Mid Shore State of the Child: 1999

Prepared for

Caroline County Human Service Council
Dorchester County Office Child & Family Services
Kent County Board for Children's and Family Services
Queen Anne's County Partnerships for Children
Talbot County Family Network

by

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October 4, 1999

Executive Summary

The Local Management Boards of Caroline County, Dorchester County, Kent County, Queen Anne's County and Talbot County commissioned this report to provide a background for planning how best to serve children and their families, to document aspects of past program implementation, and to provide a baseline for evaluating programs in the future. The five counties are collectively known as the "Mid Shore" and are homes to 4% of Maryland's population. All five counties are expected to grow through 2020, although the number of children and youth less than 20 years of age is projected to decrease slightly.

One focus of a Local Management Board is that babies start life healthy. Reduction in the percent of births less than 5.5 is a national goal, but neither Maryland nor four of the five Mid Shore counties has experienced this goal during the past decade. The one Mid Shore county in which the percent of low weight births declined was substantially higher than the other counties and the Maryland average until 1997. Lower birth rates to adolescent women and lower rates of infant deaths are also indicators of healthy babies, and these rates declined in four of the Mid Shore counties during the past decade. Another positive indicator is the increase in first-trimester prenatal care in all five counties.

Healthy children are the next focus. The death rates of children in all of the Mid Shore counties were about the same as the Maryland average in 1997. This followed a decade-long decline in four of the counties from child death rates that were almost double the average of the state. About 6-8 children per 1,000 required hospitalization for injuries in each of the Mid Shore counties, a rate at or above the state average. Many substances children use can harm their health and many are illegal for them. However, alcohol is widely consumed by children who frequently binge drink, and cigarette smoking is common. Almost as many students use marijuana as cigarettes, and a few use cocaine. In general, substance use increases with age after grade six. There are indications that substance use is starting earlier in children's lives, but also hints that maximum use may be occurring at slightly earlier ages. Medical care, when needed, improves the health of children, and one indicator of access to medical care is the percent of children enrolled in Medicaid. Medicaid enrollment for children has increased in the Mid Shore counties following the trend in Maryland as a whole, although substantial differences occur between the counties in the percent of enrollment. Sexually transmitted disease appears to have declined in the Mid Shore counties as they have in Maryland over all, but Chlamydias may have infected as many as 3% of older adolescent girls in 1998.

Preschool experiences may help children enter school ready to learn. Most formal child care occurs in homes licensed for 6-8 children, although this capacity varies greatly among the Mid Shore counties. There is also great variation in the capacity of licensed centers for school age children, and few licensed child care centers take infants.

School is an important part of children's lives. The past decade has seen general improvement in the percent of Mid Shore students scoring satisfactory on various tests, but not all the news is good. Reading at a satisfactory level appears to decline following fifth grade. Students are

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absent from Mid Shore public schools about the same or less often than in Maryland as a whole, but the rate of absence has declined in only one county. Suspensions of students from school because of their behavior has been increasing for Maryland as a whole and in two of the Mid Shore counties. Even those counties where suspensions have not increased are still as frequent or more frequent than in Maryland as a whole.

Dropping out of high school seems to be an increasing problem for Caroline, Dorchester, Kent and Queen Anne's counties, and those who do graduate are less likely than Maryland students in general to meet the minimum course requirements for entering the University of Maryland System. Only Talbot County appears to be following the Maryland trend of lower dropout rates and is at the Maryland average for course completion. All five counties were above the Maryland average in 1990 in the percent of adults without a high school diploma.

Another focus is on violence to or by children and the indicators of child abuse in the Mid Shore are mixed. The indicated rates of abuse or neglect are higher in some counties than the state average, and lower in others. The rates of abuse or neglect have increased, stayed the same, or decreased depending upon the county. The indicator of domestic violence suggests that Mid Shore children are twice as likely as the average Maryland child to witness violence in the home. Child deaths due to accidents are one-and-a-half to three times as likely in the Mid Shore counties as in Maryland. The juvenile arrest rate for violent offenses increased over the decade in all five counties, and all but one were above the Maryland average by 1997. Arrests for nonviolent crimes also increased in four counties and were higher than the Maryland average by 1997.

Indicators of stable and economically independent families vary among the five counties. Families in Dorchester and Kent counties consistently experience more unemployment, have lower incomes, and have greater need for free or reduced price school lunches than the Maryland average. Queen Anne's County is generally at or better than the Maryland average. Caroline and Talbot counties vary in the comparison with the Maryland average depending upon the indicator. Four of the Mid Shore counties record less homelessness than the Maryland average, and all of them are less likely than the Maryland average to place children in foster homes. This does not necessarily mean stable families, however, as the same or a greater percent of children in the Mid Shore counties have orders for support from an absent parent than in Maryland.

Local Management Boards are charged with the responsibility of planning, coordinating and prioritizing services for their respective counties. The programs and data they choose to emphasize vary. Data are provided for one, some, or all five counties on pregnancy prevention services, health start services, family support services, migrant services, and park and recreational programs.

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Acknowledgments

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The data came from many sources. Most of the data series which had been recommended by the Maryland Partnership for Children, Youth and Families as results and indicators had been assembled by the Governor's Office of Children, Youth and Families (OCYF), Maryland Department of Human Resources, and we wish to thank Ms. Megan Williams for her assistance. These files were provided on a diskette and tables derived from them have OCYF listed as the source. Tracie Farrell, from the same office, supplied other data. Others in Maryland state government who supplied data include: Pat Arnold, Department of Labor, Licensing and Regulation; Anita Bhatia, Division of Sexually Transmitted Diseases, Department of Health and Mental Hygiene; Carol Fettweis, Nutrition and Transportation Services Branch, Department of Education; Rosyln Hodnett, Planning, Results and Information Management, Department of Education; Pat Holcomb, Medical Care Policy Administration, Department of Health and Mental Hygiene; Dr. Keyvan, Department of the Environment; John Kozarki, Office of Planning; Rosemary Murphy, Outreach and Women's Services, Medical Care Policy Administration, Department of Health and Mental Hygiene; Price Schuler, Child Care Administration, Department of Human Resources; Cvieta Sheridan, Migrant Programs, Department of

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Education; Nadine Smith, Department of Health and Mental Hygiene; Jane Stanton, Child Care Administration, Department of Human Resources; and the web sites for the Office of Planning and the Department of Education. Also providing data for their counties were the following: Judy Berry, Kent County Parks and Recreation; Jaki Dennard, Dorchester County Family Support Center; Mary Elliott, Dorchester County Health Department; Cindy Evey, Caroline County Department of Parks and Recreation; Dana Hayes, Queen Anne's County Family Support Center; Ty Kennedy, Talbot County Family Support Center; Judy Lewis, Talbot County Health Department; Mary Adda Moore, Kent County Health Department; Amy S.Warner, Kent County Prevention Program at Public House; and Jane Young, Queen Anne's County Health Department.

Bonham Research provides a full range of research and evaluation services tailored to the needs of organizations that provide human services. Research and evaluation helps organizations and agencies understand how well their programs are working, if they are achieving their goals, and if they are reaching their target populations. Information on processes and outcomes help make programs more effective and efficient. Bonham Research provides services from initial evaluation design, through data collection and processing, to final presentation in written, visual and oral forms.

Gordon Scott Bonham, Ph.D., President, Bonham Research, has 27 years of social and health research experience with Towson University, the University of Louisville, and the National Center for Health Statistics. He received his Ph.D. in sociology from the University of Michigan. Penny Abbott, Information Manager, Bonham Research, manages the acquisition of existing data from various sources and the collection of new data through survey interviews. She has a B.A. in history and sociology from the University of Pennsylvania, and managed survey research with Battelle and Towson University.

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Background

The five Mid Shore Maryland counties of Caroline, Dorchester, Kent, Queen Anne's and Talbot prepared a comprehensive review of the status of children in 1994.[1] This information was valuable in planning. The review provided a wide range of data to document the status of the counties on several dimensions of interest. Data came from the 1990 Census and from local sources related to years 1991, 1992 and 1993. Some national data were included when local data were unavailable.

Since then, Maryland's System Reform Initiative[2] has involved each county in setting up its own Local Management Board (LMB) to plan, implement, evaluate, and be accountable for programs serving children in the county. To help counties in these processes, the State recommended several indicators of child and family well-being.[3] Of the 23 recommended result indicators, about half had been included in the 1994 Report, but did not reflect current information for current needs. The LMBs in the five counties decided to cooperatively update the data for planning purposes. They hired Bonham Research to update and extend the report.

The objective of this report is to assemble data for each of the five counties in the middle region of Maryland's Eastern Shore that can be used to:

- Provide a background for planning how best to serve children and their families
- Document aspects of past implementation of programs serving children and their families
- Provide a baseline for evaluating programs in the future
- Demonstrate accountability for meeting the needs of children and their families

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[1]Mid Shore Council on Children, Youth and Families, Inc. 1994. *Mid Shore State of the Child* (February).

[2]Subcabinet for Children, Youth, and Families. 1997. *Maryland's Systems Reform Initiative* (February).

[3]Results Workgroup. 1998. *Recommended Results Indicators of Child and Family Well-Being* (May). Report submitted to the Maryland Partnership for Children, Youth and Families.

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The five Mid Shore counties generally requested the same data series, and most of the data are displayed for each of the five counties separately, for the Mid Shore counties combined, and for Maryland state as a comparison. A few data series are unique to individual counties.

This report discusses each data series provided. Data recommended for use as child and family well-being results and indicators[4] are identified below the heading by: *(Recommended result and indicator)*. The first paragraph of the section then describes the importance of the data series and characteristics or qualifications of the data summarizing comments of the Results Workgroup as provided by the OCYF with its data files. A graph or series of graphs illustrate key information from the data series with reference made to the detailed table in the last section of the report that supports the graph. These detailed tables list the name of the file on the diskette accompanying this printed report in Quatro Pro spreadsheets or Access databases from which the detailed tables were printed. The detailed table is generally the summary page of the Quatro Pro spreadsheet. The entire spreadsheet (or database) contains substantially more data than included in the printed report, and is generally organized as a separate page per year for which the data are available.

[4]Outreach Workgroup. 1999. *Final Recommendations to the Maryland Partnership for Children, Youth, and Families on the Child and Family Well-Being Results and Indicators* (January).

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Population

The five Mid Shore counties are home to 4% of Maryland's population. Queen Anne's County is expected to have the largest number of residents in 2000 (41,594) and Kent County the fewest (19,347). (See Table 1-1.) The other three counties are expected to be intermediate in population size: 33,498 people in Talbot County, 30,596 in Caroline County and 30,355 in Dorchester County in 2000. All five counties experienced population growth during the 1970s, and all except Dorchester experienced growth during the 1980s. The populations of all five counties are expected to grow through 2020, the end point of current projections. Queen Anne's County is projected to grow 27% between 2000 and 2020, Caroline County 13%, Talbot County 11%, Kent County 6% and Dorchester County 3%. Maryland as a whole is projected to grow 15% during the same twenty years.

Three-fourths (76.6%) of the population of the Mid Shore is white and one-fourth (23.4%) is nonwhite. Most of the nonwhites are African Americans; only 0.2% of the population are Native Americans and 0.5% are Asian or Pacific Islanders. The Hispanic population constitutes 1.2% of the population. (See Table 1-2.)

The Mid Shore County population under 20 years of age decreased during the 1970s, increased during the 1980s and 1990s, and is projected to decrease slightly over the next two decades. As a result, the total number of children in 2020 in the five counties should be about 2 percent more than in 1970. Each five-year age group of children, however, follows a different pattern. (See Figure 1-1.) The number of children 0-4 years old appears to have peaked in 1990. The number of children 5-9 and 10-14 years of age will peak about year 2000. The number of youth 15-19 years old will peak about 2005.

The average size of households has decreased in all five Mid Shore counties since 1970, and is expected to do so through 2020. Caroline and Queen Anne's counties have household sizes about the same as Maryland as a whole. Dorchester, Queen Anne's and Talbot counties have households 10% smaller on average than Maryland as a whole. (See Figure 1-2.) While the number of children in the five Mid Shore counties is projected to be about the same in 2020 as in 1970, over twice as many households are projected for 2020 as there were in 1970. (See Table 1-3.)

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Figure 1-1. Number of Children by Age and Year: Mid Shore Counties

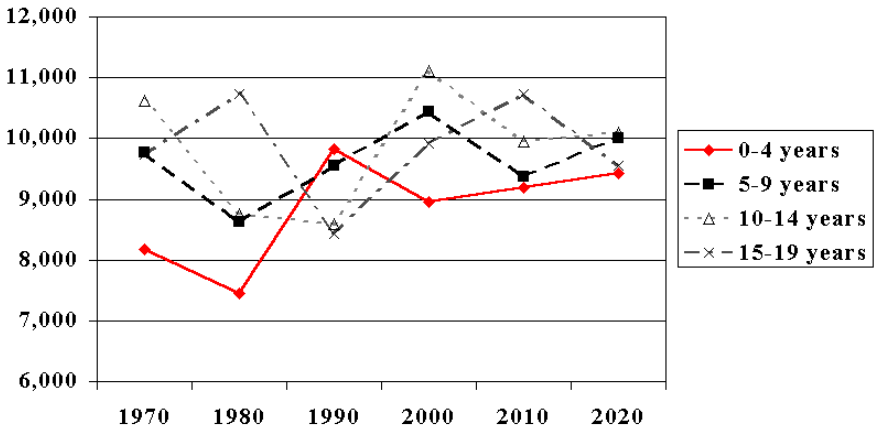

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Figure 1-2. Average Household Size by Year and County

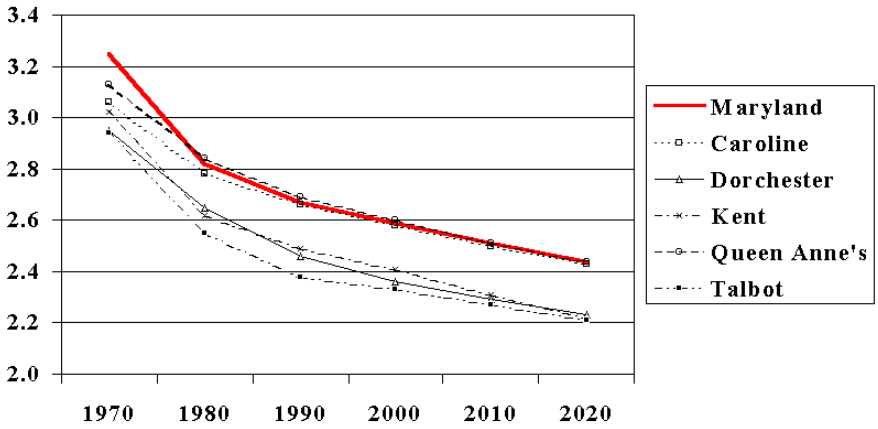

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Table 1-1. Population Projections by Year and Age

Age	Year								
	1970	1980	1990	1995	2000	2005	2010	2015	2020
Maryland State									
Total	3,922,399	4,216,975	4,780,753	5,034,607	5,244,461	5,485,850	5,677,599	5,873,968	6,040,964
0-4 years	344,573	272,274	364,988	379,825	346,672	331,431	333,749	351,223	363,843
5-9 years (5-19)	1,170,508	1,054,505	330,911	376,112	391,313	363,687	344,704	346,753	362,904
10-14 years	incl. above	incl. above	296,052	330,235	376,401	398,495	369,270	350,695	351,490
15-19 years	incl. above	incl. above	313,325	292,066	328,888	381,445	403,103	376,093	357,020
20-24 years (20-44)	1,321,781	1,645,037	372,856	329,972	306,888	348,747	400,611	424,258	394,005
25-44 years	incl. above	incl. above	1,673,288	1,712,142	1,663,751	1,575,737	1,491,527	1,673,288	1,580,487
45-64 years	785,840	849,550	914,989	1,051,899	1,239,936	1,456,757	1,631,809	1,678,973	1,643,095
65 years and over	299,697	395,609	514,344	562,356	590,612	629,551	702,826	835,663	988,120
Mid Shore Counties									
Total	107,436	121,573	139,615	147,448	155,390	161,602	166,945	172,042	176,395
0-4 years	8,170	7,459	9,825	9,651	8,950	8,831	9,186	9,476	9,429
5-9 years (5-19)	30,112	28,113	9,556	10,580	10,440	9,585	9,377	9,729	10,015
10-14 years	incl. above	incl. above	8,585	10,017	11,119	10,874	9,951	9,735	10,089
15-19 years	incl. above	incl. above	8,435	8,434	9,922	10,963	10,736	9,815	9,560
20-24 years (20-44)	30,195	40,703	8,551	7,892	7,923	9,271	10,209	10,025	9,153
25-44 years	incl. above	incl. above	42,173	42,822	42,026	39,113	37,472	42,173	40,556
45-64 years	24,720	27,283	30,008	33,688	39,650	46,585	51,300	51,365	49,360
65 years and over	14,239	18,015	22,482	24,364	25,360	26,380	28,714	33,152	38,233
Caroline County									
Total	19,781	23,143	27,035	28,900	30,596	31,799	32,897	33,847	34,699
0-4 years	1,576	1,592	2,116	2,185	2,040	1,995	2,086	2,167	2,178
5-9 years (5-19)	5,846	5,779	2,051	2,298	2,379	2,182	2,119	2,197	2,277
10-14 years	incl. above	incl. above	1,890	2,183	2,441	2,500	2,289	2,213	2,291
15-19 years	incl. above	incl. above	1,761	1,806	2,074	2,298	2,371	2,153	2,075
20-24 years (20-44)	5,414	7,749	1,732	1,598	1,640	1,862	2,063	2,133	1,928
25-44 years	incl. above	incl. above	8,300	8,695	8,712	8,251	8,009	8,300	8,596
45-64 years	4,419	4,853	5,309	6,088	7,177	8,470	9,397	9,581	9,323
65 years and over	2,526	3,170	3,876	4,047	4,133	4,241	4,563	5,242	6,031
Dorchester County									
Total	29,405	30,623	30,236	30,001	30,355	30,602	30,802	31,054	31,150
0-4 years	2,244	1,841	2,071	1,938	1,734	1,674	1,690	1,690	1,626
5-9 years (5-19)	7,920	6,950	1,998	2,107	2,019	1,806	1,738	1,757	1,755
10-14 years	incl. above	incl. above	1,847	1,974	2,094	2,005	1,794	1,727	1,745
15-19 years	incl. above	incl. above	1,799	1,612	1,816	1,922	1,832	1,645	1,579
20-24 years (20-44)	8,169	10,032	1,832	1,608	1,483	1,669	1,763	1,687	1,511
25-44 years	incl. above	incl. above	8,958	8,681	8,242	7,435	6,907	8,958	6,992
45-64 years	7,065	7,034	6,548	6,751	7,656	8,793	9,534	9,492	9,035
65 years and over	4,007	4,766	5,183	5,330	5,311	5,298	5,544	6,127	6,907
Kent County									

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Table 1-1. Population Projections by Year and Age

Age	Year								
	1970	1980	1990	1995	2000	2005	2010	2015	2020
Total	16,146	16,695	17,842	18,771	19,347	19,800	20,148	20,347	20,450
0-4 years	1,169	948	1,140	1,310	992	915	919	924	893
5-9 years (5-19)	4,751	3,890	1,072	1,189	1,353	1,024	941	949	953
10-14 years	incl. above	incl. above	995	1,115	1,238	1,408	1,062	975	982
15-19 years	incl. above	incl. above	1,362	1,310	1,459	1,614	1,796	1,420	1,305
20-24 years (20-44)	4,762	5,626	1,431	1,340	1,257	1,384	1,521	1,698	1,350
25-44 years	incl. above	incl. above	4,923	4,852	4,629	4,187	3,867	4,923	4,188
45-64 years	3,347	3,704	3,927	4,403	5,029	5,793	6,282	6,079	5,771
65 years and over	2,117	2,527	2,992	3,252	3,390	3,475	3,760	4,381	5,008
Queen Anne's County									
Total	18,422	25,508	33,953	37,451	41,594	44,900	47,599	50,397	52,897
0-4 years	1,360	1,722	2,525	2,270	2,457	2,580	2,750	2,867	2,895
5-9 years (5-19)	5,393	6,064	2,519	2,816	2,566	2,695	2,771	2,955	3,070
10-14 years	incl. above	incl. above	2,188	2,724	3,078	2,742	2,844	2,937	3,124
15-19 years	incl. above	incl. above	1,956	2,170	2,725	3,051	2,707	2,808	2,884
20-24 years (20-44)	5,271	9,000	1,884	1,873	2,093	2,608	2,901	2,593	2,681
25-44 years	incl. above	incl. above	11,168	11,648	11,915	11,390	11,215	11,168	12,673
45-64 years	4,208	5,639	7,368	8,875	11,069	13,455	15,034	15,187	14,808
65 years and over	2,190	3,083	4,345	5,075	5,691	6,379	7,377	8,991	10,762
Talbot County									
Total	23,682	25,604	30,549	32,325	33,498	34,501	35,499	36,397	37,199
0-4 years	1,821	1,356	1,973	1,948	1,727	1,667	1,741	1,828	1,837
5-9 years (5-19)	6,202	5,430	1,916	2,170	2,123	1,878	1,808	1,871	1,960
10-14 years	incl. above	incl. above	1,665	2,021	2,268	2,219	1,962	1,883	1,947
15-19 years	incl. above	incl. above	1,557	1,536	1,848	2,078	2,030	1,789	1,717
20-24 years (20-44)	6,579	8,296	1,672	1,473	1,450	1,748	1,961	1,914	1,683
25-44 years	incl. above	incl. above	8,824	8,946	8,528	7,850	7,474	8,824	8,107
45-64 years	5,681	6,053	6,856	7,571	8,719	10,074	11,053	11,026	10,423
65 years and over	3,399	4,469	6,086	6,660	6,835	6,987	7,470	8,411	9,525

Source: Maryland Office of Planning RPT298f.wb3
File: T1_1.PopProj.wb3

NOTE: All 5-year age groups for 1970 and 1980 are not available separately,and are included in the group immediately above.

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Table 1-2. Estimates of Population 0-19 Years of Age by Race and Hispanic Ethnicity

Race & Ethnicity	Year							
	1990	1991	1992	1993	1994	1995	1996	1997
	Maryland State							
TOTAL	1,314,151	1,328,424	1,342,604	1,360,506	1,373,421	1,388,559	1,390,436	1,395,441
White	878,302	879,712	886,088	891,307	893,480	897,166	891,433	889,201
Black	386,920	397,721	403,968	413,850	422,139	431,449	437,560	442,531
American Indian, Eskimo, Aleut	4,110	4,032	4,028	4,213	4,399	4,633	4,585	4,574
Asian and Pacific Islander	44,819	46,959	48,520	51,136	53,403	55,311	56,858	59,135
Hispanic, all races	42,517	44,507	47,035	50,223	52,805	55,578	57,436	60,576
	Mid Shore Counties							
TOTAL	36,598	36,877	37,252	37,675	37,929	38,369	38,587	38,862
White	28,366	28,365	28,509	28,562	28,484	28,565	28,466	28,438
Black	7,978	8,246	8,473	8,828	9,145	9,488	9,802	10,090
American Indian, Eskimo, Aleut	63	65	61	70	69	74	71	73
Asian and Pacific Islander	191	201	209	215	231	242	248	261
Hispanic, all races	470	450	491	517	544	580	595	646
	Caroline County							
TOTAL	7,864	7,945	8,084	8,206	8,314	8,412	8,419	8,466
White	6,333	6,344	6,429	6,466	6,489	6,512	6,457	6,436
Black	1,478	1,536	1,590	1,672	1,753	1,827	1,886	1,954
American Indian, Eskimo, Aleut	20	27	25	28	30	28	29	28
Asian and Pacific Islander	33	38	40	40	42	45	47	48
Hispanic, all races	101	110	124	127	136	142	151	163
	Dorchester County							
TOTAL	7,775	7,699	7,723	7,762	7,734	7,691	7,674	7,611
White	4,898	4,790	4,760	4,703	4,608	4,505	4,411	4,305
Black	2,818	2,848	2,904	2,997	3,061	3,122	3,197	3,243
American Indian, Eskimo, Aleut	15	15	13	16	15	15	15	14
Asian and Pacific Islander	44	46	46	46	50	49	51	49
Hispanic, all races	63	62	62	71	70	78	77	85
	Kent County							
TOTAL	4,628	4,603	4,691	4,705	4,734	4,783	4,814	4,832
White	3,564	3,491	3,540	3,517	3,504	3,502	3,492	3,477
Black	1,023	1,075	1,111	1,147	1,188	1,233	1,278	1,306
American Indian, Eskimo, Aleut	10	5	7	8	6	10	7	8
Asian and Pacific Islander	31	32	33	33	36	38	37	41
Hispanic, all races	181	152	166	172	173	186	186	201
	Queen Anne's County							
TOTAL	9,234	9,374	9,482	9,650	9,718	9,952	10,206	10,411
White	8,049	8,141	8,205	8,299	8,306	8,455	8,612	8,733
Black	1,137	1,184	1,224	1,294	1,350	1,429	1,526	1,603
American Indian, Eskimo, Aleut	8	8	7	8	9	10	9	12

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Table 1-2. Estimates of Population 0-19 Years of Age by Race and Hispanic Ethnicity

Race & Ethnicity	Year							
	1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**
Asian and Pacific Islander	40	41	46	49	53	58	59	63
Hispanic, all races	64	67	76	80	88	94	97	105
	Talbot County							
TOTAL	7,097	7,256	7,272	7,352	7,429	7,531	7,474	7,542
White	5,522	5,599	5,575	5,577	5,577	5,591	5,494	5,487
Black	1,522	1,603	1,644	1,718	1,793	1,877	1,915	1,984
American Indian, Eskimo, Aleut	10	10	9	10	9	11	11	11
Asian and Pacific Islander	43	44	44	47	50	52	54	60
Hispanic, all races	61	59	63	67	77	80	84	92

Source: Maryland Office of Planning ar90_97.wb3
File: T1_2.race.wb3

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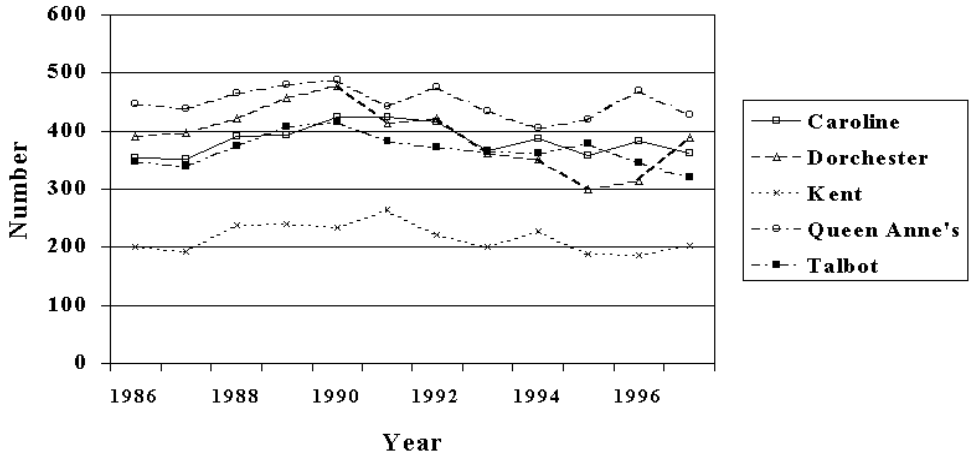
Babies Born Healthy

Number of Births

The numbers of babies born during a year have varied within a narrow range for the Mid Shore counties during that past decade. (See Figure 2-1 and Table 2-1.) Although the number of births peaked in either 1990 or 1991 for the counties, there is no overall discernable trend. The number of births by itself is not a result or indicator itself, but is important as the denominator of a number of results and indicators.

Figure 2-1. Number of Births by Year and County



Low Weight Babies *(Recommended result and indicator)*

Infant birth weight is highly associated with infant survival, health, and overall development. Infants weighing less than 2500 grams (5.5 pounds) are more likely to have physical and developmental problems, including mental retardation, developmental delays, visual and hearing deficits, chronic respiratory problems, and learning difficulties. *Healthy People 2000*[5] set a goal

[5]Office of Disease Prevention and Health Promotion. 1991. *Healthy People 2000: National Health*

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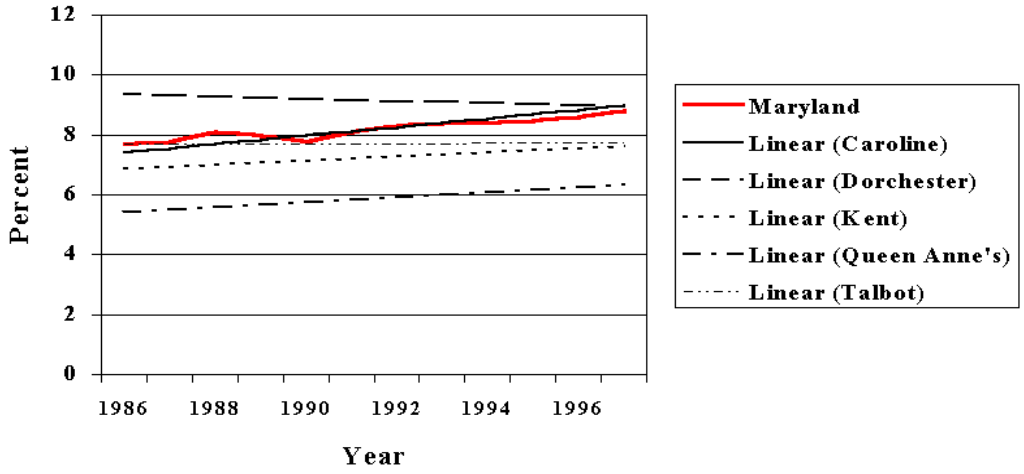
that 95% of infants born by the year 2000 would weigh 2500 grams or greater. Decreasing the percent of births of low birth weight is both a national and state health goal.

The Maryland trend over the last decade is away from the goal, not toward the goal. In 1986, 7.7% of the babies born in Maryland weighed less than 2500 grams. This had increased to 8.8% in 1997. (See Figure 2-2.) The percent of babies born each year with low birth rates varies greatly between one year and the next in the Mid Shore counties due to the small number of births. Any trend that can be observed may be related to the way adjustment is made for the year- to-year variation, and the Maryland Office of Children, Youth and Families recommends multi-year averaging. The *Kids Count Factbook*[6] uses five-year averages. The following figure uses linear regression. The two ways of averaging do not always produce the same results. Both

Figure 2-2. Percent of Births of Low Birth Weight by Year and County



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ways show that the percent of births that are low weight has been increasing in Caroline, Kent and Queen Anne's counties, paralleling the increase in Maryland as a whole. The percent of low weight births in Caroline County is about the same as Maryland in general; the percent is lower in both Kent and Queen Anne's counties. However, the averaging method used by the *Kids Count Factbook* shows the percent of low birth weight in Talbot County declining between the 1988-92 and 1993-97, while the linear regression shows no change. Both methods, however, suggest that Talbot County is diverging from the Maryland trend. The difference between the two methods is most striking for Dorchester County, which has historically experienced a higher percent of its babies with low birth weight than the other four Mid Shore counties and the state as a whole. The method used by the *Kids Count Factbook* shows the problem getting worse in Dorchester. Linear regression used in this report shows a reduction in the problem, so that by 1997 the percent of low birth weight births in Dorchester County was at the level experienced by Maryland as a whole. Table 2-2 shows the data for each year that can be used with other ways of multi-year averaging.

African American babies in Maryland and the Mid Shore are 2.3 to 2.4 times as likely as white babies to be born with low birth weights. Linear regression suggests that the percent of low birth weight has been increasing in Maryland as a whole and in Caroline, Kent and Queen Anne's counties between 1986 and 1997 for both African American and white babies. These three counties differed in the average racial difference, however, with African American babies in Kent County 3.2 times as likely as white babies to be born with low birth weight, whereas the racial difference was 2.1 times in Caroline County and 1.9 times in Queen Anne's County. In Dorchester and Talbot counties, linear regressions suggest that the low birth weights were declining for African American babies during the twelve years while they were increasing for white babies. The number of babies of other races born each year in the Mid Shore counties is too small to make comparisons meaningful.

Births to Adolescents *(Recommended result and indicator)*

Adolescent mothers are more likely to drop out of high school, experience unemployment, or, if employed, earn lower wages than women who begin childbearing after age twenty. Children born to teen mothers face increased risks of low birth weight, death before age one, developmental problems, and poverty. About 4.2% of the babies born each year in Maryland are born to adolescents less than 18 years of age. This has changed little between 1986 and 1997. Kent (4.4%) and Talbot (4.5%) Counties were around the state average. The percent of births to adolescents in Caroline (6.1%) and Dorchester (8.2%) Counties are quite a bit higher than for Maryland as a whole, while the average for Queen Anne's County (3.2%) is lower. The small number of births each year in the Mid Shore counties makes trends difficult to see except for Queen Anne's County. Between 1986 and 1992, the percent of births to adolescents in Queen Anne's County varied little from the Maryland average. Beginning in 1993, the percent of births to adolescents steadily declined to 1.3% in 1997, which is one-third of the Maryland percent for that year. (See Table 2-3.)

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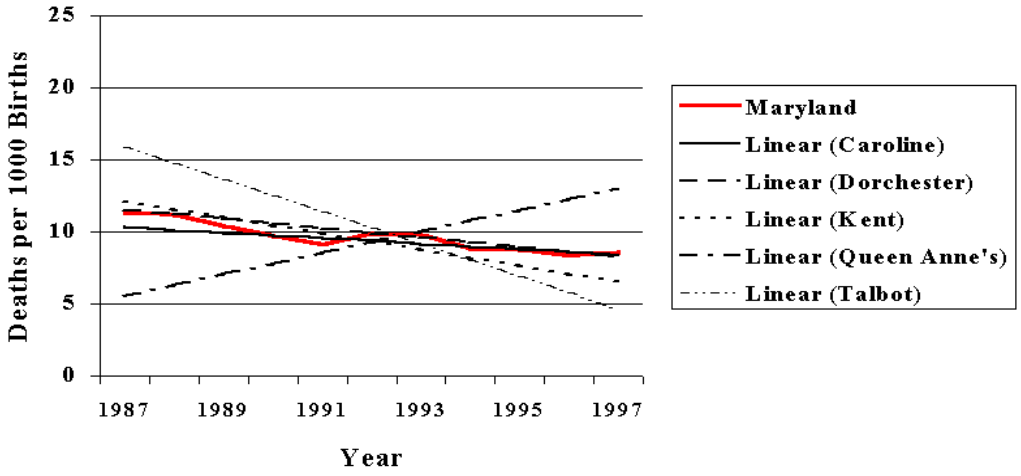
Figure 2-4. Infant Deaths per 1000 Live Births by Year and County



The birth rate to Maryland adolescents, however, has been declining. (See Figure 2-3.) The birth rate was 13.6 births per 1,000 adolescent women in Maryland in 1990 and 11.0 births per 1,000 adolescent women in 1997. The rates in Talbot County were identical to those of the state once year-to-year variations were adjusted through regression for a linear trend. The birth rate among adolescents in Queen Anne's County in 1990 (11.0 births per 1,000 adolescents) had declined even more rapidly than in the state as a whole. By 1997, there were only 3.0 births per 1,000 to Queen Anne's County adolescents. The birth rates to adolescents in Caroline and Dorchester counties were higher than in Maryland as a whole, and the averaging method used by the *Kids Count Factbook* shows the birth rate increasing in Caroline County and staying the same in Dorchester County. Linear regression used in this report suggests that the adolescent birth rate in both of the counties declined between 1990 and 1997 at about the same rate as in the rest of Maryland. The adolescent birth rate in Kent County appears to have increased whether the averaging method of the *Kids Count Factbook* or linear regression is used. However, the adolescent birth rate varies greatly from year to year in Kent County (5.6 in 1996 and 17.6 in 1997), and any averaging method is greatly affected by the high rate in the last year for which the data are available.

Infant Mortality *(Recommended result and indicator)*

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Infant mortality is calculated as the number of deaths of infants (children less than one year of age) during a year to the 1,000 live births during the year. It is used as an indicator associated with family access to health care and of prenatal, family, and environmental risks to a child's healthy start. Infant deaths have been slowly declining in Maryland, from 11.4 deaths per 1,000 live births in 1987 to 8.6 deaths per 1,000 live births in 1997. (See Figure 2-4.) The numbers of live births and infant deaths in a year are so small in the individual counties that yearly rates fluctuate greatly, and cannot be calculated for some counties for some years. Linear regression trend lines show infant mortality in Caroline, Dorchester and Kent about the same as Maryland as a whole and showing the same decline between 1987 and 1997. The trend line for Talbot County suggests that its infant mortality was higher in 1987 than in the rest of Maryland, but declined more rapidly so that it was lower than the rest of Maryland by 1997. Queen Anne's County appears to be the only Mid Shore County that experienced an increase in infant mortality during the period. The Queen Anne's infant mortality rate in 1987 was about half that of the state as a whole. By 1997, Queen Anne's infant mortality rate had increased to about twice that of the state as a whole.

The African American infant death rate for Maryland is about three times the white infant death rate (16.1 and 5.3 respectively in 1997). Averaged over the decade, the African American infant death rate was slightly lower within the Mid Shore counties than in the rest of the state, while the white infant death rate was slightly higher than in the rest of Maryland. (See Table 2-4.)

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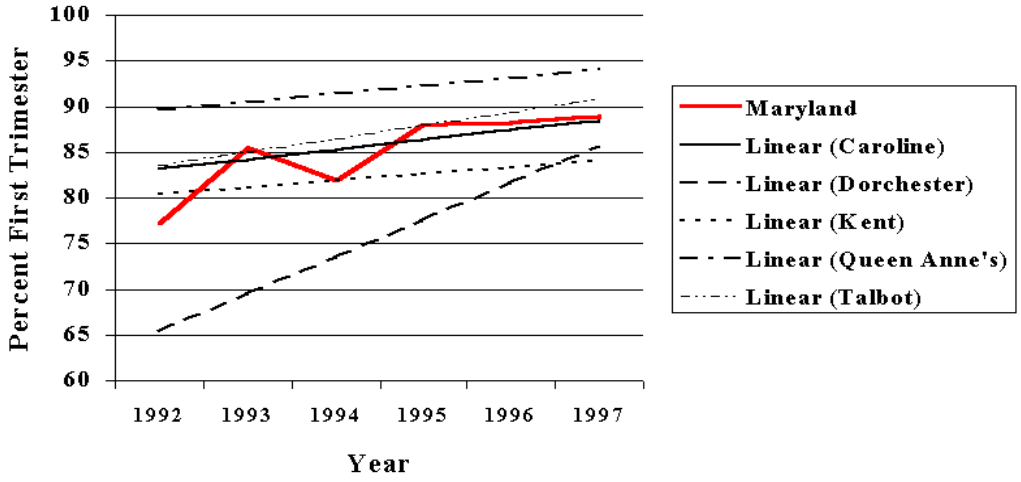
Prenatal Care

Prenatal care during the first trimester of pregnancy increases the probability of a baby being

Figure 2-5. Percent of Births with First Trimester Prenatal Care by Year and County



born healthy. First trimester prenatal care has increased in Maryland from 77% of births in 1992 to 89% of births in 1997. (See Figure 2-5.) Caroline and Talbot have rates of prenatal care similar to Maryland as a whole, and have increased between 1993 and 1997. Queen Anne's County has a percent of first trimester's prenatal care higher than the state, but this percent has been increasing at about the same pace as the state. Kent County had less early prenatal care than the state, but its rates also increased during the period. The greatest improvement in prenatal care came in Dorchester County where 1993 births were much less likely to have had prenatal care during the first trimester than the other Mid Shore counties or Maryland as a whole. By 1997 the percent of Dorchester County births with first trimester's prenatal care was only slightly less than the percent for Maryland as a whole, and may have even passed Kent County. However, first trimester prenatal care was still not accessed during 1997 by about one in ten pregnant women in the Mid Shore counties.

White women receive first trimester's prenatal care more frequently than African American women or women of other races. Prenatal care during the first trimester of gestation was

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obtained for 92% of the births to white women compared with 80% of the births to African American women and 82% of the births to women of other races in Maryland in 1997. (See Table 2-5.) Among the Mid Shore counties, the white-black difference was smallest in Caroline County (11%) and greatest in Talbot County (19%).

The numbers cited in this report were obtained from the final Maryland Vital Statistics Annual Reports. They differ from the numbers cited in the *Kids Count Factbook* which came from preliminary figures provided in advance of the final publication.

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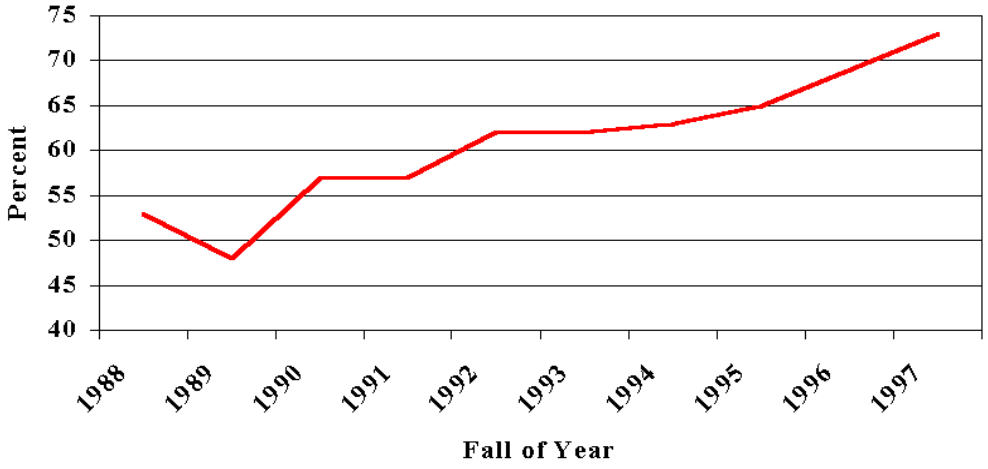
Healthy Children

Child Immunizations *(Recommended result and indicator)*

The immunization status of young children is an almost perfect predictor of avoidance of death, disability, or developmental delays associated with immunization-preventable diseases. Child immunizations are measured by the percent of children registering for public school who receive the full schedule of appropriate immunizations against diphtheria, tetanus, pertussis, measles, mumps, rubella and polio by the time they were age two. The Maryland Department of Health and Mental Hygiene collects immunization data using a random statewide sample of 1,152 to 3,142 kindergarten immunization records from randomly selected schools. Therefore, data are available only for Maryland as a whole, and not for individual counties. A further limitation of the data is that data collected during a year from six-year-olds reflect immunizations that occurred approximately four years earlier when these children were age two.

Immunization of young children increased dramatically during the late 1980s and the 1990s. (See Figure 3-1 and Table 3-1.) The surveys of children entering kindergarten or first grade in the fall of 1988 and 1989 indicated that only about half of Maryland's children reaching age two

Figure 3-1. Percent of Children Fully Immunized at School Entry: Maryland



in 1984 and 1985 had been fully immunized. The survey in the fall of 1997 showed that almost

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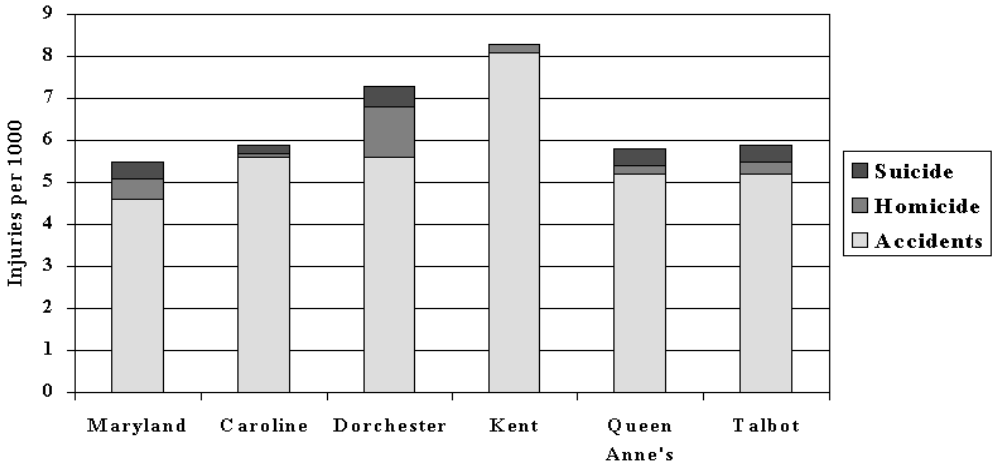
three-fourths of the two-year-olds in 1994 had been fully immunized.

Child Injuries *(Recommended result and indicator)*

The numbers of injuries that require hospitalization per 100,000 children are separated into three broad injury categories: accidents (motor vehicle or other), intentional (with or without the involvement of firearms), or undetermined (with or without the involvement of firearms). Child injuries requiring hospitalization indicate risks of long-term illness and disability. Maryland hospitals report hospital discharge data to the Health Services Cost Review Commission. These data are used by the Office of Injury and Disability Prevention of the Department of Health and Mental Hygiene to produce standardized county profiles that include reports on child hospitalization and death.

In 1996, about five out of every 1000 children in Maryland received injuries resulting in

Figure 3-2. Injuries per 1000 Children Age 19 and Under by County: 1996



hospitalization. (See Figure 3-2.) About one out of ten injuries was caused by attempted murder by someone else, and about one out of ten injuries was self-inflicted in attempted suicide. Most injuries to children are not intentional. Caroline, Queen Anne's and Talbot counties had rates of child injury very similar to Maryland as a whole. Children in Kent County experienced a higher rate of injury overall, but none of the injuries were classified as attempted suicide and only one was classified as attempted murder. Children in Dorchester County also had rates of injury

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higher than Maryland as a whole, and were more likely than children in other Mid Shore counties to be injured during 1996 during attempts on their lives (nine children were injured deliberately by others). While one attempted murder or attempted suicide is too many, the small numbers of murders and suicides each year will make it difficult to identify trends within the counties.

Injuries in Maryland resulting in hospitalization are more frequent among African American children than among white children. (See Table 3-2.) In Caroline, Dorchester, Kent and Talbot counties, however, injuries resulting in hospitalization are less frequent among African American children than among white children. Only Queen Anne's County has the same pattern as Maryland of higher rates of hospitalizing injuries among African American children than white children. The injury rate for white children is above the Maryland average for all five counties. The injury rate for African American children is below the Maryland average in Caroline, Dorchester, and Talbot counties. White children in all the Mid Shore counties combined average about the same rate of injuries in attempted homicide and suicide as do white children in the state as a whole, but African American children in the Mid Shore counties combined are less likely than African American children in the state as a whole to be injured during attempted murder or suicide.

Child Deaths *(Recommended result and indicator)*

Child death rates are the ultimate measure of poor health outcomes for children. Child death rates are calculated as the number of deaths among children one year of age and older per 100,000 children 1-19 years of age. (Deaths to children under one year of age are part of the infant mortality rate discussed in Chapter 2.) Deaths are identified by cause (homicide, accident, suicide, congenital condition, and disease). The rate at which children die in Maryland has declined 21 percent over the past decade from 46.7 deaths per 100,000 children in 1987 to 37.0 deaths per 100,000 children in 1997. (See Figure 3-3.) The small numbers of children and child deaths in the individual Mid Shore counties make it difficult to observe county trends. However, fitted regression lines suggest that child death rates in Talbot County almost mirrored those in Maryland as a whole during most of the time period, but may not have dropped as much as in 1996 and 1997. The child death rates in Caroline, Dorchester, Kent and Queen Annes Counties were two to 2-1/2 times the Maryland rate in 1987. They declined faster during the decade than did the child death rates in Maryland as a whole. By 1997, Caroline, Dorchester and Kent counties appeared to have child death rates about the same as the Maryland average. The declines in the child death rates in Dorchester and Queen Anne's Counties were the most dramatic, and the 1997 rate in Queen Anne's County was below the rate for the state as a whole.

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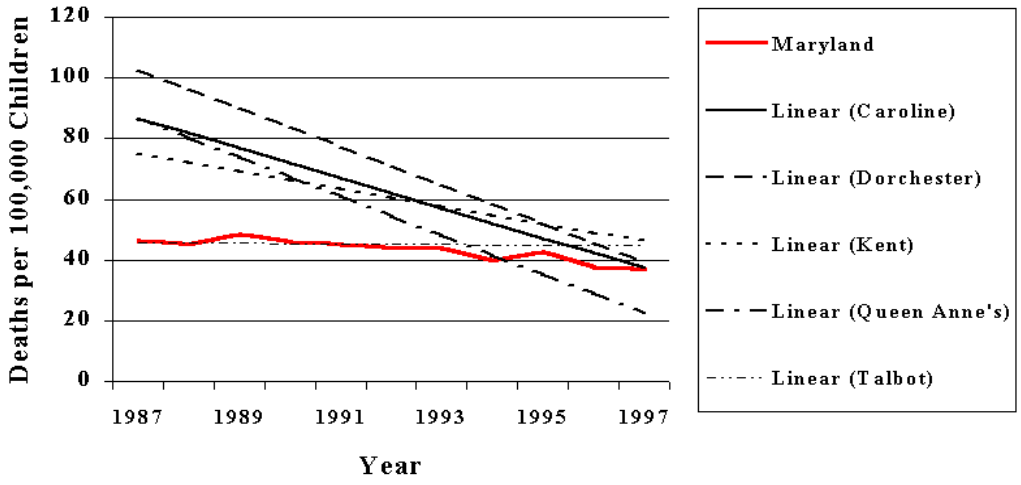
Figure 3-3. Deaths per 100,000 Children 1-19 Years of Age by Year and County



Death rates for African American children are higher in Maryland than are the death rates for white children. (See Table 3-3.) The death rates changed very little for African American children during the period 1987 to 1997, while they declined for white children. The small numbers of children and deaths to children in the five Mid Shore counties make it difficult to be certain if their patterns are different from Maryland as a whole. However, a comparison of rates during the first three years of the time period show that those for African American children were greater than those for white children in ten of the fifteen comparisons. During the last three years of the time period, the African American rates were higher in only seven of the fifteen comparisons. This suggests that both African American and white children experience improved health during the decade, and that the differences between the death rates of African American and white children on the Mid Shore may have declined as well.

Student Use of Tobacco, Alcohol and Drugs *(Recommended result and indicator)*

The Maryland Adolescent Survey collects self reports of substance use by Maryland students in grades 6, 8, 10 and 12. Surveys are conducted every two years. Students are asked if they have used different types of substances in the past twelve months. The survey asks about and reports use of a large number of substances, but only the use of five selected substances are included in this report as indicators: cigarette smoking; marijuana or hashish; drinking of beer, wine or wine

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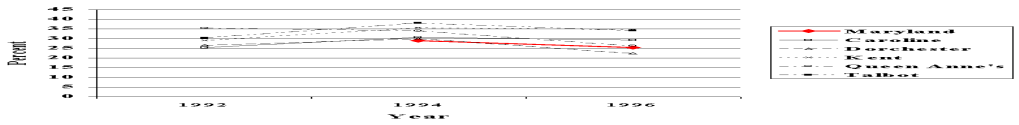
coolers; consumption of five or more servings of alcoholic beverages at the same occasion; and crack cocaine. (Use of heroin is included on the electronic files, but is slightly less common than crack and closely follows the pattern of crack.) These data are self-reports of students who may either under-report if they are afraid of negative sanctions if someone found out about the use, or over-report if they felt peers or others would be impressed if they found out. However, bias in reporting should be about the same from year to year and probably does not vary too much from one county to the next. Bias is more likely to be different among students at different grade levels, and be greater for controlled substances like crack cocaine than for cigarettes. A single figure cannot adequately summarize all the data on substance use by children, so a series of figures is presented in this report. The first figure shows that the five Mid Shore counties were fairly similar in the percent of students at a particular grade using one of the substances, suggesting that other ways of summarizing the data would be similar for the different counties. Therefore, in each of the following five figures, only one county is used to illustrate how the data can be used. The selection of the county was arbitrary, and a similar interpretation would be expected if another county had been selected.

Figure 3–4. Percent of Grade 8 Students Smoking Cigarettes, by Year and County



The *Kids Count Factbook* indicates substance use by binge drinking, defined as the percent of tenth graders who have consumed five of more servings of alcoholic beverages at the same occasion within the past 30 days. The percent will be smaller than in this report since they refer to a shorter period of time. A 30-day time period will be more accurate for measuring frequent events like smoking and drinking, but would not capture less frequent events such as binge drinking by sixth graders or the use of marijuana and cocaine. To effectively compare different substance use, the same survey time frame should be used, and this report selected to use the 12-month time frame. Either time frame should capture change in substance use, however, as it could be assumed that the greater the percent of adolescents who had binged on alcohol in the previous year, the greater the percent who had binged in the past 30 days.

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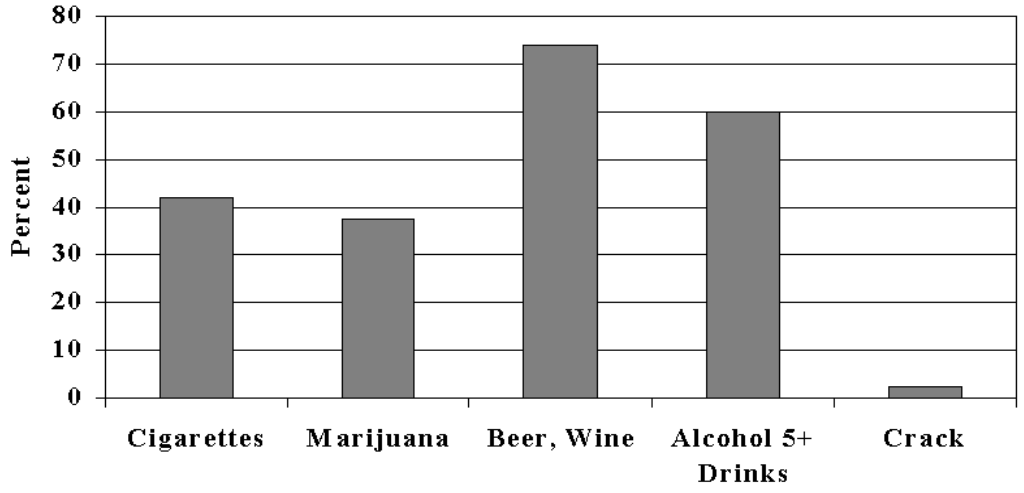
Cigarette smoking has been frequently cited as the most preventable cause of morbidity and mortality in the United States, and has generally been declining. About one-fourth to one-third of eighth grade students in the five Mid Shore counties smoke. (See Figure 3-4 and Table 3-4.) Eighth grade students in the Mid Shore counties are generally as likely or more likely to smoke cigarettes than eighth graders in Maryland as a whole. In 1994, the percent of eighth graders smoking was higher in all five of the counties than in Maryland. Even after a decline between 1994 and 1996 in all five of the Mid Shore counties of the percent of eighth grade students smoking cigarettes, smoking in Caroline, Dorchester, Queen Anne's and Talbot counties was above the Maryland average. Only in Kent County in 1996 were eighth graders less likely to smoke than eighth graders in Maryland as a whole. The decline in eighth grade smoking may be the beginning of a trend in Caroline, Dorchester, Kent and Talbot counties, since the percent smoking had increased between 1992 and 1994. However, the 1994 to 1996 decline could also be due to sample variability from year to year. In only Queen Anne's County did eighth grade smoking decline in two successive surveys.

Different substances are used at different rates. Alcohol is the most common; cocaine is the least common. Three-fourths of the twelfth-graders in Caroline County reported drinking beer, wine or wine coolers during the past twelve months. (See Figure 3-5.) Some of this drinking was

Figure 3-5. Percent of Grade 12 Students Using Substances: Caroline County, 1996



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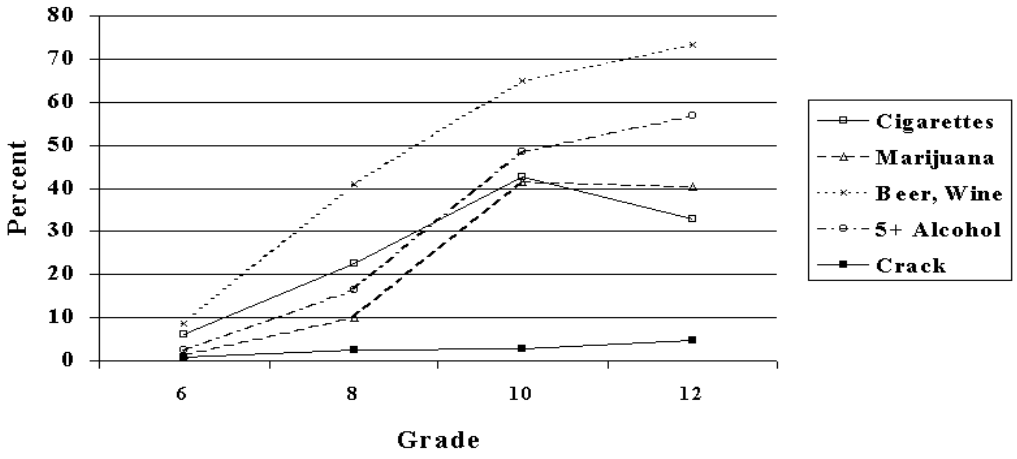
binge drinking, as three-fifths of the twelfth-graders reported that they had consumed five or more servings of alcoholic beverages on at least one occasion during the past year. About two-fifths had smoked cigarettes, and only slightly fewer had used marijuana, "pot," "grass" or hashish. Only one in fifty (2.3%) reported that they used crack or "rock" during the previous twelve months.

Substance use generally increases with grade. Fewer than one in ten sixth-graders in Dorchester County in 1996 had used any of the substances during the past twelve months. (See Figure 3-6.) Except for smoking, students at increasing grade levels were more likely to report substance use than students two grades younger. However, Dorchester twelfth graders reported slightly less smoking of marijuana than did Dorchester tenth graders. Drinking beer, wine or wine coolers increased most rapidly from one grade to the next.

Use of different substances by students in the same grade may change over time. Kent County tenth graders in 1992 were more likely to have smoked cigarettes than tenth-graders in 1996, but less likely to have used marijuana or hashish. (See Figure 3-7.) Similarly, tenth-graders in 1992 were more likely to have used beer, wine or wine coolers than the equivalent class four years later, but were less likely to have experienced binge drinking of alcohol. Crack cocaine use steadily increased among Kent county tenth graders between 1992 and 1996.

Figure 3-6. Percent of Students Using Substances by Grade: Dorchester Co., 1996



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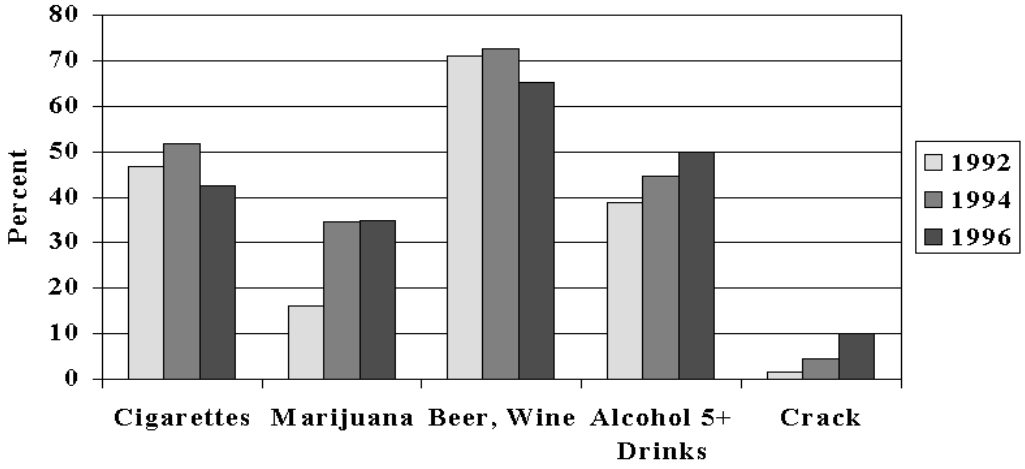
Comparing students in different grades at one time period, or students in the same grade at different years, does not show how the same group (cohort) of students change over time. The availability of data limits cohort analysis, but some changes in cohorts can be seen in an illustration of the change in binge drinking among students in Queen Anne's County. (See Figure 3-8.) The only year available for the cohort which entered the sixth grade in 1986 was 1992, when this cohort was in the twelfth grade. Slightly more than half of them were binge drinking during their senior year. Binge drinking during the senior year increased among the 1988 and 1990 cohorts. However, it is possible that data from the 1998 survey will show slightly lower levels of binge drinking during the senior year of the 1992 cohort, since they were

Figure 3-7. Percent of Grade 10 Students Using Substances by Year: Kent County



less likely to be binge drinking during the tenth grade than the 1990 cohort. That may also hold for the 1994 cohort, since they were binge drinking less during their eighth grade than the 1992 cohort. A general pattern emerging from this cohort analysis for Queen Anne's County is that binge drinking has been starting progressively earlier in the students' lives, but may also be peaking earlier.

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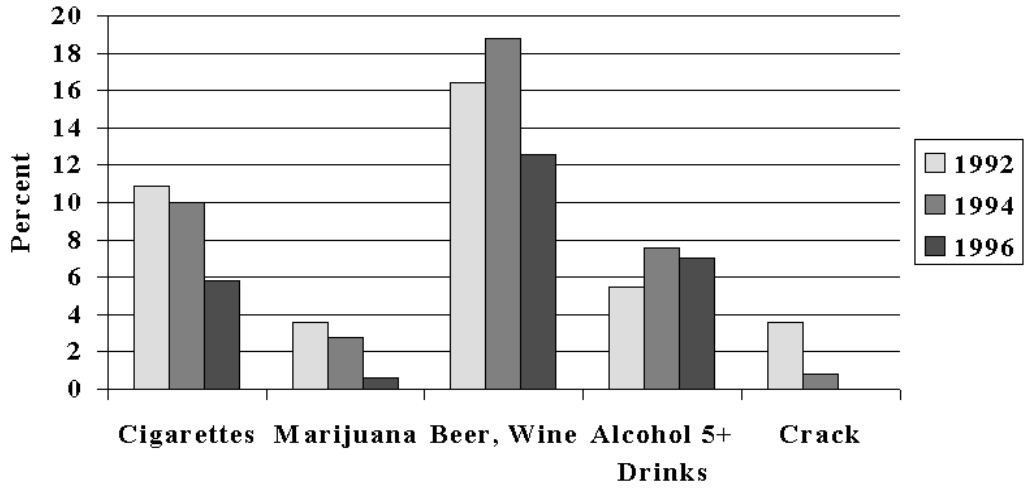
Figure 3-9. Percent of Grade 6 Students Using Substances by Year: Talbot County



If binge drinking has been starting earlier in students' lives, perhaps other substances may be used earlier and following the use patterns by sixth-graders may give a hint of what might happen in the future. Talbot County sixth graders in 1996 were less likely to report using all of the substances than sixth-graders in 1994. (See Figure 3-9.) Use of cigarettes, marijuana and crack continued the decline among sixth-graders that had started in 1992.

Child Access to Medical Care

Access to medical care is determined by the ability to pay for medical care, frequently in the form of medical care insurance. The coverage of children by private health insurance is not available. However, many children are part of poor or near poor families that are eligible for Medicaid. The current regular Medicaid program covers children less than one year of age whose family incomes are 185% or less of the federal poverty level. It covers children 1-5 years of age whose family incomes are less than 133% of the federal poverty level, and it covers children ages 6-13 whose family incomes are 100% or less of the federal poverty level. The Maryland Children's Health Program extends this coverage to all children 200% or less of the federal poverty level up through age 18. However, in fiscal year 1999, the percent of children in Mid Shore counties covered by Medicaid varied greatly by age: 37.6% of infants less than one

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year of age were enrolled, 26.7% of children 1-5 years of age, 20.8% of children 6-14 years of age, and 13.8% of children 15-17 years of age. (See Table 3-5.)

The numbers of children enrolled in Medicaid, and therefore eligible to have medical care covered by the program, were tabulated as of December 31, half way through the Maryland fiscal year. To approximate the percent of children enrolled in Medicaid, this report used the 5-year age group projections for 1990, 1995 and 2000, interpolating for intermediate years and for different age groups. In earlier years, the program was identified as Early and Periodic Screening Diagnosis and Treatment (EPSDT) and used different age divisions.

The percent of children in Maryland covered by Medicaid increased from 12.3% in fiscal year 1990 to 18.2% in 1995. Coverage leveled off for the next three years, and then increased to 19.2% in fiscal year 1999. (See Figure 3-10.) A similar pattern can be observed for all of the Mid Shore counties. The percent of children covered by Medicaid, however, differ substantially among the Mid Shore counties. Almost one-third (31.4%) of the children in Dorchester County had Medicaid coverage in fiscal year 1999 compared with one-seventh (14.0%) of the children in Queen Anne's County. The greatest change in coverage occurred in Caroline County where the percent almost tripled from 9.4% in 1990 to 26.0% in 1999. The percent covered more than doubled in Kent and Talbot counties from below the Maryland average in 1990 to above the Maryland average in 1999.

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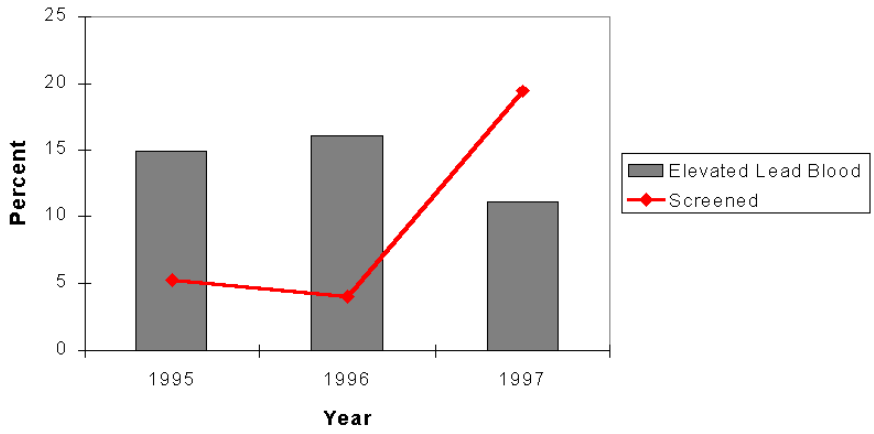
Lead Screening

Caroline County requested information on blood lead levels as an indicator of health for their planning purposes. Private health care providers perform most of the screening for exposure to lead, although limited testing is available through local health departments. Screening is best accomplished with a blood lead test using a capillary or venous sample, but this procedure is usually done only if the child is determined to be at risk. Risk is frequently assessed using a questionnaire about potential exposure to lead. Only when the risk assessment questionnaire determines that a child is likely to have been exposed is the blood lead tested. The screening figures in this report reflect blood lead testing, not the risk assessment questionnaire.

Blood tests for lead in the blood were done for one out of twenty Caroline County children in 1995 and 1996 (5% and 4% respectively). Among these small proportions screened, 15-16% were found to have elevated levels of blood lead, and 4% were found to have lead poisoning. (See Figure 3-11.) Screening increased in 1997, with one in five (19.4%) Caroline County children screened for lead blood levels. In 1997, only 11% of the children screened had elevated blood lead levels and 2% had lead poisoning. The decline in the percent of screened children

Figure 3-10. Percent of Children Enrolled in Medicaid by Year and County

Figure 3-11. Percent of Children Age 0-5 Screened for Lead Blood Level: Caroline Co.

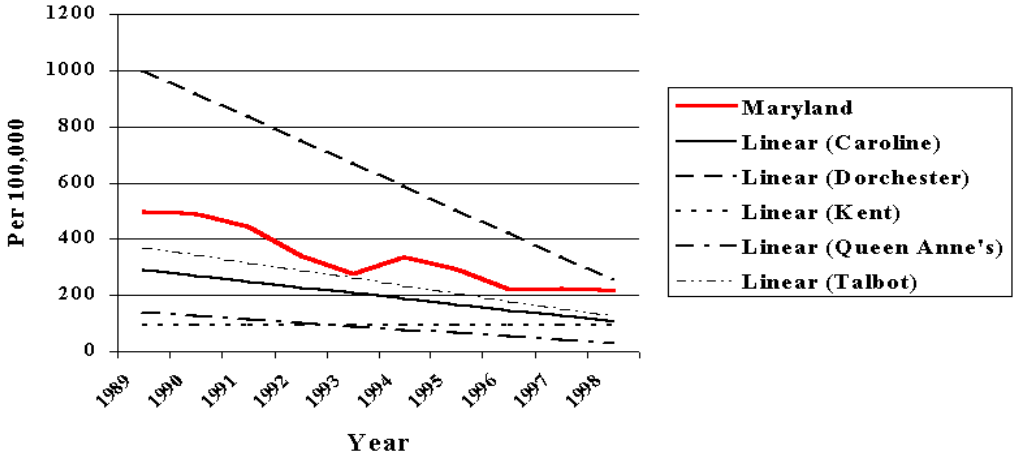


with concentrations of blood lead may indicate either increased health of children or increased screening, and the data from Caroline County alone cannot answer which is correct. However, in Maryland as a whole, about the same number of children were screened each of the same years (13-15%) and elevated blood levels declined from 15% of those screened in 1995, to 14% of those screened in 1996, and 12% of those screened in 1997. (See Table 3-6.) The similarity of the observed declines in Maryland and in Caroline County suggest that at least part of the decline in blood lead levels of Caroline County children represents increased health rather than just increased screening.

Adolescents with Sexually Transmitted Diseases

Sexually transmitted diseases can affect the health of a person, the person's ability to have children, the health of the child, and the health of all the people with whom a person may have sex. Different diseases have different consequences, but the presence of one sexually transmitted disease makes a person more susceptible to other sexually transmitted diseases. The

Figure 3-12. Gonorrhea Cases per 100,000 Population by Year and County



most deadly disease, and currently incurable, is AIDS and the underlying HIV infection. In 1998, 866 cases of AIDS were diagnosed in Maryland: six children under five years, two children 5-12 years, four adolescents 13-19 years, and 854 adults 20 years and over. A few (15)

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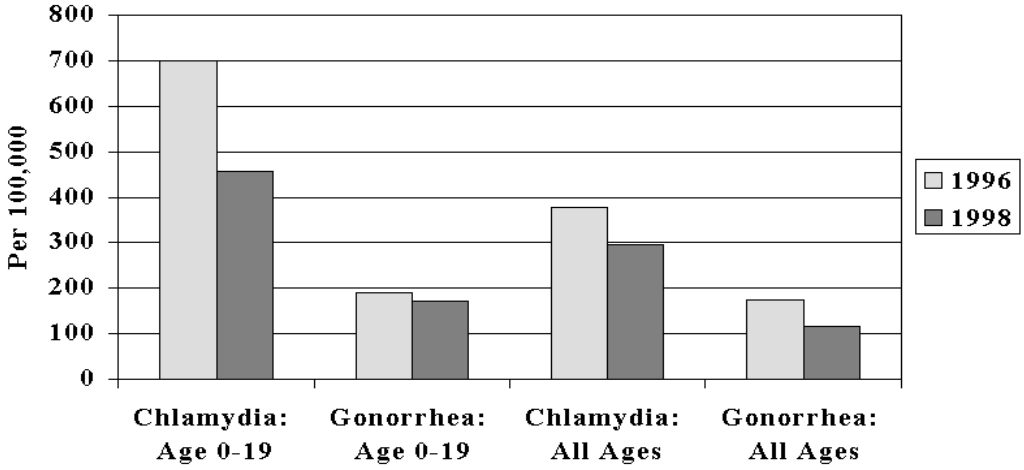
of the AIDS cases were from the Mid Shore counties. The age of the Mid Shore cases is not available, but it is unlikely that any of them were children. During 1998, 665 cases of syphilis were identified in Maryland with 14 being Mid Shore residents. None of these were children.

Gonorrhea is the second most frequent sexually transmitted disease in the general population and among children, and for which the longest data series is available. The rate of gonorrhea in Maryland has decreased from 501 per 100,000 people in 1989 to 219 per 100,000 people in 1998. The year-to-year variability in the rates in the five Mid Shore counties is great, and linear regression is used to see the trend. (See Figure 3-12.) The rate of gonorrhea in 1989 was much higher in Dorchester County than in Maryland as a whole. However, it declined rapidly during the following decade so that it was not much different from the Maryland average by 1998. Gonorrhea was less frequent in Talbot, Caroline and Queen Anne's County in 1989 than in Maryland as a whole, and the rates declined during the following decade just as they did in Maryland as a whole. Kent County had the lowest rates of gonorrhea in 1989, about one-fifth of the rate of Maryland as a whole. The linear regression suggests the rate did not change during the subsequent decade, so its rate was only half the Maryland average in 1998. Among the Mid

Figure 3-13. Sexually Transmitted Diseases per 100,000 by Year: Caroline County



Shore counties in 1998, Queen Anne's had the lowest rate.

Information on sexually transmitted diseases was specifically requested by Caroline County. Data is available for children for 1996 and 1998. (See Figure 3-13.) Chlamydia was diagnosed

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at a rate of 701 per 100,000 Caroline County children 0-19 years of age in 1996, and had declined to 457 per 100,000 in 1998. Since all the Caroline County cases of Chlamydia among children were among adolescents 10-19 years of age (12 to children 10-14 and 47 to children 15-19 years), and most were diagnosed among women (54 of the 59 cases), the rate was 4,698 per 100,000 females 15-19 years in 1996 and 3,222 per 100,000 in 1998. However, the percentage drop between 1996 and 1998 is about the same whether all children are considered or only teenage women 15-19 years, and this drop is only slightly greater than observed for the total population. Gonorrhea was not much higher among Caroline County children than among the total Caroline County population, and was equally as likely to be diagnosed in males as in females. However, there was a smaller decline between 1996 and 1998 in the rate of gonorrhea among Caroline County children than among the county population in general. (See Table 3-7 for rates in all the Mid Shore counties.)

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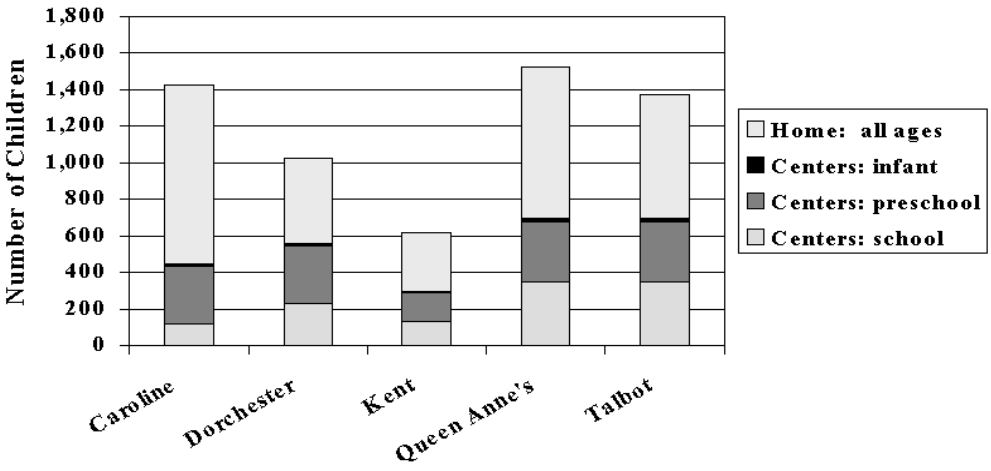
Children Enter School Ready to Learn

Some states are measuring school readiness by the percent of children who enter kindergarten with preschool experience. These data are not currently available in Maryland from a central source. However, the Department of Education collects information on the number of licensed child care centers and homes. The licensed capacity of these centers and homes identify the maximum number of children that can be in formal child care experiences.

Licensed child care centers on the Mid Shore have an average capacity of 40 children, and licensed child care homes have an average capacity of seven children. Licensed child care centers take very few infants, so most infants are served by child care homes for which the age of the children is not available. Caroline County has 12 licensed child care centers and 138 child care homes in fiscal year 1999. (See Table 4-1.) Most of the center capacity was licensed for preschool children. (See Figure 4-1.) Two-thirds of Caroline County's licensed capacity was in child care homes, and these homes probably provide for most of the needs of school age children as well as infants. Dorchester has 17 licensed child care centers and 67 child care homes, with more capacity among its centers than among its homes. Kent County has nine licensed child care centers and 46 child care homes with slightly greater total capacity in homes than in centers. Queen Anne's and Talbot counties both have 15 child care centers, but Queen Anne's County

Figure 4-1. Capacity of Licensed Daycare Places by County: 1999



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has 134 licensed day care homes compared with Talbot County's 93 homes. As a result, Queen Anne's County has more capacity in its homes than in its centers, while the reverse is true for Talbot County.

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Children Successful in School

Absence from School *(Recommended result and indicator)*

Absenteeism and truancy indicate a loss of opportunities to learn that have negative long-term consequences. High levels of absences from school are associated with a higher risk of school failure, dropping out of school, delinquent behavior, substance abuse, and other high risk behaviors. Attendance data are collected by the Maryland State Department of Education (MSDE) through the Maryland School Performance Assessment Program (MSPAP). Attendance rates are reported by state-level and by jurisdiction for elementary (grades 1-6) and secondary (grades 7-12) students. Data are available for the State, school system, and school levels. School attendance data are calculated as the percentage of students present in school for at least half the average school day during the school year. This measure is consistent with the MSDE standard that students attend 94 percent of school days. Data are currently published for elementary (grades 1-6) and secondary (grades 7-12) levels on the percentage of students absent more than 20 days in the school year. It is important to note that these data do not indicate level or type of school response to absences or differentiate between students with "excused" versus “un excused" absences. Also, the measure does not include students enrolled for less than 91 days during the school year.

The percent of Maryland public school students who miss more than 20 days from school each year has been slowly declining from 14.6% in 1993 to 12.9% in 1998. (See Figure 5-1 and Table 5-1.) Historically, a smaller percent of children have been absent from school in each of the five Mid Shore counties than in Maryland as a whole. Absenteeism in Dorchester and Kent counties have been virtually identical over the six years of data, showing no change in an average of 12% of students missing more than 20 days of school a year. Absenteeism also did not change in Caroline County over the six years when a linear regression is calculated, but still remained quite a bit lower in 1998 than Maryland as a whole. However, students in Queen Anne’s County became increasingly absent after 1996 so that by 1998 their absentee rate was higher than Maryland students as a whole. Talbot County was the only one of the Mid Shore counties which experienced a reduction in the percent absent more than 20 days. This reduction was larger than for the state as a whole, so that by 1998 it was two-fifths lower than the percent for Maryland.

Academic Performance *(Recommended result and indicator)*

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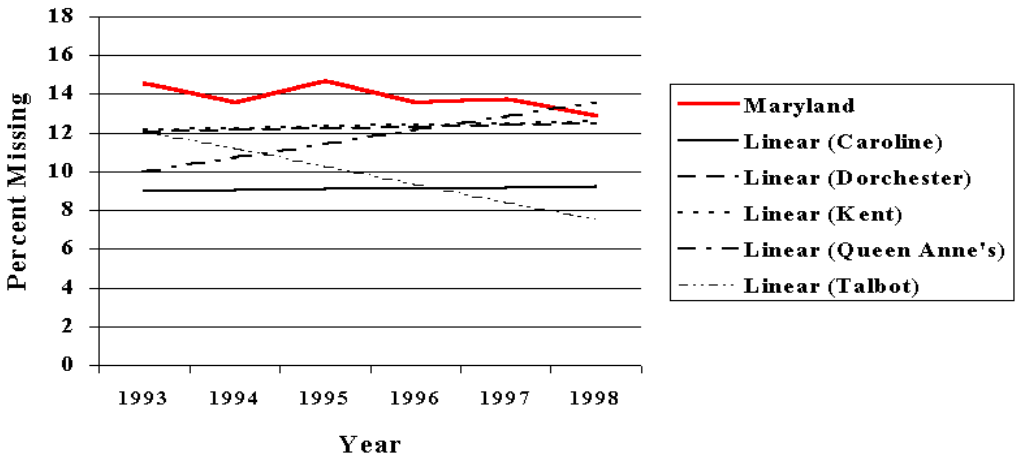
Figure 5-1. Percent of Children Missing More than 20 Days from School per Year



Eligible (nonexempt) public students at the end of grade eleven are given the Maryland Functional Tests to measure their basic skills in reading, mathematics, writing and citizenship. The percent demonstrating these basic skills at the passing level are important indicators of children's success in school. However, the data collected by MSDE show that almost all students in Maryland in all the years between 1991 and 1997 had mastered these skills. There was little county variation among the five Mid Shore counties, and little year-to-year variation. At least 98.0% of the students in all five counties demonstrated basic reading skills in all seven years. At least 95.7% demonstrated basic math skills; at least 92.2% demonstrated basic writing skills; and at least 95.5% demonstrated basic citizenship skills in all seven years. Therefore, while this is an important indicator of children's success in school, it can show little improvement and thus is not useful in measuring success of programs to help children and their families. The data are, therefore, not included in this report. (The data file is provided in electronic form as received from OCYF.)

A better indicator of academic performance is the MSPAP for grades 3, 5, and 8. The MSPAP requires students in grades 3, 5, and 8 to apply what they know about reading, writing, language usage, mathematics, science, and social studies. Unlike functional tests, which measure basic knowledge, the MSPAP tests set high expectations and demand high levels of performance. Data are collected by the MSDE and shown in this report as the percent of students achieving satisfactory performance. Measures only include nonexempt public school students. Students who are exempted from MSPAP are not included in the denominator for the calculation of MSPAP standards. A high exemption rate, therefore, can raise the percentage of students

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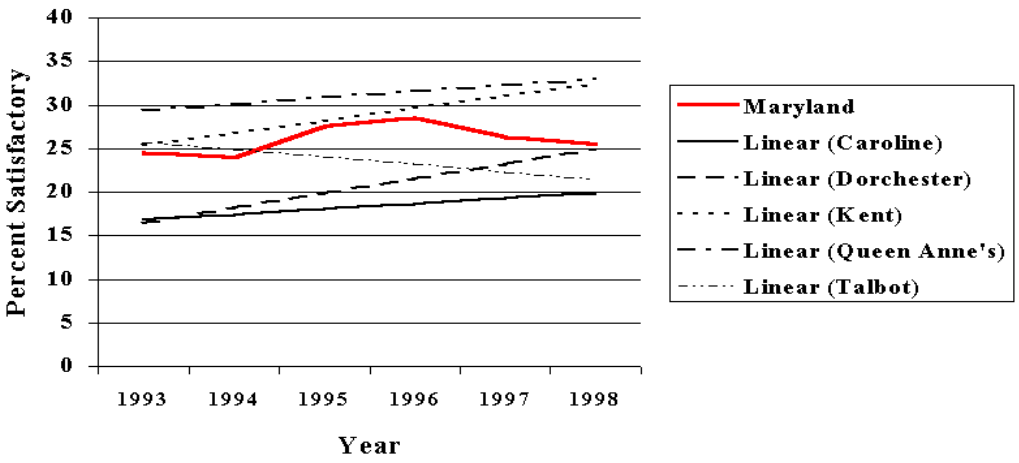
scoring at the satisfactory and excellent levels. While guidelines are strict about which students can be exempted (based on degree of disability in the English language), there may be variability across districts in actual exemption rates.

Table 5-2 presents data for five years on the six tests at three grade levels. These data cannot be

Figure 5-2. Percent of Grade 8 Students Scoring Satisfactory on Reading



adequately summarized in a single figure, so several are presented to illustrate how the data can be used. The discussions of each figure focus on a different county to illustrate how the figure can be read. The choice of which county is used to explain a particular figure is arbitrary.

The percent of eighth-grade students who achieved a satisfactory score in reading increased slightly in Maryland between 1993 and 1996, and then declined slightly in 1997. (See Figure 5-2.) The year-to-year scores for the individual Mid Shore counties vary from year to year, but a linear regression line suggests a trend toward higher scores over the six years in Caroline, Dorchester, Kent and Queen Anne's County. Kent and Queen Anne's eighth graders consistently did better than Maryland eighth graders on average in reading, and by 1998, about the same percent of Kent as Queen Anne's students were reading at a satisfactory level. Dorchester's eighth graders did more poorly than all of Maryland students in 1993 on reading. Their reading scores improved greatly over the next six years, so Dorchester eighth graders were achieving the same level of satisfactory reading as the Maryland average. Reading scores of Caroline County students improved between 1993 and 1998, but still did not match the satisfactory percent of Maryland eighth graders as a whole in 1998. In contrast to the other four counties, the percent of Talbot County eighth graders who scored satisfactory on reading

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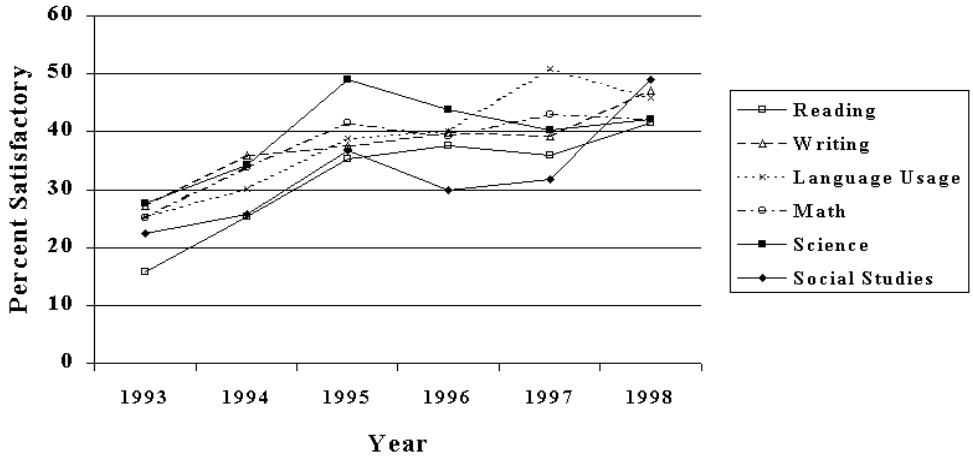
Figure 5-3. Percent of Grade 3 Students Scoring Satisfactory: Caroline County



declined over the six years, from just above the Maryland average in 1993 to below the Maryland average in 1998.

Test scores in the different subject areas tend to vary from year to year in similar ways. Caroline County third graders in 1997 scored better on all six tests than did Caroline County third graders in 1993. (See Figure 5-3.) The greatest increase over that time period was in reading and language use. The least increase was in social studies. The percent of third graders achieving a satisfactory score on language usage increased every single year, while the percent satisfactory in science increased dramatically between 1993 and 1995, but then dropped between 1995 and 1997.

Reading in Dorchester County improved between 1993 and 1997 at all three grade levels. (See Figure 5-4.) The most dramatic increase, however, can be observed among fifth-graders. In 1993, 17% of them achieved satisfactory scores in reading, while by 1997 the percentage increased to 41%. Math scores among Dorchester County students generally improved over the years, but not always as steadily. Changes in reading and math scores were least similar for eighth-graders. While 8% more of Dorchester County eighth-graders scored satisfactory in math than on reading tests in 1993, 19% more scored satisfactory in math than in reading in 1997.

Differences in the scores of students in different grades in a single year and in the scores of students in the same specific grade in different years do not tell how the same group (cohort) of students changes as they progress through their education. Cohort analysis is required to see what happens to the same students over time. The time series available is not long enough for extensive cohort analysis, but gives an approximation to the changes over time for one cohort.

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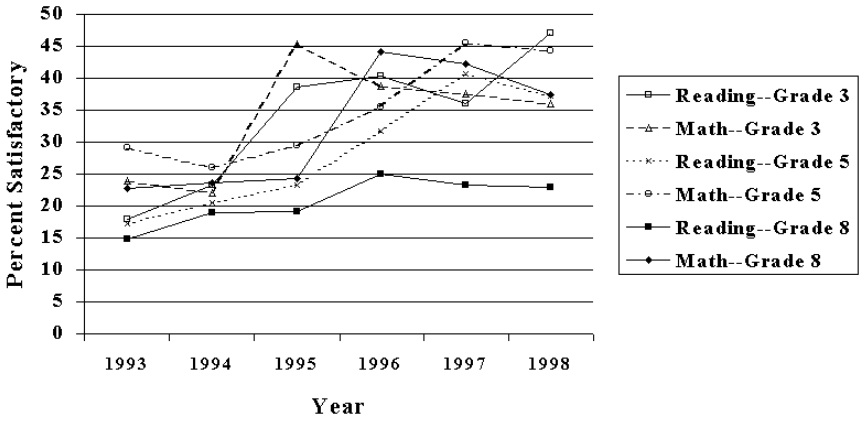
Figure 5-4. Percent of Students Scoring Satisfactory on Reading and Math by Grade and Year: Dorchester County



Satisfactory reading scores were achieved by 18% of Talbot County third graders in 1993. (See

Figure 5-5. Percent of Students Scoring Satisfactory by Test, Grade and Cohort: Talbot County

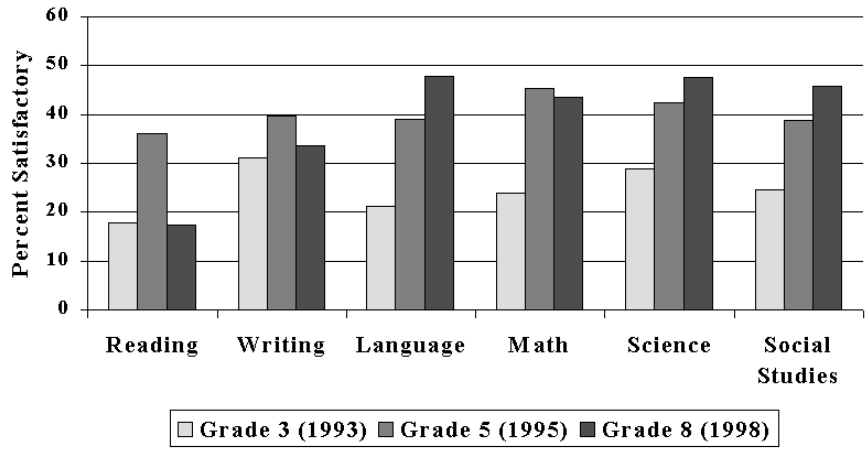


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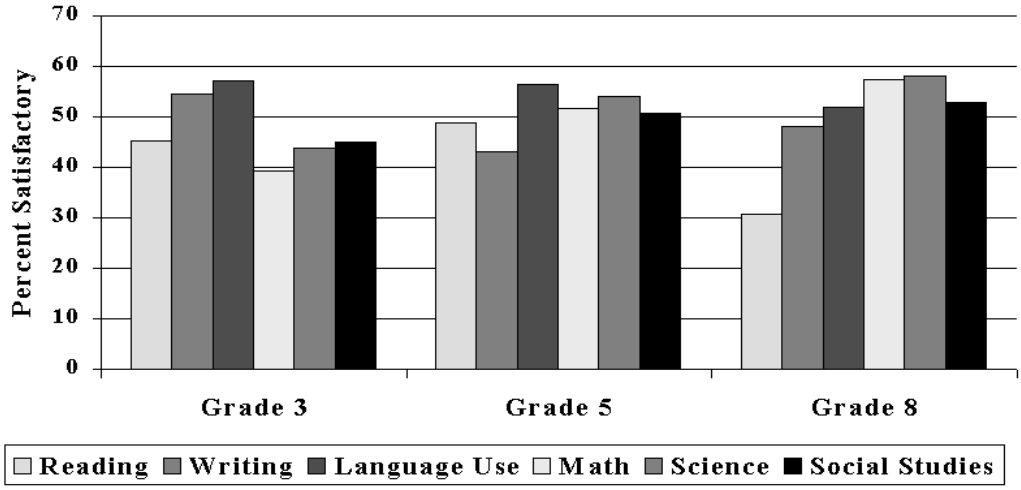
Figure 5-5.) Two years later when most of the students in this cohort were in fifth grade, 36% achieved satisfactory scores in reading. Three years later by the eighth grade, the gains in reading achieved between the third and fifth grade were partially lost. A different pattern is observed in language usage. The improvement by the 1993 grade 3 cohort in Talbot County between grades 3 and 5 appear to continue through grade 8.

Students at different grade levels do not show strengths and weaknesses in the same subject areas. About half of the Queen Anne's County third grades in 1997 achieved satisfactory scores on their language use, compared to only two-fifths in the other subject areas. (See Figure 5-6.)

Figure 5-6. Percent of Students Scoring Satisfactory by Test and Grade: Queen Anne's County 1998



Math was the strongest area for fifth-graders and writing was their weakest area. Eighth-graders were strongest in science and weakest in reading.

Averaged over the whole time period, students in Kent County appeared to do better in each test area in grade 3 than in grade 5. (See Figure 5-7.) Except for reading, test scores then went up again in grade 8,

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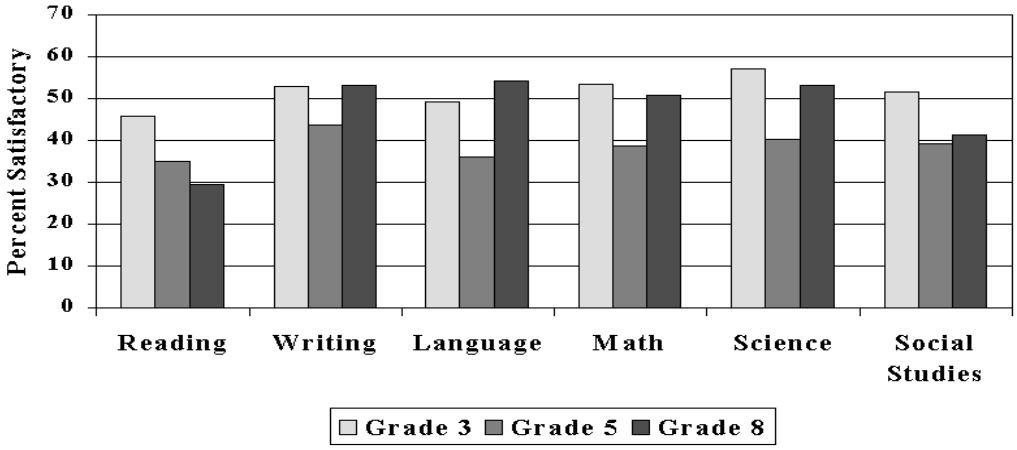
Figure 5-7. Percent of Students Scoring Satisfactory, by Test and Grade: Kent County Average 1993-1997



Student Discipline

Disruptive students affect both their ability to be successful in school and the ability of other students to be successful. While students cannot be successful in school if they are not present in school, schools must sometimes discipline students by suspending them from school. Student discipline, as indicated by suspensions, increased in Maryland from 6.6% of students suspended during the school year that began in 1994 to 9.1% suspended during the school year that began in 1997. (See Figure 5-8.) A large proportion, but not all, of these suspensions were for violent acts, the indicator used in the *Kids Count Factbook*. Suspensions of students from school were more common in all five Mid Shore counties between 1994 and 1997 than in the state as a whole. About one-sixth of Dorchester County students were suspended each year, about twice the Maryland average. The rate of suspensions did not change during the five years. Suspensions were not as frequent in Caroline and Talbot counties as in Dorchester County, but were still higher than Maryland as a whole, and increased over the five years at about the same rate as in Maryland as a whole. Suspensions from Kent and Queen Anne's public schools were above the statewide average in 1994, but declined during the following five years to about the state average in 1997.

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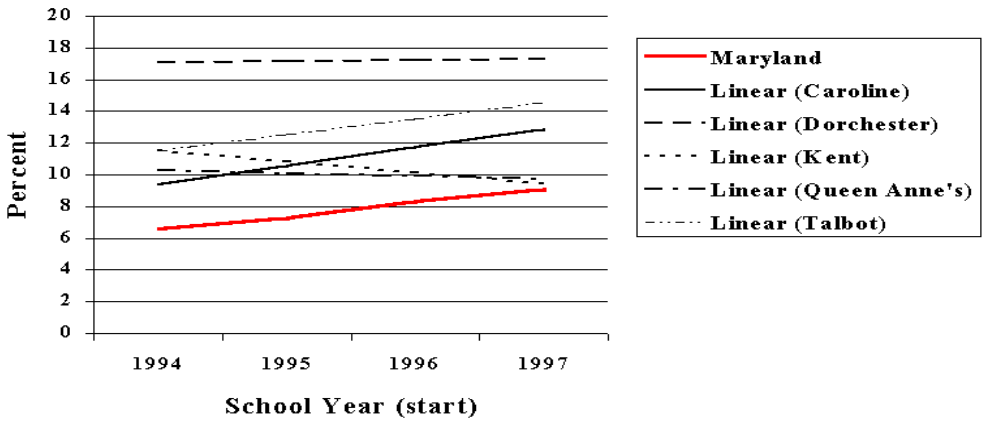
The Mid Shore public schools reported more suspension offenses as well as suspending more students than Maryland as a whole. Suspended Maryland students averaged 1.67 offenses in 1997. (See Table 5-3.) Caroline County students averaged 2.20 offenses per suspension in 1997, followed closely by Talbot County students with 2.18. Queen Anne's and Dorchester's suspended students committed fewer offenses (1.98 and 1.79 respectively), but still more than all

Figure 5-8. Percent of Students Suspended



Maryland suspended students. Only in Kent County did suspended students average fewer offenses (1.56) than the state as a whole.

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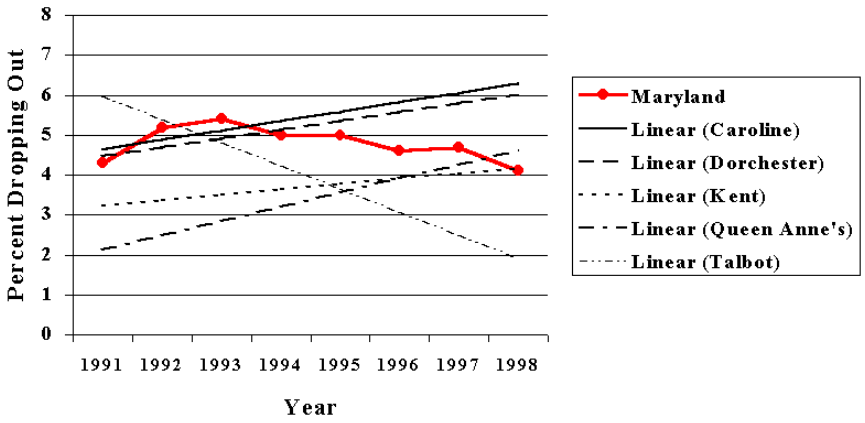
Children Completing School

Dropout Rate *(Recommended result and indicator)*

Failure to complete high school is closely linked with decreased employment opportunities, low pay, and limited paths to advancement. MSDE collects data through MSPAP for grades 9 through 12. A dropout rate is currently reported as the percent of public school students in 9th through 12th grade who withdrew from school during the July to June academic year before graduation or before completing a Maryland approved educational program.

Figure 6-1. Percent of Students Grade 9-12 Dropping Out During the Academic Year



Between 4% and 6% of high school students in Maryland drop out of school each year without graduating. The percent peaked in Maryland in 1993, and has declined slightly to 1998. (See Figure 6-1 and Table 6-1.) The year-to-year variability in rates in the Mid Shore counties requires an averaging technique, and a linear regression is used. The dropout rates for Caroline, Dorchester, Kent and Queen Anne's counties appear to have increased over the seven-year period. While the rates in Caroline and Dorchester counties were about the Maryland average in 1991, they were higher than the Maryland average in 1998. The high school dropout rates in Kent and Queen Anne's counties were below the state average in 1991, but had risen to about the state average in 1998. Only in Talbot County did the dropout rate appear to decline over these eight years. If the 1998 academic year is considered alone, Talbot County high school students were dropping out at one-third the rate of Maryland students as a whole.

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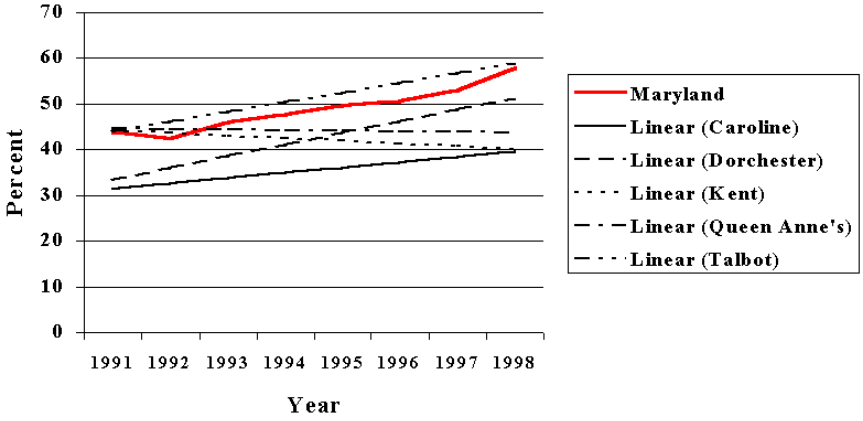
High School Program Completion *(Recommended result and indicator)*

The completion of program requirements indicates students' potential readiness for post-secondary education and/or employment, although it may not necessarily predict success at the college level or in the workplace. Data are collected by MSDE through MSPAP for grades 9-12. The percent of public high school graduates who complete minimum course requirements needed to enter the University System of Maryland, career and technology program requirements, or who complete both, are available for years 1991 through 1997.

Figure 6-2. Percent of High School Graduates Completing University of Maryland Minimum Course Requirements



The percent of high school graduates in Maryland who completed the minimum course requirements to enter the University of Maryland System schools increased from 44% in 1991 to 58% in 1998. (See Figure 6-2 and Table 6-2.) When year-to-year variability is accounted for through linear regression, Caroline, Dorchester and Talbot counties also experienced an increasing percent of their high school graduates completing the minium requirements for the University of Maryland System. However, only Talbot County graduates were at or above the Maryland average. Dorchester graduates were less likely to have met the requirements than graduates in the rest of Maryland during the time period, but the difference in 1998 was smaller than the difference in 1991. Caroline County graduates in 1998 were more likely to have completed the minimum course requirements than graduates in 1991, but the gains were not enough to narrow the difference between the county and the state average. The completion rates in Kent and Queen Anne's counties were at the Maryland average in 1991, but they appear to have remained unchanged or slightly decreased over the following seven years, so by 1998 they

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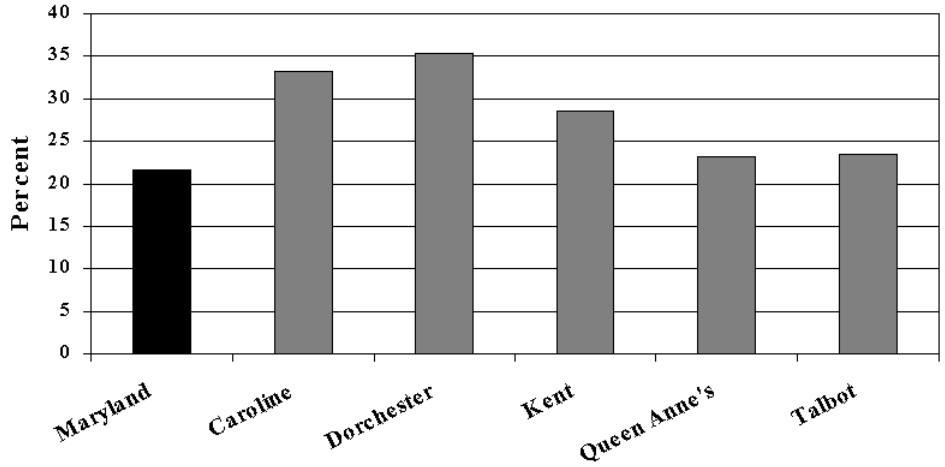
were only two-thirds to three-fourths of the Maryland average.

High School Diploma *(Recommended result and indicator)*

Failure to complete high school is closely linked with decreased employment opportunities, low pay, and limited paths to advancement. The Decennial Census provides the percent of all persons more than 25 years of age residing in Maryland who have a high school diploma or equivalent. Between-Census data would have to be made through statistical projections and are not available.

Slightly over one-fifth (22%) of people in Maryland 25 years and over in 1990 did not have a high school diploma or its equivalent. (See Figure 6-3 and Table 6-3.) People in all five of the Mid Shore counties were more likely to be without a high school diploma than were Marylanders as a whole. Adults in Queen Anne's and Talbot Counties were only slightly more likely to be without a high school degree (23% and 24% respectively) than in all of Maryland. However, One-third or more of adults in Dorchester County (35%) and Caroline County (33%) did not have a high school degree. Queen Anne's County was about the average for Mid Shore counties, with 29% of people 25 years of age and over without a high school diploma or its

Figure 6-3. Percent of People 25+ Years Without a High School Degree: 1990



equivalent.

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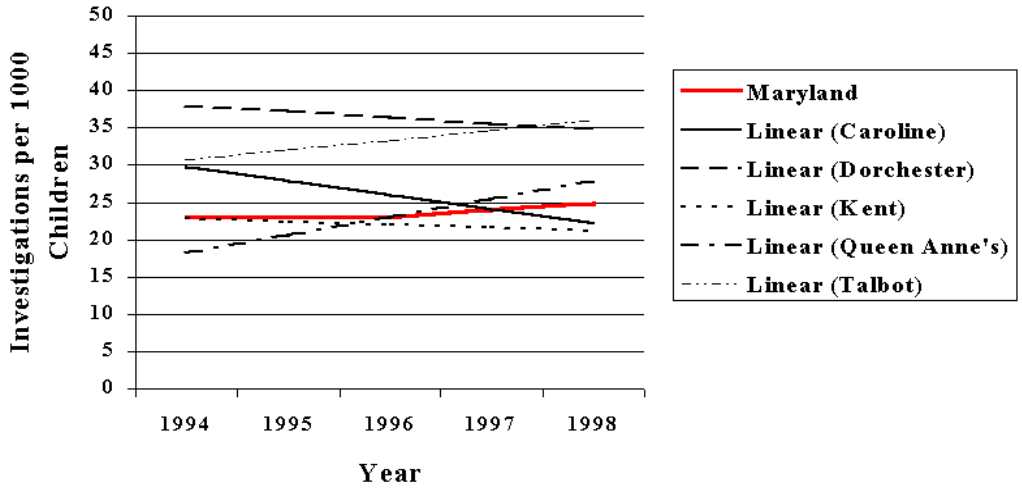
Children Safe in Their Families and Communities

Child Abuse or Neglect *(Recommended result and indicator)*

Child abuse or neglect can result in physical harm, emotional harm, developmental delays, behavioral problems, or death. Abused and neglected children are at greater risk than other children for delinquency and for mistreatment of their own children. The Department of Human Resources (DHR), Child Protective Services's (CPS) statewide automated tracking system provides data by jurisdiction and type of abuse. All reports of abuse or neglect are investigated, and these investigations may find that child abuse or neglect is "indicated" (credible evidence cannot be satisfactory refuted) or "unsubstantiated" (evidence is insufficient to support a finding). Rates of investigations per 1000 children are used as an indicator of the extent to which children's security is threatened by important adults. This rate includes unsubstantiated reports since they do not necessarily mean that abuse or neglect is ruled out, only that there is not enough evidence to definitively indicate abuse or neglect. The indicator represents a conservative estimate of the true incidence of abuse or neglect, as an unknown amount of abuse and neglect is never reported to authorities. However, the number of investigations undertaken is dependent upon CPS staff and resource availability. An increase in the number of reports can

Figure 7-1. Investigations of Abuse and Neglect per 1000 Children by Year



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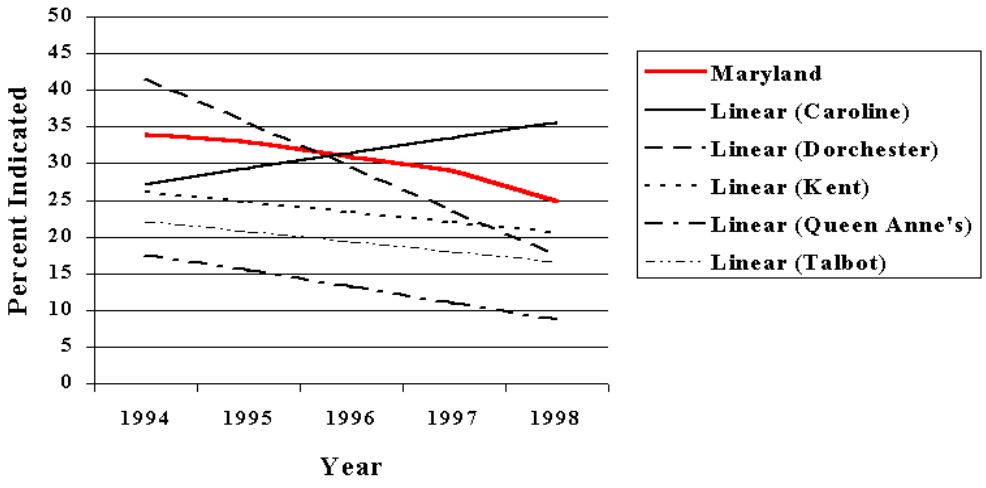
reflect increased resources or improvements in reporting systems as well as increases in incidents of abuse or neglect.

About 23-25 investigations for possible child abuse and neglect per 1000 children less than 18 years of age were conducted in Maryland between 1994 and 1998. (See Figure 7-1.) Dorchester and Talbot counties conducted more investigations per 1000 than Maryland as a whole while Kent County had the same or slightly lower rate of investigations than the state average. The rates of investigations for Caroline and Queen Anne's counties were above the Maryland average for some years and below the Maryland average for other years. Caroline, Dorchester and Kent counties had a decline in the number of child abuse and neglect investigations per 1000 children during the time period while Queen Anne's and Talbot counties experienced an increasing rate of investigations.

Only some investigations find sufficient evidence to indicate child abuse or neglect. About one-third (34%) of the investigations statewide in 1994 indicated child abuse or neglect. (See Figure 7-2.) This proportion decreased to one-fourth (25%) in 1998. A similar decline in the percent of investigations in which child abuse and neglect was indicated can be observed for Kent, Queen Anne's and Talbot counties using linear regression, but a smaller percent of investigations in all the years in these counties compared with the state average found child abuse or neglect. The

Figure 7-2. Percent of Child Abuse and Neglect Investigations Indicated by Year



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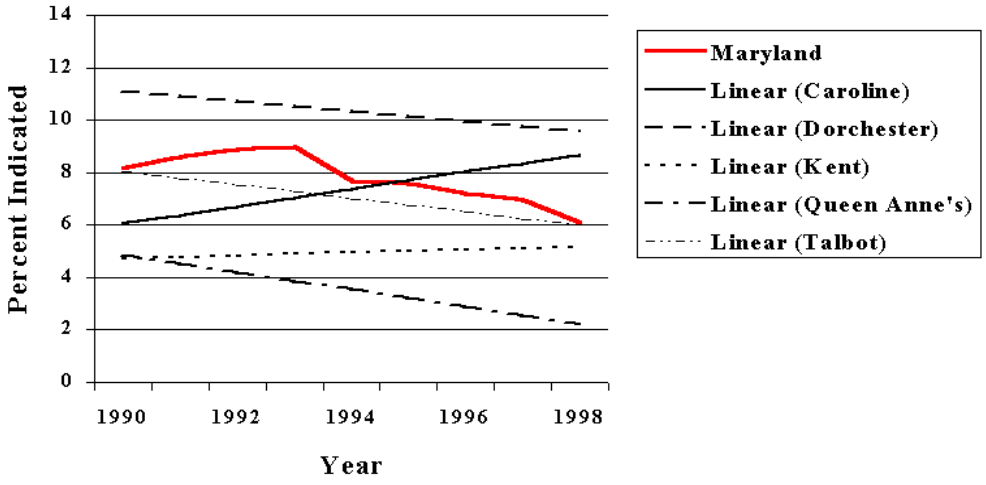
percent of investigations indicated decline more in Dorchester County than in the state as a whole, and was above the state average in 1994 and below the state average in 1998. Caroline County experienced an increase in the percent of investigations finding indications of abuse or neglect.

The rate of indicated child abuse and neglect is a product of the rate of investigations and the percent of investigations in which abuse or neglect is indicated. This rate is available for 1990 from the *Kids Count Factbook*, which allows a linear trend to be produced for a longer length of time. The rate of indicated child abuse or neglect has generally declined during the 1990's for Maryland as a whole. (See Figure 7-3 and Table 7-1.) This general decline is reflected in the linear regression trend line for Dorchester, Talbot and Queen Anne's counties, although the rate in Dorchester County was above, the rate for Talbot County about equal to, and the rate for Queen Anne's County below that of the state as a whole. The rate for Dorchester County declined during the period as a result of a decreasing rate of investigations and a decreasing percent of investigations in which abuse or neglect was indicated. The rate of indicated abuse and neglect increased during the 1990's in Caroline County due to increasing percentages of investigations that indicated abuse and neglect, despite the fact that the rate of investigations declined. The rate of indicated child abuse or neglect in Kent County remained about the same

Figure 7-3. Indicated Rate of Child Abuse and Neglect per 1000 Children by Year



between 1990 and 1998. (The Kent County trend is different from indicated in the *Kids Count*

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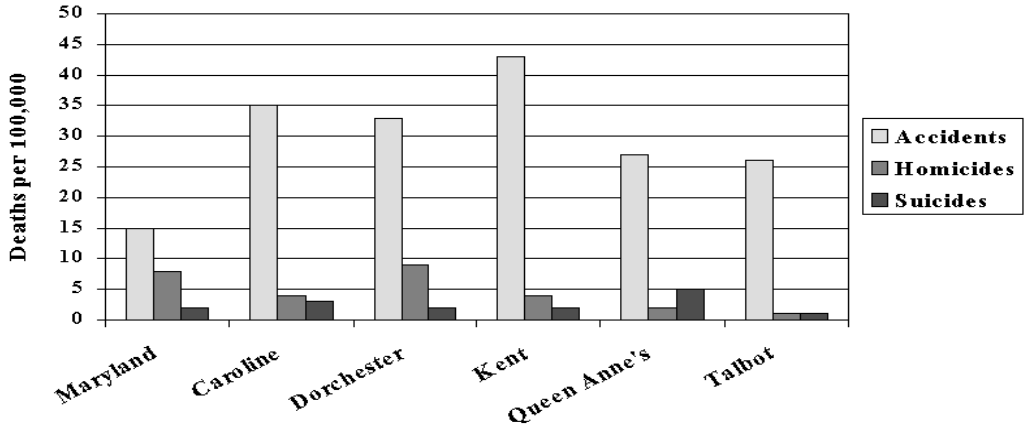
Factbook largely due to reporting of a different rate than reported by the OCYF.)

Child Deaths Due to Injury *(Recommended result and indicator)*

Child death due to injury is an indicator of social, economic, and environmental threats to children's lives. Hospitals report all their discharges to the Health Services Cost Review Commission (HSCRC). These reports are used by the Office of Injury and Disability Prevention (OIDP) of the Department of Health and Mental Hygiene (DHMH) to produce standardized county profiles that include reports on child hospitalization and death. The rate of injury-related deaths per 100,000 children is classified into three broad categories: accidents (motor vehicle or other), intentional (homicide, suicide), or undetermined. The coding for external cause of injury is not reliable enough to indicate whether an injury resulting in death was due to child abuse or neglect. The numbers included in this report include children 1-19 years old, while those included in *Kids Count Factbook* include children 1-14 years old.

An average of 206 children died from accidents each year in Maryland between 1987 and 1997. An additional 110 were victims of homicide, and 31 took their own lives. (See Table 7-2.) Each of the Mid Shore counties averaged 2-3 children dying each year due to accidents, with less than

Figure 7-4. Child Deaths due to Accidents, Homicides and Suicides by County: 1987-1996 average



one child murdered each year, and no more than five suicides during the whole 11-year period. However, even these few deaths suggest children in all the Mid Shore counties are dying at a higher rate than children elsewhere in Maryland. (See Figure 7-4.) While an average of 15 accidental deaths occurred in Maryland each year between 1987 and 1997 per 100,000 children

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0-19 years of age, 43 accidental deaths occurred in Kent County per 100,000 children. 35 in Caroline County, 33 in Dorchester County, 27 in Queen Anne's County, and 26 accidental deaths in Talbot county per 100,000 children 0-19 years old. The rates of homicides and suicides may or may not be any different from Maryland as a whole, since the small numbers allow little confidence in the calculated rates. Additionally, classification of deaths as to their cause is not always easy and may vary from county to county. The reclassification of a single death over the 11-year period as a suicide or not a suicide would double or halve the suicide rate in each of the counties.

Juvenile Violent Offense Arrests *(Recommended result and indicator)*

Juvenile violent offenses are often perpetrated against juvenile victims, and so are indicators of risk of injury or death to both the offender and the victim. Risk factors for juvenile delinquencies include a lack of educational and job training opportunities, poverty, family violence, and inadequate supervision. Poor school performance, including absence from school and falling behind one or more grade levels, increases the likelihood of involvement in delinquent activity. The Maryland State Police Uniform Crime Report (UCR), Violent Crime Arrests, provides data for each year. Rates are reported as the number of arrests of children and youth less than 18 years of age per 100,000 children and youth less than 18 years of age in the population. *Kids Count Factbook* presents numbers based on ages 10-17, so its rates will be about double the rates in this report. The *Kids Count Factbook* also presents rates per 10,000 while this report presents rates per 100,000. Violent offenses are classified as murder, forcible rape, robbery, and aggrevated assault. The rate is a measure of incidence and may include repeated arrests of the same individual for different offenses within a given year.

Arrests of children and youth for violent offenses in Maryland increased steadily from 232 arrests in 1990 to 295 arrests in 1997 per 100,000 children and youth less than 18 years of age. (See Figure 7-5 and Table 7-3.) Over half of these arrests were for felonious assaults and most of the remaining were for robbery. The rates for murder and forcible rape were small. The arrest rates for violent offenses in Queen Anne's County increased at about the same rate over the seven years as in Maryland as a whole, and remained about half of the statewide rates during that time period. The rate for Dorchester County was higher than the statewide rate in 1990, and increased much more rapidly than did the overall Maryland arrest rate. By 1997, the arrest rates for violent offenses in Dorchester County were over twice the arrest rate for the state as a whole. The child and youth arrest rates for violent offenses in Talbot, Kent and Caroline counties were below the Maryland average in 1990, but increased as rapidly as they did in Dorchester County. Thus by 1997, the arrest rates in all three of the counties were higher than the Maryland average.

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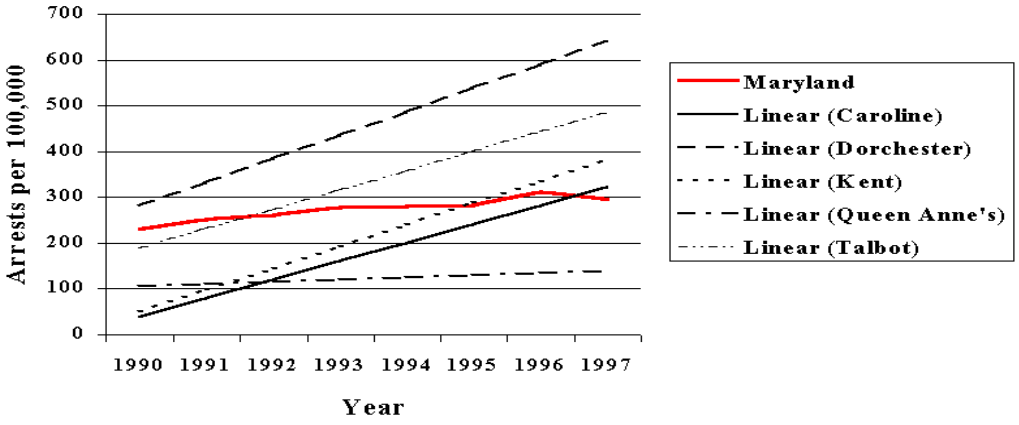
Juvenile Serious Nonviolent Offense Arrests *(Recommended result and indicator)*

Figure 7-5. Rate of Violent Offense Arrests of Juveniles Under 18, by Year and County



Arrests of juveniles by police for serious nonviolent offenses are also indicators of risk, even though they may not as directly reflect risk of physical harm. This indicator of risk is related to the same factors as violent offenses. Data on Part I offenses (breaking or entering, larceny, and motor vehicle theft) are collected through the Maryland State Police Uniform Crime Report (UCR). Rates of arrests are calculated per 100,000 youth under 18 years old. The numbers of arrests are measures of incidence and may include repeated arrests of the same individual for different offenses within a given year. There may be high variability in law enforcement practices across jurisdictions, so differences in rates may reflect both differences in delinquency and differences in enforcement practices. The rates presented in *Kids Count Factbook*, like with violent offenses, are limited to the age range 10-17 and are presented as rates per 10,000.

Arrests of juveniles for serious but nonviolent crimes are much more frequent than arrests for violent offenses in Maryland. However, while the Maryland juvenile arrest rates for violent offenses increased gradually, the Maryland juvenile arrest rates for serious nonviolent crimes decreased gradually from 1,221 per 100,000 in 1990 to 1,160 per 100,000 in 1997. (See Figure 7-6.) This pattern of decreasing arrest rates between 1990 and 1997 was seen only in Queen Anne's County, where arrest rates were consistently below the statewide average. The juvenile serious nonviolent arrest rates for Dorchester, Talbot, Caroline and Kent counties were all below

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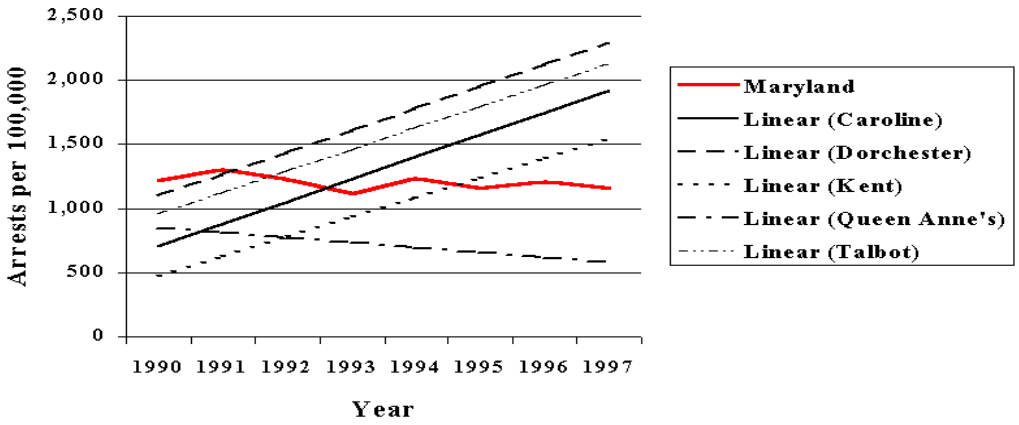
the statewide average in 1990, but increased rapidly during the following eight years. By 1997, all four counties had arrest rates higher than the statewide average, with the rates in Dorchester

Figure 7-6. Rate of Serious Non-Violent Crime Arrests of Juveniles Under 18 by Year and County



County over twice as high as in Maryland as a whole.

Over half (58%) of the juvenile serious nonviolent arrests in Maryland over the eight years were for larceny and theft. (See Table 7-4.) One-fourth (24%) were for motor vehicle theft, and the remaining (19%) were for breaking and entering.

Domestic Violence *(Recommended result and indicator)*

Domestic violence profoundly impacts a child's ability to be safe at home and in the community. Children who grow up in violent homes show higher incidences of social, emotional, and behavioral problems than children growing up in homes free from domestic violence. Children witnessing domestic violence are at greater risk than other children for delinquency and mistreatment of their own children. The Department of Human Resources (DHR), Community Services Administration (CSA), Office of Transitional Services (OTS) collects data on the numbers of clients, primarily adults, receiving domestic violence services through community-based programs funded by the DHR. These data provide incomplete coverage of the population by missing victims who may report only to the police or to privately funded domestic violence programs. Rates are tabulated per 100,000 population.

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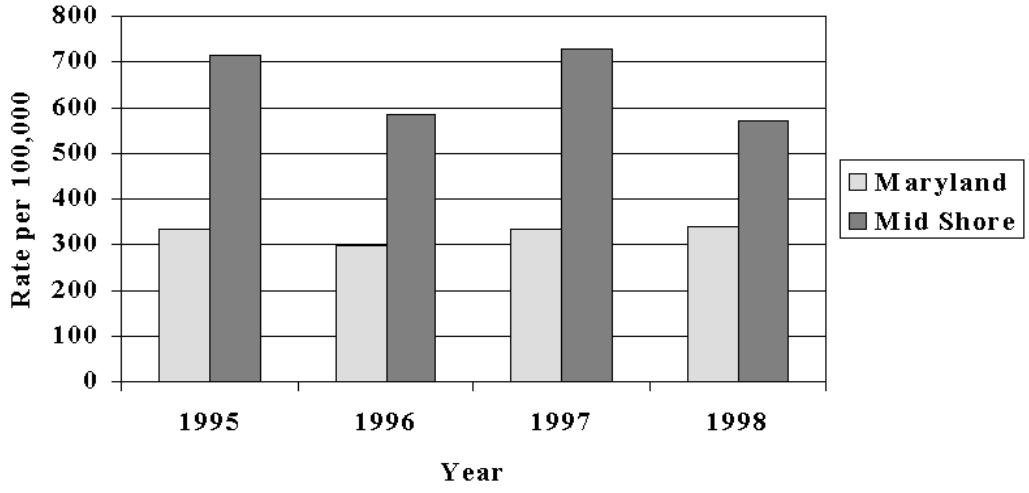
The number of people in Maryland receiving domestic violence services through DHR funding varied little between 1995 and 1998: 334 per 100,000 households received services in 1995 and 338 per 100,000 received services in 1998. (See Figure 7-7 and Table 7-5.) Domestic violence programs funded by DHR provided services at about twice that rate in the Mid Shore counties than in Maryland as a whole. Domestic violence affected at least 715 out of every 100,000 households in the Mid Shore counties. Like the state as a whole, however, no clear trend can be observed over the four years.

Figure 7-7. Persons Served by DHR Funded Domestic Violence Programs per 100,000 Mid Shore Households by Year



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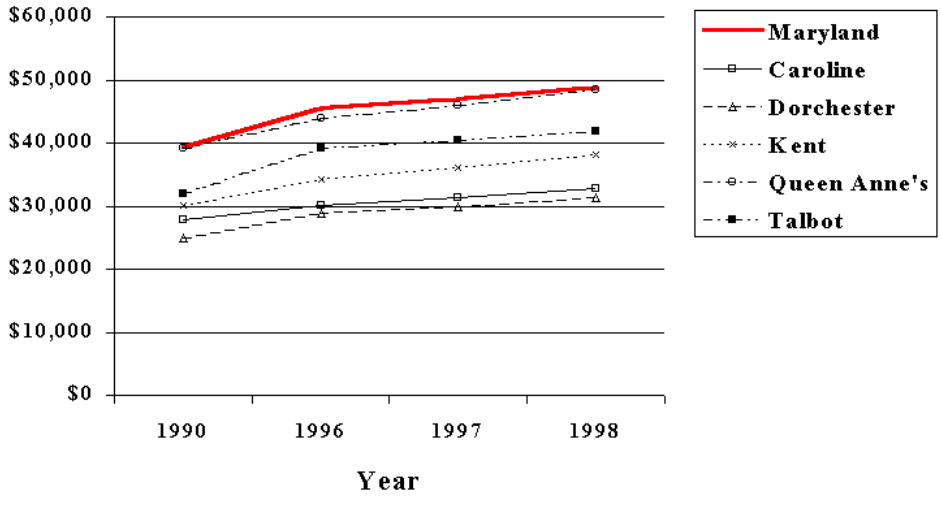
Stable and Economically Independent Families

Income

The income available to people is frequently measured in three ways. The median household income identifies the income level at which half of the households are below and half are above. The mean (or average) household income will be greater than the median household income as the mean can be greatly influenced by a few very wealthy households. The greater the difference between the mean and the median, the more unequal the distribution of income. Household income is important as many expenditures are made by households (e.g., housing, utilities), and many programs consider household income. However, household income does not take into consideration the number of people dependent upon that household income. A particular household income might be adequate for a person living alone, but not adequate for a large family. Therefore, the average income per person is used as a measure of income in addition to the average (or mean) household income. The median or average income per family (households with two or more related people) used in the *Kids Count Factbook* is not used in this report as this measure is available only from the census every ten years.

Figure 8-1. Median Household Income by Year and County



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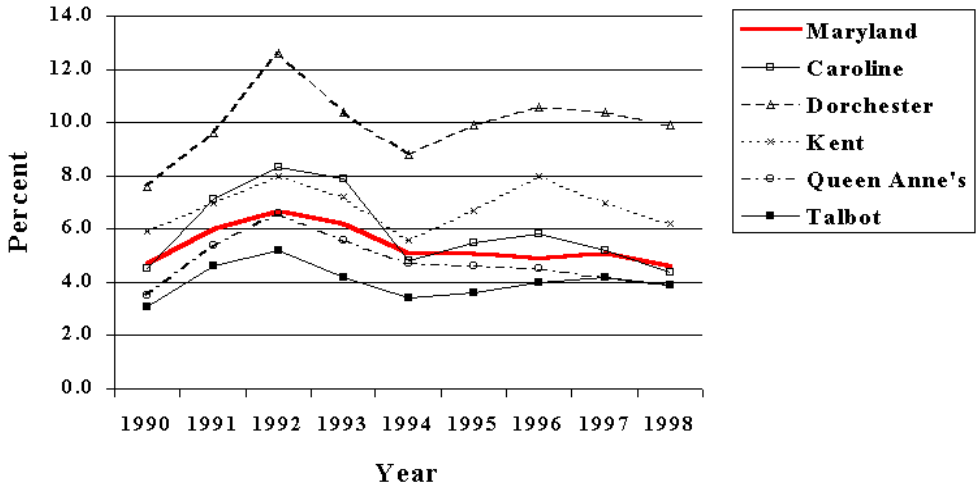
Half of the households in Maryland had incomes less than $39,386 in 1990. By 1998, the median household income had risen to $48,900. (See Figure 8-1.) Household incomes in Queen Anne's County differed little from those in Maryland as a whole, but the median household incomes in Talbot, Kent, Caroline and Dorchester counties were substantially lower than for the state. Half of the households in Dorchester County had incomes below $31,300 in 1998, one-third less than the Maryland median. Household incomes were most evenly distributed in Caroline County where the mean household income was only 14% greater than the median. The most uneven distribution occurred in Talbot County where the mean household income was 50% greater than the median household income. (See Table 8-1.) The median household income in Talbot County was less than the median household income for all of Maryland, but the mean Talbot County household income was higher than the mean Maryland household income.

The average household in Dorchester County had an income in 1998 that was $500 less than the income of the average household in Caroline County. However, since Dorchester County households are smaller than Caroline County households (2.36 and 2.58 projected for 2000, respectively), the average person in Dorchester County is projected to have $3,609 more income than average person in Caroline County. (See Table 8-2.) The average household sizes in Kent and Talbot counties are smaller than in Dorchester County, making the household income go

Figure 8-2. Average Percent of People Unemployed by Year and County



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further. The average household size in Queen Anne's County is larger like in Caroline County and Maryland as a whole.

Unemployment

The ability of families to provide for their children is highly related to parental employment. Without income generated through work, families have difficulty meeting basic needs without outside assistance. High unemployment is associated with higher family stress; low unemployment is associated with lower family stress. Maryland unemployment in 1998 was at its lowest level in this decade, averaging 4.6%. (See Figure 8-2 and Table 8-3.) Unemployment was at its highest in 1992. All five of the Mid Shore counties also experienced their highest unemployment in 1992, but most had 1990 rates lower than 1998 rates, and for some the 1994 rates were also lower than 1998 rates. Talbot and Queen Anne's counties had lower unemployment throughout the 1990s than did Maryland as a whole, and Dorchester and Kent counties had higher unemployment rates. Unemployment in Caroline County was very similar to that in Maryland as a whole, sometimes being a little above and sometimes a little below.

Child Poverty *(Recommended result and indicator)*

Children who grow up in poverty are more likely to have unmet nutritional needs, live in substandard housing, be victims of crime and violence, lack basic health care, and have unequal access to educational opportunities. The official federal poverty line is based upon the cost of food and other basic necessities required by a family. The amount of family income that determines the poverty threshold varies by the size of family, the adult/child composition, and the urban/rural location. It reflects an austere level of existence. Available research suggests that children whose families are "near poor" also suffer significant disadvantages, compared to children in families who are better off economically. Thus, some public programs also include those children in families who earn a certain percentage above the poverty line, such as 150 percent or 200 percent, as children in poverty. Child poverty rates at the state and sub-state levels are available once every ten years from the decennial census. Estimates for 1995 are also available for Maryland counties based upon the Bureau of the Census' Current Population Survey (CPS), but this data is subject to large sampling error for small counties. Annual data are available from the public schools on the proportion of their students who apply for free or reduced price lunch. Free or reduced price lunch is offered to all students in households that are 200% or below the official poverty level and most poor families apply for this free or reduced price lunch. This percent is not subject to sampling error and is used as an indicator of child poverty. This percent, however, will be about twice as high as the Census or CPS percent shown in *Kids Count Factbook* (2.3 times for Maryland as a whole in 1995).

About one-third (31%) of Maryland's children who attended public school in 1998 were poor or near poor. (See Figure 8-3 and Table 8-4.) This is an increase from one-fourth (23%) in 1991. Poverty among children is a greater problem in three of the Mid Shore counties than in Maryland as a whole. In 1991, a greater percent of children in the Caroline, Dorchester, and Kent County public schools than in Maryland as a whole received free or reduced price lunch. This indicator

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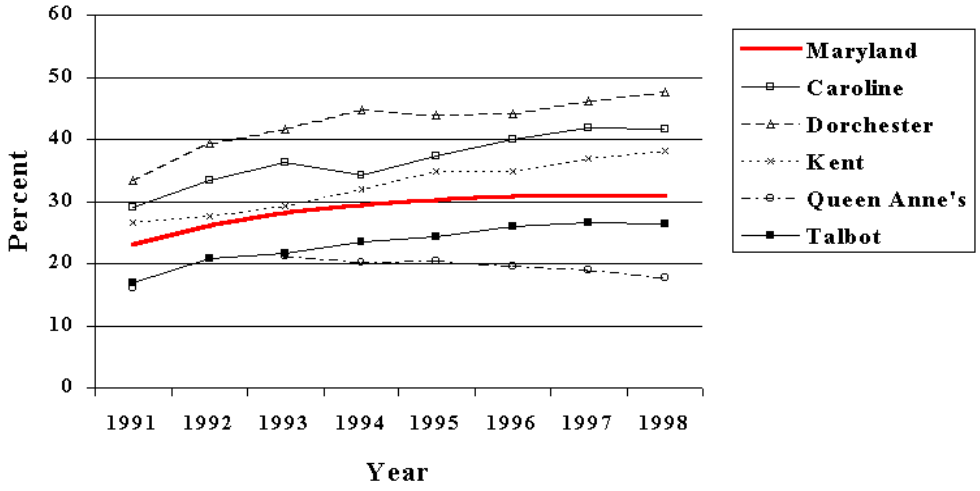
of poverty among children appears to have increased faster in these counties than in Maryland as a whole. By 1998, almost half (48%) of Dorchester County public school students were receiving free or reduced price lunch. Only in Queen Anne's County did poverty decline between 1991 and 1998, with fewer than one-fifth (18%) of the students in 1998 receiving free or reduced price lunch.

Figure 8-3. Percent of Public School Children with Free/Reduced Price Lunch



Out-of-Home Placements *(Recommended result and indicator)*

Children are assumed to develop best when they live with their parents or with other family members through informal arrangements. However, some families are so neglectful or abusive of children that children must be physically removed and placed by the county social services under the care of others. Social services can make a number of different arrangements depending on the needs of the child, the potential for return to the family, and the availability of alternative sources of care. Children may be in out-of-home placements for short periods of time or for long periods of time, and may be involved in more than one type of placement. Data are not readily available that can easily give a picture of what happens to children, so Bonham Research took available data and combined them in ways to give a reasonable picture. Out-of-home placements are defined for purposes of this report as the average monthly number of

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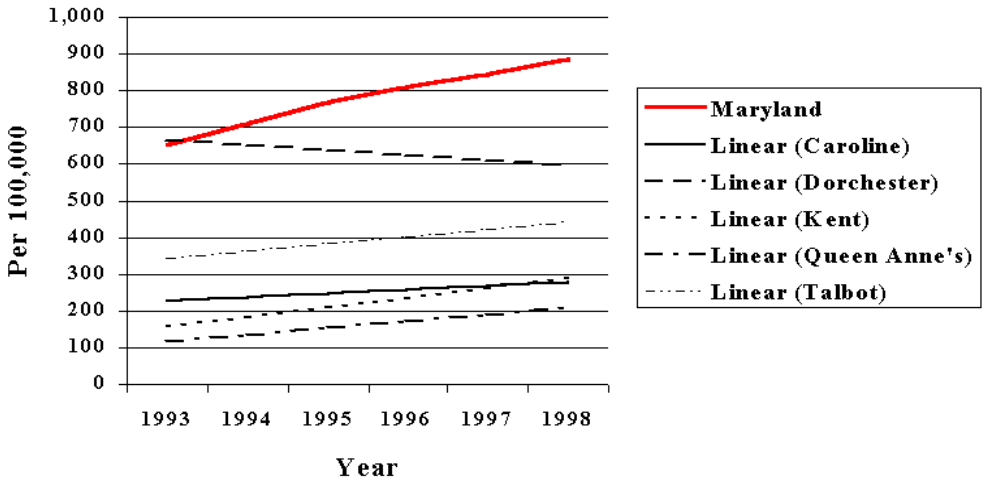
children in foster care homes, the average monthly number in purchase-of-care arrangements, and the average monthly number receiving kinship care payments. Kinship care is different from the first two types of care in that it is permanent and does not involve ongoing supervision by social services. Kinship care is different from adoption, however, in that it involves monthly payments that are intermediate between adoption and foster care, and it does not involve all the legal separations between children and parents that adoption does. Adoption is not included in the count of out-of-home placements since state and local governments are not involved in adoptions at all once they are finalized. Kinship care is included in this report as out-of-home placement on the assumption that these children would be in temporary home foster care if this program had not been developed. The average monthly number of children will underestimate the actual number of children involved in home foster care and purchase-of-service care during a year, as a child may be in this type of placement for only part of the year. The rate might be more properly called "child-years of out-of-home placement" for children 0-17 years old, rather than "children in out-of-home placement."

The number of out-of-home placements per 100,000 children in Maryland increased steadily from about 650 per 100,000 children in 1993 to almost 900 in 1998. (See Figure 8-4 and Table 8-5.) Dorchester County had about the same rate of out-of-home placements as Maryland as a

Figure 8-4. Rate of Children in Out-of-Home Placements by Year and County



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whole during 1993, but the rate of out-of-home placements declined in subsequent years. The rate of out-of-home placements in Dorchester County was three-fourths the state average in 1998. This rate, however, was still above the rates in Talbot, Caroline, Kent and Queen Anne's counties. The low rates in these four counties increased during the five years. However, since they increased in a similar way to the rates in Maryland as a whole, they remained substantially below the Maryland average. The rate in Queen Anne's County was less than one-fourth the rate for Maryland in 1998, the rates in Caroline and Kent counties were one-third the rate for Maryland, and the rate for Talbot was two-fifths of the state rate.

A percentage of children placed outside their homes will be returned to their families and receive follow-up services. The number of children receiving social service care after returning home is about one-tenth the number of children receiving out-of-home placement services each month (9.0% for the state and 8.9% for the Mid Shore counties), although this ratio has varied greatly from year to year. (See Table 8-5.)

Children in Kinship Care

Children in Kinship Care were included in the overall count of children in out-of-home placements discussed previously. Not only is out-of-home placement of children less frequent in the Mid Shore counties than in the state as a whole, but Kinship Care is less frequent for Mid Shore children than for children statewide who are placed outside their homes. Over the past six years, about one in ten (11%) of Mid Shore children in out-of-home placements was involved in Kinship Care compared with one in three (32.3%) in the state as a whole. However, the Mid Shore counties have experienced an increase in recent years in Kinship Care. (See Figure 8-5 and Table 8-5.)

Permanent Placements *(Recommended result and indicator)*

Adoption is the most permanent placement of children outside their homes of origin. Adopted children are not under the supervision of social services, even though some adoptions may involve subsidies. The number of children receiving pre-adoption services is used as an indicator of the number of children adopted each year, since it involves children in the process of adoption, or who are at least eligible for adoption. Figure 8-5 shows the ratio of children receiving adoption services per 100 children served in out-of-home placements, and varies greatly from year to year in the Mid Shore counties. Over the six years, this ratio has averaged 7.2 receiving adoption services for every 100 children in out of home placements. This ratio is almost the same as the state's ratio (9.2) and suggests that about one in fourteen of the children that the Mid Shore social services remove from their homes will be adopted.

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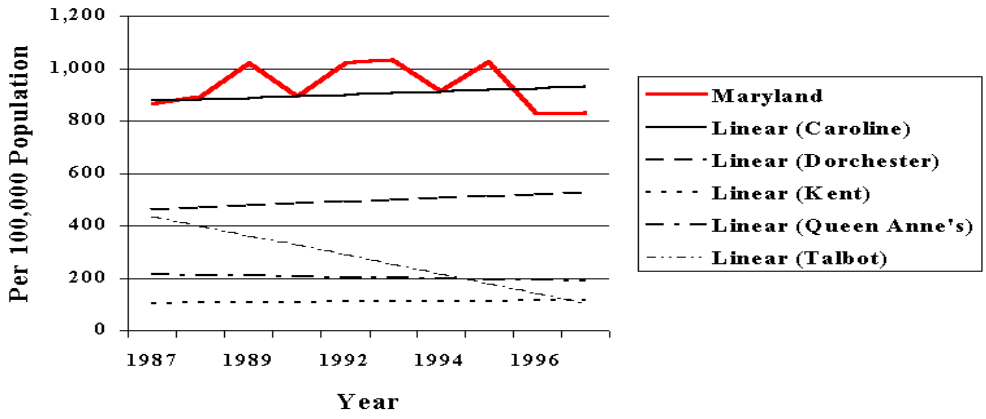
Figure 8-6. Homeless Adults and Children per 100,000 Population by Year and County



Homeless Adults and Children *(Recommended result and indicator)*

Families cannot achieve economic self-sufficiency without stable housing conditions. DHR/CSA Office of Transitional Services collects data from DHR-funded programs. Rates are calculated as the number of homeless adults and children are served by programs funded by the Department of Human Resources per 100,000 population. The number of people served is an unduplicated count of clients served within a single shelter, but may count people more than once if they go to more than one shelter. Also, those homeless individuals or families that do not go to shelters or go to privately supported shelters do not get included in this measure.

Between 800 and 1,000 homeless children and adults are served by DHR-funded programs each year for every 100,000 Maryland population. (See Figure 8-6.) This rate has been relatively constant between 1987 and 1997. The rate for Caroline County follows the overall Maryland level and pattern, although with greater year-to-year variation which has been removed and the linear regression trend shown. The rates for Dorchester, Kent and Queen Anne's counties were fairly constant also during the eleven years, but lower than in Maryland as a whole. Dorchester's rates were about half of the Maryland rate, and the rates for Kent and Queen Anne's counties were less than one-fourth of the Maryland rates. The numbers of homeless adults and children

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served by programs funded by DHR declined over the eleven years in Talbot County. However, the actual numbers of people served in all the counties were small, and the opening or closing of a single program could make a large difference in the rates. (See Table 8-6.)

Participation in WIC

The Women, Infants and Toddlers Program (WIC) was established to provide basic nutrition to low income mothers and their young children. Maryland experienced a 71% increase in the number of children participating in its program between 1990 and 1998, even though there were 1% fewer children under age five in the state in 1998 than in 1990. (See Table 8-7.) About one-fifth (21%) of Maryland's young children were participating in the program in 1998, almost double the rate in 1990. (See Figure 8-7.) All five Mid Shore counties had higher rates of participation in WIC than did Maryland as a whole, and the rate of participation increased in all five counties. However, none of the Mid Shore counties experienced an increase in the number of children like Maryland did during the eight years, and the rate of participation in Queen Anne's County in 1998 were lower than in the state as a whole, and the rate in Talbot County was just a little above the Maryland rate. About two-fifths (39%) of children 0-4 years old in Dorchester County in 1998 were participating in WIC, almost double the rate of the state as a whole. The rate of participation in Caroline and Kent counties was about one and a half times the rate in Maryland as a whole.

Child Support

Many children in Maryland do not live with both of their parents. The law provides that the non-custodial parent can be ordered to pay child support until the child turns 18 years old (or age 21 if still in school). Child support can be arranged privately between the two parents or can be ordered by the state with payments collected and distributed by the Maryland Child Support Enforcement Administration (CSEA). Families applying for assistance through federal or state programs are required to apply for child support from an absent parent as a precondition for receiving assistance. Other families may request the assistance of the CSEA in collecting child support. The CSEA publishes information on the number of children for whom an absent parent has been ordered by the state to pay child support and the collection of child support payments. These figures do not include private arrangements of child support and so understate the total number of children receiving child support. They will, however, include most child support for low income families.

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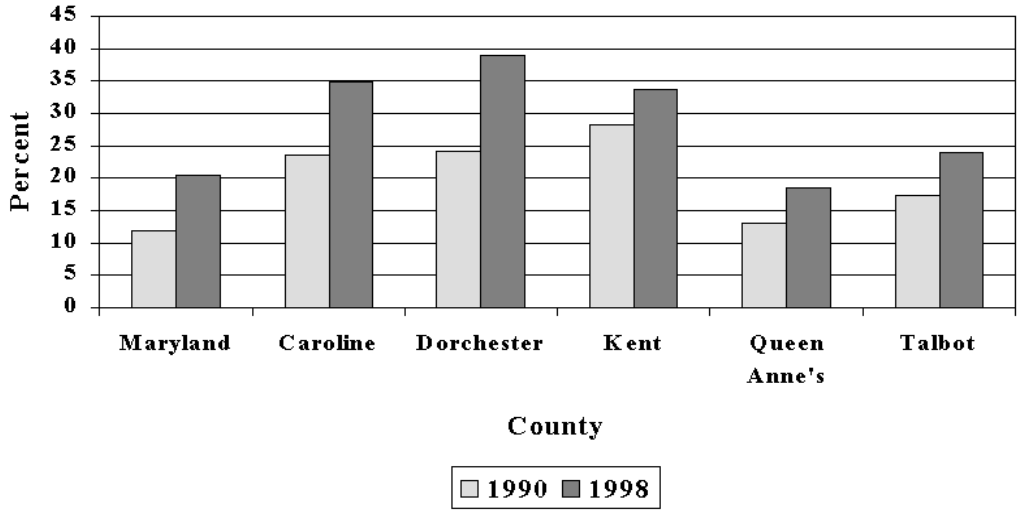
Figure 8-7. Percent of Children in Women, Infants and Children Program (WIC)



In 1993, 6.7% of children in Maryland were covered by child support orders handled by CSEA. (See Figure 8-8.) This increased slightly to 7.1% in 1998. The collection rate of child support also increased during the five years from 34% in 1993 to 38% in 1998. (See Table 8-8.) The percent of children with support orders also increased between 1993 and 1998 in all five Mid Shore counties. The collection rate also increased in all Mid Shore counties. The percent of children with child support orders in Queen Anne's County was about the same in both years as in Maryland as a whole, but the collection rate was substantially higher (64% in 1998). A slightly greater percent of children in Talbot County had support orders than in the state as a whole, and the children covered by orders were almost twice as likely (71%) to receive money than Maryland children as a whole. The percent of children with support orders was highest in Dorchester County, where one-sixth (16%) of the children had support orders. Caroline and Kent counties had rates of child support orders almost twice that of the state as a whole, but less than Dorchester County. The collection rates in Caroline and Kent counties were also substantially greater than the state as a whole, but lower than in Talbot County.

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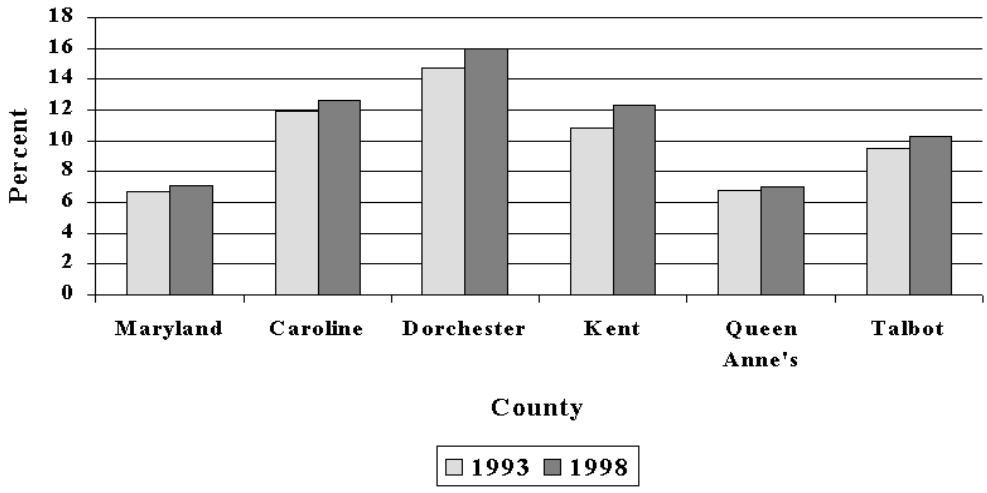
Figure 8-8. Percent of Children with a Child Support Order by County: 1993 & 1998



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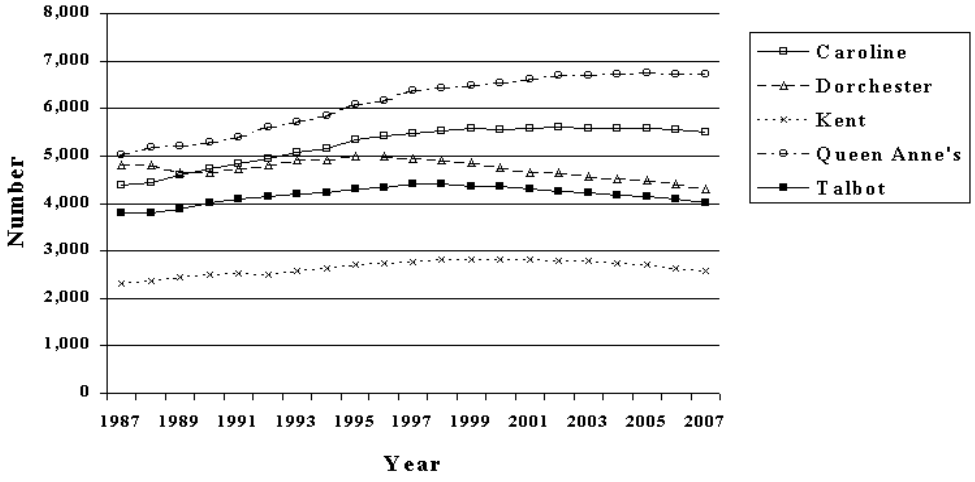
Community Programs That Support Family Life

School Enrollment

Education is a primary service that counties provide children. The public school enrollment in most of the Mid Shore counties increased fairly steadily between 1987 and 1996. (See Figure 9-1.) The number of students in Dorchester public schools declined in 1997 and is projected to continue a decline to 2007. The Talbot County public schools reached its highest expected enrollment in 1997. The Caroline County enrollment is projected to reach its highest level in 1999. The Kent County public school enrollment is projected to peak in 2000. The Queen Anne's County public school enrollment is projected to reach its highest level in 2005.

Figure 9-1. Public School Enrollment and Projections by County



The majority (56%) of the Mid Shore students in 1997 were in grades K-6, with the remainder evenly split between grades 7-9 (22%) and grades 10-12 (22%). (See Tables 9-1 and 9-2.) While 17 out of every 1,000 students in Maryland were involved in an ungraded special education curriculum, only one out of every 1,000 students in the Mid Shore counties was involved in special education. Kent County schools reported 16 children in special education in 1997, Caroline County reported 12 children, and Talbot County reported seven children.

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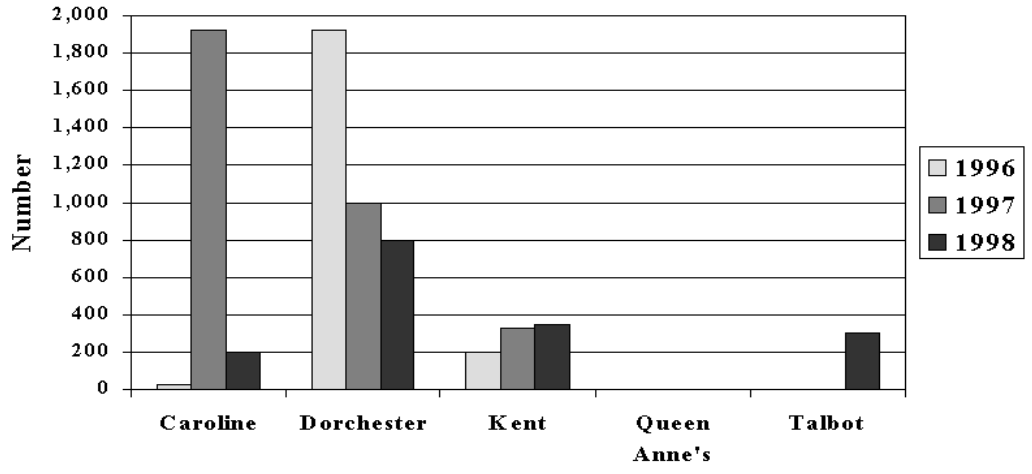
Dorchester and Queen Anne's counties had reported no students in ungraded special education for at least three years.

Teen Pregnancy Prevention

Interagency Committees on Adolescent Pregnancy Prevention and Parenting (ICAPPP) provided programs that reached about 120,000 teens, 165,000 parents, and 6,400 professionals in 1998. (See Table 9-3.) This suggests a substantial increase over 1996, assuming people and services were counted in the same way. Caroline, Dorchester and Kent counties had ICAPPP programs in 1996 and Talbot started ICAPPP programs in 1998. No active programs were reported for Queen Anne's County. (See Figure 9-2.) The number of teens reported as directly served by the programs varies from year to year, and may be due to differences in reporting as well as differences in the numbers served. E.g., two numbers are reported for Caroline County in 1996: 25 teens served directly and 1900 served indirectly through a theater group in the schools. The larger number would include almost all the teens in the county. Only the numbers directly served are included in this report since numbers about direct services are considered more

Figure 9-2. Number of Teens Directly Served by Pregnancy Prevention and Parenting Programs



reliable than numbers about indirect services. However, only a single figure was reported in 1997 which looks similar to the total of direct and indirect services in 1996, suggesting that in 1997 people were counted differently than in 1996. To the extent the numbers represent

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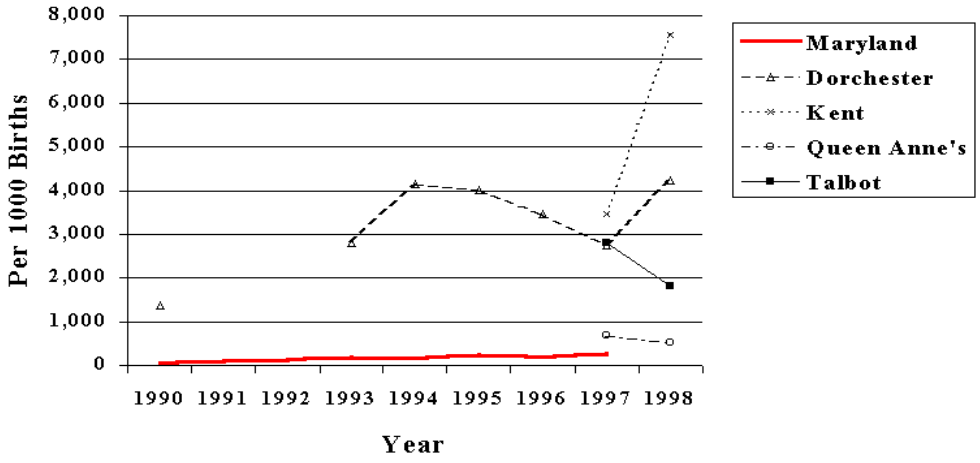
equivalent counting rules, Dorchester County served the most teens through its pregnancy prevention and parenting programs in 1998 than did any of the other Mid Shore counties. If the number of teens served represent unduplicated counts, Dorchester County could be reaching about half of its teens, Kent and Talbot Counties about one-fifth of their teens, and Caroline County about one-tenth of their teens.

Healthy Start Services

Healthy Start Services in Maryland include prenatal home visits, postpartum home visits, nutrition, risk assessment, and case management. Central to the program are the home visits which can be consistently counted without duplication. The number of home visits in Maryland increased from 2,628 prenatal and 1,866 postpartum visits in 1990 to 12,473 prenatal and 6,279 postpartum in 1997. (See Figure 9-3 and Table 9-4.) These represent 267 visits in 1997 for every 1,000 babies born in 1997. Similar data are available for four of the Mid Shore counties. The most complete data are for Dorchester County, where Healthy Start Services were much more frequent than in the state as a whole. The Dorchester County Health Department made 1,386 visits per 1,000 babies born in 1990 and 4,226 visits per 1,000 babies born in 1998,

Figure 9-3. Number of Healthy Start Services per 1000 Live Births by Year and County



although the rate varied from year to year. Data are available for two years for Kent, Queen Anne's and Talbot counties for 1997 and 1998. Kent County had the highest rates of visits per birth in 1997, and the rate doubled in 1998 to 7,565 visits per 1,000 births, or an average of 7.5

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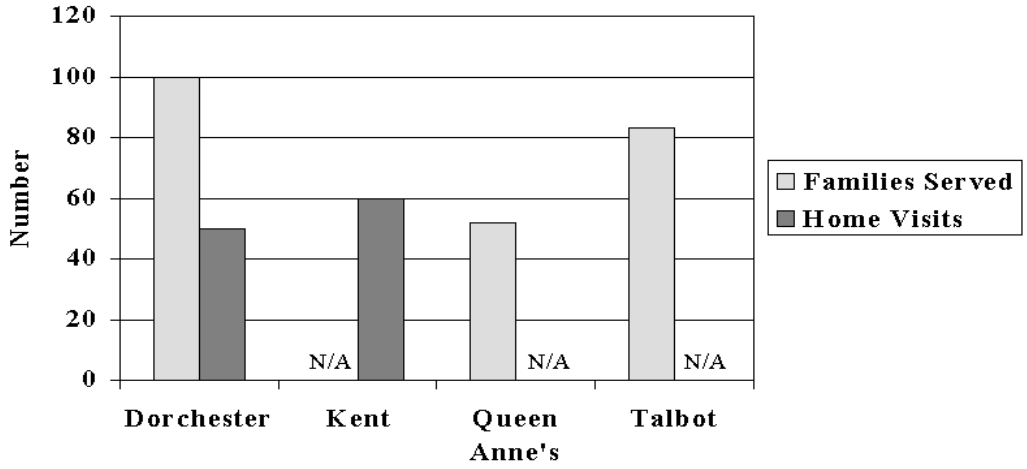
visits per child born. Kent County's Healthy Start program reported serving 61% of the infants in the county for an average of 8.6 visits per infant. The Queen Anne's County Healthy Start program reported the fewest visits per birth among the four counties and a decline between 1997 and 1998, but only reported prenatal visits. Talbot County Healthy Start program provided services at about the same rate as Dorchester County in 1997, but services declined greatly in 1998.

Family Support Centers

The Dorchester County Family Support Center provided services to 100 families and made 50 intensive home visits during fiscal year 1999 (July 1998 through June 1999). (See Figure 9-4 and Table 9-5.) This number of services was provided during the previous two years as well. The Kent County Family Support Center made slightly more home visits, but data were not available on the number of families served. The Queen Anne's County Family Support Center served 108 individuals in 52 families with an unknown number of home visits. Talbot County Family Support Center served at least 250 families and possibly 350 families during fiscal years 1997, 1998 and 1999. For purposes of the figure, the lower number was used along with an

Figure 9-4. Family Support Center Services: 1999



assumption that the same number of families were served each year.

Migrant Programs

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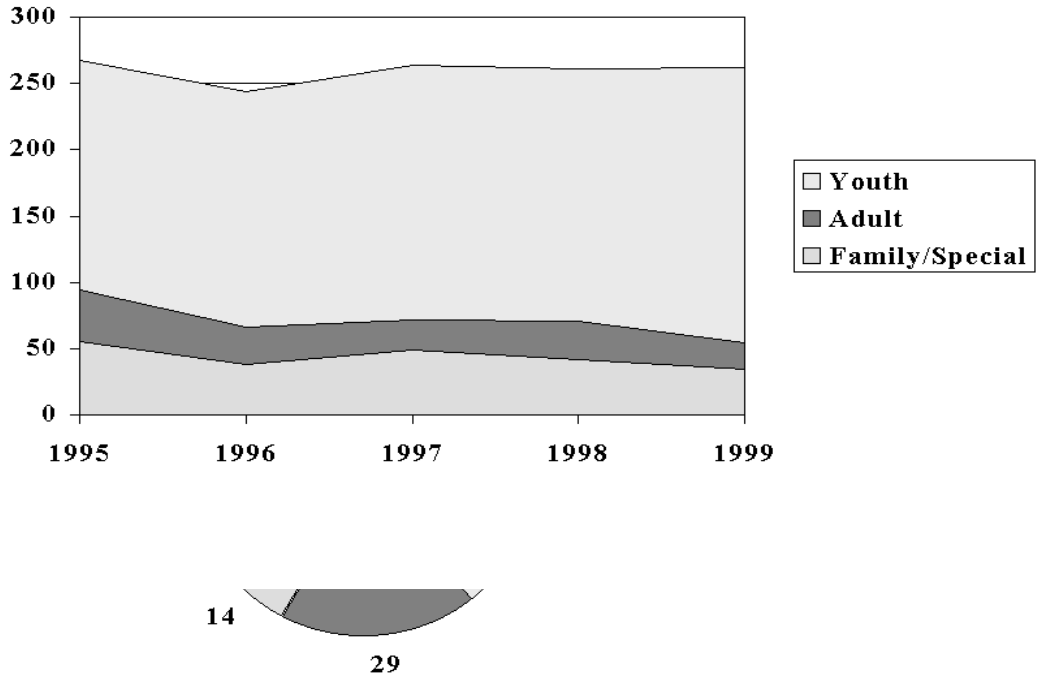
Figure 9-6. Number of Caroline County Park and Recreation Programs: 1999



Migrant workers provide a substantial part of Caroline County's agricultural labor force, and Caroline County requested data on migrant children. Direct migrant programs served 124 Caroline County children of all ages, and Even Start served 24 preschool children in fiscal year 1999. (See Figure 9-5 and Table 9-6.)

Recreation & Parks Programs

Kent and Caroline counties have an emphasis on the park and recreation programs for children and youth. The data, however, do not always separate program participation by age, and the two counties collect their data in different formats. Caroline County recorded 14,390 participations in their 262 park and recreation programs in fiscal year 1999 (1998-1999). (See Table 9-7.) The majority of these programs are directed toward youth. While the overall number of programs has changed little since 1995, the number of these programs directed toward youth has increased. (See Figure 9-6.) Kent County had 6,408 participations in their 36 park and

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recreation programs in fiscal year 1999. This number of programs is a substantial increase over the 26 programs offered during fiscal year 1997. The aquatic's programs attracted the greatest participation of any of the park and recreation programs, followed by youth leagues other than football and basketball. (See Figure 9-7.)

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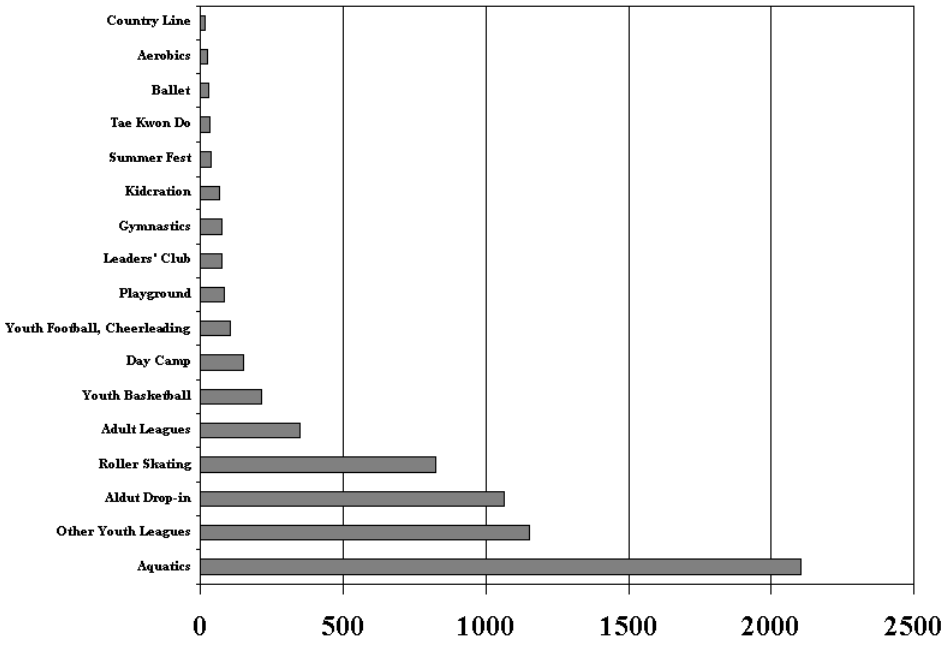
Figure 9-7. Number of Participants in Kent County Recreation Programs: 1999



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Notes on Multi-Year Averaging

Many of the percents and ratios shown in this report are based on very few occurrences in a single year. Therefore, these percents and ratios can change greatly from year to the next without necessarily representing any underlying change in the characteristics. Both the Governor's Office of Children, Youth and Families and the Maryland Kids County Partnership recommend multi-year averaging. The *Kids Count Factbook* uses five-year averages. This report uses an averaging method called linear regression, which fits a straight line among the annual percents or rates. Other methods that could be used include curvilinear regression and moving averages. The different ways of averaging may not always produce the same results. Linear regression was selected over the five-year averaging used by the *Kids Count Factbook* for several reasons. The first is that linear regression does not require as many years in order to analyze change over time, i.e., linear regression produces ten estimated data points over a ten-year period whereas five-year averaging produces two estimated data points. The second reason for selecting linear regress is that is not influenced by whether a dividing year is used to end the first five-year period or to begin the second five-year period. The third advantage of linear regression is that it can be projected into the future to predict what might happen in the absence of any program or program change. The fourth advantage is that data for an additional year can easily be added to the data table of the graphics software (Microsoft PowerPoint) to extend the linear regression line and no additional calculations are required.

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