FIRST THINGS FIRST

Graham/Greenlee

2018 NEEDS AND ASSETS REPORT

GRAHAM/GREENLEE
REGIONAL PARTNERSHIP COUNCIL
2018
NEEDS AND ASSETS REPORT

Prepared by

Harder and Company Community Research

Funded by

First Things First Graham/Greenlee Regional Partnership Council

harder co | community research

FIRST THINGS FIRST

November 29, 2017

Message from the Chair:

Since the inception of First Things First, the Graham/Greenlee Regional Partnership Council has taken great pride in supporting evidence-based and evidence-informed early childhood programs that are improving outcomes for young children. Through both programmatic and other systems-building approaches, the early childhood programs and services supported by the regional council have strengthened families, improved the quality of early learning, and enhanced the health and well-being of children birth to 5 years old in our community.

This impact would not have been possible without data to guide our discussions and decisions. One of the primary sources of that data is our regional Needs and Assets report, which provides us with information about the status of families and young children in our community, identifies the needs of young children, and details the supports available to meet those needs. Along with feedback from families and early childhood stakeholders, the report helps us to prioritize the needs of young children in our area and determine how to leverage First Things First resources to improve outcomes for young children in our communities.

The Graham/Greenlee Regional Council would like to thank our Needs and Assets vendor, Harder+Company Community Research, for their knowledge, expertise and analysis of the Graham/Greenlee region. Their partnership has been crucial to our development of this report and to our understanding of the extensive information contained within these pages.
As we move forward, the First Things First Graham/Greenlee Regional Partnership Council remains committed to helping more children in our community arrive at kindergarten prepared to be successful by funding high-quality early childhood services, collaborating with system partners to maximize resources, and continuing to build awareness across all sectors on the importance of the early years to the success of our children, our communities and our state.

Thanks to our dedicated staff, volunteers and community partners, First Things First has made significant progress toward our vision that all children in Arizona arrive at kindergarten healthy and ready to succeed.

Thank you for your continued support.

Sincerely,

Laurie Smith

Graham/Greenlee, Chair

Graham/Greenlee Regional Partnership Council

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Introductory Summary and Acknowledgments

90 percent of a child's brain develops before kindergarten and the quality of a child's early experiences impact whether their brain will develop in positive ways that promote learning. Understanding the critical role the early years play in a child's future success is crucial to our ability to foster each child's optimal development and, in turn, impact all aspects of wellbeing of our communities and our state.

This Needs and Assets Report for the Graham/Greenlee Region helps us in understanding the needs of young children, the resources available to meet those needs and gaps that may exist in those resources. An overview of this information is provided in the Executive Summary and documented in further detail in the full report.

The First Things First Graham/Greenlee Regional Partnership Council recognizes the importance of investing in young children and ensuring that families and caregivers have options when it comes to supporting the healthy development of young children in their care. This report provides information that will aid the Council's funding decisions, as well as our work with community partners on building a comprehensive early childhood system that best meets the needs of young children in our community.

It is our sincere hope that this information will help guide community conversations about how we can best support school readiness for all children in the Graham/Greenlee region. This information may also be useful to stakeholders in our area as they work to enhance the resources available to young children and their families and as they make decisions about how best to support children birth to 5 years old in our area.

Acknowledgments:

We want to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, the Arizona Department of Health Services, the Arizona Department of Education, the Census Bureau, the Arizona Department of Administration- Employment and Population Statistics, and the Arizona Health Care Cost Containment System for their contributions of data for this report, and their ongoing support and partnership with First Things First on behalf of young children. Also, a special thanks to the Graham/Greenlee region childcare and preschool providers who participated in the survey process and the numerous stakeholders who attended sessions to help inform the report.

To the current and past members of the Graham/Greenlee Regional Partnership Council, your vision, dedication, and passion have been instrumental in improving outcomes for young children and families within the region. Our current efforts will build upon those successes with the ultimate goal of building a comprehensive early childhood system for the betterment of young children within the region and the entire state.

Contents

Executive Summary

First Things First (FTF) is the only state agency in Arizona dedicated exclusively to investing in and enhancing the early childhood system. FTF works through regional partnership councils that connect with local communities to create a family-centered, comprehensive, collaborative, and high-quality early childhood system that supports the development, health, and early education of all Arizona children, from zero to five years of age.

Every two years, each regional partnership council develops a report detailing the needs and assets of the region's youngest children and their families. The intent of the report is to inform the council and the local community about the overall status of children under six years of age in the region, in order to support data-driven decision making around future funding and programming. Data for this report were gathered from federal and local data sources, as well as provided directly to FTF by state agencies.

Overview of the FTF Graham/Greenlee Region

The FTF Graham/Greenlee and Graham and Greenlee counties are located in the southeastern corner of Arizona. The FTF Graham/Greenlee Region is located on Arizona's eastern border with New Mexico and occupies all of Greenlee County and the non-tribal portion of Graham County.

The FTF Graham/Greenlee Regional Partnership Council (the Council) makes strategic investments to support the healthy development and learning of the young children in the Graham/Greenlee Region. The Council's priorities include:

- Improving the quality of child care and preschool programs,
- Offering scholarships for children to access high-quality early learning, and
- Strengthening families through voluntary home visiting.

The following section provides a summary of the key findings for each of the eight domains of the 2018 Regional Needs and Assets Report, highlighting the major data findings, the needs and assets they uncover for the FTF Graham/Greenlee Region, potential recommendations, and opportunities for further exploration.

Summary of Key Findings

This report presents an overview of the regional needs and assets for eight key domains: population characteristics; economic circumstances; educational indicators; early learning; child health; family support and literacy; communication, public information, and awareness; and system coordination among early childhood programs and services. The report describes the current conditions of young children and their families, identifies available assets to serve their needs, and recognizes any unmet needs. Using a participatory approach to engage key stakeholders, key findings of the report were discussed with the Graham/Greenlee Regional Partnership Council and with community stakeholders to help contextualize the final needs and assets of the region. The council's input is synthesized into

each of the relevant report sections. The report is intended to serve as an essential planning tool for FTF staff and the Graham/Greenlee Regional Partnership Council as they refine their regional funding plan. The report can also be used as a reference tool for other local stakeholders working to address the needs of children and their families.

Population Characteristics

The FTF Graham/Greenlee Region encompasses two counties, Graham and Greenlee counties, which vary drastically from one another. For example, the majority of households with children ages 0 to 5 years old for the FTF Graham/Greenlee Region are located in Graham County and not in Greenlee County. Other key population characteristics include:

- The population projections increase for Graham County while they decrease for Greenlee County;
- In the region there are only a few children living with a foreign-born parent; and
- 20% of households in the region have children ages zero to five and about one-third of children live in households with a single parent.

Economic Circumstances

The economic circumstances of the FTF Graham/Greenlee region showcase the uniqueness of the area. Overall, the differences between Graham and Greenlee counties tend to be larger than the difference between the state of Arizona and the FTF Graham/Greenlee region. Given that the FTF Graham/Greenlee region spans two counties with divergent economic circumstances, the smaller pockets of the community tend to have varying levels of needs. Further investigation is needed to uncover how living in poverty (almost one in three children ages zero to five in Graham County are living in poverty) is impacting areas of health. Some key economic circumstances include:

- The unemployment rates for Graham County and the state have decreased, but they have increased for Greenlee County in recent years.
- The median income of the region is lower than the state's, though the median income for single male households in Greenlee County is relatively high, perhaps indicating a stronger labor market for males in the area.
- The region as a whole tends to spend a smaller proportion of its income on housing, though Graham County has more home owners while Greenlee County has more renters.
-

Educational Indicators

The status of education in the region varies as a function of several data indicators. There are numerous strengths in the region. For example, the higher the educational grade levels, the less reported absence. Another major asset of the region is that only 14 percent of adults do not have a high school diploma and 17 percent of mothers do not have a high school diploma. Other key educational indicators include:

- Greenlee County has the highest rate of school absences in the region;
- Nearly one-half of first graders miss 10 or more days of school; and

- Nearly one-third of third graders are proficient in math and English on the AzMERIT, yet only 11 percent are highly proficient in math and six percent are highly proficient in English.

Early Learning

Most parents in the FTF Graham/Greenlee region are employed and in need of child care. Preschool is a great alternative to child care, though for this region cost and quality are a concern. Overall, the region has numerous preschools and early care programs that help meet the demand of children under the age of five who need early care and education. To date, there are 18 ECE centers and homes with a capacity of 711 children in the FTF Graham/Greenlee Region. Other key early learning findings include:

- Nearly half of households with children zero to five years of age have parents who work;
- Licensed centers have the highest cost, which is not a viable option for many of the families in the region who are living in poverty;
- About 30 percent of three- and four-year-olds are enrolled in ECE programs, which is less than the 47 percent who are likely to need child care;
- Only about one-third of children three to four are enrolled in pre-kindergarten education; and
- The number of children receiving referrals for special needs has decreased, yet the number of children receiving services has increased.

Child Health

The child health domain offers insights into the needs of families with children who are living in the FTF Graham/Greenlee Region. Overall, there is a lack of providers and healthcare facilities in the two counties. However, most families (83%) reported taking their child to regular doctor visits and being satisfied with community information and resources available about children's development and health. Other key child health findings include:

- The overall rate of expectant mothers receiving prenatal care is high.
- More awareness of the importance of prenatal care is needed, especially since only about one-third of parents reported believing that they could impact their child's brain development during prenatal development.
- Almost all expectant mothers reported not drinking or smoking during pregnancy. Although teenage pregnancy is decreasing, there are a higher percentage of teen mothers in the region compared to the state.
- There is also more untreated tooth decay in the region than in the state.
- Obesity and diabetes prevalence for adults are slightly increasing, which may be due in part to a myriad of factors, including limited access to recreational locations, few affordable healthy food options, and other medical risk factors.

Family Support and Literacy

There are multiple indicators of family support and literacy. In the FTF Graham/Greenlee Region parents had the opportunity to participate in a survey in 2012 and shared their insights on the early childhood system and their knowledge of child development. For the most part, parents understood the importance of play when the child is older, but not for children 10 months old. Overall, the findings

suggest that there are opportunities for FTF to help promote healthy child development and safety. The family support and literacy findings also revealed that:

- 20 percent of parents do not think a child is turning on/off a television to get their attention and a similar percentage think the child is angry or getting back at them.
- Nearly half of parents do not know what spoiled child behavior is versus appropriate behavior.
- Over one-third of parent respondents in the region understand that infants can take in and react to the world around them right from birth.
- Nearly all respondents understand that a child's first year of life has a major impact on school performance.
- The substance abuse data indicate that abuse at early ages (before 17 years of age) is decreasing for Graham County, but not for Greenlee County.

Communication, Public Information, and Awareness

Parent perception of a child's health and well-being results imply that parents would benefit from more education to increase their knowledge of child development. The majority of parents reported that services in the region are easy to locate. However, about one-third of parents do not know if they are eligible for services. Other key findings in the communication, public information, and awareness domain include:

- Several parents reported completing eligibility paper work multiple times;
- Only about half of parents reported feeling that the available services reflect their cultural values; and
- The majority of parents think available services are satisfactory, but do not meet the needs of the entire family.

System Coordination Among Early Childhood Programs and Services

In the fall of 2016, organizations targeting the FTF Graham/Greenlee Region were invited to participate in a survey aimed at understanding their perspectives of the early childhood system. The majority of respondents identified as part of the early childhood system viewed their organization as partners, and were most engaged in the early learning and professional development areas of the system. As the system evolves, it is critical to understand the lessons learned from the family support and literacy area to help increase collaboration in the other areas within the early childhood system to ensure that all young children and families are effectively served in the region. Overall, the early childhood system is perceived as well-coordinated, yet most organizations do not view themselves as leaders in the system. Additional survey findings revealed that:

- The majority of respondents perceive the early childhood system as effectively addressing the needs of young children and families; however, children's health is viewed as the least effective area in the system. This is likely due to having only one pediatrician in the region, forcing families to seek treatment at local health centers.
- More than half of respondents indicated that collaboration is occurring among partners. Specifically, within the area of family support and literacy, 64 percent of respondents indicated

that collaboration was occurring among partners in the region. This likely indicates that many of the local efforts to increase collaboration in the region are making a positive impact.

Community Assets and Areas of Strength

This Needs and Assets Report on the status of young children and their families in the FTF Graham/Greenlee Region has identified many assets and areas that need additional support. In general, the population in the region has remained relatively stable over the last decade, and projections estimate very little change in birth rates. The FTF Graham/Greenlee Region has multiple federal, state, and local programs aimed at supporting the availability of nutritious foods for children ages zero to five and their families. Furthermore, another major asset is that the median income for two-parent families, which compose the majority of families in the region, is about double the self-sufficiency standard.

In terms of the educational profile for the region, one major asset is that the overall percent of first graders in the region who missed ten or more days of school has dropped. Additionally, the region has preschool centers and homes with three to five star ratings that are part of the FTF Quality First program. Moreover, the rate of students dropping out of high school in the region decreased in 2015.

The health status of the region also showed several assets. For example, over 90 percent of mothers reported not drinking or smoking during pregnancy and the majority of pregnant mothers reported seeking prenatal care. The majority of children in the region are vaccinated.

Overall, family well-being data indicate several assets. In Graham and Greenlee counties there were less than 10 substantiated cases of abuse or neglect in FY 2014–2015. The number of arrests for children 8 to 17 has decreased substantially in recent years, as has the use of drugs among teens.

The community communication, awareness, and system coordination domains also revealed some assets. In fact, there are several collaboration efforts happening in the early childhood system. Within the family support and literacy area, collaboration is occurring among partners in the region. In addition, more than three-quarters of parent survey respondents reported in an earlier survey being satisfied with the quality of services in the region. Over the years to come, sustaining the collaboration momentum in the region to promote further collaboration will be critical for the well-being of the community.

Opportunities for Further Exploration

Most of the findings provided in this report are based on secondary data sources. As the FTF Graham/Greenlee Regional Partnership Council continues to make increasingly difficult decisions with diminishing funds, the following suggestions for further data collection and analysis may help inform those decisions in a data-driven way. Gaps in data that the Council could invest in include:

- Collecting information about which providers in the region offer services in languages other than English and about services specifically tailored for grandparents that help identify best practices in the region (the Council could potentially help promote best practices for providing culturally sensitive services to young children and their families);

- Identifying programs related to public transportation, barriers to use of public transit, and ride sharing options;
- Making the community aware of the benefits of early intervention programs that promote school readiness to help children become academically and socio-emotionally successful by third grade;
- Increasing the number of children who received screenings, referrals, and services for social–emotional and developmental delays and supporting local data collection efforts to help understand the impact of early child education in the region;
- Increasing community awareness and knowledge of the relationship between behavior, preventive care, and health outcomes;
- Supporting the collaborative efforts in the region to promote more leadership and ownership of the work lead by providers in the region.

Introduction

About This Needs and Assets Report

Family well-being is an important indicator of child success.[1] Healthy families and healthy communities create a context in which young children can thrive and develop the cognitive, emotional, motor, and social skills they need to succeed in school and life.[2] Early childhood interventions help promote strong families and children.[3]

FTF is one of the critical partners creating a family-centered, comprehensive, collaborative, and high-quality early childhood system that supports the development, health, and early education of all Arizona children from ages zero to five. FTF is intent on bolstering current child-focused systems within Arizona as a strategic way to maximize current and future resources. The Graham/Greenlee Regional Partnership Council makes strategic investments to support the healthy development and learning of young children in the region. The Council's priorities include:

- Improving access to parenting information and resources that support children's healthy growth and development;
- Increasing access to quality affordable early care and education; and
- Improving community awareness of services available and promoting the importance of early childhood development and health.

This is the sixth Needs and Assets Report conducted on behalf of the FTF Graham/Greenlee Regional Council. It fulfills the requirement of ARS Title 8, Chapter 13, Section 1161, to submit a biennial report to the Arizona Early Childhood Health and Development Board detailing the assets, coordination opportunities, and unmet needs of children birth to age five and their families in the region. This report is designed to provide updated information to the FTF Graham/Greenlee Council about the needs and assets in their region to help them make important programmatic and funding decisions. This report describes the current circumstances of young children and their families as it relates to unmet needs and assets for the FTF Graham/Greenlee Region. Together Graham and Greenlee counties cover more than 6,467 square miles and make up the majority of the designated FTF Graham/Greenlee Region.

This report is organized by topic area, and is followed by subtopics and indicators. When available, data are presented for the state, Graham and Greenlee counties, and the FTF Graham/Greenlee Region and subregional breakdowns, as appropriate. Key data indicators are represented in this report in eight unique domains:

- Population characteristics;
- Economic circumstances;
- Educational indicators;

[1] *Martinez, J., Mehesy, C., & Seely, K. (2003). What Counts : Measuring Indicators of Family Well-Being Executive Summary Report (Vol. 8466). Denver, CO.*
[2] *Knitzer, Jane. (2000). Early childhood mental services: a policy and systems development perspective. In J. Shonkoff & S. Meisels (Eds.), Handbook of early childhood intervention) (pp. 416-438). New York, NY: Cambridge University Press.*
[3] *Shonkoff, J., & Meisels, S. (2000). Early Childhood Intervention: The Evolution of a Concept. New York, NY: Cambridge University Press.*

- Early learning;
- Child health;
- Family support and literacy;
- Communication, public information, and awareness;
- System coordination among early childhood programs and services;
- Limitations and conclusions; and
- Appendices.

Methods

A systematic review designed to assess the needs and assets of the Graham/Greenlee Region was used to collect and summarize data for this report. The assessment included a review of data indicators and analysis of current and relevant secondary data describing the FTF region, county, and state of Arizona. Wherever possible, data throughout the report are provided specifically for the Graham/Greenlee Region, and are often given for comparative purposes alongside data for Graham and Greenlee counties and the State of Arizona.

Secondary data were gathered to better understand demographic trends for the Graham/Greenlee Region. The assessment was conducted using data from state and local agencies and organizations that provide public data or that have an existing data sharing agreement with FTF. A special request for data was made to the following state agencies by FTF on behalf of Harder+Company Community Research: Arizona Department of Education (ADE), Arizona Department of Economic Security (DES), Arizona Department of Health Services (ADHS), and FTF itself.

Further secondary data were also gathered directly from public databases. For example, demographic data included in this report were primarily gathered from the US Census and the American Survey data. Likewise, early education data were gathered from the US Children's Bureau, an Office of the Administration for Children & Families. Understanding the true needs and assets of the region required extracting data from multiple data sets that often do not have similar reporting standards, definitions, or means for aggregating data. This suggests that for some indicators data were only available at the county level, small towns, or certain zip codes, whereas for other indicators data were available at all levels. Whenever possible this report presents all data available. However, in some cases not enough data were available to make meaningful conclusions about a particular indicator within a region, city, or county.

Furthermore, many agencies are collecting data independent of other public entities, which resulted in duplication of data efforts, gaps in the collection of critical indicators, or differences in method of collection, unit of analysis, or geographic level. Many indicators that are of critical importance to understanding the well-being of children ages zero to five and their families are not currently collected in this region. The analysis presented in this report aims to integrate relevant data indicators from a variety of credible sources, including from regional and sub-regional and/or community-level analyses for a subset of data indicators. This report represents the most up-to-date representation of the needs and assets of young children and their families in the region and a comprehensive interpretation of the identified strengths of the community (i.e., the assets available in the area).

In addition to systematically reviewing secondary data, key findings and data trends were synthesized and presented to the FTF Graham/Greenlee Regional Council, the FTF research and evaluation unit, and the Graham/Greenlee FTF regional director, which allowed for a deeper discussion of the findings. Whenever possible, the rich context provided by the multiple FTF teams is incorporated throughout the report to help contextualize findings. To further expand the meaningfulness of data trends, a brief literature review was conducted to ensure inclusion of other relevant research studies that explain the needs and assets of the region.

Limitations

This report relied primarily on secondary data, and most of the data were extracted by teams other than the evaluation team conducting the needs and assets assessment; therefore, quality assurance conducted on some data was limited. For example, the demographic and economic profile of the region relied mostly on US Census data; and for some of the US Census indicators, only 2010 data were available, which will be at least six years old by the time this report is released. For some of the indicators reported, the most recent data for the region was released in 2014, thus trends may have changed within the past two years. For example, the most recent diabetes and obesity data are from 2013.

Additional limitations are the definitions and criteria used by each agency collecting the data. Because different data sources are used for each domain, and because they each use different definitions, it is difficult to make confident comparisons of indicators between different data sources. Given these limitations, interpretation of key findings requires a deep understanding of the region. Contextualizing the findings is thus just as important as what the data tell us.

Another limitation impacting the data and the interpretation of findings is the targeted population included in each of the different data sources. For many domains included, data were often only available at the county rather than the region level, and data for children often includes children ages zero to 17 rather than children ages zero to five. ACS estimates are less reliable for small geographic areas or areas with smaller populations. Similarly, rural areas tend to be undercounted, as do non-white populations. Federal data also have similar limitations. For example, Head Start and Women, Infants, and Children (WIC) data only include a sample of the young children and families' services.

Similarly, data collected from targeted populations served in the region may also have unique limitations. Moreover, the FTF Healthy Smiles Healthy Bodies survey only sampled children in kindergarten and third grade. District and charter elementary schools with at least 20 children in kindergarten were included in the sampling frame. The following were excluded from the sampling frame: (1) alternative, detention, and state schools for the deaf and the blind; and (2) schools located in tribal communities (based on the ADHS list of tribal communities). To ensure a representative sample from every county and FTF region, the sampling frame was initially stratified by county. Where a county included more than one FTF region (i.e., Maricopa and Pima), the sampling frame was further stratified by FTF region. This resulted in 21 sampling strata, 13 county-level strata, two FTF strata within Pima County, and six FTF strata within Maricopa County.

Within each stratum, schools were ordered by their National School Lunch Program (NSLP) participation rate. A systematic probability proportional to size sampling scheme was used to select a sample of five schools per stratum. Three counties (Apache, Greenlee, and La Paz) had fewer than five schools in the sampling frame. For these counties, all schools in the sampling frame were asked to participate. If a selected school did not offer kindergarten or third grade, the appropriate feeder school was added to the sample. A systematic sampling scheme was used to select 99 schools. Of these, five did not have kindergarten or third grade, so five feeder schools were added to the sample, resulting in 104 schools representing 99 sampling intervals, of which 84 agreed to participate. Although the original sample was representative of the state, not all schools participated, which may bias the results. The percentage of children eligible for the NSLP was 58% for schools in the sampling frame but was 72% for schools that participated, suggesting that lower income schools were more likely to participate. Given that lower income children have more disease; this survey may overestimate the prevalence of disease in non-tribal communities in the state. Another limitation was the exclusion of tribal communities, resulting in small sample sizes for the American Indian and Alaska Native populations. Lastly, per FTF guidelines, data related to social service and early education programming, with counts of fewer than 10, and excluding counts of zero (i.e., all counts of one through nine), are suppressed. For data related to health or developmental delay, all counts of fewer than 25, excluding counts of zero (i.e., all counts of one through 24) are suppressed.

1. Population Characteristics

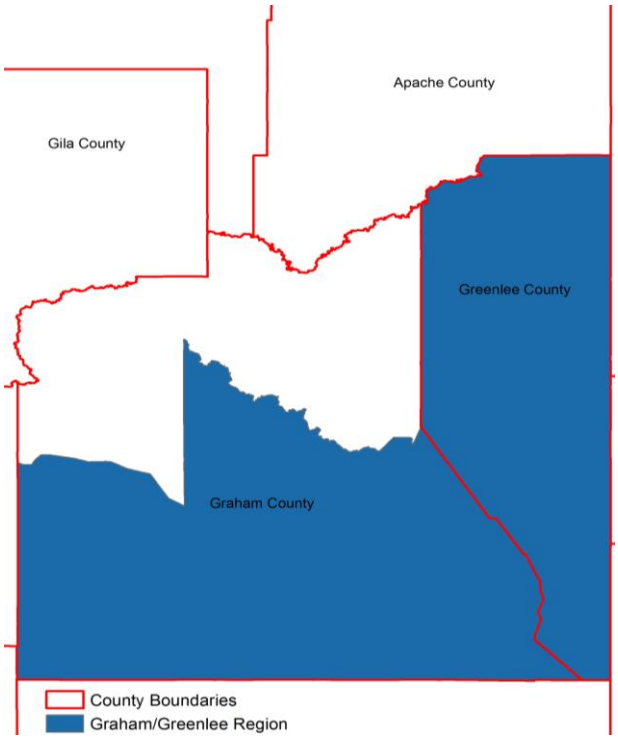
Why It Matters

The profile of residents in a particular community informs the needs of that community and the types of services offered in it. Thus it is important for policy and decision makers to understand the demographic profile of the communities they serve so that they can make effective decisions that will positively impact the community's well-being. Timely information about the demographics of a region, such as the number of children and families, the number of households, the racial and ethnic composition, the languages spoken, and the living arrangements, can help policy makers understand the needs of the region they serve and the services and resources that would be most culturally and geographically appropriate.

A thorough and comprehensive demographic profile allows policy makers to understand the residents of a region, the strengths they bring, and the needs and barriers they face by providing an overview of the region's population dynamics, projected growth, ethnic and racial composition, languages spoken, immigration trends, single mothers, single fathers, children raised by their grandparents, and household characteristics (e.g., living arrangements for children). Developing an inclusive evaluation of needs and assets that takes into consideration the shifts in population characteristics will allow policy makers to better mitigate the specific barriers that apply to only a proportion of the populations (e.g., single mothers).

Understanding how the population is changing and where areas of growth will occur can allow decision makers to provide more resources in advance of that community confronting a shortage of supports. For example, knowing where non-English speakers live and what their primary languages are allows for translation and interpretation services to be provided so that language barriers do not prevent these families from accessing health care and other social services they may need.

Exhibit 1.1. Map of Graham County, Greenlee County, and FTF Graham/Greenlee Region boundaries.



What the Data Tell Us

The FTF Graham/Greenlee Region is located on Arizona's eastern border with New Mexico and occupies all of Greenlee County and the non-tribal portion of Graham County. The surrounding counties are Pima, Pinal, Gila, Navajo, and Apache (see Exhibit 1.1). The region is primarily rural and has

a large mining industry.[4] The cities in Greenlee County are Clifton, Duncan, and Morenci, and each have a population of less than 3,000.[5] The cities in Graham County are Safford, Thatcher, and Pima, and each have a population of less than 10,000. To fully understand the demographic profile of the region, this section of the report provides data on current population characteristics to showcase the current status of young children and their families. The following section provides a more detailed breakdown of the population characteristics of the FTF Graham/Greenlee Region and how these characteristics compare to the state.

Population Counts and Projections

According to the 2010 Census, the FTF Graham/Greenlee Region has a total population of 40,877 residents. There are nearly 4,000 children under six-years-old in the region, accounting for 10 percent of the total population in the region. (see Exhibit 1.2). Graham County has more than five times the population of Greenlee County, with 37,220 residents compared to 8,437. The population of children under six in Graham County is 3,830 compared to 794 in Greenlee County. Further age breakdowns are available in Appendix 1.1.

[4] *Greenlee County History. Greenlee County. http://www.co.greenlee.az.us/history.aspx*
[5] *Greenlee County Demographics. Greenlee County. http://www.co.greenlee.az.us/demographics.aspx*

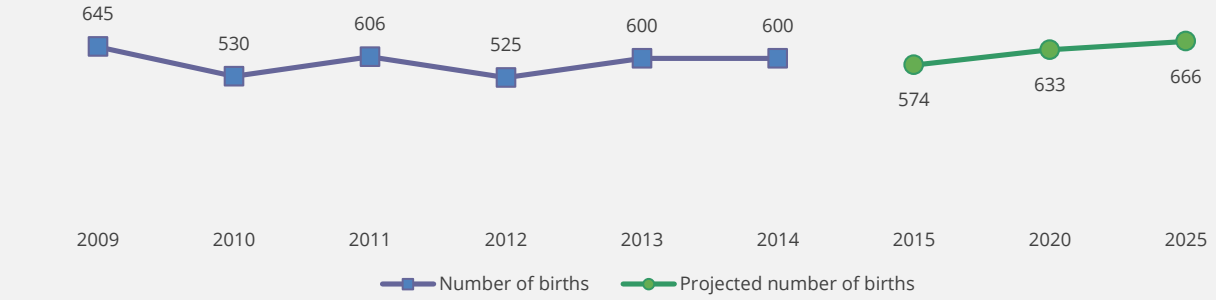
Exhibit 1.2. 2010 Population of Arizona, Graham County, Greenlee County, and the FTF Graham/Greenlee Region

	Arizona	Graham County	Greenlee County	FTF Graham/ Greenlee Region
Total Population	6,392,017	37,220	8,437	40,877
Population of children 0–5	546,609	3,830	794	3,903
Percent of children 0–5 out of total population	8.6%	10.3%	9.4%	9.5%

U.S. Census Bureau; 2010 Census Summary File 1; Tables P11 & P14; generated by AZ FTF; using American FactFinder; <http://factfinder2.census.gov>

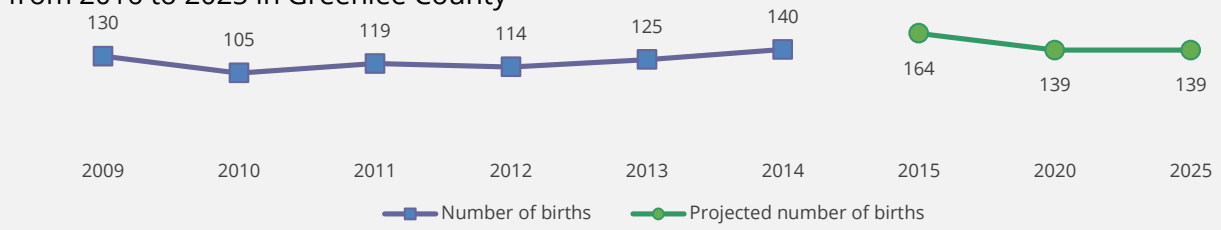
The number of births in the FTF Graham/Greenlee Region varied between 2009 and 2014, staying within a 100 birth range from year to year. This compares to a six percent decrease for Arizona (data not shown). Over the next 10 years the number of births in Graham and Greenlee counties are expected to remain similar to the number of births in 2014 (see Exhibit 1.3 and Exhibit 1.4). The number of births in Graham County is projected to be 666 in 2025, a slight increase from the 600 births in 2014, and the number of births in Greenlee County is projected to be 139 in 2025, a change from the 140 births in 2014. The number of children ages 0 to 5 is also expected to remain similar to the 2010 number for both counties (see Exhibit 1.5). Over the same time period, the number of births and the number of children ages zero to five are expected to increase for the state as a whole.

Exhibit 1.3. Number of births from 2009 to 2014 and projected number of births from 2016 to 2025 in Graham County



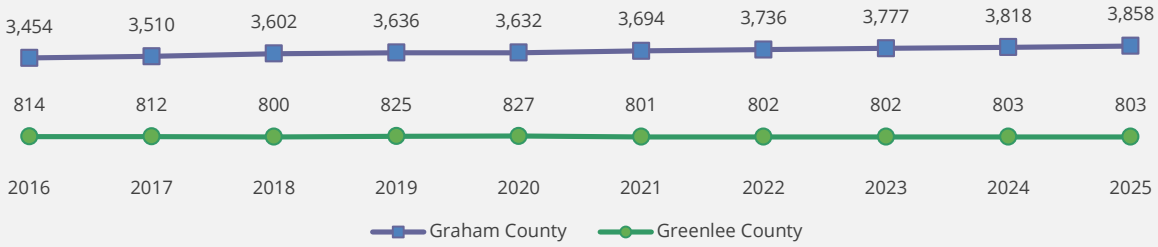
Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.
Arizona Department of Administration, Office of Employment & Population Statistics (2015). Arizona Population Projections: 2015 to 2050, Medium Series

Exhibit 1.4. Number of births from 2009 to 2014 and projected number of births from 2016 to 2025 in Greenlee County



Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.
Arizona Department of Administration, Office of Employment & Population Statistics (2015). Arizona Population Projections: 2015 to 2050, Medium Series

Exhibit 1.5. Projected population of children 0-5

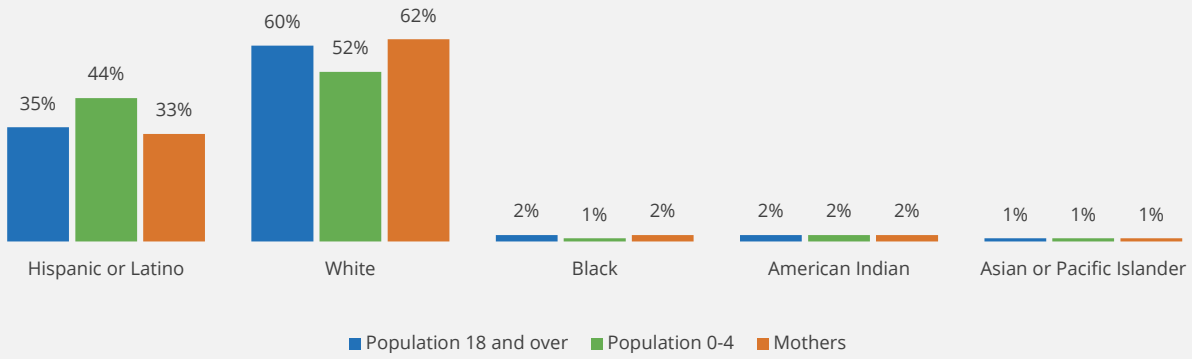


Arizona Department of Administration, Office of Employment & Population Statistics (2015). Arizona Population Projections: 2015 to 2050, Medium Series

Demographics and Language

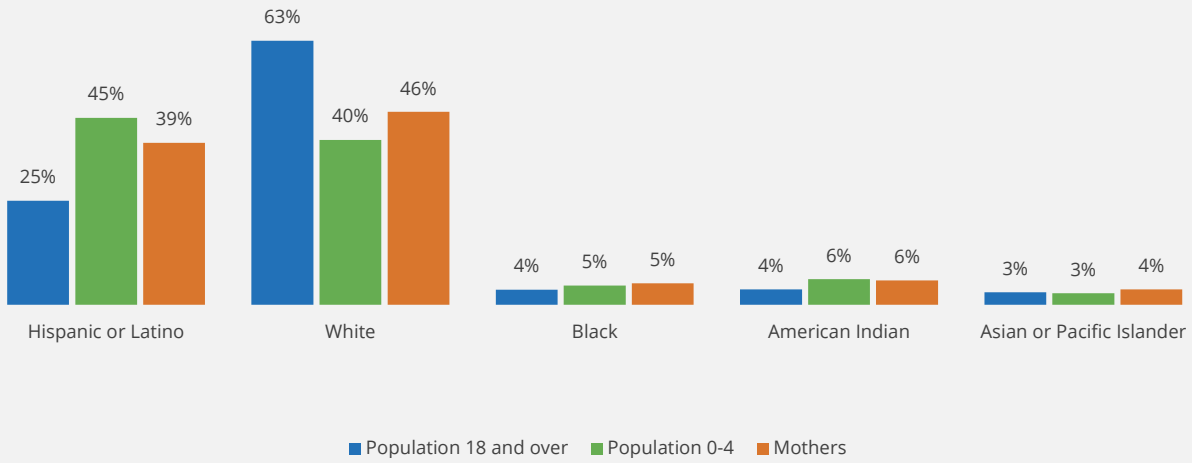
Health and health care disparities occur across many population characteristics, including race/ethnicity, socioeconomic status, age, immigration status, and location of residence. In the FTF Graham/Greenlee Region, 35 percent of adults 18 and over identify as Hispanic or Latino and 60 percent identify as White. This compares to 25 percent and 63 percent, respectively, for Arizona. In the region, children ages zero to four have similar characteristics as adults, where 44 percent identify as Hispanic or Latino and 52 percent identify as White (see Exhibit 1.6 and Exhibit 1.7).

Exhibit 1.6. Distribution of race/ethnicity in FTF Graham/Greenlee Region



U.S. Census Bureau; 2010 Census Summary File 1; Table P11; generated by AZ FTF using American FactFinder; http://factfinder2.census.gov
Arizona Department of Health Services (2014). Vital Statistics Trends in Arizona.

Exhibit 1.7. Distribution of Race/Ethnicity in Arizona

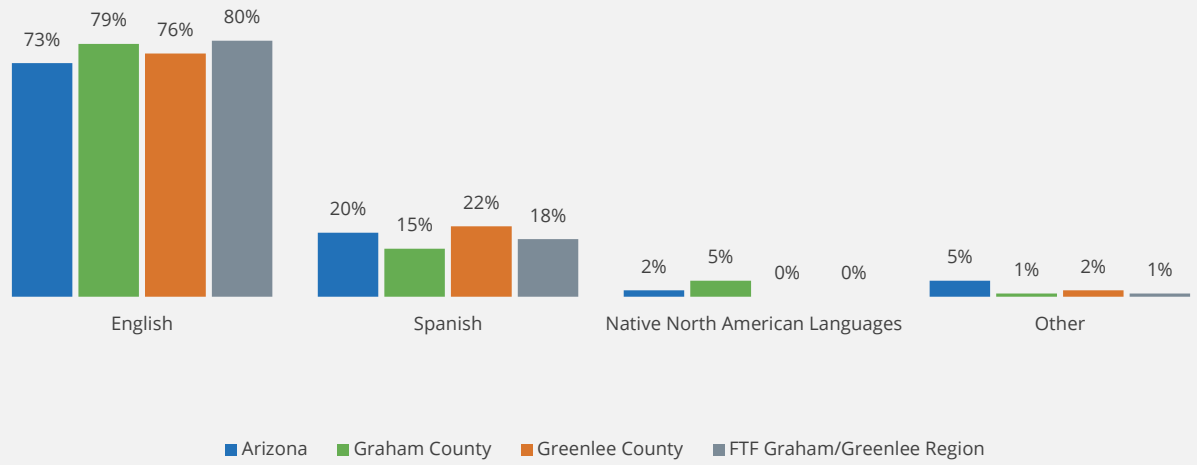


U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I; generated by AZ FTF using American FactFinder; http://factfinder2.census.gov
Arizona Department of Health Services (2014). Vital Statistics Trends in Arizona.

Approximately four out of five people (80%) in the region speak English as their primary language, while 18 percent speak primarily Spanish, while an additional one percent speak a language other than English, Spanish, or a Native North American language (see Exhibit 1.8). In addition to the 20 percent of the population that primarily speak a language other than English at home, sixty five percent speak English less than "very well," and one percent of households are limited English-speaking households (see Exhibit 1.9).[6]

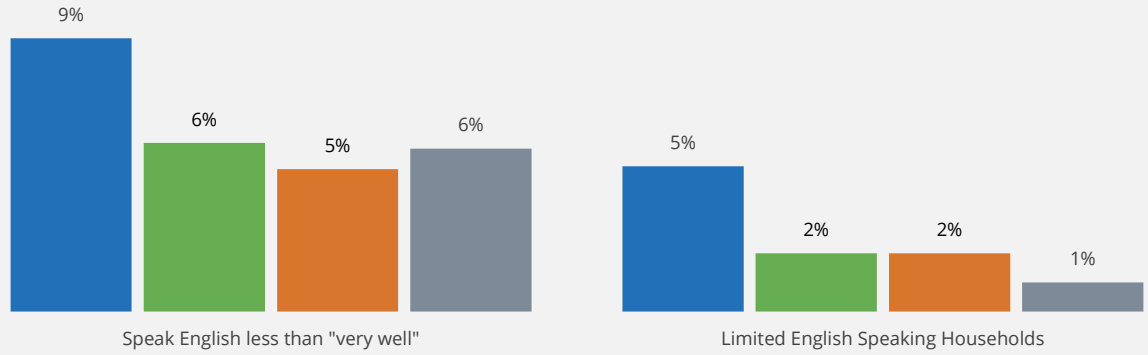
[6] *The United States Census Bureau defines limited English speaking households as a "household in which no one 14 and over speaks English only or speaks a language other than English at home and speaks English very well."*

Exhibit 1.8. Primary language spoken at home for population ages 5 and over



U.S. Census Bureau; 2014 American Community Survey 5-Year Estimates, Table B16001; generated by AZ FTF using American FactFinder; <http://factfinder2.census.gov>

Exhibit 1.9. Percent of population that speaks English less than "very well" and percent of linguistically isolated households



U.S. Census Bureau; 2014 American Community Survey 5-Year Estimates, Tables B16001 & B16002; generated by AZ FTF using American FactFinder; <http://factfinder2.census.gov>

In the FTF Graham/Greenlee Region, four percent of the population are not US citizens, compared to eight percent in Arizona.[7] Children ages zero to five in the FTF Graham/Greenlee Region are also less likely to live with foreign-born parents than are children ages zero to five in Arizona (see Exhibit 1.10).

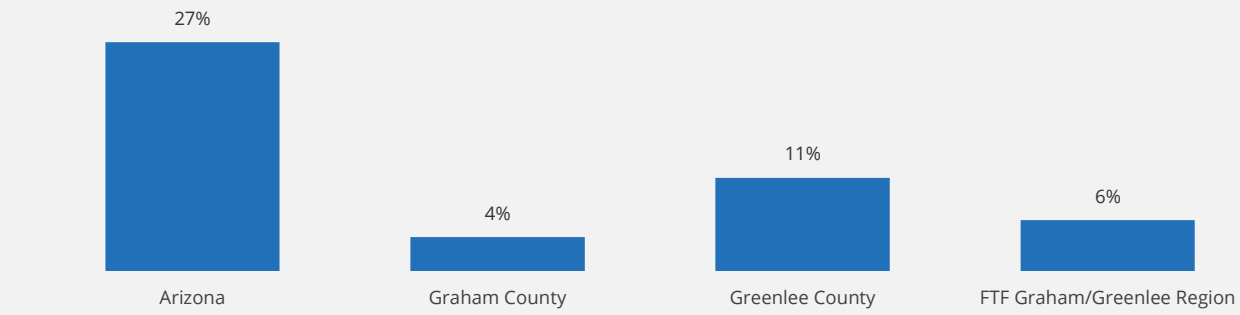
[7] *U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B05001; generated by AZ FTF; using American FactFinder; <http://factfinder2.census.gov>*

In Graham Country in 2008, there were an estimated 388 migrant farmworkers and 286 seasonal farmworkers (see Exhibit 1.11). Statewide data regarding refugee arrivals is available in Appendix 1.2.

4 Percent of the population in the **FTF Graham/Greenlee Region** who are not US citizens

8 Percent of the population in **Arizona** who are not US citizens

Exhibit 1.10. Percent of children 0-5 living with foreign-born parents



U.S. Census Bureau; 2014 American Community Survey 5-Year Estimates, Table B05009; generated by AZ FTF using American FactFinder; <http://factfinder2.census.gov>

Exhibit 1.11. 2008 estimated number of migrant and seasonal farm workers

	Arizona	Graham County	Greenlee County
Number of migrant farm workers	39,913	388	15
Number of seasonal farm workers	27,791	286	11

Larson (2008). Migrant and Seasonal Farmworker Enumeration Profiles Study, Arizona. Retrieved from http://aachc.org/wp-content/uploads/2014/01/PDF14-Arizona.pdf

Household Characteristics

In the FTF Graham/Greenlee Region, there are over 13,000 households, and 2,600 (20%) include children ages zero to five years old (see Exhibit 1.12). Although the majority of children ages zero to five live in married-couple households, one-third (33%) of households with children ages zero to five are single-parent households (see Exhibit 1.13). Five percent of children ages zero to five in the FTF Graham/Greenlee Region live with relatives or non-relatives. Additionally, 17 percent live in the same household as their grandparents.[8] Out of children ages zero to 17 who live in the same household as a grandparent, 42 percent are primarily cared for by a grandparent (this is slightly less than the 53 percent for Arizona).[9] There are several advantages to living in a mutigenerational household, including an increase in emotional well-being and parents serving as role models in the socialization of children. However, this arrangement also indicates that young families may not have the resources to live on their own and may be living with their elderly parents. Grandparents raising their grandchildren may also require additional support due to the nontraditional family structure, the changes in parenting practices since they were raising children, and the fact that many older adults live on fixed incomes and may struggle with caring for dependents.

Exhibit 1.12. Number of households and household characteristics

	Arizona	Graham County	Greenlee County	FTF Graham/ Greenlee Region
Total number of households	2,380,990	11,120	3,188	13,249
Households with children 0–5	16.1% (384,441)	22.0% (2,448)	17.8% (566)	19.6% (2,600)
Married-couple households with children 0–5	65.1% (250,217)	61.1% (1,495)	62.9% (356)	64.8% (1,686)

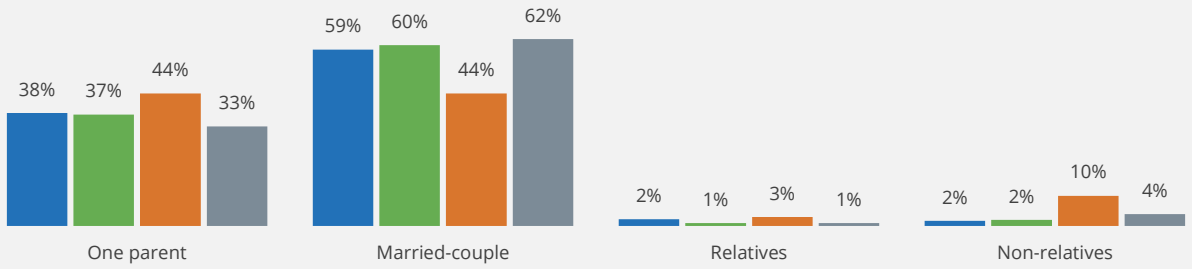
[8] *U.S. Census Bureau; American Community Survey. 2014 American Community Survey 5-Year Estimates, Tables B05009 & B17006; generated by AZ FTF; using American FactFinder; <http://factfinder2.census.gov>*

[9] *U.S. Census Bureau; American Community Survey. 2014 American Community Survey 5-Year Estimates, Tables B10002; generated by AZ FTF; using American FactFinder; <http://factfinder2.census.gov>*

Single-male households with children 0–5	11.3% (43,485)	11.4% (278)	20.1% (114)	**13.2% (344)**
Single-female households with children 0–5	23.6% (90,739)	27.6% (675)	17.0% (96)	**21.9% (570)**

U.S. Census Bureau; 2010 Census Summary File 1; Tables P11 & P14; generated by AZ FTF; using American FactFinder; <http://factfinder2.census.gov>

Exhibit 1.13. Living arrangements of children 0-5



U.S. Census Bureau; 2014 American Community Survey 5-Year Estimates, Tables B05009, B09001, & B17006; generated by AZ FTF using American FactFinder; <http://factfinder2.census.gov>

In 2010, **17%** of children 0 to 5-years-old lived in the same household as their grandparents.

DEMOGRAPHIC HIGHLIGHTS

Graham/Greenlee is a rural region with a large mining industry and a small proportion of the population who are children under the age of six. Ensuring that children ages 0 to 5 and their families have access to the services they need is critical. The ethnic profile of the region resembles the profile of the state of Arizona, with 60 percent of the population identifying as White and about one-third identifying as Hispanic or Latino. The majority of households speak English as their primary language and nearly 20 percent primarily speak Spanish. Five percent of children ages 0 to 5 in the FTF Graham/Greenlee Region live with relatives or non-relatives, and 17 percent live in the same household as their grandparents.

Below are key findings that highlight the demographic assets, needs, and data-driven recommendations for the FTF Graham/Greenlee Region.

Assets	Considerations
The population in the region has remained relatively stable over the last decade, and projections estimate very little change in birth rates.	Given the stability in the population dynamics of the region, subsequent years can focus on understanding how to effectively conduct tailored outreach to the population.
Needs	
The percentage of children ages zero to five who identify as Hispanic or Latino is greater than the percentage of the total population of Arizona, and this percentage is expected to increase over the next several decades. In addition, there are pockets of the community with limited English proficiency.	Future efforts should emphasize tracking population characteristics in order to be responsive to the needs of the community.
About one-third of children ages zero to five live in single-parent households, and 17 percent live in households with grandparents, both of which face additional barriers and difficulties when compared to two-parent households.	Additional work should identify the needs that young children raised in non-traditional homes may have in comparison to children raised in traditional homes with two parents.

2. Economic Circumstances

Why It Matters

The economic situation of children and their families has a large impact on their ability to live successful and independent lives as adults. Outcomes such as school achievement, physical health, and emotional well-being are all impacted by a child's economic situation as they grow and develop.[10] Additionally, being unemployed or living below the federal poverty level means that families have fewer resources to meet their basic needs, such as having a stable and quality home and being able to provide adequate and nutritional food, which may impact their child's growth and development.

The economies of Graham and Greenlee counties are dominated by the mining industry. The region has two large mines, Safford Mine in Graham County[11] and Morenci Mine in Greenlee County.[12] In Greenlee County in 2011, mining activities employed more than 2,000 people. Due to the importance of mining for the economy of the region, employment numbers and unemployment rates reflect trends in the copper industry, which was negatively impacted by the economic recession.[13]

With limited employment opportunities, it is critical to support young children and families to meet the demands of maintaining a household where children can thrive, including maintaining safe and stable housing and access to nutritious foods. Recent research has shown that housing, including the physical housing quality, neighborhood environment, and housing stability, play an important role in children's development and well-being.[14, 15, 16] Poor housing conditions are a strong predictor of emotional and behavioral problems and poor health outcomes.[17,18] Housing instability, which includes frequent moves, difficulty paying rent, and being evicted or being homeless, is also associated with poorer health and academic and social outcomes. [19]

Children that experience housing instability demonstrate higher grade retention, higher high school dropout rates, and lower educational attainment as adults.[20] Thus, housing is an important component to consider when evaluating the conditions that affect children's development and well-being during their first five years of life. Lack of access to healthy food and general food insecurity can also lead to numerous issues for children and mothers, including birth complications, developmental delays, learning difficulties, and chronic health conditions.[21,22] Due to the rural nature of the

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[10] *Brooks-Gunn, J., & Duncan, G. J. (1997). The effects of poverty on children. The future of children, 55-71.*
[11] *Freeport-McMoRan (2016). Safford Mine. Retrieved from http://www.fcx.com/operations/USA_Safford.htm.*
[12] *Freeport-McMoRan (2016). Morenci Mine. Retrieved from http://www.fcx.com/operations/USA_Arizona_Morenci.htm.*
[13] *United States Department of the Interior (2015). County Case Study: Copper Greenlee County, Arizona. Retrieved from https://www.doi.gov/sites/doi.opengov.ibmcloud.com/files/uploads/County%20Case%20Studies%20DRAFT%20090215.pdf*
[14] *https://www.huduser.gov/portal/periodicals/em/fall14/highlight1.html*
[15] *http://www.pewtrusts.org/~/media/legacy/uploadedfiles/wwwpewtrustsorg/reports/partnership_for_americas_economic_success/paeshousingreportfinal1pdf.pdf*
[16] *http://www.urban.org/research/publication/negative-effects-instability-child-development-research-synthesis/view/full_report*
[17] *https://www.huduser.gov/portal/periodicals/em/fall14/highlight1.html*
[18] *http://www.nchh.org/Portals/0/Contents/Article0286.pdf*
[19] *Sandstrom, H. & Huerta, S. (September 2013). The Negative Effects of Instability on Child Development: A Research Synthesis. Urban Institute. Retrieved from http://www.urban.org/research/publication/negative-effects-instability-child-development-research-synthesis/view/full_report*
[20] *Kushel, M., Gupta, R., Gee, L., & Haas, J. (2005). Housing Instability and Food Insecurity as Barriers to Health Care Among Low-Income Americans. Journal of General Internal Medicine, 21(1), 71-77.*
[21] *http://www.feedingamerica.org/hunger-in-america/impact-of-hunger/child-hunger/child-development.html*
[22] *Ke, Janice, and Elizabeth Lee Ford-Jones. "Food Insecurity and Hunger: A Review of the Effects on Children's Health and Behaviour." Paediatrics & Child Health 20.2 (2015): 89–91. Print.*

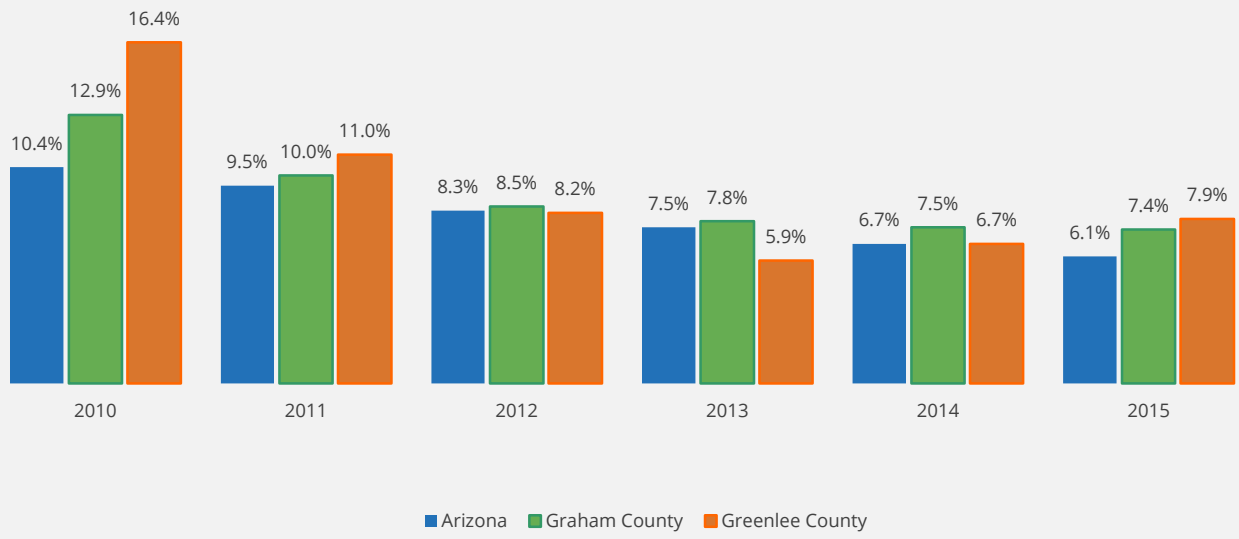
Graham/Greenlee Region, low-income families have transportation barriers that can limit their ability to access services, such as grocery stores, food banks, or other places that can provide low-cost food options.

What the Data Tell Us

Employment Indicators

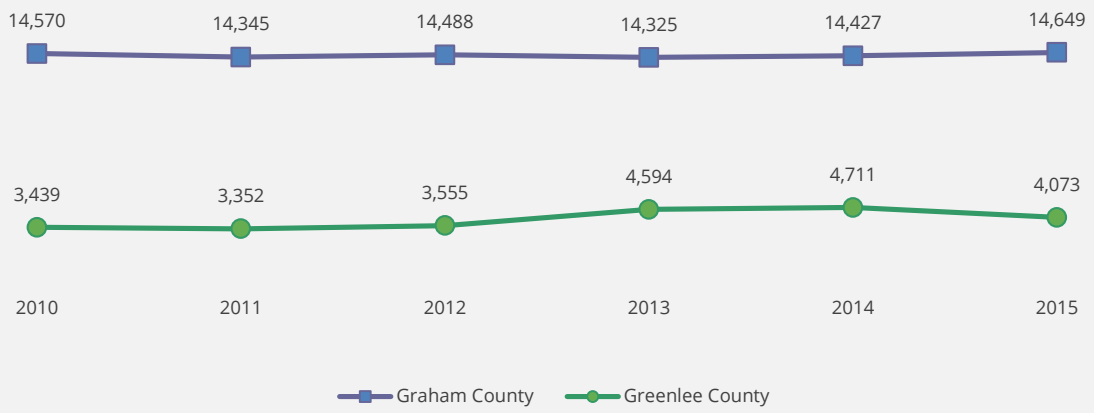
In Graham County and Greenlee County the unemployment rates have been declining since 2010. However, although unemployment rates for both counties have declined in recent years, unemployment in the two counties is still higher than in Arizona as a whole (see Exhibit 2.1). From 2010 through 2015, the number of people in the labor force and the number of people employed has increased (see Exhibit 2.2 and Exhibit 2.3). In Graham County, the number of people in the labor force and the number of people employed has stayed fairly constant over the past six years.

Exhibit 2.1. Average unemployment rates



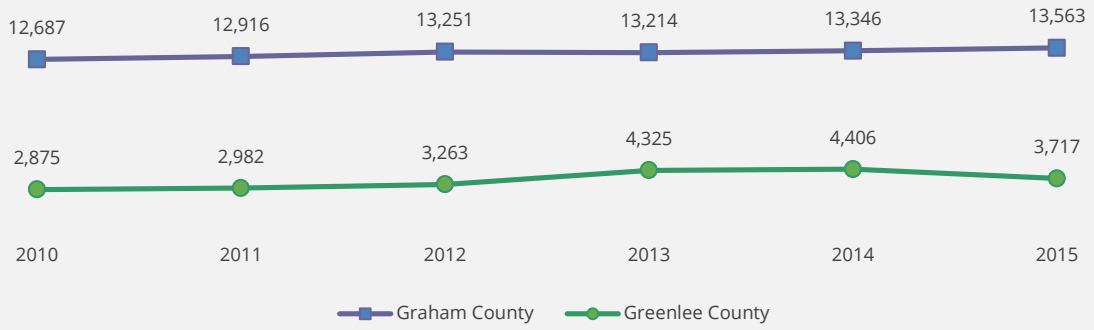
U.S. Department of Labor, Bureau of Labor Statistics (2016). Local Area Unemployment Statistics (LAUS), Arizona Office of Employment.

Exhibit 2.2. Number of people in the labor force



U.S. Department of Labor, Bureau of Labor Statistics (2016). Local Area Unemployment Statistics (LAUS), Arizona Office of Employment.

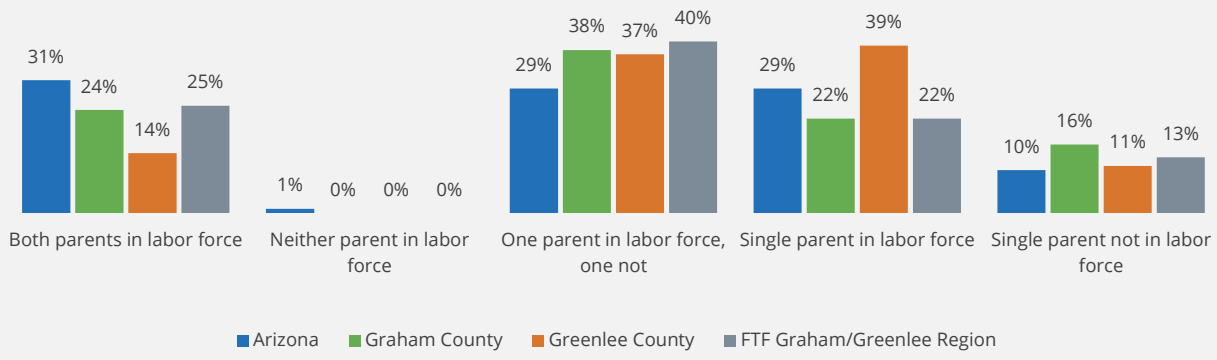
Exhibit 2.3. Number of people employed



U.S. Department of Labor, Bureau of Labor Statistics (2016). Local Area Unemployment Statistics (LAUS), Arizona Office of Employment.

In the FTF Graham/Greenlee Region, nearly 90 percent of children ages zero to five live in a household where at least one adult is in the labor force (see Exhibit 2.4), which is similar to the percentage for Arizona as a whole. About 47 percent have either both parents in the labor force or a single parent in the labor force, indicating they have some need for child care.

Exhibit 2.4. Employment status of parents with children 0-5

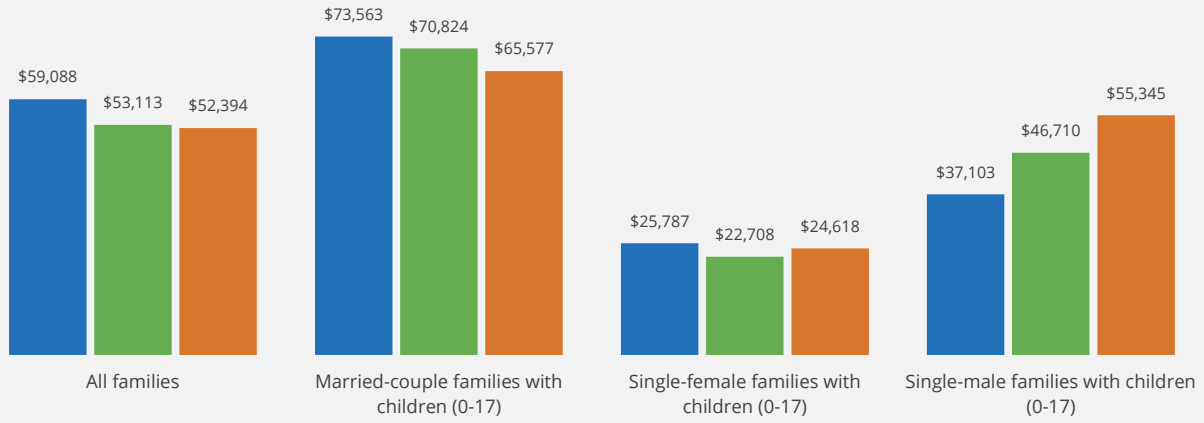


U.S. Census Bureau; American Community Survey, 2014 American Community Survey Table B23008; generated by AZ FTF; using American FactFinder; <http://factfinder2.census.gov>.

Median Income and Poverty

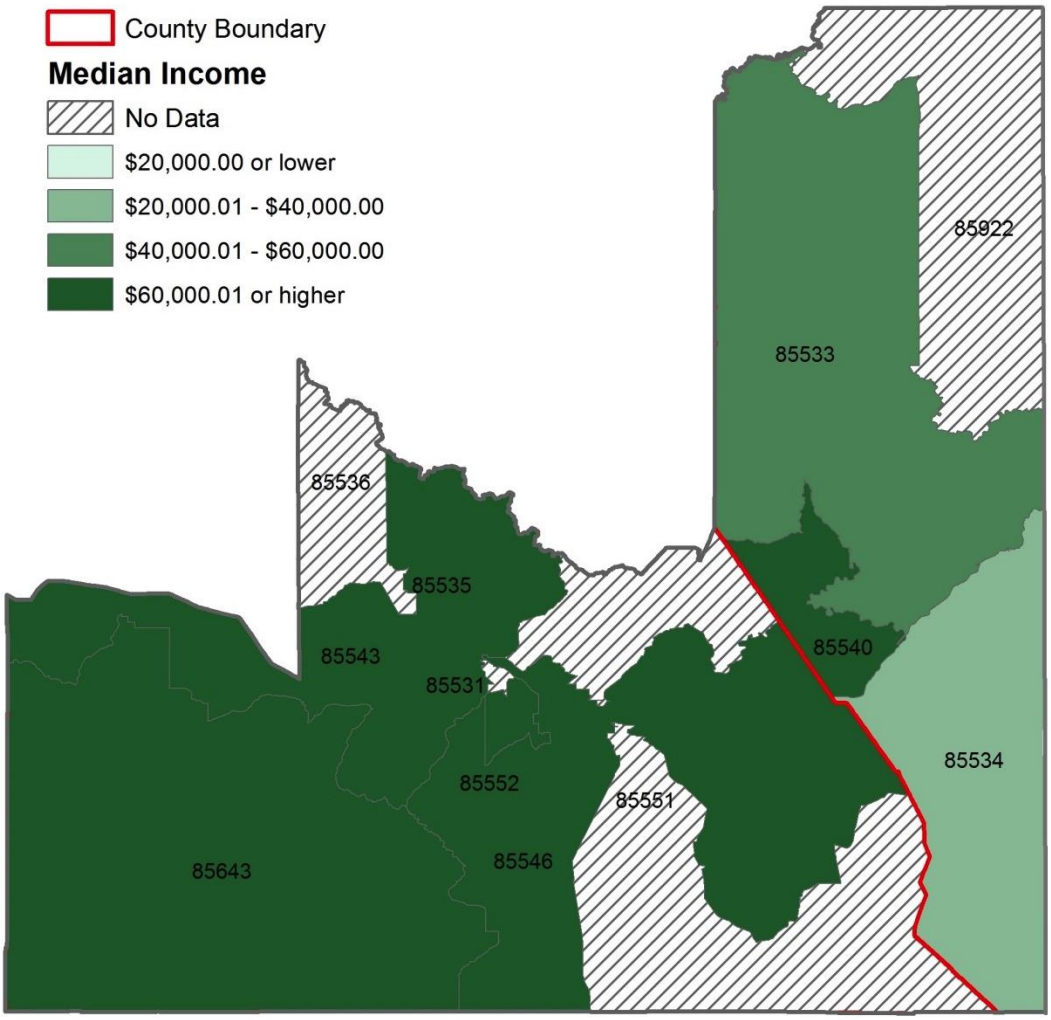
Single-parent families, which comprise over 30 percent of households with children ages zero to five, make significantly less, on average, than married-couple families. Exhibit 2.5 shows the difference in median income for married-couple families, single-female families, and single-male families. Across the state, married-couple families and single-male families have substantially higher median incomes than do single-female families. In Central (85531), Duncan (85534), Eden (85535), and Pima (85543), the median income for single-female families is less than $20,000 (see Exhibit 2.6, Exhibit 2.7, and Exhibit 2.8).

Exhibit 2.5. Median income for families



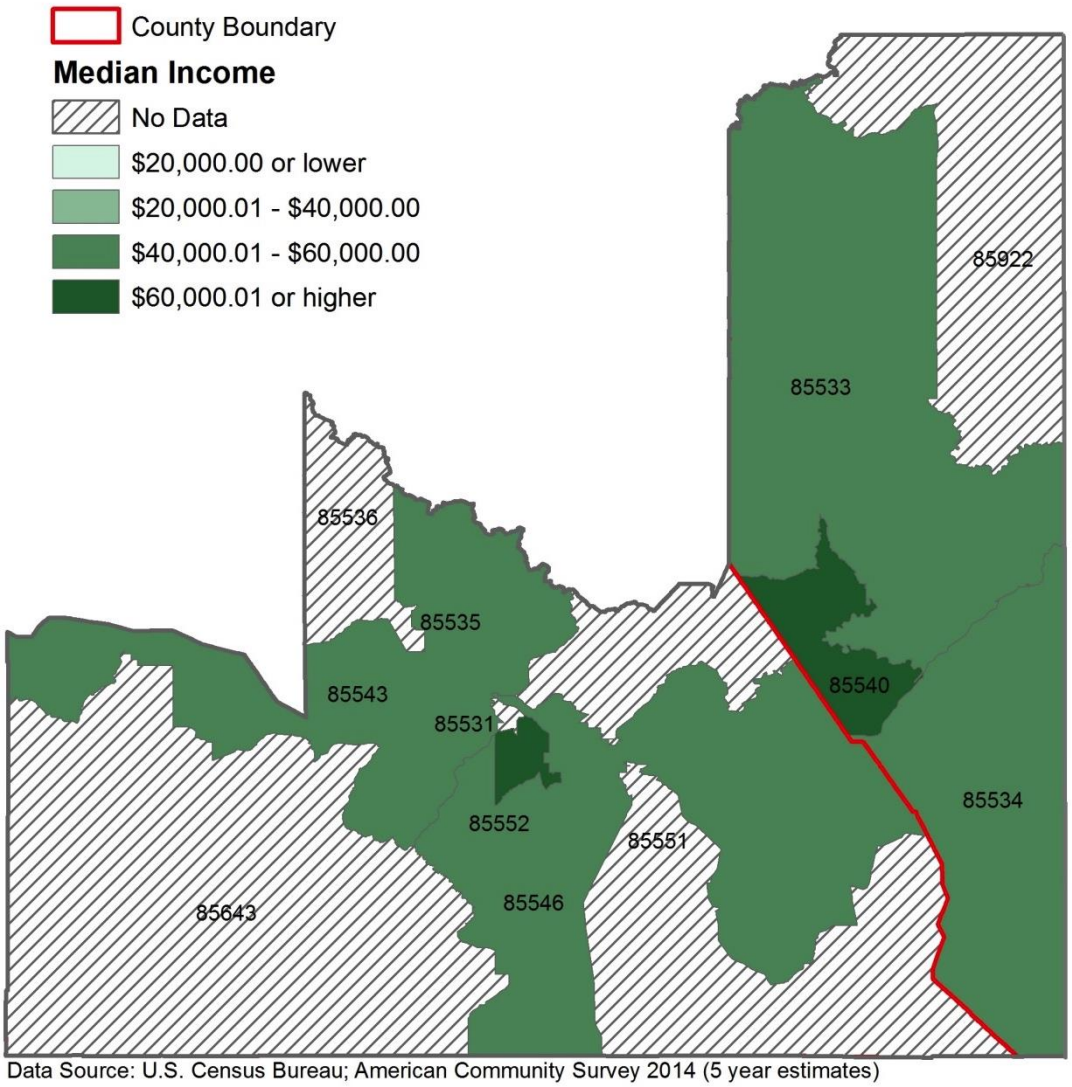
U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B19126; generated by AZ FTF; using American FactFinder; <http://factfinder2.census.gov>.

Exhibit 2.6. Median income for married-couple families with children 0-17



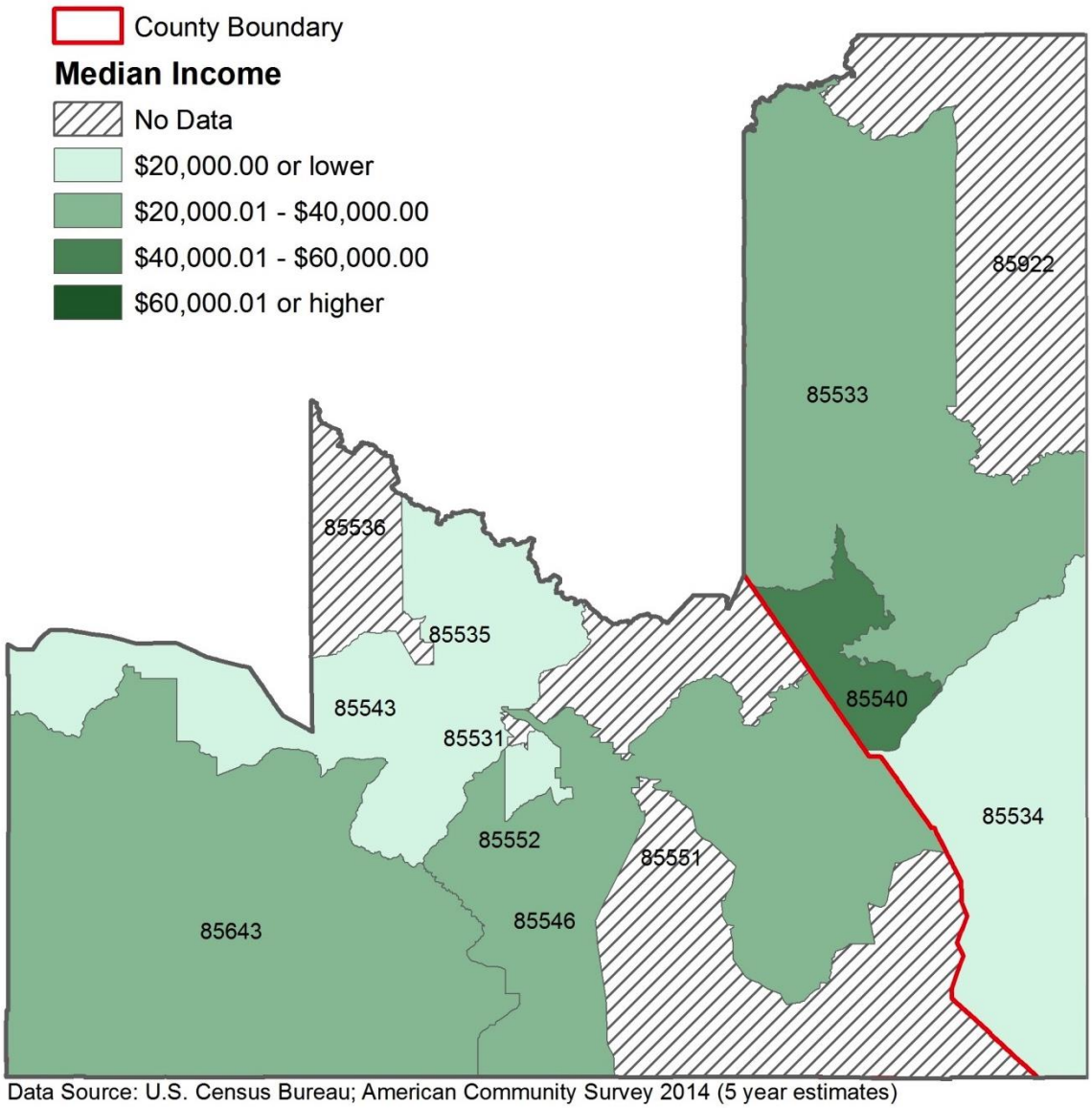
Data Source: U.S. Census Bureau; American Community Survey 2014 (5 year estimates)

Exhibit 2.7. Median income for single-male families with children 0-17



Data Source: U.S. Census Bureau; American Community Survey 2014 (5 year estimates)

Exhibit 2.8. Median income for single-female families with children 0-17



Data Source: U.S. Census Bureau; American Community Survey 2014 (5 year estimates)

According to a 2012 report published by the Center for Women's Welfare, the annual income needed to be self-sufficient in Graham County for an adult and infant is $30,663, and for an adult and preschooler the number is $31,683. In Greenlee County the number is $35,340 for an adult and infant and $36,313

for an adult and preschooler (see Exhibit 2.9 and Exhibit 2.10). The self-sufficiency standard income is nearly $10,000 more than the median income for single-female families with children ages zero to 17. Families who are living with fewer financial resources than needed to afford basic necessities are likely to encounter several challenges that may prevent them from living a healthy life, and they will face significant barriers to securing affordable housing, childcare, and nutritious food.[23, 24] Living below the self-sufficiency standard negatively impacts health and well-being, including placing children ages zero to five at risk for developmental delays and low academic achievement.[25]

Exhibit 2.9. Self-sufficiency standard for Graham County

Wage	Adult	Adult + infant	Adult + preschooler	Adult + school-age	Adult + teenager
Hourly	$8.55	$14.52	$15.00	$13.38	$10.75
Monthly	$1,504	$2,555	$2,640	$2,355	$1,891
Annual	$18,051	$30,663	$31,683	$28,266	$22,695

Center for Women's Welfare (2012). The Self-Sufficiency Standard for Arizona. Retrieved from http://selfsufficiencystandard.org/arizona

Exhibit 2.10. Self-sufficiency standard for Greenlee County

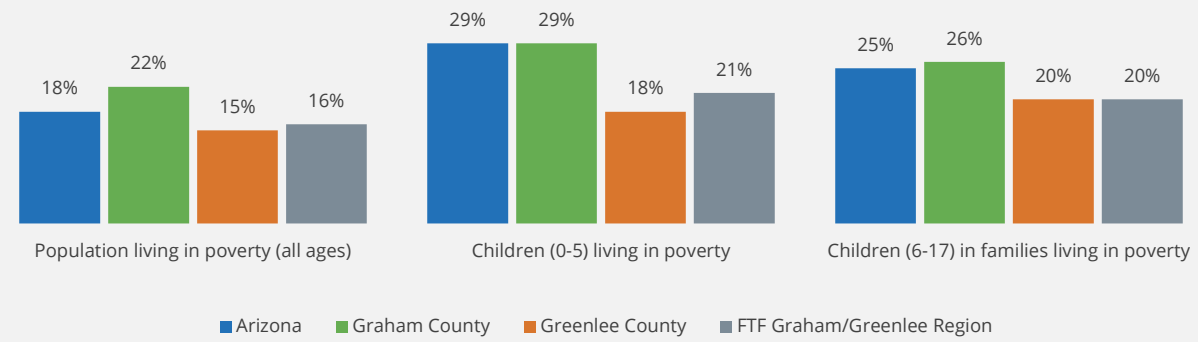
Wage	Adult	Adult + infant	Adult + preschooler	Adult + school-age	Adult + teenager
Hourly	$9.41	$16.73	$17.19	$15.56	$12.73
Monthly	$1,655	$2,945	$3,026	$2,739	$2,240
Annual	$19,865	$35,340	$36,313	$32,863	$26,883

Center for Women's Welfare (2012). The Self-Sufficiency Standard for Arizona. Retrieved from http://selfsufficiencystandard.org/arizona

The large number of single-parent families, combined with their low median income, contributes to a sizable portion of the population in the FTF Graham/Greenlee Region living in poverty. In the region, 16 percent of the population and 20 percent of children ages zero to five are living in poverty (see Exhibit 2.11). One in five children in the region lives in poverty. Fort Thomas Unified District, Safford Unified District, and Solomon Elementary District have the highest percentages of children living in families in poverty (see Exhibit 2.12 and see Exhibit 2.13 for district boundaries).

[23] *Brooks-Gunn, J., & Duncan, G. J. (1997). The effects of poverty on children. The future of children*, 55-71.
[24] *McLoyd, V. C. (1998). Socioeconomic disadvantage and child development. American psychologist*, 53(2), 185.
[25] *Brooks-Gunn, J., & Duncan, G. J. (1997). The effects of poverty on children. The future of children*, 55-71.

Exhibit 2.11. Percent of population living in poverty



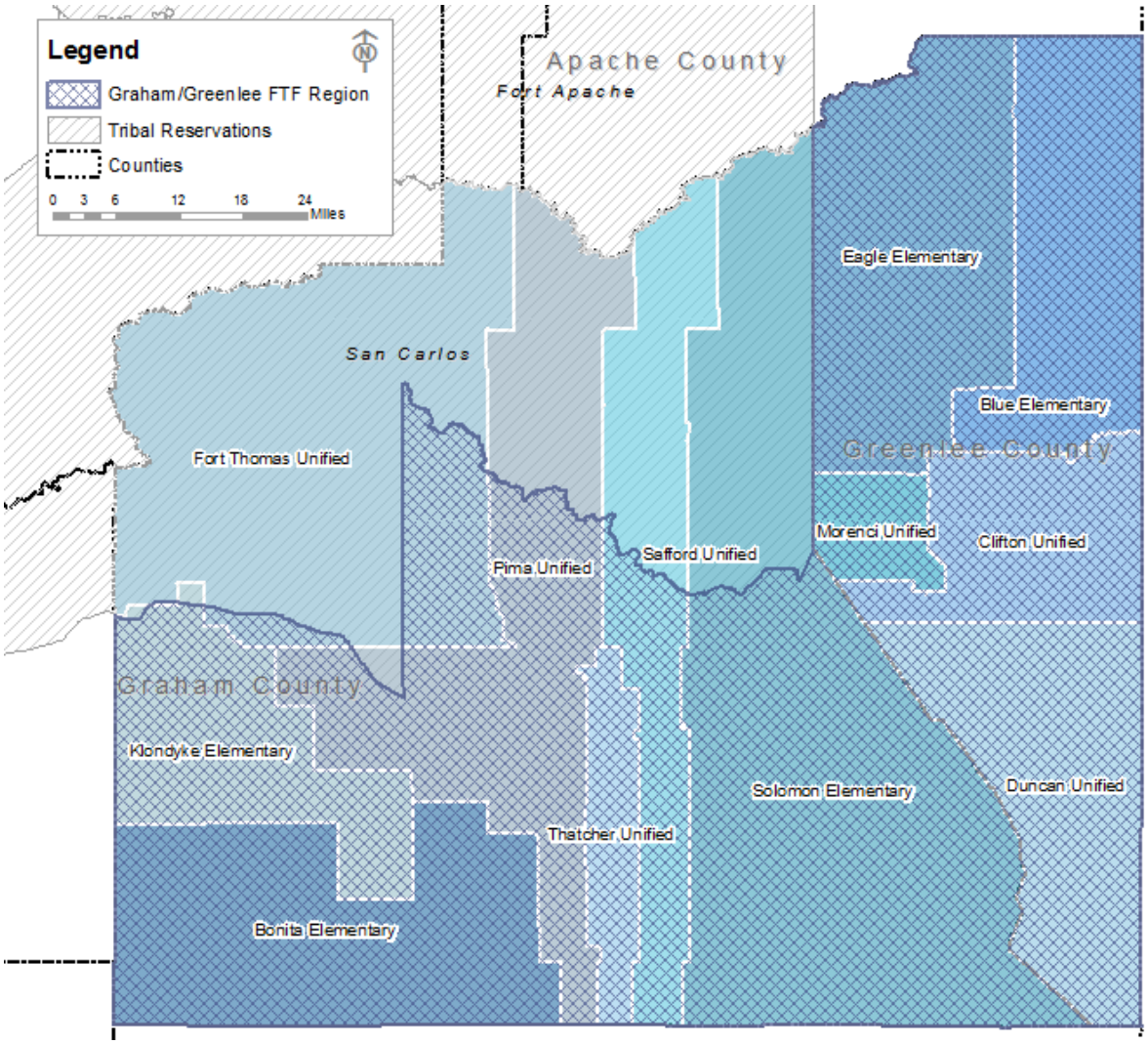
U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B17001; generated by AZ FTF; using American FactFinder; <http://factfinder2.census.gov>.

Exhibit 2.12. Percent of children 5–17 living in poverty by school district

School district	Estimated percent of children 5 to 17 living in families in poverty
Blue Elementary District (*n* = 0)	N/A
Bonita Elementary District (*n* = 55)	12.7%
Clifton Unified District (*n* = 616)	5.2%
Duncan Unified District (*n* = 586)	18.1%
Fort Thomas Unified District (*n* = 1,435)	31.8%
Morenci Unified District (*n* = 789)	7.2%
Pima Unified District (*n* = 939)	20.7%
Safford Unified District (*n* = 3,412)	21.4%
Solomon Elementary District (*n* = 397)	21.7%
Thatcher Unified District (*n* = 1,557)	13.6%

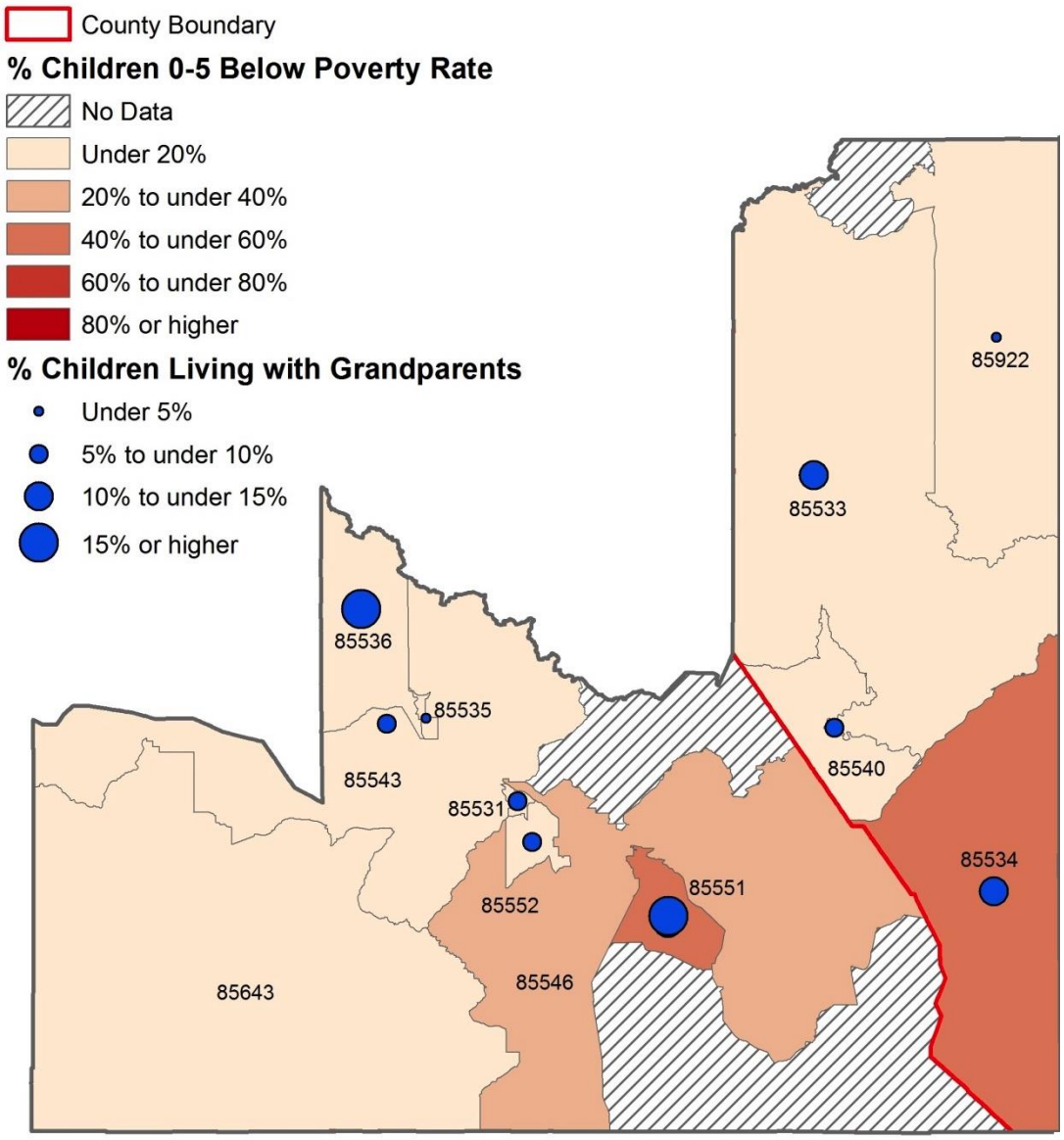
U.S. Census Bureau; 2014 Small Area Income and Poverty Estimates; generated by Harder+Company Community Research; using American FactFinder; <http://factfinder2.census.gov>.

Exhibit 2.13. Map of elementary and unified school districts in the FTF Graham/Greenlee Region



Source: U.S. Census Bureau (2015). TIGER/Line Shapefiles: Elementary School Districts, Unified School Districts. Retrieved from http://www.census.gov/geo/maps-data/data/tiger-line.html

Exhibit 2.14. Children living with grandparents layered over poverty rates



Data Source: U.S. Census Bureau; 2010 Demographic Profile

The concentration of poverty in the FTF Graham/Greenlee Region varies depending on the town. For example, Duncan, Safford, Solomon, and Thatcher have among the highest poverty rates in the region for children living with grandparents. Exhibit 2.14 shows the rate of poverty for towns (by zip code) in the region with the percent of children ages zero to five that live in the same household as their grandparents. There is no clear relationship between poverty rates and children living in the same household as their grandparents. That is, there is not enough evidence to demonstrate whether or not the probability of children living with grandparents increases the likelihood of living in poverty.

However, race identity and poverty are closely related. In Graham County individuals who identify as American Indian, Alaskan Native, Black, or African American are more likely to be in poverty than people of other races and ethnicities.[26] In Greenlee County, people who identify as "other" race, or as two or more races, are more likely to be in poverty than their White counterparts (see Exhibit 2.15).

Exhibit 2.15. Population below the federal poverty level by race/ethnicity

	Arizona	Graham County	Greenlee County
Black or African-American	24.7%	23.9%	0.0%
American Indian or Alaskan Native	38.5%	50.5%	9.8%
Asian	13.7%	2.3%	0.0%
Native Hawaiian and Other Pacific Islander	27.5%	0.0%	0.0%
Other Race	29.3%	19.0%	29.5%
Two or More Races	19.9%	20.2%	20.9%
White, not Hispanic	11.3%	15.5%	13.6%
Hispanic or Latino	28.1%	19.2%	16.4%

U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B17001B, Table B17001C, Table B17001D, Table B17001E, Table B17001F, Table B17001H, Table B17001I; generated by Harder+Company; using American FactFinder; <http://factfinder2.census.gov>.

Housing and Food Insecurity

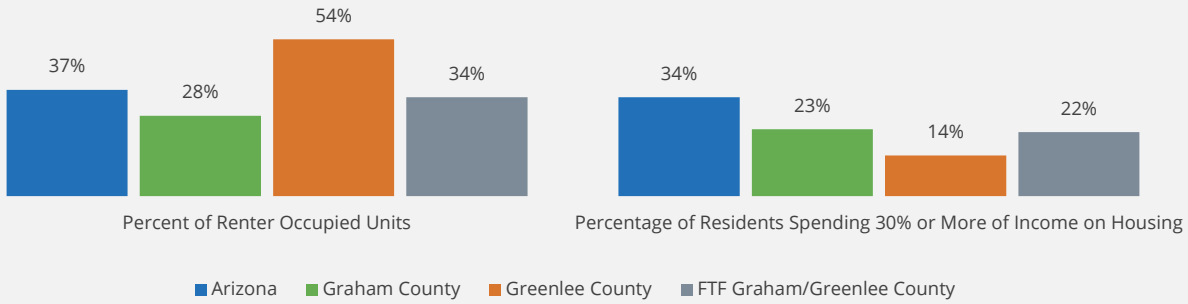
In the region, 34 percent of occupied housing units are rented and 22 percent of residents spend 30 percent or more of their income on housing (see Exhibit 2.16). The residential foreclosure rate differs widely throughout the FTF Graham/Greenlee Region. Greenlee County has a foreclosure rate of one in every 676 homes, which is nearly twice the rate of Graham County and Arizona as a whole (see Exhibit 2.17). With more than one in five residents in the region living without affordable housing, combined with a higher foreclosure rate than the state, many children are at risk of housing instability or of living

[26] *San Carlos Apache Tribe, which is in Graham County, but not in Graham/Greenlee Region likely accounts for a very large part of* AI/AN *in Graham County.*

in unaffordable housing.[27] Additionally, at the Council meeting it was shared that there is a housing shortage in Greenlee County; therefore, many people are choosing to live in Graham and commute to Greenlee for work. This may be something for providers to consider in terms of having accessible services for young children in Greenlee.

In 2010, **71%** of the Graham County population had low access to grocery stores.

Exhibit 2.16. Percent of rented housing units and residents spending 30 percent or more of income on housing



U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B25106; generated by AZ FTF; using American FactFinder; <http://factfinder2.census.gov>.

[27] *Roy, J., Maynard, M., & Weiss, E. (2008). The Hidden Costs of the Housing Crisis. The Partnership for America's Economic Success.*

Exhibit 2.17. Residential foreclosure and pre-foreclosure rates

Location	Foreclosure and pre-foreclosure rates
Arizona	1 in every 1,721
Graham County	1 in every 1,596
- Safford City	1 in every 1,216
- Thatcher City	1 in every 2,337
Greenlee County	1 in every 676
- Duncan City	1 in every 677

RealtyTrac (July 2016). Arizona Real Estate and Market Info. Retrieved from http://www.realtytrac.com/statsandtrends/foreclosuretrends/az

Not having access to adequate or nutritious food can have serious detrimental effects on young children, including learning difficulties, delayed development, and chronic health conditions.[28, 29] In Graham County, 31 percent of the population has low access to grocery stores. This compares to 70 percent in Greenlee County and 19 percent in Arizona. Despite a higher percentage of the population having low access to grocery stores (i.e., not having a supermarket within one mile of the home or not having access to healthy foods),[30] in Graham and Greenlee counties, there are more fast food restaurants, Supplemental Nutrition Assistance Program (SNAP) authorized stores, and WIC-authorized stores per 1,000 people in both counties compared to the state (see Exhibit 2.18).

These environmental factors, combined with the poverty rate discussed previously, contribute to a large portion of the population in Graham and Greenlee counties being food insecure, defined as limited or uncertain access to adequate food. In Graham County, 28 percent of children under 18 are food insecure, and in Greenlee County 24 percent of children under 18 are food insecure (see Exhibit 2.19).

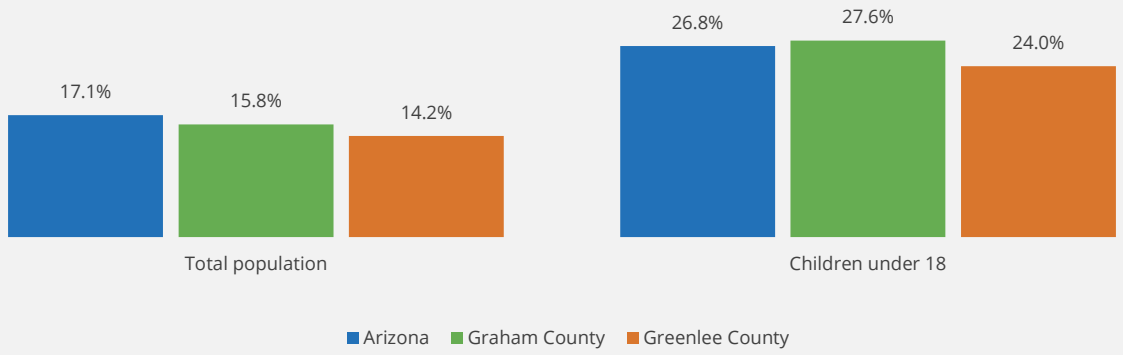
[28] *http://www.feedingamerica.org/hunger-in-america/impact-of-hunger/child-hunger/child-development.html*
[29] *Ke, Janice, and Elizabeth Lee Ford-Jones. "Food Insecurity and Hunger: A Review of the Effects on Children's Health and Behaviour." Paediatrics & Child Health 20.2 (2015): 89–91. Print.*
[30] *Treuhaft, S & Karpyn, A. (2010) The Grocery Gap: Who has acess to healthy food and why it matters. The Food Trust, Policy Link.*

Exhibit 2.18. Food accessibility indicators

	Year	Arizona	Graham County	Greenlee County
Percent of population with low access to grocery stores	2010	19.0%	31.3%	70.6%
Grocery stores per 1,000 people	2012	0.1259	0.2272	0.1604
Fast food restaurants per 1,000 people	2012	0.6467	0.1136	0.4811
SNAP-authorized stores per 1,000 people	2012	0.5596	1.0888	0.6748
WIC-authorized stores per 1,000 people	2012	0.1106	0.1136	0.1136

United States Department of Agriculture and Economic Research Service (2012). Food Environment Atlas. Retrieved from http://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas.aspx

Exhibit 2.19. Food insecurity rates



Gundersen, C., A. Dewey, A. Crumbaugh, M. Kato & E. Engelhard. Map the Meal Gap 2016: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2016.

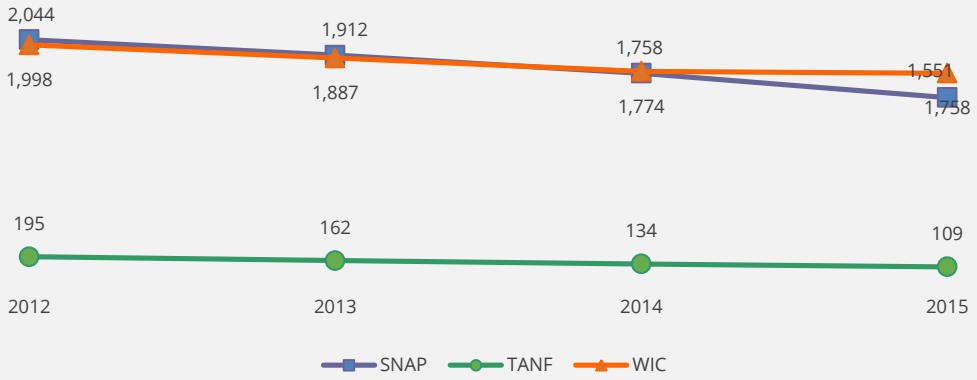
There are several federal and local programs and services aimed at providing families with the food they need, including SNAP; WIC; Temporary Assistance for Needy Families (TANF); Child and Adult Food Care Program (CAFCP); Summer Food Program (SFP); and free and reduced-priced lunch programs for children in schools. Despite the prevalence of these programs, in recent years the number of children and families receiving assistance has decreased. Support from federal programs such as SNAP, TANF, and WIC has also decreased due to the expiration of benefits instituted during the recession.[31] These decreases come even as the number of families living in poverty has increased nationally.[32] Exhibit 2.20 and Exhibit 2.21 show that the number of children and families receiving assistance has decreased in recent years, with the notable exception of CACFP and SFP. Exhibit 2.22 shows that the sites that distribute meals for CACFP and SFP are concentrated in specific cities in the

[31] *Rosenbaum, D. & Keith-Jennings, B. (2016). Snap Costs and Caseloads Declining. Center on Budget and Policy Priorities. Retrieved from http://www.cbpp.org/research/food-assistance/snap-costs-and-caseloads-declining*
[32] *Spalding, A. (2012). Decline of TANF Caseloads Not the Result of Decreasing Poverty. Kentucky Center for Economic Policy. Retrieved from http://kypolicy.org/decline-tanf-caseloads-result-decreasing-poverty/*

region, leaving the rural areas underserved. For example, over 80 percent of people in zip code 85534 live in poverty, but there is only one CACFP site and no SFP sites to provide families with access to low-cost or free food (see Appendix 2.1 for more information on meal programs).

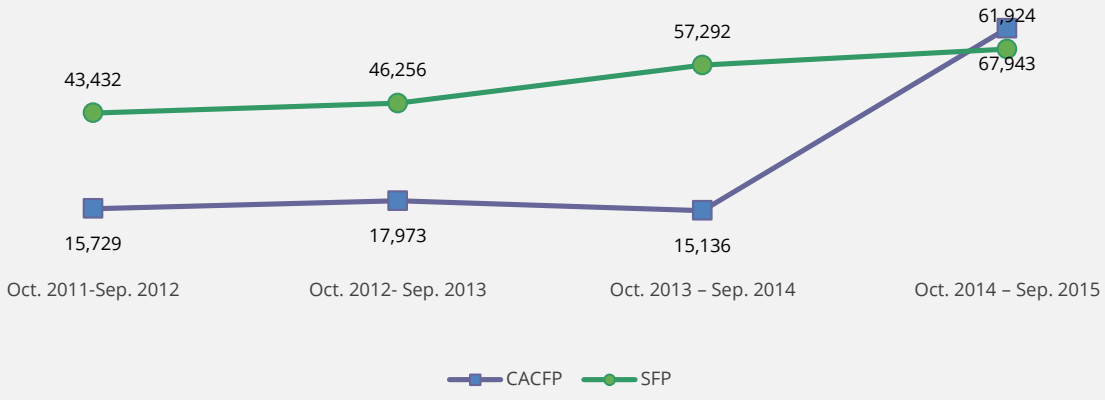
At the Council meeting in October 2016, these data were presented to council and community members. Attendees of the meeting stated that lack of knowledge of resources and poor public transportation are barriers that prevent residents from accessing the services that are available to them. Additionally, some people may know of faith-based institutions that operate food banks, but there is an assumption that these services are only for members of that faith community and not the region as a whole.

Exhibit 2.20. Numbers served in the FTF Graham/Greenlee Region by SNAP, TANF and WIC



Arizona Department of Economic Security (2015). Temporary Assistance for Needy Families (TANF) program. Provided by AZ FTF.
Arizona Department of Economic Security (2015). Supplemental Nutrition Assistance Program (SNAP).
Arizona Department of Health Services (2015). Women, Infants & Children (WIC). Provided by AZ FTF.

Exhibit 2.21. Number of meals served by CACFP and SFP in Graham County



Arizona Department of Education (2015). Child and Adult Food Care Program. Provided by AZ FTF.
Arizona Department of Education (2015). Summer Food Program. Provided by AZ FTF.

Exhibit 2.22. SFP meals and CAFCP enrollment layered over poverty rates

ECONOMIC CHARACTERISTICS HIGHLIGHTS

In the FTF Graham/Greenlee Region the economy is dictated by mining industry fluctuations. Nearly half of children ages zero to five live in households with either both parents in the labor forces or a single parent in the labor force. Single-parent families, which comprise over 30 percent of households with children ages zero to five, earn significantly less, on average, than do dual parent households. Additionally, more than 20% of children ages zero to five live in poverty. One in five residents live without affordable housing in the region, and the residential foreclosure rate is more than twice as high in Greenlee County as in the state.

Below are key findings that highlight the economic assets, needs, and data-driven considerations for the Graham/Greenlee Region.

Assets	Considerations
The Graham/Greenlee Region has multiple federal, state, and local programs aimed at supporting the availability of nutritious foods for children ages zero to five and their families.	Community awareness of nutrition programs available to young children and their families to help mitigate the low access to needed food is vital to increasing access to existing resources.
Median income for two-parent families, which compose the majority of families in the county, is about double the self-sufficiency standard.	Understanding the needs of families who are living below the self-sufficiency standard is crucial.

Needs	Considerations
About one-third of children ages zero to five live in single-parent households, which earn substantially less money than two-parent households, and about 21 percent of children ages zero to five live in poverty.	Efforts should encourage community awareness of social service resources in the region.

3. Educational Indicators

Why It Matters

Children who participate in early care and education programs are more likely to perform better on future educational indicators (e.g., language and math proficiency) than those who do not. Moreover, numerous researchers in the field of early care and education have identified the first five years of life as a critical time for neurodevelopment.[33] Specifically, studies have shown that exposure to early literacy skills, informal math knowledge, and certain components of social–emotional development are precursors to academic success.[34] Other educational indicators that affect positive student outcomes include, but are not limited to, school attendance, proficiency exams, grades, graduation and dropout rates, and educational attainment.

Research indicates an association between high school dropout rates and poor attendance as early as kindergarten; for example, on average, dropouts have missed 124 days of school by the time they reach eighth grade.[35] Additionally, irregular attendance has a negative effect on school budgets and can lead to fewer funds for essential classroom needs.[36] Higher education in Arizona experienced the nation's highest decrease (47%) in state spending per student from 2008 to 2015.[37] Research has also shown that students who drop out of high school have an increased likelihood of earning less than high school graduates, of being unemployed, of receiving public assistance, and of having higher chances of being incarcerated, and are therefore likely to confront more barriers while raising a family.[38]

What the Data Tell Us

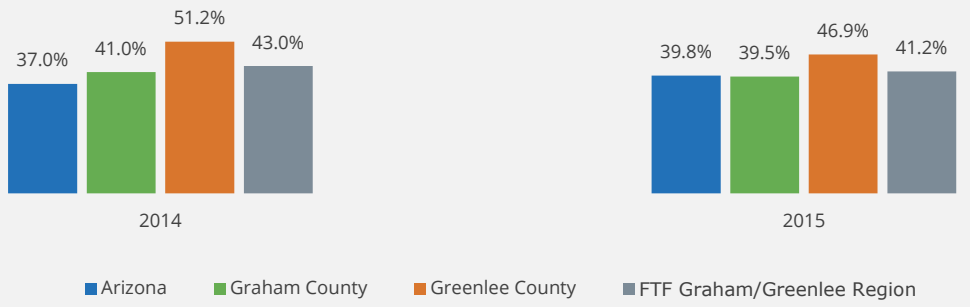
Student Attendance

From 2014 to 2015, there was a reported decrease in the percentage of 1st grade students missing 10 or more days of school in Graham County, Greenlee County, and the FTF Graham/Greenlee Region for first graders, while the state experienced an increase (see Exhibit 3.1). During the same period, the percentage of second graders missing ten or more days of school increased across Graham County, the FTF Graham/Greenlee Region, and the state, while the rate for Greenlee County decreased slightly (see Exhibit 3.2). In addition, third graders experienced an increase in student absences across Graham County, Greenlee County, the FTF Graham/Greenlee Region, and the state (see Exhibit 3.3). Across the three grade levels, Greenlee County has the highest rate of absences. Furthermore, as grade levels increase, absences decrease for students, suggesting that parents are more willing to allow their children to miss school in earlier years. There are many potential explanations for such findings, including that younger children get sick more frequently than older children, and that the perceived

[33] *Cohen, A. K., & Syme, S. L. (2013). Education: A Missed Opportunity for Public Health Intervention. American Journal Of Public Health, 103(6), 997-1001*
[34] *Lonigan, C. J., Phillips, B. M., Clancy, J. L., Landry, S. H., Swank, P. R., Assel, M., & ... School Readiness, C. (2015). Impacts of a Comprehensive School Readiness Curriculum for Preschool Children at Risk for Educational Difficulties. Child Development, 86(6), 1773-1793.*
[35] *Why attendance matters. (2016, June 9). Retrieved from http://www.greatschools.org/gk/articles/school-attendance-issues/*
[36] *Every school day counts: The forum guide to collecting and using attendance data. (2009, February). Retrieved December 06, 2016, from https://nces.ed.gov/pubs2009/attendancedata/chapter1a.asp*
[37] *Mitchell, M., & Leachman, M. (2015, May 2015). Years of cuts threaten to put college out of reach for more students. Retrieved December 05, 2016, from http://www.cbpp.org/research/state-budget-and-tax/years-of-cuts-threaten-to-put-college-out-of-reach-for-more-students*
[38] *Christle, C. A., Jolivette, K., Nelson, M. C. (2007). School characteristics related to high school dropout rates. Journal of Remedial and Special Education, 28, 15. www.eric.ed.gov/ERICWebPortal/recordDetail?accno=EJ785964*

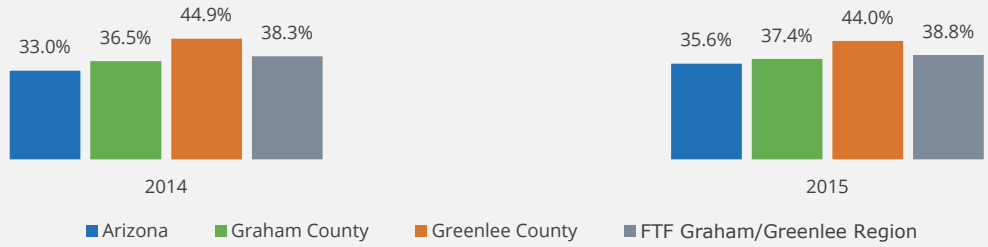
value of education changes as children grow.

Exhibit 3.1. Students absent 10 or more days of school: First graders



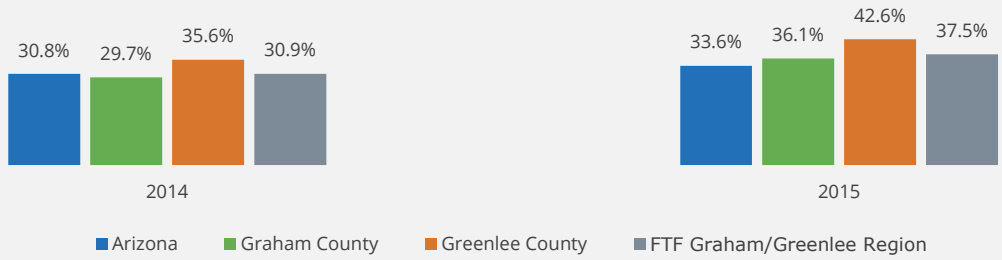
Arizona Department of Education (2015). Chronic Absences. Provided by AZ FTF.
**Data available by school district*
AZ (n = 96,218); Graham County (n = 673); Greenlee County (n = 168); FTF Region (n = 841)

Exhibit 3.2. Students absent 10 or more days of school: Second graders



Arizona Department of Education (2015). Chronic Absences. Provided by AZ FTF.
**Data available by school district*
AZ (n = 91,989); Graham County (n = 635); Greenlee County (n = 167); FTF Region (n = 802)

Exhibit 3.3. Students absent 10 or more days of school: Third graders

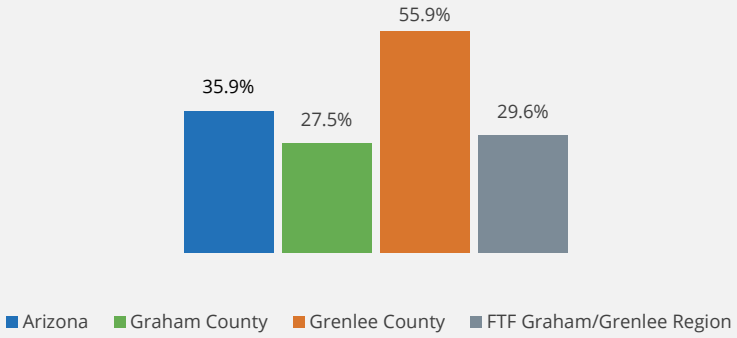


Arizona Department of Education (2015). Chronic Absences. Provided by AZ FTF.
**Data available by school district*
AZ (n = 89,935); Graham County (n = 580); Greenlee County (n = 160); FTF Region (n = 740)

Early Achievement

About three in 10 children (30%) in the FTF Graham/Greenlee Region who are between 3 to 4 years old are enrolled in nursery school, preschool, or kindergarten, which is similar to Graham County, but lower than Arizona by six percent and lower than Greenlee County by 26 percent (see Exhibit 3.4). However, the percentage of children enrolled is still lower than the 65 percent assumed to need child care, since all adults in the household are employed (see Exhibit 2.4).

Exhibit 3.4. 2014 Children ages 3-4 enrolled in nursery school, preschool, or kindergarten



U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B14003; generated by AZ FTF; using American Fact Finder; <http://factfinder2.census.gov>.
Statewide (n = 66,224); Graham County (n = 341); Greenlee County (n = 157); FTF Graham/Greenlee Region (n = 398)

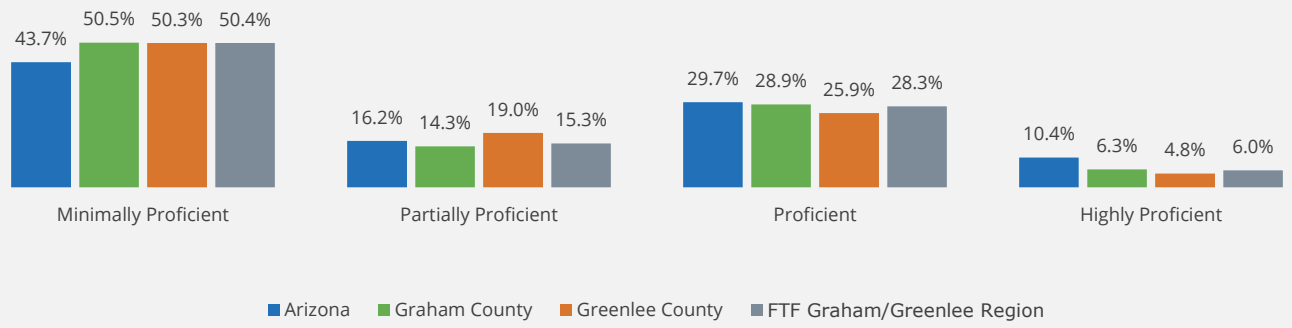
In Arizona, to assess academic proficiencies the department of education uses AzMERIT, a statewide achievement test for English language arts (ELA) and mathematics. AzMERIT, which replaced AIMS in the 2014–2015 school year, is designed to assess students' critical thinking skills and their mastery of the Arizona College and Career Ready Standards established in 2010. Students who receive a "proficient" or "highly proficient" score are considered adequately prepared for success in the next grade.

AzMERIT incorporates both reading and writing assessment. The results of the ELA assessment on the

AzMERIT demonstrated that close to 35 percent of all third graders in Graham County and in the FTF Graham/Greenlee Region scored "proficient" or "highly proficient," which is about five percent lower than Arizona and five percent higher than Greenlee County (see Exhibit 3.5). Slightly more, or about 40 percent of third graders, scored "proficient" or "highly proficient" on the math assessment on the AzMERIT across the region and the state, which is higher than Graham County but is four percent lower than Greenlee County by five percent (see Exhibit 3.6.).

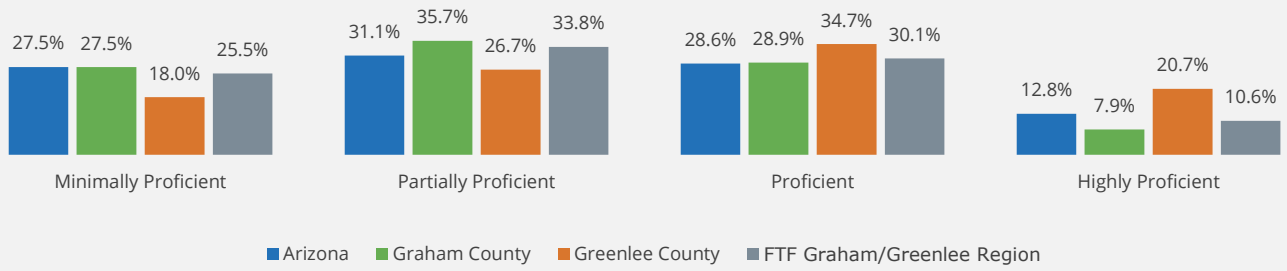
Although math assessment results are slightly higher than the ELA assessment results, overall more than half of all third graders are not meeting the standard for both assessment tests in the AzMERIT. Many factors influence academic achievement, especially in an area where a larger proportion of the population lives in poverty. As previously mentioned, 21 percent of the population in the region is living in poverty and 22 percent of residents spend more than 30 percent of income on housing. Therefore, academic achievement may not be a priority for many families as they struggle to make ends meet.

Exhibit 3.5. 2015 AzMERIT English language arts assessment results for 3rd grade



Arizona Department of Education (2015). AzMERIT Reports. Provided by AZ FTF.
**Data available by breakdown of school district, city, and zip code*
Statewide (n = 85,053); Graham County (n = 553); Greenlee County (n = 147); FTF Graham/Greenlee Region (n = 700)

Exhibit 3.6. 2015 AzMERIT math assessment results for third grade students

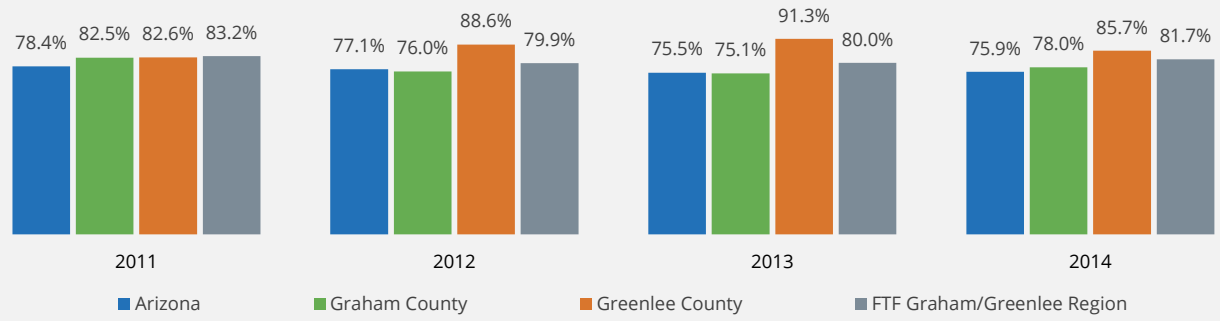


Arizona Department of Education (2015). AzMERIT Reports. Provided by AZ FTF.
**Data available by breakdown of school district, city, and zip code*
Statewide (n = 85,495); Graham County (n = 557); Greenlee County (n = 150); FTF Graham/Greenlee Region (n = 707)

High School Graduation and Dropout Rates

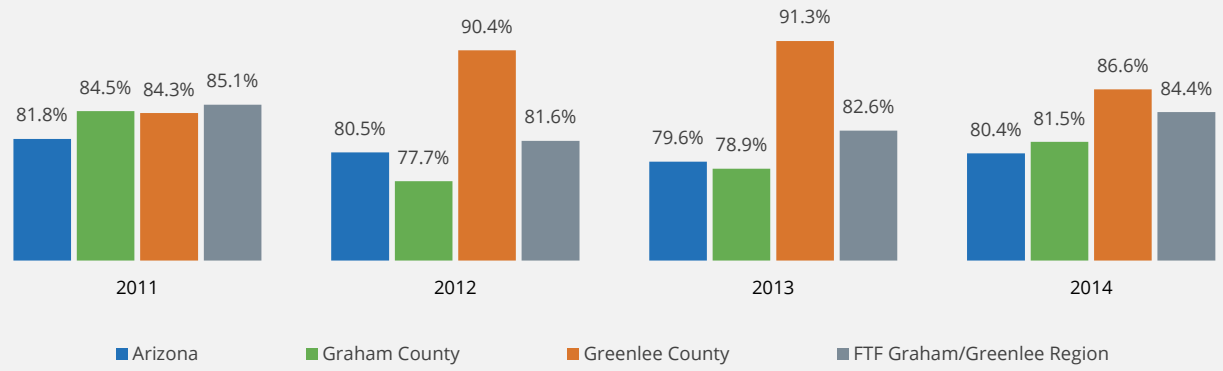
Between 2011 and 2014, the four-year graduation rates dropped by one percent for the FTF Graham/Greenlee Region, by five percent for Graham County, and by two percent for Arizona while the rate for Greenlee County increased by 3 percent (see Exhibit 3.7). In 2014, the 4-year graduation rate for the FTF Graham/Greenlee Region was higher in comparison to Arizona by a six percent difference. During that same time period, the five-year graduation rates decreased by 1 percent for the FTF Graham/Greenlee Region, and by three percent for Graham County (see Exhibit 3.8). However, the five-year graduation rate increased about three percent for Greenlee County. In addition, the five-year graduation rate in 2014 was four percent higher than Arizona's for the FTF Graham/Greenlee Region.

Exhibit 3.7. 2011-2014 High school graduation rates: Four-year cohort



Arizona Department of Education (2014). Graduation Rate 2018 Cycle. Provided by AZ FTF.
**Data available by breakdown city, school district, school, and zip code*
***The four-year graduation rate counts a student who graduates with a regular high school diploma in four years or less as a high school graduate in his or her original cohort*
AZ: 2011 (n = 76,340), 2012 (n = 77,261), 2013 (n = 77,683), 2014 (n = 79,673); Graham County: 2011 (n = 451), 2012 (n = 434), 2013 (n = 389), 2014 (n = 419); Greenlee County: 2011 (n = 115), 2012 (n = 114), 2013 (n = 127), 2014 (n = 140); FTF Region: 2011 (n = 558), 2012 (n = 536), 2013 (n = 500), 2014 (n = 545)

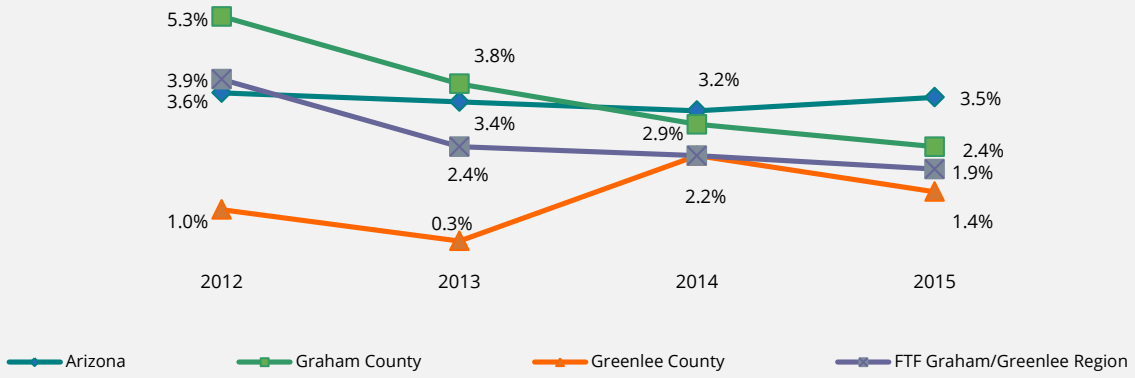
Exhibit 3.8. 2011-2014 High school graduation rates: Five-year cohort



Arizona Department of Education (2014). Graduation Rate 2018 Cycle. Provided by AZ FTF.
**Data available by breakdown city, school district, school, and zip code*
AZ: 2011 (n = 76,841), 2012 (n = 77,668), 2013 (n = 78,095), 2014 (n = 80,143); Graham County: 2011 (n = 457), 2012 (n = 435), 2013 (n = 389), 2014 (n = 344); Greenlee County: 2011 (n = 115), 2012 (n = 114), 2013 (n = 127), 2014 (n = 123); FTF Region: 2011 (n = 564), 2012 (n = 537), 2013 (n = 500), 2014 (n = 550)

Over the last few years, high school dropout rates have been on the decline. From 2012 to 2015, the dropout rate for the FTF Graham/Greenlee Region dropped by two percent and by three percent for Graham County (see exhibit 3.9). In comparison, the dropout rates for the state and Greenlee County remained about the same during this period. In 2015, the dropout rate was two percent lower than Arizona's for the FTF Graham/Greenlee Region (see Exhibit 3.9). Overall, there is a steady decrease in school dropout rates for the region, suggesting that there is a perceived positive value in educational attainment. This perception may be a contributing factor to the increase in school attendance during the high school years. In fact, despite the low percentage of third grade children who are highly proficient in math or English, the educational achievement for teenage youth is high. Alternatively, high schools may be encouraging youth to move through to graduation at the expense of achieving proficiencies. There are many potential explanations for such a trend, but further exploration is needed to tease apart these differences in academic achievement.,

Exhibit 3.9. 2012-2015 High school dropout rates

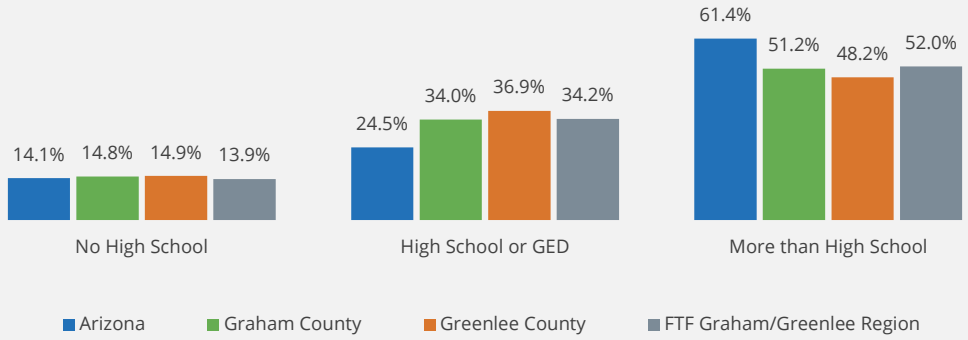


U.S. Census Bureau; American Community Survey, 2014 American Community Survey; generated by AZ FTF; using American FactFinder; <http://factfinder2.census.gov>.
AZ: 2012 (n = 492,078), 2013 (n = 519,960), 2014 (n = 525,375), 2015 (n = 594,454); Graham County: 2012 (n = 2,901), 2013 (n = 2,938), 2014 (n = 3,036), 2015 (n = 2,750); Greenlee County: 2012 (n = 901), 2013 (n = 916), 2014 (n = 916), 2015 (n = 897); FTF Region: 2012 (n = 3,895), 2013 (n = 3,972), 2014 (n = 4,057), 2015 (n = 3,599)

Educational Attainment

The percent of adults 25 and older who have completed more than high school is the highest in the state at 61 percent, which is nine percent higher than the FTF Graham/Greenlee Region (see Exhibit 3.10). In comparison to Graham County and Greenlee County, the percentage of adults who completed more than high school in the FTF Graham/Greenlee Region is higher. There are many potential factors influencing whether individuals pursue education beyond high school, including but not limited to access to educational opportunities, financial resources, and career goals.. In addition, 14 percent of adults 25 and older do not have a high school education in the FTF Graham/Greenlee Region, which is similar to the rates in Arizona, Graham County, and Greenlee County. Although the percentage of adults without a high school education is relatively small, numerous social services are likely necessary to support these adults in prospering, especially if they become parents. Similarly, lack of education may be a contributing factor to the high percentage of low income residents in the region.

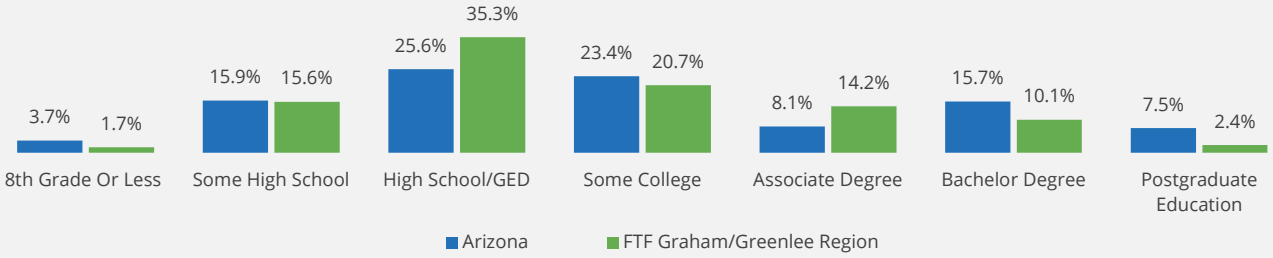
Exhibit 3.10. 2014 Educational attainment of adults 25 and older



Arizona Department of Education (2014). Graduation Rate 2018 Cycle. Provided by AZ FTF.
**Data available by breakdown city, school district, school, and zip code*
AZ: (n = 4,284,776); Graham County: (n = 22,527); Greenlee County: (n = 5,574); FTF Region (n = 25,689)

Educational achievement beyond high school is a top priority for a large segment of the population in the region. Fifty five percent of mothers in Arizona have completed more than high school, eight percent higher than the region (see Exhibit 3.11). Approximately 17 percent of mothers do not have a high school education in the FTF Graham/Greenlee Region, which is three percent lower than Arizona. To learn more about school indicators, such as race or ethnicity of children by school, school report card letter grade, and/or school enrollment (by school and district), refer to Appendices 3.1–3.3. Having a limited education is likely a main contributor to the high percentage of single mothers living below the self-sufficiency standard and earning a lower wage than their male counterparts.

Exhibit 3.11. 2014 percent of live births by mother's educational attainment



Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.
**Data are not available for County*
*** Sum rounded to nearest tens unit due to non-zero addend less than 6*
AZ: (n = 86,100); FTF Region: (n = 634)

EDUCATION HIGHLIGHTS

There are several educational disparities in the region. Nearly one-third (30%) of third graders are proficient in math and only 28 percent are proficient in English. Yet, only ten percent of third graders are highly proficient in math and only six percent are highly proficient in English. Student absences are increasing for third graders in the state, the counties, and the FTF Graham/Greenlee Region, and only about 30 percent of children between the ages of three to four are enrolled in early education. In addition, high school graduation rates decreased across four-year and five-year cohorts in the region. It is important to address the decrease in graduation rates given that students who miss 10 or more days of school have an increased probability of dropping out of school.[15] However, a major protective factor for the region is that the majority of adults (86%) have earned a high school diploma. Moving forward it will become vitally important to prioritize education for the well-being of the community.

Below are key findings that highlight the economic assets, needs, and data-driven considerations for the FTF Graham/Greenlee Region.

Assets	Considerations
More first graders in the region are consistently attending school.	Support parent awareness of the benefits of school absences on academic achievement.
The high school dropout rate in the region decreased.	Promote the benefits of completing a high school diploma.

Needs	
More than half of third graders are not meeting proficiency requirements for ELA and math.	Increase awareness of early education programs to support learning and school readiness from an early age.
About half of adults 25 and older and mothers in the region have less than a college education.	Promote the benefits of parents becoming active agents in their child's education.

4. Early Learning

Why It Matters

Early care and education (ECE) programs encompass educational programs and strategies designed to improve future school performance for children under the age of eight.[39] Research suggests that the first five years of life are the most crucial stage in children's development, as they undergo the most rapid phase of growth during this period.[40] Research also shows that children's participation in high-quality early care and education environments leads to higher educational achievement later in life. Children who participate in ECE programs are better prepared for kindergarten, have greater success in elementary school, and are more likely to graduate from high school and prosper well into adulthood.[41,42] The quality and type of care provided to children also significantly influences the development of social and behavioral skills.[43]

The adult-to-child ratio for licensed child care centers is set by the ADHS and the Bureau of Child Care Licensing (BCCL) and should not be exceeded. Research suggests that a smaller adult-to-child ratio in child care settings leads to a higher quality of interaction between a child and their caregiver, which in turn leads to better outcomes for young children.[44] On average, services that are delivered in the home have an adult-to-child ratio between 1:5 and 1:6.[45] However, the adult-to-child ratio changes for ADHS-licensed child care centers. State licensing requires specific adult-to-child ratios that depend on the child's age. These requirements impact the ability of child care centers to aid children, and they limit the opportunities for families to access child care services. The requirements also make it difficult to track the number of vacancies and the total number of children enrolled because data can only be collected at a specific point in time to demonstrate enrollment compliance. Although it is difficult to track, understanding the number of children enrolled in early learning can help provide an estimate of the number of children who may be in need of quality early care and education.

Key indicators of early learning that help identify the needs of children include, but are not limited to, the availability of early care and education centers and homes, enrollment in ECE programs, the availability of ECE professionals, costs of child care and availability of child care subsidies or scholarships, and capacity to serve special needs children. Research shows that investments in early childhood programs yield long-term benefits and can reduce crime rates, increase earnings, and encourage education.[46] In addition, this research shows that investments in ECE have long-term health effects and can help prevent disease and promote health.

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[39] *Early Childhood Education. (2016, September 06). Retrieved from http://k6educators.about.com/od/educationalglossary/g/earlychildhoode.htm*

[40] *Early Childhood Education. (n.d.). Retrieved from https://teach.com/what/levels-of-schooling/early-childhood-education/*

[41] *Reynolds, A. J., Temple, J. A., Ou, S. R., Robertson, D. L., Mersky, J. P., Topitzes, J. W., & Niles, M. D. (2007). Effects of a school-based, early childhood intervention on adult health and well-being: A 19-year follow-up of low-income families. Archives of Pediatrics & Adolescent Medicine, 161(8), 730-739.*

[42] *Weiland, C., & Yoshikawa, H. (2013). Impacts of a prekindergarten program on children's mathematics, language, literacy, executive function, and emotional skills. Child Development, 84(6), 2112-2130.*

[43] *Stein, R. (2010, May 14). Study finds that effects of low-quality child care last into adolescence. Retrieved from http://www.washingtonpost.com/wp-dyn/content/story/2010/05/14/ST2010051401954.html?sid=ST2010051401954*

[44] *De Schipper, E. J., Marianne Riksen-Walraven, J., & Geurts, S. A. (2006). Effects of child–caregiver ratio on the interactions between caregivers and children in child-care centers: An experimental study. Child Development, 77(4), 861-874.*

[45] *Child Care Resource and Referral (CCR&R). Meeting Arizona's Childcare Needs: Quality Indications. Retrieved from http://www.arizonachildcare.org/childcare-indicators.html?lang=en*

[46] *Campbell, F., Conti, G., Heckman, J. J., Moon, S. H., Pinto, R., Pungello, E., & Pan, Y. (2014). Early childhood investments substantially boost adult health. Science, 343(6178), 1478-1485.*

What the Data Tell Us

Early Care and Education Programs

There are 18 early care and education centers and homes with a capacity for serving 711 children in the FTF Graham/Greenlee Region.[47] Although the capacity is determined by the square footage of the facility, the facility may not always serve the total number of children they are licensed to aid. The number of children served primarily depends on the center's ability to meet the adult-to-child ratio, which varies by child's age, in order to comply with licensing requirements.

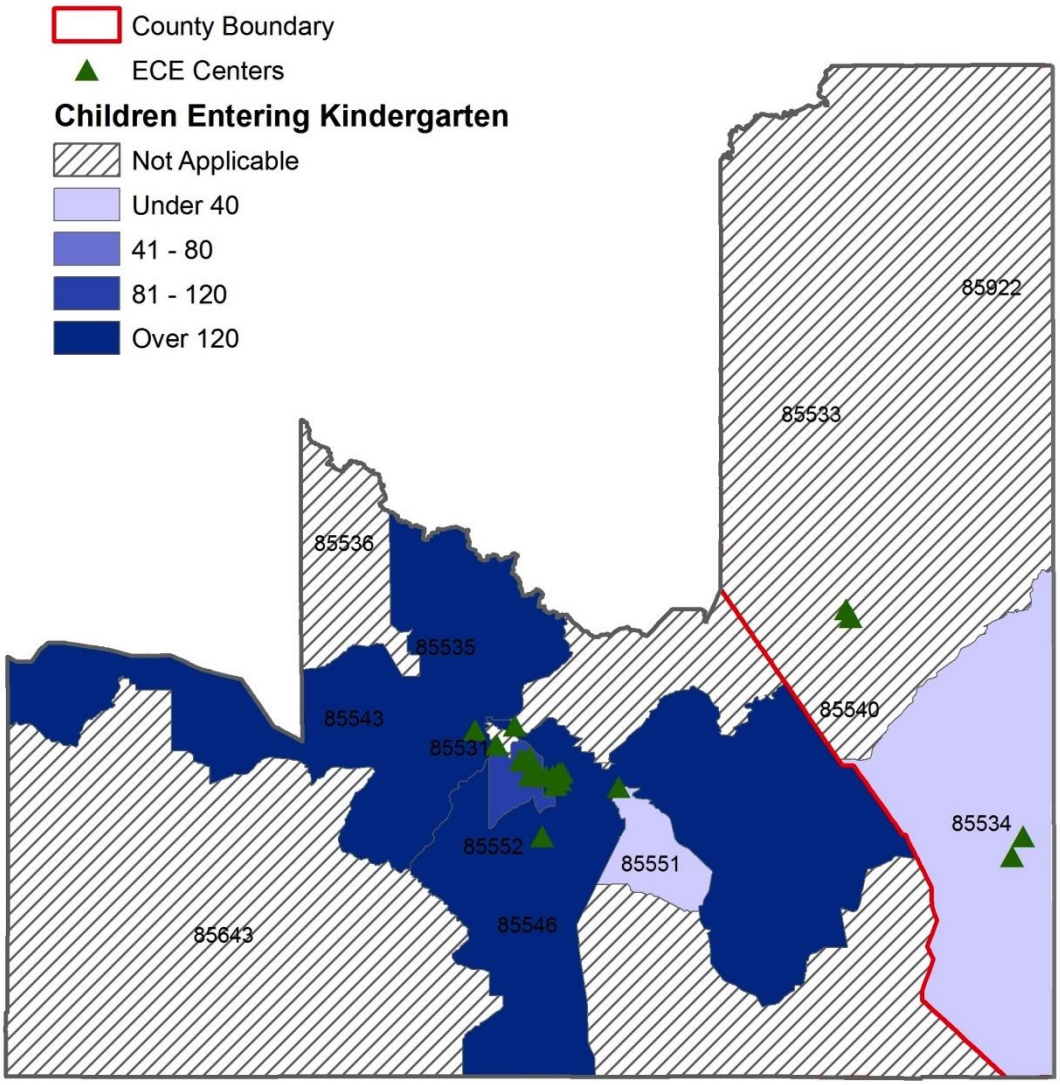
There are **18** early care and education centers and homes in the FTF Graham/Greenlee Region and **3,157** in Arizona.

The capacity of early care and education centers and homes is **711** in the FTF Graham/Greenlee Region and **229,440** in Arizona.

As shown in the map of ECE centers (see Exhibit 4.0), the central part of the region has a higher concentration of children who are entering kindergarten and ECE centers. In comparison to the centrally located areas, the rural areas have both fewer ECE centers and fewer children who are entering kindergarten. These results suggest a need for more ECE centers and resources in the zip codes that fall within the most centralized area in the region.

[47] *Arizona Department of Economic Security (2015). Childcare Providers and Capacity. Provided by AZ FTF.*

Exhibit 4.0 Map of ECE centers and number of children entering kindergarten



Data Source: 2016 Graham/Greenlee Child Care/Pre-School Survey

As previously mentioned, 30% of children between the ages of three and four are enrolled in ECE programs in the FTF Graham/Greenlee Region (see Exhibit 3.4). This is lower than the 47 percent assumed to need child care, given the percent of families where all adults in the household are employed (see Exhibit 2.4). Parents who do not have access to stable child care may find themselves missing work to care for their children or using lower quality care services, such as babysitters, rather than an ECE program. In addition, lack of access to child care has negative effects on families and decreases parents' chances of sustaining employment.[48]

[48] *Greenberg, M. (2007). Next steps for federal child care policy. The Next Generation of Antipoverty Policies, 17, 2. http://www.futureofchildren.org/publications/journals/article/index.xml?journalid=33&articleid=67&sectionid=353*

ECE professionals are tasked with delivering early care and education to young children. The responsibilities of ECE professionals include guiding children (often through play and activities) and instructing the learning process. In addition, they are responsible for shaping the intellectual, social, and emotional development of young children, which are all related to a child's future academic performance.[49] However, a teacher's ability to provide quality care and education depends on various factors, including internal capacity (e.g., adequate training) and external influences (e.g., staff turnover). For example, almost half of teachers (45%) maintain their employment for less than five years. The exception is the 71 percent of Head Start teachers who stay for five or more years, which is likely explained by the fact that Head Start teachers are paid the highest of all ECE providers.[50] For additional data on ECE professionals, see Appendices 4.1–4.5.

About **45%** of Early care and education programs teachers in Arizona are employed less than five years

Head Start and Early Head Start

Head Start and Early Head Start are federally funded programs that promote the school readiness of children ages five and under from low income families. These programs provide comprehensive services to support child development, including early learning, health services, and family well-being and engagement. The Office of Head Start funds agencies in local communities to implement Head Start and Early Head Start programs.[51] Research shows that Head Start children tend to score higher on all domains of cognitive and social-emotional development in comparison to children not enrolled in Head Start.[52] In addition, Head Start children are also more likely to improve their social skills, impulse control, and approaches to learning while concurrently decreasing their problem behaviors – becoming less aggressive and hyperactive over the course of a year.[53]

As of 2016, there is one Head Start program, an Early Head Start program, and an Early Head Start Child Care Partnership program funded by Child-Parent Centers, Inc., the Head Start grantee for five southern Arizona counties: Cochise, Pima, Graham, Greenlee and Santa Cruz Counties. The data presented in this section are aggregated for all five of these counties.

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[49] *Bano, N., Ansari, M., & Ganai, M. Y. (2016). A study of personality characteristics and values of secondary school teachers in relation to their classroom performance and students' likings. Anchor Academic Publishing.*

[50] *First Things First – Arizona's Unknown Education Issue (2013). Early Learning Workforce Trends. Provided by AZ FTF.*

[51] *Head Start Programs. (2016, August 15). Retrieved from http://www.acf.hhs.gov/ohs/about/head-start*

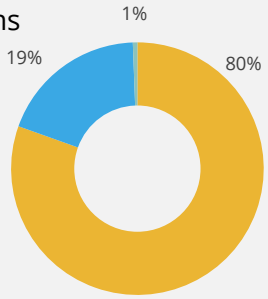
[52] *Head Start impact study: Final report. (2010, January). Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/executive_summary_final.pdf*

[53] *Aikens, N., Kopack Klein, A., Tarullo, L. & W est, J. (2013). Getting ready for kindergarten: Children's progress during Head Start. FACES 2009 report. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.*

In 2016, a cumulative total of 3,249 children enrolled in Head Start and Early Head Start in the southern Arizona counties. Of those enrolled, about 80 percent were enrolled in Head Start and 19 percent were enrolled in Early Head Start (see Exhibit 4.1.). In addition, over half of children enrolled in Head Start (54%) were four year olds (see Exhibit 4.2). The lower enrollment rates of younger children are due to limited availability of Early Head Start services; the Early Head Start program was introduced much later than Head Start nationwide and also requires a higher level of funding due to costs associated with providing high quality infant and toddler care.

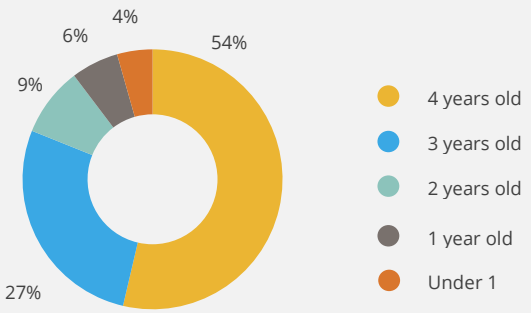
As of 2016, there are four Head Start centers in the region, including Pima, Sierra Bonita (Safford), Duncan, and Palomita. Palomita is also a Quality First early learning center that combines Head Start,

Exhibit 4.1. 2016 Cumulative enrollment in Head Start and Early Head Start programs



Office of Head Start (2016). Head Start Data. Retrieved from: https://hses.ohs.acf.hhs.gov/pir/

Exhibit 4.2. 2016 Cumulative enrollment of children in Head Start and Early Head Start by age*



Office of Head Start (2016). Head Start Data. Retrieved from https://hses.ohs.acf.hhs.gov/pir/
**5 years and older omitted due to suppression guidelines*

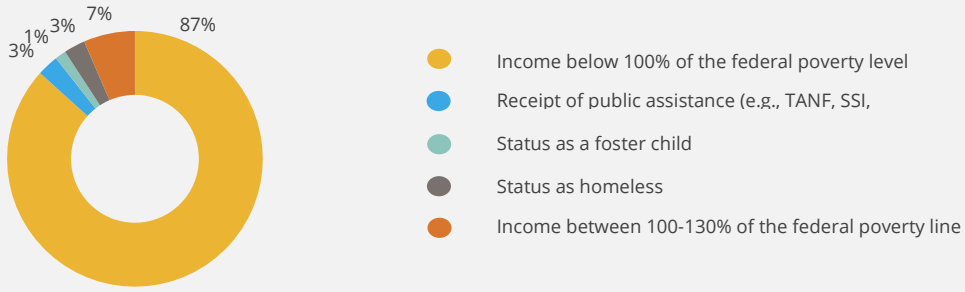
Early Head Start, and child care. There is also one home-based Early Head Start program. Palomita and the home-based Early Head Start program are funded by Easter Seals/Blake Foundation. The data presented in this section are aggregated for all centers.

There are a total of 3,249 children enrolled in Head Start and EHS in the southern Arizona counties. Of those enrolled, about 80 percent are enrolled in Head Start and 19 percent are enrolled in EHS (see Exhibit 4.1.). Over half of children (54%) enrolled in Head Start are four years old (see Exhibit 4.2). The lower enrollment rates of younger children may be due to lack of centers.

Eighty seven percent of children and pregnant women who were eligible for Head Start qualified because their income was below 100 percent of the federal poverty level (see Exhibit 4.3). Additionally, seven percent of children and pregnant women were eligible because their income did not exceed 130 percent of the federal poverty level. Those whose income exceeded 130 percent of the federal poverty line were not eligible to receive services. Although low-income families benefit from their qualification for free early education services through Head Start, there are likely many families that fall outside of

the qualifying income criteria, yet cannot afford high-quality early education programs.

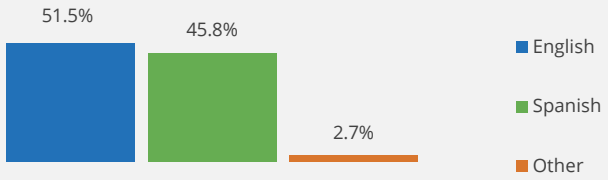
Exhibit 4.3. 2015 Head Start: Distribution by type of eligibility



Office of Head Start (2016). Head Start Data. Retrieved from https://hses.ohs.acf.hhs.gov/pir/

Of the children and families that were enrolled in Head Start, 52 percent reported speaking English and 46 percent reported speaking Spanish (see Exhibit 4.4). The high percentage of Spanish speakers may indicate a need for more early education services in Spanish. (For additional Head Start data for the southern Arizona regions, such as enrollment by race/ethnicity and funded enrollment information, see Appendices 4.6–4.7.)

Exhibit 4.4. 2016 Primary language for children/pregnant women enrolled in Head Start in southern Arizona



Office of Head Start (2016). Head Start Data. Retrieved from: https://hses.ohs.acf.hhs.gov/pir/

Quality of Early Care and Education Programs

Quality First is a signature program of FTF that is designed to improve the quality of early learning for children ages 0 to 5. Quality First partners with early care and education programs and preschools across Arizona to provide coaching and funding meant to improve the quality of their services. Quality First implemented a statewide standard of quality for early care along with star ratings. The star ratings easily allow parents to take quality into consideration when deciding on care providers. The star rating ranges from one to five, and attainment of quality standards begins at three stars. [54] Quality First is about continuous quality improvement. The standards are high, and reaching new quality levels is often a long-term process.

[54] *Arizona First Things First (October 2016). Quality First.*

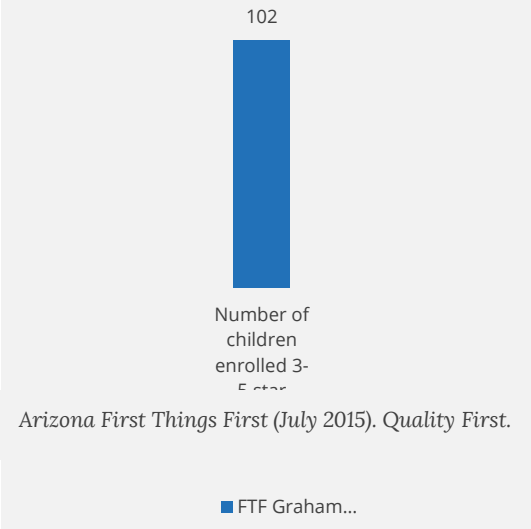
Highest Quality	Far exceeds quality standards
Quality Plus	Exceeds quality standards
Quality	Meets quality standards
Progressing Star	Approaching quality standards
Rising Star	Committed to quality improvement
No Rating	Program is enrolled in Quality First but does not yet have a public rating

In the FTF Graham/Greenlee Region, 102 children are enrolled in 3–5 star centers and homes and less than 25 children with special needs are enrolled in 3–5 star centers (see Exhibit 4.5). Children enrolled in Quality First 3–5 star centers comprise less than 3% of the population of children ages zero to five in the region (see Exhibit 1.2). For additional data on star ratings for centers and providers, see Appendix 4.8.

Costs of Child Care and Access

In addition to supporting improvements in the quality of child care, FTF provides scholarships that low-income children can use to attend quality child care centers. Low-income mothers receiving child care subsidies, a financial assistance, are more likely than other low-income mothers to work, sustain employment, and work longer hours.[48] Further, the negative effects of not accessing child care include the possibility of incurring financial debt, losing time from work, and choosing lower-quality child care that is less stable.

Exhibit 4.5. Quality First Enrollment by Quality First Star ratings in Graham/Greenlee Region



Arizona First Things First (July 2015). Quality First.

Exhibit 4.6. 2014 Median cost per day of early childhood care

	Arizona	District 6*
Cost for one infant Licensed Centers	$42.00	$32.60
Cost for one infant Approved Family Homes	$22.00	$25.00
Cost for one infant Certified Group Homes	$27.00	$25.00
Cost for one child (1–2) Licensed Centers	$38.00	$29.77
Cost for one child (1–2) Approved Family Homes	$20.00	$25.00
Cost for one child (1–2) Certified Group Homes	$25.00	$25.00
Cost for one child (3-5) Licensed Centers	$33.00	$28.00
Cost for one child (3-5) Approved Family Homes	$20.00	$24.00
Cost for one child (3-5) Certified Group	$25.00	$25.00

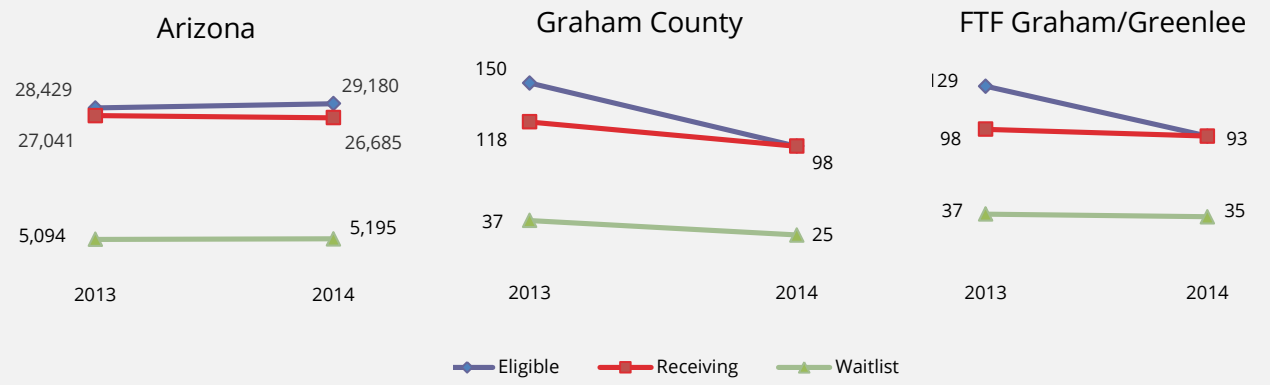
Arizona Department of Economic Security (2014). Child Care Market Rate Survey. Provided by AZ FTF.
** District 6 represents, Cochise, Graham, Greenlee, and Santa Cruz counties*

Across the state and counties of District 6, licensed centers have the highest cost per day, certified group homes have the second highest cost per day, and approved family homes have the lowest cost per day (see Exhibit 4.6). The median cost per day of licensed centers and certified group homes in the counties are slightly lower than the state, while approved family homes in the counties have a higher cost per day than the state. High child care prices likely place a financial strain on families who already report living below the self-sufficiency level.

Based on the median cost per day, the median cost of child care per year for one infant in District 6 is approximately $8,476 a year for licensed centers and approximately $6,500 a year for approved family homes and certified group homes. Licensed centers comprise approximately 12 percent of approved family homes, and certified group homes comprise nearly 9 percent of the regional median income. High costs can be a barrier in affording quality child care, especially for single-female families.

From 2014 to 2015, Graham County and the FTF Graham/Greenlee Region both experienced a decrease in the number of children who were eligible, receiving, or remaining on the waitlist for childcare subsidies (see Exhibit 4.7). In comparison, the state experienced an increase in the number of children who were eligible and remaining on the waitlist, but experienced a decrease in the number of children receiving child care subsidies.

Exhibit 4.7. 2012-2015 number of children eligible, receiving, or on the waitlist for child care subsidies



Arizona Department of Economic Security (2015). Child Care (CCA) Subsidies. Provided by AZ FTF. Provided by AZ FTF.
**Greenlee County omitted due to data suppression*

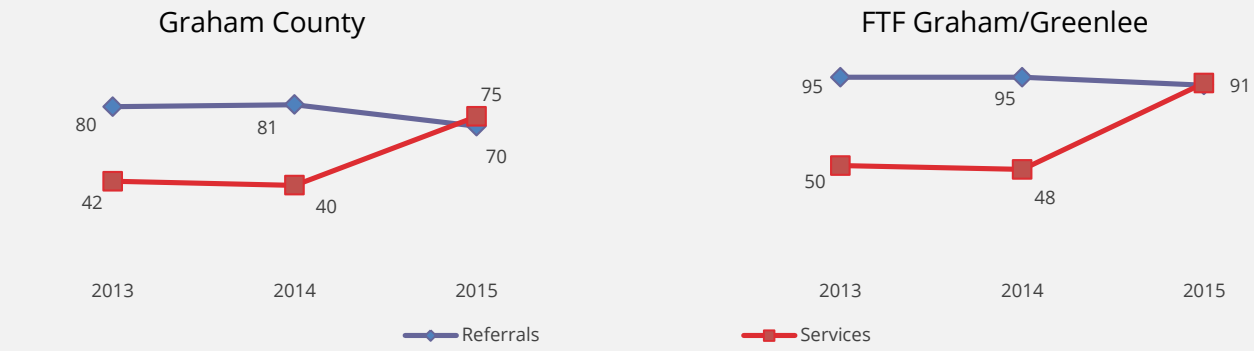
Developmental Delays and Special Needs

Issues in teaching young children with special needs reflect significant changes in public policy and professional philosophy across the nation. Diverse perspectives on how to effectively teach young children with developmental delays and special needs are held.[55] The Individuals with Disabilities Education Act (IDEA) is a law that ensures services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities. Infants and toddlers with disabilities (birth-2) and their families receive early intervention services under IDEA Part C.[56] Children and youth (ages 3–21) receive special education and related services under IDEA Part B. The Arizona Early Intervention Program (AzEIP) is a statewide system that offers services and assistance to families and their children with disabilities or delays under the age of three. The purpose of the program is to intervene at an early stage to help children develop to their highest potential.[57] Children and youth with mild intellectual disabilities are behind in academic skills compared to their peers.[58] Without proper intervention, this can lead to delays in learning to read and performing basic math, which can lead to difficulties in other academic areas that require use of those skills.

From 2013 to 2015, Graham County and the FTF Graham/Greenlee Region both experienced a decrease in the number of children receiving AzEIP referrals and an increase in the number of children receiving AzEIP services (see Exhibit 4.8). In comparison, the State experienced an increase in the number of children receiving AzEIP referrals and services (see Exhibit 4.9).[59]

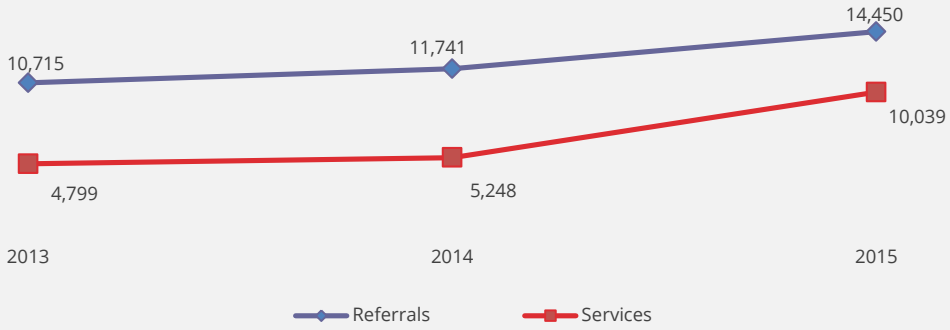
[55] *Dyson, A. (2001). Special needs education as the way to equity: an alternative approach? Suport for Learning, 16, 3.*
[56] *US Department of Education: Office of Special Education and Rehabilitative Services. https://www2.ed.gov/about/offices/list/osers/osep/osep-idea.html*
[57] *ADES, 2016 - https://des.az.gov/services/disabilities/early-intervention/about-arizona-early-intervention-program-azeip*
[58] *Rosenberg, 2013 - http://www.education.com/reference/article/characteristics-intellectual-disabilities/*
[59] *During 2013-2015, Greenlee County has zero AzEIP Referred and Served Children.*

Exhibit 4.8. 2013-2015 children receiving AzEIP referrals and services in Graham County and FTF Graham/Greenlee Region



Arizona Department of Economic Security (2015). AzEIP Referred and Served Children. Provided by AZ FTF.

Exhibit 4.9. 2013-2015 children receiving AzEIP referrals and services in Arizona



Arizona Department of Economic Security (2015). AzEIP Referred and Served Children. Provided by AZ FTF.

To qualify for Division of Developmental Disabilities (DDD) services, an individual must have a cognitive disability, cerebral palsy, autism, epilepsy, or be at risk for a developmental disability. Children under the age of six are eligible if they show significant delays in one or more of these areas of development: physical, cognitive, communication, social–emotional, or self-help.[60] From 2012 to 2015, the number of children receiving referrals for developmental screenings through DDD in Graham County increased from 0 to 13, while the number of children receiving referrals in Greenlee County remained at zero (see Exhibit 4.10). In comparison, the state and the FTF Graham/Greenlee Region both experienced an increase in the number of children receiving referrals.

[60] *Arizona Department of Economic Security (2015). Division of Developmental Disabilities Criteria for Children Birth to Age 6 (200-H). Retrieved from: https://des.az.gov/sites/default/files/200-Requirements-for-Division-Eligibility.pdf*

Exhibit 4.10. 2013-2015 children receiving referrals for DDD services

Year	Arizona	Graham County	Greenlee County	FTF Graham/Greenlee Region
Total referrals for screenings				
2012	2,832	<10	<10	13
2013	3,587	<10	<10	11
2014	4,283	<10	<10	13
2015	4,453	13	<10	29

Arizona Department of Economic Security (2015). Division of Developmental Disabilities. Provided by AZ FTF.

Exhibit 4.11. 2013-2015 children receiving screenings for services

Year	Arizona	Graham County	Greenlee County	FTF Graham/Greenlee Region
Total screenings for services				
2012	1,401	<10	<10	<10
2013	1,045	<10	<10	<10
2014	943	<10	<10	<10
2015	1,196	<10	<10	13

Arizona Department of Economic Security (2015). Division of Developmental Disabilities. Provided by AZ FTF.

From 2012 to 2015, the number of children ages zero to two receiving services decreased for the state, Graham County, and the FTF Graham/Greenlee Region (see Exhibit 4.12). In comparison, Greenlee County remained under ten. During the same time frame, the number of children ages three to five receiving services slightly increased for Graham County and the FTF Graham/Greenlee Region, but remained under ten for Greenlee County (see Exhibit 4.12). In comparison, the state experienced a slight decrease in the number of children ages three to five receiving services. To see the number of service visits by unduplicated count, see Appendix 4.9.

Exhibit 4.12. 2013-2015 children receiving services

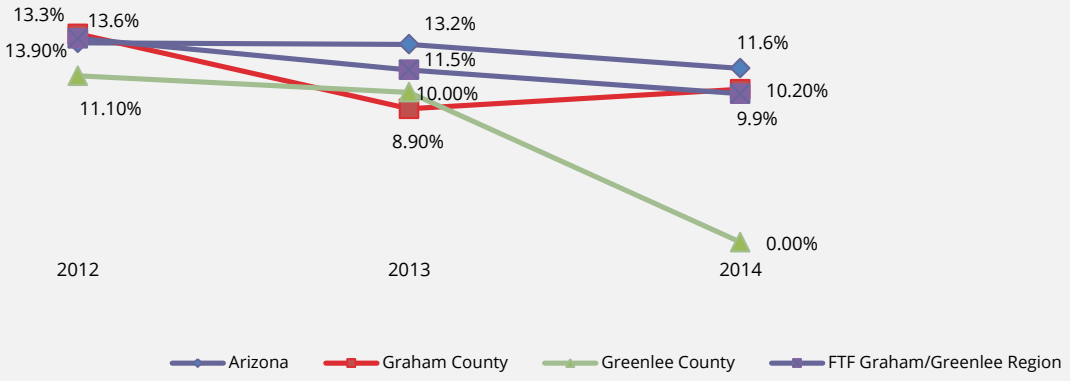
Year	Arizona	Graham County	Greenlee County	FTF Graham/Greenlee Region
Total number of children (ages 0-2) receiving services				
2012	2,646	20	<10	26
2013	2,693	12	<10	16
2014	2,341	<10	<10	<10
2015	2,336	13	<10	15
Total number of children (ages 3-5) receiving services				
2012	2,563	10	<10	11
2013	2,600	11	<10	13
2014	2,533	11	<10	15
2015	2,540	11	<10	16

Arizona Department of Economic Security (2015). Division of Developmental Disabilities. Provided by AZ FTF.

Special Education

The small percentage of students who participate in preschool special education, but no longer require special education in kindergarten, decreased from 2012 to 2014 for the state, Graham County, Greenlee County, and the FTF Graham/Green Region (see Exhibit 4.13). However, Greenlee County experienced the highest decrease in the percentage of students transitioning out of preschool special education to regular kindergarten. There are several potential factors influencing the change in percentage of students transitioning out of preschool special education to regular kindergarten, including the requirements for reporting the number of individualized education plans (IEP) reported to the state to account for special education and the fact that Greenlee County has a lower percentage of children living in the region.

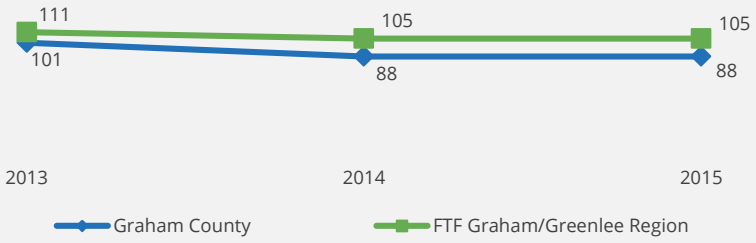
Exhibit 4.13. Percentage of students transitioning out of special education between preschool and kindergarten



Arizona Department of Education (2015). Special Education. Provided by AZ FTF.

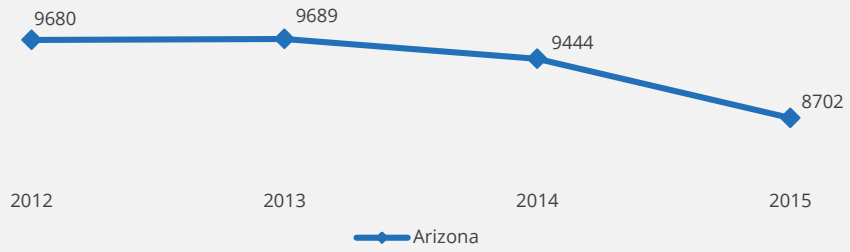
From 2012 to 2014, the total number of preschool children identified with developmental disabilities through the Department of Education decreased by nearly three percent for Graham County and by almost four percent in the FTF Graham Greenlee Region (see Exhibit 4.13). The percent of preschool children with disabilities increased by seven percent in Greenlee County from 2012 to 2014, suggesting either a need for more early intervention referrals and services to meet the needs of children, or an overall decline in the percentage of students living in the county. Similarly, the state also experienced a decrease of preschool children with disabilities during the same period (See Exhibit 4.14. Note that Greenlee county data were less than 25 per year and are suppressed in the exhibit.) The most common type of disabilities for preschool children were developmental delays and speech/language impairments (See Exhibit 4.15). (For further information on disabilities, including types of disabilities of preschool children and Head Start children, types of speech/language and hearing service providers, and information on Individual Family Service plans, see Appendices 4.10–4.13.)

Exhibit 4.14. Total number of preschool children with disabilities.



Arizona Department of Education (2015). Special Education. Provided by AZ FTF.

Exhibit 4.15. Total number of preschool children with disabilities



Arizona Department of Education (2015). Special Education. Provided by AZ FTF.

ECE Provider Survey

In 2016, FTF distributed a survey to 26 local Graham/Greenlee region ECE providers, including non-FTF funded providers and private preschool providers. The goal of the survey was to learn more about young children's preschool experience before they begin kindergarten. A total of 24 ECE providers from across the region completed the survey, 33 percent of whom participate in Quality First.

Collectively, providers reported that a total of 479 children in their care would be entering kindergarten the following school year and, of those, 82 were participating in their program at least 28 hours per week. When asked to report on what school district(s) children in their program/care usually attend, respondents reported that the top three schools districts include: Thatcher (70%), Safford (65%), and Pima (52%), followed by Solomon (9%), Duncan (4%), and Morenci (4%). About half of respondents reported having the capacity to serve children with special needs (see Exhibit 4.16).

Exhibit 4.16. Percent of ECE provider respondents able to serve children under five years old with special needs.

Special Need	Percent Able to Serve Children 0-5 With Special Needs (*n* =24)
Physical (blind, cerebral palsy, deaf)	41.7% (*n* = 10)
Emotional/Behavioral (depression, anxiety, aggression)	51.2% (*n* = 13)
Developmental (speech, motor, developmental delay)	51.2% (*n* = 13)

Arizona First Things First (2016). Graham/Greenlee Child Care/Preschool Survey.

The majority of respondents (63%) reported using AZ Early Childhood Learning Standards to guide their curriculums and programs. Most respondents (88%) reported that their organization develops their own activities that they revise and reuse over the years (see Exhibit 4.17). Respondents also shared that their facility offers pre-school instruction on most day and that the most common times are Tuesday through Thursday for three to four hours (see Exhibit 4.18).

Exhibit 4.17. Distribution of ECE provider respondents use of activities and materials.

	Percent of Child Care/Preschools (*n* = 24)
I/our program purchased a curriculum	25.0% (*n* = 6)
I/our program has developed activities over the years that we revise and reuse	87.5% (*n* = 21)
I/our program uses a specific approach such as Montessori or Reggio Emilia	20.8% (*n* = 5)

Arizona First Things First (2016). Graham/Greenlee Child Care/Preschool Survey.

Exhibit 4.18. Distribution of ECE provider days and hours when pre-school instruction is offered.

Days Provided for Pre-school Instruction	Hours Provided for Pre-school Instruction			
	1–2 hours	3-4 hours	5-6 hours	6 or more hours
Monday (*n* = 24)	25.0% (*n* = 6)	20.8% (*n* = 5)	12.5% (*n* = 3)	4.2% (*n* = 1)
Tuesday (*n* = 24)	29.2% (*n* = 7)	37.5% (*n* = 9)	20.8% (*n* = 5)	4.2% (*n* = 1)
Wednesday (*n* = 24)	33.3% (*n* = 8)	41.6% (*n* = 10)	16.7% (*n* = 4)	4.2% (*n* = 1)
Thursday (*n* = 24)	33.3% (*n* = 8)	33.3% (*n* = 8)	20.8% (*n* = 5)	4.2% (*n* = 1)
Friday (*n* = 24)	16.7% (*n* = 4)	8.3% (*n* = 2)	12.5%(*n* = 3)	4.2% (*n* = 1)

Arizona First Things First (2016). Graham/Greenlee Child Care/Preschool Survey.

Exhibit 4.19 Number of provider who reported participating in Quality First

	Percent Participating in Quality First (*n* = 24)
Yes	33.3% (*n* = 8)
No	62.5% (*n* = 15)

Arizona First Things First (2016). Graham/Greenlee Child Care/Preschool Survey.

EARLY LEARNING HIGHLIGHTS

Overall, the region has a limited capacity to serve the needs of children under the age of five who need early education, referrals and services. To date, there are 18 ECE centers and homes with a capacity of 711 children in the FTF Graham/Greenlee Region. About 30 percent of three and four year olds are enrolled in ECE programs, which is less than the 47 percent who are likely to need child care. The majority of children (54%) enrolled in Head Start are four years old. In addition, licensed centers across District 6 have the highest cost per day, certified group homes have the second highest cost per day, and approved family homes have the lowest cost per day. As for child care subsidies, fewer children are becoming eligible, fewer are receiving child care subsidies, and fewer are remaining on the waitlist, yet the majority of single-mothers live below the self-sufficiency standard. Referrals for screenings from the DDD are increasing for the region while AzEIP referrals are slightly decreasing. However, the number of preschoolers with disabilities is decreasing in the region.

Below are key findings that highlight the early learning assets, needs, and data-driven considerations for the FTF Graham/Greenlee Region.

Assets	**Considerations**
The region has preschool centers and homes with three to five star ratings that are part of the FTF Quality First program.	Increase parent awareness of the availability of preschool centers and homes that are part of the Quality First program.

Needs	Considerations
ECE centers need more qualitied professionals who can stay in positions for more than five years.	Consider providing incentives, such as professional development and networking opportunities, for quality early childhood professionals to retain their skills in the early childhood field and reduce staff turnover.
Child care subsidies awarded in the region are scarce.	Help community stakeholders understand the importance of child care subsidies.

5. Child Health

Why It Matters

Ensuring healthy development through early identification and treatment of children's health issues helps prepare children for school.[61] In addition, helping families understand healthy developmental pathways and proactive prevention ensures that children are healthy, which in turn supports children's school readiness. There are many health factors that impact the well-being of children ages 0 to 5 and their families. The availability of resources and services for families is one key factor that contributes to their overall health. For example, during prenatal care visits, expecting mothers are provided information and resources that promote a healthy pregnancy and that increase the healthy development of their child. At a routine prenatal visit, physicians often remind expectant mothers of the importance of abstaining from substance use, maintaining a healthy diet, and the benefits of breastfeeding. Discussing risky health behaviors can be very important since they may influence a baby's development. For example, being overweight during pregnancy has been associated with many negative health consequences, such as miscarriages, pre-term birth, low-birth weight, birth defects, lower IQ, hypertension, diabetes, and developmental delays.[62]

Engaging in healthy preventive practices, such as breastfeeding and vaccinating children during early childhood, may help protect children from negative health outcomes and developmental delays. Breastfeeding provides children with the nutrition they need early in life.[63] Children who have not been vaccinated are at a higher risk of contracting diseases and tend to have more health issues later in life. Research has found that it is important for children to receive their immunizations early in life because children under the age of five are at the highest risk of contracting severe illnesses, as their bodies have not yet built a strong immune system.[64] Another factor that may impact health outcomes, but that may be deemed less important by parents, is early oral health. According to the Center for Disease Control and Prevention (CDC), tooth decay is one of the most chronic diseases in children.[65] Tooth decay can cause infections that can spread to multiple teeth and may affect a child's growth. Fortunately, tooth decay is also one of the most preventable diseases in children.

[61] *Schools & Health (2016). Impact of Health on Education. Retrieved from http://www.schoolsandhealth.org/pages/Anthropometricstatusgrowth.aspx*
[62] *The State of Obesity, N.D). Prenatal and Maternal Health. Retrieved from http://stateofobesity.org/prenatal-maternal-health/*
[63] *Office on Women's Health (2014). Why breastfeeding is important. Retrieved from https://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html*
[64] *Centers for Disease Control and Prevention (2016). Infant Immunizations. Retrieved from http://www.cdc.gov/vaccines/parents/parent-questions.html*
[65] *Center for Disease Control and Prevention Division of Oral Health (n.d) Oral Health Care. Retrieved from http://www.cdc.gov/oralhealth/children_adults/child.htm*

Healthy People 2020 in Focus

Healthy People 2020 set 10-year national objectives for improving the health of all Americans. Healthy People established these benchmarks to encourage collaborations across communities and sectors, to empower individuals toward making informed health decisions, and to measure the impact of prevention activities. This chapter provides an overview of the health indicators for the FTF Graham/Greenlee Region that highlight the well-being of children ages 0 to 5 and their families. Below are highlights of key objectives and targets for Healthy People 2020 that align with data presented in this chapter.

Objectives	Target
Increase the proportion of persons with medical insurance	100 percent
Increase the proportion of persons with a usual primary care provider	83.9 percent
Reduce the rate of all infant deaths (within one year)	6.0 infant deaths per 1,000 live births
Reduce total preterm births	11.4 percent
Increase the proportion of pregnant women who receive prenatal care beginning in first trimester	77.9 percent
Increase the proportion of infants who are breastfed at six months	60.6 percent
Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity	20.1 percent
Reduce the proportion of adults who are obese	30.5 percent
Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese	14.5 percent
Increase the contribution of total vegetables to the diets of the population aged two years and older	1.16 cup equivalent per 1,000 calories
Increase the proportion of children, adolescents, and adults who used to oral health system in the past year	49.0 percent

Tell Us

Access to Health Services

Access to health services is related to well-being. Therefore, lack of access to health care, and most importantly to affordable health care, is a major impediment to receiving proper care and is a problem that disproportionately affects women living in poverty, places their children at risk for health issues even before birth, and perpetuates health disparities.[66] Consequently, lack of medical attention negatively impacts a child's ability to grow and thrive. As both a suburban and rural region, some residents may have limited transportation and may be geographically isolated from a health service provider. Additionally, lack of affordable health coverage poses an additional challenge for community members to overcome. Such barriers are exacerbated by the lack of financial resources that are needed to travel from remote areas to areas where providers are located.[67]

Exhibit 5.1. 2015 ratio of population (all ages) to primary care providers, by PCA

Location	Ratio-Population: Provider
Statewide	449:1
Graham County	592:1
Primary Care Area	
Thatcher	409:1
Safford	1,039:1
Greenlee County	812:1
Primary Care Area	
Morenci	812:1

Arizona Department of Health Services (2015). Primary Care Area Statistical Profiles. Retrieved from http://www.azdhs.gov/prevention/health-systems-development/data-reports-maps/index.php#statistical-profiles-pca

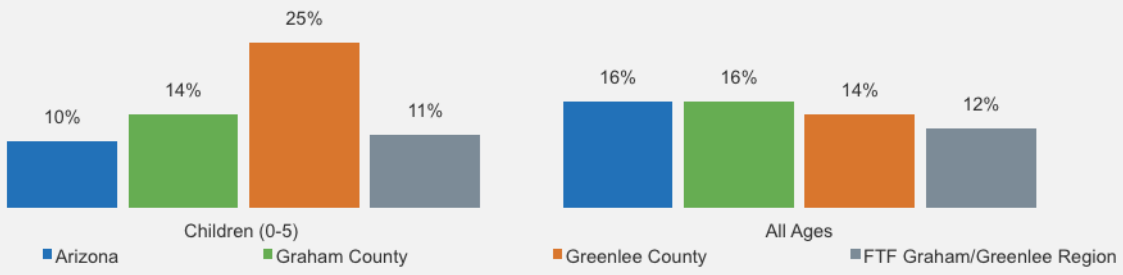
[66] *LaVeist, Gaskin and Richard (2009). The Economic Burden of Health Inequalities in the United States. Joint Center for Political and Economic Studies.*

[67] *Rural Health Information Hub (n.d.). Healthcare Access in Rural Communities Introduction. Retrieved from https://www.ruralhealthinfo.org/topics/healthcare-access*

Overall, there is access to providers and healthcare in both Greenlee and Graham counties. The ratio of population to primary caregivers is almost double compared to the state in some areas of the region, such as Safford in Graham county and Morenci in Greenlee county (see Exhibit 5.1). This shows a possible unmet need in these areas for health care providers. Additionally, in 2014, 11 percent of children ages 0 to 5 in the FTF Graham/Greenlee Region reported not having any health insurance (see Exhibit 5.2). In Greenlee County there are 10 percent more children without health insurance compared to Graham County (see Exhibit 5.2). This may place children's health at risk, especially when parents do not have sufficient funds to take them to see a doctor.

Despite having to travel to receive health care, most families (83%) in the FTF Graham/Greenlee Region report taking their children to regular doctor visits.[68] These data suggest that even though

Exhibit 5.2. Estimated percentage without health insurance



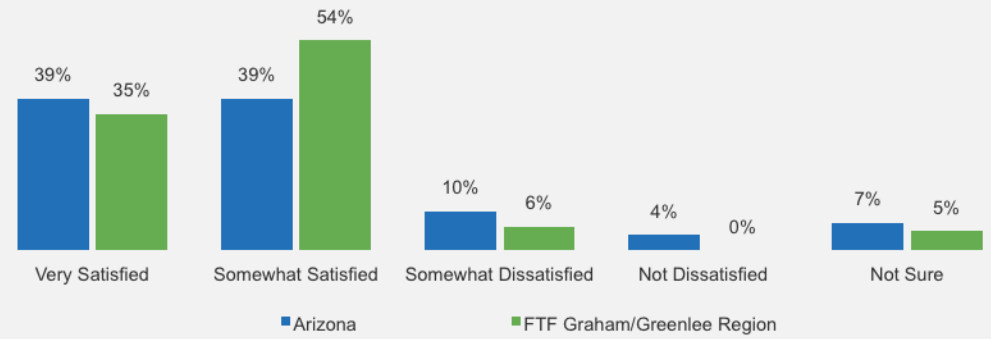
U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B27001; generated by AZ FTF; using American FactFinder; <http://factfinder2.census.gov>.

there might be a local lack of care, families manage to drive to remote areas to ensure access to healthcare. Further, when asked about the perception of services available in the region, 89 percent of parents reported being "somewhat" or "very satisfied" with the resources available to support their child's healthy development (see Exhibit 5.3). That is, according to most parents, there are resources in the region. (Additional information regarding health access is provided in Appendices 5.1–5.8.)

83% of parents report taking their child (ren) to the same doctor's office regularly.

[68] *Arizona First Things First (2012). Family and Community Survey.*

Exhibit 5.3. Parents satisfied with the community information and resources available about children's development and health



Arizona First Things First (2012). Family and Community Survey.

Prenatal Care

Lack of prenatal care is associated with many negative health issues for both mother and child.[69] Research shows that children of mothers who did not obtain prenatal care were three times more likely to have low birth weight and five times more likely to experience fatal outcomes than those born to mothers who did receive prenatal care.[70] In addition, studies show that women who are at the highest risk of not receiving prenatal care are unwed mothers and mothers younger than 19 years old.[71, 72] Educational attainment increases the likelihood of mothers receiving prenatal care such that the higher a mother's educational attainment, the more likely she is to seek prenatal care.[73] It is important that mothers seek and receive prenatal care at an early stage in their pregnancy to treat and prevent any health issues that may occur.[74]

Healthy People 2020 aims to bring the proportion of pregnant women receiving prenatal care in the first trimester to 77.9 percent.[75]In the FTF Graham/Greenlee Region, the rate of mothers who are receiving prenatal care during their first trimester has slightly decreased from 2011 to 2014 (see Exhibit 5.4), yet the rate of mothers who did not receive any prenatal care has been lower than two percent from 2009 to 2014.[76] This suggests that mothers are waiting until later stages of pregnancy to seek prenatal care. Additionally, only 37 percent of parents in the Graham/Greenlee Region reported

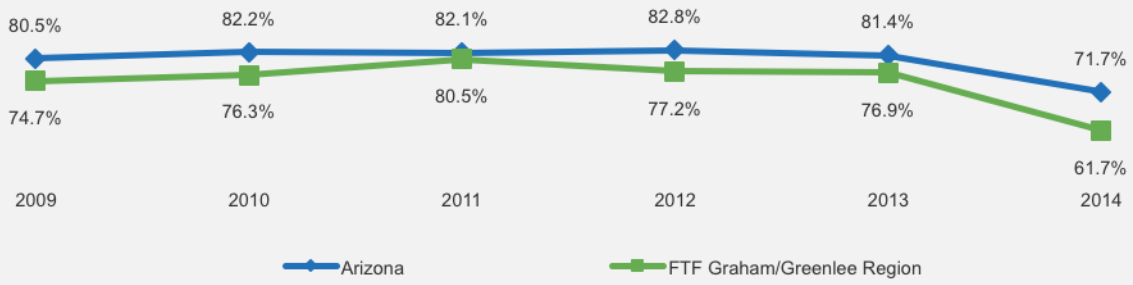
[69] *Prenatal Care Effects Felt Long After Birth. (n.d.). Retrieved from http://toosmall.org/blog/prenatal-care-effects-felt-long-after-birth*
[70] *Womens Health (n.d.). Prenatal care fact sheet. Retrieved from https://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html#b*
[71] *Center for Disease Control and Prevention (n.d). Vital Statistics Online. Retrieved from http://www.cdc.gov/nchs/data_access/vitalstatsonline.htm*
[72] *Institute of Medicine (US) Committee to Study Outreach for Prenatal Care; Brown SS, editor. Prenatal Care: Reaching Mothers, Reaching Infants. Washington (DC): National Academies Press (US); 1988. Chapter 1, Who Obtains Insufficient Prenatal Care? Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK217693/*
[73] *National Center for Health Statistics (1994). Vital and Health Statistics: Data from the National Vital Statistics System. Retrieved from https://books.google.com/books?id=zlFPAQAAIAAJ&pg=RA2-PA19&lpg=RA2PA19&dq=lack+of+prenatal+care+linked+with+mothers+educational+attainment&source=bl&ots=ilqp_JVnA&sig=SQBGbmtlhOG9JNrgFLEjMOVkt90&hl=en&sa=X&ved=0ahUKEwjM6vH_6vfPAhWCjlQKHWRjCwkQ6AEIVDAH#v=onepage&q&f=false*
[74] *Womens Health (n.d.). Prenatal care fact sheet. Retrieved from https://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html#b*
[75] *Healthy People 2020. About Health People Retrieved from https://www.healthypeople.gov/2020/About-Healthy-People*

[76] *Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.*

believing they could impact their child's brain during the prenatal period.[77] This may indicate a lack of knowledge of the influence of health care, the quality of health care, and the effect of early parental engagement on a child's growth and development. There is also a need for continued outreach and education about the importance of prenatal care to reach the women who did not start prenatal care in the first trimester.

In 2014, a new version of the birth certificate introduced major changes in the way prenatal care by trimester is assessed. The month when prenatal care began is no longer directly reported but rather calculated using the date of last menstrual period and the date of the first prenatal care visit. Due to this structural change prenatal care is not comparable between 2013 and 2014 onward.

Exhibit 5.4. Percentage of women who began prenatal care in first trimester.



Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.

In the FTF Graham/Greenlee Region, the percent of babies who were born with medical risks was on the rise in 2009 to 2013 (see Exhibit 5.6). In addition, the percent of births with complications and the percent of babies born with abnormal conditions stayed 10% higher than the state average in 2009 to 2013 (see Exhibit 5.7 and Exhibit 5.8, respectively). In 2014, the percent of infants in the FTF Graham/Greenlee Region who were born with medical risks (14.4%), had births with complications (5.9%), or were born with abnormal conditions (5.2%) sharply dropped.[78] This drop may be due to changes in data collection and definitions, as the 2014 definition of medical risks did not include cardiac disease, lung disease, or other medical conditions that previously were included. Similar changes were made to births with complications and abnormal condition definitions.

[77] *Arizona First Things First (2012). Family and Community Survey.*
[78] *Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.*

Exhibit 5.6. Percent of newborn babies who were born with medical risks

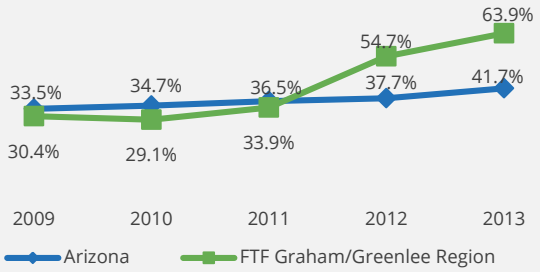
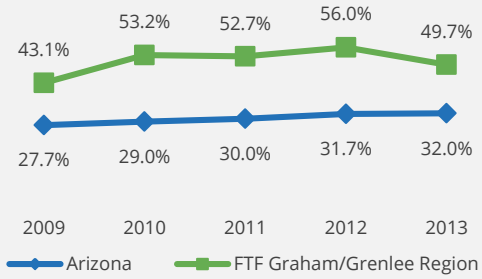
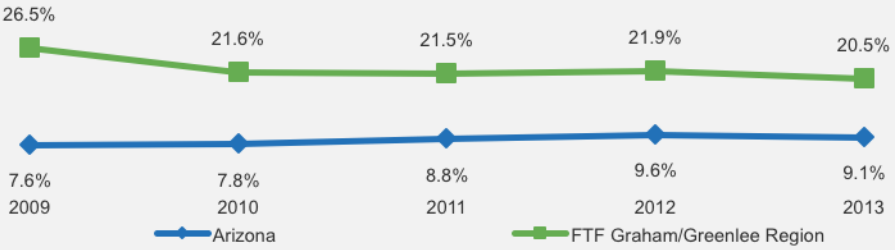


Exhibit 5.7. Percent of births with complications of labor and delivery



Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.

Exhibit 5.8. Percent of babies with abnormal conditions



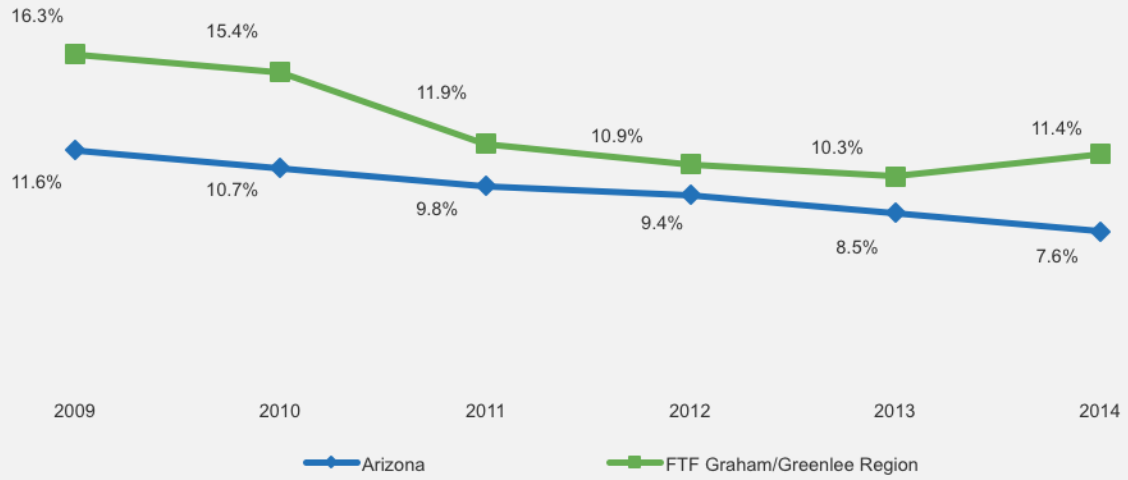
Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.

Over 90 percent of mothers in the FTF Graham/Greenlee Region reported not drinking or smoking during their pregnancy, and the number of infants born with drug withdrawal symptoms held steady at less than 25 infants.[79, 80] This indicates a high rate of public awareness about the risks of using substances while pregnant.

Additional factors that place mothers at risk of not receiving prenatal care, such as teen pregnancy, being a single mother, or having lower education levels, have decreased or remained steady over the past few years. In the FTF Graham/Greenlee Region, the percentage of teen mothers decreased from 2009 to 2013, though it was still slightly higher than the state (see Exhibit 5.9). As previously reported in the educational indicator chapter, in 2014, 52% of mothers in the region had a high school education or less (see Exhibit 3.11). However, the percent of single mothers was 6% lower than the state in 2014.[81] (Additional details regarding prenatal care is provided in Appendices 5.9–5.13.)

[79] *Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.*
[80] *Arizona Department of Health Services (2014). Drug withdrawal syndrome in infants of dependent mothers by race/ethnicity and county of residence. Retrieved from http://azdhs.gov/plan/hip/index.php?pg=drugs*
[81] *Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.*

Exhibit 5.9. Percentage of mothers who are 19 years old or younger



Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.

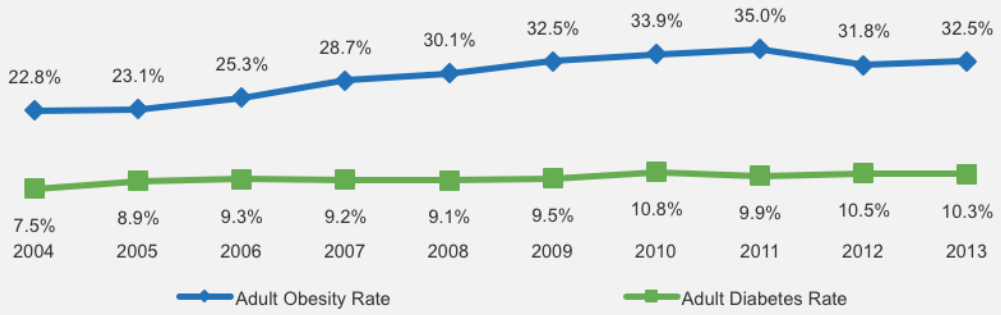
Obesity

Obesity is a growing problem that places people at risk for multiple health conditions, including diabetes, cancer, and heart disease.[82] Diabetes is also associated with many negative complications, such as blindness, kidney failure, and amputation of limbs.[83]

According to the College of Obstetricians and Gynecologists (ACOG), mothers who are obese during pregnancy are at risk of developing gestational diabetes, preeclampsia, and sleep apnea.[84] According to the CDC, diabetes and obesity can be prevented by increasing physical activity and by maintaining a healthy diet.[85] In Graham County, the percentage of obese adults has increased from 23 percent to 33 percent between 2004 to 2013 (see Exhibit 5.10). Similarly, in Greenlee County, the percentage of obese adults has increased from 24 percent to 35 percent between the years 2004 to 2013 (see Exhibit 5.11). Within the same timeframe, the percent of diabetes among adults has increased in Graham County and Greenlee County (see Exhibit 5.10 and Exhibit 5.11).

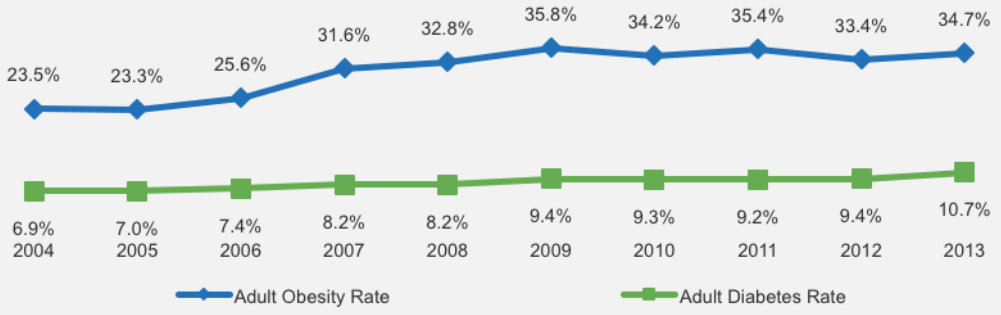
[82] *Center for Disease Control and Prevention. (n.d.). Adult Obesity Facts. Retrieved from https://www.cdc.gov/obesity/data/adult.html*
[83] *Chronic Disease Prevention and Health Promotion. (n.d.). Diabetes At A Glance Reports. Retrieved from http://www.cdc.gov/chronicdisease/resources/publications/aag/diabetes.htm*
[84] *ACOG (2016). Obesity and Pregnancy. Retrieved from http://www.acog.org/Patients/FAQs/Obesity-and-Pregnancy*
[85] *Chronic Disease Prevention and Health Promotion. (n.d.). Diabetes At A Glance Reports. Retrieved from http://www.cdc.gov/chronicdisease/resources/publications/aag/diabetes.htm*

Exhibit 5.10. Percentage of adults with obesity or diabetes in Graham County



Centers for Disease Control and Prevention (2013). Diagnosed Diabetes.
Centers for Disease Control and Prevention (2013). Obesity.

Exhibit 5.11. Percentage of adults with obesity or diabetes in Greenlee County

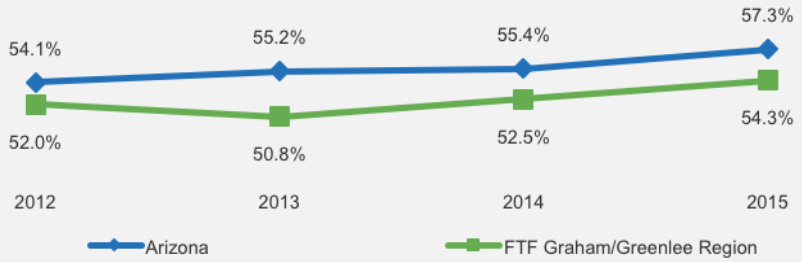


Centers for Disease Control and Prevention (2013). Diagnosed Diabetes.
Centers for Disease Control and Prevention (2013). Obesity.

In the FTF Graham/Greenlee Region and in the state as a whole, over 50 percent of mothers who received services reported from WIC being overweight pre-pregnancy (see Exhibit 5.12). Such findings may be related to data that suggest over 31 percent of the population in Greenlee County and over 70 percent in Graham County have low access to grocery stores (see Exhibit 2.17). Furthermore, there are very few recreation and fitness facilities where residents of Graham and Greenlee can stay active.[86] The combination of having few grocery stores and places where residents can engage in fitness activities may contribute to the increasing percentages of mothers and children who are obese or who have diabetes in the FTF Graham/Greenlee Region. Head Start reports that 34 percent of children enrolled across the five Southern Arizona counties, including Graham and Greenlee, are considered overweight or obese.[87] Additional information regarding obesity is provided in Appendices 5.14–5.16.

[86] *United States Department of Agriculture and Economic Research Service (2012). Food Environment Atlas.*
[87] *Office of Head Start (2016). Head Start Data. Retrieved from: https://hses.ohs.acf.hhs.gov/pir/*

Exhibit 5.12. Percent of mother's overweight or obese pre-pregnancy



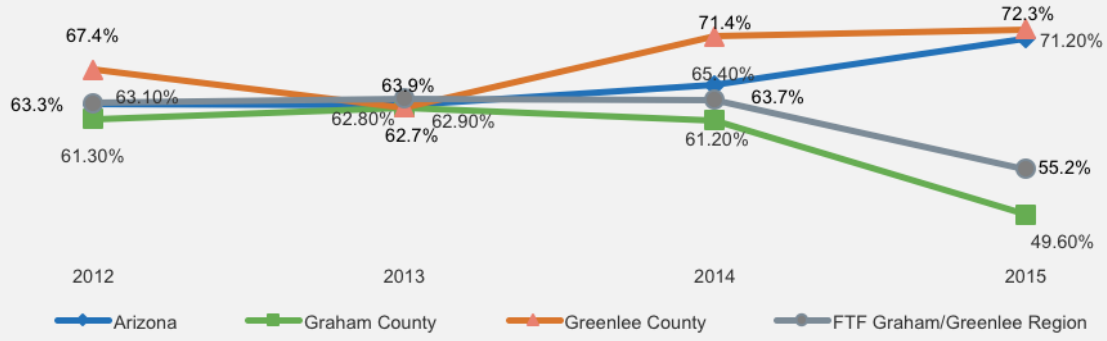
Arizona Department of Health Services (2015). Women, Infants & Children (WIC). Provided by AZ FTF.

Engaging in Healthy Preventive Practices

Many doctors recommend that mothers breastfeed for the first six months after giving birth. Breast milk has antibodies that prevent babies from getting ill, which has been shown to decrease the likelihood of babies becoming obese.[88] In addition, vaccinations can protect children from measles, mumps, and whooping cough, all of which are severe illnesses potentially fatal to young children.[89] Lastly, being vaccinated is not only a protective factor for the individual, but also for the community's immunity. [90]

For the FTF Graham/Greenlee Region women enrolled in WIC, the breastfeeding rates have decreased between 2012 to 2015 (see Exhibit 5.13). This may be due to the drop in breastfeeding in Graham County, which was 22.7 percent lower than in Greenlee County in 2015 (see Exhibit 5.13). Having an entire generation raised with limited, if any, breast milk will likely place new challenges on the early health care system.

Exhibit 5.13. Percent of WIC mothers who breastfeed their infant on average at least once a day



Arizona Department of Health Services (2015). Women, Infants & Children (WIC). Provided by AZ FTF.

In the FTF Graham/Greenlee Region, the percent of children who are exempt from immunizations for

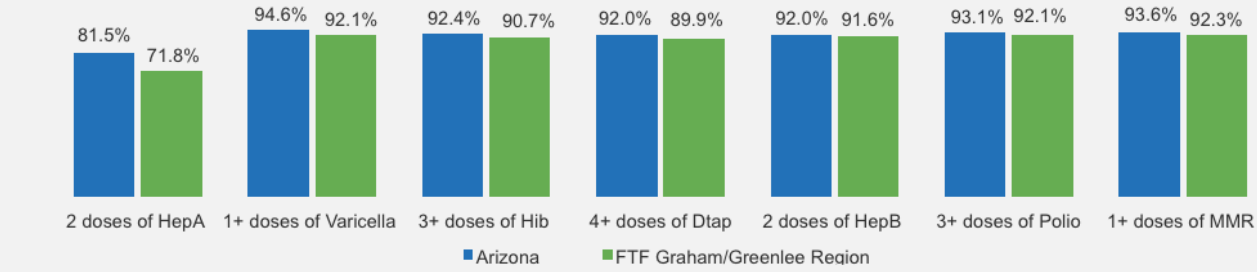
[88] *Office on Women's Health (2014). Why breastfeeding is important. Retrieved from https://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html*
[89] *Basic Vaccines (2016). Importance of Vaccines. Retrieved from http://www.vaccineinformation.org/vaccines-save-lives/*
[90] *U.S Department of Health and Human Services (2016). Community Immunity. Retrieved from http://www.health.ny.gov/prevention/immunization/vaccine_safety/*

religious or medical reasons are lower than the state overall (See Exhibit 5.14). Compared to the state, the FTF Graham/Greenlee Region has higher rates of children who received Polio, Hib, MMR, HepB, and varicella immunizations (see Exhibit 5.15. For more information on immunization see Appendix 5.17).

Exhibit 5.14. Percent of children in child care and kingergarten that have been exempt from receiving immunizations

Immunization Data Reports (2015). Provided by AZ FTF.

Exhibit 5.15. Percent of child immunizations recieved by type of immunization



Immunization Data Reports (2015). Provided by AZ FTF.

Oral Health

Severe forms of tooth decay can have negative effects on a child's speech and jaw development, and they can cause malnourishment, anemia, and even life-threatening infections.[91, 92] Fortunately, tooth decay is among the most preventable of diseases. It can be prevented by using fluoridated water, by brushing and flossing teeth, by regularly attending dentist visits (starting at age 1), and by mothers practicing good oral health care during pregnancy.

The Healthy Smiles Healthy Bodies Survey was designed to obtain information on the prevalence and

66% of parents indicated their child(ren) regularly visited the same dental provider

Of the parents who have AHCCCS insurance, **22%** reported that their child(ren) do not have dental insurance.

[91] *National Children's Oral Health Foundation (2015). Facts About Tooth Decay. Retrieved from http://www.ncohf.org/resources/tooth-decay-facts/*
[92] *Raising Children Network. (n.d.). Tooth decay. Retrieved from http://raisingchildren.net.au/articles/tooth_decay.html*

severity of tooth decay among Arizona's kindergarten children. In addition, the survey collected information on behavioral and demographic characteristics associated with this condition. Healthy Smiles Healthy Bodies included the following primary components: (1) a dental screening and (2) an optional parent/caregiver questionnaire. During the 2014–2015 school year, Healthy Smiles Healthy Bodies collected information from children at 84 non-reservation district and charter schools throughout Arizona. A total of 3,630 kindergarten children in Arizona received a dental screening. In the FTF Graham/Greenlee Region, 174 children received a dental screening.[93] The parent/caregiver questionnaire was optional and was returned for only 44% (N= 1,583) of the children screened. Because of this, information obtained from the questionnaire may not be representative of the state or region.

Healthy Smiles Healthy Bodies sampled children in kindergarten and third grade. District and charter elementary schools with at least 20 children in kindergarten were included in the sampling frame. The following were excluded from the sampling frame: (1) alternative, detention, and state schools for the deaf and the blind; and (2) schools located in tribal communities (based on the ADHS list of tribal communities). To ensure a representative sample from every county and FTF region, the sampling frame was initially stratified by county. Where a county included more than one FTF region (Maricopa and Pima), the sampling frame was further stratified by FTF region. This resulted in 21 sampling strata, 13 county-level strata, two FTF strata within Pima County, and six FTF strata within Maricopa County. Within each stratum, schools were ordered by their National School Lunch Program (NSLP) participation rate. A systematic probability proportional to size sampling scheme was used to select a sample of five schools per stratum.

Although the original sample was representative of the state, not all schools participated, which may bias the results. The percentage of children eligible for the NSLP was 58% for schools in the sampling frame but was 72% for schools that participated, suggesting that lower income schools were more likely to participate. Given that lower income children have more disease, this survey may overestimate the prevalence of disease in the non-tribal communities in the state. Another limitation was the exclusion of tribal communities, resulting in small sample sizes for the American Indian and Alaska Native population.

The parent/caregiver questionnaire was optional and was returned for only 44% (N=1,583) of the children screened. Because of this, information obtained from the questionnaire may not be representative of the state. In addition, the information was self-reported and may be affected by both recall and social desirability bias. Because of small sample sizes, caution should be taken when interpreting results at the regional and county level.

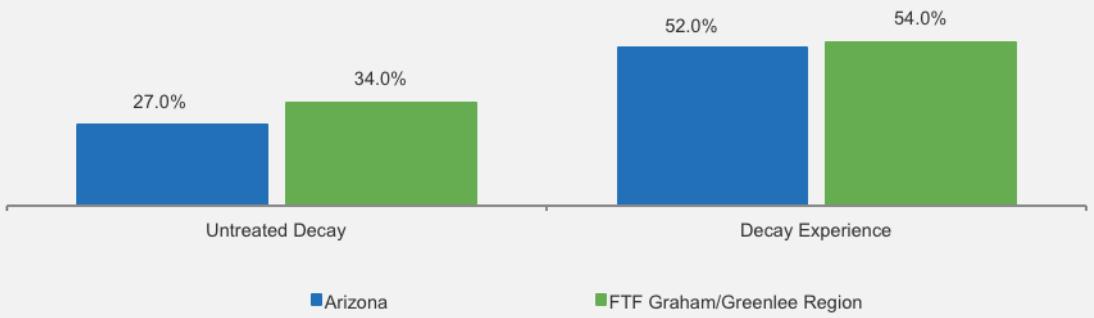
In the FTF Graham/Greenlee Region, 82 percent of survey respondents reported having some type of dental insurance, which is six percent higher than the state (76%).[94,95] Of the Healthy Smiles Healthy Bodies respondents, almost half (48%) had AHCCCS insurance yet many (22%) were unaware that

[93] *The parent/caregiver questionnaire was optional and was returned for only 44% (n = 1,583) of the children screened. Because of this, information obtained from the questionnaire may not be representative of the state. In addition, the information was self-reported and may be affected by both recall and social desirability bias. Because of small sample sizes, caution should be taken when interpreting results at the regional and county level.*
[94] *Arizona First Things First (2016). Oral Health Report.*
[95] *Ibid.*

AHCCCS includes dental benefits for their children[96]

Additionally, over half of (66%) of Family and Community Survey respondents reported that they regularly take their children to dental visits.[97] However, over 50 percent of Healthy Smiles Health Bodies survey respondents reported their children still suffer from tooth decay (see Exhibit 5.17). Furthermore, in 2014, about half of the residents living in Arizona did not have access to fluoridated public water systems.[98] Additional information regarding oral health Head Start is provided in Appendix 5.18.

Exhibit 5.17. Children who have experienced tooth decay



Arizona First Things First (2016). Oral Health Report.

[96] *Arizona First Things First (2016). Oral Health Report.*
[97] *Arizona First Things First (2012). Family and Community Survey.*
[98] *Fluoride Action Network (2014). State Fluoride Database. Retrieved from http://fluoridealert.org/researchers/states/arizona/*

CHILD HEALTH HIGHLIGHTS

The FTF Graham/Greenlee Region is maintaining certain healthy behaviors while also requiring more attention to several behaviors. For example, the majority of children in the region are fully child vaccinated, most parents (83%) reported taking their child to regular doctor visits, and over 90 percent of mothers reported not drinking or smoking during pregnancy. On the contrary, most families lack access to provider and healthcare centers, mothers are waiting until after the first trimester to seek prenatal care, obesity and diabetes are on the rise, and families have limited, if any, access to recreational and grocery facilities.

Providing outreach and education to families regarding health services in the FTF Graham/Greenlee Region is a viable start to setting a healthy direction for this region. In addition, the region may require some systems-level change to support maintaining a healthy lifestyle that mitigates the increasing rates of obesity and diabetes.

Below are key data trends that highlight the health needs and data-driven considerations for the region.

Assets	Considerations
Over 90 percent of mothers reported not drinking or smoking during pregnancy	Increase knowledge of the community's success at decreasing smoking during pregnancy.
The majority of children in the region are fully vaccinated.	Continue to promote healthy preventive behaviors like receiving immunizations.

Needs	
There is a need for more education on prenatal child development.	Promote outreach and education regarding prenatal care, especially targeting teen mothers.
Education on the importance of proper oral hygiene and oral care is vital for the well-being of the young children and their families.	Promote good oral health through other programs, such as home visitation.
There is a rise in obesity and diabetes that requires more knowledge about the preventive measures young children and their families can engage in to become healthy and thrive.	Help the community realize the benefits of consuming nutritional food and engaging in exercise.

6. Family Support and Literacy

Why It Matters

The first five years of life have a significant impact on children's intellectual, social, and emotional development. Research shows that parents have a profound impact on their child's development during this time period.[99] Further, support for young families is an essential piece of achieving kindergarten readiness and long-term success for children. FTF supports families through home visitation and parent outreach and education programs. Evidence-based parenting education and supports to improve parenting practices can reduce stressors and can lead to enriched child development and reduction of removals of children from their homes.

Given the importance of the first years of life on children's development and the role that parents can play, it is crucial that parents understand their child's needs and use effective parenting techniques while raising their child. Gaining more knowledge about parenting and child development allows parents to improve their parenting practices and provide their children with the experiences they need to succeed in kindergarten and beyond.[100]

Furthermore, the adverse effects of the trauma of children being removed from their parents and placed in foster care are well-documented. Early abuse and neglect have been shown to affect neurodevelopment and psychosocial development and potentially impact long term mental, medical and social outcomes.[101] Children exposed to domestic violence or who are victims of abuse or neglect are at increased risk of experiencing depression and anxiety and are more disposed to physical aggression and behavior problems.[102]

Understanding the impact of trauma has led to identifying opportunities that both prevent and mitigate these adverse effects through family support services like home visitation and parent education, as well as through prioritizing out-of-home placements with family members or foster families before congregate care. Given the negative outcomes associated with children who enter the system or are exposed to trauma or violence at a young age, it is important to understand the prevalence of these experiences in the Graham/Greenlee Region to provide the necessary support for children and their families.

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[99] *Center for the Study of Social Policy (2013). Knowledge of Parenting and Child Development. Retrieved from http://www.cssp.org/reform/strengthening-families/2013/SF_Knowledge-of-Parenting-and-Child-Development.pdf*
[100] *Center for the Study of Social Policy (2013). Knowledge of Parenting and Child Development. Retrieved from http://www.cssp.org/reform/strengthening-families/2013/SF_Knowledge-of-Parenting-and-Child-Development.pdf*
[101] *Putnam, F. (2006). The impact of trauma on child development. Juvenile and Family Court Journal. 57 (1) 1-11.*
[102] *Evans, S. E., Davies, C., & DiLillo, D. (2008). Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. Aggression and violent behavior, 13(2), 131-140.*

What the Data Tell Us

Parent Knowledge

FTF developed a phone-based survey for parents and caregivers throughout the state. The Family and Community Survey was designed to measure many critical areas of parent knowledge, skills, and behaviors related to their young children. The survey contained over 60 questions, some of which were drawn from the national survey, What Grown-Ups Understand About Child Development. Survey items explored multiple facets of parenting. The FTF Family and Community Survey had six major areas of inquiry:

- Early childhood development
- Developmentally appropriate child behavior
- Child care and sources of parenting advice and support
- Family literacy activities
- Perceptions of early childhood services
- Perceptions of early childhood policies

A total of 3,708 parents with children under six (FTF's target population) responded to the 2012 survey. The majority of respondents (83%) were the child's parent. The remaining respondents were grandparents (13%) or other relatives (4%). In the FTF Graham/Greenlee Region, 100 parents participated in the survey.

The sample data were weighted so that it would match the population of the state on four characteristics: Family income, educational attainment, sex, and race–ethnicity. Data was weighted at both the statewide level to arrive at the Arizona results and at the regional level to arrive at the regional results. Please note that regional estimates are necessarily less precise than the state estimates (i.e. small differences observed may be due to sampling variability).

As previously reviewed in the health section, only about one-third of respondents (37%) in the FTF Graham/Greenlee Region understand that they can significantly impact their child's brain development prenatally, compared to 32 percent of respondents statewide. Similarly, results also showed that 35 percent of respondents in the region understand that an infant can take in and react to the world around them right from birth, which is the same as the statewide number. Slightly more than half of respondents (54%) in the region understand that a baby can sense whether or not his parent is depressed or angry and can be affected by his parents' mood from birth to one month. Almost all respondents in the region (98%),

97.7% *of parents understand that the first year of life has a major impact on school performance*

35.0% *of parents understand that babies can really take in and react to the world*

36.8% *of parents understand that they impact their child's brain development*

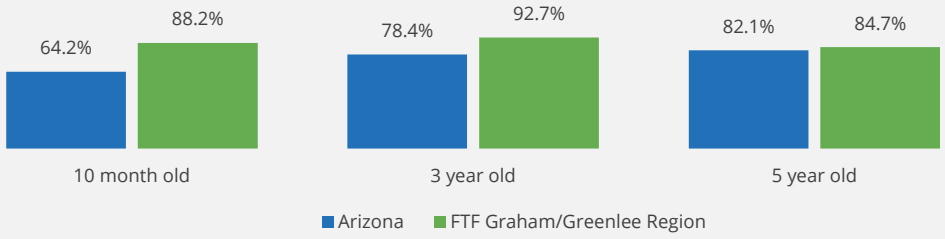
53.5% *of parents understand that babies can sense when parent is depressed or angry*

understand that the first year of life has a major impact on school performance, which is 15% higher than the statewide number.[103] This indicates that while most parents may understand the importance of early child development, survey results indicate that not all parents are aware of all of the stages of development and the impact they have on their child, beginning prenatally.

Over three-quarters of respondents in the state of Arizona (78%) and FTF Graham/Greenlee Region (84%) understand that a child's capacity for learning is not set from birth and can be increased or decreased by parental interaction. Survey results also show that over half of respondents (59%) understand that children receive a greater benefit from talking to a person in the same room compared to hearing someone talk on the TV. Additionally, 99 percent of respondents in the FTF Graham/Greenlee Region understand emotional closeness can strongly influence a child's intellectual development, which is three percent higher than the state.[104]

In the FTF Graham/Greenlee Region parents also understand the importance of play for young children of all ages. More than 80 percent of respondents recognize the crucial importance of play for children who are 10 months old, 3 years old, and 5 years old. All of these are higher in the FTF Graham/Greenlee Region than the state (see Exhibit 6.1).

Exhibit 6.1. Percent of parents that understand the crucial importance of play for children of different ages



Arizona First Things First (2012). Family and Community Survey.

[103] *Arizona First Things First (2012). Family and Community Survey.*
[104] *Arizona First Things First (2012). Family and Community Survey.*

84.1% *of parents understand that a child's capacity for learning is not set from birth*

59.0% *of parents understand that children benefit from talking to a person in the same room compared to the TV*

98.6% *of parents understand that emotional closeness influences a child's intellectual development*

The FTF Family and Community Survey also asked respondents about their understanding of age appropriate behaviors and expectations for children. A series of questions asked about a scenario where a child walks up to the TV and begins to turn the TV on and off repeatedly. More than three-quarters of respondents in the region correctly identified that this behavior likely means that the child wants to get her or his parents' attention or enjoys learning about what happens when buttons are pressed. Additionally, 80 percent correctly responded that it is not at all likely that the child is angry at her parents (see Exhibit 6.2).

Exhibit 6.2. Parent understanding of child behaviors in the FTF Graham/Greenlee Region

If a child walks up to the TV and begins to turn the TV on and off repeatedly, how likely is it that…	Very likely	Somewhat likely	Not at all likely	Not sure
The child wants to get the parents' attention	36.2%	38.1%	20.4%	5.2%
The child enjoys learning about what happens when buttons are pressed	99.5%	0.5%	0.0%	0.0%
The child is angry at her or his parents for some reason or is trying to get back at them	14.4%	5.7%	79.9%	0.0%

Arizona First Things First (2012). Family and Community Survey.

The FTF Family and Community Survey assessed parent or caregiver perceptions around "spoiling" their child. About 75 percent of survey respondents in the region correctly responded that a 15-month-old baby should not be expected to share toys with other children and more than 80 percent correctly responded that a three-year-old child should not be expected to sit quietly for an hour or so. Although more than half of respondents correctly responded about appropriate behaviors for children, only one-third (33%) correctly responded that a six-month-old is too young to spoil. Over half of respondents correctly identified as appropriate behavior picking up a three-month-old every time he or she cries and letting a two-year-old get down from the dinner table to play before the rest of the family is finished (see Exhibit 6.3).

75.4 Percent of respondents said a 15-month-old baby should not be expected to share her toys with other children

81.4 Percent of respondents said a three-year-old child should not be expected to sit quietly for an hour or so

32.9 Percent of respondents said a six-month-old is too young to spoil

Exhibit 6.3. Parent understanding of appropriate and spoiling behavior with their child in the FTF Graham/Greenlee Region

Please rate the following behavior, on the part of a parent or caregiver, as appropriate, or as something that will likely spoil a child, if done too often	Appropriate	Will likely spoil the child	Not sure
Picking up a three-month-old every time she cries	59.1%	25.1%	15.8%
Letting a two-year-old get down from the dinner table to play before the rest of the family	70.5%	27.1%	2.4%
Letting a five-year-old choose what to wear to school every day	73.6%	23.7%	2.8%

Arizona First Things First (2012). Family and Community Survey.

Less than half of respondents or other family members in the FTF Graham/Greenlee Region reported reading, drawing, or telling stories and singing songs to their children six or seven days a week.[105]

Read stories to your child/children

44.1% 1–5 *days a week*
48.2% 6 *or* 7 *days a week*

Scribble/pretend to draw

46.3% 1–5 *days a week*
45.1% 6 *or* 7 *days a week*

Tell stories or sing songs

46.5% 1–5 *days a week*
42.4% 6 *or* 7 *days a week*

About half of respondents in the FTF Graham/Greenlee Region indicated that they have more than 100 books in their home (54%) and 100 or more children's books in their home (49%). Both of these numbers are higher than the statewide numbers.[106]

[105] *Arizona First Things First (2012). Family and Community Survey.*
[106] *Arizona First Things First (2012). Family and Community Survey.*

54.4% *of parents reported having 100 or more books in their home*

49.0% *of parents reported having 100 or more children's books in their home*

**Books include library books and e-books*

Child Abuse and Domestic Violence

Maltreatment of children during early childhood has been shown to negatively affect child development, including cognitive development, attachment, and academic achievement.[107] Research shows that family support services, like home visiting, can improve parenting skills and home environments, which are likely associated with improved child well-being and decreases in maltreatment over time.[108]

From October 2014 to September 2015 there were 357 reports of maltreatment of children under age 18 in Graham and Greenlee counties (357 in Graham County and 10 in Greenlee County).[109] Of those, 31 cases of child abuse and neglect were substantiated by the Department of Child Services, with the majority of these being neglect cases (see Exhibit 6.4). During the same period, there were 18,657 children under 18 already in foster placement in Arizona and 12,754 children under 18 who entered out-of-home care, such as foster care, kinship care, or residential and group care, including 135 in Graham County (see Exhibit 6.5).

Exhibit 6.4 Substantiated cases of child abuse and neglect in fiscal year 2015

	Arizona	Graham County	Greenlee County
Total	5,461	31	0
Neglect	4,519	22	0
Physical abuse	712	7	0
Sexual abuse	125	2	0

[107] *Child Welfare Information Gateway. Retrieved from https://www.childwelfare.gov/topics/can/impact/development/*
[108] *Howard, K.& Brooks-Gunn, J. (2009). The Role of Home-Visiting Programs in Preventing Child Abuse and Neglect. The Future of Children 19 (2) 119-146.*
[109] *Arizona Department of Child Services (2015). Child Welfare Reporting Requirements Semi-Annual Report. Retrieved from https://dcs.az.gov/sites/default/files/SEMIANNUAL-CHILD-WELFARE-REPORTING-REQUIREMENTS-4-15-9-15_FINAL-Revised.pdf*

Emotional abuse	5	0	0

Arizona Department of Child Services (2015). Child Welfare Reporting Requirements Semi-Annual Report. Retrieved from https://dcs.az.gov/sites/default/files/SEMIANNUAL-CHILD-WELFARE-REPORTING-REQUIREMENTS-4-15-9-15_FINAL-Revised.pdf

Exhibit 6.5 Children under 18 years old in foster placements and entering out-of-home care in fiscal year 2015 between Oct 2014 to Sept 2015

	Arizona	Graham County	Greenlee County
Children under 18 in foster placements	18,657	N/A*	N/A*
Children under 18 entering out-of-home care	12,754	135	0

** Data not available at county level*
Arizona Department of Child Services (2015). Child Welfare Reporting Requirements Semi-Annual Report. Retrieved from https://dcs.az.gov/sites/default/files/SEMIANNUAL-CHILD-WELFARE-REPORTING-REQUIREMENTS-4-15-9-15_FINAL-Revised.pdf

In all of Graham and Greenlee counties there is only one domestic violence shelter and in 2015 it served a total of 210 people and provided over 25,000 hours of support services (see Exhibit 6.6).

Exhibit 6.6 Domestic violence shelters, people served, and hours of support services provided

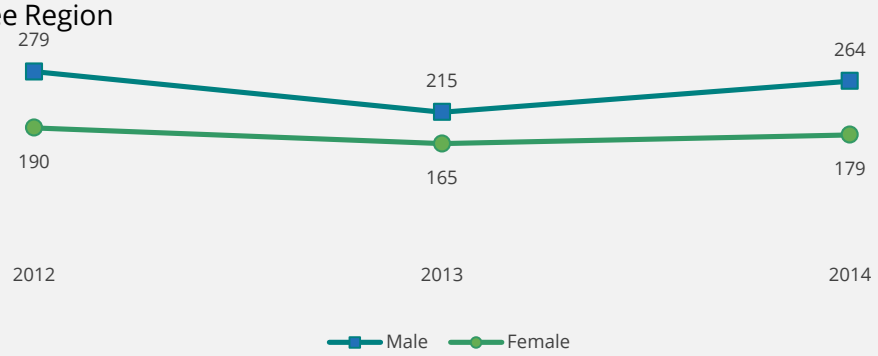
	Arizona	Graham County	Greenlee County
Number of domestic violence shelters	31	1	0
Number of adults served	3,862	125	N/A
Number of children served	3,705	85	N/A

Hours of support services provided	144,025	26,520	N/A
Average length of stay in emergency shelter (days)	39	26	N/A

Arizona Department of Economic Security (2015). Domestic Violence Shelter Fund Report. Retrieved from https://des.az.gov/services/basic-needs/domestic-violence-program

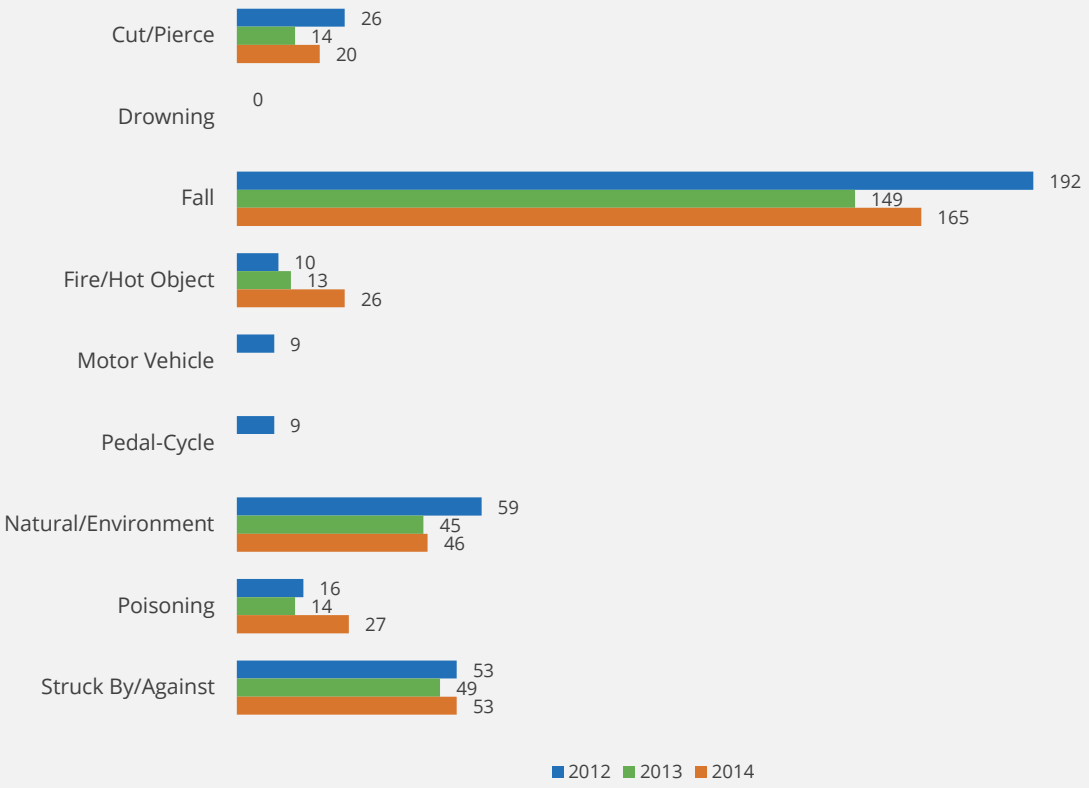
In the FTF Graham/Greenlee Region the number of children ages zero to five that went to the emergency department for a non-fatal injury stayed relatively constant from 2012 to 2014, with a decrease in 2013. During this time period, male children were more likely to be injured than female children and the most common reasons for visiting the emergency department were falls (see Exhibit 6.7 and Exhibit 6.8).

Exhibit 6.7. Non-fatal emergency department visits for children 0-5 in the FTF Graham/Greenlee Region



Arizona Department of Health Services (March2016). Unintentional Injuries in Children 0-5, Arizona 2012-2014. Provided AZFTF

Exhibit 6.8. Non-fatal emergency department visits by type of injury for children 0-5 in the FTF Graham/Greenlee Region*



Arizona Department of Health Services (March2016). Unintentional Injuries in Children 0-5, Arizona 2012-2014. Provided AZFTF

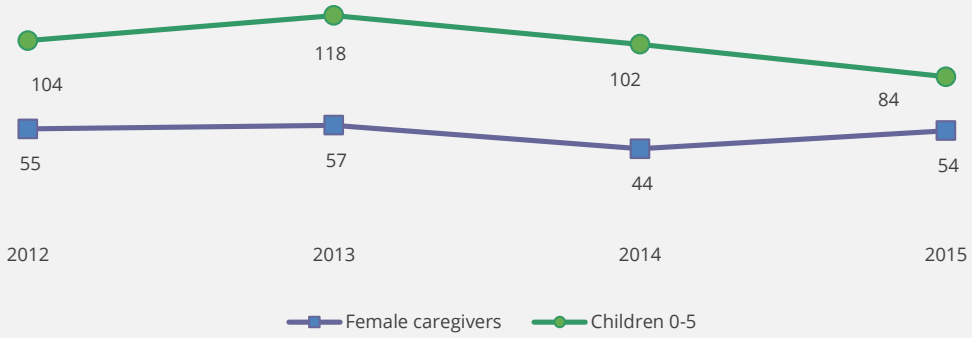
†Data for drowning, motor vehicle, and pedal-cycle are suppressed for 2013 and 2014 because they are counts less than six

Behavioral Health Services

Behavioral health focuses on the promotion of family well-being through the prevention or intervention of mental health issues, such as depression or addiction. Children of parents with mental health issues often grow up in inconsistent and unpredictable family environments and are at risk for developing social, emotional, and/or behavioral problems.[110] The behavioral health services discussed in this section include behavioral health day programs, crisis intervention services, inpatient services, medical services, rehabilitation services, support services, and treatment services. In the FTF Graham/Greenlee Region in 2015, 54 female caregivers and 84 children ages zero to five received behavioral health services from the Arizona Department of Health Services. Behavioral health services provided include behavioral health day programs, crisis intervention services, inpatient services, medical services, rehabilitation services, support services, and treatment services. Exhibit 6.9 and Exhibit 6.10 show the variation in the number of female caregivers and children served over the years.

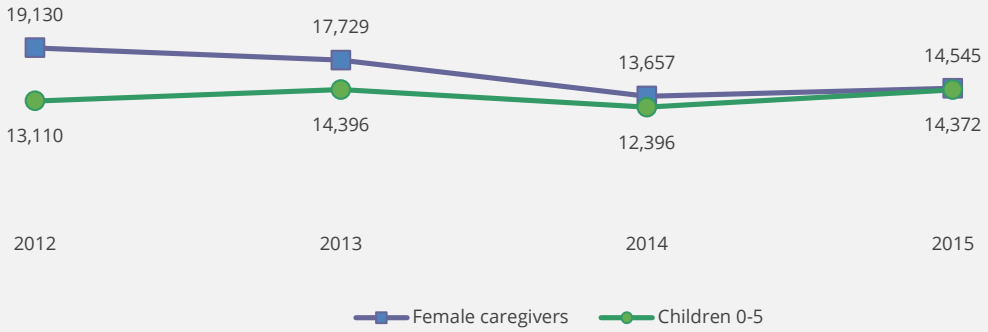
[110] *Mental Health America. Retrieved from http://www.mentalhealthamerica.net/parenting*

Exhibit 6.9 Number of female caregivers and children receiving behavioral health services in FTF Graham/Greenlee Region



Arizona Department of Health Services (2014). Behavioral Health. Provided by AZ FTF.

Exhibit 6.10 Number of female caregivers and children receiving behavioral health services in Arizona

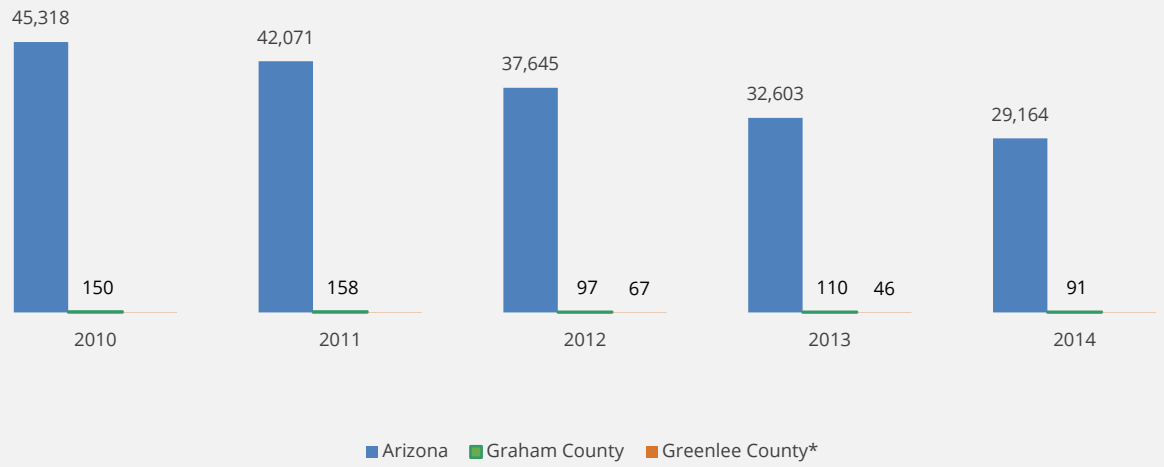


Arizona Department of Health Services (2014). Behavioral Health. Provided by AZ FTF.

Juvenile Arrests and Substance Use

The number of juvenile arrests for children ages 8 to 17 has decreased consistently from 2010 to 2014 (see Exhibit 6.11). See Appendix 6.1 and 6.2 for additional information on the type and number of arrests for Arizona.

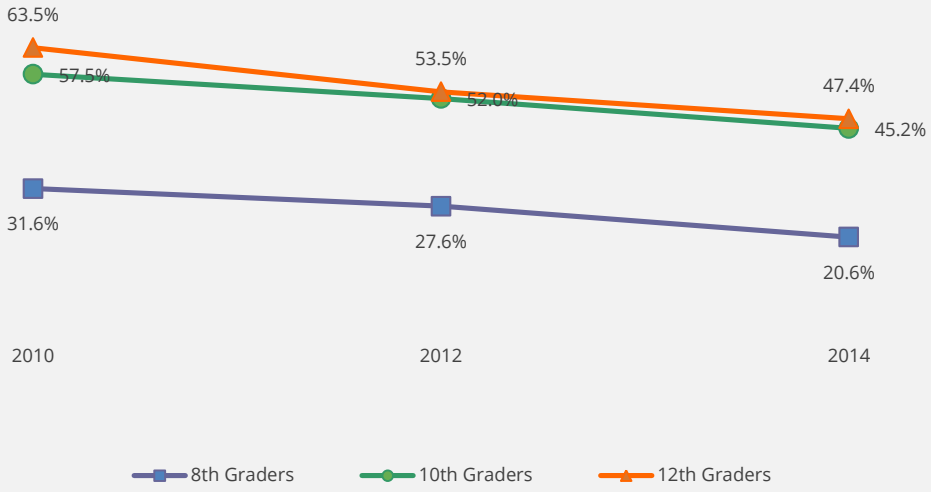
Exhibit 6.11. Arrests of children ages 8 to 17



**Data from 2010, 2011, and 2014 are below 25 and suppression.*
Kids Count Data Center (2014). Juvenile Arrests. Retrieved from http://datacenter.kidscount.org/

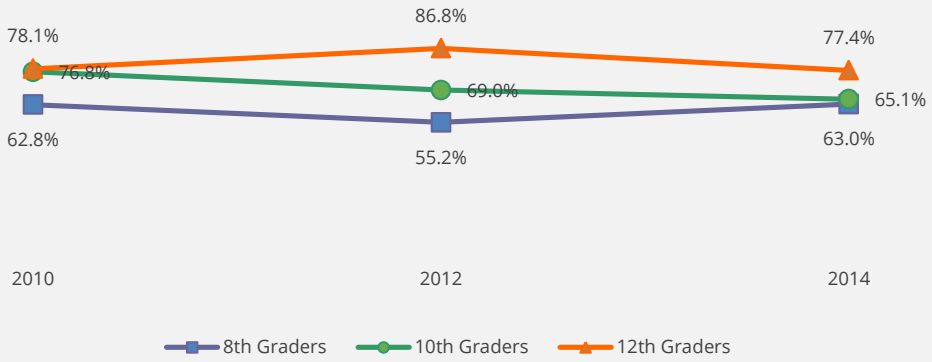
In Graham County use of alcohol, cigarettes, and marijuana by adolescents have all decreased from 2010 to 2014, with the use of cigarettes declining by 20 percent in that period among twelfth graders and use of alcohol declining by 16 percent. In Greenlee County use of alcohol by twelfth graders stayed constant between 2010 and 2014, while use of cigarettes and marijuana increased. Additionally, rates of substance use among adolescents are much higher in Greenlee County than in Graham County. For example, 21 percent of eighth graders in Graham County reported alcohol use compared to 63 percent in Greenlee County (see Exhibits 6.12 through 6.17).

Exhibit 6.12. Alcohol use by adolescents in Graham County



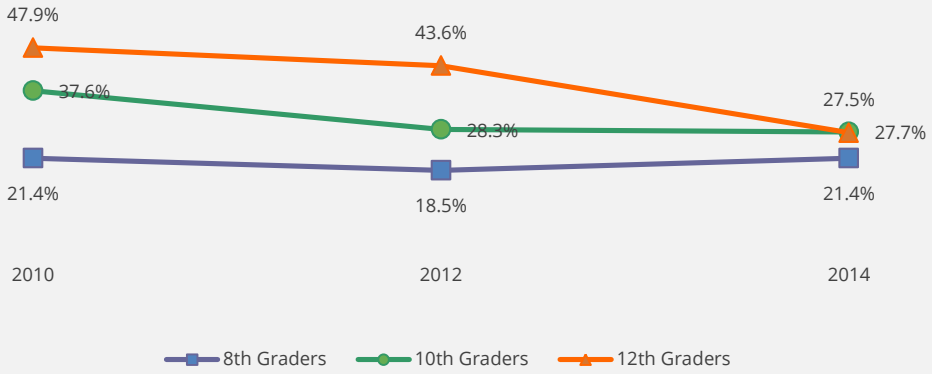
Arizona Criminal Justice Commission (2014) Arizona Youth Survey State Report. Retrieved from http://www.azcjc.gov/acjc.web/sac/ays.aspx

Exhibit 6.13. Alcohol use by adolescents in Greenlee County



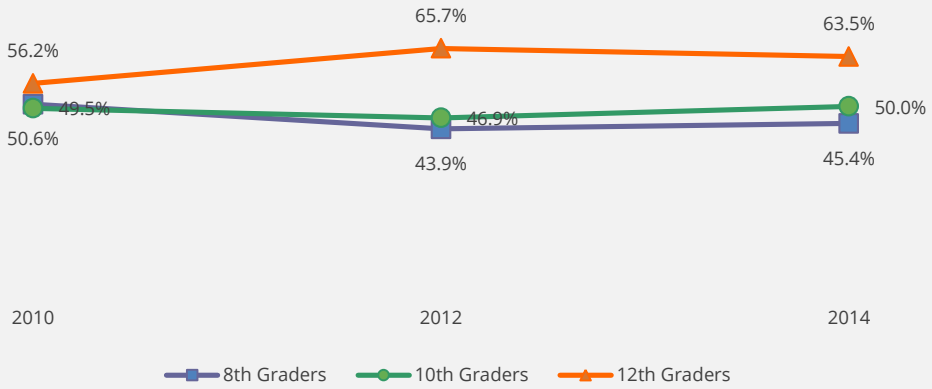
Arizona Criminal Justice Commission (2014) Arizona Youth Survey State Report. Retrieved from http://www.azcjc.gov/acjc.web/sac/ays.aspx

Exhibit 6.14. Cigarette use by adolescents in Graham County



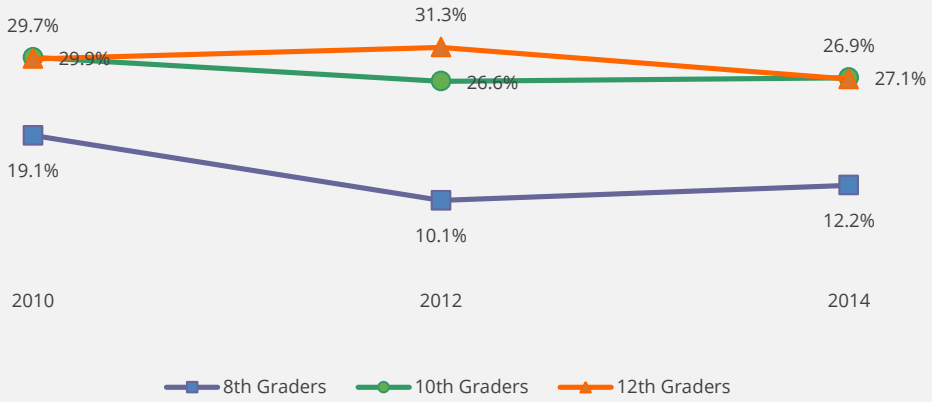
Arizona Criminal Justice Commission (2014) Arizona Youth Survey State Report. Retrieved from http://www.azcjc.gov/acjc.web/sac/ays.aspx

Exhibit 6.15. Cigarette use by adolescents in Greenlee County



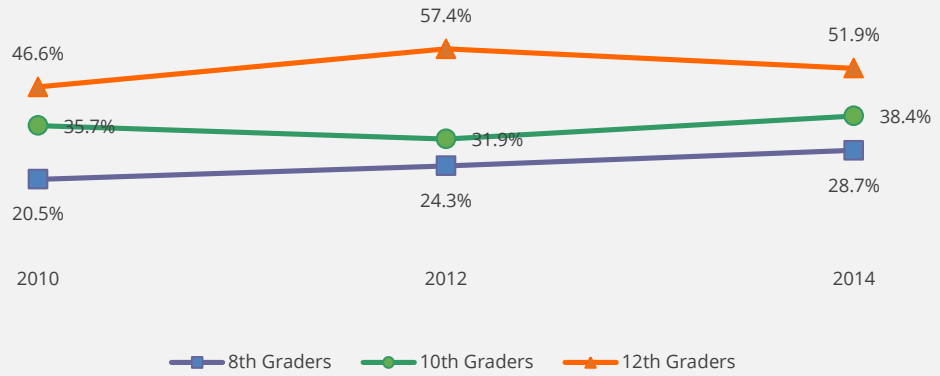
Arizona Criminal Justice Commission (2014) Arizona Youth Survey State Report. Retrieved from http://www.azcjc.gov/acjc.web/sac/ays.aspx

Exhibit 6.16. Marijuana use by adolescents in Graham County



Arizona Criminal Justice Commission (2014) Arizona Youth Survey State Report. Retrieved from http://www.azcjc.gov/acjc.web/sac/ays.aspx

Exhibit 6.17. Marijuana use by adolescents in Greenlee County



Arizona Criminal Justice Commission (2014) Arizona Youth Survey State Report. Retrieved from http://www.azcjc.gov/acjc.web/sac/ays.aspx

FAMILY SUPPORT AND LITERACY HIGHLIGHTS

In the FTF Graham/Greenlee Region parental knowledge about child development and proper parenting practices is generally higher than in Arizona. Only one-third of respondents of the FTF Family and Community Survey understood that parents can significantly impact their child's brain development prenatally and that infants can take in and react to the world around them right from birth. Less than 50 percent of respondents reported that they or a family member reads, draws (or pretend draws), or tells stories and sings song with their children six or more days a week. Furthermore, in Graham and Greenlee counties there were 31 substantiated cases of abuse or neglect from October 2014 to September 2015 and during the same period, there were 6,451 children under 18 already in foster placement in Arizona and 12,754 children under 18 who entered out-of-home care, such as foster care, kinship care, or residential and group care, including 135 in Graham County. There is only one domestic violence shelter that serves both counties, in 2015 it served over 200 people, providing more than 26,000 hours of support services. In recent years the number of arrests for juveniles ages 8 to 17 has decreased in recent years, with 91 children arrested in 2014 down from 150 in 2010.

Below are some data trends that highlight the assets, needs and data-driven considerations for the regions based on the data highlighted above.

Assets	Recommendations
In Graham and Greenlee counties there were 31 substantiated cases of abuse or neglect in FY 2014–2015.	Raise community awareness of family support programs that focus on family well-being.
The number of arrests for children 8 to 17 has decreased substantially in recent years as has the amount of drug use among teens.	Promote the educational programs that specifically target teenagers.

Needs	Recommendations
Knowledge of child development and proper parenting practices requires improvement.	Promote the value of parent knowledge of proper parenting practices.
The region has only one shelter to house domestic violence victims.	Promote awareness of domestic violence shelters for young children and their families.

7. Communication, Public Information, and Awareness

Why It Matters

In fiscal year 2016 FTF granted more than $30 million, 25 percent of their expenditures, to strengthening families and early literacy programs. These programs play a vital role in supporting families and children in overcoming many of the barriers to health and well-being that are described in the previous sections of this report. Understanding parent knowledge and perception of services is important for informing improvements to service delivery and the structure of programs, and to making them more accessible for families. Additionally, knowing where there are gaps in parent knowledge allows for more targeted public awareness campaigns.

Public awareness of the importance of early childhood development and health is a crucial component of efforts to build a comprehensive and effective early childhood system in Arizona. Building public awareness and support for early childhood is a foundational step that can impact individual behavior and the broader objectives of system building. For the general public, information and awareness is the first step to taking positive action in support of children ages zero to five, whether that is by influencing others and sharing information they have learned within their networks or by taking higher-level action, such as elevating the public discourse on early childhood and encouraging increased support for programs and services that impact young children. For parents and other caregivers, awareness is the first step toward engaging in programs or behaviors that will better support their child's health and development.

Unlike marketing or advocacy campaigns, which focus on getting a narrowly defined audience to take short-term action, communications efforts to raise awareness of the importance of early childhood development and health focus on changing what diverse people across Arizona value, providing them with multiple opportunities over an extended time to act on that commitment.

There is no one single communications strategy that will achieve the goal of making early childhood an issue that more Arizonians value and prioritize. Therefore, integrated strategies that complement and build on each other are key to any successful strategic communications effort. Employing a range of communications strategies to share information—from traditional broad-based tactics, such as earned media, to grassroots, community-based tactics, such as community outreach—will ensure that diverse audiences, wherever they are, are reached more effectively across multiple mediums.

Other communications strategies include consistent strategic messaging, brand awareness, community awareness tactics, such as distribution of collateral and sponsorship of community events, social media, and paid media, which include both traditional and digital advertising. Each of these strategies alone cannot achieve the desired outcome of a more informed community, so a thoughtful and disciplined combination of multiple information delivery vehicles is required. The depth and breadth of these elements are designed to ensure multiple touch-points and message saturation for diverse audiences that include families, civic organizations, faith communities, businesses, policymakers, and more. This chapter of the report provides an overview of the status of communication, public information, and awareness in the FTF Graham/Greenlee Region.

What the Data Tell Us

Since state fiscal year 2011, FTF has led a collaborative, concerted effort to build public awareness and support across Arizona, employing the integrated communications strategies listed above.

Results of these statewide efforts from SFY2011 through SFY2016 include:

First Things First engagement of early childhood supporters in Arizona, SFY2014 through SFY2016.

- 21,369 Friends
- 3,102 Supporters
- 908 Champions

- More than 2,000 formal presentations to community groups, which shared information about the importance of early childhood;
- Nearly 230 tours of early childhood programs to show community members and community leaders in-person how these programs impact young children and their families;
- Training of almost 8,700 individuals in using tested, impactful early childhood messaging and how to best share that message with others;
- The placement of more than 2,400 stories about early childhood in media outlets statewide;
- Increased digital engagement through online platforms for early childhood information, with particular success in the growth of FTF Facebook page likes, which grew from just 3,000 in 2012 to 124,000 in 2016;
- Statewide paid media campaigns on the importance of early childhood from FY2010 through FY2015, including through traditional advertising such as television, radio, billboards, and digital marketing. These broad-based campaigns generated millions of media impressions over that time frame. For example, in FY15 alone the media campaign yielded over 40 million media impressions.

In addition, FTF began a community engagement effort in SFY2014 to recruit, motivate, and support community members to take action on behalf of young children. The community engagement program is led by community outreach staff in regions that fund the FTF community outreach strategy. This effort focuses on engaging individuals across sectors—including business, faith, K–12 educators, and early childhood providers—in the work of spreading the word about the importance of early childhood. These are trusted, credible messengers in their communities. FTF characterizes these individuals, depending on their level of involvement, as friends, supporters, and champions. Friends are stakeholders who have a general awareness of early childhood development and health and agree to receive more information and to stay connected through regular email newsletters. Supporters have been trained in early childhood messaging and are willing to share that information with their personal and professional networks. Champions are those who have been trained and are taking the most active role in spreading the word about early childhood.

Supporters and champions in the engagement program reported a total of 1,088 positive actions taken on behalf of young children throughout Arizona as of the end SFY2016. These actions range from sharing early childhood information at community events, writing letters to the editor to connect parents to early childhood resources, and more. The table below shows total recruitment of individuals

in the tiered engagement program through SFY2016.

In addition to these strategic communications efforts, FTF has also led a concerted effort of policymaker awareness-building throughout the state. This effort includes meeting with all members of the legislature to build their awareness around the importance of early childhood. FTF sends emails to all policymakers that provide information on the impact of early childhood investments, such as the FTF annual report, and has also instituted a quarterly email newsletter for policymakers and their staff with the latest news regarding early childhood.

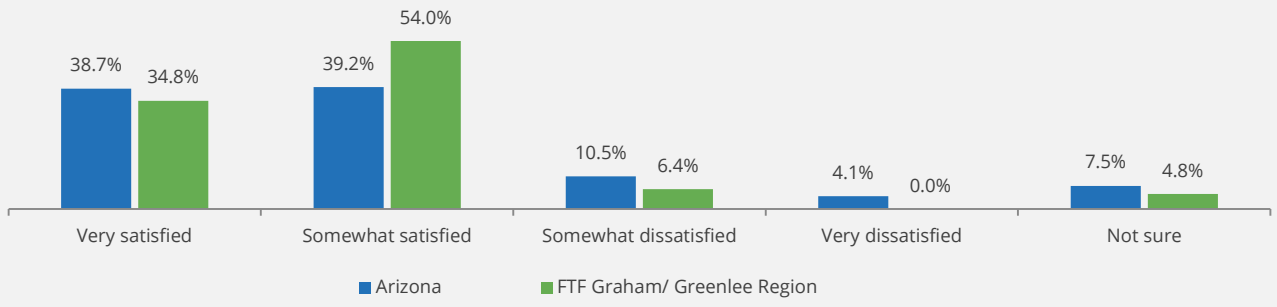
Furthermore, the Arizona Early Childhood Alliance—comprised of early childhood system leaders like FTF, the United Ways, Southwest Human Development, Children's Action Alliance, Read On Arizona, Stand for Children, Expect More Arizona, and the Helios Foundation—represent the united voice of the early childhood community in advocating for early childhood programs and services.

Finally, FTF recently launched enhanced online information for parents of young children, including the more intentional and strategic placement of early childhood content and resources in the digital platforms that today's parents frequent. Future plans for this parenting site include a searchable database of early childhood programs funded in all regions, as well as continuously growing the amount of high-quality parenting content available on the site being "pushed out" through digital sources.

Parent Knowledge and Perception of Services

To better understand parents' and families' knowledge and perception of the services available to them and their children in their community, FTF's Family and Community survey asked parents about their satisfaction with and perception of services and programs. In the FTF Graham/Greenlee Region, 100 people responded to the survey. The data presented in this section describe the results of this section of the survey. The majority of respondents in Arizona and the FTF Graham/Greenlee Region reported being "very" or "somewhat satisfied" (78% and 89%, respectively) with the community information and resources about children's development and health available to them. Satisfaction with community information and resources was over 10 percent higher in the FTF Graham/Greenlee Region than in the state as a whole (see Exhibit 7.1).

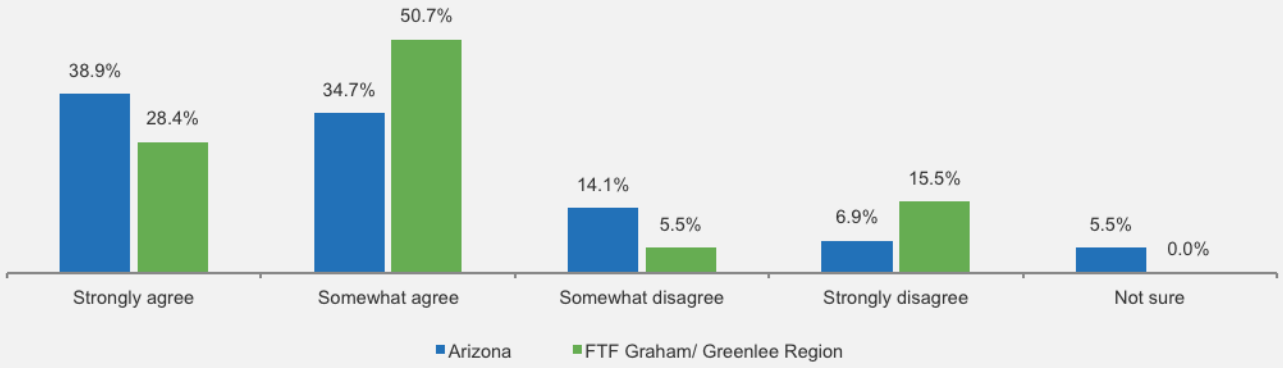
Exhibit 7.1. Satisfaction with community information and resources available about children's development and health



First Things First Family and Community Survey (2012) . Provided by AZ FTF.

When asked about the ease of locating needed services, the majority of respondents (79%) in the FTF Graham/Greenlee Region "strongly" or "somewhat" agreed that it is easy to locate services that they need or want, slightly higher than 74 percent statewide. Just over one-fifth of respondents in both the region and Arizona "somewhat" or "strongly" disagreed. None of the FTF Graham/Greenlee Region respondents were unsure, compared to about 6 percent statewide (see Exhibit 7.2). This indicates that, although the region is a largely rural and transportation is an issue, services are distributed widely enough that the majority of parents think they can access them fairly easily.

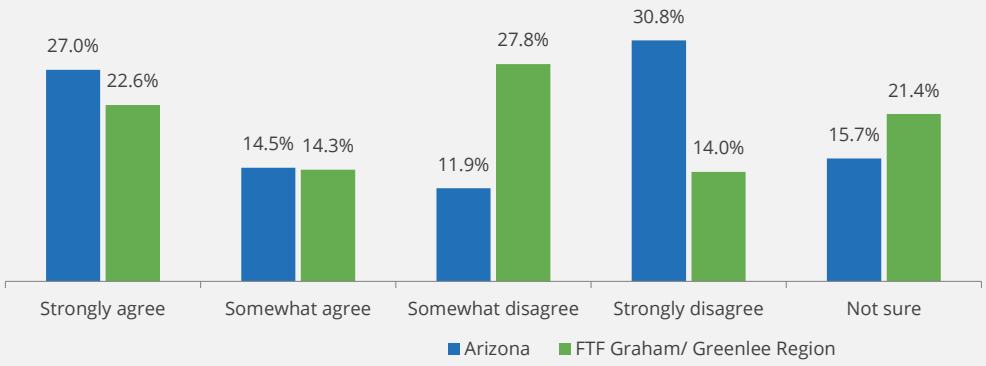
Exhibit 7.2 It is easy to locate services that I need or want



First Things First Family and Community Survey (2012) . Provided by AZ FTF.

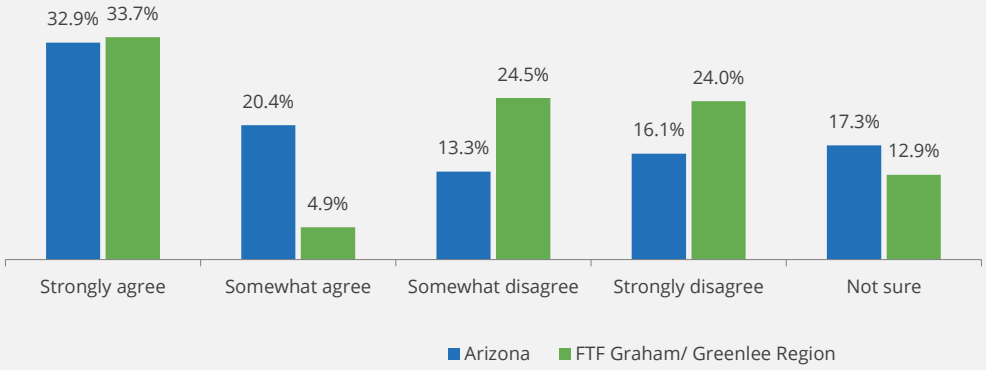
Over one-third of respondents (37%) in the region "strongly" or "somewhat" agreed that they do not know if they are eligible to receive services (see Exhibit 7.3) and "strongly" or "somewhat" agreed that they are asked to fill out paperwork or eligibility forms multiple times when trying to access services nearly half the time (39%; see Exhibit 7.4). Both of these percentages are lower in the FTF Graham/Greenlee Region than statewide. This is consistent with the finding that several children are receiving the needed referrals and services (see health section for more details).

Exhibit 7.3. I do not know if I am eligible to receive services



First Things First Family and Community Survey (2012). Provided by AZ FTF.

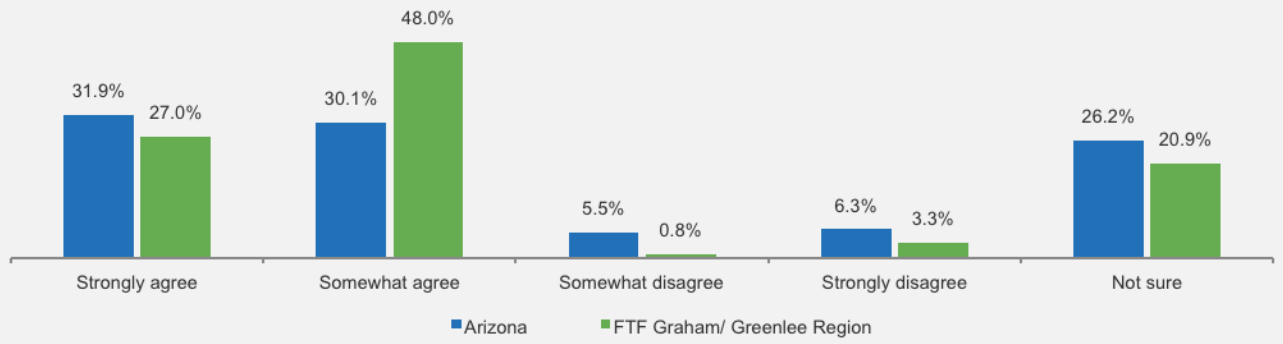
Exhibit 7.4 I am asked to fill out paperwork or eligibility forms multiple times



First Things First Family and Community Survey (2012). Provided by AZ FTF.

The FTF Family and Community Survey asked respondents about the quality of services available to them. Three-quarters of respondents (75%) felt that available services are very good, with a higher percentage of respondents “strongly” or “somewhat” agreeing with the statement in the FTF Graham/Greenlee Region than in the state overall (see Exhibit 7.5).

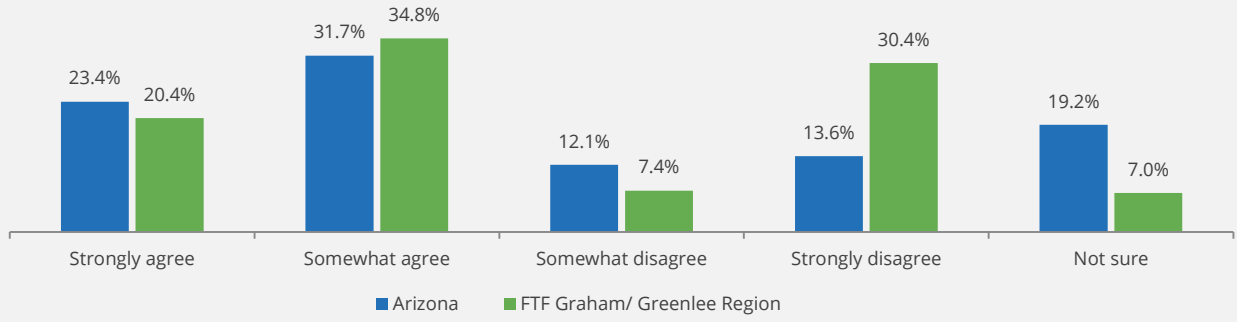
Exhibit 7.5. Available services are very good



First Things First Family and Community Survey (2012). Provided by AZ FTF.

About half of survey respondents (55%) in the region felt that the available services reflect their cultural values, consistent with the percentage statewide. Seven percent of FTF Graham/Greenlee Region respondents were not sure, compared to 19 percent of statewide respondents (see Exhibit 7.6). Over half of respondents in the FTF Graham/Greenlee Region (64%) felt services and materials were provided in their language, slightly less than the 71 percent statewide. However, slightly more respondents felt that services are available at times or locations that are convenient in the FTF Graham/Greenlee Region (43%), which is higher than the statewide number (40%).[111] This implies that offering translation for families is not sufficient for delivering culturally competent services that meet the needs of families.

Exhibit 7.6. Level of agreement of available services that reflect cultural values



First Things First Family and Community Survey (2012). Provided by AZ FTF.

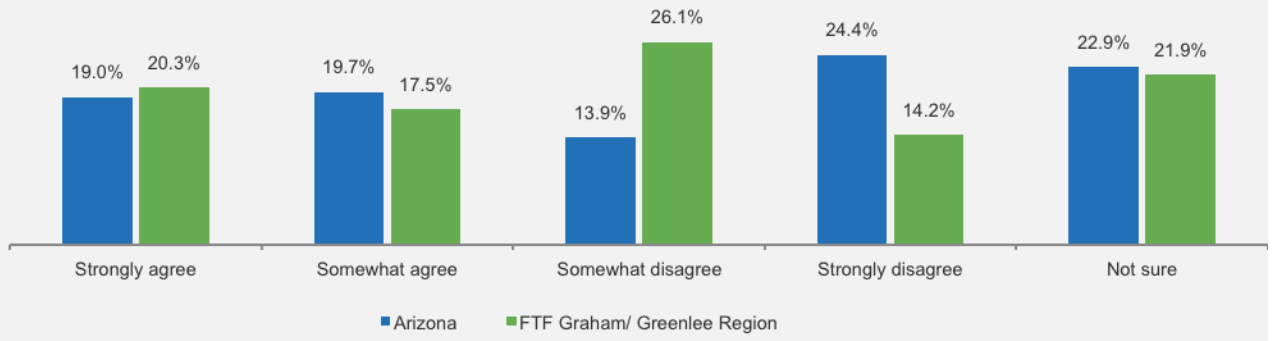
[111] *First Things First Family and Community Survey (2012). Provided by AZ FTF.*

43% of respondents felt services were available at convenient times and locations.

64% of respondents felt services and materials were provided in their language.

Survey respondents were asked about the ability of available services to fill their needs. Similar to statewide results, Thirty-eight percent of respondents in the region "strongly" or "somewhat" agreed that available services fill some of their needs, but do not meet the needs of their whole family. The percentage of respondents who "somewhat" or "strongly" disagreed that services filled their needs, but not the needs of their family, was also similar in the FTF Graham/Greenlee Region and the state as a whole, as were those who were unsure (see Exhibit 7.7).

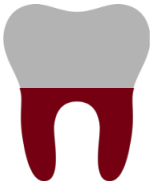
Exhibit 7.7. Available services fill some needs, but do not meet the needs of the whole family



First Things First Family and Community Survey (2012). Provided by AZ FTF.

The majority of respondents (87%) in the FTF Graham/Greenlee Region "strongly" or "somewhat" agreed that their children age five and under have regular visits at the same doctor's office. A somewhat smaller majority (69%) reported that their child or children age five and under have regular visits with the same dental provider.[112] Additionally, 66 percent of those in the FTF Graham/Greenlee Region reported being able to access preventive services.[113]

When asked about inter-agency cooperation, just over one-third of respondents (35%) were "very" or "somewhat" satisfied with how care providers and government agencies worked and communicated with each other.[114]



69% of respondents indicated their child(ren) regularly visited the same dental provider.

66% of respondents could find services to prevent problems.

87% of respondents took their child(ren) to the same doctor's office regularly.

35% of respondents were very or somewhat satisfied with how care providers and government agencies worked and communicated with each other.

[112] *First Things First Family and Community Survey (2012). Provided by AZ FTF.*
[113] *First Things First Family and Community Survey (2012). Provided by AZ FTF.*
[114] *First Things First Family and Community Survey (2012). Provided by AZ FTF.*

COMMUNICATION, PUBLIC INFORMATION, AND AWARENESS HIGHLIGHTS

In the FTF Graham/Greenlee Region, 100 people completed the FTF Family and Community Survey, providing feedback on the programs and services available in their communities. Overall the findings from the survey suggest that parents are satisfied with the services in their communities. Eighty-nine percent of respondents in the region are satisfied with the community information and resources available to them, 79 percent agreed that it is easy to locate the services they want or need, and 75 percent agreed that available services are very good. In addition to these positive findings, there are areas for improvement. More than one-third of respondents agreed that they do not know if they are eligible to receive services and less than half felt services were available at convenient times and locations. Additionally, 34 percent of respondents agreed that they cannot find services to prevent problems and only 55 percent of respondents reported that the available services reflect their cultural values.

Given the results of the survey, below are some data trends that highlight the assets, needs, and data-driven considerations for the region.

Assets	Considerations
More than three-quarters of respondents are satisfied with the quality of services in the region.	Promote the current services and programs that young children and their families access.
Over a quarter of families reported not being able to find services but most go to the doctor or the dentist regularly.	Increase community knowledge of availability and location of services in the region.

Needs	Recommendations
Services are perceived as not being available at convenient times and locations and as not delivered using a culturally sensitive approach.	Promote the customization of services to meet the demands of the population.
There is limited knowledge and awareness on the eligibility of services.	Support community outreach and awareness on the availability of services.

8. System Coordination Among Early Childhood Programs and Services

Why It Matters

The partners in Arizona's early childhood system, encompassing a diverse array of public and private entities dedicated to improving overall well-being and school readiness for children ages zero to five statewide, work to promote and establish a seamless, coordinated, and comprehensive array of services that can meet the multiple and changing needs of young children and families.

In January 2010, the Arizona Early Childhood Taskforce was convened by FTF to establish a common vision for young children in Arizona, and to identify priorities and roles to build an early childhood system that will lead to this vision. System coordination was identified by Arizona's early childhood system partners as one of the priority areas. The Task Force identified six system outcomes, including that the "early childhood system is coordinated, integrated, and comprehensive." FTF's role in realizing this outcome involves fostering cross-system collaboration among local, state, federal, and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.

Through strategic planning and system-building efforts that are both FTF funded and non-FTF funded, FTF is focused on developing approaches to connect various areas of the early childhood system. When the system operates holistically, the expectation is a more seamless system of coordinated services that families can more easily access and navigate in order to meet their needs. Agencies that work together to achieve a high level of coordination and collaboration help to establish and support a coordinated, integrated, and comprehensive system. At the same time, agencies also increase their own capacity to deliver services as they work collectively to identify and address gaps in the service delivery continuum.

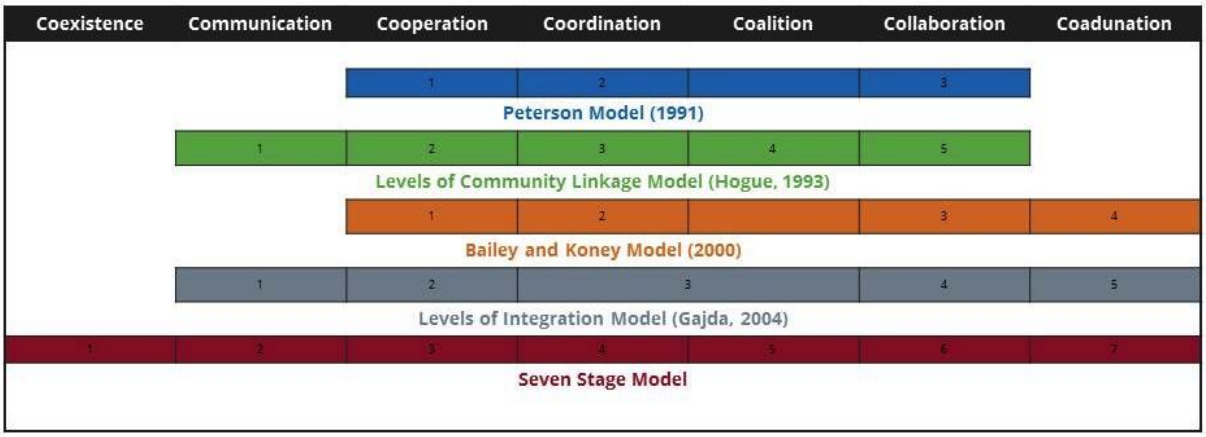
Service coordination and collaboration approaches work to advance the early childhood system in the following ways:

- Build stronger collaborative relationships amongst providers,
- Increase availability and access of services for families and children,
- Reduce duplication,
- Maximize resources,
- Achieve long-term sustainability,
- Leverage existing assets,
- Improve communication,
- Reduce fragmentation,
- Foster leadership capacity among providers,
- Improve quality,
- Share expertise and training resources, and
- Influence policy and program changes.

Several authors have examined coordination and collaboration efforts in terms of stages or levels of collaboration among organizations (see Exhibit 8.1). Stage theorists describe levels of collaboration, with the lowest level being little or no collaboration and the highest level being full collaboration or

some form of unification[115]. These models may differ on the number of stages, the range of levels included, and the definitions of various stages, but they have much in common. Exhibit 8.1 depicts numerous stage models in the research literature along a continuum of collaboration.

Exhibit 8.1. Levels of collaboration



Grounded in the work of stage theorists, FTF adopted a five-stage level of collaboration model based on the following levels of a continuum of collaboration: no interaction, networking, cooperation, coordination, and collaboration.

- No Interaction: No interactions occurring at all.
- Networking: Activities that result in bringing individuals or organizations together for relationship building and information sharing. Networking results in an increased understanding of the current system of services. There is no effort directed at changing the existing system. There is no risk associated with networking.
- Cooperation: Characterized by short-term, informal relationships that exist without a clearly defined mission, structure, or planning effort. Cooperative partners share information only about the subject at hand. Each organization retains authority and keeps resources separate. There is very little risk associated with cooperation.
- Coordination: Involves more formal relationships in response to an established mission. Coordination involves some planning and division of roles and opens communication channels between organizations. Authority rests with individual organizations, however, risks increase. Resources are made available to respondents and rewards are shared.
- Collaboration: Collaboration is characterized by a more durable and pervasive relationship. Respondents bring separate organizations into a new structure, often with a formal commitment to a common mission. The collaborative structure determines authority and leadership roles. Risk is greater. Partners pool or jointly secure resources and share the results and rewards.

[115] *Frey, B.B., Lohmeier, J.H, Lee, S.W., & Tollefson, N. (2006) Measuring collaboration among grant partners. American Journal of Evaluation, 27, 383.*

Coordination and Collaboration Survey

System partners in 18 FTF county-based regions were asked by FTF to participate in the Coordination and Collaboration Survey in an effort to learn more about how system partners view their role in the region's early childhood system and to what extent they collaborate and coordinate with other system partners. Ten regions elected to conduct region-specific surveys, including Cochise, Coconino, Gila, Graham/Greenlee, La Paz Mohave, Navajo Apache, Pinal, Santa Cruz, Yavapai, and Yuma. Additionally, the six FTF regions in Maricopa County (Phoenix North, Phoenix South, East Maricopa, Northwest Maricopa, Southeast Maricopa, and Southwest Maricopa), and the two FTF regions in Pima County (Pima North and Pima South), elected to conduct combined county-wide surveys. Partners located on tribal lands will be surveyed at a later date after tribal approvals are requested and received.

FTF regional staff identified potential respondents of the survey. Each region was asked to determine who (across the categories listed below) the early childhood system stakeholders were in their communities who would be able to speak to their experience in the system. If there were no stakeholders representing a category, it was acceptable to not have representation from that category. Surveys on tribal lands were not conducted because tribal approvals for this survey have not yet been requested. Thus, the list of possible respondents was not a systematic or exhaustive list of potential respondents, and the pool of system partners who were invited to participate is not necessarily comparable across different regions.

Possible stakeholder areas:

- Potential categories
- Higher education
- K–12 education
- Community family support programs
- Public/community health programs
- Child care/early learning/head start programs
- Professional development
- State/city/county governments
- Public library
- Philanthropy/foundations
- Faith-based organizations
- Military
- Coalition/networking groups (including Read On)
- Community service groups
- FTF grant partners
- Other

Prospective participants received an email invitation to participate from the FTF regional directors in October of 2016 and were given three weeks to respond. Potential respondents were also contacted to remind them about the participation via either email and/or phone call.

Responses were collected via Survey Monkey. Data were then cleaned and compiled by region by the

FTF research and evaluation unit.

What the Data Tell Us

The results are based on the responses of 25 respondents who participated in the survey Graham/Greenlee Region out of 39 that were contacted to participate, a 64.1 percent survey response rate. The majority of respondents worked for early care and education organizations (36%), K–12 education (12%), and local public entities (12%), while philanthropic organizations, higher education organizations, and advocacy organizations were not represented at all in this survey (see Exhibit 8.2). However, it could be that individuals selected "business" or "other type of organization" instead of philanthropic organizations, higher education organizations, and advocacy organizations.

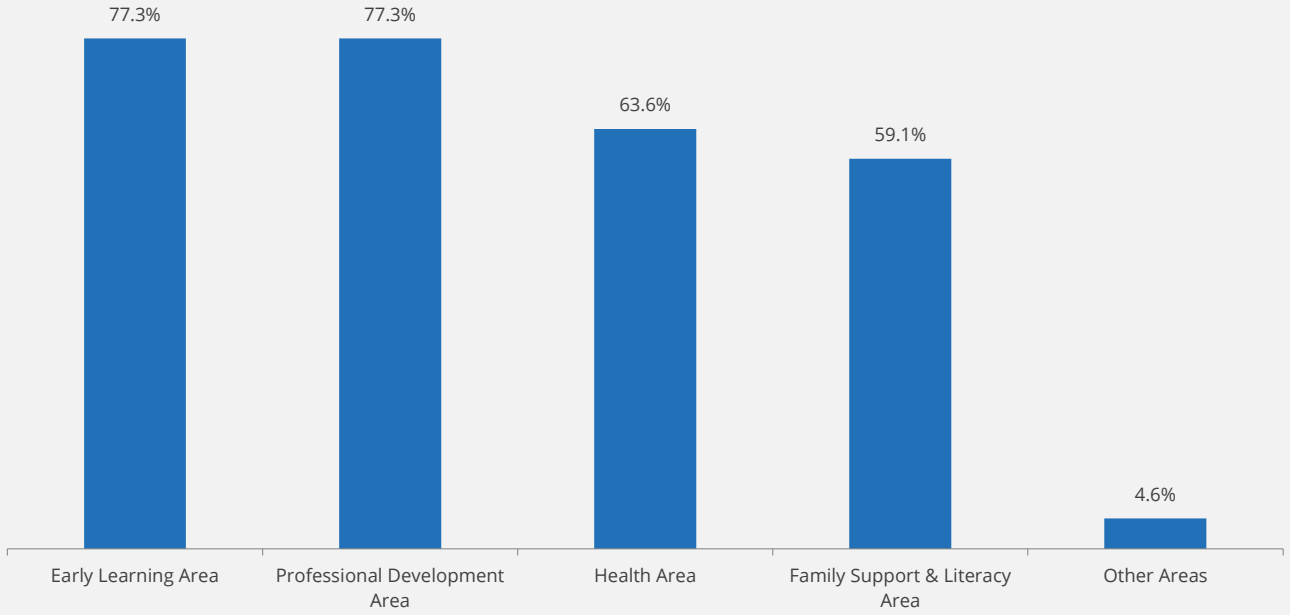
Exhibit 8.2. Sectors with which organizations work (*n* = 25)

Sector	Percentage
State Agency	4.0%
Early Care and Education	36.0%
Family Support/Social Service	4.0%
K-12 Education	12.0%
Local/Public Entity	12.0%
Business	8.0%
Other Type of Organization	16.0%

System Partners' View of Their Role in the Early Childhood System

The majority of respondents (95%) consider themselves to be a part of the early childhood system in the FTF Graham/Greenlee Region. Furthermore, survey respondents reported that they engaged with all four areas of the early childhood system, including family support and literacy, early learning, child's health, and professional development. Not surprisingly, given the distribution of respondents from multiple sectors (see Exhibit 8.2), the distribution of engagement hit across multiple areas (see Exhibit 8.3).

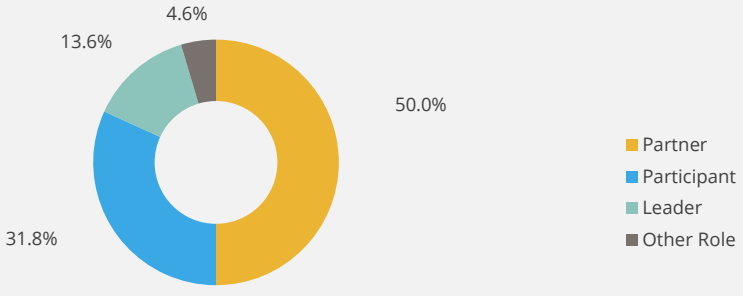
Exhibit 8.3. Area(s) of the early childhood system that organizations engage with the various sectors (*n* = 25)



Role of an Organization in the Early Childhood System

An organization may take on different roles in an early childhood system. An organization may be a participant, partner, or leader. In the role of participant, the organization is one of many community members involved in a community-based initiative. As a partner, the organization is part of a group responsible for co-convening and/or facilitating, and is one of many community members involved in a community-based initiative. Finally, as a leader, the organization is responsible for convening and facilitating a group of community members (i.e., taking a lead role in bringing community members together to implement an initiative).

Exhibit 8.4. Role of organization in the development and advancement of the early childhood system in the FTF Graham/Greenlee Region (n=22)



When asked about their organizations' role in the development and advancement of the early childhood system in the FTF Graham/Greenlee Region, the majority of respondents viewed their organization's role as a partner (50%), as one of many community organizations involved in supporting the early childhood system. This was followed by participant (32%) and then leader (14%; see Exhibit

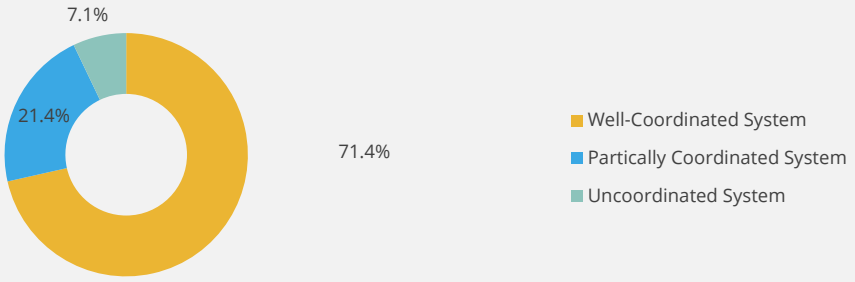
8.4).

In their role as participant, partner, or leader, survey respondents noted several successful partnerships. Key areas of success included partnerships with local preschools and care providers, health care agencies, businesses, and libraries, which increase literacy for young children, help refer and coordinate home visitation, and help train mothers on car seat installation. Respondents reported key partnerships with the Birth to Five Helpline, Read On Arizona, Strong Families Home Visiting Coalition, Child Abuse Prevention, FTF, Healthy Families, Head Start, and the Dolly Parton Imagination Library program.

System Partners' Perspective on Systems Building

Respondents were also asked to provide their perspective on the early childhood system and on systems building work. Early childhood system building is the ongoing process of developing approaches and connections that make the components of an early childhood system operate as a whole, promoting shared results for children and families. In Arizona, partners work to promote and establish a seamless, coordinated, and comprehensive array of services that can meet the multiple and changing needs of young children and families to help ensure that kids arrive at school healthy and ready to succeed.

Exhibit 8.5. The description of the early childhood system in the FTF Graham/Greenlee Region (n=14)



Overall, a majority of survey respondents (71%) describe the early childhood system in Graham/Greenlee as a well-coordinated system, with less than a quarter of respondents (21%) describing the system as a partially coordinated system, and 7% viewing the system as a group of separate, uncoordinated partners working in isolation (see Exhibit 8.5).

Exhibit 8.6. Extent to which the early childhood system in the FTF Graham/Greenlee Region effectively addresses the needs of young children and their families across the early childhood development system (*n* = 34)

	Family Support and Literacy	Children's Health	Early Learning	Professional Development
Agree*	92.9%	78.6%	92.9%	92.9%
Disagree**	7.1%	21.4%	7.1%	7.1%

* *The percentage of respondents that responded "agree" or "strongly agree" have been aggregated and represent as the number shown.*
** *The percentage of respondents that responded "disagree" or "strongly disagree" have been aggregated and represented as the number shown.*

The majority of respondents across all areas agreed that the early childhood system in Graham/Greenlee effectively addresses the needs of young children (see Exhibit 8.6). The percentage of agreement was equally high for family support and literacy, early learning, and professional development areas.

Continuum of Collaboration in the Early Childhood System Areas

FTF has adopted a five-level continuum of collaboration model grounded in the work of stage theorists based on the following levels of collaboration: no interaction, networking, cooperation, coordination and collaboration[116]. These five levels were previously defined and used to gain a better understanding of system partners' perspectives on the level of collaboration occurring among partners in Graham and Greenlee counties within each area of the early childhood system.

Respondents were asked to refer to the continuum of collaboration (see Exhibit 8.7) and indicate the level of collaboration occurring among partners in the Graham/Greenlee Region for each area of the early childhood system. The results indicate moderately high levels of support for the highest and most intense level of system partners working together along the continuum of collaboration. Within the area of family support and literacy, 64 percent of respondents indicated that collaboration was

116 *Frey, B.B., Lohmeier, J.H, Lee, S.W., & Tollefson, N. (2006) Measuring collaboration among grant partners. American Journal of Evaluation, 27, 383.*

occurring among partners in the region. This was followed by the areas of early learning (43%), professional development (36%), and children's health (14%; see Exhibit 8.8).

Exhibit 8.7. The five levels of the continuum of collaboration

Exhibit 8.8. Collaboration in the early childhood system areas (*n* = 14)

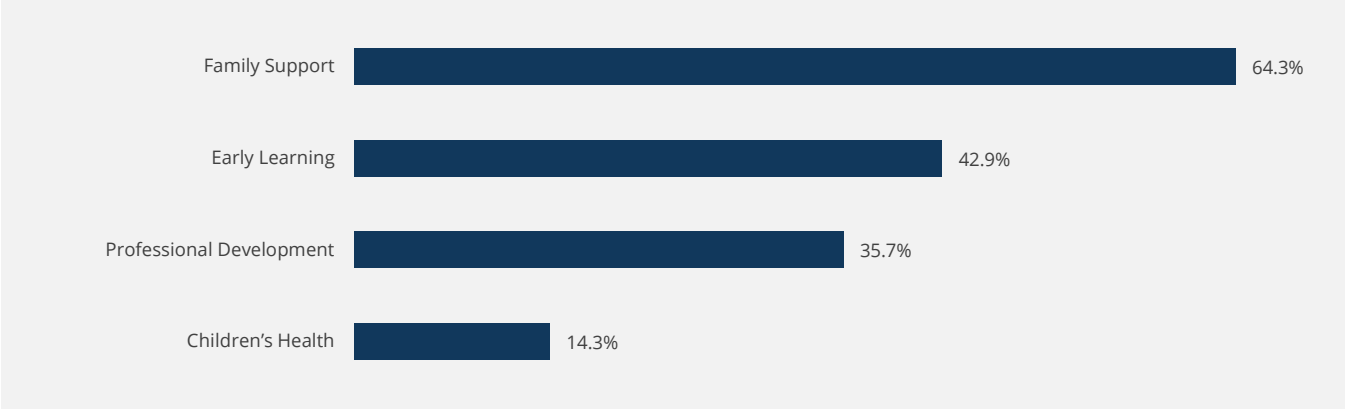
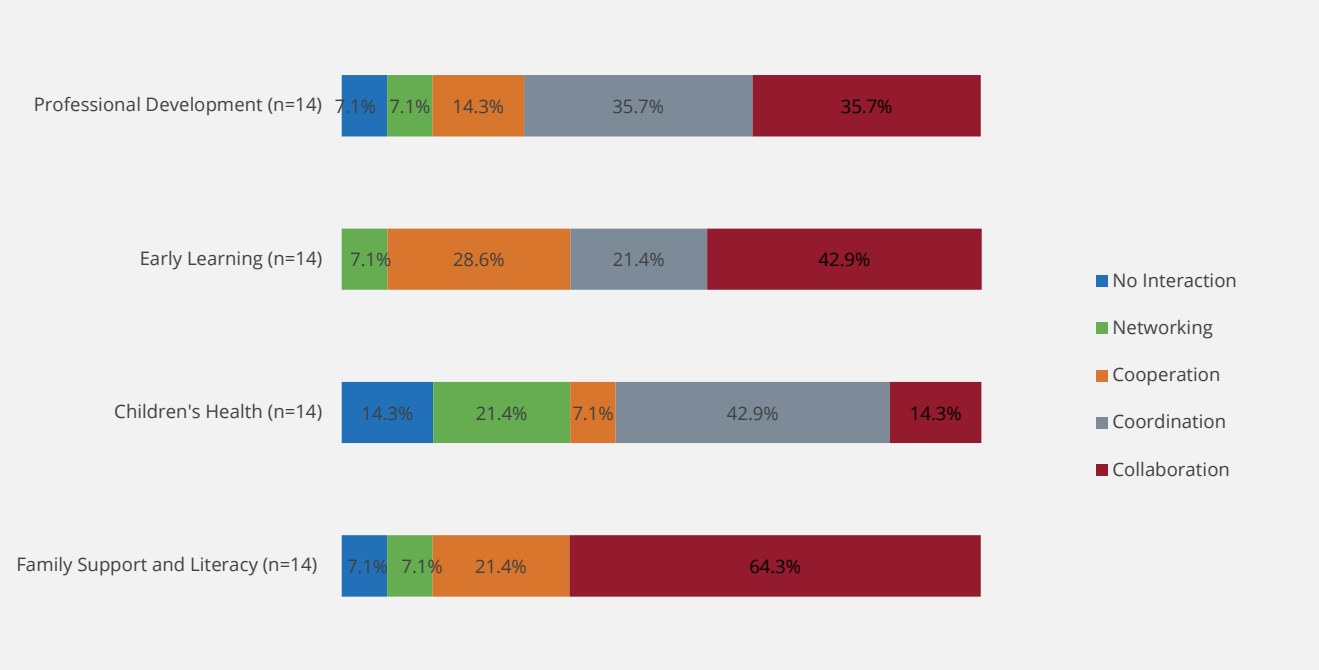


Exhibit 8.9. Continuum of collaboration in the early childhood system areas



In the early childhood system area, family support and literacy had greater collaboration (64%), and in the area of early learning (47%), almost half of respondents noted that there was collaboration among system partners (see Exhibit 8.9). In the area of children's health, a majority of respondents selected coordination (43%). Coordination, a relationship of relatively high intensity, involves more formal planning and division of roles and opens communication channels between organizations. This is somewhat different from the professional development area, where respondents indicated coordination (36%) and collaboration (36%) as the most prevalent mode of relationships between system partners. Cooperative partners share information only about the subject at hand, and each organization retains authority and keeps resources separate. One interesting finding was that for early learning no respondents indicated that there is no interaction among system partners.

Sectors Involved in Early Childhood Building

Respondents were also asked to indicate which sectors are involved in systems building within each of the four areas of the early childhood system. Respondents noted that the sectors engaged in system-building work within the family support and literacy areas are largely early care and education (77%). This was followed by state agencies (69%) and family support/social services (69%; see Exhibit 8.10).

In the area of children's health, respondents indicated that the state agencies (67%), the early care and education (67%), and the family support and literacy (67%) areas were the most engaged in systems buildings.

In early learning, early care and education (69%) played the largest role, followed by state agencies (61%) and family support and social services (61%).

Finally, in the area of professional development, respondents indicated that state agencies (83%) and early care and education (83%) were mostly involved, followed by K–12 education (58%) and family support/social service (42%).

Exhibit 8.10. The sectors involved in system building work in the FTF Graham/Greenlee Region

	N	State Agency	Early Care & Ed.	Family Support/ Social Service Agency	Philan-thropy	K-12 Ed.	Higher Ed.	Advocacy	Local/ Public Entity	Business	Health Care/ Medical	Other
Family Support and Literacy	13	69.2%	76.9%	69.2%	30.8%	46.2%	30.8%	46.2%	53.8%	30.8%	53.8%	0.0%
Children's Health	12	66.7%	66.7%	66.7%	8.3%	25.0%	25.0%	33.3%	41.7%	16.7%	58.3%	0.0%
Early Learning	13	69.2%	84.6%	61.5%	30.8%	53.8%	30.8%	23.1%	38.5%	15.4%	30.8%	0.0%
Professional Development	12	83.3%	83.3%	41.7%	33.3%	58.3%	50.0%	8.3%	33.3%	16.7%	25.0%	0.0%

While earlier items asked about the level of collaboration occurring among system partners, subsequent questions asked respondents how frequently were key activities that are known indicators of collaborative work occurring. Many respondents indicated they only somewhat know how often activities related to system building work were occurring in Graham/Greenlee, while several other respondents opted not to answer this survey item (n = 13). Those that did respond (n = 12) noted that system partners within family support and literacy share facility space in some way, have some knowledge of other programs' intake requirements and referral processes, and have some coordination of outreach and referrals.

Participation in standing inter-agency committees is another key activity that system partners identified as completing together. When thinking of activities along the continuum of collaboration, the activities that respondents indicated are occurring represent networking, cooperation, and coordination-type activities within the continuum. Areas where a high number of respondents indicated that the activity was not happening at all (8% to 33%) were in the use of shared forms (e.g., in common referral and intake forms) and shared record keeping and management of data information systems, which are key activities that align with a high level of collaboration between system partners and that represent areas of continued growth (see Exhibit 8.11–14).

Exhibit 8.11. Activities: Family support & literacy (*n* = 13)

Activity	Not At All	A little/Somewhat	A Lot	Don't Know
Leveraging resources/funding across partners	7.7%	30.8%	30.8%	30.8%
Sharing facility space	7.7%	23.1%	61.5%	7.7%
Shared development of program materials	7.7%	53.9%	38.5%	0.0%
Coordination of outreach and referrals	7.7%	38.5%	53.9%	0.0%
Knowledge of other programs' intake requirements/referral process	7.7%	53.9%	30.8%	7.7%
Shared record keeping and management of data information systems	23.1%	38.5%	7.7%	30.8%
Co-location of programs or services	15.4%	61.5%	7.7%	15.4%
Partner in program evaluation and/or assessment	15.4%	46.2%	23.1%	15.4%
Jointly conducting staff training	15.4%	38.5%	38.5%	7.7%
Shared approach to informing the public of available services	7.7%	38.5%	53.9%	0.0%
Jointly implement policy changes	23.1%	30.8%	0.0%	46.2%
Common forms (e.g., intake and/or referral forms)	7.7%	30.8%	30.8%	30.8%
Child/Family service plan development OR PD plan for ECE professionals	15.4%	38.5%	0.0%	45.2%
Participation in standing inter-agency committees	7.7%	15.4%	46.2%	30.8%
Informal agreements	7.7%	23.1%	38.5%	30.8%
Formal written agreements (e.g., MOUs)	15.4%	23.1%	0.0%	64.5%
Environmental scan of other organizations in the community that provide services to young families	15.4%	15.4%	38.5%	30.8%
Other (please describe below)	33.3%	0.0%	0.0%	66.7%

Respondents also noted that system partners within children's health are coordinating outreach and referral efforts and are sharing approaches to informing the public on available resources. Participation in standing inter-agency committees and in conducting environmental scans of other organizations in the community that provide services to young families are other key children's health activities partners engage in together (see Exhibit 8.12).

Exhibit 8.12. Activities: Children's health (*n* = 12)

Activity	Not At All	A little/ Somewhat	A Lot	Don't Know
Leveraging resources/funding across partners	15.4%	46.2%	23.1%	15.4%
Sharing facility space	15.4%	38.5%	30.8%	15.4%
Shared development of program materials	23.1%	46.2%	23.1%	7.7%
Coordination of outreach and referrals	15.4%	23.1%	53.9%	7.7%
Knowledge of other programs' intake requirements/referral process	15.4%	61.5%	15.4%	7.7%
Shared record keeping and management of data information systems	23.1%	30.8%	7.7%	38.5%
Co-location of programs or services	23.1%	53.9%	15.4%	7.7%
Partner in program evaluation and/or assessment	7.7%	46.2%	15.4%	30.8%
Jointly conducting staff training	23.1%	39.5%	15.4%	23.1%
Shared approach to informing the public of available services	15.4%	38.5%	46.2%	0.0%
Jointly implement policy changes	23.1%	23.1%	7.7%	46.2%
Common forms (e.g., intake and/or referral forms)	7.7%	30.1%	15.4%	46.2%
Child/Family service plan development OR PD plan for ECE professionals	15.4%	30.8%	7.7%	46.2%
Participation in standing inter-agency committees	7.7%	23.1%	38.5%	30.8%
Informal agreements	15.4%	15.4%	38.5%	30.8%
Formal written agreements (e.g., MOUs)	23.1%	15.4%	0.0%	61.5%
Environmental scan of other organizations in the community that provide services to young families	15.4%	15.4%	38.5%	30.8%
Other (please describe below)	33.3%	0.0%	0.0%	66.7%

Furthermore, respondents also shared that system partners within early learning are sharing facility space, are jointly conducting staff training, and are sharing approaches to informing the public of available resources. Participation in standing inter-agency committees and having informal agreements are other key early learning activities reported as completed together by partners (see Exhibit 8.13).

Exhibit 8.13. Activities: Early learning (*n* = 13)

Activity	Not At All	A little/ Somewhat	A Lot	Don't Know
Leveraging resources/funding across partners	7.7%	30.8%	46.2%	15.4%
Sharing facility space	7.7%	15.4%	69.2%	7.7%
Shared development of program materials	7.7%	53.8%	38.5%	0.0%
Coordination of outreach and referrals	7.7%	30.8%	61.5%	0.0%
Knowledge of other programs' intake requirements/referral process	7.7%	69.2%	15.4%	7.7%
Shared record keeping and management of data information systems	23.1%	38.5%	15.4%	23.1%
Co-location of programs or services	15.4%	61.5%	7.7%	15.4%
Partner in program evaluation and/or assessment	15.4%	53.8%	23.1%	7.7%
Jointly conducting staff training	15.4%	23.1%	53.8%	7.7%
Shared approach to informing the public of available services	7.7%	38.5%	53.8%	0.0%
Jointly implement policy changes	23.1%	38.5%	7.7%	30.8%
Common forms (e.g., intake and/or referral forms)	7.7%	46.2%	15.4%	30.8%
Child/Family service plan development OR PD plan for ECE professionals	15.4%	38.5%	0.0%	46.2%
Participation in standing inter-agency committees	7.7%	15.4%	46.2%	30.8%
Informal agreements	7.7%	23.1%	46.2%	23.1%
Formal written agreements (e.g., MOUs)	15.4%	15.4%	15.4%	53.8%
Environmental scan of other organizations in the community that provide services to young families	15.4%	23.1%	46.2%	15.4%
Other (please describe below)	33.3%	0.0%	0.0%	66.7%

Similarly, respondents commented that system partners within professional development are coordinating outreach and referral efforts and are sharing approaches to informing the public of available resources. Respondents also noted leveraging resources across partners and sharing facility space as other key professional development activities that were identified as being collaborative (see Exhibit 8.14).

Exhibit 8.14. Activities: Professional development (*n* = 13)

Activity	Not At All	A little /Somewhat	A Lot	Don't Know
Leveraging resources/funding across partners	7.7%	23.1%	46.2%	23.1%
Sharing facility space	7.7%	30.8%	46.2%	15.4%
Shared development of program materials	7.7%	38.5%	53.8%	0.0%
Coordination of outreach and referrals	7.7%	30.8%	61.5%	0.0%
Knowledge of other programs' intake requirements/referral process	7.7%	69.2%	15.4%	7.7%
Shared record keeping and management of data information systems	23.1%	30.8%	7.7%	38.5%
Co-location of programs or services	15.4%	38.5%	15.4%	30.8%
Partner in program evaluation and/or assessment	15.4%	46.2%	15.4%	23.1%
Jointly conducting staff training	15.4%	15.4%	53.8%	15.4%
Shared approach to informing the public of available services	7.7%	30.8%	61.5%	0.0%
Jointly implement policy changes	15.4%	30.8%	0.0%	53.8%
Common forms (e.g., intake and/or referral forms)	7.7%	23.1%	15.4%	53.8%
Child/Family service plan development OR PD plan for ECE professionals	7.7%	30.8%	0.0%	61.5%
Participation in standing inter-agency committees	7.7%	23.1%	38.5%	30.8%
Informal agreements	7.7%	30.8%	23.1%	38.5%
Formal written agreements (e.g., MOUs)	15.4%	23.1%	0.0%	61.5%
Environmental scan of other organizations in the community that provide services to young families	15.4%	15.4%	38.5%	30.8%
Other (please describe below)	33.3%	0.0%	0.0%	66.7%

Barriers and Future Directions

Respondents were also asked to reflect with other early childhood system partners on barriers to moving the system forward. Respondents identified a number of barriers in the Graham/Greenlee Region. There was a consensus among respondents that lack of a central forum for diffusing information to parents and not having a central source for them to go to for resources and services is a main barrier. One respondent commented, "For example, if a child has a speech problem at the age of

two, who does a parent contact for support? Or if a child has behavioral issues while in the care of a center, who is available to support the teacher, parents, or child? The community has options for care—private, center, home providers—but how do we unite providers, parents, school districts, and support staff?" Another responder commented, "Nobody knows who is doing what."

Additionally, respondents felt minimal resources, such as a major need for quality early care and education programs in the area, presented a barrier, and they reported that there is little to no behavioral health support services in the area. One respondent felt there is currently no clear support resources to contact for families, care providers, or ECE teachers who have concerns with possible delays among young children. Respondents also commented that there are few outreach events to attend locally, in part due to a lack of public venues that allow such outreach in Greenlee County. They also mentioned lack of funding as another barrier.

Finally, respondents were asked to reflect on the role of FTF partnerships councils in supporting early childhood system building and collaboration efforts in the Graham/Greenlee Region. When asked how the FTF Regional Partnership Councils could support early childhood system building and partner collaboration efforts in the region, respondents said to continue existing efforts to ensure knowledge and access to resources, and to build on these by creating an all-inclusive umbrella of services where families can engage with a centralized source for learning about available services and resources. Joining together professional development, early learning, early literacy, and health, and by reaching out to families to direct them to these services, was seen as the best way to support early childhood system building and collaboration efforts.

SYSTEM COORDINATION AMONG EARLY CHILDHOOD PROGRAMS AND SERVICES HIGHLIGHTS

In the FTF Graham/Greenlee Region the majority of providers are part of the early childhood system and most are engaged in the early learning and professional development service areas. The majority of organizations that responded to the survey see themselves as partners in the early childhood system. According to most respondents, the region is also well-coordinated, while many organizations do not identify as leaders in the system. The majority of survey respondents in the region perceive the system as effectively addressing the needs of young children and their families. However, the children's health area was perceived as the least effective. According to FTF, this may be the effect of having only one pediatrician in the region. Within the family support and literacy sections, more than half of respondents indicated that collaboration was occurring among partners in the region.

Given the results of the survey, below are some data trends that highlight the assets, needs, and data-driven considerations for the region.

Assets	Considerations
Family support and literacy partners report a high level of collaboration	Promote the successful collaboration among family support and literacy partners.
There are several collaboration efforts happening in the early childhood system.	Increase community awareness of the valuing of collaboration among providers/agencies.

Needs	
The children's health area needs to increase awareness of services. This area is perceived as the least effective, yet families report attending regular doctor's visits for their children.	Help increase family awareness of services offered in the area to meet children's health needs (e.g., WIC and local community clinics).
Although the system was perceived mostly as well coordinated, there are still several barriers to inclusiveness.	Promote community outreach and awareness on the availability of family support services.

Conclusion

Summary of Key Findings

This report presents an overview of the regional needs and assets for eight key domains: population characteristics; economic circumstances; educational indicators; early learning; child health; family support and literacy; communication, public information, and awareness; and system coordination among early childhood programs and services. The report describes the current conditions of young children and their families, identifies available assets to serve their needs, and recognizes any unmet needs. Using a participatory approach to engage key stakeholders, key findings of the report were discussed with the Graham/Greenlee Regional Partnership Council and with community stakeholders to help contextualize the final needs and assets of the region. The council's input is synthesized into each of the relevant report sections. The report is intended to serve as an essential planning tool for FTF staff and the Graham/Greenlee Regional Partnership Council as they refine their regional funding plan. The report can also be used as a reference tool for other local stakeholders working to address the needs of children and their families.

Assets

Assets	Considerations
Population Characteristics	
The population in the region has remained relatively stable over the last decade, and projections estimate very little change in birth rates.	Given the stability in the population dynamics of the region, subsequent years can focus on understanding how to effectively conduct tailored outreach to the population.
Economic Circumstances	
The Graham/Greenlee Region has multiple federal, state, and local programs aimed at supporting the availability of nutritious foods for children ages zero to five and their families.	Community awareness of nutrition programs available to young children and their families to help mitigate the low access to needed food is vital to increasing access to existing resources.
Median income for two-parent families, which compose the majority of families in the county, is about double the self-sufficiency standard.	Understanding the needs of families who are living below the self-sufficiency standard is crucial.
Education	
More first graders in the region are consistently attending school.	Support parent awareness of the benefits of school absences on academic achievement.
The high school dropout rate in the region decreased.	Promote the benefits of completing a high school diploma.

Assets	Considerations
Early Learning	
ECE centers need more qualitied professionals who can stay in positions for more than five years.	Consider providing incentives, such as professional development and networking opportunities, for quality early childhood professionals to retain their skills in the early childhood field and reduce staff turnover.
Child Health	
Over 90 percent of mothers reported not drinking or smoking during pregnancy	Increase knowledge of the community's success at decreasing smoking during pregnancy.
The majority of children in the region are fully vaccinated.	Continue to promote healthy preventive behaviors like receiving immunizations.
Family Support and Literacy	
In Graham and Greenlee counties there were less than 10 substantiated cases of abuse or neglect in FY 2014–2015.	Raise community awareness of family support programs that focus on family well-being.
The number of arrests for children 8 to 17 has decreased substantially in recent years as has the amount of drug use among teens.	Promote the educational programs that specifically target teenagers.
Communication, Public Information, and Awareness	
More than three-quarters of respondents are satisfied with the quality of services in the region.	Promote the current services and programs that young children and their families access.
Over a quarter of families reported not being able to find services but most go to the doctor or the dentist regularly.	Increase community knowledge of availability and location of services in the region.
System Coordination	
Family support and literacy partners report a high level of collaboration	Promote the successful collaboration among family support and literacy partners.
There are several collaboration efforts happening in the early childhood system.	Increase community awareness of the valuing of collaboration among providers/agencies.

Needs

Needs	Recommendations
Population Characteristics	
The percentage of children ages 0 to 5 who identify as Hispanic or Latino is greater than the percentage of the total population of Arizona, and this percentage is expected to increase over	Future efforts should emphasize tracking population characteristics in order to be responsive to the needs of the community.

the next several decades. In addition, there are pockets of the community with limited English proficiency.	
About one-third of children ages 0 to 5 live in single-parent households, and 17 percent live in households with grandparents, both of which face additional barriers and difficulties when compared to two-parent households.	Additional work should identify the needs that young children raised in non-traditional homes may have in comparison to children raised in traditional homes with two parents.
Economic Circumstances	
About one-third of children ages zero to five live in single-parent households, which earn substantially less money than two-parent households, and about 21 percent of children ages zero to five live in poverty.	Efforts should encourage community awareness of social service resources in the region.
Education	
More than half of third graders are not meeting proficiency requirements for ELA and math.	Increase awareness of early education programs to support learning and school readiness from an early age.
About half of adults 25 and older and mothers in the region have less than a college education.	Promote the benefits of parents becoming active agents in their child's education.
Early Learning	
ECE centers need more qualitied professionals who can stay in positions for more than five years.	Consider providing incentives, such as professional development and networking opportunities, for quality early childhood professionals to retain their skills in the early childhood field and reduce staff turnover.
Child care subsidies awarded in the region are scarce.	Help community stakeholders understand the importance of child care subsidies.

Needs	Recommendations
Child Health	
There is a need for more education on prenatal child development.	Promote outreach and education regarding prenatal care, especially targeting teen mothers.
Education on the importance of proper oral hygiene and oral care is vital for the well-being of the young children and their families.	Promote good oral health through other programs, such as home visitation.
There is a rise in obesity and diabetes that requires more knowledge about the preventive measures young children and their families can engage in to become healthy and thrive.	Help the community realize the benefits of consuming nutritional food and engaging in exercise.
Family Support and Literacy	
Knowledge of child development and proper parenting practices requires improvement.	Promote the value of parent knowledge of proper parenting practices.
The region has only one shelter to house domestic violence victims.	Promote awareness of domestic violence shelters for young children and their families.
Communication, Public Information, and Awareness	
Services are perceived as not being available at convenient times and locations and as not delivered using a culturally sensitive approach.	Promote the customization of services to meet the demands of the population.
There is limited knowledge and awareness on the eligibility of services.	Support community outreach and awareness on the availability of services.
System Coordination	
The children's health area needs to increase awareness of services. This area is perceived as the least effective, yet families report attending regular doctor's visits for their children.	Help increase family awareness of services offered in the area to meet children's health needs (e.g., WIC and local community clinics).
Although the system was perceived mostly as well coordinated, there are still several barriers to inclusiveness.	Promote community outreach and awareness on the availability of family support services.

Appendix

Chapter 1

Appendix 1.1. Detailed age breakdown for children 0-5

	Arizona	Graham County	Greenlee County	Graham/ Greenlee Region
0 years old	87,557	619	117	614
1 year old	89,746	680	131	669
2 years old	93,216	664	144	677
3 years old	93,880	624	140	663
4 years old	91,316	628	123	641
5 years old	90,894	615	139	639

U.S. Census Bureau; 2010 Census Summary File 1; Tables P11 & P14; generated by AZ FTF; using American FactFinder; <http://factfinder2.census.gov>

Appendix 1.2. Number of refugee arrivals to Arizona

Year	Arizona
1981	744
1982	1,011
1983	1,083
1984	928
1985	1,191
1986	1,149
1987	872
1988	762
1989	1,130
1990	1,715
1991	1,904
1992	1,966
1993	1,318
1994	1,561
1995	1,889
1996	1,927
1997	2,318
1998	2,861
1999	3,144
2000	2,546
2001	2,597
2002	1,134
2003	1,187
2004	2,446

2005	2,169
2006	2,024
2007	2,414
2008	3,408
2009	4,740
2010	3,888
2011	2,552
2012	2,845
2013	3,600
2014	3,882
2015	4,138

Arizona Department of Economic Security (2016). About Refugee Resettlement. Retrieved from https://des.az.gov/sites/default/files/REFREPT_May2017.pdf

Appendix 2.1. Percent of students eligible for free and reduced-price lunch by school in the FTF Graham/Greenlee Region

School	Percent of students eligible for free and reduced price lunch
Clifton High School	91.9%
Fort Thomas Elementary School	89.0%
Fort Thomas High School	84.3%
Laugharn Elementary School	76.9%
Dan Hinton Accommodation School	71.2%
Lafe Nelson School	63.0%
Dorothy Stinson School	60.7%
Duncan Elementary	60.5%
Solomon Elementary School	59.3%
Pima Elementary School	57.4%
Safford Middle School	57.3%
Discovery Plus Academy	54.3%
Pima High School	53.5%
Bonita Elementary School	52.9%
Ruth Powell Elementary School	52.1%
Jack Daley Primary School	51.5%
Mt Graham High School	47.9%
Duncan High School	42.7%
Thatcher Elementary School	39.9%
Safford High School	39.0%
Thatcher Middle School	38.2%
Metcalf Elementary School	37.4%

Thatcher High School	25.3%
Morenci High School	21.3%

Arizona Department of Education (2014). Students Eligible for Free and Reduced-price Lunch. Provided by AZ FTF.

Data indicators not provided by AZ FTF and not available to Harder+Company

Data Indicator	Source
Population of children (0-5) in Census 2000	US Census 2000
Change in pop. Of children (0-5), 2000 to 2010	US Census, 2000 & 2010
Number of children in ELL program	ADE
Migrant children	ADE
Percent of housing units with housing problems	US Department of Housing and Urban Development (2011)
Supplemental food program eligibility	Feeding America
Food bank data on numbers served	Local request
Children receiving McKinney Vento (homeless) designations (note: also includes ED)	ADE
Homelessness (including # of homeless children, services; clients receiving	The Homeless Management Information System (HMIS)

Appendix 3.1. Race or ethnicity of children by school

School	American Indian/ Alaska Native	Asian	Black/African American	Hispanic/ Latino	Native Hawaiian/ Other Pacific	White	Multiracial
Blue Elementary School	0	0	0	0	0	14	0
Bonita Elementary School	0	0	1	45	0	61	0
Dan Hinton Accommodation School	13	0	0	16	1	71	2
Discovery Plus Academy	0	0	2	19	0	84	5
Dorothy Stinson School	2	0	5	381	0	291	4
Duncan Elementary	4	1	0	58	0	194	2
Duncan High School	2	0	1	32	0	82	0
Fairbanks Middle School	11	3	7	270	0	110	4
Fort Thomas Elementary School	266	0	0	4	0	19	0
Fort Thomas High School	190	0	0	4	0	21	0
Gila Valley Learning Center	0	0	0	2	0	13	1
Jack Daley Primary School	4	1	1	106	0	285	6
Lafe Nelson School	8	3	8	263	0	236	17
Metcalf Elementary School	15	6	9	451	0	316	12
Morenci High School	13	1	8	278	0	86	0
Mt Graham High School	1	0	2	65	0	67	3
Pima Elementary School	5	1	2	91	0	294	9
Pima High School	5	1	2	65	4	167	8
Pima Junior High School	5	2	1	35	0	90	4
Ruth Powell Elementary School	3	1	9	252	0	302	6
Safford High School	2	3	11	464	0	374	4
Safford Middle School	4	1	7	226	0	200	6
Solomon Elementary School	2	0	1	133	0	51	7

Thatcher Elementary School	7	4	2	138	0	395	16
Thatcher High School	2	2	2	99	1	361	3
Thatcher Middle School	3	2	1	53	1	200	5
Triumphant Learning Center	0	4	0	25	0	73	2

Arizona Department of Education (2015). Enrollment. Provided by AZ FTF.

Appendix 3.2. 2014 School Report-Card Letter Grade for Districts

School District	Growth Points	Composite Points	Total Points	Final Letter Grade
Graham County Special Services	.	.	.	P
Morenci Unified District	55	88	143	A
Safford Unified District	56	79	135	B
Thatcher Unified District	47	86	133	B
Bonita Elementary District	51	79	130	B
Solomon Elementary District	53	77	130	B
Discovery Plus Academy	48	80	128	B
Triumphant Learning Center	47	81	128	B
Pima Unified District	46	75	121	B
Fort Thomas Unified District	53	63	116	C
Duncan Unified District	45	64	109	C
Clifton Unified District	51	41	92	D

Arizona Department of Education (2014). Letter Grades for All Schools. Retrieved from http://www.azed.gov/accountability/state-accountability/

Appendix 3.3. 2015 Enrollment by district and school

District & School	Sum of Total Enrollment
Blue Elementary District	**14**
Blue Elementary School	14
Bonita Elementary District	**107**
Bonita Elementary School	107
Discovery Plus Academy	**110**
Discovery Plus Academy	110
Duncan Unified District	**376**
Duncan Elementary	259
Fort Thomas Unified District	**518**
Dan Hinton Accommodation School	14
Fort Thomas Elementary School	289
Fort Thomas High School	215
Morenci Unified District	**1600**
Fairbanks Middle School	405
Metcalf Elementary School	809
Morenci High School	386
Pima Unified District	**845**
Dan Hinton Accommodation School	40
Gila Valley Learning Center	16
Pima Elementary School	402
Pima High School	252
Pima Junior High School	135
Safford Unified District	**3135**
Dorothy Stinson School	683

Lafe Nelson School	535
Mt Graham High School	130
Ruth Powell Elementary School	573
Safford High School	770
Safford Middle School	444
Solomon Elementary District	**292**
Mt Graham High School	8
Safford High School	90
Solomon Elementary School	194
Thatcher Unified District	**1749**
Dan Hinton Accommodation School	49
Jack Daley Primary School	403
Thatcher Elementary School	562
Thatcher High School	470
Thatcher Middle School	265
Triumphant Learning Center	**104**
Triumphant Learning Center	104
Total	8850

Arizona Department of Education (2015). Enrollment. Provided by AZ FTF.

Appendix 4.1. 2012 ECE professional development programs

	Early Care and Education Centers
Reimbursed employees for college tuition	53%
Paid for workshop registration fees	81%
Paid for staff development days	78%

First Things First – Arizona's Unknown Education Issue (2013). Early Learning Workforce Trends. Provided by AZ FTF.
** Data are not available for County and FTF Region.*

Appendix 4.2. 2007 and 2012 compensation of ECE professionals: Median salary

Year, Number of Responses, and sample size	For Profit <4 Sites	For Profit 4+ Sites	Head Start	Public Schools	Other Nonprofit	All Types
Assistant Teachers						
2007 Median	$7.75	$8.00	$10.25	$10.00	$8.50	$9.00
Number of Responses	325	212	23	160	355	1,075
Number Assistant Teachers	1,528	1,119	730	2,088	2,041	7,506
2012 Median	$8.50	$8.75	$10.53	$10.00	$9.00	$9.66
Number of Responses	298	160	28	174	318	978
Number Assistant Teachers	1,153	699	864	1,629	1,834	6,179
Teachers						
2007 Median	$8.50	$9.00	$15.00	$13.50	$11.00	$9.75
Number of Responses	409	261	24	183	394	1,271
Number Teachers	3,034	3,305	705	1,654	2,372	11,070
2012 Median	$9.00	$9.80	$16.00	$14.50	$11.50	$10.00
Number of Responses	431	251	29	176	381	1,268
Number Teachers	2,825	2,936	868	1,206	2,410	10,245
Teacher Directors						
2007 Median	$11.56	$11.50	$15.00	$14.31	$14.50	$13.50
Number of Responses	245	137	11	87	227	707
Number Teacher Directors	321	189	70	284	307	1,171
2012 Median	$11.00	$12.00	$20.00	$14.00	$14.50	$13.50
Number of Responses	302	136	15	101	236	790
Number Teacher Directors	428	192	119	337	428	1,504
Administrative Directors						
2007 Median	$14.50	$14.00	$20.00	$21.47	$16.75	$16.82
Number of Responses	225	198	24	121	246	814
Number Administrative Directors	305	321	168	188	311	1,293

2012 Median	$14.00	$16.00	$21.16	$22.00	$17.00	$16.80
Number of Responses	286	218	25	92	253	874
Number Administrative Directors	371	317	119	143	337	1,287

First Things First – Arizona's Unknown Education Issue (2013). Early Learning Workforce Trends. Provided by AZ FTF.
** Data are not available for County and FTF Region.*

Appendix 4.3. 2007 and 2012 compensation of ECE professionals: Lowest starting salary

Year, Number of Responses, and sample size	For Profit <4 Sites	For Profit 4+ Sites	Head Start	Public Schools	Other Nonprofit	All Types
Assistant Teachers						
2007 Median	$7.00	$7.25	$9.22	$8.75	$7.50	$8.00
Number of Responses	328	212	24	162	359	1,085
Number Assistant Teachers	1,548	1,119	743	2,109	2,063	7,582
2012 Median	$7.98	$8.00	$9.71	$8.77	$8.25	$8.50
Number of Responses	298	160	28	174	318	978
Number Assistant Teachers	1,153	699	864	1,629	1,834	6,179
Teachers						
2007 Median	$7.50	$8.00	$11.75	$11.71	$9.50	$8.25
Number of Responses	412	262	25	187	399	1,285
Number Teachers	3,063	3,313	711	1,725	2,436	11,248
2012 Median	$8.00	$8.00	$14.83	$13.46	$9.89	$8.99
Number of Responses	430	251	29	176	380	1,266
Number Teachers	2,822	2,936	868	1,206	2,387	10,219
Teacher Directors						
2007 Median	$10.00	$10.00	$16.38	$13.00	$12.19	$11.90
Number of Responses	242	136	11	86	219	694
Number Teacher Directors	318	189	70	293	298	1,168
2012 Median	$10.00	$11.00	$16.25	$13.80	$12.13	$12.00
Number of Responses	301	136	15	101	236	789
Number Teacher Directors	427	192	119	337	428	1,503
Administrative Directors						
2007 Median	$12.00	$12.00	$15.92	$18.00	$14.40	$13.69
Number of Responses	215	195	24	113	233	780
Number Administrative Directors	293	322	168	179	297	1,259

2012 Median	$12.00	$14.40	$15.32	$19.00	$15.86	$15.00
Number of Responses	286	218	24	92	253	873
Number Administrative Directors	371	317	118	143	337	1,286

First Things First – Arizona's Unknown Education Issue (2013). Early Learning Workforce Trends. Provided by AZ FTF.

Appendix 4.4. 2007 and 2012 Compensation of ECE Professionals: Highest Starting Salary

Year, Number of Responses, and sample size	For Profit <4 Sites	For Profit 4+ Sites	Head Start	Public Schools	Other Nonprofit	All Types
Assistant Teachers						
2007 Median	$8.25	$8.50	$12.77	$12.00	$9.50	$10.00
Number of Responses	328	212	23	162	359	1,084
Number Assistant Teachers	1,548	1,119	730	2,109	2,063	7,569
2012 Median	$9.00	$9.50	$13.35	$11.77	$10.00	$10.50
Number of Responses	293	160	28	174	318	978
Number Assistant Teachers	1,153	699	864	1,629	1,834	6,179
Teachers						
2007 Median	$10.00	$11.00	$18.33	$17.00	$13.39	$12.00
Number of Responses	412	261	25	191	397	1,286
Number Teachers	3,060	3,305	711	1,730	2,407	11,213
2012 Median	$10.75	$11.50	$21.12	$16.80	$13.50	$12.50
Number of Responses	431	250	29	176	381	1,267
Number Teachers	2,825	2,921	868	1,206	2,410	10,230
Teacher Directors						
2007 Median	$13.00	$12.60	$18.25	$15.76	$15.00	$14.50
Number of Responses	246	138	11	88	227	710
Number Teacher Directors	322	191	70	295	307	1,185
2012 Median	$11.52	$13.00	$23.75	$15.38	$15.00	$14.28
Number of Responses	302	136	15	101	236	790
Number Teacher Directors	428	192	119	337	428	1,504
Administrative Directors						
2007 Median	$15.00	$16.00	$23.44	$28.93	$17.30	$18.00
Number of Responses	225	200	24	121	246	816
Number Administrative Directors	305	325	168	188	311	1,297

2012 Median	$15.00	$17.30	$24.35	$24.00	$18.70	$17.78
Number of Responses	286	218	25	92	253	874
Number Administrative Directors	371	317	119	143	337	1,287

First Things First – Arizona's Unknown Education Issue (2013). Early Learning Workforce Trends. Provided by AZ FTF.

Appendix 4.5. 2013 Average Length of Employment for ECE Professionals by Provider Type

Average Length of Employment	For Profit <4 Sites	For Profit 4+ Sites	Head Start	Public Schools	Other Nonprofit	All Types
Assistant Teachers						
6 months or less	7%	8%	-	2%	3%	4%
7-11 months	8%	7%	-	1%	2%	3%
One Year	31%	22%	12%	10%	12%	16%
Two Years	19%	14%	2%	18%	18%	15%
Three Years	9%	16%	28%	38%	24%	24%
Four Years	6%	9%	30%	7%	7%	10%
5 years or More	21%	24%	28%	24%	34%	27%
Don't Know/Refused	0%	0%	-	0%	0%	0%
Teachers						
6 months or less	3%	2%	-	2%	2%	2%
7-11 months	4%	1%	-	2%	2%	2%
One Year	13%	9%	11%	13%	5%	10%
Two Years	20%	18%	2%	8%	13%	15%
Three Years	17%	23%	14%	13%	15%	18%
Four Years	9%	10%	1%	6%	7%	8%
5 years or More	33%	37%	71%	56%	55%	45%
Don't Know/Refused	0%	1%	-	-	0%	1%
Teacher Directors						
6 months or less	4%	6%	3%	2%	4%	4%
7-11 months	5%	1%	-	1%	1%	2%
One Year	8%	10%	19%	5%	3%	7%
Two Years	9%	7%	17%	4%	10%	8%
Three Years	11%	13%	29%	10%	17%	14%
Four Years	10%	12%	-	29%	15%	15%

5 years or More	52%	49%	31%	48%	50%	49%
Don't Know/Refused	1%	1%	-	1%	0%	1%
Administrative Directors						
6 months or less	4%	3%	1%	1%	3%	3%
7-11 months	3%	3%	1%	1%	2%	2%
One Year	8%	6%	5%	4%	4%	6%
Two Years	7%	8%	3%	8%	7%	7%
Three Years	10%	11%	-	7%	6%	8%
Four Years	7%	10%	2%	5%	6%	7%
5 years or More	60%	56%	89%	74%	71%	66%
Don't Know/Refused	2%	2%	-	1%	2%	2%

First Things First – Arizona's Unknown Education Issue (2013). Early Learning Workforce Trends. Provided by AZ FTF.
** Data are not available for County and FTF Region.*

Appendix 4.6. 2016 Race and ethnicity for children/pregnant women enrolled in Head Start Child-Parent Centers*

Race/Ethnicity	# of children/Pregnant women (Hispanic or Latino Origin)	# of children/pregnant women (Non-Hispanic or Non-Latino origin)
American Indian or Alaska Native	25	42
Asian	<25	31
Black or African American	31	101
Native Hawaiian or other pacific Islander	<25	<25
White	2,273	412
Biracial/Multi-racial	36	33
Other	186	28
Unspecified	58	0

Office of Head Start (2016). Head Start Data. Retrieved from: https://hses.ohs.acf.hhs.gov/pir/
**Child-Parent Centers is a Head Start grantee for five southern Arizona counties: Cochise, Pima, Graham, Greenlee and Santa Cruz Counties. Data presented are aggregated for all five counties.*

Appendix 4.7. 2016 Funded Enrollment for Head Start Child-Parent Centers

Funded enrollment by program option -children	# of children
Center-based program–5 days per week	
Full day enrollment	96
Of these, the number available as full-working-day	96
Of these, the number available for full-calendar-year	96
Part-day enrollment	0
Of these, the number in double sessions	0
Center-based program–four days per week	
Full-day enrollment	0
Part-day enrollment	2,076
Of these, the number in double sessions	0
Home-based program	578
Combination option program	<25
Family child care program	77
Of these, the number available as full-working-day enrollment	77
Of these, the number available for full-calendar-year	77
Locally designed option	0

Office of Head Start (2016). Head Start Data. Retrieved from: https://hses.ohs.acf.hhs.gov/pir/
Child-Parents Centers is a Head Start grantee for five southern Arizona counties: Cochise, Pima, Graham, Greenlee and Santa Cruz Counties. Data presented are aggregated for all five counties.

Appendix 4.8. Quality First Enrollment by Quality First Star Ratings for Centers and Providers

Center Data	FTF Graham/Greenlee Region
Total Quality First licensed participants	8
Total Licensed Capacity 3-5 Star	140
Number of sites 3-5 Star	3
Number of Non-Quality First licensed centers	16
Total Non-Quality First licensed providers	24

Arizona First Things First (July 2015). Quality First.
***Data available by city and zip code*

Appendix 4.9. 2012-2015 Service visits for developmental needs received by children (unduplicated count)

Year	Arizona	Graham County	Greenlee County	FTF Graham/Greenlee Region
Total number of visits for children ages 0-2				
2012	168,992	517	306	813
2013	158,496	1,078	50	1,128
2014	130,486	146	39	162
2015	120,519	274	<10	327
Total number of visits for children ages 3-5				
2012	363,468	635	51	686
2013	374,440	654	154	808
2014	367,590	743	152	895
2015	358,322	857	189	1046

Arizona Department of Economic Security (2015). Division of Developmental Disabilities. Provided by AZ FTF.

Appendix 4.10. Types of disabilities of preschool children.

Year	Type of Disability	Arizona	Graham County	Greenlee County	FTF Graham/Greenlee Region
2012					
Deaf-Blind		<25	-	-	-
Developmental Delay		3,672	<25	<25	26
Hearing impaired		160	-	-	-
PSD: Preschool Severe Delay		2,164	<25	<25	<25
Speech/Language Impairment		3,560	52	<256	58
Visual Impairment		111	-	-	-
Total		9,680	79	<259	88
2013					
Deaf-Blind		<25	-	-	-
Developmental Delay		3,774	49	<25	50
Hearing impaired		157	-	-	-
PSD		2,187	<25	-	<25
Speech/Language Impairment		3,437	47	<25	56
Visual Impairment		118	-	-	-
Total		9,689	101	10	111
2014					
Deaf-Blind		<25	-	-	-
Developmental Delay		3,747	41	<25	47
Hearing impaired		154	-	-	-
PSD		1,921	<25	-	<25
Speech/Language Impairment		3,503	41	11	52
Visual Impairment		105	-	-	-
Total		9,444	88	17	105
2015					
Deaf-Blind		3,571	41	<25	-
Developmental Delay		63	-	-	47
Hearing impaired		1,859	<25	-	-

PSD	3,155	41	<25	<25
Speech/Language Impairment	54	-	-	52
Visual Impairment	-	-	-	-
Total	8,702	88	<25	105

Arizona Department of Education (2015). Special Education. Provided by AZ FTF.

Appendix 4.11. Preschool primary disabilities for head start and migrant for Child-Parent Centers

Diagnosed primary disability	# of children determined to have this disability	# of children receiving special services
Health impairment (i.e. meeting IDEA definition of other health impairments'	0	0
Emotional disturbance	0	0
Speech or language	213	213
Intellectual disabilities	<25	<25
Hearing impairment, including deafness	<25	<25
Orthopedic impairment	0	0
Visual impairment, including blindness	0	0
Specific learning disability	<25	<25
Autism	<25	0
Traumatic brain injury	0	0
Non-categorical/developmental delay	58	58
Multiple disabilities (excluding deaf-blind)	<25	<25
Multiple disabilities (including deaf-blind)	0	0

Office of Head Start (2016). Head Start Data. Retrieved from: https://hses.ohs.acf.hhs.gov/pir/
Child-Parents Centers is a Head Start grantee for five southern Arizona counties: Cochise, Pima, Graham, Greenlee and Santa Cruz Counties. Data presented are aggregated for all five counties.

Appendix 4.12. Types of Speech, Language, and Hearing Service Providers

Types of Service Provider	Graham County	Greenlee County
Number of Audiologists	0	0
Number of Dispensing Audiologists	0	0
Number of Hearing Aid Dispensers	0	0
Number of Special Licensing Pathologists	0	0
Number of Speech Language Assistants	4	0
Number of Speech Language Pathologists	4	1
Number of Speech Language Pathologists (Limited Licensed)	6	1
Number of Temporary Hearing Aid Dispensers	2	0
Number of Temporary Speech Language Pathologists	0	0

Arizona Department of Health Services (2016). Speech, Language and Hearing Providers. Retrieved from http://azdhs.gov/licensing/special/index.php#databases

Appendix 4.13. Infants and toddlers with an Individual Family Service Plan (IFSP) who received an evaluation assessment and IFSP within 45 days of referral[1]

Indicators	Federal Fiscal Year 2012	Federal Fiscal Year 2013
Infants and toddlers with IFSPs who receive timely services	87%	82.19%
Infants and toddlers who had initial IFSP within 45 days	94%	75.85%
Infants and toddlers who primarily receive services in natural environment	95%	94.67%

Data were gathered from AzEIP's SPP/APR which are submitted in federal reports can be found on https://www.azdes.gov/reports.

Chapter 5

Appendix 5.1. 2009-2014 Number of Births that Were Covered by ACHCCCS or Indian Health

Year	Arizona	FTF Graham/Greenlee Region
2009	51,046	**379**
2010	48,014	**301**
2011	46,507	**328**
2012	46,923	**265**
2013	46,872	**283**
2014	47,231	**308**

Vital Statistics Birth (2014). Provided by AZ FTF.

Appendix 5.2. Enrollment health insurance information from Head Start programs

	# of children at enrollment	# of children at end of enrollment year
Number of Children with Health Insurance	3,107	3,111
Number of Enrollment Medicaid and/or CHIP	2,771	2,766
Number of enrollment in State-Only Funded Insurance (for example, medically indigent insurance)	41	40
Number with private health insurance (for example, parent's insurance)	214	216
Number with Health Insurance other than listed above, for example, Military Health (Tri-Care or CHAMPUS)	81	89
Number of Children with no health insurance	142	138
Number of Children with an ongoing source of continuous accessible health care	3,124	3,146
Number of children receiving medical services through the Health service	28	27

Office of Head Start (2016). Head Start Data. Retrieved from: https://hses.ohs.acf.hhs.gov/pir/
Child-Parents Centers is a Head Start grantee for five southern Arizona counties: Cochise, Pima, Graham, Greenlee and Santa Cruz Counties

Appendix 5.3. 2012-2015 reportable illnesses for all ages.

Year	Arizona	Graham County	Greenlee County
2012	20,690	78	<25
2013	13,913	72	<25
2014	13,211	76	<25
2015	15,966	82	31

Arizona Department of Health Services (2015). Communicable Disease Summary. Retrieved from http://www.azdhs.gov/preparedness/epidemiology-disease-control/index.php#data-stats-archive

Appendix 5.4. 2012-2014 Total Number of Asthma Related Visits to ER

Year	Arizona	FTF Graham/Greenlee Region
2012	5,450	45
2013	4,890	29
2014	4,560	32

Asthma ER Visits (2014). Provided by AZ FTF.

Appendix 5.5. 2009-2014 Child Fatality Rates for Children Under 18

Year	Arizona	Graham County	Greenlee County
2009	947	<1%	0%
2010	862	<1%	<1%
2011	837	<1%	<1%
2012	854	1%	<1%
2013	810	<1%	<1%
2014	834	1%	<1%

Arizona Department of Health Services (2015). Arizona Child Fatality Review. Retrieved from http://www/azdhs.gov/documents/preventiwon/women-children-health/reports-fact-sheets/child-fatality-review-annual-reports/cfr-annual-report-2015.pdf

Appendix 5.6. 2009-2014 Manner of Death for Children Under 18

Manner of Death	Arizona
2009	
Natural	68%
Accident	17%
Undetermined	7%
Homicide	5%
Suicide	3%
2010	
Natural	66%
Accident	19%
Undetermined	9%
Homicide	4%
Suicide	3%
2011	
Natural	64%
Accident	20%
Undetermined	6%
Homicide	5%
Suicide	5%
2012	
Natural	63%
Accident	22%
Undetermined	5%
Homicide	5%
Suicide	4%
2013	

Natural	63%
Accident	23%
Undetermined	5%
Homicide	6%
Suicide	3%
2014	
Natural	66%
Accident	22%
Undetermined	4%
Homicide	4%
Suicide	5%

Arizona Department of Health Services (2015). Arizona Child Fatality Review. Retrieved from http://www/azdhs.gov/documents/preventiwon/women-children-health/reports-fact-sheets/child-fatality-review- annual-reports/cfr-annual-report-2015.pdf
**Does not include deaths of pending manner*

Appendix 5.7. 2014 manner of death for children 1–4 years of age (*n* = 95)

Manner of Death	Arizona
2014	
Natural Accident	44..2%
Accident	40.0%
Undetermined	5.3%
Homicide	15.8%
Suicide	0%

Arizona Department of Health Services (2015). Arizona Child Fatality Review. Retrieved from http://www/azdhs.gov/documents/preventiwon/women-children-health/reports-fact-sheets/child-fatality-review-annual-reports/cfr-annual-report-2015.pdf
†Does not include deaths of pending manner

Appendix 5.8. Statewide 2014 Injury-Related Outcomes for Children Ages 0-5

	Infants less than one year		Children Ages 1–5	
	Hospital Discharges	ED visits	Hospital Discharges	Ed Visits
Unintentional Injuries	212	5082	695	40,961
Assault/Abuse	69	<25	39	119
Undetermined/ Other Intent	<25	61	<25	123
Total Injury-Related Cases	290	5,165	747	41,350

Arizona Special Emphasis Report (2014). Infant and Early Childhood Injury.

Appendix 5.9. 2009-2014 Women Who Received Prenatal Care

Number of Prenatal Care Visits	Year	Arizona	FTF Graham/Greenlee Region
Received no prenatal care			
	2009	1.8%	<6
	2010	1.6%	1.1%
	2011	1.6%	1.3
	2012	1.2%	<6
	2013	1.4%	1.8%
	2014	2.3%	0.9%
Received fewer than five prenatal care visits			
	2009	3.4%	9.6%
	2010	3.3%	9.6%
	2011	3.4%	7.3%
	2012	3.6%	6.8%
	2013	3.8%	3.5%
	2014	4.4%	5.0%
5-8 prenatal visits			
	2009	15.6%	39.4%
	2010	14.4%	34.3%
	2011	14.0%	33.1%
	2012	13.7%	28.9%
	2013	13.5%	22.3%
	2014	14.7%	26.9%
9-12 Prenatal visits			
	2009	49.1%	43.4%
	2010	49.0%	45.2%
	2011	47.0%	47.6%

	2012	46.8%	**49.2%**
	2013	46.4%	**43.5%**
	2014	47.6%	**42.0%**
13 or more prenatal visits			
	2009	30.0%	**7.4%**
	2010	31.7%	**9.6%**
	2011	34.0%	**11.3%**
	2012	34.7%	**14.3%**
	2013	34.9%	**28.9%**
	2014	31.1%	**24.4%**

Vital Statistics Birth (2014). Provided by AZ FTF.

Appendix 5.10. Tobacco and Alcohol Use During Pregnancy 2009-2014

Year	Mother's Substance use	Arizona	FTF Graham/Greenlee Region
2009			
	Drinker, Nonsmoker	0.3%	<6
	Smoker, Nondrinker	4.6%	9.0
	Smoker and Drinker	0.2%	<6
	Nonsmoker and Nondrinker	94.9%	90.7%
2010			
	Drinker, Nonsmoker	0.3%	<6
	Smoker, Nondrinker	4.4%	10.5%
	Smoker and Drinker	0.2%	<6
	Nonsmoker and Nondrinker	95.1%	88.9%
2011			
	Drinker, Nonsmoker	0.4%	0
	Smoker, Nondrinker	4.1%	6.9%
	Smoker and Drinker	0.2%	0
	Nonsmoker and Nondrinker	95.4%	93.7%
2012			
	Drinker, Nonsmoker	03%	0
	Smoker, Nondrinker	4.0%	10.4%
	Smoker and Drinker	0.2%	0
	Nonsmoker and Nondrinker	95.5%	90.0%
2013			
	Drinker, Nonsmoker	0.2%	0
	Smoker, Nondrinker	4.3%	9.0%
	Smoker and Drinker	0.2%	<6
	Nonsmoker and Nondrinker	95.3%	91.0%
2014			

	Nonsmoker	96.0%	**89.7%**
	Light Smoker	2.7%	**5.0%**
	Heavy Smoker	1.3%	**4.2%**
	Unknown	0.7%	**<6**

Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.
** Sum rounded to nearest tens unit due to non-zero addend less than 6*
***Alcohol consumption was not reported for 2014; as such data on smoking had additional categories*
*** Note: categories Changed in 2014*

Exhibit 5.11. 2010-2014 Drug Withdrawal Syndrome Infants of Drug Dependent Mothers †

Year	Arizona	Graham County	Greenlee County
2010	260	<25	0
2011	360	0	0
2012	360	0	0
2013	390	0	0
2014	470	0	0

Arizona Department of Health Services (2014).
Drug withdrawal syndrome in infants of dependent mothers by race/ethnicity and County of residence. Retrieved from http://azdhs.gov/plan/hip/index.php?pg=drugs
† Sum rounded to nearest tens unit due to non-zero addend less than 6

Appendix 5.12. 2009-2014 infant mortality and at-risk births.

	Year	Arizona	FTF Graham/Greenlee Region
Baby had low birthweight (5.5 lbs. or less)			
	2009	7.1%	6.5%
	2010	7.1%	5.9%
	2011	7.0%	6.9%
	2012	6.9%	6.2%
	2013	6.9%	7.4%
	2014	7.0%	6.4%
Newborns admitted to Intensive Care Unit			
	2009	6.2%	4.7%
	2010	6.1%	4.8%
	2011	5.5%	4.2%
	2012	4.8%	5.3%
	2013	5.3%	4.7%
	2014	6.7%	4.4%
Infant Mortality Rate			
	2009	0.6%	**
	2010	0.6%	**
	2011	0.6%	**
	2012	0.6%	**
	2013	0.5%	**
	2014	0.6%	**
Percent of Premature Births (under 37 weeks)			
	2009	10.0%	10.3%
	2010	9.6%	9.8%

	2011	9.3%	10.5%
	2012	9.2%	10.2%
	2013	9.0%	11.3%
	2014	9.0%	7.7%
Births with Congenital Anomalies			
	2009	0.7%	1.5%
	2010	0.6%	1.3%
	2011	0.6%	<6
	2012	0.6%	1.5%
	2013	0.7%	1.0%
	2014	0.5%	<6

Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.

Appendix 5.13. 2009-2014 Mothers who were not married

	Year	Arizona	FTF Graham/Greenlee Region
Mother was not married			
	2009	44.9%	**43.5%**
	2010	44.4%	**41.2%**
	2011	44.4%	**39.0%**
	2012	45.5%	**38.6%**
	2013	45.7%	**39.9%**
	2014	45.5%	**39.4%**

Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ

Appendix 5.14. 2012-2015 Pre-Pregnancy Overweight and Obesity Percentages

Indicators	Arizona	Graham County	Greenlee County	FTF Graham/Greenlee Region
2012				
Percent Pre-Pregnancy under weight	4.8%	4.1%	4.0%	**4.1%**
Percent Pre-Pregnancy normal weight	41.2%	44.5%	34.60%	**43.7%**
Percent Pre-Pregnancy overweight	26.7%	22.1%	20.40%	**22.1%**
Percent Pre-Pregnancy obese	27.4%	29.4%	40.80%	**29.9%**
2013				
Percent Pre-Pregnancy under weight	4.7%	2.8%	7.10%	**3.4%**
Percent Pre-Pregnancy normal weight	40.1%	45.8%	41.0%	**45.6%**
Percent Pre-Pregnancy overweight	26.8%	22.2%	16.0%	**21.3%**
Percent Pre-Pregnancy obese	28.4%	29.3%	35.7%	**29.5%**
2014				
Percent Pre-Pregnancy under weight	4.6%	4.3%	8.50%	**4.8%**
Percent Pre-Pregnancy normal weight	40.0%	42.7%	38.30%	**42.3%**
Percent Pre-Pregnancy overweight	26.4%	26.7%	23.40%	**26.2%**
Percent Pre-Pregnancy obese	29.0%	26.3%	29.70%	**26.3%**
2015				
Percent Pre-Pregnancy under weight	4.1%	6.1%	9.10%	**6.9%**
Percent Pre-Pregnancy normal weight	38.6%	40.8%	31.60%	**38.6%**
Percent Pre-Pregnancy overweight	26.8%	24.5%	27.50%	**25.0%**

Percent Pre-Pregnancy obese	30.5%	28.5%	31.60%	**29.3%**

Arizona Department of Health Services (2015). Women, Infants & Children (WIC). Provided by AZ FTF.

Appendix 5.15. 2015 reported medical issues in Head Start programs

Chronic Conditions	Number of children
Anemia	11
Asthma	232
Hearing Difficulties	6
Vision Problems	50
High Lead Levels	1
Diabetes	4

Office of Head Start (2016). Head Start Data. Retrieved from: https://hses.ohs.acf.hhs.gov/pir/ Child-Parents Centers is a Head Start grantee for five southern Arizona counties: Cochise, Pima, Graham, Greenlee and Santa Cruz Counties. Data presented are aggregated for all five counties.

Appendix 5.16. Number of all Children Body Mass Index

	# of children at enrollment
Underweight (BMI less than 5th percentile for child's age and sex)	97
Healthy weight (at or above 5th percentile and below 85th percentile for child's age and sex)	1,628
Overweight (BMI at or above 85th percentile and below 95th percentile for child's age and sex)	391
Obese (BMI at or above 95th percentile for child's age and sex)	483

Office of Head Start (2016). Head Start Data. Retrieved from: https://hses.ohs.acf.hhs.gov/pir/ Child-Parents Centers is a Head Start grantee for five southern Arizona counties: Cochise, Pima, Graham, Greenlee and Santa Cruz Counties

Appendix 5.17. 2015 Immunization Received from Head Start Child-Parents Centers

	Number of children at enrollment	Number of children at the end of enrollment year
Number of children who have been determined by a health care professional to be up-to-date on all immunizations appropriate for their age	3,099	3,174
Number of children who have been determined by a health care professional to have received all immunizations possible at this time, but who have not received all immunizations appropriate for their age	37	22
Number of children who meet their state's guidelines for an exemption from immunizations	32	30
Number of all children who are up-to-date on a schedule of age-appropriate preventive and primary health care, according to the relevant state's EPSDT schedule for well child care	1,319	2,947

Office of Head Start (2016). Head Start Data. Retrieved from: https://hses.ohs.acf.hhs.gov/pir/
hild-Parents Centers is a Head Start grantee for five southern Arizona counties: Cochise, Pima, Graham, Greenlee and Santa Cruz Counties. Data presented are aggregated for all five counties.

Appendix 5.18. 2015 Oral Health Information from Head Start Child-Parent Centers

	Number of children at enrollment
Number of Children with Continuous Accessible Dental Care provided by a dentist	3,059
Number of Children who received preventive care since last year's PIR was reported	2,525
Number of all children, including those enrolled in Medicaid or CHIP, who have completed a professional dental examination since last year's PIR was reported	2,424
Of these, the number of children diagnosed as needing treatment since last year's PIR was reported	722
Of these, the number of children who have received or are receiving treatment	630

Office of Head Start (2016). Head Start Data. Retrieved from: https://hses.ohs.acf.hhs.gov/pir/
Child-Parents Centers is a Head Start grantee for five southern Arizona counties: Cochise, Pima, Graham, Greenlee and Santa Cruz Counties

Appendix 6.1 Juvenile arrests of children ages 8-17 for violent crimes

	Arizona	Graham County	Greenlee County
2004	1,569	9	0
2005	1,576	4	0
2006	1,647	3	0
2007	1,604	1	2
2008	1,630	14	3
2009	1,355	3	0
2010	1,245	1	0
2011	1,082	3	0
2012	1,048	0	7
2013	961	1	0
2014	827	2	0

Kids Count Data Center (2014). Juvenile Arrests. Retrieved from http://datacenter.kidscount.org/

Appendix 6.2 Juvenile arrests of children ages 8-17 for drug crimes

	Arizona	Graham County	Greenlee County
2004	5,587	64	7
2005	5,396	22	10
2006	5,225	15	15
2007	5,456	25	1
2008	5,440	20	0
2009	5,507	19	0
2010	5,417	28	0
2011	5,109	23	0
2012	4,550	12	6
2013	3,939	25	10

Kids Count Data Center (2014). Juvenile Arrests. Retrieved from http://datacenter.kidscount.org/

Data indicators not provided by AZ FTF and not collected by Harder+Company

Data Indicator	Source
Children removed by DCS	DCS; Tribal Social Services
Child Welfare Reports: # of reports, assessed risk, types of maltreatment	DES/DCS Child Welfare Reports; Tribal Social Services
Number of licensed foster homes by zip code	DES/ DCS
Age of entry into out-of-home care	DES/DCS Child Welfare Reports; Tribal Social Services
Re-entry in 12 months from exits to reunification or live with relatives	DES Child Welfare Reports
Children of Incarcerated Parents	The Pima Prevention Partnership; Arizona Judicial Branch 2010; Department of Justice, OJP
Domestic violence data (Number of domestic violence reports, arrests, victims served)	Dept of Justice, OJP; tribal police departments