area to grow economically as well as to support the ability of families to access resources. Transportation can be a major obstacle for low-income families in the service area due to limited public transportation resources that are either not available in all areas or do not meet the scheduling needs of families. Since the area is a peninsula, no major interstate highways and the bridges connecting Calvert, St. Mary's and Charles County are low capacity, two-lane structures. Transportation tissues include routes with few stops and long waiting times for buses to traverse the area. In all service area counties, less than 5% of the population lacks access to a vehicle which contributes to high rates of congestion along highways and roads.
	National Goal: The conditions in which low-income people live are improved (Goal 2). Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems (Goal 6).
	Indicator: NPI 2.1 – Community Improvement and Revitalization NPI 6.1 – Independent Living NPI 6.2 – Emergency Assistance NPI 6.4 – Family Supports (Seniors, Disabled, and Caregivers) NPI 6.5 – Service Counts
	Services: VanGo public transportation (Charles County), Charles County Department of Health (medical assistance transportation), Calvert County Public Transportation, St. Mary's County Health Department Medical Transportation Program; St. Mary's County Paratransit Service, St. Mary's Transit System
	Possible Causes: Southern Maryland, located southeast of Washington, D.C., is surrounded on three sides by the Chesapeake Bay and the Potomac River, and divided by the Patuxent River. The region is linked to the rest of Maryland and the Washington, D.C. metropolitan area through Prince George's and Anne Arundel Counties to the north and to Virginia to the south via a bridge across the Potomac

	River. Southern Maryland's unique geographic location limits its connections to the rest of Maryland.
	AFFORDABLE HEALTH CARE & SUBSTANCE ABUSE PROGRAMMING
Health Services & Substance Abuse Programs	The service area experiences a shortage of health resources and rural residents and racial-ethnic minorities experiences health disparities that contribute to lifelong disadvantages. Primary health and dental services are also more limited in the rural areas of the county. The service area provider ratio for dentists, physical health, and mental health providers is lower than found across the state.
	Substance abuse also is a pressing concern that continues to worsen. Similar to the upward trend in Maryland, the Southern Maryland counties are experiencing a dramatic increase is substance abuse and overdose deaths. At the same time as abuse is increasing, services are not expanding to meet increase needs for treatment.
	National Goals: The conditions in which low-income people live are improved (Goal 2). Partnerships among supporters and providers of services to low-income people are achieved (Goal 4). Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems (Goal 6).
	National Performance Indicator: NPI 2.1 – Community Improvement and Revitalization NPI 4.1 – Expanding Opportunities through Community-Wide Partnerships NPI 6.1 – Independent Living NPI 6.2 – Emergency Assistance NPI 6.3 – Child and Family Development NPI 6.4 – Family Supports (Seniors, Disabled, and Caregivers) NPI 6.5 – Service Counts
	Services: Southern Maryland Intergroup Alcoholics Anonymous, Calvert Alliance Against Substance Abuse, Jude House, Mental Health, Substance Abuse and Victims Advisory Council, St. Mary's County Alliance for Alcohol/Drug Abuse Prevention, Walden, The Carol M. Porto Treatment Center (Calvert Treatment Facility)
	Possible Causes: The service area primary care provider to low-income population ratio is higher than found for the state and does not meet the Healthy People 2030 Goals. Mental health care services are also impacted with a ratio exceeding the HP2030 benchmarks. The prevalence of health problems are compounded by other factors such as lack of access to nutrition, limited coordination of health services, lack of transportation access, and low health literacy. Increased rates of substance abuse are linked to mental illness, homelessness, and poverty.

Demographics and Information on the Population

 Head Start Program Performance Standard

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

Population Profile

A total of 366,724 people live in the 1,029.63 square mile service area. The population density for this area, estimated at 356 persons per square mile, is greater than the national average population density of 92 persons per square mile.[1] The population has grown from 352,482.

Data indicates that the service area has an uneven distribution of resources due to the location of the population and its rural and urban designation. This information has not changed significantly since the last community assessment.
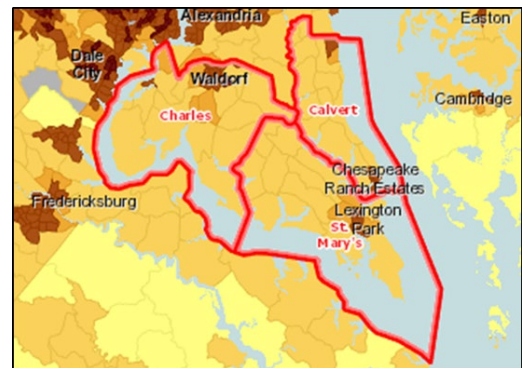
Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Service Area	366,724	1,029.63	356
Calvert County, MD	92,094	213.19	432
Charles County, MD	161,448	457.82	353
St. Mary's County, MD	113,182	358.62	316
Maryland	6,037,624	9,711.20	622
United States	326,569,308	3,533,038.14	92

Table 1. Total Population

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[1] Cares Engagement Network 2016-2020

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 (Calvert County), and an increase in housing prices in more urban areas and Washington D.C that drives families to rural and suburban locations where they can afford housing. Despite growth, transportation is low capacity. There are no major interstate highways connecting the region. Additionally, the bridges connecting the three counties and Virginia are two-lane structures that isolate the region, allowing for a more rural culture than in other parts of the state.

Population, Age, and Gender

According to the U.S. Census, the service area population is compared of 50% females and 49% males. This has not changed since the last community assessment. The largest age cohorts in the population have also remained the same. This includes adults aged 35-54 years, followed closely by children under 18 years[2]. Charles County has the largest percentage of the population in the service area comprised of seniors.

Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Service Area	21,614	65,914	31,995	47,322	46,472	54,631	50,362	48,414
Calvert County, MD	4,840	16,530	7,498	10,557	11,267	13,789	13,853	13,760
Charles County, MD	9,586	29,161	13,951	20,897	20,774	25,334	21,622	20,123
St. Mary's County, MD	7,188	20,223	10,546	15,868	14,431	15,508	14,887	14,531
Maryland	363,618	977,148	532,160	829,403	776,058	817,301	811,061	930,875
United States	19,650,192	53,646,546	30,435,736	45,485,165	41,346,677	41,540,736	42,101,439	52,362,817

Table 2. Population by Age
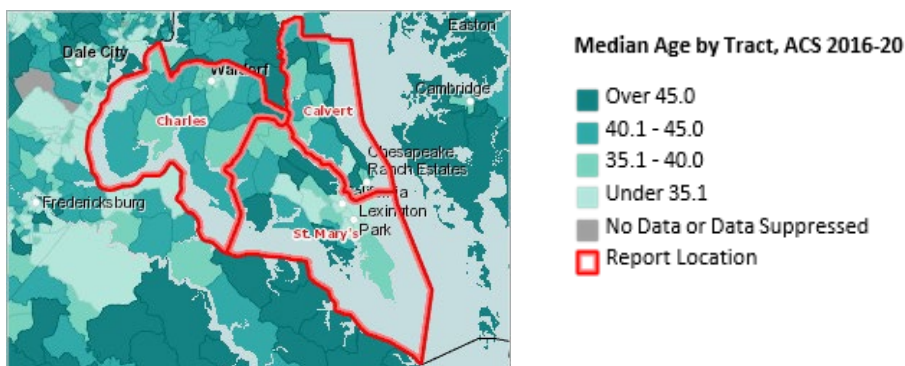
Figure 1. Median Age by Census Tract

The race of the population has changed slightly since the last community assessment as shown below

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[2] US Census Bureau, American Community Survey. 2016-2020. Source geography: 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+
Service Area	5.89%	17.97%	8.72%	12.90%	12.67%	14.90%	13.73%	13.20%
Calvert County, MD	5.26%	17.95%	8.14%	11.46%	12.23%	14.97%	15.04%	14.94%
Charles County, MD	5.94%	18.06%	8.64%	12.94%	12.87%	15.69%	13.39%	12.46%
St. Mary's County, MD	6.35%	17.87%	9.32%	14.02%	12.75%	13.70%	13.15%	12.84%
Maryland	6.02%	16.18%	8.81%	13.74%	12.85%	13.54%	13.43%	15.42%
United States	6.02%	16.43%	9.32%	13.93%	12.66%	12.72%	12.89%	16.03%

Table 3. Population By Age

The most predominant racial groups in the service area as a whole are whites who comprise 63% of the population compared to 66.5% of the total population in 2015-2019 and black or African Americans who make up 29% of the population compared to 26% of the population in the last community assessment.

When race is disaggregated by county, the county with the most diverse population is still Charles which proportionately has more black or African American residents and fewer white residents than neighboring counties. Calvert still is the least diverse county with more whites and fewer residents that are black or of other races represented in the population composition.
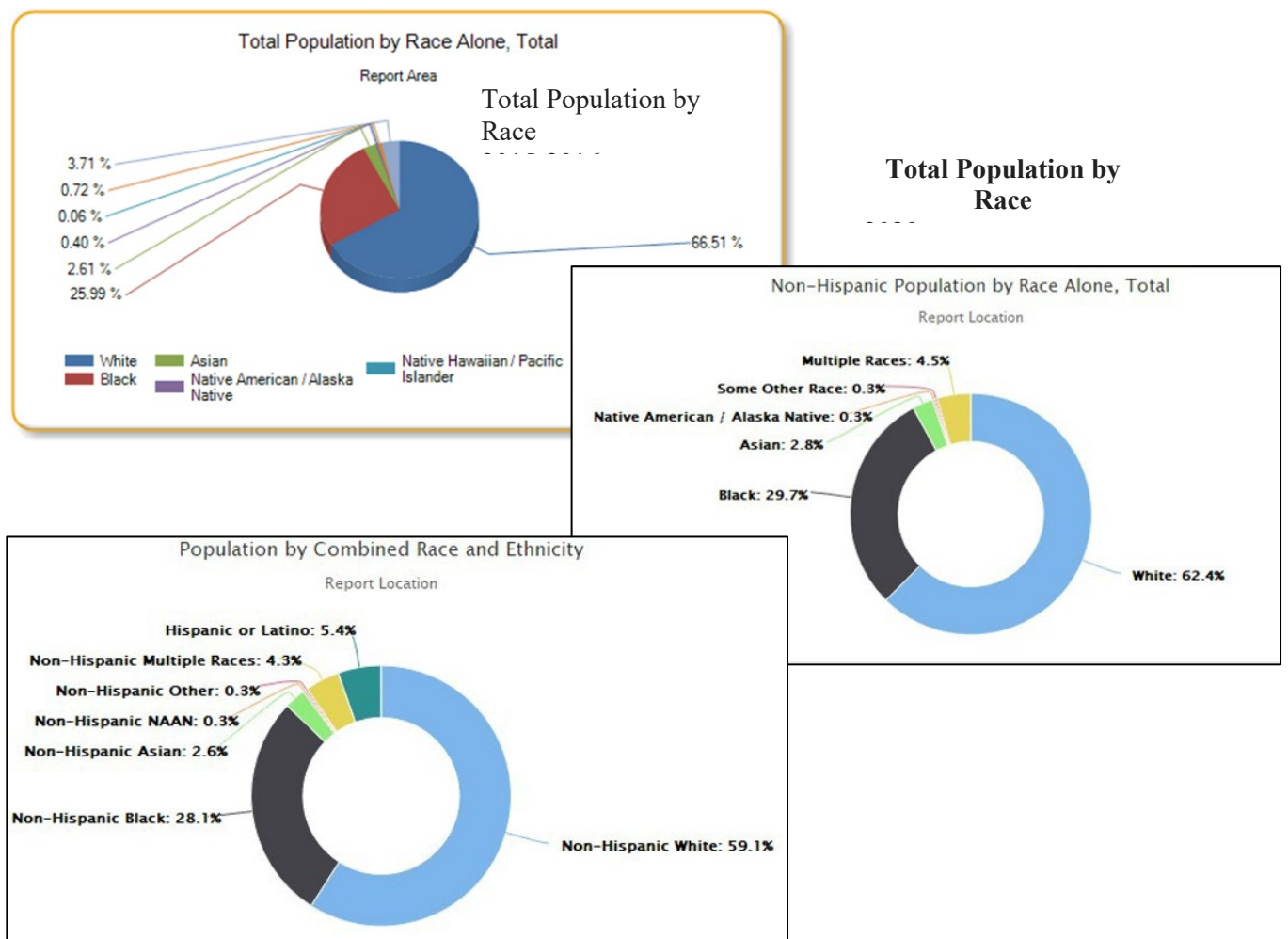
Figure 2. Racial-Ethnicity Demographics

Area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Service Area	62.17%	28.47%	2.65%	0.34%	0.03%	0.98%	5.37%
Calvert County, MD	80.34%	12.44%	1.90%	0.17%	0.05%	0.57%	4.54%
Charles County, MD	41.63%	47.44%	3.12%	0.64%	0.02%	1.19%	5.96%
St. Mary's County, MD	76.67%	14.44%	2.59%	0.06%	0.02%	1.01%	5.20%
Maryland	54.24%	29.86%	6.37%	0.26%	0.04%	4.73%	4.49%
United States	70.42%	12.62%	5.64%	0.82%	0.19%	5.14%	5.17%

Table 4. Population by Race
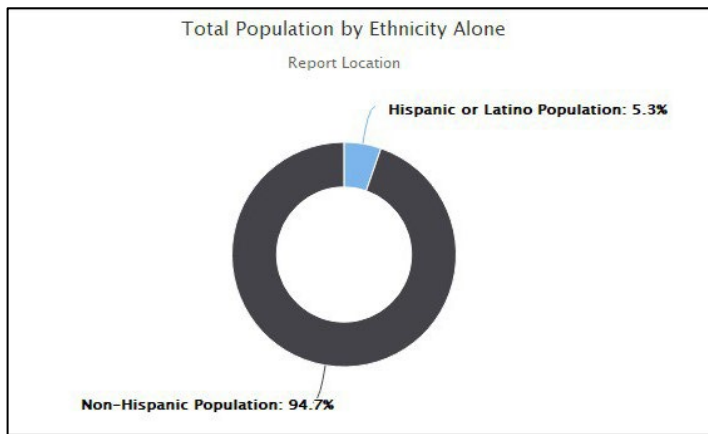
Figure 3. Population by Ethnicity

Total Population Change, 2010-2020

According to the United States Census Bureau Decennial Census, between 2010 and 2020 the population in the report area grew by 32,736 persons, a change of 9.62%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources. This represents a slowing of growth since the last community assessment.
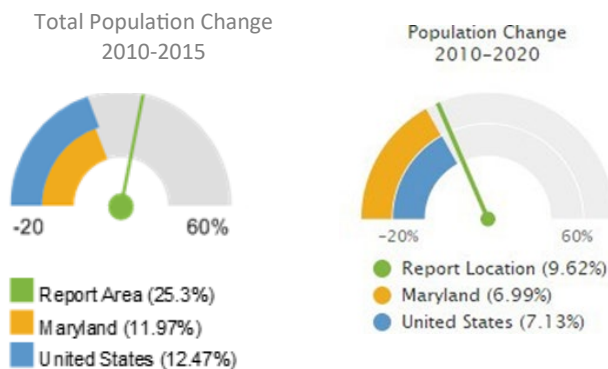
Figure 4. Population Change 2010-2020

Distribution of the Population

■ Over 10.0%	(dark green)
■ 5.1 - 10.0%	(green)
■ 2.1 - 5.0%	(light green)
■ Under 2.1%	(yellow)

Distribution of Black/African American Population
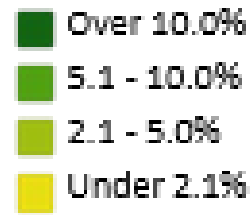
The distribution of the population has not changed since the last community assessment.
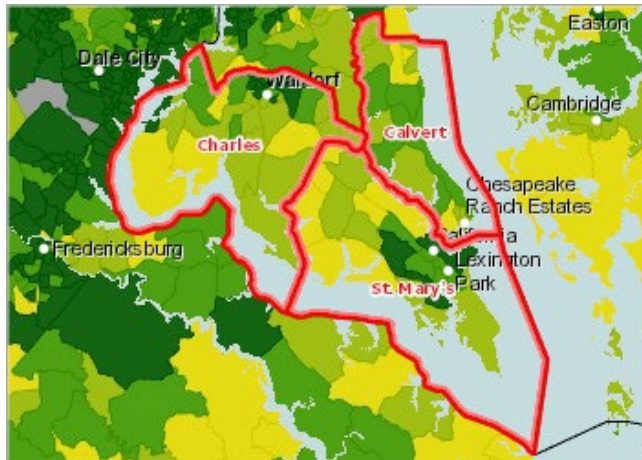
Distribution of Hispanic/Latino Population

■ 100% Urban Population	
■ 90.1 - 99.9%	
■ 50.1 - 90.0%	
■ Under 50.1%	
■ No Urban Population	
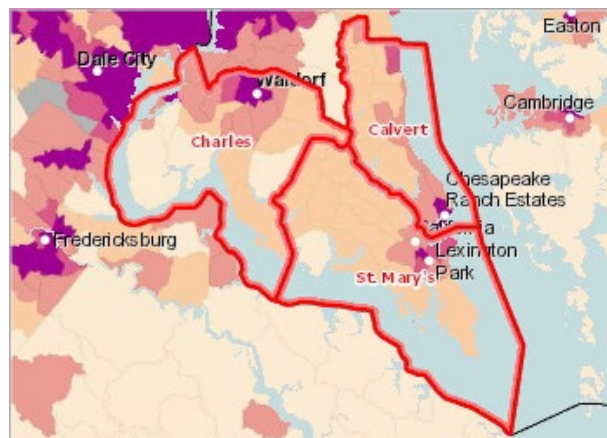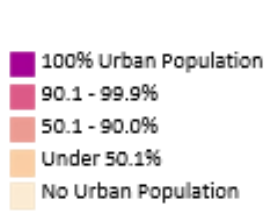
Distribution of Rural / Urban Population

Figure 5. Distribution of the Population

Key Findings

The demographic trends that impact the service area have not changed significantly since the last community assessment.
- 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 representing 27% of the population, followed closely by children under 18 years which represent 23% of the population. Young adults aged 18-34 years comprise 21% of the population and seniors comprise 26% of the population in the service area. Children under four years comprise just under 6% of the total population, a 1% decrease since the last community assessment.
- The most predominant racial groups in the service area are whites which comprise 62% of the total population and black or African Americans which make up 28% of the population. In regard to ethnicity, 95% of the population is non-Hispanic. Since the last community assessment, the population of whites in the population has decreased slightly indicating the population is growing more diverse.
- When race is disaggregated by county Charles has the most diverse population with proportionately more black or African American residents and fewer white residents than neighboring counties. Calvert is the least diverse county with more whites and fewer residents that are black or African American or individuals of other races represented in the population.

Family Demographics

Family Composition

The U.S. Census Bureau reports that there are approximately 96,046 family households in the service area compared to 89,897 family households in the service area during the last community assessment[3]. When data is examined by household type, family households in Charles County comprise 73% of all households, families comprise 75% of all households in St. Mary's County, and 75% of the service area households in Calvert County. The greatest rates of households with children are found among married-couple families. There is also a significant number of female-householders in each county with children. The largest number of single-mothers live in Charles County. These trends have not changed significantly since the last community assessment.

Area	Total Households	Total Family Households	Families with Children (Age 0-17)	Families with Children (Age 0-17), Percent of Total Households
Service Area	131,226	96,046	48,085	36.64%
Calvert County, MD	32,558	24,547	11,416	35.06%
Charles County, MD	57,388	42,022	21,614	37.66%
St. Mary's County, MD	41,280	29,477	15,055	36.47%
Maryland	2,230,527	1,479,378	701,984	31.47%
United States	122,354,219	79,849,830	37,257,337	30.45%

Table 5. Overview of Households

The percent of households with children has increased by less than 1% in all service area counties since the last community assessment.
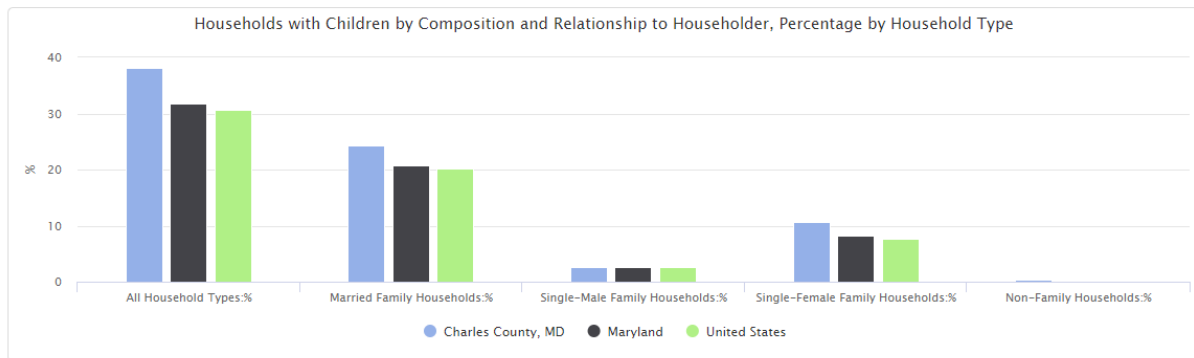
Figure 6. Households with Children by Householder Marital Status

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[3] U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates; Table S1101.

Households with Children by Composition and Relationship to Householder, Percentage by Household Type

St. Mary's County, MD ● Maryland ● United States

Households with Children by Composition and Relationship to Householder, Percentage by Household Type

Calvert County, MD ● Maryland ● United States
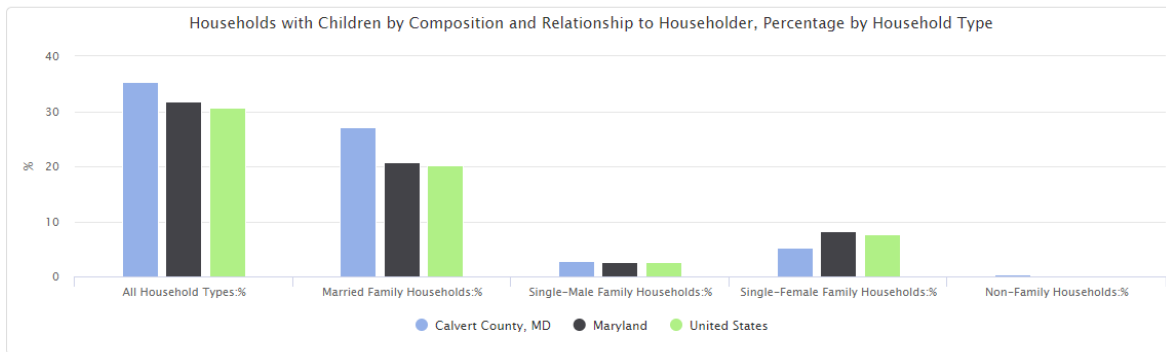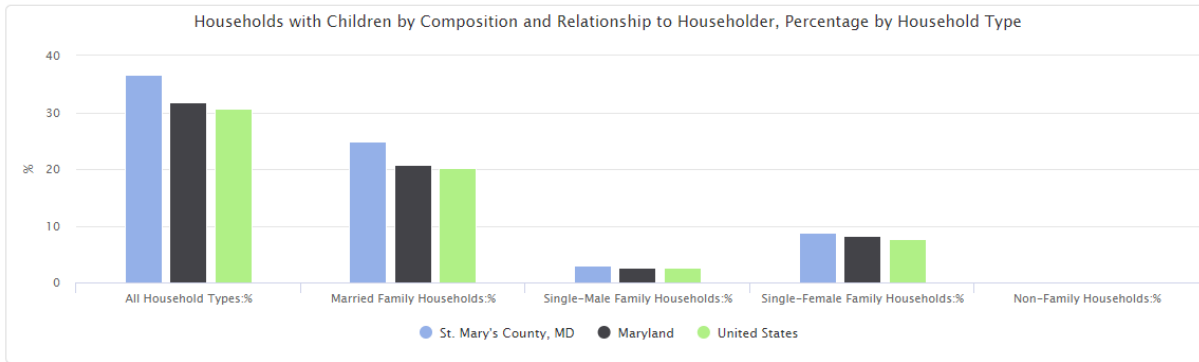
Area	All Household Types	Married Family Households	Single-Male Family Households	Single-Female Family Households	Non-Family Households
Calvert County, MD	35.36%	27.02%	2.76%	5.29%	0.30%
Charles County, MD	38.05%	24.38%	2.70%	10.58%	0.39%
St. Mary's County, MD	6.71%	24.86%	2.90%	8.71%	0.24%
Maryland	31.74%	20.68%	2.62%	8.17%	0.27%
United States	30.73%	20.10%	2.68%	7.67%	0.28%

Table 6. Composition of Households with Children

Since the last community assessment there has been a slight increase in the number of single-parent families in all parts of the service area. However, the percent of families comprised of single-parent families has not changed significantly.

Area	Under 3-Years[4]		3 and 4-Year Olds	
	Married Family Households	Single-Parent	Married Family Households	Single-Parent
Calvert County, MD	1,651	1,090	1,358	663
Charles County, MD	3,756	725	2,434	741
St. Mary's County, MD	2,299	794	2,620	413
Service Area	7,706	2,609	6,412	1817

Table 7. Family Type of Children Under Five Years

Head Start Children and Families

The following data reflects the demographics of children and families enrolled in Charles County HS in regard to family type. The number of children in single-parent families has increased 5% since the last community assessment. In total, 16% of HS children live in a family with two-parents and 84% live in a single-parent family. A greater percent of children in HS live in single-parent families than children in Charles County that live in single-parent families.

Head Start Enrollment Data[5]	
Total Number of Families	118
Number of Two Parent Families	19 (16%)
Number of Single Parent Families	99 (84%)

Table 8. Head Start Enrollment by Family Status

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[4] U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates; Table B09002.
[5] Southern Maryland Tri-County Community Action Committee Program Information Report (2019).

Population Age 0-4 Years

Of the estimated 366,724 total population in the report area, an estimated 21,614 are children under the age of 5, representing 5.89% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates.

Area	Total Population	Population Age 0-4	%Population Age 0-4
Service Area	366,724	21,614	5.89%
Calvert County, MD	92,094	4,840	5.26%
Charles County, MD	161,448	9,586	5.94%
St. Mary's County, MD	113,182	7,188	6.35%
Maryland	6,037,624	363,618	6.02%
United States	326,569,308	19,650,192	6.02%

Table 9. Population Aged 0-4 Years
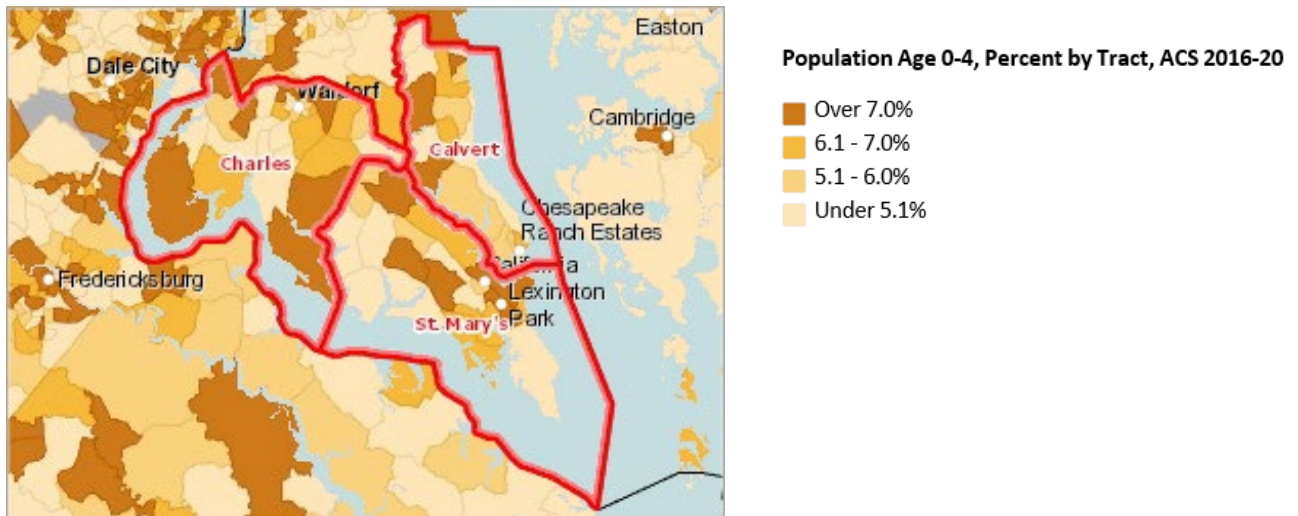
Figure 7. Population 0-4 by Census Tract

Head Start & Early Head Start Eligible Children

Head Start and Early Head Start Eligibles					
Area	# of Children Under 3[6]	# of Children Aged 3 & 4	Poverty Rate for Children Under 5[7]	EHS Eligibles	HS Eligibles	Annual Births to Women in Poverty[8]
Calvert County	2,980	2,098	20%	546	385	84
Charles County	5,077	3,852	10%	507	385	237
St. Mary's County	3,691	3,343	10%	369	334	237
Total	11,748	9,293		1,422	1,104	558

Table 10. Head Start and Early Head Start Eligibles

Race and Ethnicity of Children in Poverty

The race and ethnicity of children in poverty is aligned with the enrollment composition of HS and EHS Families. As shown in the data, black/African American children are overrepresented among children in poverty. This trend has not changed since the last community assessment[9].
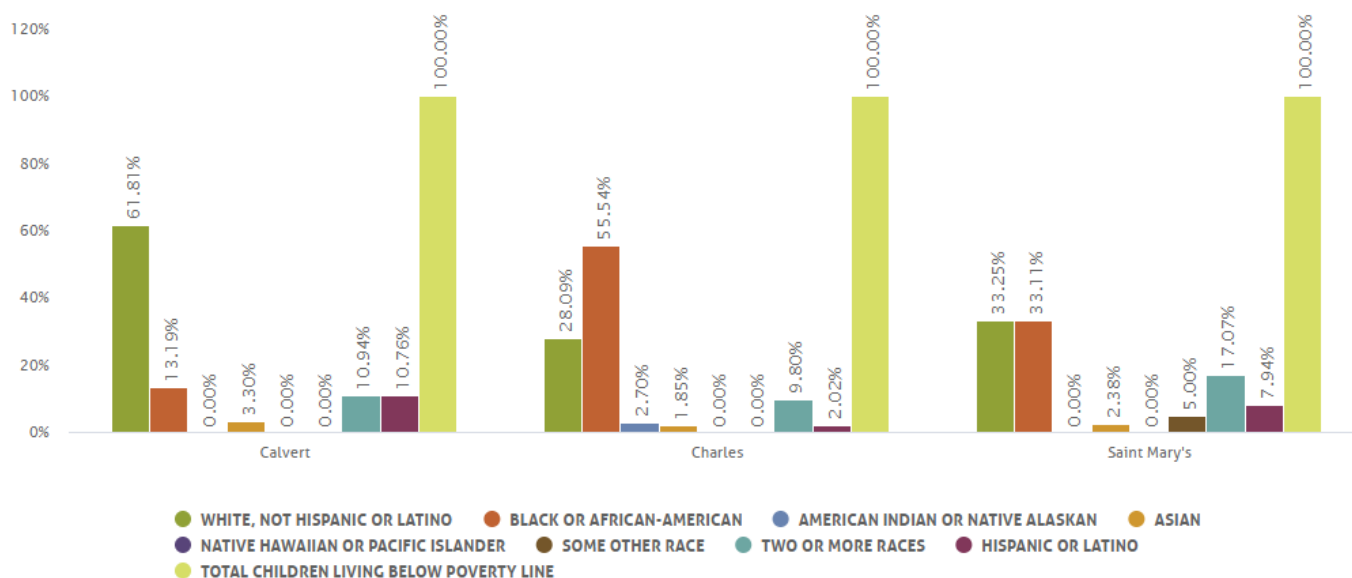
Figure 8. Race and Ethnicity of Head Start and Early Head Start Eligibles

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[6] U.S. Census Bureau, 2019-2020 American Community Survey 5-Year Estimates; Table B09001.

[7] U.S. Census Bureau, 2019-2020 American Community Survey 5-Year Estimates; Table S1701.

[8] U.S. Census Bureau, 2019-2020 American Community Survey 5-Year Estimates; Table S1301.

[9] Annie E. Casey Foundation Kids Count Data Center 2019.

Head Start Enrollment by Racial - Ethnicity
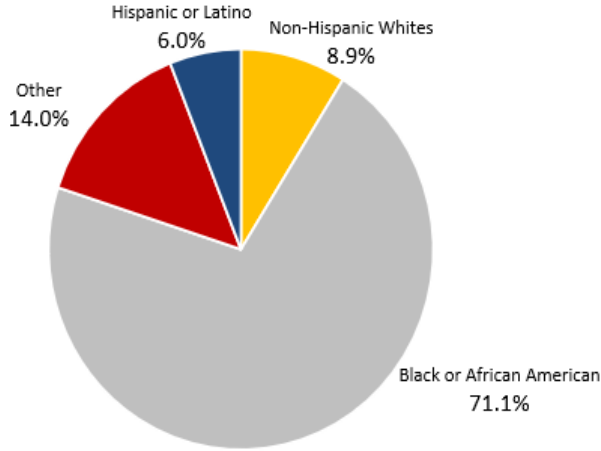
When compared to the last community assessment the population of HS children has continued to diversify. There are fewer whites and children of other races and a slight increase in black/African American Children enrolled in HS/EHS. According to the PIR, three children were English Language learners, speaking Spanish at home.

2019 Head Start Enrollment by Racial - Ethnicity
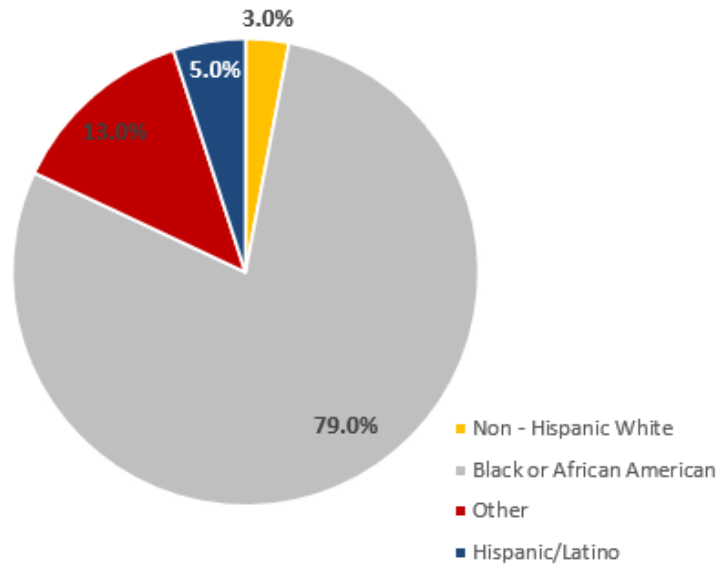
Figure 9. Head Start Enrollment by Race Ethnicity Comparison

Dual Language Learners

The languages spoken by HS and EHS children continue to be English and Spanish. Within the service area, 3% of the population has limited English proficiency.

Population with Limited English Proficiency by Census Tract - 2019

Over 4.0%
2.1 - 4.0%
1.1 - 2.0%
Under 1.1%
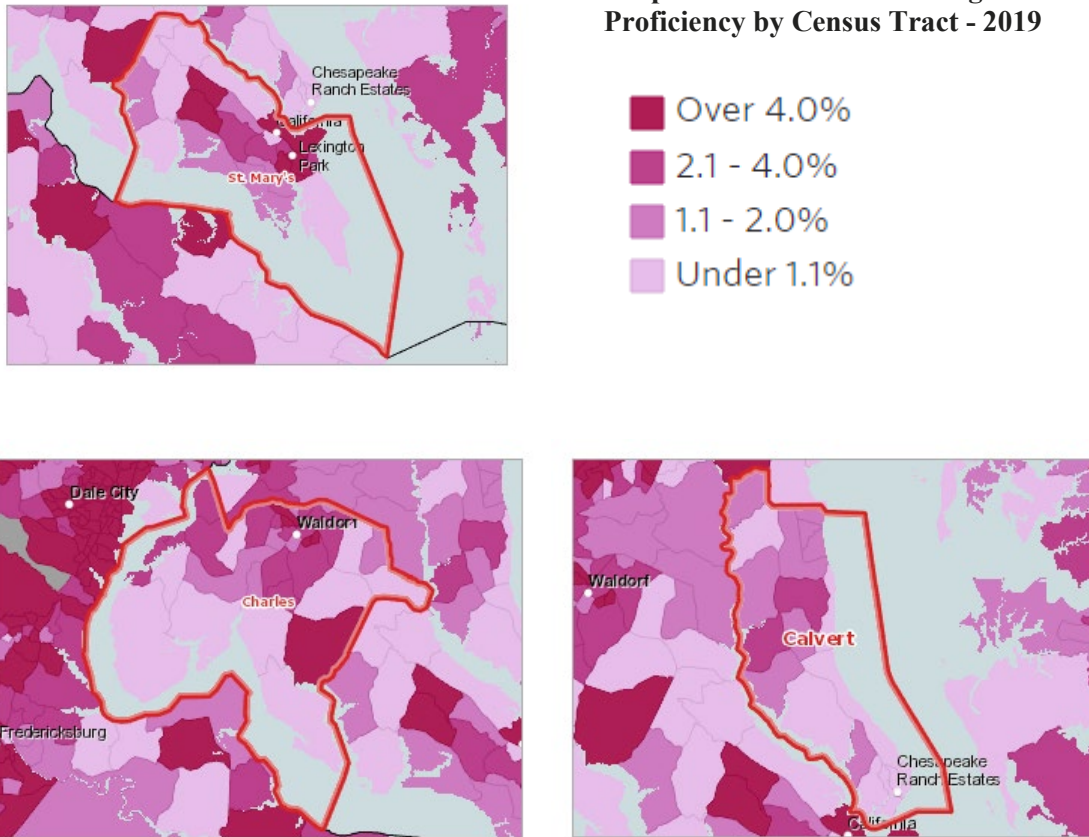
Figure 10. Percent of Population with Limited English Proficiency by Census Tract

In total, there are 31 infants and toddlers that are dual language learners eligible for EHS and 26 children in poverty that are dual language learners eligible for Head Start. When compared to the last community assessment, there is one fewer child eligible for EHS and 4 additional children eligible for HS that are dual language learners[10].

Dual Language Learners Eligible for Head Start and Early Head Start					
Area	Total % children 0-4 years LEP	0-3 yrs. EHS Eligible	# EHS DLLs	3 and 4 yrs. HS Eligible	# HS DLLs
Calvert	1%	546	5	385	4
Charles	3%	507	15	385	12
St. Mary's	3%	369	11	334	10

Table 11. Dual Language Learners Eligible for HS/EHS

[10] U.S. Census Bureau American Fact Finder (2019). Table S1601

Children in Foster Care Eligible for Head Start & Early Head Start

Based on the most recent report by the U.S. Administration for Children and Families, there are 13% of the foster care population in Maryland is comprised of infants and toddlers and 27% is comprised of children aged 3 and 4 years. Based on the number of children in foster care in Calvert County (89), 12 were eligible for EHS and 24 were eligible for HS. In Charles County there are 307 children in foster care of which 40 were age-eligible for EHS and 83 were eligible for Head Start. In St. Mary's County there were 72 children in foster care of which 10 were eligible for EHS and 19 were eligible for HS[11]. During the 2020 program year, SMTCCAC served 2 foster children.

Homeless Children Eligible for Head Start & Early Head Start

Based on a total homeless population of 1,063[12] and a rate of 39% of the homeless population comprised of children under five years, it is estimated there are 414 homeless children eligible for Head Start in the service area. This is a slight non-significant reduction since the last community assessment. During the 2020 program year, SMTCCAC Head Start served 7 homeless children.

Children with Disabilities Eligible for Head Start & Early Head Start

Based on the representation of children with disabilities in the population (10%) it is estimated there are 29 children with disabilities eligible for EHS and 20 children eligible for HS in Calvert County; 50 children eligible for EHS and 38 children eligible for HS with a disability in Charles County and 36 children eligible for EHS and 33 children with a disability eligible for HS in St. Mary's County.

Head Start Enrollment of Children with Disabilities	
Number of children with and IEP	5 (6%)
Number of children determined eligible prior to enrollment	5
Number of children determined eligible during enrollment year	0

Table 12. Head Start Enrollment of Children with Disabilities

🔍 Key Findings

There has been a slight increase in the number of infants and toddlers eligible for EHS and a decrease in the number of children eligible for HS. In total, there are 1,142 children eligible for EHS and 1,104 children eligible for HS in the service area. There has been no significant change in the number of children from targeted populations eligible for HS/EHS.

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[11] Maryland Child Welfare Data Snapshot, January - 2020

[12] Maryland Department of Human Resources (2019) Annual Report on Homelessness.

Poverty

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

Head Start Program Performance Standard

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

Poverty Rate

The poverty rate change in the report area from 2010 to 2020 is shown below. According to the U.S. Census, the poverty rate for the area increased by 0.24%, compared to a national change of -3.4%, which is non-significant.

Area	Persons in Poverty 2010	Poverty Rate 2010	Persons in Poverty 2020	Poverty Rate 2020	Change in Poverty Rate 2010-2020
Service Area	22,213	6.60%	25,037	6.84%	**0.24%**
Calvert County, MD	5,432	6.2%	4,911	5.3%	-0.9%
Charles County, MD	9,077	6.2%	11,956	7.4%	1.2%
St. Mary's County, MD	7,704	7.5%	8,170	7.3%	-0.2%
Maryland	559,937	9.9%	533,561	9.0%	-0.9%
United States	46,215,956	15.3%	38,371,394	11.9%	-3.4%[13]

Table 13. Poverty Rate Change 2010-2020

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[13] Cares Engagement Network 2016-2020
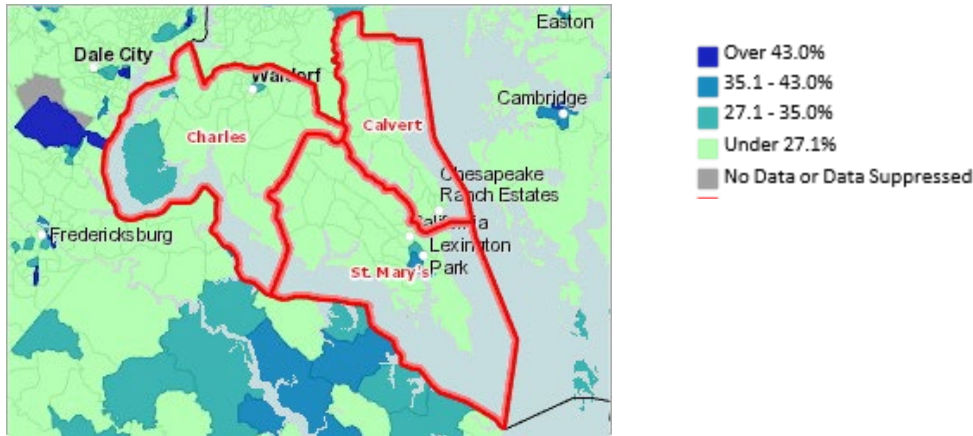
Figure 11Population below 185% of Poverty

Population Below 100% Federal Poverty Level (FPL)

Since the last community assessment was completed the poverty rate changed less than 1% dropping from 7.2% in the service area to 6.5%. In Calvert County, the same trend was observed, and the poverty rate changed slightly from 5.9% to 4.3%. In Charles County, the poverty rate dropped from 7.1% to 6.75% and in St. Mary's County, the poverty rate dropped less than 1% remaining at 9% of all residents.

Report Area	Total Population	Population in Poverty	Population in Poverty, Percent
Service Area	360,804	23,602	**6.54%**
Calvert County, MD	91,429	4,002	4.38%
Charles County, MD	159,247	10,755	6.75%
St. Mary's County, MD	110,128	8,845	8.03%
Maryland	5,894,835	531,553	9.02%
United States	318,564,128	40,910,326	12.84%

Table 14. Population Below Poverty

Poverty by Race and Family Status

There were no significant changes to the percentage of population in poverty by gender, which remained at 7% for females and 6% for males. The percentage of the population in poverty by ethnicity shows a improvement in the percent of black/African American's among the population in poverty. For example, black/African American's make up 12% of the population in Calvert County, 45% of the population in Charles County and 14% of the population in St. Mary's County. Of the population in poverty, they make up 8% of the population in Calvert County, 7% of the population in poverty in Charles County, and 17% of the population in poverty in St. Mary's County. Female householders remain most likely to be in poverty. The rate of overall poverty for female-householders remains higher than the state and nation.

Percent of Poverty Female Householder

● Report Location (60.3%)
● Maryland (57.9%)
● United States (52.3%)

Among seniors, the poverty rate remained at 3% in Calvert County, 8% in Charles County and 9% in St. Mary's County which is less than the national rates and higher /comparable to Maryland's rate of senior poverty (8%).
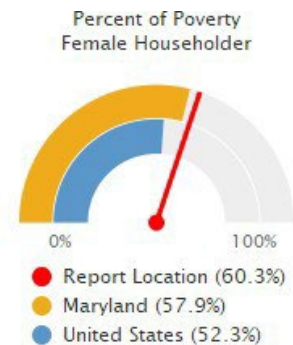
Area	Total Families	Families in Poverty Total	Families in Poverty Married Couples	Families in Poverty Male Householder	Families in Poverty Female Householder
Service Area	96,046	4,560	1,427	384	2,749
Calvert County, MD	24,547	700	220	93	387
Charles County, MD	42,022	1,888	661	142	1,085
St. Mary's County, MD	29,477	1,972	546	149	1,277
Maryland	1,479,378	87,881	28,485	8,547	50,849
United States	79,849,830	7,245,704	2,684,272	768,434	3,792,998

Table 15. Poverty by Family Type
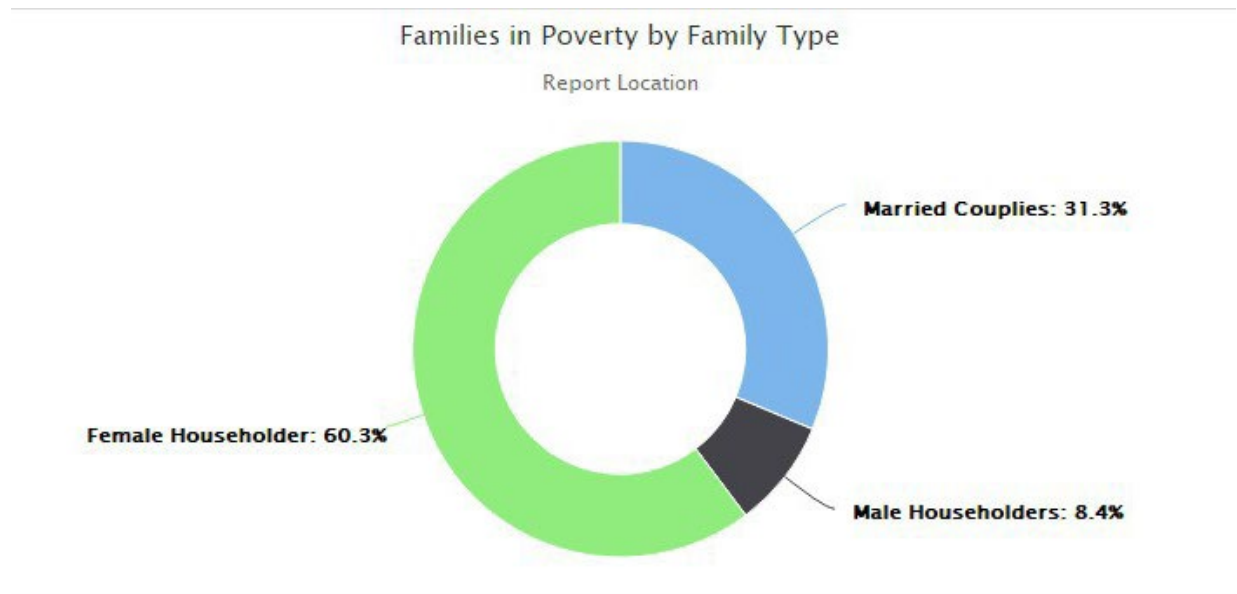
Figure 12. Families in Poverty by Type

There is no changes to the percent of children eligible for free and reduced-priced lunch. Due to the COVID-19 pandemic data has not been updated.

Child Poverty Rate

Population and poverty estimates for children age 0-17 are shown for the report area. According to the American Community Survey 5 year data, an average of 8.2% percent of children lived in a state of poverty during the survey calendar year. The poverty rate for children living in the report area is less than

the national average of 17.5%. Since the last community assessment the poverty rate for children in all service area counties has decreased by less than 2%.

Report Area	Ages 0-17 Total Population	Ages 0-17 In Poverty	Ages 0-17 Poverty Rate
Service Area	86,456	7,127	**8.2%**
Calvert County, MD	21,176	906	4.3%
Charles County, MD	38,276	3,491	9.1%
St. Mary's County, MD	27,004	2,730	10.1%
Maryland	1,319,572	153,356	11.6%
United States	72,065,774	12,598,699	17.5%

Table 16. Child Poverty Rate

Key Findings

There have been no significant changes in the poverty trends in the area since the last community assessment. The poverty rates have decreased by less than 1% overall and less than 2% for specific cohorts of the population such as children, females/males, seniors, and for families.

Living in poverty and racial disparities make the population more vulnerable. It is well known that those in poverty are not only more likely to catch diseases, but they are more likely to die from them as well and suffer loss of income as the result of quarantines. Families that are living in poverty will sink further into poverty as the result of job loss and increased expenses. Currently, 11% of the national population has an income below the federal poverty threshold and an additional 16% of families earn under 200% of the federal poverty threshold. Approximately 5% of families earn less than 50% of the federal poverty threshold placing them in extreme poverty. Among children the poverty rate is 13.5%.

Lacking the financial resources to prepare and protect against COVID-19 means that individuals will face a higher risk of contracting—and subsequently spreading—the virus. The shut-down of resources in the community such as health departments, schools, aid offices, and transportation systems will also have a downstream impact on poor families that are more dependent on these services than their middle-income peers. Additionally, low-income individuals are less likely to have general practitioners. Since a doctor's order is currently needed in order to obtain a COVID-19 test, low-income families are more likely to lack accesses to tests, which will contribute to a higher rate of virus spread among families and individuals they come into contact with. The COVID-19 pandemic has not caused these problems, but it is highlighting the deficits in the public safety net. The pandemic also warrants viewing poverty and race as a social determinant of health. Among individuals in poverty, 21% are Hispanic/Latino, 24.2% are black/African American and 11.6% are white. This data indicates that based on the racial/ethnic composition of the general population, these groups are disproportionately living in poverty and will make up a larger share of those impacted by the virus.

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.

As shown below, there has been no significant changes in the percent of people that lack a high-school diploma in the service area since the last community assessment.

Population with No HS Diploma 2018

Percent Population Age 25 with No High School Diploma

- Service Area (7.9%)
- Maryland (10.6%)
- United States (13.3%)

Population with No HS Diploma 2019

Percent Population with No High School Diploma

- Report Location (7.2%)
- Maryland (9.44%)
- United States (11.47%)
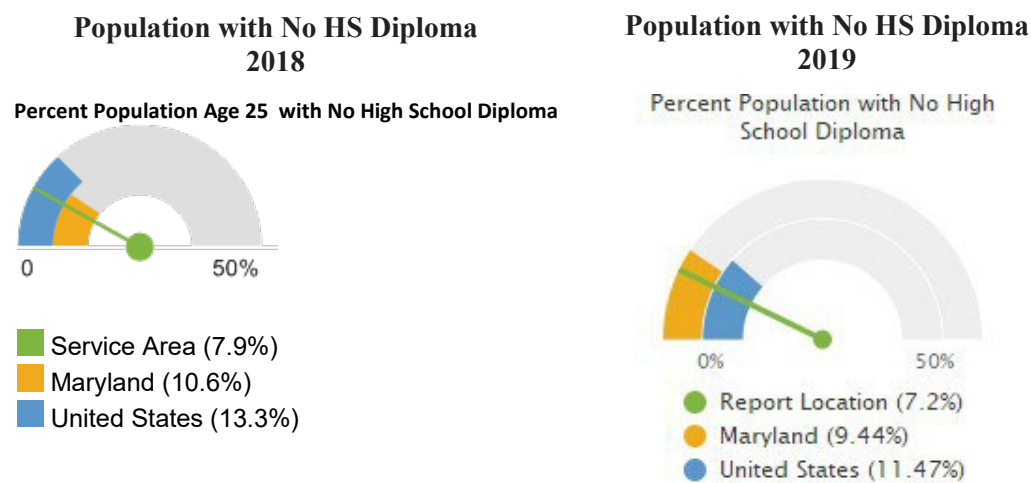
Educational Attainment

Area	No High[14] School Diploma	High School Only	Some College	Associates Degree	Bachelors Degree	Graduate or Professional Degree
Service Area	**7.2%**	30.4%	22.3%	8.4%	18.2%	13.5%
Calvert County, MD	5.72%	29.1%	22.8%	8.2%	18.7%	15.5%
Charles County, MD	6.44%	31.1%	24.0%	8.5%	17.6%	12.4%
St. Mary's County, MD	9.64%	30.5%	19.4%	8.4%	18.6%	13.5%
Maryland	9.44%	24.2%	18.7%	6.8%	21.8%	19.1%
United States	11.47%	26.7%	20.3%	8.6%	20.2%	12.7%

Table 17. Educational Attainment

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[14] Cares Engagement Network 2016-2019

Educational Attainment

	< High School Diploma	High School Diploma	Some College	AA Degree	BA Degree	Grad Degree
Maryland	11%	26%	20%	6%	21%	17%
St. Mary's	10%	32%	21%	5%	19%	13%
Calvert	8%	32%	25%	8%	17%	10%
Charles	6%	32%	25%	7%	17%	12%
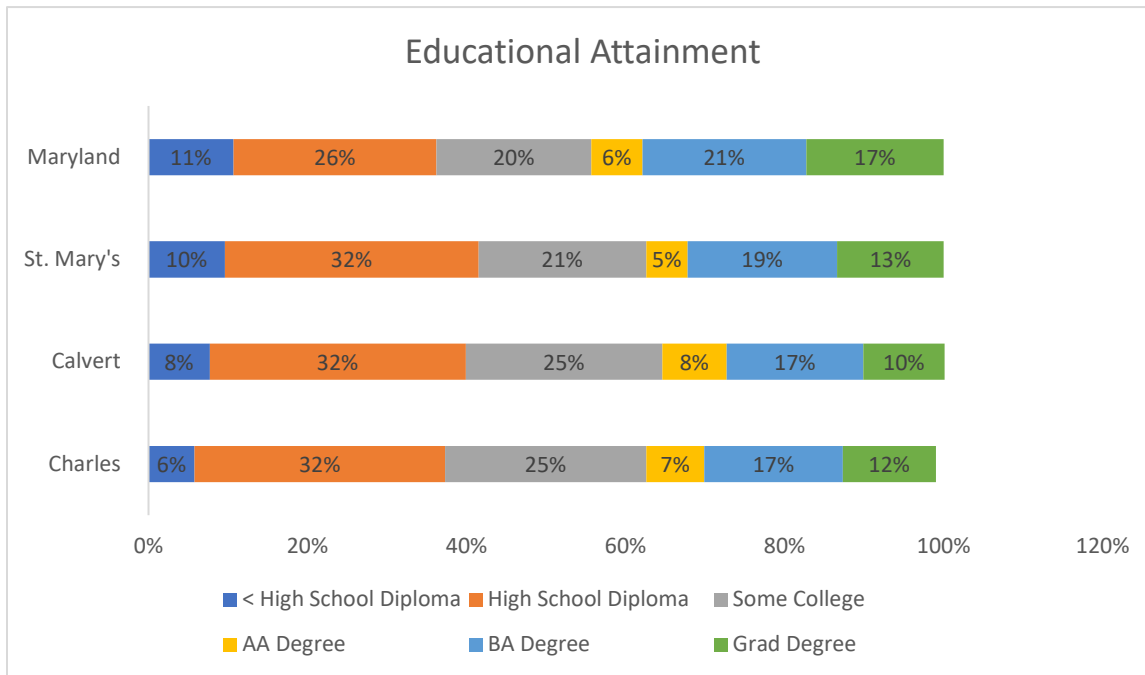
Data on race and educational attainment shows that 17% of black/African American's do not have a high school diploma in St. Mary's County compared to just 8% of whites. In Charles County the rate is comparable at 6% of both whites and black/African Americans not having a high school diploma. In Calvert County, 14% of black/African Americans do not have a high school diploma compared to 4% of whites.

Disparity in Kindergarten Achievement

There is a disparity in kindergarten achievement in Charles County in which there is a 28% point gap in the percent of white and Hispanic children that are ready for school. In St. Mary's County there is a 10.5% gap between whites and Hispanic children that are ready for school. The disparity has widened 2% since the last community assessment.

Key Findings

There have been no significant changes in the rates of educational attainment in the area among residents (less than 1% for all indicators since the last community assessment). There still remains a racial disparity in educational attainment. The achievement gap is the trend that low-income students and students of color on average, score lower than their more privileged peers. It is likely that school closings as a result of the COVID-19 pandemic will exacerbate the already persistent gap, with more significant impacts on vulnerable students, particularly those that are English language learners, have disabilities or those who are homeless. Many children and families also lack access to the basic tools they need to continue their education at home. According to a 2019 analysis by the Associated Press, 18% of students nationwide lack broadband internet access. Low-income families and families of color are especially likely to be without these resources, according to the report. In rural areas, families are more likely to lack access to broadband internet and many families in poverty do not have access to computers or internet service. Lack of access will lock-out children from their right to an equal education and will widen inequalities.

Beyond the digital divide, children are also in the position of trying to complete their schoolwork in spaces that may be small or shared with other family members, which contributes to distraction and the lack of ability to complete their assignments. Also, the trauma and uncertainty experienced by children as they cope with family crisis undermines learning. Distance learning also requires parent supervision, engagement, and support. Not every parent is able to provide that support due to work obligations, the need to care for multiple children, or lack of the skills and knowledge needed to facilitate children's learning. There are also language barriers that further impede parent's ability to help children with their schoolwork. Lastly, distance learning resources vary in quality and distance learning may not be interactive or appropriate for all learners. The closure of preschool and child care programs will also result in additional children that are not school-ready.

Employment

Unemployment

Labor force, employment, and unemployment data for each county in the service area is provided in the table below. Overall, the service area experienced an average 4.4% unemployment rate in June 2017, compared to a rate of 2.9% for 2019-2020 in Calvert County, 2.3% in Charles County, and 2.1% in St. Mary's County. Calvert County has the highest rate of unemployment while last community assessment period, St. Mary's County had the highest rate of unemployment, but it was only slightly higher than the other counties. The service area rate of unemployment was lower than the rate found at the state (3%) and across the nation (4%) for the same time[15].
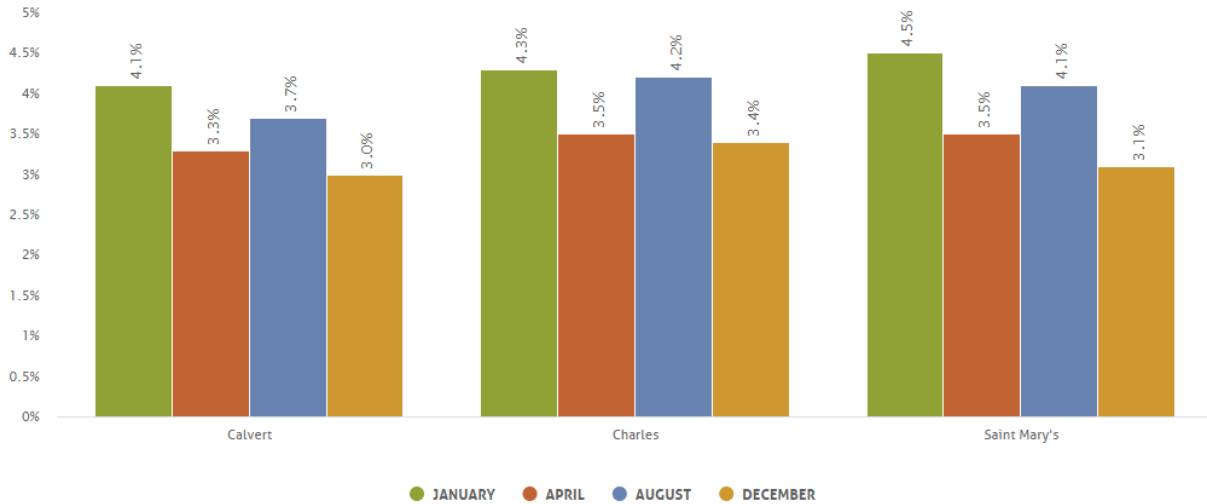
Figure 13. 2018 Unemployment Rates by County
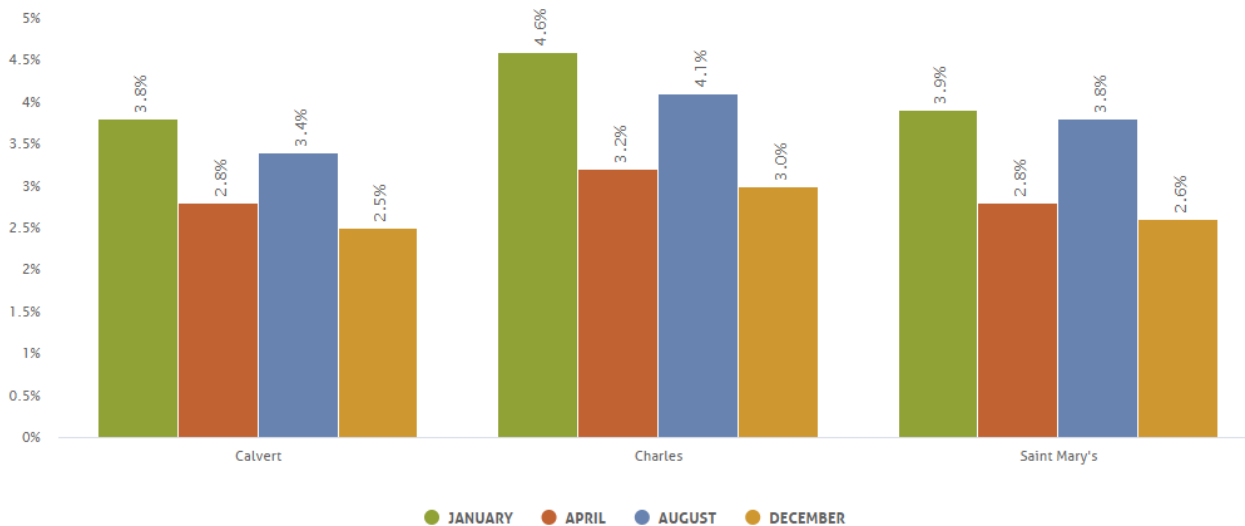
Figure 14. 2019 Employment Rates by County

Area	November 2018	November 2019
Service Area	3.0%	3.1%
Calvert County, MD	2.8%	2.8%
Charles County, MD	3.1%	3.4%
St. Mary's County, MD	3.0%	3.0%

Table 18. Annual Change in Unemployment Rate

Despite promising data related to unemployment, specific segments of the population still experience higher rates of unemployment than other segments. This includes: parents in families with children under six years, 72% are in the labor force in St. Mary's County, 68% in Charles County, and 75% in Calvert county have all parents in the labor force[15].

Head Start Family Employment

As shown in the table that follows there are very few Head Start families that have all parents working. The percent of parents that are not working is higher than in the prior community assessment.

SMTCCAC Head Start Parent Employment Data		
Parent Status	Head Start	Percent
Two-parent families	16	14%
Both parents/guardians employed	0	0%
One parent/guardian employed	3	19%
Both parents/guardians are not working	13	81%
Parent is in job training	0	0%
Single-parent families	95	85%
Parent/guardian is employed	27	28%
Parent/guardian is not working	68	72%
Parent in Job Training	5	5%

🔍 Key Findings

There have been no significant changes in the rates of employment in the service area. The rate slightly decreased, by less than 1% between 2018 and 2019. There is a significant percent of parents that are not working in the Head Start program that exceeds the percentage from the last community assessment.

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[15] U.S. Census Bureau American Fact Finder (2019). Table DP03

Unemployment is anticipated to become more of concern due to the COVID-19 pandemic. Just two weeks into the pandemic the population working in high-touch and service environments are already experiencing record rates of unemployment from which it will be hard to recover. Many of the families 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 the jobs lost are also in the retail and hospitality sector where employers schedule work hours unpredictably.

Health

Health Outcomes

In the service area there continues to be a racial disparity in health outcomes. It is likely this disparity will be exacerbated due to the COVID-19 pandemic. However, this data has not yet been reported in public databases. The following data details changes in the health status of the population between 2017 and 2020.

Health Indicators 2017					
Indicator		**Calvert**	**Charles**	**St. Mary's**	**Maryland**
Quality of Life					
Poor or fair health		11%	12%	13%	13%
Poor physical health days		2.7	2.9	3.1	3.5
Poor mental health days		3.2	3.0	3.3	3.4
Health Factors					
Smoking		14%	14%	14%	15%
Adult Obesity		30%	36%	32%	29%
Food environment index		8.9	8.1	8.8	8.2
Teen births		17	22	23	25
Clinical Care					
Uninsured Adults		6%	6%	6%	9%
Primary Care Physician Ratio		1,810:1	2,420:1	2,570:1	1,130:1
Dentists Ratio		2,260:1	1,430:1	2,030:1	1,360:1
Mental Health Providers		580:1	980:1	890:1	490:1
Social and Economic Factors					
Some College		68%	67%	69%	69%
Income Inequality		3.6	3.7	3.9	4.5
Social Associations		7.0	6.2	6.9	8.9
Violent Crime		130	374	231	465
Physical Environment					
Air Pollution		8.9	9.2	8.5	9.5
Severe Housing Problems		14%	14%	13%	17%

Table 19. Health Indicators 2017

The following table allows for a comparison of health factors from 2018. The red text indicates factors that have worsened since the last community assessment. The service area access to health services worsened in the area of primary care. This is of concern due to the pandemic.

Health Indicators 2019					
Indicator		**Calvert**	**Charles**	**St. Mary's**	**Maryland**
Quality of Life					
Poor or fair health		11%	13%	11%	14%
Poor physical health days		2.9	3.1	3.0	3.1
Poor mental health days		3.3	3.5	3.2	3.5
Health Factors					
Smoking		14%	14%	14%	15%
Adult Obesity		31%	36%	36%	30%
Food environment index		9.1	8.3	8.9	9.1
Teen births		12	17	17	19
Clinical Care					
Uninsured Adults		4%	5%	6%	7%
Primary Care Physician Ratio		1,940:1	2,460:1	2,680:1	1,140:1
Dentists Ratio		2,030:1	1,380:1	1,940:1	1,300:1
Mental Health Providers		540:1	700:1	940:1	430:1
Social and Economic Factors					
Some College		68%	67%	69%	69%
Income Inequality		3.4	3.8	4.0	4.5
Social Associations		6.9	6.1	6.8	9.0
Violent Crime		150	357	221	459
Physical Environment					
Air Pollution		9.3	9.3	9.0	9.6
Severe Housing Problems		13%	15%	12%	17%

Table 20. Health Indicators 2019

Prenatal Care and Birth Outcomes
Since the last community assessment birth outcomes have worsened across all factors as shown in the following charts.
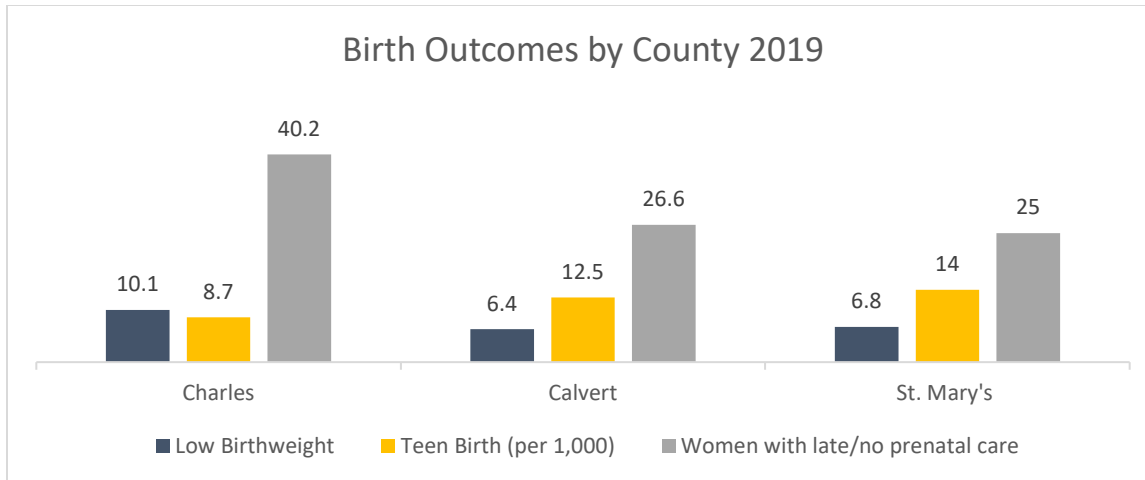
Figure 15. Births Outcomes 2019
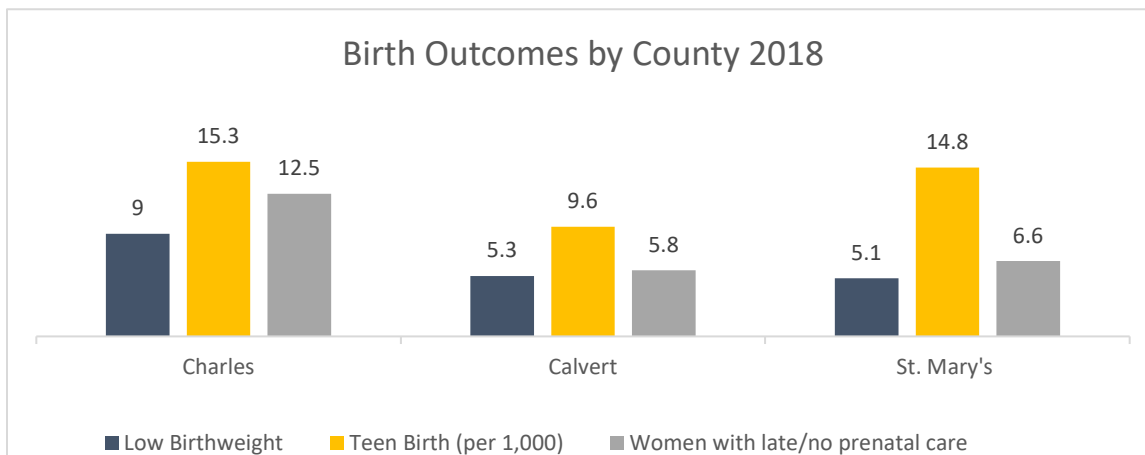
Figure 16. Birth Outcomes 2018

Infant Mortality

The rate of infant mortality in the area is slightly higher than the rate for Maryland. This trend is the same as in the last community assessment. The data for infant deaths by race has not been updated[16].

Area	Number of Infant Deaths	Deaths per 1,000 Live Births
Service Area	180	**6.2**
Calvert County, MD	32	5.0
Charles County, MD	93	7.2
St. Mary's County, MD	55	5.7
Maryland	3,144	6.3

Table 21. Infant Mortality

[16] University of Wisconsin Population Health Institute, County Health Rankings. 2014-2020. Source geography: County

Insurance Status

As shown in the following table the rate of insurance has changed by less than 1% across all counties in the service area since 2018.

Report Area	2011	2012	2013	2014	2015	2016	2017	2018	2019
Report Location	10.6%	10.4%	10.1%	7.3%	5.6%	5.7%	5.5%	5.5%	5.5%
Calvert County, MD	9.50%	9.70%	9.60%	6.80%	5.30%	4.80%	4.60%	4.40%	5.00%
Charles County, MD	10.90%	10.60%	10.10%	7.30%	5.60%	5.80%	5.80%	5.50%	5.40%
St. Mary's County, MD	11.20%	10.60%	10.60%	7.80%	5.90%	6.30%	5.90%	6.30%	6.10%
Maryland	14.60%	14.60%	14.30%	11.00%	8.80%	8.40%	8.30%	8.30%	8.30%
United States	21.11%	20.76%	20.44%	16.37%	13.21%	12.08%	12.25%	12.45%	12.84%

Table 22. Insurance Status

Mental Health and Substance Abuse

The data collected for mental health and substance abuse has not been updated since the last community assessment. However, the data below illustrates the prevalence of mental health and substance abuse conditions among Medicare beneficiaries.

Area	Medicare Beneficiaries	Beneficiaries with Mental Health and Substance Use Conditions, Percent[17]
Service Area	50,973	**31%**
Calvert County, MD	14,466	32%
Charles County, MD	21,186	29%
St. Mary's County, MD	15,321	33%
Maryland	920,001	33%
United States	57,235,207	33%

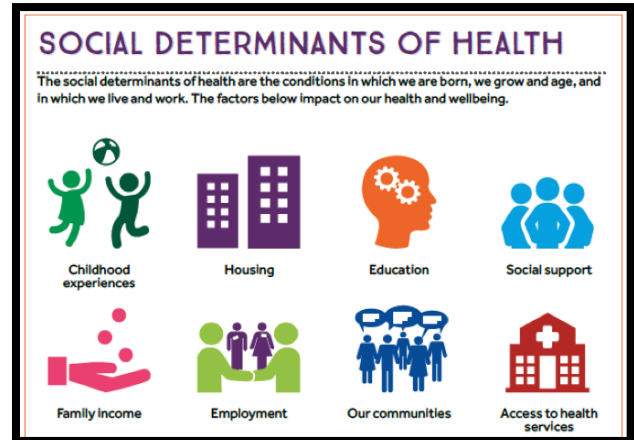*Table 23. Mental Health and Substance Abuse Prevalence among Medicare Consumers*

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[17] Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2019. Source geography: County

![magnifying glass icon] **Key Findings**

The data reported in public sources does not yet reflect the full scope of the COVID-19 pandemic. However, concerning trends in the service area show that access to physical health care is worsening, there are still poor maternal child health outcomes, and population health has diminished in regard to mental health, substance use, and population isolation. The following notes are specific to the anticipated impacts of the pandemic and reflect the challenges in the service area:

Due to social determinants of health the population most at risk of being impacted by the coronavirus epidemic (i.e. those in poverty, minorities, the elderly) will experience infection rates and even death rates that are disproportionate. Death rates have already been demonstrated to be higher among racial minorities. Communities, especially those suffering from high rates of poverty and rural areas (many of which already lack access to health resources) are also likely to experience shortages of hospital beds, with higher rates of shortages for ICU hospital beds, personal protective equipment, and necessary medical equipment for the treatment of COVID-19, such as ventilators. Additionally, as health care services are diverted to addressing COVID-19 or delayed due to social distancing, other routine services will be unavailable or disrupted. Slow scale-up of testing will also obscure the true rates of infection and will impede responses to the virus spread. Data shows that underlying health issues such as obesity, diabetes and respiratory diseases that are more prevalent among those in poverty and racial minorities, are also associated with a higher rate of death from COVID-19.

SOCIAL DETERMINANTS OF HEALTH
The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.

Childhood experiences · Housing · Education · Social support · Family income · Employment · Our communities · Access to health services

There is a need to move beyond addressing family and child needs to solutions that address the circumstances experienced by low-income families.

The COVID-19 pandemic has laid bare the inequalities in our communities and given rise to short-term solutions that help keep people safe. However, it has also highlighted the notion that our circumstances—the housing we live in, our neighborhoods, the kinds of jobs we have, the health of our health care provider sand workplace protections in our grocery stores, restaurants, and other services we use—all link us together, by shaping our own health and wellbeing, which in turn, impacts the wellbeing of those we care about and those around us. The future certainly holds additional events that will wreak havoc on families and communities. Adjusting agency strategies and practices so staff can authentically work towards a common purpose with families will build the organizational capacity needed to perform the key functions necessary to fulfill the agency mission, even in the face of adversity. Some effective strategies could include:

- Provide training to staff on how to engage families in discussions about their lives that are goal-directed that uncover the family's aspirations and hopes, regardless of the family's current circumstances. Help families choose what their future looks like and figure out how to act on it.
- Reviewing eligibility criteria and the assessments used to determine the needs of families through a lens that considers the circumstances and daily lived experiences of families and children that are disadvantaged and factors that might place them more or less at risk such as family status, housing conditions, and type of employment.

- Responses and family goal setting must be grounded in the context of what is going on in their community. Outside of the COVID-19 pandemic, what are the pre-existing and ongoing issues in this community that are most important to address?
- Make investments in families through the integration of mentoring programs into services.

Strengthen Community Networks to Improve Health

A sense of community or its absence influences how people deal with challenging events. Both situational and chronic crises disrupt the lives of economically insecure children and families to their core. When everything is lost, a sense of community can offer a feeling of belonging, provide support through difficult situations, and a generate a sense of purpose as people are counted on to fill roles that transcend income. For example, a neighbor can provide childcare or bring a hot meal to someone that is sick.

Many people have said "It takes a village," fostering a strong sense of community can help those who are trying to survive in the face of what seem to be insurmountable challenges. Cultivating a village mentality within the agency and among customers can provide a sense of safety, structure, and support that is vital in helping people deal with traumatic experiences, as well as in helping families to get the help they need to get back on their feet. Building community will also increase the ability of SMTCCAC to mobilize and engage stakeholders in initiatives that address the root causes of problems, which is vital in bringing about long-term change. Some activities that may assist in this effort include:

- Take stock of the "sense of community" within the program. Work with staff to help them develop the skills needed to convey to customers and families that the program cares for and supports them. Devise feedback tools that provide families evidence staff are hearing what they want and need.
- Create a task force of customers, families, staff, and others to lead the agency in creating a stronger sense of connection with your clients. This could include reviewing and revising the agency values, goals, and culture. Adjust hiring and performance evaluation practices of staff to incorporate a review of how the staff exemplifies the culture and goals the agency is seeking to maintain. When staff, customers, families, and organizational structures are all working together, collective impacts can be made. The involvement of many stakeholders is what generates connection, social capital, and vibrancy, the key ingredients of community.
- After a disaster, people with a strong sense of community are able to come together and create novel solutions to big problems, which facilitates development and innovation. Develop a communication plan and training that helps engage members of the community in the program. Help individuals and families identify what they can give back to their community and create a structure for problem solving issues as they arise.
- Help vulnerable populations define "their village" and resources. Teach workshops on how to access resources and work to remove the stigma associated with needing basic assistance of any form.
- Bring staff teams together with individuals and families with the understanding that they are all responsible for coordinated service delivery.

Nutrition

Children in food-insecure households or households that struggle to afford food for their families are at an increased risk for numerous health problems and added emotional stress, impacting school readiness and ongoing school success.

Food Insecurity

Food insecurity in the service area is 8% of all residents in Calvert County, 9% in Charles County and 10% in St. Mary's County. Since the last community assessment rates of food insecurity have increased less than 1% in Calvert County, decrease in Charles County by 2% and increased by 1% in St. Mary's County.
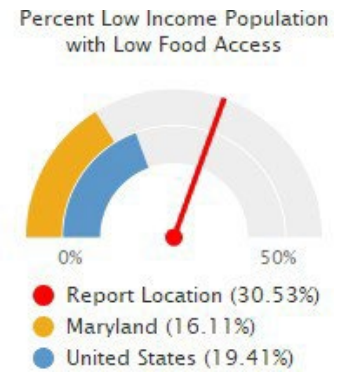
Low Food Access

The service area experiences low food access at a rate higher than the state and nation. This trend has improved since the last community assessment but is still concerning.

Percent Low Income Population with Low Food Access

- Report Location (30.53%)
- Maryland (16.11%)
- United States (19.41%)

Area	Total Population	Low Income Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Report Location	340,439	54,383	16,604	**30.53%**
Calvert County, MD	88,737	10,841	4,640	42.80%
Charles County, MD	146,551	24,410	7,595	31.11%
St. Mary's County, MD	105,151	19,132	4,369	22.84%
Maryland	5,773,552	1,273,995	205,277	16.11%
United States	308,745,538	97,055,825	18,834,033	19.41%

Table 24. Low Food Access

Food Desert Census Tracts[18]
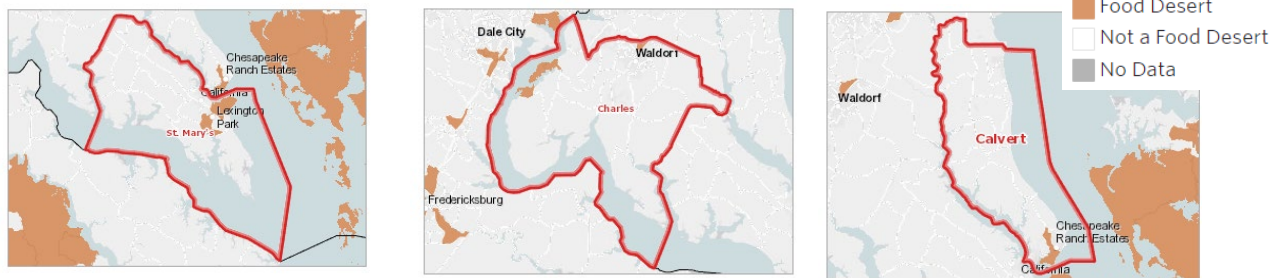

Food Desert
Not a Food Desert
No Data

Figure 17. Food Desert Census Tracts

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[18] US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.
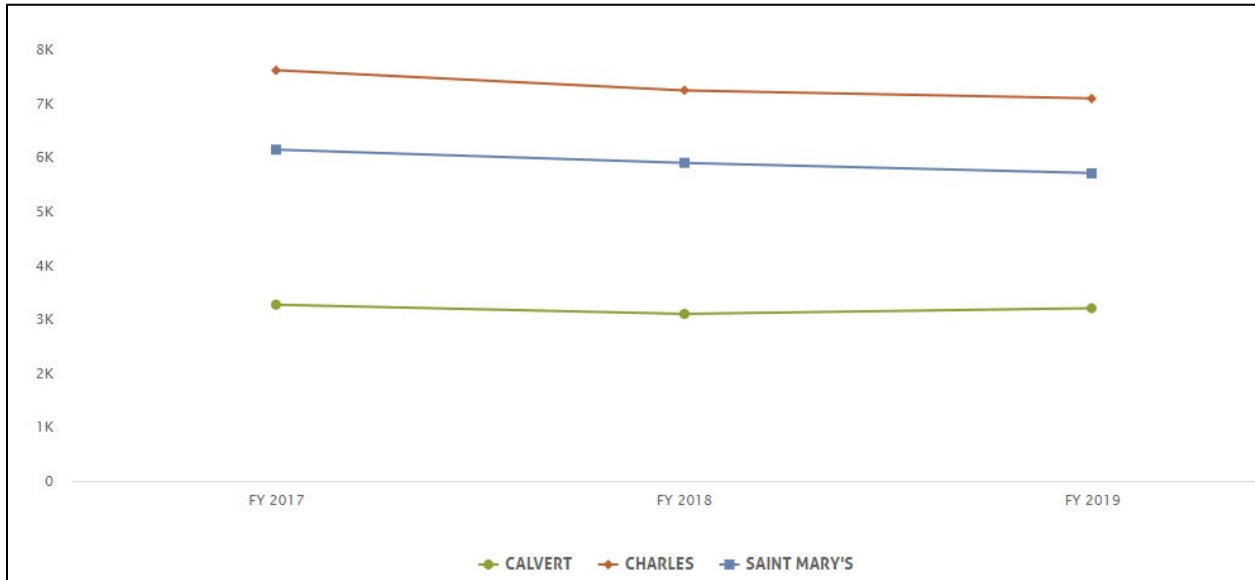
Figure 18. SNAP Utilization Trends 2017-2019

SNAP Utilization

Data on SNAP utilization shows that there are fewer families in need of nutrition assistance since 2018, however not a significant number[19].

Area	FY 2017	FY 2018	FY 2019
Calvert County	267	3,095	3,202
Charles County	7,611	7,240	7,088
St. Mary's County	6,141	5,897	5,704

Table 25. SNAP Utilization Trends

Free and Reduced-Priced Meals

There has been no significant change in the percent of children eligible for free and reduced-priced meals since the last community assessment.

Area	FY 2016	FY 2017	FY 2018
Calvert County	23%	23%	23%
Charles County	7%	7%	7%
St. Mary's County	32%	32%	32%

Table 26. Students Eligible for Free and Reduced-Priced Meals

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[19] United States Department of Agriculture, Food and Nutrition Services, 2019

Trends in Students Eligible for Free and Reduced-Priced Meals

Figure 19. Trends in Students Eligible for Free and Reduced-Priced Meals

Key Findings

There have been no significant changes to the nutritional status of individuals, families, and children in the service area since the last community assessment. Due to the coronavirus pandemic indivi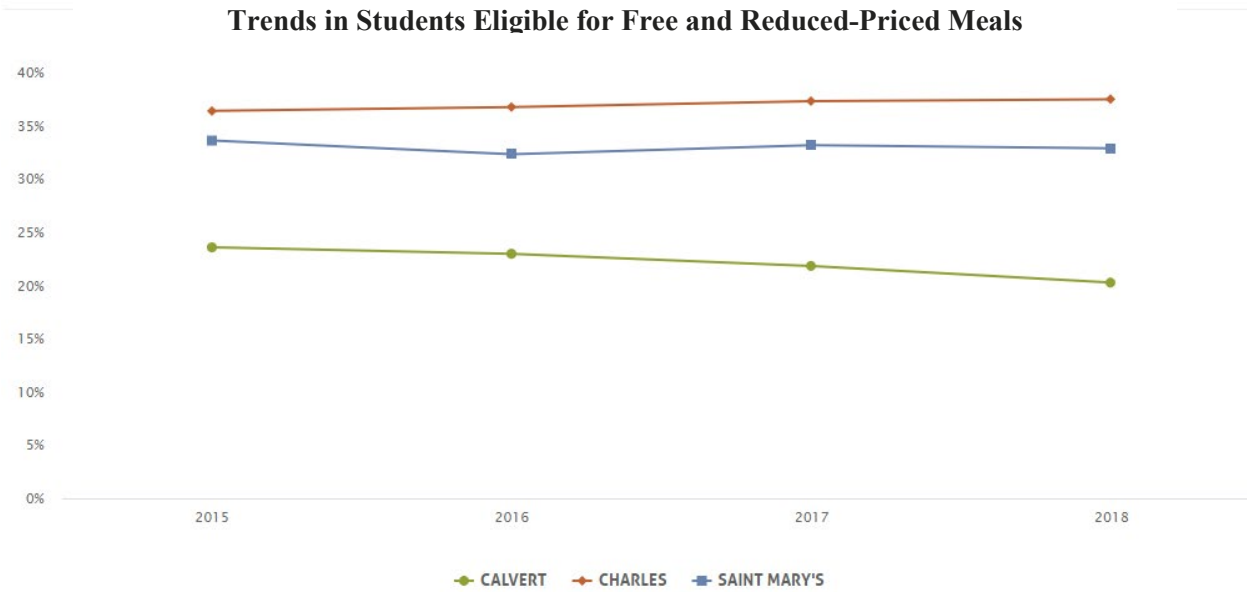duals that are living with an income below poverty will face additional challenges securing their food supply and the number of people that experience food insecurity will grow. While the coronavirus may be new, the contributors to food security have been around for a long time and will likely be exacerbated. Since many low-income families work in leisure, hospitality, or service occupations it is likely they will be affected more significantly by losing employment, which will worsen food insecurity. Additionally, panic buying will limit access to the food available in grocery stores and limit the ability of low-income families to obtain the two-week food supply they need to sustain them during quarantine times. Many of the poorest children are eligible for free and reduced-priced lunch meaning that they receive a good portion of their nutrition from school meals. While schools are still providing meals despite closure, families face barriers in accessing them and must venture out which increases the likelihood they will be exposed to the coronavirus. The summer months may also give rise to closures of school distribution programs which will increase food insecurity rates during the summer.

Social Services

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

Social Service Trends

1. Low-income families experience severe hardships whether they rely on cash assistance, work or a combination of both. For example, families experience lack of childcare and affordable housing even though their income may be above the poverty line.
2. Earnings from government assistance and low-wage labor are inadequate for providing even a minimal standard of living to low-income families. As a result, they must choose between health care and food or other necessary expenditures.
3. Low-income families are resourceful and exhibit strengths equal to non-poor families and demonstrate a remarkable ability to employ flexible and creative coping strategies.
4. Low-income families face significant barriers to using public and private services and to increasing earnings from work. For example, many economically insecure adults and families do not know they are eligible for assistance or there are disincentives to increasing earnings because as earnings increase, other government assistance is reduced.
5. The quality of life for families of color and immigrants is continuously affected by discriminatory practices in the employment and service sectors. For example, low-income families of color and immigrant families shoulder the burden of poor education systems, random crime, gangs, high unemployment, ongoing issues with the police, job and earnings discrimination, discrimination within programs such as Temporary Aid for Needy Families (TANF) and constant fear of remaining in poverty for generations[20].

These trends have remained consistent since the last community assessment.

🔍 Key Findings

Due to the COVID-19-19 pandemic it is likely the services provided by community agencies will be impacted well into the future. Also, some services that families depend on have been curtailed or changed, leaving family needs unmet. As the pandemic is extended; it will take families longer to recover. Community resources are also reduced, for example cancellation of group summer sports and camps will leave adolescents lacking engagement opportunities and socialization experiences. There may also be a need for additional services that help people reintegrate back into their prior roles under new social – distancing and other protocols. During this time, collaboration and coordination between nonprofits, public and private sector organizations and institutions is paramount.

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

Housing and Homelessness

The trends in housing and homelessness from the last community assessment remain consistent. The cost of living has continued to rise across the service area counties as detailed in the tables that follow.

Housing Supply

The number of housing units within the report area in July of each year from 2012-2020 is shown below. According to the U.S. Census, there were a total of 143,759 housing units in the report area in 2020, a slight decrease since 2019.

Area	July 2014	July 2015	July 2016	July 2017	July 2018	July 2019	July 2020
Service Area	135,982	137,205	139,126	140,720	142,590	144,159	143,759
Calvert County, MD	34,577	34,735	35,006	35,188	35,393	35,514	35,756
Charles County, MD	58,099	58,784	59,876	60,643	61,222	61,838	62,292
St. Mary's County, MD	43,306	43,686	44,244	44,889	45,975	46,807	45,711
Maryland	2,416,438	2,426,669	2,437,416	2,448,604	2,458,577	2,470,316	2,533,870

Table 27. Housing Supply

Housing Cost Burden

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 131,226 total households in the report area, 35,920 or 27.37% of the population live in cost burdened households[21]. The percent of households that are cost-burdened has diminished slightly (less than 5%) since the last community assessment.

Area	Total Households	Cost-Burdened Households	Cost-Burdened Households, Percent
Service Area	131,226	35,920	**27.37%**
Calvert County, MD	32,558	8,393	25.78%
Charles County, MD	57,388	16,707	29.11%
St. Mary's County, MD	41,280	10,820	26.21%
Maryland	2,230,527	683,102	30.63%
United States	122,354,219	37,128,748	30.35%

Table 28. Housing Cost Burden

[21] US Census Bureau, American Community Survey. 2016-20. Source geography: Tract
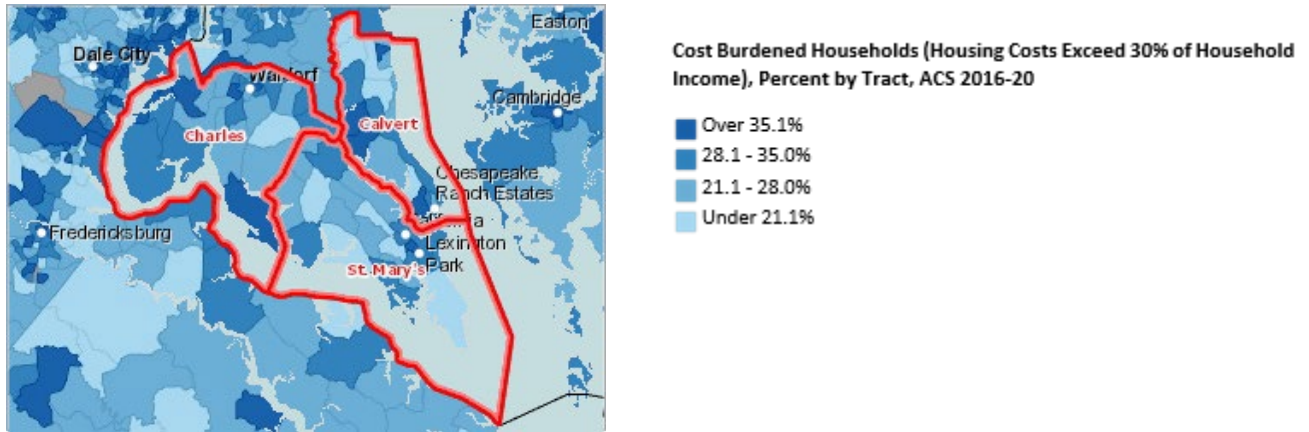
Figure 20. Cost Burdened Households

Substandard Housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard. Of the 131,226 total occupied housing units in the report area, 35,389 or 26.97% have one or more substandard conditions.

Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Occupied Housing Units with One or More Substandard Conditions, Percent
Service Area	131,226	35,389	**26.97%**
Calvert County, MD	32,558	8,020	24.63%
Charles County, MD	57,388	16,517	28.78%
St. Mary's County, MD	41,280	10,852	26.29%
Maryland	2,230,527	686,329	30.77%
United States	122,354,219	38,476,032	31.45%

Table 29. Substandard Housing

Homelessness

There has been no updated to the homeless Point – in – Time Count due to the COVID-19 pandemic. Data is available for homeless students. In the service area, of all the 61,626 students enrolled in reported districts during the school year 2019-2020, there were 1,026 or 1.66% homeless students, which is lower than the statewide rate of 1.74%.

Report Area	Students	Homeless Students	Homeless Students, Percent
Report Location	61,626	1,026	**1.66%**
Calvert County, MD	16,022	139	0.90%
Charles County, MD	27,521	699	2.50%
St. Mary's County, MD	18,083	188	1.00%
Maryland	909,404	15,798	1.74%
United States	47,386,316	1,311,089	2.77%

Table 30. Homeless Students

Key Findings

There have been no significant changes in the service area since the last community assessment. Housing trends still show an increasing cost of living and a high rate of substandard conditions among the housing stock. The service area also lacks affordable housing which has not been expanded since the last community assessment was completed.

Housing is a structural condition that contributes to racial disparities in health that are evident in the fact that black/African American residents are dying at a higher rate of COVID-19 than other groups. As shown in data from communities throughout the nation, blacks and Hispanic/Latinos, relative to whites, are more likely to live in neighborhoods with a lack of healthy food options, green spaces, recreational facilities, lighting, and safety which undermines their health. These subpar neighborhoods are rooted in the historical legacy of redlining. Additionally, blacks are more likely to live in densely populated areas and Hispanics are more likely to live in intergenerational or congregate housing arrangements further heightening their potential contact with other people. Regarding work, individuals of color are more likely to be part of the "essential workforce". The Brookings Institution notes that black/African American's represent nearly 30% of bus drivers and 20% of all food service workers, janitors, cashiers and stockers. Additionally, 80% of farmworkers are Hispanic. These factors indicate that health issues do not worsen because individuals of color are not taking care of themselves, but because healthcare resources are inadequate in distressed neighborhoods. Additionally, living arrangements of those in poverty and individuals of color indicate that health is a condition of place as well as race.

Income

Two common U.S. Census measures of income are Median Household Income and Per Capita Income. In the table below, both measures are shown for the service area. The average per – capital income has increased to $41,430 in St. Mary's County, $42,737 in Charles County, and $47,066 in Calvert County, This represents a slight increase since 2016-2017 (less than $5,000).

Median Household Income

The median household income in the service area and in every service county exceeds that found across Maryland and greatly exceeds the average median household income for the U.S.

Report Area	Total Households	Average Household Income	Median Household Income
Service Area	131,226	$119,701	No data
Calvert County, MD	32,558	$130,647	$112,696
Charles County, MD	57,388	$119,477	$103,678
St. Mary's County, MD	41,280	$111,381	$95,864
Maryland	2,230,527	$114,236	$87,063
United States	122,354,219	$91,547	$64,994

Table 31. Median Income

Median Income by Race

There is a racial disparity in income among whites and black/African Americans. This trends was present in the last community assessment.

Area	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race	Hispanic or Latino
Service Area	No data	No data	No data	No data	No data	No data	No data	No data
Calvert County, MD	$115,910	$68,920	$179,327	No data	No data	No data	$125,634	$133,047
Charles County, MD	$106,539	$101,269	$114,557	$112,589	No data	$96,250	$107,010	$118,438
St. Mary's County, MD	$104,273	$52,612	$125,287	No data	No data	$76,679	$91,682	$74,500
Maryland	$97,547	$69,964	$108,839	$77,912	$61,029	$68,894	$88,848	$76,092
United States	$70,843	$43,674	$91,775	$45,877	$65,804	$51,900	$61,870	$54,632

Table 32. Median Income By Race

Household Income Levels

There has been no significant change in the distribution of income since the last community assessment.

Area	Under $25,000	$25,000 - $49,999	$50,000 - $99,999	$100,000 - $199,999	$200,000+
Report Location	8.91%	12.02%	26.94%	37.98%	14.15%
Calvert County, MD	7.15%	10.83%	24.88%	39.44%	17.70%
Charles County, MD	8.48%	11.66%	27.62%	38.47%	13.77%
St. Mary's County, MD	10.91%	13.45%	27.63%	36.15%	11.86%
Maryland	12.80%	15.43%	28.19%	30.14%	13.45%
United States	18.41%	20.64%	29.95%	22.73%	8.26%

Table 33. Distribution of Income

Public Assistance Income

This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Service Area	131,226	3,098	**2.36%**
Calvert County, MD	32,558	865	2.66%
Charles County, MD	57,388	1,295	2.26%
St. Mary's County, MD	41,280	938	2.27%
Maryland	2,230,527	50,475	2.26%
United States	122,354,219	2,995,159	2.45%

Table 34. Public Assistance Income

Key Findings

There have been no significant changes to the income levels of residents in the service area. There is still a racial disparity present.

Early Care and Education

There has been no update to the childcare data since the last community assessment due to the COVID-19 pandemic.

🔍 Key Findings

Data from the U.S. Population survey can be used to estimate the need for childcare for workers in the healthcare sector which can inform community efforts to maintain an adequate number of childcare program slots to serve the essential healthcare workforce. The US healthcare sector has some of the highest child care obligations in the United States. 29% of healthcare provider households must provide care for children 3-12. Assuming non-working adults or a sibling 13 years old or older can provide child care, leaves 15% of healthcare provider households are in need of childcare during a school closure, while 7% of healthcare households are single-parent households. In the U.S. it is estimated there are 3.4 million children of health care workers in need of childcare, of which 755,000 are aged 0-2 years and 877,000 are aged 3-5 years[22].

The National Association for the Education of Young Children also conducted a survey of childcare programs in March of 2020 at the beginning of the pandemic. Up to 30% of childcare providers indicated that they could not withstand a closure of any significant time and remain viable. Additionally, when programs re-open the social distancing measures will require reductions in enrollment which will further reduce the income of childcare providers placing them at-risk of market failure and closure.

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[22] Yale University. Interactive COVID-19 childcare map
https://covid.yale.edu/innovation/mapping/childcare/

Transportation

There have been no updates to the transportation needs of families since the last community assessment.

Households with No Motor Vehicle

The total households without a motor vehicle has changed less than 1% since the last community assessment.

Report Area	Total Occupied Households	Households with No Motor Vehicle	Households with No Motor Vehicle, Percent
Report Location	131,226	4,668	**3.56%**
Calvert County, MD	32,558	920	2.83%
Charles County, MD	57,388	1,858	3.24%
St. Mary's County, MD	41,280	1,890	4.58%
Maryland	2,230,527	196,074	8.79%
United States	122,354,219	10,344,521	8.45%

Table 35. Households with no Motor Vehicle

Key Findings

Based on the information the key findings for this section of the community assessment are still applicable.