COMMUNITY ASSESSMENT 2020

SHORE UP!

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Recommendations to Consider

Recommendation 1: Move beyond addressing individuals, 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 providers and 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 and individuals 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 and individuals 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 and individuals through a lens that considers the circumstances and daily lived experiences of those 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 customer 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 and struggling adults and youth through the integration of mentoring programs into services.

Recommendation 2: Build a sense of community

A sense of community or its absence influences how people deal with challenging events. Both situational and chronic crises disrupt the lives of 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 child care or bring a hot meal to someone that is sick.

Many people have said "It takes a village to raise a child," fostering a strong sense of community can help both families and children who are trying to survive in the face of what seem to be insurmountable challenges. Cultivating a village mentality within the agency and among Head Start families can provide a sense of safety, structure, and support that is vital in helping children deal with traumatic experiences, as well as in helping families to get the help they need to get back on their feet. The community building effort can also provide resources to adults in poverty or at-risk of poverty that are seeking assistance. Building community will also increase the ability of an agency 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 SHORE UP! and at the Head Start sites. Work with staff to help them develop the skills needed to convey to families and customers that the program cares for and supports them. Devise feedback tools that provide families and customers evidence staff are hearing what they want and need.
- Create a task force of clients, staff, and others to lead the program in creating a stronger sense of connection with families and those who utilize SHORE UP! services. 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, families, and organizational structures are all working together, collective impacts can be achieved. 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 families and customers identify what they can give back to their community and create a structure for problem solving issues as they arise.
- Help families and low-income adults 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 the understanding that they are all responsible for individuals receiving services and case management from multiple agency programs or in Head Start bring staff together around a particular child.

Recommendation 3: Continue to review program models in consideration of changes in the early childhood landscape and the limited access that families have to high-quality early childhood education

In order to maximize early childhood investments in the community it is important for SHORE UP! to continue to consider the make-up of the child care system and access to high-quality early learning programs. The service area early care and education system is well developed, but falls short in child care affordability and the number of early learning slots in high-quality programs. It is estimated the child care system can serve 100% of children aged 3-5 years, but just 4% of infants and toddlers. It is estimated that more than half of all child care programs in the service area are also low-quality, placing a significant number of children under five years at-risk of harm while they are in out-of-home care.

In the service area 78% of single-female householders were in the labor force and 69% of children under six had all parents working. Data indicates that 390 children in child care settings in the service area are eligible for Head Start or Early Head Start. Additionally, within the SHORE UP! and Head Start and Early Head Start program, 683 children have all available parents working indicating a need for full-day, full-year child care. Head Start families have lower rates of entry into the workforce when compared to other families that are not in poverty but need the resources to obtain and maintain employment when the economy opens up. It is likely that child care programs will also close due to slot reductions that must occur in order to maintain compliance with public health protocols. This will further press the early care and education system. The service area has 6,829 children aged 3-5 years indicating the area would need an additional 2,921 slots to reach universal access. The service area also lacks early care and education programs that can provide comprehensive services, at a time when families need them the most.

SHORE UP! should continue to evaluate the full range of Head Start and Early Head Start program options and expand care where needed when funding is available, particularly for infants and toddlers and for full-day services for low-income families. These two cohorts are impacted by a significant childcare slot gap and by lack of accessible affordable high-quality care options. Maternal and child health outcomes are also poor, especially for new mothers of color. Early Head Start is one way to address disparities that are present at birth that have a lifelong impact on children while improving access to full-day child care that supports families in working, thus moving them out of poverty.

The program may want to review the program models and consider converting or changing the slot allocations to address staffing issues that undermine program quality such as turnover rates, and the need to implement more intensive service delivery for children that are exposed to adverse early childhood experiences, and the need to increase wages for teachers so they are at parity with other state preschool programs operating in Maryland. This could occur through a wage and compensation study in which the roles of all staff and the organizational structure is reviewed in concert with site enrollment trends and the wages paid to staff with similar qualifications working in other preschool programs.

Methodology

The Comprehensive Community-Wide Strategic Planning and Needs Assessment

The purpose of the community-wide strategic planning and needs assessment is to provide a current snapshot of the well-being of families and children in the SHORE UP! Inc. service area. The community-wide strategic planning and needs assessment (community assessment) assists the agency in designing a program that meets community needs and builds on the strengths and resources in the community. This document is prepared in accordance with 45 CFR 1302.11. It provides information compiled from various national, state, and local sources and identifies community trends, the conditions in the service area that impact children and families, the demographic make-up, and other resources in the community. The table below shows the ways in which the community assessment is used by the agency governing bodies and program staff.

Purpose of the Community Assessment
To guide and solidify the overall vision and direction of the agency.
To inform decision-making and program planning, including coordinated approaches
To educate staff and stakeholders
To establish the program goals and long and short-term program objectives
To address changing priorities and policies and to respond to trends and changes
To mobilize community resource and maximize community relationships
To identify the service and recruitment area served by Head Start and Early Head Start
To identify the number of Head Start eligible children and families in the service area, appropriate locations for services and the number of individuals in poverty and at-risk of poverty.
To identify community partners

Table 1: Purpose of Community Assessment

Throughout the community assessment process, the SHORE UP! staff, governing bodies, and stakeholders worked collaboratively with Heartland demographers to determine the information to collect, methods for collecting data, the participants for each data collection method, and the data sources for each indicator in the community assessment. The community assessment was prepared by Heartland Solutions, a Colorado consulting firm.

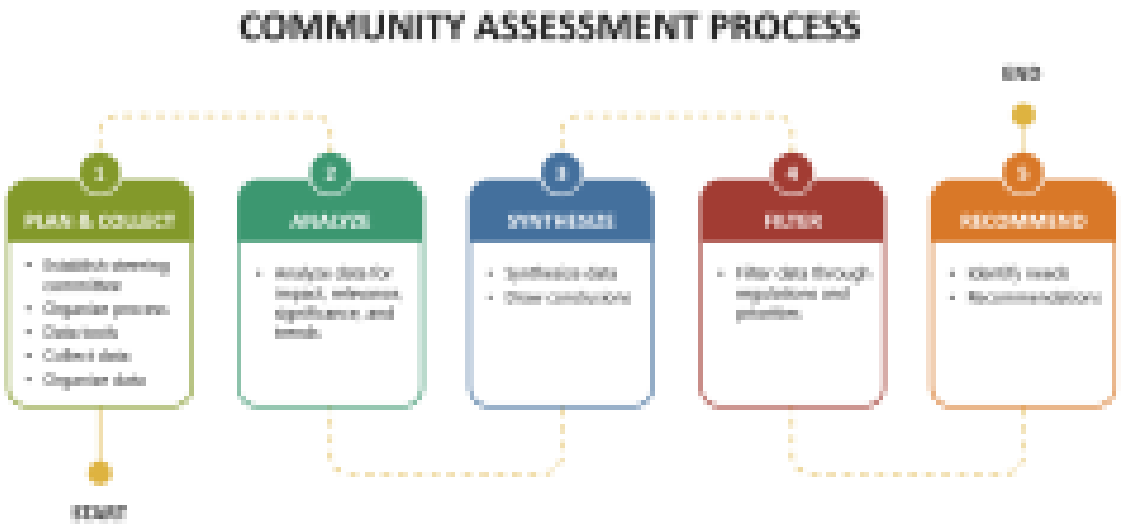


Figure 1: Community Assessment Process

The community assessment includes the following information:

Overview of the CSBG and Head Start Area: An overview of the service area including the economy, major employers, and trends in the community, children, and families.

A Complete Analysis of the Community-Wide Conditions: An internal and external analysis of quantitative and qualitative data in order to address verified urgent and local needs.

A Description and Analysis of the Needs of Low-Income Families in the Service Area: The agency staff worked with the Heartland demographer and research team to discover the needs of low-income individuals using a variety of sources.

A Description of the Head Start Eligible Population: A profile of the service area's Head Start and Early Head start eligible families based on authoritative information sources, including the number of eligible infants, toddlers, preschool age children, and expectant mothers, along with their geographic location, race, ethnicity, and spoken languages.

Special Populations: An analysis of children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Educational Agency Liaisons and an estimate of the number of children in foster care.

Early Childhood Education Programs: A review of other child development, childcare centers, and family childcare programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served.

Children with Disabilities: A description of the number of children with disabilities, including the types of disabilities and relevant services and resources provided to these children by community agencies such as IDEA Part C and B providers.

Employment, Education, Housing, Health, Nutrition, Transportation, Asset Development, and Social Service Needs: A description of the needs of low-income residents, residents at-risk of becoming economically insecure, Head Start eligible children and their families, including prevalent social or economic factors that impact their well-being.

Parent Needs: Typical work, school, and training schedules of parents with eligible children.

Community Resources, Assets, and Strengths: A review of community resources available to low-income and Head Start/Early Head Start eligible families in the service area and low-income individuals.

Barriers to Services: Barriers to services identified through an analysis of data and alignment to the needs of families, the community, and agency needs/resources.

The community assessment will serve as SHORE UP! Inc.'s baseline for identifying current community needs, designing new plans, choosing community partners, developing strategic collaborations, evaluating the effectiveness and progress of prior strategies and interventions for serving low-income families and children in the community, and for making decisions about the program that can accelerate outcomes for children and families. The community assessment is also used to assess and identify the program recruitment and service area, develop goals and objectives, select program options and calendar, and to establish the annual selection criteria and program priorities. The assessment also is used in the Results Oriented Management Accountability process.

Figure 2: How Does the CA Inform Head Start Programs?

Sources of Data and Data Collection Methods

Numerous primary and secondary data sources were used to describe the demographics of the service area and the physical, social, and economic well-being of the area's low-income population. Sources of data included population datasets such as the U.S. Census Bureau, the CARES Community Engagement Network website, Maryland State Department of Education, the Kids Count Data Center, United Health Foundation, and the County Health Ranking reports. In addition, the assessment includes information garnered from other secondary sources such as community health and needs assessments published by other agencies in the service area. Internal data included information necessary to create a profile of children and families, services received, and services for children with disabilities. These sources included the Head Start/Early Head Start Program Information Report for SHORE UP! Inc.

Distinguishing Features of ACS 1-year, 3-year, and 5-year Estimates		
1-year estimates	3-year estimates	5-year estimates
12 months of collected data	36 months of collected data	60 months of collected data
Data for areas with populations of 65,000+	Data for areas with populations of 20,000+	Data for all areas
Smallest sample size	Larger sample size than 1 year	Largest sample size
Less reliable than 3 years or 5 years	More reliable than 1 year; less reliable than 5 years	Most reliable
Most current data	Less current than 1-year estimates; more current than 5-year estimates	Least current
Best Used When	Best Used When	Best Used When
Currency is more important than precision	More precise than 1-year, more current than 5-years	Precision is more important than currency
Analyzing large populations	Analyzing smaller populations and geographies	Analyzing very small populations and tracts for which 1-year data is not available

Table 2: Distinguishing Features of ACS

Summary of Data Sources	
Source	Topics
U.S. Census Bureau	Demographics, Education, Income, Healthcare/Insurance, Employment, Housing, Nutrition, Maternal and Child Health, Basic Assistance, Economics,
U.S Department of Labor; MIT Living Wage Calculator	Employment, Income and Wages, Industry, Workforce
Annie E. Casey Foundation. Kids Count Data Center; Feeding America	Behavioral Risk Factors, Health, Birth Defects, Health Workforce, Nutrition
Annie E. Casey Foundation. Kids Count Data Center	Dual Language Learners, Maternal and Child Health, Child Abuse, WIC Enrollment
United Health Foundation	Health Rankings
U.S. Department of Housing and Urban Development	HUD and housing information
CARES Community Engagement Network	Population Density, Demographics, Education, Student Achievement, English Language Proficiency, Health, Neighborhood and Environment, Housing, Veterans, Insurance, Health Professional Shortage Areas, Immunization Data, Nutrition
Maryland State Department of Education; US Census Bureau	Education, Student Achievement, Disabilities, English Language Learners, Economically Disadvantaged Students
Head Start Program Information Report	Head Start Demographics, Enrollment, and Services

Table 3: Summary of Data Sources

Methods for Data Analysis

Initial data analysis was completed by Heartland Solutions and the SHORE UP! Inc. management team. Conclusions and recommendations were formulated from these reviews and were considered by the SHORE UP! In. Board of Directors, Head Start Policy Council, and strategic planning committee. These conclusions and recommendations will form the basis for planning and guide the agency vision for the next several years. Heartland utilized the following process to analyze the community assessment data:

Data Analysis Strategies	
Analysis Task	Purpose
Data was organized and combined according to information about each indicator that was assessed.	Although data differs slightly combining the data allows the assessment team to analyze the multiple dimensions of a single issue.
Closely related information was grouped together and organized into domains.	Issues were analyzed in order to connect conditions to the different statistical, programmatic, and opinion indicators that facilitate a complete understanding of issues.
The data was analyzed to identify similarities in findings across data sources.	The thematic analysis allows the assessment team to rank needs present in the service area.
Needs are ranked and categorized.	Classification of the needs assists in developing strategies to address each need.
The program staff determine how the program can address needs.	The comparison of data allows the SHORE UP! Inc. to assess how effectively the community is meeting the needs identified in the community assessment.

Table 4: Data Analysis Strategies

Brief History

SHORE UP! Inc. is the Community Action Agency for Wicomico, Worcester, Somerset and Queen Anne's counties.

Dorchester County is the least densely populated county in Maryland, covering a total area of 983 square miles, of which 541 square miles is land and 442 square miles is water.[1] The county was formed in 1669 and was named for the Earl of Dorset.[2] Before European explorers entered the area in 1608, the Choptanks and Nanticokes of the Algonquin Nation lived in the county grounds for hunting, fishing, and crabbing.[3] The area has a rich history of Native American culture, farming, and working in the water.[4] The largest industries in the county today are health care and social assistance services; retail trade; and manufacturing.[5]

[1] US Census Bureau (2012). 2010 Census Gazetteer Files. Retrieved September 2014.
[2] Gannett, Henry (1905). The Origin of Certain Place Names in the United States.
[3] Dorchester County Office of Tourism (n.d.). Dorchester History. Retrieved from https://visitdorchester.org/.
[4] Footner, Hulbert, Maryland Man and the Eastern Shore.
[5] Data USA (n.d.). Economy. Retrieved from https://datausa.io/.

Figure 3: Widehall - 101 Water (Front) Street, Chestertown (Kent County, Maryland). October 1936.

Kent County is the least populous county in Maryland, covering a total area of 413 square miles, of which 277 square miles is land and 136 square miles is water.[6] The county was founded in 1642 and was named for the county of Kent in England[7]. Before European explorers entered the area in 1608, the Tockwoghs and the Ozinies of the Algonquin Nation lived in the county for agriculture. The area has a rich agricultural history, with corn, beans, squash, and tobacco being cultivated from around 800 BC.[8] The largest industries in the county today are health care and social assistance; retail trade; and educational services.[9]

Queen Anne's County covers a total area of 511 square miles, of which 372 square miles is land and 139 square miles is water.[10] The county was founded in 1706 and was named for Queen Anne of Great Britain who reigned at the time. One of the earliest European settlements in the state was established on Kent Island in 1631. The area has a rich history of agriculture, with maize, soybeans, wheat, barley, and vegetables being the main crops in the region.[11] The largest industries in the county today are health care and social assistance; retail trade; and public administration.[12]

Figure 4: Wicomico County, Maryland, war activities. Canning Club girls who were entertained in private homes in Salisbury and given short course in canning, drying, and soap-making. Food sign, first erected in State outside of Baltimore. 1917-1918.

Somerset County is the southernmost county in Maryland, covering a total area of 610 square miles, of which 320 square miles is land and 291 square miles is water.[13] The county was founded in 1666 and was named for Mary, Lady Somerset, the wife of John Somerset and daughter of Thomas Arundell, 1st Baron Arundell of Wardour.

[6] US Census Bureau (2012). 2010 Census Gazetteer Files. Retrieved September 2014.
[7] Gannett, Henry (1905). The Origin of Certain Place Names in the United States.
[8] The Historical Society Kent County (n.d.). The Key to Kent County History. Retrieved from https://kentcountyhistory.org/.
[9] Data USA (n.d.). Economy. Retrieved from https://datausa.io/.
[10] US Census Bureau (2012). 2010 Census Gazetteer Files. Retrieved September 2014.
[11] Britannica (n.d.). Queen Anne's. Retrieved from https://www.britannica.com/.
[12] Data USA (n.d.). Economy. Retrieved from https://datausa.io/.
[13] US Census Bureau (2012). 2010 Census Gazetteer Files. Retrieved September 2014.

The largest industries in the county today are health care and social assistance; educational services; and public administration.[14]

Talbot County covers a total area of 477 square miles, of which 269 square miles is land and 208 square miles is water.[15] The founding of the county was around 1661, and was named for Lady Grace Talbot, sister of the second Lord Baltimore.[16] The first European settlers arrived by boat, establishing tobacco plantations along the county's shores.[17] The largest industries in the county today are health care and social assistance; retail trade; and professional, scientific, and technical services.[18]

Wicomico County covers a total area of 400 square miles, of which 374 square miles is land and 26 square miles is water.[19] The county was founded in 1867 and was named for the Wicomico River, which derives from the Algoquian words "wiko mekee", meaning "a place where houses are built".[20] The largest industries in the county today are health care and social assistance; retail trade; and educational services.[21]

Worcester County is the easternmost and third largest county in Maryland, covering a total area of 695 square miles, of which 468 square miles is land and 227 square miles is water.[22] The county was founded in 1742 and was named for Mary Arundell, the wife of Sir John Somerset, a son of Henry Somerset, 1st Marquess of Worcester. The largest industries in the county today are accommodation and food services; retail trade; and health care and social assistance.[23]

[14] Data USA (n.d.). Economy. Retrieved from https://datausa.io/.
[15] US Census Bureau (2012). 2010 Census Gazetteer Files. Retrieved September 2014.
[16] Talbot Historical Society (n.d.). Talbot County History FAQ. Retrieved from https://talbothistory.org/.
[17] Talbot County (n.d.). Our History. Retrieved from http://www.talbotcountymd.gov/.
[18] Data USA (n.d.). Economy. Retrieved from https://datausa.io/.
[19] US Census Bureau (2012). 2010 Census Gazetteer Files. Retrieved September 2014.
[20] eReferenceDesk (n.d.). Wico County, Maryland. Retrieved from https://www.ereferencedesk.com/.
[21] Data USA (n.d.). Economy. Retrieved from https://datausa.io/.
[22] US Census Bureau (2012). 2010 Census Gazetteer Files. Retrieved September 2014.
[23] Data USA (n.d.). Economy. Retrieved from https://datausa.io/.

Demographics

Figure 3: Service Area Map

Population Density

Population density is important in determining the needs of the community for the following reasons:

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

Population Density[24]			
Area	Total Population	Total Land Area (mi^2)	Population Density (per mi^2)
Dorchester	32,261	540.8	59.7
Kent	19,593	277.0	70.7
Queen Anne's	49,355	371.7	132.8
Somerset	25,737	319.8	80.5
Talbot	37,211	268.6	138.6
Wicomico	102,172	374.4	272.9
Worcester	51,564	468.3	110.1
Service area	317,893	2,620.5	121.3

[24] CARES Engagement Network (2014-2018). Total Population. Retrieved from https://engagementnetwork.org/.

Maryland	6,003,435	9,709.6	618.3
United States	322,903,030	3,532,068.6	91.4

Table 5: Population Density

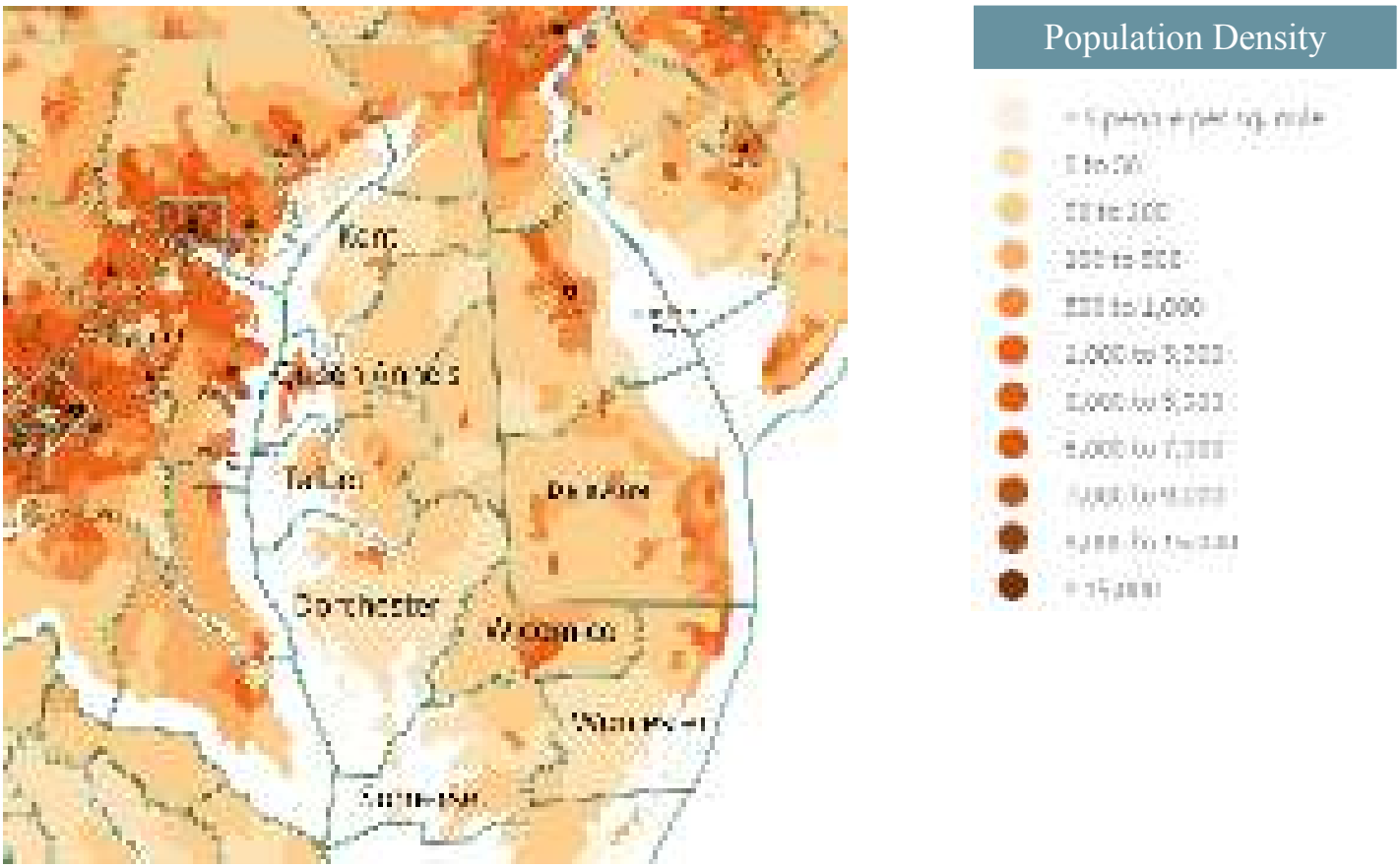


Figure 4: Population Density Map

Urban Population

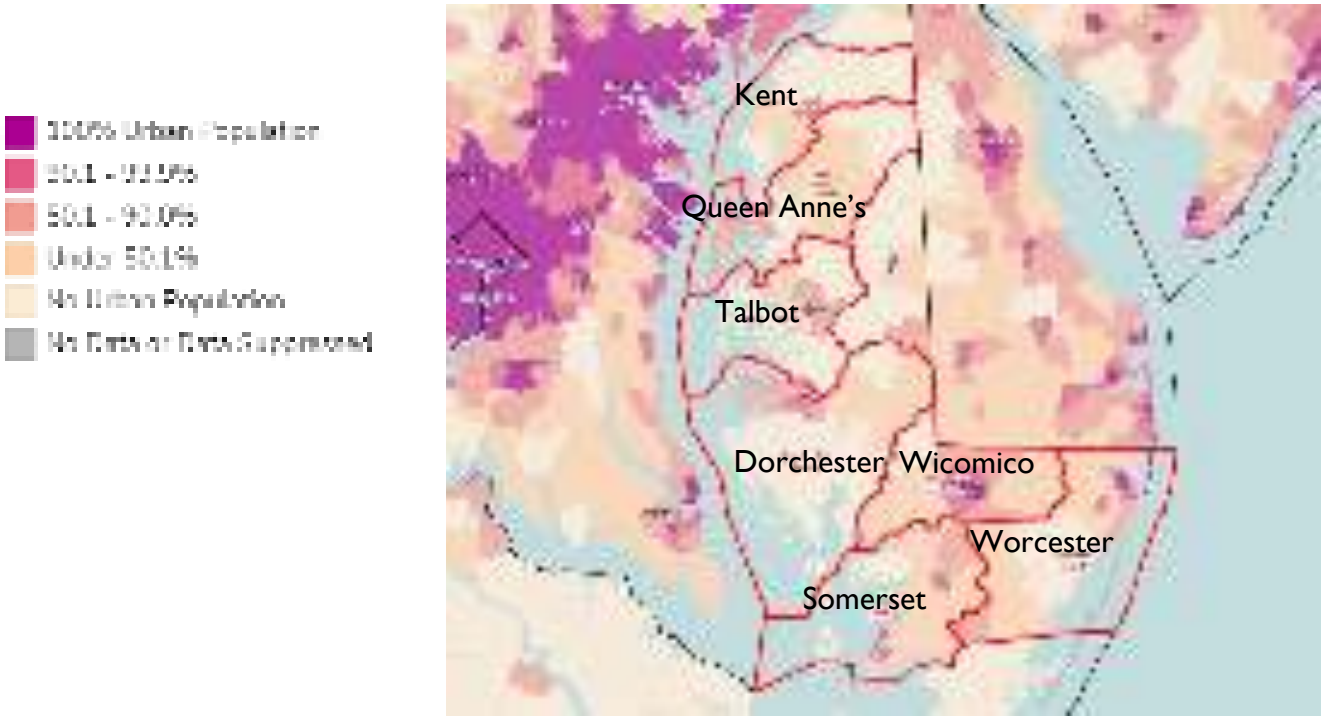


Figure 5: Urban Population Map

Population Change

Population growth is calculated by measuring the difference between the rate of birth and rate of death in an area. Population growth can impact the population in several ways. For example, population growth can positively impact the economy and negatively impact the environment. The service area experienced a population increase at a rate higher than the state and lower than the nation.

Population Change[25]				
Area	Total Population, 2018	Total Population, 2000	Population Change from 2000-2018	Percent Change from 2000-2018
Dorchester	32,261	30,674	1,587	5.2%
Kent	19,593	19,197	396	2.1%
Queen Anne's	49,355	40,563	8,792	21.7%
Somerset	25,737	24,747	990	4.0%
Talbot	37,211	33,812	3,399	10.1%
Wicomico	102,172	84,644	17,528	20.7%
Worcester	51,564	46,543	5,021	10.8%
Service area	317,893	280,180	37,713	13.5%
Maryland	6,003,435	5,296,486	706,949	13.4%
United States	322,903,030	281,421,906	41,481,124	14.7%

Table 6: Population Change

[25] Community Action Partnership (2014-2018). Community Action Partnership Report. Retrieved from https://cap.engagementnetwork.org/.

The service area population has increased 13.5% since 2000. This growth has been uniform with all service area counties having experienced an increase in population over this period. Kent County experienced the least increase in the service area, with a 2.1% population increase from 2000 to 2018. Queen Anne's County experienced the most increase in the service area, with a 21.7% population increase over the period. The service area has experienced considerable growth, comparable to population increases in Maryland and the United States, which saw 13.4% and 14.7% increases respectively.

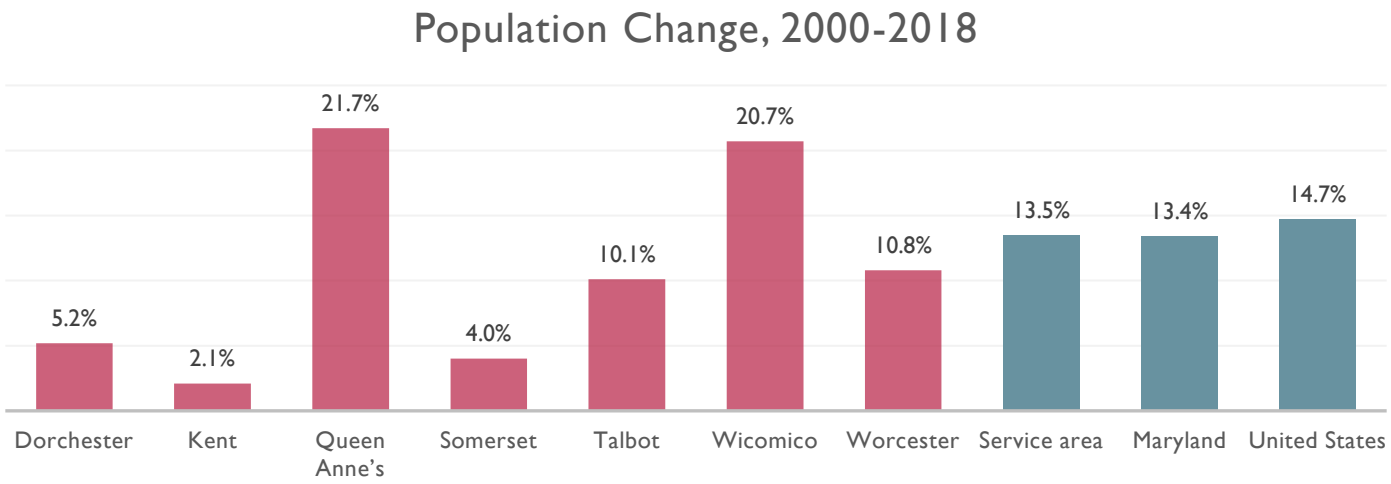


Figure 6: Population Change, 2000-2018 Chart

Racial and Ethnic Composition

The service area is predominately White (75.3%), with the second most populous race being Black (20.1%). Fremont County has a small proportion of Hispanic/Latino residents, with 4.6% of the County's population.

Racial Composition[26]						
Area	White	Black	Native American	Asian	Native Hawaiian	Mixed
Dorchester	66.8%	27.9%	0.1%	1.1%	0.0%	4.1%
Kent	82.0%	14.5%	0.1%	1.3%	0.0%	2.1%
Queen Anne's	90.4%	6.9%	0.1%	0.9%	0.1%	1.6%
Somerset	53.8%	43.0%	0.3%	1.0%	0.0%	1.8%
Talbot	83.7%	11.2%	0.1%	1.4%	0.1%	3.6%
Wicomico	67.8%	26.2%	0.2%	3.2%	0.0%	2.6%
Worcester	83.2%	13.1%	0.2%	1.3%	0.1%	2.0%
Service area	75.3%	20.1%	0.2%	1.8%	0.1%	2.5%
Maryland	58.6%	31.1%	0.3%	6.5%	0.1%	3.5%
United States	76.5%	13.3%	0.9%	5.7%	0.2%	3.4%

Table 7: Racial Composition

[26] Community Action Partnership (2014-2018). Community Action Partnership Report. Retrieved from https://cap.engagementnetwork.org/.

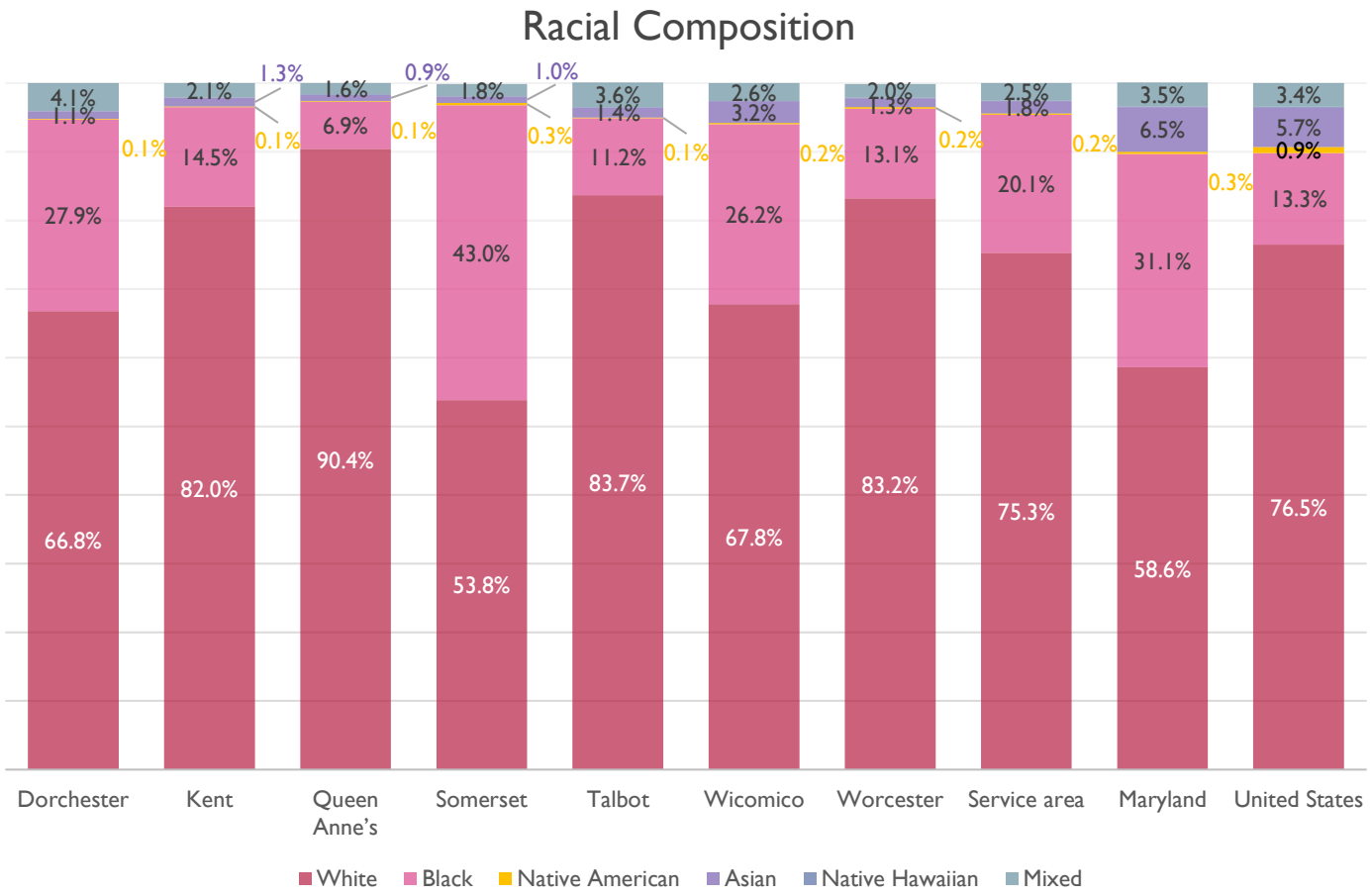


Figure 7: Racial Composition Chart

Ethnic Composition[27]				
Area	# Hispanic	# Not Hispanic	% Hispanic	% Not Hispanic
Dorchester	1,715	30,546	5.3%	94.7%
Kent	848	18,745	4.3%	95.7%
Queen Anne's	1,871	47,484	3.8%	96.2%
Somerset	899	24,838	3.5%	96.5%
Talbot	2,412	34,799	6.5%	93.5%
Wicomico	5,198	96,974	5.1%	94.9%
Worcester	1,765	49,799	3.4%	96.6%
Service area	14,708	303,185	4.6%	95.4%
Maryland	588,912	5,414,523	9.8%	90.2%
United States	57,517,935	265,385,095	17.8%	82.2%

[27] Community Action Partnership (2014-2018). Community Action Partnership Report. Retrieved from https://cap.engagementnetwork.org/.

Table 8: Ethnic Composition

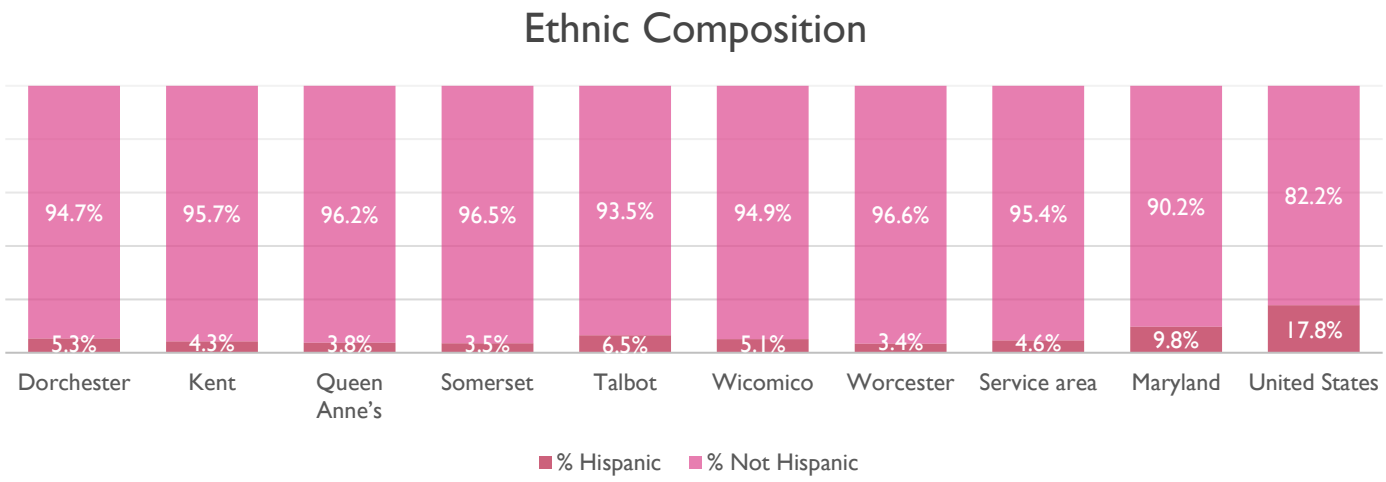


Figure 5: Ethnic Composition Chart

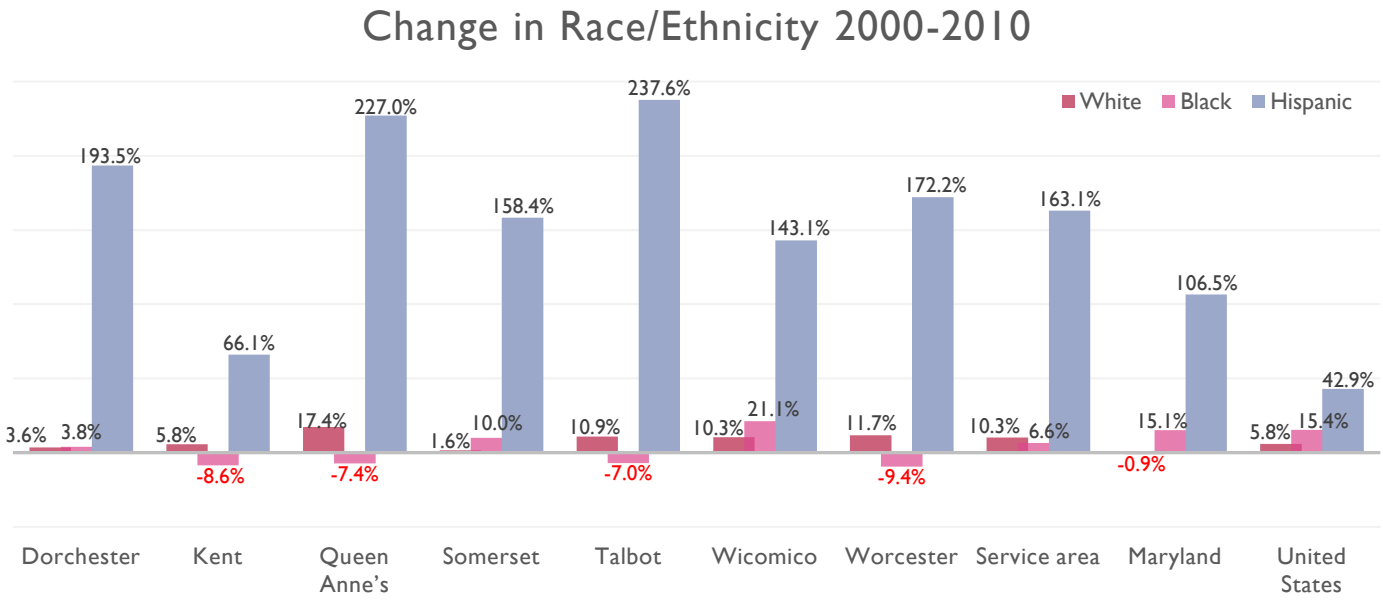


Figure 6: Change in Race/Ethnicity 2000-2010 Chart

The White population increased in the service area since the year 2000, a trend that opposes that of Maryland and reflects that the nation. The service area also experienced an increase in the Black population, a trend that reflects that of the state, and the nation. The service area saw a significant increase in the Hispanic/Latino population which mirrors the trend seen at state and national levels, albeit at a slower rate.

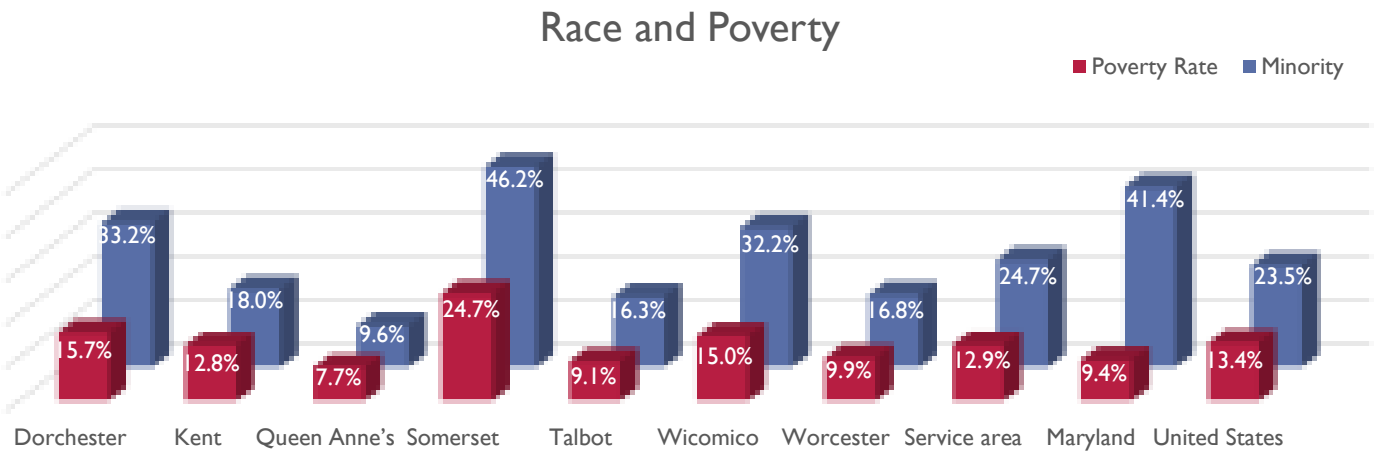


Figure 9: Race and Poverty Chart

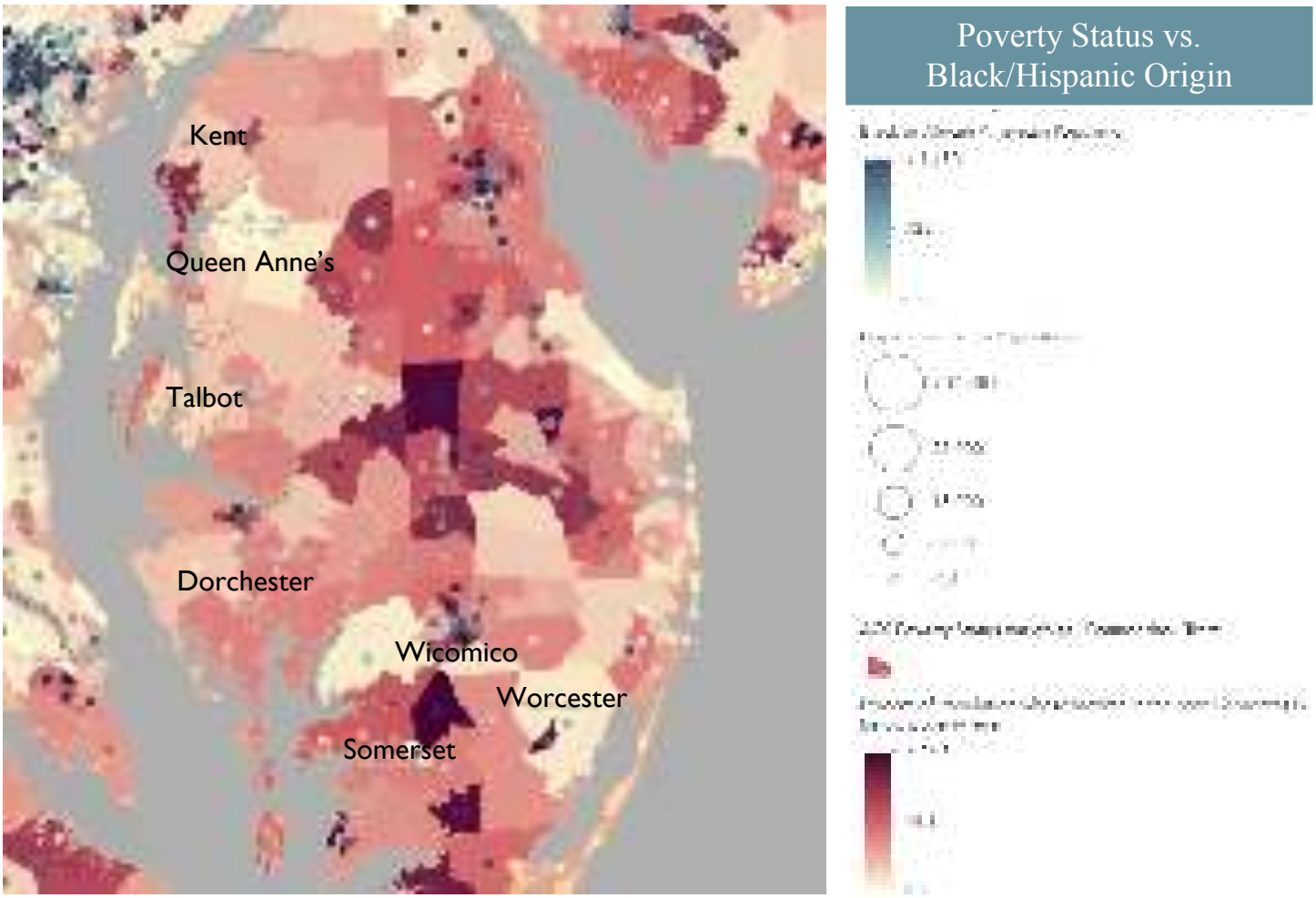


Figure 10: Poverty Status vs. Black/Hispanic Origin Map

Age and Gender

Age is the single individual-level demographic characteristic that impacts health most significantly. The inverse relationship between age and health is consistent across time, population groups, and disease states.[28] The table below shows the population of the counties in the service area by age group.

Age and Gender[29]																		
Age	Dorchester		Kent		Queen Anne's		Somerset		Talbot		Wicomico		Worcester		Maryland		United States	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Total	32,261		19,593		49,355		25,737		37,211		102,172		51,564		6,003,435		322,903,030	
<5	6.0%	5.5%	4.6%	3.6%	5.1%	5.0%	4.0%	5.5%	4.3%	5.0%	6.4%	5.7%	4.6%	3.8%	6.4%	5.8%	6.4%	5.9%
5-9	6.0%	5.2%	4.5%	3.9%	6.1%	5.9%	5.5%	3.6%	5.5%	4.9%	5.8%	6.2%	5.1%	4.6%	6.5%	5.9%	6.5%	6.1%
10-14	6.5%	5.9%	5.0%	5.1%	7.1%	6.4%	4.1%	6.1%	5.8%	4.7%	7.3%	5.2%	5.8%	4.8%	6.6%	6.0%	6.7%	6.2%
15-19	6.2%	4.7%	7.4%	9.0%	6.3%	6.0%	5.6%	10.1%	6.0%	4.4%	8.7%	8.9%	5.4%	4.5%	6.7%	6.1%	6.8%	6.3%
20-24	4.6%	5.4%	8.3%	6.6%	5.9%	5.0%	12.7%	10.7%	4.5%	4.1%	9.9%	10.4%	5.1%	4.6%	6.8%	6.2%	7.2%	6.6%
25-29	7.5%	6.1%	5.2%	5.2%	5.2%	4.9%	9.7%	5.2%	5.4%	4.8%	6.5%	6.0%	5.1%	5.1%	7.2%	6.7%	7.3%	6.8%
30-34	5.5%	5.7%	5.3%	4.5%	5.2%	5.4%	8.0%	4.8%	4.6%	5.0%	5.8%	5.6%	4.7%	4.3%	6.9%	6.8%	6.9%	6.6%
35-39	4.6%	4.6%	4.7%	3.7%	5.3%	5.7%	6.6%	5.9%	5.7%	5.4%	5.6%	5.8%	4.9%	4.6%	6.6%	6.5%	6.5%	6.3%
40-44	5.4%	5.9%	4.4%	4.2%	5.6%	5.6%	5.5%	3.9%	3.8%	4.1%	5.5%	5.2%	5.2%	5.0%	6.2%	6.2%	6.3%	6.1%
45-49	5.9%	6.5%	5.6%	4.7%	7.4%	7.2%	6.7%	5.1%	6.1%	5.5%	5.9%	5.5%	6.4%	6.3%	6.8%	6.9%	6.5%	6.4%
50-54	7.4%	7.4%	6.3%	7.0%	8.4%	8.6%	6.0%	6.3%	7.0%	7.0%	6.2%	6.4%	7.3%	7.6%	7.3%	7.4%	6.7%	6.8%
55-59	7.2%	8.6%	7.6%	8.4%	8.7%	8.1%	5.8%	7.0%	7.4%	7.9%	6.1%	6.8%	8.0%	7.2%	6.9%	7.1%	6.6%	6.8%
60-64	7.9%	6.8%	6.7%	7.4%	6.5%	7.3%	6.3%	7.3%	7.5%	8.0%	6.4%	6.1%	7.5%	9.0%	6.0%	6.4%	5.9%	6.3%
65-69	5.9%	6.3%	7.8%	7.0%	6.0%	6.4%	5.3%	5.3%	7.3%	8.5%	5.3%	5.1%	8.0%	8.7%	4.7%	5.2%	4.9%	5.3%
70-74	5.6%	5.6%	6.3%	7.2%	4.7%	4.9%	3.1%	4.6%	7.2%	6.9%	3.4%	4.0%	6.4%	6.9%	3.3%	3.8%	3.5%	4.0%
75-79	3.9%	4.7%	4.2%	3.4%	3.1%	2.9%	2.6%	3.0%	5.0%	5.4%	2.1%	3.1%	4.8%	4.9%	2.2%	2.8%	2.4%	2.9%
80-84	2.4%	2.2%	3.7%	4.0%	1.9%	2.1%	1.5%	2.8%	3.5%	4.0%	2.0%	2.0%	3.7%	4.2%	1.4%	1.9%	1.6%	2.1%
85+	1.5%	2.8%	2.4%	5.2%	1.4%	2.6%	0.9%	2.8%	3.4%	4.5%	1.2%	2.1%	2.1%	3.9%	1.3%	2.3%	1.4%	2.5%

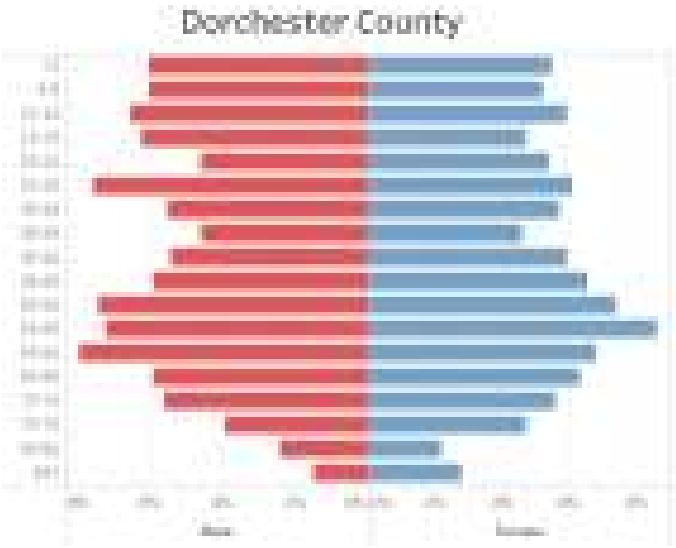
Table 9: Age and Gender

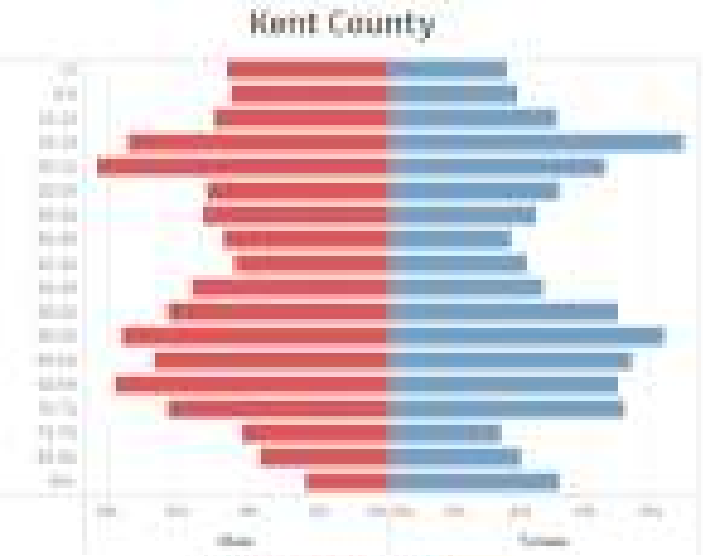
The service area had 63,485 children under 18 years old according to the ACS 2014-2018 5-year population estimates. The female population comprised 51.9% of the service area, while the male population represented 48.1%.

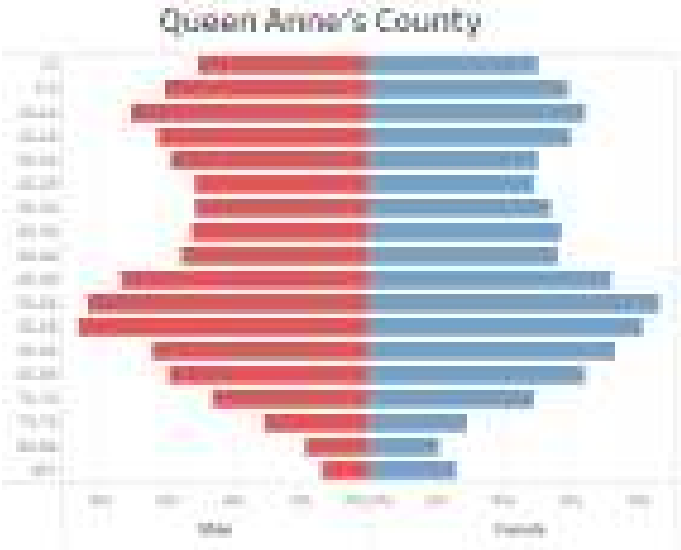
[28] Cagney, K. A. (2006). Neighborhood age structure and its implications for health. Journal of Urban Health: Bulletin of the New York Academy of Medicine, 83(5), 827–834. doi:10.1007/s11524-006-9092-z

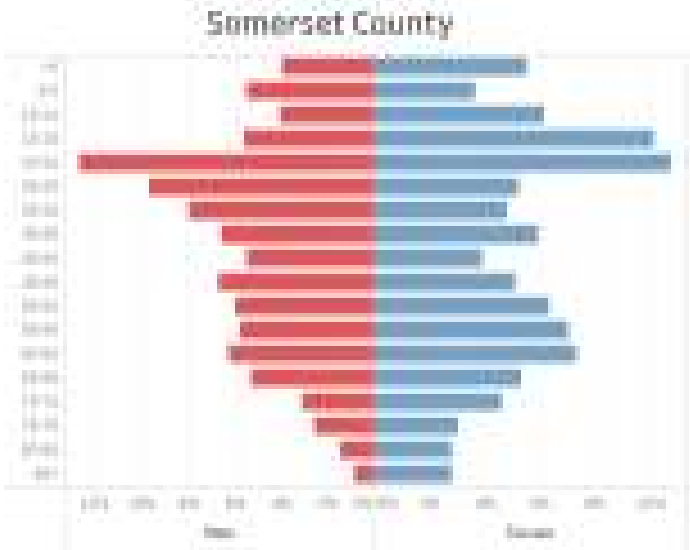
[29] United States Census Bureau (2014-2018). Age and Sex, Table S0101. Retrieved from https://data.census.gov/.

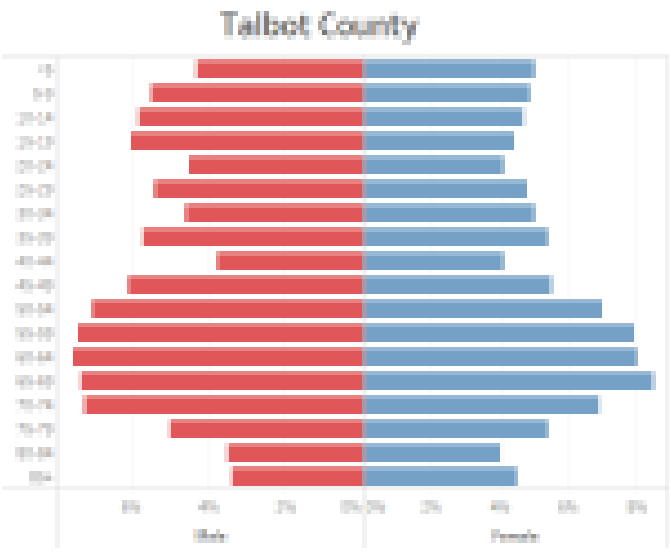
Population Pyramids

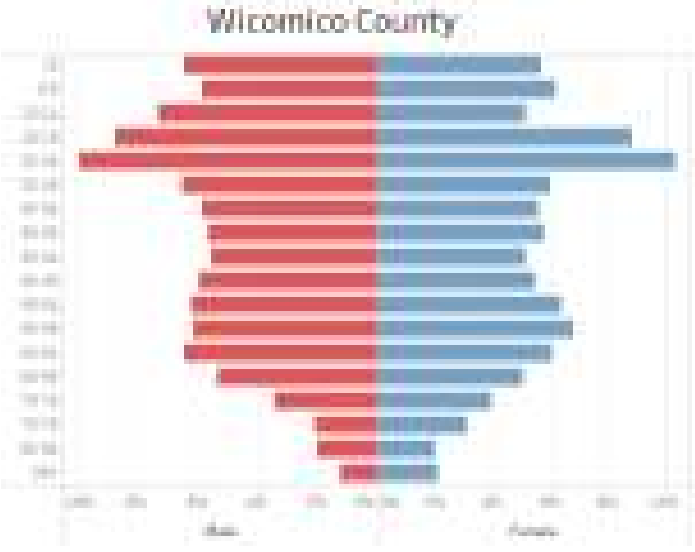












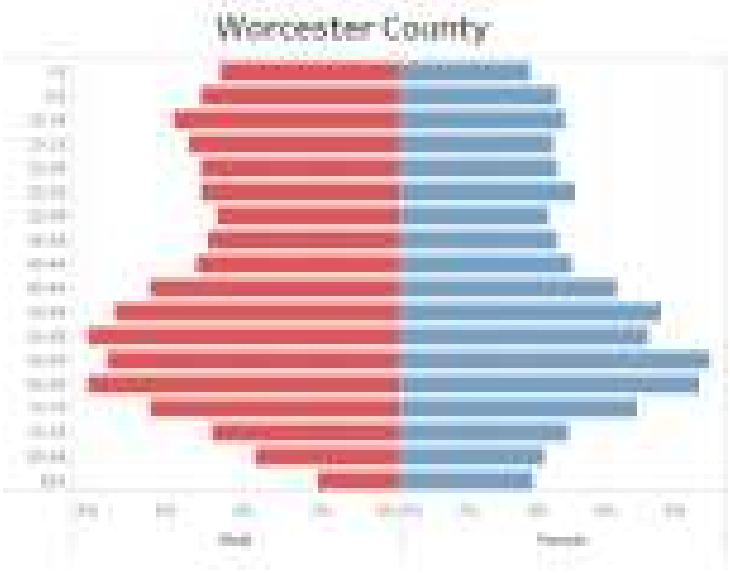


Figure 7: Population Pyramids

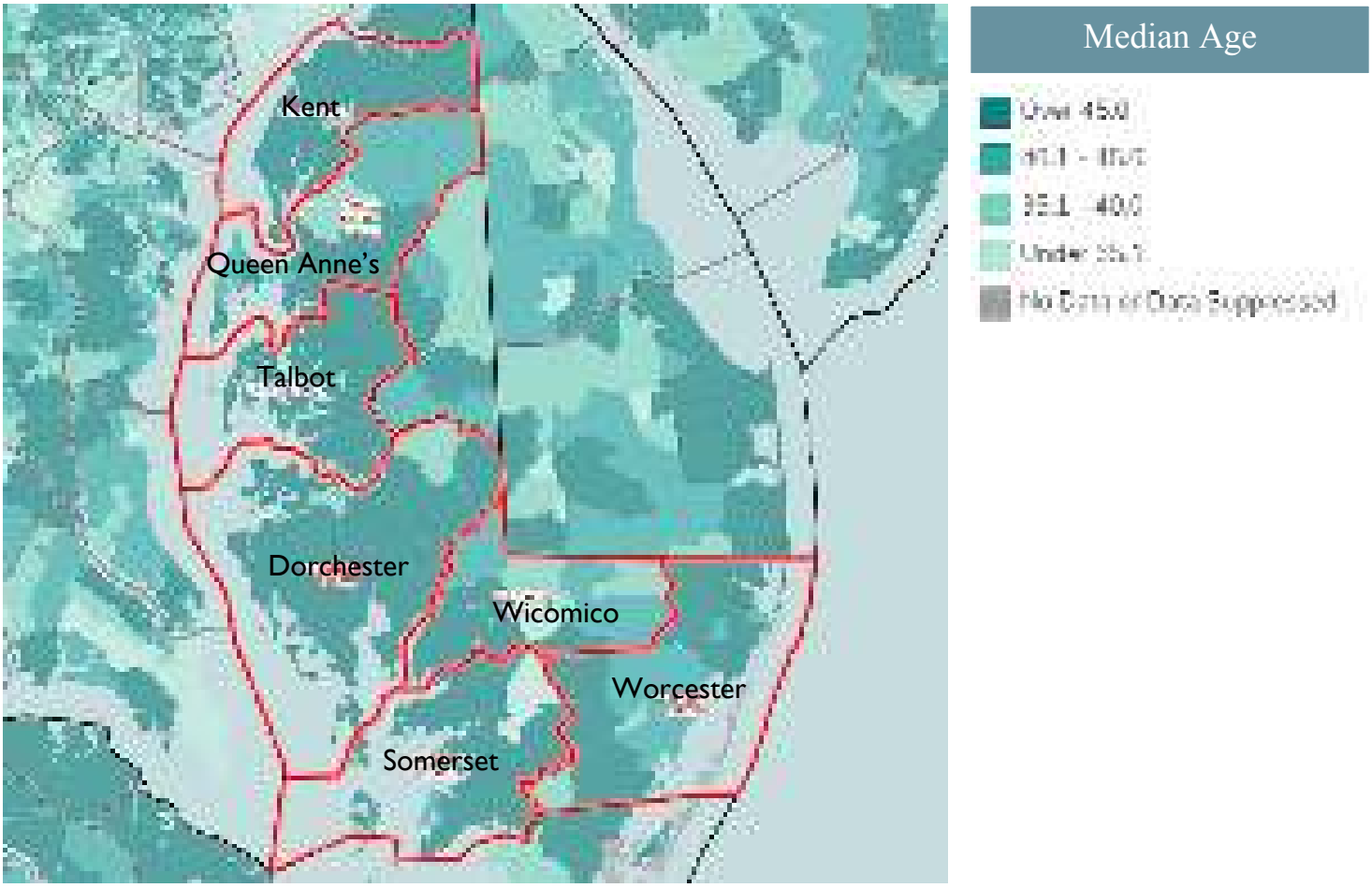


Figure 8: Median Age Map

Household Composition

Family Households

The U.S. Census Bureau reports 122,641 family households in the service area. When data is examined by household type, family households comprise 66.7% of households in the service area. The service area has a lower proportion of families with children than the state, but higher than the nation.

Family Households[30]			
Area	Total Households	Family Households	Families with Children <18
Dorchester	13,264	8,778	23.1%
Kent	7,910	4,832	16.9%
Queen Anne's	18,148	13,354	28.6%
Somerset	8,383	5,514	24.9%
Talbot	16,627	11,106	23.3%
Wicomico	36,637	24,546	28.8%
Worcester	21,672	13,636	18.2%
Service area	122,641	81,766	23.6%
Maryland	2,192,518	1,466,554	28.7%
United States	119,730,128	78,697,103	23.1%

Table 10: Family Households

Household Composition

The county with the highest proportion of single mothers in the service area is Worcester County with 25.0% of households without a husband present. The service area has a higher proportion of married-couple households than the state and the nation.

Household Composition[31]					
Area	Total	Married-Couple Households	Single Male Householder	Single Female Householder	Nonfamily
Dorchester	13,264	43.5%	4.7%	17.9%	33.9%
Kent	7,910	46.1%	4.9%	10.1%	38.9%
Queen Anne's	18,148	60.9%	4.0%	8.7%	26.4%
Somerset	8,383	41.0%	6.5%	18.2%	34.3%
Talbot	16,627	51.7%	3.9%	11.2%	33.2%
Wicomico	36,637	45.7%	6.5%	5.8%	42.0%
Worcester	21,672	49.3%	3.7%	25.0%	22.0%
Service area	122,641	48.8%	5.0%	12.8%	33.4%
Maryland	2,192,518	48.1%	4.8%	14.0%	33.1%
United States	119,730,128	48.3%	4.9%	12.6%	34.2%

Table 11: Household Composition

[30] United States Census Bureau (2014-2018). Households and Families, Table S1101. Retrieved from https://data.census.gov/.
[31] United States Census Bureau (2014-2018). Households and Families, Table S1101. Retrieved from https://data.census.gov/.

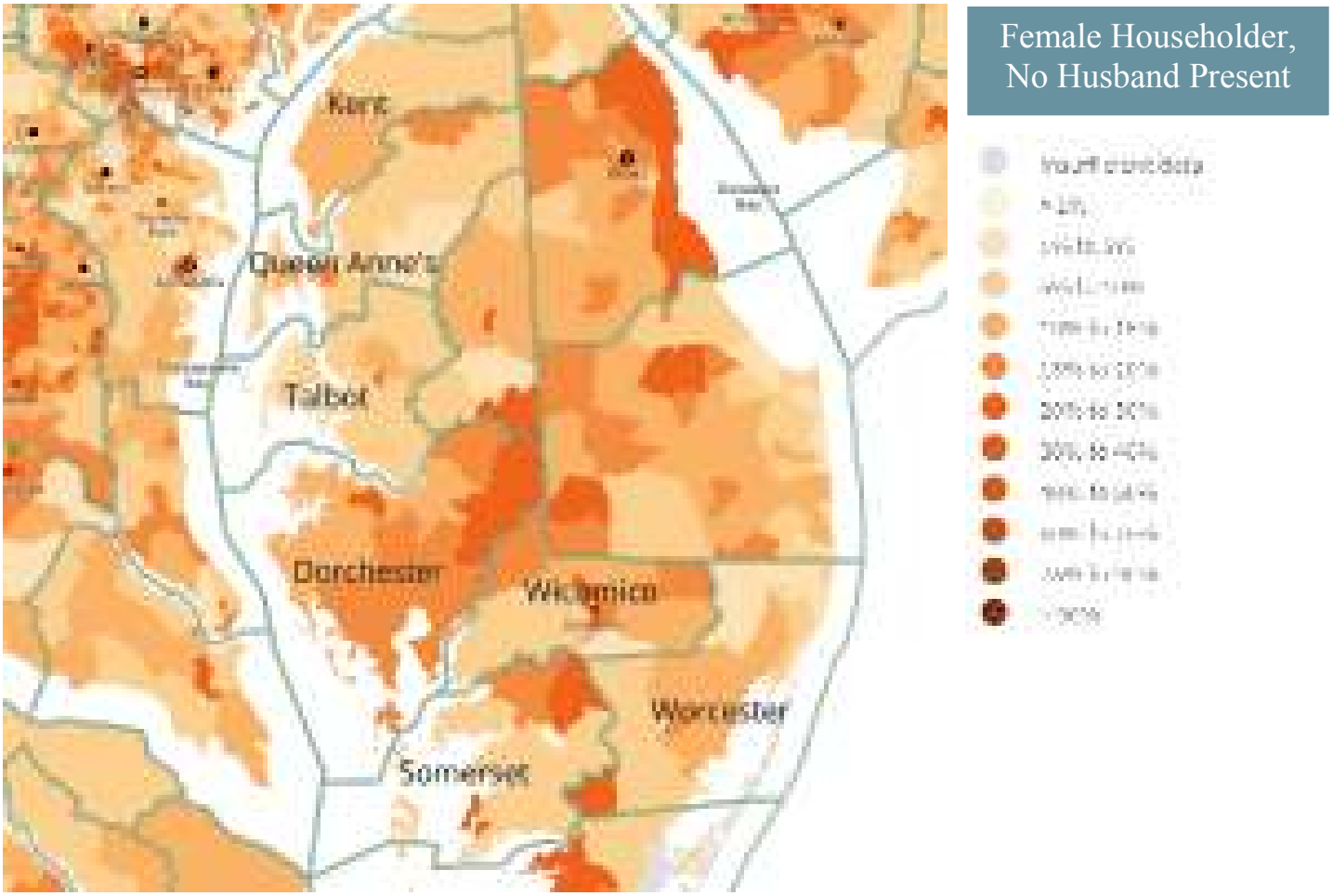


Figure 13: Female Householder, No Husband Present Map

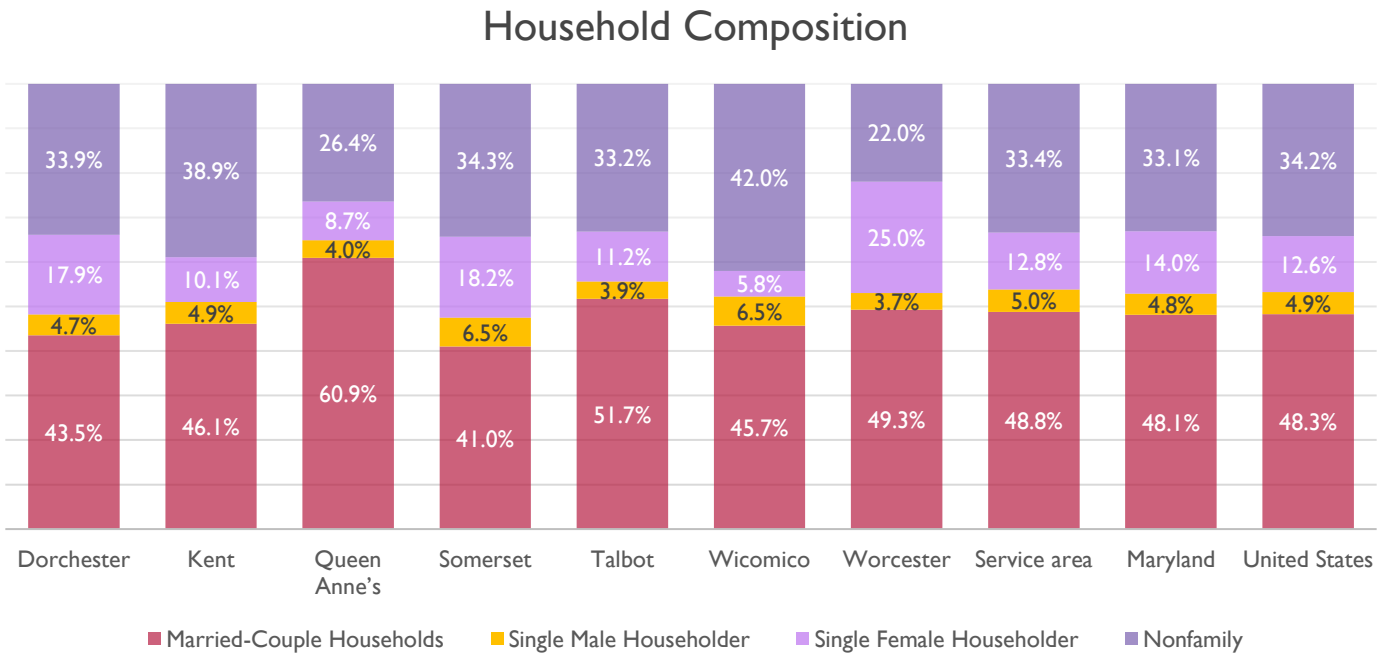


Figure 9: Household Composition Chart

Household Composition of Children Under 5 Years Old

Household Composition of Children Under 6[32]									
Area	Dorchester	Kent	Queen Anne's	Somerset	Talbot	Wicomico	Worcester	Maryland	United States
Total households	13,264	7,910	18,148	8,383	16,627	36,637	21,672	2,192,518	119,730,128
With children <6	26.0%	18.9%	18.2%	25.3%	18.9%	22.7%	20.0%	21.5%	21.7%
Married-couple family household with children <6	18.6%	15.3%	19.8%	11.3%	22.8%	18.2%	23.2%	23.0%	22.2%
Single male householder with children <6	20.4%	30.7%	19.9%	15.0%	18.9%	40.5%	17.8%	23.2%	25.8%
Single female householder with children <6	36.6%	19.6%	7.6%	46.6%	7.4%	25.4%	13.0%	16.8%	18.8%

Table 12: Household Composition of Children <5

Community Survey Participants

A total of 455 individuals responded to the community survey and 26 agency partners participated.

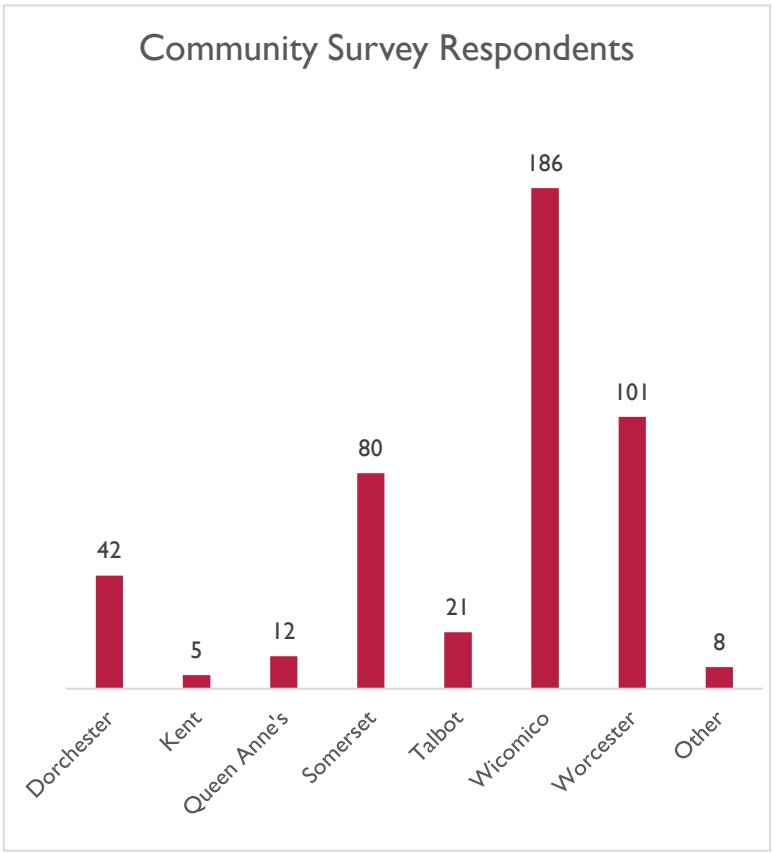
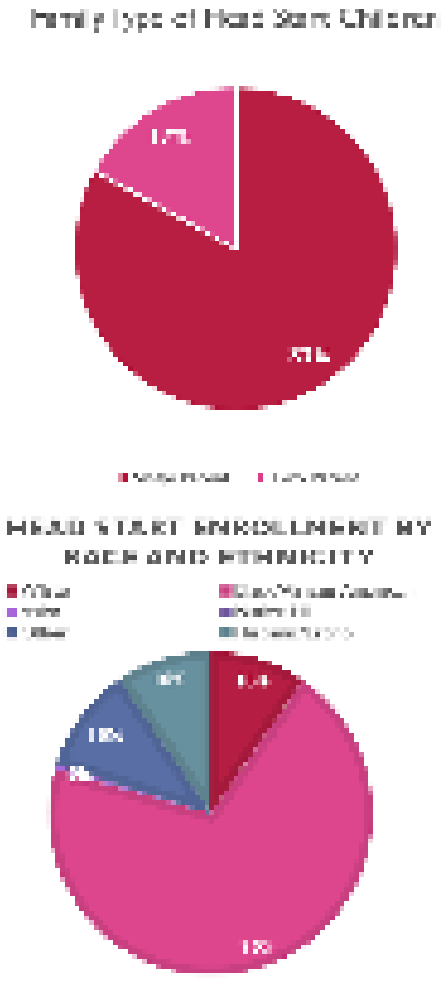


Figure 15: Community Survey Participants



[32] United States Census Bureau (2014-2018.). Households and Families, Table S1101. Retrieved from https://data.census.gov/.

Key Findings

Long-term trends indicate that the population is increasing in the service area, a trend that is mirrored in the state and nation. The service area is composed of a lower percentage of Black/African Americans (20.1%) than the population residing in the state of Maryland (31.1%) and a lower composition of Hispanics/Latinos (4.6%) than the state (9.8%). Over the years, there has been an increase in the Black/African American and Latino populations in the service area counties.

Data shows that 45.6% of children under 5 years of age are living in single-parent families in the service area. Children living in single-parent households are overrepresented in Head Start, as are children of color indicating that there are more children in these cohorts in poverty than Whites. Growing up in single-parent households can increase children's risk of poverty, physical health issues and mental health problems later in life. It has been found that children from single-parent households, especially those living with single-mothers are more likely to have moderate to very poor health outcomes, score higher on the emotional problem scale and the hyperactivity scale and experience more home environmental stress, such as noise and air pollution. These circumstances stem from lack of access to resources, which is evident in the reduced income for single-mothers illustrated in the community assessment data. Single-mothers also face additional resource barriers because they are frequently the only caregiver for their children. [33]

[33] Scharte, M. & Bolte, G. (2012). Increased health risks of children with single mothers: The impact of socio-economic and environmental factors. European journal of public health. 23. 10.1093/eurpub/cks062.

Economic Activities

As income increases or decreases, health improves and is diminished. A household's income impacts the choices about housing, education, childcare, food, medical care, and more that the household makes. Employment usually includes benefits which further support healthy lifestyle choices. Underemployment and unemployment limit purchasing power, and the inability to accumulate savings and assets puts families at risk during times of economic distress[34].

Employment

The service area has 151,103 employed residents. Unemployment currently stands at 4.7% in the service area, higher than both the state unemployment rate and the national unemployment rate. Worcester County possesses the highest unemployment level in the service area at 9.4% of the labor force. Unemployment is lowest in Queen Anne's County (2.9%).

Employment[35]				
Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Dorchester	15,330	14,689	641	4.2%
Kent	10,047	9,683	364	3.6%
Queen Anne's	28,281	27,551	730	2.6%
Somerset	9,100	8,602	498	5.5%
Talbot	19,572	19,007	565	2.9%
Wicomico	50,453	48,184	2,269	4.5%
Worcester	25,825	23,387	2,438	9.4%
Service area	158,608	151,103	7,505	4.7%
Maryland	3,287,685	3,189,418	98,267	3.0%
United States	165,051,502	159,452,809	5,598,693	3.4%

Table 13: Unemployment

[34] County Health Rankings (2019). What Works? Social and Economic Opportunities to Improve Health for All. Retrieved from https://www.countyhealthrankings.org/
[35] Community Action Partnership (2019). Community Action Partnership Report. Retrieved from https://cap.engagementnetwork.org/.

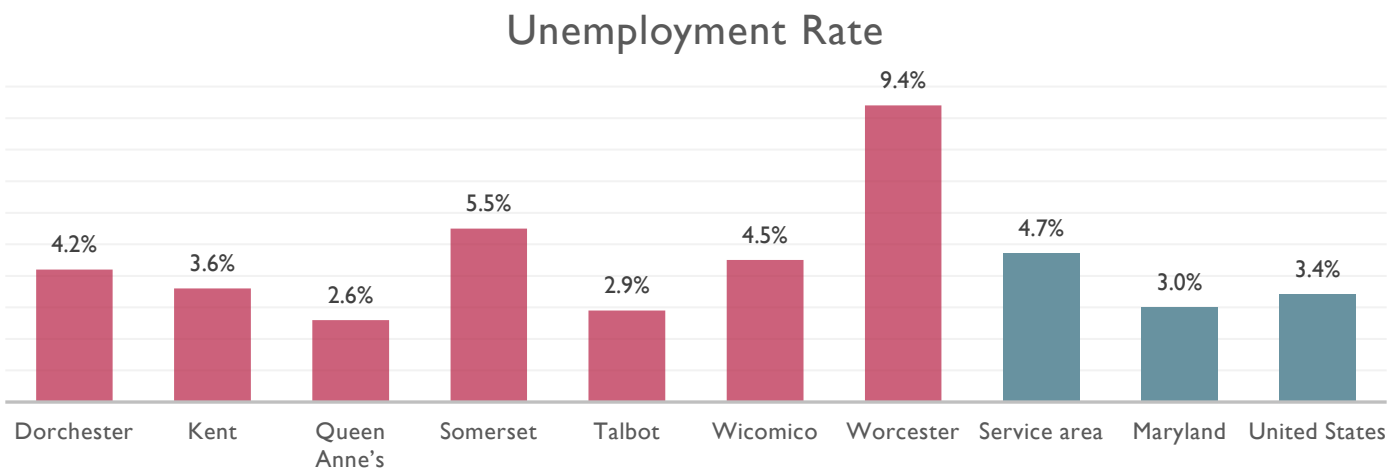


Figure 10: Unemployment Rate Chart

Five Year Unemployment Rate

Unemployment has fallen over the past 5 years, a trend that is consistent with unemployment levels in Maryland and the United States.

Five Year Unemployment Rate[36]					
Area	December 2015	December 2016	December 2017	December 2018	December 2019
Dorchester	6.7%	6.4%	6.0%	5.0%	4.2%
Kent	5.0%	4.7%	4.5%	3.9%	3.6%
Queen Anne's	3.8%	3.6%	3.4%	2.8%	2.6%
Somerset	8.1%	7.6%	7.3%	6.5%	5.5%
Talbot	4.6%	4.2%	3.9%	3.5%	2.9%
Wicomico	6.9%	6.9%	6.5%	5.2%	4.5%
Worcester	13.4%	12.8%	12.8%	11.2%	9.4%
Service area	7.1%	6.8%	6.5%	5.5%	4.7%
Maryland	4.4%	4.1%	4.0%	3.5%	3.0%
United States	4.8%	4.6%	4.0%	3.7%	3.4%

Table 14: Five Year Unemployment Rate

Unemployment and COVID-19

Unemployment has also risen due to the COVID-19 pandemic. The most recent unemployment rate for Maryland indicates a rate of 9.9% for April, 2020. 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 and they are also more likely to be laid-off. A disproportionate number of the jobs lost have also been in the retail and hospitality sector where employers already schedule work hours unpredictably. The increase of contracting COVID-19 is much higher for individuals who have high-touch positions, which are disproportionately individuals of color and those with a high school diploma as their highest level of educational attainment.

[36] Community Action Partnership (2019). Community Action Partnership Report. Retrieved from https://cap.engagementnetwork.org/.

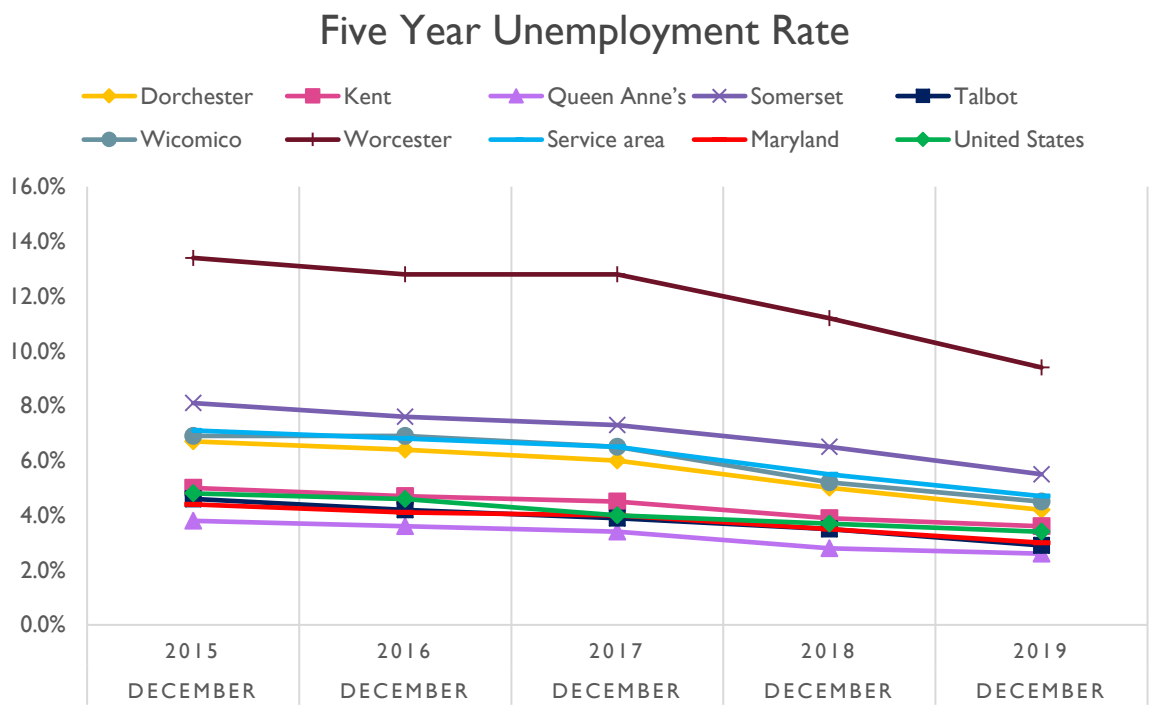
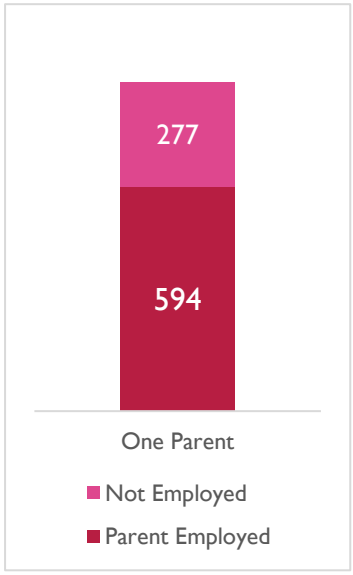
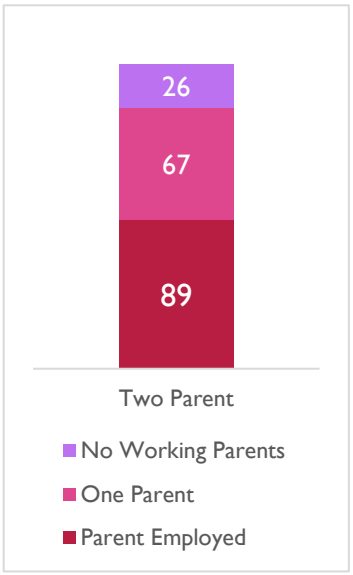
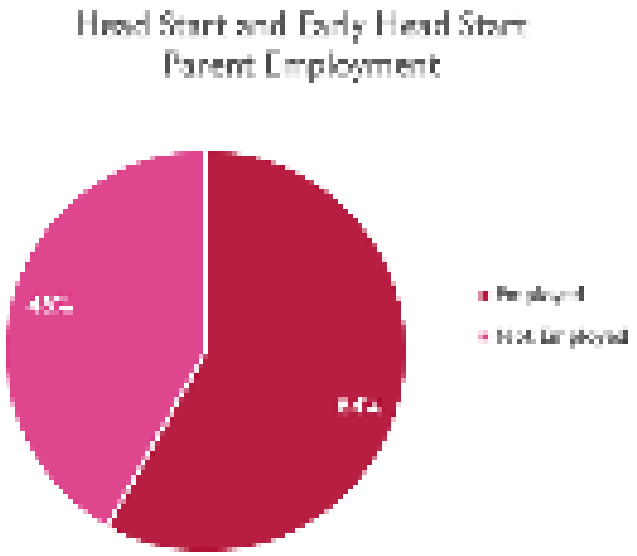


Figure 11: Five Year Unemployment Rate Chart

Head Start Parent Employment







If the unemployment rate were calculated for Head Start and Early Head Start families, it would be 29%.

Figure 12: Work Status of Head Start Families

Community Survey Responses

Among a sample size of 26 community partners responding to the survey, 56% noted an increase in the past year in the need for employment opportunities that pay a living wage. When asked the following questions about community employment opportunities, of 455 community members asked to respond to the survey, of 393 respondents that answered the questions related to employment, 65% (256) noted that there was a major need for additional employment opportunities. Additionally, 65% (256) noted there was a major need for job skills training in the community, and almost 30% (99) noted job training as a minor need. When asked the following questions about how partners thought Coronavirus would impact employment in their county, anecdotal responses included:

"Employment will go down; there is no way to stop this until the virus is controlled."

"More people will be looking for work."

"It may bring an entirely different need, thus changing the types of jobs being offered. For example, a position could become available for tracking communicable diseases."

" If a large number of small businesses declare bankruptcy and close, there may be fewer opportunities for employment within the county."

"I believe ingenuity will lead to more self-employed individuals and entrepreneurship."

" There will be more on unemployment putting a burden on food pantries, utility assistance and housing. We will see an increase in child abuse and neglect as well as domestic violence."

"Will affect our poorer citizens; most others will bounce back relatively quickly."

"The market will be tighter and some people, especially young adults trying to enter the workforce, will struggle to gain experience, which could put them further behind. Several businesses have already said they will not be reopening."

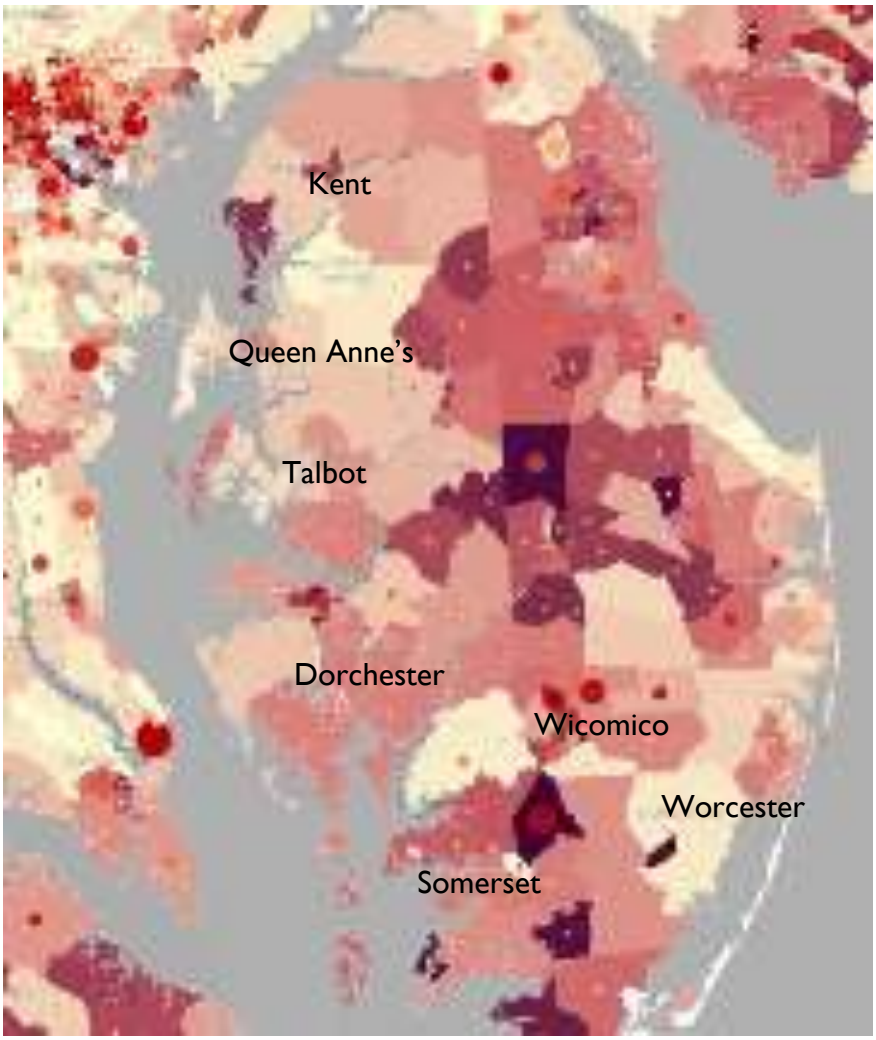


Figure 19: Poverty Status vs. Unemployment Status Map

Occupation

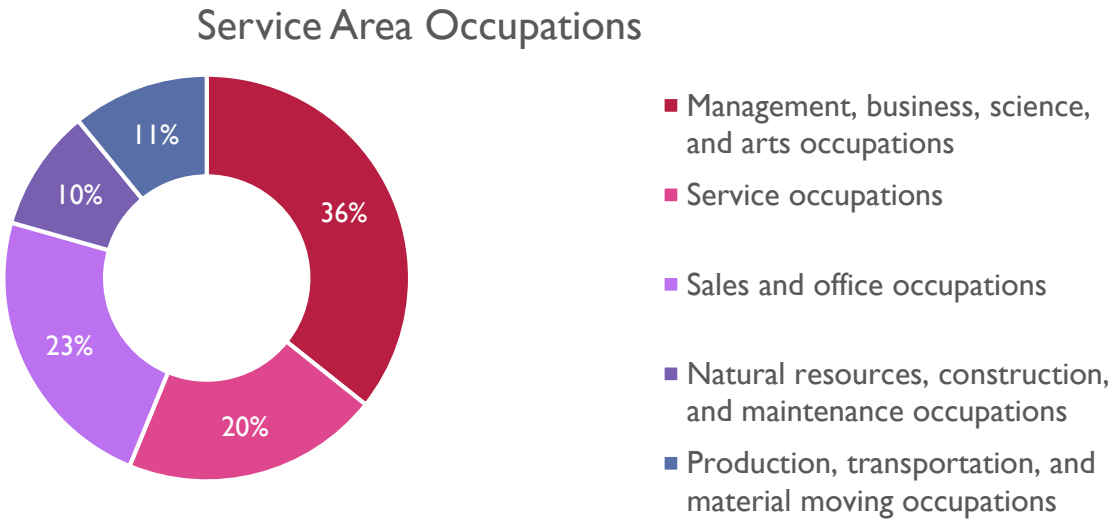


Figure 13: Service Area Occupations Chart

Occupation[37]										
Type	Dorchester	Kent	Queen Anne's	Somerset	Talbot	Wicomico	Worcester	Service Area	Maryland	United States
Civilian employed population >16 years	15,209	9,239	25,639	8,707	17,905	49,229	24,042	149,970	3,051,333	152,739,884
Management, business, science, and arts occupations	4,821	3,397	10,861	2,501	7,668	16,033	8,275	53,556	1,392,767	57,945,862
	31.7%	36.8%	42.4%	28.7%	42.8%	32.6%	34.4%	35.7%	45.6%	37.9%
Service occupations	3,034	1,867	3,751	2,138	3,358	11,076	5,480	30,704	523,719	27,272,863
	19.9%	20.2%	14.6%	24.6%	18.8%	22.5%	22.8%	20.5%	17.2%	17.9%
Sales and office occupations	3,413	2,094	6,082	1,846	3,774	11,557	5,967	34,733	623,723	33,711,613
	22.4%	22.7%	23.7%	21.2%	21.1%	23.5%	24.8%	23.2%	20.4%	22.1%
Natural resources, construction, and maintenance occupations	1,559	841	2,646	997	1,750	4,438	2,378	14,609	236,722	13,553,675
	10.3%	9.1%	10.3%	11.5%	9.8%	9.0%	9.9%	9.7%	7.8%	8.9%
Production, transportation, and material moving occupations	2,382	1040	2,299	1225	1,355	6,125	1,942	16,368	274,402	20,255,871
	15.7%	11.3%	9.0%	14.1%	7.6%	12.4%	8.1%	10.9%	9.0%	13.3%

Table 15: Occupation

There are 149,970 employed civilians over the age of 16 in the service area. The main occupation in the service area is in management, business, science, and arts occupations. This trend is also apparent at state and national levels.

[37] United States Census Bureau (2014-2018). Households and Families, Table DP03. Retrieved from https://data.census.gov/.

Occupation

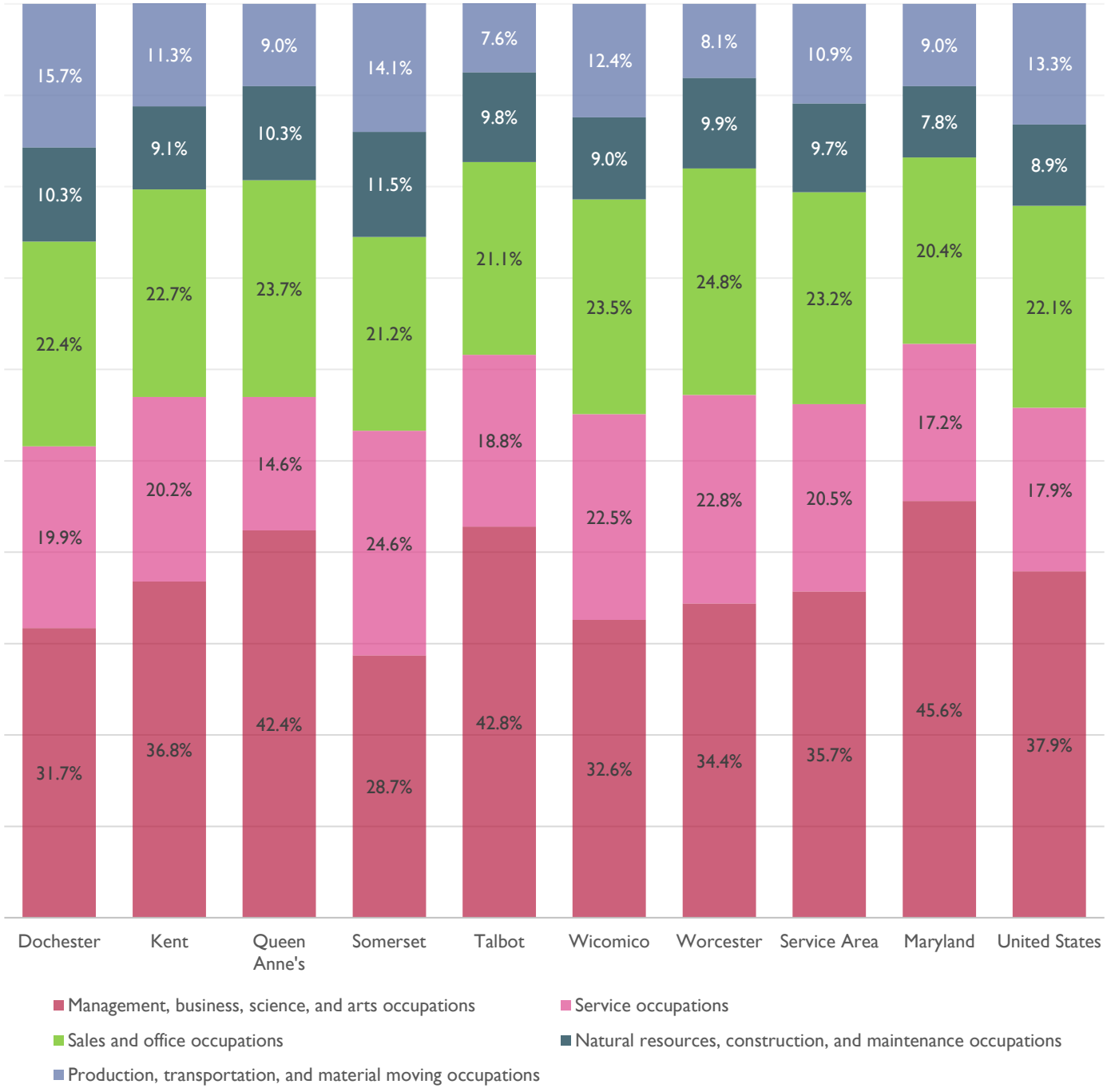


Figure 21: Occupation Chart

Industry

Educational services, health care and social assistance services are the largest industries in the service area (23.8%). The trend parallels that of the state and nation.

Industry[38]										
Type	Dorchester	Kent	Queen Anne's	Somerset	Talbot	Wicomico	Worcester	Service Area	Maryland	United States
Civilian employed population 16 years and over	15,209	9,239	25,639	8,707	17,905	49,229	24,042	149,970	3,051,333	152,739,884
Agriculture, forestry, fishing and hunting, and mining	3.8%	6.0%	3.2%	5.7%	1.7%	1.9%	1.5%	2.7%	0.5%	1.8%
Construction	6.1%	4.3%	9.9%	4.9%	7.4%	6.2%	10.0%	7.4%	6.8%	6.5%
Manufacturing	11.7%	10.9%	6.9%	5.0%	5.1%	8.6%	3.8%	7.4%	4.4%	10.2%
Wholesale trade	3.7%	1.4%	2.6%	3.5%	2.3%	1.9%	2.2%	2.4%	1.8%	2.6%
Retail trade	10.6%	12.1%	9.6%	10.1%	10.5%	13.0%	13.3%	11.7%	9.6%	11.3%
Transportation and warehousing, and utilities	3.9%	3.5%	2.8%	4.4%	3.6%	4.7%	3.7%	3.9%	4.6%	5.2%
Information	1.8%	0.7%	1.7%	1.4%	2.0%	1.6%	1.7%	1.6%	2.1%	2.1%
Finance and insurance, and real estate and rental and leasing	4.8%	4.8%	6.1%	2.4%	6.2%	4.2%	6.1%	5.1%	6.0%	6.6%
Professional, scientific, and management, and administrative and waste management services	8.5%	10.0%	12.1%	7.6%	14.5%	7.5%	8.4%	9.5%	15.5%	11.4%
Educational services, and health care and social assistance	24.6%	24.2%	21.5%	29.7%	23.0%	28.5%	19.2%	24.6%	23.8%	23.1%
Arts, entertainment, and recreation, and accommodation and food services	9.0%	12.2%	8.4%	7.5%	10.9%	11.5%	19.9%	11.8%	8.5%	9.7%
Other services, except public administration	4.7%	4.3%	5.0%	7.0%	6.6%	4.5%	3.8%	4.9%	5.5%	4.9%
Public administration	7.0%	5.8%	10.3%	10.8%	6.3%	5.8%	6.4%	7.1%	10.9%	4.6%

Table 16: Industry

[38] United States Census Bureau (2014-2018). Households and Families, Table DP03. Retrieved from https://data.census.gov/.

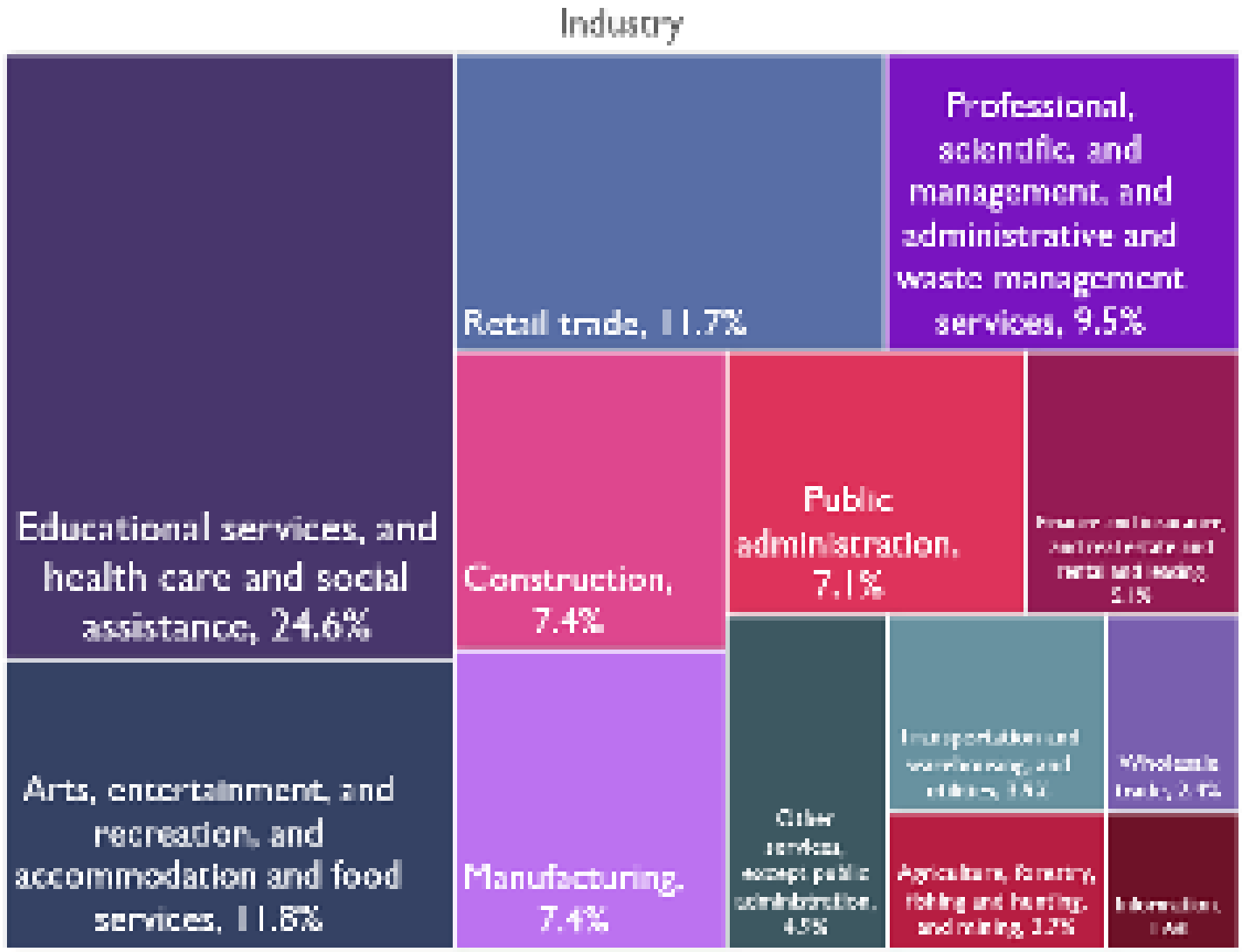


Figure 22: Industry Chart

Income

Income[39]						
Area	Households	Families	Married-couple families	Single female householder	Single male householder	Nonfamily households
Dorchester	$52,145	$65,795	$81,124	$36,801	$37,875	$29,261
Kent	$56,009	$75,057	$87,946	$34,158	$56,875	$32,623
Queen Anne's	$92,167	$108,152	$118,429	$62,658	$69,494	$46,755
Somerset	$42,165	$51,690	$71,378	$31,237	$40,814	$24,065
Talbot	$67,204	$83,627	$98,197	$40,786	$54,000	$38,193
Wicomico	$56,608	$67,606	$83,841	$35,280	$51,250	$34,467
Worcester	$61,145	$77,278	$85,120	$40,857	$77,895	$36,224
Maryland	$81,868	$99,403	$119,293	$53,153	$65,976	$50,246
United States	$60,293	$73,965	$88,752	$36,414	$50,828	$35,971

Table 17: Income

[39] United States Census Bureau (n.d.). Median Income in the Past 12 Months 2014-2018, Table S1903. Retrieved from https://data.census.gov/.

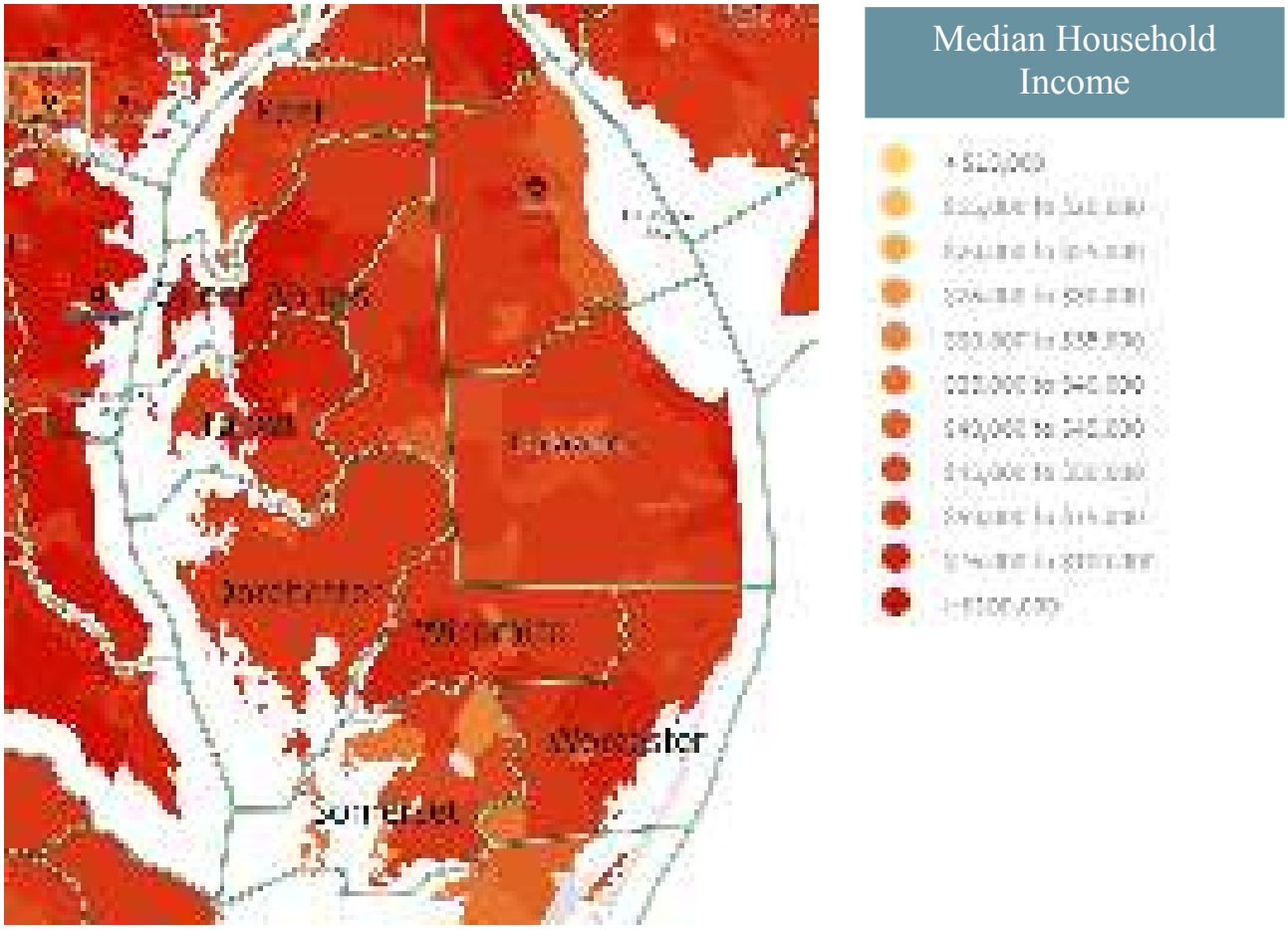


Figure 14: Median Household Income Map

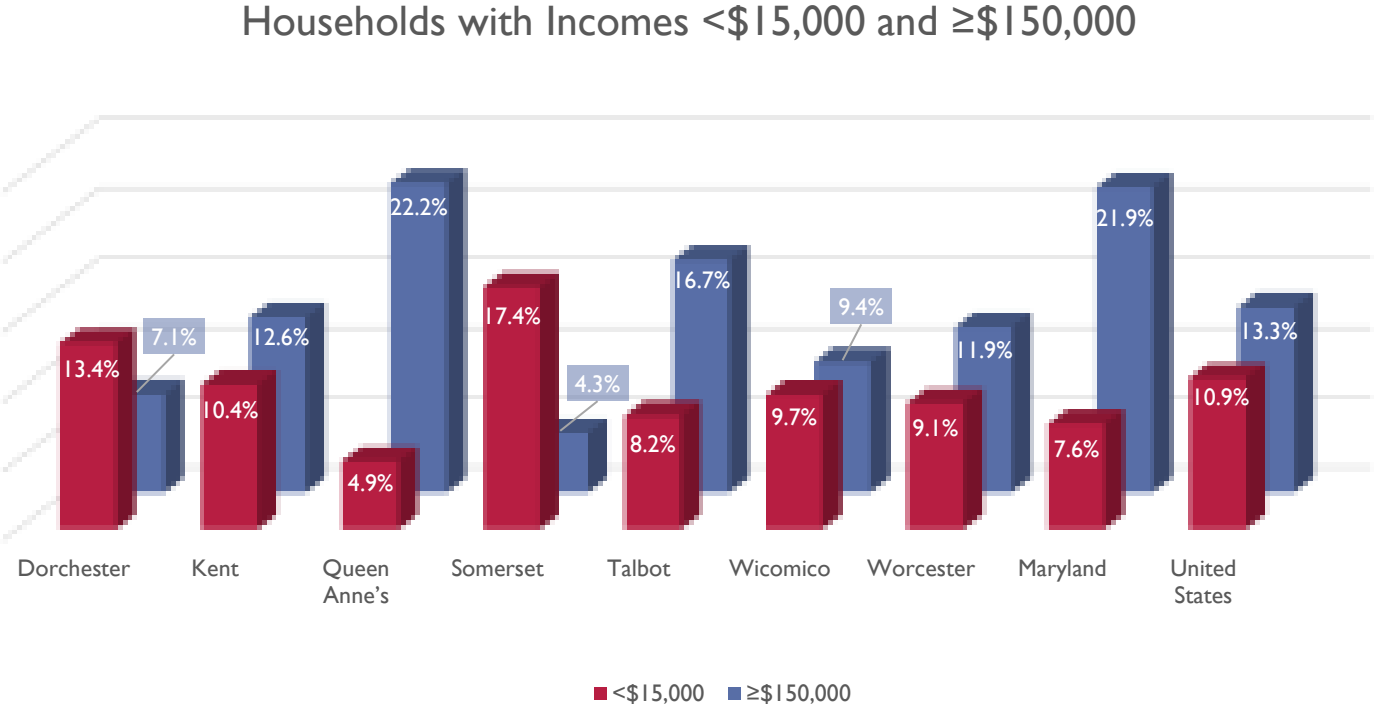


Figure 24: Households with Incomes <$15,000 and ≥$150,000 Chart

Households in Queen Anne's County are the only households in the service area with an income below $15,000 at a rate lower than the state. The rate of households with an income above or equal $200,000 in Queen Mary's County is also higher than the state and the nation.

Median Income by Race/Ethnicity

Data related to income and race/ethnicity is prone to significant variation when examined in the context of small populations. Issues can also arise when examining smaller racial/ethnic populations. Many entries in the below table provide 'no data'. The data we do have, however, provides great insight into the relationship between race/ethnicity and income in the service area and in Maryland. The stark divide between the median income of White residents and Black/African American residents present at the state level is also present in the service area.

Race is correlated with an increase in income in several counties. However, this data should be evaluated in the context of the local industry and the size of the minority population. For example, in Worcester County, Asians represent the highest earning group, but make up only a small portion of the population.

Median Income by Race/Ethnicity[40]								
Area	Non-Hispanic White	Black	Asian	American Indian / Alaska Native	Native Hawaiian / Pacific Islander	Other Race	Multiple Race	Hispanic / Latino
Dorchester	$60,108	$35,968	$88,500	No data	No data	No data	$33,913	$51,250
Kent	$62,755	$30,932	No data	No data	No data	No data	$73,194	$73,929
Queen Anne's	$96,016	$53,179	$65,625	No data	No data	$54,519	$85,750	$80,500
Somerset	$51,705	$30,824	$30,313	No data	No data	No data	No data	$28,636
Talbot	$75,438	$39,777	$72,961	No data	No data	No data	$57,917	$28,214
Wicomico	$61,544	$40,576	$72,862	No data	No data	$49,475	$55,234	$47,786
Worcester	$64,837	$35,125	$116,964	No data	No data	$87,656	$127,552	$70,068
Maryland	$91,898	$65,039	$102,786	$69,955	$89,265	$64,028	$77,834	$70,412
United States	$65,912	$40,155	$83,898	$41,879	$61,354	$46,650	$56,060	$49,225

Table 18: Median Income by Race/Ethnicity

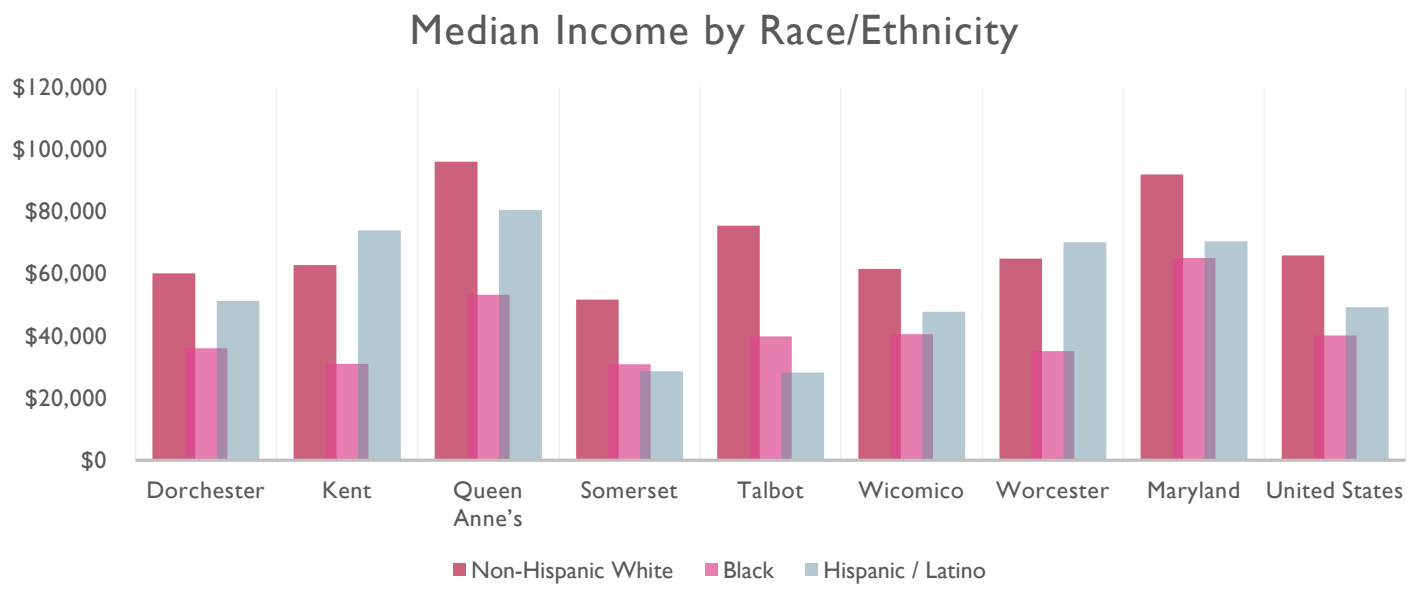


Figure 15: Median Income by Race/Ethnicity Chart

[40] CARES Engagement Network (n.d.). Income – Median Household Income. Retrieved from https://engagementnetwork.org/.

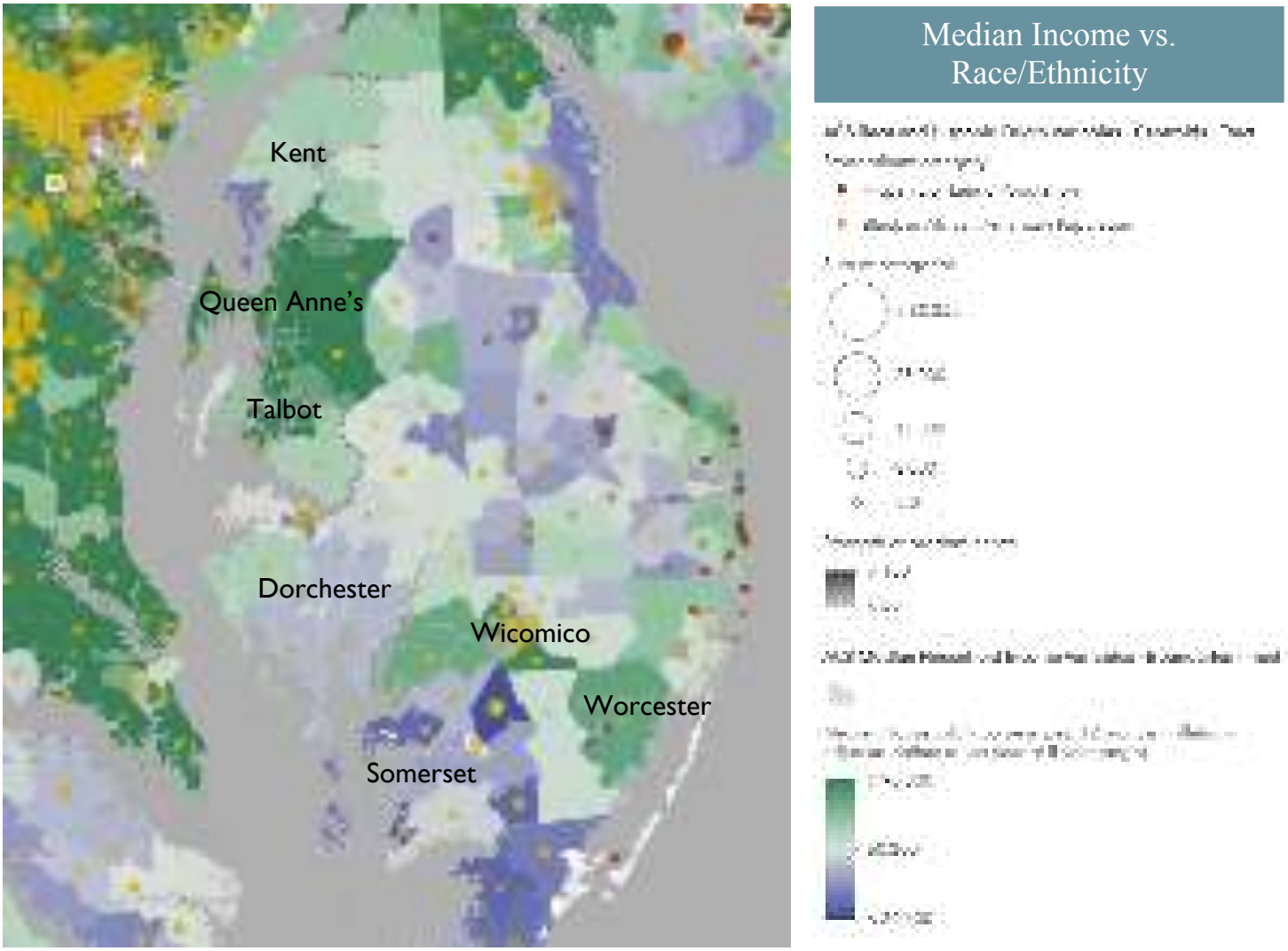


Figure 16: Median Income vs. Race/Ethnicity Map

Temporary Aid to Needy Families

Higher than average employment rates indicate that the primary source of income for families is from work activities. However, a significant number of families 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 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.[41] In Maryland, there was a calendar year average of 17,776 people participating in the Temporary Case Assistance program in 2018.[42]

[41] Maryland Department of Human Services (n.d.). Temporary Cash Assistance. Retrieved from http://dhs.maryland.gov/weathering-tough-times/temporary-cash-assistance/.
[42] Maryland's Open Data Portal (2019). TCA Customers Served: Bar Graph. Retrieved from https://opendata.maryland.gov/Health-and-Human-Services/TCA-Customers-Served-Bar-Graph/ri2t-sea6.

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 2018, 18,870 children under age 18 received SSI benefits in Maryland, 1,550 of which lived in the service area.[43]

SSI Recipients[44]								
County	Total	Category		Age			SSI recipients also receiving OASDI	Amount of payments (thousands of dollars)
		Aged	Blind and disabled	Under 18	18–64	65 or older		
Dorchester	1,301	58	1,243	329	792	180	392	792
Kent	386	31	355	50	257	79	142	209
Queen Anne's	347	27	320	51	236	60	117	203
Somerset	909	53	856	219	566	124	287	593
Talbot	539	43	496	89	342	108	198	287
Wicomico	2,809	170	2,639	662	1,753	394	835	1,750
Worcester	858	53	805	150	585	123	272	503
Maryland	121,059	15,360	105,699	18,870	74,066	28,123	32,666	73,225

Table 19: SSI Recipients

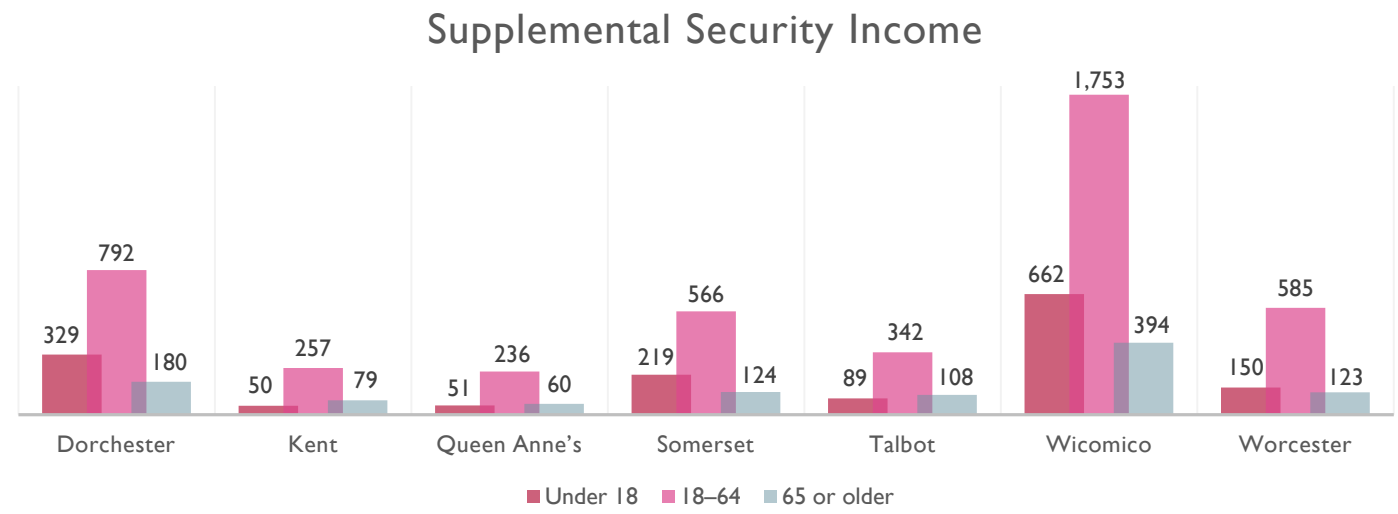


Figure 27: Supplemental Security Income Chart

Public assistance received by Head Start and Early Head Start families is featured in the following chart for SSI, Supplemental Nutrition Assistance Program (SNAP), Temporary Aid for Needy Families, and Women, Infants, and Children (WIC).

[43] Social Security (2018). SSI Recipients by State and County, 2018. Retrieved from https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2018/md.html.
[44] Social Security (2018). SSI Recipients by State and County, 2018. Retrieved from https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2018/md.html.

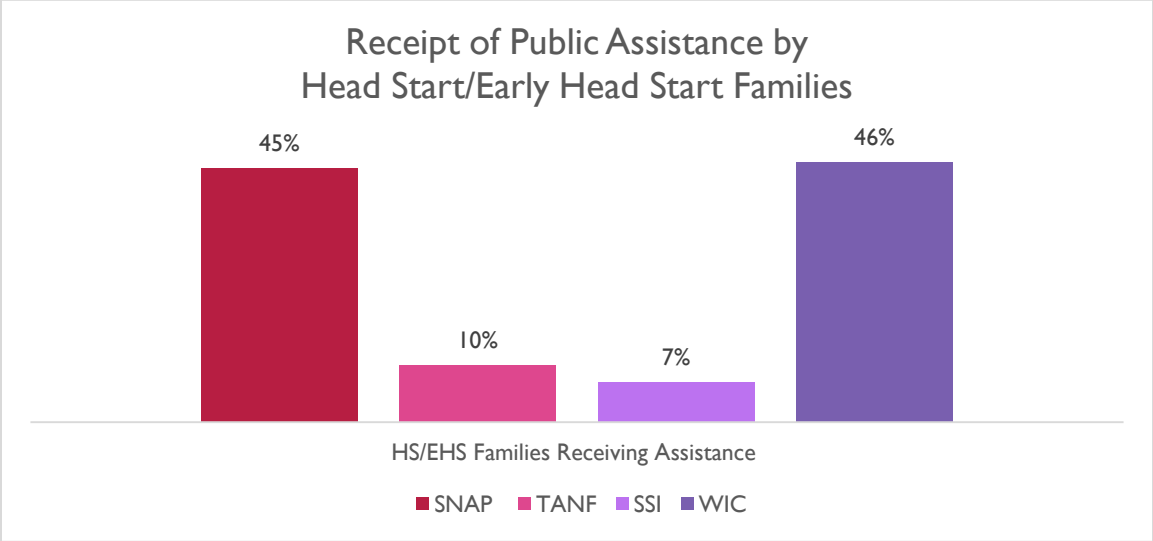


Figure 28: Receipt of Public Assistance

Living Wage

Living Wage Calculator, families must earn enough income to pay for their typical expenses in order to be self-sufficient. This includes food, childcare, medical, housing, transportation, and other costs. The chart below shows the annual income required to achieve self-sufficiency in each county in the service area for families with two adults with 2 children, families with 1 adult with 2 children and single mothers. 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[45]				
Area	1 Working Adult/2 Children	2 Working Adults/2 Children	Median Income Single-Mother with Children	Median Family Income
Dorchester	$63,502	$34,445	$24,440	$65,795
Kent	$71,698	$35,422	$29,722	$75,057
Queen Anne's	$69,742	$37,565	$47,750	$108,152
Somerset	$62,629	$34,008	$22,875	$51,690
Talbot	$67,267	$36,317	$40,490	$83,627
Wicomico	$66,622	$35,984	$26,699	$67,606
Worcester	$66,144	$35,755	$31,528	$77,278
note the amount listed is the amount each adult must earn annually				

Table 20: Self Sufficiency

Input from Community Survey

Out of 392 survey respondents, 256 (65.3%) believe that additional employment opportunities are a major need in their community and 256 respondents also believe that there are job skills training needs in their community.

[45] 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/.

Key Findings

The population has increased in the service area over time, while the unemployment rate has decreased. Unemployment is anticipated to become more of a concern due to the COVID-19 pandemic. Just two weeks into the pandemic, the population working in high-touch and service environments began to experience 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 jobs are also in the retail and hospitality sector where employers schedule work hours unpredictably.

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 families transition into self-sufficiency include:

- Providing families 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 family needs. For example, creating surveys to determine if single-mothers are unemployed due to caregiving responsibilities, lack of jobs in their area, transportation issues, health, mental health, prior criminal records, or other barriers.

WHAT HAPPENS TO FAMILIES AFTER UNEMPLOYMENT?

Unemployment can be especially devastating for families with children. 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. Other studies document that unemployment often intensifies parental stress, which in turn impairs children's future outcomes.

Urban Institute, Perspectives on Low-Income Working Families, Urban Institute Brief 25, May 2012.

Poverty

Poverty contributes to death, disease, and health impairments. As income inequality increases, life expectancy differences also increase. 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.[46] Wealth supports educational attainment, housing stability, and financial security.[47] Poverty also exerts adverse impacts on children through family stress processes because it can lead to family dysfunction, stress among caregivers and inadequate parenting. 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.

Number Below Poverty Level

2014-2018 poverty estimates show a total of 37,108 service area residents have an income below the poverty threshold. The poverty rate among the service area residents is 12.2%, compared to a rate of 9.4% in Maryland and a rate of 14.1% reported in the country.

Individuals in Poverty [48]				
Area	Total Population	100-199% of Poverty	Male	Female
Dorchester	32,261	6,259	2,219	2,798
Kent	19,593	2,985	1,196	1,014
Queen Anne's	49,355	4,379	1,135	1,556
Somerset	25,737	4,772	1,628	2,368
Talbot	37,211	4,817	1,386	2,122
Wicomico	102,172	19,374	6,527	8,417
Worcester	51,564	8,024	2,080	2,662
Service Area	317,893	50,610	16,171	20,937
Maryland	6,003,435	752,300	238,219	315,277
United States	322,903,030	56,232,761	19,737,150	24,520,829

Table 21: Income

[46] 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

[47] Health Affairs (2018). Health, Income, & Poverty: Where We Area & What Could Help. Retrieved from https://www.healthaffairs.org/do/10.1377/hpb20180817.901935/full/.

[48] Community Action Partnership (2014-2018). Poverty. Retrieved from https://cap.engagementnetwork.org/.

Among children, the poverty rate is 18.9% in the service area, compared to a rate of 12.4% in Maryland and 18.4% in the nation.

Poverty Rate[49]				
Area	Total Population In Poverty	Poverty Rate	Poverty Rate, Aged 0-4	Poverty Rate, Aged 0-17
Dorchester	31,807	15.8%	29.4%	26.9%
Kent	17,956	12.3%	25.9%	20.4%
Queen Anne's	48,846	5.5%	7.2%	9.5%
Somerset	19,564	20.4%	36.9%	32.6%
Talbot	36,747	9.6%	15.0%	14.8%
Wicomico	98,394	15.2%	22.4%	20.5%
Worcester	50,772	9.3%	15.1%	16.1%
Service Area	304,086	12.2%	20.3%	18.9%
Maryland	5,862,050	9.4%	13.3%	12.4%
United States	314,943,184	14.1%	21.5%	18.4%

Table 22: Poverty Rate

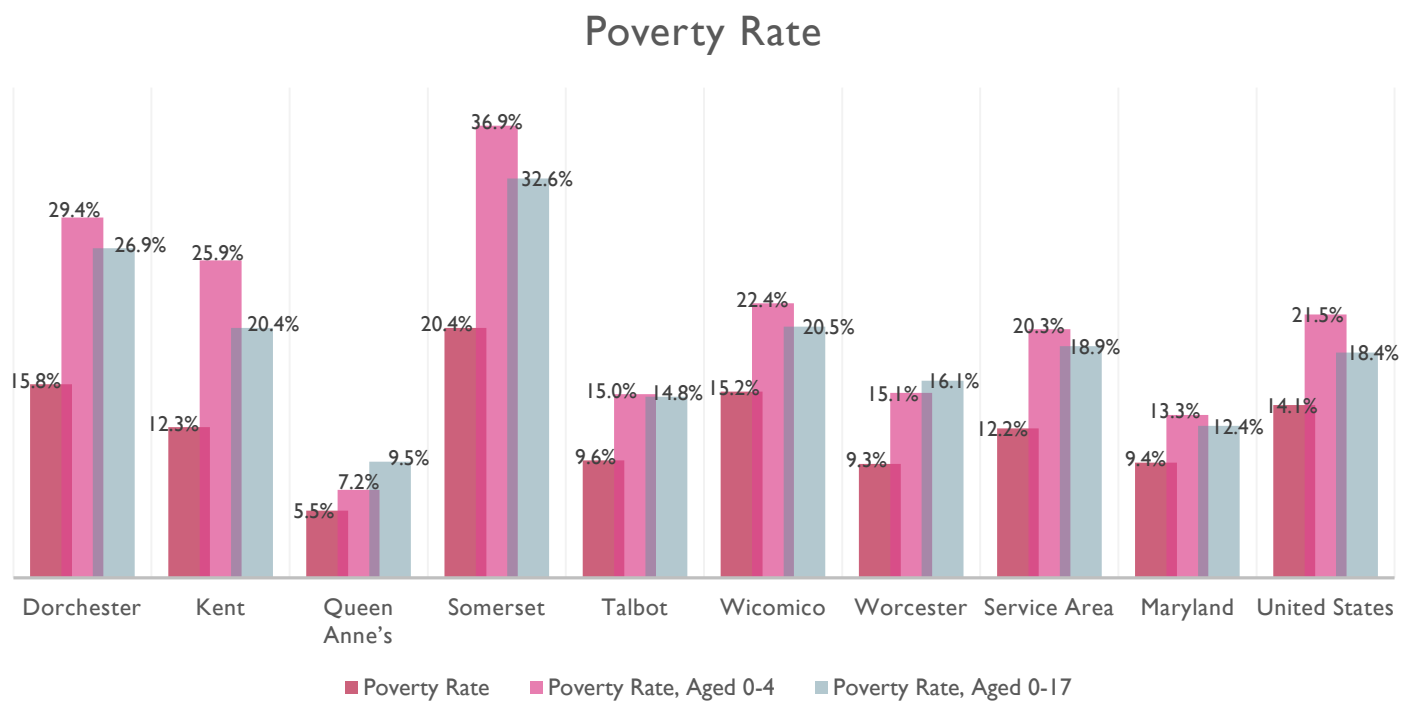


Figure 17: Poverty Rate Chart

[49] Community Action Partnership (2014-2018). Poverty. Retrieved from https://cap.engagementnetwork.org/.

Figure 18: Population Below the Poverty Level, Children Aged 0-4 Map

The service area experiences a higher change in total poverty rate than the state and the same as the nation from 2000 to 2017, with more people experiencing poverty than in prior years. The service area experiences a higher change in child poverty rate than both the state and the nation as well indicating poverty is growing. Somerset County experienced the highest change in both total poverty rate and child poverty rate in the service area. Worcester County is the only county that experienced a decrease in child poverty rate in the service area.

Change in Poverty Rate[50]		
Area	Change in Poverty Rate, 2000-2017	Change in Poverty Rate, Aged 0-17, 2000-2017
Dorchester	2.3%	7.0%
Kent	2.5%	4.9%
Queen Anne's	1.7%	0.8%
Somerset	3.9%	7.3%
Talbot	1.0%	3.4%
Wicomico	3.4%	3.5%
Worcester	0.6%	-0.1%
Service Area	2.14%	3.2%
Maryland	1.5%	1.7%
United States	2.1%	2.2%

Table 21: Change in Poverty Rate

[50] Community Action Partnership (2014-2018). Poverty. Retrieved from https://cap.engagementnetwork.org/.

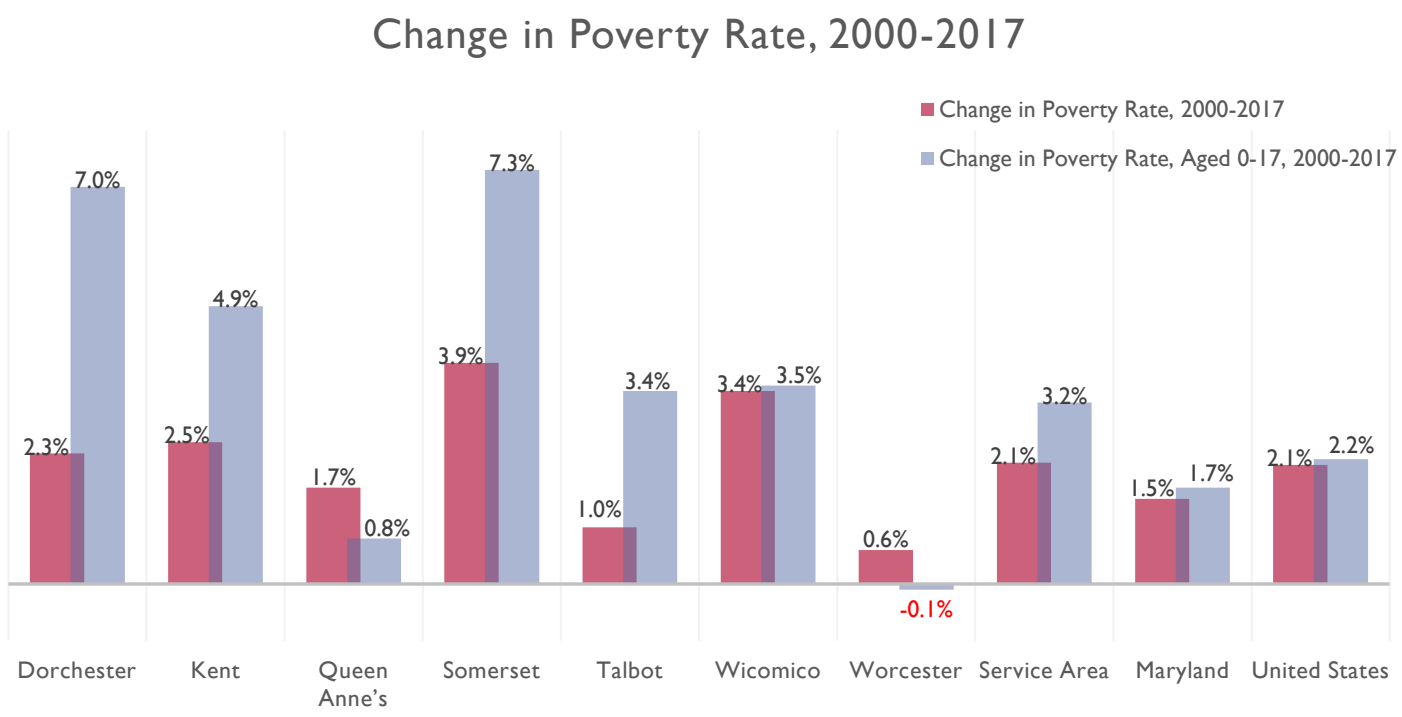


Figure 19: Change in Poverty Rate 2000-2017 Chart

Poverty by Race

It is important to note that the low numbers of residents among some of the racial groups included in the table below mean that there are many cells without data. The data that is available clearly indicates that non-White residents experience higher levels of poverty than White residents.

Poverty by Race[51]							
Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Dorchester	12.1%	22.8%	0.0%	14.0%	No data	46.4%	15.2%
Kent	11.2%	16.3%	16.0%	0.0%	No data	38.9%	19.4%
Queen Anne's	4.7%	14.0%	51.5%	0.0%	0.0%	26.5%	6.7%
Somerset	14.3%	30.6%	0.0%	34.7%	0.0%	43.1%	22.3%
Talbot	7.8%	20.6%	11.8%	5.1%	0.0%	23.2%	15.0%
Wicomico	13.0%	19.6%	0.0%	9.3%	0.0%	35.0%	28.9%
Worcester	6.8%	24.5%	18.4%	16.8%	0.0%	0.0%	15.4%
Service Area	9.5%	21.5%	10.8%	10.3%	0.0%	34.1%	19.3%
Maryland	7.0%	13.6%	13.6%	7.3%	8.1%	14.8%	11.3%
United States	11.6%	24.2%	25.8%	11.6%	18.3%	22.6%	17.5%

Table 24: Poverty by Race

[51] Community Action Partnership (2014-2018). Poverty. Retrieved from https://cap.engagementnetwork.org/.

Table 22: Poverty by Race

Poverty by Ethnicity

Poverty by Ethnicity[52]		
Area	Hispanic/Latino Residents in Poverty	Non-Hispanic/Latino Residents in Poverty
Dorchester	26.8%	11.5%
Kent	33.0%	14.8%
Queen Anne's	29.7%	11.6%
Somerset	15.9%	5.1%
Talbot	50.3%	19.4%
Wicomico	27.1%	8.3%
Worcester	31.3%	14.4%
Service Area	26.8%	11.5%
Maryland	13.5%	9.0%
United States	21.0%	12.5%

Table 24: Poverty by Ethnicity

Hispanic/Latino residents in the service area experience poverty at almost three times the rate of non-Hispanic/Latino residents. This disparity is most pronounced in Talbot County, where an estimated 50.3% of Hispanic/Latino residents experience poverty as opposed to 7.8% of White residents.

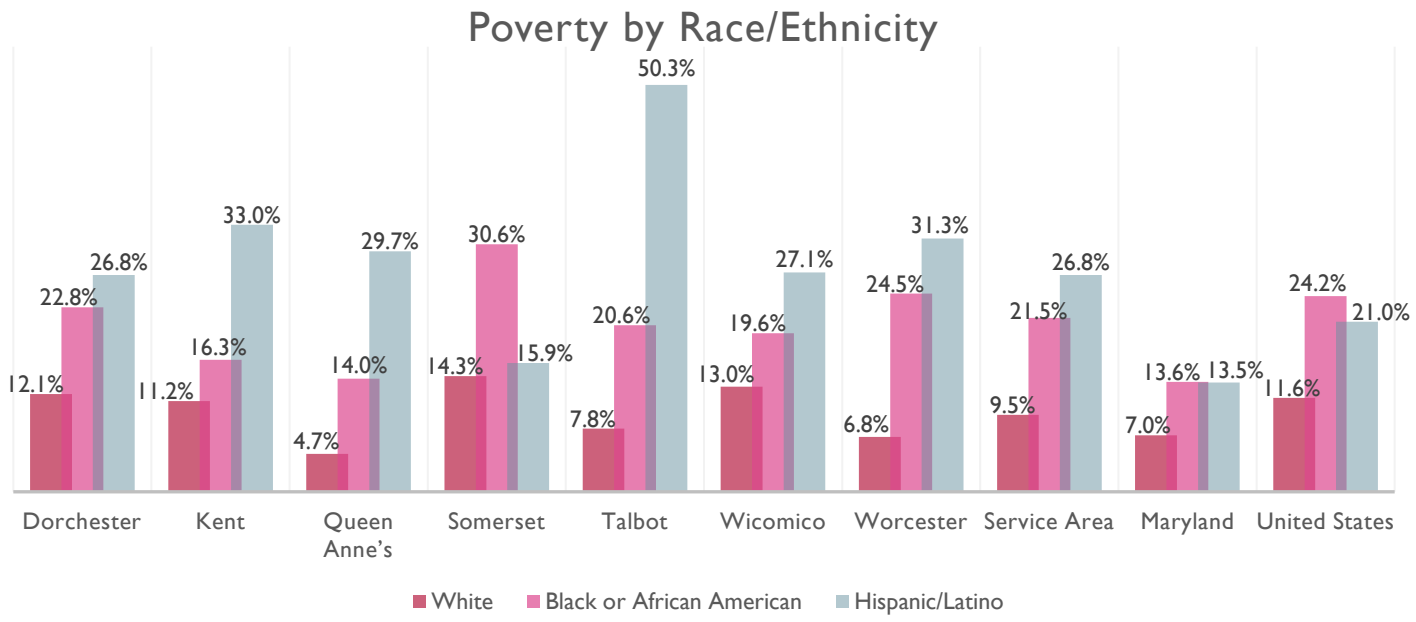


Figure 20: Poverty by Race/Ethnicity Chart

[52] Community Action Partnership (2014-2018). Poverty. Retrieved from https://cap.engagementnetwork.org/.

Poverty Rate by Family Type

In the service area, children living in single female-headed households are more likely to be living in poverty than children living in single male-headed households across all counties.

Families in Poverty[53]					
Area	Total Families	Families in Poverty Total	Families in Poverty Married Couples	Families in Poverty Male Householder	Families in Poverty Female Householder
Dorchester	8,778	11.9%	15.4%	18.4%	66.2%
Kent	4,832	7.7%	41.1%	14.5%	44.4%
Queen Anne's	13,354	3.1%	42.8%	15.9%	41.3%
Somerset	5,514	15.9%	32.5%	14.4%	53.2%
Talbot	11,106	6.7%	31.7%	9.8%	58.5%
Wicomico	24,546	9.3%	28.7%	13.6%	57.7%
Worcester	13,636	6.4%	42.9%	5.1%	51.9%
Service Area	81,766	8.7%	33.6%	13.1%	53.3%
Maryland	1,466,554	6.4%	6.4%	30.0%	11.2%
United States	78,697,103	10.1%	10.1%	36.7%	10.6%

Table 25: Families in Poverty

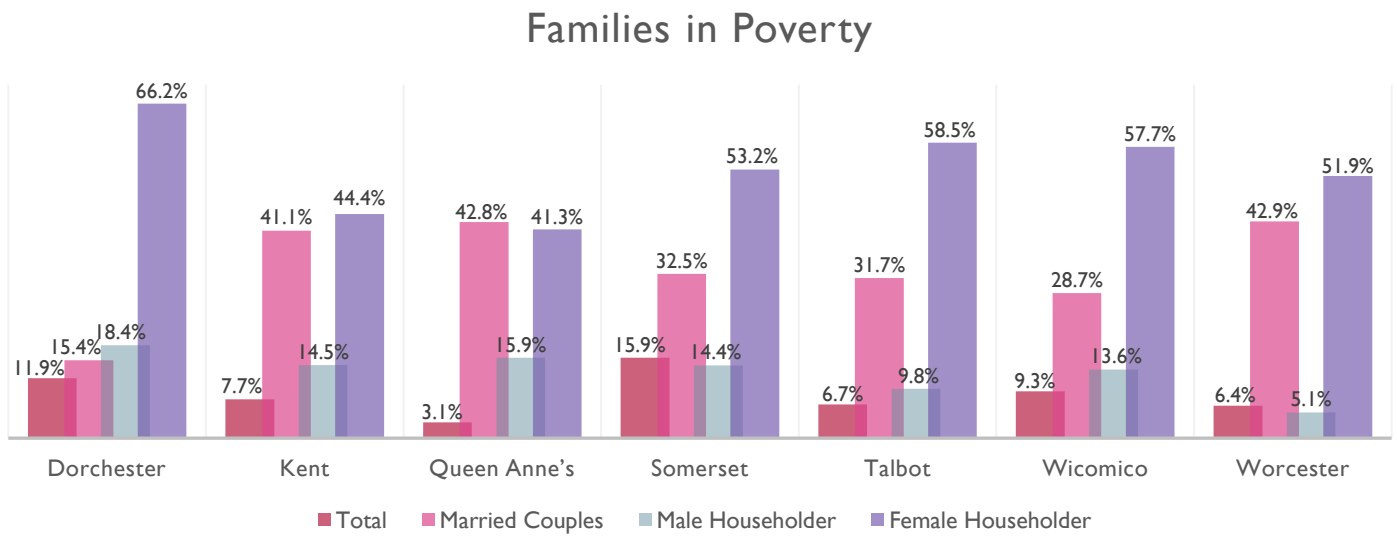


Figure 21: Families in Poverty Chart

[53] Community Action Partnership (2014-2018). Poverty. Retrieved from https://cap.engagementnetwork.org/.

Families in Poverty[54]					
Area	Total Families	Families in Poverty Total	Families in Poverty Married Couples	Families in Poverty Male Householder	Families in Poverty Female Householder
Dorchester	8,778	1,044	161	192	691
Kent	4,832	372	153	54	165
Queen Anne's	13,354	409	175	65	169
Somerset	5,514	878	285	126	467
Talbot	11,106	745	236	73	436
Wicomico	24,546	2,285	656	311	1,318
Worcester	13,636	874	375	45	454
Service Area	81,766	6,607	2,041	866	3,700
Maryland	1,466,554	93,495	28,093	10,440	54,962
United States	78,697,103	7,930,699	2,907,148	843,489	4,180,062

Poverty Rate by Educational Attainment

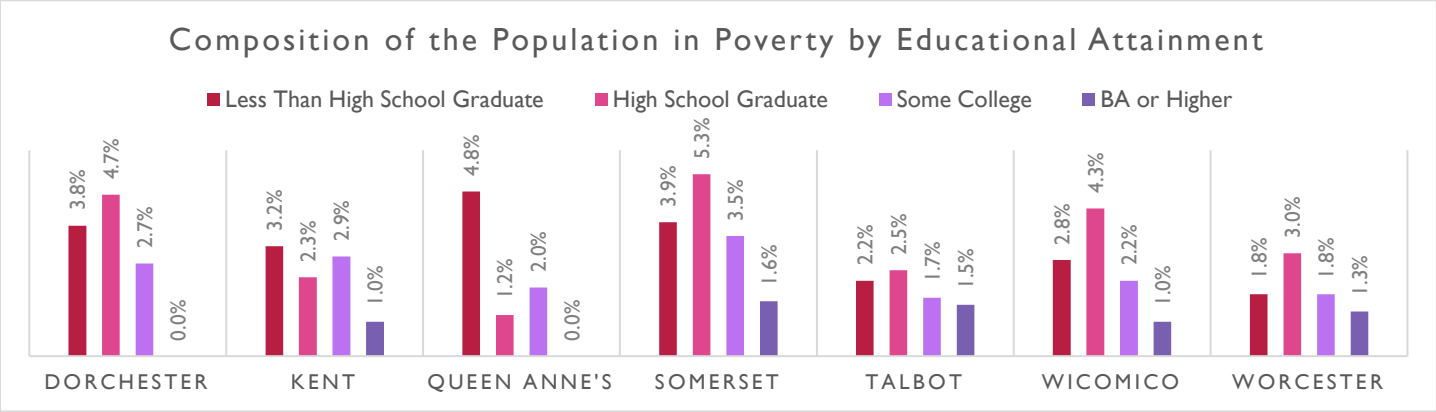


Figure 22: Families in Poverty by Educational Attainment

Poverty Rate by Employment

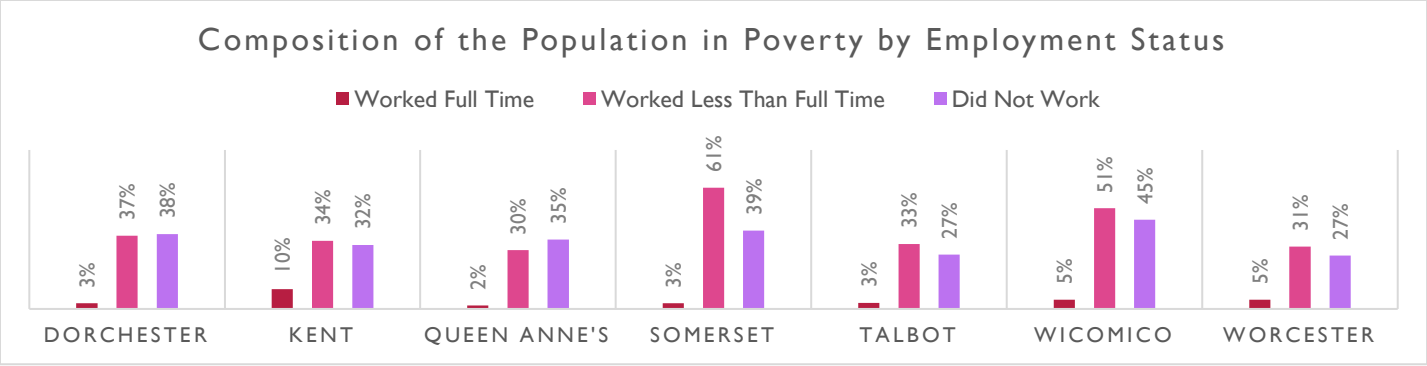


Figure 23: Families in Poverty by Employment

[54] Community Action Partnership (2014-2018). Poverty. Retrieved from https://cap.engagementnetwork.org/.

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.[55]

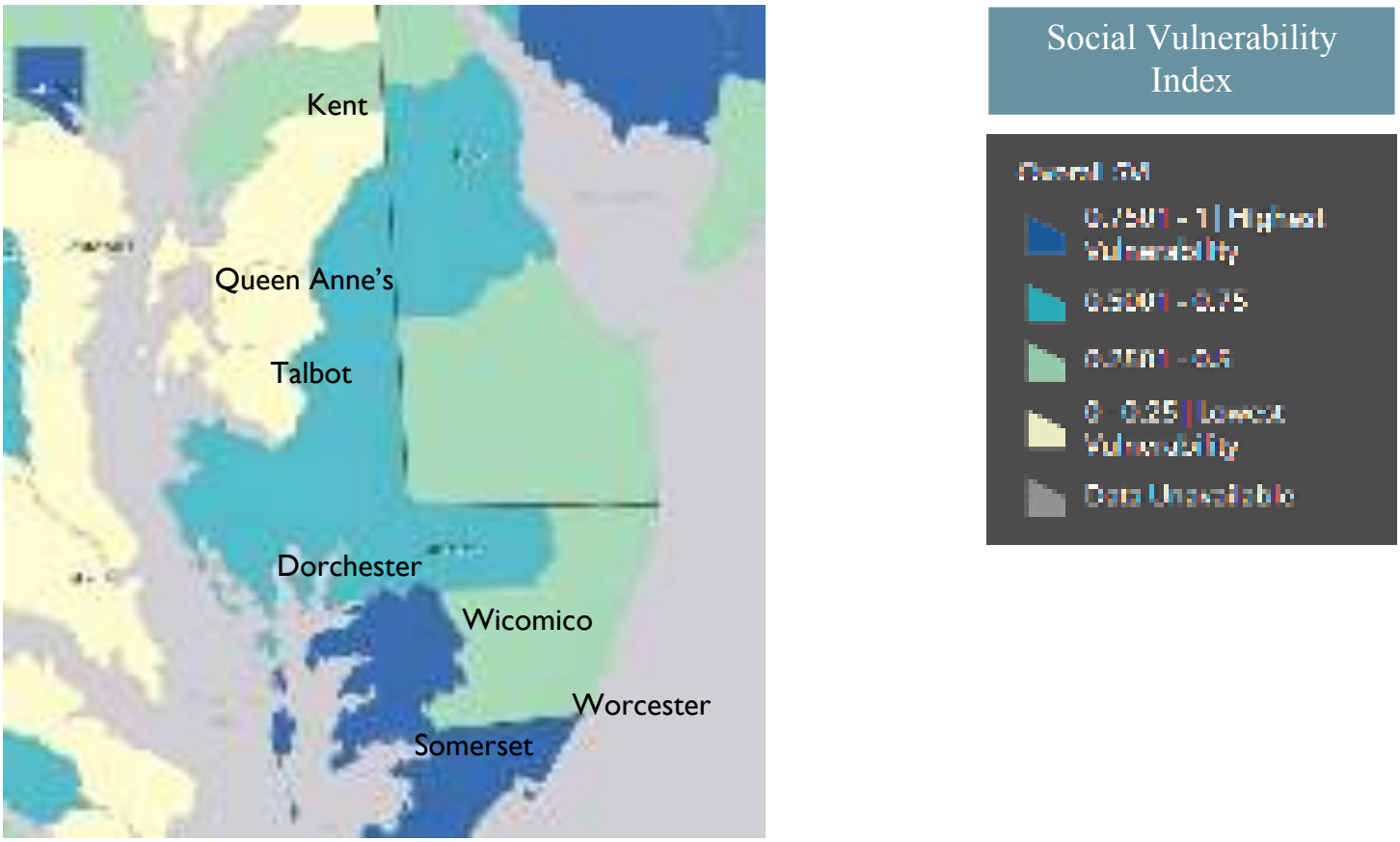


Figure 24: Social Vulnerability Index Map

[55] Center for Disease Control (n.d.). Social Vulnerability Index Overview. Retrieved from https://svi.cdc.gov/.

Key Findings

2018 poverty estimates show that a total of 37,108 service area residents have an income below the poverty threshold. When combined, the poverty rate among service area residents averages 12.2%, with the highest poverty rate being in Somerset County (20.4%), compared to a rate of 9.4% in the state, and 14.1% of U.S. residents living in poverty. Among children aged 0 to 4 years old, the poverty rate is 20.3%, compared to a rate of 13.3% in Maryland, and 21.5% in the nation.

Poverty is experienced at a higher rate for families headed by a single-mother. Service area families with single-parent female householders experienced a significantly higher rate of poverty than both the state and the nation at 53.3%. The service area also experiences higher levels of poverty among the Black/African American population (21.5%) than found at the state level (13.6%). The Hispanic population experiences higher levels of poverty in the service area (26.8%) than the state (13.5%) and the nation (21.0%).

Work activities are closely related to poverty. Data indicates that it is less likely that families and individuals will live in poverty if all adults in the household are working full-time. Poverty is also linked to educational attainment and those with at least an associate's degree/some college or career training are less likely to have an income at or near the federal poverty level.

Head Start Eligible Children and Families

Children Eligible for Head Start and Early Head Start

In the service area, there are 9,575 children aged 0-2 years and 6,829 children aged 3-4 years, totaling 16,404 children. Of the total children aged 0-5 years, on average 20.3% are in poverty. This data indicates that there are 1,944 children eligible for Early Head Start and 1,386 children eligible for Head Start.

Early Head Start/Head Start Eligible Children and Families[56]						
Area	Total Children Aged under 3	Total Children Aged 3 & 4	Poverty Rate for Children Under 5	EHS Eligibles	HS Eligibles	Births to Women in Poverty
Dorchester	1,169	688	29.4%	344	202	514
Kent	478	314	25.9%	124	81	111
Queen Anne's	1,452	1,052	7.2%	105	76	511
Somerset	738	466	36.9%	272	172	344
Talbot	1,072	661	15.0%	161	99	402
Wicomico	3,353	2,803	22.4%	751	628	1,149
Worcester	1,313	845	15.1%	198	128	469
Service Area	9,575	6,829	20.3%	1,944	1,386	3,500
Maryland	214,430	151,703	13.3%	28,519	20,176	72,991
United States	11,663,840	8,159,384	21.5%	2,507,726	1,754,268	3,983,068

Table 26: Early Head Start/Head Start Eligible Children and Families

There were 823 children enrolled in Head Start and 196 children enrolled in Early Head Start in the 2019 school year. There were 10 pregnant women enrolled in the service area.

Enrollment - PIR	
Pregnant women (EHS programs)	# of pregnant women
Total enrollment of pregnant women	10
Total cumulative enrollment	# of children/pregnant women
Total cumulative enrollment	1,029
Children	1,019
HS Children	823
EHS Children	196
Preschool Children - (HS all ages) and (MSHS age 3-5)	823
Infants and Toddlers - (EHS all ages) and (MSHS age 0-2)	196

Table 27: Enrollment-PIR

[56] United States Census Bureau (2014-2018). Population Under 18 Years by Age, Table B09001. Retrieved from https://data.census.gov/; Community Action Partnership (2014-2018). *Poverty.* Retrieved from https://cap.engagementnetwork.org/; United States Census Bureau (2014-2018). *Fertility, Table S1301.* Retrieved from https://data.census.gov/.

Head Start Facilities

Head Start Facilities per 10,000 Children			
Report Area	Total Children Under Age 5	Total Head Start Programs	Head Start Programs, Rate (Per 10,000 Children)
Dorchester	2,037	3	9.8
Kent	995	2	20.1
Queen Anne's	2,711	1	3.7
Somerset	1,277	3	23.5
Talbot	1,861	4	10.8
Wicomico	6,142	1	1.6
Worcester	2,324	3	12.9
Service Area	17,347	17	8.1
Maryland	364,488	202	4.6
United States	20,426,118	18,886	7.2

Table 28: Head Start Facilities per 10,000 Children

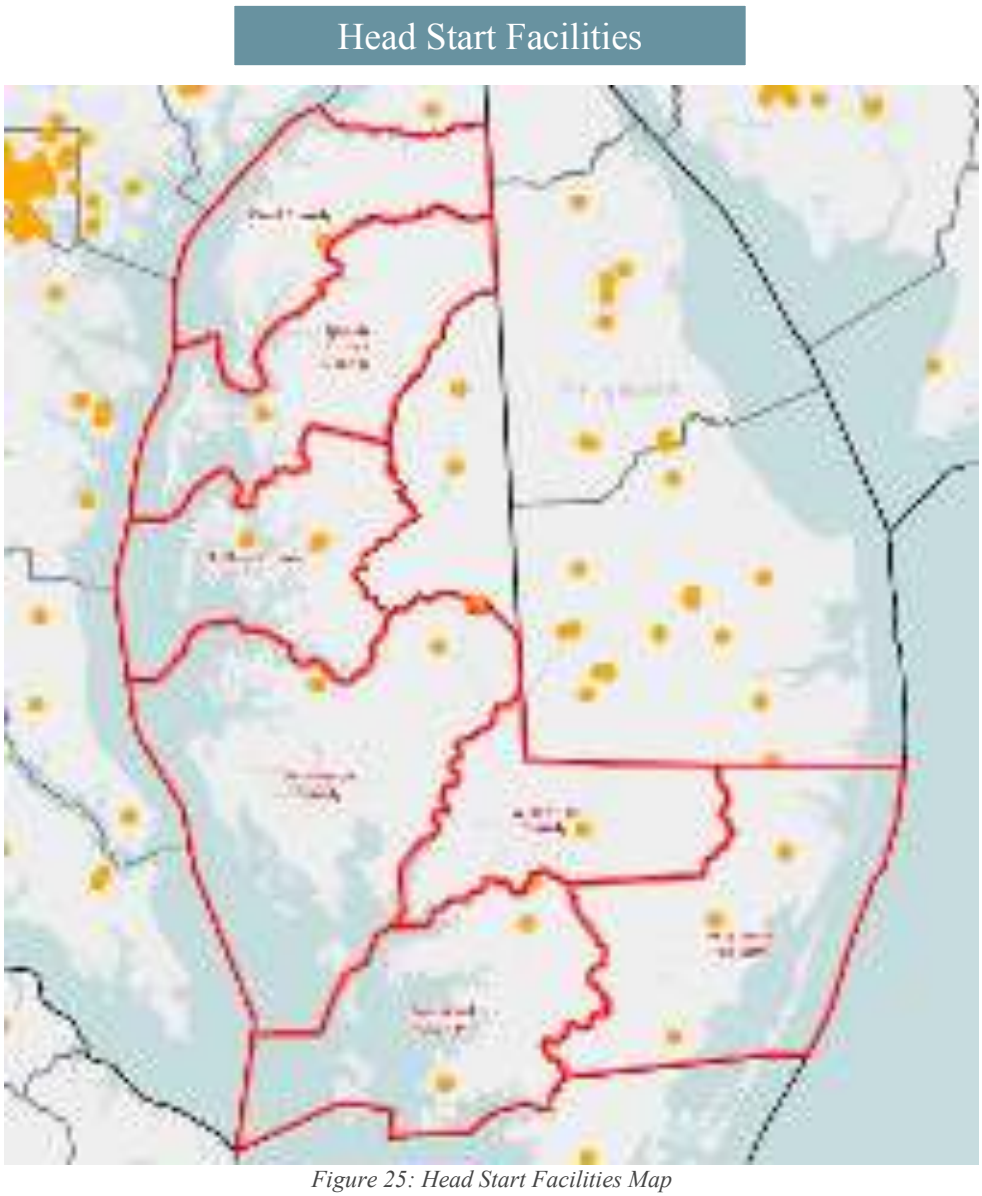


Figure 25: Head Start Facilities Map

Race/Ethnicity of Head Start/Early Head Start Eligible Children

According to the Children's Defense Fund, Black and Hispanic children continue to suffer disproportionately from poverty, with the youngest children most at-risk of being poor.[57] The data below shows disparities among children in the U.S. by race. Service area poverty trends reflect the increased likelihood that children in poverty are of color.

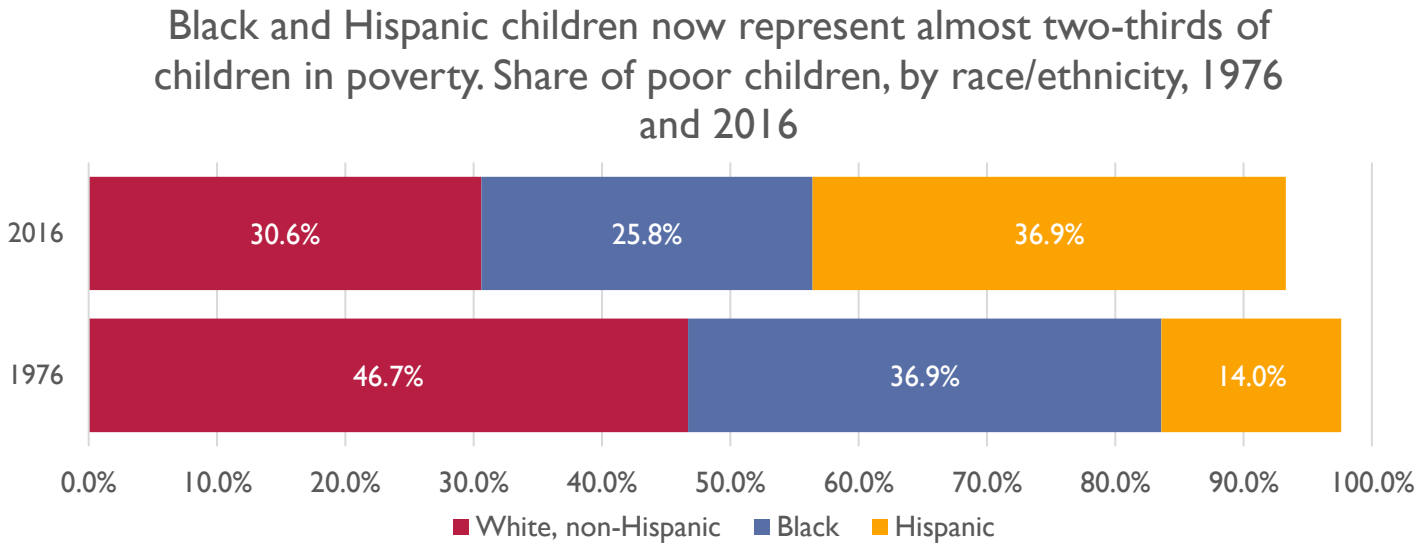


Figure 26: Children in Poverty, 1976-2016 Chart

Race/Ethnicity - PIR				
Ethnicity and Race	Hispanic or Latino Origin children/pregnant women		Non-Hispanic or Non-Latino Origin children/pregnant women	
	#	%	#	%
American Indian or Alaska Native	0	0.0%	0	0.0%
Asian	0	0.0%	3	0.3%
Black or African American	0	0.0%	718	69.8%
Native Hawaiian or Other Pacific Islander	0	0.0%	3	0.3%
White	0	0.0%	99	9.6%
Biracial/Multi-racial	0	0.0%	0	0.0%
Other	92	8.9%	108	10.5%
Unspecified	6	0.6%	0	0.0%

Table 29: Race/Ethnicity-PIR

Dual Language Learners (DLLs) Eligible for Early Head Start/Head Start

Based on the rate of the population that is limited English proficient in the service area and the rate of those individuals that speak English "less than very well", it is estimated that there are 3 DLLs eligible for HS and 4 DLLs eligible for EHS in the service area.

[57]Children Defense (2015). Child Poverty in America. Retrieved from http://www.childrensdefense.org/library/data/child-poverty-in-america-2015.pdf

Dual Language Learners Eligible for Early Head Start/Head Start[58]						
County	EHS Eligibles	HS Eligibles	% Children Aged 5-17 That Speak Spanish	% Children Aged 5-17 That Speak Other Languages	Estimated DLLs Eligible for EHS	Estimated DLLs Eligible for HS
Dorchester	344	202	1.2%	5.9%	1	1
Kent	124	81	0.6%	6.0%	0	0
Queen Anne's	105	76	1.0%	5.3%	0	0
Somerset	272	172	0.6%	9.0%	0	0
Talbot	161	99	1.2%	7.4%	0	0
Wicomico	751	628	1.3%	11.3%	2	2
Worcester	198	128	0.3%	4.8%	0	0
Total	**1,955**	**1,386**			**4**	**3**

Table 30: Dual Language Learners Eligibles for Early Head Start/Head Start

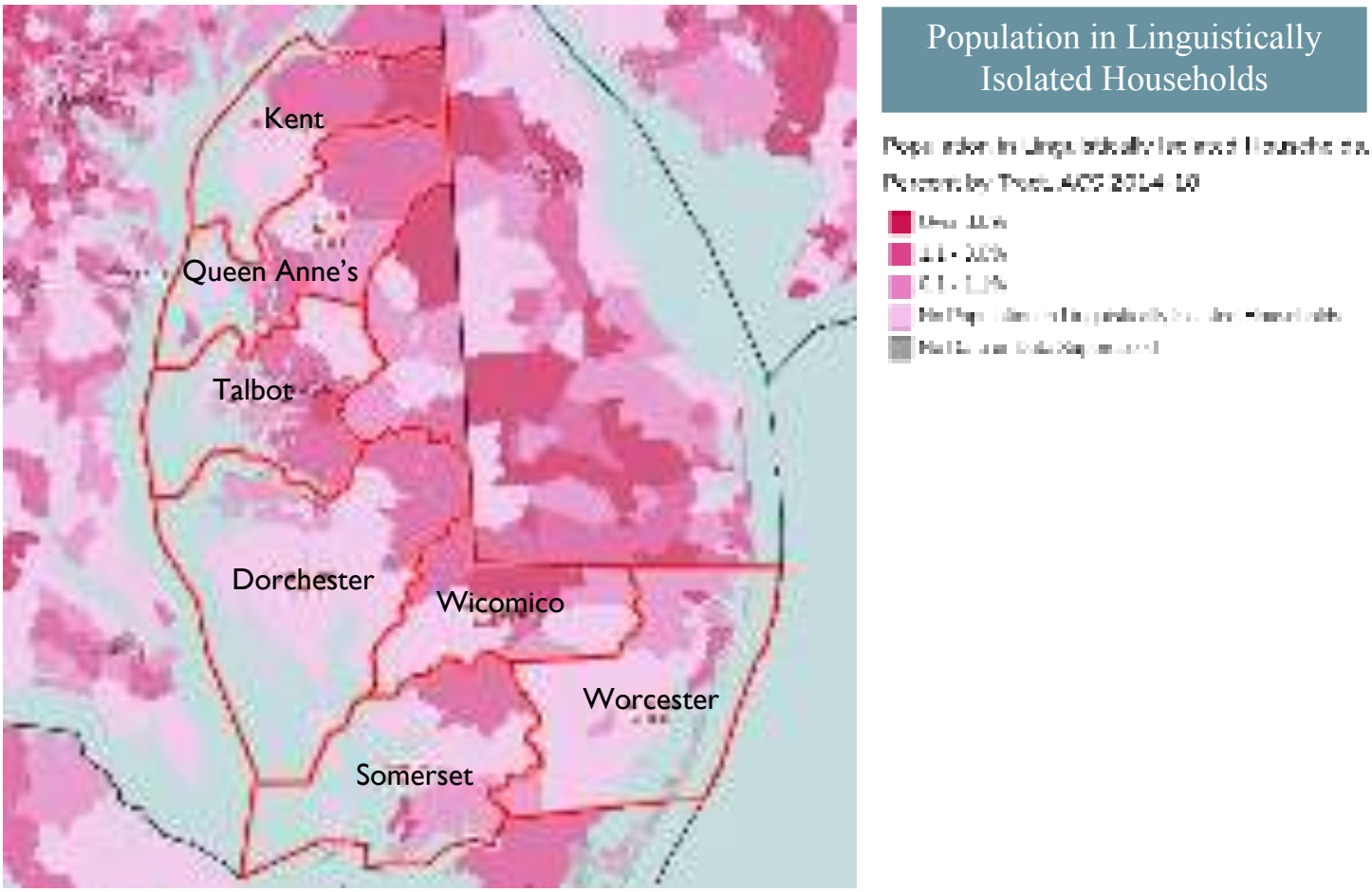


Figure 27: Population in Linguistically Isolated Households Map

[58] United States Census Bureau (2014-2018). Language Spoken at Home, Table S1601. Retrieved from https://data.census.gov/

Children and Families Experiencing Homelessness Eligible for EHS/HS

Children and Families Experiencing Homelessness Served by SHORE UP! Inc. Early Head Start/Head Start				
Subject	Early Head Start		Head Start	
	# of families	% of families	# of families	% of families
# of families experiencing homelessness served during enrollment year	9	4.9%	15	1.7%
# of families experiencing homelessness that acquired housing	3	33.3%	8	53.3%
Subject	Early Head Start		Head Start	
	# of children	% of children	# of children	% of children
# of children experiencing homelessness served during enrollment year	6	3.1%	14	1.7%

Table 31: Children and Families Experiencing Homelessness

According to Performance Indicator Report data, the SHORE UP! Inc. Early Head Start/Head Start program served 24 families experiencing homelessness in the 2018-2019 program year, 11 of those families acquired housing during the enrollment year. In total, 20 children experiencing homelessness were served by Early Head Start/Head Start in the service area.

Difficulty in accounting for the homeless population makes it difficult to estimate the number of homeless children eligible for Head Start. In 2016, the National Head Start Association completed a study of homelessness among Head Start children. According to their data, 130,254 children under five spent time in a homeless shelter. At the same time, there were 31,741 homeless children in Head Start and 13,156 homeless children in Early Head Start. Based on this data, it can be estimated that Head Start served just 34% of all homeless children. Using this methodology, it can be estimated that there are 42 children aged 3-5 experiencing homelessness eligible for HS and 17 children aged 0-3 experiencing homelessness eligible for EHS in the service area.

Children in Foster Care Eligible for EHS/HS

Children in Foster Care Served by SHORE UP! Inc. EHS/HS				
Subject	Early Head Start		Head Start	
	# of children	% of children	# of children	% of children
# of enrolled children who were in foster care at any point during enrollment year	1	0.5%	9	1.1%
# of enrolled children who were referred to HS services by a child welfare agency	1	0.5%	9	1.1%

Table 33: Children in Foster Care Served by SHORE UP! Inc. EHS/HS

The SHORE UP! Inc. Early Head Start/ Head Start programs served 10 children who were in foster care at any point during the 2018-2019 enrollment year. Using data from the AFCARS system on the percent of children in foster care that are aged 0-3 (24%) and 3-5 (13%) (483 total aged 0-5) it is estimated that there are 116 infants and toddlers and 63 children aged 3-5 in foster care eligible for Head Start.

Average Monthly Number of Children in Regular Foster Care[59]									
Area	2011	2012	2013	2014	2015	2016	2017	2018	2019
Dorchester	4.0	2.2	2.0	2.8	2.2	0.7	0.8	2.3	2.9
Kent	2.1	1.1	0.7	4.1	4.0	0.3	0.2	0.1	1.6
Queen Anne's	5.8	3.7	2.4	2.5	0.4	0.8	3.2	4.7	3.4
Somerset	15.3	12.3	7.6	8.3	10.9	7.3	11.4	5.8	2.5
Talbot	9.1	8.8	7.0	7.3	7.2	7.1	2.1	0.7	2.6
Wicomico	12.1	9.6	11.8	7.9	7.4	7.4	8.6	13.6	11.4
Worcester	15.0	12.9	9.3	12.4	13.6	10.5	17.3	17.1	16.2

Table 34: Average Monthly Number of Children in Regular Foster Care

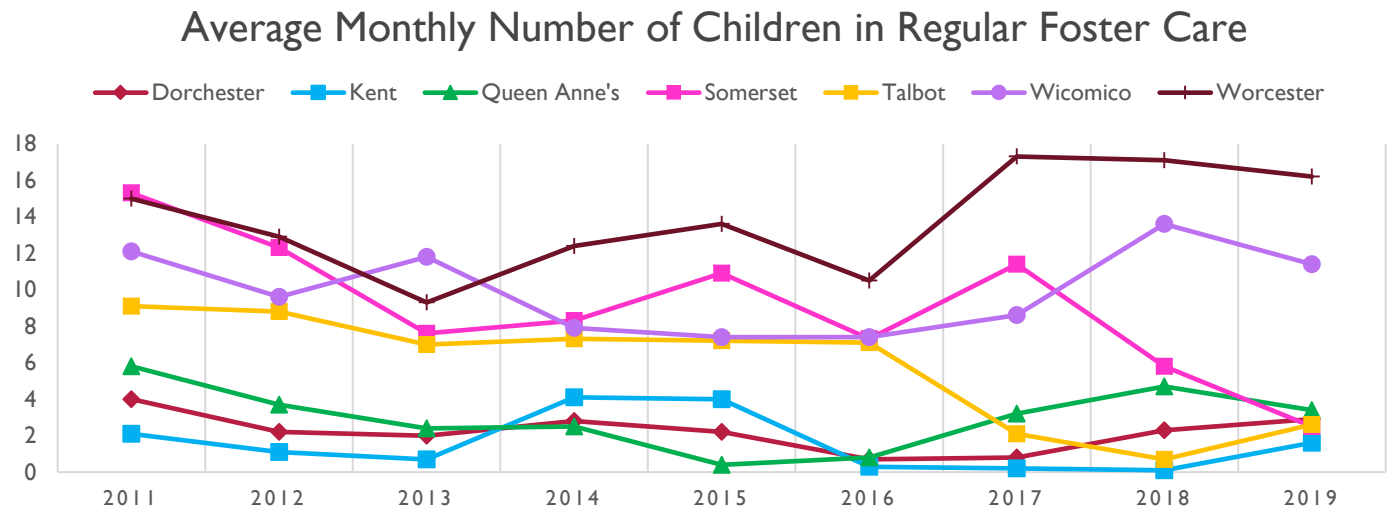


Figure 28: Average Monthly Number of Children in Foster Care Chart

[59] Annie Casey Kids Count Data Center (2018). Head Start enrollment by age group in Maryland. Retrieved from https://datacenter.kidscount.org/.

Children with Disabilities Eligible for EHS/HS

In the 2018-2019 program year, the SHORE UP! Inc. Early Head Start served 16 children with an individualized Family Service Plan (IFSP), accounting for 8.2% of all children served that year. 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 194 infants and toddlers with a disability and 138 children aged 3-5 years with a disability in the service area.

The SHORE UP! Inc Head Start Program served 66 children with an Individualized Education Program (IEP) in the 2018-2019 program year. The diagnosed primary disabilities of Head Start children are detailed in the following table:

Primary Disabilities of Preschool Children in the SHORE UP! Inc. HS & Migrant Programs				
Diagnosed primary disability	# of children determined to have this disability	% of children determined to have this disability	# of children receiving special services	% of children receiving special services
Speech or language impairments	37	4.5%	37	4.5%
Orthopedic impairment	3	0.4%	3	0.4%
Visual impairment, including blindness	4	0.5%	4	0.5%
Non-categorical/developmental delay	22	2.7%	22	2.7%

Table 35. Disabilities of Preschool Children in SHORE UP! Head Start

Population with Disabilities[60]						
Area	<5	5 to 17	18 to 34	35 to 64	65 to 74	>75
Dorchester	0	617	622	1,892	1,113	1,318
Kent	8	134	254	912	448	958
Queen Anne's	11	449	628	1,837	824	1,410
Somerset	No data	No data	No data	No data	No data	No data
Talbot	No data	No data	No data	No data	No data	No data
Wicomico	No data	No data	No data	No data	No data	No data
Worcester	No data	No data	No data	No data	No data	No data
Maryland	366,173	976,340	1,332,829	2,380,031	507,011	344,789
United States	147,094	2,918,085	4,557,891	15,682,613	7,081,083	9,684,900

Table 36. Population with Disabilities

[60] United States Census Bureau (2018). *Disability Characteristics, 2014-2018, Table S1810.* Retrieved from https://data.census.gov/.

Types of Disabilities, Children Under 18[61]						
Area	Total	Hearing	Vision	Cognitive	Ambulator	Self-care
Dorchester	12.5%	1.6%	0.7%	9.0%	0.4%	0.7%
Kent	6.7%	0.9%	0.9%	4.2%	1.4%	3.2%
Queen Anne's	5.8%	0.2%	0.4%	4.2%	0.4%	1.2%
Somerset	No data	No data	No data	No data	No data	No data
Talbot	No data	No data	No data	No data	No data	No data
Wicomico	No data	No data	No data	No data	No data	No data
Worcester	No data	No data	No data	No data	No data	No data
Maryland	0.5%	0.6%	4.1%	0.5%	0.9%	0.5%
United States	6.1%	0.8%	0.8%	4.2%	0.6%	1.0%

Table 37: Types of Disabilities, Children Under 18

Key Findings

In the service area, there are 1,944 children aged 0-2 years and 1,386 children aged 3-4 years eligible for Early Head Start and Head Start. There were 3,500 births to women in poverty in the past 12 months in the service area 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 7 dual language learners eligible for Head Start in the service area.

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. Head Start enrolled 10 children in the program due to their foster care status. It is estimated there are 116 infants and toddlers and 63 children aged 3-5 in foster care eligible for Head Start.

The number of homeless children is difficult to estimate, but inferences can be made using the NHSA Homelessness Fact Sheet which indicates that Head Start serves just 34% of all homeless children. Based on the number of homeless children served in Head Start in 2018-2019 it is estimated that there are 42 children aged 3-5 experiencing homelessness eligible for Head Start and 17 children aged 0-3 experiencing homelessness eligible for Early Head Start in the service area. In total, 20 children experiencing homelessness were enrolled in SHORE UP! Head Start programs due to categorical eligibility as the result of homelessness. Of the 24 families, 11 found housing during the year.

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 194 infants and toddlers with a disability and 138 children aged 3-5 years with a disability in the service area.

[61] United States Census Bureau (2018). *Disability Characteristics,2014-2018, Table S1810.* Retrieved from https://factfinder.census.gov/.

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.

Educational Attainment

Educational Attainment[62]						
Area	No High School Diploma	High School Only	Some College	Associates Degree	Bachelor's Degree	Graduate or Professional Degree
Dorchester	13.1%	39.4%	20.8%	5.9%	12.9%	7.8%
Kent	12.0%	28.6%	19.0%	6.3%	19.8%	14.4%
Queen Anne's	7.9%	29.6%	19.2%	8.5%	21.0%	13.8%
Somerset	18.1%	40.3%	20.6%	5.3%	10.6%	5.1%
Talbot	9.4%	25.6%	18.7%	7.8%	20.1%	18.5%
Wicomico	11.9%	32.5%	21.2%	7.6%	15.6%	11.2%
Worcester	9.1%	31.6%	21.7%	7.2%	19.4%	11.0%
Service Area	11.1%	32.1%	20.4%	7.2%	17.3%	11.9%
Maryland	10.0%	24.8%	18.9%	6.7%	21.3%	18.3%
United States	12.3%	27.1%	20.6%	8.4%	19.4%	12.1%

Table 38: Educational Attainment

The U.S. Census estimates that 11.1% of service area residents do not possess a high school diploma, which is slightly higher than the proportion of Maryland residents without a diploma (10.0%). The highest rate of residents without a high school diploma in the service area is found in Somerset County, at 18.1%, which also has the largest percentage of the population comprised Black/African Americans, which as a group show lower rates of educational attainment. An estimated 17.3% of service area residents hold a bachelor's degree, with a further 11.9% holding graduate or professional degrees. These rates are below the State of Maryland and the nation.

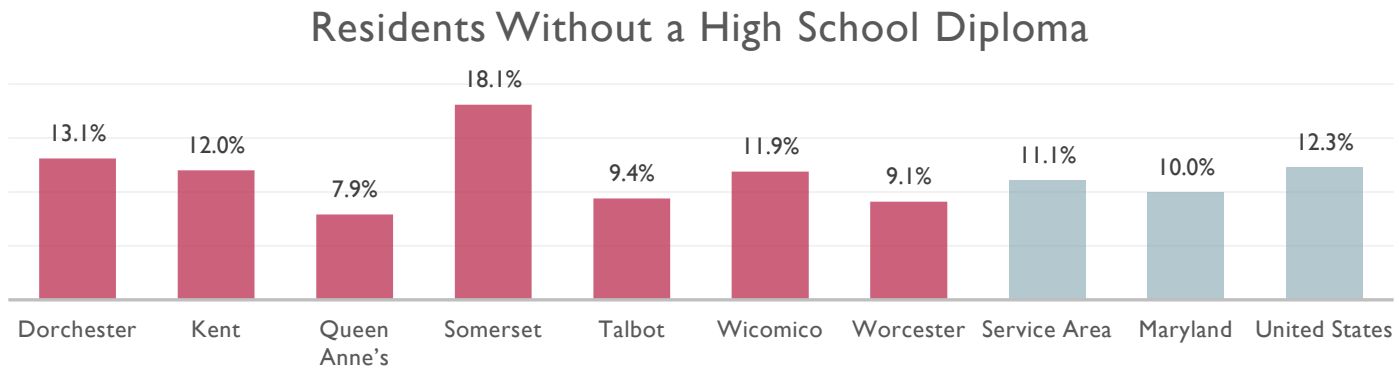


Figure 29: Residents Without a High School Diploma Chart

[62] United States Census Bureau (2014-2018). Educational Attainment, Table S1501. Retrieved from https://factfinder.census.gov/; Community Action Partnership (2014-2018). Poverty. Retrieved from https://cap.engagementnetwork.org/.

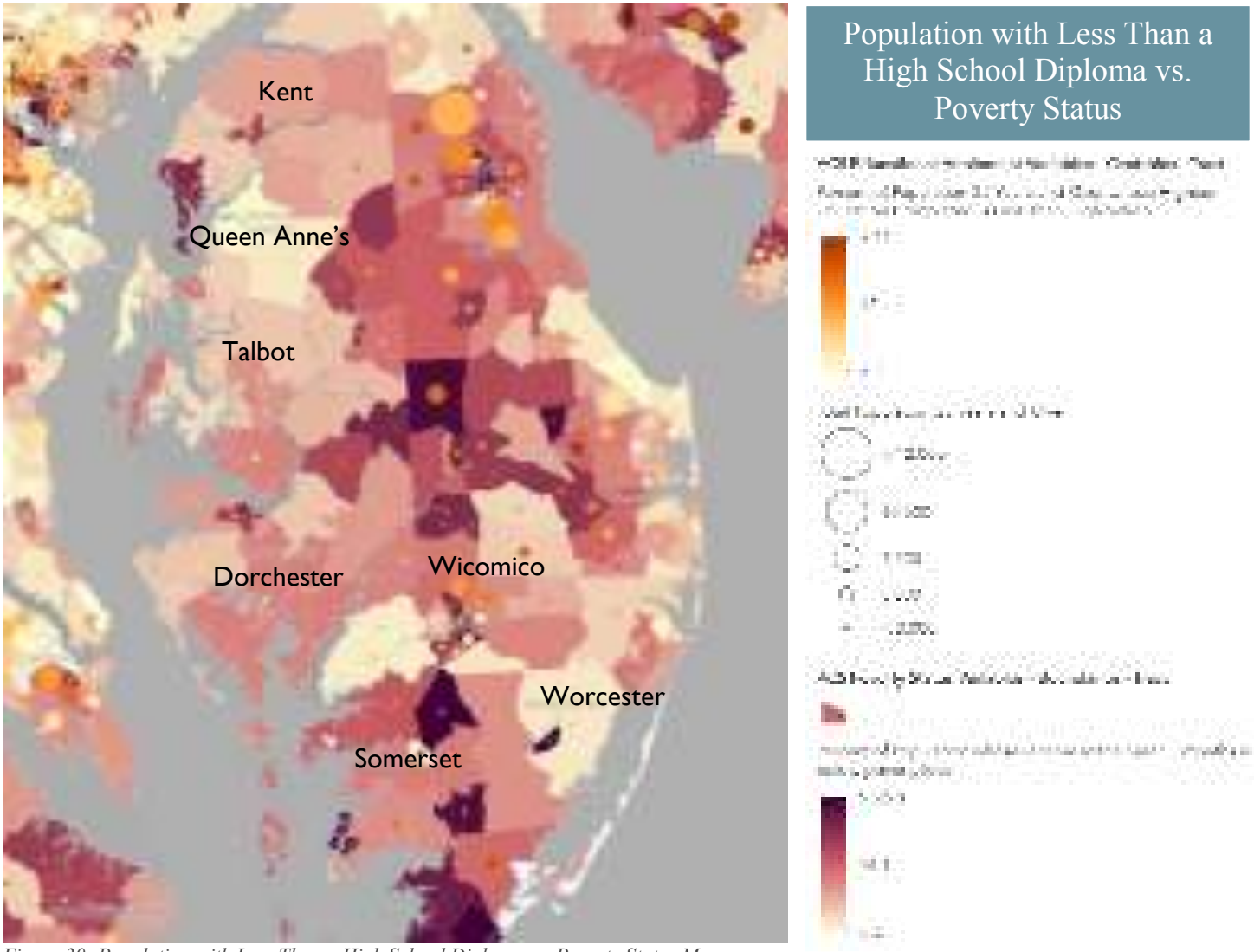


Figure 30: Population with Less Than a High School Diploma vs. Poverty Status Map

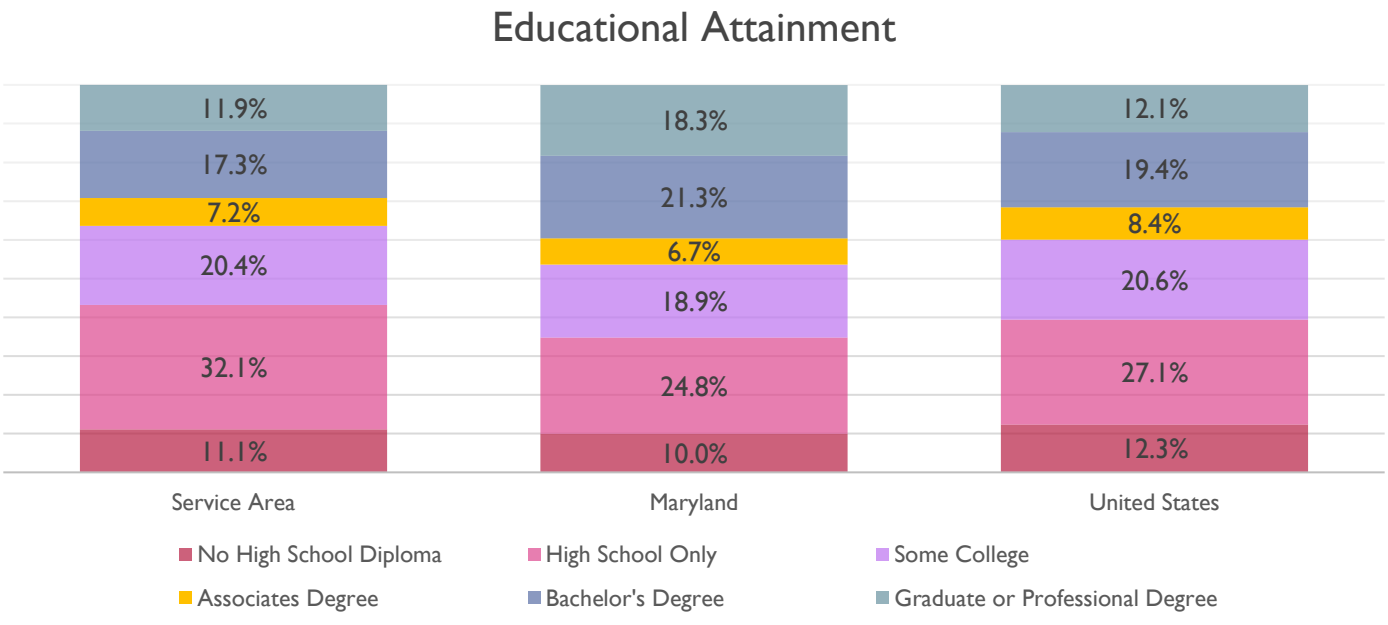


Figure 31: Educational Attainment Chart

Young People Not in School and Not Working

Due to the small numbers of residents aged 16-19 in some service area counties, the data presented above may be subject to considerable variation from year to year. This measure does however provide 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 Dorchester County, followed by Worcester County and Talbot County. Queen Anne's County and Somerset County possess extremely low levels of young adults not working and not in school.

Young People Not in School and Not Working[63]		
Area	Population Aged 16-19	Population Aged 16-19 Not in School and Not Employed
Dorchester	1,359	9.6%
Kent	1,329	3.8%
Queen Anne's	2,289	2.8%
Somerset	1,802	2.9%
Talbot	1,456	7.4%
Wicomico	7,745	3.9%
Worcester	2,021	7.9%
Service Area	18,001	4.8%
Maryland	305,005	6.3%
United States	17,021,831	6.8%

Table 39: Young People Not in School and Not Working

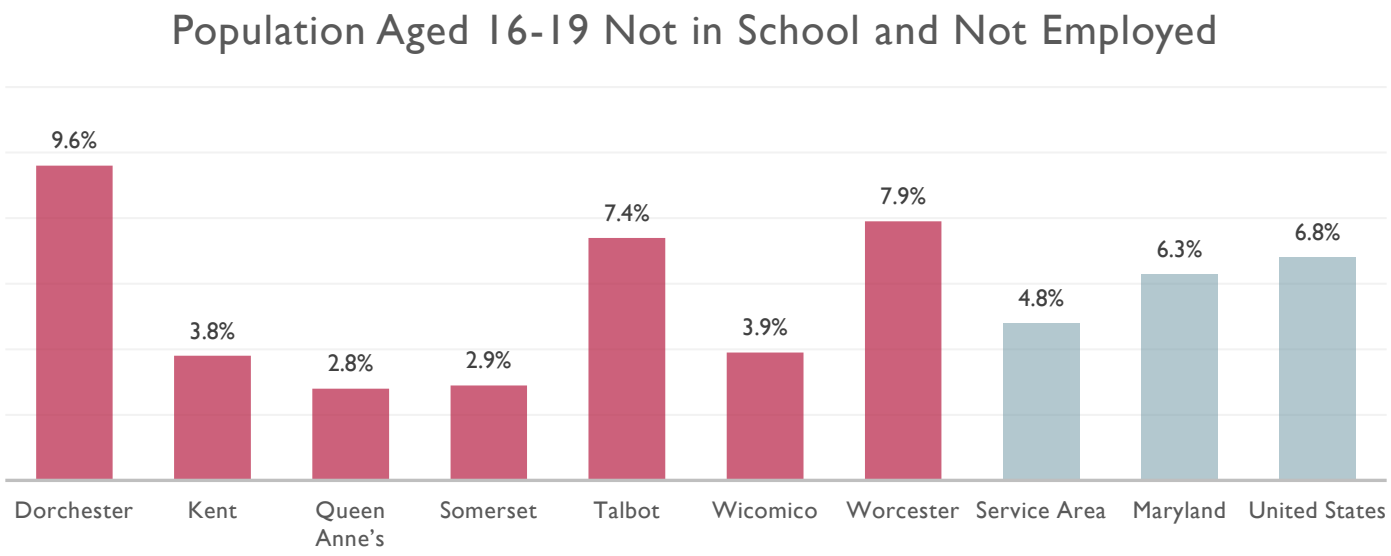


Figure 32: Population Aged 16-19 Not in School and Not Employed Chart

Adult Literacy

Somerset County is the service area county with the highest proportion of residents lacking literacy skills (19%), according to National Center for Education Statistics data. Queen Anne's County had the lowest rate of literacy issues at 7% of the population.

[63] CARES Engagement Network (2014-2018). Social & Economic Factors. Retrieved from https://engagementnetwork.org/.

Adult Literacy[64]		
Area	Estimated Population over 16	Percent Lacking Literacy Skills
Dorchester	24,202	16%
Kent	15,125	12%
Queen Anne's	34,431	7%
Somerset	17,298	19%
Talbot	27,870	9%
Wicomico	66,658	10%
Worcester	39,700	11%
Service Area	225,284	11.2%
Maryland	4,190,921	11%
United States	219,016,209	14.6%

Table 40: Adult Literacy

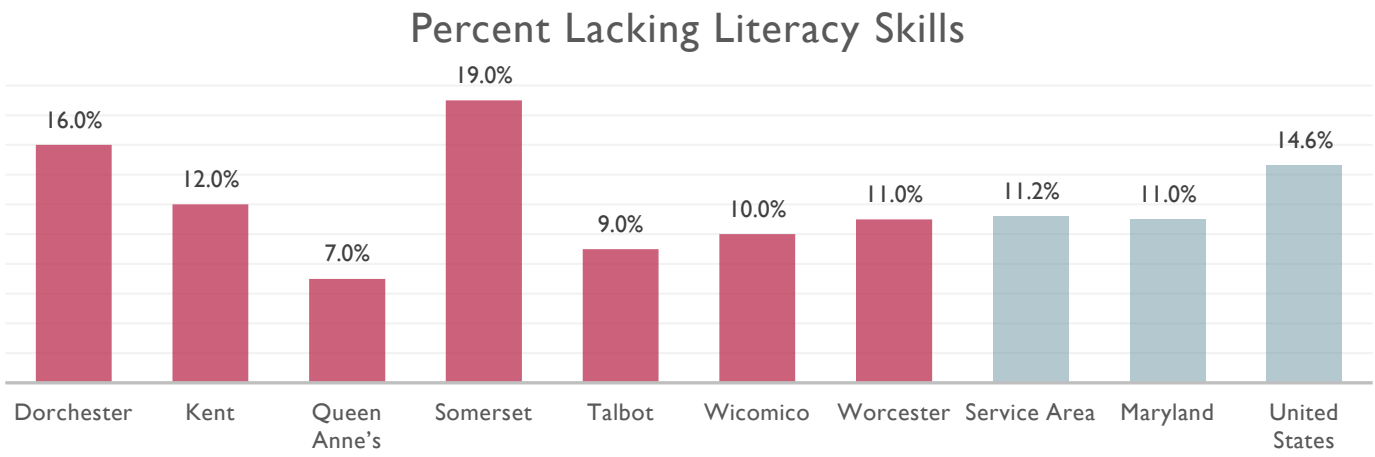


Figure 33: Percent Lacking Literacy Skills Chart

Parent/Guardian Education - PIR		
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	30	2.9%
An associate degree, vocational school, or some college	140	13.3%
A high school graduate or GED	582	55.3%
Less than high school graduate	193	18.3%

Table 41: Parent/Guardian Education

Among Early Head Start and Head Start families, the rate of families that are less than a high school graduate is almost 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 some college 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.

[64] Community Action Partnership (2014-2018). Education. Retrieved from https://cap.engagementnetwork.org/;

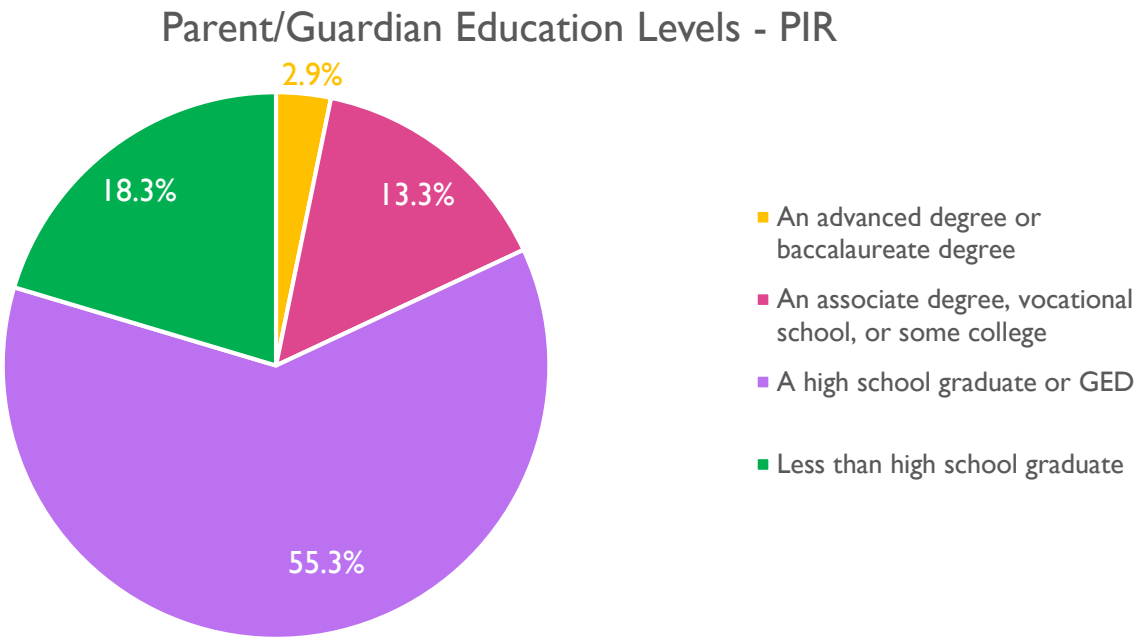


Figure 34: Parent/Guardian Education Levels - PIR Chart

Population Aged 3-4 Enrolled in School

This indicator reports the percentage of the population age 3-4 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[65]			
Area	Population Aged 3-4	Enrolled Population Age 3-4	% Age 3-4 Enrolled in School
Dorchester	688	254	36.9%
Kent	314	190	60.5%
Queen Anne's	1,052	423	40.2%
Somerset	466	222	47.6%
Talbot	661	416	62.9%
Wicomico	2,803	1,196	42.7%
Worcester	845	448	53.0%
Service Area	6,829	3,149	46.1%
Maryland	151,703	75,976	50.1%
United States	8,164,659	3,913,159	47.9%

Table 32: Population Aged 3-4 Enrolled in School

[65] Community Action Partnership (2014-2018). Education. Retrieved from https://cap.engagementnetwork.org/;

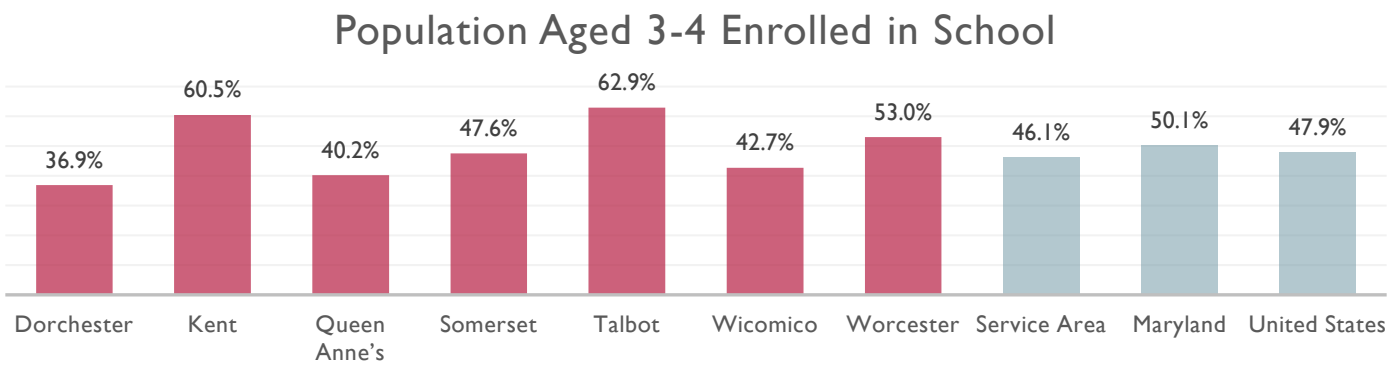


Figure 35: Population Aged 3-4 Enrolled in School Chart

Student Achievement

The following tables/charts present 3rd grade Maryland School Assessment (MSA) for service area counties. In all but one county (Worcester) fewer students show advanced competencies in Math and Reading than across Maryland.

3rd Grade Math Achievement

3rd Graders Math Achievement Levels[66]			
Area	Advanced	Basic	Proficient
Dorchester	11%	30%	59%
Kent	12%	32%	56%
Queen Anne's	14%	16%	70%
Somerset	11%	31%	58%
Talbot	15%	20%	66%
Wicomico	15%	30%	55%
Worcester	39%	9%	52%
Maryland	19%	26%	55%

Table 43: 3rd Graders Math Achievement Levels

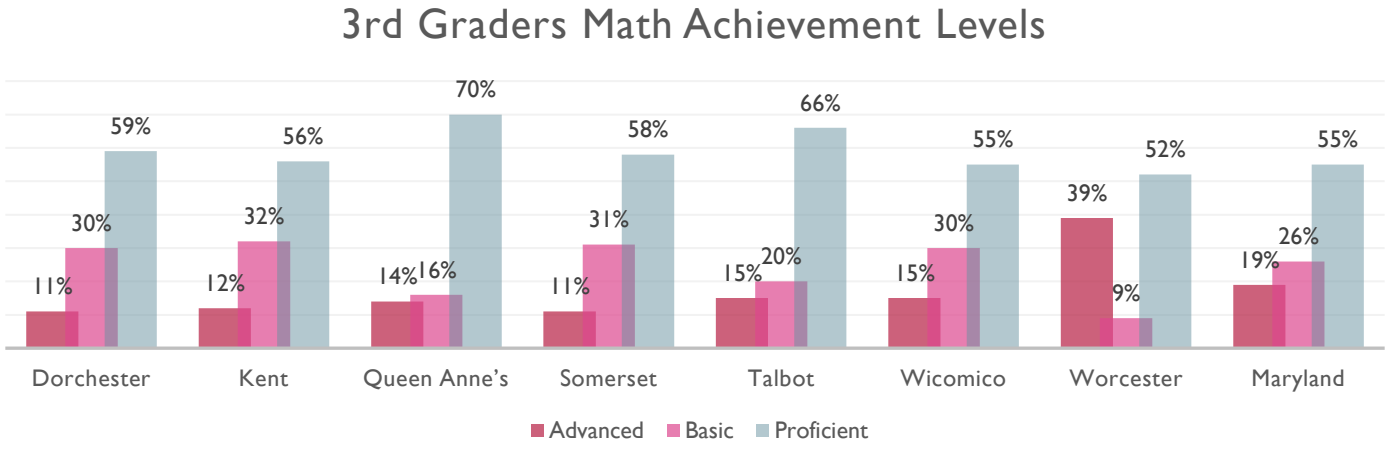


Figure 48: 3rd Graders Math Achievement Levels Chart

[66] Annie Casey Kids Count Data Center (2014). 3rd graders math achievement levels- MSA in Maryland. Retrieved from https://datacenter.kidscount.org/.

3rd Grade Reading Achievement

3rd Graders Reading Achievement Levels[67]			
Area	Advanced	Basic	Proficient
Dorchester	8%	32%	60%
Kent	No data	39%	57%
Queen Anne's	14%	15%	72%
Somerset	8%	27%	65%
Talbot	9%	25%	67%
Wicomico	10%	28%	62%
Worcester	28%	7%	65%
Maryland	15%	23%	62%

Table 44: 3rd Graders Reading Achievement Levels

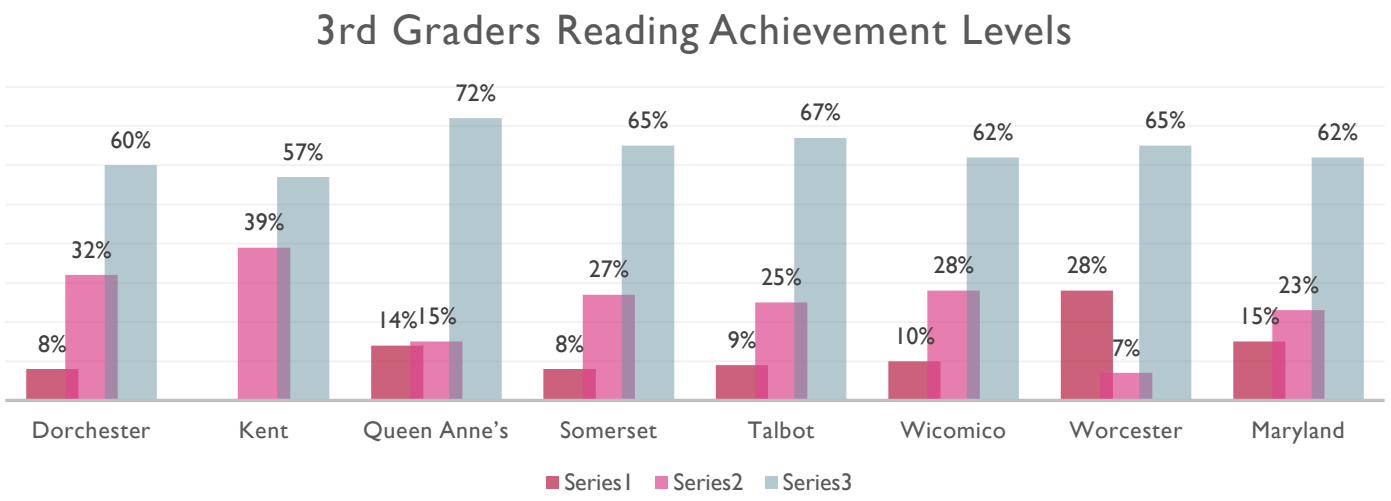


Figure 49: 3rd Graders Reading Achievement Levels Chart

Drop Out Rate

Three service area county students drop out at a rate higher than the average student in the state drops out.

Drop Out Rate: 4-Year Adjusted Cohort in Maryland[68]									
Area	2010	2011	2012	2013	2014	2015	2016	2017	2018
Dorchester	17.9%	15.0%	14.1%	13.0%	10.2%	11.0%	10.5%	14.1%	15.8%
Kent	13.0%	11.6%	7.5%	10.3%	8.3%	7.5%	10.0%	8.2%	No data
Queen Anne's	8.2%	7.3%	5.9%	4.4%	4.6%	4.2%	No data	No data	No data
Somerset	14.6%	19.9%	12.4%	18.8%	12.4%	9.3%	12.9%	13.5%	12.7%
Talbot	11.2%	9.1%	8.0%	6.9%	6.8%	5.5%	10.2%	10.9%	4.7%
Wicomico	15.4%	16.7%	13.6%	14.4%	11.0%	11.5%	12.7%	10.5%	11.8%
Worcester	6.7%	6.4%	5.1%	7.8%	7.0%	6.1%	6.2%	5.2%	3.9%
Maryland	11.9%	11.2%	10.2%	9.4%	8.4%	8.1%	8.0%	8.2%	8.4%

Table 46: Drop Out Rate: 4-Year Adjusted Cohort in Maryland

[67] Annie Casey Kids Count Data Center (2014). 3rd graders reading achievement levels- MSA in Maryland. Retrieved from https://datacenter.kidscount.org/.
[68] Annie Casey Kids Count Data Center (2010-2018). Dropout rate: 4-year adjusted cohort in Maryland. Retrieved from https://datacenter.kidscount.org/.

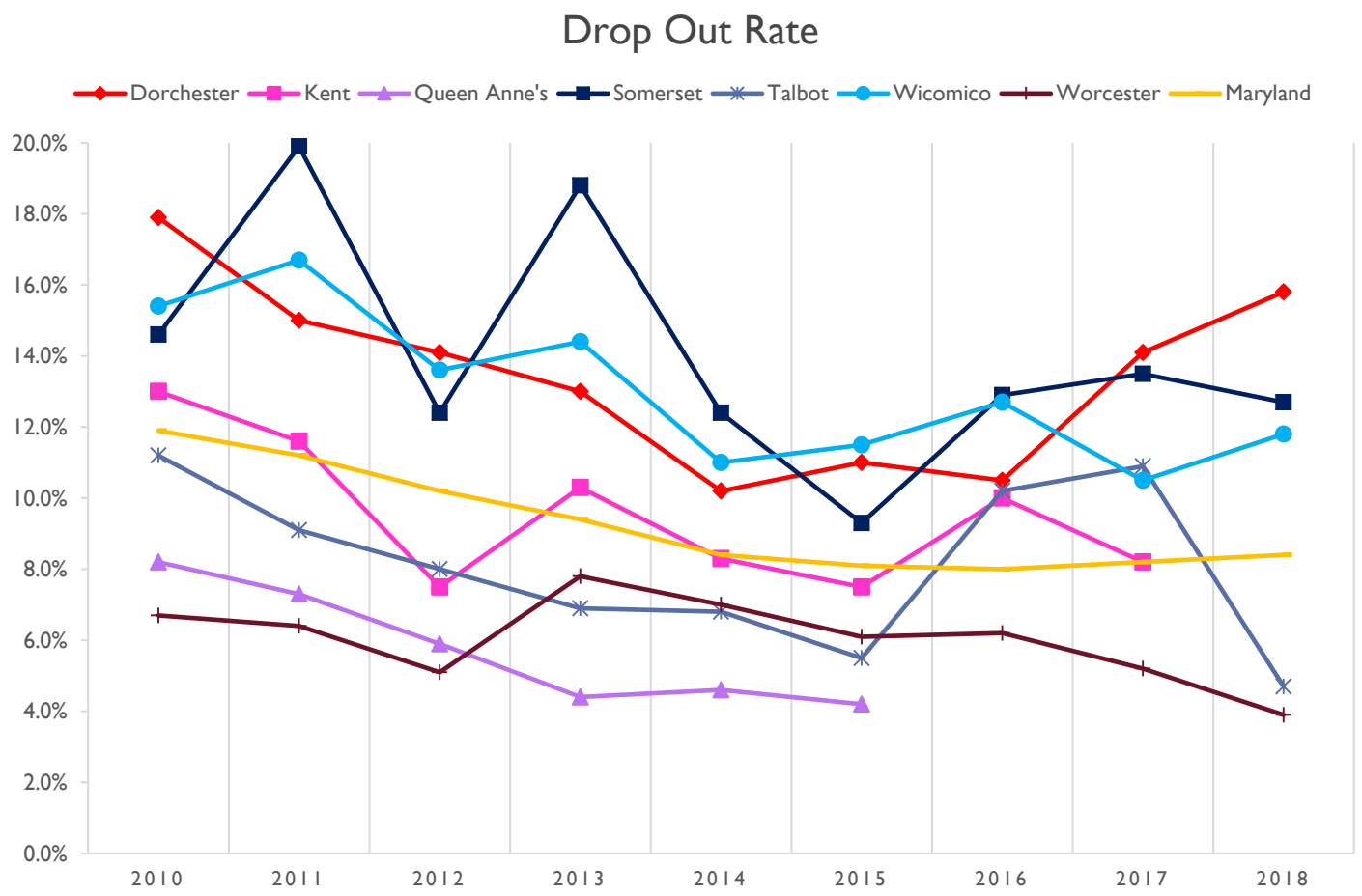


Figure 36: Drop Out Rate Chart

Graduation Rate

The highest graduation rates in the service area are found in Talbot County, according to the latest Maryland School Report Card data available. Dorchester County, Somerset County, and Wicomico County have considerably lower graduation rates than the other service area counties and the state figure of 87.1%.

Graduation Rate[69]									
Area	2010	2011	2012	2013	2014	2015	2016	2017	2018
Dorchester	77.8%	78.5%	79.2%	83.8%	87.9%	86.2%	86.5%	83.2%	81.7%
Kent	83.2%	82.7%	90.2%	88.0%	89.7%	90.8%	88.6%	90.5%	93.5%
Queen Anne's	87.7%	89.7%	91.8%	93.5%	94.0%	94.9%	No data	No data	No data
Somerset	80.5%	76.6%	83.6%	77.0%	85.6%	88.0%	82.6%	86.0%	84.5%
Talbot	86.9%	87.6%	88.8%	91.2%	91.8%	93.3%	85.5%	87.1%	94.2%
Wicomico	80.5%	78.1%	81.1%	82.0%	84.4%	83.5%	81.5%	83.8%	83.2%
Worcester	90.2%	92.3%	93.1%	90.9%	91.2%	93.1%	91.7%	91.8%	92.5%
Maryland	82.0%	82.8%	83.6%	85.0%	86.4%	87.0%	87.6%	87.7%	87.1%

Table 33: Graduation Rate

[69] Annie Casey Kids Count Data Center (2010-2018). Graduation rate: 4-year adjusted cohort in Maryland. Retrieved from https://datacenter.kidscount.org/.

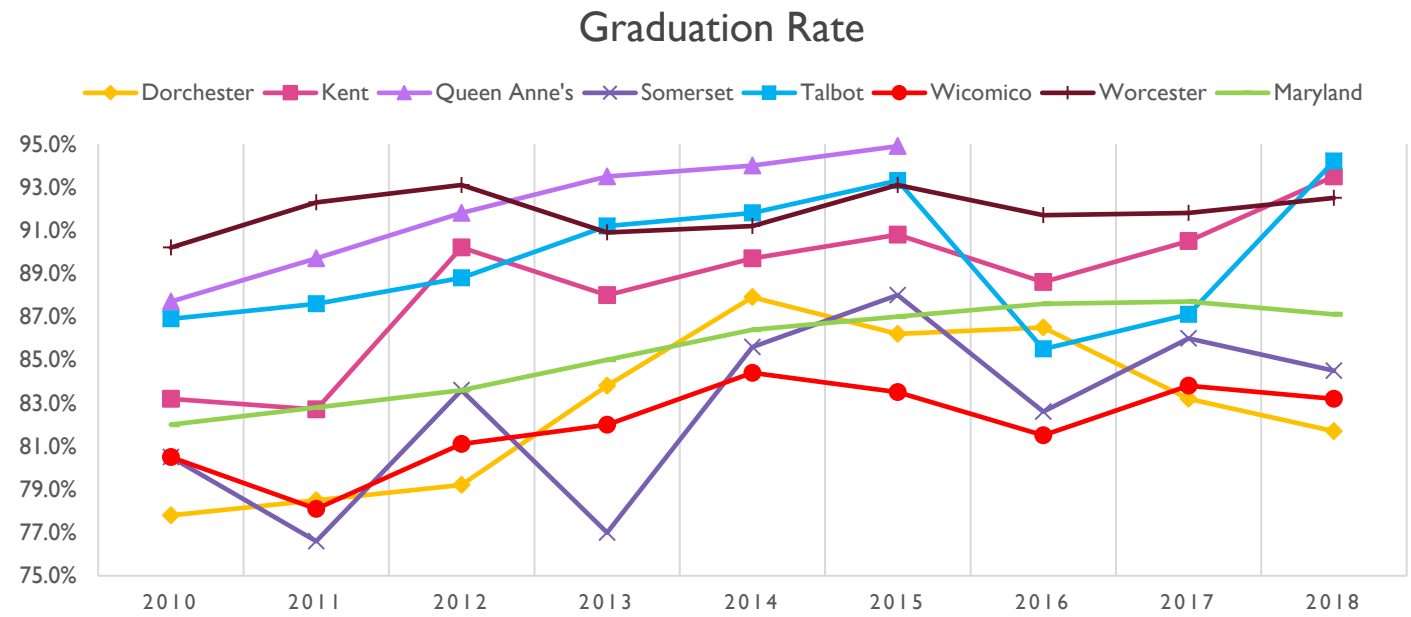


Figure 37: Graduation Rate Chart

Input from the Community Assessment Survey

89% (355) of 393 respondents indicate people need assistance to attend a trade or technical school

93% (372) of 393 respondents indicated there was a need for computer skills training so people can obtain work

92% (363) of 393 respondents indicated there is a need for more GED classes in the community

Key Findings

From kindergarten through adulthood, access to education sets people up for a lifetime of success, whether it is in school or in preparation for career opportunities that offer the potential for growth. For low-income individuals it is easy to veer off the path towards increased educational attainment. For example, mobility disrupts children's learning and the high cost of public education and workforce training can be an insurmountable barrier for adults. Additional barriers include long travel times for people using public transportation for career training and work commutes, and lack of access to childcare programs; lack of access to affordable childcare; and the need to generate income for daily expenses, which limits the ability to pursue training and education. Mental health issues and lack of confidence and trust in educational institutions among individuals that may have had poor experiences in elementary and high school also impact the likelihood someone will pursue additional education and training.

A college education also protects against downward mobility. Head Start is unique in that its two-generation service model is particularly impactful at developing and empowering families, so they are able to lift themselves out of poverty and towards self-sufficiency. Community Action programs also aim to increase the assets and resource available to low-income individuals. Increasing participation in educational programs is critical in this endeavor.

The service area experiences a higher rate of adults without a high school diploma than the state of Maryland. Adult literacy is also a problem in the service area, with 11.2% of adults lacking literacy skills, a rate higher than the state (11.0%), but lower than the nation (14.6%). When compared to service area residents, even compared to residents in poverty, fewer Head Start parents have completed an advanced degree or bachelor's degree and more Head Start parents have obtained a high school diploma as their highest level of education (55.3%).

Several strategies may help program families enter and complete educational attainment that leads to a job in an in-demand career. For example, Head Start can engage families and staff in developing a program-wide plan to train staff in employment support strategies. The program can also create a plan to develop resources to address service and supports that are needed for families. This could include activities such as career navigation, links to and the expansion of remedial basic education programs, college preparation, coaching, mentorship, developing wraparound supports, and increasing parents' access to opportunities to gain relevant work experience through Head Start employment opportunities.

Health & Social Service Needs

Compared to nearby counties, service area residents have better access to adequate health services. 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 children 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.

Social services are also important in providing a safety net for families. Resources that link low-income families to jobs, work support and requirements, housing security, family functioning, subsidies for childcare, utilities, and health services can boost the earnings of low-income workers, incentivize willingness to work and enable individuals to escape poverty.

Child Abuse

Safe, stable, and nurturing relationships and environments enable healthy growth and development. Unfortunately, some children suffer physical, sexual and emotional abuse/neglect. Child abuse and neglect have severe effects on children's cognitive, social-emotional, language, mental health, and behavioral development that can last well into adulthood. Adults who were neglected or abused as children are at greater risk for substance abuse, eating disorders, mental health issues, and chronic disease.[70]

Young children under the age of four are at greatest risk for the most severe consequences of abuse and neglect. These negative outcomes include disrupted brain development, improper development of the nervous system, and serious physical injury or death. Individual, family, and community factors contribute to the risk of child abuse and neglect. The Centers for Disease Control and Prevention lists these risk factors by group.[71]

Individual Risk Factors include:

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

Family Risk Factors include:

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

Community Risk Factors include:

- Community violence
- Concentrated neighborhood disadvantage and poor social connections

[70] National Center for Injury Prevention and Control (2014). *Understanding Child Maltreatment: Fact Sheet*. Retrieved from: www.cdc.gov/violenceprevention
[71] Centers for Disease Control and Prevention (2014). Retrieved from http://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html

The Maryland Department of Human Services screens abuse cases and categorizes then 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 2014, the service area has experienced an increase in Alternative Response cases and a decrease in Investigative Responses.

Alternative Response[72]						
Area	2014	2015	2016	2017	2018	2019
Dorchester	112	142	112	159	137	97
Kent	30	55	46	32	46	38
Queen Anne's	47	48	49	57	43	42
Somerset	47	74	73	93	96	121
Talbot	39	45	34	53	61	62
Wicomico	204	263	292	292	262	314
Worcester	105	90	98	100	131	147
Service Area	584	717	704	786	776	821
Maryland	8,107	9,216	8,528	8,426	8,681	9,656

Table 34: Alternative Response

Investigative Response[73]							
Location	2013	2014	2015	2016	2017	2018	2019
Dorchester	115	166	161	155	160	129	121
Kent	53	49	32	46	52	50	47
Queen Anne's	45	55	32	24	30	21	33
Somerset	89	110	79	59	43	65	48
Talbot	55	61	37	42	37	50	47
Wicomico	300	251	176	255	275	240	265
Worcester	154	124	128	100	137	136	135
Service Area	811	816	645	681	734	691	696
Maryland	10,877	15,400	11,609	12,899	13,823	13,121	12,168

Table 35: Investigative Response

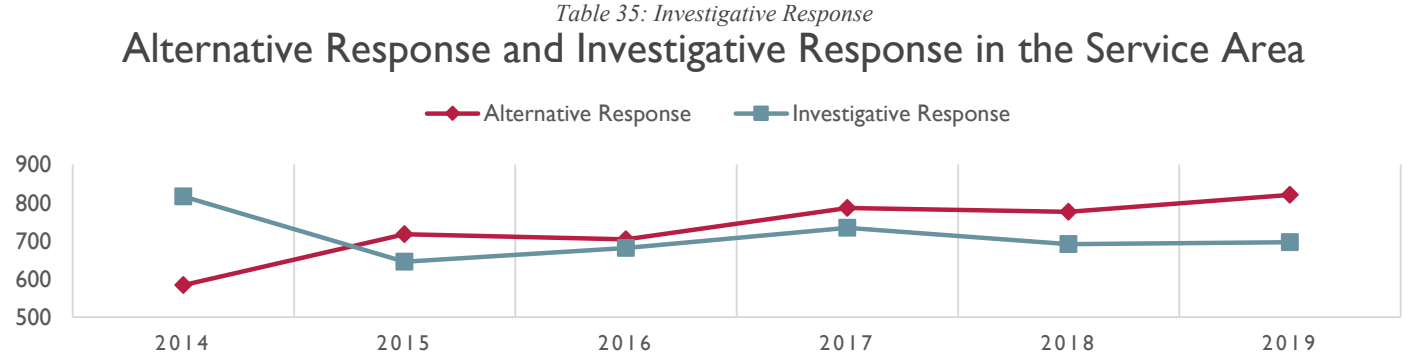


Figure 38: Alternative and Investigative Response in the Service Area Chart

[72] Annie Casey Kids Count Data Center (2014-2019). Alternative Response in Maryland. Retrieved from https://datacenter.kidscount.org/.
[73] Annie Casey Kids Count Data Center (2013-2019). Investigative Response in Maryland. Retrieved from https://datacenter.kidscount.org/.

Spousal Abuse

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 are confined to their homes and experience additional financial hardship due to the coronavirus outbreak, it is likely there will be a 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.

Domestic Violence Monthly Summary Report, February 2020[74]							
Sex	Dorchester	Kent	Queen Anne's	Somerset	Talbot	Wicomico	Worcester
Female	40.7%	0.0%	38.5%	26.7%	33.3%	34.1%	28.0%
Male	59.3%	100.0%	61.5%	73.3%	66.7%	65.9%	68.0%
Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%
Race							
Asian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%
Black	59.3%	50.0%	30.8%	53.3%	40.0%	39.8%	20.0%
White	40.7%	50.0%	46.2%	46.7%	53.3%	53.4%	72.0%
Other	0.0%	0.0%	7.7%	0.0%	6.7%	2.3%	0.0%
Undetermined	0.0%	0.0%	15.4%	0.0%	0.0%	4.5%	4.0%
Age							
0-17	3.7%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%
18-25	37.0%	16.7%	16.7%	26.7%	0.0%	18.2%	12.0%
25-59	48.1%	83.3%	66.7%	46.7%	40.0%	67.0%	68.0%
60+	3.7%	0.0%	8.3%	6.7%	6.7%	2.3%	0.0%
Undetermined	7.4%	0.0%	8.3%	20.0%	53.3%	12.5%	16.0%
Grounds							
Assault	12.5%	0.0%	50.0%	0.0%	11.1%	34.2%	37.5%
Caused a fear or harm	25.0%	28.6%	16.7%	75.0%	38.9%	39.5%	37.5%
Caused harm	0.0%	0.0%	0.0%	0.0%	5.6%	0.0%	0.0%
False imprisonment	0.0%	0.0%	0.0%	0.0%	0.0%	2.6%	0.0%
Harassment	37.5%	0.0%	33.3%	0.0%	27.8%	5.3%	12.5%
Malicious destruction of property	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%	0.0%
Physical abuse of a child	0.0%	14.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Rape or other sexual offense or attempt	6.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sexual abuse of a child	6.3%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%
Stalking	6.3%	57.1%	0.0%	0.0%	11.1%	13.2%	12.5%
Statutory abuse of a vulnerable adult	6.3%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%
Trespassing	0.0%	0.0%	0.0%	0.0%	5.6%	5.3%	0.0%

Table 36: Domestic Violence Monthly Summary, February 2020

[74] Maryland Courts (2020). *Domestic Violence Monthly Reports.* Retrieved from https://www.courts.state.md.us/.

Incidence of Drug and Alcohol Abuse

In May 2019 the Maryland Department of Health published a report on Unintentional Drug- and Alcohol – Related Intoxication Deaths in Maryland for 2018. Queen Anne's County is the only county in the service area that experiences a rate of excessive drinking higher than the state average. Three counties (Queen Anne's County, Wicomico County, and Worcester County) in the service area experience a rate of drug overdose deaths higher than the state, with Wicomico County experiencing a rate almost three times that of the state.

Alcohol and Substance Abuse[75]				
Area	Excessive Drinking	Alcohol-impaired Driving Deaths		Drug Overdose Deaths (per 100,000)
Dorchester	15%	7	29%	28
Kent	16%	4	40%	15
Queen Anne's	18%	15	37%	48
Somerset	15%	4	27%	25
Talbot	17%	11	42%	33
Wicomico	17%	15	29%	103
Worcester	15%	25	48%	58
Maryland	17%		29%	37

Table 37: Alcohol and Substance Abuse

Data from the Maryland Department of Health for 2018 indicates that service area's rate of drug and alcohol deaths continue to climb. In 2018, the service area experienced a total of 96 deaths due to drug and alcohol intoxication, compared to 94 in 2017.[76]

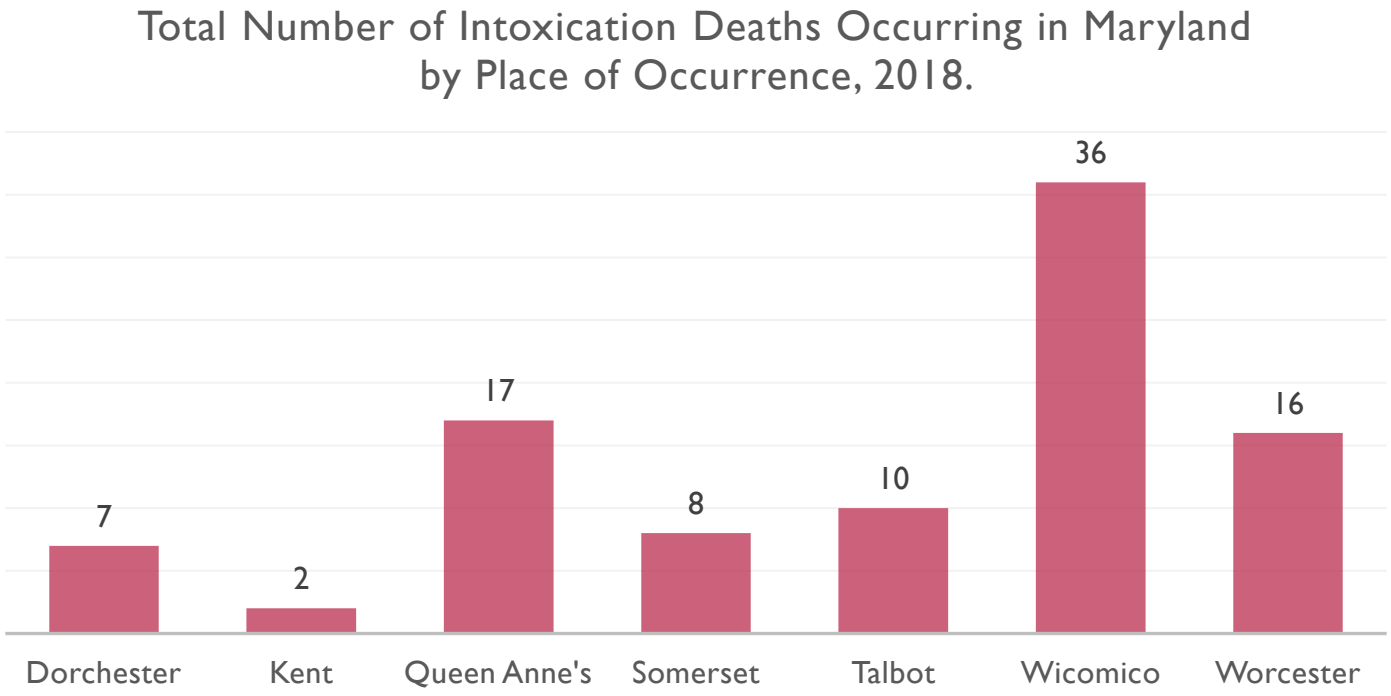


Figure 39: Total Number of Intoxication Deaths Occurring in Maryland by Place of Occurrence 2018 Chart

[75] County Health Rankings (2019). *Maryland, 2015-2017.* Retrieved from https://www.countyhealthrankings.org/
[76] Maryland Department of Health. Unintentional Drug-and Alcohol-Related Intoxication Deaths in MD. Data Update through 3rd Quarter 2019. Retrieved from: https://health.maryland.gov/vsa/Pages/overdose.aspx.

Total Number of Drug- and Alcohol-Related Intoxication Deaths by Place of Occurrence, Maryland, 2007-2018[77]

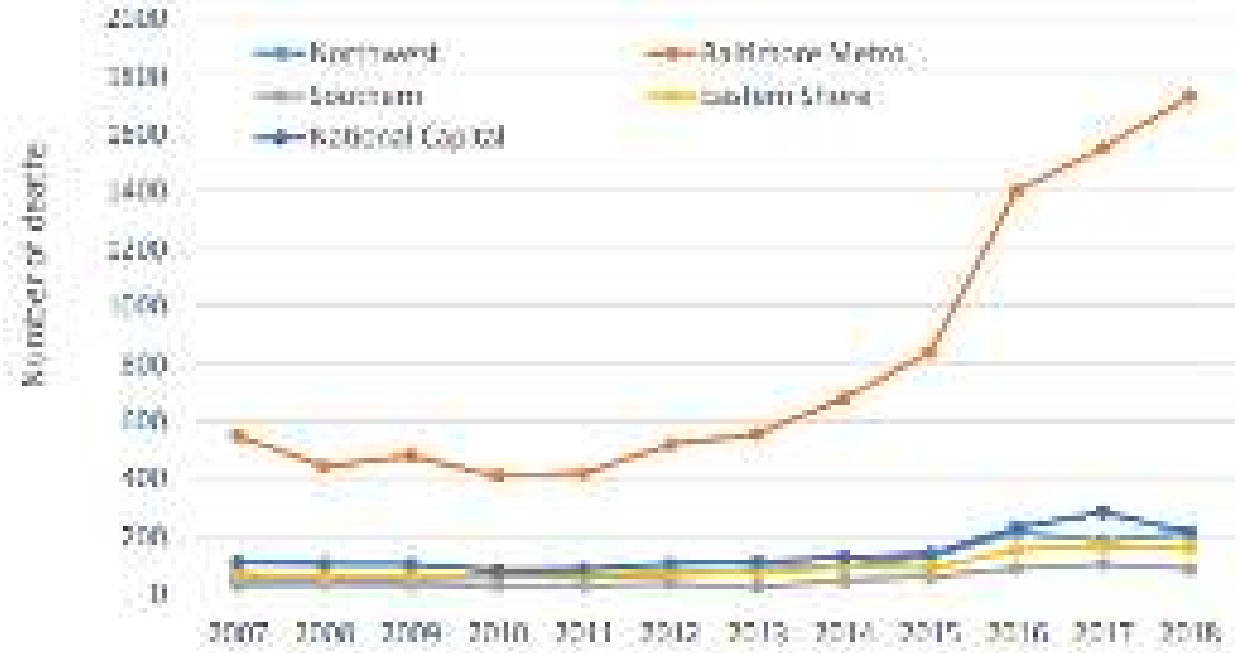
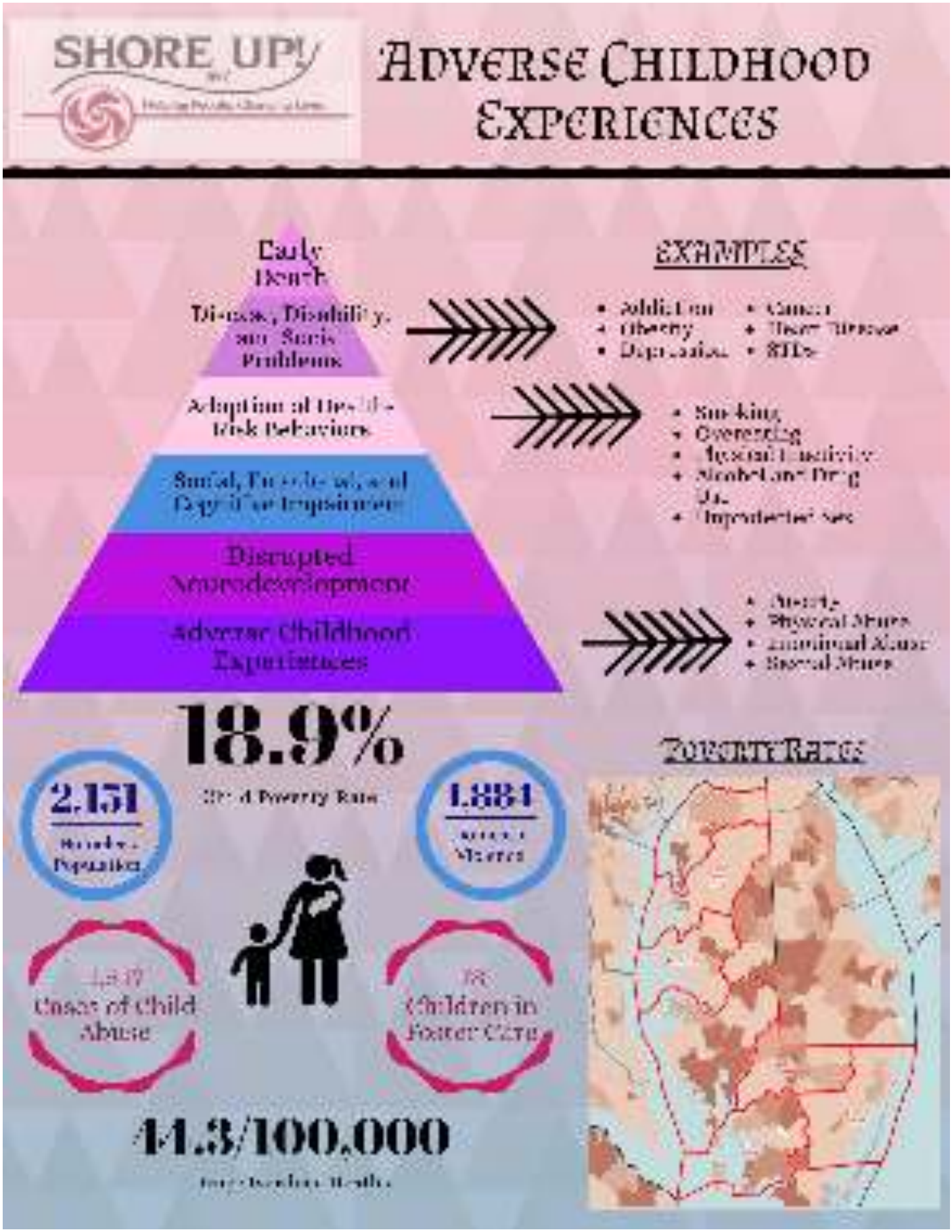


Figure 40: Total Number of Drug- and Alcohol-Related Intoxication Deaths by Place of Occurrence Maryland, 2007-2018 Chart

Adverse Early Childhood Experiences

Links have been established between child abuse, substance abuse, income, mental health and community violence which contribute to Adverse Early Childhood Experiences. The **Adverse Childhood Experiences** (ACE) study is one of, if not the premier study on early childhood trauma ever conducted. In 1995, CDC researchers discovered 10 common ACEs relating to child abuse, neglect and household dysfunction that have remarkably been proven to have costly detrimental outcomes as children become adults.

[77] Maryland Department of Health. Unintentional Drug-and Alcohol-Related Intoxication Deaths in MD. Data Update through 3rd Quarter 2019. Retrieved from: https://health.maryland.gov/vsa/Pages/overdose.aspx.


SHORE UP!
ADVERSE CHILDHOOD EXPERIENCES
Early Death
Disease, Disability, and Social Problems
Adoption of Health-Risk Behaviors
Social, Emotional, and Cognitive Impairment
Disrupted Neurodevelopment
Adverse Childhood Experiences
EXAMPLES
• Addiction
• Obesity
• Depression
• Cancer
• Heart Disease
• STDs
• Smoking
• Overeating
• Sexual Inactivity
• Alcohol and Drug Use
• Unprotected Sex
• Anxiety
• Physical Abuse
• Emotional Abuse
• Sexual Abuse
18.9%
2,151
1,884
4,437
Cases of Child Abuse
Children in Foster Care
44.3/100,000
POVERTY RATES

Maternal and Child Health

The well-being and health of mothers, infants and children is an important indicator of the health of the next generation. It can also predict future health challenges and inform the design of early childhood programs by providing a window into the health of children that will be entering Head Start.

Infant and Child Deaths

The data presented in the table represents 5-year average infant mortality rates in the service area, although data was unavailable for Kent, Somerset, Talbot, and Worcester Counties. All other service area counties experienced an infant mortality rate that exceeds the state figure.

Infant Mortality[78]										
Area	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Dorchester	21.9	No data	No data	No data	No data	No data	No data	No data	No data	21.2
Kent	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
Queen Anne's	No data	10.3	No data	No data	No data	No data	No data	No data	No data	10.5
Somerset	No data	No data	No data	No data	No data	No data	No data	No data	41.2	No data
Talbot	No data	No data	22.2	No data	No data	No data	18.6	No data	No data	No data
Wicomico	9.1	5.6	7.7	10.8	10.3	9.9	6.5	9.7	10.9	7.2
Worcester	No data	16.7	10.6	No data	No data	No data	13.8	19.0	12.6	No data
Maryland	7.2	6.7	6.7	6.3	6.6	6.5	6.7	6.5	6.5	6.1

Table 51: Infant Mortality

Child Death[79]						
Area	2013	2014	2015	2016	2017	2018
Maryland	623	642	678	638	618	574
Dorchester	No data	No data	No data	No data	No data	8
Kent	No data	No data	No data	No data	No data	No data
Queen Anne's	5	5	No data	No data	No data	7
Somerset	No data	5	9	5	11	No data
Talbot	No data	No data	7	No data	No data	5
Wicomico	16	15	15	17	18	12
Worcester	No data	No data	6	10	6	No data

Table 38: Child Death

Low-Birthweight Babies

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 disorders, neurodevelopmental disabilities, and issues related to future school achievement. Dorchester County had the highest percentage of babies born with a low birthweight in 2018, at 13.0% of births.

[78] Annie Casey Kids Count Data Center (2009-2018). Infant mortality in Maryland. Retrieved from https://datacenter.kidscount.org/.
[79] Annie Casey Kids Count Data Center (2013-2018). Child deaths (2013-2018) in Maryland. Retrieved from https://datacenter.kidscount.org/.

Percentage of Low-Birthweight Babies[80]										
Area	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Dorchester	10.2%	11.3%	11.2%	8.9%	9.8%	10.6%	11.3%	9.7%	7.3%	13.0%
Kent	6.9%	10.8%	9.2%	16.9%	8.6%	12.1%	10.8%	8.1%	10.4%	6.7%
Queen Anne's	7.4%	10.5%	8.9%	7.4%	5.5%	5.1%	6.7%	7.6%	9.3%	9.0%
Somerset	5.7%	7.4%	10.1%	7.6%	5.3%	9.6%	6.2%	10.2%	13.2%	10.2%
Talbot	4.0%	6.7%	8.3%	6.9%	8.7%	7.2%	4.3%	7.6%	7.3%	5.6%
Wicomico	9.9%	8.2%	9.0%	8.9%	8.1%	9.3%	9.1%	9.0%	9.9%	9.6%
Worcester	7.4%	5.3%	9.1%	5.3%	5.1%	8.2%	9.2%	6.0%	5.0%	5.9%
Maryland	9.2%	8.8%	8.9%	8.8%	8.5%	8.6%	8.6%	8.6%	8.9%	8.9%

Table 39: Percentage of Low-Birthweight Babies

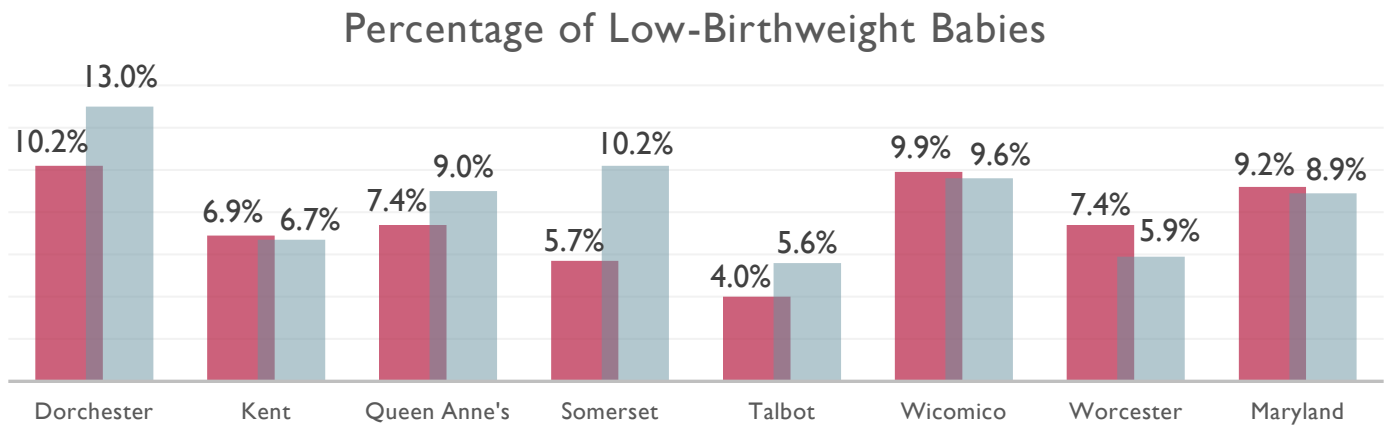


Figure 41: Percentage of Low-Birthweight Babies Chart

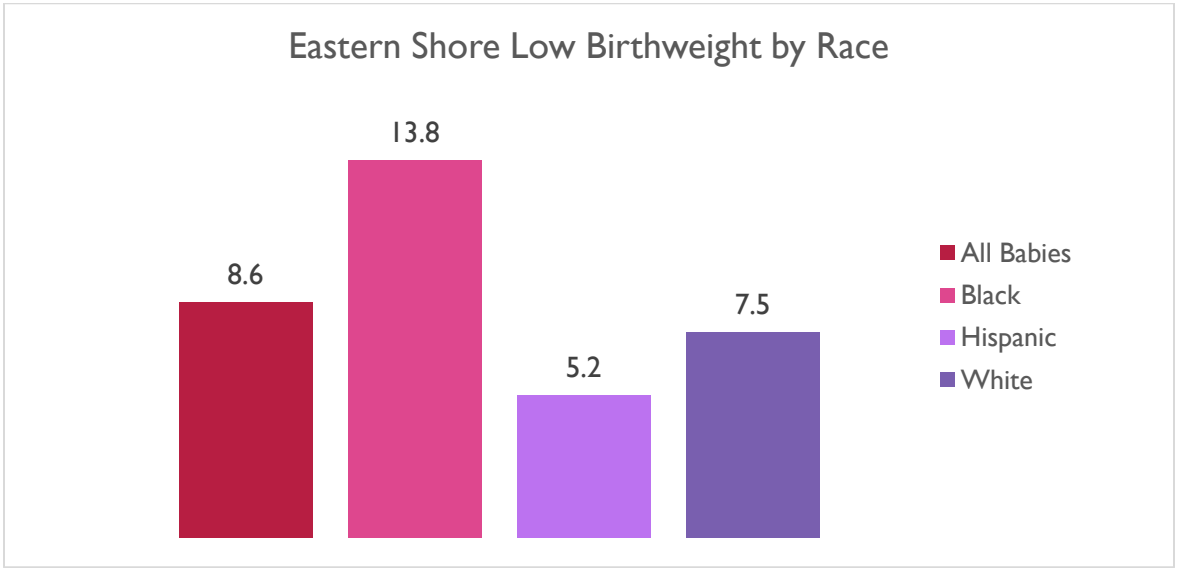


Figure 42: Percentage of Low-Birthweight Babies by Race

[80] Annie Casey Kids Count Data Center (2009-2018). Low birthweight in Maryland. Retrieved from https://datacenter.kidscount.org/.

Teen Birth Rate

Teen Birth Rate[81]										
Area	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Dorchester	68.0	55.1	43.8	46.6	33.1	42.0	50.7	27.4	21.4	41.3
Kent	30.0	15.5	10.6	12.7	13.3	9.5	18.2	6.9	8.5	8.5
Queen Anne's	23.3	16.4	16.1	14.1	12.4	15.1	6.8	14.8	9.1	7.2
Somerset	34.8	31.6	24.4	30.4	39.9	17.7	22.5	19.4	13.0	16.8
Talbot	17.3	20.4	24.8	18.5	15.7	15.3	15.4	22.9	11.3	9.2
Wicomico	44.7	30.9	33.3	24.8	21.1	21.0	20.0	16.9	19.5	16.4
Worcester	34.0	26.6	33.0	19.3	20.6	11.5	20.9	14.9	12.9	14.4
Maryland	31.2	27.2	24.7	22.1	19.3	17.8	16.9	15.9	14.2	14.1

Table 40: Teen Birth Rate

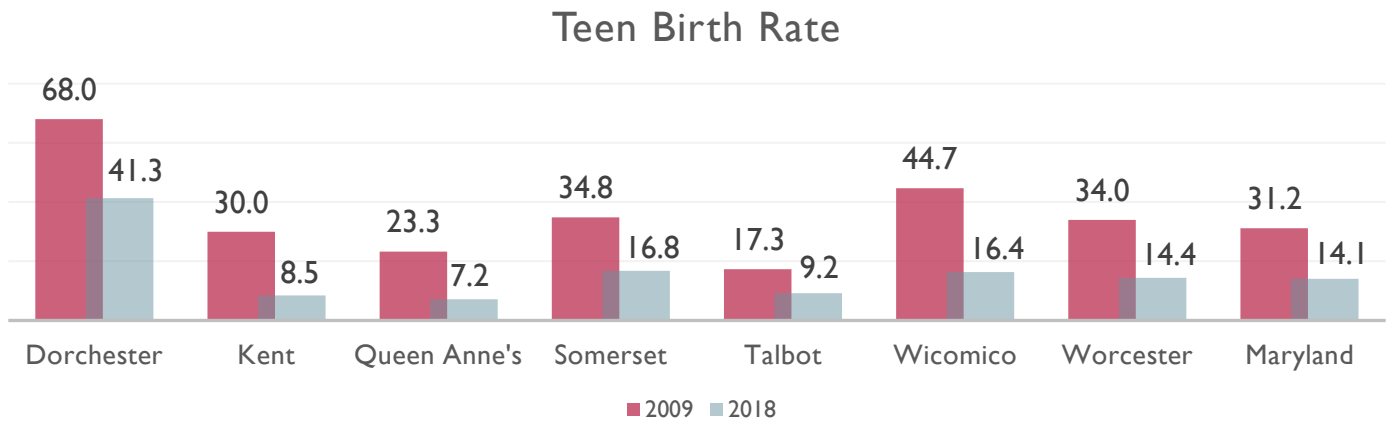


Figure 43: Teen Birth Rate Chart

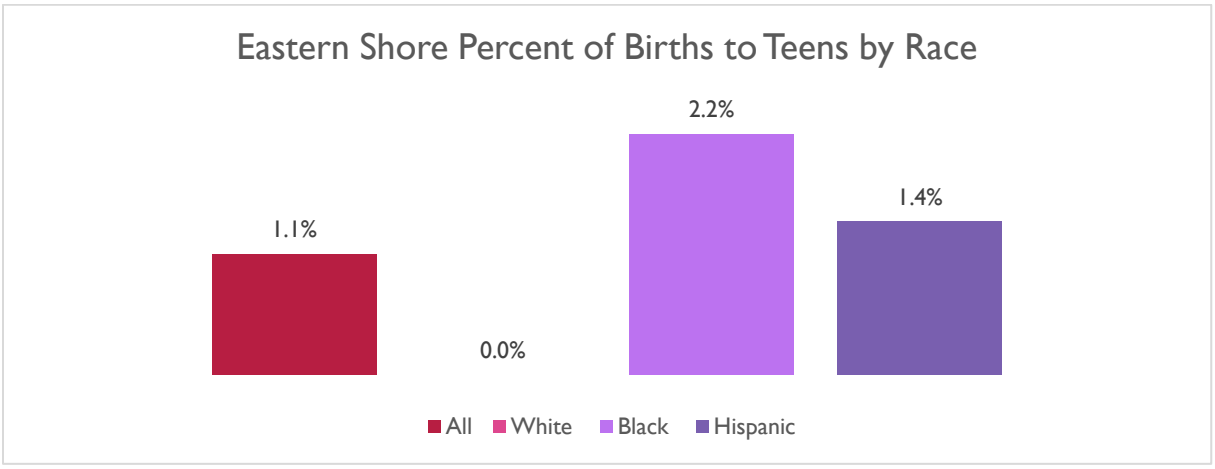


Figure 44: Teen Births by Race

[81] Annie Casey Kids Count Data Center (2009-2018). Teen birth rate in Maryland. Retrieved from https://datacenter.kidscount.org/.

Women Without Prenatal Healthcare

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. All counties had lower levels of births without adequate prenatal care than the Maryland average. There is a racial disparity in access to prenatal care. According to the data, of 242 women receiving late prenatal care on the Eastern Shore, 117 were white, 61 were Black/African American and 55 were Hispanic. The percent of women of color that receive late prenatal care is overrepresented when compared to the racial composition of the population of pregnant women.

Women Without Early Prenatal Care[82]									
Area	2010	2011	2012	2013	2014	2015	2016	2017	2018
Dorchester	26.5%	25.9%	22.2%	26.5%	26.6%	29.1%	23.3%	21.6%	21.7%
Kent	22.7%	23.0%	25.4%	27.3%	20.4%	18.1%	27.1%	19.7%	14.3%
Queen Anne's	15.5%	18.9%	23.1%	18.6%	20.1%	24.7%	24.5%	23.9%	24.4%
Somerset	26.4%	20.5%	27.8%	27.8%	23.4%	19.5%	20.5%	23.6%	20.1%
Talbot	20.6%	26.3%	23.0%	26.4%	26.4%	23.7%	25.4%	24.7%	19.3%
Wicomico	32.6%	26.9%	27.1%	23.2%	26.0%	21.2%	23.0%	27.9%	25.9%
Worcester	26.6%	21.6%	26.0%	22.2%	22.4%	19.6%	21.4%	20.2%	25.3%
Maryland	31.0%	32.3%	32.1%	33.0%	33.4%	33.1%	32.2%	30.4%	30.0%

Table 41: Women Without Early Prenatal Care

Births to Unmarried Women

The percent of births to unmarried women in Maryland is approximately 61.8% of all births. However, for the Eastern Shore, 47% of births are to unmarried women. For Whites, on the Eastern Shore, just 33.1% of births are to unmarried women. Of these, 33% are to Whites, 72% are to Black/African mothers and 53% are to Hispanic/Latina women or to unmarried mothers.

Births to Women with less than 12 Years of Education

The percent of births to women with less than 12 years of Education for the state of Maryland was 12.6%. However, among Whites the rate of mothers with low educational attainment was 4.5%, compared to 8.3% of African Americans, and 6.8% of Hispanic/Latino women.

[82] Annie Casey Kids Count Data Center (2010-2018). Women without early prenatal care (2010-2018) in Maryland. Retrieved from https://datacenter.kidscount.org/.

Prevalent Health Problems

The United Health Foundation ranked Maryland as the 18th best state in the nation regarding overall health in 2019, which is lower than the rank it received in 2017 (19th).

Highlights in the state include:

- A 26% reduction in excessive drinking of adults since 2012.
- A 35% reduction in smoking of adults since 2012.
- A 17% increase in mental health providers per 100,000 population since 2017.
- A 44% decrease in infant mortality per 1,000 births since 1990.

In the report, the United Health Foundation highlighted positive health trends in Maryland including a low prevalence of excessive drinking, a low percentage of children in poverty, and a low prevalence of frequent mental distress. Health challenges identified in Maryland included a high drug death rate, a high violent crime rate, and a large difference in health status by school education.[83]

Quality of Life[84]								
Quality of Life	Dorchester	Kent	Queen Anne's	Somerset	Talbot	Wicomico	Worcester	Maryland
Poor or fair health	18%	13%	11%	19%	13%	15%	14%	15%
Poor physical health days	3.7	3.4	3.0	4.1	3.1	3.7	3.5	3.4
Poor mental health days	4.4	4.1	3.7	4.5	3.7	4.3	4.2	3.8

Table 42: Quality of Life

Figure 45: Poor or Fair Health Map

[83] United Health Foundation (2019). *America's Health Rankings.* Retrieved from https://www.americashealthrankings.org/
[84] County Health Rankings (2020). *Maryland.* Retrieved from https://www.countyhealthrankings.org/

Health Factors[85]								
Quality of Life	Dorchester	Kent	Queen Anne's	Somerset	Talbot	Wicomico	Worcester	Maryland
Adult smoking	18%	13%	12%	20%	13%	15%	14%	14%
Adult obesity	39%	30%	29%	44%	28%	36%	35%	31%
Food environment index	7.6	8.7	9.3	6.2	8.8	7.3	8.1	9.0
Uninsured adults	7%	8%	5%	8%	9%	8%	8%	7%
Primary care physician ratio	2,300:1	1,140:1	2,770:1	2,880:1	1,090:1	1,470:1	1,150:1	1,140:1
Dentists ratio	1,390:1	2,150:1	2,790:1	610:1	1,190:1	1,200:1	1,920:1	1,290:1
Mental health provider ratio	420:1	550:1	990:1	370:1	220:1	310:1	440:1	390:1

Table 43: Health Factors

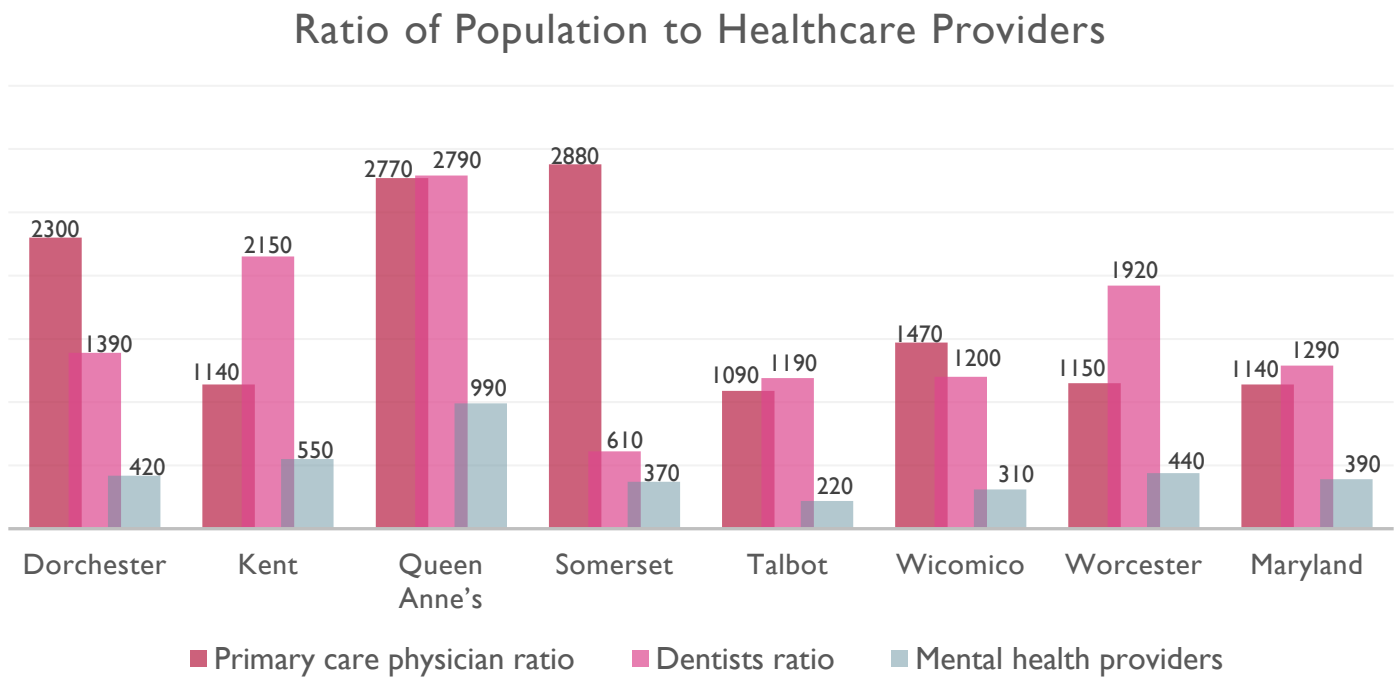


Figure 46: Ratio of Population to Healthcare Providers Chart

Socio-Economic Factors[86]								
Quality of Life	Dorchester	Kent	Queen Anne's	Somerset	Talbot	Wicomico	Worcester	Maryland
Income inequality	4.7	4.8	3.8	5.0	4.9	4.4	4.4	4.5
Social associations	9.3	15.0	6.8	11.2	12.4	9.3	17.4	9.0
Violent crime	456	220	233	257	243	469	334	459

Table 58: Socio-Economic Factors

Communicable Diseases

The rate of Chlamydia infections in the service area are lower than state and national rates, with 471 people experiencing Chlamydia infections per 100,000 people. The rate of Gonorrhea infections in the service area is lower than the state, but higher than the nation.

[85]County Health Rankings (2020). *Maryland.* Retrieved from https://www.countyhealthrankings.org/
[86]County Health Rankings (2020). *Maryland.* Retrieved from https://www.countyhealthrankings.org/

Communicable Diseases[87]					
Area	Total Population	Chlamydia Infections	Chlamydia Infections Rate (per 100,000)	Gonorrhea Infections	Gonorrhea Infections (per 100,000
Dorchester	32,384	152	469.4	58	179.1
Kent	19,787	58	293.1	14	70.8
Queen Anne's	48,904	123	251.5	21	42.9
Somerset	25,768	226	877.1	53	205.7
Talbot	37,512	89	237.3	26	69.3
Wicomico	102,370	667	651.6	232	226.6
Worcester	51,540	185	358.9	64	124.2
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 44: Communicable Diseases

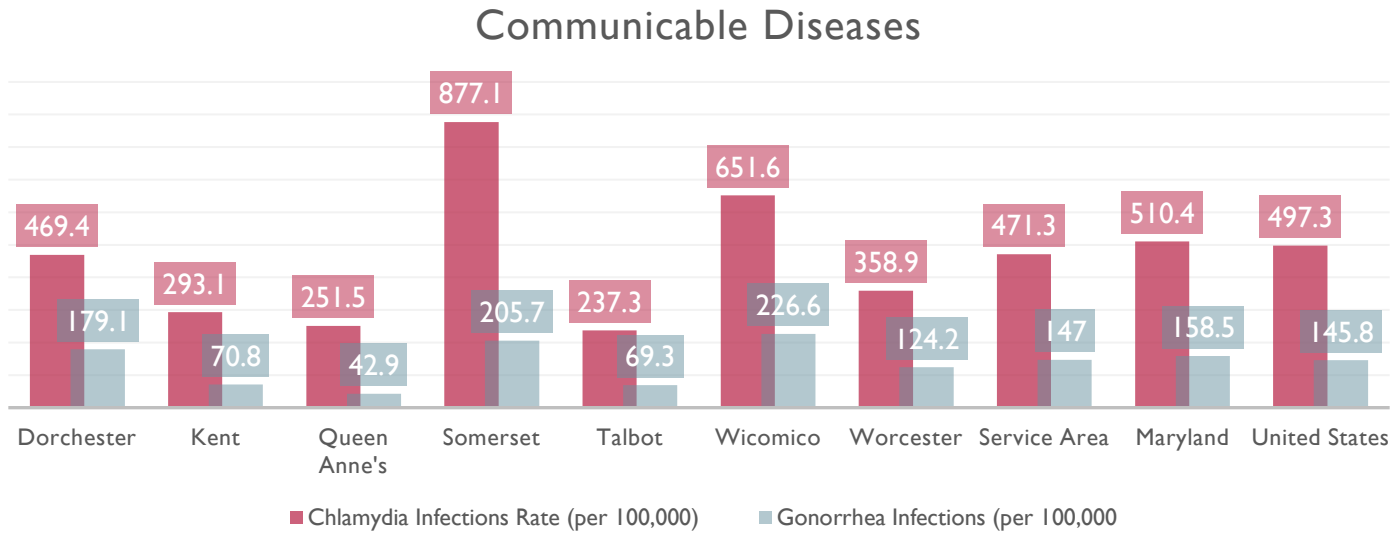


Figure 47: Communicable Diseases Chart

Air and Water Quality

Queen Anne's County is the only county in the service area with a higher average daily density of fine particulate matter than the state average. Two service area counties (Kent and Worcester) indicate a presence of health-related drinking water violations.

Air and Water Quality[88]								
Quality of Life	Dorchester	Kent	Queen Anne's	Somerset	Talbot	Wicomico	Worcester	Maryland
Air pollution	9.4	9.7	9.7	9.0	9.3	9.3	9.0	9.6
Drinking water violations	No	**Yes**	No	No	No	No	**Yes**	

Table 60: Air and Water Quality

[87] CARES Engagement Network (2016). *Health Indicators Report.* Retrieved from https://engagementnetwork.org/.
[88] County Health Rankings (2020). *Maryland.* Retrieved from https://www.countyhealthrankings.org/

Input from the Community Survey

Out of 393 community survey respondents, 283 (72.4%) believe that there is a major need for an increased availability of medical and dental health care. Additionally, 261 (67%) also believe that there is a major need for prenatal education in their community.

Social Services Used by Head Start Families

The program information report for Head Start programs in the service area indicates families are in need of social services at a high rate. The most frequently utilized social services are emergency assistance, parent education, and health education. In total, 1,939 families received social services via the Head Start program.

Services	Number of Families	Percent of Enrollment
Emergency Assistance/Crisis Intervention	148	14%
Housing assistance	16	2%
Mental health services	9	1%
English as a second language	6	1%
Adult education	3	1%
Job training	16	2%
Substance abuse prevention	1	1%
Substance abuse treatment	1	1%
Child abuse and neglect services	1	1%
Domestic violence services	2	1%
Child support assistance	6	1%
Health education	596	56%
Assistance to families with incarcerated individuals	30	3%
Parent education	600	60%
Relationship education	8	1%
Asset building services	24	2%

Key Findings

There are troubling disparities in regard to health in the service area across several factors. Rates of child abuse, while dropping, are in danger of being underreported due to the system of investigation that routes families into Alternative versus Investigative Response tracks. Over time, the rate of cases classified as Alternative Response has increased dramatically, while Investigative Response cases have decreased dramatically. Anytime there is such a large shift in process it is necessary to carefully examine the unintended consequences of such an action.

Child abuse, substance abuse and domestic violence are closely related problems. Service area counties demonstrate high rates of all three when compared to the state of Maryland. These factors also contribute to the likelihood that children are exposed to adverse early childhood experiences (ACEs). Population data and program data indicate that several factors associated with ACEs are demonstrated by Head Start children such as having an incarcerated parent, living in a home with a single-mother, and living in a family with an income below the federal poverty threshold.

Maternal and child health is another indicator that can contribute to decision-making about preventive assistance actions suitable for child development and health programs such as Head Start and Early Head Start. Mothers and children who live in poverty are at higher risk for a variety of mental, physical, emotional, and behavioral health problems, including depression, obesity, child maltreatment, teenage problem behaviors, drug abuse, and lower educational attainment, which are precursors to poor lifelong outcomes.[89] As shown in our data, the most notable disparities in maternal and child health are defined by race. African American babies and mothers fare poorly when compared to other infants in regard to infant mortality, births to teens, maternal educational attainment, and in regard to being born to an unmarried mother. These statistics are particularly concerning because of the magnitude of the outcomes of poor maternal and child health which include:

- Women receiving no prenatal care are three to four times more likely to have a pregnancy-related death than women who receive prenatal care. Black/African American women experience three times higher maternal mortality risk than white women.[90]
- Pregnancy-related complications are closely tied to infant deaths. Nearly two-thirds of infant deaths occur during the first month after birth, often from congenital abnormalities and complications from preterm births;[91] and
- Birth outcomes are important predictors of subsequent cognitive delays and other factors that persist throughout life such as lower educational attainment and socioeconomic status. Particularly, being born into poverty leads to a decrease in resources, which in turn leads to a host of household inputs that influence child development.[92]

In the past decade, many programs that support families have also experienced ongoing cuts (TANF, nutrition assistance, etc.) which exacerbates poor health outcomes. These cuts are more harmful for families of color who

[89] Centers for Disease Control and Prevention CDC Health Disparities and Inequalities Report - United States, 2011. MMWR Morb Mortal Wkly Rep. 2011;60(suppl 1):1–161. Google Scholar

[90] CLASP. When we Talk About Maternal Mortality We Must Talk About Health. Retrieved from: https://www.clasp.org/blog/when-we-talk-about-maternal-mortality-we-must-talk-about-mental-health

[91] National Center for Health Statistics, Centers for Disease Control and Prevention, "Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities," available at https://www.cdc.gov/nchs/data/hus/2015/010.pdf (last accessed January 2019).

[92] Economic deprivation and early childhood development. *Duncan GJ, Brooks-Gunn J, Klebanov PK Child Dev. 1994 Apr; 65(2 Spec No):296-318. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2528810/.*

are more likely to use these programs due to increased rates of poverty. Since this trend can be connected to barriers to economic opportunity, structural racism is at play.

Substance abuse data indicates that the area can benefit from increased focus on this issue. The need to address substance abuse issues is a complex problem that must be addressed using multi-faceted collaborative strategies. SHORE UP! can begin this work by increasing awareness of available resources. As a longstanding community agency, SHORE UP! can work to increase collaboration among service providers by sitting down with competing entities and work out which organizations will serve which locations and groups. Agency staff can also play a critical role in educating providers on how to communicate better with parents and individuals. For example, how to explain the importance of lead testing for children, regular health care for adults, or community-wide educational efforts can be achieved by working through the Health Services Advisory Committee to advocate for public policies that work to support substance abuse reduction. To the extent possible, the agency can partner with local substance abuse coalitions to bring attention to growing rates of substance abuse. Ways that SHORE UP! can support their efforts include integrating substance abuse education into training programs and performing outreach to programs that are providing treatment and resources to families that have a member experiencing substance abuse so that children in substance abusing families are prioritized for enrollment in Head Start and individuals eligible for community action programs are routed into health services as well. For example, the family dependency treatment court, drug court, and hospitals would be a good source of contact for agency staff.

The COVID-19 pandemic warrants viewing health through a lens that considers race and socioeconomic status. 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 along with suffering a loss of income and insurance as the result of quarantines.

One strategy that may be helpful in addressing some of the health disparities found among Head Start families is creating new programs with a focus on increased fatherhood engagement. While not traditionally considered a way to address health inequities, fathers can offer additional health and economic resources, including access to quality health care via employment. Through tangible and emotional support for mothers, fathers can provide a healthy start for their children prenatally and over the life course. When paternal resources are absent or insufficient, the health and development of mothers may also suffer, and fathers/father-figures can contribute to the stability of families.

Nutrition

Children and adults in food-insecure households and households that struggle to afford food are at an increased risk for numerous health problems and added emotional stress, impacting school readiness and ongoing school success. For a household that has difficulty making ends meet, the food budget is often the first area that is scaled back when unexpected expenses occur.

Food Insecurity

Food insecurity is associated with an unhealthy weight, either due to lack of access to healthy food or increased use of nutrition-dense, high calorie food that tends to be purchased from retail food outlets and less from grocery stores or sources of fresh food. In regard to child and adult food insecurity, Queen Anne's county has the lowest rate of food insecurity in the service area. Somerset County experiences a highest child and overall rate of food security in the service area.

Food Insecurity[93]		
Area	Child	Overall
Dorchester	20.4%	13.9%
Kent	18.7%	10.8%
Queen Anne's	13.8%	6.2%
Somerset	24.7%	18.3%
Talbot	16.1%	8.9%
Wicomico	19.1%	14.1%
Worcester	20.0%	11.7%
Maryland	15.2%	10.7%
United States	17.0%	12.5%

Table 45: Food Insecurity

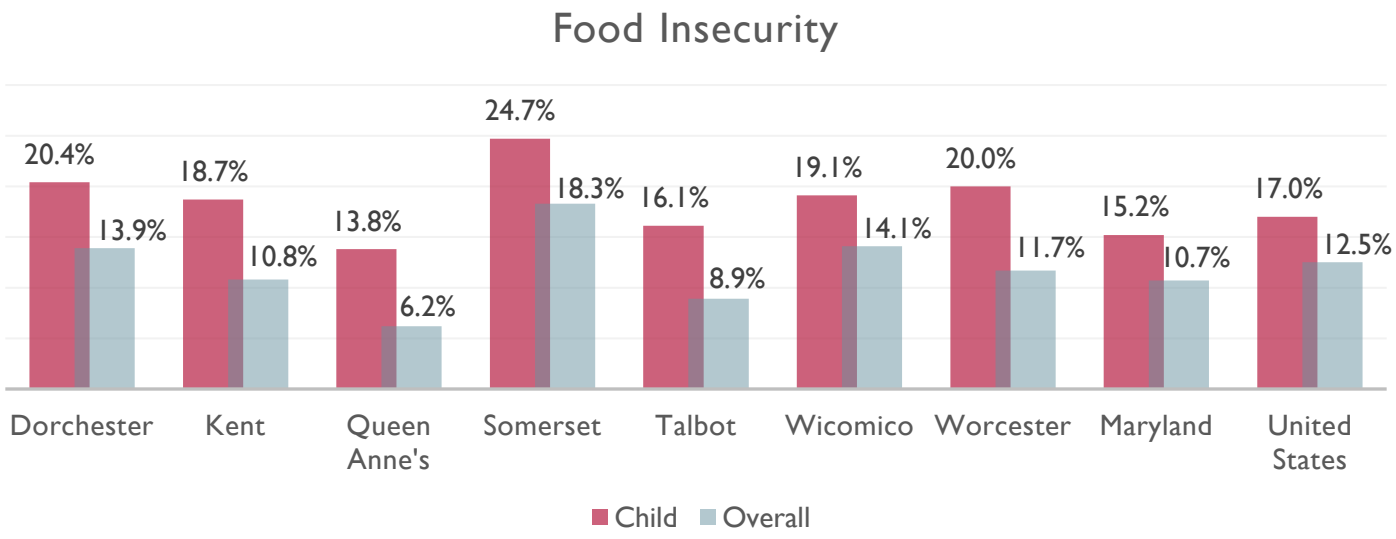


Figure 48: Food Insecurity Chart

[93] Feeding America (2017). Map the Meal Gap. Retrieved from https://www.feedingamerica.org/.

Free or Reduced-Price Lunch Program

The following table shows that 22,862 service area students (or 52.4%) were eligible for free or reduced-price lunches during the 2016 - 2017 school year, which is more than the national average of 49.2%. This indicator is relevant as it assesses vulnerable populations more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, food service assistance providers can use this measure to identify gaps in eligibility and enrollment.

Free and Reduced-Price Lunch Program[94]			
Area	Total Students	Free/Reduced Price Lunch Eligible	
		#	%
Dorchester	4,816	3,056	63.5%
Kent	2,001	1,048	52.4%
Queen Anne's	7,751	1,929	24.9%
Somerset	2,958	2,950	99.7%
Talbot	4,593	1,833	39.9%
Wicomico	14,889	9,084	61.0%
Worcester	6,667	2,962	44.4%
Service Area	43,675	22,862	52.4%
Maryland	886,215	413,580	46.7%
United States	50,737,716	24,970,187	49.2%

Table 62: Free and Reduced-Price Lunch Program Food Stamp Recipients

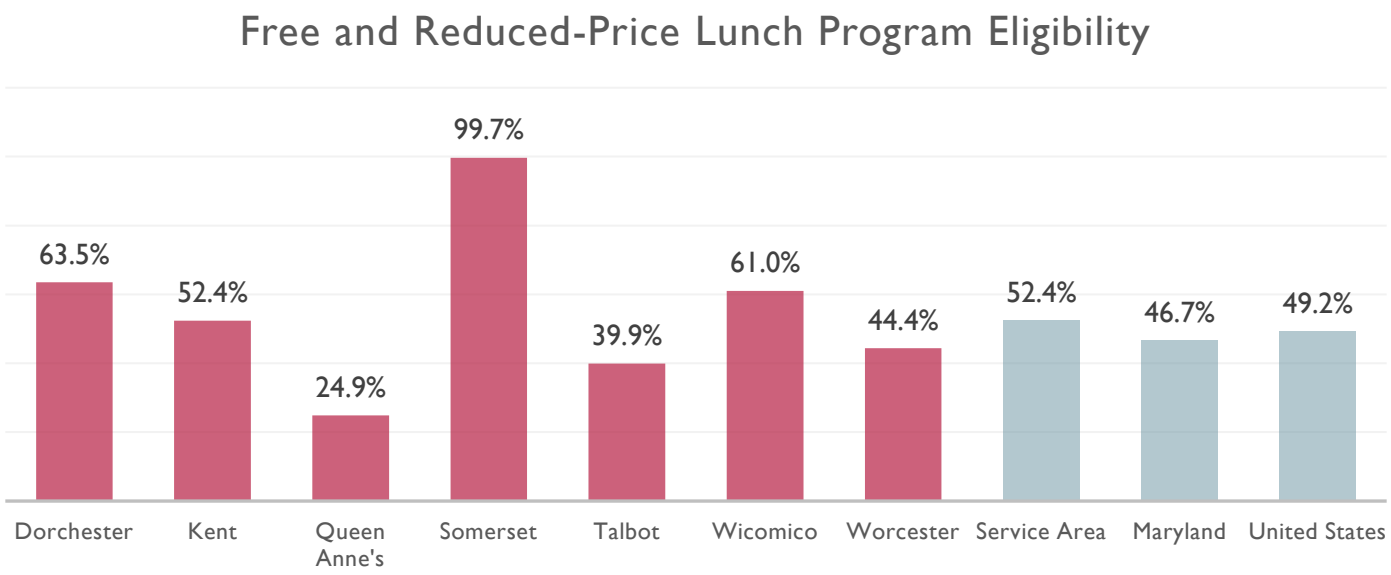


Figure 49: Free and Reduced-Price Lunch Program Eligibility Chart

Food Stamp Recipients

The federally-funded SNAP program helps to mitigate the negative impact of food insecurity on children and adults. SNAP provides eligible households with cards that can be used to purchase food at participating local grocery stores or markets. The service area has a higher rate of households receiving SNAP than the state and the nation. Somerset County has the highest rate of households receiving SNAP in the service area (23.9%). In some

[94] Community Action Partnership (2014-2018). Community Action Partnership Report. Retrieved from https://cap.engagementnetwork.org/.

cases, individuals may not be aware they are eligible for food assistance so they may not be utilizing SNAP, even if they are experiencing food insecurity.

Households Receiving SNAP[95]				
Area	Households Receiving SNAP Total	Households Receiving SNAP Percent	Households Receiving SNAP Income Below Poverty	Households Receiving SNAP Income Above Poverty
Dorchester	3,078	23.2%	1,261	1,817
Kent	1,072	13.6%	442	630
Queen Anne's	1,387	7.6%	475	912
Somerset	2,001	23.9%	871	1,130
Talbot	1,934	11.6%	739	1,195
Wicomico	6,335	16.8%	2,398	3,937
Worcester	2,218	10.2%	870	1,348
Service Area	18,025	14.6%	7,056	10,969
Maryland	232,090	10.6%	89,294	142,796
United States	14,635,287	12.2%	7,090,216	7,545,071

Table 46: Households Receiving SNAP

[95] Community Action Partnership (2014-2018). Community Action Partnership Report. Retrieved from https://cap.engagementnetwork.org/.

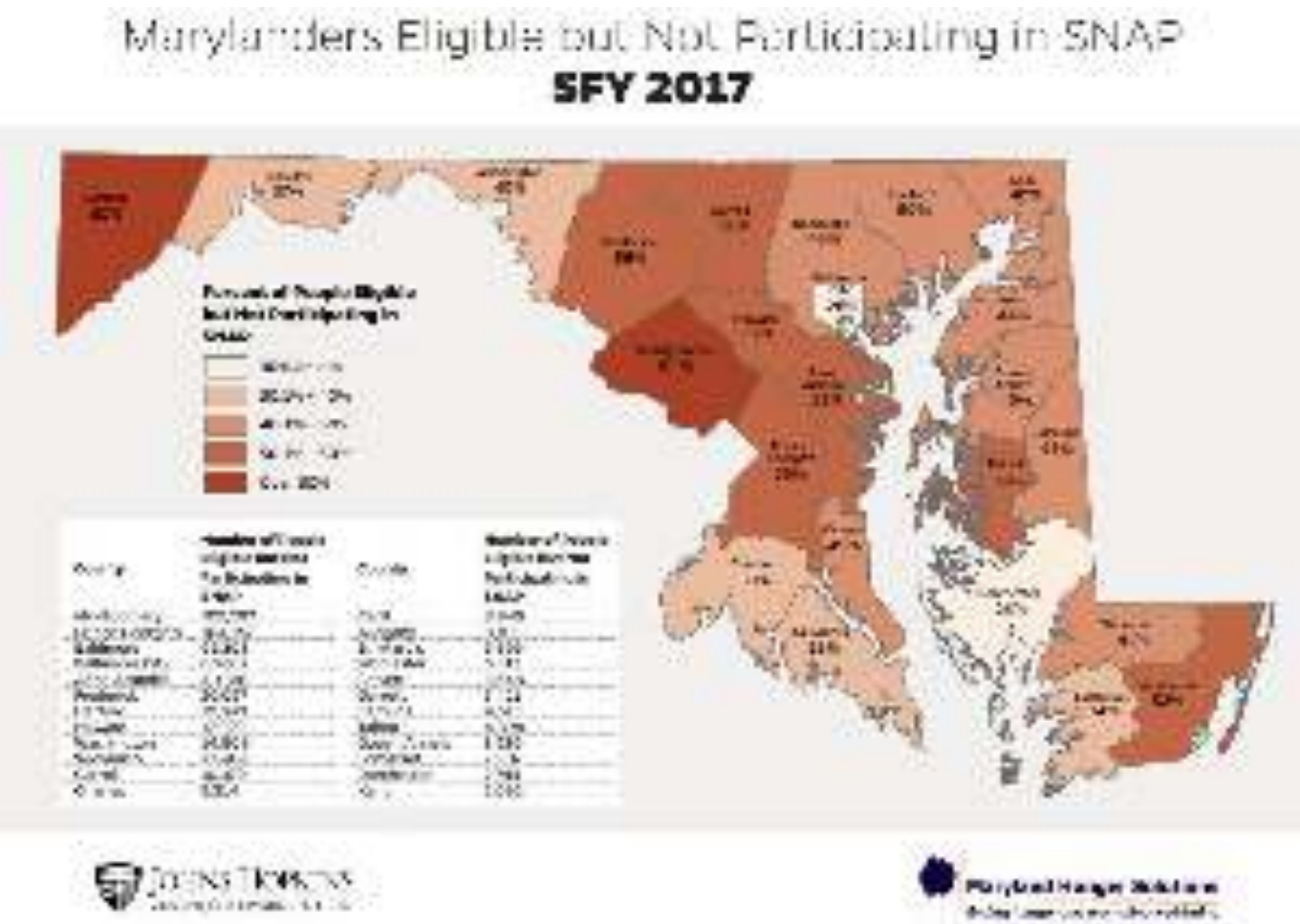


Figure 50: Marylanders Eligible but Not Participating in SNAP Map

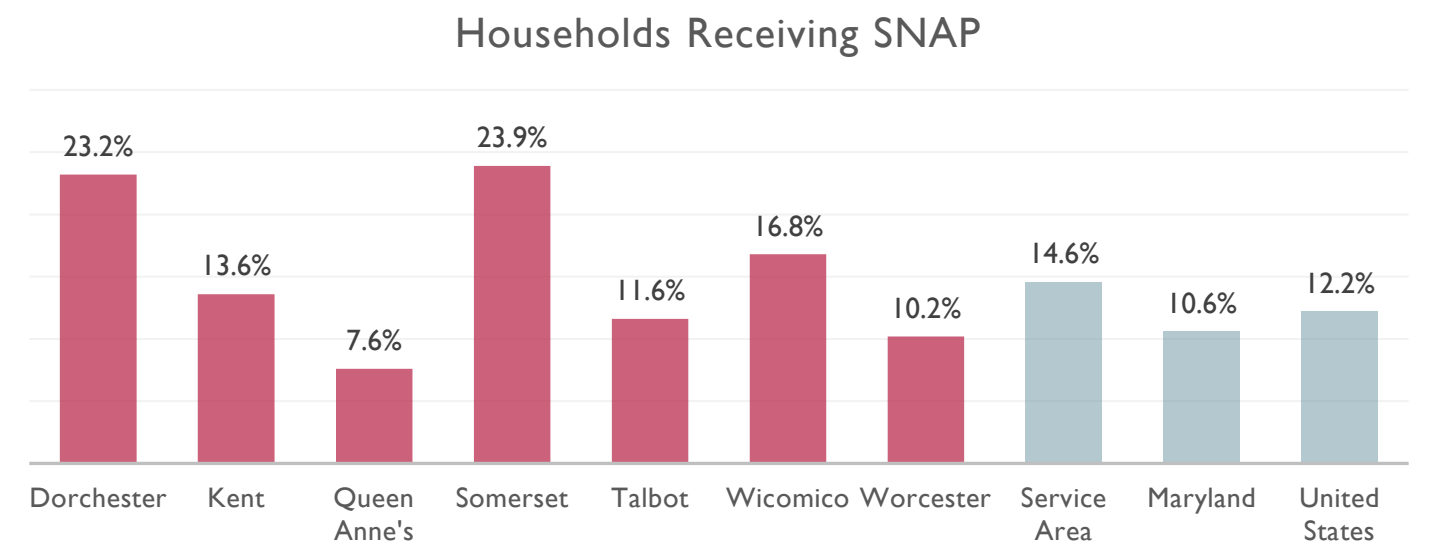


Figure 51: Households Receiving SNAP Chart

Women, Infants and Children (WIC)

WIC safeguards the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk. WIC provides nutritious foods to supplement diets, information on healthy eating, including referrals to health care and breastfeeding promotion/support. To be eligible for WIC, an applicant's gross income must fall at or below 185% of the U.S. Poverty Income Guidelines. In 2016, 7,815 people participated in WIC in the service area, a 1.7% increase from 2007.

Women, Infants and Children[96]			
Area	Average Participants		Change
	2016	2007	
Dorchester	1,033	949	+8.9%
Kent	405	547	-26.0%
Queen Anne's	628	611	+2.8%
Somerset	615	686	-10.3%
Talbot	735	640	+14.8%
Wicomico	3,620	3,307	+9.5%
Worcester	779	941	-17.2%
Service Area	7,815	7,681	+1.7%
Maryland	140,908	121,470	+16.0%

Table 47: Women, Infants and Children

Food Access

22.1% of the service area's population have low food access, compared with 22.5% in the state and 22.4% in the nation.

[96] Data.Gov (2019). Maryland WIC Average State Fiscal Year Participation, 2007-2016. Retrieved from https://catalog.data.gov/.

Food Access[97]			
Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Dorchester	32,618	4,571	14.0%
Kent	20,197	340	1.7%
Queen Anne's	47,798	11,215	23.5%
Somerset	26,470	4,837	18.3%
Talbot	37,782	4,558	12.1%
Wicomico	98,733	28,637	29.0%
Worcester	51,454	15,297	29.7%
Service Area	315,052	69,455	22.1%
Maryland	5,773,552	1,300,059	22.5%
United States	308,745,538	69,266,771	22.4%

Table 48: Food Access

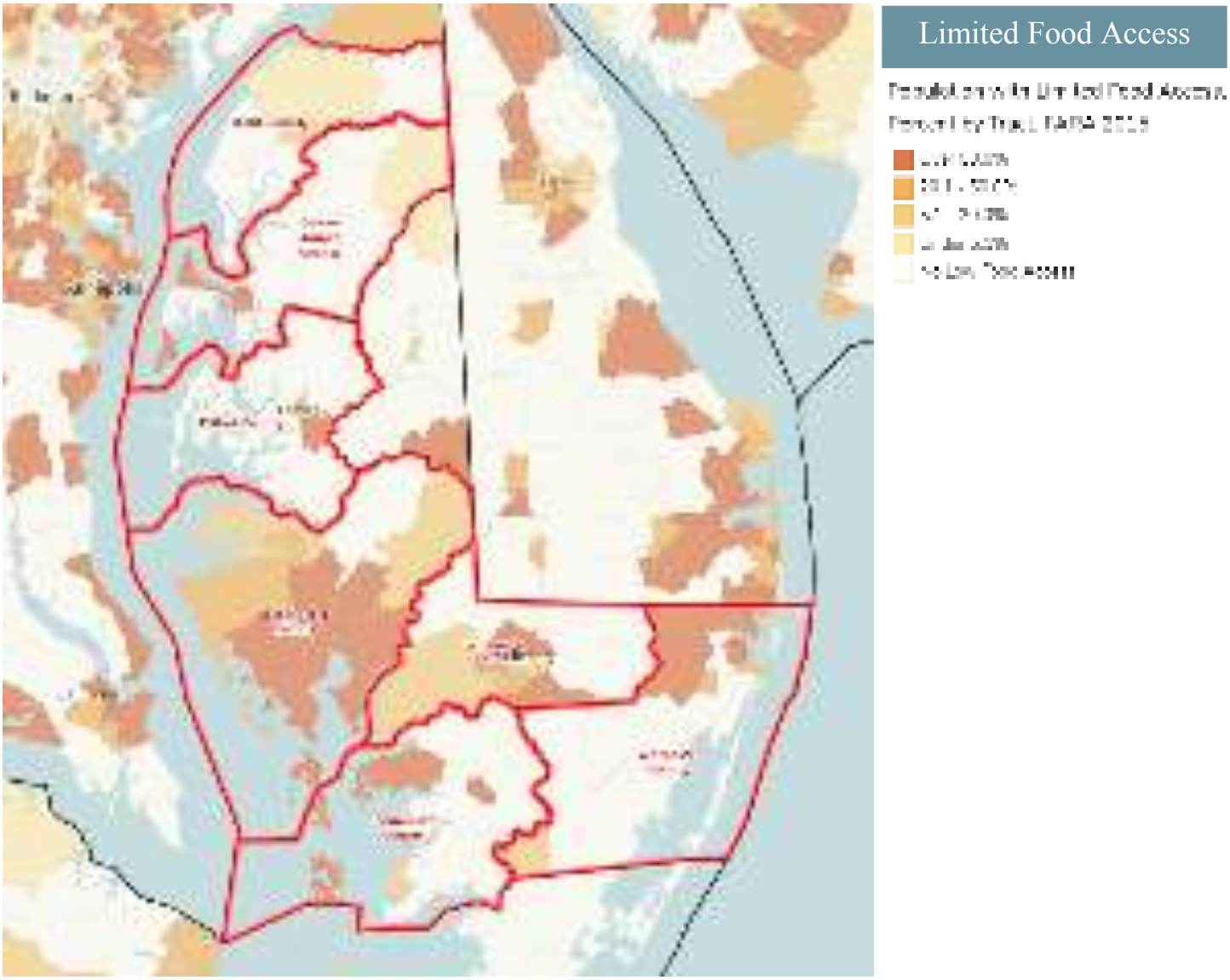


Figure 52: Limited Food Access Map

[97] CARES Engagement Network (2016-2017). Health Indicators Report. Retrieved from https://engagementnetwork.org/.

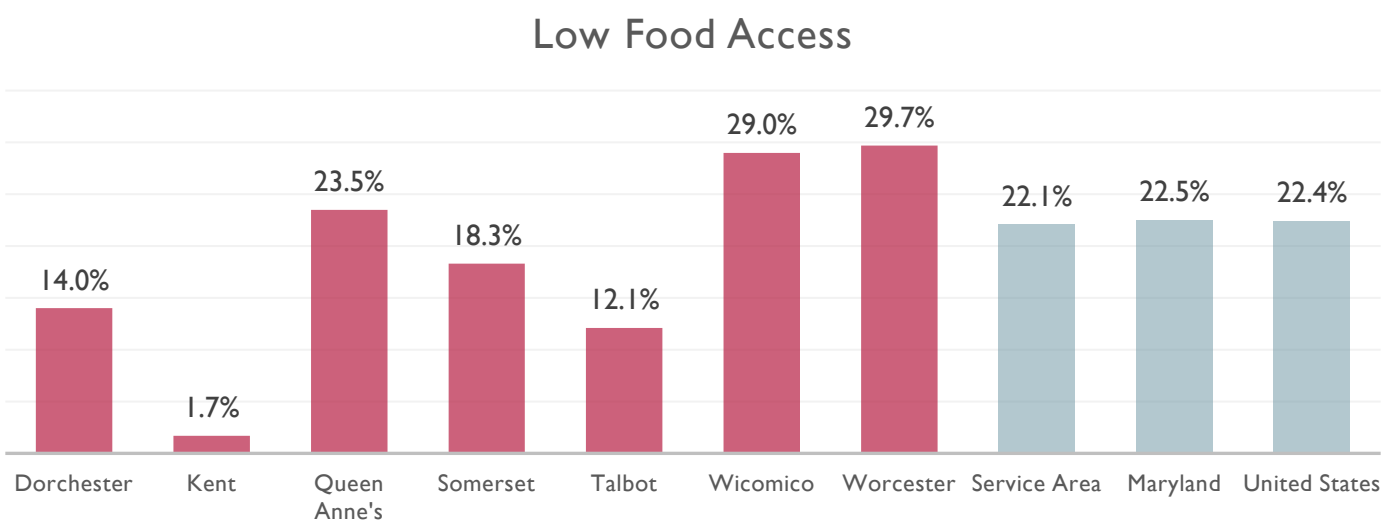


Figure 53: Low Food Access Chart

Food Desert

In 2015, 135,087 people in the service area lived in food deserts. Living in areas without ready access to fresh, healthy, affordable food contributes to a poor diet which can lead to higher levels of obesity and other health related concerns.

Food Desert[98]					
Report Area	Total Population (2010)	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
Dorchester	32,618	5	5	15,350	17,268
Kent	20,197	0	5	0	20,197
Queen Anne's	47,798	3	9	12,708	35,090
Somerset	26,470	2	6	5,251	21,219
Talbot	37,782	2	8	9,423	28,359
Wicomico	98,733	10	9	59,578	39,155
Worcester	51,454	8	9	32,777	18,677
Service Area	315,052	30	51	135,087	179,965
Maryland	5,773,552	496	903	2,372,237	3,401,315
United States	308,745,538	27,527	45,337	129,885,212	178,860,326

Table 49: Food Desert

[98] CARES Engagement Network (2015). Health Indicators Report. Retrieved from https://engagementnetwork.org/.

Input from Community Survey

Out of 390 community survey respondents that answered questions related to food and nutrition, 288 (73.9%) believe that food bank assistance is a major need in their community, 259 (66.8%) need help maintaining an adequate food supply, and 231 (59.2%) have a need for nutrition programs such as WIC or SNAP.

Key Findings

Maryland had the 9th lowest rate of food insecurity for children in the nation, with 15.2% of its population experiencing food insecurity. The service area experiences a higher rate of child food insecurity than the state (15.2%), with the highest rate of child food insecurity being in Somerset County (24.7%). In 2015, 135,087 people in the service area lived in food deserts. Living in areas without ready access to fresh, healthy, affordable food contributes to a poor diet which can lead to higher levels of obesity and other health related concerns. Children, the elderly, and families headed by single mothers are most vulnerable to food insecurity. Preserving access to food and nutrition programs that fight hunger is important, particularly in a political climate that has seen rise to work requirements, cuts to nutrition programs, and corresponding efforts to limit health care and healthy food initiatives in schools, which further obscures the impact of hunger on children.

Due to the COVID-19 pandemic individuals that are living with an income below poverty will face additional challenges 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 individuals work in leisure, hospitality or service occupations which are experiencing layoffs it is likely they will be affected and they will be forced to limit their food budget. Additionally, 52.4% of service area 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. Some ways that programs can help families during this time and after to address food insecurity include:

- Make sure low-income individuals know how to keep their food safe and provide them education on how they can reduce foodborne illness at home.
- Move away from the idea that food insecurity will be reduced if we just hand out food. A more holistic approach is required to help families prepare for future waves of the virus as well as other emergencies. For example, the program can provide training to families and individuals on how to use public resources to acquire a two-week emergency food supply kit and provide lists of what should be in an emergency food supply kit. The program can work to acquire these resources as well and deploy them prior to school closings in the event of a natural disaster or other emergency.
- Cleaning supplies are also needed by families to secure their food supply and maintain healthy nutrition. These cannot be purchased with SNAP and access is complicated by a high-demand. Also, accessing supplies will require families to acquire transportation. Supporting families and individuals with transportation and gas cards so they can visit stores more frequently is also helpful.
- Develop emergency plans for the agency that address both food supply and distribution issues.

Housing

A child's healthy growth and development are dependent on many factors, including the immediate environment in which they live. For adults, having access to stable housing can increase their ability to maintain employment and stability. Research has demonstrated that children's life chances (the factors that affect their current and future well-being) are affected by the standard of their housing. This "housing effect" is especially pronounced in relation to health. Children 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 children's safety. 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. 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. For example, living in an urban area without access to safe places to play such as public parks. Children in rural areas may have little access to recreation or other opportunities for development.

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. Poor housing is also 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 and increase in mold, mites and other allergens associated with poor health.

Homeownership

Housing data also serves to aid in the development of formulas to determine substandard housing and aids in forecasting future services, such as energy consumption and fire protection. Rates of homeownership have fallen as the cost of living has increased.

Homeownership[99]

Area	2018		2000		Change
	#	%	#	%	
Dorchester	8,944	53.4%	8,906	70.1%	-16.7%
Kent	5,478	51.3%	5,395	70.4%	-19.1%
Queen Anne's	14,844	70.6%	12,772	83.4%	-12.8%
Somerset	5,446	47.8%	5,820	69.6%	-21.8%
Talbot	11,588	57.4%	10,244	71.6%	-14.2%
Wicomico	22,271	52.6%	21,419	66.5%	-13.9%
Worcester	16,380	29.2%	14,769	75.0%	-45.8%
Service Area	84,951	47.6%	79,325	71.9%	-24.3%
Maryland	1,463,941	60.1%	1,341,751	67.7%	-7.6%
United States	76,444,810	56.1%	69,815,753	66.2%	-10.1%

[99] Community Action Partnership (2014-2018). Community Action Partnership Report. Retrieved from https://cap.engagementnetwork.org/.

Table 50: Homeownership

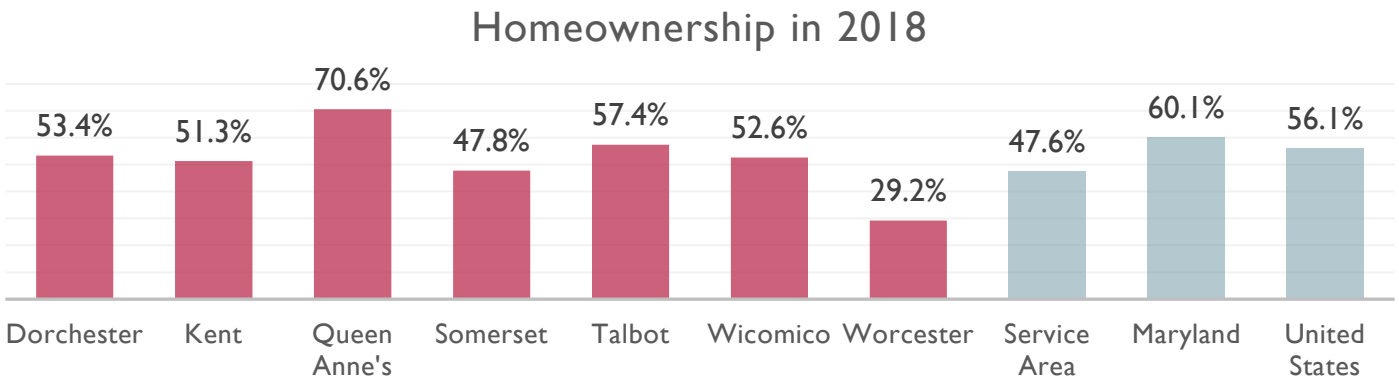


Figure 54: Homeownership in 2018 Chart

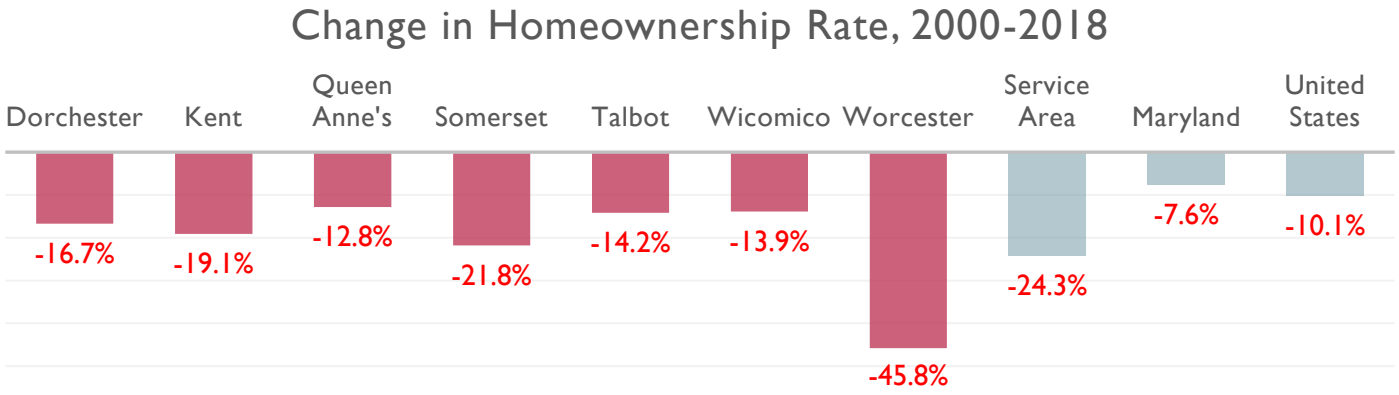


Figure 55: Change in Homeownership Rate 2000-2018 Chart

Vacant Housing Units

The service area experienced a higher percentage of vacant housing units than the state and the nation, with 30.8% of vacant housing units. When housing vacancies exceed more than 20% in any one area, it is an indicator of a failed housing market and an increased likelihood of blight.

Vacant Housing Units[100]			
Area	Total Housing Units	Vacant Housing Units	
		#	%
Dorchester	16,741	3,477	20.8%
Kent	10,675	2,765	25.9%
Queen Anne's	21,023	2,875	13.7%
Somerset	11,391	3,008	26.4%
Talbot	20,201	3,574	17.7%
Wicomico	42,332	4,695	11.1%
Worcester	56,169	34,497	61.4%
Service Area	178,532	54,891	30.8%
Maryland	2,437,740	245,222	10.1%
United States	136,384,292	16,654,164	12.2%

[100] CARES Engagement Network, 2014-2018. Physical Environment. Retrieved from https://engagementnetwork.org/.

Table 51: Vacant Housing Units

Housing Burden

A housing burden creates financial insecurity. Families experiencing a housing burden often have trouble meeting basic consumption needs, rely on public assistance and have limited savings/emergency funds. Financial resources which would otherwise be used for food, clothing, medical costs etc. must be allocated to housing costs. The service area has a higher rate of cost burdened households than the state and the nation, with Somerset County experiencing the highest rate of cost burdened households in the service area.

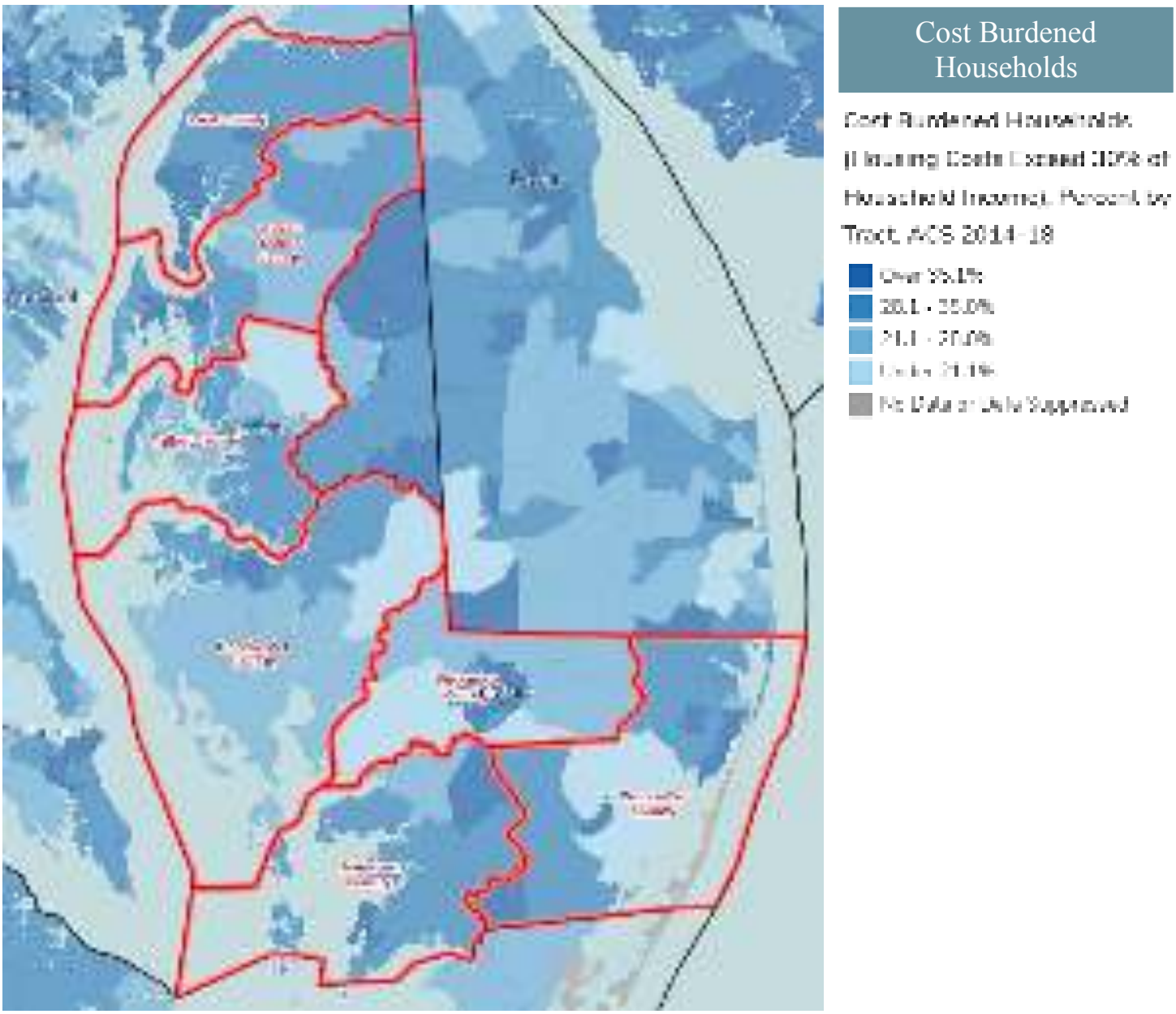


Figure 68: Cost Burdened Households Map

Housing Burden[101]			
Area	Total Households	Cost Burdened Households (Over 30% of Income)	
		#	%
Dorchester	13,264	4,748	35.8%
Kent	7,910	2,943	37.2%
Queen Anne's	18,148	5,456	30.1%
Somerset	8,383	3,268	39.0%
Talbot	16,627	5,441	32.7%
Wicomico	37,637	12,512	33.2%
Worcester	21,672	7,434	34.3%
Service Area	123,641	41,802	33.8%
Maryland	2,192,518	704,213	32.1%
United States	119,730,128	37,771,047	31.6%

Table 69: Housing Burden

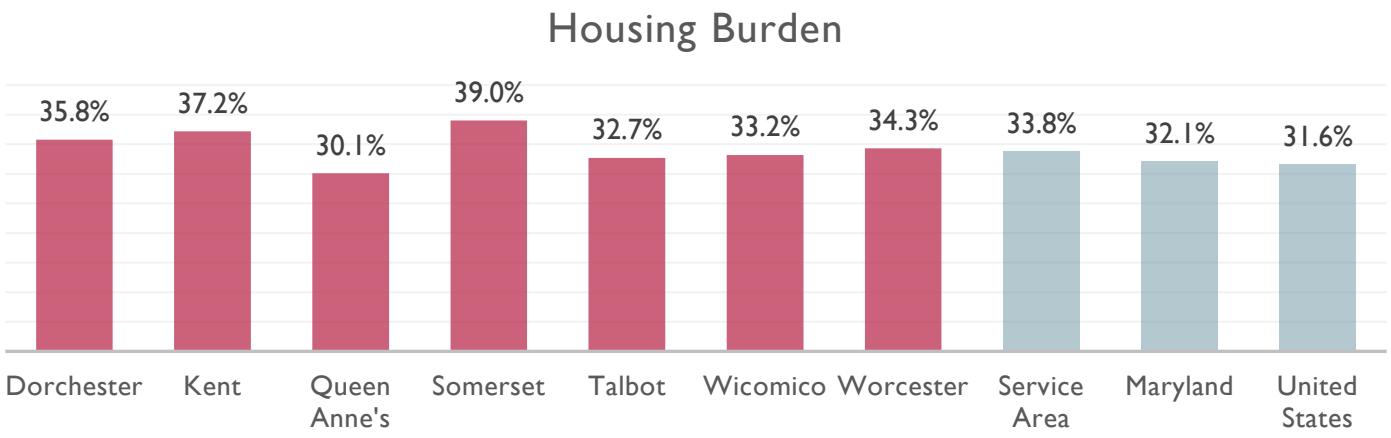


Figure 69: Housing Burden Chart

Substandard Housing

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 and housing can be considered substandard.

The service area experiences a higher rate of substandard housing than the state and country.

[101] CARES Engagement Network, 2014-2018. Physical Environment. Retrieved from https://engagementnetwork.org/.

Substandard Housing[102]			
Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	
		#	%
Dorchester	13,264	4,665	35.2%
Kent	7,910	2,728	34.5%
Queen Anne's	18,148	5,403	29.8%
Somerset	8,383	3,249	38.8%
Talbot	16,627	5,338	32.1%
Wicomico	37,637	12,889	34.3%
Worcester	21,672	7,522	34.7%
Service Area	123,641	41,794	33.8%
Maryland	2,192,518	706,157	32.2%
United States	119,730,128	38,964,205	32.5%

Table 70: Substandard Housing

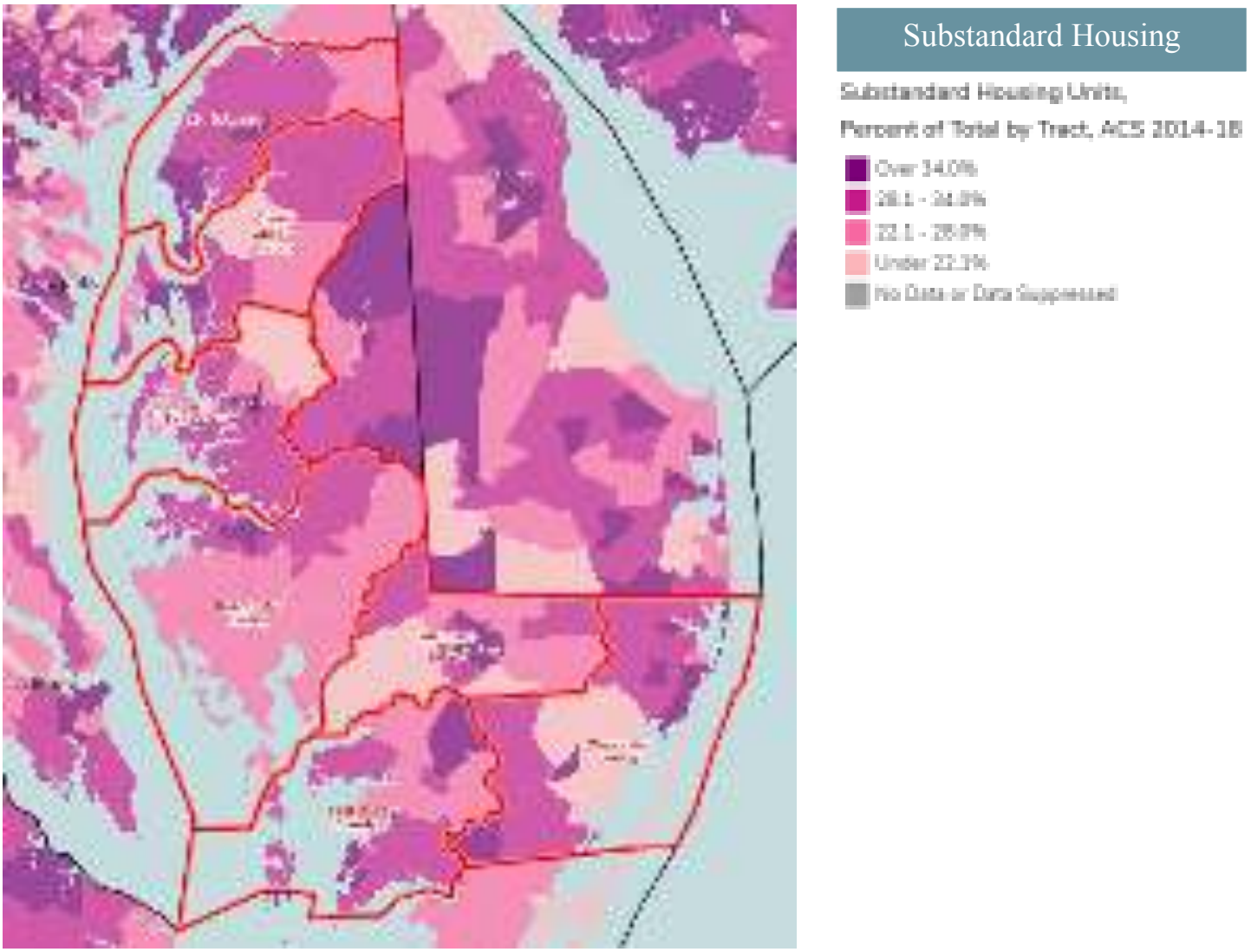


Figure 70: Substandard Housing Map

[102] CARES Engagement Network, 2014-2018. Physical Environment. Retrieved from https://engagementnetwork.org/.

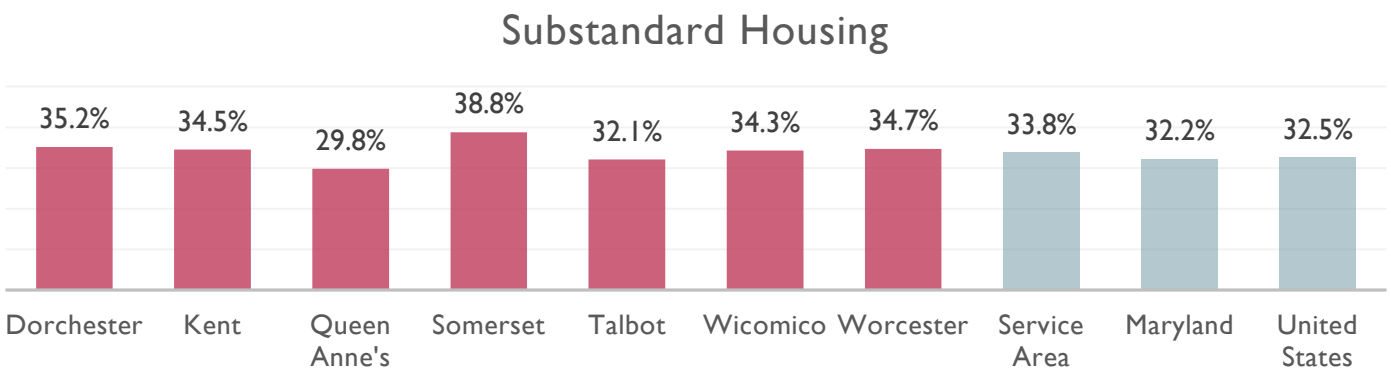


Figure 56: Substandard Housing Chart

Unsafe, Unsanitary Homes

In the service area, 0.6% of housing units (787 homes) are not equipped with adequate plumbing systems which is higher than the state and the nation. This is a serious concern as it contributes to unsafe, unsanitary living conditions.

Unsafe, Unsanitary Homes[103]						
Area	Occupied Housing Units 2018	Housing Units without Plumbing, 2018		Occupied Housing Units, 2000	Housing Units without Plumbing, 2000	
		#	%		#	%
Dorchester	13,264	133	1.0%	12,706	165	1.1%
Kent	7,910	27	0.3%	7,666	73	0.8%
Queen Anne's	18,148	37	0.2%	15,315	120	0.7%
Somerset	8,383	152	1.8%	8,361	80	0.8%
Talbot	16,627	66	0.4%	14,307	93	0.6%
Wicomico	37,637	244	0.7%	32,218	79	0.2%
Worcester	21,672	128	0.6%	19,694	66	0.1%
Service Area	123,641	787	0.6%	110,267	676	0.6%
Maryland	2,192,518	7,057	0.3%	1,980,859	9,033	0.4%
United States	120,935,203	489,836	0.4%	106,741,426	736,626	0.7%

Table 52: Unsafe, Unsanitary Homes

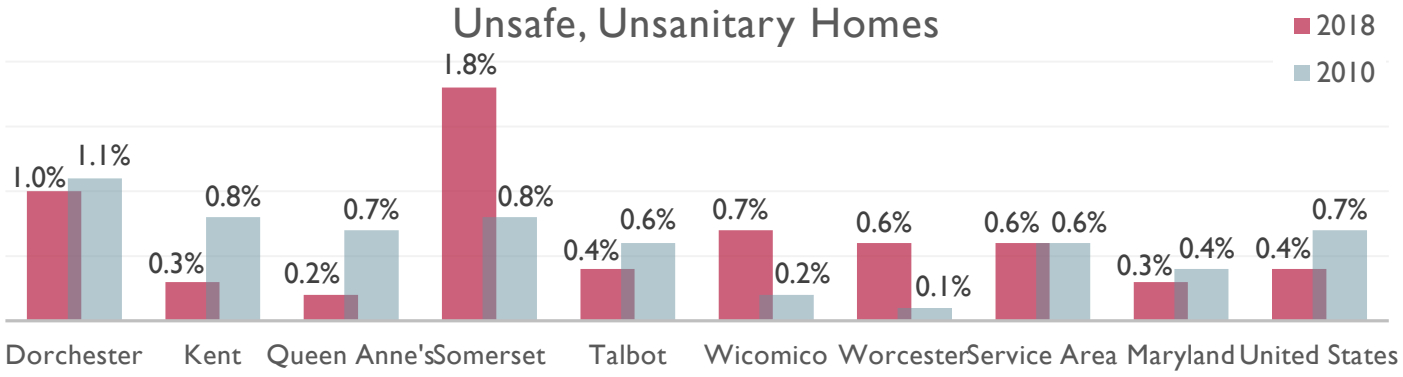


Figure 57: Unsafe, Unsanitary Homes Chart

[103] Community Action Partnership, 2014-2018. Housing. Retrieved from https://cap.engagementnetwork.org/

HUD Assisted Housing

According to the latest data available, there are 4,483 HUD assisted units in the service area.

HUD Assisted Housing Units[104]						
Area	Housing Choice Voucher Units	Project-Based Section 8 Units	Section 236 Units	Public Housing Authority Units	Section 202 Units	Section 811 Units
Dorchester	270	561	No data	No data	No data	No data
Kent	37	150	No data	No data	No data	No data
Queen Anne's	168	44	No data	No data	No data	10
Somerset	101	101	66	330	30	No data
Talbot	189	63	No data	126	No data	No data
Wicomico	893	727	No data	227	29	No data
Worcester	139	222	No data	No data	No data	No data
Maryland	55,633	27,237	720	12,538	3,258	1,169
United States	2,556,270	1,290,316	21,784	987,133	125,761	34,066

Table 53: HUD Assisted Housing Units

Low-Income Housing Tax Credit (LIHTC)

The Low-Income Housing Tax Credit (LIHTC) program gives State and local LIHTC-allocating agencies the equivalent of nearly $8 billion in annual budget authority to issue tax credits for the acquisition, rehabilitation, or new construction of rental housing targeted to lower-income households. The table that follows shows the number of LIHTC units in the service area.

Low-Income Housing Tax Credit (LIHTC)[105]	
Area	LIHTC Units
Dorchester	773
Kent	379
Queen Anne's	32
Somerset	355
Talbot	430
Wicomico	1,429
Worcester	6112

Table 54: Low-Income Housing Tax Credit (LIHTC)

Mobility

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

[104] HUD Office of Policy Development and Research (2019). *Assisted Housing: National and Local.* Retrieved from https://www.huduser.gov.
[105] HUD Office of Policy Development and Research (2019). *Low-Income Housing Tax Credits.* Retrieved from https://www.huduser.gov.

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

Students who change schools during the school year for a reason other than normal grade progression are considered mobile. The student mobility rate is the unduplicated count of students who move schools at least one time during the school year. Research shows that economically disadvantaged children have the highest mobility rates of any group.

The service area has experienced more in-migration than the state and more than the nation from 2014 to 2018.

Population In-Migration[106]			
Area	Population	# In-Migration	% In-Migration
Dorchester	31,853	1,435	4.5%
Kent	19,444	1,806	9.3%
Queen Anne's	48,804	3,438	7.0%
Somerset	25,555	3,169	12.4%
Talbot	36,855	2,577	7.0%
Wicomico	101,293	8,256	8.2%
Worcester	51,156	3,010	5.9%
Service Area	314,960	23,691	7.5%
Maryland	5,935,995	379,646	6.4%
United States	319,157,088	19,865,252	6.2%

Table 74: Population In-Migration

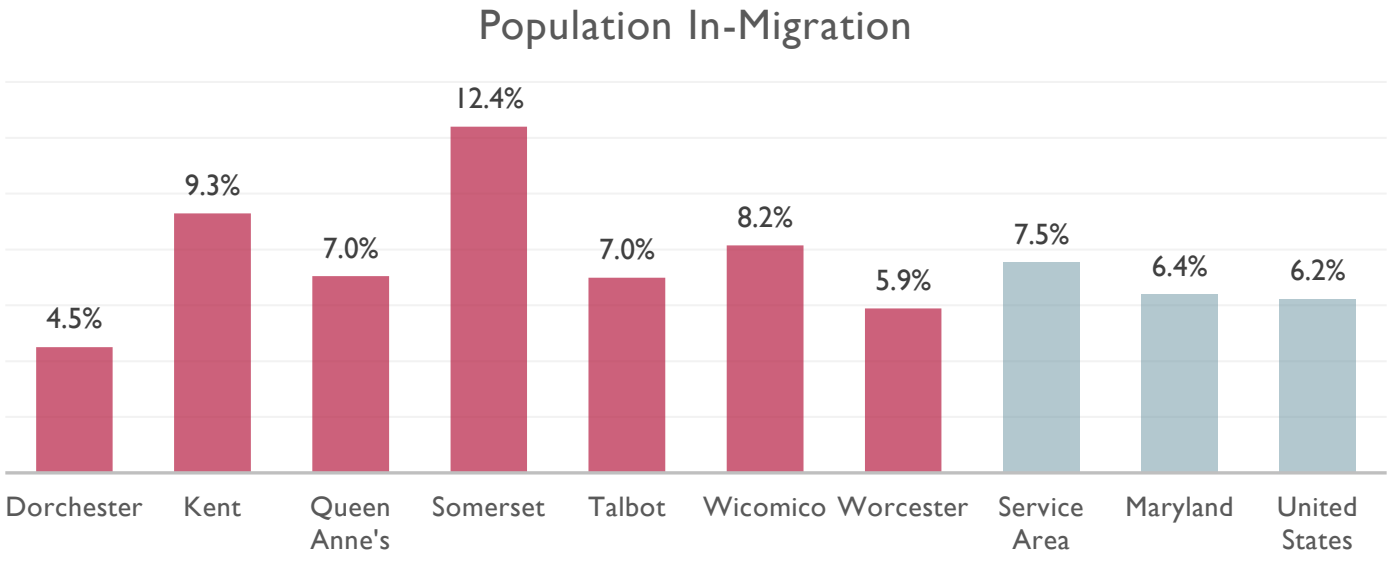


Figure 58: Population In-Migration Chart

[106] United States Census Bureau (2018). *Geographical Mobility in the Past Year by Age for Current Residence in the United States, Table B07001.* Retrieved from https://data.census.gov/.

Population In-Migration Children Aged 0-4 Years Old[107]						
Area	Total population 1-4 yrs.	Lived in same house 1 year ago	Moved within same county	Moved from out of the county	Moved from a different state	Moved from abroad
Dorchester	1,449	78.5%	15.9%	0.2%	5.5%	0.0%
Kent	643	78.4%	7.5%	6.7%	7.5%	0.0%
Queen Anne's	1,953	80.1%	9.7%	9.4%	0.5%	0.3%
Somerset	1,022	89.9%	6.3%	2.9%	0.9%	0.0%
Talbot	1,377	84.0%	4.4%	6.5%	5.2%	0.0%
Wicomico	5,277	76.2%	14.4%	5.9%	2.3%	1.3%
Worcester	1,750	76.2%	16.1%	3.0%	3.9%	0.8%
Service Area	13,471	78.9%	12.1%	5.3%	3.0%	0.7%
Maryland	298,734	80.8%	11.2%	3.6%	3.3%	1.1%
United States	16,090,908	81.0%	11.9%	3.7%	2.7%	0.7%

Table 55: Population In-Migration Children Aged 0-4 Years Old

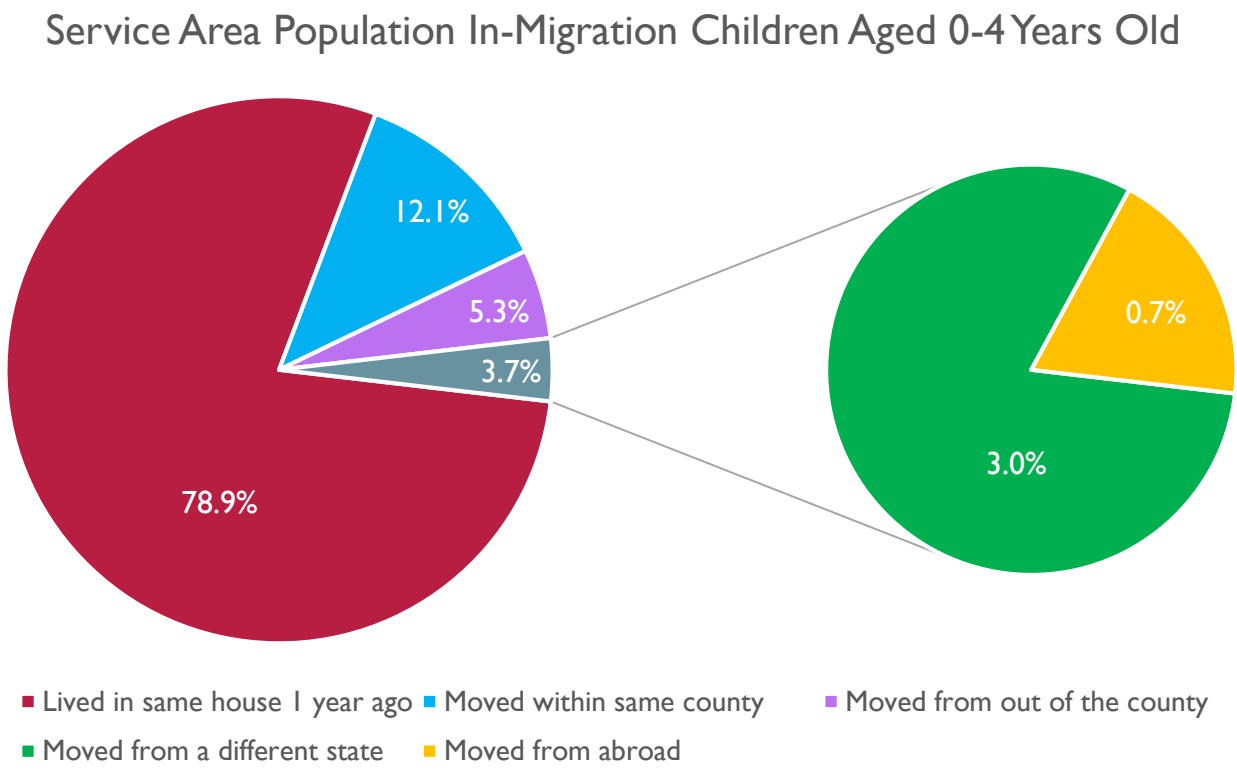


Figure 59: Service Area Population In-Migration Children Aged 0-4 Years Old Chart

[107] United States Census Bureau (2018). *Geographical Mobility in the Past Year by Age for Current Residence in the United States, Table B07001.* Retrieved from https://data.census.gov/.

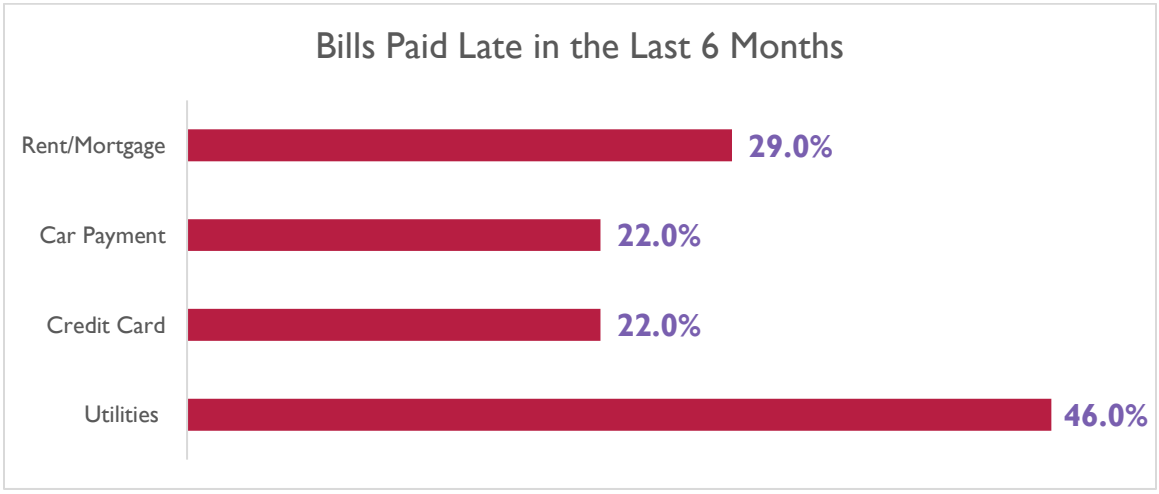
Input from Community Survey

At least 75% (300) of 393 community survey respondents believe that there is a major community need for safe and affordable housing, including multi-family housing (294), rental assistance (311) and utility assistance (298). At least 60% of survey respondents believe that there is a major need for weatherization services (232), repair services (roof, foundation, plumbing, etc.), senior housing and homelessness. Families are also having difficulty maintaining self-sufficiency, due in part to low wages and a rising cost of living. The community survey noted the following trends:

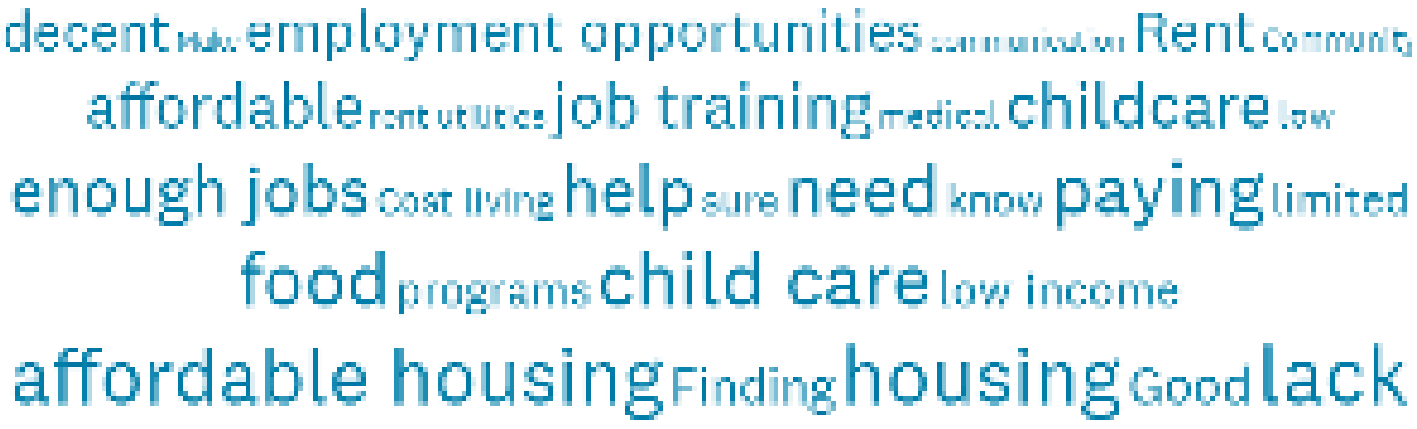
61% (234) of 387 respondents *paid a bill late in the last 6 months*

14% (58) of 387 respondents *did not have a checking account*

63% (245) of 387 respondents would participate in budget/credit classes if they were offered



Biggest Issues Impacting Low-Income Families



Homelessness

Figure 74: Continua of Care Map, Maryland Department of Health

The following table details the results of the 2018 point-in-time count for the service area:

Homelessness by Continuum of Care[108]				
Continuum of Care	2017 County Population	% of Overall State Population	Annual CoC Homeless Count	% of State Annual Homeless
Mid Shore	171,612	2.8%	642	2.0%
Lower Shore	180,531	3.0%	1,509	4.8%

Table 76: Homelessness by Continuum of Care

Comparison of Jurisdictional Annual Total Point-in-Time Count Data

Comparison of Jurisdictional Annual Total Point-in-Time Count Data[109]					
Continuum of Care	Total Homeless Clients Served 2015	Total Homeless Clients Served 2016	Total Homeless Clients Served 2017	Total Homeless Clients Served 2018	2018 Point-In-Time Count Numbers
Mid Shore	263	604	580	642	141
Lower Shore	910	1,184	1,416	1,509	292
Total	**1,173**	**1,788**	**1,996**	**2,151**	**433**

Table 77: Comparison of Jurisdiction Annual Total Point-in-Time Count Data

[108] Maryland Department of Health (2018). 2018 Annual Report on Homelessness. Retrieved from https://health.maryland.gov/.
[109] Maryland Department of Health (2018). 2018 Annual Report on Homelessness. Retrieved from https://health.maryland.gov/.

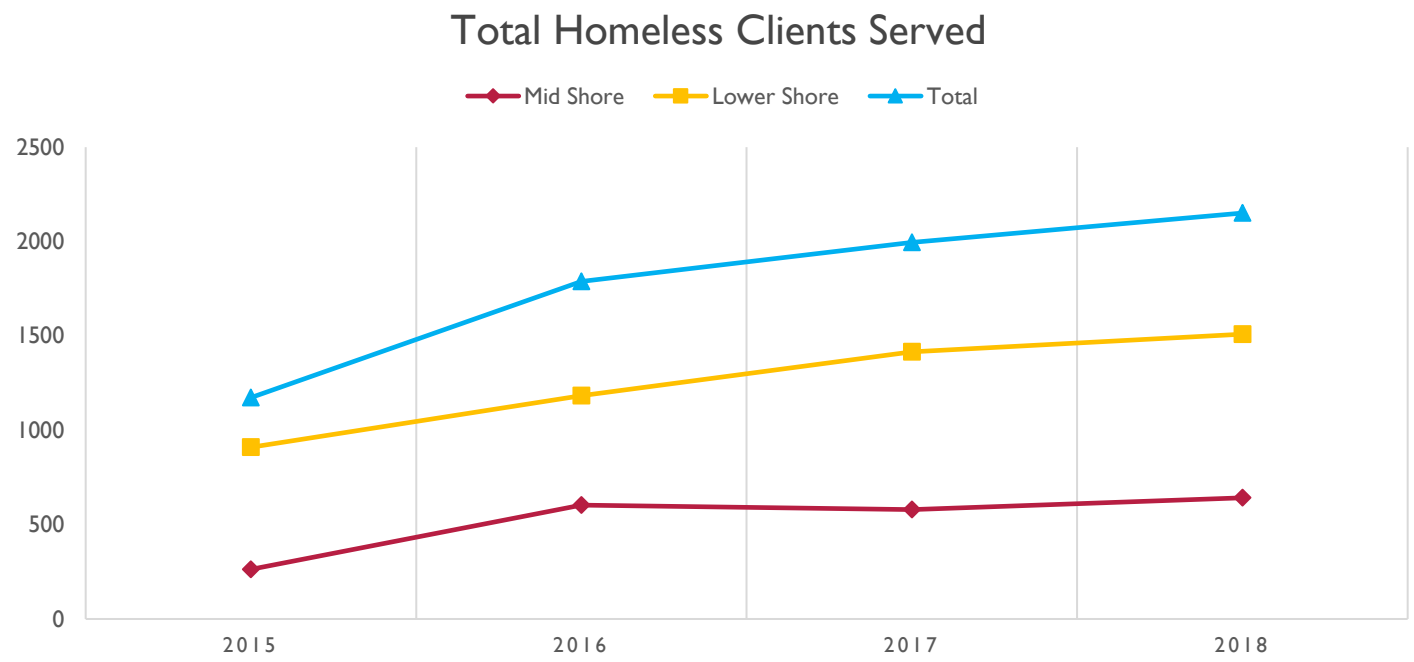


Figure 75: Total Homeless Clients Served Chart

2018 Unsheltered Homeless by Continuum of Care[110]				
Continuum of Care	Year-Round Shelter Beds	Sheltered Count	Unsheltered Count	Estimated Number of Encampments
Mid Shore	43	111	30	20
Lower Shore	177	260	32	25

Table 78: 2018 Unsheltered Homeless by Continuum of Care

Input from Community Survey

393 Community survey respondents indicated a need for community improvements in the following areas:

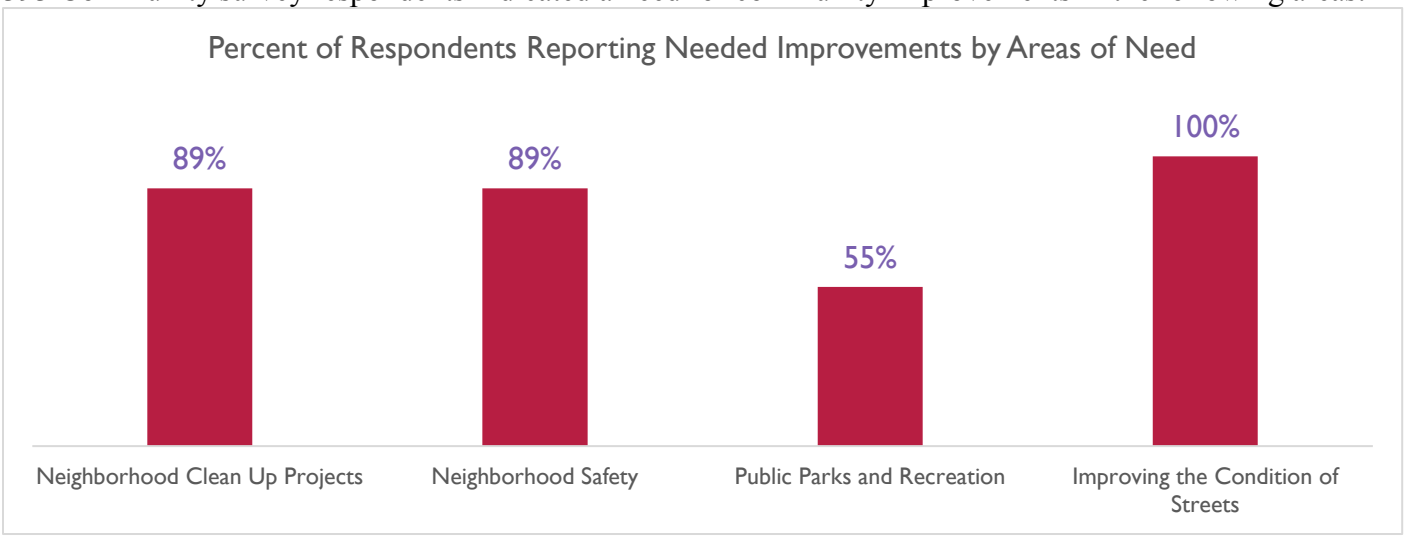


Figure 76: Community Improvement Needs

[110] Maryland Department of Health (2018). 2018 Annual Report on Homelessness. Retrieved from https://health.maryland.gov/.

Key Findings

Many families in the service area are at-risk of losing their housing as a result of the elevated cost of living and lack of affordable housing throughout the service area. There are certain groups in the population that are more likely to be homeless. This includes those with mental health issues, drug and alcohol issues, and single adults. The resources available to serve the homeless population and options for affordable housing are not able to fully meet the needs of low-income residents. It is likely that housing instability will also increase due to a rising cost of living and rental burden experienced by families.

The service area experiences a higher rate of substandard housing (33.8%) than the state (32.2%) and the nation (32.5%). Substandard housing impacts the health and physical well-being of its residents, increases the risk of disease, and decreases the mental health to its occupants.

The service area is experiencing a higher rate of in-migration than the state and the nation. Migration experience can affect a child's academic performance, social integration, and emotional well-being. Housing insecurity is best addressed using a comprehensive approach that considers policy, health, poverty, substance abuse, and employment solutions.

Early Care and Education

During the early years of children's development rapid brain growth occurs and important bonds with caregivers are formed. Supporting children's learning and health during this time influences the degree to which they will be prepared for kindergarten and a lifetime of success. Children who fall behind in this stage of development often fail to catch up as they move through the K-12 education system. To mediate these discrepancies, early care and education needs to be of the highest quality possible. Effective early care and education supports children in reaching their potential and sets the stage for lifelong success. Unfortunately, the lack of early education can serve as an insurmountable barrier for parents and children.

Number of Programs by Type

According to the Maryland Family Network, there are 13 head start programs, 74 eight to twelve-hour childcare, and 311 family child care programs in the service area.

Number of Programs by Type[111]									
Area	Total group	8-12 hour child care	Infant child care	Nursery School	Kindergarten	Part day program	School-age child care	Head Start	Family child care
Dorchester	12	9	4	1	0	1	6	2	49
Kent	6	2	2	3	3	0	3	2	17
Queen Anne's	17	9	4	4	0	0	10	1	72
Somerset	7	5	5	0	0	1	4	2	19
Talbot	19	10	4	6	0	1	10	2	45
Wicomico	42	28	19	7	5	5	35	1	87
Worcester	18	11	6	4	1	2	9	3	22
Service Area	121	74	44	25	9	10	77	13	311
Maryland	2,877	1,570	884	540	252	331	1,785	178	5,388

Table 79: Number of Programs by Type

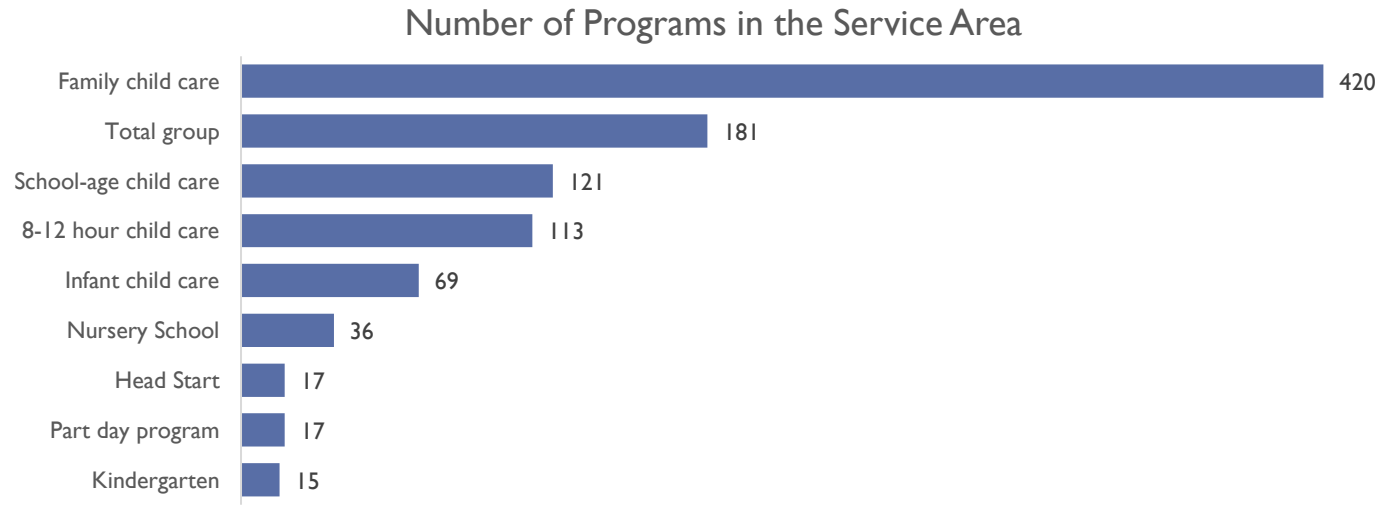


Figure 77: Number of Programs in the Service Area Chart

[111] Maryland Family Network (2020). *Child Care in Maryland.* Retrieved from http://www.marylandfamilynetwork.org/

Number of Programs by Quality Rating

The table below details the early care and education landscape in the service area. There are currently 246 quality rated programs of which 53 are five-star programs, 6 are four stars, and 43 are three stars. All SHORE UP! Head Start programs are rated at a Level 5.

Number of Programs by Quality[112]						
Area	Quality Rating					Total
	1	2	3	4	5	
Dorchester	21	2	10	2	7	42
Kent	5	0	0	1	2	8
Queen Anne's	21	3	1	1	5	31
Somerset	10	3	4	0	6	23
Talbot	16	6	2	0	8	32
Wicomico	43	4	23	1	18	89
Worcester	9	1	3	1	7	21
Service Area	125	19	43	6	53	246
Maryland	2,748	415	604	75	380	4,222

Table 80: Number of Programs by Quality

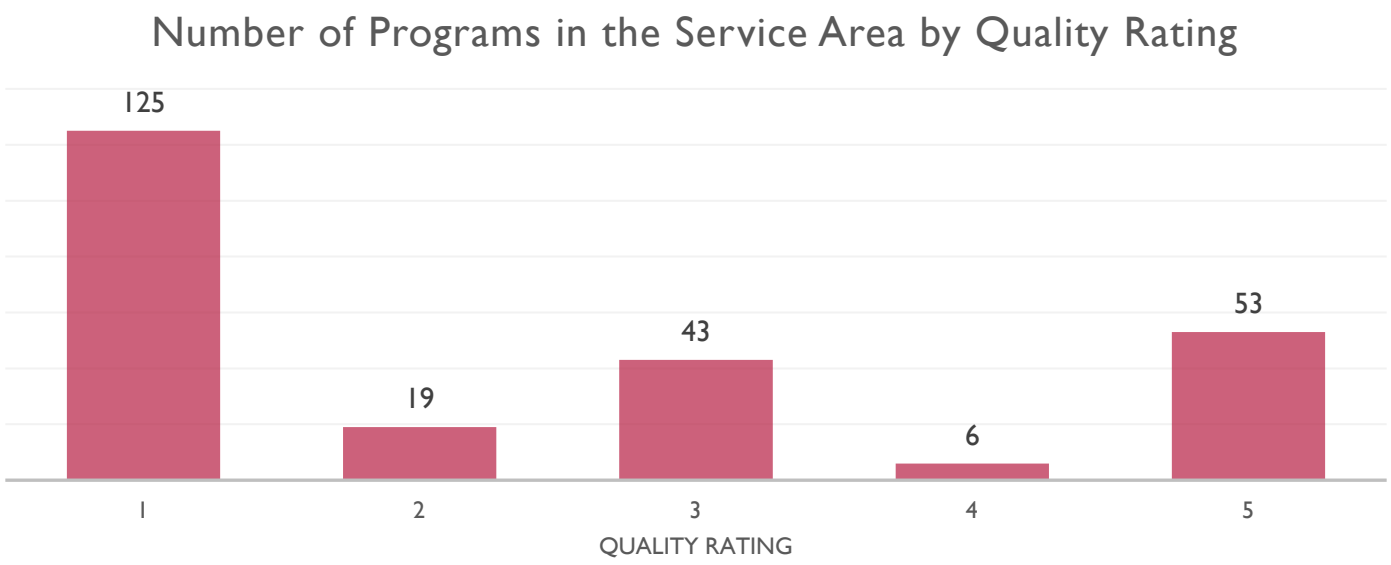


Figure 60: Number of Programs in the Service Area by Quality Chart

Infant Slots

In 2017, there were 313 annual average infant care slots available in centers and 428 in homes in the service area. The table below breaks down the infant care slots by licensing region: the lower shore region consists of Somerset, Wicomico, and Worcester Counties; and the upper shore region consists of Caroline, Dorchester, Kent, Queen

[112] Maryland State Department of Education (2020). Retrieved from https://earlychildhood.marylandpublicschools.org/.

Anne's and Talbot Counties. The total capacity of the service area is 390. It is estimated that 69% of children have all parents working. Based on the number of infants and toddlers in the service area it is estimated there is a demand for 6,606 infant and toddler slots. This data indicates there is a shortage of 5,552 infant and toddler slots. Additionally, the rate of slots in family childcare homes is decreasing.

Infant Care Slots[113]				
Area	Center		Homes	
	Annual Average, 2017	Jun-Jul Percentage Change	Annual Average, 2017	Jun-Jul Percentage Change
Lower Shore	229	+9%	161	-7%
Upper Shore	84	-3%	267	-6%
Maryland	10,712	+2%	6,191	-4%

Table 81: Infant Care Slots

Pre-Kindergarten Enrollment

According to the Maryland Family Network, there were 3,012 children in the service area enrolled in pre-kindergarten: 2,122 of whom are enrolled in public pre-kindergarten and 890 of whom are enrolled in private pre-kindergarten.[114]

Pre-Kindergarten Enrollment[115]		
Area	Public	Private
Dorchester	237	17
Kent	112	87
Queen Anne's	248	218
Somerset	199	23
Talbot	278	187
Wicomico	646	182
Worcester	402	193
Service Area	2,122	890
Maryland	188,874	41,664

Table 56: Pre-Kindergarten Enrollment

It is estimated there is a need for 1,386 publicly – funded preschool slots to serve all children in poverty. Based on the number of Head Start slots (761) and the number of state preschool slots in the service area (2,122) all children in poverty can be served using the 2,883 slots available in public prek programs. When at least 85% of all children are served it is typically assumed that a prek system has reached universal access.

[113] Maryland State Department of Education (2020). Retrieved from https://earlychildhood.marylandpublicschools.org/.
[114] Maryland Family Network (2020). *Child Care Demographics 2020.* Retrieved from http://www.marylandfamilynetwork.org/
[115] Maryland Family Network (2020). *Child Care in Maryland.* Retrieved from http://www.marylandfamilynetwork.org/

Work Status of Population with Children Under 6 Years Old

The service area had a higher percentage of households with both parents in the labor force for households with children under 6 years old than the state of Maryland and the nation. In the service area, 78.5% of female householders from single-parent households were in the labor force, a rate higher than the state and the nation. Among Head Start families, fewer parents were working. According to the Program Information Report,

Work Status of Population with Children Under 6 Years Old [116]									
Type	Dorchester	Kent	Queen Anne's	Somerset	Talbot	Wicomico	Worcester	Maryland	United States
Total population <6 years	2,053	962	2,699	1,357	2,032	7,361	2,583	423,297	22,855,584
Both parents in labor force	85.1%	67.6%	79.5%	52.8%	59.6%	71.5%	72.5%	68.0%	59.1%
One parent in labor force	14.9%	32.4%	18.9%	47.2%	39.5%	28.2%	26.3%	31.1%	39.4%
Neither parent in labor force	0.0%	0.0%	1.7%	0.0%	0.9%	0.4%	1.2%	1.0%	1.4%
Female householder in labor force	77.8%	77.7%	90.7%	62.9%	71.6%	79.7%	86.5%	78.2%	74.1%

Table 57: Work Status of Population with Children Under 6 Years Old

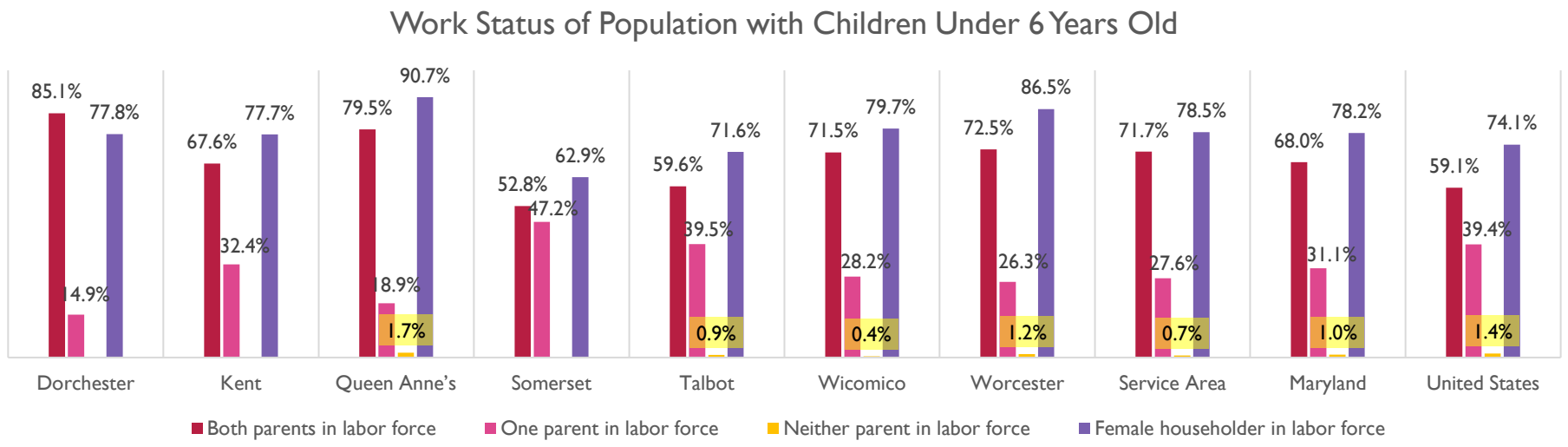


Figure 79: Work Status of Population with Children Under 6 Years Old Chart

[116] United States Census Bureau (2014-2018). *Age of Own Children Under 18 Years in Families and Subfamilies by Living Arrangements by Employment Status of Parents, Table B23008.* Retrieved from https://data.census.gov/.

Childcare Subsidies

On average, 1,095 children were receiving childcare subsidies in the service area.

Average Number of Children per Month Receiving Childcare Subsidies[117]				
Area	TCA	TCC	Non-TCA	Total
Dorchester	7	3	134	143
Kent	3	1	23	26
Queen Anne's	2	1	44	48
Somerset	33	6	125	165
Talbot	2	0	73	76
Wicomico	51	29	425	505
Worcester	8	0	123	132
Service Area	106	40	947	1095
Maryland	3,404	776	13,291	17,471

Table 84: Average Number of Children per Month Receiving Child Care Subsidies

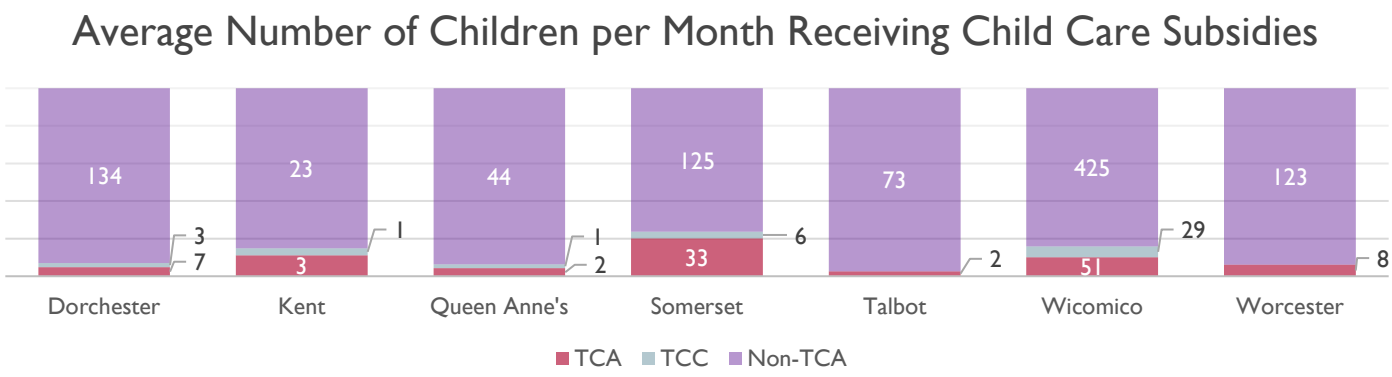


Figure 61: Average Number of Children per Month Receiving Child Care Subsidies Chart

The Child Care Bureau estimates that in Maryland, 28% of children receiving a child care subsidy are aged 0-3 and 26% are aged 3-5 years. Based on this data, it is estimated that of the 1,095 children receiving a subsidy in the service area 306 are infants and toddlers and 284 are aged 3-5 years. Of these children, it is estimated 66% live in a family with an income below poverty and they are eligible for Head Start. This data indicates that 390 children in child care settings are eligible for Head Start or Early Head Start, additionally, within the SHORE UP! and Head Start and Early Head Start program, 683 children have all available parents working indicating a need for full-day, full-year child care.

[117] Maryland State Department of Education (2020). Retrieved from https://earlychildhood.marylandpublicschools.org/.

Average Weekly Cost of Childcare

The service area has lower costs of childcare for both center-based care and family childcare than the state. The state average weekly cost of childcare is the highest with the average weekly cost of childcare being $311.49.

Average Weekly Cost of Childcare[118]				
Area	Center-based care		Family childcare	
	0-2 years	2-5 years	0-2 years	2-5 years
Dorchester	$163.33	$135.36	$137.08	$111.06
Kent	$239.00	$193.90	$132.50	$120.63
Queen Anne's	$263.33	$177.63	$183.33	$157.46
Somerset	$195.25	$150.14	$127.92	$107.08
Talbot	$246.60	$145.92	$152.50	$119.75
Wicomico	$213.21	$156.30	$155.38	$119.15
Worcester	$254.71	$171.62	$148.33	$132.71
Maryland	$311.49	$221.33	$212.96	$179.79

Table 85: Average Weekly Cost of Childcare

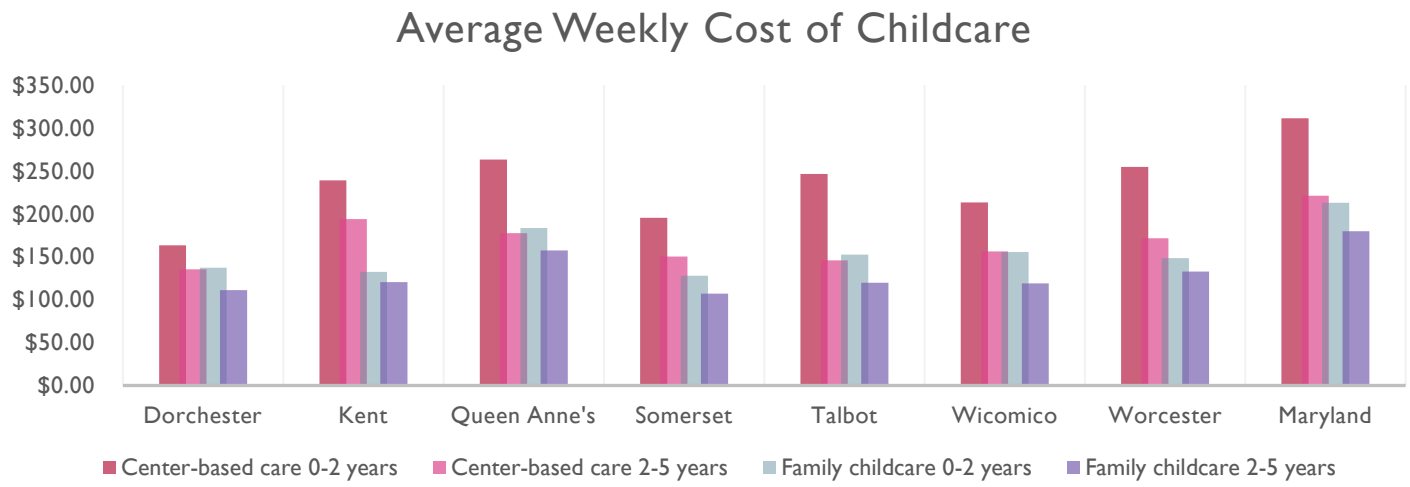


Figure 62: Average Weekly Cost of Childcare Chart

[118] Maryland Family Network (2020). *Child Care in Maryland.* Retrieved from http://www.marylandfamilynetwork.org/

Infant Child Care

In the service area, there are 305 childcare centers licensed to accept infants, with 95% of those willing to accept infants and it is estimated there are 741 infant/toddler slots. There are 47 family childcare facilities, with 94% of those willing to accept infants. The percentage of center-based facilities willing to accept infants in the service area are higher than the state, but the percentage of family childcare facilities willing to accept infants in the service area are lower than the state.

Infant Child Care[119]				
Area	Center-based care		Family childcare	
	Licensed to accept infants	Willing to accept infants	Licensed to accept infants	Willing to accept infants
Dorchester	47	44	5	5
Kent	16	14	2	2
Queen Anne's	71	66	4	4
Somerset	19	19	5	4
Talbot	45	45	5	5
Wicomico	86	83	20	19
Worcester	21	20	6	5
Service Area	305	291	47	44
Maryland	938	890	5,168	4,968

Table 86: Infant Child Care

Total Capacity

There are 7,839 licensed childcare center slots and 2,362 family childcare center slots in the service area. It is estimated that there are 9,888 slots for preschool aged children and 313 slots for infants and toddlers. Based on the number of children aged 3-5 years in the service area (6,829) and the estimated number of children in need of full-day/full-year childcare, there is no estimated slot gap for children aged 3-5 years but there is a wide gap for children aged 0-3 years.

Total Capacity[120]		
Area	Center-based care	Family childcare
Dorchester	462	382
Kent	229	134
Queen Anne's	1,033	525
Somerset	508	138
Talbot	1,100	351
Wicomico	3,278	666
Worcester	1,229	166
Service Area	7,839	2,362
Maryland	188,874	41,664

Table 58: Total Capacity

[119] Maryland Family Network (2020). *Child Care in Maryland.* Retrieved from http://www.marylandfamilynetwork.org/
[120] Maryland Family Network (2020). *Child Care in Maryland.* Retrieved from http://www.marylandfamilynetwork.org/

Input from Community Survey

Community survey respondents believe that there is a major need for additional childcare centers. Of 393 respondents, 250 (64.1%) noted a need for additional child care centers, 319 noted a need for childcare assistance (81.1%), 258 indicated a need for additional center-based infant and toddler programs (65.7%), 250 wanted more access to part-day and full day preschool programs (65%), 285 noted a need for programs that serve children year-round (73.2%) and 221 indicated a need for home visiting programs for infants and toddlers (56.7%).

In regard to the work status of families the following trends were noted in the community survey:

22% (84) of 387 parent respondents work a rotating shift

26% (100) of 387 respondents need child care to attend training

31% (121) of 387 of parent respondents work part-time

Key Findings

Access to early care and education programs in the service area counties is more limited for families with a low-income and for families with infants and toddlers. In total, it is estimated early care and education programs offer 7,839 licensed childcare center slots and 2,362 family childcare center slots. The COVID-19 pandemic will also surely result in permanent closures of child care programs which will further limit care.

The service area has an adequate number of slots to serve all preschool aged children in the service area in poverty, but has not yet reached universal access. For example, there are 6,829 children aged 3-5 years and 2,888 publicly funded preschool slots. The service area does however have enough slots to serve all preschoolers that are in poverty (1,386) between Head Start and State Prek slots. The push for universal access should be viewed in the context of trends that also include: a decreasing number of center-based child care programs that serve children from 8-12 hours daily, lack of a qualified workforce and lack of access to high quality child care programs, as children that need full-day/full-year care are often placed in child care arrangements instead of public prek programs. While universal access programs do result in benefits for many children, there are also unintended consequences that could result from such large evolution of the early care and education system such as loss of access to comprehensive services as families transition into programs that are less intensive than Head Start, uneven per-child funding between federal, state, and community-based early care and education programs, and diminished quality as the most highly skilled teachers leave Head Start and community-based programs for jobs in elementary-based prek programs that offer a higher salary. The closures from COVID-19 and capacity limitations will also squeeze revenue from child care providers and result in additional quality issues.

In the service area, 69.8% of the families with children under six have all parents in the workforce, a rate higher than both the state and nation. Female single householder families report a rate of 78.1% of employment which warrants a robust and affordable early care and education system that operates for the full duration of the program-year as children living in homes headed by single-mothers are often more at-risk than their counterparts living in families headed by two-working parents. The work status of Head Start families notes that 71% of children in

Head Start have parents that are employed. Data indicates that 390 children in child care settings are eligible for Head Start or Early Head Start. Additionally, within the SHORE UP! Head Start and Early Head Start program, 683 children have all available parents working indicating a need for full-day, full-year child care.

The largest needs for early care and education in the service area are:

- There is an infant and toddler child care crisis in which just 4% of the demand for care is met.
- There is a need for additional high-quality full-day/full-year preschool slots as 58% of all child care programs are rated as low-quality (rated at a level 1-3 on EXCELs)
- 100% of children aged 3-5 years in poverty can be served by publicly funded preschool slots, however there is a shortage of full-day, full-year slots and lack of early childhood programs that offer comprehensive services.

Head Start programs can undertake several activities to determine the need to adjust services to match emerging community needs and to leverage the resources of the program, in the context of expanding universal prek access. For example:

- The program can gather data about how families make decisions about the types of early care and education programs they utilize. For example, first identify the factors that families consider when they decide the type of program (Head Start, community-based prek, state prek) that they will utilize and, second, what process do they go through to make their early care and education and child care decisions, i.e. what are the most important factors in selecting an early care and education provider?
- Programs could participate in Maryland EXCELS when funds allow since the quality of Head Start likely exceeds the EXCEL standards, which will open up opportunities for Head Start to expand services to include full-day, full-year child care and to participate in any developing early care and education systems that are universal that require EXCEL ratings.

Transportation and Communication

The ability to travel offers the means to reach essential opportunities such as jobs, education, shops and friends, which impact the quality of life. Providing transportation services or reducing financial (and other) barriers to travel is one solution for addressing poverty, through for example widening the range of opportunities for employment and education that can be reached. Within the service area, a larger percentage of residents travel more than an hour to work than the state and nationwide.

Vehicle Ownership

4,987 (3.4%) of households in the service area do not have a vehicle, a rate lower than the state and the nation. Kent County households did not have vehicles at the highest rate in the service area.

Vehicle Ownership[121]

Vehicles Available	Dorchester	Kent	Queen Anne's	Somerset	Talbot	Wicomico	Worcester	Maryland	United States
Total:	14,837	8,364	24,959	7,899	17,611	47,931	23,402	2,999,800	149,110,891
No vehicle	4.8%	8.5%	1.3%	3.1%	2.6%	3.6%	3.6%	4.1%	4.3%
1 vehicle	22.7%	20.3%	11.9%	26.7%	20.3%	22.0%	19.8%	20.9%	20.6%
2 vehicles	37.1%	36.1%	39.7%	38.5%	40.5%	39.4%	40.0%	40.6%	41.0%
3+ vehicles	35.3%	35.1%	47.1%	31.7%	36.5%	35.0%	36.6%	34.4%	34.1%

Table 59: Vehicle Ownership

Commuter Travel Patterns

An estimated 79.8% of workers in the service area drive alone to work, a rate higher than the state and the nation. 9.4% of service area workers carpool, while 3.2% cycle or walk to work.

Commuter Travel Patterns[122]

Area	Workers 16 and Older	Drive Alone	Carpool	Public Transportation	Bicycle or Walk	Taxi or Other	Work at Home
Dorchester	14,848	77.3%	15.1%	1.0%	2.7%	0.9%	3.0%
Kent	9,005	68.2%	8.6%	1.3%	9.8%	1.0%	11.1%
Queen Anne's	25,049	79.0%	9.3%	2.0%	1.6%	0.9%	7.3%
Somerset	8,444	80.2%	8.0%	0.6%	6.8%	0.9%	3.5%
Talbot	17,706	78.6%	10.1%	1.6%	3.0%	0.5%	6.3%
Wicomico	48,398	83.1%	8.9%	0.8%	2.5%	1.3%	3.5%
Worcester	23,606	80.9%	7.3%	2.4%	2.8%	1.2%	5.5%
Service Area	147,056	79.8%	9.4%	1.4%	3.2%	1.0%	5.2%
Maryland	3,021,967	73.9%	9.1%	8.6%	2.7%	1.1%	4.7%
United States	150,571,044	76.4%	9.1%	5.1%	3.3%	1.2%	4.9%

Table 60: Commuter Travel Patterns

[121] United States Census Bureau (n.d.). *Means of Transportation to Work by Vehicles Available, Table B08141.* Retrieved from https://factfinder.census.gov/.
[122] United States Census Bureau (2014-2018). *Means of Transportation to Work, Table B08301.* Retrieved from https://data.census.gov/.

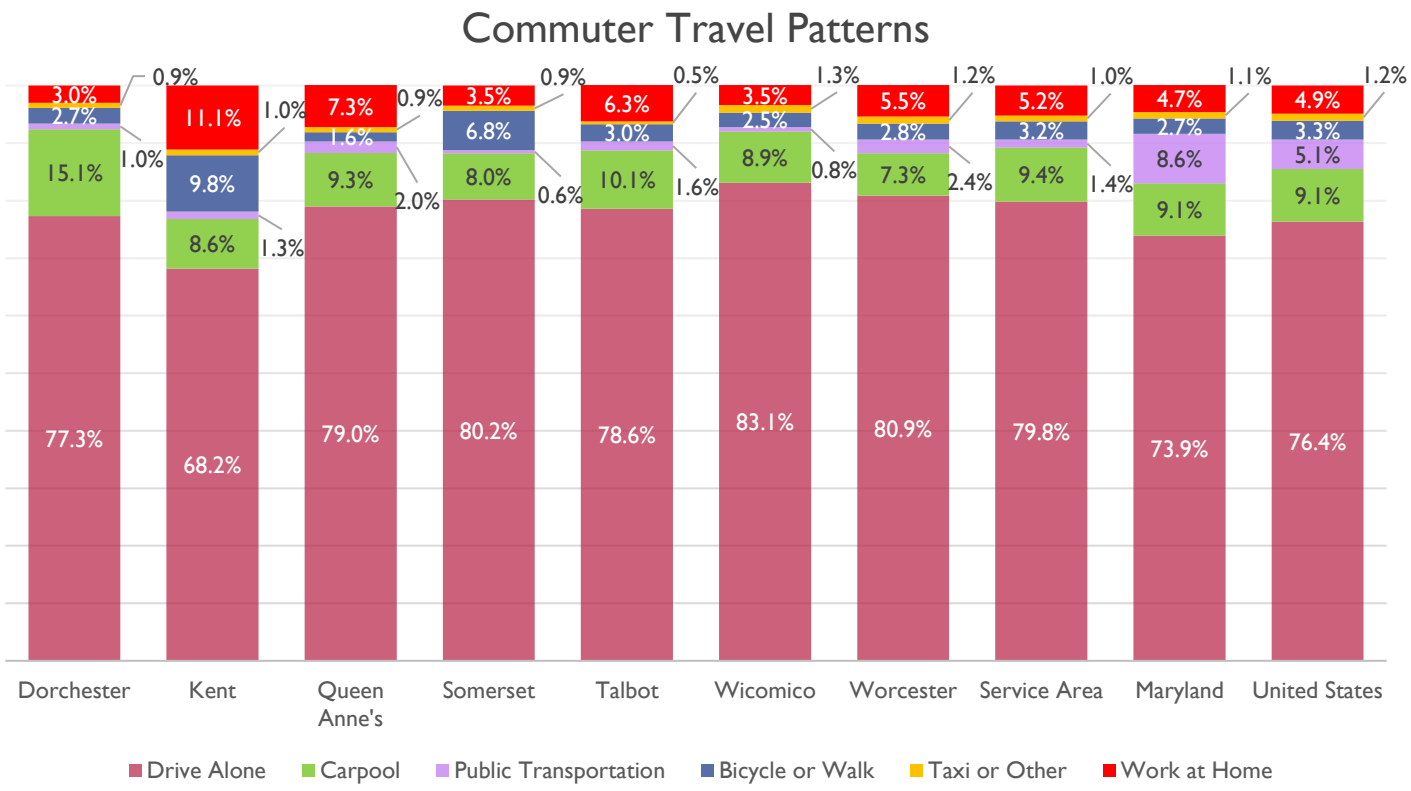


Figure 63: Commuter Travel Patterns Chart

Input from Community Survey

Transportation was noted as an issue for SHORE UP! agency survey respondents as well as by community survey respondents. According to data from the community assessment survey among 393 respondents, the following trends were identified:

89% (350) of respondents identified local transportation for medical, school or work is a community need

89% (352) of respondents noted out of town transportation for medical, school or work is a community need.

83% (329) of respondents noted they need training on how to use public transportation

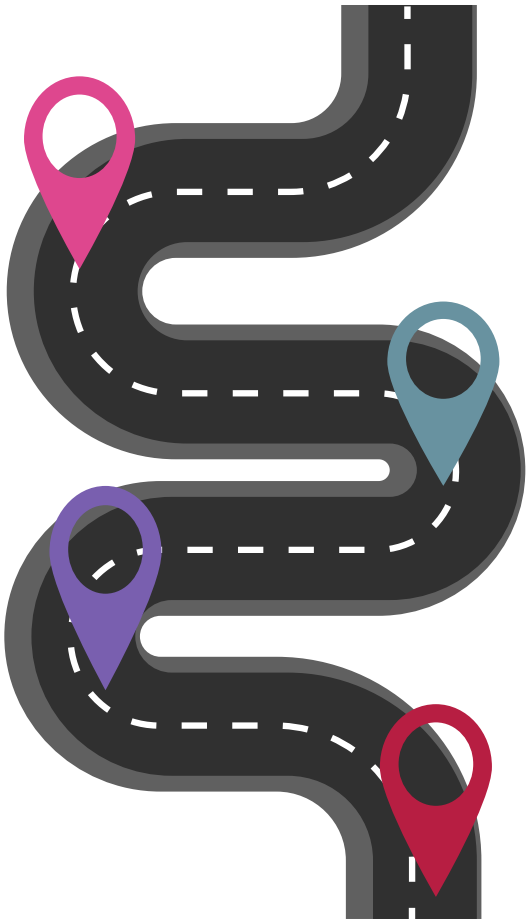
87% (346) of respondents noted a need for night/weekend transportation

80% of service area residents drive alone to work.

9% of service area residents carpool to work.

5% of service area residents work at home.

3% of service area residents bicycle or walk to work.



Travel Time to Work

Service area residents travel less on average than the state, with the highest proportion of residents traveling 10 to 30 minutes to work.

Travel Time to Work[123]					
Area	Workers that Commute Age 16 and Up	Travel Time in Minutes: < 10	Travel Time in Minutes: 10 to 30	Travel Time in Minutes: 30 to 60	Travel Time in Minutes: > 60
Dorchester	139,404	16.7%	48.4%	24.2%	10.8%
Kent	14,401	15.8%	45.5%	29.8%	8.9%
Queen Anne's	8,008	24.7%	43.6%	17.6%	14.1%
Somerset	23,228	9.3%	34.3%	34.0%	22.4%
Talbot	8,149	20.3%	46.7%	26.8%	6.2%
Wicomico	16,589	20.1%	47.9%	16.7%	15.3%
Worcester	46,722	17.1%	56.5%	20.1%	6.3%
Service Area	139,404	16.7%	48.6%	24.2%	10.8%
Maryland	2,879,542	7.3%	40.6%	36.5%	15.6%
United States	143,148,111	12.5%	49.6%	28.9%	9.1%

Table 90: Travel Time to Work

[123] United States Census Bureau (2014-2018). *Means of Transportation to Work by Travel Time to Work, 2014-2018, Table B08134.* Retrieved from https://data.census.gov/.

Computer and Internet Access

The service area lags behind the state and national average in ownership of computer devices, internet subscription and broadband access. Johnson County holds the lowest level of access to broadband internet with over a quarter of households lacking access to high-speed broadband internet. Among community survey respondents, 84% had internet access and 76% had access to a computer.

Computer and Internet Access[124]				
Area	Total Households	Households with Computing Devices	Households with Internet Subscriptions	Households with Broadband Internet Access
Dorchester	13,264	83.0%	74.2%	73.2%
Kent	7,910	83.2%	73.2%	73.0%
Queen Anne's	18,148	92.2%	86.6%	86.2%
Somerset	8,383	81.3%	69.1%	68.3%
Talbot	16,627	90.4%	83.4%	83.1%
Wicomico	37,637	88.4%	77.9%	77.3%
Worcester	21,672	87.1%	80.1%	79.6%
Service Area	123,641	87.6%	79.0%	78.5%
Maryland	2,192,518	91.3%	85.0%	84.6%
United States	119,730,128	88.8%	80.9%	80.4%

Table 91: Computer and Internet Access

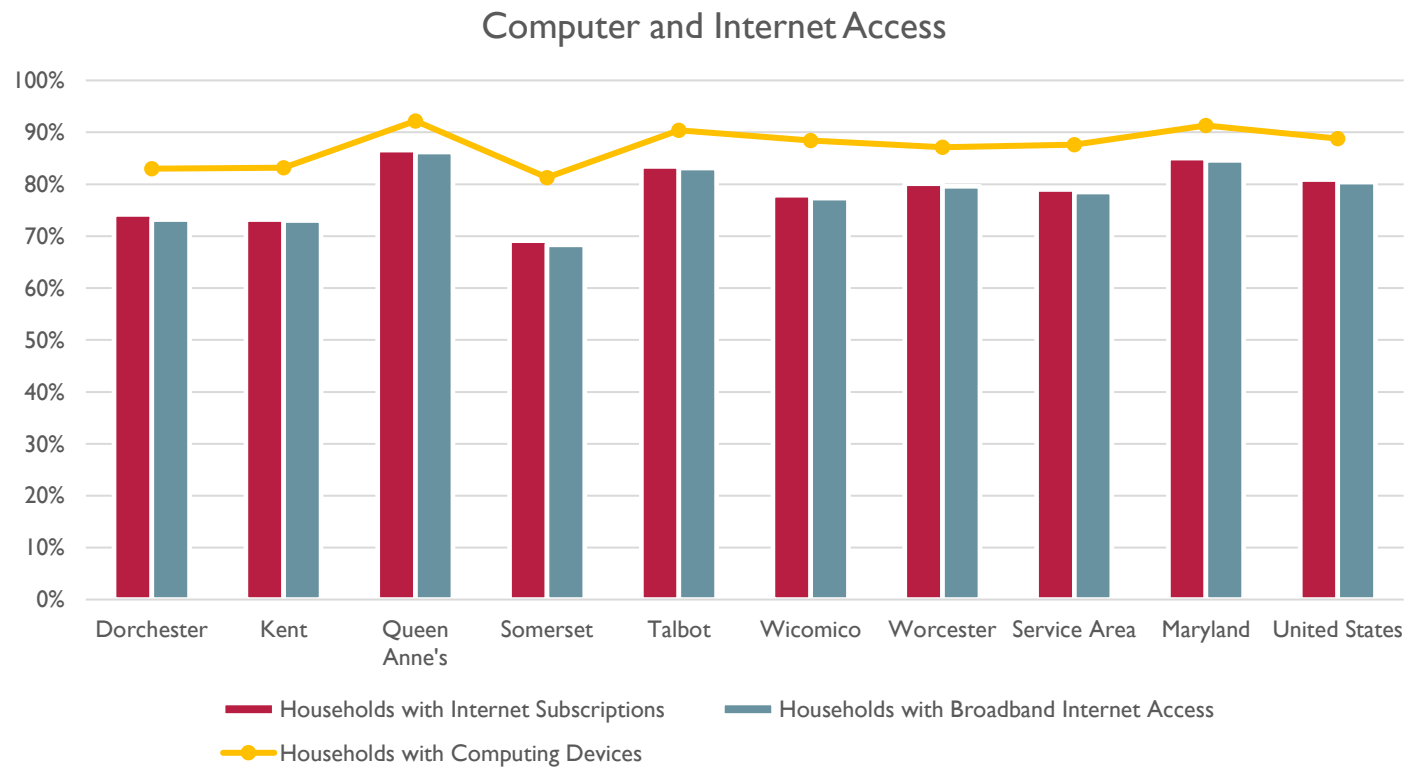


Figure 64: Computer and Internet Access Chart

[124] United States Census Bureau (2014-2018). *Types of Computers and Internet Subscriptions, Table S2801.* Retrieved from https://data.census.gov/.

Program & Community Strengths

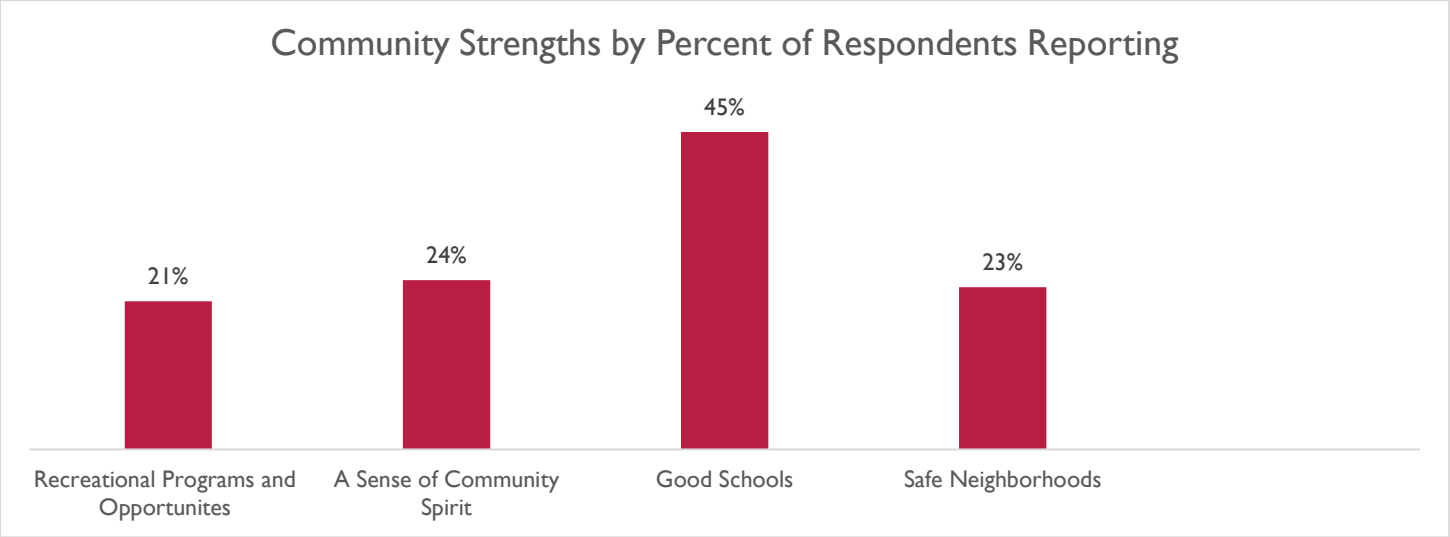


Figure 84: Community Strengths

88% of 26 community partners responding to the survey indicated they collaborated with other agencies in the past year.

Community strengths identified by community partners included:

"We created a C.A.R.E team that allows the local organizations to team up a few times a year and bring as many services and resources to one location . We also meet annually to ensure that we are targeting the correct areas and groups"

" Most agencies are willing to work with other agencies to help service the community"

"All agencies want to be able to help other individuals to reach their goals, self-sufficiency, etc."

"The dedication of agency staff to providing high-quality assistance to Talbot residents despite limited resources."

"Collaboration and partnerships"

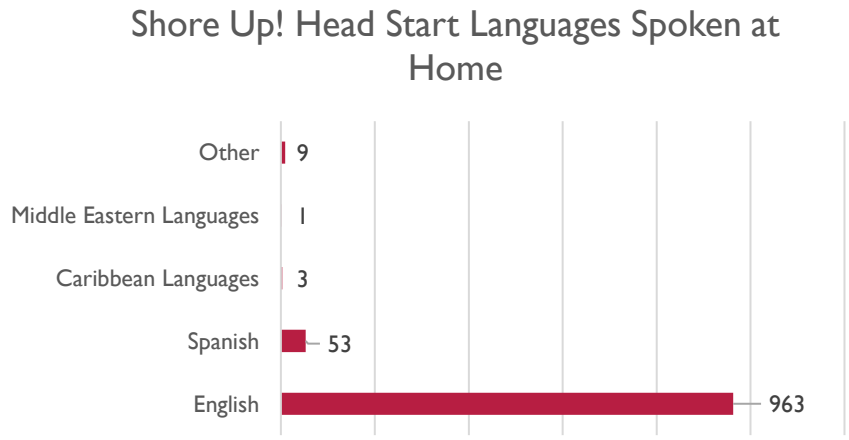
"Joining to serve the entire community, based on data trends and for the good of the region"

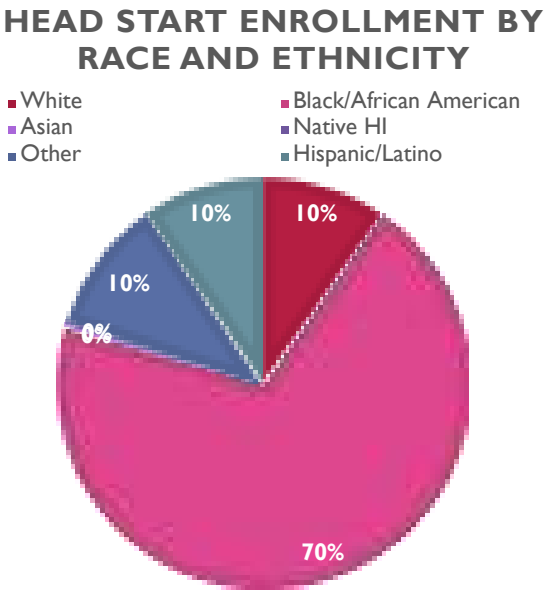
Since it is a small community we have the opportunity to work together to make bigger impacts and we often do that.

Profile of Head Start Enrolled Children and Families

SHORE UP! Head Start Enrollment of Children by Age		
Age	**# of Children**	**% of Enrollment**
Under 1 year	15	1.5%
1 year old	35	3.4%
2 years old	104	10.2%
3 years old	361	35.4%
4 years old	407	39.9%
5 years old	97	9.5%

2018-2019 Head Start Family Type	
Single Parent	**Two Parent**
871 (82.7%)	182 (17.3)

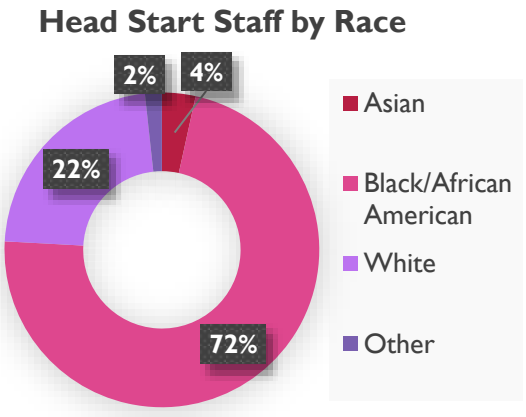




SHORE UP! HS Enrollment by Eligibility Type	
Below FPL	825 (80.2%)
Public Assistance	114 (11.1%)
Foster Child	9 (0.9%)
Homeless	16 (1.6%)
Over Income	76 (6.3%)
100-130% FPL	0 (0.0%)
Disability HS	66 (8.0%)
Disability EHS	16 (8.1%)

Family/Fatherhood Involvement	
Indicator	**HS**
Received at least one family service	634
Fathers who engaged in family assessment	75
Fathers who engaged in family goal setting	81
Father who engaged in child's HS experiences	216
Fathers who engaged in program governance	5
Families who received parenting education	634

Profile of Head Start Staff



Head Start staff languages include: Spanish (3), Middle Eastern and South Asian Languages (3), European and Slavic Languages (1), African Languages (1), and other languages (1)