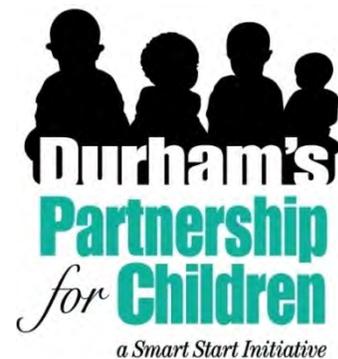


DURHAM'S PARTNERSHIP FOR CHILDREN

Durham Early Head Start Community Assessment Summary and Recommendations

March 2015

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Summary of Durham Early Head Start Community Assessment March 2015

Population

- 2013 estimates place the population of Durham County at 288, 133, with over 20,000 children under five, one of the highest proportions of young children in the state.¹
- North Carolina is one of the leading states in child and Latino population growth due to immigration and migration.^{2,3}
- Across the state, Durham County has the highest percentage of people who speak a language other than English (mostly Spanish) in the home (19.4%).⁴
- The White (42.1%) and African American (37.1%) population of Durham is fairly evenly distributed, followed by Hispanic/Latino (13.4%), Asian (4.4%), and other races and ethnicities.⁴

Community Challenges

- Disparities exist in suspension and graduation rates for students who are African American and Hispanic/Latino and for graduation rates for students who are economically disadvantaged, who have limited English proficiency, and who have disabilities.^{5,6}
- African American and Hispanic/Latino groups are at least twice more likely than White groups to have children and families living below the Federal Poverty Level, persons not owning their own home, rates of HIV and other sexually transmitted infections, rates of homicide, and adolescent pregnancy rates.⁷ Hispanic/Latino groups are at least twice as likely to be without health insurance.⁷ African American groups are at least twice as likely to have Diabetes, kidney disease, and prostate cancer.⁷
- Durham Spanish-speaking residents, those with limited English proficiency, and those without U.S. citizenship have lower rates of high school completion and lower median incomes.⁴
- Poverty rates are high for Durham residents who have less than a high school diploma (37.0%), who are American Indian/Alaskan native (40.6%), Hispanic/Latino (34.7%), and African American (24.1%), compared to the general population (18.5%).⁴ Poverty rates are at their highest for single female caregivers of children under 18 across race/ethnicities.
- The unemployment rate for African Americans (10.4) is more than double the rate for Whites.⁸
- In North Carolina, 23.7% of persons 18 to 25 are uninsured, the third highest state of all.⁹
- Over 40% of people in Durham are paying at least 35% of their incomes on rent, and a substantial subset pay half, which is extremely unaffordable.^{4,10} Many people who qualify for housing programs may have difficulty accessing services due to long or closed waiting lists.
- Last year, an estimated 2,209 people in Durham were reported homeless.¹¹ Numbers are even greater when considering the population that are couch surfing, staying in hotels, being victimized, or on the streets. Children five and under represent a third of all sheltered individuals in family housing.¹¹

- 22,959 households in Durham are receiving Food and Nutrition services to obtain assistance in paying for food.¹² Approximately 1 of 5 people and children in Durham do not have enough food to eat, or are food insecure.¹³ 31% do not qualify for SNAP or other nutrition programs.¹³
- Issues that remain top concerns for Durham residents include poverty/low-income, homelessness, violent crime, substance abuse, Diabetes, obesity, Cancer, discrimination, lack of health insurance, and mental health problems.^{14,15,16}
- 17% of residents in Durham County have had a diagnosis for a depressive disorder and the numbers of emergency room visits related to substance abuse is steadily increasing since 2010.¹⁷
- In Durham County there have been close to 2,000 calls received and 750 clients served in the past year related to sexual assault and domestic violence.¹⁸

Prenatal and Postnatal Care

- In Durham, adolescent mothers (6.2%) and mothers of newborns with less than a high school diploma (21.1%) represent mothers who are at risk of receiving no prenatal care whatsoever.¹⁹ Conditions during the perinatal period make up 43.2% of all child deaths in Durham County.²⁰
- 18% of families below 200% of the Federal Poverty Level have had their employment affected by child care related issues.²¹
- 64% of Durham children under six live in homes where all parents in the household work.²² An estimated 69.2% of 12,262 total children under age three in Durham are in need of child care.²³ The CCSA Scholarship program has a waitlist of over 3,000 children. Durham County's child care subsidy program reached only 15.2% of eligible children last year.²⁴ Currently, there are over 400 families on the waiting list for DEHS services across both program options.
- Durham parents report barriers to accessing child care, including costs of services, transportation, or employment related issues.¹⁴
- Latino families are more likely to utilize informal networks for resolving issues of child care.³ While limited English proficiency can create barriers, support for children in maintaining their home language is beneficial to their development of second language and positive self-concept.²⁵
- Durham parents are interested in services that promote school readiness, promote early childhood education and child development, provide low-cost child care, and support families at home on how to work with their children.

Child Well-Being

- 5.1% of children 0 to 3 years of age in Durham are receiving early intervention services.² It is estimated that 1 in 5 children five and under are at moderate to high risk of having developmental or behavioral problems, according to their parents' concerns.²⁶
- Caregivers report top child health concerns that are related to obesity/poor nutrition, mental health issues, community violence, and substance abuse.^{15,16} Top overall concerns include child

education, child health, paying bills, employment, absent parent, child discipline and challenging behaviors, and family disability or chronic health condition.¹⁴

- North Carolina ranked 34 out of 50 in overall child well-being: 38/50 for economic well-being, 28/50 for education, 32/50 for health, and 36/50 for family and community.²
- NC was graded C or below on the percent of children less than 3 years of age who are up to date on immunizations (76.6%), the percent of children under 5 living in poverty (28.0%), and other measurements of child health, including childhood obesity and child abuse and neglect.²⁷
- Last year, the number of children in Durham with first time reports of abuse and neglect was 1,536.¹² Children birth to 5 make up over half of these cases (51.0%).¹² While White children are more likely to be placed in foster care within one month, African American children are more likely to be placed in foster care after lengthier periods of time.¹²

Conclusions and Recommendations

- Hispanic/Latino families of Durham are in great need of support services due to the unique set of challenges they face surrounding language and cultural barriers; education, employment, and economic security barriers; and barriers to accessing government and community resources due to immigration status. It is imperative that Durham Early Head Start continue to provide linguistically and culturally appropriate services for all families.
- Comprehensive programs, such as Durham Early Head Start, that promote household educational attainment, provide support for household employment, and link low-income families to health care, child care, nutrition, housing, and financial services are recommended to ameliorate poor health trajectories and disparities.²⁸
- Support for Medicaid expansion and reform is needed to address perpetual coverage gaps for an estimated 19,000 in Durham County.¹⁷ These gaps do not include a significant segment of the population of immigrants who are undocumented or those who have been legally in the country for less than five years, as they do not qualify for Medicaid or the Marketplace.²⁹ As most people get their health-related information and services from a doctor or clinic, including mental health or substance abuse related information, improvement in health care and coverage are huge undertakings that are needed in Durham County.¹⁵
- It is necessary for NC and Durham to increase attention to issues of child health, child food security, education proficiency, housing affordability, child poverty, numbers of uninsured children, and minimum wage in order to ameliorate child and adult homelessness.³⁰
- Durham Congregations, Associations, & Neighborhoods (Durham CAN) community organizing and advocacy group has placed on its agenda for the next two years the issue of affordable housing, transit, and neighborhoods. DEHS staff and parents are represented on Durham CAN's membership and should continue serving as an effort to support improvements in affordable housing and advocacy for DEHS families and the greater community.
- Durham is tasked with supporting services and retailers that offer options for residents and families for accessing healthy foods.

- It is crucial that services for pregnant women and expectant families remain a priority in the community to increase support for families. While there are some prenatal services outside of a doctor's office or clinic that are available to families with low incomes in Durham, more specialized and accessible services may be needed. DEHS should explore the opportunity of training staff to become certified doulas in order to expand services for expectant families in our community.
- With an estimated 9,325 children in Durham living in poverty or from families with low incomes, and the median monthly cost of full-time infant care in Durham at \$1,234 per month, it is critical to continue the pursuit of accessibility of high quality early child care services for all families.
- Programs such as DEHS should eliminate potential barriers to participation and seek to support and strengthen informal networks accessed by Latino families.³ Training and Technical Assistance should be provided to ensure all DEHS program staff are fully integrating the most up to date, culturally competent practice. The DEHS Home Based program option may be particularly attractive for Latino families utilizing informal networks and in-home child care.
- Early childhood education services and support for healthy child development should reflect the growing needs of all children, including children with mental, physical, cognitive, and social-emotional concerns or challenges.
- Support for children in foster care and the relatives and service providers who care for them should remain a priority for the Durham community.

¹ U.S. Census Bureau, Annual estimates of the resident population: April 1, 2010 to July 1, 2013.

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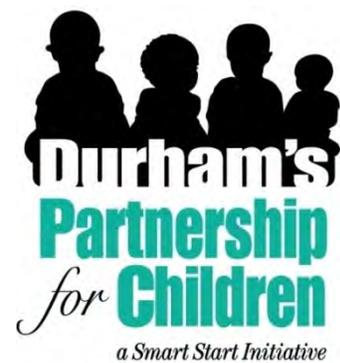
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Durham County Population, Trends, and Challenges

Population Growth and Trends

According to the last decennial U.S. Census in 2010, Durham County had a population of 267,587 with children under five representing 7.4% (nearly 20,000) of the population.¹ This is a higher proportion of children under five than is represented across the state of North Carolina. The overall population of Durham County children under six has grown 26.8% from 2000 to 2010.² 2013 estimates place the population of Durham County at 288, 133, with over 20,000 children under five, and it is steadily growing.³

North Carolina is one of the leading states in child population growth and in the top five of states with the fastest growing birth to two years Latino population due to immigration and migration.^{4,5} In 2000, 7.6% of the total population in Durham County was of Hispanic/Latino origin.⁶ In 2010, this population nearly doubled to represent 13.5% of the population.¹ For our youngest children these numbers go even further. From 2000 to 2010, the young Hispanic/Latino population of children under six years of age increased by 176.4% and in 2012 this group represented 15.7% of children six and under in Durham County.² This is more than double the percentage of White children and nearly double the percentages of African American and Asian children under six.

Durham County has the highest percentage of people five and older who speak a language other than English in the home (19.4%), over every other county in North Carolina.⁷ The majority of the people who speak another language speak Spanish (64.4%); the majority (59.5%) of Spanish speakers speak English less than “very well,” although children 17 and under demonstrate the exact opposite trend, with 63.5% speaking English very well.⁷ For some children, their only exposure to other languages is through their experiences outside of the home. Twenty-eight percent of children in immigrant families in North Carolina live in linguistically isolated households, where there are no family members 14 and over who speak English well or at all.⁸ It is imperative that Durham Early Head Start continue to provide linguistically and culturally appropriate services for all families.

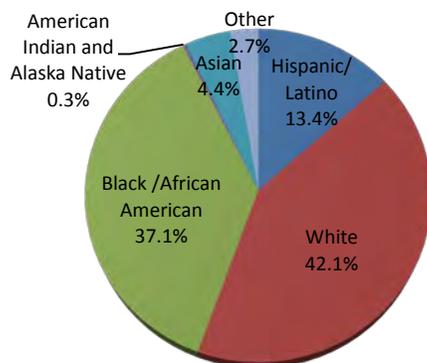


Figure 1. Race/ethnicity by household in Durham County, NC
Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Durham’s diversity is reflected not only through languages spoken, but also by the racial and ethnic diversity represented throughout the community. As seen in Figure 1, the White and African American population of Durham is fairly evenly distributed at 42.1% and 37.1%, respectively.⁷ The 3rd largest group represents Hispanic/Latino residents (13.4%), followed by Asian (4.4%), and other races and ethnicities. Every group is diverse in its own right. For example,

79.2% of our Hispanic/Latino population is Mexican or Central American (Honduran and Salvadoran

predominantly), followed by Puerto Rican, South American, and other countries of origin.⁹ This reflects patterns found in national trends.⁵

Community Challenges and Disparities

A variety of challenges are experienced by Durham community members. In the latest available report, the NC Department of Public Instruction reports suspension and drop out disparities in the Durham Public School system based on race and ethnicity. Out of 6,074 suspensions in 2012-2013, 80.2% were for African American students and 12.1% were for Hispanic/Latino students (mostly males in both instances); nearly all suspensions for this school year were for students of color.¹⁰ Out of 322 students who dropped out of school, over half were African American (59.6%), 27.6% were Hispanic/Latino and 10.2% were White, although overall rates have gone down steadily since 2009.¹⁰ Graduation rates for high school students in Durham County across all high schools vary not only by race and ethnicity, but by socioeconomic status, ability, and English language proficiency. In 2014, Asian and White students graduated at rates of 94.8% and 92.8%, respectively, followed less closely by American Indian (85.7%), African American (78.9%), and Hispanic/Latino (72.3%) students.¹¹ While only three quarters of students who are economically disadvantaged graduate (74.8%), a little over half of students with disabilities (57.3%) and students with limited English proficiency (57.9%) graduate from the Durham Public School system.¹¹

For Spanish-speaking Durham residents, residents with limited English proficiency, and those without U.S. citizenship, there may be additional challenges or barriers to educational access, employment, and higher wages. For adults 25 years and older that speak Spanish in the home, 49.3% have earned less than a high school degree compared to 32.6% of adults over 25 who speak a language other than English in the home, and 13.1% of the population as a whole.⁷ For adults 25 years and older that were born outside of the U.S. and who are not U.S. citizens, 45.2% of them have earned less than a high school degree; in comparison over 90% of those born outside of the U.S. who are naturalized citizens have earned a high school diploma or higher degree.⁷ Interestingly, adults 16 and older in the labor force who were born outside of the U.S., regardless of citizenship, are more likely to be employed (69.4%) compared to native born adults in the labor force (60.5%). However, the median income for full-time workers who were born outside of the U.S. is at least \$10,000 less than those who are native to the U.S.⁷ According to El Centro Hispano, a local nonprofit organization that provides educational, health, and support services to Hispanic/Latino members of the community, the Hispanic/Latino families of Durham are in great need of support services due to the unique set of challenges they face surrounding language and cultural barriers; education, employment, and economic security barriers; and barriers to accessing government and community resources due to immigration status.

As mentioned above, educational access is a barrier to employment and economic security for many in Durham County. The income for all residents 25 and older who have earned less than a high school diploma is less than half of the median income for earners in the county, and the percent living below poverty level is 37.0%.⁷ This is compared to the 13.3% poverty rate for all residents 25 and over and the 18.5% overall Durham County poverty rate.⁷ For non-Hispanic/Latino White and Asian residents, the poverty rate drops to 8.1% and 15.2%, respectively, while American Indian/Alaskan native (40.6%),

Hispanic/Latino (34.7%), and African American (24.1%) residents deal with dramatic jumps in poverty rates.⁷ These patterns of poverty by race and ethnicity are mirrored for families with children under 18. However, poverty rates are at their highest for single female caregivers of children under 18 across race/ethnicities, with 13.2% of non-Hispanic/Latino White female caregivers living below the poverty level, followed by Asian (26.6%), Hispanic/Latino (47.3%), and African American caregivers (31.7%).⁷ Disparities persist for unemployment rates. In North Carolina in 2014, the average unemployment rate was 6.2, which is slightly higher than Durham’s average rate of 5.2 in 2014.¹² The state unemployment rate for White and Hispanic/Latino North Carolinians was 5.0 and 6.5, respectively, while the rate for African Americans rose to more than double the rate for Whites (10.4).¹² In Durham these disparities are comparable to the state of North Carolina at a slighter greater rate.

Affordable housing is a significant challenge for the Durham community. Over 40% of people in Durham are paying at least 35% of their incomes on rent, and a substantial subset pay half, which is extremely unaffordable.^{7,13} The median gross rent is \$859 per month, with most people (32.9%) falling in the \$750-\$999 range.⁷ A family of four meeting the 2015 Federal Poverty Guidelines (see Figure 2) at a household income of \$24,250 would pay \$707 per month at 35% of income; however, in Durham it is more likely that they would have to pay more than this amount given the median range. The fair market rate for a two-bedroom home in the greater Durham-Chapel Hill area is \$843 per month, which would be over 40% of this family’s monthly income.¹⁴ According to the North Carolina Housing Coalition, affordable housing means families can pay for housing and other needs without having to choose between the two, and Durham rents continue to rise due to limited supply and high demand making affordable housing a difficult goal to reach.¹³

Persons in Family/Household	Poverty Guideline
<i>For families/households with more than 8 persons, add \$4,160 for each additional person.</i>	
1	\$11,770
2	15,930
3	20,090
4	24,250
5	28,410
6	32,570
7	36,730
8	40,890

Figure 2. 2015 Poverty Guidelines for the 48 Contiguous States and the District of Columbia
 Source: U.S. Office of the Federal Register, Annual Update of the HHS Poverty Guidelines

Many people who qualify for housing programs may have difficulty accessing services due to long or closed waiting lists. As of January 2015, Durham Housing Authority announced the closing of their public housing wait list until further notice. The Housing Choice Voucher (HVC) program has been closed for a majority of the time over the past several years, opening only for three weeks in the past year. After performing at a level less than adequate in 2008 and 2009, the Durham Housing Authority has steadily improved their HUD monitoring scores related to their HCV program performance.¹⁵ Areas monitored include applicant selection process, fair market rent, verification of eligibility, compliance with housing quality, and housing choices outside of concentrated poverty areas. A local nonprofit Community Housing Redevelopment Organization, Rebuild Durham, failed to fulfill its aim of renovating and rehabilitating houses in Durham in order to rent to low income residents due to financial and

management troubles.¹⁶ Systems that are overwhelmed such as these reflect the great need for more services and support for clients and organizations related to affordable housing.

Issues of housing affordability have been on the forefront of the North Carolina Housing Coalition, as well as other agencies advocating on behalf of the quality of life of Durham residents. For example, the Durham Congregations, Associations, & Neighborhoods (Durham CAN) community organizing and advocacy group has placed on its agenda for the next two years the issue of affordable housing, transit, and neighborhoods. Similarly, The Durham Congregations in Action has pursued similar issues. These organizations have been tracking the development of a new light rail for the greater metropolitan area, and have been very vocal in holding city and county planners and developers accountable for preserving affordable housing around the areas of the rail in Durham. The Genesis Home, a nonprofit in Durham that aims to end homelessness for families, puts in great effort to provide these families with supportive services to find permanent housing, despite the lack of supply to meet the demand of affordable housing options in the community.

When individuals and families lack permanent, affordable housing options they can become at risk for homelessness. In Durham, the majority of people entering emergency shelters and families entering transitional housing were staying with family or friends right before entry.¹⁷ The gateway to more transitional housing and permanent supportive housing options for most of these individuals is then the services and support received during their time at emergency shelters.¹⁷ Between October 2013 and the end of September 2014, an estimated 2,209 people in Durham were reported homeless.¹⁷ This number only includes individuals who stayed in transitional housing, permanent supportive housing, and emergency shelters - not including shelters that provide services to people experiencing victimization, such as domestic violence or sexual assault. This means that numbers are even greater when considering the population that are couch surfing, staying in hotels, being victimized, or on the streets. Out of the reported 2,209 people, the majority of sheltered *individuals* reported were males (at least 71%); however, sheltered individuals *with families* were mostly female (at least 65%).¹⁷ At least 70% of all sheltered individuals and families across housing type are African American, representing a great disparity.¹⁷ Lastly, our youngest population, children five and under, represent a third of all sheltered individuals in family housing.¹⁷ From 2006 to 2013, the national rate for child homelessness has gone from 1 in 50 children to 1 in 30 children annually.¹⁸ In the most recent year, NC was ranked 29 out of 50 states reflecting the state's combined performance on issues related to child homelessness, including extent of child homelessness, child well-being (health problems, child food security, and education proficiency), risks for child homelessness (home foreclosures, child poverty rate, birth rate, number of uninsured children, minimum wage, and households paying more than 50% of income on rent), and state policies and planning related to child homelessness, with the worst score of 35/50 belonging to the category of risks for child homelessness.¹⁸

Finally, the state of health of Durham residents is an issue of concern, especially for specific groups. The Office of Minority Health and Health Disparities, along with the State Center for Health Statistics, issues a "report card" every few years to assign grades to racial and ethnic minority groups based on how they are faring across different health indicators. These grades correspond to ratios created by dividing an outcome measure for the minority group by the outcome measure of the White group in order to

highlight areas of greatest disparity. Health indicators where the ratio was at least twice as high for African American and Hispanic/Latino groups than it was for White groups include percentages of children living below the Federal Poverty Level (FPL), families living below the FPL, persons not owning their own home, rates of HIV and other sexually transmitted infections, rates of homicide, and adolescent pregnancy rates.¹⁹ Median incomes ratios were at least twice as high for White groups as for African American and Hispanic/Latino groups, indicating that in general across the state White groups earn higher incomes than their counterparts.¹⁹ For Hispanic/Latino groups only, ratios were at least twice as high for numbers of individuals and numbers of children without health insurance.¹⁹ For African American groups only, ratios were at least twice as high for rates of Diabetes, Kidney disease, and prostate cancer, and only slightly less high for rates of heart disease and breast cancer.¹⁹

According to the National Center for Health Statistics, across the United States in the first half of 2014 17.0% of people 18 to 65 were uninsured.²⁰ In North Carolina, the third highest state with rates of uninsured persons 18 to 65, this number jumps to 23.7%, falling only behind Florida and Texas.²⁰ Generally speaking, seniors and children do not represent large amounts of the uninsured since they qualify for more public health insurance options, such as Medicare and Children's Health Insurance Program (CHIP). Only 14.6% of North Carolinians 18 to 65 are covered by public health plans (i.e. Medicaid, military plans, or other government-sponsored programs), while 63.4% have private health coverage.²⁰ With the passing of the 2010 Affordable Care Act (ACA), it was expected that Medicaid expansion would eliminate historic gaps in coverage for low-income individuals while the Marketplace offered tax credits and benefits for individuals with more moderate incomes.²¹ Again, Texas, Florida, and North Carolina have the largest coverage gaps and are all states that decided against Medicaid expansion, thus perpetuating the coverage gaps of the past that ACA intended to close, for an estimated 19,000 in Durham County alone.^{21,22} These gaps do not include a significant segment of the population of immigrants who are undocumented or those who have been legally in the country for less than five years, as they do not qualify for Medicaid or the Marketplace. The coverage gap disproportionately affects people in racial/ethnic minority groups and adults without dependent children, especially adults over the age of 25 - most likely due to the extension of age limits for dependents to be covered under their parents.²³

Many education, employment, income, housing and health disparities are interrelated and culminate from a complex interplay of biological, socioeconomic, political, and environmental contexts. For example, living in poverty, having lower levels of educational attainment, and living in poor housing conditions are all considered social determinants of poor health outcomes, and African Americans and Latinos are far more likely to experience each of these factors, exacerbating poor health trajectories.²⁴ In addition, some disparities correlate to other factors, including chronic stress, experiences of discrimination, and access to resources. Comprehensive programs, such as Durham Early Head Start, that promote household educational attainment, provide support for household employment, and link low-income families to health care, child care, nutrition, housing, and financial services are recommended to ameliorate poor health trajectories and disparities.²⁴

Characteristics and Needs of Children, Parents, and Families in Durham

Prenatal Services

In Durham County, a total of 4,192 births were reported in 2013.²⁵ Adolescent mothers ages 14 to 19 represent 6.2% of all mothers who gave birth last year, with racial and ethnic disparities prevailing.²⁵ The Durham adolescent pregnancy rate is 39.5 per 1,000 girls ages 15 to 19, over the state rate of 35.2.²⁶ While the rate for African American adolescent pregnancies is higher at 46.1, Hispanic/Latino adolescents have the highest pregnancy rate at 87.8 compared to White adolescents at 11.0.²⁶ Mothers of newborns in 2013 who had an educational level of less than a high school diploma represent 21.1% of all mothers who gave birth last year.²⁵ Disparities persist as African American mothers represent 28.8% of mothers in this category, while Hispanic/Latino mothers are at an even greater risk of having less formal education (62.6%).²⁵ These figures are particularly concerning as nearly half (48.8%) of mothers who received no prenatal care whatsoever were less formally educated, and 13.0% were younger than 19 years of age.²⁵

In 2013, our youngest children were particularly vulnerable to circumstances that lead to mortality. Conditions during the perinatal period, or the weeks immediately preceding and following birth, make up 43.2% of all child deaths in Durham County; in the state of North Carolina it drops to 36.7%.²⁷ Further, 70.2% of all child deaths in Durham involve children less than one year of age.²⁷ The infant mortality rate is twice as high for African American babies as it is for White babies and five times the rate for Hispanic/Latino babies, modeling state trends.²⁸ While the number of deaths have actually decreased since the previous year, it is crucial that services for pregnant women and expectant families remain a priority in the community to continue this downward trend and increase support for families.

While there are some prenatal services outside of a doctor's office or clinic that are available to families with low incomes in Durham, more specialized and accessible services may be needed. Durham Early Head Start provides comprehensive in-home services to expectant families, and Healthy Families of Durham provides in-home services to first time parents with additional risk factors such as having a low-income, being an adolescent parent, experiencing social isolation or mental health problems, or history of trauma, substance abuse, domestic violence, or child abuse and neglect. Welcome Baby of Durham offers parenting classes, cribs, car seats, baby clothes, support groups, and other resources to all families of children under five in Durham. Intensive prenatal support, such as through the services of a doula, are limited for many families in Durham. The UNC North Carolina's Women's Hospital in Chapel Hill, NC accepts Medicaid and their birthing options include free doula services from volunteer doulas; however, this service is based on availability of the on call doula(s) and is not guaranteed. Doula services can cost anywhere from \$600 to over \$850, and Medicaid does not cover costs of doulas in most states, including North Carolina. DEHS should explore the opportunity of training staff to become certified doulas in order to expand services for expectant families in our community.

Early Childhood Education

For the most economically vulnerable families in North Carolina with children birth to five years of age, lack of child care poses barriers to employment. Eighteen percent of families below 200% of the Federal Poverty Level have had their employment affected by child care related issues.²⁹ Single mothers of young children dominate the upward trend of working mothers with children under six years of age, especially single mothers with less than a college degree, suggesting more options for mothers who are married or have higher levels of education.⁴ Furthermore, the labor market exhibits a trend that supports the development of low-wage jobs, lessening the availability of higher paying jobs with better benefits for people without higher education credentials or specialized training.⁴

For families with children under six years of age across the nation, 87.1% have at least one working parent.³⁰ However, the spread looks differently when examining the households where only one parent works. Married households where only the father works represent 37.2% of families, while married households where only the mother works represent only 5.3% of families.³⁰ There are over three times as many single parent households headed by mothers as there are fathers. For single parents with children under six, mothers are still less likely to be working (61.6%) than fathers (80.9%).³⁰ However, when children get older (between the ages of 6 and 17) the percentage of working single mothers increases to 72.7%, while the numbers for fathers remain virtually unchanged.³⁰ Before children reach school age, single mothers need additional support to be able to gain and maintain employment. Half (55.2%) of single female caregivers in Durham County have received some form of public assistance in the last 12 months, such as Temporary Assistance for Needy Families.⁷

There are currently 25,615 children under six living in Durham County, and 64% of these live in homes where all parents in the household work.³¹ According to Child Care Services Association (CCSA), there is an estimated 8,485 out of 12,262 (69.2%) total children under age three in Durham who are in need of child care.³² As of December 2014, the CCSA Scholarship program that provides financial assistance to eligible families in need has a waitlist of over 3,000 children. 773 children under three are participating in the state subsidized child care program in Durham, at a reimbursement rate for providers that is typically only around 80% of the market price for child care rates.^{33,34} Further, Durham County's child care subsidy program reached only 15.2% of eligible children in Durham last year.³⁵

East Durham Children's Initiative (EDCI) conducted a survey for parents and caregivers in the EDCI zone of Durham that covers a 120-block area of East Durham, one of the most economically challenged neighborhoods of Durham. 65% of participants with children under five were not currently attending child care because of presence of a stay at home parent, and costs of services.³⁶ Parents were most interested in school readiness resources or programs, such as those that would help their child prepare for kindergarten, provide low-cost child care, or provide books that they could read with their children.³⁶ In January 2015, Durham Early Head Start administered a survey to all waitlisted applicants (expectant parents or caregivers of children birth to three) regarding program options, family needs, and challenges. Similarly, parents were most interested in DEHS services for reasons related to a need for child care, desire for their child to receive services promoting early childhood education and child development, and need for information and family support on how to work with their child at home.

Parents noted top barriers to accessing programs were due to cost, transportation, or employment related issues. With an estimated 9,325 children in Durham living in poverty or from families with low incomes, and the median monthly cost of full-time infant care in Durham at \$1,234 per month, it is critical to continue the pursuit of accessibility of high quality early child care services for all families.

In addition, Latino families are more likely to utilize informal networks for resolving issues of child care, most often through relatives caring for their children, or staying at home with the children themselves.⁵ While it is said that barriers such as affordability or lack of bilingual and bicultural staff impede participation of Latino families in early childhood education preschool programs, there still appears to be a preference for informal networks for care of infants and toddlers in Latino families for reasons unknown.⁵ Since there is not much established research in this area, programs such as DEHS should eliminate potential barriers to participation and seek to support and strengthen informal networks accessed by Latino families.⁵ Training and Technical Assistance should be provided to ensure all program staff are fully integrating the most up to date, culturally competent practice. The DEHS Home Based program option may be particularly attractive for Latino families utilizing informal networks and in-home child care. Early Head Start has been shown to affectively reduce the school readiness gap for Latino families by decreasing social isolation, increasing reading at home and other improvements in the home learning environment, and supporting gains in cognitive and language development.⁵ Factors affecting the school readiness of young Latino children include poverty, lack of primary medical provider due to lack of health insurance, lack of maternal education, lower likelihood of being read to at home, and language isolation.⁵

While limited English proficiency can create barriers to receiving or accessing social services and living up to cultural expectations, support for children in maintaining their home language is beneficial to their development of second language and positive self-concept.³⁷ Dual language learners have potentially the greatest gains to make in early childhood education. Research supports the benefits awarded to children who are receiving support in and learning two languages or more, such as increases in cognitive flexibility, multicultural awareness, stronger familial relationships, and better social-emotional skills.³⁷ In addition, early academic support for learning English yields better academic outcomes in the future than support received after first grade.³⁷ It is important that our youngest children receive support at home and in the classroom for strengthening both their home languages and second (or more) languages.

Early childhood education services and support for healthy child development should reflect the growing needs of all children, including children with mental, physical, cognitive, and social-emotional concerns or challenges. According to the most recent data, 5.1% of children 0 to 3 years of age in Durham are receiving early intervention services.⁴ Currently in NC there are 2.8% of infants and toddlers birth to three who have Individualized Family Service Plans (IFSPs).³⁸ Across the state, it is estimated that one in five children (21.7%) five years of age and younger are at moderate to high risk of having developmental or behavioral problems, according to their parents' concerns.³⁹ Behavioral and social-emotional problems in young children that go without early intervention have led to expulsions from child care centers and poorer outcomes in development and school readiness in our community.

Child and Parent Well-Being

According to the *State of Durham County's Health* report, 17% of residents in Durham County have had a diagnosis for a depressive disorder and the numbers of emergency room visits related to substance abuse is steadily increasing since 2010; however, only a small percentage of residents who need mental health and substance abuse treatment or services receive it.²² In Durham County alone, there have been close to 2,000 calls received and 750 clients served in the past year related to sexual assault and domestic violence, with top services provided including information, referral, court, counseling, and advocacy.⁴⁰ As most people get their health-related information and services from a doctor or clinic, including mental health or substance abuse related information, improvement in health care and coverage are huge undertakings that are needed in Durham County.⁴¹

Issues that remain top concerns for residents of Durham may depend on residency, family situation and even ethnicity. For example, a Community Health Assessment survey was administered to 30, randomly selected census blocks in Durham, revealing poverty/low-income, homelessness, and violent crime as the top community issues that affect quality of life for residents.⁴¹ In the same survey, participants reported that the top health problems in their communities were substance abuse, Diabetes, obesity, Cancer, and mental health problems, such as depression or anxiety.⁴¹ In another iteration of this survey, participants in census blocks where more than half of the population identified as Hispanic or Latino reported that lack of health insurance, poverty/low-income, and discrimination were the top community issues that affect quality of life for residents.⁴² They also reported that the top health problems in their communities were substance abuse, Diabetes, Cancer, and obesity.⁴² As part of EDCI's survey for parents and caregivers in the EDCI zone of Durham, participants reported that their top child health problems in their communities were obesity/poor nutrition, mental health issues, community violence, and substance abuse.³⁶ Caregivers also reported that their children's education was among their top concerns as a parent, along with paying bills, employment, and their child(ren)'s health.³⁶ As part of DEHS' survey to all waitlisted applicants, participants reported that their families' top greatest needs were child care, employment, child nutrition/well-being, and health care related services. They also reported that their families' greatest challenges or concerns were their child(ren) having an absent parent, child discipline and challenging child behaviors, and challenges related to child or family member's disability or health condition.

Research by the Annie E. Casey Foundation presented a measure for overall child well-being based on four major areas of concern covering education, health, economic well-being, and family and community. Education and health showed promise as national numbers of children in preschool, children with health insurance, and heads of households with a high school diploma increased slightly since the economic recession.⁴ However, in the areas of economic well-being and family and community, national rates for children in living in poverty and high poverty areas, lack of secure employment for parents, and number of children living in single-parent families increased at a greater rate, especially for children of color.⁴ North Carolina ranked 34 out of 50 in overall child well-being; NC ranked 38 for economic well-being, 28 for education, 32 for health, and 36 for family and community.⁴ NC Child and the North Carolina Institute of Medicine publish a report each year that grades North Carolina on several different child health indicators and outcomes. In the latest 2014 report, North

Carolina was graded C or below on the percent of children less than three years of age who are up to date on immunizations (76.6%), the percent of children under five living in poverty (28.0%), and other measurements of child health, such as statewide indicators of childhood obesity, amount of exercise children are getting, mental health and substance use in middle and high school students, and child abuse and neglect rates.⁴³

Young children are perhaps the most vulnerable members of any community, and this is true of Durham. Durham County rates for child abuse and neglect are congruent with state trends. In the last fiscal year (2013-2014), the number of children in Durham with first time reports of abuse and neglect was 1,536.⁴⁴ Although the overall number is on a downward trend since 2011, children birth to five make up over half of these cases (51.0%), echoing state rates.⁴⁴ Disparities in race (ethnicity was not included) in the same fiscal year are equally concerning. Most cases of abuse and neglect in Durham are for African American children (64.1%), followed by White (20.6%) and other races (15.4%).⁴⁴ While White children are more likely to be placed in foster care in a shorter amount of days (within one month), African American children are more likely to be placed in foster care after lengthier periods of time.⁴⁴ Children under five and African American children represent the highest percentages of all children in foster care at 37.3% and 81.8%, respectively.⁴⁴ In most cases, children are primarily placed in foster homes, with relatives, or to a lesser extent, in group homes.⁴⁴ Support for children in foster care and the relatives and service providers who care for them should remain a priority for the Durham community.

Finally, as of December 2014, 22,959 households with low incomes in Durham are receiving Food and Nutrition services in order to obtain assistance in paying for food.⁴⁴ Despite these numbers, approximately one out of five people (19.1%) and children (22.3%) in Durham do not have enough food to eat, or are food insecure.⁴⁵ Among food insecure people in Durham, 31% do not qualify for SNAP or other nutrition programs.⁴⁵ While poverty plays a role, even people earning moderate incomes have trouble accessing healthy food options due to lack of food retailers, and Durham is a county where healthy retailers are located only in certain pockets of the county.⁴⁶ With obesity and serious health risks such as heart disease and diabetes being associated with lack of access to healthy foods, Durham is tasked with supporting services and retailers that offer options for accessing healthy foods. Since April 2014, two Durham farmers' markets began to accept SNAP benefits at twice the value up to \$10, so shoppers with an EBT card can get up to \$20 worth of local food for half the price. The Community Nutrition Partnership's Veggie Van provides a weekly mobile market at two accessible Durham locations, selling local produce on a sliding scale and offering nutrition information and recipes to customers. Twice a month in Durham Inter-Faith Food Shuttle runs a free mobile market where people can choose groceries and produce at no cost; they also have programs that offer meals to children who receive free or reduced lunch on weekends and summers and monthly groceries for seniors. Urban Ministries of Durham offers three free meals every day to their shelter residents and anyone in need; they also have a food pantry available for families with children or elderly members of the community, where people can get access to groceries once a month.

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