INTRODUCTORY SUMMARY AND ACKNOWLEDGMENTS

Ninety percent of a child's brain growth occurs before kindergarten, and the quality of a child’s early experiences impacts whether their brain will develop in positive ways that promote learning. First Things First (FTF) was created by Arizonans to help ensure that Arizona children have the opportunity to start kindergarten prepared to be successful. 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 in our communities and our state.

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

The report is organized by topic areas pertinent to young children in the region, such as population characteristics or educational indicators. Within each topic area are sections that set the context for why the data found in the topic areas are important (Why it Matters), followed by a section that includes available data on the topic (What the Data Tell Us).

The First Things First Pima South Regional Partnership Council recognizes the importance of investing in young children and ensuring that families and caregivers have options when it comes to supporting the healthy development and education of young children in their care. It is our sincere hope that this information will help guide community conversations about how we can best support school readiness for all children in the Pima South Region. To that end, this information may be useful to local stakeholders 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 communities throughout the region.

Acknowledgements

Pima South Regional Council wishes to thank all of the federal, state and local partners whose contributions of data, ongoing support and partnership with First Things First made this report possible. These partners included the Arizona Departments of Administration (Employment and Population Statistics), Child Safety, Economic Security, Education and Health Services; the Arizona Health Care Cost Containment System; Child Care Resource and Referral; and the U.S. Census Bureau. Local partners included Pima County Health Department and all Pima County School Districts. We are
especially grateful for the spirit of collaboration exhibited by all our partners during an unprecedented time of crisis for our state and our nation.

We also want to thank parents and caregivers, local service providers and members of the public who attended regional council meetings and voiced their opinions, as well as all the organizations working to transform the vision of the regional council into concrete programs and services for children and families in the Pima South Region.

Lastly, we want to acknowledge the current and past members of the Pima South Regional Partnership Council whose vision, dedication, and passion have been instrumental in improving outcomes for young children and families within the region. As we build upon those successes, we move ever closer to our ultimate goal of creating a comprehensive early childhood system that ensures children throughout Arizona are ready for school and set for life.
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EXECUTIVE SUMMARY

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

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

Overview of the FTF Pima South Region

The First Things First (FTF) Pima South Region covers an expansive region occupying the western and southeastern portions of Pima County. The region is defined as the southern portion of Pima County, not including the lands belonging to the Pascua Yaqui Tribe and the Tohono O’odham Nation, plus a small part of Santa Cruz County around the Amado community. The border between the Pima North and Pima South Regions is irregular, but it primarily follows Ajo Way and Irvington Road.

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

- Improving the quality of child care and preschool programs;
- Scholarships for children to access high-quality early learning; and
- Strengthening families through voluntary home visiting and parenting education.

The following section provides a summary of the key findings for each of the six domains of the 2022 Regional Needs and Assets report, highlighting the major data findings, the needs and assets identified for the FTF Pima South Region, potential considerations, and opportunities for further exploration. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.
Key Findings

Population Characteristics

The demographic profile of residents in a particular community helps policy and decision makers make effective decisions that will positively impact the community’s well-being. The FTF Pima South Region has a total population of 269,210 residents. There are a little over 25,000 children under six years old in the region, accounting for nine percent of the total population in the region. Children ages zero to five make up a slightly higher proportion of the FTF Pima South Region than of the State of Arizona and Pima County. In the FTF Pima South Region, 49% of adults ages eighteen and over identify as white and 44% identify as Hispanic or Latino. This compares to 63% and 25%, respectively, for Arizona. In the region, children under five are more likely to identify as Hispanic or Latino than the overall population. Sixty-one percent of people in the region speak English as their primary language, while 36% primarily speak Spanish and an additional three percent speak a language other than English or Spanish. The percent of kindergarten through third grade students in the region who are English Language Learners (ELL) is 14%, which is higher than the County and State at ten percent in 2020.

In the FTF Pima South Region, there are 93,001 households and 19% include children under six years old. Although the majority of children under six live in married-couple households, nearly one-quarter live in single-female households. Over half of children under six (56%) in the Pima South Region live in two parent households. Additionally, 15% live in the same household as a grandparent. Of children 0-17 who live in the same household as a grandparent, 48% are primarily cared for by a grandparent, which is slightly less than 50% for Arizona.

Population Characteristics Considerations:

- Discuss tactics for continuing to meet the needs of the under six population.
- Provide culturally appropriate services and interpretation and translation assistance for families that are more comfortable speaking in a language other than English.
- Discuss supporting services specifically designed for single-parent and grandparent-led households to help them support the young children in their homes.

Economic Circumstances

As children are growing and developing, outcomes such as school achievement, physical health, and emotional well-being are all impacted by a child’s economic situation.\(^1\) In Pima County, the unemployment rate remained steady between 2016 and 2019. Then there was an increase in unemployment from 2019 to 2020 and a decrease from 2020 to 2021, though not down to pre-2020

levels. These rates are consistent with the unemployment rate for Arizona as a whole. The number of people in the labor force and the number of people employed has remained consistent in Pima County from 2016 through 2021. With the onset of the COVID-19 pandemic in March 2020, the total number of unemployment claims increased in the Pima South Region. In April 2020, the number of total claims peaked at 6,909 and gradually started to decrease. By the end of 2020, the total claims were 621. In the FTF Pima South Region, a third of children under age six live in a household with both parents in the labor force (32%) or with a single parent in the labor force (34%) which is similar to the percentage for Pima County and Arizona.

The median income of all families in Pima County is $66,727, which is slightly less than the median income statewide. The median income for single-parent families is significantly less than for married couple families. In the FTF Pima South Region, 16% of the population and 26% of children under age six are living in poverty. Residents of the Pima South Region have a similar housing cost burden to residents of the state as a whole: 27% of the region’s housing units require their residents to contribute more than 30% of their household income toward housing.

Economic Considerations:

- Promote supports and resources that can help subsidize child care and other expenses for single parent households.
- Consider encouraging stakeholders to target job training and employment programs to help increase employment and median incomes.
- Ensure social service resources for the Native Hawaiian and Other Pacific Islander populations.

Educational Indicators

Children’s participation in early learning experiences is likely to result in higher academic performance in future years. Almost 50% of preschool-aged children in the FTF Pima South Region (46%) are enrolled in private or public school (i.e., nursery school, preschool, or kindergarten), which is lower than Arizona (65%) and Pima County (57%). The English Language Arts (ELA) assessment results of the AzMERIT showed that 44% of all third graders in the FTF Pima South Region scored “proficient” or “highly proficient”, which is comparable to both Pima County and Arizona. Slightly more third graders scored “proficient” or highly proficient” on the math assessment test in the FTF Pima South Region (50%), which is also comparable to both Pima County and the State. Between 2017 and 2019, high school graduation rates remained steady for the FTF Pima South Region, Pima County, and Arizona. In 2019, 79% of students graduated within four-years in the region which is similar to both the county and state levels. From 2019-2020, the rate of students dropping out of high school in the Pima South Region

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dropped from 3.0 to 2.0. In the FTF Pima South Region, 84% of adults ages 25 and older have completed at least a high school education, which is a higher percentage than the County and State.

Educational Considerations:

- Increase awareness for parents to support each other and share knowledge and attitudes around the importance of education.
- Increase parent outreach and awareness of early education programs to support learning and school readiness from an early age.

Early Learning

Participation in early care and education programs plays an important role in preparing children for kindergarten and beyond. There are 292 ECE centers and homes with a capacity of 14,501 children in the FTF Pima South Region. Although the total licensed capacity may be high, the actual facility may choose not to enroll the total number of children they are licensed to serve. In the FTF Pima South Region, a total of 67 child care providers participated in Quality First, 78% of which were quality-level settings (public 3-5 stars), and 2,887 children were enrolled at a Quality First provider site in the Region. Of all children enrolled at a Quality First provider site in the region, 82% were enrolled at a quality-level setting (public 3-5 stars). In 2020, 279 children received Quality First scholarships. There is a total of 70 Quality First sites across the Pima South Region. Overall, many sites (n=35) have at least a 3-star rating, which is given to programs that “meet quality standards.” The median cost for one infant in the Pima South Region totals $32 a day for licensed centers and approximately $30 a day for approved family homes and certified group homes. Compared to the median income of two-parent families in Pima County with children under 18, licensed centers comprise approximately 13%-16% and approved family homes and certified group homes comprise about nine to eleven percent of the regional median income.

Early Learning Considerations

- Support Quality First efforts in the region to continue to increase the opportunities for children to receive quality early care and education experiences.
- Work with school districts to refer children identified with special needs to support services.

Child Health

Ensuring healthy development through early identification and treatment of children’s health issues

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helps families understand healthy developmental pathways and how health issues affect children and their school readiness. The HP 2030 target is for 92.1% of Americans to have medical insurance by 2030. In 2019, 89% of the population living in poverty in Pima South Region had health insurance, which is less than the HP 2030’s targeted goal. In 2019, six percent of children under age six living in poverty in the Pima South Region did not have any health insurance. From 2016-2020, in the FTF Pima South Region, there were 102 non-fatal inpatient hospitalizations and 8,240 non-fatal emergency department visits for children ages 0-4. Male children were more likely to be injured than female children. In 2018 and 2019 in the Pima South Region, the total number of childhood deaths for children 0 to 17 years old remained consistent. The majority of childhood deaths in both years occurred in young children ages 0 to 4 (67% and 58% respectively). In 2019, Pima South Region residents gave birth to 3,253 babies, which was 31% of all babies born in Pima County and four percent of all births in the state. HP 2030 aims to bring the proportion of pregnant women who receive early and adequate prenatal care to 80.5%. In the FTF Pima South Region, 63% of women began their prenatal care in the first trimester with 23% receiving 13 or more visits. In the region, in 2019, eight percent of babies were low birth weight. Healthy People 2030 aims for fewer than nine percent of births to be born preterm; Pima South is slightly higher at ten percent. The percentage of newborns admitted to the NICU in the region (11%) was comparable to the county and slightly higher than the state (12% for county and 8% for state).

Child Health Considerations

- Continue to provide public education about the benefits of breastfeeding and consider supporting workplace efforts to encourage breastfeeding practices for working mothers.
- Promote the importance of early prenatal care and provide education on the impact of prenatal care on the mother and child’s future well-being.
- Work with partners to ensure access to health care for all children in the region.

Family Support

Support for young families is an essential piece of the holistic efforts around kindergarten readiness and long-term success for children. From 2017 to 2020, 123 deaths from opioid overdose occurred in the Pima South Region, totaling two percent of opioid-related deaths in Arizona. In both Pima County and Arizona, the number of non-fatal overdoses from opiates or opioids increased from 2017 to 2020.

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Numberous federal and local programs and services are aimed at providing families with food security, including Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), National School Lunch Program (NSLP), Child and Adult Care Food Program (CACFP), Summer Food Program (SFP), and free and reduced priced lunch programs for children in schools. Despite the prevalence of these programs, the number of children and families receiving assistance has decreased in recent years. Federal programs such as SNAP and TANF have shrunk in recent years due to the expiration of benefit increases instituted during the recession. These decreases come even as the number of families living in poverty has increased nationally. Similar to SNAP benefits, the number of children and families receiving TANF benefits decreased from 2017 to 2020 in the Pima South Region, Pima County and Arizona. In 2020, approximately 700 families and 1,000 young children received TANF benefits.

Family Support Considerations

- Consider including substance abuse prevention resources and referrals in home visitation and parent education programs
- Continue to provide public education about the benefits
- Consider examining alternative strategies to support food security for children and families.
BACKGROUND AND APPROACH

Family well-being is an important indicator of child success.\textsuperscript{6, 7} Healthy families and healthy communities create a context in which young children can thrive, developing the cognitive, emotional, motor, and social skills they will need to succeed in school and life.\textsuperscript{8} Early childhood interventions promote well-being and impact outcomes for children and adults later in life, including school readiness, parent involvement, K-12 achievement, educational attainment, crime prevention and remedial education.\textsuperscript{9}

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

- Improving the quality of child care and preschool programs
- Scholarships for children to access high-quality early learning
- Strengthening families through voluntary home visiting and parenting education

Methodology

This is the eighth Needs and Assets report conducted on behalf of the FTF Pima South Regional Council. It fulfills the requirement of ARS Title 8, Chapter 13, Section 1161, to submit a biennial report to the Arizona Early Childhood Health and Development Board detailing the assets, coordination opportunities, and unmet needs of children from birth to age five and their families in the region. This report is designed to provide updated information to the FTF Pima South Council about the needs and assets in their region to help them make important programmatic and funding decisions. This report describes the current circumstances of young children and their families as it relates to unmet needs and assets for the region.


This report is organized by topic area followed by subtopics and indicators. When available, data are presented for the state, county, region, and subregional breakdowns as appropriate. Key data indicators are represented in this report in six unique domains:

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

A systematic review designed to reveal the needs and assets of the Pima South Region was used to collect and summarize data for this report. Quantitative data components included a review and analysis of current and relevant secondary data describing the FTF Region, Pima County, and State of Arizona. Wherever possible, data throughout the report are provided specifically for the FTF Pima South Region and are often presented alongside data for the County and the State of Arizona for comparative purposes. Subregional data from the American Community Survey and 2010 Census were calculated by aggregating the ZIP Code Tabulation Areas (ZCTA) in each subregion. ZCTAs were assigned to a subregion by FTF, and Harder+Company then used those assignments to determine which ZCTAs belonged to each subregion. For ZCTAs that are in more than one subregion, a percentage of the tabulation area was assigned to each subregion based upon the population living in ZCTA within the subregions’ portion of the ZCTA.

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

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

Furthermore, many agencies are collecting data independent of other public entities which results in
duplication of data efforts, gaps in the collection of critical indicators, or differences in method of
collection, unit of analysis, or geographic level. Many indicators that are of critical importance to
understanding the well-being of children under age six and their families were not available for the FTF
Pima South Region, such as more detailed data on housing or homelessness, home visiting, oral health,
hearing loss screenings, and child welfare. The analysis presented in this report aims to integrate
relevant data indicators from a variety of credible sources, including regional and subregional, and/or
community-level analyses for a subset of data indicators. This report represents the most up-to-date
representation of the needs and assets of young children and their families in the region and
interpretation of the identified strengths of the community (i.e., the assets available in the region).

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

Per FTF guidelines, education data from the Arizona Department of Education (ADE), with counts of or
percentages related to fewer than eleven, excluding counts of zero (i.e., all counts of one through ten)
are suppressed. Percentages greater than 98% or less than 2% were presented as >98% and <2%
respectively. For data related to health or developmental delay, all counts and rates/ratios/percentages
are based on non-zero counts less than six, excluding counts of zero (i.e., all counts of one through six,
depending on the indicator) are suppressed.

In addition, as this year’s regional needs and assets report comes amidst the COVID-19 pandemic, the
Pima South Regional Partnership Council also solicited Harder+Co to conduct additional assessment
activities to understand the availability and access to mental/behavioral health supports in Pima South
and in Pima County overall. This data is summarized in Appendix A.

Limitations
In the United States, the COVID-19 pandemic began in March 2020 and continues through the writing
of this report. Thus, it is important to contextualize how the pandemic impacted data availability and the
process to develop this report. First, public agencies had limited capacity to support data requests while
they focused on their pandemic response, therefore some data sets could not be provided. For this
reason, the timeline for the 2022 RNA report was modified to adapt to the barriers in collecting data and
moving forward with the report process.

This report relied primarily on secondary data. Most of the data were extracted by teams other than the
evaluation team conducting the asset and needs assessment, except for the data of the Arizona
Department of Education (ADE) which the evaluation team accessed through the ADE data system.
Some of the most recent data was not available for this report. The demographic and economic profile of the region relied mostly on Census and ACS data. For some of the Census indicators, only 2010 Census data were available as 2020 Census data were delayed due to COVID-19. For some of the indicators reported, the most recent data for the region was released in 2018, thus trends may have changed within the past four years, especially due to the pandemic. For example, the most recent data for the Child Care Market Rate Survey is from 2018. This survey provides the median cost for licensed centers, approved family homes and certified group homes.

Another limitation impacting the findings and interpretation of findings is the targeted population included in each of the different data sources. For many domains reported, data were often available only at the county level rather than the region, and data for children often includes children under 18 rather than children under six. Additionally, ACS estimates are less reliable for small geographic areas or areas with smaller populations. Similarly, rural areas tend to be undercounted, along with non-white populations. Federal data also have similar limitations. For example, WIC data only includes a sample of the young children and families’ served. In regards to education data, ADE provided AZMerit only for 2018-2019 school year (prior to COVID-19) since this assessment was not administered during the 2019-2020 school year. The report uses public data for the 2020-2021 school year at the state and county level.

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

Why It Matters

The demographic profile of residents in a particular community helps inform the types of services needed in that community. Policy and decision makers need to understand the demographic profile of the communities they serve in order to make effective decisions that will positively impact the community’s well-being. Timely information about the demographics of a region, such as the number of children and families, number and composition of households, racial and ethnic composition, languages spoken, and living arrangements help policy makers identify the needs of the region they serve and the services and resources that would benefit the community. For example, knowing where non-English speakers live and what their primary languages are can inform translation and interpretation services to help these families access health care and other social services. Knowing where children and families are located will help identify the needs for early childhood services to support their development and well-being.

This first domain of the report provides an overview of the geographic region’s population dynamics, projected growth, ethnic and racial composition, languages spoken, immigration trends, and household characteristics (e.g., living arrangements for children). Indicators about children living with grandparents are included as well. Although only limited research has been conducted on the influence of grandparents on child development and health, this data provides an overview of their participation in the region’s households and shows trends in grandparental care over time. Understanding how the population is changing and where it is growing allows decision makers to strategically and proactively allocate resources.

What the Data Tell Us

The First Things First (FTF) Pima South Region covers an expansive region occupying the western and southeastern portions of Pima County, as shown in Exhibit 1.1. The region is defined as the southern portion of Pima County, not including the lands belonging to the Pascua Yaqui Tribe and the Tohono O’odham Nation, plus a small part of Santa Cruz County around the Amado community. The border between the Pima North and Pima South Regions is irregular, but it primarily follows Ajo Way and Irvington Road.

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Population Counts and Projections
According to the 2010 Census, the FTF Pima South Region has a total population of 269,210 residents. There are a little over 25,000 children under six years old in the region, accounting for nine percent of the total population in the region (Exhibit 1.2). Children ages zero to five make up a slightly higher proportion of the FTF Pima South Region than of the State of Arizona and Pima County.
Exhibit 1.2. Population (all ages) in the 2010 Census

<table>
<thead>
<tr>
<th></th>
<th>All ages</th>
<th>Ages 0-5</th>
<th>Children (0-5) as a percentage of the total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>269,210</td>
<td>25,171</td>
<td>9.3%</td>
</tr>
<tr>
<td>Pima County</td>
<td>980,263</td>
<td>74,796</td>
<td>7.6%</td>
</tr>
<tr>
<td>Arizona</td>
<td>6,392,017</td>
<td>546,609</td>
<td>8.6%</td>
</tr>
</tbody>
</table>

*U.S. Census Bureau; 2010 Census Summary File 1; Tables P11 & P14*

The number of births in the FTF Pima South Region was around 3,000 per year in both 2018 and 2019 (Exhibit 1.3), accounting for 4% of the births in Arizona (not shown). The number of children under six in Pima County is expected to increase slightly over the next ten years, rising to nearly 73,525 by 2050 (Exhibit 1.4). Over the same time period, the number of children under six is expected to also increase for the state as a whole.

Exhibit 1.3. Number of births from 2018-2019 in Pima South Region

Demographics and Language

In the FTF Pima South Region, 49% of adults ages eighteen and over identify as white and 44% identify as Hispanic or Latino. This compares to 63% and 25%, respectively, for Arizona (Exhibit 1.5). In the region, children under five are more likely to identify as Hispanic or Latino than the overall population (Exhibit 1.6). A small proportion of young children across the Pima South Region identify as either African American (3%), American Indian (3%) or Asian or Pacific Islander (1%).

Across the region, there is considerable variation in the racial and ethnic composition of young children. For example, the vast majority of children in the Sunnyside sub-region (81%) identify as Hispanic or Latino, while only 27% identify as Hispanic or Latino in the Rita Ranch and Vail sub-regions.
Exhibit 1.5. Race and ethnicity of the adult population (18+) in the 2010 Census

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of persons (18+)</th>
<th>Hispanic or Latino</th>
<th>White alone (not Hispanic or Latino)</th>
<th>American Indian alone (not Hispanic or Latino)</th>
<th>African-American alone (not Hispanic or Latino)</th>
<th>Asian or Pacific Islander (not Hispanic or Latino)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>194,016</td>
<td>44%</td>
<td>49%</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Ajo</td>
<td>4,435</td>
<td>28%</td>
<td>49%</td>
<td>21%</td>
<td>0.4%</td>
<td>1%</td>
</tr>
<tr>
<td>Amado</td>
<td>2,983</td>
<td>37%</td>
<td>60%</td>
<td>1%</td>
<td>0.2%</td>
<td>1%</td>
</tr>
<tr>
<td>Drexel Heights</td>
<td>71,295</td>
<td>57%</td>
<td>32%</td>
<td>7%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Rita Ranch</td>
<td>23,058</td>
<td>17%</td>
<td>73%</td>
<td>0.4%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Sahuarita</td>
<td>45,463</td>
<td>19%</td>
<td>77%</td>
<td>0.5%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Sunnyside</td>
<td>90,912</td>
<td>67%</td>
<td>25%</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Three Points</td>
<td>4,975</td>
<td>34%</td>
<td>61%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Vail</td>
<td>21,753</td>
<td>15%</td>
<td>78%</td>
<td>1%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Pima County</td>
<td>754,947</td>
<td>29%</td>
<td>61%</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>4,763,003</td>
<td>25%</td>
<td>63%</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
</tr>
</tbody>
</table>

U.S. Census Bureau; 2010 Census Summary File 1; Table P11; generated by Harder+Company using American FactFinder; http://factfinder2.census.gov
Sixty-one percent of people in the region speak English as their primary language, while 36% primarily speak Spanish and an additional three percent speak a language other than English or Spanish (Exhibit 1.7). Another 12% in the region speak English less than very well which is slightly higher than the proportion of households in Arizona (9%) and Pima County (8%) (Exhibit 1.8). As the young population grows to be Hispanic/Latino, the cultural diversity of the region may change as well, indicating a need for more culturally responsive services.

---

Exhibit 1.6. Race and ethnicity of children (Ages 0-4) in the 2010 Census

<table>
<thead>
<tr>
<th>Number of persons (ages 0-4)</th>
<th>Hispanic or Latino</th>
<th>White alone (not Hispanic or Latino)</th>
<th>American Indian alone (not Hispanic or Latino)</th>
<th>African-American alone (not Hispanic or Latino)</th>
<th>Asian or Pacific Islander (not Hispanic or Latino)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>20,965</td>
<td>66%</td>
<td>26%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Ajo</td>
<td>291</td>
<td>41%</td>
<td>22%</td>
<td>44%</td>
<td>3%</td>
</tr>
<tr>
<td>Amado</td>
<td>147</td>
<td>60%</td>
<td>33%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Drexel Heights</td>
<td>6,040</td>
<td>74%</td>
<td>12%</td>
<td>13%</td>
<td>3%</td>
</tr>
<tr>
<td>Rita Ranch</td>
<td>1,850</td>
<td>27%</td>
<td>62%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Sahuarita</td>
<td>2,807</td>
<td>43%</td>
<td>49%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Sunnyside</td>
<td>8,165</td>
<td>81%</td>
<td>11%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Three Points</td>
<td>276</td>
<td>58%</td>
<td>38%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Vail</td>
<td>1,589</td>
<td>27%</td>
<td>65%</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>Pima County</td>
<td>62,521</td>
<td>53%</td>
<td>35%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>455,715</td>
<td>45%</td>
<td>40%</td>
<td>6%</td>
<td>5%</td>
</tr>
</tbody>
</table>

U.S. Census Bureau; 2010 Census Summary File 1; SF 1, Tables P12B, P12C, P12D, P12E, P12H, and P12I; generated by Harder+Company using American FactFinder; http://factfinder2.census.gov

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11 The United States Census Bureau defines limited English speaking households as a “household in which no one 14 and over speaks English only or speaks a language other than English at home and speaks English very well.”
There are slightly more children living with parents born outside the U.S. in the Pima South Region (26%) compared to the County (24%). The highest percentages of children living with a parent(s) born outside the U.S. reside in the following sub-regions: Amado (62%) and Sunnyside (42%) (Exhibit 1.9).
Exhibit 1.9. Children (ages 0 to 5) living with parents born outside the U.S.

<table>
<thead>
<tr>
<th>Pima South Region</th>
<th>Children (ages 0-5) living with one or two parents</th>
<th>Children (ages 0-5) living with one or two parents born outside the U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>5,622</td>
<td>26%</td>
</tr>
<tr>
<td>Ajo</td>
<td>17</td>
<td>17%</td>
</tr>
<tr>
<td>Amado</td>
<td>48</td>
<td>62%</td>
</tr>
<tr>
<td>Drexel Heights</td>
<td>1,345</td>
<td>25%</td>
</tr>
<tr>
<td>Rita Ranch</td>
<td>220</td>
<td>9%</td>
</tr>
<tr>
<td>Sahuarita</td>
<td>313</td>
<td>10%</td>
</tr>
<tr>
<td>Sunnyside</td>
<td>3,478</td>
<td>42%</td>
</tr>
<tr>
<td>Three Points</td>
<td>10</td>
<td>4%</td>
</tr>
<tr>
<td>Vail</td>
<td>399</td>
<td>25%</td>
</tr>
<tr>
<td>Pima County</td>
<td>15,666</td>
<td>24%</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>126,082</td>
<td>25%</td>
</tr>
</tbody>
</table>


The number of kindergarten through third grade students in the region that are migrants is less than 11 students (Exhibit 1.10).

The percent of kindergarten through third grade students in the region who are English Language Learners (ELL) is 14%, which is higher than the County and State at ten percent in 2020 (Exhibit 1.11).

Exhibit 1.10. Children in grades K to 3 that are migrants from 2018 to 2020

<table>
<thead>
<tr>
<th></th>
<th>Arizona</th>
<th>Pima County</th>
<th>Pima South Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>662</td>
<td>&lt;11</td>
<td>&lt;11</td>
</tr>
<tr>
<td>2019</td>
<td>570</td>
<td>&lt;11</td>
<td>&lt;11</td>
</tr>
<tr>
<td>2020</td>
<td>809</td>
<td>&lt;11</td>
<td>&lt;11</td>
</tr>
</tbody>
</table>

Exhibit 1.11. Percentage of children in grades K to 3 that are English Language Learners from 2018 to 2020

<table>
<thead>
<tr>
<th></th>
<th>Arizona</th>
<th>Pima County</th>
<th>Pima South Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>10%</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>2019</td>
<td>9%</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>2020</td>
<td>10%</td>
<td>10%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Arizona Department of Education (2021). English Language Learners. Provided by AZ FTF.

Household Characteristics
In the FTF Pima South Region, there are 93,001 households and 19% include children under six years old. Although the majority of children under six live in married-couple households, nearly one-quarter live in single-female households (Exhibit 1.12).

Exhibit 1.12. Number of households and household characteristics

<table>
<thead>
<tr>
<th></th>
<th>Arizona</th>
<th>Pima County</th>
<th>Pima South Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of households</td>
<td>2,380,990</td>
<td>388,660</td>
<td>93,001</td>
</tr>
<tr>
<td>Households with children 0-5</td>
<td>16% (384,441)</td>
<td>14% (53,862)</td>
<td>19% (17,871)</td>
</tr>
<tr>
<td>Married-couple households with children 0-5</td>
<td>65% (250,217)</td>
<td>62% (33,220)</td>
<td>65% (11,621)</td>
</tr>
<tr>
<td>Single-male households with children 0-5</td>
<td>11% (43,485)</td>
<td>11% (6,119)</td>
<td>11% (1,931)</td>
</tr>
<tr>
<td>Single-female households with children 0-5</td>
<td>24% (90,739)</td>
<td>27% (14,523)</td>
<td>24% (4,319)</td>
</tr>
</tbody>
</table>

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

Over half of children under six (56%) in the Pima South Region live in two parent households (Exhibit 1.13). Additionally, 15% live in the same household as a grandparent. The sub-regions of Three Points and Ajo have the highest percentage of children primarily cared for by a grandparent (31% and 27%) (Exhibits 1.14 and 1.15).
Exhibit 1.13. Living arrangements of children 0-5

- Two parents: 59% (Arizona), 57% (Pima County), 56% (FTF Pima South Region)
- One parent: 37% (Arizona), 38% (Pima County), 40% (FTF Pima South Region)
- Relatives: 2% (Arizona), 2% (Pima County), 1% (FTF Pima South Region)
- Non-relatives: 3% (Arizona), 3% (Pima County), 3% (FTF Pima South Region)

U.S. Census Bureau; 2019 American Community Survey 5-Year Estimates, Tables B05009, B09001, & B17006; generated by AZ FTF using American FactFinder; <http://factfinder2.census.gov>

Exhibit 1.14. Percent of children (0-5) living in a grandparent's household in the 2010 Census

- Pima South Region: 15%
- Ajo: 27%
- Amado: 25%
- Drexel Heights: 22%
- Rita Ranch: 8%
- Sahuarita: 7%
- Sunnyside: 18%
- Three Points: 31%
- Vail: 7%
- ARIZONA: 14%

U.S. Census Bureau (2010) Census Summary File 1; SF 1, Table P41
Of children 0-17 who live in the same household as a grandparent, 48% are primarily cared for by a grandparent, which is slightly less than 50% for Arizona (Exhibit 1.16). There are several advantages to living in a multigenerational household, including an increase in emotional well-being and grandparents serving as role models in the socialization of children. However, this also indicates that young families may not have the resources to live on their own and may be living with their elderly parents as a result. Grandparents raising their grandchildren may also require additional support due to the nontraditional family structure, changes in parenting practices since grandparents were raising their children, and the fact that many older adults live on fixed incomes and may struggle with caring for dependents.
Exhibit 1.16. Children (ages 0-17) living in a grandparent’s household

<table>
<thead>
<tr>
<th>Pima South Region</th>
<th>Number of children (ages 0-17) living in a grandparent’s household</th>
<th>Percent of children (ages 0-17) living in a grandparent’s household, and the grandparent is responsible for the child</th>
<th>Percent of children (ages 0-17) living in a grandparent’s household, and the grandparent is responsible for the child (with no parent present)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ajo</td>
<td>217</td>
<td>81%</td>
<td>23%</td>
</tr>
<tr>
<td>Amado</td>
<td>192</td>
<td>97%</td>
<td>66%</td>
</tr>
<tr>
<td>Drexel Heights</td>
<td>2,534</td>
<td>50%</td>
<td>13%</td>
</tr>
<tr>
<td>Rita Ranch</td>
<td>435</td>
<td>73%</td>
<td>17%</td>
</tr>
<tr>
<td>Sahuarita</td>
<td>675</td>
<td>51%</td>
<td>37%</td>
</tr>
<tr>
<td>Sunnyside</td>
<td>3,304</td>
<td>41%</td>
<td>12%</td>
</tr>
<tr>
<td>Three Points</td>
<td>238</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Vail</td>
<td>142</td>
<td>46%</td>
<td>12%</td>
</tr>
<tr>
<td>Pima County</td>
<td>20,440</td>
<td>50%</td>
<td>17%</td>
</tr>
<tr>
<td>Arizona</td>
<td>155,821</td>
<td>50%</td>
<td>16%</td>
</tr>
</tbody>
</table>

U.S. Census Bureau; 2019 American Community Survey 5-Year Estimates, Table B10002
Below are key findings that highlight the demographic assets, needs and data-driven considerations for the region. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.

<table>
<thead>
<tr>
<th>Assets</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>The population of children under the age of six is projected to grow at a modest and steady rate, allowing the region to foresee and prepare for the growing demands of their youngest residents.</td>
<td>Discuss tactics for continuing to meet the needs of the under six population.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Needs</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>The race/ethnicity of adults in Pima South is almost a fifty/fifty split of Hispanic or Latino and white with 20% more children 0-4 (66%) identifying as Hispanic or Latino.</td>
<td>Provide culturally appropriate services and interpretation and translation assistance for families that are more comfortable speaking in a language other than English.</td>
</tr>
<tr>
<td>About 15% more people in the Pima South Region speak Spanish as their primary language compared to the State.</td>
<td></td>
</tr>
<tr>
<td>Another 12% in the region speak English less than very well.</td>
<td></td>
</tr>
<tr>
<td>Four percent more children in grades K to 3 are English Language Learners than the State</td>
<td></td>
</tr>
<tr>
<td>Nearly one-quarter of children under six live in single-female households and/or are cared for by grandparents in Pima South. The sub-regions of Three Points and Ajo have the highest percentage of children primarily cared for by a grandparent (31% and 27%).</td>
<td>Discuss supporting services specifically designed for single-parent and grandparent-led households to help them support the young children in their homes.</td>
</tr>
</tbody>
</table>
ECONOMIC CIRCUMSTANCES
ECONOMIC CIRCUMSTANCES

Why it Matters

The economic situation of children and their families has a large impact on their ability to access opportunities and services that can contribute to their well-being and healthy development. As children are growing and developing, outcomes such as school achievement, physical health, and emotional well-being are all impacted by a child’s economic situation. Additionally, being unemployed or living below the federal poverty level indicates that parents and caregivers have fewer resources to be able to meet their families’ basic needs, such as adequate, nutritious food and good quality, stable housing.

Economic stability is critical to supporting young children and families to maintain a household where children can thrive. Recent research has shown that physical housing quality, neighborhood environment and housing stability play an important role in children’s development and well-being. Housing instability, which includes frequent moves, difficulty paying rent, being evicted or being homeless, is associated with worse health, academic, and social outcomes. Children without housing stability often experience negative outcomes such as higher grade retention, higher high school dropout rates, and lower educational attainment as adults. Unemployment of parents can also affect the psychological well-being of children in the long-term due to negative experiences and stressful events. Lack of access to healthy food and general food insecurity can also lead to numerous issues for children and mothers, including birth complications, delayed development, learning difficulties, and chronic health conditions. Thus, housing, families’ employment and food security are important components to consider when evaluating the conditions that affect a child’s development and well-being during their first five years of life.

17 Ibid.
What the Data Tells Us

Employment Indicators
In Pima County, the unemployment rate remained steady between 2016 and 2019. Then there was an increase in unemployment from 2019 to 2020 and a decrease from 2020 to 2021, though not down to pre-2020 levels. These rates are consistent with the unemployment rate for Arizona as a whole (Exhibit 2.1). The number of people in the labor force and the number of people employed has remained consistent in Pima County from 2016 through 2021 (Exhibit 2.2). During the COVID-19 pandemic, those who tended to be affected by unemployment included those who worked in services, restaurants, transportation, and other fields that typically do not offer long-term contracts, decent wages, and health benefits.\(^2\)

Exhibit 2.1. Average unemployment rates from 2016 to 2021

<table>
<thead>
<tr>
<th>Year</th>
<th>Arizona</th>
<th>Pima County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>5.0%</td>
<td>5.5%</td>
</tr>
<tr>
<td>2017</td>
<td>4.6%</td>
<td>4.9%</td>
</tr>
<tr>
<td>2018</td>
<td>4.4%</td>
<td>4.8%</td>
</tr>
<tr>
<td>2019</td>
<td>4.5%</td>
<td>4.9%</td>
</tr>
<tr>
<td>2020</td>
<td>7.7%</td>
<td>7.9%</td>
</tr>
<tr>
<td>2021</td>
<td>6.4%</td>
<td>6.3%</td>
</tr>
</tbody>
</table>


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

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Labor Force</th>
<th>Total Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>447,695</td>
<td>471,452</td>
</tr>
<tr>
<td>2017</td>
<td>455,288</td>
<td>477,055</td>
</tr>
<tr>
<td>2018</td>
<td>463,428</td>
<td>484,943</td>
</tr>
<tr>
<td>2019</td>
<td>474,779</td>
<td>497,406</td>
</tr>
<tr>
<td>2020</td>
<td>457,683</td>
<td>495,991</td>
</tr>
<tr>
<td>2021</td>
<td>467,029</td>
<td>499,026</td>
</tr>
</tbody>
</table>


Unemployment claims provide temporary payments to individuals who are unemployed through no fault of their own and meet the other eligibility requirements. In order to receive these benefits, an individual

that has lost their job completes and submits an application. With the onset of the COVID-19 pandemic in March 2020, the total number of unemployment claims increased in the Pima South Region. In April 2020, the number of total claims peaked at 6,909 and gradually started to decrease. By the end of 2020, the total claims were 621 (Exhibit 2.3).

Exhibit 2.3. Number of total claims with eligible and paid claims in 2020 for Pima South

[Graph showing unemployment claims by month in 2020 for Pima South Region]

In the FTF Pima South Region, a third of children under age six live in a household with both parents in the labor force (32%) or with a single parent in the labor force (34%) which is similar to the percentage for Pima County and Arizona (Exhibit 2.4).

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

[Bar chart showing employment status of parents in Arizona, Pima County, and FTF Pima South Region]

U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23008.

Vail has the most children under age six with both parents in the labor force (58%). On the contrary, in Ajo, a third of children under age six live with a single parent who is not in the labor force (31%) (Exhibit 2.5). The overall percentage of adults who are in the labor force in the Pima South Region is
51%, which is lower than the proportion in Arizona (56%) and higher than Pima County (53%) (Exhibit 2.6).

### Exhibit 2.5. Employment status of parents with children 0-5

<table>
<thead>
<tr>
<th>Pima South Region</th>
<th>Estimated number of children (ages 0-5) living with one or two parents</th>
<th>Children (ages 0-5) living with two parents who are both in the labor force</th>
<th>Children (ages 0-5) living with two parents, one in the labor force, and one not</th>
<th>Children (ages 0-5) living with two parents, neither in the labor force</th>
<th>Children (ages 0-5) living with a single parent who is in the labor force</th>
<th>Children (ages 0-5) living with a single parent who is not in the labor force</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22,206</td>
<td>32%</td>
<td>25%</td>
<td>1%</td>
<td>34%</td>
<td>8%</td>
</tr>
<tr>
<td>Ajo</td>
<td>130</td>
<td>12%</td>
<td>21%</td>
<td>0%</td>
<td>36%</td>
<td>31%</td>
</tr>
<tr>
<td>Amado</td>
<td>77</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Drexel Heights</td>
<td>5,543</td>
<td>26%</td>
<td>19%</td>
<td>1%</td>
<td>42%</td>
<td>13%</td>
</tr>
<tr>
<td>Rita Ranch</td>
<td>2,429</td>
<td>46%</td>
<td>30%</td>
<td>1%</td>
<td>16%</td>
<td>7%</td>
</tr>
<tr>
<td>Sahuarita</td>
<td>3,119</td>
<td>44%</td>
<td>33%</td>
<td>1%</td>
<td>19%</td>
<td>2%</td>
</tr>
<tr>
<td>Sunnyside</td>
<td>8,323</td>
<td>21%</td>
<td>23%</td>
<td>2%</td>
<td>45%</td>
<td>9%</td>
</tr>
<tr>
<td>Three Points</td>
<td>247</td>
<td>4%</td>
<td>22%</td>
<td>0%</td>
<td>66%</td>
<td>7%</td>
</tr>
<tr>
<td>Vail</td>
<td>2,337</td>
<td>58%</td>
<td>34%</td>
<td>1%</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Pima County</td>
<td>66,199</td>
<td>33%</td>
<td>26%</td>
<td>1%</td>
<td>32%</td>
<td>8%</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>494,590</td>
<td>32%</td>
<td>28%</td>
<td>1%</td>
<td>29%</td>
<td>9%</td>
</tr>
</tbody>
</table>


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.

### Exhibit 2.6. Employment status of adult population (ages 16 and older) who are employed, unemployed, or not in the labor force

![Employment status of adult population](image)

U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23025.

Note: The labor force includes all persons who are currently employed, including those on leave, furlough, or temporarily laid off.
Median Income and Poverty

The median income of all families in Pima County is $66,727, which is slightly less than the median income statewide. The median income for single-parent families is significantly less than for married-couple families (Exhibit 2.7).

The large number of single-parent families combined with their low median income contributes to a sizable portion of the population in the FTF Pima South Region living in poverty. In the FTF Pima South Region, 16% of the population and 26% of children under age six are living in poverty (Exhibit 2.8). More children 0-5 in Ajo (42%), Drexel Heights (38%), and Sunnyside (38%) live in poverty compared to any other sub-region in Pima South (Exhibit 2.9).

U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B19126

U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.
Federal poverty levels (FPL) are used to determine eligibility for certain programs and benefits, including SNAP and Arizona Health Care Cost Containment System (AHCCCS). The federal poverty level changes every year and is based on family size. For example, currently, the FPL is $26,500 for a family of four. A family of four that makes less than or equal to $26,500 is considered to be in poverty. In the Pima South Region, 49% of families with children 0-5 live below 185% of the FPL (that is, they earned less than $26,500 a year for a family of four), which is higher than the county at 48% and the state at 46% (Exhibit 2.10).
The relative population and poverty of areas within the FTF Pima South Region are mapped in Exhibit 2.11. Zip codes with the highest poverty rates also have more grandparents raising their grandchildren (Exhibit 2.12)

---

### Exhibit 2.10. Families with young children (ages 0-5) living at various poverty thresholds

<table>
<thead>
<tr>
<th>Region</th>
<th>Under 50% of poverty</th>
<th>Between 50% and 100% of poverty</th>
<th>Between 100% to 185% of poverty</th>
<th>Above 185% of poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTF Pima South Region</td>
<td>13%</td>
<td>14%</td>
<td>23%</td>
<td>51%</td>
</tr>
<tr>
<td>Pima County</td>
<td>12%</td>
<td>14%</td>
<td>22%</td>
<td>52%</td>
</tr>
<tr>
<td>Arizona</td>
<td>11%</td>
<td>13%</td>
<td>22%</td>
<td>54%</td>
</tr>
</tbody>
</table>

*U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Tables B17001 & B17022.*
Exhibit 2.11. Map of poverty in the FTF Pima South Region

Source: U.S. Census Bureau 2010.
In Pima County, individuals who identify as white or Asian are the least likely to live in poverty. In contrast, people who identify as American Indian or Alaskan Native are most likely to live in poverty at both the county and state levels (Exhibit 2.13).
Native Hawaiian and other Pacific Islander children under five years old are even more likely to live below the federal level. In Pima County, children under five years old who identify as Native Hawaiian and Other Pacific Islander, other race, American Indian or Alaskan Native, Black or African-American, or Hispanic or Latino have poverty rates over 30% (Exhibit 2.14). This trend is similar to the proportions in Arizona indicating that children of color experience high rates of poverty.

Exhibit 2.14. Percentage of children under 5 years old below the federal poverty level by race/ethnicity*

<table>
<thead>
<tr>
<th></th>
<th>Arizona</th>
<th>Pima County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African-American</td>
<td>34%</td>
<td>45%</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>44%</td>
<td>47%</td>
</tr>
<tr>
<td>Asian</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>31%</td>
<td>74%</td>
</tr>
<tr>
<td>Other Race</td>
<td>53%</td>
<td>53%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>White, not Hispanic</td>
<td>12%</td>
<td>13%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>31%</td>
<td>33%</td>
</tr>
</tbody>
</table>

*Estimates for city and subregional breakdowns are not presented due to the limited sample size for these indicators

Housing
Residents of the Pima South Region have a similar housing cost burden to residents of the state as a whole: 27% of the region’s housing units require their residents to contribute more than 30% of their household income toward housing. Housing costs are somewhat more burdensome in some subregions. Over 30% of residents in Sunnyside require their residents to contribute more than 30% of their household income toward housing (Exhibit 2.15).
Exhibit 2.15. The cost of housing, relative to household income

<table>
<thead>
<tr>
<th></th>
<th>Number of occupied housing units</th>
<th>Occupied housing units which cost 30% of household income, or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>96,245</td>
<td>27%</td>
</tr>
<tr>
<td>Ajo</td>
<td>1,363</td>
<td>30%</td>
</tr>
<tr>
<td>Amado</td>
<td>1,192</td>
<td>28%</td>
</tr>
<tr>
<td>Drexel Heights</td>
<td>23,970</td>
<td>30%</td>
</tr>
<tr>
<td>Rita Ranch</td>
<td>8,857</td>
<td>20%</td>
</tr>
<tr>
<td>Sahuarita</td>
<td>21,663</td>
<td>22%</td>
</tr>
<tr>
<td>Sunnyside</td>
<td>28,307</td>
<td>34%</td>
</tr>
<tr>
<td>Three Points</td>
<td>1,755</td>
<td>27%</td>
</tr>
<tr>
<td>Vail</td>
<td>9,139</td>
<td>21%</td>
</tr>
<tr>
<td>Pima County</td>
<td>404,739</td>
<td>31%</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>2,571,268</td>
<td>30%</td>
</tr>
</tbody>
</table>

U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B25106.

Children that are homeless qualify for rights and services under the McKinney-Vento Act. The McKinney-Vento Act defines homeless children as “individuals who lack a fixed, regular, and adequate nighttime residence.”23 In 2020, 99 children in kindergarten through third grade were homeless with the highest number of homeless children residing in the Tucson Unified School District (Exhibit 2.16).

---

Exhibit 2.16. Number of homeless children in kindergarten through third grade, 2018 to 2020

<table>
<thead>
<tr>
<th>School District</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region Schools</td>
<td>254</td>
<td>139</td>
<td>99</td>
</tr>
<tr>
<td>Altar Valley Elementary District</td>
<td>21</td>
<td>12</td>
<td>&lt;11</td>
</tr>
<tr>
<td>Sunnyside Unified District</td>
<td>123</td>
<td>65</td>
<td>41</td>
</tr>
<tr>
<td>Tucson Unified District</td>
<td>98</td>
<td>56</td>
<td>42</td>
</tr>
<tr>
<td>Pima County Schools</td>
<td>862</td>
<td>670</td>
<td>510</td>
</tr>
<tr>
<td>All Arizona Schools</td>
<td>4,565</td>
<td>3,676</td>
<td>3,191</td>
</tr>
</tbody>
</table>

Note: The school-district data in this table include only the schools that are located within the Pima South region.

In Pima South, almost three in four households (70%) have both a smartphone and computer which is similar to both the state and county. Ninety-one percent (91%) of residents in the Pima South Region live in households with a computer and internet. For households with children under 18 years old, 94% have a computer and internet in the region. Of the people living in households with a computer and internet, 70% have fixed broadband with a cellular data plan (Exhibits 2.17-2.20). During the nationwide closures of elementary and secondary schools due to the COVID-19 pandemic, more families had to rely on having multiple computers and reliable internet in their homes which caused the digital divide to become more apparent.24 Households that were the most impacted by the digital divide included those in rural communities, living in poverty and people of color.25, 26

Exhibit 2.17. Households with and without computers and smartphones

<table>
<thead>
<tr>
<th>Location</th>
<th>Total number of households</th>
<th>Percent with computer and no smartphone</th>
<th>Percent with smartphone but no computer</th>
<th>Percent with both smartphone and computer</th>
<th>Percent with neither smartphone nor computer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>96,245</td>
<td>7%</td>
<td>16%</td>
<td>70%</td>
<td>7%</td>
</tr>
<tr>
<td>County</td>
<td>404,739</td>
<td>7%</td>
<td>13%</td>
<td>72%</td>
<td>8%</td>
</tr>
<tr>
<td>Arizona</td>
<td>2,571,268</td>
<td>7%</td>
<td>12%</td>
<td>73%</td>
<td>8%</td>
</tr>
</tbody>
</table>

U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B25106.
Note: In this table, “computer” includes both desktops and laptops.

### Exhibit 2.18. Persons (all ages) in households with and without computers and internet connectivity

<table>
<thead>
<tr>
<th></th>
<th>Number of person (all ages) living in households</th>
<th>Percent in households with computer and internet</th>
<th>Percent in households with computer but no internet</th>
<th>Percent in households without computer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>275,454</td>
<td>91%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Pima County</td>
<td>996,875</td>
<td>89%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Arizona</td>
<td>6,892,175</td>
<td>87%</td>
<td>7%</td>
<td>6%</td>
</tr>
</tbody>
</table>

*U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B28005.*

### Exhibit 2.19. Children (ages 0-17) in households with and without computers and internet connectivity

<table>
<thead>
<tr>
<th></th>
<th>Number of children (ages 0-17) living in households</th>
<th>Percent in households with computer and internet</th>
<th>Percent in households with computer but no internet</th>
<th>Percent in households without computer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>74,300</td>
<td>94%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>County</td>
<td>216,164</td>
<td>92%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Arizona</td>
<td>1,632,019</td>
<td>88%</td>
<td>8%</td>
<td>4%</td>
</tr>
</tbody>
</table>

*U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B28005.*

### Exhibit 2.20. Households with computer & internet by type (dial-up, broadband, satellite, other)

<table>
<thead>
<tr>
<th></th>
<th>People living in households with computer and internet (all ages)</th>
<th>Percent with fixed broadband and cellular data plan</th>
<th>Percent with fixed broadband without cellular data plan</th>
<th>Percent with cellular data plan without fixed broadband</th>
<th>Percent with dial-up internet only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>250,465</td>
<td>70%</td>
<td>13%</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td>Pima County</td>
<td>889,998</td>
<td>71%</td>
<td>15%</td>
<td>14%</td>
<td>0%</td>
</tr>
<tr>
<td>Arizona</td>
<td>5,968,639</td>
<td>69%</td>
<td>18%</td>
<td>12%</td>
<td>0%</td>
</tr>
</tbody>
</table>

*U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B2808.*
ECONOMIC CIRCUMSTANCES HIGHLIGHTS

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

<table>
<thead>
<tr>
<th>Assets</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost all households in Pima South have computer and internet.</td>
<td>Consider engaging families using technology-based and online engagement tools.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Needs</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South has slightly more children 0-5 living with a single parent in the labor force than the State.</td>
<td>Promote supports and resources that can help subsidize child care and other expenses for single parent households.</td>
</tr>
<tr>
<td>Median income for families is slightly lower in Pima County than in the State with a higher percent of the population living in poverty. Ajo, Drexel Heights, and Sunnyside have over 35% of children 0-5 living in poverty.</td>
<td>Consider encouraging stakeholders to target job training and employment programs to help increase employment and median incomes.</td>
</tr>
<tr>
<td>In Pima County, almost double the percent of Native Hawaiian and Other Pacific Islanders live below the federal poverty level compared to the State. This percentage gap is even larger for children under 5.</td>
<td>Ensure social service resources for the Native Hawaiian and Other Pacific Islander populations.</td>
</tr>
</tbody>
</table>
EDUCATIONAL INDICATORS
EDUCATIONAL INDICATORS

Why it Matters

Early care and education helps children thrive in school. Research shows that children who participate in early care and education programs are more likely to perform better on educational indicators such as math and reading tests, attendance rates, and discipline referrals than children who do not.\textsuperscript{27} \textsuperscript{28}

Educational indicators that affect student outcomes and are likely related to participation in early care and education include, but are not limited to, school attendance, proficiency exams, grades, graduation and dropout rates, and educational attainment. For example, poor attendance in school affects student outcomes because it limits children from gaining knowledge and thriving in an academic setting. Research indicates an association between high school dropout rates and poor attendance as early as kindergarten; on average, dropouts have missed 124 days of school by the time they reach 8th grade.\textsuperscript{29} In addition, irregular attendance influences school budgets and could potentially lead to fewer funds for essential classroom needs.\textsuperscript{30}

Notably, children’s participation in quality early care and education can also yield lifelong benefits. Improved performance on standardized tests and lower drop out rates in turn increases children’s likelihood of graduating from high school, earning higher monthly earnings, and owning a home. Research shows that high-quality early care and education programs can reduce disparities in college graduation, educational attainment, and wages.\textsuperscript{31} Research has also shown that students dropping out of high school have an increased likelihood of earning less than high school graduates, being unemployed, receiving public assistance, and a higher chance of being incarcerated, therefore likely to confront more barriers while raising a family.\textsuperscript{32} Essentially, a child’s enrollment in early learning provides short-term and long-term benefits that will contribute to the child successfully transitioning into and prospering in adulthood.

\begin{thebibliography}{99}
\end{thebibliography}
What the Data Tell Us

Student Attendance
Between 2019 and 2020, across 1\textsuperscript{st} through 3\textsuperscript{rd} grades, the state, Pima County, and the FTF Pima South Region experienced a decrease in the percentage of students missing ten or more days of school (Exhibit 3.1). The higher the grade level, the lower the rate of absences. There are many potential explanations for such findings, including that younger children may get sick more frequently than older children, parents may be more willing to let their children miss school in earlier years, or that the perception of the value of education changes as children grow. As for the percentage change from 2019 to 2020, it is possible that it was easier for students to attend virtual learning than attending in-person learning.

![Exhibit 3.1. Percentage of students absent ten or more days from school](image)

*Data available by school district

Early Achievement
Almost 50\% of preschool-aged children in the FTF Pima South Region (46\%) are enrolled in private or public school (i.e., nursery school, preschool, or kindergarten), which is lower than Arizona (65\%) and Pima County (57\%, Exhibit 3.2).

![Exhibit 3.2. Percent of children ages 3-4 enrolled in nursery school, preschool, or kindergarten](image)

U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003
Research shows that preschool attendance has an effect on future academic performance, specifically English and math scores. The English Language Arts (ELA) assessment results of the AzMERIT showed that 44% of all third graders in the FTF Pima South Region scored “proficient” or “highly proficient”, which is comparable to both Pima County and Arizona (Exhibit 3.3). Slightly more third graders scored “proficient” or highly proficient” on the math assessment test in the FTF Pima South Region (50%), which is again comparable to both Pima County and the State (Exhibit 3.4). Although math assessment results are slightly higher than the ELA assessment results, more than half of all third graders are not meeting the proficiency standard for the two subjects.

Exhibit 3.3. 2019 AzMERIT English Language Arts assessment results for 3rd grade students

Exhibit 3.4. 2019 AzMERIT Math assessment results for 3rd grade students

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For the 2020-21 school year, the AZMERIT changed the name to AzM2.\textsuperscript{34} For the third grade assessment, the content areas and design were similar to the AZMERIT. In the 2021 school year, fewer students participated in the state assessments (88\% to 90\% of students) so it is impossible to know how the students that did not participate would perform. The ELA assessment results of the AzM2 demonstrated that about 33\% of all third graders in Pima County scored “proficient” or “highly proficient”, which is about two percentage points lower than Arizona (Exhibit 3.5).\textsuperscript{35} An equal percentage, 33\%, of third graders scored “proficient” or highly proficient’ on the math assessment test in Pima County, three percentage points lower than the statewide results (Exhibit 3.6). The COVID-19 pandemic-related school disruptions were most likely a key reason for the decrease in statewide assessments from 2019. There were numerous learning disruptions from the pandemic that may have impacted students’ learning, such as technology access, online learning fatigue, losing family members, caregivers losing jobs, social isolation, and mental health.\textsuperscript{36}

\begin{table}[h]
\centering
\begin{tabular}{|c|c|}
\hline
\textbf{Arizona} & \textbf{Pima County} \\
\hline
52\% & 53\% \\
\hline
13\% & 13\% \\
\hline
25\% & 24\% \\
\hline
10\% & 9\% \\
\hline
\end{tabular}
\caption{2021 AzM2 English Language Arts assessment results for third grade students}
\end{table}

\textit{Arizona Department of Education (2021). AzMERIT Reports. Provided by AZ FTF.}

\textsuperscript{34} No statewide assessments were given in the 2019-2020 school year.

\textsuperscript{35} 2020-21 data was not available at the regional level.

High School Graduation & Dropout Rates
Between 2017 and 2019, high school graduation rates remained steady for the FTF Pima South Region, Pima County, and Arizona. In 2019, 79% of students graduated within four-years in the region which is similar to both the county and state levels (Exhibits 3.7). From 2019-2020, the rate of students dropping out of high school in the Pima South Region dropped from 3.0 to 2.0 (Exhibit 3.9).

Exhibit 3.6. 2021 AzM2 Math assessment results for third grade students

Exhibit 3.7. 2017-2019 High school graduation rates: 4-year cohort


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

**The four-year graduation rate counts a student who graduates with a regular high school diploma in four years or less as a high school graduate in his or her original cohort
In the FTF Pima South Region, 84% of adults ages 25 and older have completed at least a high school education, which is a higher percentage than the County and State (Exhibit 3.10). In 2019, approximately 15% of infants were born to mothers who did not complete a high school education (Exhibit 3.11). Those with higher levels of education typically earn more and have lower rates of unemployment compared to those with lower education.  

Exhibit 3.11. 2019 Percentage of live births by mother’s educational attainment

EDUCATIONAL INDICATORS HIGHLIGHTS

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

<table>
<thead>
<tr>
<th>Assets</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>The high school graduation rates of adults in the region are higher than the County and State.</td>
<td>Increase awareness for parents to support each other and share knowledge and attitudes around the importance of education.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Needs</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>AzMERIT reports show that more than half of third graders are not meeting proficiency standards for English Language Arts and Math.</td>
<td>Increase parent outreach and awareness of early education programs to support learning and school readiness from an early age.</td>
</tr>
</tbody>
</table>
EARLY LEARNING
EARLY LEARNING

Why it Matters

Early learning fosters children’s development and well-being at a critical time in their lives. Early learning is supported by early care and education (ECE), a constellation of all formal and informal educational programs and strategies designed to contribute to the growth and development of children from birth through age five.\(^38\) Research suggests that the first five years of life are considered to be the most crucial stage in children’s development, as they undergo the most rapid phase of growth during that period.\(^39\) Research also shows that when children participate in high-quality learning environments, they learn and develop important skills and abilities such as motivation, self-control, focus and self-esteem. These skills prepare them for educational achievement later in life and reduce the need for special education programs.\(^40\) In addition, research shows that investments in ECE have long-term health effects, helping to prevent disease and promote health.\(^41,\)\(^42\) For disadvantaged families, early childhood programs have benefits on health, future wages, crime reduction, and education.\(^43\) Children who participate in early care and education programs are better prepared for kindergarten, have greater success in elementary school, and are more likely to graduate from high school and prosper well into adulthood.\(^44,\)\(^45\)

Key indicators of early learning that help identify the needs of children include, but are not limited to, the availability of ECE centers and homes; enrollment in ECE programs; compensation and retention of ECE professionals; costs of child care and availability of child care subsidies or scholarships; and capacity to serve children with special needs.


What the Data Tells Us

Early Care and Education

There are 292 ECE centers and homes with a capacity of 14,501 children in the FTF Pima South Region (Exhibit 4.1). Although the total licensed capacity may be high, the actual facility may not choose to enroll the total number of children they are licensed to serve. The number of children served mainly depends on the center’s ability to meet the adult to child ratio, which varies by child’s age and must comply with licensing requirements. The licensed ECE locations in the region are mapped in Exhibit 4.2.

Exhibit 4.1. Childcare capacity

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of ECE facilities</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>292</td>
<td>14,501</td>
</tr>
<tr>
<td>Ajo</td>
<td>4</td>
<td>82</td>
</tr>
<tr>
<td>Amado</td>
<td>4</td>
<td>108</td>
</tr>
<tr>
<td>Drexel Heights</td>
<td>85</td>
<td>2,694</td>
</tr>
<tr>
<td>Rita Ranch</td>
<td>27</td>
<td>2,306</td>
</tr>
<tr>
<td>Sahuarita</td>
<td>29</td>
<td>2,132</td>
</tr>
<tr>
<td>Sunnyside</td>
<td>126</td>
<td>5,701</td>
</tr>
<tr>
<td>Vail</td>
<td>17</td>
<td>1,478</td>
</tr>
<tr>
<td>Pima County</td>
<td>978</td>
<td>69,372</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>4,307</td>
<td>395,787</td>
</tr>
</tbody>
</table>

*Data not available for the sub-region.

Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.
As previously mentioned, 46% of children between the ages of three and four are enrolled in ECE programs in the FTF Pima South Region (Exhibit 3.2). This is much lower than what is presumably needed to meet the demand for child care since 66% of children live in a household where all adults are employed (Exhibit 2.4). Parents who do not have access to stable child care may find themselves missing work to care for their children. In addition, research has consistently demonstrated that lack of access to child care has negative effects on families and decreases parents’ chances of sustaining employment.46

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Quality of Early Care and Education

Quality First is a signature program of FTF that is designed to improve the quality of early learning for children birth to age five. Quality First partners with ECE providers across Arizona to provide coaching and funding that is meant to improve the quality of their services. Quality First implemented a statewide standard of quality for ECE programs along with associated star ratings. The star ratings allow parents to easily take quality into consideration when deciding on care providers. The star ratings range from one to five indicating the level of quality and attainment of quality standards. 47 In the FTF Pima South Region, a total of 67 child care providers participated in Quality First, 78% of which were quality-level settings (public 3-5 stars), and 2,887 children were enrolled at a Quality First provider site in the Region. Of all children enrolled at a Quality First provider site in the region, 82% were enrolled at a quality-level setting (public 3-5 stars) (Exhibit 4.3). In 2020, 279 children received Quality First scholarships (not shown).

**Highest Quality**
Far exceeds quality standards

**Quality Plus**
Exceeds quality standards

**Quality**
Meets quality standards

**Progressing Star**
Approaching quality standards

**Rising Star**
Committed to quality improvement

**No Rating**
Program is enrolled in Quality First but does not yet have a public rating

---

There is a total of 70 Quality First sites across the Pima South Region (Exhibit 4.4). Overall, many sites (n=35) have at least a 3-star rating, which is given to programs that “meet quality standards.” Moreover, three of the sites have a 5-star rating indicating that they are “committed to quality improvement,” the highest star rating.

### Exhibit 4.4. Numbers and capacities of Quality First sites, 2020, by star rating

<table>
<thead>
<tr>
<th></th>
<th>Number and capacity of 1-star QF sites</th>
<th>Number and capacity of 2-star QF sites</th>
<th>Number and capacity of 3-star QF sites</th>
<th>Number and capacity of 4-star QF sites</th>
<th>Number and capacity of 5-star QF sites</th>
<th>Number and capacity of QF sites not publicly rated</th>
<th>Total number and total capacity of all QF sites</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pima South Region</strong></td>
<td>0</td>
<td>8</td>
<td>27</td>
<td>19</td>
<td>735</td>
<td>22</td>
<td>286</td>
</tr>
<tr>
<td><strong>Pima County</strong></td>
<td>0</td>
<td>32</td>
<td>79</td>
<td>42</td>
<td>2,297</td>
<td>16</td>
<td>961</td>
</tr>
<tr>
<td><strong>ARIZONA</strong></td>
<td>0</td>
<td>161</td>
<td>10,800</td>
<td>360</td>
<td>21,393</td>
<td>296</td>
<td>3,659</td>
</tr>
</tbody>
</table>

Costs of Child Care & Access

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

Across the state, Pima County and the Pima South Region, licensed centers have the highest cost per day, certified group homes have the second highest cost per day, and approved family homes have the lowest cost per day (Exhibit 4.5). The median cost per day of licensed centers and certified group homes in the Pima South Region are very similar to those across the county and state. High child care prices
likely place a financial strain on families who already report barely making ends meet and having difficulty affording housing and food.

The median cost for one infant in the Pima South Region totals $32 a day for licensed centers and approximately $30 a day for approved family homes and certified group homes. Compared to the median income of two-parent families in Pima County with children under 18 (Exhibit 2.7), licensed centers comprise approximately 13%-16% and approved family homes and certified group homes comprise about nine to eleven percent of the regional median income.

Exhibit 4.5. 2018 Median cost per day of early childhood care

<table>
<thead>
<tr>
<th>Cost for one infant Licensed Centers</th>
<th>Arizona</th>
<th>Pima County</th>
<th>Pima South Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>$43.03</td>
<td>$43.03</td>
<td>$32.00</td>
<td></td>
</tr>
<tr>
<td>Cost for one infant Approved Family Homes</td>
<td>$20.00</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Cost for one infant Certified Group Homes</td>
<td>$30.00</td>
<td>$30.00</td>
<td>$28.00</td>
</tr>
<tr>
<td>Cost for one child (1-2) Licensed Centers</td>
<td>$38.00</td>
<td>$38.25</td>
<td>$30.50</td>
</tr>
<tr>
<td>Cost for one child (1-2) Approved Family Homes</td>
<td>$20.00</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Cost for one child (1-2) Certified Group Homes</td>
<td>$28.00</td>
<td>$28.00</td>
<td>$28.00</td>
</tr>
<tr>
<td>Cost for one child (3-5) Licensed Centers</td>
<td>$33.00</td>
<td>$33.47</td>
<td>$34.00</td>
</tr>
<tr>
<td>Cost for one child (3-5) Approved Family Homes</td>
<td>$20.00</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Cost for one child (3-5) Certified Group</td>
<td>$28.00</td>
<td>$28.00</td>
<td>$27.50</td>
</tr>
</tbody>
</table>

*Provided by AZ FTF.*

From 2019-2020, Arizona, Pima County and the FTF Pima South Region all experienced a slight decrease in the number of children eligible for child care subsidies (Exhibit 4.6). During the same time period, the state, Pima County, and the FTF Pima South Region experienced a decrease in the percentage of eligible children receiving child care subsidies. For example, in the Pima South Region in 2019, 93% of children that were eligible for child care subsidies received subsidies compared to 84% of children in 2020.
Department of Child Safety (DCS)-involved children had similar trends as there was a decrease in the number of children eligible and receiving child care subsidies across the state, county and region (Exhibit 4.7). In 2019, in the Pima South Region, 85% of DCS-involved children that were eligible for child care subsidies received subsidies compared to 64% of children in 2020.

The proportion of eligible families not using child care subsidies remained steady between 2017 to 2019, but increased in 2020 across the state, county and region. In 2020, 16% of families in the Pima South Region did not use their child care subsidies compared to four percent of families in 2017 (Exhibit 4.8).
Developmental Delays and Special Needs

Advances in teaching young children with special needs reflect significant changes in public policy and professional philosophy across the nation. There are diverse perspectives on how to effectively teach young children with developmental delays and special needs. The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities. Infants and toddlers with disabilities (ages zero to two) and their families receive early intervention services under IDEA Part C. Children and youth (ages three to 21) receive special education and related services under IDEA Part B.

Arizona Early Intervention Program (AzEIP) is a statewide system that offers services and assistance to families and their children with disabilities or developmental delays under the age of three. The purpose of the program is to intervene at an early stage to help children develop to their highest potential. Research shows that children and youth with mild intellectual disabilities are behind in academic skills compared to their peers. Without proper intervention, this can lead to delays in learning to read and perform basic math and to further difficulties in other academic areas that require use of those skills. A child is eligible for AzEIP if he/she is between birth and 36 months of age and is developmentally delayed or has an established condition that has a high probability of resulting in a developmental delay,

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US Department of Education: Office of Special Education and Rehabilitative Services. Retrieved from [https://www2.ed.gov/about/offices/list/osep/osep-idea.html](https://www2.ed.gov/about/offices/list/osep/osep-idea.html)


as defined by the State. A child is considered to be developmentally delayed when s/he has not reached 50% of the milestones expected at her/his chronological age in one or more of the areas of development: cognitive, physical, communication, social or emotional, or adaptive.

From 2018-2020, Pima South Region and Arizona experienced a decrease in the number of children receiving AzEIP referrals (Exhibit 4.9). Compared to 2019, the number of children receiving referrals in the Pima South Region in 2020 decreased by 100 children. In the Pima South Region, of those who received referrals to AzEIP, about 20% received services.

<table>
<thead>
<tr>
<th>Year</th>
<th>Referrals</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>509</td>
<td>113</td>
</tr>
<tr>
<td>2019</td>
<td>541</td>
<td>117</td>
</tr>
<tr>
<td>2020</td>
<td>441</td>
<td>115</td>
</tr>
</tbody>
</table>

Exhibit 4.9. 2018-2020 Children receiving AzEIP referrals and services in Pima South Region

To qualify for Division of Developmental Disabilities (DDD) services an individual must have a cognitive disability, cerebral palsy, autism, epilepsy, or be at risk for a developmental disability. Children under the age of six are eligible if they show significant delays in one or more of these areas of development.

Exhibit 4.10. 2018-2020 Children receiving AzEIP referrals and services in Arizona

<table>
<thead>
<tr>
<th>Year</th>
<th>Referrals</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>10,535</td>
<td>2,421</td>
</tr>
<tr>
<td>2019</td>
<td>11,190</td>
<td>2,641</td>
</tr>
<tr>
<td>2020</td>
<td>9,794</td>
<td>2,172</td>
</tr>
</tbody>
</table>

To qualify for Division of Developmental Disabilities (DDD) services an individual must have a cognitive disability, cerebral palsy, autism, epilepsy, or be at risk for a developmental disability. Children under the age of six are eligible if they show significant delays in one or more of these areas of development.

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Early Learning

development: physical, cognitive, communication, social-emotional, or self-help. Between 2017 to 2020, the rates of children receiving referrals and services through the DDD were similar for Arizona and the Pima South Region (Exhibit 4.11). Overall, across Arizona and the Pima South Region, the number of referrals increased from 2017 to 2018 and 2019 but decreased in 2020. In addition, the number of children receiving services peaked in 2018 across the state and region but declined in 2019.

Exhibit 4.11. 2017-2020 Number of children (0-5) receiving referrals, screenings, and services from the Division of Developmental Disabilities in Arizona and Pima South Region

Arizona

<table>
<thead>
<tr>
<th>Year</th>
<th>Referrals</th>
<th>Screenings</th>
<th>Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>5,478</td>
<td>6,163</td>
<td>222</td>
</tr>
<tr>
<td>2018</td>
<td>5,520</td>
<td>6,123</td>
<td>216</td>
</tr>
<tr>
<td>2019</td>
<td>4,005</td>
<td>4,078</td>
<td>138</td>
</tr>
<tr>
<td>2020</td>
<td>5,700</td>
<td></td>
<td>150</td>
</tr>
</tbody>
</table>

Pima South Region

<table>
<thead>
<tr>
<th>Year</th>
<th>Referrals</th>
<th>Screenings</th>
<th>Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>1,607</td>
<td>1,723</td>
<td>55</td>
</tr>
<tr>
<td>2018</td>
<td>1,723</td>
<td>1,908</td>
<td>64</td>
</tr>
<tr>
<td>2019</td>
<td>1,908</td>
<td></td>
<td>73</td>
</tr>
<tr>
<td>2020</td>
<td>1,673</td>
<td></td>
<td>77</td>
</tr>
</tbody>
</table>

Arizona Department of Economic Security (2020). Division of Developmental Disabilities. Provided by AZ FTF.

Special Education

In 2020, the most common types of disabilities for preschool children were developmental delays and speech/language impairments (Exhibit 4.12). Across Pima South, some districts had high concentrations of preschool students with special needs. In the Altar Valley Elementary District, 67% or more preschool students in special education had a speech or language impairment. Moreover, a high percentage of preschool students in special education had a developmental delay at Sahuarita Unified (45%) and Sunnyside Unified District (43%).

For students in kindergarten to 3rd grade within Pima County in 2020, 13% were enrolled in special education. This percentage was consistent with the state (12%). Similar to the disabilities of preschool children, the most common disabilities for students in kindergarten to 3rd grade were developmental delays and speech/language impairments (not shown).
### Exhibit 4.12. Types of disabilities among preschoolers in special education, 2020

<table>
<thead>
<tr>
<th>District</th>
<th>Developmental Delay</th>
<th>Hearing Impairment</th>
<th>Other</th>
<th>Preschool Severe Delay</th>
<th>Speech/Language Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region Schools</td>
<td>33%</td>
<td>&lt;2%</td>
<td>-</td>
<td>26%</td>
<td>41%</td>
</tr>
<tr>
<td>Altar Valley Elementary District</td>
<td>33%</td>
<td>&lt;2%</td>
<td>&lt;2%</td>
<td>&lt;2%</td>
<td>67%</td>
</tr>
<tr>
<td>Continental Elementary District</td>
<td>33%</td>
<td>7%</td>
<td>&lt;2%</td>
<td>&lt;2%</td>
<td>60%</td>
</tr>
<tr>
<td>Sahuarita Unified District</td>
<td>45%</td>
<td>&lt;2%</td>
<td>&lt;2%</td>
<td>12%</td>
<td>43%</td>
</tr>
<tr>
<td>Sunnyside Unified District</td>
<td>43%</td>
<td>&lt;2%</td>
<td>&lt;2%</td>
<td>28%</td>
<td>29%</td>
</tr>
<tr>
<td>Tucson Unified District</td>
<td>30%</td>
<td>&lt;2%</td>
<td>&lt;2%</td>
<td>10%</td>
<td>60%</td>
</tr>
<tr>
<td>Vail Unified District</td>
<td>23%</td>
<td>&lt;2%</td>
<td>&lt;2%</td>
<td>38%</td>
<td>39%</td>
</tr>
<tr>
<td>Pima County Schools</td>
<td>39%</td>
<td>2%</td>
<td>4%</td>
<td>17%</td>
<td>38%</td>
</tr>
<tr>
<td>All Arizona Schools</td>
<td>43%</td>
<td>&lt;2%</td>
<td>&lt;2%</td>
<td>20%</td>
<td>34%</td>
</tr>
</tbody>
</table>

**Arizona Department of Education (2020).** [Special education]. Unpublished data.

*Note:* The school-district data in this table include only the schools that are located within the Pima South Region.

*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.)
**EARLY LEARNING HIGHLIGHTS**

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

<table>
<thead>
<tr>
<th>Assets</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality First has been increasing the quality of child care programs in the region. Seventy-eight percent are quality-level settings (public 3-5 stars).</td>
<td>Support Quality First efforts in the region to continue to increase the opportunities for children to receive quality early care and education experiences.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Needs</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 2019, 93% of children that were eligible for child care subsidies received subsidies compared to 84 percent of children in 2020. Eighty-five percent of DCS-involved children that were eligible for child care subsidies received subsidies compared to 64% of children in 2020.</td>
<td>Identify gaps in child care subsidies to ensure that children in need are receiving these subsidies.</td>
</tr>
<tr>
<td>Across Pima South districts, there were districts with high concentrations of preschool students with special needs. In the Altar Valley Elementary District, 67% or more preschool students in special education had a speech or language impairment. Moreover, a high percentage of preschool students in special education had a developmental delay at Sahuarita Unified (45%) and Sunnyside Unified District (43%).</td>
<td>Work with school districts to refer children identified with special needs to support services.</td>
</tr>
</tbody>
</table>
CHILD HEALTH
CHILD HEALTH

Why it Matters

Ensuring healthy development through early identification and treatment of children’s health issues helps families understand healthy developmental pathways and how health issues affect children and their school readiness.\textsuperscript{53} There are many health factors that impact the well-being of young children and their families. Research has shown that high quality prenatal care improves maternal health and health behaviors during pregnancy and after childbirth.\textsuperscript{54} For example, during prenatal care visits, expectant mothers are provided with information and resources to promote a healthy pregnancy and increase the healthy development of their child. At routine prenatal visits, physicians often remind expectant mothers of the importance of abstaining from substance use, maintaining a healthy diet, and the benefits of breastfeeding, all of which influence a baby’s development. For example, maternal overweight and obesity have been associated with risks of gestational diabetes mellitus, caesarean delivery, large for gestational age, pre-eclampsia, preterm birth, and admission to special care nursery or intensive care unit.\textsuperscript{55}

Engaging in healthy preventative practices, such as breastfeeding and vaccinating children during early childhood, may help protect children from negative health outcomes and developmental delays. Breastfeeding provides children with the nutrition they need early in life.\textsuperscript{56} Children who have not been vaccinated are at a higher risk of contracting diseases and tend to have more health issues later in life. Research has found that it is important for children to receive their immunizations early in life. Children under the age of five are at the highest risk of contracting severe illnesses because their bodies have not built a strong immune system yet.\textsuperscript{57} Another factor that may impact health outcomes and may be deemed less important by parents is early screening for hearing loss. According to the Center for Disease Control and Prevention (CDC), hearing loss can impact a child’s ability to develop communication, language, and social skills.\textsuperscript{58} Fortunately, early screening for hearing loss can connect children with services that can increase the likelihood of the child reaching their full potential.

This chapter provides an overview of the health indicators for this region that highlight the well-being of children under age six and their families. Healthy People 2030 (HP 2030) set 10-year national objectives for improving the health of all Americans. Healthy People established these benchmarks to encourage collaborations across communities and sectors, empower individuals to make informed health decisions, and measure the impact of prevention activities. When appropriate, these benchmarks will be presented throughout this chapter as comparison points for local indicators.

**What the Data Tells Us**

**Access to Health Services**

One indication of people’s access to health services is whether they have health insurance coverage that helps make health care affordable. When children lack health insurance, they are at risk of poor health outcomes and long-term complications if their families avoid or delay medical care because of cost. The HP 2030 target is for 92.1% of Americans to have medical insurance by 2030. In 2019, 89% of the population living in poverty in Pima South Region had health insurance, which is less than the HP 2030’s targeted goal. In 2019, six percent of children under age six living in poverty in the Pima South Region did not have any health insurance (Exhibit 5.1). Subregions with the highest proportions of uninsured children were Sunnyside (9%) and Drexel Heights (7%), while Amado and Three Points had no children without health insurance.

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In terms of payers of the medical costs associated with births, FTF South Region, approximately half of all births in 2019 were covered by public insurance (primarily Arizona’s Medicaid program—the Arizona Health Care Cost Containment System, or AHCCCS). An additional 40% were covered by private insurance and three percent paid with their own funds outside of insurance. Very few (1%) were covered by Indian Health Services (IHS). These trends are similar to payment types in Pima County and Arizona overall (Exhibit 5.2).
From 2016-2020, in the FTF Pima South Region, there were 102 non-fatal inpatient hospitalizations and 8,240 non-fatal emergency department visits for children ages 0-4 (Exhibit 5.3). Male children were more likely to be injured than female children (Exhibit 5.4).

The most common reasons for non-fatal emergency department visits were falling or being struck by or against an object (Exhibit 5.5). Accidents such as these further emphasize the importance of health
insurance coverage for families and their children, as rapid medical response can prevent long term or more severe health complications later in life.

**Exhibit 5.5. Non-fatal emergency department visits by type of injury for children under six years old in the Pima South Region**

<table>
<thead>
<tr>
<th>Type of Injury</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>3,669</td>
<td></td>
</tr>
<tr>
<td>Struck by, Against</td>
<td>1,070</td>
<td></td>
</tr>
<tr>
<td>Poisoning</td>
<td>418</td>
<td></td>
</tr>
<tr>
<td>Natural/Environmental</td>
<td>699</td>
<td></td>
</tr>
<tr>
<td>Cut/Pierce</td>
<td>261</td>
<td></td>
</tr>
<tr>
<td>Fire/Hot Objects or Substance</td>
<td>165</td>
<td></td>
</tr>
<tr>
<td>Overexertion</td>
<td>178</td>
<td></td>
</tr>
<tr>
<td>MV Traffic</td>
<td>236</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1,609</td>
<td></td>
</tr>
</tbody>
</table>

*Other includes transportation, unknown, pedestrian, machinery, or drowning.

In 2018 and 2019 in the Pima South Region, the total number of childhood deaths for children 0 to 17 years old remained consistent (Exhibit 5.6). The majority of childhood deaths in both years occurred in young children ages 0 to 4 (67% and 58% respectively).

**Exhibit 5.6. 2018-2019 total number of deaths for children 0-17 in Pima South Region**

![Chart showing the number of deaths in 2018 and 2019](chart.jpg)

Asthma and diabetes are chronic diseases that often affect children. An examination of children’s hospitalization data for these conditions helps show the disease burden among children in the FTF region compared to the county and state.

From 2016 to 2020, asthma led to a total of 302 inpatient hospitalizations for children 0 to 14 years old in the Pima South Region (Exhibit 5.7). Children 0 to 14 that were hospitalized for asthma were most likely to identify as male (63%) and Hispanic or Latino/a (58%) (not shown). Throughout the Pima South Region, 40% of children inpatient hospitalizations for asthma were 0 to 4 years old.

<table>
<thead>
<tr>
<th></th>
<th>#Inpatient hospitalization of children 0-4</th>
<th>#Inpatient hospitalization of children 0-14</th>
<th>Percent of children inpatient hospitalization that were 0-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>121</td>
<td>302</td>
<td>40%</td>
</tr>
<tr>
<td>Pima County</td>
<td>427</td>
<td>930</td>
<td>46%</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>2,214</td>
<td>5,672</td>
<td>39%</td>
</tr>
</tbody>
</table>

*cell suppressed due to small size (less than 6)

From 2016 to 2020, in the Pima South Region, diabetes led to a total of 11 inpatient hospitalizations and 23 emergency room visits for children 0 to 17 years old (Exhibit 5.8). The average length of hospitalization was 2.6 days.

<table>
<thead>
<tr>
<th></th>
<th>#Inpatient hospitalizations</th>
<th>Average length of stay (days) for hospitalization</th>
<th>#Emergency room visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>11</td>
<td>2.6</td>
<td>23</td>
</tr>
<tr>
<td>Pima County</td>
<td>36</td>
<td>2.7</td>
<td>77</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>150</td>
<td>3.0</td>
<td>1,002</td>
</tr>
</tbody>
</table>

Pregnancies and Birth

In 2019, Pima South Region residents gave birth to 3,253 babies, which was 31% of all babies born in Pima County and four percent of all births in the state (Exhibit 5.9).
Exhibit 5.9. Live births during calendar year 2019, by mother’s place of residence

<table>
<thead>
<tr>
<th>Total number of births to Arizona-resident mothers in 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
</tr>
<tr>
<td>Pima County</td>
</tr>
<tr>
<td>ARIZONA</td>
</tr>
</tbody>
</table>


Characteristics of People Giving Birth
More than 3,000 people who gave birth in the Pima South Region in 2019, 65% were Hispanic or Latino/a, 27% were white, non-Hispanic, three percent were Black or African American, three percent were American Indian or Alaska Native and two percent were Asian or Pacific Islander (Exhibit 5.10). New mothers in the Pima South Region had a slightly lower level of educational attainment (53% had some education beyond high school) than all mothers in the county and state (Exhibit 5.11).

Exhibit 5.10. Race and ethnicity of mothers giving birth in 2019

The population of new mothers in the Pima South Region was also similar to their counterparts across the county and statewide on other attributes. About seven percent were in their teens (Exhibit 5.12). In Pima South, more than half of births (53%) were to mothers relying on AHCCCS or Indian Health Service (IHS) coverage, which was similar to the county (51%) and statewide (50%). In addition, a similar proportion of mothers in Pima South reported tobacco use during pregnancy (4%) compared to the statewide (4%) proportion (Exhibit 5.13).

Another aspect of maternal health that is linked to both birth outcomes and a child’s subsequent health is maternal obesity. Obesity has been a concern in the US due to associated health outcomes, such as
higher risks for diabetes, cancer, and heart disease. Diabetes has also been associated with many negative health complications such as blindness, kidney failure, and amputation of limbs.

According to the College of Obstetricians and Gynecologists (ACOG), mothers who are obese during pregnancy are at higher risk of developing gestational diabetes, preeclampsia, and sleep apnea. According to the CDC, diabetes and obesity can largely be prevented by increasing physical activity and maintaining a healthy diet. HP 2030 aims to reduce the proportion of adults who are obese to 36% and the proportion of children and adolescents who are obese to 16%. In Arizona overall, the percentage of adults with obesity was 31% in 2019. Among racial and ethnic groups, American Indians and Alaska Natives adults had the highest rates of obesity (58%) followed by Black adults (38%) and Hispanic adults (36%, Exhibit 5.14).

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>58%</td>
</tr>
<tr>
<td>Black</td>
<td>38%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>36%</td>
</tr>
<tr>
<td>White</td>
<td>29%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>19%</td>
</tr>
<tr>
<td>Asian</td>
<td>14%</td>
</tr>
<tr>
<td>Other</td>
<td>20%</td>
</tr>
</tbody>
</table>

Exhibit 5.14. Percentage of adults with obesity in Arizona by Race/Ethnicity, 2019


In 2020, in the Pima South Region, and in the county and state as a whole, around 65% of mothers participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) reported being overweight or obese pre-pregnancy (Exhibit 5.15). The rate of mothers being overweight or obese pre-pregnancy has grown slightly from 2017 to 2020.

---

Compared to the proportion of mothers participating in WIC who reported being overweight or obese pre-pregnancy in 2020 in the Pima South Region (68%, Exhibit 5.15), children participating in WIC were less likely to be obese. In the Pima South Region, the percentage of children participating in WIC that were obese or overweight was 33% in 2020. This proportion was slightly higher than in Pima County (31%) and Arizona (32%). Across the region, state and county, about six of ten children are considered to be normal weight (Exhibit 5.16). Over time, the proportion of children with obesity has remained consistent from 2017 and 2020 (Exhibit 5.17). This pattern is also similar throughout the county and state.

Exhibit 5.16. WIC children's weight status (ages 2 to 5), 2020

Exhibit 5.17. WIC children's obesity rates (ages 2 to 5), 2017 to 2020

<table>
<thead>
<tr>
<th>Region</th>
<th>Childhood obesity rate, 2017</th>
<th>Childhood obesity rate, 2018</th>
<th>Childhood obesity rate, 2019</th>
<th>Childhood obesity rate, 2020</th>
<th>Percentage change from 2017 to 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>32%</td>
<td>32%</td>
<td>34%</td>
<td>32%</td>
<td>0%</td>
</tr>
<tr>
<td>Pima County</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>31%</td>
<td>+1%</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>30%</td>
<td>30%</td>
<td>31%</td>
<td>32%</td>
<td>+2%</td>
</tr>
</tbody>
</table>


Prenatal Care

Research suggests that a lack of prenatal care is associated with many negative health issues for both the mother and the child.66 Research also shows that children of mothers who did not obtain prenatal care were three times more likely to have a low birth weight and five times more likely to die in infancy than those born to mothers who did receive prenatal care.57 In addition, studies show that women who are at the highest risk of not receiving prenatal care are mothers younger than 19 years old and single mothers.68, 69 Educational attainment has also been associated with mothers receiving prenatal care, such that the higher a mother’s educational attainment, the more likely they are to seek prenatal care.70 It is important that mothers seek and receive prenatal care at an early stage in their pregnancy so physicians can treat and prevent any health issues that may occur.71

HP 2030 aims to bring the proportion of pregnant women who receive early and adequate prenatal care to 80.5%.72 In the FTF Pima South Region, 63% of women began their prenatal care in the first trimester with 23% receiving 13 or more visits (Exhibit 5.18).

---

Exhibit 5.18. Live births during calendar year 2019, by number of prenatal visits

<table>
<thead>
<tr>
<th></th>
<th>No visits</th>
<th>1 to 4 visits</th>
<th>5 to 8 visits</th>
<th>9 to 12 visits</th>
<th>13 or more visits</th>
<th>Percent of births with fewer than five prenatal care visits</th>
<th>Percent of births with prenatal care begun in first trimester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>6%</td>
<td>9%</td>
<td>23%</td>
<td>39%</td>
<td>23%</td>
<td>15%</td>
<td>63%</td>
</tr>
<tr>
<td>Pima County</td>
<td>6%</td>
<td>9%</td>
<td>22%</td>
<td>39%</td>
<td>24%</td>
<td>15%</td>
<td>64%</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>3%</td>
<td>6%</td>
<td>18%</td>
<td>43%</td>
<td>29%</td>
<td>8%</td>
<td>69%</td>
</tr>
</tbody>
</table>


Additional factors that place mothers at-risk of not receiving prenatal care, such as teen pregnancy, have remained steady. In the FTF Pima South Region, the percentage of teen mothers increased slightly from 2018-2019; however, this indicator at the state level decreased (Exhibit 5.19).

Exhibit 5.19. Percentage of mothers who were 19 years old or younger


**Birth Outcomes**

Birth outcomes for babies from the Pima South Region were similar to babies born in the county and statewide. In the region, in 2019, eight percent of babies were low birth weight (Exhibit 5.20). Healthy People 2030 aims for fewer than nine percent of births to be born preterm; Pima South is slightly higher at ten percent. The percentage of newborns admitted to the NICU in the region (11%) was comparable to the county and slightly higher than the state (12% for county and 8% for state) (Exhibit 5.21).
Exhibit 5.20. Percentage of births with low birth weights (<2,500 g) and preterm births (<37 weeks) in 2019

![Percentage of births with low birth weights and preterm births in 2019](image)


Exhibit 5.21. NICU admissions

<table>
<thead>
<tr>
<th>Newborns admitted to intensive care unit</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>11%</td>
</tr>
<tr>
<td>Pima County</td>
<td>12%</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>8%</td>
</tr>
</tbody>
</table>


**Engaging in Healthy Preventive Practices**

The American Academy of Pediatrics recommends that mothers breastfeed for the first six months after giving birth.\(^{73}\) Breast milk has antibodies that prevent babies from getting ill and it has been show to decrease the likelihood of babies becoming obese later in life.\(^{74}\) In the Pima South Region, the percentage of mothers participating in WIC who ever breastfed their infant increased by four percentage points (76% to 80%) from 2017 to 2020. In 2020, this percentage was one percent lower than the county and two percent higher than the state (Exhibit 5.22).

\(^{73}\) American Academy of Pediatrics (2012). Breastfeeding and the Use of Human Milk. Retrieved from [http://pediatrics.aappublications.org/content/129/3/e827.full#content-block](http://pediatrics.aappublications.org/content/129/3/e827.full#content-block)

Immunizations
Routine childhood vaccinations protect children from many illnesses, including measles, mumps, polio, and whooping cough, which are all severe and potentially fatal to young children. Receiving timely vaccinations not only protects the child receiving them, but protects the community by reducing the likelihood of disease spread. In the Pima South Region, the percentage of children in child care and kindergarten who were exempt from immunizations for religious reasons was similar to the county (1%) and lower than the state (5%) (Exhibits 5.23 and 5.24). Compared to the county and state, the region was also consistent in terms of children who received Hib, DTaP, MMR, Hep B, Polio, and Varicella vaccines (Exhibit 5.25)

Exhibit 5.23. Vaccination rates and exemption rates for children in childcare

<table>
<thead>
<tr>
<th></th>
<th>Arizona</th>
<th>Pima County</th>
<th>Pima South Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children enrolled</td>
<td>3,039</td>
<td>12,960</td>
<td>85,805</td>
</tr>
<tr>
<td>Four or more DTAP</td>
<td>96%</td>
<td>97%</td>
<td>95%</td>
</tr>
<tr>
<td>Three or more Polio</td>
<td>96%</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>Two or more MMR</td>
<td>97%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Two or more HIB</td>
<td>93%</td>
<td>85%</td>
<td>96%</td>
</tr>
<tr>
<td>Two Hep A</td>
<td>85%</td>
<td>94%</td>
<td>97%</td>
</tr>
<tr>
<td>Three or more Hep B</td>
<td>96%</td>
<td>94%</td>
<td>97%</td>
</tr>
<tr>
<td>One or more Varicella</td>
<td>96%</td>
<td>96%</td>
<td>97%</td>
</tr>
<tr>
<td>Religious exemption</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Medical exemption</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

Exhibit 5.22. Percentage of mothers who ever breastfed their infant

<table>
<thead>
<tr>
<th>Year</th>
<th>Arizona</th>
<th>Pima County</th>
<th>Pima South Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>77%</td>
<td>78%</td>
<td>76%</td>
</tr>
<tr>
<td>2018</td>
<td>77%</td>
<td>80%</td>
<td>78%</td>
</tr>
<tr>
<td>2019</td>
<td>79%</td>
<td>83%</td>
<td>83%</td>
</tr>
<tr>
<td>2020</td>
<td>78%</td>
<td>81%</td>
<td>80%</td>
</tr>
</tbody>
</table>

The number of infectious disease cases per year for children under age five in Pima County increased from 854 cases in 2019 to 1,107 cases in 2020 (Exhibit 5.26). Like Pima County, Arizona experienced an increase of infectious diseases from 2019 to 2020 (8,676 cases per year to 12,095 per year). As seen in Exhibit 5.27, the most common infectious diseases in Pima County in 2020 were pertussis (34%) and varicella (14%).
Exhibit 5.26. Number of cases of infectious diseases per year for children (0-4) from 2018 to 2020 in Pima County and Arizona*

Arizona Department of Health Services (2019). Infectious Diseases. Provided by AZ FTF.
*Data was not available at the regional level.

Exhibit 5.27. Percentage of occurrence of infectious diseases for children (0-4) in 2020 in Pima County*

Arizona Department of Health Services (2019). Infectious Diseases. Provided by AZ FTF.
*Data was not available at the regional level.
CHILD HEALTH HIGHLIGHTS

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

<table>
<thead>
<tr>
<th>Assets</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the Pima South Region, the percentage of mothers participating in WIC who ever breastfed their infant on average at least once per day increased from 2017 to 2020 by four percent (76% to 80%).</td>
<td>Continue to provide public education about the benefits of breastfeeding and consider supporting workplace efforts to encourage breastfeeding practices for working mothers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Needs</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Six percent of children under age six in the Pima South Region did not have any health insurance. Highest proportions of children without health insurance were in Sunnyside (9%) and Drexel Heights (7%).</td>
<td>Work with partners to ensure access to health care for all children in the region.</td>
</tr>
<tr>
<td>HP 2030 aims to bring the proportion of pregnant women who receive early and adequate prenatal care to 80.5%. In the FTF Pima South Region, 63% of women began their prenatal care in the first trimester with 23% receiving 13 or more visits.</td>
<td>Promote the importance of early prenatal care and provide education on the impact of prenatal care on the mother and child’s future well-being.</td>
</tr>
<tr>
<td>In 2020, in the Pima South Region, and in the county and state as a whole, about 65% of mothers participating in WIC reported being overweight or obese pre-pregnancy (see Exhibit 5.12). The rate of mothers being overweight or obese pre-pregnancy has remained steady from 2017 to 2020.</td>
<td>Support programs that educate pregnant and parenting mothers about healthy eating, active living, and maintaining healthy weight.</td>
</tr>
</tbody>
</table>
FAMILY SUPPORT
FAMILY SUPPORT

Why it Matters

The first five years of life have a significant impact on children’s intellectual, social, and emotional development, and research shows that parents have a profound impact on their child’s development during this time.\textsuperscript{77} Support for young families is an essential piece of the holistic efforts around kindergarten readiness and long-term success for children. First Things First supports families through home visitation and parent outreach and education programs. Evidence-based Parenting Education and supports to improve parenting practices can reduce stressors and lead to enriched child development and reduction of removals of children from their homes.

Given the importance of the first years of life on children’s development and the role that parents can play, it is crucial for parents to receive support and access to programs that provide tools and knowledge about their child’s needs and effective parenting techniques. Providing more knowledge about parenting and child development supports parents in improving their parenting practices and providing their children with the experiences they need to succeed in kindergarten and beyond.\textsuperscript{78} Public assistance programs in the United States can play an important role in providing adequate socioeconomic conditions for families to raise their children. The Supplemental Nutrition Assistance Program (SNAP) has been associated with helping families move out of poverty, guarantee food security, and improve child health and school performance.\textsuperscript{79} Research has also shown that the Temporary Assistance to Needy Families (TANF) could prevent child maltreatment due to increased cash benefits and access that have been associated with decreased physical abuse.\textsuperscript{80} The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has reduced the prevalence of child food insecurity. Further, the revisions made to the WIC food package in October 2009 have been associated with reduced maternal preeclampsia and gestational weight gain, as well as improvements in infant gestational age and birth weight.\textsuperscript{81, 82}

Promoting a safe home environment for children is another key aspect of family support. The adverse and long-term effects of childhood trauma have become well-documented. For example, children who

\textsuperscript{78} Ibid.
are exposed to domestic violence or experience abuse or neglect are at increased risk of depression, anxiety, physical aggression, and behavior problems.\textsuperscript{83} Children who are exposed to opioid misuse are more likely to experience mental health problems, drug use, accidental opioid poisoning, substance use disorder, family dissolution, foster care placement or the death of a parent due to an opioid overdose.\textsuperscript{84} Children in foster care are particularly likely to have had trauma exposure and are more likely than other children to have poor mental and physical health.\textsuperscript{85,86} Understanding the impact of trauma has led to identifying opportunities to both prevent and mitigate its adverse effects. Opportunities include family support services like home visitation and parent education, as well as prioritizing out-of-home placements with family members or foster families before turning to congregate care in a residential facility.

\textbf{What the Data Tells Us}

\textbf{Child Safety and Domestic Violence}

Understanding the scope of child removals in a region can help policy makers and organizations better support this vulnerable group. The percentage of child removals in Pima South by the Department of Child Safety (DCS) remained fairly steady from 2018 to 2020 (Exhibit 6.1). These percentages represent the percentage of removed children in Arizona that were removed in Pima South Region.

\begin{center}
\textbf{Exhibit 6.1. Percentage of children removed in Arizona by the Department of Child Safety that resided in Pima South Region}
\end{center}

\begin{center}
\begin{tabular}{c c c}
2018 (Jul-Dec) & 10\% & 2019 & 10\% & 2020 (Jan-June) & 8\%
\end{tabular}
\end{center}


Substance Use
In 2017, the U.S. Department of Health and Human Services declared a public health emergency to address the national opioid crisis.\(^\text{87}\) While substance abuse is risky for users themselves, parents who misuse substances also expose their children to risks. Specifically, when parents use opiates or opioids, they are more likely to expose their children to maltreatment and neglect.\(^\text{88}\) Children in these situations are more likely to suffer later mental health disorders, their own substance abuse, and post-traumatic stress disorder.\(^\text{89}\)

From 2017 to 2020, 123 deaths from opioid overdose occurred in the Pima South Region, totaling two percent of opioid-related deaths in Arizona (Exhibit 6.2). In both Pima County and Arizona, the number of non-fatal overdoses from opiates or opioids increased from 2017 to 2020 (Exhibit 6.3). When parents of children and youth use opiates or opioids, then they are more likely to experience child maltreatment and neglect.\(^\text{90}\) These can lead to children suffering later mental health disorders including substance abuse and post-traumatic stress disorder.\(^\text{91}\)

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Services to Help Families

Numerous federal and local programs and services aimed at providing families with food security, including Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), National School Lunch Program (NSLP), Child and Adult Care Food Program (CACFP), Summer Food Program (SFP), and free and reduced priced lunch programs for children in schools.

Despite the prevalence of these programs, the number of children and families receiving assistance has decreased in recent years. Federal programs such as SNAP and TANF have shrunk in recent years due to the expiration of benefit increases instituted during the recession.92 These decreases come even as the number of families living in poverty has increased nationally.93 Exhibits 6.4 and 6.5 show how the number of children and families receiving SNAP benefits has decreased from 2017 to 2020 in Pima South, Pima County and Arizona. In 2020, 79% of white and 59% of Hispanic/Latino children 0-5 were enrolled in SNAP ( Exhibit 6.6).94
Similar to the SNAP benefits, the number of children and families receiving TANF benefits decreased from 2017 to 2020 in the Pima South Region, Pima County and Arizona (Exhibits 6.7 and 6.8). In 2020, approximately 700 families and 1,000 young children received TANF benefits. TANF benefits can be the primary cash assistance program for families with low incomes.95

**Exhibit 6.8. Numbers of young children (ages 0 to 5) receiving TANF benefits, 2017 to 2020**

<table>
<thead>
<tr>
<th></th>
<th>FY 2017</th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Change from 2017 to 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>1,152</td>
<td>1,120</td>
<td>940</td>
<td>946</td>
<td>-18%</td>
</tr>
<tr>
<td>Pima County</td>
<td>9,696</td>
<td>8,017</td>
<td>7,103</td>
<td>7,452</td>
<td>-16%</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>17,143</td>
<td>14,659</td>
<td>13,029</td>
<td>13,747</td>
<td>-20%</td>
</tr>
</tbody>
</table>

*Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF).*

Due to mandatory school closures during the COVID-19 pandemic in 2020, the Arizona Department of Economic Security, the US Department of Agriculture Food and Nutrition Service, and the Arizona Department of Education issued the Pandemic Electronic Benefit Transfer (P-EBT) to current SNAP households and non-SNAP households with children eligible for free and reduced price school meals. Enrolled families were given a pre-loaded EBT card to purchase groceries. The number of families with children 0 to 5 years old that were enrolled in P-EBT from March 2021 to May 2021 decreased across the Pima South Region, Pima County and Arizona. In May 2021, within the Pima South Region, P-EBT provided financial relief to 1,426 families (Exhibit 6.9).

**Exhibit 6.9. Number of families with children 0-5 enrolled in EBT, March 2021 to May 2021**

<table>
<thead>
<tr>
<th></th>
<th>March 2021</th>
<th>April 2021</th>
<th>May 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>1,758</td>
<td>1,585</td>
<td>1,426</td>
</tr>
<tr>
<td>Pima County</td>
<td>4,591</td>
<td>4,130</td>
<td>3,697</td>
</tr>
<tr>
<td>Arizona</td>
<td>36,971</td>
<td>33,431</td>
<td>30,066</td>
</tr>
</tbody>
</table>


---

Through federal grants, WIC provides nutrition, education and breastfeeding support services, supplemental nutritious foods and referrals to health and social services for women, infants, and children under five years old. In 2020, in the Pima South Region, 9,766 children under 5 were enrolled in WIC (39%). Similar to the county and state, this was a decrease from 2017 (Exhibit 6.10). Exhibit 6.11 provides a single month snapshot of participation in the program for November 2020; 90% of women, 93% of infants, and 90% of children who were enrolled in WIC in the region claimed their benefits in the month of November.

Exhibit 6.11. WIC participation rates during November 2020

<table>
<thead>
<tr>
<th>Total</th>
<th>Women</th>
<th>Infants</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region</td>
<td>91%</td>
<td>90%</td>
<td>93%</td>
</tr>
<tr>
<td>Pima County</td>
<td>91%</td>
<td>89%</td>
<td>94%</td>
</tr>
<tr>
<td>Arizona</td>
<td>89%</td>
<td>89%</td>
<td>93%</td>
</tr>
</tbody>
</table>


Note: The participation rate is the number of persons receiving WIC benefits during November 2020, divided by the total number of persons enrolled in the program.

Child and Adult Food Care Program (CACFP), National School Lunch Program (NSLP), Summer Food Program (SFP), and free and reduced priced lunch programs for children in schools provide food assistance to families that meet income eligibility. From June 2018 to June 2020, the number of children and families receiving assistance in Pima County decreased for CACFP and NSLP but increased for SFP (Exhibit 6.12).
Schools are an important part of the nutrition assistance system, especially for children experiencing food insecurity. In 2020, 57% of all public- and charter school students in the Pima South Region were eligible for free or reduced-price lunch (Exhibit 6.13). This is consistent with both the county and statewide percentages.

### Exhibit 6.13. Proportion of students (pre-kindergarten through twelfth Grade) eligible for free or reduced-price lunch, 2018 to 2020

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South Region Schools</td>
<td>58%</td>
<td>58%</td>
<td>57%</td>
</tr>
<tr>
<td>Pima County Schools</td>
<td>56%</td>
<td>55%</td>
<td>56%</td>
</tr>
<tr>
<td>All Arizona Schools</td>
<td>57%</td>
<td>56%</td>
<td>55%</td>
</tr>
</tbody>
</table>

*Arizona Department of Education (2020). [Free and reduced lunch dataset]. Unpublished data. Note: The school-district data in this table include only the schools that are located within the Pima South Region.*
FAMILY SUPPORT HIGHLIGHTS

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

<table>
<thead>
<tr>
<th>Assets</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ninety percent of women, 93% of infants, and 90% of children who were enrolled in WIC in the region claimed their benefits in the month of November.</td>
<td>Continue to provide public education about the benefits</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Needs</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Pima County and Arizona, the number of non-fatal overdoses from opiates or opioids increased from 2017 to 2020</td>
<td>Consider including substance abuse prevention resources and referrals in home visitation and parent education programs</td>
</tr>
<tr>
<td>The number of children and families receiving SNAP benefits has decreased from 2017 to 2020 in Pima South, Pima County and Arizona.</td>
<td>Consider examining alternative strategies to support food security for children and families.</td>
</tr>
</tbody>
</table>
CONCLUSION

The FTF Pima South Region has both strengths and opportunities for improvement. The region has lower employment and economic resources than other parts of the state and county. Parents in the region are educated but may benefit from more information and awareness of age-appropriate child development and the impact they have on their child’s readiness to learn and grow.

The region has many strong providers who are continuing to build a more efficient system of care dedicated to the well-being of the region’s youngest children and their families, yet could use support to overcome barriers like limited funding and competition for resources. First Things First is a great asset in the region as they play a large role in funding and supporting the area’s early childhood system. The following tables include the assets, needs and considerations from the eight domains presented in this report. These key findings are intended to provide information to the FTF Pima South Regional Partnership Council and the community as a whole around the needs and assets of the region’s zero to five population and their families.

<table>
<thead>
<tr>
<th>Assets</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population Characteristics</strong></td>
<td></td>
</tr>
<tr>
<td>The population of children under the age of six is projected to grow at a modest and steady rate, allowing the region to foresee and prepare for the growing demands of their youngest residents.</td>
<td>Discuss tactics for continuing to meet the needs of the under six population.</td>
</tr>
<tr>
<td><strong>Economic Circumstances</strong></td>
<td></td>
</tr>
<tr>
<td>Almost all households in Pima South have computer and internet.</td>
<td>Consider engaging families using technology-based and online engagement tools.</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>The high school graduation rates of adults in the region are higher than the County and State.</td>
<td>Increase awareness for parents to support each other and share knowledge and attitudes around the importance of education.</td>
</tr>
<tr>
<td><strong>Early Learning</strong></td>
<td></td>
</tr>
<tr>
<td>Quality First has been increasing the quality of child care programs in the region. Seventy-eight percent are quality-level settings (public 3-5 stars).</td>
<td>Support Quality First efforts in the region to continue to increase the opportunities for children to receive quality early care and education experiences.</td>
</tr>
<tr>
<td><strong>Child Health</strong></td>
<td></td>
</tr>
<tr>
<td>In the Pima South Region, the percentage of mothers participating in WIC who ever breastfed their infant on average at least once per day increased from 2017 to 2020 by four percent (76% to 80%).</td>
<td>Continue to provide public education about the benefits of breastfeeding and consider supporting workplace efforts to encourage breastfeeding practices for working mothers.</td>
</tr>
</tbody>
</table>
### Family Support

| Ninety percent of women, 93% of infants, and 90% of children who were enrolled in WIC in the region claimed their benefits in the month of November. | Continue to provide public education about the benefits |
### Needs

<table>
<thead>
<tr>
<th><strong>Population Characteristics</strong></th>
<th><strong>Considerations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The race/ethnicity of adults in Pima South is almost a fifty/fifty split of Hispanic or Latino and white with 20% more children 0-4 (66%) identifying as Hispanic or Latino.</td>
<td>Provide culturally appropriate services and interpretation and translation assistance for families that are more comfortable speaking in a language other than English.</td>
</tr>
<tr>
<td>About 15% more people in the Pima South Region speak Spanish as their primary language compared to the State.</td>
<td></td>
</tr>
<tr>
<td>Another 12% in the region speak English less than very well.</td>
<td></td>
</tr>
<tr>
<td>Four percent more children in grades K to 3 are English Language Learners than the State.</td>
<td></td>
</tr>
<tr>
<td>Nearly one-quarter of children under six live in single-female households and/or are cared for by grandparents in Pima South. The sub-regions of Three Points and Ajo have the highest percentage of children primarily cared for by a grandparent (31% and 27%).</td>
<td>Discuss supporting services specifically designed for single-parent and grandparent-led households to help them support the young children in their homes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Economic Circumstances</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima South has slightly more children 0-5 living with a single parent in the labor force than the State.</td>
<td>Promote supports and resources that can help subsidize child care and other expenses for single parent households.</td>
</tr>
<tr>
<td>Median income for families is slightly lower in Pima County than in the State with a higher percent of the population living in poverty. Ajo, Drexel Heights, and Sunnyside have over 35% of children 0-5 living in poverty.</td>
<td>Consider encouraging stakeholders to target job training and employment programs to help increase employment and median incomes.</td>
</tr>
<tr>
<td>In Pima County, almost double the percent of Native Hawaiian and Other Pacific Islanders live below the federal poverty level compared to the State. This percentage gap is even larger for children under 5.</td>
<td>Ensure social service resources for the Native Hawaiian and Other Pacific Islander populations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Education</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AzMERIT reports show that more than half of third graders are not meeting proficiency standards for English Language Arts and Math.</td>
<td>Increase parent outreach and awareness of early education programs to support learning and school readiness from an early age.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Early Learning</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In 2019, 93% of children that were eligible for child care subsidies received subsidies compared to 84% of children in 2020. Eighty-five percent of DCS-involved children that were eligible for child care subsidies received subsidies compared to 64% of children in 2020.</td>
<td>Identify gaps in child care subsidies to ensure that children in need are receiving these subsidies.</td>
</tr>
<tr>
<td>Across Pima South districts, there were districts with</td>
<td>Work with school districts to refer children identified with</td>
</tr>
<tr>
<td>Conclusion</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>high concentrations of preschool students with special needs. In the Altar Valley Elementary District, 67% or more preschool students in special education had a speech or language impairment. Moreover, a high percentage of preschool students in special education had a developmental delay at Sahuarita Unified (45%) and Sunnyside Unified District (43%).</td>
<td>special needs to support services.</td>
</tr>
</tbody>
</table>

**Child Health**

Six percent of children under age six in the Pima South Region did not have any health insurance. Highest proportions of children without health insurance were in Sunnyside (9%) and Drexel Heights (7%).

<table>
<thead>
<tr>
<th></th>
<th>Work with partners to ensure access to health care for all children in the region.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HP 2030 aims to bring the proportion of pregnant women who receive early and adequate prenatal care to 80.5%. In the FTF Pima South Region, 63% of women began their prenatal care in the first trimester with 23% receiving 13 or more visits.</td>
<td>Promote the importance of early prenatal care and provide education on the impact of prenatal care on the mother and child’s future well-being.</td>
</tr>
<tr>
<td>In 2020, in the Pima South Region, and in the county and state as a whole, about 65% of mothers participating in WIC reported being overweight or obese pre-pregnancy (see Exhibit 5.12). The rate of mothers being overweight or obese pre-pregnancy has remained steady from 2017 to 2020.</td>
<td>Support programs that educate pregnant and parenting mothers about healthy eating, active living, and maintaining healthy weight.</td>
</tr>
</tbody>
</table>

**Family Support**

In Pima County and Arizona, the number of non-fatal overdoses from opiates or opioids increased from 2017 to 2020.

<table>
<thead>
<tr>
<th></th>
<th>Consider including substance abuse prevention resources and referrals in home visitation and parent education programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of children and families receiving SNAP benefits has decreased from 2017 to 2020 in Pima South, Pima County and Arizona.</td>
<td>Consider examining alternative strategies to support food security for children and families.</td>
</tr>
</tbody>
</table>
APPENDIX A. MENTAL/BEHAVIORAL HEALTH SERVICES AND SUPPORTS

Why it Matters

As this year’s regional needs and assets report comes amidst the COVID-19 pandemic, the Pima South Regional Partnership Council also solicited Harder+Co to conduct additional assessment activities to understand the availability and access to mental/behavioral health supports in Pima South and in Pima County overall. From April-July 2021, the Harder+Co evaluation team conducted interviews with ten key community leaders including:

- Community advocates,
- Early childhood education administrators,
- Mental health providers, and
- Other local service providers.

These interviewees explored how families with young children enter and navigate through the mental health/behavioral health service system, how they are referred into the system, and how they are referred out to other providers.

What the Data Tells Us

Families Face a Multitude of Stressors Affecting their Mental/Behavioral Health

All interviewees noted the multiple stressors affecting the families they serve. Most notably, they highlighted the link between families living in low-income households to poor health and increased risk for mental health problems. Many interviewees commented on the lack of affordable housing, food insecurity, and immigrant status as contributors to higher mental health challenges.

For children 0-5, all interviewees identified early adverse experiences in homes, such as exposure to violence and substance abuse and/or the mental illness of a parent or other caregiver, are tied to the development of early mental health problems. As an interviewee explained it, “These children are susceptible to transgenerational trauma that continues to be passed down. In supporting the individual child, we must also support the family as a whole.”

“Many moms had to quit work and stay home with their kids. Due to being down to one income, this caused high levels of stress for these families.”

–Interviewee
All interviewees discussed these stressors were only further exacerbated by the COVID-19 pandemic. Due to the pandemic, many families experienced job loss, challenges with school closures and lack of childcare, social isolation, etc. which increased symptoms of anxiety and/or depression. An interviewee noted, “Many moms had to quit work and stay home with their kids. Due to being down to one income, this caused high levels of stress for these families.” Also, some families lost loved ones which was an added struggle on top of these previously listed environmental struggles.

Moreover, interviewees acknowledged that the pandemic disproportionately affected the health and mental health of communities of color. They experienced much higher rates of infection and hospitalization from COVID-19. Not because they are more genetically susceptible to COVID-19, but because of existing circumstances that put them at increased risk. These circumstances include living in densely populated areas; living with multiple and multigenerational households in small living spaces; being an essential worker (such as health care support services and food services) who don’t have the luxury to work from home, have groceries delivered, or socially isolate themselves; and depending on public transportation to get to work.

**Many Families Lack Access to Mental/Behavioral Health Services**

Access to mental/behavioral health care is broken down into two components – the specific services that individuals are unable to obtain and the barriers that prevent individuals from obtaining those services.

**Unavailable Services**

Community advocates interviewed consistently shared that it can be challenging for families to get mental/behavioral health care in Pima County, especially during the COVID-19 pandemic. Already, in Pima County, there is a shortage of mental/behavioral health professionals; in 2017, there were 1,704 mental health providers in Pima County, with a population to provider ratio of 600:1. Through the COVID-19 pandemic, many behavioral health services were shut down or postponed, further impacting access to care.

For those who are insured, finding a mental health care provider who is available after work or school hours, is located reasonably close to home or work, has openings in a short time-frame, and who takes their insurance is a time-consuming and frustrating process. For those without insurance (e.g., the undocumented population) interviewees noted that it is nearly impossible to find a mental health care provider. Additionally, undocumented community members may tend to avoid or delay seeking care due to fear of deportation.

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“This County suffers from a lack of therapists to support our autistic children. We have very few developmental psychologists and there are long-wait times for the ones we do have.”

–Interviewee
resulting in emergency department visits.

In addition, providers are not evenly distributed across Pima County. The more rural (e.g., tribal) areas of Pima County often have few to no mental/behavioral providers at all, let alone providers who specialize in providing services to children and adolescents. Accessing specialty services is especially difficult. An interviewee stated, “This County suffers from a lack of therapists to support our autistic children. We have very few developmental psychologists and there are long-wait times for the ones we do have.” Another interviewee reported, “Every agency has a waitlist for behavioral health services. Some waitlists are 2-4 months.”

**Barriers to Services**

In terms of the barriers that prevent individuals from obtaining these services, interviewees identified five primary barriers to accessing mental/behavioral health care in Pima County: (1) transportation; (2) stigma of needing/receiving mental/behavioral health; (3) fear related to immigration status; (4) lack of culturally competent/linguistically appropriate care options and (5) COVID-19 related challenges.

*Transportation* is critical in terms of accessibility of any type of health care including mental/behavioral health. Many populations, including low-income, rural, as well as older adults and those with disabilities, face challenges with transportation to be able to obtain care. Interviewees noted that for those without cars, public transportation to mental/behavioral health care appointments can be time-consuming, expensive, and inconvenient, and some hospitals and clinics are not easily reached by public transportation.

*Social Stigma:* Multiple studies have found that the stigma associated with mental illness often prevents people from accessing treatment. Interviewees noted that at one end of the spectrum, individuals’ own beliefs about mental health needs can prevent them from acknowledging their illness or sticking with treatment. On the other end, the very real risk of facing discrimination in social and professional circles creates a huge barrier. An interviewee commented, “People fear that family and friends will avoid them or treat them negatively.” Another interviewee stated, “Our tribal communities can be very private. It is critical to know how to gain their trust.”

*Fears related to immigration status* came up as an important barrier preventing families from accessing services. Interviewees described undocumented immigrants as living in a “constant state of fear” of detention and deportation. Interviewees talked about parents being terrified of their status becoming known, being deported, and being separated from their children; thus, they avoid seeking needed care.

Interviewees also noted that the inability to obtain *culturally competent/linguistically appropriate care* keeps residents from receiving mental/behavioral health care. They noted that most individuals prefer to receive services from people who are from or who understand their cultural background, and that cultural mismatches between providers and patients can create mistrust. They also noted that translators are often not available, which makes visits frustrating for both the patient and the provider. A few
interviewees spoke about how children are often utilized as translators, at times creating both an undue burden for the child and an uncomfortable situation for the parents who would rather keep their health information private.

Interviewees also noted the specific COVID-19 challenges which included both fear of being exposed to the virus during in-person visits and technology issues during virtual sessions. As an interviewee stated, “Not all families have access to computers or the internet. Also, computer literacy varies widely among clients.” Moreover, interviewees shared that it can be hard to get clients to prioritize their mental/behavioral needs when they are balancing so many other aspects of their life now exacerbated because of COVID-19. As one interviewee said, “If a mom can’t put food on the table, that is definitely her priority over focusing on her own health needs.”

**There are Opportunities to Improve Access to Mental/Behavioral Health Services**

Reflecting on access and quality of mental/behavioral health services in Pima South, interviewees were asked to provide suggestions for how to improve these services for families and children. Responses were categorized and are reported as follows: increasing financing options, valuing in-home services, and taking a comprehensive approach to reaching services.

**Increasing Financing Options**

Interviewees expressed frustration around insurance coverage for mental/behavioral health services including affordability, insufficient coverage, eligibility requirements/limitations, wait time for authorizations, and barriers around insurance literacy among the insured. In fact, according to the literature, psychiatrists are far less likely than other providers to accept any type of insurance. While 73% of other providers accept Medicaid, only 43% of psychiatrists accept Medicaid. Slightly more than half of psychiatrists accept Medicare and private insurance, compared with more than 86% of other providers. 98 An interviewee stated, “We need payment reform. We need financing options, including reimbursements for coordination activities, community case management, transportation, and other supports.”

Interviewees also reported a clear need for reforms that include quality measures. Some examples we heard included, linking a certain percentage of provider payments to adoption of, and fidelity to, evidence-based behavioral health prevention models, or supporting information sharing between educators and pediatric primary care providers and exploring opportunities for shared accountability measures.

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“I am an advocate of the community health worker model, as these health workers share many of the same social, cultural, and economic characteristics as the participants, and can be the bridge between their communities and the healthcare system.”

–Interviewee
between health and education.

**Valuing In-Home Services**

Consistently, interviewees reported that treatment needs to be delivered in non-stigmatizing environments, or in people’s homes. An interviewee noted, “Mobile clinics are great way to reach families where they are at. These mobile clinics should have a navigator who is bilingual and bi-cultural or means to connect with community outreach workers who can help gain trust and rapport with the families.” Another interviewee mentioned, “I am an advocate of the community health worker model, as these health workers share many of the same social, cultural, and economic characteristics as the participants, and can be the bridge between their communities and the healthcare system.” Interviewees reported that this model can be particularly valuable in rural communities and on tribal reservations where transportation is limited and travel to the target population is difficult or time-consuming for a typical healthcare provider. Other interviewees stated the need to also bring or utilize peer support services and peer support groups within the community. These individuals who have lived experience of recovery can help provide strategies, tools, and empathy that keep people feeling supported and engaged. An interviewee said, “People who are connected to others feel better and are more motivated to stay healthy.”

**Taking a Comprehensive Approach to Reaching Services**

Interviewees reported a lack of coordination across mental and behavioral health and physical care providers, specialists, etc. in Pima County. They recommended improved care integration or the practice of incorporating behavioral health and substance use services into primary care settings and primary care into behavioral health and substance use service settings for the purpose of improving quality of care and outcomes. In addition, we heard the medical providers lack knowledge of where to refer families for mental/behavioral health services. As an interviewee reported, “Solutions should focus on evaluating patients for mental health needs whenever and wherever they come into contact with the healthcare system.” Mental health provider interviewees described the importance to co-locate physical and behavioral health care at the same site and implement a joint/comprehensive electronic health records system, so all individual patient records are in one place, easily accessible by all service providers.

**Additional Considerations**

In addition to the opportunities to improve access, highlighted additional considerations for addressing mental/behavioral health care needs in Pima South.

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99 Co-location can involve shared space, equipment, and staff for health and human services; coordinated care between services; or a partnership between health providers and human services providers. Co-location can streamline referrals, increase access to care, and increase communication between different providers.
Treating the Whole Person through a Holistic Care Approach

Interviewees emphasized the importance of mental/behavioral health providers approaching patients holistically, embracing the mind, body, and spirit by actively listening to participants’ experiences and working in partnership to develop actions that will improve their overall health and wellbeing. An interviewee described, “I like to use mindfulness techniques and meditation with my patients to help control their stress. If I can’t help the participant decompress and focus, I won’t be able to help them at all.” Another interviewee reported how useful it is to apply mindfulness techniques with children. They stated, “This is good for the kiddos. I have them listen to a bell and teach them simple breathing strategies.”

Supporting a Culture of Staff Wellness

Another consistent theme culled from interviews was the importance to support a culture of staff wellness by educating staff on secondary traumatic stress, trauma, burnout, and self-care. We heard it is important to incorporate staff wellness activities like meditation, stretching, and mindfulness exercises into meetings and daily work. Also, interviewees support the promotion of a healthy work/life balance by encouraging employees to take paid time off as needed. An interviewee noted, “Staff in our mental/behavioral health fields have seen some really hard things. Repeatedly, they burn out and leave the field.” Workforce shortages create severe deficits across the mental/behavioral health continuum of care, limiting access to critical services. Recruiting and retaining qualified mental/behavioral health providers is and continues to be a growing challenge.

Continuing to Educate the Community

Education about mental/behavioral health issues and utilizing natural community hubs such as beauty salons, barber shops, and faith-based institutions as points of dissemination were also common themes. An interviewee noted, “Wherever a lot of people meet and congregate is a very good place to have education. Churches are a great place to have health fairs, have opportunities to have practitioners come in and talk about various mental/behavioral health needs.” Additionally, interviewees support the creation of a digital mental/behavioral health resource guide.

“Staff in our mental/behavioral health fields have seen some really hard things. Repeatedly, they burn out and leave the field.”

–Interviewee
APPENDIX B. SUBREGIONAL FACT BOXES

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

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

<table>
<thead>
<tr>
<th>Population</th>
<th>2010 Census</th>
<th>5 Year Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>3,149</td>
<td>863 ** (27.7%)</td>
</tr>
<tr>
<td>Population below Poverty*</td>
<td></td>
<td><strong>42.3%</strong></td>
</tr>
<tr>
<td>Children 0-5</td>
<td>338</td>
<td></td>
</tr>
<tr>
<td>Children 0-5 below Poverty*</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>Population Change Children 0-5 for 2015-2019</td>
<td>-61.8%</td>
<td></td>
</tr>
</tbody>
</table>

*Where economic status is reported
** U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.
*** U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

Additional FTF Data

- **Children 0-5 Living with Grandparents**: 91 (26.9%)
- **Dropout Rate (7th to 12th)**: 2.9%
- **Children 0-5 without Health Insurance**: 7 (5.4%)

Employment Status of Parents of Children 0-5

- Two Parents - Both Employed: 11.9%
- Two Parents - One Employed: 21.2%
- One Parent - Employed: 35.8%
- One Parent - Not Employed: 31.1%
- Other: 0.0%

Educational Attainment Adults

- Less than High School: 16.1%
- High School or GED: 38.3%
- Some College or Professional: 33.1%
- Bachelor’s or More: 12.5%

AzMERIT 3rd Grade Reading and Math Proficiency

- Highly Proficient: 7.3%
- Proficient: 10.0%
- Slightly Proficient: 24.4%
- Minimally Proficient: 39.0%
- AzMERIT 3rd Grade Math: 17.5%
- AzMERIT 3rd Grade Reading: 29.3%
**Language Characteristics**

<table>
<thead>
<tr>
<th>Primary Language Spoken at Home¹</th>
<th>Percent of children 0-5 living with parent(s) born outside the U.S.²</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Only 69.4%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Spanish 14.6%</td>
<td></td>
</tr>
<tr>
<td>Another language 16.0%</td>
<td></td>
</tr>
</tbody>
</table>

¹ U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B05009.  
² U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B16001.

**EARLY EDUCATION AND CHILDCARE**

**Child Care**

<table>
<thead>
<tr>
<th>Children 3-4 enrolled in early childhood education¹</th>
<th>Median Cost per Day of Licensed Centers²</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="chart1.png" alt="Enrolled pie chart" /> Enrolled, 31.3%</td>
<td><img src="table1.png" alt="Cost table" /></td>
</tr>
<tr>
<td>Not Enrolled, 68.7%</td>
<td></td>
</tr>
</tbody>
</table>

¹ U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003.  

**Median Cost per Day of Licensed Centers²**

<table>
<thead>
<tr>
<th>One Infant</th>
<th>One 1 or 2 Yr Old</th>
<th>One 3-5 Yr Old Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>DES Child Care Subsidy Eligibility- Children 0-5³</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>DES Child Care Subsidy Recipients-Children 0-5³</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Total number of Early Care and Education Centers and Homes⁴</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Total Capacity of Centers and Homes⁴</td>
<td>82</td>
<td></td>
</tr>
</tbody>
</table>

¹ U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003.  
⁴ Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.  
* Data suppressed: Non-zero count less than 10.

**HEALTH**

**Child Immunizations for Children in Child Care**

<table>
<thead>
<tr>
<th>2020</th>
<th>4+ doses DTaP</th>
<th>100.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>3+ doses Polio</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>2+ doses MMR</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>3+ doses HIB</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>2 doses Hepatitis A</td>
<td>66.7%</td>
<td></td>
</tr>
<tr>
<td>3+ doses Hepatitis B</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>1+ doses Varicella</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

**Child Immunizations for Kindergarteners**

<table>
<thead>
<tr>
<th>2020</th>
<th>4+ doses DTaP</th>
<th>91.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>3+ doses Polio</td>
<td>91.7%</td>
<td></td>
</tr>
<tr>
<td>2+ doses MMR</td>
<td>91.7%</td>
<td></td>
</tr>
<tr>
<td>3+ doses Hepatitis B</td>
<td>95.8%</td>
<td></td>
</tr>
<tr>
<td>2+ doses Varicella</td>
<td>87.5%</td>
<td></td>
</tr>
<tr>
<td>1 dose Varicella + History</td>
<td>8.3%</td>
<td></td>
</tr>
</tbody>
</table>

Immunization Data Reports (2020). Provided by AZ FTF.
### Families and Children Receiving Public Assistance

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Assistance</strong></td>
<td></td>
</tr>
<tr>
<td>TANF Family Recipients with Children 0-5</td>
<td>*</td>
</tr>
<tr>
<td>TANF Children 0-5 Recipients</td>
<td>19</td>
</tr>
<tr>
<td>SNAP Recipients - Families with Children 0-5</td>
<td>99</td>
</tr>
<tr>
<td>SNAP Recipients - Children 0-5</td>
<td>157</td>
</tr>
</tbody>
</table>

Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF) program. Provided by AZ FTF.
*Data suppressed: Non-zero count less than 10

### WIC Enrollment

<table>
<thead>
<tr>
<th></th>
<th>‘17</th>
<th>‘18</th>
<th>‘19</th>
<th>‘20</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC Enrolled Women</td>
<td>32</td>
<td>28</td>
<td>26</td>
<td>39</td>
</tr>
<tr>
<td>WIC Enrolled Children 0-4</td>
<td>56</td>
<td>48</td>
<td>64</td>
<td>64</td>
</tr>
</tbody>
</table>


### Maternal Health

#### Maternal Health

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Mothers</td>
<td>*</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>*</td>
</tr>
<tr>
<td>Ever Breastfed</td>
<td>13 (61.9%)</td>
</tr>
</tbody>
</table>

### Prenatal Visits

<table>
<thead>
<tr>
<th></th>
<th>No Visit</th>
<th>1-4 Visit</th>
<th>5-8 Visits</th>
<th>9-12 Visits</th>
<th>13+ Visits</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>29.1%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>38.5%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Mother’s Race/Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>1st Trimester</th>
<th>2nd Trimester</th>
<th>3rd Trimester</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>19.7%</td>
<td>37.6%</td>
<td>40.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1st Trimester: 48.7%
2nd Trimester, 25.6%

#### Mother’s Education

<table>
<thead>
<tr>
<th></th>
<th>&lt;HS</th>
<th>Some HS</th>
<th>HS/GED</th>
<th>Some College</th>
<th>AD</th>
<th>BD</th>
<th>Post-grad</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16.2%</td>
<td>23.9%</td>
<td>41.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Data suppressed: Non-zero count less than 6
Subregion Map
## Amado

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Race</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>22%</td>
<td>723</td>
</tr>
<tr>
<td>Hispanic</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>2,476</td>
<td></td>
</tr>
</tbody>
</table>

**U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B01003.**

<table>
<thead>
<tr>
<th>Population 2010 Census</th>
<th>5 Year Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>3,240</td>
</tr>
<tr>
<td>Population below Poverty*</td>
<td>239 ** (7.5%)</td>
</tr>
<tr>
<td>Children 0-5</td>
<td>179</td>
</tr>
<tr>
<td>Children 0-5 below Poverty*</td>
<td>0 (0.0%)**</td>
</tr>
</tbody>
</table>

**Population Change Children 0-5 for 2015-2019**

*Where economic status is reported
** U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.
*** U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

### Families

| Total Number of Families | 519          |
| Families with Children 0-5 | 96 (18.5%)  |
| Singles Parent Families with Children 0-5 | 75 (78.1%) |
| Single Parent Families with Children 0-5 (Mother only) | 29 (30.2%) |

**U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17006.**

### Additional FTF Data

| Children 0-5 Living with Grandparents | 45 (25.1%) |
| Dropout Rate (7th to 12th) | NA          |
| Children 0-5 without Health Insurance | 0 (0.0%)   |

### Educational Attainment Adults

<table>
<thead>
<tr>
<th>Educational Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>26.5%</td>
</tr>
<tr>
<td>High School or GED</td>
<td>37.8%</td>
</tr>
<tr>
<td>Some College or Professional</td>
<td>19.8%</td>
</tr>
<tr>
<td>Bachelor's or More</td>
<td>16.0%</td>
</tr>
</tbody>
</table>

### AzMERIT 3rd Grade Reading and Math Proficiency

<table>
<thead>
<tr>
<th>Proficiency Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Proficient</td>
<td>3.0%</td>
</tr>
<tr>
<td>Proficient</td>
<td>18.2%</td>
</tr>
<tr>
<td>Slightly Proficient</td>
<td>21.2%</td>
</tr>
<tr>
<td>Minimally Proficient</td>
<td>33.3%</td>
</tr>
<tr>
<td>Minimally Proficient</td>
<td>9.1%</td>
</tr>
<tr>
<td>Bachelor's or More</td>
<td>45.5%</td>
</tr>
</tbody>
</table>

1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.
2 Arizona Department of Education (2020). AzMERIT Reports. Provided by AZ FTF.
3 U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B27001.
4 U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23008.
5 U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B15002.
6 Arizona Department of Education (2019). AzMERIT Reports. Provided by AZ FTF.
**Language Characteristics**

<table>
<thead>
<tr>
<th>Primary Language Spoken at Home¹</th>
<th>Percent of children 0-5 living with parent(s) born outside the U.S.²</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Only</td>
<td>48.1%</td>
</tr>
<tr>
<td>Spanish</td>
<td>51.6%</td>
</tr>
<tr>
<td>Another language</td>
<td>0.3%</td>
</tr>
<tr>
<td></td>
<td>62.3%</td>
</tr>
</tbody>
</table>

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B05009.
2 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B16001.

**EARLY EDUCATION AND CHILDCARE**

**Child Care**

Children 3-4 enrolled in early childhood education¹

- Enrolled, 24.7%
- Not Enrolled, 75.3%

Median Cost per Day of Licensed Centers²

<table>
<thead>
<tr>
<th>Enrollment Level</th>
<th>Median Cost per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Infant</td>
<td>$30.00</td>
</tr>
<tr>
<td>One 1 or 2 Yr Old</td>
<td>$30.00</td>
</tr>
<tr>
<td>One 3-5 Yr Old Per Day</td>
<td>$40.00</td>
</tr>
</tbody>
</table>

**Child Care Subsidy Eligibility - Children 0-5³**

- *

**Child Care Subsidy Recipients - Children 0-5³**

- *

**Total number of Early Care and Education Centers and Homes⁴**

- 4

**Total Capacity of Centers and Homes⁴**

- 108

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003.
4 Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.

*Data suppressed: Non-zero count less than 10

**HEALTH**

**Child Immunizations for Children in Child Care**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ doses DTaP</td>
<td>54.5%</td>
</tr>
<tr>
<td>3+ doses Polio</td>
<td>45.5%</td>
</tr>
<tr>
<td>2+ doses MMR</td>
<td>72.7%</td>
</tr>
<tr>
<td>3+ doses HIB</td>
<td>63.6%</td>
</tr>
<tr>
<td>2 doses Hepatitis A</td>
<td>36.4%</td>
</tr>
<tr>
<td>3+ doses Hepatitis B</td>
<td>63.6%</td>
</tr>
<tr>
<td>1+ doses Varicella</td>
<td>72.7%</td>
</tr>
</tbody>
</table>

**Child Immunizations for Kindergarteners**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ doses DTaP</td>
<td>100.0%</td>
</tr>
<tr>
<td>3+ doses Polio</td>
<td>100.0%</td>
</tr>
<tr>
<td>2+ doses MMR</td>
<td>87.5%</td>
</tr>
<tr>
<td>3+ doses Hepatitis B</td>
<td>100.0%</td>
</tr>
<tr>
<td>2+ doses Varicella</td>
<td>87.5%</td>
</tr>
<tr>
<td>1 dose Varicella + History</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

Immunization Data Reports (2020). Provided by AZ FTF.
**FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE**

<table>
<thead>
<tr>
<th>Public Assistance</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF Family Recipients with Children 0-5</td>
<td>*</td>
</tr>
<tr>
<td>TANF Children 0-5 Recipients</td>
<td>*</td>
</tr>
<tr>
<td>SNAP Recipients - Families with Children 0-5</td>
<td>56</td>
</tr>
<tr>
<td>SNAP Recipients - Children 0-5</td>
<td>81</td>
</tr>
</tbody>
</table>

*Data suppressed: Non-zero count less than 10

**WIC Enrollment**

<table>
<thead>
<tr>
<th>'17</th>
<th>'18</th>
<th>'19</th>
<th>'20</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC Enrolled Women</td>
<td>33</td>
<td>39</td>
<td>31</td>
</tr>
<tr>
<td>WIC Enrolled Children 0-4</td>
<td>60</td>
<td>52</td>
<td>54</td>
</tr>
</tbody>
</table>


**MATERNAL HEALTH**

<table>
<thead>
<tr>
<th>Maternal Health</th>
<th>Prenatal Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Mothers</td>
<td></td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>0 (1.4%)</td>
</tr>
<tr>
<td>Ever Breastfed</td>
<td>8 (80.0%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother’s Race/Ethnicity</th>
<th>Prenatal Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>34.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>62.5%</td>
</tr>
<tr>
<td>African American</td>
<td>1.4%</td>
</tr>
<tr>
<td>American Indian</td>
<td>0.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

No Visit, 23.6%
1st Trimester, 44.4%

No Visit, 23.6%

<table>
<thead>
<tr>
<th>Mother’s Education</th>
<th>AD</th>
<th>BD</th>
<th>Post-grad</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;HS</td>
<td></td>
<td></td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Some HS</td>
<td></td>
<td></td>
<td>23.6%</td>
<td>1.4%</td>
</tr>
<tr>
<td>HS/GED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some College</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AD</td>
<td></td>
<td></td>
<td>1.4%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

*Data suppressed: Non-zero count less than 6
### Drexel Heights

#### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>2010 Census</th>
<th>5 Year Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Population</strong> 71,349</td>
<td><strong>Children 0-5</strong> 7,251</td>
</tr>
<tr>
<td><strong>Population below Poverty</strong> 14,425 (20.4%)</td>
<td><strong>Children 0-5 below Poverty</strong> 2,078 (37.6%)</td>
</tr>
<tr>
<td><strong>Population Change Children 0-5 for 2015-2019</strong> -21.5%</td>
<td></td>
</tr>
</tbody>
</table>

*Where economic status is reported

** U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.

*** U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

---

#### Race

- **White**: 31.8%
- **Hispanic**: 56.8%
- **African American**: 7.1%
- **American Indian**: 1.0%
- **Asian**: 0.8%

---

#### Families

- **Total Number of Families**: 19,911
- **Families with Children 0-5**: 5,704 (28.6%)
- **Singles Parent Families with Children 0-5**: 2,762 (48.4%)
- **Single Parent Families with Children 0-5 (Mother only)**: 1,901 (33.3%)

---

#### Additional FTF Data

- **Children 0-5 Living with Grandparents**: 1,587 (21.9%)
- **Dropout Rate (7th to 12th)**: 4.8%
- **Children 0-5 without Health Insurance**: 423 (7.4%)

---

#### Employment Status of Parents of Children 0-5

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two Parents - Both Employed</td>
<td>25.5%</td>
</tr>
<tr>
<td>Two Parents - One Employed</td>
<td>19.4%</td>
</tr>
<tr>
<td>One Parent - Employed</td>
<td>41.7%</td>
</tr>
<tr>
<td>One Parent - Not Employed</td>
<td>12.8%</td>
</tr>
<tr>
<td>Other</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

---

#### Educational Attainment Adults

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>16.4%</td>
</tr>
<tr>
<td>High School or GED</td>
<td>30.4%</td>
</tr>
<tr>
<td>Some College or Professional</td>
<td>39.2%</td>
</tr>
<tr>
<td>Bachelor’s or More</td>
<td>13.9%</td>
</tr>
</tbody>
</table>

---

#### AzMERIT 3rd Grade Grade Reading and Math Proficiency

<table>
<thead>
<tr>
<th>Proficiency Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Proficient</td>
<td>9.8%</td>
</tr>
<tr>
<td>Proficient</td>
<td>27.3%</td>
</tr>
<tr>
<td>Slightly Proficient</td>
<td>25.6%</td>
</tr>
<tr>
<td>Minimally Proficient</td>
<td>30.3%</td>
</tr>
<tr>
<td>AzMERIT 3rd Grade Math</td>
<td>32.6%</td>
</tr>
<tr>
<td>AzMERIT 3rd Grade Reading</td>
<td>52.8%</td>
</tr>
</tbody>
</table>

---

1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.
2 Arizona Department of Education (2020). AzMERIT Reports. Provided by AZ FTF.
3 U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B27001.
4 U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23008.
5 U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B15002.
6 Arizona Department of Education (2019). AzMERIT Reports. Provided by AZ FTF.
Language Characteristics

Primary Language Spoken at Home

<table>
<thead>
<tr>
<th>Language</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Only</td>
<td>55.6%</td>
</tr>
<tr>
<td>Spanish</td>
<td>42.7%</td>
</tr>
<tr>
<td>Another language</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

Percent of children 0-5 living with parent(s) born outside the U.S.

<table>
<thead>
<tr>
<th>Language Spoken at Home</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Only</td>
<td>75.0%</td>
</tr>
<tr>
<td>Spanish</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B05009.
2 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B16001.

EARLY EDUCATION AND CHILDCARE

Child Care

Children 3-4 enrolled in early childhood education

<table>
<thead>
<tr>
<th>Enrollment Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled</td>
<td>43.1%</td>
</tr>
<tr>
<td>Not Enrolled</td>
<td>56.9%</td>
</tr>
</tbody>
</table>

Median Cost per Day of Licensed Centers

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Median Cost Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Infant</td>
<td>$34.50</td>
</tr>
<tr>
<td>One 1 or 2 Yr Old</td>
<td>$31.00</td>
</tr>
<tr>
<td>One 3-5 Yr Old</td>
<td>$29.00</td>
</tr>
</tbody>
</table>

DES Child Care Subsidy Eligibility- Children 0-5

<table>
<thead>
<tr>
<th>Enrollment Status</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible</td>
<td>432</td>
</tr>
</tbody>
</table>

DES Child Care Subsidy Recipients-Children 0-5

<table>
<thead>
<tr>
<th>Enrollment Status</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipients</td>
<td>358</td>
</tr>
</tbody>
</table>

Total number of Early Care and Education Centers and Homes

<table>
<thead>
<tr>
<th>Total Number of Centers and Homes</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>85</td>
</tr>
</tbody>
</table>

Total Capacity of Centers and Homes

<table>
<thead>
<tr>
<th>Total Capacity of Centers and Homes</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2,694</td>
</tr>
</tbody>
</table>

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003.
4 Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.

HEALTH

Child Immunizations for Children in Child Care 2020

<table>
<thead>
<tr>
<th>Immunization</th>
<th>2020 Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ doses DTaP</td>
<td>98.1%</td>
</tr>
<tr>
<td>3+ doses Polio</td>
<td>98.7%</td>
</tr>
<tr>
<td>2+ doses MMR</td>
<td>99.3%</td>
</tr>
<tr>
<td>3+ doses HIB</td>
<td>98.8%</td>
</tr>
<tr>
<td>2 doses Hepatitis A</td>
<td>88.9%</td>
</tr>
<tr>
<td>3+ doses Hepatitis B</td>
<td>98.8%</td>
</tr>
<tr>
<td>1+ doses Varicella</td>
<td>99.3%</td>
</tr>
</tbody>
</table>

Child Immunizations for Kindergarteners 2020

<table>
<thead>
<tr>
<th>Immunization</th>
<th>2020 Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ doses DTaP</td>
<td>98.1%</td>
</tr>
<tr>
<td>3+ doses Polio</td>
<td>98.3%</td>
</tr>
<tr>
<td>2+ doses MMR</td>
<td>98.3%</td>
</tr>
<tr>
<td>3+ doses Hepatitis B</td>
<td>98.7%</td>
</tr>
<tr>
<td>2+ doses Varicella</td>
<td>94.2%</td>
</tr>
<tr>
<td>1 dose Varicella + History</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

Immunization Data Reports (2020). Provided by AZ FTF.
FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

<table>
<thead>
<tr>
<th>Public Assistance</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF Family Recipients with Children 0-5</td>
<td>211</td>
</tr>
<tr>
<td>TANF Children 0-5 Recipients</td>
<td>280</td>
</tr>
<tr>
<td>SNAP Recipients - Families with Children 0-5</td>
<td>2,032</td>
</tr>
<tr>
<td>SNAP Recipients - Children 0-5</td>
<td>2,964</td>
</tr>
</tbody>
</table>

Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF) program. Provided by AZ FTF.

WIC Enrollment

<table>
<thead>
<tr>
<th></th>
<th>‘17</th>
<th>‘18</th>
<th>‘19</th>
<th>‘20</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC Enrolled Women</td>
<td>1,082</td>
<td>1,057</td>
<td>1,000</td>
<td>987</td>
</tr>
<tr>
<td>WIC Enrolled Children O-4</td>
<td>1,889</td>
<td>1,914</td>
<td>1,900</td>
<td>1,910</td>
</tr>
</tbody>
</table>


MATERNAL HEALTH

<table>
<thead>
<tr>
<th>Maternal Health</th>
<th>Prenatal Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Mothers</td>
<td>94 (10.4%)</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>62 (6.8%)</td>
</tr>
<tr>
<td>Ever Breastfed</td>
<td>408 (81.3%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother’s Race/Ethnicity</th>
<th>Prenatal Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>3rd Trimester, 8.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>Unknown, 0.7%</td>
</tr>
<tr>
<td>African American</td>
<td>No Visit, 7.0%</td>
</tr>
<tr>
<td>American Indian</td>
<td>2nd Trimester, 19.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>1st Trimester, 64.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother’s Education</th>
<th>1st Trimester</th>
<th>2nd Trimester</th>
<th>3rd Trimester</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;HS</td>
<td>1.9%</td>
<td>15.4%</td>
<td>33.8%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Some HS</td>
<td>10.5%</td>
<td>25.7%</td>
<td>2.8%</td>
<td>0.7%</td>
</tr>
<tr>
<td>HS/GED</td>
<td>2.8%</td>
<td>9.1%</td>
<td>10.5%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Some College</td>
<td>25.7%</td>
<td>25.7%</td>
<td>2.8%</td>
<td>0.7%</td>
</tr>
<tr>
<td>AD</td>
<td>9.1%</td>
<td>9.1%</td>
<td>2.8%</td>
<td>0.7%</td>
</tr>
<tr>
<td>BD</td>
<td>10.5%</td>
<td>10.5%</td>
<td>2.8%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Post-grad</td>
<td>2.8%</td>
<td>2.8%</td>
<td>2.8%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.7%</td>
<td>0.7%</td>
<td>0.7%</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

*Data suppressed: Non-zero count less than 6
**Rita Ranch**

<table>
<thead>
<tr>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>26,711</td>
</tr>
</tbody>
</table>

U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B01003.

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Population</th>
<th>2010 Census</th>
<th>5 Year Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Population</strong></td>
<td>26,711</td>
<td></td>
</tr>
<tr>
<td><strong>Population below Poverty</strong>*</td>
<td>1,527 ** (5.7%)</td>
<td></td>
</tr>
<tr>
<td><strong>Children 0-5</strong></td>
<td>2,227</td>
<td></td>
</tr>
<tr>
<td><strong>Children 0-5 below Poverty</strong>*</td>
<td>221 (8.9%)**</td>
<td></td>
</tr>
<tr>
<td><strong>Population Change Children 0-5 for 2015-2019</strong></td>
<td>+12.4%</td>
<td></td>
</tr>
</tbody>
</table>

**Where economic status is reported**

** U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.

*** U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

### Families

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Number of Families</strong></td>
<td>7,991</td>
</tr>
<tr>
<td><strong>Families with Children 0-5</strong></td>
<td>2,471 (30.9%)</td>
</tr>
<tr>
<td><strong>Singles Parent Families with Children 0-5</strong></td>
<td>488 (19.7%)</td>
</tr>
<tr>
<td><strong>Single Parent Families with Children 0-5 (Mother only)</strong></td>
<td>362 (14.6%)</td>
</tr>
</tbody>
</table>

U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17006.

### Additional FTF Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children 0-5 Living with Grandparents</strong></td>
<td>169 (7.6%)</td>
</tr>
<tr>
<td><strong>Dropout Rate (7th to 12th)</strong></td>
<td>0.8%</td>
</tr>
<tr>
<td><strong>Children 0-5 without Health Insurance</strong></td>
<td>54 (2.2%)</td>
</tr>
</tbody>
</table>

### Educational Attainment Adults

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Less than High School</strong></td>
<td>3.5%</td>
</tr>
<tr>
<td><strong>High School or GED</strong></td>
<td>18.6%</td>
</tr>
<tr>
<td><strong>Some College or Professional</strong></td>
<td>36.1%</td>
</tr>
<tr>
<td><strong>Bachelor's or More</strong></td>
<td>41.8%</td>
</tr>
</tbody>
</table>

### Employment Status of Parents of Children 0-5

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Two Parents - Both Employed</td>
<td>45.8%</td>
</tr>
<tr>
<td>Two Parents - One Employed</td>
<td>30.3%</td>
</tr>
<tr>
<td>One Parent - Employed</td>
<td>16.5%</td>
</tr>
<tr>
<td>One Parent - Not Employed</td>
<td>6.7%</td>
</tr>
<tr>
<td>Other</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

### AzMERIT 3rd Grade Reading and Math Proficiency

- **Highly Proficient**: 44.2%
- **Proficient**: 30.2%
- **Slightly Proficient**: 34.3%
- **Minimally Proficient**: 38.9%
- ** Highly Proficient**: 14.3%
- **Proficient**: 10.8%
- **Slightly Proficient**: 7.2%
- **Minimally Proficient**: 20.1%

1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.
2 Arizona Department of Education (2020). AzMERIT Reports. Provided by AZ FTF.
3 U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B27001.
4 U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23008.
5 U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B15002.
6 Arizona Department of Education (2019). AzMERIT Reports. Provided by AZ FTF.
Language Characteristics

**Primary Language Spoken at Home**

- English Only: 83.6%
- Spanish: 11.6%
- Another language: 4.8%

**Percent of children 0-5 living with parent(s) born outside the U.S.**

- 9.1%

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B05009.
2 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B16001.

EARLY EDUCATION AND CHILDCARE

**Child Care**

**Children 3-4 enrolled in early childhood education**

- Not Enrolled, 30.7%
- Enrolled, 69.3%

**Median Cost per Day of Licensed Centers**

- One Infant: $36.60
- One 1 or 2 Yr Old: $36.60
- One 3-5 Yr Old Per Day: $34.20

<table>
<thead>
<tr>
<th>DES Child Care Subsidy Eligibility- Children 0-5</th>
<th>49</th>
</tr>
</thead>
<tbody>
<tr>
<td>DES Child Care Subsidy Recipients-Children 0-5</td>
<td>41</td>
</tr>
<tr>
<td>Total number of Early Care and Education Centers and Homes</td>
<td>27</td>
</tr>
<tr>
<td>Total Capacity of Centers and Homes</td>
<td>2,306</td>
</tr>
</tbody>
</table>

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003.
4 Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.

HEALTH

**Child Immunizations for Children in Child Care**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Year 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ doses DTaP</td>
<td>99.0%</td>
</tr>
<tr>
<td>3+ doses Polio</td>
<td>99.0%</td>
</tr>
<tr>
<td>2+ doses MMR</td>
<td>99.5%</td>
</tr>
<tr>
<td>3+ doses HIB</td>
<td>99.0%</td>
</tr>
<tr>
<td>2 doses Hepatitis A</td>
<td>94.4%</td>
</tr>
<tr>
<td>3+ doses Hepatitis B</td>
<td>99.5%</td>
</tr>
<tr>
<td>1+ doses Varicella</td>
<td>99.5%</td>
</tr>
</tbody>
</table>

**Child Immunizations for Kindergarteners**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Year 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ doses DTaP</td>
<td>96.0%</td>
</tr>
<tr>
<td>3+ doses Polio</td>
<td>96.4%</td>
</tr>
<tr>
<td>2+ doses MMR</td>
<td>96.6%</td>
</tr>
<tr>
<td>3+ doses Hepatitis B</td>
<td>97.4%</td>
</tr>
<tr>
<td>2+ doses Varicella</td>
<td>88.5%</td>
</tr>
<tr>
<td>1 dose Varicella + History</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

Immunization Data Reports (2020). Provided by AZ FTF.
FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

<table>
<thead>
<tr>
<th>Public Assistance</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF Family Recipients with Children 0-5</td>
<td>33</td>
</tr>
<tr>
<td>TANF Children 0-5 Recipients</td>
<td>44</td>
</tr>
<tr>
<td>SNAP Recipients - Families with Children 0-5</td>
<td>219</td>
</tr>
<tr>
<td>SNAP Recipients - Children 0-5</td>
<td>311</td>
</tr>
</tbody>
</table>

Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF) program. Provided by AZ FTF.


MATERNAL HEALTH

<table>
<thead>
<tr>
<th>Maternal Health</th>
<th>Prenatal Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Mothers</td>
<td>7 (2.3%)</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>18 (6.0%)</td>
</tr>
<tr>
<td>Ever Breastfed</td>
<td>46 (78.0%)</td>
</tr>
</tbody>
</table>


*Data suppressed: Non-zero count less than 6

Mother’s Race/Ethnicity

- White: 66.7%
- Hispanic: 25.2%
- African American: 2.7%
- American Indian: 4.9%
- Asian: 0.1%

Prenatal Care

- No Visit, 2.4%
- 1st Trimester, 77.2%
- 2nd Trimester, 14.5%
- 3rd Trimester, 5.4%

Mother’s Education

- <HS: 0.1%
- Some HS: 14.9%
- HS/GED: 22.1%
- Some College: 13.7%
- AD: 32.3%
- BD: 14.6%
- Post-grad: 0.1%
- Unknown: 0.1%


WIC Enrollment

<table>
<thead>
<tr>
<th>WIC Enrolled Women</th>
<th>‘17</th>
<th>‘18</th>
<th>‘19</th>
<th>‘20</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>93</td>
<td>97</td>
<td>101</td>
<td>99</td>
</tr>
</tbody>
</table>

WIC Enrolled Children 0-4

<table>
<thead>
<tr>
<th>WIC Enrolled Children 0-4</th>
<th>‘17</th>
<th>‘18</th>
<th>‘19</th>
<th>‘20</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>165</td>
<td>183</td>
<td>184</td>
<td>189</td>
</tr>
</tbody>
</table>

**Sahuarita**

<table>
<thead>
<tr>
<th>Code</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>85614</td>
<td>48%</td>
<td>23,777</td>
</tr>
<tr>
<td>85629</td>
<td>52%</td>
<td>25,770</td>
</tr>
</tbody>
</table>

*U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B01003.*

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th></th>
<th>2010 Census</th>
<th>5 Year Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Population</strong></td>
<td>49,547</td>
<td></td>
</tr>
<tr>
<td><strong>Population below Poverty</strong>*</td>
<td>3,231 ** (6.6%)</td>
<td></td>
</tr>
<tr>
<td><strong>Children 0-5</strong></td>
<td>3,380</td>
<td></td>
</tr>
<tr>
<td><strong>Children 0-5 below Poverty</strong>*</td>
<td>234 (7.0%)**</td>
<td></td>
</tr>
<tr>
<td><strong>Population Change Children 0-5 for 2015-2019</strong></td>
<td>-1.4%</td>
<td></td>
</tr>
</tbody>
</table>

*Where economic status is reported
** U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.
*** U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

### Race

- **Ages 18 and older**
  - White: 48.9%
  - Hispanic: 18.5%
  - African American: 1.5%
  - American Indian: 1.2%
  - Asian: 1.4%

- **Children 0-5**
  - White: 42.8%
  - Hispanic: 23.2%
  - African American: 1.5%
  - American Indian: 1.2%
  - Asian: 1.4%

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

### Families

- **Total Number of Families**: 9,287
- **Families with Children 0-5**: 3,322 (35.8%)
- **Singles Parent Families with Children 0-5**: 633 (19.1%)
- **Single Parent Families with Children 0-5 (Mother only)**: 328 (9.9%)

*U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17006.*

### Additional FTF Data

- **Children 0-5 Living with Grandparents**: 225 (6.7%)
- **Dropout Rate (7th to 12th)**: 1.5%
- **Children 0-5 without Health Insurance**: 126 (3.8%)

### Employment Status of Parents of Children 0-5

- **Two Parents - Both Employed**: 44.0%
- **Two Parents - One Employed**: 33.5%
- **One Parent - Employed**: 19.0%
- **One Parent - Not Employed**: 2.1%
- **Other**: 1.5%

### Educational Attainment Adults

<table>
<thead>
<tr>
<th></th>
<th>Less than High School</th>
<th>High School or GED</th>
<th>Some Professional</th>
<th>Bachelor’s or More</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.3%</strong></td>
<td>21.1%</td>
<td>35.4%</td>
<td>38.1%</td>
<td></td>
</tr>
</tbody>
</table>

### AzMERIT 3rd Grade Reading and Math Proficiency

- **Highly Proficient**
  - AzMERIT 3rd Grade Math: 19.2%
  - AzMERIT 3rd Grade Reading: 17.4%
- **Proficient**
  - AzMERIT 3rd Grade Math: 33.4%
  - AzMERIT 3rd Grade Reading: 39.8%
- **Slightly Proficient**
  - AzMERIT 3rd Grade Math: 25.5%
  - AzMERIT 3rd Grade Reading: 12.4%
- **Minimally Proficient**
  - AzMERIT 3rd Grade Math: 21.9%
  - AzMERIT 3rd Grade Reading: 30.4%

1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.
2 Arizona Department of Education (2020). AzMERIT Reports. Provided by AZ FTF.
3 U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B27001.
4 U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23008.
5 U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B15002.
6 Arizona Department of Education (2019). AzMERIT Reports. Provided by AZ FTF.
Language Characteristics

Primary Language Spoken at Home

<table>
<thead>
<tr>
<th>Language</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Only</td>
<td>80.1%</td>
</tr>
<tr>
<td>Spanish</td>
<td>16.8%</td>
</tr>
<tr>
<td>Another language</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

Percent of children 0-5 living with parent(s) born outside the U.S.

- 10.0%

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B05009.
2 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B16001.

EARLY EDUCATION AND CHILDCARE

Child Care

Children 3-4 enrolled in early childhood education

- Enrolled: 36.6%
- Not Enrolled: 63.4%

Median Cost per Day of Licensed Centers

- One Infant: $36.00
- One 1 or 2 Yr Old: $32.00
- One 3-5 Yr Old Per Day: $34.00

DES Child Care Subsidy Eligibility- Children 0-5

- 79

DES Child Care Subsidy Recipients-Children 0-5

- 61

Total number of Early Care and Education Centers and Homes

- 29

Total Capacity of Centers and Homes

- 2,132

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003.
4 Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.

HEALTH

Child Immunizations for Children in Child Care

<table>
<thead>
<tr>
<th>Immunization</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ doses DTaP</td>
<td>97.2%</td>
</tr>
<tr>
<td>3+ doses Polio</td>
<td>98.6%</td>
</tr>
<tr>
<td>2+ doses MMR</td>
<td>98.1%</td>
</tr>
<tr>
<td>3+ doses HIB</td>
<td>98.3%</td>
</tr>
<tr>
<td>2 doses Hepatitis A</td>
<td>90.1%</td>
</tr>
<tr>
<td>3+ doses Hepatitis B</td>
<td>97.6%</td>
</tr>
<tr>
<td>1+ doses Varicella</td>
<td>98.1%</td>
</tr>
</tbody>
</table>

Child Immunizations for Kindergarteners

<table>
<thead>
<tr>
<th>Immunization</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ doses DTaP</td>
<td>97.6%</td>
</tr>
<tr>
<td>3+ doses Polio</td>
<td>97.6%</td>
</tr>
<tr>
<td>2+ doses MMR</td>
<td>97.6%</td>
</tr>
<tr>
<td>3+ doses Hepatitis B</td>
<td>98.0%</td>
</tr>
<tr>
<td>2+ doses Varicella</td>
<td>62.2%</td>
</tr>
<tr>
<td>1 dose Varicella + History</td>
<td>36.0%</td>
</tr>
</tbody>
</table>

Immunization Data Reports (2020). Provided by AZ FTF.
**FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE**

<table>
<thead>
<tr>
<th>Public Assistance</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF Family Recipients with Children 0-5</td>
<td>57</td>
</tr>
<tr>
<td>TANF Children 0-5 Recipients</td>
<td>67</td>
</tr>
<tr>
<td>SNAP Recipients - Families with Children 0-5</td>
<td>428</td>
</tr>
<tr>
<td>SNAP Recipients - Children 0-5</td>
<td>610</td>
</tr>
</tbody>
</table>

Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF) program. Provided by AZ FTF.

<table>
<thead>
<tr>
<th>WIC Enrollment</th>
<th>'17</th>
<th>'18</th>
<th>'19</th>
<th>'20</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC Enrolled Women</td>
<td>241</td>
<td>220</td>
<td>200</td>
<td>195</td>
</tr>
<tr>
<td>WIC Enrolled Children 0-4</td>
<td>411</td>
<td>417</td>
<td>404</td>
<td>411</td>
</tr>
</tbody>
</table>


**MATERNAL HEALTH**

<table>
<thead>
<tr>
<th>Maternal Health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Mothers</td>
<td>21 (5.0%)</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>29 (6.9%)</td>
</tr>
<tr>
<td>Ever Breastfed</td>
<td>87 (77.7%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prenatal Visits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No Visit</td>
<td>6.0%</td>
</tr>
<tr>
<td>1-4 Visit</td>
<td>7.3%</td>
</tr>
<tr>
<td>5-8 Visits</td>
<td>17.9%</td>
</tr>
<tr>
<td>9-12 Visits</td>
<td>43.2%</td>
</tr>
<tr>
<td>13+ Visits</td>
<td>25.6%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

**Mother’s Race/Ethnicity**

- White: 49.8%
- Hispanic: 44.0%
- African American: 2.5%
- American Indian: 3.2%
- Asian: 0.1%

**Mother’s Education**

- <HS: 6.0%
- Some HS: 19.9%
- HS/GED: 22.6%
- Some College: 10.3%
- AD: 29.0%
- BD: 11.1%
- Post-grad: 6.0%
- Unknown: 0.1%


*Data suppressed: Non-zero count less than 6
### Sunnyside

#### Population

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>85706</td>
<td>100%</td>
<td>55,755</td>
</tr>
<tr>
<td>85756</td>
<td>0%</td>
<td>41,906</td>
</tr>
</tbody>
</table>

U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B01003.

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th></th>
<th>2010 Census</th>
<th>5 Year Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>97,661</td>
<td></td>
</tr>
<tr>
<td>Population below Poverty*</td>
<td>21,124 (23.7%)</td>
<td></td>
</tr>
<tr>
<td>Children 0-5</td>
<td>9,799</td>
<td></td>
</tr>
<tr>
<td>Children 0-5 below Poverty*</td>
<td>3,311 (38.2%)</td>
<td></td>
</tr>
<tr>
<td>Population Change Children 0-5 for 2015-2019</td>
<td>-11.2%</td>
<td></td>
</tr>
</tbody>
</table>

*Where economic status is reported
** U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.
*** U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

### Race

- **Ages 18 and older**
  - White: 24.7%
  - Hispanic: 66.7%
  - African American: 4.1%
  - American Indian: 2.1%
  - Asian: 1.5%

- **Children 0-5**
  - White: 11.0%
  - Hispanic: 81.2%
  - African American: 3.8%

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

### Families

- Total Number of Families: 26,418
- Families with Children 0-5: 8,659 (32.8%)
- Singles Parent Families with Children 0-5: 4,434 (51.2%)
- Single Parent Families with Children 0-5 (Mother only): 3,373 (39.0%)

U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17006.

### Additional FTF Data

- Children 0-5 Living with Grandparents: 1,793 (18.3%)
- Dropout Rate (7th to 12th): 2.9%
- Children 0-5 without Health Insurance: 782 (9.0%)

### Employment Status of Parents of Children 0-5

- Two Parents - Both Employed: 20.9%
- Two Parents - One Employed: 23.2%
- One Parent - Employed: 45.0%
- One Parent - Not Employed: 9.3%
- Other: 1.6%

1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.
2 Arizona Department of Education (2020). AzMERIT Reports. Provided by AZ FTF.
3 U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B27001.

### Educational Attainment Adults

- Less than High School: 30.0%
- High School or GED: 28.8%
- Some College or Professional: 30.7%
- Bachelor’s or More: 10.4%

### AzMERIT 3rd Grade Reading and Math Proficiency

- Highly Proficient: 9.5%
- Proficient: 28.9%
- Slightly Proficient: 31.1%
- Minimally Proficient: 55.0%

4 U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23008.
5 U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B15002.
6 Arizona Department of Education (2019). AzMERIT Reports. Provided by AZ FTF.
**Language Characteristics**

<table>
<thead>
<tr>
<th>Primary Language Spoken at Home¹</th>
<th>Percent of children 0-5 living with parent(s) born outside the U.S.²</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Only</td>
<td>42.5%</td>
</tr>
<tr>
<td>Spanish</td>
<td>54.7%</td>
</tr>
<tr>
<td>Another language</td>
<td>2.9%</td>
</tr>
<tr>
<td></td>
<td>41.7%</td>
</tr>
</tbody>
</table>

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B05009.
2 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B16001.

**EARLY EDUCATION AND CHILDCARE**

**Child Care**

**Children 3-4 enrolled in early childhood education¹**

Not Enrolled, 55.8%

Enrolled, 44.2%

**Median Cost per Day of Licensed Centers²**

<table>
<thead>
<tr>
<th>One Infant</th>
<th>One 1 or 2 Yr Old</th>
<th>One 3-5 Yr Old Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>$32.00</td>
<td>$29.00</td>
<td>$27.00</td>
</tr>
</tbody>
</table>

**DES Child Care Subsidy Eligibility- Children 0-5³**

734

**DES Child Care Subsidy Recipients-Children 0-5³**

625

**Total number of Early Care and Education Centers and Homes⁴**

126

**Total Capacity of Centers and Homes⁴**

5,701

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003.
4 Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.

**HEALTH**

**Child Immunizations for Children in Child Care**

<table>
<thead>
<tr>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ doses DTaP</td>
</tr>
<tr>
<td>3+ doses Polio</td>
</tr>
<tr>
<td>2+ doses MMR</td>
</tr>
<tr>
<td>3+ doses HIB</td>
</tr>
<tr>
<td>2 doses Hepatitis A</td>
</tr>
<tr>
<td>3+ doses Hepatitis B</td>
</tr>
<tr>
<td>1+ doses Varicella</td>
</tr>
</tbody>
</table>

**Immunization Data Reports (2020). Provided by AZ FTF.**

**Child Immunizations for Kindergarteners**

<table>
<thead>
<tr>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ doses DTaP</td>
</tr>
<tr>
<td>3+ doses Polio</td>
</tr>
<tr>
<td>2+ doses MMR</td>
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<tr>
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</tr>
<tr>
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</tr>
</tbody>
</table>

**Immunization Data Reports (2020). Provided by AZ FTF.**
FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

<table>
<thead>
<tr>
<th>Public Assistance</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF Family Recipients with Children 0-5</td>
<td>330</td>
</tr>
<tr>
<td>TANF Children 0-5 Recipients</td>
<td>457</td>
</tr>
<tr>
<td>SNAP Recipients - Families with Children 0-5</td>
<td>3,542</td>
</tr>
<tr>
<td>SNAP Recipients - Children 0-5</td>
<td>5,208</td>
</tr>
</tbody>
</table>

Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF) program. Provided by AZ FTF.


MATERNAL HEALTH

<table>
<thead>
<tr>
<th>Maternal Health</th>
<th>Prenatal Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Mothers</td>
<td>199 (14.2%)</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>107 (7.6%)</td>
</tr>
<tr>
<td>Ever Breastfed</td>
<td>660 (80.7%)</td>
</tr>
</tbody>
</table>

Prenatal Care

- No Visit, 9.1%
- 1st Trimester, 58.4%
- 2nd Trimester, 21.5%
- 3rd Trimester, 10.5%
- Unknown, 0.5%

Mother’s Race/Ethnicity

- White, 13.4%
- Hispanic, 78.8%
- African American, 4.0%
- American Indian, 2.8%
- Asian, 1.1%

Mother’s Education

- <HS, 4.3%
- Some HS, 20.6%
- HS/GED, 35.0%
- Some College, 20.8%
- AD, 7.8%
- BD, 8.3%
- Post-grad, 2.7%
- Unknown


*Data suppressed: Non-zero count less than 6
### Population

<table>
<thead>
<tr>
<th></th>
<th>2010 Census</th>
<th>5 Year Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>4,445</td>
<td></td>
</tr>
<tr>
<td>Population below Poverty*</td>
<td>769 ** (17.3%)</td>
<td></td>
</tr>
<tr>
<td>Children 0-5</td>
<td>346</td>
<td></td>
</tr>
<tr>
<td>Children 0-5 below Poverty*</td>
<td>0 (0.0%)**</td>
<td></td>
</tr>
<tr>
<td>Population Change Children 0-5 for 2015-2019</td>
<td>-25.4%</td>
<td></td>
</tr>
</tbody>
</table>

*Where economic status is reported
** U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.
*** U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

### Race

<table>
<thead>
<tr>
<th></th>
<th>Ages 18 and older</th>
<th>Children 0-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>60.8%</td>
<td>37.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>37.7%</td>
<td>34.2%</td>
</tr>
<tr>
<td>African American</td>
<td>0.6%</td>
<td>2.9%</td>
</tr>
<tr>
<td>American Indian</td>
<td>1.8%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.6%</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

### Families

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Families</td>
<td>656</td>
</tr>
<tr>
<td>Families with Children 0-5</td>
<td>258 (39.3%)</td>
</tr>
<tr>
<td>Singles Parent Families with Children 0-5</td>
<td>175 (67.8%)</td>
</tr>
<tr>
<td>Single Parent Families with Children 0-5 (Mother only)</td>
<td>103 (39.9%)</td>
</tr>
</tbody>
</table>

### Additional FTF Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0-5 Living with Grandparents¹</td>
<td>107 (30.9%)</td>
</tr>
<tr>
<td>Dropout Rate (7th to 12th)²</td>
<td>NA</td>
</tr>
<tr>
<td>Children 0-5 without Health Insurance³</td>
<td>0 (0.0%)</td>
</tr>
</tbody>
</table>

### Educational Attainment Adults⁵

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>19.7%</td>
</tr>
<tr>
<td>High School or GED</td>
<td>29.7%</td>
</tr>
<tr>
<td>Some College or Professional</td>
<td>36.5%</td>
</tr>
<tr>
<td>Bachelor’s or More</td>
<td>14.1%</td>
</tr>
</tbody>
</table>

### AzMERIT 3rd Grade Reading and Math Proficiency⁶

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Proficient</td>
<td>6.8%</td>
</tr>
<tr>
<td>Proficient</td>
<td>0.0%</td>
</tr>
<tr>
<td>Slightly Proficient</td>
<td>27.1%</td>
</tr>
<tr>
<td>Minimally Proficient</td>
<td>22.0%</td>
</tr>
<tr>
<td>Some College or Professional</td>
<td>32.2%</td>
</tr>
<tr>
<td>Bachelor’s or More</td>
<td>13.6%</td>
</tr>
<tr>
<td>Bachelor’s or More</td>
<td>33.9%</td>
</tr>
<tr>
<td>AzMERIT 3rd Grade Math</td>
<td>62.7%</td>
</tr>
<tr>
<td>AzMERIT 3rd Grade Reading</td>
<td></td>
</tr>
</tbody>
</table>

¹ U.S. Census Bureau; 2010 Census Summary File 1; Table P41.
² Arizona Department of Education (2020). AzMERIT Reports. Provided by AZ FTF.
³ U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.
⁴ U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23008.
⁵ U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B15002.
⁶ Arizona Department of Education (2019). AzMERIT Reports. Provided by AZ FTF.
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<tbody>
<tr>
<td>English Only</td>
<td>66.4%</td>
</tr>
<tr>
<td>Spanish</td>
<td>32.1%</td>
</tr>
<tr>
<td>Another language</td>
<td>1.5%</td>
</tr>
<tr>
<td></td>
<td>4.0%</td>
</tr>
</tbody>
</table>

¹ U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B05009.
² U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B16001.

### EARLY EDUCATION AND CHILDCARE

#### Child Care

**Children 3-4 enrolled in early childhood education¹**

- **Enrolled, 0.0%**
- **Not Enrolled, 100.0%**

**Median Cost per Day of Licensed Centers²**

<table>
<thead>
<tr>
<th>Infant</th>
<th>One 1 or 2 Yr Old</th>
<th>One 3-5 Yr Old Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>DES Child Care Subsidy Eligibility- Children 0-5³</td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>DES Child Care Subsidy Recipients-Children 0-5³</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>Total number of Early Care and Education Centers and Homes⁴</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Total Capacity of Centers and Homes⁴</td>
<td></td>
<td>NA</td>
</tr>
</tbody>
</table>

¹ U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003.
⁴ Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.

### HEALTH

#### Child Immunizations for Children in Child Care 2020

<table>
<thead>
<tr>
<th>Child Immunizations</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ doses DTaP</td>
<td>NA</td>
</tr>
<tr>
<td>3+ doses Polio</td>
<td>NA</td>
</tr>
<tr>
<td>2+ doses MMR</td>
<td>NA</td>
</tr>
<tr>
<td>3+ doses HIB</td>
<td>NA</td>
</tr>
<tr>
<td>2 doses Hepatitis A</td>
<td>NA</td>
</tr>
<tr>
<td>3+ doses Hepatitis B</td>
<td>NA</td>
</tr>
<tr>
<td>1+ doses Varicella</td>
<td>NA</td>
</tr>
</tbody>
</table>

#### Child Immunizations for Kindergarteners 2020

<table>
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<tr>
<th>Child Immunizations</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ doses DTaP</td>
<td>94.2%</td>
</tr>
<tr>
<td>3+ doses Polio</td>
<td>94.2%</td>
</tr>
<tr>
<td>2+ doses MMR</td>
<td>94.2%</td>
</tr>
<tr>
<td>3+ doses Hepatitis B</td>
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<tr>
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<td>94.2%</td>
</tr>
<tr>
<td>1 dose Varicella + History</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

Immunization Data Reports (2020). Provided by AZ FTF.
### FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

<table>
<thead>
<tr>
<th>Public Assistance</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF Family Recipients with Children 0-5</td>
<td>27</td>
</tr>
<tr>
<td>TANF Children 0-5 Recipients</td>
<td>13</td>
</tr>
<tr>
<td>SNAP Recipients - Families with Children 0-5</td>
<td>138</td>
</tr>
<tr>
<td>SNAP Recipients - Children 0-5</td>
<td>214</td>
</tr>
</tbody>
</table>

*Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF) program. Provided by AZ FTF.*

### WIC Enrollment

<table>
<thead>
<tr>
<th></th>
<th>'17</th>
<th>'18</th>
<th>'19</th>
<th>'20</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC Enrolled Women</td>
<td>57</td>
<td>61</td>
<td>58</td>
<td>45</td>
</tr>
<tr>
<td>WIC Enrolled Children 0-4</td>
<td>102</td>
<td>99</td>
<td>117</td>
<td>98</td>
</tr>
</tbody>
</table>

*Arizona Department of Health Services (2020). Women, Infants & Children (WIC). Provided by AZ FTF.*

### MATERNAL HEALTH

#### Maternal Health

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Mothers</td>
<td>8 (16.6%)</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>NA</td>
</tr>
<tr>
<td>Ever Breastfed</td>
<td>18 (75.0%)</td>
</tr>
</tbody>
</table>

#### Prenatal Visits

- No Visit: 28.5%
- 1-4 Visit: 39.1%
- 5-8 Visits: 18.5%
- 9-12 Visits: 0.7%

### Mother’s Race/Ethnicity

- White: 46.4%
- Hispanic: 49.7%
- African American: 0.0%
- American Indian: 0.0%
- Asian: 0.0%

### Prenatal Care

- 1st Trimester, 58.3%
- 2nd Trimester, 27.8%

### Mother’s Education

- <HS: 27.2%
- Some HS: 32.5%
- HS/GED: 23.8%
- Some College: 0.7%
- AD: 0.0%
- BD: 0.0%
- Post-grad: 0.0%
- Unknown: 0.0%


**Data suppressed: Non-zero count less than 6**
Vail

85641

% N

100% 27,076

DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Population</th>
<th>2010 Census</th>
<th>5 Year Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>27,076</td>
<td></td>
</tr>
<tr>
<td>Population below Poverty*</td>
<td>1,046 **</td>
<td>(3.9%)</td>
</tr>
<tr>
<td>Children 0-5</td>
<td>1,915</td>
<td></td>
</tr>
<tr>
<td>Children 0-5 below Poverty*</td>
<td>94 (4.0%)**</td>
<td></td>
</tr>
<tr>
<td>Population Change Children 0-5 for 2015-2019</td>
<td>+22.1%</td>
<td></td>
</tr>
</tbody>
</table>

*Where economic status is reported
** U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.
*** U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

Race

78.1% White
65.0% Hispanic
27.4% African American
2.5%2.8% American Indian
0.6%0.3% Asian

Families

Total Number of Families | 7,615
Families with Children 0-5 | 2,337 (30.7%)
Singles Parent Families with Children 0-5 | 177 (7.6%)
Single Parent Families with Children 0-5 (Mother only) | 103 (4.4%)

Additional FTF Data

Children 0-5 Living with Grandparents1 | 134 (7.0%)
Dropout Rate (7th to 12th)2 | 1.2%
Children 0-5 without Health Insurance3 | 20 (0.9%)

Educational Attainment Adults5

<table>
<thead>
<tr>
<th>Less than High School</th>
<th>High School or GED</th>
<th>Some Professional or More</th>
<th>Bachelor's or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3%</td>
<td>17.2%</td>
<td>39.0%</td>
<td>39.5%</td>
</tr>
</tbody>
</table>

AzMERIT 3rd Grade Reading and Math Proficiency6

<table>
<thead>
<tr>
<th>Highly Proficient</th>
<th>Proficient</th>
<th>Slightly Proficient</th>
<th>Minimally Proficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.9%</td>
<td>38.4%</td>
<td>45.3%</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

1 U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.
2 Arizona Department of Education (2020). AzMERIT Reports. Provided by AZ FTF.
3 U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B27001.
4 U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23008.
5 U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B15002.
6 Arizona Department of Education (2019). AzMERIT Reports. Provided by AZ FTF.
**Language Characteristics**

Primary Language Spoken at Home

<table>
<thead>
<tr>
<th>Language</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Only</td>
<td>88.7%</td>
</tr>
<tr>
<td>Spanish</td>
<td>9.3%</td>
</tr>
<tr>
<td>Another language</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

Percent of children 0-5 living with parent(s) born outside the U.S.

- 8.2%

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B05009.
2 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B16001.

**EARLY EDUCATION AND CHILDCARE**

**Child Care**

Children 3-4 enrolled in early childhood education

- 51.8%
- 48.2%

Median Cost per Day of Licensed Centers

<table>
<thead>
<tr>
<th>Age/Group</th>
<th>Cost Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Infant</td>
<td>$36.00</td>
</tr>
<tr>
<td>One 1 or 2 Yr Old</td>
<td>$34.00</td>
</tr>
</tbody>
</table>

DES Child Care Subsidy Eligibility- Children 0-5

- 28

DES Child Care Subsidy Recipients-Children 0-5

- 19

Total number of Early Care and Education Centers and Homes

- 17

Total Capacity of Centers and Homes

- 1,478

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003.
4 Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.

**HEALTH**

**Child Immunizations for Children in Child Care**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>2020 Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ doses DTaP</td>
<td>96.3%</td>
</tr>
<tr>
<td>3+ doses Polio</td>
<td>97.4%</td>
</tr>
<tr>
<td>2+ doses MMR</td>
<td>97.2%</td>
</tr>
<tr>
<td>3+ doses HIB</td>
<td>96.3%</td>
</tr>
<tr>
<td>2 doses Hepatitis A</td>
<td>95.9%</td>
</tr>
<tr>
<td>3+ doses Hepatitis B</td>
<td>96.5%</td>
</tr>
<tr>
<td>1+ doses Varicella</td>
<td>96.7%</td>
</tr>
</tbody>
</table>

**Child Immunizations for Kindergarteners**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>2020 Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>4+ doses DTaP</td>
<td>95.8%</td>
</tr>
<tr>
<td>3+ doses Polio</td>
<td>95.8%</td>
</tr>
<tr>
<td>2+ doses MMR</td>
<td>95.8%</td>
</tr>
<tr>
<td>3+ doses Hepatitis B</td>
<td>95.8%</td>
</tr>
<tr>
<td>2+ doses Varicella</td>
<td>92.7%</td>
</tr>
<tr>
<td>1 dose Varicella + History</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

Immunization Data Reports (2020). Provided by AZ FTF.
### Families and Children Receiving Public Assistance

<table>
<thead>
<tr>
<th>Public Assistance</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF Family Recipients with Children 0-5</td>
<td>28</td>
</tr>
<tr>
<td>TANF Children 0-5 Recipients</td>
<td>38</td>
</tr>
<tr>
<td>SNAP Recipients - Families with Children 0-5</td>
<td>134</td>
</tr>
<tr>
<td>SNAP Recipients - Children 0-5</td>
<td>209</td>
</tr>
</tbody>
</table>

Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF) program. Provided by AZ FTF.

### WIC Enrollment

<table>
<thead>
<tr>
<th></th>
<th>’17</th>
<th>’18</th>
<th>’19</th>
<th>’20</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC Enrolled Women</td>
<td>81</td>
<td>79</td>
<td>74</td>
<td>70</td>
</tr>
<tr>
<td>WIC Enrolled Children O-4</td>
<td>180</td>
<td>193</td>
<td>160</td>
<td>154</td>
</tr>
</tbody>
</table>


### Maternal Health

#### Maternal Health

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Mothers</td>
<td>10 (4.1%)</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>20 (8.0%)</td>
</tr>
<tr>
<td>Ever Breastfed</td>
<td>30 (76.9%)</td>
</tr>
</tbody>
</table>

#### Prenatal Visits

<table>
<thead>
<tr>
<th>Visits</th>
<th>No Visit</th>
<th>1-4 Visit</th>
<th>5-8 Visits</th>
<th>9-12 Visits</th>
<th>13+ Visits</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>5.2%</td>
<td>14.6%</td>
<td>47.1%</td>
<td>31.0%</td>
<td>0.0%</td>
<td></td>
</tr>
</tbody>
</table>

#### Mother’s Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>69.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>25.2%</td>
</tr>
<tr>
<td>African American</td>
<td>2.5%</td>
</tr>
<tr>
<td>American Indian</td>
<td>2.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

#### Prenatal Care

- 1st Trimester, 76.9%
- 2nd Trimester, 14.5%
- 3rd Trimester, 6.6%

#### Mother’s Education

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;HS</td>
<td>3.3%</td>
</tr>
<tr>
<td>Some HS</td>
<td>16.8%</td>
</tr>
<tr>
<td>HS/GED</td>
<td>26.7%</td>
</tr>
<tr>
<td>Some College</td>
<td>10.8%</td>
</tr>
<tr>
<td>AD</td>
<td>28.4%</td>
</tr>
<tr>
<td>BD</td>
<td>11.7%</td>
</tr>
<tr>
<td>Post-grad</td>
<td>2.5%</td>
</tr>
<tr>
<td>Unknown</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

*Data suppressed: Non-zero count less than 6*