



Yavapai



2018 NEEDS AND ASSETS REPORT

YAVAPAI REGIONAL PARTNERSHIP COUNCIL 2018 NEEDS AND ASSETS REPORT

Prepared by

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Funded by

First Things First Yavapai Regional Partnership Council

LETTER FROM THE CHAIR

January 25, 2018

Message from the Chair:

Since the inception of First Things First, the Yavapai 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 Yavapai 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 Yavapai 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 Yavapai 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 black ink, appearing to read 'Sherry Birch', with a stylized, cursive script.

Sherry Birch, Chair

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Introductory Summary and Acknowledgments

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

This Needs and Assets Report for the Yavapai 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 Yavapai 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 Yavapai 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, and Indian Health Services for their contributions of data for this report, and their ongoing support and partnership with First Things First on behalf of young children. Additionally, several local organizations contributed to the success of this report. The Council wishes to thank Yavapai County Community Health Services, Prevent Child Abuse Arizona, Yavapai County Educational Services Agency, Buena Vista Children's Services, Yavapai Regional Medical Center Family Resource Center, Community Counts, and Cornucopia Community Advocates.

The ongoing partnership with Yavapai Apache Nation was key to ensuring a successful report as well. We want to thank the Social Services department, Medical Center, the Montessori school, the Culture department and the Community Wellness Center for their contributions to this report.

To the current and past members of the Yavapai 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

This needs and assets report is the sixth biennial assessment of early education, health, and family support in the First Things First Yavapai Region.

Population Characteristics

According to the U.S. Census, 12,661 children under the age of six reside in the Yavapai Region representing approximately six percent of the regions total population. This ranged from a low of three percent of young children in the Sedona and Yavapai South sub-regions, to highs of 12 percent in the Yavapai-Apache Nation and 11 percent in the Bagdad sub-region. Yavapai County has experienced a population increase since the turn of the century, similar to the state as a whole. The population of young children is projected to increase by 62 percent to 18,271 by 2040 and grow by 39 percent overall to 302,815 by 2040. Thirty-one percent of young children in the Yavapai Region are Hispanic or Latino and 63 percent are White.

Based on data from the 2010 U.S. Census, one out of every 10 households (10%) in the Yavapai Region has at least one child under six years old, less than across the state as a whole (16%). The largest concentration of these families are in the Yavapai-Apache Nation (28%), Bagdad (18%) and Prescott Valley sub-regions (16%). The Sedona and Yavapai South sub-regions have relatively fewer households with young children (both 5%). Thirty four percent of children in the Yavapai Region live with a single parent, in the Yavapai-Apache Nation over two-thirds of young children live with a single parent (70%), and in the Bagdad and Cordes Junction sub-regions fewer live with a single parent (8% and 7% respectively). The proportion of young children living in a grandparent's household is slightly lower in the region (13%) than the state (14%), whereas on the Yavapai-Apache Nation, 37 percent of young children are living in a grandparent's household. Additionally, a high proportion of the grandchildren living with their grandparents in the Yavapai South (68%), Ash Fork (37%) and Prescott (36%) sub-regions and the Yavapai-Apache Nation (40%) are being raised in those households with no parent present.

Economic Characteristics

The median income for Yavapai County families is \$53,626. The median income for families with married parents (husband-wife) and children under age 18 is about \$9,000 higher (\$62,820); single-parent families make less, particularly when headed by a female. The median income for households run by a single female is \$25,904; households led by single males make about 12 percent more (\$29,464). Sixteen percent of the total (all-age) population of the Yavapai Region lives in poverty, and 31 percent of the population aged birth to 5 lives in poverty in the Yavapai Region. In the Ash Fork sub-region, both the total population and the young child population (42% and 76% respectively) are more likely to live below the poverty level than for the region as a whole (16% and 31% respectively). The Yavapai South sub-region and the Yavapai-Apache Nation also have a much higher proportion of young children living in poverty (64% and 55% respectively). In spite of this need, the number of young children supported by the TANF/Cash Assistance program has declined in recent years, in the region (-48%) and statewide (-39%).

In 2016, the unemployment rate in Yavapai County was 4.9 percent compared to 5.3 percent for the state. More than half (60%) of young children in the region live in a home where all the parents participate in the labor force. Notably,

in the Yavapai-Apache Nation and Yavapai South sub-region, a large proportion (63% and 48% respectively) of young children are living with a single parent who is in the labor force.

In Yavapai County, 27 percent of children (those under 18 years old) are food insecure, the same as across the state. According to a 2012 study of child hunger in Yavapai County, Prescott Valley was named the highest priority community in terms of the sheer number of hungry children, and Ash Fork was named the highest priority community in terms of having the largest percentage of hungry children. Although the number of young children participating in SNAP has declined by a greater percentage than across the state since 2012 (-22% and -16% respectively), this program still supports over 5,400 children in the Yavapai Region annually. WIC participation has also declined in the region but still serves over half of the population of women and children (54% in 2015). Several sub-regions have no WIC retailers, including Ash Fork, Cordes Junction, Yavapai South sub-regions and the Yavapai-Apache Nation. Two programs that address food needs, the Summer Food Service Program (SFSP) and the Child and Adult Care Food Program (CACFP), have shown increases in meals served in Yavapai County in recent years; a 17 percent increase for SFSP and 119 percent increase in CACFP.

Of the 93,063 occupied housing units in the Yavapai Region, 70 percent are occupied by home-owners with higher rates in some of the sub-regions, including the Yavapai South (84%) and Chino Valley sub-regions (78%). The Yavapai Region looks similar to the state as a whole with regard to the cost of housing: 36 percent of Yavapai Region housing units require their residents to contribute more than 30 percent of their household income toward housing, compared to 34 percent statewide. In the most recent reporting period for the Homeless Management Information System (HMIS) (2015-2016) there were 35 homelessness programs in Yavapai County which served 709 people, 137 (19%) of which were children under 18, and 35 (5%) of whom were children five and under.

Educational Indicators

In the 2014-2015 school year, 37 percent of Yavapai Region students attained a proficient or highly proficient score on the third grade math assessment, which was a lower passing rate than across Arizona as a whole (42%). Performance on the English language Arts (ELA) test was similar to state rates, with 41 percent of Yavapai Region students demonstrating proficiency, compared to 40 percent statewide.

The high school drop-out rate in Yavapai Region remained stable at three percent from 2012 through 2015, similar to the rate across the state. The four-year graduation rate in the Yavapai Region (80%) was slightly higher than Arizona as whole (76%) in 2015, and has remained relatively stable over time. Adults in the region are similarly likely to have a bachelor's or higher degree (25%) than adults across Arizona (27%), but slightly more likely to have had some college or professional training (39% compared to 34% for the state).

Early Learning

According to the most recent data available in 2015 and 2016, there were 87 registered child care providers approved to serve up to 4,253 children in the Yavapai Region. With a population of young children of 12,661, there are likely to be between three and five young children for each available child care slot in the region. In particular, the Chino Valley sub-region has a population of 2,158 children aged birth to 5, but total capacity to serve just 348 children,

equaling six children for each available child care slot. Of the 87 known child care providers, over one-third (n=35, 40%) were participating in the Quality First program in 2016 (32 centers and 3 home care providers), seventeen are Head Start programs, an additional seven operate at a public school, and 28 are other providers listed with Child Care Resource & Referral. Of the 35 programs that participate in the Quality First program in the Yavapai Region, 15 have achieved the 3-, 4- or 5- star ratings, indicating they are meeting or exceeding quality standards.

Families in the Yavapai Region are paying a slightly lower proportion (11-14%, depending on the child's age) of their overall income for a child care slot as other families statewide. Single parent homes, particularly those with a single female householder, have a lower median income (\$25,904), resulting in a higher proportion of their income being spent on child care. The number of children in the Yavapai Region receiving a Department of Economic Security (DES) subsidy increased from 517 in 2013 to 734 in 2015.

Two college's offering certification and degree programs in early childhood are located in the Yavapai Region; Yavapai College and Prescott College. Other early childhood education professional development opportunities are available in the region, including 17 trainings in Cottonwood, Clarkdale, Prescott, Prescott Valley and Sedona listed in the most recent Arizona Childcare Resource and Referral quarterly newsletter, as well as resources provided by the Arizona Department of Education and the Arizona Early Childhood Workforce Registry.

In the Yavapai Region and across Arizona, more children were referred to and served by AzEIP in FY2015 than in either of the two years prior. In 2015, 239 children ages birth to 2 were served through the AzEIP program in the Yavapai Region. However, an estimated 500 or more children in the region who would benefit from early intervention services are not receiving them. Although the number of children referred to DDD has increased between FY2012 and FY2015 for children aged 0 to 2 and 3 to 5, the number of children aged 0 to 2 served by DDD decreased from 40 in FY2013 to 36 in FY2015, and the number of older children (aged 3-5) served also decreased during the same period (from 57 to 39). The number of preschoolers in special education in ADE preschools and elementary schools has decreased slightly between 2012 (n=220) and 2015 (n=201). Among children who are in special education programs in public preschools in the Yavapai Region, the majority of children either have speech or language impairment (52%) or a developmental disability (32%). For older children in the region, of the 7,638 children enrolled in kindergarten through third grade in October 2015, 11 percent were enrolled in special education services in school, about three times the rate of children birth to 2 in the region being served by early intervention services (AzEIP and DDD). Yavapai County Community Health Services is implementing Yavapai County Autism Readiness and Education (Y-CARE), which aims to improve access to local, comprehensive, standardized, and timely evaluations for children with a concern for autism spectrum disorder (ASD).

Child Health

All but one of the regions Arizona Department of Health Services designated Primary Care Areas (PCAs) had population-provider ratios greater than that seen statewide (449 to 1), indicating a potential need for more primary care providers. The recruitment of new providers to the area is one of the primary pillars of the Yavapai Regional Medical Center (YRMC) five year strategic plan. Ten percent of young children in the region were estimated to be uninsured, along with 15 percent of the total population in the Yavapai Region. Children in the Sedona sub-region had the highest estimated uninsured rate (30%), higher than the rate of the other sub-regions, and three times the rate of the state as a whole (10%). Children in the Ash Fork sub-region were least likely to be uninsured.

In 2014, 1,959 Yavapai Region residents gave birth, with the Verde Valley (n=590) and Prescott Valley (n=485) sub-regions having the highest number of births. Of the 1,959 mothers who gave birth in the Yavapai Region in 2014, the majority (71%) were White, non-Hispanic. Just under one-quarter (24%) of births were to Hispanic or Latina mothers, two percent were to mothers who identified as American Indian, two percent were Asian or Pacific Islander and one percent were Black or African American. New mothers in the Yavapai Region had somewhat lower educational attainment than mothers statewide. Similar to the state as a whole, fewer than half (43%) of mothers in the region were not married (45% statewide) and eight percent were in their teens (8% statewide). One characteristic on which the region differed substantially from the state was that a much higher proportion of mothers in the Yavapai Region reported smoking (10.9%) than across the state (4.6%). Across the Yavapai Region in 2014, 73.3 percent of pregnant women obtained prenatal care during the first trimester, with the highest proportion in the Bagdad sub-region (85.7%) and the lowest proportions in the Ash Fork (58.1% to 62.1%) and Yavapai South (57.6% to 61.3%) sub-regions. The proportion of women of child-bearing age (18-45) who discussed preconception health with a health care provider was 78 percent in 2014, the second highest rate in the state.

In 2014, 6.3 percent of babies were born with low birth weight in the region, compared to seven percent across the state. The percent of premature births was also similar, with 8.7 percent in the region, and nine percent across the state falling into this category. These percentages mean the Yavapai Region has achieved Healthy People 2020 goals related to both premature and low birth weight births. Infants that are breastfed participating in WIC in the Yavapai Region (2015: 87.1%) exceed the rates of those ever breastfed across the state (71.2%) and the Healthy People 2020 goal of 81.9 percent of babies ever being breastfed.

Although immunization rates vary by vaccine, 88 percent or more of children in child care in the Yavapai Region had completed each of the three major (DTAP, polio, and MMR) vaccine series; the regional rates were slightly lower than those of the state. Rates for the three vaccine series for children in kindergarten fell below the rates for children in child care. Rates of personal exemptions for vaccinations among children in child care (9.3%) and kindergarten (13.5%) in the region were much higher than exemption rates at the state level (4% and 4.7% respectively). The region has recognized low immunization rates as an issue and Yavapai County Community Health Services has adopted strategies to increase immunization rates.

Untreated decay experience and need for dental care was reported for 33 percent of kindergarteners in the Yavapai Region, which was slightly higher than the state (27%). In overall decay experience, 62 percent of kindergarteners reported decay experience compared to Arizona's 52 percent.

Healthy People 2020 has set a goal of no more than 9.4 percent of children having obesity. Among children participating in WIC in 2015 in the Yavapai Region, eight percent had obesity and an additional 11 percent had overweight. The obesity rate has remained relatively stable over time, although showing a very slight decrease, from 8.8 percent in 2012 to 8.0 percent in 2015.

Family Support and Literacy

As of July 2016, nine programs with home visitation as a key component were operating in the Yavapai Region. Home visitation capacity in the region could be expanded to alleviate wait lists and wait times for services, and to potentially serve more self-referring families and those recruited from community settings.

Of 749 reports of abuse and neglect of children birth to 17 received during the April 1-September 30, 2015 reporting period for Yavapai County, 56 cases (8%) resulted in a removal from the home. Over the last seven reporting periods, there has been an uptick in the number of substantiated cases, most notably in the reporting period ending in September 2016, when there were 67 substantiated cases – more than triple the number in the prior period. Conversely, there was a substantial drop in the number of children entering out-of-home care during the last reporting period ending in September 2016, when there were 106 children entering out-of-home care, compared to 172 in the previous reporting period. In 2016, there were 196 children entering out-of-home care in Yavapai County, and many of those children were under five years of age (n=87, 44%). Yavapai County has been a leader in providing services and supports for young children involved in the child welfare system through the Zero to Three Safe Babies Court Teams program.

In fiscal year 2015, two domestic violence shelters in Yavapai County, served 207 people, 76 (37%) of whom were children. Additionally, 2,461 calls were made to domestic violence hotline and information and referral (I&R) numbers for the county, representing 10 percent of such calls statewide. Bed space, inferred through the total number served, is low (3% of state served) and when compared to the high volume of calls (10% of state calls), indicates there may be a need for additional domestic violence shelter services in the region.

In 2015, 1,141 pregnant or parenting women received publically-funded behavioral health services in the Yavapai Region representing a decrease of seven percent from the 1,229 women who received services in 2012. The number of children ages birth to 5 receiving behavioral health services in the Yavapai Region also decreased by 13 percent from 2012 (n=443) to 2015 (n=384). Data from the Arizona Department of Health Services (ADHS) shows that while drug-induced deaths have been decreasing in Yavapai County beginning in 2013, rates remain above the state rate, with a rate of 27.9/100,000 in 2014, compared to 18.4/100,000 across Arizona. Recognizing the current lack of coordinated care and services for childbearing women at risk for substance use, community members in Yavapai County are working to build a continuum of care to reduce the incidents of Neonatal Abstinence Syndrome (NAS) for women of childbearing age. The Yavapai NAS Workgroup has designed an approach that will assist in addressing substance-exposed newborns.

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. In the Yavapai Region, these efforts have resulted in the recruitment of 1,285 Friends, 141 Supporters and 67 Champions during the period of FY2014 through 2016. In addition to these strategic communications efforts, First Things First has also led a concerted effort of policymaker awareness-building throughout the state. Furthermore, the Arizona Early Childhood Alliance 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.

System Coordination among Early Childhood Programs and Services

A majority (57%, n=8) of 14 survey respondents described the early childhood system in Yavapai County as a partially coordinated system, with over one-third of respondents (36%, n=5) describing the system as a well-coordinated

system, and one respondent viewing the early childhood system as an uncoordinated system. A majority of respondents (86%, n=12) agreed that young children's health and family support and literacy needs are effectively addressed by the system in the region. In addition, nearly four in five respondents (79%, n=11) felt that professional development and early learning needs are effectively addressed.

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. 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. The ACS is a survey conducted by the U.S. Census Bureau each month by mail, telephone, and face-to-face interviews. The most recent and most reliable ACS data are averaged over the past five years; from surveys conducted from 2010 to 2014. For American Community Survey (ACS) sub-region data throughout the report, estimates based on a sample of fewer than 50 were excluded from presentation. In general, the reliability of ACS estimates is greater for more populated areas. For more detailed information on data sources, methodology, suppression guidelines, and limitation, please see the Appendix.

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 whenever possible.

- 1) Child care **professions**,
- 2) Mothers' and babies' **health**, and
- 3) Child **welfare**.

As part of the Data Interpretation Sessions, qualitative insights regarding the quantitative data presented in this report were gathered from session participants, including members of the Regional Partnership Council, local First Things First grantees, and interested members of the public. These insights are included in this report to provide further context to the data presented. Participants in the Data Interpretation Sessions are referred to as 'key informants' throughout this report.

Description of the Region

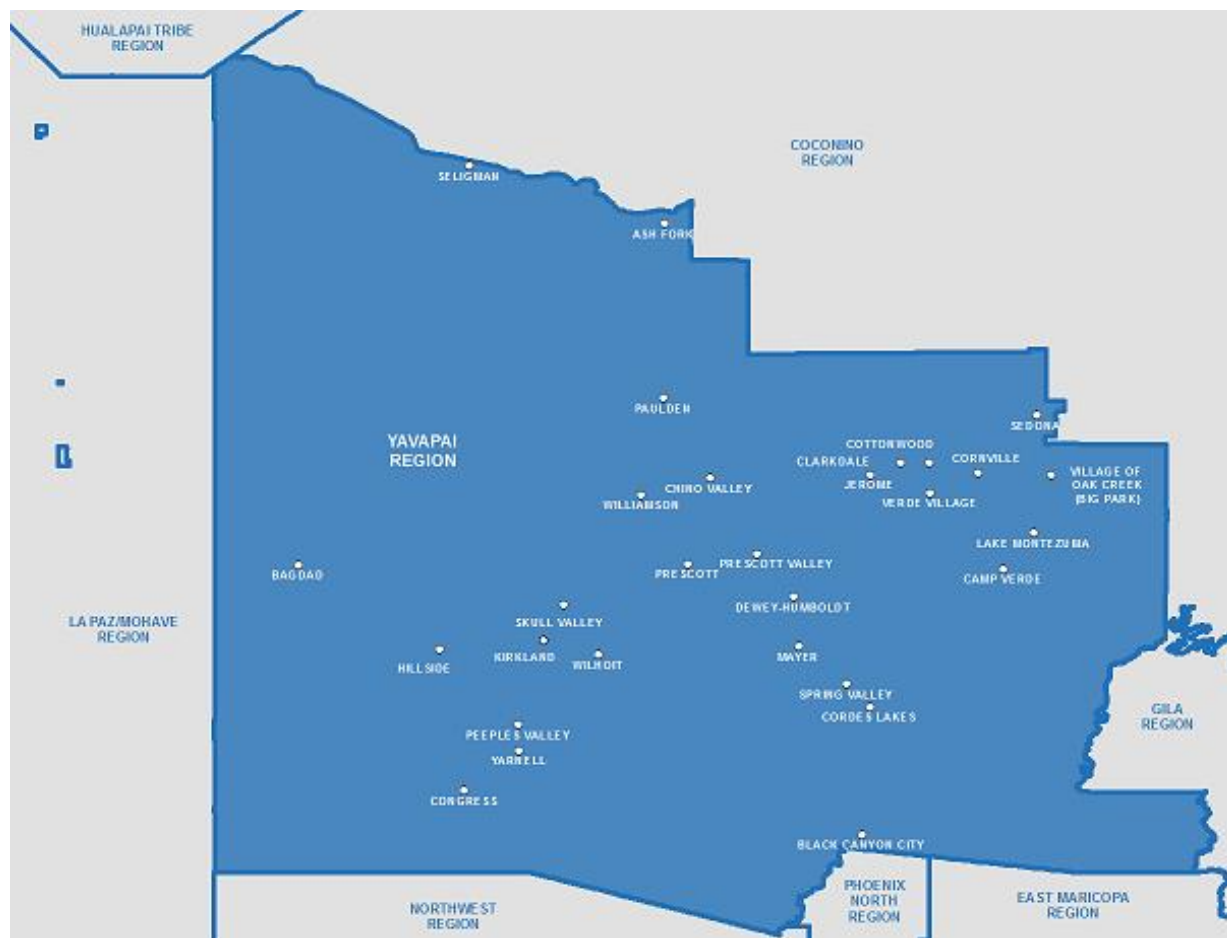
The First Things First regional boundaries were initially established in 2007, creating 31 regions which were designed to (a) reflect the view of families in terms of where they access services, (b) coincide with existing boundaries or

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 Yavapai Region covers all of Yavapai County, plus the part of the city of Sedona that lies in Coconino County. The Yavapai-Apache Nation is included in the Yavapai Region. The topography in the region includes desert elevations, forested mountain peaks, and grassland mesas. With 38 percent of the land owned by the U.S. Forest Service, the Yavapai Region is known for its four mild seasons, plentiful lakes, mountains and forest and small town atmosphere.

Figure 1 below shows the geographical area covered by the Yavapai Region.

Figure 1. The Yavapai First Things First Region



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

Because communities may vary in terms of needs and assets, the Yavapai 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. Nine sub-regions within the Yavapai Region were identified by the Regional Partnership Council and Director as focus areas. Figure 2 shows the sub-regions in the Yavapai Region, which are also described below.

The **Ash Fork** sub-region is comprised of the portions of the 86320, 86337, and 86434 zip codes that are within Yavapai County and contains the Census Designated Places (CDPs) of Ash Fork and Seligman.

The **Bagdad** sub-region is defined as the 86321 zip code and contains the Bagdad CDP.

The **Chino Valley** sub-region encompasses the zip codes of 86305, 86323, 86334, and 86338, as well as the portion of the 86360 zip code that falls within Yavapai County. It contains the town of Chino Valley, the Paulden, and Williamson CDPs, as well as the unincorporated communities of Kirkland and Skull Valley.

The **Cordes Junction** sub-region is defined as the 86333 zip code and contains the CDPS of Mayer, Spring Valley, and Cordes Lakes.

The **Prescott** sub-region is comprised of the 86301, 86303, 86327, and 86329 zip codes. It contains the city of Prescott and the Dewey-Humboldt CDP.

The **Prescott Valley** sub-region is defined as the 86314 zip code and contains most of the town of Prescott Valley (the southernmost portion of the town falls within the Prescott sub-region).

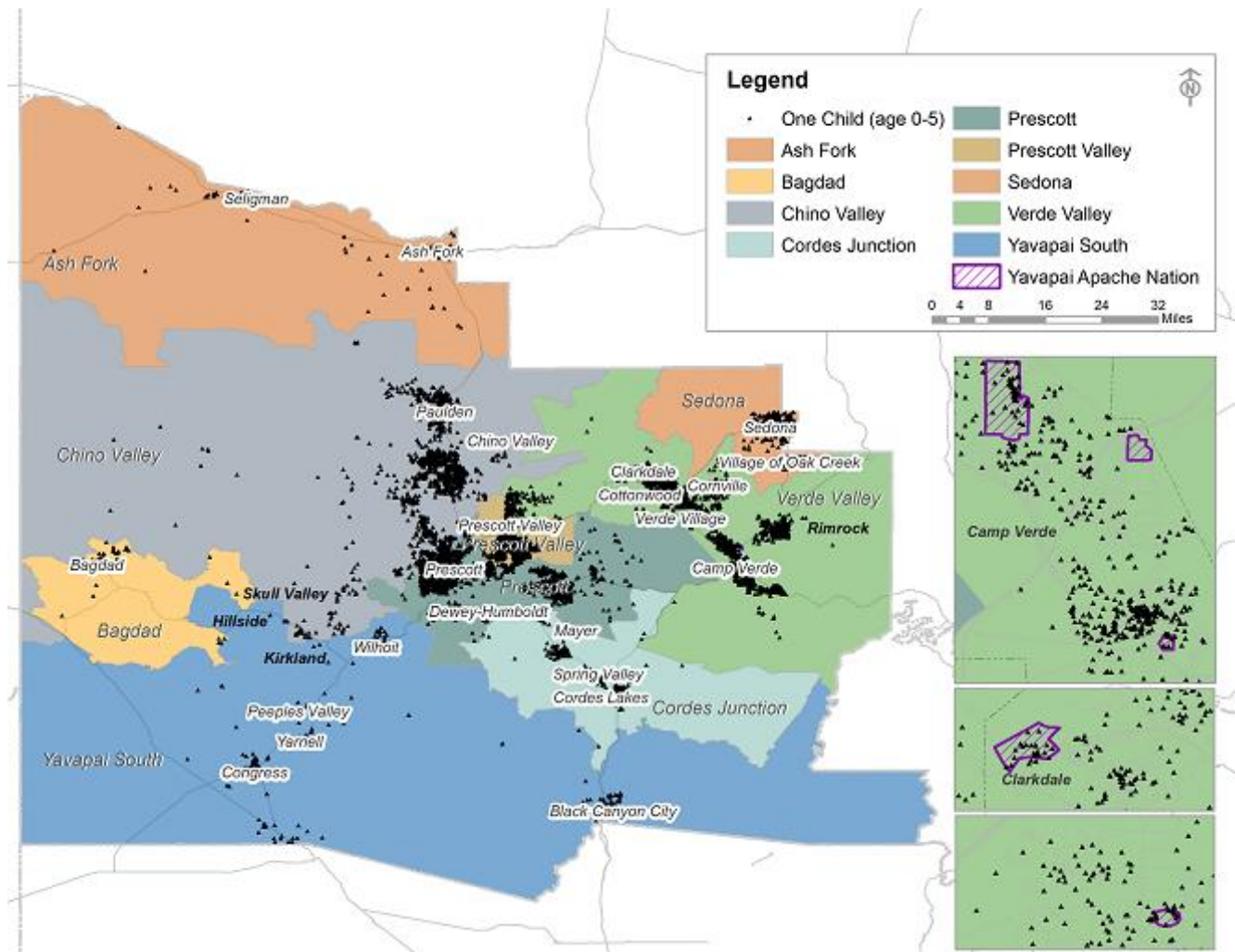
The **Sedona** sub-region contains the 86351 zip code and the portion of the 86336 zip code that is within Yavapai County. Both the entire city of Sedona (including the portion in Coconino County) and the Village of Oak Creek are within the sub-region.

The **Verde Valley** sub-region is comprised of the 86315, 86322, 86324, 86325, 86323, 86331, and 86335 zip codes, as well as a small portion of the county southeast of Camp Verde that has no zip code. It contains the city of Cottonwood, the towns of Camp Verde, Clarkdale, and Jerome, the CDP of Cornville, and the unincorporated community of Rimrock. The Yavapai-Apache Nation is included as part of the Verde Valley sub-region.

The **Yavapai South** sub-region encompasses the 85324, 85332, 85362, 86332, and 86343 zip codes as well as the portions of the 85320, 85342, and 85390 zip codes falling within Yavapai County and two areas of the county west of Congress and east of Black Canyon City that have no zip code. It contains the CDPS of Black Canyon City, Congress, Hillside, Peebles Valley, Yarnell, and Wilhoit as well as the unincorporated community of Crown King.

Data for the **Yavapai-Apache Nation** will also be included in this report. The nation has five parts, all within the Verde Valley community, near Clarkdale, Camp Verde, and Lake Montezuma. In the data tables in this report, the residents of the Yavapai-Apache Nation are counted as part of the Verde Valley community. Data specific to the Yavapai-Apache Nation is also included as its own row in data tables when available, along with Yavapai County and the state of Arizona.

Figure 2. Sub-Regions of the Yavapai Region



Source: U.S. Census Bureau (2016). TIGER-Line Shapefiles. Map produced by CRED.



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.¹ 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.²

An understanding of the supports and resources *within* a family is another key to helping young children achieve the best possible developmental outcomes.^{3,4} 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.⁵ 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 abuse, neglect, or homelessness, among others. Children in 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.⁶ 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.⁷ 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.⁸

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.⁹ Those children who engage in dual language learning have cognitive, social-emotional and learning benefits in early school and throughout their lifetimes.¹⁰ 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.¹¹ Assuring that early childhood resources and services are available in a language accessible to the child and caregivers is essential. Although Spanish is the most common second language spoken, Arizona is also home to a large number of Native communities, with numerous Native languages spoken by families in those communities. The U.S. Department of Health & Human Services recognizes that language preservation and revitalization are keys to strengthening culture in Native communities and to encouraging communities to move toward social unity and self-sufficiency.¹² Special consideration should be given to respecting and supporting the numerous Native languages spoken, particularly in tribal communities around the state.

What the Data Tell Us

Demographics

According to the U.S. Census, 12,661 children under the age of six reside in the Yavapai Region (see Table 1). Overall, the region population was 213,875 in 2010, meaning that approximately six percent of the region’s residents are young children. This ranged from a low of three percent of young children in the Sedona and Yavapai South sub-regions, to highs of 12 percent in the Yavapai-Apache Nation and 11 percent in the Bagdad sub-region (Table 3).

Yavapai County has experienced a population increase since the turn of the century, similar to the state as a whole. Yavapai County saw a 21 percent increase in the number of young children, slightly higher than Arizona which had a 19 percent increase (Table 2). The county is projected to have a continued increase in the population of young children as well as the total population over the next several decades. The population of young children is projected to increase by 62 percent to 18,271 by 2040 and grow by 39 percent overall to 302,815 by 2040 (see Table 4; Table 5). Although the numbers of young children in the region are expected to increase markedly over the years, the percentage of the overall population to be comprised of young children is projected remain at six percent by 2040.

Thirty-one percent of young children in the Yavapai Region are Hispanic or Latino and 63 percent are White. The percentage of Hispanic or Latino children in the Yavapai Region is lower than that across the state of Arizona as a whole (45%) (Table 6). Within the region, the Sedona sub-region has a higher proportion of Latino children, with 51 percent identified as Hispanic or Latino (Figure 3). The Yavapai-Apache Nation also has a higher percentage of Hispanic or Latino young children (42%) and the proportion who are American Indian (67%) surpasses this. Compared to children, a smaller proportion of adults (those aged 18 and older) identify as Hispanic or Latino across both the region (10%), county (11%) and state (25%) (Table 7). For the Yavapai-Apache Nation, the percentage of adults who are American Indian (72%) exceeds that of the percentage of young American Indian children (67%).

Arizona is increasingly a home to those displaced from other parts of the world. The national Office of Refugee Resettlement compiles an annual report of refugee arrival data by country of origin and state of resettlement.¹³ The number of refugees resettled in Arizona has increased steadily over time, with 744 refugee entrants to Arizona in 1981, and 4,833 in 2016 (county level resettlement data are not currently available). The country of origin of resettled refugees has changed over time, with the largest number of entrants in the last decade coming from countries such as Burma, the Democratic Republic of Congo, Cuba, Iraq, and Somalia.¹⁴ In Arizona, most refugees are resettled in the greater Phoenix and Tucson areas.¹⁵

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 |
|----------------|----------|-------|-------|-------|-------|-------|-------|
| Yavapai Region | 12,661 | 1,970 | 2,010 | 2,192 | 2,223 | 2,143 | 2,123 |
| Ash Fork | 113 | 20 | 14 | 31 | 14 | 19 | 15 |

| | | | | | | | |
|-----------------------|---------|--------|--------|--------|--------|--------|--------|
| Bagdad | 243 | 28 | 45 | 42 | 41 | 38 | 49 |
| Chino Valley | 2,158 | 303 | 344 | 391 | 388 | 361 | 371 |
| Cordes Junction | 299 | 57 | 42 | 60 | 42 | 59 | 39 |
| Prescott | 1,996 | 291 | 296 | 347 | 341 | 342 | 379 |
| Prescott Valley | 3,016 | 476 | 493 | 503 | 546 | 529 | 469 |
| Sedona | 565 | 98 | 91 | 101 | 115 | 80 | 80 |
| Verde Valley | 3,989 | 657 | 639 | 659 | 701 | 673 | 660 |
| Yavapai South | 282 | 40 | 46 | 58 | 35 | 42 | 61 |
| Yavapai-Apache Nation | 87 | 20 | 8 | 16 | 8 | 15 | 20 |
| Yavapai County | 12,583 | 1,957 | 1,994 | 2,181 | 2,200 | 2,136 | 2,115 |
| 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 |
|-----------------------|--|--|--|
| Yavapai Region | N/A | 12,661 | N/A |
| Yavapai-Apache Nation | 97 | 87 | -10% |
| Yavapai County | 10,392 | 12,583 | 21% |
| 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 |
|----------------|----------|-------------|---|
| Yavapai Region | 213,875 | 12,661 | 6% |
| Ash Fork | 2,303 | 113 | 5% |

| | | | |
|-----------------------|-----------|---------|-----|
| Bagdad | 2,219 | 243 | 11% |
| Chino Valley | 38,906 | 2,158 | 6% |
| Cordes Junction | 5,734 | 299 | 5% |
| Prescott | 48,002 | 1,996 | 4% |
| Prescott Valley | 34,401 | 3,016 | 9% |
| Sedona | 17,361 | 565 | 3% |
| Verde Valley | 56,661 | 3,989 | 7% |
| Yavapai South | 8,288 | 282 | 3% |
| Yavapai-Apache Nation | 718 | 87 | 12% |
| Yavapai County | 211,033 | 12,583 | 6% |
| 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 |
|----------------|---------|---------|---------|---------|---------|---------|
| Yavapai Region | N/A | N/A | N/A | N/A | N/A | N/A |
| Yavapai County | 11,302 | 12,965 | 14,585 | 16,124 | 17,308 | 18,271 |
| 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 |
|-----------------------|---------|---------|---------|---------|---------|---------|
| Yavapai Region | N/A | N/A | N/A | N/A | N/A | N/A |
| Yavapai-Apache Nation | 742 | 814 | 871 | 921 | 965 | 1,001 |
| Yavapai County | 217,778 | 234,726 | 252,122 | 268,790 | 285,808 | 302,815 |

| | | | | | | |
|---------|-----------|-----------|-----------|-----------|-----------|-----------|
| 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).

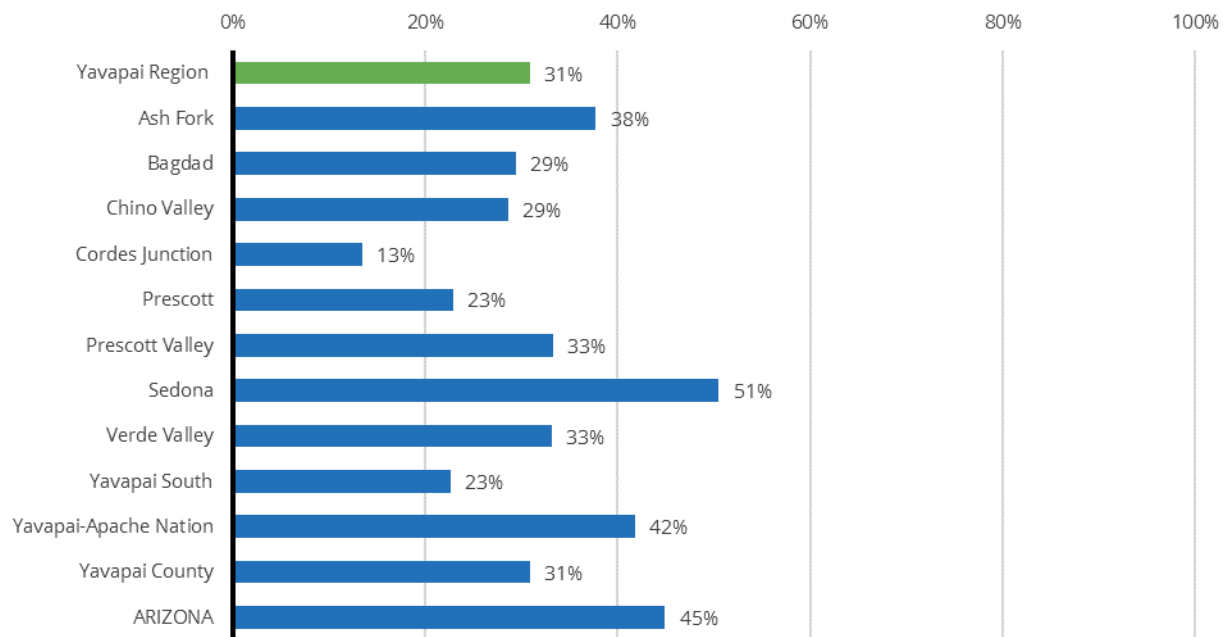
Table 6. Race and Ethnicity of the Population of Children (Ages 0 to 4) in the 2010 Census

| | Population of children (ages 0-4) | Hispanic or Latino | White alone (not Hispanic or Latino) | American Indian | African- American | Asian or Pacific Islander |
|-----------------------|--|-------------------------------|---|----------------------------|------------------------------|--------------------------------------|
| Yavapai Region | 10,538 | 31% | 63% | 3% | 1% | 1% |
| Ash Fork | 98 | 38% | 55% | 4% | 0% | 0% |
| Bagdad | 194 | 29% | 63% | 5% | 2% | 0% |
| Chino Valley | 1,787 | 29% | 67% | 1% | 1% | 1% |
| Cordes Junction | 260 | 13% | 80% | 2% | 0% | 0% |
| Prescott | 1,617 | 23% | 72% | 2% | 0% | 0% |
| Prescott Valley | 2,547 | 33% | 61% | 1% | 1% | 1% |
| Sedona | 485 | 51% | 43% | 1% | 0% | 2% |
| Verde Valley | 3,329 | 33% | 59% | 5% | 1% | 1% |
| Yavapai South | 221 | 23% | 74% | 3% | 0% | 0% |
| Yavapai-Apache Nation | 67 | 42% | 0% | 67% | 0% | 0% |
| Yavapai County | 10,468 | 31% | 63% | 3% | 1% | 1% |
| 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

Note: Entries may sum to more than 100% because persons who report two or more race categories could be counted twice.

Figure 3. 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

Table 7. 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) |
|-----------------------|---------------------------------------|--------------------|--------------------------------------|--|---|--|
| Yavapai Region | 173,339 | 10% | 86% | 1% | 0% | 1% |
| Ash Fork | 1,915 | 14% | 81% | 2% | 1% | 1% |
| Bagdad | 1,533 | 19% | 78% | 1% | 0% | 0% |
| Chino Valley | 31,563 | 9% | 88% | 1% | 0% | 1% |
| Cordes Junction | 4,723 | 7% | 90% | 1% | 0% | 0% |
| Prescott | 40,967 | 7% | 89% | 1% | 1% | 1% |
| Prescott Valley | 25,630 | 16% | 80% | 1% | 1% | 1% |
| Sedona | 15,348 | 9% | 87% | 0% | 1% | 2% |
| Verde Valley | 44,433 | 13% | 82% | 2% | 1% | 1% |
| Yavapai South | 7,227 | 6% | 91% | 1% | 0% | 0% |
| Yavapai-Apache Nation | 465 | 14% | 8% | 72% | 0% | 0% |
| Yavapai County | 170,764 | 11% | 85% | 1% | 0% | 1% |
| ARIZONA | 4,763,003 | 25% | 63% | 4% | 4% | 3% |

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

Note: Entries may sum to less than 100% because persons who report two or more race categories are not included here.

Living Arrangements

Based on data from the 2010 U.S. Census, one out of every 10 households (10%) in the Yavapai Region has at least one child under 6 years old, less than across the state as a whole (16%) (Table 8). The largest concentration of these families are in the Yavapai-Apache Nation (28%), Bagdad (18%) and Prescott Valley sub-regions (16%). The Sedona and Yavapai South sub-regions have relatively fewer households with young children (both 5%). Of households with children under 6 in the region, most are husband-wife households (65%) followed by households headed by a single-female (22%). In the Yavapai-Apache Nation, 39 percent of households with children under age 6 are headed by single females (Table 8).

Thirty four percent of children in the Yavapai Region live with a single parent, which is similar to the proportion statewide (38%) (Figure 4). However, in the Yavapai-Apache Nation over two-thirds of young children live with a single parent (70%). In the Bagdad sub-region only eight percent of young children live with a single parent, whereas 88 percent live with two parents, and in the Cordes Junction sub-region, seven percent of young children live with a single parent, 61 percent live with two parents, and more than a quarter (26%) live with non-relatives. 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. In Yavapai County, 0.9 percent of families are same-sex households, consistent with 0.9 percent in Arizona as a whole.¹⁶

The proportion of young children living in a grandparent's household is slightly lower in the region (13%) than the state (14%) (Figure 5). In the Yavapai-Apache Nation, 37 percent of young children are living 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-household, but the child's parent(s) may also live there. Sixty-four percent of the estimated 3,661 children ages birth to 17 living with grandparents in the Yavapai Regionⁱ live in multigenerational homes where the grandparent has assumed responsibility for the child, even though the parent is also in the home (Table 9). Additionally, 17 percent of children who live with their grandparents in the Yavapai Region do not have a parent present in the household. A higher proportion of the grandchildren living with their grandparents in the Yavapai South (68%), Ash Fork (37%) and Prescott (36%) sub-regions and the Yavapai-Apache Nation (40%) are being raised with no parent present. For children who live with grandparents as a result of involvement in the child welfare system, evidence suggests that there are many benefits to being placed with family. These benefits include 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 to suggest that children placed with family are less likely to experience additional maltreatment.^{17,18} For ethnically diverse children, kinship care can also support linguistic heritage.

In the Yavapai Region, only 12 percent of children ages birth to 5 live with a foreign-born parent. This is considerably lower than the statewide proportion (27%), but similar to the county as a whole (13%). Young children in the Sedona and Yavapai South sub-regions are more likely to be living with a foreign-born parent (37% and 21% respectively) (Table 10).

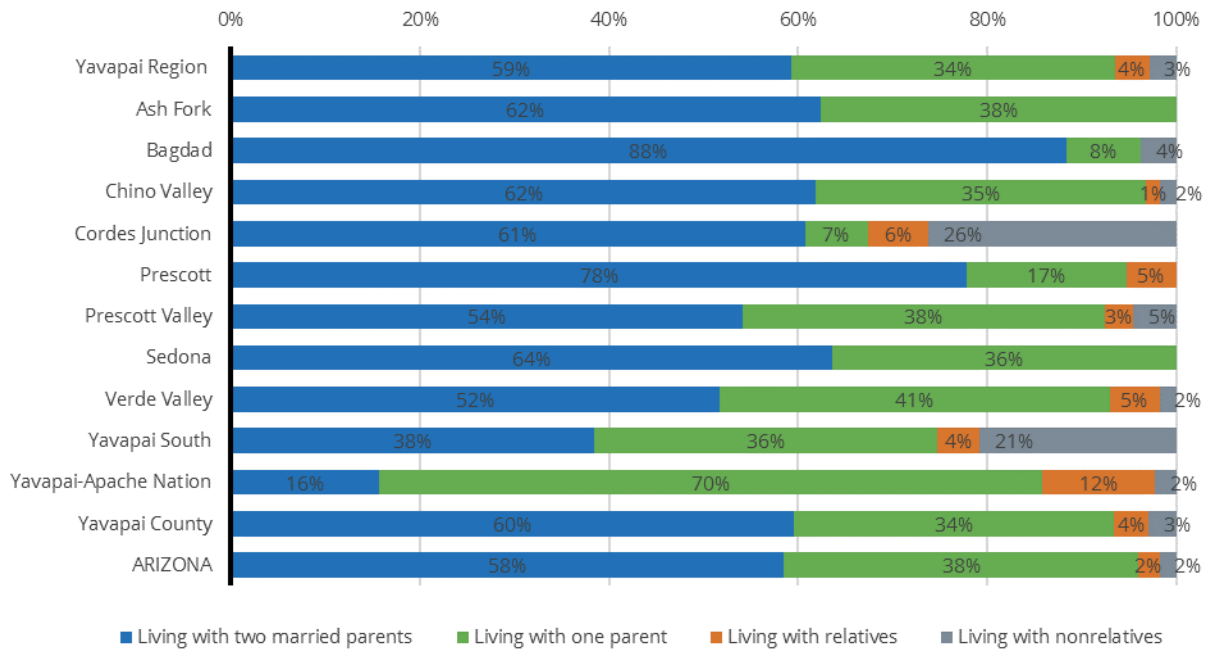
ⁱ Please note that Figure 5 and Table 9 draw from two different data sources and are not directly comparable.

Table 8. 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 |
|-----------------------|---------------------------------------|---|--|---|--|--|
| Yavapai Region | 92,394 | 8,916 | 10% | 65% | 13% | 22% |
| Ash Fork | 1,086 | 76 | 7% | 59% | 20% | 21% |
| Bagdad | 847 | 155 | 18% | 70% | 18% | 12% |
| Chino Valley | 16,392 | 1,536 | 9% | 72% | 10% | 17% |
| Cordes Junction | 2,500 | 207 | 8% | 61% | 16% | 23% |
| Prescott | 22,211 | 1,490 | 7% | 66% | 12% | 22% |
| Prescott Valley | 13,275 | 2,101 | 16% | 62% | 14% | 24% |
| Sedona | 8,718 | 417 | 5% | 66% | 15% | 19% |
| Verde Valley | 23,375 | 2,728 | 12% | 63% | 13% | 24% |
| Yavapai South | 3,990 | 206 | 5% | 67% | 15% | 18% |
| Yavapai-Apache Nation | 203 | 56 | 28% | 48% | 13% | 39% |
| Yavapai County | 90,903 | 8,854 | 10% | 65% | 13% | 22% |
| ARIZONA | 2,380,990 | 384,441 | 16% | 65% | 11% | 24% |

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

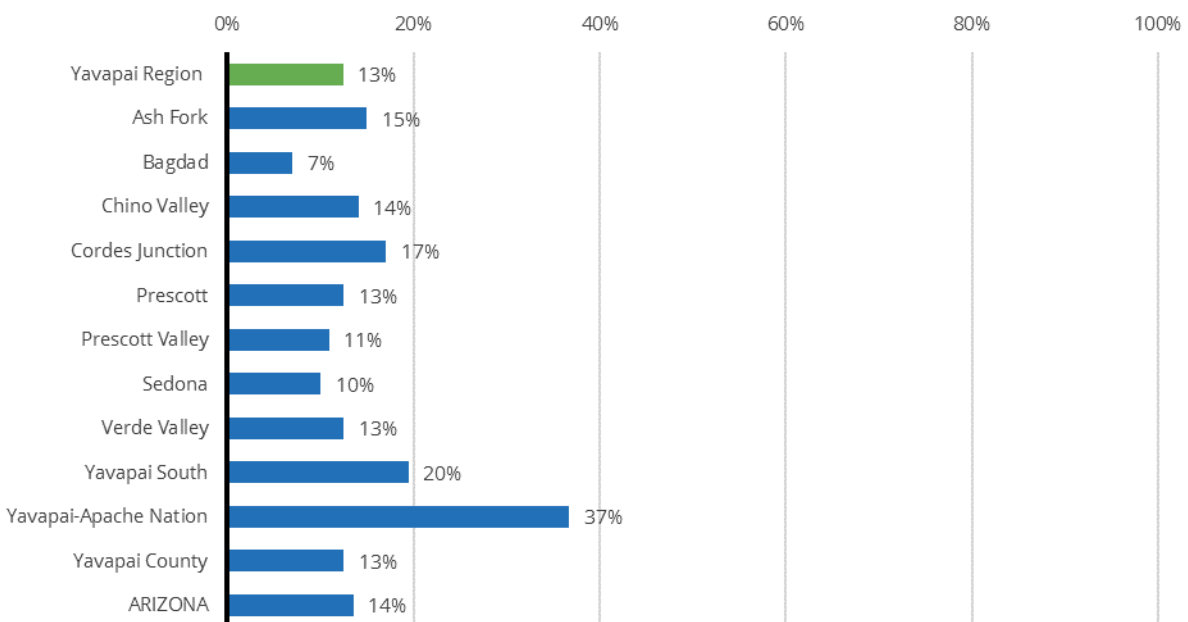
Figure 4. Living Arrangements for Young Children (Ages 0 to 5)



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

Note: In the figure above, categories of living arrangements are mutually exclusive. For example, for young children living with relatives or nonrelatives, no parent is present.

Figure 5. 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

Table 9. Children (Ages 0 to 17) Living in a Grandparent's Household

| | Number of children (ages 0-17) living in a grandparent's household | Number of children (ages 0-17) living in a grandparent's household and the grandparent is responsible for the child | Number of children (ages 0-17) living in a grandparent's household and the grandparent is responsible for the child (with no parent present) |
|-----------------------|--|---|--|
| Yavapai Region | 3,661 | 64% | 17% |
| Ash Fork | 29 | 80% | 37% |
| Bagdad | 0 | N/A | N/A |
| Chino Valley | 745 | 53% | 4% |
| Cordes Junction | 60 | 73% | 0% |
| Prescott | 555 | 71% | 36% |
| Prescott Valley | 605 | 74% | 13% |
| Sedona | 115 | 63% | 0% |
| Verde Valley | 1,423 | 60% | 16% |
| Yavapai South | 129 | 72% | 68% |
| Yavapai-Apache Nation | 87 | 66% | 40% |
| Yavapai County | 3,650 | 64% | 17% |
| ARIZONA | 140,038 | 53% | 14% |

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B10002

Note: The last column is a subset of those children aged 0-17 living in the grandparent's household and the grandparent is responsible for the child, who are in that household with no parent present.

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 |
|-----------------------|---|--|
| Yavapai Region | 11,218 | 12% |
| Ash Fork | 81 | 6% |
| Bagdad | 157 | 0% |
| Chino Valley | 2,214 | 6% |
| Cordes Junction | 170 | 0% |
| Prescott | 1,683 | 18% |
| Prescott Valley | 2,666 | 12% |
| Sedona | 584 | 37% |
| Verde Valley | 3,544 | 12% |
| Yavapai South | 118 | 21% |
| Yavapai-Apache Nation | 115 | 9% |
| Yavapai County | 11,151 | 13% |
| ARIZONA | 510,658 | 27% |

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

Language Use

The vast majority of Yavapai Region residents age 5 and older speak English at home (90%), with eight percent reporting speaking Spanish at home (Table 11). In the Yavapai-Apache Nation, 11 percent of residents age 5 and older speak a native North American language at home. Only four percent speak another language at home across the region and are limited-English speaking (that is, do not speak English “very well”) (Table 12).

Only six percent of children enrolled in kindergarten through third grade in the region are classified as “English-language learners” (ELL) lower than the statewide proportion (10%) (Table 13). There is variability across school districts in the region however, with 20 percent of kindergarten through third grade students in the Sedona-Oak Creek JUSD #9 classified as ELL.

At a household level, only two percent of households in the Yavapai Region who speak Spanish at home are classified as limited-English-speaking; which is half the proportion of households with that designation (4%) statewide (Table 14). The Ash Fork sub-region has relatively more households (5%) classified as limited-English-speaking.

Table 11. 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 |
|-----------------------|---|-----------------------|-----------------------|--|--------------------------------|
| Yavapai Region | 206,482 | 90% | 8% | 0% | 2% |
| Ash Fork | 2,076 | 87% | 11% | 1% | 1% |
| Bagdad | 2,387 | 94% | 6% | 0% | 0% |
| Chino Valley | 37,172 | 93% | 4% | 1% | 2% |
| Cordes Junction | 5,553 | 96% | 4% | 0% | 0% |
| Prescott | 47,245 | 93% | 4% | 0% | 3% |
| Prescott Valley | 33,031 | 88% | 10% | 0% | 1% |
| Sedona | 16,862 | 84% | 10% | 0% | 5% |
| Verde Valley | 54,970 | 87% | 11% | 0% | 1% |
| Yavapai South | 7,186 | 92% | 6% | 0% | 1% |
| Yavapai-Apache Nation | 905 | 86% | 3% | 11% | 0% |
| Yavapai County | 203,963 | 90% | 8% | 0% | 2% |
| ARIZONA | 6,120,900 | 73% | 20% | 2% | 5% |

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

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

Table 12. 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" |
|-----------------------|-------------------------------|-----------------------|---|--|
| Yavapai Region | 206,482 | 90% | 7% | 4% |
| Ash Fork | 2,076 | 87% | 7% | 6% |
| Bagdad | 2,387 | 94% | 6% | 0% |
| Chino Valley | 37,172 | 93% | 5% | 2% |
| Cordes Junction | 5,553 | 96% | 3% | 2% |
| Prescott | 47,245 | 93% | 6% | 1% |
| Prescott Valley | 33,031 | 88% | 7% | 5% |
| Sedona | 16,862 | 84% | 10% | 6% |
| Verde Valley | 54,970 | 87% | 8% | 5% |
| Yavapai South | 7,186 | 92% | 4% | 4% |
| Yavapai-Apache Nation | 905 | 86% | 12% | 2% |
| Yavapai County | 203,963 | 90% | 7% | 4% |
| ARIZONA | 6,120,900 | 73% | 17% | 9% |

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

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

Table 13: English Language Learners in Kindergarten Through Third-Grade

| | Number of students enrolled (K to 3) | Number of English Language Learners (ELL) | Percent of students who are ELL |
|--|---|--|--|
| Yavapai Region Schools | 7,638 | 440 | 6% |
| Ash Fork Joint Unified District | 72 | <10 | 7% |
| Bagdad Unified District | 164 | <10 | 1% |
| Beaver Creek Elementary District | 122 | <10 | 3% |
| Camp Verde Unified District | 432 | 20 | 5% |
| Canon Elementary District | 49 | 0 | 0% |
| Chino Valley Unified District | 685 | 64 | 9% |
| Clarkdale-Jerome Elementary District | 195 | 0 | 0% |
| Congress Elementary District | 47 | <10 | 4% |
| Cottonwood-Oak Creek Elementary District | 925 | 96 | 10% |
| Crown King Elementary District | <10 | 0 | DS |
| Hillside Elementary District | 10 | 0 | 0% |
| Humboldt Unified District | 1,819 | 100 | 5% |
| Kirkland Elementary District | 41 | <10 | 7% |
| Prescott Unified District | 951 | 15 | 2% |
| Sedona-Oak Creek JUSD #9 | 328 | 64 | 20% |
| Seligman Unified District | 36 | 0 | 0% |
| Yarnell Elementary District | 13 | 0 | 0% |
| Yavapai Region Charter Schools | 1,595 | 44 | 3% |
| Yavapai County Schools | 7,814 | 441 | 6% |
| All Arizona Schools | 342,307 | 34,256 | 10% |

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

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.

Table 14. 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) |
|-----------------------|----------------------|--|---|---|
| Yavapai Region | 93,063 | 11% | 2% | 2% |
| Ash Fork | 941 | 16% | 5% | 5% |
| Bagdad | 845 | 9% | 0% | 0% |
| Chino Valley | 16,669 | 9% | 1% | 1% |
| Cordes Junction | 2,541 | 5% | 0% | 0% |
| Prescott | 22,596 | 9% | 1% | 0% |
| Prescott Valley | 13,534 | 13% | 3% | 3% |
| Sedona | 8,808 | 14% | 1% | 1% |
| Verde Valley | 23,757 | 13% | 3% | 3% |
| Yavapai South | 3,372 | 8% | 3% | 3% |
| Yavapai-Apache Nation | 282 | 25% | 2% | 1% |
| Yavapai County | 91,508 | 11% | 2% | 2% |
| ARIZONA | 2,387,246 | 27% | 5% | 4% |

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



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, lower school achievement, and poor health.^{19,20,21,22,23} They are also more likely to remain poor later in life.²⁴ More than a quarter (26%) of Arizona's children lived in poverty in 2014, compared to just over a fifth (21%) six years earlier.²⁵

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.²⁶ 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.²⁷ Unemployment can also put families at greater risk for stress, family conflict, and homelessness.²⁸

Housing instability and homelessness can have deleterious effects on the physical, social-emotional, and cognitive development of young children.²⁹ 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.³⁰ High housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition and homelessness.³¹ 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 \$93.³²

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.³³ Food insecurity is also associated with overweight and obesity.³⁴ 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.³⁵ 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 ten to 20 percent.³⁶

In addition to SNAP, food banks and school-based programs such as the National School Lunch Program³⁷ and Summer Food Service Program³⁸ 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 Program³⁹ provides free and reduced-price meals at school for students whose family incomes are less at or 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.⁴⁰ A growing body of research suggests CACFP has positive effects on young children's health and wellbeing. Children who attend care facilities that participate in CACFP have been found to have healthier diets^{41,42,43} and decreased risk of under and overweight.⁴⁴

Another food and nutrition resource, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program, is a federally funded program that 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.⁴⁵ In Arizona in 2015, half of all children aged birth through four were enrolled in WIC.⁴⁶ Participation in WIC is 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.⁴⁷

What the Data Tell Us

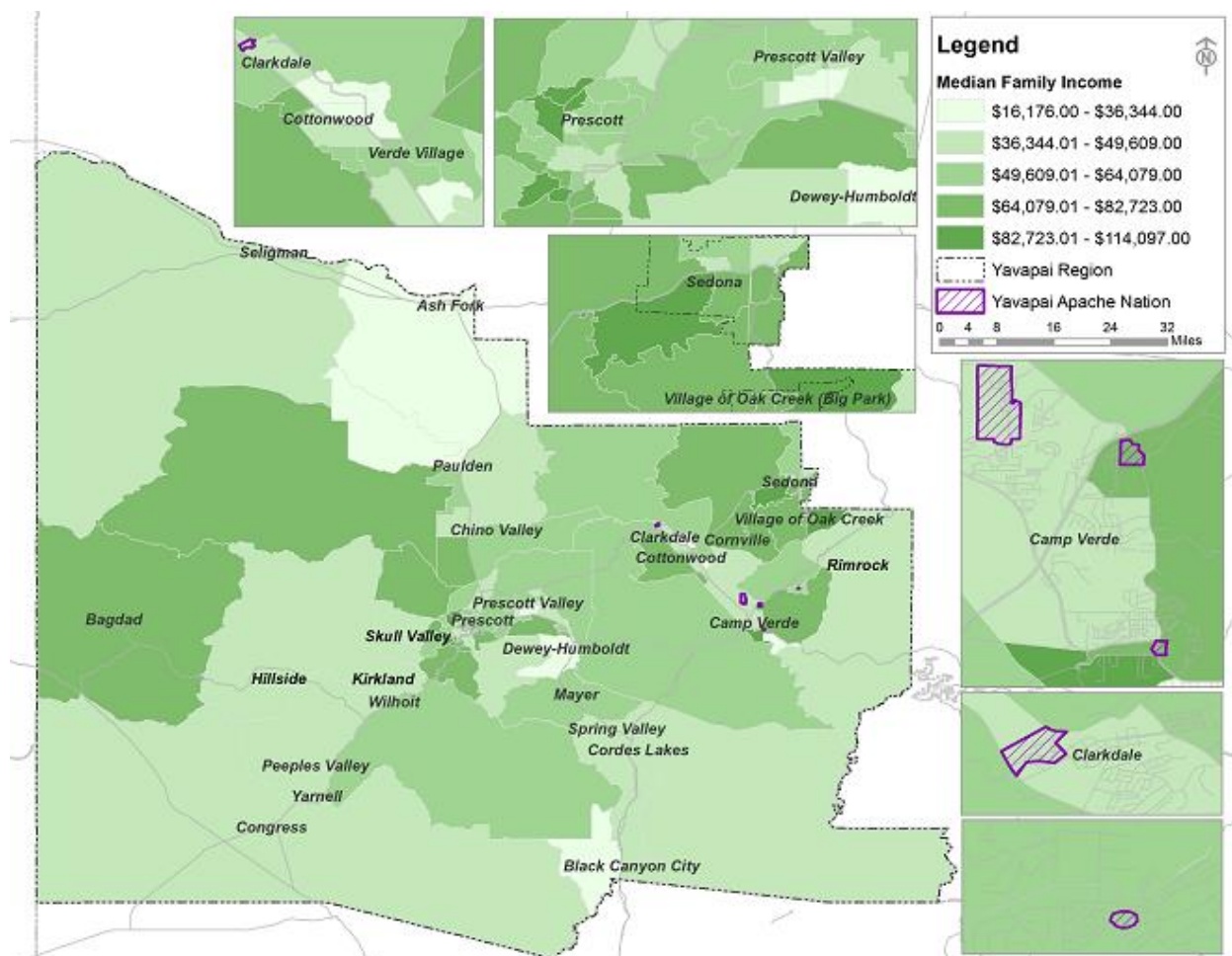
Income

The median income for Yavapai County families is \$53,626. The median income for families with married parents (husband-wife) and children under age 18 is about \$9,000 higher (\$62,820); single-parent families make less, particularly when headed by a female. The median income for households run by a single female in the Yavapai County is \$25,904; households led by single males make about 12 percent more (\$29,464) (Table 15). Figure 6 illustrates median household income, by census tract.

Table 15. 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 |
|-----------------------|---------------------------------------|---|--|--|
| Yavapai Region | N/A | N/A | N/A | N/A |
| Yavapai-Apache Nation | \$29,348 | \$37,813 | N/A | \$14,018 |
| Yavapai County | \$53,626 | \$62,820 | \$29,464 | \$25,904 |
| ARIZONA | \$59,088 | \$73,563 | \$37,103 | \$25,787 |

Figure 6. Map of Median Household Income in the Yavapai Region



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

Poverty

Sixteen percent of the total (all-age) population of the Yavapai Region lives in poverty, which is slightly lower than elsewhere in the state (18%) (Table 16). The percentage of the population aged birth to 5 in poverty in the Yavapai Region (31%) is almost twice that of the total population in the region in poverty (16%), and higher than the population of children aged birth to 5 living in poverty across the state (29%). Sub-regional variation in the percentage of the all-age and young child populations living in poverty exists. In the Ash Fork sub-region, both the total population and the young child population (42% and 76% respectively) are more likely to live below the poverty level than for the region as a whole (16% and 31% respectively). The Yavapai South sub-region and the Yavapai-Apache Nation also have a much higher proportion of young children living in poverty (64% and 55% respectively). Conversely, the percentage of young children living in poverty in the Bagdad, Prescott and Sedona sub-regions fall below the regional percentages (0%, 8% and 11% respectively) (Table 16). Figure 7 illustrates the census blocks in the region with the highest concentration of children in poverty. Figure 8 illustrates the percentages of grandparents

(living with grandchildren aged 0-17) living in poverty throughout the region. Grandparents living in the Ash Fork sub-region are most likely to be living in poverty.

In addition to the families whose incomes fall below the federal poverty level, a proportion of households in the region and county are considered low-income (i.e., near but not below the federal poverty level (FPL)). More than half of families (54%) 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 slightly higher than the 49 percent across the state (Table 17).

The TANF/Cash Assistance program can be an important short-term support to families in dire financial need. The number of young children supported by this program has declined in recent years, in the region (-48%) and statewide (-39%) (Table 18). Between 1996 and 2015, Arizona reduced TANF benefits more than any other state in the nation, and now ranks 42nd in the level of assistance to those participating in TANF.⁴⁸ In Arizona, TANF eligibility is capped at \$335 per month, or \$4020 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.⁴⁹ 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.⁵⁰

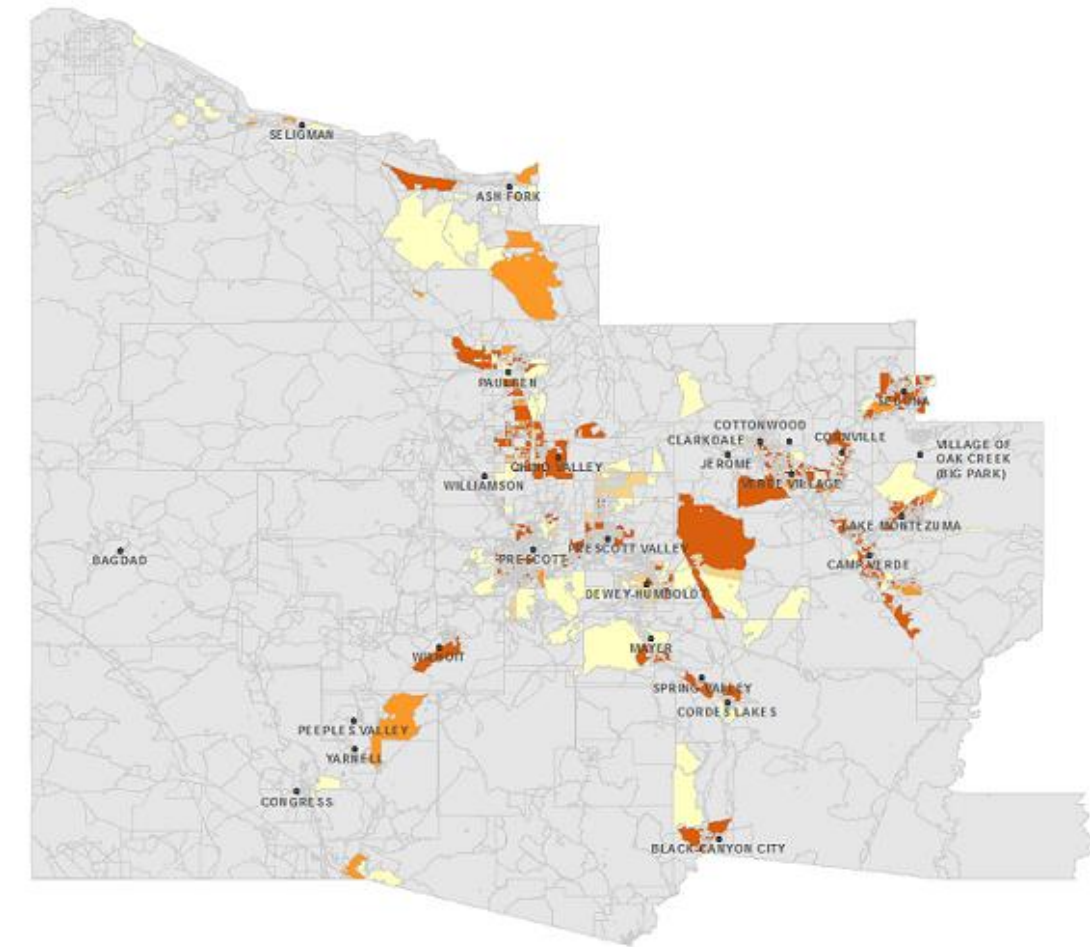
Table 16. Persons Living in Poverty

| | 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 |
|-----------------|---|--|--|---|---|--|
| Yavapai Region | 213,072 | 16% | 11,658 | 31% | 26,266 | 19% |
| Ash Fork | 2,134 | 42% | 81 | 76% | 284 | 76% |
| Bagdad | 2,527 | 3% | 157 | 0% | 686 | 1% |
| Chino Valley | 38,566 | 17% | 2,247 | 41% | 4,352 | 21% |
| Cordes Junction | 5,580 | 21% | 186 | 30% | 715 | 29% |
| Prescott | 47,459 | 12% | 1,777 | 8% | 5,309 | 10% |
| Prescott Valley | 34,971 | 20% | 2,755 | 40% | 5,720 | 23% |
| Sedona | 17,271 | 9% | 584 | 11% | 1,010 | 19% |
| Verde Valley | 57,310 | 17% | 3,745 | 32% | 7,651 | 19% |

| | | | | | | |
|-----------------------|-----------|-----|---------|-----|-----------|-----|
| Yavapai South | 7,253 | 17% | 125 | 64% | 539 | 35% |
| Yavapai-Apache Nation | 1,008 | 43% | 131 | 55% | 265 | 55% |
| Yavapai County | 210,479 | 16% | 11,591 | 31% | 26,430 | 19% |
| 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 7. Map of Poverty in the Yavapai Region

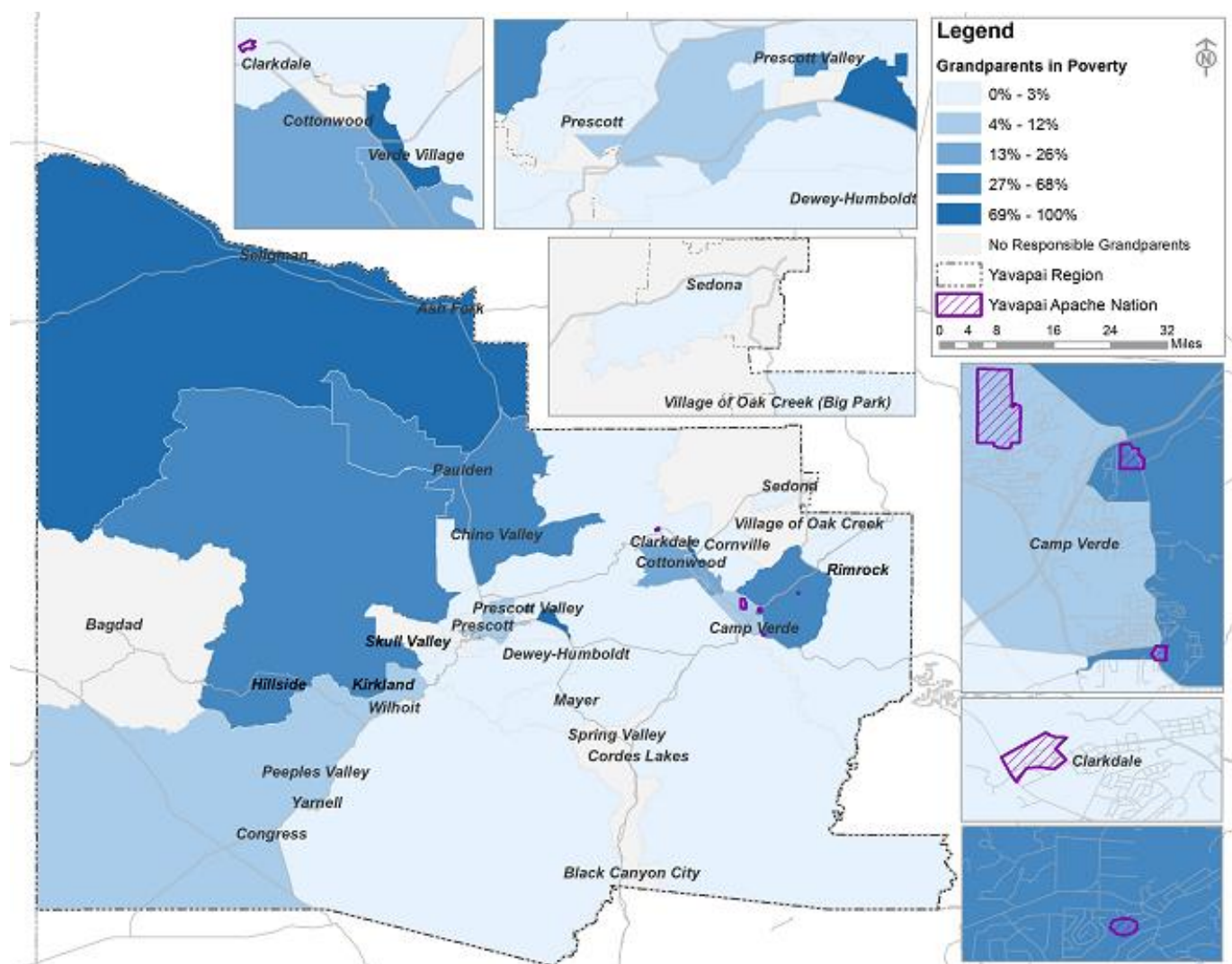


| Legend | # of Census Blocks | Poverty 0-5 | Population 0-5 | % Poverty |
|------------------------------|--------------------|--------------|----------------|------------|
| High Poverty-High Population | 902 | 2,990 | 8,246 | 36% |
| High Poverty-Low Population | 214 | 227 | 383 | 59% |
| Low Poverty-High Population | 264 | 118 | 1,220 | 10% |
| Low Poverty-Low Population | 852 | 274 | 1,205 | 23% |
| No Poverty | 10,360 | 0 | 1,607 | 0% |
| Total | 12,592 | 3,608 | 12,661 | 29% |

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

Note: Census 2010 census block data were utilized for the population of children 0-5. The 2007-2011 American Community Survey (ACS) data were used to obtain poverty estimates and proportionally assign them to census blocks because these estimates align better with the Census 2010 population of children 0-5. To establish the assignment of each geographical area to one of the categories listed below, the region's median number (children 0-5) for all census blocks was determined (census blocks with no children 0-5 were excluded from the analysis). Those census blocks with the number of children 0-5 below the median were assigned to the "low population" category, while census blocks with the number of children 0-5 above the median were assigned to the "high population" category. The same process was independently followed with the poverty indicator to arrive at the "low poverty" and "high poverty" categories (census blocks with "0 poverty" were excluded from the analysis). The combination of categories was ultimately used to assign a geographical area to one of the categories listed below.

Figure 8. Map of Grandparents Living in Poverty in the Yavapai Region



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

Table 17. 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 |
|-----------------------|--|---|---|---|---|
| Yavapai Region | 7,191 | 29% | 40% | 47% | 54% |
| Ash Fork | 53 | 68% | 89% | 89% | 89% |
| Bagdad | 75 | 0% | 7% | 17% | 35% |
| Chino Valley | 1,387 | 38% | 53% | 56% | 58% |
| Cordes Junction | 100 | 0% | 22% | 22% | 44% |
| Prescott | 1,047 | 13% | 21% | 25% | 37% |
| Prescott Valley | 1,599 | 38% | 45% | 53% | 64% |
| Sedona | 465 | 12% | 32% | 32% | 43% |
| Verde Valley | 2,395 | 29% | 39% | 50% | 54% |
| Yavapai South | 69 | 72% | 79% | 80% | 81% |
| Yavapai-Apache Nation | 94 | 65% | 73% | 80% | 87% |
| Yavapai County | 7,086 | 29% | 41% | 47% | 54% |
| ARIZONA | 301,165 | 27% | 35% | 41% | 49% |

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

Table 18. 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 |
|----------------|----------------|----------------|----------------|----------------|---------------------------------|
| Yavapai Region | 426 | 385 | 270 | 222 | -48% |
| Yavapai County | 425 | 385 | 270 | 221 | -48% |
| ARIZONA | 26,827 | 24,889 | 19,884 | 16,336 | -39% |

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

Employment and Unemployment

Unemployment rates have been dropping steadily in the state since 2010, and rates have also dropped overall in Yavapai County (Table 19). Unemployment rates have been lower in Yavapai County compared to the state, beginning in 2014. In 2016, the unemployment rate in Yavapai County was 4.9 percent compared to 5.3 percent for the state. Differences also exist by city, with Prescott Valley, Sedona (Yavapai part), Chino Valley, Jerome and Clarkdale having lower unemployment rates than Yavapai County as a whole, while Prescott and Camp Verde have higher rates compared to the county.

For young children living with both parents in the region, both parents are more likely to be in the labor force (34%) than just one parent (25%) (Table 20).ⁱⁱ This pattern is the same for the state. Twenty-six percent of young children in the Yavapai Region live with a single parent who is employed, similar to the proportion across the state (29%). Taken together, more than half (60%) of young children in the region live in a home where all the parents participate in the labor force. Notably, in the Yavapai-Apache Nation and Yavapai South sub-region, a large proportion (63% and 48% respectively) of young children are living with a single parent who is in the labor force. Families in this situation are likely to have a 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.⁵¹ In both the Yavapai Apache Nation (18%) and Prescott Valley (16%) sub-region there are a relatively high proportion of single parents not participating in the labor force.

ⁱⁱ 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.

Table 19. Annual Unemployment Rates, 2009 to 2016

| | CY 2009 | CY 2010 | CY 2011 | CY 2012 | CY 2013 | CY 2014 | CY 2015 | CY 2016 |
|-------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| Yavapai Region | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Town of Camp Verde | N/A | N/A | 11.5% | 10.0% | 9.0% | 7.3% | 6.5% | N/A |
| Town of Chino Valley | N/A | N/A | 7.1% | 6.2% | 5.5% | 4.5% | 4.0% | N/A |
| Town of Clarkdale | N/A | N/A | 2.9% | 2.5% | 2.2% | 1.8% | 1.6% | N/A |
| Town of Jerome | N/A | N/A | 4.5% | 3.8% | 3.5% | 2.7% | 2.6% | N/A |
| City of Prescott | N/A | 10.1% | 10.0% | 9.1% | 8.1% | 6.8% | 6.2% | 5.4% |
| Town of Prescott Valley | N/A | 10.3% | 9.6% | 8.6% | 7.4% | 5.8% | 5.0% | 4.3% |
| City of Sedona (Yavapai part) | N/A | N/A | 7.3% | 6.3% | 5.7% | 4.6% | 4.1% | N/A |
| Yavapai County | 10.5% | 10.7% | 9.9% | 8.6% | 7.7% | 6.3% | 5.6% | 4.9% |
| Arizona | 9.9% | 10.4% | 9.5% | 8.3% | 7.7% | 6.8% | 6.0% | 5.3% |

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

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

Table 20. 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 |
|-----------------------|--|---|--|---|---|---|
| Yavapai Region | 11,218 | 34% | 25% | 4% | 26% | 10% |
| Ash Fork | 81 | 22% | 21% | 19% | 31% | 7% |
| Bagdad | 157 | 28% | 64% | 0% | 8% | 0% |
| Chino Valley | 2,214 | 23% | 30% | 12% | 29% | 7% |
| Cordes Junction | 170 | 48% | 9% | 33% | 0% | 10% |
| Prescott | 1,683 | 55% | 25% | 2% | 14% | 4% |
| Prescott Valley | 2,666 | 33% | 23% | 3% | 25% | 16% |
| Sedona | 584 | 36% | 28% | 0% | 26% | 10% |
| Verde Valley | 3,544 | 33% | 21% | 1% | 32% | 12% |
| Yavapai South | 118 | 5% | 47% | 0% | 48% | 1% |
| Yavapai-Apache Nation | 115 | 7% | 11% | 0% | 63% | 18% |
| Yavapai County | 11,151 | 34% | 26% | 4% | 26% | 10% |
| ARIZONA | 510,658 | 31% | 29% | 1% | 29% | 10% |

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

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.

Food Insecurity

The USDA defines food insecurity as a "household-level economic and social condition of limited or uncertain access to adequate food."⁵² In Yavapai County, 17 percent of the population is estimated to be food insecure, the same as that across the state as a whole (17%) (Table 21). Twenty-seven percent of children (those under 18 years old) are food insecure, again, the same as the state's 27 percent. An estimated 72 percent of food insecure children in the county are likely to be income-eligible for federal nutrition assistance (Table 21).^{53,54} A 2012 study of child hunger in Yavapai County identified a priority list of communities to be targeted by programs and resources to address child hunger. Prescott Valley was named the highest priority community in terms of the sheer number of hungry children, and Ash Fork was named the highest priority community in terms of having the largest percentage of hungry children.⁵⁵

Families' abilities to promote the health of their children is influenced by the built environment of their communities. In Yavapai County in 2012 (the most recent data available), there were 3.5 times as many fast-food restaurants as

there were grocery stores (Table 22).ⁱⁱⁱ A 2012 study of child hunger in Yavapai County also identified three food deserts in the county; two located in the rural northern (including Ash Fork and Seligman) and southern portions (including Bagdad, Black Canyon City, Congress) of the county and one urban food desert located in Prescott Valley.⁵⁶ The report defines food deserts as low-income communities without ready access to healthy and affordable food. Access to physical activity resources can also affect the health of children and families. In all of Yavapai County, there were 24 fitness and recreation facilities in 2012,^{iv} a higher rate per thousand residents (0.11) than across the state as a whole (0.07). However, due to the geographic distance in the region, it may be that some families cannot reasonably access one of these facilities.

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. Although the number of young children participating in SNAP has declined by a greater percentage than across the state since 2012 (-22% and -16% respectively), this program still supports over 5,400 children in the Yavapai Region annually (Table 23). Figure 9 illustrates the proportion of households throughout the region receiving SNAP. WIC participation has also declined in the region (Table 24) but still serves over half of the population of women and children (54% in 2015). Table 26 provides a single month snapshot of participation in the program; families of 91 percent of the infants and 84 percent of the children who were enrolled in WIC claimed their benefits that month (January 2015).

One challenge to participating in SNAP or WIC may be the availability of retailers where WIC vouchers or SNAP EBT are accepted. As of June 2016, the Yavapai Region had considerably fewer accessible WIC retailers (n=19) than SNAP retailers (n=151)^v (Table 27). Several sub-regions have no WIC retailers, including Ash Fork, Cordes Junction, Yavapai South sub-regions and the Yavapai-Apache Nation. In terms of SNAP retailers, the Bagdad sub-region has only a single retailer and the Yavapai-Apache Nation has no SNAP retailers. In order to redeem SNAP and WIC benefits, residents must travel to other cities to do their grocery shopping. Figure 10 contains a map of SNAP and WIC authorized retailers in the Yavapai Region.

Schools are an important part of the nutrition assistance system, especially for children that may be food insecure. Over half (56-58%) of students in the Yavapai Region have been eligible for free or reduced-price lunch since 2012, similar to the proportion across the state (Table 28). There is variability by school district. Four districts in the region had over 80 percent of students eligible for free or reduced-price lunch in 2016: Congress Elementary District (100%), Mayer Unified School District (91%), Canon Elementary District (87%) and Yarnell Elementary District (86%) (Table 29). 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)^{vi} to provide summer meals to children of all ages.⁵⁷ The number of meals provided by SFSP has increased by 17 percent in Yavapai County, while that number has dropped by 10

ⁱⁱⁱ 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

^{iv} 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

^v For SNAP and WIC retailers, one retailer equals one location.

^{vi} For more information on the Summer Food Service Program in Arizona, visit <http://www.azsummerfood.gov/>

percent across the state as a whole (Table 30; Figure 1). The increase may be due to an increase in the number of sites participating in SFSP in the region overall between 2012 and 2015.

In Yavapai County in January 2015, there were 19 sites participating in the Child and Adult Care Food Program (CACFP), not counting adult care centers or emergency shelters. Most of these sites in the county were Head Start centers (n=10), in contrast to the state where most CACFP sites are child care centers and preschools (Table 31). The number of meals served increased substantially (+119%) between 2014 and 2015 in Yavapai County, whereas the number of meals had a smaller increase statewide during the same period (+9%) (Table 33; Figure 12). The increase in meals served may be due to an increase in the number of sites participating in CACFP. Head Start center participation in CACFP in the Yavapai Region is high, but there are many child care centers in the county who could participate in the program but currently are not. Family and home child care providers can also participate in CACFP; however no data for these providers was received for this report.

Additionally, in 2012, Yavapai County had 40 emergency food providers.⁵⁸ These included food banks as well as churches and other community organizations such as senior centers, meals on wheels and homelessness service providers. While many of these providers were located in the population centers of Prescott, Prescott Valley, Cottonwood, Camp Verde and Sedona, resources were available in more rural locations such as Rimrock, Chino Valley, Cornville, and Yarnell.

Table 21. 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) |
|----------------|------------------|---------------------------------|---|------------------------------------|----------------------------------|--|
| Yavapai Region | N/A | N/A | N/A | N/A | N/A | N/A |
| Yavapai County | 213,689 | 17% | 67% | 38,839 | 27% | 72% |
| ARIZONA | 6,731,492 | 17% | 67% | 1,622,079 | 27% | 68% |

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

Table 22. 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 |
|----------------|----------------------|---|-----------------------------|--|---------------------------------------|--|
| Yavapai Region | N/A | N/A | N/A | N/A | N/A | N/A |
| Yavapai County | 39 | 0.18 | 136 | 0.64 | 24 | 0.11 |
| ARIZONA | 825 | 0.13 | 4,238 | 0.65 | 456 | 0.07 |

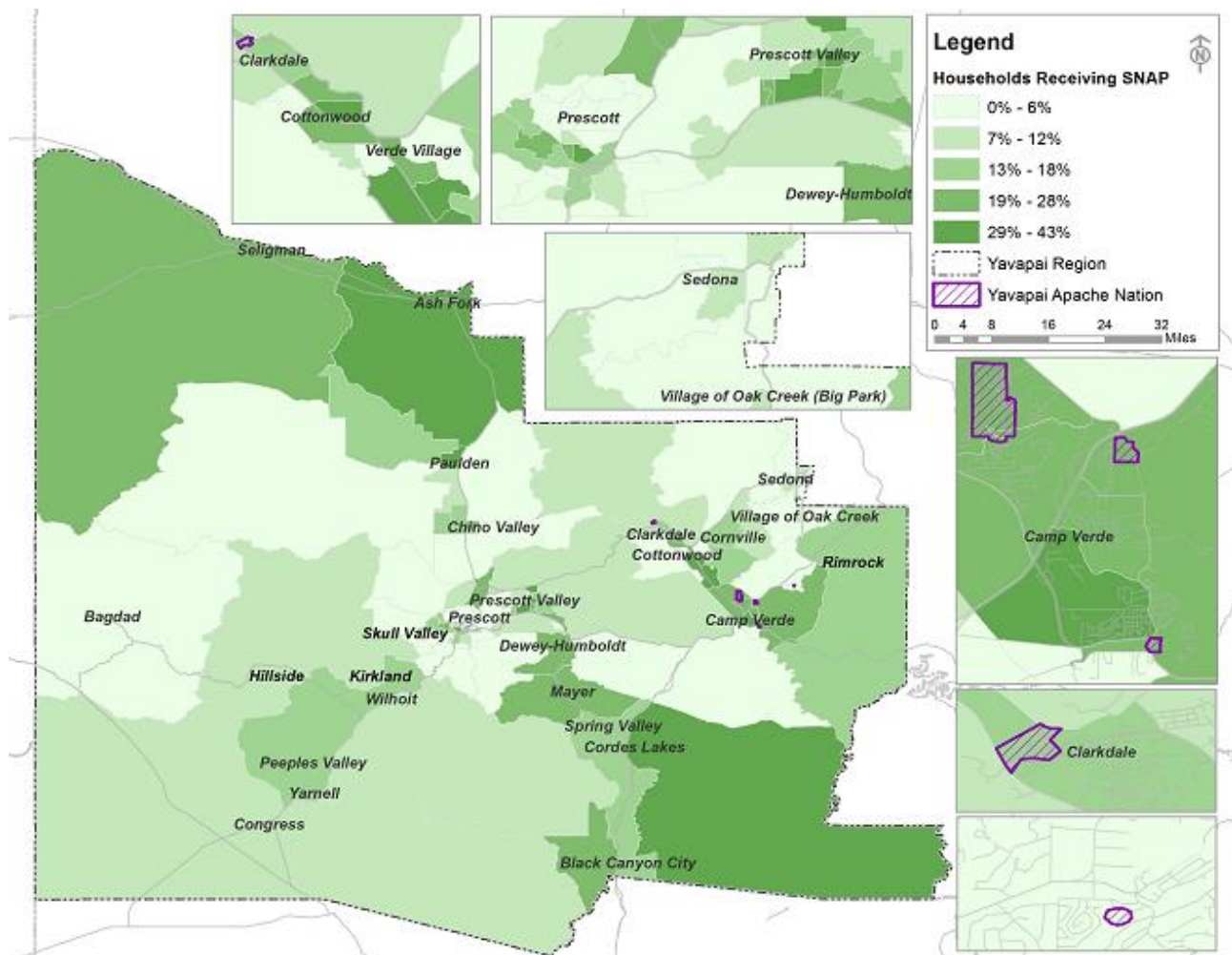
Source: USDA Economic Research Service (2014). Food Environment Atlas. Retrieved from www.ers.usda.gov/data-products/food-environment-atlas

Table 23. 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 |
|----------------|---------|---------|---------|---------|--------------------------|
| Yavapai Region | 6,955 | 6,623 | 6,191 | 5,456 | -22% |
| Yavapai County | 6,921 | 6,599 | 6,169 | 5,437 | -21% |
| ARIZONA | 296,686 | 290,513 | 277,345 | 249,712 | -16% |

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

Figure 9. Map of Households Receiving SNAP in the Yavapai Region



Source: U.S Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B22002. Map produced by CRED.

Table 24. 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 |
|----------------|---|---------|------|---------|------|---------|------|---------|------|
| Yavapai Region | 10,538 | 6,332 | 60% | 5,884 | 56% | 5,756 | 55% | 5,729 | 54% |
| Yavapai County | 10,468 | 6,303 | 60% | 5,855 | 56% | 5,732 | 55% | 5,708 | 55% |
| ARIZONA | 455,715 | 255,332 | 56% | 243,050 | 53% | 233,012 | 51% | 227,321 | 50% |

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

Table 25. Number of Women, Infants, and Children Enrolled in the WIC Program During 2015

| | Total | Women | Infants | Children |
|----------------|---------|--------|---------|----------|
| Yavapai Region | 7,829 | 2,100 | 2,211 | 3,518 |
| Yavapai County | 7,799 | 2,091 | 2,204 | 3,504 |
| ARIZONA | 310,181 | 82,860 | 87,836 | 139,485 |

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

Table 26. WIC Participation Rates During January 2015

| | Total | Women | Infants | Children |
|----------------|-------|-------|---------|----------|
| Yavapai Region | 86% | 85% | 91% | 84% |
| Yavapai County | 86% | 86% | 91% | 84% |
| ARIZONA | 79% | 78% | 84% | 77% |

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

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.

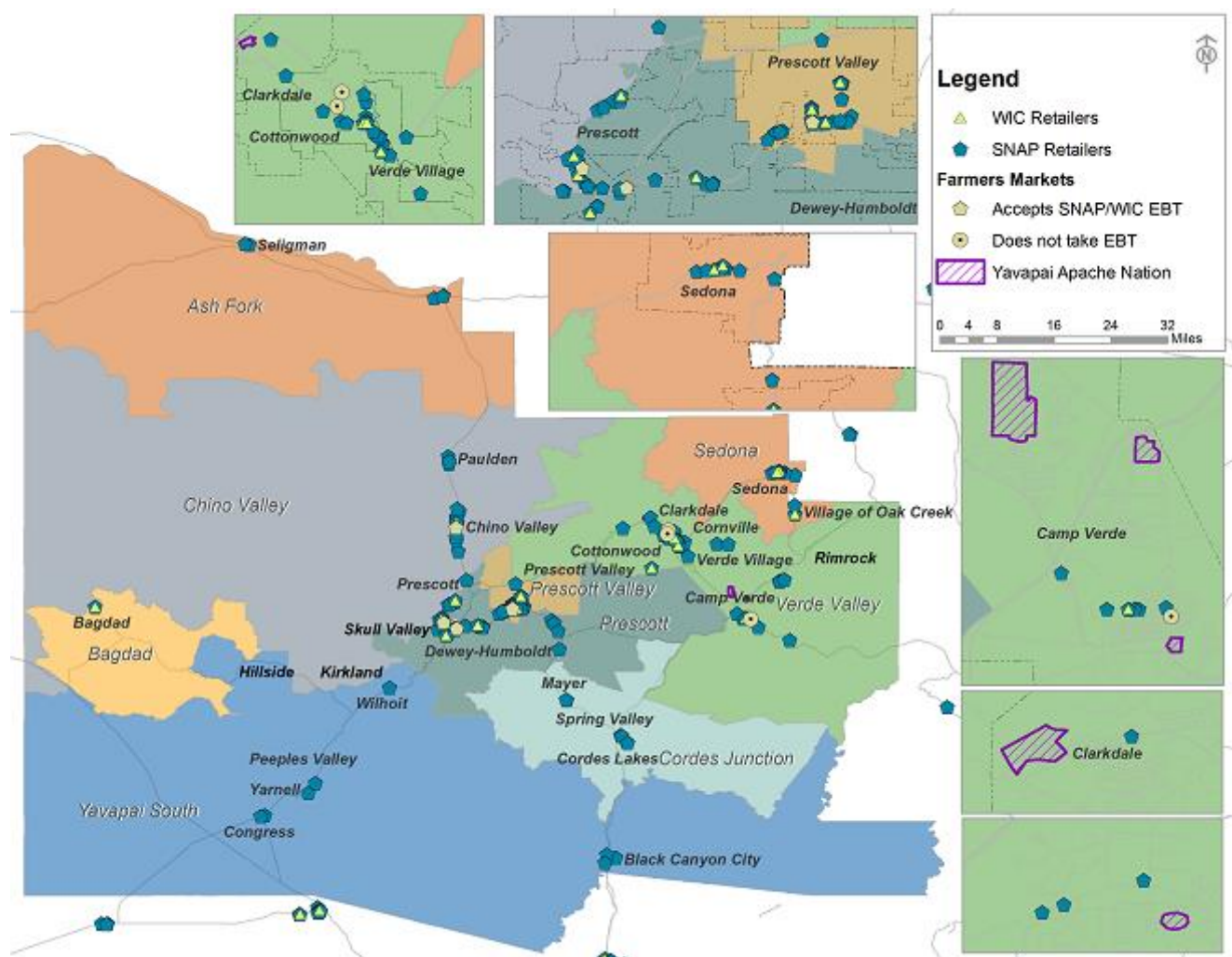
Table 27. Retailers Participating in the SNAP or WIC Programs

| | Number of SNAP retailers | SNAP retailers per 100,000 residents | Number of WIC retailers | WIC retailers per 100,000 residents |
|-----------------------|-----------------------------|---|----------------------------|--|
| Yavapai Region | 151 | 70.60 | 19 | 8.88 |
| Ash Fork | 5 | 217.11 | 0 | 0.00 |
| Bagdad | 1 | 45.07 | 1 | 45.07 |
| Chino Valley | 23 | 59.12 | 2 | 5.14 |
| Cordes Junction | 8 | 139.52 | 0 | 0.00 |
| Prescott | 27 | 56.25 | 4 | 8.33 |
| Prescott Valley | 25 | 72.67 | 4 | 11.63 |
| Sedona | 12 | 69.12 | 3 | 17.28 |
| Verde Valley | 42 | 74.13 | 5 | 8.82 |
| Yavapai South | 8 | 96.53 | 0 | 0.00 |
| Yavapai-Apache Nation | 0 | 0.00 | 0 | 0.00 |
| Yavapai County | 150 | 71.08 | 19 | 9.00 |
| ARIZONA | 4,038 | 63.17 | 644 | 10.08 |

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; United States Department of Agriculture (2016). SNAP Retailer Locator. Retrieved from <https://www.fns.usda.gov/snap/retailerlocator>.

Notes: Per capita figures were calculated using the 2010 Census total population for each geography. SNAP and WIC retailers by geography account for the retailers falling within the geographic boundaries of a given area. WIC retailers account for retailers authorized through both the Arizona Department of Health Services and the Inter-Tribal Council of Arizona WIC Programs.

Figure 10. Map of SNAP and WIC Authorized Retailers in the Yavapai Region



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; United States Department of Agriculture (2016). SNAP Retailer Locator. Retrieved from <https://www.fns.usda.gov/snap/retailerlocator>. Map produced by CRED.

Table 28. Proportion of Students (Pre-kindergarten Through Twelfth Grade) Eligible for Free or Reduced-Price Lunch, 2012 to 2016

| | 2012 | 2013 | 2014 | 2015 | 2016 |
|----------------|------|------|------|------|------|
| Yavapai Region | 56% | 57% | 56% | 57% | 58% |
| Yavapai County | 56% | 58% | 56% | 57% | 58% |
| ARIZONA | 57% | 57% | 58% | 58% | 58% |

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

Table 29. Proportion of Students (Pre-kindergarten Through Twelfth Grade) Eligible for Free or Reduced-Price Lunch, 2012 to 2016

| | 2012 | 2013 | 2014 | 2015 | 2016 |
|--|------|------|------|------|------|
| Yavapai Region Schools | 56% | 57% | 56% | 57% | 58% |
| Ash Fork Joint Unified District | 56% | 56% | 56% | 56% | 56% |
| Bagdad Unified District | 45% | 50% | 49% | 50% | 40% |
| Beaver Creek Elementary District | 83% | 77% | 90% | 78% | 77% |
| Camp Verde Unified District | 70% | 69% | 72% | 69% | 69% |
| Canon Elementary District | - | 70% | 74% | 82% | 87% |
| Chino Valley Unified District | 57% | 66% | 60% | 61% | 57% |
| Clarkdale-Jerome Elementary District | 49% | 52% | 54% | 54% | 52% |
| Congress Elementary District | 75% | 72% | 74% | 75% | 100% |
| Cottonwood-Oak Creek Elementary District | 71% | 72% | 67% | 68% | 66% |
| Humboldt Unified District | 59% | 61% | 59% | 60% | 61% |
| Kirkland Elementary District | 71% | 77% | 77% | 77% | 77% |
| Mayer Unified School District | 92% | 89% | 87% | 90% | 91% |
| Mingus Union High School District | 47% | 45% | 49% | 43% | 76% |
| Prescott Unified District | 38% | 38% | 36% | 37% | 38% |
| Sedona-Oak Creek JUSD #9 | 46% | 47% | 47% | 45% | 42% |
| Seligman Unified District | 64% | 68% | 64% | 67% | 68% |
| Skull Valley Elementary District | 41% | 33% | 30% | 29% | 38% |
| Yarnell Elementary District | 84% | 67% | 75% | 82% | 86% |
| Yavapai Region Charter Schools | 70% | 69% | 72% | 73% | 61% |
| Yavapai County Schools | 56% | 58% | 56% | 57% | 58% |
| All Arizona Schools | 57% | 57% | 58% | 58% | 58% |

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

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.

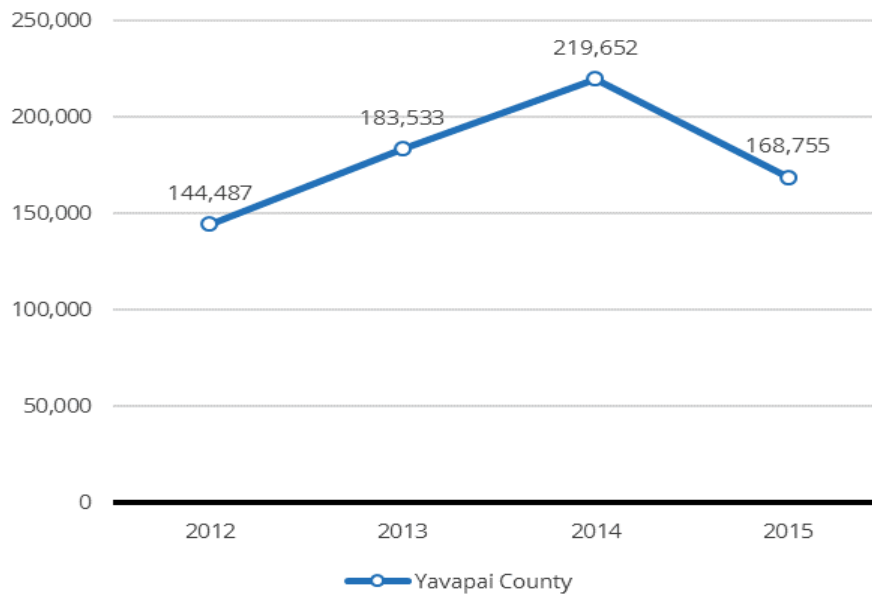
Table 30. The Summer Food Service Program (SFSP)

| | Number of sites in Summer 2015 | Number of free meals in Summer 2015 | Change in the number of meals from 2012 to 2015 |
|----------------|--------------------------------|-------------------------------------|---|
| Yavapai Region | N/A | N/A | N/A |
| Yavapai County | 70 | 168,755 | 17% |
| Arizona | 3,506 | 3,998,264 | -10% |

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

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

Figure 11. Meals Served by the Summer Food Service Program (SFSP), 2012 and 2015



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

Table 31. Sites Participating in CACFP by Type, January 2015

| | At-Risk Meal Service Center | Child Care Center or Preschool | Head Start Center | Outside School Hours Care Center |
|----------------|--------------------------------------|--------------------------------------|-------------------------|--|
| Yavapai Region | N/A | N/A | N/A | N/A |
| Yavapai County | 0 | 9 | 10 | 0 |
| Arizona | 196 | 401 | 294 | 10 |

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

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

Table 32. 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 |
|----------------|-----------|---------------|--------|-----------------|--------|---------------|
| Yavapai Region | N/A | N/A | N/A | N/A | N/A | N/A |
| Yavapai County | 1,573 | 244 | 1,573 | 1,583 | 76 | 0 |
| Arizona | 50,252 | 16,809 | 54,098 | 56,849 | 27,906 | 2,375 |

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

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

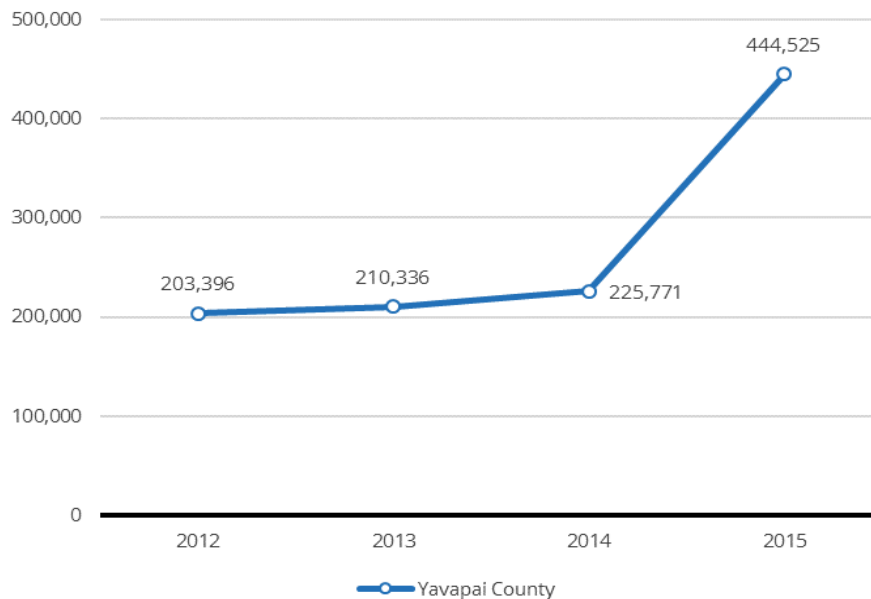
Table 33. Meals Served by the Child and Adult Care Food Program (CACFP), 2012 and 2015

| | Number of meals served in 2012 | Number of meals served in 2015 | Change from 2012 to 2015 |
|----------------|-----------------------------------|-----------------------------------|--------------------------|
| Yavapai Region | N/A | N/A | N/A |
| Yavapai County | 203,396 | 444,525 | 119% |
| Arizona | 19,923,277 | 21,773,052 | 9% |

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

Notes: There were no CACFP sites in Santa Cruz County prior to 2015. Meals served at adult care centers and emergency shelters were excluded from this table.

Figure 12. Meals Served by the Child and Adult Care Food Program (CACFP), 2012 and 2015



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

Housing and Homelessness

Of the 93,063 occupied housing units in the Yavapai Region, 70 percent are occupied by home-owners and 30 percent are occupied by renters (Table 34). Rates are higher in some of the sub-regions, with the highest rates of home-ownership in the Yavapai South (84%) and Chino Valley sub-regions (78%). Most housing in the Bagdad sub-region is owned by Freeport-McMoRan Inc., which runs the local mining operations, hence the high rental rates in that area. Home-ownership across the region and all sub-regions is greater than elsewhere in the state (63%). The Yavapai Region looks similar to the state as a whole with regard to the cost of housing: 36 percent of Yavapai Region housing units require their residents to contribute more than 30 percent of their household income toward housing, compared to 34 percent statewide (Table 35). In the Bagdad sub-region, housing is subsidized for mine employees and so is more affordable, with only three percent of units crossing the 30 percent cost threshold, whereas in the Sedona sub-region, 45 percent do.

High housing costs and foreclosures can contribute to homelessness. The Homeless Management Information System (HMIS) collects data from emergency shelters, transitional housing, permanent supportive housing, street outreach, homeless prevention and rapid rehousing programs and service providers in Arizona. HMIS assesses services provided to and unmet needs of people and families who are homeless in 14 counties throughout Arizona. For the current report, data was obtained for two years, July 2014 through June 2015 and July 2015 through June 2016. Historical data obtained for the 2014 Yavapai Needs & Assets Report⁵⁹ is also included for comparison. In the most recent reporting period (2015-2016) there were 35 programs in Yavapai County reporting to HMIS. These programs included emergency shelters, rapid re-housing programs, transitional living programs, and homelessness prevention programs, and served 709 people, 137 (19%) of which were children under 18, and 35 (5%) of whom were children five and under (Table 36). The total number of people served in Yavapai County in programs reporting to

HMIS fluctuated over time, as did the number of children, and the number of children under the age of six served. These differences are likely due to changes in funding for homelessness programs that affects the number of programs reporting to HMIS over time.

Table 34. Owner- and Renter-Occupied Housing Units

| | Number of occupied housing units | Owner-occupied units | Renter-occupied units |
|-----------------------|---|-----------------------------|------------------------------|
| Yavapai Region | 93,063 | 70% | 30% |
| Ash Fork | 941 | 73% | 27% |
| Bagdad | 845 | 15% | 85% |
| Chino Valley | 16,669 | 78% | 22% |
| Cordes Junction | 2,541 | 74% | 26% |
| Prescott | 22,596 | 72% | 28% |
| Prescott Valley | 13,534 | 54% | 46% |
| Sedona | 8,808 | 69% | 31% |
| Verde Valley | 23,757 | 72% | 28% |
| Yavapai South | 3,372 | 84% | 16% |
| Yavapai-Apache Nation | 282 | 53% | 47% |
| Yavapai County | 91,508 | 70% | 30% |
| ARIZONA | 2,387,246 | 63% | 37% |

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

Table 35. The Cost of Housing, Relative to Household Income

| | Number of occupied housing units | Occupied housing units which cost 30% of household income, or more |
|-----------------------|----------------------------------|--|
| Yavapai Region | 93,063 | 36% |
| Ash Fork | 941 | 26% |
| Bagdad | 845 | 3% |
| Chino Valley | 16,669 | 33% |
| Cordes Junction | 2,541 | 32% |
| Prescott | 22,596 | 36% |
| Prescott Valley | 13,534 | 39% |
| Sedona | 8,808 | 45% |
| Verde Valley | 23,757 | 35% |
| Yavapai South | 3,372 | 31% |
| Yavapai-Apache Nation | 282 | 12% |
| Yavapai County | 91,508 | 36% |
| ARIZONA | 2,387,246 | 34% |

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

Table 36. Homeless Service Providers and Populations Served in Yavapai County

| HMIS Reporting Year | Total served | Adults served | Children (0-17) served | Children (0-5) served |
|---------------------|--------------|---------------|------------------------|-----------------------|
| July 2011-June 2012 | 269 | 236 | 31 | <10 |
| July 2012-June 2013 | 370 | 289 | 71 | 21 |
| July 2013-June 2014 | 846 | 674 | 149 | 47 |
| July 2014-June 2015 | 599 | 487 | 112 | 35 |
| July 2015-June 2016 | 709 | 571 | 137 | 35 |

Source: Balance of State HMIS Project Continuum-wide Housing Demographics Report 2014-2015 and 205-2016 obtained through personal correspondence. Homeless Management Information System Entry/Exit Program All Clients data for 2011-2012, 2012-2013 and 2013-2014 obtained through personal correspondence.



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.^{60,61,62,63} Starting in kindergarten, poor school attendance can cause children to fall behind, leading to lowered proficiency in reading and math, and increased grade-retention.⁶⁴

Early education is laying 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.⁶⁵ 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.⁶⁶

In 2010, the Arizona legislature, recognizing the importance of early reading proficiency, enacted *Move on When Reading* legislation to support building literacy skills in the early grades. Part of the legislation is Arizona Revised Statute §15-701, which states that, as of school year 2013-14, a student shall not be promoted from the third grade if the student obtains a reading score that falls far below the third-grade level as established by the State Board of Education.⁶⁷ 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 was the Arizona's Instrument to Measure Standards (AIMS).⁶⁸ In 2014, the statewide assessment tool for English language arts (ELA) (including reading and writing) 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.⁶⁹ AzMERIT scores are now used to determine promotion from the third grade in accordance with the *Move on When Reading* law. New proficiency cut points were determined by grade level,⁷⁰ and earning a score of "proficient" or "highly proficient" indicates that a student is prepared for the next grade without requiring additional support.⁷¹ Students who score as either "minimally" or "partially proficient" are likely to need support to be ready to move on to the next grade.⁷² 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.⁷³

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.⁷⁴ 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.^{75,76}

What the Data Tell Us

Standardized Test Scores

Yavapai Region school district boundaries are shown in Figure 13.^{vii} 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, 37 percent of Yavapai Region students attained these scores on the third grade math assessment, which was a lower passing rate than across Arizona as a whole (42%) (Figure 14). Performance on the English language Arts (ELA) test was similar to state rates, with 41 percent of Yavapai Region students demonstrating proficiency, compared to 40 percent statewide (Figure 15). A portion of the 40 percent of Yavapai Region third graders who scored minimally proficient 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.^{viii}

The highest achieving districts in the region in math were Congress Elementary District (100% passing math) and Kirkland Elementary District (57% passing math) (Table 37). Only three districts had at least half of third-grade students passing English language arts: Congress Elementary District (77% passing ELA), Kirkland Elementary District (57% passing ELA), and Prescott Unified District (50% passing ELA) (Table 38). The district with the lowest proficiency rate in math was Mayer Unified School District (2% passing math) (Table 37). In ELA, Beaver Creek Elementary District and Mayer Unified School District (14% and 15% passing ELA respectively) had the lowest proficiency rates (Table 38).

A sample of Arizona students in 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 1998.⁷⁷

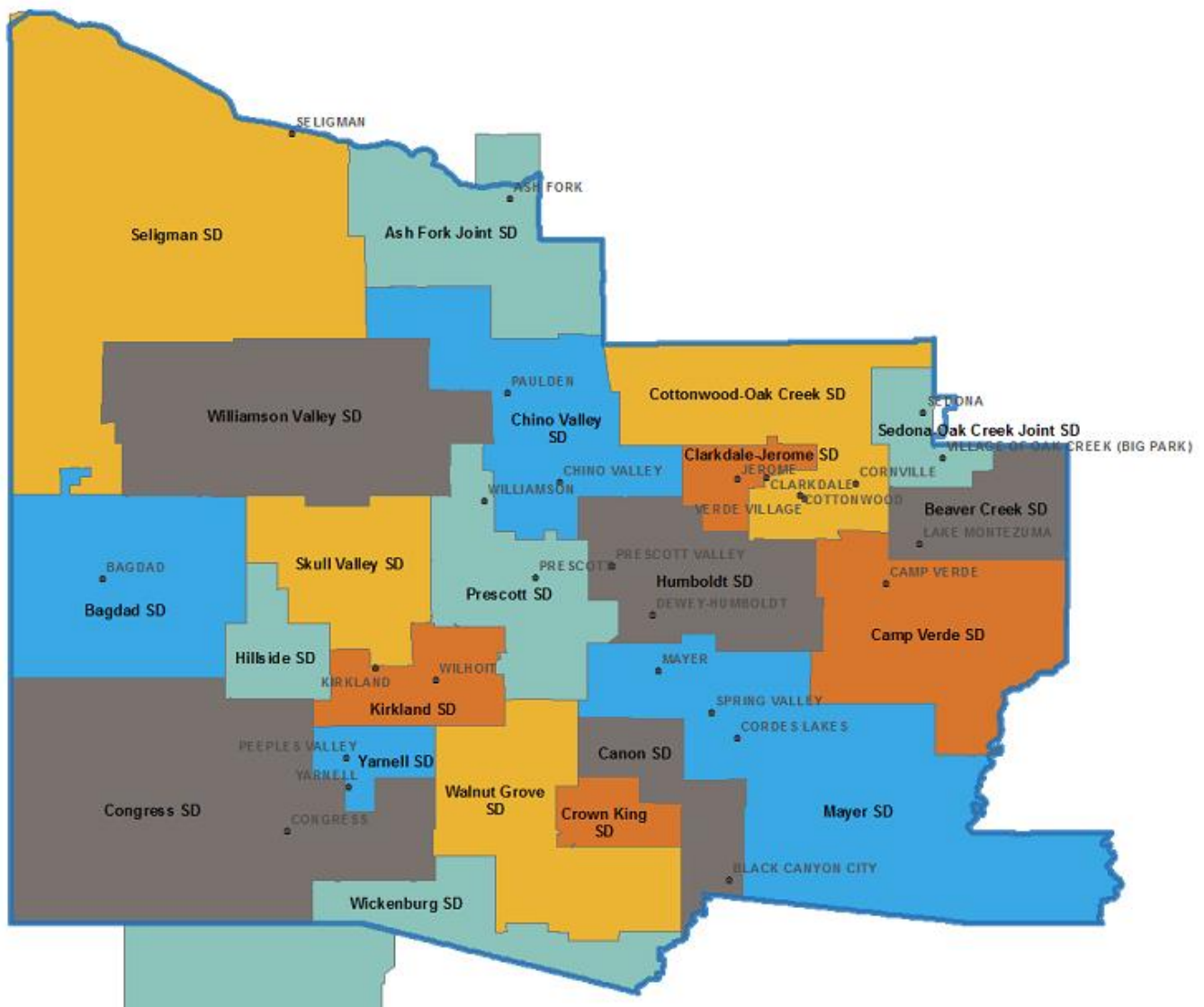
Strong disparities exist in the state on NAEP results based on race, ethnicity and income. Forty-four percent of Arizona fourth grade white students score at the proficient reading level or above, compared with 27 percent of black students, 18 percent of Hispanic students, and 11 percent of American 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.

Student performance in the Yavapai 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.

^{vii} Information on individual schools is available through the Arizona Department of Education's website: <http://www.azed.gov/research-evaluation/aims-assessment-results/>.

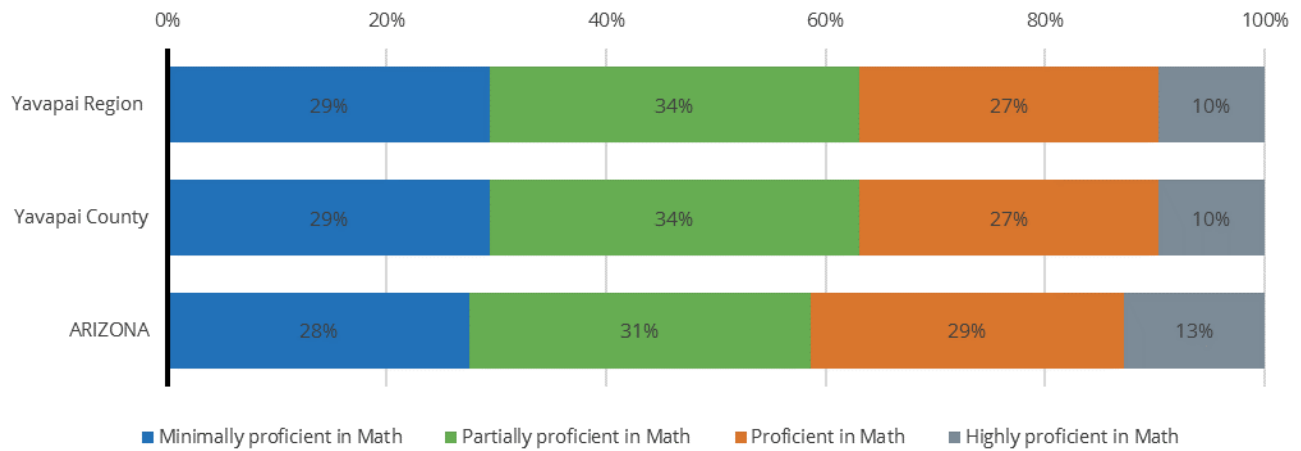
^{viii} Note that in the data provided the scores reported are a combined ELA score of reading and writing. Students may have a minimally proficient ELA score and still meet the *Move On When Reading* requirement.

Figure 13. School Districts of the Yavapai Region



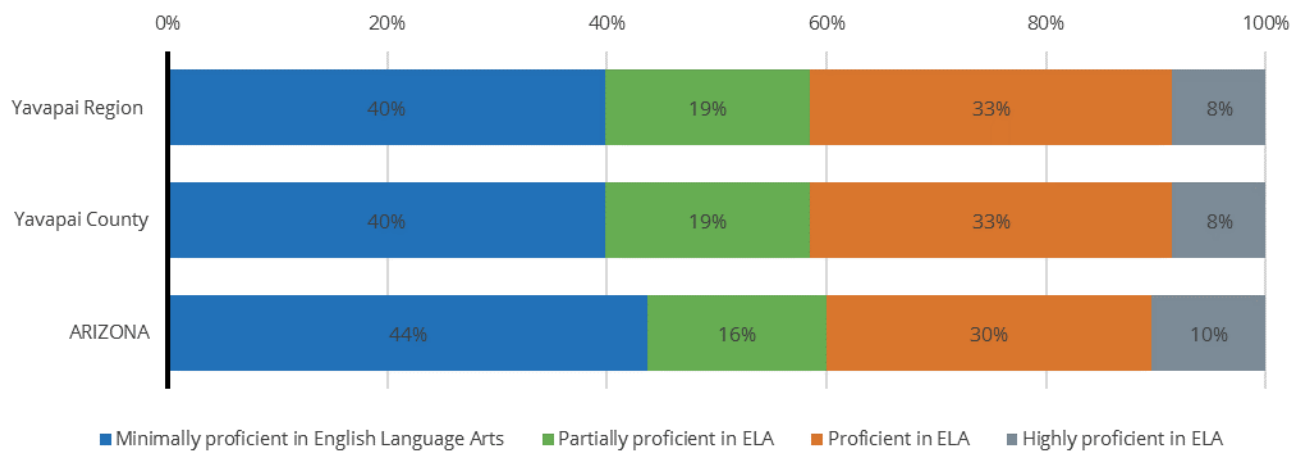
Source: First Things First (2016). Map produced by First Things First.

Figure 14. AzMERIT Math Test Results for Third-Graders in the 2014-2015 School Year



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

Figure 15. AzMERIT English Language Arts Test Results for Third-Graders in the 2014-2015 School Year



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

Table 37. 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) |
|--|---|---|-------------------------------|--|---|
| Yavapai Region Schools | 29% | 34% | 27% | 10% | 37% |
| Ash Fork Joint Unified District | 27% | 45% | 18% | 9% | 27% |
| Bagdad Unified District | 32% | 32% | 22% | 14% | 35% |
| Beaver Creek Elementary District | 51% | 33% | 8% | 8% | 15% |
| Camp Verde Unified District | 46% | 34% | 15% | 5% | 20% |
| Canon Elementary District | DS | DS | DS | DS | DS |
| Chino Valley Unified District | 35% | 32% | 26% | 6% | 32% |
| Clarkdale-Jerome Elementary District | 8% | 43% | 43% | 5% | 48% |
| Congress Elementary District | 0% | 0% | 46% | 54% | 100% |
| Cottonwood-Oak Creek Elementary District | 33% | 30% | 22% | 15% | 37% |
| Crown King Elementary District | N/A | N/A | N/A | N/A | N/A |
| Hillside Elementary District | DS | DS | DS | DS | DS |
| Humboldt Unified District | 24% | 33% | 35% | 8% | 43% |
| Kirkland Elementary District | 29% | 14% | 43% | 14% | 57% |
| Mayer Unified School District | 61% | 37% | 0% | 2% | 2% |
| Prescott Unified District | 23% | 36% | 26% | 15% | 41% |
| Sedona-Oak Creek JUSD #9 | 24% | 42% | 27% | 8% | 34% |
| Seligman Unified District | DS | DS | DS | DS | DS |
| Skull Valley Elementary District | DS | DS | DS | DS | DS |
| Yarnell Elementary District | DS | DS | DS | DS | DS |
| Yavapai Region Charter Schools | 32% | 35% | 26% | 7% | 33% |
| Yavapai County Schools | 29% | 34% | 27% | 10% | 37% |
| All Arizona Schools | 28% | 31% | 29% | 13% | 41% |

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

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.

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

Table 38. 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) |
|--|--|--|--|---|--|
| Yavapai Region Schools | 40% | 19% | 33% | 8% | 42% |
| Ash Fork Joint Unified District | 70% | 0% | 30% | 0% | 30% |
| Bagdad Unified District | 54% | 14% | 32% | 0% | 32% |
| Beaver Creek Elementary District | 73% | 14% | 11% | 3% | 14% |
| Camp Verde Unified District | 57% | 22% | 19% | 2% | 21% |
| Canon Elementary District | DS | DS | DS | DS | DS |
| Chino Valley Unified District | 48% | 18% | 27% | 7% | 34% |
| Clarkdale-Jerome Elementary District | 37% | 23% | 33% | 7% | 40% |
| Congress Elementary District | 15% | 8% | 31% | 46% | 77% |
| Cottonwood-Oak Creek Elementary District | 50% | 14% | 28% | 8% | 36% |
| Crown King Elementary District | N/A | N/A | N/A | N/A | N/A |
| Hillside Elementary District | DS | DS | DS | DS | DS |
| Humboldt Unified District | 32% | 19% | 42% | 6% | 49% |
| Kirkland Elementary District | 43% | 0% | 57% | 0% | 57% |
| Mayer Unified School District | 71% | 15% | 13% | 2% | 15% |
| Prescott Unified District | 30% | 20% | 35% | 15% | 50% |
| Sedona-Oak Creek JUSD #9 | 47% | 15% | 22% | 15% | 37% |
| Seligman Unified District | DS | DS | DS | DS | DS |
| Skull Valley Elementary District | DS | DS | DS | DS | DS |
| Yarnell Elementary District | DS | DS | DS | DS | DS |
| Yavapai Region Charter Schools | 35% | 22% | 35% | 9% | 43% |
| Yavapai County Schools | 40% | 19% | 33% | 8% | 42% |
| All Arizona Schools | 44% | 16% | 30% | 10% | 40% |

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

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.

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

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 39 shows these percentages for elementary school districts in the region. The percentage of elementary school students in grades one through three who were chronically absent remained stable from 2014 to 2015 (38%) in the Yavapai Region, and was slightly higher than those percentages across the state (34% in 2014 and 36% in 2015). Identifying and addressing the reasons behind chronic absenteeism is important to ameliorate later effects on educational achievement and graduation rates.⁷⁸

The high school drop-out rate in Yavapai Region remained stable at three percent from 2012 through 2015, similar to the rate across the state (Table 40). Of note, Yavapai Accommodation School District and Mingus Union High School District had drop-out rates that were higher than that of the region overall from 2012 through 2015, with a 16 percent drop-out rate in the Yavapai Accommodation School District in 2015. The Yavapai Accommodation School District was established in 2001 to accommodate high school students throughout Yavapai County who are “at risk” of not completing high school.⁷⁹ Because their mission is specifically to serve students at risk of dropping out, the drop-out rate in that district is higher than others in the region. The four-year graduation rate in the Yavapai Region (80%) was slightly higher than Arizona as a whole (76%) in 2015, and has remained relatively stable over time (Figure 16). Three districts stood out as high-performers: Ash Fork Joint Unified District (100%), Camp Verde Unified District (93%) and Bagdad Unified District (91%) all had more than 90 percent of students graduate in four years in 2014. Within the Yavapai Accommodation School District in 2014, only 30 percent of students graduated in four years (Table 40).

Educational attainment of adults aged 25 and older in the Yavapai Region is similar to the state as a whole. In the Yavapai Region, 10 percent of the population 25 and older did not complete high school, compared to 14 percent across the state (Table 41). Adults in the region are similarly likely to have a bachelor’s or higher degree (25%) than adults across Arizona (27%), but slightly more likely to have had some college or professional training (39% compared to 34% for the state). In 2015, unemployment rates for those with less than a high school diploma (8%) were over twice that of those with an associate’s degree (3.8%) and Bachelor’s degree (2.8%, decreasing for higher degrees) nationally.⁸⁰ The relation between unemployment and education may be complicated in areas with the highest unemployment, such as some sub-regions in the Yavapai Region, with the lack of job opportunities leaving residents with little incentive to pursue higher education.⁸¹

Table 39. Chronic Absences for Students in Grade 1 to 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 |
|--|-------------------|----------------------------|---|---|----------------------------|---|---|
| Yavapai Region Schools | 48 | 6,423 | 2,445 | 38% | 6,516 | 2,453 | 38% |
| Ash Fork Joint Unified District | 1 | 60 | 10 | 17% | 53 | 20 | 38% |
| Bagdad Unified District | 1 | 131 | 44 | 34% | 128 | 42 | 33% |
| Beaver Creek Elementary District | 1 | 132 | 57 | 43% | 115 | 53 | 46% |
| Camp Verde Unified District | 1 | 403 | 213 | 53% | 375 | 151 | 40% |
| Canon Elementary District | 1 | 44 | 11 | 25% | 37 | 14 | 38% |
| Chino Valley Unified District | 1 | 542 | 187 | 35% | 542 | 175 | 32% |
| Clarkdale-Jerome Elementary District | 1 | 159 | 58 | 36% | 168 | 52 | 31% |
| Congress Elementary District | 1 | 47 | <10 | 17% | 41 | 15 | 37% |
| Cottonwood-Oak Creek Elementary District | 4 | 765 | 333 | 44% | 781 | 332 | 43% |
| Crown King Elementary District | 1 | <10 | <10 | 33% | 0 | 0 | 0% |
| Hillside Elementary District | 1 | 11 | 0 | 0% | <10 | 0 | 0% |
| Humboldt Unified District | 6 | 1,586 | 600 | 38% | 1,663 | 610 | 37% |
| Kirkland Elementary District | 1 | 27 | <10 | 33% | 36 | 11 | 31% |
| Mayer Unified School District | 1 | 141 | 47 | 33% | 142 | 49 | 35% |
| Prescott Unified District | 5 | 994 | 302 | 30% | 969 | 354 | 37% |
| Sedona-Oak Creek JUSD #9 | 2 | 268 | 103 | 38% | 277 | 116 | 42% |
| Seligman Unified District | 1 | 30 | <10 | 20% | 19 | <10 | 37% |
| Skull Valley Elementary District | 1 | 12 | <10 | 8% | 13 | <10 | 38% |
| Yarnell Elementary District | 1 | <10 | <10 | 50% | 13 | <10 | 38% |
| Yavapai Region Charter Schools | 16 | 1,060 | 451 | 43% | 1,135 | 442 | 39% |
| Yavapai County Schools | 45 | 6,423 | 2,445 | 38% | 6,516 | 2,453 | 38% |
| All Arizona Schools | 1,185 | 278,142 | 93,719 | 34% | 283,147 | 103,078 | 36% |

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

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.

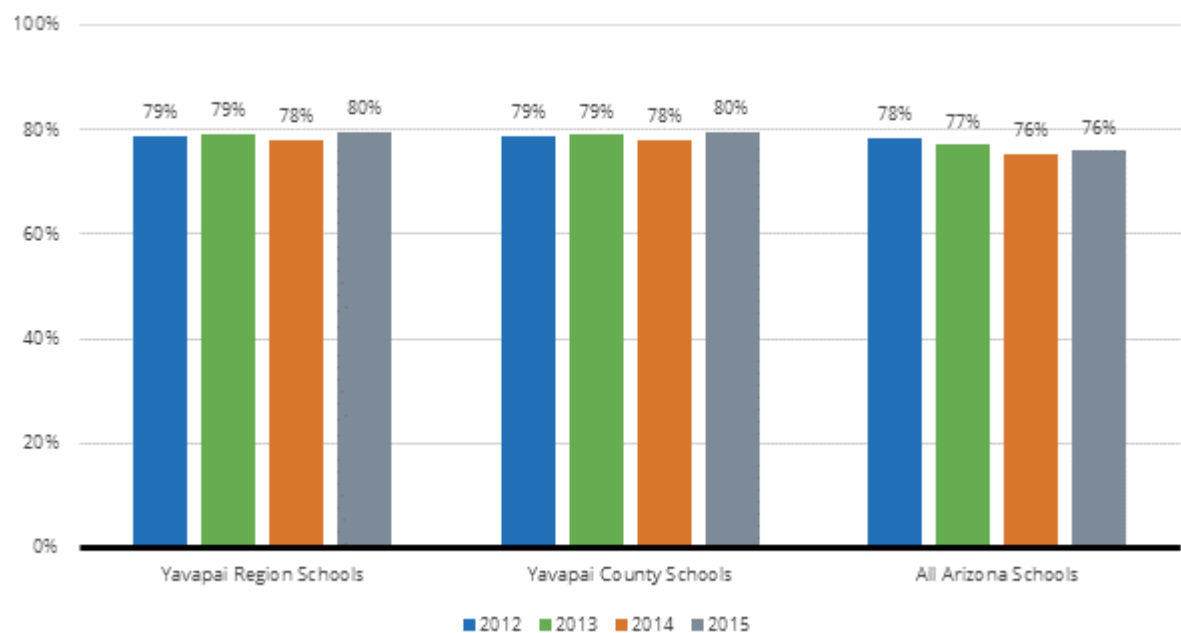
Table 40. High School Drop-Out and Graduation Rates, 2012 to 2015

| | 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 |
|---------------------------------------|--|---------------------|---------------------|---------------------|---------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Yavapai Region Schools | 25 | 3% | 3% | 3% | 3% | 79% | 79% | 78% | 80% |
| Ash Fork Joint Unified District | 1 | DS | DS | DS | DS | 79% | 76% | 82% | 100% |
| Bagdad Unified District | 1 | DS | DS | DS | DS | 97% | 96% | 90% | 91% |
| Camp Verde Unified District | 2 | 2% | DS | 1% | 2% | 83% | 90% | 99% | 93% |
| Chino Valley Unified District | 1 | 3% | 2% | 2% | 1% | 78% | 72% | 81% | 88% |
| Humboldt Unified District | 2 | 2% | 2% | 2% | 1% | 82% | 88% | 82% | 86% |
| Mingus Union High School District | 3 | 4% | 7% | 6% | 7% | 80% | 83% | 75% | 79% |
| Prescott Unified District | 1 | 1% | 2% | 2% | 2% | 85% | 84% | 80% | 86% |
| Sedona-Oak Creek JUSD #9 | 2 | 2% | DS | 2% | 2% | 87% | 83% | 88% | 83% |
| Seligman Unified District | 1 | DS | DS | DS | DS | 67% | 61% | 81% | 77% |
| Yavapai Accommodation School District | 2 | 18% | 30% | 26% | 16% | 42% | 35% | 29% | 30% |
| Yavapai Region Charter Schools | 9 | 5% | 5% | 5% | 4% | 62% | 62% | 66% | 61% |
| Yavapai County Schools | 40 | 3% | 3% | 3% | 3% | 79% | 79% | 78% | 80% |
| All Arizona Schools | 836 | 4% | 3% | 3% | 4% | 78% | 77% | 76% | 76% |

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

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.

Figure 16. High School Graduation Rates, 2012 to 2015



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

Table 41. 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 |
|-----------------------|--|--------------------------|-----------------------|--|------------------------------|
| Yavapai Region | 162,541 | 10% | 26% | 39% | 25% |
| Ash Fork | 1,609 | 20% | 31% | 33% | 16% |
| Bagdad | 1,432 | 12% | 42% | 35% | 11% |
| Chino Valley | 30,111 | 9% | 23% | 42% | 27% |
| Cordes Junction | 4,212 | 15% | 42% | 33% | 10% |
| Prescott | 38,193 | 7% | 22% | 39% | 32% |
| Prescott Valley | 23,315 | 12% | 30% | 41% | 17% |
| Sedona | 15,076 | 5% | 16% | 33% | 46% |
| Verde Valley | 42,500 | 13% | 29% | 39% | 19% |
| Yavapai South | 6,092 | 12% | 34% | 41% | 12% |
| Yavapai-Apache Nation | 497 | 27% | 29% | 37% | 8% |
| Yavapai County | 160,107 | 10% | 26% | 39% | 25% |
| ARIZONA | 4,284,776 | 14% | 25% | 34% | 27% |

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.⁸² Gaps in language development between children from disadvantaged backgrounds and their more advantaged peers are already evident by 18 months of age;⁸³ those disparities that persist until kindergarten are predictive of later academic problems.⁸⁴

Families play a tremendous role in fostering development. Research shows that children's health, social-emotional, and cognitive development also benefit greatly from high quality early learning.^{85,86} This is particularly true for children from disadvantaged backgrounds.⁸⁷ 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.⁸⁸

Investing 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.^{89,90,91} Experts estimate that investments in quality early learning initiatives can offer returns as high as \$16 per dollar spent.^{92,93} 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.⁹⁴ 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.⁹⁵ If not enrolled in publically-funded programs, which are often free or reduced cost, the annual cost of full-time center-based care for a young child in Arizona is nearly equal to the cost of a year at a public college (\$9,166).⁹⁶

Child care subsidies can be a support for families who have financial barriers to accessing early learning services.⁹⁷ 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 (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.)⁹⁸ 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.⁹⁹ How parents perceive and understand quality may differ; this points to the importance of quality ratings 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 providers 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.¹⁰⁰

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. It should be noted that the Yavapai region was not identified as meeting the needs requirement for distributing PDG funding. 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 will also support early childhood infrastructure development, early-learning provider partnerships, and coordination of early childhood funding.¹⁰¹

The presence of qualified, well-trained, caring professionals is essential to providing quality child care and early education experiences for children. In Arizona, the number of early childhood professionals receiving a credential or degree has increased from 2007 (21%) to 2012 (29%). 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.¹⁰²

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, AZEaryChildhood.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.^{103,104}

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.”¹⁰⁵ 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,¹⁰⁶ and are at an increased risk for maltreatment and neglect.^{107,108} Almost half (46%) of families with a child with special needs in Arizona have incomes below 200 percent of the federal poverty level.¹⁰⁹

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.^{110,111,112} 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),¹¹³ the Arizona Early Intervention Program (AzEIP),¹¹⁴ and the Division of Developmental Disabilities (DDD).¹¹⁵

What the Data Tell Us

Child Care and Preschool

According to data from the American Community Survey, 41 percent of children in the Yavapai Region aged 3 and 4 were enrolled in early learning centers^{ix} meaning that slightly more participate compared to children statewide (36%) (Figure 17). The lowest rates of participation occur in the Prescott Valley sub-region (29%), with the highest participation in the Bagdad (71%), Prescott (59%) and Sedona (56%) sub-regions.

Enrollment in early care and education is influenced by the availability of child care in the region. According to the most recent data available in 2015 and 2016, there were 87 registered child care providers approved to serve up to 4,253 children in the Yavapai Region (Table 42). The Arizona Department of Economic Security's 2014 Market Rate Survey¹¹⁶, which surveyed a total of 3,717 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. This suggests that the actual availability of child care slots in the region may be closer to 2,467. With a population of young children of 12,661 (see Table 1), there are likely to be between three and five young children for each available child care slot in the region.^x Keeping in mind the definition of a child care desert, that there are more than three times as many children under age five as there are spaces available in the child care settings,¹¹⁷ it seems likely that parts of the Yavapai Region fall within this definition. In particular, the Chino Valley sub-region has a population of 2,158 children aged birth to 5, but total capacity to serve just 348 children, equaling six children for each available child care slot. Figure 18 presents a map of early education and child care providers located throughout the Yavapai Region.

Of the 87 known child care providers, over one-third (n=35, 40%) were participating in the Quality First program in 2016, 32 centers and three home care providers. Besides the Quality First sites, seventeen sites in the Yavapai Region are Head Start programs, an additional seven operate at a public school, and 28 are other providers listed with Child Care Resource & Referral (CCR&R) (Table 42). CCR&R maintains a database of child care providers serving children in Arizona 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 DES, Arizona Department of Health Services (ADHS), Arizona Department of Education (ADE), CCR&R, or a Military or Tribal Authority. The 28 CCR&R providers^{xi} in the region have a capacity to serve 1,040 children (Table 43). Most of

^{ix} This item in the American Community Survey specifically asks about attendance in nursery school, preschool, or kindergarten.

^x 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.

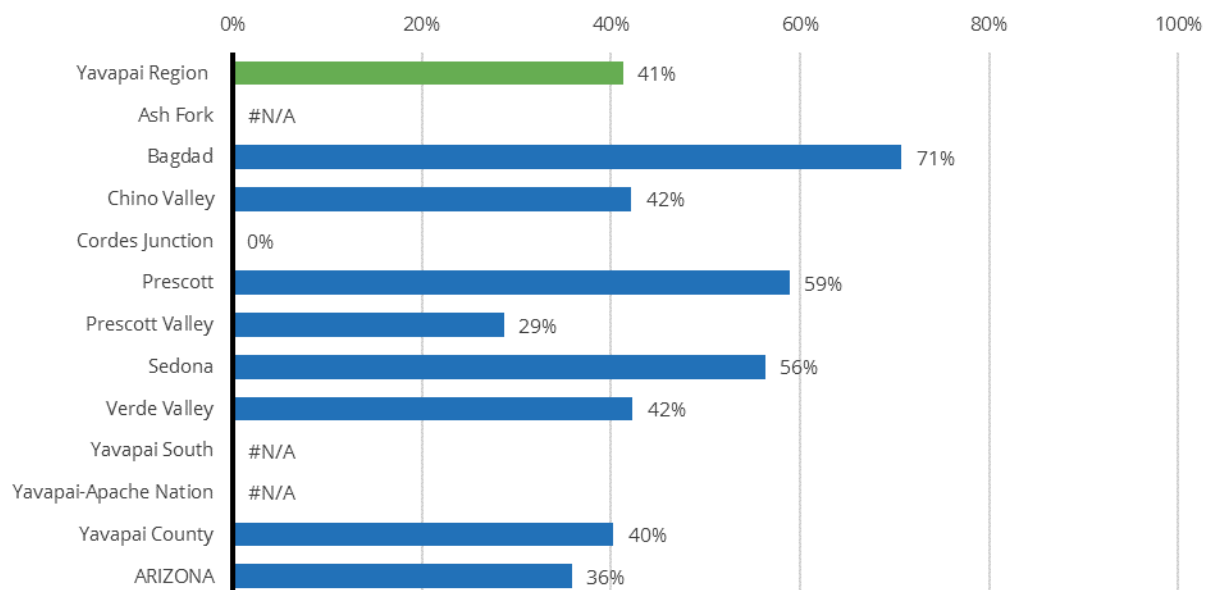
^{xi} This does not include any providers that are Quality First Providers, Head Start programs, or public school preschools.

these providers are child care centers (17 sites, capacity to serve 960) or family child care providers (10 sites, capacity to serve 76). Several sub-regions, Ash Fork, Bagdad, Chino Valley, Cordes Junction and Yavapai South have no providers listed in the CCR&R database.

Of the 35 programs that participate in the Quality First program in the Yavapai Region, 15 have achieved the 3-, 4- or 5- star ratings, indicating they are meeting or exceeding quality standards (Table 44). This represents 43 percent of all Quality First sites in the region, similar to the equivalent across the state (48% of Quality First sites across the state have a 3-star rating or higher). Most Quality First sites in the Yavapai Region are center-based providers (n=32) and provide 99 percent of the capacity of Quality First providers in the region (Table 45).

The Northern Arizona Council of Governments (NACOG) operates 10 Head Start sites and seven Early Head Start sites in Yavapai County. These NACOG programs served 607 children in the Yavapai Region in the 2014-2015 school year; 502 in Head Start and 105 in Early Head Start (Table 46; Table 47). The Cottonwood Head Start had the highest Head Start enrollment with a total enrollment of 91 in the 2014-2015 school year (Table 46). All but two NACOG Head Start sites in the region provide center-based care; Black Canyon City and Humboldt/Dewey/Mayer are home-based programs, and four sites offer both center and home-based programs: Ash Fork/Seligman, Camp Verde, Chino Valley and Sedona Head Start sites. Four of seven Early Head Start sites in the region offer home-based programs and two others offer both center and home-based programs (the Cottonwood Early Head Start offered no slots in 2014-2015). The Yavapai Early Head Start had the highest Early Head Start enrollment with a total enrollment of 38 in 2014-2015 (Table 47).

Figure 17. Estimated Numbers 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

Note: Due to small sample sizes, estimates for Ash Fork, Yavapai South and the Yavapai-Apache Nation cannot be reliably calculated.

Table 42. Childcare Capacity, by Type of Site

| | Total number and total capacity of all childcare 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 childcare providers | |
|-----------------------|--|---------|--|--------|--|--------|---|--------|--|--------|
| Yavapai Region | 87 | 4,253 | 35 | 2,370 | 17 | 607 | 7 | 236 | 28 | 1,040 |
| Ash Fork | 2 | 47 | 0 | 0 | 2 | 47 | 0 | 0 | 0 | 0 |
| Bagdad | 2 | 87 | 1 | 70 | 0 | 0 | 1 | 17 | 0 | 0 |
| Chino Valley | 6 | 348 | 2 | 191 | 4 | 157 | 0 | 0 | 0 | 0 |
| Cordes Junction | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Prescott | 16 | 1,196 | 7 | 736 | 0 | 10 | 1 | 90 | 8 | 360 |
| Prescott Valley | 21 | 968 | 7 | 329 | 2 | 99 | 1 | 95 | 11 | 445 |
| Sedona | 5 | 277 | 2 | 129 | 1 | 48 | 0 | 0 | 2 | 100 |
| Verde Valley | 30 | 1,256 | 15 | 856 | 6 | 237 | 2 | 28 | 7 | 135 |
| Yavapai South | 4 | 74 | 1 | 59 | 1 | <10 | 2 | <10 | 0 | 0 |
| Yavapai-Apache Nation | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Yavapai County | 85 | 4,199 | 35 | 2,370 | 17 | 607 | 7 | 236 | 26 | 986 |
| ARIZONA | 3,053 | 173,566 | 916 | 75,173 | 201 | 14,665 | 313 | 10,280 | 1,623 | 73,448 |

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

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

Note: Child care information for the Yavapai-Apache Nation is included in the Yavapai-Apache Nation Supplement in the Appendix of this report

Table 43: CCR&R Child Care Provider Types

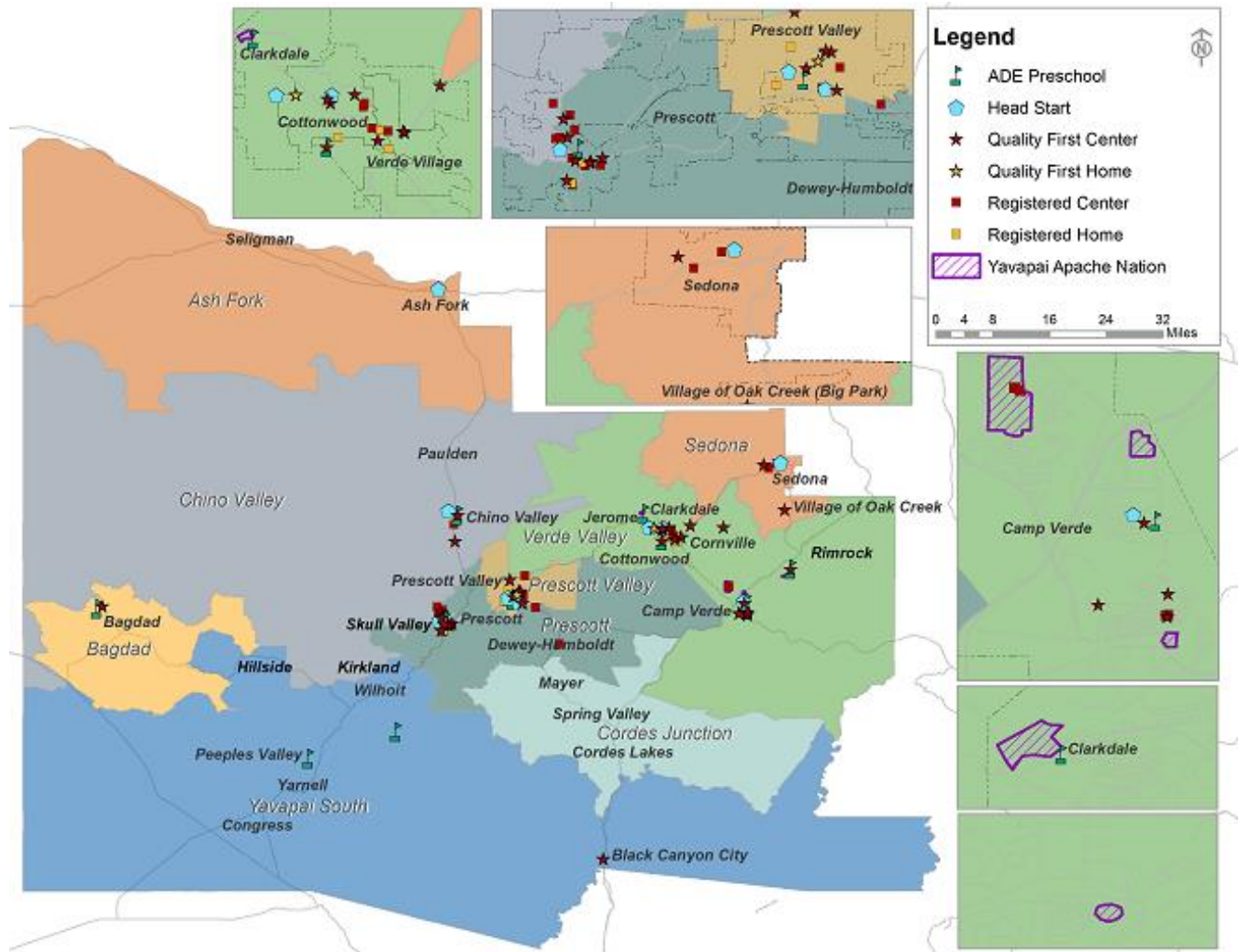
| | Nanny / Individual | | Family Child Care | | Child Care Center | | Total | |
|-----------------|--------------------|-----|-------------------|-------|-------------------|--------|-------|--------|
| Yavapai Region | 1 | 4 | 10 | 76 | 17 | 960 | 28 | 1,040 |
| Ash Fork | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bagdad | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chino Valley | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cordes Junction | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Prescott | 0 | 0 | 1 | 10 | 7 | 350 | 8 | 360 |
| Prescott Valley | 1 | 4 | 6 | 48 | 4 | 393 | 11 | 445 |
| Sedona | 0 | 0 | 0 | 0 | 2 | 100 | 2 | 100 |
| Verde Valley | 0 | 0 | 3 | 18 | 4 | 117 | 7 | 135 |
| Yavapai South | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Yavapai County | 0 | 0 | 10 | 76 | 16 | 910 | 26 | 986 |
| Arizona | 50 | 191 | 903 | 4,729 | 670 | 68,528 | 1,623 | 73,448 |

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

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.

Note: 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 and infant/toddler CPR and First Aid certification, and maintaining an Arizona Level I Fingerprint Clearance Card.

Figure 18. Map of Early Education and Child Care Providers in the Yavapai Region



Source: Arizona Department of Economic Security (2016). [Child Care Resource & Referral dataset]. Unpublished data; First Things First (2016). Quality First, a Signature Program of First Things First. Retrieved from www.qualityfirstaz.com; Office of Head Start (2016). Head Start Locator. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices>; Arizona Department of Education. [School Enrollment]. Unpublished data. Map produced by CRED.

Table 44. Numbers and Capacities of Quality First Sites, as of June 2016, by Star Rating

| | 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 | |
|----------------|--|----|--|--------|--|--------|--|--------|--|-------|--|--------|---|--------|
| Yavapai Region | 0 | 0 | 11 | 885 | 11 | 827 | 3 | 170 | 1 | 71 | 9 | 417 | 35 | 2,370 |
| Yavapai County | 0 | 0 | 11 | 885 | 11 | 827 | 3 | 170 | 1 | 71 | 9 | 417 | 35 | 2,370 |
| ARIZONA | 2 | 96 | 288 | 27,350 | 262 | 20,978 | 143 | 10,106 | 36 | 2,350 | 180 | 13,880 | 911 | 74,760 |

Source: First Things First (2016). Quality First, a Signature Program of First Things First. Retrieved from www.qualityfirstaz.com

Table 45. Quality First Providers by Type

| | Center | | Head Start | | Home | | Total | |
|-----------------|--------|--------|------------|-------|------|-------|-------|--------|
| Yavapai Region | 32 | 2,344 | 0 | 0 | 3 | 26 | 35 | 2,370 |
| Ash Fork | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bagdad | 1 | 70 | 0 | 0 | 0 | 0 | 1 | 70 |
| Chino Valley | 2 | 191 | 0 | 0 | 0 | 0 | 2 | 191 |
| Cordes Junction | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Prescott | 7 | 736 | 0 | 0 | 0 | 0 | 7 | 736 |
| Prescott Valley | 5 | 309 | 0 | 0 | 2 | 20 | 7 | 329 |
| Sedona | 2 | 129 | 0 | 0 | 0 | 0 | 2 | 129 |
| Verde Valley | 14 | 850 | 0 | 0 | 1 | 6 | 15 | 856 |
| Yavapai South | 1 | 59 | 0 | 0 | 0 | 0 | 1 | 59 |
| Yavapai County | 32 | 2,344 | 0 | 0 | 3 | 26 | 35 | 2,370 |
| Arizona | 706 | 70,412 | 50 | 3,134 | 155 | 1,214 | 911 | 74,760 |

Source: Quality First, a Signature Program of First Things First (June 2016). Retrieved from www.qualityfirstaz.com;

Table 46. Head Start Enrollment by Age and Type, Yavapai County, 2014-2015 School Year

| Head Start Center | Total | 1 year | 2 years | 3 years | 4 years | 5 years and older | Center-based Slots | Home-based Slots |
|---------------------------------|-------|--------|---------|---------|---------|-------------------|--------------------|------------------|
| Ash Fork/Seligman Head Start | 37 | <10 | <10 | <10 | <10 | 16 | 17 | 20 |
| Beaver Creek Head Start | 18 | 0 | 0 | <10 | <10 | <10 | 18 | 0 |
| Black Canyon City Head Start | <10 | 0 | 0 | <10 | <10 | <10 | 0 | <10 |
| Camp Verde Head Start | 79 | 0 | 0 | 10 | 28 | 41 | 63 | <10 |
| Chino Valley Head Start | 58 | 0 | 0 | <10 | 24 | 32 | 48 | 10 |
| Cottonwood Head Start | 91 | 0 | 0 | <10 | 33 | 50 | 91 | 0 |
| Humboldt/Dewey/Mayer Head Start | 10 | 0 | 0 | 0 | <10 | <10 | 0 | 10 |
| Prescott Head Start | 79 | 0 | 0 | <10 | 34 | 38 | 69 | 0 |
| Prescott Valley Head Start | 73 | 0 | 0 | <10 | 24 | 45 | 73 | 0 |
| Sedona Head Start HS | 48 | 0 | 0 | <10 | 22 | 25 | 38 | 10 |
| TOTAL Head Start | 502 | <10 | <10 | 43 | 187 | 263 | 417 | 60 |

Source: Northern Arizona Council of Governments. Data obtained through personal correspondence.

Table 47. Early Head Start Enrollment by Age and Type, Yavapai County, 2014-2015 School Year

| Early Head Start Center | Total | 1 year | 2 years | 3 years | 4 years | 5 years and older | Center-based Slots | Home-based Slots |
|----------------------------------|-------|--------|---------|---------|---------|-------------------|--------------------|------------------|
| Ash Fork Early Head Start | 10 | <10 | <10 | 0 | 0 | 0 | 0 | 10 |
| Camp Verde Early Head Start | 11 | <10 | <10 | <10 | 0 | 0 | 0 | 11 |
| Chino Valley Early Head Start | 11 | <10 | <10 | <10 | 0 | 0 | 0 | 11 |
| Cottonwood Early Head Start | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Prescott Early Head Start | <10 | <10 | <10 | <10 | 0 | 0 | 0 | <10 |
| Prescott Valley Early Head Start | 26 | 10 | 13 | <10 | 0 | 0 | 16 | 10 |
| Yavapai Early Head Start | 38 | 18 | 17 | <10 | 0 | 0 | 26 | 12 |
| TOTAL Early Head Start | 105 | 50 | 42 | 13 | 0 | 0 | 42 | 63 |

Source: Northern Arizona Council of Governments. Data obtained through personal correspondence.

Cost of Care

The cost of care in Yavapai County varies by the type of care and the age of the child receiving care; however, the median cost in the county relative to the cost of similar care across the state is lower for child care centers but higher or equivalent for approved family homes and certified group homes. For example, residents in Yavapai County pay lower prices for child care centers (e.g., \$32 per day for infant care vs. \$42), but higher prices for approved family homes (e.g., \$24 per day for infant care vs. \$22), and certified group homes (e.g., \$28 vs. \$27) than parents statewide. Within the region, care in all types of settings is most expensive for infants, with care for infants in licensed child care centers highest (\$32) (Table 48), followed by certified group homes (\$28) (Table 50), and approved family homes (\$24) (Table 49). This is not surprising given that the lower teacher-to-child ratio needed for infant care typically necessitates a higher cost of care.

Families in the Yavapai Region are paying a slightly lower proportion (11-14%, depending on the child’s age) of their overall income for a child care slot as other families statewide (Table 51). 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.¹¹⁸ Families in the Yavapai Region, while paying less than other families across the state, are still paying more than the recommended 10 percent. 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 (\$25,904, see Table 15), resulting in a higher proportion of their income being spent on child care.

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. The number of children in the Yavapai Region receiving a subsidy increased from 517 in 2013 to 734 in 2015 (Table 52). Over half of those children who received subsidies in 2015 were involved with DCS; 79 percent of DCS-involved children received a subsidy, suggesting that this is an important support for those families (Table 53). 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, 2017.¹¹⁹ The number of children on the waitlist to receive support in the Yavapai Region decreased from a high of 120 in 2013 to 81 in 2015 (Table 52).

Table 48. 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 |
|----------------|----------------|---------------------------------|---------------------------------|
| Yavapai Region | N/A | N/A | N/A |

| | | | |
|----------------|---------|---------|---------|
| Yavapai County | \$32.00 | \$27.60 | \$25.25 |
| ARIZONA | \$42.00 | \$38.00 | \$33.00 |

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

Table 49. 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 |
|----------------|----------------|---------------------------------|---------------------------------|
| Yavapai Region | N/A | N/A | N/A |
| Yavapai County | \$24.00 | \$22.00 | \$21.00 |
| ARIZONA | \$22.00 | \$20.00 | \$20.00 |

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

Table 50. 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 |
|----------------|----------------|---------------------------------|---------------------------------|
| Yavapai Region | N/A | N/A | N/A |
| Yavapai County | \$28.00 | \$25.00 | \$25.50 |
| ARIZONA | \$27.00 | \$25.00 | \$25.00 |

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

Table 51. Charge for Full-Time Child Care in Licensed Child Care Centers, as a Percentage of Median Annual Income

| | Median family income for all families | For one infant | For one child, 1 or 2 years old | For one child, 3 to 5 years old |
|----------------|--|----------------|------------------------------------|------------------------------------|
| Yavapai Region | N/A | N/A | N/A | N/A |
| Yavapai County | \$53,626 | 14% | 12% | 11% |
| 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 52. 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 |
|----------------|---|---|---|--|--|--|--------------------------------------|--------------------------------------|--------------------------------------|
| Yavapai Region | 550 | 612 | 868 | 517 | 520 | 734 | 120 | 91 | 81 |
| Yavapai County | 548 | 610 | 867 | 515 | 518 | 733 | 120 | 90 | 78 |
| 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.

Table 53. 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 |
|----------------|--|---|--|
| Yavapai Region | 485 | 385 | 79% |
| Yavapai County | 485 | 385 | 79% |
| ARIZONA | 18,417 | 15,785 | 86% |

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

Child Care Professionals

Formal education of Early Childhood Education (ECE) professionals is important for quality care and early learning. According to the 2012 Early Care and Education Workforce Survey, 50 percent of ECE teachers surveyed statewide had obtained an associate's, bachelor's or master's degree. Twenty-nine percent of assistant teachers had a Child Development Associate (CDA) credential, an associate's degree or higher, and 73 percent of administrative directors had an associate's degree or higher. Teachers and assistant teachers in Head Start and Early Head Start programs have higher rates of educational attainment. Across all Arizona Head Start programs, 83 percent of teachers and assistant teachers had at least one early education credential or degree, and a similar 82 percent of Early Head Start

teachers and assistant teachers had at least one credential or degree. Most classroom teachers with NACOG^{xii}, the provider of Head Start and Early Head Start services in the Yavapai Region, hold a Bachelor's degree in early childhood education or other field (39%) or an Associate's degree in early childhood education (36%) (Table 55). Assistant teachers are most likely to have a CDA or other childhood credential.

The issues of staff retention and wages face all early care and education providers. According to the *2012 Early Care and Education Workforce Survey*, the early care and education teacher turnover rate is the highest in the education field, averaging 30 percent across the nation¹²⁰. In spite of increasing numbers of teachers and assistant teachers obtaining a credential or college degree, early care and education teachers in Arizona in 2012 earned about half of the annual earnings for kindergarten and elementary school teachers, which translates into an hourly rate similar to that of the average high school graduate (\$9.45).¹²¹ The Bureau of Labor Statistics reports mean compensation data on various occupations, including that of preschool teachers, excluding special education teachers. In Yavapai County, the mean hourly wage in 2015 for those teachers was \$13.13, compared to \$11.33 across the state. The mean annual wage for those teachers in 2015 was \$28,460 in Yavapai County and \$26,800 across the state as a whole.

Two college's offering certification and degree programs in early childhood are located in the Yavapai Region; Yavapai College and Prescott College. Yavapai College offers two types of Associate's degrees and two types of certificates related to early childhood education. In addition, a CDA FastTrak program is being piloted in the spring of 2017 with cohorts in Verde Valley and West Yavapai that will pair a CDA Outreach Instructor with CDA candidates to offer coordination, training and professional guidance. Prescott College offers coursework leading to an early childhood endorsement, and Bachelor's degrees, and post-bachelor's certifications related to early childhood education (Table 54).

Other early childhood education professional development opportunities are available in the region. Arizona Childcare Resource and Referral publishes a quarterly newsletter on early childhood training opportunities, including those in Yavapai County.¹²² The most recent newsletter¹²³ listed 17 trainings in the region, in Cottonwood, Clarkdale, Prescott, Prescott Valley and Sedona. The Arizona Department of Education also offers professional development opportunities in early childhood education, often via webinars, on topics such as early learning standards and infant and toddler development.¹²⁴ The Arizona Early Childhood Workforce Registry is also a resource to explore available professional development opportunities in the Yavapai Region, as well as FTF College Scholarships for classes taken towards a degree or credential in early childhood.¹²⁵ Organizations like Prevent Child Abuse, Yavapai County Education Service Agency, Buena Vista Children's Services, and Arizona Children's Association also offer trainings and workshops in the region on a variety of topics related to child welfare, early childhood, and parenting throughout the course of a year.

^{xii} The NACOG credential data above includes staff in Yavapai, Apache, Coconino, Navajo counties.

Table 54: Availability of Certification or Degree Programs

| College | Locations in... | Degree Offered |
|------------------|---|---|
| Prescott College | Prescott | BA: Elementary Education, Early Childhood Education, Early Childhood Special Education |
| | | Post-Bachelor's Teaching Certifications: Early Childhood Education, Early Childhood Special Education, Elementary Education |
| | | Endorsement: Early Childhood Education |
| Yavapai College | Prescott, Prescott Valley, Verde Valley | AA: Elementary Education |
| | | AAS: Early Childhood Education |
| | | Certificate: Early Childhood Education (Basic) |
| | | Certificate: Early Childhood Education (Advanced) |
| Yavapai College | Prescott, Verde Valley | Child Development Associate (CDA) FastTrak – Beginning Spring 2017 |
| Yavapai College | Clarkdale Campus | Annual Early Childhood Education Conference |

<http://www.prescott.edu/academics/concentrations/early-childhood-education>

<https://www.yc.edu/academics/degrees-and-certificates/early-childhood-education-advanced-certificate/52>

Key Informant input provided during Data Interpretation Session, November 9, 2016

Table 55. NACOG Staff Credentials 2016 (Head Start and Early Head Start)

| Degree Type | % of classroom teachers with this credential | % of assistant teachers with this credential |
|------------------------|--|--|
| Advanced degree in ECE | 5% | 0% |

| | | |
|---|-----|-----|
| Advanced degree in any field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children | 8% | 2% |
| BA in ECE | 18% | 0% |
| BA in any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children | 21% | 0% |
| Associates degree in ECE | 36% | 0% |
| Associates degree in any field related to early childhood education and course work equivalent to a major relating to early childhood education with experience teaching preschool-age children | 4% | 2% |
| CDA or state-awarded preschool, infant/toddler, family child care or home-based certification, credential, or licensure that meets or exceeds CDA requirements | 8% | 33% |

Source: Office of Head Start. Program Information Report (PIR) Staff Qualification Report – 2016 – Grant level. Retrieved from <https://hhs.acf.hhs.gov/pir/>

Note: NACOG credential data includes staff in Yavapai, Apache, Coconino, Navajo counties

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

The Individuals with Disabilities Education Improvement Act (IDEA), mandates that all children with disabilities have a free, appropriate, public education (FAPE).¹²⁶ 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.¹²⁷ Due to the plasticity of neural circuits in the first three years of life, both positive and negative experiences have a strong impact on the developing brain in the early years. Because of this, intervention is likely to be more effective and less costly if provided earlier in life.¹²⁸

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. In the Yavapai Region and across Arizona, more children were referred to and served by AzEIP in FY2015 than in either of the two years prior (Table 56). In 2015, 239 children ages birth to 2 were served through the AzEIP program in the Yavapai Region. Based on the 2010 population estimates for children birth to 2 (see Table 1), this means that AzEIP services to prevent and address developmental delay are provided to approximately four percent of children aged birth through two years in the Yavapai Region, similar to the four percent served statewide. Research suggests that about 13 percent of children would typically qualify for early intervention services,¹²⁹ or about 802 children in the region. This suggests that over 500 children in the Yavapai Region who would benefit from early intervention services are not receiving them.

A small number of children in the region were served by the Department of Economic Security Division of Developmental Disabilities (DDD) in FY2015 (the most recent year of data). 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 aged birth to 5 are eligible if they show significant delays in one or more of these areas of development: physical, cognitive, communication, social emotional or self-help.

In 2015, 36 children aged 0 to 2, and 39 children aged 3 to 5 were served by DDD in the Yavapai Region (Table 59). Although the number of children referred to DDD has increased between 2012 and 2015 for both age groups, the number of children aged 0 to 2 served by DDD decreased from 40 in 2013 to 36 in 2015, and the number of older children (aged 3-5) served also decreased between 2012 and 2015 (from 57 to 39). The number of service visits also decreased for both age groups, with service visits for the youngest children decreasing from 2,096 in 2012 to 1,584 in 2015, and service visits for children aged 3 to 5 decreasing from 6,560 to 4,400 during the same period (Table 60). Key informants^{xiii} suggested that there is a lack of early intervention professional service providers, such as speech therapists, available to meet the needs of the region, which may also be a reason behind the decrease in the number served and service visit per child, in spite of increasing referrals during the same period.

The Head Start, Early Head Start, and public preschool programs are also supporting children who have disabilities. The number of preschoolers in special education in ADE preschools and elementary schools has decreased slightly between 2012 (n=220) and 2015 (n=201) (Table 61). In October 2015, 195 preschool students were enrolled in special education preschool in the region, which represented 55 percent of students enrolled in preschool (Table 62). Among children who are in special education programs in public preschools in the Yavapai Region, the majority of children either have speech or language impairment (52%) or a developmental disability (32%) (Figure 19). There are very few children in regional schools with hearing impairments or vision impairments. This may be because hearing impairments are frequently diagnosed as speech or language impairments in the preschool age group. For older children in the region, of the 7,638 children enrolled in kindergarten through third grade in October 2015, 11 percent were enrolled in special education services in school (Table 64). Given that this is about three times the rate of children birth to 2 in the region being served by early intervention services (AzEIP and DDD), it may be that children with delays are being identified and diagnosed when they are older, missing the earlier years when intervention can be more effective and less costly.

In addition, Yavapai County Community Health Services is implementing Yavapai County Autism Readiness and Education (Y-CARE). Y-CARE aims to improve access to local, comprehensive, standardized, and timely evaluations for children with a concern for autism spectrum disorder (ASD). Through heightened public awareness of the early signs of autism, improved access to developmental screening and diagnosis, and evidence-based services, Y-CARE hopes to build on existing community resources to serve area children with ASD.

Table 56. 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 |
|----------------|--|--|--|--|--|--|
| Yavapai Region | 270 | 272 | 298 | 123 | 116 | 239 |
| Yavapai County | 270 | 268 | 297 | 123 | 116 | 235 |
| 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.

^{xiii} In attendance at the October 12, 2016 Data Interpretation Session.

Table 57. 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 |
|----------------|--|--|--|--|--|--|--|--|
| Yavapai Region | <25 | 35 | 38 | 38 | <25 | <25 | <25 | 27 |
| Yavapai County | <25 | 34 | 37 | 37 | <25 | <25 | <25 | 27 |
| 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.

Table 58. Children (Ages 0 to 5) Evaluated by the Division of Developmental Disabilities (DDD), 2012 to 2015

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

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

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."

Table 59. 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 |
|----------------|--|--|--|--|--|--|--|--|
| Yavapai Region | 25 | 40 | 38 | 36 | 57 | 56 | 48 | 39 |
| Yavapai County | <25 | 39 | 37 | 36 | 57 | 55 | 48 | 39 |
| 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.

Table 60. Division of Developmental Disabilities (DDD) Service Visits for Children (Ages 0 to 5), 2012 to 2015

| | Number of service visits (ages 0-2) in FY2012 | Number of service visits (ages 0-2) in FY2013 | Number of service visits (ages 0-2) in FY2014 | Number of service visits (ages 0-2) in FY2015 | Number of service visits (ages 3-5) in FY2012 | Number of service visits (ages 3-5) in FY2013 | Number of service visits (ages 3-5) in FY2014 | Number of service visits (ages 3-5) in FY2015 |
|----------------|---|---|---|---|---|---|---|---|
| Yavapai Region | 2,096 | 2,594 | 1,614 | 1,584 | 6,560 | 5,862 | 6,365 | 4,400 |
| Yavapai County | 2,050 | 2,503 | 1,573 | 1,584 | 6,560 | 5,841 | 6,365 | 4,400 |
| ARIZONA | 168,992 | 158,496 | 130,486 | 120,519 | 363,468 | 374,440 | 367,590 | 358,322 |

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

Table 61. Number of Preschoolers in Special Education, 2012 to 2015

| | Total number of ADE schools with special needs preschools | 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 |
|--------------------------------------|---|---|---|---|---|
| Yavapai Region Schools | 14 | 220 | 224 | 201 | 201 |
| Ash Fork Joint Unified District | 0 | 0 | 0 | 0 | 0 |
| Bagdad Unified District | 1 | <25 | <25 | <25 | <25 |
| Beaver Creek Elementary District | 1 | <25 | <25 | <25 | <25 |
| Camp Verde Unified District | 1 | <25 | <25 | <25 | <25 |
| Canon Elementary District | 1 | <25 | 0 | <25 | <25 |
| Chino Valley Unified District | 1 | 27 | 29 | <25 | <25 |
| Clarkdale-Jerome Elementary District | 1 | <25 | <25 | <25 | <25 |

| | | | | | |
|--|-----|-------|-------|-------|-------|
| Congress Elementary District | 1 | 0 | <25 | 0 | 0 |
| Cottonwood-Oak Creek Elementary District | 1 | 33 | 30 | 26 | 26 |
| Crown King Elementary District | 0 | 0 | 0 | 0 | 0 |
| Hillside Elementary District | 1 | <25 | 0 | 0 | 0 |
| Humboldt Unified District | 1 | 75 | 87 | 81 | 81 |
| Kirkland Elementary District | 1 | <25 | <25 | 0 | 0 |
| Mayer Unified School District | 1 | <25 | <25 | <25 | <25 |
| Prescott Unified District | 1 | 35 | 34 | 30 | 30 |
| Sedona-Oak Creek JUSD #9 | 0 | 0 | 0 | 0 | 0 |
| Seligman Unified District | 0 | 0 | 0 | 0 | 0 |
| Skull Valley Elementary District | 0 | 0 | 0 | 0 | 0 |
| Yarnell Elementary District | 1 | 0 | <25 | <25 | <25 |
| Yavapai County Schools | 14 | 220 | 224 | 201 | 201 |
| All Arizona Schools | 550 | 9,173 | 9,203 | 8,845 | 8,702 |

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

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.

Table 62. Pre-Kindergarten Students Enrolled in Special Education, October 2015

| | Number of schools with pre-kindergarten | Number of students enrolled | Number of students in special education | Percent of students in special education |
|--------------------------------------|---|-----------------------------|---|--|
| Yavapai Region Schools | 10 | 353 | 195 | 55% |
| Ash Fork Joint Unified District | 0 | 0 | 0 | 0 |
| Bagdad Unified District | 1 | 17 | <25 | DS |
| Beaver Creek Elementary District | 1 | 16 | <25 | DS |
| Camp Verde Unified District | 1 | 25 | <25 | DS |
| Canon Elementary District | 0 | 0 | 0 | 0 |
| Chino Valley Unified District | 1 | 73 | 32 | 44% |
| Clarkdale-Jerome Elementary District | 1 | <10 | <25 | DS |

| | | | | |
|--|-----|--------|-------|-----|
| Congress Elementary District | 0 | 0 | 0 | 0 |
| Cottonwood-Oak Creek Elementary District | 1 | 28 | 25 | 89% |
| Crown King Elementary District | 0 | 0 | 0 | 0 |
| Hillside Elementary District | 0 | 0 | 0 | 0 |
| Humboldt Unified District | 1 | 95 | 78 | 82% |
| Kirkland Elementary District | 1 | <10 | <25 | DS |
| Mayer Unified School District | 0 | 0 | 0 | 0 |
| Mingus Union High School District | | 0 | 0 | 0 |
| Prescott Unified District | 1 | 90 | 27 | 30% |
| Sedona-Oak Creek JUSD #9 | 0 | 0 | 0 | 0 |
| Seligman Unified District | 0 | 0 | 0 | 0 |
| Skull Valley Elementary District | 0 | 0 | 0 | 0 |
| Yarnell Elementary District | 1 | <10 | <25 | DS |
| Yavapai County Schools | 9 | 355 | 197 | 55% |
| All Arizona Schools | 445 | 19,123 | 8,773 | 46% |

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

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.

Table 63. Types of Disabilities Among Preschoolers in Special Education, 2015

| | Developmental Disability | Hearing Impairment | Severe Delay | Speech Or Language Impairment | Vision Impairment |
|--|---------------------------------|---------------------------|---------------------|--------------------------------------|--------------------------|
| Yavapai Region Schools | 32% | 0% | 15% | 52% | 0% |
| Ash Fork Joint Unified District | N/A | N/A | N/A | N/A | N/A |
| Bagdad Unified District | 0% | 0% | 13% | 88% | 0% |
| Beaver Creek Elementary District | 50% | 0% | 25% | 25% | 0% |
| Camp Verde Unified District | 29% | 0% | 7% | 64% | 0% |
| Canon Elementary District | 0% | 0% | 100% | 0% | 0% |
| Chino Valley Unified District | 25% | 0% | 4% | 71% | 0% |
| Clarkdale-Jerome Elementary District | 33% | 0% | 0% | 67% | 0% |
| Congress Elementary District | N/A | N/A | N/A | N/A | N/A |
| Cottonwood-Oak Creek Elementary District | 62% | 0% | 15% | 23% | 0% |
| Crown King Elementary District | N/A | N/A | N/A | N/A | N/A |
| Hillside Elementary District | N/A | N/A | N/A | N/A | N/A |
| Humboldt Unified District | 30% | 0% | 21% | 49% | 0% |
| Kirkland Elementary District | N/A | N/A | N/A | N/A | N/A |
| Mayer Unified School District | 40% | 0% | 20% | 40% | 0% |
| Prescott Unified District | 23% | 0% | 10% | 67% | 0% |
| Sedona-Oak Creek JUSD #9 | N/A | N/A | N/A | N/A | N/A |
| Seligman Unified District | N/A | N/A | N/A | N/A | N/A |
| Skull Valley Elementary District | N/A | N/A | N/A | N/A | N/A |
| Yarnell Elementary District | 100% | 0% | 0% | 0% | 0% |
| Yavapai County Schools | 32% | 0% | 15% | 52% | 0% |
| All Arizona Schools | 41% | 1% | 21% | 36% | 1% |

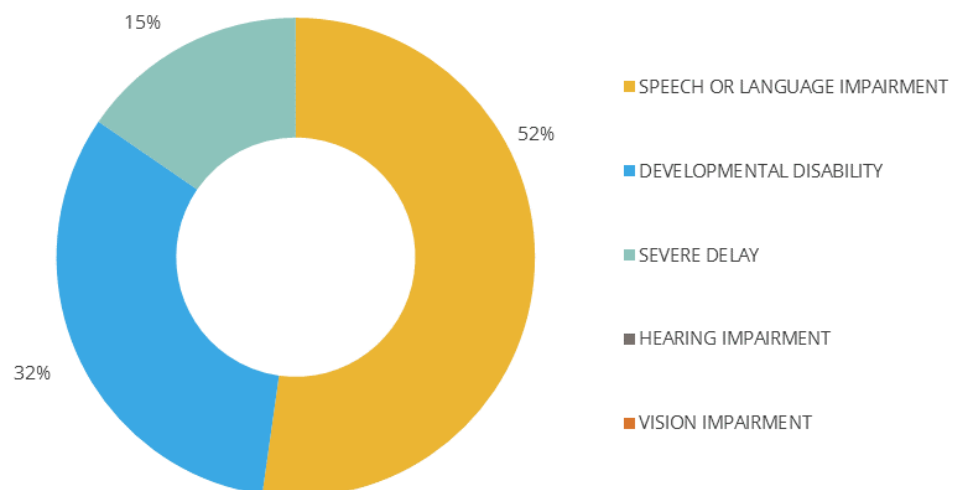
Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

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.

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).

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

Figure 19. Types of Disabilities Among Preschoolers in Special Education, 2015



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

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).

Table 64: Kindergarten Through Third-Grade Students Enrolled in Special Education, October 2015

| | Number of students enrolled (K to 3) | Number of students in special education | Percent of students in special education |
|--|---|--|---|
| Yavapai Region Schools | 7,638 | 806 | 11% |
| Ash Fork Joint Unified District | 72 | <25 | 15% |
| Bagdad Unified District | 164 | 29 | 18% |
| Beaver Creek Elementary District | 122 | <25 | 14% |
| Camp Verde Unified District | 432 | 54 | 13% |
| Canon Elementary District | 49 | <25 | 6% |
| Chino Valley Unified District | 685 | 76 | 11% |
| Clarkdale-Jerome Elementary District | 195 | <25 | 7% |
| Congress Elementary District | 47 | <25 | 11% |
| Cottonwood-Oak Creek Elementary District | 925 | 89 | 10% |
| Crown King Elementary District | <10 | 0 | DS |
| Hillside Elementary District | 10 | 0 | 0% |
| Humboldt Unified District | 1,819 | 210 | 12% |
| Kirkland Elementary District | 41 | <25 | 20% |
| Prescott Unified District | 951 | <25 | 6% |
| Sedona-Oak Creek JUSD #9 | 328 | 107 | 11% |
| Seligman Unified District | 36 | 28 | 9% |
| Yarnell Elementary District | 13 | <25 | 15% |
| Yavapai Region Charter Schools | 1,595 | 140 | 9% |
| Yavapai County Schools | 7,814 | 847 | 11% |
| All Arizona Schools | 342,307 | 33,269 | 10% |

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

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.



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.¹³⁰ 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.^{131,132} 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.^{133,134,135}

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.¹³⁶ 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.^{137,138} Children who lack health insurance are also more likely to be hospitalized and to miss school.¹³⁹

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.¹⁴⁰ Arizona became the only state without an active CHIP program. However, in May 2016, the Arizona legislature voted to lift the freeze on KidsCare,¹⁴¹ and in July 2016 applications began to be accepted for the first time in six years, with coverage beginning September 1, 2016.¹⁴² 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.¹⁴³

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.¹⁴⁴ 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.^{145,146,147}

A mothers' weight status can also influence her child's health. Women who are obese before they become pregnant have pregnancies with a higher risk of birth complications and neonatal and infant mortality.^{148,149} Babies born to obese women are at risk for chronic conditions in later life such as diabetes and heart disease.¹⁵⁰ Maternal smoking is another factor that can greatly affect child outcomes. Babies born to mothers who smoke are more likely to be born early (pre-term), be low birth weight, die from sudden infant death syndrome (SIDS) and have weaker lungs than other babies.¹⁵¹

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.¹⁵²

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.¹⁵³ 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.¹⁵⁴ Healthy People 2020 aims to increase the proportion of infants who were ever breastfed to 81.9 percent.¹⁵⁵

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.¹⁵⁶ 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.¹⁵⁷

Oral health and good oral hygiene practices are also very important to children's overall health. Poor oral health is associated with increased vulnerability to infections, impaired speech development, reduced self-esteem, increased school absences, overall decreased quality of life.¹⁵⁸ 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.¹⁵⁹ 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.¹⁶⁰ 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%).¹⁶¹

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 affect the well-being of children,¹⁶² and injuries are the leading cause of death in children in the United States.¹⁶³ 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 children aged birth to 5 in Arizona include falls, poisoning, and assault/abuse.¹⁶⁴ 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.¹⁶⁵ 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 Plan¹⁶⁶, as well as included it as part of their Arizona Injury Prevention Plan.¹⁶⁷

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.^{168,169} Obesity can have negative consequences on physical, social, and psychological well-being that begin in childhood and continue into and throughout adulthood.¹⁷⁰ 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.¹⁷¹ One component of establishing a healthy weight – physical activity – also promotes improved visual-motor integration skills and object manipulation skills that in turn lead to improved executive function, social behaviors and ultimately school readiness for young children.¹⁷² The availability and accessibility of recreational facilities and resources that promote physical fitness can affect the ability of both child and adult community members to reap the benefits of physical activity.

What the Data Tell Us

Access to Care

The Arizona Department of Health Services designates Primary Care Areas (PCAs) as geographically based areas in which most residents seek primary medical care from the same place.¹⁷³ There are six primary care areas that coincide with the Yavapai Region: Cottonwood/Sedona, Chino Valley, Williamson, Prescott Valley, Prescott, and Black Canyon City. Each PCA receives a score based on 13 weighted items to provide a snapshot of the health of area residents.^{174,xiv} Possible scores range from 14 to 75, with the lower score indicating fewer public health risk factors.^{175,176} In the Yavapai Region, the Williamson PCA has the lowest score at 14, followed by Cottonwood/Sedona and Chino Valley PCAs with a score of 26, Prescott Valley PCA with a score of 28, Prescott with a score of 30, and Black Canyon City has the highest score at 38.

Figure 20 shows the ratio of population to primary care providers by PCA as of July 2015. The Prescott PCA had the lowest population-provider ratio, with 219 providers per person, while the Chino Valley PCA had the highest ratio at 1,196 providers per person. All but one of the regions PCAs had population-provider ratios greater than that seen statewide (449 to 1), indicating a potential need for more primary care providers. The recruitment of new providers to the area is one of the primary pillars of the Yavapai Regional Medical Center (YRMC) five year strategic plan. Year one of the plan was completed in 2016 and demonstrated a commitment at the executive leadership level to address the availability of providers in our region. YRMC's commitment led to the addition of a full-time physician recruiter who joined YRMC in 2016. The primary responsibility of this FTE is to source and build relationships with potential candidates. The recruiter has relationships with various organizations around the country who specialize in candidate

^{xiv} The 13 items (according to the Arizona Administrative Code R9-24-203) are population to provider ratio, travel distance to primary care provider, transportation score, percent of population under 200 percent of the federal poverty level (FPL), percent of population between 100 and 200 percent of the FPL, uninsured births, ambulatory-care admissions, low birthweight births, lack of prenatal care, percentage of deaths before life expectancy, infant mortality rate, percent of minorities, elderly, and unemployed population, and whether the area has one or fewer full-time providers.

identification. YRMC is also building relationships with various residency programs to create new candidate pipelines to the hospital.^{xv}

The public health infrastructure in Yavapai County can be considered an asset to the region. Yavapai County Community Health Services (YCCHS) was the first public health department in Arizona to achieve accreditation through the Public Health Accreditation Board.^{xvi} To receive accreditation, YCCHS underwent a rigorous assessment process to ensure it met a set of quality standards and measures. YCCHS provides health services and immunizations at three clinics in Prescott, Prescott Valley and Cottonwood. YCCHS also provides childhood immunizations and oversees WIC and the Health Start and Newborn Intensive Care Program (NICP) which are home visitation programs available to families with young children in the region.

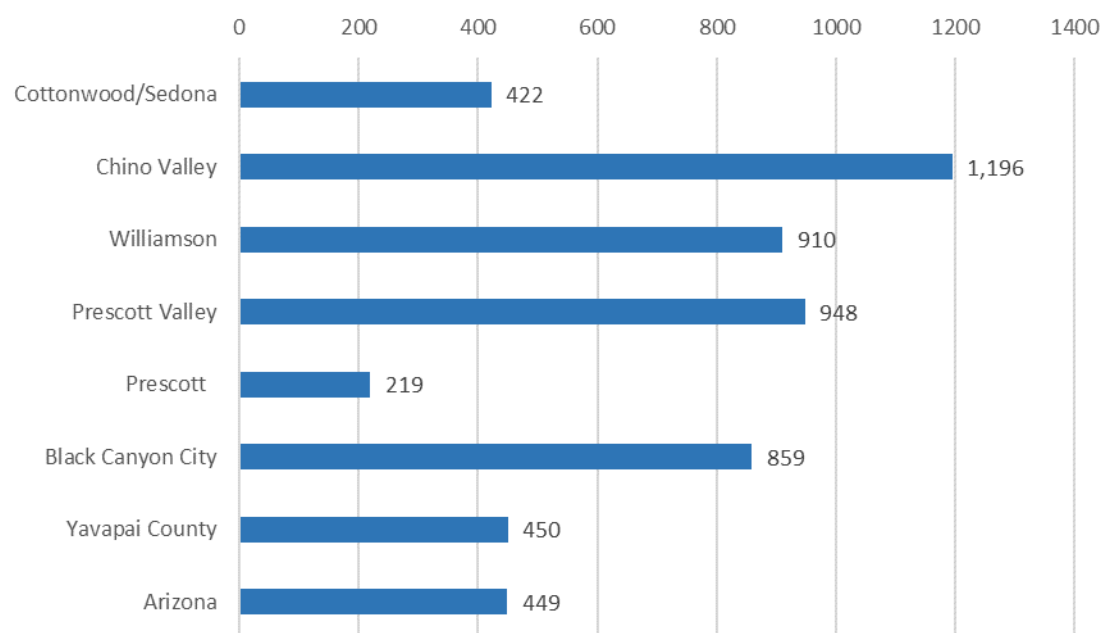
Another key factor in health care is health insurance, and 10 percent of young children in the region were estimated to be uninsured, along with 15 percent of the total population in the Yavapai Region (Table 65). These proportions varied among the sub-regions. Children in the Sedona sub-region had the highest estimated uninsured rate (30%), higher than the rate of the other sub-regions, and three times the rate of the state as a whole (10%). Children in the Ash Fork sub-region were least likely to be uninsured, with no children falling into that category. Interestingly, the Ash Fork sub-region had one of the highest proportions of the total population uninsured (23%), although the reliability of these American Community Survey estimates for the Ash Fork sub-region may be problematic due to the small number on which the estimates are based for that area.

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 nine percent.¹⁷⁷

^{xv} Information provided by a key informant in the region

^{xvi} Arizona Department of Health Services. <http://directorsblog.health.azdhs.gov/yavapai-county-receives-accreditation/>

Figure 20. Ratio of Population to Primary Care Providers by Primary Care Area, July 2015



Source: Arizona Department of Health Services (2016). Primary Care Area Statistical Profiles. Retrieved from <http://azdhs.gov/prevention/health-systems-development/data-reports-maps/index.php#statistical-profiles-pca>.

Table 65. 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 |
|-----------------------|------------------------------------|---|------------------------------------|--|
| Yavapai Region | 11,999 | 10% | 214,644 | 15% |
| Ash Fork | 81 | 0% | 2,148 | 23% |
| Bagdad | 163 | 4% | 2,533 | 10% |
| Chino Valley | 2,286 | 14% | 38,781 | 13% |
| Cordes Junction | 252 | 7% | 5,696 | 8% |
| Prescott | 1,777 | 5% | 48,160 | 11% |
| Prescott Valley | 2,885 | 7% | 35,257 | 19% |
| Sedona | 584 | 30% | 17,297 | 17% |
| Verde Valley | 3,812 | 10% | 57,458 | 15% |
| Yavapai South | 158 | 19% | 7,314 | 16% |
| Yavapai-Apache Nation | 134 | 14% | 1,011 | 23% |
| Yavapai County | 11,932 | 10% | 212,026 | 15% |
| 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 Births

In 2014, 1,959 Yavapai Region residents gave birth, with the Verde Valley (n=590) and Prescott Valley (n=485) sub-regions having the highest number of births (Table 66). This represented approximately two percent of the births statewide. Given that Yavapai Region residents make up approximately three percent of the state population (see Table 3), this is close to the number of births expected based on the size of the region's population. As the overall population of Yavapai County is expected to grow through 2040 (Table 5), so is the number of births in the county (Table 67).

Table 66. Live Births During Calendar Year 2014, by Mother's Place of Residence

| Total number of births to Arizona-resident mothers in 2014 | |
|--|--------|
| Yavapai Region | 1,959 |
| Ash Fork | 32 |
| Bagdad | 35 |
| Chino Valley | 313 |
| Cordes Junction | 47 |
| Prescott | 342 |
| Prescott Valley | 485 |
| Sedona | 79 |
| Verde Valley | 590 |
| Yavapai South | 36 |
| Yavapai County | 1,943 |
| ARIZONA | 86,648 |

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

Table 67. Projected Number of Births Per Year, 2015 to 2040

| | 2015 | 2020 | 2025 | 2030 | 2035 | 2040 |
|----------------|--------|--------|---------|---------|---------|---------|
| Yavapai Region | N/A | N/A | N/A | N/A | N/A | N/A |
| Yavapai County | 1,962 | 2,166 | 2,439 | 2,658 | 2,825 | 2,986 |
| 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).

Maternal Characteristics

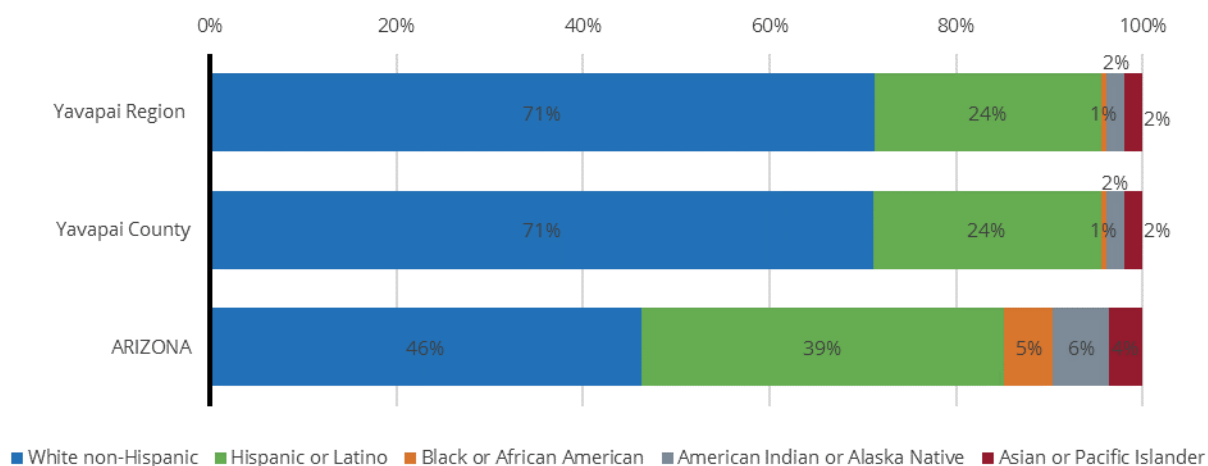
Of the 1,959 mothers who gave birth in the Yavapai Region in 2014, the majority (71%) were White, non-Hispanic (Figure 21). Just under one-quarter (24%) of births were to Hispanic or Latina mothers, two percent were to mothers

who identified as American Indian, two percent were Asian or Pacific Islander and one percent were Black or African American. Compared to the state as a whole, mothers in the Yavapai Region were much more likely to be White, and less likely to be Hispanic or Latina. New mothers in the Yavapai Region had somewhat lower educational attainment than mothers statewide. Although over one-third (35%) had some college or professional education, only 16 percent had attained a bachelor's degree or more compared to 23 percent statewide (Table 68). Just under half (49%) had a high school education or less, compared to 45 percent across the state without advanced training.

Similar to the state as a whole, fewer than half (43%) of mothers in the region were not married (45% statewide) and eight percent were in their teens (8% statewide) (Table 69). Fewer than two-thirds of births (62%) were to mothers relying on AHCCCS or Indian Health Service (IHS) coverage, somewhat higher than the statewide proportion of 55 percent. One characteristic on which the region differed substantially from the state was that a much higher proportion of mothers in the Yavapai Region reported smoking (10.9%) than across the state (4.6%), and the region fell far above the Healthy People 2020 goal of 1.4 percent.

Along with smoking, 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 were overweight or obese before pregnancy in 2014.¹⁷⁸ Among women who participate in WIC, this rate was higher – 58 percent, which is to be expected given that low-income women are more likely to be obese in the United States.¹⁷⁹ In the Yavapai Region, 25 percent of women participating in WIC were overweight, and 26 percent were obese, for a total of 51 percent who were overweight or obese before becoming pregnant (Figure 22). The rate of pre-pregnancy obesity among women participating in WIC in the region remained stable between 2013 and 2015. In Arizona this proportion has increased slightly but steadily since 2012, which mirrors national trends as well (Figure 23).¹⁸⁰

Figure 21. Race and Ethnicity of Mothers Giving Birth in 2014



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

Table 68. 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 |
|-----------------|-----------------------|--------------------|--|---------------------------|
| Yavapai Region | 19% | 30% | 35% | 16% |
| Ash Fork | DS | DS | DS | DS |
| Bagdad | DS | DS | DS | DS |
| Chino Valley | 17% | 31% | 34% | 16% |
| Cordes Junction | DS | DS | DS | DS |
| Prescott | 14% | 23% | 38% | 25% |
| Prescott Valley | 21% | 33% | 34% | 11% |
| Sedona | DS | DS | DS | DS |
| Verde Valley | 22% | 30% | 35% | 12% |
| Yavapai South | DS | DS | DS | DS |
| Yavapai County | 19% | 30% | 35% | 15% |
| ARIZONA | 20% | 25% | 31% | 23% |

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

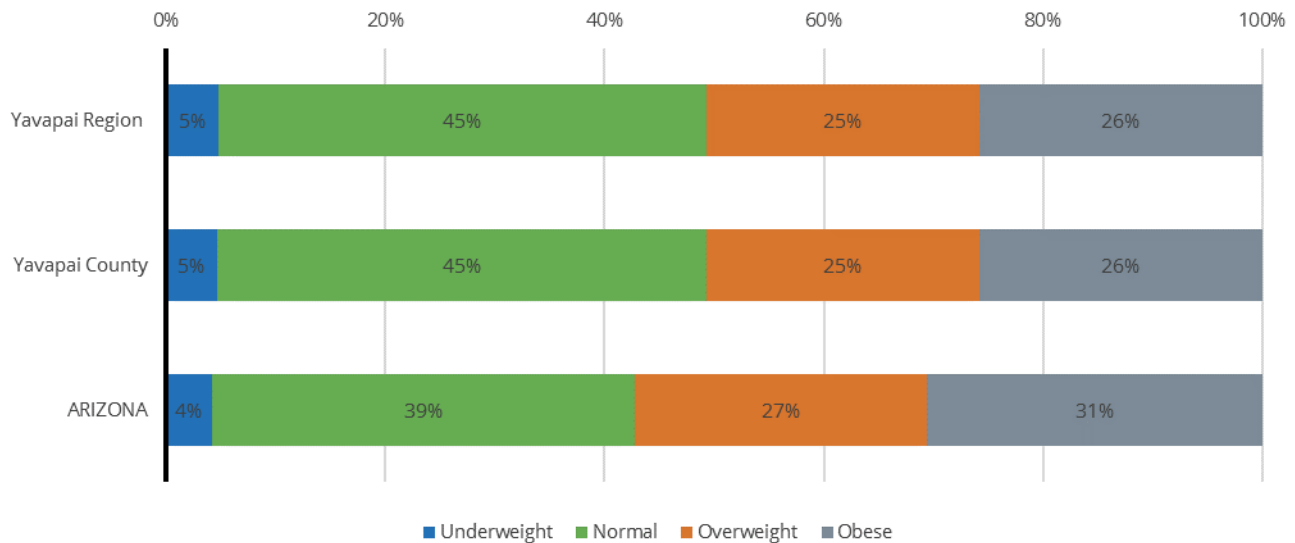
Note: The percentages above may not add to 100% due to rounding.

Table 69. 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 |
|-----------------|------------------------|--------------------------|--------------------------|--|------------------------------|
| Yavapai Region | 42.9% | 8.3% | 1.6% | 61.5% | 10.9% |
| Ash Fork | 56.3% | DS | DS | 78.1% | 6.3% |
| Bagdad | 20.0% | 0.0% | DS | 20.0% | 0.0% |
| Chino Valley | 38.3% | 7.0% | DS | DS | 14.4% |
| Cordes Junction | 51.1% | DS | DS | 74.5% | 27.7% |
| Prescott | 36.3% | 7.6% | DS | DS | 11.1% |
| Prescott Valley | 44.5% | 8.5% | DS | 66.8% | 7.6% |
| Sedona | 50.6% | 8.9% | DS | 65.8% | 6.3% |
| Verde Valley | 45.9% | 9.0% | DS | DS | 12.0% |
| Yavapai South | 58.3% | DS | DS | 66.7% | 5.6% |
| Yavapai County | 42.8% | 8.0% | 1% or 2% | 61.5% | 11.0% |
| ARIZONA | 44.7% | 7.6% | 2.1% | 54.5% | 4.6% |

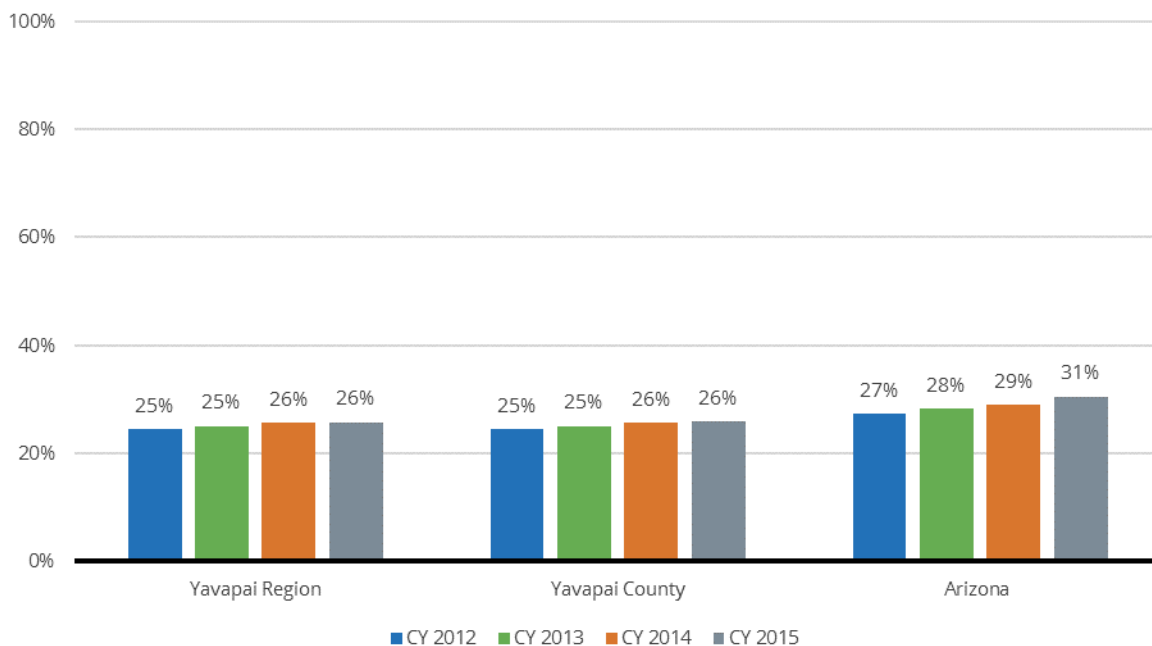
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 22. Pre-Pregnancy Weight Status for WIC Women, 2015



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

Figure 23. Pre-Pregnancy Obesity Rates for WIC Women, 2012 to 2015



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

Prenatal Care

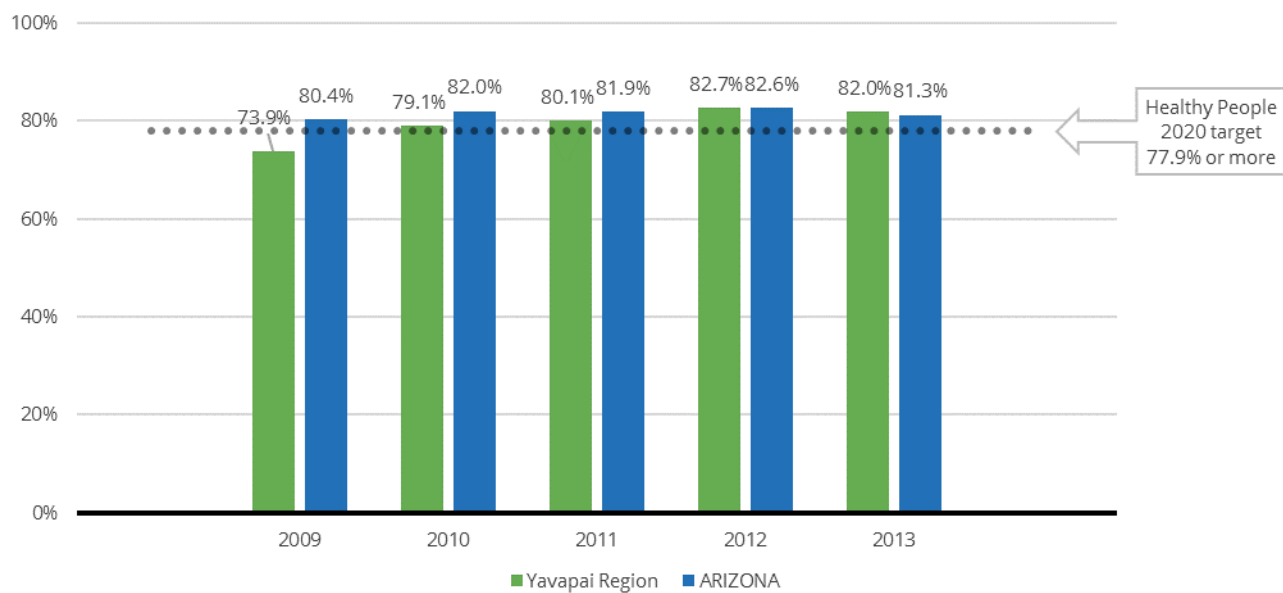
The Healthy People 2020 goal is that at least 77.9 percent of pregnant women receive prenatal care that begins in the first trimester of pregnancy. In the Yavapai Region, prior to 2014, rates of prenatal care begun in the first trimester have been above the Healthy People 2020 target, and the region has exceeded the state's rates since 2012 (Figure 24). 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 (2.3% for the region). Across the Yavapai Region in 2014, 73.3 percent of pregnant women obtained prenatal care during the first trimester, meaning that the Healthy People 2020 goal was not met (Table 70). While the reason for the decline in timely prenatal care may be an artifact of the new reporting system, the data for 2014 indicate that not as many women as previously thought are obtaining prenatal care in the first trimester, which could have serious repercussions for child well-being. However, the decrease in the Yavapai Region was a smaller decline to that seen across the state (71.7% of births in 2014 were to mothers who began prenatal care in the first trimester, down from 82.6% in 2012). The proportion of women receiving prenatal care during the first trimester also varies by sub-region, with the highest proportion in the Bagdad sub-region (85.7%) and the lowest proportions in the Ash Fork (58.1% to 62.1%)^{xvii} and Yavapai South (57.6% to 61.3%) sub-regions (Table 70).

However, the proportion of 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) has been increasing in Yavapai County. The county rate was up from 45 percent in 2013¹⁸¹ to 78 percent in 2014¹⁸², the second highest rate in the state. Statewide, this rate has fallen from 47 percent in 2011, to 35 percent in 2014. Healthcare providers in the Yavapai Region are likely able to leverage discussions about preconception health to include stressing the importance of prenatal care.

Most mothers are receiving at least some form of prenatal care; less than four percent (3.4%) of babies in the Yavapai Region were born to mothers who had had fewer than five prenatal care visits, below the proportion across the state (6.5%) (Table 70).

^{xvii} Numbers are sometimes presented as ranges where the exact number of births with unknown prenatal care status was not available due to the small number of births in some communities.

Figure 24. Percent of Births With Prenatal Care Begun in First Trimester



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

Table 70. 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 |
|-----------------|-----------|---------------|---------------|----------------|-------------------|---|---|
| Yavapai Region | 1.0% | 2.4% | 10.3% | 39.0% | 46.9% | 3.4% | 73.3% |
| Ash Fork | 0.0% | DS | DS | DS | DS | DS | 58.1% to 62.1% |
| Bagdad | 0.0% | DS | DS | DS | DS | DS | 85.7% |
| Chino Valley | 1.3% | 1.9% | 6.7% | 29.7% | 60.4% | 3.2% | 70.4% to 71.1% |
| Cordes Junction | 0.0% | 2.1% | 14.9% | 44.7% | 38.3% | 2.1% | 63.0% |
| Prescott | 1.5% | 1.8% | 7.6% | 32.2% | 57.0% | 3.2% | 76.4% |
| Prescott Valley | DS | DS | 8.0% | 33.4% | 56.9% | 1.6% | 74.4% or 74.6% |
| Sedona | 0.0% | 7.6% | 12.7% | 54.4% | 25.3% | 7.6% | 64.9% |
| Verde Valley | 1.0% | 3.9% | 13.7% | 49.8% | 31.0% | 4.9% | 74.3% |
| Yavapai South | 8.3% | 0.0% | 27.8% | 41.7% | 22.2% | 8.3% | 57.6% to 61.3% |
| Yavapai County | 1.1% | 2.4% | 10.2% | 38.9% | 47.0% | 3.5% | 73.4% |
| ARIZONA | 2.1% | 4.4% | 14.5% | 46.9% | 30.7% | 6.5% | 71.7% |

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

Numbers are sometimes presented as ranges where the exact number of births with unknown prenatal care status was not available due to the small number of births in some communities.

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

Birth Outcomes

Babies in the Yavapai Region have a perinatal health profile similar to babies born statewide. In 2014, 6.3 percent of babies were low birth weight in the region, compared to seven percent across the state. The percent of premature births was also similar, with 8.7 percent in the region, and nine percent across the state falling into this category (Table 71). Healthy People 2020 objectives include that fewer than 7.8 percent of babies are born at low birth weights and fewer than 11.4 percent are born preterm, meaning that the Yavapai Region has achieved both Healthy People 2020 goals (Figure 25; Figure 26). A slightly lower proportion (5.2%) of newborns in the region were admitted to an ICU than across the state (6.7%).

Infants that are breastfed participating in WIC in the Yavapai Region (2015: 87.1%) exceed the rates of those ever breastfed across the state (71.2%) and the Healthy People 2020 goal of 81.9 percent of babies ever being breastfed (Figure 27). Data on the complete (i.e., including those not participating in WIC) Yavapai Region infant population are unavailable. However, data from the National Immunization Survey on children born in 2013 estimated the Arizona statewide rate of infants ever-breastfed was 85.0 percent, suggesting that WIC participants are less likely to be

breastfed than other infants.^{xviii} Thus, it is likely that the region overall may be exceeding the Healthy People 2020 goal by an even greater percentage. Additionally, the rate of ever breastfeeding among WIC participants (87.1%) in the region has increased overall since 2012, and by seven percent over the last two years (Figure 27).

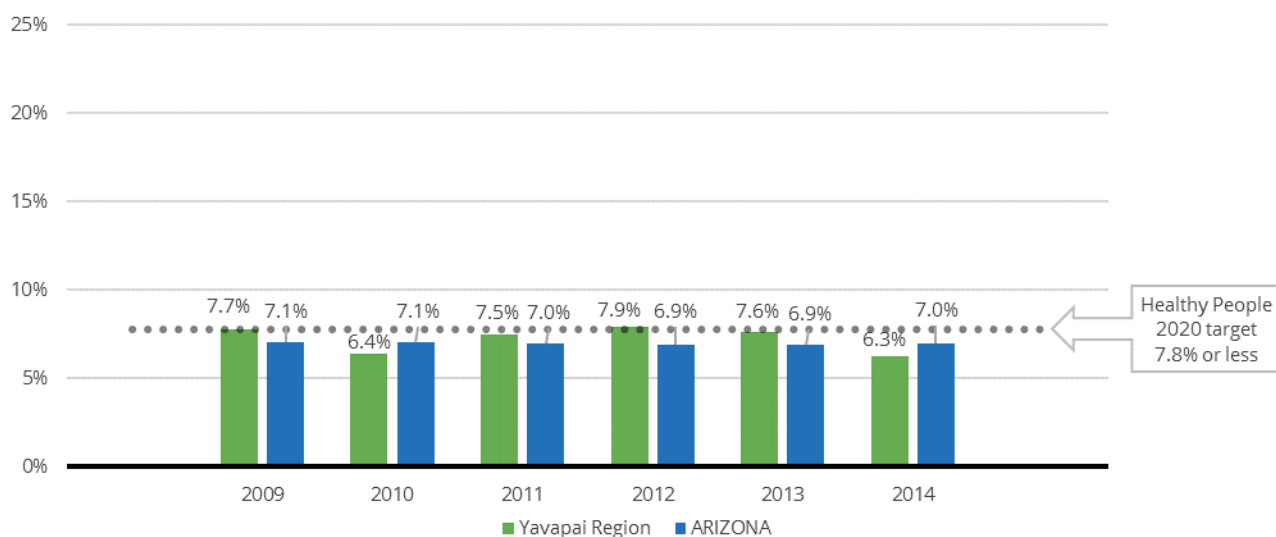
In 2015, about seven out of 100 newborns (6.7%) did not pass an initial hearing screen, above the proportion across the state (3.8%). However, only 1.4 percent of those screened required a diagnostic evaluation and only 0.1 percent were found to have confirmed hearing loss (Figure 28).

Table 71: 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 |
|----------------|--|---|--|---|--|
| Yavapai Region | 6.3% | Fewer than 7.8% | 8.7% | Fewer than 11.4% | 5.2% |
| Yavapai County | 6.2% | | 8.7% | | 5.2% |
| ARIZONA | 7.0% | | 9.0% | | 6.7% |

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

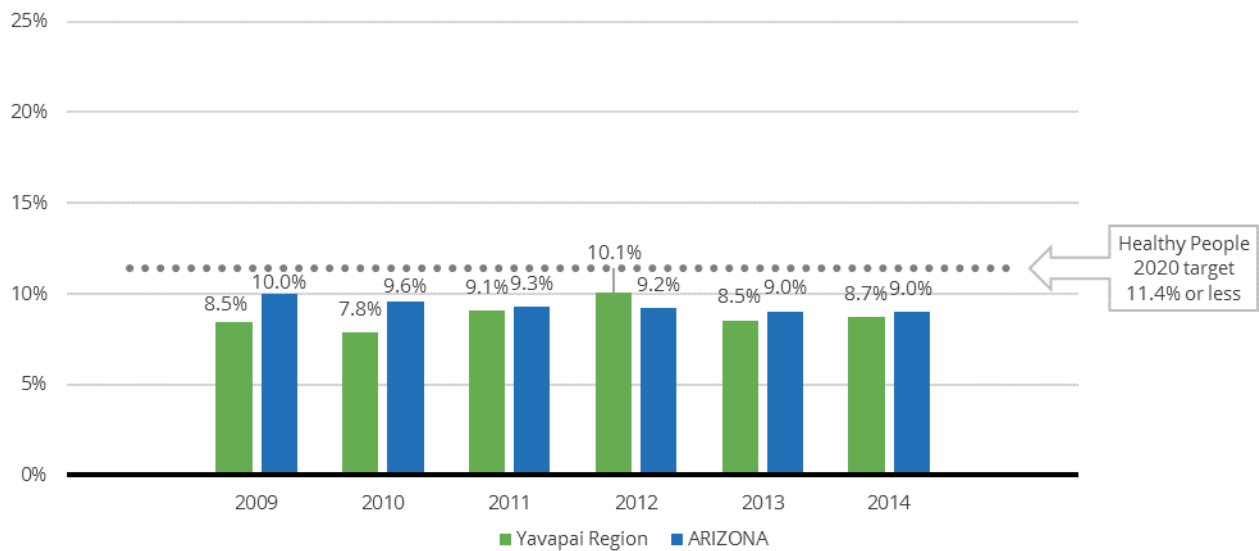
Figure 25. Percent of Babies Born in 2014 With Low Birthweight (5.5 Pounds or Less)



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

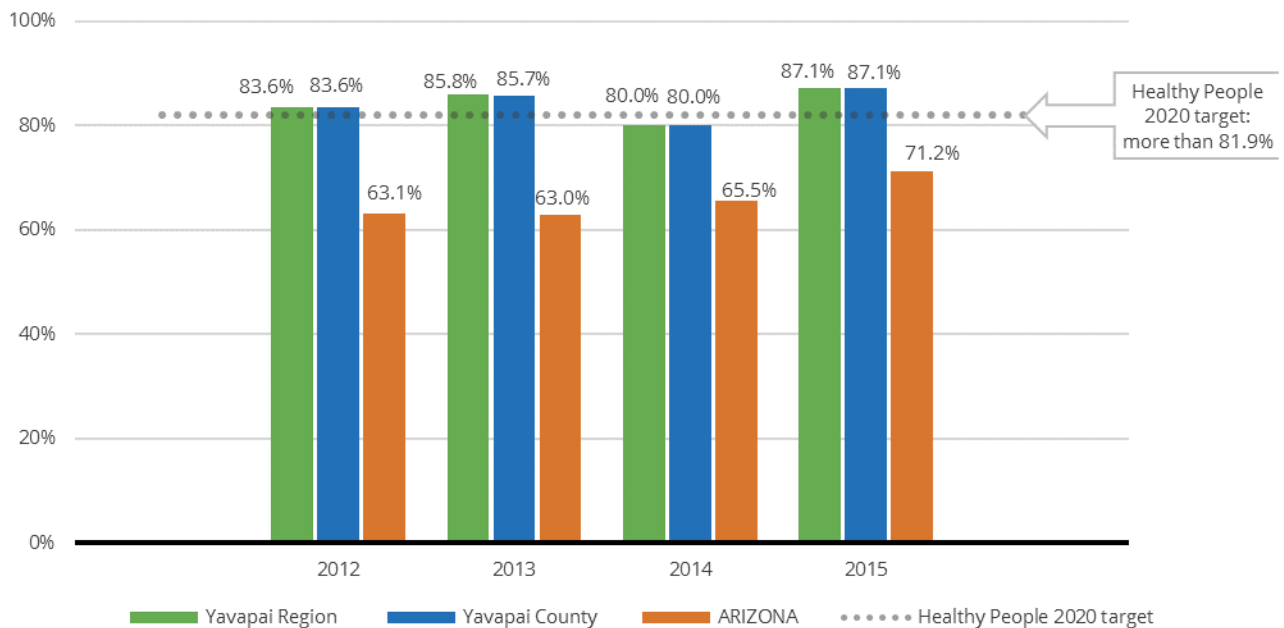
^{xviii} This estimate is based on a sample of 291 births in Arizona in 2013. Rates of Any and Exclusive Breastfeeding by State among Children Born in 2013. Data available at: https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-state-2013.htm

Figure 26. Percent of Babies Born Premature in 2014 (37 Weeks or Less)



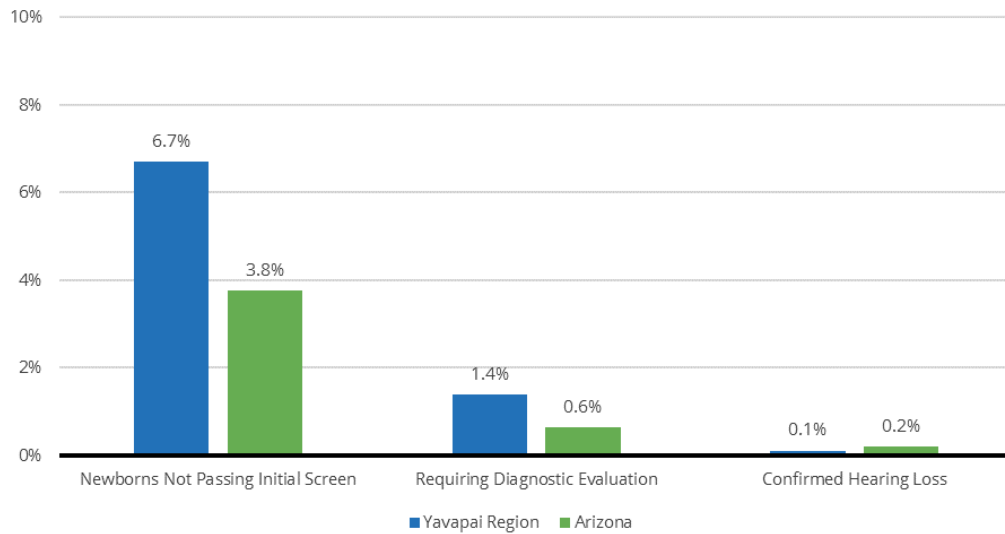
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 27. WIC Infants Who Were Ever Breastfed, 2012 to 2015



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

Figure 28: Newborn Hearing Screening Outcomes, 2015



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

Immunizations

Although immunization rates vary by vaccine, 88 percent or more of children in child care in the Yavapai Region had completed each of the three major (DTAP, polio, and MMR) vaccine series; the regional rates were slightly lower than those of the state (Table 72). The Healthy People 2020 target for vaccination coverage for children ages 19-35 months for these vaccines is 90 percent,¹⁸³ suggesting the region is meeting this goal for two of three of these vaccines. 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.^{xix} If that is the case, the rates for the entire population of children in these areas may be lower than the Healthy People 2020 goal. One exception to the extensive vaccine coverage is Hepatitis A; only 61 percent of children in child care in the region had completed the recommended two immunizations, and this rate was much lower than across the state (81.5%). 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.^{xx} Rates for the three major (DTAP, polio, and MMR) vaccine series for children in kindergarten fell below the rates for children in child care (Table 73). Rates of personal exemptions for vaccinations among children in child care (9.3%) and kindergarten (13.5%) in the region were also much higher than exemption rates at the state level (3.5% and 4.5% respectively) (Figure 29).

^{xix} 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>

^{xx} 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>

The region has recognized low immunization rates as an issue and Yavapai County Community Health Services has adopted strategies to increase immunization rates.^{xxi} These include:

- An annual school nurse/health aid/registrar event,
- Rural free flu clinics throughout the county,
- Back-to-school clinics at Prescott Unified School District, Cottonwood/Oak Creek Schools, Embry Riddle, La Tierra,
- One on one with schools with high personal belief exemptions,
- Public Health nurses each “adopted” a school district to improve communication, assess needs, and plan events,
- Weekly immunization clinic held at Northland Care,
- New mother packets to Yavapai Regional Medical Center Birthing Center,
- Hep B pregnancy tracking (infant up to 1 year or after serums complete).

Table 72. Vaccination Rates and Exemption Rates for Children in Childcare

| | Students enrolled | Four or more DTAP | Three or more Polio | Two or more MMR | Three or more HIB | Two Hep A B | Three or more Hep B | One or more Varicella | Religious exemption | Medical exemption |
|----------------|-------------------|-------------------|---------------------|-----------------|-------------------|-------------|---------------------|-----------------------|---------------------|-------------------|
| Yavapai Region | 2,233 | 88.0% | 90.2% | 90.6% | 87.9% | 60.5% | 89.1% | 90.8% | 9.3% | 0.5% |
| Yavapai County | 2,164 | 88.0% | 90.2% | 90.5% | 87.8% | 60.4% | 89.0% | 90.8% | 9.4% | 0.5% |
| ARIZONA | 92,128 | 92.0% | 93.1% | 93.6% | 92.4% | 81.5% | 92.0% | 94.6% | 3.5% | 0.5% |

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

Table 73. Vaccination Rates and Exemption Rates for Kindergarten Children

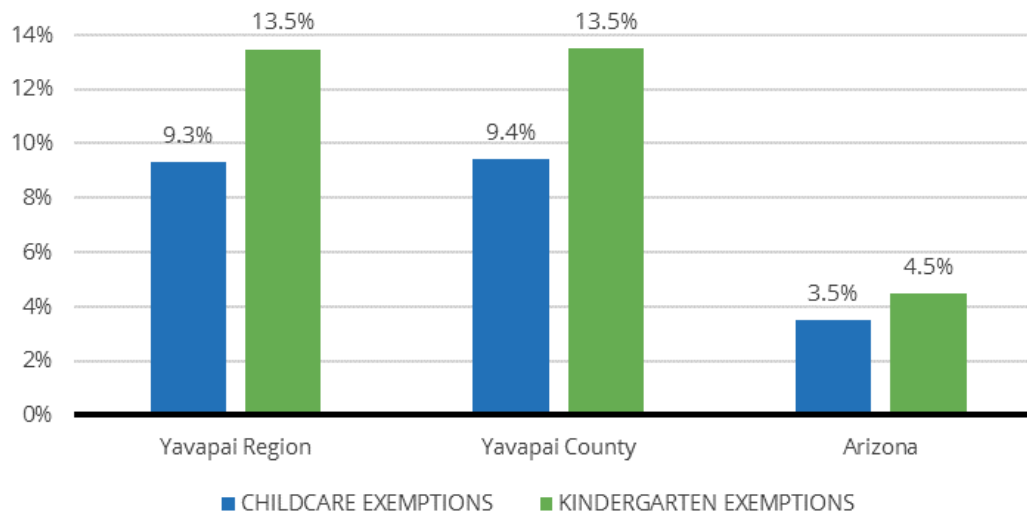
| | Students enrolled | Four or more DTAP | Three or more Polio | Two or more MMR | Three or more Hep B | One or more Varicella | Personal exemption | Medical exemption |
|----------------|-------------------|-------------------|---------------------|-----------------|---------------------|-----------------------|--------------------|-------------------|
| Yavapai Region | 1,707 | 84.1% | 85.6% | 83.8% | 88.1% | 89.6% | 13.5% | 0.2% |

^{xxi} Information provided by a key informant in attendance at the November 9, 2016 Data Interpretation Session, and through follow-up personal correspondence.

| | | | | | | | | |
|----------------|--------|-------|-------|-------|-------|-------|-------|------|
| Yavapai County | 1,706 | 84.1% | 85.6% | 83.8% | 88.1% | 89.6% | 13.5% | 0.2% |
| ARIZONA | 83,088 | 94.2% | 94.6% | 94.2% | 95.5% | 96.7% | 4.5% | 0.3% |

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

Figure 29: Non-Medical Exemption Rates; Childcare 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, First Things First and the Arizona Department of Health Services administered the *Healthy Smiles Healthy Bodies* survey to 3,630 kindergarten children during the 2014-2015 school year.^{xxii} The survey was designed to gather information from Arizona's kindergarten children regarding prevalence and severity of tooth decay, and included dental screening and parent/caregiver questionnaire component.¹⁸⁴ In the Yavapai Region, 60 children were screened and 36 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 33 percent of kindergarteners in the region, which was slightly higher than the state (27%). In overall decay experience, 62 percent of kindergarteners reported decay experience compared to Arizona's 52 percent. While the state has met the 2020 benchmark (no more than 32% of children with untreated tooth decay) that puts it on track with the Healthy People's 2020 target of 26 percent, there remains a need for focused oral health efforts on primary prevention across the state.

Oral health care may be an under-emphasized issue with regards to children with special needs, because of the other perhaps more salient health needs. In addition to the chronic conditions that children with special health care needs face, they also are twice as likely to have unmet oral health care needs that their typical peers, and face additional

^{xxii} The full methodology for the *Healthy Smiles Healthy Bodies* Survey can be found in the *Methods and Data Sources* section of the *Appendix*.

barriers to care including inaccessibility of dental offices and limited dentists willing to treat children with special healthcare needs.¹⁸⁵

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.¹⁸⁶ In the 2015 annual report, 768 deaths were reported in children under 18 years old in Arizona, a decrease from 834 the year prior. Of child fatalities in 2015, 74 percent (n=566) were young children from birth to age five. More than one-third of the deaths of children birth to five (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 deaths were amongst children one to four years old, an age group with high rates of fatalities due to drowning, motor vehicle accidents, and blunt force trauma. 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, local 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).

In 2015, Yavapai County reported fewer than 25 deaths among its population of 37,841 children aged 0-17. The overall Arizona rate for 2015 was 47.3 child deaths per 100,000 residents.¹⁸⁷ 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). Additionally, fatalities were overrepresented among African American children (9% of child deaths) and American Indian children (9% of child deaths).

Weight Status

Based on data from the Centers for Disease Control and Prevention (CDC), adult obesity has remained relatively stable overall in Yavapai County between 2011 and 2013 (from 25.9% to 25.3%) (Table 74). This means that as of 2011, Yavapai County has met the Healthy People 2020 goal of having no more than 30.5 percent of the population have obesity.^{xxiii} Although adult obesity rates for Yavapai County have been relatively stable, state rates have increased from 25.1 to 26.8 percent over the same period.

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 in 2015 in the Yavapai Region, eight percent

^{xxiii} 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>.

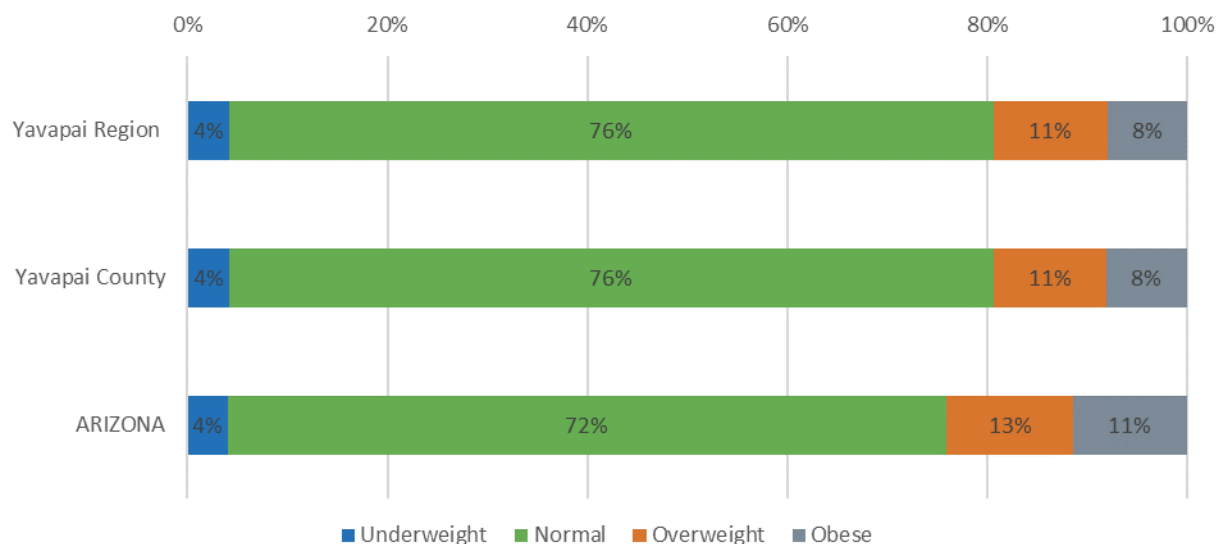
had obesity and an additional 11 percent had overweight (Figure 30). The obesity rate has remained relatively stable over time, although showing a very slight decrease, from 8.8 percent in 2012 to 8.0 percent in 2015 (Table 75). National patterns also show a decrease over time.¹⁸⁸ Based on these data, the Yavapai Region is meeting the Healthy People 2020 target of no more than 9.4 percent of children having obesity. 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.

Table 74. Adult Obesity Rate, According to the CDC

| | CDC adult obesity rate, 2011 | CDC adult obesity rate, 2012 | CDC adult obesity rate, 2013 | Healthy People 2020 goal for adult obesity |
|----------------|------------------------------|------------------------------|------------------------------|--|
| Yavapai Region | N/A | N/A | N/A | Fewer than 30.5% |
| Yavapai County | 25.9% | 24.7% | 25.3% | |
| ARIZONA | 25.1% | 26.0% | 26.8% | |

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

Figure 30. WIC Children's Weight Status, 2015



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

Table 75. 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 |
|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|
| Yavapai Region | 8.8% | 7.8% | 7.4% | 8.0% | 9.4% |
| Yavapai County | 8.8% | 7.8% | 7.4% | 8.1% | 9.4% |
| ARIZONA | 12.7% | 12.3% | 11.1% | 11.4% | 9.4% |

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^{189,190} and promote better social, physical, academic and economic outcomes later in that child's life.^{191,192} Parental and family involvement is positively linked to academic skills and literacy in preschool, kindergarten and elementary school.¹⁹³ 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.¹⁹⁴ 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 designed the phone-based Family and Community Survey 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 outcomes¹⁹⁵; 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.¹⁹⁶ The Prescott Read-On Steering Committee began convening in January 2017 and submitted its letter of intent to become a Read – On community in the spring of 2017.

Not all children are able to begin their lives in the most positive, stable environments. Adverse Childhood Experiences (ACEs)^{xxiv} 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.¹⁹⁷ Children in Arizona are more likely to have experienced two or more ACEs (31.1%) than children across the country (21.1%).¹⁹⁸ 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.¹⁹⁹ 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.²⁰⁰

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.²⁰¹ Referrals are the most

^{xxiv} 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.

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 2014.²⁰² 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.²⁰³

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.²⁰⁴ 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.²⁰⁵ 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.²⁰⁶

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."²⁰⁷ When young children experience stress and trauma they have limited responses available to react to those experiences.

Children exposed to alcohol and drugs neonatally 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.²⁰⁸ 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.²⁰⁹ 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 skills that children develop between birth and five years of age can have profound effects on early and later literacy. The six most important of these skills are alphabet knowledge, phonological awareness, rapid automatic naming of letters or digits and objects or colors, writing and phonological memory.²¹⁰ Interventions known to have a positive impact on these skills include shared-reading interventions, parent and home programs, and preschool and kindergarten programs.²¹¹

In the Yavapai Region, 150 people responded to the 2012 First Things First Family and Community Survey.^{xxv} 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 Yavapai Region were more likely to report reading to their children (57%) and drawing with their child (54%), but less

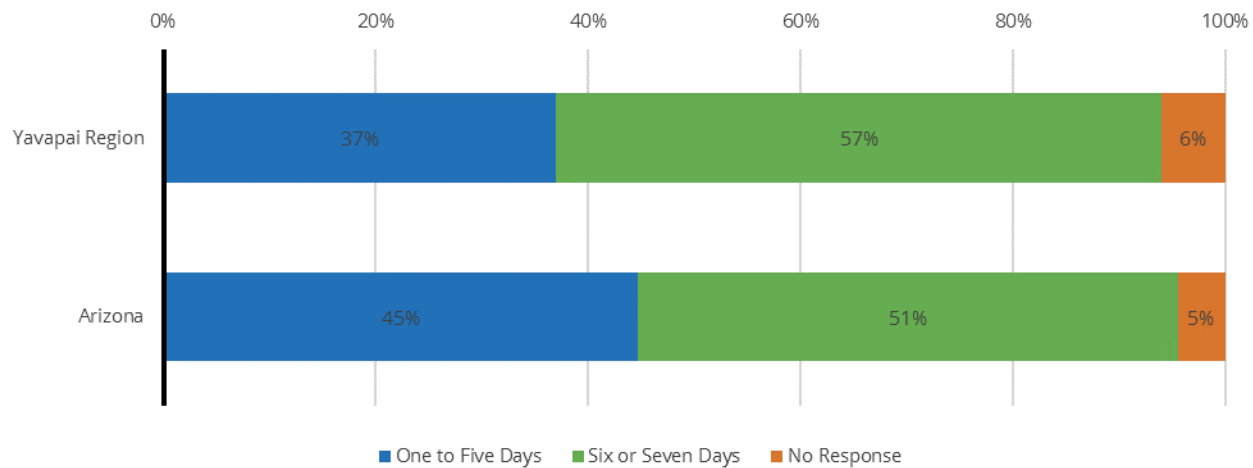
^{xxv} The full methodology for the First Things First Family and Community Survey can be found in the Methods and Data Sources section of the Appendix.

likely to report telling stories to their children (47%) six or seven days a week compared to parents across the state (51%, 47%, and 51% respectively) (see Figure 31, Figure 32, and Figure 33). Parents in the Yavapai Region also showed a slightly better understanding that brain development can be impacted prenatally or right from birth (84%) than did respondents across the state as a whole (80%) (Figure 34).

Home visitation programs offer a variety of family-focused services to pregnant mothers and families with infants and young children, with the goal of improving child health and developmental outcomes and preventing child abuse. They address issues such as maternal and child health, positive parenting practices, encouraging literacy, safe home environments, and access to services. They can also provide referrals for well child checks and immunizations, developmental screenings, and provide information and resources about learning activities for families. A systematic review conducted by the non-federal Task Force on Community Preventive Services found that early childhood home visitation results in a 40 percent reduction in episodes of abuse and neglect. Not all programs were equally effective; those aimed at high-risk families, lasting two years or longer, and conducted by professionals (as opposed to trained paraprofessionals) were more successful.²¹² A more recent systematic review of home visitation programs enlisting paraprofessionals concluded that these programs are more effective if they are higher dose and longer duration, begin with mothers prenatally, have sufficiently trained providers, and have a particular focus, rather than addressing multiple areas.²¹³ According to the Pew Charitable Trusts, quality home visitation programs can not only improve school readiness, improve later school outcomes and high school graduation rates, but also produce positive returns on taxpayers' investments.²¹⁴

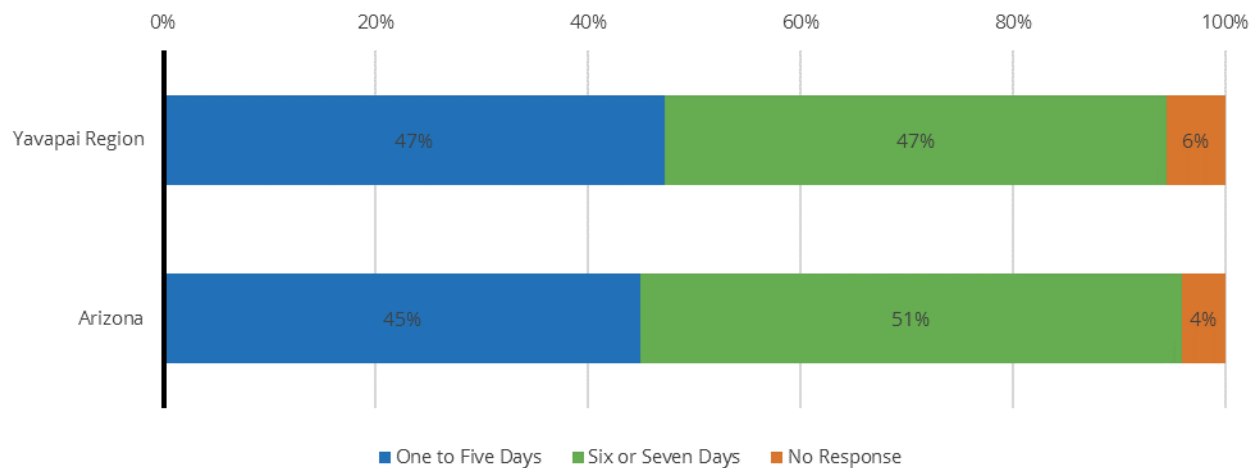
A survey of home visitation programs serving young children in the Yavapai Region was conducted in the summer of 2016. As of July 2016, nine programs with home visitation as a key component were operating in the Yavapai Region. Although most of these programs serve the whole family and child through education and support, many did have specific eligibility criteria which limited who could access those programs. Results suggest that based on current capacity in the region and estimates of need for home visitation programs, home visitation capacity in the region could be expanded to alleviate wait lists and wait times for services, and to potentially serve more self-referring families and those recruited from community settings (in addition to those referred from other agencies such as DCS and other home visitation programs in the region). A more extensive overview of home visitation, including a listing and full description of programs available in the region, can be found in the Appendix.

Figure 31. Responses to "During the past week, how many days did you or other family members read stories to your child?"



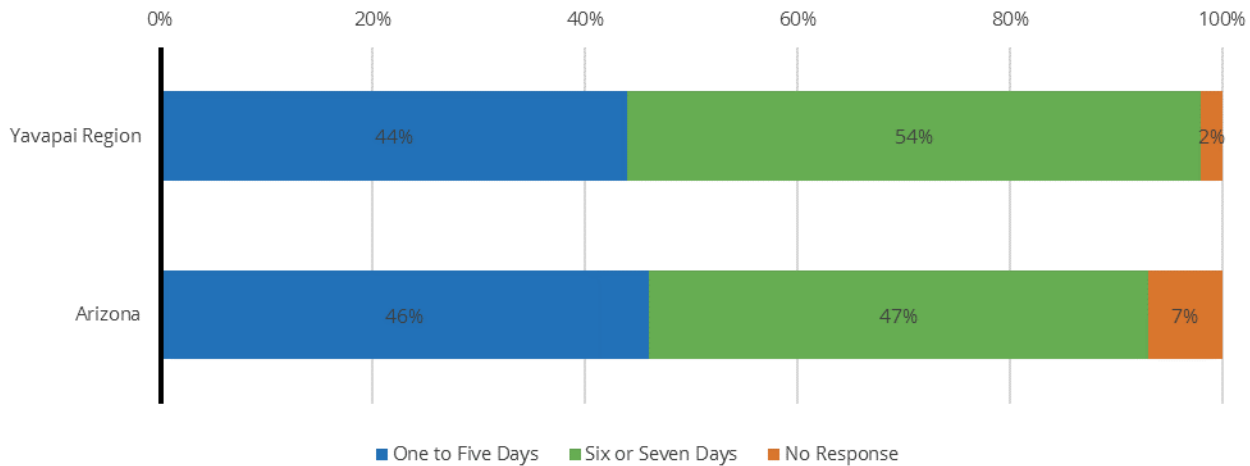
Source: First Things First (2014). [2012 Family and Community Survey dataset]. Unpublished data.

Figure 32. Responses to "During the past week, how many days did you or other family members tell stories or sing songs to your child?"



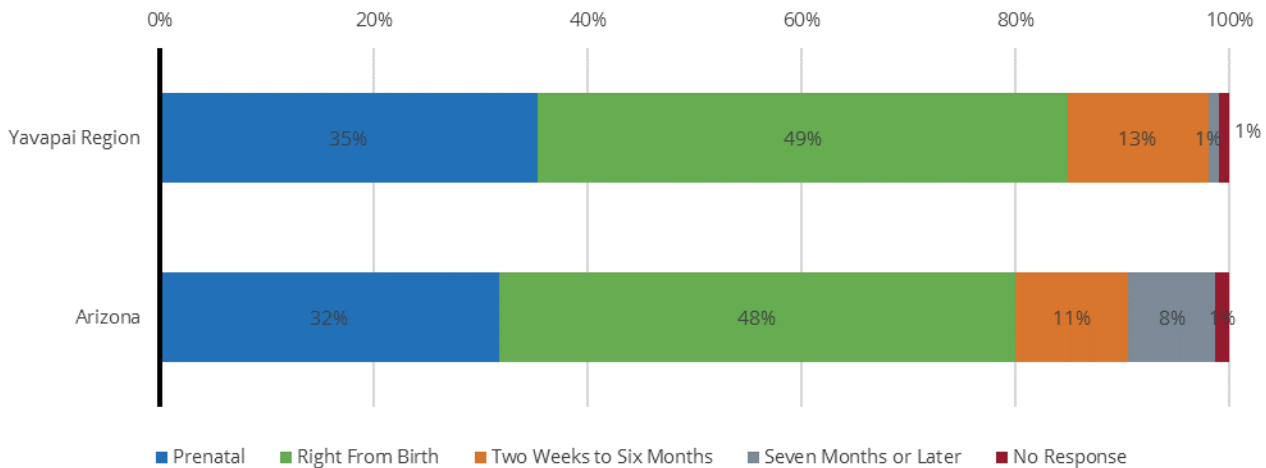
Source: First Things First (2014). [2012 Family and Community Survey dataset]. Unpublished data.

Figure 33. Responses to "During the past week, how many days did your child scribble, pretend draw, or draw with you or another family member?"



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

Figure 34. Responses to "When do you think a parent can begin to significantly impact a child's brain development?"



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

Child Welfare

The Arizona Department of Child Safety 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. Reports decreased across the most recent periods, with 24,787 reports between April 1-September 30, 2016.²¹⁵ According to this latest report, 749 reports of abuse and neglect of children birth to 17 were received during that period for Yavapai County. Over the last seven reporting periods, there has been an uptick in the number of substantiated cases, most notably in the reporting period ending in September

2016, when there were 67 substantiated cases – more than triple the number in the prior period (Figure 35). During that same period, 56 cases (8%) resulted in a removal from the home (Table 76). The proportion of reports resulting in removal were higher (12%) across the state as a whole. For reports of maltreatment that were substantiated during that period, most (93%) were cases of neglect, followed by physical abuse (7%) (Table 77).

Statewide, the number of children entering out-of-home care decreased since the April 1-September 30, 2015 reporting period; from 6,819 then to 5,669 during April 1-September 30, 2016. The total number of children entering out-of-home care in Yavapai County for the April 1- September 30, 2016 reporting period (n=106) is higher than the number of removals resulting from substantiated reports of abuse (n=56) due to several things. 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 children in voluntary foster care agreements (Table 78). The pattern of children entering out-of-home care over the last seven reporting periods is less clear, with upticks in the April 1-September 30, 2014 (n=200) and October 1, 2015–March 30, 2016 (n=172) reporting periods, followed by a substantial drop during the last reporting period ending in September 2016, when there were 106 children entering out-of-home care (Figure 36).

A key informant in the region also provided county level foster care data. In 2016, there were 196 children entering out-of-home care in Yavapai County, and many of those children were under five years of age (n=87, 44%).^{xxvi}

According to the Department of Child Safety (DCS), there is a priority to place children who have been removed from their homes in settings that are as family-like as possible. In the spring of 2016, almost four-fifths (79%) of children in out-of-home care had been placed with relatives or in licensed foster care homes.²¹⁶ The remaining children would 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.²¹⁷ 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.

The inadequate supply of foster care homes across the state has been an ongoing issue. Factors impacting this deficit include DCS not recruiting enough licensed foster homes to care for children with special needs or that are able to take sibling groups. Statewide factors limiting the number of available foster care homes include insufficient training of foster care families to manage the behaviors of children in their care, inadequate oversight of foster home recruitment and retention, inadequate support of foster families and the need for improved communication with DCS and child-placing agencies.²¹⁸ A statewide survey of former foster families resulted in several recommendations for addressing this dearth that might be useful in the region. These included focusing agency efforts on retention of existing foster parents, assessing reasons why foster parents cease their role so these reasons can be addressed, increasing support for foster families including the availability of respite care for foster parents, financial support, and improved respect and appreciation from state child welfare and licensing agencies.²¹⁹

Maintaining a child within the home if possible is also a consideration of DCS, and this can be supported by in-home services such as parent training, substance abuse treatment and behavioral health services. According to an independent review of DCS, these support services are lacking, and when available, wait-times can be long.²²⁰ According to a follow-up of this review, as part of the DCS strategic plan for fiscal year 2016, steps have begun to be

^{xxvi} Data provided by a key informant through personal correspondence.

implemented to reduce the number of children entering out-of-home care, and strategies have also been developed to reduce the use of congregate care placements.²²¹

Yavapai County has been a leader in providing services and supports for young children involved in the child welfare system. The Zero to Three Safe Babies Court Teams program was launched in the county in 2004, the first county in Arizona to have a Best for Babies program.²²² The goals of the program are to connect young children and their families involved in the child welfare system with the support and services they need to promote healthy child development, and also support shorter lengths of time in the system. Key components of the program are judicial leadership, local court coordination and an active court team all of whom are involved in case reviews, court team meetings, and placement and concurrent case planning to promote healthy, safe and supportive environments for young children and their families. A 2015 evaluation of the Yavapai County Best for Babies program looked at outcomes for the 332 children aged birth to 3 removed from their homes from 2010 to 2014. For 56 of those children, their out-of-home placement lasted for seven days or less. Of the remaining 276 children, 66 percent (n=182) achieved permanency, defined as reunification (52%), adoption by a foster parent (19%), adoption by a relative (19%), adoption by a non-relative (8%), or guardianship by a relative (2%). These children most commonly remained in care prior to achieving permanency between one and two years (40%) or between six months and one year (30%).²²³

Table 76. Department of Child Safety Reports and Removals, April to September 2016

| | Number of reports received | Number of reports assigned | Number of reports with removal | Removal rate |
|----------------|----------------------------|----------------------------|--------------------------------|--------------|
| Yavapai Region | N/A | N/A | N/A | N/A |
| Yavapai County | 749 | 739 | 56 | 8% |
| ARIZONA | 24,787 | 24,403 | 2,967 | 12% |

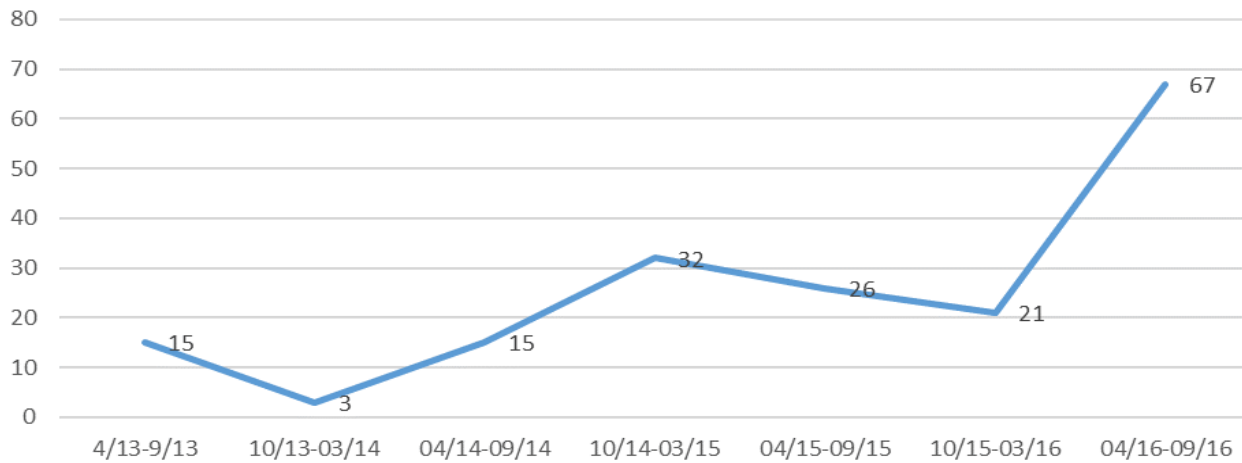
Source: Department of Child Safety (2016). Child welfare reporting requirements semi-annual report for the period of April 1, 2016 through September 30, 2016. Tables 5, 15. Retrieved from https://dcs.az.gov/sites/default/files/DCS-Semi-Annual-Child-Welfare-Reporting-Requirements_Apr16_Sept16.pdf

Table 77. Department of Child Safety Substantiated Maltreatment Reports, April to September 2016

| | Number of substantiated maltreatment reports | Neglect | Physical Abuse | Sexual Abuse | Emotional Abuse |
|----------------|--|---------|----------------|--------------|-----------------|
| | N/A | N/A | N/A | N/A | N/A |
| Yavapai County | 67 | 93% | 7% | 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. Tables 19. Retrieved from https://dcs.az.gov/sites/default/files/DCS-Semi-Annual-Child-Welfare-Reporting-Requirements_Apr16_Sept16.pdf

Figure 35. Total Number of Reports Assigned for Investigation Resulting in Substantiation, April 2013-September 2016



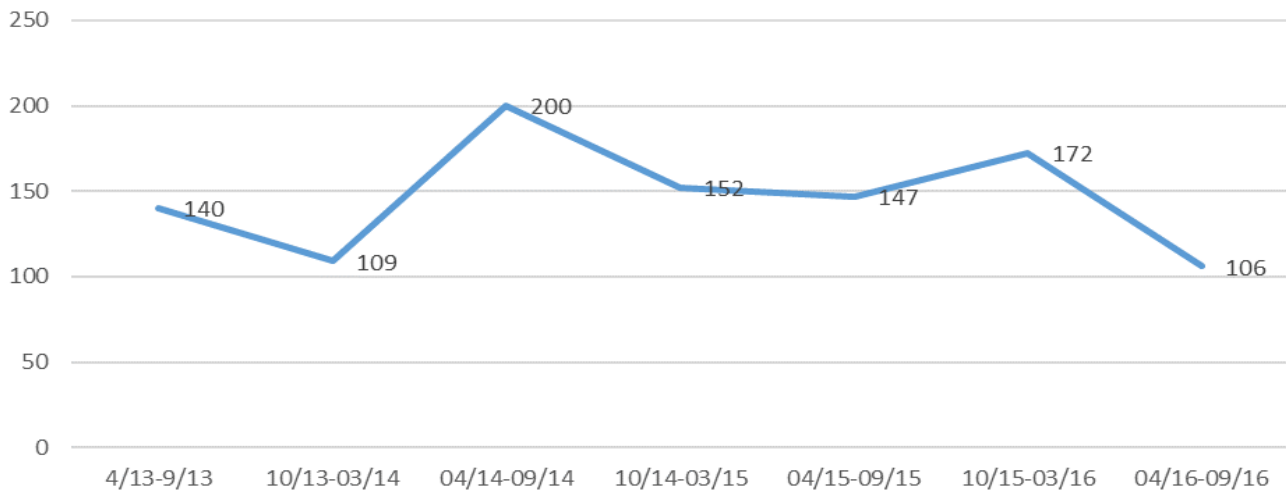
Source: Department of Child Safety (2016). Child welfare reporting requirements semi-annual reports.

Table 78. Children Entering Out-of-Home Care, April to September 2016

| | 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 |
|----------------|----------------------------|---|--|
| Yavapai Region | N/A | N/A | N/A |
| Yavapai County | 106 | 16 | 15% |
| 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. Tables 31. Retrieved from https://dcs.az.gov/sites/default/files/DCS-Semi-Annual-Child-Welfare-Reporting-Requirements_Apr16_Sept16.pdf

Figure 36. Number of Children Entering Out-of-Home Care, April 2013-September 2016



Source: Department of Child Safety (2016). Child welfare reporting requirements semi-annual reports.

Domestic Violence

The Arizona Department of Economic Security produces an annual report on domestic violence shelters including county-level data on the populations served and services provided.²²⁴ In fiscal year 2015, two domestic violence shelters in Yavapai County, Stepping Stones, and Verde Valley Sanctuary, Inc., served 207 people, 76 (37%) of whom were children (Table 79). The average length of stay for those served was 42 days at Stepping Stones, and 31 days at Verde Valley Sanctuary, Inc.; the statewide average was 39 days.²²⁵ Additionally, 2,461 calls were made to hotline and information and referral (I&R) numbers for the county, representing 10 percent of such calls statewide (Table 79). That the volume of calls is so high in the county (10% of state volume) yet the bed space, inferred through the total number served, is so low (3% of state served) indicates there may be a need for additional domestic violence shelter services in the region.

Table 79. Domestic Violence Shelters

| | Total number served | Number of adults served | Number of children served | Number of bed-nights | Average length of stay | Number of hours of support services | Number of hotline and information-and-referral (I&R) calls |
|----------------|---------------------|-------------------------|---------------------------|----------------------|------------------------|-------------------------------------|--|
| Yavapai Region | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Yavapai County | 207 | 131 | 76 | 7,370 | 36.5 | 5,832 | 2,461 |
| ARIZONA | 7,567 | 3,862 | 3,705 | 293,970 | 39 days | 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

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.²²⁶ Yavapai County is served by the North GSA, which is serviced by Health Choice Integrated Care (HCIC). Prior to October 2015, all of Yavapai County was served by the Northern Arizona Behavioral Health Authority (NARBHA). The data received for this report is for the period before the change to HCIC.

In 2015, 1,141 pregnant or parenting women received publically-funded behavioral health services in the Yavapai Region (Table 80). This represents a decrease of seven percent from the 1,229 women who received services in 2012. Across the state, the decrease in service provision was even greater, with 24 percent fewer women receiving these services in 2015 compared to 2012. The number of children ages birth to 5 receiving behavioral health services in the Yavapai Region also decreased by 13 percent from 2012 (n=443) to 2015 (n=384) (Table 81). This represents roughly 10 percent of young children in poverty in the Yavapai Region, similar to the same rate 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 problems²²⁷, suggesting that there may be an unmet need for services for over one hundred additional young children.^{xxvii}

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.²²⁸ 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 Yavapai 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.

Key informants in the region discussed changes in behavioral health providers in the region that may have had an impact on the reduction in children served through public behavioral health providers. Informants suggested that the change in providers was followed by an increased emphasis on adults with serious mental illness and a decrease in children's services. This was seen as the result of both the lessening of requirements relating to Child and Family Team meetings, and a culture shift to an increased belief that children birth to 5 are too young to have mental health issues. In fact, the criteria for eligibility for services at a new provider mandates a child must have a treatable Mental Health Disorder as defined in the Diagnostic and Statistical Manual of Mental Health Disorders IV-TR (DSM IV-TR). However, all DSM IV-TR disorders for children under 5 are related to developmental issues, not mental or behavioral health issues, so families with children birth to 5 who may want to get help around a behavioral or adjustment issue that are not related to diagnosable developmental issue, would not be eligible for services.^{xxviii}

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-

^{xxvii} Representing the difference between the 384 low-income children (10%) currently served, and the estimated 511 (13%) likely in need.

^{xxviii} Information provided by key informants in attendance at the November 9, 2016 Data Interpretation Session, and through follow-up personal correspondence.

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.²²⁹

Data from the Arizona Department of Health Services (ADHS) shows that while drug-induced deaths have been decreasing in Yavapai County beginning in 2013, rates remain above the state rate, with a rate of 27.9/100,000 in 2014, compared to 18.4/100,000 across Arizona; regional rates are also much higher than the Healthy People 2020 target of 11.3/100,000 (Figure 37). ADHS data on substance use morbidity rates (use resulting in disability, or ongoing illness)²³⁰ for amphetamine use (208.2/100,000) and alcohol use (1,091/100,000) in Yavapai County were also higher than those rates across the state as a whole in 2013 (amphetamine use 115.9/100,000; alcohol use 950.5/100,000) (Figure 38; Figure 39). Accidental deaths, accidental injuries, suicide, and chronic physical health conditions can be impacted by substance use, abuse and dependence. The high rates of drug-induced deaths and alcohol use morbidity may point to the need for additional prevention and treatment services in that area.

Infants exposed to prenatal alcohol and illicit drug use including addictive, illegal or prescription drugs while in the mother's womb, may evidence Neonatal Abstinence Syndrome (NAS) at birth. NAS is usually associated with opioids that can include heroin, methadone or medications such as Percocet or Vicodin. In a recent study, researchers found that neonatal abstinence syndrome (NAS) and maternal opioid use have increased rapidly across the United States, and that much of this increase has been seen in rural counties.²³¹ From 2004 to 2013, incidence rates of NAS increased from 1.2 cases per 1,000 births to 7.5 cases per 1,000 births in the rural United States, a much greater increase than seen in urban counties (1.4 to 4.8 cases per 1,000 births). In this same period, complications of hospital deliveries related to maternal opioid use increased from 1.3 to 8.1 cases per 1,000 hospital deliveries in rural counties. This increase was more than twice that seen in urban counties (1.6 to 4.8 per 1,000 deliveries). There is a distinct need for more prevention and treatment services for women and infants affected by opioid use across rural areas. In Yavapai County, the rate of NAS across the years 2008 through 2013 (1.72/1,000 births) is slightly lower than across the state as a whole (2.83/1,000 births) (Table 82). A key informant noted that newborns are not tested for NAS at birth unless there is a known concern, which may lead to an underestimate in the county. In addition, this key informant stated that NAS may not routinely be tested for in the region because of the lack of available services for those newborns and their mothers.^{xxix}

Recognizing the current lack of coordinated care and services for childbearing women at risk for substance use, community members in Yavapai County are working to build a continuum of care to reduce the incidents of NAS for women of childbearing age. The Yavapai NAS Workgroup is composed of physicians, nurses, social workers, treatment providers, DCS case workers, medical staff from the jail and substance abuse coalition members. Together, they have designed an approach that will assist in addressing substance-exposed newborns.

The workgroup recognizes that unhealthy substance use in pregnant women may be encountered in various community settings. By providing education and tools, group members are working to build an advocacy structure that will support the pregnant woman and unborn child. Simple assessment tools assist with determining causes for concern. An initial referral form will link the pregnant women to a nurse who will assist with adding local resources and services for prenatal care. This network may include discussions with a pediatrician, accessing WIC services,

^{xxix} In attendance at the November 9, 2016 Data Interpretation Session.

meeting with mental health providers and engaging in high risk case management. A feedback loop will be developed to ensure that all care providers are aware of the services being delivered to the pregnant woman.

Work group members will provide appropriate information so that those involved in the baby's delivery are aware of the steps the mother has taken during her pregnancy. After delivery, screening and home visitation will assist with monitoring the baby and mother to help ensure healthy development. Some families may be referred to the Substance Exposed Newborns Save Environment (S.E.N.S.E) program through the DCS. The program develops and coordinates a plan integrating intensive in-home services and DCS case management. Future steps that support the continuum of care will include providing pre-pregnancy tools and information as well as assessment trainings.^{xxx}

Table 80. Number of Pregnant or Parenting Women Receiving Behavioral Health Services, 2012 to 2015

| | 2012 | 2013 | 2014 | 2015 | Change from 2012 to 2015 |
|----------------|--------|--------|--------|--------|--------------------------|
| Yavapai Region | 1,229 | 1,146 | 1,081 | 1,141 | -7% |
| Yavapai County | 1,227 | 1,145 | 1,080 | 1,139 | -7% |
| ARIZONA | 19,134 | 17,731 | 13,657 | 14,546 | -24% |

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

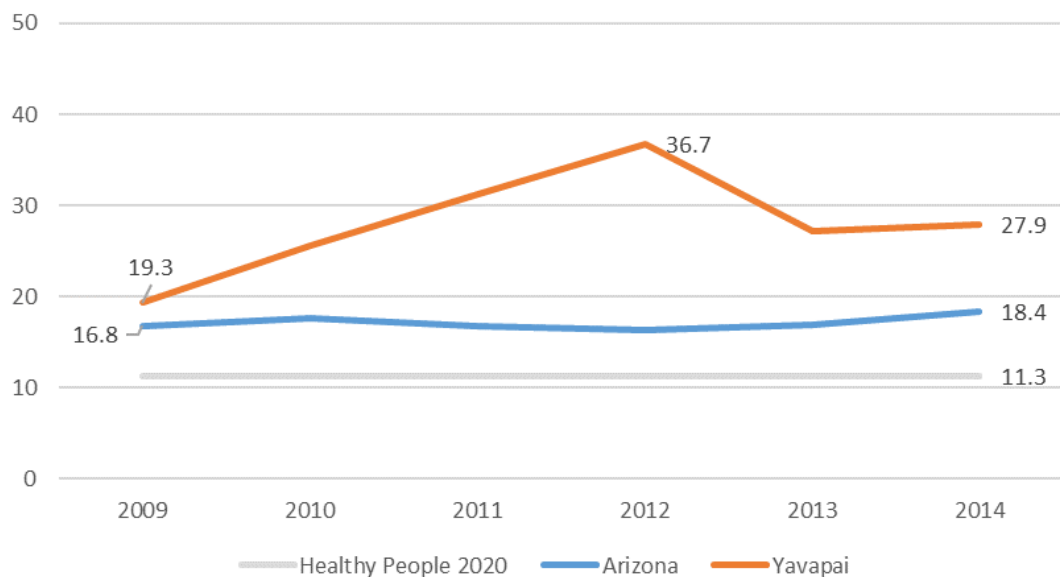
Table 81. Number of Children (Ages 0 to 5) Receiving Behavioral Health Services, 2012 to 2015

| | 2012 | 2013 | 2014 | 2015 | Change from 2012 to 2015 |
|----------------|--------|--------|--------|--------|--------------------------|
| Yavapai Region | 443 | 420 | 389 | 384 | -13% |
| Yavapai County | 442 | 420 | 389 | 381 | -14% |
| ARIZONA | 13,110 | 14,396 | 12,396 | 14,374 | 10% |

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

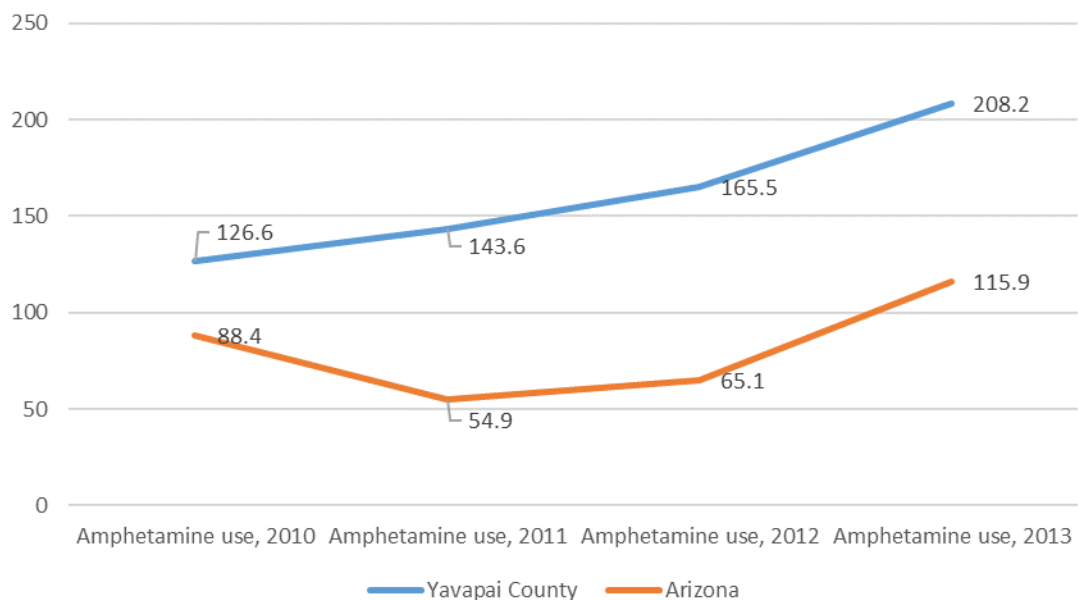
^{xxx} Descriptive text provided through personal correspondence.

Figure 37. Drug Induced Deaths, per 100,000



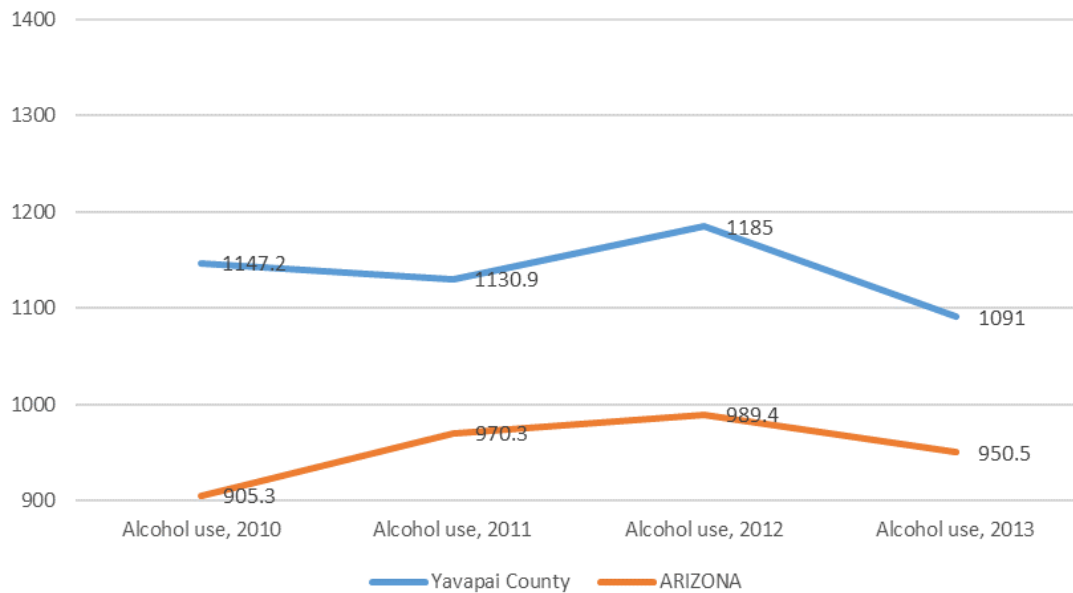
Source: ADHS, Community Profiles Dashboard. Retrieved from <http://www.azdhs.gov/preparedness/public-health-statistics/profiles/index.php>

Figure 38. Amphetamine Use (rate per 100,000 persons)



Source: ADHS, Community Profiles Dashboard. Retrieved from <http://www.azdhs.gov/preparedness/public-health-statistics/profiles/index.php>

Figure 39. Alcohol Use (rate per 100,000 persons)



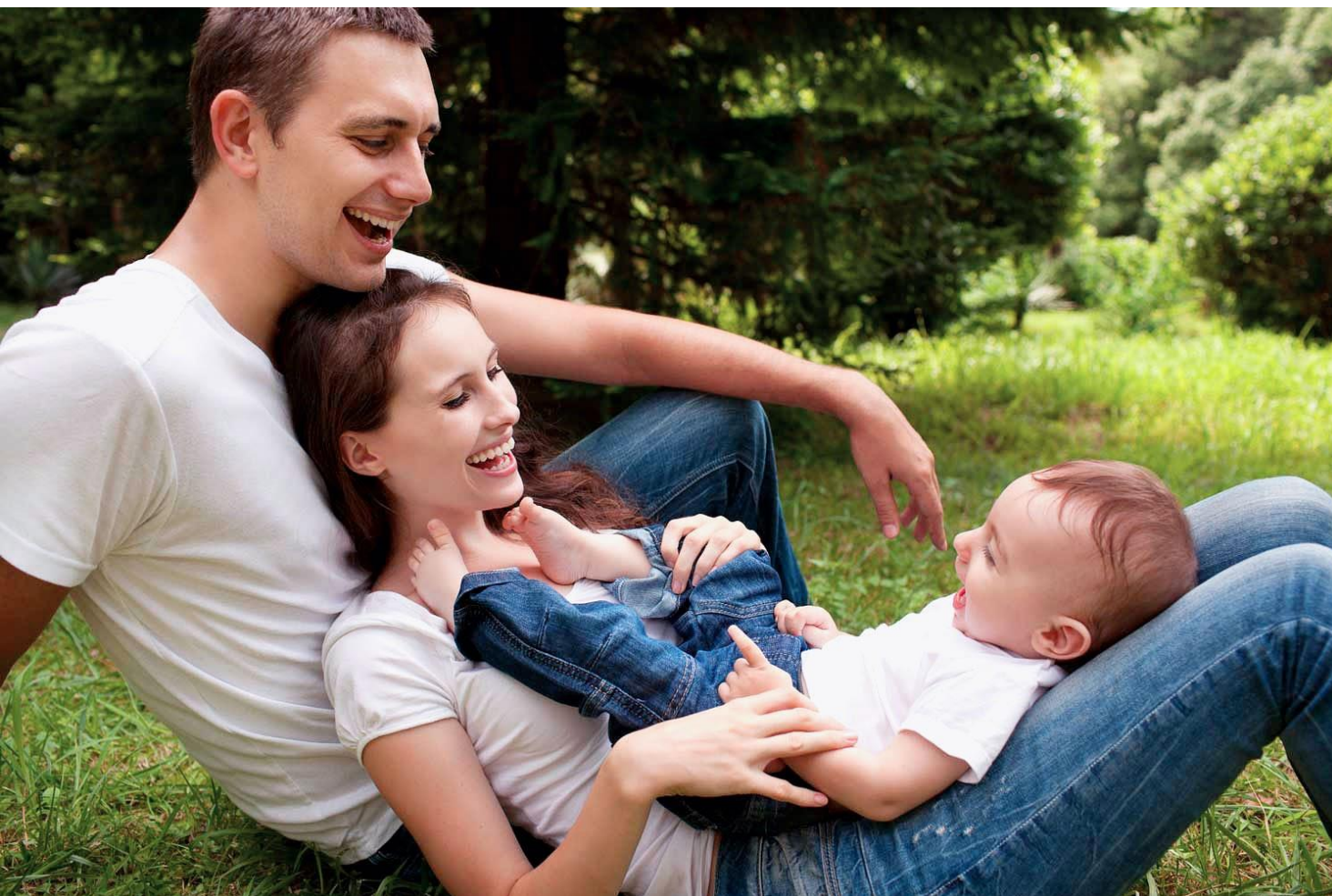
Source: ADHS, Community Profiles Dashboard. Retrieved from <http://www.azdhs.gov/preparedness/public-health-statistics/profiles/index.php>

Table 82. Newborns With Issues Related to Drug Exposure, 2008 to 2013

| | Number of births with neonatal abstinence syndrome | Neonatal abstinence syndrome, rate per thousand births | Number of births with fetal alcohol syndrome | Fetal alcohol syndrome, rate per thousand births | Number of births with narcotic exposure | Narcotic exposure, rate per thousand births | Number of births with cocaine exposure | Cocaine exposure, rate per thousand births |
|----------------|--|--|--|--|---|---|--|--|
| Yavapai Region | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Yavapai County | <25 | 1.72 | 0 | 0 | 35 | 3.17 | <25 | 0.09 |
| ARIZONA | 1472 | 2.83 | 140 | 0.27 | 2702 | 5.19 | 520 | 1 |

Source: ADHS, Neonatal Abstinence Syndrome: 2008-2013 Overview. Retrieved from <http://www.azdhs.gov/documents/preparedness/public-health-statistics/publications/neonatal-abstinence-syndrom-research.pdf>

Note: Definition: Neonatal abstinence syndrome (NAS) is withdrawal syndrome in newborns following birth and is primarily caused by maternal opiate use. Table is five-year NAS case incidents by county with 95% confidence intervals (CI). Because these births are hospital births in Arizona, residency typically defined as mother's state of residence is difficult to establish and therefore a patient's county (i.e. newborn) is used for enumeration



COMMUNICATION, PUBLIC INFORMATION, AND AWARENESS^{xxxi}

^{xxxi} The majority of this 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 across multiple mediums. Other communications strategies include: strategic consistent messaging, brand awareness, community awareness tactics such as distribution of collateral materials 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 (SFY) 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 to use 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 regional community outreach staff. This effort focuses on engaging individuals across 15 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 of SFY16. In SFY2016 alone, 4,700 individuals in the Yavapai region attended or participated in events, presentations or trainings where First Things First shared early childhood information or messaging. In the first six months of SFY 17, thirty-four positive actions have already taken place in the Yavapai region, and this trend continues. 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. Spring 2017 saw an influx of invitations extended by Champion early literacy-related community partners to co-present. These partners (e.g. Raising a Reader, the Prescott Public Library and the Sedona Rotary Dolly Parton Imagination Library project) view FTF as the experts on Early Childhood, and welcome collaborative presentation opportunities to expand the impact of messaging.

The table below shows total recruitment of individuals in the tiered engagement program through SFY2016.

Table 83. First Things First Engagement of Early Childhood supporters, SFY2014 through SFY2016

| | Friends | Supporters | Champions |
|----------------|----------------|-------------------|------------------|
| Yavapai Region | 1,285 | 141 | 67 |
| ARIZONA | 21,369 | 3,102 | 908 |

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

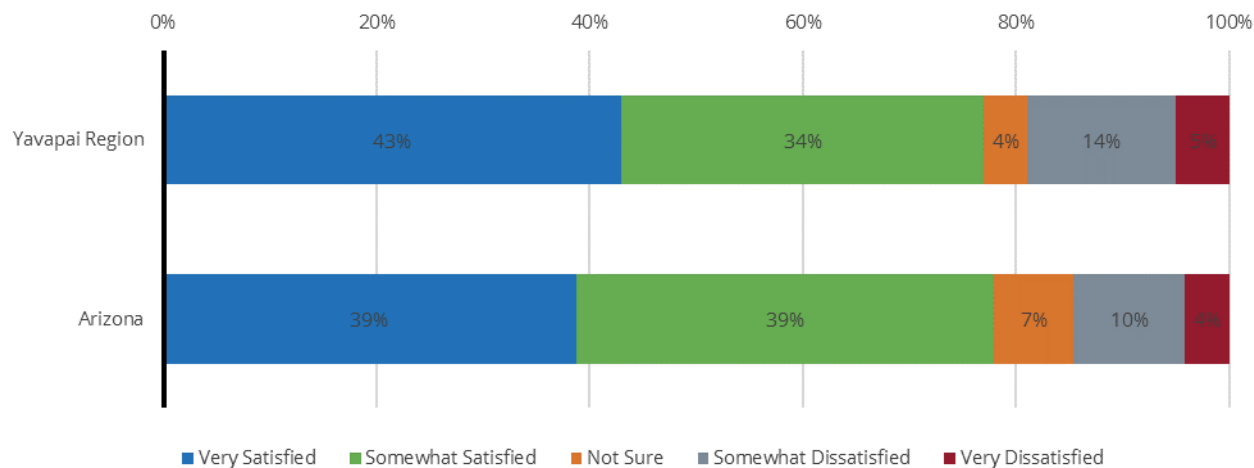
awareness of the importance of early childhood. FTF sends emails to all policymakers providing information on the impact of early childhood investments (such as the FTF annual report) and also has instituted a quarterly email newsletter for policymakers and their staff with the latest news regarding early childhood.

Furthermore, the Arizona Early Childhood Alliance – comprised of early childhood system leaders like FTF, 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.

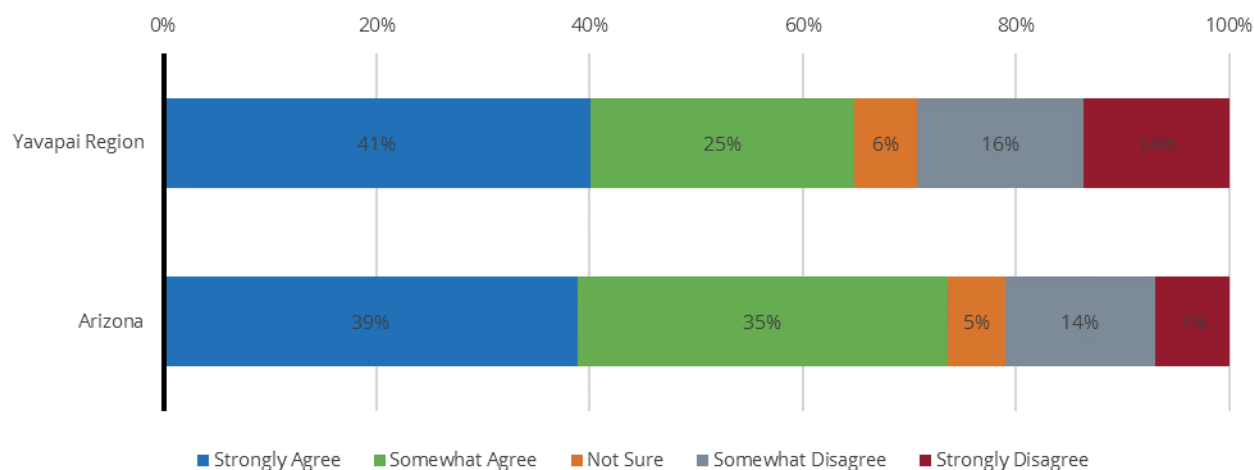
Another source of information on parents’ perceptions of communication and information in the region comes from the 2012 First Things First Family and Community Survey. In addition to measuring parent knowledge, skills, and behaviors related to their young children, the 2012 First Things First Family and Community Survey collected data on parents’ perceptions regarding resources available to young children and their families across Arizona. Results from the survey demonstrated that residents in the Yavapai Region had similar levels of satisfaction with available information and resources, and lower levels of agreement with ease of locating services, compared to the state. Forty-three percent of Yavapai Region respondents indicated they were “very satisfied” with “the community information and resources available to them about their children’s development and health,” compared to 39 percent of respondents across the state (see Figure 40). Sixty-six percent of Yavapai Region respondents “strongly” or “somewhat agreed” that “it is easy to locate services that I want or need,” compared to 74 percent of respondents across the state (see Figure 41). Satisfaction with how well care providers and government agencies work together was much lower. The majority of respondents in both the region and the state were either unsure or dissatisfied with how care providers and government agencies work together and communicate (Region: 34% unsure, 27% dissatisfied; State 27% unsure, 29% dissatisfied) (see Figure 42). However, nearly four in ten respondents in the region (39%) reported they were “very” or “somewhat satisfied” regarding provider and agency cooperation and communication.

Figure 40. Responses to "How satisfied are you with the community information and resources available to you about children's development and health?"



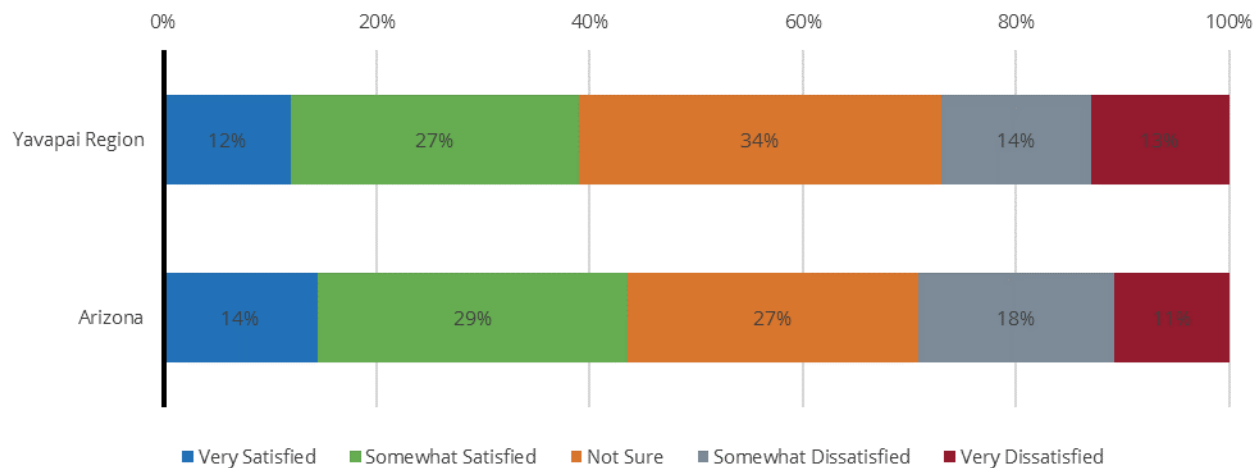
Source: First Things First (2014). [2012 Family and Community Survey dataset]. Unpublished data.

Figure 41. Responses to "It is easy to locate services that I want or need."



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

Figure 42. Responses to "How satisfied are you with how care providers and government agencies work together and communicate with each other?"



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



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."^{xxxii} 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

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

^{xxxiii} 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.

disseminated to non-tribal system partners in 18 FTF county-based regions via an online survey in October of 2016.^{xxxiii}

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.

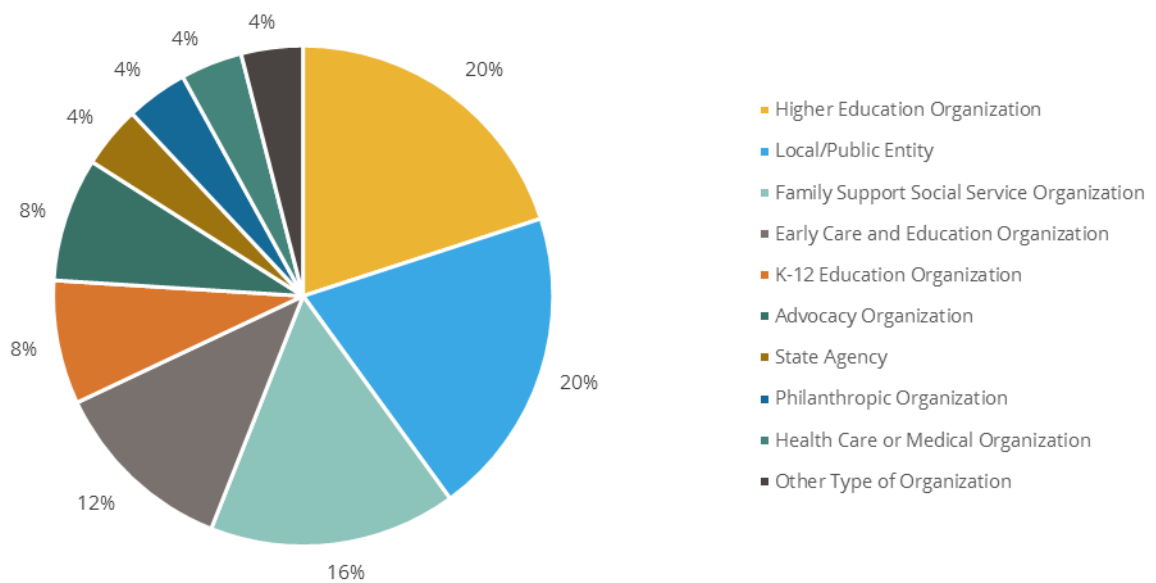
What the Data Tell Us

The results are based on the responses from 25 respondents that participated in the survey from Yavapai County out of 30 that were contacted to participate, for an 83 percent overall survey response rate. However, please note that not all respondents answered each question, and that the number of respondents varies by question. 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 Higher Education Organization and Local/Public Entity (20% each), followed by Family Support/Social Service Organization (16%), Early Care and Education Organization (12%), and K-12 or Advocacy Organization (8% each). Businesses were not represented in this survey (Figure 43).

^{xxxiii} Partners located on tribal lands will be surveyed at a later date after tribal approvals are requested and received.

Figure 43. Sectors with which organizations work (N=25)



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

The majority of respondents (95%) consider themselves to be a part of the early childhood system in Yavapai County. Although they were from diverse types of organizations, the areas respondents most reported engaging with were Early Learning and Family Support and Literacy (70% each), and Professional Development (65%) (Figure 44). Many partners reported engaging with multiple key areas of the early childhood system. Although only four percent of organizations identified their primary sector as health care, 50 percent of organizations engaged with child health.

Figure 44. Area(s) of the early childhood system that organizations engage with (N=20)

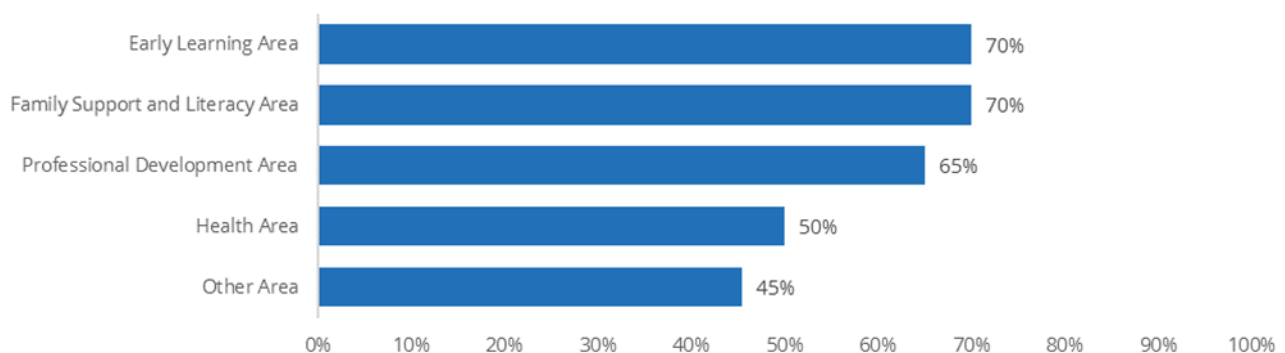
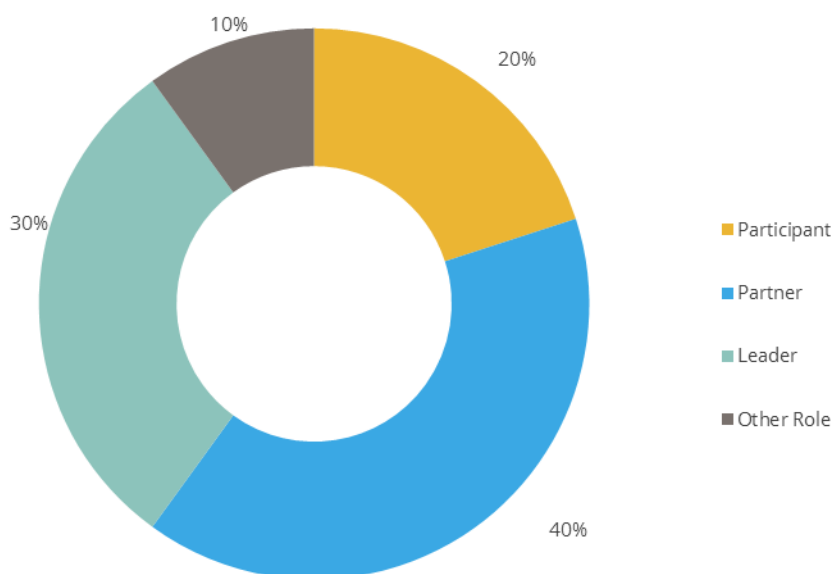


Figure 45. Role of organization in the development and advancement of the Early Childhood System in Yavapai County (N=20)



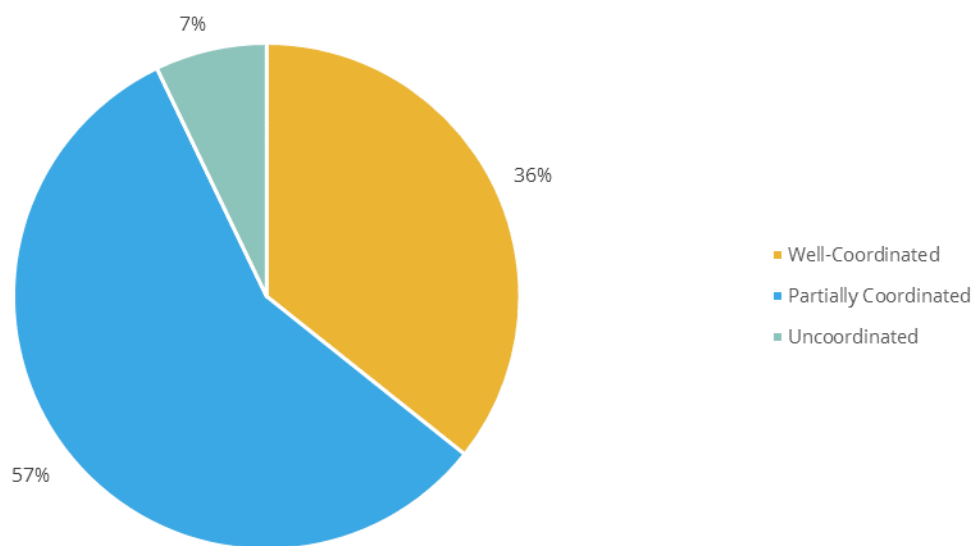
When asked about their organization's role in the development and advancement of the early childhood system in Yavapai County, respondents most commonly viewed their organization's role as a Partner (40%), i.e., part of a group responsible for co-convening and/or facilitation and one of many community members involved in a community-based initiative (Figure 45). Thirty percent indicated their organization was a Leader, i.e., they take the lead for convening and facilitating a group of community members. One in five (20%) described their organization's role as a Participant, i.e., one of many community organizations involved in supporting the early childhood system. Ten 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.

In their role as participant, partner, or leader, survey respondents noted several successful partnerships. Organizations that identified their role as a participant, described partnering with other groups to provide quality coaching and support to preschool staff, and supporting early literacy through the Raising a Reader program. Organizations that identified their role as partner also indicated that they participated in the promotion and recognition of FTF funded programs that were examples of excellence, hiring of key figures in the early childhood system (i.e. early childhood directors, PD coordinators), and promoting early literacy through the distribution of books, connection of services, and presentations on literacy for library patrons. Organizations that identified their role as leader shared similar experiences in partnerships, with one organization reporting that they provide programs that "enhance the health and wellness of children, young families, and the community." Other organizations who identified as leaders also reported hosting and coordinating networking meetings and another reported developing Professional Development systems for teachers in Yavapai County. Other organizations who did not have a defined participant, partner, or leader role reported participating in the Early Childhood System by administering several programs of early childhood support for educators, administration, and support staff in childcare.

System Partners' Perspective on Systems Building

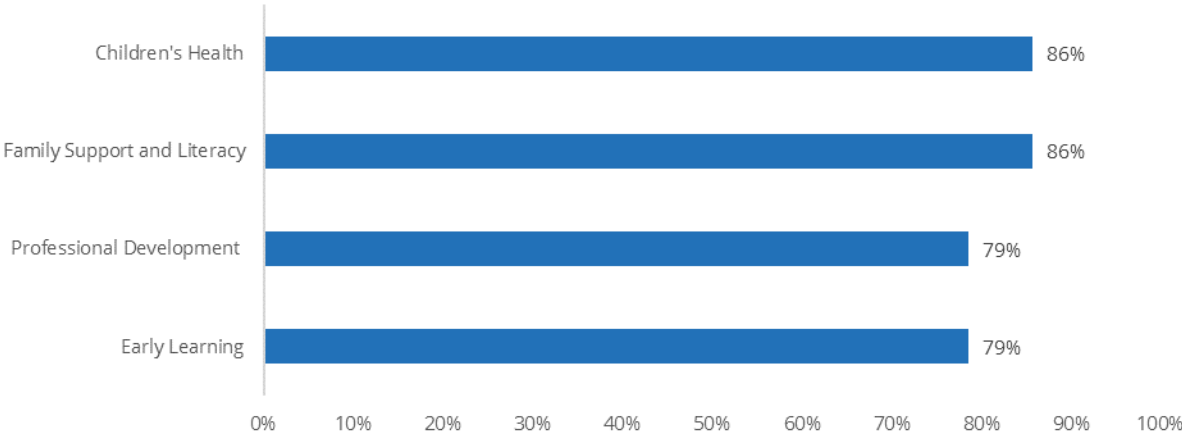
Respondents were also asked to provide their perspective on the existing early childhood system and systems building. Early childhood systems building is the ongoing process of developing approaches and connections that make all the components of an early childhood system operate as a whole to promote 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.

Figure 46. Describe the Early Childhood System in Yavapai County (N=14)



A majority (57%, n=8) of survey respondents described the early childhood system in Yavapai County as a partially coordinated system, with over one-third of respondents (36%, n=5) describing the system as a well-coordinated system, and seven percent (1 respondent) viewing the early childhood system as a group of separate, uncoordinated system partners working in isolation (Figure 46).

Figure 47. Percent agreeing that the Early Childhood System in Yavapai County effectively addresses the needs of young children and their families across key areas (N=14)

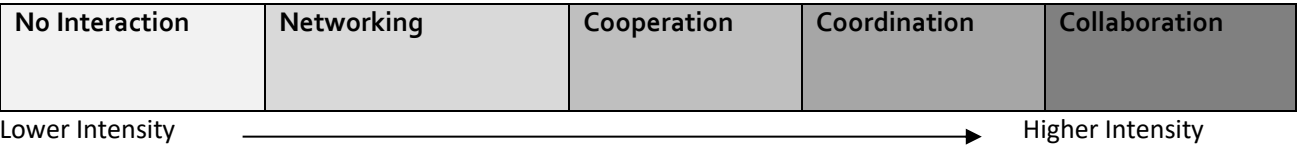


The majority of respondents reported that the early childhood system in Yavapai County effectively addresses the needs of young children and their families (Figure 47).

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 48).

Figure 48. The five levels of the Continuum of Collaboration



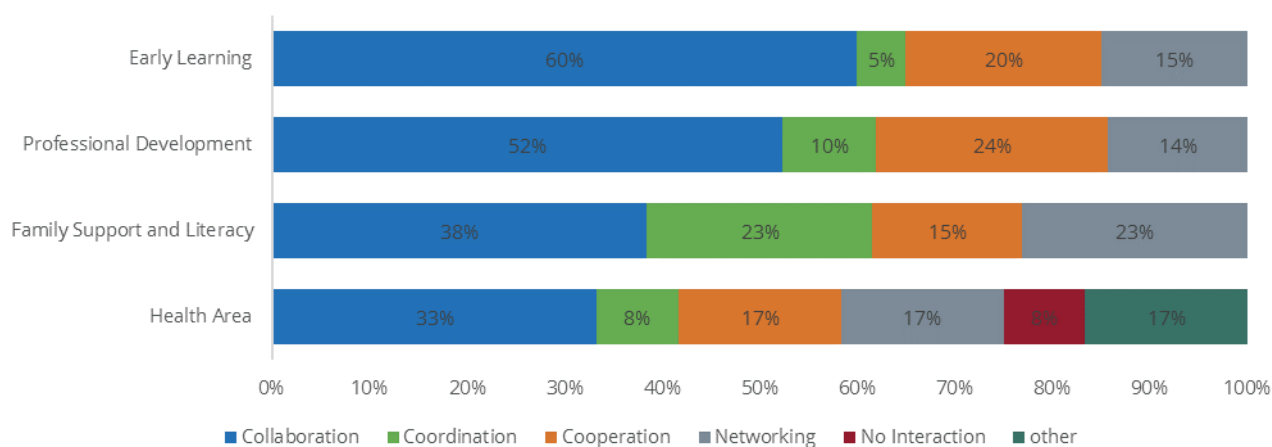
These stages, as described by Frey and colleagues,²³² are:

- **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 Yavapai County for each area of the Early Childhood System. Just over half of the respondents chose to complete this section (n=13). Results did indicate strong support for a high level of *collaboration*, the highest and most intense level of system partners working together along the Continuum of Collaboration for two of the four system areas; Early Learning (60%) and Professional Development (52%) (Figure 49). More in accordance with respondents' view of the early childhood system as only a partially coordinated system (Figure 46), a lower level of *collaboration* was reported for Family Support and Literacy and Health. These results run contrary to those for effectiveness, where Health and Family Support and Literacy gained higher ratings of effectiveness than Early Learning and Professional Development. Perhaps collaboration is seen to be occurring in areas which still have the greatest need.

Figure 49. Continuum of Collaboration in the Early Childhood System Areas (n=13)



Cooperation among system partners (Figure 49); a relationship characterized by short-term, informal relationships that exist without a clearly defined mission, was most likely to be seen as occurring in the Professional Development area (24%). *Coordination*, a relationship of relatively high intensity, involves more formal planning and division of roles and opens communication channels between organizations, was most likely to be seen occurring in the Family Support and Literacy area (23%). *Networking*, a relationship of low intensity, characterized by bringing individuals or organizations together for relationship building and information sharing, was more frequently indicated in the area of Family Support and Literacy (23%) than in other areas.

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.^{xxxiv} In the area of Family Support and Literacy, respondents felt that Family Support/Social Service (85%), Early Care and Education (85%), and K-12 Education (69%) agencies were most involved in system building work in Yavapai County (Figure 50).

In the area of Children's Health, respondents indicated that the Health Care/Medical (77%), Public Entity (77%), Family Support/Social Service (69%), and Early Care and Education (69%) sectors were the most engaged in systems building.

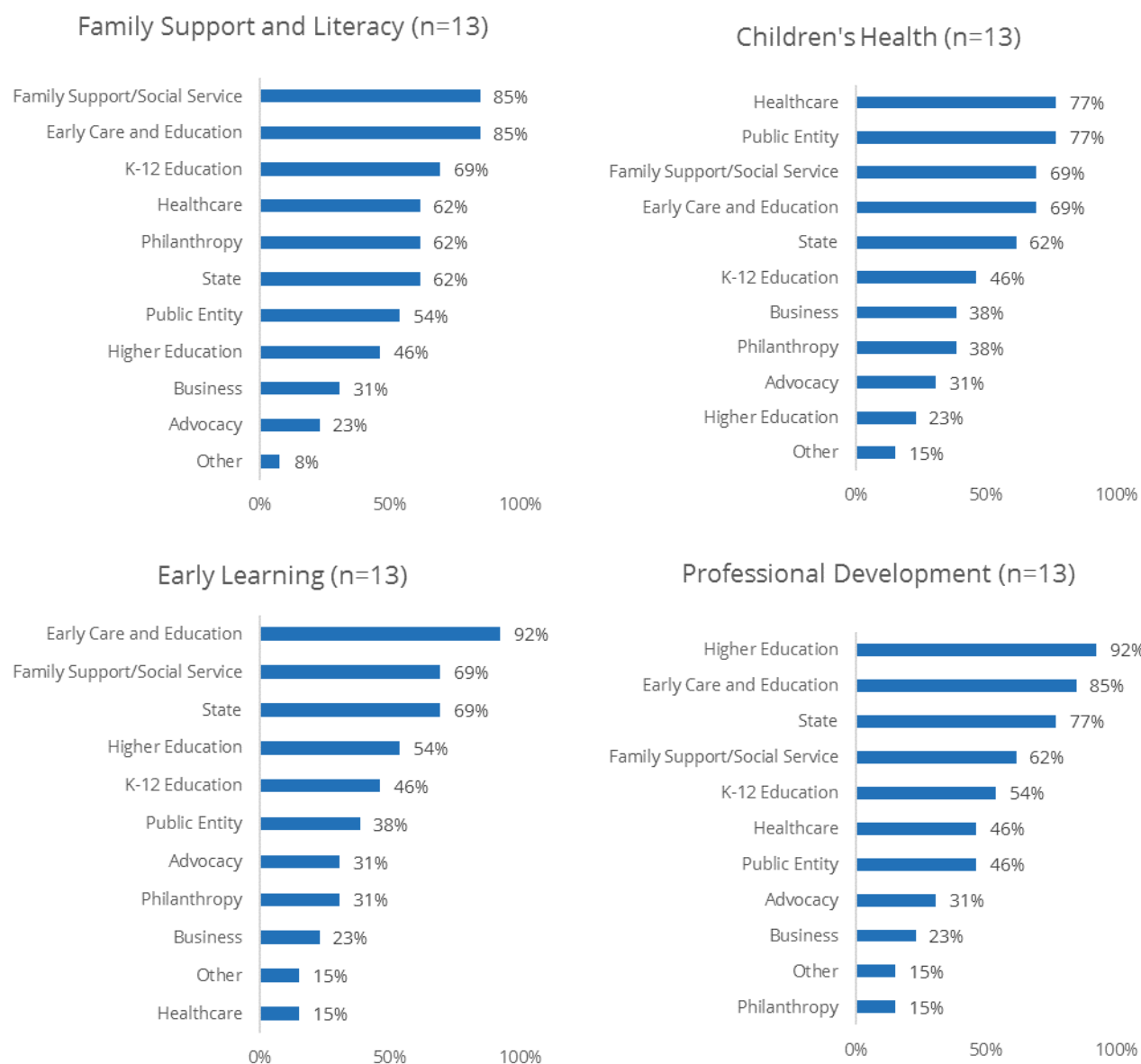
In the area of Early Learning, nearly all respondents (92%) noted that the Early Care and Education sector played a role in systems building. Many respondents also indicated engagement by Family Support and Social Services (69%) and State (69%) agencies.

Finally, in the area of Professional Development, nearly all respondents (92%) indicated that Higher Education sectors were involved, followed by Early Care and Education (85%), State (77%), and Family Support/Social Services (62%) sectors.

Across all four areas, the Business and Advocacy sectors played fairly small roles in system building work in Yavapai County (Figure 50). Business was most involved for Children's Health, where 38 percent of participants indicated its contributions, and 31 percent of respondents noted contribution from the Advocacy sector in work around Children's Healthcare, Early Learning and Professional Development.

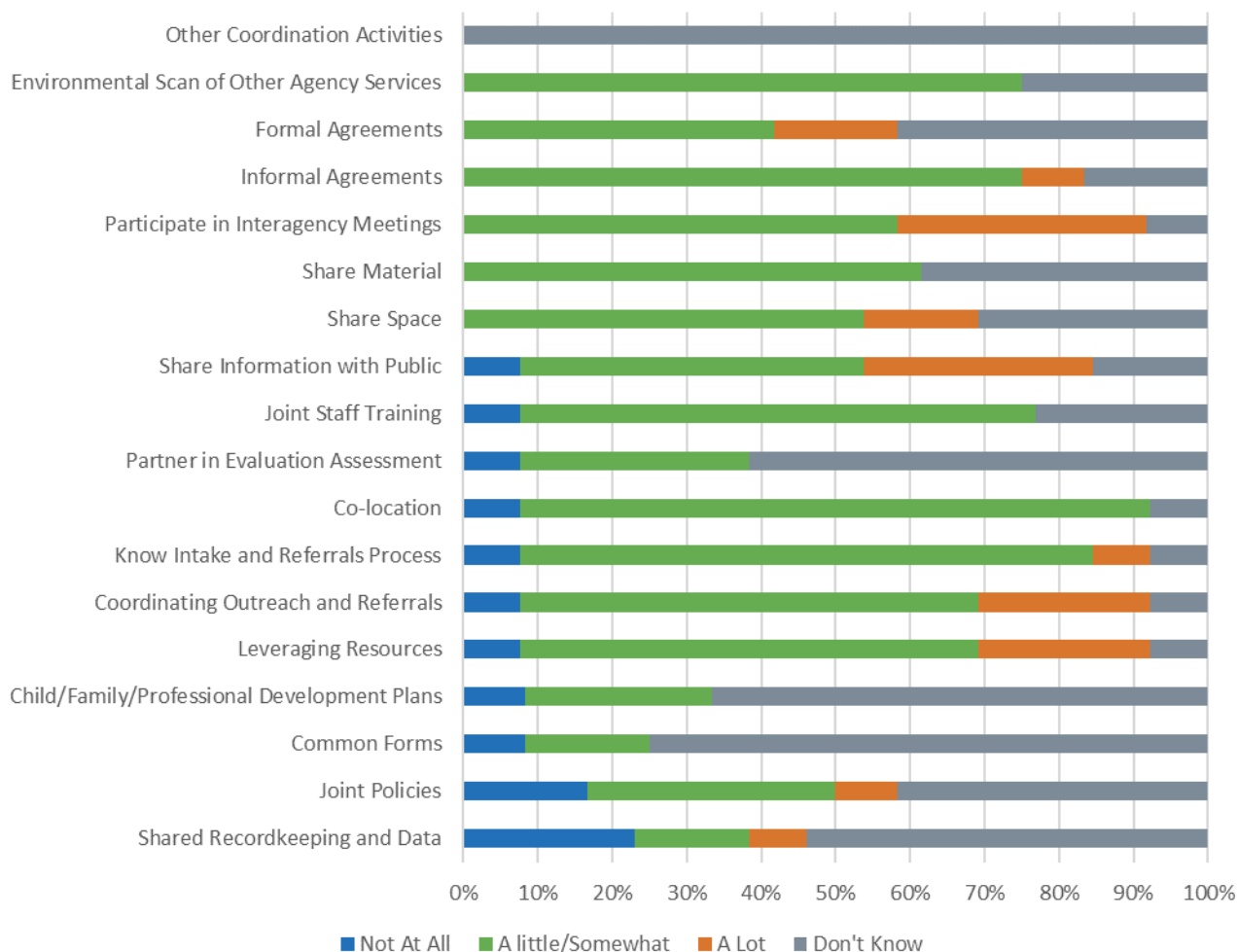
^{xxxiv} Note that only 13 participants completed this portion of the survey; one organization's response now carries a weight of about 8 percent.

Figure 50. Sectors involved in/engaged in system building work in Yavapai County



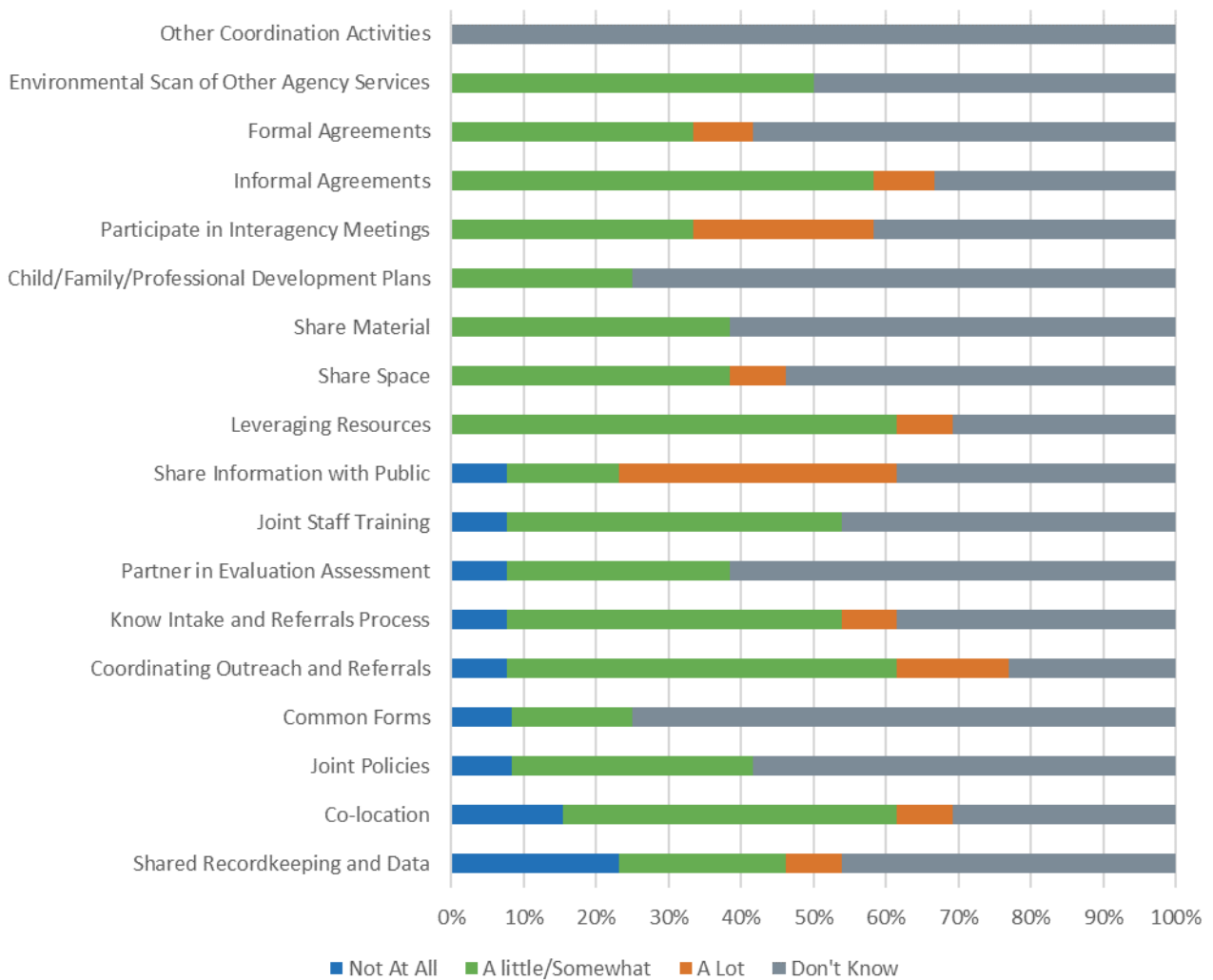
The following data reflect questions asking respondents about how frequently key activities that are known indicators of collaborative work were occurring. It should be noted that many (12-13; 48%-52%, depending on the question) of those who agreed to take the survey opted not to respond to this portion of the survey. Of those who did respond, many indicated that they did not know the answer for many activities.

Figure 51. Frequency of Activities: Family Support & Literacy (n=13)



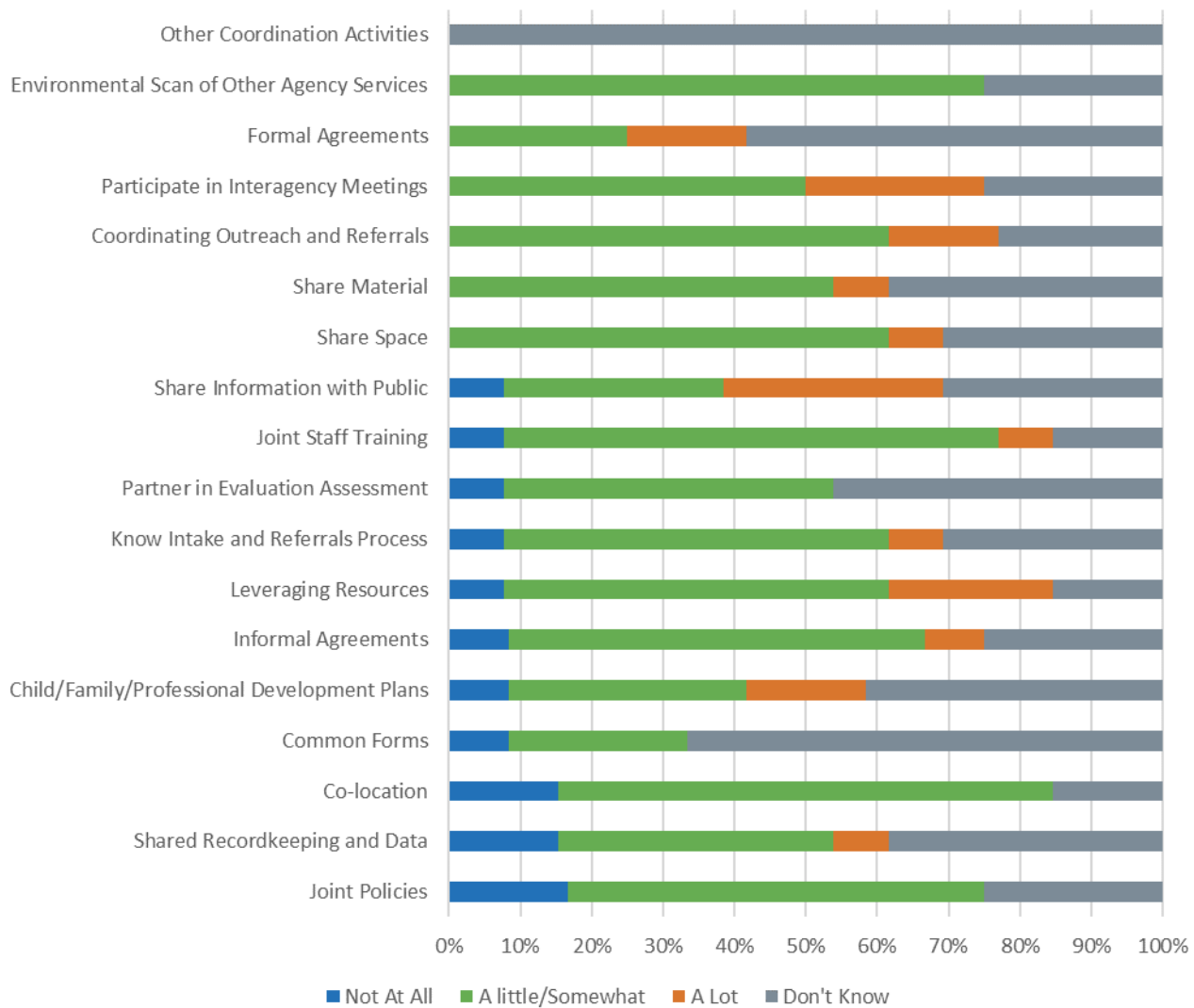
Based on the answers of those who did respond (n=12 to 13, depending on the question), activities that system partners within Family Support and Literacy are engaging in include: **participation in interagency meetings**, shared approach to informing the public of available services, leveraging resources/funding across partners, coordination of outreach and referrals, and having informal agreements (Figure 51). Areas where there is a low perceived level of activity include: using common forms (e.g., intake and/or referral forms), developing child and family service plans and/or professional development plans, and partnering in program evaluation and/or assessment. These activities represent opportunities for continued growth for system partners.

Figure 52. Frequency of Activities: Children's Health (n=13)



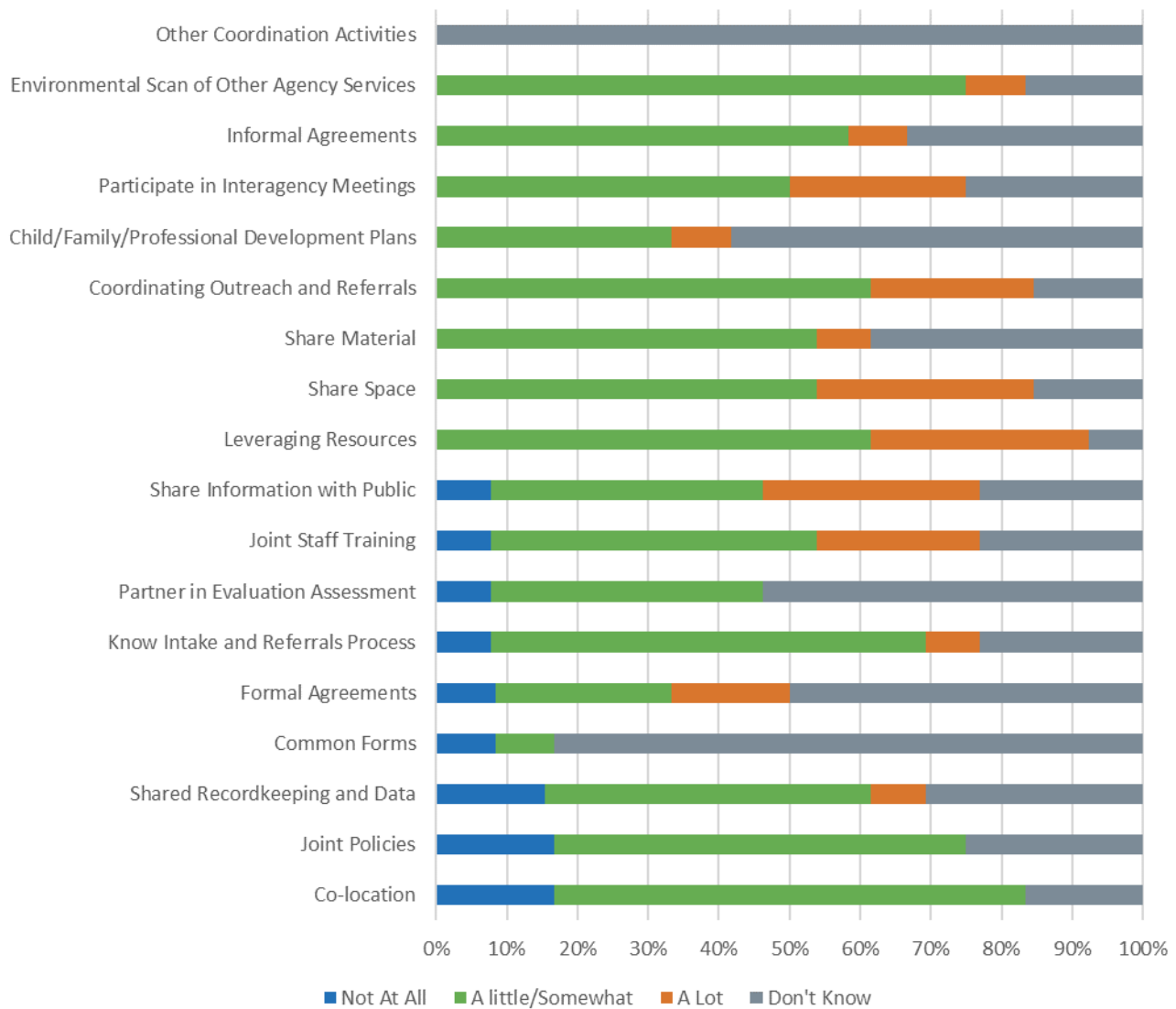
Activities that system partners within Children's Health area are engaging in include: having informal agreements, leveraging resources and coordination of outreach and referrals (Figure 52). Areas where there is a low perceived level of activity include: using common forms (e.g., intake and/or referral forms), jointly implementing policy changes, developing child and family service plans and/or professional development plans, and partnering in program evaluation and/or assessment. These activities may be opportunities for system partners to collaborate on in the future.

Figure 53. Frequency of Activities: Early Learning (n=13)



Activities that system partners within the Early Learning area are perceived to be actively engaged in include: participation in interagency meetings, coordinating outreach and referrals, shared approach to informing the public of available services, leveraging resources/funding across partners, and joint staff training (Figure 53). Activities where there is a low perceived level of use include: common forms (e.g., intake and/or referral forms) and partnering in program evaluation and/or assessment.

Figure 54. Frequency of Activities: Professional Development (n=13)



Activities that system partners within the Professional Development area are perceived to be actively engaged in include: leveraging resources/funding across partners, sharing space, coordinating outreach and referrals, participating in interagency meetings, and using shared approaches to informing the public of available services (Figure 54). Activities where there is a low perceived level of use include: common forms (e.g., intake and/or referral forms), and partnerships in program evaluation and/or assessment.

Commonalities that emerged across all four topic areas were that respondents expressed relatively little use of common forms, and whether there were partnerships in program evaluation and/or assessment.

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 barrier was limited resources. In particular, respondents noted shortages of oral health services, limited behavioral health and child welfare resources, funding cuts to home visitation, general funding issues, and shortages in high-quality child care. The second most common theme was that of deficiencies in coordination and collaboration (despite the relatively positive survey results above) among municipalities and agencies in the region. One respondent noted, "There is no "systematic" approach - no approach embraced by all area municipalities and rural areas to address the needs of the young child. It's frustrating to know there are some important necessary steps (like Pre-K education for every child) and that this is not ensured for every child." Other respondents indicated that services were sometimes duplicated and that there was a lack of a common goal or initiative among leaders in the early childhood field. Other common themes focused on the variability of services across the region (with rural areas facing many more challenges than the tri-city area) and limited potential for early care and education providers (e.g., low wages, few local professional development opportunities in the rural areas). One respondent suggested exploring more technologies that could supplement opportunities in rural areas. One respondent also noted the challenges of getting families aware and engaged in existing opportunities.

Survey participants were then asked to reflect on the role of the Yavapai Regional Partnership Council (RPC) in supporting early childhood system building and collaboration efforts in the region. Noted contributions of the RPC included providing funding, creating collaborative and networking groups to strengthen the early childhood system, bringing the community and partners together, and providing support to strategies that are unfunded by still valuable.

Participants were also asked to provide suggestions for how the Yavapai Regional Partnership Council can improve either support of early childhood system building and partner collaboration efforts in the Yavapai Region. Many of the suggestions centered on increasing coordination and collaboration among agencies and municipalities within the region. Specific suggestions included:

- Financial support for a paid community coalition specialist (another suggestion was to work with AmeriCorps Vista volunteers for this purpose) whose sole purpose is to bring the community, stakeholders, school districts and partners together to build, maintain, and sustain ongoing relationships.
- Establish a comprehensive calendar of activities across the region that is available to professionals and families. Having a coordinated calendar would also help with eliminating duplication of services.
- Cultivate relationships with K-12 and local government to raise awareness and work towards shared goals; without real buy-in about the importance of 0-5 education and welfare, many disparate organizations continue their good work without achieving any kind of systemic approach.
- Bring partners together on a regular basis.
- Enhance collaboration with oral health entities and pediatricians.

Speaking to the concerns about the variability of services across the region, one respondent also suggested splitting the Yavapai Region in to two regions, one being the Tri-City area (Prescott-Prescott Valley and Chino Valley) and another representing the Verde Valley and outlying areas (or, using Mingus Mountain as a natural divide for populations in Yavapai County).



SUMMARY AND CONCLUSIONS

Summary and Conclusions

This Needs and Assets Report is the sixth biennial assessment of the challenges and opportunities facing children birth to age 5 and their families in the Yavapai 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 data reported here, as well as additional qualitative data gathered through discussion with key informants. A summary of identified regional assets is included below.

Economic Characteristics

- Few young children (0-5) living below the poverty level in the Bagdad (0%), Prescott (8%) and Sedona (11%) sub-regions.
- Increases in the number of meals provided by the Summer Food Service Program (+17%) and the Child and Adult Care Food Program (+119%) in the region

Early Learning

- Increase in the number of children receiving child care subsidies (2013=517, 2015=734), and decrease in children on the waitlist for subsidies (2013=120, 2015=81) in the region.
- Numerous early childhood education professional development opportunities are available in the region including degree or certification programs, numerous ongoing trainings, and online trainings.
- YCCHS is implementing a plan to improve access to local, comprehensive, standardized, and timely evaluations for children with a concern for autism spectrum disorder (ASD).

Child Health

- Increase in the proportion of 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 (preconception health), from 45% in 2013 to 78% in 2014, the 2nd highest in the state.
- The region meets Healthy People 2020 objectives for the percent of babies born with low-birth weight or premature.
- Infants participating in WIC in the Yavapai Region (2015: 87.1%) exceed the rates of those ever breastfed across the state (71.2%) and the Healthy People 2020 goal of 81.9 percent of babies ever being breastfed

- The region has recognized low immunization rates (<91% in child care and <86% in kindergarten for three major vaccine series) as an issue and Yavapai County Community Health Services has adopted strategies to increase these rates.
- Among children enrolled in WIC, the Yavapai Region is meeting the Healthy People 2020 target of no more than 9.4 percent of children having obesity.

Family Support and Literacy

- Decrease in the number of children entering out-of-home care in Yavapai County in April 1-September 30, 2016 (n=106) compared to previous reporting period (n=172).
- The Yavapai Neonatal Abstinence Syndrome (NAS) Workgroup is working to build a continuum of care to reduce the incidents of NAS for women of childbearing age.

Communication, Public Information, and Awareness

- Nearly 1,500 Friends, Supporters and Champions recruited through First Things First community engagement efforts through SFY2016 in the region.

System Coordination among Early Childhood Programs and Services

- Five of 14 respondents (36%) to the Coordination and Collaboration Survey described the early childhood system in the Yavapai Region as a well-coordinated system. An additional eight respondents (57%) described it as a partially coordinated system.

However, there continue to be challenges to fully serving the needs of families with young children throughout the region. It is particularly important to recognize that there is considerable variability in the needs of families across the region. Although the population centers of the region are more likely to have resources and opportunities for young children and their families, there are continuing needs across all communities of the Yavapai Region. These areas run the risk of being overlooked for services if only regional or county-level “averages” are examined. Many of these have been recognized as ongoing issues by the Yavapai Regional Partnership Council and are being addressed by current First Things First-supported strategies in the region. These include:

- **A need for additional child care capacity** – There are between three and five young children for each available child care slot in the region, pointing to a shortage of affordable and accessible early care and learning opportunities. This is particularly true in certain sub-regions where this ratio is even higher (e.g., the Chino Valley sub-region has a ratio of six children per available child care slot). Quality First Scholarships continue to be funded in order to address the need for affordable early childhood education, as do Quality First Coaching & Incentives and Quality First Academy to continue to improve the quality of early care and education in the region.
- **Higher rates of drug-induced death and substance use morbidity, coupled with low behavioral health service use** – The county has high rates of drug-induced deaths and amphetamine and alcohol morbidity compared to the state. Economic hardship and related stress can lead to turmoil and dysfunction in families, including substance use, all of which affect the health and development of young children. Participation in evidence-based, quality parenting education and home visitation programs can help to ameliorate these impacts. The Yavapai Regional Partnership Council has recognized this need and continues to invest in the Home Visitation, Parent Education and Mental Health Consultation strategies. These strategies provide coaching, group activities and services to the parents of young children, and those who care for them, to

improve their parenting skills and enhance their children's development. In addition, the NAS Workgroup is strengthening efforts to build a continuum of care to reduce the incidents of NAS for women of childbearing age

- **High rates of personal belief exemptions for immunizations** – The Yavapai Region shows some of the highest rates of personal belief exemptions (9% in child care; 14% in kindergarten) in the state leading to higher percentages of children in child care and kindergarten settings not being fully immunized. This issue has been recognized in the region, and Yavapai County Community Health Services (YCCHS) has adopted strategies to increase immunization rates throughout the region.
- **High number of children who could benefit from early intervention services not receiving them** – With approximately four percent of young children in the region receiving early intervention services, and research suggesting 13 percent of young children would typically qualify for these services, it seems that increased availability of and access to early intervention services in children's youngest years may be needed. The Yavapai Regional Partnership Council has recognized this need and continues to invest in the Home Visitation strategy, which provides developmental screening to families enrolled, as well as potentially offering hearing and vision screening. In addition, YCCHS is implementing Yavapai County Autism Readiness and Education (Y-CARE). They aim to improve access to local, comprehensive, standardized, and timely evaluations for children with a concern for autism spectrum disorder (ASD). Through heightened public awareness of the early signs of autism, improved access to developmental screening and diagnosis, and evidence-based services, Y-CARE hopes to build on existing community resources to serve area children with ASD.
- **Increase in the number of substantiated reports of abuse and neglect** – In the last Department of Child Safety child welfare reporting period, April 1, - September 30, 2016, there was a large increase in the number of substantiated cases of abuse and neglect in the county (n=67) compared to the previous reporting period (n=21). The reason for this uptick, or whether it will be sustained, is unknown. However, the Yavapai Regional Partnership Council has recognized the importance of child welfare support and continues to invest in the Home Visitation and Court Teams strategies. Regional organizations such as Prevent Child Abuse also partner with the Council to provide training and workshop opportunities on this topic to professionals and parents in the region.

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

Economic Characteristics

- Higher poverty rates for young children in several areas (Ash Fork (76%) and Yavapai South (64%) sub-regions; the Yavapai-Apache Nation (55%)).
- Decrease in TANF/Cash Assistance (-48%) and SNAP (-22%) participation in the region.
- Lack of WIC retailers in Ash Fork, Cordes Junction, Yavapai South sub-regions and the Yavapai-Apache Nation. Lack or low level of SNAP retailers in the Bagdad sub-region and the Yavapai-Apache Nation.

Early Learning

- High ratio of young children to available child care slots (3 to 5 children per available slot) in the region indicating a need for additional capacity.

- High number (over 500) of children who would benefit from early intervention services are not receiving them in the region.

Child Health

- All but one of the regions PCAs had population-provider ratios greater than that seen statewide (449 to 1), indicating a potential need for more primary care providers.
- Higher proportion of mothers reported smoking (10.9%) in the region than across the state (4.6%), and above the Healthy People 2020 goal of 1.4 percent.
- Low child care and kindergarten immunization rates and high immunization exemptions rates (9% in child care; 14% in kindergarten), compared to the state.

Family Support and Literacy

- Increase in the number of substantiated cases of abuse and neglect in April 1-September 30, 2016 (n=67) compared to previous reporting periods.
- High proportion of domestic violence I&R calls (10% of the volume of calls across the state), relative to a lower proportion of shelter services.
- High rate of drug-induced deaths and amphetamine and alcohol morbidity rates in the county compared to the state.

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 Yavapai Regional Partnership Council and staff, local providers, and other community stakeholders in the region. Families are drawn to the Yavapai Region both for the close-knit, supportive nature of many of its communities and for the increasing number of opportunities available to its residents. Continued collaborative efforts have the long-term potential to make these opportunities available to more families across the Yavapai Region.

APPENDICES

Table of Regional Strategies

Yavapai Regional Partnership Council Planned Strategies for Fiscal Year 2017

| Strategy | Strategy description |
|--------------------------------|--|
| 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 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. |
| 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. |
| Mental Health Consultation | <p>The intent of this evidence informed strategy is to build the skills and capacity of early childhood education professionals to interact with children and their families. The expected result is the prevention, early identification, and reduction of challenging classroom behaviors and improved teacher skills. Further expected results are a decrease in negative outcomes for children, such as expulsion from preschool programs.</p> <p>Consultants are mental health professionals with expertise in children's social and emotional development working with early care and education providers. They engage in activities that promote enhanced early childhood practices and problem-solving through collaborative relationships with staff that interact with families and children. One primary focus is working within licensed child care centers or homes; however, services can also be provided to home visitation programs and contribute to professional development for family friend and neighbor (FFN) programs. Whether these expanded services are provided depends on strategy decisions made by a First Things First (FTF) Regional Partnership Council.</p> |
| Court Teams | The intent of this evidence-informed strategy is to improve outcomes for infants and toddlers and their families involved in the child welfare system in order to reduce or prevent future court involvement. The expected result is that informed local communities can strengthen the support and care for infants, toddlers and their families in the Juvenile Court system. This is accomplished through training, shared planning, systems improvement and regular consultation of those agencies working with a child and family. Court Team implementation may include recommending and referring infants, toddlers and families for services, but does not directly provide these services. |
| 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). |
| Parenting Education | The intent of this evidence based strategy is to offer learning activities designed to increase the knowledge and skills and promote positive parenting practices for parents and caregivers that result in enhanced child health and development when utilized by parents and caregivers. The expected results of effective parenting education programs are increased parental knowledge of child development and parenting skills, improved parent and child interactions, and more effective parental monitoring and guidance, decreased rates of child maltreatment, and better physical, cognitive and emotional development in children (Lundahl, Nimer & Parsons, 2012). |
| FTF Professional REWARD\$ | The intent of this promising practice strategy is to provide financial incentives to early care and education teachers for children birth to age 5, and is dependent on the teacher's educational attainment, continued educational progress and commitment to continuous employment. The expected result is improved retention rates of highly qualified teachers, an improvement in the educational level of the professional workforce and continuity of care for young children enrolled in early care and education programs. |

The Yavapai-Apache Nation Supplement

About this Report Supplement

As part of additional work for the Yavapai-Region 2018 Needs and Assets Report cycle, the Yavapai Regional Partnership Council allocated funding for additional data collection and reporting specific to the Yavapai-Apache Nation to be included in the form of a report supplement.

The data contained in this supplement come from a variety of sources: 1) Data provided to First Things First by the Inter Tribal Council of Arizona WIC Program and the Indian Health Service Phoenix Area; 2) Quantitative data provided by various Yavapai-Apache Nation tribal departments and agencies; and 3) Findings from qualitative data collection conducted in 2016 specifically for this report through key informant interviews with service providers in the community. In addition, selected indicators from U.S. Census data for the Yavapai-Apache Nation, and all Arizona reservations are included where appropriate.

This report supplement also 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. Additional information on the limitations of U.S. Census and American Community Survey data in tribal communities is included in the Appendices section of the full Needs & Assets Report.

The Yavapai-Apache Nation

In November 2006, when First Things First was established by the passage of Proposition 203, the government-to-government relationship with federally-recognized tribes was acknowledged. Each Tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First designated region or elect to be designated as a separate region. The Yavapai-Apache Nation has chosen to be part of the First Things First Yavapai Region. The Yavapai-Apache Nation Tribal Council elected to participate in the data collection for the Yavapai Region 2018 Needs and Assets Report as indicated by Resolution 21-16 signed on January 28, 2016.

Population and Economic Characteristics of the Yavapai-Apache Nation

The Yavapai-Apache Nation is located in the Verde Valley of Arizona and is comprised of five communities: Tunlii, Middle Verde, Rimrock, Camp Verde and Clarkdale. The Nation had 2,440 total enrolled tribal members as of December 2014, with more than 750 residents living in one of those five tribal communities. According to the U.S. Census, in 2010 the total population of the Yavapai-Apache Nation in 2010 was 718 residents, with 87 of those being children birth to 5. Just over a quarter (28%) of households in the Yavapai-Apache Nation included children under the age of six, which is very similar to the proportion across all Arizona reservations (26%)²³³ but substantially higher than the 10 percent in the Yavapai Region. For the Yavapai-Apache Nation, almost four in ten (39%) of those households with young children were headed by a single-female, a proportion that is also similar to that across all Arizona reservations combined (42%), but almost twice as high as that in the Yavapai Region (22%). In addition, 37 percent of children aged birth to 5 in the Yavapai-Apache Nation lived in a grandparents household.²³⁴ Across all Arizona reservations, four in 10 (40%) children aged birth to 5 lived in a grandparents household.

The economic well-being of a family is a powerful predictor of child well-being, and poverty is one indicator of economic health. More than four in ten (43%) households in the Yavapai-Apache Nation fall below the poverty level,

and more than half (55%) of children under six live below the poverty level.²³⁵ These numbers are very similar to those across all Arizona reservations combined (42% all age population; 55% young child population). In addition, almost two-thirds (64%) of families with children birth to 4 in the Yavapai-Apache Nation are estimated to live below 100 percent of the Federal Poverty Level (FPL), higher than the proportion across all Arizona reservations (51%).²³⁶ As a benchmark, the 2015 Federal Poverty Guideline for a family of four was \$24,250. Families living in poverty may be at increased risk of food insecurity (a limited or uncertain availability of food) and may benefit from use of supplemental food programs. 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.²³⁷ The Women, Infants and Children (WIC) program, also a food and nutrition resource, serves economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five.²³⁸ While no SNAP or WIC retailers are located on Yavapai-Apache Nation tribal lands, there are SNAP retailers located near Camp Verde and Clarkdale, and a single WIC retailer near Camp Verde.²³⁹

The Early Childhood System

Two early learning programs are available to young children living on or near the Yavapai-Apache Nation. These are the Yavapai-Apache Nation Child Care Program, and the Montessori Children’s House.

Yavapai-Apache Nation Child Care Program

The Yavapai-Apache Nation receives funding from the Tribal Child Care and Development Fund to administer its own child care program. The Yavapai-Apache Nation Child Care Program provides supervised child care to children who are enrolled tribal members of a federally-recognized tribe. First priority is given to enrolled members of the Yavapai Apache Nation. The program operates two types of services: center-based and home-based care. Center-based care is provided through the Yavapai-Apache Nation Child Care Center located in the Middle Verde tribal community and serves children ages one to seven. The Yavapai-Apache Nation Child Care Program also recruits home providers into the Home Care Program. Potential home care providers must pass a drug test and a home inspection before being certified. Home-based care is provided at either the child’s home or the provider’s home by both relatives and non-relatives. Selection of a family provider is left to the discretion of the parents but in order to obtain final certification, providers must have clearance of state and federal background checks conducted by the Yavapai-Apache Nation Detective Unit. Providers must also pass a drug test conducted by the tribal Human Resource Department.²⁴⁰

Between October 1, 2015 and September 30, 2016, a total of 74 children received services from the Yavapai-Apache Nation Child Care Program, with an average of 57 children served per month. Of these, 31 were enrolled in center-based services at the Yavapai-Apache Nation Child Care Center and 43 received home-based services from a relative (n=28) or a non-relative (n=15) provider. Most of the children who received services (90%, n=67) were five years of age or younger. The average monthly Child Care and Development Fund subsidy provided by the Yavapai-Apache Nation Child Care Program was \$130 per child, and the average monthly parent copayment was \$20 per child, down from \$40 in 2015.²⁴¹

Error! Reference source not found. shows detailed information about the services provided by the Yavapai-Apache hild Care Program.

Table 84. Services Provided by the Yavapai-Apache Nation Child Care Program, October 1, 2015 – September 30, 2016.

| | Number of children |
|--|---------------------------|
| Received center-based services | 31 |
| Received home-based services | 43 |
| Care by relatives | 28 |
| Care by non-relatives | 15 |
| Received services at child's home | 7 |
| Received services at family home | 36 |
| Received services because parents worked | 68 |
| Received services because parents were in training/education program | <10 |
| Received services because child was in need of protective services | <10 |

Source: Yavapai-Apache Nation Program Profile Child Care and Development Fund Annual Report (October 1, 2015-September 30, 2016). Caseload Information. Unpublished data

Staff from the Yavapai-Apache Nation Child Care Center and home-based providers are either tribal members of the Yavapai-Apache Nation or members of another federally-recognized tribe. Providers in both programs are encouraged to attend professional development opportunities throughout the year. According to key informants, local professional development opportunities have increased in the region. In addition, child care providers in the Nation have been able to attend trainings and conferences offered locally in Yavapai County with funding from First Things First. Weekend trainings offered in Yavapai County were highlighted as particularly valuable to child care providers, as it is difficult for providers to attend trainings during the week. Conversely, academic opportunities offered through Yavapai College have decreased and are now only available in Cottonwood and Prescott.

The Yavapai-Apache Nation continues to experience an increase in the demand for child care services. Part of this is due to new construction of homes in the community that has encouraged tribal members to move back from urban areas, leading to an increase in the number of families with a need for child care. The Child Care Center operates at full capacity and recruiting qualified home-care providers is sometimes difficult. Because all adults living in the household of a home provider must pass a background check, changes in living situations can sometimes lead to home providers no longer qualifying. The Child Care Program continuously recruits providers through advertisements in the tribal Human Resources Department, tribal newspaper, fliers, and community events.

The Montessori Children's House

Another asset in the Nation's early childhood education system is the Montessori Children's House, a tribally-operated center located in the Middle Verde tribal community that provides preschool and kindergarten education to children aged three to six years in the area. Tuition is covered by the Yavapai-Apache Nation for children who are enrolled tribal members, but the Montessori Children's House is open to the non-tribal members from the

community at large. The Montessori Children's House was formerly affiliated with Verde Valley Montessori, a charter school in Cottonwood, which allowed it to receive funding from the Arizona Department of Education for half-day kindergarten. However, the school now functions as a private school, owned by the Yavapai-Apache Nation. Non-tribal members pay the full cost of tuition; \$360 per month for full-day preschool and \$200 per month for half-day preschool. Key informants noted that the number of non-tribal students has declined since the school transitioned to being fully funded by the tribe; the Montessori Children's House, however, continues to reach out and advertise its services to families outside the tribal community.

The Montessori Children's House can enroll up to 49 children in its three classrooms and it usually operates at capacity. The number of children on the waiting list varies during the year, usually fluctuating between eight and 12. At the end of the 2015-2016 school year, there were 42 children enrolled and there was a waiting list for the 2016-2017 academic year. Staff emphasize that they would like to see continued enrollment of both tribal and non-tribal children because they believe the diversity of the students strengthens the school. The Yavapai-Apache Nation Child Care Center provides transportation for children enrolled in its program who attend the Montessori Children's House. At the end of the 2015-2016 school year, there were ten children who were enrolled in both the Montessori Children's House and the Yavapai Apache Nation Child Care Center for after-school care.

The Montessori Children's House follows the Camp Verde public school calendar, so it is closed during the summer. During the school year, students attend five days a week from 8:30 – 2:30; three-year-old children, however, usually attend the half-day program, which operates from 8:30 to 12:00. As reported in the 2014 Needs and Assets Report supplement for the Yavapai-Apache Nation, low attendance and tardiness continue to be a challenge for the Montessori Children's House, influencing the quality of education provided by the school. Key informants noted that the mismatch between the local public school schedule, where students only attend school for four days of the week, and the Montessori Children's House, which operates Monday through Friday, contributes to the low attendance, as many children miss school on Fridays. The Yavapai-Apache Nation is trying to address this challenge and encourage attendance by implementing a policy in which children with more than 10 unexcused absences in a semester may not qualify for the clothing allowance provided by the tribe. In order to help implement this policy, attendance rates at the school are provided regularly to the Tribal Administration office. The Montessori Children's House emphasizes the importance of attendance and punctuality at parent nights; nevertheless, key informants indicated that additional support may be needed to increase awareness among parents about the importance of prompt and consistent attendance.

Although the Montessori Children's House is closed over the summer, the school offers a four-week summer tutoring program for children ages 3 to 6 in the month of June. The tutoring program is intended to help students entering preschool or kindergarten become familiar with the school's routines and staff, and to provide additional support for children struggling in specific areas such as reading. The program can enroll up to 14 students and it usually operates at capacity.

The Montessori Children's House has eight full-time staff and seven substitutes. Three teachers and the school Director have Montessori training, and the Yavapai-Apache Nation provided funding for one assistant teacher to receive Montessori training over the summer of 2016. The three other assistant teachers do not have official Montessori training but have extensive experience teaching at the school. The Yavapai-Apache Nation regularly provides funding for staff to attend trainings and has been supportive of staff at the Montessori Children's House pursuing professional development opportunities. The strong support from tribal leadership to the school was also evident when they promptly responded to provide the necessary funding after the Montessori Children's House lost its charter status.

Key informants in the region also indicated that the support of Yavapai-Apache Nation for the Montessori Children's House is a major asset for the community. The Montessori Children's House provides a supportive environment for children to get their start in school.

Screening and Services for Children with Special Needs in Child Care or School

Developmental screenings are available to young children in the community through the Montessori Children's House, which funds a speech pathologist to conduct screenings for children enrolled. The Montessori Children's House and the Child Care Program can also refer children to Child Find screenings provided through the Northern Arizona Council of Government (NACOG) Head Start in Camp Verde. Services for children with special needs, however, are limited at the Yavapai-Apache Nation Medical Center, and primarily available in the community through the local school districts, Camp Verde School District, Cottonwood-Oak Creek School District, and Clarkdale-Jerome School District, and via referrals from the Yavapai-Apache Nation Child Care Center and Montessori Children's House. When children have been identified as having special needs, they can receive services from specialists such as speech pathologist or occupational therapists from the local school district or AzEIP who travel to the Yavapai-Apache Nation Child Care Program. Key informants noted a need for further mental and behavioral health training for early education staff to serve young children who have experienced trauma or who have emotional or behavioral health issues.

Health

As a result of the Indian Self-Determination and Education Assistance Act (PL-93-638) (ISDEAA), federally recognized tribes have the option to receive the funds that the Indian Health Service (IHS) would have used to provide health care services to tribal members. The tribes can then utilize these funds to directly provide services to tribal members (they can also opt to take the funds from IHS and provide the services through another entity). This process is commonly known as utilizing "638 contracts". This means that tribes can take over responsibility of some or all health services. Through this process, ISDEAA enables tribes more control over the federal funds that are allotted to the IHS for health care enabling tribes to self-determine how funding will be distributed based on the tribe's own identified needs and priorities. Yavapai-Apache Nation Medical Center is a Title I 638 facility. Funding for the facility is provided by both Yavapai-Apache Nation and the Indian Health Service.

Access to Care

A key factor in accessing health care is health insurance. According to data from the American Community Survey (ACS) by the U.S. Census, 14 percent of young children in the Yavapai-Apache Nation (n=134) were estimated to be uninsured, along with 23 percent of the total population in the Yavapai-Apache Nation (n=1,011). These proportions are slightly lower than those across all Arizona reservations combined (18% 0-5 without insurance; 26% all-ages without insurance). It is important to note that the U.S. Census Bureau does not consider coverage by the Indian Health Service (IHS) to be insurance coverage.

Health care services are accessible to members of the Yavapai-Apache Nation and members of other federally recognized tribes through the Yavapai-Apache Nation Medical Center. A family medicine physician, optometrist, dentist and behavioral health clinician at the Medical Center offer services by appointment Monday-Friday. Additional behavioral health specialists travel from Phoenix Indian Medical Center (PIMC) each week, and a tobacco cessation specialist and a dietician from PIMC provide services once a month upon referral from the primary care provider. Other specialty care such as gastro-intestinal care requires referral and travel to Cottonwood or Phoenix. For urgent care or emergency room needs, community members must travel to Cottonwood. The Yavapai-Apache

Nation Medical Center does not have a pharmacy, which means that prescriptions must be filled at pharmacies in Camp Verde or other surrounding communities. Prenatal care is provided to women early in their pregnancy but pregnant women are then referred out to a contracted Ob/Gyn provider at the Verde Valley Medical Center in Cottonwood, where they also give birth.

Pediatric care is also available for community members from the family medicine physician, who provides Well Baby and Well Child checks and immunizations at the Medical Center. Key informants in the region note that many families choose to go to other private providers in the community, such as Red Rock Pediatrics, for pediatric care, and some families travel to other IHS facilities such as Phoenix Indian Medical Center (PIMC) for care. The Yavapai-Apache Nation Medical Center has good communication with these other health providers in the vicinity and has a system in place to request notes and medical records where needed.

Health-related services to members of the Nation are also available through the Wellness Program, which houses the Community Health Representatives (CHR), tobacco use prevention, transportation, Women, Infant and Children (WIC) and the Wellness programs. Services available from these programs rotate in the different communities that comprise the Yavapai-Apache Nation to ensure accessibility to all tribal members. The Diabetes program is jointly operated by the Yavapai-Apache Nation Medical Center and the Community Health Representative. The program provides community nutrition services and keeps the Diabetes register up-to-date. The program also signs up children from the community to participate in a diabetes camp for Native children.

Transportation is available to community members for medical appointments through the Community Health Representatives program at the Yavapai-Apache Nation Wellness Program, and a bus transit system is available that connects the communities of Sedona, Camp Verde and Clarkdale. Key informants indicated that the transit system is widely used by community members.

Use of IHS Care

Data was provided by the Indian Health Service (IHS) Phoenix Area for the Yavapai-Apache Nation. Between October 2013 and September 2015 there were 1,184 IHS active users (defined as those who had one or more visit(s) during the previous two years, were identified as members of the Yavapai-Apache Nation and received services in the IHS Phoenix Service Unit or by contract health providers).²⁴² Of those, 76 were children aged birth to 5 (Table 85). During that same time period, there were 54 well-child visits of young children from the Yavapai-Apache Nation at facilities under the Phoenix Service Unit.

| Table 85. Number of Active IHS Users from the Yavapai Apache Nation | | | |
|---|---------------------------|--------------------------|----------|
| | Young Children (Ages 0-5) | All Children (ages 0-17) | All Ages |
| Yavapai Apache Nation | 76 | 369 | 1,184 |

Source: Indian Health Services, Phoenix Area (2016) [IHS Dataset]. Unpublished data.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

The Yavapai-Apache Nation WIC program operates under the umbrella of the Inter Tribal Council of Arizona (ITCA) WIC program. The WIC program provides nutritional and fitness services to members of the Nation but also to non-tribal members who reside in its area of service (including the Hispanic population in Camp Verde, Clarkdale, and Cottonwood and American Indian residents in the Prescott area). The WIC office offers both classes and one-on-one consulting in WIC appointments aimed at preventing and reducing obesity as well as gestational diabetes among community members, sometimes in collaboration with the Yavapai-Apache Nation Diabetes program. One recent program, Fit WIC, aims to teach parents about healthy snacks and the importance of physical activity for young children. All class locations rotate between communities to maximize availability to families, and transportation is provided through the Yavapai-Apache Nation Community Health Representatives. A nutritionist with the Inter Tribal Council of Arizona (ITCA) travels to the Nation to provide services to high-risk clients. The current monthly caseload fluctuates between 90 and 100, an increase from three year ago when the caseload was less than 50 individuals. Key informants report that the caseload has increased recently due to outreach campaigns in the community such as “WIC Until 5” advertising in the local newspaper and newsletter and postcards from ITCA that can be sent to people who miss their WIC appointments. New construction in the Tunlii community is likely to increase the caseload further as more families move into the new homes being built.

Currently there is one WIC caseworker who works part-time for WIC and part-time as a Community Health Representative. Key informants note that tribal members come from as far as Prescott to receive WIC services at the Yavapai-Apache Nation WIC office because their services are specifically tailored to Native culture and traditions. Staff understand the multi-family, multi-generational household structures and conduct their programs in ways that are culturally adapted. Breastfeeding education and support happens in the quarterly Talking Circle, as well as in a one-on-one setting. The WIC caseworker provides home-based services to families who might not be able to travel to the clinic. WIC appointments are available on half days Monday through Thursday, but the WIC caseworker also will make flexible appointment hours to best accommodate clients’ schedules. Transportation is provided for WIC clients to get to the local Department of Economic Security office in Cottonwood as well as to medical appointments. Key informants noted that Yavapai-Apache Nation WIC program is currently strained in terms of both funding and staffing with their current caseload. Further funding to allow the WIC caseworker to work full-time for WIC would ease some of the current staff burden.

The WIC program works closely with the local Food Bank, which is administered by the Yavapai-Apache Nation Social Services Department. Community Health Representatives and WIC staff often refer families to the Food Bank, where tribal members can receive food boxes twice per month. For individuals unable to pick up their boxes, staff from the Food Bank or Community Health Representatives can deliver food boxes to their homes.

The tables below show participation in the Yavapai-Apache Nation WIC program for women, infants and children. The information displayed on the tables includes the number of women, infants and children enrolled in 2015 (Table 86); the change in children’s enrollment over time; and participation rates in 2015. The number of children aged birth to 4 enrolled in the Yavapai-Apache Nation WIC program increased between 2012 and 2015 by 15 percent (Table 87). The proportion of clients who are certified (and therefore enrolled in the program) and who actually receive their benefits is called the “participation rate.” In January 2015, the total participation rate of clients in the program was 73 percent, a marked increase from 61 percent in January 2013 (Figure 55). Key informants noted that follow-up on the part of the WIC staff is key in maintaining a high participation rate.

Table 86. Enrollment in the Yavapai-Apache Nation WIC Program, 2015

| | Women | Infants | Children | Total |
|-----------------------|-------|---------|----------|-------|
| Yavapai Apache Nation | 53 | 60 | 84 | 197 |

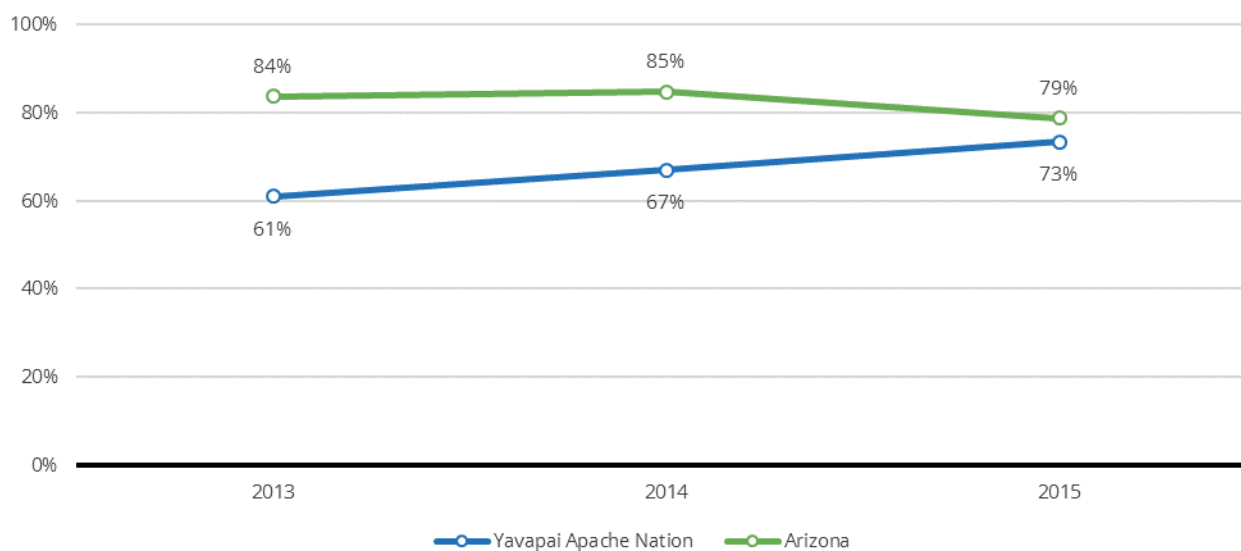
Source: Inter Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Table 87. Children (ages 0-4) enrolled in the Yavapai-Apache Nation WIC Program, 2013 to 2015

| | CY 2013 | CY 2014 | CY 2015 | Change 2013-2015 |
|-----------------------|---------|---------|---------|------------------|
| Yavapai Apache Nation | 126 | 118 | 144 | 14% |

Source: Inter Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Figure 55. Participation Rates in the Yavapai-Apache Nation WIC Program, January 2013 to 2015



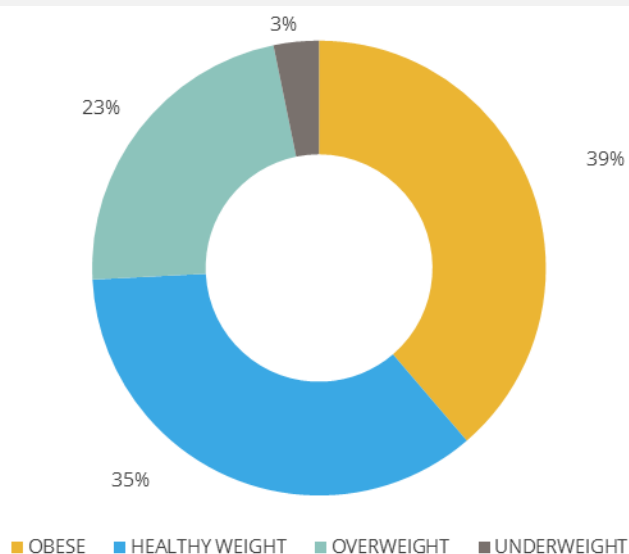
Source: Inter Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Maternal Characteristics

Data are also available from the Yavapai-Apache Nation WIC program on a number of maternal health indicators for those enrolled between 2011 and 2015 (the most current data available).²⁴³ Maternal obesity is linked to both birth outcomes and a child's subsequent health. Among Arizonan women overall, about 51 percent were overweight or

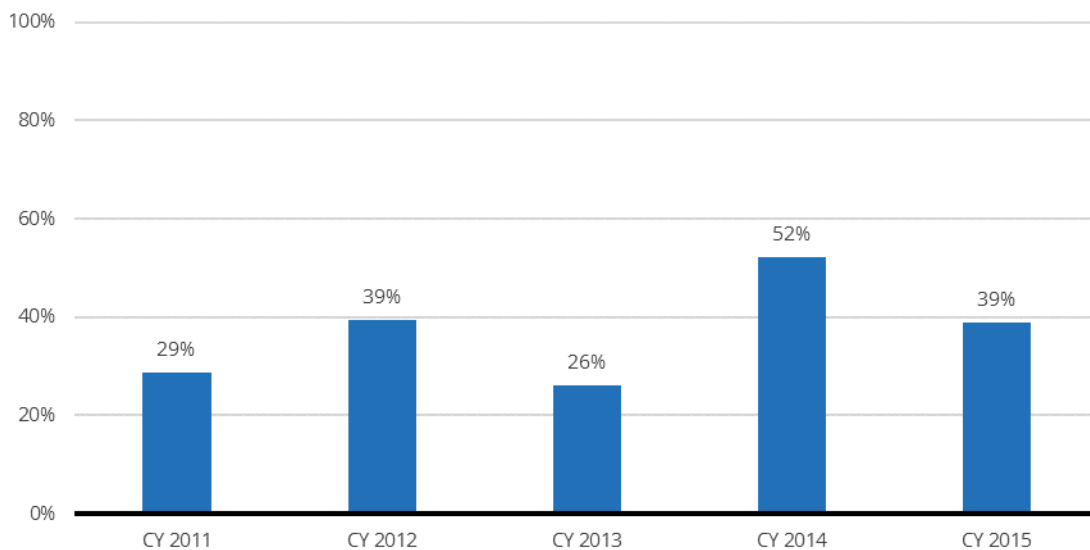
obese before pregnancy in 2014.²⁴⁴ Among women who participate in the state’s WIC program, this rate was higher – 58 percent, which is to be expected given that low-income women are more likely to be obese in the United States.²⁴⁵ For those participating in the Yavapai-Apache Nation WIC Program, this rate was higher still: 23 percent of women were overweight, and 39 percent were obese, for a total of 61 percent who were overweight or obese before becoming pregnant in 2015 (Figure 56). The rate of pre-pregnancy obesity amongst Yavapai-Apache Nation WIC enrollees has increased from 2011 to 2015, from 29 percent to 39 percent (Figure 57). In Arizona, pre-pregnancy obesity rates for women enrolled in WIC also increased, but at a slower pace, from 27 percent in 2012 to 31 percent in 2015.

Figure 56. Pre-pregnancy Weight Status for Women Enrolled in the Yavapai-Apache Nation WIC Program, 2015



Source: Inter Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Figure 57. Pre-pregnancy Obesity Rates for Women Enrolled in the Yavapai-Apache Nation WIC Program, 2011 to 2015

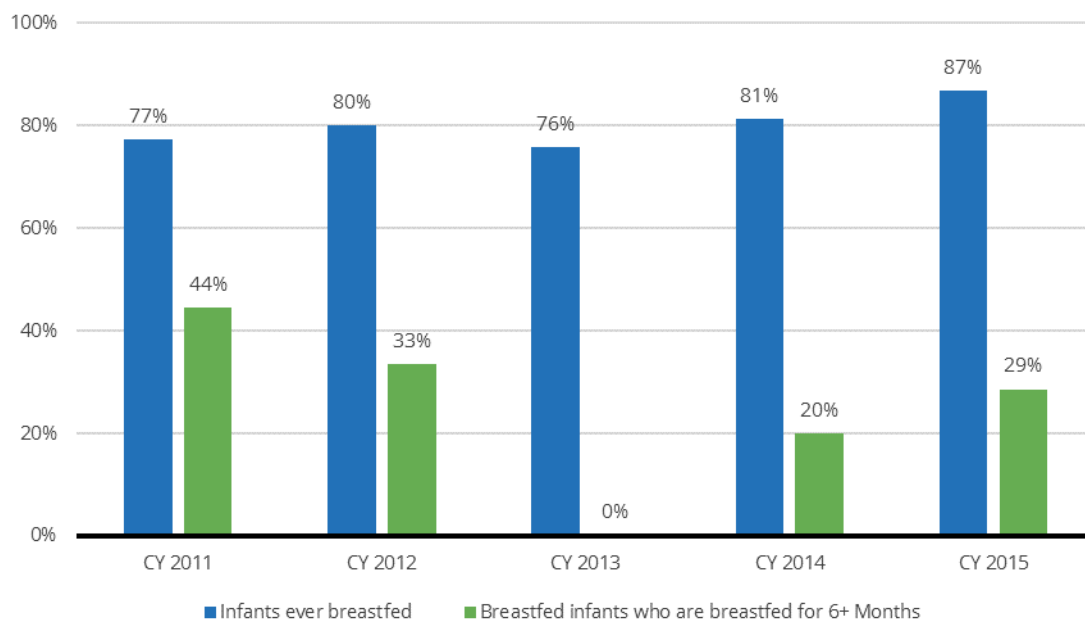


Source: Inter Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Breastfeeding

Data are also available from the Yavapai-Apache Nation WIC program on a number of child health indicators for those enrolled between 2011 and 2015, including breastfeeding. Infants enrolled in the Yavapai-Apache Nation WIC program met the Healthy People 2020 goal of 81.9 percent of babies ever being breastfed, with 86.8 percent ever being breastfed in 2015 (Figure 58). This percentage was substantially higher than that seen statewide, with 71.2 percent of WIC-enrolled infants statewide ever being breastfed in 2015. In addition, the percent of infants in the Yavapai-Apache Nation WIC program who were ever breastfed increased from 77.3 percent in 2011 to 86.8 percent in 2015. However, the percent of infants breastfed for six months or longer has decreased since 2011, with 29 percent of infants being breastfed for six months or longer in 2015, down from 44 percent in 2011 (Figure 58). Key informants in the region echoed these data, reporting that while breastfeeding initiation has increased, the number of mothers' breastfeeding usually falls off by six months of age.

Figure 58. Breastfeeding Rates for Infants Enrolled in the Yavapai-Apache Nation WIC Program, 2011 to 2015

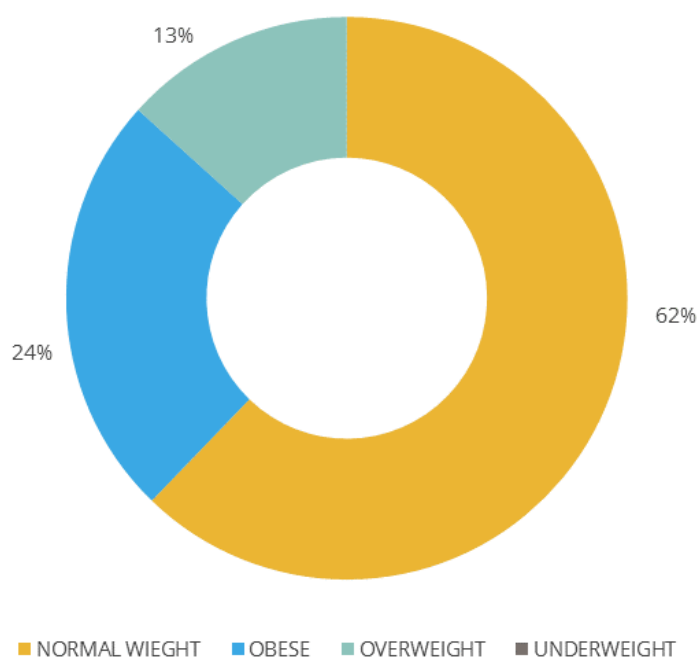


Source: Inter Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Children's Weight Status

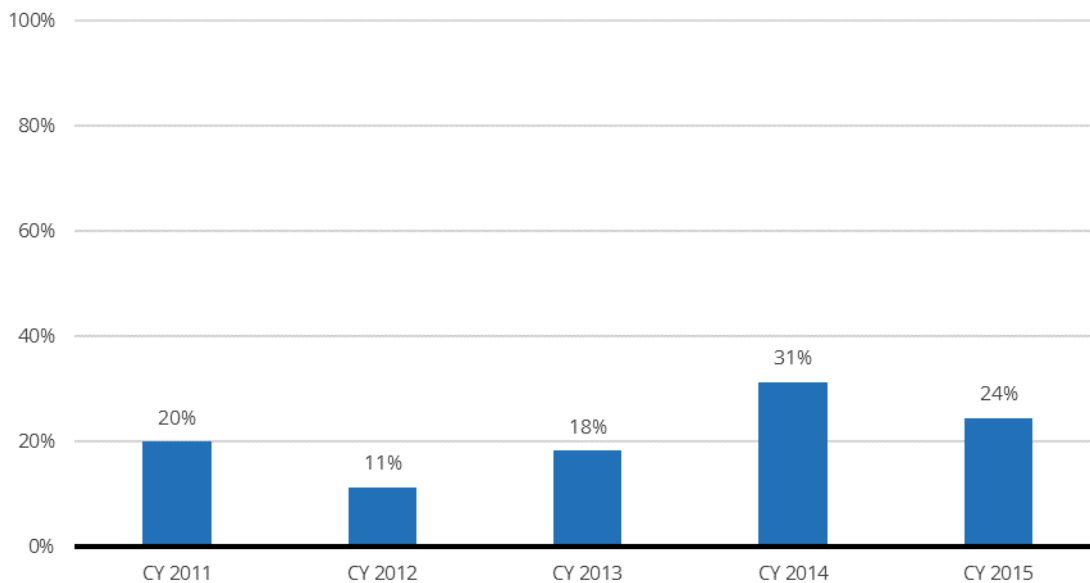
Data on the weight status of children in the community were also available from the Yavapai-Apache Nation WIC program. In 2015, 24 percent of children ages 2 to 4 participating in the program were obese and an additional 13 percent were overweight (Figure 59). The percentage of young children participating in Yavapai-Apache Nation WIC who were obese has increased slightly from 20 percent in 2011 to 24 percent in 2015 (Figure 60). Over a similar period, the percentage of children ages 2 to 4 enrolled in WIC statewide fell from 12.7 percent (2012) to 11.4 percent (2015). Both the percentage of Yavapai-Apache Nation WIC children ages 2 to 4 who are obese, and those enrolled in WIC statewide, exceed the Healthy People 2020 goal of no more than 9.4 percent of children being obese.

Figure 59. Weight Status for Children (ages 2 to 4) Enrolled in Yavapai-Apache Nation WIC, 2015



Source: Inter Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Figure 60. Obesity Rates for Children (ages 2 to 4) Enrolled in the Yavapai-Apache Nation WIC Program, 2011 to 2015

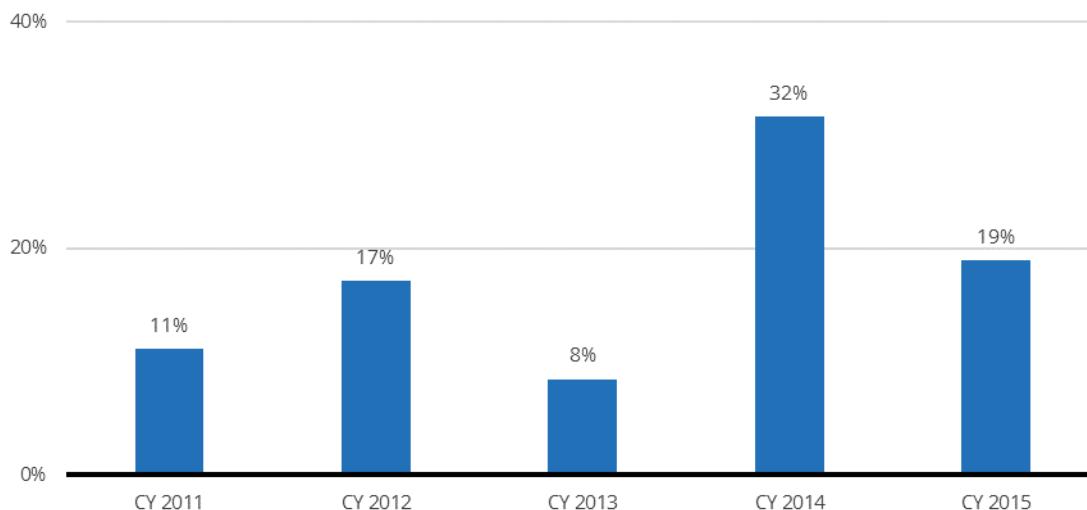


Source: Inter Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Childhood Smoking Exposure

According to data from the Yavapai-Apache Nation WIC program, the percentage of children enrolled in WIC who were exposed to smoking in the household increased from 11 percent to 19 percent between 2011 and 2015, with a peak of 32 percent in 2014 (Figure 61). Exposure to secondhand smoke puts children at a higher risk of developing ear infections, respiratory illnesses, and sudden infant death syndrome.²⁴⁶ While the percentage exposed to secondhand smoke has decreased in the last two reporting years available, the overall increase over a five-year period suggests that further education on the importance of smoking cessation may be needed in the community. Key informants in the region indicated that while smoking cessation classes are offered in the community, health care providers have found one-on-one counseling to be more effective. Tribal members who request help with smoking cessation can be paired with a counselor from Phoenix Indian Medical Center who can help them through the process.

Figure 61. Children (ages 0 to 4) Enrolled in Yavapai-Apache Nation WIC Exposed to Smoking in the Household, 2011 to 2015



Source: Inter Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Oral Health

Oral health is an essential component of a young child's overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems, including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona children aged birth through four years have never seen a dentist.²⁴⁷ More children in kindergarten in Arizona (52%) have tooth decay compared to children across the nation (36%). Within Arizona, American Indian children are more likely to experience tooth decay (76%) than white children (34%).²⁴⁸

In 2010, the Indian Health Service (IHS) implemented an ongoing oral health surveillance system to monitor the oral health of American Indian and Alaska Native (AI/AN) children. Historically, this population has seen the highest rates of tooth decay in the United States, and it continues today at a rate that is four times that of white children. The IHS Oral Health Survey collected data from preschool-age children in 2012 and 2014. During this last year, survey data were collected from a total of 11,873 children ages 1 to 5 from all IHS Areas, including 796 children from the Phoenix Area which includes the Yavapai-Apache Nation. Results from the survey show that that 51 percent of AI/AN children ages 1 and 2 have untreated tooth decay. This means that prevention efforts are essential before the age of two in the reduction of tooth decay prevalence among AI/AN children. The survey also found that many AI/AN children were not receiving adequate dental care and there was an underutilization of dental sealants on AI/AN children's primary molars.

The importance of providing for the oral health of young children is recognized by the Yavapai-Apache Nation. Through an agreement with Northern Arizona University, students in the dental hygiene program travel to the

Yavapai-Apache Nation Medical Center to provide services to the community on Wednesday and Thursday each week throughout the year, including over the summer. In addition to the services provided at the Medical Center, pediatric oral health services are also provided through collaboration between the NAU team and the Child Care Program to children at the Yavapai-Apache Nation Child Care Center, the Montessori House and the community at large. There is a dentist at the Yavapai-Apache Medical Center on Tuesdays and Wednesdays, but the dentist is limited in his ability to see children. Pediatric dentists are available in Cottonwood or at Phoenix Indian Medical Center (PIMC). However, key informants noted that getting pediatric dental appointments at PIMC can be difficult because the clinic provides care on a first-come, first-served basis, requiring families to arrive very early in the morning to get an appointment.

According to data from the Indian Health Services, twenty-two percent of Yavapai-Apache Nation children ages birth to 5 received topical fluoride applications, and three percent received sealants from October 2013 to September 2015.

Immunizations

Data provided by the Indian Health Service (IHS) indicated that half (50%) of children ages 19 to 35 months had the full recommended vaccine series for that age group in the period of October 2013 to September 2015. It is important to note that due to the small number of children in the community, these numbers may vary widely from year to year. However, the Healthy People 2020 target for vaccination coverage for children ages 19-35 months for these vaccines is 90 percent, suggesting the Yavapai-Apache Nation may not be meeting this goal for these vaccines.

Family Support and Literacy

Child Abuse and Neglect

Parents, caregivers and families who provide positive and responsive relationships support optimal brain development during a child's first years^{249,250} and promote better social, physical, academic and economic outcomes later in that child's life.^{251,252} Not all children are able to begin their lives in the most positive, stable environments however. Adverse Childhood Experiences (ACEs)²⁵³ 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.²⁵⁴ 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.²⁵⁵

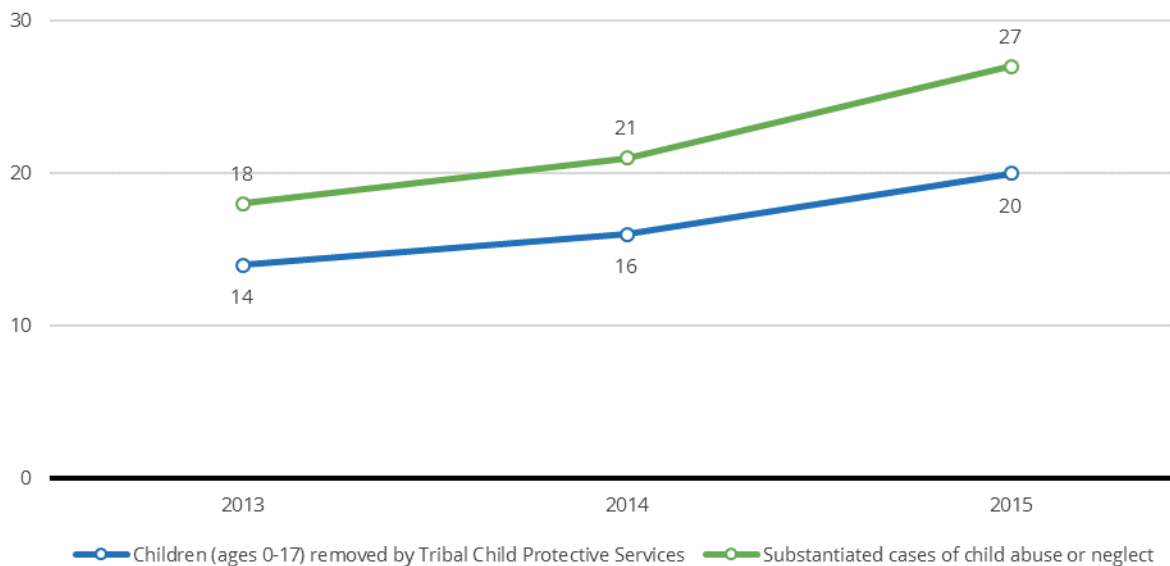
Child welfare services in the Yavapai-Apache Nation are provided by the tribal Social Services Department. There is no local shelter or group home within the community as key informants noted that there is a large need for more foster families in the area. As of 2015, there were less than 10 tribal foster homes, down from ten in 2013. Finding placement for children is often a challenge, and when local homes are not available, children must be sent outside of the community. However, key informants also highlighted the willingness of kinship caregivers such as grandparents, aunts, and uncles to step in and take children through relative placements as a strength in the community.

Community members are asked to make reports of abuse and neglect through the Arizona Department of Child Safety (DCS) child abuse hotline. DCS provides detailed reports of calls received through this hotline to the Social Services Program, including previous case reports and those that occur in different counties within the state. The Social Services Program will also accept verbal reports.

Special federal guidelines are currently in place to regulate how Native children and their families interact with the state's child welfare system. In 1978, Congress passed the Indian Child Welfare Act (ICWA). ICWA established federal guidelines that are to be followed in all state custody proceedings when an Indian child enters the welfare system. Under ICWA, an Indian child's family and tribe are able and encouraged to be actively involved in the decision-making that takes place regarding the child, and may petition for tribal jurisdiction over the custody case. ICWA also mandates that states make every effort to preserve Indian family units by providing family services before an Indian child is removed from his or her family, and after an Indian child is removed through family reunification efforts.²⁵⁶

Data from the Yavapai-Apache Nation Social Services Program indicates the number of substantiated cases of abuse and neglect, and the number of children aged 0-17 removed by tribal Child Protective Services have increased between 2013 and 2015 (Figure 62). The number of children in relative placement, on-reservation foster care, and ICWA placements has also increased over the same period (Table 88).

Figure 62. Child Removals and Substantiated Cases of Abuse or Neglect, Yavapai-Apache Nation, 2013 to 2015



Source: Yavapai-Apache Nation Social Services Program (2016). [Child Welfare data]. Unpublished data.

Table 88. Out-of-Home and ICWA Placements, 2013 to 2015

| | 2013 | 2014 | 2015 |
|---|-------------|-------------|-------------|
| Children (ages 0-17) in relative placement | <10 | <10 | 11 |
| Children (ages 0-17) in foster care (Total) | 17 | 22 | 21 |
| Children (ages 0-17) in foster care (On-Reservation) | 10 | <10 | 12 |
| Children (ages 0-17) in foster care (Off-Reservation) | <10 | 13 | <10 |
| Children (ages 0-17) in ICWA placements | 15 | 11 | 22 |

Source: Yavapai-Apache Nation Social Services Program (2016). [Child Welfare data]. Unpublished data.

Key informants indicated that typically, only a small number of reports to Child Protective Services are received per week, and many of these reports are not substantiated. They noted that many cases originate from a lack of resources such as propane for heating, or proper kitchen facilities. Under the new leadership, the Department of Social Services aims at moving towards a collaborative community-based and preventative approach to family support and reunification. Both Social Services and early education staff in the region attend Best for Babies trainings on supporting children in foster care.

All domestic violence calls are managed by the Tribal Police Department. Key informants indicated that domestic violence remains a major issue in the community. The Social Services Program has a crime victim advocate who works with victims of domestic violence, but further support for domestic violence victims and support for domestic violence prevention is needed.

Behavioral Health and Substance Abuse

Substance abuse and mental health were named by key informants as some of the major challenges for families in the community. The Yavapai-Apache Nation Social Services Program provides peer advocate counseling and is hoping to begin wilderness programs and programs rooted in traditional practices to serve youth with mental and behavioral health issues. The Yavapai-Apache Nation Social Services Program is pursuing a Memorandum of Understanding (MOU) with Health Choice Integrated Care, the Regional Behavioral Health Authority (RBHA) for Yavapai County, to access more mental and behavioral health resources that are culturally appropriate for Native populations. A recent suicide cluster among young people in the community indicated an urgent need for further crisis and behavioral health services. Key informants indicated that the presence of a crisis counselor with clinical training could help address behavioral health needs in the community. The Yavapai-Apache Nation Medical Center has limited capacity to provide behavioral health services, and several key informants emphasized a need for more behavioral health services in the community. Spectrum Healthcare is the only local provider of behavioral health services.

The Yavapai-Apache Nation Social Services Program also administers the Alcohol and Substance Abuse Program (ASA). ASA runs Talking Circle groups as well as daily Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups. ASA coordinates and facilitates in-patient and detox treatment through Pronghorn Psychiatry in Prescott

Valley and Community Bridges, which has facilities in Winslow and Holbrook. The Social Services Program also interacts with families struggling with alcohol and substance abuse through the Tribal Wellness Court. Key informants noted that many people who go through the Wellness Court process have positive outcomes in remaining sober. To support continued positive outcomes, there are plans to pursue further funding for the drug court. In treating substance abuse issues, key informants highlighted the importance of providing a wide array of options for treatment and intervention programs.

Supporting Families

Support for families in the region is available through parenting education classes and workshops. The Social Services Program sponsored a six-week series of parenting courses in spring 2016 held at the Recreation building that was well-attended. The course was required for individuals seeking to get foster-certified, but many who attended were parents participating voluntarily. The Child Care Center holds classes for parents about once per month on a number of different topics including nutrition, child development, and cultural practices. A meal is provided for families to share together and child care is provided. Key informants in the region expressed a desire to see more prenatal education classes to help reduce prenatal substance exposure. They highlighted that early intervention is key in supporting families.

Families in the Yavapai-Apache Nation also participate in a home visitation program available in the region. The Yavapai-Apache Nation Social Services Program refers families to Parents as Teachers (PAT), a voluntary home visitation program that promotes optimal early development, learning and health of young children by supporting and engaging their parents and caregivers. In 2016, fewer than 10 families from the Yavapai-Apache Nation participated in the PAT program.

Opportunities for community activities are available for older children in the region, but there are few community activities organized for young children. The Recreation Program runs an afterschool program for children ages 5 and older throughout the school year and an 8-week summer program. Children aged 3 and 4 can attend the afterschool program if they have someone aged 18 and older with them to help supervise. Key informants would like to see more community events for parents and young children to participate in together. Children who attend the Montessori Children's House may participate in activities like ice cream socials or field trips to local sites through the school. Community involvement and activities where everyone in the community comes together, like those held at Halloween or Christmas, were highlighted as assets in the community.

Culture and language preservation are a priority for the Yavapai-Apache Nation. The Cultural Resource Center hosts a variety of programs and services aimed at documenting and preserving both the Yavapai and Apache cultures. Yavapai and Apache cultural managers provide language classes that are free and open to the community at large. Staff from the Cultural Resource Center teach the Yavapai and Apache languages and cultural activities at the Native American Club at Mingus High School, in the after-school program at Camp Verde School, and through programs for children on Fridays when there is not school. Staff report that up to a dozen children may participate on a given Friday.

According to the Census' American Community Survey (2010-2014), 11 percent of residents on the Yavapai-Apache Nation speak a native, North American language at home (these data do not specify which language is spoken). This is up from eight percent reported in the 2014 Yavapai Region Needs & Assets Report (from 2008-2012 American Community Survey data). However, this proportion is much lower than across all Arizona reservations, where 50 percent of those 5 and older speak a native North American language at home.²⁵⁷ Key informants report that there

are only seven fluent Yavapai speakers in the Nation. There are more Apache speakers than Yavapai speakers; however language preservation is still a concern.

Participation of the Yavapai-Apache Nation in the First Things First Yavapai Region has allowed the Nation to provide additional services to families with young children. Over the past nine years, the Cultural Resource Center has produced children's books to introduce children to the Yavapai and Apache languages and culture. First Things First grants in 2012-2014 provided the Center with funding to produce five small story books and three to four coloring books in Yavapai and Apache languages, along with CDs and DVDs for teaching alongside these books. These materials are used as teaching tools in the Montessori Children's House, the Child Care Center, and home child care providers. In addition, these books are also distributed at the annual language fairs that occur in four locations in the community as well as other events where the Cultural Resource Center has an outreach presence. Copies of the books and other teaching materials are also available for families who request them. In addition to the books produced with funding from First Things First, a new book was published near the end of 2015 on how to teach the Yavapai and Apache languages to children at home, including games and activities to engage children in language learning.

Key informants indicated that the availability of funding affects the ability of the Cultural Resource Center to distribute books and materials. As of 2017, the Cultural Resources Center has run out of copies of the storybooks and more funding will be required to print more books for further distribution. Another obstacle encountered in the last year was the difficulty recruiting and hiring native language speakers as instructors to use these books with children in the Child Care Center and Montessori Children's House. While instructors were hired for the spring 2014 term, the language classes in the Child Care Center and Montessori's Children House have been discontinued due to a lack of staff.

Key informants discussed that one of the primary challenges for language preservation and revitalization has been a lack of teacher and staff capacity. There are few fluent speakers, and many are not able to teach the language in a classroom setting. There is a need to develop master teachers who could work in the school setting to teach the Apache and Yavapai languages to the next generation. The Cultural Resource Centers has many language materials available, but struggles with finding enough staff who can teach the classes. Mingus High School has expressed openness to offering Apache language classes, but there is currently no teacher available to take up this opportunity.

System Coordination

Key informants indicated that there is a good level of collaboration and coordination among tribal agencies. The fact that the Yavapai-Apache Nation is a relatively small community facilitates contact among different agency representatives who work together to provide services to community members. Across departments, there are multiple examples of this collaborative work, including:

- The Yavapai-Apache Nation Child Care Center helps the Montessori Children's House with transportation for outings.
- Both the Yavapai-Apache Nation Child Care Center and the Montessori Children's House use CD's, books, and other materials provided by the Cultural Resource Center.
- The Community Health Representatives provide transportation for WIC and Medical Center appointments, and there is a strong working relationship between the Community Health Representatives, the WIC program, and Yavapai-Apache Nation Medical Center.

- The Social Services Program, the Tribal Police, and the Tribal Court work closely together through initiatives like the Wellness Court.

Staff with other agencies such as the Community Wellness Program indicated that, in addition to the good internal collaboration, there are also good relationships established with a number of outside agencies (such as other WIC offices in the area), including with other First Things First (FTF) grantees in the region. In January 2017, FTF and the Yavapai-Apache Nation established a Memorandum of Understanding (MOU), outlining the respective responsibilities of the parties related to the provision of services by FTF and its grant partners within the Nation's jurisdiction, for children ages birth through five years old and their families. This MOU has created an increased opportunity for FTF regional grantees to conduct more outreach to provide support services to families with young children.

The Social Services Program is expanding their partnerships with other agencies such as Health Choice Integrated Care, as well as pursuing opportunities for learning and sharing ideas with other tribal social services departments in the state of Arizona.

Nevertheless, key informants pointed out that there is room for improvement in the coordination and communication between the Department of Social Services and other programs such as the Medical Center and the early care and education providers in the region. For example, early education providers could be notified about children placed in out-of-home care so that they can better serve those students.

One challenge highlighted by key informants was the relative lack of services for families in Clarkdale. While many programs try to have their staff rotate through Clarkdale, most services are concentrated in the Middle Verde community. As a result, families living in Middle Verde and Tunlii have access to a wide array of services, while families from Clarkdale may have a harder time accessing the services they need.

Summary and Conclusions

It is clear that the Yavapai-Apache Nation has substantial strengths regarding services and resources available to young children and their families. We base this conclusion on the qualitative data gathered through discussion with key informants, as well as quantitative data provided by tribal agencies. However, there continue to be challenges to fully serving the needs of families with young children. Both identified assets and identified challenges are summarized in the section that follows.

Identified Assets:

- Transportation can be a barrier to accessing available services or programs. Key informants in the community highlighted the bus transit system available between Camp Verde and Clarkdale, and transportation provided by the Community Health Representatives Phoenix and other communities for medical and other appointments as an asset that helps families' access services.
- Children growing up in the community can develop a strong sense of identity as a tribal member. Being able to receive the teachings from the elders and other family members, and from local schools and after-school programs through the Cultural Resource Department is an asset. Key informants highlighted a strong sense of community as one of the key assets for families raising young children.

- There are a wide variety of programs and services available to community members locally, provided in culturally appropriate ways that community members appreciate. Key informants emphasized that tribal members sometimes travel long distances specifically to access services provided in the community.
- Strong networks of family support help children in times of need. Key informants highlighted the willingness of kinship caregivers such as grandparents, aunts, and uncles to step in and take children removed by tribal CPS through relative placements as a strength in the community.
- There is strong collaboration and coordination among different tribal services and departments, which helps bring needed services to more families in the community. Agencies work well together trying to provide services to community members, and work well with agencies outside of the reservation when programs are not available internally.
- The support provided by the Yavapai-Apache Nation to the Montessori Children's House has ensured that children continue to have access to a high quality preschool and kindergarten program in the region. The Nation's strong commitment to the education of its youngest members is a major asset in the region.

Identified Challenges or Needs:

- Additional child care opportunities, including additional recruitment and certification of home providers, and increased staffing for the Child Care Center, remain a need.
- There is a need for more activities and events for young children and their families. While there are a number of after-school and summer programs available for school-age children, there are few opportunities available to engage children under the age of five.
- More parent engagement is needed in early childhood programs. Key informants emphasized a need for parents to value school attendance and involvement as part of the key to children's academic success.
- Few parents speak the Yavapai and Apache languages. As a consequence, most parents are not able to speak the community's Native languages at home and teach their children. The number of fluent speakers is low, particularly for the Yavapai language. There is a significant need for trained teachers to facilitate language instruction in the early childhood education and school-based setting.
- There is an ongoing need for more foster families- when foster families are not available locally, children must go to group care out of the community.
- The issue of substance abuse and subsequent involvement with the courts is an ongoing concern in the community. There continues to be a high need for services to help treat substance abuse. This has an impact on families at multiple levels, but even affects the availability of home-based child care providers, as all adults residing in the household must clear the background and drug test.
- There continue to be limited job opportunities in the community and correspondingly high unemployment rates.
- Domestic violence is a concern in the community, and more support for victims of domestic violence victims is needed.

- Several agencies expressed a need for additional staff capacity. Funding for a full-time WIC caseworker would help the program provide more services. There is also a need for clinical crisis services in the community.

Successfully addressing the needs outlined in this Supplement will require the continued collaboration amongst Yavapai-Apache Nation tribal agencies, and continued and pending collaborations with outside agencies such as First Things First and other state agencies, local providers, and other community stakeholders. The strong sense of community and identity amongst members of Yavapai-Apache Nation is a key asset that promotes caring and support for young children and families in the region. Continued collaborative efforts have the long-term potential to make services, resources and opportunities available to more children and families across the Yavapai-Apache Nation.

Yavapai-Apache Nation Agencies that provided information for the Needs and Assets Report

- Cultural Resource Center
- Yavapai-Apache Nation WIC Program
- Community Health Representatives
- Montessori Children's House
- Social Services Program
- Yavapai-Apache Nation Medical Center

Home Visitation in the Yavapai Region: 2016

Why Home Visitation?

Home visitation programs offer a variety of family-focused services to pregnant mothers and families with infants and young children, with the goals of improving child health and developmental outcomes and preventing child abuse. They address issues such as maternal and child health, positive parenting practices, literacy, safe home environments, and access to services. They can also provide referrals for well child checks and immunizations, developmental screenings, and provide information and resources about learning activities for families.

A systematic review conducted by the non-federal Task Force on Community Preventive Services found that early childhood home visitation results in a 40 percent reduction in episodes of abuse and neglect. Not all programs were equally effective; those aimed at high-risk families, lasting two years or longer, and conducted by professionals (as opposed to trained paraprofessionals) were more successful.²⁵⁸ A more recent systematic review of home visitation programs enlisting paraprofessionals concluded that these programs are more effective if they are higher dose and longer duration, begin with mothers prenatally, have sufficiently trained providers, and have a particular focus, rather than addressing multiple areas.²⁵⁹ According to the Pew Charitable Trusts, quality home visitation programs can not only improve school readiness, improve later school outcomes and high school graduation rates, but also produce positive returns on taxpayers' investments.²⁶⁰

The Need for Home Visitation in the Yavapai Region

Home visitation can help reduce a number of barriers to healthy development, including poor nutrition, inadequate cognitive stimulation, infrequent positive interaction with caregivers, caregivers lacking an understanding of child development, and families having inadequate access to resources and support.²⁶¹ In order to estimate the need for home visitation services in the region, the number of families potentially at risk due to the presence of certain risk indicators is presented in the following section.

Low-income Families

Poverty, or living below certain economic levels, is often correlated with many of the barriers listed above and so is typically used as a proxy for need for services. In the Yavapai Region, roughly 4,425 families with children aged birth to five are low-income (below 185% of the federal poverty level)²⁶² and about 2,760 families with young children (and about 3,920 children) live below the poverty level.²⁶³

Single-parent Families

Single-parent led households are more likely to live below the poverty level²⁶⁴, therefore single-parenthood may also be considered a proxy for need for home visitation services. According to the 2010 Census there were 8,916 households with children under the age of six in the Yavapai Region. Thirty-five percent of these households are led by either a single male or single female, representing approximately 3,120 families led by single parents in the region.²⁶⁵

Child Welfare-involved Families

Child abuse and neglect are key developmental risk factors that are often related to the stressors of poverty, but are not exclusively found in low-income households.^{xxxv} Between April 2015 and March 2016, 1,445 reports of child abuse and neglect were received for Yavapai County²⁶⁶, and 319 children (aged 0-17) entered out-of-home care²⁶⁷ (an estimated 130 of whom are likely to be young children, based on the statewide proportion of 40 percent of children in out-of-home care statewide being birth to five). Although only a proportion of these reports will be substantiated as abuse and neglect (typically about 15% statewide), the number of reports indicates a need for addressing parenting behaviors and practices before they lead to abuse. Although data on the age of children addressed by the county reports is not available, the National Child Abuse and Neglect Data System reports a statewide rate of children who are the subject of an investigated report as 46.8 children per 1,000 children, which would be about 560 children in the Yavapai Region.^{xxxvi} There are approximately 3,920 young children and 2,760 families with young children living in poverty in the region; or 1.4 children per family living in poverty. Therefore, the estimated 560 children in the Yavapai Region subjected to an investigated report of abuse or neglect would represent 400 families who could potentially benefit from home visitation.

Teen-parent Families

Births from unintended pregnancies also put the child at risk for abuse, and are associated with a number of negative outcomes, including poor mental and physical health, and lower educational attainment.²⁶⁸ Although unintended pregnancies can occur among women of any age, an estimated 82 percent of teen pregnancies are unintended; therefore, teen pregnancy and parenting is another developmental risk factor.²⁶⁹ In 2014, 157 births in Yavapai County (8% of the total births), were to teens 19 years of age and younger, suggesting that about 960 young children in the county (8% of children birth to five) were born to teen moms.²⁷⁰ Applying the 1.4 children per family in poverty metric, this would imply that approximately 690 families with children born to teen moms in the region could benefit from home visitation.

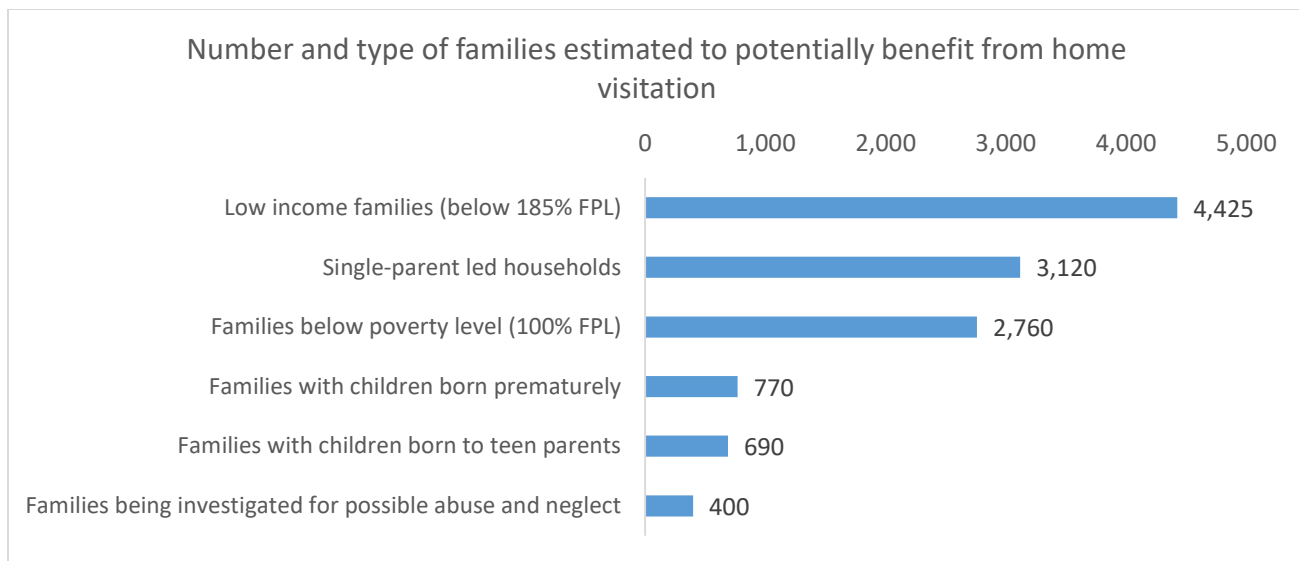
Families with Premature Births

Families with children with special health care needs also benefit from home visitation. Infants born prematurely are at risk for special health care needs, making it another indicator of risk. In 2014, 176 births (9% of total births) were infants born prematurely.²⁷¹ That suggests that roughly 1,080 (9% of total children birth to five) in the county are likely to have been born prematurely, and would be at risk for special health care needs, representing approximately 770 families who could benefit from home visitation programs.

The figure below summarizes the estimated number of families who could benefit from home visitation services in the region based on the risk indicators outlined previously.

^{xxxv} The National Incidence Studies of Child Abuse and Neglect found that about 67% of reported cases were from families below poverty, another 25% were from families between poverty and 200% poverty, and 8% were from families with incomes above 200% of poverty. Pelton, L. H. (2015). *The continuing role of material factors in child maltreatment and placement*. *Child Abuse & Neglect*. Pp. 30-39.

^{xxxvi} Nationally and in Arizona, very young children are at most risk for child abuse, neglect and fatalities from abuse and neglect (as shown by the National Child Welfare Outcomes data for Arizona, retrieved from <http://cwoutcomes.acf.hhs.gov/data/output/arizona.html>). The statewide rate is therefore likely to underestimate the number of young children represented in the Yavapai Region report rates.



These estimates of need vary based on the risk indicator, and many of the risk factors overlap (for instance, teen parents are more likely to be low income and have premature babies). However, based on these indicators, it seems that the number of families who may benefit from home visitation programs likely exceeds the current capacity of programs working in the region, to be discussed later in this brief.

A Framework to Address Risk and Service Level

In 2010, the Early Childhood Home Visiting Task Force in Arizona²⁷² included The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children^{xxxvii} as a tiered intervention framework to differentiate home visitation approaches. The risk indicators outlined above fall within two of these tiers. Families with lower incomes and led by single and/or teen parents would benefit from programs within the “Targeted Social and Emotional Supports” tier and involve systematic methods of home visitation to reach at-risk families. The families perhaps best served by “Intensive Intervention” home visitation approaches designed for high risk populations would include those with children born prematurely and with special health care needs and those with Department of Child Safety involvement. When multiple risk indicators exist within a family, more targeted and intensive services may be appropriate. Programs available in the region that fall within these tiers are described next.

Yavapai Region Home Visitation Programs and Capacity – 2016

In an effort to understand the continuum and capacity of home visitation services in the Yavapai Region, the Yavapai First Things First Regional Partnership Council sought an assessment to identify active home visitation programs and capacity as of July 2016 as part of their 2018 Needs & Assets Report cycle. To gather this information, the Yavapai Regional Partnership Council identified programs and key staff at home visitation programs that were in effect in 2015. This list was edited and supplemented based on an internet search of available programs as of June 2016. Program Directors or listed contacts at these identified programs were invited to participate in a telephone interview between July and August 2016. Altogether, eight key informants participated in this process and answered questions about program content, process, eligibility, capacity, funding, and evaluation regarding nine home visitation program (one key informant provided information on two programs they administered). In addition, informants

^{xxxvii} For more information on the Pyramid Model please visit <http://www.pyramidmodel.org/>

provided perspectives based on their knowledge about the larger state of home visitation and family support programs in the region.

As of July 2016, nine programs with home visitation as a key component were operating in the Yavapai Region. Although most of these programs serve the whole family and child through education and support, many did have specific eligibility criteria which limited who could access those programs. The discussion of home visitation programs will follow this dichotomy – those with broad vs. narrow eligibility criteria, and therefore potentially broad vs. constrained reach.

Broad Eligibility Criteria

Programs categorized as having broad eligibility criteria were: Health Start, administered through Yavapai County Community Health Services (YCCHS); Parents as Teachers, administered by Arizona Children’s Association (AzCA); and Healthy Families, administered by Yavapai Regional Medical Center Family Resource Center (YRMCFCRC) in West Yavapai, and Verde Valley Medical Center (VVMC) in East Yavapai. Although all do have screening and eligibility criteria, there are a broad range of factors that can make a family eligible for participation, such as being led by a single parent, being low-income, or being in need of parenting education or knowledge regarding healthy pregnancy, breastfeeding or parenting. The first two programs, Health Start and Parents as Teachers, are accessible to all in Yavapai County, whereas Healthy Families at YRMCFCRC has a 50-mile geographic limit from YRMCFCRC, and Healthy Families at VVMC serves East Yavapai with the exception of Jerome, the Village of Oak Creek, uptown Sedona and Black Canyon City. Other key aspects of these programs are shown in the following table. Please note that the information contained here is based on stakeholder interviews and may or may not align with the actual national office implementation guidelines for each program.

Home Visitation Programs Available in Yavapai County July 2016 with BROAD Eligibility Criteria

| Program | Program Overview | Program Components | Funding Source | Target population | Eligibility Criteria | Program Duration | Home Visitor Qualifications | 2016 Served or Capacity | Capacity history | Wait list | Prioritize enrollment ? |
|-----------------------------------|--|---|--|---|---|--|--|--|--|---|---|
| Health Start (YCCHS) | Provides pregnancy and parenting education and support to families based on their needs, with a focus on healthy development. | Frequency of contact depends on family's needs, but on average are seen by a Community Health Worker once per month to provide education and support to the whole family. Can assist with health care and social service navigation. | ADHS (lottery funded) | Pregnant moms or families with kids under 2 | Pregnant or parenting a child and other risk or need | Can be enrolled until the child turns 2 | High school graduate, bilingual and breastfeeding experience | 80-100 served | Consistent capacity | No, adjust # of visits to accommodate more families | No |
| Healthy Families (YRMCFC) | Provides education, support and referral to enhance positive parent/child relationships, promote child health and development and prevent abuse and neglect. | Frequency of contact depends on level of need (Level 1: 1 hr visit weekly; Level 2: 1 hr biweekly; Level 3: 1 hr visit monthly). Family Support Specialist uses strength-based approach at visits to provide education and support to the whole family. Additional components: reading books to families; car seats and training; and infant massage. | DCS | Pregnant moms or families with kids up to 3 months of age | 15 item screening tool – must meet 1 or 2 of those to qualify | 5 years (most are enrolled for 13 months) | Bachelor's degree in Social Work or related field | 100 family capacity | Capacity decreased 7/1/15; Seeking additional funding to increase capacity | No, against policy to maintain wait list | No |
| Healthy Families (VVMC) | Same as above | Same key components as above. Additional components: dental health information and supplies and books from Raising a Reader | Primary MIECHV; Child Abuse Prevention (CAP) grant, Delta Dental | Pregnant moms or families with kids up to 3 months of age | 15 item screening tool – must meet 1 or 2 of those to qualify | 5 years (most are enrolled for 3 years) | Bachelor's degree in ECE or Social Work or working towards that degree | Before 7/1/16, 40 family capacity; after, 23 family capacity | Capacity cut by almost ½; seeking additional funding | No, against policy to maintain wait list | No |
| Parents as Teachers (AzCA) | Promotes the optimal early development, learning and health of children by supporting and engaging their parents and caregivers. | Main components: 1) personal visit every other week; 2) resource network through which referrals to needed resource are made; 3) group connections (play groups) and 4) developmental and health screenings. Also offer "Book worm babies" where bags with books are provided. | Primary FTF; small local grants support events | Families who are pregnant or w/ kids under 6 | Yavapai County resident | Can be enrolled until the youngest child in the home turns 6 or enters K | Bachelor's degree. If not in Early Childhood Education, then also need ECE experience. | 87 families served | Seeking additional funding to increase capacity | Yes, 7 on wait list, average 2-5 families | Yes – DCS or agency referrals take precedence over self-referrals |

Please Note: Information contained in the table above came from stakeholder interviews and may deviate from national guidelines.

The three home visitation programs in the region (at four sites) with broad eligibility criteria had the capacity to serve an estimated 300 families in 2016. A number of interviewees noted less recruitment efforts recently because of a lack of capacity to meet an increase in referrals, should it happen. In addition, because some programs prioritize wait lists based on referral source, those recruited from the community may fall lower on wait lists, compared to those referred from other agencies. For some programs capacity is also affected by the need level and location of participants, with participants who live at distant locations, or with higher need causing overall capacity of a program to go down.

Narrow Eligibility Criteria

Other home visitation programs in the region have more specific eligibility criteria which limits who can access those programs, including the Newborn Intensive Care Program (NICP) and the Office for Children with Special Health Care Needs (OCSHCN) both administered through Yavapai County Community Health Services (YCCHS); In-home Services, administered by Arizona Children's Association (AzCA) in West Yavapai and by Catholic Charities Community Services (CCCS) in East Yavapai; Supportive Intervention and Guidance Counseling administered by Arizona Children's Association (AzCA); and Early Head Start administered by the Northern Arizona Council of Governments (NACOG). All these programs are available to families who live throughout Yavapai County, with no geographic limitations.

These five programs served approximately 225 families in 2016^{xxxviii}. Early Head Start has the largest capacity and also has the most flexibility in enrollment; although families must fall below federal poverty guidelines, there are over-income slots available based on needs of families and for families with children with special needs (it is unknown how much of the capacity of the program are designated to these special slots).

Additional specifics for each of the home visitation programs with more narrow eligibility criterion can be found in the table on the following page. Please note that the information contained here is based on stakeholder interviews and may or may not align with the actual national office implementation guidelines for each program.

^{xxxviii} The number of children served by Early Head Start in 2016 was unavailable. Instead capacity numbers for Early Head Start in Yavapai County from the 2014-2015 school year were used as an estimate of the number of children who could be served through Early Head Start in Yavapai County in 2016.

Home Visitation Programs Available in Yavapai County July 2016 with NARROW Eligibility Criteria

| Program | Program Overview | Program Components | Funding Source | Target population | Eligibility Criteria | Program Duration | Home Visitor Qualifis | 2016 Served or Capacity | Capacity history | Wait list | Prioritize enrollment? |
|--|---|---|---------------------------------|--|---|--|---|--|--|---|---|
| Newborn Intensive Care Program (YCCHS) | Nurse follows families from hospital NICU to home to provide care, education and support. | Visits as infrequent as every quarter or as frequent as every week depending on family need and nurse's discretion. Focus is on healthy development, support and referral to other resources. | State-funded | Families with infants who spent at least 5 days at NICU | Child spent at least 5 days in NICU | Most enrolled for 1 st year, but can extend based on need | Registered Nurse | 80 served, capacity higher | Changing capacity based on state funding levels | No – adjust visit frequency to serve all who wish to enroll | No |
| Office for Children with Special Health Care Needs (YCCHS) | Sister program to NIPC – same focus but includes children with issues identified after hospital discharge. | Same as for NIPC. | Blended state and federal funds | For families whose child's issue is identified after discharge | Child has mental, physical, or developmental issue identified after discharge | Can be enrolled until child reaches 18 | Registered Nurse | Included above | Slightly variable capacity due to state funding levels | No – adjust visit frequency to serve all who wish to enroll | No |
| In-home Services (West Yavapai – AzCA: East Yavapai – CCCS) | Crisis-focused therapy and skill-building to address crisis, meet basic needs and connect to longer-term support. | Level of svc based on DCS findings: Intensive: 3 visits /week for 3 months; Moderate: 2 visits/week for 3 months. Both step down frequency in last month. Provides crisis-focused support and skills, connect w/ longer term care | DCS | Family with children under 18 who have an active DCS case | DCS referral | Four months + 45 days if another need identified | Licensed mental health therapist | 15 families served in West Yavapai; 20-25 yearly in East Yavapai | West Yavapai: Went from 14 therapists to 1.5. East Yavapai: sustained capacity | West Yavapai: Varies, now 12 on wait list. East Yavapai: No | West Yavapai: Yes based on level of svc to be provided ; higher level 1st |
| Early Head Start (NACOG) | Provides early, individualized child development and parent education services, resource and referral. | Weekly home visits of 1.5 hours; twice monthly socialization events outside the home. Welcomes dual enrollment with other agencies like AzEIP, DCS. | Federal funds | Teens, first time parents and those under 24 | Below FPL and in school or working at least part time | Up to 4 years | Bachelors in SW or ECE and bilingual; preferred | 95 EHS slots in 14-15 school year (2016 data unavailable) | Unknown | Yes “extensive” | unknown |
| Supportive Intervention and Guidance Counseling (AzCA) | Small program that provides psychotherapy to families with children with short-term need. | 6-8 psychotherapy sessions per year | Small federal grant | Any family | Family with short term counseling need | One year – can re-enroll if continuing need | Same therapists as AzCA In-home Services | Capacity 10-12/year, less served due to In-home Service prioritization | Same small federal funding grant renewed each year. | Yes | Yes, DCS referrals seen first for In-home services |

Please Note: Information contained in the table above came from stakeholder interviews and may deviate from national guidelines.

Additional Program Components

In addition to the characteristics of programs listed in the tables in the preceding pages, interviewees also provided information on other topics, which follow.

Pregnant/parenting teens: All programs serve pregnant or parenting teens, but only Healthy Families, Parents as Teachers and Early Head Start target a portion of their recruitment and enrollment efforts towards teens. Targeted recruitment occurs at high schools and charter and online schools by engaging counselors and teachers who serve this population. Parents as Teachers has a specific curriculum for teen parents, "Parenting with Teen Parents" they use with teen clients, and also a teen store where participants under 21 can use baby bucks they earn through participation to buy children's clothing, toys, supplies, etc. Health Start also has a teen-focused curriculum they can utilize for their work with teens. Other interviewees identified teen pregnancy or parenting as a "risk" criteria that made potential participants eligible for their program.

Program completion: Completion was most often defined as a child aging out of a program, or based on a mutual decision between a family and program personnel that goals had been met and program participation was no longer necessary. Reasons for non-completion or disenrollment were most commonly a family moving away from the service area or home visitation providers being unable to reach or locate a family. Follow-up with non-respondents was commonly tried repeatedly over a short period of time, followed by a formal letter asking for contact before a case was closed. All interviewees stressed the voluntary nature of these programs and that the family's willingness to participate was key to retention and completion.

Referring to other services: While most programs have some level of written policies and procedures, all but two make referrals based on local knowledge rather than through written referral resources. The Big Kids/Little Kids Book and staff meetings where issues and potential resources were discussed and shared were commonly cited as means of identifying potential resources for referral.

Collaboration with other organizations: Many interviewees cited making direct referrals to other organizations in the region, including other home visitation programs. Fewer mentioned collaborating on activities or events with other organizations. Those in West Yavapai mentioned collaborating with programs in East Yavapai when they held activities or events on that side of the mountain to increase participation. Collaboration between programs in West Yavapai was less common, although respondents indicated a recent change in organization leadership will likely have a positive impact.

Duplication of services: Two interviewees cited one instance where a family was enrolled in two home visitation programs concurrently. Once this was discovered, the family was asked to select their preferred program and stayed with one program. Most interviewees mentioned the different focus or target population of the home visitation programs currently available in the region negating duplication. These included, Health Start's focus on health, Healthy Families' recruitment ending when a child reaches three months, Parents as Teachers' recruitment of children through age four, NICP and OCSHCN's focus on children with health or developmental issues, and In-home Services serving only those with an open DCS case. In addition, respondents also suggested the decline in the number of programs and the capacity of remaining programs in the region has annulled any concern for duplication of services.

Service Needs: All but one interviewee cited a need for additional home visitation capacity in the region due to a decline in the number of programs available, recent cuts in funding affecting the capacity of a number of programs remaining, as well as a desire for increased capacity due to a growing population in the region. A number of

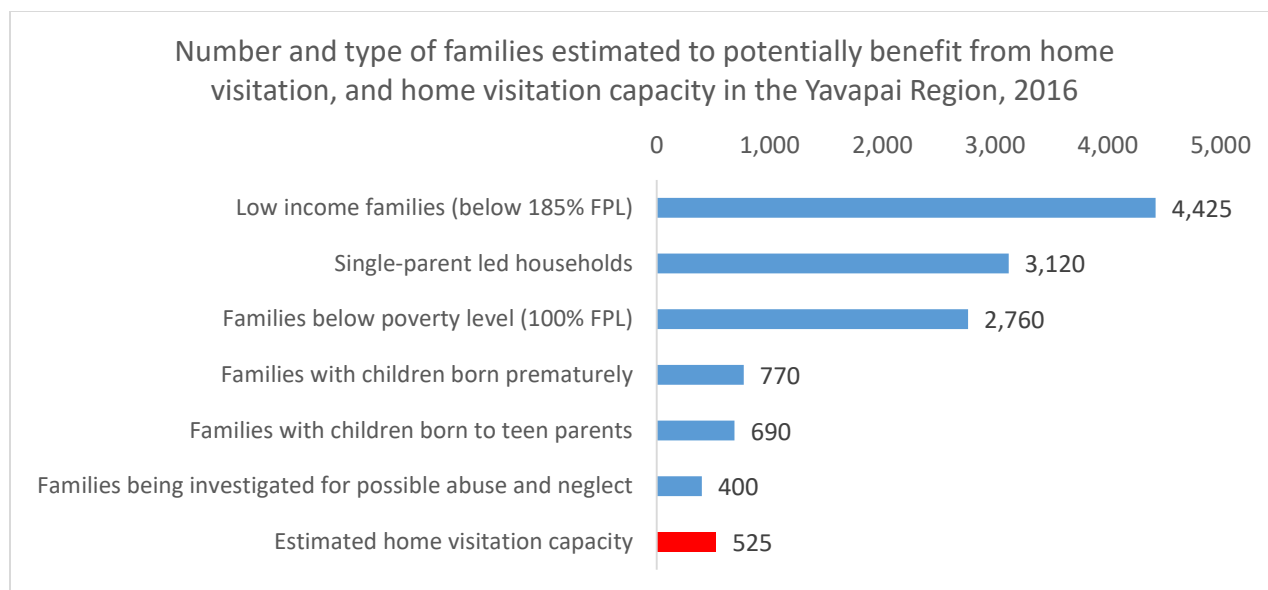
interviewees also discussed components they would like to provide as part of their programs, the most common of which was transportation services, including the ability to distribute gas gift cards or bus passes. While home visitation often offsets the need for transportation, community activities and events are less well attended due to the lack of transportation for some families. Other common desired components were housing and financial assistance.

Several respondents also discussed the increase in infants born exposed to substances in the region, and the need for more local support for infants and families with these needs, as well as for pregnant mothers dealing with substance issues. No medically-assisted substance use treatment is available in East Yavapai, and pregnant women seeking treatment must travel daily to the other side of the mountain for treatment, creating a large barrier to accessing these services. The need for more health professional-delivered home visitation services was a related concern.

In addition to a desire for additional home visitation services in the region, a number of interviewees also discussed the need for additional less intensive support services. Families are sometimes reluctant to participate in home visitation programs due to the home visit component, and interviewees suggested that alternate resources available in the community such as play groups, educational sessions and family events might be a more effective way to engage those families who could also benefit from education and support.

Summary and Recommendations

Based on responses from key informants, current capacity in the region, and estimates of need for home visitation programs, it appears as if home visitation capacity could be expanded in the region. The figure below again shows the number of families who could potentially benefit from home visitation services based on indicators of need, e.g., low income, single-parent families, etc., along with the estimated capacity of home visitation programs available in the region in 2016. The total capacity of home visitation programs available in 2016 throughout the region was just above the number of families being investigated for possible abuse and neglect, but less than the number of families with children born to teen parents. The estimates of need were also based on population numbers from the 2010 Census, which are likely underestimates of the population in the region in 2016.²⁷³ Increasing capacity would not only allow more of those families estimated to be in need to benefit from home visitation programs, but also alleviate wait list and wait times, and potentially serve more self-referring families and those recruited from community settings (in addition to those referred from other agencies). Two of the four sites with the broadest eligibility criteria have geographic limitations, and some of those programs without such limitations discussed a decrease in visit frequency or service intensity to accommodate participants in more remote locations, which could impact fidelity to program models. Three of the four sites with the broadest eligibility criteria explicitly stated that they are seeking additional funding to increase their capacity, and the fourth adjusted visit frequency to serve all families who requested service.



In Arizona, state and local government agencies, home visitation providers and advocates for children, collaborated to develop a plan to provide a framework for growth and development of high quality home visitation within the overall early childhood development system in the state.²⁷⁴ The first recommendation of this plan, the “Vision for Early Childhood Home Visiting in Arizona” is a prioritization of home visiting services to ensure all parents of children up to age one are offered home visitation services, and development of more home visitation capacity in geographic areas with the least services and families with the highest combination of risk factors. Expansion currently being sought by a number of home visitation providers in the region may bring the region closer to this goal. There also may be a need for expansion of programs without geographic limitations to enable families in areas remote to the population centers to have equivalent access to programs with sufficient dosage and duration.

Duplication of services no longer seems to be an issue from the viewpoint of key informants. This is in part due to decreased capacity in the region, but also to a leaning towards increased collaboration between programs in the region. The lack of duplication is promising if home visitation capacity were to increase. In addition, current home visitation collaborative efforts could continue to re-inforce this trend in the event of additional capacity. This coordination work is in line with the second recommendation of the “Vision for Early Childhood Home Visiting in Arizona”²⁷⁵, to establish a structure of collaborative decision-making at the local level. With expansion of capacity with additional funding and concurrent local collaboration, appropriate referral mechanisms and service provision appear likely.

Gaps in home visitation services in the region were not identified other than a general decrease in home visitation capacity, in particular for those programs with more broad eligibility criteria, or with health professionals serving as home visitors. Another potential issue that could be considered a gap is the prioritization of participants referred from another organization, or those recruited through systematic recruitment efforts (e.g., hospital based recruitment) over those self-referring or recruited at community events. It may be that those that self-refer are not “high risk,” and enrolling participants in home visitation programs who are high risk has been shown to be associated with improved outcomes.²⁷⁶ However, the ability to serve these referrals would be consistent with the first recommendation from the “Vision”²⁷⁷ for Arizona, to ensure all parents of children up to age one are offered home visitation services.

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.

U.S. Census and American Community Survey Data.

The U.S. Census²⁷⁸ 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 Survey²⁷⁹ 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 Yavapai 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 Yavapai 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:

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

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 13. 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.

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 Yavapai Regional Partnership Council has identified the following topics as priority areas: early education and health (particularly in relation to children with special needs) and early literacy.

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 Yavapai Region Data Interpretation Session was held in Prescott on November 9, 2016 and included invited community members as well as the members of the Regional Partnership Council and the Regional Director. Feedback from participating session members are included as key informant citations within the report, as appropriate.

Family and Community 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*^{xxxix}. 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 Yavapai Region, 150 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.

^{xxxix} 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

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.^{xi} 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.^{xii} A total of 3,630 kindergarten children in Arizona received a dental screening. In the Yavapai Region, 60 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.^{xiii} 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.

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

^{xi} Using another funding source, ADHS expanded data collection to include 3rd grade children but that information is not included in this report.

^{xii} Schools serving children with special needs and schools located in tribal communities were excluded.

^{xiii} 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

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.

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), 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 either via 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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