



# FIRST THINGS FIRST

Santa Cruz



## 2018 NEEDS AND ASSETS REPORT

**SANTA CRUZ**  
**REGIONAL PARTNERSHIP COUNCIL**  
**2018**  
**NEEDS AND ASSETS REPORT**

Prepared by

Community Research, Evaluation, and Development (CRED)  
John and Doris Norton School of Family and Consumer Sciences  
College of Agriculture and Life Sciences  
University of Arizona

Funded by

First Things First Santa Cruz Regional Partnership Council

# Letter from the Chair

January 17, 2018

## Message from the Chair:

Since the inception of First Things First, the Santa Cruz 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.

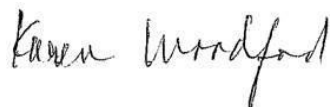
The Santa Cruz Regional Council would like to thank our Needs and Assets vendor, Community Research, Evaluation, and Development (CRED), John and Doris Norton School of Family and Consumer Sciences, College of Agriculture and Life Sciences, University of Arizona, for their knowledge, expertise and analysis of the Santa Cruz 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 Santa Cruz 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,

A handwritten signature in cursive script, reading "Karen Woodford".

Karen Woodford, Chair

# Santa Cruz Regional Partnership Council

1740 North Mastick Way Suite C  
Nogales, Arizona 85621  
Phone: 520.761.3012  
Fax: 520.761.3032

Karen Woodford, Chair

William Kirkpatrick, Vice Chair

Chris Ciruli

Danna Gallardo

Erika Garcia

Dr. Melisa Lunderville

J. Patrick Maitrejean

Karen Rovang

David Verdugo

Report Prepared by:

Community Research, Evaluation, and Development (CRED)

John and Doris Norton School of Family and Consumer Sciences  
College of Agriculture and Life Sciences  
University of Arizona

PO Box 210078  
Tucson, Arizona 85721-0078

# 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 Cruz 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 Santa Cruz 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 Santa Cruz region. This information may also be useful to stakeholders in our area as they work to enhance the resources available to young children and their families and as they make decisions about how best to support children birth to 5 years old in our area.

## **Acknowledgments:**

We want to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, the Arizona Department of Health Services, the Arizona Department of Education, the Census Bureau, the Arizona Department of Administration- Employment and Population Statistics, and the Arizona Health Care Cost Containment System for their contributions of data for this report, and their ongoing support and partnership with First Things First on behalf of young children.

We also want to thank parents and caregivers, local service providers, members of the public who have attended Regional Council meetings and voiced their opinions, and all of the organizations that are working to transform the vision of the Regional Council into concrete programs and services for children and families in the Santa Cruz region. We are particularly grateful to the following local organizations for their work within our community: Child & Family Resources, Inc.; Mariposa Community Health Center; University of Arizona Cooperative Extension Santa Cruz; Nogales Unified School District; Patagonia Elementary School District No. 6; Santa Cruz Valley Unified School District #35; and the Santa Cruz County Superintendent of Schools.

To the current and past members of the Santa Cruz 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

## Population Characteristics

According to 2010 the U.S. Census, 4,416 children under the age of six reside in the Santa Cruz Region, and nearly 1 of every 10 residents is a young child. Compared to the rest of the state, the population of young children in Santa Cruz has grown more slowly, and the proportion of residents who are young children is expected to decline in the coming years as the elderly population in the county increases. Nearly all (94%) of young children in the Santa Cruz Region are Hispanic or Latino, and 6 percent are white.

About one out of every five (21%) households in the Santa Cruz Region has at least one child under 6 years old. According to the American Community Survey (ACS), 48 percent of children in the Santa Cruz Region live with a single parent, which is higher than the proportion statewide (38%). About 8 percent of children ages 0 to 5 in the Santa Cruz Region are in kinship or other family arrangements, with extended families, friends, and other non-relatives caring for them. Among the estimated 1,686 children ages 0 to 17 living with grandparents in the Santa Cruz Region, 55 percent live with a grandparent who has assumed responsibility for the child, regardless of whether the parent also lives in the household. Grandparents raising grandchildren in the Santa Cruz Region are more likely to be female (58%) and are relatively young; the majority (56%) are under age 60.

Fewer than a quarter (23%) of Santa Cruz Region residents age 5 and older speak English at home, with Spanish (76%) being the most common home language. Forty-seven percent of the region's residents are proficient in both English and Spanish; that is, they speak Spanish at home but also speak English "very well." Among grandparents responsible for grandchildren, 45% report speaking English less than "very well." Grandparents caring for grandchildren in the region may especially need language supports and bilingual materials to access resources in the region.

## Economic Circumstances

The median income for all families –including those without children – in the Santa Cruz Region is \$43,174; this is lower than the state median income of \$59,088. The median income for families with married parents and children under age 18 is higher (\$56,242), whereas the median income for single-parent families is less than half of the overall median income. For grandparents who are responsible for their grandchildren, the median family income is also low (\$27,727), although families participating in a foster care arrangement may be eligible for additional financial supports.

As suggested by the relatively low incomes, poverty is a concern for many families in the region. The percentage of the population aged 0-5 in poverty in the Santa Cruz Region (33%) is higher than the total population in the region in poverty (24%), and also higher than the population of children aged 0-5 living in poverty across the state (29%). One third of grandparents raising grandchildren live in poverty. In addition to the families whose incomes fall below the federal poverty level, a large proportion of households in the region and county are considered low-income (i.e., near but not below the federal poverty level (FPL)). Almost two-thirds of families (64%) in the region with children aged four and under live below 185 percent of the FPL (i.e., earned less than \$3,677 a month for a family of four).

Santa Cruz was slower to recover from the Great Recession than the state overall; unemployment rates finally began a noticeable decline in 2014. Additionally, unemployment rates in Santa Cruz County have consistently been nearly double the state's, and numerous key informants expressed concerns about the challenges around finding employment in the region, especially for young people. Over half (60%) of young children in the region live in a home where all the parents participate in the labor force. About 11 percent of children are in homes where no parent is participating in the labor force, which is the same as the statewide rate.

Related to economic struggles, 12 percent of the population in the Santa Cruz Region is estimated to be food insecure, which is lower than across the state as a whole (17%). Twenty eight percent of children (those under 18 years old) are food insecure, and an estimated 82 percent of food insecure children in the region are likely to be income-eligible for federal nutrition assistance. This is reflected in the high rates of participation in WIC and school meal programs in the region. Although the number of young children participating in Supplemental Nutrition Assistance Program (SNAP) has declined since 2012, this program still supports over 2,600 children in the Santa Cruz Region annually. WIC participation has also declined slightly but still serves the vast majority of the population of infants and children (85% in 2015). About three-quarters (77-78%) of students in the Santa Cruz Region have been eligible for free or reduced-price lunch since 2012. At the same time, the percent across the state has hovered around 57-58 percent.

Another indicator of economic hardship is limited transportation access. Whereas most households in the northern part of the county have access to a vehicle, in parts of Nogales, as many as one in every three households lacks vehicle access. Numerous key informants in Rio Rico and Nogales mentioned transportation as a significant problem for the region, one that limited residents' ability to access services such as prenatal care.

### **Educational Indicators**

There are three schools in the Santa Cruz Region that offer pre-kindergarten programs; these schools enroll 90 children. There are nearly 3,000 students enrolled in kindergarten through third grade in the Santa Cruz Region. Of these, 867 (29%) are classified as English Language Learners across the region as a whole; this is nearly triple the rate in Arizona as whole (10%).

In the 2014-2015 school year, 39 percent of Santa Cruz Region students attained proficient or highly proficient scores on the third grade AzMERIT math assessment, which was a slightly lower passing rate than across Arizona as a whole (42%). Performance on the English Language Arts (ELA) test was lower, with 32 percent of Santa Cruz students demonstrating proficiency, compared to 40 percent across the state. Note that English language learners are exempt from AzMERIT, and given the abundance of these students in Nogales and charter schools, there are likely many more students struggling with English language arts than are reflected here.

In addition to challenges around standardized testing, rates of chronic absences for students in grades 1-3 have been higher in 2014 (42%) and 2015 (46%) in the Santa Cruz Region than in the state as a whole (34% and 36%, respectively). Chronically absent students were especially problematic in 2015 in Sonoita Elementary District (60%).

The Santa Cruz Region contains nine public and charter high schools and alternative schools. The high school drop-out rate in Santa Cruz Region (2.2% in 2015) has consistently been slightly lower than the



state rate of 3 to 4 percent. As another positive, four-year graduation rates in the Santa Cruz Region have been rising and have been consistently higher than in Arizona as a whole.

### **Early Learning**

In 2015-2016, there were 60 registered child care providers in the Santa Cruz Region, approved to serve up to 1,159 children, meaning that there are likely to be between two and seven young children for each available child care slot in the region. According to data from the American Community Survey, 19 percent of children in the Santa Cruz Region aged 3 and 4 were enrolled in preschool or kindergarten, meaning that relatively fewer participate compared to children statewide (36%). Most child care providers (exclusive of Head Start, ADE preschools and Quality First Programs) are classified as family child care providers (n=37); 20 percent are child care centers (n=9). Five providers are participating in the Quality First program as of June 2016; three of these are center-based providers, two are home-based, and most (n=4, 80%) have a 3-star rating, indicating they are meeting or exceeding quality standards.

Families in Santa Cruz are paying a slightly higher proportion (16-18%, depending on the child's age) of their overall income for a child care slot compared to other families statewide. To avoid being overburdened, the Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care. Key informants also noted that many Santa Cruz families take advantage of hiring relatively affordable nannies who can live in Mexico but who are able to work in the United States. Key informants noted that grandparents and relatives play an important role as child care providers as well. These care providers are typically unpaid.

In 2015, 68 children ages 0 to 2 were served through AzEIP (Table 66). Based on the 2010 population estimates for children 0 to 2, this means that Arizona Early Intervention Program (AzEIP) services, designed to prevent and address developmental delays, are used by approximately 3 percent of children. Research suggests that about 13 percent of children would typically qualify for early intervention services, which may mean that over 200 young children in Santa Cruz who would benefit from services are not receiving them. A key informant stated that there were very limited rehabilitation services in Santa Cruz; for example, the waiting list for speech therapy was 10 months long and pediatric occupational therapists are basically non-existent. A key informant also shared that families reported having trouble with AzEIP, including scheduling troubles. In the Santa Cruz Region, the Division of Developmental Disabilities (DDD) serves fewer than 50 children annually (<25 ages 0 to 2 and <25 ages 3-5). The Head Start, Early Head Start, and public preschool programs are also supporting children who have disabilities. As of 2015, there were 51 preschoolers in special education and 43 students with an Individualized Education Program (IEP) in Head Start. At the elementary school level, 8 percent of Santa Cruz Region students are considered to have special needs, compared to 10 percent statewide.

### **Child Health**

A key factor in health care is health insurance, and 13 percent of young children ages 0 to 5 in the region were estimated to be uninsured, along with 20 percent of the total population in the Santa Cruz Region. Mariposa Community Health Center also offers the Mariposa Plan, which allows Santa Cruz residents who fall below 250 percent of the federal poverty level to pay for deeply discounted care on a

sliding scale. Children in foster families, including kinship foster families, are automatically covered through the Comprehensive Medical and Dental Program (CMDP).

In 2014, 589 babies were born to mothers living in the Santa Cruz Region. As a proportion of all women giving birth, teen mothers, or mothers under age 20, make up 13 percent of the births in Santa Cruz County, compared to only 8 percent statewide. Young teen mothers (ages 17 and younger) are also more prevalent in Santa Cruz, where they make up 5 percent of the population of new mothers, compared to 2 percent statewide Figure 33. However, teen birth rates have generally been declining both in Santa Cruz and across the state for about a decade. Santa Cruz has seen an especially sharp decline in the birth rate among older teens (ages 18-19) in recent years. In 2014, there were 76 babies born to women under age 20. The majority of these (61%) were to women ages 18 and 19, none were to women younger than 15.

Of the mothers who gave birth in the Santa Cruz Region in 2014, the majority (92%) were Hispanic or Latina. Of the remaining mothers giving birth, 7 percent were White, non-Hispanic and one percent identified as American Indian or Alaska Native. New mothers in the Santa Cruz Region had somewhat lower educational attainment than mothers statewide; 30 percent had high school education or less (20% statewide) and 15 percent had attained a bachelor's degree or more (23% statewide). A little over half (51%) of mothers were not married (compared to the state rate of 45%) and the rate of teen mothers in the region was higher (13%) than that of the state (8%). A lower proportion of mothers in the Santa Cruz Region reported smoking (1%) than across the state (5%). Another aspect of maternal health that is linked to both birth outcomes and a child's subsequent health is maternal obesity, and among women who participate in WIC, 58 percent had overweight or obesity before becoming pregnant.

In 2014, 55.8 percent of pregnant women in the region obtained prenatal care during the first trimester, and a high proportion of mothers (21%) in the Santa Cruz region received fewer than five prenatal care visits, which is more than 3 times the statewide proportion (6%). Young mothers participating in the Mariposa Maternal and Child Health program had even lower rates of prenatal care beginning in the first trimester. Among these women, only about one-third (35%) started prenatal care early in their pregnancy.

With regard to perinatal health, babies in the Santa Cruz Region are doing well compared to babies statewide. In the Santa Cruz Region in 2014, 6.3 percent of babies were born with a low birth weight (compared to the 7% state rate) and 8 percent were premature (9% statewide). In the Santa Cruz Region, the proportion of WIC enrolled infants who were ever breastfed increased steadily from 2012 to 2015; this is an area in which the region is excelling. Santa Cruz WIC does have an International Board Certified Lactation Consultant (IBCLC) available to support mothers.

While immunization rates vary by vaccine, nearly all children in child care in the Santa Cruz Region had completed each of the three major (DTAP, polio, and MMR) vaccine series; the regional and county rates were higher than those of the state. Although the rate of personal exemptions among kindergarteners (1.1%) was over twice that of children in child care (0.5%), both rates were well below exemption rates statewide. Children in kindergarten were also well-covered by vaccines, and this represents a more thorough sample of children in the region, suggesting that coverage rates are good overall. The region's rates of vaccine coverage for kindergarteners surpassed those at the county and state level.

One aspect of child health does present a challenge for the Santa Cruz Region: childhood obesity. Healthy People 2020 has set a goal of no more than 9.4 percent of children having obesity. Among children participating in WIC in Santa Cruz, 12 percent have obesity and an additional 12 percent have overweight.

### **Family Support and Literacy**

The Santa Cruz Region offers several parenting resources for families. Health Start and Healthy Start, run through the Mariposa Community Health Center, target low-income pregnant women and their children up to age two through home visitation to provide education and support. Child and Family Resources also provides home visitation to expecting and new mothers. Mariposa additionally runs a Family Learning Center, which offer a range of classes including English and citizenship classes and provides child care for families while adults are in classes. The University of Arizona Cooperative Extension runs three Family Resource Centers throughout the region – one in Nogales, one in Rio Rico, and one in Patagonia.

From April 1–September 30, 2016, 118 reports of abuse and neglect were received for Santa Cruz County. During that same period, 11 reports resulted in a removal from the home (which was representative of all children, not just those aged birth to 5.) DCS prioritizes placing children with kin, i.e., extended family, whenever possible. A key informant noted that as of July 31, 2016, there were 37 children in kinship foster homes in Santa Cruz, representing 71 percent of all children in out-of-home care. Forty-three percent of these children in kinship foster care were under age 6. These children were spread across 19 different kinship care providers, meaning that most care providers had taken in multiple children. A key informant noted that DCS in the Santa Cruz Region does very well moving children into permanency within 24 months.

This report also includes in-depth information from pregnant and parenting teens living in Santa Cruz. They described using numerous resources as they navigated pregnancy and parenthood including their own families, Mariposa Community Health Center, Family Resource Centers, and social support programs such as WIC and SNAP. A recurrent theme was the importance of parent support. Young parents almost always relied on families for some form of support, whether it was emotional support, guidance about navigating pregnancy and parenthood, child care, or providing a home for the teen and the child. Many of the challenges of parenting as a teenager are the challenges of being a parent (e.g., exhaustion), but several concerns are specific to either their experiences as teens or as residents of a border community.

In addition to highlighting the experiences of pregnant and parenting teens, this report also highlights the experiences and needs of kinship caregivers. Compared to the major metropolitan areas of Tucson and Phoenix, there are relatively few resources in Santa Cruz specifically designed to support kinship caregivers. However, there are numerous programs that can benefit these families, including a strong Court Appointed Special Advocates (CASA) program and Baby Steps (a court team specifically focused on the needs of infants and toddlers).

Behavioral health is a concern for many families, especially those children with disrupted family situations. More children ages 0 to 5 received behavioral health services in the Santa Cruz Region in 2015 (89) than in 2012 (78). This represents roughly 6 percent of young children in poverty in the Santa Cruz Region (compared to about 9 percent of young children in poverty receiving services statewide).

It is estimated that about 13 percent of low-income children aged 6 to 11 years old covered by Medicaid have mental health problems, suggesting that although there is improving coverage in the Santa Cruz Region, there may be an unmet need for services for about 100 additional young children.

### **Communication, Public Information, and Awareness**

Since state fiscal year 2011, First Things First has led a collaborative, concerted effort to build public awareness and support across Arizona. 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. Participants 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. In addition, FTF sends emails to all policymakers providing information on the impact of early childhood investments and also has instituted a quarterly email newsletter for policymakers and their staff with the latest news regarding early childhood. 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.

### **System Coordination**

Members of the Early Childhood System in the Santa Cruz Region are engaging as participants, partners, and leaders, and collaborating through numerous successful partnerships. A coalition known as "Birth to Five Partners" brings together key stakeholders in the Santa Cruz Region to support the region's commitment to early childhood. Partnerships in the region span local service providers (i.e., Mariposa Community Health Center, libraries), state agencies (i.e., FTF, ADE, DES), school districts, and non-profits (i.e., Easterseals Blake Foundation), among others.

The majority of respondents to the FTF Coordination and Collaboration Survey reported that the early childhood system in Santa Cruz Region effectively addresses the needs of young children and their families across the four key areas of early learning, family support and literacy, child health, and professional development. A large majority of respondents (85%) agreed that both early learning and family support and literacy needs are effectively addressed by the system in the region. A majority also agreed that children's health needs were effectively addressed (75%) and felt the professional development system is effective (70%).

# 2018 NEEDS AND ASSETS REPORT

## About this Report

The data contained in this report come from a variety of sources. Some data were provided to First Things First by state agencies, such as the Arizona Department of Economic Security (DES), the Arizona Department of Education (ADE), and the Arizona Department of Health Services (ADHS). Other data were obtained from publically available sources, including the 2010 U.S. Census, the American Community Survey (ACS), the Arizona Department of Administration (ADOA), and the Arizona Department of Child Safety (DCS). Additionally, regional data from local agencies and the 2012 First Things First Family and Community Survey have been included where available and relevant. The System Coordination Among Early Childhood Programs and Services section is comprised of data from a Coordination and Collaboration Survey conducted by First Things First in 2016. Throughout the report, information from key informants and additional data gathered for this report from primary sources in the region are noted accordingly. Not all data will be available at a First Things First (FTF) regional level because not all data sources analyze their data based on FTF regional boundaries. When regional data are unavailable, this will be noted by N/A.

This report follows the First Things First Data Dissemination and Suppression Guidelines. Throughout this report, suppressed counts will appear as either <10 or <25 in data tables, and percentages that could easily be converted to suppressed counts will appear as **DS** (data suppressed). The signifier **N/A** indicates where data is not available for a particular geography. Please also note that some data, such as that from the American Community Survey, are estimates that may be less precise for small areas. For more detailed information on data sources, methodology, suppression guidelines, and limitation, please see Appendix 4.

For the 2018 cycle, the Regional Partnership Council identified the following topics as priority areas. These topics were a focus of a Data Interpretation Session held in the fall of 2016, and additional information and data are included on these topics throughout the different sections of this report.

- **Pregnant and parenting teens** and their young children
- Grandparents raising grandchildren and other **kinship-care** families
- Access to and utilization of **high quality early care and education** by families with young children across the region

## Description of the Region

The First Things First regional boundaries were initially established in 2007, creating 31 regions which were designed to (a) reflect the view of families in terms of where they access services, (b) coincide with existing boundaries or service areas of organizations providing early childhood services, (c) maximize the ability to collaborate with service systems and local governments, and facilitate the ability to convene a Regional Partnership Council, and (d) allow for the collection of demographic and indicator data. The regional boundaries are reviewed every two years. In fiscal year 2015, the

boundaries were modified using census blocks, creating 28 regions. This report uses the 2015 definition of the regional boundaries.

The First Things First Santa Cruz Region covers almost all of Santa Cruz County. The area surrounding the Amado community in the northwestern corner of the county is assigned to the Pima South Region. Santa Cruz County is the smallest county in the state of Arizona. Situated in the Sonoran desert of Southeast Arizona, Santa Cruz County and the Santa Cruz Region are home to six communities: Nogales, Patagonia, Rio Rico, Sonoita, Elgin, and Tubac. Nogales is the county seat and is one of the largest ports of entry between Mexico and the United States. The region contains many tourist attractions, including numerous state and historic parks which highlight the region's natural beauty and rich cultural history, as well as the vineyards of Sonoita and Elgin, which are known as "Arizona's Wine Country," and the art galleries of Tubac, which have attracted national acclaim.

Figure 1 shows the geographical area covered by the Santa Cruz Region

Because communities may vary in terms of needs and assets, the Santa Cruz Regional Partnership Council requested that data be analyzed and reported at a sub-regional level in order to provide a more complete picture of the region. Dividing the region in sub-regions helps the Council target strategies to use resources effectively and efficiently. Seven sub-regions within the Santa Cruz Region were identified by the Regional Partnership Council and Director as focus areas.

The **Elgin** sub-region is defined as the southwestern portion 85611 zip code that lies within Santa Cruz County. It contains the Census Designated Place (CDP) of Elgin.

The **Nogales** sub-region encompasses the entirety of the 85621 zip code and contains the city of Nogales and the CDP of Kino Springs. This area is the most populous in the region in terms of both overall population and the population of young children.

The **Patagonia** sub-region encompasses the entirety of the 85624 zip code and contains the town of Patagonia as well as the unincorporated community of Harshaw.

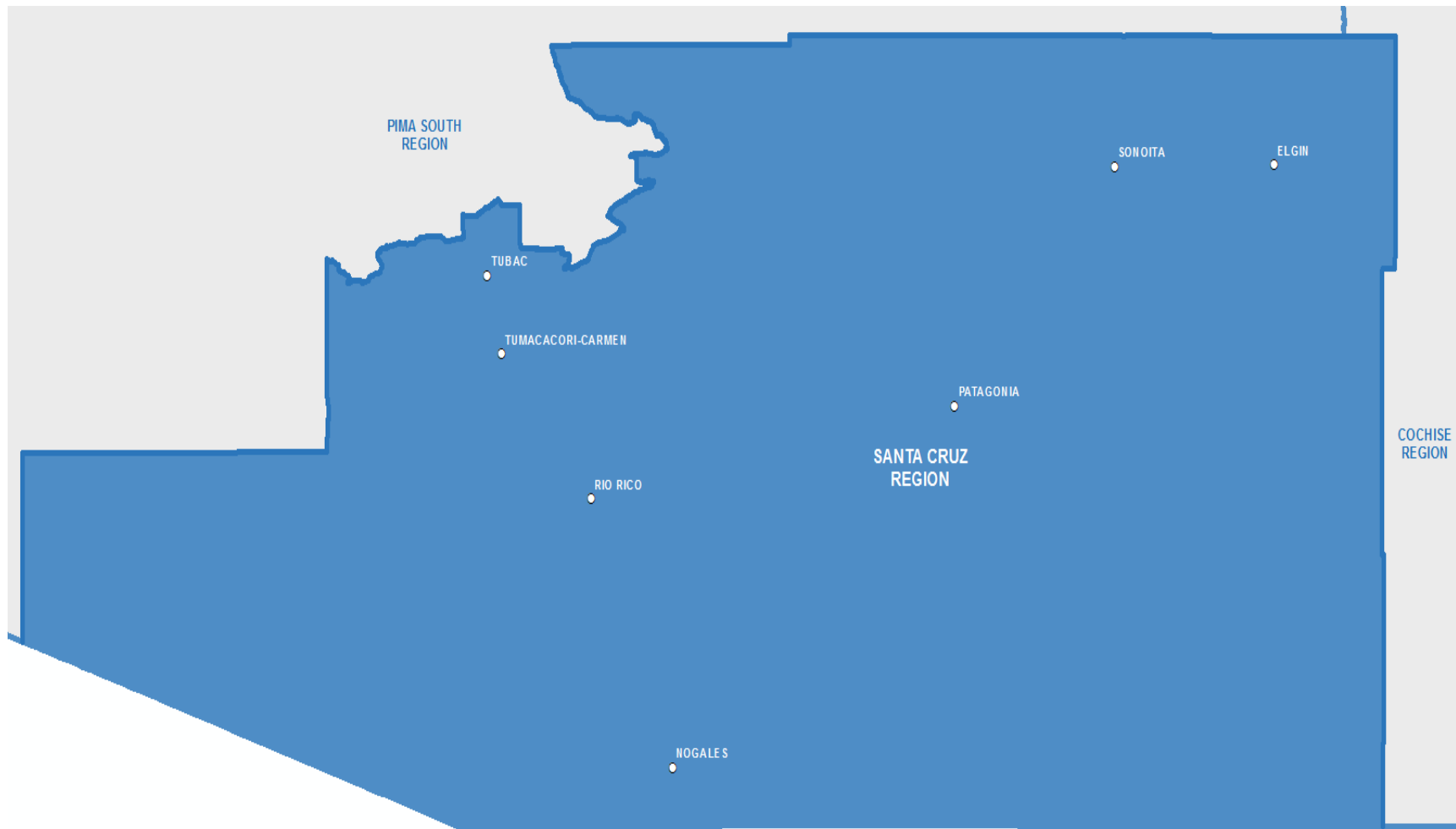
The **Rio Rico** sub-region is defined as the whole 85648 zip code and contains the Rio Rico CDP.

The **Sonoita** sub-region is defined as the southernmost portion of the 85637 zip code that lies within Santa Cruz County. It contains the Sonoita CDP.

The **Tubac** sub-region covers all of the 85646 zip code and contains the Tubac CDP.

The **Tumacacori** sub-region is the smallest area within the region, encompassing the 85640 zip code and containing the Tumacacori-Carmen CDP.

Figure 1. The Santa Cruz First Things First Region



Source: First Things First (2016).





## POPULATION CHARACTERISTICS

## Why Population Characteristics Matter

Knowing the characteristics of families living within a region, and how they change over time, is important for understanding the resources and supports needed by those families.<sup>1</sup> The number of young children and families in a region, their ethnic composition, and the languages they speak can influence the type and location of services within a region such as schools, health care facilities and services, and social services and programs. Some families, such as migrant farmworkers and recently arrived refugees, may have distinct needs for their young children. Accurate and up-to-date information about population characteristics such as these can lead to the development or continuation of relevant resources and assure that they align with the needs of families in the region. Appropriately locating resources and services can support positive child outcomes. Disparities in access to jobs, food resources, schools, health care facilities and providers, and social services have been associated with a number of poor outcomes for children including infant mortality, obesity, and health insurance coverage, among others.<sup>2</sup>

An understanding of the supports and resources *within* a family is another key to helping young children achieve the best possible developmental outcomes.<sup>3,4</sup> Many families, especially those in immigrant communities, live in multigenerational households. In addition to multigenerational households, children living with and being cared for by someone other than their parents, such as relatives or close friends, is known as **kinship care** and is increasingly common.<sup>5</sup> Children living in kinship care can arrive in those situations for a variety of reasons including a parent's absence for work, military service, chronic illness, or incarceration, or due to teenage pregnancy, mental illness, extreme poverty, abuse, neglect, or homelessness, among others. Scholars suggest that Latino family networks are especially strong and employ a particularly broad definition of family, including those who are not blood relatives.<sup>6</sup> Formal kinship care typically happens as a result of involvement with the child welfare system (see Child Welfare Section, below), but informal kinship care is initiated by families and can take many different forms. Scholars estimate that DCS-involved children only represent about 13 percent of kinship care families; many more caregivers step into this role informally, without the involvement of DCS.<sup>7</sup> In this report, the kith and kin caregivers sections will include information about multiple types families making use of kinship caregivers: (1) as defined above, and (2) families where parents are present and involved

### Grandparents Raising Grandchildren

Kinship care is a term used for children living with and being cared for by someone other than their parents, such as relatives or close friends. This practice is also referred to as grandfamilies, kith and kin care, and kinship foster families. These relationships can be as formal as adoption or as informal as a temporary arrangement while a young mother finishes her degree. In addition to this significant level of responsibility, this report includes grandparents who may live with both their child and their grandchild in multigenerational homes, as well as grandparents and other relatives who live apart from the children but who see them on a regular basis to provide child care in the sections focused on “kith and kin care.” While much of the data focus on grandparents in particular, it is important to acknowledge the range of family members – from siblings, aunts and uncles, godparents, and more – who are involved in raising children in Santa Cruz.

but where grandparents or other relatives are additionally involved in childrearing, as day time child care providers, for example. Caring for young children may pose a particular challenge for aging grandparents, as they often lack information on resources, support services, benefits, and policies available to aid in their caregiving role.<sup>8</sup> However, caregivers in this role also report benefits to themselves, including a sense of pride in their ability to provide a loving home.<sup>9</sup> Understanding the makeup of families in a region can help better prepare child care, school and agency staff to engage with diverse families in ways that support positive interactions with staff and within families to enhance each child's early learning.<sup>10</sup>

Recognizing variations in regional language use and proficiency is also important to ensuring appropriate access to services and resources and identifying needed supports. Mastery of the language spoken in the home is related to school readiness and academic achievement.<sup>11</sup> Those children who engage in dual language learning have cognitive, social-emotional and learning benefits in early school and throughout their lifetimes.<sup>12</sup> Although dual language learning is an asset, some children come from limited English speaking households (that is, a household where none of the adult members speak English very well). Language barriers for these families can limit access to health care and social services, and can provide challenges to communication between parents and teachers, doctors and other providers, which can affect the quality of services children receive.<sup>13</sup> Assuring that early childhood resources and services are available in a language accessible to the child and caregivers is essential.

## What the Data Tell Us

### Demographics

According to the U.S. Census, 4,416 children under the age of six reside in the Santa Cruz Region (Table 1). Overall, the region's population was 47,084 in 2010, meaning that nearly 1 of every 10 residents is a young child (Table 3). This ranged from a low of 2 percent of young children living in Tubac, to a high of 10 percent of young children living in Nogales and Rio Rico.

The overall increase from 2000 to 2010 in the young child population in the county (10%) was smaller than the state of Arizona's increase (19%) (Table 2). Compared to the rest of the state, the population of young children in Santa Cruz has grown more slowly. According to the Arizona Department of Administration, the population of young children in Santa Cruz County was expected to reach a peak of 4,344 in 2030 and then decline by a few hundred by 2040 (Table 4). Meanwhile, the overall population size in the county is projected to grow steadily into 2040 (Table 5). Table 6 provides a breakdown of the projected growth by age group; population growth for those under age 30 in Santa Cruz County is much slower than it is across the state. The proportion of residents who are young children is expected to decline in the coming years as the elderly population in the county increases (Figure 2). This may have repercussions for community support of investments in early childhood programs.

Nearly all (94%) of young children in the Santa Cruz Region are Hispanic or Latino and 6 percent are white (Figure 3; Table 7). This is a much higher percentage of Latino children than across the state of Arizona (45%). Within the region, certain sub-regions have a substantially lower proportion of Latino children. Nogales and Rio Rico are predominately Latino, and the majority of children in Tumacacori and Patagonia are Latino, but only about a quarter of children in Elgin and Sonoita are Latino (Figure

4). Compared to children, a smaller proportion of adults (those aged 18 and older) identify as Hispanic or Latino across both the region and state. However, still a much higher proportion of adults (those aged 18 and older) in the Santa Cruz Region identify as Hispanic or Latino (78%) than in the state (25%) (Table 8); a far lower proportion of adults in Santa Cruz identifies as White.

Table 1. Population of Young Children (Ages 0 to 5) in the 2010 Census

	Ages 0-5	Age 0	Age 1	Age 2	Age 3	Age 4	Age 5
Santa Cruz Region	4,416	705	749	731	725	750	756
Elgin	36	4	7	7	3	9	6
Nogales	2,240	341	383	374	357	393	392
Patagonia	80	12	14	16	14	14	10
Rio Rico	1,976	332	329	320	332	327	336
Sonoita	30	4	4	8	8	3	3
Tubac	29	6	8	3	6	1	5
Tumacacori	25	6	4	3	5	3	4
Santa Cruz County	4,435	708	753	735	727	753	759
ARIZONA	546,609	87,557	89,746	93,216	93,880	91,316	90,894

Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14

Table 2. Change in Population of Young Children (Ages 0 to 5), 2000 to 2010 Census

	Number of children (ages 0-5) in 2000 Census	Number of children (ages 0-5) in 2010 Census	Percent change in population (ages 0-5), 2000 to 2010
Santa Cruz Region	N/A	4,416	N/A
Santa Cruz County	4,027	4,435	10%
ARIZONA	459,141	546,609	19%

Source: U.S. Census Bureau (2000). 2000 Decennial Census, SF 1, Table P014

Table 3. Population (All Ages) in the 2010 Census

	All ages	Ages 0 to 5	Children (ages 0-5) as a percentage of the total population
Santa Cruz Region	47,084	4,416	9%
Elgin	772	36	5%
Nogales	23,054	2,240	10%
Patagonia	1,430	80	6%
Rio Rico	19,080	1,976	10%
Sonoita	1,054	30	3%
Tubac	1,253	29	2%
Tumacacori	441	25	6%
Santa Cruz County	47,420	4,435	9%
ARIZONA	6,392,017	546,609	9%

Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P1

Table 4. Projected Population (Ages 0 to 5), 2015 to 2040

	2015	2020	2025	2030	2035	2040
Santa Cruz Region						
Santa Cruz County	3,980	3,956	4,220	4,344	4,305	4,183
ARIZONA	522,213	556,443	603,660	648,746	681,380	705,102

Source: Arizona Department of Administration, Employment and Population Statistics (2015). State and county population projections (medium series).

Table 5. Projected Population (All Ages), 2015 to 2040

	2015	2020	2025	2030	2035	2040
Santa Cruz Region						
Santa Cruz County	50,270	53,903	57,404	60,677	63,629	66,157
ARIZONA	6,758,251	7,346,787	7,944,753	8,535,913	9,128,899	9,706,815

Source: Arizona Department of Administration, Employment and Population Statistics (2015). State and county population projections (medium series).

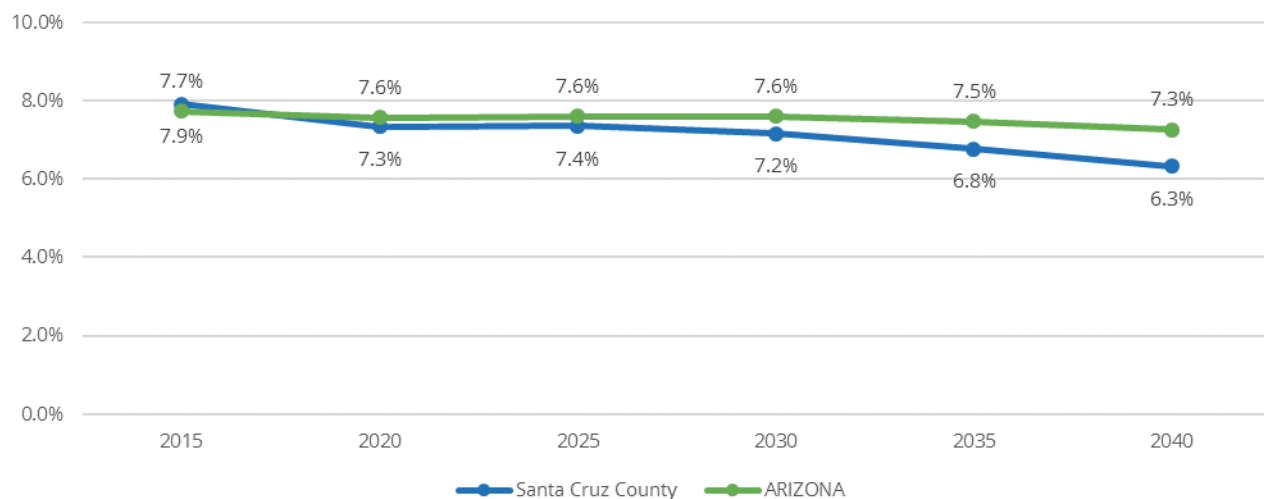
Table 6. Projected Population (All Ages), 2015 to 2040

	Santa Cruz			Arizona		
AGE GROUP	Projected Population 2015	Projected Population 2050	Change	Projected Population 2015	Projected Population 2050	Change
0-4	3,256	3,372	4%	433,856	631,915	46%
5-9	3,826	3,595	-6%	463,281	631,724	36%
10-14	4,214	4,013	-5%	466,855	643,446	38%
15-19	4,104	3,989	-3%	486,315	688,560	42%
20-24	3,048	3,045	0%	495,385	713,103	44%
25-29	2,942	3,465	18%	435,501	685,760	57%
30-34	2,505	3,550	42%	443,860	667,308	50%
35-39	2,620	3,714	42%	422,868	654,705	55%
40-44	2,986	4,396	47%	420,649	693,352	65%
45-49	3,070	4,778	56%	409,656	679,730	66%
50-54	3,312	5,074	53%	429,421	648,917	51%
55-59	3,374	4,823	43%	418,199	610,617	46%
60-64	3,083	4,279	39%	378,687	549,130	45%
65-69	2,714	3,633	34%	350,553	560,170	60%
70-74	2,023	3,473	72%	267,003	507,937	90%
75-79	1,430	3,394	137%	187,723	442,138	136%
80-84	915	2,884	215%	127,683	350,110	174%
85+	850	4,716	455%	120,755	462,250	283%

Source: Arizona Department of Administration, Employment and Population Statistics (2015). State and county population projections (medium series).

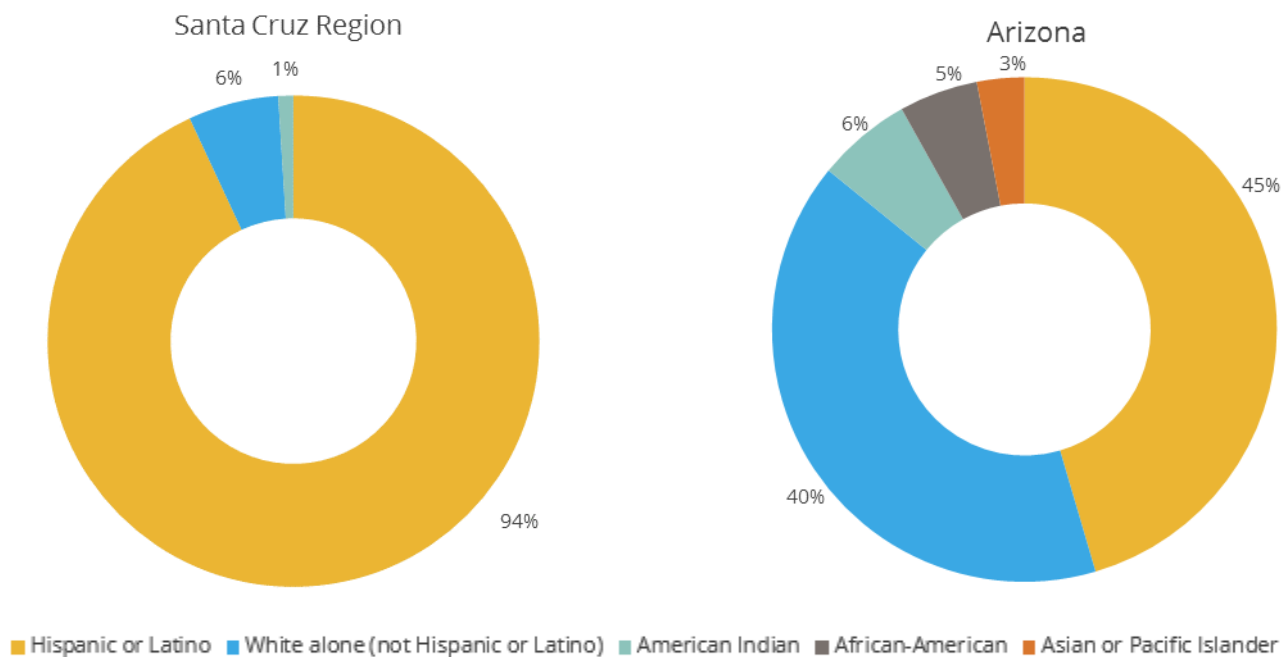


Figure 2. Population projections (% of total population that is ages 0-5)



Source: Arizona Department of Administration, Employment and Population Statistics (2015). State and county population projections (medium series).

Figure 3. Race and Ethnicity of the Population of Children (Ages 0 to 4) in Santa Cruz Region and Arizona in the 2010 Census



Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Tables P12B, P12C, P12D, P12E, P12H, and P12I

Table 7. Race and Ethnicity of the Population of Children (Ages 0 to 4) in the 2010 Census

	Population of children (ages 0-4)	Hispanic or Latino	White alone (not Hispanic or Latino)	American Indian	African-American	Asian or Pacific Islander
Santa Cruz Region	3,660	94%	6%	1%	0%	0%
Elgin	30	27%	73%	0%	0%	0%
Nogales	1,848	97%	3%	1%	1%	0%
Patagonia	70	64%	31%	1%	0%	1%
Rio Rico	1,640	95%	5%	0%	0%	0%
Sonoita	27	22%	78%	0%	0%	0%
Tubac	24	50%	46%	0%	0%	0%
Tumacacori	21	67%	24%	0%	0%	0%
Santa Cruz County	3,676	94%	6%	1%	0%	0%
ARIZONA	455,715	45%	40%	6%	5%	3%

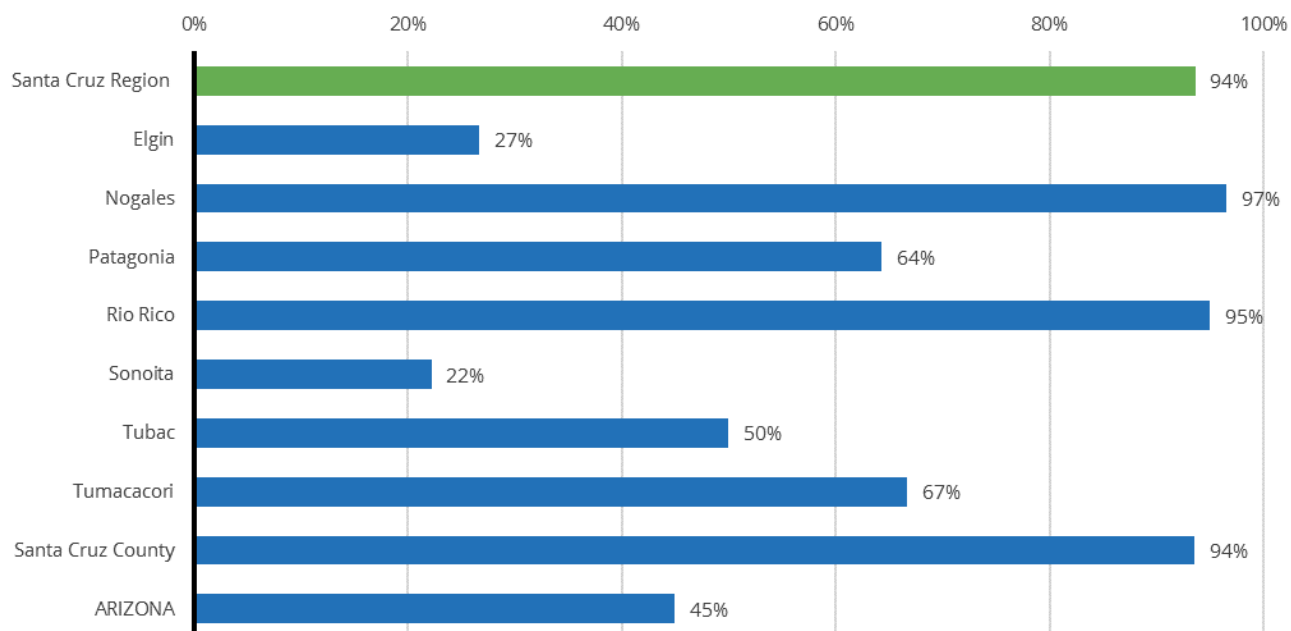
Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Tables P12B, P12C, P12D, P12E, P12H, and P12I

Table 8. Race and Ethnicity of the Adult Population (Ages 18 and Older) in the 2010 Census

	Number of persons (ages 18 and older)	Hispanic or Latino	White alone (not Hispanic or Latino)	American Indian alone (not Hispanic or Latino)	African-American alone (not Hispanic or Latino)	Asian or Pacific Islander (not Hispanic or Latino)
Santa Cruz Region	32,591	78%	20%	0%	0%	1%
Elgin	641	13%	85%	0%	0%	0%
Nogales	15,755	92%	6%	0%	0%	1%
Patagonia	1,172	29%	69%	1%	0%	0%
Rio Rico	12,575	80%	18%	0%	0%	1%
Sonoita	909	12%	85%	1%	0%	1%
Tubac	1,170	16%	82%	0%	0%	1%
Tumacacori	369	49%	49%	1%	1%	0%
Santa Cruz County	32,860	78%	20%	0%	0%	1%
ARIZONA	4,763,003	25%	63%	4%	4%	3%

Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P11

Figure 4. Percent of Children (Ages 0 to 4) Reported to be Hispanic in the 2010 Census



Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P12H

## Living Arrangements

Based on data from the 2010 U.S. Census, in the Santa Cruz Region, one out of every five households (21%) has at least one child under 6 years old (Table 9). The largest concentration of these families are in the Nogales and Rio Rico areas, where 22 and 26 percent of households, respectively, have a young child. The Tubac area has the lowest proportion of households with young children (4%).

According to the American Community Survey (ACS), 48 percent of children in the Santa Cruz Region live with a single parent, which is higher than the proportion statewide (38%) (Figure 5), but living arrangements in the sub-regions vary dramatically. It should be noted that the ACS relies on a sample, and given how small the populations in most sub-regions are, the sub-regional data should be taken as a rough estimate, with the understanding that not all families are reflected in these data. Based on this sample, none of the young children in Tumacacori live with two married parents (Figure 6). Key informants noted that Tumacacori is home to the Avalon Gardens Ecovillage community, which may eschew traditional family structures. Also, Tumacacori is the least populated sub-region, with only 12 families with young children as of the 2010 census, so this estimate may be especially vulnerable to the experiences of just a few families. All of the young children in Tubac, Sonoita and Elgin lived with two parents. The U.S. Census Bureau has recently begun to collect data on the number of families with children (0-18) headed by same-sex parents. According to the 2010 U.S. Census, there were 37 same-sex partner households with children in Santa Cruz County.<sup>14</sup>

In the Santa Cruz Region, 48 percent of children ages 0 to 5 live with a foreign-born parent. This is nearly double than the statewide rate (27%). Despite its location on the border, the Nogales area actually has a slightly lower rate (41%); rates are highest in Sonoita (89%), Patagonia (61%), and Rio Rico (57%) (Table 10).

Table 9. Composition of Households in the 2010 Census

	Total number of households	Total number of households with child(ren) under 6 years old	Percent of households with child(ren) under 6 years old	Households with child(ren) under 6 years old, husband-wife householders	Households with child(ren) under 6 years old, single male householder	Households with child(ren) under 6 years old, single female householder
Santa Cruz Region	15,287	3,219	21%	66%	8%	26%
Elgin	341	26	8%	81%	4%	15%
Nogales	7,297	1,607	22%	58%	8%	34%
Patagonia	669	58	9%	59%	9%	33%
Rio Rico	5,672	1,468	26%	74%	8%	18%
Sonoita	490	23	5%	91%	0%	9%
Tubac	656	25	4%	88%	4%	8%
Tumacacori	162	12	7%	58%	25%	17%
Santa Cruz County	15,437	3,231	21%	66%	8%	26%
ARIZONA	2,380,990	384,441	16%	65%	11%	24%

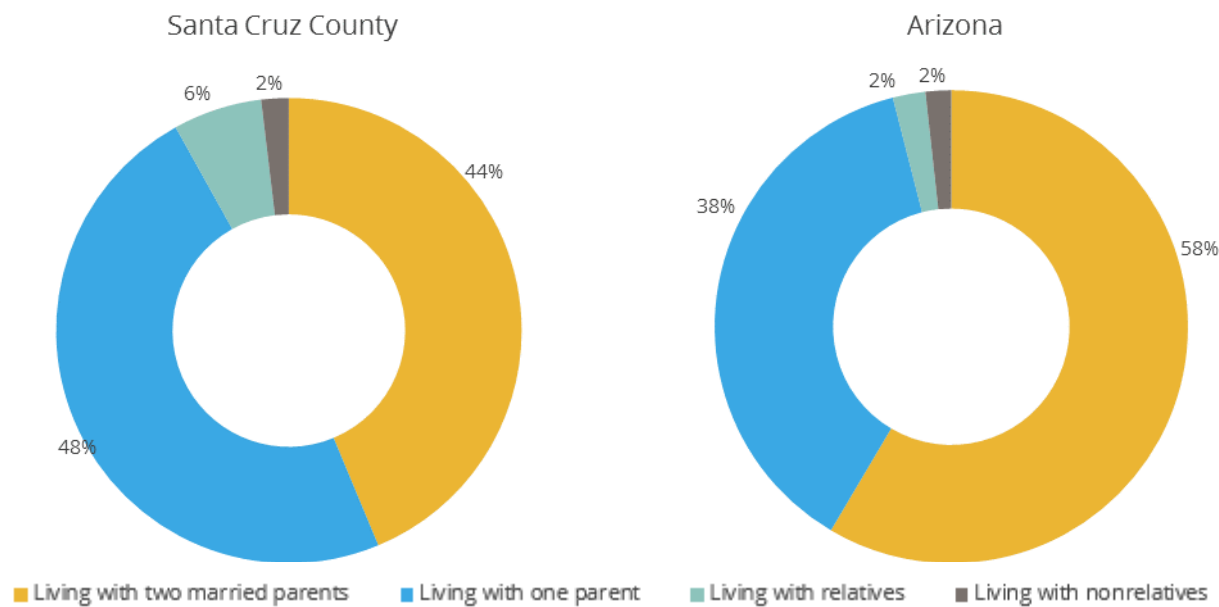
Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P20

Table 10. Children (Ages 0 to 5) Living with Foreign-Born Parents

	Children (ages 0-5) living with one or two parents	Children (ages 0-5) living with one or two foreign-born parents
Santa Cruz Region	4,089	48%
Elgin	15	0%
Nogales	1,952	41%
Patagonia	38	61%
Rio Rico	1,945	57%
Sonoita	16	89%
Tubac	22	0%
Tumacacori	101	0%
Santa Cruz County	4,106	48%
ARIZONA	510,658	27%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B05009

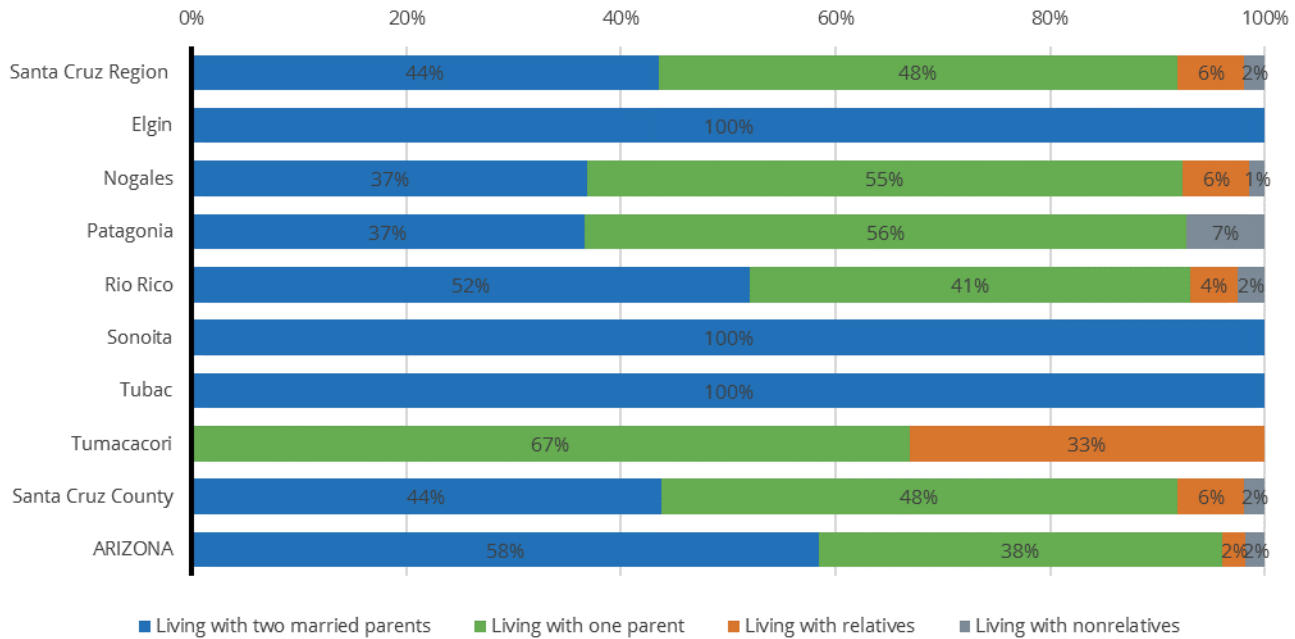
Figure 5. Living Arrangements for Young Children (Ages 0 to 5)



Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Tables B05009, B09001, B17006



Figure 6. Living Arrangements for Young Children by Sub-Region (Ages 0 to 5)



Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Tables B05009, B09001, B17006

### *Kith and Kin Caregivers*

About 8 percent of children ages 0 to 5 in the Santa Cruz Region are in kinship or other family arrangements, with extended families, friends, and other non-relatives caring for them (Figure 5). Living with relatives is most common in Nogales, where 6 percent of young children live with relatives and an additional 1 percent of young children live with non-relatives (Figure 6). Key informants noted that “family is such a big thing here – they’re huge and interconnected” and indicated that grandparents took on a lot more responsibility during the Great Recession when the economy plummeted. Key informants also highlighted the role of the international border in the living situation of many children; children rely on extended family networks for support if their parents are not able to cross the border.

As of the 2010 U.S. Census, the proportion of young children living in a grandparent’s household is higher in the region (22%) than in the state (14%) (Figure 7). Rates are especially high in Patagonia, where almost one in three young children (31%) lives in a grandparent’s household. It is important to note that these households may be multigenerational – i.e., the grandparent is considered the head-of-house, but the child’s parent may also live there. ACS data also indicate that fewer than half of children in Tumacacori and Tubac live in a home where their parents are considered householders;

multigenerational living or kinship care is especially prevalent in these communities (Table 11).<sup>i</sup> In the region overall, half of children living in a grandparent's household are between the ages of 0 and 5 (Table 12). In Rio Rico, nearly 7 out of 10 (68%) children in grandparents' households are between 0 and 5. In Nogales, children living with grandparents tend to be older; only 41 percent are under age 6. Figure 8 provides a map of how young children in grandparents' households are distributed across the region.

Among the estimated 1,686 children ages 0 to 17 living with grandparents in the Santa Cruz Region,<sup>ii</sup> 55 percent live with a grandparent who has assumed responsibility for the child, regardless of whether the parent also lives in the household (Table 13). Seventeen percent of children who live with their grandparents do not have a parent present in the household (Table 13). These rates are similar to rates across Arizona, indicating that where children are living with their grandparents, a similar proportion of those grandparents are directly involved in raising their grandchildren in Santa Cruz as grandparents across the state. Nogales has a slightly higher rate (63%) of multigenerational households where the grandparent has assumed responsibility for the child. Tumacacori and Elgin are unusual, in that grandparents seem to be solely responsible (i.e., there is no parent present) for 100% of the 93 and 43, respectively, children who live in a grandparent's household.

Whereas Table 13 highlighted the experiences of children, Table 14 presents similar data, but focusing on the grandparents themselves. The Santa Cruz Region has nearly 2,500 grandparents living with grandchildren ages 0 to 17. Forty percent of those grandparents are responsible for their grandchildren, and 10% are raising their grandchildren without the child's parent also in the home. Sixty percent of these grandparent-led households, are therefore multigenerational, wherein the parent maintains parental responsibility while living with the grandparent. Figure 9 illustrates the proportion of grandparents who claimed to be responsible (i.e., primary financial decision maker) for the children reported to be living in their households, by census tract. Among grandparents who claim responsibility for their grandchild, most have been caring for the children for multiple years (Table 15).

Grandparents raising grandchildren in the Santa Cruz Region are relatively young grandparents; the majority (56%) are under age 60 (Table 16). However, in the sub-regions of Sonoita and Nogales, they are more likely to be older than 60 years. One key informant noted that many of the grandparents she works with are young enough to be mistaken for the parent. There are many multigenerational households where the young parents (in their teens or 20s) are still living with their own, relatively young, parents.

Nationwide, there are roughly 4.5 million grandmothers caring for grandchildren, and although caregiving responsibilities often fall to women, there are also 2.5 million grandfathers who are independently caring for their grandchildren.<sup>15</sup> Grandparents raising grandchildren in Santa Cruz are also more likely to be female (58%, Table 17).

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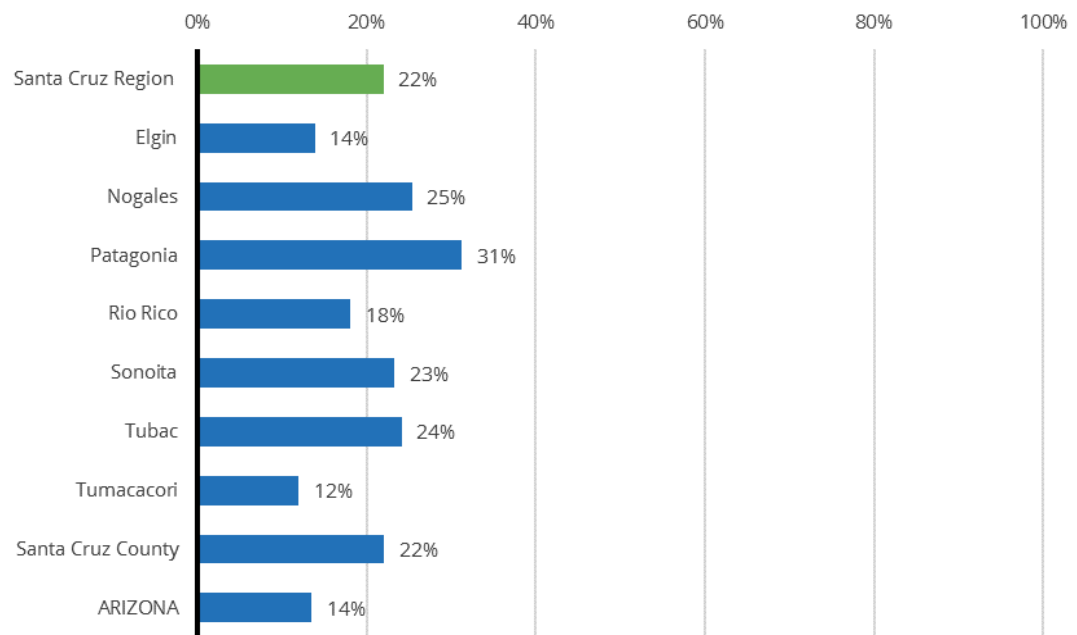
<sup>i</sup> Please note that the estimate of grandchildren living with grandparents differs slightly between Table 11 and Table 13; this is because the years that the data were pulled from differ slightly. Table 11, along with Table 14 through Table 19 are from the 2011-2015 American Community Survey Estimates, which is more recent than the 2010-2014 estimates used elsewhere in this report.

<sup>ii</sup> Please note that Figure 7 and **Error! Reference source not found.** draw from two different data sources and are not directly comparable.

In most areas, grandparents who are raising grandchildren are married (Table 18). This is not the case in Elgin and Sonoita, however, where grandparents are more likely to be unmarried. Like single parents, these grandparents may be especially in need of additional supports. Additionally, 15 percent of grandparents raising grandchildren report having some type of disability (Table 19).

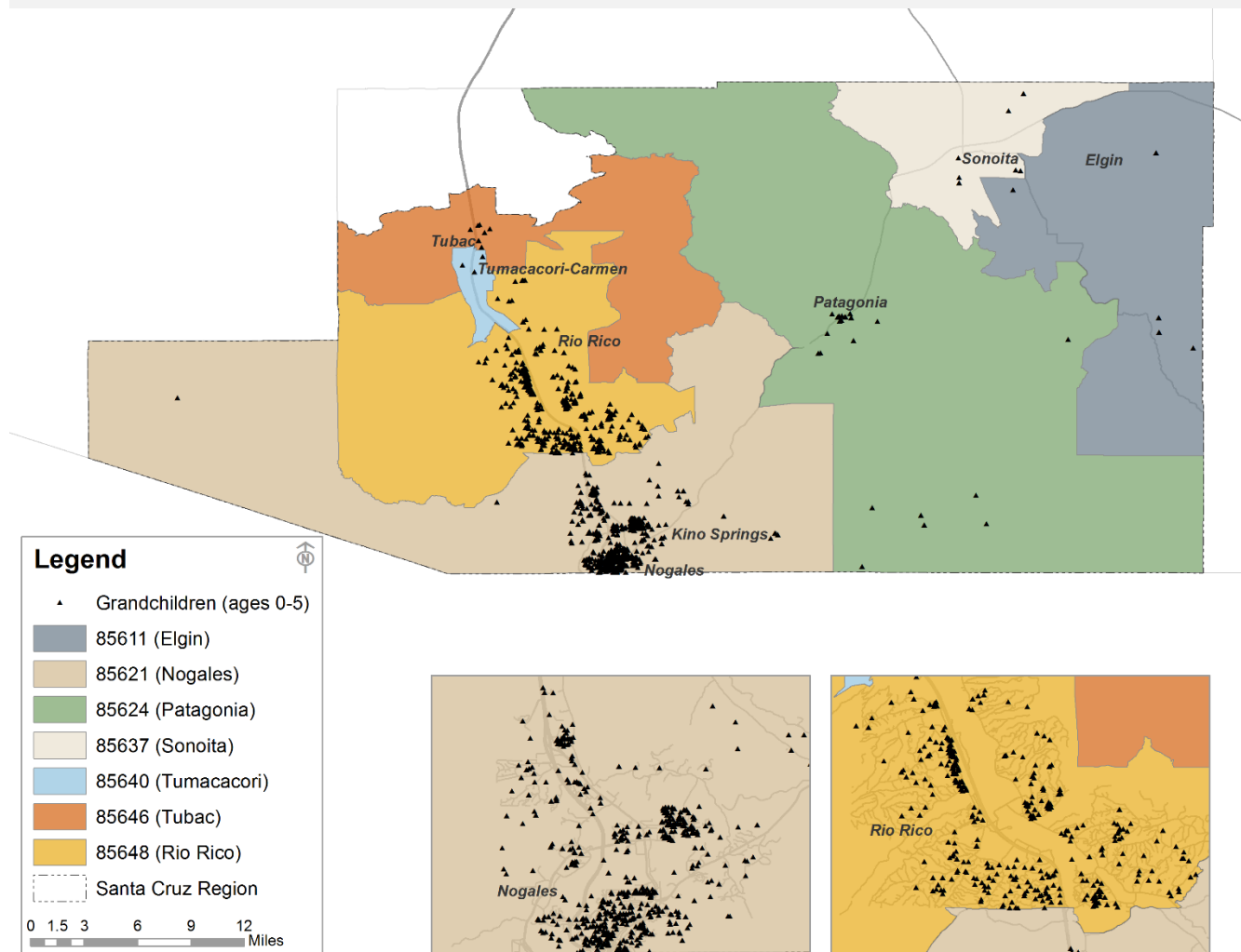
Key informants noted that for most grandparents and other kinship caregivers who have stepped in due to parent mental illness or death, they are undertaking a lifelong commitment to raising the child. Although the challenges of taking in grandchildren are many, caregivers take deep pride in this work. As one key informant noted, “Even though it’s stressful and expensive and there are so many struggles, it is just an amazing feeling that this is the right thing to be doing, wonderful to see these children not with strangers, but kept within the family. Real sense of pride and resilience in these families. We know this is the best for the kids. We have to celebrate the successes.”

Figure 7. Children (Ages 0 to 5) Living in a Grandparent's Household in the 2010 Census



Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P41

Figure 8. Map of Children (Ages 0 to 5) Living in a Grandparent's Household in the 2010 Census



Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P41. Map produced by CRED.

Table 11. Children (ages 0-17) by relationship to householder

		Own Parent		Grandparent		Other Relative		Foster or Unrelated Adult	
	Total Children	#	%	#	%	#	%	#	%
Santa Cruz Region	13,544	10,858	80%	1,775	13%	772	6%	139	1%
Elgin	152	90	59%	45	30%	17	11%	0	0%
Nogales	6,740	5,267	78%	972	14%	407	6%	94	1%
Patagonia	138	93	67%	42	30%	0	0%	3	2%
Rio Rico	6,117	5,161	84%	625	10%	300	5%	31	1%
Sonoita	246	200	81%	10	4%	25	10%	11	5%
Tubac	42	18	43%	0	0%	24	57%	0	0%
Tumacacori	110	29	26%	81	74%	0	0%	0	0%
Santa Cruz County	13,522	10,859	80%	1,738	13%	784	6%	141	1%
ARIZONA	1,613,238	1,391,344	86%	140,577	9%	50,497	3%	30,820	2%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2011-2015), Table B09018

Table 12. Grandchildren living in a grandparent's household by Child's Age

	Children in Grandparent's Household (ages 0-17)	Ages 0-5		Ages 6-11		Ages 12-17	
		#	%	#	%	#	%
Santa Cruz Region	1,775	896	50%	684	39%	196	11%
Elgin	45	0	0%	41	90%	5	10%
Nogales	972	402	41%	403	41%	167	17%
Patagonia	42	11	26%	27	64%	4	10%
Rio Rico	625	426	68%	179	29%	20	3%
Sonoita	10	10	100%	0	0%	0	0%
Tubac	0	0	0%	0	0%	0	0%
Tumacacori	81	47	58%	34	42%	0	0%
Santa Cruz County	1,738	898	52%	643	37%	197	11%
Arizona	140,577	63,821	45%	45,000	32%	31,756	23%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2011-2015), Table B10001

Table 13. Children (Ages 0 to 17) Living in a Grandparent's Household

	Number of children (ages 0-17) living in a grandparent's household	Percent of children (0-17) living in a grandparent's household and the grandparent is responsible for the child	Percent of children (0-17) living in a grandparent's household and the grandparent is responsible for the child (with no parent present)
Santa Cruz Region	1,686	55%	17%
Elgin	43	100%	100%
Nogales	989	63%	15%
Patagonia	43	49%	0%
Rio Rico	518	30%	0%
Sonoita	0	-	-
Tubac	0	-	-
Tumacacori	93	100%	100%
Santa Cruz County	1,649	54%	15%
ARIZONA	140,038	53%	14%

\*Note that these estimates differ slightly from the estimates in Table 11 as they draw from different years.  
Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B10002

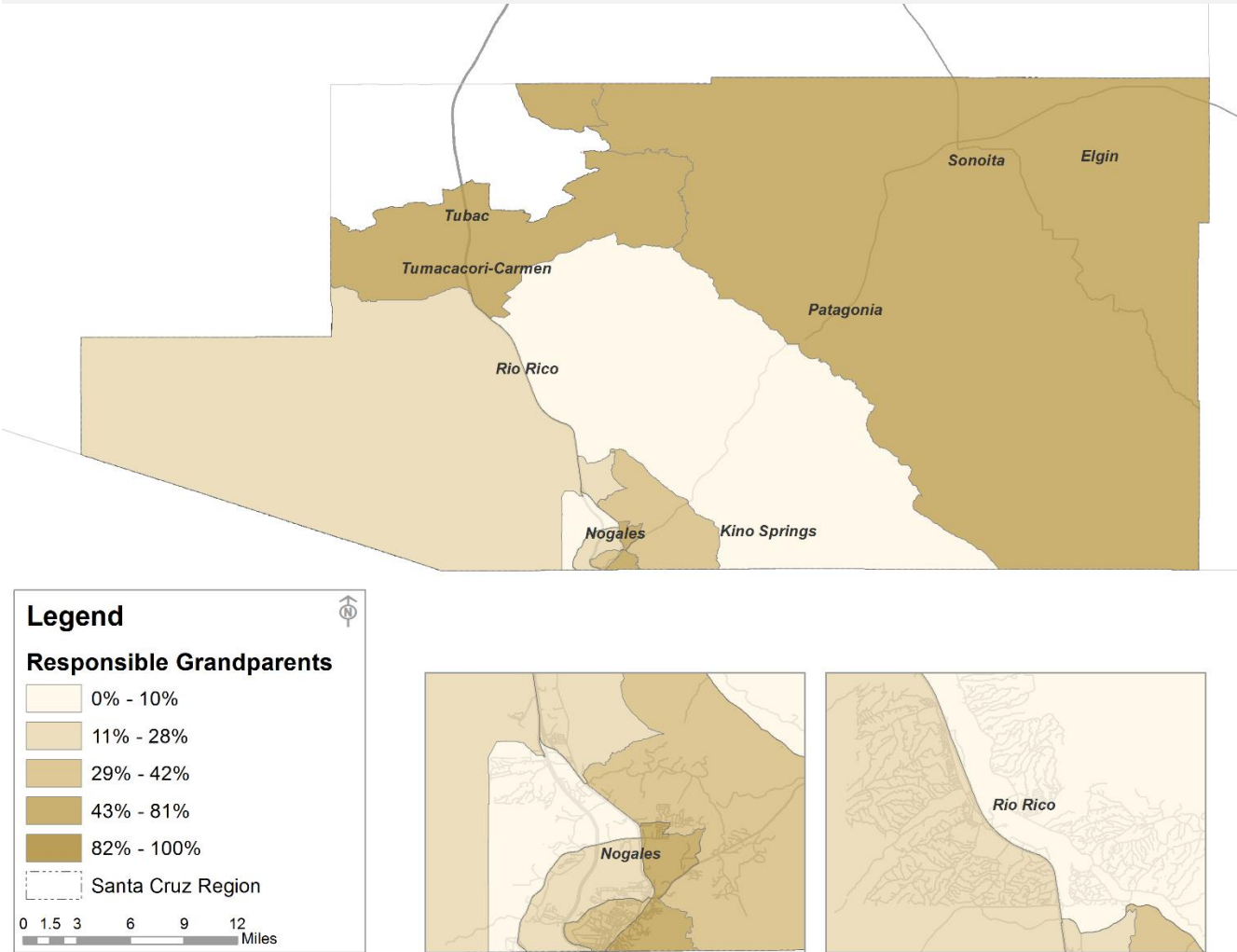
Table 14. Grandparents Living With Grandchildren By Responsibility

Geography	Grandparents living with grandchildren	Grandparents Responsible for Grandchildren (ages 0-17)		Grandparent Householder Responsible for Grandchildren, no parent present	
		#	%	#	%
Santa Cruz Region	2,452	973	40%	234	10%
Elgin	54	54	100%	54	100%
Nogales	1,169	579	50%	117	10%
Patagonia	51	43	84%	0	0%
Rio Rico	1,122	241	21%	7	1%
Sonoita	12	12	100%	12	100%
Tubac	0	0	0%	0	0%
Tumacacori	44	44	100%	44	100%
Santa Cruz County	2,414	935	39%	196	8%
Arizona	166,232	64,681	39%	19,097	11%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2011-2015), Table B10002



Figure 9. Map of Responsible Grandparents



Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010–2014), Table B10059. Map produced by CRED.

Table 15. Duration of Responsibility for Grandchildren by Grandparents

Geography	Grandparents Responsible for grandchildren	<6 months	6-11 months	1-2 years	3-4 years	>5 years
Santa Cruz Region	973	9%	2%	27%	20%	41%
Elgin	54	0%	0%	0%	0%	100%
Nogales	579	11%	0%	26%	21%	42%
Patagonia	43	42%	0%	14%	44%	0%
Rio Rico	241	3%	7%	36%	19%	36%
Sonoita	12	0%	0%	0%	100%	0%
Tubac	0	0%	0%	0%	0%	0%
Tumacacori	44	0%	0%	52%	0%	48%
Santa Cruz County	935	10%	2%	29%	21%	39%
Arizona	64,681	12%	10%	22%	15%	40%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2011-2015), Table B10050

Table 16. Grandparents Responsible for Grandchildren by Grandparent Age

Geography	Grandparents responsible for grandchildren	Responsible Grandparents (ages 30-59)		Responsible Grandparents (ages 60 and older)	
		#	%	#	%
Santa Cruz Region	973	540	56%	433	44%
Elgin	54	43	79%	11	21%
Nogales	579	280	48%	299	52%
Patagonia	43	32	74%	11	26%
Rio Rico	241	141	59%	100	41%
Sonoita	12	0	0%	12	100%
Tubac	0	0	0%	0	0%
Tumacacori	44	44	100%	0	0%
Santa Cruz County	935	497	53%	438	47%
Arizona	64,681	41,008	63%	23,673	37%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2011-2015), Table B10051

Table 17. Gender of Grandparents living with or responsible for grandchildren

	Grandparents living with grandchildren			Grandparents responsible for grandchildren		
Geography	Total	Male	Female	Total	Male	Female
Santa Cruz Region	2,452	36%	64%	973	42%	58%
Elgin	54	10%	90%	54	10%	90%
Nogales	1,169	33%	67%	579	39%	61%
Patagonia	51	35%	65%	43	42%	58%
Rio Rico	1,122	40%	60%	241	53%	47%
Sonoita	12	100%	0%	12	100%	0%
Tubac	0	-	-	0	-	-
Tumacacori	44	48%	52%	44	48%	52%
Santa Cruz County	2,414	37%	63%	935	44%	56%
Arizona	166,232	37%	63%	64,681	39%	61%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2011-2015), Table B10056

Table 18. Marriage Status of Grandparents living with or responsible for grandchildren

	Grandparents living with grandchildren			Grandparents responsible for grandchildren		
Geography	Total	Married	Unmarried	Total	Married	Unmarried
Santa Cruz Region	2,452	67%	33%	973	67%	33%
Elgin	54	21%	79%	54	21%	79%
Nogales	1,169	61%	39%	579	61%	39%
Patagonia	51	100%	0%	43	100%	0%
Rio Rico	1,122	73%	27%	241	83%	17%
Sonoita	12	0%	100%	12	0%	100%
Tubac	0	-	-	0	-	-
Tumacacori	44	100%	0%	44	100%	0%
Santa Cruz County	2,414	68%	32%	935	70%	30%
Arizona	166,232	63%	37%	64,681	70%	30%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2011-2015), Table B10057

Table 19. Grandparents responsible for grandchildren by disability

Geography	Grandparents responsible for grandchildren	Responsible Grandparent with Disability	
		#	%
Santa Cruz Region	973	143	15%
Elgin	54	0	0%
Nogales	579	52	9%
Patagonia	43	11	26%
Rio Rico	241	59	24%
Sonoita	12	0	0%
Tubac	0	0	0%
Tumacacori	44	21	48%
Santa Cruz County	935	143	15%
Arizona	64,681	15,468	24%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2011-2015), Table B10052

## Language Use

Fewer than a quarter (23%) of Santa Cruz Region residents age 5 and older speak English at home, with Spanish (76%) being the most common home language (Table 20). However, in all of the towns aside from Rio Rico and Nogales, English is the more commonly spoken home language. Forty-seven percent of the region's residents are proficient in both English and Spanish; that is, they speak Spanish at home but also speak English "very well" (Table 21). In the Nogales and Rio Rico areas, about 1 in 3 people who speaks Spanish at home is not proficient in English, suggesting that bilingual materials are essential to these communities (Figure 10). At a household level, 18 percent of households in the Santa Cruz Region are classified as limited-English-speaking; this is more than quadruple the proportion of households with that designation (4%) statewide (Table 22). In the Nogales area, more than 1 in every 4 households (27%) may need additional language supports to access resources. Figure 11 illustrates where the greatest proportion of limited-English-speaking households are, by census tract.

### *Kith and Kin Caregivers*

Nearly half of all grandparents responsible for grandchildren report speaking English less than "very well" in the Santa Cruz Region (Table 23). Particularly high percentages of grandparents speak a language other than English in the Rio Rico, Nogales, and Patagonia areas, and in the Rio Rico region, more than 4 out of 5 grandparents responsible for grandchildren report speaking English less than "very well." Grandparents caring for grandchildren in the region may especially need language supports and bilingual materials to access resources in the region.

Table 20. Language Spoken at Home (Ages 5 and Older)

	Estimated population (ages 5 and older)	Speak English at home	Speak Spanish at home	Speak a native North American language at home	Speak another language at home
Santa Cruz Region	43,658	23%	76%	0%	1%
Elgin	817	92%	8%	0%	0%
Nogales	21,222	13%	86%	0%	1%
Patagonia	1,288	71%	26%	0%	3%
Rio Rico	17,309	19%	80%	0%	1%
Sonoita	1,064	79%	19%	0%	2%
Tubac	1,388	85%	14%	0%	1%
Tumacacori	570	60%	40%	0%	0%
Santa Cruz County	43,708	23%	76%	0%	1%
ARIZONA	6,120,900	73%	20%	2%	5%

Note: The percentages above may not add to 100% due to rounding.

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010–2014), Table B16001



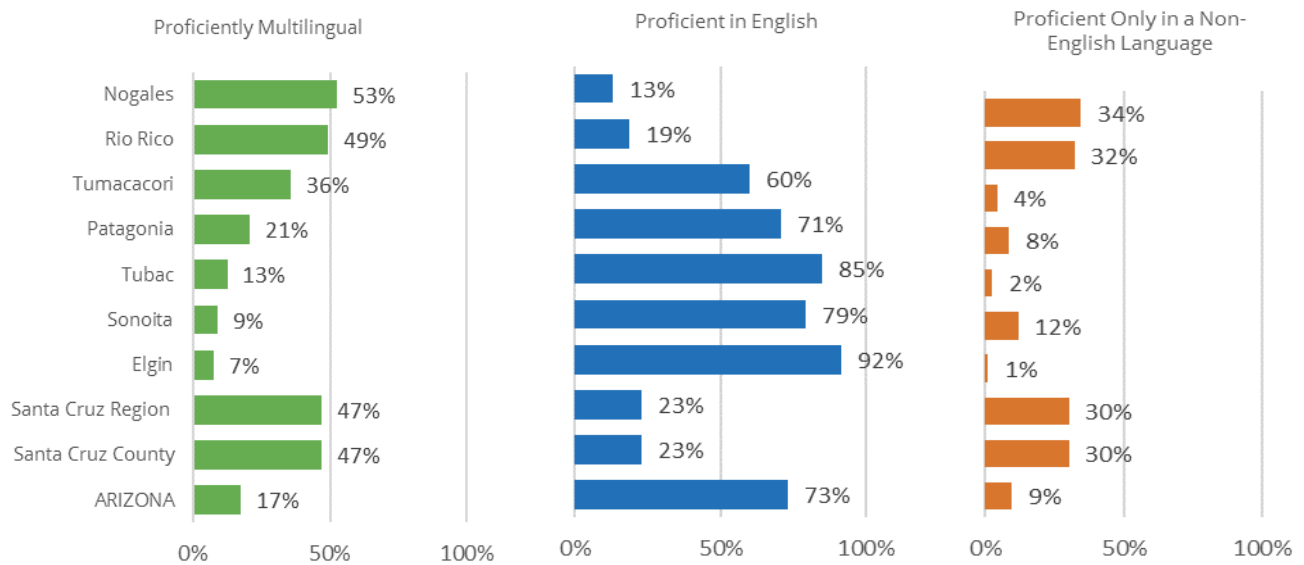
Table 21. Proficiency in English (Ages 5 and Older)

	Population (ages 5 and older)	Speak English at home	Speak another language at home, and speak English "very well"	Speak another language at home, and do not speak English "very well"
Santa Cruz Region	43,658	23%	47%	30%
Elgin	817	92%	7%	1%
Nogales	21,222	13%	53%	34%
Patagonia	1,288	71%	21%	8%
Rio Rico	17,309	19%	49%	32%
Sonoita	1,064	79%	9%	12%
Tubac	1,388	85%	13%	2%
Tumacacori	570	60%	36%	4%
Santa Cruz County	43,708	23%	47%	30%
ARIZONA	6,120,900	73%	17%	9%

Note: The percentages above may not add to 100% due to rounding.

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010–2014), Table B16001

Figure 10. Proficiency in English (Ages 5 and Older)



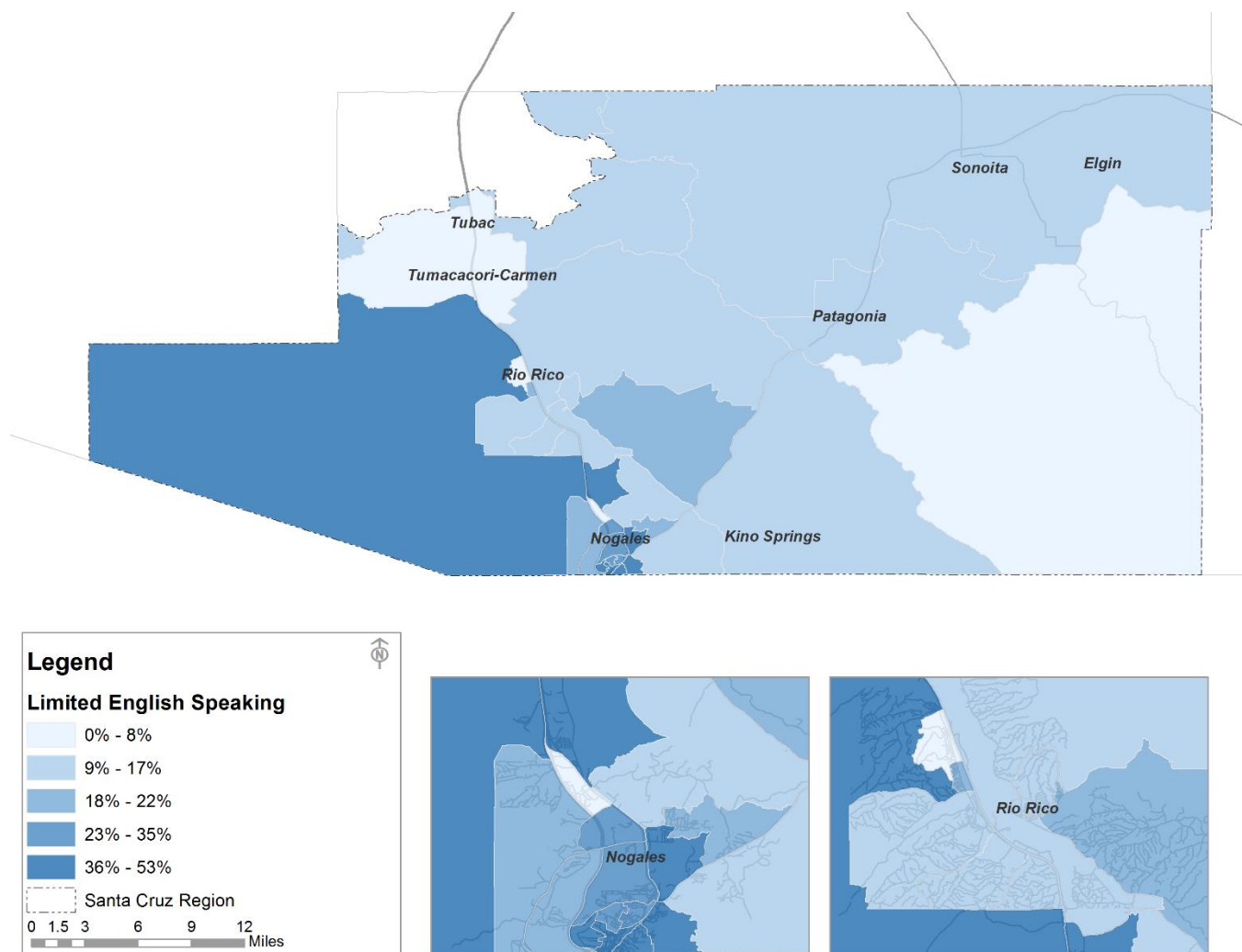
Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010–2014), Table B10059.

Table 22. Limited-English-Speaking Households

	Number of households	Households which speak a language other than English	Limited-English-speaking households (Total)	Limited-English-speaking households (Spanish)
Santa Cruz Region	15,501	75%	18%	18%
Elgin	355	8%	0%	0%
Nogales	7,276	90%	27%	27%
Patagonia	680	24%	3%	3%
Rio Rico	5,591	82%	13%	13%
Sonoita	486	15%	3%	3%
Tubac	785	15%	1%	1%
Tumacacori	328	48%	3%	3%
Santa Cruz County	15,514	75%	18%	18%
ARIZONA	2,387,246	27%	5%	4%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010–2014), Table B16002

Figure 11. Map of Limited-English Speaking Households in the Santa Cruz Region



Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B16002. Map produced by CRED.

Table 23. Grandparents responsible for grandchildren by language use

	Grandparents responsible for grandchildren	Speaks English at home	Speak another language at home, and speaks English "very well"	Speak another language at home, and does not speak English "very well"
Santa Cruz Region	973	15%	40%	45%
Elgin	54	79%	21%	0%
Nogales	579	7%	55%	37%
Patagonia	43	16%	40%	44%
Rio Rico	241	0%	17%	83%
Sonoita	12	100%	0%	0%
Tubac	0			
Tumacacori	44	100%	0%	0%
Santa Cruz County	935	12%	42%	47%
Arizona	64,681	53%	24%	22%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2011-2015), Table B10054



## ECONOMIC CIRCUMSTANCES

## Why Economic Circumstances Matter

The economic well-being of a family is a powerful predictor of child well-being. Children raised in poverty are at a greater risk of adverse outcomes including low birth weight, compromised IQ, lower school achievement, and poor health.<sup>16,17,18,19,20</sup> They are also more likely to remain poor later in life.<sup>21</sup> More than a quarter (26%) of Arizona's children lived in poverty in 2014, compared to just over a fifth (21%) six years earlier.<sup>22</sup>

Poverty rates alone do not tell the full story of economic vitality in a region. Income and unemployment rates are also important indicators. According to the National Center for Children in Poverty, families typically need an income of about twice the federal poverty level to meet basic needs.<sup>23</sup> As a benchmark, the 2015 Federal Poverty Guideline for a family of four was \$24,250; a typical family of four making less than \$48,500 is likely struggling to make ends meet. Under- and unemployment can affect a family's ability to meet the expenses of daily living, and their access to resources needed to support their children's well-being and healthy development. A parent's job loss can affect children's school performance, leading to poorer attendance, lower test scores, and higher risk of grade repetition, suspension, or expulsion.<sup>24</sup> Unemployment can also put families at greater risk for stress, family conflict, and homelessness.<sup>25</sup>

Housing instability and homelessness can have deleterious effects on the physical, social-emotional, and cognitive development of young children.<sup>26</sup> Housing that requires more than 30 percent of a household's income is an indicator of a housing affordability problem in a region, leaving inadequate funds for other family necessities, such as food and utilities.<sup>27</sup> High housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition, and homelessness.<sup>28</sup> Examining indicators related to housing quality, costs, and availability can reveal additional factors affecting the health and well-being of families in a region.

Public assistance programs are one way of counteracting the effects of poverty and providing supports to children and families in need. The Temporary Assistance for Needy Families (TANF) Cash Assistance program provides temporary cash benefits and supportive services to children and families. Eligibility is based on citizenship or qualified resident status, Arizona residency, and limits on resources and monthly income. In 2014, seven out of 10 TANF participants in Arizona were children, and the average monthly benefit was \$93.<sup>29</sup>

Other public assistance programs available in Arizona impact access to food. Food insecurity – a limited or uncertain availability of food – is negatively associated with many markers of health and well-being for children, including a heightened risk for developmental delays.<sup>30</sup> Food insecurity is also associated with overweight and obesity.<sup>31</sup> The Supplemental Nutrition Assistance Program (SNAP, also referred to as “Nutrition Assistance” and “food stamps”) has been shown to help reduce hunger and improve access to healthier food.<sup>32</sup> SNAP benefits support working families whose incomes simply do not provide for all their needs. For low-income working families, the additional income to access food from SNAP is substantial. For example, for a three-person family with one person whose wage is \$10 per hour, SNAP benefits boost take-home income by 10 to 20 percent.<sup>33</sup>

In addition to SNAP, food banks and school-based programs such as the National School Lunch Program<sup>34</sup> and Summer Food Service Program<sup>35</sup> are important resources aimed at addressing food insecurity by providing access to free and reduced-price food and meals in both community and

school settings. The National School Lunch Program<sup>36</sup> provides free and reduced-price meals at school for students whose families' incomes are at or less than 130 percent of the federal poverty level (FPL) for free lunch and 185 percent of the FPL for reduced price lunch. The Arizona Department of Education's Child and Adult Care Food Program (CACFP) reimburses eligible child care centers, adult daycare centers, Head Starts, emergency shelters, and afterschool programs serving at-risk youth for providing healthier meals and snacks. Participants enhance their current menus to offer more fresh fruits and vegetables, whole grains, and low-fat dairy products. The goals of the CACFP program are to support the health and nutrition status of children and adults and promote good eating habits.<sup>37</sup> There is a growing body of research that suggests CACFP has positive impacts for young children's health and wellbeing. Children who attend care facilities that participate in CACFP have been found to have healthier diets<sup>38, 39, 40</sup> and decreased risk of under and overweight.<sup>41</sup>

Another food and nutrition resource, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program, is a federally-funded program which serves economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. The program offers supplemental nutritious food, breastfeeding and nutrition education, and referrals to health and social services.<sup>42</sup> In Arizona in 2015, half of all children aged birth through four were enrolled in WIC.<sup>43</sup> Participation in WIC has been shown to be associated with healthier births, lower infant mortality, improved nutrition, decreased food insecurity, improved access to health care and improved cognitive development and academic achievement for children.<sup>44</sup>

## What the Data Tell Us

### Income

The median income for all families –including those without children – in the Santa Cruz Region is \$43,174; this is about 27 percent lower than the state median income of \$59,088. The median income for families with married parents (husband-wife) and children under age 18 is about \$13,000 higher (\$56,242) than the median family income in Santa Cruz, whereas the median income for single-parent families is less than half. The median income for households run by a single female in the Santa Cruz Region is \$17,923; households led by single males make about two percent more (\$21,853) (Table 24). Figure 12 illustrates the distribution of median incomes throughout the region, by census tract; the lowest incomes are concentrated around Nogales.

#### *Kith and Kin Caregivers*

The median family income for grandparents who are responsible for their grandchildren is \$27,727, which is about 35 percent lower than the median income for all families. State-level data suggests that incomes among grandparents who are responsible for grandchildren with no parents present are even lower (Table 25).

Welcoming a new child into one's home can come with many costs – such as school supplies and uniforms – that grandparents may not have been expecting, says one key informant.

A key informant noted two sources of support for grandfamilies. One, children who qualified for cash assistance (TANF) when they were with their parents continue to be eligible for at least a portion of that when they're with kinship caregivers. They said that children in these cases would not be subject to the 12 month lifetime eligibility limit. Two, DCS provides small monthly allowances for basic needs like hygiene items. These \$75 per month per child stipends (for grandparents below 200 percent of the federal poverty level) are only available to grandparents and great-grandparents, though one advocacy organization says they're working to have that extended to all kinship care providers.

Unlicensed kinship foster care providers are eligible for an allowance of \$0.63 to \$2.63 per day, depending on the age of the child. Licensed kinship foster care providers receive much more financial support, \$20.31 to \$28.89 per day depending on the age of the child.<sup>45</sup> Table 28 provides more details on financial benefits available to kinship caregivers.



Table 24. Median Annual Family Income

	Median family income for all families	Median family income for husband-wife families with child(ren) under 18	Median family income for single-male-householder families with child(ren) under 18	Median family income for single-female-householder families with child(ren) under 18
Santa Cruz Region	N/A	N/A	N/A	N/A
Santa Cruz County	\$43,174	\$56,242	\$21,853	\$17,923
ARIZONA	\$59,088	\$73,563	\$37,103	\$25,787

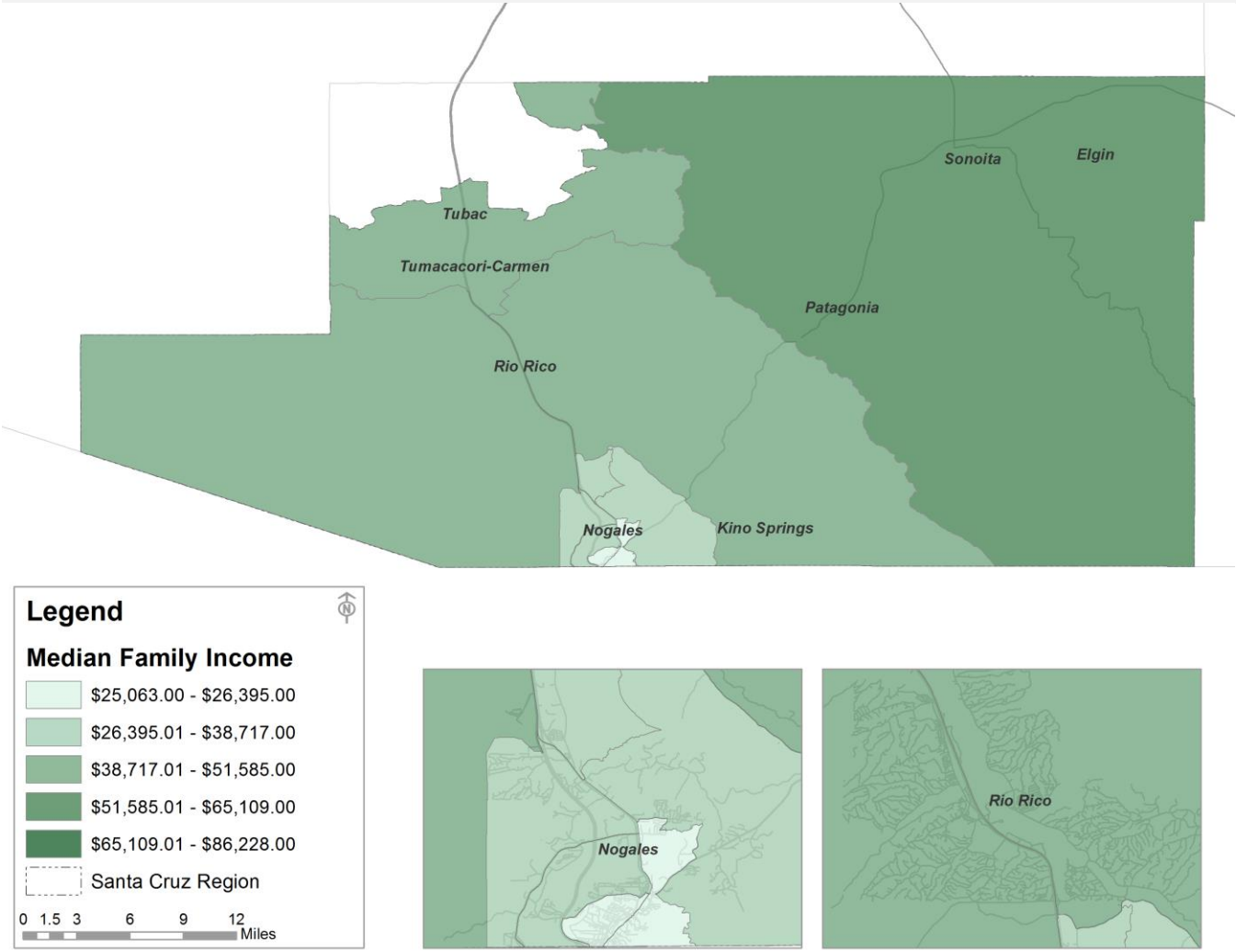
Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B19126

Table 25. Median Family Income for Families with Grandparent(s) Responsible for Grandchildren

	All Families (including those with no children)	Responsible Grandparent Families	Responsible Grandparents without parent present
Santa Cruz Region	N/A	N/A	N/A
Elgin	N/A	N/A	N/A
Nogales	\$32,110	\$32,813	N/A
Patagonia	N/A	N/A	N/A
Rio Rico	\$51,385	\$50,811	N/A
Sonoita	N/A	N/A	N/A
Tubac	N/A	N/A	N/A
Tumacacori	N/A	N/A	N/A
Santa Cruz County	\$43,174	\$27,727	N/A
ARIZONA	\$51,477	\$47,471	\$38,064

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2011-2015), Table B10010

Figure 12. Map of Median Family Income in Santa Cruz Region



Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B19126. Map produced by CRED.

## Poverty

Twenty-four percent of the total (all-age) population of the Santa Cruz Region lives in poverty, which is higher than the state (18%) (Table 26). The percentage of the population aged 0-5 in poverty in the Santa Cruz Region (33%) is higher than the total population in the region in poverty (24%), and also higher than the population of children aged 0-5 living in poverty across the state (29%) (Table 26). Sub-regional data illustrates that there is a great deal of heterogeneity across the region. While young children in some areas, such as Elgin, Sonoita, Tubac and Tumacacori, are much better off (0% in poverty), half (50%) of children in the Nogales and 42 percent in Patagonia live in poverty (Figure 13). These data are again from ACS, meaning that in the small communities the difference between 0 percent and 60 percent could be a difference of just a few families. Figure 14 illustrates childhood poverty by census block.

### *Kith and Kin Caregivers*

One third of grandparents raising grandchildren live in poverty in the Santa Cruz Region (Table 27). In Patagonia, nearly half (44%) of grandparents responsible for their grandchildren are in poverty, whereas in Elgin, Sonoita, and Tumacacori, none of the responsible grandparents are in poverty. Figure 15 shows which proportion of the grandparents who are responsible for their grandchildren (see section on Kith and Kin Caregivers) live in poverty, by census tract.

Table 28 provides details on financial benefits available to support kinship caregivers.

In addition to the families whose incomes fall below the federal poverty level, a large proportion of households in the region and county are considered low-income (i.e., near but not below the federal poverty level (FPL)). Almost two-thirds of families (64%) in the region with children aged four and under live below 185 percent of the FPL (i.e., earned less than \$3,677 a month for a family of four), which is higher than the 49 percent across the state (Table 29). In Nogales, 81 percent of families with children meet this criterion. Families in Rio Rico are slightly better off; there only 45 percent are below 185 percent of the FPL.

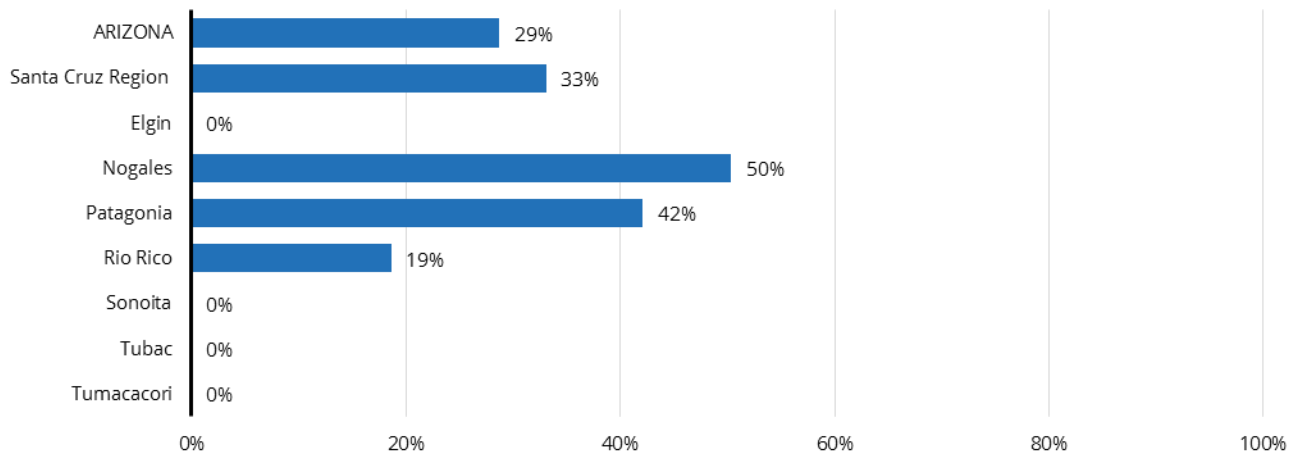
The TANF/Cash Assistance program can be an important short-term support to families in dire financial need. About four percent of young children have received TANF benefits in a given year (Figure 16). The number of young children supported by this program has declined in recent years, both in the Santa Cruz Region and statewide (Table 30). Between 1996 and 2015, Arizona reduced TANF benefits more than any other state in the nation, and now ranks 42<sup>nd</sup> in the level of assistance to those participating in TANF.<sup>46</sup> In Arizona, TANF eligibility is capped at \$335 per month, or \$4,020 annually for a family of four. Beginning in 2016, Arizona became the first and only state that limits a person's lifetime benefit to 12 months.<sup>47</sup> In addition, since 2009, a steadily decreasing percentage of Arizona TANF funds have been spent on three of the key assistance categories: cash assistance to meet basic needs, helping connect parents to employment opportunities, and child care. In 2013, Arizona ranked 51st, 47th, and 46th respectively in proportional spending in those categories across all states and the District of Columbia. Meanwhile, since 2009, an increasing percentage of Arizona TANF funds have been spent on other costs such as child protection, foster care, and adoption.<sup>48</sup>

Table 26. Persons Living in Poverty

	Number of persons (all ages) for whom poverty status is known	Persons (all ages) below poverty level	Number of young children (ages 0-5) for whom poverty status is known	Young children (ages 0-5) below poverty level	Number of older children (ages 6-17) for whom poverty status is known	Older children (ages 6-17) below poverty level
Santa Cruz Region	46,777	24%	4,365	33%	9,316	32%
Elgin	824	13%	15	0%	149	15%
Nogales	22,645	35%	2,085	50%	4,644	48%
Patagonia	1,294	22%	38	42%	91	23%
Rio Rico	18,815	16%	2,038	19%	4,155	17%
Sonoita	1,067	7%	1	0%	195	7%
Tubac	1,411	9%	22	0%	23	0%
Tumacacori	721	7%	151	0%	59	0%
Santa Cruz County	46,840	24%	4,382	33%	9,283	33%
ARIZONA	6,411,354	18%	522,513	29%	1,071,471	25%

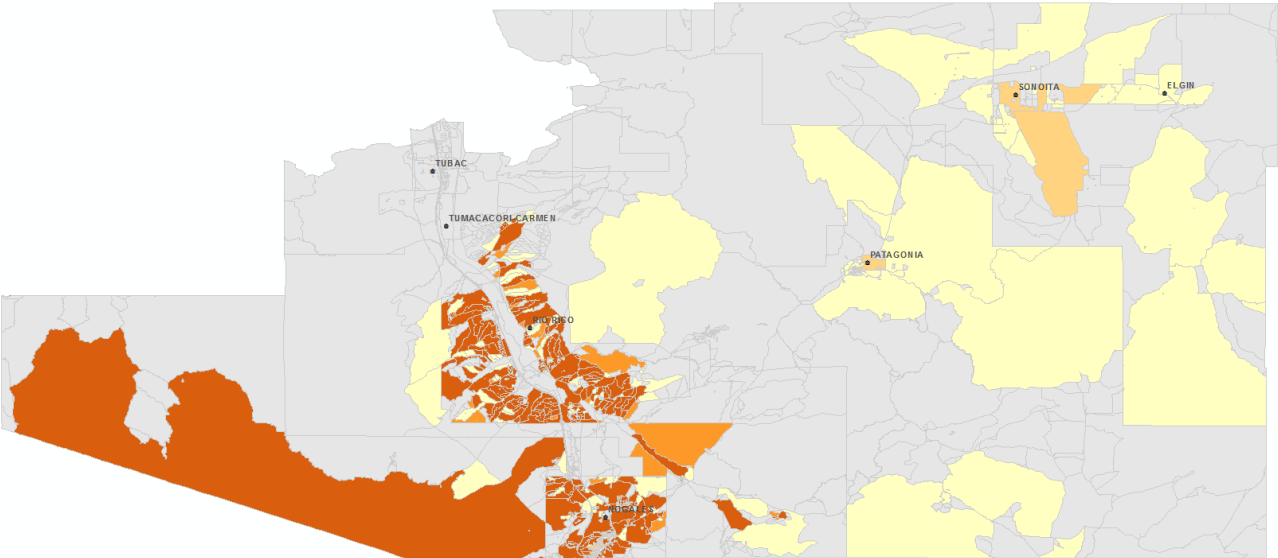
Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B17001

Figure 13. Young Children (Ages 0-5) In Poverty



Source: Arizona Department of Administration, Employment and Population Statistics (2015). State and county population projections (medium series).

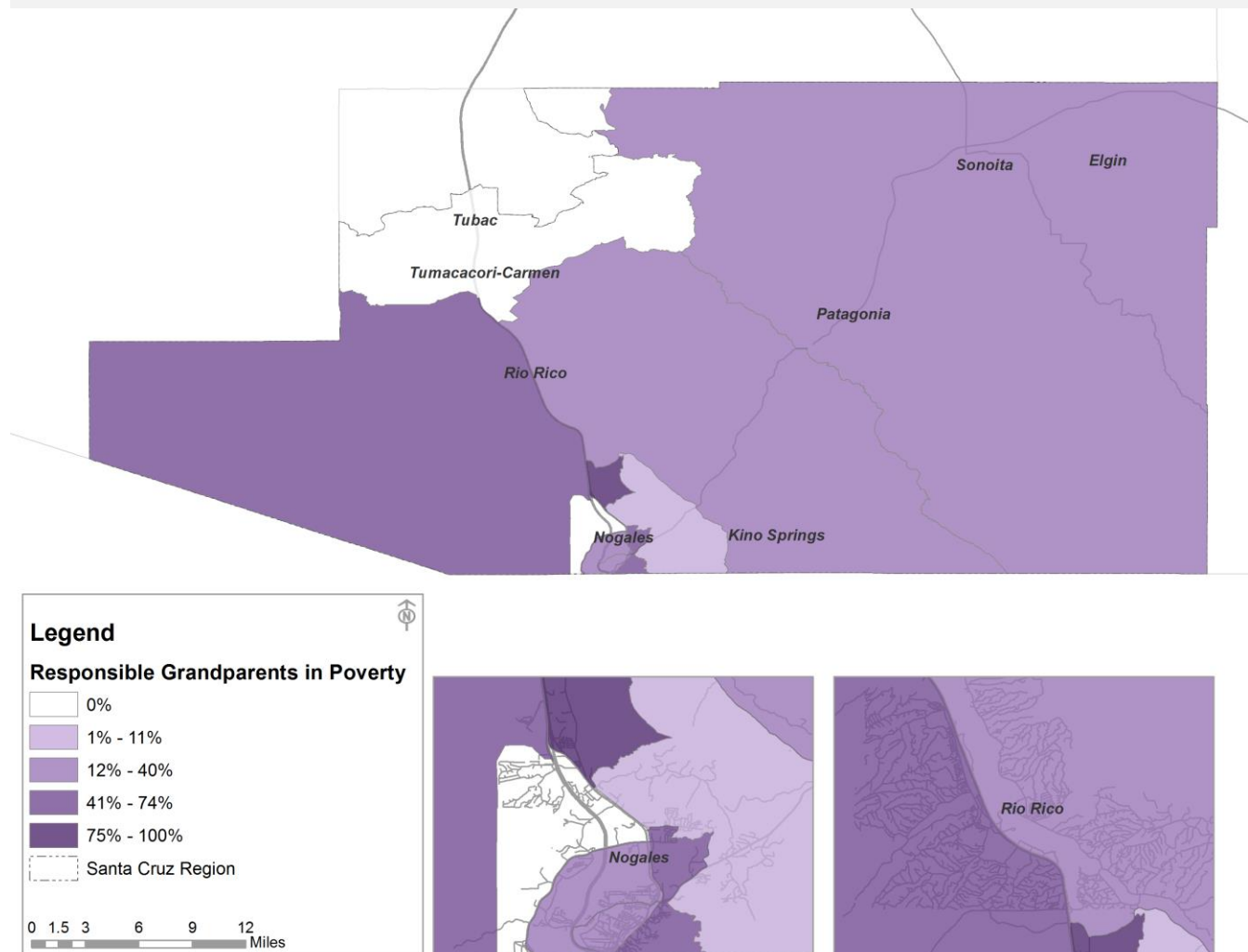
Figure 14. Map of Poverty in the Santa Cruz Region



	Legend	# of Census Blocks	Poverty 0-5	Population 0-5	% Poverty
	High Poverty-High Population	254	1,252	3,531	35%
	High Poverty-Low Population	35	59	95	62%
	Low Poverty-High Population	47	36	212	17%
	Low Poverty-Low Population	243	97	458	21%
	No Poverty	1,989	0	120	0%
	<b>Total</b>	<b>2,568</b>	<b>1,444</b>	<b>4,416</b>	<b>33%</b>

Source: First Things First (2016). Map produced by First Things First

Figure 15. Map of Responsible Grandparents in Poverty



Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B10059. Map produced by CRED.

Table 27. Poverty Rates for Grandparents Living With or Responsible for Grandchildren

Geography	Grandparents living with grandchildren			Grandparents responsible for grandchildren		
	Total	#	%	Total	#	%
Santa Cruz Region	2,452	732	30%	973	323	33%
Elgin	54	0	0%	54	0	0%
Nogales	1,169	388	33%	579	212	37%
Patagonia	51	19	37%	43	19	44%
Rio Rico	1,122	325	29%	241	92	38%
Sonoita	12	0	0%	12	0	0%
Tubac	0	0		0	0	
Tumacacori	44	0	0%	44	0	0%
Santa Cruz County	2,414	732	30%	935	323	35%
Arizona	166,232	34,513	21%	64,681	16,278	25%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B10059

Table 28. Financial Supports for Kinship Caregivers

	Personal/Clothing Allowance	Monthly Stipend	Comments
Informal Placements	--	--	--
Unlicensed Foster Care	\$0.63 - \$2.63 per day (Approximately \$19-\$80 per month)	No monthly stipend	Amount depends on the age of the child and any special circumstances
Licensed Foster Care	\$0.63 - \$2.63 per day (Approximately \$19-\$80 per month)	\$610- \$867	Amount depends on the age of the child and any special circumstances
Grandparent Subsidy	\$0.63 - \$2.63 per day (Approximately \$19-\$80 per month)	\$75 per month	Not available if the child is receiving TANF Cash Assistance
TANF Cash Assistance	\$0.63 - \$2.63 per day (Approximately \$19-\$80 per month)	Maximum \$164 for first child; \$57 for each additional child	--
Permanent Guardianship	--	\$338 - \$662	The amount is determined by the Department of Child Safety but cannot exceed the maintenance allowable for adoption subsidy. Child support, state and federal benefits will affect the subsidy.
Adoption Subsidy	--	\$590 - \$898  Up to \$2,000 reimbursement for court expenses for adoption.	The amount is determined by the Department of Child Safety but cannot exceed the maintenance allowable for adoption subsidy. Child support, state and federal benefits will affect the subsidy.

Source: Children's Action Alliance. (2016). *Grandparents Raising Grandchildren – Help and Resources*. Retrieved from: <http://azchildren.org/wp-content/uploads/2016/09/HELP-FOR-GRANDPARENTS-RAISING-GRANDKIDS-Resource-Document.pdf>



Table 29. Ratio of Income to Federal Poverty Level (FPL) for Families with Young Children (Ages 0 to 4)

	Estimated number of families with children (ages 0-4)	Families with children (ages 0-4) below 100% FPL	Families with children (ages 0-4) below 130% FPL	Families with children (ages 0-4) below 150% FPL	Families with children (ages 0-4) below 185% FPL
Santa Cruz Region	2,718	31%	44%	57%	64%
Elgin	6	0%	0%	0%	0%
Nogales	1,263	48%	56%	70%	81%
Patagonia	18	22%	22%	22%	39%
Rio Rico	1,277	18%	30%	43%	45%
Sonoita	4	0%	60%	60%	60%
Tubac	20	0%	0%	0%	0%
Tumacacori	129	0%	82%	82%	100%
Santa Cruz County	2,728	31%	44%	57%	64%
ARIZONA	301,165	27%	35%	41%	49%

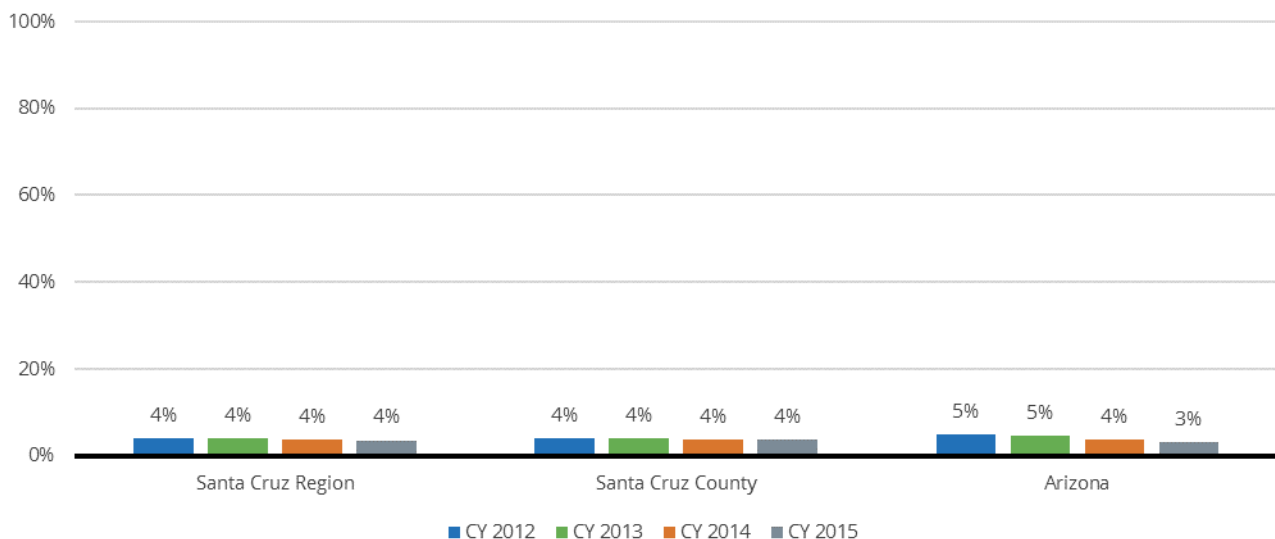
Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B17022

Table 30. Number of Children (Ages 0 to 5) Receiving Temporary Assistance to Needy Families (TANF)

	CY 2012	CY 2013	CY 2014	CY 2015	Change from 2012 to 2015
Santa Cruz Region	178	172	165	157	-12%
Santa Cruz County	179	172	165	158	-12%
ARIZONA	26,827	24,889	19,884	16,336	-39%

Source: Arizona Department of Economic Security (2016). [Family Assistance Administration dataset]. Unpublished data.

Figure 16. Number of Children (Ages 0 to 5) Receiving Temporary Assistance to Needy Families (TANF), 2012-2015



Source: Arizona Department of Economic Security (2016). [Family Assistance Administration dataset]. Unpublished data.

## Employment and Unemployment

Santa Cruz was slower to recover from the Great Recession than the state overall; unemployment rates finally began a noticeable decline in 2014 (Table 31). Unemployment rates in Santa Cruz County have consistently been nearly double the state's, and numerous key informants expressed concerns about the challenges around finding employment in the region, especially for young people. Again, a closer look within Santa Cruz reveals a diversity of experiences. Consistent with the high poverty rates in those areas, Nogales has higher rates of unemployment than other locales within Santa Cruz (Figure 17).<sup>iii</sup> Patagonia, on the other hand, has consistently had unemployment rates on par with the state overall, i.e., lower than the rest of the Santa Cruz region.

For young children living with both parents in the region, one parent is more likely to be in the labor force (28%) than both parents (18%) (Table 32; Figure 17).<sup>iv</sup> This pattern is opposite of the state where young children living with two parents are slightly more likely to have both their parents in the labor force (31%) compared to just one parent (29%). Forty-two percent of young children in the Santa Cruz Region live with a single parent who is in the labor force. Taken together, this means that over half (60%) of young children in the region live in a home where all the parents participate in the labor force. In Patagonia, the same is true for 78 percent of families. Families in this situation are likely to have a

<sup>iii</sup> Note that the areas listed are those for which the Arizona Local Area Unemployment Statistics have calculated unemployment rates. The definitions of these places follow Census definitions of cities and towns. Geographic definitions were revised by the Bureau of Labor Statistics in 2016 and recalculated for the periods of 1976-2016. Tribal unemployment statistics as well as estimates for small towns and places are no longer available.

<sup>iv</sup> Note: "In the labor force" includes persons who are employed and persons who are unemployed but looking for work. Persons who are "not in the labor force" include stay-at-home parents, students, retirees, and others who are not working or looking for work.

high need for child care. In addition to unemployment rates, the lack of child care, or the prohibitive cost of child care, can keep parents from participating in the labor force.<sup>49</sup> About 11 percent of children are in homes where no parent is participating in the labor force, which is the same as the statewide rate.

Among all grandparents who are raising grandchildren in the Santa Cruz Region, the majority (57%) are not in the labor force. However, among the subset who are responsible for their grandchild with no parent present, the majority (60%) are still in the labor force. Many grandparents may be retirees, but recall that the majority of grandparents raising grandchildren are under age 60 (see Table 16).

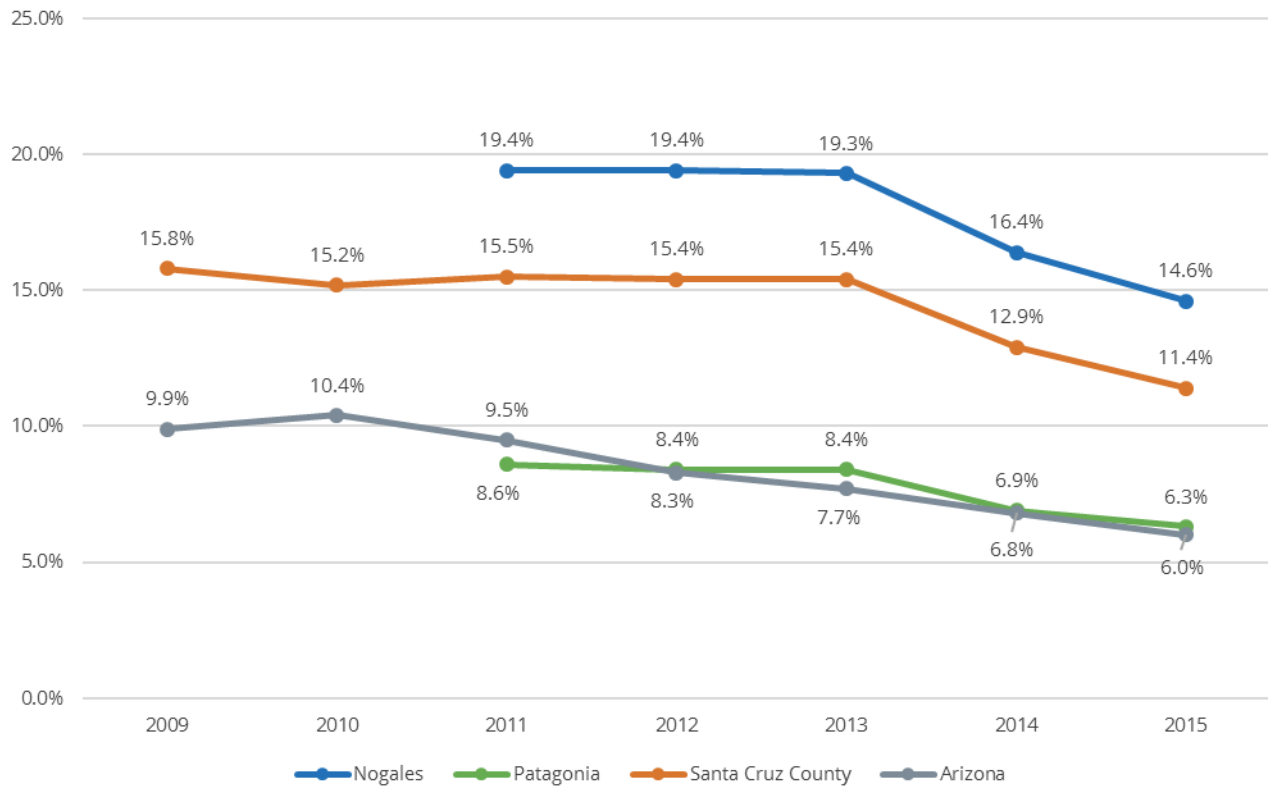
Table 31. Annual Unemployment Rates, 2009 to 2015

	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015
Santa Cruz Region							
Santa Cruz County	15.8%	15.2%	15.5%	15.4%	15.3%	12.9%	11.5%
ARIZONA	9.9%	10.4%	9.5%	8.3%	7.7%	6.8%	6.1%

Note: Unemployment rates represent annual averages and are not seasonally adjusted.

Source: Arizona Department of Administration, Employment and Population Statistics (2016). Local area unemployment statistics (LAUS).

Figure 17. Annual Unemployment Rates, 2009 to 2015



Note: Unemployment rates represent annual averages and are not seasonally adjusted

Source: Arizona Department of Administration, Employment and Population Statistics (2016). Local area unemployment statistics (LAUS).

Table 32. Parents of Young Children (Ages 0 to 5) Who Are or Are Not in the Labor Force

	Estimated number of children (ages 0-5) living with one or two parents	Children (ages 0-5) living with two parents who are both in the labor force	Children (ages 0-5) living with two parents, one in the labor force, and one not	Children (ages 0-5) living with two parents, neither in the labor force	Children (ages 0-5) living with a single parent who is in the labor force	Children (ages 0-5) living with a single parent who is not in the labor force
Santa Cruz Region	4,089	18%	28%	1%	42%	10%
Elgin	15	15%	85%	0%	0%	0%
Nogales	1,952	15%	23%	2%	49%	11%
Patagonia	38	18%	13%	8%	61%	0%
Rio Rico	1,945	22%	34%	1%	33%	11%
Sonoita	16	79%	21%	0%	0%	0%
Tubac	22	0%	100%	0%	0%	0%
Tumacacori	101	0%	0%	0%	100%	0%
Santa Cruz County	4,106	18%	28%	1%	42%	10%
ARIZONA	510,658	31%	29%	1%	29%	10%

Note: "In the labor force" includes persons who are employed and persons who are unemployed but looking for work. Persons who are "not in the labor force" include stay-at-home parents, students, retirees, and others who are not working or looking for work.

Note: The percentages above may not add to 100% due to rounding.

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B23008

Table 33. Labor Force Participation of Grandparents Living With or Responsible for Grandchildren

	Grandparents Responsible for Grandchildren (ages 0-18)			Grandparent Householder Responsible for Grandchildren, no parent present		
Geography	Total	In Labor Force	Not In Labor Force	Total	In Labor Force	Not In Labor Force
Santa Cruz Region	2,452	43%	57%	973	60%	40%
Elgin	54	90%	10%	54	90%	10%
Nogales	1,169	43%	57%	579	56%	44%
Patagonia	51	74%	26%	43	74%	26%
Rio Rico	1,122	40%	60%	241	66%	34%
Sonoita	12	0%	100%	12	0%	100%
Tubac	0	N/A	N/A	0	N/A	N/A
Tumacacori	44	52%	48%	44	52%	48%
Santa Cruz County	2,414	42%	58%	935	58%	42%
Arizona	166,232	50%	50%	64,681	59%	41%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2011-2015), Table B10058

## Food Insecurity

Feeding America's "Map the Meal Gap" project gathers information regarding food insecure households, types of households, unemployment rates, and other information to provide a picture of the nation's food insecurity.<sup>50</sup> Food insecurity is defined by the USDA as a "household-level economic and social condition of limited or uncertain access to adequate food."<sup>51</sup> In the Santa Cruz Region, 12 percent of the population is estimated to be food insecure, which is lower than across the state as a whole (17%). Twenty eight percent of children (those under 18 years old) are food insecure, similar to the state's 27 percent. An estimated 82 percent of food insecure children in the region are likely to be income-eligible for federal nutrition assistance (Table 34).<sup>52,53</sup> This is reflected in the high rates of participation in WIC and school meal programs in the region (Table 38; Table 41).

Families' abilities to promote the health of their children is influenced by the built environment of their communities. In the Santa Cruz Region in 2012 (the most recent data available), there were nearly four times as many fast-food restaurants as there are grocery stores (Table 35).<sup>v</sup> However, on a per-capita basis, there were actually slightly more grocery stores and slightly fewer fast-food restaurants in Santa Cruz County than elsewhere in the state. There was one fitness and recreation facility recorded in Santa Cruz in 2012,<sup>vi</sup> meaning that many families cannot reasonably access such a facility. A key informant noted that additional fitness facilities have opened since then in the region, including multiple crossfit gyms. However, multiple key informants stated that the outdoor recreation options were still quite limited and that they often turned to fast-food restaurants' indoor play spaces for an activity to do with children.

Other programs, such as the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the National School Lunch Program are important for helping those at risk of hunger. The Santa Cruz Region contains 30 SNAP retailers and 4 WIC retailers (Table 36). Although the number of young children participating in SNAP has declined since 2012, this program still supports over 2,600 children in the Santa Cruz Region annually (Table 37; Figure 18). WIC participation has also declined slightly (Table 39) but still serves the vast majority of the population of infants and children (85% in 2015). Figure 19 provides a single month snapshot of participation in the program; 94 percent of the infants and 85 percent of the children who were enrolled in WIC claimed their benefits that month (January 2015). Table 40 provides this information for the sub-regions.

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<sup>v</sup> Based on the USDA definitions, grocery stores are defined here as "establishments generally known as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included in this industry are delicatessen-type establishments primarily engaged in retailing a general line of food. Convenience stores, with or without gasoline sales, are excluded. Large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded."

[https://www.ers.usda.gov/webdocs/DataFiles/Data\\_Access\\_and\\_Documentation\\_Downloads\\_18030/documentation.pdf?v=42226](https://www.ers.usda.gov/webdocs/DataFiles/Data_Access_and_Documentation_Downloads_18030/documentation.pdf?v=42226)

<sup>vi</sup> Based on the USDA definitions, these are "establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports"

[https://www.ers.usda.gov/webdocs/DataFiles/Data\\_Access\\_and\\_Documentation\\_Downloads\\_18030/documentation.pdf?v=42226](https://www.ers.usda.gov/webdocs/DataFiles/Data_Access_and_Documentation_Downloads_18030/documentation.pdf?v=42226)

### Teen Parents

Of the 588 mothers receiving WIC in Nogales in 2015, 41 (7.0%) were teen mothers. Of the 426 mothers receiving WIC in Rio Rico in 2015, 16 (3.8%) were teen mothers. Overall in the Santa Cruz Region, there were 57 teen mothers receiving WIC, representing 5.5% of the total mothers receiving WIC. Nationally, 3.7% of women receiving WIC in 2014 were teen mothers ages 17 or younger,<sup>54</sup> meaning that WIC is supporting a higher proportion of young mothers in the Santa Cruz Region than elsewhere in the United States.

About three-quarters (77-78%) of students in the Santa Cruz Region have been eligible for free or reduced-price lunch since 2012 (Figure 20). At the same time, the percent across the state has hovered around 57-58 percent. Charter schools in Santa Cruz appear to serve children who are almost universally eligible for free or reduced-price lunch (Table 41). Children in foster care, including kinship foster care, are eligible for free breakfast and lunch at school.

When school is not in session, schools, community centers, churches, and other community institutions in areas with at least 50 percent of children or more who are eligible for free or reduced-price lunch can receive funding through the Summer Food Service Program (SFSP)<sup>vii</sup> to provide summer meals to children of all ages.<sup>55</sup> In Santa Cruz County in 2015, 84 sites provided summer meals to children, although the number of meals served in the county declined 26 percent between 2012 and 2015 (Table 42; Figure 21).

As of January 2015, there were 4 sites in Santa Cruz County participating in the Child and Adult Care Food Program (CACFP), not counting adult care centers or emergency shelters. 2015 was the first year in which Santa Cruz had any sites participating in CACFP (Table 44). All 4 sites were Head Start centers, in contrast to the state where most CACFP sites are child care centers and preschools (Table 44). These 4 programs provided breakfast and lunch to nearly 300 children (Table 45).

Table 34. Food Insecurity and Eligibility for Federal Nutrition Assistance

	Total population	Food insecurity rate (all ages)	Likely eligible for Federal Nutrition Assistance (all ages)	Population of children (ages 0-17)	Food insecurity rate (ages 0-17)	Likely eligible for Federal Nutrition Assistance (ages 0-17)
Santa Cruz Region						
Santa Cruz County	47,250	12%	94%	13,853	28%	82%
ARIZONA	6,731,490	17%	67%	1,622,077	27%	68%

Source: Feeding America (2016). Hunger in America. Retrieved from [map.feedingamerica.org/county/2014/overall](http://map.feedingamerica.org/county/2014/overall)

<sup>vii</sup> For more information on the Summer Food Service Program in Arizona, visit <http://www.azsummerfood.gov/>



Table 35. Food Environment

	Grocery stores, 2012	Grocery stores per thousand residents, 2012	Fast-food restaurants, 2012	Fast-food restaurants per thousand residents, 2012	Recreation & fitness facilities, 2012	Recreation and fitness facilities per thousand residents, 2012
Santa Cruz Region						
Santa Cruz County	7	0.15	27	0.57	1	0.02
ARIZONA	825	0.13	4,238	0.65	456	0.07

Source: USDA Economic Research Service (2014). Food Environment Atlas. Retrieved from [www.ers.usda.gov/data-products/food-environment-atlas](http://www.ers.usda.gov/data-products/food-environment-atlas)

Table 36. Retailers Participating in the SNAP or WIC Programs

	Number of SNAP retailers	SNAP retailers per 100,000 residents	Number of WIC retailers	WIC retailers per 100,000 residents
Santa Cruz Region	30	63.7	4	8.5
Elgin	0	0.0	0	0.0
Nogales	22	95.4	3	13.0
Patagonia	2	139.9	0	0.0
Rio Rico	4	21.0	1	5.2
Sonoita	0	0.0	0	0.0
Tubac	1	79.8	0	0.0
Tumacacori	1	226.8	0	0.0
Santa Cruz County	31	65.4	4	8.4
ARIZONA	4,038	63.2	644	10.1

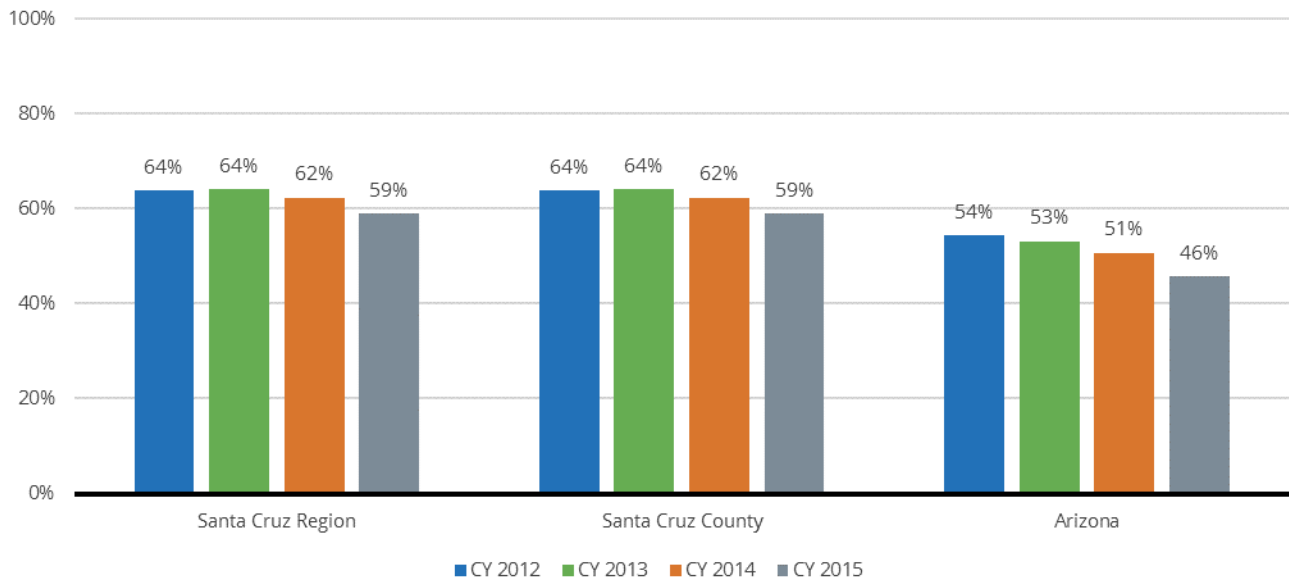
Source: United Arizona Department of Health Services (2016). Arizona WIC Vendor List. Retrieved from <http://azdhs.gov/documents/prevention/azwic/az-wic-vendor-list.pdf>; Inter-Tribal Council of Arizona (2016). Special Supplemental Nutrition Program for Women, Infants, and Children: Find a Store. Retrieved from [http://itcaonline.com/?page\\_id=1064](http://itcaonline.com/?page_id=1064); United States Department of Agriculture (2016). SNAP Retailer Locator. Retrieved from <https://www.fns.usda.gov/snap/retailerlocator>

Table 37. Numbers of Young Children (Ages 0 to 5) Receiving SNAP Benefits, 2012 to 2015

	CY 2012	CY 2013	CY 2014	CY 2015	Change from 2012 to 2015
Santa Cruz Region	2,820	2,834	2,752	2,602	-8%
Santa Cruz County	2,834	2,843	2,765	2,612	-8%
ARIZONA	296,686	290,513	277,345	249,712	-16%

Source: Arizona Department of Economic Security (2016). [Family Assistance Administration dataset]. Unpublished data.

Figure 18. Estimated Percent of Young Children (Ages 0 to 5) Enrolled in SNAP, 2012 to 2015



Source: Arizona Department of Economic Security (2016). [Family Assistance Administration dataset]. Unpublished data.

Table 38. Number of Women, Infants, and Children Enrolled in the WIC Program During 2015

	Total	Women	Infants	Children
Santa Cruz Region	4,133	1,034	1,018	2,081
Elgin	<25	<25	<25	<25
Nogales	2,351	588	1,171	592
Patagonia	41	<25	<25	<25
Rio Rico	1,704	426	872	406
Sonoita	<25	<25	<25	<25
Tubac	<25	<25	<25	<25
Tumacacori	<25	<25	<25	<25
Santa Cruz County	4,140	1,036	1,020	2,084
ARIZONA	310,181	82,860	87,836	139,485

Source: Arizona Department of Health Services (2016). [WIC datasets]. Unpublished data.

Table 39. Infants and Children (Ages 0 to 4) Enrolled in the WIC Program as a Percentage of the Population, 2012 to 2015

	Number of children (ages 0-4) in 2010 US Census	2012	2012	2013	2013	2014	2014	2015	2015	Change from 2012 to 2015
Santa Cruz Region	3,660	3,316	91%	3,237	88%	3,110	85%	3,099	85%	-7%
Elgin	30		DS		DS		DS		DS	DS
Nogales	1,848		101%		99%		95%		95%	-6%
Patagonia	70		33%		DS		DS		41%	+26%
Rio Rico	1,640		83%		81%		79%		78%	-7%
Sonoita	27		DS		DS		DS		DS	DS
Tubac	<25		DS		DS		DS		DS	DS
Tumacacori	<25		DS		DS		DS		DS	DS
Santa Cruz County	3,676	3,319	90%	3,238	88%	3,113	85%	3,104	84%	-6%
ARIZONA	455,715	255,332	56%	243,050	53%	233,012	51%	227,321	50%	-11%

Source: Arizona Department of Health Services (2016). [WIC datasets]. Unpublished data.

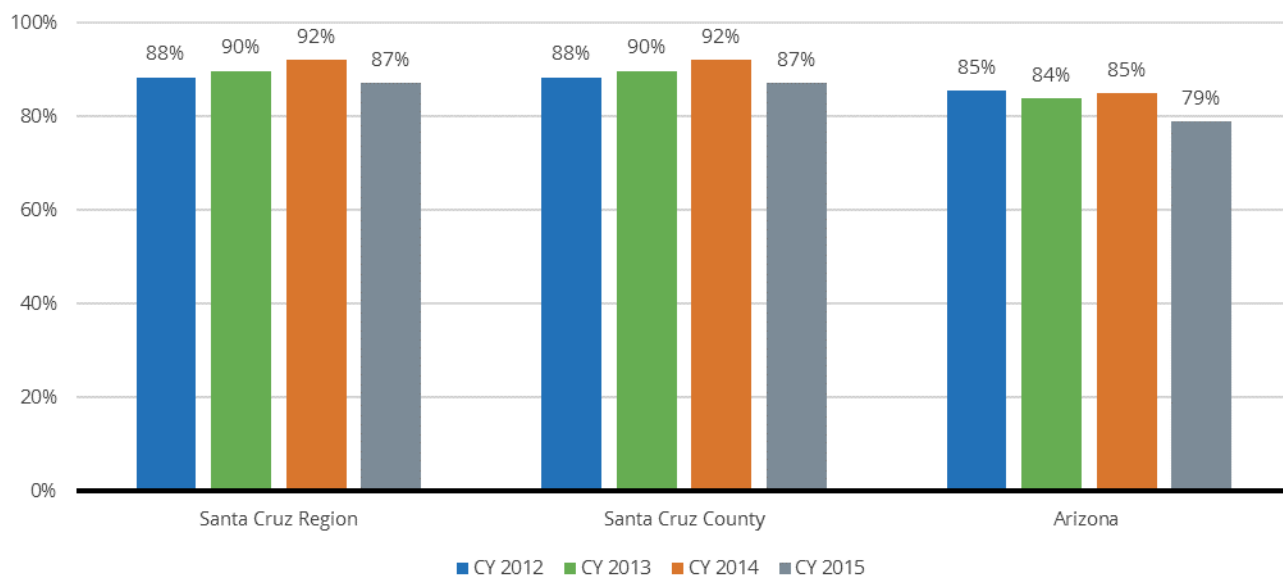
Table 40. WIC Participation Rates During January 2015

	Total	Women	Infants	Children
Santa Cruz Region	87%	86%	94%	85%
Elgin	DS	DS	DS	DS
Nogales	87%	89%	92%	87%
Patagonia	DS	DS	DS	81%
Rio Rico	90%	91%	92%	87%
Sonoita	DS	DS	DS	DS
Tubac	88%	100%	100%	DS
Tumacacori	DS	DS	DS	DS
Santa Cruz County	87%	86%	94%	85%
ARIZONA	79%	78%	84%	77%

Note: The participation rate is the number of persons receiving WIC benefits during January 2015, divided by the total number of persons enrolled in the program.

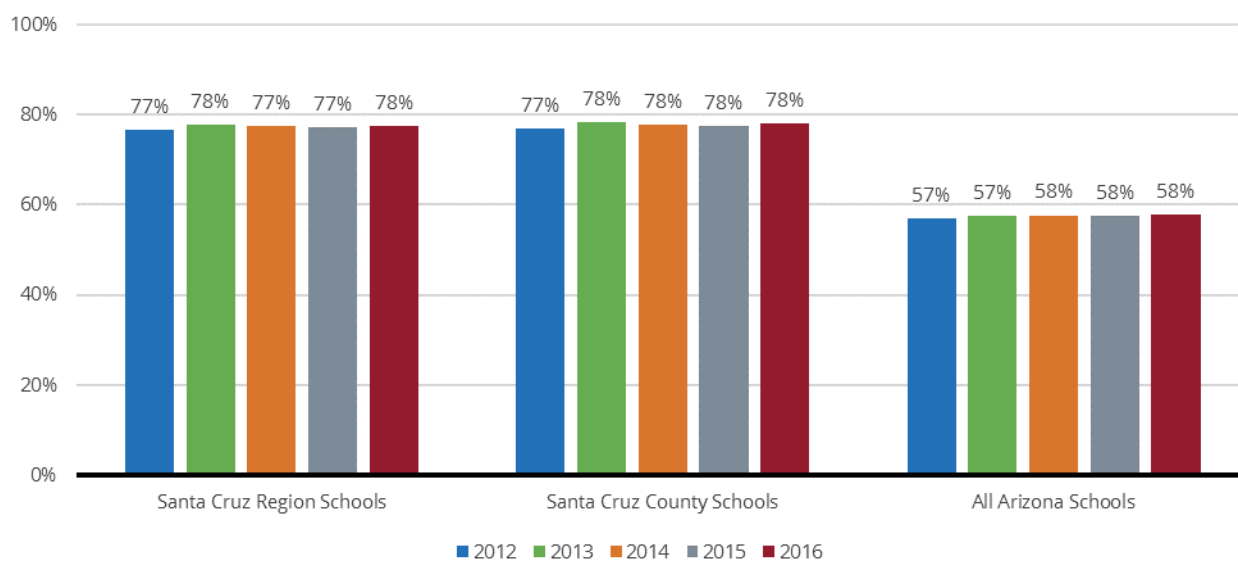
Source: Arizona Department of Health Services (2016). [WIC datasets]. Unpublished data.

Figure 19. WIC Participation Rates During January 2015



Note: The participation rate is the number of persons receiving WIC benefits during January 2015, divided by the total number of persons enrolled in the program.  
Source: Arizona Department of Health Services (2016). [WIC datasets]. Unpublished data.

Figure 20. Proportion of Students (Pre-kindergarten Through Twelfth Grade) Eligible for Free or Reduced-Price Lunch, 2012 to 2016



Source: Arizona Department of Education (2016). [Free and reduced lunch dataset]. Unpublished data.

**Table 41. Proportion of Students (Pre-kindergarten Through Twelfth Grade) Eligible for Free or Reduced-Price Lunch, 2012 to 2016**

	2012	2013	2014	2015	2016
<b>Santa Cruz Region Schools</b>	<b>77%</b>	<b>78%</b>	<b>77%</b>	<b>77%</b>	<b>78%</b>
Nogales Unified School District	77%	79%	80%	79%	79%
Patagonia Elementary District	82%	82%	82%	84%	91%
Patagonia Union High School District	75%	83%	78%	65%	76%
Santa Cruz Elementary District	75%	82%	76%	75%	80%
Santa Cruz Valley Unified School District	76%	75%	74%	74%	75%
Sonoita Elementary District	30%	42%	38%	38%	37%
Santa Cruz Region Charter Schools	94%	96%	98%	97%	97%
Santa Cruz County Schools	77%	78%	78%	78%	78%
All Arizona Schools	57%	57%	57%	58%	58%

*Note: The data for the districts and schools above is only for the schools that fall within the regional boundaries and thus may differ from the data for the district as a whole.*

*Source: Arizona Department of Education (2016). [Free and reduced lunch dataset]. Unpublished data.*

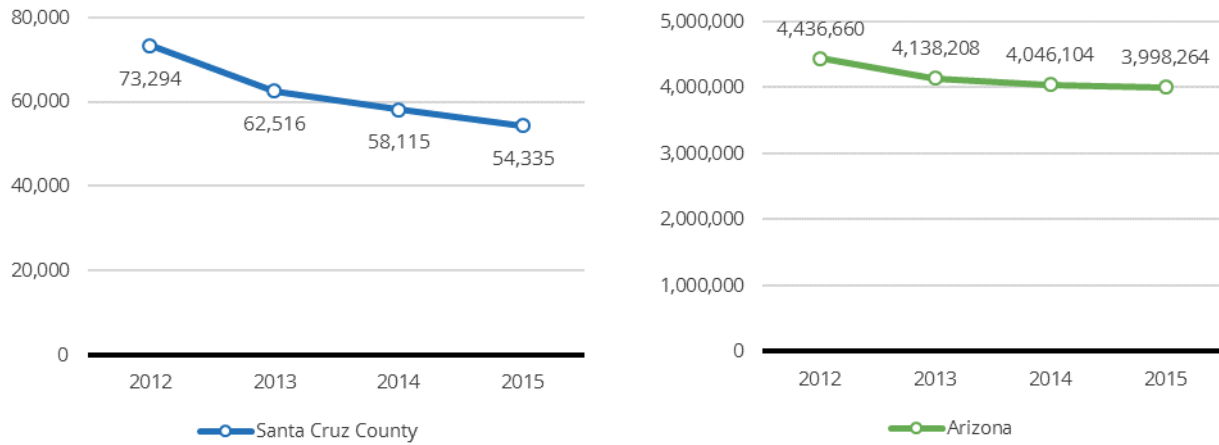
**Table 42. The Summer Food Service Program (SFSP)**

	Number of sites in Summer 2015	Number of free meals in Summer 2015	Change in the number of meals from 2012 to 2015
<b>Santa Cruz Region</b>			
Santa Cruz County	84	54,335	-26%
Arizona	3,506	3,998,264	-10%

*Note: The Summer Food Service Program serves children of all ages based on area eligibility. Sites must be located in the attendance area of a school or a census tract or block group where at least 50 percent of children are eligible for free or reduced price meals*

*Source: Arizona Department of Education (2015). [Summer Food Service Program Dataset]. Unpublished data.*

Figure 21. Trends in Meals Served through the Summer Food Service Program (SFSP)



Note: The Summer Food Service Program serves children of all ages based on area eligibility. Sites must be located in the attendance area of a school or a census tract or block group where at least 50 percent of children are eligible for free or reduced price meals  
Source: Arizona Department of Education (2015). [Summer Food Service Program Dataset]. Unpublished data.

Table 43. Number of sites participating in Child and Adult Care Food Program (CACFP), 2012-2016

	January 2012	January 2013	January 2014	January 2015	Change from 2012 to 2015
Santa Cruz Region	N/A	N/A	N/A	N/A	N/A
Santa Cruz County	0	0	0	4	**
Arizona	849	868	873	901	+6%

Note: This does not include adult care centers or emergency shelters where meals were served.

\*\*There were no CACFP sites in Santa Cruz County prior to 2015

Source: Arizona Department of Education (2015). [Child and Adult Food Care Program Dataset]. Unpublished data.



Table 44. Sites participating in Child and Adult Care Food Program (CACFP) by type, January 2015

	Total meals	At-Risk Meal Service Center	Child Care Center or Preschool	Head Start Center	Outside School Hours Care Center
Santa Cruz County	62,105	0%	0%	100%	0%
Arizona	21,773,052	6%	81%	12%	1%

Source: Arizona Department of Education (2015). [Child and Adult Food Care Program Dataset]. Unpublished data.

Table 45. Number of Children Served by the Child and Adult Care Food Program (CACFP) in January 2015

	Breakfast	Morning snack	Lunch	Afternoon snack	Supper	Evening snack
Santa Cruz Region						
Santa Cruz County	294	108	294	186	0	0
Arizona	50,252	16,809	54,098	56,849	27,906	2,375

Note: Meals served at adult care centers and emergency shelters were excluded from this table

Source: Arizona Department of Education (2015). [Child and Adult Food Care Program Dataset]. Unpublished data.

## Housing

Of the 15,501 housing units in Santa Cruz, 35 percent are occupied by renters and 65 percent are occupied by home-owners, which is similar to the state overall (63%) (Table 46). Rates are roughly similar across the sub-regions, with the exception of Elgin and Sonoita that have high rates of home-ownership (91% and 87%, respectively). In Nogales, nearly half (47%) of housing is occupied by renters. The Santa Cruz Region looks similar to the state as a whole with regard to the cost of housing: 33 percent of Santa Cruz housing units require their residents to contribute more than 30 percent of their household income toward housing, compared to 34 percent statewide (Table 47). In the Tumacacori area, housing is relatively more affordable, with only six percent of units crossing the 30 percent cost threshold, whereas in Nogales, 37 percent do.

Table 46. Owner- and Renter-Occupied Housing Units

	Number of occupied housing units	Owner-occupied units	Renter-occupied units
Santa Cruz Region	15,501	65%	35%
Elgin	355	91%	9%
Nogales	7,276	53%	47%
Patagonia	680	62%	38%
Rio Rico	5,591	78%	22%
Sonoita	486	87%	13%
Tubac	785	69%	31%
Tumacacori	328	67%	33%
Santa Cruz County	15,514	65%	35%
ARIZONA	2,387,246	63%	37%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B25106

Table 47. The Cost of Housing, Relative to Household Income

	Number of occupied housing units	Occupied housing units which cost 30% of household income, or more
Santa Cruz Region	15,501	33%
Elgin	355	38%
Nogales	7,276	37%
Patagonia	680	26%
Rio Rico	5,591	30%
Sonoita	486	24%
Tubac	785	29%
Tumacacori	328	6%
Santa Cruz County	15,514	33%
ARIZONA	2,387,246	34%

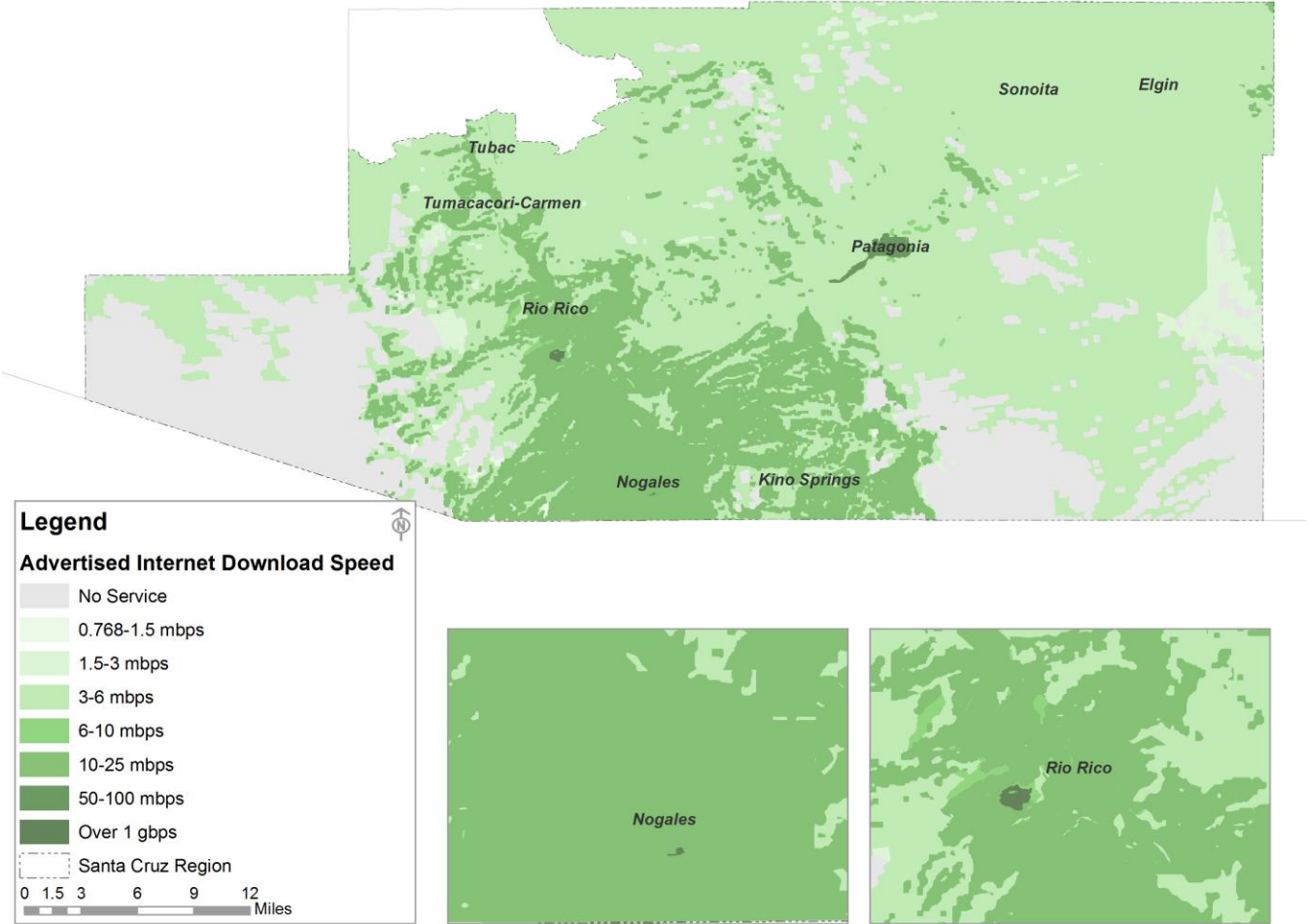
Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B25106

## Internet Access

Internet access is an increasingly important utility, one that facilitates access to information, education, services, and even employment. According to the National Broadband Plan, a plan of the Federal Communications Commission, a goal for the year 2020 is that “at least 100 million U.S. homes should have affordable access to actual download speeds of at least 100 megabits per second and actual upload speeds of at least 50 megabits per second.”<sup>viii</sup> As can be seen in the map, the region is far removed from this target (Figure 22). The most populated areas generally offer advertised download speeds of 10-25 megabytes per second (Mbps). Note that these speeds represent the maximum advertised internet download speed for broadband and wireless internet, not what the consumer is actually achieving at any given moment. The Federal Communication Commission suggests that moderate use – i.e., 4 or more users of basic services like email on the internet simultaneously – needs a minimum speed of 6 to 15 Mbps.<sup>56</sup> Using the internet for more demanding applications, such as online coursework with video components, could demand more. There are many parts of the region where even basic internet access is likely to be slow.

<sup>viii</sup> [http://www.broadband.gov/plan/2-goals-for-a-high-performance-america/#\\_edn3](http://www.broadband.gov/plan/2-goals-for-a-high-performance-america/#_edn3)

Figure 22. Internet Speeds in the Santa Cruz Region



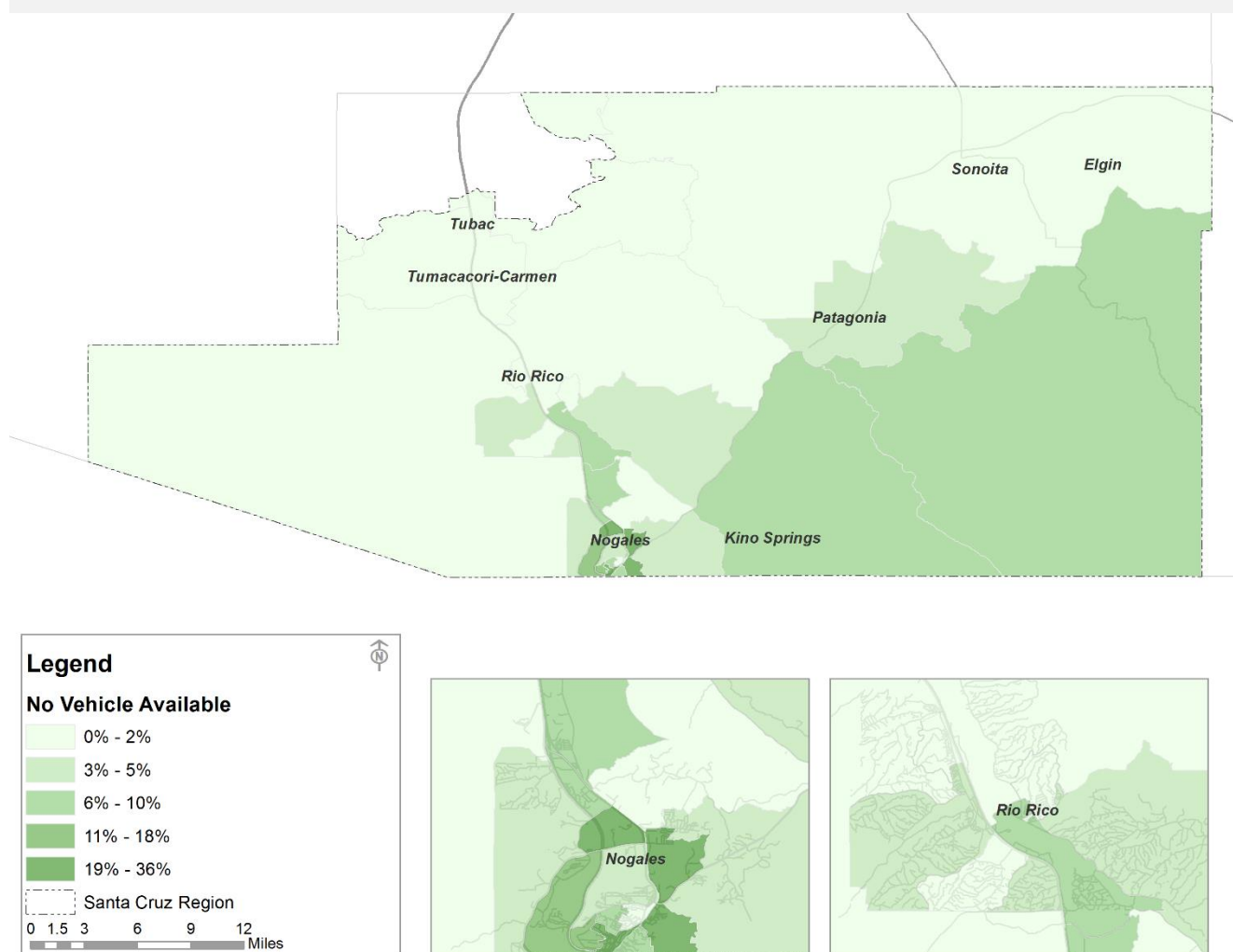
Note: These speeds represent the maximum advertised internet download speed for broadband and wireless internet. Satellite internet availability is not represented in this map.

Source: AZGEO Clearinghouse (2016). Broadband Footprint, Cable Broad Band Service Areas, Mobile Wireless Broadband Service Areas [Shapefiles]. Retrieved from <http://azgeo.az.gov>

## Transportation

Figure 23 illustrates the proportion of households, by census block group, that lack access to a vehicle. Whereas most households in the northern part of the county have access to a vehicle, in parts of Nogales, as many as one in every three households lacks access. Numerous key informants in Rio Rico and Nogales mentioned transportation as a significant issue for the region, one that limited residents' ability to access services such as prenatal care. The area lacks a robust public transportation system, and program hubs such as the Mariposa Community Health Center own vans to provide rides to clients. There is a transportation program run by the Public Works Department in Nogales that provides rides to senior citizens and those with special needs; reservations must be made 24-48 hours in advance.<sup>57</sup>

Figure 23. Household Access to a Vehicle in the Santa Cruz Region, by Census Block Group



Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B25044. Map produced by CRED.





## EDUCATIONAL INDICATORS

## Why Educational Indicators Matter

The degree to which people in a community are engaged and succeeding in educational settings can have profound impacts on the developmental and economic resources available to children and families in that region. Indicators such as school enrollment and attendance, achievement on standardized testing, graduation and dropout rates, and the overall level of education in the adult population can all paint a picture of a region's educational engagement and success.

The importance of education begins early in life. Preschool participation has been shown to better prepare young children for kindergarten by supporting good school attendance practices and honing socio-emotional, cognitive, and physical skills.<sup>58,59,60,61</sup> Starting in kindergarten, poor school attendance can cause children to fall behind, leading to lowered proficiency in reading and math, and increased grade-retention.<sup>62</sup>

Early education lays an important foundation for the future. Students who are at or above grade level reading in third grade are more likely to graduate high school and attend college.<sup>63</sup> A family's economic circumstances can multiply this effect: more than one-fourth (26%) of children who were both not reading proficiently in third grade and living in poverty for at least a year do not finish high school – that is more than six times the drop-out rate for proficient readers.<sup>64</sup>

In recognition of the importance of assuring that children are reading by the third grade, the Arizona Revised Statute §15-701 (also known as the *Move on When Reading* law) was enacted, which states that a student shall not be promoted from the third grade if the student obtains a score that falls far below the third-grade level.<sup>65</sup> Exceptions exist for students identified with or being evaluated for learning disabilities, English language learners, and those with reading impairments. From 2000–2014, the primary in-school performance measure of students in public elementary schools in the state used to meet the *Move on When Reading* requirement was the Arizona's Instrument to Measure Standards (AIMS).<sup>66</sup> In 2014, the statewide assessment tool for English language arts (ELA) and mathematics changed from AIMS to AzMERIT (Arizona's Measurement of Educational Readiness to Inform Teaching), and the first AzMERIT testing began in the 2015 school year.<sup>67</sup> New proficiency cut points were determined by grade level,<sup>68</sup> and earning a score of "proficient" or "highly proficient" indicates that a student is prepared for the next grade without requiring additional support.<sup>69</sup> Students who score as either "minimally" or "partially proficient" are likely to need support to be ready to move on to the next grade.<sup>70</sup> In order for children to be prepared to succeed on tests such as AzMERIT, research shows that early reading experiences, opportunities to build vocabularies, and literacy-rich environments are the most effective ways to support the literacy development of young children.<sup>71</sup>

Beyond the direct connections between caregivers' education and their own literacy, the ability to read to, share with, and teach young children in the home is influenced by parental and familial stress levels, income levels, and educational levels. Families in poverty are often grappling with issues of day-to-day survival which may limit time spent in developmentally enriching activities. Parents with higher educational attainment may be less vulnerable to these issues and are more likely to have children with positive outcomes related to school readiness and educational achievement, as well improved health, social and economic outcomes.<sup>72</sup> Higher levels of parental education are also associated with better housing, more secure neighborhoods, and stable working conditions, all of which are important for the health and well-being of children.<sup>73,74</sup>

## What the Data Tell Us

### Enrollment

District boundaries are shown in Figure 24. There are three schools in the Santa Cruz Region that offer pre-kindergarten programs; these schools enroll 90 children (Table 48). The biggest program is in the Santa Cruz Valley Unified School District in the Rio Rico area.

There are nearly 3,000 students enrolled in kindergarten through third grade in the Santa Cruz Region. Of these, 867 (29%) are classified as English Language Learners across the region as a whole; this is nearly triple the rate in Arizona as whole (10%) (Table 49). Charter schools in the region have an even higher proportion of English Language Learners (42%).

#### *Kith and Kin Caregivers*

Enrolling in school can be a challenge for children living with someone other than their parents. If a child is a U.S. citizen, but the parent lives in Mexico, that child cannot enroll in school. Even if a parent grants power of attorney to a kinship care provider, that power of attorney is insufficient to enroll a child in school; full guardianship needs to be obtained.<sup>75</sup>

Table 48. Pre-Kindergarten Enrollment

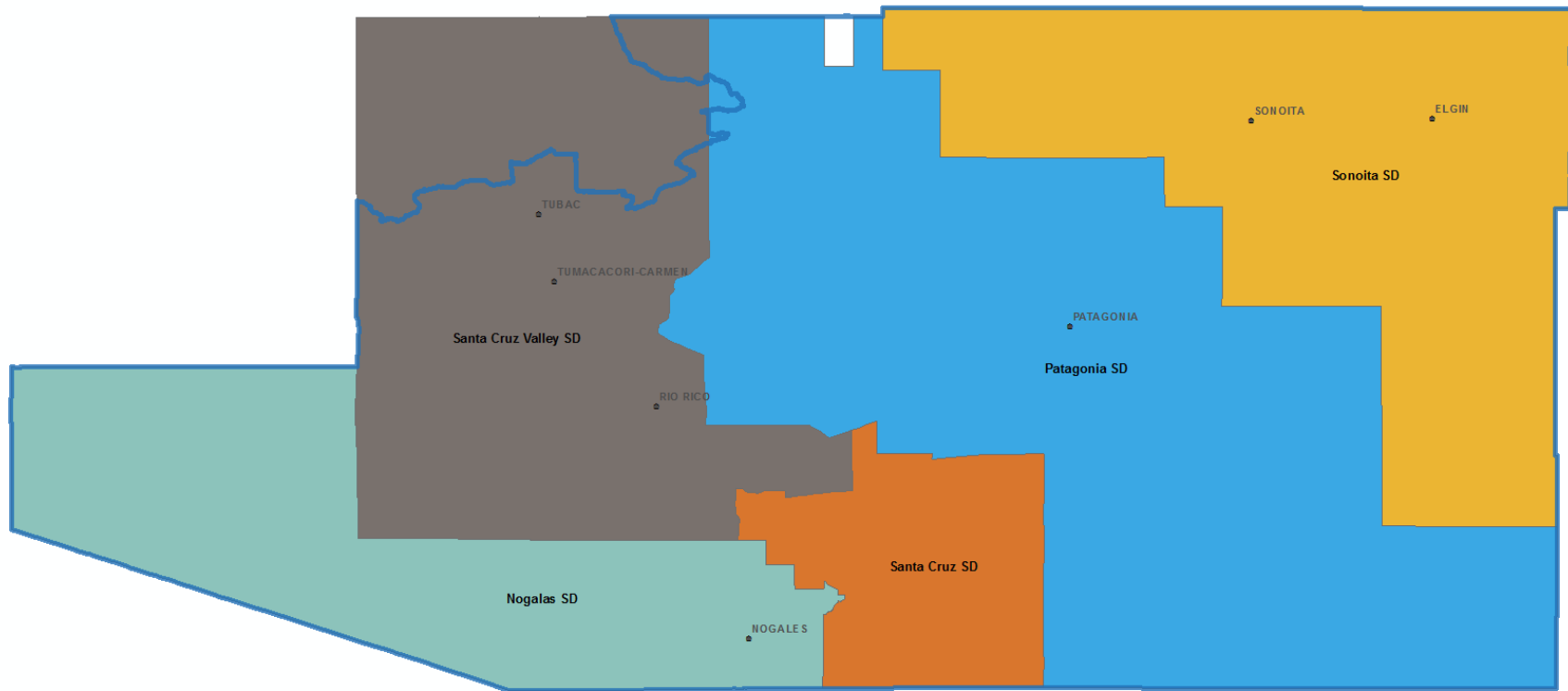
	Number of schools with pre-kindergarten	Number of students enrolled
Santa Cruz Region Schools	3	90
Nogales Unified School District	1	21
Patagonia Elementary District	1	<10
Santa Cruz Elementary District	0	0
Santa Cruz Valley Unified School District	1	68
Sonoita Elementary District	0	0
Santa Cruz County Schools	3	90
All Arizona Schools	445	19,123

Note: The school-district data in this table include only the schools that fall within the region's boundaries. For districts that are partially outside of the region, the data for the complete district is likely to vary from the percentages reported here.

Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.



Figure 24. The School Districts of the Santa Cruz Region



Source: First Things First (2016). Map produced by First Things First

Table 49. Kindergarten Through Third-Grade Enrollment

	Number of students enrolled (K to 3)	Number of English Language Learners (ELL)	Percent of students who are ELL
Santa Cruz Region Schools	2,971	867	29%
Nogales Unified School District	1,726	586	34%
Patagonia Elementary District	35	<10	3%
Santa Cruz Elementary District	95	28	29%
Santa Cruz Valley Unified School District	938	195	21%
Sonoita Elementary District	51	<10	8%
Santa Cruz Region Charter Schools	126	53	42%
Santa Cruz County Schools	3,052	878	29%
All Arizona Schools	342,307	34,256	10%

Note: The data for the districts and schools above is only for the schools that fall within the regional boundaries and thus may differ from the data for the district as a whole.

Source: Arizona Department of Education (2016). [Enrollment Dataset]. Unpublished data.

## Standardized Test Scores

The AzMERIT, which replaced AIMS in the 2014–2015 school year, is designed to assess students' critical thinking skills and their mastery of the Arizona College and Career Ready Standards established in 2010. Students who receive a proficient or highly proficient score are considered adequately prepared for success in the next grade. In the 2014–2015 school year, 39 percent of Santa Cruz Region students attained these scores on the third grade math assessment, which was a slightly lower passing rate than across Arizona as a whole (42%) (Figure 25; Table 50). Students in the Santa Cruz Elementary District and charter schools performed better (61% and 60% passing rates, respectively) (Table 50). Information on individual schools is available through the Arizona Department of Education's website: <http://www.azed.gov/research-evaluation/aims-assessment-results/>.

Performance on the English Language Arts (ELA) test was even lower, with 32 percent of Santa Cruz students demonstrating proficiency, compared to 40 percent across the state (Figure 26). Note that English language learners are exempt from AzMERIT, and given the abundance of these students in Nogales and charter schools, there are likely many more students struggling with English language arts than are reflected here (Table 51). A portion of the 53 percent of Santa Cruz Region third graders who scored minimally proficient on the ELA assessment are at risk for retention in third grade, based on the

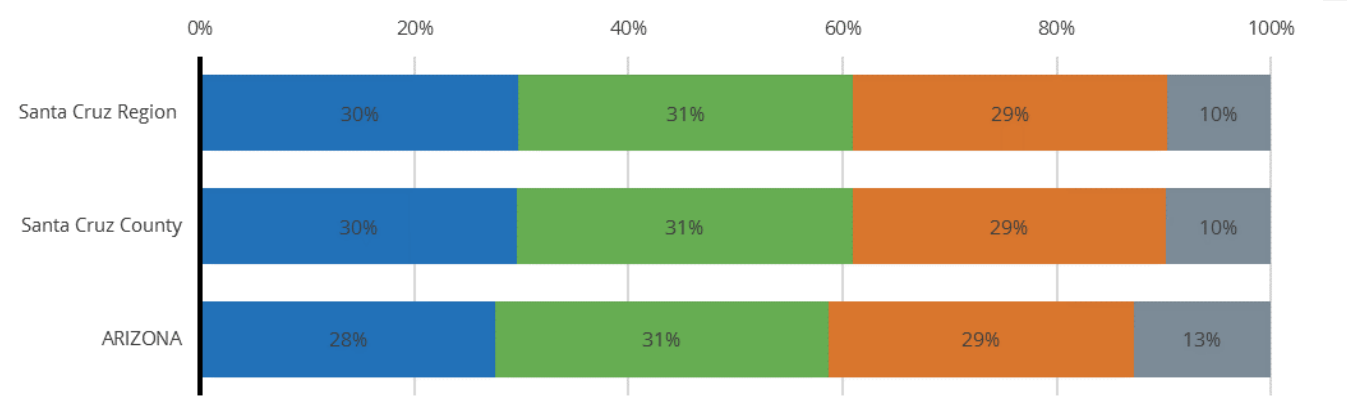
Arizona’s *Move on When Reading* law, which requires retention of those whose reading falls far below the third grade level.<sup>ix</sup>

A sample of students in Arizona grades 4, 8 and 12 also take the National Assessment of Educational Progress (NAEP), a nationally-administered achievement test that allows for comparisons between states. Thirty percent of Arizona fourth-graders scored at the proficient or advanced level in reading in 2015, compared with 35 percent of fourth-graders nationally. Scores have been improving steadily, both in the state and nationally, since testing began in 1998.<sup>76</sup>

Although data at the regional level is unavailable, the NAEP also demonstrated that strong disparities exist in the state based on race, ethnicity, and income. Forty-four percent of Arizona fourth grade white students score at the proficient reading level or above, compared with 27 percent of black students, 18 percent of Hispanic students, and 11 percent of American Indian students. Fifty-two percent of fourth graders who were *not* eligible for free/reduced-price school lunch scored at or above the proficient reading level, but only 17 percent of children who were eligible for the program scored that highly.<sup>77</sup>

Student performance in the Santa Cruz Region, and statewide, suggests that there is much work to be done to support early literacy and to strengthen scholastic achievement, particularly among young children of color and children in poverty.

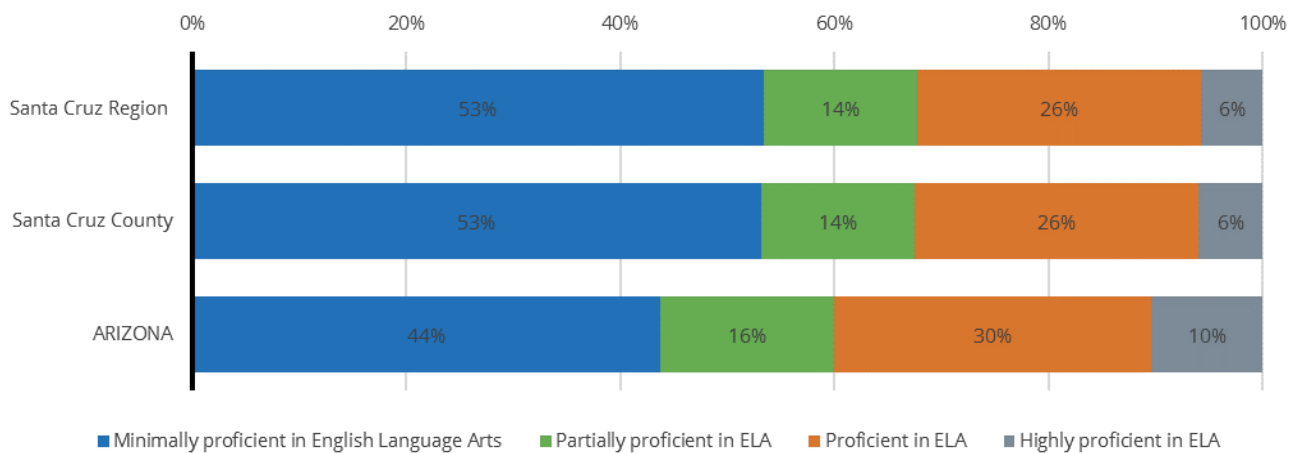
Figure 25. AzMERIT Math Test Results for Third-Graders in the 2014-2015 School Year



Note: The percentages above may not add to 100% due to rounding.  
Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

<sup>ix</sup> Note that in the data provided the scores reported are a combined ELA score of reading and writing. Students may have a minimally proficient ELA score and still meet the Move On When Reading requirement.

Figure 26. AzMERIT English Language Arts Test Results for Third-Graders in the 2014-2015 School Year



Note: The percentages above may not add to 100% due to rounding.

Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

Table 50. AzMERIT Math Test Results for Third-Graders in 2014-15, by School District

	Minimally proficient in Math	Partially proficient in Math	Proficient in Math	Highly proficient in Math	Passing Math (proficient or highly proficient)
Santa Cruz Region Schools	30%	31%	29%	10%	39%
Nogales Unified School District	30%	32%	28%	10%	38%
Patagonia Elementary District	DS	DS	DS	DS	DS
Santa Cruz Elementary District	22%	17%	50%	11%	61%
Santa Cruz Valley Unified School District	30%	34%	29%	8%	36%
Sonoita Elementary District	44%	31%	13%	13%	25%
Santa Cruz Region Charter Schools	24%	16%	48%	12%	60%
Santa Cruz County Schools	30%	31%	29%	10%	39%
All Arizona Schools	28%	31%	29%	13%	41%

Note: The school-district data in this table include only the schools that fall within the region's boundaries. For districts that are partially outside of the region, the data for the complete district is likely to vary from the percentages reported here.

Note: The percentages above may not add to 100% due to rounding.

Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

Table 51. AzMERIT English Language Arts Test Results for Third-Graders in 2014-15, by School District

	Minimally proficient in English Language Arts	Partially proficient in English Language Arts	Proficient in English Language Arts	Highly proficient in English Language Arts	Passing English Language Arts (proficient or highly proficient)
<b>Santa Cruz Region Schools</b>	<b>53%</b>	<b>14%</b>	<b>26%</b>	<b>6%</b>	<b>32%</b>
Nogales Unified School District	55%	14%	26%	5%	31%
Patagonia Elementary District	DS	DS	DS	DS	DS
Santa Cruz Elementary District	33%	22%	39%	6%	44%
Santa Cruz Valley Unified School District	52%	15%	26%	6%	32%
Sonoita Elementary District	56%	6%	25%	13%	38%
Santa Cruz Region Charter Schools	52%	16%	24%	8%	32%
Santa Cruz County Schools	53%	14%	26%	6%	32%
All Arizona Schools	44%	16%	30%	10%	40%

Note: The school-district data in this table include only the schools that fall within the region's boundaries. For districts that are partially outside of the region, the data for the complete district is likely to vary from the percentages reported here.

Note: The percentages above may not add to 100% due to rounding.

Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

## Educational Attainment

The Arizona Department of Education tracks the percent of students who are chronically absent, meaning they have missed more than 10 days of school in a school year. Table 52 shows these percentages for students in grades 1–3 in elementary school districts in the region. Rates of chronic absences in the Santa Cruz Region have been higher in 2014 (42%) and 2015 (46%) than in the state as a whole (34% and 36%, respectively). Chronically absent students were especially problematic in 2015 in Sonoita Elementary District (60%), while rates were lowest in Santa Cruz District (32%). Charter schools substantially reduced chronic absenteeism between 2014 and 2015, whereas it surged in Patagonia Elementary District during that time (Table 52). Identifying and addressing the reasons behind chronic absenteeism is important to ameliorate later effects on educational achievement and graduation rates.<sup>78</sup> This is an issue that many rural districts and districts who serve families with limited transportation options contend with; students who are able to walk to school or have reliable transportation have been shown to be more likely to persist in school than those who rely on a bus.<sup>79</sup>

The Santa Cruz Region contains nine public and charter high schools and alternative schools. Data from private schools are not reflected in this report. The high school drop-out rate in Santa Cruz Region has declined to 2.2 percent in 2015 (Figure 27). The rate in Santa Cruz has consistently been slightly lower than the state rate of 3 to 4 percent (Figure 27). Charter schools in the region have consistently had dramatically higher drop-out rates (Table 53). In addition, four-year graduation rates in the Santa Cruz Region have been rising and have been consistently higher than in Arizona as a whole (Figure 28). The charter schools have very low graduation rates, but the two charter high schools (EdOptions Preparatory Academy and Pinnacle Charter High School) cater to a specific population of students, typically those that have not been successful in mainstream schools. They are also ‘blended’ classroom schools—combination of online and in-person instruction. One of the schools offers free enrollment up to age 22, so four-year graduation rates are perhaps not the best indicator for these schools.

Adults aged 25 and older in the Santa Cruz Region are less likely to have a bachelor’s or higher degree (22%) than adults across Arizona (27%) (Table 54). Over a quarter (27%) of Santa Cruz Region adults did not complete high school, compared to 14 percent of their peers elsewhere across the state. Again, there is significant variation by sub-region. In Sonoita and Tubac, the majority of adults have at least a college degree – nearly twice the proportion statewide. In Elgin, Patagonia, and Rio Rico, the majority of adults have at least some post-secondary education.

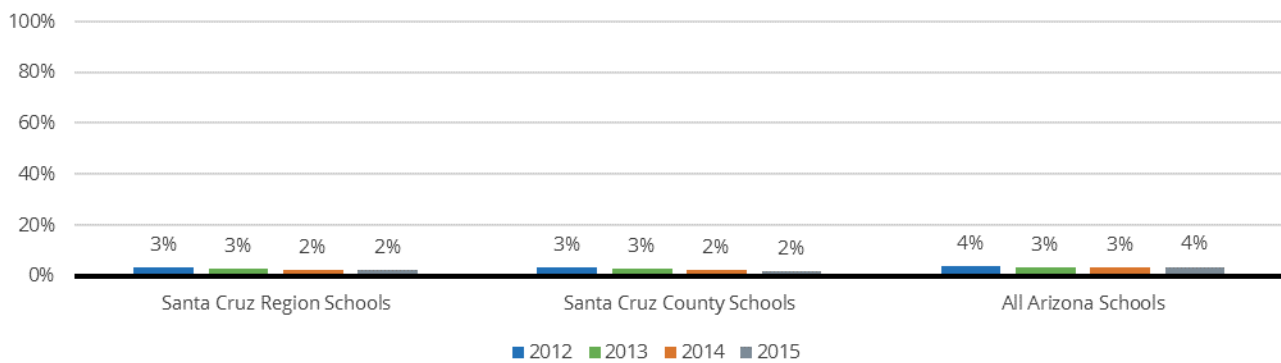
Table 52. Chronic Absences Among Students in Grades 1 through 3, 2014 and 2015

	Number of schools	Number of students in 2014	Students with chronic (more than 10) absences in 2014	Percent of students with chronic absences in 2014	Number of students in 2015	Students with chronic (more than 10) absences in 2015	Percent of students with chronic absences in 2015
Santa Cruz Region Schools	15	2,339	976	42%	2,405	1,118	46%
Nogales Unified School District	6	1,397	614	44%	1,433	685	48%
Patagonia Elementary District	1	28	9	32%	28	15	54%
Santa Cruz Elementary District	1	55	13	24%	65	21	32%
Santa Cruz Valley Unified School District	3	725	274	38%	735	334	45%
Sonoita Elementary District	1	44	22	50%	45	27	60%
Santa Cruz Region Charter Schools	3	90	44	49%	99	36	36%
Santa Cruz County Schools	16	2,366	978	41%	2,461	1,125	46%
All Arizona Schools	1,185	278,142	93,719	34%	283,147	103,078	36%

Note: The school-district data in this table include only the schools that fall within the region's boundaries. For districts which are partially outside of the region, the data for the complete district is likely to vary from the percentages reported here.

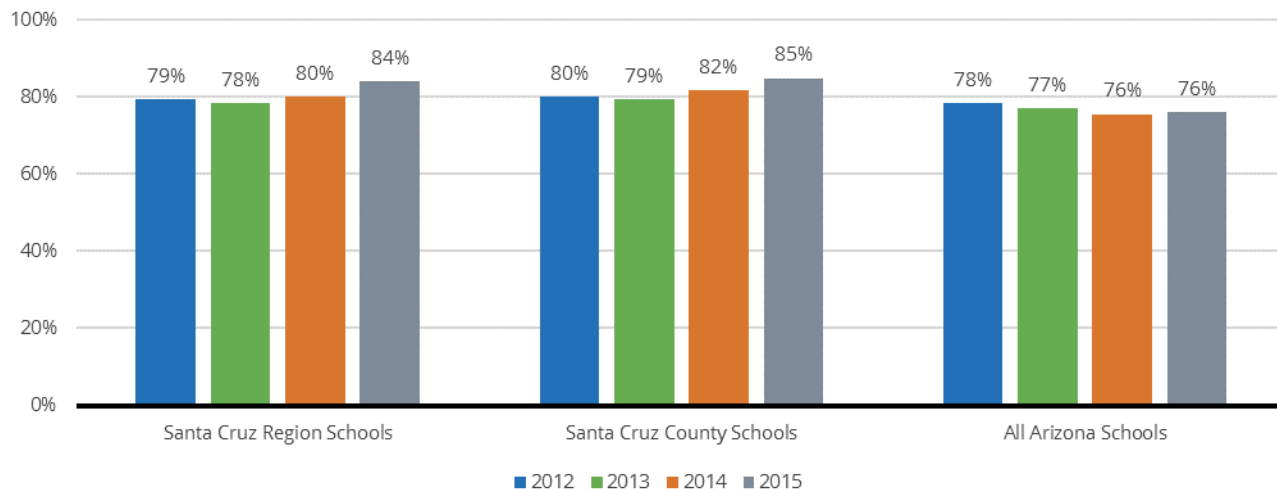
Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

Figure 27. Drop-out Rates (2011-2014)



Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

Figure 28. 4-Year Graduation Rates (2011-2014)



Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

Table 53. High School Drop-Out and Graduation Rates, 2012 to 2015

	Total number of high schools and alternative schools	Drop-out rate, 2012	Drop-out rate, 2013	Drop-out rate, 2014	Drop-out rate, 2015	Four-year graduation rate, 2011	Four-year graduation rate, 2012	Four-year graduation rate, 2013	Four-year graduation rate, 2014
Santa Cruz Region Schools	9	3%	3%	2%	2%	79%	78%	80%	84%
Nogales Unified School District	3	2%	2%	2%	1%	84%	83%	86%	86%
Patagonia Union High School District	1	DS	DS	DS	0%	100%	71%	DS	94%
Santa Cruz County Regional School District	1	19%	N/A	N/A	N/A	DS	DS	DS	0%
Santa Cruz Valley Unified School District	2	3%	2%	1%	2%	81%	80%	80%	87%
Santa Cruz Region Charter Schools	2	16%	26%	16%	18%	12%	19%	9%	13%
Santa Cruz County Schools	8	3%	3%	2%	2%	80%	79%	82%	85%
All Arizona Schools	836	4%	3%	3%	4%	78%	77%	76%	76%

Note: The school-district data in this table include only the schools that fall within the region's boundaries. For districts which are partially outside of the region, the data for the complete district is likely to vary from the percentages reported here.

Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.



Table 54. Level of Education for the Adult Population (Ages 25 and Older)

	Estimated population (ages 25 and older)	Less than high school	High school or GED	Some college or professional education	Bachelor's degree or more
Santa Cruz Region	28,971	27%	26%	25%	22%
Elgin	619	5%	20%	38%	37%
Nogales	13,644	34%	29%	22%	15%
Patagonia	1,122	12%	19%	28%	41%
Rio Rico	11,047	24%	26%	28%	22%
Sonoita	859	4%	17%	27%	52%
Tubac	1,275	4%	13%	29%	54%
Tumacacori	405	28%	22%	23%	27%
Santa Cruz County	29,027	27%	26%	25%	22%
ARIZONA	4,284,776	14%	25%	34%	27%

Note: The percentages above may not add to 100% due to rounding.

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010–2014), Table B15002



## EARLY LEARNING

## Why Early Learning Matters

Young children spend their time observing the world and learning at a rapid pace. From fine and gross motor skill development, to language and numeracy skills, to social skills, the early years of a child's life are filled with opportunities for learning. The skills that young children are building are critical for healthy brain development as well as later achievement and success. Just as rich, stimulating environments can promote development, early negative experiences can also carry lasting effects.<sup>80</sup> Gaps in language development between children from disadvantaged backgrounds and their more advantaged peers are already evident by 18 months of age;<sup>81</sup> those disparities that persist until kindergarten are predictive of later academic problems.<sup>82</sup>

Families play a tremendous role in fostering development. Research shows that children's health, socio-emotional, and cognitive development also benefit greatly from high quality early learning.<sup>83, 84</sup> This is particularly true for children from disadvantaged backgrounds.<sup>85</sup> Children whose education begins in high quality preschool programs repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems, and are more likely to graduate high school.<sup>86</sup>

Investment in children during the crucial first five years not only provides the necessary foundation for later achievement, but also produces a positive return on investment to society through increased educational achievement and employment, reductions in crime, and better overall health of those children as they mature into adults.<sup>87, 88, 89</sup> Experts estimate that investments in quality early learning initiatives can offer returns as high as \$16 per dollar spent.<sup>90, 91</sup> In other words, the costs of these programs are ultimately repaid several times over and the investment in early childhood is potentially one of the most lucrative ones that a community can make.

The ability of families to access quality, affordable early care and education opportunities, however, can be limited. Nearly one-third (32%) of parents of young children responding to a national survey regarding child care reported it was very or somewhat difficult to find care for their child, with cost being the most often cited challenge. More than two-thirds (69%) of parents surveyed reported having to pay in order to secure child care, and almost a third (31%) of those parents reported that that cost has caused a financial problem for the household.<sup>92</sup> According to the U.S. Department of Education, only 19 percent of four-year-olds in Arizona are enrolled in publically funded preschool or Head Start programs, compared to 41 percent nationally.<sup>93</sup> If not enrolled in publically-funded programs, which are often free or reduced cost, the annual cost of full-time center-based care (\$9,166) for a young child in Arizona is nearly equal to the cost of a year at a public college (\$10,065).<sup>94</sup>

Child care subsidies can be a support for families who have financial barriers to accessing early learning services.<sup>95</sup> The number of subsidies to families in Arizona through the Child Care and Development Fund (CCDF) has increased recently. In 2015, 38,855 children aged birth to 5 (about 7% of Arizona's children in this age range) received CCDF vouchers, up from 26,685 (about 5% of children aged 0-5) in 2014. With half of young children in Arizona living below the federal poverty level, the number in need of these subsidies is likely much higher than those receiving them.

In addition to prohibitive costs, the availability of suitable child care cannot be taken for granted. An inadequate child care supply, known as a “child care desert,” has been defined as a zip code with at least 30 children under five years of age and either no or very limited center-based early care and education programs (i.e., there are more than three times as many children under age five as there are spaces in the child care settings.)<sup>96</sup> Living in a child care desert disproportionately affects rural populations, and given the many rural counties in Arizona, this is likely a common phenomenon in many regions.

Beyond basic issues of access and affordability, quality is of paramount concern to parents. A recent national survey of parents who use child care for their young child(ren) found that most parents (59%) rated the quality of their child care as “excellent;” however, this runs contrary to research which suggests most child care across the country is not high quality.<sup>97</sup> How parents perceive and understand quality may differ; this points to the importance of quality rating systems to help guide parent choices. Quality First is Arizona’s Quality Improvement and Rating System (QRIS) for early child care and preschool providers. Quality First employs a five-point rating scale to indicate quality levels. A one-star rating indicates that the provider is committed to examining practices and improving the quality of care beyond basic health and safety requirements. Quality First participants can advance to a quality rating (3–5 star) by implementing lower teacher-to-child ratios, supporting higher staff qualifications, instituting a curriculum that aligns with state standards and child assessment, and providing a nurturing relationships between adults and children that promote emotional, social, and academic development. The number of providers across the state that meet quality standards (three-star rating or higher) has increased in recent years with 25 percent of the 857 participating providers in 2013 and 65 percent of 918 participating providers in 2016 meeting or exceeding quality standards.<sup>98</sup> From a provider standpoint, participating in the Quality First program can also offer the benefit of enabling the provider to offer Quality First Scholarships, which help low-income families attend their program.<sup>99</sup>

Arizona was one of five states to receive a federal Preschool Development Block Grant (PDG) in 2015, with funding totaling \$80 million over fiscal years 2017–2020. A main goal of this funding is to expand the number of quality preschools enrolled in Quality First in underserved areas through a partnership between First Things First and the Arizona Department of Education. The grant also supports early childhood infrastructure development, early-learning provider partnerships, and coordination of early childhood funding.<sup>100</sup>

The presence of qualified, well-trained, caring professionals is essential to providing quality child care and early education experiences for children. In Arizona, the proportion of early childhood professionals receiving a credential or degree has increased from 21 percent in 2007 to 29 percent in 2012. However, one incentive for attaining these credentials – increased wages – shows an opposite pattern. Wages for assistant teachers, teachers, and administrative directors working across all types of licensed child care and education settings in Arizona decreased between 2007 and 2012, after adjusting for inflation. In addition, average annual wages for early education professionals in Arizona are about half that of kindergarten and elementary teachers, which may affect retention of those in early education settings, particularly after degree attainment.<sup>101</sup>

In addition to formal education, there are additional professional development opportunities available for early childhood professionals in Arizona. The Arizona Early Childhood Career and Professional

Development Network, supported by First Things First, hosts a professional development website, AZEarlyChildhood.org, that provides early childhood professionals with resources and information on professional development opportunities, career and job advancement, and networking in the early childhood field.<sup>102,103</sup>

The availability of early learning opportunities and services for young children with special needs is an ongoing concern across the state, particularly in the more geographically remote communities.

Children with special health care needs (CSHCN) are defined as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”<sup>104</sup>

According to the National Survey of Children’s Health, children with special health care needs are more likely to experience more adverse childhood experiences than typically developing children,<sup>105</sup> and are at an increased risk for maltreatment and neglect.<sup>106, 107</sup> Almost half (46%) of families with a child with special needs in Arizona have incomes below 200 percent of the federal poverty level.<sup>108</sup>

Ensuring all families have access to timely and appropriate screenings for children who may benefit from early identification of special needs is paramount to improving outcomes for these children and their families. Timely intervention can help young children with, or at risk for, developmental delays improve language, cognitive, and socio-emotional development. It also reduces educational costs by decreasing the need for special education.<sup>109,110,111</sup> In Arizona, the services available to families with children with special needs include early intervention screening and intervention services provided through the Arizona Department of Education AZ FIND (Child Find),<sup>112</sup> the Arizona Early Intervention Program (AzEIP),<sup>113</sup> and the Division of Developmental Disabilities (DDD).<sup>114</sup>

## What the Data Tell Us

### Child Care and Preschool

In 2015-2016, there were 60 registered<sup>x</sup> child care providers in the Santa Cruz Region, approved to serve up to 1,159 children (Table 55). The Arizona Department of Economic Security’s 2014 Market Rate Survey,<sup>115</sup> which surveyed a total of 3,726 child care providers (1,756 licensed centers, 1,552 approved family homes, 280 certified group homes, and 129 unregulated homes listed with CCR&R), found that providers typically provided care to about 58 percent of their approved capacity. If that is the case in Santa Cruz, then the availability of child care slots in the region may be closer to 672; moreover, those slots include those slated for school-age children; slots for infants and toddlers are often harder to secure. With a population of young children of about 4,416 (see Table 1), and over 2,400 of whom have all parents in the labor force (Table 32) there are likely to be between two and seven young children for each available child care slot in the region.<sup>xi</sup> Places lacking an adequate child care supply have been

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<sup>x</sup> Registered is not the same as licensed. To be listed with CCRR, a provider doesn’t have to be licensed, but they do have to go through a DCS background check at minimum. CCRR-listed providers may be (1) licensed through DES, ADHS, a tribe, or the military, (2) regulated through ADE because they are a school or through CACFP, or (3) just registered with CCRR through a background check and a few other minimum provisions.

<sup>xi</sup> Note that this is a rough estimate. Not all slots are for children birth to five. For instance, some providers serve children up to 12 in after-school programs, and not all providers accept infants.

termed “child care deserts,” defined as zip codes where there are more than three times as many children under age five as there are spaces in the child care settings.<sup>116</sup> Using that definition, the Santa Cruz Region could possibly be considered a child care desert.

Most of the providers (exclusive of Head Start, ADE preschools and Quality First Programs) registered through the Child Care Resource & Referral (CCR&R) guide<sup>xii</sup> were classified as family child care providers (n=37); 20 percent were child care centers (n=9) (Table 58). Family homes are an important part of the child care landscape because they are much more likely to provide late-night, all-night, and weekend care which may be crucial for parents working during non-traditional hours.<sup>117</sup>

Of the 60 known child care providers, five are participating in the Quality First program as of June 2016; three of these are center-based providers, two are home-based. Of the five programs that participate in the Quality First program, most (n=4, 80%) have a 3-star rating, indicating they are meeting or exceeding quality standards.<sup>xiii</sup> This is impressive, especially considering that 2-stars is the most common rating among sites statewide (Table 57). One site has a 2-star rating, described as a “progressing star” by First Things First, which means that the program is “approaching quality standards.”<sup>118</sup> As of June 2016, there were no 5-star sites in the Santa Cruz Region.

According to data from the American Community Survey, 19 percent of children in the Santa Cruz Region aged 3 and 4 were enrolled in preschool or kindergarten, meaning that relatively fewer participate compared to children statewide (36%) (Figure 29).

There are two Early Head Start and four Head Start programs in the Santa Cruz Region. The Early Head Start and Head Start programs serve over 300 children in the Santa Cruz Region annually (Table 59). The capacity of these programs is 311 (40 Early Head Start, 271 Head Start), but due to turn-over 341 children were served.

In addition to the regulated child care providers presented here, key informants also noted that many Santa Cruz families take advantage of hiring nannies who can live in Mexico but who are able to work in the United States. Families use nannies for before and after-school care, along with housekeeping tasks; key informants noted that this was a comparatively affordable luxury in the Santa Cruz region.

#### *Teenage parents*

There are no child care facilities at any of the high schools in Santa Cruz. Key informants noted that Pierson had operated one in the past, but no longer does. Teen

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<sup>xii</sup> The Child Care Resource & Referral guide is a database of child care providers serving children in Arizona that is maintained through a partnership between the Arizona Department of Economic Security (DES) and Child & Family Resources, Inc. Providers listed in this database are licensed, certified, regulated, or registered through the Arizona Department of Economic Security (DES), Arizona Department of Health Services (ADHS), Arizona Department of Education (ADE), Child Care Resource & Referral (CCR&R), or a Military or Tribal Authority. All child care facilities in the database must be licensed through DES or ADHS or regulated by a Military or Tribal Authority. Family Child Care Homes may be certified by DES, regulated by ADE as part of the Child Care and Adult Food Program, or registered with CCR&R through an application process. All individual providers listed are certified by DES. All providers and facilities listed in the database have met the basic requirements of passing a DCS background check, completing and infant/toddler CPR and First Aid certification, and maintaining an Arizona Level I Fingerprint Clearance Card.

<sup>xiii</sup> Note that the Quality First data appearing in tables for this report were pulled in July of 2016 as per the report timeline. However, as of May 2017, according to the FTF online database, the Santa Cruz Region had 7 Quality First providers (3 centers, 4 home providers), 5 with 3-star ratings, and 2 not yet rated.



parents felt that this would be a valuable service. Teens also reported relying on their own parents and their partner's parents for child care.

#### *Kith and Kin Caregivers*

Key informants noted that grandparents and relatives play an important role as child care providers as well. These care providers are typically unpaid. One key informant who estimated that about half the families she works with (as a promotora) where she sees grandparents caring for grandchildren are situations where the parents pick-up and drop-off the children on a daily basis, and the other half are in multigenerational living situations.

A pediatrician noted that about half of the patients are accompanied by someone other than their parent. The pediatrician estimated that about half of those caregivers are the primary decision maker for the child, the other half are just supporting the parents while they are at work. Santa Cruz County has the most robust network of extended families involved in raising children that the pediatrician has ever encountered.

Table 55. Child Care Capacity, by Type of Site

	Total number and total capacity of all child care sites		Number and capacity of Quality First sites		Number and capacity of Head Start sites (excluding any QF sites)		Number and capacity of public-school-based sites (excluding any QF or HS sites)		Number and capacity of other child care providers	
Santa Cruz Region	60	1,159	5	210	6	341	3	90	46	518
Elgin	0	0	0	0	0	0	0	0	0	0
Nogales	39	849	3	176	5	280	1	21	30	372
Patagonia	2	66	0	0	0	0	1	<10	1	65
Rio Rico	18	219	2	34	1	61	1	68	14	56
Sonoita	0	0	0	0	0	0	0	0	0	0
Tubac	1	25	0	0	0	0	0	0	1	25
Tumacacori	0	0	0	0	0	0	0	0	0	0
Santa Cruz County	60	1,159	5	210	6	341	3	90	46	518
ARIZONA	3,053	158,901	916	75,173	201	14665	313	10,280	1,623	73,448

Note: Head Start enrollment numbers for Santa Cruz County do not include enrollment data for tribal or migrant head start programs.

Source: Arizona Department of Economic Security (2016). [Child Care Resource & Referral dataset]. Unpublished data.

Table 56. Types of Childcare Providers Registered through CCR&R

	Nanny/Individual		Family Child Care		Child Care Center		Total	
	#	CAPACITY	#	CAPACITY	#	CAPACITY	#	CAPACITY
Santa Cruz Region	0	0	37	148	9	370	46	518
Elgin	0	0	0	0	0	0	0	0
Nogales	0	0	23	92	7	280	30	372
Patagonia	0	0	0	0	1	65	1	65
Rio Rico	0	0	14	56	0	0	14	56
Sonoita	0	0	0	0	0	0	0	0
Tubac	0	0	0	0	1	25	1	25
Tumacacori	0	0	0	0	0	0	0	0
Santa Cruz County	0	0	37	148	9	370	46	518
ARIZONA	50	191	903	4729	670	68528	1623	73448

Notes: This table does not include any providers that are Quality First Providers, Head Start program, or public school preschools. For those providers, please see earlier tables.

The Child Care Resource & Referral guide is a database of child care providers serving children in Arizona that is maintained through a partnership between the Arizona Department of Economic Security (DES) and Child & Family Resources, Inc. Providers listed in this database are licensed, certified, regulated, or registered through the Arizona Department of Economic Security (DES), Arizona Department of Health Services (ADHS), Arizona Department of Education (ADE), Child Care Resource & Referral (CCR&R), or a Military or Tribal Authority. All child care facilities in the database must be licensed through DES or ADHS or regulated by a Military or Tribal Authority. Family Child Care Homes may be certified by DES, regulated by ADE as part of the Child and Adult Care Food Program, or registered with CCR&R through an application process. All individual providers listed are certified by DES. All providers and facilities listed in the database have met the basic requirements of passing a DCS background check, completing an infant/toddler CPR and First Aid certification, and maintaining an Arizona Level I Fingerprint Clearance Card.

Source: Arizona Department of Economic Security (2016). [Child Care Resource & Referral dataset]. Unpublished data.



Table 57. Quality First Sites and Capacity by Star Rating, 2016

	Number and capacity of 1-star QF sites		Number and capacity of 2-star QF sites		Number and capacity of 3-star QF sites		Number and capacity of 4-star QF sites		Number and capacity of 5-star QF sites		Number and capacity of QF sites not publically rated		Total number and total capacity of all QF sites	
Santa Cruz Region	0	0	1	129	4	81	0	0	0	0	0	0	5	210
Santa Cruz County	0	0	1	129	4	81	0	0	0	0	0	0	5	210
ARIZONA	2	96	288	27,350	262	20,978	143	10,106	36	2,350	180	13,880	911	74,760

Source: Quality First, a Signature Program of First Things First. Retrieved from [www.qualityfirstaz.com](http://www.qualityfirstaz.com).

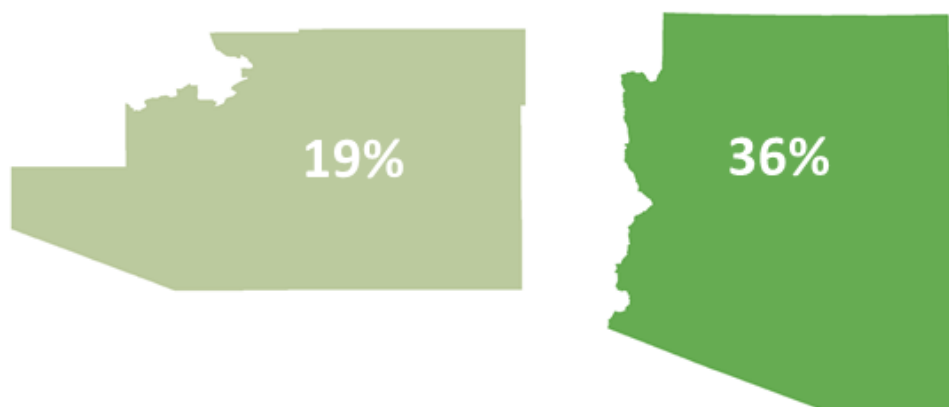
Table 58. Types of Childcare Providers Registered through CCR&R, 2016

	Center		Head Start		Home		Total	
	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
Santa Cruz Region	3	196	0	0	2	14	5	210
Elgin	0	0	0	0	0	0	0	0
Nogales	2	166	0	0	1	10	3	176
Patagonia	0	0	0	0	0	0	0	0
Rio Rico	1	30	0	0	1	4	2	34
Sonoita	0	0	0	0	0	0	0	0
Tubac	0	0	0	0	0	0	0	0
Tumacacori	0	0	s	0	0	0	0	0
Santa Cruz County	3	196	0	0	2	14	5	210
ARIZONA	710	70,805	50	3,134	156	1,234	916	75,173

Note: This table does not include any providers that are Quality First Providers, Head Start program, or public school preschools. For those providers, please see earlier tables.

Source: Arizona Department of Economic Security (2016). [Child Care Resource & Referral dataset]. Unpublished data..

Figure 29. Estimated Proportion of Children (Ages 3 and 4) Enrolled in School



Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B14003

Table 59. Head Start and Early Head Start Cumulative Enrollment

	Early Head Start	Head Start	Total
Santa Cruz Region Total	44	297	341
Challenger	-	64	64
Nogales	21	112	133
Rio Rico	-	61	61
Western	23	60	83

Source: Child-Parent Centers, Inc. (2016). [Head Start enrollment]. Unpublished data.

## Cost of Care

The cost of care in Santa Cruz County varies by the type of care and the age of the child receiving care; the median cost in the county relative to the cost of like care across the state differs depending on the situation. For example, residents in Santa Cruz County tend to pay lower prices for child care centers (e.g., \$32.60 per day for infant care vs. \$42, Table 60), higher prices for approved family home (e.g., \$25 per day for infant care vs. \$22 in family homes, Table 61) and similar prices for certified group homes (\$25 per day for toddlers in group homes) than parents statewide (Table 62). In center-based programs, the cost of infant care is higher than the cost of care for older children. This is expected, since typically the lower teacher-to-child ratio needed for infant care necessitates a higher cost of care. In family and group homes, where teacher-to-child ratios may already be quite small, infants are charged similar rates to older children.

Families in Santa Cruz are paying a slightly higher proportion (16-18%, depending on the child's age) of their overall income for a child care slot compared to other families statewide (Table 63). However, to avoid being overburdened, the Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care.<sup>119</sup> Families in the Santa Cruz Region are paying considerably more than that. Also, these percentages reflect the burden for families with only one young child in need of full-time care. Families with more children would spend a greater proportion of their income on child care. Additionally, these proportions were calculated based on the median income for all families. Single parent homes, particularly those with a single female householder, have a lower median income (see Table 24), resulting in a higher proportion of their income being spent on child care (31-44%).

Subsidies from the Department of Economic Security (DES) can help families shoulder the cost burden of child care. DES prioritizes assistance to families who receive Cash Assistance (TANF), those who are transitioning off Cash Assistance to employment, and families involved with the Department of Child Safety (DCS) for subsidies. Over 200 children in Santa Cruz were supported by DES subsidies in 2015 (Table 64). As of 2009, other families seeking DES subsidy support are placed on a waiting list. Statewide, 7,194 children were wait-listed as of January 6, 2017.<sup>120</sup> The number of children on the waitlist in Santa Cruz is small, but nearly tripled between 2013 and 2015 (Table 64). A key informant also noted that the state increased funding for DES subsidies in 2013. The Great Recession caused funding to decline sharply, and waitlists increased, but in 2013, funding was restored to earlier levels. About 12 percent of those who received subsidies in 2015 were involved with DCS; 81 percent of DCS-involved children received a subsidy, suggesting that this is an important support for children in the child welfare system (Table 65).

Table 60. Median Daily Charge for Full-Time Child Care in Licensed Child Care Centers

	For one infant	For one child, 1 or 2 years old	For one child, 3 to 5 years old
Santa Cruz Region			
Santa Cruz County	\$32.60	\$29.77	\$28.00
ARIZONA	\$42.00	\$38.00	\$33.00

Source: Arizona Department of Economic Security (2016). [Child Care Resource & Referral dataset]. Unpublished data.

Table 61. Median Daily Charge for Full-Time Child Care in Approved Family Homes

	For one infant	For one child, 1 or 2 years old	For one child, 3 to 5 years old
Santa Cruz Region			
Santa Cruz County	\$25.00	\$25.00	\$24.00
ARIZONA	\$22.00	\$20.00	\$20.00

Source: Arizona Department of Economic Security (2016). [Child Care Resource & Referral dataset]. Unpublished data.

Table 62. Median Daily Charge for Full-Time Child Care in Certified Group Homes

	For one infant	For one child, 1 or 2 years old	For one child, 3 to 5 years old
Santa Cruz Region			
Santa Cruz County	\$25.00	\$25.00	\$25.00
ARIZONA	\$27.00	\$25.00	\$25.00

Source: Arizona Department of Economic Security (2016). [Child Care Resource & Referral dataset]. Unpublished data.

Table 63. Charge for Full-Time Child Care in Licensed Child Care Centers, as a Percentage of Median Annual Income

	Median income	For one infant	For one child, 1 or 2 years old	For one child, 3 to 5 years old
Santa Cruz Region	N/A	N/A	N/A	N/A
Santa Cruz County	\$43,174	18%	17%	16%
ARIZONA	\$59,088	17%	15%	13%

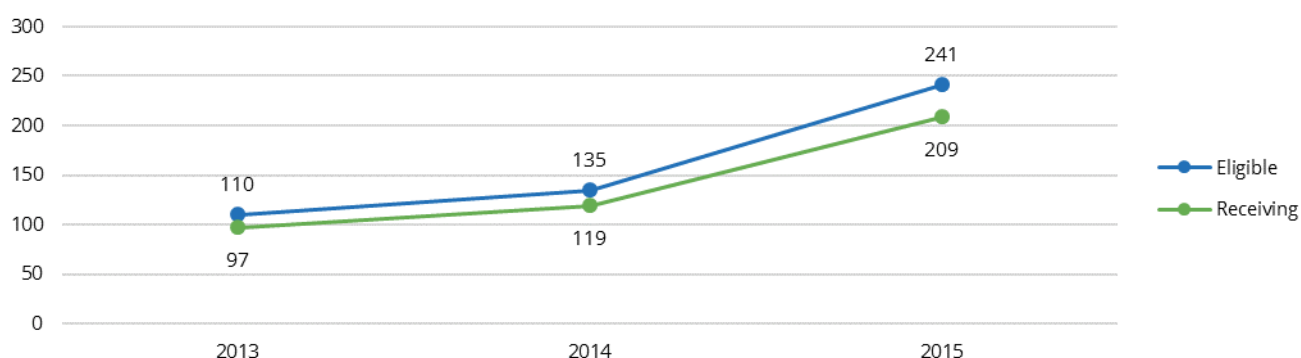
Sources: Arizona DES (2016). [Child Care Resource & Referral dataset]. Unpublished data; and U.S. Census Bureau (2016). ACS, 5-year estimates (2010-2014), Table B19126

Table 64. Department of Economic Security (DES) Child Care Subsidies for Children (Ages 0 to 5), 2013 to 2015

	Children eligible for subsidy during 2013	Children eligible for subsidy during 2014	Children eligible for subsidy during 2015	Children receiving subsidy during 2013	Children receiving subsidy during 2014	Children receiving subsidy during 2015	Children on waiting list during 2013	Children on waiting list during 2014	Children on waiting list during 2015
Santa Cruz Region	110	135	241	97	119	209	<10	16	37
Santa Cruz County	111	137	242	98	120	210	13	16	38
ARIZONA	28,429	29,180	43,860	27,041	26,685	38,855	5,094	5,195	5,140

Source: Arizona Department of Economic Security (2016). [Child Care Administration dataset]. Unpublished data.

Figure 30. Number of Children Seeking DES Subsidies in the Region, 2013-2015



Source: Arizona Department of Economic Security (2016). [Child Care Administration dataset]. Unpublished data.

Table 65. DES Child Care Subsidies for Children Involved in the Department of Child Safety (DCS) During 2015

	Number of DCS-involved children eligible for subsidy	Number of DCS-involved children receiving subsidy	Percent of DCS-involved children receiving subsidy
Santa Cruz Region	31	25	81%
Santa Cruz County	31	25	81%
ARIZONA	18,417	15,785	86%

Source: Arizona Department of Economic Security (2016). [Child Care Administration dataset]. Unpublished data.

### Early Care and Education Professionals

According to the 2012 *Early Care and Education Workforce Survey*, the teacher turnover rate has the highest prevalence in the early care and education field, averaging 30 percent across the nation<sup>121</sup>. The study also revealed that the state of Arizona reported that early care and education teachers earned about half of the yearly earnings for kindergarten and elementary school teachers, which translates to be similar to those of the average high school graduate (\$9.45).<sup>122</sup> While teacher and assistant teacher wages have failed to keep up with inflation and the cost of living changes, the 2012 survey results showed that the number of teachers and assistant teachers obtaining a credential or college degree has increased slightly since the 2007 survey. In Arizona, Head Start centers were seen to have the highest retention rate with 71 percent of Head Start teachers being employed more than five years or more.<sup>123</sup> Additionally, Head Start teacher assistants were also seen to have high retention rates (86 percent) in those being employed for three years or more. The 2012 survey shows that Arizona continues to struggle with two areas of teacher retention: wages and benefits.

### Developmental Screenings and Services for Children with Special Developmental and Health Needs

Among children birth to 5, the National Survey of Children with Special Health Care Needs estimated that 7.6 percent of children (and about 18% of school-aged children) in Arizona have special health care needs.<sup>xiv</sup> Children with special health care needs (CSHCN) were also more likely to have experienced two or more adverse childhood experiences (ACEs) compared to their typically-developing peers, adding to their need for additional supports for healthy development.<sup>124</sup> The survey also estimates that nearly one in three Arizona children with special health care needs have an unmet need for health care services (compared to about one in four nationally).<sup>125</sup> This may be due in part to the reduced rates of having a “medical home” among CSHCN in Arizona; 36% of CSHCN in Arizona received care coordinated through a medical home versus 43% nationwide.<sup>126</sup> The American Academy of Pediatrics

<sup>xiv</sup> The survey defines children with special health care needs broadly as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”

defines a medical home as care that is “accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective... delivered or directed by well-trained physicians who provide primary care and help to manage and facilitate essentially all aspects of pediatric care.”<sup>127</sup>

The Department of Economic Security Arizona Early Intervention Program (AzEIP) provides services to children from birth to 36 months of age who are developmentally delayed or at high risk of developmental delay.<sup>128</sup> In the Santa Cruz Region, unlike the state as a whole, fewer children were referred to and served by AzEIP in FY2015 than in FY2014 (Table 66). In 2015, 68 children ages 0 to 2 were served through AzEIP (Table 66). Based on the 2010 population estimates for children 0 to 2, this means that AzEIP services, designed to prevent and address developmental delays, are used by approximately 3 percent of children. Research suggests that about 13 percent of children would typically qualify for early intervention services,<sup>129</sup> which may mean that over 200 young children in Santa Cruz who would benefit from services are not receiving them. A key informant stated that there were very limited rehabilitation services in Santa Cruz; for example, the waiting list for speech therapy was 10 months long and pediatric occupational therapists are basically non-existent. A key informant also shared that families reported having trouble with AzEIP, including scheduling troubles.

In the Santa Cruz Region, the Division of Developmental Disabilities (DDD) serves fewer than 50 children annually (<25 ages 0 to 2 and <25 ages 3-5) (Table 69). To qualify for 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.<sup>130</sup> Referrals for children ages 0-2 and 3-5 have not surpassed 25 since 2012 (Table 67); statewide, referrals have been increasing slightly. No children ages 0 to 2 years have been evaluated by DDD since 2012 (Table 68). The number of DDD service visits has increased for children ages 3 to 5 in the Santa Cruz Region, while declining for children ages 0 to 2 in the region and for all children ages 0 to 5 across the state (Figure 31).

The Head Start, Early Head Start, and public preschool programs are also supporting children who have disabilities. In the Santa Cruz Region, 43 Head Start students with health impairments, speech impairments, and developmental delays have an Individualized Education Program (IEP); Early Head Start also provides services to families with Individual Family Service Plans (IFSPs).<sup>131</sup>

The number of children who are in special education programs in preschools has grown since 2012 (Table 70); as of 2015, there were 51 preschoolers in special education. The most common impairment among preschoolers in special education is a developmental disability (40%), followed closely by speech or language impairments (36%) (Figure 32). Table 71 shows the breakdown by school district. At the pre-kindergarten level, 44 percent of Santa Cruz Region students are in special education, compared to 46 percent statewide (Table 72).

At the elementary school level, 8 percent of Santa Cruz Region students are considered to have special needs, compared to 10 percent statewide (Table 73). Rates vary dramatically across districts; 1 in every 5 students in the Patagonia Elementary District has special needs, whereas only 3 percent of students in Santa Cruz Elementary District are identified as students with special needs.



The Individuals with Disabilities Education Improvement Act (IDEA), mandates that all children with disabilities have a free, appropriate, public education (FAPE).<sup>xv</sup> IDEA incorporates an Infants and Toddlers with Disabilities Program (Part C) with the goal of enhancing the development of those young children, minimizing developmental delay, and reducing costs by lessening the need for special education services as children reach school age.<sup>xvi</sup> The importance of these early years are due to the plasticity of neural circuits in the first three years of life, and the impact on the developing brain of both positive and negative experiences in early life. Intervention is also more likely to be more effective and less costly if provided earlier in life.<sup>xvii</sup>

Table 66. Arizona Early Intervention Program (AzEIP) Referrals and Services for Children (Ages 0 to 2), 2013 to 2015

	Children (ages 0-2) referred to AzEIP during FY 2013	Children (ages 0-2) referred to AzEIP during FY 2014	Children (ages 0-2) referred to AzEIP during FY 2015	Children (ages 0-2) served by AzEIP during FY 2013	Children (ages 0-2) served by AzEIP during FY 2014	Children (ages 0-2) served by AzEIP during FY 2015
Santa Cruz Region	63	101	71	38 to 46	38 to 46	68
Santa Cruz County	63	101	71	38 to 46	38 to 46	68
ARIZONA	10,715	11,741	14,450	4,799	5,248	10,039

Source: Arizona Department of Economic Security (2016). [Arizona Early Intervention Program dataset]. Unpublished data.

Table 67. Children (Ages 0 to 5) Referred to the Division of Developmental Disabilities (DDD), 2012 to 2015

	Number of children (ages 0-2) referred in FY2012	Number of children (ages 0-2) referred in FY2013	Number of children (ages 0-2) referred in FY2014	Number of children (ages 0-2) referred in FY2015	Number of children (ages 3-5) referred in FY2012	Number of children (ages 3-5) referred in FY2013	Number of children (ages 3-5) referred in FY2014	Number of children (ages 3-5) referred in FY2015
Santa Cruz Region	<25	<25	<25	<25	<25	<25	<25	<25
Santa Cruz County	<25	<25	<25	<25	<25	<25	<25	<25
ARIZONA	1,439	2,186	2,479	2,484	1,393	1,401	1,804	1,969

Source: Arizona Department of Economic Security (2016). [Division of Developmental Disabilities dataset]. Unpublished data.

<sup>xv</sup> The Individuals with Disabilities Education Improvement Act (IDEA 2004) Public Law 107-146. Retrieved from [http://cpacinc.org/wp-content/uploads/2009/11/IDEA\\_facts.pdf](http://cpacinc.org/wp-content/uploads/2009/11/IDEA_facts.pdf)

<sup>xvi</sup> Early Intervention Program for Infants and Toddlers with Disabilities (Part C of IDEA). Retrieved from <http://ectacenter.org/partc/partc.asp>

<sup>xvii</sup> The National Early Childhood Technical Assistance Center. The Importance of Early Intervention for Infants and Toddlers with Disabilities and Their Families. July 2011. Retrieved from <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf>

Table 68. Children (Ages 0 to 5) Evaluated by the Division of Developmental Disabilities (DDD), 2012 to 2015

	Number of children (ages 0-2) evaluated in FY2012	Number of children (ages 0-2) evaluated in FY2013	Number of children (ages 0-2) evaluated in FY2014	Number of children (ages 0-2) evaluated in FY2015	Number of children (ages 3-5) evaluated in FY2012	Number of children (ages 3-5) evaluated in FY2013	Number of children (ages 3-5) evaluated in FY2014	Number of children (ages 3-5) evaluated in FY2015
Santa Cruz Region	0	0	0	0	<25	<25	<25	<25
Santa Cruz County	0	0	0	0	<25	<25	<25	<25
ARIZONA	732	314	216	238	669	731	727	958

Note: Screening is defined by DES as including "children who DDD had paid for an evaluation, not including occupational therapy, physical therapy, or speech therapy, during state fiscal year 2015."

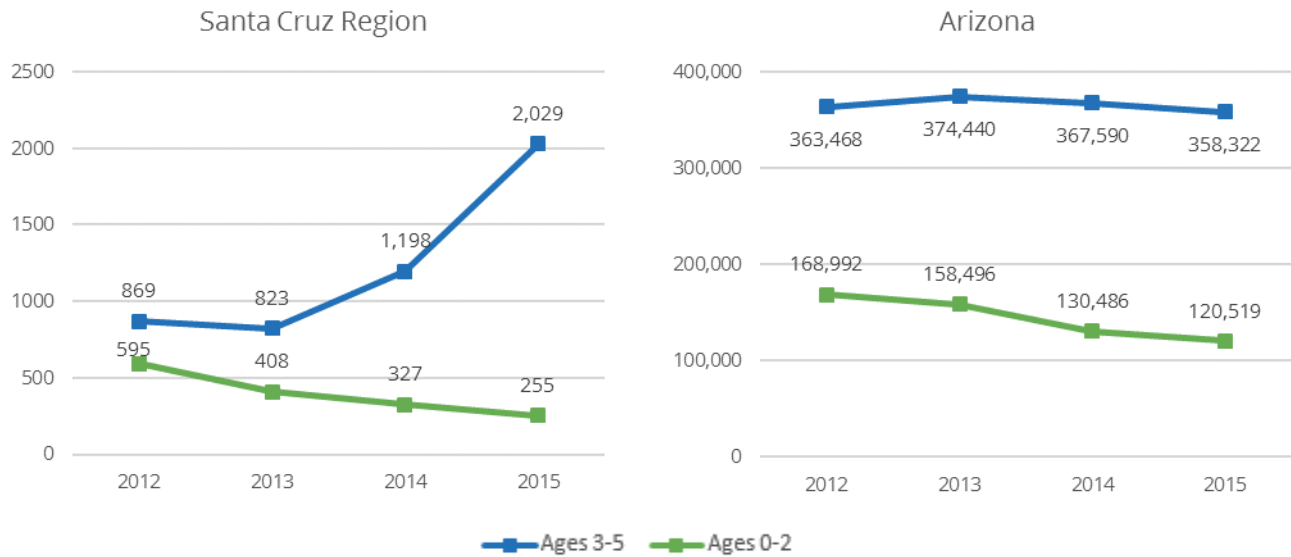
Source: Arizona Department of Economic Security (2016). [Division of Developmental Disabilities dataset]. Unpublished data.

Table 69. Children (Ages 0 to 5) Served by the Division of Developmental Disabilities (DDD), 2012 to 2015

	Number of children (ages 0-2) served in FY2012	Number of children (ages 0-2) served in FY2013	Number of children (ages 0-2) served in FY2014	Number of children (ages 0-2) served in FY2015	Number of children (ages 3-5) served in FY2012	Number of children (ages 3-5) served in FY2013	Number of children (ages 3-5) served in FY2014	Number of children (ages 3-5) served in FY2015
Santa Cruz Region	<25	<25	<25	<25	<25	<25	<25	<25
Santa Cruz County	<25	<25	<25	<25	<25	<25	<25	<25
ARIZONA	2,646	2,693	2,341	2,336	2,563	2,600	2,533	2,540

Source: Arizona Department of Economic Security (2016). [Division of Developmental Disabilities dataset]. Unpublished data.

Figure 31. Division of Developmental Disabilities (DDD) Service Visits for Children (Ages 0 to 5), 2012 to 2015



Source: Arizona Department of Economic Security (2016). [Division of Developmental Disabilities dataset]. Unpublished data.

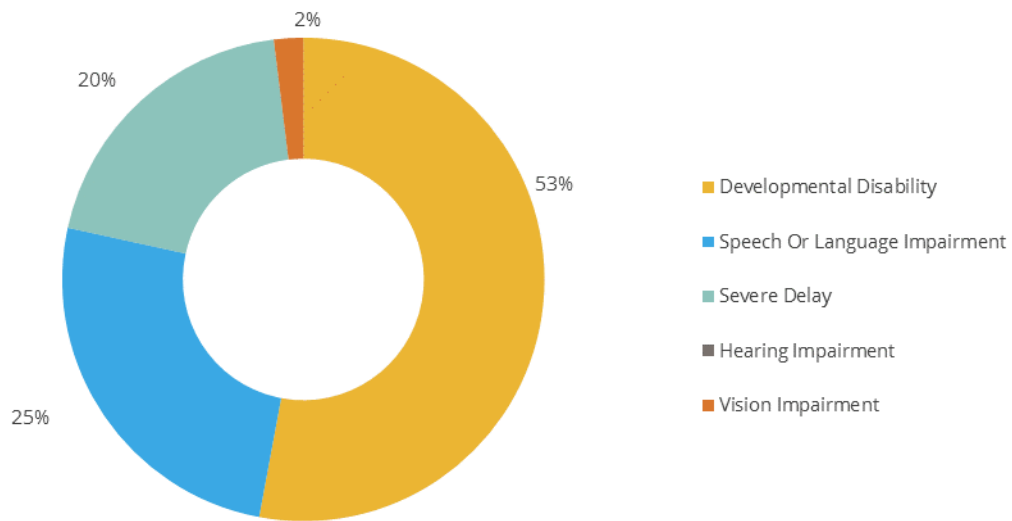
Table 70. Number of Preschoolers in Special Education, 2012 to 2015

	Total ADE schools with special needs preschool	Number of preschoolers in special education, 2012	Number of preschoolers in special education, 2013	Number of preschoolers in special education, 2014	Number of preschoolers in special education, 2015
<b>Santa Cruz Region Schools</b>	<b>5</b>	<b>33</b>	<b>49</b>	<b>51</b>	<b>51</b>
Nogales Unified School District	1	<25	<25	<25	<25
Patagonia Elementary District	1	<25	0	0	0
Santa Cruz Elementary District	0	0	0	0	0
Santa Cruz Valley Unified School District	2	<25	<25	26	26
Sonoita Elementary District	1	<25	<25	<25	<25
Santa Cruz Region Charter Schools	0	0	0	0	0
<b>Santa Cruz County Schools</b>	<b>5</b>	<b>33</b>	<b>49</b>	<b>51</b>	<b>51</b>
<b>All Arizona Schools</b>	<b>550</b>	<b>9,173</b>	<b>9,203</b>	<b>8,845</b>	<b>8,702</b>

Note: The school-district data in this table include only the schools that fall within the region's boundaries. For districts which are partially outside of the region, the data for the complete district is likely to vary from the percentages reported here.

Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

Figure 32. Types of Disabilities Among Preschoolers in Special Education in the Santa Cruz Region, 2015



Note: The data presented in this table are unduplicated (i.e., children diagnosed with multiple disabilities are counted only one time in the Federal Primary Need (FPN) category).

Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

Table 71. Types of Disabilities Among Preschoolers in Special Education, 2015

	Developmental Disability	Hearing Impairment	Severe Delay	Speech Or Language Impairment	Vision Impairment
<b>Santa Cruz Region Schools</b>	<b>53%</b>	<b>0%</b>	<b>20%</b>	<b>25%</b>	<b>2%</b>
Nogales Unified School District	61%	0%	22%	17%	0%
Patagonia Elementary District	N/A	N/A	N/A	N/A	N/A
Santa Cruz Elementary District	N/A	N/A	N/A	N/A	N/A
Santa Cruz Valley Unified School District	42%	0%	19%	35%	4%
Sonoita Elementary District	100%	0%	0%	0%	0%
Santa Cruz County Schools	53%	0%	20%	25%	2%
All Arizona Schools	41%	1%	21%	36%	1%

Note: The school-district data in this table include only the schools that fall within the region's boundaries. For districts that are partially outside of the region, the data for the complete district is likely to vary from the percentages reported here. The data presented in this table are unduplicated (i.e., children diagnosed with multiple disabilities are counted only one time in the Federal Primary Need (FPN) category).

Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

Table 72. Pre-Kindergarten Enrollment

	Number of schools with pre-kindergarten	Number of students enrolled	Number of students in special education	Percent of students in special education
<b>Santa Cruz Region Schools</b>	<b>3</b>	<b>90</b>	<b>40</b>	<b>44%</b>
Nogales Unified School District	1	21	<25	DS
Patagonia Elementary District	1	<10	<25	DS
Santa Cruz Elementary District	0	0	0	0
Santa Cruz Valley Unified School District	1	68	<25	DS
Sonoita Elementary District	0	0	0	0
Santa Cruz County Schools	3	90	40	44%
All Arizona Schools	445	19,123	8,773	46%

Note: The school-district data in this table include only the schools that fall within the region's boundaries. For districts which are partially outside of the region, the data for the complete district is likely to vary from the percentages reported here.

Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

Table 73. Kindergarten Through Third-Grade Enrollment

	Number of students enrolled (K to 3)	Number of students in special education	Percent of students in special education
<b>Santa Cruz Region Schools</b>	<b>2,971</b>	<b>229</b>	<b>8%</b>
Nogales Unified School District	1,726	129	7%
Patagonia Elementary District	35	<25	20%
Santa Cruz Elementary District	95	<25	3%
Santa Cruz Valley Unified School District	938	78	8%
Sonoita Elementary District	51	<25	12%
Santa Cruz Region Charter Schools	126	<25	5%
Santa Cruz County Schools	3,052	230	8%
All Arizona Schools	342,307	33,269	10%

Note: The data for the districts and schools above is only for the schools that fall within the regional boundaries and thus may differ from the data for the district as a whole.

Source: Arizona Department of Education (2016). [Enrollment dataset]. Unpublished data.



## CHILD HEALTH

## Why Child Health Matters

Health encompasses not only physical health, but also mental, intellectual, social and emotional well-being. Optimal development brings all of these facets together. A child's health begins with its mother's health before she becomes pregnant and is influenced by early prenatal care.<sup>132</sup> The exposures and experiences in utero, at birth, and in early life set the stage for health and well-being throughout a child's life.<sup>133,134</sup> Access to health care and health insurance, preventive care such as immunizations and oral health care all influence not only a child's current health, but long-term development and future health as well.<sup>135,136,137</sup>

One way to assess how well a region is faring is by comparing a set of indicators to known targets or standards. Healthy People is a federal initiative that provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets were developed with the use of current health data, baseline measures, and areas for specific improvement. Using the Healthy People 2020 standards as a tool for comparison can help regions understand where they fall relative to the nation as a whole, as well as identify particular areas of strength and places for improvement in relation to young children's health.

The ability to obtain health care is critical for supporting the health of young children. In the early years of a child's life, well-baby and well-child visits allow clinicians to offer developmentally appropriate information and guidance to parents and provide a chance for health professionals to assess the child's development and administer preventative care measures like vaccines and developmental screenings.<sup>138</sup> Families without health insurance are more likely to skip these visits, and so are less likely to receive preventive care for their children, or to receive care for health conditions and chronic diseases.<sup>139,140</sup> Children who lack health insurance are also more likely to be hospitalized and to miss school.<sup>141</sup>

Low income children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid. AHCCCS coverage is available for children in families with income up to 147 percent of the Federal Poverty Level (FPL) for those under age 1, and up to 141 percent of FPL for those ages 1 to 5 (and 133% for those from 6-19 years). Across the nation, state-run Children's Health Insurance Programs (CHIP) have provided health insurance to children up to age 19 in families with incomes too high to qualify them for Medicaid (AHCCCS). Enrollment in the Arizona version of CHIP, KidsCare, was suspended as of January 1, 2010, a particularly vulnerable time for families, following on the heels of the Great Recession.<sup>142</sup> Arizona became the only state without an active CHIP program. However, in May 2016, the Arizona legislature voted to lift the freeze on KidsCare,<sup>143</sup> and in July 2016 applications began to be accepted for the first time in six years, with coverage beginning September 1, 2016.<sup>144</sup> Expanding health insurance availability for lower-income children can lead to health improvements, and to longer-term benefits such as increased high school and college graduation rates and higher lifetime earnings.<sup>145</sup>

Because a number of factors influence the health of a child before conception and in utero, the characteristics of women giving birth can have a substantial impact on the birth and developmental outcomes for their children. For instance, pregnancy during the teen years is associated with a number of health concerns for infants, including neonatal death, sudden infant death syndrome, and child

abuse and neglect.<sup>146</sup> Teenaged mothers (and fathers) themselves are less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not parents.<sup>147,148,149</sup>

A mother's weight status can also influence her child's health. Women who have obesity before they become pregnant have pregnancies with a higher risk of birth complications and neonatal and infant mortality.<sup>150,151</sup> Babies born to obese women are at risk for chronic conditions in later life such as diabetes and heart disease.<sup>152</sup> Maternal smoking is another factor that can greatly affect child outcomes. Babies born to mothers who smoke are more likely to be born early (preterm), be low birth weight, die from sudden infant death syndrome (SIDS) and have weaker lungs than other babies.<sup>153</sup>

One potentially harmful birth outcome that can have long-lasting effects are preterm births – births before 37 weeks of gestation. Preterm birth, in addition to being associated with higher infant and child mortality, often results in longer hospitalization, increased health care costs, and longer-term impacts such as physical and developmental impairments. Babies born at a low-birth weight (less than 2,500 grams or 5 pounds, 8 ounces) are also at increased risk of infant mortality and longer-term health problems such as diabetes, hypertension and cardiac disease.<sup>154</sup>

Quality preconception counseling and early-onset prenatal care can help reduce some of these risks for poor birth outcomes by providing information and supporting an expectant mother's health and nutrition.

After birth, a number of factors have been associated with improved health outcomes for infants and young children. One factor is breastfeeding, which has been shown to reduce the risk of ear, respiratory and gastrointestinal infections, SIDS, overweight, and type 2 diabetes.<sup>155</sup> The American Academy of Pediatrics recommends exclusive breastfeeding for about 6 months, and continuing to breastfeed as new foods are introduced for 1 year or longer.<sup>156</sup> Healthy People 2020 aims to increase the proportion of infants who were ever breastfed to 81.9 percent.<sup>157</sup> Immunization against preventable diseases is another factor that protects children from illness and potentially death. In order to assure community immunity (also known as “herd immunity”), which helps to protect unvaccinated children and adults from contracting vaccine-preventable diseases, rates of vaccination in a community need to remain high.<sup>158</sup> Research shows that higher exemption rates from vaccines at the school-level have been associated with school-based outbreaks of preventable diseases such as measles and pertussis.<sup>159</sup>

Oral health and good oral hygiene practices are also very important to children's overall health. According to the National Survey of Children's Health, the percentage of children in Arizona with excellent or very good oral health (65.7%) falls below the national level of 71.3 percent.<sup>160</sup> Tooth decay and early childhood caries can have short and long term consequences including pain, poor appetite, disturbed sleep, lost school days, and reduced ability to learn and concentrate.<sup>161</sup> More children in kindergarten in Arizona (52%) have tooth decay compared to children across the nation (36%). Within Arizona, American Indian (76%) and Hispanic children (56%) are more likely to experience tooth decay than white children (34%).<sup>162</sup>

In early childhood, illness and injury can cause not only trauma to a child but added stress for a family. Non-fatal unintentional injuries substantially impact the well-being of children,<sup>163</sup> and injuries are the leading cause of death in children in the United States.<sup>164</sup> Common causes of visits to the emergency



department for children 0-5 in Arizona include falls (particularly from furniture), collisions with an object, and natural events like bites and stings. Common causes for hospitalization of young children in Arizona include falls, poisoning, and assault/abuse.<sup>165</sup> Many of these injuries are preventable, prompting the Centers for Disease Control and Prevention to produce a National Action Plan for Child Injury Prevention, which outlines evidence-based strategies for addressing the challenge of keeping children safe.<sup>166</sup> The Arizona Department of Health Services has recognized the need to focus on reducing childhood injuries in Arizona, and identified that as one of their priorities in the Bureau of Women's and Children's Health Strategic Plan<sup>167</sup>, as well as included it as part of their Arizona Injury Prevention Plan.<sup>168</sup>

A child's weight status can have long-term impacts on health and well-being; in the United States, areas of concern tend to center around malnutrition and obesity, rather than undernutrition and underweight. Nationwide, it is estimated that about 3.8 percent of children ages 2-19 are underweight, 16.2 percent are overweight, and 17.2 percent are obese.<sup>169,170</sup> Obesity can have negative consequences on physical, social, and psychological well-being that begin in childhood and continue into and throughout adulthood.<sup>171</sup> The first two years of life are seen as critical to the development of childhood obesity and its resultant negative consequences. Higher birth weight and higher infancy weight, as well as lower-socioeconomic status and low-quality mother-child relationships have all been shown to be related to higher childhood weight.<sup>172</sup> One component of establishing a healthy weight – physical activity – also promotes improved visual-motor integration skills and object manipulation skills which in turn lead to improved executive function, social behaviors and ultimately school readiness for young children.<sup>173</sup> The availability and accessibility of recreational facilities and resources that promote physical fitness can impact the ability of both child and adult community members to reap the benefits of physical activity.

## What the Data Tell Us

### Access to Care

A key factor in health care is health insurance, and 13 percent of young children ages 0 to 5 in the region were estimated to be uninsured, along with 20 percent of the total population in the Santa Cruz Region (Table 74). These rates varied quite a bit among the sub-regions. In the Elgin, Patagonia, and Tubac communities, no young children were uninsured. In contrast, there were very high rates of uninsured children in the Sonoita (89%) and Tumacacori (67%) communities. The high rate of uninsured children in these communities is particularly interesting given that the Sonoita and Tumacacori communities are areas that report having no children ages 0 to 5 under the poverty level (see Table 26). Given that these communities report low levels of poverty amongst the all-ages population (7%), it could be that many families are ineligible for AHCCCS but unable to afford private insurance, or additional unknown factors could account for the high rates of uninsured young children ages 0 to 5 in the Sonoita and Tumacacori communities.

One clinician noted that “people's insurance seems to be really transient. People skip several months between visits, they miss well child visits, then they come back and seem eager for well child care.” Mariposa Community Health Center also offers the Mariposa Plan, which allows Santa Cruz residents who fall below 250 percent of the federal poverty level to pay for deeply discounted care on a sliding scale.

One way that children in Arizona have had access to health insurance is through the Affordable Care Act (ACA). As of February 2016, 46,700 children under 18 in Arizona were enrolled in federally-facilitated marketplace plans through the ACA, representing 23 percent of those enrolled under ACA across the state. This is the highest proportion of young people enrolled in any state (tied with North Dakota and Utah); the national rate is 9 percent.<sup>174</sup>

Compared to young children, members of the total (all ages) population were more likely to lack health insurance; this was true for the region as a whole and all of the sub-regions except for the Tubac sub-region, which had the lowest rate of uninsured adults (7%) of any of the sub-regions. This could be related to the low levels of residents living in poverty in the Tubac region, which suggests these residents are most likely able to afford health care.

#### *Kith and Kin Caregivers*

Children in foster families, including kinship foster families, are automatically covered through the Comprehensive Medical and Dental Program (CMDP). If a child transitions to permanent guardianship or is adopted, coverage through CMDP is no longer available.

Table 74. Estimated Proportion of Population Without Health Insurance

	Estimated population (ages 0-5)	Children (ages 0-5) without health insurance	Estimated population (all ages)	Persons (all ages) without health insurance
Santa Cruz Region	4,450	13%	46,956	20%
Elgin	15	0%	817	10%
Nogales	2,115	10%	22,745	22%
Patagonia	41	0%	1,309	20%
Rio Rico	2,090	12%	18,884	19%
Sonoita	16	89%	1,069	11%
Tubac	22	0%	1,411	7%
Tumacacori	151	67%	721	36%
Santa Cruz County	4,467	13%	47,024	20%
ARIZONA	531,825	10%	6,453,706	16%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B27001

## Pregnancies and Birth

In 2014, 589 babies were born to mothers living in the Santa Cruz Region (Table 75), which represented less than one percent of the births statewide. This is not surprising given that the Santa Cruz Region makes up less than one percent of the overall state population (Table 3). These data reflect the mother's county of residence, so women living in Santa Cruz who delivered in Tucson (Pima County) are still reflected here.

Table 75. Live Births During Calendar Year 2014, by Mother's Place of Residence

	Total number of births to Arizona-resident mothers in 2014
Santa Cruz Region	589
Elgin	DS
Nogales	309
Patagonia	DS
Rio Rico	247
Sonoita	DS
Tubac	DS
Tumacacori	DS
Santa Cruz County	599
ARIZONA	86,648

Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Table 76. Projected Number of Births Per Year, 2015 to 2040

	2015	2020	2025	2030	2035	2040
Santa Cruz Region	N/A	N/A	N/A	N/A	N/A	N/A
Santa Cruz County	620	682	715	721	703	682
ARIZONA	86,475	94,177	102,207	108,600	112,982	116,633

Source: Arizona Department of Administration, Employment and Population Statistics (2015). State and county population projections (medium series).

## Pregnant and Parenting Teens

As a proportion of all women giving birth, teen mothers, or mothers under age 20, make up 13 percent of the births in Santa Cruz County, compared to only 8 percent statewide. Young teen mothers (ages 17 and younger) are also more prevalent in Santa Cruz, where they make up 5 percent of the population of new mothers, compared to 2 percent statewide (Figure 33). However, teen birth rates<sup>xviii</sup> have generally been declining both in Santa Cruz and across the state for about a decade, although the state has seen a slightly sharper decline in all teenage (<20 years old) births (Figure 34). Santa Cruz has seen an especially sharp decline in the birth rate among older teens (ages 18-19) in recent years; in 2004, 15 percent of all older teens gave birth, or about one in every 5 or 6. By 2014 that had dropped to 7 percent, or about one in every fifteen 18 and 19 year old women. This puts Santa Cruz near the state, despite the fact that teen birth rates in Santa Cruz have traditionally been higher. Overall, 4.3 percent of women ages 14-19 years in Santa Cruz County had a child in 2014.<sup>175</sup> In the Nogales Primary Care Area (PCA), the rate was slightly higher (5.4%). In other words, one in every 18 or 19 female teenagers age 14-19 in Nogales had a child. Conversely, the rate in the Rio Rico PCA was 3.3 percent, meaning that about 1 in every 31 teens had a child.

In 2014, there were 76 babies born to women under age 20. The majority of these (61%) were to women ages 18 and 19, none were to women younger than 15.<sup>176</sup> Abortions are rare in Santa Cruz; in 2014, there were 10 abortions to women ages 19 and younger in the county.<sup>177</sup> As to be expected given the larger population size, more of these births occurred in Nogales than in Rio Rico (Figure 35).

One key support for these young mothers is the Mariposa Community Health Center Maternal and Child Health program. This program, which supports expecting women through visits with case managers is not exclusively for teens, but does serve them. Of the teen mothers who participate in this program, nearly half are 19 years old (Figure 36). Of this sample of teen parents, most (65%) were still living with their parents although nearly 1 in 5 was living with the child's father (Figure 37).

“Being a teen mom didn’t scare me, but telling people scared me.”

Numerous key informants indicated that teenage pregnancy, especially among women in their late teens, was not perceived as a problem in the region. Indeed, several of the pregnancies were planned. However, teens themselves often reported feeling ashamed to tell their parents, stigmatized at school, and postponing prenatal care because they didn’t want to admit that they were pregnant to anyone else. One teen commented, “I was nervous to tell my mom, of course, but I know she will support me no matter what.” Conversely, another reported that she was initially kicked out of the house when she announced her pregnancy, though ultimately her mother forgave her and invited her back home.

<sup>xviii</sup> Please note that at the request of participants in the Data Interpretation Session, rates per 1000 have been converted to rates per 100, so that they are readily interchangeable with percentages, which participants felt were more readily used and understood.

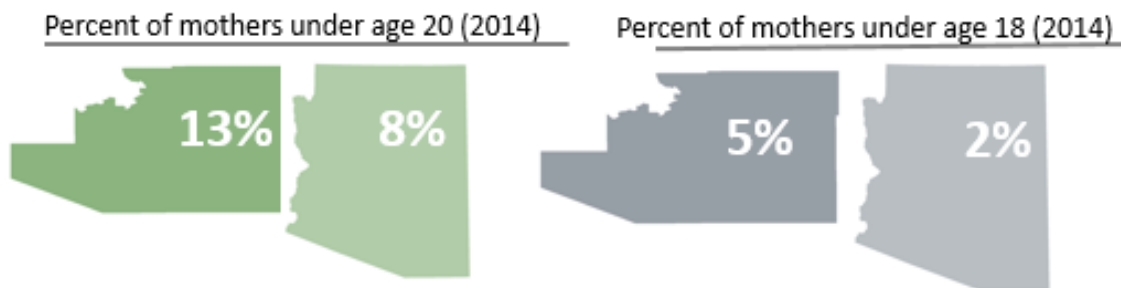
### *Pregnancy prevention*

Key informants noted that religion (much of the region is Catholic)<sup>178</sup> is a barrier to providing comprehensive sexual education or implementing evidence-based practices to reduce the risk of pregnancy. Arizona state statute also limits schools to abstinence-based education.

Teen key informants mentioned that they had heard of places where condoms were available in the high schools. They thought this was unlikely to happen in their schools, but thought it was a good idea.

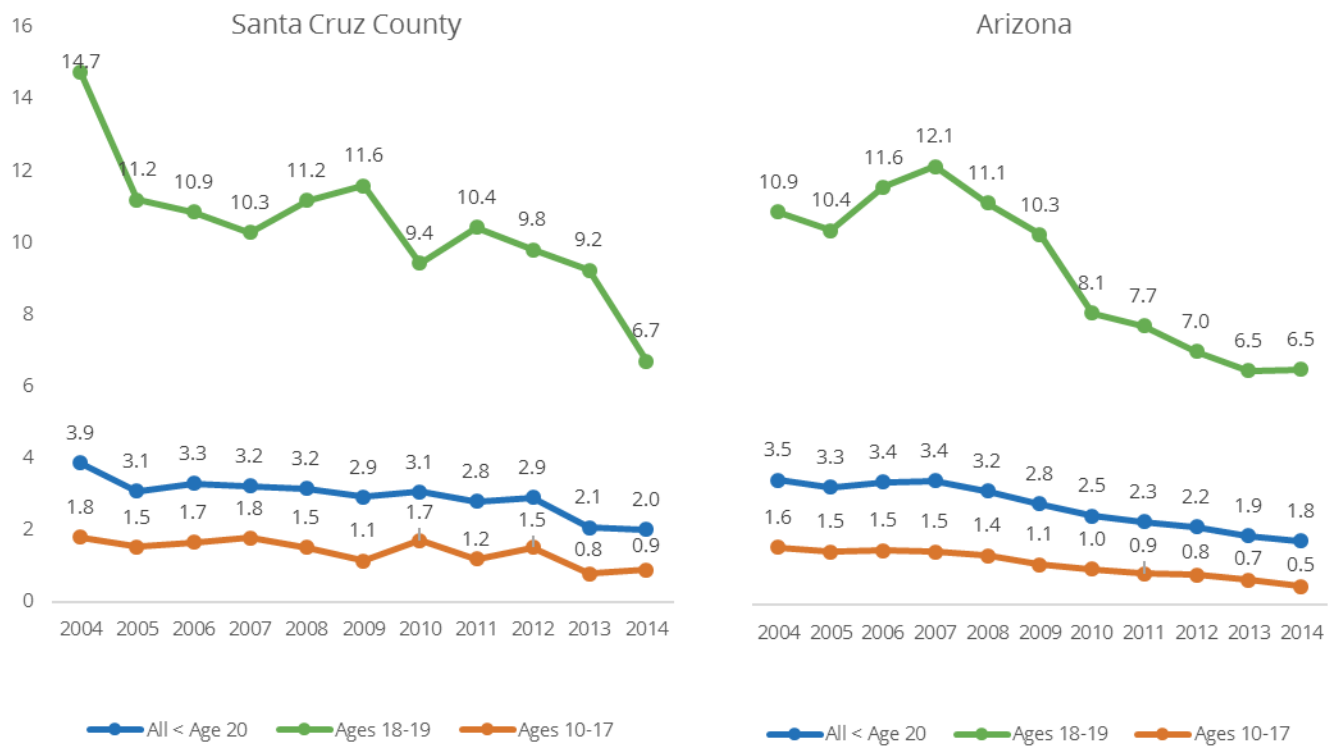
One teen said “I didn’t have the relationship with my mom to ask for birth control.” Another raised that it is possible to access free birth control through Mariposa, but someone countered that they would not have pursued that even if they had known about it because they would have been scared about getting recognized at the clinic.

Figure 33. Proportion of New Mothers Who are Teenagers, 2014



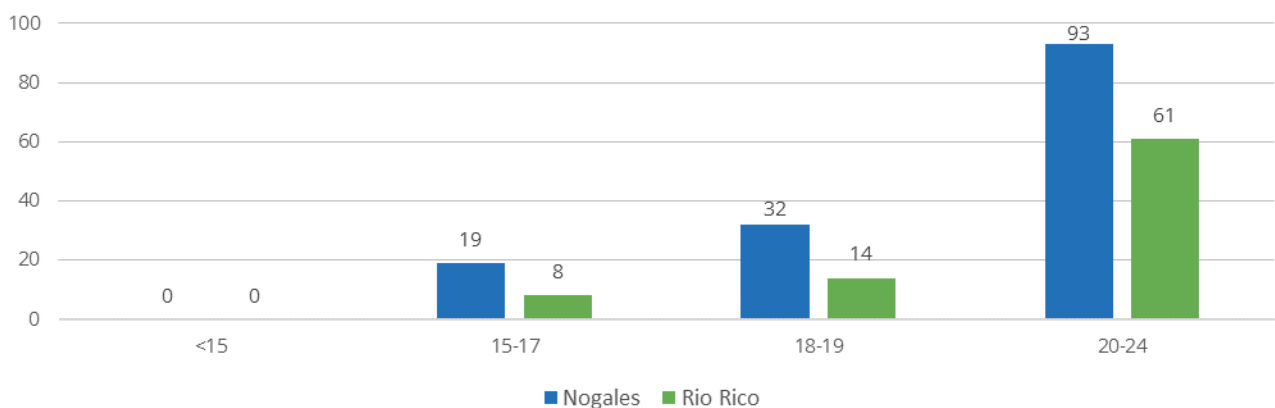
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 34. Trends in Proportion of Teens Giving Birth in Santa Cruz County and Arizona, 2004-2013.



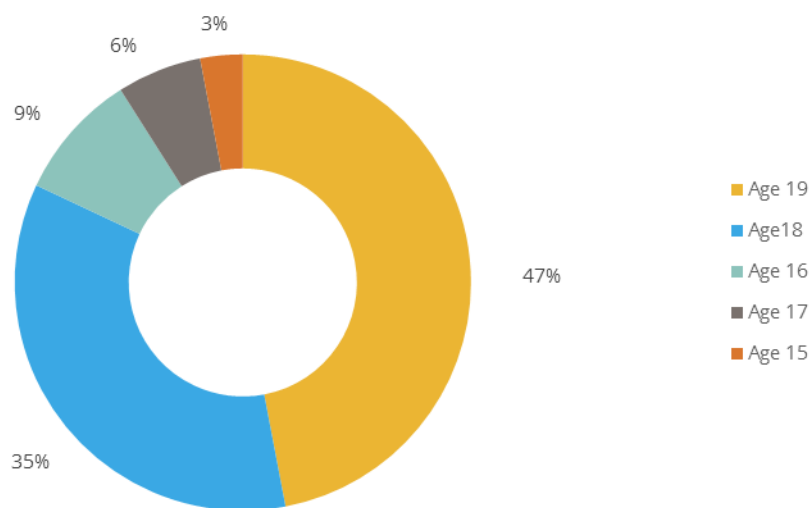
Source: Arizona Department of Health Services. Teenage Pregnancy, Arizona, 2004-2014.

Figure 35. Births by Primary Care Area, 2014



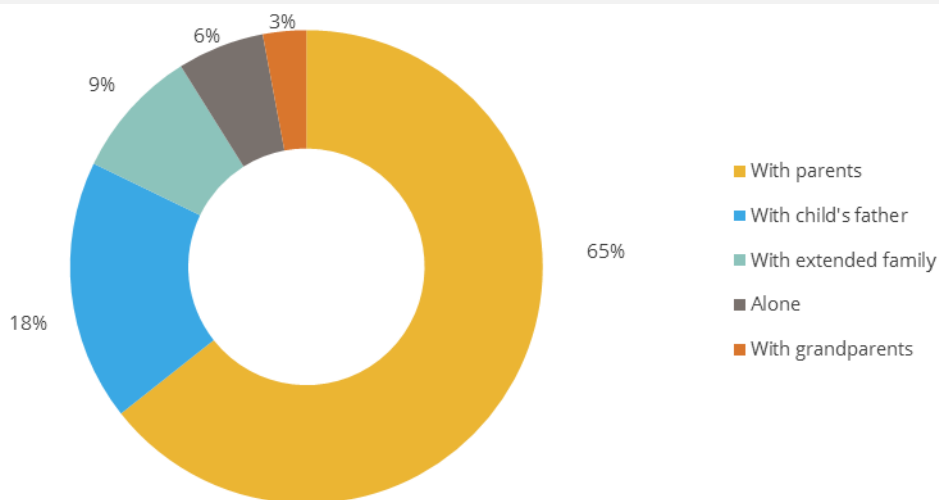
Source: Arizona Department of Health Services. Births By Mother's Age Group And Primary Care Area, Arizona, 2014

Figure 36. Ages of teen mothers participating in Mariposa Community Health Center's Maternal and Child Health Program



Source: Mariposa Community Health Center. Unpublished data. 2016.

Figure 37. Living Arrangements for Teens Participating in Mariposa Community Health Center's Maternal and Child Health Program



Source: Mariposa Community Health Center. Unpublished data. 2016.

### Maternal Characteristics

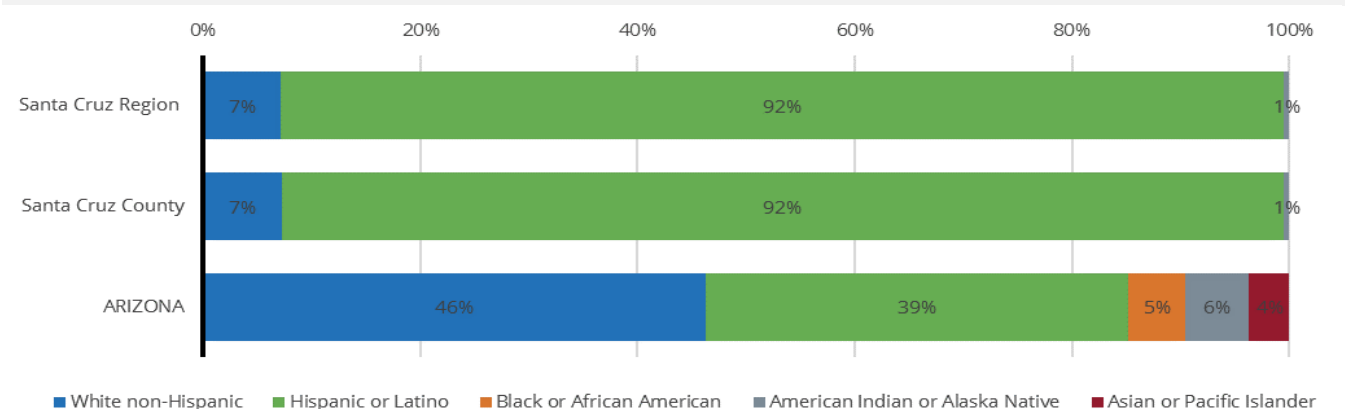
Of the over 500 mothers who gave birth in the Santa Cruz Region in 2014, the majority (92%) were Hispanic or Latina (Figure 38). Of the remaining mothers giving birth, 7 percent were White, non-

Hispanic and one percent identified as American Indian or Alaska Native. New mothers in the Santa Cruz Region had somewhat lower educational attainment than mothers statewide; 30 percent had high school education or less (20% statewide) and 15 percent had attained a bachelor's degree or more (23% statewide) (Table 77).

The population of new mothers in Santa Cruz was somewhat similar to those statewide on other attributes. A little over half (51%) of mothers were not married (compared to the state rate of 45%) and the rate of teen mothers in the region was higher (13%) than that of the state (8%) (Table 78). In the Santa Cruz Region, over half of all births (69%) were to mothers relying on AHCCCS or Indian Health Service (IHS) coverage, which is higher than the state rate of 55 percent. A lower proportion of mothers in the Santa Cruz Region reported smoking (1%) than across the state (5%). The Santa Cruz Region percentage of mothers smoking during pregnancy falls below the Healthy People 2020 goal of 1.4 percent.

Another aspect of maternal health that is linked to both birth outcomes and a child's subsequent health is maternal obesity. Among Arizonan women overall, about 51 percent had overweight or obesity before pregnancy in 2014.<sup>179</sup> Among women who participate in WIC, this rate was higher—58 percent, which is expected given that low-income women are more likely to be obese in the United States.<sup>180</sup> In the Santa Cruz Region, this rate was the same; 29 percent of women had overweight and 29 percent had obesity, for a total of 58 percent who had overweight or obesity before becoming pregnant (Figure 39). The rate of obesity in the region and the state has increased slightly since 2012; this mirrors national trends as well.<sup>181</sup>

Figure 38. Race and Ethnicity of Mothers Giving Birth in 2014



Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.



Table 77. Live Births During Calendar Year 2014, by Mother's Educational Attainment

	Less than high school	High school or GED	Some college or professional education	Bachelor's degree or more
Santa Cruz Region	30%	28%	28%	15%
Elgin	DS	DS	DS	DS
Nogales	38%	25%	24%	13%
Patagonia	DS	DS	DS	DS
Rio Rico	22%	31%	32%	16%
Sonoita	DS	DS	DS	DS
Tubac	DS	DS	DS	DS
Tumacacori	DS	DS	DS	DS
Santa Cruz County	30%	27%	28%	15%
ARIZONA	20%	25%	31%	23%

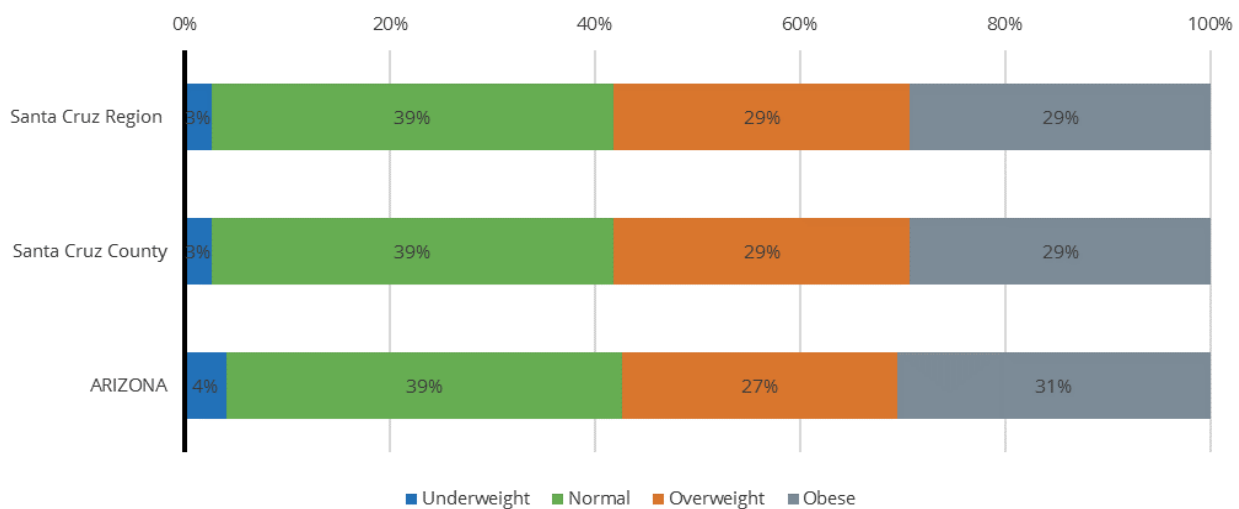
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Table 78. Other Characteristics of Mothers Giving Birth in 2014

	Mother was not married	Mother was 19 or younger	Mother was 17 or younger	Birth was covered by AHCCCS or Indian Health	Tobacco use during pregnancy
Santa Cruz Region	51%	13%	5%	69%	1%
Elgin	DS	DS	DS	DS	DS
Nogales	59%	17%	N/A	76%	1%
Patagonia	DS	DS	DS	DS	DS
Rio Rico	42%	8%	N/A	64%	0%
Sonoita	DS	DS	DS	DS	DS
Tubac	DS	DS	DS	DS	DS
Tumacacori	DS	DS	DS	DS	DS
Santa Cruz County	51%	13%	5%	69%	1%
ARIZONA	45%	8%	2%	55%	5%

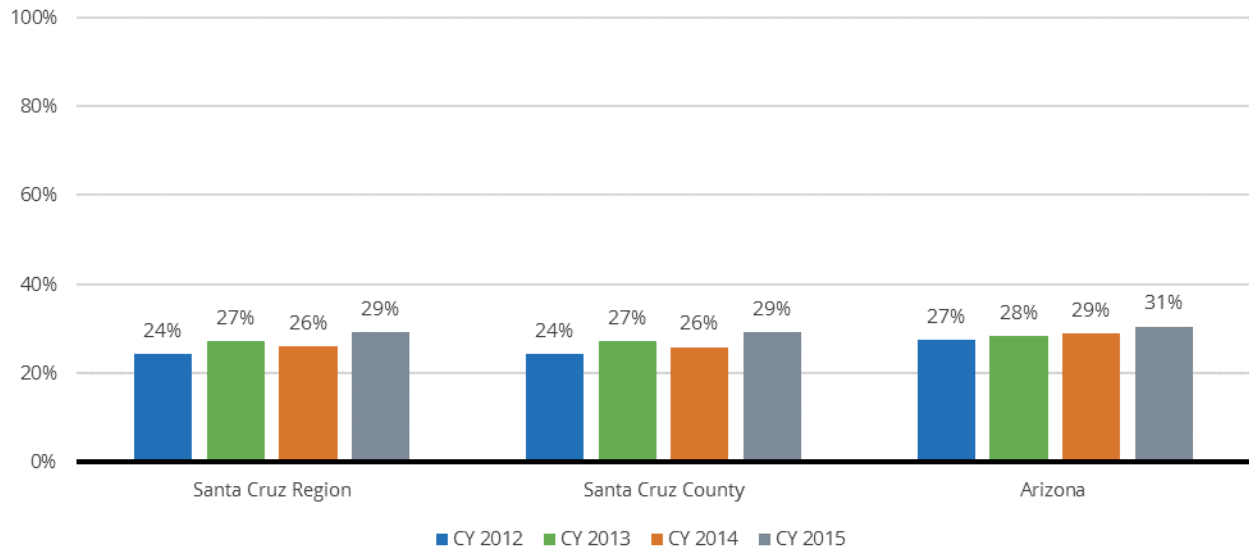
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 39. Pre-Pregnancy Weight Status for WIC Women, 2015



Source: Arizona Department of Health Services (2016). [WIC datasets]. Unpublished data.

Figure 40. Pre-Pregnancy Obesity Rates for WIC Women, 2012 to 2015



Source: Arizona Department of Health Services (2016). [WIC datasets]. Unpublished data.

## Prenatal Care

The Healthy People 2020 goal is that at least 77.9 percent of pregnant women receive prenatal care that begins in the first trimester of pregnancy. Prior to 2014, the percent of women with early prenatal care varied between 64 and 70 percent, indicating that the region was not meeting the Healthy People 2020 goal (Figure 41).<sup>182</sup> In 2014, the Arizona Department of Health Services introduced major changes in the way that prenatal care by trimester is assessed; these structural changes mean that rates from 2014 onward are not directly comparable to earlier rates. The new calculations have resulted in a higher number of birth certificates with “unknown” prenatal care status (3.9% in the Santa Cruz Region). In 2014, 55.8 percent of pregnant women in the region obtained prenatal care during the first trimester, again indicating that the Healthy People 2020 goal was not met (Table 79). Also concerning is that there is a downward trend in the proportion of Arizona women of child-bearing age (18–45) who report that a doctor, nurse or other health care worker ever talked with them about ways to prepare for a healthy pregnancy and baby (that is, discussed preconception health). Statewide, this rate has fallen from 47 percent in 2011, to 35 percent in 2014.<sup>183</sup> It is also important to note that there is a high rate of mothers (21%) who received fewer than five prenatal care visits in the Santa Cruz Region, which is more than 3 times the statewide rate (6%) (Figure 42).

### Teenage parents

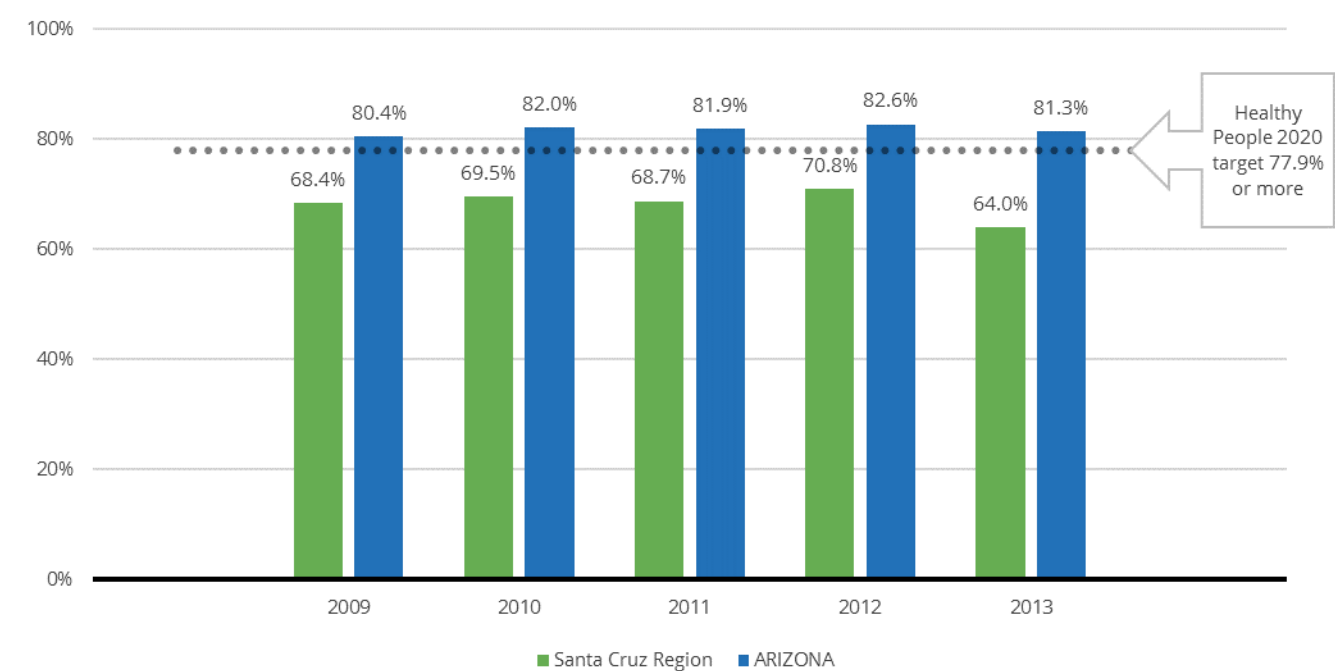
Young mothers participating in the Mariposa Maternal and Child Health program had even lower rates of prenatal care beginning in the first trimester. Among these women, only about one-third (35%) started prenatal care early in their pregnancy (Figure 37), which was substantially less than the 54 percent of all-age mothers who began prenatal care in the first trimester (Figure 41). Numerous key informants admitted that they did not seek early prenatal care because they did not want to admit that they were pregnant to anyone else. Several teen parents reported that their mothers were actually the ones that made their initial prenatal care appointment.

Table 79. Live Births During Calendar Year 2014, by Number of Prenatal Visits

	No visits	1 to 4 visits	5 to 8 visits	9 to 12 visits	13 or more visits	Percent of births with fewer than five prenatal care visits	Percent of births with prenatal care begun in first trimester
Santa Cruz Region	4%	17%	30%	35%	11%	21%	55.8%
Elgin	DS	DS	DS	DS	DS	DS	DS
Nogales	5%	21%	32%	29%	8%	26%	48.0%
Patagonia	DS	DS	DS	DS	DS	DS	DS
Rio Rico	4%	12%	29%	44%	12%	16%	65.7%
Sonoita	DS	DS	DS	DS	DS	DS	DS
Tubac	DS	DS	DS	DS	DS	DS	DS
Tumacacori	DS	DS	DS	DS	DS	DS	DS
Santa Cruz County	4%	17%	30%	36%	11%	21%	55.7%
ARIZONA	2%	4%	15%	47%	31%	6%	71.7%

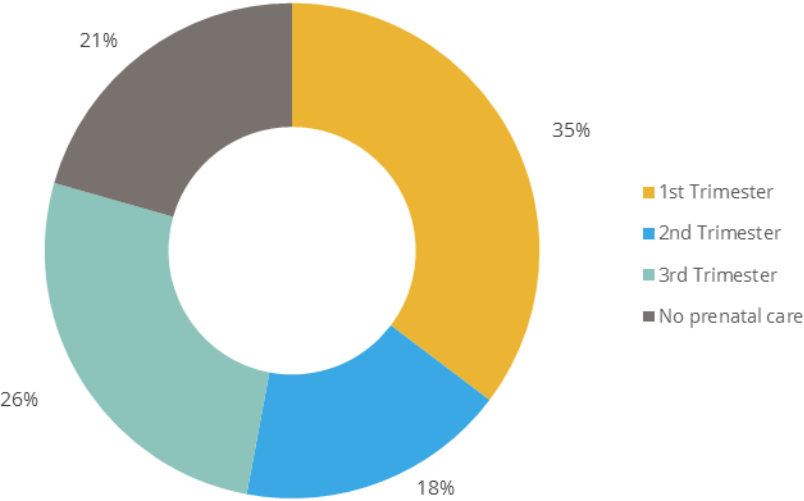
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 41. Percent of Births With Prenatal Care Begun in First Trimester



Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 42. When prenatal care began among teens participating in Mariposa Community Health Center’s Maternal and Child Health Program



Source: Mariposa Community Health Center. Unpublished data. 2016.

## Birth Outcomes

With regard to perinatal health, babies in the Santa Cruz Region were in some regards similar to babies statewide. In the Santa Cruz Region in 2014, 6.3 percent of babies were born with a low birth weight (compared to the 7% state rate) and 8 percent were premature (9% statewide) (Table 80). Healthy People 2020 objectives include that fewer than 7.8 percent of babies are born to low birth weights and fewer than 11.4 percent are born preterm, meaning that the Santa Cruz Region met the Healthy People 2020 goals (Figure 43).

Arizonan infants participating in WIC (71.2%) lags behind the Healthy People 2020 goal of 81.9 percent of babies ever being breastfed (Figure 44). However, in the Santa Cruz Region, the proportion of WIC enrolled infants who were ever breastfed increased steadily from 2012 to 2015; and in 2015, exceeded the Healthy People 2020 goal (83.1%). This is an area in which the region is excelling. Santa Cruz WIC does have an International Board Certified Lactation Consultant (IBCLC) available to support mothers.

### Teenage parents

Teen mothers in Santa Cruz spoke favorably about breastfeeding, “Everyone, including my mom and WIC, recommends it. I hope to breastfeed until a year.” Some moms even managed to pump breastmilk during the day while they were at school.

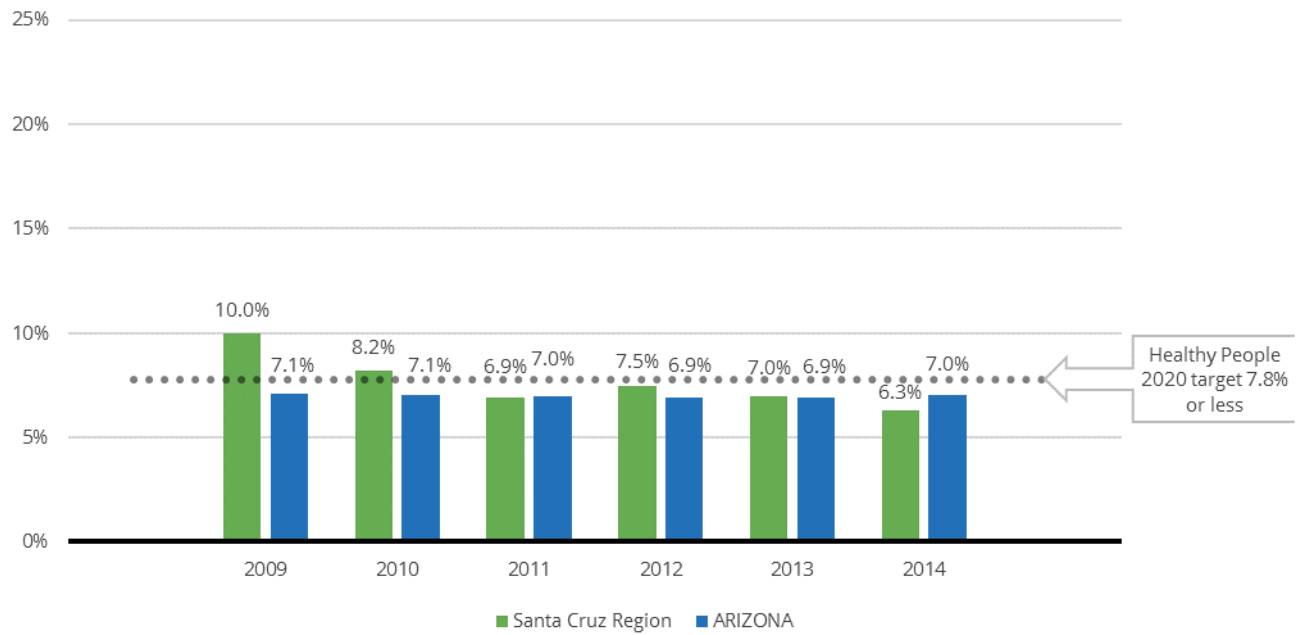
Most infants in the Santa Cruz Region received a hearing screening. Although 7.2 percent of infants did not pass the initial screen, only 0.7 percent of those screened required a diagnostic evaluation and none were found to have confirmed hearing loss (Figure 46).

Table 80. Other Characteristics of Babies Born in 2014

	Baby had low birthweight (5.5 lb. or less)	Healthy People 2020 target for low-birthweight babies	Percent of premature births (under 37 weeks)	Healthy People 2020 target for premature births	Newborns admitted to intensive care unit
Santa Cruz Region	6.3%	< 7.8%	8.0%	< 11.4%	4.1%
Elgin	DS	< 7.8%	DS	< 11.4%	DS
Nogales	6.1%	< 7.8%	7.1%	< 11.4%	4.2%
Patagonia	DS	< 7.8%	DS	< 11.4%	DS
Rio Rico	7.3%	< 7.8%	10.1%	< 11.4%	4.0%
Sonoita	DS	< 7.8%	DS	< 11.4%	DS
Tubac	DS	< 7.8%	DS	< 11.4%	DS
Tumacacori	DS	< 7.8%	DS	< 11.4%	DS
Santa Cruz County	6.3%	< 7.8%	8.0%	< 11.4%	4.0%
ARIZONA	7.0%	< 7.8%	9.0%	< 11.4%	6.7%

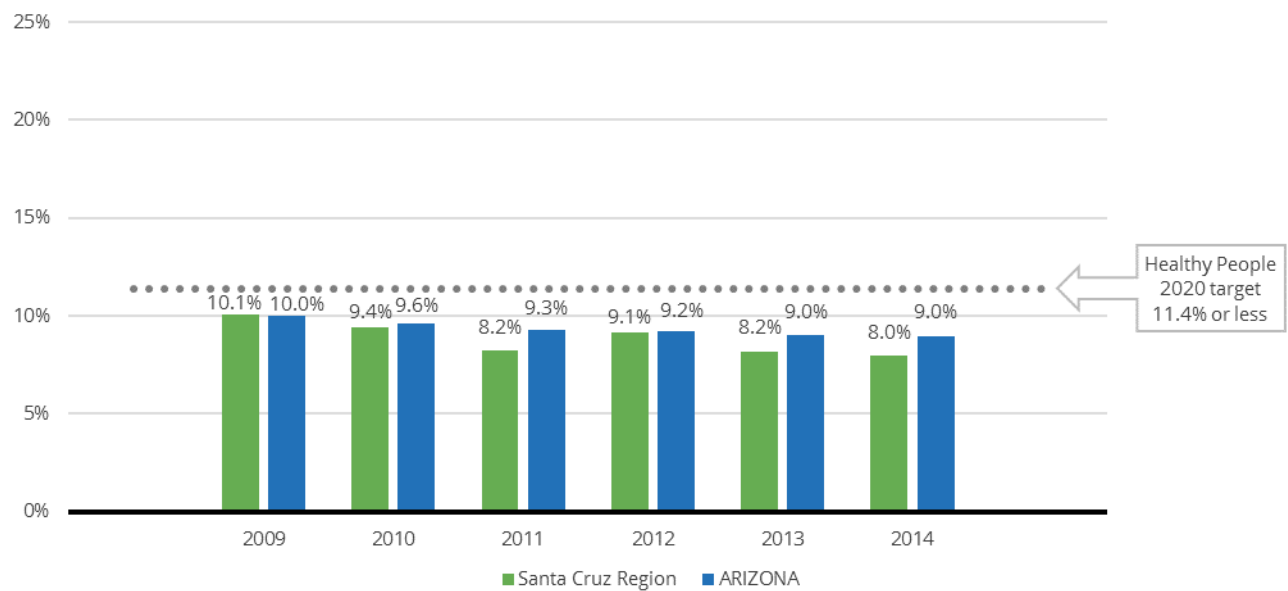
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 43. Percent of Babies Born in 2014 With Low Birthweight (5.5 Pounds or Less)



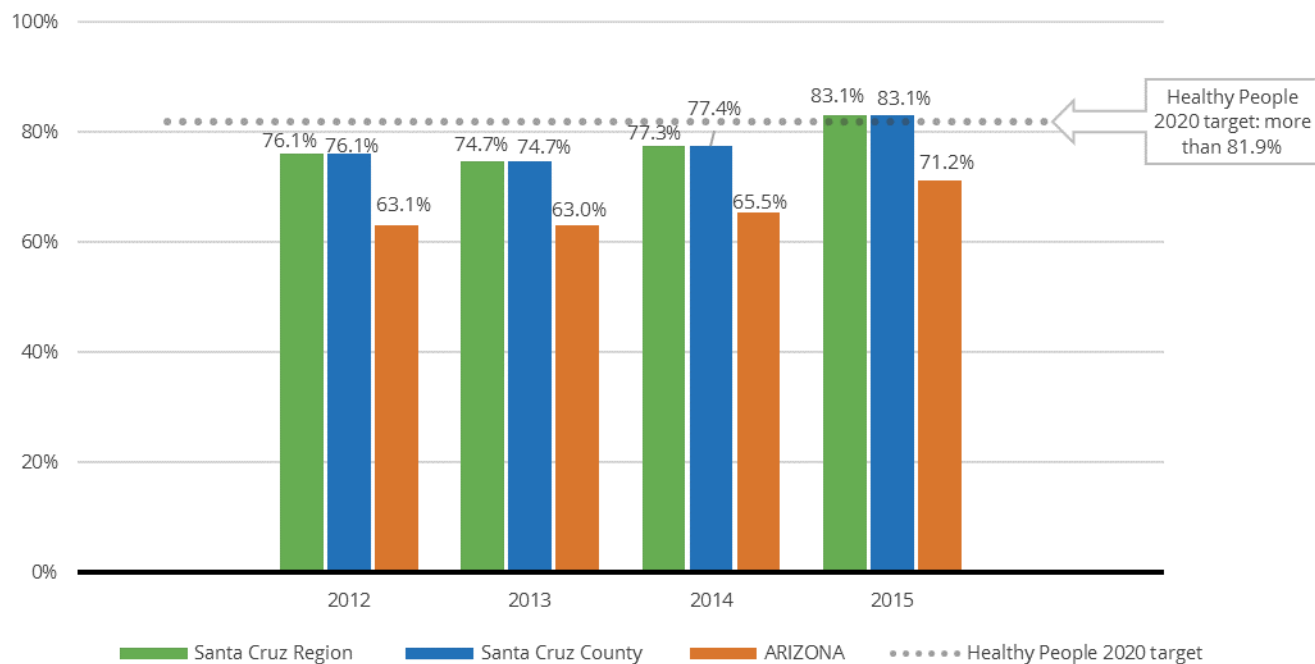
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 44. Percent of Babies Born Premature in 2014 (37 Weeks or Less)



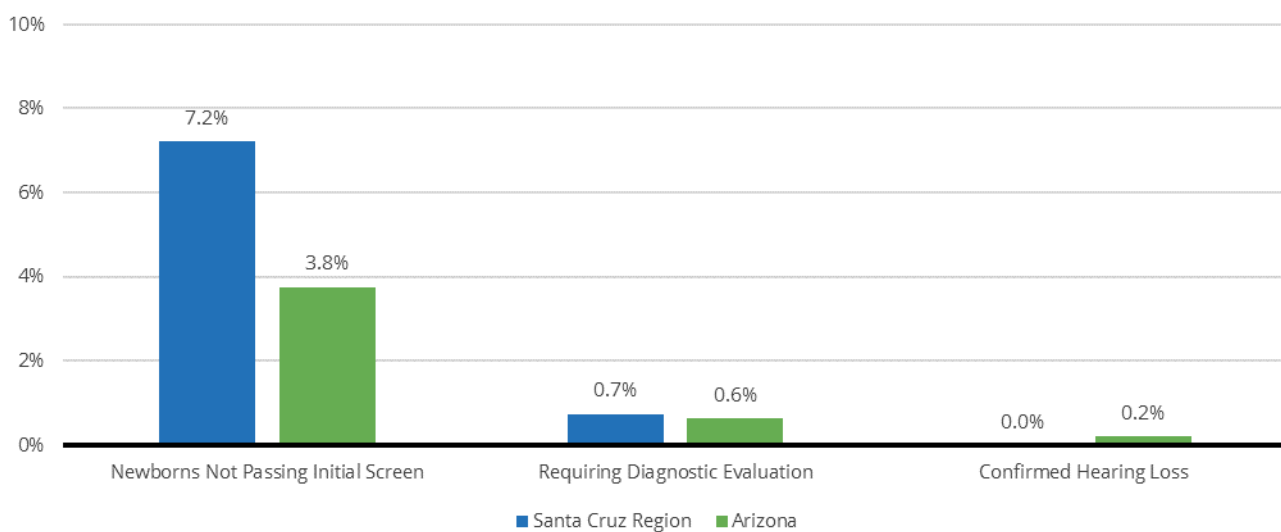
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 45. WIC Infants Who Were Ever Breastfed, 2012 to 2015



Source: Arizona Department of Health Services (2016). [WIC datasets]. Unpublished data.

Figure 46. Newborn Hearing Screening Results



Source: Arizona Department of Health Services (2016). [Hearing screening results dataset]. Unpublished data



Table 81. Newborn Hearing Screening Results

	Newborns with hearing screening	Newborns not passing initial screen	Newborns requiring diagnostic evaluation	Newborns with confirmed hearing loss
Santa Cruz Region	679	7.2%	0.7%	0.0%
Santa Cruz County				
ARIZONA	84,887	3.8%	0.6%	0.2%

Source: Arizona Department of Health Services (2016). [Hearing Screening Results dataset]. Unpublished data.

## Immunizations

While immunization rates vary by vaccine, nearly all children in child care in the Santa Cruz Region had completed each of the three major (DTAP, polio, and MMR) vaccine series; the regional and county rates were higher than those of the state (Table 82). The Healthy People 2020 target for vaccination coverage for children ages 19–35 months for these vaccines is 90 percent,<sup>184</sup> suggesting the region is meeting this goal. However, given that state regulations require children enrolled in child care to be up to date on immunizations, it is possible that the rates of immunization for children in child care are higher than immunization rates for children not in child care.<sup>xix</sup> If that is the case, the rates for the entire population of children in these areas could be lower than the Healthy People 2020 goal. One exception to the extensive vaccine coverage is Hepatitis A; only 73 percent of children in child care had completed the recommended two immunizations. One possible explanation for this difference is that the Hepatitis A vaccine is not recommended until later in childhood, and the second dose may follow the first by as many as 18 months.<sup>xx</sup> Although the rate of personal exemptions among kindergarteners (1.1%) was over twice that of children in child care (0.5%) (Table 82; Table 83; Figure 47), both rates were well below exemption rates statewide. Children in kindergarten were also well-covered by vaccines, and this represents a much more thorough sample of children in the region, suggesting that coverage rates are good overall. The region's rates of vaccine coverage for kindergarteners surpassed those at the county and state level.

Table 82. Vaccination Rates and Exemption Rates for Children in Child Care

	Students enrolled	Four or more DTAP	Three or more Polio	Two or more MMR	Three or more HIB	Two Hep A	Three or more Hep B	One or more Varicella	Religious exemption	Medical exemption
Santa Cruz Region	610	99%	100%	100%	99%	73%	99%	100%	0.5%	0.0%
Santa Cruz County	610	99%	100%	100%	99%	73%	99%	100%	0.5%	0.0%
ARIZONA	92,128	92%	93%	94%	92%	81%	92%	95%	3.5%	0.5%

Source: Arizona Department of Health Services (2016). [Immunization Data Reports dataset]. Unpublished data.

<sup>xix</sup> For example, the National Immunization Survey (NIS) monitors vaccination coverage among U.S. children aged 19–35 months, and estimates the Arizona statewide rate for DTAP (Diphtheria, Tetanus, Pertussis, 4 or more doses) to be about 81 percent and the statewide rate for MMR (Measles, Mumps and Rubella, 1 or more doses) to be about 84 percent. Source: Hill, H., Elam-Evans, L., Yankey, D., Singleton, J., Kolasa, M. (2015). National, state, and selected local area vaccination coverage among children aged 19–35 months—United States. *Morbidity and Mortality Weekly Report*, 2014, 64(33), 889–896. Retrieved from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6433a1.htm>

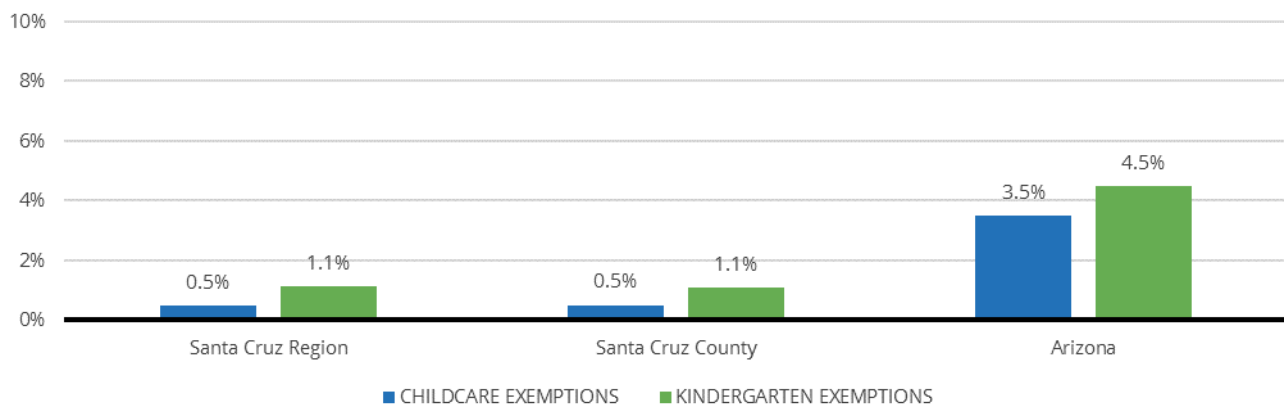
<sup>xx</sup> The CDC immunization schedule recommends initiating the Hepatitis A vaccine at 12 through 23 months, with the second dose administered 6 to 18 months later. For more information see: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Table 83. Vaccination Rates and Exemption Rates for Kindergarten Children

	Students enrolled	Four or more DTAP	Three or more Polio	Two or more MMR	Three or more Hep B	One or more Varicella	Personal exemption	Medical exemption
Santa Cruz Region	699	98%	98%	99%	98%	99%	1.1%	0.0%
Santa Cruz County	699	98%	98%	99%	98%	99%	1.1%	0.0%
ARIZONA	83,088	94%	95%	94%	96%	97%	4.5%	0.3%

Source: Arizona Department of Health Services (2016). [Immunization Data Reports dataset]. Unpublished data.

Figure 47. Non-Medical Vaccine Exemption Rates For Child Care and Kindergarten



Source: Arizona Department of Health Services (2016). [Immunization Data Reports dataset]. Unpublished data.

## Oral Health

To identify the trends in the oral health of the state's children, Arizona Department of Health Services administered the Healthy Smiles Healthy Bodies survey to 3,630 kindergarten children during the 2014-2015 school year.<sup>xxi,185</sup> The survey was designed to gather information from Arizona's kindergarten children regarding prevalence and severity of tooth decay, and included dental screening and a parent/caregiver questionnaire component. In the Santa Cruz Region, 119 children were screened and 81 parents or caregivers answered at least one question on the questionnaire given with their child's screening. Untreated decay experience and need for dental care was reported for 27 percent of kindergarteners in the region, which was the same as the state (27%). In overall decay experience, 60 percent of kindergarteners in the Santa Cruz Region reported decay experience compared to Arizona's

<sup>xxi</sup> Please see appendix for methodology.

52 percent. While the state has met its own 2020 benchmark (no more than 32% of children with untreated tooth decay) and is on track towards the Healthy People's 2020 target (26%), there remains a need for focused oral health efforts on primary prevention across the state.

### **Childhood Injury, Illness and Mortality**

The Arizona Child Fatality Review (CFR) Program produces an annual report in order to identify ways to decrease or eliminate identified preventable deaths amongst children across the state. In the 2015 annual report, 768 deaths were reported in children under 18 years old in Arizona, 39 percent of which were determined to be preventable and 74 percent (566) of which were young children from birth to age five. More than one-third of these deaths (38%) occurred in the neonatal period (birth-27 days) and were due to natural causes (prematurity, neurological disorders, and other medical conditions). The infancy age group (28-365 days) saw 23 percent of these deaths, which were largely due to suffocation. About 13 percent of these deaths were amongst children 1-4 years old, an age group which reported high rates of fatalities due to drowning, motor vehicle accidents, and blunt force trauma.

Local CFR Teams conduct an annual report which reviews each death in the state and determines the preventability of each of these deaths. According to the 2015 review, it was determined that 39 percent of all deaths were likely preventable while 9 percent of deaths' preventability could not be determined. In 2015, 10 percent of perinatal deaths, 48 percent of infant deaths, and 57 percent of young child deaths in Arizona were deemed preventable.

Additionally, the CFR Teams determine which deaths can be classified as maltreatment based on the actions or failures to take appropriate preventative action by a parent, guardian, or caretaker. In the 2015 review, 11 percent of all child fatalities were due to maltreatment and all of these deaths were determined to have been preventable. These maltreatment deaths are classified in one of three categories: homicide (e.g. abusive force trauma), natural (e.g. failure to obtain medical care or prenatal substance use that caused premature death), or accidental (e.g. the unintentional injuries caused by negligence or impaired driving).<sup>186</sup>

In 2015, Santa Cruz reported fewer than 6 deaths among its population of 14,243 children aged 0-17. The overall Arizona rate for 2015 was 47.3 child deaths per 100,000 residents. Across the state, the two leading causes of death were those classified as home-safety related (rate of 7.9 per 100,000 children) and maltreatment (rate of 5.3 per 100,000 children).

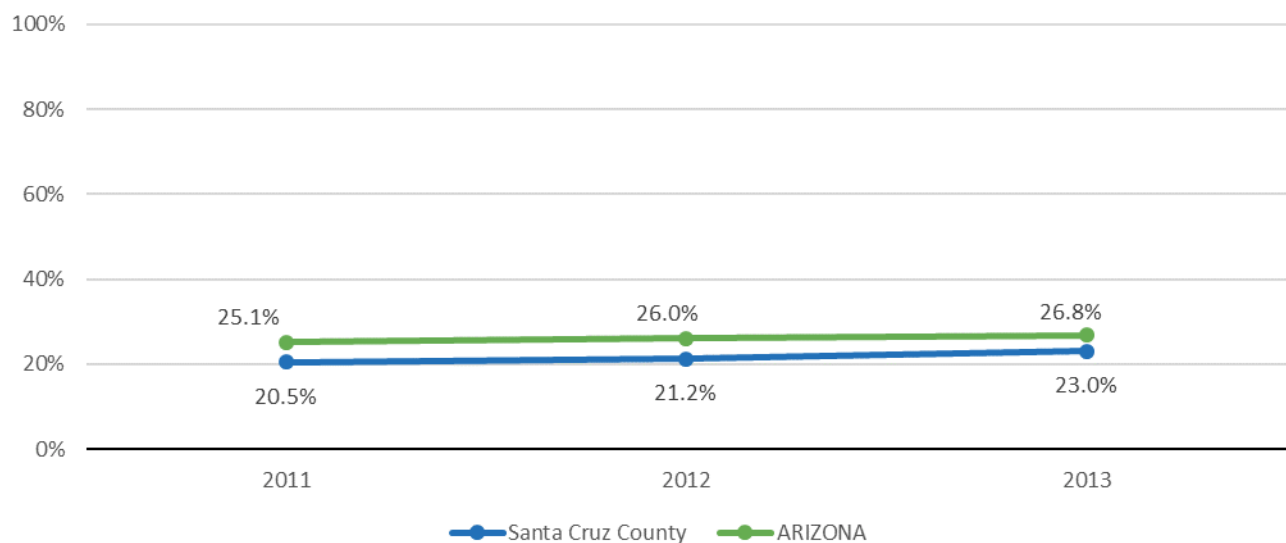
### **Weight Status**

Based on data from the Centers for Disease Control and Prevention (CDC), adult obesity is less prevalent in Santa Cruz County than statewide (Figure 48). However, the adult obesity rate in the region has increased slightly between 2011 and 2013 (from 20.5% to 23.0%). Despite the rise, Santa Cruz

County is still well below the Healthy People 2020 goal of having no more than 30.5 percent of the population have obesity.<sup>xxii</sup>

Compared to adults, children are less likely to have obesity. Healthy People 2020 has set a goal of no more than 9.4 percent of children having obesity. Among children participating in WIC, 12 percent have obesity and an additional 12 percent have overweight (Figure 49). Promisingly, the childhood obesity rate has declined steadily since 2012 (Table 84). This pattern is similar to a gradual decline in obesity rates among WIC participants ages 2 to 4 nationwide as well.<sup>187</sup> Based on these data, the Santa Cruz Region is not meeting the Healthy People 2020 target for childhood obesity, although it is important to note that these data only reflect one segment of the population of the region, and low-income populations, i.e., those receiving WIC benefits, are at an elevated risk for obesity. A key informant working in medicine did state that weight was a big issue in the community and noted that children are eating many meals a day at school, where it can be hard to consume healthy foods.

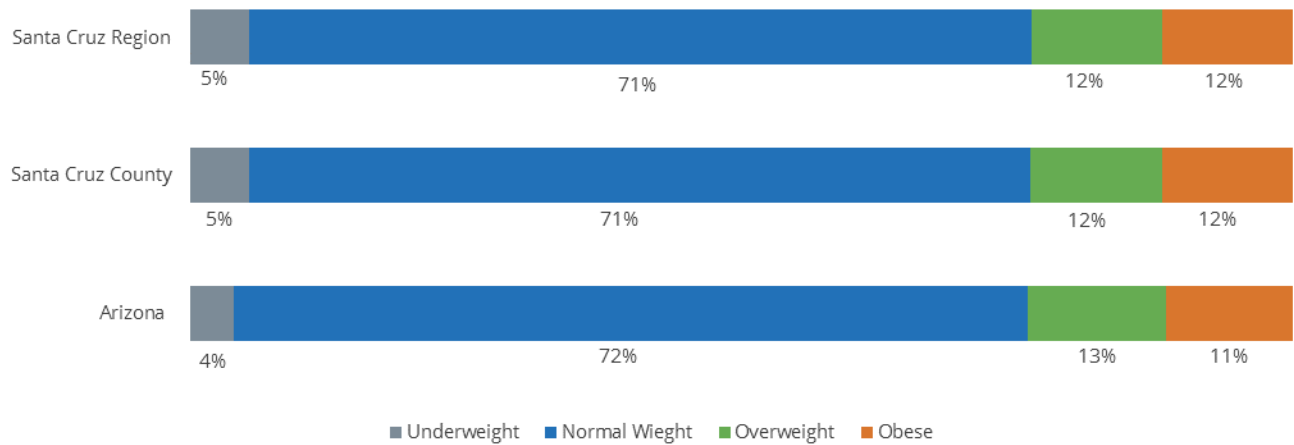
Figure 48. Adult Obesity Rate, According to the CDC



Source: CDC (2016). Diabetes Data and Statistics. Retrieved from [www.cdc.gov/diabetes/atlas/countydata/atlas.html](http://www.cdc.gov/diabetes/atlas/countydata/atlas.html)

<sup>xxii</sup> Note that the Centers for Disease Control now use language consistent with the perspective that obesity is a disease state. We have adopted that language. See <https://www.cdc.gov/obesity/data/adult.html>.

Figure 49. WIC Children's Weight Status, 2015



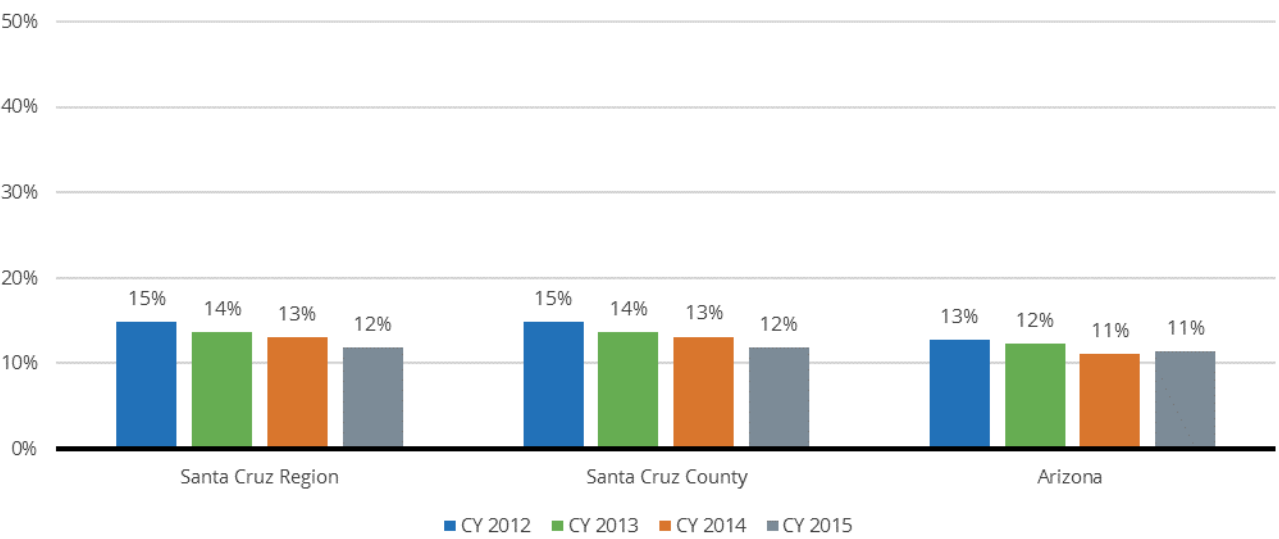
Source: Arizona Department of Health Services (2016). [WIC datasets]. Unpublished data.

Table 84. WIC Children's Obesity Rates, 2012 to 2015

	Childhood obesity rate, 2012	Childhood obesity rate, 2013	Childhood obesity rate, 2014	Childhood obesity rate, 2015	Healthy People 2020 Target for Childhood Obesity
Santa Cruz Region	14.8%	13.6%	13.1%	11.8%	<9.4
Santa Cruz County	14.9%	13.7%	13.1%	11.8%	<9.4
ARIZONA	12.7%	12.3%	11.1%	11.4%	<9.4

Source: Arizona Department of Health Services (2016). [WIC datasets]. Unpublished data.

Figure 50. Childhood Obesity Among WIC Participants, 2012 to 2015



Source: Arizona Department of Health Services (2016). [WIC datasets]. Unpublished data.



## FAMILY SUPPORT AND LITERACY



## Why Family Support and Literacy Matter

Parents, caregivers and families who provide positive and responsive relationships support optimal brain development during a child's first years<sup>188,189</sup> and promote better social, physical, academic and economic outcomes later in that child's life.<sup>190,191</sup> Parental and family involvement is positively linked to academic skills and literacy in preschool, kindergarten and elementary school.<sup>192</sup> Literacy promotion is so central to a child's development that the American Academy of Pediatrics has identified it as a key issue in primary pediatric care, aiming to make parents more aware of their important role in literacy.<sup>193</sup> Reading aloud, singings songs, practicing nursery rhymes, and engaging in conversation primes children to reach their full potential. To assess the degree to which these activities are happening across the state, the First Things First Family and Community Survey, a phone-based survey, was designed to measure many critical areas of parents' knowledge, skills, and behaviors related to their young children. Among other topics, the 2012 survey collected data about parent and caregiver knowledge of children's early development and their involvement in a variety of behaviors known to contribute positively to healthy development. Data on the amount and quality of the interaction parents and caregivers typically have with their children can be useful to inform programs and policies to encourage positive engagement. Examples of these community-level resources in Arizona include Read On Arizona, a partnership of agencies, philanthropic organizations, and community stakeholders committed to creating a continuum of services to improve language and literacy outcomes;<sup>194</sup> and the national "Reach Out & Read" program, in which close to 200 clinics and pediatric practices across the state seeing children for a well-child visit provide them with a book to take home.<sup>195</sup>

Not all children are able to begin their lives in the most positive, stable environments. Adverse Childhood Experiences (ACEs)<sup>xxiii</sup> have been linked to risky health behaviors (such as smoking, drug use and alcoholism), chronic health conditions (such as diabetes, depression, obesity), poorer life outcomes (such as lower educational achievement and increased lost work time), and early death.<sup>196</sup> Children in Arizona are more likely to have experienced two or more ACEs (31.1%) than children across the country (21.1%).<sup>197</sup> Reports of child maltreatment grew by 44 percent in Arizona between 2010 and 2014, fueled in part by an increasing number of children, in particular poor children, living in the state; cut backs in child care subsidies during the same period; and a decrease in the size of the state child welfare workforce. During the same period, the percentage of reports being substantiated, i.e., verified, also increased. Arizona places more children with a substantiated case of maltreatment in foster care than many other states across the country, and with an increase in the number of substantiated reports, there is an increasing demand on the foster care system.<sup>198</sup> Children involved in the foster care system often have physical and behavioral health issues, in addition to the social needs brought on by being removed from a parent's care. Nationally and in Arizona, very young children are at most risk for child abuse, neglect and fatalities from abuse and neglect; in 2013 children five and under made up more than half (53.3%) of cases of child maltreatment and of children waiting for adoption (52.1%) in Arizona.<sup>199</sup>

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<sup>xxiii</sup> ACEs include 8 categories of traumatic or stressful life events experienced before the age of 18 years. The 8 ACE categories are sexual abuse, physical abuse, emotional abuse, household adult mental illness, household substance abuse, domestic violence in the household, incarceration of a household member, and parental divorce or separation.

Children subject to maltreatment and neglect often suffer physical, psychological and behavioral consequences, and in fact are much more likely to have interactions with the criminal justice system in later life.<sup>200</sup> Referrals are the most common method of entry into the juvenile justice system and can be made by police, school officials and parents, among others. In Arizona, between 2010 and 2014, the number of juveniles referred to juvenile court decreased from 24,074 in 2010 to 15,193 in 2014.<sup>201</sup> Like many other states in the nation, Arizona has moved from sentencing juveniles to prison or corrections settings, to applying probation or community-service sentences.<sup>202</sup>

Nationwide, about 27 percent of children in the child welfare system are placed with kinship caregivers.<sup>203</sup> Scholars estimate that Department of Child Safety (DCS) involved children only represent about 13 percent of kinship care families; many more caregivers step into this role informally, without the involvement of DCS.<sup>204</sup> Whenever possible, DCS seeks to engage kinship care providers, i.e., members of the child's extended family network, if children are removed from the home. Evidence suggests that there are many benefits to being placed with family, including less disruption, greater stability (i.e., fewer placement changes), greater contact with the biological parents, the ability to maintain better connections to family, a continuity of cultural norms and values, and some evidence that children placed with family are less likely to experience additional maltreatment.<sup>205,206</sup> For ethnically diverse children, kinship care can also support linguistic heritage. Conversely, some evidence suggests that children in kinship foster homes may be more likely to be exposed to corporal punishment and less warmth from their caregivers and more likely to live in poverty as well.<sup>207</sup> Research suggests that kinship foster parents are typically older, have lower incomes, less education, and in poorer health than non-relative foster parents.<sup>208</sup> Children in kinship care, especially formal kinship care, often face special needs as a result of trauma, and these families often require additional support and assistance to help children adjust and provide the best possible home environment.<sup>209</sup>

These relatives can become licensed foster care families, or they can remain unlicensed. Research suggests that Latino families' abilities to become licensed is hindered by immigration issues; mixed-documentation households are a barrier to licensure, and 62 percent of Latino children nationwide live in such a home.<sup>210</sup>

Children who are exposed to domestic violence, either as direct victims or witnesses, are subject to short and long term negative consequences including physical health problems, behavioral issues, and emotional impacts such as depression, anxiety and post-traumatic stress.<sup>211</sup> Fortunately, the effects of observing domestic violence can be mitigated to some extent through strong relationships and attachments to supportive adults and timely intervention and support.<sup>212</sup> The need for increased focus on the issue of domestic violence in Arizona is evidenced by results from a statewide needs assessment, in which domestic violence was the second most often cited top health priority, after access to health services, by Arizonans surveyed.<sup>213</sup>

Behavioral health supports are often needed to address issues of domestic violence, maltreatment, abuse and neglect that children may face. Infant and toddler mental health is the young child's developing capacity to "experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn."<sup>214</sup> When young children experience stress and trauma they have limited responses available to react to those experiences.

Children exposed to alcohol and drugs during gestation also face behavioral and other concerns. Opiate use during pregnancy, both illegal and prescribed use, has been associated with neonatal

abstinence syndrome (NAS), where infants born exposed to these substances exhibit withdrawal creating longer hospital stays, increased health care costs and increased complications for infants born with NAS.<sup>215</sup> Infants exposed to cannabis (marijuana) in utero often have a decrease in birth weight, and are more likely to be placed in neonatal intensive care, compared to infants whose mothers had not used the drug during pregnancy.<sup>216</sup> Substance abuse treatment and supports for parents and families grappling with these issues can help to ameliorate these short and long-term impacts on young children.

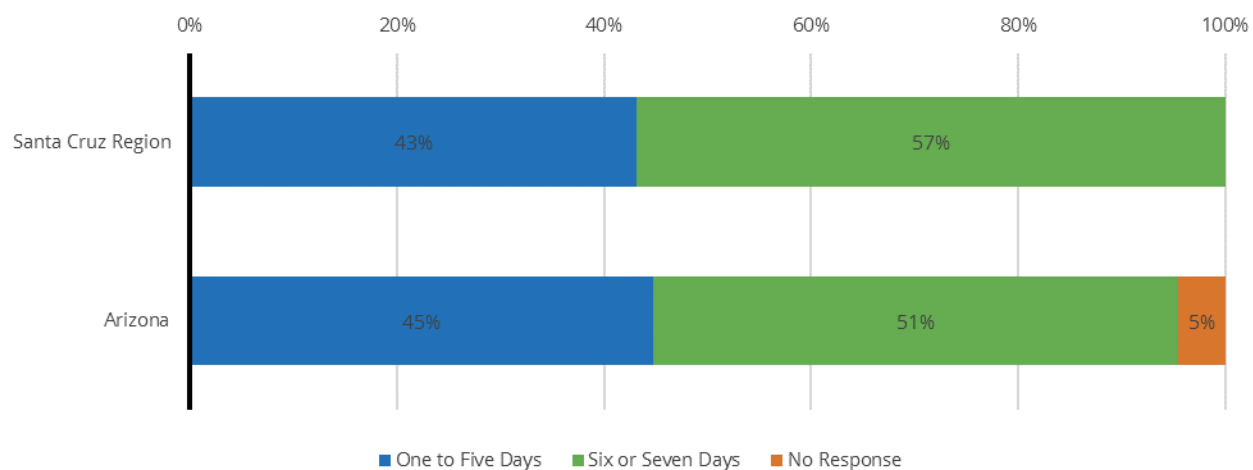
## What the Data Tell Us

### Family Involvement

The First Things First Family and Community Survey is a phone-based survey designed to measure many critical areas of parents' knowledge, skills, and behaviors related to their young children. In the Santa Cruz Region, 76 people responded to the 2012 First Things First Family and Community Survey. Among other topics, the survey collected data about parent and caregiver knowledge of children's early development and their involvement in a variety of behaviors known to contribute positively to healthy development. Parents in the Santa Cruz Region were more likely to report reading to their children (57%) and drawing with their child (58%), and less likely to report telling stories to their children (28%) six or seven days a week compared to parents across the state (51%, 47% and 51%, respectively) (see Figure 51, Figure 52, Figure 53). Parents in the Santa Cruz Region showed a better understanding that brain development can be impacted prenatally or right from birth (93%) than did respondents across the state as a whole (80%) (Figure 54).

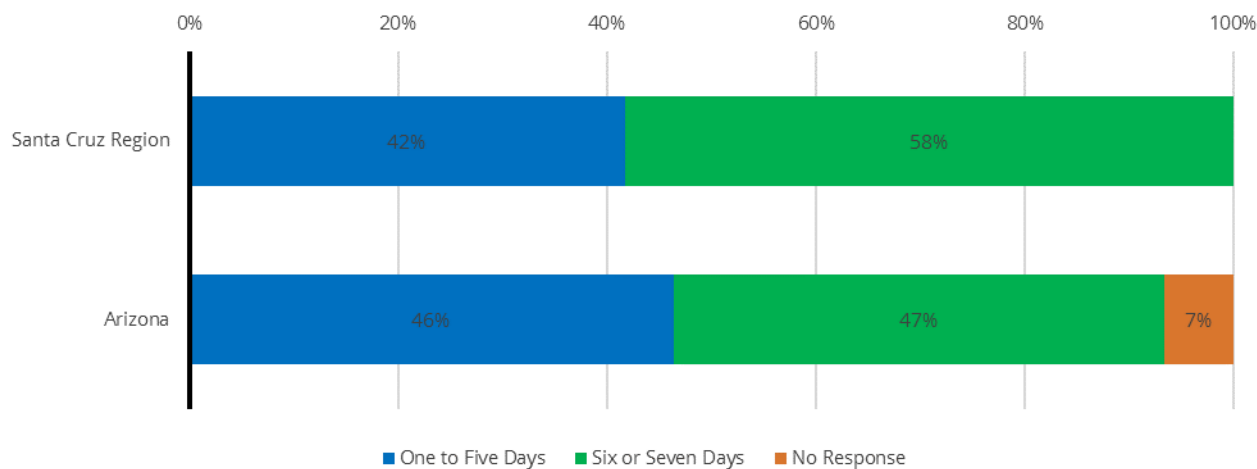
The Santa Cruz Region offers several parenting resources for families. Health Start and Healthy Start, run through the Mariposa Community Health Center, target low-income pregnant women and their children up to age two through home visitation to provide education and support. Child and Family Resources also provides home visitation to expecting and new mothers. Mariposa additionally runs a Family Learning Center, which offer a range of classes including English and citizenship classes and provides child care for families while adults are in classes. The University of Arizona Cooperative Extension runs three Family Resource Centers throughout the region – one in Nogales, one in Rio Rico, and one in Patagonia. These centers offer parenting classes, parent-child interaction classes (i.e., playgroups), kindergarten readiness classes, and can simply provide a safe space for children to play. The Family Resource Centers also provide families with referrals to other community resources. While these services are available to all parents, the Family Resource Center reports that few teen parents utilize their classes.

Figure 51. Responses to "During the past week, how many days did you or other family members read stories to your child?"



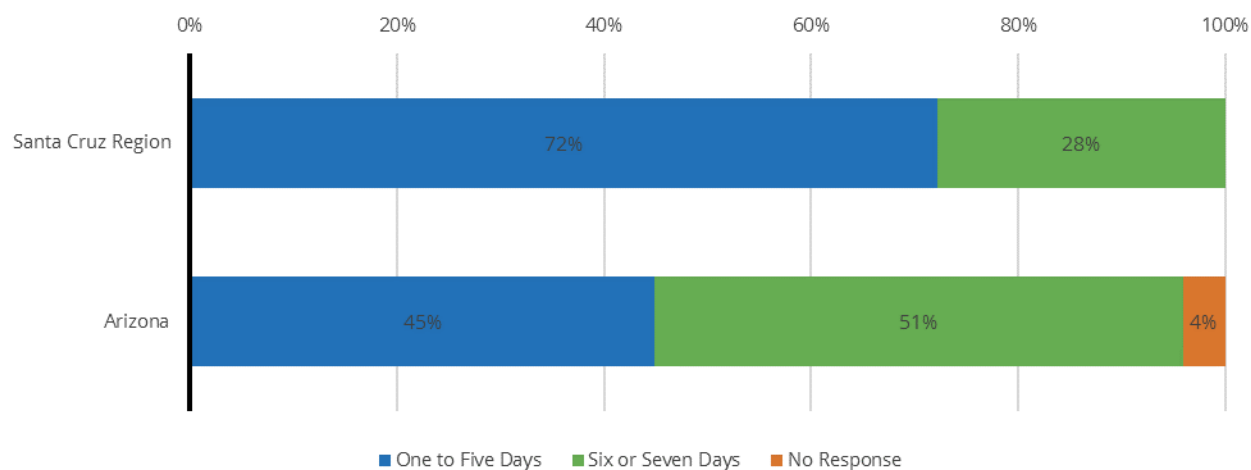
Source: First Things First (2014). [2012 Family and Community Survey dataset]. Unpublished data.

Figure 52. Drawing and scribbling with young children



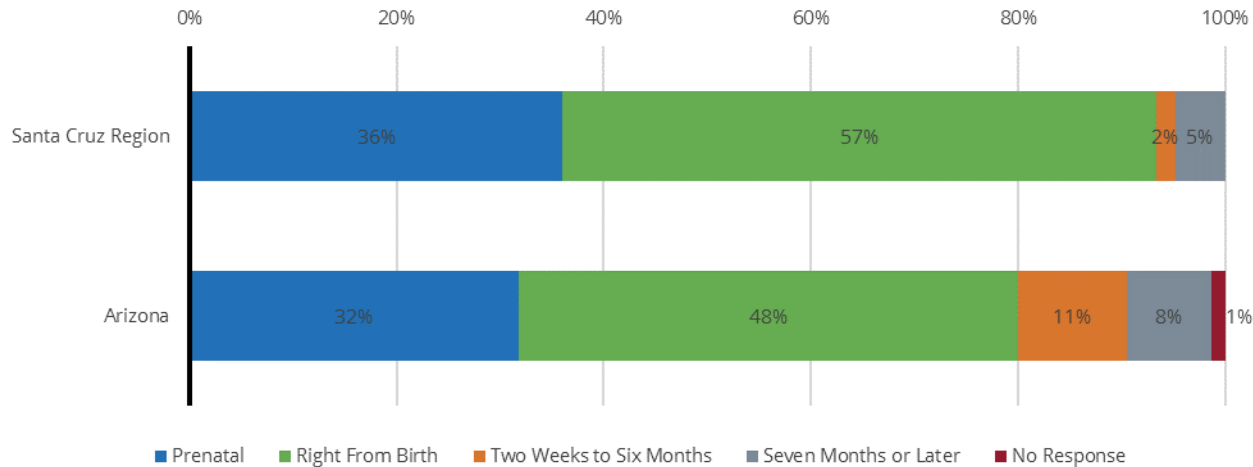
Source: First Things First (2014). [2012 Family and Community Survey dataset]. Unpublished data.

Figure 53. Responses to "During the past week, how many days did you or other family members tell stories or sing songs to your child?"



Source: First Things First (2014). [2012 Family and Community Survey dataset]. Unpublished data.

Figure 54. Understanding of prenatal brain development



Source: First Things First (2014). [2012 Family and Community Survey dataset]. Unpublished data.

## Child Welfare

The Arizona Department of Child Safety (DCS) produces a semi-annual report on child welfare services. Statewide, reports of child abuse and neglect had been increasing from 2013 through 2015 to a high of 26,455 reports during the April 1–September 30, 2015 reporting period. In the last two reporting periods available, reports were lower, with 24,787 reports in the last period available, April 1–September 30, 2016.<sup>217</sup> According to this latest report, 118 reports of abuse and neglect were received during that period for Santa Cruz County. During that same period, 11 reports resulted in a removal from the home (Table 85), which was representative of all children, not just those aged birth to 5. The proportion of reports resulting in removal was lower (9.3%) in the county than across the state as a whole (12.2%). For reports of maltreatment that were substantiated during that period, most (88%) were cases of neglect, while the rest were categorized as physical abuse (13%) (Table 86).

Statewide, the number of children entering out-of-home care has been decreasing since the April 1–September 30, 2015 reporting period; from 6,819 then to 5,669 during April 1–September 30, 2016.<sup>218</sup> Twenty-one children entered out-of-home care in Santa Cruz County for the April 1–September 30, 2016 reporting period (Table 87). This number is higher than the number of removals resulting from substantiated reports (n=11) due to several possible explanations. One, a report focuses on the family unit, and thus could concern multiple children; two, these removals are also the result of reports prior to the current reporting period, and three, the children entering out-of-home care include voluntary foster care agreements.

DCS prioritizes placing children with kin, i.e., extended family, whenever possible. In fact, Arizona law requires that kin be considered first when a child is removed from his or her home. During the last reporting period, 46 percent of children in out-of-home care were with family members.<sup>219</sup> Efforts made by DCS to further enable kinship placements including addressing barriers to licensing, increasing use of Placement Coordinators, and initiating the use of Family Engagement Specialists to work with youth to identify possible kinship caregivers. If the rate of children placed with family members in Santa Cruz is similar to the statewide rate (county-level data were not available), an estimated 10 children would have been placed by DCS with kinship caregivers in Santa Cruz County between April 1 and September 30, 2016. In that same six-month period, there were 8 instances of the court granting termination of parental rights.

A key informant noted that as of July 31, 2016, there were 37 children in kinship foster homes in Santa Cruz, representing 71 percent of all children in out-of-home care. Forty-three percent of these children in kinship foster care were under age 6. These children were spread across 19 different kinship care providers, meaning that most care providers had taken in multiple children (average =2 children). The key informant noted that there were several large family groups (e.g., 3–4 children) that had been taken in, and that DCS has a preference that siblings stay together; rarely are siblings split up. The kinship care providers were additionally described in the following ways:

- Most of the care providers were described as families rather than a single grandmother, for example.
- The majority of kinship foster care providers were under the age of 50 (Figure 54).

**“IT’S THE JOY OF MY LIFE.”**

–Grandmother on raising her  
granddaughter

- The care providers represented many different relationships with the children in care – e.g., aunt, adult sister, elderly grandparents.
- All current kinship foster families in Santa Cruz are unlicensed
  - Key informants suggested that families weren't pursuing licensing because of the time commitment. There are classes and foster family home trainings that are required for licensing, and the families in Santa Cruz are simply focused on caring for their wards
  - Background checks (required for everyone under the roof) can also flag issues; even though there is an appeal process, it slows everything down and families often realize during that time, "we're already doing this, living this, and we just don't have the time to invest."
  - Some restrictions that put burdens on families that might otherwise be able to be licensed but have limited space; i.e., opposite sex children cannot share a room

A key informant also noted that while many kinship fosters are stable situations, there are a few general situations in which the kinship placement may not last.

1. The child behavior exceeds the caregiver's capacity to care for them. The age of the child is not a factor in this – children of all ages can surpass the capacity, skills, and knowledge needed by the caregiver.
2. The caregiver's own personal lives and goals for what they would be doing during this phase of their life are not compatible with raising a child.
3. The caregiver feels that their role is an impediment to reunification, "I can't do this any longer and I don't think it's helping... because the child is with me, the parents aren't doing what they need to do."

DCS's goal is to move children into permanency within 12 to 15 months. Arizona changed a statute to have permanency decisions at 6 months for children ages 0 to 4, because of the developmental importance of a stable caretaker. Following a decision to sever parental rights, the goal is to finalize adoptions within the next 12 months. A key informant noted that the Santa Cruz Region does very well meeting those guidelines and moving children into permanency within 24 months.

Data received from the Santa Cruz Superior Court show that about 100 children birth to 18 (and adults) a year go through probate guardianship or conservatorship, which are often more formalized kinship care arrangements. Given that 8 percent of children birth to 5 in the region (or about 350 young children) are estimated to reside with non-parental relatives or non-relatives, it is likely that the majority of them do not seek legal guardianship. This may result in difficulties accessing resources for which guardianship is necessary.

Children not placed with family members or foster families are likely to be placed in congregate care which include emergency shelters, group homes, and residential treatment centers. The use of congregate care is influenced by an inadequate supply of foster care homes across the state, and inadequate access to behavioral health services that would support placement in family settings.<sup>220</sup> The use of congregate care has also increased for the youngest children, 12 and under, during the same time period where congregate placement decreased for older children. Between 2009 and 2013 predominate placement (i.e. where a child has spent more than 50 percent of their time) in congregate care increased from 4.9 to 8.4 percent for children 12 and under in Arizona. For children of all ages, the length of time spent in congregate care also increased, and both of these factors have been shown to

adversely affect children's ability to form relationships and can delay or undermine permanency goals such as reunification, adoption and guardianship.<sup>221</sup>

Table 85. Department of Child Safety Reports and Removals, April to September 2016

	Number of reports received, April to September 2016	Number of reports assigned, April to September 2016	Number of reports with removal, April to September 2016	Removal rate
Santa Cruz Region				
Santa Cruz County	118	118	11	9.30%
ARIZONA	24,787	24,403	2,967	12.20%

Source: Department of Child Safety (2016). Child welfare reporting requirements semi-annual report for the period of April 1, 2016 through September 30, 2016. Retrieved from [https://dcs.az.gov/sites/default/files/DCS-Semi-Annual-Child-Welfare-Reporting-Requirements\\_Apr16\\_Sept16.pdf](https://dcs.az.gov/sites/default/files/DCS-Semi-Annual-Child-Welfare-Reporting-Requirements_Apr16_Sept16.pdf)

Table 86. Department of Child Safety Substantiated Maltreatment Reports

	Number of substantiated maltreatment reports	Neglect	Physical Abuse	Sexual Abuse	Emotional Abuse
Santa Cruz Region					
Santa Cruz County	16	88%	13%	0%	0%
ARIZONA	2,823	87%	10%	2%	0%

Source: Department of Child Safety (2016). Child welfare reporting requirements semi-annual report for the period of April 1, 2016 through September 30, 2016. Retrieved from [https://dcs.az.gov/sites/default/files/DCS-Semi-Annual-Child-Welfare-Reporting-Requirements\\_Apr16\\_Sept16.pdf](https://dcs.az.gov/sites/default/files/DCS-Semi-Annual-Child-Welfare-Reporting-Requirements_Apr16_Sept16.pdf)

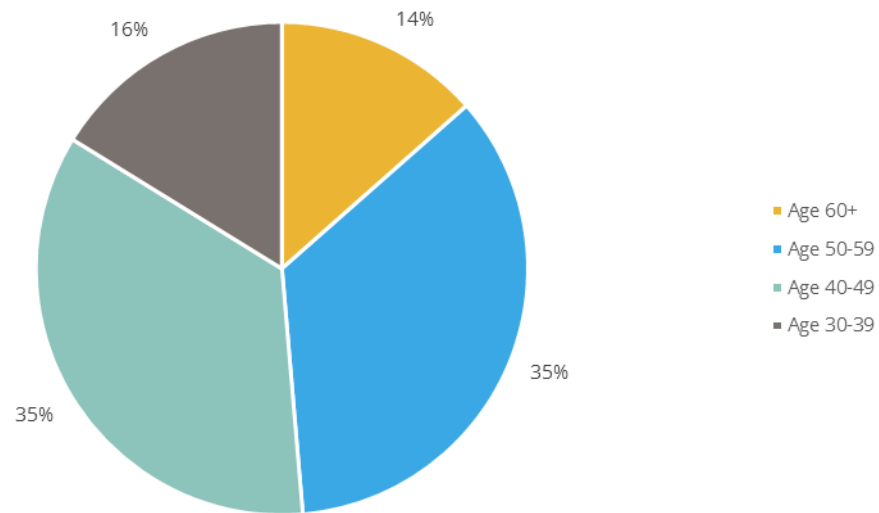
Table 87. Children Entering Out-of-Home Care

	Number of children removed	Number of children with a prior removal within the previous 24 months	Percent of children with a prior removal within the previous 24 months
Santa Cruz Region			
Santa Cruz County	21	2	10%
ARIZONA	5,669	715	13%

Source: Department of Child Safety (2016). Child welfare reporting requirements semi-annual report for the period of April 1, 2016 through September 30, 2016. Retrieved from [https://dcs.az.gov/sites/default/files/DCS-Semi-Annual-Child-Welfare-Reporting-Requirements\\_Apr16\\_Sept16.pdf](https://dcs.az.gov/sites/default/files/DCS-Semi-Annual-Child-Welfare-Reporting-Requirements_Apr16_Sept16.pdf)

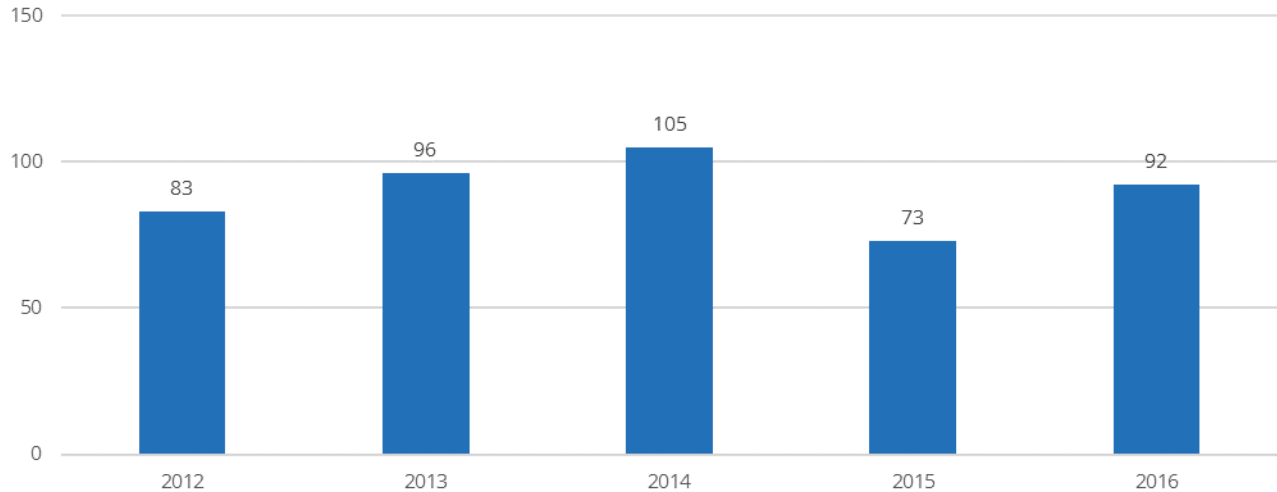


Figure 55. Ages of Kinship Foster Care Providers in Santa Cruz County



Source: Arizona Department of Child Safety, Unpublished Data. 2016

Figure 56. Total Probate Guardianship/Conservatorship Cases by Year, Santa Cruz County



Source: Santa Cruz Superior Court (2016). Unpublished data  
 Note: Data for 2016 are through 20 December, and so may not represent all 2016 cases.

## Supports for Pregnant and Parenting Teens

Through focus groups, interviews, and surveys, pregnant and parenting teens living in Santa Cruz were able to share some of their experiences. Resources that teen parents reported using as they navigated pregnancy and parenthood include:

- Their own families, especially their mothers and sisters
- Mariposa Community Health Center, including the free pregnancy testing and case managers from the Maternal Child Health Program
- Family Resource Centers
- Team Anonymous, a multi-faceted teen support organization that offers teens a safe place to be after school as well as numerous opportunities
- WIC
- SNAP
- Early Head Start
- Child and Family Resources
- Baby Center (online community)

A recurrent theme was the importance of parent support. These young parents almost always relied on families for some form of support, whether it was emotional support, guidance about navigating pregnancy and parenthood, child care, or providing a home for the teen and the child. At least one father was a Mexican citizen, so that mother was particularly reliant upon her own mother for support. Teens reported that while they felt nervous about pregnancy and parenthood, some had seen their mothers and sisters go through it, and that provided a basis for their own experiences. The teen parents also noted that their partner's mothers were also often involved in caring for the child.

Support for pregnant and parenting teens can vary by school district. In the Santa Cruz Valley Unified School District, in the Rio Rico area, school personnel work with teens to develop a specific plan. They discuss issues ranging from supporting medical needs to concerns around social media. The district supports online coursework until the new parent can arrange for child care. Students are able to come back full-time or finish in an accredited blended program that takes place partially online.

These women were also open about the challenges they faced. Many of the challenges of parenting as a teenager are the challenges of being a parent (e.g., exhaustion), but several concerns are specific to either their experiences as teens or as residents of a border community. The challenges pregnant and parenting teens discussed include:

- Anger from family members
- Losing friends/social isolation from not being able to pursue their former social lives
- Feeling that peers were “two-faced” – they offered congratulations, but then talked behind their backs.
- Exhaustion
- No day care facilities at high schools
- Lack of support from their high schools, “counselors truly believe your life is ruined”
- Derailing timeline for secondary education, “I’m still trying to get my bachelor’s, one class at a time.”
- Difficult to find child care that enables them to attend night classes

- Financial concerns, including cost of day care
- The baby's father can't cross into the U.S.
- Organizing their lives around the baby
- Not being eligible for food stamps unless they were living on their own
- Custody issues, including not understanding (at the time of the agreement) the implications of joint custody, specifically how they had to split all decisions, and moving required the other parent's consent
- Legal aid services can only be used by one party in a dispute. This is problematic for the mothers if the father seeks out services first.

## **Kinship Support Services**

In 2012, the average monthly financial support from the state to unlicensed kinship caregivers per child was \$65.57. This was a fraction of the \$719.47 per child average monthly reimbursement to family foster care providers (licensed kinship and licensed non-kinship).<sup>222</sup> Most of the adults stepping into these caregiving roles are 41 years old or older, and many experience challenges in this new role.

Respite care that is an alternate caregiver, designed to give the primary caregiver a temporary relief from responsibilities, is available for 144 hours to licensed kinship foster homes<sup>223</sup>.

A key informant noted that children being raised by kinship caregivers have unique needs regarding attachment. Early childhood is a crucial time for development, and that development is supported by strong attachment. The key informant noted that courts and case managers now recognize this unique need and do their best to provide specialty programs in mental and behavioral health for infants and toddlers. Service providers are mindful of this sensitive developmental period and are “watching the clock” to make sure these cases don’t languish.

Key informants noted the following resources:

- Court Appointed Special Advocates (CASA) program is very strong in Santa Cruz
- Baby Steps - A court team specifically focused on the needs of infants and toddlers that meets on a regular basis to discuss particular cases, what is needed to support development of the specific children, and systems barriers including continuity of care and perinatal health
- Family Resource Centers offer free parenting classes and support groups for parents/caregivers; these resources are available to all types of caregivers.
- The school districts themselves can be important advocates for these non-traditional families. Student Services offices reach out and help connect families to resources.
- KARE Center (In Tucson, not Santa Cruz) is “particularly strong in being able to help folks through the paperwork, understanding options and consequences.” They had a Kinship Navigator grant that lasted for 3 years (2012-2015); that was a wonderful service, “The navigator doesn’t carry a stigma. DCS interactions carry stigma. Navigators are neutral.” It also offers support groups.
  - A key informant felt these navigators should be in every community, even if they were itinerant, because they are so helpful to kinship caregivers navigating unknown territory.

- Would be ideal to co-locate these navigators in schools or family resource centers.
- Southern Arizona Grandparent Ambassadors, an advocacy group with an active group in Tucson; they organize an annual Grandparents Summit in Phoenix, and would be willing to support anyone in Santa Cruz who wanted to start a group more locally.
- United Way offers a diaper bank
- Specific funds allotted to grandparents raising grandchildren
- The current DCS Kinship Liaison in Santa Cruz has been there for 9 years, so she offers a lot of experience and institutional knowledge
- DCS case aides support families (especially in the more rural areas) by helping them to complete paperwork for TANF and monthly allowances, connecting them with different community groups, and encouraging them to pursue the licensing process
- DCS tries to serve as a clearinghouse for community announcements
- Medical, dental, and behavioral health services for children involved with DCS. All families are asked to bring the child to the doctor and dentist within the first 30 days of placement.
- Behavioral health visits are conducted within 72 hours of placement.
- 1-800/ toll-free hotlines
- Respite care vouchers (up to \$300 quarterly) are available through the Lifespan Respite Care Program (in partnership with Arizona Children's Association), though it appears that few families know about this resource.
- Arizona Friends of Foster Children provides families funds to have their foster children participate in special activities

Additionally, key informants noted the following challenges regarding kinship care in the Santa Cruz Region:

- A lack of formalized support for kinship care families.
- Limited resources, especially in the rural areas.
- Funding for child welfare-related services that ebbs and flows, or sometimes disappears completely
- Behavioral health services, which are crucial, struggle with employee turnover. It can be hard on children to be repeatedly asked to build new relationships.
- Kinship caregivers, especially those who are providing child care while parents are working, may skip their own medical appointments or not take medication because they haven't had time to go pick it up. The caregivers find the prospect of taking an infant out too overwhelming.
- Transportation options in the region are limited, making caregiving tasks that much more challenging.
- Older caregivers may not have enough energy or strength to provide optimal care for young children.
- There can be a grief aspect to becoming a kinship caregiver; taking over responsibility for a grandchild means that "your child, or who your child married [or partnered with], is a problem."
- Relatives who have stepped in to an informal guardianship role may be reluctant to pursue a more formalized role (which would make them eligible for more benefits) because that would necessitate a report of neglect to DCS

- Children in kinship care families often have experienced some form of trauma, and may have unmet mental and behavioral health needs.
- It can be a challenge to know who to call, and getting the agency to call back. Key informants reported struggles to reach organizations and get calls back and finding the right kind of assistance.
- When respite care is available, accessing it can still be a challenge because it works on a reimbursement-based system, and reimbursement doesn't come quickly.
- Particularly for parents who are absent due to incarceration, prisons don't do a good job of preparing people for release. Therapists working with families could provide important support.
- Financial stress to kinship families.
- For caregivers, the psychological stress of coping with a child who has experienced some real trauma and is going to need a lot of support.
- Negotiating the educational system can be challenging; there are more options for schools now, and it can be challenging to find the right school that meets the needs of a child, especially one with behavioral problems. Furthermore, if caregivers have stepped in in an informal role, the actual enrollment process can be challenging, even for the child's local district school.
- Similarly, older caregivers may be intimidated by the rigor of public education today. Those who have a high school diploma or GED may not feel equipped to support children's learning.
- Role reversal can be a challenge for grandfamilies as children and grandparents age and the children are needed to become the primary caregiver of the elderly adult.
- Kinship caregivers are not given full decision-making authority for the children in their custody, even when fulfilling parental roles; one key informant described it as feeling like they were employees of the state, rather than parents.

#### Suggestions:

- Give kinship caregivers an opportunity to be acknowledged for taking on this responsibility.
- Establish procedures that minimize roadblocks to getting children enrolled in school – currently there are hours of paperwork.
- Respite care options
- Develop a county-wide set of processes to provide comprehensive support to children in kinship care families, and provide a comprehensive case-management system that includes schools and families.
- Strengthen domestic violence resources
- Support groups, i.e., a way to let caregivers know that “they don't stand alone during the difficult times”
- Support and training for teachers to deal with students who are coming in from complicated home lives; ways to build teacher empathy for students

### **Guardianship vs. adoption**

According to a key informant, adoption is preferable if reunification is not possible, especially for children ages 5 and under. However, guardianship has become much more acceptable because the guardianship subsidy has been more accessible than going through all the hoops of adoption. However, the adoption subsidy has potential to be a higher amount – monthly rate, more stable and likely to continue. However, key informants noted that ultimately the difference was simply a legal title and a child's relationship with relatives and parents doesn't really change between the guardianship/adoption choices.

Scholars suggest the following services and supports for grandfamilies:<sup>224</sup>

- **Support Groups and Other Family-to-Family Support Systems**
  - Support groups can reduce social isolation and stress, be venues for the sharing of information, and be a place where kinship caregivers can have a sounding board with others who have a similar set of experiences.
- **Kinship Family Retreats**
  - Penn State Cooperative Extension has a model that unites grandfamilies for a weekend retreat to take a break from the stressors of daily life and just enjoy time together as a family.<sup>225</sup>
- **“Kinship Family Simulation” Workshops and Other Training Initiatives for Grandfamily Service Providers**
  - This type of programming targets service providers rather than grandfamilies directly.
  - “The University of Arizona’s Kinship Kare of Northern Arizona (KKONA) (RAPP) program organizers were particularly concerned about this lack of sensitivity when listening to group members’ stories about how they found the process of accessing help to be cumbersome, confusing, and even at times humiliating. As a result, KKONA set out to influence the attitudes and practices of staff members working in agencies providing services for grandfamilies. The result was the “Grandparents Raising Grandchildren Simulation Workshop,” a full-day program aimed at helping agency personnel see the world through the eyes of caregivers.
  - *Parenting The Second Time Around* is a facilitator training for professionals working with grandparent/caregiver relatives.<sup>226</sup>
- **Kinship Navigator Programs and Other Systems to Help Grandfamilies Find and Access Needed Information and Services**
  - “Kinship Navigator” programs offer caregivers a single contact for engaging with numerous services, including health, financial assistance, legal assistance, and housing. The KARE Family Center in Tucson offers a Kinship Navigator program; phone support is also available.
- **Interagency Collaboration Systems**
  - As in many sectors of the Early Childhood System, coordination and collaboration across different service providers is key to providing efficient, effective services.
- **Advocacy**

- Local and national groups offer information and opportunities to engage in advocacy work. Southern Arizona Grandparent Ambassadors is doing this work locally, while organizations like Generations United do this work with a national focus.
- **Respite Care**
  - Respite care refers to an alternate caregiver, designed to give the primary caregiver a temporary relief from responsibilities. Respite care can be important for both mental and physical health, i.e., allowing the adult time to attend their own medical appointments, etc.

## Domestic Violence

In fiscal year 2015, the one domestic violence shelter in Santa Cruz County, Nuestra Casa, served 86 people, 53 (62%) of whom were children. The average length of stay at the shelter was 22 days. Additionally, 161 calls were made to hotline and information and referral (I&R) numbers (Table 88). Domestic violence victims are offered specific protections under the Violence Against Women Act (VAWA). This includes a granting of eligibility for government benefits to undocumented women, many of whom stay in abusive situations because they fear the authorities. VAWA enables these women to petition for legal status and access resources critical to supporting their families.

Table 88. Domestic Violence Shelters

	Total number served	Number of adults served	Number of children served	Number of bed-nights	Average length of stay (in days)	Number of hours of support services	Number of hotline and information-and-referral (I&R) calls
Santa Cruz Region							
Santa Cruz County	86	33	53	1,924	22	1,274	161
ARIZONA	7,567	3,862	3,705	293,970	39	144,025	25,185

Source: Arizona Department of Economic Security (2015). Domestic Violence Shelter Fund Report for SFY 2015. Retrieved from [des.az.gov/digital-library/domestic-violence-shelter-fund-report-sfy-2015](http://des.az.gov/digital-library/domestic-violence-shelter-fund-report-sfy-2015)

## Behavioral Health

In Arizona, the Arizona Health Care Cost Containment System (Arizona's Medicaid program) contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer publically-funded behavioral health services. Arizona is divided into separate geographical service areas (GSAs) served by various RBHAs.<sup>xxiv</sup> Santa Cruz County is served by the South GSA, which is serviced by Cenpatco Integrated Care. Five additional behavioral health providers: Intermountain, CHA, Arizona Children's Association,

<sup>xxiv</sup> Arizona Regional Behavioral Health Areas. See <https://www.azahcccs.gov/img/BehavioralHealth/ARBHAMap.jpg>

Corazon, and Pinal Hispanic are located in the region.<sup>227</sup> One key informant stated that the RBHA focuses primarily on diagnoses, and suggests that there is still work to be done in terms of getting a system of supports in place to support the family. Another key informant noted that the behavioral health providers in Santa Cruz serve AHCCCS patients, and that patients on private insurance have a hard time finding providers.

In 2015, under 25 pregnant or parenting women received publically-funded behavioral health services through Cenpatico Integrated Care in the Santa Cruz Region (Table 89). This was a 7 percent increase from the number of women who received services in 2012. Similarly, more children ages 0 to 5 received behavioral health services in the Santa Cruz Region in 2015 (89) than in 2012 (78) (Table 90). This represents roughly 6 percent of young children in poverty in the Santa Cruz Region (compared to about 9 percent of young children in poverty receiving services statewide). It is estimated that about 13 percent of low-income children aged 6 to 11 years old covered by Medicaid have mental health problems,<sup>228</sup> suggesting that although there is improving coverage in the Santa Cruz Region, there may be an unmet need for services for about 100 additional young children.<sup>xxv</sup>

#### *Kith and Kin Caregivers*

A key informant noted that “mental health service is a perennial problem for children [living with grandparents]... almost without exception, there’s been some kind of trauma.”

According to a 2015 AHCCCS report, 67 percent of children in foster care in Arizona in FY2014 were enrolled in behavioral health services, compared to just one in 15 children (7%) enrolled in AHCCCS, not in the foster care system.<sup>229</sup> This suggests that there may be a higher proportion of children not in the child welfare system who would benefit from behavioral health services statewide, and likely in the Santa Cruz Region, as well. Beginning in 2015, each Regional Behavioral Health Authority (RBHA) was contractually required to ensure that children in Department of Child Safety (DCS) custody and their families are referred for ongoing behavioral health services, suggesting that rates of both mothers and children being provided services are likely to increase going forward.

A continuum of services to address infant and toddler mental health promotion, prevention and intervention has been proposed by a number of national organizations. Recommendations to achieve a comprehensive system of infant and toddler mental health services include 1) the integration of infant and toddler mental health into all child-related services and systems, 2) ensuring earlier identification of and intervention for mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools, 3) enhancing system capacity through professional development and training for all types of providers, 4) providing comprehensive mental health services for infants and young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support.<sup>230</sup>

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<sup>xxv</sup> Representing the difference between the 896 low-income children (11%) currently served, and the estimated 1090 (13%) likely in need



Table 89. Number of Pregnant or Parenting Women Receiving Behavioral Health Services, 2012 to 2015

	2012	2013	2014	2015	Change from 2012 to 2015
Santa Cruz Region	<25	<25	29	<25	+7%
Santa Cruz County	<25	<25	29	<25	+7%
ARIZONA	19,134	17,731	13,657	14,546	-24%

Source: Arizona Department of Health Services (2016). [Behavioral Health dataset]. Unpublished data.

Table 90. Number of Children (Ages 0 to 5) Receiving Behavioral Health Services, 2012 to 2015

	2012	2013	2014	2015	Change from 2012 to 2015
Santa Cruz Region	78	97	105	89	+14%
Santa Cruz County	78	97	105	90	+15%
ARIZONA	13,110	14,396	12,396	14,374	+10%

Source: Arizona Department of Health Services (2016). [Behavioral Health dataset]. Unpublished data.



## COMMUNICATION, PUBLIC INFORMATION, AND AWARENESS<sup>xxvi</sup>

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<sup>xxvi</sup> The Communication, Public Information, and Awareness section of the report was prepared by the First Things First Communications Division.

## Why Communication, Public Information, and Awareness Matter

Public awareness of the importance of early childhood development and health is a crucial component of efforts to build a comprehensive, 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 5, 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 which focus on getting a narrowly-defined audience to take short-term action, communications efforts to raise awareness of the importance of early childhood development and health focus on changing what diverse people across Arizona value 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 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, First Things First has led a collaborative, concerted effort to build public awareness and support across Arizona employing the integrated communications strategies listed above.

Results of these statewide efforts from SFY2011 through SFY2016 include:

- More than 2,000 formal presentations to community groups which shared information about the importance of early childhood;
- Nearly 230 tours of early childhood programs to show community members and community leaders in-person how these programs impact young children and their families;
- Training of almost 8,700 individuals in using tested, impactful early childhood messaging and how to best share that message with others;

- The placement of more than 2,400 stories about early childhood in media outlets statewide;
- Increased digital engagement through online platforms for early childhood information, with particular success in the growth of 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 included 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, 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. 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, 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 connecting parents to early childhood resources and more. The table below shows total recruitment of individuals in the tiered engagement program through SFY2016.

Table 91. First Things First Engagement of Early Childhood supporters, SFY2014 through SFY2016.

	Friends	Supporters	Champions
ARIZONA	21,369	3,102	908

Source: First Things First.

In addition to these strategic communications efforts, First Things First 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 also has instituted a quarterly email newsletter for policymakers and their staff with the latest news regarding early childhood.

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

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



## SYSTEM COORDINATION AMONG EARLY CHILDHOOD PROGRAMS AND SERVICES



## Why System Coordination Matters

The partners in Arizona’s early childhood system encompass a diverse array of public and private entities dedicated to improving overall well-being and school readiness for children birth to 5 statewide. Together they strive to develop a seamless, coordinated, and comprehensive array of services that can meet the multiple and changing needs of young children and their families.

In January 2010, First Things First (FTF) convened the first Arizona Early Childhood Task Force, comprised of a diverse group of leaders from across Arizona. The goal of this inaugural Task Force was to establish a common vision for young children in Arizona and to identify priorities and roles to build an early childhood system that would enable this vision to be realized. The Task Force identified six outcomes to work towards, including that the “early childhood system is coordinated, integrated and comprehensive.”<sup>xxvii</sup> First Things First’s role in building this system 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 funded through both FTF and other mechanisms, FTF is focused on developing approaches to connect various areas of the early childhood system. When the system operates holistically, families should experience a seamless system of coordinated services that they can more 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 among providers
- Increase availability and access of services for families and children
- Reduce duplication
- Maximize resources
- Assure 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

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<sup>xxvii</sup> To build on this progress and focus on priorities for the next phase of its mission, beginning in November 2016, FTF convened a new statewide Early Childhood Task Force. In June 2017, this new Taskforce will help set the strategic vision for the next five years.

### ***Coordination and Collaboration Survey:***

To gain a better understanding of the coordination and collaboration occurring among early childhood system partners within FTF regions, First Things First developed the Coordination and Collaboration Survey that was disseminated to non-tribal system partners in 18 FTF county-based regions via an online survey in October of 2016.<sup>xxviii</sup>

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 perceptions of the FTF regional partnership councils' role in system building efforts.

## **What the Data Tell Us**

The results are based on the responses from 30 respondents that participated in the survey from Santa Cruz Region out of 82 that were contacted to participate, for a 37 percent overall survey response rate. However, please note that not all respondents answered each question, and that the number of respondents varies by question. As the number of respondents varies by question a single organization's response can carry different weights. Each figure or table indicates the number of people responding to that particular question.

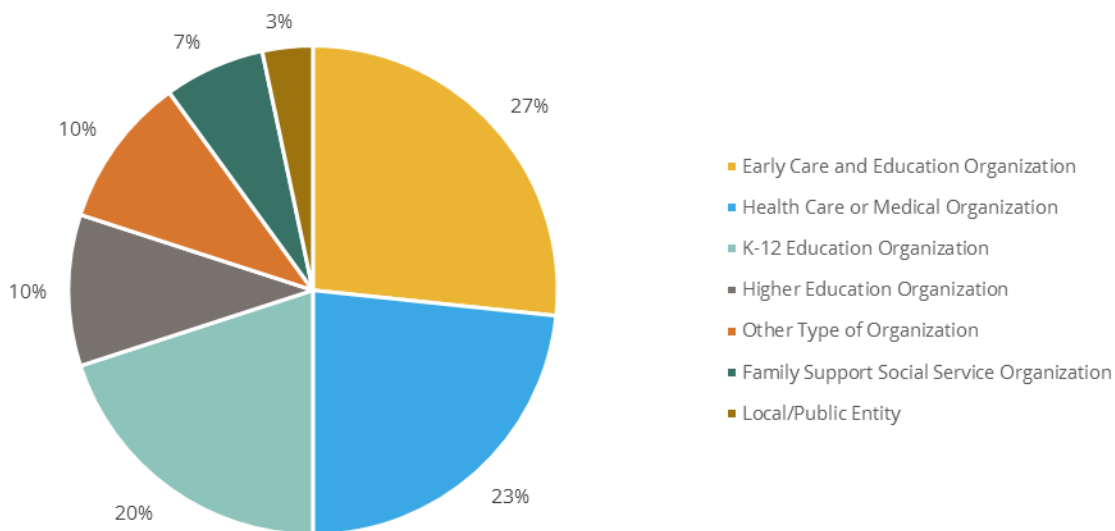
Respondents represented many sectors of the early childhood system in the region. The most common organization types among respondents were Early Care and Education (27%), followed by Health Care or Medical (23%), and K-12 Education Organization (20%) (Figure 57). The three organizations indicating "other" sectors described themselves as, "PreK-12 education," "after school youth program," and "a non-profit in partnership with other non-profit organizations serving children with special needs."

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<sup>xxviii</sup> FTF tribal regions will be surveyed at a later date, once tribal approvals are sought and received for this work.



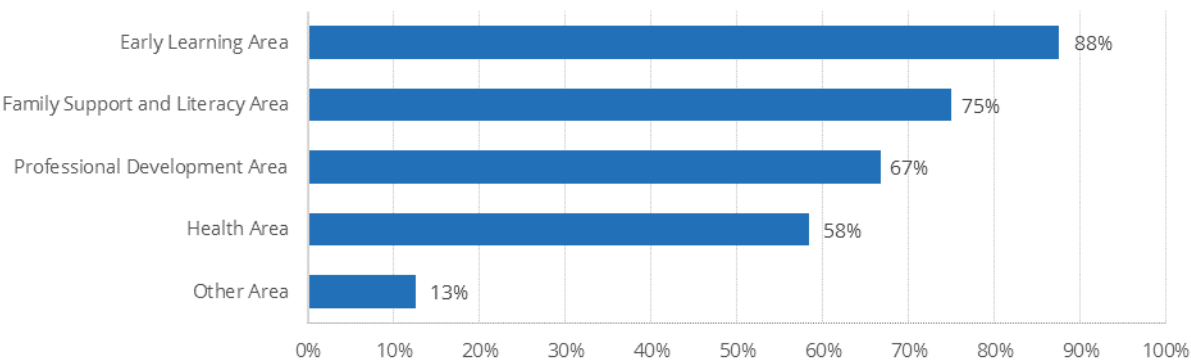
Figure 57. Sectors with which organizations work (N=30)



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

The majority of respondents (88%) consider themselves to be a part of the early childhood system in Santa Cruz Region. Although they were from diverse types of organizations, the area respondents most reported engaging with was Early Learning (88%) (Figure 58). This is in accordance with the large percentage of respondents from the early care and education sector (Figure 57). Most (88%) partners reported engaging with multiple key areas of the early childhood system. For example, although only 7 percent of organizations identified their primary sector as Family Support and Social Service, 75 percent of organizations engaged with the family support and literacy area.

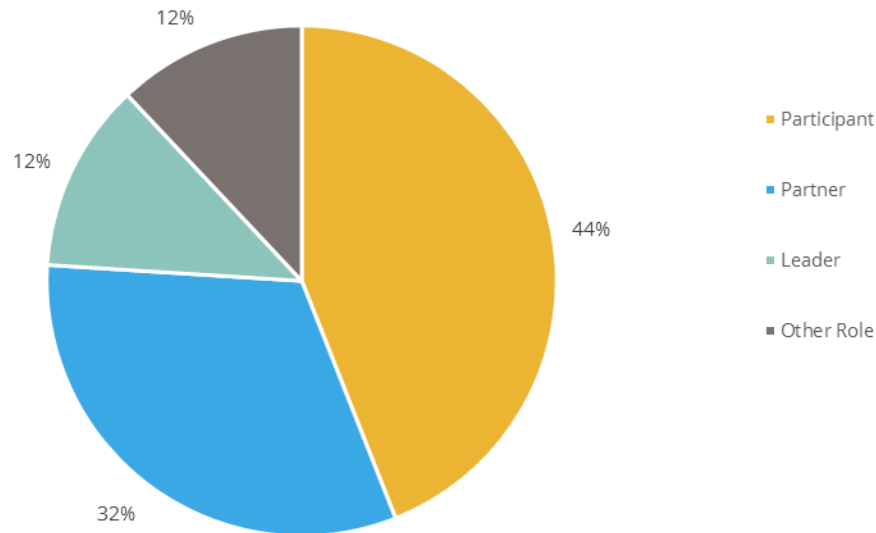
Figure 58. Area(s) of the early childhood system that organizations engage with (N=26)



**Role of an Organization in the Early Childhood System**

When asked about their organization’s role in the development and advancement of the early childhood system in Santa Cruz Region, respondents most commonly viewed their organization’s role as a Participant (44%), i.e., one of many community organizations involved in supporting the early childhood system (Figure 59). About one-third (32%) described their organization’s role as Partner, i.e., part of a group responsible for co-convening and/or facilitation and one of many community members involved in a community-based initiative. Twelve percent indicated their organization was a Leader, i.e., they take the lead for convening and facilitating a group of community members. Twelve percent of respondents considered their organization’s role in the development and advancement of the Early Childhood System as something “other” than the already-defined roles of participant, partner, or leader.

Figure 59. Role of organization in the development and advancement of the Early Childhood System in Santa Cruz Region (N=25)



In their roles as participants, partners, or leaders, respondents noted numerous successful partnerships. Organizations that identified their role as that of a Participant described partnerships between the Family Resource Centers, school districts, and the local healthcare network. Partnerships with the library system and First Things First were also noted. Multiple organizations that identified their role as that of a Partner indicated that they participated in a coalition known as “Birth to Five Partners.” Other successful partnerships among Partners included the Arizona Department of Education, Department of Economic Security, Head Start, Quality First (of First Things First), and Easter Seals Blake Foundation. The latter was brought in to support quality assistance in administration and continued training and education for teachers. Another product of these partnerships was oral health screenings and the application of fluoride varnish for children ages 0 to 5. Organizations that identified their role as that of a Leader shared similar experiences in partnerships, again noting the Birth to Five Partners and Family Resource Centers.

The following organizations were specifically mentioned as participating in successful partnerships in the Santa Cruz Region.

- Santa Cruz Birth to Five Partners Coalition
- First Things First/ Quality First
- Mariposa Community Health Center
- Mariposa Family Learning Center
- UA Cooperative Extension Pima County
- Head Start
- Child & Family Resources, Inc.
- Nogales - Santa Cruz County Public Library
- Superintendent of Santa Cruz County Schools

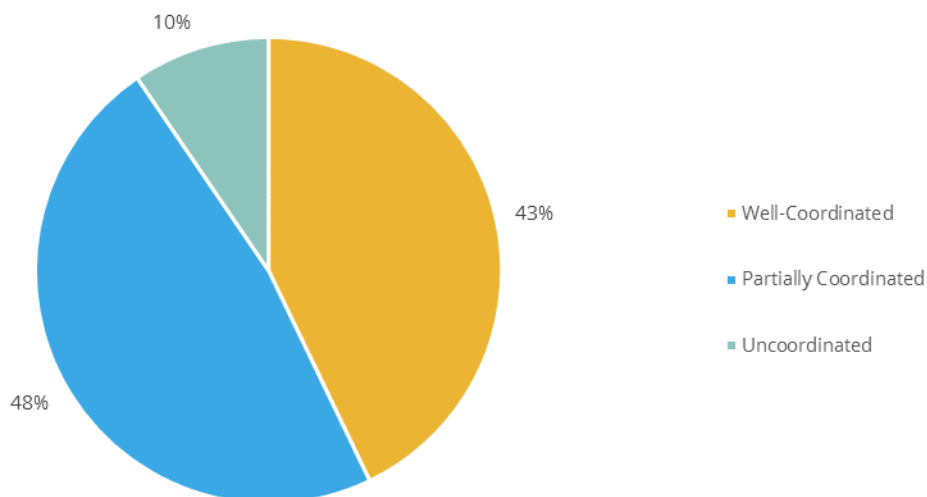
- Easterseals Blake Foundation
- Arizona Department of Education (ADE)
- Arizona Department of Economic Security (DES)

### System Partners' Perspective on Systems Building

Respondents were also asked to provide their perspective on the existing early childhood system and systems building. Early childhood systems 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.

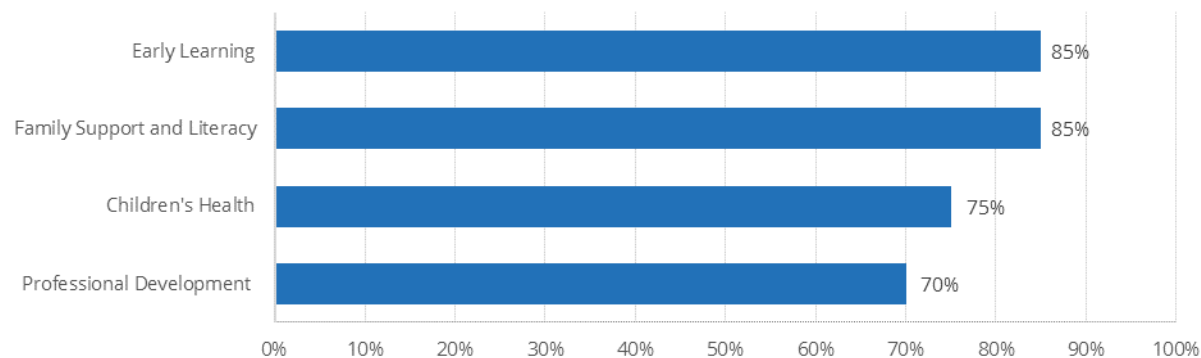
Forty-three percent of survey respondents described the early childhood system in Santa Cruz Region as a well-coordinated system. Slightly more (48%) described the system as a partially-coordinated system, and 10 percent (2 respondents) viewing the early childhood system as a group of separate, uncoordinated system partners working in isolation (Figure 60).

Figure 60. Describe the Early Childhood System in Santa Cruz Region (N=21)



The majority of respondents reported that the early childhood system in Santa Cruz Region effectively addresses the needs of young children and their families across all key areas (Figure 61). A large majority of respondents (85%) agreed that both early learning and family support and literacy needs are effectively addressed by the system in the region. A majority also agreed that children's health needs were effectively addressed (75%) and felt the professional development system is effective (70%).

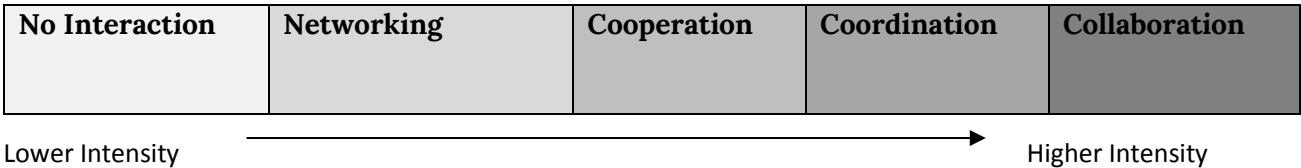
Figure 61. Percent agreeing that the Early Childhood System in Santa Cruz Region effectively addresses the needs of young children and their families across key areas (N=20)



### Continuum of Collaboration in the Early Childhood System Areas

In order to understand the current system and to track progress, First Things First uses a five-level continuum of collaboration model. The model consists of five levels describing progressively more intensive levels of collaboration: No Interaction, Networking, Cooperation, Coordination, and Collaboration (Figure 62).

Figure 62. The five levels of the Continuum of Collaboration



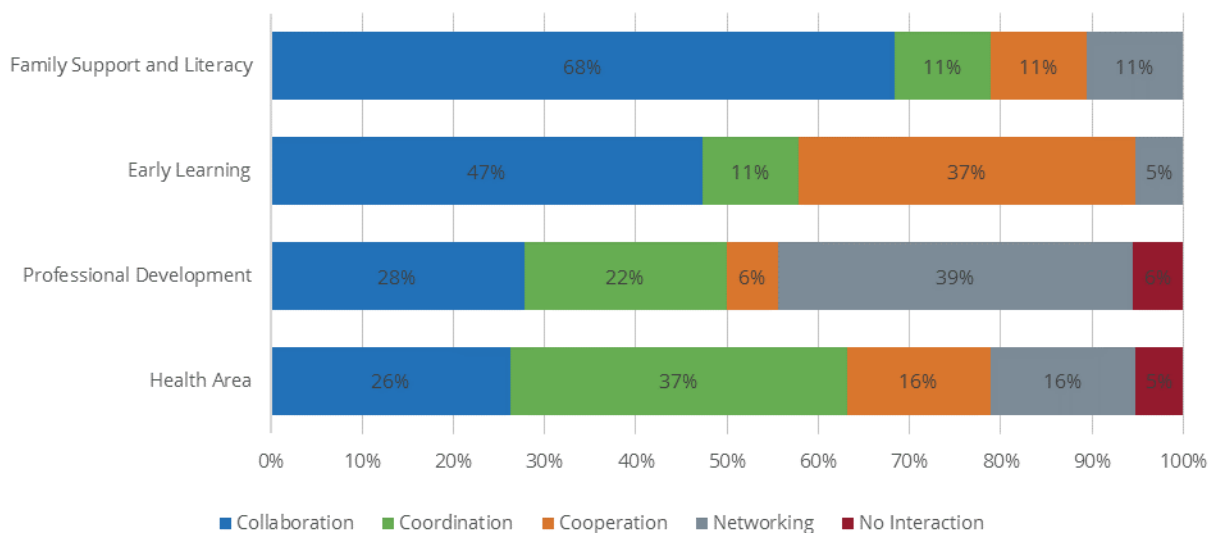
- These stages, as described by Frey and colleagues,<sup>231</sup> are:
- **No Interaction:** No interactions occurring at all.
  - **Networking:** Activities that result in bringing individuals or organizations together for relationship building and information sharing. Networking results in an increased 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.

Respondents were asked to refer to the Continuum of Collaboration and to indicate the level of collaboration that is occurring among partners in Santa Cruz Region for each area of the Early Childhood System. Only about two-thirds of the respondents chose to complete this section (n=19). In accordance with respondents' view of the early childhood system as a reasonably well-coordinated system (Figure 60), the results indicated good levels of *collaboration*, the highest and most intense level of system partners working together along the Continuum of Collaboration, in the Family Support and Literacy area. *Collaboration* among partners in Santa Cruz Region was less frequent in other areas, but still the most common form of partnership in the Early Learning (47%) and Health (33%) areas (Figure 63). These results are similar to the results for effectiveness, suggesting that greater collaboration is more likely to result in families with young children having their needs effectively met.

Figure 63. Continuum of Collaboration in the Early Childhood System Areas (n=19)



*Coordination*, a relationship of relatively high intensity, involves more formal planning and division of roles and opens communication channels between organizations, was relatively infrequent, but was most common in the area of Professional Development. *Cooperation*, a relationship characterized by short-term, informal relationships that exist without a clearly defined mission, was most common in

the Early Learning area (Figure 63). *Networking*, a relationship of low intensity, characterized by bringing individuals or organizations together for relationship building and information sharing, was the most frequently indicated (39%) form of partnership in the area of Professional Development.

### **Sectors involved in the Early Childhood Building**

Within each of the four areas of the Early Childhood System, survey participants were asked to indicate which sectors are involved in building systems for that area.<sup>xxix</sup> In the area of Family Support and Literacy, respondents felt that Early Care and Education (83%), K-12 Education agencies (61%), and Family Support/Social Service (61%) agencies were most involved in system building work in Santa Cruz Region (Figure 64).

In the area of Children's Health, respondents indicated that Health Care/Medical Sector (82%) and Family Support/Social Service (65%) agencies were the most involved. A majority (53% for all) of respondents also indicated the involvement of K-12 Education, Early Care and Education, and State agencies in system building work around children's health.

In the area of Early Learning, nearly all respondents (94%) noted that the Early Care and Education sector played a role in systems building. A majority of respondents also indicated engagement by State (67%), K-12 Education (61%), and Family Support and Social Services (56%) agencies.

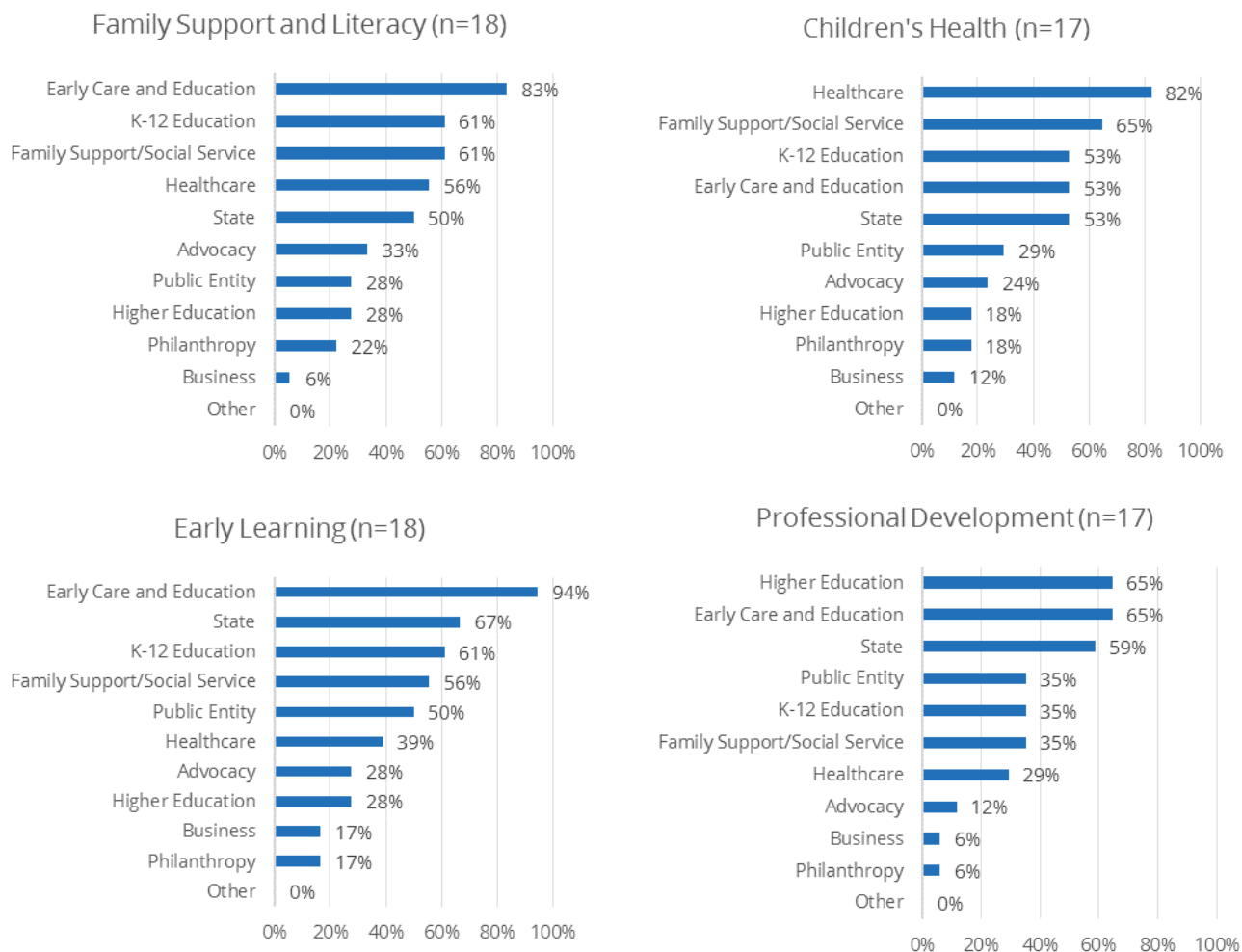
The work of system building in the area of Professional Development was less clearly led by one sector. A majority of respondents did note the contributions of both Higher Education and Early Care and Education agencies (both 65%). State agencies were also seen as a major player (59%).

Across all four areas, the Business, Advocacy, and Philanthropy sectors played fairly small roles in system building work in Santa Cruz Region (Figure 64). In all areas except Professional Development, the same was true for the Higher Education sector. Advocacy was most important for Family Support and Literacy, where 33 percent of participants indicated its involvement.

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<sup>xxix</sup> Note that only 17-18 participants completed this portion of the survey; one organization's response now carries a weight of about 6 percent.

Figure 64. Sectors involved in/engaged in system building work in Santa Cruz Region

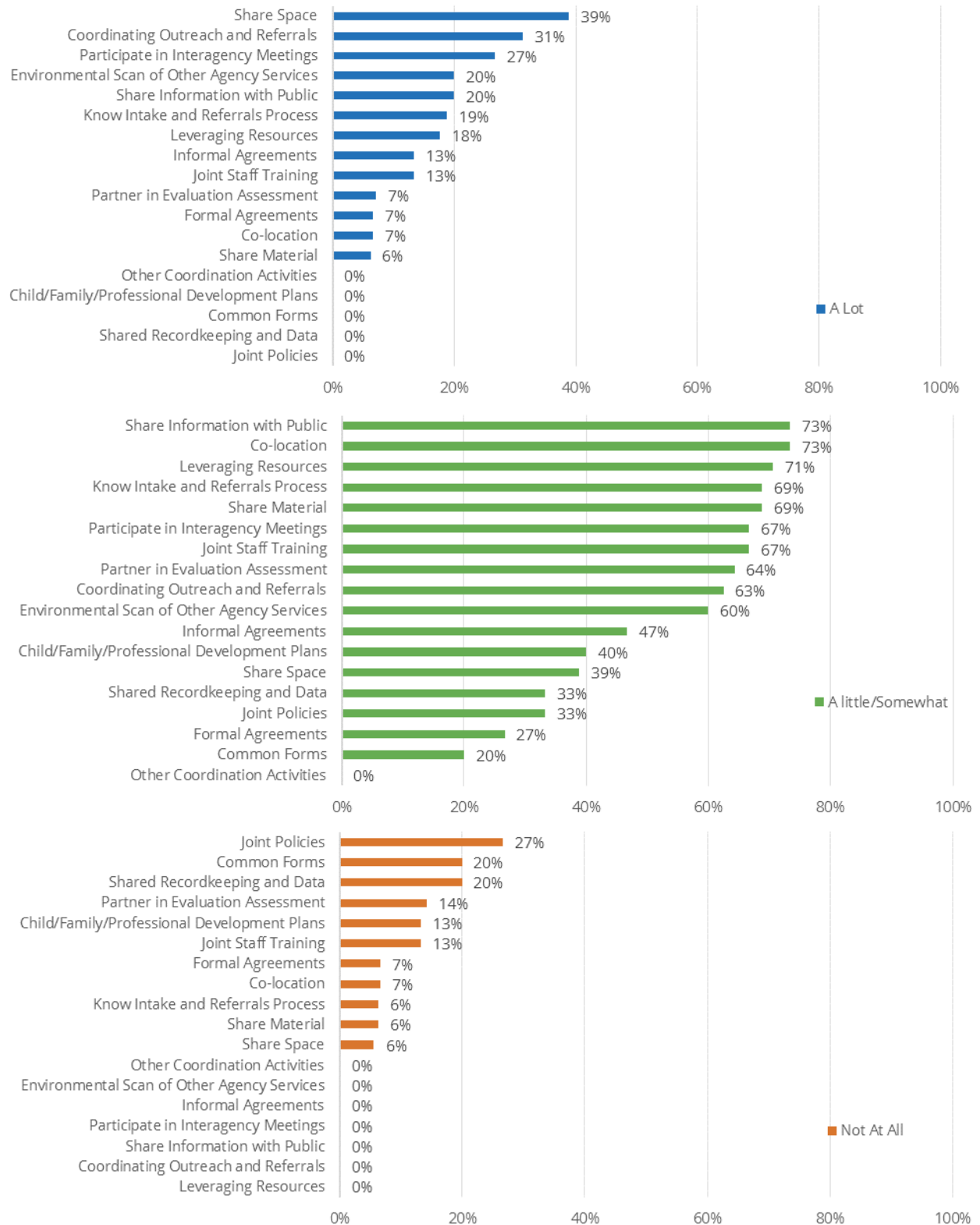


The following data reflect questions asking respondents about how frequently key activities that are known indicators of collaborative work were occurring. It should be noted that many (13-15; 43%-50%, depending on the question) of those who agreed to take the survey opted not to respond to this portion of the survey.<sup>xxx</sup> Of those who did respond, many indicated that they did not know the answer for many activities (those responses are not illustrated).

<sup>xxx</sup> Based on the pool of 82 organizations and agencies who were sent the survey, this portion of the survey has a response rate of 18-21%.

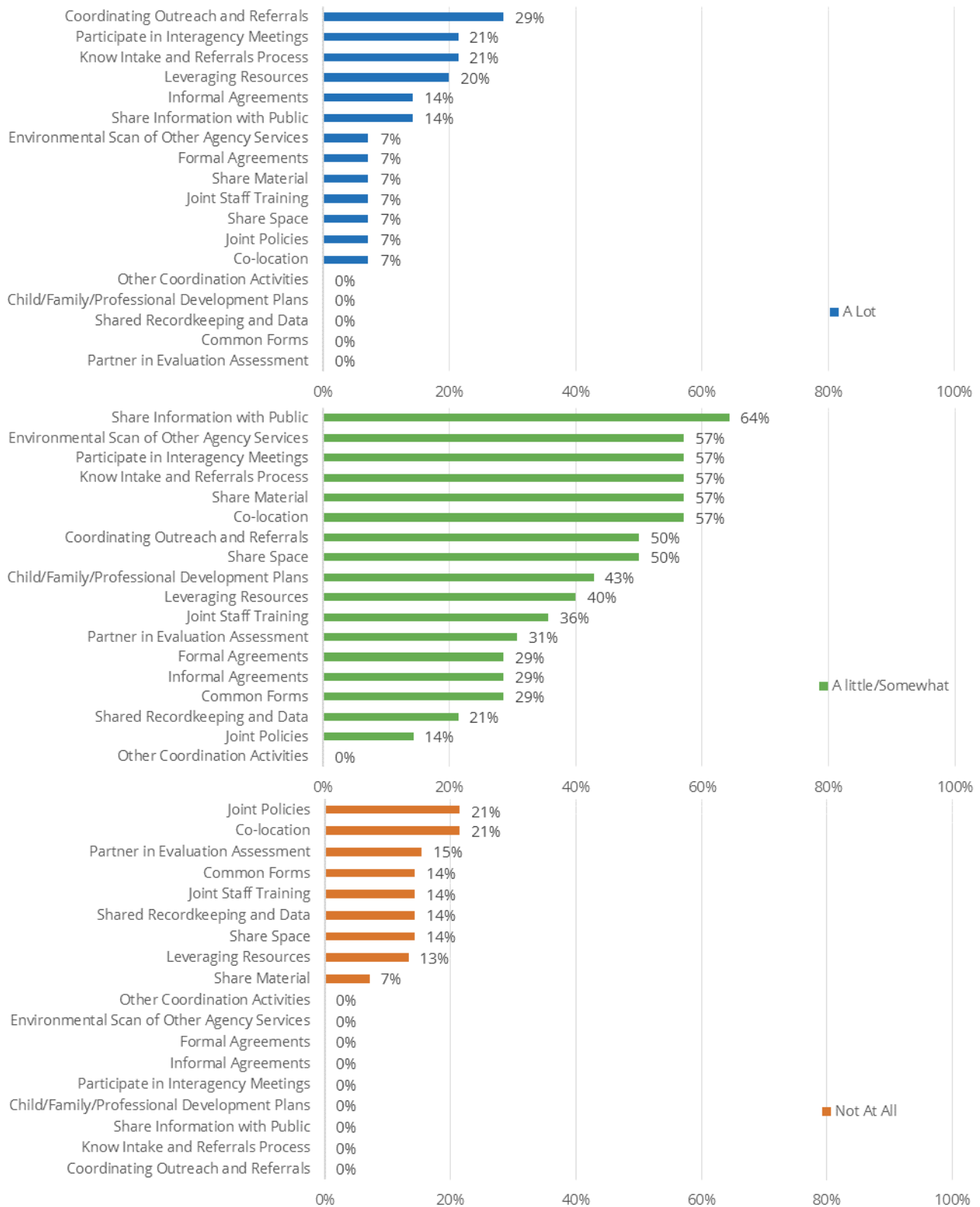


Figure 65. Frequency of Activities: Family Support & Literacy (n=17)



Collaborative activities that system partners within Family Support and Literacy are using relatively frequently include: sharing space (39%), coordinating outreach and referrals (31%), and participating in interagency meetings (27%) (Figure 65). Numerous activities are used occasionally; the most common of these are collaborative activities around sharing information with the public and locating different services in a single place, both indicated by 73 percent of respondents. As an example of co-location, two of Santa Cruz's three Family Resource Centers are located on school campuses. Areas where there is a low perceived level of collaborative activity include: joint policies (27%), using common forms (e.g., intake and/or referral forms) (20%), and utilized shared recordkeeping and data (20%). These activities represent opportunities for continued growth for system partners.

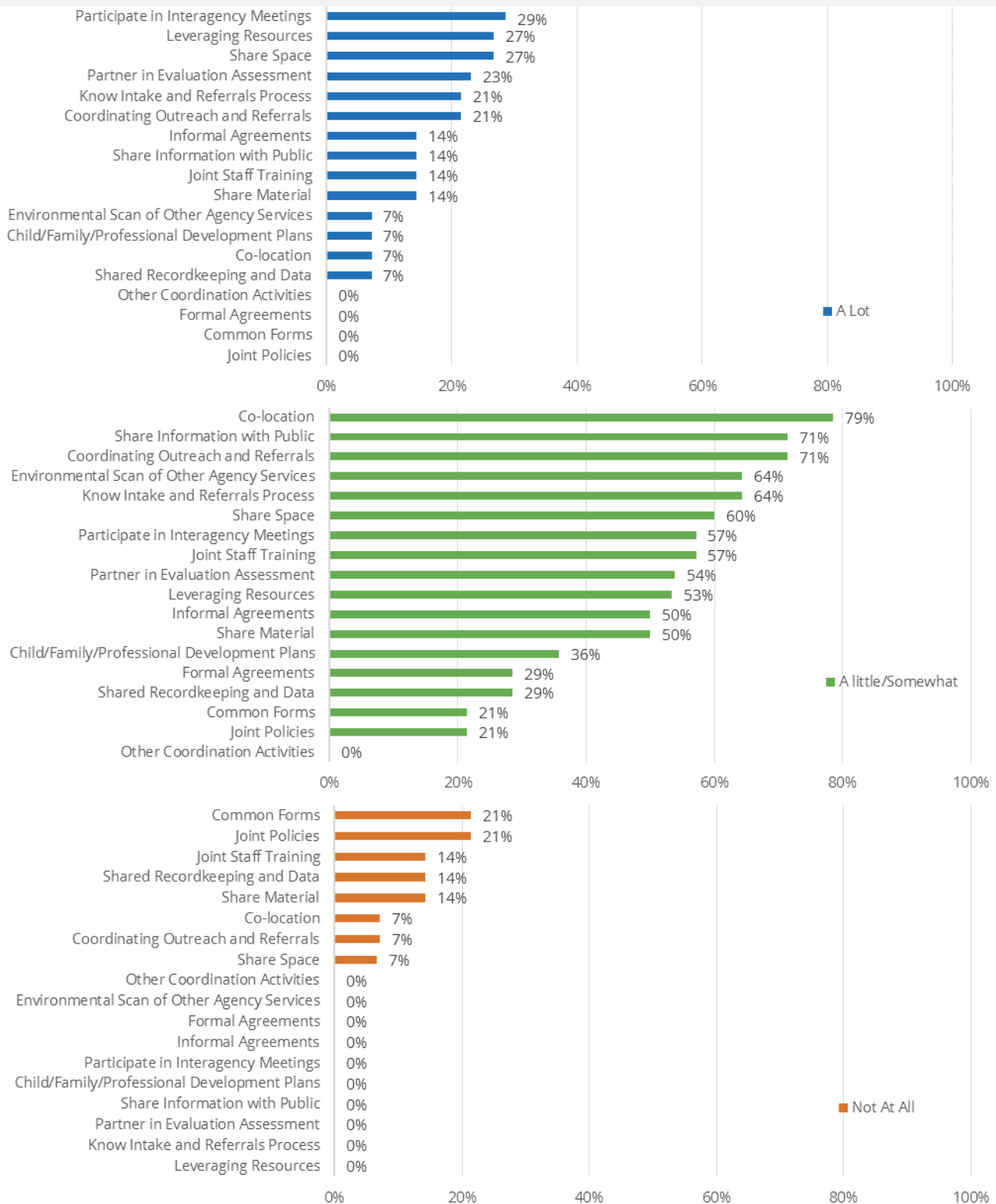
Figure 66. Frequency of Activities: Children's Health (n=15)



Collaborative activities that system partners within the Children's Health area are using relatively frequently include: coordinating outreach and referrals (29%), participating in interagency meetings (21%), and knowing the intake and referral process of other agencies (21%) (Figure 66).

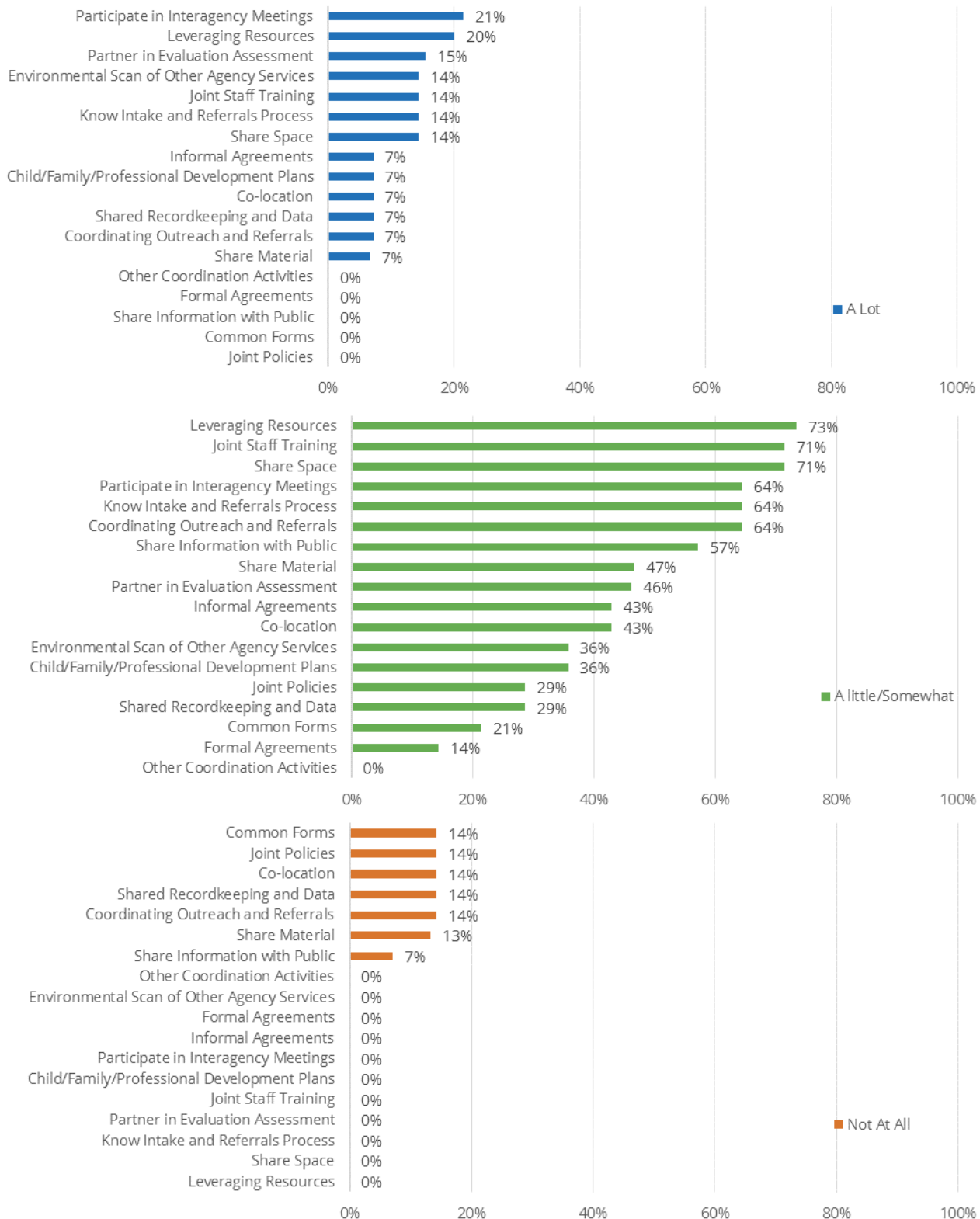
Numerous activities are used occasionally; the most common of these is collaborative activities around sharing information with the public, indicated by 64 percent of respondents. Areas where there is a low perceived level of collaborative activity include: joint policies (21%) and co-location (i.e., multiple services available at a single site). These activities represent opportunities for continued growth for system partners.

Figure 67. Frequency of Activities: Early Learning (n=15)



Collaborative activities that at least a quarter of system partners within the Early Learning area report happening frequently include: participating in interagency meetings (29%), leveraging resources/funding across partners (27%), and sharing facility space (27%) (Figure 67). As with the other areas, activities were most commonly described as happening either “a little” or “somewhat.” For example, 79 percent of respondents noted that co-location of activities was happening somewhat frequently in the Santa Cruz Region. Activities where there is a low perceived level of use include common forms (e.g., intake or referral forms) and jointly implementing policy changes.

Figure 68. Frequency of Activities: Professional Development (n=15)



Activities that system partners within the Professional Development area are perceived to be most actively engaged in include participating in interagency meetings (21%) and leveraging resources/funding across partners (20%) (Figure 68). However, most (79%) respondents felt that leveraging resources only happened a little/somewhat. Joint staff training and shared space were other collaborative activities occasionally used to support professional development. Activities where some respondents indicated a complete absence of collaboration include around ranged from common forms (e.g., intake and/or referral forms) to jointly implement policy changes.

Commonalities emerged across all four topic areas. Jointly implemented policy changes and shared record keeping and management of data information systems were noted in each of the four key areas as an unused strategy, suggesting that support for these activities could be beneficial across the early childhood system.

### **Barriers and Future Directions**

Participants were asked to reflect on barriers in moving the system forward with other early childhood system partners. The most commonly cited barriers were the lack of an adequate public transportation system and inadequate collaboration across agencies. With regard to transportation, which was also a theme touched upon by many key informants, respondents noted the challenges of serving an area where the ability of clients to reach a service destination is often limited. One respondent noted that this especially affects service providers' abilities to reach those with the greatest need (although some agencies can provide transportation for clients). Despite the levels of collaboration reported above (Figure 63), multiple partners felt that there was still much work to be done around coordination and collaboration between programs. Another common theme was that of limited resources, including the related issues of limited human capital (i.e., qualified staff, including mental health professionals), limited professional development opportunities (specific challenges around connecting to scholarships were mentioned), and a limited ability to pay educators "what they are worth." Another respondent expressed frustration that "It is always the same group of core partners working towards system building. We need to have a bigger platform of vested partners from various areas of expertise who can address the needs of young children and their families."

Survey participants were then asked to reflect on the role of the Santa Cruz Regional Partnership Council (RPC) in supporting early childhood system building and collaboration efforts in the region. Respondents reported a sense that the RPC currently is active throughout the community, including in the Birth to Five Partners coalition mentioned earlier, and in supporting the early childhood education system in Santa Cruz. The RPC has also played a role in the Day of the Young Child Annual Event.

Additional suggestions for ways that the RPC could support early childhood system building and partner collaboration efforts in the Santa Cruz Region included:

- Do a better job of sharing resources (for example, the needs assessment) with the larger community, many of who are unaware of the resources of the RPC
- Be more involved with local decision-makers – i.e., government, community and business leaders
- Generate program level data on the impact of the grants they provide in the Santa Cruz Region (in order to make the value of their investments more immediately clear to the community)





## SUMMARY AND CONCLUSIONS

## SUMMARY AND CONCLUSIONS

This needs and assets report is the sixth biennial assessment of early education, health, and family support in the Santa Cruz Region. In addition to providing an overview of the region, this report looks more closely at some of the community-level variation within it.

It is clear that the region has substantial strengths. We base this conclusion on the quantitative and qualitative data reported here, as well as information provided during a data interpretation session. A summary of identified regional assets is included below.

### Population Characteristics

- Close-knit communities
- Supportive extended-family networks that are helping to raise children
- Nearly half (47%) of all residents in the region are proficiently multilingual.

### Economic Characteristics

- Declining unemployment rates (from 15% in 2010-2013 to 12% in 2015 in the county)
- 84 sites participated the summer food service program in 2015, providing over 54,000 meals to those who might otherwise do without

### Educational Indicators

- Rising graduation rates (e.g., from 79% in 2012 to 84% in 2015 across the region overall)
- Low drop-out rate (2%) across the region overall
- Several leaders in local school districts are long-time residents and employees, they are deeply committed to their students and families.
- Excellent student support services in some areas

### Early Learning

- Nannies are unusually affordable.
- Most child care providers that participate in Quality First have a 3-star rating, meaning they are meeting quality standards.

### Child Health

- Platicamos Salud/ Community Health Services Department runs about 30 active, grant-funded programs focusing on prevention, healthy promotion, maternal and child health, and community/clinic linkages.
- Substantial reductions in the teen birth rate over the past decade – in 2004, 15 percent of all older teens gave birth; by 2014 that had dropped to 7 percent
- The region is meeting Healthy People 2020 goals for minimizing low birthweight births (6.3%) and prematurity (8%).
- Mariposa Community Health Center Maternal and Child Health Case Managers run a robust home visiting program.
- High (and increasing) rates of breastfeeding initiation (83.1% of WIC infants were breastfed in 2015)

- High immunization rates
- Decreasing childhood obesity rates (14.8% in 2012 to 11.8% in 2015)

### **Family Support and Literacy**

- The Patagonia Youth Enrichment Center, started in 2014 by a local teacher, serves 10-20 year olds, and partners with AZ Trails, offers support groups, movie nights, arts, and more.
- Summer Youth Institute trains 24 teen facilitators or *promotoras de salud* each summer to be health advocates in their community.
- Family Resource Centers are active hubs of parent engagement.
- Family Learning Centers offer GED and citizenship classes, along with free child care during the class.
- Team Anonymous is a multi-faceted organization in Nogales that supports youth, including teen parents.
- Child & Family Resources is an active provider of parent home-visiting.
- A strong CASA (Court Appointed Special Advocates program) provides support to children engaged in the court system.
- The Santa Cruz area's Department of Child Safety is good at getting children in to permanent placements.
- Mariposa Community Health Center has a designated domestic violence support staff member to help victims navigate the court and justice system and a Community Coordinated Response Team that addresses issues of family violence.
- Mariposa Community Health Center and other agencies like WIC work together to support families.

### **System Coordination among Early Childhood Programs and Services**

- The Santa Cruz Birth to Five Partners Coalition brings together community agencies to support early childhood.
- 90 percent of Early Childhood System partners describe Santa Cruz as functioning in a (partially or well) coordinated way.
- 85 percent of Early Childhood System partners agreed that both early learning and family support and literacy needs are effectively addressed by the system in the region.

Despite these many and varied strengths and community assets, there continue to be challenges to fully serving the needs of families with young children throughout the region. Many of these needs have been recognized as ongoing issues by the Santa Cruz Regional Partnership Council and are being addressed by current First Things First-supported strategies in the region. A table of Santa Cruz Regional Partnership Council currently funded strategies for fiscal year 2017 is provided in the appendix. This report also highlighted multiple needs that regional stakeholders may consider addressing in the future. Taken together, these needs include:

- **A need for affordable, high quality and accessible child care** – The capacity of early care and education slots available compared to the number of young children in the region point to a shortage of affordable and accessible early care and learning opportunities in the region. While the cost of center-based care is lower in Santa Cruz than elsewhere, incomes are also lower, and families in Santa Cruz are paying 16-18 percent of their income, depending on the child's

age, for a child care slot; this exceeds the recommended 10 percent of annual income. Grandparents and other relatives are also regularly stepping in as care providers. As many parents work or attend school during evening hours, availability of child care during these non-traditional times is also important. The Santa Cruz Regional Partnership Council is already addressing this issue through funded strategies; continued regional investment in Quality First Scholarships and Child Care Health Consultation strategies may help address this issue.

- **A need for an improved educational pipeline** – Young children in the Santa Cruz Region are often progressing into an educational setting that is not performing at an optimal level. Chronic absenteeism and low passing rates on AzMERIT suggest that schools are not currently preparing all students for a successful future and career. Fewer than 1 in 4 adults aged 25 and older in the Santa Cruz Region has a bachelor's or higher degree, and in Nogales, the majority of adults have no post-secondary education; in fact, about 1 in every 3 adults did not complete high school. The funding of strategies targeting early childhood education helps to prepare students to succeed in school. Strategies focusing on parenting education and home visitation may help support parents as first teachers, regardless of their own education level.
- **The need for additional early intervention services** – While approximately 3 percent of young children in the region are receiving early intervention services, 8 percent of children enrolled in kindergarten through third grade are enrolled in special education, indicating that increased availability of and access to early intervention services in children's youngest years may be needed.
- **Pre-conception education, particularly for young women** – Multiple key informants reported that schools have scaled back their sex-education curriculum to the point where it is virtually non-existent. Cultural norms also prevent the topics of safe sex practices and family planning from being readily discussed in the home, but Santa Cruz continues to have a higher rate of teen pregnancies than elsewhere in the state (although these may not be unplanned). Strengthening school-linked health care may support teens having access to timely and accurate information and services.
- **Need for services for grandparents raising grandchildren and other kinship caregivers** – High percentages of children in some communities live with relatives or grandparents who are responsible for their care. Grandfamilies and kinship caregivers often have unique needs related to raising young children in all parts of the region. Additional services for kinship caregivers, particularly kinship care navigation services, could help support these families. A list of suggestions is provided in the appendix.
- **The need for additional health care providers, particularly pediatric rehabilitation and behavioral health care.**
- **More recreation facilities and child-friendly parks, especially ones that include shade, and ideally water features.**
- **A solution to the limitations of the current transportation system.**

A full list of regional challenges and needs highlighted in this report is shown below.

### **Population Characteristics**

- A high percentage of the population (30%), particularly grandparents responsible for their grandchildren (45%), speak a language other than English at home and do not speak English “very well,” meaning that bilingual resources and service providers are a must in the region.

### **Economic Characteristics**

- Incomes are lower than elsewhere in the state, particularly for single parents.
- Poverty is common for young children, particularly in Nogales (50%) and Patagonia (42%).
- Unemployment in the county remains high, especially in Nogales (around 15% in 2015, compared to about 6% statewide).
- Limited employment opportunities, especially for young people
- Only a handful (4) of child care centers are participating in CACFP; more children could be served through more centers.
- Limited recreational options; families would like to see more parks and play structures for children
- Shortage of affordable housing, especially apartments with sufficient bedrooms for larger families. Reportedly, only one complex has 4 bedroom apartments.
- Transportation options are limited and unreliable.

### **Educational Indicators**

- The majority of third-grade students are not passing the math (61%) or ELA (68%) AzMERIT assessments
- High – and rising – rates of chronic absenteeism. Nearly half (46%) of students in grades 1-3 are chronically absent.
- Fewer than 1 in 5 children (19%) aged 3 or 4 is enrolled in school

### **Early Learning**

- Santa Cruz parents pay a higher proportion of their income toward child care than other Arizonans (16-18% vs. 13-17%)
- There are limited child care options, e.g., a key informant stated there was not a facility in the region that took children ages 0-2.
- Rates of participation in AzEIP are low (68 children served in 2015); the service may be underserving the region.

### **Child Health**

- Limited access to rehabilitation services in the Region
- Pre-pregnancy obesity rates have been climbing (24% in 2012 to 29% in 2015).
- Low uptake of prenatal care in first trimester; only 55.8% of women began prenatal care in the first trimester in 2015
- No high-risk OB/GYN providers in Santa Cruz; women must seek care in Tucson
- High rates (60%) of children dealing with tooth decay
- Childhood obesity rates (11.8% in 2015) are above the Healthy People 2020 goal (<9.4%).

- Mariposa has a vacant fatherhood support specialist position that has not been refilled.
- There is local opposition to comprehensive sex education in schools as a form of primary pregnancy prevention.

### **Family Support and Literacy**

- School districts vary in their willingness to support non-traditional families (i.e., teen parents, grandparents raising grandchildren).
- Service providers described challenges of working with a “cell phone community” that makes it difficult for them to have continuity of contact with their patients and clients (e.g., minutes run out, the family can’t be contacted).
- Mobility of families across the border also makes continuity of care challenging.

### **System Coordination among Early Childhood Programs and Services**

- Issues of limited human capital (i.e., qualified staff, including mental health professionals) and limited professional development opportunities

Successfully addressing the needs outlined in this report will require the continued concentrated effort of collaboration among First Things First and other state agencies, the Santa Cruz Regional Partnership Council and staff, local providers, and other community stakeholders in the region. Although there are many challenges for families, leveraging unique opportunities for community collaboration, resource-sharing, and collective impact through both funded and unfunded strategies can help support the health, welfare, and development of the diverse families and young children of the Santa Cruz Region.

# APPENDICES

## Table of Regional Strategies

### Santa Cruz Regional Partnership Council Planned Strategies for Fiscal Year 2017

Strategy	Strategy description
Family Resource Centers	The intent of this promising practice strategy is to provide a community hub for connecting families with children birth to age 5 to the information, resources, and services they need to support their child's optimal health and development. The expected results are improved parenting skills and social supports for families; increased knowledge of child development; and support for their child's school readiness.
Home Visitation	The intent of this evidence based strategy is to provide personalized support for families with young children, particularly as part of a comprehensive and coordinated system. Services may include developmental screenings, weekly home visits, linking families with needed community-based services, and advocacy and support services that empower families. Expected results that are common to home visitation programs include: improved child health and development, increase in children's school readiness, enhancement of parents' abilities to support their children's development; decreased incidence of child maltreatment; and improved family economic self-sufficiency and stability (US Department of Health and Human Services, 2014).
Oral Health	The intent of this evidence-based strategy is to provide best practice approaches that enhance the oral health status of children birth through age 5. The expected results are prevention of tooth decay and reduction in the prevalence of early childhood tooth decay and the associated risks for pain and infections that can lead to lifelong complications to health and wellbeing. The approaches for this strategy include: oral health screening for children and expectant mothers with referrals to oral health providers for follow up care as needed; fluoride varnishes for children; oral health education for families and other caregivers; and, outreach to families, other caregivers including early learning and care providers, and oral health and medical professionals.
Quality First	Quality First – a signature program of First Things First – partners with regulated early childhood providers to make quality improvements that research proves help children birth to 5 thrive, such as education for teachers to expand their expertise in working with young children. It also supports parents with information about what to look for in quality early childhood programs that goes beyond health and safety to include a nurturing environment that supports their child's learning. Quality First includes multiple components to support early care and education program quality improvement, including: valid and reliable program assessment, on-site technical assistance, and financial incentives. The Quality First Academy is included to support the assessors and technical assistance providers in their work with program staff.
Quality First Child Care Health Consultation	The intent of this evidence based strategy is to provide statewide health and safety consultation specific to early care and education settings for children birth to age 5. The expected results are improved overall quality of care, reduced illness, and increased school readiness by supporting best practices that increase provider knowledge and promote behavior change, policy development and improvements in program environments.
Quality First Scholarships	The intent of this promising practice strategy is to provide financial support through scholarships for children to attend quality early care and education programs in order to assist low income families (200% of Federal Poverty Level and below) to afford a quality early care and education setting. The expected result is that more children will receive quality early childhood programs and services that will impact their learning and development and promote readiness for kindergarten.



## Methods and Data Sources

### Data Sources

The data contained in this report come from a variety of sources. Some data were provided to First Things First by state agencies, such as the Arizona Department of Economic Security (DES), the Arizona Department of Education (ADE), and the Arizona Department of Health Services (ADHS). Other data were obtained from publically available sources, including the 2010 U.S. Census, the American Community Survey (ACS), the Arizona Department of Administration (ADOA), and the Arizona Health Care Cost Containment System (AHCCCS). In addition, regional data from the 2012 First Things first Family and Community Survey (FCS), 2015 Healthy Smiles Healthy Bodies Survey, and 2016 Coordination and Collaboration Survey are included. Methodologies for those surveys are included on the following pages. Throughout the report, information from key informants and additional data gathered for this report from primary sources in the region are noted accordingly. Not all data will be available at a First Things First (FTF) regional level because not all data sources analyze their data based on FTF regional boundaries. When regional data are unavailable, this will be noted by N/A.

### U.S. Census and American Community Survey Data.

The U.S. Census<sup>232</sup> is an enumeration of the population of the United States. It is conducted every ten years, and includes information about housing, race, and ethnicity. The 2010 U.S. Census data are available by census block. There are about 115,000 inhabited blocks in Arizona, with an average population of 56 people each. The Census data for the Coconino Region presented in this report were calculated by identifying each block in the region, and aggregating the data over all of those blocks. (Note that the Census 2010 data in the current report may vary to a small degree from census data reported in previous Needs & Assets reports. The reason is that in the previous reports, the Census 2010 data were aggregated by zip code; the current report uses aggregation by census blocks.)

The American Community Survey<sup>233</sup> is a survey conducted by the U.S. Census Bureau each month by mail, telephone, and face-to-face interviews. It covers many different topics, including income, language, education, employment, and housing. The ACS data are available by census tract. Arizona is divided into about 1,500 census tracts, with an average of about 4,200 people in each. The ACS data for the Santa Cruz Region were calculated by aggregating over the census tracts that are wholly or partially contained in the region. The data from partial census tracts were apportioned according to the percentage of the 2010 Census population in that tract living inside the Santa Cruz Region. The most recent and most reliable ACS data are averaged over the past five years; those are the data included in this report. They are based on surveys conducted from 2010 to 2014. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level estimates.

### Data Suppression

To protect the confidentiality of program participants, the First Things First Data Dissemination and Suppression Guidelines preclude reporting social service and early education programming data if the count is less than ten, and preclude our reporting data related to health or developmental delay if the count is less than twenty-five. In addition, some data received from state agencies may be suppressed according to their own guidelines. The ADHS, for example, does not report non-zero counts less than



six, and DES does not report non-zero counts less than 10. Throughout this report, information which is not available because of suppression guidelines will be indicated by entries of “<10” or “<25” for counts or “DS” for percentages in the data tables.

For some data, an exact number was not available because it was the sum of several numbers provided by a state agency, and some numbers were suppressed in accordance with agency guidelines. In these cases, a range of possible numbers is provided, where the true number lies within that range. For example, for data from the sum of a suppressed number of children ages 0-12 months, 13 children ages 13-24 months, and 12 children ages 25-35 months, the entry in the table would read “26 to 34.” This is because the suppressed number of children ages 0-12 months is between one and nine, so the possible range of values is the sum of the two known numbers plus one to the sum of the two known numbers plus nine. Ranges that include numbers below the suppression threshold of less than ten or twenty-five may still be included if the upper limit of the range is above ten or twenty-five. Since a range is provided rather than an exact number, the confidentiality of program participants is preserved.

### **Reporting Data over Time**

To show changes over time, a percent change between two years is sometimes reported to show the relative increase or decrease during that period. Percent change between two years is calculated using the following formula:

$$\% \text{ Change} = \frac{(\# \text{ in Year 2} - \# \text{ in Year 1})}{\# \text{ in Year 1}}$$

### **2018 Report Process**

For the 2018 Needs & Assets Report cycle, Regional Partnership Councils were asked to identify areas of particular focus, or priority areas. These priorities were developed during the spring of 2016, and potential data sources to address these priorities were identified collaboratively among the Council, The Regional Director, FTF Research and Evaluation staff, and CRED staff. For the current report, the Santa Cruz Regional Partnership Council has identified the following topics as priority areas: (a) access to child care, (b) families of children with special needs, and (c) foster and kinship care.

In the fall of 2016, a participatory Data Interpretation Session was held to review preliminary results of the data received, compiled and analyzed as of June 2016. Regional Partnership Council members and other participating key stakeholders were involved in facilitated discussion to allow them to share their local knowledge and perspective in interpreting the available data. The Santa Cruz Region Data Interpretation Session was held in Nogales in September 2016 and included invited community members, including grantees, as well as the Regional Partnership Council and Regional Director and FTF Research and Evaluation staff. Feedback from participating session members are included as key informant citations within the report, as appropriate.

### **Supplemental Data**

For this report, the Santa Cruz Regional Partnership Council chose to support additional work looking into the experiences and needs of pregnant and parenting teens and families involved in kinship care arrangements. Additional data on these topics were collected by CRED through surveys, focus groups, and interviews with key informants. CRED also reached out to local agencies to request additional data on the programs and services they provided; those data are included and cited accordingly within the

report. We are grateful for all of those participants who took the time to meet with us and share their experiences.

### **School District Data**

A number of educational indicators were included in this report based on data received from the ADE at the school level. These data were then aggregated by region (e.g., the sum of all students in special education preschool in the region) and by regional portions of districts (e.g., the sum all students in special education preschool in a particular school district in the region) as well as by the county and state. Since ADE school districts do not follow FTF regional boundaries, district data may not represent the school district as a whole but rather the portion of that district which falls within a given region. School districts that straddle regional boundaries can be identified in Figure 24. For these districts, only the data for schools falling within regional boundaries was included in the district calculation. Data for charter schools were aggregated to a single number for all charter school located within a given region.

### **Child Care Capacity Calculations**

One key indicator used in this report is the overall childcare and early education capacity in the region. This measure was calculated by summing the childcare and early education slots available in the region. However, some child care and early education providers may appear in multiple data source (e.g., a provider may be listed with both Quality First and the Child Care Resource and Referral guide). To avoid duplication of providers, a table with exclusive columns proceeding from left to right was created. Since high quality early education is a priority in the region, the number and capacity of Quality First providers has been included as the first category of provider. Each column from left to right excludes any provider already accounted for in a preceding column. Thus, the Head Start column counts all Head Start centers that are not Quality First providers (since all Quality First-enrolled Head Starts were counted in the Quality First column). The Public School provider column similarly excludes all Head Start centers operating in public schools and all Quality First-enrolled public school early care programs. The Other Child Care provider column provides the balance of child care and preschool providers that are listed in the Child Care Resource and Referral (CCRR) guide that are not Quality First providers, Head Start centers, or Public School providers. Unlicensed or unregulated care providers could not be included in calculations of child care capacity as information on the location and capacity of these providers is not collected in a systematic way at a county or state level.

Child care and early education sites were assigned to regions by loading them into a GIS. Locations were determined using latitude and longitude pairs where available or addresses. Locations for tribal and rural communities where addresses may be less than accurate were corrected using satellite imagery and local knowledge. For centers from the CCRR dataset, centers were located through address geocoding using the Google Maps platform. Once the centers were loaded in the GIS, they were assigned to region and sub-region using the ArcGIS Identity tool and a set of sub-regional shapefiles, regional shapefiles, and county shapefiles. These centers were then summed by region, sub-region, county, and state.

### **Oral Health Survey Methodology**

The *Healthy Smiles Healthy Bodies Survey* was designed to obtain information on the prevalence and severity of tooth decay among Arizona's kindergarten children.<sup>xxxi</sup> 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.<sup>xxxii</sup> A total of 3,630 kindergarten children in Arizona received a dental screening. In the 3 regions, 119 children received a dental screening.

### *Sampling*

*Healthy Smiles Healthy Bodies* sampled children in kindergarten and third grade. District and charter elementary schools with at least 20 children in kindergarten were included in the sampling frame. The following were excluded from the sampling frame: (1) alternative, detention, and state schools for the deaf and the blind plus (2) schools located in tribal communities (based on the Arizona Department of Health Services list of tribal communities). To ensure a representative sample from every county and FTF region, the sampling frame was initially stratified by county. Where a county included more than one FTF region (Maricopa and Pima), the sampling frame was further stratified by FTF region. This resulted in 21 sampling strata; 13 county-level strata, 2 FTF strata within Pima County, and 6 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.<sup>xxxiii</sup> Three counties (Apache, Greenlee, and La Paz) had fewer than five schools in the sampling frame. For these counties, all schools in the sampling frame were asked to participate. If a selected school did not have kindergarten or third grade, the appropriate feeder school was added to the sample. A systematic sampling scheme was used to select 99 schools. Of these, five did not have kindergarten or third grade so five feeder schools were added to the sample resulting in 104 schools representing 99 sampling intervals, of which 84 agreed to participate.

### *Survey Limitations*

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

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<sup>xxxi</sup> Using another funding source, ADHS expanded data collection to include 3<sup>rd</sup> grade children but that information is not included in this report.

<sup>xxxii</sup> Schools serving children with special needs and schools located in tribal communities were excluded.

<sup>xxxiii</sup> 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

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

### **Family Caregiver Survey 2012 Survey Methodology**

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*<sup>xxxiv</sup>. Survey items explored multiple facets of parenting. The FTF Family and Community Survey had six major areas of inquiry:

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

A total of 3,708 parents with children under six (FTF's target population) responded to the 2012 survey. The majority of respondents (83%) were the child's parent. The remaining respondents were grandparents (13%) or other relatives (4%). In the Santa Cruz region, 76 parents participated in the survey.

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 was weighted at both the statewide level to arrive at the Arizona results and at the regional level to arrive at the regional results. Please note that regional estimates are necessarily less precise than the state estimates; i.e. small differences observed might easily be due to sampling variability.

### **Coordination and Collaboration Survey Methods**

System partners in 18 First Things First county-based regions were asked by First Things First to participate in the Coordination and Collaboration Survey in an effort to learn more about how system partners view their role in the region's early childhood system and to what extent they collaborate and coordinate with other system partners. Ten regions elected to conduct region-specific surveys including, Cochise, Coconino, Gila, Graham/Greenlee, La Paz Mohave, Navajo Apache, Pinal, Santa Cruz, Yavapai, and Yuma. Additionally, the six FTF regions in Maricopa County (i.e., Phoenix North, Phoenix South, East Maricopa, Northwest Maricopa, Southeast Maricopa, and Southwest Maricopa),

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<sup>xxxiv</sup> 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](http://www.civitasinitiative.com/html/read/surveypdf/survey_public.htm)

and the two FTF regions in Pima County (Pima North and Pima South), elected to conduct combined county-wide surveys. Partners located on tribal lands will be surveyed at a later date after tribal approvals are requested and received.

FTF regional staff identified potential respondents of the survey. Each region was asked to determine who (across the categories listed below) the early childhood system stakeholders were in their communities 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 First Things First 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 Survey Monkey. Data were then cleaned and compiled by region by the First Things First Evaluation team for inclusion in the report.

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