FIRST THINGS FIRST

Pima South

2018 NEEDS AND ASSETS REPORT

PIMA SOUTH
REGIONAL PARTNERSHIP COUNCIL
2018

NEEDS AND ASSETS REPORT

Prepared by

Harder and Company Community Research

Funded by

First Things First Pima South Regional Partnership Council

harder co | community research

FIRST THINGS FIRST

LETTER FROM THE CHAIR

August 1, 2017

Message from the Chair:

Since the inception of First Things First, the Pima South 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 Pima South Regional Council would like to thank our Needs and Assets vendor, Harder+Company Community Research, for their knowledge, expertise and analysis of the Pima South 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 Pima South 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,

Pima South Regional Partnership Council, Chair

PIMA SOUTH 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 Pima South 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 Pima South 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 Pima South 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, the Arizona Health Care Cost Containment System, the United Way of Tucson and Southern Arizona Great Expectations for Teachers, Children, Families and Communities and Child Parent Centers for their contributions of data for this report, and their ongoing support and partnership with First Things First on behalf of young children.

To the current and past members of the Pima South 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.

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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 partner 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 birth through age five.

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 zero to five 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 Pima South Region

The FTF Pima South Region covers an expansive region occupying the western and southeastern portions of Pima County. The region borders Mexico to the south and mainly consists of small rural towns, though there are some urban and suburban areas south of Tucson.

The FTF Pima South Regional Partnership Council (Council) makes strategic investments to support the healthy development and learning of the young children in the Pima South region. The Council's priorities include:

- Improving the quality of child care and preschool programs
- Scholarships for children to access high-quality early learning
- Improving the quality of family, friend and neighbor care
- Strengthening families through voluntary home visiting and parenting education
- Oral health screenings and fluoride varnishes

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 identified for the FTF Pima South Region, potential considerations, and opportunities for further exploration. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.

Key Findings

Population Characteristics

The FTF Pima South Region has a total population of 269,210 residents and 25,171 children under the age of six. Though the number of births has decreased in recent years, the population of zero to five-year-olds is projected to increase over the next several decades. The region has a larger percentage of

adults identifying as Hispanic or Latino than the state and two in five households primarily speak a language other than English at home indicating that linguistically and culturally responsive services are an important need for the Pima South region.

About 14 percent of the households in the region include children under age six. The majority of households with children under six are led by married couples, with about one third of households led by single parents. Additionally, about 15 percent of children in the region live in the same household as a grandparent. About 53 percent of children living with their grandparent are primarily cared for by their grandparent, matching the average for the state. The high percentage of children growing up in dual parent households is an asset for the region, as is the experience of children living in a multigenerational household, since this means the children likely have more permanent connections with adult role models. However, while living with grandparents can be an asset, it can also indicate that the child's parents are emotionally or financially unable to care for their child on their own and there may be need for resources and parenting education for grandparents who are taking on the task of raising a second generation. Additionally, about a third of children are living in single-parent family households which may indicate a more stressful home environment and less time spent with their parent, who is likely the sole breadwinner for their family.

Population Characteristic Considerations:

- Discuss tactics for planning ahead for the projected slow, but steady, growth of the under six population and the needs that accompany that growth.
- Look into supporting culturally appropriate services and interpretation and translation assistance for families that are more comfortable speaking in a language other than English.
- Discuss supporting services specifically designed for single-parent and grandparent-led households to help them support the young children in their homes.

Economic Circumstances

Overall, the economic circumstances of families in the Pima South Region are slightly more challenging than in the county and state as a whole. Families in the Pima South Region are earning less and are more likely to be living in poverty than the state or county (31% versus 29%). Based on the self-sufficiency standard for an adult with a young child in the County, single females in the region are likely struggling and have a need for financial support to help their child's growth and development. However, relative to the state and county averages, residents in the Pima South Region are more likely to own their own home and have slightly more access to affordable housing, indicating a diverse range of economic circumstances in the region.

In Pima County, about a quarter of children under age 18 are food insecure, meaning they have limited or uncertain access to adequate food. This may be partly due to the 24 percent of residents in the county with low access to grocery stores and the low rate of Women, Infants and Children (WIC)-authorized stores in the county, according to the US Department of Agriculture and Economic Research Service. Though local programs providing fresh and healthy food options exist in the region, more outreach and information is needed to inform families of the resources available. Limited access to nutritional food can have detrimental effects on children's health and learning and is an area in need of support for the FTF Pima South Region.

Economic Circumstances Considerations:

- Identify strategies and assets among the more economically prosperous subregions that can be applied to other subregions to increase financial support and resources.
- Identify supports or resources that can help subsidize child care and housing costs for single parents with young children.

Educational Indicators

Participation in early learning experiences is likely to result in higher academic performance in future years. However, less than a third of preschool-aged children in the region are enrolled in early education programs and the percentage of early elementary school students missing ten or more days of school was higher in the region than in the state or county. Additionally, less than half of third grade students scored proficiently on the AzMERIT English Language Arts and Math assessments and high school graduation rates have been decreasing since 2011. In general, the adults and mothers in the region have completed high school or more, indicating the potential understanding of the value and importance of education that will hopefully be incorporated into their parenting priorities.

Educational Indicators Considerations:

- Support peer mentoring programs for parents to support each other and share knowledge and attitudes around the importance of education.
- Further explore the most common reasons for absences and parent attitudes around absences.
- Increase awareness of early education programs to support learning and school readiness from an early age.

Early Learning

According to the American Community Survey (ACS), the Early Learning system in the FTF Pima South Region is serving less than one third of the children in the region, potentially due to a lack of providers and high turnover amongst early childhood professionals. The Head Start and Early Head Start programs are assets in the region, as children attending these programs tend to score higher in cognitive and social-emotional development than those who do not.[1] However, given that there is only one Head Start grantee that covers five counties in southern Arizona, the region may want to consider working with the federal government to bring more Head Start resources and programs into the Pima South Region. This is even more important when considering the high costs of child care in the region and the decrease in families eligible for and receiving child care subsidies.

Children receiving Arizona Early Intervention Program (AzEIP) referrals and services have increased in the region, indicating both increased need and capacity to meet the need. The most common types of disabilities for preschool children were developmental delays and Preschool Severe Delays (PSD).

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

Early Learning Considerations:

- Support Quality First efforts in the region to increase the opportunities for children to receive quality early care and education experiences.
- Explore providing support for quality early childhood professionals to retain their skills in the early childhood field and reduce staff turnover.

Child Health

The Pima South Region has a higher ratio of population to primary healthcare providers than the state average, indicating that, although the majority of residents have health insurance according to the ACS, access to healthcare is still limited by the number of available providers. Additionally, less than half of parent respondents to the FTF Family and Community Survey believe they impact their child's brain during the prenatal period, indicating a lack of knowledge around prenatal care's impact on a child's growth and development. Turning to another risk indicator, the percentages of adults with obesity and diabetes in Pima County have been on the rise since 2004, and over half of mothers were overweight or obese prior to pregnancy in 2015. This may be partly due to the limited number of recreational or fitness facilities and the lack of access to nutritional food previously discussed.

Less than five percent of mothers reported drinking or smoking during pregnancy, indicating an understanding that substance use is not recommended during pregnancy. However, the number of babies born with drug withdrawal symptoms doubled in the County, and over half of the infants born in the region in 2013 had births with medical risks, such as eclampsia or hypertension.

Families in the Pima South Region have been successful in implementing the healthy preventive practices of breastfeeding and vaccinating their children. The percentage of mothers participating in WIC who breastfeed their infant at least once a day has increased to 75 percent in 2015 and only two percent of preschoolers and kindergartners are exempt from immunizations.

Although the majority of respondents to the Family and Community Survey in the South Pima Region report regularly take their children to dental visits, over half of parents in the region who responded to the FTF oral health survey report their children have experienced tooth decay and over one third have had untreated decay. Additionally, 22 percent of parents in the state who responded to the FTF oral health survey report they have the Arizona Health Care Cost Containment System (AHCCCS) insurance but are not aware that dental insurance is included. This indicates a need for increased oral health education and services in the Pima South Region.

Child Health Considerations:

- Promote public education about the benefits of breastfeeding and consider supporting workplace efforts to encourage breastfeeding practices for working mothers.
- Add substance abuse interventions and provide information around substance use at existing services, such as home visitations and well-child visits.
- Consider supporting healthcare providers to travel to the more rural parts of the region and providing support and infrastructure for tele-health services.
- Promote oral health services and education during existing programs, such as home visitations, to inform parents of the importance of early oral healthcare. Also, consider partnering with

primary care physicians and pediatricians to be allies of oral healthcare and encourage their patients to practice healthy oral health behaviors and regularly visit the dentist.

Family Support and Literacy

In 2012, 150 parents and caregivers in the FTF region previously referred to as South Pima completed a survey administered by FTF to better understand parents' knowledge of parenting practices and child development. Though changes in parent knowledge have likely occurred since 2012, the data available showed that the majority of respondents have an understanding of the importance of play and their impact during the first year of life. However, less than half understood the importance of prenatal development or reported engaging in activities with their child on a daily basis. These findings indicate that, though most parents in the region are aware of their impact on their child's development in later years, more education may be needed around the prenatal and infant stages and the importance of engaging in behaviors to enhance their learning.

Family Support and Literacy Considerations:

- Continue to educate parents on their role in building their child's development, starting in the prenatal stage.
- Support community education campaigns to increase parents' awareness about the importance of play from an early age and the impact of engaging in developmentally stimulating activities with their children daily.
- Promote targeted support to families with open child welfare cases and trauma-informed care trainings to families caring for children who have been removed from their primary caregiver.

Communication, Public Information and Awareness

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 as well as the broader objectives of system building.

There is no one single communications strategy that will achieve the goal of making early childhood an issue that more Arizonans 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 – ensures that diverse audiences are reached more effectively wherever they are at across multiple mediums. Other communications strategies include: strategic consistent messaging, brand awareness, community awareness tactics such as distribution of collateral and sponsorship of community events, social media, and paid media which includes both traditional and digital advertising.

Since state fiscal year 2011, First Things First has led a collaborative, concerted effort to build public awareness and support across Arizona employing the integrated communications strategies. In addition, First Things First began a community engagement effort in SFY2014 to recruit, motivate and support community members to take action on behalf of young children. In the Pima Regions, 1,415 friends, 170 supporters and 72 champions were involved in the engagement program.

Communication, Public Information and Awareness Considerations:

- Continue to utilize integrated strategies to highlight the importance of early childhood development and health.
- Continue to engage community members through the community engagement program.

System Coordination Among Early Childhood Programs and Services
To gain a better understanding of the coordination and collaboration occurring among early childhood system partners, FTF administered the Coordination and Collaboration Survey to system partners in October of 2016. Sixty-four respondents from Pima County participated in the survey. About half of respondents perceived the early childhood system in the region to be well-coordinated followed by 39 percent who considered it to be partially coordinated. The majority of respondents felt the four areas of the system (Family Support and Literacy, Children's Health, Early Learning, and Professional Development) were effective in addressing the needs of young children and their families. However, Family Support and Professional Development were considered to have the highest level of collaboration, likely due to the efforts of the Family Support Alliance and the Great Expectations for Teachers, Children, and Families communities of practice.

System Coordination Considerations:

- Bring organizations together to coordinate services and provide a holistic system for families through collaboratives like the Family Support Alliance and Community of Practices. Identify more system leaders that can guide the system partners and participants towards a more coordinated and collective network that will efficiently serve children and families.
- Identify successes from the Family Support and Professional Development collaboration efforts that can be applied to the other areas of Children's Health and Early Learning. Consider supporting a virtual health collaborative that respects the limited time of healthcare providers yet allows them to connect and leverage each other's expertise.
- Consider supporting collective partnerships and collaborations between organizations to reduce duplication and increase efficiency.

Opportunities for Further Exploration
Most of the findings provided in this report are based on secondary data sources. As the FTF Pima South 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. The Council may want to consider collecting additional information regarding the following:

1. **Grandparents caring for grandchildren** to have a better understanding of whether the living situations are due to parents taking care of their elderly parents or parents unable to independently care for themselves and their children. Also gather information regarding the resources and education grandparents need to care for their young grandchildren, such as respite or parenting refreshers.

2. Children with **developmental delays and special needs** to understand the resources and human capital needed to identify, screen, and address mild to moderate delays early and treat them in preschool, before they become more severe.

3. Where families are turning for **child care** if licensed care is too expensive or not available in their communities and how to retain Early Care and Education (ECE) providers.

4. Reasons for the high rate of **tooth decay among children** and **oral health practices and outcomes for pregnant women**.

5. **Parent-level gains** as a result of participation in FTF services.

6. Barriers to **system coordination** and potential innovative solutions.

Introduction

Family well-being is an important indicator for child success.[2] Healthy families and healthy communities create a context in which young children can thrive, developing the cognitive, emotional, motor, and social skills they will need to succeed in school and life.[3] Early childhood interventions help promote strong families and children.[4]

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 birth through age five. FTF is intent on bolstering current child-focused systems within Arizona as a strategic way to maximize current and future resources. The Council makes strategic investments to support the healthy development and learning of the young children in the region. The Council's priorities include the following:

- Improving the quality of child care and preschool programs
- Scholarships for children to access high-quality early learning
- Improving the quality of family, friend, and neighbor care
- Strengthening families through voluntary home visiting and parenting education
- Oral health screenings and fluoride varnishes

About this Report

This is the sixth Needs and Assets report conducted on behalf of the 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 through age five, and their families in the region. This report is designed to provide updated information to the Council about the needs and assets in their region to help them make important program and funding decisions. This report describes the current circumstances of young children and their families as they relate to unmet needs and assets for the FTF Pima South Region. This report is organized by topic area followed by sub-topics and indicators. When available, data is presented for the state, county, region, and subregional breakdowns as appropriate. Key data indicators are represented in this report in eight unique domains:

- Population characteristics
- Economic circumstances
- Educational indicators
- Early learning
- Child health
- Family support and literacy

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[2] *Martinez, J., Mehesy, C., & Seely, K. (2003). What Counts : Measuring Indicators of Family Well-Being Executive Summary Report (Vol. 8466). Denver, CO.*
[3] *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.*
[4] *Shonkoff, J., & Meisels, S. (2000). Early Childhood Intervention: The Evolution of a Concept. New York, NY: Cambridge University Press.*

- Communication, public information and awareness
- System coordination among early childhood programs and services

Methods

A systematic review designed to reveal the needs and assets of the Pima South region was used to collect and summarize data for this report. This assessment included a review and analysis of current and relevant secondary data describing the FTF Region, Pima County, and the State of Arizona. Wherever possible, data throughout the report are provided specifically for the Pima South Region and are often presented alongside data for Pima County and the State of Arizona for comparative purposes.

Secondary data was gathered to better understand demographic trends for the FTF Pima South Region. The assessment was conducted using data from state and local agencies and organizations that provide public data or 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 gathered directly from the public database. 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 or from 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 are available to make meaningful conclusions about a particular indicator within a region or county.

Furthermore, many agencies are collecting data independent of other public entities, which results 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 under age six 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 regional, 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 the interpretation of the identified strengths of the community (i.e. the assets available in the region).

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

Phone interviews were conducted with three college scholarship recipients, four families receiving home visitation services, and two oral health providers to collect qualitative information on their experience with the FTF funded services provided in the region. The data from the interviews are presented as case studies throughout the report.

Per FTF guidelines, data related to social service and early education programming, with counts of fewer than ten, 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 twenty-five, excluding counts of zero (i.e., all counts of one through twenty-four) are suppressed.

Limitations

This report relied primarily on secondary data. Most of the data were extracted by teams other than the evaluation team conducting the asset and needs assessment; therefore, conducting quality assurance on some data that were provided for this report was nearly impossible. The demographic and economic profile of the region relied mostly on Census and ACS data. For some of the Census indicators, only the 2010 Census data were available, which will be eight years old by the time the 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 past four years. For example, the most recent diabetes and obesity data are from 2013 and the most recent data for the number of fitness facilities and access to grocery stores is from 2012.

Another limitation impacting the findings and interpretation of finding is the targeted population included in the each of the different data sources. For many domains reported, data were often only available at the county level rather than the region, and data for children often includes children under age eighteen rather than children under age six. ACS estimates are less reliable for small geographic areas or areas with smaller populations. Similarly, rural areas tend to be undercounted, along with non-White populations. Federal data also have similar limitations. For example, Head Start and WIC data only include a sample of the young children and families' service.

Another major limitation is the discrepancy in the definitions and criteria used by each agency that is collecting the data. Because various different data sources are used for each domain and they each have different definitions, it is difficult to make confident comparisons on indicators between data sources. Given these limitations, interpretation of key findings requires a deep understanding of the region. Contextualizing the findings is equally important as what the data tell us.

1. Population Characteristics

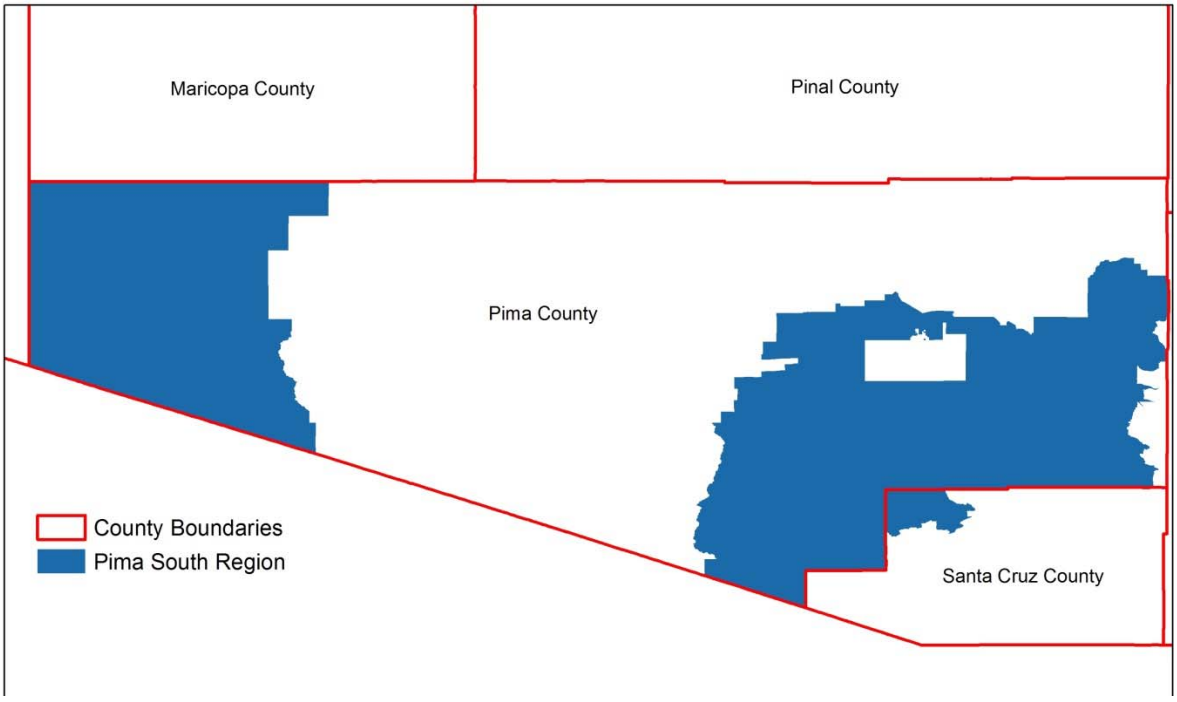
Why it Matters

The profile of residents in a particular community informs the needs of the community and the types of services offered in the community. It is vitally important for policy and decision makers to understand the demographic profile of the communities they serve in order to make effective decisions that will positively impact the community's well-being. Policy actions can ameliorate the issues faced by young children and their families and remove barriers they might otherwise face in living healthy and successful lives. Similarly, policy actions can also influence economic development, food resources, health care facilities, schools, and social services. 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 geographic region's population dynamics, projected growth, ethnic and racial composition, languages spoken, immigration trends, and household characteristics (e.g., living arrangements for children).

What the Data Tell Us

The FTF Pima South Region covers an expansive region occupying the western and southeastern portions of Pima County, as shown in Exhibit 1.1. The region borders Mexico to the south and mainly consists of small rural towns, though there are some urban and suburban areas south of Tucson.

Exhibit 1.1. Map of Pima County and FTF Pima South Region boundaries



Population Counts and Projections

According to the 2010 Census, the FTF Pima South Region has a total population of 269,210 residents. There are over twenty-five thousand children under six years old in the region, accounting for nine percent of the total regional population and five percent of children under age six statewide (see Exhibit 1.2). Pima County has a population of 980,263 and 74,796 children under six years old. Further age breakdowns are available in Appendix 1.1.

Exhibit 1.2. 2010 Population of Arizona, Pima County, and the FTF Pima South Region

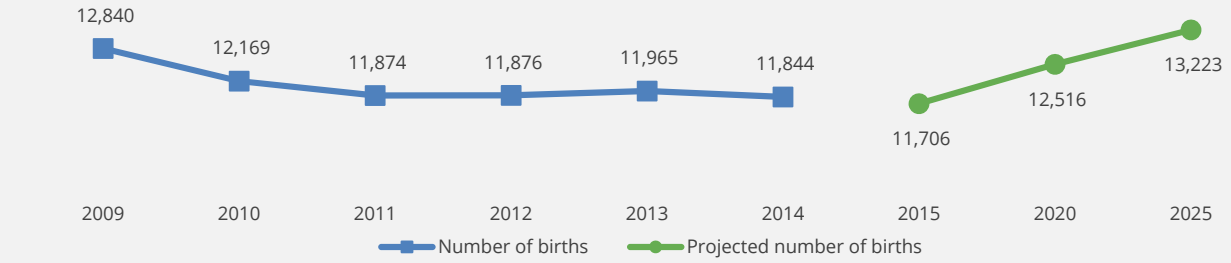
	Arizona	Pima County	FTF Pima South Region
Total Population	6,392,017	980,263	269,210
Population of children 0-5	546,609	74,796	25,171
Percent of children 0-5 out of total population	8.6%	7.6%	9.3%

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 Pima South Region declined from 4,160 in 2009 to 3,810 in 2014, an eight percent decrease.[5] This compares to a six percent decrease for Arizona. Over the next ten years the number of births in Pima County is expected to increase to 13,223 by 2025, from 11,844 in 2014 (see Exhibit 1.3). The number of children under age six in the county is also expected to increase over the next decade, reaching nearly 80,000 by 2025 (see Exhibit 1.4). This indicates a growing need for early education and health services for this population in the coming years and emphasizes the importance of removing barriers and supporting family engagement and development to ensure the youngest children in the region will thrive.

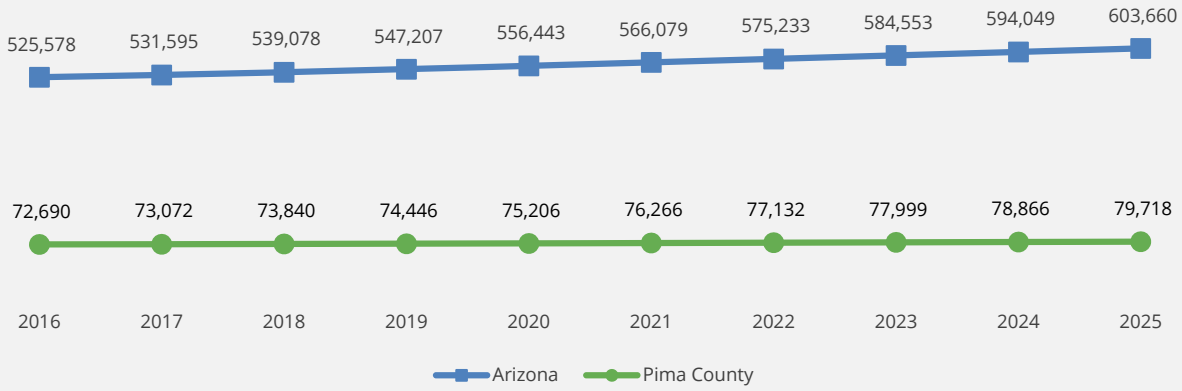
[5] *Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.*

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

In the FTF Pima South Region, 44 percent of adults age eighteen and over identify as Hispanic or Latino. This compares to 66 percent of children under age five and 63 percent of mothers who identify as Hispanic or Latino (see Exhibit 1.5 and Exhibit 1.6). The large difference between the race/ethnicity of adults and children indicates that the Hispanic or Latino population of the FTF Pima South Region is increasing while the White population is decreasing and that, compared the general adult population, families with young children are more likely to be Hispanic or Latino.

Exhibit 1.5. Distribution of race/ethnicity in FTF Pima South Region

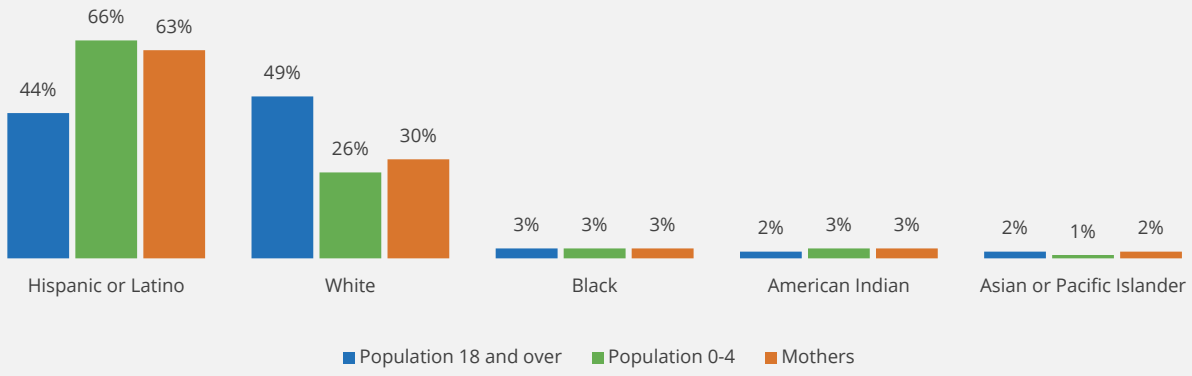
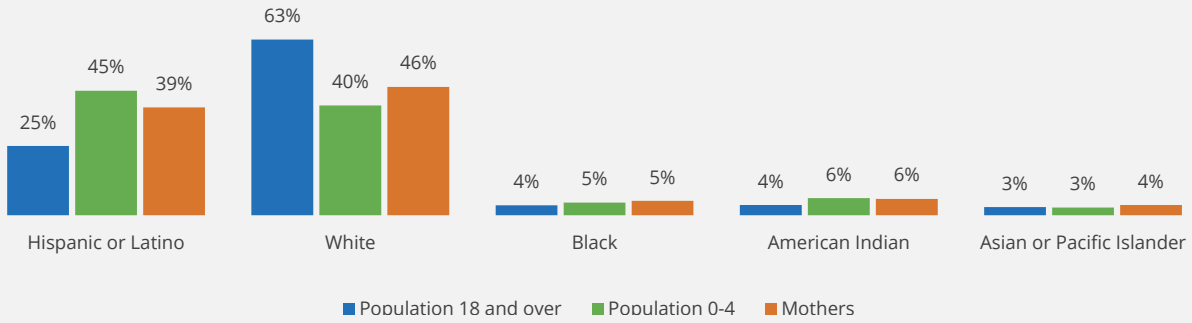


Exhibit 1.6. Distribution of race/ethnicity in Arizona



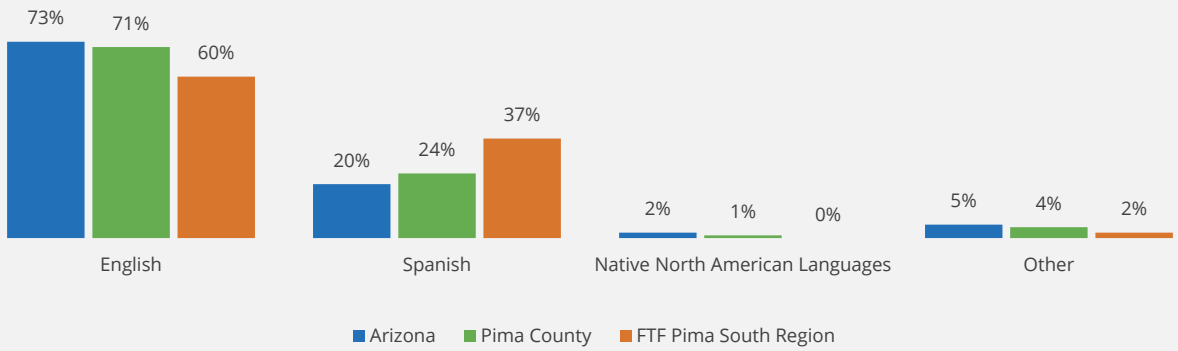
U.S. Census Bureau; 2010 Census Summary File 1; Table P11; generated by AZ FTF using American FactFinder; http://factfinder2.census.gov

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.

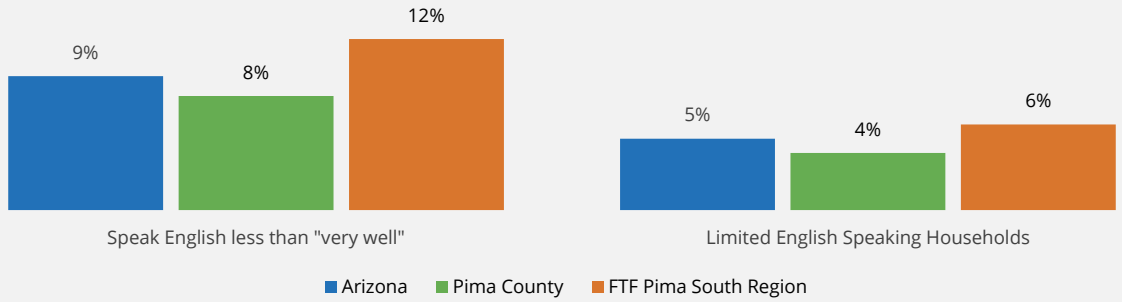
Approximately 60 percent of households in the FTF Pima South Region speak English as their primary language, while 37 percent primarily speak Spanish and an additional two percent speak a language other than English, Spanish, or a Native North American language (see Exhibit 1.7). In addition to the 40 percent of the population that primarily speak a language other than English at home, 12 percent speak English less than "very well" and six percent of households are limited English speaking households (see Exhibit 1.8).[6] As the Hispanic/Latino population continues to grow, the cultural diversity of the region may change as well, indicating a need for more culturally responsive services.

Exhibit 1.7. Primary language spoken at home for population ages five 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 1.8. Percentage of population that speaks English less than "very well" and percentage of limited English speaking 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>

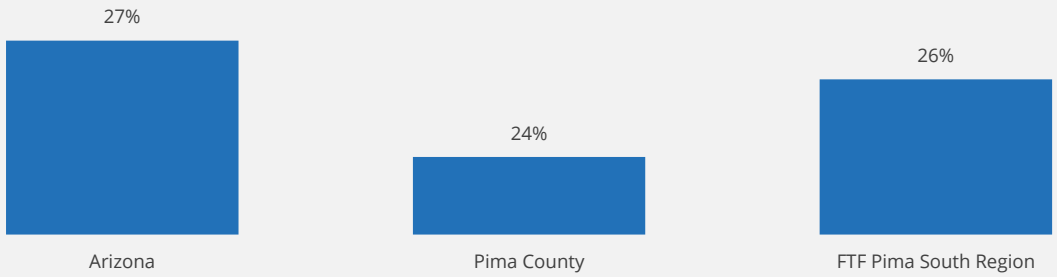
[6] *The United States Census Bureau defines limited English speaking households as a "household in which no one 14 and over speaks English only or speaks a language other than English at home and speaks English very well."*

In the FTF Pima South Region nine percent of the population are not US citizens compared to eight percent in Arizona.[7] About one quarter of children under age six in the FTF Pima South Region live with foreign-born parents (see Exhibit 1.9). In Pima County there were an estimated 1,076 migrant farmworkers and 569 seasonal farmworkers in 2008 (see Exhibit 1.10). Statewide data regarding refugee arrivals is available in Appendix 1.2.

9 Percent of the population in the **FTF Pima South Region** are not U.S. Citizens

8 Percent of the population in **Arizona** are not U.S. Citizens

Exhibit 1.9. Percentage 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 1.10. 2008 Estimated number of migrant and seasonal farm workers

	Arizona	Pima County
Number of migrant farm workers	39,913	1,076
Number of seasonal farm workers	27,791	569

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

[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>.*

Household Characteristics

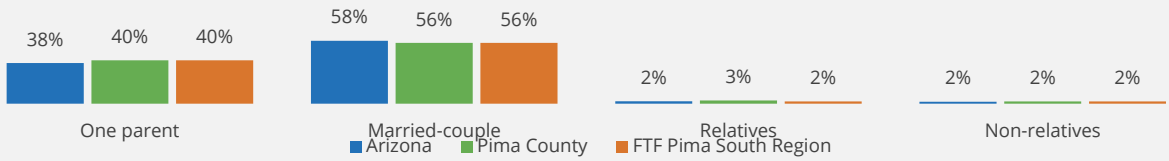
In the FTF Pima South Region there are 93,001 households total and nearly 18,000 (19.2%) include children under the age of six (see Exhibit 1.11). Although the majority of children under age six live in married-couple households, 40 percent of households with children under age six are single-parent households and four percent of children under age six in the FTF Pima South Region live with relatives or non-relatives (see Exhibit 1.12). Additionally, 15 percent of children under age six in the region live in the same household as their grandparents.[8] Of the children under age eighteen that live in the same household as a grandparent, 53 percent are primarily cared for by a grandparent.[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 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, changes in parenting practices since grandparents raised children, and the fact that many older adults live on fixed incomes and may struggle with caring for dependents.

Exhibit 1.11. Number of households and household characteristics

	Arizona	Pima County	FTF Pima South Region
Total number of households	2,380,990	388,660	93,001
Households with children 0-5	16.1% (384,441)	13.9% (53,862)	19.2% (17,871)
Married-couple households with children 0-5	65.1% (250,217)	61.7% (33,220)	65.0% (11,621)
Single-male households with children 0-5	11.3% (43,485)	11.4% (6,119)	10.8% (1,931)
Single-female households with children 0-5	23.6% (90,739)	27.0% (14,523)	24.2% (4,319)

U.S. Census Bureau; 2010 Census Summary File 1; Table P20; generated by AZ FTF; using American FactFinder; <http://factfinder2.census.gov>

Exhibit 1.12. 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>

[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>*

DEMOGRAPHIC HIGHLIGHTS

Pima South is a mainly rural region with some suburban and urban areas with nearly 10 percent of the population comprised of children under the age of six. Therefore, ensuring that children under age six and their families have access to the services they need is critical. About half of individuals in the region identify as White and 44 percent as Hispanic or Latino. Over one-third of people speak Spanish as their primary language and 12 percent have limited English proficiency. Forty percent of children under age six live in a single-parent household and 15 percent live in the same household as their grandparents.

Below are key findings that highlight the demographic assets, needs, and data-driven considerations for the Pima South region. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.

Assets	Considerations
The population of children under six years of age is projected to grow at a modest and steady rate, allowing the region to foresee and prepare for the growing demands of their youngest residents.	Discuss tactics for planning ahead for the projected slow, but steady, growth of the under six population and the needs that accompany that growth.

Needs	Considerations
According to the U.S. Census, the percentage of children under five identifying as Hispanic or Latino in the FTF Pima South region is greater than the percentage of the total population identifying as Hispanic or Latino in Arizona (66% vs 45%). Furthermore, this population is expected to increase over the next several decades.	Look into supporting culturally appropriate services and interpretation and translation assistance for families that are more comfortable speaking in a language other than English.
According to the U.S. Census, 35 percent of children under six live in single parent households and 15 percent live in households with grandparents, both of which face additional barriers when compared to two parent households.	Discuss supporting services specifically designed for single-parent and grandparent-led households to help them support the young children in their homes.

2. Economic Circumstances

Why it Matters

The economic situation of children and their families has a large impact on their ability to live successful, 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 are growing and developing.[10]

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 safe and stable housing and access to nutritious foods. Recent research has shown that housing quality, including the physical housing quality and neighborhood environment, as well as housing stability play an important role in children's development and well-being.[11, 12, 13] Poor housing conditions are a strong predictor of emotional and behavioral problems and poor health outcomes.[14 15] Housing instability, which includes frequent moves, difficulty paying rent, and being evicted or homeless, is also associated with poor health, academic, and social outcomes. Children that experience housing instability demonstrate higher grade retention, higher high school dropout rates, and lower educational attainment as adults.[16,17] Thus, housing is an important component to consider when evaluating the conditions that affect a child'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, delayed development, learning difficulties, and chronic health conditions.[18 19] Due to the rural nature of the Pima South region, low-income families have transportation barriers that can limit their ability to access services, including getting to grocery stores, food banks, or other places that could provide them with low-cost food options.

What the Data Tell Us

Employment Indicators

In Pima County the unemployment rate has been declining since 2010 and was less than six percent in 2015. The unemployment rate in Pima County has been consistently lower than the unemployment rate in Arizona (see Exhibit 2.1). The number of people in the labor force and the number of people employed have been fairly constant over the past six years (see Exhibit 2.2).

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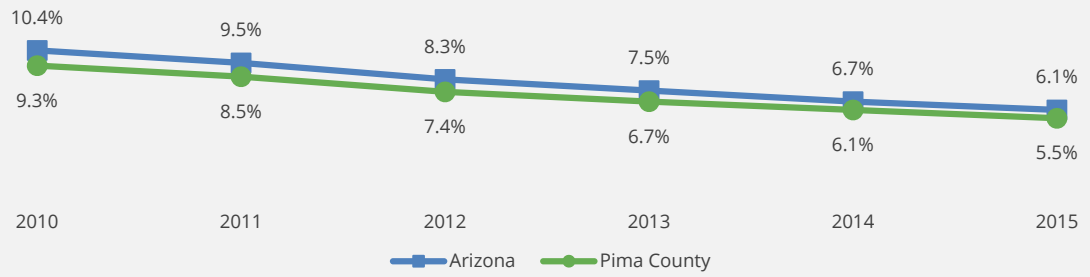
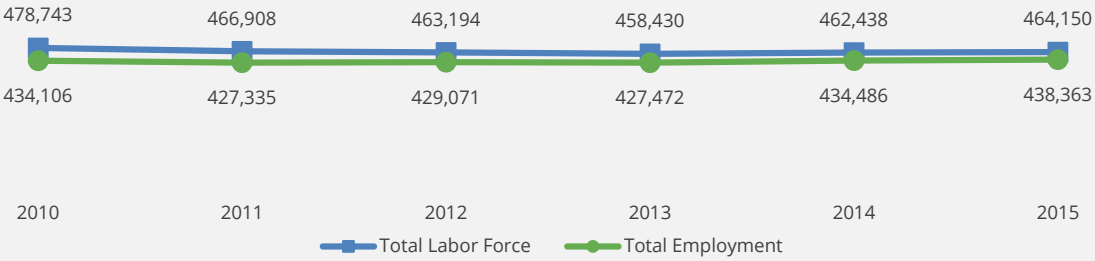
[10] *Brooks-Gunn, J., & Duncan, G. J. (1997). The effects of poverty on children. The future of children, 55-71.*
[11] *https://www.huduser.gov/portal/periodicals/em/fall14/highlight1.html*
[12]*http://www.pewtrusts.org/~/media/legacy/uploadedfiles/wwwpewtrustsorg/reports/partnership_for_americas_economic_success/paeshousingreportfinal1pdf.pdf*
[13] *http://www.urban.org/research/publication/negative-effects-instability-child-development-research-synthesis/view/full_report*
[14] *https://www.huduser.gov/portal/periodicals/em/fall14/highlight1.html*
[15] *http://www.nchh.org/Portals/0/Contents/Article0286.pdf*
[16] *http://www.urban.org/research/publication/negative-effects-instability-child-development-research-synthesis/view/full_report*
[17] *http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.00278.x/full*
[18] *http://www.feedingamerica.org/hunger-in-america/impact-of-hunger/child-hunger/child-development.html*
[19] *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.*

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.

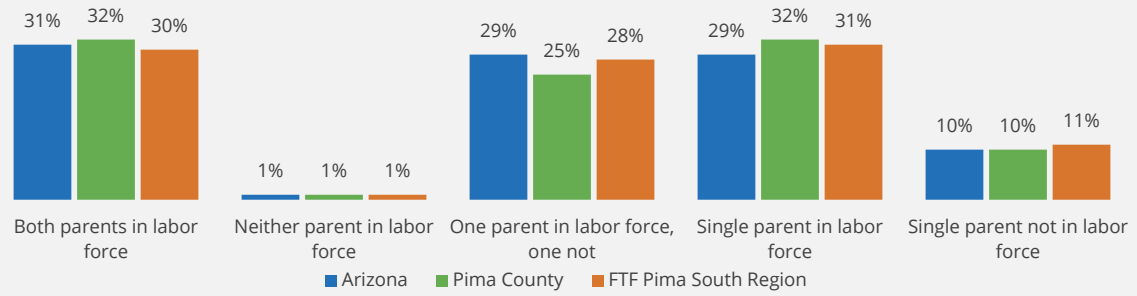
Exhibit 2.2. Number of people in the labor force and employed in Pima County



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

In the FTF Pima South Region about 90 percent of children under age six live in a household where at least one adult is in the labor force (see Exhibit 2.3), which is similar to the percentage for Arizona. About 60 percent of children under age six 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 2.3. Employment status of parents with children 0-5

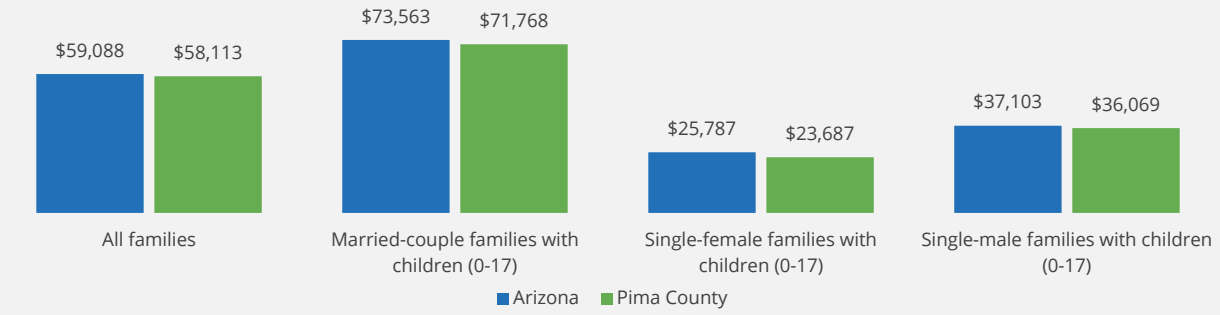


U.S. Census Bureau; American Community Survey, 2014 American Community Survey Table B23008; generated by AZ FTF; using American FactFinder; <http://factfinder2.census.gov>.

Median Income and Poverty

The median income of families with children under age eighteen in Pima County is $58,113, which is slightly less than the median income statewide. The median income for single-parent families, which comprise about 40 percent of households with children under age six, is significantly less than for married-couple families. Exhibit 2.4 shows the difference in median income for married-couple families, single-female families, and single-male families.

Exhibit 2.4. 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>.

According to a 2012 report published by the Center for Women's Welfare, the annual income to be self-sufficient in Pima County for an adult and infant is $34,758 and for an adult and preschooler is $38,688 (see Exhibit 2.5). The self-sufficiency standard income is nearly $10,000 more than the median income for single-female families with children under age 18. Families who are living with fewer financial

resources than needed to afford basic needs are likely to encounter several challenges that may prevent them from living a healthy life and will have significant barriers to securing affordable housing, child care, and nutritious food.[20, 21] Living below the self-sufficiency standard negatively impacts health and well-being, including placing young children at risk for developmental delays and low academic achievement.[22]

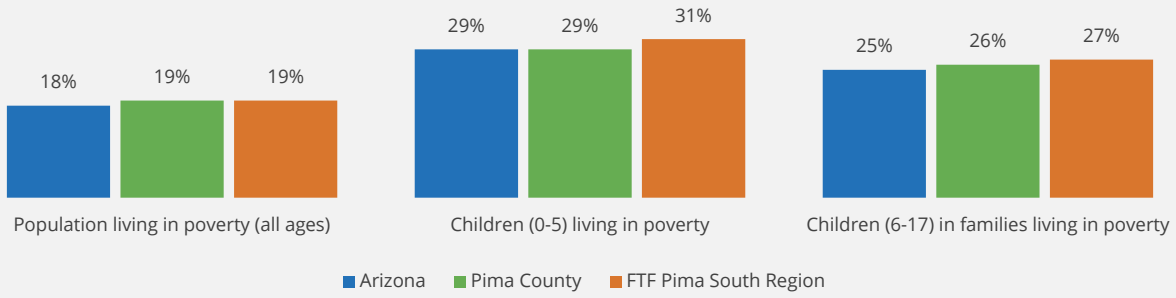
Exhibit 2.5. Self-sufficiency standard for Pima County

Wage	Adult	Adult + infant	Adult + preschooler	Adult + school-age	Adult + teenager
Hourly	$9.41	$16.46	$18.32	$15.94	$12.44
Monthly	$1,657	$2,897	$3,224	$2,806	$2,189
Annual	$19,878	$34,758	$38,688	$33,670	$26,272

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 Pima South Region living in poverty. In the FTF Pima South Region 19 percent of the population and 31 percent of children under age six are living in poverty (see Exhibit 2.6).

Exhibit 2.6. Percentage 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>.

The relative population and poverty of areas within the FTF Pima South Region are mapped in Exhibit 2.7 and 2.7a. The map identifies cities or towns by both their population and poverty density.

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

Exhibit 2.7. Map of FTF Pima South Region Population and Poverty

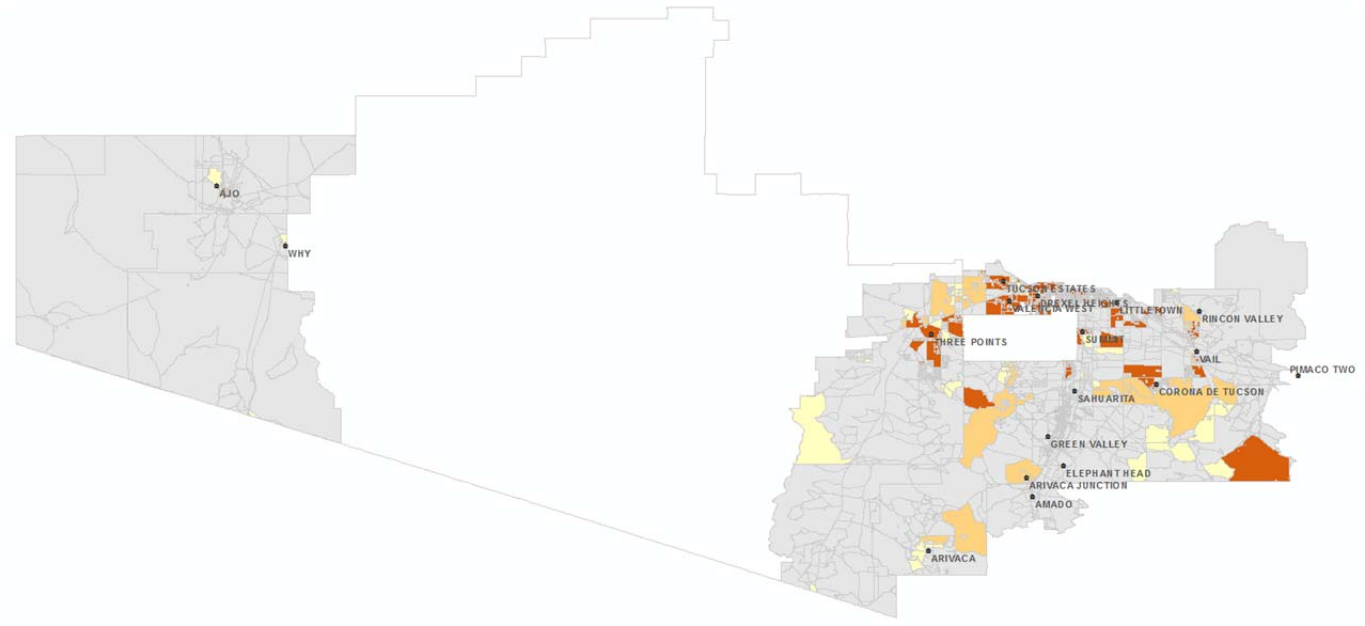


Exhibit 2.7a. Zoomed in map of FTF Pima South Region Population and Poverty

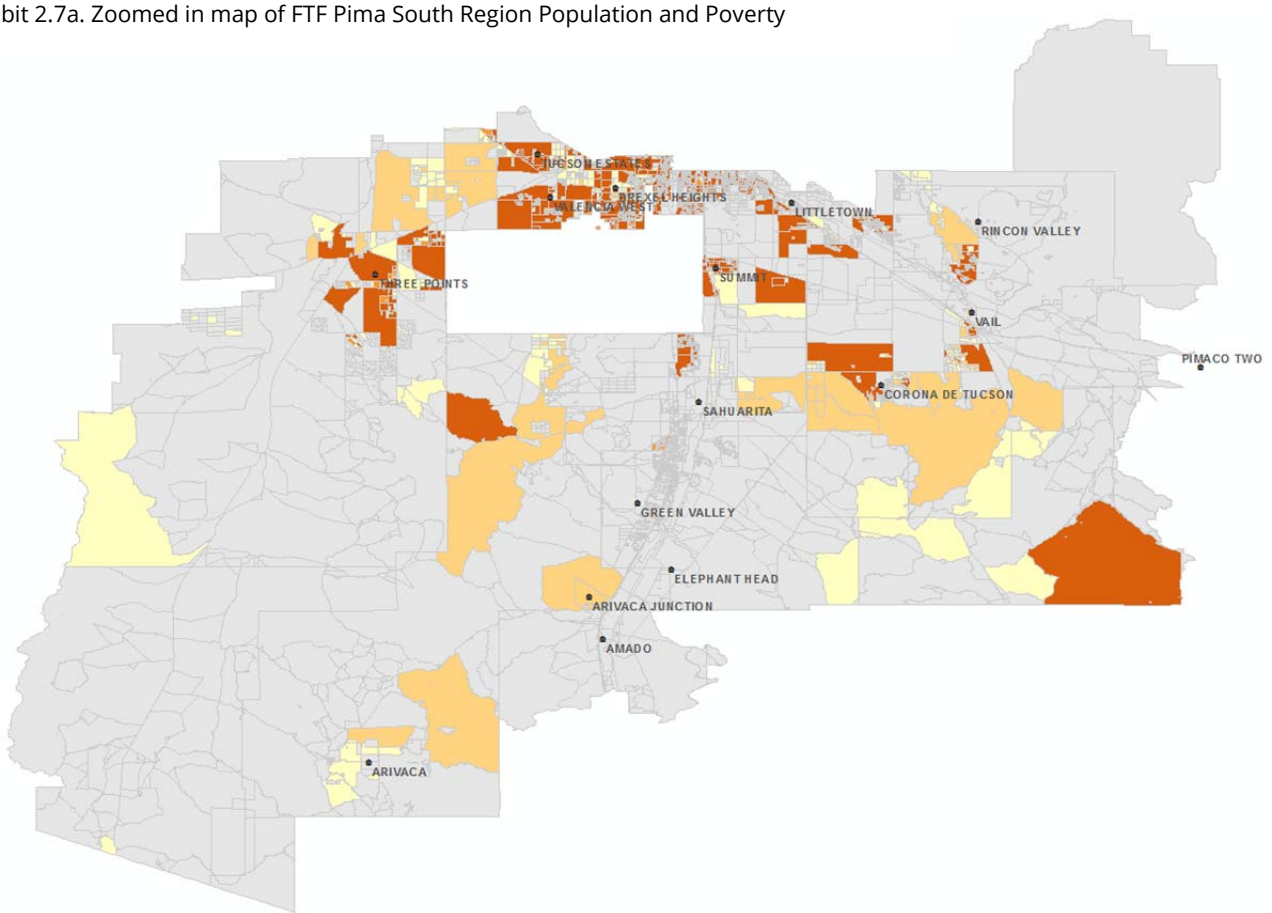


Exhibit 2.8 shows a map of the school districts within the FTF Pima South Region and Exhibit 2.9 shows the percentage of children ages five to 17 living in poverty by school district. In the Sunnyside Unified and Ajo Unified school districts more than 30 percent of children ages five to 17 live in families that are living poverty (see Exhibit 2.9).

Exhibit 2.8. Map of FTF Pima South Region School Districts

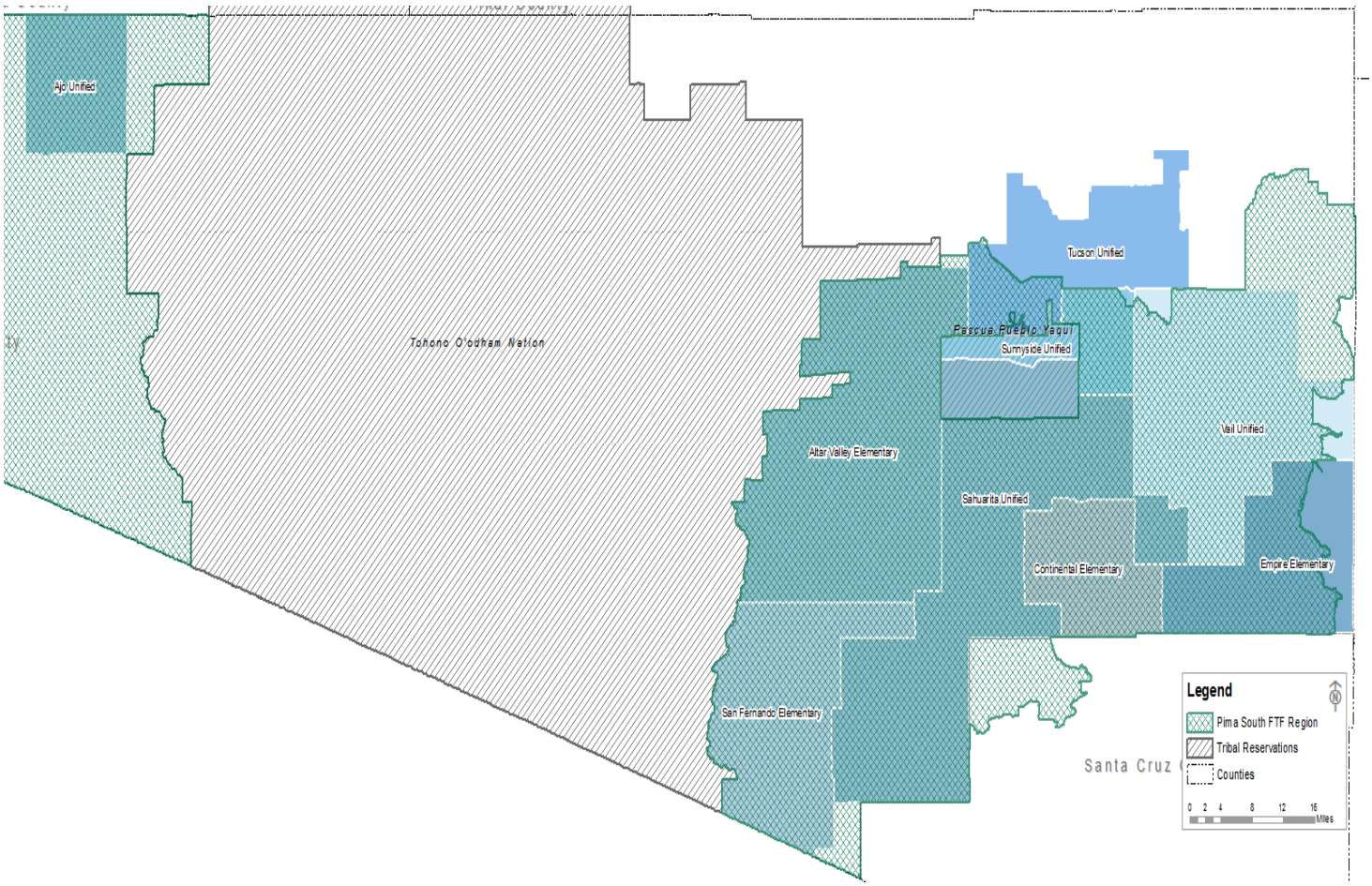


Exhibit 2.9. Children 5 to 17 living in poverty by school district

School district	Estimated percent of children 5 to 17 living in families in poverty
Ajo Unified District (n=424)	34.9%
Altar Valley Elementary District (n=1,345)	25.7%
Continental Elementary District (n=687)	13.2%
Sahuarita Unified District (n=5,796)	12.6%
San Fernando Elementary District (n=6)	0.0%
Sunnyside Unified District (n=19,735)	38.4%
Vail Unified District (n=11,003)	7.4%

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

Individuals who identify as White and individuals who identify as Asian, Native Hawaiian, or Other Pacific Islander are the only racial and ethnic groups in the region that have a poverty rate below 10 percent. Individuals who identify as American Indian or Alaskan Native are most likely to be living in poverty at the state, county, and regional level (see Exhibit 2.10).

Exhibit 2.10. Percentage of population below the federal poverty level by race/ethnicity

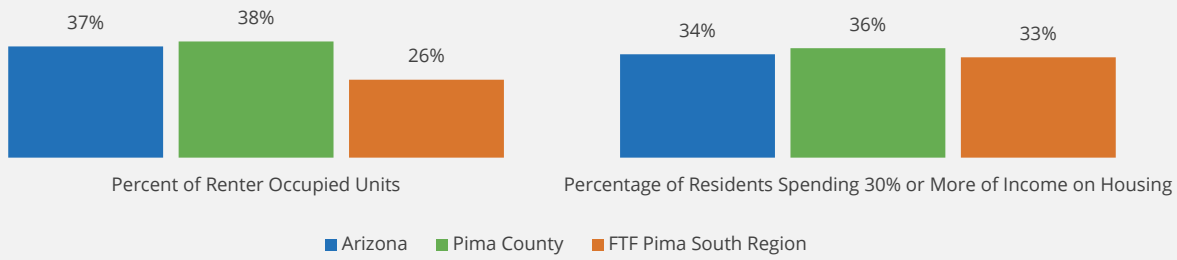
	Arizona	Pima County	FTF Pima South Region
Black or African-American	24.7%	24.7%	16.6%
American Indian or Alaskan Native	38.5%	42.4%	46.2%
Asian	13.7%	18.0%	6.9%
Native Hawaiian and Other Pacific Islander	27.5%	18.4%	0.0%
Other Race	29.3%	29.9%	31.9%
Two or More Races	19.9%	21.1%	17.9%
White, not Hispanic	11.3%	12.7%	8.8%
Hispanic or Latino	28.1%	26.5%	27.2%

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, 26 percent of occupied housing units are rented, indicating that the region has more home owners than the state or county. One third of residents in the region (33%) do not have affordable housing, based on the common definition of spending less than 30 percent of one's income on housing, (see Exhibit 2.11). In the FTF Pima South Region the residential foreclosure rate differs widely throughout the area. Sahuarita City has a very high foreclosure rate of one in every 428 homes, while Green Valley City has a foreclosure rate of one in every 1,439 homes (see Exhibit 2.12). With one in three residents in the region living without affordable housing and a higher foreclosure rate than the state, many children are at risk for housing instability.[23] The lack of affordable housing may lead to housing instability for many families, which can then affect a child's development and well-being by impacting their sleep and emotional security.

Exhibit 2.11. 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>.

Exhibit 2.12. Residential foreclosure and pre-foreclosure rates

Location	Foreclosure and pre-foreclosure rates
Arizona	1 in every 1,721
Pima County	1 in every 1,136
Sahuarita	1 in every 428
Vail	1 in every 526
Tucson	1 in every 1,236
Green Valley	1 in every 1,439

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

In Pima County 24 percent of the population has low access to grocery stores. This compares to 19 percent in Arizona.[24] Although a higher percentage of the population have low access to grocery stores

[23] *Roy, J., Maynard, M., & Weiss, E. (2008). The Hidden Costs of the Housing Crisis. The Partnership for America's Economic Success.*
[24] *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*

in Pima County, there are similar numbers of grocery stores, fast food restaurants, Supplemental Nutrition Assistance Program (SNAP)-authorized stores, and WIC-authorized stores per capita in the county when compared to the state (see Exhibit 2.13). These environmental factors combined with the poverty rate discussed above contribute to a portion of the population in Pima County being food insecure, defined as limited or uncertain access to adequate food. In Pima County almost one quarter of children under 18 are food insecure, which is a slightly lower rate than Arizona (see Exhibit 2.14).

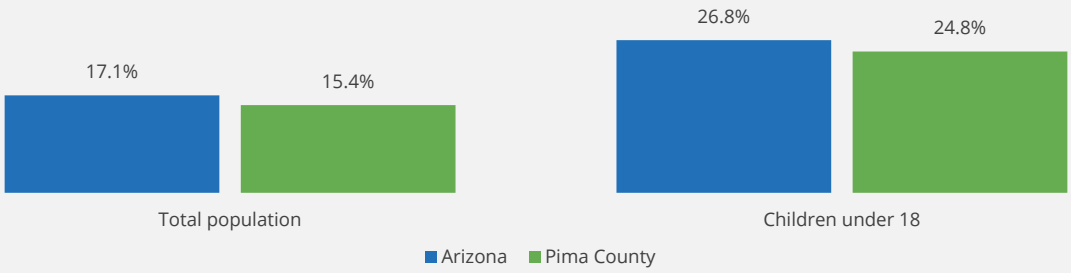
In 2010, **24%** of the Pima County population had low access to grocery stores.

Exhibit 2.13. Food accessibility indicators

	Year	Arizona	Pima County
Percent of population with low access to grocery stores	2010	19.0%	23.7%
Grocery stores per 1,000 people	2012	0.1259	0.1219
Fast food restaurants per 1,000 people	2012	0.6467	0.6318
SNAP-authorized stores per 1,000 people	2012	0.5596	0.5911
WIC-authorized stores per 1,000 people	2012	0.1106	0.0877

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 2.14. Food insecurity rates

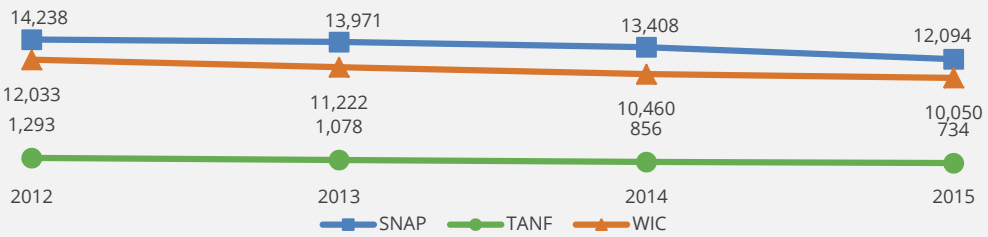


Gundersen, C., A. Dewey, A. Crumbaugh, M. Kato & E. Engelhard. Map the Meal Gap 2016: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2016.

There are several federal and local programs and services aimed at providing families with the food they need, including the SNAP, Temporary Assistance for Needy Families (TANF), WIC, Child and Adult Food Care Program (CACFP), 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. Federal programs such as SNAP and TANF have decreased in recent years due to the expiration of benefit increases instituted during

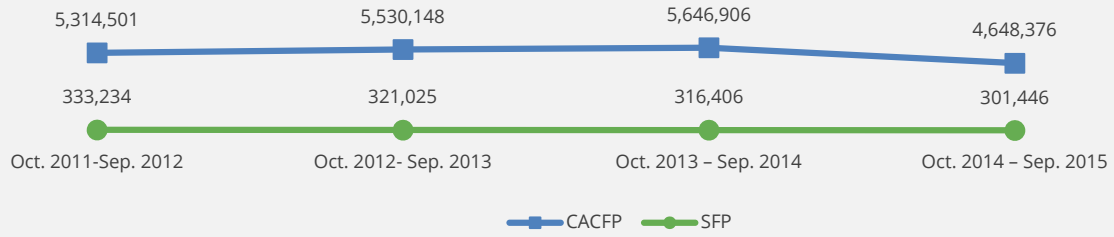
the recession.[25] These decreases come even as the number of families living in poverty has increased nationally.[26] Exhibit 2.15 and Exhibit 2.16 show how the number of children and families receiving assistance has decreased in recent years. Additional information regarding free and reduced price lunch by school is available in Appendix 2.1.

Exhibit 2.15. Number of children served in the FTF Pima South 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 2.16. Number of meals provided by CACFP and SFP to children and adults in Pima 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.

[25] *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*
[26] *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/*

ECONOMIC CHARACTERISTICS HIGHLIGHTS

In the FTF Pima South Region more than 60 percent of children live in households with either both parents in the labor force or a single parent in the labor force. Single-parent families, which comprise nearly 40 percent of households with children under age six, earn significantly less, on average, than dual parent households. Almost a third of children under age six in the region (31%) live under the poverty level and nearly a third of the population in the region do not have affordable housing and are experiencing a higher foreclosure rate than the state. These factors put families at higher risk for housing instability and the negative consequences of living below the self-sufficiency standard. Less than a quarter of the Pima County population (24%) has low access to grocery stores, which is more than the state, and the number of children and families receiving public assistance has decreased in recent years.

Below are key findings that highlight the economic assets, needs, and data-driven considerations for the Pima South region. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.

Assets	Considerations
According to the American Community Survey, 26% of the region is renting their homes, indicating a large percentage of families that own their homes.	Identify strategies and assets among the more economically prosperous subregions that can be applied to other subregions to increase financial support and resources.

Needs	Considerations
Based on the U.S. Census and the American Community Survey, almost two in five children under six years of age live in single parent households, which earn substantially less money than two parent households, and about 31 percent of children under six live in poverty.	Identify supports or resources that can help subsidize child care and housing costs for single parents with young children.

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). 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.[27] Specifically, studies have shown that exposure to early literacy skills, informal math knowledge, and certain components of socioemotional development are precursors to academic success.[28] 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 has also demonstrated 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.[29] Additionally, irregular attendance has a negative effect on school budgets and could potentially lead to fewer funds for essential classroom needs.[30] Higher education in Arizona experienced the nation's highest decrease (47%) in state spending per student from 2008 to 2015.[31] Research has also shown that students dropping out high school have an increased likelihood of earning less than high school graduates, being unemployed, receiving public assistance, and being incarcerated, therefore making them likely to confront more barriers while raising a family.[32]

What the Data Tell Us

Student Attendance

Between 2014 and 2015, Arizona, Pima County, and the FTF Pima South Region experienced an increase in the percentage of students missing ten or more days of school, known as chronic absenteeism (see Exhibit 3.1). Compared to the state, the rate of absences in both Pima County and the FTF Pima South Region are slightly higher, and the rate of absences is highest in the FTF Pima South Region with almost half of students absent ten or more days in 2015 (41-47%). It can be observed that the higher the grade level, the lower the rate of absences suggesting that parents are more willing to let their children miss school when they are younger. There are many potential explanations for such findings, including that younger children may get sick more frequently than older children or that the perception of the value of education changes as children grow.

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[27] *Cohen, A. K., & Syme, S. L. (2013). Education: A Missed Opportunity for Public Health Intervention. American Journal Of Public Health, 103(6), 997-1001*

[28] *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.*

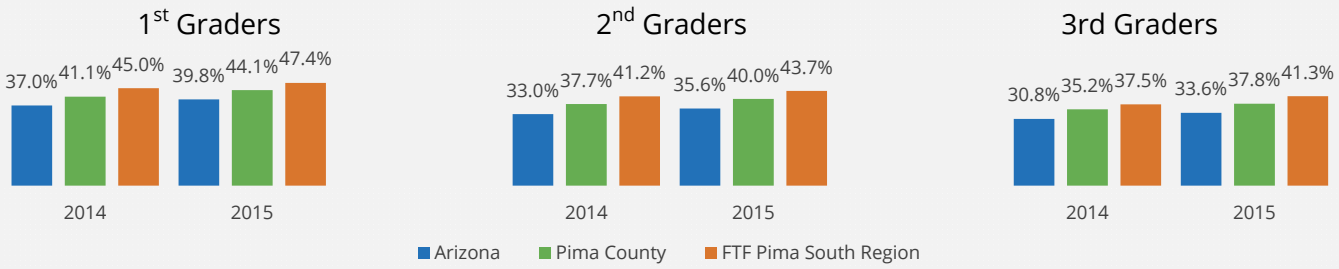
[29] *Why attendance matters. (2016, June 9). Retrieved from http://www.greatschools.org/gk/articles/school-attendance-issues/*

[30] *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*

[31] *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*

[32] *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*

Exhibit 3.1. Percentage of students absent ten or more days from school

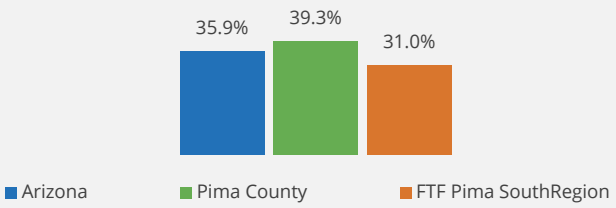


Arizona Department of Education (2015). Chronic Absences. Provided by AZ FTF.
**Data available by school district*

Early Achievement

Less than one third of preschool-aged children in the FTF Pima South Region (31%) are enrolled in nursery school, preschool, or kindergarten, which is lower than Arizona by five percent and lower than Pima County by eight percent (see Exhibit 3.2).

Exhibit 3.2. 2014 Children ages 3-4 enrolled in nursery school, preschool, or kindergarten

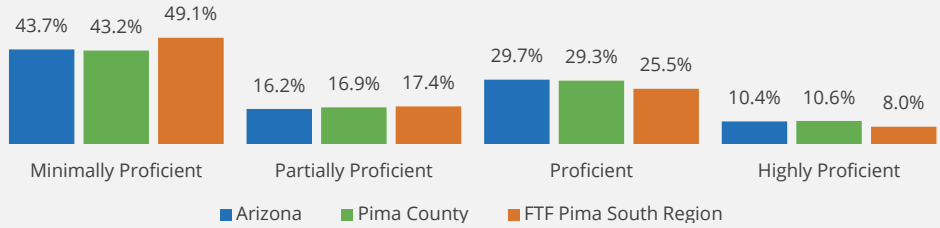


U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B14003; generated by AZ FTF; using American Fact Finder; <http://factfinder2.census.gov>.

Research shows that preschool attendance has an effect on future academic performance, specifically English and math scores.[33] The English Language Arts (ELA) assessment results of the AzMERIT demonstrated that about 34 percent of all third graders in the FTF Pima South Region scored "proficient" or "highly proficient", which is about six percent lower than Arizona (see Exhibit 3.3). Slightly more, about 38 percent, of third graders scored "proficient" or highly proficient" on the math assessment test in the FTF Pima South Region, three percent lower than the State (see Exhibit 3.4). Although math assessment results are slightly higher than the ELA assessment results, overall more than half of all third graders are not meeting the proficiency standard for the two subjects.

[33] *Andrews, R. J., Jargowsky, P., & Kuhne, K. (2012). The effects of Texas's targeted pre-kindergarten program on academic performance (No. w18598). National Bureau of Economic Research.*

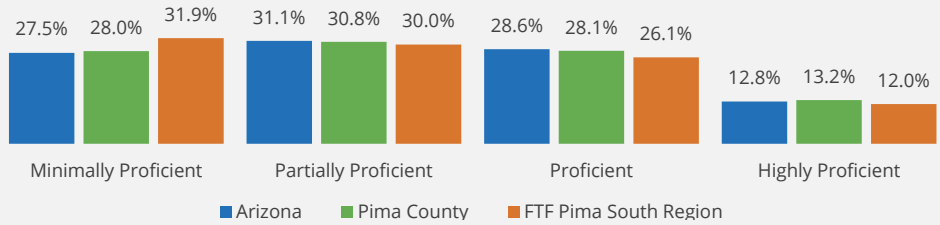
Exhibit 3.3. 2015 AzMERIT English Language Arts Assessment results for 3rd grade students



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

**Data available by breakdown of school district, city, and zip code*

Exhibit 3.4. 2015 AzMERIT Math Assessment results for 3rd grade students



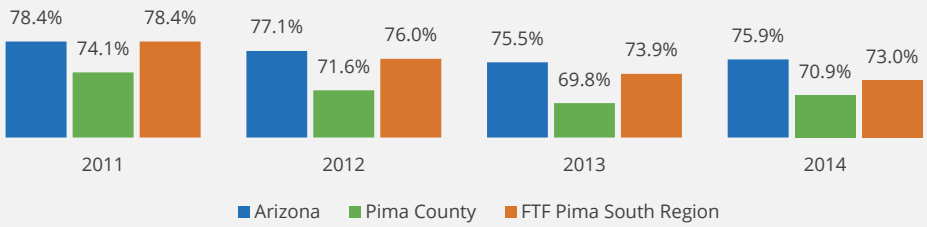
Arizona Department of Education (2015). AzMERIT Reports. Provided by AZ FTF.

**Data available by breakdown of school district, city, and zip code*

High School Graduation & Dropout Rates

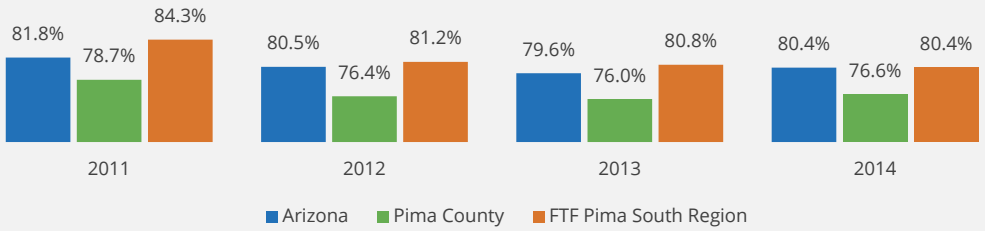
Between 2011 and 2014, the high school graduation rates dropped for the FTF Pima South Region, Pima County, and Arizona (see Exhibit 3.5.). In 2014, 73 percent of students graduated within four-years in the region, slightly higher than Pima County, but lower than Arizona (see Exhibit 3.6). From 2012-2015, the percent of students dropping out of high school in Arizona remained steady (see Exhibit 3.7).

Exhibit 3.5. 2011-2014 High school graduation rates: 4-year cohort



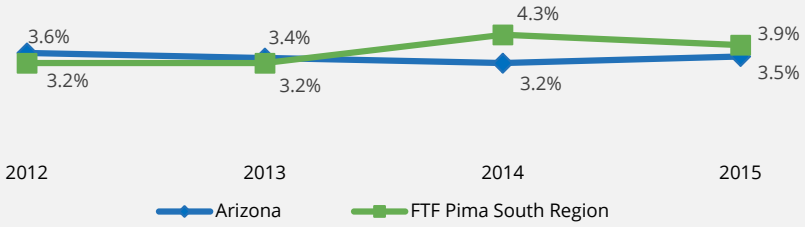
Arizona Department of Education (2014). Graduation Rate 2018 Cycle. Provided by AZ FTF.
**Data available by breakdown city, school district, school, and zip code*
***The four-year graduation rate counts a student who graduates with a regular high school diploma in four years or less as a high school graduate in his or her original cohort*

Exhibit 3.6. 2011-2014 High school graduation rates: 5-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*

Exhibit 3.7. 2012-2015 High school dropout rates

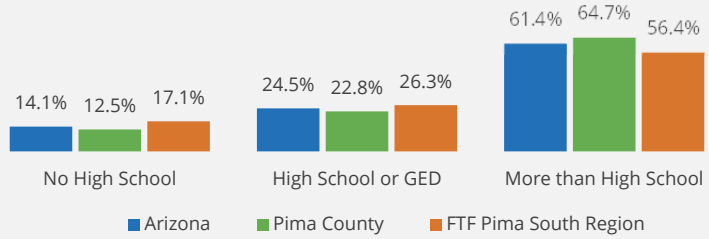


Arizona Department of Education (2014). Graduation Rate 2018 Cycle. Provided by AZ FTF.

Educational Attainment

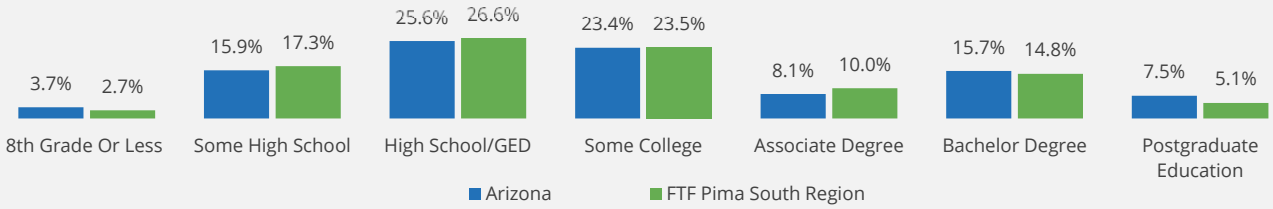
In the FTF Pima South Region, 83 percent of adults age 25 and older have completed at least a high school education, which is a lower percentage than the county and state (see Exhibit 3.8). Approximately 20 percent of infants were born to mothers who did not have a high school education in 2014. To see 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.

Exhibit 3.8. 2014 Educational attainment of adults 25 and older



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

Exhibit 3.9. 2014 Percentage of live births by mother's educational attainment



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*

EDUCATION HIGHLIGHTS

A child's development during their first five years of life makes an impact on their performance in future educational endeavors. Student absences are increasing across Arizona, Pima County, and the FTF Pima South Region. About 31 percent of children ages three and four are enrolled in nursery school, preschool or kindergarten and a similar percentage of third grade students in the FTF Pima South Region are scoring proficiently in math (38%) and English Language Arts (ELA) (34%). In addition, graduation rates dropped while the rate of dropouts slightly increased. Though the majority of adults in the region (83%) have earned their high school diploma, 20 percent of babies are born to mothers who have not completed high school.

Below are key data findings that highlight the educational assets, needs, and data-driven considerations for the Pima South Region. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.

Assets	Considerations
According to the American Community Survey, the majority of adults in the region have completed high school, received a GED or pursued further education (83%).	Support peer mentoring programs for parents to support each other and share knowledge and attitudes around the importance of education.

Needs	Considerations
Based on chronic absenteeism data from the Arizona Department of Education, the percentage of students in first, second or third grades missing less than ten days of school increased from 2014 to 2015.	Further explore the most common reasons for absences and parent attitudes around absences.
AzMERIT reports from the Arizona Department of Education show that less than half of third graders are meeting proficiency requirements for English Language Arts and Math (34-38%) and less than a third of preschool-aged children in the FTF Pima South Region are enrolled in early care and education (31%).	Increase awareness of early education programs to support learning and school readiness from an early age.

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. [34] Research suggests that the first five years of life are considered to be the most crucial stage in children's development, as they undergo the most rapid phase of growth during that period.[35] Research also shows that children's participation in high-quality ECE 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.[36, 37] The quality and type of care provided to children also significantly influences the development of social and behavioral skills.[38]

The adult to child ratio for licensed child care centers is set by the Arizona Department of Health Services (ADHS) 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 children and their caregivers, which in turn leads to better outcomes for young children.[39] On average, services that are delivered in the home have an adult to child ratio between 1:5 and 1:6.[40] However, the adult to child ratio changes for ADHS Licensed Child Care Centers. State licensing requires specific adult to child ratios depending on the child's age. These requirements impact the ability of child care centers to care for children, and 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 ECE.

Key indicators of early learning that help identify the needs of children include, but are not limited to, the availability of ECE centers and homes; enrollment in ECE programs; compensation and retention of ECE professionals; costs of child care and availability of child care subsidies or scholarships; and capacity to serve children with special needs. Research shows that investments in early childhood programs yield long-term benefits and can reduce crime rates, increase earnings, and encourage ongoing education.[41] In addition, the research also shows that investments in ECE have long-term health effects and help prevent disease and promote health.

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

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

[36] *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.*

[37] *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.*

[38] *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*

[39] *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.*

[40] *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.*

[41] *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

There are 251 ECE centers and homes with a capacity of 7,655 children in the FTF Pima South Region. [42] Although the total licensed capacity may be high, the actual facility may not choose to enroll the total number of children they are licensed to serve. The number of children served mainly depends on the center's ability to meet the adult to child ratio, which varies by child's age and must comply with licensing requirements.

As previously mentioned, 31 percent of children between the ages of three and four are enrolled in ECE programs in the FTF Pima South Region (see Exhibit 3.2). This is lower than the 61 percent assumed to need child care since all adults in the household are employed (see Exhibit 2.3). Parents who do not have access to stable child care may find themselves missing work to care for their children. In addition, research has consistently demonstrated that lack of access to child care has negative effects on families and decreases parents' chances of sustaining employment.[43]

ECE teachers/professionals are tasked with the early care and education of young children. The responsibilities of ECE teachers include guiding children, often through play and activities, and acting as their partner in the learning process. In addition, they are responsible for shaping the intellectual and social development of young children, which can have an effect on a child's future academic performance.[44] However, a teacher's ability to provide quality care and education can depend on many factors. As previously mentioned, Arizona pays its teachers one of the lowest annual salaries. This may help explain why almost half of teachers (45%) maintain their employment for less than five years. The exception is Head Start, where 71 percent of teachers stay five or more years, possibly due to the trend that Head Start teachers are paid the highest of all providers.[45] For additional data on ECE professionals, see Appendices 4.1-4.5.

ECE professionals in the FTF Pima South Region are invited to participate in professional development circles called Communities of Practice (CoPs). The licensed ECE locations and number of CoP Members living or working in the region are mapped by zip code in Exhibit 4.1 below. The majority are clustered in the northeastern part of the region.

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

[43] *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*

[44] *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.*

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

Exhibit 4.1. Map of ECE locations and CoP member density by zip code in FTF Pima South Region

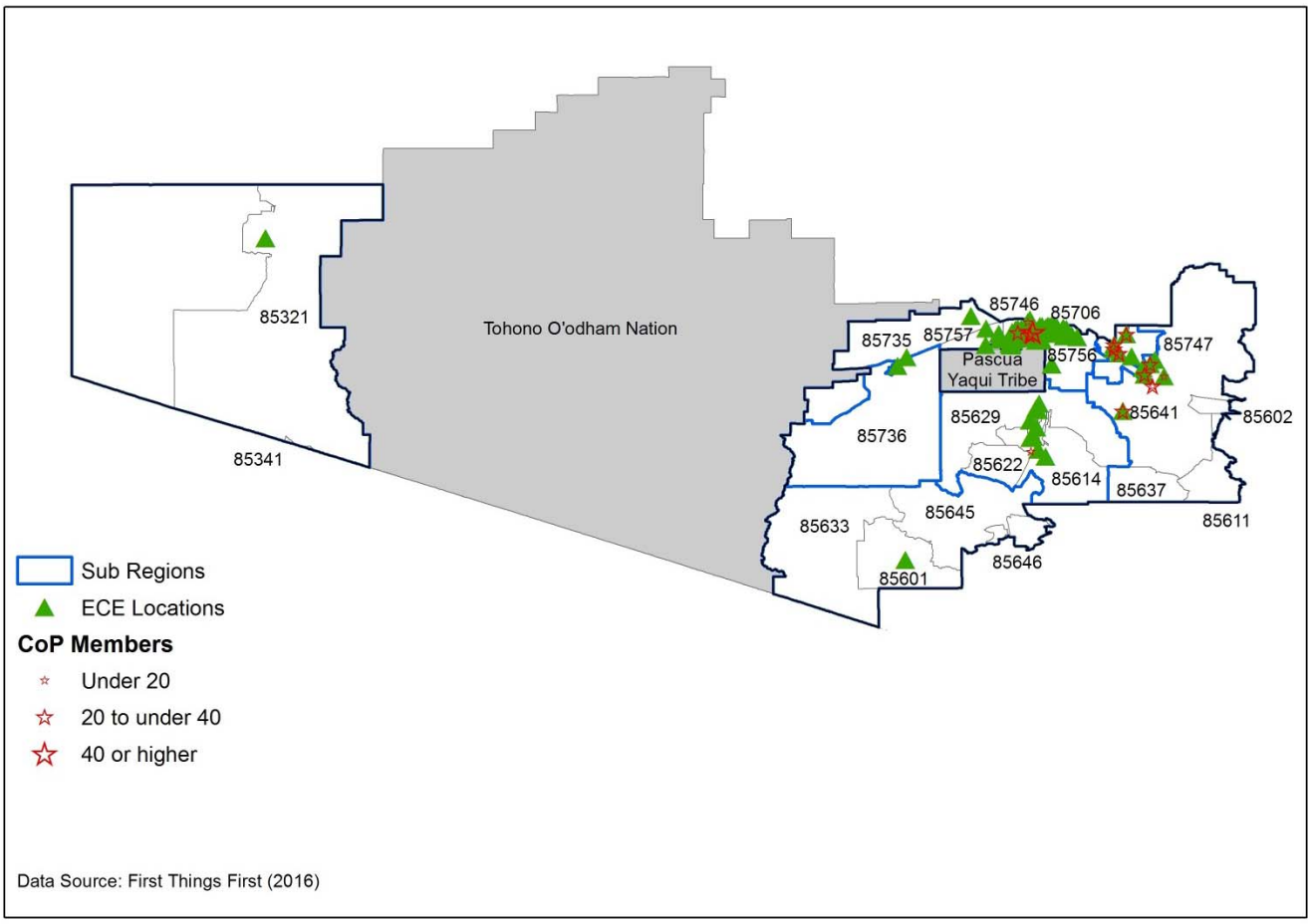
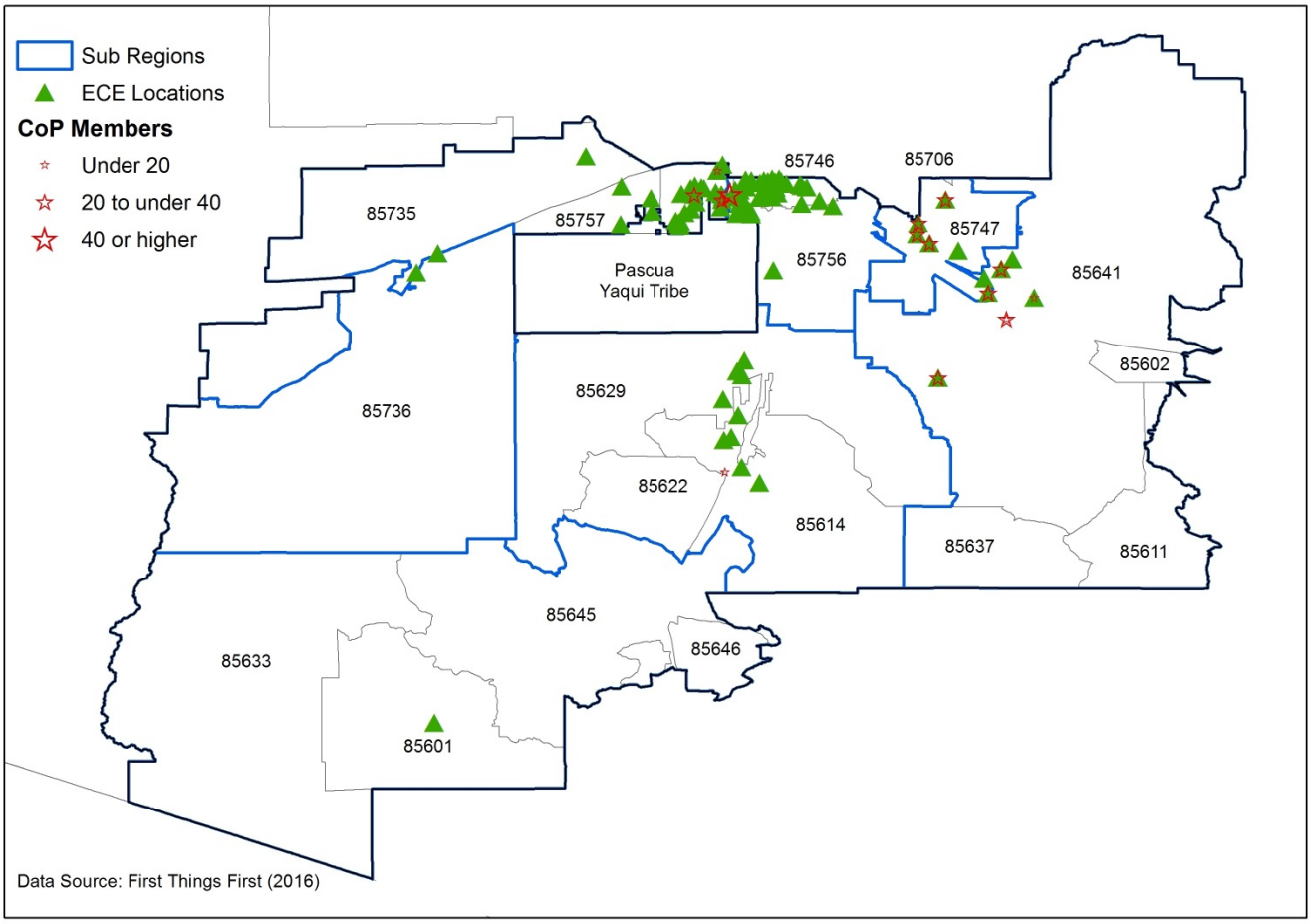


Exhibit 4.1a. Zoomed in map of ECE locations and CoP member density by zip code in eastern part of FTF Pima South Region



Case studies based on interviews with FTF-funded college scholarship and home visitation participants are included throughout the report to provide information regarding the impact of these FTF-funded services.

College Scholarship Case Study*: Jamie

Jamie works at a faith-based preschool center and decided to get involved in the FTF College Scholarship program while pursuing her associate's degree in Early Care and Education. Prior to giving birth to her daughter, Sarah, in 2001, Jamie was a preschool teacher for nine years. Soon after having Sarah, she decided to take a break. However, when she was ready to return to the workforce, she realized that the schooling expectations and early childhood workforce had changed. The certificate of achievement that she had obtained was no longer valid and she had a difficult time finding employment. "I was very frustrated, actually, because I was working at a church daycare and I was really trying to get even an assistant teacher's job, but they wouldn't consider me because I wasn't in school and wasn't taking any classes."

As a result of the scholarship, Jamie was able to learn a lot more about early care and education and the early childhood workforce in her community. In the Spring of 2015, she took a course on child development and learned about brain development for children under the age of six. She was fascinated by the changes that the brain undergoes with experience and opportunities and believes that exposure to the right environments helps a child's brain develop properly. Through the program, Jamie was also exposed to and built relationships with more of her peers, early childhood professionals from other preschool centers. Jamie felt her experiences in the program strengthened her connection to the early childhood community.

Jamie shared that the FTF College Scholarship program was best suited for people who are working in the field and in need of financial assistance. "I'm very thankful for it and I think it's a great program, especially for people that are working, so they don't have to use student aid, financial aid and then have to still owe money." Not only is the financial aid helpful, but the associate's degree will increase Jamie's chances of getting a stable job in a quality preschool. Jamie continues to look forward to learning new observations and techniques in her child development class and a future of providing top-notch care and education to young children in her community.

*Names have been changed to protect confidentiality.

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.[46] Research shows that Head Start children tend to score higher

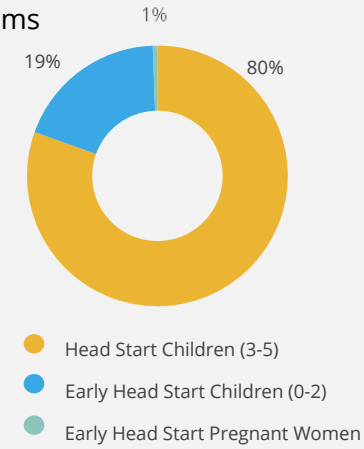
[46] *Head Start Programs. (2016, August 15). Retrieved from http://www.acf.hhs.gov/ohs/about/head-start*

on all domains of cognitive and social-emotional development in comparison to children not enrolled in Head Start.[47] 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 and becoming less aggressive and hyperactive over the course of a year.[48]

As of 2016, there was 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. There are 43 sites across all five counties and 26 sites across the Greater Tucson Area. The data presented in this section are aggregated for all five of these counties.

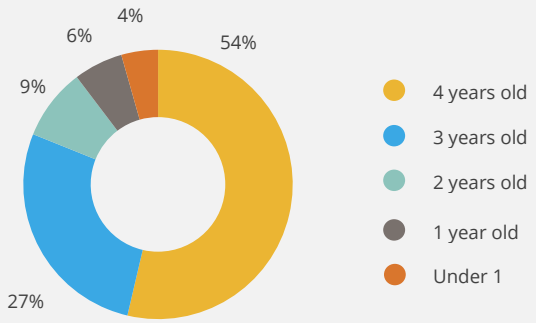
In 2016, a cumulative total of 3,249 children enrolled in Head Start and Early Head Start in the southern Arizona counties. Of those enrolled, about 80 percent were enrolled in Head Start and 19 percent were enrolled in Early Head Start (see Exhibit 4.2.). In addition, over half of children enrolled in Head Start were four-year-olds (see Exhibit 4.3). 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.

Exhibit 4.2. 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 4.3. 2016 Cumulative enrollment of children in Head Start and Early Head Start by age*

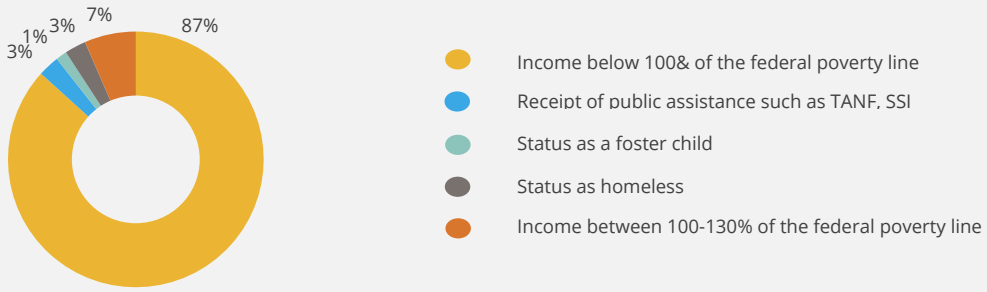


Office of Head Start (2016). Head Start Data. Retrieved from https://hses.ohs.acf.hhs.gov/pir/
**5 years and older omitted due to suppression guidelines*

[47] *Head Start impact study: Final report. (2010, January). Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/executive_summary_final.pdf*
[48] *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.*

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 4.4). In addition, 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 lie just outside of the qualifying income brackets yet cannot afford other quality ECE programs. Children with disabilities typically make up 10 percent of HS/EHS enrollment as well and can be enrolled regardless of income level.

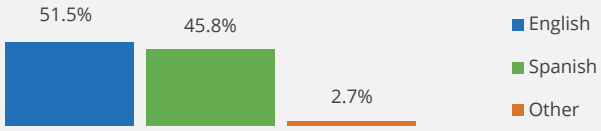
Exhibit 4.4. 2015 Head Start: Type of eligibility



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 4.5). The high percentage of Spanish speakers may indicate a need for more early education services available 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 and 4.7).

Exhibit 4.5. 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/

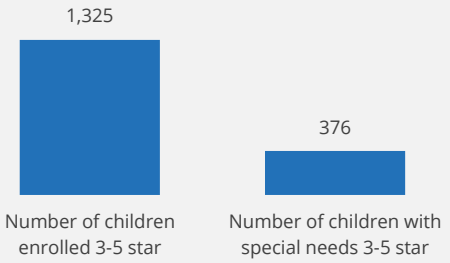
Quality of Early Care and Education

Quality First is a signature program of FTF that is designed to improve the quality of early learning for children birth to age five. Quality First partners with ECE providers across Arizona to provide coaching and funding that is meant to improve the quality of their services. Quality First implemented a statewide standard of quality for ECE programs along with associated star ratings. The star ratings

allow parents to easily take quality into consideration when deciding on care providers. The star ratings range from one to five indicating the level of quality and attainment of quality standards. [49] In the FTF Pima South Region, 1,325 children are enrolled in three to five star centers or homes and 376 of those children have been identified with special needs (see Exhibit 4.6). For additional data on Quality First star ratings for centers and providers, see Appendix 4.8.

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

Exhibit 4.6. Quality First Enrollment by Quality First Star Ratings in Pima South region



Arizona First Things First (July 2015). Quality First. Data retrieved June 2016.

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

College Scholarship Case Study*: Sandra

Sandra is a stay-at-home mom who is looking forward to re-entering the workforce as a Quality First Coach, made possible through the support of the FTF College Scholarship program. She learned about the program from the director of the preschool center where she was previously employed as a preschool teacher and enrolled with the help of an advisor from the program.

Through the program, Sandra gained a deeper understanding of early childhood development and the reasons behind early childhood practices that she was not aware of, even after seven years as a preschool teacher. Because of this increased knowledge, she feels better equipped to provide children in her community with high quality care through the best childhood education practices possible. The program also increased her exposure to the early childhood community and to other potential career options. Sandra is considering furthering her education to potentially become an advisor or a Center Director.

In addition to increasing her understanding of early childhood development and exposure to the early childhood community, the program also gave her a sense of purpose and the motivation to set academic goals for herself and continue her education. She feels that the program helped to refine her skills, taught her about professionalism, and helped her connect with children and their families. The scholarship helped Sandra find her purpose. “As a teacher, it made me more resourceful and aware of past and current early childhood issues that I wasn’t aware of before. And as a mom, I feel that it gives me the tools to become a better parent.”

Sandra often recommends the program to others, believing that it is ideal for people who are already in the field, passionate about early care and education, and understand the level of commitment it takes in order to succeed in this profession. She knows that with the skills attained through the program, participants will have the opportunity to better themselves and the lives of the children they are working with. Sandra feels that the program has made an impact on the community and is truly making a difference. Prior to her participation in the program she had only served individual children as a teacher, but now she will be serving many centers in her role as a Quality First Coach and is delighted that her impact on the early childhood system in her community will be multiplied.

*Names have been changed to protect confidentiality.

Costs of Child Care & Access

In addition to supporting improvements in the quality of child care, FTF provides scholarships for low income children to attend quality ECE programs. Previous research has shown that low-income mothers receiving child care subsidies, a form of financial assistance, are more likely than other low-income mothers to work, sustain employment, and work longer hours.[43] Further, the negative effects of not accessing child care include the possibility of incurring financial debt, choosing child care that is lower quality and less stable, and losing time from work.

Across the state and Pima County, 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 4.7). The median cost per day of licensed centers and certified group homes in Pima County are equal to or slightly lower than the state while approved family homes in Pima County have a higher cost per day in comparison to the state. High child care prices likely place a financial strain on families who already report barely making ends meet and having difficulty affording housing and food.

Based on the median cost per day, the median cost of child care per year for one infant in Pima County totals to approximately $10,140 a year for licensed centers and approximately $6,500 a year for approved family homes and certified group homes. Compared against the median income of husband-wife families in Pima County with children under 18 (see Exhibit 2.4), licensed centers comprise approximately 14 percent and approved family homes and certified group homes comprise about 9 percent of the regional median income.

The median cost per year of child care comprises an even higher amount of the median income for single parent led families with children under 18 in Pima County and is considerably less for single-female families compared to single-male families. Based on the median income of single-female families (see Exhibit 2.4), licensed centers make up 43 percent of their median income and approved family homes and certified group homes make up 27 percent of their median income. High costs can be a barrier in affording quality child care especially for single-female families.

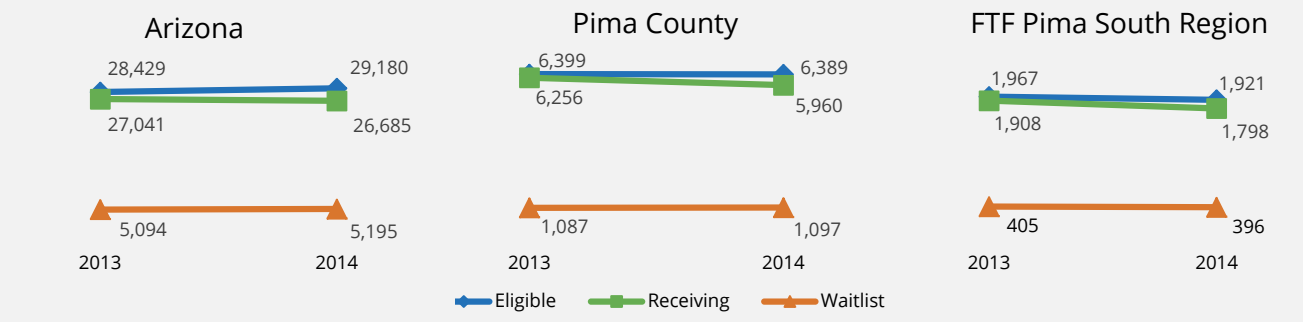
Exhibit 4.7. 2014 Median cost per day of Early Childhood Care

	Arizona	District 2** (Pima County)
Cost for one infant Licensed Centers	$42.00	$39.00
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	$33.50
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	$30.00
Cost for one child (3-5) Approved Family Homes	$20.00	$25.00
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.
**Data are not available for FTF Region*
***District 2 represents Pima County*

From 2013-2014, Pima County and the FTF Pima South Region both experienced a slight decrease in the number of children eligible for child care subsidies while the State experienced an increase (see Exhibit 4.8). During the same time period, the state, Pima County, and the FTF Pima South Region experienced a decrease in the number of children receiving child care subsidies. Although the number of children eligible and receiving child care subsidies is decreasing for the region, fewer children are on the wait list. In comparison, more children are on the wait list in Arizona and Pima County.

Exhibit 4.8. 2013-2014 Number of children eligible, receiving, and on the waitlist for child care subsidies



Arizona Department of Economic Security (2015). Child Care (CCA) Subsidies. Provided by AZ FTF.

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. There are diverse perspectives on how to effectively teach young children with developmental delays and special needs.[50] The Individuals with Disabilities Education Act (IDEA) is a law ensuring 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 (ages zero to two) and their families receive early intervention services under IDEA Part C. Children and youth (ages three to 21) receive special education and related services under IDEA Part B.[51]

AzEIP is a statewide system that offers services and assistance to families and their children with disabilities or developmental 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.[52] Research shows that children and youth with mild intellectual disabilities are behind in academic skills compared to their peers.[53] Without proper intervention, this can lead to delays in learning to read and perform basic math and to further difficulties in other academic areas that require use of those skills. A child is eligible for AzEIP if he/she is between birth and 36 months of age and is developmentally delayed or has an established condition that has a high probability of resulting in a developmental delay, as defined by the State.[54]

From 2013-2015, Pima County, the FTF Pima South Region, and Arizona experienced an increase in the number of children receiving AzEIP referrals and services (see Exhibit 4.9 and 4.10). Compared to 2013, the number of children receiving referrals in the FTF Pima South region in 2015 increased by 181. During the same time frame, the number of children receiving services in the FTF Pima South Region nearly doubled. In the FTF Pima South Region, of those who received referrals to AzEIP, less than 50 percent received services. However, the number receiving services increased by more than double between 2013 and 2015 for Arizona, Pima County, and the FTF Pima South Region.

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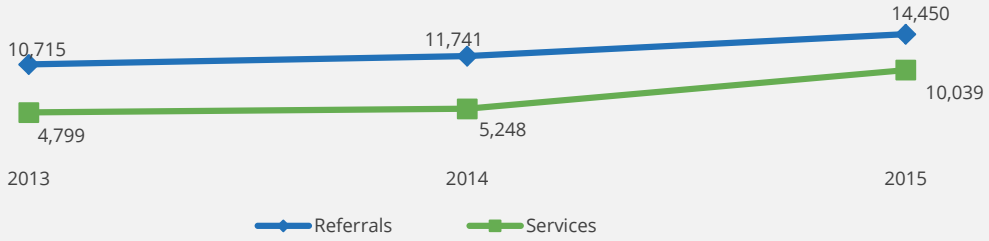
[50] *Dyson, A. (2001). Special needs education as the way to equity: an alternative approach? Suport for Learning, 16, 3.*
[51] *US Department of Education: Office of Special Education and Rehabilitative Services. https://www2.ed.gov/about/offices/list/osers/osep/osep-idea.html*
[52] ADES, 2016 - *https://des.az.gov/services/disabilities/early-intervention/about-arizona-early-intervention-program-azeip*
[53] *Rosenberg, 2013 - http://www.education.com/reference/article/characteristics-intellectual-disabilities/*
[54] ADES, 2016: *https://des.az.gov/services/disabilities/early-intervention/arizona-early-intervention-program-azeip-eligibility*

Exhibit 4.9. 2013-2015 Children receiving AzEIP referrals and services in Pima County and the FTF Pima South Region

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

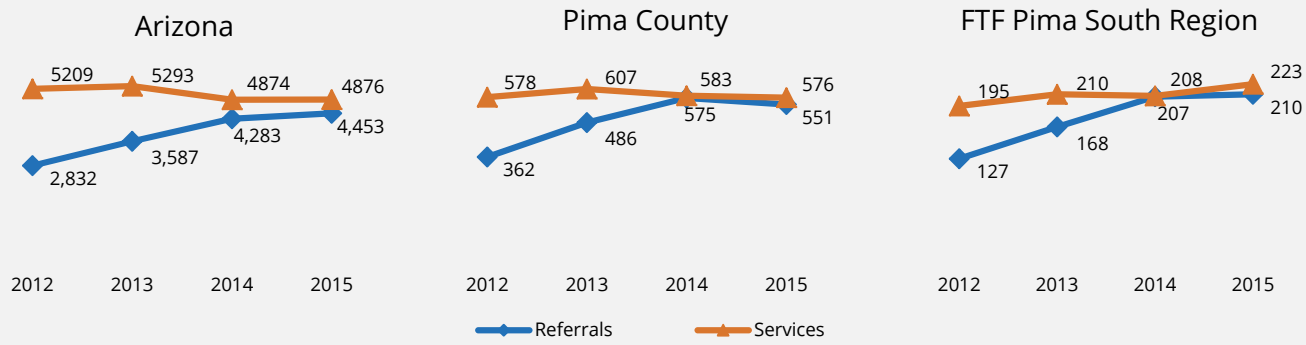
Exhibit 4.10. 2013-2015 Children receiving AzEIP referrals and services in Arizona



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. Between 2012 to 2015, the rates of children receiving referrals and services through the DDD were similar for Arizona, Pima County, and the FTF Pima South Region (see Exhibit 4.11). Overall, across Arizona, Pima County, and the FTF Pima South Region, the number of referrals increased. However, the number of children receiving services decreased for Arizona and Pima County but increased for the FTF Pima South Region. To see the number of service visits by unduplicated count, see Appendix 4.9.

Exhibit 4.11. 2012-2015 Number of children receiving referrals, screenings, and services from the Division of Developmental Disabilities in Arizona, Pima County, and FTF Pima South Region

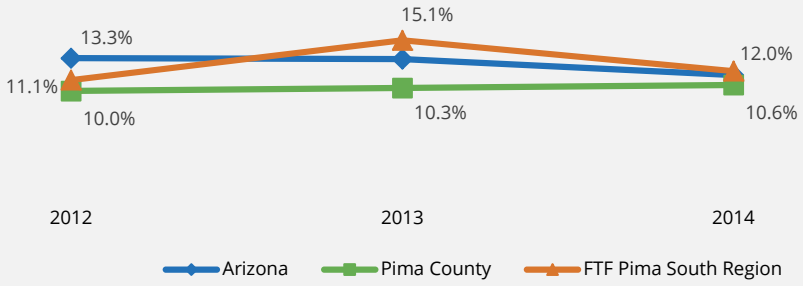


Arizona Department of Economic Security (2015). Division of Developmental Disabilities. Provided by AZ FTF.

Special Education

The Arizona Department of Education collects information on special education pre-k children who entered kindergarten without the need for an Individualized Education Program (IEP). The 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 and the FTF Pima South Region (see Exhibit 4.12). By comparison, Pima County experienced a slight increase in the number of children transitioning out of special education programs between preschool and kindergarten.

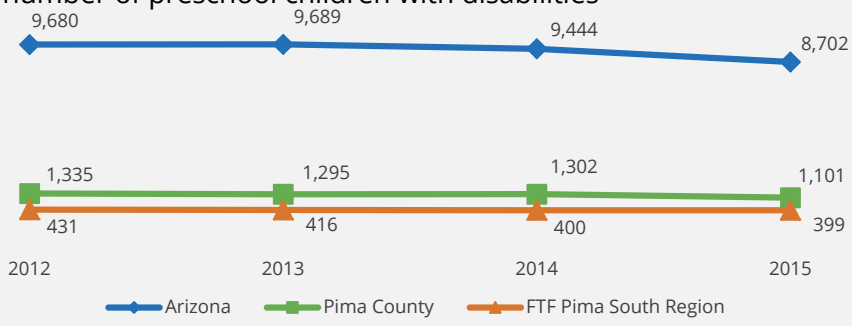
Exhibit 4.12. Percentage of students transitioning out of special education between preschool and Kindergarten



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

From 2012 to 2015, the total number of preschool children identified with disabilities decreased for Arizona, Pima County, and the FTF Pima South Region (see Exhibit 4.13). The number of children with preschool disabilities decreased by 978 for Arizona, by 234 for Pima County, and by thirty-two for the FTF Pima South Region. The most common types of disabilities for preschool children were Preschool Severe Delays (PSD) and developmental delays. 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 4.13. Total number of preschool children with disabilities



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

**The data presented are unduplicated (i.e., children diagnosed with multiple disabilities are counted only one time in the Federal Primary Need [FPN] category).*

College Scholarship Case Study*: Catherine

Catherine has been working at a preschool center for close to four years and is currently participating in the FTF College Scholarship Program. Prior to receiving the scholarship, Catherine had graduated from high school but had not finished college. It was not until she heard about the scholarship that she decided to continue her education.

Catherine feels that the College Scholarship program has been very beneficial to her understanding of early childhood development. Through the program, Catherine has been able to learn the reason behind the actions of many children she works with and has been able to immediately apply the knowledge she is learning directly with the children in her classroom. Catherine also appreciated learning more about working with children with special needs. “You see them come in the way they were and you see them leave the way they are now. It’s such a difference,” says Catherine.

In addition, the program has supported her in pursuing her academic goals. Catherine appreciates that the program is aware that most students have a full-time job and family duties on top of their schoolwork; gives students flexibility to complete their work; and prevents students from becoming overburdened. Catherine has also learned a great deal about other potential career opportunities in the early childhood workforce through the program, including special education which she had not considered before. Because of the support and experience in the program, she is interested in pursuing her Bachelor’s degree after earning her Associate’s degree.

Through the program, Catherine also learned about other organizations serving young children in her area and feels more connected to the ECE system in her community. As a result of her newfound knowledge in childhood development, Catherine feels more confident in her ability to work with young children and feels better equipped to speak with parents and provide answers and explanations to their questions. Overall, Catherine is happy with the program and would recommend it to people who like children and wish for a better education. “Not only is it a good opportunity to continue learning, it is also paid for and it is helpful for one’s career.”

*Names have been changed to protect confidentiality.

EARLY LEARNING HIGHLIGHTS

About 31 percent of preschool-aged children in the region are enrolled in ECE programs, which is less than the 61 percent assumed to need child care based on their parents' employment status. A contributing factor may be the high cost of child care. With respect to child care subsidies, fewer children are becoming eligible for, receiving, and remaining on the waitlist for the subsidies. Referrals and services for AzEIP and DDD are increasing for the region while the percentage of students who transition from special education in preschool to mainstream kindergarten classrooms is decreasing. The number of preschoolers with disabilities is decreasing in the region and the most common disabilities are Preschool Severe Delays and Developmental Delays.

Below are key findings that highlight the early learning assets, needs, and data-driven considerations for the FTF Pima South Region. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.

Assets	Considerations
Quality First has been increasing the quality of child care programs in the region.	Support Quality First efforts in the region to increase the opportunities for children to receive quality early care and education experiences.

Needs	Considerations
According to the FTF Arizona's Unknown Education Issue brief, almost half of early care and education professionals in the state leave the profession within five years (45%).	Explore providing support for quality early childhood professionals to retain their skills in the early childhood field and reduce staff turnover.

5. Child Health

Why it Matters

Ensuring healthy development through early identification and treatment of children's health issues helps prepare children for school.[55] 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 zero to five 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 with information and resources to promote a healthy pregnancy and increase the healthy development of their child. At a routine prenatal visit, physicians often remind expectant mothers of the benefits of breastfeeding and the importance of abstaining from substance use and maintaining a healthy diet. 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.[56]

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.[57] 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 on in life because children under the age of five are at the highest risk of contracting severe illnesses since their bodies have not yet built a strong immune system. [58] Another factor that may impact health outcomes, and 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.[59] 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. This chapter provides an overview of the health indicators for the FTF Pima South Region that highlight the well-being of children under age six and their families.

Healthy People 2020 (HP 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.[60] When appropriate, these benchmarks will be presented throughout this chapter as comparison points for certain indicators.

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[55] *Schools & Health (2016). Impact of Health on Education. Retrieved from http://www.schoolsandhealth.org/pages/Anthropometricstatusgrowth.aspx*
[56] *The State of Obesity, N.D). Prenatal and Maternal Health. Retrieved from http://stateofobesity.org/prenatal-maternal-health/*
[57] Office on Women's Health (2014). *Why breastfeeding is important. Retrieved from https://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html*
[58] Centers for Disease Control and Prevention (2016). *Infant Immunizations.* Retrieved from http://www.cdc.gov/vaccines/parents/parent-questions.html
[59] *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*
60 Healthy People 2020. About Health People Retrieved from https://www.healthypeople.gov/2020/About-Healthy-People

What the Data Tell Us

Access to Health Services

Lack of access to affordable health care is a major impediment to receiving proper care and an issue that disproportionately affects women living in poverty, placing their children at risk for health issues even before they are born, and perpetuating health disparities.[61] Consequently, lack of medical attention negatively impacts a child's ability to grow and thrive. In a rural region with limited transportation, being geographically distant from health service providers and lacking adequate health insurance are challenging barriers for community members to overcome. Such barriers are exacerbated by the lack of financial resources that are needed to travel from remote areas to where providers are located.[62] Overall, there is a lower population to provider ratio in Pima County than statewide, but the ratio of population to primary caregivers is more than double in some areas of the Pima South Region, such as Tucson Estates, Drexel Heights, and Valencia West (see Exhibit 5.1). Additionally, in 2014, nine percent of children under age six in the FTF Pima South Region reported not having any health insurance (see Exhibit 5.2). The HP 2020 target is for 100 percent of Americans to have medical insurance by 2020.[63] Though slightly lower than the state and other age groups, the combination of the limited number of providers in rural parts of the region and children lacking health insurance could potentially place children in the region at risk for long term health complications if they fall ill and providers are not available or their parents do not have the sufficient funds to seek care.

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

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

[63] *Healthy People 2020. About Health People Retrieved from https://www.healthypeople.gov/2020/About-Healthy-People*

Exhibit 5.1. 2015 Ratio of population to primary-care providers, by Primary Care Area (All Ages)*

Location	Ratio-Population:Provider
Statewide	449:1
Pima County	395:1
Primary Care Area (Number)	
Vail-104	706:1
Sahuarita-119	661:1
Green Valley-118	745:1
Drexel Heights-114	2,688:1
Tucson South East-109	469:1
Valencia West-115	2,128:1
Tucson Estates-113	1,651:1
Ajo-102	900:1

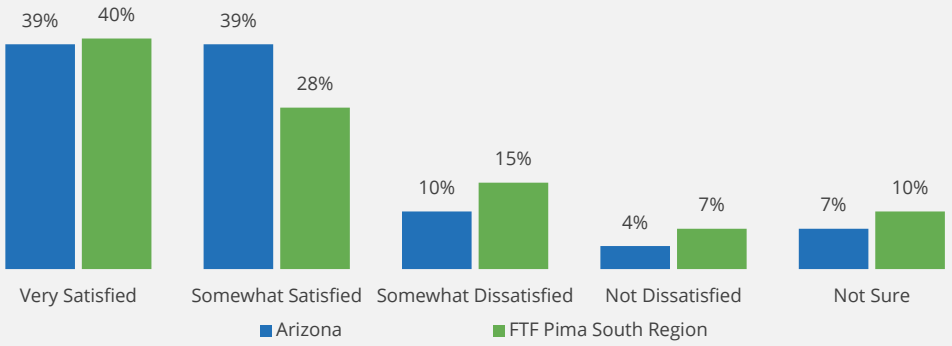
Arizona Department of Health Services (2015). Primary Care Area Statistical Profiles. Retrieved from http://www.azdhs.gov/prevention/health-systems-development/data-reports-maps/index.php#statistical-profiles-pca
**Data are not available for FTF Region*

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

To better understand parents' and families perceptions and knowledge of the services available to them and their children in their community, FTF conducted a survey in 2012 asking parents about their satisfaction with and perception of these programs.[64] Despite challenges, such as lack of transportation and health insurance, most families (92%) who responded to the FTF Family and Community Survey in the FTF South Pima Region report taking their children to regular doctor visits.[65] When asked about the perception of services available in the region, just over two-thirds of respondents (68%) reported being satisfied or very satisfied with the resources available to help their child's healthy development (see Exhibit 5.3). Additional information regarding health access is provided in Appendix 5.1-Appendix 5.8.

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



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

[64] *Family and Community Survey data are from 2012. At that time, there were three First Things First regions in Pima County: North Pima, Central Pima, and South Pima. We are including the data from South Pima in this report.*
[65] *Arizona First Things First (2012). Family and Community Survey.*

Prenatal Care

Research suggests that a lack of prenatal care is associated with many negative health issues for both the mother and the child.[66] Research also shows that children of mothers who did not obtain prenatal care were three times more likely to have a low birth weight and five times more likely to experience fatal outcomes than those born to mothers who did receive prenatal care.[67] In addition, studies show that women who are at the highest risk of not receiving prenatal care are mothers younger than 19 years old and single mothers.[68] [69]Educational attainment has also been associated with mothers receiving prenatal care, such that the higher a mother's educational attainment, the more likely they are to seek prenatal care.[70] It is important that mothers seek and receive prenatal care at an early stage in their pregnancy so physicians can treat and prevent any health issues that may occur.[71]

HP 2020 aims to bring the proportion of pregnant women receiving prenatal care in the first trimester to 77.9 percent.[72] In the FTF Pima South Region, the percentage of women who began prenatal care in the first trimester and the percentage of women who did not receive any prenatal care have remained steady from 2009-2013 (see Exhibits 5.4 and 5.5). In 2014, a new version of the Birth Certificate introduced changes in the way prenatal care by trimester is assessed. The trimester when prenatal care began is no longer directly reported but rather calculated using the date of the mother's last menstrual period and the date of the first prenatal care visit. Due to this procedural change, prenatal care is not comparable between 2013 and 2014 onward. Based on the new methodology, 65 percent of mothers in the region started prenatal care in the first trimester in 2014. Additionally, only 37 percent of South Pima respondents to the Family and Community Survey reported believing that they could impact their child's brain during the prenatal period.[73] This may indicate a lack of knowledge around the importance of prenatal care and its impact on a child's growth and development.

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[66] *Prenatal Care Effects Felt Long After Birth. (n.d.). Retrieved from http://toosmall.org/blog/prenatal-care-effects-felt-long-after-birth*
[67] *Womens Health (n.d.). Prenatal care fact sheet. Retrieved from https://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html#b*
[68] *Center for Disease Control and Prevention (n.d). Vital Statistics Online. Retrieved from http://www.cdc.gov/nchs/data_access/vitalstatsonline.htm*
[69] *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/*
[70] *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*
[71] *Womens Health (n.d.). Prenatal care fact sheet. Retrieved from https://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html#b*
72 *Healthy People 2020. About Health People Retrieved from https://www.healthypeople.gov/2020/About-Healthy-People*
[73] *Arizona First Things First (2012). Family and Community Survey.*

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

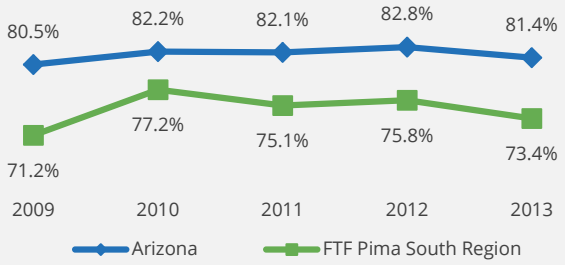
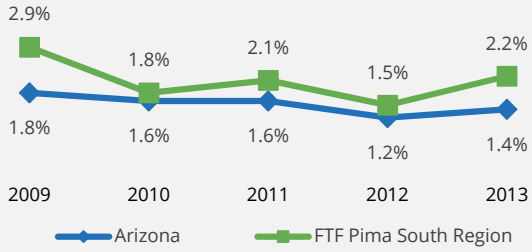


Exhibit 5.5. Percentage of women who did not receive any prenatal care



In the FTF Pima South Region, the percentage of births with medical risks, complications during labor and delivery, and abnormal conditions was on the rise between 2009-2013 (see Exhibit 5.6, Exhibit 5.7, and Exhibit 5.8). In 2014, the definition of medical risks was modified to exclude cardiac disease, lung disease, and other medical conditions that were previously included, and therefore dropped to 37 percent for the region and 18 percent for the state; similar changes were made to the abnormal conditions definition which dropped to four percent for the state and region in 2014.[74] The percentage of newborns who were admitted to the Intensive Care Unit has fluctuated over time but increased in recent years (see Exhibit 5.9). Over 95 percent of mothers in the FTF Pima South region reported not drinking or smoking during their pregnancy.[75] However, from 2010 to 2014, the number of babies born with drug withdrawal syndrome doubled in Pima County, from 50 to 110.[76] This may be related to the decrease in early prenatal care as mothers using substances may be less likely to seek care.

Exhibit 5.6. Percentage of births with medical risks*

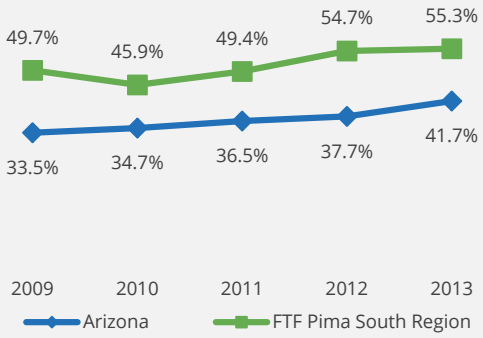
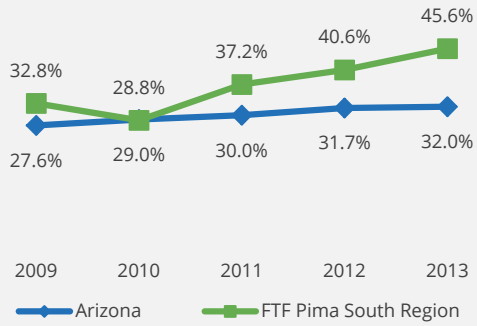


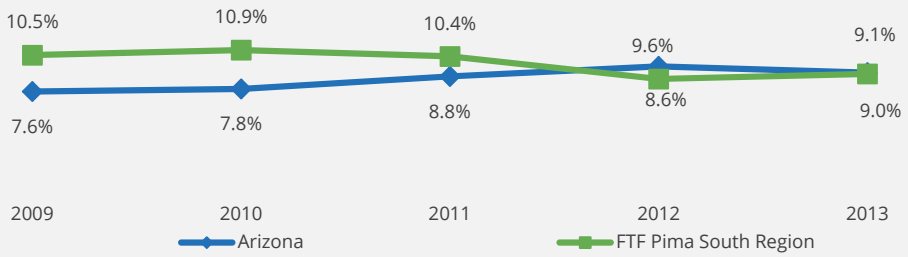
Exhibit 5.7 Percentage of births with complications during labor and delivery



Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.
**In 2014, Anemia, Cardiac disease, Lung disease and others were removed from the list of medical risks.*

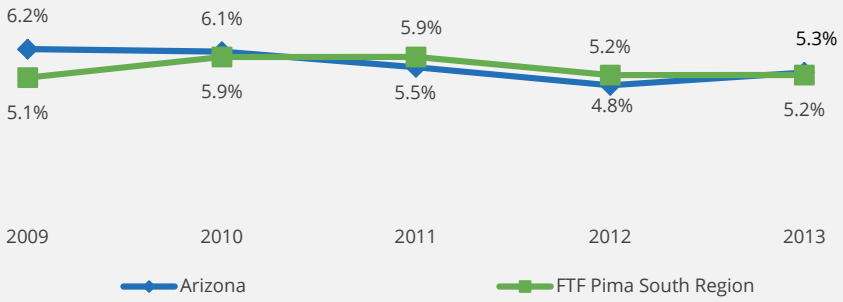
[74] *Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.*
[75] *Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.*
[76] *Arizona Department of Health Services (2014). Drug withdrawal syndrome in infants of dependent mothers by race/ethnicity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

Exhibit 5.8. Percentage of infants born with abnormal conditions



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

Exhibit 5.9. Percentage of infants admitted to the Intensive Care Unit

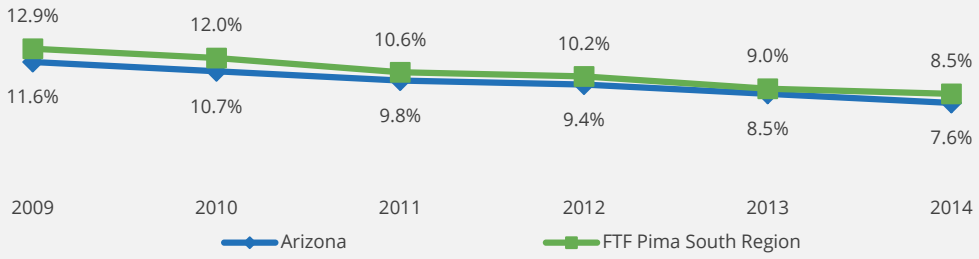


Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.

Additional factors that place mothers at-risk of not receiving prenatal care, such as teen pregnancy, single mothers, and mothers with lower education levels, have decreased or remained steady over the past few years. In the FTF Pima South Region, the percentage of teen mothers decreased from 2009-2014 but is currently slightly higher than the State (see Exhibit 5.10). The percentage of mothers in the region who were not married remained stable from 2009 to 2014 and was the same as the state in 2014 (46%).[77] In addition, as previously reported in the Educational Indicator chapter, in 2014, 83 percent of mothers had a high school education or more (see Exhibit 3.8). Additional information regarding prenatal care is provided in Appendix 5.9-Appendix 5.13.

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

Exhibit 5.10. Percentage of mothers who were 19 years old or younger



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

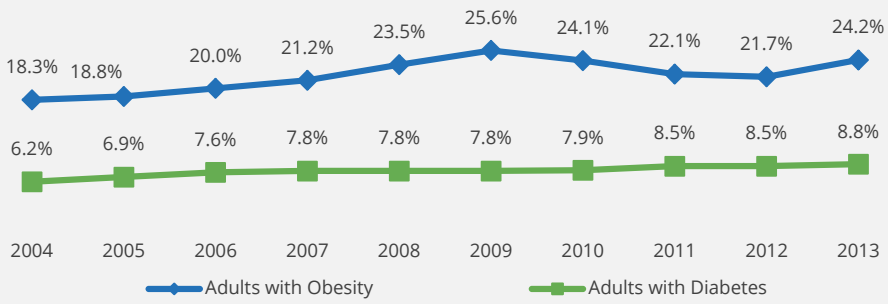
Obesity

Obesity has been a concern in the US due to associated health outcomes, such as higher risks for diabetes, cancer, and heart disease.[78] Diabetes has also been associated with many negative health complications such as blindness, kidney failure, and amputation of limbs.[79]

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.[80] According to the CDC, diabetes and obesity can be prevented by increasing physical activity and maintaining a healthy diet.[81] HP 2020 aims to reduce the proportion of adults who are obese to 30.5 percent and the proportion of children and adolescents who are obese to 14.5 percent.[82] In Pima County, the percentage of adults with obesity has increased from 18 percent to 24 percent between the years 2004–2013 (see Exhibit 5.11). Within the same timeframe the percentage of adults with diabetes increased from six percent to nine percent.

[78] *Center for Disease Control and Prevention. (n.d.). Adult Obesity Facts. Retrieved from https://www.cdc.gov/obesity/data/adult.html*
[79] *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*
[80] *ACOG (2016). Obesity and Pregnancy. Retrieved from http://www.acog.org/Patients/FAQs/Obesity-and-Pregnancy*
[81] *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*
[82] *Healthy People 2020. About Health People Retrieved from https://www.healthypeople.gov/2020/About-Healthy-People*

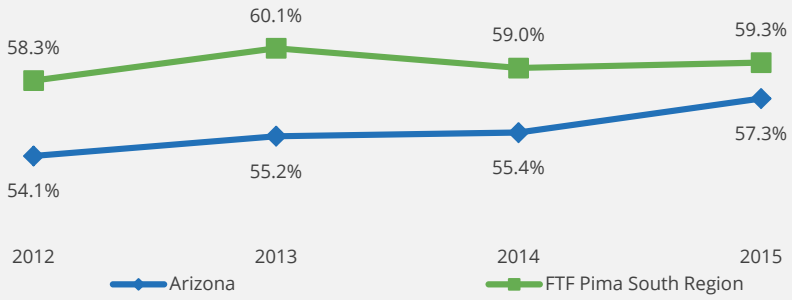
Exhibit 5.11. Percentage of adults with obesity or diabetes in Pima County



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

In the FTF Pima South Region, and the state as a whole, over 50 percent of mothers participating in WIC reported being overweight or obese pre-pregnancy in 2015 (see Exhibit 5.12). As previously described, almost 24 percent of the population in Pima County has low access to grocery stores, which is five percent higher than the state and likely even lower in rural areas of the Pima South Region (see Exhibit 2.11). Additionally, families participating in WIC are likely opting for less expensive food options which often tend to be less healthy as well. Furthermore, there are very few recreation and fitness facilities where residents of Pima can stay active.[83] The combination of having only a few grocery stores and places where residents can engage in physical activity may contribute to the increasing rate of obesity and diabetes in Pima County. Additional information regarding obesity and diabetes is provided in Appendix 5.14-5.16.

Exhibit 5.12. Percentage of mothers overweight and obese pre-pregnancy



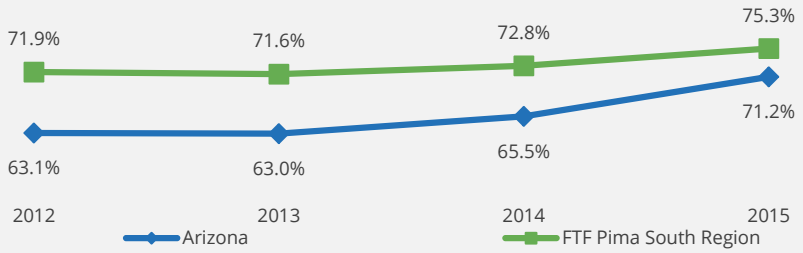
Arizona Department of Health Services (2015). Women, Infants & Children (WIC). Provided by AZ FTF.

[83] *United States Department of Agriculture and Economic Research Service (2012). Food Environment Atlas.*

Engaging in Healthy Preventive Practices

The American Academy of Pediatrics recommends that mothers breastfeed for the first six months after giving birth.[84] Breast milk has antibodies that prevent babies from getting ill and it has been show to decrease the likelihood of babies becoming obese.[85] HP 2020 aims to increase the proportion of infants who are breastfed at six months to 60.6 percent.[86] In the FTF Pima South Region, the percentage of mothers participating in WIC who breastfed their infant on average at least once per day increased from 2012-2015. In 2015, this percentage was four percent higher than the state (see Exhibit 5.13).

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

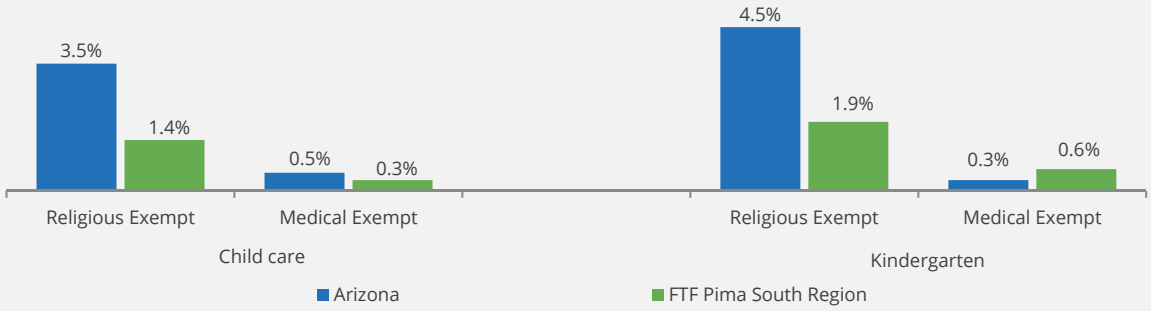


Arizona Department of Health Services (2015). Women, Infants & Children (WIC). Provided by AZ FTF

Vaccinations can protect children from measles, mumps, and whooping cough, which are all severe illnesses currently present and potentially fatal to young children.[87] Receiving timely vaccinations is not only a protective factor to oneself, but to the community's immunity. [88] In the FTF Pima South Region, the percentage of children who were exempt from immunizations for religious reasons was lower than the state (see Exhibit 5.14). Compared to the state, the region has a slightly higher percentage of children who received Hib, DTaP, MMR, Hep B, Polio, and Varicella vaccines (see Exhibit 5.15). Additional information regarding immunizations is provided in Appendix 5.17.

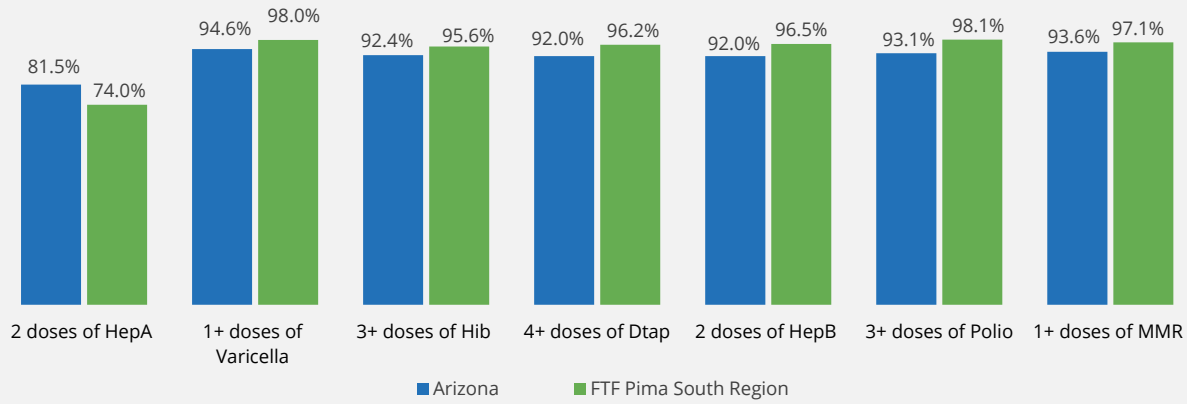
[84] *American Academy of Pediatrics (2012). Breastfeeding and the Use of Human Milk. Retrieved from http://pediatrics.aappublications.org/content/129/3/e827.full#content-block*
[85] *Office on Women's Health (2014). Why breastfeeding is important. Retrieved from https://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html*
[86] *Healthy People 2020. About Health People Retrieved from https://www.healthypeople.gov/2020/About-Healthy-People*
[87] *Basic Vaccines (2016). Importance of Vaccines. Retrieved from http://www.vaccineinformation.org/vaccines-save-lives/*
[88] *U.S Department of Health and Human Services (2016). Community Immunity. Retrieved from http://www.health.ny.gov/prevention/immunization/vaccine_safety/*

Exhibit 5.14. Percentage of children in childcare and Kindergarten exempt from receiving immunizations



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

Exhibit 5.15. Percentage of children in childcare receiving immunizations 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; cause malnourishment and anemia; and may lead to life-threatening infections.[89,90] Fortunately, tooth decay has also been found to be one of the most preventable diseases. It can be prevented by using fluoridated water, brushing and flossing teeth, taking a child to see a dentist regularly starting by the age of one, and practicing good oral health care during pregnancy.

75% of parents indicated their child(ren) regularly visited the same dental provider

The *Healthy Smiles Healthy Bodies Survey* was designed to obtain information on the prevalence and severity of tooth decay among Arizona's kindergarten children.[91] 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.[92] A total of 3,630 kindergarten children in Arizona received a dental screening. In the FTF Pima South region, 312 children received a dental screening. 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 twenty 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's 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 (e.g. 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.[93]

In the FTF Pima South Region 91 percent of survey respondents reported having some type of dental

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[89] *National Children's Oral Health Foundation (2015). Facts About Tooth Decay. Retrieved from http://www.ncohf.org/resources/tooth-decay-facts/*

[90] *Raising Children Network. (n.d.). Tooth decay. Retrieved from http://raisingchildren.net.au/articles/tooth_decay.html*

[91] *Using another funding source, ADHS expanded data collection to include 3rd grade children but that information is not included in this report.*

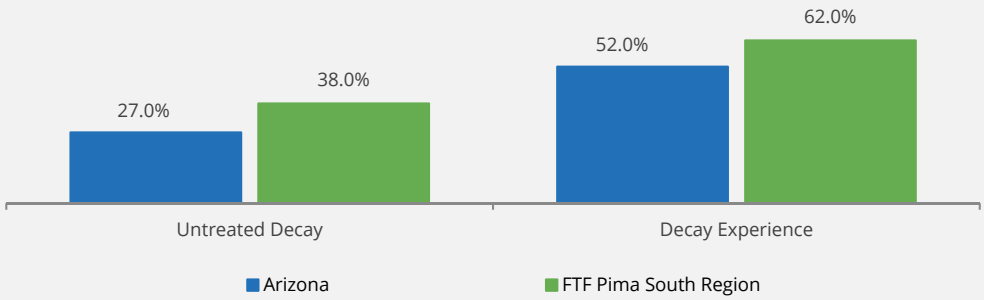
[92] *The sampling frame for the survey included all non-reservation public and charter schools with 20 or more children in kindergarten and/or 3rd grade. The following were excluded from the sampling frame; (1) special schools such as alternative, detention and special education schools plus (2) schools located in tribal communities (based on ADHS list of tribal communities) as additional approvals needed to be in place prior to participation.*

[93] *Probability proportional to size sampling: a sampling technique where the probability that a particular school will be chosen in the sample is proportional to the enrollment size of the school*

insurance, which was 15 percent higher than the state (76%).[94] Of the Healthy Smiles Healthy Bodies respondents, almost half (48%) had AHCCCS insurance yet many (22%) were unaware that AHCCCS includes dental benefits for their children. [95]

Three in four parents who responded to the Family and Community Survey in the South Pima Region reported that they regularly take their children to dental visits.[96] However, more than 60 percent of Healthy Smiles Healthy Bodies survey respondents reported their children have experienced tooth decay (see Exhibit 5.16) and, in 2014, about half of the residents living in Arizona did not have access to public water systems that were fluoridated.[97] Additional information regarding oral health is provided in Appendix 5.18).

Exhibit 5.16. Percentage of children who have experienced tooth decay

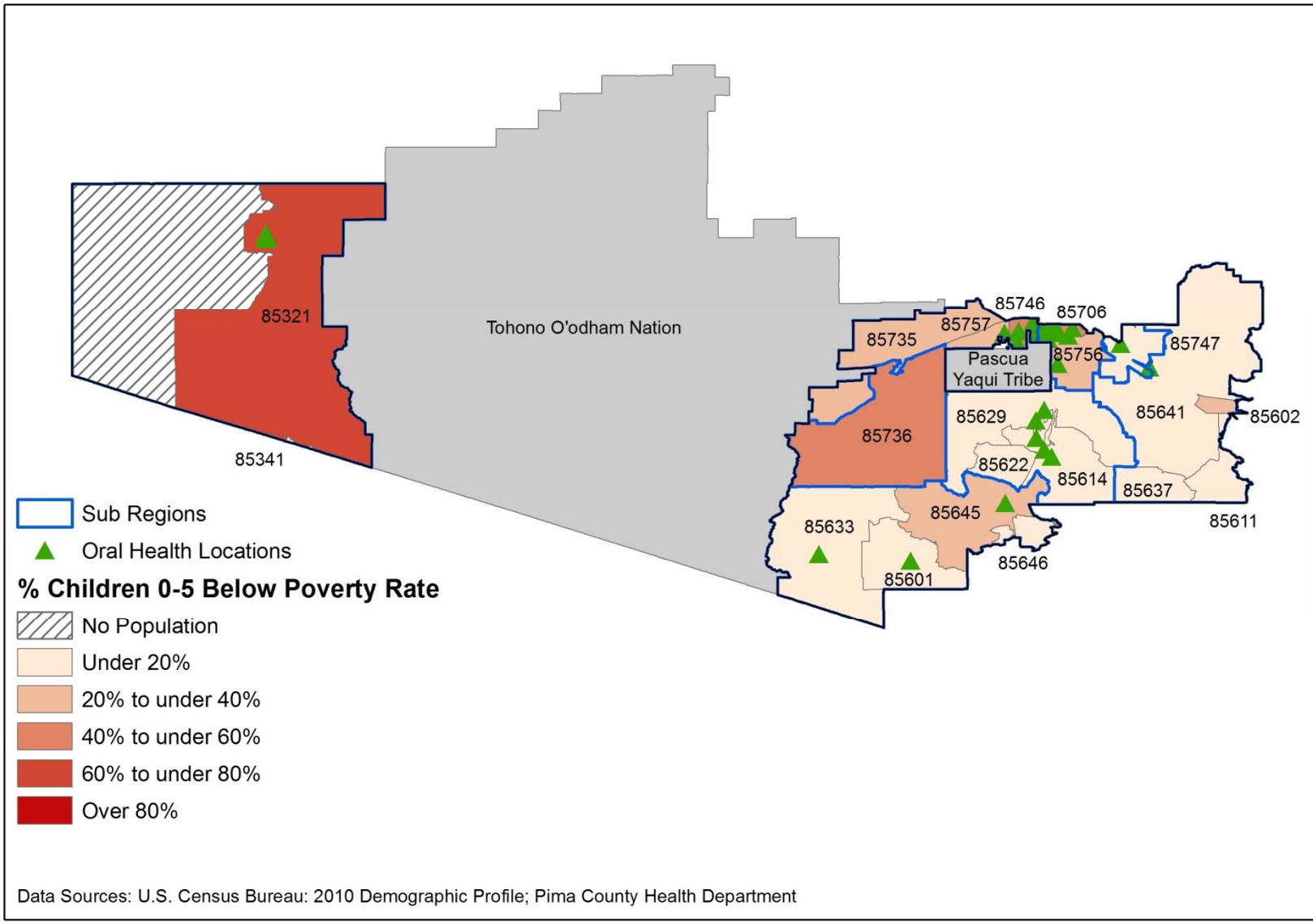


Arizona First Things First (2016). Oral Health Report.

Accessing oral health services in the FTF Pima South region may be challenging because of the rural nature of the region and the lack of transportation. Exhibit 5.17 shows the location of oral health services and child poverty rates by zip code indicates most of the services are available in the north eastern part of the region, where 20-40 percent of children are living in poverty. An additional string of locations are located in a low poverty area and the zip codes with the highest percentage of children in poverty (85736 and 85321) only have one oral health provider.

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

Exhibit 5.17. Map of FTF oral health service locations over poverty



Data Sources: U.S. Census Bureau: 2010 Demographic Profile; Pima County Health Department

The First Smiles Matter Program (FSM) provides dental screenings and topical fluoride treatments for children under six years old.[98] Harder+Company staff interviewed two key stakeholders in the program to identify the program's key strengths, as well as the opportunities and challenges that participants in the program and the program itself face.

Interviewees highlighted key **strengths** of the FSM program including:

- Free oral health services for children, including fluoride varnishes, visual screenings of the mouth, teeth, and gums, free supplies, dental hygiene education, and prevention for children who would not otherwise qualify for services or may have difficulty receiving services because of transportation issues.
- Parents are satisfied with the program and encourage services to be offered more frequently throughout the year.
- Increased parental and child knowledge of the importance of dental care and hygiene.

One interviewee shared that, without the program, "honestly, I feel that [the children] would not have received the care at all, in lots of cases, until something was serious enough that it had to be addressed medically… if these things are addressed early on, it's probably cost-saving for everyone to have that taken care of before it becomes a serious medical issue".

Interviewees also highlighted some of the **barriers** that families face that are addressed through the FSM program, including the following:

- Lack of dental insurance
- Transportation issues
- Language barriers (non-English speaking families)
- Lack of knowledge and understanding of the importance of oral healthcare

One interviewee also stated that for schools, time and resources can be a barrier for having the FSM program offered at a school. It is also sometimes challenging for schools to get parents to return consent forms for the program. Overall, both interviewees highlight a strong partnership between schools and FSM staff and they feel the program is a huge asset to the region.

With high rates of dental decay (62%) and untreated decay (38%) among children in the region, it is important to further expand these services to ensure that all children have access to preventive oral healthcare. In addition, Exhibit 5.17 highlights key areas within the Pima South Region where oral health services are limited, and where high levels of poverty are also present. These may be areas where additional focus can help to ensure there are FSM programs available in the schools and to consider employing strategies such as mobile dental services to more of the outlying rural areas.

[98] *Pima County Health Department, First Smiles Matter: http://webcms.pima.gov/health/preventive_health/oral_health/*

HEALTH HIGHLIGHTS

The rural nature of portions of the FTF Pima South Region presents some challenges around accessing needed healthcare and maintaining healthy lifestyles. The ratio of population to providers is high in rural parts of the region, indicating limited availability of physicians. There has also been an increase in infants born with drug withdrawal symptoms in the county. Additionally, the lack of access to grocery stores and fitness facilities may contribute to the increasing rates of obesity and diabetes in the area. On the other hand, the region outpaces the state in implementing healthy preventative practices such as breastfeeding and immunizing children.

Below are key data trends that highlight the health assets, needs, and data-driven considerations for the region. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.

Assets	Considerations
Three in four women in the WIC program in the region report breastfeeding their infants at least once a day, more than the state (71%).	Promote public education about the benefits of breastfeeding and consider supporting workplace efforts to encourage breastfeeding practices for working mothers.

Needs	Considerations
According to the Arizona Department of Health Services, the number of infants born with drug withdrawal symptoms in Pima County increased from 50 to 110 between 2010 and 2014.	Add substance abuse interventions and providing information around substance use at existing services, such as home visitation or well-child visits.
Data from the Arizona Department of Health Services show that parts of the region have a high ratio of population to healthcare providers, indicating limited access to healthcare.	Consider supporting healthcare providers to travel to the more rural parts of the region and providing support and infrastructure for tele-health services.
Over half of children whose parents responded to the FTF oral health survey (62%) were reported to have experienced tooth decay and 38 percent had untreated tooth decay. Additionally, FTF funded oral health providers are clustered in one area of the region and are likely hard to reach for those in more rural parts of the region.	Promote oral health services and education during existing programs, such as home visitation, to inform parents of the importance of early oral healthcare. Also, consider partnering with primary care physicians and pediatricians to be allies of oral healthcare and encourage their patients to practice healthy oral health behaviors and regularly visit the dentist.

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, and research shows that parents have a profound impact on their child's development during this time period.[99] Support for young families is an essential piece of the holistic efforts around 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 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 who are exposed to domestic violence or who are the victims of abuse or neglect are also at increased risk to experience depression and anxiety and are more disposed to physical aggression and behavior problems.[102] Understanding the impact of trauma has led to identifying opportunities to both prevent and mitigate its adverse effects. Opportunities include family support services like home visitation and parent education, as well as 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 Pima South region to provide the necessary support to 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

In 2012, FTF developed and administered a phone-based survey for parents and caregivers throughout the state to better understand parents' knowledge of parenting practices and child development. 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 sixty questions, some of which were drawn from the national survey, *What Grown-Ups Understand About Child Development*[103]. 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 survey. The majority of respondents (83%) were the child's parent. The remaining respondents were grandparents (13%) or other relatives (4%). In the FTF South Pima region, 150 parents participated in the survey. At that time, there were three First Things First regions in Pima County: North Pima, Central Pima, and South Pima. We are including the data from South Pima in this report.[104] The sample data were weighted so that the sample would match the population of the state on four characteristics: Family income, educational attainment, sex, and race-ethnicity. Data were 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 might easily be due to sampling variability.

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[103] *CIVITAS Initiative, ZERO TO THREE, and BRIO Corporation, Researched by DYG, Inc. 2000. What Grown-ups Understand About Child Development: A National Benchmark Survey. Online*, INTERNET, 06/20/02. *http://www.civitasinitiative.com/html/read/surveypdf/survey_public.htm*

[104] *Family and Community Survey data are from 2012.*

As discussed in the Child Health chapter, 37 percent of respondents in the South Pima Region understand they can significantly impact their child's brain development prenatally, compared to 32 percent of respondents statewide. Survey results also show that 42 percent of respondents in the region understand that an infant can take in and react to the world around them right from birth, compared to 35 percent in Arizona. In addition, 55 percent of respondents in the South Pima Region understand that a baby can sense whether his or her parent is depressed or angry, and can be affected by his or her parent's mood from birth to one month. In contrast, 81 percent of respondents in the South Pima Region understand that the first year of life has a major impact on school performance, which is two percent lower than statewide.[105] While most parents may understand the importance of child development, survey results indicate that not all parents are aware of the stages of development and the impact they have on their child, beginning prenatally.

37% *of respondents believe they can prenatally impact their child's brain development*

42% *of respondents understand that an infant can take in and react to the world around them*

55% *of respondents believe a baby can sense and be affected by his parents' mood*

81% *of respondents know that the first year of life has a major impact on future school performance*

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

Only 60 percent of respondents in the region understand that a child's capacity for learning is not set from birth and can be increased or decreased by parental interaction. This is substantially less than 78 percent of respondents statewide. Survey results also show that two-thirds of respondents 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, all respondents in the South Pima Region understand emotional closeness can strongly influence a child's intellectual development, which is four percent higher than the state.[106]

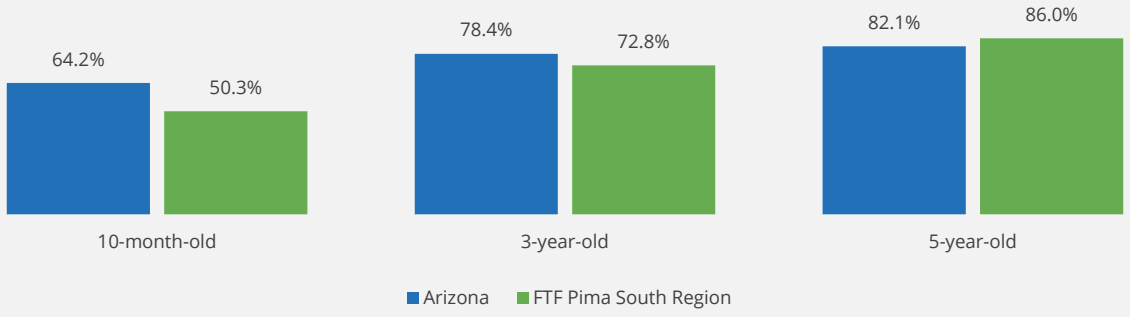
60% *of respondents understand that parental interaction impacts a child's capacity for learning*

66% *of respondents know that children receive a greater benefit from talking to a person than hearing someone on TV*

100% *of respondents believe that emotional closeness can strongly influence a child's intellectual development*

In the South Pima Region parents generally understand the importance of play for young children of all ages, though less so for the younger ages. Half of respondents recognize the crucial importance of play for ten-month-olds, just over 70 percent understand that play is important for three-year-olds, and 86 percent understand that play is important for five-year-olds (see Exhibit 6.1).

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



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

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

Home Visitation Case Study*: Esther

When Esther first contacted the home visitation program, she was a stay-at-home mom struggling to take care of her household while caring for her father and her three children, nine year old Ethan, eight year old Sally and five year old Jonah. She was frustrated and stressed and often raised her voice at her children over spilled drinks or toys on the floor. She could not go to the grocery store with the kids without them crying, forcing her to buy unnecessary things to keep them quiet. She wanted to go back to school but was discouraged by her father and could not see a bright future for herself or her kids. She had heard about the FTF home visitation program through Jonah's school and decided to contact the program. "I needed help. I was up in the air about how to handle the kids and I knew there was a better outcome out there… the kids were out of hand, it was chaotic in the house, so I realized there's nothing you can lose from it and a lot of things you can gain."

Esther found the enrollment process to be quick and easy and the next thing she knew, her home visitor, Leslie, was at her door. Esther quickly began looking forward to Leslie's weekly visits where they would play with the kids, learn how to set good habits and stick to schedules, address problem behaviors in a productive way, and provide a learning-conducive environment. Esther found herself looking to Leslie as a role model and admired her calm, positive, and caring demeanor, especially after seeing the effect it had on her children. Esther began to be more patient and more understanding of her kids' feelings. She realized that she was getting worked up over minor things and that her words were hurtful to her children, so she practiced being calmer and more soft-spoken. When Sally spilled something, she wouldn't blow up and instead would clean it up and say, "Next time be careful." And as she practiced these changes, her children's behavior changed as well. "I learned to be more nice and soft-spoken and that helps a lot because then the kids are more gentle and sensitive to their brothers and sister, to me, and to themselves. They're not so hard on themselves and I'm not so hard on myself either."

Leslie also helped Esther by providing resources and encouraging her to enroll at Pima Community College and envision a successful future for herself and her kids. "I'm going to start school in a week and [Leslie] was really inspirational towards that. My father wasn't supportive of me getting an education for myself so I never thought about my future… now knowing I'm able to succeed and it's not too late for me, that there's nothing that can hold me back or stop me because I'm in control of myself and not someone else in control of me… [Leslie] inspired me in that area."

Esther is extremely grateful to the home visiting program because without it, she imagines her family would be in worse shape than before. She would have continued to feel unworthy, unimportant, and unable to provide the structure in the home that the kids need. Leslie provided guidance for Esther on how to parent her children, provided the tools she needed to establish healthier behaviors and build better relationships with her children, and motivated her to succeed as a person and have hope for the future. All this gives Esther the strength to juggle the household chores and other important things in her day without stress. "[Home visiting] is a real positive (re)source to bring into the home because it benefits everyone and they take it with them to school and, once they come home, it's an all-around positive thing for everyone."

*Names have been changed to protect confidentiality.

Less than half of respondents or their family members in the South Pima Region reported either reading, drawing, or telling stories/singing songs to their children six or seven days a week.[107] About half of respondents in the South Pima Region (49%) indicated that they have more than 100 books in their home and 26 percent reported having 100 or more children's books in their home.[108]

Read stories to your child/children

41.9% 1-5 *days a week*
50.0% 6 *or* 7 *days a week*

Scribble, pretend draw or draw

47.8% 1-5 *days a week*
41.3% 6 *or* 7 *days a week*

Tell stories or sing songs

48.9% 1-5 *days a week*
44.0% 6 *or* 7 *days a week*

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 his or her parents' attention or enjoys learning about what happens when buttons are pressed. Additionally, 64 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 South Pima 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 her parents' attention	57.0%	21.5%	21.5%	0.0%
The child enjoys learning about what happens when buttons are pressed	77.7%	16.6%	5.7%	0.0%
The child is angry at her parents for some reason or she is trying to get back at them	7.7%	26.5%	63.5%	2.3%

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

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

The FTF Family and Community Survey also examined parent or caregiver perceptions around developmentally appropriate behaviors. One-third of survey respondents in the region correctly responded that a 15-month-old baby should not be expected to share her toys with other children and 61 percent correctly responded that a three-year-old child should not be expected to sit quietly for an hour or so. Additionally, only one-third (34%) correctly responded that a six-month-old is too young to spoil. About two-thirds of respondents correctly identified that it was appropriate behavior to pick up a three-month-old every time he or she cries and about half of respondents (46%) correctly identified it was appropriate behavior to let a two-year-old get down from the dinner table to play before the rest of the family. Just over half of respondents (54%) also identified that letting a five-year-old choose what to wear to school every day is appropriate.

33% of respondents correctly said a 15-month-old baby should not be expected to share her toys with other children

61% of respondents correctly said a three-year-old child should not be expected to sit quietly for an hour or so

34% of respondents correctly thought a six-month-old is too young to spoil

Exhibit 6.3. Parent understanding of appropriate and spoiling behavior with their child in the South Pima 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	65.9%	34.1%	0.0%
Letting a two-year-old get down from the dinner table to play before the rest of the family	46.0%	50.5%	3.5%
Letting a five-year-old choose what to wear to school every day	54.2%	42.3%	3.5%

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

Home Visitation Case Study*: Cynthia

After the delivery of her first baby girl, Cynthia learned about a local home visitation program available to her. As a first-time stay-at-home mom and student whose husband was in the Air Force, she was eager to receive any support offered.

Since starting the home visitation program, Cynthia is often reassured by her home visitor, Debbie, that she is a good mom. Cynthia shared, “Every mom thinks there is something else that she could be doing to do more. Debbie assures me that I am doing exactly what I should be doing and that what I am doing is helping my baby, Sara.” Cynthia also feels that Sara has become more and more comfortable with Debbie and is increasingly curious and engaged in the day’s activities. Debbie has shared many activities that Cynthia and Sara can do together and she has taught Cynthia to not just say “no” but instead to provide some explanation as to why Sara should not do something.

Cynthia feels that this program not only provides resources for Sara and the family, but is also instrumental in supporting new moms who are going through a lot of transitions. Debbie has connected Cynthia with other moms in the program for holiday and weekend activities, expanding Cynthia’s social network. Debbie has also connected Cynthia to many resources such as potty training resources or swim lessons for Sara. “[Debbie] is always bringing information about activities or home stuff I could do to help [Sara] and her vocabulary with more words. I wouldn't have that information [if I was not enrolled in this program].”

Cynthia has been extremely happy with her experience with the home visitation program and is happy to continue learning more parenting skills with her second baby due in February 2017. Overall Cynthia feels the home visitation program has helped her “better understand myself [and how to] teach my child the right thing.” When asked who she would recommend this program to, Cynthia replied, “Anybody that can get in, [should enroll]. If it were up to me I would tell the first time mom, Go. Get yourself in the program. It is real[ly] good, and it will be very helpful [for] you and your family.”

*Names have been changed to protect confidentiality.

Child Safety and Domestic Violence

Maltreatment of children during early childhood has been shown to negatively affect child development, including cognitive development, attachment, and academic achievement.[109] 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.[110]

From October 2014 to September 2015 there were 9,504 reports of maltreatment of children under age 18 in Pima County.[111] Of those, 356 cases of child abuse and neglect were substantiated, i.e. determined to be true, 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 age eighteen in foster placements in Arizona as of September 30, 2015 and 12,754 children under age eighteen who entered out-of-home care such as foster care, kinship care, or residential and group care between October 2014 to September 2015, including 2,323 in Pima County (see Exhibit 6.5).

Exhibit 6.4 Substantiated cases of child abuse and neglect for children under 18 between Oct 2014 to Sept 2015

	Arizona	Pima County
Total	5,461	971
Neglect	4,619	836
Physical abuse	712	118
Sexual abuse	125	16
Emotional abuse	5	1

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

[109] *Child Welfare Information Gateway. Retrieved from https://www.childwelfare.gov/topics/can/impact/development/*
[110] *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.*
[111] *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 in foster placements on September 30, 2015 and number who entered out-of-home care between Oct 2014 and Sept 2015

	Arizona	Pima County
Children under 18 in foster placements on Sept 30, 2015	18,657	**
Children under 18 entering out-of-home care	12,754	2,323

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
*** Data not available at County level*

In Pima County there is one domestic violence shelter and in 2015 it served a total of 675 people and provided over 9,000 hours of support services (see Exhibit 6.6).

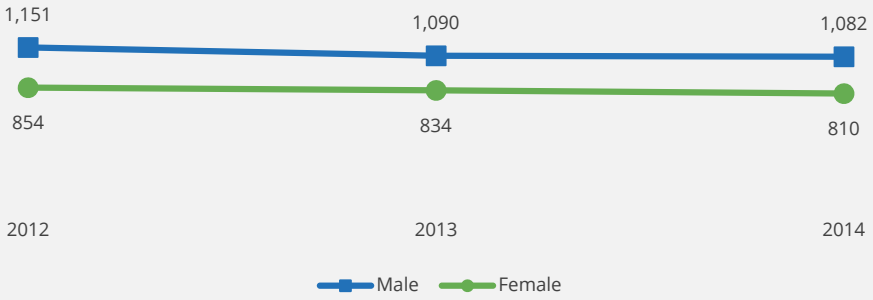
Exhibit 6.6 Domestic violence shelters, people served, and hours of support services provided

	Arizona	Pima County
Number of domestic violence shelters	31	1
Number of adults served	3,862	367
Number of children served	3,705	308
Hours of support services provided	144,025	9,012
Average length of stay in emergency shelter (days)	39	29

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

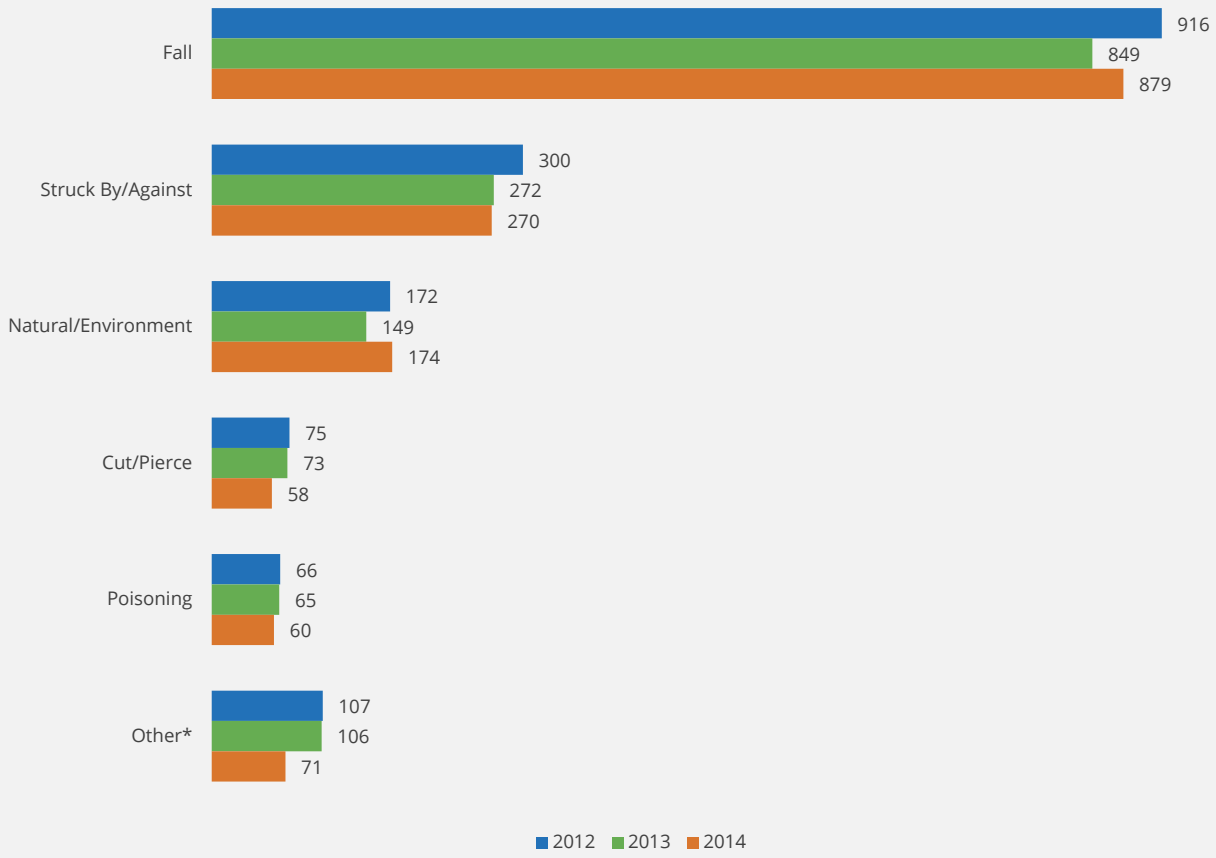
In the Pima South Region the number of children under age six that went to the emergency department for a non-fatal injury decreased from 2012 to 2014. During this time period male children were more likely to be injured than female children and the most common reasons for visiting the emergency department were falls and being struck by or against an object (see Exhibit 6.7 and Exhibit 6.8).

Exhibit 6.7. Non-fatal emergency department visits for children 0-5 in the FTF Pima South 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 under six years old in the FTF Pima South Region

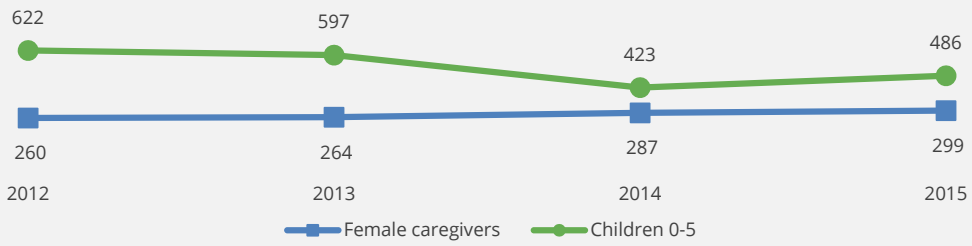


Arizona Department of Health Services (March2016). Unintentional Injuries in Children 0-5, Arizona 2012-2014. Provided AZFTF
**Other types of injury include Fire/Hot object, Motor Vehicle and Pedal-Cycle*

Behavioral Health Services

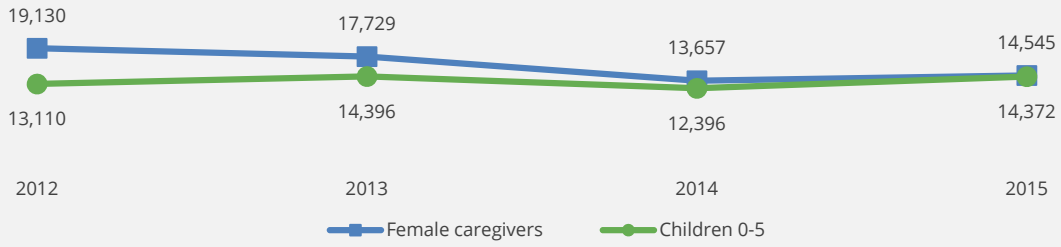
During 2015 in the FTF Pima South Region, nearly 300 female caregivers and nearly 500 children under age six received behavioral health services from ADHS. Behavioral health services provided include behavioral health day programs, crisis intervention services, inpatient services, medical services, rehabilitation services, support services, and treatment services. Exhibit 6.9 and Exhibit 6.10 show how the number of female caregivers and children served has varied over the years.

Exhibit 6.9 Number of female caregivers and children receiving behavioral health services in FTF Pima South 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



Home Visitation Case Study*: Elisa

Elisa is a first-time mom of two-year-old Anna and is currently living half the time with her parents and nephew in rural Tucson and half the time in the central Tucson. While at a breastfeeding resource event, Elisa learned about the home visitation program and was immediately interested because she was looking for more support as a first-time mom, “I was looking for more support and information on what I can do for [Anna] to improve her cognitive ability.” Once Elisa contacted Easter Seals, it was a seamless process to enroll in the program and they immediately arranged for someone to come to her house to meet her and her daughter. From then on, Elisa and Anna began receiving regular home visits from their home visitor, Cynthia.

When Cynthia arrives for their scheduled home visits, Anna enthusiastically runs to the door to greet her, then they sit on the floor and start some engaging activities. Cynthia will introduce the activity of the day and explain why she’s chosen the specific activity. For their most recent visit, Cynthia brought some instruments that she made, because she knew Anna loved to dance and listen to music. Anna loved the activity and Elisa could tell it was helping her further develop her hand-eye coordination.

The visits usually last an hour and the last 10 minutes are saved to discuss any concerns Elisa may have. Elisa has been very satisfied with Cynthia and the program in general because they learn interesting and engaging activities that are easy to duplicate even when Cynthia is not there. Cynthia also provides feedback to Elisa on things she does well with Anna and things she can improve. Elisa has learned that it is important to let Anna lead the play rather than always making things structured and to continually use positive reinforcement. Cynthia has really inspired Elisa to be creative and engaging with Anna.

Since receiving home visits from Cynthia, Elisa knows how to more actively help Anna’s language development by verbally describing the activities that they are doing together. “I try to make a conscious effort to narrate what [Anna] is doing to help [her] language development. [Anna is] always learning new things and [I have seen] improvements in her growth and development.” Elisa said. Elisa also shares what she learns from Cynthia with her husband and other family members who spend time with Anna. Her 10 year old nephew has even learned to let Anna lead the play and helps narrate activities that they are doing together.

Cynthia does a great job of listening to Elisa and tries to integrate some of Elisa and Anna’s culture into the activities she brings. Elisa shared, “we've been sharing our own personal cultural backgrounds [with Cynthia] and we're trying to apply that into the activities we do at the house. One example is, she brought over a … word book, but she left some spaces for me to fill in the words in [Native American Language], that way we can have a bilingual book customized for Anna.”

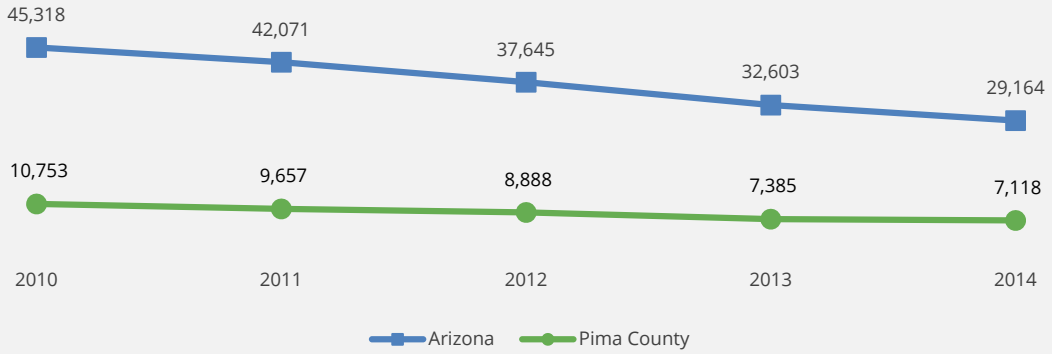
Elisa would recommend this program to any families with young kids who have the flexibility and time to meet with a home visitor. She really enjoys the flexibility of the program and feels that it is beneficial to everyone in her family.

*Names have been changed to protect confidentiality.

Juvenile Arrests and Substance Use

The number of juvenile arrests for children ages eight to 17 decreased from 2010 to 2014, falling by 34 percent in the county and 36 percent in the state (see Exhibit 6.11). See Appendix 6.1-6.2 for additional information on the type and number of arrests for Arizona.

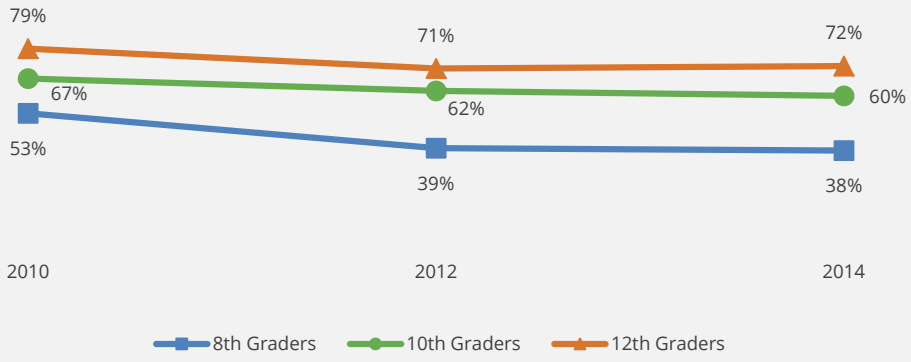
Exhibit 6.11. Arrests of children ages eight to 17



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

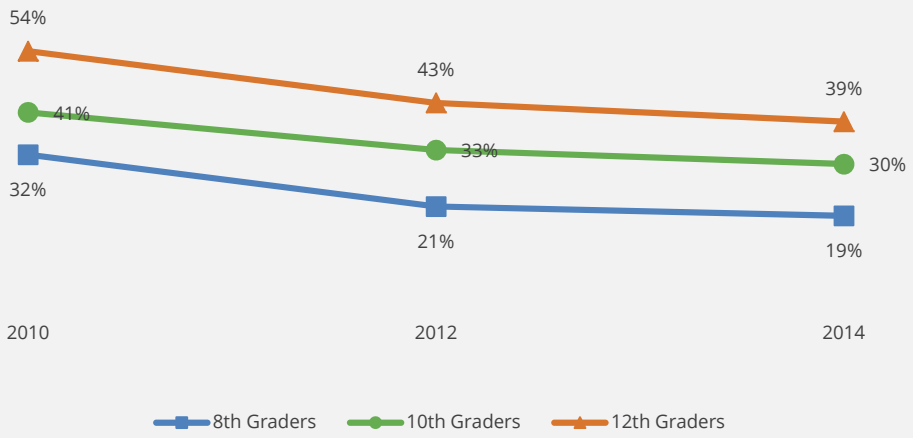
In Pima County use of alcohol and cigarettes among adolescents has shown a decline from 2010 to 2014. In 2014, 72 percent of twelfth graders reported using alcohol compared to 79 percent in 2010 and in 2014 and 39 percent of twelfth graders reported using cigarettes compared to 54 percent in 2010 (see Exhibit 6.12 and Exhibit 6.13). While use of alcohol and cigarettes among adolescents has shown a consistent decline in recent years, marijuana usage rates have dipped and then climbed back up. In 2014 nearly half of twelfth graders (48%) reported using marijuana (see Exhibit 6.14).

Exhibit 6.12. Alcohol use by adolescents in Pima County



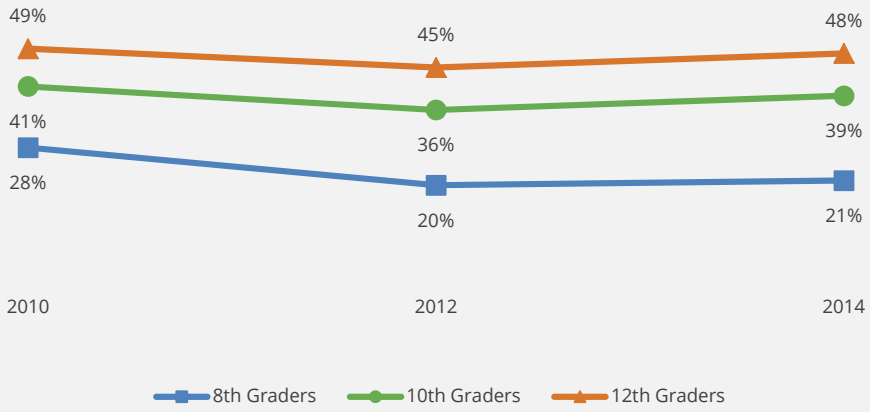
Arizona Criminal Justice Commission (2014) Arizona Youth Survey State Report. Retrieved from http://www.azcjc.gov/acjc.web/sac/ays.aspx

Exhibit 6.13. Cigarette use by adolescents in Pima 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. Marijuana use by adolescents in Pima 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 Services

As part of their Family Support and Literacy strategy, FTF provides home visitation and parent outreach and awareness services to families in the FTF Pima South region. These services intend to provide personalized support for families with young children and may include developmental screenings, weekly home visits, linking families with needed community-based services, and other support services that empower families.

Exhibit 6.15 and 6.15a show the number served through the FTF Family Support and Literacy strategies over poverty by zip code. The largest cluster of families receiving family support services in the region are in the 85746 and 85706 zip codes. The zip codes with the highest percentage of children living in poverty have very few family support services. Generally, the FTF family support services appear to be targeting the areas of the region with the highest population but not the highest poverty.

Exhibit 6.15. Map of FTF Family Support and Literacy services over poverty by zip code

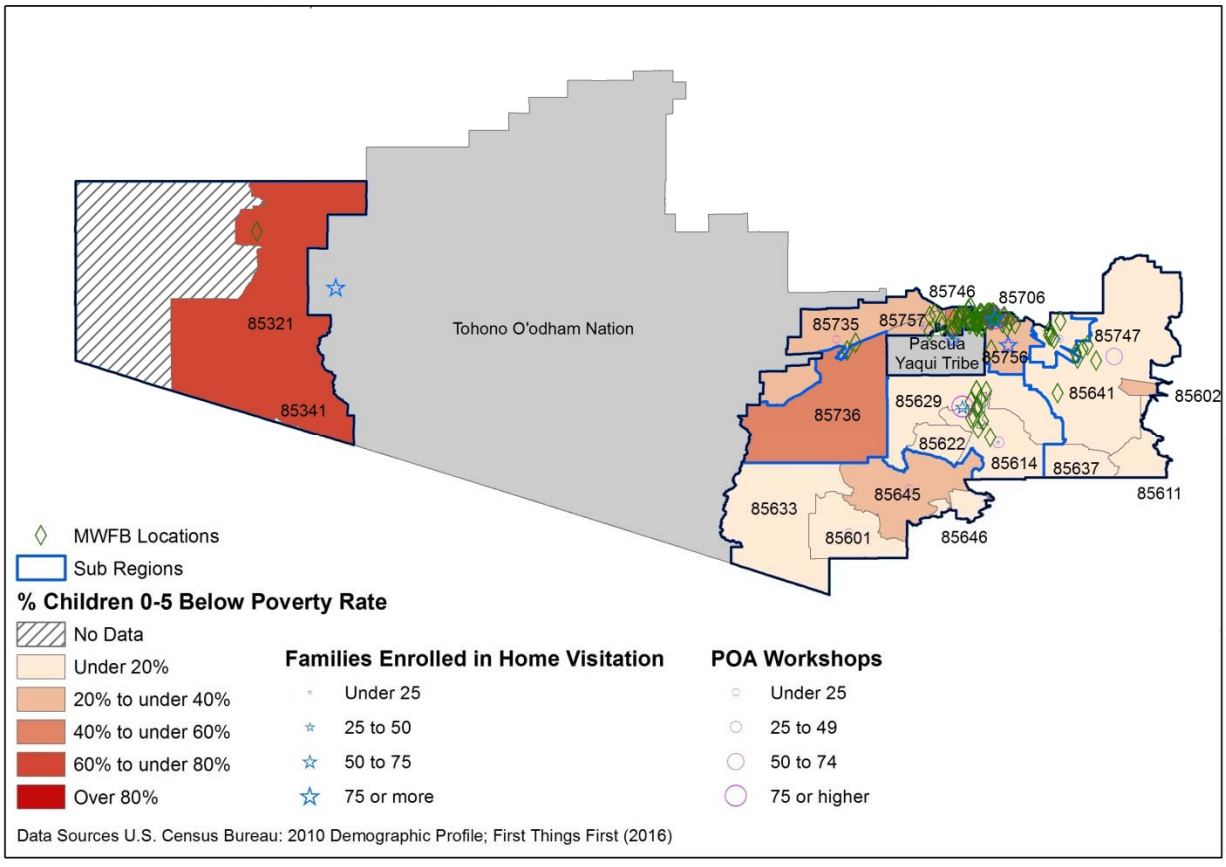
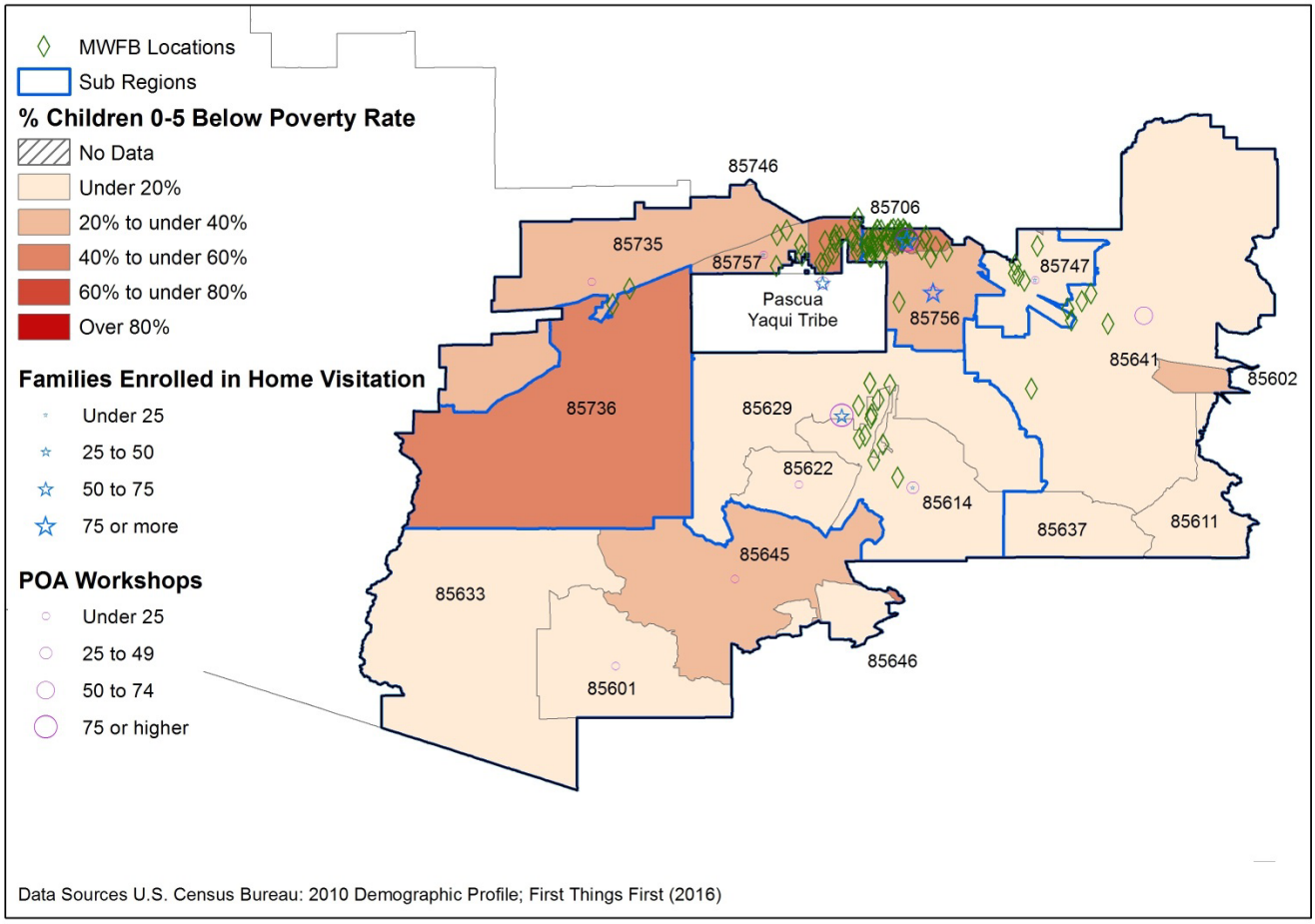


Exhibit 6.15a. Zoomed in map of FTF Family Support and Literacy services over poverty by zip code



Home Visitation Case Study*: Neta

Neta is a stay-at-home mom with a 21-month-old son, Troy. Prior to having Troy, she was trained as an EMT and was in the military, during which time she was injured. Her husband is currently commissioned as a pilot for the army through ROTC while also going to school. The family lives with Neta's parents and two sisters. Neta first heard about the Parents as Teachers program at a youth group event at a local fire department. Neta felt comfortable engaging with the organization because her sister, who is disabled, received and benefited from services with them as a child. It was an easy decision for Neta to enroll in the program because she wanted something that could "[help my child] get ahead and to learn social activities that we could try [as a family]."

Neta and Troy receive regular home visits from Marilou. Each visit, Mairlou brings over engaging age appropriate activities to help Troy with his development such as shape identification, hand-eye coordination, and matching color or art activities. Neta said, "[Marilou] brings over activities that I wouldn't have thought of to try with him. So I like that. [I learn] different ways of teaching him how to do stuff." Marilou also always asks Neta how Troy and the family are doing, discusses any concerns the family may have, and provides resources and referrals for the family when needed. Marilou has even met Troy and Neta at the Children's Museum so that everyone could get out of the house to enjoy a day at the museum.

Neta has also learned how to help her son deal with severe separation anxiety and night terrors, sharing that "he has severe separation anxiety. And since he's had these planned visits ... I see that less and less. He still has separation anxiety, but not as much he did before getting used to being around different people when I'm not here. At one point we decided that he was terrified of Marilou. But now he'll walk right up to her and hug her. No problem." Marilou taught Neta that an important way to help Troy deal with night terrors is to ensure that he has regular routines that will help make him feel more comfortable and secure.

Neta appreciates the social aspect of the program, saying, "[the program] gets him more socialized, like when they do events. They had a 'meet other parents in your area' event [where we] walk[ed] around [the] park and get social with other kids." Neta has also noticed that she is more open to new ideas that her own parents might not have known and that overall she has "become more hopeful" because of this program.

*Names have been changed to protect confidentiality.

FAMILY SUPPORT AND LITERACY HIGHLIGHTS

Parents in the FTF Pima South Region who responded to the Family and Community Survey had a great understanding of the impact of the first year of life on future school performance, the importance of play, and the impact of emotional closeness on a child's intellectual development. However, less than half of respondents understood that parents can significantly impact their child's brain development prenatally and that infants can react to the world around them right from birth. Additionally, less than half reported engaging their child in activities like reading, drawing, or singing six or seven days a week. In Pima County there were 971 substantiated cases of abuse or neglect from October 2014 to September 2015 and 2,323 children under age eighteen entered out-of-home care. There is only one domestic violence shelter in the county and in 2015 it served over 650 people, providing more than 9,000 hours of support services. In recent years the number of arrests for juveniles ages eight to 17 has decreased, from 10,753 in 2010 to 7,118 children in 2014.

Below are key data trends that highlight the family support related assets, needs, and data-driven considerations for the FTF Pima South Region. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.

Assets	Considerations
In the FTF South Pima Region parents who responded to the Family and Community Survey are generally informed about the importance of play and impact of emotional closeness.	Continue to educate parents on their role in building their child's development, starting in the prenatal stage.

Needs	Considerations
Based on Family and Community Survey results, knowledge of developmentally appropriate parenting practices was lower for respondents in the FTF South Pima Region than statewide.	Support community education campaigns to increase parents' awareness about the importance of play from an early age and the impact of engaging in developmentally stimulating activities with their children daily.
In the past fiscal year there were 971 substantiated cases of abuse or neglect in Pima County and more than 2,000 children entered out-of-home care.	Promote targeted support to families with open child welfare cases and trauma-informed care trainings to families caring for children who have been removed from their primary caregiver.

7. Communication, Public Information, and Awareness

Why it Matters

Public awareness of the importance of early childhood development and health is a crucial component to the 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 as well as the broader objectives of system building. For the general public, information and awareness is the first step in taking positive action in support of children birth to age five, whether that is influencing others by sharing the information they have learned within their networks or taking some higher-level action, such as elevating the public discourse on early childhood by 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 that 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* and providing them 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 Arizonans 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 – ensures that diverse audiences are reached more effectively wherever they are at and across multiple mediums. Other communications strategies include strategic consistent messaging; brand awareness; community awareness tactics, such as distribution of collateral and sponsorship of community events; social media; and paid media, which includes both traditional and digital advertising. Each of these alone cannot achieve the desired outcome of a more informed community, so a thoughtful and disciplined combination of all of these multiple information delivery vehicles is required. The depth and breadth of all 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.

What the Data Tell Us

Since state fiscal year 2011, FTF has led a collaborative and concerted effort to build public awareness and support across Arizona by employing the integrated communications strategies listed above. Results of these statewide efforts from SFY2011 through SFY2016 include the following:

- 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 and 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 First Things First Facebook Page Likes, which grew from just 3,000 in 2012 to 124,000 in 2016.
- Statewide paid media campaigns about the importance of early childhood from FY10 through FY15, including traditional advertising such as television, radio, and billboards, as well as 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 which fund the First Things First 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 since they are trusted and 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 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 SFY16. 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.

Exhibit 7.1 First Things First Engagement of Early Childhood supporters, SFY2014 through SFY2016.

	Friends	Supporters	Champions
Pima Regions	1,415	170	72
Arizona	21,369	3,102	908

Pima North and Pima South regions have a shared model of Community Outreach coverage.

In addition to these strategic communications efforts, FTF has also led a concerted effort of policymaker awareness-building throughout the state. This includes meetings with all members of the legislature to build their awareness of the importance of early childhood. FTF sends emails to all policymakers providing 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 include creating a searchable database and more parenting content. There are also plans to "push out" the site through multiple digital sources.

COMMUNICATION, PUBLIC INFORMATION AND AWARENESS HIGHLIGHTS

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 as well as the broader objectives of system building.

There is no one single communications strategy that will achieve the goal of making early childhood an issue that more Arizonans value and prioritize. Therefore, integrated strategies that complement and build on each other are the 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 – ensures that diverse audiences are reached more effectively wherever they are at and across multiple mediums. Other communications strategies include strategic consistent messaging; brand awareness; community awareness tactics, such as distribution of collateral and sponsorship of community events; social media; and paid media which includes both traditional and digital advertising.

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. In the Pima Regions, 1,415 friends, 170 supporters, and 72 champions were involved in the engagement program. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.

Assets	Considerations
FTF utilizes integrated strategies to communicate the importance of making early childhood an issue Arizonans value.	Continue to utilize integrated strategies to highlight the importance of early childhood development and health.
FTF engages community members to take action on behalf of young children.	Continue to engage community members through the community engagement program.

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 birth to age 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 Task Force 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 the fruition of that vision. System coordination was identified as one of the priority areas by Arizona's early childhood system partners. The Task Force identified six system outcomes, including that the "early childhood system is coordinated, integrated, and comprehensive." FTF's role to realize this outcome is to foster cross-system collaboration among and between 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 seamless system of coordinated services that families can easily access and navigate in order to meet their needs. Agencies that work together and 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.

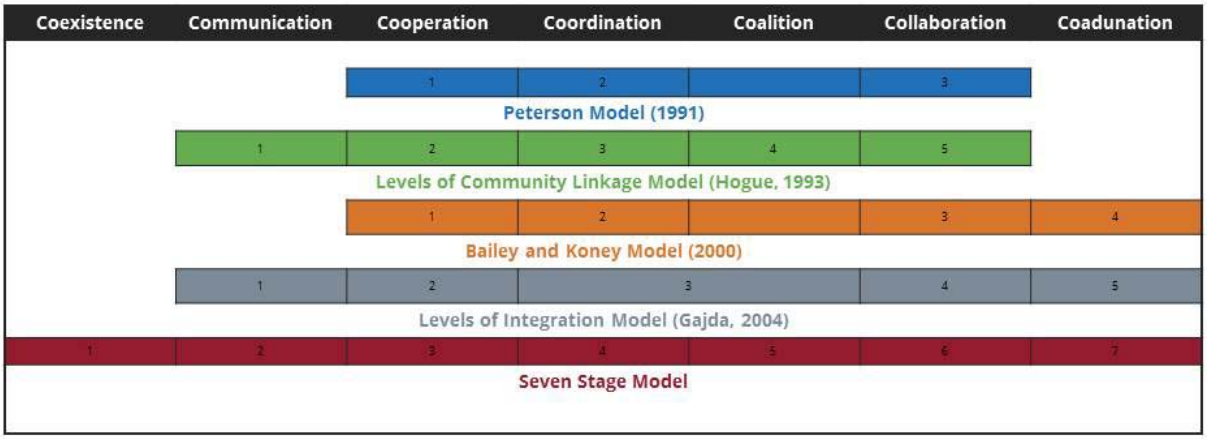
Service coordination and collaboration approaches work to advance the early childhood system in the following ways:

- Build stronger collaborative relationships amongst providers
- Increase availability and access of services for families and children
- Reduce duplication
- Maximize resources
- Provide long term sustainability
- Leverage existing assets
- Improve communication
- Reduce fragmentation
- Foster leadership capacity among providers
- Improve quality
- Share expertise and training resources
- 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 below). Frey et al., (2006) noted that stage theories describe levels of collaboration, with the lowest level being little or no collaboration and the highest

level being full collaboration or some form of coadunation or unification.[112] 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. The exhibit below 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 level continuum of collaboration model based on the following levels of a continuum of 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, risk increases. Resources are made available to participants and rewards are shared.
- Collaboration: Collaboration is characterized by a more durable and pervasive relationship. Participants 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.

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[112] *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

To gain a better understanding of the coordination and collaboration occurring among early childhood system partners within FTF regions, FTF developed the Coordination and Collaboration Survey that was disseminated to system partners via an online survey in October of 2016. Data were collected from system partners in 18 FTF county-based regions. The two FTF regions in Pima County (Pima North and Pima South), elected to conduct combined county-wide surveys.

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 that 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 Partner
- Other

Prospective participants received an email invitation to participate from the FTF Regional Directors in October of 2016 and 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 SurveyMonkey. Data were then cleaned and compiled by region by the FTF Research and Evaluation Unit.

The Coordination and Collaboration survey asked system partners about their organization's role in the Early Childhood System, the system building efforts within each area of the Early Childhood System in the region/county (i.e., Family Support and Literacy, Early Learning, Child's Health, and Professional Development), the level of collaboration that is occurring among system partners, the sectors engaged in system building work, and the Councils' role in system building efforts.

What the Data Tell Us

The results are based on the responses from 64 respondents that participated in the survey from Pima County out of 99 that were contacted to participate, for a 65% survey response rate. The respondents represent the FTF Pima North and Pima South Regional Partnership Councils. The majority of the respondents work for Family Support/Social Service agencies (34%), ECE organizations (30%), and K-12 Education (11%). Businesses were not represented in this survey (see Exhibit 8.2).

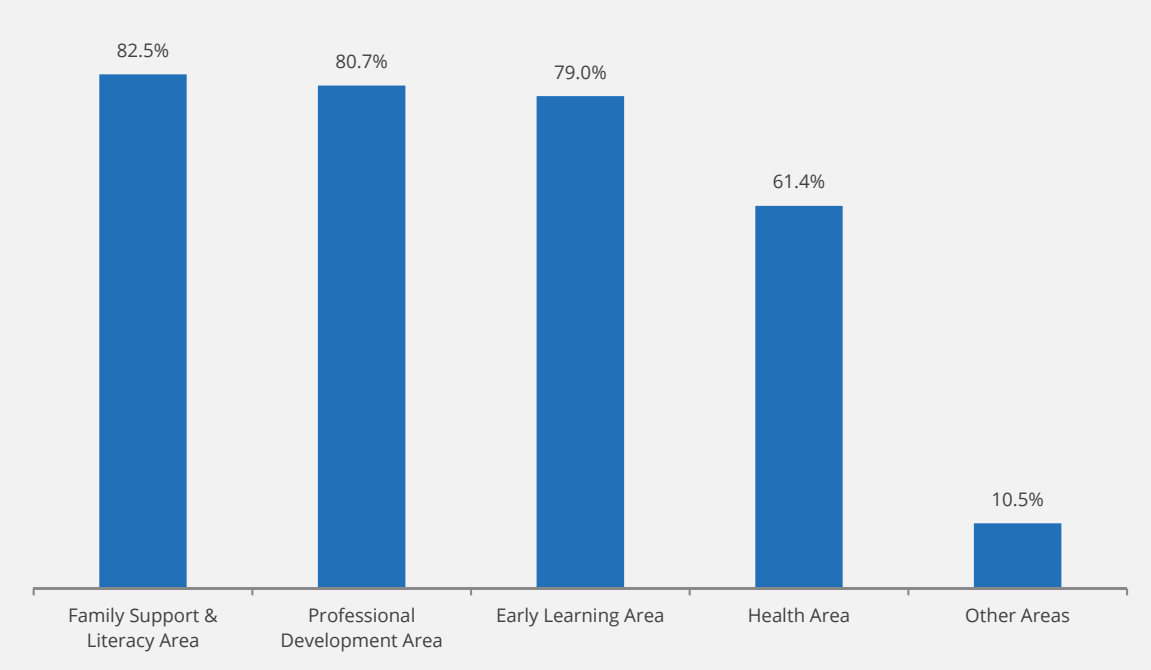
Exhibit 8.2. Sectors with which organizations work (n=64)

Sector	Percentage
State Agency	1.6%
Early Care and Education	29.7%
K-12 Education	10.9%
Local/Public Entity	1.6%
Higher Education Organization	4.7%
Health Care or Medical Organization	6.3%
Family Support/Social Service	34.4%
Other Type of Organization	9.4%

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 Pima County. Furthermore, survey respondents reported that they engaged in all four areas of the early childhood system: Family Support and Literacy, Early Learning, Child's Health, and Professional Development. Not surprisingly, given the large percentage of respondents from the education sector (see Exhibit 8.2), the area within the early childhood system that the majority of respondents engaged with was Family Support and Literacy (83%) (see Exhibit 8.3).

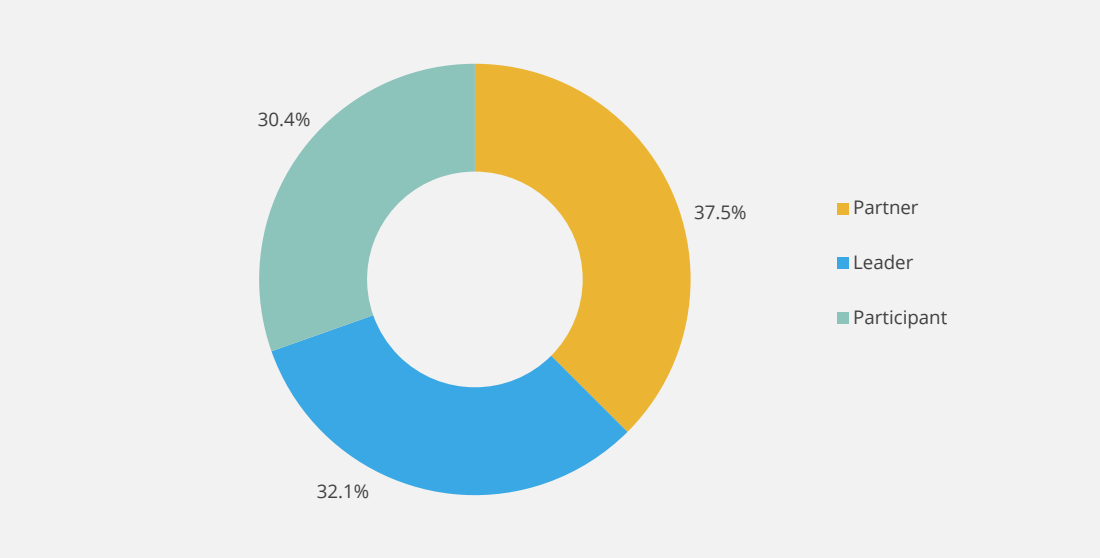
Exhibit 8.3. Area(s) of the early childhood system that organizations engage with (n=64)



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 a 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 facilitation 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 to bring community members together to implement an initiative).

Exhibit 8.4. Role of organization in the development and advancement of the Early Childhood System in Pima County (n=56)



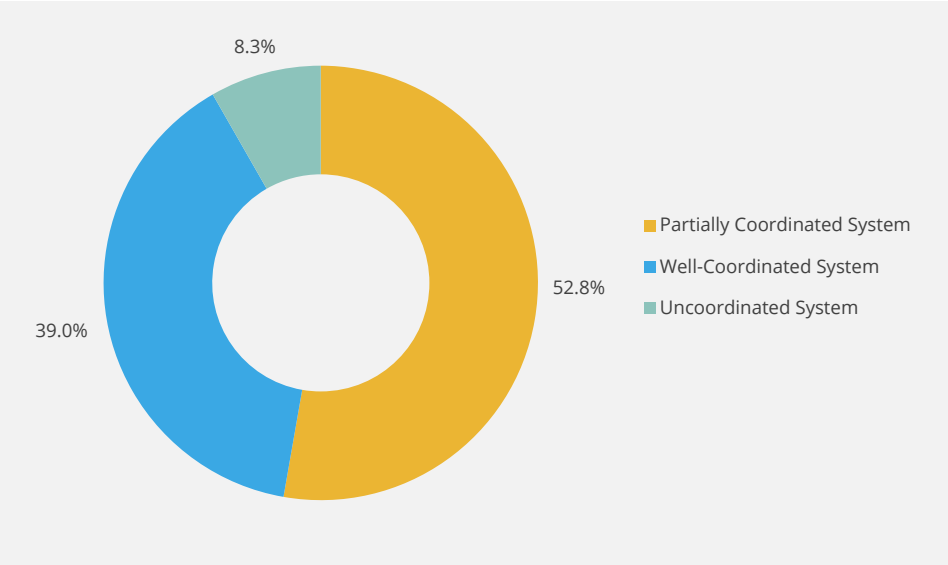
When asked about their organizations' role in the development and advancement of the Early Childhood System in Pima County, the majority of respondents viewed their organization's role as a partner (38%), i.e. one of many community organizations involved in supporting the Early Childhood System. This was followed by leader (32%) and then participant (30%; see Exhibit 8.4).

In their role as participant, partner, or a leader, survey respondents noted several successful partnerships. Respondents reported that their organizations work collaboratively with many social services agencies and medical providers, such as holding semiannual on-site oral health checks with the UA mobile health program or providing books to children by partnering with Make Way for Books. Key partnerships included Family Support Alliance, First Focus on Kids, Cradle 2 Career initiative, Pima County Parenting Coalition, and South Pima Coalition. Other local partnerships include Rewards Literacy outreach, Birth to age 5 Parent Education, and Community of Practice groups promoting professional development for Early Education professionals. Respondents also reported providing Story time for Toddlers, taking part in Well Child Visits, and being involved in community festivals.

System Partners' Perspective on Systems Building

Respondents were also asked to provide their perspective on the early childhood system and systems building. Early childhood system building is the ongoing process of developing approaches and connections that make all the components of an early childhood system operate as a whole to promote shared results for children and families. In Arizona, early childhood system 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. Describe the Early Childhood System in Pima County (n=46)



Overall, a majority of survey participants describe the early childhood system in Pima County as a partially coordinated system (53%), with over a quarter of participants (39%) describing the system as a well-coordinated system, and eight percent viewing the early childhood system as a group of separate, uncoordinated system partners working in isolation (see Exhibit 8.5).

Exhibit 8.6. Extent to which the Early Childhood System in Pima County effectively addresses the needs of young children and their families across Early Childhood Development System (n=34)

	Family Support and Literacy	Children's Health	Early Learning	Professional Development[+]
Agree[*]	85.3%	88.6%	74.3%	82.9%
Disagree[**]	14.7%	11.4%	25.7%	17.1%

[*] *The percentage of participants that responded 'agree' or 'strongly agree' have been aggregated and represent as the number shown.*

[**] *The percentage of participants 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 Pima County effectively addresses the needs of young children (see Exhibit 8.6). The percentage of agreement was highest in the Children's Health area (89%), followed by the Family Support and Literacy (86%), Professional Development (83%), and Early Learning (74%) 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.[113] These five levels were defined (see Exhibit 8.1) and utilized to gain a better understanding of system partners' perspectives on the level of collaboration that is occurring among partners in Pima County within each area of the early childhood system.

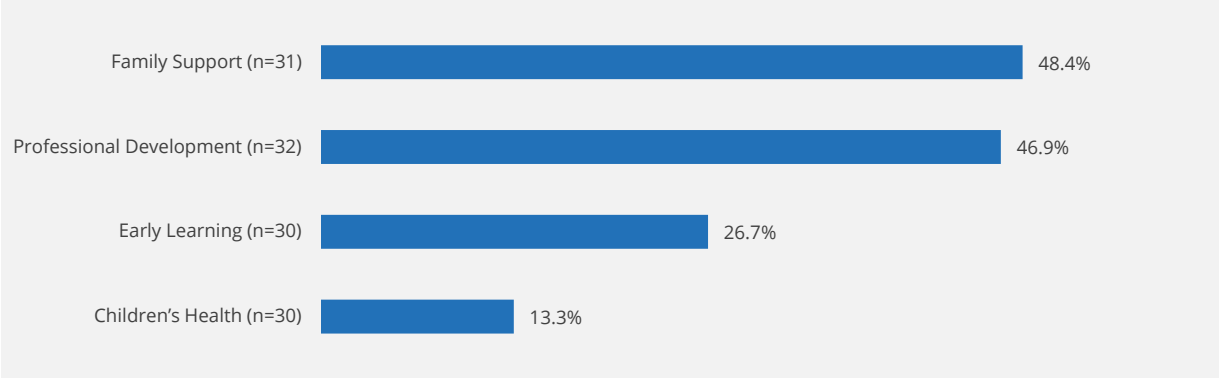
Respondents were asked to refer to the continuum of collaboration (see Exhibit 8.7), and indicate the level of collaboration that is occurring among partners in Pima County for each area of the Early Childhood System. The results indicate moderately high levels of support for the highest and most intense level of system partners working together along the continuum of collaboration. Within the

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

area of Family Support and Literacy, 48% of respondents indicated that Collaboration was occurring among partners in Pima County. This was followed by the areas of Professional Development (47%), Early Learning (27%), and Children's Health (13%; see Exhibit 8.8).

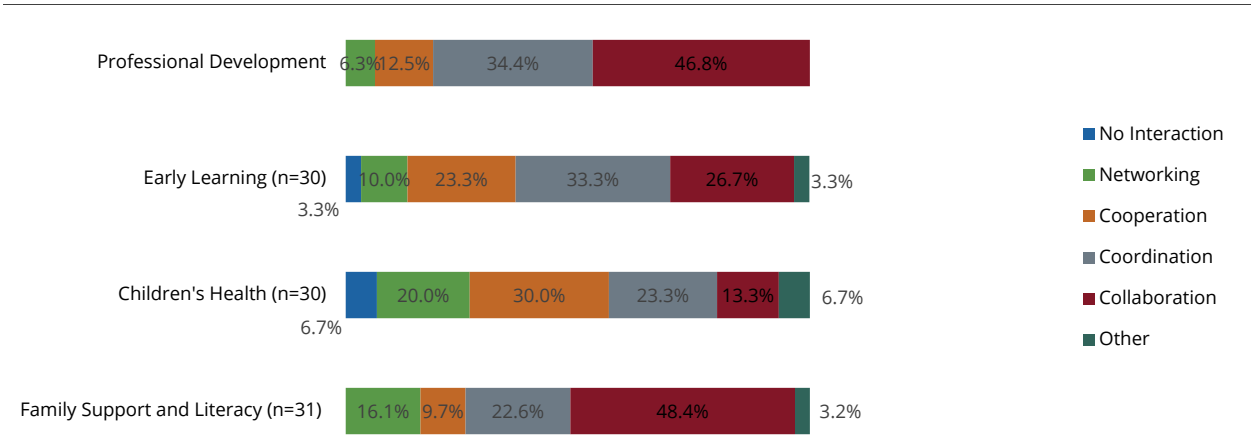
Exhibit 8.7. The five levels of the Continuum of Collaboration

Exhibit 8.8. Collaboration in the Early Childhood System Areas



In the Family Support and Literacy area and in the area of Professional Development, the greatest percentage of respondents noted that there was Collaboration among system partners (48 and 47% respectively; see Exhibit 8.9). In the area of Early Learning, a majority of participants selected Coordination, a relationship of relatively high intensity that involves more formal planning and division of roles and opens communication channels between organizations. This is somewhat different from the Children's Health area, where respondents indicated Cooperation (30%) as the most prevalent mode of relationships between system partners.

Exhibit 8.9. Continuum of Collaboration in the Early Childhood System Areas



Sectors involved in the 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. Not surprisingly, respondents noted that the sectors engaged in the system building work within the Family Support and Literacy area are largely Family Support/ Social Service Agencies (85%). This was followed by the State Agencies (61%), and Local and Public Entities (55%, see Exhibit 8.10).

In the area of Children's Health, participants indicated that the Health Care/ Medical Sector (88%), followed by State Agencies (72%), and the Early Care and Education (63%) were the most engaged in systems buildings.

In Early Learning, State Agencies (69%) and Early Care and Education (66%) play the largest role, followed by the Family Support and Social Services (63%).

Finally, in the area of Professional Development, participants indicated that State Agencies (70%) were mostly involved, followed by the Family Support/ Social Services (52%) and Early Care and Education (48%).

Exhibit 8.10. The sectors involved in/engaged in system building work in Pima County.

	N	State Agency	Early Care & Edu	Family Support/ Social Service Agency	Philan-thropy	K-12 Edu	Higher Edu	Advocacy	Local/ Public Entity	Business	Health Care/ Medical	Other
Family Support and Literacy	25	52.0%	68.0%	84.0%	32.0%	40.0%	28.0%	52.0%	52.0%	28.0%	44.0%	12.0%
Children's Health	25	68.0%	36.0%	48.0%	16.0%	32.0%	12.0%	48.0%	48.0%	8.0%	72.0%	8.0%
Early Learning	26	80.8%	84.6%	53.9%	34.6%	65.4%	34.6%	53.9%	53.9%	26.9%	26.9%	7.7%
Professional Development	28	67.9%	75.0%	71.4%	28.6%	46.4%	57.1%	39.3%	42.9%	14.3%	21.4%	7.1%

While earlier items asked system partners about the level of collaboration occurring among system partners, when a survey item asking respondents about how frequently key activities were occurring that are known indicators of collaborative work, many respondents indicated they did not know how often activities related to system building work were occurring in Pima County. Several other respondents opted not to answer this survey item (n=29). Those that did respond (n=40) noted that system partners within Family Support and Literacy share facility space in some way, have some knowledge of other program's 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 doing together. When thinking about activities along the continuum of collaboration, the types of 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 was in the use of shared forms (e.g. common referral and intake forms), and shared record keeping and management of data information

systems, which are key activities that align to a high level of collaboration between system partners and represent areas of continued growth for system partners (see Exhibit 8.11).

Exhibit 8.11. Activities: Family Support & Literacy

Activity	Not At All	A little/Somewhat	A Lot	Don't Know
Leveraging resources/funding across partners	3.3%	33.3%	53.3%	10.0%
Sharing facility space	0.0%	42.9%	35.7%	21.4%
Shared development of program materials	3.7%	29.6%	29.6%	37.0%
Coordination of outreach and referrals	3.5%	55.2%	24.1%	17.2%
Knowledge of other programs' intake requirements/referral process	7.4%	40.74%	18.5%	33.3%
Shared record keeping and management of data information systems	11.1%	48.2%	3.7%	37.0%
Co-location of programs or services	0.0%	56.0%	12.0%	32.0%
Partner in program evaluation and/or assessment	7.4%	48.2%	14.8%	29.6%
Jointly conducting staff training	3.9%	26.9%	34.6%	34.6%
Shared approach to informing the public of available services	7.7%	34.6%	34.6%	23.1%
Jointly implement policy changes	11.5%	30.8%	11.5%	46.2%
Common forms (e.g., intake and/or referral forms)	7.7%	53.9%	3.9%	34.6%
Child/Family service plan development OR PD plan for ECE professionals	0.0%	26.9%	19.2%	53.9%
Participation in standing inter-agency committees	3.9%	23.1%	42.3%	30.8%
Informal agreements	4.0%	32.0%	16.0%	48.0%
Formal written agreements (e.g., MOUs)	3.9%	34.6%	23.1%	38.5%
Environmental scan of other organizations in the community that provide services to young families	7.7%	42.3%	11.5%	38.5%
Other (please describe below)	0.0%	0.0%	0.0%	100.0%

Activities varied in the Children's Health area with the majority of respondents indicating that activities occurred a little/somewhat (see Exhibit 8.12). More than half of respondents felt that leveraging resources/funding across partners, sharing facility space, shared development of program materials, coordination of outreach and referrals, and knowledge of other programs' intake requirements/referral process occurred a lot or a little/somewhat. For many of the activities, respondents indicated they did not know whether or not activities were occurring.

Exhibit 8.12. Activities: Children's Health

Activity	Not At All	A little/ Somewhat	A Lot	Don't Know
Leveraging resources/funding across partners	0%	50%	19%	31%
Sharing facility space	0%	53%	17%	31%
Shared development of program materials	6%	33%	21%	39%
Coordination of outreach and referrals	9%	50%	15%	26%
Knowledge of other programs' intake requirements/referral process	6%	73%	6%	15%
Shared record keeping and management of data information systems	24%	18%	6%	52%
Co-location of programs or services	3%	45%	18%	33%
Partner in program evaluation and/or assessment	13%	26%	3%	58%
Jointly conducting staff training	9%	28%	9%	53%
Shared approach to informing the public of available services	0%	53%	16%	31%
Jointly implement policy changes	19%	16%	3%	61%
Common forms (e.g., intake and/or referral forms)	13%	23%	6%	58%
Child/Family service plan development OR PD plan for ECE professionals	6%	26%	6%	61%
Participation in standing inter-agency committees	6%	44%	13%	38%
Informal agreements	3%	52%	13%	32%
Formal written agreements (e.g., MOUs)	6%	23%	23%	48%
Environmental scan of other organizations in the community that provide services to young families	3%	44%	16%	38%
Other (please describe below)	0%	0%	0%	100%

Similarly for Early Learning respondents indicated that most activities occurred a little/somewhat (Exhibit 8.13). More than 25 percent of respondents indicated that leveraging resources/funding across partners, sharing facility space, coordination of outreach and referrals and participation in standing inter-agency committees were happening a lot.

Exhibit 8.13. Activities: Early Learning

Activity	Not At All	A little/ Somewhat	A Lot	Don't Know
Leveraging resources/funding across partners	0%	54%	20%	26%
Sharing facility space	3%	64%	17%	17%
Shared development of program materials	6%	53%	9%	31%
Coordination of outreach and referrals	0%	70%	12%	18%
Knowledge of other programs' intake requirements/referral process	12%	70%	3%	15%
Shared record keeping and management of data information systems	28%	28%	3%	41%
Co-location of programs or services	3%	45%	16%	35%
Partner in program evaluation and/or assessment	13%	40%	3%	43%
Jointly conducting staff training	13%	53%	9%	25%
Shared approach to informing the public of available services	13%	52%	16%	19%
Jointly implement policy changes	23%	23%	3%	50%
Common forms (e.g., intake and/or referral forms)	23%	27%	7%	43%
Child/Family service plan development OR PD plan for ECE professionals	10%	23%	10%	57%
Participation in standing inter-agency committees	6%	53%	13%	28%
Informal agreements	7%	47%	3%	43%
Formal written agreements (e.g., MOUs)	6%	35%	13%	45%
Environmental scan of other organizations in the community that provide services to young families	6%	45%	10%	39%
Other (please describe below)	0%	0%	0%	100%

In the area of Professional Development, more than 30 percent of respondents indicated that leveraging resources/funding across partners, sharing facility space, coordination of outreach efforts and referrals, jointly conducting staff training, shared approach to informing the public of available services and participation in standing inter-agency committees were happening a lot (see Exhibit 8.14).

Exhibit 8.14. Activities: Professional Development

Activity	Not At All	A little /Somewhat	A Lot	Don't Know
Leveraging resources/funding across partners	3%	49%	26%	23%
Sharing facility space	0%	46%	17%	37%
Shared development of program materials	6%	47%	9%	38%
Coordination of outreach and referrals	0%	64%	6%	30%
Knowledge of other programs' intake requirements/referral process	9%	47%	3%	41%
Shared record keeping and management of data information systems	25%	16%	6%	53%
Co-location of programs or services	3%	32%	13%	52%
Partner in program evaluation and/or assessment	20%	20%	3%	57%
Jointly conducting staff training	6%	48%	10%	35%
Shared approach to informing the public of available services	6%	45%	13%	35%
Jointly implement policy changes	20%	23%	3%	53%
Common forms (e.g., intake and/or referral forms)	23%	17%	3%	57%
Child/Family service plan development OR PD plan for ECE professionals	13%	20%	10%	57%
Participation in standing inter-agency committees	0%	42%	10%	48%
Informal agreements	7%	37%	3%	53%
Formal written agreements (e.g., MOUs)	7%	23%	13%	57%
Environmental scan of other organizations in the community that provide services to young families	3%	42%	0%	55%
Other (please describe below)	0%	0%	0%	100%

Barriers and Future Directions

Participants were also asked to reflect on barriers in moving the system forward with other Early Childhood System Partners. The biggest barriers identified were a lack of funding and FTF strategic planning for a more inclusive and streamlined system. Respondents commented on a lack of organization and felt FTF should put more funding into programs that work collaboratively to build an early childhood system, rather than funding individual programs with their own agenda that do not connect with others. In addition, respondents called for greater oversight and enforcement of standards across the board, as well as a better understanding of all the services offered, and for ways in which organizations doing similar work could either work more closely to achieve more significant outcomes or decrease the amount of duplication of services that seem to confuse parents and professionals. One respondent commented that while they feel they try to work to connect all pieces of the system, they are very FTF-focused and do not do enough to reach out to programs doing similar work but funded by other entities, such as DES.

Finally, participants were asked to reflect on the role of the FTF Pima North and Pima South Regional Partnerships Councils (the Pima Councils) in supporting Early Childhood System Building and collaboration efforts in Pima County. In order to better support Early Childhood System Building and partner collaboration efforts in Pima South, respondents felt the Pima Councils could continue making the process of information sharing more transparent and accessible. This means continuing to provide new ways to share and gain information such as web based and rural based meetings, as well as making it easier for those who provide direct service to communicate with the council directly. As one respondent shared, “attending a several hour council meeting where you may get two minutes to speak is not realistic for many people who are providing direct service.” They recommended having a way to either email council members directly, being able to schedule a more in depth information sharing session with the Council independent of a meeting, or for more time allotted during Council sessions. Respondents also felt the Pima Councils could help local agencies network with the Pima County Health Department to promote parent education classes and referrals for all programs, as well as to continue to connect with non-FTF entities to leverage funds and support children, families, and ECE professionals. Requiring collaboration efforts in the development of programs was also seen as important by respondent , who felt that without collaboration, organizations are competing against each other to obtain funding from FTF rather than finding a way to work together to serve families.

SYSTEM COORDINATION HIGHLIGHTS

In Pima County, 64 system partners responded to the FTF Coordination and Collaboration Survey providing insight on the system building efforts, level of collaboration, and the Council's role in their county. Overall the findings from the survey suggest that partners consider the region to have a well-coordinated early childhood system of care and the majority feel that all four areas (Family Support and Literacy, Children's Health, Early Learning and Professional Development) are effective in addressing the needs of children and their families in the region. Respondents felt that Family Support and Literacy was the most collaborative, followed closely by Professional Development, while Children's Health was the least.

Below are key data trends that highlight the system coordination related assets, needs, and data-driven considerations for the FTF Pima South Region. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.

Assets	Considerations
Two in five respondents to the Coordination and Collaboration survey (39%) feel the region's early childhood system is well-coordinated.	Bring organizations together to coordinate services and provide a holistic system for families through collaboratives like the Family Support Alliance and Communities of Practice. Identify more system leaders that can guide system partners and participants towards a more coordinated and collective network that will even more efficiently serve children and families.

Needs	Considerations
Based on the Coordination and Collaboration survey, Children's Health was considered to be the least collaborative area, followed by Early Learning.	Identify successes from the Family Support and Professional Development collaboration efforts that can be applied to the other areas of Children's Health and Early Learning. Consider supporting a virtual health collaborative that respects the limited time of healthcare providers yet allows them to connect and leverage each other's expertise.
Survey respondents reported lack of organization and coordination in funding and programmatic efforts in the region as barriers to efficiency of the system.	Consider supporting collective partnerships and collaborations between organizations to reduce duplication and increase efficiency.

Conclusion

As a rural region within a diverse county, the FTF Pima South Region has both strengths and opportunities for improvement. The region has a strong collaborative system of providers that are dedicated to the well-being of the region's youngest children and their families, yet difficult to overcome barriers like high poverty and limited access to food, transportation, and early education and healthcare services. FTF is a great asset in the region as they play a large role in funding and supporting the area's early childhood system.

The following tables combine the assets, needs, and considerations from the eight domains presented in this report. These key findings are intended to provide information to the FTF Pima South Regional Partnership Council and the community as a whole around the needs and assets of the region's zero to five population and their families.

Assets

Assets	Considerations
Population Characteristics	
The population of children under six years of age is projected to grow at a modest and steady rate, allowing the region to foresee and prepare for the growing demands of their youngest residents.	Discuss tactics for planning ahead for the projected slow, but steady, growth of the under six population and the needs that accompany that growth.
Economic Circumstances	
According to the American Community Survey, 26% of the region is renting their homes, indicating a large percentage of families that own their homes.	Identify strategies and assets among the more economically prosperous subregions that can be applied to other subregions to increase financial support and resources.
Education	
According to the American Community Survey, the majority of adults in the region have completed high school, received a GED or pursued further education (83%).	Support peer mentoring programs for parents to support each other and share knowledge and attitudes around the importance of education.
Early Learning	
Quality First has been increasing the quality of child care programs in the region.	Support Quality First efforts in the region to increase the opportunities for children to receive quality early care and education experiences.

Child Health	
Three in four women in the WIC program in the region report breastfeeding their infants at least once a day, more than the state (71%).	Promote public education about the benefits of breastfeeding and consider supporting workplace efforts to encourage breastfeeding practices for working mothers.
Family Support and Literacy	
In the FTF South Pima Region parents who responded to the Family and Community Survey are generally informed about the importance of play and impact of emotional closeness.	Continue to educate parents on their role in building their child's development, starting in the prenatal stage.
Communication, Public Information and Awareness	
FTF utilizes integrated strategies to communicate the importance of making early childhood an issue Arizonans value.	Continue to utilize integrated strategies to highlight the importance of early childhood development and health.
FTF engages community members to take action on behalf of young children.	Continue to engage community members through the community engagement program.
System Coordination	
Two in five respondents to the Coordination and Collaboration survey (39%) feel the region's early childhood system is well-coordinated.	Bring organizations together to coordinate services and provide a holistic system for families through collaboratives like the Family Support Alliance and Communities of Practice. Identify more system leaders that can guide system partners and participants towards a more coordinated and collective network that will even more efficiently serve children and families.

Needs

Needs	Considerations
Population Characteristics	
According to the U.S. Census, the percentage of children under five identifying as Hispanic or Latino in the FTF Pima South region is greater than the percentage of the total population identifying as Hispanic or Latino in Arizona (66% vs 45%). Furthermore, this population is expected to increase over the next several decades.	Look into supporting culturally appropriate services and interpretation and translation assistance for families that are more comfortable speaking in a language other than English.
According to the U.S. Census, 35% of children under six live in single parent households and 15% live in households with grandparents, both of which face additional barriers when compared to two parent households.	Discuss supporting services specifically designed for single-parent and grandparent-led households to help them support the young children in their homes.
Economic Circumstances	
Based on the U.S. Census and the American Community Survey, almost two in five children under six years of age live in single parent households, which earn substantially less money than two parent households, and about 31 percent of children under six live in poverty.	Identify supports or resources that can help subsidize child care and housing costs for single parents with young children.
Education	
Based on chronic absenteeism data from the Arizona Department of Education, the percentage of students in first, second or third grades missing less than ten days of school increased from 2014 to 2015.	Further explore the most common reasons for absences and parent attitudes around absences.
AzMERIT reports from the Arizona Department of Education show that less than half of third graders are meeting proficiency requirements for English Language Arts and Math (34-38%) and less than a third of preschool-aged children in the FTF Pima South Region are enrolled in early education and education (31%).	Increase awareness of early education programs to support learning and school readiness from an early age.

Early Learning	
According to the FTF Arizona's Unknown Education Issue brief, almost half of early care and education professionals in the state leave the profession within five years (45%).	Explore providing support for quality early childhood professionals to retain their skills in the early childhood field and reduce staff turnover.
Child Health	
According to the Arizona Department of Health Services, the number of infants born with drug withdrawal symptoms in Pima County increased from 50 to 110 between 2010 and 2014.	Add substance abuse interventions and providing information around substance use at existing services, such as home visitation or well-child visits.
Data from the Arizona Department of Health Services show that parts of the region have a high ratio of population to healthcare providers, indicating limited access to healthcare.	Consider supporting healthcare providers to travel to the more rural parts of the region and providing support and infrastructure for tele-health services.
Over half of children whose parents responded to the FTF oral health survey (62%) were reported to have experienced tooth decay and 38 percent had untreated tooth decay. Additionally, FTF funded oral health providers are clustered in one area of the region and are likely hard to reach for those in more rural parts of the region.	Promote oral health services and education during existing programs, such as home visitation, to inform parents of the importance of early oral healthcare. Also, consider partnering with primary care physicians and pediatricians to be allies of oral healthcare and encourage their patients to practice healthy oral health behaviors and regularly visit the dentist.
Family Support and Literacy	
Based on Family and Community Survey results, knowledge of developmentally appropriate parenting practices was lower for respondents in the FTF South Pima Region than statewide.	Support community education campaigns to increase parents' awareness about the importance of play from an early age and the impact of engaging in developmentally stimulating activities with their children daily.
In the past fiscal year there were 971 substantiated cases of abuse or neglect in Pima County and more than 2,000 children entered out-of-home care.	Promote targeted support to families with open child welfare cases and trauma-informed care trainings to families caring for children who have been removed from their primary caregiver.

System Coordination	
Based on the Coordination and Collaboration survey, Children's Health was considered to be the least collaborative area, followed by Early Learning.	Identify successes from the Family Support and Professional Development collaboration efforts that can be applied to the other areas of Children's Health and Early Learning. Consider supporting a virtual health collaborative that respects the limited time of healthcare providers yet allows them to connect and leverage each other's expertise.
Survey respondents reported lack of organization and coordination in funding and programmatic efforts in the region as barriers to efficiency of the system.	Consider supporting collective partnerships and collaborations between organizations to reduce duplication and increase efficiency.

Appendix A
Additional Data Indicators

Chapter 1

Appendix 1.1. Detailed age breakdown for children 0-5

	Arizona	Pima County	Pima South Region
0 years old	87,557	12,125	3,971
1 year old	89,746	12,380	4,105
2 years old	93,216	12,889	4,367
3 years old	93,880	12,814	4,262
4 years old	91,316	12,313	4,260
5 years old	90,894	12,275	4,206

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 by year

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). Refugee Arrivals by Nationality and FFY of Resettlement Arizona Refugee Resettlement Program. ***https://des.az.gov/services/aging-and-adult/arizona-refugee-resettlement-program***

Appendix 2.1. Top 25 schools in the FTF Pima South Region with the highest percentage of students eligible for free and reduced price lunch

School	Percent of students eligible for free and reduced price lunch
Lynn Urquides Elementary School	97.2%
Toltecali High School	97.2%
Drexel Elementary School	96.3%
Los Ranchitos Elementary School	96.0%
Harriet Johnson Primary School	94.6%
Raul Grijalva Elementary School	94.4%
Maldonado Amelia Elementary School	93.0%
Esperanza Elementary School	92.5%
Anna Lawrence Intermediate School	92.2%
Summit View Elementary	92.1%
Santa Clara Elementary School	91.8%
Rivera Elementary	91.5%
Elvira Elementary School	91.2%
Sierra 2-8 School	91.0%
Chaparral Middle School	90.9%
Los Amigos Elementary School	90.8%
Miller Elementary School	89.8%
Los Ninos Elementary School	89.0%
Mission Manor Elementary School	88.6%
Frances J Warren Elementary School	88.5%
Apollo Middle School	87.9%

Robles Elementary School	87.7%
Laura N. Banks Elementary	86.1%
Valencia Middle School	85.5%
Challenger Middle School	84.8%

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

Exhibit 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	Multi-racial
Acacia Elementary School	3	8	9	206	0	385	34
Academy Del Sol – Hope	15	1	7	461	4	74	5
Ajo Elementary School	35	9	0	212	2	61	6
Ajo High School	19	5	0	81	0	15	1
Alta Vista High School	8	2	7	436	0	7	1
Altar Valley Middle School	31	1	0	167	0	99	10
Andrada Polytechnic High School	3	20	25	169	0	402	16
Anna Lawrence Intermediate School	178	0	3	142	0	5	6
Anza Trail Elementary	6	16	54	724	6	560	28
Apollo Middle School	26	0	11	563	0	14	0
Billy Lane Lauffer Middle School	6	15	26	604	1	71	9
Challenger Middle School	63	0	25	738	0	33	1
Cienega High School	12	53	118	671	3	1128	54
Civano Charter School	3	1	1	10	0	86	1
Continental Elementary School	6	6	9	288	0	255	23
Copper View Elementary School	3	11	18	290	1	266	13
Corona Foothills Middle School	4	3	30	133	0	276	9
Cottonwood Elementary School	10	22	30	204	0	274	22
Craycroft Elementary School	1	11	46	617	1	96	18
Desert Sky Middle School	3	28	58	262	3	401	22
Desert View High School	85	14	90	1774	4	135	10
Desert Willow Elementary School	4	21	36	326	2	383	48
Drexel Elementary School	12	0	10	588	0	15	5
Elvira Elementary School	36	0	8	629	0	12	2

Empire High School	4	26	33	238	0	495	13
Esmond Station School	0	17	10	143	0	326	23
Esperanza Elementary School	9	8	18	619	0	18	4
Frances J Warren Elementary School	34	2	4	239	0	22	5
Gallego Primary Fine Arts Magnet	13	3	7	538	1	25	5
Great Expectations Academy	0	1	8	92	0	183	11
Harriet Johnson Primary School	105	0	2	169	1	12	4
Jack Thoman Air and Space Academy and Performing Arts Studio	0	0	3	33	0	14	2
John E White Elementary School	44	4	10	566	2	48	7
La Paloma Academy-South	3	3	10	405	1	6	3
Laura N. Banks Elementary	3	0	6	252	1	82	7
Liberty Elementary School	17	1	9	675	1	21	5
Los Amigos Elementary School	14	0	5	641	0	30	2
Los Ninos Elementary School	12	2	67	428	0	44	12
Lynn Urquides Elementary	15	0	4	512	0	16	3
Maldonado Amelia Elementary School	32	2	5	286	0	22	6
Math and Science Success Academy	22	3	19	347	4	38	5
McCorkle PK-8	18	1	14	843	1	42	8
Mesquite Elementary School	4	20	23	268	0	300	34
Miller Elementary School	57	2	7	542	1	39	9
Mission Manor Elementary School	3	1	5	643	3	20	2
Ocotillo Early Learning Elementary School	11	1	11	431	0	24	4
Ocotillo Ridge Elementary	4	23	26	231	2	559	26
Old Vail Middle School	8	17	24	191	2	440	22
Ombudsman - Charter Valencia	41	0	9	255	0	19	0
Pantano High School	0	1	7	57	2	61	6
Pima Rose Academy	10	0	2	344	0	22	3
Pistor Middle School	67	2	12	752	2	57	18

Raul Grijalva Elementary School	26	5	9	619	2	32	10
Rincon Vista Middle School	4	20	41	251	3	313	17
Rivera Elementary	9	2	6	546	2	27	3
Robles Elementary School	35	0	3	191	0	132	11
S.T.A.R. Academic Center	12	0	5	204	0	4	0
Sahuarita High School	13	8	28	500	1	330	20
Sahuarita Intermediate School	7	6	11	327	4	312	32
Sahuarita Middle School	5	8	18	380	1	284	13
Sahuarita Primary School	7	6	13	339	3	293	8
San Fernando Elementary School	0	0	0	18	0	2	0
Santa Clara Elementary School	145	1	3	544	2	12	6
Senita Valley Elementary School	1	11	27	200	2	427	35
Sierra 2-8 School	26	0	23	915	1	25	6
Sopori Elementary School	1	1	0	136	0	44	0
Southgate Academy	57	1	10	557	1	47	6
Summit View Elementary	3	0	2	510	0	32	2
Sunnyside High School	54	5	26	2047	2	51	9
Sunnyside Online Success Academy	0	1	1	15	0	3	0
Sycamore Elementary School	2	9	33	291	0	548	59
Toltecali High School	2	0	0	109	0	2	0
Tucson International Academy Midvale	3	0	2	158	1	5	0
Vail Academy & High School	3	27	31	168	0	253	13
Vail Digital Learning Program	0	0	3	24	0	84	4
Valencia Middle School	55	5	13	765	2	103	11
Vesey Elementary School	49	5	16	535	3	87	8
Vision Charter School	0	0	0	27	1	5	1
Walden Grove High School	7	17	30	570	5	444	26
Grand Total	**1648**	**525**	**1335**	**31981**	**87**	**11939**	**893**

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

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

School District	Growth Points	Composite Points	Total Points	Final Letter Grade
Vail Unified District	60	97	157	A
Vision Charter School, Inc.	-	-	147	A
Great Expectations Academy	56	84	140	A
Lifelong Learning Research Institute, Inc.	47	91	138	B
Sahuarita Unified District	57	81	138	B
Ajo Unified District	62	72	134	B
Math and Science Success Academy, Inc.	53	81	134	B
Altar Valley Elementary District	53	69	122	B
MultiDimensional Literacy Corp.	-	-	111	C
Sunnyside Unified District	46	65	111	C
Continental Elementary District	38	67	105	C
San Fernando Elementary District	48	38	86	D
A Child's View School, Inc.	24	32	56	D
Children's Success Academy, Inc.	-	-		P

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

Exhibit 3.3. 2015 Enrollment by district and school

District & School	Sum of Total Enrollment
Academy Del Sol, Inc.	567
Academy Del Sol - Hope	567
Ajo Unified District	446
Ajo Elementary School	325
Ajo High School	121
Altar Valley Elementary District	680
Altar Valley Middle School	308
Robles Elementary School	372
American Charter Schools Foundation d.b.a. Alta Vista High School	461
Alta Vista High School	461
Arizona Community Development Corporation	431
La Paloma Academy South	
Continental Elementary District	825
Anza Trail	<25
Continental Elementary School	587
Sahuarita High School	31
Walden Grove High School	206
CPLC Community Schools dba Toltecalli High School	113
Toltecali High School	113
Great Expectations Academy	295
Great Expectations Academy	295
Lifelong Learning Research Institute, Inc.	52
Jack Thoman Air and Space Academy and Performing Arts Studio	52
Math and Science Success Academy, Inc.	438
Math and Science Success Academy	438

Ombudsman Educational Services, LTD, a subsidiary of Educational Services of Ame	**324**
Ombudsman - Charter Valencia	324
Patagonia Union High School District	**<25**
Cienega High School	<25
Pima Rose Academy, Inc.	**381**
Pima Rose Academy	381
Sahuarita Unified District	**6016**
Anza Trail	1393
Copper View Elementary School	602
Sahuarita High School	869
Sahuarita Intermediate School	699
Sahuarita Middle School	709
Sahuarita Primary School	669
Sopori Elementary School	182
Walden Grove High School	893
San Fernando Elementary District	**<25**
San Fernando Elementary School	<25
Sonoita Elementary District	**<25**
Corona Foothills Middle School	<25
Southgate Academy, Inc.	**679**
Southgate Academy	679
Sunnyside Unified District	**16137**
Apollo Middle School	614
Billy Lane Lauffer Middle School	732
Challenger Middle School	860
Craycroft Elementary School	790
Desert View High School	2112
Drexel Elementary School	630
Elvira Elementary School	687

Esperanza Elementary School	676
Frances J Warren Elementary School	<25
Gallego Primary Fine Arts Magnet	592
Harriet Johnson Primary School	<25
Liberty Elementary School	729
Los Amigos Elementary School	692
Los Ninos Elementary School	565
McCorkle PK-8	<25
Miller Elementary School	<25
Mission Manor Elementary School	677
Ocotillo Early Learning Elementary School	482
Raul Grijalva Elementary School	<25
Rivera Elementary	595
S.T.A.R. Academic Center	225
Santa Clara Elementary School	713
Sierra 2-8 School	996
Summit View Elementary	549
Sunnyside High School	2194
Sunnyside Online Success Academy	<25
Tucson International Academy, Inc.	**169**
Tucson International Academy Midvale	169
Tucson Unified District	**7715**
Anna Lawrence Intermediate School	334
Frances J Warren Elementary School	305
Harriet Johnson Primary School	292
John E White Elementary School	681
Laura N. Banks Elementary	351
Lynn Urquides Elementary	550
Maldonado Amelia Elementary School	353

McCorkle PK-8	924
Miller Elementary School	656
Pistor Middle School	910
Raul Grijalva Elementary School	702
Valencia Middle School	954
Vesey Elementary School	703
Vail Unified District	**12625**
Acacia Elementary School	645
Andrada Polytechnic High School	635
Cienega High School	2038
Civano Charter School	102
Corona Foothills Middle School	454
Cottonwood Elementary School	562
Desert Sky Middle School	777
Desert Willow Elementary School	820
Empire High School	809
Esmond Station School	519
Mesquite Elementary School	649
Ocotillo Ridge Elementary	872
Old Vail Middle School	704
Pantano High School	134
Rincon Vista Middle School	650
Senita Valley Elementary School	703
Sycamore Elementary School	942
Vail Academy & High School	495
Vail Digital Learning Program	115
Vision Charter School, Inc.	**34**
Vision Charter School	34
Grand Total	**48410**

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.

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.

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.

Exhibit 4.6. 2016 Race and ethnicity for children/pregnant women enrolled in Head Start

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-Parents Centers is a Head Start grantee for five southern Arizona counties: Cochise, Pima, Graham, Greenlee and Santa Cruz Counties

Exhibit 4.7. 2016 Funded Enrollment by Program Option 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- 4 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-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.*

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

Center Data	FTF Pima South Region**
Total Quality First licensed participants	74
Total Licensed Capacity 3-5 Star	1,688
Number of sites 3-5 Star	37
Number of Non-Quality First licensed centers	32
Total Non-Quality First licensed providers	285

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

Exhibit 4.9. 2012-2015 Service visits received by children (unduplicated count) in DDD

Year	Arizona	County	FTF Pima South Region
Total number of visits for children ages 0-2			
2012	168,992	13,141	4,420
2013	158,496	16,428	7,009
2014	130,486	13,697	4,259
2015	120,519	13,969	5,332
Total number of visits for children ages 3-5			
2012	363,468	29,504	12,114
2013	374,440	27,830	9,340
2014	367,590	28,344	12,063
2015	358,322	28,294	12,547

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

Exhibit 4.10.Types of Disabilities of Preschool Children in ADE

Type of Disability	Arizona	Pima County	FTF Pima South Region
2012			
Deaf-Blind	<25	<25	-
Developmental Delay	3,672	473	136
Hearing impaired	160	<25	<25
: Preschool Severe Delay	2,164	365	185
Speech/Language Impairment	3,560	441	107
Visual Impairment	111	28	<25
Total	9,680	1,335	431
2013			
Deaf-Blind	<25	<25	<25
Developmental Delay	3,774	473	137
Hearing impaired	157	<25	<25
Preschool Severe Delay	2,187	357	191
Speech/Language Impairment	3,437	374	84
Visual Impairment	118	60	<25
Total	9,689	1,295	416
2014			
Deaf-Blind	<25	<25	<25
Developmental Delay	3,747	496	151
Hearing impaired	154	<25	<25
Preschool Severe Delay	1,921	272	160
Speech/Language Impairment	3,503	454	84
Visual Impairment	105	51	<25
Total	9,444	1,302	400
2015			
Deaf-Blind	3,571	467	<25
Developmental Delay	63	<25	151

Hearing impaired	1,859	269	<25
Preschool Severe Delay	3,155	341	160
Speech/Language Impairment	54	<25	84
Visual Impairment	-	-	<25
Total	8,702	1,101	399

Arizona Department of Education (2015). Special Education. Provided by AZ FTF.
**The data presented are unduplicated (i.e., children diagnosed with multiple disabilities are counted only one time in the Federal Primary Need [FPN] category).*

Exhibit 4.11. Preschool primary disabilities for Head Start Child-Parent Centers* and migrant programs

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-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.*

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

Types of Service Provider	County
Number of Speech Language Pathologists	370
Number of Hearing Aid Dispensers	91
Number of Dispensing Audiologists	74
Number of Speech Language Assistants	51
Number of Speech Language Pathologists (Limited Licensed)	39
Number of Temporary Speech Language Pathologists	20
Number of Temporary Hearing Aid Dispensers	<10
Number of Audiologists	<10
Number of Special Licensing Pathologists	0

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

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

Indicators	Federal Fiscal Year 2012	Federal Fiscal Year 2013
Infants and toddlers with IFSPs who receive timely services**	87%	82%
Infants and toddlers who had initial IFSP within 45 days ***	94%	76%
Infants and toddlers who primarily receive services in NE ****	95%	95%

Data were gathered from AzEIP's SPP/APR which are submitted in federal reports can be found on https://www.azdes.gov/reports.
***Monitoring data; cannot report in the requested format for the requested years*
****Cannot provide child level data at this time with addresses and zip codes*
*****Cannot provide child level data with addresses and zip codes for the requested years*

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

Year	Arizona	FTF Pima South Region
2009	51,046	**2,322**
2010	48,014	**2,084**
2011	46,507	**2,034**
2012	46,923	**2,081**
2013	46,872	**2,124**
2014	47,234	**2,022**

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

Appendix 5.2. Health Insurance Information from Head Start Child-Parent Centers*

	Number of children at enrollment	Number 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-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 5.3. 2012-2015 Reportable Illnesses for all Ages

Year	Arizona	County
2012	20,690	2,666
2013	13,913	2,092
2014	13,211	2,059
2015	15,966	2,568

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	County	FTF Pima South Region
2012	5,450	614	195
2013	4,890	475	142
2014	4,560	440	129

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

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

Year	Arizona	County
2009	947	14%
2010	862	15%
2011	837	13%
2012	854	11%
2013	810	13%
2014	834	13%

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 *(n = 947)*	
Natural	68%
Accident	17%
Undetermined	7%
Homicide	5%
Suicide	3%
2010 *(n = 859)*	
Natural	66%
Accident	19%
Undetermined	9%
Homicide	4%
Suicide	3%
2011*(n= 836)*	
Natural	64%
Accident	20%
Undetermined	6%
Homicide	5%
Suicide	5%
2012 *(n = 853)*	
Natural	63%
Accident	22%
Undetermined	5%
Homicide	5%
Suicide	4%
2013 *(n = 811)*	

Natural	63%
Accident	23%
Undetermined	5%
Homicide	6%
Suicide	3%
2014 *(n = 834)*	
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*

Manner of Death	Arizona
2014 (n=95)	
Natural Accident	44.2%
Accident	40.0%
Undetermined	5.3%
Homicide	15.8%
Suicide	0.0%

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

	Infants less than 1 year		Children Ages 1-5	
	Hospital Discharges	ED visits	Hospital Discharges	Ed Visits
Unintentional Injuries	212	5,082	695	40,961
Assault/Abuse	69	22	39	119
Undetermined/ Other Intent	9	61	9	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

Percent of Prenatal Care Visits	Year	Arizona	FTF Pima South Region
Received fewer than five prenatal care visits			
	2009	3.4%	4.6%
	2010	3.3%	3.1%
	2011	3.4%	4.3%
	2012	3.6%	5.1%
	2013	3.8%	5.9%
	2014	4.4%	6.7%
5-8 prenatal visits			
	2009	15.6%	18.2%
	2010	14.4%	17.2%
	2011	14.0%	18.5%
	2012	13.7%	20.2%
	2013	13.5%	18.7%
	2014	14.7%	20.4%
9-12 prenatal visits			
	2009	49.1%	48.0%
	2010	49.0%	48.5%
	2011	47.0%	48.9%
	2012	46.8%	47.3%
	2013	46.4%	45.7%
	2014	47.6%	42.7%
13 or more prenatal visits			
	2009	30.1%	26.4%
	2010	31.7%	29.3%
	2011	34.0%	26.3%
	2012	34.7%	26.0%

	2013	34.9%	**27.4%**
	2014	31.1%	**25.0%**

Vital Statistics Birth (2014). Provided by AZ FTF.
**Data are not available.*

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

Year	Mother's Substance use	Arizona	FTF Pima South Region
2009			
	Drinker, Nonsmoker	0.3%	0.6%
	Smoker, Nondrinker	4.6%	4.0%
	Smoker and Drinker	0.2%	0.3%
	Nonsmoker and Nondrinker	94.9%	95.2%
2010			
	Drinker, Nonsmoker	0.3%	0.3%
	Smoker, Nondrinker	4.4%	2.6%
	Smoker and Drinker	0.2%	0.2%
	Nonsmoker and Nondrinker	95.1%	97.0%
2011			
	Drinker, Nonsmoker	0.4%	<6
	Smoker, Nondrinker	4.1%	2.4%
	Smoker and Drinker	0.2%	<6
	Nonsmoker and Nondrinker	95.4%	97.4%
2012			
	Drinker, Nonsmoker	0.3%	0.2%
	Smoker, Nondrinker	4.0%	2.1%
	Smoker and Drinker	0.2%	<6
	Nonsmoker and Nondrinker	95.5%	97.7%
2013			
	Drinker, Nonsmoker	0.2%	<6
	Smoker, Nondrinker	4.3%	2.1%
	Smoker and Drinker	0.2%	<6
	Nonsmoker and Nondrinker	95.3%	97.7%

2014**			
	Non Smoker	96.0%	97.9%
	Light Smoker	2.7%	1.4%
	Heavy Smoker	1.3%	0.6%

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*

Appendix 5.11. 2010-2014 Drug Withdrawal Syndrome in Infants of Drug Dependent Mothers*

Year	Arizona	County
Total	1,840	400
2010	260	50
2011	360	60
2012	360	90
2013	390	90
2014	470	110

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 Pima South Region
Births with complications			
	2009	27.7%	32.8%
	2010	29.0%	28.8%
	2011	30.0%	37.2%
	2012	31.7%	40.6%
	2013	32.0%	45.6%
	2014	21.4%	29.6%
Number Premature births (under 37 weeks)			
	2009	10.0%	9.2%
	2010	9.6%	8.9%
	2011	9.3%	8.9%
	2012	9.2%	8.9%
	2013	9.0%	9.0%
	2014	9.0%	9.3%
Infant Mortality Rate			
	2009	0.61%	0.5%
	2010	0.61%	0.6%
	2011	0.60%	0.5%
	2012	0.60%	0.5%
	2013	0.53%	0.5%
	2014	0.57%	0.5%
Baby had low birthweight (5.5 lbs. or less)			
	2009	67.1%	6.6%
	2010	7.1%	6.4%
	2011	7.0%	6.8%

	2012	6.9%	**7.2%**
	2013	6.9%	**6.2%**
	2014	7.0%	**7.7%**
Births with congenital anomalies			
	2009	0.7%	**1.0%**
	2010	0.6%	**0.8%**
	2011	0.6%	**1.0%**
	2012	0.6%	**0.9%**
	2013	0.7%	**1.1%**
	2014	0.5%	**0.4%**

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 Pima South Region
Mother was not married			
	2009	44.9%	**45.3%**
	2010	44.4%	**43.7%**
	2011	44.4%	**45.4%**
	2012	45.5%	**45.6%**
	2013	45.7%	**47.4%**
	2014	45.5%	**46.4%**

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

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

Indicators	Arizona	County	FTF Pima South Region
2012			
Total	52,600	7,018	**2,503**
Percent Pre-Pregnancy under weight	4.8%	4.8%	**3.3%**
Percent Pre-Pregnancy normal weight	41.2%	40.8%	**38.5%**
Percent Pre-Pregnancy overweight	26.7%	25.9%	**27.7%**
Percent Pre-Pregnancy obese	27.4%	28.5%	**30.6%**
2013			
Total	51,894	6,884	**2,384**
Percent Pre-Pregnancy under weight	4.7%	4.7%	**3.4%**
Percent Pre-Pregnancy normal weight	40.1%	39.9%	**36.5%**
Percent Pre-Pregnancy overweight	26.8%	25.6%	**27.4%**
Percent Pre-Pregnancy obese	28.4%	29.8%	**32.7%**
2014			
Total	53,717	7,068	**2,396**
Percent Pre-Pregnancy under weight	4.6%	4.4%	**3.8%**
Percent Pre-Pregnancy normal weight	40.0%	40.4%	**37.2%**
Percent Pre-Pregnancy overweight	26.4%	25.3%	**27.6%**
Percent Pre-Pregnancy obese	29.0%	30.0%	**31.4%**
2015			
Total	58,495	7,655	**2,679**
Percent Pre-Pregnancy under weight	4.1%	3.7%	**3.0%**
Percent Pre-Pregnancy normal weight	38.6%	39.0%	**37.7%**
Percent Pre-Pregnancy overweight	26.8%	26.0%	**26.7%**
Percent Pre-Pregnancy obese	30.5%	31.4%	**32.6%**

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

Appendix 5.16. Number of all Children enrolled in Child-Parent Centers* by 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-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 5.17. 2015 Immunization Received from Head Start Child-Parent Center Programs*

	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/
**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 5.18. 2015 Oral Health Information from Head Start Child-Parent Center Programs*

	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. Data presented are aggregated for all five counties.*

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

	Arizona	Pima County
2004	1,569	250
2005	1,576	301
2006	1,647	274
2007	1,604	223
2008	1,630	213
2009	1,355	236
2010	1,245	190
2011	1,082	159
2012	1,048	178
2013	961	109
2014	827	111

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	Pima County
2004	5,587	1,960
2005	5,396	1,997
2006	5,225	1,775
2007	5,456	1,778
2008	5,440	1,767
2009	5,507	1,744
2010	5,417	1,621
2011	5,109	1,500
2012	4,550	1,270
2013	3,939	941

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

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

Data Indicator	Source
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)
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

Appendix B

Subregional Fact Boxes

The following pages include the subregional fact boxes for eight subregions of the FTF Pima South Region. The subregions are grouped by zip code as follows:

1. Ajo: 85321
2. Amado: 85645, 85601, 85633
3. Drexel Heights: 85746, 85757, 85735
4. Rita Ranch: 85747
5. Sahuarita: 85629, 85614
6. Sunnyside: 85706, 85756
7. Three Points: 85736
8. Vail: 85641

Ajo

	%	N
85321	100%	4,435

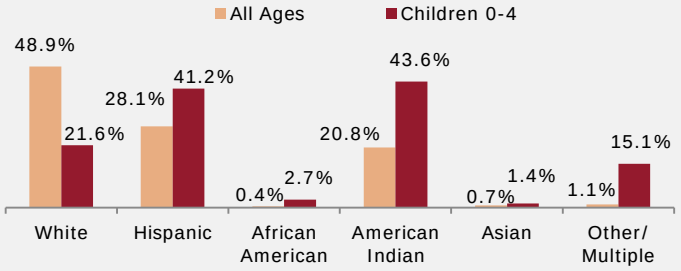
U.S. Census Bureau; 2010 Census Summary File 1; Table P1; generated by Harder+Company; using American FactFinder; <http://factfinder2.census.gov>

DEMOGRAPHICS

Population	2010 Census	5 Year Estimate
Total Population	4,435	
Population below Poverty*		1,828** (38.0%)
Children 0-5	338	
Children 0-5 below Poverty*		274 (63.6%)**
Population Change Children 0-4 for 2010-2014***	9.4%	

*Where economic status is reported
** U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B17001.
*** U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

Race



U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and
U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.

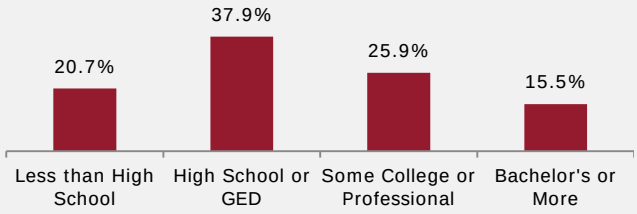
Families

Families	YEAR
Total Number of Families	1,871
Families with Children 0-5	217 (11.6%)
Single Parent Families with Children 0-5	112 (51.6%)
Single Parent Families with Children 0-5 (Mother only)	77 (35.5%)

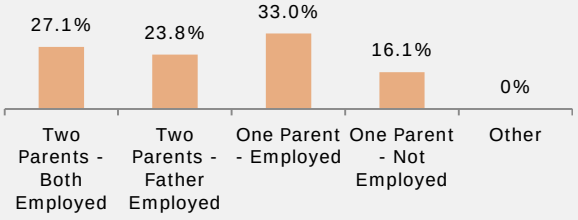
U.S. Census Bureau; 2010 Census Summary File 1; Table P20.

Additional FTF Data	Number	Percent
Children 0-5 Living with Grandparents[1]	91	26.9%
Children 3-4 Enrolled in Pre-K[2]	23	15.2%
Children 0-5 without Health Insurance[3]	218	50.6%

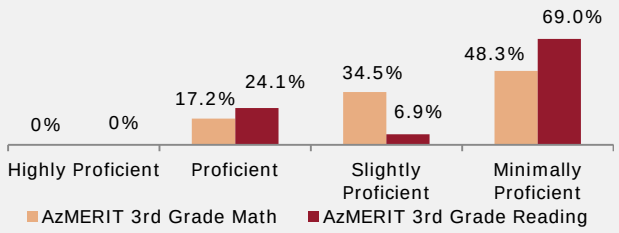
Educational Attainment Adults[5]



Employment Status of Parents of Children 0-5[4]



AzMERIT 3rd Grade Reading and Math Proficiency[6]



1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.
2 U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B14003.
3 U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B27001.
4 U.S. Census Bureau; American Community Survey, 2014 American Community Survey Table B23008
5 U.S. Census Bureau; American Community Survey, 2014 American Community Survey; Table B15002.
6 Arizona Department of Education (2015). AzMERIT Reports. Provided by AZ FTF.

EARLY EDUCATION AND CHILDCARE

Providers Listed with CCR&R	Total Number of Providers			Capacity
	2012	2013	2016	2016
ADHS Licensed Centers	2	2	2	37
ADHS Certified Group Homes	0	0	0	0
DES Certified Homes	0	0	0	0
Listed Homes (Unregulated)	0	0	0	0
Total	2	2	2	37
Subsets: Head Start	1	1	1	17
Accredited	0	0	0	0
Quality First	-	-	1	20
DES Child Care Subsidy Eligibility-Children 0-5	-	-	0	n/a
DES Child Care Subsidy Recipients-Children 0-5	-	-	0	n/a

Arizona Department of Economic Security (2015).Childcare Resource and Referral. Provided by AZ FTF.

HEALTH

Child Immunizations	2014
No Data Present	

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

Division of Developmental Disabilities Data	2015
# Children Referred for Screening*	<10
# Children Served*	<10

Arizona Department of Economic Security (2015). DDD Referred and Served Children. Provided by AZ FTF.
*Data supressed; Number of clients between 1 and 9

Arizona Early Intervention Program Data	2015
# Children Referred for Screening*	<19
# Children Served*	<19

Arizona Department of Economic Security (2015). AzEIP Referred and Served Children. Provided by AZ FTF.
*Data Supressed: To get the total count of children referred and served, we had to sum up totals for children ages 0-24 months and children ages 25-35 months. For one or both age groups, the data were supressed because the number of children is between 1 and 9.

FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

Public Assistance	2015
TANF Family Recipients with Children 0-5	13
TANF Children 0-5 Recipients	16
Food Stamp Recipients – Families with Children 0-5	101
Food Stamp Recipients – Children 0-5	139

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).

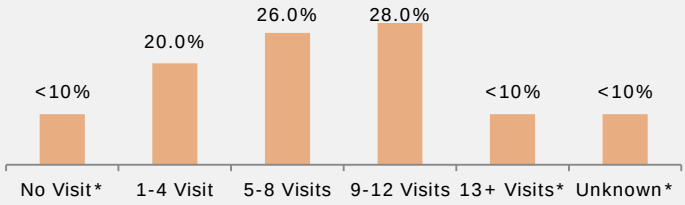
WIC Enrollment	'12	'13	'14	'15
WIC Enrolled/ Participants Women	35	35	43	36
WIC Enrolled/Participants Children 0-4	103	86	80	80

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

MATERNAL HEALTH 2014

Maternal Health	Number	Percent
Teen Mothers	6	12.0%
Low Birth Weight*	<6	<10.0%
High School Dropout Rate		-

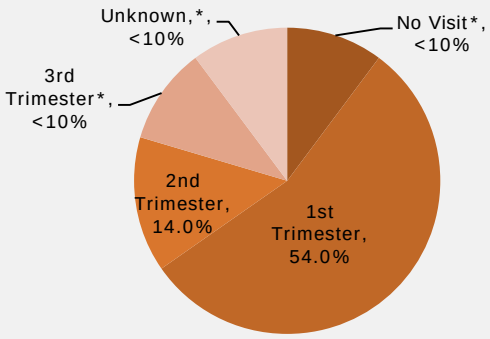
Prenatal Visits



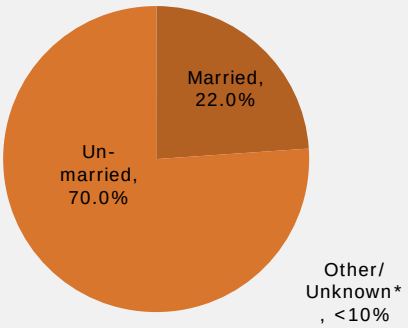
Mother's Education

No Data Present

Prenatal Care**

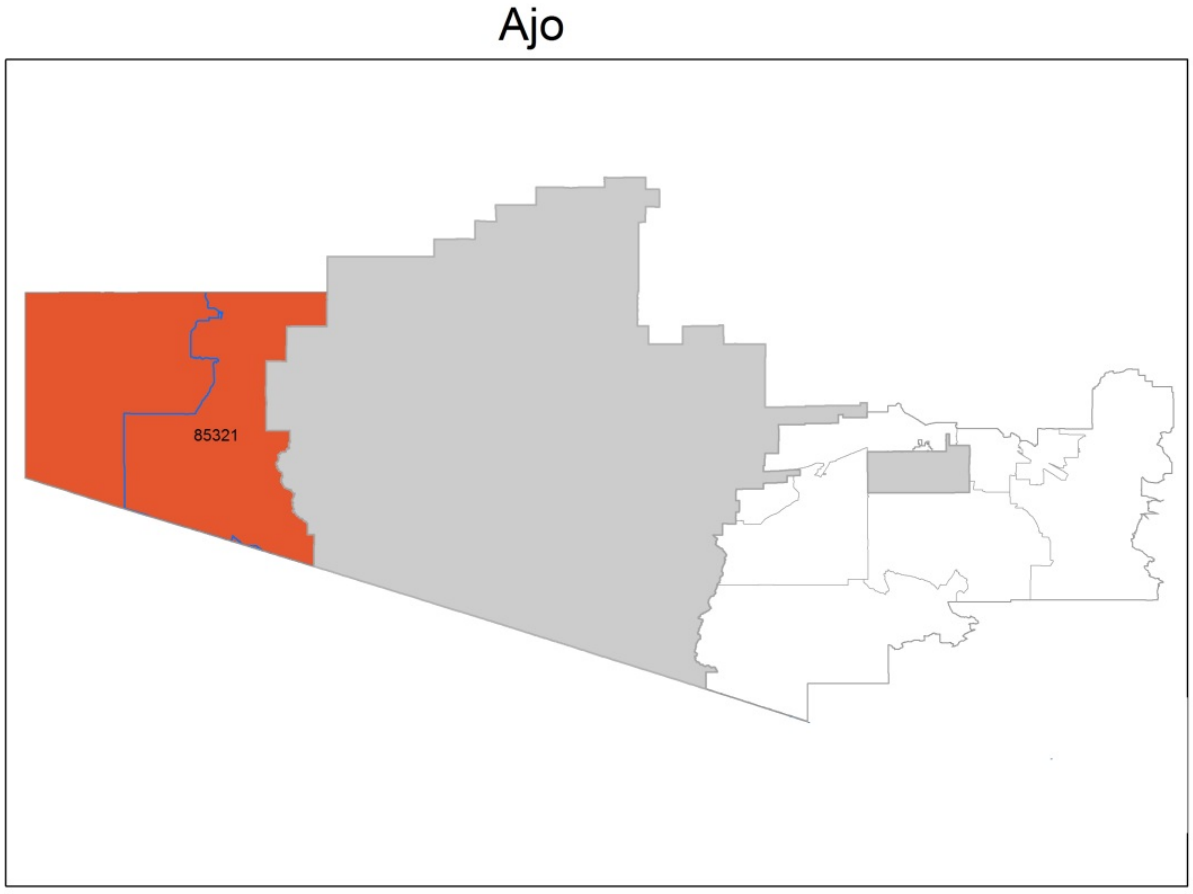


Marital Status



Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.
* Data supressed; Non-zero count less than 6
**As of 2014, the new version of the Birth Certificate has introduced major changes in the way prenatal care by trimester is assessed. Month when the 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

Ajo Map



Amado

	%	N
85645	74.8%	2,231
85601	23.4%	698
85633	1.8%	54

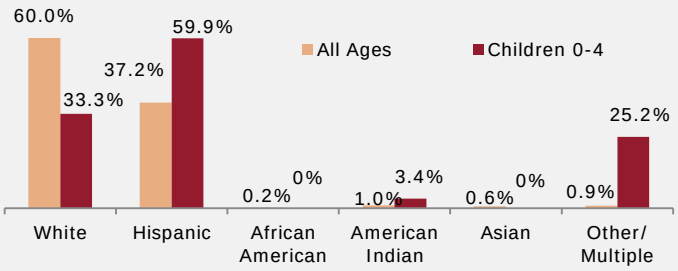
U.S. Census Bureau; 2010 Census Summary File 1; Table P1; generated by Harder+Company; using American FactFinder; <http://factfinder2.census.gov>

DEMOGRAPHICS

Population	2010 Census	5 Year Estimate
Total Population	2,983	
Population below Poverty*		409** (15.7%)
Children 0-5	179	
Children 0-5 below Poverty*		41 (28.5%)**
Population Change Children 0-4 for 2010-2014***	-11.9%	

*Where economic status is reported
** U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B17001.
*** U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

Race



U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and
U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.

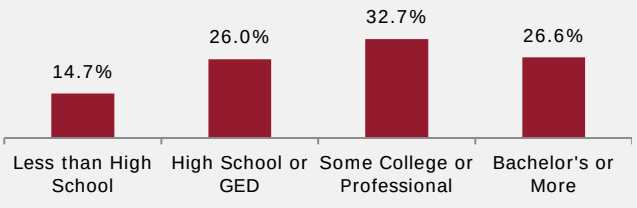
Families

Families	YEAR
Total Number of Families	1,172
Families with Children 0-5	124 (10.6%)
Single Parent Families with Children 0-5	37 (29.8%)
Single Parent Families with Children 0-5 (Mother only)	24 (19.4%)

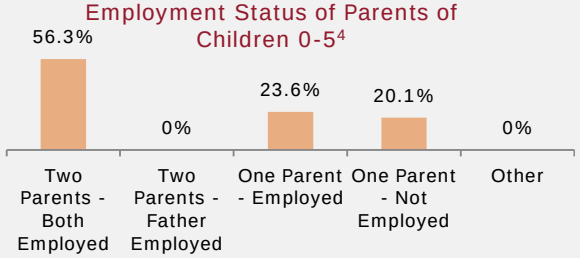
U.S. Census Bureau; 2010 Census Summary File 1; Table P20.

Additional FTF Data	Number	Percent
Children 0-5 Living with Grandparents[1]	45	25.1%
Children 3-4 Enrolled in Pre-K[2]	37	67.3%
Children 0-5 without Health Insurance[3]	22	15.3%

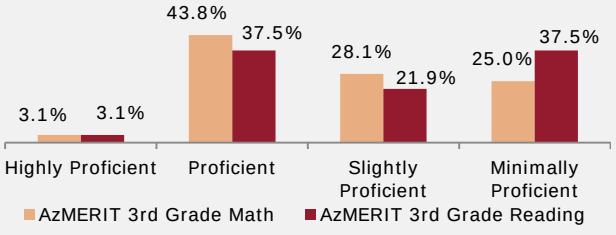
Educational Attainment Adults[5]



Employment Status of Parents of Children 0-5[4]



AzMERIT 3rd Grade Reading and Math Proficiency[6]



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4 U.S. Census Bureau; American Community Survey, 2014 American Community Survey Table B23008
5 U.S. Census Bureau; American Community Survey, 2014 American Community Survey; Table B15002.
6 Arizona Department of Education (2015). AzMERIT Reports. Provided by AZ FTF.

EARLY EDUCATION AND CHILDCARE

Providers Listed with CCR&R	Total Number of Providers			Capacity
	2012	2013	2016	2016
ADHS Licensed Centers	1	2	2	25
ADHS Certified Group Homes	0	0	0	0
DES Certified Homes	1	1	0	0
Listed Homes (Unregulated)	0	0	0	0
Total	2	3	2	25
Subsets: Head Start	0	0	0	0
Accredited	0	0	0	0
Quality First	-	-	0	0
DES Child Care Subsidy Eligibility-Children 0-5	-	-	10	n/a
DES Child Care Subsidy Recipients-Children 0-5*	-	-	<10	n/a

Arizona Department of Economic Security (2015).Childcare Resource and Referral. Provided by AZ FTF.
*Data supressed; Number of clients between 1 and 9

HEALTH

Child Immunizations	2014
4+ doses DTaP	100.0%
3+ doses Polio	100.0%
2+ doses MMR	100.0%
3+ doses Hepatitis B	96.4%
2+ doses Varicella	92.9%
1 dose Varicella+ History	7.1%

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

Division of Developmental Disabilities Data	2015
# Children Referred for Screening*	<10
# Children Served*	<10

Arizona Department of Economic Security (2015). DDD Referred and Served Children. Provided by AZ FTF.
*Data supressed; Number of clients between 1 and 9

Arizona Early Intervention Program Data	2015
# Children Referred for Screening*	<19
# Children Served*	<10

Arizona Department of Economic Security (2015). AzEIP Referred and Served Children. Provided by AZ FTF.
*Data Supressed: To get the total count of children referred and served, we had to sum up totals for children ages 0-24 months and children ages 25-35 months. For one or both age groups, the data were supressed because the number of children is between 1 and 9.

FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

Public Assistance	2015
TANF Family Recipients with Children 0-5	<10
TANF Children 0-5 Recipients	<10
Food Stamp Recipients – Families with Children 0-5	77
Food Stamp Recipients – Children 0-5	99

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).
*Data supressed; Number of clients between 1 and 9

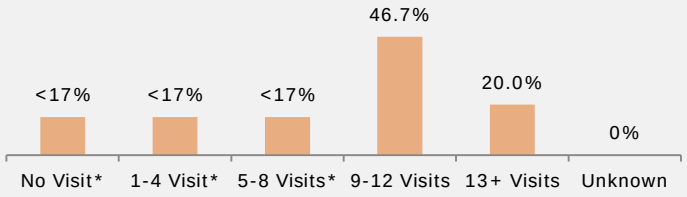
WIC Enrollment	'12	'13	'14	'15
WIC Enrolled/ Participants Women	22	25	32	26
WIC Enrolled/Participants Children 0-4	61	53	45	44

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

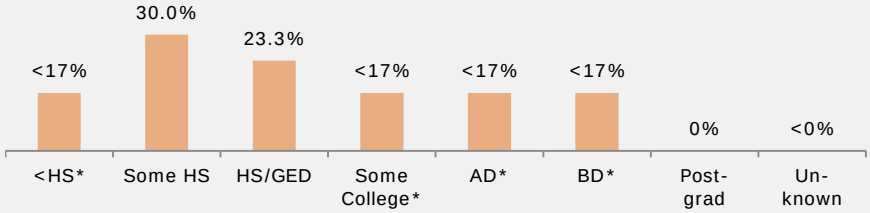
MATERNAL HEALTH 2014

Maternal Health	Number	Percent
Teen Mothers*	<6	<17.0%
Low Birth Weight*	<6	<17.0%
High School Dropout Rate		0.0%

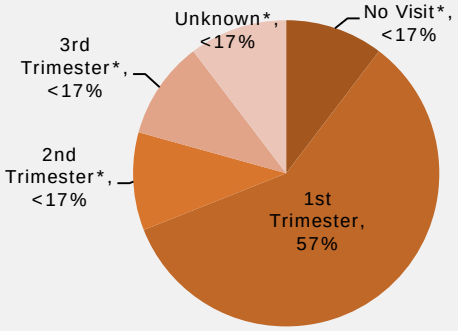
Prenatal Visits



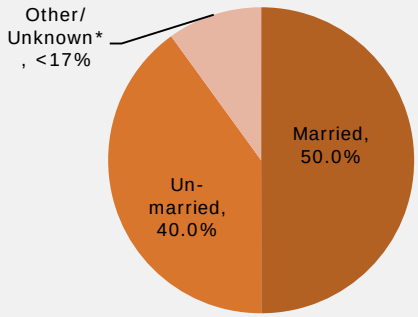
Mother's Education



Prenatal Care**

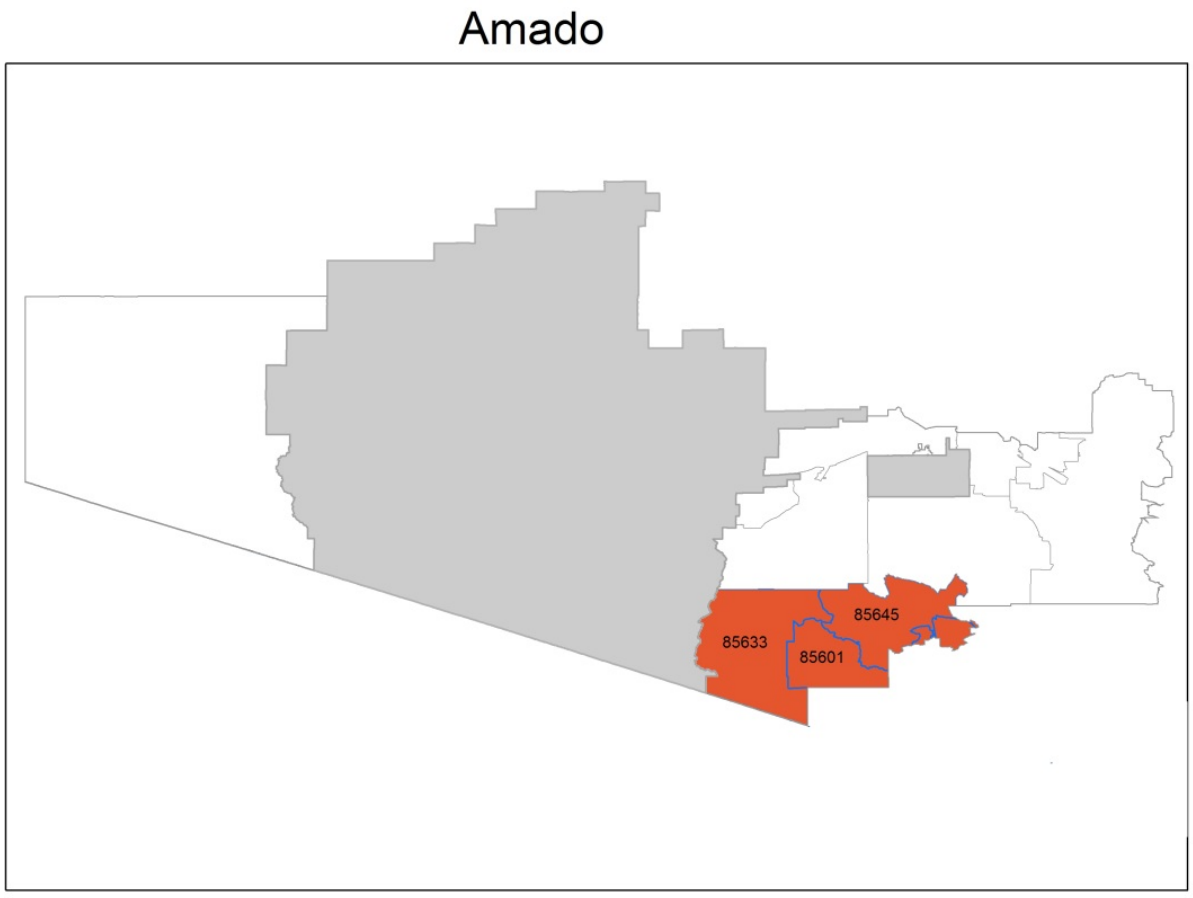


Marital Status



Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.
* Data supressed; Non-zero count less than 6
**As of 2014, the new version of the Birth Certificate has introduced major changes in the way prenatal care by trimester is assessed. Month when the 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

Amado Map



Drexel Heights

	%	N
85746	60.4%	43,057
85757	23.8%	16,988
85735	15.8%	11,250

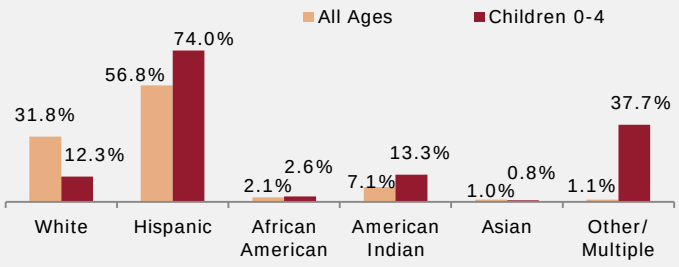
U.S. Census Bureau; 2010 Census Summary File 1; Table P1; generated by Harder+Company; using American FactFinder; <http://factfinder2.census.gov>

DEMOGRAPHICS

Population	2010 Census	5 Year Estimate
Total Population	71,295	
Population below Poverty*		16,843** (23.3%)
Children 0-5	7,251	
Children 0-5 below Poverty*		2,528 (34.6%)**
Population Change Children 0-4 for 2010-2014***	2.4%	

*Where economic status is reported
** U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B17001.
*** U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

Race



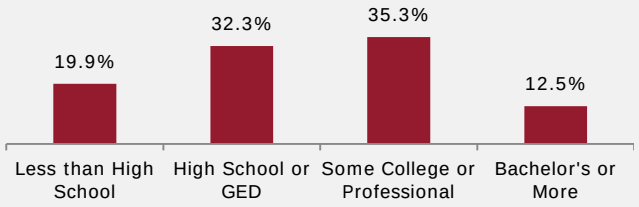
U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and
U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.

Families	YEAR
Total Number of Families	22,930
Families with Children 0-5	5,129 (22.4%)
Single Parent Families with Children 0-5	2,223 (43.3%)
Single Parent Families with Children 0-5 (Mother only)	1,570 (30.6%)

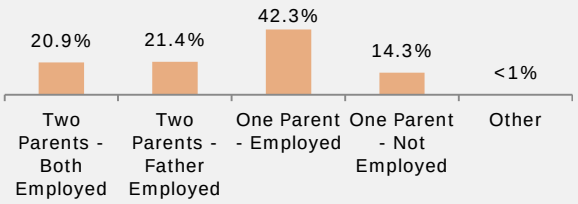
U.S. Census Bureau; 2010 Census Summary File 1; Table P20.

Additional FTF Data	Number	Percent
Children 0-5 Living with Grandparents[1]	1,587	21.9%
Children 3-4 Enrolled in Pre-K[2]	782	26.4%
Children 0-5 without Health Insurance[3]	978	12.9%

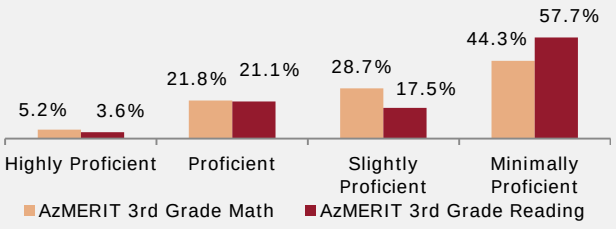
Educational Attainment Adults[5]



Employment Status of Parents of Children 0-5[4]



AzMERIT 3rd Grade Reading and Math Proficiency[6]



1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.
2 U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B14003.
3 U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B27001.
4 U.S. Census Bureau; American Community Survey, 2014 American Community Survey Table B23008
5 U.S. Census Bureau; American Community Survey, 2014 American Community Survey; Table B15002.
6 Arizona Department of Education (2015). AzMERIT Reports. Provided by AZ FTF.

EARLY EDUCATION AND CHILDCARE

Providers Listed with CCR&R	Total Number of Providers			Capacity
	2012	2013	2016	2016
ADHS Licensed Centers	17	18	17	1,111
ADHS Certified Group Homes	14	10	10	100
DES Certified Homes	45	33	28	116
Listed Homes (Unregulated)	0	5	0	0
Total	76	66	55	1,327
Subsets: Head Start	0	0	0	0
Accredited	6	6	6	139
Quality First	-	-	8	244
DES Child Care Subsidy Eligibility-Children 0-5	-	-	923	n/a
DES Child Care Subsidy Recipients-Children 0-5	-	-	838	n/a

Arizona Department of Economic Security (2015).Childcare Resource and Referral. Provided by AZ FTF.

HEALTH

Child Immunizations	2014
4+ doses DTaP	95.7%
3+ doses Polio	95.9%
2+ doses MMR	95.4%
3+ doses Hepatitis B	96.5%
2+ doses Varicella	92.3%
1 dose Varicella+ History	4.3%

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

Division of Developmental Disabilities Data	2015
# Children Referred for Screening	57
# Children Served	63

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

Arizona Early Intervention Program Data	2015
# Children Referred for Screening	308
# Children Served	120

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

FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

Public Assistance	2015
TANF Family Recipients with Children 0-5	185
TANF Children 0-5 Recipients	231
Food Stamp Recipients – Families with Children 0-5	2,874
Food Stamp Recipients – Children 0-5	3,889

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).

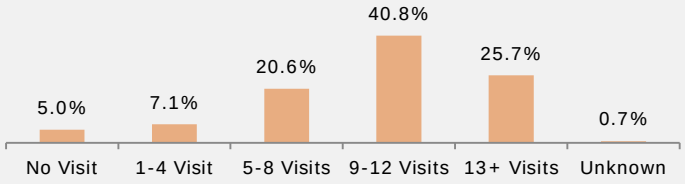
WIC Enrollment	'12	'13	'14	'15
WIC Enrolled/ Participants Women	1,299	1,270	1,212	1,142
WIC Enrolled/Participants Children 0-4	2,294	2,087	1,910	1,813

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

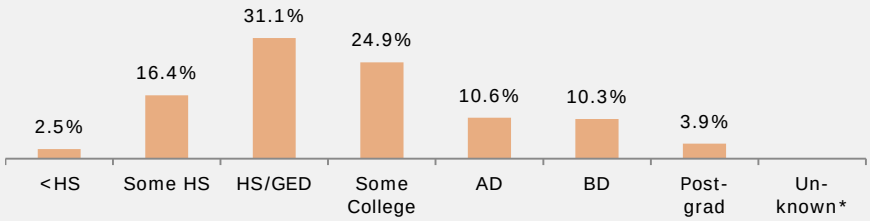
MATERNAL HEALTH 2014

Maternal Health	Number	Percent
Teen Mothers	87	8.3%
Low Birth Weight	83	7.9%
High School Dropout Rate		7.1%

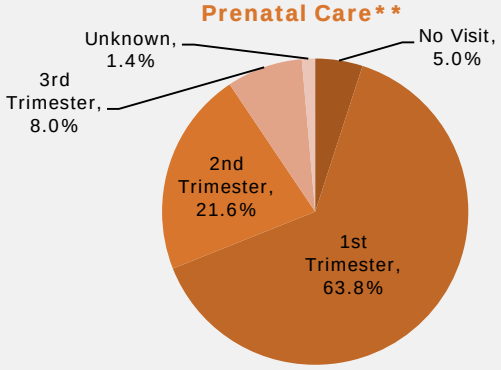
Prenatal Visits



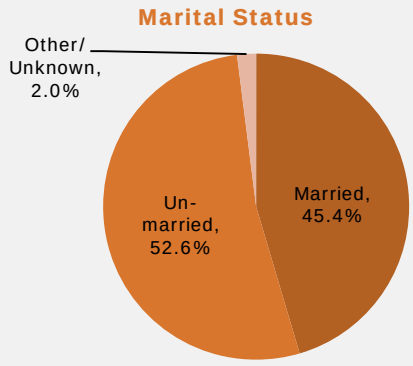
Mother's Education



Prenatal Care**

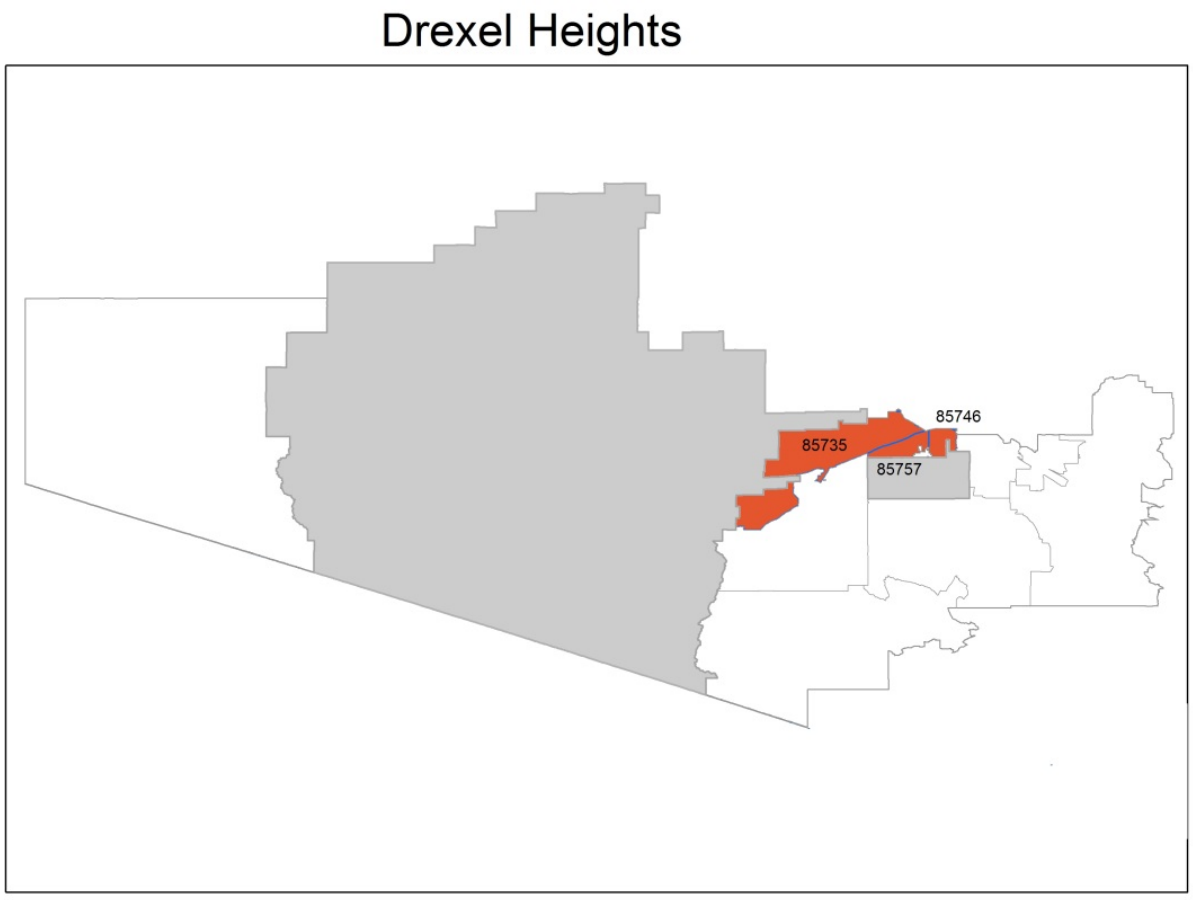


Marital Status



Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.
* Data supressed; Non-zero count less than 6
**As of 2014, the new version of the Birth Certificate has introduced major changes in the way prenatal care by trimester is assessed. Month when the 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

Drexel Heights Map



Rita Ranch

	%	N
85747	100%	23,058

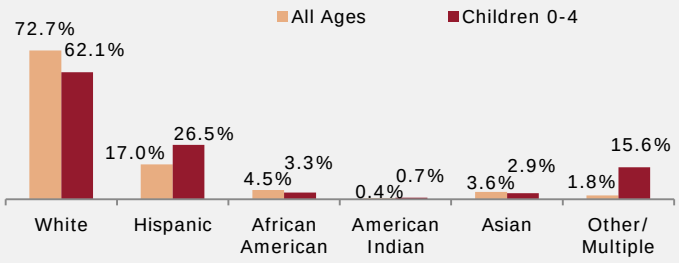
U.S. Census Bureau; 2010 Census Summary File 1; Table P1; generated by Harder+Company; using American FactFinder; <http://factfinder2.census.gov>

DEMOGRAPHICS

Population	2010 Census	5 Year Estimate
Total Population	23,058	
Population below Poverty*		1,043** (4.4%)
Children 0-5	2,227	
Children 0-5 below Poverty*		142 (5.8%)**
Population Change Children 0-4 for 2010-2014***	3.9%	

*Where economic status is reported
** U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B17001.
*** U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

Race



U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and
U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.

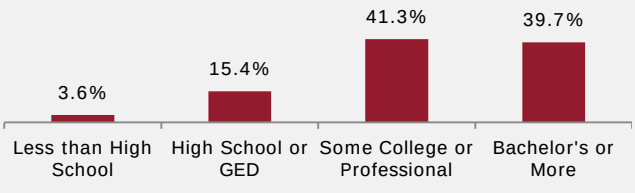
Families

YEAR	
Total Number of Families	7,927
Families with Children 0-5	1,610 (20.3%)
Single Parent Families with Children 0-5	269 (16.7%)
Single Parent Families with Children 0-5 (Mother only)	189 (11.7%)

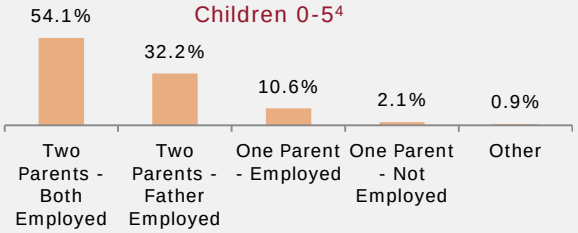
U.S. Census Bureau; 2010 Census Summary File 1; Table P20.

Additional FTF Data	Number	Percent
Children 0-5 Living with Grandparents[1]	169	7.6%
Children 3-4 Enrolled in Pre-K[2]	426	53.0%
Children 0-5 without Health Insurance[3]	82	3.3%

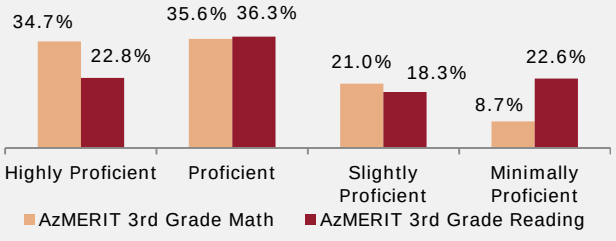
Educational Attainment Adults[5]



Employment Status of Parents of Children 0-5[4]



AzMERIT 3rd Grade Reading and Math Proficiency[6]



1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.
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3 U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B27001.
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5 U.S. Census Bureau; American Community Survey, 2014 American Community Survey; Table B15002.
6 Arizona Department of Education (2015). AzMERIT Reports. Provided by AZ FTF.

EARLY EDUCATION AND CHILDCARE

Providers Listed with CCR&R	Total Number of Providers			Capacity
	2012	2013	2016	2016
ADHS Licensed Centers	5	7	7	734
ADHS Certified Group Homes	3	3	5	50
DES Certified Homes	5	5	5	20
Listed Homes (Unregulated)	2	2	1	4
Total	15	17	18	808
Subsets: Head Start	0	0	0	0
Accredited	0	0	0	0
Quality First	-	-	4	557
DES Child Care Subsidy Eligibility-Children 0-5	-	-	108	n/a
DES Child Care Subsidy Recipients-Children 0-5	-	-	96	n/a

Arizona Department of Economic Security (2015).Childcare Resource and Referral. Provided by AZ FTF.

HEALTH

Child Immunizations	2014
4+ doses DTaP	94.1%
3+ doses Polio	94.1%
2+ doses MMR	94.1%
3+ doses Hepatitis B	95.0%
2+ doses Varicella	92.1%
1 dose Varicella+ History	2.7%

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

Division of Developmental Disabilities Data	2015
# Children Referred for Screening	20
# Children Served	27

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

Arizona Early Intervention Program Data	2015
# Children Referred for Screening	119
# Children Served	49

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

FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

Public Assistance	2015
TANF Family Recipients with Children 0-5	20
TANF Children 0-5 Recipients	24
Food Stamp Recipients – Families with Children 0-5	224
Food Stamp Recipients – Children 0-5	299

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).

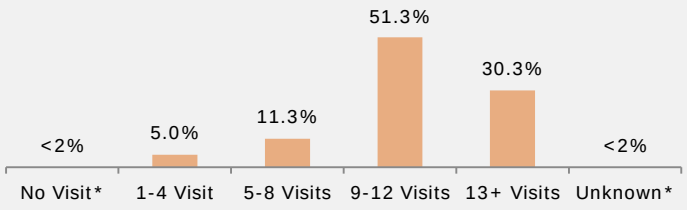
WIC Enrollment	'12	'13	'14	'15
WIC Enrolled/ Participants Women	118	124	118	89
WIC Enrolled/Participants Children 0-4	209	189	172	153

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

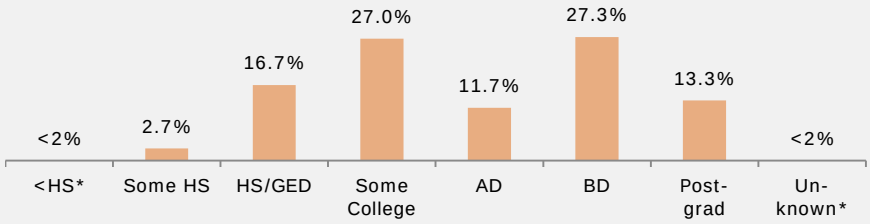
MATERNAL HEALTH 2014

Maternal Health	Number	Percent
Teen Mothers	12	4.0%
Low Birth Weight	21	7.0%
High School Dropout Rate		2.0%

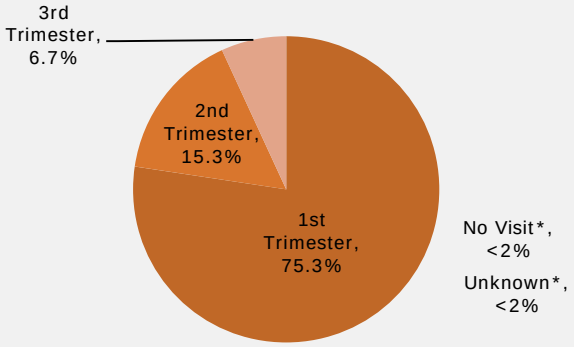
Prenatal Visits



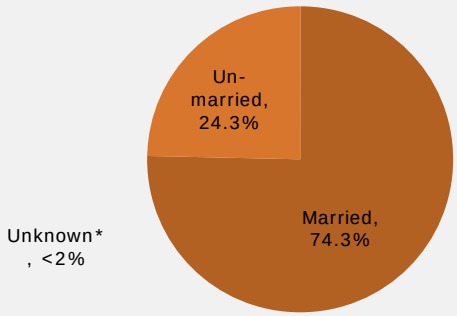
Mother's Education



Prenatal Care**



Marital Status



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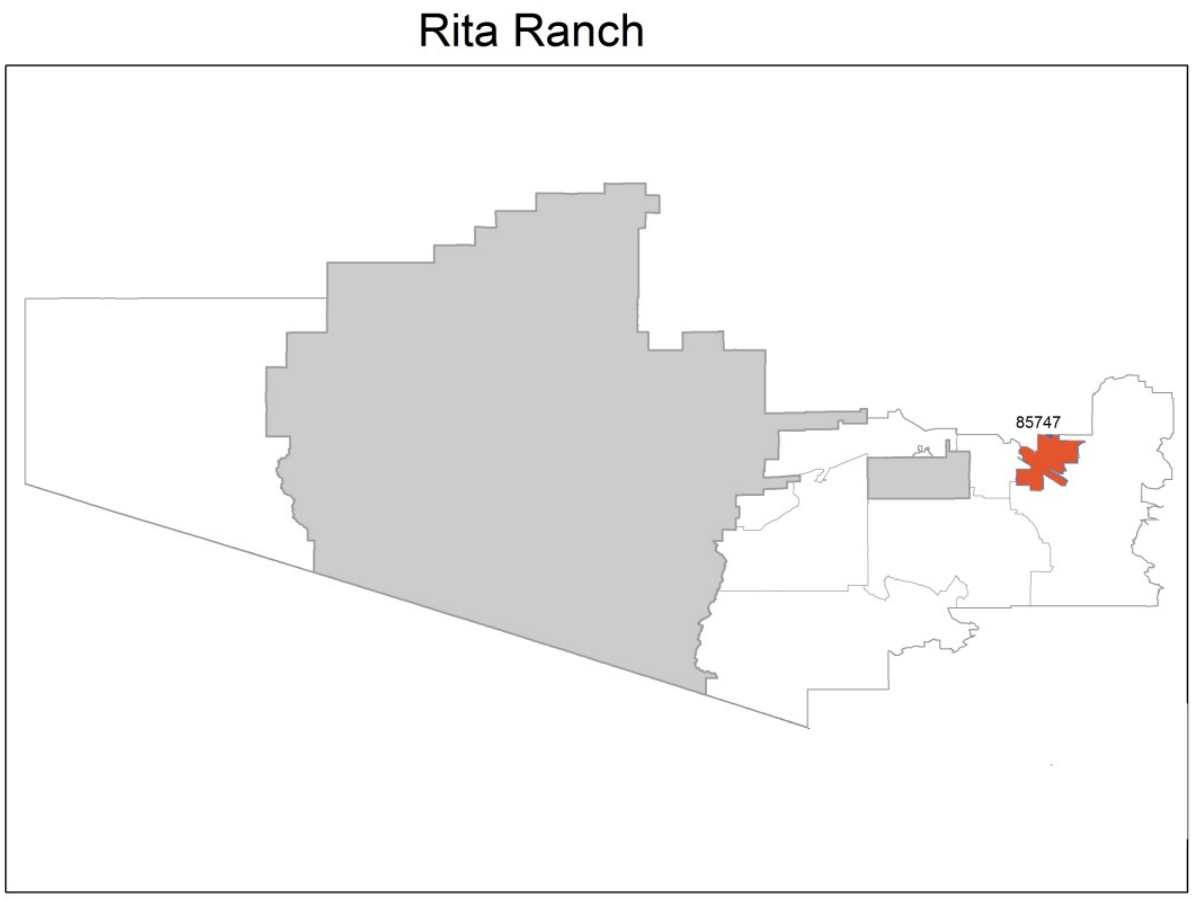
Rita Ranch Map



Sahuarita

	%	N
85629	51.8%	23,568
85614	48.2%	21,895

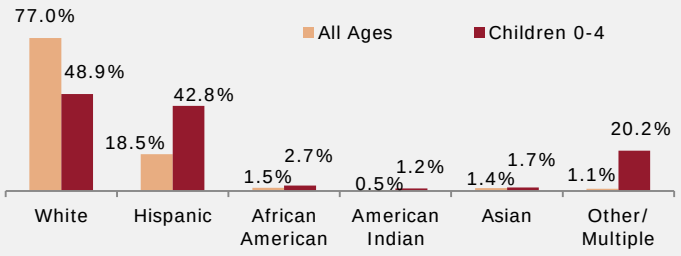
U.S. Census Bureau; 2010 Census Summary File 1; Table P1; generated by Harder+Company; using American FactFinder; <http://factfinder2.census.gov>

DEMOGRAPHICS

Population	2010 Census	5 Year Estimate
Total Population	45,463	
Population below Poverty*		2,861** (6.2%)
Children 0-5	3,380	
Children 0-5 below Poverty*		366 (11.5%)**
Population Change Children 0-4 for 2010-2014***	2.5%	

*Where economic status is reported
** U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B17001.
*** U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

Race



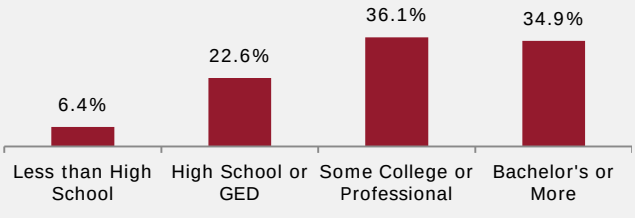
U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and
U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.

Families	YEAR
Total Number of Families	20,009
Families with Children 0-5	2,372 (11.9%)
Single Parent Families with Children 0-5	468 (19.7%)
Single Parent Families with Children 0-5 (Mother only)	298(12.6%)

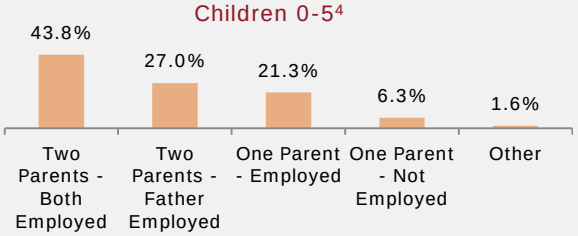
U.S. Census Bureau; 2010 Census Summary File 1; Table P20.

Additional FTF Data	Number	Percent
Children 0-5 Living with Grandparents[1]	225	6.7%
Children 3-4 Enrolled in Pre-K[2]	589	50.6%
Children 0-5 without Health Insurance[3]	255	7.8%

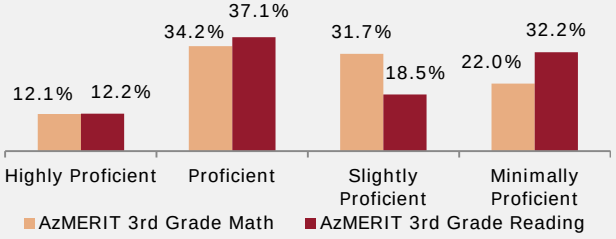
Educational Attainment Adults[5]



Employment Status of Parents of Children 0-5[4]



AzMERIT 3rd Grade Reading and Math Proficiency[6]



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EARLY EDUCATION AND CHILDCARE

Providers Listed with CCR&R	Total Number of Providers			Capacity
	2012	2013	2016	2016
ADHS Licensed Centers	9	9	9	796
ADHS Certified Group Homes	2	3	2	20
DES Certified Homes	8	4	4	16
Listed Homes (Unregulated)	3	5	2	8
Total	22	21	17	840
Subsets: Head Start	0	0	0	0
Accredited	1	1	1	59
Quality First	-	-	8	467
DES Child Care Subsidy Eligibility-Children 0-5	-	-	197	n/a
DES Child Care Subsidy Recipients-Children 0-5	-	-	171	n/a

Arizona Department of Economic Security (2015).Childcare Resource and Referral. Provided by AZ FTF.

HEALTH

Child Immunizations	2014
4+ doses DTaP	95.9%
3+ doses Polio	94.6%
2+ doses MMR	95.2%
3+ doses Hepatitis B	96.7%
2+ doses Varicella	84.3%
1 dose Varicella+ History	13.0%

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

Division of Developmental Disabilities Data	2015
# Children Referred for Screening	33
# Children Served	33

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

Arizona Early Intervention Program Data	2015
# Children Referred for Screening	105
# Children Served	69

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

FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

Public Assistance	2015
TANF Family Recipients with Children 0-5	23
TANF Children 0-5 Recipients	30
Food Stamp Recipients – Families with Children 0-5	486
Food Stamp Recipients – Children 0-5	664

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).

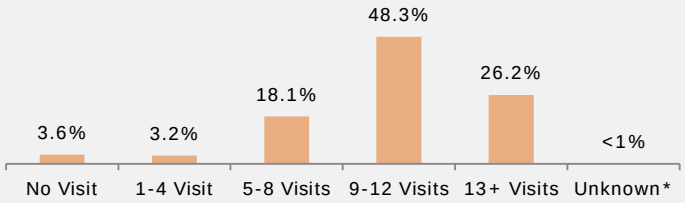
WIC Enrollment	'12	'13	'14	'15
WIC Enrolled/ Participants Women	271	270	240	236
WIC Enrolled/Participants Children 0-4	491	408	357	330

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

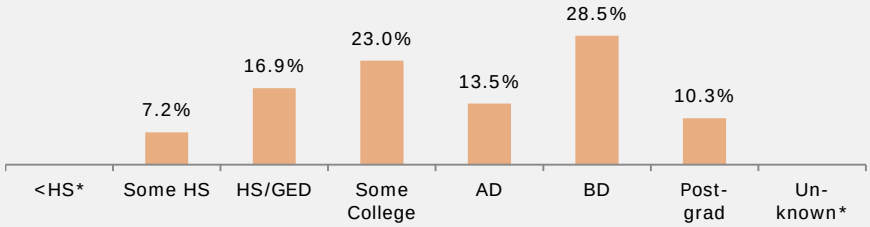
MATERNAL HEALTH 2014

Maternal Health	Number	Percent
Teen Mothers	24	4.6%
Low Birth Weight	27	5.1%
High School Dropout Rate		3.3%

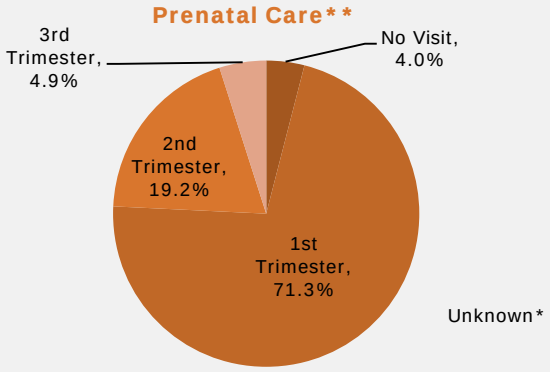
Prenatal Visits



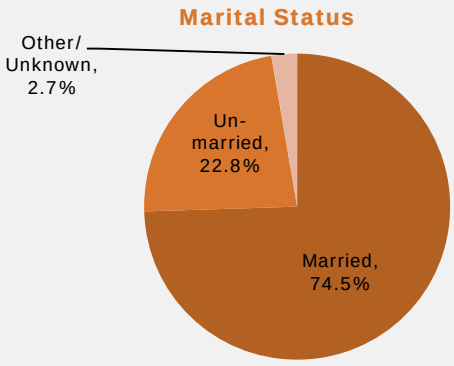
Mother's Education



Prenatal Care**



Marital Status



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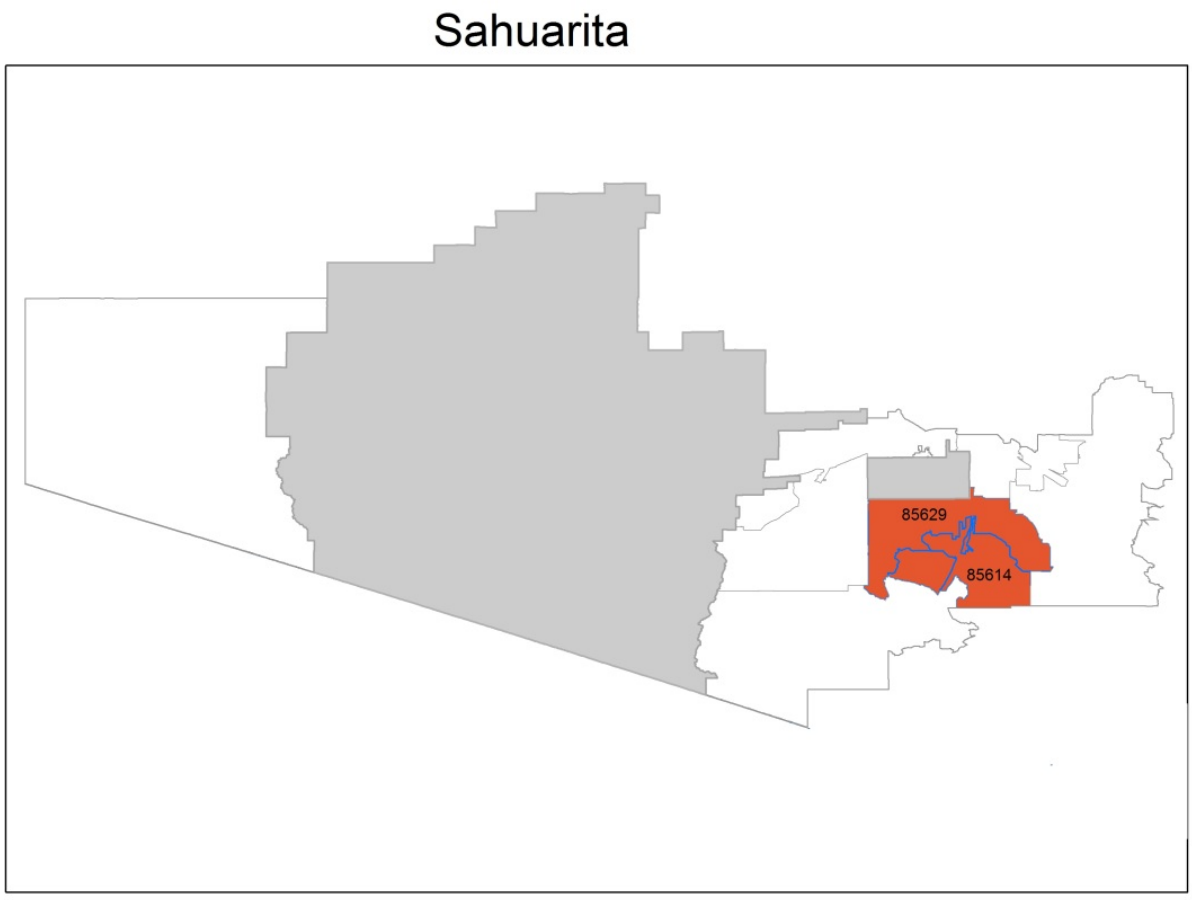
Sahuarita Map



Sunnyside

	%	N
85706	60.7%	55,209
85756	39.3%	35,703

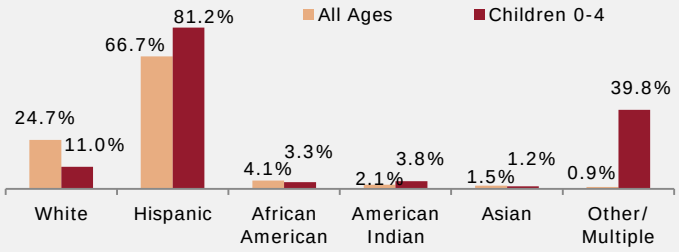
U.S. Census Bureau; 2010 Census Summary File 1; Table P1; generated by Harder+Company; using American FactFinder; <http://factfinder2.census.gov>

DEMOGRAPHICS

Population	2010 Census	5 Year Estimate
Total Population	90,912	
Population below Poverty*		26,804** (30.9%)
Children 0-5	9,799	
Children 0-5 below Poverty*		4,343 (45.6%)**
Population Change Children 0-4 for 2010-2014***	3.6%	

*Where economic status is reported
** U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B17001.
*** U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

Race



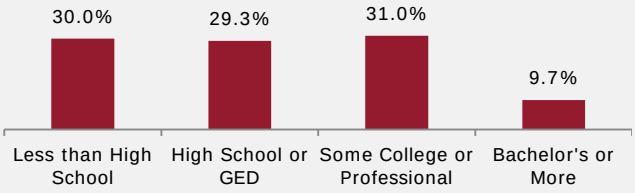
U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and
U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.

Families	YEAR
Total Number of Families	26,178
Families with Children 0-5	6,918 (26.4%)
Single Parent Families with Children 0-5	2,936 (42.4%)
Single Parent Families with Children 0-5 (Mother only)	2,108 (30.5%)

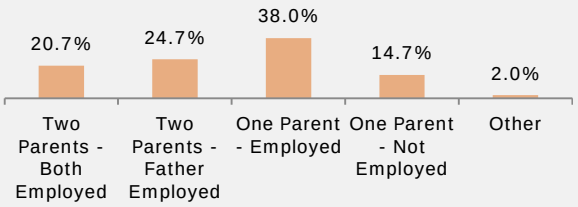
U.S. Census Bureau; 2010 Census Summary File 1; Table P20.

Additional FTF Data	Number	Percent
Children 0-5 Living with Grandparents[1]	1,793	18.3%
Children 3-4 Enrolled in Pre-K[2]	857	24.8%
Children 0-5 without Health Insurance[3]	733	7.6%

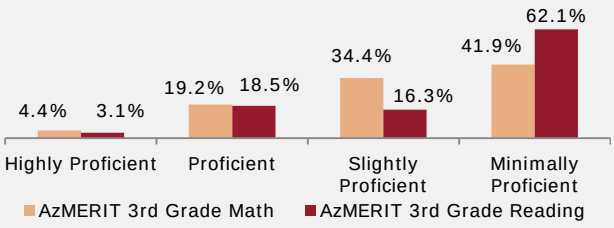
Educational Attainment Adults[5]



Employment Status of Parents of Children 0-5[4]



AzMERIT 3rd Grade Reading and Math Proficiency[6]



1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.
2 U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B14003.
3 U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B27001.
4 U.S. Census Bureau; American Community Survey, 2014 American Community Survey Table B23008
5 U.S. Census Bureau; American Community Survey, 2014 American Community Survey; Table B15002.
6 Arizona Department of Education (2015). AzMERIT Reports. Provided by AZ FTF.

EARLY EDUCATION AND CHILDCARE

Providers Listed with CCR&R	Total Number of Providers			Capacity
	2012	2013	2016	2016
ADHS Licensed Centers	16	17	17	2,557
ADHS Certified Group Homes	27	31	30	250
DES Certified Homes	83	70	73	284
Listed Homes (Unregulated)	6	8	2	8
Total	132	126	122	3,099
Subsets: Head Start	7	7	7	561
Accredited	11	12	12	96
Quality First	-	-	30	1,234
DES Child Care Subsidy Eligibility-Children 0-5	-	-	1,349	n/a
DES Child Care Subsidy Recipients-Children 0-5	-	-	1,214	n/a

Arizona Department of Economic Security (2015).Childcare Resource and Referral. Provided by AZ FTF.

HEALTH

Child Immunizations	2014
4+ doses DTaP	97.7%
3+ doses Polio	98.3%
2+ doses MMR	97.7%
3+ doses Hepatitis B	98.3%
2+ doses Varicella	94.4%
1 dose Varicella+ History	4.0%

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

Division of Developmental Disabilities Data	2015
# Children Referred for Screening	70
# Children Served	73

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

Arizona Early Intervention Program Data	2015
# Children Referred for Screening	459
# Children Served	141

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

FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

Public Assistance	2015
TANF Family Recipients with Children 0-5	304
TANF Children 0-5 Recipients	395
Food Stamp Recipients – Families with Children 0-5	4,863
Food Stamp Recipients – Children 0-5	6,546

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).

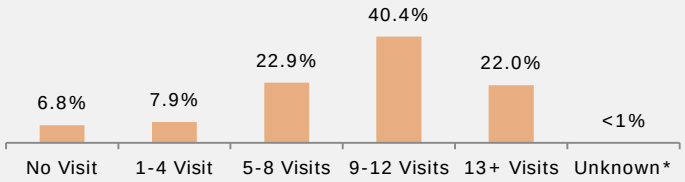
WIC Enrollment	'12	'13	'14	'15
WIC Enrolled/ Participants Women	2,287	2,167	2,043	2,049
WIC Enrolled/Participants Children 0-4	4,130	3,769	3,459	3,296

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

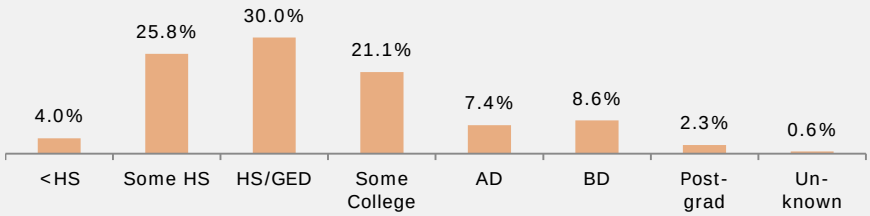
MATERNAL HEALTH 2014

Maternal Health	Number	Percent
Teen Mothers	180	11.5%
Low Birth Weight	136	8.7%
High School Dropout Rate		4.3%

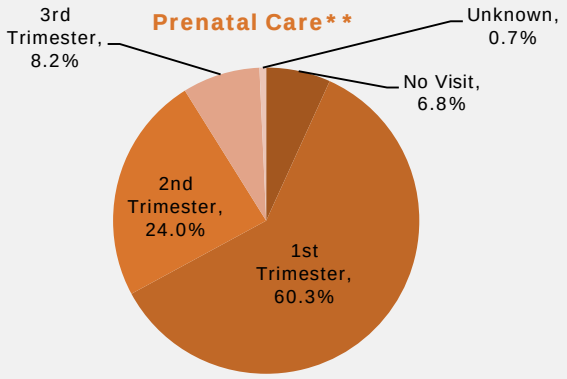
Prenatal Visits



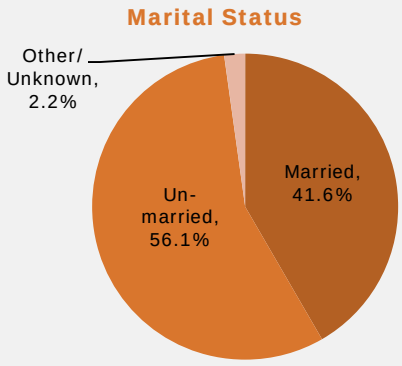
Mother's Education



Prenatal Care**

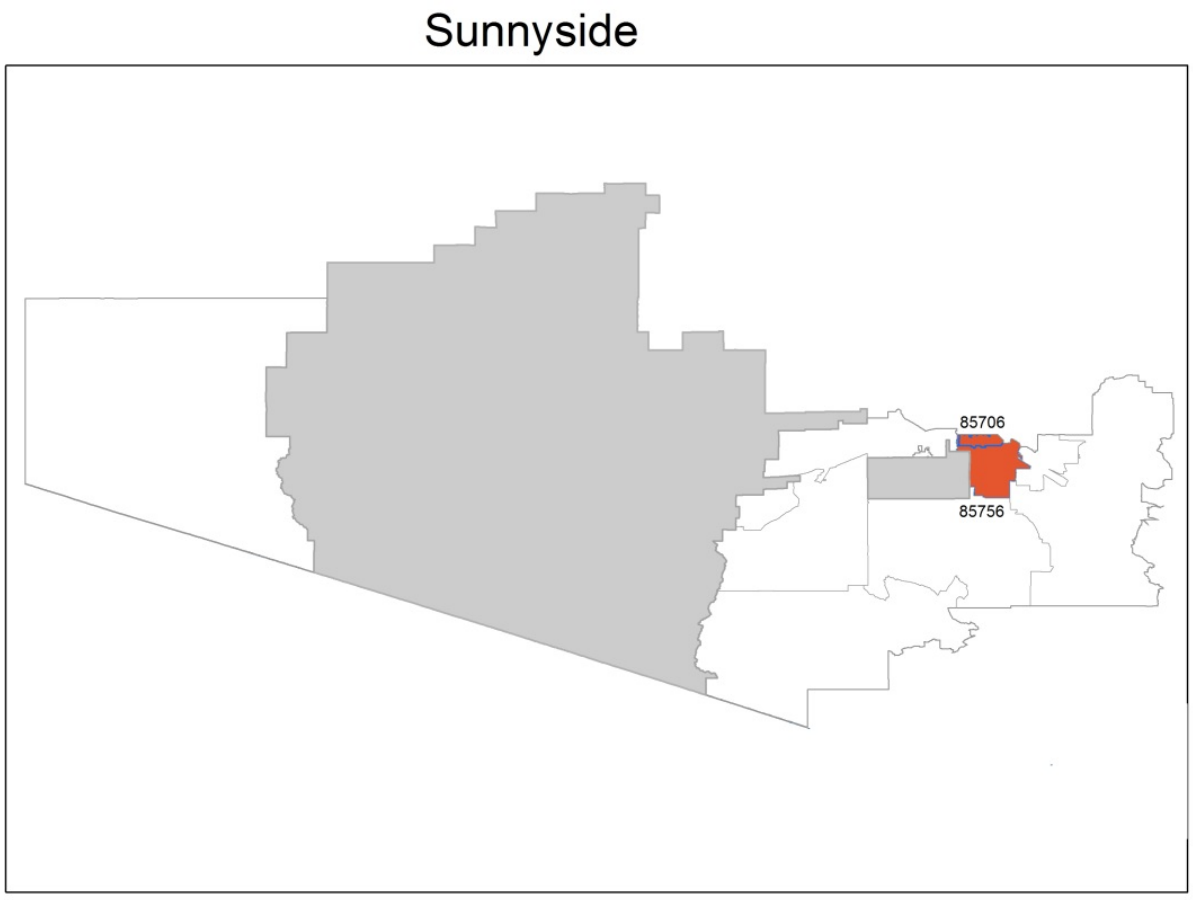


Marital Status



Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.
* Data supressed; Non-zero count less than 6
**As of 2014, the new version of the Birth Certificate has introduced major changes in the way prenatal care by trimester is assessed. Month when the 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

Sunnyside Map



Three Points

	%	N
85736	100%	4,975

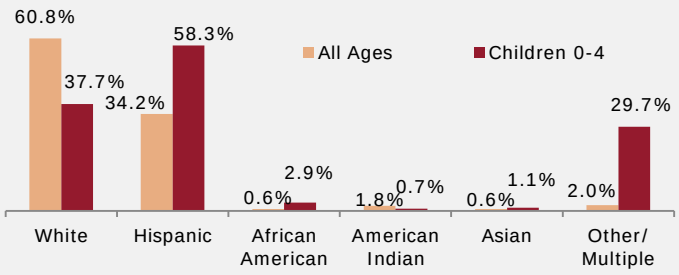
U.S. Census Bureau; 2010 Census Summary File 1; Table P1; generated by Harder+Company; using American FactFinder; <http://factfinder2.census.gov>

DEMOGRAPHICS

Population	2010 Census	5 Year Estimate
Total Population	4,975	
Population below Poverty*		1,333** (27.6%)
Children 0-5	346	
Children 0-5 below Poverty*		139** (45.6%)
Population Change Children 0-4 for 2010-2014***	-2.9%	

*Where economic status is reported
** U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B17001.
*** U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

Race



U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and
U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.

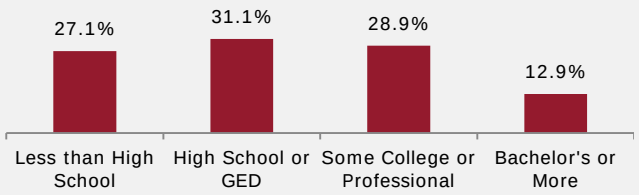
Families

Families	YEAR
Total Number of Families	1,814
Families with Children 0-5	239 (13.2%)
Single Parent Families with Children 0-5	98 (41.0%)
Single Parent Families with Children 0-5 (Mother only)	64 (26.8%)

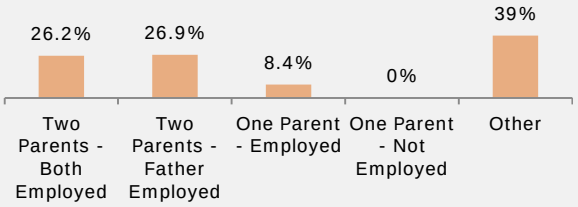
U.S. Census Bureau; 2010 Census Summary File 1; Table P20.

Additional FTF Data	Number	Percent
Children 0-5 Living with Grandparents[1]	107	30.9%
Children 3-4 Enrolled in Pre-K[2]	51	48.6%
Children 0-5 without Health Insurance[3]	28	9.2%

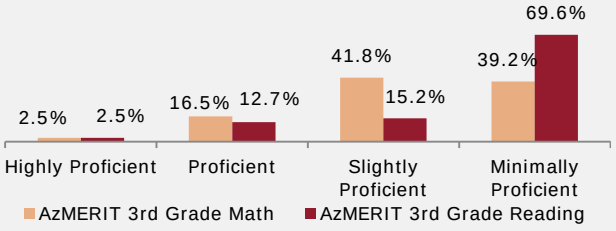
Educational Attainment Adults[5]



Employment Status of Parents of Children 0-5[4]



AzMERIT 3rd Grade Reading and Math Proficiency[6]



1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.
2 U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B14003.
3 U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B27001.
4 U.S. Census Bureau; American Community Survey, 2014 American Community Survey Table B23008
5 U.S. Census Bureau; American Community Survey, 2014 American Community Survey; Table B15002.
6 Arizona Department of Education (2015). AzMERIT Reports. Provided by AZ FTF.

EARLY EDUCATION AND CHILDCARE

Providers Listed with CCR&R	Total Number of Providers			Capacity
	2012	2013	2016	2016
ADHS Licensed Centers	1	1	1	60
ADHS Certified Group Homes	0	0	0	0
DES Certified Homes	1	1	1	4
Listed Homes (Unregulated)	0	0	0	0
Total	2	2	2	64
Subsets: Head Start	0	0	0	0
Accredited	0	0	0	0
Quality First	-	-	1	60
DES Child Care Subsidy Eligibility-Children 0-5	-	-	33	n/a
DES Child Care Subsidy Recipients-Children 0-5*	-	-	<10	n/a

Arizona Department of Economic Security (2015).Childcare Resource and Referral. Provided by AZ FTF.
*Data supressed; Number of clients between 1 and 9

HEALTH

Child Immunizations	2014
4+ doses DTaP	98.4%
3+ doses Polio	98.4%
2+ doses MMR	98.4%
3+ doses Hepatitis B	98.4%
2+ doses Varicella	88.5%
1 dose Varicella+ History	9.8%

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

Division of Developmental Disabilities Data	2015
# Children Referred for Screening*	<10
# Children Served*	<10

Arizona Department of Economic Security (2015). DDD Referred and Served Children. Provided by AZ FTF.
*Data supressed; Number of clients between 1 and 9

Arizona Early Intervention Program Data	2015
# Children Referred for Screening*	<19
# Children Served*	<19

Arizona Department of Economic Security (2015). AzEIP Referred and Served Children. Provided by AZ FTF.
*Data Supressed: To get the total count of children referred and served, we had to sum up totals for children ages 0-24 months and children ages 25-35 months. For one or both age groups, the data were supressed because the number of children is between 1 and 9.

FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

Public Assistance	2015
TANF Family Recipients with Children 0-5*	<10
TANF Children 0-5 Recipients*	<10
Food Stamp Recipients – Families with Children 0-5	161
Food Stamp Recipients – Children 0-5	236

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).
*Data supressed; Number of clients between 1 and 9

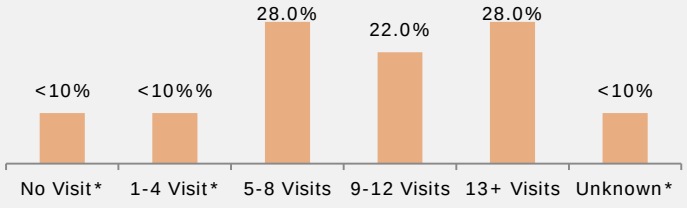
WIC Enrollment	'12	'13	'14	'15
WIC Enrolled/ Participants Women	49	53	45	50
WIC Enrolled/Participants Children 0-4	101	96	80	73

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

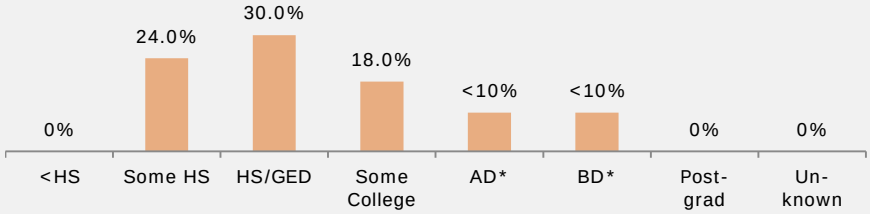
MATERNAL HEALTH 2014

Maternal Health	Number	Percent
Teen Mothers	9	18.0%
Low Birth Weight*	<6	<10%
High School Dropout Rate		-

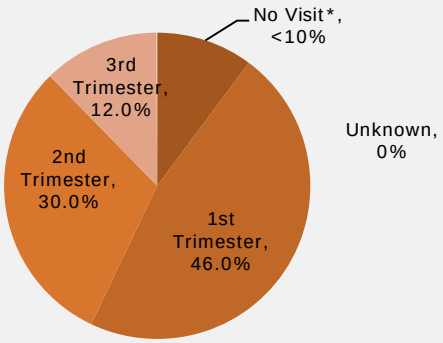
Prenatal Visits



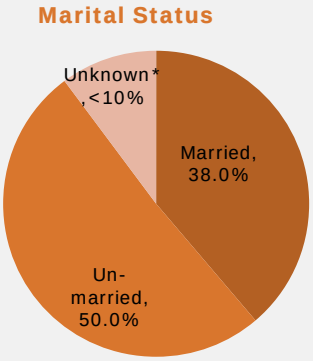
Mother's Education



Prenatal Care**



Marital Status



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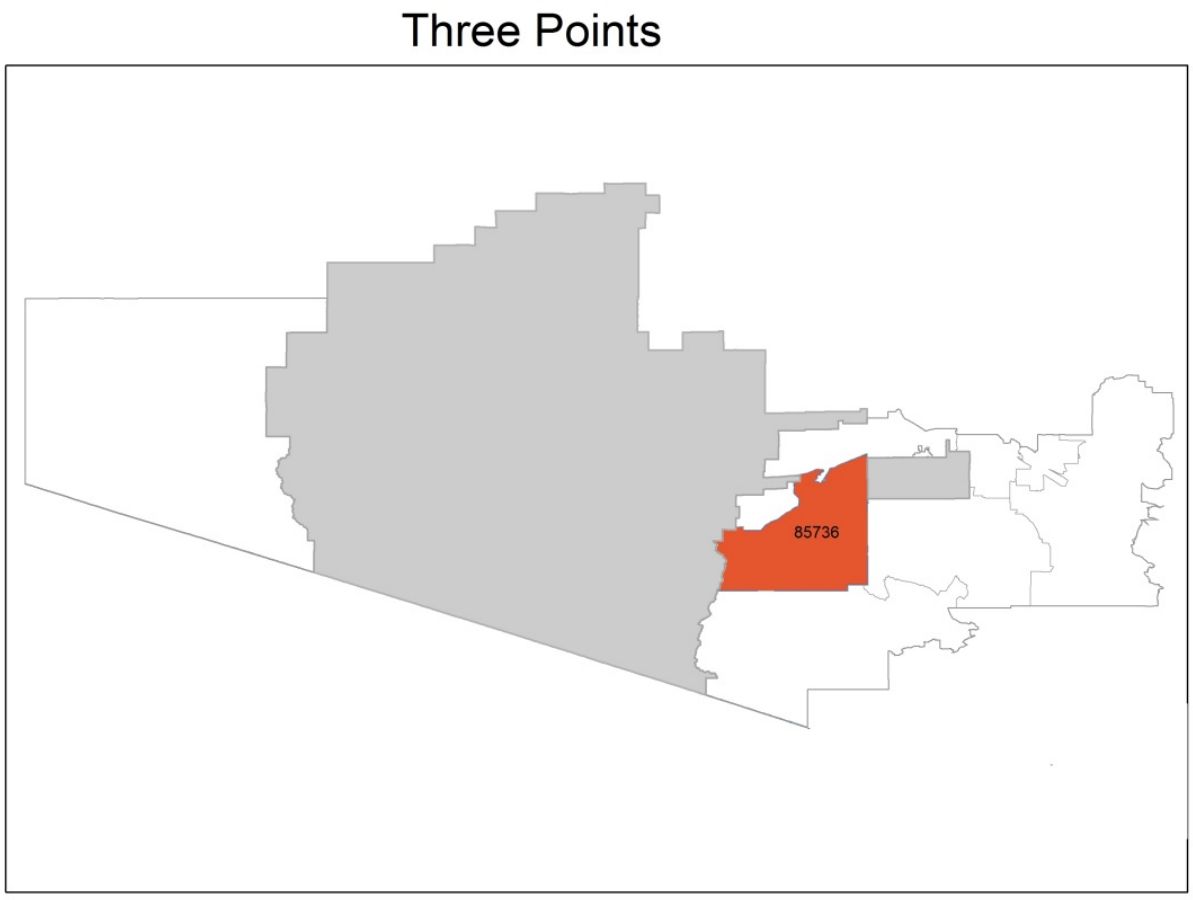
Three Points Map



Vail

	%	N
85641	100%	21,753

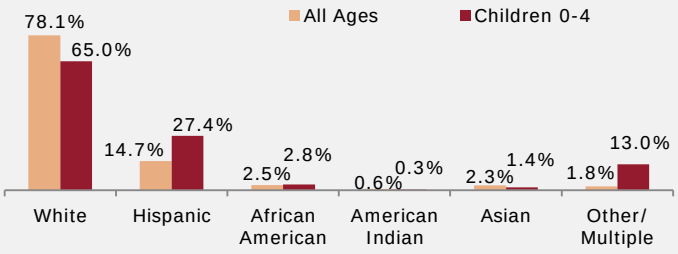
U.S. Census Bureau; 2010 Census Summary File 1; Table P1; generated by Harder+Company; using American FactFinder; <http://factfinder2.census.gov>

DEMOGRAPHICS

Population	2010 Census	5 Year Estimate
Total Population	21,753	
Population below Poverty*		1,244** (5.4%)
Children 0-5	1,915	
Children 0-5 below Poverty*		236 (9.4%)**
Population Change Children 0-4 for 2010-2014***	6.6%	

*Where economic status is reported
** U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B17001.
*** U.S. Census Bureau American Community Survey, 2014 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

Race



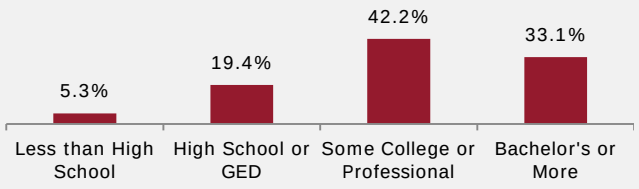
U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and
U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.

Families	YEAR
Total Number of Families	7,624
Families with Children 0-5	1,350 (17.7%)
Single Parent Families with Children 0-5	192 (14.2%)
Single Parent Families with Children 0-5 (Mother only)	123 (9.1%)

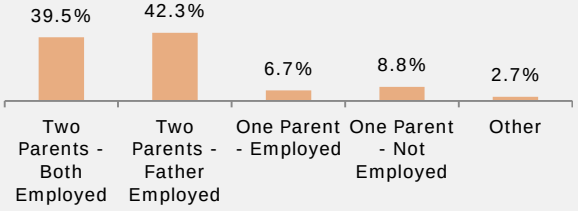
U.S. Census Bureau; 2010 Census Summary File 1; Table P20.

Additional FTF Data	Number	Percent
Children 0-5 Living with Grandparents[1]	134	7.0%
Children 3-4 Enrolled in Pre-K[2]	228	29.9%
Children 0-5 without Health Insurance[3]	52	2.0%

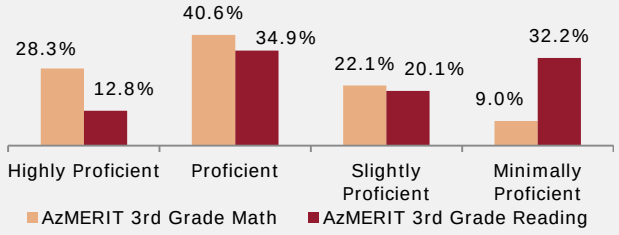
Educational Attainment Adults[5]



Employment Status of Parents of Children 0-5[4]



AzMERIT 3rd Grade Reading and Math Proficiency[6]



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5 U.S. Census Bureau; American Community Survey, 2014 American Community Survey; Table B15002.
6 Arizona Department of Education (2015). AzMERIT Reports. Provided by AZ FTF.

EARLY EDUCATION AND CHILDCARE

Providers Listed with CCR&R	Total Number of Providers			Capacity
	2012	2013	2016	2016
ADHS Licensed Centers	8	9	8	1,006
ADHS Certified Group Homes	1	1	2	20
DES Certified Homes	2	0	0	0
Listed Homes (Unregulated)	3	2	2	8
Total	14	12	12	1,034
Subsets: Head Start	0	0	0	0
Accredited	0	0	0	0
Quality First	-	-	4	558
DES Child Care Subsidy Eligibility-Children 0-5	-	-	106	n/a
DES Child Care Subsidy Recipients-Children 0-5	-	-	95	n/a

Arizona Department of Economic Security (2015).Childcare Resource and Referral. Provided by AZ FTF.

HEALTH

Child Immunizations	2014
4+ doses DTaP	97.0%
3+ doses Polio	97.5%
2+ doses MMR	97.8%
3+ doses Hepatitis B	96.8%
2+ doses Varicella	92.1%
1 dose Varicella+ History	5.7%

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

Division of Developmental Disabilities Data	2015
# Children Referred for Screening	21
# Children Served	23

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

Arizona Early Intervention Program Data	2015
# Children Referred for Screening	66
# Children Served	47

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

FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

Public Assistance	2015
TANF Family Recipients with Children 0-5	17
TANF Children 0-5 Recipients	20
Food Stamp Recipients – Families with Children 0-5	173
Food Stamp Recipients – Children 0-5	222

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).

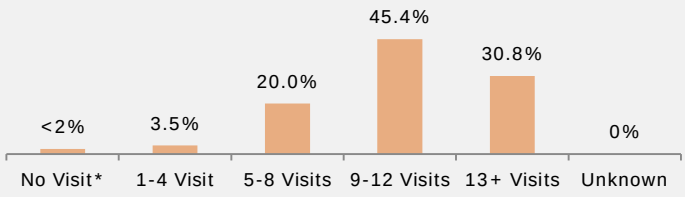
WIC Enrollment	'12	'13	'14	'15
WIC Enrolled/ Participants Women	74	86	75	76
WIC Enrolled/Participants Children 0-4	161	160	171	139

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

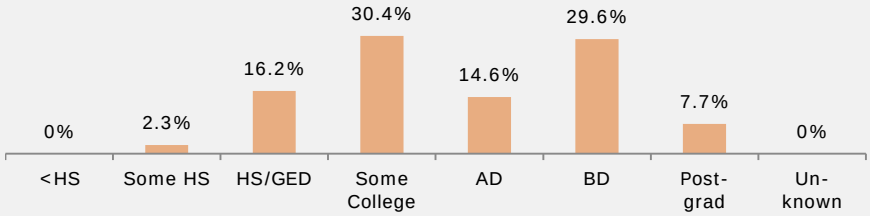
MATERNAL HEALTH 2014

Maternal Health	Number	Percent
Teen Mothers	6	2.3%
Low Birth Weight	23	8.8%
High School Dropout Rate		1.8%

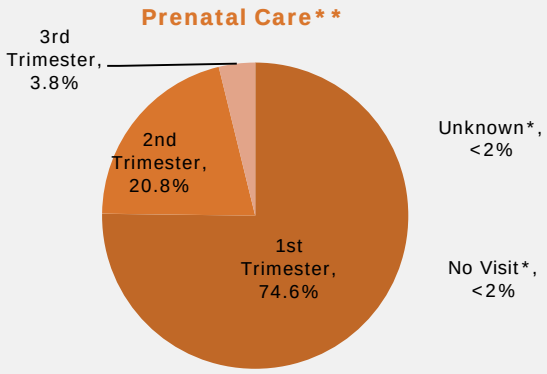
Prenatal Visits



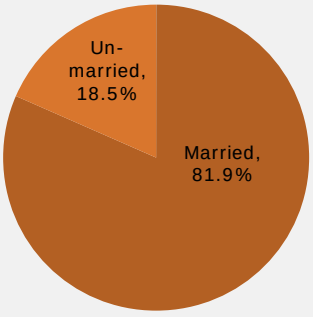
Mother's Education

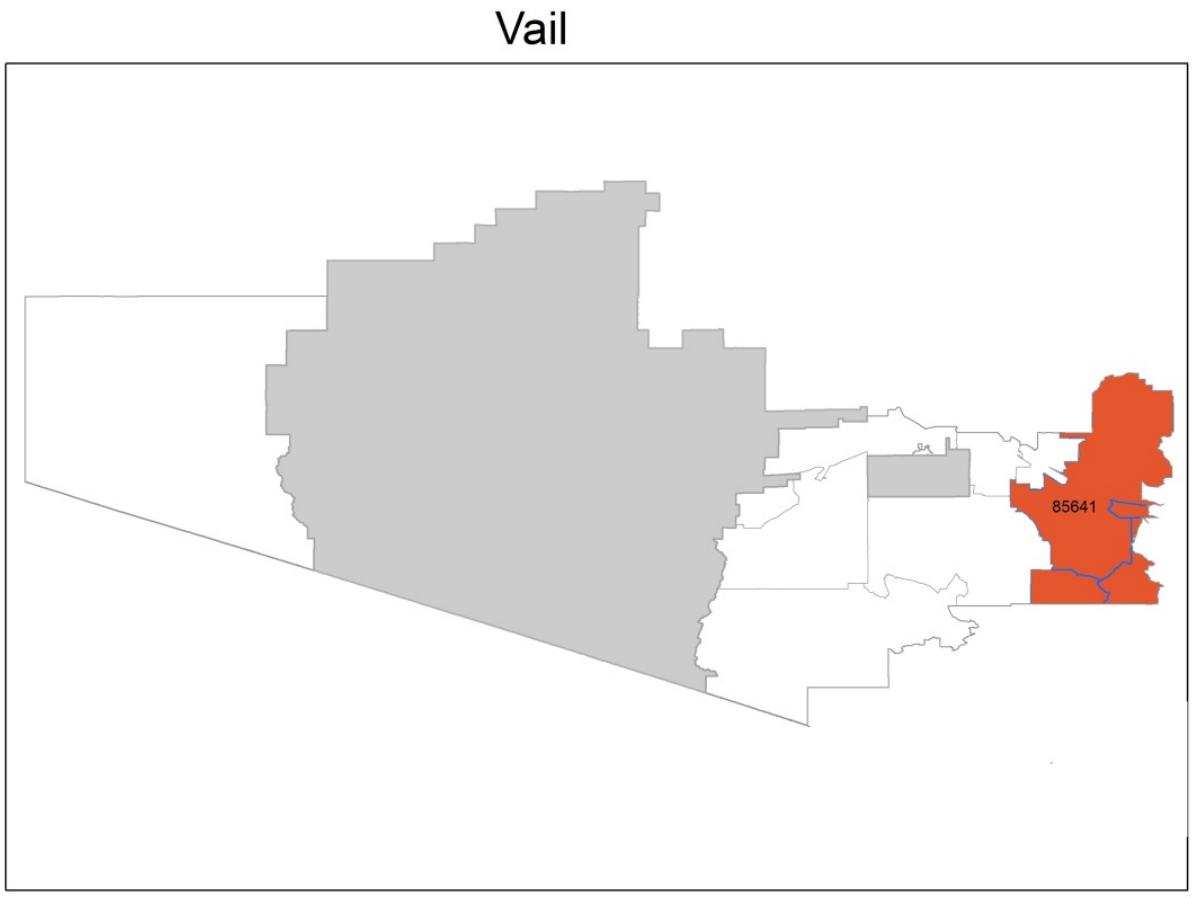


Prenatal Care**



Marital Status



Arizona Department of Health Services (2014). Vital Statistics. Provided by AZ FTF.
* Data supressed; Non-zero count less than 6
**As of 2014, the new version of the Birth Certificate has introduced major changes in the way prenatal care by trimester is assessed. Month when the 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

Vail Map