



Charles County

Needs Assessment of Children, Youth, and Families

Commissioned By:
Charles County Local Management Board

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Executive Summary

In July 2012, the Charles County Local Management Board (LMB) commissioned a comprehensive assessment of the needs of children, youth, and families in Charles County, Maryland. The Community Needs Assessment gathered information from the community regarding current problems, community strengths, available programs, services and resources crucial to the success of the Local Management Board in coordinating services within the jurisdiction to eliminate fragmentation and duplication while fulfilling its mandate to create an effective system of services, supports, and opportunities that improve outcomes for children, youth and families.

The community needs assessment is mandated to investigate all eight results and the indicators associated with these results. The information obtained from the community needs assessment shall be used by the LMB to identify which results and indicators to prioritize, and the causes and forces at work affecting the prioritized indicators. It is useful to identify community strengths, resources, and assets in order to address each of the prioritized results and indicators.

To provide a comprehensive assessment of the needs of the county, a four method plan was developed which included 4 different sources of data: a community survey of Charles County residents perceptions of needs for children and families, a key informant survey for community leaders and key stakeholders, two focus groups with community leaders, citizens, and stakeholders, and a quantitative data analysis. Data was collected between July 2012 and May 2013.

The use of the multiple data collection methods strengthened the validity of the assessment's findings as well as ensuring that Charles County residents had an opportunity to participate in the assessment process and to feel invested in its outcome.

Two focus groups were performed throughout the county between April and May 2013. One group was a collection of community agencies representing many aspects of county services for children and families in the county. The second focus group was comprised solely of youth and gave their input and perspective on the services and activities currently available and what needs to be available. The biggest needs that surfaced from the focus groups included: transportation, alcohol and drug use, lack of youth employment opportunities, affordable housing, and health insurance for adults.

207 Charles County residents completed online survey that was created using Survey Monkey. 206 Charles County residents completed the community survey at Charles County community organizations such as a Charles County Department of Health clinic or the Tri-County Youth Services Bureau. The biggest needs that surfaced from the community surveys included: health insurance for adults, a youth or community facility like YMCA, youth employment opportunities, job-related training, and quality, affordable child care.

Several key informants were asked to complete five questions regarding the strengths and weaknesses of community services for children, youth, and families. The biggest needs that surfaced from the key informant

surveys included: alcohol and drug use, lack of funding for agency programs, affordable housing, a lack of homeless shelters, transportation, health and mental health services for youth, and after school activities for youth and teens.

Quantitative data was analyzed for all Local Management Board themes, results, and indicators including: population data, infant mortality, low birth weight, births to adolescents, immunizations, hospitalizations, child deaths, blood lead levels, health insurance coverage, obesity, substance abuse, asthma prevalence. Kindergarten readiness, academic performance, truancy, high school dropout rates, high school graduation rates, education attainment, youth employment, Alternative Maryland School Assessment scores, bullying/harassment, juvenile felony offenses, recidivism/suspensions, child maltreatment, hunger, out of home placement, homelessness, crime, out of school time opportunities, and child poverty.

Cumulative analysis of all quantitative and qualitative data identified the top 10 needs for children, youth, and families in Charles County.

These include:

- Extracurricular and Employment Opportunities for Youth
- Minority Infant Mortality and Poor Pregnancy Outcomes
- Youth Alcohol and Drug Use
- Homelessness and Affordable Housing
- Overweight and Obesity
- Health Insurance Coverage for Families
- Asthma: Emergency Department Visit Rates and Child Prevalence
- Post, Secondary Educational Attainment
- Bullying and Harassment
- Child Poverty

The community needs assessment also identified areas of priority in which Charles County is in good standing. These topics include: agency collaboration and partnerships, immunizations for children, kindergarten readiness, and high school graduation rates.

These assessment findings can serve as a baseline for future program development as well as provide benchmarks for program implementation.

Community Survey Results

Local Management Board Survey of Children and Families

Introduction

A short survey was developed to garner community input on the status of service availability and on the gaps in available services for children, youth, and families in Charles County. The survey was distributed throughout the community, including Tri-County Youth Services Bureau and the Charles County Department of Health’s dental, WIC, and Maternal and Child Health Programs. Additionally, an online version of the survey was created, so people could use the link and put in their responses online.

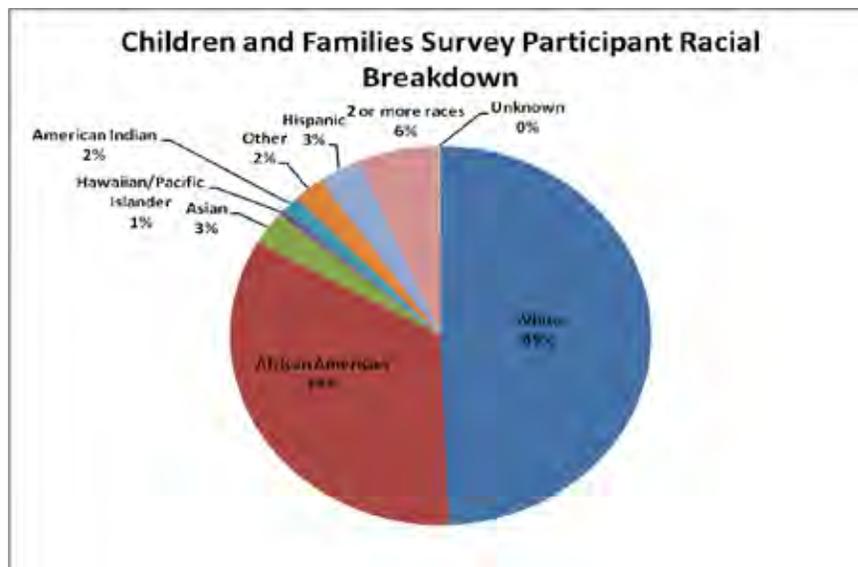
A total of 413 surveys were completed either in paper form or online. The results are presented below.

Demographic Information

The majority of the survey participants were female (79%).

Gender	Count (#)	Percentage (%)
Female	328	79%
Male	75	18%
Unknown	10	3%

The racial breakdown of the survey participants is reflective of the breakdown for the overall Charles County population. Half of the participants were non-Hispanic White and the other half were minorities, mostly African American. There was only one respondent with unknown racial data.



Slightly more than half of the respondents reported that they were married. A small percent (9%) were unknown for marital status.

Marital Status	Count (#)	Percentage (%)
Married	217	53%
Single	158	38%
Unknown	38	9%

The average number of people living in the participant's house was 4 persons. Responses ranged from 1 to 9 people in the home.

Number of people in household	Count (#)	Percentage (%)
One person	22	5%
Two people	64	15%
Three people	97	23%
Four people	116	28%
Five people	63	15%
Six people	23	6%
Seven people	9	2%
Eight people	4	1%
Nine people	1	0.2%
Unknown	14	3%

The ages of individuals in the home ranged from "0-2 years" to "60 years and older." Results varied over all age group responses. Nearly half (49%) of the respondents reported having an individual between the age of 40-59 years in their home. Responses will not equal 100% since most participants checked multiple age groups.

Age Groups	Count (#)	Percentage (%)
0-2 years	101	24%
3-5 years	113	27%
6-12 years	123	30%
13-17 years	137	33%
18-29 years	162	39%
30-39 years	161	39%
40-59 years	201	49%
60+ years	65	16%
Unknown	3	0.7%

When asked the location of their home, participants provide the zip code where they live. A total of 38 different zip codes were listed. 52% were located in the Waldorf zip codes of 20601, 20602, 20603, and 20604. 89% of the respondents were from a Charles County zip code. Among those outside of Charles County, the majority were from Prince George's and St Mary's Counties.

Zip Code Data	Town/City Name	County	Count (#)
20009	Washington DC	DC	1
20601	Waldorf	Charles	77
20602	Waldorf	Charles	89
20603	Waldorf	Charles	47
20604	Waldorf	Charles	2
20606	Abell	St Mary's	1
20607	Accokeek	Charles or Prince George's	1
20611	Bel Alton	Charles	3
20613	Brandywine	Charles or Prince George's	10
20616	Bryans Road	Charles	9
20617	Bryantown	Charles	3
20619	California	St Mary's	3
20622	Charlotte Hall	St Mary's and Charles	7
20637	Hughesville	Charles	20
20640	Indian Head	Charles	21
20645	Issue	Charles	1
20646	La Plata	Charles	52
20657	Lusby	Calvert	2
20659	Mechanicsville	St Mary's	4
20662	Nanjemoy	Charles	5
20664	Newburg	Charles	7
20675	Pomfret	Charles	1
20677	Port Tobacco	Charles	8
20695	White Plains	Charles	13
20708	Laurel	Prince George's	1
20716	Bowie	Prince George's	1
20735	Clinton	Prince George's	2
20744	Fort Washington	Prince George's	3
20747	District Heights	Prince George's	1

20748	Temple Hills	Prince George's	1
20770	Greenbelt	Prince George's	1
20772	Upper Marlboro	Prince George's	1
20776	Harwood	Anne Arundel	1
20817	Bethesda	Montgomery	1
20904	Silver Spring	Prince George's and Montgomery	1
21036	Dayton	Howard	1
22150	Springfield, VA	Fairfax	1
22304	Alexandria, VA	Alexandria City	1
Unknown	Unknown	Unknown	8

Access to Health Care and Services that are currently being met:

Each participant was asked what types of health insurance they currently have for themselves and for members of their families. For each series of questions, they were asked to answer for the adults in the household and for the children in the household. As a whole, the percentages reported for adults were higher than the percentages reported for children. This may be due to the fact that not all survey participants had children in their homes. However, the percentage reporting a lack of health insurance was four times higher for adults than children (8% vs. 2%).

Insurance Type or Health Service:	Adults Count (#)	Adults Percent (%)	Children Count (#)	Children Percent (%)
Dental Insurance	283	67%	220	53%
Healthy Start	6	1%	8	2%
Medicaid	78	19%	77	19%
No insurance	32	8%	9	2%
Private Insurance	287	69%	195	47%
Vision Insurance	231	56%	178	43%
Unknown/Blank	30	7%	68	16%

Unmet Needs:

First, respondents were asked to check all services that their family does not have but needs. This was again separated by the adults in the household and the children in the household. Approximately half left this question blank (43% for the adult questions and 51% for the children). This may be due to the fact that their needs are currently being met.

Among adults and children in the household, the most commonly reported services that they did not have included: occupational/physical/speech therapists and mental health or substance abuse counseling. It is unknown if those who marked these choices are truly in need of those services or if they marked it simply because it is a health service that they do not have.

It is also noteworthy that 13% reported that the children in their household do not have a pediatrician or a dentist. The percentages were even higher for adults. 17% reported that the adults in the household did not have a family doctor and 19% did not have a dentist.

Health Services they do not have:	Adults Count (#)	Adults Percent (%)	Children Count (#)	Children Percent (%)
Pediatrician	Not applicable	Not applicable	52	13%
Family doctor	71	17%	28	7%
Obstetrician/Gynecologist	73	18%	31	8%
Dentist	80	19%	53	13%
Therapist (physical, occupational, speech, etc)	133	32%	99	24%
Mental health or substance abuse counseling	132	32%	99	24%
Unknown/Blank	178	43%	211	51%

Secondly, they were asked if they felt that their family's needs were being met. The majority felt that their needs were being met (76%). The remaining 24% answered the follow-up question to explain the reasons why not that applied to their household. The most common responses were the need for affordable housing and the cost of medical care.

Reasons why needs are not being met:	Count (#)	Percent of total respondents who feel their needs are not being met (%)
Need for Affordable Housing	22	22%
Cost of medical care	23	23%
Language Barriers	2	2%
No health insurance	18	18%
Other	7	7%
Transportation Problems	16	16%
Unable to pay co-pays	3	3%
Unemployment/Need a job	7	7%

Other reasons that were written in include:

- Multiple living expenses
- Cost of dental insurance too high
- Hard to find a doctor willing to perform needed services
- No health insurance for self, only spouse and children
- Deductible is too high
- Providers do not accept their insurance
- Earn too much for state coverage, earn too little for private insurance premiums
- Quality acute and residential treatment health facilities are non-existent.
- Comprehensive services for learning disabled kids are not available.
- Not enough space in 3 year old classrooms
- Not enough community activities and centers for children 12-17 years
- Need daycare assistance
- Need a navigator to help elderly understand their options and benefits
- Difficulty finding specialist providers in the immediate area
- Need free health screenings
- Lack of local resources
- No mental health services in the area for teens

Lastly, participants were given a long checklist of community services. They were asked to check all services that their family needs but does not have at this time. The most commonly reported services that participants were in need of for their households were quality, affordable child care (45), youth employment opportunities (46), and a youth or community facility like YMCA (77). Some other commonly reported needed services were those relating to job training: Computer skills (28); resume developing and job interview skills (40), and obtaining a GED (34).

Ninety-four participants reported needing some form of mental health services including: affordable mental health services, anger management counseling, assistance with family violence, crisis counseling, treatment for depression, treatment for thoughts of suicide, treatment for mental illness, and/or rape or sexual assault counseling.

One hundred eighty-seven respondents reported needed some help or support in getting services for their young children. This includes: breast feeding support, early childhood education for birth-2 years, early childhood education for age 3-5, early intervention for a child with special needs, immunizations for children, prenatal care, quality, affordable child care, routine baby check-ups, enrolling child in kindergarten, healthcare for children, and the Women, Infants, and Toddlers Program (WIC).

Services they need but do not have:	Count (#)	Percent of total respondents who answered this question
Unknown/Blank	229	NA
Affordable Mental Health Services	21	11%
Anger Management Classes	18	10%
Assistance with issues of Family Violence	7	4%
Breast feeding support	11	6%
Computer skills	28	15%
Crisis Counseling	8	4%
Resume Development/Job Interviewing Skills	40	22%
Early childhood education for ages 3-5 years	25	14%
Early childhood education for birth-2 years	27	15%
Early Intervention for children with special needs	4	2%
Family living	33	18%
Finishing High School	21	11%
Food Assistance	24	13%
Enrolling a child in kindergarten	21	11%
Immunizations for children	6	3%
Learning to read	13	7%
Obtaining a GED	34	18%
Prenatal Care	12	7%
Quality, affordable child care	45	24%
Routine baby checkups	5	3%
Healthcare for adults	29	16%
Healthcare for children	9	5%
Substance Abuse Treatment	11	6%
Smoking Cessation	4	2%
Transportation	24	13%
Treatment for depression	18	10%
Treatment for thoughts of suicide	8	4%
Treatment for mental illness	11	6%
Rape/Sexual Assault Counseling	3	2%
Women, Infants, and Toddlers Program	22	12%

Youth Employment Opportunities	46	25%
Youth or Community Facility (i.e. YMCA)	77	42%

NA: Not Applicable

Other needed services written in:

- Money
- Housing assistance
- All health services
- Financial planning
- Pre-teen and teen foundations allowing kids to reach out, i.e. anti-bullying, environmental protection
- Property tax breaks
- More groups for young children with difficulty controlling and managing their emotions

Key Informant Survey Results

Important leaders and community agency leads were asked to complete a key informant survey with 5 questions regarding services for children and families in Charles County. A total of six surveys were completed and returned to the local management board. These responses represent county agencies such as: the Charles County Department of Health (a county pediatrician), the Charles County Department of Community Services, the Charles County Department of Social Services, the Charles County Public Schools, the Charles County Department of Juvenile Services, and the Charles County Sheriff's Office.

1. What do you see as the greatest strengths/assets supporting children and families in Charles County?

Responses:

- The partnerships and collaboration amongst community agencies
- The collaboration of community partners, including but not limited to the Department of Health, the Board of Education, the Courts, and public/private clinics, to support children, youth, and families.
- The excellent working relationships between our various agencies. We have SRO's and mental health support from outside agencies in our schools, and we frequently come together on different committees, task forces, etc. to identify student and family needs and to work out a system or program to support those needs.
- Most agencies work well together for the benefit of the children and families.
- Town Hall and other agencies that sponsor special events to bring the community together.
- Reputable counseling services such as the Center for Children and Tri-County Youth Services Bureau
- Recognition of the homeless population and the need to feed the children
- Various agencies with dedication and commitment to working with children and families
- People move to Charles County because of the better schools and better law enforcement. These are our greatest strengths: educating children at a high level and keeping them safe.
- There are the exceptional little league programs in which children may compete and learn skills in football, soccer, baseball, lacrosse, cheerleading, etc. There are also opportunities for children in the arts (dance, theatre).
- Of significant importance are the churches that offer programs for children and teens, along with a sense of community for families.
- The partnership between the Sheriff's Office, the school system, and the local management board to create and sustain the Summer Youth Program each year is a tremendous advantage to underserved children.

2. What would you do or suggest developing these strengths/assets?

Responses:

- The Board of Education and the Sheriff's Office must keep doing what they are doing in order to continue our success.
- Regarding the summer programs, the funding from the local management board is important for the continuation of the Summer Youth Program.
- Better communication and collaboration between agencies and organizations.
- Positions and funding are the most obvious strategies/solutions to further develop the wonderful programs and relationships we currently have. In the absence of those unattainable, frequent communication is needed between agencies to give status reports on things like homeless numbers, students in need of mental health support who cannot get an appointment, etc.
- More communication among partners about programs and what they are doing to support this group. Better funding for activities that support this part of the population. More representation from these groups at the table in all of these organizations and on joint committees and partnerships. Better lobbying of local, state, and national governments to assure that programs for these populations continue to be funded and that funding is available for new projects and programs.
- Focus on outreach to targeted populations needing services
- One stop shop for information and links to service agencies
- Increase public awareness of local agencies and the 2-1-1 service through marketing
- Work with partner agencies to provide referral services.

3. What do you see as the most pressing concerns facing children, youth, and families in Charles County?

Responses:

- Lack of parental involvement in the daily lives of their children
- Juvenile crime and drug use/drinking
- Safe and stable family life and living situations
- Service agencies stretched beyond their means with waitlists to receive services
- Confusion for those needing services when navigating available services
- Health Care- access to primary and specialty (especially mental health) care
- Homelessness
- A smoke free environment
- Drug use, especially opiates and alcohol
- Disparities: race, socio-economic, geographic
- Increases in chronic disease: obesity, diabetes, heart disease, asthma
- Housing, financial stability, hunger, and mental health are the situations that most often face us.

- We are also seeing an increase in very young (even pre-k) students whose behavior is really out of control, likely due to a lack of parental awareness of basic parenting. The parents may be very young, unprepared or have mental health and/or substance abuse issues of their own, which leads to students entering with a lack of knowledge of basic societal rules and social skills.
- Continued drug use as evidenced by the juvenile delinquency population (drug offense, positive drug tests while on probation, positive drugs tests while in outpatient treatment, lack of effective inpatient substance abuse treatment facilities in the county).
- Lack of structured activities for use of free time
- Families with transportation problems
- Homeless population which seems to be growing according to the latest reports.
- Affordable housing, transportation, livable wages
- My greatest concern for young people in Charles County is the attraction that many appear to have for gang membership. More and more teens are involved in local gangs, and they are responsible for much of the crime in and throughout the Waldorf area. This causes safety issues for everyone in the schools and on the streets.

4. What do you see as a possible solution to the above issues?

Responses:

- Strengthening the family, educating parents and children
- A tough response from law enforcement
- More funding is needed in these areas
- More resources within the county to help support basic needs of families would help. Sometimes we feel the families look to the schools to solve everything as we are an established organization that is not going away. It is frustrating to not always be able to help find someone from another agency that can support the family.
- More robust funding of programs and the development of new ones
- Attracting new physicians, nurse practitioners, and physician's assistants to the area in both primary and specialty care.
- Attracting grocery stores in areas that do not have them.
- Improving local transportation so that people can access services.
- Building more shelters, transitional living facilities, and low and moderate income housing.
- Engaging more private businesses in the solution
- Lobbying local, state, and national governing and law making bodies on behalf of this population.
- With the current economic climate, funding sources are unable to increase available funding, so agencies must continue to work within their means and find ways to continue to provide services in an efficient and effective manner.
- In times of limited funding, service agencies must find ways to work together and form solid partnerships to aid in the reduction of duplication of services.
- Continue to work closely with the Board of Education and other child care providers.

5. Other Comments

Responses:

- We have made a great start with what we have in place, but there is much work to be done.

Focus Groups

A total of two focus groups were conducted for the LMB needs assessment in April and May of 2013. A discussion of each group is discussed in this section.

Provider/Key Stakeholder Focus Group:

A focus group was held on April 3, 2013 during the Charles County LCT meeting. Time at the beginning of the meeting was given to discuss the strengths, weaknesses, and barriers/gaps of services for Charles County children and families. The results of this focus group are presented below.

1. Strengths:

- Service providers are in home, getting people to appointment since transportation is an issue.
- Summer meals program for kids without access to food. Schools have refitted a bus to take food to the communities.
- Greater Baden Medical Center in La Plata, MD: services for children
- Family Resource Center at the Center for Children: a single point of access
- Several choices for outpatient mental health services for children
- Tri-County Youth Services Bureau

2. Weaknesses:

- Private pay population limited by the number of services available to them. For certain services, you must qualify for medical assistance or have no health insurance.
- Turnover of therapists
- Lack of services for the Hispanic families, those with small children
- Transportation
- Housing (801 homeless children in the public school system)
- Lack of doctors or therapists/psychiatrists
- Those with services do not always answer or make themselves available
- DJS: No mentoring system. *Big Brothers, Big Sisters* only goes to 12.
- Working with much less than neighboring counties like Prince George's County and Montgomery County.
- Lack of supervised afterschool programs, like Safe Passages in Prince George's County.
- Lack of homeless shelters: Safe Nights is only open for 6 months out of the year.

3. Barriers to Services:

- Availability of insurance for parents and adults
- Transportation

- Financial- People are out of money
- Non-stop growth of homeless families. Shelters do not always take the whole family. Some may only take women and children.
- Charles County is recognized by the state as “rural,” so we see no increases in funding.
- Overworked staff. They leave due to burnout. They can make more money in the metropolitan area.
- Sometimes hard to work with other agencies. Some communicate well, some do not.
- DJS can only place someone for charges not due to problems with family life.
- Crime can be linked to mental health and substance abuse issues.
- No respite services
- No mental health crisis services for children
- Sometimes the home situation is not dire. They do not always need a permanent move, just a break.
- No measures of sustainability for programs that have worked. Hard to keep up with what is currently available.
- Political Barriers: “Not in my backyard” mentality, ex: proposed youth detention center
- Homeless issue that no one wants to address
- They only recognize the problem with band aid solutions.

Youth Focus Group:

A focus group was held on May 9, 2013 at the Tri-County Youth Services Bureau in Waldorf, Maryland. This group was scheduled to speak with teens regarding the availability of services and activities in Charles County. A total of twelve teens were in attendance with ages ranging from fourteen to eighteen. The responses from that group are presented below.

1. What do you do after school?

- Design clothes
- Go home from school, eat, go to sleep
- Sports

Any barriers to participation:

- Transportation
- VanGO does not go into their neighborhood.

2. Is there bullying in the schools?

- Some have seen it.
- Some have seen play fighting.
- “Yes, but you have to learn to stand up for yourself sometime.”

- “Pretty sure everyone has seen it.”

Do kids have access to someone to talk to?

- No
- Services are there whether you choose to use them or not.
- School counselors are not a great resource.

3. Are there issues with high school dropouts in Charles County?

- One answered “yes” but mostly “no”
- If they want to drop out, they will.
- One girl admitted that she had thought about dropping out several times.
- All participants felt that school was boring. One found it irrelevant.
- “Teachers are annoying.” Teachers do not interact with them. They just give them problems to do and then sit at their desk.

4. Are there employment opportunities for youth?

- No
- Not enough out there.
- All about whom you know and not whether you are qualified for the job.
- Starting to make everyone have a high school diploma, even at McDonald’s. Too many requirements.
- Ideal situation: Internships with paid experience in fields they are interested in. Internships are available at North Point High School with their barber shop but limited at the other Charles County high schools.

5. Is there drugs and alcohol use among youth? Is it a problem in the county?

- Alcohol use
- Popping pills
- “There is nothing wrong with marijuana.”
- People trade in pills.
- “On the weekends, we could work instead of drinking.”
- Kids can get it. They can get it at school. They can get it now.
- It is starting earlier in middle school. Next group coming to high school is going to have it worse.
- People do it because it is illegal.
- Guidance counselor and school police are not good sources for help.

6. Are there issues surrounding crime in Charles County?

- They see arrests.
- They see everything including shootings.
- People are going to do what they want to do.
- "They don't think they are going to get caught."

Any ways to reduce crime in Charles County:

- "It is going to go away unless you are giving away free money."
- Entertain them. Intrigue their minds. They do it because they are bored.
- More job opportunities.
- "When Black people get around Black people, they get crazy. We always want to be doing something."
- Go-Go's and clubbing: It was cool back in the day. They get arrested for it now.
- "Crabs in a barrel"
- "I get stopped for everything. I walk the wrong way."

7. Are there after school activities? (Repeated question 1)

- No recreational centers like YMCA
- Can't hang out at the parks. You get arrested for loitering.
- Need some trains, metro, transportation
- They do not want to stay at school after it is over.
- They only go to school because they have to (PO, courts, mom)
- "People always bring you down. They want you to fail because they failed. Need to prove them wrong."
- There are sports like football and track.
- "Play their game. Beat them at their own game. Then when you are successful, make your own rules."

8. What services do you want to see in Charles County?

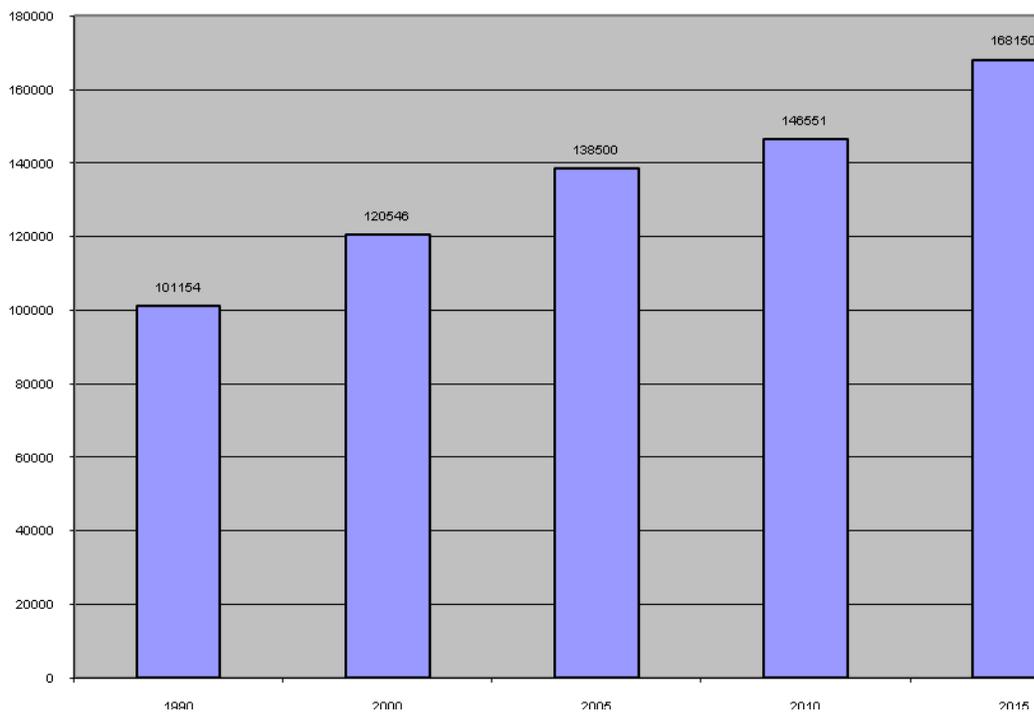
- Career opportunities, paid internships or incentives
- More Information on college, how to get in, what they can study
- Resources are only available at North Point.
- Better teaching methods. They do not know how to talk to you. They just want to get you through.
- They send everyone to Stetham who is bad. The work is easier there. Some even try to get put there.
- The participants did not believe that anything would change from this needs assessment.

- They would like to see VanGO in Brandywine.
- A YMCA would be good if it is run well.
- It has to be affordable and have transportation. There needs to be someone who is there to work with people on psychological issues.
- There are not enough clubs in the schools. They cannot occur unless there is a teacher willing to help.
- A rec center needs to have transportation provided from all schools. The resources need to be exciting, ex: live bands, classes on their interests, and what they want to be when they grow up.
- Get fraternities involved with the youth, show how they did it, and give back to the community.

Charles County Geographic and Demographic Profile

Charles County is a largely rural jurisdiction located approximately 18 miles south of Washington, D.C. It is one of five Maryland counties, which are part of the Washington, DC-MD-VA metropolitan area. At 461 square miles, Charles County is the eighth largest of Maryland’s twenty-four counties and accounts for about 5 percent of Maryland’s total landmass. The northern part of the county is the “development district” where commercial, residential, and business growth is focused. The major communities of Charles County are La Plata, the county seat; Port Tobacco, Indian Head, and St Charles; and the main commercial cluster of Hughesville-Waldorf-White Plains. Approximately 60 percent of county’s residents live in the greater Waldorf-La Plata area. Charles County has experienced rapid growth since 1970, expanding its population from 47,678 to 146,551 in the 2010 census.

Charles County Census and Population Estimates 1990-2015

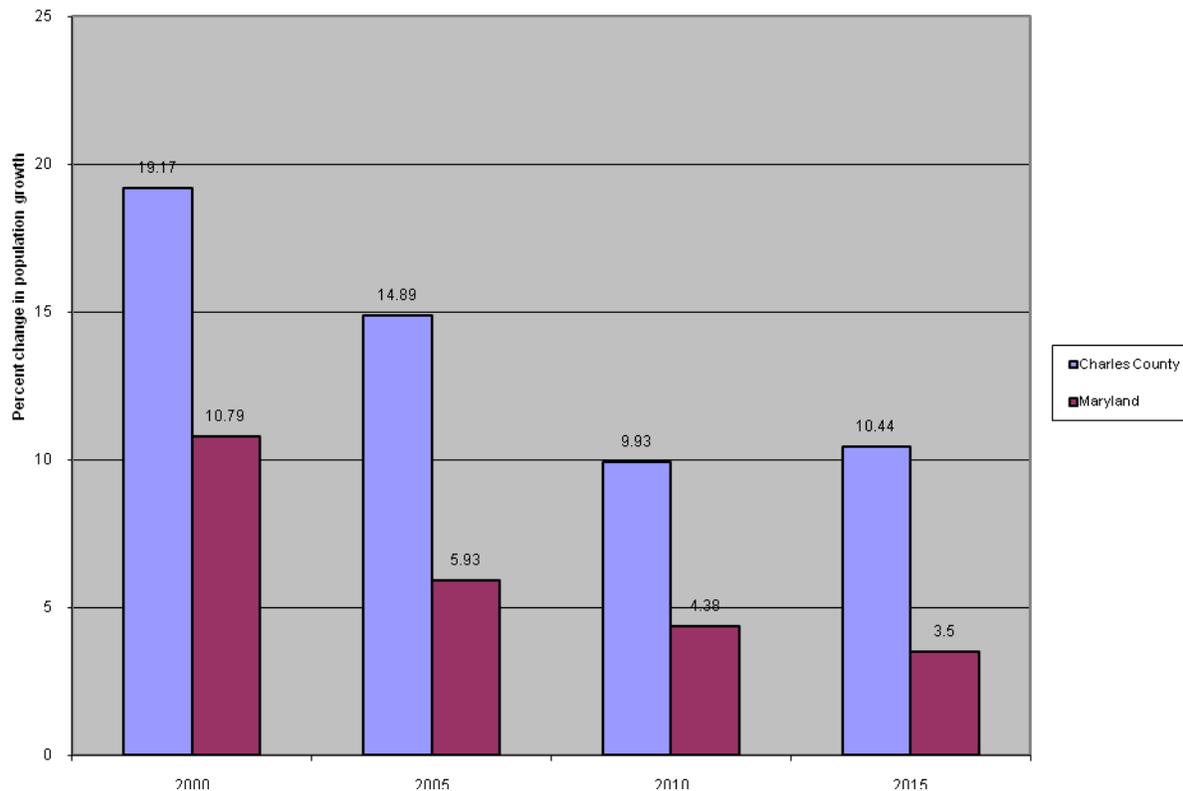


Source: US Census Bureau. Maryland and Charles County Fact Sheets.

Current US Census 2010 estimates are that the population now exceeds 146,551. This magnitude of growth can be seen in the changes in population density. The 1990 census showed that there were 219.4 individuals per

square mile, and by 2000, there were 261.5 individuals per square mile- an increase of 19.2 percent. This percent change in population growth continued from 2000 to 2010 when Charles County experienced a 21.6% increase in population. The percent change in the population growth for Charles County has been greater than the change seen in the Maryland state population growth (9.0%). The newest 2012 Charles County population estimate saw another increase at 150,592.

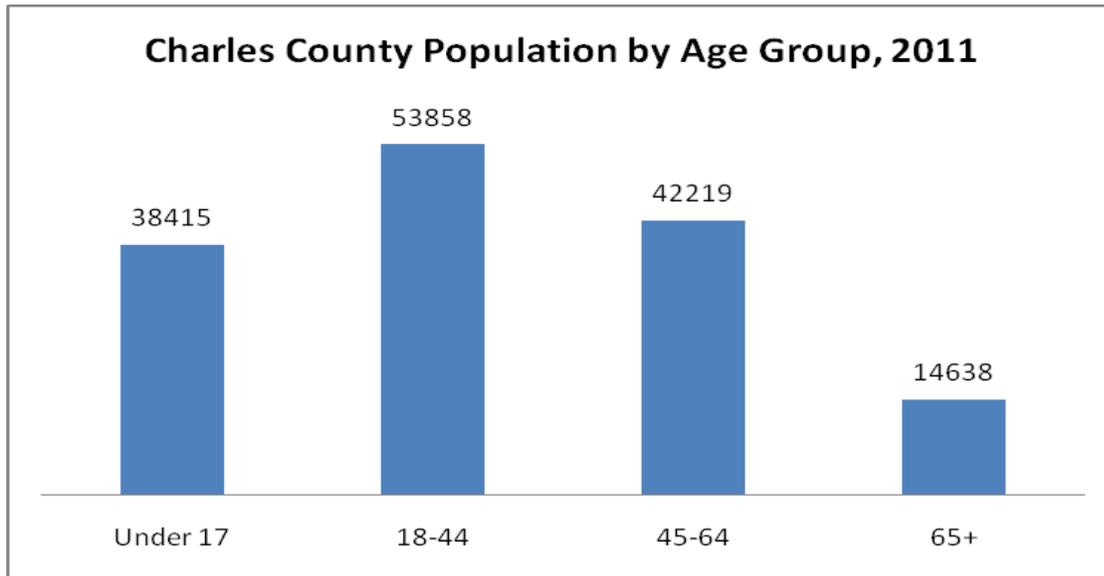
Percent Change in Population Growth: Charles County versus Maryland 2000-2015



Source: US Census Bureau. Maryland and Charles County Fact Sheets.

As the population of the county changes, the diversity of the county also increases. The African American population has experienced the greater increases in population. In 2000, African Americans made up 26% of the total Charles County population; by 2011, they now comprise 41.6% of the total county population. For 2011, minorities make up 49% of the Charles County population. The Hispanic community has also seen increases over the past few years. They now comprise 4.5% of the total county population. This is the one of the highest percentages among the 24 Maryland jurisdictions.

The 2011 age breakdown of the Charles County population shows a young population between the ages of 18-44 years (36% of total population). The juvenile population (under 17 years) makes up 26% of the Charles County population. The 65 and older population is increasing, now comprising 10% of the total county population.



Source: Maryland Department of Health and Mental Hygiene. 2011 MD Vital Statistics Report.

The 2011 Charles County gender breakdown is approximately 50/50. Males make up 48.3% of the population, and females make up 51.7% of the county population.

Employment and economic indicators for the county are fairly strong. The 2007-2011 US Census estimates for Charles County found that 73.2% of the population is currently in the labor work force. Approximately 5.6 percent of Charles County individuals are living below the poverty level, as compared to 9.0% of Maryland individuals. The Charles County median household income was \$92,135, well above the Maryland median household income of \$72,412.

Charles County has a larger percentage of high school graduates than Maryland (90.6% vs. 88.1%); however, Charles County has a smaller percentage of individuals with a bachelor's degree or higher than Maryland does (26.4% vs. 36%).

Charles County residents are a commuter population. They spend an average of 42.3 minutes of travel time to work each day.

There is a high level of home ownership in Charles County (80.1%). The median value of a housing unit in Charles County is higher than the Maryland average (\$341,200 vs. \$319,800). The average number of people in a Charles County household is 2.86 persons.

Social, Economic, and Housing Factors:	Charles County	Maryland
Living in same house 1 year ago, pct 1 yr old & over, 2007-2011	88.9%	86.4%
Foreign born persons, percent, 2007-2011	5.4%	13.5%
Language other than English spoken at home, pct age 5+, 2007-2011	6.9%	16.2%
High school graduates, percent of persons age 25+, 2007-2011	90.6%	88.1%
Bachelor's degree or higher, pct of persons age 25+, 2007-2011	26.4%	36%
Veterans, 2007-2011	15,592	443,652
Currently in labor force	73.2%	69.6%
Mean travel time to work (minutes), workers age 16+, 2007-2011	42.3	31.7
Housing units, 2011	54,439	2,369,168
Homeownership rate, 2007-2011	80.1%	68.7%
Housing units in multi-unit structures, percent, 2007-2011	9.9%	25.4%
Median value of owner-occupied housing units, 2007-2011	\$341,200	\$319,800
Households, 2007-2011	50,305	2,128,377
Households with one or more people under the age of 18	20,810	736,609
Persons per household, 2007-2011	2.86	2.63
Per capita money income in past 12 months (2011 dollars) 2007-2011	\$36,519	\$35,751
Median household income, 2011	\$92,135	\$72,412
Persons below poverty level, percent, 2011	5.6%	9.0%

Source: 2007-2011 US Census Bureau, American Community Survey 5 year estimates, Charles County and Maryland

The life expectancy from birth for a Charles County resident as calculated for 2009-2011 was 78.4 years. This is slightly below the state average life expectancy of 79.2 years. The life expectancy is slightly higher for Charles County Whites at 78.6 years than Charles County African Americans at 77.4 years.

Geographic and Demographic Profile References:

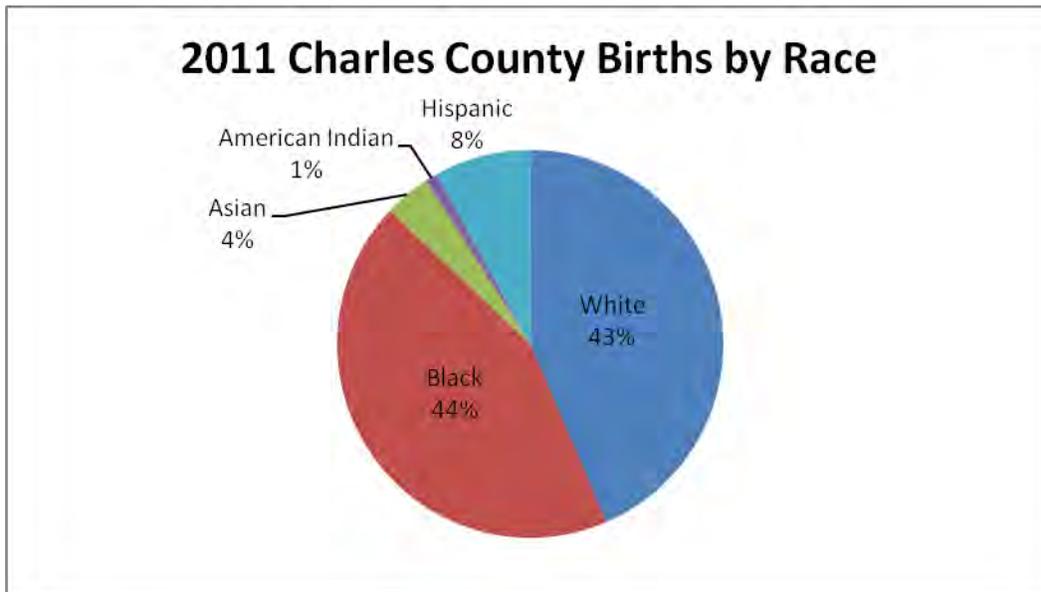
- 1. 2011 Charles County Current Population Survey Data. United States Census Bureau. Available at: www.census.gov.
- 2. 2011 Maryland Vital Statistics Report. Charles County Demographic and Population Data. Maryland Department of Health and Mental Hygiene. Available at www.vsa.maryland.gov.
- 3. 2007-2011 US Census Bureau, American Community Survey 5 year estimates, Charles County and Maryland. Available at www.census.gov.

Health Priority Areas

Babies Born Healthy

Births

There were 1,836 births in Charles County in 2011. Charles County represented 43% of the births in Southern Maryland and 2.5% of the total births in Maryland. Minorities made up over half of the babies born in Charles County in 2011 (56%).



Source: 2011 Maryland Vital Statistics Report

2011 Charles County Teen Births

In 2011, there were a total of 26 births in Charles County to mothers under the age of 18 years.

Age of Mother:	Number of live births:
Under 15 years of age	0
15-17 years	26
18-19 years	95

Source: 2011 Maryland Vital Statistics Report

Percentage of Total Live Births to Mothers less than 18 years of age

Births to teenage mothers account for a very small percentage of the total births in Charles County. The rate is slightly higher in the African American population.

Race of Mother:	Percent of births to mothers <18 years
Total	1.4%
White	1.0%
Black	1.7%
Asian	*
Hispanic	*

* Case counts based on less than five events are not presented.

Infant Mortality

A total of 15 infant deaths occurred in 2011. The Charles County infant mortality rate was 8.2 per 1,000 live births. An infant mortality rate for the White population could not be calculated due to less than 5 events. The Black infant mortality rate for Charles County was 13.5 per 1,000 live births, well above the county overall rate.

When comparing by race, multiple years of data must be used. The 2007-2009 average infant mortality rate for Charles County Whites was 4.7 per 1,000 live births. The rate for Charles County Blacks was much higher at 10.4 per 1,000 live births. The county overall rate was 7.4 per 1,000 live births.

The 2011 perinatal death rate for Charles County was 13.0 per 1,000 live births. This was the third highest rate among the Maryland jurisdictions. Perinatal deaths are those occurring in fetuses greater than 28 weeks gestation and infants less than one week old. The Charles County White perinatal death rate was 6.4 per 1,000 live births. The Charles County Black perinatal death rate was much higher at 18.3 per 1,000 live births.

From 2006-2010, there were a total of 6 deaths in Charles County attributed to sudden unexplained infant. A rate could not be calculated due to less than 20 events.

Pregnancy Outcomes

From 2007-2009, the percentage of women in Charles County receiving first trimester prenatal care was 75.4%, which is lower than the Maryland state average percentage of 80.2%. Charles County percentages for each race were below the Maryland state average percentages for those racial groups.

In Charles County, Hispanic mothers reported the lowest rates of first trimester prenatal care (62.7%). The African American population also reported that only 71.2% received first trimester prenatal care. The highest percentage of women receiving first trimester prenatal care was seen in the White population (81.3%).

Receiving 1 st Trimester Prenatal Care 2007-2009	All races	White	Black	Asian/PI	Hispanic
Charles County	75.4%	81.3%	71.2%	76.7%	62.7%
Maryland	80.2%	83.9%	73.7%	80.2%	68.1%

Source: 2007-2009 Maryland Vital Statistics Administration

In 2011, a reported 13.6% of Charles County mothers received late or no prenatal care. The highest percentages were seen among Charles County Hispanic mothers (20.3%).

Receiving late or no Prenatal Care 2011	All races	NH White	NH Black	Asian/PI	Hispanic
Charles County	249 (13.6%)	88 (11%)	119 (14.9%)	8 (11.3%)	30 (20.3%)
Maryland	5695 (7.8%)	1631 (4.9%)	2543 (10.6%)	379 (7%)	1135 (11%)

Source: 2011 Maryland Vital Statistics Report

Low birth weight mean that a baby is born weighing less than 2500 grams. Low birth weight was most commonly seen among the African American population in Charles County (12.2%) for 2007-2009. There is also a large disparity between the percentage of low birth weight among Charles County Blacks and Whites (12.2% vs. 7.4%). Low birth weight percentages were also seen among the Asian population in Charles County (9.5%).

Low Birth Weight 2007-2009	All races	White	Black	Asian/PI	Hispanic
Charles County	9.6%	7.4%	12.2%	9.5%	8.3%

2006-2010 zip code level data for low birth weight were available for select Charles County zip codes. Among those zip codes, Bryans Road had the highest percentage of low birth weight babies at 11.7%. The lowest percentages were seen in the Waldorf zip codes of 20601 (7.3%) and 20602 (7.6%).

Percentage of Low Birth Weight Babies 2006-2010	% of total births
Indian Head	8%
Bryans Road	11.7%
White Plains	9.3%
Waldorf 20602	7.6%
Waldorf 20601	7.3%
Brandywine	8.7%

Very low birth weight is defined as a baby weighing less than 1499 grams at birth. For Charles County, the largest percentage of very low birth weight babies is among the Black population (3.5%). This is also true for Maryland Blacks; the percentage for Charles County is slightly higher than Maryland (3.5% vs. 3.1%).

Very Low Birth Weight 2011	All races # (%)	White	Black	Asian	Hispanic
Charles County	44 (1.6)	12 (1.5)	28 (3.5)	3	2
Maryland	1300 (1.8)	342 (1.0)	736 (3.1)	80 (1.5)	137 (1.3)

The percentage of births delivered through cesarean section in Charles County in 2011 was 36.3%. The largest percentage was seen among Charles County Blacks with 43% of babies delivered by c-section. This percentage is higher than the Maryland Black average percentage of 38.2%.

Cesarean Section Delivery 2011	All races	White	Black	Hispanic
Charles County	667 (36.3%)	289 (31.1%)	350 (43.0%)	40 (27.0%)
Maryland	25345 (34.7%)	14001 (32.6%)	9312 (38.2%)	3203 (31%)

BABIES BORN HEALTHY REFERENCES

- 2011 Maryland and Charles County Natality and Pregnancy Outcomes Characteristics and Infant Mortality Rates. 2011 Maryland Vital Statistics Report. Maryland Department of Health and Mental Hygiene: Vital Statistics Administration. Available at: <http://dhmh.maryland.gov/vsa/Documents/11annual.pdf>.
- 2007-2009 Average Infant Mortality Rates by Race and Ethnicity. 2007-2009 Maryland Vital Statistics Administration. Extracted from the Charles County State Health Improvement Plan Profile. Available at: http://eh.dhmd.gov/ship/SHIP_Profile_Charles.pdf.
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- 2007-2009 Maryland and Charles County Low Birth Weight Percentages and Percentages of Women Receiving First Trimester Prenatal Care. 2007-2009 Maryland Vital Statistics Administration. Extracted from the Charles County State Health Improvement Plan Profile. Available at: http://eh.dhmd.gov/ship/SHIP_Profile_Charles.pdf.
- 2006-2010 Charles County Percentages of Low Birth Weight Infants by Zip Code of Residence. 2006-2010 Maryland Vital Statistics Administration. Extracted from the Maryland Health Enterprise Zone Eligibility Data. Available at: <http://eh.dhmd.gov/hez/index.html>.

HEALTHY CHILDREN

Immunizations:

Kindergarten Students:

In the school year 2011-2012, immunization records were available for all entering kindergarteners in Charles County. The percentage of students who are completely immunized is nearly 100% for all vaccines listed. The percentage of Charles County kindergarteners with a medical or religious exemption for vaccination is almost double the average percentage for the state of Maryland (1.6% vs. 0.9%).

Annual Report of Immunization Status: Kindergarten Students (School Year 2011-2012)

	Students Enrolled (N)	Students with records (%)	% of students completely immunized for: DTaP	Polio (%)	Measles (%)	Rubella (%)	Mumps (%)	Hepatitis B (%)	Varicella (%)	Medical Exemptions	Religious Exemption
Maryland	49,024	98.9	99.5	99.6	98.7	99.3	99.3	99.5	99.7	0.3	0.6
Charles	1,758	100.0	99.8	99.9	99.7	99.7	99.7	99.9	99.9	1.1	0.5

Source: Maryland Department of Health and Mental Hygiene: Center for Immunizations

For the following school year 2012-2013, the percentage of Charles County kindergarteners with complete records went down to 99.5%. The percentages for students completely immunized by vaccines remained consistent. The percentage of kindergarteners with a medical or religious exemption decreased to 1.3%; however, it is still well above the Maryland average percentage of 1.0%.

Annual Report of Immunization Status: Kindergarten Students (School Year 2012-2013)

	Students Enrolled (N)	Students with records (%)	% of students completely immunized for: DTaP	Polio (%)	Measles (%)	Rubella (%)	Mumps (%)	Hepatitis B (%)	Varicella (%)	Medical Exemptions	Religious Exemption
Maryland	63,212	99.1	99.4	99.6	98.2	98.7	98.8	98.7	99.6	0.3	0.7
Charles	1,832	99.5	99.8	99.9	99.6	99.8	99.8	99.9	99.9	0.9	0.4

Source: Maryland Department of Health and Mental Hygiene: Center for Immunizations

When looking at the overall school population in Charles County (Grades 1-12) in School Year 2011-2012, the percentage of students with records reduces to 93.7%, but among those with records, the percent of students completely immunized was 100% for each vaccine. Only 0.2% was medically or religiously exempt.

Annual Report of Immunization Status: Grade -12 Students (School Year 2011-2012)

	Students Enrolled (N)	Students with records (%)	% of students completely immunized for: DTaP	Polio (%)	Measles (%)	Rubella (%)	Mumps (%)	Hepatitis B (%)	Varicella (%)	Medical Exemptions	Religious Exemption
Maryland	576,800	99.6	99.9	99.9	99.9	99.9	99.9	99.9	99.9	0.1	0.1
Charles	23,399	93.7	100.0	100	100	100	100	100	100	0.1	0.1

Source: Maryland Department of Health and Mental Hygiene: Center for Immunizations

When examining the school population the following school year, the percent of students with records increased to 99.3%. The percent of students completely immunized was 99.9% for each vaccine. The percentage of students with medical or religious exemption was zero.

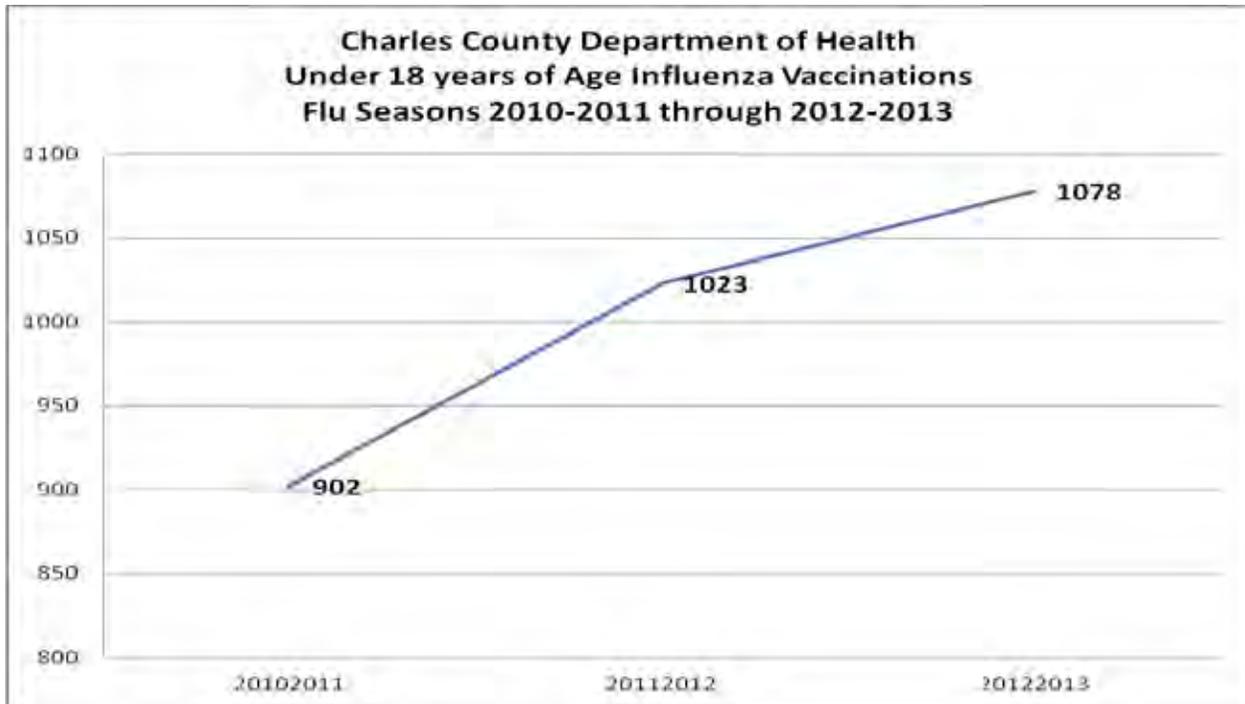
Annual Report of Immunization Status: Grade -12 Students (School Year 2012-2013)

	Students Enrolled (N)	Students with records (%)	% of students completely immunized for: DTaP	Polio (%)	Measles (%)	Rubella (%)	Mumps (%)	Hepatitis B (%)	Varicella (%)	Medical Exemptions	Religious Exemption
Maryland	737,255	99.7	99.8	99.8	99.9	99.9	99.9	99.9	99.9	0.1	0.1
Charles	24,827	99.3	99.9	99.9	99.9	99.9	99.9	99.9	99.9	0.0	0.0

Source: Maryland Department of Health and Mental Hygiene: Center for Immunizations

Influenza Vaccinations:

The number of influenza vaccinations given out by the Charles County Department of Health Communicable Disease Program and Division of Emergency Preparedness and Response has increased slightly each year. In Flu Season 2010-2011, 902 influenza vaccines were administered to children 18 years of age and younger. In Flu Season 2012-2013, 1078 influenza vaccines were administered to children 18 years of age and younger.



Hospitalizations:

Data for child hospitalizations on a county level is limited to injury-related hospitalizations and emergency department visits. Data on overall emergency department visits rates for asthma, diabetes, and behavioral health are presented below.

Overall County Hospital Inpatient Discharge:

The overall 2011 Charles County hospital inpatient discharge rate per 10,000 population was 923. This was below the Maryland state average rate of 1242 per 10,000 population.

Asthma:

In Maryland and Charles County, complications due to asthma account for a large number of emergency department visits and hospitalizations each year. The 2009 emergency visit rate in Charles County for asthma-associated problems was 55.8 per 10,000. This is significantly lower than the state rate of 72.3 ($p < 0.05$). The 2009 hospitalization rate for asthma-associated problems in Charles County was 14.1 per 10,000. This rate is significantly lower than the hospitalization rate for Maryland of 19.8 ($p < 0.05$) and also lower than the neighboring jurisdictions.

2009 Asthma Emergency Department Visit and Hospitalization Rates: Charles, Calvert, St Mary's Counties and Maryland

Jurisdiction	ED Visit Rate per 10,000	Hospitalization Rate per 10,000
Charles County	55.8	14.1
Calvert County	39.5	17.5
St. Mary's County	58.9	21.0
Maryland	72.3	19.8

Looking at Charles County emergency department visit rates for 2010 and 2011, the rate continues to increase slightly each year. As reported above, the 2009 ED visit rate for asthma in Charles County was 55.8 per 10,000. By 2011, the asthma-related ED visit rate was 61.6 per 10,000. The 2011 Charles County rate is above the Maryland state average asthma-related ED visit rate of 59.1 per 10,000.

Charles County 2009-2011 Asthma-Related Emergency Department Visit Rate per 10,000 Population



Using the Maryland Assessment Tool for Community Health (MATCH) data to look for trends, the proportion of Marylanders hospitalized with asthma as a co-morbidity has increased from 2000-2008.

Increasing Proportion of Hospital Discharges with Asthma as a Co-morbid Condition 2000-2008

		Discharge Year																Total			
		2000		2001		2002		2003		2004		2005		2006		2007		2008		Hosp. Discharge	
Asthma	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	Total	Total %	
No	572,048	95	590,717	94.4	602,977	93.9	611,027	93.3	606,879	92.8	630,641	91.9	640,858	91.5	645,695	91.3	656,750	91.2	5,557,592	92.8	
Yes	30,262	5	34,852	5.6	38,832	6.1	43,742	6.7	47,011	7.2	55,675	8.1	59,214	8.5	61,402	8.7	63,098	8.8	434,088	7.2	
Total	602,310	100	625,569	100	641,809	100	654,769	100	653,890	100	686,316	100	700,072	100	707,097	100	719,848	100	5,991,680	100	

The Maryland Health Services Cost Review Commission (HSCRC) reviews all hospital data to determine the economic burden of chronic conditions on Maryland.

There were 502 emergency department (ED) visits with asthma as a principal diagnosis in Charles County for 2009, resulting in an age adjusted rate of 52.3 per 10,000. The ED visit rate for asthma among adult residents (≥ 18 years) in Charles County was comparable to the ED visit rate for Maryland adults as a whole (43.9 vs. 50.3 per 10,000).

**Asthma Emergency Department Visit Rates (per 10,000)
Charles County vs. Maryland, 2009**

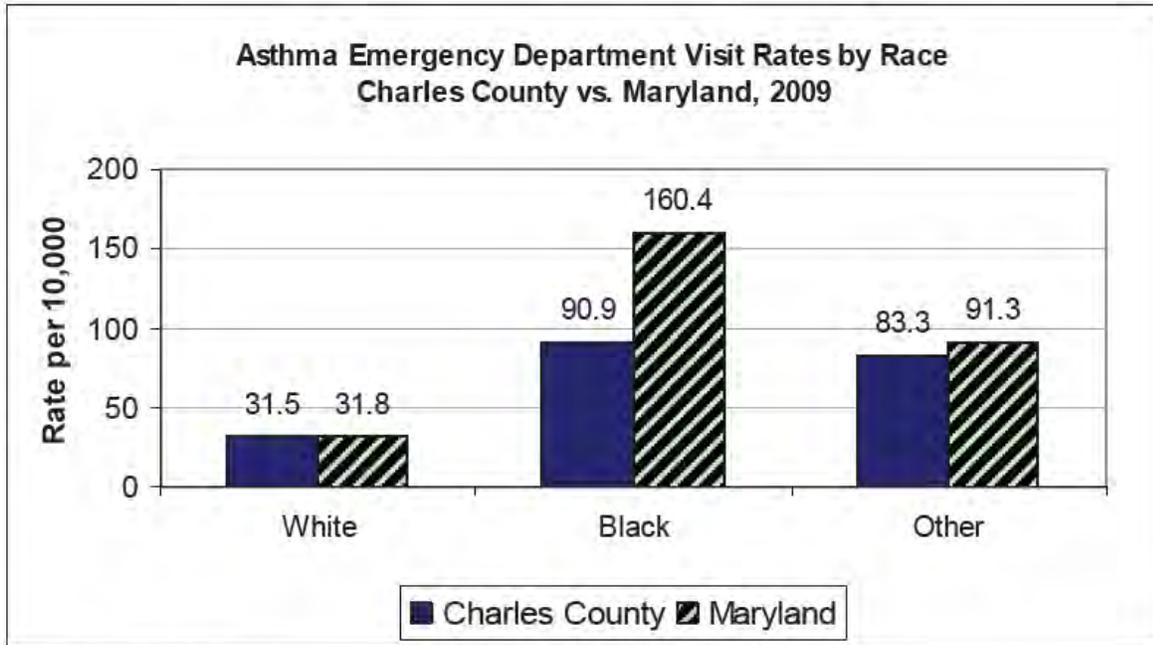
Age		Charles County		Maryland	
		n	Rate	n	Rate
Children	0 - 4 yrs	127	133.8	7,443	195.6
	5 - 17 yrs	251	84.7	11,077	114.7
	< 18 yrs	378	96.4	18,520	136.1
Adults	18 - 64 yrs	379	44.0	20,296	56.3
	65+ yrs	25	18.9	1,018	14.7
	≥ 18 yrs	404	39.8	21,314	50.3
Total		782	55.8	39,834	72.3

Maryland HSCRC, 2009.

^a Rates are age-adjusted to the 2000 U.S. standard population.

The ED visit rate for asthma among children (< 18 years) in Charles County was 1.8 times lower than the ED visit rate for Maryland children (74.1 vs. 136.1 per 10,000).

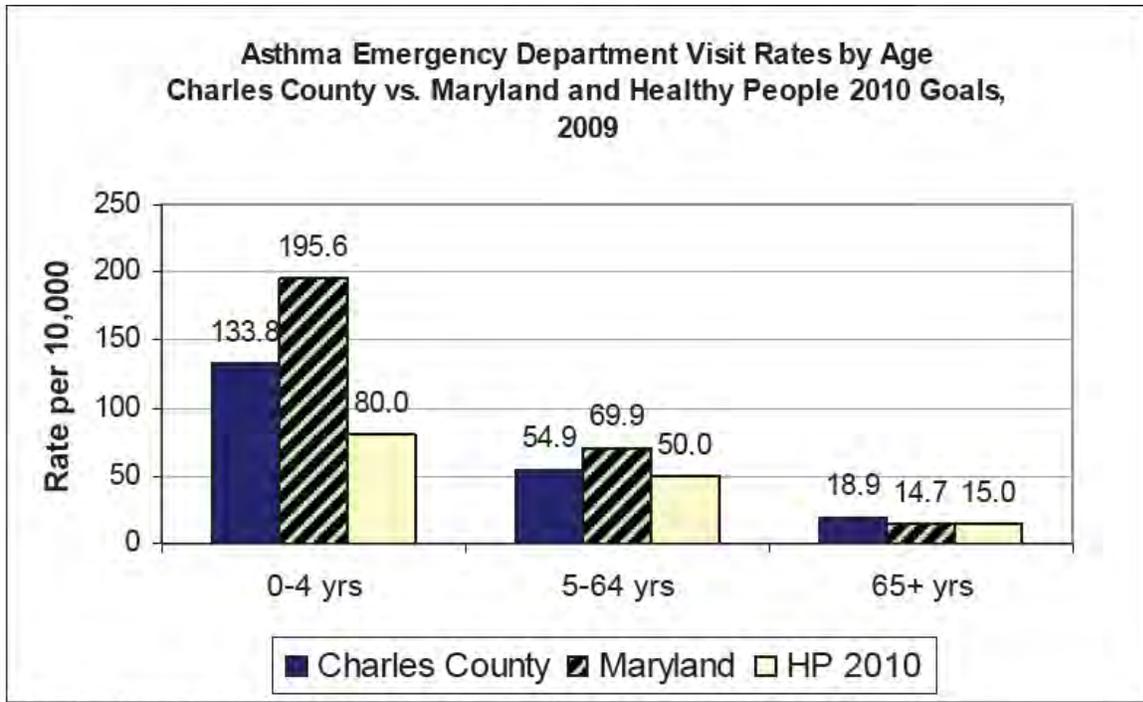
In Charles County, the asthma ED visit rate was approximately 2.9 times higher among Black residents and 2.6 times higher among Other residents compared to White residents (90.9 and 83.3 vs. 31.5 per 10,000). Charles County, compared to the state of Maryland, was lower in asthma ED visit rates for all race categories.



Maryland HSCRC, 2009.

^a Rates are age-adjusted to the 2000 U.S. standard population.

In 2009, Charles County exceeded the Healthy People 2010 asthma ED visit rate goals for all age groups. Maryland ED visit rates exceeded Healthy People 2010 goals for all age groups with the exception of the adult age group of 65 years of age and older.



Maryland HSCRC, 2009; DATA2010 Healthy People 2010 Database, U.S. DHHS, 2010.

^a Rates are age-adjusted to the 2000 U.S. standard population.

There were 194 hospitalizations for asthma as a principal diagnosis in Charles County in 2009, resulting in an age-adjusted rate of 14.1 per 10,000. The hospitalization rate for asthma among adult residents (≥ 18 years) in Charles County was comparable to the hospitalization rate for Maryland adults as a whole (11.7 vs. 13.2 per 10,000).

The hospitalization rate for asthma among children (< 18 years) in Charles County was 1.5 times lower than the hospitalization rate for Maryland children as a whole (17.2 vs. 25.4 per 10,000).

**Asthma Hospitalization Rates (per 10,000)
Charles County vs. Maryland, 2009**

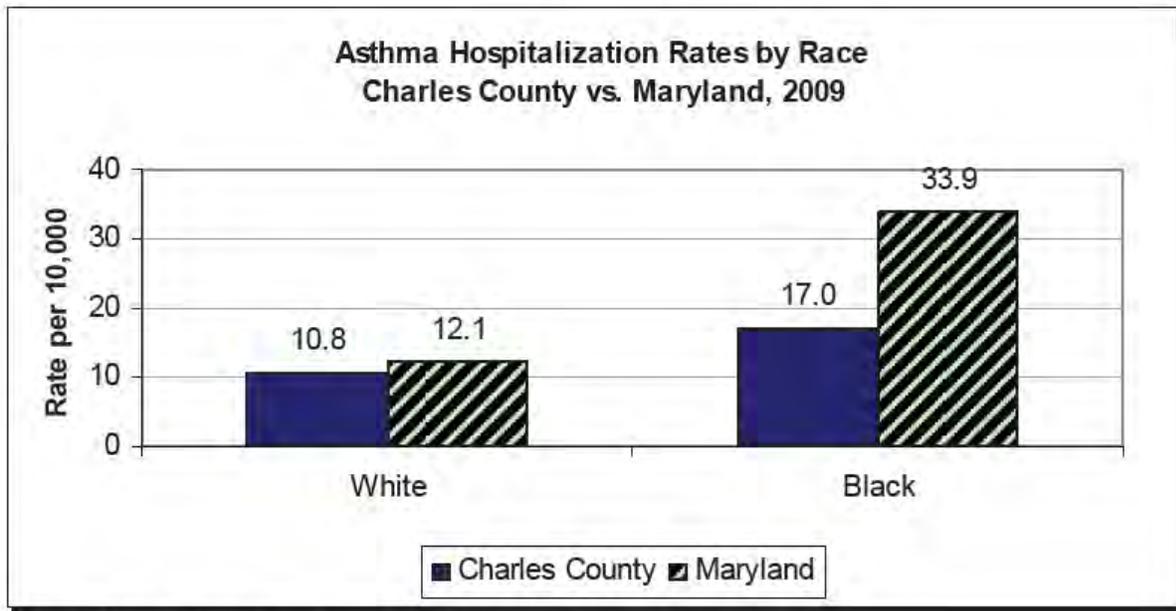
Age	Cecil County		Maryland	
	n	Rate	n	Rate
Children 0 - 4 yrs	38	40.0	1,834	48.2
5 - 17 yrs	30	10.0	1,400	17.4
< 18 yrs	68	17.2	2,976	25.4
Adults 18 - 64 yrs	88	9.2	5867	9.5
65+ yrs	38	28.7	2,087	30.0
≥ 18 yrs	126	11.7	7954	13.2
Total	194	14.1	11,474	19.8

MD HSCRC, DE Dept of Health, PA Health Care Cost Containment Council, WV Health Care Authority, 2009.

^a Rates are age-adjusted to the 2000 U.S. standard population.

^b Includes Maryland residents hospitalized in Delaware, Pennsylvania, Washington D.C., and West Virginia (MD county data not available for Delaware hospitalizations; MD state data only includes Delaware for total, 0-4, and 65+ due to age groupings).

In Charles County, the hospitalization rate for asthma was approximately 1.6 times higher among Black residents compared to White residents (17.0 vs. 10.8 per 10,000). The hospitalization rate for asthma in both race categories was lower in Charles County compared to the state of Maryland.

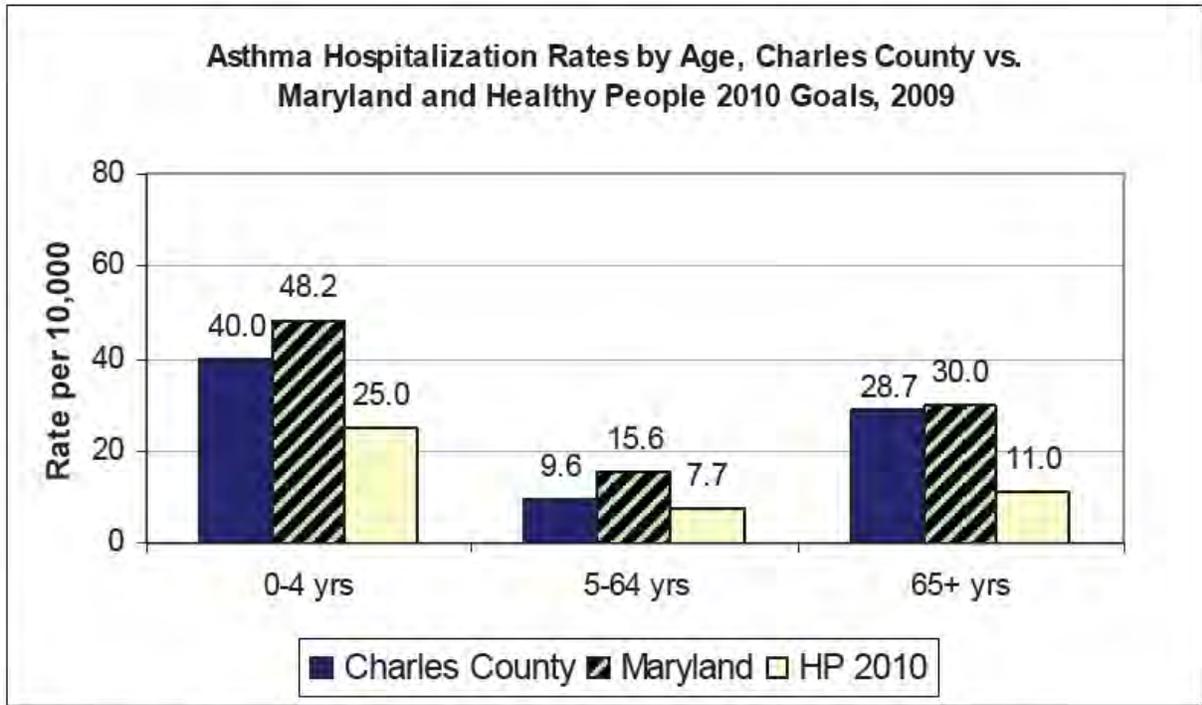


Maryland HSCRC, 2009; Pennsylvania Health Care Cost Containment Council, 2009.

^a Rates are age-adjusted to the 2000 U.S. standard population.

^b Includes Maryland residents hospitalized in Pennsylvania and Washington D.C.

In 2009, asthma hospitalization rates in Charles County and Maryland exceeded the Healthy People 2010 goals for all age groups. The difference is most dramatic in older adults in Charles County.



MD HSCRC, DE Dept of Health, PA Health Care Cost Containment Council, WV Health Care Authority, 2009.

^a Rates are age-adjusted to the 2000 U.S. standard population.

^b Includes Maryland residents hospitalized in Delaware, Pennsylvania, Washington D.C., and West Virginia (MD county data not available for Delaware hospitalizations; MD state data only includes Delaware for total, 0-4, and 65+ due to age groupings).

The average cost per asthma ED visit for children was \$354 in Charles County and \$658 in Maryland. The average cost per asthma ED visit for adults was \$479 in Charles County and \$647 for Maryland. The total average cost for an asthma ED visit in Charles County was found to be statistically different than the state of Maryland.

Costs per Emergency Room Visit for Asthma, 2009

Age	Charles County		Maryland	
	Average	Total	Average	Total
Children (0-17 yrs)	\$354	\$133,836	\$658	\$12,188,425
Adults (18+ yrs)	\$479	\$193,684	\$647	\$13,795,690
Total	\$419	\$327,520	\$652	\$25,984,115

Maryland HSCRC, 2009.

In Charles County, private insurance was the source of payment for approximately 49.6% of asthma ED visits, while public insurance was the source of 31.4% of the visits.

Private insurance was the source of payment for approximately 34.2% of asthma ED visits in Maryland, while public insurance was the source for 45.6% of the visits.

Source of Payment for Asthma Emergency Room Visits, 2009

Source of Payment	Charles County	Maryland
Medicare	4.7%	5.2%
Medicaid	26.7%	40.4%
Private Insurance	49.6%	34.2%
Self Pay/Charity	15.5%	18.6%
Other/Unknown	3.5%	1.6%

Maryland HSCRC, 2009.

The average cost per asthma hospitalization for children was \$3,558 in Charles County and \$5,403 in Maryland. The average cost per asthma hospitalization for adults was \$6,995 in Charles County and \$7,397 in Maryland. The total average cost for an asthma hospitalization in Charles County was found to be statistically different than the state of Maryland.

Costs per Hospitalization for Asthma, 2009

Age	Charles County		Maryland	
	Average	Total	Average	Total
Children (0-17 yrs)	\$3,558	\$145,868	\$5,403	\$16,078,883
Adults (18+ yrs)	\$6,995	\$853,413	\$7,397	\$57,274,922
Total	\$6,131	\$999,281	\$6,843	\$73,353,805

Maryland HSCRC, 2009.

In Charles County, private insurance was the source of payment for approximately 39.3% of all 2009 asthma hospitalizations, while public insurance was the source of 49.7% of the stays. Private insurance was the source of payment for 30.6% of asthma hospitalizations in Maryland, while public insurance was the source for 60% of the asthma hospitalizations.

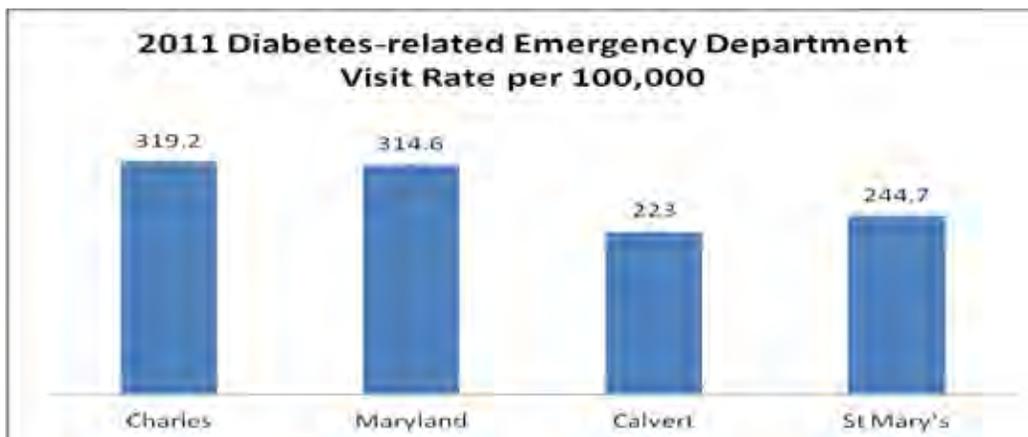
Source of Payment for Asthma Hospitalizations, 2009

Source of Payment	Charles County	Maryland
Medicare	28.8%	26.0%
Medicaid	20.9%	34.0%
Private Insurance	39.3%	30.6%
Self Pay/Charity	10.4%	7.7%
Other/Unknown	0.6%	1.7%

Maryland HSCRC, 2009.

Diabetes:

The rate of diabetes-related emergency department visits in Charles County rose from 300.9 in 2010 to 319.2 per 100,000 in 2011. This rate is comparable to the 2011 Maryland state average diabetes-related ED visit rate of 314.6 per 100,000 population. However, it is much higher than the 2011 rate seen in the other Southern Maryland jurisdictions: Calvert 223.0 and St Mary's 244.7.



Behavioral Health:

The 2010 Charles County behavioral health related emergency department visit rate was 777.9 per 100,000. This is significantly below the Maryland state average rate of 1206.3 per 100,000 population.

Injury-related hospitalizations and deaths:

The age groups 45-54 years and 75-84 years experienced the largest number of injury-related hospitalizations. The main cause of injury-related hospitalization for the 45-54 age groups and for the 75-84 age groups was fall. The cause of injury leading to the greatest number of hospitalizations was a fall. For those being hospitalized

due to injuries, adults 45 years and older were most likely suffering from a fall. Those aged 15-24, 25-34, and 35-44 years who were hospitalized were most often due to a motor vehicle traffic incident.

Falls are the number one cause of injury for all ages combined. Falls also account for the majority of injury-related hospitalizations for all ages combined and for individuals over the age of 55 years. The smallest percentage of fall-related hospitalizations was seen in the 15-24 age group, however, that age group has the largest number of motor vehicle traffic incident-related hospitalizations.

TABLE 9-4: NUMBER OF INJURY-RELATED HOSPITALIZATIONS BY CAUSE OF INJURY AND AGE, CHARLES COUNTY, 2009

Cause of Injury	Total*	Age (years)									
		0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
All	856	9	10	113	68	94	127	119	112	106	95
Cut/Pierce	28	0	0	7	8	6	#	#	0	0	0
Drowning	#	0	0	0	0	0	0	0	0	0	#
Fall	362	#	#	9	8	19	52	54	58	84	75
Fire/Burn	#	0	0	0	0	0	#	#	#	0	0
Firearm	#	0	0	#	0	#	#	0	0	0	0
Machinery	#	0	#	0	0	0	#	#	0	0	0
Motor Vehicle	124	0	#	45	18	22	14	12	10	#	0
Natural Environment	18	0	0	#	#	#	#	#	#	#	0
Other/Unspecified	133	#	#	9	9	14	29	18	24	9	14
Overexertion	8	0	0	#	#	#	#	#	0	#	0
Other Pedal Cyclist	#	0	0	#	0	0	0	0	0	0	0
Other Pedestrian	0	0	0	0	0	0	0	0	0	0	0
Poisoning	119	#	#	30	17	16	18	20	6	6	#
Struck by/against	23	0	#	7	#	6	0	#	#	0	#
Suffocation	11	0	0	0	0	0	#	#	#	#	#
Other Transport	13	0	#	#	#	#	#	#	#	0	0

*Total includes individuals of unspecified age.

To preserve patient confidentiality, cell sizes less than 6 are not displayed.

When examining injury-related hospitalizations by the cause of injury, youth aged 15-24 years had the highest number of self-inflicted injury resulting in hospitalization.

Cause of Injury Total Unintentional Assault Self-Inflicted Legal Int. Undetermined

AGE	Total	Unintentional	Assault	Self-Inflicted	Legal Int.	Undetermined
0-4 YRS	9	9	0	0	0	0
5-14 YRS	10	9	0	#	0	0
15-24 YRS	113	85	#	23	0	0
25-34 YRS	68	51	#	13	0	#
35-44 YRS	94	76	7	9	0	#
45-54 YRS	127	113	0	14	0	0
55-64 YRS	119	109	0	9	0	#
65-74 YRS	112	110	#	#	0	0
75-84 YRS	106	105	0	#	0	0
85+ YRS	95	93	#	0	0	0

When looking at injury-related deaths in individuals under the age of 24 years, there were a total of 15 deaths. Nearly half of those deaths (6) were motor vehicle traffic incident related. All occurred in the age group 15-24 years of age.

TABLE 9-7: NUMBER OF INJURY-RELATED DEATHS BY CAUSE OF INJURY AND AGE, CHARLES COUNTY, 2009

CAUSE OF INJURY	TOTAL*	AGE (years)									
		0-04	05-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
ALL	86	2	0	13	16	7	20	12	4	6	6
CUT/PIERCE	4	0	0	2	1	0	1	0	0	0	0
DROWNING	2	1	0	0	0	1	0	0	0	0	0
FALL	9	0	0	0	0	0	3	1	1	1	3
FIRE/HOT OBJECT	2	0	0	0	0	0	0	1	0	1	0
FIREARM	15	0	0	2	4	1	5	2	1	0	0
MACHINERY	0	0	0	0	0	0	0	0	0	0	0
MOTOR VEHICLE TRAFFIC	19	0	0	6	2	2	4	2	2	1	0
NATURAL ENVIRONMENT	3	0	0	0	0	1	2	0	0	0	0
OTHER/UNSPECIFIED	2	1	0	0	0	0	0	1	0	0	0
OVEREXERTION	0	0	0	0	0	0	0	0	0	0	0
OTHER PEDAL CYCLIST	0	0	0	0	0	0	0	0	0	0	0
OTHER PEDESTRIAN	1	0	0	0	1	0	0	0	0	0	0
POISONING	14	0	0	2	6	2	2	2	0	0	0
STRUCK BY/AGAINST	0	0	0	0	0	0	0	0	0	0	0
SUFFOCATION	14	0	0	1	2	0	2	3	0	3	3
OTHER TRANSPORT	1	0	0	0	0	0	1	0	0	0	0

* Total includes individuals of unknown age.

All deaths for individuals 0-24 years, seven injury-related deaths were unintentional, two assaults, 4 self-inflicted, and 2 legal intervention.

Cause of Injury Total Unintentional Assault Self-Inflicted Legal Int. Undetermined

AGE	Total	Unintentional	Assault	Self-Inflicted	Legal Int.	Undetermined
0-4 YRS	2	1	0	1	0	0
5-14 YRS	0	0	0	0	0	0
15-24 YRS	13	6	2	3	2	0
25-34 YRS	16	4	4	3	5	0
35-44 YRS	7	3	0	1	3	0
45-54 YRS	20	11	5	2	1	1
55-64 YRS	12	6	3	0	3	0
65-74 YRS	4	3	1	0	0	0
75-84 YRS	6	5	1	0	0	0
85+ YRS	6	6	0	0	0	0

Child Deaths:

Out of 922 deaths in Charles County in 2011, 41 were in individuals under the age of 24 years: 15 deaths were under the age of 1 year, 1 death between 1 and 4 years, 6 deaths between 6-14 years, and 19 deaths between 15-24 years.

When looking at deaths under the age of 19 years, the greatest number of deaths was in the 10-14 years of age group.

Child Deaths:	1-19 years	1-4 years	5-9 years	10-14 years	15-17 years	18-19 years
Charles	13	1	2	4	3	3

Blood Lead Levels:

In 2010, the percentage of Charles County children aged 0-72 months that tested with a blood lead level equal to or greater than 10 milligrams per dL was 0.098%. This was a decrease from the 2009 Charles County percentage of 0.218%. The 2010 percentage is also less than the Maryland state average percentage of 0.347%.

HEALTHY CHILDREN REFERENCES

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- 2011 Charles County Child Death Counts. 2011 Maryland Vital Statistics Report. Maryland Vital Statistics Administration. Available at: www.vsa.maryland.gov.
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NEW HEALTH PERSPECTIVES

Health Insurance Coverage:

2010 Charles County health uninsurance estimate as determined by the US Census Bureau’s Current Population Survey is 9.4%. This is higher than the 2008 Charles County health uninsurance rate of 6.4% estimated by the US Census Bureau’s American Community Survey. The increase in the health uninsurance rate from 2008 to 2010 is statistically significant to a 90% confidence level. It is however lower than the Maryland state health uninsurance rate of 14% for 2010.

According to US Census Bureau data provided on the Charles County Data Center site for KidsCount , 4.8% of children in Charles County in 2010 were uninsured.

Charles County Uninsured Children (Number) Showing most recent 5 years				
2006	2007	2008	2009	2010
3,228	3,228	1,948	1,999	1,931
Charles County Uninsured Children (Percent) Showing most recent 5 years				
2006	2007	2008	2009	2010
8.1%	8.1%	5.1%	5.1%	4.8%

The 2006-2010 Charles County BRFSS estimates that 8.0% of county residents do not have health insurance coverage of any kind. This is lower than the 11.5% estimated for the state of Maryland.

Health Insurance Coverage:	No	Yes	Total
Charles County	90 (8%)	1484 (92%)	1574
Maryland	3525 (11.5%)	41355 (88.5%)	44880

In 2008-2009, Charles County BRFSS respondents were also asked if they have health insurance for their eye care. A smaller percentage reported having vision insurance than health insurance (72.2% vs. 92%). The Charles County vision insurance rate is slightly higher than the Maryland rate (72.2% vs. 70.6%).

Vision Insurance Coverage:	Yes	No	Total
Charles County	121 (72.2%)	54 (27.8%)	175
Maryland	3641 (70.6%)	1874 (29.4%)	5515

From 2006-2010, Charles County BRFSS participants were asked if there was a time in the past year when they could not afford to see a doctor. 9.5% reported that they did indeed have a time in the last year when they couldn't afford to see a doctor. This is higher than the percentage who reported that they do not have health insurance. So there are residents who have health insurance of some kind who still can't afford to see a doctor, whether it be due to co-pay or deductible costs, prescription costs, or transportation costs. There are multiple barriers to their needed health care.

Time when you couldn't afford to see doctor:	Yes	No	Total
Charles County	135 (9.5%)	1442 (90.5%)	1577
Maryland	4035 (11.3%)	40898 (88.7%)	44933

In 2009, only 53.4% of Charles County children aged 4-20 years enrolled in the Maryland Medicaid program reported that they had received a dental service in the past year. This is well above the 59% reported for the state of Maryland.

Obesity:

Overweight and obesity has increased steadily in the United States and Maryland over recent years. In Maryland, the prevalence of obesity has climbed each year over the last decade. African Americans experience higher prevalence of obesity than Whites in Maryland. The greatest obesity prevalence is seen in Black females, and the lowest among White females.

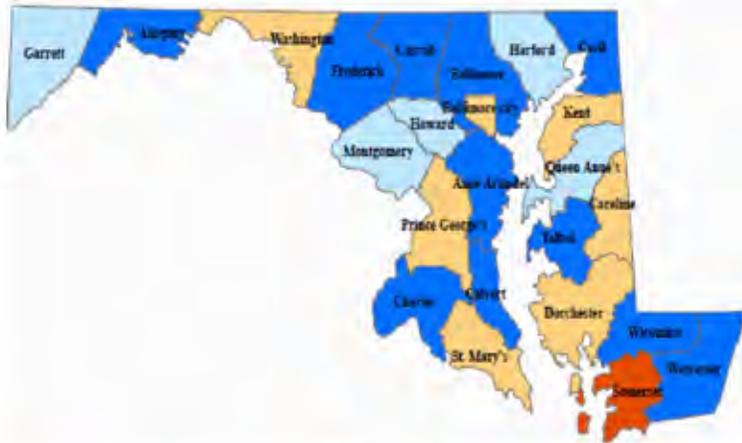
Figure 1. Prevalence of Obesity among Maryland Adults by Race and Gender, 2000-2009



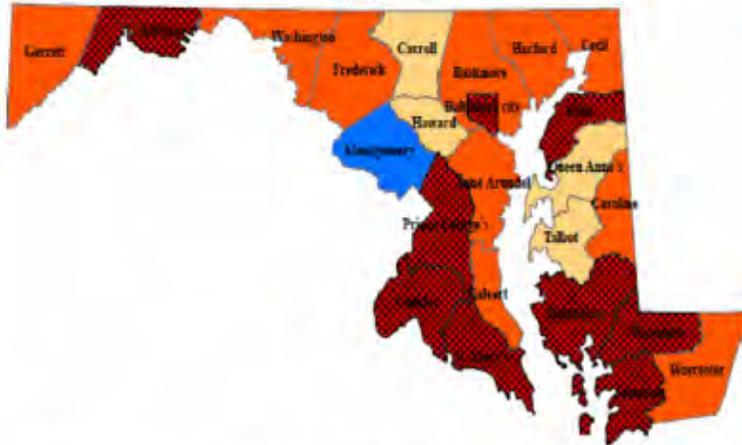
Source: 2000-2009 Maryland Behavioral Risk Factor Surveillance System Cumulative Results

In 1995-1997, only one Maryland jurisdiction had obesity prevalence greater than 25%. By 2006-2008, there were 19 Maryland jurisdictions with obesity prevalence greater than 25%. In addition, 9 of those counties report that between 30-45% of their populations are obese. Charles County is one of those Maryland jurisdictions with obesity prevalence between 30-45%. No Maryland jurisdiction currently meets the national health goal of 60% of adults who are at a healthy weight, nor have any jurisdictions achieved the national goal of 15% of adults who are obese.

**Map 1. Prevalence of Obesity among Maryland Adults by Jurisdiction*
1995-1997**



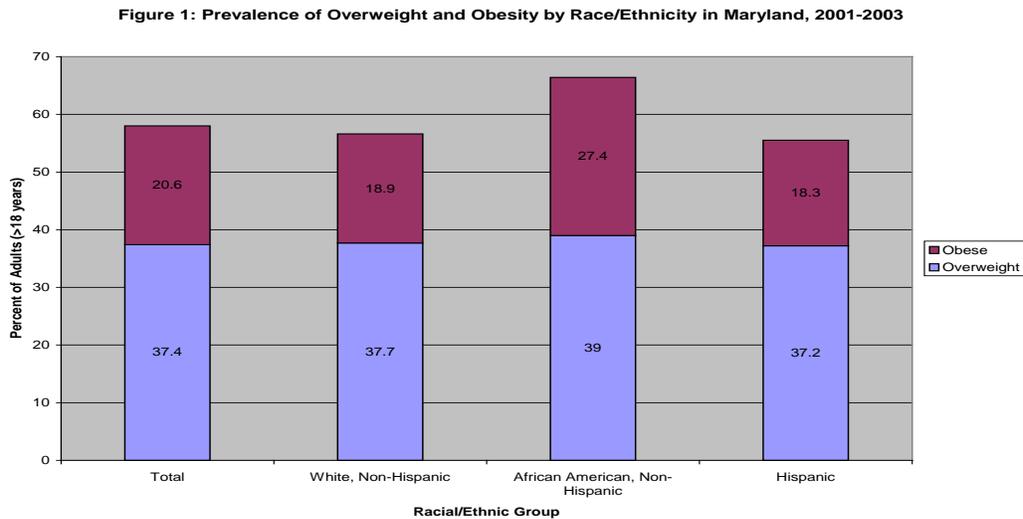
2006-2008



Percent (%) 10.0 - 14.9 15.0 - 19.9 20.0 - 24.9 25.0 - 29.9 30.0 - 45.0

Maryland Department of Health and Mental Hygiene, Maryland Behavioral Risk Factor Surveillance System, BRFSS-1995-2008 Cumulative Results. Retrieved from: www.marylandbrfss.org

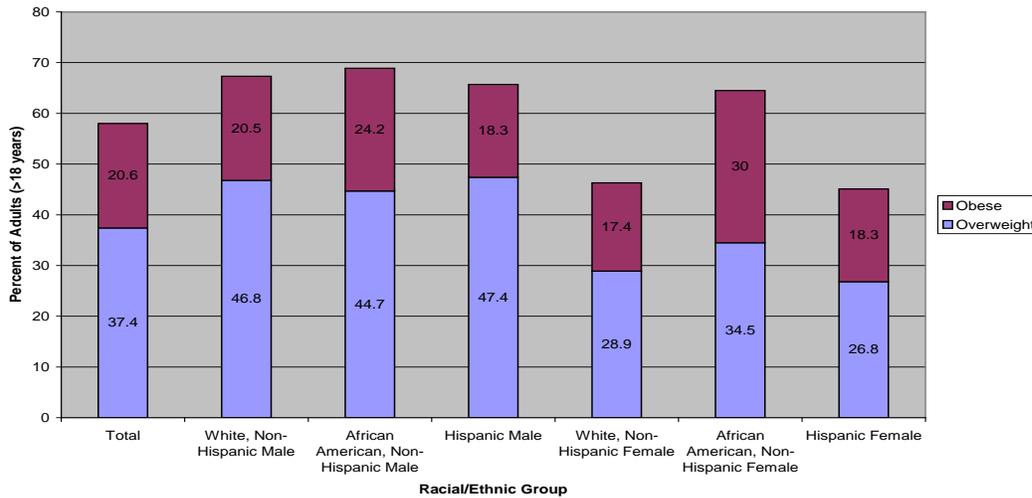
When comparing among racial and ethnic groups, the prevalence of overweight and obesity was higher for African American Marylanders than for White or Hispanic Marylanders. African Americans experienced higher rates of obesity than Caucasians or Hispanics. The prevalence of overweight and obesity by race/ethnicity in Maryland for the time period 2001-2003 is presented below.



Source: *Burden of Overweight and Obesity in Maryland 2005, Maryland DHMH*

The prevalence of overweight and obesity in Maryland was higher among African American women compared to White or Hispanic women. Among males, the prevalence of overweight was comparable across racial groups; however, obesity prevalence rates were higher among African American males in Maryland than White or Hispanic males. African American women were more likely to be obese than African American men. However, white men were more likely to be obese than white women. For the Hispanic population, the obesity prevalence was the same for both men and women in Maryland.

Figure 2: Prevalence of Overweight and Obesity by Race/Ethnicity and Gender in Maryland, 2001-2003



Source: *Burden of Overweight and Obesity in Maryland 2005, Maryland DHMH*

Overweight and obesity rates increased with age in Maryland. The percentage of obese adults peaks in the 50-64 year old age group. Nearly 66% of Maryland adults between the ages of 50 to 64 years were overweight or obese.

Obesity was more prevalent in adults with less education. The proportion of overweight adults was similar along the education levels. As the median household income increased, the percentage of obese individuals decreased. However, the percentage of overweight individuals increased with increasing household income.

CHILDHOOD OBESITY

The prevalence of childhood obesity in the United States has increased over time. Obesity rates have tripled for all age groups in the US. The highest obesity rates are seen in the 6-11 year old age group; the lowest obesity rates are seen in the 2-5 year old age group. The obesity rate has tripled from 1980 to 2003-04 for both the 2-5 and 6-11 age groups. The obesity rate has increased nearly 4 times for the 12-19 year old age group (Burden of Overweight and Obesity in Maryland Report, DHMH).

US Obesity Rates by Age and Year

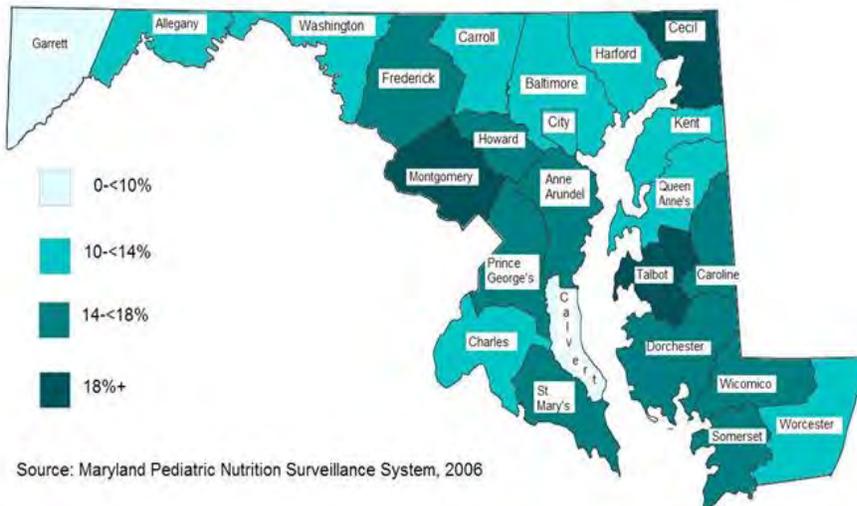
Age	1980 Obesity Rate	2003-04 Obesity Rate
2-5	5.0%	13.9%
6-11	6.5%	18.8%
12-19	5.0%	17.4%

Source: Burden of Overweight and Obesity in Maryland Report, 2005, Maryland DHMH

Childhood obesity statistics on a state and county level are limited. The 2010 Maryland Youth Tobacco survey found that Maryland adolescents, ages 13-18 years of age, have an 11.6% obesity rate. For Charles County, the obesity prevalence for children aged 13-18 years was 12.2%. This prevalence is higher than the Maryland state average and is also the highest among the Southern Maryland jurisdictions. It is the 12th highest rate among the Maryland jurisdictions.

Additionally, the 2006 Maryland Pediatric Nutrition Surveillance found that among children 2-5 years of age in the WIC Program, there is a 15% obesity rate and an 18% overweight rate. The 2006 Charles County obesity rate for children aged 2-5 years fell somewhere between 10-14%. No data is available for children aged 5-12 years.

Prevalence of Obesity by County in Children Ages 2-5 in Maryland



Source: Maryland Pediatric Nutrition Surveillance System, 2006

Costs associated with Overweight and Obesity:

The economic consequences of overweight and obesity and associated health complications are considerable. Nationwide, in 2003, an estimated \$75 billion of adult medical expenditures were attributable to obesity, with \$17.7 billion paid for by Medicare and \$21.3 billion by Medicaid. In Maryland, an estimated \$1.5 billion of adult

medical expenditures were attributable to obesity, with \$368 million paid for by Medicare and \$391 million by Medicaid (Burden of Overweight and Obesity in Maryland Report, DHMH).

Costs to overweight children, adolescents, and adults go far past the financial burdens. They often face issues of social discrimination and poor body image. Overweight or obese children and adolescents may face parental neglect and behavioral and learning problems.

The percentage of hospital discharges with obesity as part of the reason for the hospital stay has increased in Maryland for children aged 5-19 years from 1.4% in 2000 to 6.2% in 2008.

Increasing Proportion of Hospital Discharges for children aged 5-19 years with Obesity as a Co-morbidity, Maryland, 2000-2008

	Discharge Year																		Total	
	2000		2001		2002		2003		2004		2005		2006		2007		2008		Hospital Discharges	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
No	26,568	98.6	27,382	98.1	26,898	97.5	26,418	97.0	25,746	96.3	25,950	95.5	25,704	94.7	25,721	94.0	25,192	93.8	235,579	96.2
Yes	373	1.4	527	1.9	699	2.5	810	3.0	980	3.7	1,234	4.5	1,450	5.3	1,645	6.0	1,658	6.0	9,376	3.8
Total	26,941	100	27,909	100	27,597	100	27,228	100	26,726	100	27,184	100	27,154	100	27,366	100	26,850	100	244,955	100.

Substance Abuse:

Maryland State Epidemiological Outcomes Workgroup: Maryland Compendium of Cross County Indicators on Underage Drinking, 2008 and 2011 Reports:

The Maryland State Epidemiological Outcomes Workgroup (MD SEOW) was created in March 2006 with funding from the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention (CSAP) to the Maryland Alcohol and Drug Abuse Administration (MD ADAA).

The MD SEOW compiled county data on the consequences and consumption of drugs and alcohol among Maryland youth. The report is a compilation of recent available county level data on crashes, arrests, suspensions from public schools, consumption, and treatment admissions.

National Survey on Drug Use and Health (NSDUH):

NSDUH is the primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco and illegal drug use and abuse in the general civilian non-institutionalized population, aged 12 and older.

In the combined surveys for 2006 through 2008, data were collected from 204,408 respondents with a design intended to obtain representative samples from all 50 states and the District of Columbia.

Data from this survey is presented regionally. The Southern Maryland region consists of Charles, Calvert, St Mary's, Dorchester, Somerset, Wicomico, and Worcester counties.

Among the Southern Maryland participants under legal drinking age (12-20 years), 27.08% reported that they had used alcohol in the past month. This is comparable to the Maryland state average of 27.28% and the US average of 27.53%. The Southern Maryland percentage is the 4th lowest among the 9 Maryland regions.

Binge drinking in the past month was reported by 16.91% of Southern Maryland teens aged 12-20 years. This is comparable to the Maryland average of 16.92% and slightly below the US average of 18.31%.

Maryland Adolescent Survey 2007:

The Maryland State Department of Education (MSDE) administered the Maryland Adolescent Survey (MAS) to assess information and attitudes on the nature, extent, and trends in alcohol, tobacco, marijuana, and other drug use among students in grades 6, 8, 10, and 12 throughout Maryland. The survey is conducted biennially and has been designed to parallel the National Institute on Drug Abuse's annual national survey, "Monitoring the Future." Survey results assist in policy and planning and help target prevention and education messages and programs.

In 2007, the sample included 333 schools in all 24 Maryland local school systems. The overall Maryland response rate was 84%; in Charles County, the response rate was 89%. The survey provides statistically generalizable results and comparability with previous and future MAS administrations. The sample ensured equal probability of selection for every student at each grade level in each local school system.

By grade level:

The substance of choice among Charles County 6th graders is alcohol. 12.1% of Charles County 6th graders reported that they have used some form of alcohol ever. This is higher than the 8.8% reported for Maryland as a whole. The percentage of Charles County 6th graders using beer/ wine/wine coolers was 11.6%, greater than the 8.0% reported for Maryland. Usage rates for cigarettes and marijuana were lower in Charles County than Maryland. Charles County 6th grade usage rates for all other substances were comparable to Maryland 6th grade usage rates, except for amphetamines where 3.2% of Charles County 6th graders reported using amphetamines ever compared to 0.9% for Maryland 6th graders.

Percent of 6th graders reporting Tobacco/Drug/Alcohol Use by Time Period: Charles County vs. Maryland, 2007

Substance: 6 th Grade	Jurisdiction	Ever Used	Last 30 days	Last 12 months
Beer, wine, or wine coolers	Charles County	11.6	4.0	7.5
	Maryland	8.0	3.3	5.4
Liquor	Charles County	5.6	2.7	4.8
	Maryland	3.3	1.3	2.5

Any form of alcohol	Charles County	12.1	5.1	8.9
	Maryland	8.8	3.8	6.1
Five or more servings of alcohol on the same occasion	Charles County	4.6	1.6	3.0
	Maryland	2.0	0.9	1.4
Cigarettes	Charles County	2.7	0.5	1.1
	Maryland	3.4	1.0	1.7
Smokeless tobacco	Charles County	1.1	0.3	0.3
	Maryland	0.9	0.3	0.5
Marijuana	Charles County	0.5	0	0
	Maryland	1.3	0.8	1.0
Inhalants	Charles County	4.0	1.3	2.4
	Maryland	3.5	1.8	2.6
Amyl or butyl nitrates	Charles County	0.5	0.3	0.3
	Maryland	0.8	0.4	0.6
Crack (rock)	Charles County	0.5	0	0
	Maryland	0.6	0.4	0.4
Other forms of cocaine	Charles County	0.5	0	0
	Maryland	0.4	0.3	0.3
LSD	Charles County	0.5	0	0
	Maryland	0.6	0.4	0.5
PCP	Charles County	0.8	0.5	0.5
	Maryland	0.6	0.3	0.4
Other hallucinogens	Charles County	0.3	0	0
	Maryland	0.2	0.1	0.2
Steroids for body building	Charles County	0.3	0	0
	Maryland	0.7	0.3	0.4
Methamphetamines (meth, speed, crank, ice)	Charles County	0.5	0	0
	Maryland	0.8	0.5	0.6
Designer drugs (MDMA, ecstasy)	Charles County	0.5	0.3	0.3
	Maryland	0.4	0.3	0.3
Heroin	Charles County	0.3	0	0
	Maryland	0.6	0.4	0.5
Needle to inject cocaine, heroin, or other illegal drugs	Charles County	0.3	0	0
	Maryland	0.3	0.2	0.2

Amphetamines	Charles County	3.2	1.3	2.4
	Maryland	0.9	0.5	0.7
Barbiturates and/or tranquilizers (downers, reds, Valium)	Charles County	0.5	0	0
	Maryland	0.2	0.1	0.1
Narcotics (Codeine, Morphine, Methadone, Percodan)	Charles County	0.3	0	0
	Maryland	0.3	0.2	0.2
Ritalin	Charles County	0.5	0.3	0.3
	Maryland	0.6	0.3	0.4
Any drug other than alcohol or tobacco	Charles County	8.1	3.2	5.4
	Maryland	6.7	3.6	5.0

The most commonly used substance by Charles County 8th graders is alcohol, which 30.2% admit to having ever used. Beer, wine, and wine coolers are the most commonly consumed forms of alcohol (27.5% of 8th graders have tried them). Charles County 8th grade alcohol usage rates are higher than Maryland usage rates (30.6% vs. 25.7%).

The Charles County 8th grade marijuana rate is lower than the Maryland rate (5.5% vs. 8%). Charles County usage rates for inhalants and amphetamines were slightly higher than the state.

Percent of 8th graders reporting Tobacco/Drug/Alcohol Use by Time Period: Charles County vs. Maryland, 2007

Substance: 8 th Grade	Jurisdiction	Ever Used	Last 30 days	Last 12 months
<i>Beer, wine, or wine coolers</i>	Charles County	27.5	13.3	21.8
	Maryland	22.3	10.3	17.8
<i>Liquor</i>	Charles County	17.5	7.8	15.4
	Maryland	16.3	8.0	14.0
<i>Any form of alcohol</i>	Charles County	30.6	14.7	24.9
	Maryland	25.7	12.7	21.3
<i>Five or more servings of alcohol on the same occasion</i>	Charles County	10.7	4.3	7.6
	Maryland	9.0	4.7	7.3
Cigarettes	Charles County	10.7	4.7	6.4
	Maryland	10.6	4.2	6.7
Smokeless tobacco	Charles County	1.4	0.7	0.9
	Maryland	1.8	1.0	1.5
Marijuana	Charles County	5.5	2.6	5.0
	Maryland	8.0	4.6	7.0

Inhalants	Charles County	6.2	3.3	4.5
	Maryland	5.4	2.9	4.2
Amyl or butyl nitrates	Charles County	0	0	0
	Maryland	1.0	0.7	0.8
Crack (rock)	Charles County	0.9	0.7	0.7
	Maryland	1.5	1.1	1.3
Other forms of cocaine	Charles County	0.9	0.5	0.5
	Maryland	1.1	0.9	1.0
LSD	Charles County	0.2	0	0
	Maryland	1.0	0.6	0.8
PCP	Charles County	0.9	0.7	0.7
	Maryland	1.6	1.0	1.3
Other hallucinogens	Charles County	0.2	0.2	0.2
	Maryland	1.3	0.8	1.2
Steroids for body building	Charles County	1.4	0.7	0.7
	Maryland	0.9	0.5	0.7
Methamphetamines (meth, speed, crank, ice)	Charles County	0.2	0	0
	Maryland	1.0	0.6	0.9
Designer drugs (MDMA, ecstasy)	Charles County	0.7	0	0.2
	Maryland	1.3	0.8	1.2
Heroin	Charles County	0.2	0	0.2
	Maryland	1.0	0.6	0.8
Needle to inject cocaine, heroin, or other illegal drugs	Charles County	0	0	0
	Maryland	0.7	0.6	0.7
Amphetamines	Charles County	3.1	1.7	2.4
	Maryland	2.4	1.3	2.1
Barbiturates and/or tranquilizers (downers, reds, Valium)	Charles County	0.2	0	0
	Maryland	0.7	0.4	0.6
Narcotics (Codeine, Morphine, Methadone, Percodan)	Charles County	0.5	0.5	0.5
	Maryland	1.2	0.8	1.2
Ritalin	Charles County	0.5	0.2	0.2
	Maryland	1.3	0.7	0.9
Any drug other than alcohol or tobacco	Charles County	15.2	7.8	11.6
	Maryland	15.0	8.6	12.4

The most commonly used substance by Charles County 10th graders is alcohol, which 60% admit to having ever used. Beer, wine, and wine coolers are the most commonly consumed forms of alcohol (53.2% of 10th graders have tried them). Charles County 10th grade alcohol usage rates are higher than Maryland usage rates (60.0% vs. 48.7%).

The Charles County 10th grade cigarette rate is higher than the Maryland rate (26.4% vs. 20.1%). Charles County usage rates for inhalants, PCP, designer drugs, and amphetamines were slightly higher than the state rates.

Percent of 10th graders reporting Tobacco/Drug/Alcohol Use by Time Period: Charles County vs. Maryland, 2007

Substance: 10 th Grade	Jurisdiction	Ever Used	Last 30 days	Last 12 months
Beer, wine, or wine coolers	Charles County	53.2	24.9	47.8
	Maryland	43.0	22.5	37.2
Liquor	Charles County	51.2	27.9	47.3
	Maryland	40.7	22.1	36.0
Any form of alcohol	Charles County	60.0	34.3	55.5
	Maryland	48.7	27.8	43.5
Five or more servings of alcohol on the same occasion	Charles County	31.1	17.2	28.9
	Maryland	27.4	15.3	24.0
Cigarettes	Charles County	26.4	10.0	19.2
	Maryland	20.1	9.1	13.7
Smokeless tobacco	Charles County	4.2	2.5	3.7
	Maryland	4.5	2.2	3.4
Marijuana	Charles County	24.1	13.2	19.4
	Maryland	24.0	13.9	20.6
Inhalants	Charles County	8.2	4.7	7.0
	Maryland	4.8	2.4	3.8
Amyl or butyl nitrates	Charles County	0.2	0.2	0.2
	Maryland	1.2	1.0	1.1
Crack (rock)	Charles County	2.7	1.7	2.7
	Maryland	2.3	1.6	2.1
Other forms of cocaine	Charles County	3.2	2.0	2.2
	Maryland	3.4	2.0	3.0
LSD	Charles County	3.2	1.7	3.0

	Maryland	2.9	1.9	2.6
PCP	Charles County	3.7	2.5	3.0
	Maryland	2.7	1.5	2.2
Other hallucinogens	Charles County	3.7	2.0	3.5
	Maryland	4.3	2.2	3.8
Steroids for body building	Charles County	1.7	1.2	1.2
	Maryland	1.5	1.0	1.2
Methamphetamines (meth, speed, crank, ice)	Charles County	2.2	1.7	2.0
	Maryland	2.1	1.4	1.8
Designer drugs (MDMA, ecstasy)	Charles County	6.0	3.0	5.5
	Maryland	3.4	1.8	3.1
Heroin	Charles County	1.2	1.0	1.0
	Maryland	1.4	1.1	1.3
Needle to inject cocaine, heroin, or other illegal drugs	Charles County	1.2	1.0	1.2
	Maryland	1.3	0.9	1.1
Amphetamines	Charles County	6.7	4.0	5.7
	Maryland	4.6	2.6	3.9
Barbiturates and/or tranquilizers (downers, reds, Valium)	Charles County	2.5	1.2	2.2
	Maryland	2.2	1.4	2.1
Narcotics (Codeine, Morphine, Methadone, Percodan)	Charles County	4.7	2.7	4.5
	Maryland	4.4	2.6	4.0
Ritalin	Charles County	3.0	2.2	2.5
	Maryland	2.9	1.6	2.2
Any drug other than alcohol or tobacco	Charles County	31.1	17.2	25.9
	Maryland	28.8	17.1	24.8

The most commonly used substance by Charles County 12th graders is alcohol, which 69.1% admit to having ever used. Liquor is the most commonly consumed form of alcohol (64.1% of 12th graders have tried them). Charles County 12th grade alcohol usage rates are similar to the Maryland usage rates (69.1% vs. 66.6%).

The Charles County 12th grade cigarette rate is higher than the Maryland rate (35.4% vs. 30.8%). Charles County usage rate for designer drugs was slightly higher than the state rates.

The percentage of Charles County 12th graders who have tried a drug other than tobacco or alcohol is 37.7%. This is similar to the Maryland percentage of 42.2%.

Percent of 12th graders reporting Tobacco/Drug/Alcohol Use by Time Period: Charles County vs. Maryland, 2007

Substance: 12 th Grade	Jurisdiction	Ever Used	Last 30 days	Last 12 months
<i>Beer, wine, or wine coolers</i>	Charles County	61.7	35.9	53.8
	Maryland	59.7	36.3	52.4
<i>Liquor</i>	Charles County	64.1	35.9	57.8
	Maryland	60.1	36.0	53.9
<i>Any form of alcohol</i>	Charles County	69.1	42.0	63.1
	Maryland	66.6	42.2	60.6
<i>Five or more servings of alcohol on the same occasion</i>	Charles County	48.0	29.6	41.4
	Maryland	46.9	28.6	41.6
Cigarettes	Charles County	35.4	18.7	24.3
	Maryland	30.8	16.3	22.3
Smokeless tobacco	Charles County	7.7	3.7	5.8
	Maryland	8.9	3.9	6.5
Marijuana	Charles County	35.6	19.8	28.8
	Maryland	38.7	20.7	31.8
Inhalants	Charles County	2.6	1.6	2.4
	Maryland	4.5	1.9	3.0
Amyl or butyl nitrates	Charles County	1.1	0.8	1.1
	Maryland	1.2	0.8	1.0
Crack (rock)	Charles County	2.9	1.6	2.6
	Maryland	2.7	1.7	2.2
Other forms of cocaine	Charles County	5.8	2.6	4.7
	Maryland	5.5	2.5	4.2
LSD	Charles County	3.2	1.6	2.4
	Maryland	4.6	2.2	3.9
PCP	Charles County	3.7	1.8	2.6
	Maryland	2.9	1.4	2.2
Other hallucinogens	Charles County	6.3	2.9	4.7
	Maryland	7.4	2.7	6.0
Steroids for body building	Charles County	1.3	1.3	1.3
	Maryland	1.7	1.1	1.5
Methamphetamines (meth, speed,	Charles County	1.8	1.8	1.8

crank, ice)	Maryland	2.8	1.6	2.3
Designer drugs (MDMA, ecstasy)	Charles County	7.7	3.2	6.3
	Maryland	6.0	2.6	4.9
Heroin	Charles County	1.6	1.3	1.3
	Maryland	1.8	1.3	1.5
Needle to inject cocaine, heroin, or other illegal drugs	Charles County	0.8	0.5	0.5
	Maryland	1.4	1.0	1.2
Amphetamines	Charles County	5.3	3.4	4.7
	Maryland	6.8	3.4	5.4
Barbiturates and/or tranquilizers (downers, reds, Valium)	Charles County	3.7	2.4	2.9
	Maryland	5.0	2.5	4.2
Narcotics (Codeine, Morphine, Methadone, Percodan)	Charles County	8.7	7.4	8.7
	Maryland	8.2	4.5	6.9
Ritalin	Charles County	4.2	2.6	3.4
	Maryland	4.4	1.7	3.1
Any drug other than alcohol or tobacco	Charles County	37.7	23.5	32.5
	Maryland	42.2	24.0	35.8

UNIFORM CRIME REPORT

Maryland juvenile arrests for DWI and liquor law violations totaled 1,436 during 2009, declining by less than one percent from 2008.

Rates of juvenile DWI arrests per 100,000 population under 18 years were calculated for 2009. The Charles County rate of juvenile DWI arrests was 5.9 per 100,000. This is the 4th lowest rate among the Maryland state jurisdictions, and it is below the Maryland state average rate of 15.0 per 100,000.

There were no reported juvenile arrests for liquor law violations in Charles County for 2009.

The MD SEOW 2008 report presented driving under the influence (DUI) arrest rates among those aged under 21 years for 2006. The 2006 Charles County underage DUI arrest rate was 153.4 per 100,000. This rate is slightly above the Maryland state average rate of 139.3 per 100,000. The Charles County rate is also the 8th lowest among the 24 Maryland jurisdictions.

The MD SEOW 2008 report also presented liquor law violation arrest rates among those aged under 21 years for 2006. The Charles County liquor law violation arrest rate was 9.6 per 100,000. This is significantly below the

Maryland average rate of 224.0 per 100,000. The Charles County rate is the 2nd lowest rate among the 24 Maryland jurisdictions.

Maryland Youth Risk Behavior Survey (YRBS):

The Maryland YRBS is administered by the Maryland State Department of Education (MSDE) and the U.S. Centers for Disease Control and Prevention (CDC).

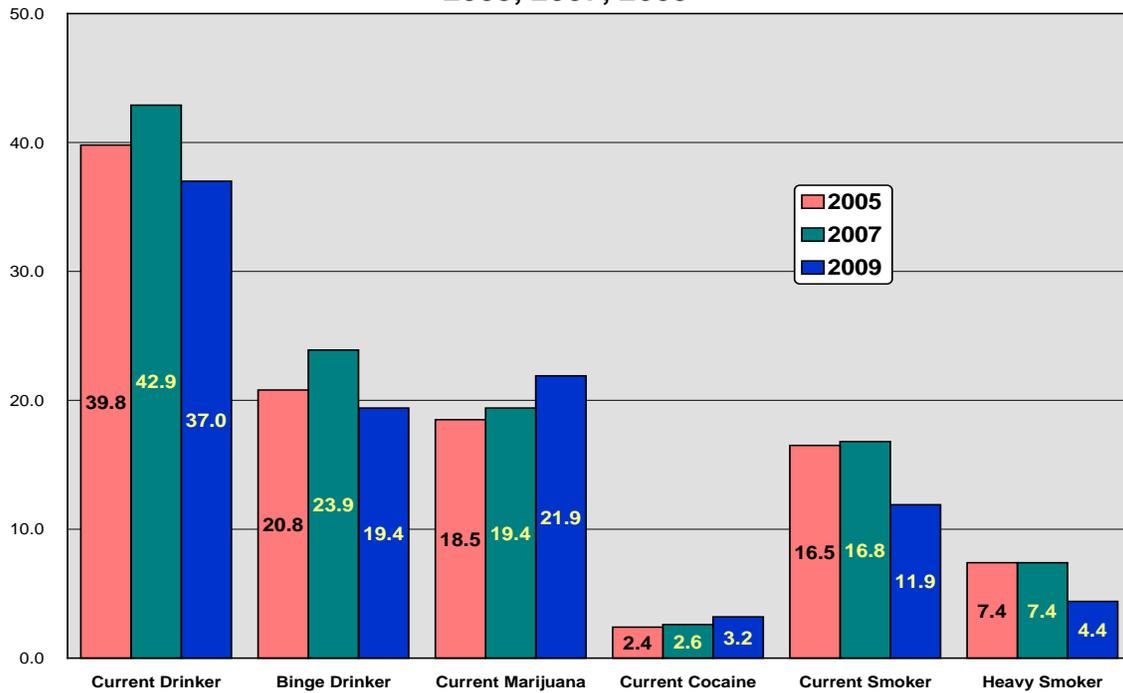
The Maryland YRBS is part of the Youth Risk Behavior Surveillance System (YRBSS) developed in 1990 by the U.S. Centers for Disease Control and Prevention (CDC) to monitor behaviors that affect morbidity and mortality among high-school-age youth.

In the spring of 2009, the Maryland YRBS was administered to students in a representative sample of Maryland public-high-school classrooms. The law requires the survey to be administered every two years.

A total of 1,644 students in 30 Maryland public high schools completed the survey, resulting in a 78% response rate. The 2009 Maryland YRBS results are representative of all Maryland's public-school students in grades 9 through 12.

In 2009, 37% of Maryland YRBS participants reported that they were current drinkers. This is a decrease from the percentage reported in the previous 2 years. Additionally, 19.4% of Maryland YRBS participants reported that they were binge drinkers. This is also a small reduction from the percentages reporting binge drinking in 2005 and 2007. There was an increase in the percentage of Maryland YRBS participants reporting that they currently use marijuana and cocaine. Smoking rates decreased from 2005 to 2009.

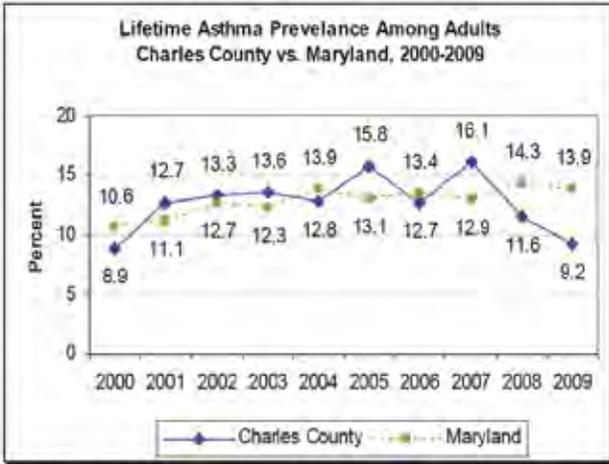
Maryland Youth Risk Behavior Survey Percentages Maryland Youth Risk Behavior Survey 2005, 2007, 2009



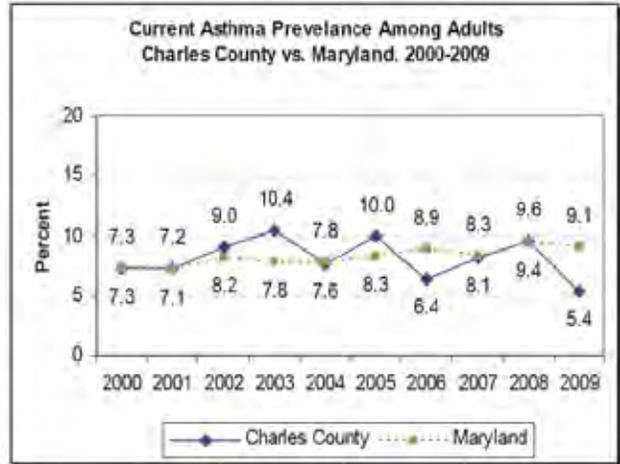
Asthma Prevalence:

Statewide in 2009, approximately 594,609 (13.9%) Maryland adults had a history of asthma. In Charles County, approximately 9.2% of adult residents had been diagnosed with asthma. Of these, 5.4% reported that they currently have asthma, representing approximately 5,572 adults in Charles County.

While asthma is one of the most common illnesses among children, there is little reliable county level data on the prevalence of asthma in children.



Maryland BRFSS, 2000-2009.

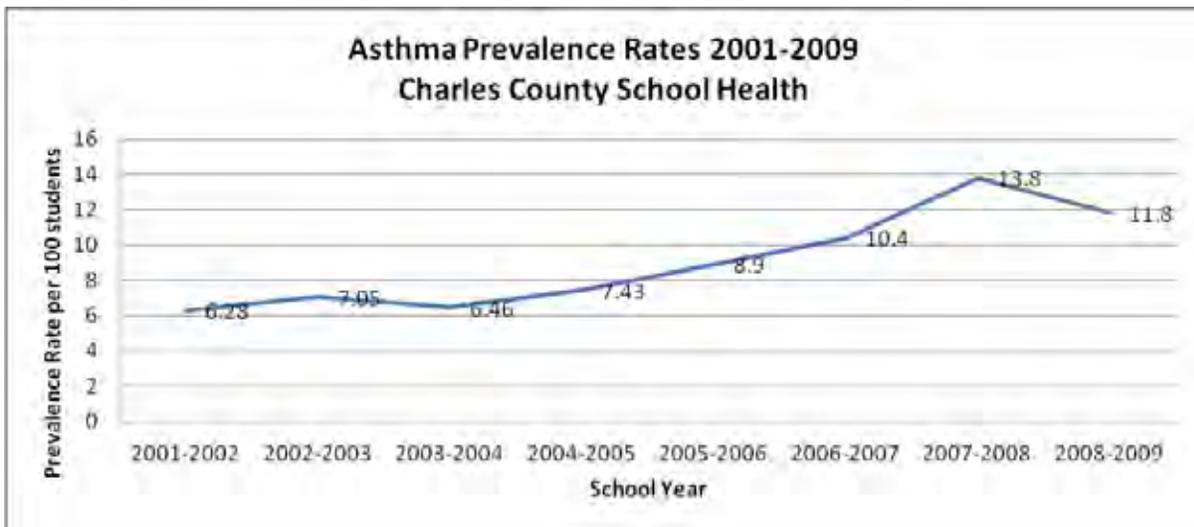


Maryland BRFSS, 2000-2009.

*The Pennsylvania Health Care Cost Containment Council (PHC4) is an independent state agency responsible for addressing the problem of escalating health costs, ensuring the quality of health care, and increasing access to healthcare for all citizens regardless of ability to pay. PHC4 has provided data to this entity in an effort to further PHC4's mission of educating the public and containing health care costs in Pennsylvania. PHC4, its agents, and staff, have made no representation, guarantee, or warranty, expressed or implied, that the data – financial, patient, payer, and physician specific information – provided to this entity, are error free, or that the use of the data will avoid differences of opinion or interpretation. This analysis was not prepared by PHC4. This analysis was done by MACP. PHC4, its agents and staff, bear no responsibility or liability for the results of the analysis, which are solely the opinion of MACP.

Charles County Department of Health: School health Program: Juvenile Asthma:

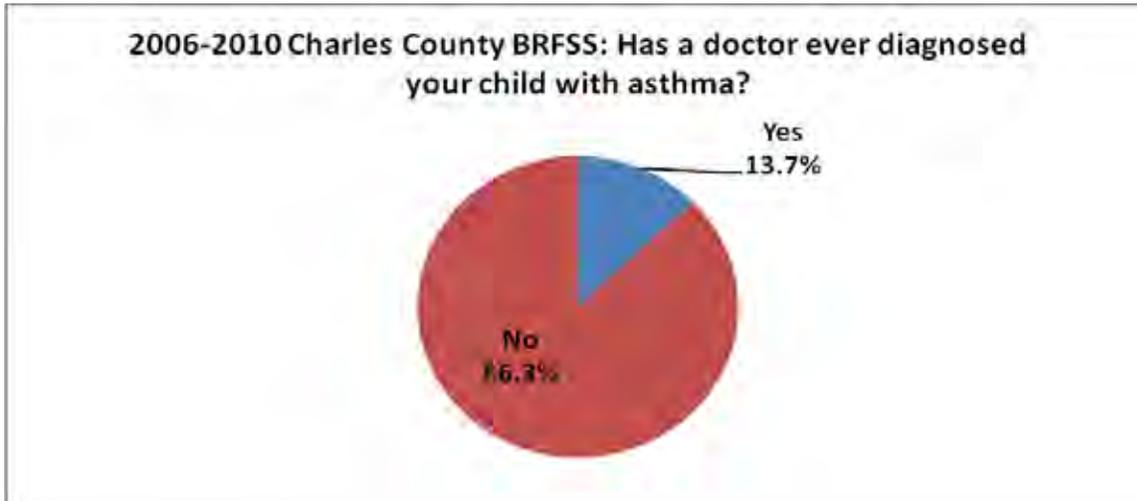
The rate of children presenting in the Charles County school system has continued to increase steadily though the last 8 years. The rate more than doubled between the 2001-2002 school year to the 2007-2008 school year (6.28 vs. 13.8).



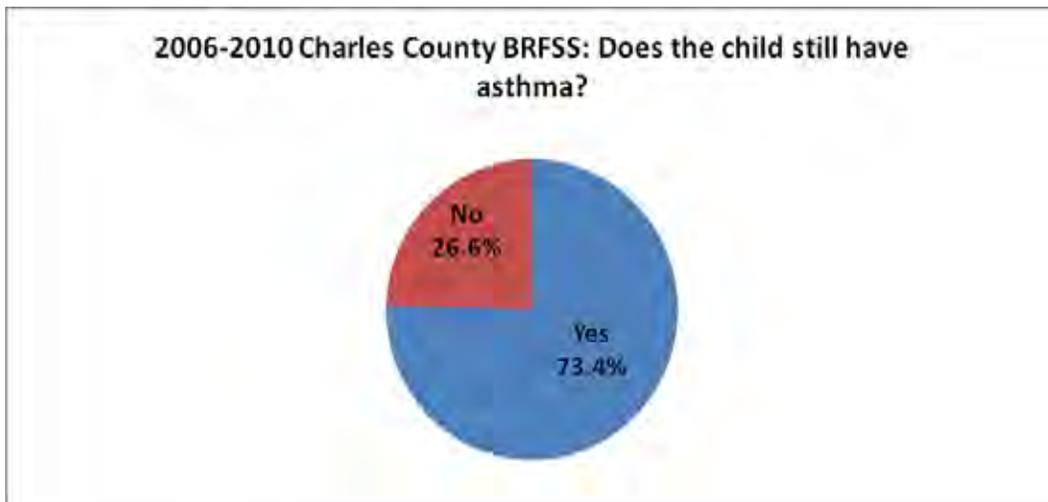
Source: 2001-2009 Charles County Department of Health: School Health Program

The 2006-2010 Maryland Behavioral Risk Factor Surveillance System (BRFSS) asks participants if they have any children under the age of 18 who have ever been diagnosed with asthma and if those children still have asthma. Charles County specific data for those questions is presented below.

One in every seven Charles County BRFSS participants (13.7%) reported that they have a child who has been diagnosed with asthma.



The majority of those children who were diagnosed with asthma are still currently living with the chronic condition (73.4%).



NEW HEALTH PERSPECTIVES REFERENCES

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- 2006-2010 Maryland Behavioral Risk Factor Surveillance System Health Insurance Estimates. Available at: www.marylandbrfss.org.
- 2009 Charles County Medicaid Recipient Dental Services data. Accessed through the Maryland State Health Improvement Plan Measures.
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- 2006 2-5 year old Charles County and Maryland Obesity Estimates. 2006 Maryland Pediatric Nutrition Surveillance (WIC data). Maryland Department of Health and Mental Hygiene. Available at: http://fha.maryland.gov/cdp/co_data.cfm.
- 2000-2008 Maryland Hospitalizations with Obesity as a Co-Morbidity among those 5-19 years. Maryland Assessment Tool for Community Health. Available at: <http://fha.maryland.gov/match.cfm>.
- Maryland State Epidemiological Outcomes Workgroup: Maryland Compendium of Cross County Indicators on Underage Drinking, 2008 and 2011 Reports.
- National Institutes of Health. National Survey on Drug Use and Health. 2009.
- Maryland State Department of Education. 2002, 2004, and 2007 Maryland Adolescent Surveys.
- Maryland State Police. 2009 Uniform Crime Report.
- Maryland State Department of Education and the Centers for Disease Control and Prevention. 2009 Maryland Youth Risk Behavioral Survey.
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- 2006-2010 Charles County Asthma Adult and Child Prevalence. Maryland Behavioral Risk Factor Surveillance System. Maryland Department of Health and Mental Hygiene. Available at: www.marylandbrfss.org.
- 2001-2009 Charles County Public School Asthma Prevalence Trends. Charles County School Health Program. Charles County Department of Health.

Education Priority Areas

SCHOOL READINESS

Kindergarten Assessment:

According to the Maryland State Department of Education, during the 2010-2011 school year, 83% of children entering kindergarten in Charles County were ready to begin school. This is higher than the Maryland percentage of 81% of children ready for kindergarten.

SCHOOL SUCCESS

Academic Performance-HSA

High School Assessment (HSA) Results for 2012 found that 80.5% Charles County high school students met HSA requirements by passing all four tests. Additionally, 13.3% met the HSA requirement with a combined score of 1602 on all four tests. 6.2% met by completing a bridge plan.

School	Percent met HAS requirement by passing all 4 tests	Percent met HAS requirement with combined score of 1602 on all tests	Percent met by bridge	Percent granted waivers
Lackey	68.6	21.9	9.5	0
La Plata	89.1	8.6	2.4	0
McDonough	72.4	18.0	9.5	0
North Point	89.7	7.7	2.5	0
Thomas Stone	80.7	10.4	8.9	0
Westlake	73.9	18.7	7.4	0
Charles County 2012	80.5	13.3	6.2	0
Charles County 2011	76.0	17.0	7.0	0

Academic Performance-MSA:

The Maryland School Assessment (MSA) exams are given to students in grades 3-8 in reading and mathematics, and in grades 5 and 8 for science. These tests provide educators, parents, and the public valuable information about student, school, school system, and state performance.

In 2012, 16.3% of 3rd graders scored below proficiency on the Maryland School Assessment exam. The percentage increased for Charles County 8th graders. 20.9% of Charles County 8th graders performed below proficiency on the MSA exam. The percentage scoring below proficiency has decreased steadily for both 3rd and 8th graders from 2008 to 2012.

In 2012, 24.0% of Charles County 3rd graders scored above proficiency on the Maryland School Assessment exam. By 8th grade, 40% of Charles County students scored above proficiency on the MSA exam. The percentage scoring above proficiency has increased each from 2008-2012 for both 3rd and 8th graders in Charles County.

3rd Graders Below Proficiency - MSA (Percent) Showing most recent 5 years				
2008	2009	2010	2011	2012
19.5%	19.0%	16.9%	18.0%	16.3%
8th Graders Below Proficiency - MSA (Percent) Showing most recent 5 years				
2008	2009	2010	2011	2012
32.7%	25.9%	25.4%	21.6%	20.9%
3rd Graders Advanced Proficiency-MSA (Percent) Showing most recent 5 years				
2008	2009	2010	2011	2012
16.0%	21.0%	24.0%	23.0%	24.0%
8th Graders Advanced Proficiency-MSA (Percent) Showing most recent 5 years				
2008	2009	2010	2011	2012
29.0%	31.0%	38.0%	40.0%	40.0%

Average Daily Absenteeism:

As a proxy measure for truancy, the average percent daily absentee rate for Charles County school for the 2010-2011 school year will be used. However, this percentage will include excused absences.

The average daily absentee percentage in Charles County for the school year 2010-2011 was 5.3%. When broken down by grade level, the largest percentage is reported for students in grades 7-12.

Daily Absentee Percentage	Total	Grades Pre-K to 6	Pre-kindergarten	Kindergarten	Grades 1-6	Grades 7-12
Charles County	5.3%	4.6%	4.8%	5.3%	4.4%	6.1%

SCHOOL COMPLETION

High School Drop-out Rates:

The Charles County high school dropout rate has decreased from 2.7% in the school year 2007-2008 to 1.8% in the 2011-2012 school year.

Dropout Rate (Percent) Showing most recent 5 years; Show All Years				
2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
2.7%	2.6%	1.8%	1.7%	1.8%

High School Graduation Rates:

The Charles County Class of 2011 had a graduation rate of 90.53% with 2,151 diplomas earned. This is an increase from the 2010 Charles County Graduation Rate of 88.15%.

The 2011 Charles County graduation rate among those receiving special education services was 71.79%. A total of 84 diplomas were earned.

The 2011 Charles County graduation rate among those receiving free or reduced meals was 82.30%. A total of 437 diplomas were earned.

Charles County Graduation Rates	Percent Graduating	Number of Diplomas Earned
Charles County 2011	90.53%	2151
Charles County 2010	88.15%	2075
Charles County-Special Education	71.79%	84
Charles County-Free or Reduced Meals	82.3%	437

SCHOOL TRANSITION

Educational Attainment:

Charles County Public Schools: Average SAT Results for 2011-2012 College Bound Seniors

The average 2011-2012 SAT score for Charles County seniors was 1447. This is slightly lower than the average Maryland SAT score of 1487 and the average United States score of 1498. The only school scoring above the Charles County, Maryland, and United States average scores was La Plata High School.

The average SAT score at La Plata was 1611. The school with the lowest average SAT score was McDonough at 1392.

School	Count	Critical Thinking	Math	Writing	Total
Lackey	86	481	482	467	1430
La Plata	96	539	546	526	1611
McDonough	107	470	475	447	1392
North Point	323	485	496	469	1450
Thomas Stone	162	471	471	456	1398
Westlake	73	478	471	474	1423
Charles County	847	486	490	471	1447
Maryland	47467	497	502	488	1487
United States	1664479	496	514	488	1498

Charles County Population with a Bachelor's Degree or Higher:

According to the United States Census Bureau's 2007-2011 Combined Average American Community Survey results, 26.4% of Charles County residents over the age of 25 years has a bachelor's degree or higher. This is lower than the Maryland state average percentage of 36% for college completion.

College Completion	Charles County	Maryland
Bachelor's degree or higher, pct of persons age 25+, 2007-2011	26.4%	36%

Youth Employment:

2011 United States Census Bureau data for Charles County, Maryland finds 39% of county 16-19 year olds are in the labor force, 23.8% are employed, and 38.9% are unemployed.

Youth Employment	Total County Population 16-19 years	In labor force	Employed	Unemployment Rate
16-19 years	9927	39%	23.8%	38.9%

NEW EDUCATION PERSPECTIVES

Alt-MSA:

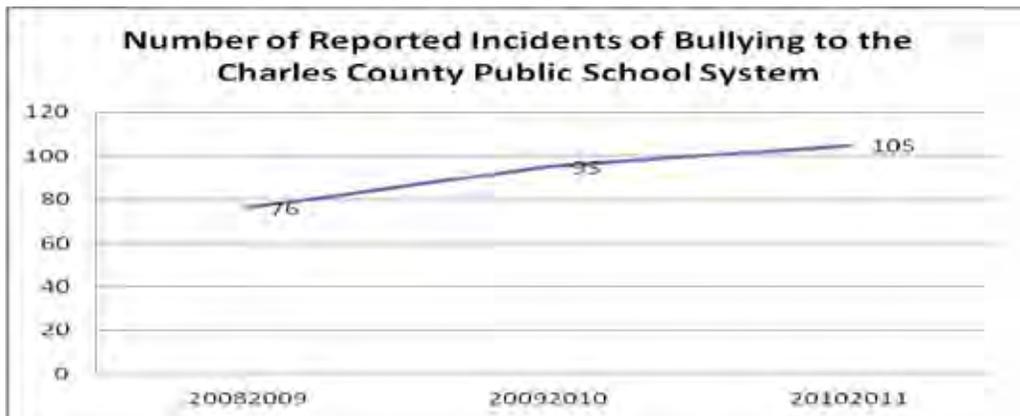
The Alternative Maryland School Assessment or Alt-MSA is Maryland's assessment program designed for students with the most significant cognitive disabilities. The Alt-MSA measures a participating student's progress

on attainment of Master Objectives in reading and mathematics in grades 3 through 8 and 10. It also includes Mastery Objectives in science for students in grades 5, 8, and 10.

2012 Charles County Alt-MSA Advanced + Proficient Percentages by Grade Level	Reading	Math	Science
Third	> 95.0	> 95.0	Not applicable
Fourth	90.0	> 95.0	Not applicable
Fifth	> 95.0	91.7	> 95.0
Sixth	> 95.0	85.7	Not applicable
Seventh	> 95.0	> 95.0	Not applicable
Eighth	92.9	78.6	78.6
Tenth	> 95.0	> 95.0	61.5

Bullying and Harassment:

The number of reported bullying incidents to the Charles County Public School System has increased steadily each year. In the 2008-2009 school year, a total of 76 incidents were reported. By the 2010-2011 school year, a total of 105 incidents were reported.



The rate of bullying incidents per 1000 enrolled students increased in Charles County from 2.8 per 1000 enrolled students in 2008-2009, to 3.6 in 2009-2010, and to 3.9 in 2010-2011.

The percentage of incident reports that were false allegations was 1.3% in 2008-2009, 0% in 2009-2010, and 1.0% in 2010-2011.

EDUCATION REFERENCES

- 2010-2011 Charles County and Maryland Kindergarten Readiness Assessment Percentages. Maryland State Department of Education.
- 2011 and 2012 Charles County High School Assessment Proficiency Percentages by High School. Charles County Public Schools. Maryland Report Card.
- 2011 and 2012 Charles County Maryland School Assessment Proficiency Percentages. Charles County Public School. Maryland Report Card.
- 2010-2011 Average Daily Attendance and Absenteeism Percentages by Grade levels. Maryland State Department of Education.
- Charles County Public Schools Dropout Rates. Charles County Data Center. KidsCount. Annie E. Casey Foundation. Available at datacenter.kidscount.org.
- 2010 and 2011 Charles County Graduation Rates Overall, Special Education, and Free and Reduced Meals Percentages. Charles County Public Schools. Maryland Report Card.
- 2011 Charles County and Maryland Average SAT scores by high school. Charles County Public Schools.
- 2011 Charles County Population 16-18 years of age currently employed. US Census Bureau. 2011 American Community Survey. Available at www.census.gov.
- 2010 and 2011 Charles County Alternative Maryland School Assessment Scores. Charles County Public Schools. Maryland Report Card.
- 2008-2009 to 2010-2011 School Years Maryland Bullying Incident Reports by county. Maryland State Department of Education.

Community Priority Areas

SAFETY

Juvenile Felony Offenses:

There were a total of 1,308 juvenile arrests made in Charles County in 2011. The Juvenile arrest rate in Charles County has decreased each year from 1050 per 10,000 in 2007 to 686 per 10,000 in 2011.

Juvenile Arrests (Number) Showing most recent 5 years					
2007	2008	2009	2010	2011	
1,991	1,875	1,495	1,459	1,308	
Juvenile Arrests (Rate per 10,000) Showing most recent 5 years					
2007	2008	2009	2010	2011	
1,050	995	802	781	686	
Intake Referrals (Number)					
FY 2009		FY 2010		FY 2011	
1,849		1,410		1,417	
Juvenile Arrest Relative Rate Index (Rate) Showing most recent 5 years					
2007	2008	2009	2010	2011	
3.0	3.3	2.7	3.7	3.8	
Juvenile Death by Homicide (Number) Showing most recent 5 years					
Race/Ethnicity	2007	2008	2009	2010	2011
White	1	N/A	1	N/A	N/A
Black	1	N/A	1	N/A	N/A
Asian	N/A	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A	N/A

Juvenile Death by Homicide (Percent) Showing most recent 5 years					
Race/Ethnicity	2007	2008	2009	2010	2011
White	2.0%	N/A	3.0%	N/A	N/A
Black	2.0%	N/A	3.0%	N/A	N/A
Asian	N/A	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A	N/A

Suspension and Recidivism Data:

During the 2011-2012 School Year, there were 2,558 school suspensions in the Charles County Public Schools. This constitutes a school suspension rate of 9.9%. This is a decline from the 2007-2008 school suspension rate of 12.5%.

There were 871 multiple suspensions in the 2011-2012 school year. Nearly 34% of the total school suspensions for the school year represented students who have had repeat suspensions.

School Suspension Rate (Percent) Showing most recent 5 years				
2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
12.5%	11.0%	11.5%	9.6%	9.9%
Multiple Suspensions (Number) Showing most recent 5 years				
2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
1,242	1,039	1,076	894	871
School Suspensions (Number) Showing most recent 5 years				
2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
3,225	2,847	2,968	2,496	2,558

Child Maltreatment:

The 2011 Charles County rate of children who are maltreated was 3.4 per 1,000 population under 18 years of age. This is a slight increase from the county rate the previous year of 2.6 per 1,000 population under 18 years of age. However, it is well below the 2011 Maryland state average child maltreatment rate of 5.3 per 1,000 population under 18 years of age.

STABILITY

Hunger:

31% of Charles County students received free and reduced school meals in 2012. The percent eligible for this program has increased from 24% reported in 2008. The number of Charles County students participating in the free and reduced meals program increased from 6615 in 2008 to 8235 in 2012.

The number of Charles County students participating in the supplemental nutrition assistance program doubled from 3546 in 2008 to 7465 in 2012.

Students Receiving Free and Reduced School Meals (FARMS) (Number) Showing most recent 5 years				
2008	2009	2010	2011	2012
6,615	7,306	7,950	8,332	8,235
Students Receiving Free and Reduced School Meals (FARMS) (Percent) Showing most recent 5 years				
2008	2009	2010	2011	2012
24.0%	26.0%	29.0%	30.0%	31.0%
Supplemental Nutrition Assistance Program (SNAP) Participation (Percent) Showing most recent 5 years				
FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
2.0%	2.0%	2.0%	2.0%	2.0%
Supplemental Nutrition Assistance Program (SNAP) Participation (Number) Showing most recent 5 years				
FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
3,546	4,570	5,637	6,860	7,465

Out of Home Placement:

In February 2013, there were a total 101 Charles County children in out of home placements. There are many forms of out of home placement in Charles County including family foster care, adoption, legal guardianship, formal kinship, group homes, and residential treatment facilities.

Family Foster Homes (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
63	65	68	68	64
Family Foster Homes Relative to State's Goal (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
-2	0	0	0	-1
Family Foster Care (Number) Showing most recent 5 years				
2008	2009	2010	2011	2012
106	113	110	110	94
Family Foster Care - Monthly Caseworker Visitation (Percent) Showing most recent 5 years				
Se-12	Oc-12	No-12	De-12	Ja-13
93%	94%	95%	95%	72%
Adoption (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
0	1	2	0	0
Legal Guardianship (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
0	1	0	0	0
Reunification (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
0	1	0	0	0
Children Exiting (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
1	3	3	1	0

Out of Home Placement :Total (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
96	96	94	96	101
Formal Kinship Care (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
11	12	13	12	11
Restricted (Relative) Foster Care (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
0	0	0	0	0
Regular Foster Care (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
40	40	37	37	42
Treatment Foster Care - Private (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
10	12	11	11	12
Treatment Foster Care - Public (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
0	0	0	0	0
Pre-Adoptive Homes (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
0	0	0	0	0
Children in Group Homes (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
15	18	16	16	15
Children in Residential Treatment Centers (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
6	6	6	6	7

Children in Independent Living (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
2	1	1	1	1
Children in Other Placements (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
9	6	7	8	8
Aged Out (Number) Showing most recent 5 years				
Oc-12	No-12	De-12	Ja-13	Fe-13
1	0	1	1	0

Homelessness:

According to the Charles County Public Schools, there were 845 students and their families in Charles County who are homeless at the end of the 2012-2013 school year. These families working with the school system to receive education and services.

NEW COMMUNITY PERSPECTIVESCrime: See Juvenile Offense DataOut of School Time Opportunities:

The Charles County Department of Community Services: Parks and Recreation offer after school programs for children in grades 6-8 at many of the Charles County middle schools. There is a fee for this program. Additional recreation programs are held at the community centers, Lackey and North Point High Schools, Port Tobacco Recreation Center, and the Elite Gymnastics Center.

Other community organizations offer after school activities. *The Big Brothers and Big Sisters Program* offers mentoring to children up to the age of 12 years. The Tiger Do Jiao offers an after school empowerment program.

Child Poverty:

The percentage of Charles County children living in poverty has increased from 7.5% in 2007 to 10.7% in 2011. This constitutes an increase from 2789 children in 2007 to 4065 children in 2011 living in poverty.

From 2007-2011, there were increases in the percentages of children living 50% and 100% of poverty. However, the percentage of children living below 200% of poverty decreased during this time period.

Children in Poverty (Number) Showing most recent 5 years				
2007	2008	2009	2010	2011
2,789	2,993	3,223	3,258	4,065
Children in Poverty (Percent) Showing most recent 5 years				
2007	2008	2009	2010	2011
7.5%	8.2%	8.6%	8.5%	10.7%
Children Living Below 50% of Poverty (Number)				
2005-2007	2006-2008	2007-2009	2008-2010	2009-2011
1,366	1,252	1,109	917	1,762
Children Living Below 50% of Poverty (Percent)				
2005-2007	2006-2008	2007-2009	2008-2010	2009-2011
4.0%	3.0%	3.0%	2.0%	4.6%
Children Living Below 100% of Poverty (Number)				
2005-2007	2006-2008	2007-2009	2008-2010	2009-2011
2,824	2,938	2,730	2,687	3,062
Children Living Below 100% of Poverty (Percent)				
2005-2007	2006-2008	2007-2009	2008-2010	2009-2011
8.0%	8.0%	7.0%	7.0%	8.0%
Children Living Below 200% of Poverty (Number)				
2005-2007	2006-2008	2007-2009	2008-2010	2009-2011
7,698	6,686	6,232	6,222	6,947
Children Living Below 200% of Poverty (Percent)				
2005-2007	2006-2008	2007-2009	2008-2010	2009-2011
21.0%	18.0%	16.0%	16.0%	18.2%

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- 2007-2011 Charles County Out of Home Placement Data. Charles County Data Center. KidsCount. The Annie E. Casey Foundation. Available at datacenter.kidscount.org.
- 2013 Estimates of Homeless Families in the Charles County School System. Charles County Board of Education.
- 2007-2011 Charles County Child Poverty Rates. Charles County Data Center. KidsCount. The Annie E. Casey Foundation. Available at datacenter.kidscount.org.

Conclusions

After a thorough analysis of all quantitative data on the status of services for children, youth, and families in Charles County and of the qualitative data gathered from the community, a list of ten issues has been developed to help guide future endeavors to improve the lives of children, youth, and families in Charles County. These indicators were chosen because they either affect a large number of children, youth, or families; their rates have increased significantly in the past five years; or they received much discussion among focus groups, key informants, and survey participants.

1. Extracurricular and Employment Opportunities for Youth

A search of afterschool activities for youth found some opportunities for middle school aged children but little besides school sponsored sports for high school aged youth.

Structured community activities for teens and youth and more employment opportunities were the major themes to surface from the qualitative data collection of the needs assessment. A community or youth facility like the YMCA and youth employment opportunities was the most commonly checked services that community survey participants felt were needed in Charles County for children, youth, and families. Key stakeholders also discussed the need for such opportunities.

During the youth focus group, this was the main topic of discussion. The youth in the group strongly felt that more youth employment opportunities are needed in the county. They said that more jobs are requiring a high school diploma, which limits their options. They also felt that securing a job as a teen was more about who you know and not whether you are qualified. They suggested that the high schools and community college provide more internship opportunities for youth in the areas that they are interested in. The youth focus group participants agreed that a recreational center with support services would be used if access to the facility was available to all Charles County youth from all schools and transportation was provided.

2. Minority Infant Mortality and Poor Pregnancy Outcomes

A total of 15 infant deaths occurred in 2011. The Charles County infant mortality rate was 8.2 per 1,000 live births. An infant mortality rate for the White population could not be calculated due to less than 5 events. The Black infant mortality rate for Charles County was 13.5 per 1,000 live births, well above the county overall rate.

When comparing by race, multiple years of data must be used. The 2007-2009 average infant mortality rate for Charles County Whites was 4.7 per 1,000 live births. The rate for Charles County Blacks was much higher at 10.4 per 1,000 live births. The county overall rate was 7.4 per 1,000 live births.

The 2011 perinatal death rate for Charles County was 13.0 per 1,000 live births. This was the third highest rate among the Maryland jurisdictions. Perinatal deaths are those occurring in fetuses greater than 28 weeks gestation and infants less than one week old. The Charles County White perinatal death rate was 6.4 per 1,000 live births. The Charles County Black perinatal death rate was much higher at 18.3 per 1,000 live births.

From 2007-2009, the percentage of women in Charles County receiving first trimester prenatal care was 75.4%, which is lower than the Maryland state average percentage of 80.2%. Charles County percentages for each race were below the Maryland state average percentages for those racial groups.

In Charles County, Hispanic mothers reported the lowest rates of first trimester prenatal care (62.7%). The African American population also reported that only 71.2% received first trimester prenatal care. The highest percentage of women receiving first trimester prenatal care was seen in the White population (81.3%).

Low birth weight mean that a baby is born weighing less than 2500 grams. Low birth weight was most commonly seen among the African American population in Charles County (12.2%) for 2007-2009. There is also a large disparity between the percentage of low birth weight among Charles County Blacks and Whites (12.2% vs. 7.4%). Low birth weight percentages were also seen among the Asian population in Charles County (9.5%).

3. Youth Alcohol and Drug Use

2007 Maryland Adolescent Survey found that 12.1% of 6th graders, 30.6% of 8th graders, 60% of 10th graders, and 69.1% of 12th graders had consumed any form of alcohol in their life. It also found that by 12th grade, 35.6% had tried marijuana, 35.4% had tried cigarettes, and 37.7% had tried other drugs besides alcohol and tobacco. 26.6% of those 12th graders also reported binge drinking in the past month.

According to the 2006-2008 National Survey on Drug Use and Health, 51% of Southern Maryland adults admitted to using alcohol in the past month, 5.88% had used illicit drugs in the past month, 8.35% had been dependent upon or abused illicit drugs or alcohol in the past year, 4.14% had used marijuana in the past month, 2.13% had used cocaine in the past year, and 24.35% had used cigarettes in the past month.

Youth focus group participants talked about the easy availability of drugs and alcohol in the schools. They admit that many youth are popping pills and/or drinking alcohol. They did not feel that smoking marijuana should be illegal. Participants in the key stakeholder focus group expressed concern about drugs and alcohol and their contributions to juvenile crime.

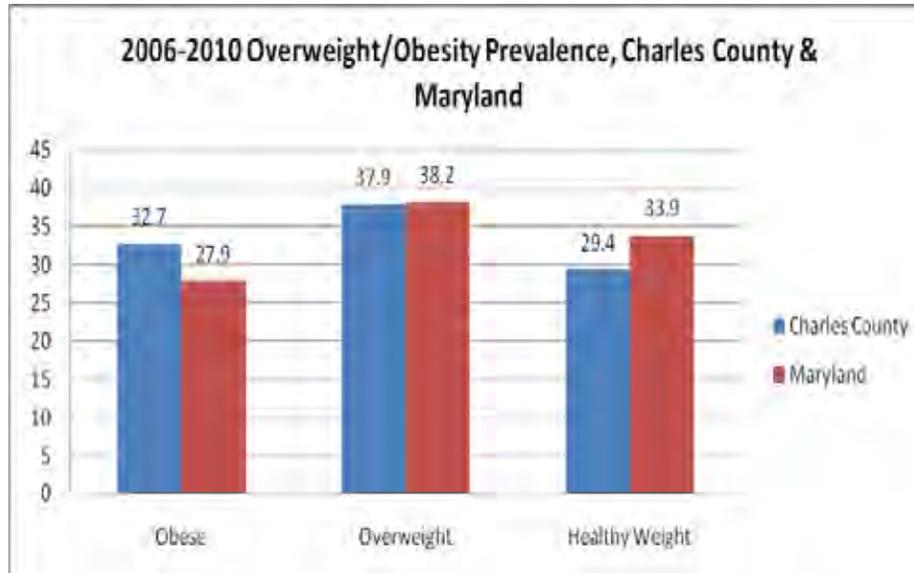
4. Homelessness and Affordable Housing

At the end of the 2012-2013 school year, there were a total of 845 children in the Charles County Public Schools who were classified as homeless. That number has increased exponentially each year.

Homelessness, the need for more homeless shelters, and the need for quality, affordable housing was a central theme in all forms of qualitative data collection. These themes were repeated in the key stakeholder focus group, the community survey, and the key informant surveys.

5. Overweight and Obesity

Over two-thirds of the Charles County population is either overweight or obese. Percentages of overweight and obesity in Charles County are greater than those seen on a state level.



Source: 2006-2010 Maryland BRFSS, Maryland DHMH

The 2010 Maryland Youth Tobacco survey found that 12.2% of Charles County adolescents and 11.6% of Maryland adolescents, ages 13-18 years, are obese. The 2006 Maryland Pediatric Nutrition Surveillance found that among children 2-5 years of age in the WIC Program, there is a 15% obesity rate and an 18% overweight rate. The 2006 Charles County obesity rate for children aged 2-5 years fell somewhere between 10-14%.

6. Access to Healthcare for Families

Several factors lead to limited access to healthcare in Charles County. Some of those factors include:

Lack of health insurance for all residents:

2010 US Census Bureau's Current Population Survey Charles County health uninsurance estimate is 9.4%. This is higher than the 2008 health uninsurance rate of 6.4% (2009 US Census Bureau). The increase in the health uninsurance rate from 2008 to 2010 is statistically significant to a 90% confidence level (2009 US Census Bureau). 2010 MD BRFSS estimates that 7.7% of CC residents and 10.9% of MD residents do not have any health insurance coverage.

Health insurance coverage for all members of the family was discussed in all forms of qualitative data collection. Participants on the community survey often wrote in that they have health insurance for their children or a

spouse but do not have it for themselves. Key stakeholders and focus group participants also expressed that health insurance is often a barrier for individuals in accessing the health care they need.

Transportation:

According to the Maryland BRFSS, 81.5% of Charles County residents report that they travel outside of Charles County for medical care at some point (2010 MD BRFSS). In addition, 56% of medical services received by Charles county residents were received outside of the county (2010 MD BRFSS).

Transportation was extensively discussed in all forms of qualitative analysis. It was chosen as a reason by survey participants for their family's needs not being met. It was listed as a barrier to getting needed services by key stakeholders and focus group participants. The youth in the focus group talked about transportation as a hindrance to their ability to participate in after school activities. For example, VanGo does not provide services to the Brandywine neighborhood of one participant, and they quit bus service before events end.

Access to needed health services

Survey participants were asked what health services they were in need of. The most common responses were therapists and mental health/substance abuse counseling.

Ninety-four participants reported needing some form of mental health services including: affordable mental health services, anger management counseling, assistance with family violence, crisis counseling, treatment for depression, treatment for thoughts of suicide, treatment for mental illness, and/or rape or sexual assault counseling.

One hundred and eighty-seven respondents reported needed some help or support in getting services for their young children. This includes: breast feeding support, early childhood education for birth to 2 years, early childhood education for ages 3-5 years, early intervention for a child with special needs, immunizations for children, prenatal care, quality, affordable child care, routine baby check-ups, enrolling a child in kindergarten, healthcare for children, and the Women, Infants, and Toddlers Program (WIC).

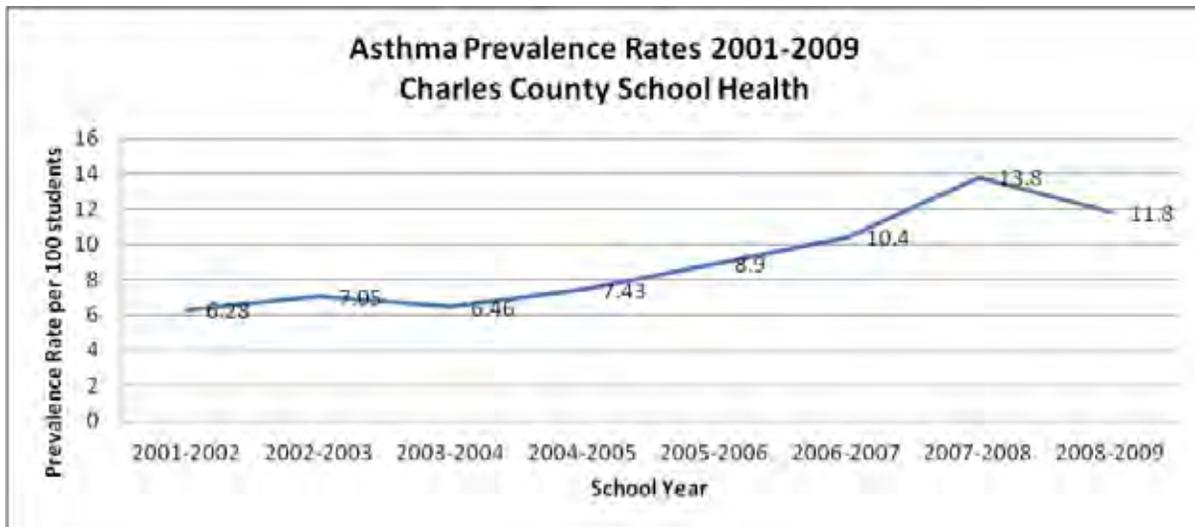
7. Asthma: Emergency Department Visit Rates and Child Prevalence

Looking at Charles County emergency department visit rates for 2010 and 2011, the rate continues to increase slightly each year. As reported above, the 2009 ED visit rate for asthma in Charles County was 55.8 per 10,000. By 2011, the asthma-related ED visit rate was 61.6 per 10,000. The 2011 Charles County rate is above the Maryland state average asthma-related ED visit rate of 59.1 per 10,000.

Charles County 2009-2011 Asthma-Related Emergency Department Visit Rate per 10,000 population



The rate of children presenting in the Charles County school system has continued to increase steadily though the last 8 years. The rate more than doubled between the 2001-2002 school year to the 2007-2008 school year (6.28 vs. 13.8).



Source: 2001-2009 Charles County Department of Health: School Health Program

8. Post Secondary Educational Attainment

Charles County Population with a Bachelor’s Degree or Higher:

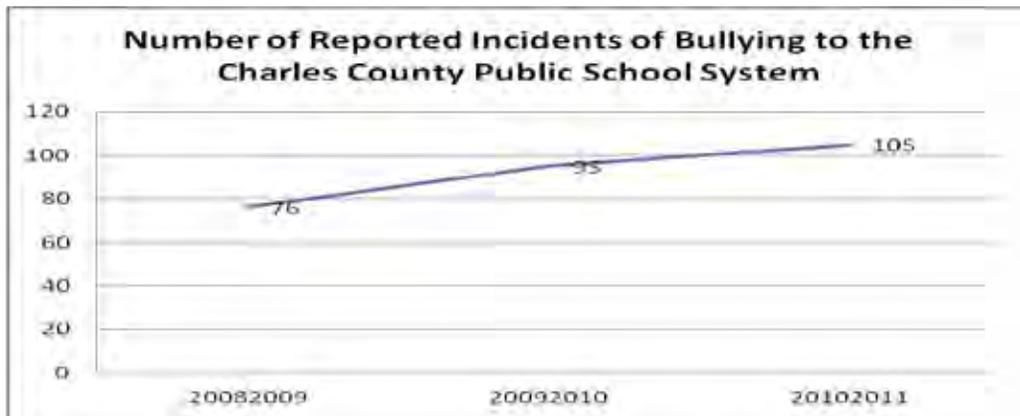
According to the United States Census Bureau’s 2007-2011 Combined Average American Community Survey results, 26.4% of Charles County residents over the age of 25 years has a bachelor’s degree or higher. This is lower than the Maryland state average percentage of 36% for college completion.

College Completion	Charles County	Maryland
Bachelor's degree or higher, pct of persons age 25+, 2007-2011	26.4%	36%

When services were listed on the community survey, many participants checked that they needed services relating to job training. Education and job qualifications are an important topic for Charles County citizens.

9. Bullying and Harassment

The number of reported bullying incidents to the Charles County Public School System has increased steadily each year. In the 2008-2009 school year, a total of 76 incidents were reported. By the 2010-2011 school year, a total of 105 incidents were reported.



The rate of bullying incidents per 1000 enrolled students increased in Charles County from 2.8 per 1000 enrolled students in 2008-2009, to 3.6 in 2009-2010, and to 3.9 in 2010-2011.

Youth focus group participants talked about bullying and its presence in the schools. They said that it happens and that kids need to learn how to stand up for themselves sometime.

10. Child Poverty

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8.0%	8.0%	7.0%	7.0%	8.0%

Charles County Commissioners



Equal Opportunity County

Charles County Government
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Mission Statement – The mission of Charles County Government is to provide our citizens the highest quality service possible in a timely, efficient, and courteous manner. To achieve this goal, our government must be operated in an open and accessible atmosphere, be based on comprehensive long- and short-term planning, and have an appropriate managerial organization tempered by fiscal responsibility. We support and encourage efforts to grow a diverse workplace.

Vision Statement – Charles County is a place where all people thrive and businesses grow and prosper; where the preservation of our heritage and environment is paramount; where government services to its citizens are provided at the highest level of excellence; and where the quality of life is the best in the nation.