

 **FIRST THINGS FIRST**

Yavapai Region



2022

NEEDS AND ASSETS
REPORT

YAVAPAI REGIONAL PARTNERSHIP COUNCIL 2022 NEEDS AND ASSETS REPORT

Funded by the
First Things First Yavapai Regional Partnership Council

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INTRODUCTION

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

The 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 Yavapai Regional Partnership Council recognizes the importance of investing in young children and ensuring that families and caregivers have options when it comes to supporting the healthy development 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 Yavapai 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

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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 Yavapai Region.

Lastly, we want to acknowledge the current and past members of the Yavapai 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

The Yavapai Region. The First Things First Yavapai Region covers all of Yavapai County, including the part of the city of Sedona that lies in Coconino County, and the Yavapai-Apache Nation which was federally designated to be shared by both the Yavapai and Tonto Apache people in non-contiguous parcels across 2,000 acres in Camp Verde, Middle Verde, Clarkdale, Tunlii and Rimrock. Nine sub-regions within the Yavapai Region were identified by the Regional Partnership Council and Director as focus areas; Ash Fork, Bagdad, Chino Valley, Cordes Junction, Prescott, Prescott Valley, Sedona, Verde Valley and Yavapai South.ⁱ

Population Characteristics. According to the 2010 U.S. Census, the Yavapai Region had a population of 213,875, of whom 12,661 (6%) were children under the age of 6. The number of babies born each year in the region declined each year from 2014 (1,959) to 2018 (1,776) but increased in 2019 (1,815). Statewide, the annual number of births has declined each year since at least 2014.

Only 15% of the total population (and 29% of the children under 5) in the region are estimated to have Hispanic or Latino ethnicity, both of which are lower than the statewide averages of 31% and 45%, respectively. Similarly, the percentage of the region's population who speak Spanish at home (8%) is lower than the statewide percentage (20%).

Across the region, an estimated 61% of the children under age 6 live with two parents, 32% live with a single parent, and the remaining 7% live with non-relatives or relatives other than their parent(s). In the Cordes Junction sub-region, however, 72% are estimated to live with a single parent. The Cordes Junction sub-region also has a large percentage (66%) of children under 6 who live in a household headed by their grandparent(s). Note that this number includes children living in multi-generational households as well as children being raised by grandparents.

Economic Circumstances. The median annual family income in Yavapai County is estimated to be \$64,600, which is approximately 92% of the statewide median of \$70,200. (The median for the Yavapai Region is not available.) An estimated 13% of the region's population have incomes below the poverty level. The rates of poverty are higher in the Yavapai-Apache Nation (58%) and the Cordes Junction sub-region (21%), and lower in the Bagdad (4%), Sedona (10%), Chino Valley (10%), and Prescott (11%) sub-regions.

Responses to food insecurity related to the COVID-19 pandemic included a regional effort to support emergency food sites throughout the Yavapai Region, including rural areas not well served by retail food sites. In addition, the number of meals provided through the Summer Food Service Program in Yavapai County increased from 40,844 in the 2017-18 school year to 568,351 in the 2019-20 school year.

ⁱ A detailed description of each of these sub-regions can be found in "The Yavapai Region" section of this report beginning on p 20.

The number of young children and households with young children participating in the Supplemental Nutrition Assistance Program (SNAP) decreased from SFY2016 (3,719 households and 5,423 children) to SFY2020 (2,900 and 4,234 respectively). Variability exists across sub-regions, with highs in the percentage of children ages birth to 5 participating in SNAP in SFY2020 in the Ash Fork (90%) and Cordes Junction (60%) sub-regions, and lows in the Bagdad (6%) and Sedona (15%) sub-regions. The numbers of women and children under 5 participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in the Yavapai Region and in the state have steadily declined each year from 2016 to 2020.

Annual unemployment rates in Yavapai County have been very close to the statewide rates, declining each year from 2010 through 2019. In 2020, the rates increased to 7.5% in the county and 7.9% in the state. The peak monthly unemployment rates came in April 2020: 16.0% in the county and 14.2% in the state.

An estimated 31% of households in the region have burdensome housing costs (that is, the cost of housing is more than 30% of the household's income). In the Sedona sub-region, 42% of households spend more than 30% of their income on housing.

Educational Indicators. In the Yavapai Region during the 2019-20 school year, enrollment in public and charter kindergarten through third grade was approximately 1,800 students per grade, with an additional 500 children enrolled in preschool. In the 2018-2019 school year, chronic absences in children enrolled in kindergarten through third grade were 13% for both the region and state, although there was variability across the region, with four school districts with a quarter or more students chronically absent that year.

When the region's third grade students took the AzMERIT achievement assessments in the 2018-19 school year, students had similar passing rates as those statewide on both English Language Arts (48% for the region, and 46% for the state) and Math (50% for the region and 51% statewide).

Graduation rates for high schools in the region are slightly higher than those seen statewide. For the 2019 cohort, 82% of the region's students graduated within four years, compared to 79% statewide.

For the general population over the age of 25 in the region, the American Community Survey (ACS) estimates 9% have less than a high-school education, lower than across the state as a whole (13%). Among mothers giving birth in the region during calendar year 2019, 17% had not finished high school, similar to that seen across the state (16%).

Early Learning. The ACS estimates that 50% of the 3- and 4-year-olds in the Yavapai Region are enrolled in some sort of preschool, kindergarten, or nursery school, higher than the proportion across the state (39%), with even higher proportions in the Yavapai-Apache Nation (79%) and Prescott (68%) sub-region. The 82 registered child care providers in the region have a capacity to serve 4,595 children including 48 child care centers, 15 Head Start centers, 11 public-school-based programs, and eight home-based providers. Although home-based providers comprise only 10% of registered early care and education providers in the region (representing only 2% of capacity in the region), they represent over a

third (35%) of those with Arizona Department of Health Services licensing for infant care. Child care providers surveyed most often reported cost-related constraints related to licensing, staffing and space limitations as reasons for not offering infant care. Of a small sample of parents in need of infant care surveyed, fewer than half (43%) had been able to find that care, and 40% of those found that care in non-registered settings.

During the month of December 2020, 25 of 63 (40%) child care providers listed with Child Care Resource and Referral were closed due to the COVID-19 pandemic, creating further barriers to accessing child care. These closures were especially impactful in the Ash Fork, Chino Valley and Verde Valley sub-regions.

The most recent survey of child care providers, which took place in 2018, reported that the median monthly cost of child care in the region was \$500 in approved family homes, between \$520 and \$580 in certified group homes, and between \$622 and \$720 in licensed centers. Families in Yavapai County are paying a similar proportion (11.5-13.4% for one child, depending on the child's age) of their overall income for a child care slot as other families statewide.

The proportion of children under 3 referred to the Arizona Early Intervention Program (AZEIP) found eligible for services increased from 36% in 2019 to 53% in 2020, even though the number of referrals decreased during the same period. Across the region, the percentage of the youngest children receiving AZEIP or Division of Developmental Disabilities (DDD) services decreased very slightly between 2019 (n=158) and 2020 (n=157). Decreases were also seen for children aged 3 to 5 years, with the number receiving special needs services from Arizona Department of Education Local Education Authorities (LEAs) decreasing 6% overall since the 2017-18 school year. Decreases in the percentages of young children served by AZEIP and DDD and the number of preschoolers with disabilities served by LEAs in the region suggest fewer children are being identified at early ages when intervention can be most impactful. Key informant interviews conducted to better understand the continuum of services available for children under age 6 with developmental concerns in the region found that the services available are viewed positively, additional services across all therapeutic modalities are needed, all children suspected of developmental concerns should be referred to state-provided services regardless of insurance status, improvements are needed to identify developmental concerns as early as possible and increasing family supports could help counteract barriers to families engaging with services.

Child Health. Not having health insurance is a barrier to quality, consistent medical care. An estimated 10% of children under 6 years old in the Yavapai Region lack health insurance coverage with higher proportions in the Yavapai South (22%) and Verde Valley (15%) sub-regions.

For births in the region in 2019, 73% were to mothers who began prenatal care in the first trimester below the Healthy People 2020 target of 84.8%. Less than two-thirds of births in the Ash Fork (61%), Cordes Junction (62%), Sedona (59%) and Yavapai South (65%) sub-regions between 2017-2019 were to mothers who began prenatal care in the first trimester. A much higher proportion of births in the Yavapai Region in 2019 were to mothers who reported smoking (12.7%) than across the state (4.3%), and well above the Healthy People 2020 goal of 1.4%. The rates of smoking during pregnancy were

even higher in the Cordes Junction (21%) and Yavapai South (19%) sub-regions. The Yavapai Region does not meet Healthy People 2020 objectives for the percent of low-birth weight (7.8% or less) or premature births (9.4% or less), although these percentages have increased overall in the region from 2014 (6.3% low birthweight and 8.7% preterm) to 2019 (7.4% low birthweight and 9.3% preterm).

Although it is likely that the pandemic has caused many children to miss or delay their scheduled immunizations, child care and kindergarten immunization rates in the 2019-2020 school year fall below Healthy People 2020 targets. Immunization exemption rates are more than twice as high in the region (6.9% in child care; 7.8% in kindergarten) than they are in the state as a whole (3.1% in child care; 3.4% in kindergarten). In addition, exemptions from all immunizations in kindergarten have increased from 5.9% in the 2015-2016 school year to 7.8% in the 2019-20 school year. Conversely, exemptions from all immunizations and religious exemptions have been decreasing in child care settings in the region since the 2017-2018 school year.

In calendar year 2019, there were a total of 13 infant deaths, which put the region just above the Healthy People 2020 target infant mortality rate of six per thousand live births.

Family Support and Literacy. Undoubtedly the COVID-19 pandemic has led to increased stress, anxiety and depression in adults, especially those who are caretakers. National data suggest that alcohol and other substance use increased substantially during the early weeks of the pandemic. However, in Yavapai County, the number of non-fatal overdoses involving opioids or opiates decreased 36%, from 129 in 2018 to 83 in 2020, while statewide the number increased 31% over those years.

In the Yavapai Region, the Arizona Department of Child Safety removed a total of 254 children from their homes in state fiscal years 2019 and 2020, with an increase in the number of removals from SFY2019 (n=113) to SFY2020 (n=141). The region has an active Best for Babies Court Team and multiple programs aimed to support families involved in dependency cases and reduce time children spend in foster care. These efforts appear to be working as the average days children in dependency cases in Yavapai County remain in foster care decreased from 572 days in 2016 to 486 days in 2019.

ABOUT THIS REPORT

There is growing acknowledgement of the role our physical, social, and economic environments play in our day-to-day health and wellbeing.¹ These factors, known as the social determinants of health, have an especially strong effect on the development of young children ages birth to 5 and accumulate over time.^{2,3} Measuring and addressing these conditions can significantly impact not only early health and education outcomes, but also health and economic circumstances later in life.^{4,5,6} It is important to acknowledge that structural inequities in access to quality health care, schools, and education as well as living, working and leisure conditions lead to disparate outcomes within and between groups of people.⁷ For example, the U.S.'s history of segregation, discriminatory policy and differential investment across communities has created generational disparities in outcomes for people of color.⁸ Tribal communities have additionally experienced periods of genocide, forced relocation and assimilation leading to systemically poorer economics and health compared with other groups.^{9,10} This Needs and Assets Report covers many structural and social determinants of health including population characteristics, economic characteristics, early learning and educational indicators, child health, and family support and literacy for the First Things First Yavapai Region.

The data in this report come from a variety of sources including federal and state agencies and local agencies or service providers. Federal government sources include publicly available data from the 2010 Census and the 2015-2019 American Community Survey (ACS) 5-Year Estimates. Because the 2010 Census is now a decade old, it is used minimally in this report.ⁱⁱ For example, children who were under 6 years old in 2010 are now between 11 and 16 years old. The Census Bureau expects to release detailed tables from the 2020 Census in 2023.¹¹ Data in this report from the ACS summarize the responses from samples of residents taken between 2015 and 2019, which is notably before the COVID-19 pandemic began. Because these estimates are based on samples rather than the full population, ACS data should not be considered exact. Estimates for smaller geographies, such as sub-regions, are less accurate than estimates for larger geographies, such as the county or state, because they are based on smaller sample sizes. Estimates which are based on very few respondents (fewer than 50) will not be included in the data tables in this report. Additionally, reliable data for some small sub-populations, such as preschool-aged children ages 3-4 or grandparents responsible for their grandchildren are not available in small sub-regions, such as Ash Fork, Bagdad, Cordes Junction, Sedona, and Yavapai South. In cases where data are not available due to sample size limitations, entries will be marked 'N/A' and explained with a table or figure note.

Data were provided to First Things First (FTF) by state agencies including the Arizona Department of Health Services (ADHS), the Arizona Department of Education (ADE), the Arizona Department of Economic Security (DES), and the Arizona Department of Child Safety (DCS). In most cases, the data in this report were calculated especially for the Needs & Assets process and are more detailed than the data that are published by these agencies for the general public. Whenever possible, this report will use

ⁱⁱ Only Table 1 ("Population and households") and Figure 2 ("Share of children birth to 5 by sub-region") use 2010 Census data.

data tailored to the region and sometimes sub-regions, but in some cases, there are only county-level or statewide data available to report. This report also includes publicly available data for the state and counties from state agencies such as the Arizona Department of Commerce's Office of Economic Opportunity (OEO) and DCS semi-annual child welfare reports to supplement data received through specific requests.

Additionally, this report includes local quantitative and qualitative data collected from the Northern Arizona Council of Governments (N.A.C.O.G.), University of Arizona Cooperative Extension SNAP-Ed and CASA of Yavapai County as well as data collected from key informants in the region interviewed or surveyed as part of additional work projects including health organizations serving young children with developmental concerns, parents of young children with developmental concerns, child care providers and parents of infants seeking child care. Regional Partnership Council members and other local stakeholders also participated in a facilitated data discussion on September 22, 2021, which allowed them to share their local knowledge and perspective in interpreting the data collected. Perspectives and feedback from participating session members are included as key informant perspectives within this report. The Data Interpretation Session paid special interest to the region's priority areas (1. and 2.), and topics for additional work projects (3. and 4.):

1. Child welfare
2. Food insecurity
3. Children with developmental concerns, and
4. Infant care.

Additional information and data are included on these topics when available.

In most tables in this report, the top rows of data correspond to the FTF Yavapai Region and defined sub-regions. Not all data are available at the FTF regional level because not all data sources analyze their data based on FTF regional boundaries. The last table rows present data that are useful for comparison purposes, including Yavapai County, the state of Arizona, and national estimates or targets where available. Data tables and graphs are as complete as possible. Data which are not available for a particular geography are indicated by the abbreviation "N/A." State agencies have varying policies about reporting small values. Entries such as "<10" or "<11" are used when the count is too small to be reported and has been suppressed to protect privacy. In some cases, table entries will indicate a range of values such as "[11 to 27]" because the suppression policy prevented the vendor from knowing the exact value, but comparison of these ranges of possible values to other values in the table or figure may still be useful. Table entries of "DS" indicate that data have been suppressed and we are unable to provide a useful range of possible values. Additional data tables not included in the body of the report can be found in Appendix 1.

THE YAVAPAI REGION

The First Things First regional boundaries were initially established in 2007, creating 31 regions which were designed to (a) reflect the view of families in terms of where they access services, (b) coincide with existing boundaries or service areas of organizations providing early childhood services, (c) maximize the ability to collaborate with service systems and local governments, and facilitate the ability to convene a Regional Partnership Council, and (d) allow for the collection of demographic and indicator data. The regional boundaries are reviewed every two years. In fiscal year 2015, the boundaries were modified using census blocks, creating 28 regions. This report uses the 2015 definition of the regional boundaries.

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

The Yavapai-Apache Nation, federally designated to be shared by both the Yavapai and Tonto Apache people in non-contiguous parcels across 2,000 acres in Camp Verde, Middle Verde, Clarkdale, Tunlii and Rimrock, is included in the Yavapai Region. In addition, the Yavapai-Prescott Indian Tribe reservation is located in the region, consisting of approximately 1,400 acres that are adjacent to the city of Prescott. All federally recognized tribes in the state of Arizona have the opportunity to participate within a First Things First designated region or elect to be designated as a separate region, and this decision must be ratified every two years. The Yavapai-Apache Nation has chosen to participate as part of the Yavapai Region, with a seat on the Regional Partnership Council, while the Yavapai-Prescott Indian Tribe does not currently participate as part of the region.

Because communities may vary in terms of needs and assets, the Yavapai Regional Partnership Council requested that data be analyzed and reported at a sub-regional level in order to provide a more complete picture of the region. Dividing the region in sub-regions helps the Council target strategies to use resources effectively and efficiently. Nine sub-regions within the Yavapai Region were identified by the Regional Partnership Council and Director as focus areas. Figure 1 shows the sub-regions in the Yavapai Region, which are also described below.

The **Ash Fork** sub-region is comprised of the portions of the 86320, 86337, and 86434 zip codes that are within Yavapai County and contains the Census Designated Places (CDPs) of Ash Fork and Seligman. The sub-region also contains the sparsely-populated portion of the 86305 zip code west of the BNSF Railway line west of Williamson.

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

The **Chino Valley** sub-region encompasses the zip codes of 86323 and 86334. It contains the town of Chino Valley and the Paulden CDP.

The **Cordes Junction** sub-region is defined as the 86333 and 85324 zip code and contains the CDPs of Mayer, Spring Valley, Cordes Lakes, and Black Canyon City.

The **Prescott** sub-region is comprised of the 86301, 86303, and 86313 zip codes, as well as the Williamson portion of the 86305 zip code east of the BNSF Railway line. It contains the city of Prescott and the Williamson CDP.

The **Prescott Valley** sub-region is defined as the 86314, 86315, 86327, and 86329 zip codes and contains the town of Prescott Valley and the CDP of Dewey-Humboldt.

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

The **Verde Valley** sub-region is comprised of the 86322, 86324, 86325, 86326, 86331, and 86335 zip codes. It contains the city of Cottonwood, the towns of Camp Verde, Clarkdale, and Jerome, the CDP of Cornville, and the unincorporated community of Rimrock. The Yavapai-Apache Nation is included as part of the Verde Valley sub-region.

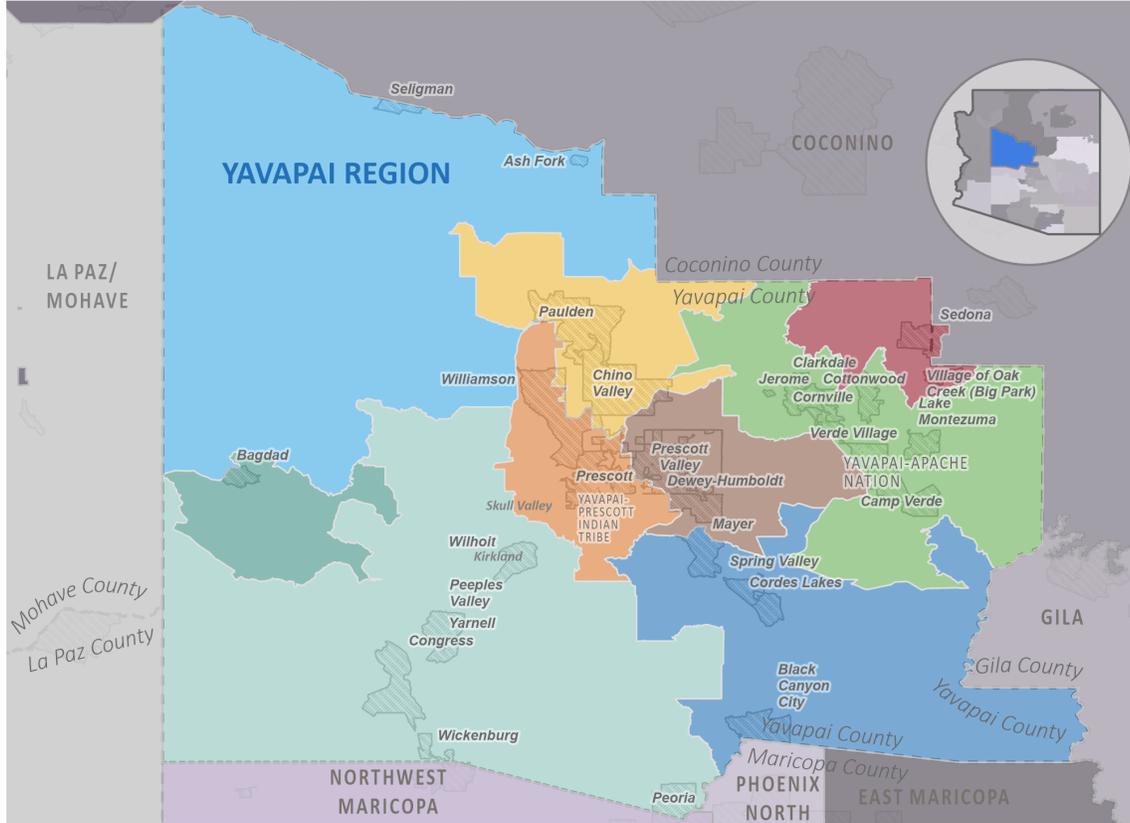
The **Yavapai South** sub-region encompasses the 85332, 85362, 86332, 86338, and 86343 zip codes as well as the portions of the 85320, 85342, and 85390 zip codes falling within Yavapai County and two areas of the county west of Congress and east of Black Canyon City that have no zip code. It contains the CDPs of Congress, Hillside, Peoples Valley, Skull Valley, Yarnell, and Wilhoit as well as the unincorporated community of Crown King.

Data for the **Yavapai-Apache Nation** will also be included in this report. The Nation has five parts, all within the Verde Valley community, near Clarkdale, Camp Verde, and Lake Montezuma. In the data tables in this report, the residents of the Yavapai-Apache Nation are counted as part of the Verde Valley sub-region. Data specific to the Yavapai-Apache Nation is also included as its own row in data tables when available, along with Yavapai County and the state of Arizona. In addition, the Yavapai-Apache Nation Supplement, which contains data specific to the Yavapai-Apache Nation is included in Appendix 6 of this report.

Figure 1 shows the geographical area covered by the Yavapai Region. Additional information available at the end of this report includes a map of the region by zip code and a table listing zip codes for the region in Appendix 3, and a map and a list of school districts in the region in Appendix 4.

Figure 1. The First Things First Yavapai Region and its sub-regions

Map by Community Research, Evaluation, & Development (CRED) Team, University of Arizona



Yavapai Sub-Regions

- | | | |
|--|---|--|
| ■ Ash Fork | ■ Cordes Junction | ■ Sedona |
| ■ Bagdad | ■ Prescott | ■ Verde Valley |
| ■ Chino Valley | ■ Prescott Valley | ■ Yavapai South |

Source: 2010 TIGER/Line Shapefiles prepared by the U.S. Census. Map produced by CRED.



POPULATION CHARACTERISTICS

POPULATION CHARACTERISTICS

Why It Matters

Families with young children often utilize community resources such as early education, health care facilities and social services to help their children thrive.^{12,13,14,15,16} Accurate and up-to-date information about the characteristics of families is critical for ensuring policy makers and program providers can determine what resources are needed in their regions, including where these services should be located and how to tailor offerings to the specific needs of those who are likely to use them. Having reliable access to child care, health care and social services has been shown to improve children's health and educational outcomes.^{17,18,19,20} As Arizona communities become increasingly diverse, providers need access to relevant demographic data to ensure they engage with families in culturally responsive ways.^{21,22,23}

In addition to growing racial, ethnic and social diversity, U.S. and Arizona families are becoming more diverse in terms of family structure.²⁴ Many children live in single-parent households, and it is increasingly common for children to live in kinship care (care of children by someone other than their parents, such as relatives or close friends).^{25,26} Multi-generational households, particularly where grandparents live in the home with children and parents, are common in some communities and cultures and can provide financial and social benefits.²⁷ As family structure changes, so can family strengths and challenges that impact child development, such as poverty, access to health and education resources and the quality of a child's interactions with adult caregivers.^{28,29,30,31} Regardless of their family structure, all young children benefit from nurturing relationships with adults. Research has identified that these early relationships are a primary influence on brain development.³² Ensuring that children have adult caregivers who consistently engage in high quality interactions beginning in infancy can help protect young children from negative effects of stress and adversity and builds a foundation in the brain for all of the learning, behavior and health that follow.^{33,34}

Program and policy decisions that are informed by data on the structure and stability of children's home and community environments help ensure more effective supports for families and have a greater chance to improve well-being, economic security and educational outcomes for children.

What the Data Tell Us

Population, race, and ethnicity

According to the 2010 U.S. Census, the Yavapai Region had a population of 213,875, of whom 12,661 were children under the age of 6 (Table 1). One out of every 10 households (10%) in the Yavapai Region had at least one child under 6 years old, lower than across the state as a whole (16%). The largest concentration of these families in the region is in the Yavapai-Apache Nation, where 28% of households have a young child, followed by the Bagdad (18%) and Prescott Valley (14%) sub-regions. The Sedona and Yavapai South sub-regions had the lowest proportion of households with young children, both at

5%. Numerically, the Prescott Valley sub-region has the largest share of young children across the nine sub-regions (32%), with the Ash Fork sub-region having the lowest share (1%) (Figure 2).

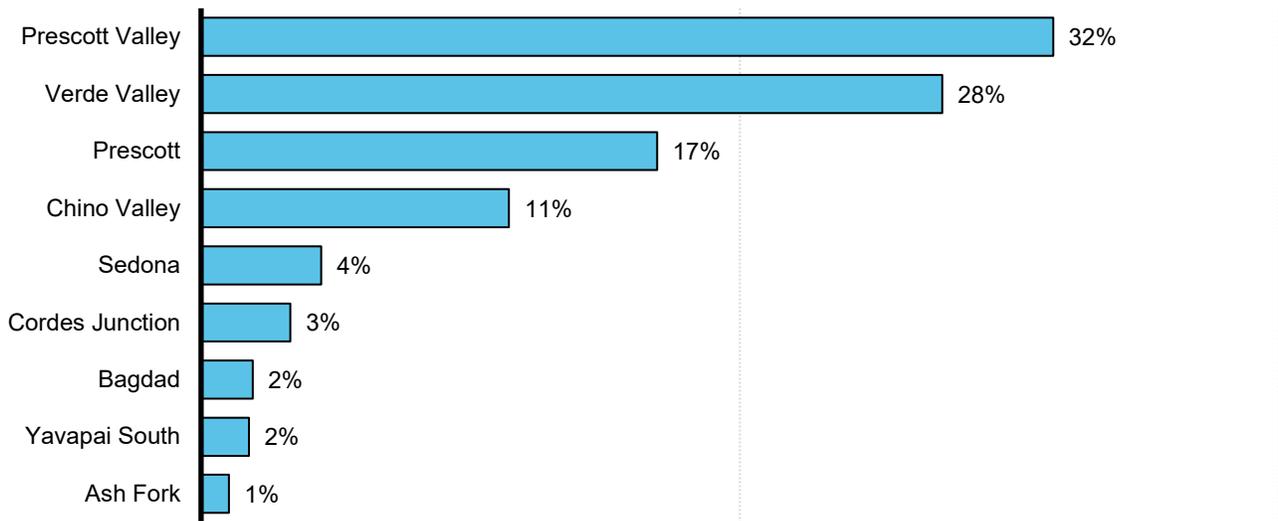
Table 1. Population and households in the 2010 U.S. Census

Geography	Total population	Population (ages 0-5)	Total number of households	Number and percent of households with one or more children (ages 0-5)	
				Number	Percent
Yavapai Region	213,875	12,661	92,394	8,916	10%
Ash Fork	2,623	131	1,219	87	7%
Bagdad	2,219	243	847	155	18%
Chino Valley	20,807	1,447	8,197	1,016	12%
Cordes Junction	8,620	420	3,845	298	8%
Prescott	55,001	2,143	25,497	1,605	6%
Prescott Valley	51,672	4,004	20,530	2,793	14%
Sedona	17,361	565	8,718	417	5%
Verde Valley	49,427	3,483	20,603	2,388	12%
Yavapai South	6,145	225	2,938	157	5%
Yavapai-Apache Nation	718	87	203	56	28%
Yavapai County	211,033	12,583	90,903	8,854	10%
Arizona	6,392,017	546,609	2,380,990	384,441	16%
United States	308,745,538	24,258,220	116,716,292	17,613,638	15%

Source: U.S. Census Bureau. (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, & P20

Note: The total population of Arizona in the 2020 Decennial Census is 7,151,502, which is a 12% increase.

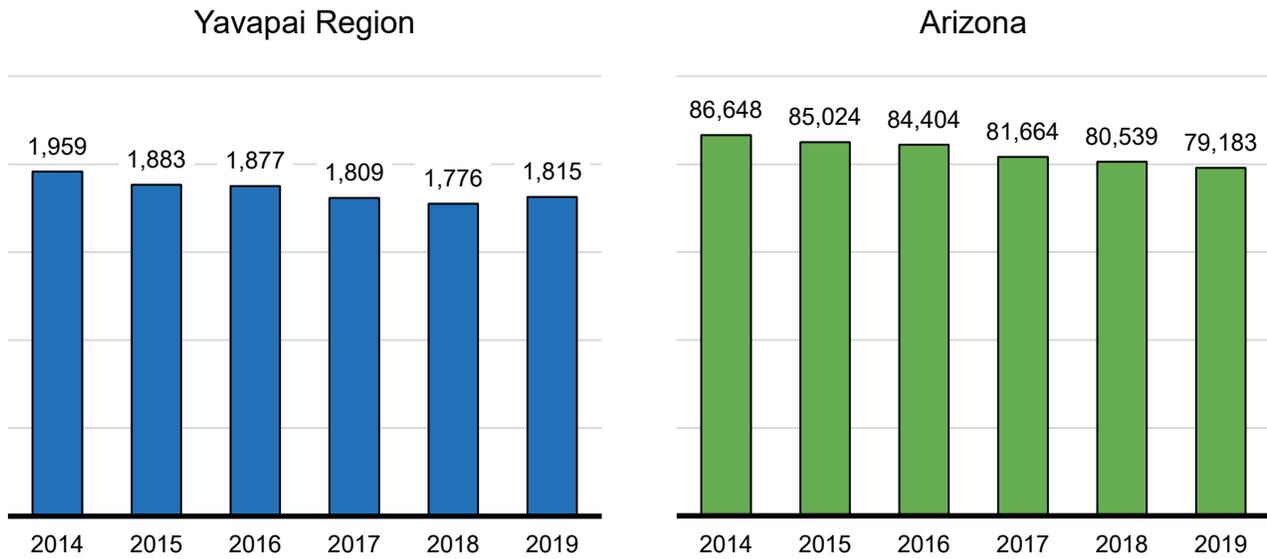
Figure 2. Share of children birth to 5 by sub-region, 2010 U.S. Census



Source: U.S. Census Bureau. (2010). 2010 Decennial Census, Summary File 1, Tables P14

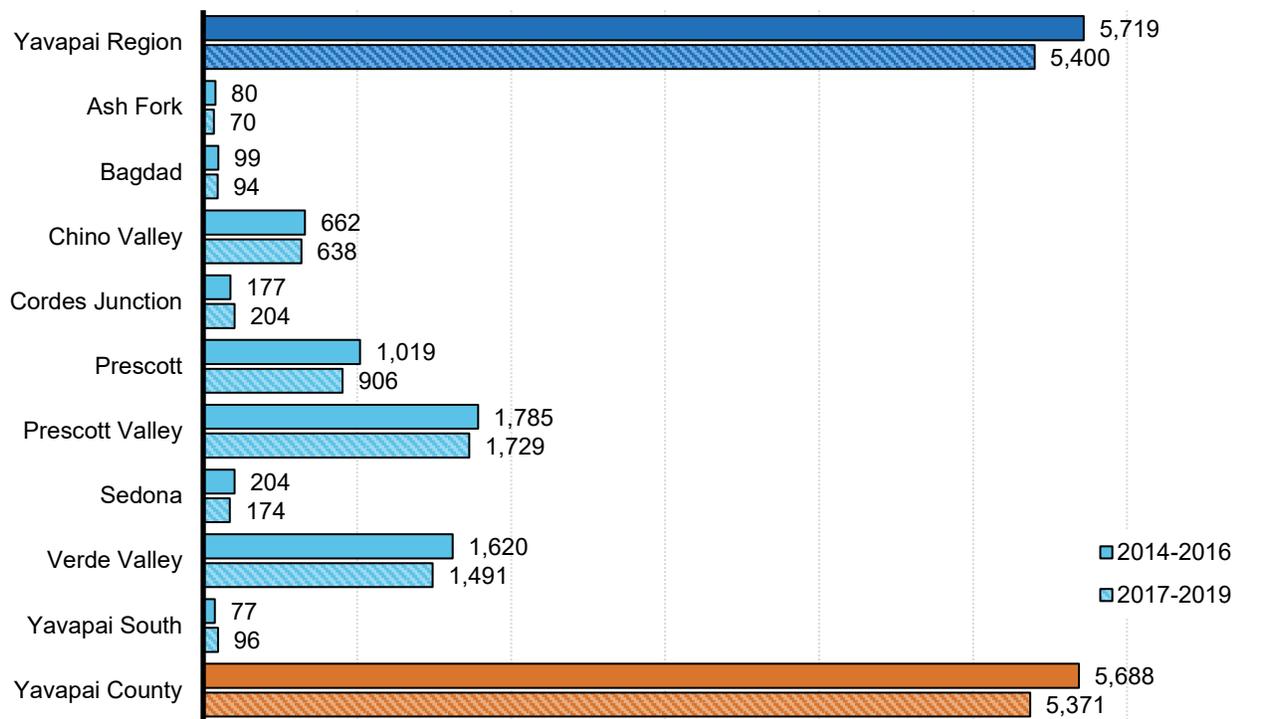
Over the past six years, about 2% fewer babies were born in Arizona each year compared to the previous year. This decrease in natality in Arizona mirrors a trend in the U.S., where between 1 and 2% fewer babies were born each year in the same time period.³⁵ The decrease in the Yavapai Region has been slightly smaller, with a drop of just over 7% overall between 2014 and 2019, and with a non-linear trajectory, with an increase in births between 2018 and 2019 (Figure 3). Changes varied by sub-region, with increases in births between the periods 2014-2016 and 2017-2019 for the Yavapai South (25%) and Cordes Junction (15%) sub-regions, and decreases in the remaining sub-regions between the same periods, with the largest decreases in the Sedona (14%), Prescott (11%), and Verde Valley (8%) sub-regions (Figure 4).

Figure 3. Number of babies born, 2014 to 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Figure 4. Number of babies born by sub-region, 2014-2016 to 2017-2019

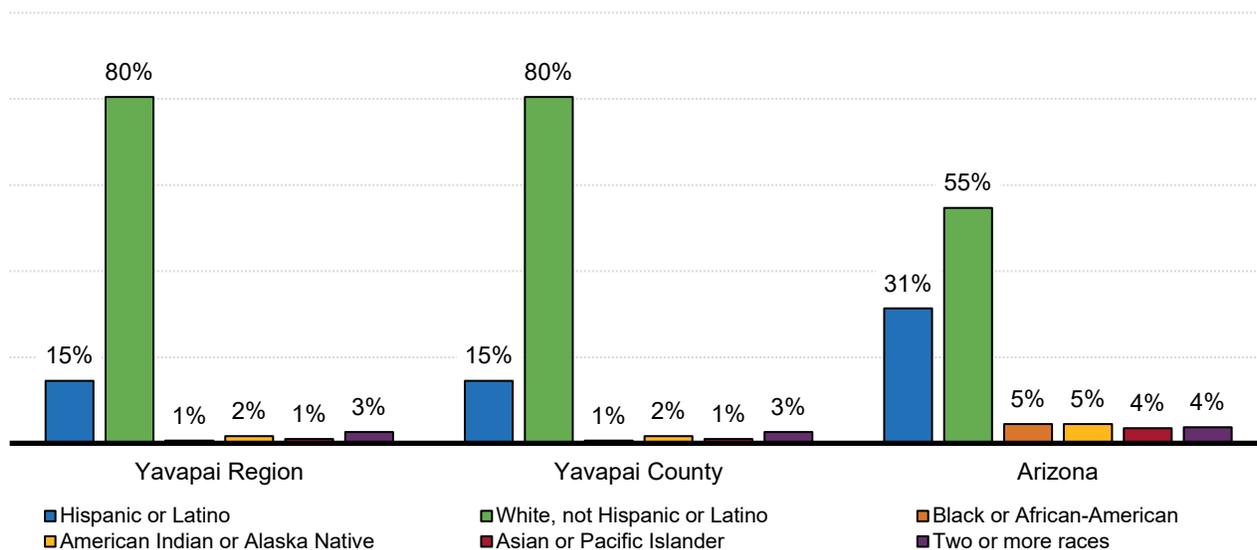


Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Births are assigned to communities based on the residence provided on the birth certificate.

According to the American Community Survey (ACS) five-year averages, 15% of the Yavapai Region’s population identifies as Hispanic or Latino, compared to 31% across the state as a whole (Figure 5). Four-fifths of the region (80%) identify as non-Hispanic White compared to 55% across the state, with smaller fractions in the region identifying their race as Black (1%), American Indian or Alaska Native (2%), Asian or Pacific Islander (1%), or multi-racial (3%). Across sub-regions, the Bagdad sub-region had the largest share of the population identified as Hispanic or Latino (42%) (Figure 6). More than eight in 10 of the all ages population in the Yavapai-Apache Nation (86%) identify as American Indian or Alaska Native.

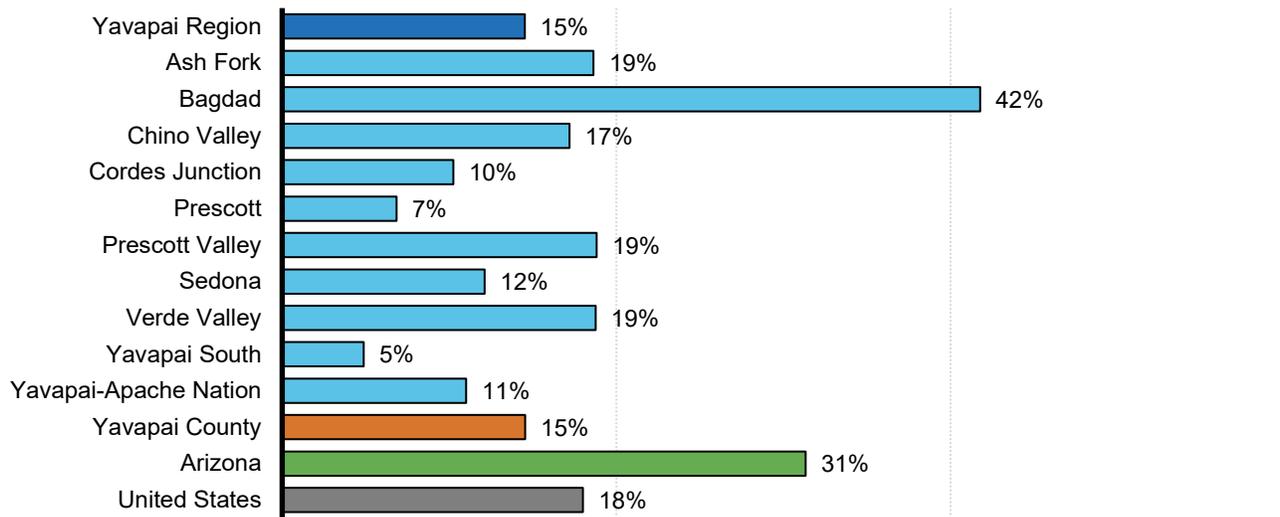
Figure 5. Race and ethnicity of the population of all ages, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B01001, B01001b, B01001c, B01001d, B01001e, B01001g, B01001h, & B01001i

Note: The six percentages shown in this figure may sum to more or less than 100% because (a) persons reporting Hispanic ethnicity are counted twice if their race is Black, American Indian, Asian, Pacific Islander, or any combination of two or more races, (b) persons reporting any other race are not counted here unless they have Hispanic ethnicity, and (c) rounding.

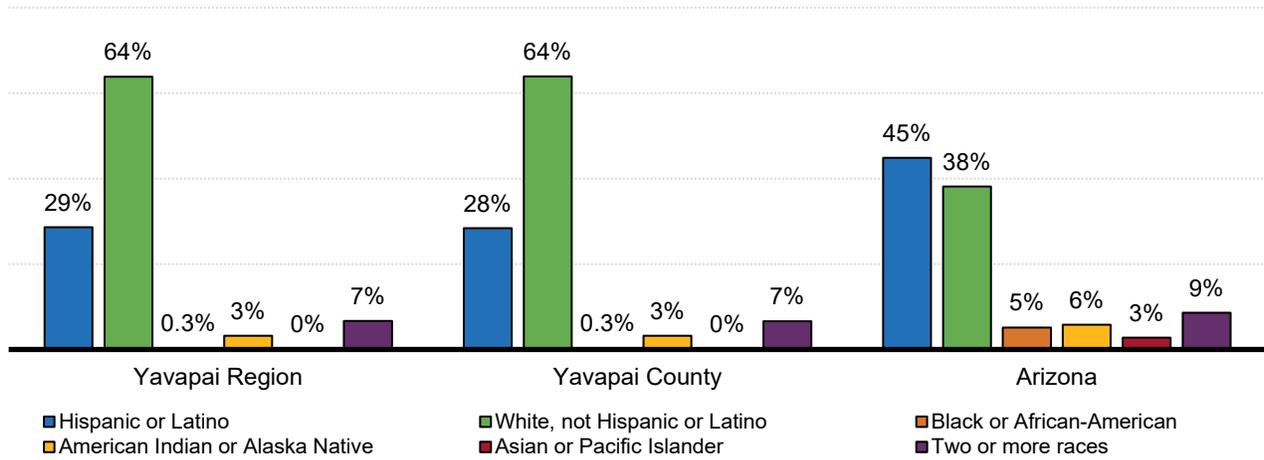
Figure 6. Share of population of all ages who are Hispanic or Latino, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B01001, B01001b, B01001c, B01001d, B01001e, B01001g, B01001h, & B01001i

According to ACS five-year estimates, almost three in 10 young children in the Yavapai Region (29%) are identified as Hispanic or Latino and another 64% are identified as non-Hispanic White (Figure 7). The percentage of Latino children in the Yavapai Region (29%) is lower than that across the state of Arizona as a whole (45%). Looking across sub-regions, the Bagdad sub-region had the largest share of young children identified as Hispanic or Latino (57%), followed by the Chino Valley (40%) and Prescott Valley (39%) sub-regions (Figure 8). The Chino Valley sub-region had the largest difference in the share of young children identified as Hispanic or Latino (40%) compared to the all age population (17%), closely followed by the Prescott Valley sub-region (39% young child; 19% all ages). Only the Cordes Junction sub-region and the Yavapai-Apache Nation showed a converse relationship, with a higher share of the all age population identified as Hispanic or Latino than the young child population (Cordes Junction; 10% all ages, 8% young child; Yavapai-Apache Nation; 11% all ages, 6% young child). Almost all young children (95%) in the Yavapai-Apache Nation are identified as American Indian or Alaska Native, a higher proportion than the all age population (86%).

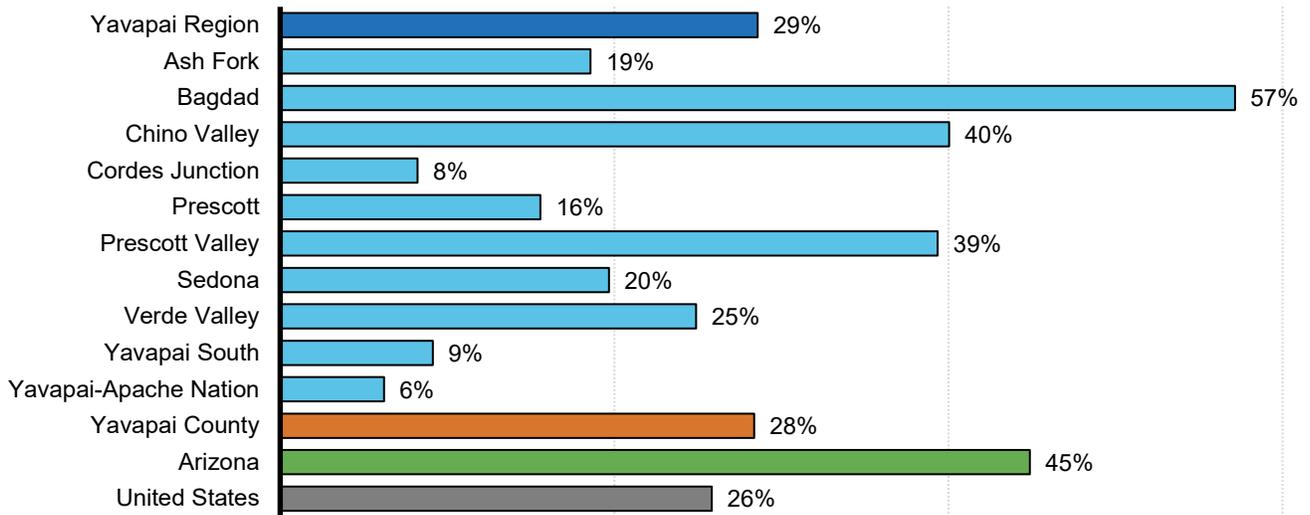
Figure 7. Race and ethnicity for children birth to 4, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B01001, B01001b, B01001c, B01001d, B01001e, B01001g, B01001h, & B01001i

Note: The six percentages shown in this figure may sum to more or less than 100% because (a) persons reporting Hispanic ethnicity are counted twice if their race is Black, American Indian, Asian, Pacific Islander, or any combination of two or more races, (b) persons reporting any other race are not counted here unless they have Hispanic ethnicity, and (c) rounding.

Figure 8. Share of children birth to 4 who are Hispanic or Latino, 2015-2019 ACS



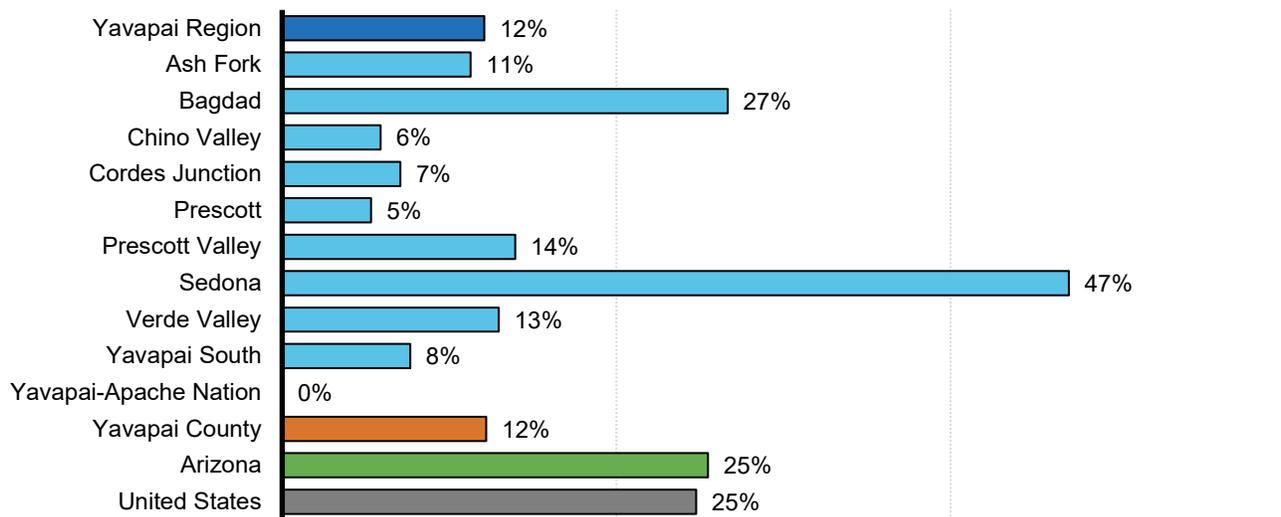
Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B01001, B01001b, B01001c, B01001d, B01001e, B01001g, B01001h, & B01001i

Immigrant families and language use

A growing number of children nationwide live in a family where one or both of their parents is foreign-born.³⁶ Despite the fact that the vast majority of these young children are citizens,³⁷ changes in national immigration policy have led some immigrant families to avoid using social services, for which they and their children are legally qualified, due to fear of deportation or risking their legal status in the country.^{38,39,40} This can put immigrant families at risk of reduced access to medical care and increased food insecurity, which can lead to long-term impacts on health and educational attainment, as well as community-level economic impacts.^{41,42,43,44} In addition, during the COVID-19 pandemic, immigrants have been more likely to work in frontline positions and experience job loss, increasing their risk of COVID-19 exposure and creating additional barriers to testing and treatment with the loss of employer-sponsored health insurance.⁴⁵

Just over one in 10 young children (12%) in the Yavapai Region live with one or two parents who are foreign-born, lower than across the state as a whole (25%) (Figure 9). Note these parents may or may not have become naturalized citizens or permanent residents. The Sedona sub-region has the highest proportion of children under the age of 6 living with foreign-born parents (47%), followed by the Bagdad (27%) sub-region.

Figure 9. Children ages birth to 5 living with parents who are foreign-born, 2015-2019 ACS



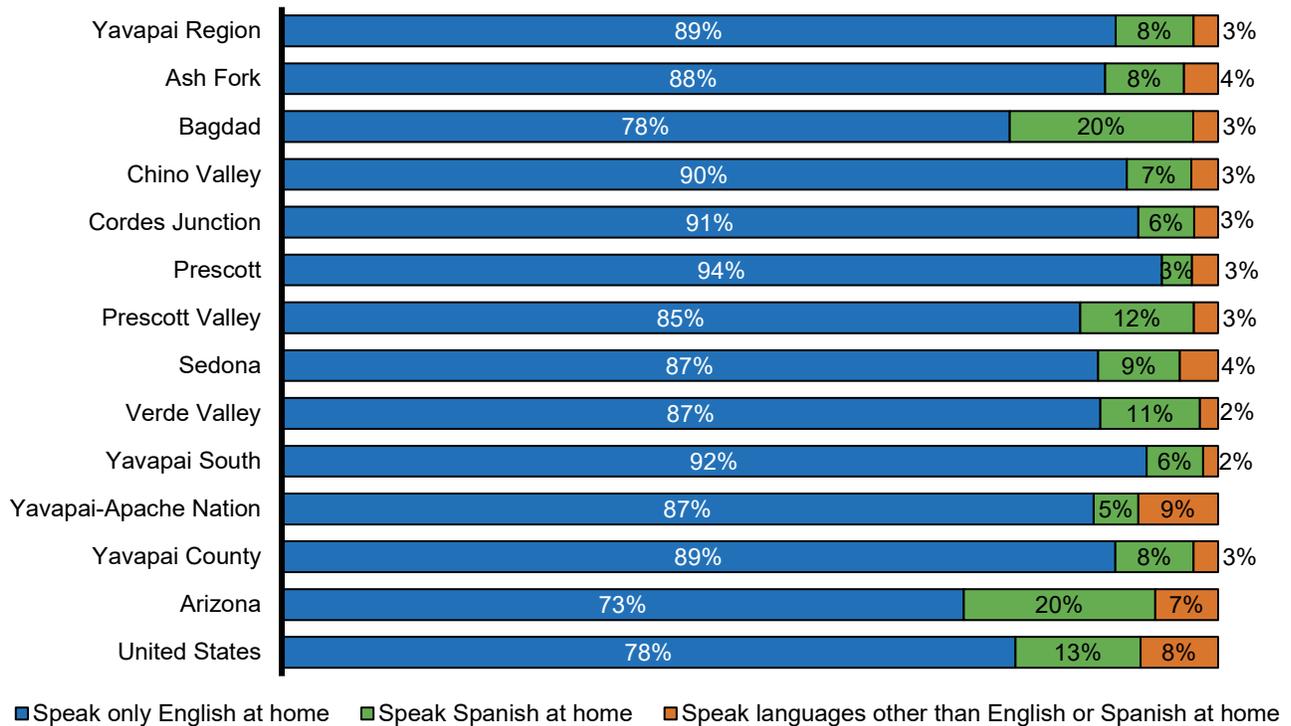
Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B05009

Note: The term "parent" here includes stepparents.

Young children can benefit from exposure to multiple languages; mastery of more than one language is an asset in school readiness and academic achievement, and offers cognitive and social-emotional benefits in early school and throughout their lifetime.^{46,47,48,49} The ACS estimates that a majority of residents in the Yavapai Region (89%) speak only English at home, compared to 73% across the state (Figure 10). Fewer than one in 10 residents (8%) in the region speak Spanish at home, lower than across

the state as a whole (20%). Across sub-regions, the Bagdad sub-region had the highest proportion of the population ages 5 and older speaking Spanish at home (20%), followed by the Prescott Valley (12%) and Verde Valley (12%) sub-regions. In the Yavapai-Apache Nation, almost one in 10 (9%) people aged 5 and older speak a language other than English or Spanish at home.

Figure 10. Language spoken at home (by persons ages 5 and older), 2015-2019 ACS



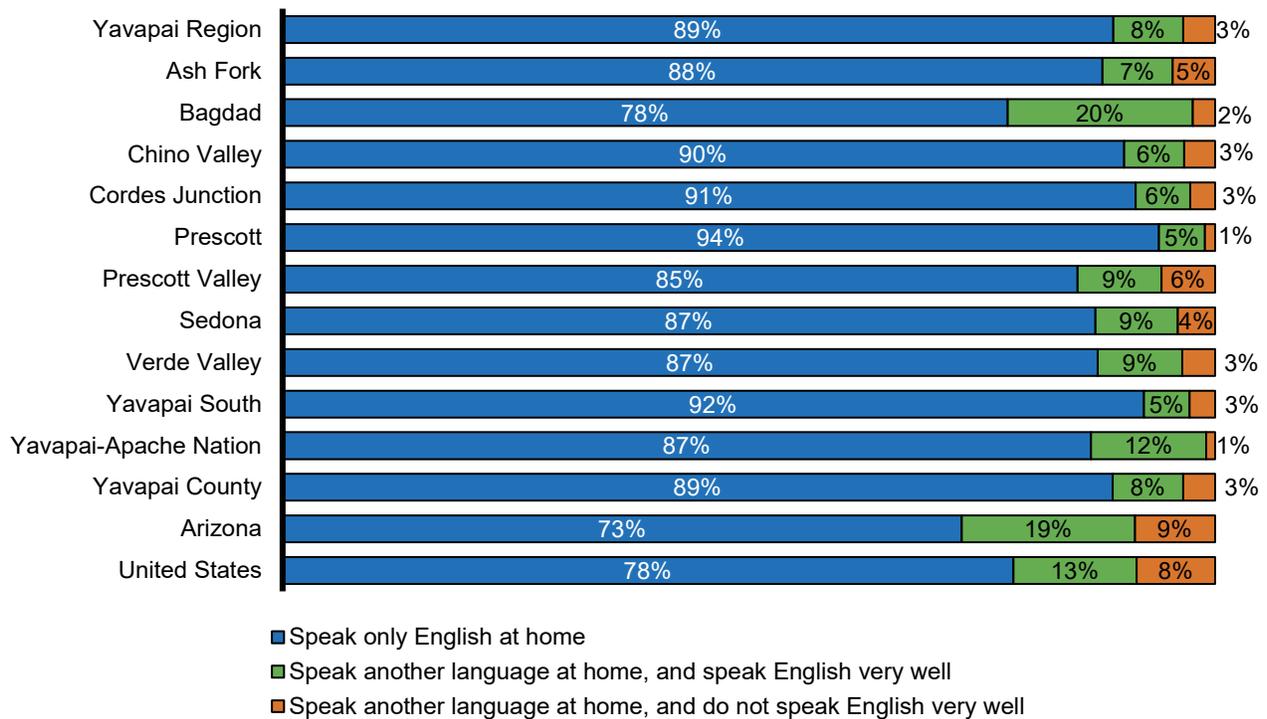
Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001

Note: The three percentages in each bar may not sum to 100% because of rounding. The American Community Survey (ACS) no longer specifies the proportion of the population who speak Native North American languages for geographies smaller than the state. In Arizona, Navajo and other Native American languages (including Apache, Hopi, and O'odham) are the most commonly spoken (2%), following English (73%) and Spanish (20%).

Households with multiple languages spoken pose a unique balance of benefits for child learning and barriers to caregiver engagement (e.g., when interacting with schools or health care providers⁵⁰). Acknowledging and valuing linguistic heritage and recognizing needs for resources and services in languages other than English remain important considerations for organizations and agencies across Arizona.

The ACS estimates that 8% of those in the Yavapai Region and 19% of Arizonans speak a language other than English at home and speak English “very well,”ⁱⁱⁱ meaning they are proficiently bi- or multi-lingual. Those in the Bagdad sub-region have levels similar to the state, with 20% reporting speaking a language other than English in the home and speaking English very well (Figure 11).

Figure 11. English-language proficiency (for persons ages 5 and older), 2015-2019 ACS



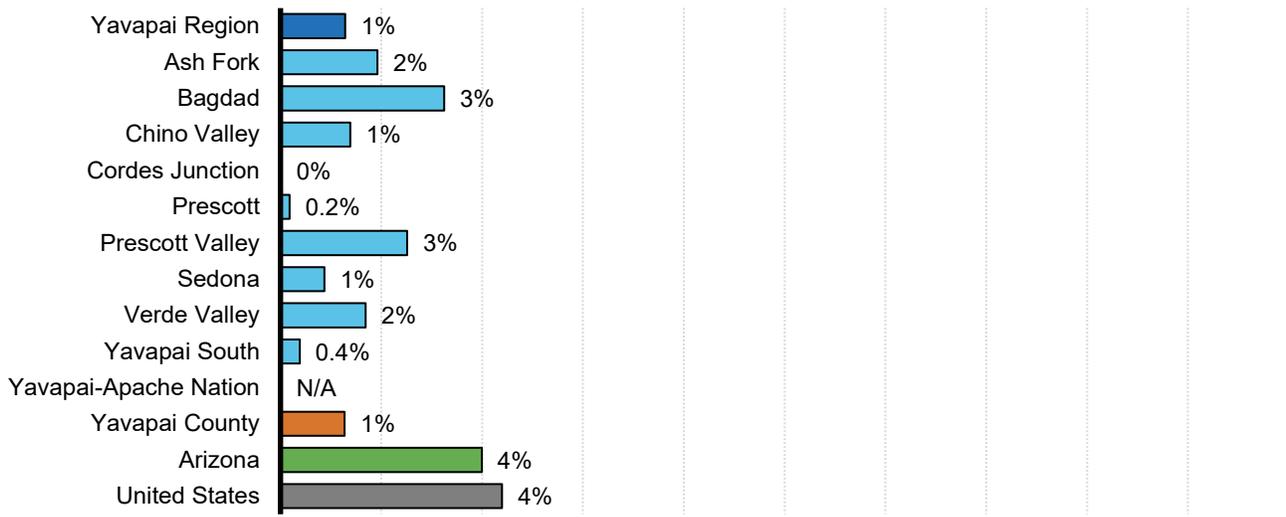
Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001

Note: The three percentages in the figure should sum to 100%, but may not because of rounding.

Very few households in the Yavapai Region (1%) are identified as "limited-English-speaking," which means that no adult or teenager in the household speaks English very well (Figure 12). Across the state, 4% of households are identified in the same way, and all sub-regions in the Yavapai Region, fell below that proportion, with highs of 3% in the Bagdad and Prescott Valley sub-regions.

ⁱⁱⁱ “Very well” refers to the self-rated ability to speak English in response to the American Community Survey question “How well does this person speak English?”. Other response options include: “well,” “not well” and “not at all.” See <https://www.census.gov/topics/population/language-use/about.html>

Figure 12. Share of households that are limited-English-speaking, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16002

Note: A “limited-English-speaking” household is one in which no one over the age of 13 speaks English very well.

The number of English language learners enrolled in kindergarten to third grade has increased in the region between the 2017-18 and 2019-20 school years (Table 2). During the 2019-20 school year, 7% of kindergarten to third grade students were English language learners in Yavapai Region schools, with the Cottonwood-Oak Creek Elementary District (16%), Sedona-Oak Creek JUSD #9 (11%) and Beaver Creek Elementary District (10%) having the largest percentage of English language learners enrolled (Figure 13).

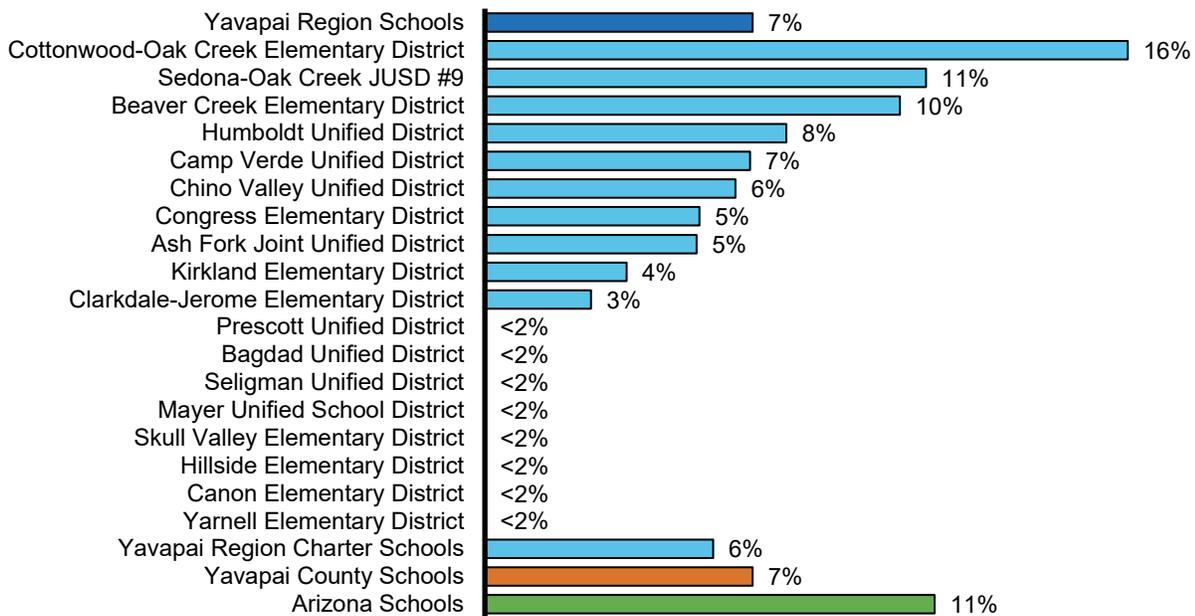
Table 2. Number of English Language Learners enrolled in kindergarten to third grade, 2017-18 to 2019-20

Geography	K-3 English Language Learners, 2017-18	K-3 English Language Learners, 2018-19	K-3 English Language Learners, 2019-20
Yavapai Region Schools	452	445	481
Yavapai County Schools	452	445	481
Arizona Schools	37,144	35,025	37,313

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Notes: English Language Learners are students who do not score ‘proficient’ in the English language based on the Arizona English Language Learning Assessment (AZELLA) and thus are eligible for additional supportive services for English language acquisition. Legislation in Arizona requires children in Arizona public schools be taught in English, and English Language Learners to attend English immersion programs. Senate Bill 1014 passed in 2019, increased the flexibility districts have in structuring English Language Learners immersion programs, and lessened the duration required of this instruction. For more information see <https://www.azed.gov/oelas/structured-english-immersion-models>

Figure 13. Percent of kindergarten to third grade students who were English Language Learners, 2019-20



Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Notes: English Language Learners are students who do not score 'proficient' in the English language based on the Arizona English Language Learning Assessment (AZELLA) and thus are eligible for additional supportive services for English language acquisition. Legislation in Arizona requires children in Arizona public schools be taught in English, and English Language Learners to attend English immersion programs. Senate Bill 1014 passed in 2019, increased the flexibility districts have in structuring English Language Learners immersion programs, and lessened the duration required of this instruction. For more information see <https://www.azed.gov/oelas/structured-english-immersion-models>

Family and household composition

An estimated three-fifths (61%) of the children under 6 in the Yavapai Region and Arizona live with two parents (or a parent and a stepparent) and the majority of the rest (Yavapai Region 32%; Arizona 37%) live with a single parent (Table 3). Far fewer live with relatives other than parents (such as grandparents, uncles and aunts), or in the household of an unrelated person (such as a foster parent) (Yavapai Region 5% and 2%, Arizona 3% and 2%). The Cordes Junction sub-region had the largest share of young children living with one parent (72%), much higher than all other sub-regions. The Chino Valley sub-region had the highest proportion of young children living not with parents but with other relatives (15%) of all sub-regions, and the Ash Fork sub-region had the highest proportion living with non-relatives (12%) (Figure 14).

With the move to remote learning during the pandemic, parents and caregivers took on the challenging role of assisting with children's online learning. The burden was particularly taxing for single-parent households, with more than three-quarters (78%) of single parents surveyed nationally managing children's online learning. Single-parent households were more likely to experience unemployment,

food insecurity, difficulty paying for housing and utilities and heightened behavioral difficulties in children during the pandemic.^{51,52,53} Single-parent households were also more likely to rely upon grandparents to take on primary caregiving (37%) and support of children’s remote learning (20%) compared to the overall population (26% and 11%, respectively).⁵⁴ With nearly one-third of young children in the Yavapai Region living with a single parent, these families have likely faced these added demands.

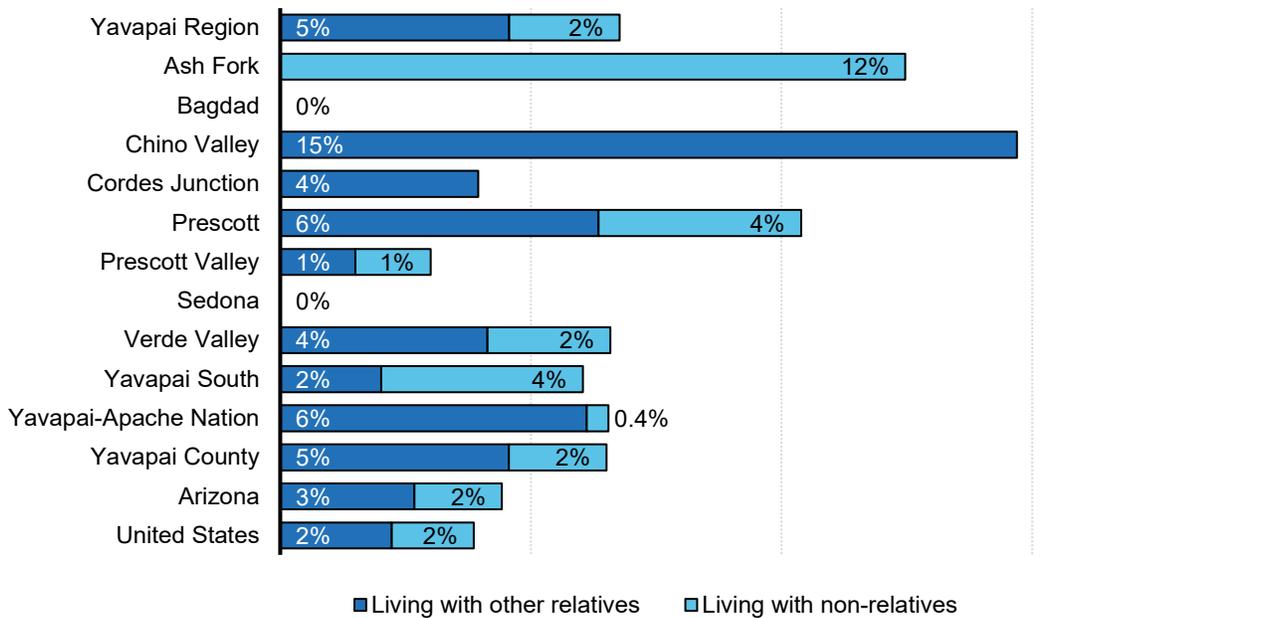
Table 3. Living arrangements for children ages birth to 5, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) living in households	Living with two married parents	Living with one parent	Living not with parents but with other relatives	Living with non-relatives
Yavapai Region	11,365	61%	32%	5%	2%
Ash Fork	240	72%	15%	0%	12%
Bagdad	285	67%	33%	0%	0%
Chino Valley	1,252	56%	29%	15%	0%
Cordes Junction	456	24%	72%	4%	0%
Prescott	2,095	62%	27%	6%	4%
Prescott Valley	3,467	62%	35%	1%	1%
Sedona	274	75%	25%	0%	0%
Verde Valley	3,097	64%	30%	4%	2%
Yavapai South	199	72%	22%	2%	4%
Yavapai-Apache Nation	229	73%	21%	6%	0.4%
Yavapai County	11,386	62%	32%	5%	2%
Arizona	517,483	59%	37%	3%	2%
United States	23,640,563	63%	33%	2%	2%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B05009, B09001, & B17001

Note: The four percentages in each row should sum to 100%, but may not because of rounding. The term "parent" here includes stepparents. Please note that due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are not counted as living with two parents (these children are counted in the 'one parent' category).

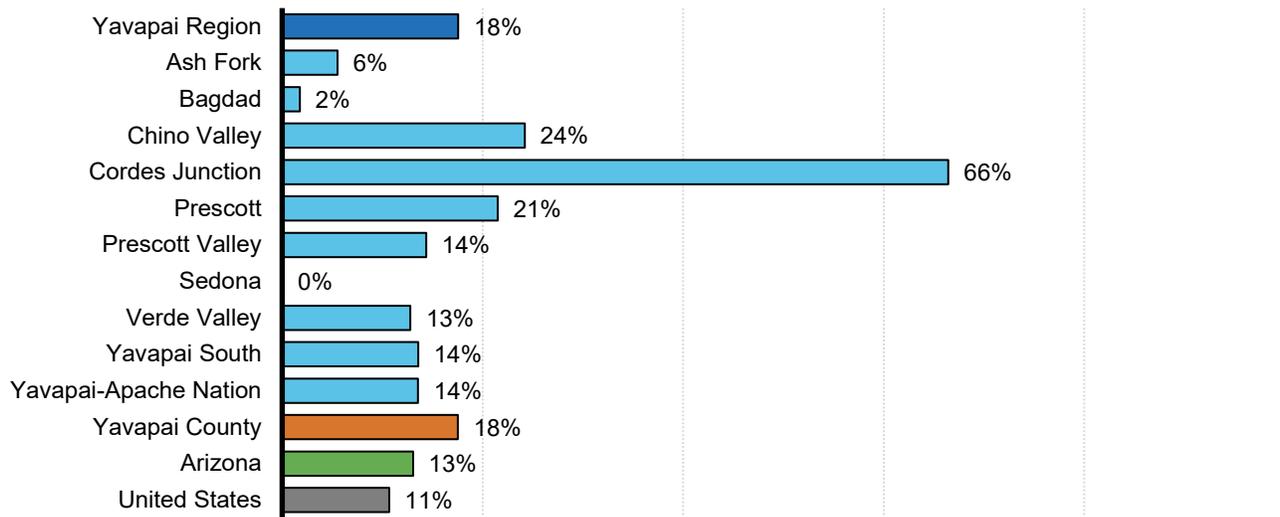
Figure 14. Share of children ages birth to 5 living with someone other than their parents, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B05009, B09001, & B17001

The ACS estimates that 18% of young children in the Yavapai Region and 13% across Arizona live in their grandparent's household (Figure 15). Note that the grandparent may or may not be responsible for raising the child, and that the child's parent(s) may or may not also be living in the household. Across sub-regions, the Cordes Junction sub-region has the highest percentage of children aged birth to 5 living in a grandparent's household (66%), followed by the Chino Valley (24%) and Prescott (21%) sub-regions.

Figure 15. Grandchildren ages birth to 5 living in a grandparent's household, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B10001 & B27001

Note: This table includes all children (under six years old) living in a household headed by a grandparent, regardless of whether the grandparent is responsible for them, or whether the child's parent lives in the same household.

Understanding the circumstances of grandparents caring for their grandchildren is critical to providing services in a way that will meet the unique needs of grandparent-led families. Although multigenerational households can enhance family bonds and provide additional financial and caregiving resources, children's risk of living in poverty is higher for those living with grandparents and grandparents often encounter multiple barriers when accessing public assistance as caregivers and face unique psychological and physical stressors.^{55,56,57,58} Grandparents with limited English proficiency who are their grandchildren's primary care provider may experience barriers to accessing health care and social services for their grandchildren, as well as barriers to engaging in important interactions at schools.

Grandparents who care for their grandchildren may require targeted outreach and information about resources, support services, benefits and policies available to aid in their caregiving role.⁵⁹

Grandparents in multigenerational households are also at heightened risk of COVID-19 infection, especially those living with essential workers.⁶⁰ Given that the risk for severe illness from COVID-19 increases with age,⁶¹ targeted supports for multigenerational households will be important for preventing continued spread of the disease.

An estimated 2,618 grandparents in the region are responsible for raising one or more grandchildren (up to age 17) who live with them (Table 4). Of these grandparents, 53% are female, 46% are in their sixties or older, 20% are in poverty, and 13% are not proficient English speakers, similar to proportions across the state. More than four in 10 of these grandparents (43%) also do not have the child's parent(s) living in the household, higher than across the state as a whole (31%).

Interesting differences in these households are also seen by sub-region. Grandparents who are responsible for one or more grandchildren under 18 in their households in the Chino Valley sub-region are less likely to be female (25%), be 60 or older (28%) or have an income below the poverty level or not speak English very well (0% for both) than grandparents across the other Yavapai sub-regions. Grandparents in the Chino Valley sub-region were also more likely to not have the child's parents in the household (54%) than grandparents across the region as a whole and most sub-regions, although the Yavapai-Apache Nation (82%) had an even higher proportion of children living with grandparents with the child's parents not in the household (Figure 16).

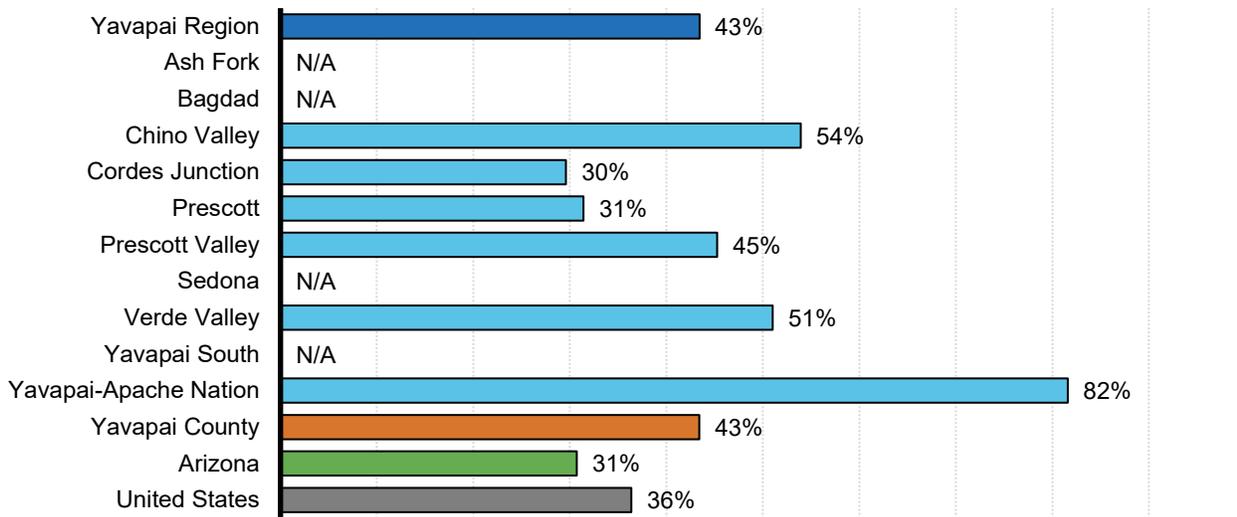
Table 4. Selected characteristics of grandparents who are responsible for one or more grandchildren under 18 in their households, 2015-2019 ACS

Geography	Estimated number of grandparents who live with and are responsible for grandchildren under 18 years old	Percent of these grandparents who:				
		Are female	Are 60 years old or older	Have an income below the poverty level	Do not speak English very well	Do not have the child's parents in the household
Yavapai Region	2,618	53%	46%	20%	13%	43%
Ash Fork	N/A	N/A	N/A	N/A	N/A	N/A
Bagdad	N/A	N/A	N/A	N/A	N/A	N/A
Chino Valley	230	25%	28%	0%	0%	54%
Cordes Junction	348	65%	30%	20%	10%	30%
Prescott	503	59%	49%	12%	6%	31%
Prescott Valley	835	48%	58%	22%	19%	45%
Sedona	N/A	N/A	N/A	N/A	N/A	N/A
Verde Valley	637	59%	39%	30%	20%	51%
Yavapai South	N/A	N/A	N/A	N/A	N/A	N/A
Yavapai-Apache Nation	38	71%	53%	53%	0%	82%
Yavapai County	2,612	53%	46%	20%	13%	43%
Arizona	64,841	62%	42%	22%	21%	31%
United States	2,465,864	63%	44%	19%	14%	36%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B10051, B10054, B10056, & B10059

Note: Grandparents are considered responsible for their grandchild or grandchildren if they are "currently responsible for most of the basic needs of any grandchildren under the age of 18" who live in the grandparent's household. Reliable data were not available for Ash Fork, Bagdad, Sedona, or Yavapai South due to sample size limitations.

Figure 16. Percent of grandparents who are responsible for their grandchildren ages birth to 17 and no parent is present in the household, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B10051, B10054, B10056, & B10059

Note: Grandparents are considered responsible for their grandchild or grandchildren if they are "currently responsible for most of the basic needs of any grandchildren under the age of 18" who live in the grandparent's household. Reliable data were not available for Ash Fork, Bagdad, Sedona, or Yavapai South due to sample size limitations.

Additional data tables related to *Population Characteristics* can be found in Appendix 1 of this report.



ECONOMIC CIRCUMSTANCES

ECONOMIC CIRCUMSTANCES

Why it Matters

Poor economic conditions are a threat to child well-being across a range of indicators including academic achievement, physical health, and mental health.⁶² Poverty can affect the way children grow and develop, even including changes to their brains.^{63,64} As such, children in impoverished homes are at a greater risk of problems that include being born at a low birth weight, lower school achievement and poor health.^{65,66,67,68,69,70,71} They are also more likely to remain poor later in life, passing along these challenges to future generations.^{72,73} On the other hand, children raised in families with higher incomes tend to do better in a variety of ways across their lives. This includes being less likely to have health problems like depression and diabetes and more likely to finish high school and earn higher wages.^{74,75,76,77}

Economic resources are important for meeting basic needs, like providing nutrition. Food security, defined by the U.S. Department of Agriculture (USDA) as “access at all times to enough food for an active, healthy life for all household members”⁷⁸ is linked with many aspects of child well-being, and yet households with young children experience food insecurity at nearly twice the rate (15.3%) of households with no children (8.8%).⁷⁹ Safety-net programs aim to minimize the impacts of poverty on child and family well-being.^{80,81,82} These programs include:

- The Supplemental Nutrition Assistance Program (SNAP; also referred to as “nutrition assistance” and “food stamps”),^{iv}
- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC),^v
- The National School Lunch Program^{vi} and Summer Food Service Program,^{vii}
- Temporary Assistance for Needy Families (TANF),^{viii}
- KidsCare (the state children’s health insurance program),^{ix}
- Child care assistance^x and
- Housing support.^{xi}

^{iv} For more information see: <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>

^v For more information see: <https://www.fns.usda.gov/wic>

^{vi} For more information see: <https://www.fns.usda.gov/nslp>

^{vii} For more information see: <https://www.fns.usda.gov/sfsp/summer-food-service-program>

^{viii} For more information see: <https://www.acf.hhs.gov/ofa/programs/tanf>

^{ix} For more information see: <https://www.azahcccs.gov/Members/GetCovered/Categories/KidsCare.html>

^x For more information see: <https://des.az.gov/services/child-and-family/child-care>

^{xi} For more information see: <https://des.az.gov/services/basic-needs/shelter-housing>

Other factors related to economic stability include employment and housing.⁸³ Unemployment (and underemployment^{xii}) can limit access to resources like health insurance – typically provided by employers – that support children’s health and well-being. Unemployment can also contribute to family stress, conflict, homelessness and child abuse.^{84,85} Similarly, housing instability can harm the physical, social-emotional and cognitive development of young children.⁸⁶ High housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition, declines in mental health and homelessness.^{87,88} This high relative cost leaves inadequate funds for other necessities, such as food and utilities.⁸⁹

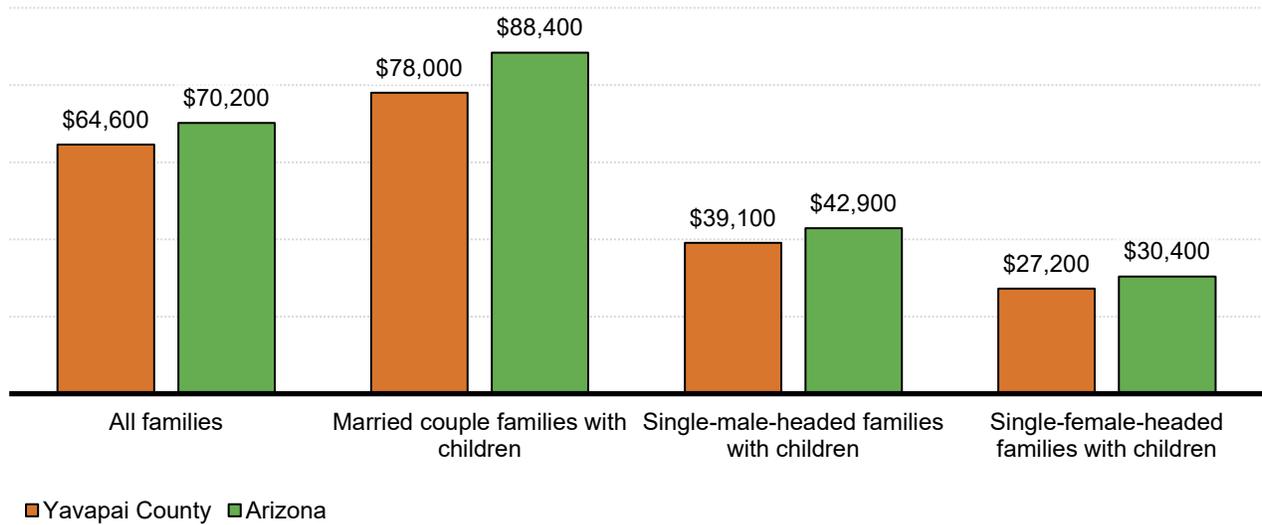
What the Data Tell Us

Income and poverty

The median family income for the state of Arizona is estimated to be \$70,200, which means that half of the state's families have incomes less than that amount and the other half have incomes greater. This includes all families of at least two people, whether or not they have children. For families who have at least one child (up to 17 years old), the median incomes are \$88,400 for married couples, \$42,900 for single-male-headed families, and \$30,400 for single-female-headed families. For Yavapai County, these median incomes are lower; all families \$64,600, married couples with children, \$78,000, single-male-headed families, \$39,100, and single-female-headed families, \$27,200 (Figure 17).

^{xii} Underemployment means that someone works fewer hours than they would like or is in a job that does not require the skills or training that they have.

Figure 17. Median family income for families with children ages birth to 17, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B19126

Note: Half of the families in the population are estimated to have annual incomes above the median value, and the other half have incomes below the median. The median family income for all families includes families without children ages birth to 17.

The number of families and young children who live in poverty according to official definitions (i.e., the federal poverty level) far underestimates the number of children in families who struggle to make ends meet. As a benchmark, the Federal Poverty Guideline – the criterion used for establishing eligibility for some safety net programs – for a family of four was \$25,750 in 2019 and \$26,200 in 2020.^{90,91} However, the federal poverty guideline definition of poverty was developed in the 1950s and is based on the assumption that basic nutrition accounts for one-third of family spending; it is widely considered to be much less than what a family actually needs to earn for financial stability. The “self-sufficiency standard” attempts to estimate how much families need to earn to fully support themselves, accounting for differences in costs of housing, transportation, child care and other budget items across places.⁹² The 2021 self-sufficiency standard for a family comprised of two parents, one infant and one preschooler for Yavapai County is \$65,546.⁹³ Note that whereas the self-sufficiency standard falls below the median income for families who have at least one child (up to 17 years old) in the county (\$78,000), it far exceeds the median incomes for single-male (\$39,100) and single-female-headed households (\$27,200), suggesting that single-parent families in Yavapai County are likely to be struggling to fully support themselves, as are two-parent families falling below the self-sufficiency standard income.

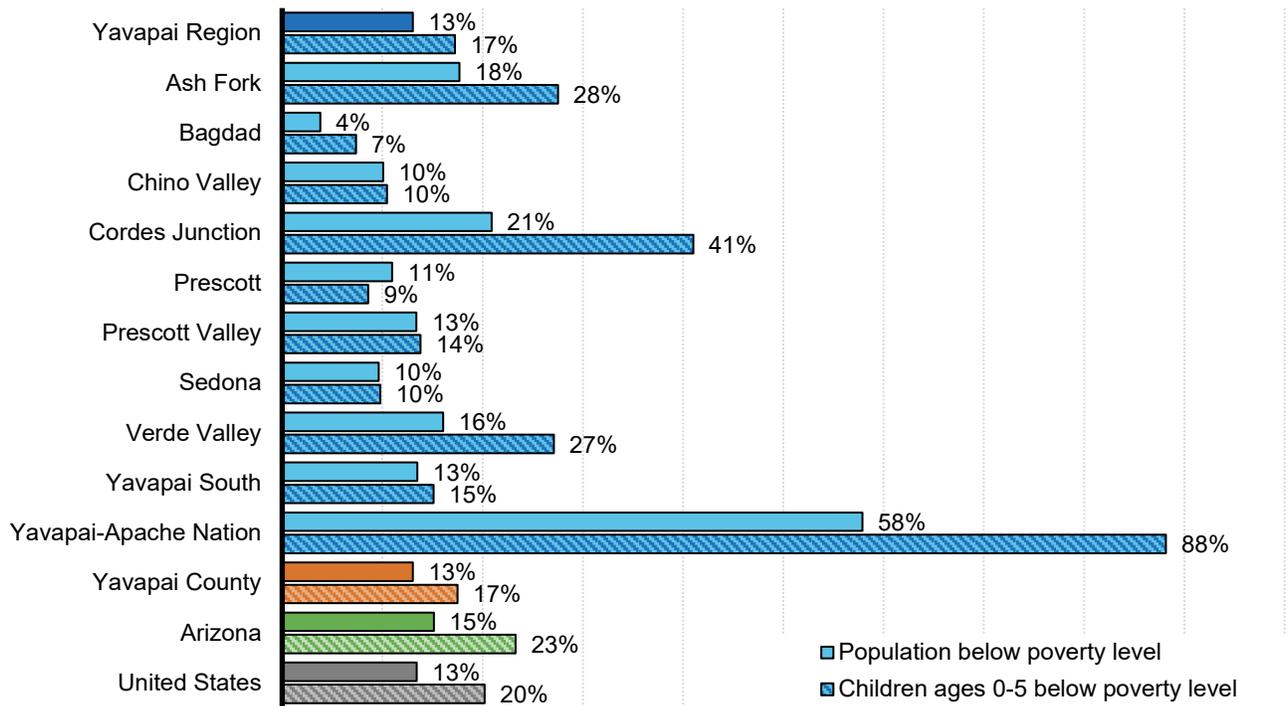
In addition, the COVID-19 pandemic had a sudden and dramatic impact on income for many families nationwide. To combat this widespread economic hardship brought on by the COVID-19 pandemic, the federal government issued three Economic Impact Payments to eligible individuals in 2020 and 2021. These funds were available to U.S. citizens or lawful permanent residents whose adjusted gross incomes were no more than \$75,000 for single adults, \$112,500 for heads of household, and \$150,000 for married couples filing jointly.⁹⁴ Eligible families received: \$1,200 per adult and \$500 per child in April

2020, \$600 per family member in December 2020/January 2021 and \$1,400 per person in March 2021.⁹⁵ While these payments were a financial boon for many families, immigrant families were excluded from the first round of payments under the Coronavirus Aid, Relief and Economic Security (CARES) Act. Families in which at least one parent filed using an individual Taxpayer Identification Number (ITIN) (as a resident or nonresident immigrant) instead of a social security number (SSN) were originally excluded from the payments. This includes the families of 104,000 Arizona children who were ineligible for the first round of stimulus payments.⁹⁶ Although a subsequent bill allowed for retroactive payments if one parent had an SSN, these had to be claimed through 2020 tax returns.^{97,98} For the second round of payments, filers using ITINs were ineligible, but their spouses and children were eligible if the spouse used an SSN. Children who only have parents with ITINs received none of the emergency support, regardless of economic need.

In March 2021, the American Rescue Plan was passed, including an expansion of the child tax credit. Previously, families earning sufficient income were given a \$2,000 credit for children under 17. In the new plan, eligible families will receive a credit of \$3,600 for each child under age 6 and \$3,000 for each child age 6-17. Under this plan, these funds are available to more low-income families and began being disbursed through monthly payments in July 2021.⁹⁹ It is estimated that this funding will enhance the economic resources for 1.5 million Arizonan children overall.¹⁰⁰ Although many family advocates champion making the expansion permanent, at the time of this report, the expansion was only enacted for 2021.¹⁰¹

How well an income meets a families' needs depends on family size, among other factors. Accordingly, the definition of poverty in the United States depends on family size and composition, and as noted previously, a family of four earning an income lower than \$26,200 is considered to be in poverty.¹⁰² Based on five-year estimates from the American Community Survey (ACS), about one out of every eight persons (13%) live in poverty in the Yavapai Region, a rate slightly lower than across the state (15%) (Figure 18). Among young children, the rates are higher: about one out of every six children under the age of 6 in the region (17%) live in families with incomes below the poverty level, with 23% in the same circumstance across the state. Several sub-regions have notably lower rates of young children living in poverty with 10% or less in the Bagdad (7%), Prescott (9%), Chino Valley (10%) and Sedona (10%) sub-regions. Young children in the Yavapai-Apache Nation experience the highest poverty rates, at 88%, followed by 41% in the Cordes Junction, 28% in the Ash Fork and 27% in the Verde Valley sub-regions, suggesting that programs that support low-income families are especially important to the futures of young children in these communities.

Figure 18. Rates of poverty for persons of all ages and for children ages birth to 5

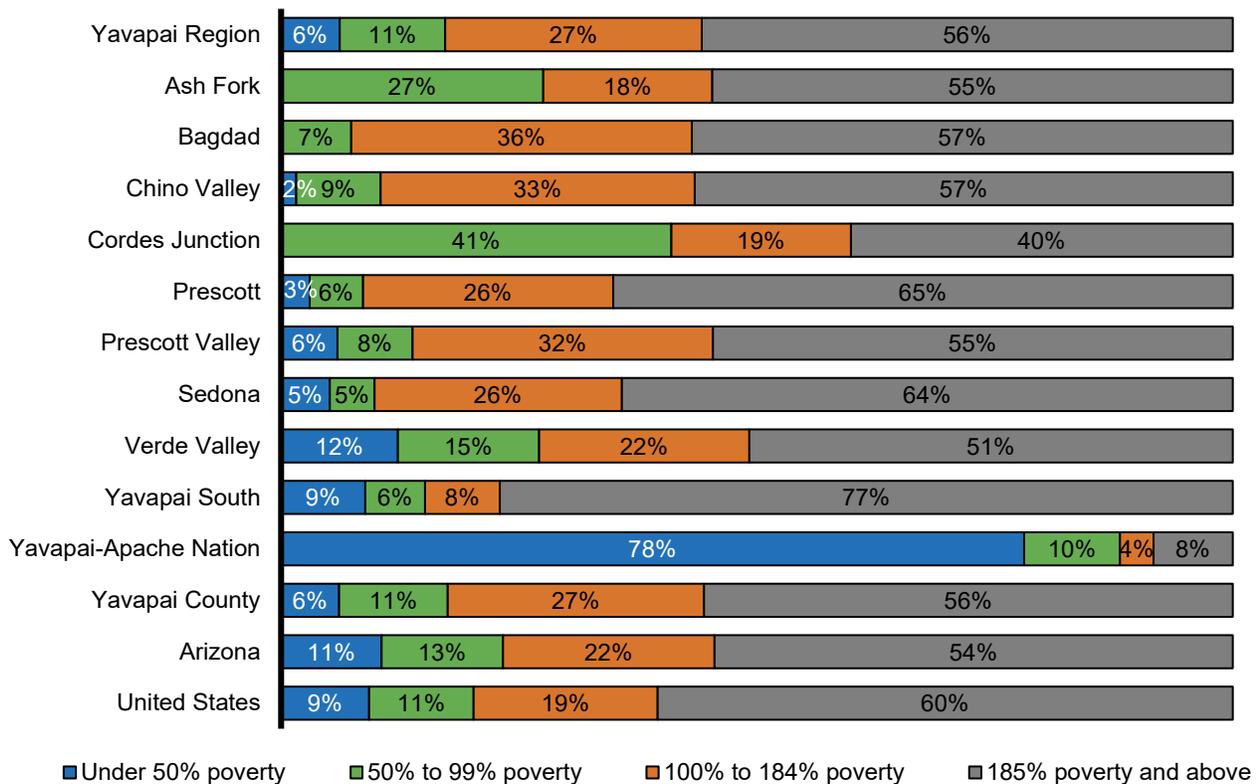


Source: U.S. Census Bureau. (2020). American Community Survey five-year estimates 2015-2019, Table B17001

Note: This graph includes only persons whose poverty status can be determined. Adults who live in group settings such as dormitories or institutions are not included. Children who live with unrelated persons are not included. In 2019, the poverty threshold for a family of two adults and two children was \$25,926; for a single parent with one child, it was \$17,622.

Compared to Arizona as a whole (11%), the Yavapai Region (6%) has a lower proportion of young children who live far below the poverty level (Figure 19). For young children in the Yavapai-Apache Nation, however, this proportion is much higher, with 78% of children under age 6 living with parents or other relatives living at 50% of the poverty level. Conversely, the Yavapai Region has a slightly higher proportion of young children living in households with incomes of at least 185% of the poverty level (56%) than across the state as a whole (54%), with the Yavapai South (77%), Prescott (65%) and Sedona (64%) sub-regions having the highest proportion of young children living in households with those higher income levels.

Figure 19. Children ages birth to 5 living at selected poverty thresholds, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B17024

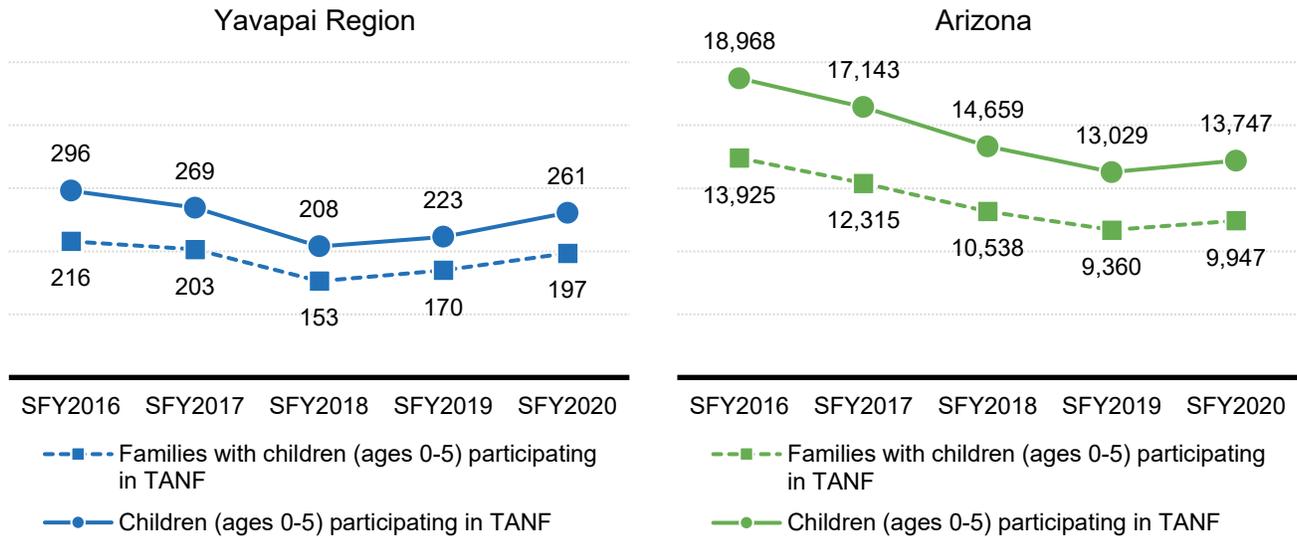
Note: The four percentages in each bar should sum to 100%, but may not because of rounding. In 2019, the poverty threshold for a family of two adults and two children was \$25,926; for a single parent with one child, it was \$17,622. The 185% thresholds are \$47,963 and \$32,600, respectively.

Public assistance programs are one way of counteracting the effects of poverty and providing supports to children and families in need. The Temporary Assistance for Needy Families (TANF) Cash Assistance program provides temporary cash benefits and supportive services to children and families. Eligibility is based on citizenship or qualified resident status, Arizona residency and limits on resources and monthly income. The immediate, widespread economic hardship induced by the pandemic resulted in shifts in existing cash assistance programs and the development of additional economic supports. For example, between February and July 2020, the number of families using TANF rose 35%. During the state of emergency order, Arizona suspended the TANF work requirement¹⁰³ and lifetime eligibility limit of 12 months,¹⁰⁴ which had been the shortest in the nation,¹⁰⁵ thereby allowing more families to tap into these emergency funds.

The number of young children supported by TANF and the number of households with children under 6 receiving TANF has declined overall in the Yavapai Region in recent years, although lows in state fiscal year 2018 were followed by increases in the next two state fiscal years (Figure 20). The percentage of young children participating in TANF in SFY2020 (2.1%) was lower overall than for young children

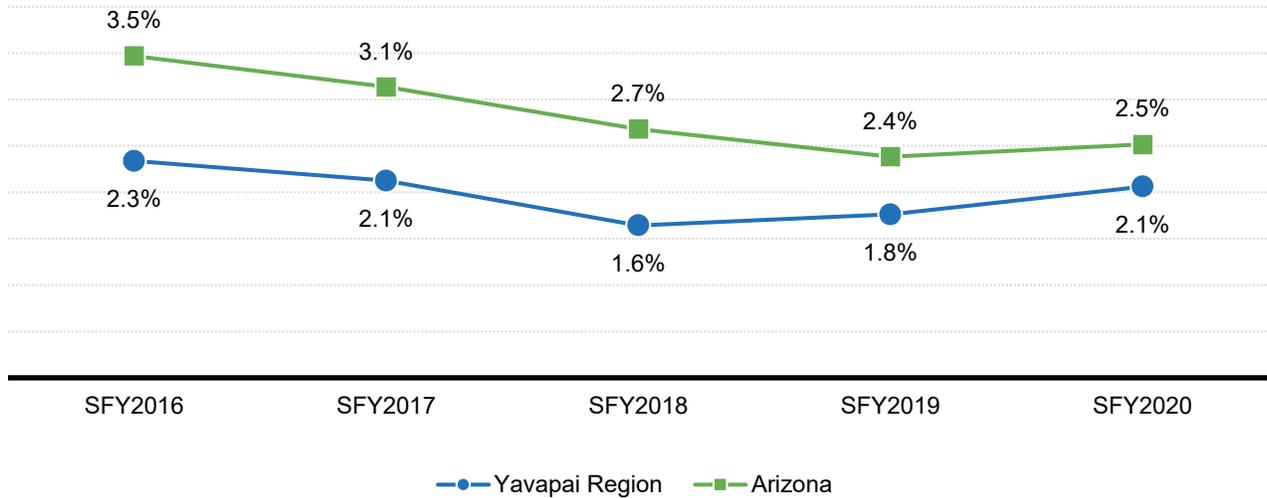
across the state (2.5%) and had decreased slightly from 2.3% in SFY2016 (Figure 21). Recognizing that overall participation in TANF is low across the region, there were no notable differences in TANF participation in SFY2020 across sub-regions (Figure 22).

Figure 20. Number of children ages birth to 5 and households with children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020



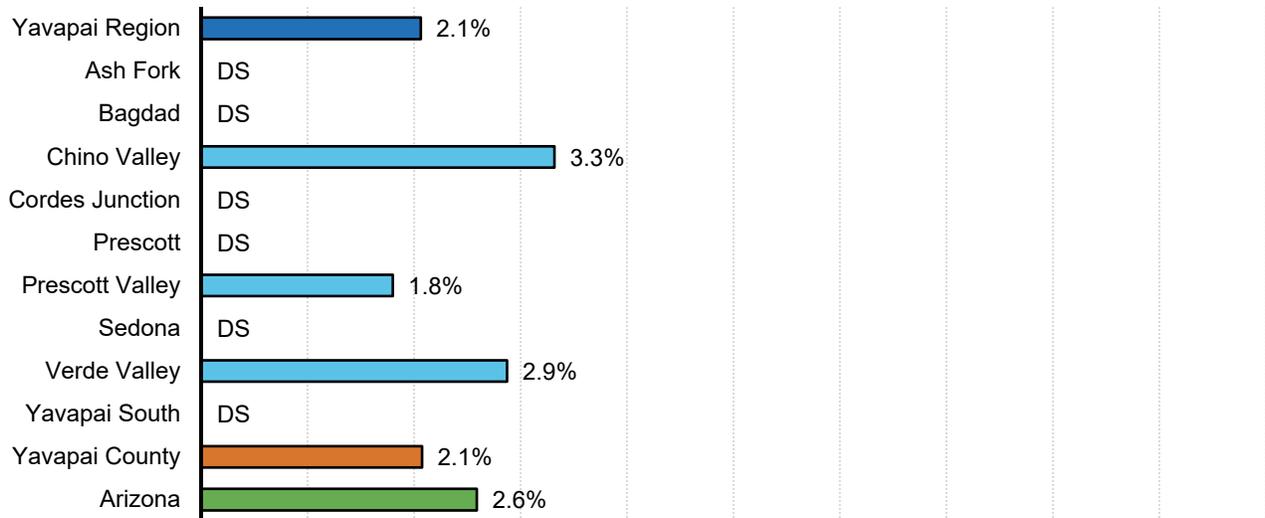
Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

Figure 21. Estimated percent of children ages birth to 5 participating in TANF, state fiscal years 2016 to 2020



Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14 & P20.

Figure 22. Estimated percent of children ages birth to 5 receiving TANF, state fiscal year 2020



Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14 & P20.

The gap between the thresholds of low income needed to qualify for public supports and the substantial income needed to actually support a family can also lead to a “benefits cliff”¹⁰⁶ for low-income families. This problematic phenomenon occurs when a low-income earner gets a boost in earnings – either through a raise, working additional hours or other means – that makes them ineligible for programs, like

SNAP, WIC or subsidized health insurance that they previously qualified for, even if the additional earnings cannot make up the difference in the family budget. Thus, many families who may not technically be living in poverty or be considered low-income may still face substantial economic hardship.

Food insecurity

Many families struggle with consistent access to “enough food for an active, healthy life,” a problem known as food insecurity.¹⁰⁷ This limited or uncertain availability of food is negatively associated with many markers of health and well-being for children, including heightened risks for developmental delays¹⁰⁸ and being overweight or obese.¹⁰⁹ To help reduce food insecurity, there are a variety of federally-funded programs including the Supplemental Nutrition Assistance Program (SNAP),¹¹⁰ the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),¹¹¹ the National School Lunch Program,¹¹² the School Breakfast Program,¹¹³ the Summer Food Service Program,¹¹⁴ and the Child and Adult Care Food Program (CACFP).¹¹⁵ However, only about 58% of food insecure households nationwide report participating in federally-funded nutrition assistance programs.¹¹⁶

An additional food resource in the Yavapai Region is the Emergency Food Assistance Program (TEFAP) which helps supplement the diets of low-income individuals by providing them with emergency food and nutrition assistance at no cost. TEFAP foods are distributed as Emergency Food Packages and in meals served at Congregate Feeding Sites (Soup Kitchens). There are 15 TEFAP sites in the Yavapai Region.^{xiii}

Administered by the Arizona Department of Economic Security (DES) and also referred to as “Nutrition Assistance” and “food stamps,” SNAP has been shown to help reduce hunger and improve access to healthier food.¹¹⁷ SNAP benefits support working families whose incomes simply do not provide for all their needs. For low-income working families, the additional funds available to access food from SNAP can help make a meaningful difference. For example, for a three-person family with one person who earns a minimum wage, SNAP benefits can boost take-home income by 10-20%.¹¹⁸ However, even among those accessing SNAP benefits, nearly half of households in poverty still struggle with food security.¹¹⁹

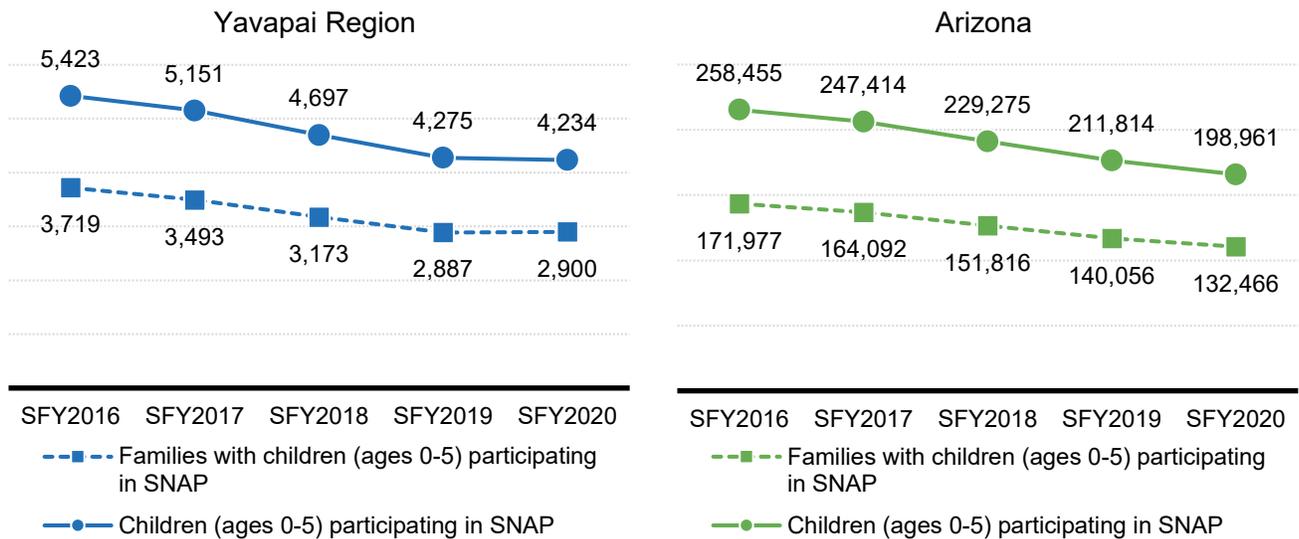
Additionally, in 2019, the Department of Homeland Security broadened the types of public benefits that would deem green card or visa applications ineligible on “public charge grounds.”¹²⁰ The 2019 expanded definition of “public charge” included utilization of Medicaid, public housing and SNAP benefits as part of public charge determination. Though the 2019 Public Charge Final Rule is no longer in effect as of March 2021,^{xiv} its chilling effect may have lasting impacts on immigrant families accessing supports they are legally entitled to.

^{xiii} For more information on TEFAP please visit: <https://des.az.gov/services/basic-needs/food-assistance/emergency-food-assistance>

^{xiv} For a description of what is and is not currently considered during public charge determinations, see <https://www.uscis.gov/green-card/green-card-processes-and-procedures/public-charge/public-charge-resources>

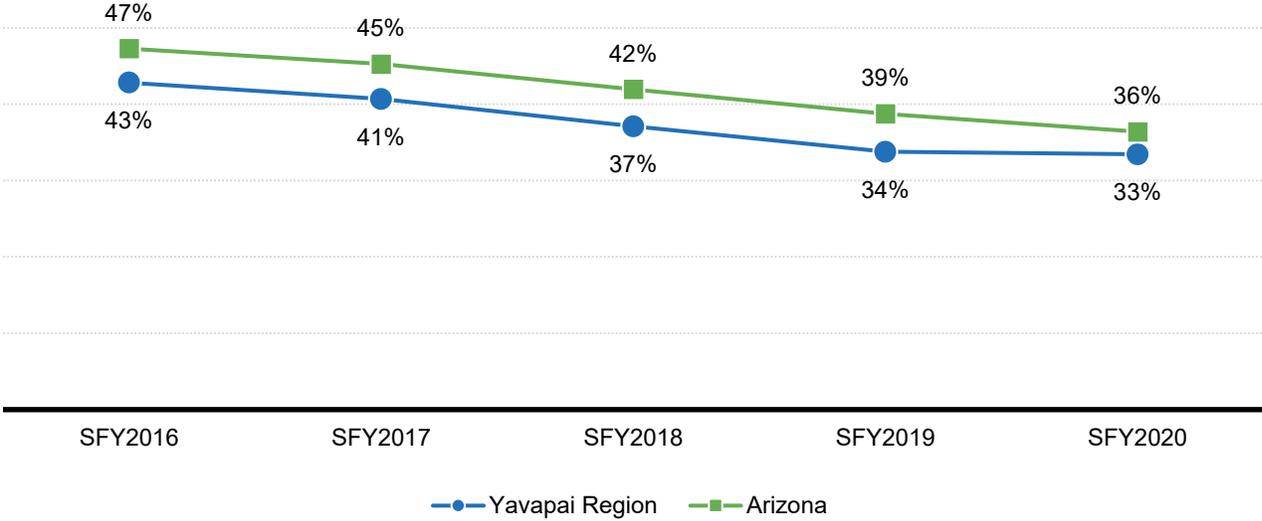
In the years prior to the pandemic, the proportion of families with young children who participated in SNAP steadily declined across the Yavapai Region and the state, with a very slight increase in the number of households with young children participating in SNAP in the region in state fiscal year 2020 that was not seen across the state (Figure 23). This overall decline likely reflected the continuing economic recovery from the Great Recession.¹²¹ Despite the number of young children who received SNAP benefits declining between SFY2016 and SFY2020 from 5,423 to 4,234, at least one-third of all children ages birth to 5 received SNAP benefits, underscoring how important this support is for childhood food security in the region (Figure 24). Variability also exists across sub-regions, with a high of 90% of children ages birth to 5 participating in SNAP in SFY2020 in the Ash Fork sub-region, followed by 60% in the Cordes Junction sub-region. The lowest levels of SNAP participation in SFY2020 are seen in the Bagdad (6%) and Sedona (15%) sub-regions (Figure 25).

Figure 23. Number of children ages birth to 5 and households with children birth to 5 participating in SNAP, state fiscal years 2016 to 2020



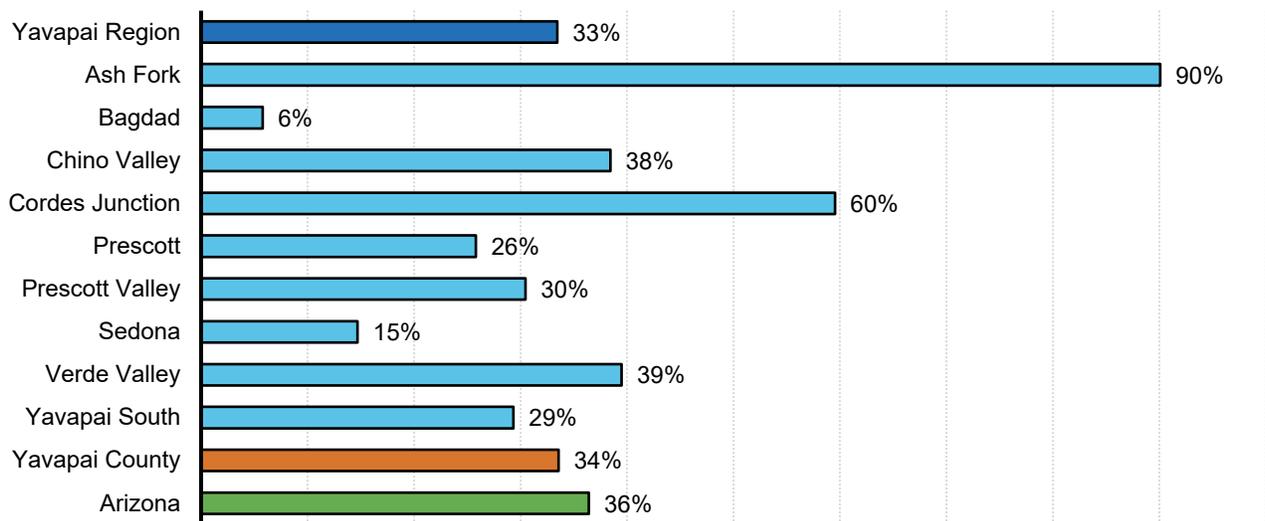
Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

Figure 24. Estimated percent of children ages birth to 5 participating in SNAP, state fiscal years 2016 to 2020



Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14 & P20.

Figure 25. Estimated percent of children ages birth to 5 participating in SNAP, state fiscal year 2020



Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14 & P20.

During the COVID-19 pandemic, changes were made to SNAP program administration to better meet the needs of families in a time of crisis. Beginning in December 2020, participants received a 15% increase in benefits. Among other administrative changes, interviews were waived, certification periods were extended and online shopping was approved, making it easier for families to access benefits. WIC also adjusted administrative guidelines, and participants were allotted extra monthly funds to use on fruits and vegetables. These waivers and emergency allotments can be extended while the state is under a COVID-19 emergency declaration and were still in effect at the time of this report being written (October 2021). Beginning October 2021, the USDA also instituted a roughly 27% increase in SNAP benefits, the largest permanent increase in the program’s history.

A nationally representative survey found that for caregivers in low-income families, food insecurity during the pandemic, exacerbated by the loss of free meals (e.g., school lunch), was the lone consistent predictor of anxiety, depression and stress. Arizona families with young children are particularly vulnerable to being persistently food insecure and becoming food insecure during the pandemic. Furthermore, food insecurity tends to be worse for people of color. Nationally, Hispanic individuals are almost twice as likely (15.8%) as non-Hispanic White individuals (8.1%) to be food insecure, and Native Americans are three times as likely (23.5%) to be food insecure.

The Pandemic Electronic Benefit Transfer Program (P-EBT), a collaboration between the Arizona Department of Education, DES and the USDA Food and Nutrition Service, was established to offset the loss of meals normally received for free at schools or child care settings. Eligible families included those participating in SNAP with a child under age 6 and those with a child who received free or reduced-price school lunch. Over 520,200 children were eligible for the program in Arizona, which ended on September 24, 2021.

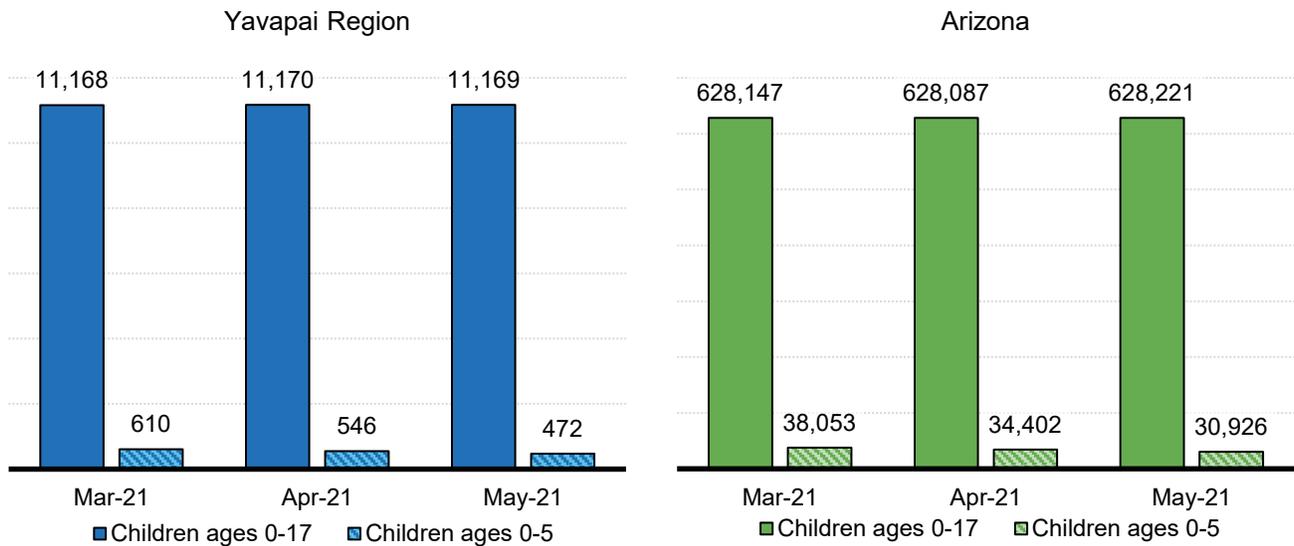
The majority of the children who received P-EBT in the Yavapai Region were above the age of 5, even though children age 5 and under who were receiving SNAP were eligible to receive P-EBT. For example, in March 2021, only 472 of the 11,169 children aged birth to 17 receiving P-EBT were under 6 years of age (Table 5; Figure 26). In contrast, in 2020, 4,234 children under the age of 6 were participating in SNAP in the region (Figure 23), indicating that just over 10% of the youngest children who were eligible were enrolled in Pandemic EBT. This difference is likely due to school-aged children enrolled in free and reduced-price lunch being automatically enrolled in P-EBT, which was not the case for younger children. In addition, while receipt of P-EBT remained constant across all children aged birth to 17, receipt for children aged birth to 5 decreased between March and May 2021 across the region.

Table 5. Children ages birth to 17 and birth to 5 receiving Pandemic EBT, March to May 2021

Geography	Children ages 0-17 receiving P-EBT			Children ages 0-5 receiving P-EBT		
	March 2021	April 2021	May 2021	March 2021	April 2021	May 2021
Yavapai Region	11,168	11,170	11,169	610	546	472
Ash Fork	278	278	278	[1-9]	[1-9]	[1-9]
Bagdad	31	31	31	[1-9]	[1-9]	[1-9]
Chino Valley	1,259	1,259	1,259	87	78	71
Cordes Junction	625	625	625	33	28	25
Prescott	1,103	1,103	1,103	48	41	38
Prescott Valley	3,692	3,692	3,693	204	188	160
Sedona	387	387	387	18	18	14
Verde Valley	3,634	3,636	3,634	200	174	146
Yavapai South	159	159	159	[1-9]	[1-9]	[1-9]
Yavapai County	11,133	11,135	11,134	609	545	472
Arizona	628,147	628,087	628,221	38,053	34,402	30,926

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

Figure 26. Children ages birth to 17 and birth to 5 receiving Pandemic EBT, March to May 2021



Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

An additional resource to address food security is the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program administered by the Arizona Department of Health Services (ADHS). WIC serves pregnant, postpartum and breastfeeding women, as well as infants and young children (under the age of five) who are economically disadvantaged (i.e., family incomes at or below 185% of the federal poverty level). The program offers funds for nutritious food, breastfeeding and nutrition education, and referrals to health and social services.¹²² Participation in WIC has been shown to be associated with healthier births, lower infant mortality, improved nutrition, decreased food insecurity, improved access to health care and improved cognitive development and academic achievement for children.¹²³

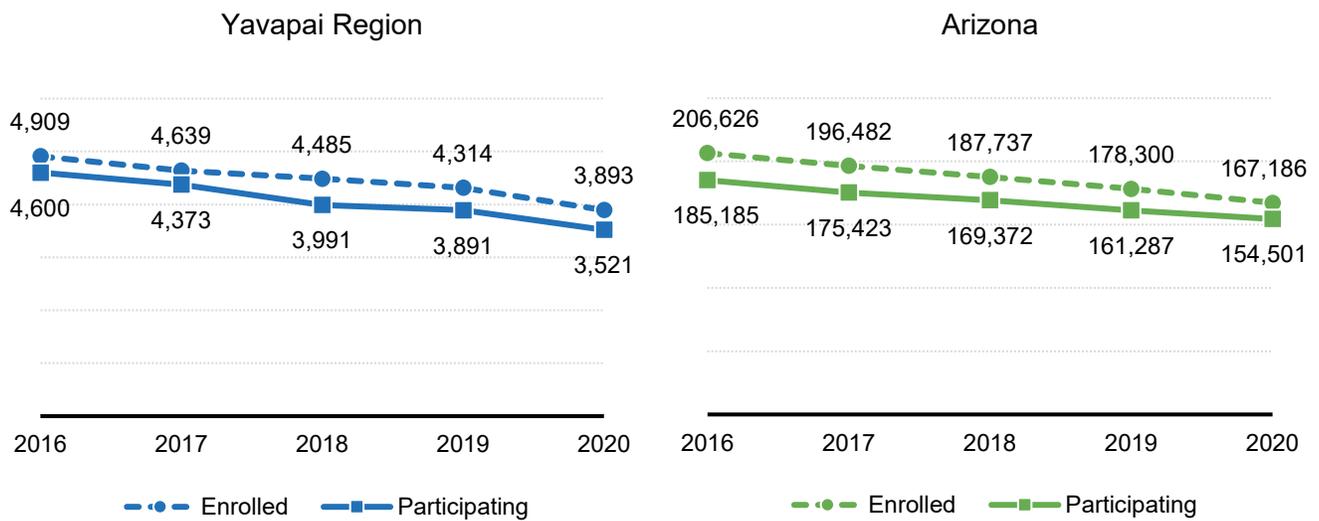
The number of women enrolled and participating in WIC declined in the region and state between 2016 and 2020. In spite of these declines, participation rates have remained high, with 94% of women enrolled in WIC receiving WIC benefits in 2016 and 2020 in the region.

Similar to declines in women’s enrollment and participation in WIC, the number of children aged birth to 4 enrolled and participating in WIC has steadily declined between 2016 and 2020 in the Yavapai Region and across the state (Figure 27). Also, similar to women’s participation in WIC, children’s participation rates remained steady and high, with 90% of children aged birth to 4 enrolled in WIC receiving WIC benefits in 2020, falling slightly from 94% in 2016. When looking at children’s participation by age, participation rates for infants were higher still, with 96% of infants enrolled in WIC receiving benefits in 2020, compared to 89% of children aged 1 to 4 years (Figure 28). Changes in WIC policy may have contributed to ongoing high participation rates. The USDA required that all WIC programs transition to providing benefits through an electronic benefit transfer (EBT) card by October 1,

2020, and ADHS began transitioning WIC benefits from paper checks to an EBT card called “eWIC” in 2017.¹²⁴ National research has shown that providing WIC benefits through an EBT card instead of paper checks is associated with a sustained and significant increase in WIC participation rates for women, infants and children by making WIC benefits easier to access and use.¹²⁵

It should be noted that while the available safety-net programs are important for families, not all key costs are covered. For families of young children in particular, the fact that SNAP and WIC funds cannot be used to purchase diapers can present a major financial burden.¹²⁶

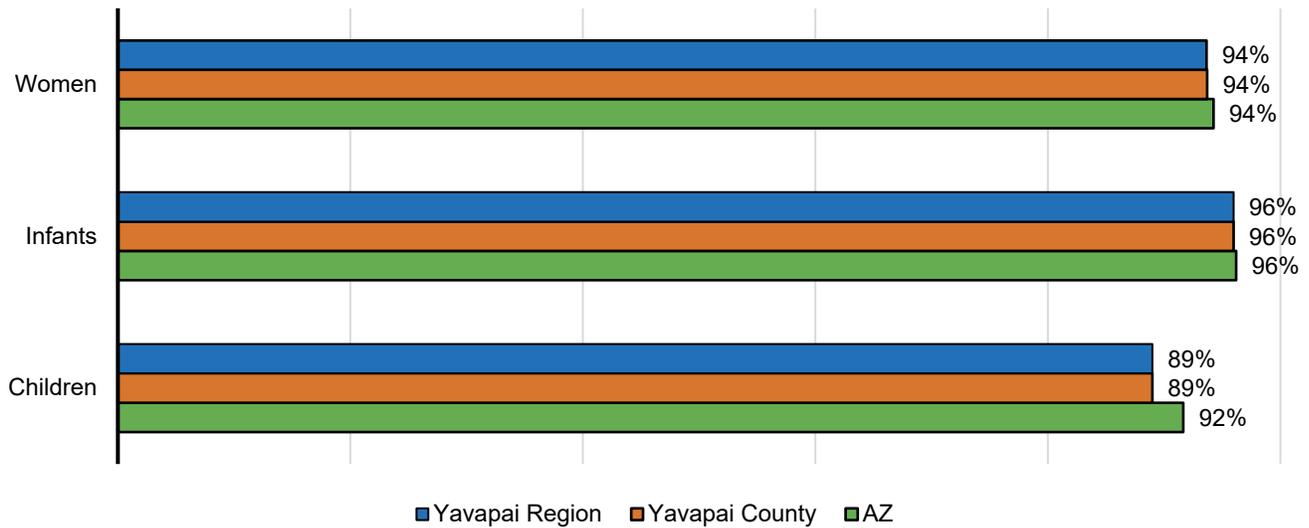
Figure 27. Children ages birth to 4 enrolled and participating in WIC, 2016 to 2020



Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Note: Children are counted as ‘participating’ if they received benefits during the time period in question.

Figure 28. WIC participation rates by category, 2020



Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Note: Individuals are counted as 'participating' if they received benefits during the time period in question.

Figure 29 illustrates the food retail environment in the Yavapai Region. As can be seen in the map, there are a lack of WIC authorized retailers, which can be considered a proxy for grocery stores, in sub-regions distant from population centers, such as Ash Fork, Cordes Junction and Yavapai South. Families living in these communities are more likely to have to travel far distances for groceries, particularly for more nutritious foods. Larger portions of the Ash Fork, Chino Valley, Cordes Junction, Verde Valley, and Yavapai South sub-regions are classified as food deserts by the USDA, meaning that a substantial portion of the population is both low-income and has low access to grocery stores.¹²⁷ This indicates that even in communities with multiple food retailers, low-income families, particularly those without reliable or working vehicles, may have a difficult time accessing grocery stores.

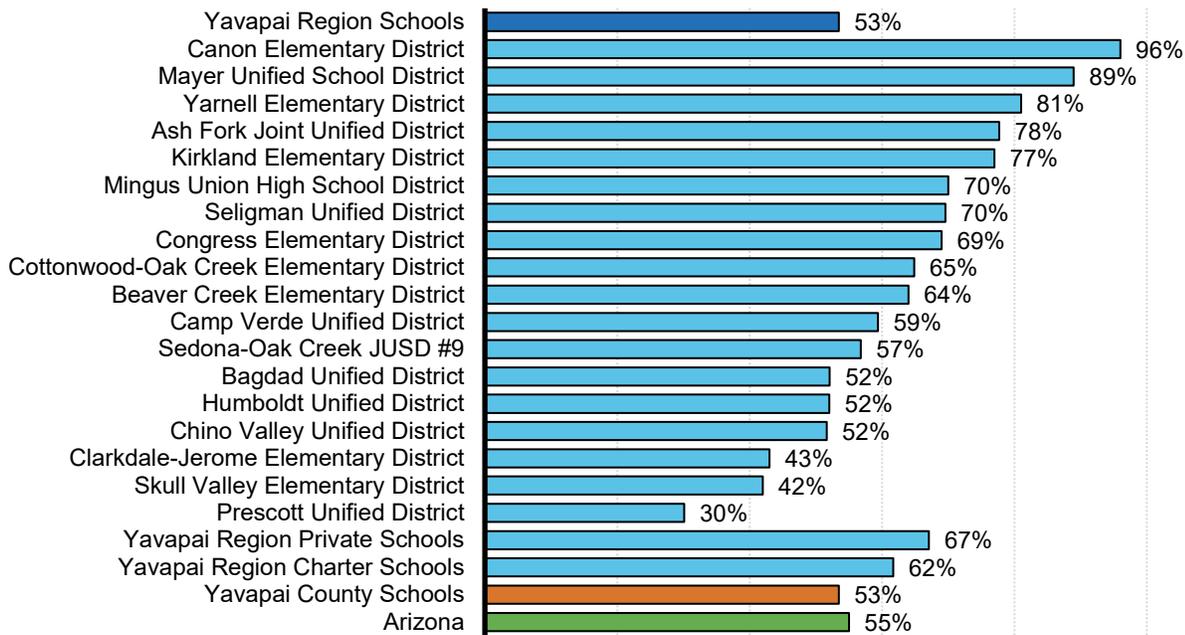
Table 6. Free and reduced-price lunch eligibility, 2017-18 to 2019-20

Geography	Students eligible for free or reduced-price lunch, 2017-18	Students eligible for free or reduced-price lunch, 2018-19	Students eligible for free or reduced-price lunch 2019-20
Yavapai Region Schools	54%	53%	53%
Prescott Unified District	33%	31%	30%
Sedona-Oak Creek JUSD #9	46%	57%	57%
Bagdad Unified District	45%	42%	52%
Humboldt Unified District	55%	53%	52%
Camp Verde Unified District	57%	62%	59%
Ash Fork Joint Unified District	56%	78%	78%
Seligman Unified District	63%	65%	70%
Mayer Unified School District	86%	87%	89%
Chino Valley Unified District	55%	55%	52%
Skull Valley Elementary District	50%	45%	42%
Congress Elementary District	63%	66%	69%
Kirkland Elementary District	77%	77%	77%
Beaver Creek Elementary District	66%	64%	64%
Canon Elementary District	84%	94%	96%
Yarnell Elementary District	78%	76%	81%
Clarkdale-Jerome Elementary District	50%	43%	43%
Cottonwood-Oak Creek Elementary District	61%	64%	65%
Mingus Union High School District	70%	65%	70%
Yavapai Region Private Schools	57%	61%	67%
Yavapai Region Charter Schools	61%	57%	62%
Yavapai County Schools	54%	53%	53%
Arizona	57%	56%	55%

Source: Arizona Department of Education (2021). [Health & Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: Yavapai Region Private schools are Sacred Heart Parish School and Mingus Mountain Academy. While there are more private schools in the Yavapai Region, these are the only 2 private schools that opted to participate in NSLP during this period. While participating in NSLP provides reimbursement for meals, not all schools are equipped with the meal preparation facilities or the administrative support to participate in the program.

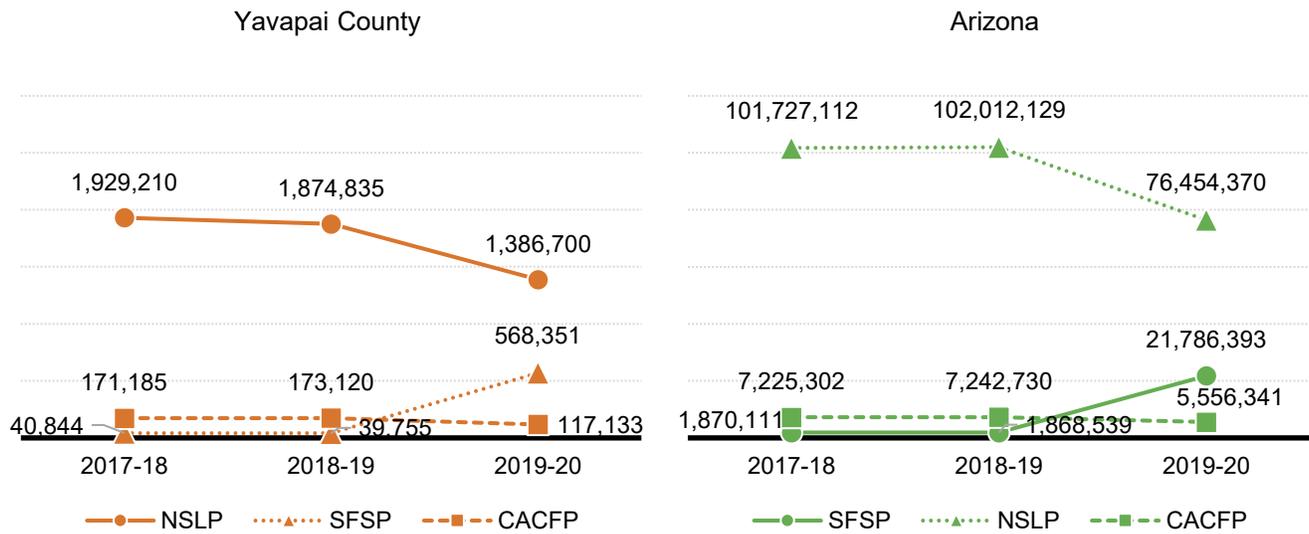
Figure 30. Free and reduced-price lunch eligibility, 2019-20



Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

In addition to the NSLP, ADE supports two other programs addressing children’s food security. Funded by the USDA, the Child and Adult Care Food Program (CACFP)¹²⁸ gives reimbursements to participating child care centers, preschools, emergency centers, and after school programs for nutritious meals and snacks served to eligible children. Providers must complete a renewal each year. Eligible providers include for-profit child care centers serving at least 25% free or reduced-price participants or be a non-profit.¹²⁹ Also funded by the USDA, the Summer Food Service Program (SFSP)¹³⁰ works to keep all children through age 18 fed when school is out of session by providing free meals (breakfast, lunch, supper) and snacks at community sites. The SFSP program unites community sponsors like camps, faith-based organizations and schools with sites like parks, libraries, community centers and apartment complexes in high-need areas to distribute food.¹³¹ Figure 31 shows varying trends across school nutrition programs with decreases overall in NSLP and CACFP lunches served between 2017-18 and 2019-20, and an overall increase in lunches served through the SFSP. Decreases in the NSLP and CACFP were likely due to closures of child care centers and schools in the spring of 2020 due to the COVID-19 pandemic. In contrast, the USDA allowed the SFSP to operate year-round during the pandemic with no free or reduced-price lunch eligibility criteria applied, allowing more children to benefit from this program.

Figure 31. Trends in lunches served through school nutrition programs, 2017-18 to 2019-20

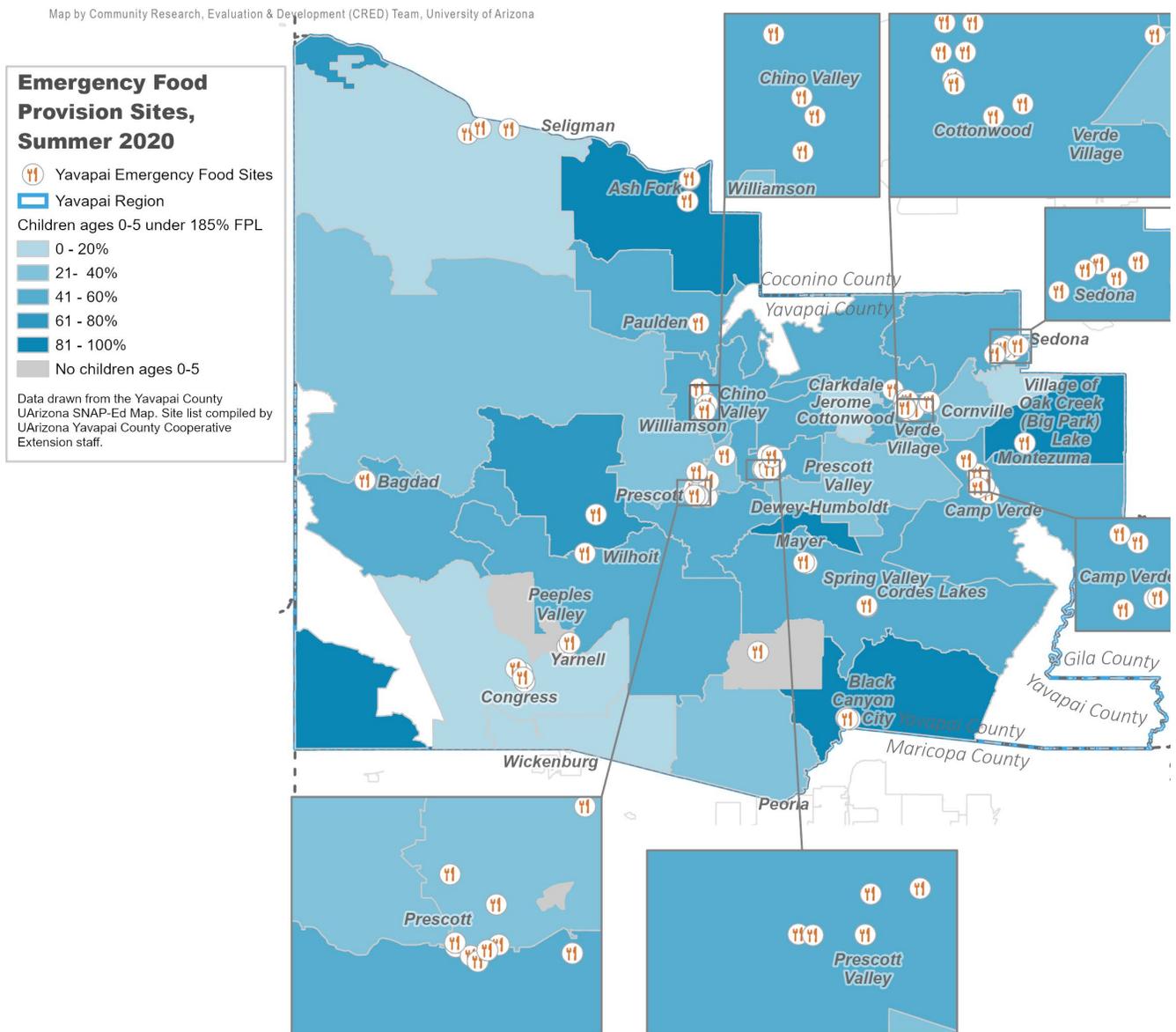


Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Due to the COVID-19 pandemic, the USDA issued a substantial number of waivers for school nutrition programs to allow greater flexibility for schools to get meals to students in need. More information on the pandemic's effect on school nutrition can be found on the ADE website: <https://www.azed.gov/hns/covid19>

Economic constraints caused by the pandemic, in addition to the closure of schools that had been a source of nutritious food for many children, likely contributed to food insecurity in the region. However, community resilience in response to this need was evidenced throughout the region through stories provided by key informants. In Black Canyon City, individuals were able to access day old food sources in Phoenix and refrigeration to store this food so that families could access fresh fruits, meats and dairy daily. In Cottonwood, Manzanita Outreach partnered with area schools and local transportation companies for the Farmers to Families food box program to increase access to fresh food. In the Yavapai-Apache Nation, CARES Act funding supported purchase and provision of hundreds of food boxes at community events during the pandemic, including 500 in December 2020 alone. Not limited to these stories, county-wide partnerships forged through food policy councils increased the availability of and access to food resources by coordinating to create a comprehensive list of emergency food sites throughout the Yavapai Region. Figure 32 illustrates the location of emergency food provision sites in the summer of 2020. Compared to the location of food retail sites shown in Figure 29, these emergency food sources were distributed more evenly across the region, allowing families throughout the region to more easily access affordable and nutritious food.

Figure 32. Map of the Emergency Food Sites in the Yavapai Region



Source: UArizona CRED Team (2019). Yavapai County UArizona SNAP-Ed Map. <https://nutrition.cals.arizona.edu/outreach/snap-ed/county-maps> Map created by the UArizona CRED Team.

Additional food resources available in the Yavapai Region include the annually updated Yavapai County Emergency Food Resource Directory¹³², and the Verde Valley Food Policy Council¹³³ whose mission is to advocate for a healthy, sustainable regional food system in the Verde Valley.

Employment

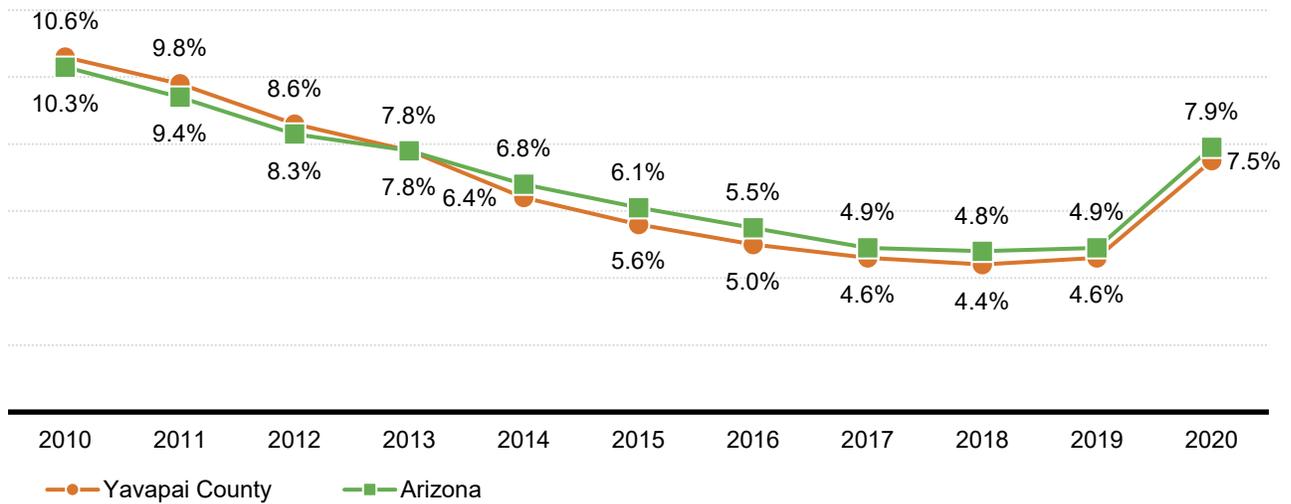
Unemployment and underemployment can affect a family's ability to meet the expenses of daily living, as well as their access to resources needed to support their children's well-being and healthy development. A parent's job loss can affect children's school performance, leading to poorer attendance,

lower test scores, and higher risk of grade repetition, suspension or expulsion.¹³⁴ Unemployment can also put families at greater risk for stress, family conflict and homelessness.¹³⁵

The unemployment rate is the ratio of the number of persons who are unemployed and looking for work to the total number of persons in the civilian labor force. Note that unemployment rates do not include persons who have dropped out of the labor force entirely, including those who wanted to but could not find suitable work and so have stopped looking for employment.¹³⁶

Pre-pandemic, nationwide unemployment rates had been on a steady decline since the end of the Great Recession in 2009. In the last year prior to the pandemic, 2019, the unemployment rate in Yavapai County was 4.6% compared to 4.9% statewide (Figure 33). Nationally, in 2020, the unemployment rate more than doubled (from 3.7% to 8.1%) as a result of the pandemic. Unemployment rates jumped in Yavapai County (7.5%) and Arizona (7.9%) as well.

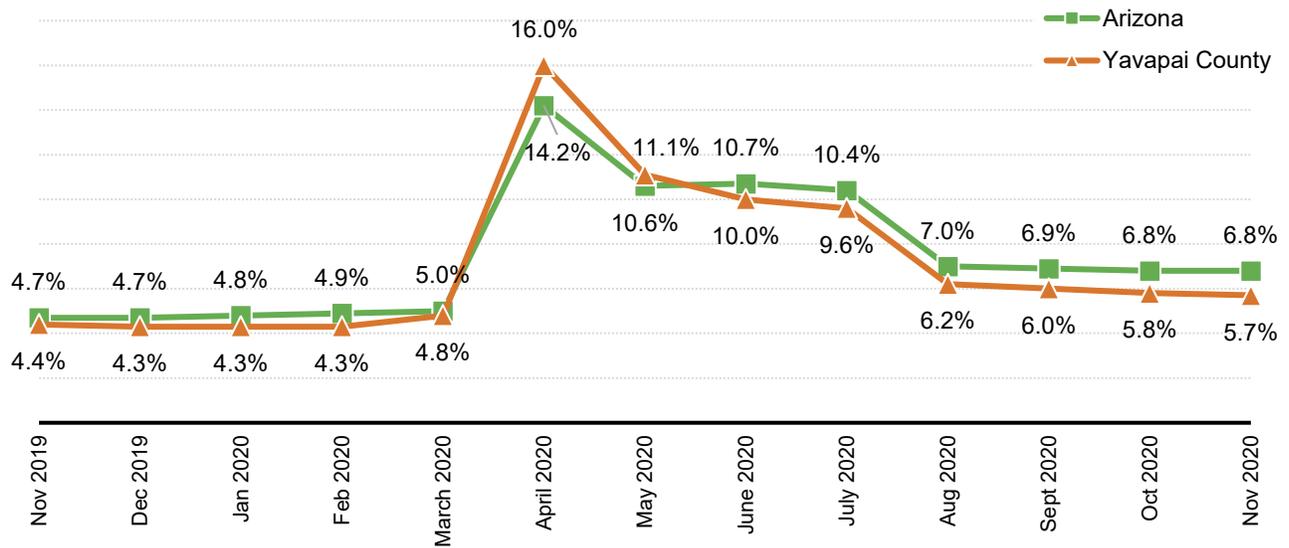
Figure 33. Average annual unemployment rates (not seasonally adjusted), 2010 to 2020



Source: Arizona Commerce Authority (2021), Office of Economic Opportunity, Local Area Unemployment Survey (LAUS)

The impact of the pandemic on unemployment rates can be more clearly seen in monthly rates shown in Figure 34. Unemployment rates in the county and across the state jumped in April 2020, then proceeded to decrease in subsequent months, although remaining slightly higher than before the COVID-19 pandemic began.

Figure 34. Monthly unemployment rates (seasonally adjusted), 2019 to 2021



Source: Arizona Commerce Authority (2021), Office of Economic Opportunity, Local Area Unemployment Survey (LAUS)

Note: 'Seasonal adjustment' refers to a statistical technique that tries to remove the influence of predictable seasonal patterns on employment rates (such as harvest schedules or major holidays).

An additional metric of employment is the labor-force participation rate. This rate is the fraction of the population who are in the labor force, whether employed or unemployed. The American Community Survey (ACS) estimates that the average labor-force participation rate for Arizona over the five years from 2015 to 2019 is 60%, and 48% in the Yavapai Region (Table 7; Figure 35). In other words, just under half of the adult population in the Yavapai Region is in the labor force (either working or looking for work) and just over half is not (which includes students, retirees, stay-at-home parents and others). As with many economic indicators, the labor-force participation rates and unemployment rates vary across sub-regions. Labor force participation is highest in the Bagdad sub-region (70%), which also has the lowest unemployment rate (0%). Labor force participation is lowest in the Yavapai South sub-region (34%), with an accompanying unemployment rate equivalent to that across the region (6%). The Cordes Junction sub-region (12%) and the Yavapai-Apache Nation (11%) have the highest unemployment rates across communities in the Yavapai Region.

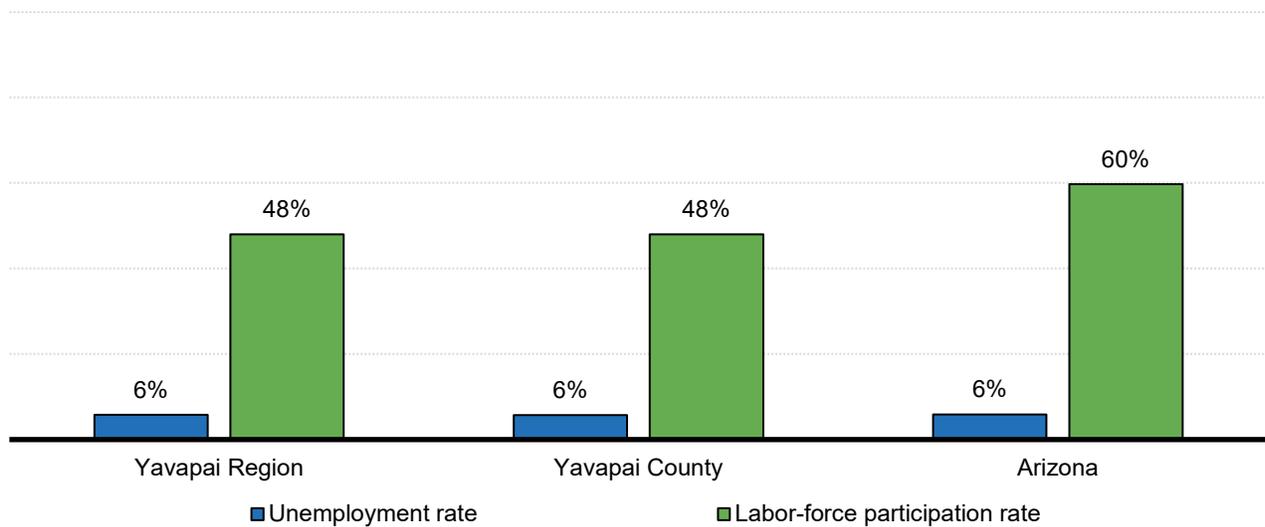
Table 7. Unemployment and labor-force participation for the adult population (ages 16 and older), 2015-2019 ACS

Geography	Estimated working-age population (age 16 and older)	Unemployment rate	Labor-force participation rate	Percent of working-age population in the labor force and employed	Percent of working-age population in the labor force but unemployed	Percent of working-age population not in the labor force
Yavapai Region	196,885	6%	48%	45%	3%	52%
Ash Fork	2,514	3%	44%	42%	1%	56%
Bagdad	1,409	0%	70%	70%	0%	30%
Chino Valley	17,678	5%	51%	48%	3%	49%
Cordes Junction	9,268	12%	44%	39%	5%	56%
Prescott	52,699	5%	44%	42%	2%	56%
Prescott Valley	47,726	6%	51%	48%	3%	49%
Sedona	16,695	4%	45%	43%	2%	55%
Verde Valley	43,900	6%	52%	48%	3%	48%
Yavapai South	4,996	6%	34%	32%	2%	66%
Yavapai-Apache Nation	766	11%	46%	41%	5%	54%
Yavapai County	194,627	6%	48%	45%	3%	52%
Arizona	5,600,921	6%	60%	56%	3%	40%
United States	259,662,880	5%	63%	60%	3%	37%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23025

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The "labor force participation rate" is the fraction of the population who are in the labor force, whether employed or unemployed. The "unemployment rate" is the fraction of the civilian labor force which are unemployed. The last three percentages in each row (employed, unemployed, and not in the labor force) should sum to 100% but may not because of rounding.

Figure 35. Unemployment and labor-force participation for the adult population (ages 16 and older), 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23025

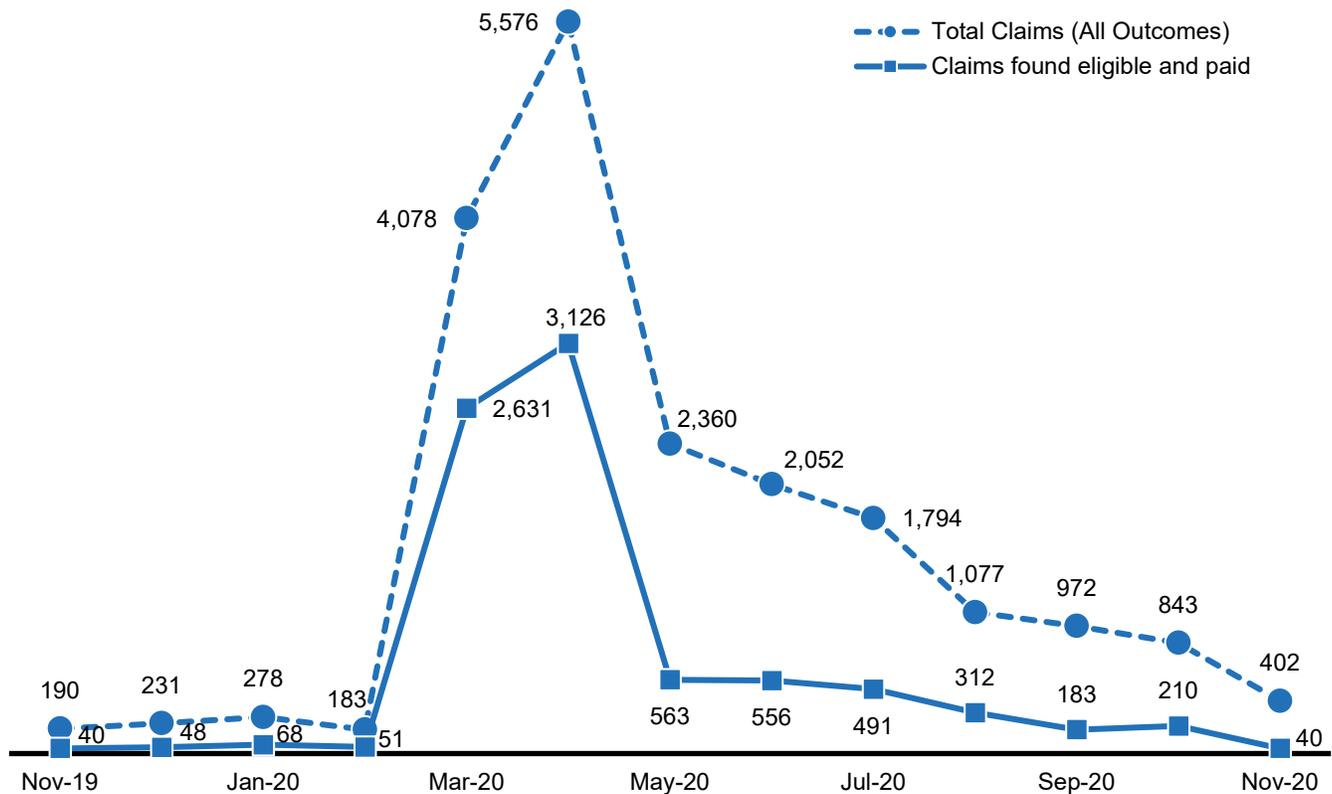
Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The "labor force participation rate" is the fraction of the population who are in the labor force, whether employed or unemployed. The "unemployment rate" is the fraction of the civilian labor force which are unemployed.

Statewide, unemployment insurance claims peaked at 262,523 the week of May 16, 2020. This is over twice the number of claims at the peak of the Great Recession in 2009.¹³⁷ In March 2020, the Pandemic Unemployment Assistance (PUA) program temporarily expanded unemployment insurance eligibility to categories of workers who were not previously eligible for unemployment, including self-employed workers, freelancers, independent contractors and part-time workers. The Pandemic Emergency Unemployment Assistance (PEUC) program extended benefits for those who had already used the 26 weeks of benefits usually allowed in Arizona.¹³⁸ In addition to expanded eligibility, federal provisions granted unemployed workers nationwide supplemental funds during the pandemic - \$600 additional per week through July 31, 2020, and \$300 additional per week through September 5, 2021.¹³⁹

The impact of these programs in the Yavapai Region can be seen in Figure 36, where the number of unemployment claims jumped substantially, from 183 before March 2020, to 5,576 in April 2020. Claims then dropped back to near pre-pandemic levels by November 2020. The proportion of unemployment claims found eligible and paid was the lowest (56%) when claims were at their highest levels in April 2020.

In May 2021, the governor announced that supplemental unemployment funding would end early in Arizona, on July 10, 2021, and instead launched Arizona's Back to Work Program which offered financial incentives for returning to work (\$2,000 for full-time, \$1,000 for part-time for eligible workers) as well as scholarships for community colleges.^{140,141}

Figure 36. Monthly unemployment claims in the Yavapai Region, Nov 2019 to Nov 2020



Source: Arizona Commerce Authority (2021), Office of Economic Opportunity, Local Area Unemployment Survey (LAUS)

Given the pre-pandemic need for child care and the already limited availability of child care in the state, the closure of many child care centers and schools due to the COVID-19 pandemic had substantial effects on the ability of parents to work. According to the U.S. Census Bureau’s Household Pulse survey, during the pandemic, about one in five non-working adults in households with children reported that their main reason for not working was because of children not in school or child care. In Arizona, the share of non-working adults with children who reported that lack of care was the primary reason for not working ranged from 8% to 40% depending on the survey week. For the majority (16 of 27) of weeks of the Household Pulse, caring for children not in school or child care was the number one reason given why non-retired adults were not working in Arizona.¹⁴² This suggests that access to child care is essential for parents and other caregivers in Arizona to access employment opportunities.

Addressing the financial barriers to accessing child care, during the pandemic (through September 2021), DES offered the Essential Workers’ Scholarship Program which offered essential workers child care scholarships that could be used for children through age 12.¹⁴³ Arizona’s Back To Work Program, announced in May 2021, could provide eligible parents returning to work between June and September 2021 with funding assistance for three months of child care.¹⁴⁴

The most recent data available on parents in the labor force pre-dates the COVID-19 pandemic. According to ACS five-year estimates, of the 10,595 children birth to 5 years old living with parents in the Yavapai Region, 5,976 or 56% live in households where all present parents are in the workforce (that is, are employed, or actively seeking paying work) (Table 8). This includes children in households with a single-parent in the labor force (23%) and two-parent households where both parents work (33%). In other words, the majority of households with young children in the Yavapai Region likely require some form of child care. Yet, the Center for American Progress estimates that 48% of Arizonans live in a “child care desert,” defined as an area where there are at least three times as many children as there are child care slots, meaning that the absence of accessible, affordable child care may be a barrier to employment.¹⁴⁵ In Arizona, the majority of rural families (67%), low-income families (59%) and Hispanic/Latino families (55%) live in a child care desert, making them disproportionately impacted by barriers to child care and therefore barriers to employment.¹⁴⁶ This is slightly worse than in the U.S. as a whole, where 60% of rural families and 55% of low-income families live in child care deserts.

There is variability across sub-regions in the proportions of children in households with all parents in the labor force, and therefore potentially more likely to need child care. This potential need is highest in the Yavapai South and Sedona sub-regions, where 72% and 64% of young children live in households where all present parents are in the workforce, and lowest in the Yavapai-Apache Nation and Bagdad sub-region, where only 15% and 44% of young children live in households where all present parents are in the workforce, and would therefore potentially need child care (Table 8).

Table 8. Parents of children ages birth to 5 who are or are not in the labor force, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) living with parent(s)	Living with two married parents, both in the labor force	Living with two married parents, one in the labor force and one not	Living with two married parents, neither in the labor force	Living with one parent, in the labor force	Living with one parent, not in the labor force
Yavapai Region	10,595	33%	30%	3%	23%	11%
Ash Fork	210	44%	38%	1%	13%	4%
Bagdad	285	10%	56%	0%	33%	0%
Chino Valley	1,068	28%	38%	0%	23%	11%
Cordes Junction	438	0%	25%	0%	60%	15%
Prescott	1,878	34%	31%	5%	20%	11%
Prescott Valley	3,363	32%	31%	1%	24%	12%
Sedona	274	44%	31%	0%	20%	5%
Verde Valley	2,893	40%	23%	5%	20%	12%
Yavapai South	187	57%	12%	9%	15%	8%
Yavapai-Apache Nation	214	3%	0%	74%	12%	10%
Yavapai County	10,645	33%	30%	3%	23%	11%
Arizona	494,590	32%	28%	1%	29%	9%
United States	22,727,705	39%	25%	1%	27%	7%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23008

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The term "parent" here includes step-parents. The five percentages in each row should sum to 100%, but may not because of rounding. Please note that due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are not counted as living with two parents (these children are counted in the 'one parent' category).

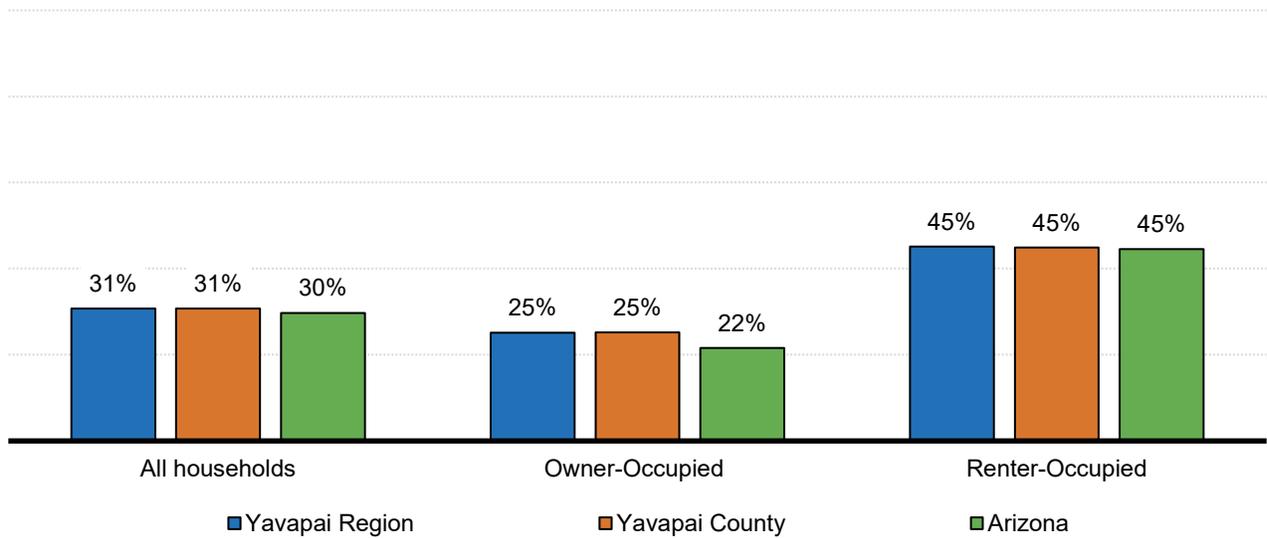
Housing instability

Examining indicators related to housing quality, costs and availability can reveal additional factors affecting the health and well-being of young children and their families in a region. Housing challenges such as issues paying rent or mortgage, overcrowded living conditions, unstable housing arrangements and homelessness can have harmful effects on the physical, social-emotional and cognitive development of young children.¹⁴⁷

While pre-pandemic housing cost burdens were already high enough to cause concern in some counties in Arizona, the economic disruptions of the COVID-19 pandemic, including losses of household employment income reported by approximately half of adults in the state, led to housing instability for some families as they struggled to make housing payments. There have been multiple federal efforts to prevent eviction or foreclosure and ease housing instability among households in the U.S. throughout the pandemic. Eviction moratoriums and mortgage forbearance programs for federally-backed mortgages aimed to prevent families from losing their homes during the pandemic, and the Emergency Rental Assistance Program aimed to distribute funds for rental and utility payments to households at risk of eviction.¹⁴⁸ The American Rescue Plan provided additional assistance for both homeowners and renters with the aim of preventing eviction and foreclosure.¹⁴⁹ However, local housing agencies have struggled to implement many of these programs, and shifting funding requirements or stringent reimbursement policies have hampered efforts to get funds to households who need them.¹⁵⁰ The end of the federal eviction moratorium issued by the Centers for Disease Control and Prevention means that effective administration of housing aid is all the more important for protecting families from eviction and foreclosure.¹⁵¹

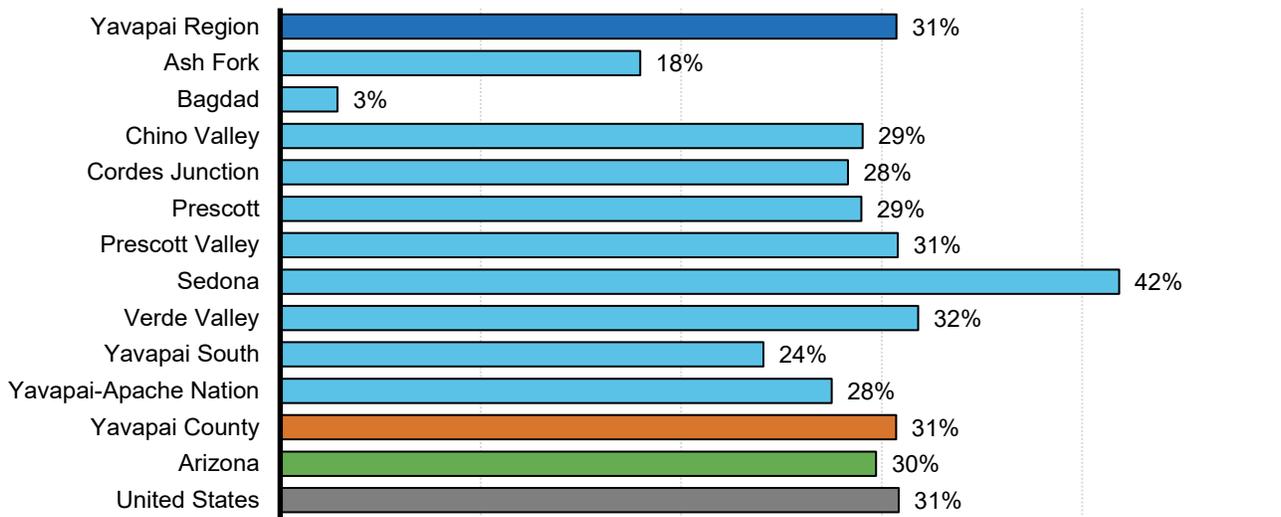
The most recent data available on housing affordability again pre-dates the COVID-19 pandemic. Traditionally, housing has been deemed affordable for a family if it costs less than 30% of their annual income.¹⁵² According to ACS five-year estimates, of the estimated 99,790 households in the Yavapai Region, 31% are housing-cost burdened, spending more than 30% of their household income on housing. Those renting are even more likely to be housing-cost burdened, with 45% of renter-occupied housing units in the region costing more than 30% of household income (Figure 37). Both these proportions are similar to the state. Variability exists across sub-regions with 42% of all households in the Sedona sub-region and only 3% all households in the Bagdad sub-region costing more than 30% of household income (Figure 38). This amount of income spent on housing leaves less available for food, utilities, early education programs and other supports that help young children thrive. Additionally, high housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition, declines in mental health and homelessness.^{153,154}

Figure 37. Percent of households with housing costs of 30% or more of household income by home ownership status, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B25106

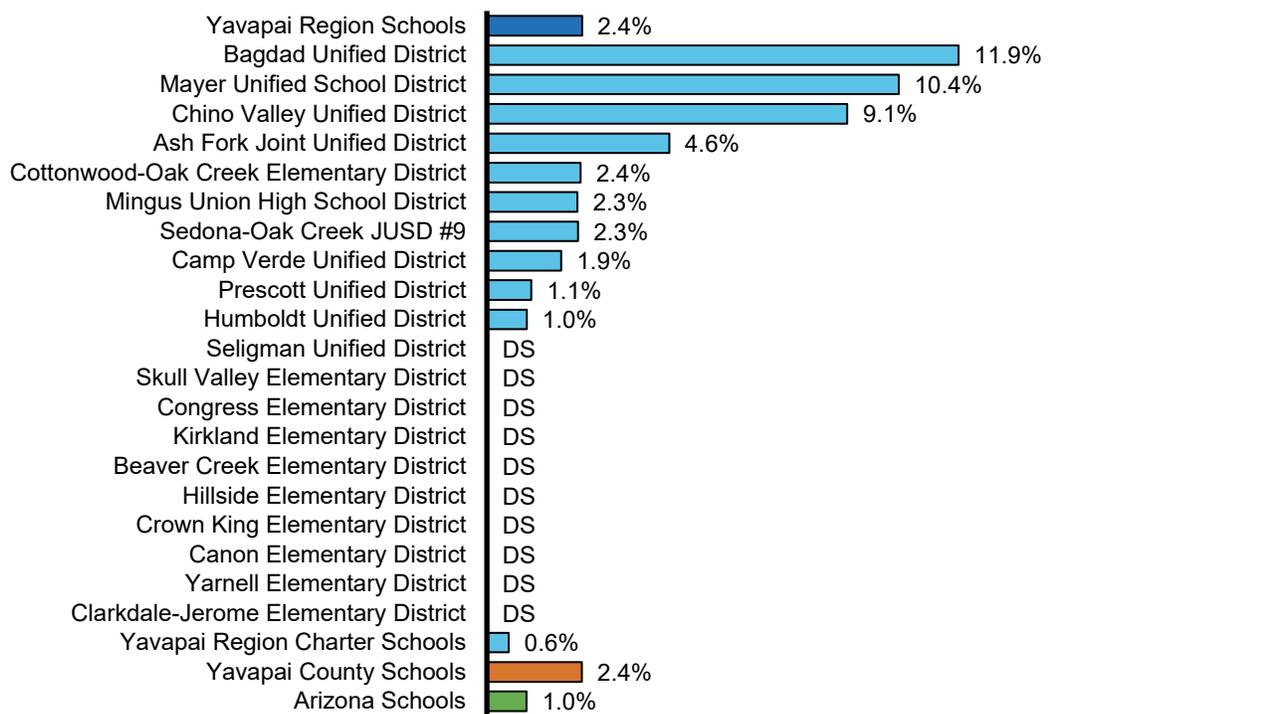
Figure 38. Percent of households with housing costs of 30% or more of household income, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B25106

Another indicator of housing stability can be seen in the number of students enrolled in school who are classified as homeless. Under the McKinney-Vento Act^{xv}, children are defined as homeless if they lack a “fixed, regular, and adequate nighttime address.” This includes children living in shelters, cars, transitional housing, campground, motels, and trailer parks, as well as children who are living ‘doubled up’ with another family due to loss of housing or economic hardship. Overall, 2% of students enrolled in Yavapai Region schools are classified as homeless, with four school districts in the region exceeding this proportion (Figure 39). The higher proportion of students in the Bagdad Unified District (12%) classified as homeless, may reflect this “doubling up” which in turn would help explain the low percentage of cost-burdened households, as multiple families may be sharing costs within a single household.

Figure 39. Students experiencing homelessness (all grades) enrolled in public and charter schools, 2019-20



Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: The McKinney-Vento Act provides funding and supports to ensure that children and youth experiencing homelessness have access to education. Under the McKinney-Vento Act, children are defined as homeless if they lack a “fixed, regular, and adequate nighttime address.” This includes children living in shelters, cars, transitional housing, campground, motels, and trailer parks, as well as children who are living ‘doubled up’ with another family due to loss of housing or economic hardship. More information can be found on the ADE website: <https://www.azed.gov/homeless>

^{xv} For more information on the McKinney-Vento Act please see: <https://www.azed.gov/homeless>

Information access through computers and internet

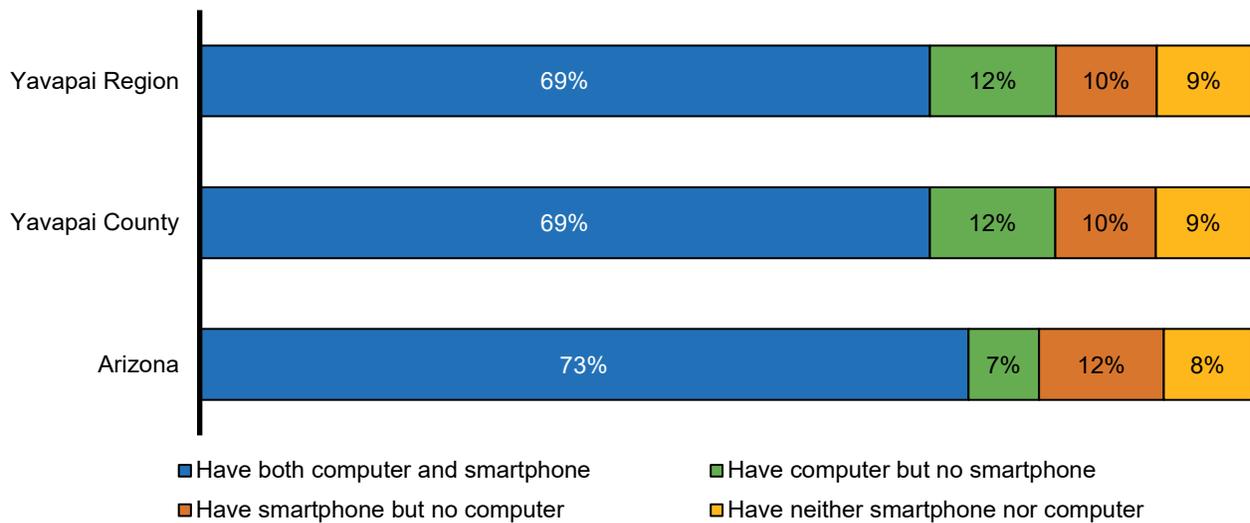
One increasingly critical need for modern homes is a reliable means of internet access. Families often rely on communication and information technologies to access information, connect socially, pursue an education and apply for employment opportunities. During the COVID-19 pandemic, a reliable internet connection was essential for a successful transition to remote work for many. Parents are also more likely to turn to online resources, rather than in-person resources, for information about obtaining health care and sensitive parenting topics including bonding, separation anxiety and managing parenting challenges.¹⁵⁵ The term “digital divide” refers to disparities in communication and information technologies,¹⁵⁶ and the lack of sustained access to information and communication technologies in low-income communities is associated with economic and social inequality.¹⁵⁷ Low-income households may experience regular disruptions to this increasingly important service when they can’t pay bills, repair or update equipment or access public locations that may offer connectivity (e.g., computers at local libraries).¹⁵⁸

In addition, as schools closed and transitioned to remote learning, access to a computing device and the internet became increasingly important for children to engage in educational activities and to connect socially with teachers or peers. Schools and communities applied multiple strategies to close the digital divide, from provision of mobile hotspot devices and laptops by schools and libraries. One silver-lining to the pandemic is the allocation of CARES Act and American Rescue Plan dollars for expanding rural broadband access, which may help shrink the digital divide.¹⁵⁹ Still, access to internet and computing devices was not evenly distributed across all communities—rural, low-income, and Native, Black and Hispanic students disproportionately faced access issues.¹⁶⁰ Even as schools return to in-person learning, investments in closing the digital divide remain essential to ensuring equity in outcomes for all students.

Nationally, Americans are increasingly reliant on smartphones as their sole source of internet access. Particularly for individuals who are younger, lower-income and non-White, broadband service at home is less common and smartphone-only internet use is more common.¹⁶¹ Households in rural areas typically experience more limited coverage from mobile networks and slower-speed internet services, as well as limited internet provider options which can result in higher monthly costs.^{162,163,164}

In the Yavapai Region, 69% of households have both a computer and smartphone; slightly less than across Arizona as a whole (73%) (Figure 40). Slightly more households have a computer with no smartphone (12%) compared to the state (7%), and slightly fewer have a smartphone with no computer (10% vs 12% respectively). A similar proportion of households in the region (9%) and state (8%) have neither a smartphone nor computer, with highs in the Ash Fork sub-region (19%), the Yavapai-Apache Nation (17%) and the Yavapai South sub-region (14%) (Figure 41).

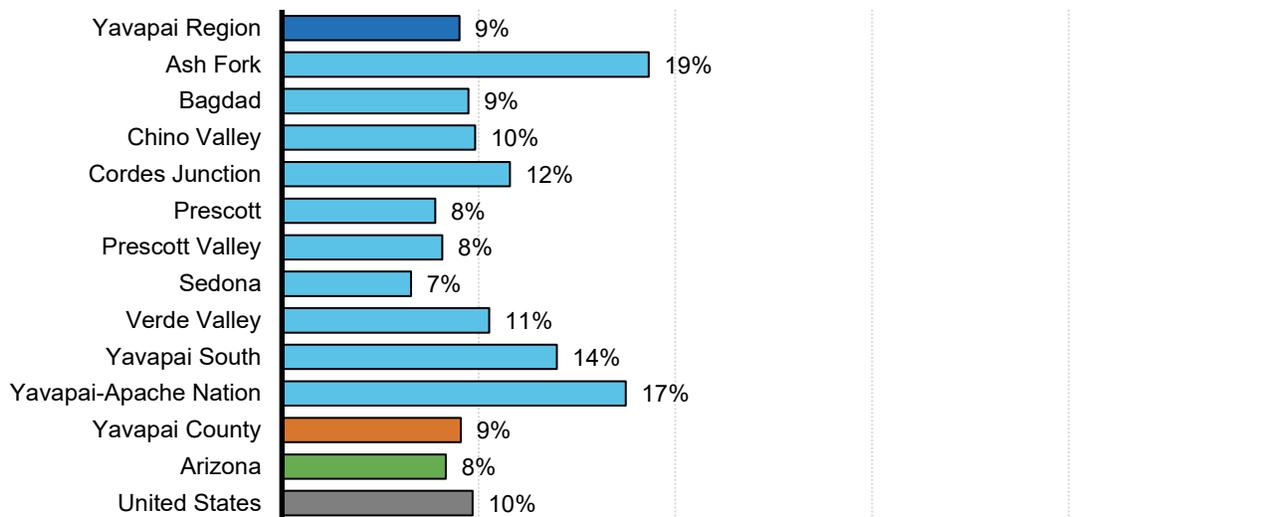
Figure 40. Households with and without computers and smartphones, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28010

Note: In this table, “computer” includes both desktops and laptops; “smartphone” includes tablets and other portable wireless devices. The four percentages in each row should sum to 100%, but may not because of rounding.

Figure 41. Percent of households with neither a smartphone nor a computer, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28010

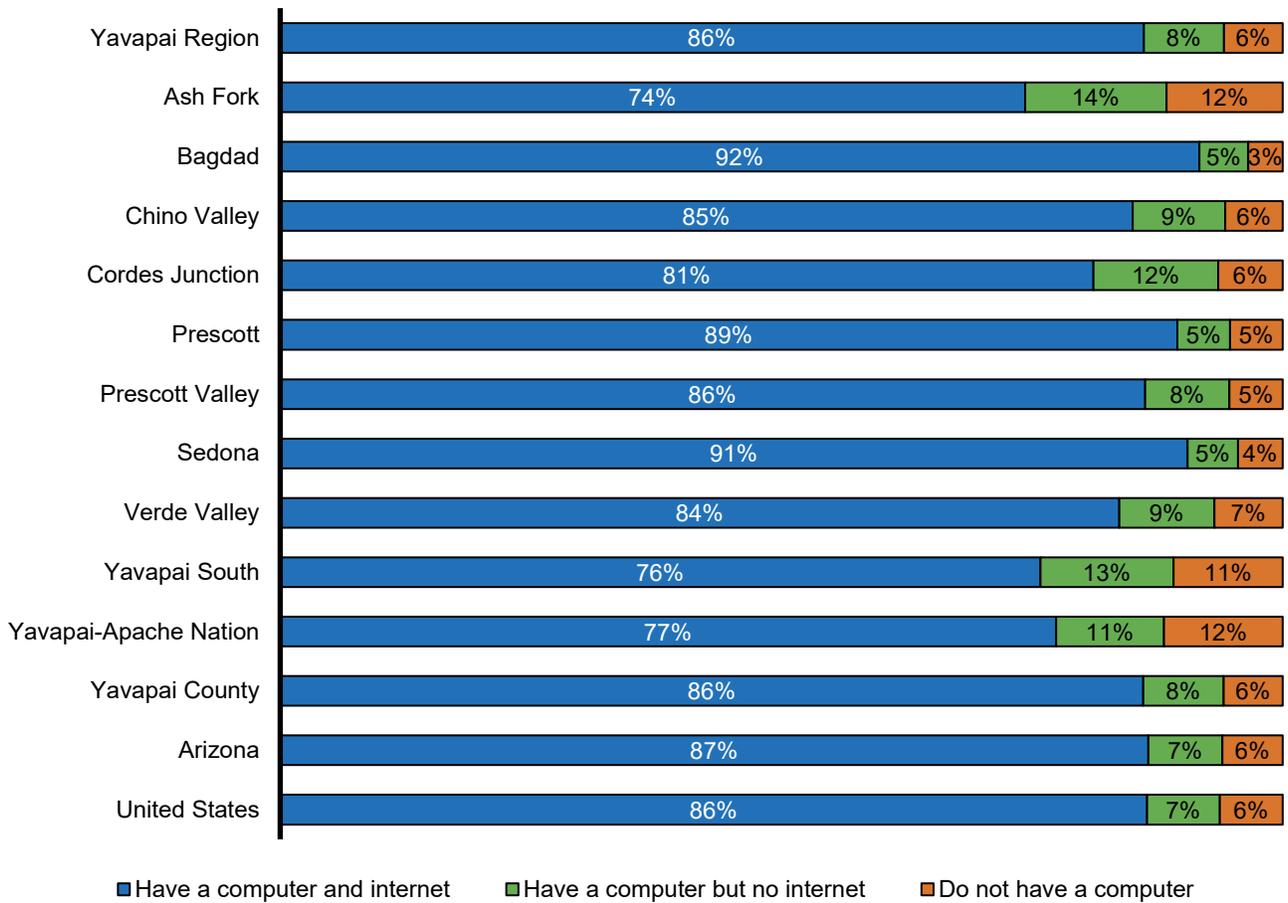
Note: In this table, “computer” includes both desktops and laptops; “smartphone” includes tablets and other portable wireless devices.

The majority of people in the Yavapai Region (86%) and across Arizona (87%) who live in households have access to a computer connected to the internet (Figure 42). In the region, only about 8% have a computer without internet while another 6% have no computer, with four sub-regions having over 10%

of persons in households with a computer and no internet (Ash Fork 14%, Yavapai South 13%, Cordes Junction 12%, Yavapai-Apache Nation 12%), three of which also have more than 10% without a computer (Yavapai South 13%, Ash Fork 12%, Yavapai-Apache Nation 12%). When children enter school, computer and internet access are increasingly important for completing school assignments and projects, particularly during the later years of primary education and beyond.¹⁶⁵ For children under the age of 18 in households, the percentages are slightly higher: 91% in the region and 88% across the state have access to an internet-connected computer (Figure 43). Across sub-regions, the lowest percentage of children aged 0-17 with access to a computer and the internet can be found in the Yavapai South sub-region (77%). Because these are the ACS averages over five years, they may underestimate the current rates of computer and smartphone ownership.

Whereas connectivity in the region appears high, it should again be noted that in many rural parts of the state, even those families with internet access and a computer may find connectivity frustratingly slow or inconsistent.¹⁶⁶ Households in rural areas typically experience more limited coverage from mobile networks and slower-speed internet services.¹⁶⁷ This gap in the ability to connect will likely continue to be an issue in rural areas unless concerted efforts are made to improve access.

Figure 42. Persons of all ages in households with and without computers and internet connectivity, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28005

Note: The three percentages in each bar should sum to 100%, but may not because of rounding.

Figure 43. Percent of children ages birth to 17 in households with a computer and internet connectivity, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28005

Additional data tables related to *Economic Circumstances* can be found in Appendix 1 of this report.



EDUCATIONAL INDICATORS

EDUCATIONAL INDICATORS

Why it Matters

A community's K-12 education system can support positive outcomes for children and their families, as well as the economic well-being of the entire community. Individuals with higher levels of education are less likely to live in poverty and tend to live longer and healthier lives.¹⁶⁸ Graduating from high school, in particular, is associated with better health and financial stability, lower risk for incarceration and better socio-emotional outcomes compared to dropping out of high school.^{169,170} Parents with more education are also more likely to have children with positive outcomes related to school readiness and educational achievement, with children of parents who have at least a high school diploma or GED scoring higher in reading, math and science in their first four years of school.^{171,172} The educational achievement of adults within a region speaks to the assets and challenges of a community's workforce, including those that are working with or on behalf of young children and their families.

High-quality early learning experiences lay a foundation for children's learning in kindergarten, early elementary school and beyond.¹⁷³ Participation in high-quality early education has been linked to better school performance in elementary and high school.¹⁷⁴ Reading skills in third grade, specifically, are an important predictor of later academic learning and success measured in standardized tests. Students who are at or above grade-level reading in third grade are more likely to graduate high school and attend college.¹⁷⁵ Given these intergenerational impacts of educational attainment and the cascading effect of early education on later academic achievement and success in adulthood, it is critical to provide substantial support for early education and promote policies and programs that encourage the persistence and success of Arizona's children.

What the Data Tell Us

School attendance and absenteeism

In the 2019-20 school year roughly 7,628 children were enrolled in preschool through third grade in Yavapai Region public and charter schools (Table 9).^{xvi} The lowest enrollment was in preschool with 500 children enrolled, and highs in enrollment of 1,810 in kindergarten and third grade. It should be noted that this is not a comprehensive count of preschoolers in the region, but only of those enrolled in preschool in public schools.

^{xvi} Comprehensive data on children attending private schools and children who are homeschooled are not available because there is not a centralized repository of data or reporting requirement for these students. Limited data are collected through surveys conducted by the National Center for Education Statistics and the U.S. Census Bureau. According to the 2019 American Community Survey, 12% of kindergarteners in Yavapai County and 11% of 1st through 4th grade students attended private schools (Table B14002). According to data collected by the U.S. Census Bureau's Household Pulse Survey, 3% of households surveyed in Arizona in April 2020 reported that children in their household were regularly homeschooled before the pandemic (Phase 1, Table 2).

Table 9. Kindergarten to 3rd grade students enrolled in public and charter schools, 2019-20

Geography	Preschool	Kindergarten	1st Grade	2nd Grade	3rd Grade
Yavapai Region	500	1,810	1,796	1,712	1,810
Prescott Unified District	164	258	224	252	240
Sedona-Oak Creek JUSD #9	DS	45	41	40	36
Bagdad Unified District	25	44	28	34	32
Humboldt Unified District	113	390	415	379	462
Camp Verde Unified District	16	109	114	103	108
Ash Fork Joint Unified District	N/A	18	17	20	20
Seligman Unified District	N/A	DS	DS	DS	DS
Mayer Unified School District	DS	40	37	41	33
Chino Valley Unified District	91	170	164	147	168
Skull Valley Elementary District	N/A	DS	DS	DS	DS
Congress Elementary District	N/A	DS	DS	DS	12
Kirkland Elementary District	DS	DS	DS	DS	DS
Beaver Creek Elementary District	14	39	44	34	36
Hillside Elementary District	N/A	N/A	N/A	N/A	DS
Canon Elementary District	N/A	14	16	17	17
Yarnell Elementary District	DS	N/A	DS	DS	DS
Clarkdale-Jerome Elementary District	DS	51	46	46	44
Cottonwood-Oak Creek Elementary District	46	199	212	198	206
Yavapai Region Charter Schools	N/A	403	403	372	370
Yavapai County Schools	491	1,810	1,798	1,713	1,812
Arizona Schools	21,867	81,606	82,386	82,305	83,003

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

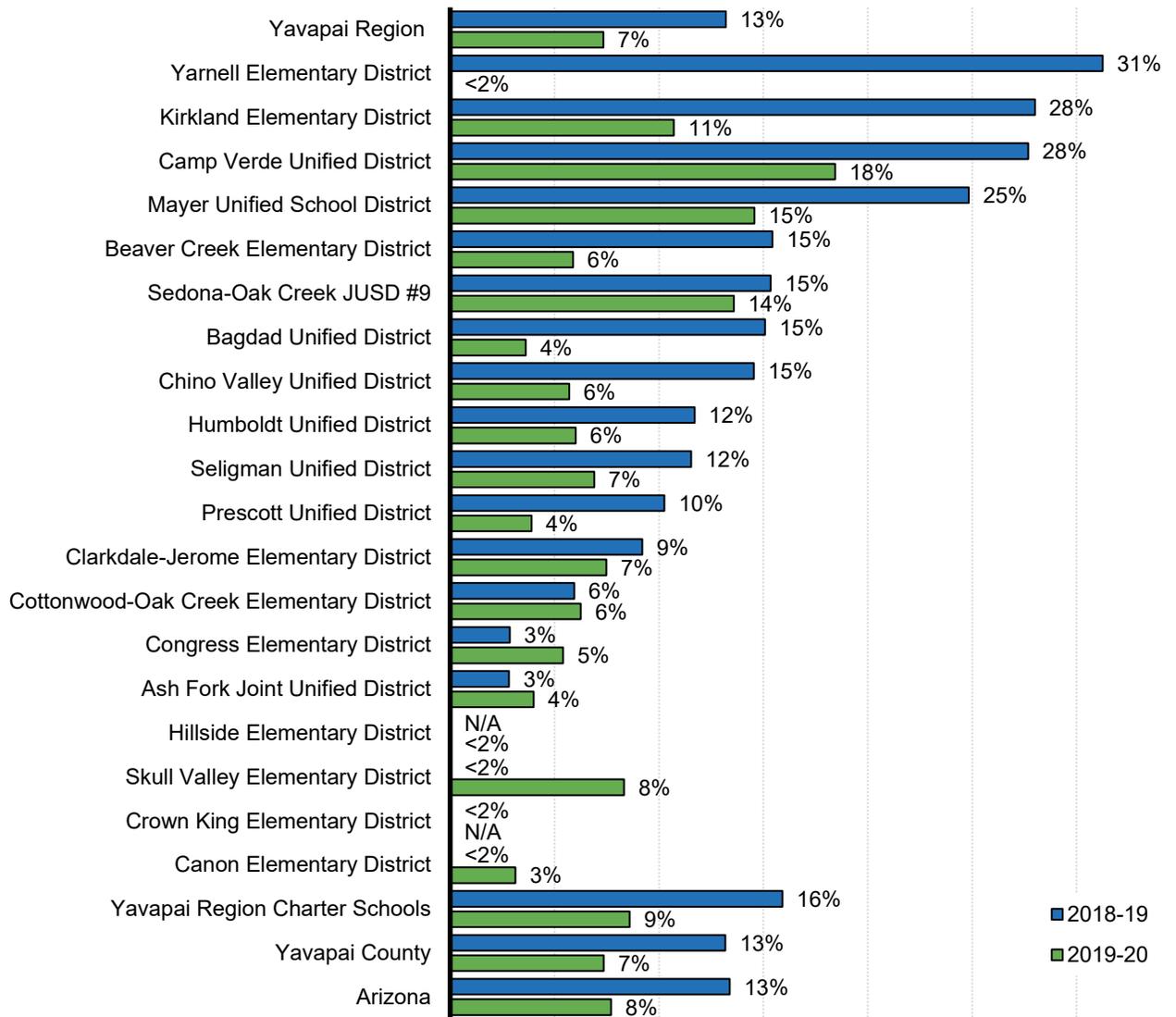
Note: N/A indicates that there were no students enrolled in this grade in the 2019-20 school year.

School attendance and academic engagement early in life can significantly impact the direction of a child’s schooling. Chronic absenteeism is defined as missing more than 10% of the school days within a

school year, and it affects even the youngest children, with more than 10% of U.S. kindergarteners and first graders considered chronically absent.¹⁷⁶ Poor school attendance can cause children to fall behind academically, leading to lower proficiency in reading and math and increased risk of not being promoted to the next grade.¹⁷⁷ Chronic absenteeism also negatively impacts the development of key social-emotional skills, including self-management, self-efficacy and social awareness.¹⁷⁸ Consistent school attendance is particularly important for children from economically disadvantaged backgrounds, the group of children most at risk for chronic absenteeism.^{179,180}

Chronic absences in children enrolled in kindergarten through third grade in the Yavapai Region in the 2018-19 school year (13%) were similar to the percentage seen across the state (13%), with variability across school districts (Figure 44). Four school districts had a quarter or more of students chronically absent in the 2018-2019 school year; Yarnell Elementary District (31%), Kirkland Elementary District (28%), Camp Verde Unified District (28%), and Mayer Unified School District (25%). Chronic absences fell in both the region and state in the following school year, however, school closures and transitions to distance learning substantially affected how attendance was tracked by schools in the spring of 2020.

Figure 44. Chronic absenteeism rates, 2018-19 to 2019-20



Source: Arizona Department of Education (2021). [Absenteeism Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Students are considered chronically absent if they miss more than 10% of the school days in a school year. This table includes children who are absent due to chronic illness. Please note that school closures and transitions to distance learning substantially affected how attendance was tracked by schools in the spring of 2020. N/A indicates that there were not students enrolled in the K-3 grades in that year.

Achievement on standardized testing

A child’s third grade reading skills have been identified as a critical indicator of future academic success.¹⁸¹ Students who are at or above grade level reading in third grade are more likely to go on to graduate high school and attend college.¹⁸² The link between poor reading skills and risk of dropping out of high school is even stronger for children living in poverty. More than a quarter (26%) of children who

were living in poverty and not reading proficiently in third grade did not finish high school. This is more than six times the high school dropout rate of proficient readers.¹⁸³

In 2010, the Arizona legislature, recognizing the importance of early identification and targeted intervention for struggling readers, enacted *Move on When Reading* legislation. As of 2019, the statewide assessment tool for English Language Arts (ELA), including reading and writing, is Arizona's Statewide Achievement Assessment for English Language Arts and Math (AzM2).^{xvii,184,185}

AzM2 scores are used to determine promotion from the third grade in accordance with the *Move on When Reading* policy. *Move on When Reading* legislation states that a student shall not be promoted to fourth grade if their reading score falls far below the third-grade level, as established by the State Board of Education.¹⁸⁶ Exceptions exist for students identified with or being evaluated for learning disabilities and/or reading impairments, English language learners, and those who have demonstrated reading proficiency on alternate forms of assessment approved by the State Board of Education.

The most recent data available is from the 2018-19 school year, when the AzMERIT assessment was administered. In the 2018-2019 school year, just under half (48%) of Yavapai Region students achieved passing scores on the third grade ELA assessment, which was slightly higher than across Arizona as a whole (46%) (Table 10). This was an improvement over previous years in the region, increasing from 42% achieving passing scores on the ELA assessment in the 2015-16 school year (Figure 45). Variation also was present across school districts in the region, with the Clarkdale-Jerome Elementary District having the highest percentage of third graders passing the ELA assessment at 67%. Just over one-third of third graders (37%) scored in the “falls far below” range on the ELA assessment, suggesting that a proportion struggle with basic literacy (Table 10). It is important to note that the ELA scores in the table below include a writing and language section in addition to the reading score, but only the reading score is used for the *Move on When Reading* policy. Thus, some of those testing in the “falls far below” category here may still surpass the reading cut score. While Table 10 suggests notable rates of students who struggle with English and language arts skills, only a tiny fraction (less than 1%) of students statewide are typically retained because of the *Move on When Reading* policy.¹⁸⁷

^{xvii} AzMERIT was renamed to AzM2 during the 2019-2020 school year. In 2022, AzM2 will be replaced by AASA (Arizona's Academic Standards Assessment).

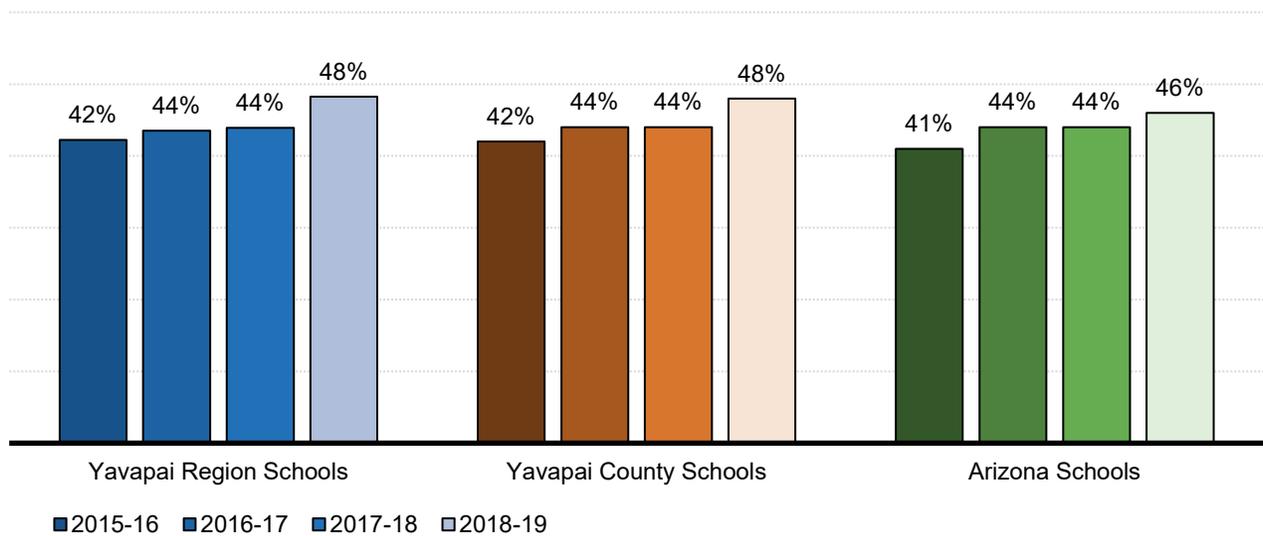
Table 10. AzMERIT assessment results: Third Grade English Language Arts, 2018-19

Geography	Students Tested	Falls Far Below	Approaches	Meets	Exceeds	Passing
Yavapai Region Schools	1,627	37%	15%	35%	13%	48%
Prescott Unified District	DS	28%	12%	41%	19%	60%
Sedona-Oak Creek JUSD #9	DS	63%	16%	16%	5%	21%
Bagdad Unified District	DS	36%	12%	36%	15%	52%
Humboldt Unified District	DS	36%	15%	36%	13%	49%
Camp Verde Unified District	DS	51%	14%	28%	7%	35%
Ash Fork Joint Unified District	DS	29%	21%	43%	7%	50%
Seligman Unified District*	DS	DS	DS	DS	DS	DS
Mayer Unified School District	DS	57%	7%	30%	7%	37%
Chino Valley Unified District	DS	29%	18%	36%	18%	53%
Skull Valley Elementary District*	DS	DS	DS	DS	DS	DS
Congress Elementary District	DS	45%	18%	36%	<2%	36%
Kirkland Elementary District*	DS	DS	DS	DS	DS	DS
Beaver Creek Elementary District	DS	35%	16%	33%	16%	49%
Canon Elementary District	DS	80%	<2%	20%	<2%	20%
Yarnell Elementary District*	DS	DS	DS	DS	DS	DS
Clarkdale-Jerome Elementary District	DS	18%	16%	41%	25%	67%
Cottonwood-Oak Creek Elementary District	DS	36%	14%	35%	16%	51%
Yavapai Region Charter Schools	DS	41%	16%	33%	10%	43%
Yavapai County Schools	1,627	37%	15%	35%	13%	48%
Arizona Schools	82,653	40%	14%	32%	14%	46%

Source: Arizona Department of Education (2021). [AzMERIT Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Districts marked with * had fewer than 11 children enrolled in third grade, so the total numbers of student scoring in any given category for these schools are very small.

Figure 45. Trends in passing rates for AzMERIT Third Grade English Language Arts, 2015-16 to 2018-19



Source: Arizona Department of Education (2021). [AzMERIT Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Performance on the Math test was slightly better than ELA performance in the region, with 50% of Yavapai third grade students achieving passing scores in the 2018-19 school year, compared to 51% across the state (Table 11), again with improvement shown since a low of 42% passing this assessment in the 2015-16 school year (Figure 46). Variation in passing rates were also present across districts in the region with the highest proportion of students passing the Math assessment at the Ash Fork Joint Unified District (86%).

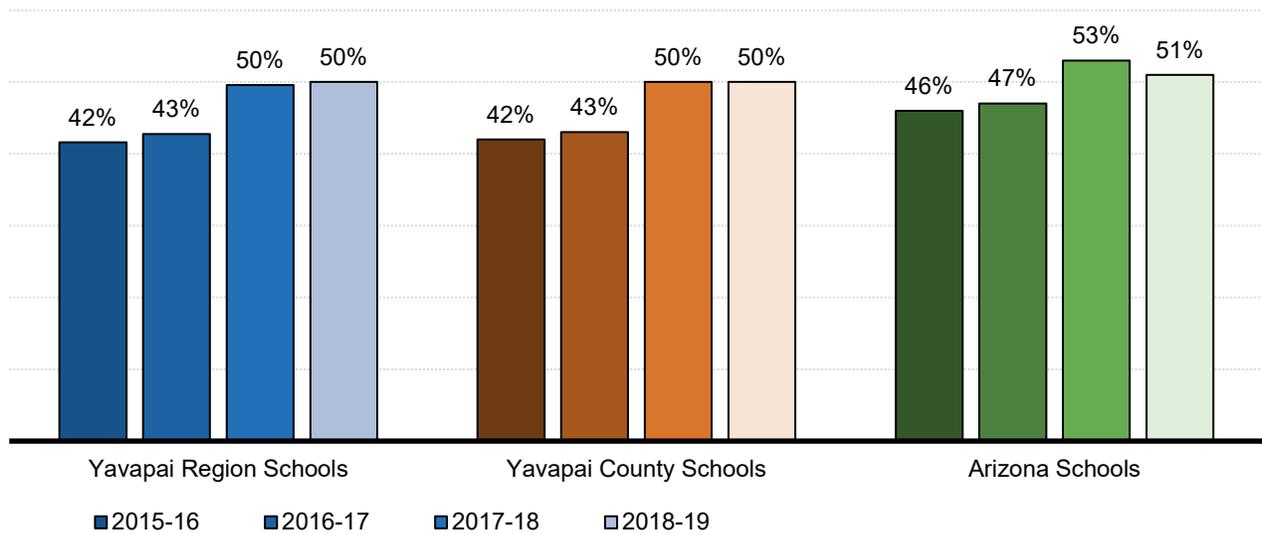
Table 11. AzMERIT assessment results: Third Grade Math, 2018-19

Geography	Students Tested	Falls Far Below	Approaches	Meets	Exceeds	Passing
Yavapai Region Schools	1,631	23%	27%	34%	16%	50%
Prescott Unified District	DS	11%	18%	41%	30%	71%
Sedona-Oak Creek JUSD #9	DS	38%	26%	28%	8%	36%
Bagdad Unified District	DS	27%	18%	42%	12%	55%
Humboldt Unified District	DS	26%	27%	33%	15%	48%
Camp Verde Unified District	DS	32%	32%	29%	7%	36%
Ash Fork Joint Unified District	DS	7%	7%	57%	29%	86%
Seligman Unified District*	DS	DS	DS	DS	DS	DS
Mayer Unified School District	DS	30%	33%	30%	7%	37%
Chino Valley Unified District	DS	18%	33%	39%	11%	49%
Skull Valley Elementary District*	DS	DS	DS	DS	DS	DS
Congress Elementary District	DS	9%	36%	45%	9%	55%
Kirkland Elementary District*	DS	DS	DS	DS	DS	DS
Beaver Creek Elementary District	DS	11%	27%	36%	25%	61%
Canon Elementary District	DS	10%	50%	40%	<2%	40%
Yarnell Elementary District*	DS	DS	DS	DS	DS	DS
Clarkdale-Jerome Elementary District	DS	16%	18%	41%	25%	67%
Cottonwood-Oak Creek Elementary District	DS	25%	30%	31%	15%	46%
Yavapai Region Charter Schools	DS	29%	31%	27%	13%	40%
Yavapai County Schools	1,631	23%	27%	34%	16%	50%
Arizona Schools	83,042	23%	26%	33%	18%	51%

Source: Arizona Department of Education (2021). [AzMERIT Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Districts marked with * had fewer than 11 children enrolled in third grade, so the total numbers of student scoring in any given category for these schools are very small.

Figure 46. Trends in passing rates for AzMERIT Third Grade Math, 2015-16 to 2018-19



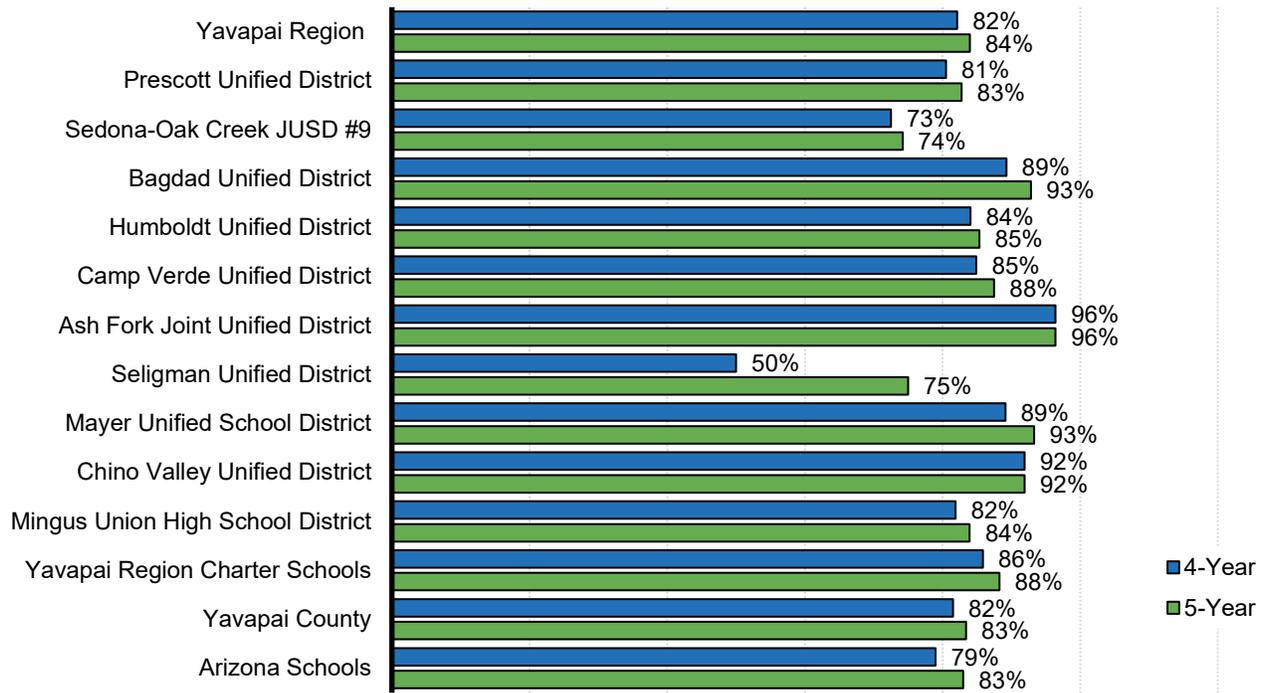
Source: Arizona Department of Education (2021). [AzMERIT Dataset]. Custom tabulation of unpublished data by the UArizona CREd Team.

Graduation rates and adult educational attainment

Understanding current high school graduation and dropout rates within the state provides insight into the assets and challenges faced by a community and its future workforce. Adults who graduated from high school have better health and financial stability, lower risk for incarceration and better socio-emotional outcomes compared to adults who dropped out of high school.^{188,189} Increasingly, a high school education is necessary for employment in the U.S., with nearly two-thirds of all jobs in 2020 requiring more than a high school education.¹⁹⁰ Educational attainment has also heightened economic challenges during the pandemic, with adults with less than a high school diploma experiencing more than twice the unemployment rate of adults with a bachelor’s degree or higher.¹⁹¹

The four and five-year graduation rates in the Yavapai Region in 2019 (82% and 84%) were slightly higher than across Arizona as whole (79% and 83%), although variability did exist between districts in the region (Figure 47). These overall graduation rates remained largely stable between 2017 and 2019 in the Yavapai Region, again with variability among individual districts, with both increases and decreases in graduations rates across years at the individual district level (Table 12).

Figure 47. 4-year and 5-year graduation rates, 2019



Source: Arizona Department of Education (2021). [Graduation Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Table 12. Trends in 4-year and 5-year graduation rates, 2017 to 2019

Geography	4-Year Graduation Rates			5-Year Graduation Rates		
	2017	2018	2019	2017	2018	2019
Yavapai Region Schools	83%	83%	82%	85%	85%	84%
Prescott Unified District	83%	84%	81%	85%	86%	83%
Sedona-Oak Creek JUSD #9	80%	86%	73%	83%	86%	74%
Bagdad Unified District	100%	75%	89%	100%	79%	93%
Humboldt Unified District	90%	88%	84%	92%	90%	85%
Camp Verde Unified District	79%	81%	85%	80%	83%	88%
Ash Fork Joint Unified District	89%	76%	96%	89%	76%	96%
Seligman Unified District	55%	75%	50%	64%	75%	75%
Mayer Unified School District	69%	73%	89%	74%	78%	93%
Chino Valley Unified District	89%	91%	92%	90%	92%	92%
Mingus Union High School District	78%	80%	82%	81%	82%	84%
Yavapai Region Charter Schools	91%	83%	86%	93%	86%	88%
Yavapai County Schools	83%	83%	82%	85%	85%	83%
Arizona Schools	78%	78%	79%	82%	82%	83%

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: The 5-year graduation rate reflects the percentage of students who graduated high school within five years of entry. See <https://www.azed.gov/sites/default/files/2017/08/2018%2006%2001%20Graduation%20DO%20and%20Persistence%20Rate%20Tech%20Manual.pdf?id=598a34233217e10ce06647ff>

The high school drop-out rate in the Yavapai Region remained low at 2% between 2017-18 and 2019-20 school years, slightly lower than across the state as a whole (Table 13). Rates were similar across most schools in the region. It should be noted that schools with small enrollment numbers can have seemingly large changes in dropout rates, with only a very small change in the number of dropouts.

Table 13. 7th to 12th grade dropout rates, 2017-18 to 2019-20

Geography	Dropout Rate, 2017-18	Dropout Rate, 2018-19	Dropout Rate, 2019-20
Yavapai Region Schools	2%	2%	2%
Prescott Unified District	1%	1%	2%
Sedona-Oak Creek JUSD #9	6%	3%	2%
Bagdad Unified District	1%	3%	7%
Humboldt Unified District	3%	3%	3%
Camp Verde Unified District	4%	2%	1%
Ash Fork Joint Unified District	4%	1%	2%
Seligman Unified District	3%	5%	1%
Mayer Unified School District	2%	2%	3%
Chino Valley Unified District	1%	1%	2%
Skull Valley Elementary District*	0%	0%	14%
Beaver Creek Elementary District	0%	3%	1%
Canon Elementary District	0%	0%	5%
Clarkdale-Jerome Elementary District	1%	1%	0%
Cottonwood-Oak Creek Elementary District	1%	1%	2%
Mingus Union High School District	5%	6%	5%
Yavapai Region Charter Schools	1%	1%	1%
Yavapai County Schools	3%	3%	3%
Arizona Schools	5%	4%	3%

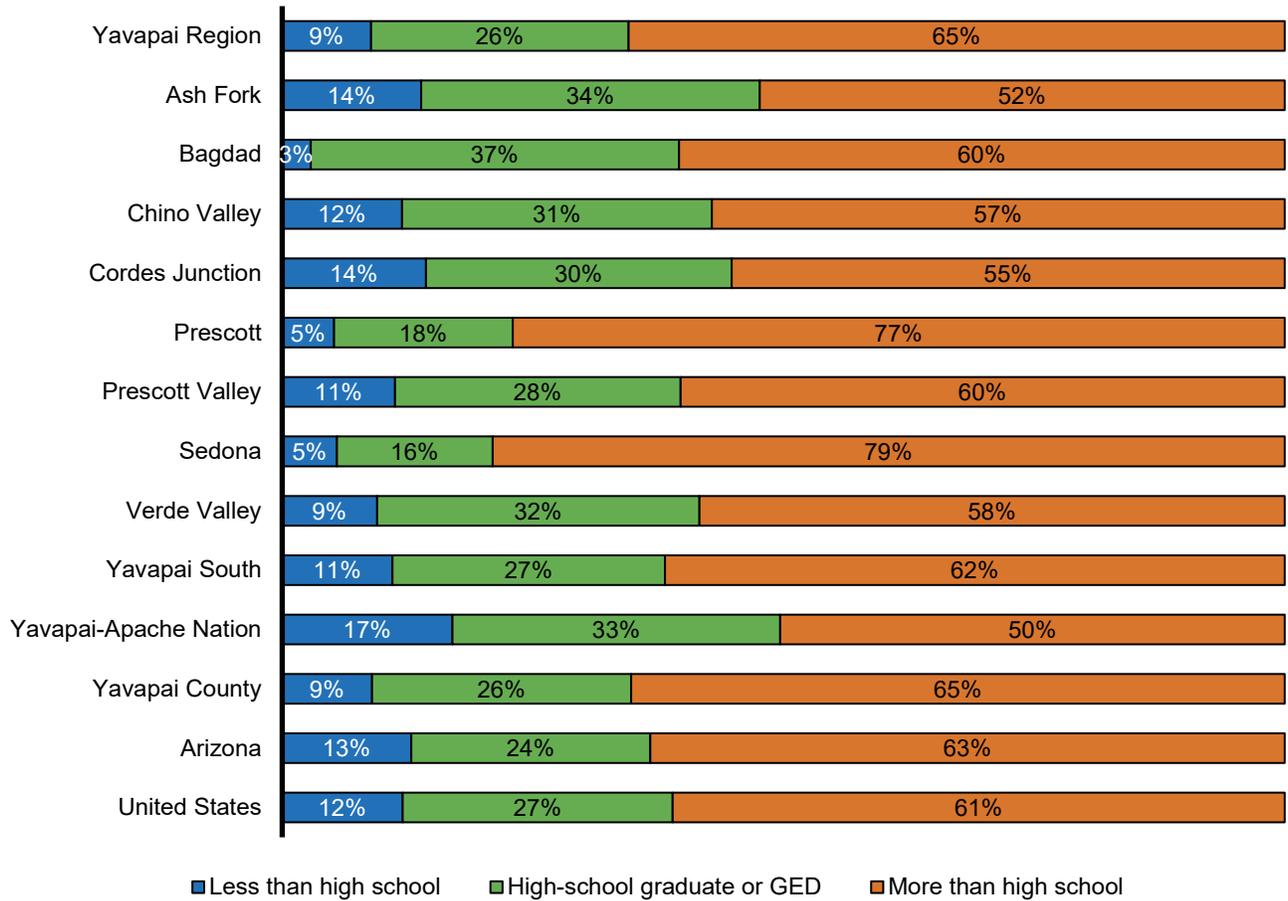
Source: Arizona Department of Education (2021). [Dropout Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Notes: Dropouts are defined by ADE as students who were enrolled in school at any time during the school year but were not enrolled at the end of the year and who did not transfer to another school, graduate, or die. Dropout rates are calculated by dividing the number of dropouts by the total enrollment. In many elementary districts, dropout rates reflect students who transferred out and were lost to follow-up. Districts marked with * had fewer than 50 total students enrolled so very small numbers of students may appear as large percentages.

According to the American Community Survey (ACS) five-year estimates, 9% of Yavapai Region adults (ages 25 and older) have less than a high-school education, lower than across the state as a whole (13%) (Figure 48). Across the region, 26% of adults have a high-school diploma or a GED equivalent and

another 65% have some education beyond the high-school level, proportions slightly higher than across the state. Variability exists across sub-regions, with higher proportions of adults with more than a high school education in the Sedona (79%) and Prescott (77%) sub-regions.

Figure 48. Level of education for the adult population (ages 25 and older)



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B15002

Note: The three percentages in each bar should sum to 100%, but may not because of rounding.

Parental educational attainment has been shown to influence child educational outcomes.¹⁹² Education is also a key mechanism for upward mobility; parents with higher educational levels typically secure higher incomes to support their families.¹⁹³ Higher maternal education, in particular, is linked to both cognitive and socio-emotional development as well as general health in young children.¹⁹⁴ More than half of mothers giving birth in the region in 2018 and 2019 (53% for both years) had more than a high-school education, slightly less than across the state as a whole (57% both years) (Table 14).

Table 14. Level of education for the mothers of babies born in 2018 and 2019

Geography	Calendar year	Number of births	Mother had less than a high-school education	Mother finished high school or had GED	Mother had more than a high-school education
Yavapai Region	2018	1,776	17%	30%	53%
	2019	1,815	17%	29%	53%
Yavapai County	2018	1,769	16%	30%	53%
	2019	1,806	17%	29%	53%
ARIZONA	2018	80,539	17%	26%	57%
	2019	79,183	16%	27%	57%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table.

Additional data tables related to *Educational Indicators* can be found in Appendix 1 of this report.



EARLY LEARNING

EARLY LEARNING

Why it Matters

Early childhood is an exciting time of rapid physical, cognitive and social-emotional development. The experiences young children have during these early years are critical for healthy brain development and set the stage for lifelong learning and well-being.^{195,196} Just as rich, stimulating environments can promote development, early negative experiences can have lasting effects. For example, gaps in language development between children from disadvantaged backgrounds and their more advantaged peers can be seen by two and a half years of age;¹⁹⁷ those disparities that persist until kindergarten tend to predict later academic problems.¹⁹⁸

Quality early care and education can positively influence children's overall development.^{199,200} This is particularly true for children in poverty.²⁰¹ Access to quality child care and classroom environments can provide enriching experiences children might not have access to at home. Children who attend high-quality preschool programs repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems and are more likely to graduate from high school.²⁰² Furthermore, early childhood programs help identify children with special needs and can provide targeted interventions that may reduce their risk of developmental delays and prevent preschool expulsion.^{203, 204} Children with special health care needs may particularly benefit from high quality teacher-child interactions in classrooms,^{205,206} as they are more likely to experience more adverse childhood experiences than typically developing children,²⁰⁷ and are at an increased risk for maltreatment and neglect.^{208,209}

A statewide early care and education system that is accessible, affordable and high-quality is essential for the social and economic health of Arizona. Not only does access to affordable, quality child care make a positive difference for children's health and development, it also allows parents to keep steady jobs and support their families.²¹⁰ Investment in programs for young children leads to increased education and employment, reduced crime and better overall health.^{211,212} The investment in early childhood is also potentially one of the most productive investments a community can make, with experts estimating that society gets back about \$8.60 for every \$1 spent on early learning programs.²¹³

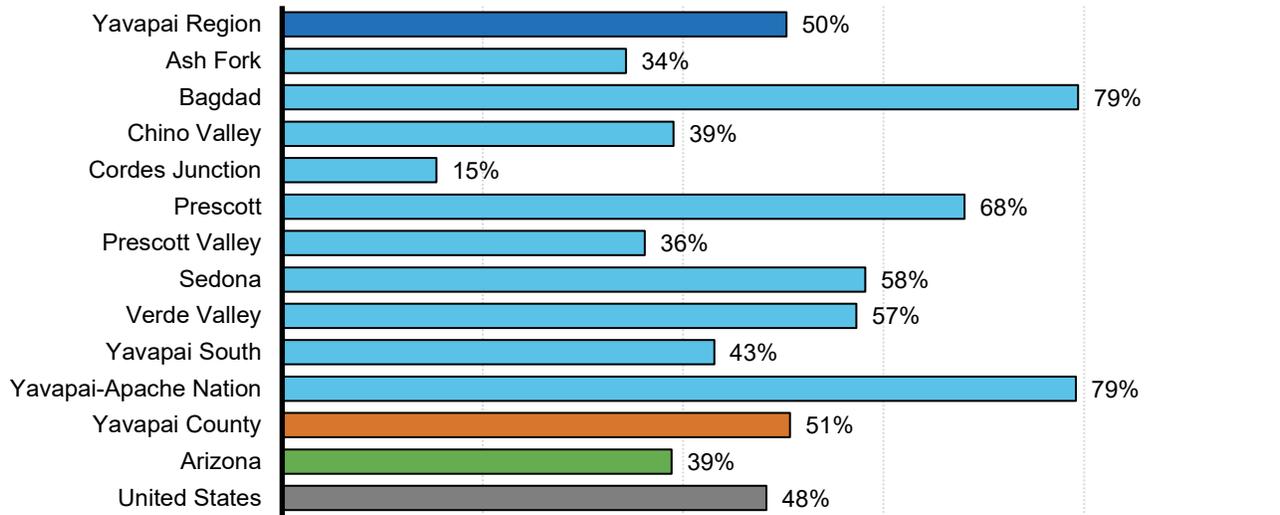
What the Data Tell Us

Early care and education enrollment

Children who begin their education in high-quality preschool programs repeat grades less frequently, score higher on standardized tests, have fewer behavior problems and are more likely to graduate from high school.²¹⁴ This provides a return on investment to society through increased educational achievement and employment, reductions in crime and better overall health of children as they mature into adults.^{215,216} The American Community Survey (ACS) estimates that 1,916 (50%) of the Yavapai Region's 3,809 3- and 4-year-old children are enrolled in some type of school, such as nursery school, preschool, or kindergarten, a higher proportion than across the state as a whole (39%) (Figure 49).

Preschool enrollment is estimated to be particularly high in the Yavapai-Apache Nation (79%) and Prescott (68%) sub-regions, and lowest in the Ash Fork sub-region (34%).

Figure 49. School enrollment for children ages 3 to 4, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B14003

Note: In this table, “school” may include nursery school, preschool, or kindergarten. Reliable data were not available for Ash Fork, Bagdad, or Cordes Junction due to sample size limitations.

Though high-quality early care and education can promote development, families often face barriers in accessing these opportunities for their children. Families in both urban and rural areas of Arizona face a gap between the number of young children and the availability of licensed child care, and this gap is larger in rural parts of the state.^{217,218,219,220} As of 2019, Arizona needed an additional 76,740 licensed or registered early care and education slots to provide spaces for all young children in working families according to analyses by the Bipartisan Policy Center.²²¹ This highlights the need for additional, high-quality, affordable early care and education providers in Arizona.

In the Yavapai Region^{xviii}, there are 82 registered child care providers approved to serve up to 4,595 children (Table 15). Providers in the region are most often child care centers (n=48), with the capacity to serve 3,271 children, representing 71% of the region’s child care capacity. Head Start providers are the next most common (n=15, serving 529), although the 11 public school providers have a large capacity, able to serve 720 young children. Home providers are less common in the region, with only eight providers with a capacity to serve 75 children. The Verde Valley, Prescott Valley and Prescott sub-regions have the highest number of providers and most capacity to serve young children, which is not

^{xviii} This does not include the two providers available in the Yavapai-Apache Nation. More detailed information on these two providers is included in the Yavapai-Apache Nation Supplement included in Appendix 6 of this report.

surprising as these three sub-regions make up the largest share of children under age 6 in the region (77%, Figure 2).

Table 15. Estimated Number and Capacity of Early Care & Education Providers, 2020-2021

Geography	Total ECE Providers		Child care centers		Head Start		Public Schools		Home Providers	
	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
Yavapai Region	82	4,595	48	3,271	15	529	11	720	8	75
Ash Fork	1	18	0	0	1	18	0	0	0	0
Bagdad	2	115	1	90	0	0	1	25	0	0
Chino Valley	5	424	3	246	1	28	1	150	0	0
Cordes Junction	1	59	1	59	0	0	0	0	0	0
Prescott	18	1,184	12	957	1	59	4	158	1	10
Prescott Valley	25	1,212	13	1,005	6	139	1	18	5	50
Sedona	6	194	5	174	0	0	1	20	0	0
Verde Valley	23	1,379	12	730	6	285	3	349	2	15
Yavapai South	1	10	1	10	0	0	0	0	0	0
Yavapai County	82	4,595	48	3,271	15	529	11	720	8	75
Arizona	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

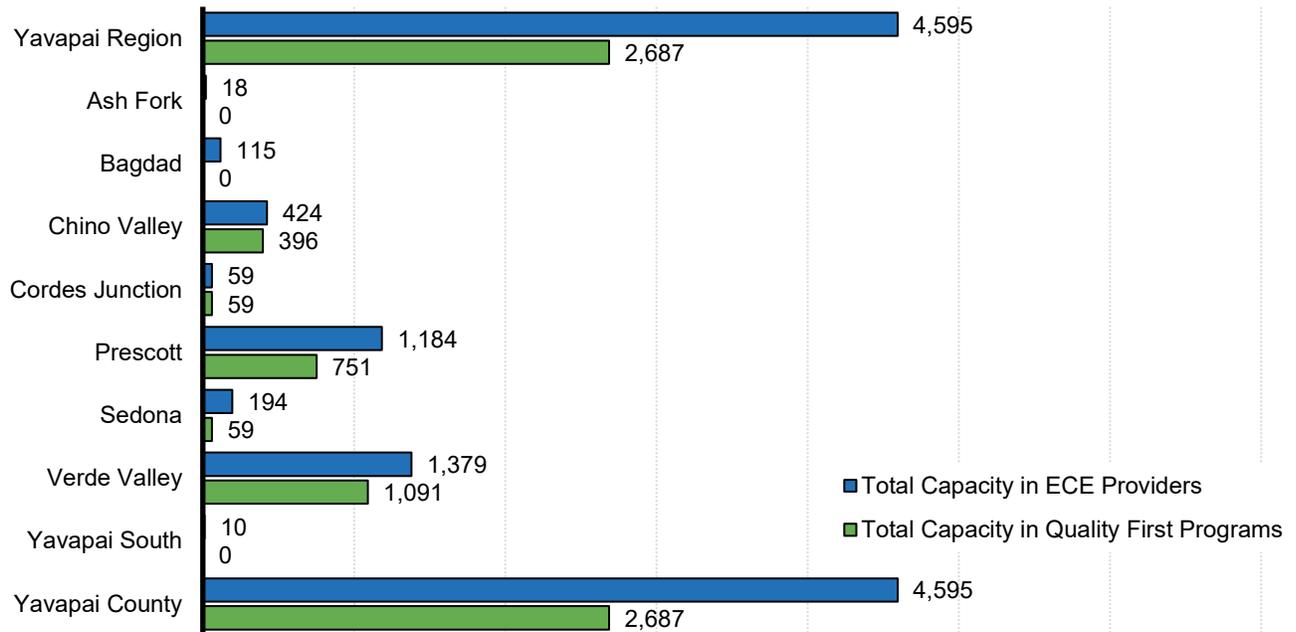
Source: Arizona Department of Economic Security (2021). Child Care Administration [Dataset]. Data received by request. Arizona Department of Health Services (2021). Child Care Licensing [Dataset]. Data received by request. First Things First (2021). Quality First Data Center [Dataset]. Northern Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request. Analyses conducted by the UArizona CRED Team.

Note: This table was compiled by merging four different licensing and enrollment datasets from ADHS, DES, FTF, and N.A.C.O.G. Head Start program. We removed all duplicate programs (based on name, phone number, and address) as well as program that only serve children ages 5-12, as these are typically before- & after-school programs that only serve school-age children. Head Start & Early Head Start programs are counted separately. Since this analysis used data obtained from local data requests, data are not available statewide.

Child care information for the Yavapai-Apache Nation is included in the Yavapai-Apache Nation Supplement which can be found in Appendix 6 of this report.

In addition, over half (58%) of the available early care and education capacity in the region are in Quality First providers (Figure 50). Approximate provider locations and provider types are illustrated in Figure 51.

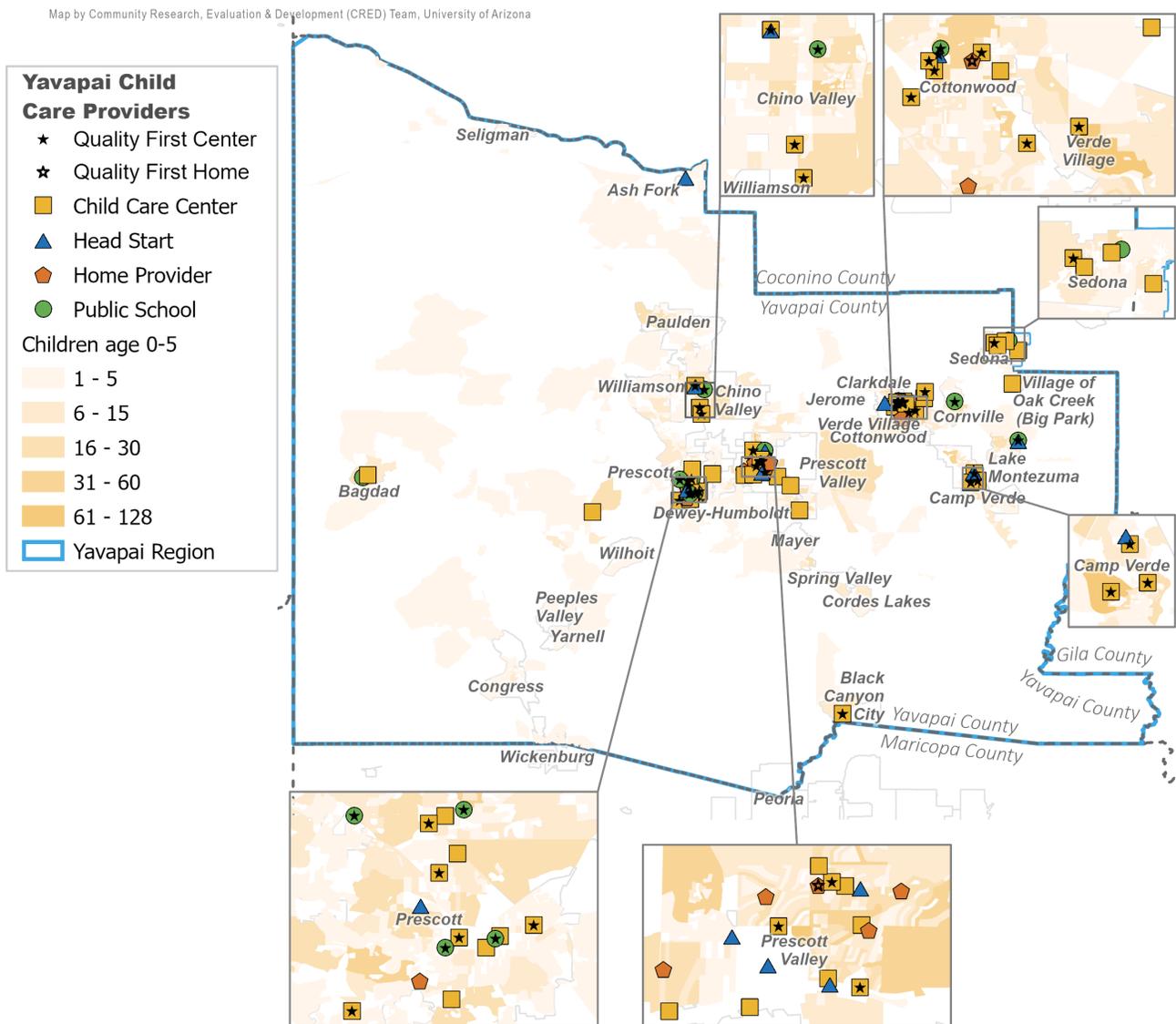
Figure 50. Estimated Number and Capacity of Early Care & Education Providers, 2020-2021



Source: Arizona Department of Economic Security (2021). Child Care Administration [Dataset]. Data received by request. Arizona Department of Health Services (2021). Child Care Licensing [Dataset]. Data received by request. First Things First (2021). Quality First Data Center [Dataset]. Northern Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request. Analyses conducted by the UArizona CRED Team.

Note: This table was compiled by merging four different licensing and enrollment datasets from ADHS, DES, FTF, and N.A.C.O.G. Head Start program. We removed all duplicate programs (based on name, phone number, and address) as well as program that only serve children ages 5-12, as these are typically before- & after-school programs that only serve school-age children. Head Start & Early Head Start programs are counted separately. Since this analysis used data obtained from local data requests, data are not available statewide.

Figure 51. Map of Early Care and Education Providers in the Yavapai Region



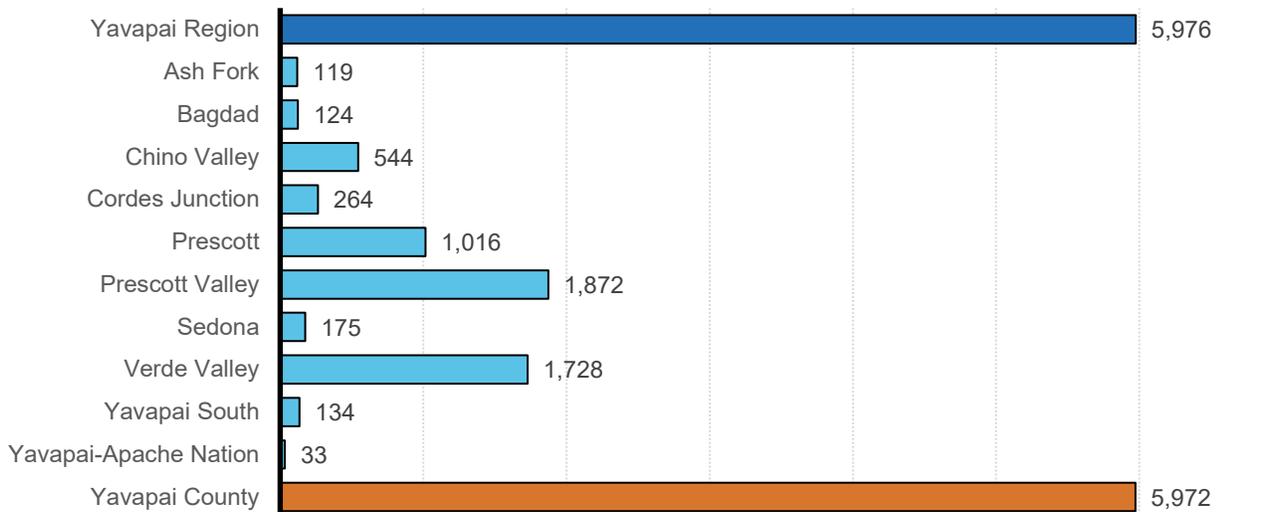
Source: Arizona Department of Economic Security (2021). Child Care Administration [Dataset]. Data received by request. Arizona Department of Health Services (2021). Child Care Licensing [Dataset]. Data received by request. First Things First (2021). Quality First Center [Dataset]. Northern Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request. Analyses conducted by the UArizona CRED Team.

Note: This table was compiled by merging four different licensing and enrollment datasets from ADHS, DES, FTF, and N.A.C.O.G. Head Start program. We removed all duplicate programs (based on name, phone number, and address) as well as program that only serve children ages 5-12, as these are typically before- & after-school programs that only serve school-age children. Head Start & Early Head Start programs are counted separately. Since this analysis used data obtained from local data requests, data are not available statewide. The two programs providing early care and education in the Yavapai-Apache Nation are not included in this map.

With an estimated 5,976 young children in the region with all parents in the labor force (Figure 52) who may therefore need child care, the region’s capacity of 4,595 slots, including only 2,687 Quality First slots, likely leaves many families without an available, quality child care option. Interestingly, the capacity of early child care providers in the Prescott sub-region (n=1,184), is higher than the number of

young children with all parents in the labor force in that sub-region (n=1,016) suggesting that families in other sub-regions may be utilizing this capacity.

Figure 52. Children ages birth to 5 with all parents in the labor force, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23008

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The term "parent" here includes step-parents.

Infant care

The lack of available, quality child care is a key concern in the Yavapai Region, with key informants noting a particular shortage related to infant care (for children aged 1 year and younger). To further assess this need, a survey of child care providers was undertaken to review the availability and capacity of infant child care in the region.^{xix} Between June and August 2021, call attempts were made to 81^{xx} registered child care providers in the region to request participation in a brief telephone survey. Of the 81 identified, 18 (22%) had licensing in 2020 to provide infant care: 12 centers and 6 home-based providers. Although home providers comprise only 10% of early care and education providers in the region, they represent a third of those with licensing for infant care (Table 16).

Twenty-eight providers (35% of those identified) completed the infant care survey, 23 providers (28%) did not respond to multiple attempts at contact, 20 (25%) were closed during the summer months, and 10 (12%) had their numbers disconnected or were no longer providing any child care. Of the 28 providers surveyed, 13 (46%) were child care centers, 10 (36%) were preschools, and four (14%) were

^{xix} A description of methods used for this survey can be found in Appendix 2.

^{xx} The final list of 81 providers, differed slightly from the 82 early care and education providers in the region cited in Table 15, as that list went through additional rule-based cleaning in June 2021 after the infant care survey data collection had begun including limiting ADHS providers to those who had a valid license in December 2020, and cross-checking against data provided by NACOG.

home-based providers. About half of the licensed infant care providers in the region (5 centers, 4 home-based providers) responded to the survey.^{xxi} Of surveyed child care providers, 19 (68%) reported they did not offer child care for infants. Of the nine providers indicating they did offer infant care, four were child care centers (44%), four were home-based providers (44%), and one additional provider was a preschool^{xxii} (11%).

Table 16. Proportion of early care and education providers in the region included in the infant care survey project by type, infant licensing and registration status, and surveyed providers offering infant care

Providers included in Infant Care survey list	Center #	Center %	Home provider #	Home provider %	Preschool #	Preschool %	Total #
All providers	45	56%	7	9%	28	35%	81
Providers licensed or registered for infant care (2020)	12	67%	6	33%	-	-	18
Surveyed providers offering infant care	4	44%	4	44%	1	11%	9

Source: Arizona Department of Economic Security (2021). *Child Care Administration [Dataset]*. Data received by request. Arizona Department of Health Services (2021). *Child Care Licensing [Dataset]*. Data received by request. *First Things First (2021). Quality First Data Center [Dataset]*. Northern Arizona Council of Governments (2021). *Head Start Program Data [Dataset]*. Data received by request. Analyses conducted by the UArizona CRED Team. Phone surveys of child care providers in the Yavapai Region.

Note: The preschool surveyed offering infant care had done so for less than one year and therefore was likely not included as being licensed for infant care in the 2020 ADHS dataset used for this project. Please note that two Early Head Start (EHS) programs are included in the number of centers licensed for infant care, but that EHS programs provide both center- and home-based care components.

Providers not providing infant care (n=19, 68% of those responding)

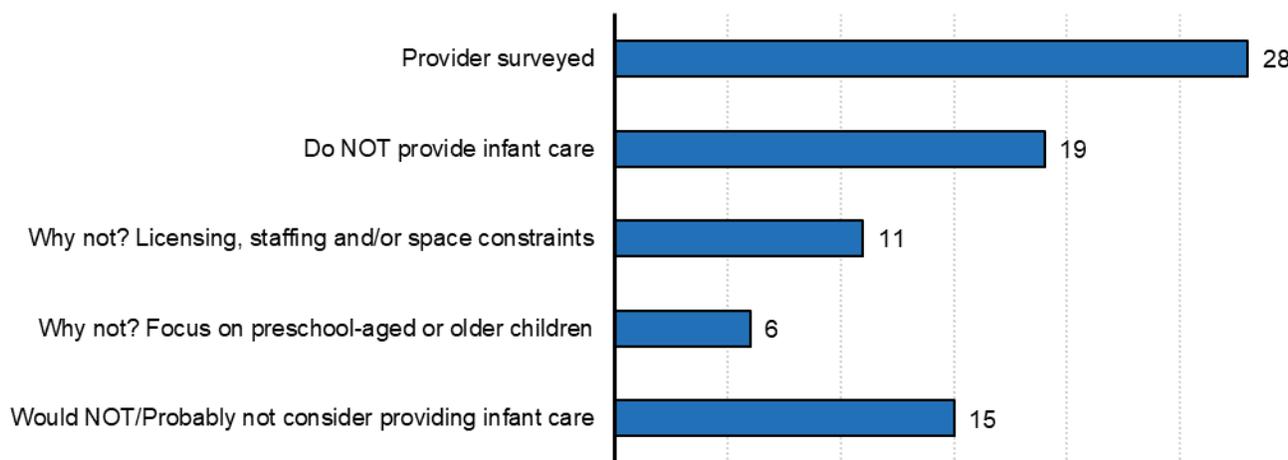
When asked what reasons led to the decision to not provide infant care, most, (58%, n=11) cited constraints related to licensing, staffing and available space, most of which were stated within the context of being cost-prohibitive (Figure 53). Another respondent stated it was not feasible, without offering specifics. The second most common reason given by six respondents (32%), was a chosen focus on preschool aged or older children. One additional respondent stated they had offered infant care in the past, but discontinued that service because enrollment did not meet their licensed capacity. When asked if there were circumstances where they could envision providing care to infants over three-quarters (79%, n=15) responded no (n=13) or probably not (n=2). Of those who elaborated on their response,

^{xxi} Five centers licensed for infant care (28%) did not respond to multiple attempts at contact; two home-based providers licensed for infant care (11%) had disconnected phone-numbers; and one center (6%) was closed during the summer.

^{xxii} This preschool indicated they had been serving infants for less than one year, and therefore was likely not included as having ADHS infant care licensure in the 2020 ADHS dataset used for this project.

most mentioned that they would need to move into a new building or expand to have sufficient space to offer infant care. Two respondents indicated they would consider serving infants but would need more information on licensing requirements. Another said they would, if there was the demand, but felt that parents do not view center care for infants favorably and would rather have in-home, one-on-one care. Asked if they refer those seeking infant care to another provider, most said yes (74%, n=14), although a large subset of those also noted that the few providers they are aware of were at capacity.

Figure 53. Number of surveyed childcare providers not offering infant care, and reasons for not providing care



Source: Phone surveys of child care providers in the Yavapai Region.

Providers offering infant care (n=9, 32% of those responding)

Providers offering infant care were asked about their current capacity and enrollment numbers (see Table 17). Two of the four home providers surveyed, although licensed, were unable to provide the number of infants they were licensed to serve. The other two had a licensed capacity of two and four infants. Centers had larger licensed capacity; two had a licensed capacity of nine infants, another 10 infants, and another 19 infants. The preschool surveyed had a licensed capacity to serve nine infants. When asked how many infants are currently being served, only one of four home providers currently had an infant enrolled; the others stated they were at capacity with older children. Centers surveyed had 38 infants enrolled, fewer than their licensed capacity of 47. Two centers with two certified slots available each stated they had infants registered to begin care in the coming months. Another with five open spots, stated they have not been able to fill those slots. Only two of the nine providers indicated they had a waiting list for infant care.

Table 17: Number and capacity of surveyed early care and education providers offering infant care, summer 2021

Provider type serving infants	Number	Capacity	Enrolled summer 2021
All providers	9	59*	44
Centers	4	47	38
Home providers	4	6*	1
Preschools	1	6	5

Source: Phone surveys conducted with 28 early care and education providers in the Yavapai Region.

Note: * Two home providers could not provide licensed capacity.

Eight of nine respondents cited they enrolled newborn infants anywhere from 1 day to 6 weeks of age; the other respondent indicated they only enroll infants if there is a sibling already enrolled in their care. Eight of the nine providers offering infant care were open only week days, with the earliest opening time of 5:30am and the latest closing time of 6:30pm. The ninth provider was open during the weekend and gave round the clock business hours.

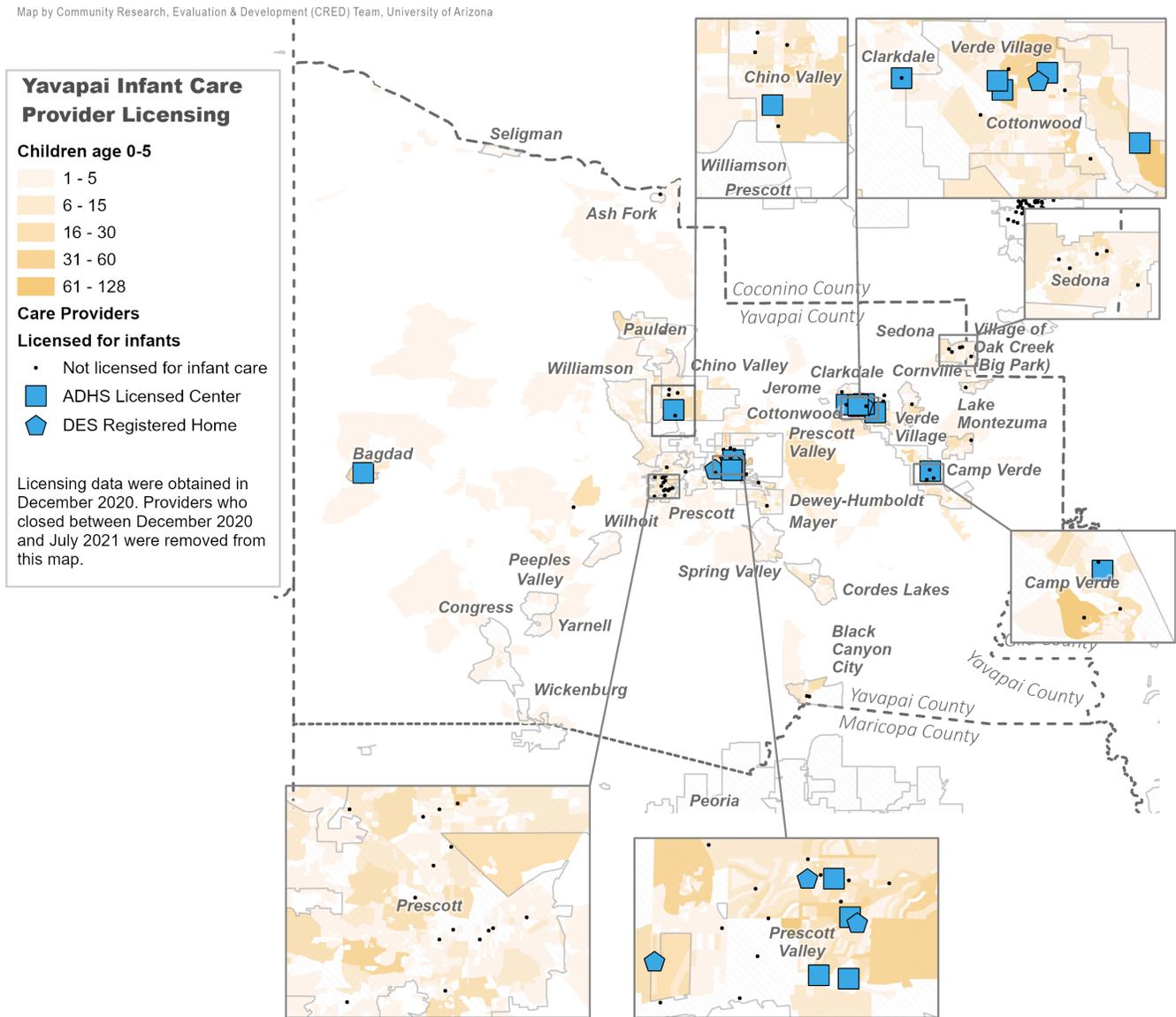
All but one provider stated that they had the ability to serve infants with special needs (physical or developmental) in their programs, although only one infant with a physical or developmental condition was currently enrolled across those eight programs. None of the providers offered transportation for infants in their care.

Two of four home providers charged slightly higher rates for infant compared to toddler or school aged child care, and three of four centers charged higher rates for infant care. The other four providers (2 home providers, 1 center and 1 preschool) did not vary rates based on a child's age.

To illustrate infant care available in the region, two maps are included below. Figure 54 displays the approximate locations and provider types of 16 child care providers licensed by either DES and ADHS in December 2020, which reported caring for infants to either agency.^{xxiii} The approximate provider locations and provider types for the 28 child care providers surveyed, including color coding to denote whether they offered infant care (n=9), are displayed in Figure 55.

^{xxiii} This map excludes two child care centers who reported caring for infants in the December 2020 licensing data, that were subsequently confirmed to be closed.

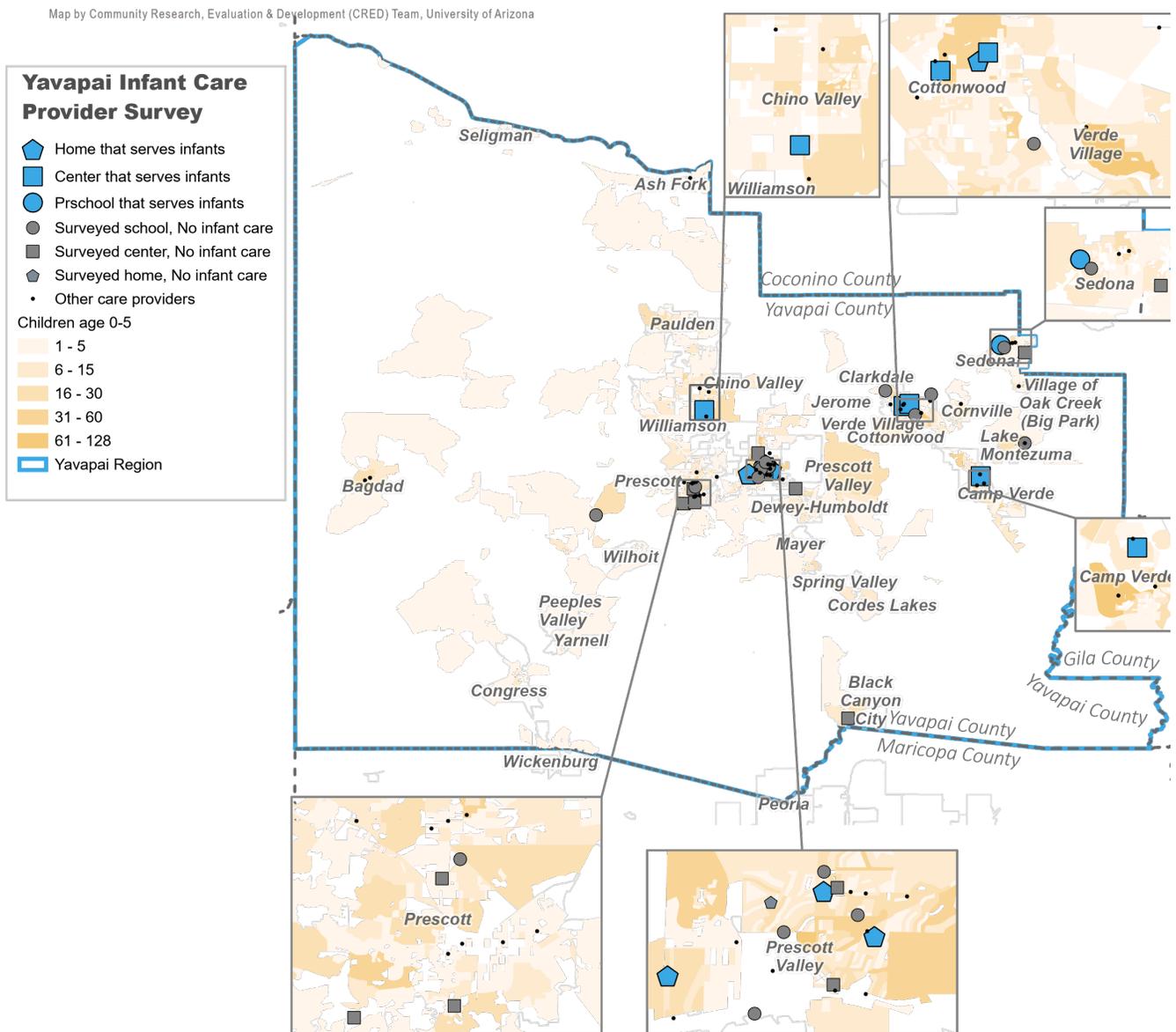
Figure 54. Map of Licensed Infant Care Sites in the Yavapai Region



Source: Arizona Department of Economic Security (2021). Child Care Administration [Dataset]. Data received by request. Arizona Department of Health Services (2021). Child Care Licensing [Dataset]. Data received by request. First Things First (2021). Quality First Data Center [Dataset]. Northern Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request. Analyses conducted by the UArizona CRED Team.

Note: The two programs providing early care and education in the Yavapai-Apache Nation are not included in this map.

Figure 55. Map of Surveyed Infant Care Sites in the Yavapai Region



Source: Arizona Department of Economic Security (2021). Child Care Administration [Dataset]. Data received by request. Arizona Department of Health Services (2021). Child Care Licensing [Dataset]. Data received by request. First Things First (2021). Quality First Data Center [Dataset]. Northern Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request. Analyses conducted by the UArizona CRED Team.

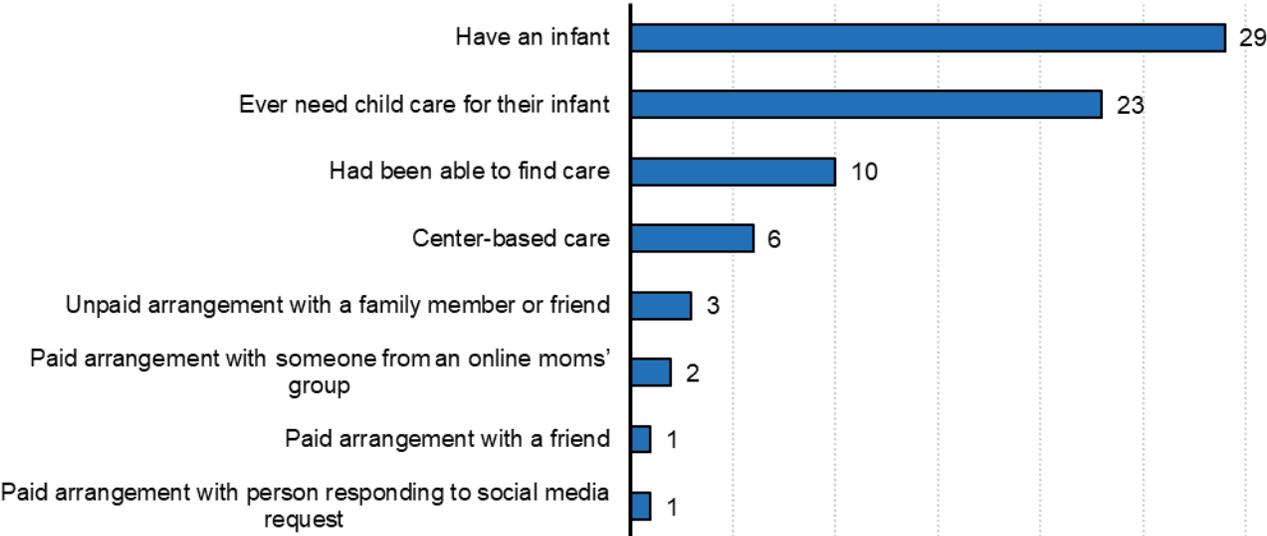
Note: The two programs providing early care and education in the Yavapai-Apache Nation are not included in this map.

Parent perspectives

In addition to surveying child care providers regarding infant care availability and capacity, parent perspectives were also sought. A survey of infant care needs was posted to four closed Facebook groups focused on moms and moms with young children in Yavapai County, and was also distributed to providers serving young children in the region to provide to their clients. Of 37 respondents to the survey, 29 indicated they currently had an infant. Of those, 23 (79%) reported that they ever had a need

for someone else to take care of their infant (for example, because they or their partner work, attend school, are caregiving for others, or have other obligations). Only 10 of those in need of care (43%) reported they were able to find care: six (60%) at a child care center; three (30%) in an unpaid arrangement with a family member or friend; two (20%) in a paid arrangement with someone from an online moms’ group; one (10%) in a paid arrangement with a friend; and one (10%) in a paid arrangement with someone who responded to a request on social media (FB, Instagram, craigslist, etc.) (Figure 56).

Figure 56: Parent infant care survey responses



Source: Web-based survey of parents in the Yavapai Region

Respondents indicating that they found child care for their infant via on-line groups or social media, confirms key informant reports in the region, that due to the cost or lack of infant care, less formal avenues of care were filling some of those needs.

Parents who had been able to find child care were asked to provide suggestions for improving infant child care in their community based on their experiences (Table 18).

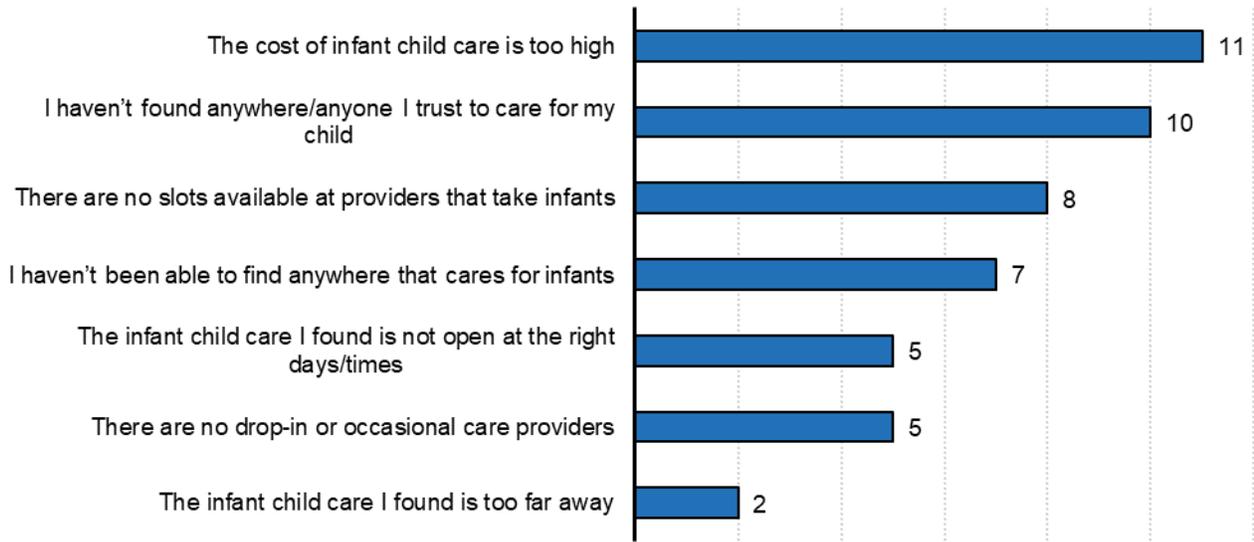
Table 18: Suggestions to improve infant care in the region from parents able to find care

Surveyed parents' suggestions to improve infant child care in the region
There needs to be more child care centers who will take infants as young as 3 months old
More options, better pay for staff
Create programs that are at the primary employment facilities in our community (hospitals/schools).
I would love a Montessori or Waldorf inspired in home daycare.
Provide more child care in cities
Have more facilities, preferably Montessori
To find child care within Prescott is extremely difficult. I would bring in a facility that would take newborns and up. Currently with looking for my child it has taken 3 (only 1 of which takes younger than 1 and not walking) waiting lists and happen to find someone who only had 2 openings.
Finding child care is almost impossible - in the Chino Valley/Prescott area, there are only two licensed daycare centers that I'm aware of that care for infants. Both have wait lists over 6 months long, and we had to wait about 4 months to get our daughter into one. We need more infant child care in the area, as well as more affordable options (subsidized by government?). I can only afford to put my daughter in for three days a week, and am paying \$600 a month. With my other daughter who is in preschool, I pay over \$1100 a month on part-time child care expenses.

Source: Web-based survey of parents in the Yavapai Region

The respondents who had a need for care, but were not able to find child care for their infant (n=13) were asked to indicate why. The most common reason selected was the cost of infant care being too high (87%, n=11), followed by an inability to find a provider they can trust (77%, n=10), and no slots available at providers who do take infants (62%, n=8) (Figure 57).

Figure 57: Reasons parents indicated they had not been able to find care for their infants



Source: Web-based survey of parents in the Yavapai Region

Parents not able to access infant care were also asked how this had affected their work, school, or personal life. These responses are listed in Table 19. Impacts on employment and education were common.

Table 19: How parents' inability to find infant care has affected their work/school/personal life

Surveyed parents' effects of not finding infant care
I quit my job to stay at home
Stress about being able to work and support myself and two children, worrying constantly that my son won't properly be cared for because of things I've seen in daycare environments
Makes the scheduling for everything revolve entirely around child care or lack thereof. It means other things don't happen, like extra work for my spouse, no option to go back to school for me and no option to enter the workforce. Certainly, doesn't make options for personal life unless the event just happens to occur when spouse isn't working and then I can go out, but there's no dates or time away
Yes, it has affected my ability to get a job or if I did get offered a job it affected my availability to start and stop at the required work day times, it has affected my ability to attend meetings or training as well.
It had been very difficult to juggle my job and my husband's job and care for our infant. I know we are lucky to have flexible jobs that make it possible, but it is disruptive for our family life. I wish we could find a space in a certified childcare center.
Some things/errands/work has to be put on hold or missed entirely when I can't find good child care
It affects my work and personal life because it's a stressor on me.

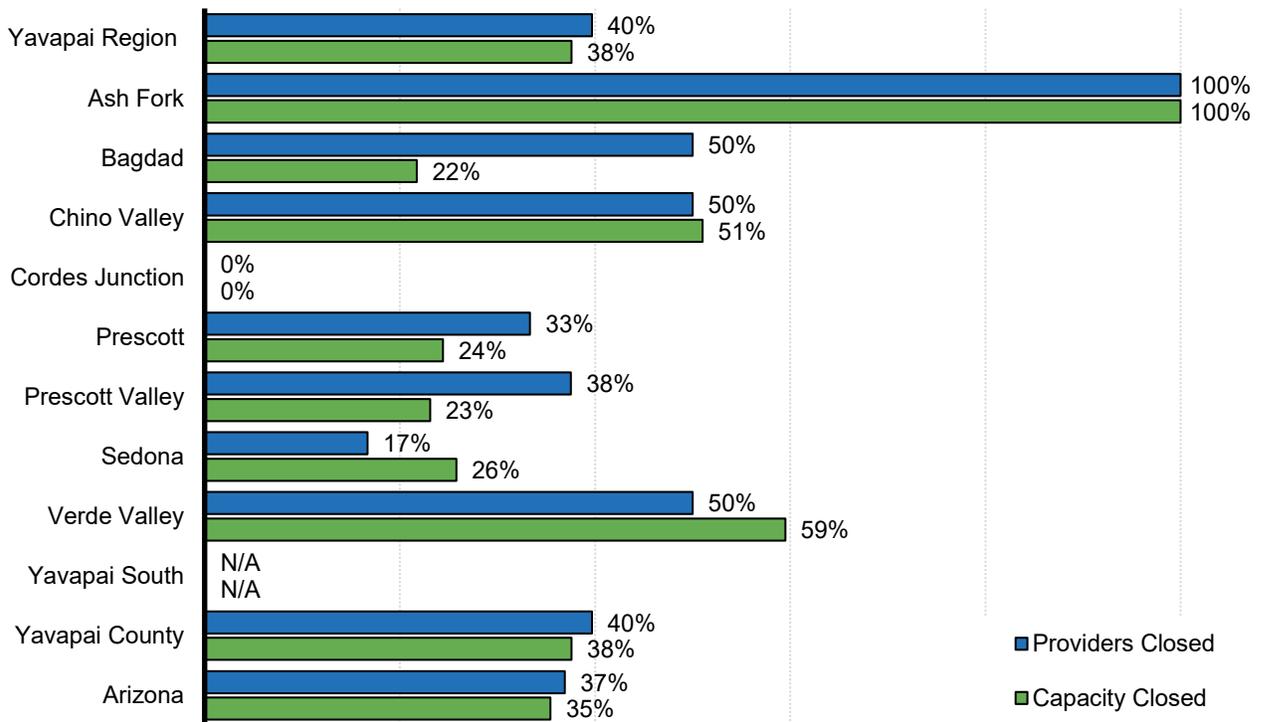
Source: Web-based survey of parents in the Yavapai Region

Child care during COVID-19

The COVID-19 pandemic made child care even less accessible for many families. Many child care centers and homes closed in the early days of the pandemic due to concerns about safety of children, staff and families.^{222,223} The pandemic's effect on out-of-home child care arrangements heightened stress for families and widened pre-existing inequities in work, income and well-being. In the summer of 2020 about half of families with young children (47%) in a nationally-representative survey reported that they lost their pre-pandemic child care arrangements, and the majority of parents and caregivers surveyed (70%) were worried about returning to prior arrangements.²²⁴

During the month of December 2020, more than one-third (37%) of the regulated early care providers that were listed in the CCR&R guide were closed. These providers accounted for 35% of the known care capacity in the state. In the Yavapai Region, of 63 providers listed with CCR&R, 25 providers or 40% were closed in December 2020, representing a loss of 1,468 slots or 38% of the previous capacity (Figure 58). Closures were especially high in the Verde Valley and Chino Valley sub-regions, where 50% of providers were closed representing 59% of early care and education provider capacity in the Verde Valley sub-region (715 of 1,202 slots) and 51% in the Chino Valley sub-region (202 of 396 slots). The single provider listed in the CCR&R guide in the Ash Fork sub-region, with a capacity to serve 18 young children, was closed in December 2020.

Figure 58. Number and capacity of regulated early care and educational providers by operational status in December 2020



Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: This table only reflects providers registered with the Child Care Resource and Referral (CCR&R) Guide. Closure status for providers were gathered by CCR&R staff throughout the pandemic, who made a strong effort to keep this information up to date; however, these data may not reflect current closure status in the region. “Capacity closed” refers to the percentage of slots that were unavailable to children due to provider closures.

Even if child care centers remained opened during the pandemic, they had to shoulder additional costs related to cleaning and staffing changes, among others. Over half of centers (56%) surveyed by the National Association for the Education of Young Children (NAEYC) reported that they were losing money while operating in December 2020, and a quarter of home-based providers and a third of center-based providers surveyed indicated that they would close in the next three months without additional support.²²⁵ While the extent that these costs are passed on to families remains to be seen, estimates indicate that child care operating costs increased by an average of 47% nationwide. In Arizona, costs were projected to jump substantially more, potentially increasing by 84% for center-based providers (\$685 to \$1,257) and 75% for family home providers (\$732 to \$1281).²²⁶ Drivers of these increased costs include decreased group size needed to comply with pandemic requirements, additional personnel costs needed to accommodate pandemic drop-off and pick-up procedures and increased sanitation supply costs.²²⁷ Many providers are also facing significant staffing challenges and low enrollments. According to a survey by NAEYC in July 2021, most Arizona child care centers surveyed (84%) experienced staffing shortages, driven in large part by the low wages in the early education sector.²²⁸

For many providers, relief funds provided through the CARES Act, Coronavirus Response and Relief Supplemental Appropriations Act and American Rescue Plan have been critical for reducing debt incurred during the pandemic.²²⁹ The relief bills passed by Congress during the pandemic have allocated significant funds for child care providers, including \$1.2 billion allocated for Arizona for the next three years through the American Rescue Plan and Coronavirus Response and Relief Supplemental Appropriations Act.²³⁰ Looking forward, the 2022 state fiscal year budget includes \$74 million specifically focused on increasing the number of quality child care and preschool settings in Arizona, which could add up to 800 Quality First providers over the next three years. This investment, and others, will hopefully offset the 2019 loss of \$20 million in federal funding through the Preschool Development Block Grants (PDG) and Preschool Development Birth through Five Grants (PDG B-5).^{231,232}

To help counteract the effects of the pandemic, First Things First helped recruit providers to become Arizona Enrichment Centers.²³³ The Arizona Enrichment Center program provided funding to licensed child care facilities in order to serve the children of essential workers during the pandemic in 2020 and provided scholarships to essential workers making less than \$65,000 annually.^{234, xxiv} Two-thirds of all Arizona Enrichment Centers were Quality First participating providers (334 of 506 total enrichment centers).²³⁵ Fifteen providers in the Yavapai Region were Arizona Enrichment Centers, serving 155 children through the program (Table 20). In addition, 45 providers in the region were enrolled in the Child Care COVID-19 grant program offered through DES.^{xxv} The goal of this program is to help child care providers cover operational costs including, but not limited to, salaries, tuition relief for families, cleaning supplies, and rent and utilities to safely remain open or reopen during the pandemic.

^{xxiv} As of December 2020, this program transitioned to become the Essential Workers Relief Scholarship, which provided similar funds and scholarships through August 2021. More information can be found on the DES website: <https://des.az.gov/services/child-and-family/child-care/emergency-child-care-scholarship-program>

^{xxv} For more information on the DES COVID-19 grant program please see (<https://des.az.gov/services/child-and-family/child-care/child-care-covid-19-grant-program>)

Table 20. Arizona Enrichment Centers and ECE providers who received COVID-19 grants, December 2020

Geography	Number of Arizona Enrichment Centers	Number of children approved for enrollment	Percent of CCRR-listed providers that were AZ Enrichment Centers	Number of providers enrolled in COVID-19 grant program
Yavapai Region	15	155	24%	45
Ash Fork	0	0	0%	0
Bagdad	1	0	50%	1
Chino Valley	1	13	25%	2
Cordes Junction	1	0	100%	1
Prescott	2	36	13%	15
Prescott Valley	4	68	25%	12
Sedona	2	5	33%	3
Verde Valley	4	33	22%	11
Yavapai South	0	0	N/A	0
Yavapai County	15	155	24%	44
Arizona	480	5,681	19%	1,808

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

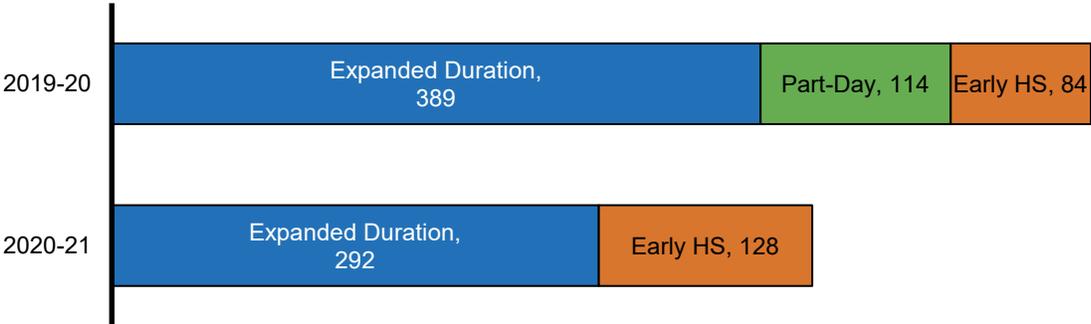
Note: COVID-19 grantees include afterschool programs that serve children ages 5-12 as well as early childhood providers.

Head Start

Head Start is a comprehensive early childhood education program for children whose families meet Department of Health and Human Services income eligibility guidelines. The program offers a broad range of individualized services in the areas of education and child development, special education, health services, nutrition and parent/family development. Preschool-aged children are served through Head Start programs, and infants and toddlers are served through Early Head Start. In the Yavapai Region, the Northern Association Council of Governments (NACOG) operated 10 Head Start and six Early Head start sites in the 2019-2020 school years. In 2020-2021, three of these sites closed, two Head Start sites, Paulden and Sedona, and one Early Head Start site, Prescott.

These NACOG programs served 514 children in Head Start in the 2019-20 school year, the majority in expanded day programs (n=389) with the remainder in part day programs (n=114) (Figure 59; Table 21). A smaller number of children, 84, were served in Early Head Start programs. Enrollment in Head Start decreased in the following year, likely due to a combination of three site closures and the effects of the COVID-19 pandemic. All Head Start programs closed in March 2020 due to the pandemic, and most NACOG Head Start programs operated virtually through most of 2020 and into early 2021. Expanded day Head Start enrollment decreased to 292 children, and part day enrollment was zero in the 2020-2021 school year. Early Head Start enrollment increased during the same time, serving 128 young children in the 2020-2021 school year. This increase is likely due to the prevalence of home-based Early Head Start during the pandemic, as home-based programs could more easily continue virtually.

Figure 59. Funded enrollment in Yavapai Region Head Start programs by type, 2019-20



Source: Northern Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request.

Note: "Expanded Day" refers to lengthening the hours of services that Head Start offers individual children and their families, with the goal of increasing children's learning and developmental outcomes by providing more hours of high-quality learning experiences. Longer hours also support families who are working or in school to pursue self-sufficiency while their children are in safe and nurturing early learning environments. Read more about this effort here: <https://www.nhsa.org/knowledge-center/center-advocacy/top-issues/extended-duration/>

Table 21. Funded enrollment in Yavapai Region Head Start programs, 2019-20 to 2020-21

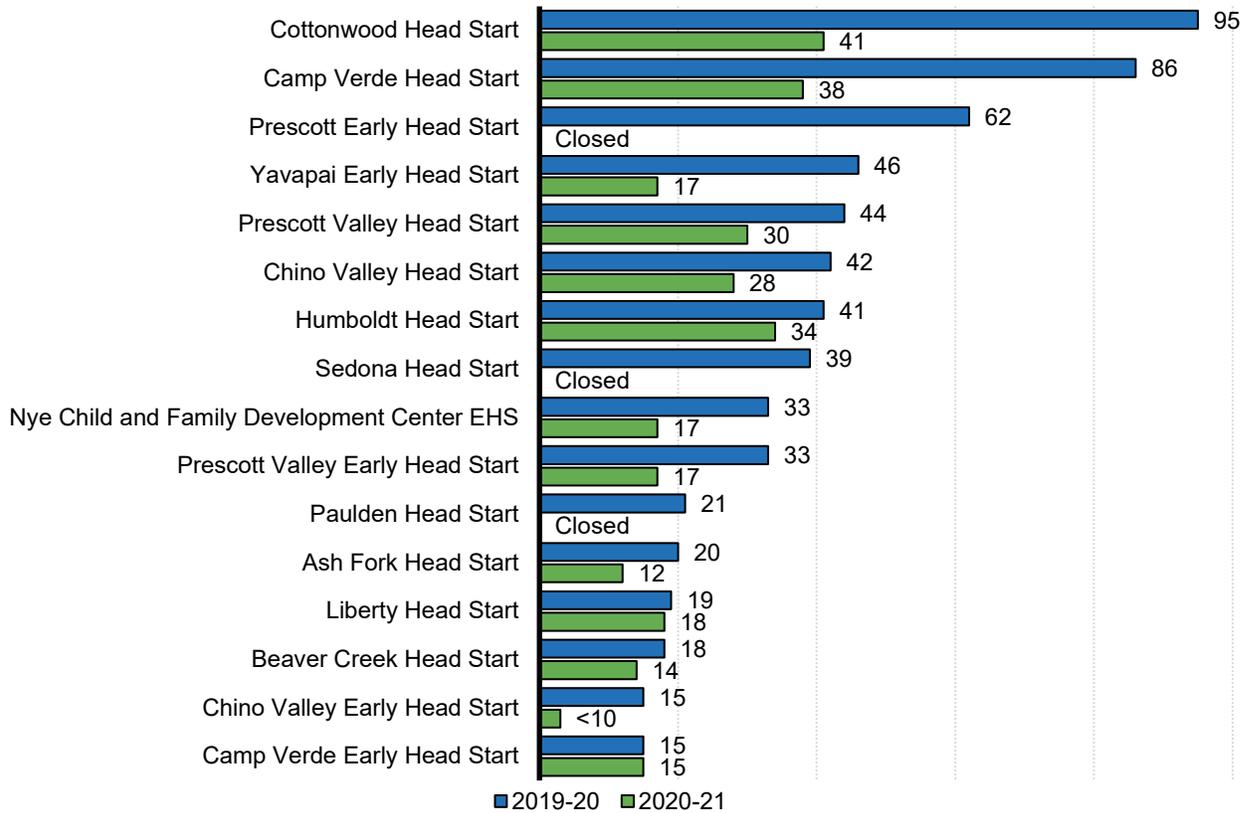
Geography	2019-20 Funded Enrollment			2020-21 Funded Enrollment		
	Head Start- Expanded Day	Head Start- Part Day	Early Head Start	Head Start- Expanded Day	Head Start- Part Day	Early Head Start
Yavapai Region	389	114	84	292	0	128
Ash Fork Head Start	18	0	0	18	0	0
Beaver Creek Head Start	18	0	0	18	0	0
Chino Valley Early Head Start	0	0	11	0	0	28
Chino Valley Head Start	36	0	0	34	0	0
Camp Verde Early Head Start	0	0	11	0	0	28
Camp Verde Head Start	47	33	0	50	0	0
Cottonwood Head Start	54	34	0	54	0	0
Humboldt Head Start	36	0	0	36	0	0
Liberty Head Start	18	0	0	18	0	0
Nye Child and Family Development Center Early Head Start	31	0	0	34	0	0
Paulden Head Start	18	0	0	N/A	N/A	N/A
Prescott Valley Early Head Start	33	0	16	0	0	36
Prescott Valley Head Start	16	30	0	30	0	0
Prescott Early Head Start	28	17	11	N/A	N/A	N/A
Sedona Head Start	36	0	0	N/A	N/A	N/A
Yavapai Early Head Start	0	0	35	0	0	36

Source: Northern Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request.

Note: "Expanded Day" refers to lengthening the hours of services that Head Start offers individual children and their families, with the goal of increasing children's learning and developmental outcomes by providing more hours of high-quality learning experiences. Longer hours also support families who are working or in school to pursue self-sufficiency while their children are in safe and nurturing early learning environments. Read more about this effort here: <https://www.nhsa.org/knowledge-center/center-advocacy/top-issues/extended-duration/>

Cumulative enrollment across the region in Head Start and Early Head Start programs decreased from 629 in 2019-20 to 284 in 2020-21. All programs showed a decrease in enrollment across those two years, with the exception of the Camp Verde Early Head Start program which remained constant across the two years (Figure 60). Data on waitlists provided by NACOG, showed a waitlist of just five across all sites in the 2019-2020 school year, decreasing to zero in the following year.

Figure 60. Cumulative enrollment in Yavapai Region N.A.C.O.G. Head Start programs, 2019-20 to 2020-21



Source: Northern Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request.

Note: Cumulative enrollment is the total number of students enrolled throughout the year; this number often exceeds funded enrollment as students enter and exit a program.

Just over one quarter (26%) of children enrolled across all NACOG Head Start and Early Head Start programs in the region in the 2019-2020 school year were Hispanic or Latino (26%; 165 of 629 enrolled) (Table 22), similar to the ethnicity of young children across the region (29% of children aged birth-4 were identified as Hispanic or Latino, see Figure 7).

Table 22. Cumulative enrollment in Yavapai Head Start programs by race or ethnicity, 2019-20

Center Name	Hispanic or Latino origin	American Indian or Alaska Native	Asian	Black	Pacific Islander	White	Multi- or bi-racial
Yavapai Region	165	15	<10	<10	<10	205	38
Ash Fork Head Start	<10	0	0	0	0	<10	10
Beaver Creek Head Start	<10	<10	0	<10	0	<10	0
Chino Valley Early Head Start	<10	0	0	0	0	<10	<10
Chino Valley Head Start	<10	<10	0	0	0	25	<10
Camp Verde Early Head Start	<10	<10	0	<10	<10	<10	<10
Camp Verde Head Start	25	<10	0	0	0	32	<10
Cottonwood Head Start	31	0	0	<10	0	40	14
Humboldt Head Start	19	0	0	0	0	18	<10
Liberty Head Start	<10	<10	<10	0	0	<10	0
Nye Child and Family Development Center Early Head Start	17	0	0	0	0	13	0
Paulden Head Start	<10	0	0	0	0	11	0
Prescott Valley Early Head Start	15	0	0	<10	0	12	<10
Prescott Valley Head Start	18	<10	<10	0	0	22	0
Prescott Early Head Start	<10	0	<10	0	0	<10	<10
Sedona Head Start	21	0	<10	<10	0	<10	<10
Yavapai Early Head Start	17	<10	0	0	0	19	<10

Source: Northern Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request.

Note: Cumulative enrollment is the total number of students enrolled throughout the year; this number often exceeds funded enrollment as students enter and exit a program.

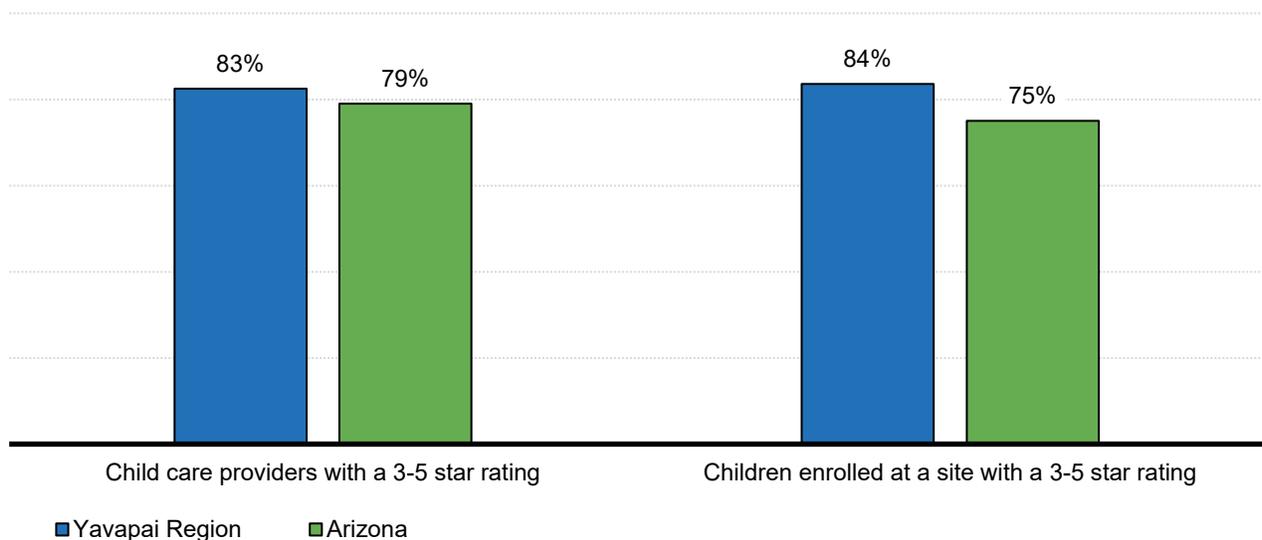
Quality First

High quality early education environments have teachers with more education, experience and supports that increase their skills in developing positive teacher-child interactions, providing enriching age-appropriate experiences and guiding appropriate behaviors.²³⁶ These quality environments may be particularly important for children with challenging behaviors, because lower teacher-child ratios and access to professional development and early childhood mental health consultation can help avoid preschool expulsion.^{237,238,239}

Beyond the basic goal of being a safe place for children, there are a number of different ways for a child care program to enrich a child’s experience. Quality standards help ensure these early environments support positive outcomes for children’s well-being, academic achievement and success later in life.²⁴⁰ The Quality First program notes that quality settings include teachers and staff who know how to work with young children and offer hands-on activities, create learning environments that nurture the development of every child, and foster positive, consistent relationships and interactions that give children the individual attention they need.²⁴¹ Quality First is Arizona’s voluntary Quality Rating and Improvement System (QRIS) for early child care and preschool providers.²⁴² A Quality First star rating represents where along the continuum of quality (1 to 5 stars) a program was rated and how they are implementing early childhood best practices. Through Quality First, child care health consultants also help provide health and safety guidance to providers.²⁴³

More than eight in 10 (83%; 33 of 40) Quality First providers in Yavapai Region meet quality standards (3-star rating or higher), slightly higher than the 79% across the state as a whole (Figure 61). Of the 1,951 children enrolled in Quality First sites in the region, 1,631 (84%) are in a quality level setting (3-star rating or higher). Only 15% of children enrolled in Quality First providers in the region are served through Quality First scholarships (15%; 300 children).

Figure 61. Percent of Quality First programs with a 3-5 star rating and children enrolled in quality-level programs, state fiscal year 2020



Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: Quality First considers providers with a 3-star rating and above to be 'quality level.'

Providers are considered quality educational environments by DES if they receive a Quality First 3-star rating or higher or are accredited by a national organization, such as the Association for Early Learning Leaders or the National Association for the Education of Young Children (NAEYC).²⁴⁴ Only five providers in the region are accredited, or 8% of providers listed with CCR&R, representing 6% of the

capacity of providers in the region (Table 23). One of four providers (25%) in the Chino Valley sub-region are accredited.

Table 23. Number and licensed capacity of accredited child care providers, December 2020

Geography	Number of accredited providers	Percent of providers who are accredited	Capacity in accredited providers	Percent of provider capacity which is with accredited providers
Yavapai Region	5	8%	230	6%
Ash Fork	0	0%	0	0%
Bagdad	0	0%	0	0%
Chino Valley	1	25%	52	13%
Cordes Junction	0	0%	0	0%
Prescott	2	13%	130	12%
Prescott Valley	2	13%	48	6%
Sedona	0	0%	0	0%
Verde Valley	0	0%	0	0%
Yavapai South	0	N/A	0	N/A
Yavapai County	5	8%	230	6%
Arizona	233	9%	24,824	12%

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: This table includes only licensed or registered centers, homes, or individual providers listed in the CCR&R who have a national accreditation, such as NECPA – National Early Childhood Program Accreditation, CDA – Child Development Association, AMI – American Montessori International, or NAEYC – National Association for the Education of Young Children.

Early care and education affordability

The high cost of early care and education can place formalized care out of reach of many families. The average annual cost of full-time center-based care for a young child in Arizona is nearly equal to the cost of one year at a public college.^{245,246}

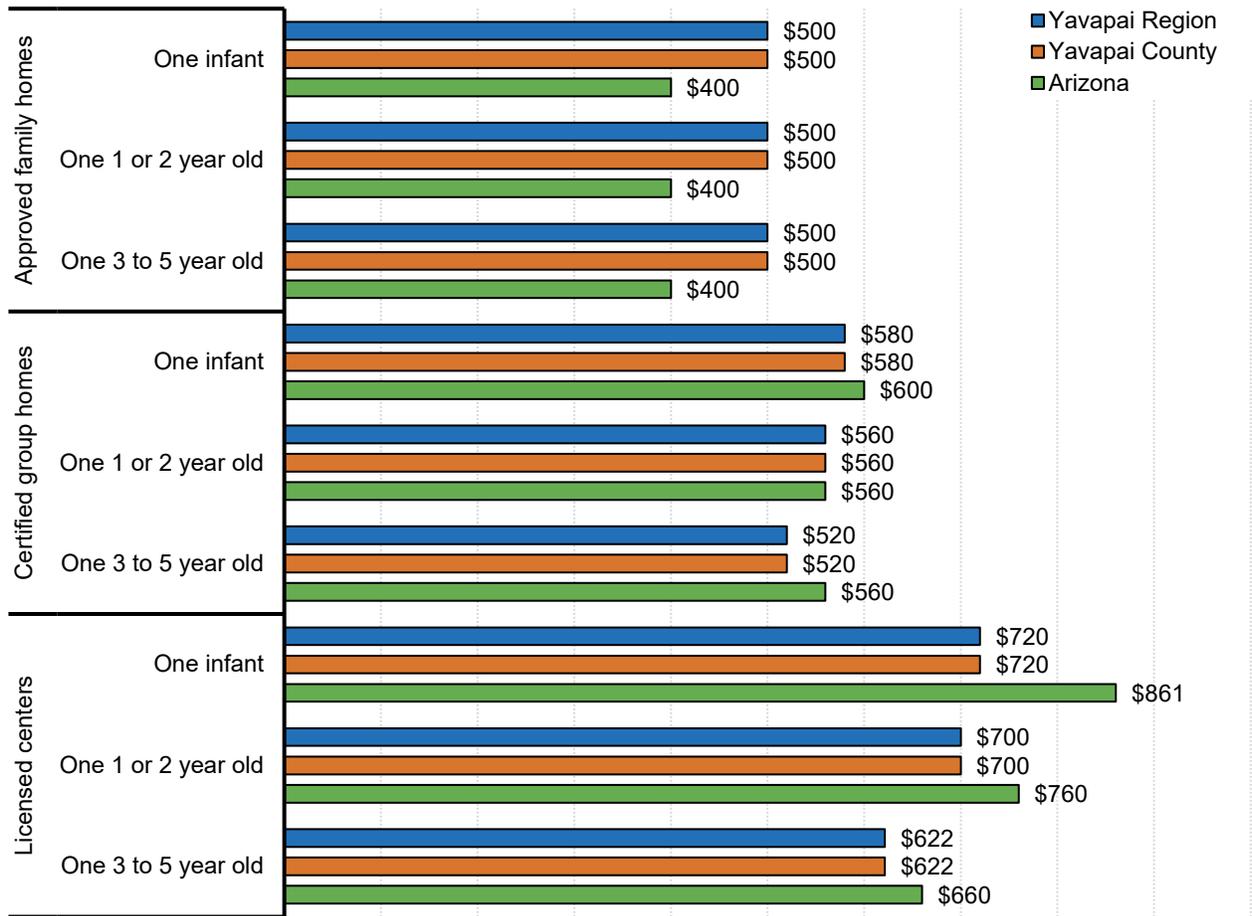
The average monthly cost for child care in Arizona varies based on the type of provider and age of the child, with licensed child care centers often having the highest rates across all age groups. Without accounting for possible family discounts for families with multiple children at the same center, a family with one preschooler and one infant can expect to pay about \$1,521 per month for a licensed child care center provider. This monthly cost exceeds what many Arizonans likely pay per month on housing, creating potential financial challenges that are further compounded for families with multiple children

under the age of 5.^{xxvi,247,248} A married family with two children living at the poverty level in Arizona, for example, would need to pay over 77% of their household income for center-based care.^{249,250}

The cost of care in the Yavapai Region also varies by the type of care and the age of the child receiving care (Figure 62). For example, residents in the region pay lower prices than parents statewide for child care centers (e.g., \$720 per month for infant care vs. \$861/month) and certified group homes (e.g., \$580 per month for infant care vs. \$600/month), but a higher amount for approved family homes (e.g., \$500 per month for infant care vs. \$400/month). Within the region, care in licensed centers and certified group homes is most expensive for infants, which is not surprising given that typically, the lower teacher-to-child ratio needed for infant care necessitates a higher cost of care.

^{xxvi} In addition to the financial challenges faced by parents paying for child care, the early care and education workforce is one of the most underpaid fields in the country. Nationally, educators working with infants and toddlers are 7.7 times more likely to live in poverty compared to K-8 teachers. The median hourly wage for a child care worker in Arizona (\$11.97) is \$13.19 less per hour than what is considered a living wage for a single parent with one child (\$25.16). For more information on early care and education workforce wages visit <https://cscce.berkeley.edu/workforce-index-2020/the-early-educator-workforce/early-educator-pay-economic-insecurity-across-the-states/>

Figure 62. Median monthly charge for full-time child care, 2018

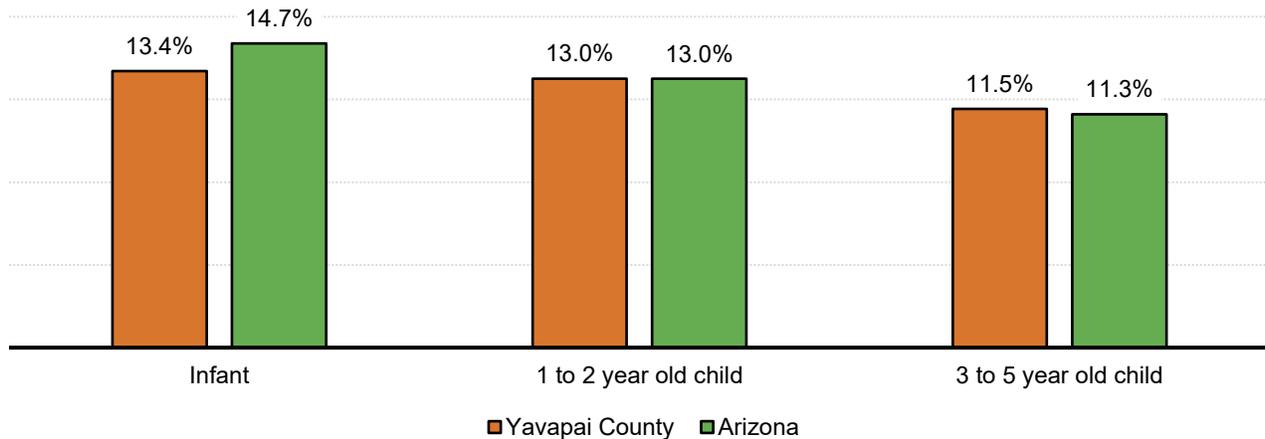


Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: Median monthly charges are calculated by multiplying the daily median cost of care by 20 to approximate a full month of care.

Families in Yavapai County are paying a similar proportion (11.5-13.4%, depending on the child’s age) of their overall income for a child care slot as other families statewide (Figure 63). However, to avoid being overburdened, the Department of Health and Human Services recommends that parents spend no more than 10% of their family income on child care,²⁵¹ and families in the county are paying more than that recommended 10%. Also, these percentages reflect the burden for families with only one young child in need of full-time care. Families with more children would spend a greater proportion of their income on child care. Additionally, these proportions were calculated based on the median income for all families. Single parent homes, particularly those with a single-female householder, have a much lower median income (see Figure 17), resulting in a higher proportion of their income being spent on child care. For example, for one infant in center-based care, a single-female-headed household earning the median annual income for that household type (\$27,200) would need to pay almost one third of their income (32%) for that infant care, making that child care unrealistic for many.

Figure 63. Cost of center-based child care for one child, as a percentage of income, 2018



Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: Annual costs of care are calculated by multiplying the median daily cost of care by 240 to approximate a full year of care.

An asset in the region aiming to address the financial burden on low income families seeking higher education, is the Parent Cohort at Yavapai College. Begun in the fall of 2021, this program provides up to \$725 per month per child for parents who are enrolled full time in nursing, nursing intent, education, or early childhood education programs. Participants must fall at or below 165% of the Federal Poverty Level, and enroll their children in DES/DHS certified child care while enrolled in Yavapai College.^{xxvii}

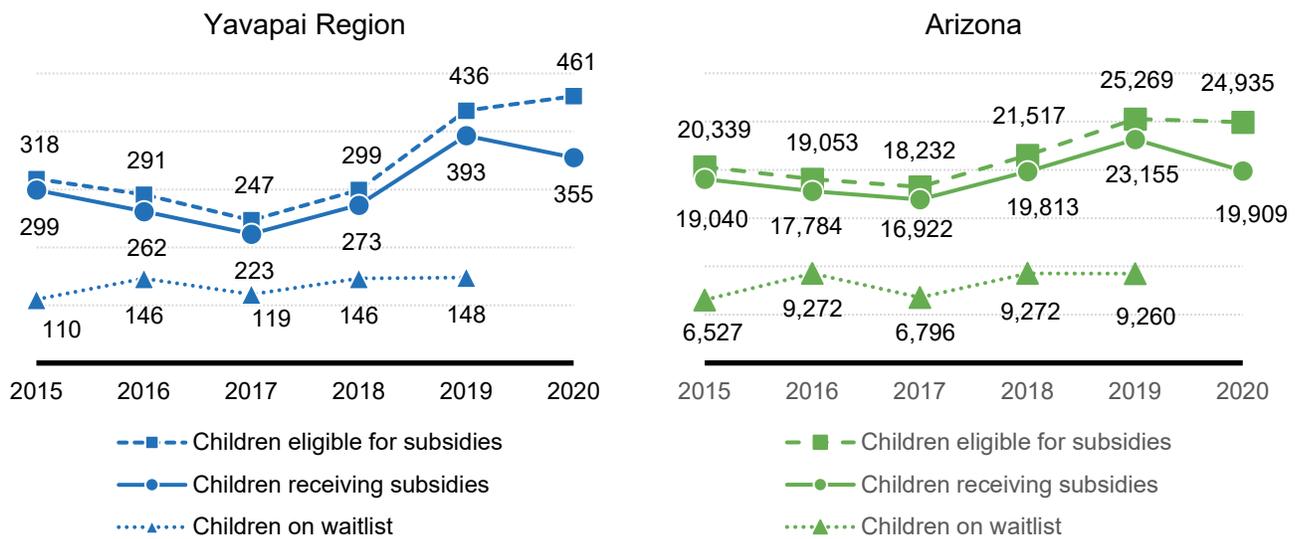
Child care subsidies provided by government agencies can also help to offset families' child care costs, reducing financial barriers to accessing child care and ensuring parents can remain employed and provide for their family's needs.²⁵² In June 2019, for the first time since the Great Recession, the DES child care subsidy waiting list was suspended, meaning all children who qualify for subsidies are able to receive them, assuming that they are able to find a provider.²⁵³ This was due to \$56 million in additional federal funds from the Child Care and Development Fund (CCDF) that was authorized by the Arizona State Legislature. The funding increase has also allowed DES to increase provider reimbursement rates, which may make it easier for families to use their child care subsidies.²⁵⁴

With the suspension of the waiting list part way through the year, the number of children receiving DES child care subsidies in the Yavapai Region increased substantially from 2018 (n=273) to 2019 (n=393). However, the percentage of children eligible to receive these subsidies who actually received them in the region decreased from 2019 (90%) to 2020 (77%), a percentage decrease similar to that across the state as a whole (92% in 2019 to 80% in 2020) (Figure 64). This 2020 decline reflects the impact the pandemic had on child care arrangements, with many parents and caregivers using no out-of-home care for their children.²⁵⁵ In the summer of 2020, about half of families with young children (47%) in a

^{xxvii} For more information on the Parent Cohort at Yavapai College, please see <https://www.yc.edu/v6/schools/sosc/parent-cohort.html>

nationally representative survey reported that they lost their pre-pandemic child care arrangements, and the majority of parents and caregivers surveyed (70%) were worried about returning to prior arrangements.²⁵⁶ Given these substantial disruptions to the early care and education system, it is difficult at the time of this report to determine what the longer term effects of the suspension of the child subsidy waitlist will be as providers begin to return to pre-pandemic operations. The number of DCS-involved children receiving DES child care subsidies also decreased substantially from 2019 (81%) to 2020 (57%), although declines had been occurring since 2017 as well (91% were receiving subsidies in 2017).

Figure 64. Children birth to 5 eligible for, receiving, and on waitlist for DES child care subsidies, 2015 to 2019

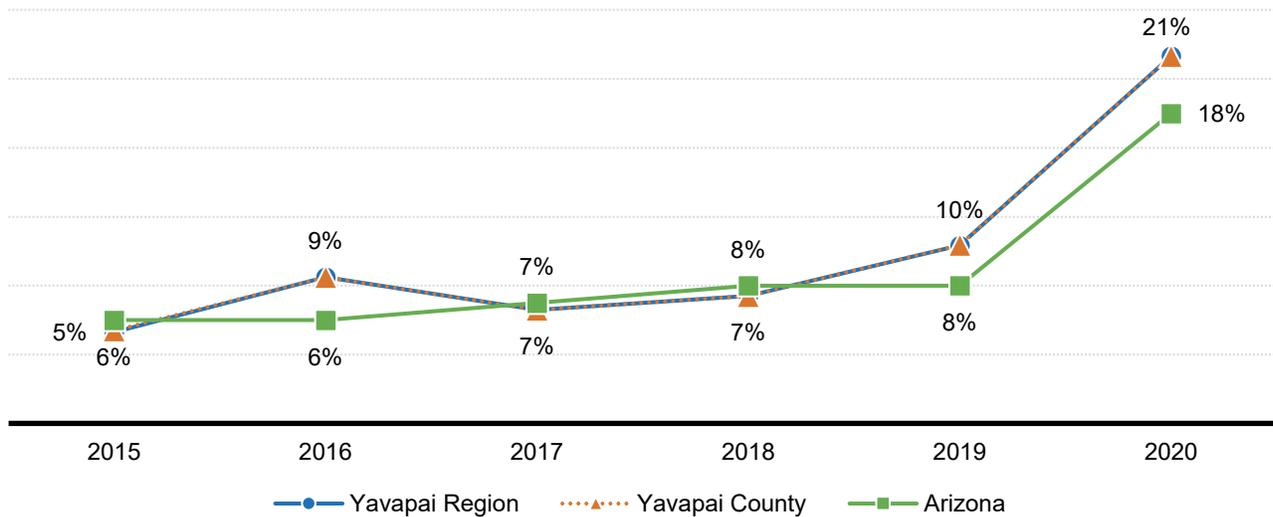


Sources: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: The DES child care waitlist was suspended in June 2019, so there are no waitlist numbers for 2020. DES child care subsidy amounts vary based on a number of factors including the age of the child, the type of provider and the quality status of the provider. For more information please see the current DES reimbursement rates for child care at https://des.az.gov/sites/default/files/dl/CCA-1227A_1.pdf?time=1646262773961

Eligible families may not access child care subsidies for a number of reasons, including limited knowledge about how to navigate the system, an inability to afford child care even with the subsidy, or a lack of providers within their area who will take subsidy payments.^{257,258} The percentage of families who applied and were found eligible for DES child care subsidies but did not utilize them increased slowly in the region from 2015 (5%) to 2018 (7%), then more rapidly from 2019 (10%) to 2020 (21%), another reflection of the pandemics effect on child care arrangements (Figure 65).

Figure 65. Eligible families not using DES child care subsidies, 2015 to 2020



Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Young children with special needs

The availability of early learning opportunities and services for young children with special needs is an ongoing concern across the state, particularly in the more geographically remote communities and some tribal communities. The U.S. Department of Health and Human Services defines children with special health care needs as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”²⁵⁹

Children with special needs may particularly benefit from high quality teacher-child interactions in classrooms,^{260,261} as they are more likely to experience more adverse childhood experiences than typically developing children,²⁶² and are at an increased risk for maltreatment and neglect.^{263,264}

Adverse Childhood Experiences (ACEs)^{xxviii} include childhood experiences of abuse, neglect, and other forms of potential trauma. Nearly one in five children in the state of Arizona have special health care needs (17.6%), and according to a public survey of families conducted by the Arizona Department of Health Services, lack of child care is a major barrier for these families when trying to access services.²⁶⁵

Timely and appropriate developmental screenings can help to identify children who may have special needs. By identifying these children early, intervention can help young children with, or at risk for, developmental delays to improve language, cognitive and socio-emotional development.^{266,267} It also

^{xxviii} ACEs include eight categories of traumatic or stressful life events experienced before the age of 18 years. The eight ACE categories are sexual abuse, physical abuse, emotional abuse, household adult mental illness, household substance abuse, domestic violence in the household, incarceration of a household member, and parental divorce or separation.

reduces educational costs by decreasing the need for special education.²⁶⁸ In Arizona, services available to families with children with special needs include those provided through the Arizona Early Intervention Program (AzEIP),^{xxxix} the Division of Developmental Disabilities (DDD),^{xxx} and the Arizona Department of Education (ADE) Early Childhood Special Education Program.^{xxxi} In the Yavapai Region, additional services to support families with children who have developmental delays are provided by High Country Early Intervention Little Learners.

AzEIP is an interagency system of services and supports for families of young children (birth to 2) with disabilities or developmental delays in Arizona. AzEIP may refer families to DDD if the child has or is at risk for developing a qualifying disability, including cerebral palsy, epilepsy, autism spectrum disorder or an intellectual or cognitive disability.^{xxxii,xxxiii}

The number of young children referred to AzEIP in the Yavapai Region dropped from 357 in 2019 to 290 in 2020, likely a result of constraints of the COVID-19 pandemic (discussed more later) (Figure 66). Key informants also noted a change in the AzEIP contracted provider in the region prior to the pandemic's start, so this transition just prior to an event impacting interaction with providers in the region may have presented an additional hurdle to referrals. Conversely, the number of children referred and found eligible increased from 128 in 2019 to 155 in 2020, resulting in an increased proportion of young children referred to AzEIP being determined eligible for services between 2019 and 2020 from 37% to 53%. Across the state, the number of children referred and found eligible continued to decrease from federal fiscal year 2018 through 2020, suggesting a unique pattern occurring in the Yavapai Region. Once constraints on referrals caused by the pandemic ease, this trend in increases in children being determined eligible for AzEIP services could mean even more young children receive needed early intervention services in the future. The proportions of young children referred to and found eligible for AzEIP in 2020 did not differ markedly across sub-regions (Figure 67).

^{xxxix} For more information on AzEIP, visit <https://www.azed.gov/azeip/>

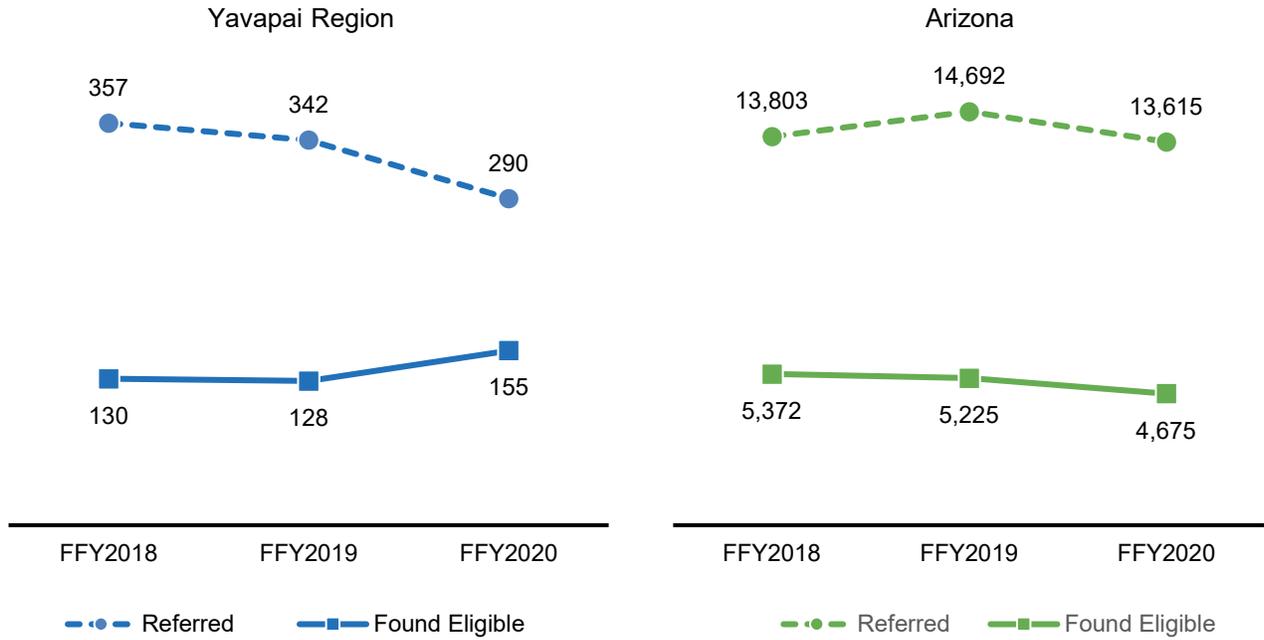
^{xxx} For more information on DDD, visit <https://des.az.gov/services/disabilities/developmental-disabilities>

^{xxxi} For more information on ADE's Early Childhood Special Education Program, visit <http://www.azed.gov/ece/early-childhood-special-education/> and <http://www.azed.gov/special-education/az-find/>

^{xxxii} DDD provides services to individuals with qualifying disabilities through adulthood. Qualifying children may receive services from both AzEIP and DDD.

^{xxxiii} For more information on the Division of Developmental Disabilities (DDD) eligibility see <https://des.az.gov/services/disabilities/developmental-disabilities/determine-eligibility>

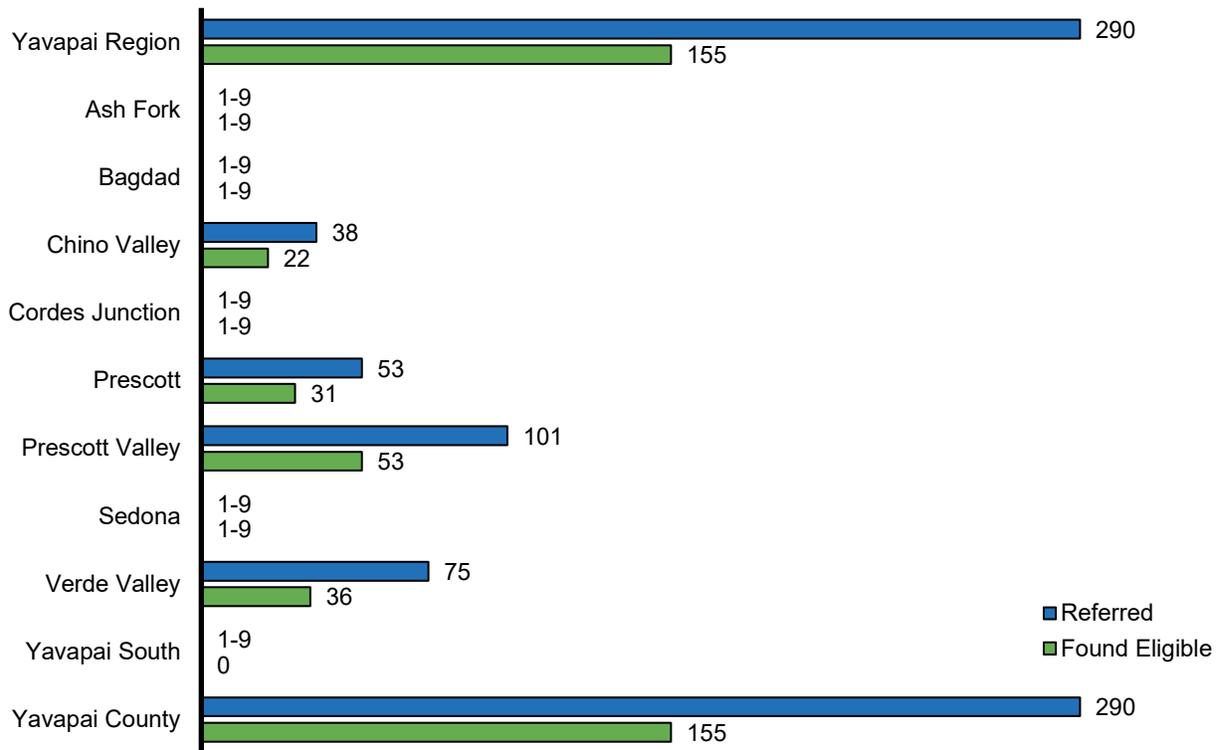
Figure 66. Children ages birth to 2 referred to and found eligible for AzEIP, federal fiscal years 2018 to 2020



Sources: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

Note: These data reflect the Oct 1 snapshot of AzEIP services, not a cumulative total throughout the year.

Figure 67. Children ages birth to 2 referred to and found eligible for AzEIP, federal fiscal year 2020

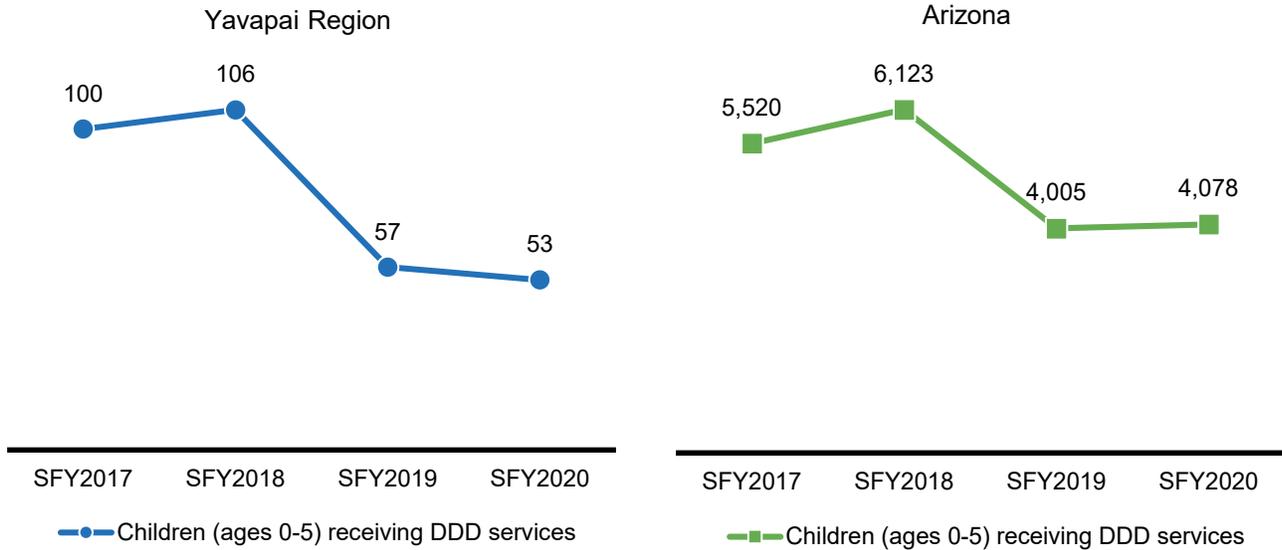


Sources: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

Note: These data reflect the Oct 1 snapshot of AzEIP services, not a cumulative total throughout the year.

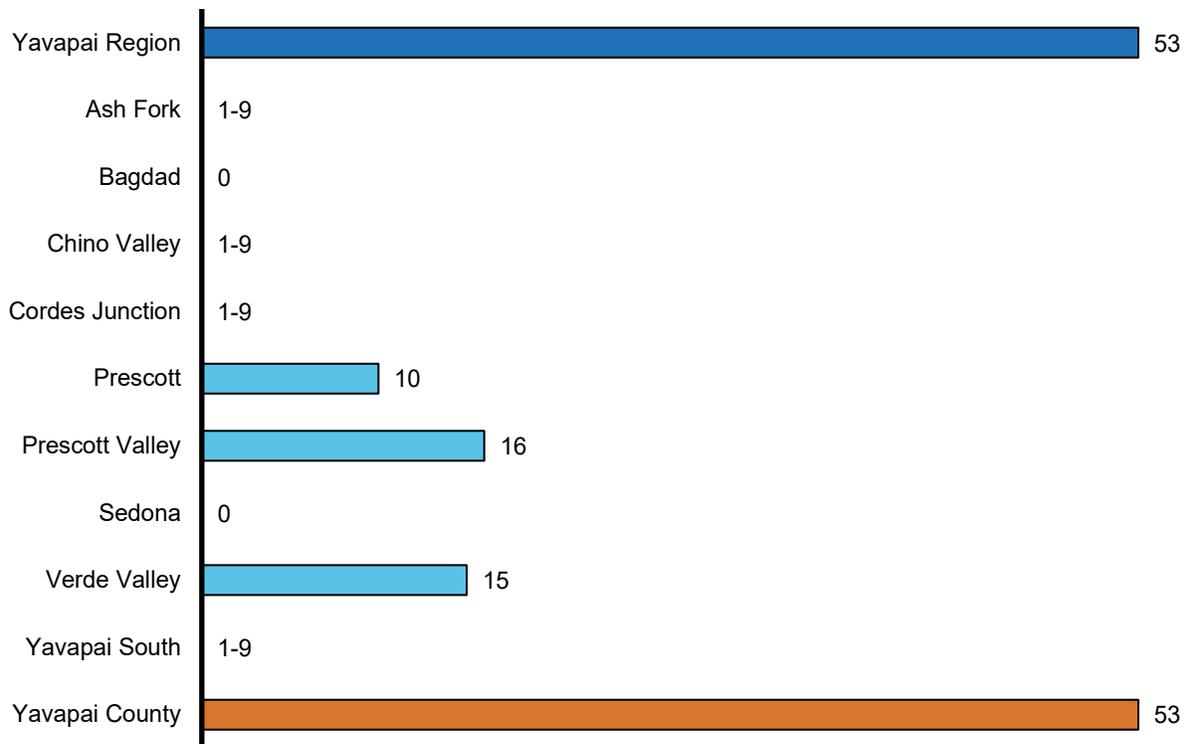
Overall, there was a 47% decline in the number of young children receiving DDD services between 2017 and 2020 across the Yavapai Region (Figure 68). The reasons for the precipitous decline in the number of children receiving DDD services before the pandemic (106 in SFY2018, 57 in SFY2019) are unknown. Interestingly the number of children being served by DDD continued to decrease very slightly from 2019 to 2020 in the Yavapai Region, whereas the state saw a slight increase over the same period. In 2020, the sub-regions with the most children receiving services through DDD mirrored the sub-regions with the largest shares of young children in in the region (Figure 69).

Figure 68. Number of children (ages 0-5) receiving DDD services, state fiscal years 2017 to 2020



Sources: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

Figure 69. Number of children (ages 0-5) receiving DDD services, state fiscal year 2020



Sources: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

The COVID-19 pandemic likely added to already decreasing service numbers through disrupting much of the system for providing services and learning opportunities to children with special needs. In spring 2020, AzEIP halted in-home and community services and switched to virtual visits (computer-or phone-based).²⁶⁹ The transition to remote services was challenging for both service providers and families. Technology was a barrier to families receiving early intervention services, and the form of services often transitioned to more of a family-coaching approach rather than direct interaction with the child.²⁷⁰ Given these added challenges, it is not surprising that families with young children with special needs also struggled more emotionally and psychologically through the pandemic. According to a nationally representative series of surveys throughout the pandemic, in households of children with disabilities, both young children and their caregivers experience higher levels of stress and anxiety than households of typically developing children.^{271,272}

A 2008 study using nationally representative data estimates that approximately 13% of children ages 0-2 in the U.S. have developmental delays that could benefit from early intervention services, but only about 3% of children actually receive services, which is consistent with current early intervention service data.²⁷³ Only 2.5% of children birth to 2 years were receiving services from AzEIP or DDD in 2020 in the Yavapai Region (Table 24). These data suggest that there are likely many children across the region who would benefit from early intervention services but are not receiving them. This is likely in part because Arizona has some of the strictest eligibility requirements for early intervention services compared to most other states in the U.S.²⁷⁴

Of note, across the Yavapai Region, the percentage of the youngest children receiving AzEIP or DDD services decreased very slightly between 2019 (n=158) and 2020 (n=157). This small decrease (-1%) was not reflected in the Chino Valley sub-region which experienced a 40% increase in the number of children 0-2 receiving services between 2019 and 2020, nor in the Verde Valley sub-region which saw a smaller increase of 8%.

Table 24. Numbers of children (ages 0-2) receiving services from AzEIP, DDD, or both; state fiscal years 2019 and 2020

Geography	Children receiving AzEIP or DDD services, SFY 2019	Children receiving AzEIP or DDD services, SFY 2020	Percent change from 2019 to 2020	Population of Children (ages 0-2), 2010 Census	Estimated percent of children (ages 0-2) receiving AzEIP or DDD services, SFY 2020
Yavapai Region	158	157	-1%	6,172	2.5%
Ash Fork	[1-9]	[1-9]	DS	73	DS
Bagdad	[1-9]	[1-9]	DS	115	DS
Chino Valley	20	28	+40%	700	4.0%
Cordes Junction	[1-9]	[1-9]	DS	224	DS
Prescott	21	21	0%	1,031	2.0%
Prescott Valley	64	53	-17%	1,914	2.8%
Sedona	[1-9]	[1-9]	DS	290	DS
Verde Valley	38	41	+8%	1,723	2.4%
Yavapai South	[1-9]	0	DS	102	0.0%
Yavapai County	157	157	0%	6,132	2.6%
Arizona	6,376	5,721	-10%	270,519	2.1%

Source: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program & Division of Developmental Disabilities datasets]. Unpublished data. U.S. Census Bureau (2010). Decennial Census, Table P14.

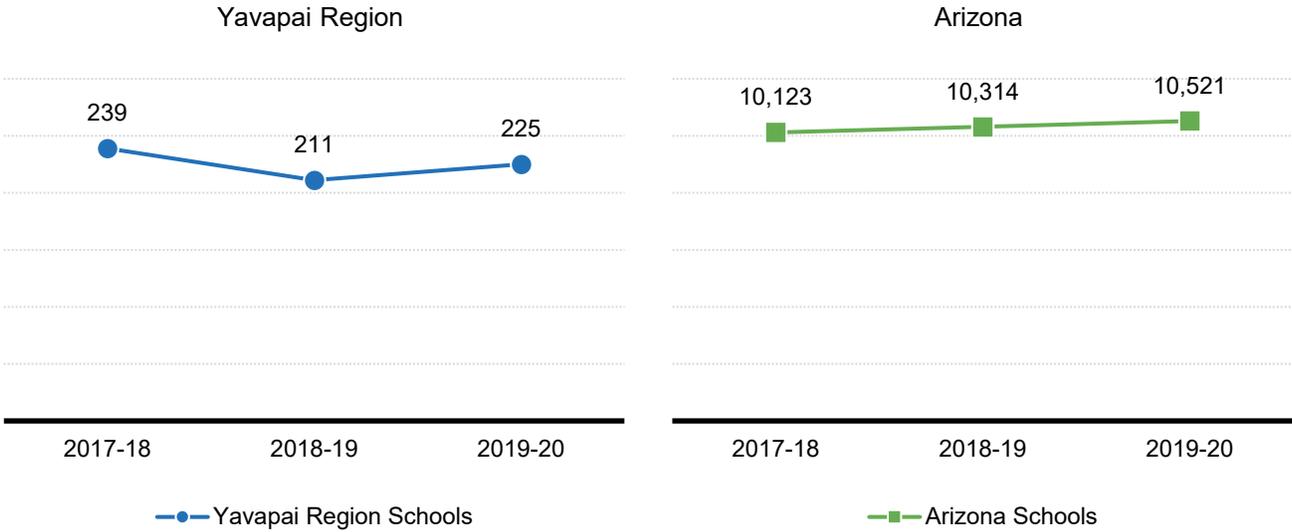
Note: These data reflect the Oct 1 snapshot of services, not a cumulative total throughout the year.

As a child with special needs approaches age 3, they transition from receiving services through AzEIP to receiving services from their local education authority (LEA). Data from ADE show that the number of young children (ages 3 to 5) with special needs receiving services from LEAs in the Yavapai Region has decreased 6% overall since the 2017-18 school year, with 225 children receiving services in 2019-20 (Figure 70). In contrast, this number has increased across the state as a whole (4%) over the same time period. Whereas the region experienced an overall decrease over the three-year period, the number of children aged 3-5 years receiving services from an LEA did increase from the 2018-2019 school year (n=211) to the 2019-2020 school year (n=225). It is unclear why the number of children served decreased from the 2017-2018 to 2018-2019 school years.

Pandemic-related school closures also especially impacted children with special needs. In-person services for children through LEAs were disrupted and required transitions to remote modalities.²⁷⁵ School-based services for children with special needs were also significantly impacted, with remote learning creating barriers to fulfilling students' Individualized Education Plans (IEPs) resulting, for

some, in a loss of academic, social and physical skills that will require targeted support to address.²⁷⁶ As schools return to in-person learning, children with special needs may need additional supports to build skills and recover unfinished learning over the past year and a half.

Figure 70. Trends in preschoolers with disabilities served by Local Education Authorities (LEAs), 2017-18 to 2019-20



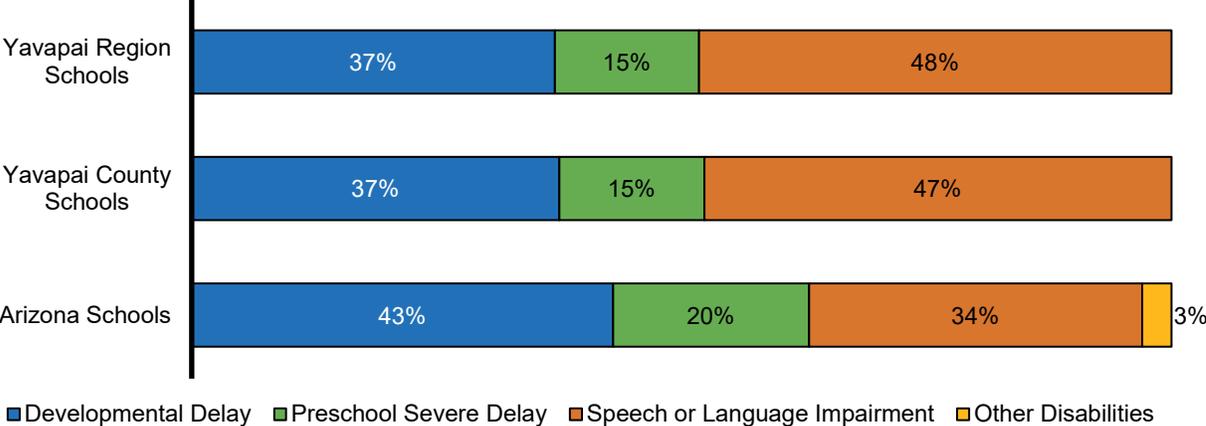
Source: Arizona Department of Education (2021). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

The increases in the number of children aged 3-5 with special needs receiving services across the state match national trends. Nationwide, the number of children receiving special education services has been increasing over the past few years.^{277,278,279} Providing early intervention services for young children has been shown to reduce the need for special education services later in childhood,²⁸⁰ so assuring that children have access to timely and adequate screening and intervention services from birth to 5 can be key for helping children to be ready for kindergarten.

Among children who are in special education programs in public preschools in the Yavapai Region, the majority of children have either a speech or language impairment (48%) or a developmental delay (37%) (Figure 71). The remainder have a preschool severe delay^{xxxiv} (15%). This pattern is somewhat different across the state as a whole, where more children in special education programs in public preschools have a developmental delay (43%) followed by a speech or language impairment (34%). Across school districts where data is available, some variability exists in the types of disability among preschoolers in special education programs (Table 24).

^{xxxiv} The preschool severe delay category is defined by Arizona as a very low score on assessments of in one or more of these areas: cognitive development, physical development, communication development, social or emotional development, or adaptive development from <https://www.azed.gov/specialeducation/disability-categories/>

Figure 71. Preschoolers with disabilities receiving services through Local Education Authorities (LEAs) by type of disability, 2019-20



Sources: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

Table 25. Preschoolers with disabilities receiving services through Local Education Authorities by type of disability, 2019-20

Geography	Number of preschoolers enrolled	Developmental delay	Preschool severe delay	Speech or language impairment	Other disabilities
Yavapai Region Schools	225	37%	15%	48%	<2%
Prescott Unified District	DS	>98%	<2%	<2%	<2%
Sedona-Oak Creek JUSD #9	DS	40%	<2%	50%	10%
Bagdad Unified District	DS	N/A	N/A	N/A	N/A
Humboldt Unified District	DS	N/A	N/A	N/A	N/A
Camp Verde Unified District	13	46%	15%	38%	<2%
Ash Fork Joint Unified District	DS	N/A	N/A	N/A	N/A
Seligman Unified District	DS	N/A	N/A	N/A	N/A
Mayer Unified School District	DS	17%	50%	33%	<2%
Chino Valley Unified District	38	55%	21%	24%	<2%
Skull Valley Elementary District	DS	N/A	N/A	N/A	N/A
Congress Elementary District	DS	N/A	N/A	N/A	N/A
Kirkland Elementary District	DS	>98%	<2%	<2%	<2%
Beaver Creek Elementary District	DS	20%	80%	<2%	<2%
Hillside Elementary District	DS	N/A	N/A	N/A	N/A
Crown King Elementary District	DS	N/A	N/A	N/A	N/A
Canon Elementary District	DS	N/A	N/A	N/A	N/A
Yarnell Elementary District	DS	N/A	N/A	N/A	N/A
Clarkdale-Jerome Elementary District	DS	20%	<2%	80%	<2%
Cottonwood-Oak Creek Elementary District	DS	N/A	N/A	N/A	N/A
Yavapai County Schools	217	37%	15%	47%	<2%
Arizona Schools	10,521	43%	20%	34%	3%

Source: Arizona Department of Education (2021). [Graduation Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

To better understand the continuum of services available for children under age 6 with developmental concerns in the region and to identify potential gaps in these services, key informant interviews were conducted with personnel who either refer or provide services to children with developmental concerns, and with parents of these children. Provider and parent perspectives were gained on strengths and challenges of the development support service system from screening and referral to assessment and service provision, with input from both sides of Mingus Mountain. A full Brief summarizing this process and results is included in Appendix 7 of this report. Key insights and recommendations are included below.

- Services available in the region are perceived as high quality and viewed positively.
- Additional services, across all therapeutic areas, are needed in the region. This is evidenced by long wait lists and wait times, and the long distances that families must travel both inside and outside of the region for services. Services are least available on the east side of Mingus Mountain.
- In addition to referral to local providers, all children suspected of developmental concerns should be referred to state-provided programs such as AzEIP and Child Find for assessment, regardless of whether the family is insured. For AzEIP, these referrals may best be made online. Families with children not deemed eligible for state-provided programs should be given a full list of providers available in the region so that they have additional resources to pursue.
- Assessment and services for children between the ages of 2.5 and 3 should be coordinated between state agencies providing those services, so that families receive a timely assessment.
- Additional resources and staff are needed to enable school settings to meet requirements under Part C of the Individuals with Disabilities Act (IDEA) to provide assessment or referral for all children aged birth to 5, not just those 3 and older. Because school settings often require hearing and vision screening before further assessment and evaluation is completed, these screenings should be available systematically so that this is not a reason that assessments and referrals are dropped.
- Increasing the availability of screening, assessment and services in Spanish, and addressing the mistaken belief that dual language learning is responsible for speech delays would improve equity for families navigating the system.
- Identifying developmental concerns as early as possible is critical for early intervention. This could be improved in the region by countering 1) a “wait and see” approach for addressing concerns by parents and professionals; and 2) the tendency towards mis-labeling developmental concerns as behavior problems. Increased opportunities for professional development and special-needs coaching in settings serving young children could help to address these issues, as could the availability of information and resource materials at locations that families frequent such as pediatrician’s offices.

- Reducing barriers for families is key to increasing uptake of early intervention services. Family supports can include direct referrals and providing additional help in navigating a complex system. Providers who work with young children who develop supportive relationships with families and who are willing to have direct conversations to address the stigma and fear families may encounter when learning of a developmental concern can help families engage with services.

For older children in the region (enrolled in kindergarten through third grade), the number of children enrolled in special education services in public or charter schools increased from 838 in the 2017-18 school year to 924 in 2019-20 (Table 26). Given that this is nearly six times the number of children birth to 2 in the region being served by early intervention services (157 served by AzEIP and DDD in 2020), it may be that children with delays are being identified and diagnosed when they are older, missing the earlier years when intervention can be more effective and less costly. As noted previously, key informants in the region echoed this likelihood, citing a predominant “wait and see” approach coupled with additional barriers which may impact a family’s willingness or ability to acknowledge or address potential developmental concerns before children enter school and have potential issues identified by early intervention professionals.

Table 26. Kindergarten to 3rd grade students enrolled in special education in public and charter schools, 2017-18 to 2019-20

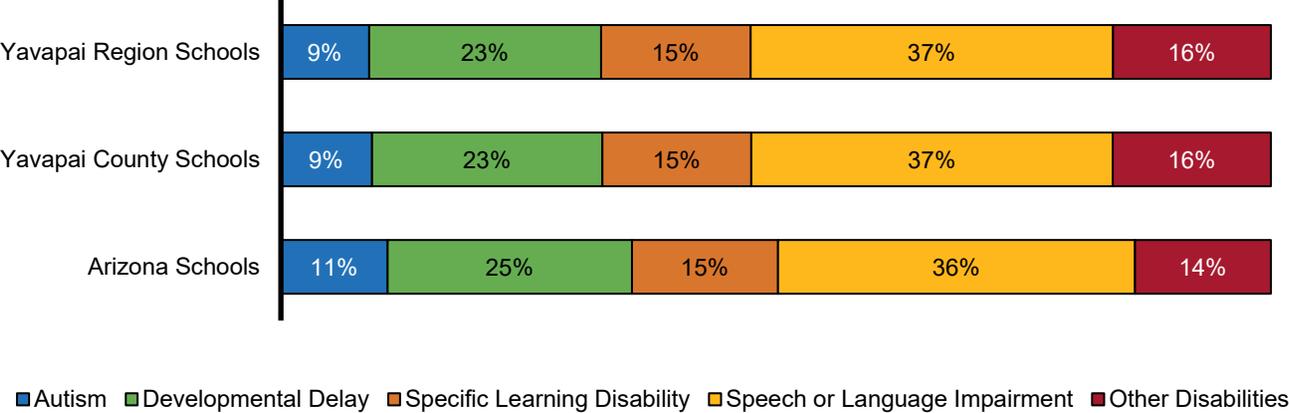
Geography	K-3 students enrolled in special education, 2017-18	K-3 students enrolled in special education, 2018-19	K-3 students enrolled in special education, 2019-20
Yavapai Region Schools	838	856	924
Prescott Unified District	[85-95]	[106-116]	[112-122]
Sedona-Oak Creek JUSD #9	[25-35]	[14-24]	[15-25]
Bagdad Unified District	[16-26]	[31-41]	[28-38]
Humboldt Unified District	[155-165]	[142-152]	[152-162]
Camp Verde Unified District	[41-51]	[34-44]	[50-60]
Ash Fork Joint Unified District	DS	DS	DS
Seligman Unified District	DS	DS	DS
Mayer Unified School District	[12-22]	[24-34]	[27-37]
Chino Valley Unified District	[68-78]	67	102
Skull Valley Elementary District	DS	DS	DS
Congress Elementary District	DS	DS	DS
Kirkland Elementary District	DS	DS	DS
Beaver Creek Elementary District	[16-26]	[15-25]	[20-30]
Canon Elementary District	DS	DS	DS
Yarnell Elementary District	DS	DS	DS
Clarkdale-Jerome Elementary District	[15-25]	DS	DS
Cottonwood-Oak Creek Elementary District	72	[75-85]	[91-101]
Yavapai Region Charter Schools	[126-136]	[126-136]	[132-142]
Yavapai County Schools	848	873	945
Arizona Schools	36,807	38,115	39,071

Source: Arizona Department of Education (2021). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CREd Team

Of those kindergarten through third grade students enrolled in special education in public and charter schools in the region, most have a primary disability of a speech or language impairment (37%) or developmental delay (23%) (Figure 72). Less often these children have a primary disability of other

disability (16%), specific learning disability (15%) or autism (9%). These proportions are quite similar to those for children across the state as a whole, but again this pattern is not consistent across school districts where data is available (Table 27).

Figure 72. Kindergarten to 3rd grade students enrolled in special education in public and charter schools by primary disability, 2019-20



Sources: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

Note: The “Other Disabilities” category includes children with emotional disturbance, deafness, deaf-blindness, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, other health impairments such as chronic medical conditions that affect a child’s ability to participate in the educational setting, traumatic brain injury, or visual impairment.

Table 27. Kindergarten to 3rd grade students enrolled in special education in public and charter schools by primary disability, 2019-20

Geography	Number of K-3 students enrolled	Autism	Developmental delay	Specific learning disability	Speech or language impairment	Other disabilities
Yavapai Region Schools	924	9%	23%	15%	37%	16%
Prescott Unified District	[112-122]	16%	15%	10%	38%	22%
Sedona-Oak Creek JUSD #9	[15-25]	29%	18%	<2%	41%	12%
Bagdad Unified District	[28-38]	10%	29%	10%	42%	10%
Humboldt Unified District	[152-162]	7%	28%	11%	39%	16%
Camp Verde Unified District	[50-60]	8%	35%	13%	33%	11%
Ash Fork Joint Unified District	DS	<2%	36%	36%	18%	9%
Seligman Unified District	DS	<2%	<2%	40%	60%	<2%
Mayer Unified School District	[27-37]	<2%	38%	13%	25%	25%
Chino Valley Unified District	102	11%	30%	23%	19%	18%
Skull Valley Elementary District	DS	<2%	<2%	33%	67%	<2%
Congress Elementary District	DS	17%	<2%	33%	33%	17%
Kirkland Elementary District	DS	<2%	50%	<2%	50%	<2%
Beaver Creek Elementary District	[20-30]	8%	38%	17%	21%	17%
Canon Elementary District	DS	17%	<2%	33%	50%	<2%
Yarnell Elementary District	DS	<2%	<2%	<2%	>98%	<2%
Clarkdale-Jerome Elementary District	DS	13%	53%	<2%	33%	<2%
Cottonwood-Oak Creek Elementary District	[91-101]	11%	23%	14%	39%	13%
Yavapai Region Charter Schools	[132-142]	4%	11%	22%	47%	16%
Yavapai County Schools	945	9%	23%	15%	37%	16%
Arizona Schools	39,071	11%	25%	15%	36%	14%

Source: Arizona Department of Education (2021). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: The "Other Disabilities" category includes children with emotional disturbance, deafness, deaf-blindness, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, other health impairments such as chronic medical conditions that affect a child's ability to participate in the educational setting, traumatic brain injury, or visual impairment.

Additional data tables related to *Early Learning* can be found in Appendix 1 of this report.



CHILD HEALTH

CHILD HEALTH

Why it Matters

The physical and mental health of both children and their parents are important for optimal child development and well-being. Early childhood health, and even maternal health before pregnancy, has lasting impacts on an individual's quality of life.^{281,282} Experiences during the prenatal and early childhood period can result in lifelong impacts on immune functioning and brain development, as well as an increased risk for chronic diseases.^{283,284} A child's early health also has lasting impacts on long-term economic well-being and the well-being of their future children, with poor childhood health potentially perpetuating the harmful cycle of intergenerational poverty.^{285,286} Therefore, adequate access to health insurance, preventive care and treatment services are not only vital to support a child's current health, but also their long-term development and future success.^{287,288,289}

One useful set of metrics for evaluating child health in Arizona are the Healthy People objectives. These science-based objectives define priorities for improving the nation's health and are updated every 10 years. Understanding where Arizona children and mothers fall in relation to these national benchmarks (Healthy People 2020)^{xxxv,290} can help highlight areas of strength in relation to young children's health and those in need of improvement in the state. The Arizona Department of Health Services monitors state level progress towards a number of Healthy People maternal, infant and child health objectives for which data are available at the county level, including increasing the proportion of pregnant women who receive prenatal care in the first trimester, reducing low birth weight, reducing preterm births and increasing abstinence from cigarette smoking among pregnant women.²⁹¹

What the Data Tell Us

Access to care

The ability to obtain health care is critical for supporting the health of pregnant mothers and young children. Health care during pregnancy, or prenatal care, can reduce maternal and infant mortality and complications during pregnancy.^{292,293} In the early years of a child's life, well-baby and well-child visits allow clinicians to assess and monitor the child's development and offer developmentally appropriate information and guidance to parents.²⁹⁴ Families without health insurance are more likely to skip these visits, and are less likely to receive preventive care for their children, or care for health conditions and chronic diseases.^{295,296} Access to health insurance is also an important indicator of children's access to health services. Children who lack health insurance are more likely to be hospitalized and to miss school.²⁹⁷

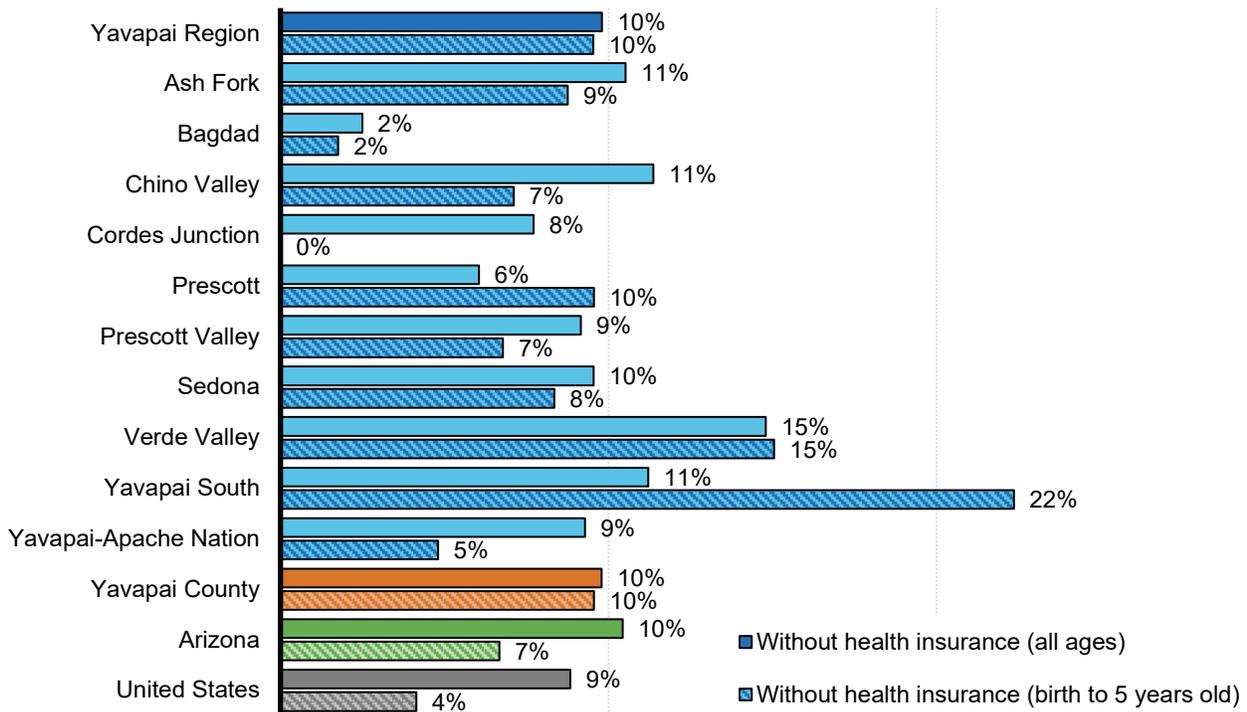
^{xxxv} Data included in this report are presented alongside Healthy People 2020 benchmarks because data are available through 2019. However, new Healthy People 2030 benchmarks have now been released and are noted where appropriate. For more information about Healthy People 2030 visit <https://health.gov/healthypeople>

In addition to the direct impacts of COVID-19 on the health of millions of people, the pandemic has also created barriers to important preventive care for children and families. In a nationally-representative survey, it was found that more than one in four (28%) families with young children missed a well-baby/well-child visit during the pandemic, including more than one in three (36%) families with young children with special needs.^{298,299} Families with young children (18 months-5 years), low-income families and Black and Hispanic families experienced the greatest barriers to attending well-child visits and scheduled vaccinations.³⁰⁰

Federal relief efforts during the pandemic have included expansion of subsidies for health insurance purchased on Affordable Care Act marketplaces as well as special and expanded enrollment periods for insurance through these marketplaces.³⁰¹ These efforts helped prevent losses of insurance for many Americans despite the enormous number of jobs lost and may make health insurance more accessible for families in Arizona.³⁰²

In the Yavapai Region, according to American Community Survey (ACS) data averaged over the five years from 2015 to 2019, an estimated 10% of the population do not have health insurance coverage, equivalent to across the state as a whole (10%) (Figure 73). Coverage is the same for young children under 6, with 10% of young children in the region uninsured, slightly higher than across the state (7%). Health insurance coverage does vary by sub-region, with the Verde Valley sub-region having the highest percentage amongst the whole population uninsured (15%) and the Yavapai South sub-region having the highest percentage of uninsured young children (22%). The Bagdad sub-region has the lowest percentage of the full population and population of young children without health insurance with 2% for both.

Figure 73. Health insurance coverage, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B27001

Note: This table excludes persons in the military and persons living in institutions such as college dormitories. People whose only health coverage is the Indian Health Service (IHS) are considered "uninsured" by the U.S. Census Bureau. Please note that the slight differences between bars showing the same number is due to small variations in the percentage of the population without health insurance and the percentage of young children without health insurance that round to the same number (e.g., 9.8% vs. 9.5%).

Prenatal care

Consistent and accessible health care during and after pregnancy is critical for supporting pregnant mothers and young children. Prenatal care, starting early in pregnancy and continuing at regular intervals to delivery, can improve health outcomes for mothers and infants and reduces the risk of prenatal smoking, pregnancy complications, prematurity and maternal and infant mortality.^{303,304,305,306} Given the impacts of inadequate prenatal care on birth outcomes, targeted efforts to engage more women in early and adequate prenatal care could help improve the health of Arizona mothers and babies.

In 2019, there were 1,815 births in the Yavapai Region (Table 28). Just under three-quarter (73.1%) of these births were to mothers who began prenatal care in their first trimester, below the Healthy People 2020 target of 84.8%. This percentage in 2019 did however, reflect a slight increase in the percentage of births with mothers receiving this care from 2018, when 72.4% of births in the region were to mothers beginning prenatal care in the first trimester. The state also falls below the Healthy People 2020 target for prenatal care, and births across the state had a lower proportion of mothers beginning prenatal care in the first trimester in 2018 (68.8%) and 2019 (68.9%) than in the region. Differences also exist across sub-regions, with less than two-thirds of births in the Ash Fork (61.4%), Cordes Junction (62.3%), Sedona (59.2%) and Yavapai South (64.6%) sub-regions between 2017-2019 to mothers who began prenatal care in the first trimester (Figure 74). The Prescott (78.9%), Prescott Valley (78.9%) and Chino Valley (75.9%) sub-regions had more than three-quarters of these births to mothers who began prenatal care in their first trimester, although still below the Healthy People 2020 target.

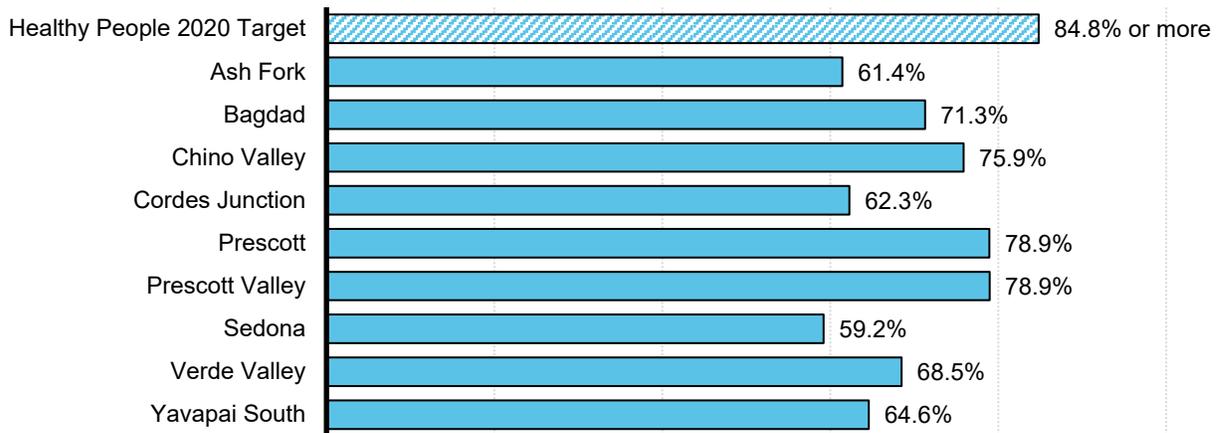
Table 28. Prenatal care for the mothers of babies born in 2018 and 2019

Geography	Calendar year	Number of births	Mother had no prenatal care	Mother had fewer than five prenatal visits	Mother began prenatal care in the first trimester
Yavapai Region	2018	1,776	1%	4%	72.4%
	2019	1,815	2%	5%	73.1%
Yavapai County	2018	1,769	1%	4%	72.4%
	2019	1,806	2%	5%	73.3%
Arizona	2018	80,539	3%	8%	68.8%
	2019	79,183	3%	8%	68.9%
Healthy People 2020 target					84.8%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table.

Figure 74. Births to mothers who began prenatal care in the first trimester by sub-region, 2017-2019 combined

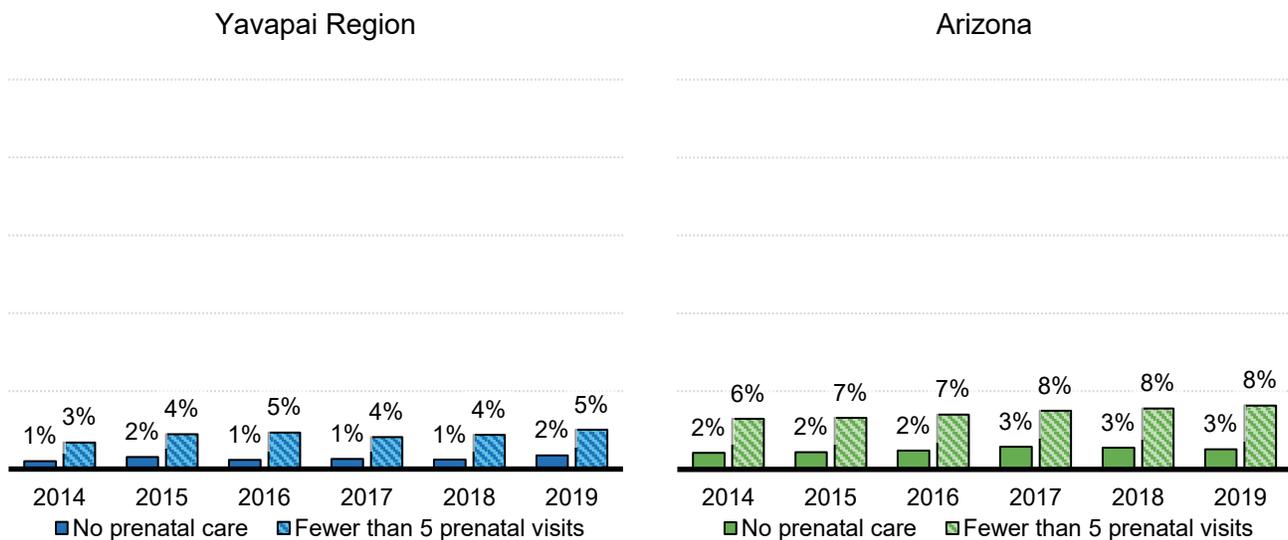


Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this figure.

Across years, births in the Yavapai Region were less likely to have been to mothers with no prenatal care or fewer than five prenatal visits than births across the state as a whole, with fewer births to mothers (2%) with no prenatal care or less than five prenatal visits (5%), compared to the state in 2019 (3% and 8%) (Figure 75).

Figure 75. Births to mothers with inadequate prenatal care, 2014 to 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in these figures

Maternal characteristics

Certain maternal characteristics can increase the risk of poor health outcomes for both mothers and their babies. A mother's health status before, during and after pregnancy influences her child's health. A mother's use of substances, such as drugs and alcohol, has implications for her baby. Babies born to mothers who smoke are more likely to be born early (pre-term), have low birth weight, die from sudden infant death syndrome (SIDS), and have weaker lungs than babies born to mothers who do not smoke.^{307,308}

Pregnancy during the teen years is also associated with a number of health concerns for children, including neonatal death, sudden infant death syndrome and child abuse and neglect.³⁰⁹ Teenaged parents are less likely to complete high school or college and more likely to require public assistance and live in poverty than their peers who are not parents.^{310,311,312}

In 2019, births in the Yavapai Region were slightly more likely than that statewide to be to mothers younger than 20 (6% vs. 5%) (Table 29). In addition, more than half of births (56%) were to mothers relying on AHCCCS or Indian Health Service (IHS) coverage, higher than the statewide proportion (50%). Fewer births in the region were to mothers with gestational diabetes (6%) or pre-pregnancy obesity (26%) than across the state (9% and 30%) in 2019. Most notable was the much higher proportion of births in the Yavapai Region to mothers who reported smoking (12.7%) than across the state (4.3%). While this proportion in the region in 2019 did decrease slightly from a high of 13.5% in 2015 (Figure 76), having a three-fold higher proportion of births to mothers using tobacco during pregnancy compared to the state is an indication that additional attention may need to be paid to this indicator. Across sub-regions, the Cordes Junction (21.1%) and Yavapai South (18.8%) sub-regions had the highest proportions of births to mothers using tobacco during pregnancy during the years 2107-2019 (Figure 77).

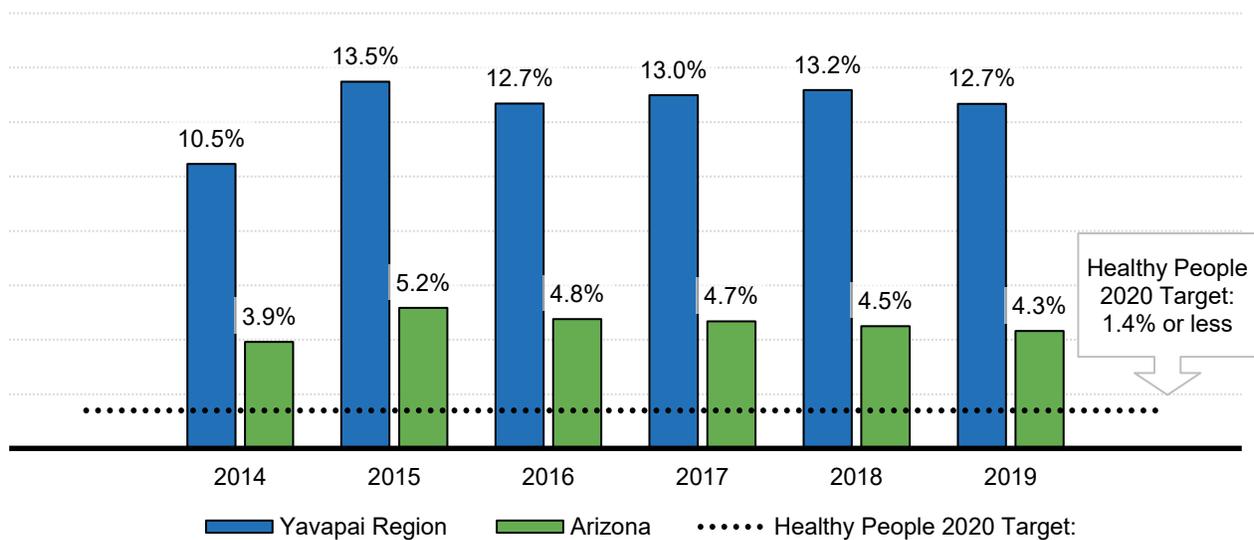
Table 29. Selected characteristics of mothers giving birth, 2018 to 2019

Geography	Calendar year	Number of births	Mother was younger than 18	Mother was younger than 20	Birth was covered by AHCCCS or IHS	Mother had gestational diabetes	Mother had pre-pregnancy obesity	Mother used tobacco during pregnancy
Yavapai Region	2018	1,776	2%	7%	57%	4%	25%	13.2%
	2019	1,815	2%	6%	56%	6%	26%	12.7%
Yavapai County	2018	1,769	2%	7%	57%	4%	25%	13.2%
	2019	1,806	2%	6%	56%	5%	26%	12.8%
Arizona	2018	80,539	2%	6%	51%	8%	29%	4.5%
	2019	79,183	1%	5%	50%	9%	30%	4.3%
Healthy People 2020 target								1.4%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table. The Healthy People 2030 target for maternal use of tobacco during pregnancy was increased to 4.3% of females giving birth reporting smoking during pregnancy, or alternatively 95.7% of females reporting abstaining from smoking during pregnancy.

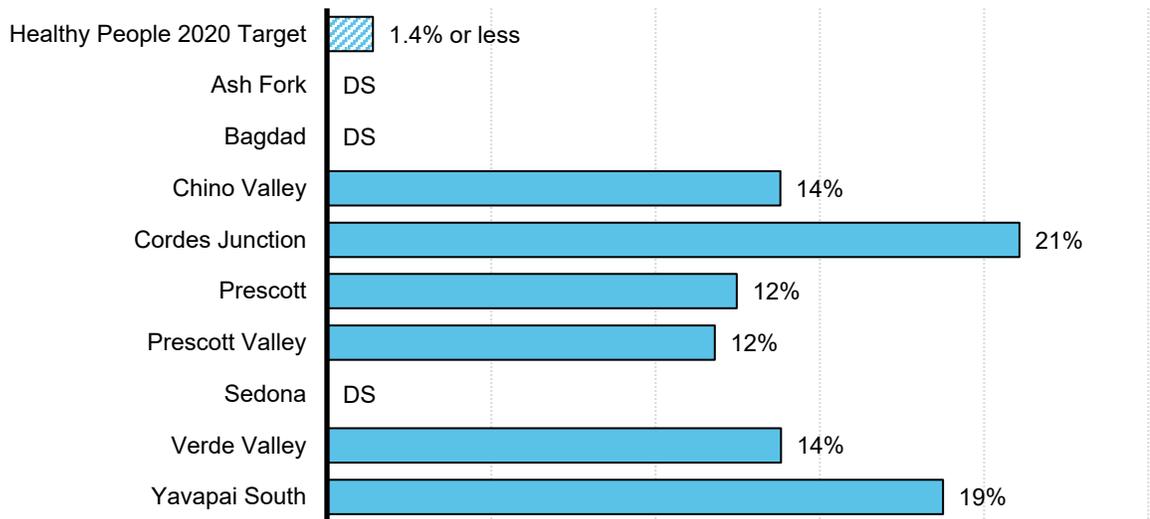
Figure 76. Births to mothers who used tobacco during pregnancy, 2014 to 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this figure. The Healthy People 2030 target for maternal use of tobacco during pregnancy was increased to 4.3% of females giving birth reporting smoking during pregnancy, or alternatively 95.7% of females reporting abstaining from smoking during pregnancy.

Figure 77. Births to mothers who used tobacco during pregnancy by sub-region, 2017-2019 combined



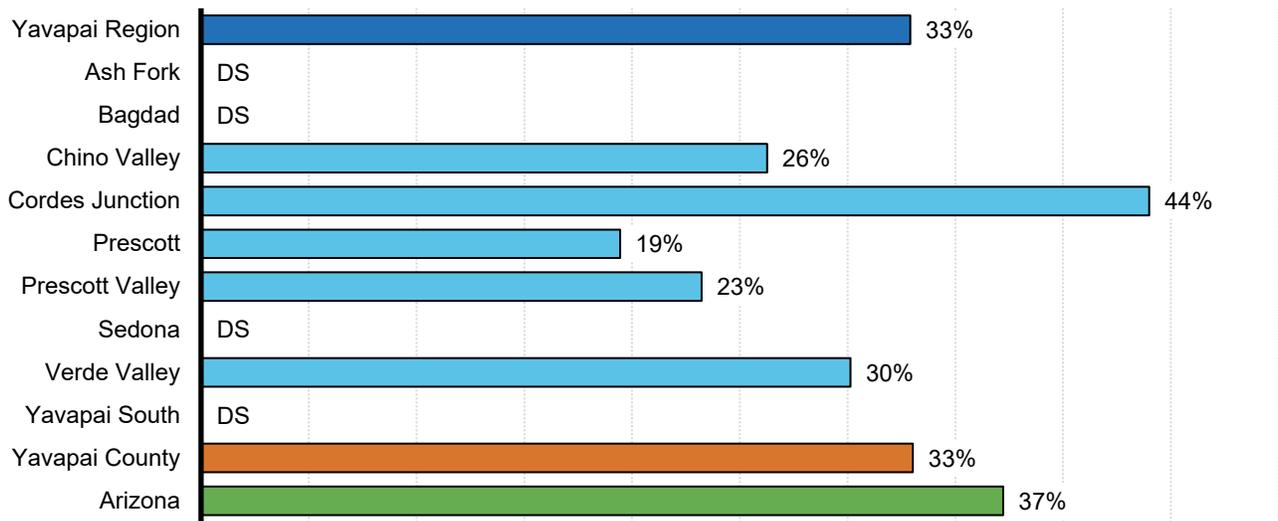
Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this figure. The Healthy People 2030 target for maternal use of tobacco during pregnancy was increased to 4.3% of females giving birth reporting smoking during pregnancy, or alternatively 95.7% of females reporting abstaining from smoking during pregnancy.

Maternal obesity is associated with increased risk of birth complications and neonatal and infant mortality.^{313,314} In addition to health implications early in life, babies of mothers who are obese are at an increased risk for chronic conditions in childhood and adulthood, including asthma, diabetes and heart disease.³¹⁵

Among women who were enrolled in WIC in 2020, slightly fewer in the region (33%) than the state (37%) were obese before pregnancy (Figure 78). Differences can be seen across sub-regions as well, with the highest percentage of women enrolled in WIC with pre-pregnancy obesity in the Cordes Junction sub-region (44%) and the lowest percentage in the Prescott sub-region (19%).

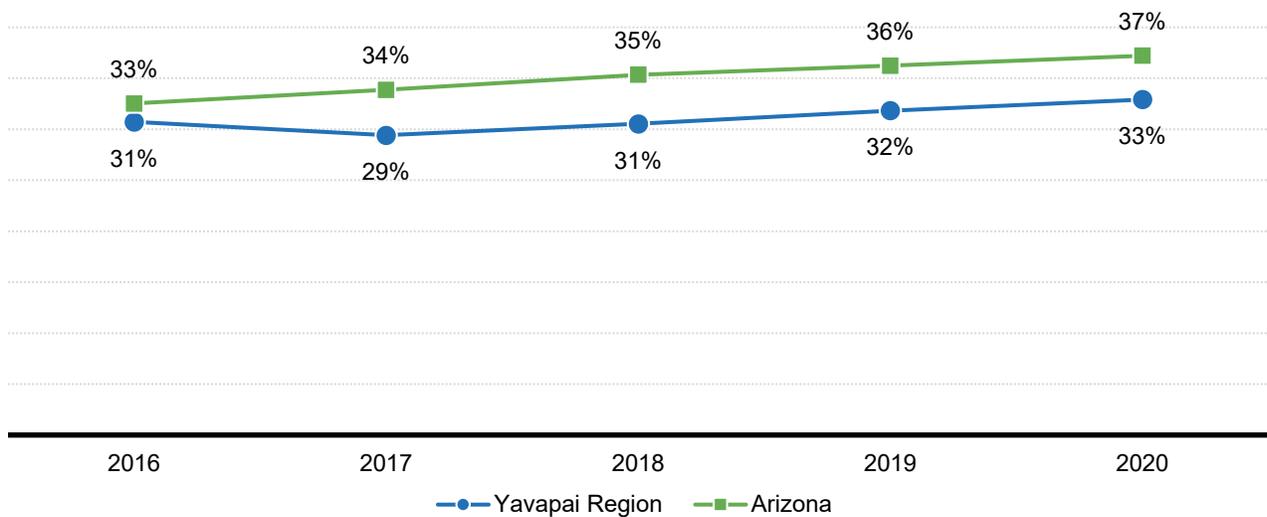
Figure 78. WIC-enrolled women with pre-pregnancy obesity, 2020



Source: Arizona Department of Health Services (2021). [WIC dataset]. Unpublished data.

The proportion of WIC enrolled women in the Yavapai Region with pre-pregnancy obesity fluctuated slightly between 2016 and 2020, rising 2% overall over those years (Figure 79). Across the state, pre-pregnancy obesity rose 4%, at a consistent rate between 2016 and 2020. In the Cordes Junction sub-region, which had the highest pre-pregnancy obesity rate across sub-regions in 2020 at 44%, in 2016, this proportion was lower (32%) and similar to the region (Table 30).

Figure 79. Pre-pregnancy obesity rate for WIC-enrolled women, 2016 to 2020



Source: Arizona Department of Health Services (2021). [WIC dataset]. Unpublished data.

Table 30. Pre-pregnancy obesity rate for WIC-enrolled women, 2016 to 2020

Geography	Pre-pregnancy obesity rate, 2016	Pre-pregnancy obesity rate, 2017	Pre-pregnancy obesity rate, 2018	Pre-pregnancy obesity rate, 2019	Pre-pregnancy obesity rate, 2020
Yavapai Region	31%	29%	31%	32%	33%
Ash Fork	38%	35%	DS	DS	DS
Bagdad	DS	DS	DS	DS	DS
Chino Valley	38%	37%	26%	33%	26%
Cordes Junction	32%	34%	33%	42%	44%
Prescott	19%	24%	27%	28%	19%
Prescott Valley	30%	25%	26%	33%	23%
Sedona	21%	32%	41%	DS	DS
Verde Valley	32%	32%	37%	29%	30%
Yavapai South	DS	DS	DS	DS	DS
Yavapai County	31%	29%	30%	32%	33%
Arizona	33%	34%	35%	36%	37%

Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Birth outcomes

Preterm birth, birth at less than 37 weeks of gestation, is associated with higher infant and child mortality and often results in longer hospitalization, increased health care costs and longer-term impacts such as physical and developmental impairments.^{316,317} Babies born at a low birth weight (less than 5 pounds, 8 ounces) are at increased risk of infant mortality and longer-term health problems such as diabetes, hypertension and cardiac disease.^{318,319} Babies born in the Yavapai Region were as likely to be born at low birth weight (7.4% in 2019) or preterm (9.3% in 2019) than across the state as a whole (7.4% and 9.3% respectively) (Table 31). The region has met the Healthy People 2020 target of less than 7.8% of babies born at low birth weight since 2014, with only slight variation by year (Figure 80). The same holds true for the Healthy People 2020 target of less than 9.4% born preterm, with the exception of 2016, when the proportion in the Yavapai Region was 9.5% (Figure 81). There is also little variation across sub-regions with regard to these birth outcomes (Figure 82; Figure 83).

Newborns are admitted into neonatal intensive care units (NICUs) for numerous reasons that can vary across medical providers and have implications for the short and long-term health of babies.³²⁰ While NICU admissions may be an indicator of important health concerns in newborns, including low birth weight, they can also be a site of family-based interventions that can positively impact infant

development and parent-child relationships.³²¹ The Yavapai Region had a slightly lower percentage of newborns admitted to a NICU in 2019 (6%) compared to the state of Arizona (8%) (Table 31).

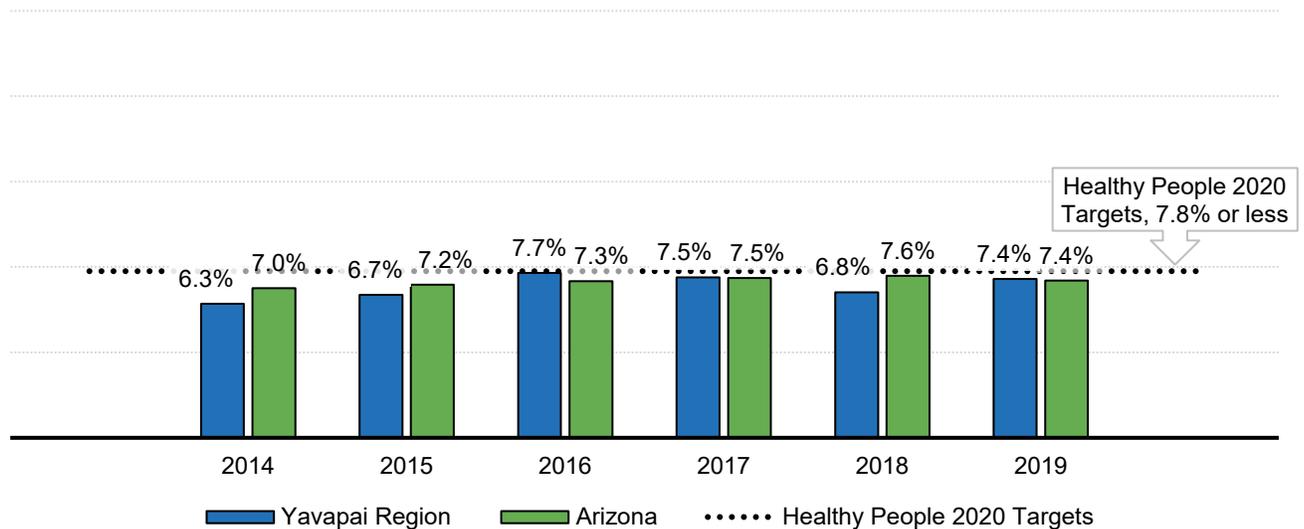
Table 31. Selected birth outcomes, 2018 to 2019

Geography	Calendar year	Number of births	Baby weighed less than 2500 grams	Baby was preterm (less than 37 weeks)	Baby was admitted to a NICU
Yavapai Region	2018	1,776	6.8%	8.3%	8%
	2019	1,815	7.4%	9.3%	6%
Yavapai County	2018	1,769	6.8%	8.3%	8%
	2019	1,806	7.5%	9.2%	6%
Arizona	2018	80,539	7.6%	9.5%	8%
	2019	79,183	7.4%	9.3%	8%
Healthy People 2020 targets			7.8%	9.4%	

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

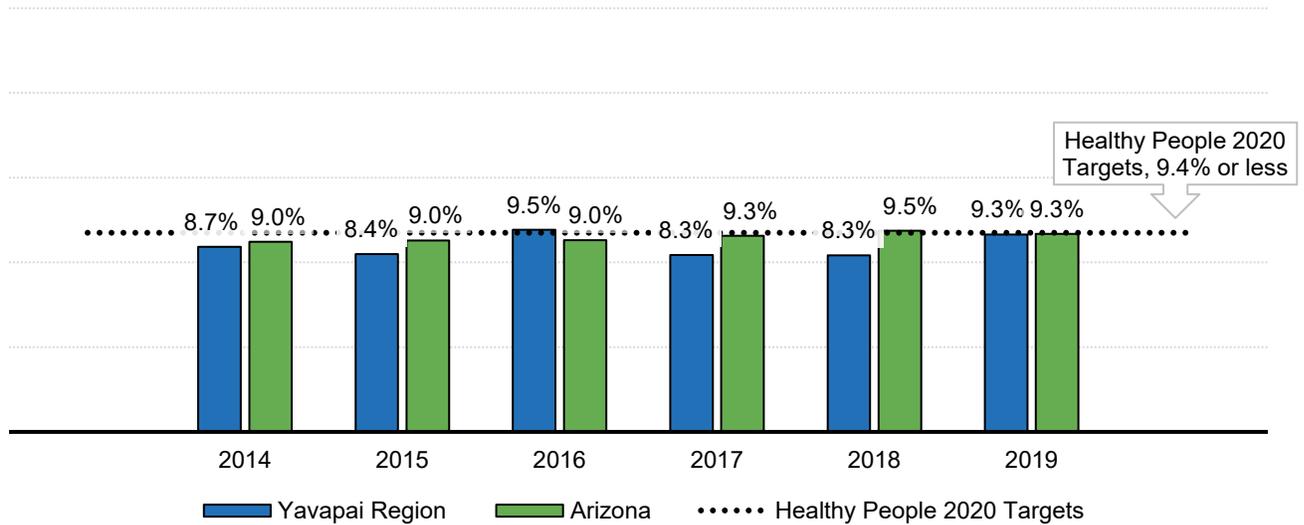
Note: The Healthy People 2030 target for preterm births remains 9.4% or fewer of live births.

Figure 80. Low birthweight births (less than 2,500 grams), 2014 to 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

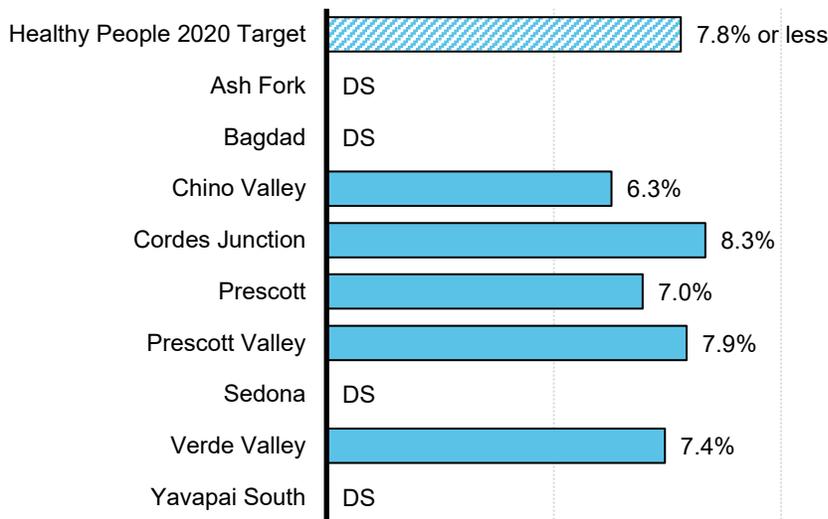
Figure 81. Preterm births (less than 37 weeks gestation), 2014 to 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

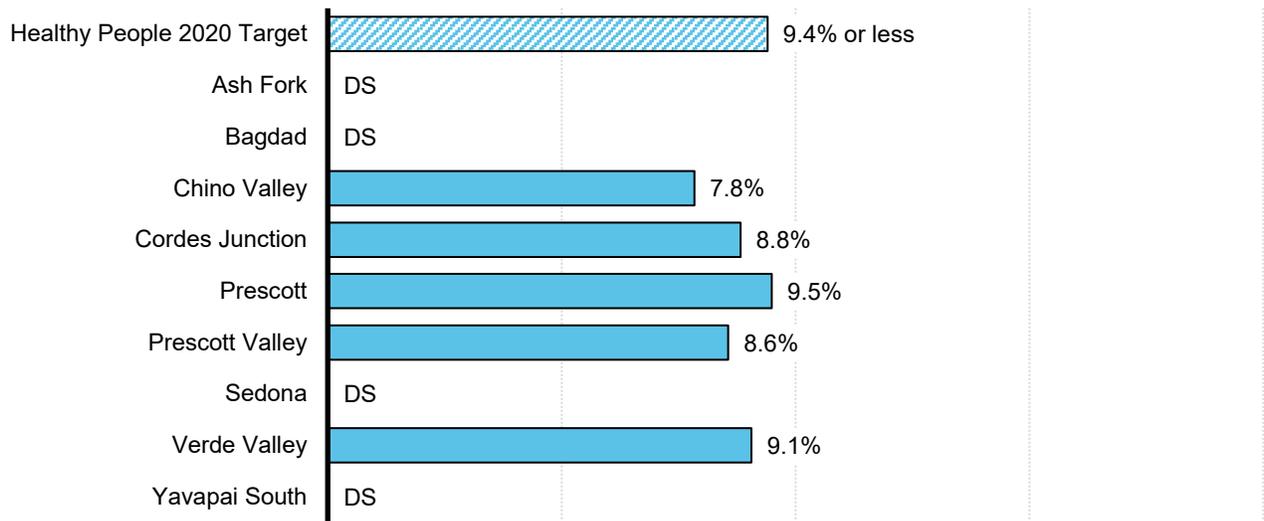
Note: The Healthy People 2030 target for preterm births remains 9.4% or fewer of live births.

Figure 82. Low birthweight births (less than 2,500 grams) by sub-region, 2017-2019 combined



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Figure 83. Preterm births (less than 37 weeks gestation) by sub-region, 2017-2019 combined



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: The Healthy People 2030 target for preterm births remains 9.4% or fewer of live births.

A mother’s use of substances such as drugs and alcohol also have implications for her baby. Opiate use during pregnancy, either illegal or prescribed, has been associated with neonatal abstinence syndrome (NAS), a group of conditions that causes infants exposed to these substances in the womb to be born exhibiting withdrawal symptoms.³²² This can create longer hospital stays, increase health care costs and increase complications for infants born with NAS. Infants exposed to cannabis (marijuana) in utero often have lower birth weights and are more likely to be placed in neonatal intensive care compared to infants whose mothers had not used the drug during pregnancy.³²³ In the Yavapai Region, there were 311 newborns hospitalized because of maternal drug use during pregnancy between January 2016 and June 2020 (Table 32).

Table 32. Newborns hospitalized because of maternal drug use during pregnancy, Jan 2016-Jun 2020

Geography	Newborns hospitalized	Average length of stay (days)
Yavapai Region	311	5.3
Yavapai County	347	5.0
Arizona	11,027	6.0

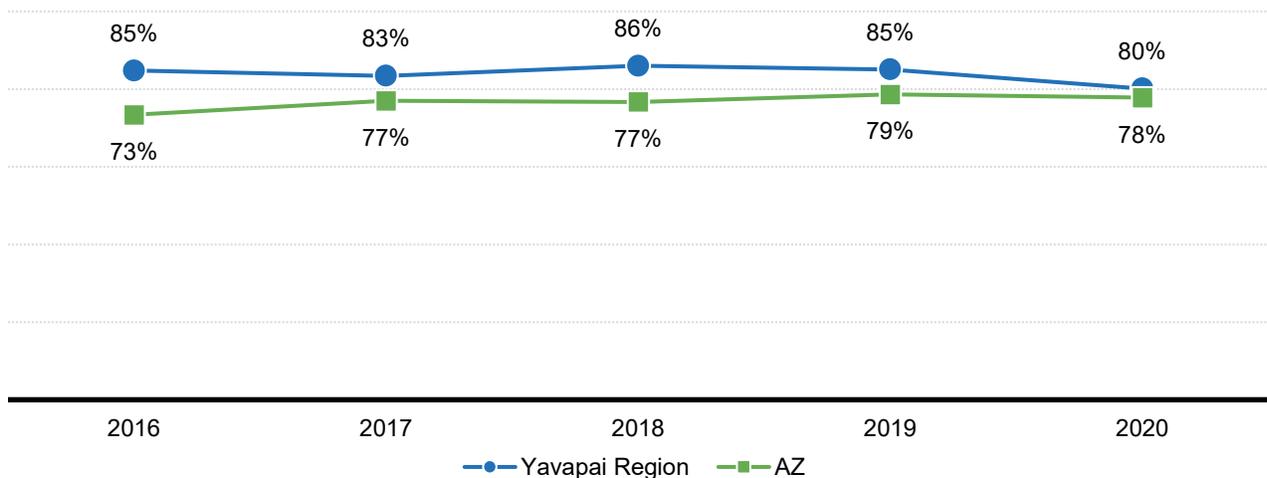
Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

Note: Data on newborns hospitalizations were geocoded to FTF regions using the address provided by parents at the time of hospitalization; however, in cases where the address provided was not valid, hospitalizations could not be assigned to a region. County of residence is captured separately from addresses, meaning that counts in the county often exceed those seen in a particular region because they include all newborns regardless of address validity.

Nutrition and weight status

After birth, a number of factors have been associated with improved health outcomes for infants and young children. One factor is breastfeeding, which has been shown to reduce the risk of ear, respiratory and gastrointestinal infections, SIDS, overweight, and type 2 diabetes.³²⁴ The American Academy of Pediatrics recommends exclusive breastfeeding for about six months, and continuing to breastfeed as new foods are introduced for one year or longer.³²⁵ The percent of WIC-enrolled infants ever breastfed in the Yavapai Region increased overall between 2016 (73%) and 2020 (78%), although remaining at levels slightly lower than across the state as a whole (Figure 84).

Figure 84. Percent of WIC-enrolled infants ever breastfed, 2016 to 2020



Source: Arizona Department of Health Services (2021). [WIC dataset]. Unpublished data.

A child’s weight status can have long-term impacts on health and well-being. Nationwide, an estimated 19% of children (ages 2-19) are obese and 4% are underweight, numbers that have both increased in recent years.^{326,327} Obesity can have negative consequences on physical, social and psychological well-being that begin in childhood and continue into and throughout adulthood.³²⁸ Higher birth weight and higher infancy weight, as well as lower-socioeconomic status and low-quality mother-child relationships, have all been shown to be related to higher childhood weight and increased risk for obesity and metabolic syndrome (which is linked to an increase risk of heart disease, stroke and diabetes).^{329, 330} Child underweight, or low weight-for-age, can be caused by chronic undernutrition or infectious disease and can lead to long-term impacts on cognitive and physical development.³³¹

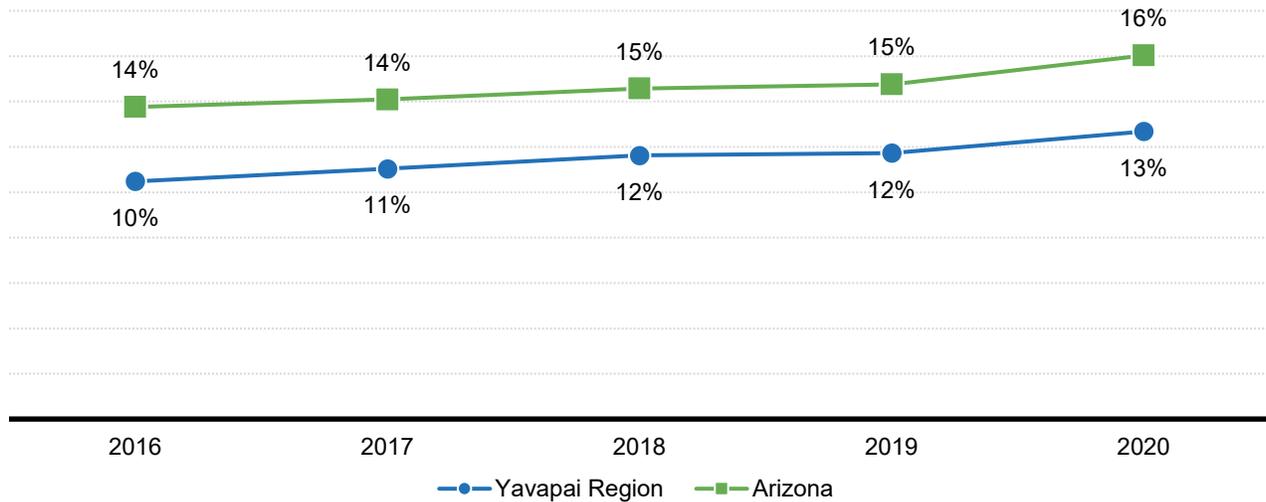
In 2020, 13% of WIC-enrolled children aged 2-4 in the Yavapai Region were obese, with 5% underweight, with slight variability across sub-regions (Table 33). This proportion in the region is smaller than the 16% of WIC-enrolled children aged 2-4 across the state who were obese. The 13% obesity rate in the region does reflect a slight increase from previous years (Figure 85), although this may be an artifact of the pandemic, because far fewer children had known weight status in 2020, likely due to fewer health visits.

Table 33. Weight status of WIC-enrolled children ages 2-4, 2020

Geography	Children ages 2-4 with known weight status	Children who are underweight	Percent underweight	Children with obesity	Percent obese
Yavapai Region	670	31	5%	85	13%
Ash Fork	14	<6	DS	<6	DS
Bagdad	<6	<6	DS	0	0%
Chino Valley	104	<6	DS	11	11%
Cordes Junction	31	<6	DS	<6	DS
Prescott	71	7	10%	6	8%
Prescott Valley	218	10	5%	31	14%
Sedona	11	0	0%	<6	DS
Verde Valley	209	6	3%	30	14%
Yavapai South	9	<6	DS	<6	DS
Yavapai County	670	31	5%	85	13%
Arizona	26,929	1,148	4%	4,318	16%

Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Figure 85. Obesity rates for WIC-enrolled children ages 2-4, 2016 to 2020



Source: Arizona Department of Health Services (2021). [WIC dataset]. Unpublished data.

Note: The number of children for whom weight status was determined in 2020 dropped substantially, so changes in the obesity rate in 2020 may be more reflective of interruptions in WIC-related health visits rather than actual increase in the obesity rate.

Immunizations and infectious disease

Vaccination against preventable diseases protects children and the surrounding community from illness and potentially death. Childhood vaccinations also have long-term effects on the physical, social and economic welfare of children, their families and their communities.³³² In order to attend licensed child care programs and schools, children must obtain all required vaccinations or obtain an official exemption, which can be requested based on a specific medical condition or based on personal or religious beliefs.³³³

The pandemic has impacted young children’s access to vaccinations for preventable diseases. Among children under 2 enrolled in Medicaid/CHIP nationally, vaccination rates dropped 34% between January 2020 and May 2020.³³⁴ In addition, a separate national study of eight U.S. health systems in six states found that a lower proportion of children under 2 were up to date with all age-specific recommended vaccines compared to prior to the pandemic, with just 74% of young children (age 7 months) considered up-to-date in September 2020 compared to 81% in September 2019.³³⁵ These trends are worrisome because in order to assure community immunity of preventable infectious diseases, which helps to protect unvaccinated children and adults, vaccination rates need to remain high.³³⁶ For measles, for example, between 90 and 95% of children need to be vaccinated in order to prevent the disease spreading if one child becomes infected.³³⁷

Although immunization rates vary by vaccine, over 87% of children in child care in the Yavapai Region had completed each of the three major (DTAP, polio, and MMR) vaccine series, although regional rates were lower than across the state (Table 34). The Healthy People 2020 target for vaccination coverage for

children ages 19-35 months for these vaccines is 90%,³³⁸ suggesting the region is nearing, yet not yet meeting this goal. The Ash Fork sub-region had the highest rates for each of the major vaccine series (100% for all children in child care) of all Yavapai sub-regions.

Exemptions were higher for the region than across the state, with 6.9% of children in child care exempt from all vaccines in the region, compared to 3.1% across the state. In the 2019-2020 school year, there was also variability in exemptions across sub-regions with 11.1% of children in child care exempt from all vaccines in the Sedona sub-region, followed by 9.9% in the Prescott sub-region. The Ash Fork and Bagdad sub-regions had much lower exemptions in child care with no children in child care exempt from vaccines in the Ash Fork sub-region, and only 1.7% in the Bagdad sub-region.

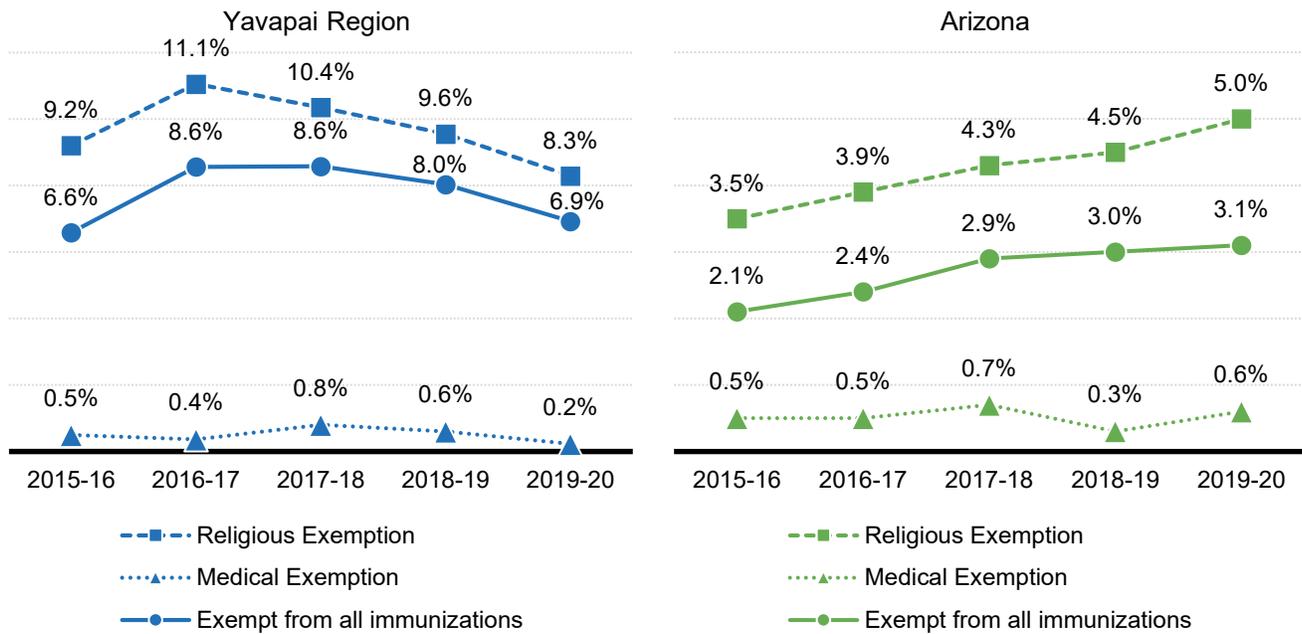
Table 34. Children in child care with selected required immunizations, 2019-20

Geography	Number Enrolled	DTaP	Polio	MMR	Religious exemption	Medical exemption	Exempt from every required vaccine
Yavapai Region	2,196	87.0%	89.9%	90.3%	8.3%	0.2%	6.9%
Ash Fork	19	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%
Bagdad	58	84.5%	93.1%	93.1%	6.9%	0.0%	1.7%
Chino Valley	205	87.8%	89.8%	89.8%	7.8%	0.0%	7.8%
Cordes Junction	38	84.2%	89.5%	89.5%	5.3%	5.3%	5.3%
Prescott	596	86.1%	87.8%	87.9%	11.4%	0.3%	9.9%
Prescott Valley	639	86.9%	91.1%	91.5%	5.9%	0.2%	4.9%
Sedona	36	80.6%	88.9%	88.9%	11.1%	0.0%	11.1%
Verde Valley	605	88.3%	90.2%	91.1%	8.3%	0.0%	6.4%
Yavapai South	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Yavapai County	2,196	87.0%	89.9%	90.3%	8.3%	0.2%	6.9%
Arizona	83,851	91.9%	93.4%	93.9%	5.0%	0.6%	3.1%
Healthy People 2020 targets		90.0%	90.0%	90.0%			

Source: Arizona Department of Health Services (2021). *Childcare Immunization Coverage, 2019-2020 School Year*. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2020). *Childcare Immunization Coverage by County, 2019-2020 School Year*. Retrieved from <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Vaccine exemption rates in child care settings have decreased since the 2016-2017 school year in the region, running counter to the consistent increase in exemptions seen across the state (Figure 86). Most notably, religious exemptions in child care have declined from highs of 11.1% in the 2016-2017 school year to 8.3% in the 2019-2020 school year.

Figure 86. Child care immunization exemption rates, 2015-16 to 2019-20



Source: Arizona Department of Health Services (2021). *Childcare Immunization Coverage, 2015-2016 to 2019-2020 School Years*. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2021). *Childcare Immunization Coverage by County, 2015-2016 through 2019-2020 School Years*. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Rates for the three major (DTAP, polio, and MMR) vaccine series for children in kindergarten (84.1%, 85%, 83.4%) fell below the rates for children in child care (87%, 89.9%, 90.3%) in the region (Table 35). These again also fell below the Healthy People target of 95%, and were also lower than rates across the state as a whole. Exemptions in kindergarten were again higher in the region (7.8%) than across Arizona (3.4%), and variability existed across sub-region with 22.7% of children in kindergarten exempt from all vaccines in the Sedona sub-region, followed by 11.5% in the Prescott sub-region and 10.2% in the Cordes Junction sub-region.

Table 35. Kindergarteners with selected required immunizations, 2019-20

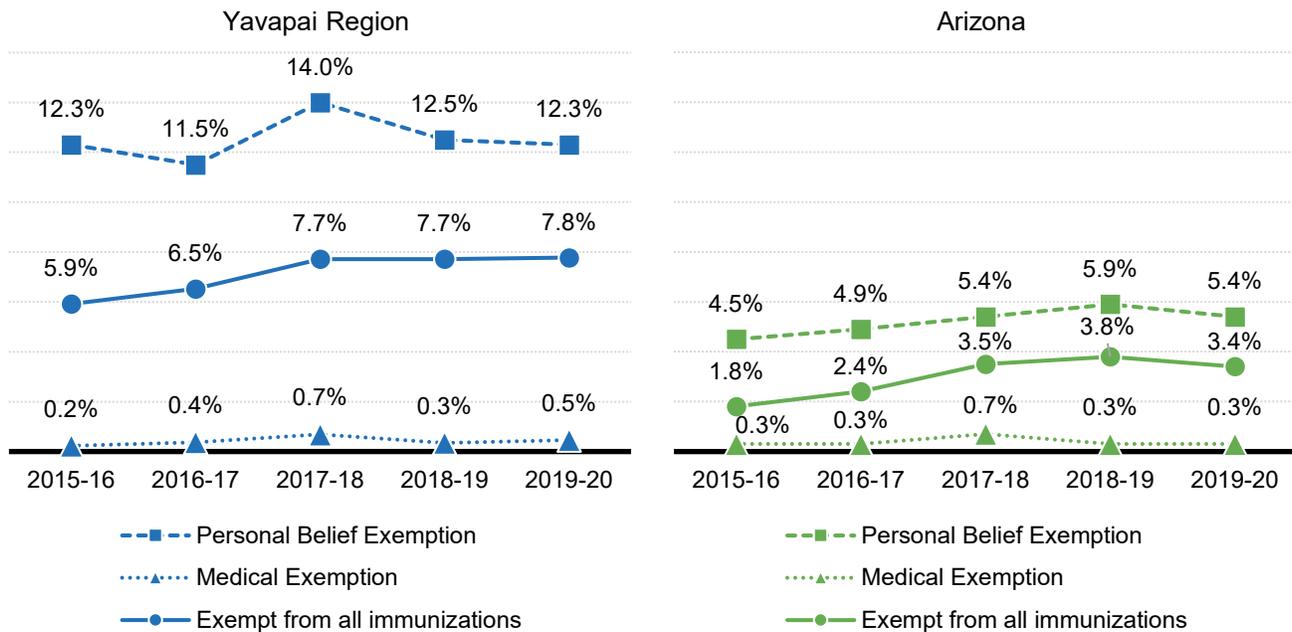
Geography	Number Enrolled	DTaP	Polio	MMR	Personal belief exemption	Medical exemption	Exempt from every required vaccine
Yavapai Region	1,737	84.1%	85.0%	83.4%	12.3%	0.5%	7.8%
Ash Fork	21	90.5%	95.2%	95.2%	4.8%	0.0%	4.8%
Bagdad	43	95.3%	95.3%	90.7%	9.3%	0.0%	4.7%
Chino Valley	209	82.3%	84.7%	81.8%	8.1%	0.0%	6.7%
Cordes Junction	59	79.7%	81.4%	76.3%	13.6%	0.0%	10.2%
Prescott	374	78.9%	78.9%	79.9%	18.2%	0.3%	11.5%
Prescott Valley	519	90.9%	90.9%	87.3%	6.2%	1.3%	5.4%
Sedona	44	75.0%	70.5%	77.3%	22.7%	0.0%	22.7%
Verde Valley	468	81.6%	83.8%	82.9%	15.6%	0.0%	6.6%
Yavapai South	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Yavapai County	1,737	84.1%	85.1%	83.4%	12.3%	0.5%	7.8%
Arizona	82,358	93.2%	93.8%	93.5%	5.4%	0.3%	3.4%
Healthy People 2020 targets		95.0%	95.0%	95.0%			

Source: Arizona Department of Health Services (2021). Kindergarten Immunization Coverage, 2019-2020 School Year. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2020). Kindergarten Immunization Coverage by County, 2019-2020 School Year. Retrieved from <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Note: The Healthy People 2030 target for immunization rates of children in kindergarten for the MMR vaccine remains 95%.

Vaccine exemption rates in kindergarten have increased since the 2015-2016 school year in the region, from a low of 5.9% in the 2015-2016 school year to a high of 7.8% in the 2019-2020 school year (Figure 87). Personal belief exemptions in kindergarten varied over those years, with a high of 14.0% in the 2017-2018 school year, and ending at 12.3% in the 2019-2020 school year, the same as was seen in the 205-2016 school year.

Figure 87. Kindergarten immunization exemption rates, 2015-16 to 2019-20



Source: Arizona Department of Health Services (2021). Kindergarten Immunization Coverage, 2015-2016 to 2019-2020 School Years. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2021). Kindergarten Immunization Coverage by County, 2015-2016 through 2019-2020 School Years. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Although the COVID-19 virus has dominated headlines in recent years, there are other widely circulating viruses that commonly infect young children including influenza (“the flu”) and Respiratory Syncytial Virus (RSV). Across Arizona, the 2017–18 flu season broke records for reported flu and RSV cases.³³⁹ Identified cases of RSV and flu in 2019-20 appeared to reach those levels again (Table 36). Young children are at an elevated risk for complication from the flu,³⁴⁰ and while many cases of RSV are mild, for some children the infection becomes a more serious lower respiratory infection, requiring emergency care and/or hospitalization. Note that these case numbers likely represent more severe cases, and that the Centers for Disease Control and Prevention (CDC) notes that by the time they turn 2 years old, most children will have had an RSV infection.³⁴¹

Table 36. Confirmed and probable cases of infectious diseases in children ages birth to 4, 2017-18 to 2019-20

Geography	Season	Influenza	Respiratory Syncytial Virus (RSV) Infection
Yavapai County	2017-18	185	110
	2018-19	53	70
	2019-20 (preliminary)	102	94
Arizona	2017-18	5,319	4,530
	2018-19	4,603	3,897
	2019-20 (preliminary)	6,612	5,351

Source: Arizona Department of Health Services (2021). [FTF VPD Flu RSV dataset]. Unpublished data.

Illness, injury and mortality

Asthma is the most common chronic illness affecting children,³⁴² and it is more prevalent among boys, Black children, American Indian or Alaska Native children, and children in low-income households.^{343,344} The total health care costs of childhood asthma in the United States are estimated to be between \$1.4 billion and \$6.4 billion, but these costs could be reduced through better management of asthma to prevent hospitalizations.³⁴⁵

In the Yavapai Region, between 2016 and 2020, 54 children aged birth-4 and 110 children aged birth-14 (both excluding newborns) were hospitalized due to asthma with an average length of stay slightly higher than across the state (2.6 days compared to 2 days) (Table 37). There were 502 emergency room visits due to asthma in the region during the same period.

Table 37. Hospitalizations and emergency room visits due to asthma, 2016-2020 combined

Geography	Number of inpatient asthma hospitalizations for children ages birth to 4 (except newborns)	Number of inpatient asthma hospitalizations for children ages birth to 14 (except newborns)	Average length of stay for asthma hospitalization for children ages birth to 14	Number of emergency department visits for asthma, children ages birth to 14
Yavapai Region	54	110	2.6	502
Yavapai County	53	109	2.6	501
Arizona	2,214	5,672	2.0	41,103

Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

Unintentional injuries are the leading cause of death for children in Arizona and nationwide.^{346,347} It is estimated that as many as 90% of unintentional injury-related deaths could be preventable through better

safety practices, such as use of proper child restraints in vehicles and supervision of children around water.³⁴⁸ Children in rural areas are at higher risk of unintentional injuries than those who live in more urban areas, as are children in Native communities, suggesting that injury prevention is an especially salient need in these areas.^{349,350}

Between 2016 and 2020, there were 58 non-fatal inpatient hospitalizations, and 4,309 non-fatal emergency department visits for unintentional injuries in the region among children aged birth-4. The most common reasons for emergency departments visits were similar for the region and state, with falls being the most common, other, the second most common, and being struck by another the third most common reason for a non-fatal emergency department visits (Figure 88). For unintentional injuries requiring inpatient hospitalizations, poisoning was the most common reason, with falls the second most common reason in the region, reverse that of the state where falls were the most common reason for unintentional injuries requiring inpatient hospitalizations, followed by poisoning.

Figure 88. Non-fatal hospitalizations and emergency department visits due to unintentional injuries for children ages birth to 4 by selected mechanism of injury, 2016-2020 combined



Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

Infant mortality describes the number of deaths of children under 1 year of age relative to live births. Arizona ranks in the middle of U.S. states in terms of infant mortality, with the 20th lowest infant mortality rate nationwide in 2019.³⁵¹ The most common causes of infant mortality in Arizona and the U.S. are congenital abnormalities, low birthweight and preterm birth, with a smaller proportion related to maternal pregnancy complications, sudden infant death syndrome (SIDS) and unintentional injuries.^{352,353} Ensuring access to adequate and timely prenatal care and newborn screening are therefore both critical for preventing and reducing infant mortality.³⁵⁴

In the Yavapai Region, 10 infants died in 2018 and 13 in 2019 (data on the cause of these deaths was not available due to small numbers) (Table 38). This increase in deaths in 2019, put the region above the Healthy People 2020 target infant mortality rate of 6.0 in 2019 (Figure 89).

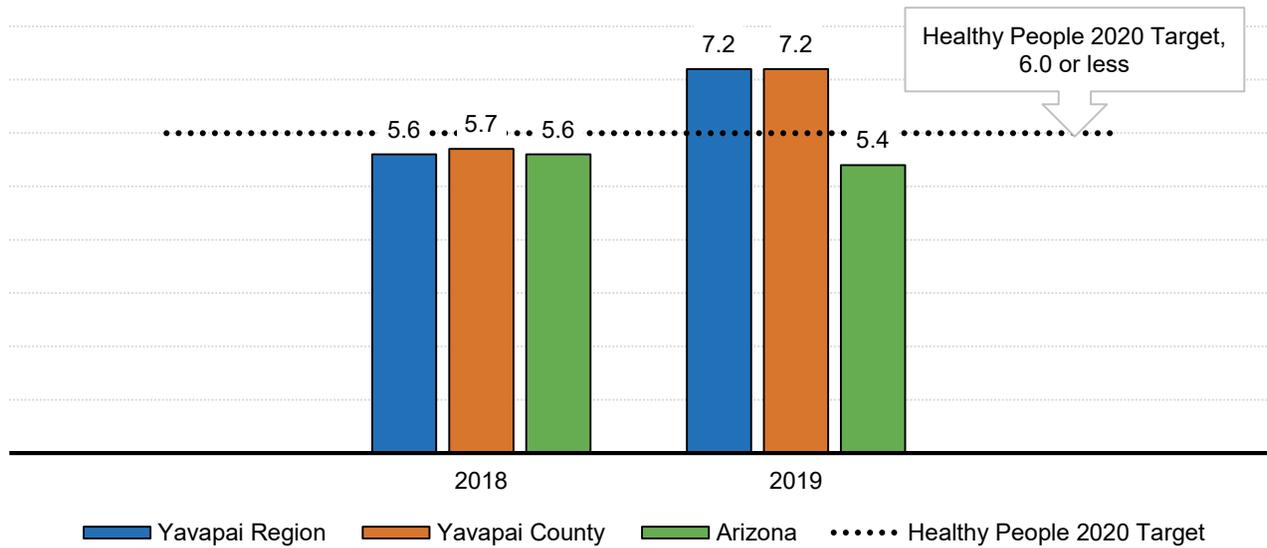
Table 38. Numbers of deaths and mortality rates for infants, young children ages birth to 4, and all children ages birth to 17, 2018 to 2019

Geography	Calendar year	Number of infant deaths	Infant mortality rate (per 1,000 live births)	Number of young child deaths (ages 0-4)	Young child mortality rate (per 100,000 population)	All child deaths (0-17 years old)	All child mortality rate (per 100,000 population)
Yavapai Region	2018	10	5.6	13	N/A	21	N/A
	2019	13	7.2	14	N/A	18	N/A
Yavapai County	2018	10	5.7	13	134.5	21	144.26
	2019	13	7.2	14	144.3	18	127.2
Arizona	2018	447	5.6	562	127.4	824	65.2
	2019	430	5.4	513	117.4	777	61.6
Healthy People 2020 target			6.0				

Source: Arizona Department of Health Services (2021). [Vital Statistics FTF Death Report dataset]. Unpublished data.

Note: The Healthy People 2030 target for infant mortality rate was decreased to five infant deaths per 1,000 live births.

Figure 89. Infant mortality rates, 2018 to 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics FTF Death Report dataset]. Unpublished data.

Note: The Healthy People 2030 target for infant mortality rate was decreased to five infant deaths per 1,000 live births. Please note that the infant mortality rate for the region is slightly lower than that of the region in 2018 because while the number of deaths in the Yavapai Region and Yavapai County were the same in 2018 (n=13), there were slightly more births in the region than the county (due to the inclusion of the part of Sedona in Coconino County in the region). Since the infant mortality rate is the number of infant deaths per 1,000 live births, this slight difference in birth counts leads to slightly different infant mortality rates.

Additional data tables related to *Child Health* can be found in Appendix 1 of this report.



FAMILY SUPPORT AND LITERACY

FAMILY SUPPORT AND LITERACY

Why it Matters

Responsive relationships and language-rich experiences for young children help build a strong foundation for later success in school and in life. Families and caregivers play a critical role as their child's first and most important teacher. Positive and responsive early relationships and interactions support optimal brain development, academic skills, and literacy during a child's earliest years and lead to better social, physical, academic, and economic outcomes later in life.^{355,356,357,358,359} Early literacy promotion, through singing, telling stories, and reading together, is so central to a child's development that the American Academy of Pediatrics has emphasized it as a key issue in primary pediatric care, aiming to make parents more aware of their important role in literacy.³⁶⁰ Children benefit when their families have the knowledge, resources, and support to use positive parenting practices that support their child's healthy development, nutrition, early learning, and language acquisition. Specifically, parental knowledge of positive parenting practices and child development is one of five key protective factors that improve child outcomes and reduce the incidence of child abuse and neglect.^{xxxvi,361}

Unfortunately, not all children are able to begin their lives in positive, stable, nurturing environments. Adverse childhood experiences (ACEs)^{xxxvii} have been associated with developmental disruption, mental illness, drug and alcohol use and overall increased healthcare utilization.^{362,363} Arizona is among the top ten states with the highest proportion of children birth to 5 who have experienced at least one ACE, with nearly one in three (31.8%) young children in Arizona having one or more ACEs.³⁶⁴ Future poor health outcomes are more likely as an individual's ACE score increases.³⁶⁵ Children in Arizona are nearly twice as likely to have experienced two or more ACEs (15.5%) compared to children across the country (8.6%).³⁶⁶ Very young children are most at risk for extremely adverse experiences, such as child abuse, neglect and fatalities from abuse and neglect. In 2019, children ages birth to 5 made up more than half (55%) of child maltreatment victims in Arizona.³⁶⁷ These children and their families may require specific, targeted resources and interventions in order to reduce harm and prevent future risk.³⁶⁸

Alternatively, Positive Childhood Experiences (PCEs), including positive parent-child relationships and feelings of safety and support, have been shown to have similarly cumulative, though positive, long-term impacts on mental and relational health.³⁶⁹ Strategies for preventing ACEs include: strengthening economic supports for families; promoting social norms that protect against violence and adversity; ensuring a strong start for children; enhancing skills to help parents and children handle stress, manage

^{xxxvi} The Center for the Study of Social Policy developed *Strengthening Families: A Protective Factors Framework™* to define and promote quality practice for families. The research-based, evidence-informed Protective Factors are characteristics that have been shown to make positive outcomes more likely for young children and their families, and to reduce the likelihood of child abuse and neglect. Protective factors include: parental resilience, social connections, concrete supports, knowledge of parenting and child development, and social and emotional competence of children.

^{xxxvii} ACEs include eight categories of traumatic or stressful life events experienced before the age of 18 years. The eight ACE categories are sexual abuse, physical abuse, emotional abuse, household adult mental illness, household substance abuse, domestic violence in the household, incarceration of a household member and parental divorce or separation.

emotions, and tackle everyday challenges; connecting youth to caring adults and activities; and intervening to lessen immediate and long-term harms.³⁷⁰

What the Data Tell Us

Home visitation

A child's reading skills when entering elementary school have been shown to strongly predict academic performance in later grades, emphasizing the importance of early literacy for future academic success.^{371,372} Home-based literacy practices between parents and caregivers and young children, specifically, have been shown to improve children's reading and comprehension, as well as children's motivation to learn.^{373,374} However, low-income families may face additional barriers to home-based literacy practices, including limited free time with children, limited access to books at home, and a lack of knowledge of kindergarten readiness.³⁷⁵ Communities may employ many resources to support families in engaging with their children, including targeted programs like home visitation programs and "stay and play" programs, or participating in larger initiatives like Read On Arizona or the national "Reach Out & Read".³⁷⁶ Within the Yavapai Region, multiple home visitation programs are available with multiple areas of focus. For example, the Newborn Intensive Care Program³⁷⁷ offers nurse-provided home-based services to pregnant women and infants who were in an intensive care setting. Healthy Families,³⁷⁸ Health Start³⁷⁹ and Parents as Teachers³⁸⁰ provide home visits to low-income or high-risk pregnant women or women with young children. In addition to offering parents resources and education to support their child's development, these programs are also valuable conduits for early identification of possible developmental concerns and sources of referral for early intervention.

Mental health

Mental health supports, both for children and caregivers, are often needed to address exposure to adverse childhood events. The foundation for sound mental health is built early in life, as early experiences shape the architecture of the developing brain. Sound mental health provides an essential foundation of stability that supports all other aspects of human development—from the formation of friendships and the ability to cope with adversity to the achievement of success in school, work and community life.³⁸¹ When young children experience stress and trauma they often suffer physical, psychological and behavioral consequences and have limited responses available to react to those experiences. Understanding the mental health of mothers is also important for the well-being of Arizona's young children. Mothers dealing with mental health issues, such as depression, may not be able to perform daily caregiving activities, form positive bonds with their children or maintain relationships that serve as family supports.³⁸² Improving supports available through coordinated, collaborative efforts are key to early identification and intervention with young children and their families.^{383,384}

The COVID-19 pandemic has caused heightened stress, anxiety and depression in both children and caregivers.³⁸⁵ While the average stress level for U.S. adults as a whole was significantly higher than pre-pandemic, according to the *Stress in America*TM survey, conducted annually by the American

Psychological Association, a notably larger proportion of adults with children reported high levels of stress during the pandemic compared to adults without children (46% and 28%, respectively).³⁸⁶ Data from the U.S. Census Bureau's Household Pulse Survey shows that early in the pandemic (April 23-May 5, 2020) the proportion of U.S. adults with symptoms of anxiety disorder nearly tripled compared to pre-pandemic (30.8% and 8.1%, respectively), and a similar trend was seen for adults with symptoms of depressive disorder (25.3% and 6.5%, respectively).³⁸⁷ While a larger proportion of Arizona adults reported symptoms of anxiety disorder (32.3%) compared to the U.S. overall (30.8%) early in the pandemic, a smaller proportion reported symptoms of depressive disorder (22.4% compared to 25.3%). Though data from spring 2021 show declines in Arizona adults with anxiety disorder symptoms (25.8%) and depression disorder symptoms (20.4%) over the course of the pandemic, these proportions are still notably higher than those seen pre-pandemic.

The stress and uncertainty of the pandemic led to an increase in overall conflict, spousal conflict and parent-child conflict during the pandemic. Low-income households and households with children with special needs, in particular, reported higher levels of children's emotional difficulties alongside greater anxiety, depression, loneliness and stress among caregivers.^{388,389,390} Parents' and caregivers' inability to access early intervention services and well-child visits has not only impacted young children's healthy development, but also limited access to the critical emotional and mental health support caregivers and children receive from medical and social service professionals.³⁹¹ Access to family support services will be all the more critical for young children and their families as the pandemic continues.

Substance use disorders

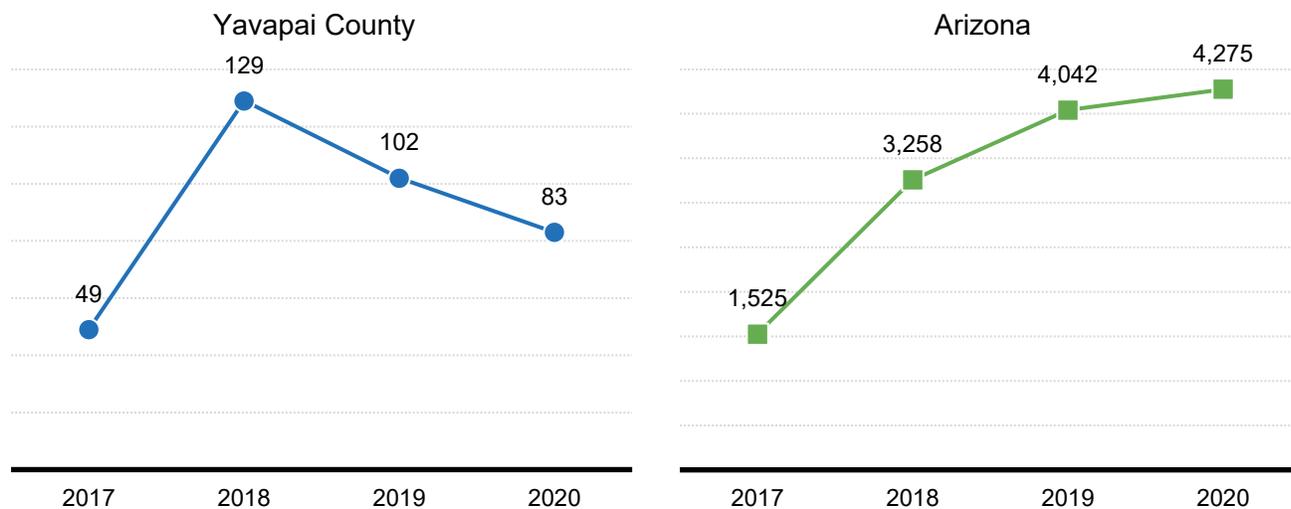
A mother's use of substances such as drugs and alcohol have implications for her baby. Babies born to mothers who smoke are more likely to be born early (pre-term), have low birth weight, die from sudden infant death syndrome (SIDS) and have weaker lungs than babies born to mothers who do not smoke.^{392,393} Opiate use during pregnancy, either illegal or prescribed, has been associated with neonatal abstinence syndrome (NAS), a group of conditions that causes infants exposed to these substances in the womb to be born exhibiting withdrawal symptoms,³⁹⁴ which can create longer hospital stays, increase health care costs and increase complications for infants born with NAS. Infants exposed to cannabis (marijuana) in utero often have lower birth weights and are more likely to be placed in neonatal intensive care compared to infants whose mothers had not used the drug during pregnancy.³⁹⁵ As noted previously, between 2016 and 2020, there were 311 newborns in the Yavapai Region hospitalized because of maternal drug use during pregnancy (Table 32).

Parental substance abuse also has other impacts on family wellbeing. According to the National Survey of Children's Health, young children in Arizona are more than twice as likely to live with someone with a problem with alcohol or drugs than children in the US as a whole (9.8% compared to 4.5%).³⁹⁶ Children of parents with substance use disorders are more likely to be neglected or abused and face a higher risk of later mental health and behavioral health issues, including developing substance use disorders themselves.^{397,398} Substance abuse treatment and supports for parents and families grappling with these issues can help to ameliorate the short and long-term impacts on young children.³⁹⁹

Along with an increase in stress and mental health concerns among adults in the U.S., data from the Census Bureau’s Household Pulse Survey show that more than one in 10 adults (12%) reported increases in alcohol consumption or substance use during the pandemic.⁴⁰⁰ Drug overdose deaths in the early months of the pandemic, when many states instituted stay at home or lockdown orders, were notably higher than pre-pandemic levels, particularly for synthetic opioids.⁴⁰¹ While drug overdose deaths increased across all racial and ethnic groups during the pandemic, American Indian and Alaska Native, Black, and Hispanic individuals showed greater increases compared to White individuals.⁴⁰²

In Yavapai County, the number of non-fatal overdoses involving opioids or opiates increased substantially between 2017 and 2018, then decreased into 2020, a pattern inconsistent with what was seen across the state (Figure 90). During the same time period, 2017-2020, there were 109 deaths with opioids or opiates as a contributing factor in the region, and 174 across the county as a whole. About 35% of overdose deaths statewide were missing address information and thus could not be geocoded to an FTF region, but county assignments were available from death certificates.

Figure 90. Number of non-fatal overdoses with opioids or opiates contributing to the overdose, 2017 to 2020



Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

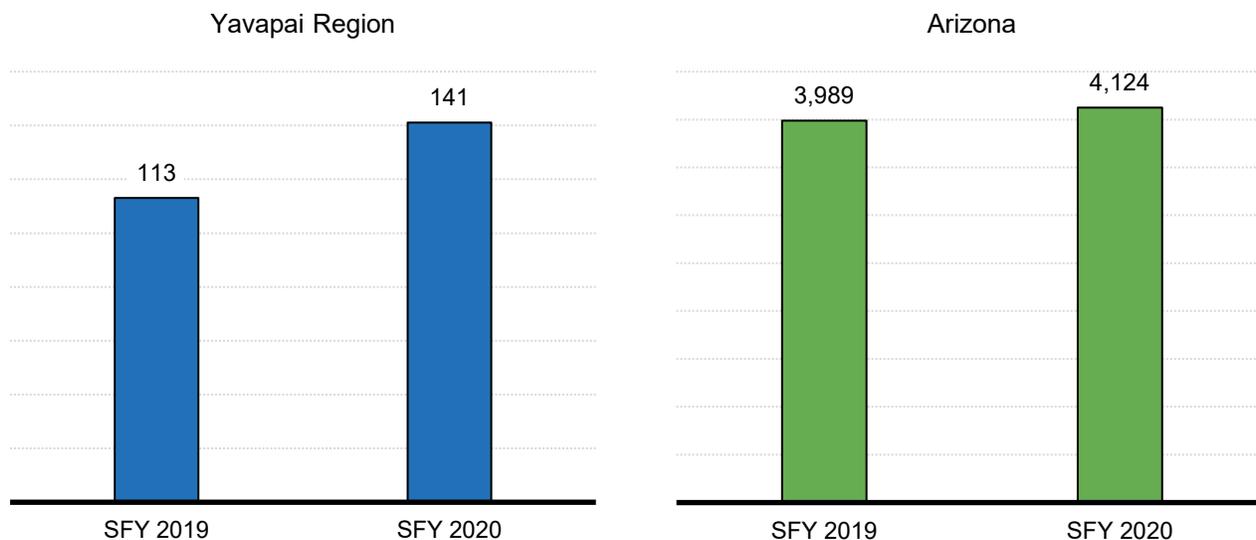
Child removals and foster care

National studies suggest that the transition to distance learning and remote work resulted in fewer opportunities for educators, health care professionals, and other key social service providers to identify and report child maltreatment during the pandemic.⁴⁰³ Families also experienced limited access to key social programs, including family support services and school nutrition programs, which can promote physical and mental health and help decrease and prevent instances of child maltreatment.⁴⁰⁴

In situations where the harm in remaining with their family is determined to be too great to a child, they may be removed from their home, either temporarily or permanently. The Arizona Department of Child Safety (DCS) oversees this process. Children involved in foster care systems often have physical and behavioral health issues, in addition to the social-emotional needs brought on by being removed from a parent’s care.⁴⁰⁵ Foster parents often need education, support and resources to ensure they are able to successfully care for foster children who may have these added health needs. The Family First Prevention Services Act, signed into law on February 9, 2018, includes reform to child welfare policies, as well as federal investments, to keep children safely with their families and avoid the traumatic experience of entering foster care when possible.⁴⁰⁶ The Act also aims to ensure children are placed in the least restrictive, most family-like setting appropriate to their special needs when foster care is needed. In Arizona, DCS also led an agency-wide strategic effort to standardize and improve the quality of in-home preservation services, which contributed to improved outcomes for families and stronger relationships between DCS and service providers.⁴⁰⁷ In addition, the federal response to the pandemic has included additional funds for child welfare agencies, including nearly \$15 million in CARES Act funding for the state of Arizona.⁴⁰⁸

In the Yavapai Region, DCS removed a total of 254 children from their homes in state fiscal years 2019 (SFY2019) and 2020 (SFY2020), with an increase in the number of removals from SFY2019 (n=113) to SFY2020 (n=141) (Figure 91). Removals across the state increased slightly across those years as well.

Figure 91. Number of children ages birth to 5 removed by DCS, state fiscal years 2019 to 2020



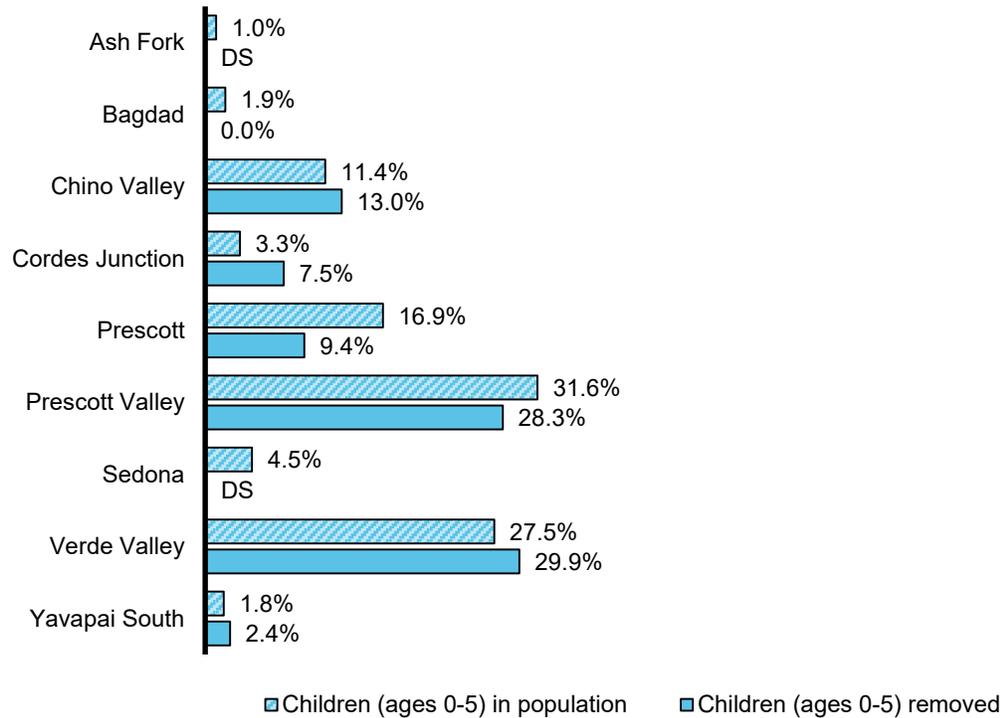
Source: Arizona Department of Child Safety (2021). [Child removal dataset]. Unpublished data.

Note: These data were received by zip code and geocoded to the Yavapai Region by the UArizona CRED team. The data reflect the last known address of the caregiver from whose custody the child was removed, not the location where the removal took place.

The proportion of removals by sub-region was somewhat different than the share of young children for several sub-regions, most notably with the Prescott sub-region having a lower proportion of young

children removed (9%) than would be expected based on its share of the young child population (17%) (Figure 92). Differences across other sub-regions where data was available, were 4% or less. Figure 93 illustrates the number of children removed in 2019 and 2020 by zip code.

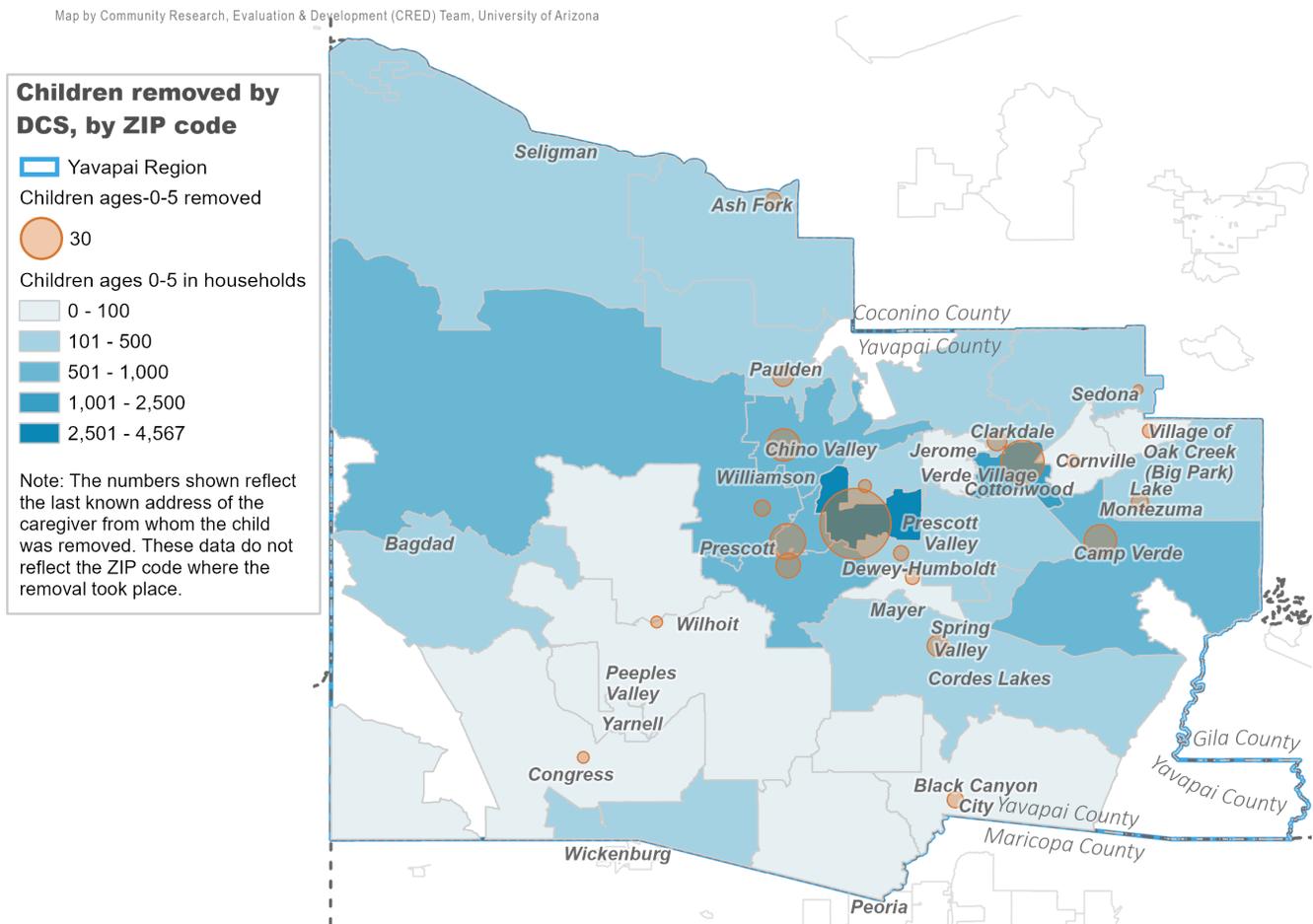
Figure 92. Share of children ages birth to 5 removed by DCS in the Yavapai Region by sub-region compared to the population ages birth to 5, state fiscal years 2019-2020 combined



Source: Arizona Department of Child Safety (2021). [Child removal dataset]. Unpublished data.

Note: These data were received by zip code and geocoded to the Yavapai Region by the UArizona CRED team. The data reflect the last known address of the caregiver from whose custody the child was removed, not the location where the removal took place.

Figure 93. Map of children ages 0-5 removed by DCS by zip code, 2019-2020 combined

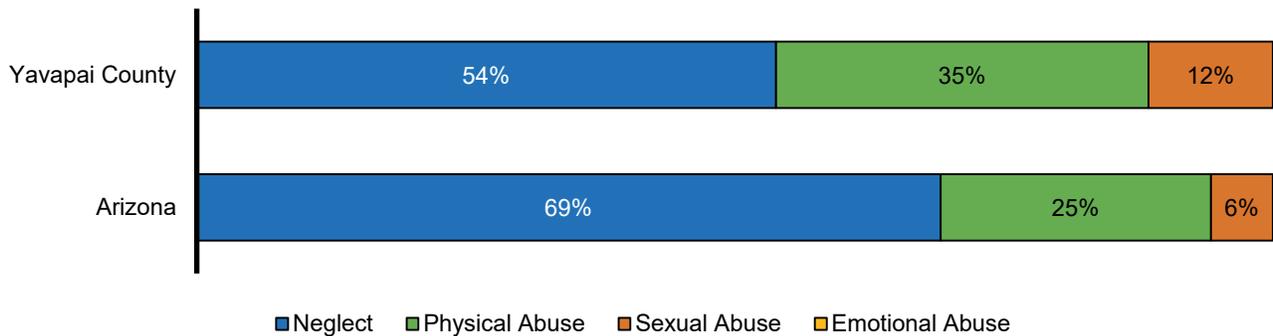


Source: Arizona Department of Child Safety (2021). [Child removal dataset]. Unpublished data. Map by UArizona CRED Team.

Note: These data were received by zip code and reflect the last known address of the caregiver from whose custody the child was removed, not the location where the removal took place. On the map, bigger circles indicate more removals and smaller circles indicate fewer removals.

In Arizona, DCS produces a semi-annual report on child welfare services which includes types of maltreatment experienced by children involved with DCS. Of 26 substantiated maltreatment reports for children aged birth to 17 between July and December 2020 in Yavapai County, most (54%) were due to neglect (Figure 94). This proportion was lower than across the state (69%), and the region had a higher proportion of substantiated reports due to physical abuse (35%) and sexual abuse (12%) compared to the state (25% and 6%) during that time period.

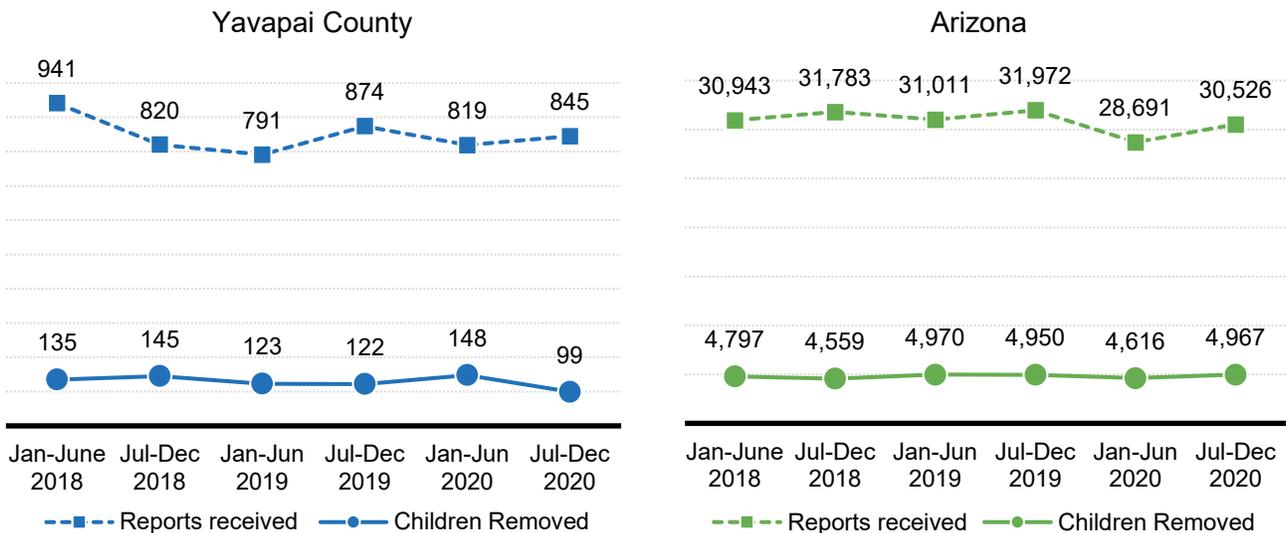
Figure 94. Substantiated maltreatment reports by type for children ages birth to 17, July-Dec 2020



Source: Department of Child Safety (2021). Semiannual child welfare report, March 2021. Retrieved from <https://dcs.az.gov/reports>

The number of reports of child abuse and neglect have fluctuated over the last three years of available data across both the county and state (Figure 95). Similarly, the number of reports that were substantiated and resulted in child removal fluctuated in Yavapai County, before reaching a high of 148 in the first half of 2020, followed by a low of 99 during the second half. Interestingly, whereas the number of reports received increased in the county from the first to second half of 2020, removals decreased during the same period. This pattern for reports mirrors that seen across the state, but runs counter to the increase in the number of removals seen across the state in the second half of 2020.

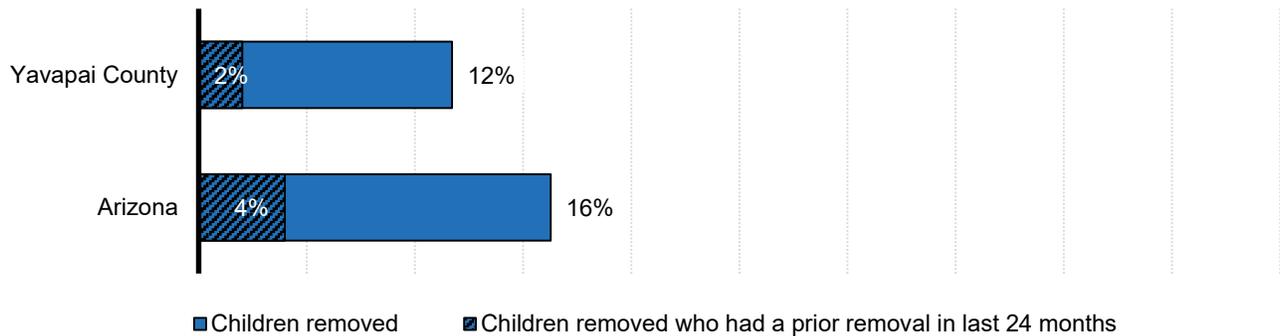
Figure 95. Children ages birth to 17 reported to and removed by DCS, Jan 2018 to Dec 2020



Source: Department of Child Safety (2021). Semiannual child welfare reports, Sept 2018 to March 2021. Retrieved from <https://dcs.az.gov/reports>

Of the 99 children aged birth to 17 removed by DCS in Yavapai County between July and December 2020, a very small percentage (2%), had previously been removed in the last 24 months, slightly lower than across the state as a whole (4%) (Figure 96).

Figure 96. Children age birth to 17 removed by the Department of Child Services (DCS), July-Dec 2020



Source: Department of Child Safety (2021). *Semiannual child welfare report, March 2021*. Retrieved from <https://dcs.az.gov/reports>

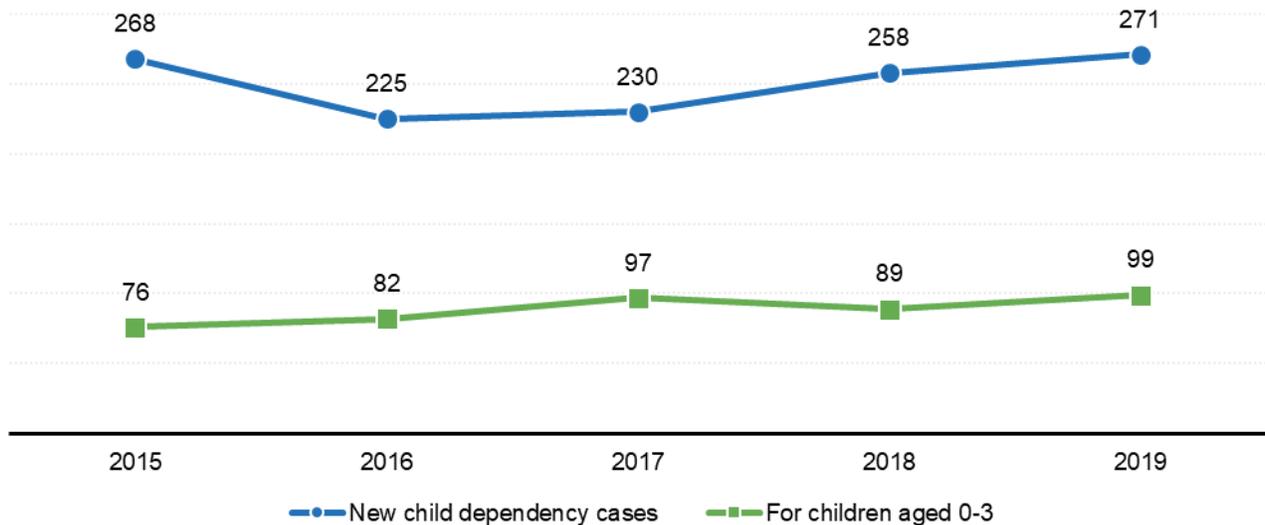
Yavapai County has an active Best for Babies Court team. The goals of the court team are to connect young children and their families involved in the child welfare system with the support and services they need to promote healthy child development, and also support shorter lengths of time in the system. The court team includes the Presiding Juvenile Dependency Judge, Court Appointed Special Advocates (CASA) staff and volunteers, representatives from community behavioral health organizations, representatives from DCS, attorneys, foster parents, and others. These team members meet regularly to review systems issues and for professional development.

Data was provided on the number of new dependency cases filed in Yavapai Superior Court since 2015.^{xxxviii} The number of new dependency cases for all children under age 18, increased overall between 2015 (n=268) and 2019 (n=271) but experienced decreases in the intervening years (Figure 97). For young children 3 years old and younger^{xxxix}, new dependency cases also increased overall from 2015 (n=76) to 2019 (n=99). Whereas complete data is not available for 2020, 170 new dependency case were filed in the first six months of 2020, suggesting levels that year would exceed those in 2019.

^{xxxviii} Dependency case data from 2020 was excluded due to irregularities in the data.

^{xxxix} Dependency court data was not available for children aged 0-5.

Figure 97. New dependency cases filed in Yavapai Superior Court, 2015-2019



Source: Yavapai County Superior Court (2022). Data provided through personal correspondence.

Many resources exist within the regional dependency court system to support children and their families. Court Appointed Special Advocates (CASAs) are volunteers appointed by the court to advocate for children involved in dependency cases. CASAs who work with babies and toddlers are required to participate in Baby CASA training offered through Prevent Child Abuse to better help them advocate for this population of children. As of February 2021, there were 67 active CASAs in Yavapai County, including 16 Baby CASAs. These Baby CASAs were serving 23 children in foster care, out of 118 children aged birth to 3 years in foster care in the county at that time. While it is the goal to be able to provide a CASA to all children, there simply are more children involved in dependency cases in Yavapai County than there are CASAs. Children under age 6 in Yavapai Juvenile Court are always appointed a Guardian Ad Litem (GAL), or best interest attorney. These GALs better represent the interests of these very young children.

Polara Health also offers a number of services to families and young children involved with the court. Visit coaching services are offered to parents to provide support and positive input to improve parenting. Also available are specialized infant and toddler groups called Caterpillars and Social Butterflies, as well as pre-school classes, and a “baby team” with additional credentials in infant/toddler mental health who partner with the regions CASAs to provide informative, helpful and specialized services for the children with whom CASAs work.

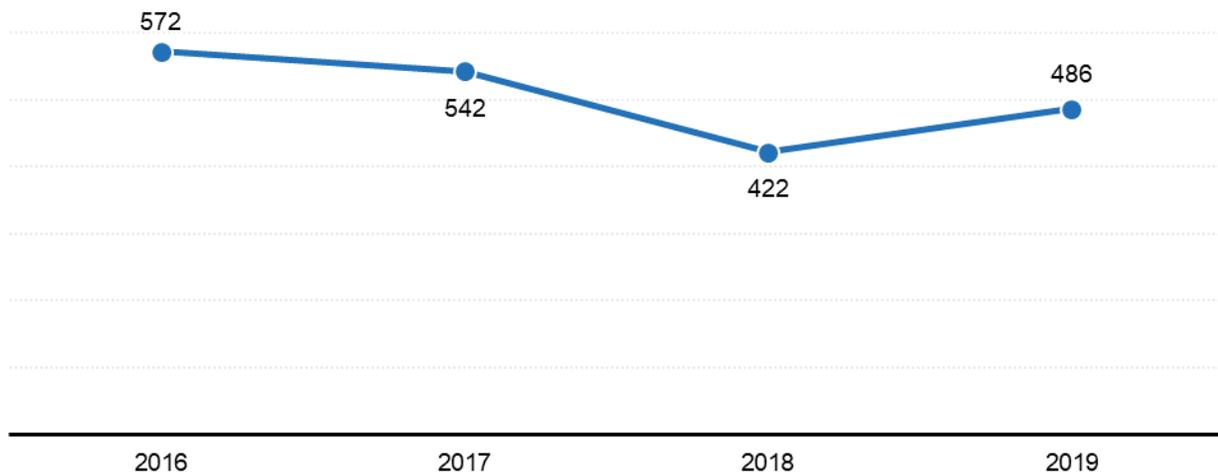
Parents are also provided a Dependency Resource Guide at their first hearing, if they attend in person, or later in the dependency process, if a parent is unable to attend that first hearing. This notebook includes contact information for those involved in the court process, pamphlets from various organizations which offer parent resources, simple information sheets which explain the dependency court process as well as a paper calendar to keep track of hearings and other requirements. As the dependency court process can

be overwhelming, the Dependency Resource Guide is seen as a resource in supporting parents in the reunification process.

Another resource to help families in this process are Initial Progress Mediations. Begun five years ago, the purpose of these mediations are to reduce a child’s time in foster care. Six weeks after the initial Preliminary Protective Hearing, all members of the court team, excluding the Judge, meet with parents to review ordered services and progress with a mediator present. This environment is meant to be non-threatening, giving parents an opportunity to ask questions openly without fear of retribution or scrutiny and to identify barriers to reunification and means to overcome those barriers. According to key informants, parents view these mediations as very helpful.

All of the above resources have a goal of keeping young children in foster care for as short a time as possible. As can be seen in Figure 98 below, these efforts appear to be working, as the average days in care has decreased from 572 days in 2016 to 486 days in 2019.

Figure 98. Average days children spend in foster care, Yavapai Superior Court

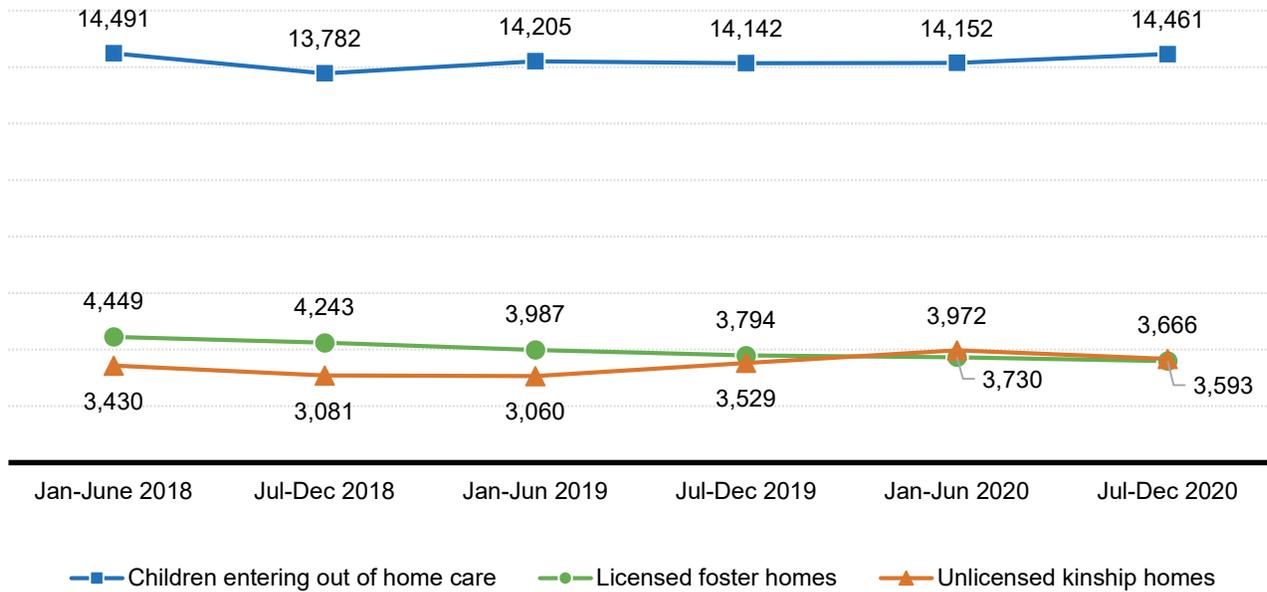


Source: Yavapai County Superior Court (2022). Data provided through personal correspondence.

Statewide, there is a large gap between the number of children needing placements and the number of licensed foster homes and unlicensed kinship homes available (Figure 99). According to key informants, approximately 30% of children involved in Yavapai County dependency cases are placed outside of the county due to a lack of licensed foster homes, and/or children needing a higher level of care in these homes that is not available in the region. Statewide, the number of licensed foster homes has been steadily declining since 2018, whereas the number of unlicensed kinship homes appeared to have been on an increasing trend since 2019, until the pandemic. The Family First Prevention Services Act, signed into law on February 9, 2018, includes reform to child welfare policies, as well as federal investments, to keep children safely with their families and avoid the traumatic experience of entering foster care when possible.⁴⁰⁹ Research shows that children in kinship care placements have better wellbeing, fewer mental health disorders, fewer behavioral problems and less placement disruption than children in non-

relative foster care.⁴¹⁰ Kinship families may however need additional supports navigating the child welfare system and accessing resources as they support children who may have experienced trauma.⁴¹¹ Such families may benefit from nearly \$15 million in CARES Act funding for the state of Arizona for child welfare agencies,⁴¹² issued as part of the federal response to the pandemic.

Figure 99. Children entering out-of-home care compared to the number of licensed foster homes and unlicensed kinship homes in Arizona, Jan 2018-Dec 2020



Source: Department of Child Safety (2021). *Semiannual child welfare reports, Sept 2018 to March 2021*. Retrieved from <https://dcs.az.gov/reports>

Additional data tables related to *Family Support and Literacy* can be found in Appendix 1 of this report.

SUMMARY AND CONCLUSIONS

This Needs and Assets Report is the eighth biennial assessment of the challenges and opportunities facing children birth to age 5 and their families in the First Things First Yavapai Region. In addition to providing an overview of the region, this report looks more closely at some of the community-level variation within it, by including data by sub-region when available.

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

Economic Circumstances

- Few young children (0-5) live below the poverty level in the Bagdad (7%), Prescott (9%), Chino Valley (10%) and Sedona (10%) sub-regions.
- The number of meals provided through the Summer Food Service Program in Yavapai County increased from 40,844 in the 2017-18 school year to 568,351 in the 2019-20 school year due to enrollment criteria expanding during the pandemic.
- Response to food insecurity related to the COVID-19 pandemic included a regional effort to support emergency food sites distributed throughout the Yavapai Region, including rural areas typically not served by retail food sites.

Educational Indicators

- The percentage of third graders passing the AzMERIT assessments in English Language Arts (ELA) and Math increased from the 2015-2016 (42% passing ELA and Math) to 2018-2019 (48% passing ELA; 50% passing Math) school years.

Early Learning

- Higher estimated school enrollment for children aged 3-4 in the region (50%) compared to the state (39%), with even higher proportions in the Yavapai-Apache Nation (79%), and Prescott (68%), Sedona (58%) and Verde Valley (57%) sub-regions.
- NACOG Early Head Start funded enrollment increased during the 2020-2021 school, serving 128 young children, despite an overall decrease in NACOG enrollment from the 2019-2020 school year. Increases were seen in Chino Valley, Camp Verde and Prescott Valley Early Head Start programs.
- An increase in the number of children receiving child care subsidies in the region (2018=273, 2019=393), following the suspension of the DES subsidy waitlist in June 2019.

Child Health

- A small percentage of children aged birth to 5 are estimated to be uninsured in the Bagdad (2%) sub-region and in the Yavapai-Apache Nation (5%), and the American Community Survey estimates that no young children in Cordes Junction are uninsured.
- The region meets Healthy People 2020 objectives for the percent of low-birth weight (<7.8%) or premature births (<9.4%), although these percentages have increased overall in the region from 6.3% low birthweight births in 2014 to 7.4% in 2019 and 8.7% preterm births in 2014 to 9.3% in 2019.
- Religious exemptions and exemptions from all immunizations in child care have decreased from 11.1% and 8.6% in the 2016-2017 school year to 8.3% and 6.9% in the 2019-2020 school year.

Family Support and Literacy

- Within the Yavapai Region, numerous home visitation programs are available to support families with young children, offering resources in healthy development and acting as a source of early identification and referral for possible developmental concerns.
- The number of non-fatal overdoses involving opioids or opiates decreased from 129 in 2018 to 83 in 2020, a pattern inconsistent with increases seen across the state during the same period.
- The Yavapai Region has an active Best for Babies Court Team and multiple supports aimed to support families and reduce time children spend in foster care. The average days children in dependency cases in Yavapai County remain in foster care decreased from 572 days in 2016 to 486 days in 2019.

Even with substantial strengths in the region, there continue to be challenges to fully serving the needs of families with young children, and it is particularly important to recognize that there is considerable variability in the needs of families across the region. Although the population centers of the region are more likely to have resources and opportunities for young children and their families, there are continuing needs across all communities of the Yavapai Region. These areas run the risk of being overlooked for services if only regional or county-level “averages” are examined. A full list of regional challenges follows, but we first summarize key needs in the region based on available data. Many of these have been recognized as ongoing issues by the Yavapai Regional Partnership Council. These include:

- **A need for additional child care capacity** – With an estimated 5,976 young children in the region with all parents in the labor force who may therefore need child care, the region’s capacity of 4,595 slots likely leaves many families without an available, quality child care option. This need may be particularly acute for families with infants as only on-fifth (22%) of registered providers in the region are licensed to serve infants. In addition, it is likely that a portion of the 40% of regulated early care providers that closed during the COVID-19 pandemic

may not re-open. These factors indicate the need for a continued effort to increase the availability of quality, affordable early care and education opportunities in the region.

- **A high number of children who could benefit from early intervention services not receiving them** – With only 2.5% of young children in the region receiving early intervention services, and research suggesting 13% of young children would typically qualify for these services, it seems that increased availability of and access to early intervention services in children’s youngest years may be needed. The percentage of young children receiving services from AzEIP and/or DDD decreased very slightly in the region from 2019 and 2020 (-1%), and the number of preschoolers with disabilities served by LEAs decreased overall from the 2017-2018 (n=239) to 2019-2020 (n=225) school years. During the same period, the number of older children, kindergarten to third grade, enrolled in special education increased (2017-2018 = 838, 2019-2020 = 924), indicating that developmental concerns are being identified when children are older, rather than at younger ages when early intervention can be most effective.
- **Continued high rates of exemptions for immunizations, particularly in kindergarten** – Whereas religious exemptions and exemptions from all immunizations in child care have decreased in recent years, the same is not true for children in kindergarten in the region. Exemptions from all immunizations in kindergarten have increased from 5.9% in the 2015-2016 school year to 7.8% in the 2019-2020 school year and personal belief exemptions remained at 12.3% for both those time periods.

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

Economic Characteristics

- Higher estimated poverty rates for young children in several areas including the Yavapai-Apache Nation (88%) and Cordes Junction (41%), Ash Fork (28%) and Verde Valley (27%) sub-regions.
- The number of young children and households with young children participating in SNAP decreased from SFY2016 to SFY2020. Variability exists across sub-regions, with highs in the percentage of children ages birth to 5 participating in SNAP in SFY2020 in the Ash Fork (90%) and Cordes Junction (60%) sub-regions, and lows in the Bagdad (6%) and Sedona (15%) sub-regions.
- The number of women and children aged birth to 4 enrolled and participating in WIC in the region has steadily declined between 2016 and 2020.

Early Learning

- Low estimated school enrollment of children aged 3 to 4 years in the Ash Fork (36%), Prescott Valley (36%) and Chino Valley (39%) sub-regions.
- Of 63 early care and education providers listed with CCR&R providers, 25 providers or 40% were closed in December 2020, representing a loss of 1,468 slots or 38% of the previous

capacity. These closures were especially impactful in the Ash Fork, Chino Valley and Verde Valley sub-regions.

- The percentage of families who applied and were found eligible for DES child care subsidies but did not utilize them increased slowly in the region from 2015 (5%) to 2018 (7%), then more rapidly from 2019 (10%) to 2020 (21%), another reflection of the pandemic's effect on child care arrangements.
- Decreases in the percentages of young children served by AzeIP and DDD and the number of preschoolers with disabilities served by LEAs in the region suggest fewer children are being identified at early ages when intervention can be most impactful.

Child Health

- A high percentage of children aged birth to 5 are estimated to be uninsured in the Yavapai South (22%) and Verde Valley (15%) sub-regions.
- Less than two-thirds of births in the Ash Fork (61.4%), Cordes Junction (62.3%), Sedona (59.2%) and Yavapai South (64.6%) sub-regions between 2017-2019 were to mothers who began prenatal care in the first trimester.
- A much higher proportion of births in the Yavapai Region were to mothers who reported smoking (12.7%) than across the state (4.3%), well above the Healthy People 2020 goal of 1.4%. These proportions were even higher in the Cordes Junction (21%) and Yavapai South (19%) sub-regions.
- Child care and kindergarten immunization rates fall below Healthy People 2020 targets and immunization exemption rates are higher in the region (6.9% in child care; 7.8% in kindergarten) than across the state (3.1% in child care; 3.4% in kindergarten).
- An increase in the number of infant deaths from 2018 (n=10) to 2019 (n=13) put the region above the Healthy People 2020 target infant mortality rate of 6.0 in 2019.

Family Support and Literacy

- There was an increase in the number of children aged birth to 5 removed by DCS in the region from SFY2019 (n=113) to SFY2020 (n=141). In addition, the Verde Valley and Chino Valley sub-regions had a slightly higher share of young children removed (30% and 13%) than their share of the young child population (28% and 11%).

Successfully addressing the needs outlined in this report will require the continued concentrated effort of collaboration among First Things First and other state agencies, the Yavapai Regional Partnership Council and staff, local providers, and other community stakeholders in the region. Families are drawn to the Yavapai Region both for the close-knit, supportive nature of many of its communities and for the increasing number of opportunities available to its residents. Continued collaborative efforts have the long-term potential to make these opportunities available to more families across the Yavapai Region.

APPENDIX 1: ADDITIONAL DATA TABLES

Population Characteristics

Table 39. Number of babies born, 2015 to 2019

Geography	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Yavapai Region	1,959	1,883	1,877	1,809	1,776	1,815
Yavapai County	1,943	1,877	1,868	1,796	1,769	1,806
Arizona	86,648	85,024	84,404	81,664	80,539	79,183

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Table 40. Race and ethnicity of the population of all ages, 2015-2019 ACS

Geography	Estimated population (all ages)	Hispanic or Latino	White, not Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Two or more races
Yavapai Region	230,457	15%	80%	1%	2%	1%	3%
Ash Fork	3,059	19%	73%	0%	7%	0.1%	2%
Bagdad	2,128	42%	58%	0%	1%	0%	1%
Chino Valley	21,367	17%	79%	0.3%	0.3%	1%	1%
Cordes Junction	10,476	10%	85%	1%	1%	1%	5%
Prescott	59,583	7%	89%	0.5%	1%	1%	3%
Prescott Valley	58,128	19%	76%	0.7%	1%	1%	3%
Sedona	17,832	12%	85%	0.8%	0.1%	1%	1%
Verde Valley	52,324	19%	74%	0.9%	5%	0.3%	3%
Yavapai South	5,561	5%	91%	0.3%	2%	0.3%	2%
Yavapai-Apache Nation	1,207	11%	7%	0.1%	86%	0%	2%
Yavapai County	228,067	15%	80%	0.7%	2%	1%	3%
Arizona	7,050,299	31%	55%	5%	5%	4%	4%
United States	324,697,795	18%	61%	13%	1%	6%	3%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B01001, B01001b, B01001c, B01001d, B01001e, B01001g, B01001h, & B01001i

Note: The six percentages in each row may sum to more or less than 100% because (a) persons reporting Hispanic ethnicity are counted twice if their race is Black, American Indian, Asian, Pacific Islander, or any combination of two or more races, (b) persons reporting any other race are not counted here unless they have Hispanic ethnicity, and (c) rounding.

Table 41. Race and ethnicity of children birth to 4

Geography	Estimated number of children (birth to 4 years old)	Hispanic or Latino	White, not Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Two or more races
Yavapai Region	9,556	29%	64%	0.3%	3%	0%	7%
Ash Fork	230	19%	70%	0%	0.3%	0%	4%
Bagdad	280	57%	43%	0%	0%	0%	2%
Chino Valley	944	40%	57%	0%	0%	0%	3%
Cordes Junction	377	8%	88%	0%	0%	0%	3%
Prescott	1,902	16%	78%	0%	1%	0%	7%
Prescott Valley	2,838	39%	56%	0%	1%	0%	7%
Sedona	219	20%	67%	0%	0%	0%	13%
Verde Valley	2,607	25%	61%	1%	10%	0%	8%
Yavapai South	159	9%	91%	0%	1%	0%	0%
Yavapai-Apache Nation	161	6%	0%	0%	95%	0%	3%
Yavapai County	9,589	28%	64%	0.3%	3%	0%	7%
Arizona	433,968	45%	38%	5%	6%	3%	9%
United States	19,767,670	26%	50%	14%	1%	5%	8%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B01001, B01001b, B01001c, B01001d, B01001e, B01001g, B01001h, & B01001i

Note: The six percentages in each row may sum to more or less than 100% because (a) children reporting Hispanic ethnicity are counted twice if their race is Black, American Indian, Asian, Pacific Islander, or any combination of two or more races, (b) children reporting any other race are not counted here unless they have Hispanic ethnicity, and (c) rounding.

Table 42. Race and ethnicity for the mothers of babies born in 2018 and 2019

Geography	Calendar year	Number of births	Mother was non-Hispanic White	Mother was Hispanic or Latina	Mother was Black or African American	Mother was American Indian or Alaska Native	Mother was Asian or Pacific Islander
Yavapai Region	2018	1,776	72%	23%	1%	3%	2%
	2019	1,815	72%	23%	1%	2%	2%
Yavapai County	2018	1,769	72%	23%	1%	3%	2%
	2019	1,806	72%	23%	1%	2%	2%
ARIZONA	2018	80,539	43%	41%	6%	6%	4%
	2019	79,183	43%	41%	6%	6%	4%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: The five percentages in each row should sum to 100%, but may not because of rounding. Mothers who report more than one race or ethnicity are assigned to the one which is smaller. Mothers of twins are counted twice in this table.

Table 43. Race and ethnicity of mothers by sub-region

Subregion	Three-year period	Number of births	Mother was non-Hispanic White	Mother was Hispanic or Latina	Mother was Black or African American	Mother was American Indian or Alaska Native	Mother was Asian or Pacific Islander
Ash Fork	2014-2016	80	80%	[3% to 20%]	[3% to 20%]	[3% to 20%]	0%
	2017-2019	70	73%	26%	0%	1%	0%
Bagdad	2014-2016	99	82%	[2% to 16%]	1%	1%	[2% to 16%]
	2017-2019	94	79%	[2% to 17%]	[2% to 17%]	[2% to 17%]	[2% to 17%]
Chino Valley	2014-2016	662	75%	22%	[0% to 2%]	[0% to 2%]	[0% to 2%]
	2017-2019	638	78%	19%	[0% to 3%]	[0% to 3%]	[0% to 3%]
Cordes Junction	2014-2016	177	90%	9%	1%	1%	0%
	2017-2019	204	85%	12%	[1% to 8%]	0%	[1% to 8%]
Prescott	2014-2016	1,019	82%	13%	[0% to 2%]	[0% to 2%]	3%
	2017-2019	906	82%	13%	1%	2%	2%
Prescott Valley	2014-2016	1,785	71%	25%	0%	1%	2%
	2017-2019	1,729	70%	25%	1%	2%	2%
Sedona	2014-2016	204	53%	41%	[1% to 8%]	0%	[1% to 8%]
	2017-2019	174	63%	32%	0%	[1% to 9%]	[1% to 9%]
Verde Valley	2014-2016	1,620	62%	31%	[0% to 1%]	5%	[0% to 1%]
	2017-2019	1,491	63%	30%	[0% to 1%]	6%	[0% to 1%]
Yavapai South	2014-2016	77	81%	18%	1%	0%	0%
	2017-2019	96	80%	19%	0%	0%	1%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: The five percentages in each row should sum to 100%, but may not because of rounding. Mothers who report more than one race or ethnicity are assigned to the one which is smaller. Mothers of twins are counted twice in this table.

Table 44. Children ages birth to 5 living with parents who are foreign-born, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) living with one or two parents	Number and percent living with one or two foreign-born parents	
		Number	Percent
Yavapai Region	10,595	1,281	12%
Ash Fork	210	24	11%
Bagdad	285	76	27%
Chino Valley	1,068	63	6%
Cordes Junction	438	31	7%
Prescott	1,878	100	5%
Prescott Valley	3,363	469	14%
Sedona	274	129	47%
Verde Valley	2,893	375	13%
Yavapai South	187	14	8%
Yavapai-Apache Nation	214	0	0%
Yavapai County	10,645	1,301	12%
Arizona	494,590	126,082	25%
United States	22,727,705	5,631,005	25%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B05009

Note: The term "parent" here includes stepparents.

Table 45. Language spoken at home (by persons ages 5 and older), 2015-2019 ACS

Geography	Estimated population (age 5 and older)	Speak only English at home	Speak Spanish at home	Speak languages other than English or Spanish at home
Yavapai Region	220,881	89%	8%	3%
Ash Fork	2,830	88%	8%	4%
Bagdad	1,848	78%	20%	3%
Chino Valley	20,423	90%	7%	3%
Cordes Junction	10,099	91%	6%	3%
Prescott	57,676	94%	3%	3%
Prescott Valley	55,290	85%	12%	3%
Sedona	17,615	87%	9%	4%
Verde Valley	49,717	87%	11%	2%
Yavapai South	5,383	92%	6%	2%
Yavapai-Apache Nation	1,046	87%	5%	9%
Yavapai County	218,478	89%	8%	3%
Arizona	6,616,331	73%	20%	7%
United States	304,930,125	78%	13%	8%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001

Note: The three percentages in each row may not sum to 100% because of rounding. The American Community Survey (ACS) no longer specifies the proportion of the population who speak Native North American languages for geographies smaller than the state. In Arizona, Navajo and other Native American languages (including Apache, Hopi, and O'odham) are the most commonly spoken (2%), following English (73%) and Spanish (20%).

Table 46. English-language proficiency (for persons ages 5 and older), 2015-2019 ACS

Geography	Estimated population (age 5 and older)	Speak only English at home	Speak another language at home, and speak English very well	Speak another language at home, and do not speak English very well
Yavapai Region	220,881	89%	8%	3%
Ash Fork	2,830	88%	7%	5%
Bagdad	1,848	78%	20%	2%
Chino Valley	20,423	90%	6%	3%
Cordes Junction	10,099	91%	6%	3%
Prescott	57,676	94%	5%	1%
Prescott Valley	55,290	85%	9%	6%
Sedona	17,615	87%	9%	4%
Verde Valley	49,717	87%	9%	3%
Yavapai South	5,383	92%	5%	3%
Yavapai-Apache Nation	1,046	87%	12%	1%
Yavapai County	218,478	89%	8%	3%
Arizona	6,616,331	73%	19%	9%
United States	304,930,125	78%	13%	8%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001

Note: The three percentages in each row should sum to 100%, but may not because of rounding.

Table 47. Limited-English-speaking households, 2015-2019 ACS

Geography	Estimated number of households	Number and percent of limited-English-speaking households	
		Number	Percent
Yavapai Region	99,790	1,282	1%
Ash Fork	1,286	25	2%
Bagdad	770	25	3%
Chino Valley	8,938	124	1%
Cordes Junction	4,074	0	0%
Prescott	27,114	50	0.2%
Prescott Valley	23,905	601	3%
Sedona	9,290	81	1%
Verde Valley	21,737	367	2%
Yavapai South	2,676	10	0.4%
Yavapai-Apache Nation	309	N/A	N/A
Yavapai County	98,386	1,253	1%
Arizona	2,571,268	102,677	4%
United States	120,756,048	5,308,496	4%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16002

Note: A “limited-English-speaking” household is one in which no one over the age of 13 speaks English very well. Reliable estimates were not available for Yavapai-Apache Nation due to limitations in the size of the ACS sample.

Table 48. Percent of kindergarten to third grade students who were English Language Learners, 2017-18 to 2019-20

Geography	Percent of K-3 students who were English Language Learners, 2017-18	Percent of K-3 students who were English Language Learners, 2018-19	Percent of K-3 students who were English Language Learners, 2018-19
Yavapai Region Schools	6%	6%	7%
Yavapai County Schools	6%	6%	7%
Arizona Schools	11%	11%	11%

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: English Language Learners are students who do not score ‘proficient’ in the English language based on the Arizona English Language Learning Assessment (AZELLA) and thus are eligible for additional supportive services for English language acquisition. Legislation in Arizona requires children in Arizona public schools be taught in English, and English Language Learners to attend English immersion programs. Senate Bill 1014 passed in 2019, increased the flexibility districts have in structuring English Language Learners immersion programs, and lessened the duration required of this instruction. For more information see <https://www.azed.gov/oelas/structured-english-immersion-models>

Table 49. Grandchildren ages birth to 5 living in a grandparent's household, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) living in households	Number and percent living in their grandparent's household	
Yavapai Region	11,365	1,996	18%
Ash Fork	240	13	6%
Bagdad	285	5	2%
Chino Valley	1,252	303	24%
Cordes Junction	456	303	66%
Prescott	2,095	450	21%
Prescott Valley	3,467	498	14%
Sedona	274	0	0%
Verde Valley	3,097	396	13%
Yavapai South	199	27	14%
Yavapai-Apache Nation	229	31	14%
Arizona	517,483	67,495	13%
United States	23,640,563	2,521,583	11%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B10001 & B27001

Note: This table includes all children (under six years old) living in a household headed by a grandparent, regardless of whether the grandparent is responsible for them, or whether the child's parent lives in the same household.

Economic Circumstances

Table 50. Median annual family income, 2015-2019 ACS

Geography	Median annual income for all families	Median annual income for married-couple families with children under 18 years old	Median annual income for single-male-headed families with children under 18 years old	Median annual income for single-female-headed families with children under 18 years old
Yavapai County	\$64,600	\$78,000	\$39,100	\$27,200
Arizona	\$70,200	\$88,400	\$42,900	\$30,400
United States	\$77,300	\$100,000	\$45,100	\$29,000

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B19126

Note: Half of the families in the population are estimated to have incomes above the median value, and the other half have incomes below the median.

Table 51. Children ages birth to 5 living at selected poverty thresholds, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) who live with parents or other relatives	Percent of children under 50% of the poverty level	Percent of children between 50% and 99% of the poverty level	Percent of children between 100% and 184% of the poverty level	Percent of children at or above 185% of the poverty level
Yavapai Region	11,114	6%	11%	27%	56%
Ash Fork	210	0%	27%	18%	55%
Bagdad	285	0%	7%	36%	57%
Chino Valley	1,252	2%	9%	33%	57%
Cordes Junction	456	0%	41%	19%	40%
Prescott	2,011	3%	6%	26%	65%
Prescott Valley	3,415	6%	8%	32%	55%
Sedona	274	5%	5%	26%	64%
Verde Valley	3,021	12%	15%	22%	51%
Yavapai South	191	9%	6%	8%	77%
Yavapai-Apache Nation	228	78%	10%	4%	8%
Arizona	508,453	11%	13%	22%	54%
United States	23,253,254	9%	11%	19%	60%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B17024

Note: The four percentages in each row should sum to 100%, but may not because of rounding. In 2019, the poverty threshold for a family of two adults and two children was \$25,926; for a single parent with one child, it was \$17,622. The 185% thresholds are \$47,963 and \$32,600, respectively.

Table 52. Families with children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020

Geography	Households with one or more children (ages 0-5)	Number of families with children (ages 0-5) participating in TANF					Percent of households with young children (ages 0-5) participating in TANF in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Yavapai Region	8,916	216	203	153	170	197	2%
Ash Fork	87	[2-18]	[2-18]	[2-18]	[2-16]	[1-8]	DS
Bagdad	155	[2-18]	[2-18]	[2-18]	[2-16]	[2-12]	DS
Chino Valley	1,016	[19-27]	[17-25]	[2-18]	30	35	3%
Cordes Junction	298	[15-23]	[2-18]	[13-21]	[2-16]	[2-12]	DS
Prescott	1,605	[20-28]	[2-18]	[16-24]	[15-21]	[12-15]	DS
Prescott Valley	2,793	59	56	49	49	51	2%
Sedona	417	[2-18]	[2-18]	[1-9]	[1-9]	[1-8]	DS
Verde Valley	2,388	67	68	37	54	81	3%
Yavapai South	157	[2-18]	[2-18]	[2-18]	[1-9]	[2-12]	DS
Yavapai County	8,854	216	202	152	169	197	2%
Arizona	384,441	13,925	12,315	10,538	9,360	9,947	3%

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P20.

Table 53. Children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020

Geography	Number of young children (ages 0-5) in the population	Number of young children (ages 0-5) participating in TANF					Percent of young children (ages 0-5) participating in TANF in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Yavapai Region	12,661	296	269	208	223	261	2%
Ash Fork	131	[2-18]	[2-18]	[2-8]	[2-18]	[1-9]	DS
Bagdad	243	[2-18]	[2-18]	[2-8]	[2-18]	[2-16]	DS
Chino Valley	1,447	[25-33]	38	24	38	48	3%
Cordes Junction	420	30	[12-20]	28	[2-18]	[2-16]	DS
Prescott	2,143	[25-33]	[18-26]	29	[19-27]	[17-23]	DS
Prescott Valley	4,004	83	72	62	63	72	2%
Sedona	565	[2-18]	[2-18]	[1-6]	[1-9]	[1-9]	DS
Verde Valley	3,483	90	85	52	73	100	3%
Yavapai South	225	[2-18]	[2-18]	[2-8]	[1-9]	[2-16]	DS
Yavapai County	12,583	296	268	207	222	261	2%
Arizona	546,609	18,968	17,143	14,659	13,029	13,747	3%

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14.

Table 54. Families participating in SNAP, state fiscal years 2016 to 2020

Geography	Households with one or more children (ages 0-5)	Number of families participating in SNAP					Percent of households with young children (0-5) participating in SNAP in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Yavapai Region	8,916	3,719	3,493	3,173	2,887	2,900	33%
Ash Fork	87	58	58	72	85	77	89%
Bagdad	155	18	20	12	14	[1-50]	DS
Chino Valley	1,016	484	477	423	395	379	37%
Cordes Junction	298	164	175	185	176	168	56%
Prescott	1,605	491	463	423	369	393	24%
Prescott Valley	2,793	1,183	1,056	965	844	844	30%
Sedona	417	120	93	74	54	62	15%
Verde Valley	2,388	1,152	1,094	975	914	926	39%
Yavapai South	157	49	57	44	36	[1-50]	DS
Yavapai County	8,854	3,705	3,482	3,161	2,876	2,890	33%
Arizona	384,441	171,977	164,092	151,816	140,056	132,466	34%

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P20.

Table 55. Children participating in SNAP, state fiscal years 2016 to 2020

Geography	Number of young children (ages 0-5) in the population	Number of children (0-5) participating in SNAP					Percent of young children (0-5) participating in SNAP in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Yavapai Region	12,661	5,423	5,151	4,697	4,275	4,234	33%
Ash Fork	131	87	90	109	124	118	90%
Bagdad	243	27	27	16	24	14	6%
Chino Valley	1,447	717	713	640	591	556	38%
Cordes Junction	420	238	264	270	257	250	60%
Prescott	2,143	684	639	595	523	553	26%
Prescott Valley	4,004	1,732	1,573	1,428	1,247	1,219	30%
Sedona	565	170	126	103	70	83	15%
Verde Valley	3,483	1,697	1,632	1,474	1,389	1,375	39%
Yavapai South	225	71	87	62	50	66	29%
Yavapai County	12,583	5,405	5,138	4,683	4,261	4,223	34%
Arizona	546,609	258,455	247,414	229,275	211,814	198,961	36%

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14.

Table 56. Women enrolled in WIC, 2016 to 2020

Geography	Enrolled women, 2016	Enrolled women, 2017	Enrolled women, 2018	Enrolled women, 2019	Enrolled women, 2020
Yavapai Region	1,916	1,803	1,737	1,663	1,478
Ash Fork	28	29	33	38	25
Bagdad	7	6	6	7	6
Chino Valley	253	234	215	222	211
Cordes Junction	71	61	82	71	55
Prescott	251	245	211	206	214
Prescott Valley	586	554	563	563	472
Sedona	54	43	50	31	24
Verde Valley	639	606	557	506	450
Yavapai South	27	25	20	19	21
Yavapai County	1,915	1,805	1,733	1,660	1,491
Arizona	80,063	75,882	72,098	68,312	63,111

Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Note: Enrolled women include both pregnant and breastfeeding women.

Table 57. Women participating in WIC, 2016 to 2020

Geography	Participating women, 2016	Participating women, 2017	Participating women, 2018	Participating women, 2019	Participating women, 2020
Yavapai Region	1,820	1,718	1,615	1,560	1,384
Ash Fork	27	27	28	37	22
Bagdad	6	6	6	6	6
Chino Valley	239	219	195	209	192
Cordes Junction	66	58	81	64	49
Prescott	233	236	190	196	200
Prescott Valley	561	531	527	523	448
Sedona	51	42	48	27	24
Verde Valley	612	576	524	479	425
Yavapai South	25	23	16	19	18
Yavapai County	1,819	1,720	1,610	1,557	1,397
Arizona	75,126	70,840	67,687	64,225	59,477

Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Note: Participating women include both pregnant and breastfeeding women. Women are counted as 'participating' if they received benefits during the time period in question.

Table 58. Children ages birth to 4 enrolled in WIC, 2016 to 2020

Geography	Enrolled infants and children, 2016	Enrolled infants and children, 2017	Enrolled infants and children, 2018	Enrolled infants and children, 2019	Enrolled infants and children, 2020
Yavapai Region	4,909	4,639	4,485	4,314	3,893
Ash Fork	80	62	77	77	76
Bagdad	22	15	20	23	16
Chino Valley	610	615	601	614	538
Cordes Junction	179	176	210	211	157
Prescott	590	589	514	487	496
Prescott Valley	1,632	1,501	1,489	1,435	1,248
Sedona	155	122	118	78	68
Verde Valley	1,576	1,501	1,403	1,334	1,242
Yavapai South	65	58	53	55	52
Yavapai County	4,908	4,642	4,481	4,306	3,900
Arizona	206,626	196,482	187,737	178,300	167,186

Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Table 59. Children ages birth to 4 participating in WIC, 2016 to 2020

Geography	Participating infants and children, 2016	Participating infants and children, 2017	Participating infants and children, 2018	Participating infants and children, 2019	Participating infants and children, 2020
Yavapai Region	4,600	4,373	3,991	3,891	3,521
Ash Fork	63	61	67	68	65
Bagdad	20	14	16	20	15
Chino Valley	573	577	523	547	489
Cordes Junction	172	166	191	179	147
Prescott	528	536	446	424	428
Prescott Valley	1,544	1,422	1,311	1,302	1,140
Sedona	146	116	114	76	59
Verde Valley	1,496	1,426	1,282	1,226	1,131
Yavapai South	58	55	41	49	47
Yavapai County	4,598	4,376	3,986	3,883	3,528
Arizona	185,185	175,423	169,372	161,287	154,501

Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Note: Children are counted as 'participating' if they received benefits during the time period in question.

Table 60. Lunches served through the National School Lunch Program, 2017-18 to 2019-20

Geography	Number of schools			Number of lunches served		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Yavapai Region Schools	N/A	N/A	N/A	N/A	N/A	N/A
Yavapai County Schools	59	60	58	1,929,210	1,874,835	1,386,700
Arizona Schools	18,190	18,202	14,767	101,727,112	102,012,129	76,454,370

Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Due to the COVID-19 pandemic, the USDA issued a substantial number of waivers for school nutrition programs to allow greater flexibility for schools to get meals to students in need. More information on the pandemic's effect on school nutrition can be found on the ADE website: <https://www.azed.gov/hns/covid19>

Table 61. Lunches served through the Child and Adult Care Feeding Program, 2017-18 to 2019-20

Geography	Number of schools			Number of lunches served		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Yavapai Region Schools	N/A	N/A	N/A	N/A	N/A	N/A
Yavapai County Schools	24	29	28	171,185	173,120	117,133
Arizona Schools	7,693	7,336	6,305	7,225,302	7,242,730	5,556,341

Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Due to the COVID-19 pandemic, the USDA issued a substantial number of waivers for school nutrition programs to allow greater flexibility for schools to get meals to students in need. More information on the pandemic's effect on school nutrition can be found on the ADE website: <https://www.azed.gov/hns/covid19>

Table 62. Lunches served through the Summer Food Service Program, 2017-18 to 2019-20

Geography	Number of schools/sites			Number of lunches served		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Yavapai Region Schools	N/A	N/A	N/A	N/A	N/A	N/A
Yavapai County Schools	19	19	77	40,844	39,755	568,351
Arizona Schools	2,199	1,845	9,136	1,870,111	1,868,539	21,786,393

Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Due to the COVID-19 pandemic, the USDA issued a substantial number of waivers for school nutrition programs to allow greater flexibility for schools to get meals to students in need. More information on the pandemic's effect on school nutrition can be found on the ADE website: <https://www.azed.gov/hns/covid19>

Table 63. Monthly unemployment insurance claims, Nov 2019 to Nov 2020

Geography	Yavapai Region			Arizona		
	Total claims (all outcomes)	Claims found eligible and paid	Percent of claims found eligible and paid	Total claims (all outcomes)	Claims found eligible and paid	Percent of claims found eligible and paid
Nov 2019	190	40	21%	7,787	2,275	29%
Dec 2019	231	48	21%	7,906	2,312	29%
Jan 2020	278	68	24%	9,892	2,712	27%
Feb 2020	183	51	28%	7,185	1,919	27%
Mar 2020	4,078	2,631	65%	110,129	66,655	61%
Apr 2020	5,576	3,126	56%	186,217	93,529	50%
May 2020	2,360	563	24%	98,786	33,481	34%
Jun 2020	2,052	556	27%	94,720	30,465	32%
July 2020	1,794	491	27%	78,744	26,081	33%
Aug 2020	1,077	312	29%	46,360	16,028	35%
Sept 2020	972	183	19%	39,660	9,464	24%
Oct 2020	843	210	25%	30,032	7,807	26%
Nov 2020	402	40	10%	15,835	1,812	11%

Sources: Arizona Department of Economic Security (2021). [Unemployment Insurance dataset]. Unpublished data.

Table 64. Students experiencing homelessness (all grades) enrolled in public and charter schools, 2017-18 to 2019-20

Geography	Number of students experiencing homelessness			Percent of students who were homeless		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Yavapai Region Schools	763	751	608	3%	3%	2%
Prescott Unified District	51	68	44	1%	2%	1%
Sedona-Oak Creek JUSD #9	DS	15	18	DS	3%	2%
Bagdad Unified District	38	51	58	9%	11%	12%
Humboldt Unified District	181	40	56	3%	1%	1%
Camp Verde Unified District	68	37	31	5%	2%	2%
Ash Fork Joint Unified District	DS	17	12	DS	6%	5%
Seligman Unified District	DS	DS	DS	DS	DS	DS
Mayer Unified School District	104	73	52	22%	14%	10%
Chino Valley Unified District	196	317	214	9%	14%	9%
Skull Valley Elementary District	DS	DS	DS	DS	DS	DS
Congress Elementary District	DS	DS	DS	DS	DS	DS
Kirkland Elementary District	DS	DS	DS	DS	DS	DS
Beaver Creek Elementary District	DS	DS	DS	DS	DS	DS
Hillside Elementary District	DS	DS	DS	DS	DS	DS
Crown King Elementary District	DS	DS	DS	DS	DS	DS
Canon Elementary District	DS	14	DS	DS	10%	DS
Yarnell Elementary District	DS	DS	DS	DS	DS	DS
Clarkdale-Jerome Elementary District	DS	DS	DS	DS	DS	DS
Cottonwood-Oak Creek Elementary District	46	59	47	3%	3%	2%
Mingus Union High School District	DS	23	29	DS	2%	2%
Yavapai Region Charter Schools	27	32	26	1%	1%	1%
Yavapai County Schools	764	752	608	3%	3%	2%
Arizona Schools	15,923	12,931	11,538	1%	1%	1%

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CREC Team.

Note: The McKinney-Vento Act provides funding and supports to ensure that children and youth experiencing homelessness have access to education. Under the McKinney-Vento Act, children are defined as homeless if they lack a “fixed, regular, and adequate nighttime address.” This includes children living in shelters, cars, transitional housing, campground, motels, and trailer parks, as well as children who are living ‘doubled up’ with another family due to loss of housing or economic hardship. More information can be found on the ADE website: <https://www.azed.gov/homeless>

Table 65. Households with and without computers and smartphones, 2015-2019 ACS

Geography	Estimated number of households	Have both computer and smartphone	Have computer but no smartphone	Have smartphone but no computer	Have neither smartphone nor computer
Yavapai Region	99,790	69%	12%	10%	9%
Ash Fork	1,286	53%	12%	16%	19%
Bagdad	770	83%	5%	3%	9%
Chino Valley	8,938	67%	8%	15%	10%
Cordes Junction	4,074	64%	12%	12%	12%
Prescott	27,114	73%	13%	6%	8%
Prescott Valley	23,905	70%	12%	9%	8%
Sedona	9,290	75%	11%	8%	7%
Verde Valley	21,737	65%	12%	13%	11%
Yavapai South	2,676	58%	17%	11%	14%
Yavapai-Apache Nation	309	54%	8%	21%	17%
Yavapai County	98,386	69%	12%	10%	9%
Arizona	2,571,268	73%	7%	12%	8%
United States	120,756,048	71%	7%	13%	10%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28010

Note: In this table, "computer" includes both desktops and laptops; "smartphone" includes tablets and other portable wireless devices. The four percentages in each row should sum to 100%, but may not because of rounding.

Table 66. Persons of all ages in households with and without computers and internet connectivity, 2015-2019 ACS

Geography	Estimated number of persons (all ages) living in households	Have a computer and internet	Have a computer but no internet	Do not have a computer
Yavapai Region	225,216	86%	8%	6%
Ash Fork	3,047	74%	14%	12%
Bagdad	2,128	92%	5%	3%
Chino Valley	21,328	85%	9%	6%
Cordes Junction	9,221	81%	12%	6%
Prescott	57,112	89%	5%	5%
Prescott Valley	57,875	86%	8%	5%
Sedona	17,730	91%	5%	4%
Verde Valley	51,274	84%	9%	7%
Yavapai South	5,501	76%	13%	11%
Yavapai-Apache Nation	1,207	77%	11%	12%
Yavapai County	222,821	86%	8%	6%
Arizona	6,892,175	87%	7%	6%
United States	316,606,796	86%	7%	6%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28005

Note: The three percentages in each row should sum to 100%, but may not because of rounding.

Table 67. Children ages birth to 17 in households with and without computers and internet connectivity, 2015-2019 ACS

Geography	Estimated number of children (ages 0-17) living in households	Have a computer and internet	Have a computer but no internet	Do not have a computer
Yavapai Region	37,755	91%	7%	2%
Ash Fork	640	84%	13%	3%
Bagdad	763	100%	0%	0%
Chino Valley	3,995	91%	9%	0%
Cordes Junction	1,336	88%	11%	2%
Prescott	7,913	94%	4%	2%
Prescott Valley	11,725	88%	9%	3%
Sedona	1,379	93%	6%	1%
Verde Valley	9,428	92%	6%	2%
Yavapai South	576	77%	17%	5%
Yavapai-Apache Nation	492	89%	7%	4%
Yavapai County	37,639	91%	7%	2%
Arizona	1,632,019	88%	8%	4%
United States	73,225,376	89%	7%	3%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28005

Note: The three percentages in each row should sum to 100%, but may not because of rounding.

Table 68. Persons in households by type of internet access (broadband, cellular, and dial-up), 2015-2019 ACS

Geography	Estimated number of persons (all ages) living in households with computer and internet	With fixed-broadband internet	With cellular-data internet	With only dial-up internet
Yavapai Region	194,009	88%	80%	1%
Ash Fork	2,264	63%	83%	0.1%
Bagdad	1,951	80%	86%	0%
Chino Valley	18,135	81%	76%	1%
Cordes Junction	7,480	78%	76%	1%
Prescott	51,111	91%	78%	0.5%
Prescott Valley	49,929	91%	83%	1%
Sedona	16,049	93%	77%	1%
Verde Valley	42,918	88%	82%	0.4%
Yavapai South	4,171	69%	78%	1%
Yavapai-Apache Nation	934	92%	87%	0%
Yavapai County	191,829	88%	80%	1%
Arizona	5,968,639	87%	82%	0.3%
United States	273,795,622	88%	82%	0.3%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28008

Note: The percentages in each row sum to more than 100% because many households use both fixed-broadband and cellular-data internet.

Educational Indicators

Table 69. Migrant students (grades K-12) enrolled in public and charter schools, 2017-18 to 2019-20

Geography	Number of migrant students			Percent of students who were migrant students		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Yavapai Region Schools	DS	DS	DS	DS	DS	DS
Yavapai County Schools	DS	DS	DS	DS	DS	DS
Arizona Schools	4,023	3,426	4,498	0.4%	0.3%	0.4%

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Migrant students are those students participating in the Arizona Migrant Education Program, a federally-funded, state-run program that provides supplemental services to the children of migrant farmworkers.

Table 70. Number and capacity of Quality First Programs, January 2021

Geography	Total programs		2-Star programs		3-Star programs		4-Star programs		5-Star programs		Programs not publicly rated	
	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
Yavapai Region	35	2,687	2	112	10	654	13	1,346	4	199	6	376
Ash Fork	0	0	0	0	0	0	0	0	0	0	0	0
Bagdad	0	0	0	0	0	0	0	0	0	0	0	0
Chino Valley	4	396	0	0	1	150	1	135	0	0	2	111
Cordes Junction	1	59	0	0	0	0	1	59	0	0	0	0
Prescott	9	751	0	0	4	197	2	404	1	71	2	79
Prescott Valley	5	331	2	112	1	105	1	104	1	10	0	0
Sedona	1	59	0	0	0	0	1	59	0	0	0	0
Verde Valley	15	1,091	0	0	4	202	7	585	2	118	2	186
Yavapai South	0	0	0	0	0	0	0	0	0	0	0	0
Yavapai County	35	2,687	2	112	10	654	13	1,346	4	199	6	376
Arizona	925	84,921	141	15,042	334	31,428	250	22,443	70	4,200	130	11,808

Source: First Things First (2021). Quality First Data Center [Dataset]. Retrieved from <https://datacenter.aztf.gov/> in January 2021.

Note: This table reflects a snapshot of the Quality First program in January 2021.

Table 71. Kindergarten to 3rd grade students with chronic absences, 2018-19 to 2019-20

Geography	K-3 students enrolled, 2018-19	K-3 students with chronic absences, 2018-19	Chronic absence rate, 2018-19	K-3 students enrolled, 2019-20	K-3 students with chronic absences, 2019-20	Chronic absence rate, 2019-20
Yavapai Region	6,985	922	13%	7,128	523	7%
Prescott Unified District	955	98	10%	974	38	4%
Sedona-Oak Creek JUSD #9	176	27	15%	162	22	14%
Bagdad Unified District	126	19	15%	DS	DS	4%
Humboldt Unified District	1,606	188	12%	1,646	99	6%
Camp Verde Unified District	383	106	28%	434	80	18%
Ash Fork Joint Unified District	DS	DS	3%	DS	DS	4%
Seligman Unified District	DS	DS	12%	DS	DS	7%
Mayer Unified School District	149	37	25%	151	22	15%
Chino Valley Unified District	626	91	15%	649	37	6%
Skull Valley Elementary District	DS	DS	<2%	DS	DS	8%
Congress Elementary District	DS	DS	3%	DS	DS	5%
Kirkland Elementary District	DS	DS	28%	DS	DS	11%
Beaver Creek Elementary District	149	23	15%	DS	DS	6%
Hillside Elementary District	N/A	N/A	N/A	DS	DS	<2%
Crown King Elementary District	DS	DS	<2%	N/A	N/A	N/A
Canon Elementary District	DS	DS	<2%	DS	DS	3%
Yarnell Elementary District	DS	DS	31%	DS	DS	<2%
Clarkdale-Jerome Elementary District	174	16	9%	187	14	7%
Cottonwood-Oak Creek Elementary District	825	49	6%	815	51	6%
Yavapai Region Charter Schools	1,565	249	16%	1,548	133	9%
Yavapai County Schools	6,987	921	13%	7,133	525	7%
Arizona Schools	326,891	43,773	13%	329,300	25,382	8%

Source: Arizona Department of Education (2021). [Absenteeism Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Students are considered chronically absent if they miss more than 10% of the school days in a school year. This table includes children who are absent due to chronic illness. Please note that school closures and transitions to distance learning substantially affected how attendance was tracked by schools in the spring of 2020.

Table 72. 4-year and 5-year graduation rates, 2019

Geography	4-Year senior cohort (2019)	4-Year graduates (2019)	4-Year graduation rate (2019)	5-Year graduates (2019)	5-Year graduation rate (2019)
Yavapai Region Schools	1,768	1,452	82%	1,488	84%
Prescott Unified District	359	289	81%	298	83%
Sedona-Oak Creek JUSD #9	91	66	73%	69	74%
Bagdad Unified District	28	25	89%	26	93%
Humboldt Unified District	395	332	84%	338	85%
Camp Verde Unified District	106	90	85%	91	88%
Ash Fork Joint Unified District	28	27	96%	27	96%
Seligman Unified District	DS	DS	50%	DS	75%
Mayer Unified School District	46	41	89%	42	93%
Chino Valley Unified District	161	148	92%	148	92%
Mingus Union High School District	298	244	82%	251	84%
Yavapai Region Charter Schools	212	182	86%	188	88%
Yavapai County Schools	1,788	1,457	82%	1,494	83%
Arizona Schools	86,355	68,393	79%	71,610	83%

Source: Arizona Department of Education (2021). [Graduation Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: The 2019 four-year senior cohort is the number of students who are expected to graduate in 2019. It represents all students who enrolled in high school in the region or Arizona for the first time in grade 9 in the 2015-16 school year, those who enrolled in high school in the region or Arizona for the first time in grade 10 in the 2016-2017 school year, those who enrolled in high school in Arizona for the first time in grade 11 in the 2017-2018 school year, and those who enrolled in high school in the region or Arizona for the first time in grade 12 in the 2018-2019 school year. This group of students provides the denominator that can be compared to the number of graduates in order to calculate the four-year graduation rate. Five-year graduation rates are similarly calculated, but with a 5-year cohort denominator (so students who started in grade 9 in 2014-15 as well as students entering that cohort in subsequent years).

Table 73. Level of mother's education by sub-region

Sub-region	Three-year period	Number of births	Mother had less than a high-school education	Mother finished high school or had GED	Mother had more than a high-school education
Ash Fork	2014-2016	80	29%	36%	DS
	2017-2019	70	DS	46%	DS
Bagdad	2014-2016	99	[2% to 16%]	39%	DS
	2017-2019	94	[2% to 17%]	33%	DS
Chino Valley	2014-2016	662	[18% to 20%]	33%	[45% to 47%]
	2017-2019	638	DS	34%	[50% to 52%]
Cordes Junction	2014-2016	177	[21% to 29%]	36%	DS
	2017-2019	204	DS	35%	DS
Prescott	2014-2016	1,019	[9% to 11%]	24%	65%
	2017-2019	906	DS	22%	67%
Prescott Valley	2014-2016	1,785	18%	32%	50%
	2017-2019	1,729	17%	30%	53%
Sedona	2014-2016	204	19%	21%	60%
	2017-2019	174	DS	21%	[52% to 60%]
Verde Valley	2014-2016	1,620	23%	30%	46%
	2017-2019	1,491	20%	33%	47%
Yavapai South	2014-2016	77	DS	31%	DS
	2017-2019	96	[3% to 18%]	34%	DS

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table.

Early Learning

Table 74. School enrollment for children ages 3 to 4, 2015-2019 ACS

Geography	Estimated number of children (3 or 4 years old)	Number and percent enrolled in school	
Yavapai Region	3,809	1,916	50%
Ash Fork	107	N/A	N/A
Bagdad	N/A	N/A	N/A
Chino Valley	361	141	39%
Cordes Junction	N/A	N/A	N/A
Prescott	992	675	68%
Prescott Valley	1,224	443	36%
Sedona	116	67	58%
Verde Valley	843	483	57%
Yavapai South	N/A	N/A	N/A
Yavapai-Apache Nation	72	57	79%
Yavapai County	3,833	1,942	51%
Arizona	183,386	71,233	39%
United States	8,151,928	3,938,693	48%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B14003

Note: In this table, "school" may include nursery school, preschool, or kindergarten.

Table 75. Number and capacity of regulated early care and educational providers by operational status in December 2020

Geography	All providers		Providers closed		Providers open		Percent of providers closed	
	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
Yavapai Region	63	3,905	25	1,468	38	2,437	40%	38%
Ash Fork	1	18	1	18	0	0	100%	100%
Bagdad	2	115	1	25	1	90	50%	22%
Chino Valley	4	396	2	202	2	194	50%	51%
Cordes Junction	1	59	0	0	1	59	0%	0%
Prescott	15	1,085	5	265	10	820	33%	24%
Prescott Valley	16	836	6	193	10	643	38%	23%
Sedona	6	194	1	50	5	144	17%	26%
Verde Valley	18	1,202	9	715	9	487	50%	59%
Yavapai South	0	0	0	0	0	0	N/A	N/A
Yavapai County	63	3,905	25	1,468	38	2,437	40%	38%
Arizona	2,521	202,010	930	71,576	1,591	130,434	37%	35%

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: This table only reflects providers registered with the Child Care Resource and Referral (CCR&R) Guide. Closure status for providers were gathered by CCR&R staff throughout the pandemic, who made a strong effort to keep this information up to date; however, these data may not reflect current closure status in the region.

Table 76. Cumulative enrollment in Yavapai Region Head Start programs, 2019-20 to 2020-21

Center Name	Cumulative enrollment (2019-20)	Waitlist (2019-20)	Cumulative enrollment (2020-21)	Waitlist (2020-21)
Yavapai Region	629	5	284	0
Ash Fork Head Start	20	1	12	0
Beaver Creek Head Start	18	0	14	0
Chino Valley Early Head Start	15	0	3	0
Chino Valley Head Start	42	0	28	0
Camp Verde Early Head Start	15	0	15	0
Camp Verde Head Start	86	1	38	0
Cottonwood Head Start	95	0	41	0
Humboldt Head Start	41	0	34	0
Liberty Head Start	19	0	18	0
Nye Child and Family Development Center Early Head Start	33	0	17	0
Paulden Head Start	21	0	N/A	N/A
Prescott Valley Early Head Start	33	0	17	0
Prescott Valley Head Start	44	2	30	0
Prescott Early Head Start	62	0	N/A	N/A
Sedona Head Start	39	0	N/A	N/A
Yavapai Early Head Start	46	1	17	0

Source: Northern Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request.

Note: Cumulative enrollment is the total number of students enrolled throughout the year; this number often exceeds funded enrollment as students enter and exit a program.

Table 77. Quality First Programs, state fiscal year 2020

Geography	Child care providers served	Child care providers with a 3-5 star rating	Percent of child care providers with a 3-5 star rating
Yavapai Region	40	33	83%
Yavapai County	N/A	N/A	N/A
Arizona	1,045	824	79%

Source: First Things First (2021). Quality First Summary Data. Unpublished data.

Table 78. Children enrolled in Quality First Programs, state fiscal year 2020

Geography	Children enrolled at a Quality First provider site	Children enrolled at a Quality First provider site with a 3-5 star rating	Percent of children in a quality-level setting (3-5 Stars)
Yavapai Region	1,951	1,631	84%
Yavapai County	N/A	N/A	N/A
Arizona	60,927	45,822	75%

Source: First Things First (2021). Quality First Summary Data. Unpublished data.

Table 79. Median daily charge for full-time child care, 2018

Geography	Approved family homes			Certified group homes			Licensed centers		
	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old
Yavapai Region	\$25.00	\$25.00	\$25.00	\$29.00	\$28.00	\$26.00	\$36.00	\$35.00	\$31.08
Ash Fork	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Bagdad	\$22.50	\$22.50	\$22.50	N/A	N/A	N/A	N/A	N/A	N/A
Chino Valley	\$22.54	\$19.57	\$19.57	N/A	N/A	N/A	\$33.00	\$28.00	\$26.00
Cordes Junction	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$35.00	\$30.00
Prescott	\$90.00	\$90.00	\$90.00	N/A	N/A	N/A	\$44.84	\$37.00	\$35.43
Prescott Valley	\$25.00	\$25.00	\$25.00	\$27.50	\$27.00	\$25.50	\$32.50	\$31.50	\$28.50
Sedona	\$40.00	\$35.00	\$30.00	N/A	N/A	N/A	N/A	\$36.81	\$32.27
Verde Valley	N/A	N/A	N/A	\$30.00	\$28.00	\$28.00	\$38.00	\$37.00	\$32.00
Yavapai South	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Yavapai County	\$25.00	\$25.00	\$25.00	\$29.00	\$28.00	\$26.00	\$36.00	\$35.00	\$31.08
Arizona	\$20.00	\$20.00	\$20.00	\$30.00	\$28.00	\$28.00	\$43.03	\$38.00	\$33.00

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Table 80. Median monthly charge for full-time child care, 2018

Geography	Approved family homes			Certified group homes			Licensed centers		
	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old
Yavapai Region	\$500	\$500	\$500	\$580	\$560	\$520	\$720	\$700	\$622
Ash Fork	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Bagdad	\$450	\$450	\$450	N/A	N/A	N/A	N/A	N/A	N/A
Chino Valley	\$451	\$391	\$391	N/A	N/A	N/A	\$660	\$560	\$520
Cordes Junction	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$700	\$600
Prescott	N/A	N/A	N/A	N/A	N/A	N/A	\$897	\$740	\$709
Prescott Valley	\$500	\$500	\$500	\$550	\$540	\$510	\$650	\$630	\$570
Sedona	\$800	\$700	\$600	N/A	N/A	N/A	N/A	\$736	\$645
Verde Valley	N/A	N/A	N/A	\$600	\$560	\$560	\$760	\$740	\$640
Yavapai South	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Yavapai County	\$500	\$500	\$500	\$580	\$560	\$520	\$720	\$700	\$622
Arizona	\$400	\$400	\$400	\$600	\$560	\$560	\$861	\$760	\$660

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Table 81. Cost of center-based child care as a percentage of income, 2018

Geography	Median family income	Cost for an infant	Cost for a 1 to 2 year old child	Cost for a 3 to 5 year old child
Yavapai Region	N/A	N/A	N/A	N/A
Yavapai County	\$64,600	13.4%	13.0%	11.5%
Arizona	\$70,200	14.7%	13.0%	11.3%

Sources: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data. & U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B19126.

Note: Annual costs of care are calculated by multiplying the median daily cost of care by 240 to approximate a full year of care.

Table 82. Children receiving DES child care subsidies

Geography	Number of children receiving subsidy						Percent of eligible children receiving subsidy					
	2015	2016	2017	2018	2019	2020	2015	2016	2017	2018	2019	2020
Yavapai Region	299	262	223	273	393	355	94%	90%	90%	91%	90%	77%
Ash Fork	[1-9]	[1-9]	0	0	0	0	DS	DS	N/A	N/A	N/A	N/A
Bagdad	[1-9]	[1-9]	[1-9]	[1-9]	[1-9]	[1-9]	DS	DS	DS	DS	DS	DS
Chino Valley	25	24	25	24	51	55	100%	100%	93%	77%	93%	77%
Cordes Junction	[1-9]	[1-9]	[1-9]	[1-9]	14	12	DS	DS	DS	DS	82%	92%
Prescott	37	36	32	35	46	46	100%	88%	89%	97%	92%	75%
Prescott Valley	94	87	68	113	150	124	95%	93%	94%	92%	92%	88%
Sedona	[1-9]	[1-9]	[1-9]	[1-9]	[1-9]	[1-9]	DS	DS	DS	DS	DS	DS
Verde Valley	94	87	68	113	150	124	91%	84%	88%	93%	88%	70%
Yavapai South	[1-9]	[1-9]	[1-9]	[1-9]	[1-9]	[1-9]	DS	DS	DS	DS	DS	DS
Yavapai County	297	261	222	271	392	355	94%	90%	90%	91%	90%	77%
Arizona	19,040	17,784	16,922	19,813	23,155	19,909	94%	93%	93%	92%	92%	80%

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Table 83. DCS-involved children receiving DES child care subsidies

Geography	Number of DCS children receiving subsidy						Percent of DCS eligible children receiving subsidy					
	2015	2016	2017	2018	2019	2020	2015	2016	2017	2018	2019	2020
Yavapai Region	326	278	249	268	269	138	84%	84%	91%	86%	81%	57%
Ash Fork	[1-9]	0	0	0	0	0	DS	N/A	N/A	N/A	N/A	N/A
Bagdad	[1-9]	[1-9]	[1-9]	[1-9]	[1-10]	[1-9]	DS	DS	DS	DS	DS	DS
Chino Valley	21	15	17	21	21	17	72%	56%	77%	91%	78%	63%
Cordes Junction	14	10	14	16	17	14	100%	91%	100%	100%	77%	78%
Prescott	38	33	38	44	46	15	88%	97%	90%	83%	90%	50%
Prescott Valley	99	92	86	101	95	50	88%	95%	90%	86%	78%	67%
Sedona	[1-9]	[1-9]	[1-9]	[1-9]	[1-10]	[1-9]	DS	DS	DS	DS	DS	DS
Verde Valley	140	119	87	79	79	38	81%	80%	92%	85%	80%	45%
Yavapai South	[1-9]	[1-9]	[1-9]	0	0	0	DS	DS	DS	DS	DS	DS
Yavapai County	326	278	249	268	269	138	84%	84%	91%	86%	81%	57%
Arizona	13,098	13,352	12,201	12,219	11,808	7,137	91%	89%	88%	82%	82%	59%

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Table 84. Eligible families not using DES child care subsidies, 2015 to 2020

Geography	2015	2016	2017	2018	2019	2020
Yavapai Region	5%	9%	7%	7%	10%	21%
Ash Fork	0%	0%	N/A	N/A	N/A	N/A
Bagdad	0%	0%	0%	0%	DS	DS
Chino Valley	0%	0%	5%	14%	DS	DS
Cordes Junction	14%	0%	0%	17%	DS	DS
Prescott	0%	11%	4%	4%	DS	25%
Prescott Valley	4%	7%	5%	7%	DS	12%
Sedona	14%	0%	17%	14%	DS	DS
Verde Valley	8%	13%	9%	7%	13%	29%
Yavapai South	0%	0%	50%	0%	DS	DS
Yavapai County	5%	9%	7%	7%	10%	21%
Arizona	6%	6%	7%	8%	8%	18%

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Table 85. Children ages birth to 2 referred to and found eligible for AzEIP, federal fiscal years 2018 to 2020

Geography	Number of children (ages 0-2) referred to AzEIP			Number of children (ages 0-2) eligible for AzEIP			Percent of referrals found eligible		
	FFY 2018	FFY 2019	FFY 2020	FFY 2018	FFY 2019	FFY 2020	FFY 2018	FFY 2019	FFY 2020
Yavapai Region	357	342	290	130	128	155	36%	37%	53%
Ash Fork	[1-9]	[1-9]	[1-9]	[1-9]	[1-9]	[1-9]	DS	DS	DS
Bagdad	[1-9]	[1-9]	[1-9]	[1-9]	[1-9]	[1-9]	DS	DS	DS
Chino Valley	49	47	38	19	17	22	39%	36%	58%
Cordes Junction	[1-9]	14	[1-9]	[1-9]	[1-9]	[1-9]	DS	DS	DS
Prescott	51	64	53	21	20	31	41%	31%	58%
Prescott Valley	144	123	101	52	47	53	36%	38%	52%
Sedona	12	[1-9]	[1-9]	[1-9]	[1-9]	[1-9]	DS	DS	DS
Verde Valley	81	75	75	28	29	36	35%	39%	48%
Yavapai South	[1-9]	[1-9]	[1-9]	0	0	0	0%	0%	0%
Yavapai County	354	342	290	129	128	155	36%	37%	53%
Arizona	13,803	14,692	13,615	5,372	5,225	4,675	39%	36%	34%

Source: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

Table 86. Number of children (ages 0-5) receiving DDD services, state fiscal years 2017 to 2020

Geography	SFY 2017	SFY 2018	SFY 2019	SFY 2020	Percent change from 2017 to 2020
Yavapai Region	100	106	57	53	-47%
Ash Fork	[1-9]	0	0	[1-9]	DS
Bagdad	[1-9]	[1-9]	0	0	DS
Chino Valley	[1-9]	[1-9]	[1-9]	[1-9]	DS
Cordes Junction	[1-9]	[1-9]	[1-9]	[1-9]	DS
Prescott	21	20	10	10	-52%
Prescott Valley	29	35	19	16	-45%
Sedona	[1-9]	[1-9]	0	0	DS
Verde Valley	32	31	18	15	-53%
Yavapai South	[1-9]	[1-9]	[1-9]	[1-9]	DS
Yavapai County	99	106	57	53	-46%
Arizona	5,520	6,123	4,005	4,078	-26%

Source: Arizona Department of Economic Security (2021). [Division of Developmental Disabilities dataset]. Unpublished data.

Table 87. Preschoolers with disabilities receiving services through Local Education Authorities, 2017-18 to 2019-20

Geography	Preschoolers enrolled in special education, 2017-18	Preschoolers enrolled in special education, 2018-19	Preschoolers enrolled in special education, 2019-20
Yavapai Region Schools	239	211	225
Prescott Unified District	DS	DS	DS
Sedona-Oak Creek JUSD #9	DS	DS	DS
Bagdad Unified District	DS	DS	DS
Humboldt Unified District	DS	DS	DS
Camp Verde Unified District	DS	DS	13
Ash Fork Joint Unified District	DS	DS	DS
Seligman Unified District	DS	DS	DS
Mayer Unified School District	DS	DS	DS
Chino Valley Unified District	DS	36	38
Skull Valley Elementary District	DS	DS	DS
Congress Elementary District	DS	DS	DS
Kirkland Elementary District	DS	DS	DS
Beaver Creek Elementary District	DS	DS	DS
Hillside Elementary District	DS	DS	DS
Crown King Elementary District	DS	DS	DS
Canon Elementary District	DS	DS	DS
Yarnell Elementary District	DS	DS	DS
Clarkdale-Jerome Elementary District	DS	DS	DS
Cottonwood-Oak Creek Elementary District	31	DS	DS
Yavapai County Schools	235	205	217
Arizona Schools	10,123	10,314	10,521

Source: Arizona Department of Education (2021). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CREd Team

Child Health

Table 88. Health insurance coverage, 2015-2019 ACS

Geography	Estimated civilian non-institutionalized population (all ages)	Without health insurance (all ages)	Estimated number of children (ages 0-5)	Without health insurance (ages 0-5)
Yavapai Region	228,983	10%	11,365	10%
Ash Fork	3,048	11%	240	9%
Bagdad	2,128	2%	285	2%
Chino Valley	21,338	11%	1,252	7%
Cordes Junction	10,476	8%	456	0%
Prescott	59,091	6%	2,095	10%
Prescott Valley	57,957	9%	3,467	7%
Sedona	17,832	10%	274	8%
Verde Valley	51,560	15%	3,097	15%
Yavapai South	5,554	11%	199	22%
Yavapai-Apache Nation	1,207	9%	229	5%
Yavapai County	226,584	10%	11,386	10%
Arizona	6,941,028	10%	517,639	7%
United States	319,706,872	9%	23,653,661	4%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B27001

Note: This table excludes persons in the military and persons living in institutions such as college dormitories. People whose only health coverage is the Indian Health Service (IHS) are considered "uninsured" by the U.S. Census Bureau.

Table 89. Prenatal care by sub-region, 2014-2016 to 2017-2019

Sub-region	Three-year period	Number of births	Mother had no prenatal care	Mother had fewer than five prenatal visits	Mother began prenatal care in the first trimester
Ash Fork	2014-2016	80	[3% to 20%]	N/A	57.5%
	2017-2019	70	0%	N/A	61.4%
Bagdad	2014-2016	99	1%	N/A	82.8%
	2017-2019	94	1%	N/A	71.3%
Chino Valley	2014-2016	662	1%	5%	69.3%
	2017-2019	638	[0% to 3%]	N/A	75.9%
Cordes Junction	2014-2016	177	[1% to 9%]	N/A	55.4%
	2017-2019	204	[1% to 8%]	N/A	62.3%
Prescott	2014-2016	1,019	1%	3%	73.9%
	2017-2019	906	1%	N/A	78.9%
Prescott Valley	2014-2016	1,785	1%	2%	78.2%
	2017-2019	1,729	1%	3%	78.9%
Sedona	2014-2016	204	0%	N/A	66.2%
	2017-2019	174	[1% to 9%]	N/A	59.2%
Verde Valley	2014-2016	1,620	1%	6%	75.1%
	2017-2019	1,491	2%	6%	68.5%
Yavapai South	2014-2016	77	[3% to 21%]	N/A	55.8%
	2017-2019	96	[2% to 17%]	N/A	64.6%
Healthy People 2020 target					84.8%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table.

Table 90. Selected characteristics of mothers giving birth by sub-region, 2014-2016 to 2017-2019

Sub-region	Three-year period	Number of births	Mother was younger than 18	Mother was younger than 20	Birth was covered by AHCCCS or IHS	Mother used tobacco during pregnancy
Ash Fork	2014-2016	80	[3% to 20%]	[3% to 20%]	83%	[3% to 20%]
	2017-2019	70	1%	[3% to 23%]	77%	[3% to 23%]
Bagdad	2014-2016	99	[2% to 16%]	[2% to 16%]	DS	[2% to 16%]
	2017-2019	94	1%	[2% to 17%]	23%	[2% to 17%]
Chino Valley	2014-2016	662	[0% to 2%]	8%	64%	14.0%
	2017-2019	638	1%	7%	61%	13.8%
Cordes Junction	2014-2016	177	[1% to 9%]	[1% to 9%]	73%	27.7%
	2017-2019	204	[1% to 8%]	10%	70%	21.1%
Prescott	2014-2016	1,019	[0% to 2%]	5%	DS	11.9%
	2017-2019	906	1%	4%	DS	12.5%
Prescott Valley	2014-2016	1,785	1%	7%	DS	10.7%
	2017-2019	1,729	2%	6%	57%	11.8%
Sedona	2014-2016	204	[1% to 8%]	[1% to 8%]	DS	[1% to 8%]
	2017-2019	174	[1% to 9%]	[1% to 9%]	DS	[1% to 9%]
Verde Valley	2014-2016	1,620	2%	9%	DS	15.2%
	2017-2019	1,491	2%	9%	DS	13.8%
Yavapai South	2014-2016	77	1%	[3% to 21%]	68%	[3% to 21%]
	2017-2019	96	[2% to 17%]	[2% to 17%]	54%	18.8%
Healthy People 2020 target						1.4%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in the age, payor, and tobacco columns of this table. The Healthy People 2030 target for maternal use of tobacco during pregnancy was increased to 4.3% of females giving birth reporting smoking during pregnancy, or alternatively 95.7% of females reporting abstaining from smoking during pregnancy.

Table 91. WIC-enrolled women with pre-pregnancy obesity, 2019 to 2020

Geography	Women for whom pre-pregnancy weight is known, 2019	Women with pre-pregnancy obesity, 2019	Percent with pre-pregnancy obesity, 2019	Women for whom pre-pregnancy weight is known, 2020	Women with pre-pregnancy obesity, 2020	Percent with pre-pregnancy obesity, 2020
Yavapai Region	820	261	32%	553	182	33%
Ash Fork	15	DS	DS	14	DS	DS
Bagdad	DS	DS	DS	DS	DS	DS
Chino Valley	120	40	33%	99	26	26%
Cordes Junction	24	10	42%	25	11	44%
Prescott	101	28	28%	108	21	19%
Prescott Valley	279	93	33%	211	49	23%
Sedona	11	DS	DS	11	0	0%
Verde Valley	253	74	29%	229	69	30%
Yavapai South	14	DS	DS	10	DS	DS
Yavapai County	819	261	32%	557	184	33%
Arizona	32,816	11,893	36%	14,640	5,449	37%

Source: Arizona Department of Health Services (2021). [WIC dataset]. Unpublished data.

Table 92. Selected birth outcomes by sub-region, 2018 to 2019

Sub-region	Three-year period	Number of births	Baby weighed less than 2500 grams	Baby was preterm (less than 37 weeks)	Baby was admitted to a NICU
Ash Fork	2014-2016	80	[3% to 20%]	[3% to 20%]	[3% to 20%]
	2017-2019	70	[3% to 23%]	[3% to 23%]	[3% to 23%]
Bagdad	2014-2016	99	[2% to 16%]	[2% to 16%]	[2% to 16%]
	2017-2019	94	[2% to 17%]	[2% to 17%]	[2% to 17%]
Chino Valley	2014-2016	662	8.6%	8.8%	6%
	2017-2019	638	6.3%	7.8%	6%
Cordes Junction	2014-2016	177	10.2%	11.9%	[1% to 9%]
	2017-2019	204	8.3%	8.8%	11%
Prescott	2014-2016	1,019	6.9%	6.5%	6%
	2017-2019	906	7.0%	9.5%	8%
Prescott Valley	2014-2016	1,785	7.3%	9.6%	6%
	2017-2019	1,729	7.9%	8.6%	7%
Sedona	2014-2016	204	[1% to 8%]	[1% to 8%]	[1% to 8%]
	2017-2019	174	[1% to 9%]	[1% to 9%]	10%
Verde Valley	2014-2016	1,620	6.0%	10.1%	5%
	2017-2019	1,491	7.4%	9.1%	5%
Yavapai South	2014-2016	77	[3% to 21%]	[3% to 21%]	[3% to 21%]
	2017-2019	96	[2% to 17%]	[2% to 17%]	[2% to 17%]
Healthy People 2020 targets			7.8%	9.4%	

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table. The Healthy People 2030 target for preterm births remains 9.4% or fewer of live births.

Table 93. WIC-enrolled infants ever breastfed, 2020

Geography	Infants for whom breastfeeding status is determined	Infants ever breastfed	Percent of infants ever breastfed
Yavapai Region	711	570	80%
Ash Fork	14	10	71%
Bagdad	<6	<6	DS
Chino Valley	99	74	75%
Cordes Junction	25	20	80%
Prescott	108	79	73%
Prescott Valley	211	165	78%
Sedona	11	11	100%
Verde Valley	229	200	87%
Yavapai South	10	9	90%
Yavapai County	718	576	80%
Arizona	32,545	25,322	78%

Source: Arizona Department of Health Services (2021). [WIC dataset]. Unpublished data.

Table 94. Percent of WIC-enrolled infants ever breastfed, 2016 to 2020

Geography	Breastfeeding rate, 2016	Breastfeeding rate, 2017	Breastfeeding rate, 2018	Breastfeeding rate, 2019	Breastfeeding rate, 2020
Yavapai Region	85%	83%	86%	85%	80%
Ash Fork	78%	79%	79%	85%	75%
Bagdad	66%	64%	88%	79%	80%
Chino Valley	85%	80%	82%	83%	73%
Cordes Junction	85%	80%	86%	83%	78%
Prescott	91%	100%	90%	91%	100%
Prescott Valley	89%	90%	92%	91%	87%
Sedona	92%	92%	DS	47%	90%
Verde Valley	78%	79%	79%	85%	75%
Yavapai South	66%	64%	88%	79%	80%
Yavapai County	85%	83%	86%	85%	80%
Arizona	73%	77%	77%	79%	78%

Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Table 95. Children ages 2-4 with obesity 2016 to 2020

Geography	Number of children ages 2-4 with obesity					Percent of children ages 2-4 with obesity				
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020
Yavapai Region	207	204	195	189	85	10%	11%	12%	12%	13%
Ash Fork	<6	<6	<6	<6	<6	DS	DS	DS	DS	DS
Bagdad	0	<6	<6	<6	0	0%	DS	DS	DS	0%
Chino Valley	20	28	28	27	11	8%	12%	13%	12%	11%
Cordes Junction	9	<6	9	6	DS	14%	DS	12%	8%	DS
Prescott	23	20	18	10	6	11%	10%	10%	6%	8%
Prescott Valley	64	54	44	50	31	9%	9%	8%	9%	14%
Sedona	8	<6	<6	<6	<6	10%	DS	DS	DS	DS
Verde Valley	77	89	84	88	30	12%	14%	15%	17%	14%
Yavapai South	<6	<6	<6	<6	<6	DS	DS	DS	DS	DS
Yavapai County	207	204	195	188	85	10%	11%	12%	12%	13%
Arizona	10,870	10,564	10,463	10,085	4,318	14%	14%	15%	15%	16%

Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Table 96. Child care immunization exemption rates, 2015-16 to 2019-20

Geography	Children in child care with religious exemptions					Children in child care exempt from all vaccines				
	2015-16	2016-17	2017-18	2018-19	2019-20	2015-16	2016-17	2017-18	2018-19	2019-20
Yavapai Region	11.1%	11.1%	10.4%	9.6%	8.3%	6.6%	8.6%	8.6%	8.0%	6.9%
Ash Fork	7.1%	7.1%	11.1%	5.6%	0.0%	3.8%	0.0%	11.1%	5.6%	0.0%
Bagdad	5.5%	5.5%	6.7%	4.8%	6.9%	3.9%	5.5%	2.7%	4.8%	1.7%
Chino Valley	5.9%	5.9%	12.3%	10.3%	7.8%	5.0%	5.9%	8.9%	7.4%	7.8%
Cordes Junction	10.3%	10.3%	11.5%	8.0%	5.3%	4.8%	10.3%	11.5%	8.0%	5.3%
Prescott	16.0%	16.0%	14.3%	12.4%	11.4%	7.6%	11.3%	13.4%	10.9%	9.9%
Prescott Valley	8.8%	8.8%	7.8%	7.5%	5.9%	5.5%	6.2%	5.0%	5.1%	4.9%
Sedona	20.3%	20.3%	13.8%	4.3%	11.1%	21.6%	18.9%	12.9%	4.3%	11.1%
Verde Valley	8.8%	8.8%	7.6%	9.5%	8.3%	5.5%	7.6%	6.2%	9.0%	6.4%
Yavapai South	12.5%	12.5%	N/A	0.0%	N/A	0.0%	12.5%	N/A	0.0%	N/A
Yavapai County	9.4%	11.1%	10.7%	9.6%	8.3%	6.2%	8.6%	8.8%	8.0%	6.9%
Arizona	3.5%	3.9%	4.3%	4.5%	5.0%	2.1%	2.4%	2.9%	3.0%	3.1%

Source: Arizona Department of Health Services (2021). *Childcare Immunization Coverage, 2015-2016 to 2019-2020 School Years*. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2021). *Childcare Immunization Coverage by County, 2015-2016 through 2019-2020 School Years*. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Table 97. Kindergarten immunization exemption rates, 2015-16 to 2019-20

Geography	Kindergarteners with personal belief exemptions					Kindergarteners exempt from all vaccines				
	2015-16	2016-17	2017-18	2018-19	2019-20	2015-16	2016-17	2017-18	2018-19	2019-20
Yavapai Region	12.3%	11.5%	14.0%	12.5%	12.3%	5.9%	6.5%	7.7%	7.7%	7.8%
Ash Fork	4.5%	0.0%	6.7%	0.0%	4.8%	4.5%	0.0%	6.7%	0.0%	4.8%
Bagdad	2.6%	3.3%	11.1%	6.7%	9.3%	0.0%	0.0%	11.1%	3.3%	4.7%
Chino Valley	14.3%	9.8%	10.1%	18.6%	8.1%	5.5%	5.4%	9.5%	5.7%	6.7%
Cordes Junction	18.6%	20.5%	10.9%	6.1%	13.6%	0.0%	10.3%	9.1%	4.1%	10.2%
Prescott	20.7%	17.3%	21.3%	18.9%	18.2%	10.0%	8.8%	13.5%	13.7%	11.5%
Prescott Valley	9.5%	6.2%	9.6%	6.9%	6.2%	2.4%	4.3%	5.6%	4.2%	5.4%
Sedona	21.3%	12.1%	13.5%	20.0%	22.7%	11.7%	6.9%	10.8%	13.3%	22.7%
Verde Valley	7.8%	13.7%	15.6%	12.6%	15.6%	7.3%	8.4%	12.9%	8.5%	6.6%
Yavapai South	10.0%	9.5%	0.0%	N/A	N/A	5.0%	0.0%	0.0%	N/A	N/A
Yavapai County	13.5%	11.5%	14.0%	12.5%	12.3%	5.5%	6.5%	10.0%	7.7%	7.8%
Arizona	4.5%	4.9%	5.4%	5.9%	5.4%	1.8%	2.4%	3.5%	3.8%	3.4%

Source: Arizona Department of Health Services (2021). Kindergarten Immunization Coverage, 2015-2016 to 2019-2020 School Years. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2021). Kindergarten Immunization Coverage by County, 2015-2016 through 2019-2020 School Years. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Note: The Healthy People 2030 target for immunization rates of children in kindergarten for the MMR vaccine remains 95%.

Table 98. Confirmed and probable cases of infectious diseases in children ages birth to 4, 2018 to 2020

Geography	Calendar year	Pertussis (Whooping Cough)	Varicella (Chicken Pox)	Haemophilus influenzae	Meningococcal disease	Mumps	Measles
Yavapai County	2018	0	<6	0	0	0	0
	2019	<6	0	0	0	0	0
	2020	0	0	0	<6	0	0
Arizona	2018	48	57	30	0	0	0
	2019	92	62	22	0	0	0
	2020	96	22	12	<6	<6	0

Source: Arizona Department of Health Services (2021). [VPD Flu RSV dataset]. Unpublished data.

Table 99. Non-fatal hospitalizations and emergency department visits due to unintentional injuries for children ages birth to 4, 2016-2020 combined

Geography	Non-fatal inpatient hospitalizations for unintentional injuries	Non-fatal emergency department visits for unintentional injuries
Yavapai Region	58	4,309
Yavapai County	67	4,294
Arizona	2,890	181,0135

Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

Note: Data on hospitalizations were geocoded to FTF regions using the address provided by parents or caregivers at the time of hospitalization; however, in cases where the address provided was not valid, hospitalizations could not be assigned to a region. County of residence is captured separately from addresses, meaning that counts in the county often exceed those seen in a particular region because they include all hospitalizations regardless of address validity.

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Table 100. Number of deaths with opiates or opioids contributing, 2017 through 2020

Geography	Number of deaths with opiates or opioids contributing, 2017 through 2020
Yavapai Region	109
Yavapai County	174
Arizona	5,455

Source: Arizona Department of Health Services (2021). [Vital Statistics dataset]. Unpublished data.

Note: About 35% of overdose deaths statewide were missing address information and thus could not be geocoded to an FTF region, but county assignments were available from death certificates.

Table 101. Number of children ages birth to 5 removed by DCS, state fiscal years 2019 to 2020

Geography	Children (ages 0-5) removed (SFY 2019)	Children (ages 0-5) removed (SFY 2020)	Children (ages 0-5) removed (SFY2019-2020)	Children (ages 0-5) in the population
Yavapai Region	113	141	254	12,661
Ash Fork	DS	DS	DS	1%
Bagdad	0%	0%	0%	2%
Chino Valley	12%	13%	13%	11%
Cordes Junction	DS	10%	7%	3%
Prescott	38%	13%	9%	17%
Prescott Valley	31%	26%	28%	32%
Sedona	DS	DS	DS	4%
Verde Valley	27%	32%	30%	28%
Yavapai South	DS	DS	2%	2%
Yavapai County	N/A	N/A	N/A	N/A
Arizona	3,989	4,124	8,113	546,609

Source: Arizona Department of Child Safety (2021). [Child removal dataset]. Unpublished data.

Note: These data were received by zip code and geocoded to the Yavapai Region by the UArizona CRED team. The data reflect the last known address of the caregiver from whose custody the child was removed, not the location where the removal took place.

Table 102. Substantiated maltreatment reports by type for children ages birth to 17, June-Dec 2020

Geography	Total substantiated maltreatment reports	Neglect	Physical abuse	Sexual abuse	Emotional abuse
Yavapai Region	N/A	N/A	N/A	N/A	N/A
Yavapai County	26	54%	35%	12%	0%
Arizona	1,669	69%	25%	6%	0%

Source: Department of Child Safety (2021). Semiannual child welfare report, March 2021. Retrieved from <https://dcs.az.gov/reports>

Table 103. Children ages birth to 17 removed by the Department of Child Services (DCS), Jan-June 2020

Geography	Total reports	Number of children removed	Percent of children removed	Number of children with prior removal in last 24 months	Percent of children with prior removal in last 24 months
Yavapai Region	N/A	N/A	N/A	N/A	N/A
Yavapai County	819	148	18%	9	6%
Arizona	28,691	4,616	16%	315	7%

Source: Department of Child Safety (2021). Semiannual child welfare report, September 2020. Retrieved from <https://dcs.az.gov/reports>

Table 104. Children ages birth to 17 removed by the Department of Child Services (DCS), July-Dec 2020

Geography	Total reports	Number of children removed	Percent of children removed	Number of children with prior removal in last 24 months	Percent of children with prior removal in last 24 months
Yavapai Region	N/A	N/A	N/A	N/A	N/A
Yavapai County	845	99	12%	2	2%
Arizona	30,526	4,967	16%	198	4%

Source: Department of Child Safety (2021). Semiannual child welfare report, March 2021. Retrieved from <https://dcs.az.gov/reports>

APPENDIX 2: METHODS AND DATA SOURCES

U.S. Census and American Community Survey Data. The U.S. Census⁴¹³ is an enumeration of the population of the United States. It is conducted every ten years, and includes information about housing, race, and ethnicity. The 2010 U.S. Census data are available by census block. There are about 115,000 inhabited blocks in Arizona, with an average population of 56 people each. The Census data for the Yavapai Region presented in this report were calculated by identifying each block in the region and aggregating the data over all of those blocks. The Census Bureau is expected to publish new block-level population estimates and detailed tables later in 2023.

The American Community Survey (ACS)⁴¹⁴ is a survey conducted by the U.S. Census Bureau each month by mail, telephone, and face-to-face interviews. It covers many different topics, including income, language, education, employment, and housing. The ACS data are available by census tract. Arizona is divided into about 1,500 census tracts, with an average of about 4,200 people in each. The ACS data for the Yavapai Region were calculated by aggregating over the census tracts which are wholly or partially contained in the region. The data from partial census tracts were apportioned according to the percentage of the 2010 Census population in that tract living inside the region. The most recent and most reliable ACS data are averaged over the past five years; those are the data included in this report. They are based on surveys conducted from 2015 to 2019. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level estimates.

Education Data from ADE. Education data from ADE included in this report were obtained through a custom tabulation of unredacted data files conducted by the vendor on a secure ADE computer terminal in the spring of 2021. The vendor worked with the regional director to create a list of all public and charter schools in the region based on the school's physical location within the region as well as local knowledge as to whether any schools located outside the region served a substantial number of children living within the region. This list was used to assign schools and districts to the region as well to aggregate school-level data to the region-level. This methodology differs slightly from the methods that ADE uses to allocate school-level data to counties, so county and region totals may vary in some tables. Data were presented over time where available; however, due to changes in the ADE data system and business rules over the past three years, some indicators could not be presented as a time series.

Child Care Capacity Calculations. Overall child care capacity estimates were compiled by merging multiple licensing and enrollment datasets from ADHS, DES, Quality First and local Head Start programs. Duplicate programs were identified and removed based on name, phone number and address. Programs that only serve children ages 5-12 were also removed, as these are typically before- & after-school programs that only serve school-age children. Providers were geocoded using addresses or coordinates provided in the various datasets to assign them to both regions and sub-regions. The child care capacity estimates are meant to provide a best guess at the supply of child care slots in regulated care providers. These estimates do not reflect the capacity of unlicensed, unregulated or informal child care providers in the region. The estimated supply may also over-estimate availability in regulated care as it did not account for pandemic-related closures, child care providers that operate under licensed

capacity by choice, or children who enroll in multiple facilities (e.g., a child who attends part-day Head Start or preschool in the morning and a child care center in the afternoon).

Data Suppression. To protect the confidentiality of program participants, the First Things First (FTF) Data Dissemination and Suppression Guidelines preclude our reporting social service and early education programming data if the count is less than 10 and preclude our reporting data related to health or developmental delay if the count is less than six. In addition, some data received from state agencies are suppressed according to their own guidelines. The Arizona Department of Health Services (ADHS) does not report counts less than six; the Arizona Department of Economic Security (DES) does not report counts between one and nine; and the Arizona Department of Education (ADE) does not report counts less than 11. Additionally, both ADE and DES require suppression of the second-smallest value or the denominator in tables where a reader might be able to use the numbers provided to calculate a suppressed value. Throughout this report, information which is not available because of suppression guidelines will be indicated by entries of “<6” or “<10” or “<11” for counts, or “DS” (data suppressed) for percentages. Data are sometimes not available for particular regions, either because a particular program did not operate in the region or because data are only available at the county level. Cases where data are not available will be indicated by an entry of “N/A.”

For some data, an exact number was not available because it was the sum of several numbers provided by a state agency, and some numbers were suppressed in accordance with agency guidelines or because the number was suppressed as a second-smallest value that could be used to calculate a suppressed value. In these cases, a range of possible numbers is provided, where the true number lies within that range. For example, for data from the sum of a suppressed number of children enrolled in Child-only TANF and 12 children enrolled in a household with TANF, the entry in the table would read “13 to 21.” This is because the suppressed number of children in Child-only TANF is between 1 and 9, so the possible range of values is the sum of the two known numbers plus one on the lower bound to the sum of the two known numbers plus nine on the upper bound. Ranges that include numbers below the suppression threshold of less than six or 10 may still be included if the upper limit of the range is above six or 10. Since a range is provided rather than an exact number, the confidentiality of program participants is preserved.

The Report Process. This report was the product of collaboration between the vendor, the Regional Director, the Regional Partnership Council and the FTF Evaluation team. The vendor worked with the FTF Evaluation team to identify and review indicators for the report and prepare data requests to submit to state agencies. The Regional Partnership Council, Regional Director, and the vendor worked together to define priority areas, identify local sources of data, and submit local data requests. The vendor worked to process, compile, analyze, and visualize data gathered as well as to review data for quality and accuracy. Following data analysis, visualization, and review, the vendor facilitated a data interpretation session with the Regional Director, the Regional Partnership Council, and key stakeholders in the region. This session aimed to allow participants to share their local knowledge and perspectives in interpreting the data collected. The vendor finally synthesized the data, analysis and findings from the data interpretation session in this report, which has been reviewed by the Regional Director and Regional Partnership Council prior to publication.

Infant Care Additional Work: Provider and Parent Survey. Additional work was undertaken by the Yavapai Region to review the availability and capacity of infant childcare in the region. In addition to surveying registered and unregistered child care providers in the region, a survey of online mom’s groups and other online parent supports sought to determine ways families are accessing informal infant child care. This work supplemented the base report by providing additional information specific to infant care in the region.

Provider Survey: A list of child care providers in the region was created by merging three different licensing and enrollment datasets from ADHS, DES (CCR&R), and FTF (QF). The final list of 81 providers, differed slightly from the 82 providers cited in Table 15, as that list went through additional rule-based cleaning in June 2021 after the infant care survey data collection had started including limiting ADHS providers to those who had a valid license in December 2020, and cross-checking against data provided by NACOG. This list of 81 providers contained contact information, and attempts were made to contact providers by phone to survey them on the availability of infant care. CRED developed a very brief survey focused on capacity and enrollment, with select questions adapted from the 2019 National Survey of Early Care and Education^{xi} to address the infant population, which was reviewed by the Yavapai Regional Director, and FTF Evaluation personnel assigned to the Yavapai Region. Call attempts took place from June 15th, 2021 to August 6th, 2021 and were accompanied with a voicemail if there was no answer. Messages were left when the director was unavailable to either take the phone survey or physically present to take the call. At least two call attempts were made to all sites and the completion of an interview was noted as well as any call backs, and the reason for facility closure. Child care sites were designated as closed if a respondent explicitly stated the closure, phone numbers were disconnected, or if the closure of the site was detailed on their website or through an internet search engine. A phone script was read to respondents denoting the purpose of the phone survey and affiliation with the First Things First Regional Partnership Council for the Yavapai Region. Interviewees included directors of the child care sites and facilities not providing infant care were asked questions related to reasons for not providing care. Sites providing infant care responded to questions about infant care capacity, licensing, providing care to infants with a physical and development disability, and hours of operation and pricing. All survey responses were recorded on a Word document and transposed to an Excel file for analysis and summarization in this report.

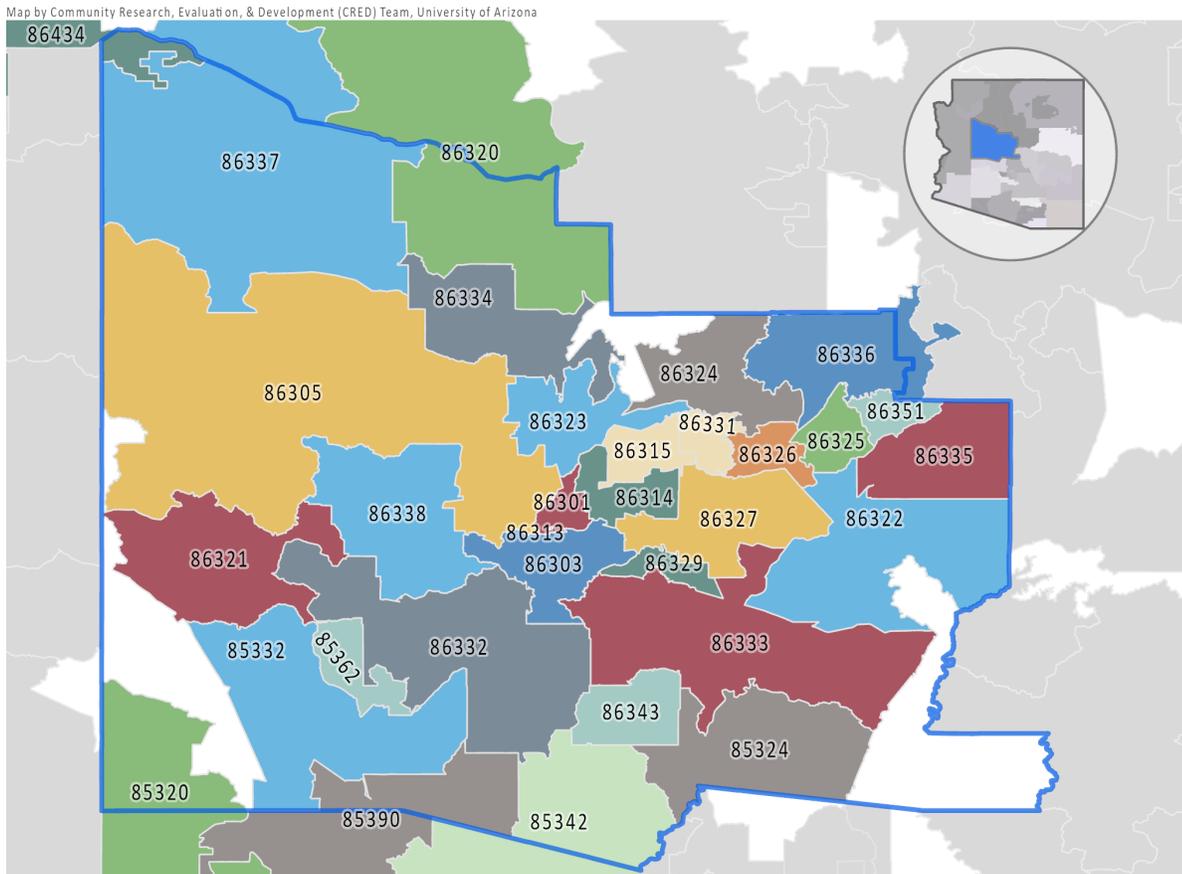
Parent Survey: To assess parents’ infant care needs and avenues of accessing infant care, a very brief, survey was created. Following review by the Regional Director and FTF Evaluation personnel, a Qualtrics version of the survey was created to allow on-line administration. In early July 2021, a link to the survey was provided to the Regional Director who then forwarded that link to local early childhood organizations to share with their clients and on on-line groups with whom they work. Unfortunately, these posts included postings on open Facebook groups and likely due to the \$5 gift card incentive offered for completion, within hours, the survey was quickly overtaken by spambots, even with reCAPTCHA technology in place. Being unable to identify valid responses, this survey was disregarded

^{xi} For more information on the National Survey of Early Care and Education 2019 please see <https://www.acf.hhs.gov/opre/project/national-survey-early-care-and-education-2019-2017-2022>

and a second approach was taken. Via google searches, a list of on-line mom's groups in Yavapai County were identified. Of these, private, closed Facebook groups were selected with a focus on mom's or mom's with infants. A contact of the Regional Director, with access to these private groups, posted a description of the survey with link to these groups, and the Regional Director asked other early childhood organizations in the region to share the survey description and link directly with their clients, rather than posting on websites or other publicly available sites. This survey was open between July 20th and August 10th, 2021, and 37 responses were collected. A \$5 Giftogram gift card was offered to survey respondents and 19 of the 37 respondents completed a de-linked survey to provide contact information to receive that incentive. Qualtrics data was downloaded in excel format and summarized for inclusion in this report.

APPENDIX 3: ZIP CODES OF THE YAVAPAI REGION

Figure 100. Zip Code Tabulation Areas (ZCTAs) in the Yavapai Region



Source: Custom map by the Community Research, Evaluation, & Development (CRED) Team using shapefiles obtained from First Things First and the U.S. Census Bureau 2019 TIGER/Line Shapefiles (<https://www.census.gov/cgi-bin/geo/shapefiles/index.php>)

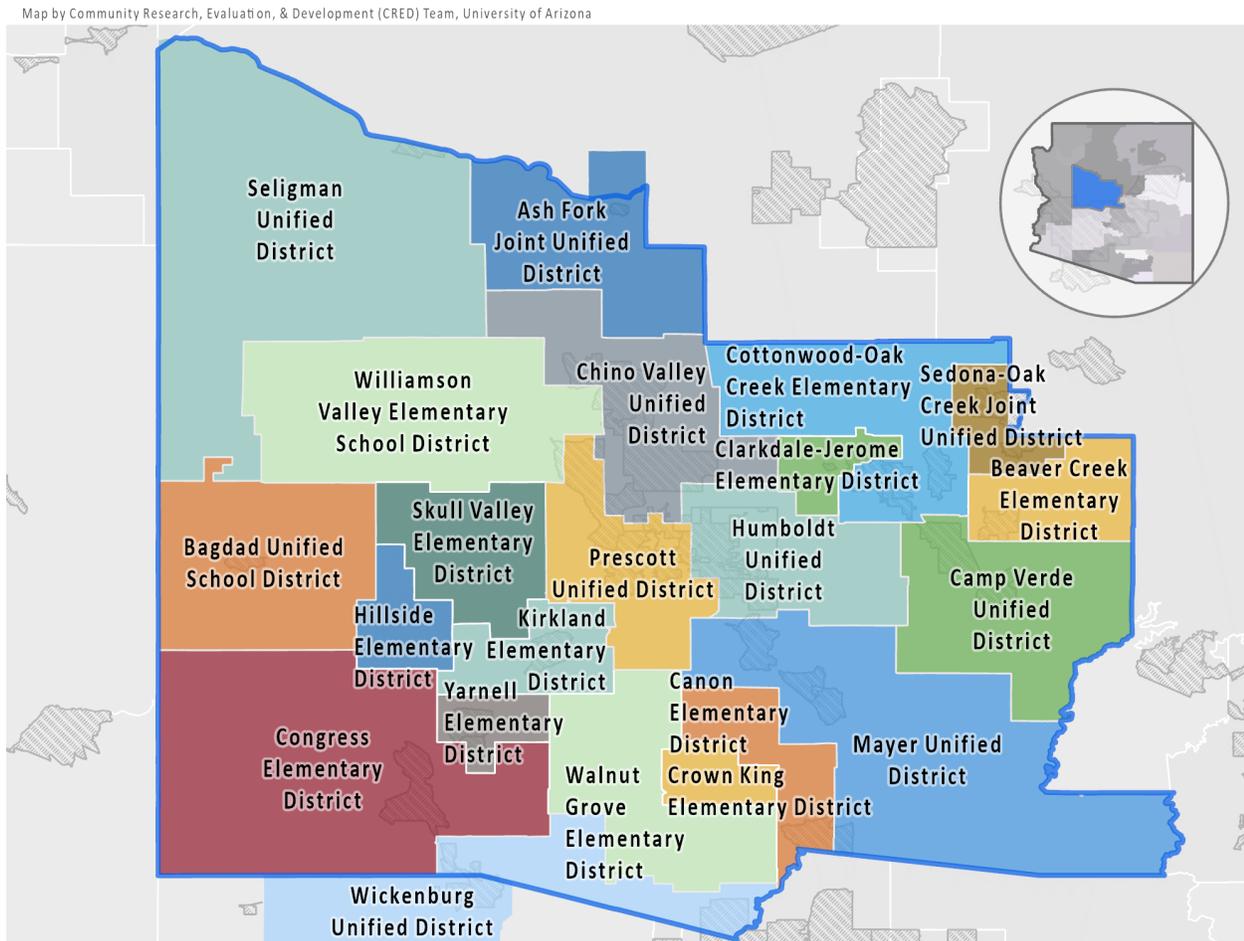
Table 105. Zip Code Tabulation Areas (ZCTAs) in the Yavapai Region

Zip Code Tabulation Area (ZCTA)	Population (all ages)	Population (ages 0-5)	Total number of households	Households with young children (ages 0-5)	Percent of this ZCTA's total population living in the Yavapai Region	This ZCTA is shared with
Yavapai Region	213,875	12,661	92,394	8,916	N/A	Yavapai Region
85320	16	0	6	0	1%	85320
85324	2,886	121	1,345	91	100%	85324
85332	2,146	79	1,038	55	100%	85332
85342	44	0	22	0	3%	85342
85362	663	10	387	7	100%	85362
85390	719	18	313	15	8%	85390
86301	20,626	927	9,260	682	100%	86301
86303	17,082	586	8,467	455	100%	86303
86305	17,356	647	7,902	478	100%	86305
86313	257	1	1	1	100%	86313
86314	34,401	3,016	13,275	2,101	100%	86314
86315	7,234	506	2,772	340	100%	86315
86320	1,000	66	440	45	53%	86320
86321	2,219	243	847	155	100%	86321
86322	11,480	795	4,345	533	100%	86322
86323	15,822	1,078	6,393	753	100%	86323
86324	4,168	260	1,836	175	100%	86324
86325	5,152	259	2,292	192	100%	86325
86326	23,344	1,776	9,897	1,226	100%	86326
86327	8,858	397	4,017	295	100%	86327
86329	1,179	85	466	57	100%	86329
86331	477	9	270	7	100%	86331
86332	1,637	52	787	37	100%	86332
86333	5,734	299	2,500	207	100%	86333
86334	4,985	369	1,804	263	100%	86334
86335	4,806	384	1,963	255	100%	86335
86336	11,012	364	5,505	269	97%	86336
86337	1,211	46	599	30	96%	86337
86338	743	64	293	42	100%	86338
86343	177	2	92	1	100%	86343
86351	6,349	201	3,213	148	100%	86351
86434	92	1	47	1	6%	86434

Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, & P20

APPENDIX 4: SCHOOL DISTRICTS OF THE YAVAPAI REGION

Figure 101. School Districts in the Yavapai Region



Source: Custom map by the Community Research, Evaluation, & Development (CRED) Team using shapefiles obtained from First Things First and the U.S. Census Bureau 2019 TIGER/Line Shapefiles (<https://www.census.gov/cgi-bin/geo/shapefiles/index.php>)

Table 106. School Districts and Local Education Authorities (LEAs) in the Yavapai Region

Name of district or Local Education Agency (LEA)	Number of schools	Number of students in kindergarten through third grade
Yavapai Region	79	7,128
Prescott Unified District	6	974
Sedona-Oak Creek JUSD #9	4	162
Bagdad Unified District	2	138
Humboldt Unified District	10	1,646
Camp Verde Unified District	6	434
Ash Fork Joint Unified District	3	75
Seligman Unified District	2	29
Mayer Unified School District	2	151
Chino Valley Unified District	4	649
Skull Valley Elementary District	1	12
Congress Elementary District	1	37
Kirkland Elementary District	1	28
Beaver Creek Elementary District	2	153
Hillside Elementary District	1	DS
Crown King Elementary District	1	DS
Canon Elementary District	1	64
Yarnell Elementary District	1	13
Clarkdale-Jerome Elementary District	1	187
Cottonwood-Oak Creek Elementary District	7	815
Mingus Union High School District	2	N/A
Painted Pony Ranch Charter School	1	41
Sedona Charter School, Inc.	1	59
Mingus Springs Charter School	1	72
Franklin Phonetic Primary School, Inc.	1	200
Skyview School, Inc.	1	99
American Heritage Academy	2	121
Mountain Oak Charter School, Inc.	1	60
Acorn Montessori Charter School	2	246
A Center for Creative Education	1	37
Prescott Valley Charter School	1	175
Desert Star Community School, Inc.	1	73
Research Based Education Corporation	1	45
La Tierra Community School, Inc	1	65
BASIS Charter Schools, Inc.	1	255
Mary Ellen Halvorson Educational Foundation. dba Tri-City Prep High School	1	N/A
Park View School, Inc.	2	N/A
Compass Points International, Inc	1	N/A
Arizona Agribusiness & Equine Center, Inc.	1	N/A

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: "N/A" indicates districts or LEAs with no students enrolled in grades K-3.

APPENDIX 5: DATA SOURCES

Arizona Department of Child Safety (2021). Semi-Annual Child Welfare Reports. Retrieved from <https://dcs.az.gov/DCS-Dashboard>

Arizona Department of Child Safety (2021). [Child removal dataset]. Unpublished raw data received from the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2019). 2018 Child Care Market Rate Survey Report. Retrieved from <https://des.az.gov/file/14277/download>

Arizona Department of Economic Security. (2021). [Child Care Market Rate Survey 2018, custom tabulation]. Data received from the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2021). [AzEIP Data]. Unpublished raw data received through the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2021). [Child Care Assistance Data]. Unpublished raw data received through the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2021). [DDD Data]. Unpublished raw data received through the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2021). [Division of Benefits and Medical Eligibility data set]. Unpublished raw data received from the First Things First State Agency Data Request.

Arizona Department of Education (2021). [AzMERIT dataset]. Custom tabulation of unpublished data.

Arizona Department of Education. (2021). [Chronic absence dataset]. Custom tabulation of unpublished data.

Arizona Department of Education. (2021). [Graduation & dropout dataset]. Custom tabulation of unpublished data.

Arizona Department of Education. (2019). [Health & Nutrition dataset]. Custom tabulation of unpublished data.

Arizona Department of Education (2021). [Oct 1 enrollment dataset]. Custom tabulation of unpublished data.

Arizona Department of Education (2021). [Special Education dataset]. Custom tabulation of unpublished data.

Arizona Department of Health Services (2021). [Child asthma dataset]. Unpublished data received by request.

Arizona Department of Health Services (2021). [Child diabetes dataset]. Unpublished data received by request.

Arizona Department of Health Services (2021). [Child unintentional injuries dataset]. Unpublished data received by request.

Arizona Department of Health Services (2021). [Child care licensing dataset]. Unpublished data received by request.

Arizona Department of Health Services. (2021). [Immunizations dataset]. Unpublished raw data received from the First Things First State Agency Data Request.

Arizona Department of Health Services. (2021). [Infectious disease dataset]. Unpublished raw data received from the First Things First State Agency Data Request.

Arizona Department of Health Services (2021). [Opioid and Neonatal Abstinence Syndrome dataset]. Unpublished data received by request.

Arizona Department of Health Services (2021). [WIC dataset]. Unpublished data received by request.

Arizona Department of Health Services, Bureau of Public Health Statistics. (2021). [Vital Statistics Dataset]. Unpublished data received from the First Things First State Agency Data Request.

Arizona Department of Health Services, Office of Disease Prevention and Health Promotion. (2020). Arizona Health Status and Vital Statistics, 2014-2019 Annual Reports. Retrieved from <https://pub.azdhs.gov/health-stats/report/ahs/index.php>

Arizona Office of Economic Opportunity. (2020). Arizona Population Projections: 2018 to 2055, Medium Series. Retrieved from <https://www.azcommerce.com/oeo/population/population-projections/>

Arizona Office of Economic Opportunity. (2021). Local area unemployment statistics (LAUS). Retrieved from <https://www.azcommerce.com/oeo/labor-market/>

First Things First (2019). Quality First, a Signature Program of First Thing First. Unpublished data received by request

U.S. Census Bureau. (2012). 2010 Decennial Census, Tables P1, P4, P11, P12A, P12B, P12C, P12D, P12E, P12F, P12G, P12H, P14, P20, P32, P41. Retrieved from <https://data.census.gov/cedsci/>

U.S. Census Bureau. (2020). 2020 Decennial Census, Redistricting File. Retrieved from <https://data.census.gov/cedsci/>

U.S. Census Bureau. (2019). American Community Survey 5-Year Estimates, 2014-2019, Table B05009, B09001, B10002, B14003, B15002, B16001, B16002, B16005, B17001, B17002, B17006, B17022, B19126, B23008, B23025, B25002, B25106, B27001, B28005, B28008, B28010. Retrieved from <https://data.census.gov/cedsci/>

U.S. Census Bureau. (2020). 2019, 2017, & 2010 Tiger/Line Shapefiles prepared by the U.S. Census. Retrieved from <http://www.census.gov/geo/maps-data/data/tiger-line.html>

APPENDIX 6: THE YAVAPAI-APACHE NATION SUPPLEMENT

The Yavapai-Apache Nation Supplement

About this Report Supplement

As part of additional work for the First Things First 2022 Needs and Assets Report cycle, the Yavapai Regional Partnership Council allocated funding for additional data collection and reporting specific to the Yavapai-Apache Nation to be included as a report supplement.

The data contained in this supplement come from a variety of sources: 1) Data provided to First Things First by the Inter-Tribal Council of Arizona WIC Program and the Indian Health Service Phoenix Area; 2) Quantitative data provided by various Yavapai-Apache Nation tribal departments and agencies; and 3) Findings from qualitative data collection conducted in 2021 specifically for this report through key informant interviews with service providers in the community. In addition, selected indicators from U.S. Census data for the Yavapai-Apache Nation, and all Arizona reservations are included where appropriate.

This report supplement also follows the First Things First Data Dissemination and Suppression Guidelines. Throughout this report, suppressed counts will appear as <10 in data tables. Additional information on the limitations of U.S. Census and American Community Survey data in tribal communities is included in the Appendices section of the full Needs & Assets Report.

The Yavapai-Apache Nation

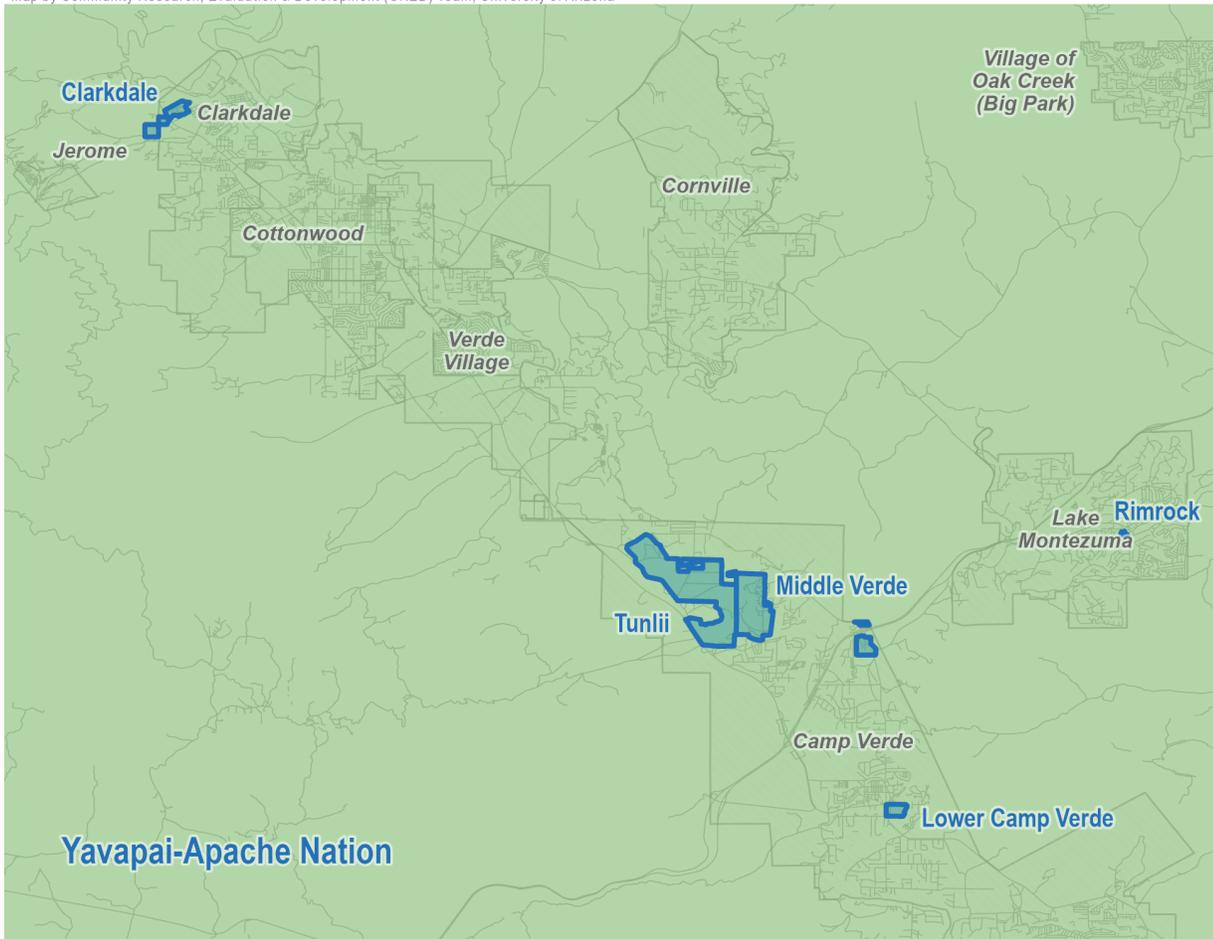
In November 2006, when First Things First was established by the passage of Proposition 203, the government-to-government relationship with federally-recognized tribes was acknowledged. Each Tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First designated region or elect to be designated as a separate region. The Yavapai-Apache Nation has chosen to be part of the First Things First Yavapai Region. The Yavapai-Apache Nation Tribal Council elected to participate in data collection for the Yavapai Region 2022 Needs and Assets Report as indicated by Resolution 44-21 signed on March 11, 2021.

Population and economic characteristics of the Yavapai-Apache Nation

The Yavapai-Apache Nation is located in the Verde Valley of Arizona which the federal government designated to be shared by both the Yavapai and Tonto Apache people in non-contiguous parcels across 2,000 acres in Camp Verde, Middle Verde, Clarkdale, Tunlii and Rimrock (a map of the Yavapai-Apache Nation is included in Figure 1).

Figure 1. Map of the Yavapai-Apache Nation

Map by Community Research, Evaluation & Development (CRED) Team, University of Arizona



Source: U.S. Census Bureau (2020). TIGERLine shapefiles. Custom map created by the Community Research, Evaluation, and Development (CRED) Team

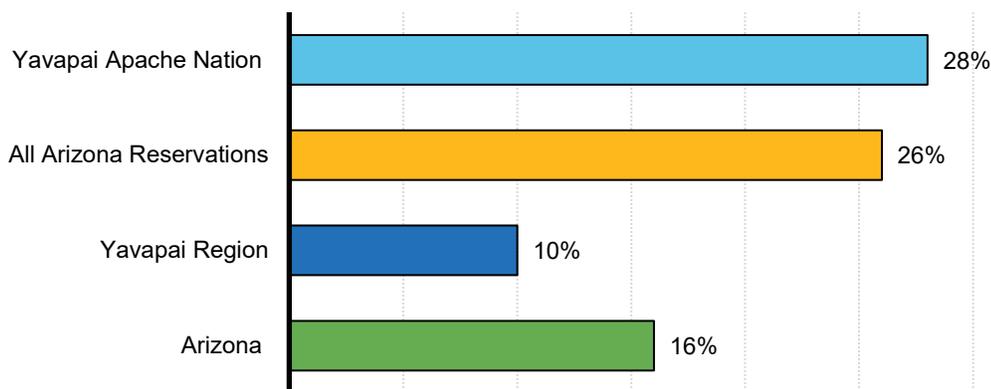
The Yavapai-Apache Nation had 2,596 total enrolled tribal members as of April 2019 (up from 2,440 in December 2014), with more than 750 residents living in one of those five tribal communities.¹ According to the U.S. Census, in 2010 the total population of the Yavapai-Apache Nation was 718 residents, with 87 of those being children birth to 5. U.S. Census 2020 data show that the total population of the Yavapai-Apache Nation increased to 1,234, a 72% change between the last two Decennial Censuses.^{2,3} In comparison, the population of all Arizona reservations combined decreased by 3% in the same time period. U.S. Census 2020 data were not available for the number of children birth to 5 in the Nation at the time of this report’s writing, however data was available for children under the age of 18. ¹ U.S. Census 2020 data show the population of children under the age of 18 in the Yavapai-Apache Nation increased to 448, from 253 in the 2010 U.S. Census, representing a 77% increase.^{4,5} Across all reservations in Arizona over the same period, the population of children under age 18

¹ These data are drawn from the redistricting file, which is the only 2020 Decennial Census data available at the sub-county level at the time of publication. More detailed data files from the 2020 Census are expected to be released in late 2022 and early 2023.

decreased 15%. While U.S. Census 2020 data are not yet available for children aged birth to 5, with a 77% increase in the population of all children, it is likely that the population of those youngest children also increased. Another source of data to estimate the population of young children in the Yavapai-Apache Nation is the number of births as reported in the *Health status profile of American Indians in Arizona* produced by the Arizona Department of Health Services. Data from these reports for years 2014 to 2019 show that the birth cohort of children ages birth to 5 in the Yavapai-Apache Nation included 44 children as of the end of 2019.⁶ This number is very similar to 49 active users ages birth to 5 from the Yavapai-Apache Nation as reported by the Indian Health Service (IHS) Phoenix Area as of federal fiscal year 2019 (see the *Access to Care* section below). Please note that both of these sources have some limitations: the *Health status profile of American Indians in Arizona* reports only include births of babies born to mothers who identify as American Indian; babies born to mothers who identify as being of some other race or ethnicity are not included in these counts. Similarly, IHS data only reflect children who receive services at IHS facilities and thus excludes children who may reside within the boundaries of the Yavapai-Apache Nation but do not qualify for IHS services or who might have received health services elsewhere.

Although U.S. Census 2020 data is not yet available for the youngest group of children in the Yavapai-Apache Nation, according to the 2010 U.S. Census, just over one quarter (28%) of households in the Yavapai-Apache Nation included children under the age of 6, which was very similar to the proportion across all Arizona reservations (26%) but substantially higher than the 10% in the Yavapai Region (see Figure 2).

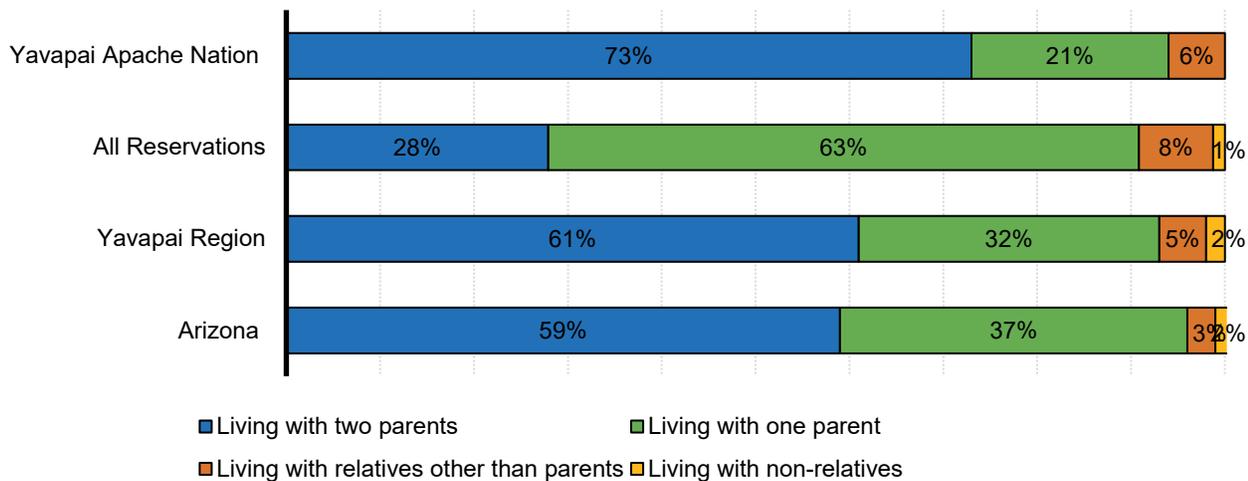
Figure 2. Percent of Households with Children under 6



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

According to the U.S. Census Bureau American Community Survey (ACS) (2015-2019 estimates), in the Yavapai-Apache Nation, almost three-quarters (73%) of young children were living in households with two parents, a proportion much higher than that across all Arizona reservations combined (28%), and also higher than across the region (61%) or state (59%) (Figure 3).

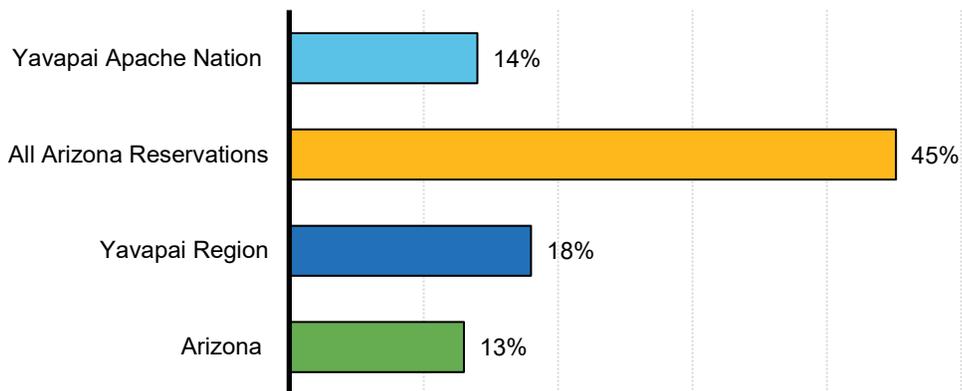
Figure 3. Living Arrangements for Children under 6



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B05009, B09001, & B17001 ¶
 Note: The four percentages in each row should sum to 100%, but may not because of rounding. The term "parent" here includes step-parents.

In addition, 14% of children aged birth to 5 in the Yavapai-Apache Nation lived in a grandparent’s household, similar to the proportions in the Yavapai Region and across the state, but a much lower proportion than across all Arizona reservations, where close to half (45%) of young children lived in their grandparents household (Figure 4). It is important to note that the grandparent may or may not be responsible for raising the child, and that the child's parent(s) may or may not also be living in the household. Understanding the circumstances of American Indian grandparents caring for their grandchildren is critical to providing services in a way that will meet the unique needs of grandparent-led families. Though it varies from one Native community to another, extended, multigenerational families, and kinship care (care of children by someone other than their parents, such as relatives or close friends) are common in Native communities.^{7,8} The strengths associated with this family structure—mutual help and respect—can provide members of these families with a network of support which can be very valuable when dealing with socio-economic hardships.⁹ Grandparents are often central to these multigenerational households, in many cases sharing and strengthening Native language, history, and culture.^{10,11}

Figure 4. Grandchildren under six living in a grandparent's household

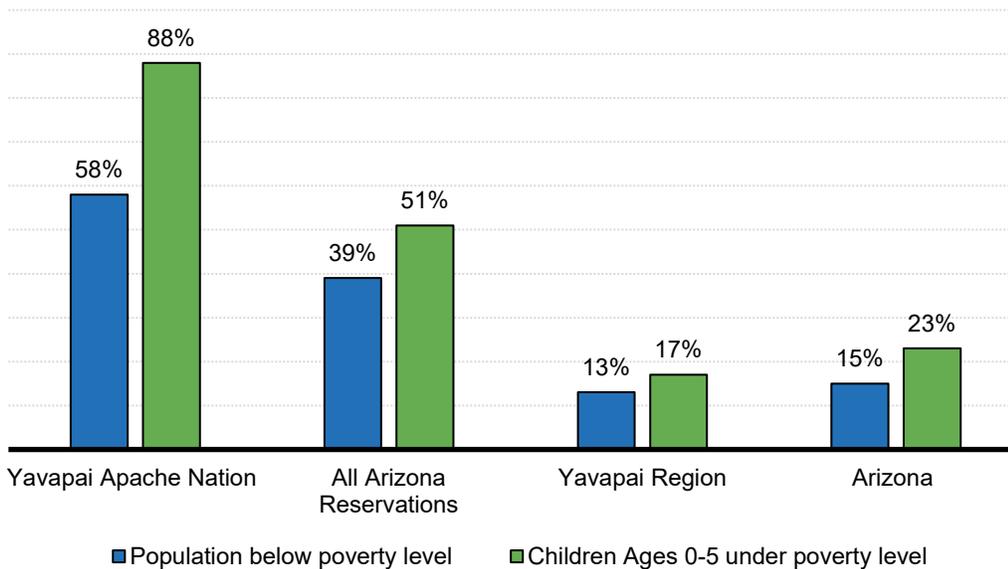


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B10001 & B27001 ¶ Note: This table includes all children (under six years old) living in a household headed by a grandparent, regardless of whether the grandparent is responsible for them, or whether the child's parent lives in the same household.

The economic well-being of a family is a powerful predictor of child well-being, and poverty is one indicator of economic health. Poor economic conditions are a threat to child well-being across a range of indicators including academic achievement, physical health, and mental health.¹² Economic circumstances in tribal communities can be much more complex than in other parts of the state. For many historical and legal reasons, economic development in tribal areas has followed a different trajectory than in other areas. Economic disparities between non-Native and Native communities have compounded over decades, affecting the poverty, employment, housing instability and food security in tribal areas.¹³ At the same time, it is common for tribal governments to be involved in community and economic development, investing in forestry, fisheries, gaming, and many other economic arenas to strengthen the social and economic conditions of their people.¹⁴

According to the ACS (2015-2019 estimates) more than half (58%) of households in the Yavapai-Apache Nation fall below the poverty level, and more than eight in 10 (88%) children under 6 live below the poverty level. These numbers are much higher than those across all Arizona reservations combined (39% all age population; 51% young child population) (Figure 5). In 2020, a family of four earning an income lower than \$26,200 was considered to be in poverty according to U.S. Census definitions.¹⁵ Families living in poverty may be at increased risk of food insecurity (a limited or uncertain availability of food) and may benefit from use of supplemental food programs. The Supplemental Nutrition Assistance Program (SNAP, also referred to as “Nutrition Assistance” and “food stamps”) has been shown to help reduce hunger and improve access to healthier food.¹⁶ The Women, Infants and Children (WIC) program, also a food and nutrition resource, serves economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five.¹⁷ While no SNAP or WIC retailers are located on Yavapai-Apache Nation tribal lands, there are SNAP retailers located near Camp Verde and Clarkdale, and a single WIC retailer near Camp Verde.¹⁸

Figure 5. Rates of poverty for the population of all ages and for children ages 0-5



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B17001 ¶ Note: This table includes only persons whose poverty status can be determined. Adults who live in group settings such as dormitories or institutions are not included. Children who live with unrelated persons are not included. In 2019, the poverty threshold for a family of two adults and two children was \$25,926; for a single parent with one child, it was \$17,622.

Numerous key informants noted the financial burden placed on families during the COVID-19 pandemic, due to job loss or furlough, as a key stressor. Basic necessities like food, and pandemic necessities like personal protective equipment (PPE) were difficult for families to get during the pandemic. This combined with social isolation, losses due to COVID-19 and a lack of access to services during the pandemic put immense stress on families during this time. However, the community and family-focus of those within the Yavapai-Apache Nation, was also cited by many key informants as an asset that helped lessen this stress, by promoting collaboration to provide needed resources, such as emergency food.

The Early Childhood System

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

Yavapai-Apache Nation Child Care Program

The Yavapai-Apache Nation receives funding from the Tribal Child Care and Development Fund (CCDF) to administer its own child care program. The Yavapai-Apache Nation Child Care Program provides supervised child care to children who are enrolled tribal members of a federally-recognized tribe. First priority is given to enrolled members of the Yavapai-Apache Nation, and the program

operates two types of services: center-based and home-based care. Center-based care is provided through the Yavapai-Apache Nation Child Care Center located in the Middle Verde tribal community and serves children aged 1-7 years. The Child Care Center is licensed to serve 20 children, although due to COVID-19 social distancing requirements, in 2021 could only serve 16 children. The Child Care Center typically has a waitlist, particularly for toddlers. Another option for families if the Child Care Center is at capacity is the home care program, which provides care for children from infancy until 12 years of age. Potential home care providers recruited by the Child Care Program must pass a drug test and a home inspection before being certified, and are provided training opportunities in First Aid, CPR, food handling and early childhood education professional development. During 2020, 38 children were served in the home care program. Key informants noted that child care is a great need in the community, and closures due to the COVID-19 pandemic added an additional strain. Difficulty in recruiting home providers because all adults living in the household of a home provider must pass a background check, in addition to the lack of care available for older children, were mentioned as current barriers.

During the 10/1/18 to 9/30/19 program year (the last year that CCDF reporting data is available), the Yavapai-Apache Nation Child Care Program had six Center providers and six home-based providers. Providers in both programs are encouraged to attend professional development opportunities throughout the year, many of which are provided by a registered nurse or the Yavapai-Apache Nation Safety Manager, and through the Cultural Resource Center. All providers are required to achieve 20 hours of professional development a year as well as 10 hours of cultural enrichment. Providers are also encouraged to enroll in Yavapai College early education courses and in the 2018/2019 program year, two providers were enrolled and another received her CNA (certified nursing assistant) certification enabling her to become a health specialist for the Child Care Program.

During the 10/1/18 to 9/30/19 program year, a total of 66 children received services from the Yavapai-Apache Nation Child Care Program, with an average of 59 children served per month. Of these, 34 were enrolled in center-based services at the Yavapai-Apache Nation Child Care Center and 32 received home-based services from a relative (n=15) or a non-relative (n=17) provider. Of the 66 children receiving services, most (83%) were 2 years old or older (Table 1). Most families of children enrolled (89%) reported working as their reason for using child care and a slightly higher percent (91%) of children enrolled fell at or below the federal poverty level. This indicates the importance of supporting families seeking child care with subsidies. The average monthly Child Care and Development Fund subsidy provided by the Yavapai-Apache Nation Child Care Program was \$120 per child, and the average monthly parent copayment was \$25 per child.¹⁹

Table 1. Services Provided by the Yavapai-Apache Nation Child Care Program, 10/1/18 – 9/30/19.

		Number of children (n=66)
Age of children served	0 to <2	11
	2 to <3	12
	3 to <4	15
	4 to <5	16
	5 to 12	12
Reasons for receiving care	Working	89%
Percent of children enrolled at or below the poverty threshold		91%

Source: Yavapai-Apache Nation Program Profile Child Care and Development Fund Annual Report (October 1, 2018-September 30, 2019). Unpublished data received by request.

The Yavapai-Apache Nation Child Care Center was closed from March 15, 2020 to March 22, 2021, creating a void for families previously utilizing the Center for child care. During that time, resources such as food supplements, healthy meals and activity packets still being received or purchased through pandemic funding, helped sustain those services for young children. In addition, funds to purchase things like balls, kites, jump ropes and slip and slides allowed the Child Care Program to continue to connect and engage with families and children, promoting physical activity and social connection. Pandemic funding is also allowing for improvements to the playground at the Center and the addition of an outdoor shed for supply storage, allowing more room inside the Center to be available to maintain CDC COVID-19 spacing guidelines. Key informants noted that this additional funding enabled the Child Care Center to continue operating during a time when the continued existence of the program was in question due to insufficient funding. As of May 2021, after re-opening the Center, only nine enrolled children had returned due to family’s hesitancy surrounding COVID-19. Changes following re-opening continue to adjust to pandemic conditions, including conducting virtual field trips rather than in-person experiences, and not allowing families to enter the Center.

In spite of the challenges experienced by the Child Care Program and the families it serves during the COVID-19 pandemic, key informants in the region cited the Yavapai-Apache Nation Child Care Program as a major asset in the community. In addition to providing early learning experiences and resources to the young children the program serves, collaboration with other Yavapai-Apache Nation programs and departments expands services and resources to others beyond the Center’s typical caseload.

The Montessori Children’s House

Another asset in the Nation’s early childhood education system is the Montessori Children’s House, a tribally-operated center located in the Middle Verde tribal community that provides preschool and

kindergarten education to children aged 3 to 6 years in the area. Tuition is covered by the Yavapai-Apache Nation for children who are enrolled tribal members, but the Montessori Children's House is open to the non-tribal members from the community at large. Non-tribal members pay the full cost of tuition; \$360 per month for a full-day program and \$200 per month for a half-day program. In 2021, key informants noted that, as reported in previous Needs & Assets reports, the number of non-tribal students still represents a small proportion of children enrolled.

The Montessori Children's House was closed at the beginning of the COVID-19 pandemic and offered virtual engagement until re-opening in September 2020. Due to social distancing requirements following reopening, enrollment was capped at 30 children, with the school holding three-hour sessions twice per day with five students each, across three classrooms. This enrollment was down from its capacity of 45 children prior to the pandemic. Key informants stated that the Yavapai-Apache Nation takes the safety of its community very seriously, and that it was likely that enrollment would remain at 30 children for the foreseeable future. The number of children on the waiting list varies during the year, usually fluctuating between 10 and 15 children. The Yavapai-Apache Nation Child Care Program provides transportation for children enrolled in its program who attend the Montessori Children's House, transporting children to and from the Montessori school.

The Montessori Children's House follows the Camp Verde public school calendar, so it is closed during the summer. During the school year, both a full day program is offered five days a week from 8:30 – 2:30, as well as a half-day program, which operates from 8:30 to 11:45am. Kindergarten classes are offered as part of the full day program, and children enrolled in kindergarten who are not tribal members pay a reduced rate of \$50 per month. As reported in the 2014 and 2018 Needs and Assets Report supplements for the Yavapai-Apache Nation, low attendance and tardiness have been a challenge for the Montessori Children's House. Key informants noted that after re-opening the school in September 2020 during the pandemic, attendance for those children who returned to in-person instruction has improved.

Although the Montessori Children's House is closed over the summer, the school offers a summer tutoring program for children ages 3 to 6. Before the pandemic, this had been a four-week program offered during the month of June, but in 2021, this program was offered over a three-week period in July, and planned to serve 10 children. The tutoring program is intended to help students entering preschool or kindergarten become familiar with the school's routines and staff, and to provide additional support for children struggling in specific areas such as reading.

Following the closure of the Montessori Children's House in March 2020, staff levels decreased. Staffing remained at decreased levels following reopening in September, and the Yavapai-Apache Nation is considering funding two additional teaching positions.

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

Screening and services for children with special needs in child care or school

Prior to the pandemic, the Montessori Children’s House funded a speech pathologist to conduct developmental screenings for children enrolled. After reopening in September 2020, that funding was no longer available, and instead the school contacted the Yavapai County Education Service Agency (YCESA), and staff with the YCESA visited the school and conducted hearing and vision screening with the children enrolled, free of charge. The Montessori Children’s House and the Yavapai-Apache Nation Child Care Program can also refer children to Child Find screenings. Services for children with special needs, however, are limited at the Yavapai-Apache Nation Medical Center, and primarily available in the community through the local school districts, and outside of the community at providers in Cottonwood and Prescott. Key informants noted a need for developmental screening resources in the community for children younger than school age. Parenting classes offered through Parents as Teachers were mentioned as an important resource for educating parents about developmental milestones to enable them to identify delays earlier, although these classes were paused during the COVID-19 pandemic.

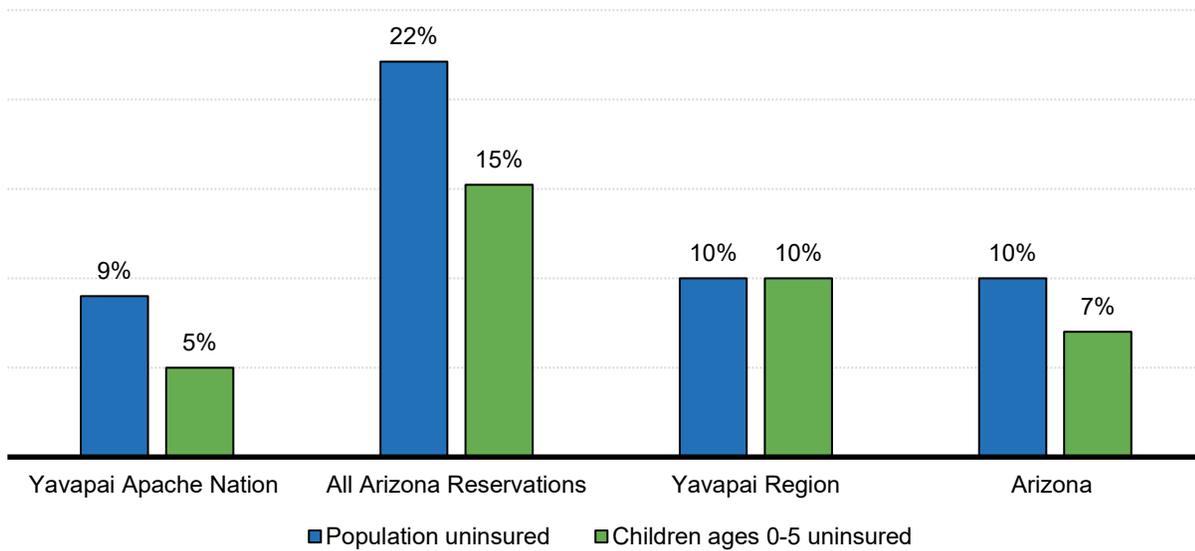
Health

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

Access to care

A key factor in accessing health care is health insurance. According to the most recent data from the U.S. Census Bureau American Community Survey five-year estimates (2015-2019), 5% of young children in the Yavapai-Apache Nation (n=229) were estimated to be uninsured, along with 9% of the total population in the Yavapai-Apache Nation (n=1,207) (Figure 6).²⁰ These proportions are lower than those across all Arizona reservations combined (15% 0-5 without insurance; 22% all-ages without insurance). It is important to note that the U.S. Census Bureau does not consider coverage by the Indian Health Service (IHS) to be insurance coverage.

Figure 6. Percent uninsured for the population of all ages and for children ages 0-5



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B27001 ¶ Note: This table excludes persons in the military and persons living in institutions such as college dormitories. People whose only health coverage is the Indian Health Service (IHS) are considered "uninsured" by the U.S. Census Bureau.

Health care services are available to members of the Yavapai-Apache Nation and members of other federally recognized tribes through the Yavapai-Apache Nation Medical Center. A family medicine physician and nursing staff at the Medical Center offer services by appointment Monday-Friday, including primary care, acute care, chronic care, and behavioral health. The Medical Center remained open during the COVID-19 pandemic, primarily providing care via telehealth, and also conducting face-to-face visits on a case-by-case basis. A dentist provides dental services Monday-Friday, every other week, and a hygienist and dental students from Northern Arizona University visit the Medical Center to provide dental services during their clinical rotations. Phoenix Indian Medical Center (PIMC) also provides additional services to the Medical Center, with tobacco cessation services and audiology services provided one or two days a month from visiting PIMC providers and vision services offered twice per month. Other specialty care such as gastro-intestinal care requires referral and travel to Cottonwood or Phoenix. The Medical Center provides urgent care for walk-in patients during clinic hours, but after hours for urgent care or emergency room needs, community members must travel to Camp Verde (Verde Valley Medical Center) or Cottonwood (Northern Arizona Health Care Verde Valley Medical Center). The Yavapai-Apache Nation Medical Center does not have a pharmacy, which means that prescriptions must be filled at pharmacies in Camp Verde or other surrounding communities, or are shipped from PIMC to the Medical Center for pick-up. The Medical Center remained open for PIMC medication pick-up during the pandemic. Prenatal care is provided through the Yavapai-Apache Nation Medical Center but key informants noted that most pregnant women go to other Ob/Gyn providers outside of the community, and give birth at the Verde Valley Medical Center in Cottonwood.

Pediatric care is also available for community members from the family medicine physician, who provides Well Baby and Well Child checks and immunizations at the Medical Center. Key informants in the region note that many families choose to go to other private providers in the community, such as Phoenix Children's Pediatrics (formerly called Red Rock Pediatrics), for pediatric care. If a parent who visits the Medical Center suspects a developmental concern in their child, or the provider suspects a developmental concern, a referral is made to an outside organization, typically Northern Arizona Health Care. Key informants noted that children can receive assessment and services through that organization in a timely manner, and that there is a good working relationship between those specialty providers and the Yavapai-Apache Nation Medical Center. Specific to speech services, key informants noted that these services often require travel to Phoenix Children's Hospital which can place an additional burden on families.

Data provided by the Indian Health Service (IHS) Phoenix Area show that between October 2018 and September 2019 there were 1,364 IHS active users residing within the Middle Verde Service Area.ⁱⁱ Of those, 49 were children aged birth to 5 (Table 2). Active users are defined as those who had an outpatient, inpatient, dental, or contract visit at least once in the past three years from the end of the reporting period. This includes individuals who received services through the Yavapai-Apache Nation Medical Center.²¹

Table 2. Number of Active IHS Users from the Yavapai-Apache Nation

	Young Children (Ages 0-5)	All Ages
Yavapai-Apache Nation	49	1,364

Source: Indian Health Services, Phoenix Area (2021) [IHS Dataset]. Unpublished data received by request.

Beginning in September 2020, the Community Health Program (also known as the Wellness Program), formerly housed in the Social Services Department, moved under the Medical Center. The program provides diabetes education in the community, conducts house visits with wellness check for the elderly or homebound at the direction of the Medical Center's primary care physician, and also oversees the Yavapai-Apache Nation WIC program. During the shutdown of most tribal departments due to the COVID-19 pandemic, staff from the Community Health Program also did outreach, contacting community members by phone, to assess needs and answer questions about COVID-19. As of July 2021, components of this program were located in different tribal buildings. The Wellness Program, which provides tribal members with wellness, diabetes and health services such as tobacco prevention, is

ⁱⁱ The Middle Verde Service Area includes the communities of Camp Verde, Clarkdale, Cornville, Paulden, Cottonwood, Jerome, Middle Verde, Rim Rock and Sedona.

housed in the Medical Building in Middle Verde. Other portions of the Community Health Program, WIC and community health awareness, are located in the Food Bank building.ⁱⁱⁱ

Key informants discussed previous success with an all-day wellness clinic for families, providing hearing tests, eye checks, immunizations and dental cleaning for children. This clinic was not held in 2020 due to the COVID-19 pandemic, but there are plans to hold this clinic in 2021 and also offer COVID-19 vaccinations for family members. Ideally, the various services offered by visiting PIMC staff such as audiology and vision would also be offered, however attempts to schedule these visiting services on the same days has not been successful in the past. Families with children who are past due on immunizations are recruited to attend these clinics through direct phone calls.

Key informants also noted a decline in the overall census of patients being served at the Medical Center of roughly 30%. This decline was attributed to a difficulty of scheduling routine care due to the presence of only a single physician, infrequent availability of other care provided by visiting staff, and also due to the need to use appointment times to administer COVID-19 vaccines. In an effort to re-engage patients in care, those who had been inactive with the Medical Center for at least three years were sent a letter inviting them to re-engage with services. Fifteen percent of those contacted indicated they wanted to re-engage with the Medical Center and another 35% responded that they had found another medical provider or had moved out of the area (50% did not respond). Key informants indicated that an additional medical provider would increase accessibility to timely routine care, although this position would need to be funded by the Nation. A nutritionist was also mentioned as a needed resource for the Medical Center due to the high prevalence of diabetes and obesity among community members. Increasing the frequency of specialty clinics to more than once per month was also cited as a need to expand available services and the capacity of the Medical Center.

An additional need mentioned by key informants is for community members to take advantage of behavioral health services offered through the Medical Center. Typically, behavioral health services used by the community focus on substance use and most are for individuals who have a court order to participate in these services. Behavioral health services are available for a much broader array of conditions at the Medical Center, and are seen as an asset that is currently underused by community members.

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

The Yavapai-Apache Nation Special Supplemental Nutrition Program for Women, Infants and Children (WIC) operates under the umbrella of the Inter Tribal Council of Arizona (ITCA) WIC program. The WIC program provides nutritional and fitness services to members of the Nation but also to non-tribal members who reside in its area of service (including the Hispanic population in Camp Verde, Clarkdale, and Cottonwood and American Indian residents in the Prescott area). The WIC office offers both classes and one-on-one consulting in WIC appointments aimed at preventing and reducing obesity as well as gestational diabetes among community members, sometimes in collaboration with the Yavapai-Apache

ⁱⁱⁱ Information from <https://yavapai-apache.org/directory/wellness-program/>

Nation Diabetes program. Key informants report that the WIC caseload has decreased in recent years, and that the future of the program is uncertain. It should also be noted that tribal members can participate in county-based WIC services, and that these participants would not be reflected in data collected by ITCA that is reported here.

The table and figures below show participation in the Yavapai-Apache Nation WIC program for women, infants and children. In 2020, there were a total of 145 women (n=34), infants (n=36) and children (n=75) enrolled in the program (Table 3).²² Consistent with key informants’ reports, the number of children aged birth to 4 enrolled in the program decreased between 2017 and 2020 from a high of 152 to a low of 111 (Figure 7). Enrollment across all ITCA WIC programs also decreased across those years. Participation rates, however, differed. The proportion of clients who are certified (and therefore enrolled in the program) and who actually receive their benefits is called the “participation rate.” Between 2017 and 2020, the participation rate in the Yavapai-Apache Nation WIC program decreased overall from 85% to 82%, although rates actually increased in the intervening years (Figure 8). Across all ITCA WIC programs, participation rates increased slightly overall during those years from 90% to 92%. In 2020, the total participation rate of clients in the Yavapai-Apache Nation WIC program was 82%, lower than the 91% across all ITCA WIC programs combined, and participation rates were highest for infants for both (YAN 86%; ITCA 96%) (Figure 9).

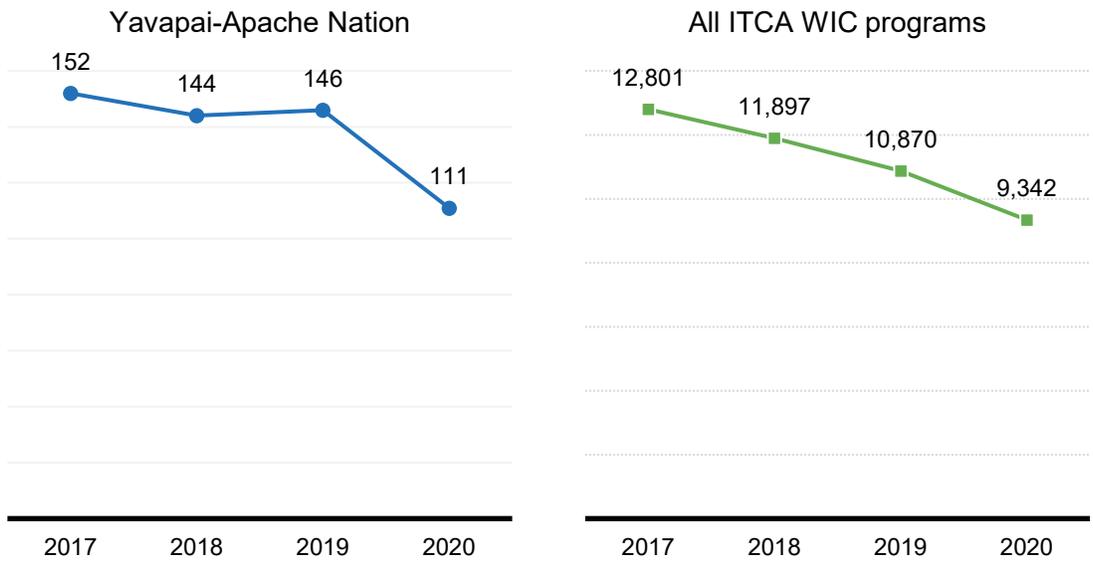
Table 3. Enrollment in the Yavapai-Apache Nation WIC Program, 2020

	Women Enrolled (2020)	Infants Enrolled (2020)	Children Enrolled (2020)	Total Enrolled (2020)
Yavapai-Apache Nation	34	36	75	145

Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

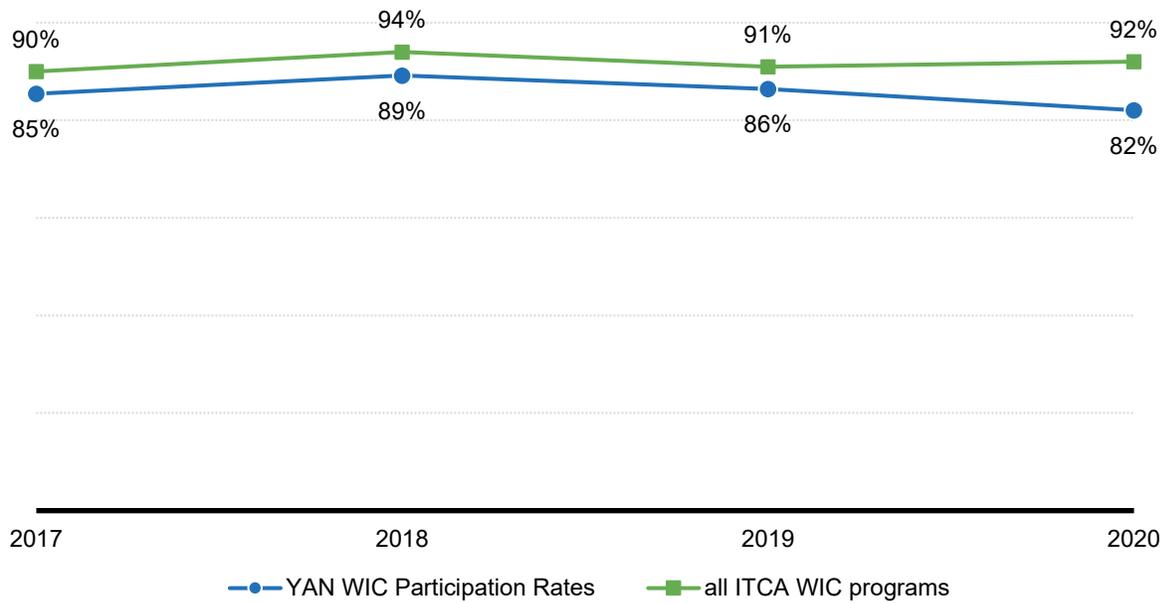
Note: The data reported above represents all those enrolled in the Yavapai-Apache Nation WIC program, including tribal and non-tribal members.

Figure 7. Children (ages 0-4) enrolled in the Yavapai-Apache Nation WIC Program, 2016 to 2020



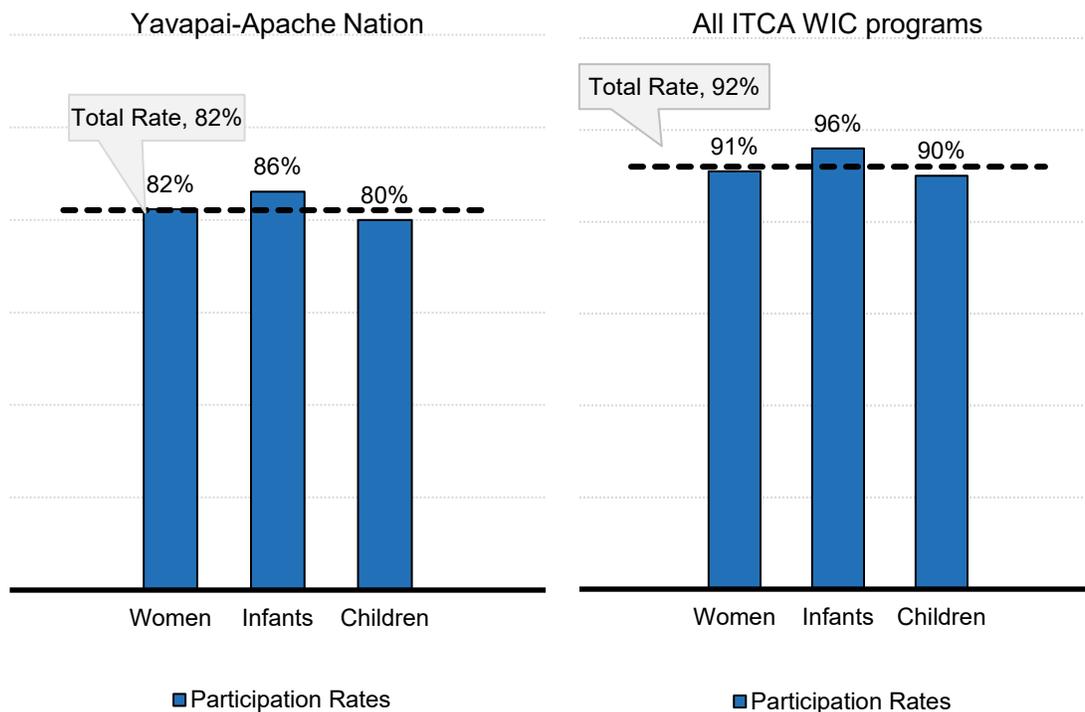
Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Figure 8. Yearly participation rates in the Yavapai-Apache Nation WIC Program, 2016 to 2020



Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Figure 9. Participation rates in the Yavapai-Apache Nation WIC Program, 2020



Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Food security resources

A nationally representative survey found that for caregivers in low-income families, food insecurity during the pandemic, exacerbated by the loss of free meals (e.g., school lunch), was the lone consistent predictor of anxiety, depression and stress.²³ Arizona families with young children have been particularly vulnerable to being persistently food insecure and becoming food insecure during the pandemic, and food insecurity tends to be worse for people of color. Nationally, Native Americans are almost three times as likely (23.5%) to be food insecure, compared to non-Hispanic White individuals (8.1%).²⁴ In this context, the efforts of the Yavapai-Apache Nation to distribute food to families throughout the pandemic have been particularly important.

The Yavapai-Apache Nation operates a Food Bank, with services open to both tribal and non-tribal members depending on the funding source for food provided. Tribal members and guardians of tribal members can receive supplemental food boxes designed to last three to five days, two to three times per month. Prior to the COVID-19 pandemic, the Food Bank typically distributed 80 supplemental food boxes per month, and was open five days a week with pick-up times from 1pm to 5pm Monday thru Friday. Supplemental food boxes have an income eligibility requirement, however during the COVID-19 pandemic these income eligibility requirements were waived, as was the limit on the number of food boxes a family could receive each month. Food boxes are also delivered two times per month to the elderly or disabled, and to those under quarantine during the COVID-19 pandemic.

Food included in supplemental food boxes is either purchased using Yavapai-Apache Nation funds or through an agricultural grant, donated, or grown on the Nation's ranch and farm. Food not purchased is available to non-tribal members and is distributed through a food care program that partners with St. Mary's Food Bank in Phoenix. Through Food Care events, anyone in the area can pick up a food box either inside the Food Bank in hot weather, or in the parking lot when cooler. These events are held on the 1st Friday and 3rd Tuesday of the month and typically serve 150 households per event. Collaboration with St. Mary's Food Bank also enables delivery of food to schools through the Kid's Café during the school year. Meals are also delivered to children involved in the Johnson O'Malley Program (JOM), a tutoring program during the school year. During the summer, youth can come to the Food Bank for the Kid's Cafe. In 2021, the Kid's Café at the Food Bank provided lunch and snacks between 1 and 3pm during the period between June 7th and July 29th.

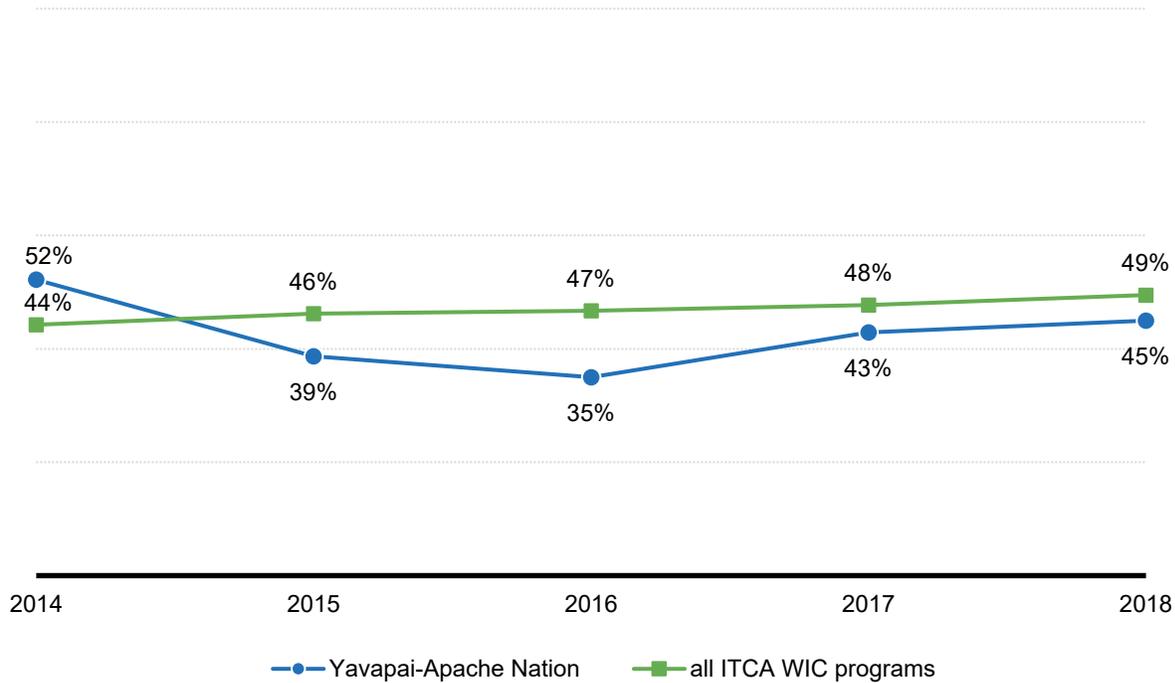
During the COVID-19 pandemic, the Food Bank was closed, but CARES ACT funding allowed for purchase of food and provision of food boxes at community events twice a month through the fall of 2020 and once a month after that. At the last CARES ACT event in December 2020, 500 food boxes were distributed. In addition to the direct benefit of provision of food to the community, key informants noted that these events also helped increase knowledge and favorable perceptions about the Food Bank and the food it provides. The Food Bank is now seen as a food resource for the whole community and a conduit for providing quality food.

The Food Bank also collaborates with the Social Services Department to provide food resources to families experiencing domestic violence. When a victim of domestic violence is provided temporary housing, the Social Services Department contacts the Food Bank to arrange provision of a food box to that family.

Maternal characteristics

Data are also available from the Yavapai-Apache Nation WIC program on a number of maternal health indicators for those enrolled between 2014 and 2018 (the most current data available).²⁵ Maternal obesity is linked to both birth outcomes and a child's subsequent health. Among all Arizonan women enrolled in WIC, about 35% were obese before pregnancy in 2018.²⁶ Among women enrolled in the Yavapai-Apache Nation WIC program this rate was higher (45%), but slightly lower than for women enrolled across all ITCA WIC programs (49%) (Figure 10). The rate of pre-pregnancy obesity among Yavapai-Apache Nation WIC enrollees has decreased overall from 2014 to 2018, from 52% to 45%, however the intervening years showed lower pre-pregnancy obesity rates, with a low of 35% in 2016.

Figure 10. Pre-pregnancy obesity rates for mothers enrolled in WIC, 2014 to 2018

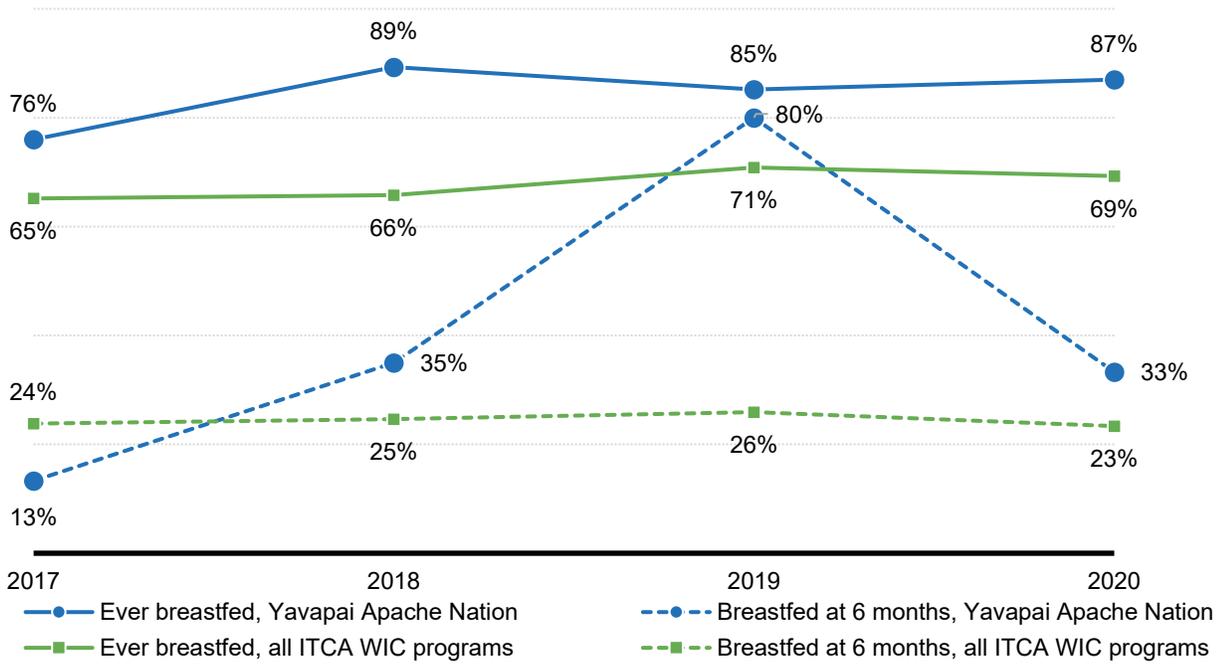


Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Breastfeeding

Data are also available from the Yavapai-Apache Nation WIC program on a number of child health indicators for those enrolled between 2017 and 2020, including breastfeeding.²⁷ Eighty-seven percent of infants enrolled in the Yavapai-Apache Nation WIC program were ever breastfed in 2020 (Figure 10). This percentage was much higher than that seen across all ITCA WIC programs, with 69% of WIC-enrolled infants statewide ever being breastfed in 2020. In addition, the percent of infants in the Yavapai-Apache Nation WIC program who were ever breastfed increased from 76% in 2017 to 87% in 2020. However, the percent of infants breastfed for six months or longer is much lower, and has shown an inconsistent pattern, with a low of 13% in 2017, a high of 80% in 2019, before decreasing again in 2020 to 33% (Figure 11). This rate of 33% of infants breastfed at 6 months for those enrolled in the Yavapai-Apache Nation WIC program in 2020, is however 10% higher than across all ITCA WIC programs that same year (23%).

Figure 11. Breastfeeding rates for infants enrolled in the Yavapai-Apache Nation WIC Program, 2017 to 2020

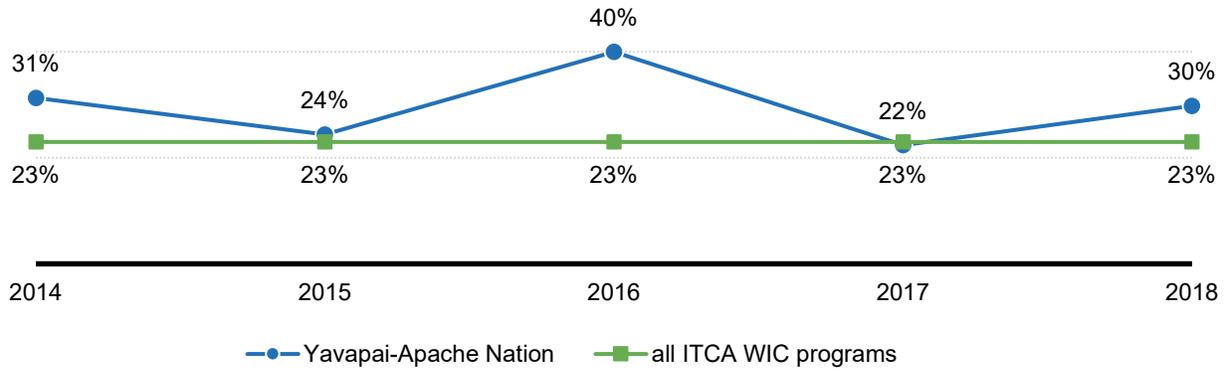


Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Children’s weight status

Data on the weight status of children in the community were also available from the Yavapai-Apache Nation WIC program.²⁸ In 2018, 30% of children ages 2 to 4 enrolled in the program were obese, more than for young children enrolled across all ITCA WIC programs (23%) (Figure 12). The percentage of young children participating in Yavapai-Apache Nation WIC who were obese has fluctuated between 2014 and 2018, with a high of 40% in 2016, and a low of 22% in 2017. Over a similar period, the percentage of children ages 2 to 4 enrolled in all ITCA WIC programs who were obese remained steady at 23%.

Figure 12. Obesity rates for WIC-enrolled children (ages 2-4), 2014 to 2018

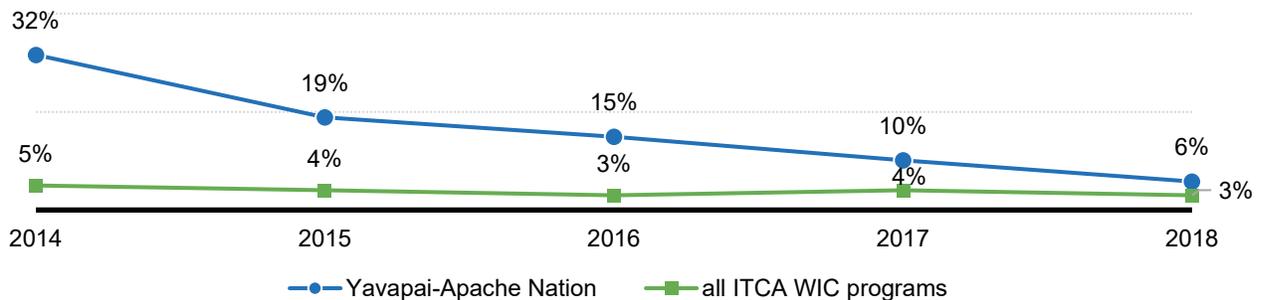


Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Childhood smoking exposure

According to data from the Yavapai-Apache Nation WIC program, the percentage of children enrolled in WIC who were exposed to smoking in the household decreased from 32% to 6% between 2014 and 2018 (Figure 13). Exposure to secondhand smoke puts children at a higher risk of developing ear infections, respiratory illnesses, and sudden infant death syndrome, so this decrease is a definite strength.²⁹

Figure 13. WIC-enrolled children exposed to smoking in the household, 2014 to 2018



Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Oral health

Oral health and good oral hygiene practices are important to children’s overall health. Tooth decay and early childhood cavities can have short- and long-term consequences including pain, poor appetite, disturbed sleep, lost school days, and reduced ability to learn and concentrate.³⁰ A national study showed that low-income children were more likely than higher-income children to have untreated cavities.³¹ Despite high percentages of young Arizona children who have preventative dental care visits (68.4%) compared to the national average (57.8%), there is a relatively high percentage who have had decayed teeth or cavities (11.1%) compared to those across the nation overall (7.7%).³² Low-income children in Arizona, specifically, are more likely to have untreated cavities and less likely to have had an annual dental visit than their higher-income peers.³³ Within Arizona, American Indian children are more likely to experience tooth decay (76%) than White children (34%).³⁴

In 2010, the Indian Health Service (IHS) implemented an ongoing oral health surveillance system to monitor the oral health of American Indian and Alaska Native (AI/AN) children. Early childhood caries (tooth decay) is the most common health problem among AI/AN children aged birth to 5, five times more common than asthma, and this population has tooth decay at a rate that is four times that of White, non-Hispanic children in the United States. The 2018-2019 IHS Oral Health Survey collected data from children aged 1-5 years, and identified trends since the 2010 survey.³⁵ During the 2018-2019 survey year, survey data were collected from a total of 9,275 children ages 1 to 5 from all IHS Areas, including 481 children from the Phoenix Area which includes the Yavapai-Apache Nation. Results from the 2018-2019 survey showed that 52% of AI/AN children ages 1-5 years had tooth decay, a decrease from 55% in 2010, and fewer had untreated decay, decreasing from 39% to 34% from the 2010 to 2018-2019

surveys. The Phoenix Area was also one of three IHS units that had a statistically significant reduction in the prevalence of tooth decay between the 2010 and 2018-2019 surveys, with a 25% reduction from 57% in 2010 to 43% in 2018-2019. The Phoenix Area also had a reduction in untreated decay higher than the national average of 14%, although this reduction wasn't statistically significant.

The survey also offered insight into the prevalence of dental sealants, which when applied to the back teeth can prevent tooth decay. Although the prevalence of sealants among AI/AN children (7%) is higher than the national average (4%) for children aged 3-5 years, a key finding of the 2018-2019 survey was that these preventive sealants are underutilized, and more AI/AN children should benefit from this proven preventive service. According to recent data available from the IHS Phoenix Area, between October 2019 to September 2020, 12% of Yavapai-Apache Nation children ages birth to 5 received topical fluoride applications, and 5% received sealants.

The importance of providing for the oral health of young children is recognized by the Yavapai-Apache Nation. As discussed previously in this Supplement, through an agreement with Northern Arizona University, students in the dental hygiene program travel to the Yavapai-Apache Nation Medical Center to provide services to the community weekly throughout the academic year, and less frequently over the summer. There is a dentist at the Yavapai-Apache Medical Center offering services every other week, but the dentist is limited in his ability to see children. Pediatric dentists are available in Cottonwood or at Phoenix Indian Medical Center (PIMC).

Family Support and Literacy

Responsive relationships and language-rich experiences for young children help build a strong foundation for later success in school and in life. Positive and responsive early relationships and interactions support optimal brain development, academic skills, and literacy during a child's earliest years and lead to better social, physical, academic, and economic outcomes later in life.^{36,37,38,39}

Cultural beliefs and practices can also support healthy development and counter the influence of socioeconomic challenges and historical trauma.^{40,41,42} Unfortunately, not all children are able to begin their lives in positive, stable, nurturing environments. Adverse childhood experiences (ACEs)^{iv} have been associated with developmental disruption, mental illness, drug and alcohol use and overall increased healthcare utilization.^{43,44} When discussing ACEs among American Indian communities it is important to include the context of the historical trauma and the structural inequalities placed upon these communities.⁴⁵ With this in mind, American Indians and Alaskan Natives (AI/AN)s disproportionately experience childhood trauma such as abuse, family violence, and neglect.⁴⁶ Nationally, an estimated 72%-86% of AI/AN individuals have experienced at least one ACE and 17%-35% have experienced four or more.⁴⁷ Other national research estimates that AI/AN children are approximately 2-3 times more likely to have a parent who served time in jail, to have been a victim/witnessed violence in their

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

neighborhood, and to have lived with a substance abuser compared to non-Hispanic White children. American Indian and Alaskan Native children are also estimated to be 1.5 times more likely to live with families struggling to provide basic food and housing, live with a divorced or separated parent, and to have lived with a parent who died.⁴⁸ In addition, AI/AN children with two or more ACEs have a higher prevalence of depression and anxiety compared to AI/AN children with two or fewer ACEs. Data specific to Arizona is available through the 2018-2019 National Survey on Children's Health, which estimates that 78% of AI/AN children aged 0-17 in Arizona have experienced one ACE, 20% have experienced no ACEs and only 2% have experienced two or more ACEs.⁴⁹ Whereas the percentage of children aged 0-17 experiencing one ACE was greatest for AI/AN children across ethnic groups in Arizona, AI/AN children were less likely to experience two or more ACEs (2%) compared to other ethnic groups in Arizona (Black 34%, White, non-Hispanic 22%; Hispanic 21%; and Multi-racial 26%), Not only do ACEs effect mental health and well-being into adulthood, but the negative impact of ACEs can transgress into parenthood as well. Greater parental ACEs can lead to increased parental distress and in turn, result in poorer child social-emotional functioning.⁵⁰ These findings further highlight that ACEs and trauma have a transgenerational effect especially among AI/AN communities.

Whereas ACEs can have a negative impact on the health and well-being of AI/AN children, many aspects common in tribal communities offer resilience.⁵¹ Cultural practices, social connectedness and social and community support can ameliorate some of these negative impacts. These resilient factors have been associated with improved physical and mental health in American Indian adults with diabetes, depression and anxiety, indicating that there may be a strong role for social and cultural support in alleviating the adverse outcomes associated with ACEs in American Indian communities.^{52,53}

Child abuse and neglect

Child welfare services in the Yavapai-Apache Nation are provided by the tribal Social Services Program. Cases are referred to the program through the Arizona Department of Child Safety (DCS) child abuse hotline, through police interactions with families, from local schools or the Johnson O'Malley Program, or from community members. After a referral, a Child Protective Services (CPS) Investigator follows up to determine if the referral is substantiated or not, and a safety plan can be put in place if the child can stay in the home. The goal overall is to avoid removing the child from the home if possible, so support for the family is key. Once a case is substantiated, and a child is removed from the home, the CPS Investigator starts a case plan to identify issues and services for parents to access. The Social Services Program does supervised visits with the family to ensure that the child continues to interact with the parents, and also interacts with the foster family to ensure all ongoing needs are being met such as health, dental and developmental needs. The Social Services Program also received a federal grant in 2021 to fund an onsite therapist to work with children whose families have been involved in domestic violence or who are being removed from their home.

Children removed from their homes can be placed with licensed tribal foster homes or non-tribal homes, or if needed in residential group homes in Phoenix, Chandler or Tucson. There is no local shelter or group home within the community and key informants noted that there is a large need for more foster

families in the area, in particular, tribal foster homes so children can remain in the community. Increasing the availability of relative placements was also cited as a need, with current challenges encountered by relatives being unable to meet criteria for these placements, such as failing background checks. An additional needed support mentioned by many key informants is the need for parenting classes in the community that would be open to anybody, not just those involved in the child welfare system. These supports focused on families with the youngest children was also mentioned as a keen need. Parenting classes are required for foster parents (who are not relatives) to be licensed and were offered by the Social Services Program to these families prior to the COVID-19 pandemic. The classes were suspended during the pandemic, as was the licensing requirement for non-relative foster families to take these classes. The COVID-19 pandemic also changed the supports offered for foster families; respite care was no longer available due to the fear of transferring the virus from house to house.

As of 2020, there were less than 10 foster care homes licensed by the tribe on Yavapai-Apache Nation land, although this represented a slight increase from the previous year.⁵⁴ The number of beds in those foster care homes increased from 10 in 2019 to 14 in 2020. The total number of foster care homes licensed by the tribe located off-reservation and the total number of beds within these homes also increased from 2019 (homes <10; beds=10) to 2020 (homes <10; beds=12). Finding placement for children is often a challenge, and when local homes are not available, children must be sent outside of the community.

Special federal guidelines are currently in place to regulate how Native children and their families interact with the state's child welfare system. In 1978, Congress passed the Indian Child Welfare Act (ICWA). ICWA established federal guidelines that are to be followed in all state custody proceedings when an Indian child enters the welfare system. Under ICWA, an Indian child's family and tribe are able and encouraged to be actively involved in the decision-making that takes place regarding the child, and may petition for tribal jurisdiction over the custody case. ICWA also mandates that states make every effort to preserve Indian family units by providing family services before an Indian child is removed from his or her family, and after an Indian child is removed through family reunification efforts.⁵⁵

Data from the Yavapai-Apache Nation Social Services Program indicates that while the number of child welfare reports to tribal CPS decreased from 51 in 2019 to 29 in 2020, the number of substantiated cases of abuse and neglect, and the number of children aged 0-17 removed by tribal CPS increased during the same period (from <10 to 12 for both) (Table 4).

Table 4. Child Removals and Substantiated Cases of Abuse or Neglect, 2019, 2020

	2019	2020
Number of child welfare reports to YAN CPS	51	29
Number of substantiated cases of abuse/neglect (YAN CPS)	<10	12
Number of children removed by tribal CPS	<10	12

Source: Yavapai-Apache Nation Social Services Program (2021). [Child Welfare data]. Unpublished data received by request.

For children in Yavapai-Apache Nation CPS care, between 2019 and 2020, the number of children in relative placement remained constant, while the number of children in a foster care home decreased from 30 in 2019 to 24 in 2020 (Table 5).

Table 5. Out-of-Home and ICWA Placements, 2019, 2020

	2019	2020
Children (ages 0-17) in relative placement	10	10
Children (ages 0-17) in foster care (Total)	30	24
Children (ages 0-17) in foster care (On-Reservation)	<10	<10
Children (ages 0-17) in ICWA placements	<10	<10

Source: Yavapai-Apache Nation Social Services Program (2021). [Child Welfare data]. Unpublished data received by request.

Key informants indicated that domestic violence remains an issue in the community. The Social Services Program has a victim advocate who works with victims of domestic violence, to provide needed resources for the victim and their families. In 2021, counseling services for victims of domestic violence also began to be provided through a contract with a counselor from an outside agency.

A key success in relation to child welfare in the recent past has been reorganization of the system to standardize policies and procedures regarding foster families and children’s placements to ensure the system complies with BIA requirements. Another key asset mentioned by key informants is the Child Protective Team, which is a collaborative team representing all agencies involved in removal cases such as the police, probation, Attorney General’s Office, and Social Services, with a goal of preventing children’s removal from the home. The Team meets monthly or more frequently if needed, to discuss children identified with potential issues and to come to a group decision as to whether a removal is needed or if other supports or resources may be more suitable. Family members can also be involved in these meetings, and the Team offers help to these families, again with the goal of keeping children in

their homes. And additional asset is the collaboration between the Child Care Center and the Social Services Program to provide childcare services to foster parents.

Mental health and substance use

Substance use and mental health issues were named by key informants as some of the major challenges for families in the community, with key informants noting substance use being the driving reason behind nearly all child welfare cases. Children of parents with substance use disorders are more likely to be neglected or abused and face a higher risk of later mental health and behavioral health issues, including developing substance use disorders themselves.^{56,57} Substance abuse treatment and supports for parents and families grappling with these issues can help to ameliorate the short- and long-term impacts on young children.⁵⁸ The Yavapai-Apache Nation Social Services Program provides a number of services related to substance use and mental health including peer support by community members, Intensive Outpatient Treatment (IOP), one on one counseling, and collaboration with Tribal Court for the Wellness Court which serves those struggling with substance use. These services are open to all members of the community but are primarily utilized by those court-ordered to services. The Social Services Program has three counselors on staff as well as a peer support specialist who is from the Yavapai-Apache Nation. The Yavapai-Apache Nation Medical Center has limited capacity to provide behavioral health services, having had an open position for a behavioral health provider for some time, and several key informants emphasized a need for more mental health services in the community. The Social Services Program typically makes referrals outside of the community to Spectrum Healthcare and Desert Foothills Counseling for behavioral health services.

The Yavapai-Apache Nation Social Services Program also administers the Alcohol and Substance Abuse Program (ASA), overseen by an ASA Manager. The ASA Program refers community members to outside in-patient and detox treatment as no local services are available. Key informants mentioned that these outside services are often effective, but a lack of services in the community when individuals return from treatment can be detrimental to those individual's sobriety. Those who have worked very hard over a period of time return to the same environment they left, with similar triggers to those they faced before in-patient treatment. The addition of the new YAN IOP program is an asset that could help to address some of these challenges.

The Social Services Program also interacts with families struggling with alcohol and substance use through the Tribal Wellness Court. Wellness Court participants are typically justice-involved and referred to the Court and participation usually lasts two years. Wellness Court is held every other Friday, and members of the team, including the Wellness Court Coordinator, representatives from Social Services and Probation, and an individual counselor attend to review participant's status and compliance with their Wellness Court plan. Prior to the pandemic, the Wellness Court served four or five community members each year, and in 2021 was down to two participants. The Wellness Court admissions process is under revision in the hopes that eight to 10 people could be active in the court at one time, and that some individuals and families who could benefit, but are not justice-involved, could participate. Key informants noted positive collaborative efforts amongst those involved in the Wellness Court, and that many people who go through the Wellness Court process have positive outcomes.

The COVID-19 pandemic had a large impact on activities of the Social Services Program, with all intakes and assessments being moved to the phone, and key informants noting less of a support system in place for those returning to the community following involvement in external substance abuse or mental health programs. In person supports such as IOP or AA meetings were paused, and transportation was discontinued except for those on dialysis or for other serious exceptions. As the Nation began opening again in summer 2021, key informants saw access to the services of the Social Services Program returning.

Supporting families

During the pandemic, strains placed on agencies and programs due to furloughs and layoffs limited services available and the ability of departments and programs to collaborate. At one point during the pandemic, only 10% of tribal employees were working due to closures and the financial impact of money-generating tribal facilities being closed. Additional funding being received through CCDF stabilization grants, CARES Act funding, and other funding sources began to impact available services as the Nation began re-opening in 2021. As one key informant stated “We have always operated from the mindset of ‘do more with less’, but now that we have more (with the federal funds), it’s like, what else can we do, what more can we do?”

Providing support for families through parenting education resources was cited as a need by key informants. Prior to the pandemic, the only parenting classes open to all were through Arizona’s Children Association Parent Outreach and Awareness program which visited the Child Care Center and offered classes to all families in the community. These offerings became virtual during the pandemic, and families involved in Tribal Court, the Home Care Program of the Yavapai-Apache Nation Child Care Program, or the Montessori Children’s Home could take part. The Child Care Program sends out announcements of these services to other tribal departments and through the Nation’s Facebook page. The Child Care Program also has a library of resources on early childhood, health and wellness, parenting and finance available for viewing. The need for additional parenting resources was mentioned by numerous key informants, including mention of additional resources that had been in the planning stages, being halted due to the pandemic. Key informants in the region also expressed a desire to see more prenatal education classes to help reduce prenatal substance exposure. These informants highlighted that early intervention is key in supporting families.

Opportunities for community activities had been available for older children in the region, but there were few community activities organized for young children. Previously, the Recreation Program ran an afterschool program for children ages 5 and older throughout the school year and an 8-week summer program. This program ended when the pandemic hit, and key informants were unsure if this would be re-instated. Across the board, key informants discussed this program positively and expressed the desire for it to be re-instituted once the Nation was fully re-opened.

Key informants also noted that the need to support community members learning surrounding culture and language, both for the youngest children and their families as culture and language preservation are priorities for the Yavapai-Apache Nation. Language preservation and revitalization are critical to strengthening culture in Native communities, addressing issues of educational equity, and to the

promotion of social unity, community well-being and Indigenous self-determination.^{59, 60} According to U.S. Census Bureau American Community Survey (ACS) five-year estimates (2015-2019), 9% of residents on the Yavapai-Apache Nation speak a language other than English or Spanish at home (these data do not specify which language is spoken).^v This proportion is much lower than across all Arizona reservations, where 51% of those 5 and older speak a language other than English or Spanish at home.⁶¹

The Cultural Resource Center hosts a variety of programs and services aimed at documenting and preserving both the Yavapai and Apache cultures. Prior to the pandemic, personnel from the Cultural Resource Center visited the Child Care Center and Montessori Children's Home weekly to provide language lessons to children in both center and home-based care. During the pandemic however, in-person learning opportunities paused, and instead, the focus was on providing resources to children from both educational settings. Collaboration between the Child Care Program and Cultural Resource Center resulted in a curriculum on language and traditions that can be checked out by parents or home-based providers to review at home with children. This resource includes flash cards, coloring books, CD's and worksheets. Providing virtual presentation of language classes was in discussion in late spring 2021 but had not yet begun as of summer 2021. The Cultural Center also remained closed as of the summer of 2021 due to the pandemic, and an awareness that the Center's typical influx of people from other states and countries may bring a risk of added exposure to COVID-19.

Key informants discussed that some of the primary challenges for language preservation and revitalization have been a lack of teacher and staff capacity, and also the lack of adult speakers in the community. The Cultural Resource Center has many language materials available but struggles with finding enough staff who can teach classes. There are few fluent speakers, and many of those who are, are not able to teach the language in a classroom setting. In addition, when children attend language classes in school settings, they are unable to practice what they learn with others in their home due to so few adults in the community speaking either language. Key informants noted in addition to professional development to support Apache and Yavapai speakers in teaching languages to the next generation, making available a setting in which those learning these languages can practice with others is important.

Summary and Conclusions

It is clear that the Yavapai-Apache Nation has substantial strengths regarding services and resources available to young children and their families, even though these services and resources were impacted by the COVID-19 pandemic. We base this conclusion on the qualitative data gathered through discussion with key informants, as well as quantitative data provided by tribal agencies. However, there continue to be challenges to fully serving the needs of families with young children. Both identified assets and identified challenges are summarized in the section that follows.

^v The American Community Survey (ACS) no longer specifies the proportion of the population who speak Native North American languages for geographies smaller than the state. In Arizona, Navajo and other Native American languages (including Apache, Hopi, and O'odham) are the most commonly spoken (2%), following English (73%) and Spanish (20%).

Identified assets:

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

- The Yavapai-Apache Nation Child Care Center coordinates with the Montessori Children's House to provide transportation and afterschool care.
- The Food Bank coordinates with local schools to provide nutritious meals while schools are out in the summer.
- The Social Services Department coordinates with the Yavapai-Apache Nation Child Care Program to provide child care services to foster parents and with the Food Bank to provide food to families in temporary housing as a result of domestic violence.
- The Cultural Resource Center works with the Child Care Center and the Montessori School to provide language lessons to children in both schools.
- The Social Services Program, the Tribal Police, and the Tribal Court work closely together through initiatives like the Wellness Court and the Child Protective Team.

Additional assets available to young children and their families include the following:

- In the face of multiple stressors related to the COVID-19 pandemic, the community and family-focus of those within the Yavapai-Apache Nation, was cited by many key informants as an asset that helped lessen these stressors.
- Before interruption by the COVID-19 pandemic, there were a wide variety of programs and services available to community members locally, provided in culturally appropriate ways that community members appreciate. As the Nation re-opens these services again were being made available.
- The support provided by the Yavapai-Apache Nation to the Yavapai-Apache Child Care Program and Montessori Children's House has ensured that children continue to have access to high-quality early learning opportunities and resources.
- The Food Bank became an even more important asset to the community during the COVID-19 pandemic, ensuring that children and families, including those quarantined during the pandemic had a consistent supply of quality, nutritious food.
- As domestic violence continues to be a concern in the community, additional resources are being identified to support families, including a grant-funded therapist to work with children whose families have been involved in domestic violence.

Identified challenges or needs:

- Additional child care opportunities, including additional recruitment and certification of home providers, and increased staffing for the Child Care Center and Montessori Children’s House, remain a need.
- There is a need for more activities and events for young children and their families. While there have been a number of after-school and summer programs available for school-age children, there are few opportunities available to engage children under the age of 5.
- Key informants noted a need for developmental screening and services in the community for children younger than school age, in addition to more resources for educating parents about healthy development and developmental milestones to enable identification of possible developmental delays earlier.
- Enrollment in the tribal WIC program has decreased in the last several years, placing the future of this program, which can be an asset to women and children, in question.
- More parent education opportunities were cited as key need, so that those resources could be readily available to all, not just for those who are involved in the child welfare system.
- Few parents speak the Yavapai and Apache languages. As a consequence, most parents are not able to speak the community’s Native languages at home and teach their children. There is a significant need for trained teachers to facilitate language instruction and for an environment where those learning these languages can practice with others.
- The issue of substance use is an ongoing concern in the community. There continues to be a high need for services for those with substance issues, particularly for those returning to the community after residential treatment. Substance use has an impact on families at multiple levels, but even affects the availability of home-based child care providers, as all adults residing in the household must clear the background and drug test.
- A large proportion of adults and children living in poverty continues to be an issue in the community.
- Several agencies expressed a need for additional staff capacity, including behavioral health and medical staff.

Successfully addressing the needs outlined in this Supplement will require the continued collaboration of Yavapai-Apache Nation tribal agencies, and continued and pending collaborations with outside agencies such as First Things First and other state agencies, local providers, and other community stakeholders. The strong sense of community and identity among members of Yavapai-Apache Nation is a key asset that promotes caring and support for young children and families in the region. Continued

collaborative efforts have the long-term potential to make services, resources and opportunities available to more children and families across the Yavapai-Apache Nation.

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

- Food Bank
- Social Services
- Cultural Resource Center
- Yavapai-Apache Nation Medical Center
- Yavapai-Apache Nation Child Care
- Montessori Children’s House
- Tribal Court

References

- ¹ <https://yavapai-apache.org/yavapai-apache-nation/>
- ² U.S. Census Bureau (2021). 2020 Decennial Census Redistricting Data PL 94-171, Table P1. Retrieved from <https://data.census.gov>
- ³ U.S. Census Bureau (2012). 2010 Decennial Census Summary File 2, Table P1. Retrieved from <https://data.census.gov>
- ⁴ U.S. Census Bureau. (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, & P20
- ⁵ U.S. Census Bureau. (2021). 2020 Decennial Census, Redistricting Data PL 94-171, Tables P1, P2, P3, P4, & H1.
- ⁶ Arizona Department of Health Services (2020). *Health status profile of American Indians in Arizona, 2014- 2019*. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>
- ⁷ Red Horse, J. (1997). Traditional American Indian family systems. *Families, Systems, & Health*, 15(3), 243.
- ⁸ Harrison, A. O., Wilson, M. N., Pine, C. J., Chan, S. Q., & Buriel, R. (1990). Family ecologies of ethnic minority children. *Child Development*, 61(2), 347-362; Robbins R., Robbins S., Stennerson B. (2013). Native American Family Resilience. In: Becvar D. (eds) *Handbook of Family Resilience*. Springer, New York, NY
- ⁹ Hoffman, F. (Ed.). (1981). *The American Indian Family: Strengths and Stresses*. Isleta, NM: American Indian Social Research and Development Associates
- ¹⁰ Mutchler, J.E., Baker, L.A., Lee, S. (2007). Grandparents Responsible for Grandchildren in Native-American Families. *Social Science Quarterly*, 88(4), 990.
- ¹¹ Byers, L. (2010). Native American grandmothers: Cultural tradition and contemporary necessity. *Journal of Ethnic & Cultural Diversity in Social Work*, 19(4), 305-316.
- ¹² Healthy People 2020. (n.d.). *Social determinants of health*. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved September 14, 2021 from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- ¹³ Cornell, S., and Kalt, J. P. (2010). American Indian Self-Determination. The Political Economy of a Successful Policy. JOPNA Working Papers. Native Nations Institute and Harvard Project on American Indian Economic Development
- ¹⁴ Ibid.
- ¹⁵ US Census Bureau. (2021, February 2). Poverty Thresholds. The United States Census Bureau. Retrieved September 14, 2021 from <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>
- ¹⁶ Food Research and Action Center. (2013). SNAP and Public Health: The role of the Supplemental Nutrition Assistance Program in improving the health and well-being of Americans.
- ¹⁷ For more information on the Arizona WIC Program, visit <http://azdhs.gov/prevention/azwic/>
- ¹⁸ United Arizona Department of Health Services (2019). Arizona WIC Vendor List. Retrieved from <http://azdhs.gov/documents/prevention/azwic/az-wic-vendor-list.pdf>; Inter Tribal Council of Arizona (2016). Special Supplemental Nutrition Program for Women, Infants, and Children: Find a Store. Retrieved from http://itcaonline.com/?page_id=1064; United States Department of Agriculture (2019). SNAP Retailer Locator. Retrieved from <https://www.fns.usda.gov/snap/retailerlocator>
- ¹⁹ Yavapai-Apache Nation. Program Profile. Child Care Development Fund October 1, 2018 – September 30, 2019. Provided through personal correspondence.
- ²⁰ U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B27001
- ²¹ Indian Health Services, Phoenix Area (2021). [IHS Dataset]. Unpublished data. Phoenix Area Indian Health Service, July 2021, personal correspondence.
- ²² Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

-
- ²³ Center for Translational Neuroscience (2020, May 12). American Dream vs American Reality. Medium. Retrieved September 14, 2021 from <https://medium.com/rapid-ec-project/american-dream-vs-american-reality-9a0ebfc7ee6b>.
- ²⁴ Feeding America. (2021, March). The impact of Coronavirus on food insecurity in 2020 & 2021. Retrieved September 14, 2021 from https://www.feedingamerica.org/sites/default/files/2021-03/National%20Projections%20Brief_3.9.2021_0.pdf.
- ²⁵ Arizona Department of Health Services (2021). [WIC dataset]. Unpublished data
- ²⁶ Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.
- ²⁷ Ibid.
- ²⁸ Ibid
- ²⁹ Centers for Disease Control and Prevention (2016). Health effects of secondhand smoke. Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/
- ³⁰ Çolak, H., Dülgergil, Ç.T., Dalli, M., & Hamidi, M.M. (2013). Early childhood caries update: A review of causes, diagnoses, and treatments. *Journal of Natural Science, Biology, and Medicine*, 4(1), 29-38.
- ³¹ Gupta, N., Vujcic, M., Yarbrough, C., & Harrison, B. (2018). Disparities in untreated caries among children and adults in the US, 2011-2014. *BMC Oral Health*, 18(1), 30.
- ³² First Things First. (2019). *Building bright futures 2019: Arizona's early childhood opportunities report*. First Things First. Retrieved October 22, 2021 from https://www.firstthingsfirst.org/wp-content/uploads/2019/12/NA_Report_2019.pdf
- ³³ First Things First. (2016). *Taking a bite out of school absences: Children's oral health report 2016*. First Things First. Retrieved from http://azftf.gov/WhoWeAre/Board/Documents/FTF_Oral_Health_Report_2016.pdf
- ³⁴ Ibid.
- ³⁵ Phipps, K.R., Ricks, T.L., Mork, N.P. & Lozon, T.L (2019). Indian Health Service Data Brief: April 2019. *The Oral Health of American Indian and Alaskan Native Children Aged 1-5 Years: Results of the 2018-2019 IHS Oral Health Survey*. Retrieved from: <https://www.ihs.gov/doh/documents/surveillance/2018-19%20Data%20Brief%20of%201-5%20Year-Old%20AI-AN%20Preschool%20Children.pdf>
- ³⁶ Quentin, H, R, Rouse, H. L., Choi, J. Y., & Ku, S. (2019). The contribution of home literacy context to preschool academic competencies for American Indian and Alaskan Native Children. *Child & Youth Care Forum*, 49, 303-323. Retrieved April 14, 2022 from <https://link.springer.com/article/10.1007/s10566-019-09529-1>
- ³⁷ Van Voorhis, F., Maier, M., Epstein, J., & Lloyd, C. (2013). *The impact of family involvement on the education of children ages 3 to 8: A focus on the literacy and math achievement outcomes and social-emotional skills. MDRC: Building Knowledge to Improve Social Policy*. Retrieved August 18, 2021 from http://www.p2presources.com/uploads/3/2/0/2/32023713/family_outcomes.pdf
- ³⁸ Evans, G., & Kim, P. (2013). Childhood poverty, chronic stress, self-regulation, and coping. *Child Development Perspectives*, 7(1), 43-48. Retrieved August 18, 2021 from <https://srcd.onlinelibrary.wiley.com/doi/full/10.1111/cdep.12013>
- ³⁹ Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved August 18, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- ⁴⁰ Sarche, M., Tafoya, G., Croy, C. D., & Hill, K. (2016). American Indian and Alaskan Native boys: Early childhood risk and resilience amidst context and culture. *Infant Mental Health Journal*. Retrieve April 14, 2022 from <https://onlinelibrary.wiley.com/doi/full/10.1002/imhj.21613>
- ⁴¹ Sarche, M.C., & Whitesell, N.R. (2012). Child development research in North American Native communities – Lookin gback and moving forward: Introduction. Retried April 14, 2022 from <https://doi.org/10.1111/j.1750-8606.2011.00218.x>
- ⁴² Kahn, C.B., Reinschmidt, K., Teufel-Stone, N., Ore, C.E., Henson, M, & Attakai, A. (2016). American Indian elders' resilience: Sources of strength for building a healthy future for youth. *American Indian Alaskan Native Mental Health Research*. 23(3), 117-133. Retrieved April 15, 2022. From <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6047895/>
- ⁴³ Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect*, 69, 10-19.

-
- ⁴⁴ Kalmakis, K. A., & Chandler, G. E. (2015). Health consequences of adverse childhood experiences: a systematic review. *Journal of the American Association of Nurse Practitioners*, 27(8), 457-465.
- ⁴⁵ Richards, T. N., Schwartz, J. A., & Wright, E. (2021). Examining adverse childhood experiences among Native American persons in a nationally representative sample: Differences among racial/ethnic groups and race/ethnicity-sex dyads. *Child Abuse & Neglect*, 111, 104812. <https://doi.org/10.1016/j.chiabu.2020.104812>
- ⁴⁶ Ibid.
- ⁴⁷ Wurster, H. E., Sarche, M., Trucksess, C., Morse, B., & Biringen, Z. (2019). Parents' adverse childhood experiences and parent-child emotional availability in an American Indian community: Relations with young children's social-emotional development. *Development and Psychopathology*, 32(2), 425-436.
- ⁴⁸ Kenney, M. K., & Singh, G. K. (2016). Adverse Childhood Experiences among American Indian/Alaska Native Children: The 2011-2012 National Survey of Children's Health. *Scientifica*, 2016, 7424239. <https://doi.org/10.1155/2016/7424239>
- ⁴⁹ Mantina N, Celaya M, Indatwa A., Davis V., Madhivanan P. Adverse Childhood Experiences in Arizona. Tucson AZ; Phoenix, AZ: Arizona Department of Health Services; 2021. <https://www.azdhs.gov/documents/prevention/womens-childrens-health/assessment-evaluation/aces-brief-az-may-2021.pdf>
- ⁵⁰ Wurster, H. E., Sarche, M., Trucksess, C., Morse, B., & Biringen, Z. (2019). Parents' adverse childhood experiences and parent-child emotional availability in an American Indian community: Relations with young children's social-emotional development. *Development and Psychopathology*, 32(2), 425-436.
- ⁵¹ Kahn, C.B., Reinschmidt, K., Teufel-Stone, N., Ore, C.E., Henson, M., & Attakai, A. (2016). American Indian elders' resilience: Sources of strength for building a healthy future for youth. *American Indian Alaskan Native Mental Health Research*. 23(3), 117-133. Retrieved April 15, 2022. From <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6047895/>
- ⁵² Freeman, M., & Ammerman, A. (2021). Adverse childhood experiences and resilience in Native American families and Communities. *North Carolina Medical Journal*, 82(6), 408-413. <https://doi.org/10.18043/ncm.82.6.408>
- ⁵³ McKinley, C. E., Boel-Studt, S., Renner, L. M., & Figley, C. R. (2021). Risk and protective factors for symptoms of depression and anxiety among American Indians: Understanding the roles of resilience and trauma. *Psychological Trauma: Theory, Research, Practice, and Policy*, 13(1), 16-25. <https://doi.org/10.1037/tra0000950>
- ⁵⁴ Yavapai-Apache Nation Social Services Program (2021). [Child Welfare data]. Unpublished data received by request.
- ⁵⁵ Frichner, T.G. (2010). *The Indian Child Welfare Act: A National Law Controlling the Welfare of Indigenous Children*. American Indian Law Alliance
- ⁵⁶ Young, N.K., Boles, S.M., & Otero, C. (2007). Parental Substance Use Disorders and child maltreatment: overlap, gaps, and opportunities. *Child Maltreatment*, 12(2): 137-149.
- ⁵⁷ Smith, V., & Wilson. R. (2016). Families affected by parental substance use. *Pediatrics*, 138(2). PMID: 27432847
- ⁵⁸ Ibid.
- ⁵⁹ McCarty, T.L., & Nicholas, S.E. (2014). Reclaiming Indigenous Languages: A Reconsideration of the Roles and Responsibilities of Schools. *Review of Research in Education*, 38(1), 106-136.
- ⁶⁰ U.S. Department of Health & Human Services, Administration for Native Americans. (n.d.) Native Languages. For more information, visit <http://www.acf.hhs.gov/programs/ana/programs/native-language-preservation-maintenance>
- ⁶¹ U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001

APPENDIX 7: AVAILABILITY OF AND ACCESS TO SERVICES FOR CHILDREN WITH DEVELOPMENTAL CONCERNS IN THE YAVAPAI REGION: 2021



Availability of and Access to Services for Children with Developmental Concerns in the Yavapai Region: 2021

Why this project?

Given that it is a large, rural region, geographically divided by Mingus Mountain, families in the Yavapai Region sometimes have difficulty receiving specialty services for young children. The Yavapai Regional Partnership Council was interested in better understanding the continuum of services available for children with developmental concerns in the region and in identifying potential gaps in these services. Developmental concerns encompass issues with a young child meeting developmental milestones that may or may not meet the criteria to qualify for state-provided services such as those provided by the Arizona Early Intervention Program (AzEIP). The Council was interested in hearing both the provider and parent/caregiver perspective on strengths and challenges of the development support service system from screening and referral to assessment and service provision for children under the age of 6, with input from both sides of Mingus Mountain. This brief provides an overview of available data on the region's state-provided services for children with developmental concerns, then moves to a summary of provider and parent perceptions of this system in the Yavapai Region.

Availability and access to early intervention for children with developmental concerns is important.

Ensuring all families have access to timely and appropriate screenings for children who may benefit from early identification of special needs can help improve outcomes for these children and their families. Timely intervention can help young children with, or at risk for, developmental delays to improve language, cognitive and socio-emotional development.^{1,2} It also reduces educational costs by decreasing the need for special education.³ In Arizona, state-provided services available to families with children with special needs include those through the Arizona Early Intervention Program (AzEIP),ⁱ the Division of Developmental Disabilities (DDD),ⁱⁱ and the Arizona Department of Education Early Childhood Special Education Program.ⁱⁱⁱ

The Arizona Early Intervention Program (AzEIP) is an interagency system of services and supports for families of young children (birth to 2) with disabilities or developmental delays. A child is considered eligible for AzEIP when they have not reached 50% of the developmental milestones expected at their age, in one or more of the following areas: cognitive, physical, communication, social or emotional or adaptive development. AzEIP may also refer families eligible for AzEIP services to the Division of Developmental Disabilities (DDD) if the child has or is at risk for developing a qualifying disability, including cerebral palsy, epilepsy, autism spectrum disorder or an intellectual or cognitive disability.^{iv} Most infants and toddlers referred to AzEIP do not meet the eligibility criteria of having an established condition or a significant developmental delay (for every 3 referrals, approximately 1 qualifies).⁴ This is likely due to Arizona's narrow eligibility requirements (one of the most restrictive in the country)⁵, and may also be due to the requirement of a quick turnaround^v to complete a comprehensive, multidisciplinary evaluation to acquire needed documentation.⁶ The initial planning process with AzEIP must be completed within 45 days, a timeframe that may be in conflict with the long reported waits for diagnostic appointments reported by key informants (discussed more in following sections).

ⁱ For more information on AzEIP, visit <https://www.azdes.gov/azeip/>

ⁱⁱ For more information on DDD, visit <https://des.az.gov/services/disabilities/developmental-disabilities>

ⁱⁱⁱ For more information on ADE's Early Childhood Special Education program, visit <http://www.azed.gov/ece/early-childhood-special-education/> and <http://www.azed.gov/special-education/az-find/>

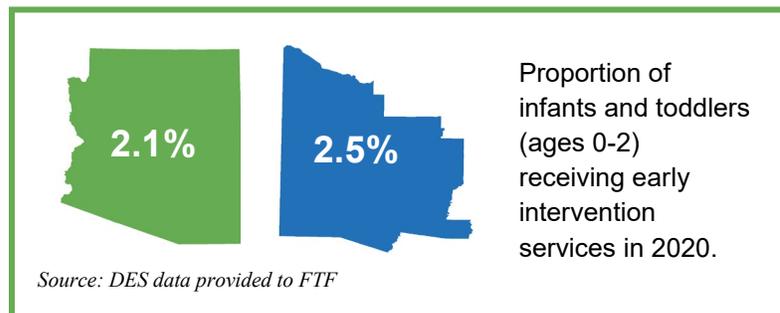
^{iv} DDD provides services to individuals with qualifying disabilities through adulthood. Qualifying children may receive services from both AzEIP and DDD.

^v AzEIP requires the Initial Planning Process (IPP) be completed within 45 days from the date of referral. The IPP includes the referral, screening, evaluation, eligibility determination, and, if AzEIP eligible, initial child and family assessment to identify family's priorities, resources, and interests, and the development of the initial Individualized Family Service Plan (IFSP). For more information see <https://des.az.gov/sites/default/files/media/AzEIP-TBEIS-Policy-Manual-effective-07-01-2019.pdf?time=1643993281982>

As a child with special needs approaches age 3, they transition from receiving services through AzEIP to receiving services from their local education authority (LEA). Providing early intervention services for young children has been shown to reduce the need for special education services later in childhood,⁷ so assuring that children have access to timely and adequate screening and intervention services can be key for helping children to be ready for kindergarten. Child Find^{vi} is a process offered through an LEA which offers screening for children suspected of having a disability in the areas of hearing and vision as well as cognitive, academic, communication, motor, social or behavioral, and adaptive development. If a child does not pass a screening in any of these areas, they then undergo an evaluation process to determine if the child is eligible and in need of special services.

The state of state-provided services in Arizona and the Yavapai Region

The proportion of infants and toddlers (birth through age 2) in the Yavapai Region being served by AzEIP or DDD was slightly higher than across the state in 2020, with 2.5% of young children receiving services in the region, compared to 2.1%.⁸ A 2008 study using nationally representative data estimates that approximately 13% of children ages 0-2 in the U.S. have



developmental delays that could benefit from early intervention services, but only about 3% of children actually receive services, which is consistent with current Arizona early intervention service data.⁹ While no more recent research exists, there is no reason to assume these estimates have changed notably in the intervening years. These data suggest that there are likely many children across the Yavapai Region who would benefit from early intervention services but are not receiving them. This is likely in part because Arizona has some of the strictest eligibility requirements for early intervention services compared to most other states in the U.S.¹⁰

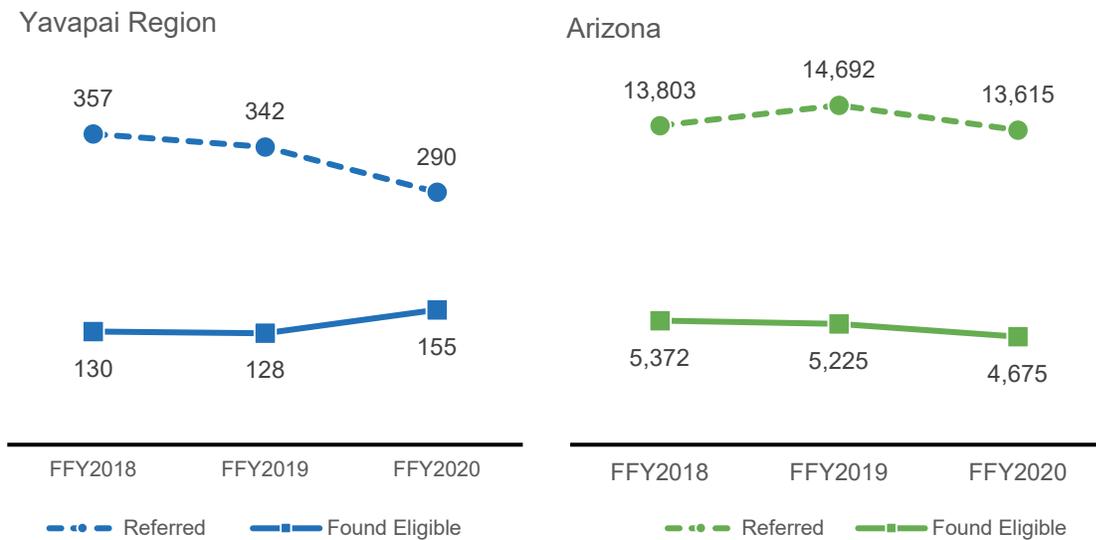
Between 2018 and 2020,^{vii} across the state, there was a decline in both the number of young children referred and the number found eligible for AzEIP services compared to previous years. The declines in referrals to AzEIP are largely tied to the effects of the COVID-19 pandemic. While AzEIP saw a record number of referrals in 2019 statewide, social distancing, delays in routine pediatric care and school and early care closures during the pandemic all contributed to a drop in referrals, which also led to a drop in children found eligible.¹¹ In contrast, in the Yavapai

^{vi} For more information on Child Find see <https://www.azed.gov/specialeducation/az-find>

^{vii} Federal fiscal year 2020, or October 2019 to September 2020

Region, while referrals similarly fell, there was an increase in the number and proportion of young children found eligible for AzEIP services in 2020 (see Figure 1).

Figure 1: Children (ages 0-2) referred to AzEIP & found eligible, FFY2018 to 2020



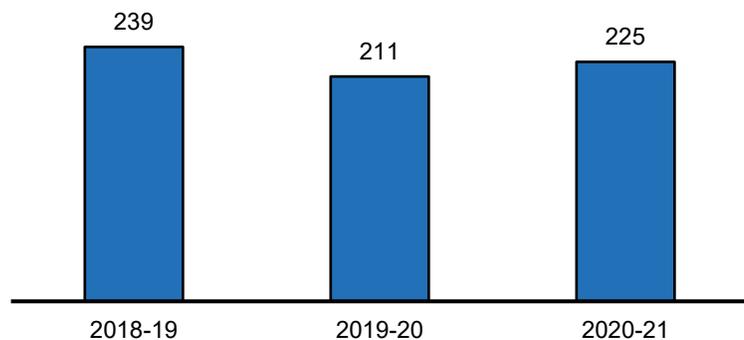
Source: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

Note: These data reflect the Oct 1 snapshot of AzEIP services, not a cumulative total throughout the year.

This pattern in the Yavapai Region that is somewhat inconsistent with that of the state coincides with both the pandemic and the change in the AzEIP contracted provider in the region. As such, it raises questions of whether there are changes in the region beyond the impacts of the pandemic, such as in how referrals are being made or recorded, who is being referred for screening, and/or how eligibility is being determined, but makes these issues difficult to disentangle from pandemic effects.

When a child with special needs reaches age 3, their local education authority (LEA) becomes the entity from which they receive early intervention services. Data from the Arizona Department of Education show that the number of young children (ages 3 to 5) with special needs receiving services from LEAs in the Yavapai Region has decreased overall from 2018-19 to 2020-21, with a notable dip in the intervening year, likely an effect of the pandemic.

Figure 2: Number of preschoolers with disabilities enrolled with Local Education Authorities (LEAs), 2018-19 to 2020-21



Source: Arizona Department of Education (2021). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Children with special needs were especially impacted by pandemic-related school closures across the state. In-person services for children through local education authorities were disrupted and required transitions to remote modalities.¹² School-based services for children with special needs were also significantly impacted, with remote learning creating barriers to fulfilling students' Individualized Education Plans (IEPs) resulting, for some, in a loss of academic, social and physical skills that will require targeted support to address.¹³ As schools return to in-person learning, children with special needs may need additional supports to build skills and recover unfinished learning over the past year and a half.

Methods overview

This project involved collecting key informant data from personnel who either refer or provide services to children with developmental concerns, as well as from the families of children with developmental concerns. Key informant interview guides were developed in collaboration with First Things First Yavapai Regional Partnership Council (RPC) members to assess processes related to initial screening, referral, assessment, and services for children with developmental concerns including, who, where and how, and barriers across each process. For referrers and providers, questions included distinctions for children by age group, above and below 3 years of age who would be served by different state programs, by disability level (who would and wouldn't qualify for state-provided services) and by location (east or west of Mingus Mountain). For parents, questions focused more on uncovering the individual story of the parent's experience learning about the potential developmental concern and finding services for their children, and recommendations they may have for improvement. Both providers and parent interviews also included questions about how the COVID-19 pandemic impacted these processes, and providers were also asked to discuss any impact of the change of AZEIP provider in 2019. Both interview guides are included in the appendix of this report.

A list of 33 providers who were likely to be involved in the initial screening and referral process, or who would be involved in assessment and service provision was created by the Regional Director. Attempts were made to contact all providers, and 23 interviews were conducted between May and July of 2021, representing a 70% response rate. Interviews with these providers led first to the decision that individual phone interviews would be the best way to engage with parents and second, to the identification of families of children with developmental concerns who were invited to share their experiences through phone interview. Service providers interviewed referred parents of children receiving services to CRED, and parents contacted CRED if they were interested in participating in a phone interview. Thirteen parents^{viii} were interviewed between July and August 2021, and these participants received a \$20 gift card for their participation.

^{viii} Twelve of these 13 parents had children whose developmental concerns were identified or addressed before the age of 6, and those responses are summarized in this brief.

Results

Results of key informant interviews are included in the following sections of this brief. Results are summarized across the topics of screening, referral and assessment, and services, and provider and parents’ responses are summarized together where applicable. When possible, provider responses are also presented visually.

Screening

Provider key informants were first asked how and where young children were being screened for developmental concerns or delays in the Yavapai Region, and then asked specifically about screening for hearing and vision concerns. Screening was defined as a quick review either by observation or instrument that results in a referral for assessment. Figures 4 and 5 show sources mentioned by more than one provider key informant, and a summary of key informant’s comments follow.

Figure 3: Sources of dev. screening

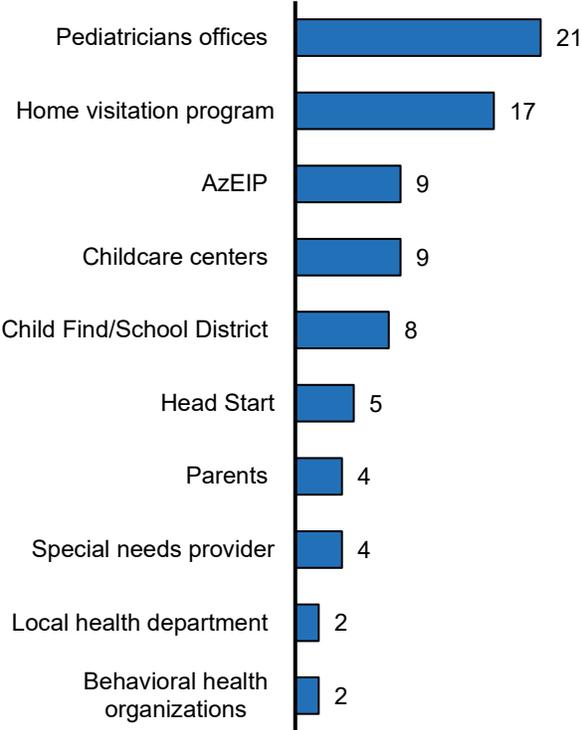
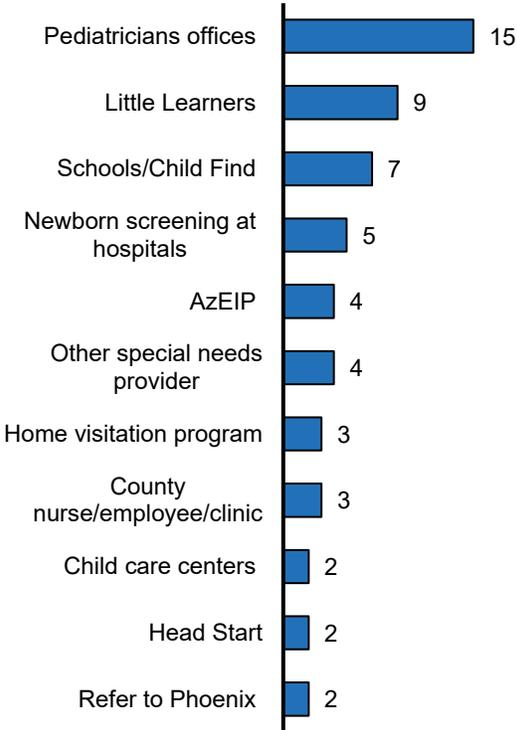


Figure 4: Sources of hearing/vision screening



Source: Yavapai Region key informants.

Pediatricians’ offices were the most cited screening source for both overall concerns and for vision and hearing screening. Several provider key informants noted that some larger pediatric practices are more consistent in their screening and use of screening instruments (rather than observation), while many were unsure whether and what standardized tools were used in pediatricians’ offices. Home visitation programs were the next most often cited sources for overall concerns, with Healthy Families, Parents as Teachers and Health Start being named

specifically. Other commonly referenced sources of developmental screenings were AZEIP and child care centers, followed by early education settings such as Head Start and school districts. Other medical sources such as the local health department and hospitals or a high-risk perinatal program were also mentioned.

While individual developmental needs providers such as Little Learners and Az Orthopedic Physical Therapy (AzOPT) were only mentioned by a handful of provider key informants when discussing screening for developmental concerns generally, Little Learners was the second most often cited resource of hearing and vision screenings after pediatricians. Provider key informants noted that Little Learners now offers free hearing and vision screening across the county. Parents were also mentioned as screeners by a small number of provider key informants. Other organizations such as Child & Family Support Services, AZ Children's Association, Polara Health, the Arizona Department of Child Safety (DCS) and DDD were cited by a single provider each, and two others reported referrals to Phoenix as a means for vision and hearing screening in the region. When discussing hearing and vision screening specifically, a number of provider key informants noted that hearing screening equipment (such as Otoacoustic Emissions (OAE) testing) is often not available at most sites of screening, and qualitative screening is often used in those cases. Key informants noted this can be problematic in school settings, where a hearing assessment is required prior to an assessment for other developmental issues. Others noted that if a child doesn't pass a vision or hearing screening, they will not be assessed for other developmental issues until they are seen by an audiologist. The availability of free hearing and vision services through Little Learners, was therefore seen as an even more valuable resource in the region.

Screening sources did not often differ by age group, with pediatricians being the most cited source. For children 3 and over, another common screening source was a school district or Child Find. Some provider key informants noted, however, that both these sources are overtaxed and understaffed, and felt that Child Find activities are not offered as often as required under Part C of the Individuals with Disabilities Act (IDEA) requirements, and/or that parents with other children under age 3 needing assessment are not being referred for services as required.

Ten of 12 parent interviewed reported their child was under the age of 3 when a developmental concern was first identified; two others were aged 3 and 4. When discussing with parents how a developmental concern was first identified, eight of the 12 parents interviewed noticed an issue themselves; two others had issues identified during screening at birth in a hospital, and two others had a teacher raise the issue. Most then sought out formalized screening through a pediatrician.

Referral and assessment

Provider key informants were next asked who children suspected of a developmental concern were referred to, and the largest number mentioned AZEIP, followed by Child Find and schools. Also commonly noted were referrals to pediatricians for assessment, if initial screening was done outside of a medical setting, and particularly if the child was older than 3. Other assessment sources referred to included providers such as Little Learners, developmental pediatricians in

Phoenix, Kidabilities Occupational Therapy, Jodi Gilray Pediatric Therapy, and a pediatric ophthalmologist or pediatric audiologist.

Provider key informants discussed the format of referrals, and most noted a preference for pediatricians or other referral sources making a direct referral to an assessment provider, rather than just providing the family with contact information. These providers noted that the system can be confusing and difficult to navigate and that the stigma and denial some parents experience may influence their follow through. Some providers however, noted that they prefer to provide parents with information, rather than a direct referral, to support parent empowerment, although they often help parents walk through the process of engaging with an assessment entity so that parents have help navigating the system. A number of provider key informants noted a preference for referring to AzEIP using the on-line system rather than through telephone. Several informants noted that referrals from pediatricians are still being made to the previous AzEIP contracted provider in the region. Many provider key informants also discussed the lack of knowledge among parents and caregivers about AzEIP, or more generally about healthy development, both barriers to parents recognizing potential issues and seeking care.

For young children in both age groups, provider key informants most often mentioned referring to multiple agencies, such as a local service provider and Child Find, or AzEIP and a local service provider. Whether these referrals were happening at the same time, or at different times was unclear. Others mentioned referring based on insurance and referring those with insurance to private providers, rather than state-provided programs like AzEIP. These responses seem to suggest that families are being referred to multiple sources for assessment, or not being referred to state-offered services when insured, which may contribute to the views of the system as confusing and complex.

Parents interviewed reported being referred most often for assessment by a pediatrician to AzEIP, a local service provider such as Jodi Gilray Pediatric Therapy or Little Learners, or to a specialist provider such as a developmental pediatrician or pediatric ophthalmologist or audiologist. They were typically referred by being given that entities' contact information, rather than via a direct referral. Parents whose children's developmental concerns were identified under age 3 were not always referred to AzEIP. In some cases, through existing knowledge or googling, parents contacted AzEIP or a local service provider themselves after a pediatrician advised a "wait and see" approach, or attributed language delays to a child being an English language learner.

Timeliness

Following discussion of sources of screening and assessment for developmental concerns in the region, provider and parent key informants were asked to reflect on the timeliness of this process. Eight of 23

"The time between noticing the problem and receiving services was about 6 months because I didn't know what to do."

providers quickly responded that these happen in a timely manner, where other responses were more nuanced, akin to "it depends". Providers, and more often parents, mentioned the "wait and see" approach taken by many pediatricians in the region as a frustration. Others mentioned that

screening was timelier than assessment. When mentioning AZEIP specifically, provider opinions differed; some provider key informants mentioned frustrations with timeliness, while others said AZEIP was timely, or even faster now than it had been. For older children, several providers stated that screening and assessment takes longer in the school setting. Provider key informants also mentioned that although both AZEIP and LEAs have time requirements they must follow in which to determine eligibility for services, the time it takes for children to receive a formal diagnosis, such as for autism, often falls well beyond those timelines and can impact eligibility determinations. Both providers and parents also noted the added difficulty in obtaining screening and assessment for children nearing age 3, with families being told by AZEIP their child is too old for their program, and at schools being told their child is too young. For those parents interviewed whose children were assessed by AZEIP, they reported prompt scheduling of assessment and quickly receiving an eligibility determination (all five assessed were approved for AZEIP provided services).

Who a child is being referred to was seen to impact timeliness; both providers and parents interviewed stated that waits were longer if the referral was to a developmental pediatrician or specialist, due to a lack of providers and long wait lists. Often travel to Phoenix or Flagstaff was required for these specialist referrals. If referred to private local service providers, Little Learners in particular, the timeliness of response was seen as an asset. Other providers mentioned the geographic location of the family impacting timeliness, with those living in remote areas of the region more likely to face delays in screening and assessment.

A number of provider key informants mentioned the impact of the COVID-19 pandemic on timeliness, indicating in particular that closures of schools and switching to remote learning had a substantial impact on screening and assessment. Others mentioned the perceived lack of outreach by AZEIP in the region during the pandemic impacting timeliness. Provider key informants noted that when DCS is involved in a case, those cases are prioritized over others and things move more quickly.

Several key informants also discussed equity of screening and assessment east and west of Mingus Mountain. The majority of both providers and parents stated that these resources existed equitably on both sides of the mountain rather than differing by geography, while a minority felt that screening and assessment were less available on the east side of the Mountain.

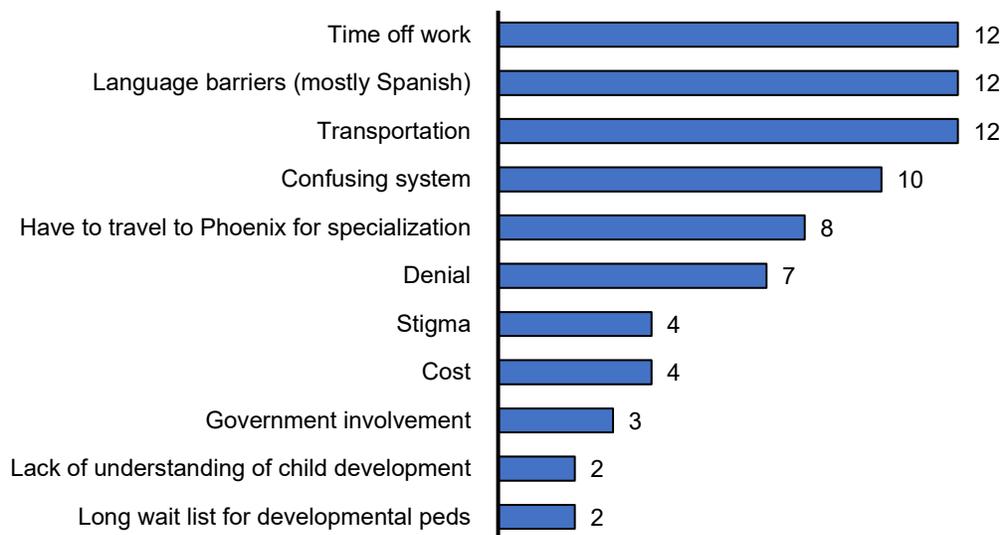
Other provider respondents noted that the timeliness of services was less of an issue than the perception that children they felt should be eligible for state-provided services were often found ineligible. Many providers interviewed expressed a lack of understanding of how AZEIP makes determinations of eligibility, and some described cases where local service providers assessed children as eligible after families said AZEIP had not approved them for services. Provider key informants also reported a lack of follow-up by AZEIP to parents who had self-referred by calling AZEIP, and described families calling AZEIP and being told their child likely would not qualify after answering a few brief questions. Parents interviewed did not report these issues, however, although four of five receiving AZEIP services mentioned applying for AZEIP online rather than reaching out by phone.

Both provider and parent key informants acknowledged a need to identify developmental concerns in the timeliest manner to have the largest impact. Many noted that children often are not screened until they are school-aged because of the “wait and see” approach of some pediatricians in the region, a lack of screening for children who don’t see pediatricians, and a lack of awareness from parents about potential developmental concerns. Missing intervention in those earliest years was cited as a key concern by many of those interviewed.

Obstacles to screening and assessment

Key informants were asked to discuss what obstacles families face in accessing screening and or assessment for their young children with developmental concerns in the region. The figure below shows sources mentioned by more than one provider key informant, and a summary of key informant’s comments follow.

Figure 5: Obstacles to screening and assessment



Source: Yavapai Region key informants.

Providers most often mentioned the need for families to take time off work, transportation issues, or language barriers, most often the lack of Spanish-speaking providers or interpreters.

Transportation and time off from work were seen as particular issues due to the large geographic area of the region, with those in rural areas having to drive long distances, and because of the need to travel to Phoenix or Flagstaff to access specialists, sometimes multiple days a week. Others mentioned a confusing system that was difficult for families to navigate. Some noted parental barriers such as denial about the possibility or existence of a developmental concern, or the perceived stigma faced when acknowledging or addressing the issue, sometimes seeing the child’s deficit as a personal failure. Having a connection with a provider, be they referrer or

“Even though my path was specific to a developmental issue, any person who is trying to find info about their child struggles. It’s a very lonely path.”

service provider, was discussed by both provider and parent key informants as important to overcoming the fear the family may face and in navigating the system. This personal connection could help mitigate some families' reluctance to be involved with government services, also cited as a barrier to screening and assessment.

Cost was mentioned as an obstacle by both providers and parents, with large co-pays for those insured, or having to pay out-of-pocket for those uninsured, particularly for those seeking screening and assessment through specialists like developmental pediatricians or pediatric audiologists or optometrists. Providers cited a lack of parental knowledge as an obstacle, including a lack of understanding about child development or developmental milestones. Several provider key informants noted that when a child has mild delays or when delays are not found to meet eligibility levels by AzEIP, then parents may feel there is nothing wrong with their child, and the delays turn into larger deficits over time. Others noted referring children to AzEIP multiple times as deficits grew, until finally being approved for services.

Parental lack of knowledge of resources such as AzEIP, Child Find, or local providers was brought up. Provider key informants mentioned that they still learn of new resources in the region, so they wonder how available this information is for families not working in the field. Providers also cited the lack of local resources available in the region such as developmental pediatricians and preschools. Because of their scarcity, wait times, sometimes up to a year for specialists and developmental pediatricians, were a barrier. The availability of Little Learners for those children who do not qualify for state-provided services, or for families who are hesitant to receive state-provided services, was seen as a valuable asset in the region.

Parents echoed many of these same issues when discussing ways to improve the screening and assessment process, with almost all mentioning the need for families to receive more information on what to look for in children, and what resources are available when there is a suspected concern. Parents mentioned this information needs to get out to the community at large so that parents have this information before their child enters kindergarten, so concerns can be identified earlier. Several parents wished that this source of information could be pediatricians, so that all families could receive information to gain a better understanding of potential concerns and how to address them early in children's lives.

"I think it's hard to get information. If we hadn't been as attentive, we wouldn't have found the information we needed."

Agencies serving young children

Providers interviewed were asked to list all the agencies or organizations of which they were aware that provided services for young children with developmental concerns in the region. These resources are shown below separately for those serving the youngest children (birth to 2 years of age) and those serving children aged 3 to 5 years. The most common source differed by age, not surprisingly, with AzEIP listed most often for the youngest children, and schools for the older group. The second most common resource mentioned for both age groups was Little Learners, followed closely by Jodi Gilray, highlighting the importance of both providers in the

region. Key informants did note an inequity in providers based on geography, with most service providers located to the west of Mingus Mountain, particularly in Prescott and Prescott Valley.

Table 1: Agencies providing developmental services or resources for children aged birth-2 years

Agencies and organizations serving 0-2 year olds	# of mentions
AzEIP	16
Little Learners	14
Jodi Gilray Pediatric Therapy	7
Early Head Start	6
DDD	5
Healthy Families	5
Parents as Teachers	5
Arizona State Schools for the Deaf and Blind	4
Public health nurses	4
Kidabilities Occupational Therapy	4
Child & Family Support Services	3
Therapy at hospitals	3
Az Orthopedic Physical Therapy (AzOPT)	3
Behavioral health clinics	2
Polara Health	2
Home visitation programs	2
Daycare centers	2
Pediatric physical therapists	2
First Things First	2
Karen Fay (High Country Early Intervention)	2
Jill Morris	1
Hands & Voices	1
Hear for Kids	1
Schools	1
Bower's Therapy	1
Therapy Tree	1
Spectrum	1
SW Behavioral Health	1
High risk perinatal program	1
Yavapai County Special Needs/Disability	1
Family Involvement Center	1
Healthy Steps	1
YRMC Rehab Clinic	1
Prescott Speech & Language Services	1

Source: Yavapai Region key informants.

Table 2: Agencies providing developmental services or resources for children aged 3-5 years

Agencies and organizations serving 3-5 year olds	# of mentions
Schools	15
Little Learners	9
Jodi Gilray Pediatric Therapy	6
Child Find	5
Bright Futures	5
Kidabilities Occupational Therapy	5
DDD	4
Parents as Teachers	4
Head Start	4
Arizona State Schools for the Deaf and Blind	2
Behavioral health organizations	2
Healthy Families	2
Discovery Center	2
Az Orthopedic Physical Therapy (AzOPT)	2
Private services	1
Hospitals	1
Daycare centers	1
Caterpillar for foster care system	1
Polara Health	1
Monica Statler – developmental vision	1
Hanger Orthotics	1
Family Involvement Center	1
Bower's Therapy	1
Therapy Tree	1
Horses to Hearts	1
Raising Special Kids	1
First Things First	1

Source: Yavapai Region key informants.

Perceptions about current services

Providers interviewed were next asked to reflect on the current services available for children with developmental concerns in the region, including the adequacy of current services, gaps in current services and obstacles families may face accessing services. Parents were asked to discuss their experience with services and offer suggestions to improve services. A summary of their responses follows.

Adequate services

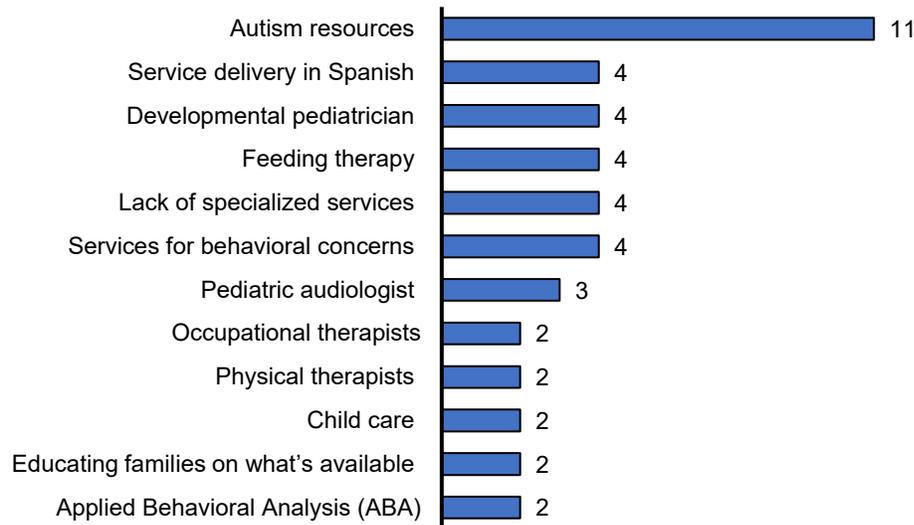
When asked whether the available services were adequate to meet the needs of young children with developmental concerns in the region, eight providers interviewed quickly said no, and three others said yes. Other providers indicated that “it depends”. These providers noted that the services available are strong, but are strained due to demand with long wait lists, and that more service providers and more specialists are needed in the region to address the current demand. Individual service types were often mentioned as a need, such as pediatric occupational, physical and speech therapy, and services for children who are on the autism spectrum (including Applied Behavioral Analysis) or are deaf or blind. These concerns were echoed by parents interviewed with nearly all citing the need for more pediatric therapeutic services and specialists in the region, and in locations other than Prescott and Prescott Valley. Parents and providers also mentioned service adequacy depended on the insurance that parents had, and that large or repeating co-pays were obstacles to receiving services even when local providers were covered by a family’s insurance. Others mentioned the lack of service providers who accept AHCCCS or are DDD-contracted. Coverage, even when insured, sometimes required parents to travel outside of the region for services, though they may be available locally. Services provided in Spanish were also cited as a need, and a repeated concern was that children who are native Spanish speakers may have developmental concerns incorrectly attributed to their second-language learning status rather than their true developmental issue, and therefore not be referred for appropriate services.

Similar to what was found when asking about screening and assessment, education for families about developmental concerns and available services were also mentioned here. Improving parents’ ability to know when and where to access services, and to do so before children enter kindergarten so that intervention can happen as early as possible, was mentioned repeatedly by providers and parents. Others also noted that while the quality of services were strong, the short duration of services children receive was a concern, particularly in the school setting.

Gaps in services

Providers indicating a lack of adequate services for young children with developmental concerns in the region were asked what specific services or resources are not currently available and what they saw as the gaps in available services. Several providers mentioned that the availability of services has improved in recent years, even though there continues to be an ongoing need to expand. Parents were also asked to discuss what, if any, additional services were needed in the region. The figure below shows sources mentioned by more than one provider key informant, and a summary of all key informant’s comments follow.

Figure 6: Gaps in current services for children with developmental concerns



Source: Yavapai Region key informants.

Provider key informants mentioned many needed resources in the region, most often resources for children with autism, which was echoed by several parents interviewed. The need for services to be provided in Spanish was highlighted, as was a need for several different types of providers, including developmental pediatricians, pediatric audiologists, and occupational and physical therapists. Parents noted a particular need for providers outside the larger cities in the region. Specialized services for children with behavioral or mental health concerns, as well as more general developmental concerns, were seen as needed. Feeding therapy was specifically mentioned, noting that families often have to travel to Phoenix to access this therapy. Play therapy, music therapy, services for the deaf community, services for children who are substance exposed, and accommodations for parents needing respite were all mentioned, as well.

Both providers and parents also discussed the need for more people interacting with young children and their families in the region being trained in language development and early literacy, so that those working with young children are more likely to identify potential issues. These key informants also emphasized ensuring those concepts are reinforced with parents, so that they engage in more early learning activities with their children. Child care for children with special needs, both medical and developmental, was also cited as a keen need, without which additional burdens are placed on families. Others mentioned the need for increasing awareness of the relationship between sensory processing and behavioral issues so that underlying issues can be addressed, rather than labeling a child as having behavior problems in a child care or school setting. The addition of a “special needs coach” in the region, similar to the Mental Health Consultants and Quality First Coaches available, was proposed.

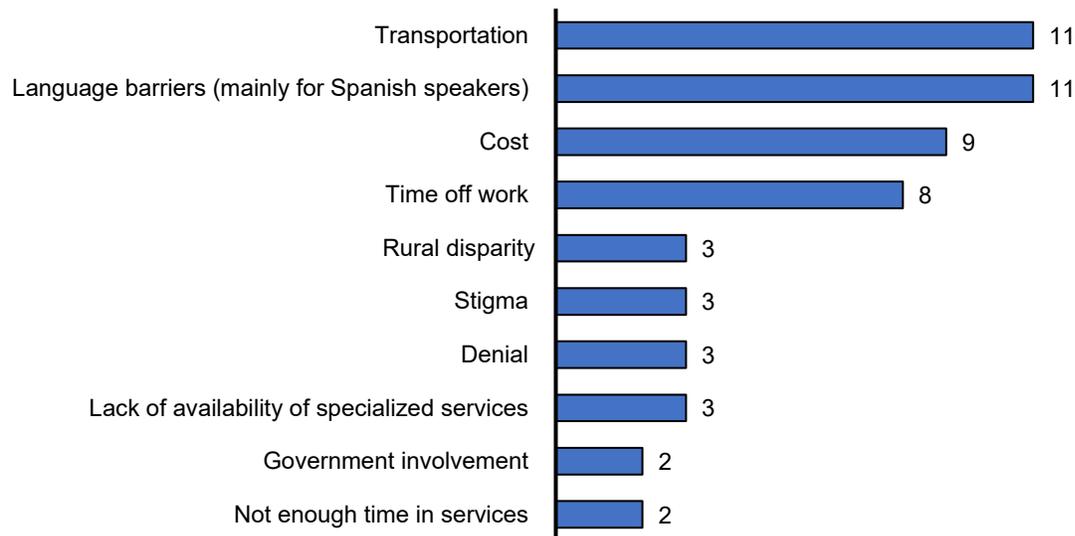
Systems level needs were mentioned by several provider and parent key informants including greater collaboration and communication amongst developmental providers so families “don’t get lost in the shuffle”, including a desire for multidisciplinary teams, and lessening the silos of

service types. The need to increase awareness about developmental issues and avenues for assessing and addressing these issues county-wide was also mentioned as a systems-level need.

Obstacles to services

Providers’ views of obstacles to accessing services were very similar to obstacles to accessing screening and assessment (see Figure 8 below). Most often cited were transportation and language barriers, largely the need for Spanish-speaking services. Cost was more often noted as an obstacle for accessing services than it had been for accessing screening and assessment, particularly for those without insurance, or who don’t qualify for state-provided services. Needing to take time off work, the disparity in services available in rural areas, and stigma and denial were also seen as obstacles, as were negative connotations of involvement in government services and lack of specialized services and providers. Not having enough time in services was a novel obstacle for accessing adequate services.

Figure 7: Obstacles to services



Source: Yavapai Region key informants.

Provider key informants also mentioned competing demands put on parents, especially in the time of the COVID-19 pandemic as an obstacle to engaging young children in services. Children not being deemed eligible for state-provided services such as AzEIP, was also seen as an obstacle in that it may be interpreted by families as “if my child doesn’t qualify, they must not have a problem.” Specific to school settings, a lack of certified Special Education teachers, a system working at capacity leading to a delay in addressing referrals, and lacking state level leadership on the importance of special education were mentioned by providers as obstacles to overcome.

Stressors to the Yavapai system

Interviews with providers ended with questions assessing the perceived impact of the change in AzEIP-contracted provider in the region in 2019, and both providers and parents were asked to

reflect on the impact the COVID-19 pandemic had on screening, assessment and services for young children.

Change in AzEIP provider

When asked whether the change in the AzEIP provider in the summer of 2019 impacted the availability of screening, assessment or services in the region, many providers interviewed simply responded no. Others replied that they didn't know, a few stating that they didn't know because of the nearly concomitant impact of the pandemic. Of the remaining provider key informants who said, yes they perceived an impact of the AzEIP provider change, some felt the impact was negative, and some felt it was positive. Negative impacts noted were families or school personnel unsure who to contact, referrers continuing to make referrals to the previous AzEIP-contracted provider, and the perception that the new provider seemed to be overwhelmed by the size of the region. Those that saw positive impacts noted that the new provider outreached to inform parents and providers of their services, and some felt that their service provision was quicker than in the past (possibly due to the virtual format of service provision during the pandemic, discussed further in the next section). The few parents interviewed who had been assessed and received services from the new AzEIP-contracted provider all relayed positive experiences, particularly the benefit of their children receiving services from the same therapist across visits done virtually, which wasn't always the case with other in-person local provider services. It should be noted that due to the COVID-19 pandemic requiring a switch to a virtual format early on in the new AzEIP provider's tenure, how families in more rural areas of the region are likely to fair with AzEIP no longer offering travel reimbursement to the contracted-provider to these outer areas could not be explored.

COVID-19

When asked whether the COVID-19 pandemic impacted the availability of screening or services in the region, most provider and parent key informants responded affirmatively. While most impacts were seen as negative, some positive results were mentioned. The most common response from providers was that due to fewer well-child and pediatric visits during the pandemic, fewer young children were screened and therefore assessed for and potentially received services. Others mentioned screening and service venues such as schools, home visitation and childcare being closed, suspended or provided virtually impacting the availability of screening and services, for some meaning up to a year's delay in receiving services. Some of these providers also mentioned the current backlog facing organizations as they try to catch up with previous referrals and services.

Providers also discussed the difficulty of adequately conducting screening and assessment when provided virtually, that the quality of therapy diminished when provided virtually, or that parents were less likely to participate in therapy held virtually. Difficulty in screening, assessment and service provision done virtually was seen as greatest when working with the youngest children. Parents echoed these concerns regarding disruption in services in a virtual world. Some discussed how difficult it was for children with developmental issues to wear masks, or the danger of being around others when medically compromised, with the concomitant difficulty of

children with developmental or sensory issues or with vision or hearing disabilities attending to on-line platforms (such as Zoom). Some differentiated by the type of therapy, with speech therapy being seen as the service most likely to be delivered effectively on-line. Technical issues related to virtual services, such as limited or weak internet connections were also discussed. Stressors to families due to job loss and caring for children were brought up as aspects of the COVID-19 pandemic impacting family's ability to address their children's developmental concerns. A loss of staff and opportunities to inform parents about healthy development were also mentioned, as was a concern about un-reported abuse or the socio-emotional impact of isolation during the pandemic.

Others reported a positive impact of the COVID-19 pandemic, with telehealth lessening some of the obstacles to accessing services discussed previously including families lacking transportation and needing to take time off work. Providing services via telehealth may also have had the effect of increasing the availability of services as providers themselves did not have to allocate travel time to their schedules.

Summary and recommendations

The timing of this report, during the COVID-19 pandemic, likely affected key informants' responses to questions regarding screening, assessment and services for children with developmental concerns. The pandemic likely added to already decreasing service numbers by disrupting much of the system for providing services and learning opportunities to children with special needs. In spring 2020, soon after appointment of a new AzEIP-contracted provider, AzEIP halted in-home and community services and transitioned to alternative delivery modes such as virtual visits (computer-or phone-based)¹⁴ and school districts also switched to remote learning. This transition to remote services was challenging for both service providers and families. Technology was a barrier to families receiving early intervention services, and the form of services often transitioned to more of a family-coaching approach rather than direct interaction with the child.¹⁵ Given these added challenges, it is not surprising that families with young children with special needs also struggled more emotionally and psychologically through the pandemic. According to a nationally representative series of surveys throughout the pandemic, in households of children with disabilities, both young children and their caregivers experience higher levels of stress and anxiety than households of typically developing children.^{16,17}

For this report, parents and providers were able to provide insights into screening, assessment and services in the region, to outline the strengths of and barriers within the regional system, and to contribute recommendations for improvement. Key insights and recommendations based on provider and parent input are highlighted below.

- Services available in the region are perceived as high quality and viewed positively.
- Additional services, across all therapeutic areas, are needed in the region. This is evidenced by long wait lists and wait times, and the long distances that families must

travel both inside and outside of the region for services. Services are least available on the east side of Mingus Mountain.

- In addition to referral to local providers, all children suspected of developmental concerns should be referred to state-provided programs such as AzEIP and Child Find for assessment, regardless of whether the family is insured. For AzEIP, these referrals may best be made online. Families with children not deemed eligible for state-provided programs should be given a full list of providers available in the region so that they have additional resources to pursue.
- Assessment and services for children between the ages of 2.5 and 3 should be coordinated between state agencies providing those services, so that families receive a timely assessment.
- Additional resources and staff are needed to enable school settings to meet requirements under Part C of IDEA to provide assessment or referral for all children aged birth to 5, not just those 3 and older. Because school settings often require hearing and vision screening before further assessment and evaluation is completed, these screenings should be available and systematic so that this is not a reason that assessments and referrals are dropped.
- Increasing the availability of screening, assessment and services in Spanish, and addressing the mistaken belief that dual language learning is responsible for speech delays would improve equity for families navigating the system.
- Identifying developmental concerns as early as possible is critical for early intervention. This could be improved in the region by countering 1) a “wait and see” approach for addressing concerns by parents and professionals; and 2) the tendency towards mislabeling developmental concerns as behavior problems. Increased opportunities for professional development and special-needs coaching in settings serving young children could help to address these issues, as could the availability of information and resource materials at locations that families frequent such as pediatrician’s offices.
- Reducing barriers for families is key to increasing uptake of early intervention services. Family supports can include direct referrals and providing additional help in navigating a complex system. Providers who work with young children who develop supportive relationships with families and who are willing to have direct conversations to address the stigma and fear families may encounter when learning of a developmental concern can help families engage with services.

State-provided services can increase access to and affordability of high-quality early intervention services. AzEIP meets annually with stakeholders around the state to review targets for their activities. In addition, FTF is currently working to complete a systemic assessment on the infrastructure of Arizona’s early intervention system to determine the feasibility of recommending a change to the state’s eligibility criteria¹⁸. Expanding the narrow eligibility criteria now in place could make quality services a possibility to many in the region unable to afford these services currently, though access to those services would still be constrained unless

additional services became available. Retaining and expanding services that address developmental needs in the region will continue to be important.

In the meantime, improving knowledge and awareness of developmental concerns and of the services and resources currently available to address those concerns can help assure that not knowing what to do isn't the biggest barrier families face.

Appendix – Interview Guides

Yavapai Developmental Concerns Provider Interview Guide

Interviewer Script: We are collaborating with the First Things First Yavapai Regional Partnership Council to produce their 2022 Needs and Assets Report. The Council is interested in better understanding the services and resources available for children with developmental concerns in the region. The purpose of this effort is to determine both the continuum of services available for children with developmental concerns (for children who do AND do not qualify for state provide services), and possible gaps in service. You have been identified by the Regional Partnership Council as a person knowledgeable in this area, and we would like to invite you to participate in a brief interview. Your responses will also help us better define questions to ask parents and caregivers. The information you provide will be kept confidential and the interview should take about 30-45 minutes to complete, depending on how much you have to share. Is now (*still*) a good time to complete the phone interview? If not, when would be a good day and time to conduct the interview? _____

First, I'd like to collect/confirm some information about you.

(*Pre-fill before interview*) **Interviewee Name:** _____

Could you please confirm the organization with which you work, its location and your title?

Interviewee Organization and location: _____

Interviewee Title: _____

Ask if unknown: Does your organization provide services for children 0-5 with developmental concerns? _____

Interviewer: _____ **Interview date:** _____

Interview language: Spanish English

INTERVIEWER'S COMMENTS ABOUT INTERVIEW (*Respondent's willingness to participate, relevant issues in the interview, aspects that might have been difficult to address, questions not understood, etc.*)

Now before we get started let me give you a little context about the questions I'll be asking. As I mentioned before, we are interested in gathering insight into the continuum of services available for children with developmental concerns who do or do not qualify for services, and possible gaps in service in the region. We also want to distinguish this insight between two age groups, those under three years of age and those aged three to five, and I'll reiterate this as we go through the interview. If you don't feel comfortable or don't have enough information to answer any of these questions, please let me know and I'll move on to the next question. Let's get started.

1. How and where are young children being screened for developmental concerns or delays in the Yavapai Region? By screening I am referring to a quick review either by observation or instrument that results in a referral for assessment. *Probes:* Is this happening consistently in pediatrician's offices? Are there other first line screening options parents use? Are these sources different for younger children, under age 3 and those aged 3 to 5 years?
2. (*If not specifically mentioned in response to 1.*) How and where are young children being screened for vision and hearing concerns in the Yavapai Region? Are these the same sources as other developmental concerns? Which of these sources have access to the necessary vision and hearing tools (e.g., audiometer or OAE test)?
3. If someone screening a child suspects a developmental concern, what process do they follow to refer a child for assessment? Does this process differ for children younger than 3 and those aged 3 to 5? Is follow-up done on the status of the referral? Are there issues or challenges in this referral process? If yes, what are they? Is insurance status of the parents seen as an issue by referrers?
4. In your opinion, are developmental screening, assessment and referral to services completed in a timely manner in the Yavapai Region? If not, why is that? Is your response the same when thinking specifically about hearing and vision screening, assessment and referral? Would you respond the same way about the timeliness of screening and referral to services for children younger than 3 and those aged 3 to 5? For children living on both sides of Mingus Mountain?
5. What obstacles do families face in accessing screening and or assessment for young children with developmental concerns in the Yavapai Region? *Probes:* Language, transportation, not believing their child needs services, disdain for government involvement, or siloed systems leading to difficulty in obtaining correct or timely information or appointments.

Now we are going to move on to a series of questions related to services available for children with developmental concerns.

6. Thinking just about children younger than 3 years of age, what agencies or organizations do you know of in the Yavapai Region that provide services or resources to children with developmental concerns? Please list as many as you are aware of. Are these resources

available to all children, both those who do and do not qualify for AzEIP services? Are these services and resources equitably available to families on both sides of Mingus Mountain?

7. Now thinking just about children aged 3 years and older, what agencies, organizations or schools do you know of in the Yavapai Region that provide services or resources to children with developmental concerns. Please list as many as you are aware of. Are these services and resources equitably available to families on both sides of Mingus Mountain?
8. Are adequate services available for children with developmental concerns in the region?
Probes: For younger children who meet AzEIP criteria? For younger children who fall below this threshold? For those three years of age and older?
9. What specific services or resources are not currently available? What do you see as the gaps in current services? *Probes:* Preschool services? Specialized consultation for autism?
10. What obstacles do families face in accessing services for their children with developmental concerns in the Yavapai Region? *Probes:* Cost, language, transportation, not believing their child needs services, disdain for government involvement, or siloed systems leading to difficulty in obtaining correct or timely information or appointments.
11. Has the change in the AzEIP provider in the summer of 2019 impacted the availability of screening, assessment or services in the region? If yes, how so? *Probes:* Has this change been positive or negative? Are screeners referring to the appropriate (new) provider?
12. Has the COVID-19 pandemic impacted the availability of screening or services in the region? If yes, how so? *Probes:* Has the pandemic impacted this process positively or negatively? Positively – virtual visits negate the need for transportation, more time off work, etc. Negative – flyers and information on view in doctors' offices are no longer viewable at virtual visits.
13. As part of this process, we would like to talk to parents and caregivers of young children with developmental concerns. Do you have ideas for how to identify and recruit these families? Do you have ideas of the best way to collect data from these families? (examples; surveys in provider offices, telephone or zoom interviews, focus groups)
14. Before we end, is there anything else you would like to add about the availability or quality of screening, assessment, or services for children with developmental concerns in the region?

Thank you very much for taking the time to participate in this interview. The information you provided and your time are really appreciated.

Yavapai Developmental Concerns Parent/Caregiver Interview Guide

Interviewer Script: We are collaborating with the First Things First Yavapai Regional Partnership Council to produce their 2022 Needs and Assets Report. The Council is interested in better understanding the services and resources available for children with developmental issues in the region, and possible gaps in service. Through initial interviews with service providers, you were identified as someone with personal experience in finding services for their child, and that's why we are reaching out to you. The information you provide will be kept confidential (your name will not be reported anywhere) and your and other's responses will be summarized in a brief report. The interview should take about 15-30 minutes to complete, depending on how much you have to share. Is now (*still*) a good time to complete the phone interview? If not, when would be a good day and time to conduct the interview? _____

And just as a reminder we are offering a \$20 gift card as a thank you for participating, and we'll go over the specifics of that at the end of the interview.

(*Pre-fill before interview*) **Interviewee Name:** _____

Interviewer: _____ **Interview date:** _____

Ok, let's get started with questions. We'll start by talking thru the process of how you identified your child might have a need and how your child was assessed, then we'll talk about how you sought out services for your child. If you don't feel comfortable or don't have enough information to answer any of these questions, please let me know and I'll move on to the next question.

1. How did you first realize your child may have a developmental issue? *Probes:* Was it something you noticed or did someone bring it to your attention? (Who was this person? What did they tell you?)
2. How old was your child when you first identified this issue? And how old is your child now?
3. What happened after this issue was raised? Were you referred somewhere else? *Probes:* *If yes:* To whom? Was assessment in person? Virtual? Did you feel like your questions were answered? Did you feel respected? Did you like how the assessor interacted with your child/ did they spend enough time with your child? Did you know what you needed to do next? How could the experience have been improved? *If no:* what did you do next? (and possibly skip to 6)
4. What happened after your child was assessed? *Probes:* How long did you wait to receive a result? What was that result? Did you feel like you fully understood the result? Was your child approved for services? *If yes,* what happened next (where were you referred)? *If no,* were you referred anywhere? What did you do next?

5. What suggestions do you have to improve the screening/assessment and referral process to make the process easier for families like yours? *Probes:* What barriers do families face getting their children screened and referred?
6. Did your child receive services for the developmental issue? *Probes:* *If yes*, how hard was it to find/access those services? How do you feel about the quality of those services? How long passed between when you noticed the issue and your child first received services? How have those services helped your child and family? *If no*, why not? (*Probes:* cost, couldn't get an appt., didn't know where to get services, distance from provider, couldn't travel or take time off work, internet issues with virtual visits)
7. (*for those who said yes to 6*) How would you improve the services available for young children with developmental issues? *Probes:* Spanish speaking, free or reduced cost, quicker appts, home visit component, more/less virtual?
8. Do you think there is a need for additional services for children with developmental issues in Yavapai County? *Probes:* If yes, what is needed? *Probes:* free services, PT, OT, speech, education on healthy development and early literacy, more services on east side of Mingus Mountain, Spanish speaking providers?
9. Did you go through some or all of this process with your child during the COVID pandemic? What affect do you think that had on what happened?
10. What/who have been the strongest supports you've had throughout this process? Who or what helped you the most as you tried to navigate the process to get your child services?
11. Those are all the questions I have for you. Before we end, is there anything else you would like to add about the availability or quality of screening, assessment, or services for children with developmental issues in the region?

Thank you very much for taking the time to participate in this interview. The information you provided and your time are really appreciated. Add gift card info.

References

- ¹ The National Early Childhood Technical Assistance Center. (2011). The importance of early intervention for infants and toddlers with disabilities and their families. *Office of Special Education Programs and U.S. Department of Education*. Retrieved August 20, 2021 from <https://whsaonline.org/2011/05/nectac-fact-sheet-on-the-importance-of-early-intervention-and-idea-part-c/#:~:text=The%20National%20Early%20Childhood%20Technical%20Assistance%20Center%20%28NECTAC%29,benefits%20of%20early%20intervention%2C%20and%20current%20unmet%20needs.>
- ² Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, ... Nelson, L. (2007). *Early intervention for infants and toddlers with disabilities and their families: Participants, services, and outcomes*. Menlo Park, CA: SRI International. Retrieved August 20, 2021 from https://www.sri.com/wp-content/uploads/pdf/neils_finalreport_200702.pdf
- ³ Diefendorf, M., & Goode, S. (2005). *The long term economic benefits of high quality early childhood intervention programs*. Chapel Hill, NC: National Early Childhood Technical Assistance Center (NECTAC), and Early Intervention & Early Childhood Special Education. Retrieved August 20, 2021 from <http://ectacenter.org/~pdfs/pubs/econbene.pdf>
- ⁴ Email correspondence between First Things First and Arizona Early Intervention Program staff forwarded to CRED on 10/5/21
- ⁵ Greer, M. (2021). 2020 Tipping Points Survey: Demographics and challenges. IDEA Infant & Toddler Coordinators Association. <https://www.ideainfanttoddler.org/pdf/2020-Tipping-Points-Survey.pdf>
- ⁶ Email correspondence between First Things First and Arizona Early Intervention Program staff forwarded to CRED on 10/5/21
- ⁷ Reynolds, A. J., Temple, J. A., Robertson, D. L., & Mann, E. A. (2001). Long-term effects of an early childhood intervention on educational achievement and juvenile arrest: A 15-year follow-up of low-income children in public schools. *JAMA*, 285(18), 2339-2346.
- ⁸ U.S. Department of Education, Office of Special Education and Rehabilitative Services (2021). *42nd Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2020*. Retrieved August 20, 2021 from <https://sites.ed.gov/idea/files/42nd-arc-for-idea.pdf>
- ⁹ Rosenberg, S., Zhang, D. & Robinson, C. (2008). Prevalence of developmental delays and participation in early intervention services for young children. *Pediatrics*, 121(6) e1503-e1509. doi:10.1542/peds.2007-1680
- ¹⁰ Greer, M. (2021). 2020 Tipping Points Survey: Demographics and challenges. IDEA Infant & Toddler Coordinators Association. <https://www.ideainfanttoddler.org/pdf/2020-Tipping-Points-Survey.pdf>
- ¹¹ Personal correspondence with Arizona Early Intervention Program staff.
- ¹² Arizona Department of Education (2020). *Special education guidance for COVID-19: Spring 2020 school closure* [Web]. Retrieved August 20, 2021 from <https://www.azed.gov/specialeducation/special-education-guidance-for-covid-19>
- ¹³ Turner, C. (2021, June 16). After months of special education turmoil, families say schools owe them. *NPR*. Retrieved August 20, 2021 from <https://www.npr.org/2021/06/16/994587239/after-months-of-special-education-turmoil-families-say-schools-owe-them>
- ¹⁴ Arizona Department of Economic Security (2020). *AZEIP response to COVID-19* [Web]. Retrieved August 20, 2021 from <https://des.az.gov/services/disabilities/early-intervention/azeip-response-covid-19>
- ¹⁵ Steed, E. A., Phan, N., Leech, N., & Charlifue-Smith, R. (2021). Remote delivery of services for young children with disabilities during the early stages of the COVID-19 pandemic in the United States. *Journal of Early Intervention*. <https://doi.org/10.1177/10538151211037673>
- ¹⁶ Center for Translational Neuroscience (2020, December 17). Overloaded: Families with children who have special needs are bearing an especially heavy weight, and support is needed. *Medium*. <https://medium.com/rapid-ec-project/overloaded-families-with-children-who-have-special-needs-are-bearing-an-especially-heavy-weight-4e613a7681bd>
- ¹⁷ Center for Translational Neuroscience. (2020, May 5). The forgotten households: Households of young children with disabilities are not getting the support they need during the COVID-19 pandemic. *Medium*. Retrieved August 20, 2021 from <https://medium.com/rapid-ec-project/the-forgotten-households-dfd2626098c7>
- ¹⁸ Email correspondence between First Things First and Arizona Early Intervention Program staff forwarded to CRED on 10/5/21

REFERENCES

- ¹ Braveman, P., Egerter, S., & Williams, D. R. (2011). The social determinants of health: coming of age. *Annual review of public health*, 32, 381-398.
- ² Ibid
- ³ Maggi, S., Irwin, L. J., Siddiqi, A., & Hertzman, C. (2010). The social determinants of early child development: an overview. *Journal of paediatrics and child health*, 46(11), 627-635.
- ⁴ Braveman, P., Egerter, S., & Williams, D. R. (2011). The social determinants of health: coming of age. *Annual review of public health*, 32, 381-398.
- ⁵ Hertzman, C. (1999). The biological embedding of early experience and its effects on health in adulthood. *Annals of the New York Academy of Sciences*, 896(1), 85-95.
- ⁶ Karoly, L. A., Kilburn, M. R., & Cannon, J. S. (2006). *Early childhood interventions: Proven results, future promise*. Rand Corporation.
- ⁷ World Health Organization. (2010). A conceptual framework for action on the social determinants of health. <https://www.who.int/publications/i/item/9789241500852>
- ⁸ Lynch, E. E., Malcoe, L. H., Laurent, S. E., Richardson, J., Mitchell, B. C., & Meier, H. C. (2021). The legacy of structural racism: Associations between historic redlining, current mortgage lending, and health. *SSM-population health*, 14, 100793.
- ⁹ Walters, Beltran, R., Huh, D., & Evans-Campbell, T. (2010). Dis-placement and Dis-ease: Land, Place, and Health Among American Indians and Alaska Natives. In *Communities, Neighborhoods, and Health* (pp. 163–199). Springer New York. https://doi.org/10.1007/978-1-4419-7482-2_10
- ¹⁰ Gracey, M., and King, M. 2009. “Indigenous health: Determinants and disease patterns.” *Lancet*, 374: 65–75.
- ¹¹ U.S. Census Bureau (2021). About 2020 Census Data Products, Demographic and Housing Characteristics File. Accessed at <https://www.census.gov/programs-surveys/decennial-census/decade/2020/planning-management/release/about-2020-data-products.html>
- ¹² National Academies of Sciences, Engineering, and Medicine. (2016). *Parenting Matters: Supporting Parents of Children Ages 0-8*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/21868>.
- ¹³ Campbell, F., Conti, G., Heckman, J. J., Moon, S. H., Pinto, R., Pungello, E., & Pan, Y. (2014). Early childhood investments substantially boost adult health. *Science*, 343(6178), 1478-1485.
- ¹⁴ Hong, K., Dragan, K., & Glied, S. (2019). Seeing and hearing: The impacts of New York City’s universal pre-kindergarten program on the health of low-income children. *Journal of Health Economics*, 64, 93-107.
- ¹⁵ Bakken, L., Brown, N., & Downing, B. (2017). Early childhood education: The long-term benefits. *Journal of Research in Childhood Education*, 31(2), 255-269, DOI: 10.1080/02568543.2016.1273285
- ¹⁶ Rossin-Slater, M. (2013). WIC in your neighborhood: New evidence on the impacts of geographic access to clinics. *Journal of Public Economics*, 102, 51-69.
- ¹⁷ Campbell, F., Conti, G., Heckman, J. J., Moon, S. H., Pinto, R., Pungello, E., & Pan, Y. (2014). Early childhood investments substantially boost adult health. *Science*, 343(6178), 1478-1485.
- ¹⁸ Hong, K., Dragan, K., & Glied, S. (2019). Seeing and hearing: The impacts of New York City’s universal pre-kindergarten program on the health of low-income children. *Journal of Health Economics*, 64, 93-107.
- ¹⁹ Bakken, L., Brown, N., & Downing, B. (2017). Early childhood education: The long-term benefits. *Journal of Research in Childhood Education*, 31(2), 255-269, DOI: 10.1080/02568543.2016.1273285
- ²⁰ Rossin-Slater, M. (2013). WIC in your neighborhood: New evidence on the impacts of geographic access to clinics. *Journal of Public Economics*, 102, 51-69.

-
- ²¹ Frey, W. H. (2020). The nation is diversifying even faster than predicted, according to new census data. *Brookings*. Retrieved August 16, 2021 from <https://www.brookings.edu/research/new-census-data-shows-the-nation-is-diversifying-even-faster-than-predicted/>
- ²² National Academies of Sciences, Engineering, and Medicine. (2016). *Parenting Matters: Supporting Parents of Children Ages 0-8*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/21868>.
- ²³ Halgunseth, L. (2009). Family engagement, diverse families and early childhood education programs: An integrated review of the literature. *Young Children*, 64(5), 56-68.
- ²⁴ National Academies of Sciences, Engineering, and Medicine. (2016). *Parenting Matters: Supporting Parents of Children Ages 0-8*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/21868>.
- ²⁵ Pew Research Center. (2018). *The changing profile of unmarried parents*. Retrieved August 16, 2021 from <https://www.pewsocialtrends.org/2018/04/25/the-changing-profile-of-unmarried-parents/>
- ²⁶ Vandivere, S., Yrausquin, A., Allen, T., Malm, K., and McKlindon, A. (2012). *Children in nonparental care: A review of the literature and analysis of data gaps*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Retrieved August 16, 2021 from <http://aspe.hhs.gov/basic-report/children-nonparental-care-review-literature-and-analysis-data-gaps>
- ²⁷ Barnett, M. A., Yancura, L., Wilmoth, J., Sano, Y. (2016). Wellbeing among rural grandfamilies in two multigenerational household structures. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*, 3 (1). Retrieved August 16, 2021 from <http://scholarworks.wmich.edu/grandfamilies/vol3/iss1/4>
- ²⁸ Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC, US: National Academy Press.
- ²⁹ Taylor, Z. E., & Conger, R. D. (2014). Risk and resilience processes in single-mother families: An interactionist perspective. In Sloboda, Z. & Petras, H. (Eds.), *Defining prevention science* (pp. 195-217). Springer, Boston, MA.
- ³⁰ Coles, R. L. (2015). Single-father families: A review of the literature. *Journal of Family Theory & Review*, 7(2), 144-166.
- ³¹ Ellis, R. R., & Simmons, T. (2014). Coresident grandparents and their grandchildren: 2012. *Current Population Reports*, pp. 20-576. U.S. Census Bureau: Washington, DC.
- ³² Britto PR, Lye SJ, Proulx K, et al, and the Early Childhood Development Interventions Review Group, for the Lancet Early Childhood Development Series Steering Committee (2016). Nurturing care: promoting early childhood development. *Lancet*, 389, 91-102.
- ³³ Ibid
- ³⁴ Harvard University, Center on the Developing Child “Serve & Return Interaction Shapes Brain Circuitry.” Retrieved from http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/serve_and_return/
- ³⁵ Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., Schwartz, S., & Horon, I. (2021). Births: Final data for 2019. *National Vital Statistics Reports*, 70(2), 1–51.
- ³⁶ Fortuny, K., Hernandez, D. J., Chaudry, A. (2010). Young children of immigrants: The leading edge of America’s future. Urban Institute, Brief No. 3 (August 31, 2010). Retrieved September 14, 2021 from <https://www.urban.org/research/publication/young-children-immigrants-leading-edge-americas-future>
- ³⁷ Fortuny, K., Hernandez, D. J., Chaudry, A. (2010). Young children of immigrants: The leading edge of America’s future. Urban Institute, Brief No. 3 (August 31, 2010). Retrieved September 14, 2021 from <https://www.urban.org/research/publication/young-children-immigrants-leading-edge-americas-future>
- ³⁸ Androff, D. K., Ayon, C., Becerra, D., & Gurrola, M. (2011). US immigration policy and immigrant children's well-being: The impact of policy shifts. *Journal of Sociology & Social Welfare*, 38, 77.
- ³⁹ Pedraza, F. I., Nichols, V. C., & LeBrón, A. M. (2017). Cautious citizenship: the deterring effect of immigration issue salience on health care use and bureaucratic interactions among Latino US citizens. *Journal of Health Politics, Policy and Law*, 42(5), 925-960.
- ⁴⁰ Bernstein, H., Gonzalez, D., Karpman, M., & Zuckerman, S. (2019, May 22). One in seven adults in immigrant families reported avoiding public benefit programs in 2018. *Urban Institute*. Retrieved June 7, 2022 from <https://www.urban.org/research/publication/oneseven-adults-immigrant-families-reported-avoiding-public-benefit-programs-2018>
- ⁴¹ Artiga, S., & Ubri, P. (2017). *Living in an immigrant family in America: How fear and toxic stress are affecting daily life, well-being, & health*. Menlo Park, CA: Kaiser Family Foundation. Retrieved August 16, 2021 from <https://www.kff.org/report-section/living-in-an-immigrant-family-in-america-issue-brief/>
- ⁴² Pereira, K. M., Crosnoe, R., Fortuny, K., Pedroza, J., Ulvestad, K., Weiland, C., ... Chaudry, A. (2012). *Barriers to immigrants’ access to health and human services programs*. ASPE Issue Brief. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation.

Retrieved August 16, 2021 from <http://webarchive.urban.org/UploadedPDF/413260-Barriers-to-Immigrants-Access-to-Health-and-Human-Services-Programs.pdf>

⁴³ Bernstein, H., McTarnaghan, S., & Gonzalez, D. (2019). Safety net access in the context of the public charge rule. *Urban Institute*. Retrieved August 16, 2021 from https://www.urban.org/sites/default/files/publication/100754/safety_net_access_in_the_context_of_the_public_charge_rule_1.pdf

⁴⁴ Ku, L. (2019, October 9). New evidence demonstrates that the public charge rule will harm immigrant families and others. *Health Affairs*. Retrieved September 14, 2021 from <https://www.healthaffairs.org/doi/10.1377/hblog20191008.70483/full/>

⁴⁵ Capps, R., & Gelatt, J. (2020, May). Barriers to COVID-19 testing and treatment: Immigrants without health coverage in the United States. *Migration Policy Institute* (Fact Sheet). Retrieved August 24, 2021 from <https://www.migrationpolicy.org/research/covid-19-testing-treatment-immigrants-health-insurance>

⁴⁶ U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. (n.d.). The benefits of bilingualism. Retrieved 6/7/2022 from <https://eclkc.ohs.acf.hhs.gov/publication/benefits-being-bilingual>

⁴⁷ National Academies of Sciences, Engineering, and Medicine. (2017). Promoting the Educational Success of Children and Youth Learning English: Promising Futures. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24677>.

⁴⁸ U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. (n.d.). The benefits of bilingualism. Retrieved 6/7/2022 from <https://eclkc.ohs.acf.hhs.gov/publication/benefits-being-bilingual>

⁴⁹ National Academies of Sciences, Engineering, and Medicine. (2017). Promoting the Educational Success of Children and Youth Learning English: Promising Futures. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24677>.

⁵⁰ National Academies of Sciences, Engineering, and Medicine. (2017). Promoting the Educational Success of Children and Youth Learning English: Promising Futures. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24677>.

⁵¹ Center for Translational Neuroscience. (2020, November 11). *Home alone: The pandemic is overloading single-parent families*. Medium. Retrieved August 18, 2021 from <https://medium.com/rapid-ec-project/home-alone-the-pandemic-is-overloading-single-parent-families-c13d48d86f9e>

⁵² Center for Translational Neuroscience. (2020, December 1). *Facing hunger: The weight of the pandemic is falling on American families*. Medium. Retrieved August 18, 2021 from <https://medium.com/rapid-ec-project/facing-hunger-the-weight-of-the-pandemic-is-falling-on-american-families-1cbeb047a955>

⁵³ Center for Translational Neuroscience. (2020, June 24). *Flattening the other curve: Trends for young children's mental health are good for some but concerning for others*. Medium. Retrieved August 18, 2021 from <https://medium.com/rapid-ec-project/flattening-the-other-curve-7be1e574b340>

⁵⁴ Center for Translational Neuroscience (2020, September 8). *Something's gotta give: Parents face an untenable set of demands as schools and child care providers begin a new academic year*. Medium. Retrieved August 18, 2021 from <https://medium.com/rapid-ec-project/somethings-gotta-give-6766c5a88d18>

⁵⁵ Generations United (2011). *Family Matters: Multigenerational Families in a Volatile Economy*. Retrieved October 15, 2021 from <https://www.gu.org/app/uploads/2018/05/SignatureReport-Family-Matters-Multigen-Families.pdf>

⁵⁶ Ellis, R., & Simmons, T. (2014). Co-resident Grandparents and Their Grandchildren: 2012, *Current Population Reports, P20-576*, U.S. Census Bureau: Washington, DC.

⁵⁷ Baker, L. A., Silverstein, M., & Putney, N. M. (2008). Grandparents raising grandchildren in the United States: Changing family forms, stagnant social policies. *Journal of societal & social policy*, 7, 53.

⁵⁸ Chan, K.L., Chen, M., Lo, K.M.C, Chen, Q., Kelley, S., & Ip, P. (2019). The effectiveness of Interventions for grandparents raising grandchildren: A meta-analysis. *Research on Social Work Practice*, 29,607-617.

⁵⁹ American Association for Marriage and Family Therapy. (2015). Grandparents raising grandchildren.

⁶⁰ Stokes, J. E., & Patterson, S. E. (2020). Intergenerational Relationships, Family Caregiving Policy, and COVID-19 in the United States. *Journal of Aging & Social Policy*, 32(4-5), 416–424.

⁶¹ Centers for Disease Control and Prevention. (2021, September 9). *Risk for COVID-19 Infection, Hospitalization, and Death by Age Group*. Retrieved September 13, 2021 from <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>

⁶² Healthy People 2020. (n.d.). Social determinants of health. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved September 14, 2021 from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

-
- ⁶³ Child Trends. (2014, January 8). *5 Ways Poverty Harms Children*. Retrieved September 14, 2021 from <https://www.childtrends.org/child-trends-5/5-ways-poverty-harms-children>
- ⁶⁴ Hair, N. L., Hanson, J. L., Wolfe, B. L., & Pollak, S. D. (2015). Association of child poverty, brain development, and academic achievement. *JAMA pediatrics*, 169(9), 822-829.
- ⁶⁵ Brooks-Gunn, J. & Duncan, G. (1997). The effects of poverty on children. *Children and Poverty*, 7(2), 55-71.
- ⁶⁶ McLoyd, V. (1998). Socioeconomic disadvantage and child development. *American Psychologist*, 53(2), 185-204. doi:10.1037/0003-066X.53.2.185
- ⁶⁷ Ratcliffe, C. & McKernan, S. (2012). Child poverty and its lasting consequences. *Low-Income Working Families Series*, The Urban Institute. Retrieved June 7, 2022 from <https://www.urban.org/sites/default/files/publication/32756/412659-Child-Poverty-and-Its-Lasting-Consequence.PDF>
- ⁶⁸ Duncan, G., Ziol-Guest, K., & Kalil, A. (2010). Early-childhood poverty and adult attainment, behavior, and health. *Child Development*, 81(1), 306-325. Retrieved September 14, 2021 from <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8624.2009.01396.x/full>
- ⁶⁹ Gupta, R., de Wit, M., & McKeown, D. (2007). The impact of poverty on the current and future health status of children. *Pediatrics & Child Health*, 12(8), 667-672.
- ⁷⁰ Jensen, S. K. G., Berens, A. E., & Nelson, C. A. (2017). Effects of poverty on interacting biological systems underlying child development. *The Lancet Child & Adolescent Health*, 1(3), 225–239. [https://doi.org/10.1016/s2352-4642\(17\)30024-x](https://doi.org/10.1016/s2352-4642(17)30024-x)
- ⁷¹ Brisson, D., McCune, S., Wilson, J. H., Speer, S. R., McCrae, J. S., & Hoops Calhoun, K. (2020). A systematic review of the association between poverty and biomarkers of toxic stress. *Journal of Evidence-Based Social Work*, 17(6), 696-713.
- ⁷² Wagmiller, R. & Adelman, R. (2009). *Children and intergenerational poverty: The long-term consequences of growing up poor*. New York, NY: National Center for Children in Poverty. Retrieved September 14, 2021 from http://www.nccp.org/publications/pub_909.html
- ⁷³ Duncan, G., Ziol-Guest, K., & Kalil, A. (2010). Early-childhood poverty and adult attainment, behavior, and health. *Child Development*, 81(1), 306-325. Retrieved September 14, 2021 from <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8624.2009.01396.x/full>
- ⁷⁴ Alaimo, K., Olson, C.M., Frongillo Jr, E.A. and Briefel, R.R., 2001. Food insufficiency, family income, and health in US preschool and school-aged children. *American Journal of Public Health*, 91(5), p.781.
- ⁷⁵ Hill, M.S. and Duncan, G.J., 1987. Parental family income and the socioeconomic attainment of children. *Social Science Research*, 16(1), pp.39-73.
- ⁷⁶ Larson, K. and Halfon, N., 2010. Family income gradients in the health and health care access of US children. *Maternal and child health journal*, 14(3), pp.332-342.
- ⁷⁷ Gilman, S.E., Kawachi, I., Fitzmaurice, G.M. and Buka, S.L., 2002. Socioeconomic status in childhood and the lifetime risk of major depression. *International journal of epidemiology*, 31(2), pp.359-367.
- ⁷⁸ Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2021). Household food security in the United States in 2020, ERR-298. *US Department of Agriculture, Economic Research Service*.
- ⁷⁹ Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2021). Household food security in the United States in 2020, ERR-298. *US Department of Agriculture, Economic Research Service*.
- ⁸⁰ Food Research and Action Center. (2013). *SNAP and Public Health: The role of the Supplemental Nutrition Assistance Program in improving the health and well-being of Americans*.
- ⁸¹ Cohen, J., Hecht, A. A., McLoughlin, G. M., Turner, L., & Schwartz, M. B. (2021). Universal School Meals and Associations with Student Participation, Attendance, Academic Performance, Diet Quality, Food Security, and Body Mass Index: A Systematic Review. *Nutrients*, 13(3), 911. <https://doi.org/10.3390/nu13030911>
- ⁸² Carlson, S., & Neuberger, Z. (2015). *WIC Works: Addressing the nutrition and health needs of low-income families for 40 years*. Washington, DC: Center on Budget and Policy Priorities. Retrieved September 14, 2021 from <http://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>
- ⁸³ Healthy People 2020. (n.d.). Social determinants of health. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved September 14, 2021 from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- ⁸⁴ Berger, R.P., Fromkin, J.B., Stutz, H., Makoroff, K., Scribano, P.V., Feldman, K., Tu, L.C. and Fabio, A., 2011. Abusive head trauma during a time of increased unemployment: a multicenter analysis. *Pediatrics*, 128(4), pp.637-643. Retrieved September 14, 2021 from <https://pediatrics.aappublications.org/content/128/4/637.short>

-
- ⁸⁵ Isaacs, J. (2013). Unemployment from a child's perspective. Retrieved June 7, 2022 from <https://www.urban.org/sites/default/files/publication/23131/1001671-Unemployment-from-a-Child-s-Perspective.PDF>
- ⁸⁶ McCoy-Roth, M., Mackintosh, B., & Murphey, D. (2012). When the bough breaks: The effects of homelessness on young children. *Child Health*, 3(1). Retrieved September 14, 2021 from <http://www.childtrends.org/wp-content/uploads/2012/02/2012-08EffectHomelessnessChildren.pdf>
- ⁸⁷ Stuart Gabriel and Gary Painter. 2017. "Why Affordability Matters," 4–23. Presentation at Housing Affordability: Why Does It Matter, How Should It Be Measured, and Why Is There an Affordability Problem? American Enterprise Institute, 5–6 April 2017. Accessed 10 April 2017. Available online at: <https://www.aei.org/wp-content/uploads/2017/04/CHA-Panel-1.pdf>
- ⁸⁸ Federal Interagency Forum on Child and Family Statistics. (2015). America's children: Key national indicators for well-being, 2015. Washington, DC: U.S. Government Printing Office. Retrieved September 14, 2021 from https://www.childstats.gov/pdf/ac2015/ac_15.pdf
- ⁸⁹ Schwartz, M. & Wilson, E. (n.d.). Who can afford to live in a home? A look at data from the 2006 American Community Survey. U.S. Census Bureau.
- ⁹⁰ U.S. Department of Health & Human Services Office of the Assistant Secretary for Planning and Evaluation. (2019). *2019 Poverty Guidelines*. Retrieved August 21, 2021 from <https://aspe.hhs.gov/2019-poverty-guidelines>
- ⁹¹ U.S. Department of Health & Human Services Office of the Assistant Secretary for Planning and Evaluation. (2021). *2020 Poverty Guidelines*. Retrieved August 23, 2021 from <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2020-poverty-guidelines>
- ⁹² Pearce, D. (2019) The Self-Sufficiency Standard. Retrieved September 14, 2021 from <http://www.selfsufficiencystandard.org/the-standard>
- ⁹³ Center for Women's Welfare. (2021). *Arizona | Self Sufficiency Standard* (Version 2021) [Dataset]. Retrieved September 14, 2021 from <http://www.selfsufficiencystandard.org/arizona>
- ⁹⁴ IRS. (2021) Questions and Answers about the First Economic Impact Payment — Topic A: Eligibility. Retrieved August 24, 2021 from <https://www.irs.gov/newsroom/questions-and-answers-about-the-first-economic-impact-payment-topic-a-eligibility>
- ⁹⁵ USA.gov. (2021). *Advance Child Tax Credit and Economic Impact Payments - Stimulus Checks*. Retrieved August 25, 2021 from <https://www.usa.gov/covid-stimulus-checks>
- ⁹⁶ Children's Action Alliance. (2021, January 27). *Immigrant families should not be excluded from COVID-19 response*. Retrieved September 14, 2021 from <https://azchildren.org/news-and-events/immigrant-families-should-not-be-excluded-from-covid-19-response/>
- ⁹⁷ Congressional Research Service. (2021, January 19). *Noncitizen eligibility for the second round of direct payments to individuals* (No. IN11579). Retrieved September 14, 2021 from <https://www.aila.org/File/Related/20030201cn.pdf>
- ⁹⁸ Protecting Immigrant Families. (2021, March 26). *Immigrant eligibility for public programs during COVID-19*. Retrieved August 24, 2021 from <https://protectingimmigrantfamilies.org/immigrant-eligibility-for-public-programs-during-covid-19/>
- ⁹⁹ U.S. Department of The Treasury. (2021). *FACT SHEET: The American Rescue Plan Will Deliver Immediate Economic Relief to Families*. Retrieved August 24, 2021 from <https://home.treasury.gov/news/featured-stories/fact-sheet-the-american-rescue-plan-will-deliver-immediate-economic-relief-to-families>
- ¹⁰⁰ CBPP staff. (2021, March 15). *American Rescue Plan Act will help millions and bolster the economy*. Center on Budget and Policy Priorities. Retrieved September 29, 2021 from: <https://www.cbpp.org/research/poverty-and-inequality/american-rescue-plan-act-will-help-millions-and-bolster-the-economy#tax>
- ¹⁰¹ Congressional Research Service. (2021, May). *The child tax credit: Temporary expansion for 2021 under the American Rescue Plan Act of 2021* (ARPA; P.L. 117–2). <https://crsreports.congress.gov/product/pdf/IN/IN11613>
- ¹⁰² US Census Bureau. (2021, February 2). *Poverty Thresholds*. The United States Census Bureau. Retrieved September 14, 2021 from <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>
- ¹⁰³ Arizona Department of Economic Security. (2021). *TANF Jobs Program*. Arizona Department of Economic Security. Retrieved September 2, 2021 from <https://des.az.gov/services/employment/job-seekers/tanf-jobs-program>
- ¹⁰⁴ <https://www.azleg.gov/legtext/54leg/2R/bills/HB2904H.htm>
- ¹⁰⁵ Floyd, I. (2016, July 5). *Arizona Cuts TANF Time Limit to Shortest Nationwide*. Center on Budget and Policy Priorities. Retrieved September 2, 2021 from: <https://www.cbpp.org/blog/arizona-cuts-tanf-time-limit-to-shortest-nationwide>
- ¹⁰⁶ Levert, M. (2018). Policy Brief. Benefits Cliffs. Presented to the J.T. Gorman Foundation in Support of the Maine Whole Family Approach to Jobs Working Group. Stepwise Data Research. Retrieved September 14, 2021 from <https://www.jtcfoundation.org/wp-content/uploads/2019/06/Cliffs-Policy-Brief.pdf>

-
- ¹⁰⁷ Economic Research Service, U.S. Department of Agriculture. (2021). *Definitions of Food Security*. Retrieved August 25, 2021 from <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>
- ¹⁰⁸ Rose-Jacobs, R., Black, M., Casey, P., Cook, J., Cutts, D., Chilton, M., Heeren, T., Levenson, S., Meyers, A., & Frank, D. (2008). Household food insecurity: Associations with at-risk infant and toddler development. *Pediatrics*, *121*(1), 65-72. Retrieved from <http://pediatrics.aappublications.org/content/121/1/65.full.pdf>
- ¹⁰⁹ Ryan-Ibarra, S., Sanchez-Vaznaugh, E., Leung, C., & Induni, M. (2016). The relationship between food insecurity and overweight/obesity differs by birthplace and length of residence. *Public Health Nutrition*, 1-7. Retrieved from <https://www.cambridge.org/core/journals/public-health-nutrition/article/div-classtitlethe-relationship-between-food-insecurity-and-overweightobesity-differs-by-birthplace-and-length-of-us-residence/div/4BEE4D6C09F9FFCABEE404F9E313BE7C>
- ¹¹⁰ Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *Supplemental Nutrition Assistance Program (SNAP)*. Retrieved from <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>
- ¹¹¹ Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)*. Retrieved from <https://www.fns.usda.gov/wic>
- ¹¹² Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *National School Lunch Program*. Retrieved from <https://www.fns.usda.gov/nslp>
- ¹¹³ Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *School Breakfast Program*. Retrieved from <https://www.fns.usda.gov/sbp/school-breakfast-program>
- ¹¹⁴ Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *Summer Food Service Program*. Retrieved from <https://www.fns.usda.gov/sfsp/summer-food-service-program>
- ¹¹⁵ Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *Child and Adult Care Food Program*. Retrieved from <https://www.fns.usda.gov/cacfp>
- ¹¹⁶ Coleman-Jensen, A., Rabbitt, M.P., Gregory, C.A., & Singh, A. (2020). *Household food security in the United States in 2019*, ERR-275. U.S. Department of Agriculture, Economic Research Service. Retrieved August 25, 2021 from <https://www.ers.usda.gov/webdocs/publications/99282/err-275.pdf>
- ¹¹⁷ Food Research and Action Center. (2013). *SNAP and Public Health: The role of the Supplemental Nutrition Assistance Program in improving the health and well-being of Americans*.
- ¹¹⁸ Ibid
- ¹¹⁹ Prevalence and distribution of food insecurity status by SNAP participation and poverty level, 2019. Retrieved August 25, 2021 from: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/interactive-charts-and-highlights/#disability>
- ¹²⁰ U.S. Citizenship and Immigration Services. (2021, March 10). *Public Charge Fact Sheet*.
- ¹²¹ Rosenbaum, D., & Keith-Jennings, B. (2019, June 6). *SNAP caseload and spending declines have accelerated in recent years*. Center on Budget and Policy Priorities. Retrieved September 8, 2021 from <https://www.cbpp.org/research/food-assistance/snap-caseload-and-spending-declines-have-accelerated-in-recent-years>
- ¹²² For more information on the Arizona WIC Program, visit <http://azdhs.gov/prevention/azwic/>
- ¹²³ Carlson, S., & Neuberger, Z. (2015). *WIC Works: Addressing the nutrition and health needs of low-income families for 40 years*. Washington, DC: Center on Budget and Policy Priorities. Retrieved from <http://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>
- ¹²⁴ Arizona Department of Health Services. (2017, April). *Arizona clinic eWIC readiness toolkit*. <https://azdhs.gov/documents/prevention/azwic/agencies/trainers/training-resources/ewic-clinic-readiness-toolkit.pdf>
- ¹²⁵ Vasan, A., Kenyon, C. C., Feudtner, C., Fiks, A. G., & Venkataramani, A. S. (2021). Association of WIC Participation and Electronic Benefits Transfer Implementation. *JAMA Pediatrics*, *175*(6), 609. <https://doi.org/10.1001/jamapediatrics.2020.6973>
- ¹²⁶ Smith, M.V., Kruse, A., Weir, A. and Goldblum, J., 2013. Diaper need and its impact on child health. *Pediatrics*, *132*(2), pp.253-259.
- ¹²⁷ U.S. Department of Agriculture (2021). Food access research atlas [Webmap]. Retrieved from <https://www.ers.usda.gov/data-products/food-access-research-atlas/>
- ¹²⁸ For more information see: <https://www.azed.gov/hns/cacfp>
- ¹²⁹ Arizona Department of Education. (2021, June 14). *Introduction to the CACFP* [Video]. Vimeo. <https://vimeo.com/562872764>

-
- ¹³⁰ For more information see: <https://www.azed.gov/hns/sfsp>
- ¹³¹ United States Department of Agriculture. (n.d.). *How to participate in summer meals*.
- ¹³² Cornucopia Community Advocates. Yavapai County Emergency Food Resource Directory 2021. Retrieved from <https://cornucopiaca.org/wp-content/uploads/2021/07/Emergeny-Food-Provider-Directoy-2020-1.pdf>
- ¹³³ Cornucopia Community Advocates. Verde Valley Food Policy Council Action Plan retrieved from <https://cornucopiaca.org/wp-content/uploads/2022/01/VVFPC-Action-Plan-12-19-21-1.pdf>
- ¹³⁴ National Center for Children in Poverty. (2014). *Arizona demographics for low-income children*. Retrieved from http://www.nccp.org/profiles/AZ_profile_6.html
- ¹³⁵ Isaacs, J. (2013). *Unemployment from a child's perspective*. Retrieved June 7, 2022 from <https://www.urban.org/sites/default/files/publication/23131/1001671-Unemployment-from-a-Child-s-Perspective.PDF>
- ¹³⁶ For a discussion of current trends in labor force participation versus employment, see Uchitelle, L. (July 11, 2019). "Unemployment Is Low, but That's Only Part of the Story." Retrieved from <https://www.nytimes.com/2019/07/11/business/low-unemployment-not-seeking-work.html>
- ¹³⁷ Arizona Department of Economic Security. (2021, September 4). *Historical context*. Unemployment Insurance Data Dashboard. Retrieved September 9, 2021 from <https://des.az.gov/ui-data-dashboard>
- ¹³⁸ U.S. Department of Labor. (n.d.). *Unemployment insurance relief during COVID-19 outbreak*. Retrieved September 9, 2021 from <https://www.dol.gov/coronavirus/unemployment-insurance>
- ¹³⁹ U.S. Department of Labor. (2021, January 11). New COVID-19 unemployment benefits: Answering common questions. U.S. Department of Labor Blog. Retrieved September 14, 2021 from <https://blog.dol.gov/2021/01/11/unemployment-benefits-answering-common-questions>
- ¹⁴⁰ Arizona Department of Economic Security. (n.d.). *Arizona's back to work program*. Retrieved September 9, 2021 from <https://des.az.gov/back-to-work-program>
- ¹⁴¹ Office of the Governor. (2021, May 13). *Governor Ducey announces "Arizona Back to Work."* Office of the Arizona Governor. Retrieved September 14, 2021 from <https://azgovernor.gov/governor/news/2021/05/governor-ducey-announces-arizona-back-work>
- ¹⁴² U.S. Census Bureau (2021). Household Pulse Survey Data, Phases 1, 2, & 3. Retrieved from <https://www.census.gov/programs-surveys/household-pulse-survey.html>
- ¹⁴³ Arizona Department of Economic Security. (n.d.). *Essential workers child care relief scholarship program*.
- ¹⁴⁴ Arizona Department of Economic Security. (n.d.-a). Child care for returning workers program. Retrieved December 15, 2021, from <https://des.az.gov/child-care-returning-workers-program>
- ¹⁴⁵ Center for American Progress. (2018). *Child Care Access in Arizona*. Retrieved August 31, 2021 from <https://childcaredeserts.org/2018/index.html?state=AZ>
- ¹⁴⁶ Center for American Progress. (2019). *Early learning factsheet 2019 | Arizona*. Retrieved June 7, 2022 from <https://americanprogress.org/wp-content/uploads/2019/09/Arizona.pdf>
- ¹⁴⁷ McCoy-Roth, M., Mackintosh, B., & Murphey, D. (2012). When the bough breaks: The effects of homelessness on young children. *Child Health*, 3(1). Retrieved from: <http://www.childtrends.org/wp-content/uploads/2012/02/2012-08EffectHomelessnessChildren.pdf>
- ¹⁴⁸ Consumer Financial Protection Bureau. (2021, March). Housing insecurity and the COVID-19 pandemic. Retrieved September 14, 2021 from https://files.consumerfinance.gov/f/documents/cfpb_Housing_insecurity_and_the_COVID-19_pandemic.pdf
- ¹⁴⁹ National Low Income Housing Coalition. (2021, March). American Rescue Plan Act. Retrieved September 14, 2021 from https://nlihc.org/sites/default/files/COVID-Relief-Budget_Reconciliation.pdf
- ¹⁵⁰ Aiken, C., Reina, V., Verbrugge, J., Aurand, A., Yae, R., Gould Ellen, I., & Hauptert, T. (2021, March). Learning from Emergency Rental Assistance Programs: Lessons from fifteen case studies. National Low Income Housing Coalition. Retrieved September 14, 2021 from <https://nlihc.org/sites/default/files/ERA-Programs-Case-Study.pdf>
- ¹⁵¹ Snow, A. (2021, August 28). Eviction ban's end will allow pandemic lockouts to resume. Associated Press. Retrieved September 14, 2021 from <https://apnews.com/article/business-health-coronavirus-pandemic-us-supreme-court-6e0841065389f4d2cf6f8b5aff38e994>
- ¹⁵² Herbert, C., Hermann, A. and McCue, D. (2018). *Measuring Housing Affordability: Assessing the 30 Percent of Income Standard*. Cambridge, MA: Joint Center for Housing Studies of Harvard University. Retrieved September 14, 2021 from https://www.jchs.harvard.edu/sites/default/files/Harvard_JCHS_Herbert_Hermann_McCue_measuring_housing_affordability.pdf

-
- ¹⁵³ Gabriel, S. and Painter, G. (2017). "Why Affordability Matters," 4–23. Presentation at Housing Affordability: Why Does It Matter, How Should It Be Measured, and Why Is There an Affordability Problem? American Enterprise Institute, 5–6 April 2017. Retrieved September 14, 2021 from <https://www.aei.org/wp-content/uploads/2017/04/CHA-Panel-1.pdf>
- ¹⁵⁴ Federal Interagency Forum on Child and Family Statistics. (2015). America's children: Key national indicators for well-being, 2015. Washington, DC: U.S. Government Printing Office. Retrieved September 14, 2021 from https://www.childstats.gov/pdf/ac2015/ac_15.pdf
- ¹⁵⁵ Kinsner, K., Parlakian, R., Sanchez, G., Manzano, S., & Baretto, M. (2018). Millennial Connections: Findings from ZERO TO THREE's 2018 Parent Survey Executive Summary. *ZERO TO THREE*. Retrieved from <https://www.zerotothree.org/resources/2475-millennial-connections-executive-summary>
- ¹⁵⁶ OECD. (2001). *Understanding the digital divide*. Paris, France: OECD Publications.
- ¹⁵⁷ OECD. (2001). *Understanding the digital divide*. Paris, France: OECD Publications.
- ¹⁵⁸ Gonzales, A. (2016). The contemporary US digital divide: from initial access to technology maintenance. *Information, Communication & Society*, 19(2), pp. 234-248, DOI: 10.1080/1369118X.2015.1050438
- ¹⁵⁹ Chandra, S., Fazlullah, A., Hill, H., Lynch, J., McBride, L., Weiss, D., Wu, M. (2020). Connect all students: How states and school districts can close the digital divide. San Francisco, CA: Common Sense Media
- ¹⁶⁰ Ali, T., Chandra, S., Cherukumilli, S., Fazlullah, A., Galicia, E., Hill, H., McAlpine, N., McBride, L., Vaduganathan, N., Weiss, D., Wu, M. (2021). Looking back, looking forward: What it will take to permanently close the K–12 digital divide. San Francisco, CA: Common Sense Media.
- ¹⁶¹ Pew Research Center. (2019, June 12). *Internet/Broadband Fact Sheet*. Retrieved from <https://www.pewresearch.org/internet/fact-sheet/internet-broadband/>
- ¹⁶² Prieger, J.E. (2013). The broadband digital divide and the economic benefits of mobile broadband for rural areas. *Telecommunications Policy*, 37(6-7), 483-502.
- ¹⁶³ Sallet, J. (2017). *Better together: Broadband deployment and broadband competition*. Retrieved from <https://www.brookings.edu/blog/techtank/2017/03/15/better-together-broadband-deployment-and-broadband-competition/>
- ¹⁶⁴ Federal Communications Commission. (2015). 2015 Broadband progress report and notice of inquiry on immediate action to accelerate deployment. *Federal Communications Commission*. Retrieved from https://apps.fcc.gov/edocs_public/attachmatch/DOC-342358A1.pdf
- ¹⁶⁵ Rideout, V. J. & Katz, V.S. (2016). Opportunity for all? Technology and learning in lower-income families. A report of the Families and Media Project. New York: The Joan Ganz Cooney Center at Sesame Workshop.
- ¹⁶⁶ Prieger, J. E. (2013). The broadband digital divide and the economic benefits of mobile broadband for rural areas. *Telecommunications Policy*, 37(6-7), 483-502.
- ¹⁶⁷ Prieger, J. E. (2013). The broadband digital divide and the economic benefits of mobile broadband for rural areas. *Telecommunications Policy*, 37(6-7), 483-502.
- ¹⁶⁸ Healthy People 2020. (n.d.). *Social determinants*. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Social-Determinants>
- ¹⁶⁹ National Research Council. 2012. *Key National Education Indicators: Workshop Summary*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/13453>
- ¹⁷⁰ Healthy People 2020. (n.d.). *Adolescent health*. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved August 20, 2021 from <https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health>
- ¹⁷¹ Child Trends Data Bank. (2015). Parental education: Indicators on children and youth. Retrieved September 7, 2021 from https://web.archive.org/web/20150525195005/http://www.childtrends.org/wp-content/uploads/2012/04/67-Parental_Education.pdf
- ¹⁷² Rathbun, A., & McFarland, J. (2017). Risk factors and academic outcomes in kindergarten through third grade. *National Center for Education Statistics*. Retrieved September 7, 2021 from https://nces.ed.gov/programs/coe/pdf/coe_tgd.pdf
- ¹⁷³ The Annie E. Casey Foundation. (2013). The first eight years: Giving kids a foundation for lifetime success. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCPolicyReport-2013.pdf>
- ¹⁷⁴ Anderson, L., Shinn, C., Fullilove, M., Scrimshaw, S., Fielding, J., Normand, J., & Carande-Kulis, V. (2003). The effectiveness of early childhood development programs: A systematic review. *American Journal of Preventive Medicine*, 24(3), 32-46.

-
- ¹⁷⁵ Lesnick, J., Goerge, R., Smithgall, C., & Gwynne, J. (2010). *Reading on grade level in third grade: How is it related to high school performance and college enrollment?* Chicago, IL: Chapin Hall at the University of Chicago. Retrieved August 20, 2021 from <https://assets.aecf.org/m/resourcedoc/aecf-ReadingonGradeLevelLongAnal-2010.PDF>
- ¹⁷⁶ Robert Wood Johnson Foundation. (2016, September). *The relationship between school attendance and health*. Retrieved August 20, 2021 from <https://www.rwjf.org/en/library/research/2016/09/the-relationship-between-school-attendance-and-health.html>
- ¹⁷⁷ Dahlin, M., & Squires, J. (2016). *Pre-K attendance: Why it's important and how to support it*. Center on Enhancing Early Learning Outcomes. Retrieved August 20, 2021 from http://nieer.org/wp-content/uploads/2016/09/ceelo_fastfact_state_ece_attendance_2016_02_01_final_for_web.pdf
- ¹⁷⁸ Santibañez, L., & Guarino, C. M. (2021). The effects of absenteeism on academic and social-emotional outcomes: Lessons for COVID-19. *Educational Researcher*. <https://doi.org/10.3102/0013189X21994488>
- ¹⁷⁹ Ready, D.D. (2010). Socioeconomic disadvantage, school attendance, and early cognitive development: The differential effects of school exposure. *Sociology of Education*, 83(4), 271-286.
- ¹⁸⁰ Robert Wood Johnson Foundation. (2016, September). *The relationship between school attendance and health*. Retrieved August 20, 2021 from <https://www.rwjf.org/en/library/research/2016/09/the-relationship-between-school-attendance-and-health.html>
- ¹⁸¹ Lesnick, J., Goerge, R., Smithgall, C., & Gwynne, J. (2010). *Reading on grade level in third grade: How is it related to high school performance and college enrollment?* Chicago, IL: Chapin Hall at the University of Chicago. Retrieved August 20, 2021 from <https://assets.aecf.org/m/resourcedoc/aecf-ReadingonGradeLevelLongAnal-2010.PDF>
- ¹⁸² Lesnick, J., Goerge, R., Smithgall, C., & Gwynne, J. (2010). *Reading on grade level in third grade: How is it related to high school performance and college enrollment?* Chicago, IL: Chapin Hall at the University of Chicago. Retrieved August 20, 2021 from <https://assets.aecf.org/m/resourcedoc/aecf-ReadingonGradeLevelLongAnal-2010.PDF>
- ¹⁸³ Hernandez, D. (2011). *Double jeopardy: How third-grade reading skills and poverty influence high school graduation*. New York, NY: The Annie E. Casey Foundation. Retrieved August 20, 2021 from <http://files.eric.ed.gov/fulltext/ED518818.pdf>
- ¹⁸⁴ Arizona Department of Education. (n.d.). *Assessments*. Retrieved August 20, 2021 from <https://www.azed.gov/assessment>
- ¹⁸⁵ Altavena, L. (2021, February 8). Testing for Arizona students returns in April, with lots of unanswered questions. *Arizona Republic*.
- ¹⁸⁶ For more information on Move on When Reading, visit <http://www.azed.gov/mowr/>
- ¹⁸⁷ Arizona Department of Education. *Move on When Reading Annual Report 2020*. Retrieved December 3, 2021 <https://www.azed.gov/sites/default/files/2020/12/Move%20on%20When%20Reading%20Annual%20Report%202020.pdf>
- ¹⁸⁸ National Research Council. 2012. *Key National Education Indicators: Workshop Summary*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/13453>.
- ¹⁸⁹ Healthy People 2020. (n.d.). Adolescent health. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health>
- ¹⁹⁰ Carnevale, A. P., Smith, N., & Strohl, J. (2013). Recovery: Job growth and education requirements through 2020. *Georgetown Public Policy Institute – Center on Education and the Workforce*. Retrieved September 7, 2021 from https://1gyhoq479ufd3yna29x7ubjn-wpengine.netdna-ssl.com/wp-content/uploads/2014/11/Recovery2020.ES_Web_.pdf
- ¹⁹¹ Torpey, E. (2021, June). Education pays, 2020. *Career Outlook*, U.S. Bureau of Labor Statistics. Retrieved September 7, 2021 from <https://www.bls.gov/careeroutlook/2021/data-on-display/education-pays.htm>
- ¹⁹² National Center for Education Statistics. (2021, May). Characteristics of children's families. Retrieved September 7, 2021 from <https://nces.ed.gov/programs/coe/indicator/cce#fn1>
- ¹⁹³ Sabol, T. J., Sommer, T. E., Chase-Lansdale, P. L., & Brooks-Gunn, J. (2021). Intergenerational economic mobility for low-income parents and their children: A dual developmental science framework. *Annual Review of Psychology*, 72(1), 265–292. <https://doi.org/10.1146/annurev-psych-010419-051001>
- ¹⁹⁴ Halle, T., Forry, N., Hair, E., Perper, K., Wandner, L., Wessel, J., & Vick, J. (2009). Disparities in early learning and development: lessons from the Early Childhood Longitudinal Study–Birth Cohort (ECLS-B). *Washington, DC: Child Trends*, 1-7.
- ¹⁹⁵ Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved August 20, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- ¹⁹⁶ Kuhl, P.K. (2011). Early language learning and literacy: Neuroscience implications for education. *Mind, Brain, and Education*, 5(3), 128-142.
- ¹⁹⁷ Fernald, A., Marchman, V., & Weisleder, A. (2013). SES differences in language processing skill and vocabulary are evident at 18 months. *Developmental Science*, 16(2), 234-248.

-
- ¹⁹⁸ Lee, V. & Burkam, D. (2002). *Inequality at the Starting Gate: Social background Differences in Achievement as Children Begin School*. Washington, DC: Economic Policy Institute.
- ¹⁹⁹ NICHD Early Child Care Research Network. (2002). Early child care and children's development prior to school entry: Results from the NICHD study of early child care. *American Educational Research Journal*, 39(1), 133–164. Retrieved August 20, 2021 from <http://www.jstor.org/stable/3202474>
- ²⁰⁰ Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M., Espinosa, L., Gormley, W.,...Zaslow, M. (2013). Investing in our future: The evidence base on preschool education. Ann Arbor, MI: *Society for Research in Child Development*. Retrieved August 20, 2021 from <https://www.fcd-us.org/assets/2013/10/Evidence20Base20on20Preschool20Education20FINAL.pdf>
- ²⁰¹ U.S. Department of Education. (2015). A matter of equity: Preschool in America. Retrieved August 20, 2021 from <https://www2.ed.gov/documents/early-learning/matter-equity-preschool-america.pdf>
- ²⁰² The Annie E. Casey Foundation. (2013). The first eight years: Giving kids a foundation for lifetime success. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCpolicyreport-2013.pdf>
- ²⁰³ Gilliam, W. S., Maupin, A. N., & Reyes, C. R. (2016). Early childhood mental health consultation: Results of a statewide random-controlled evaluation. *Journal of the American Academy of Child & Adolescent Psychiatry*, 55(9), 754-761.
- ²⁰⁴ U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. (n.d.). *Understanding and eliminating expulsion in early childhood programs*. Retrieved August 20, 2021 from <https://eclkc.ohs.acf.hhs.gov/publication/understanding-eliminating-expulsion-early-childhood-programs>
- ²⁰⁵ Mortenson, J. A., & Barnett, M. A. (2016). The role of child care in supporting the emotion regulatory needs of maltreated infants and toddlers. *Children and Youth Services Review*, 64, 73-81
- ²⁰⁶ Dinehart, L. H., Manfra, L., Katz, L. F., & Hartman, S. C. (2012). Associations between center-based care accreditation status and the early educational outcomes of children in the child welfare system. *Children and Youth Services Review*, 34, 1072-1080.
- ²⁰⁷ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2013). *The national survey of children with special health care needs: Chartbook 2009-2010*. Rockville, MD: U.S. Department of Health and Human Services. Retrieved August 20, 2021 from <https://mchb.hrsa.gov/data-research-epidemiology/research-epidemiology/national-survey-publications-and-chartbooks>
- ²⁰⁸ Austin, A., Herrick, H., Proescholdbell, S., & Simmons, J. (2016). Disability and exposure to high levels of adverse childhood experiences: Effect on health and risk behavior. *North Carolina Medical Journal*, 77(1), 30-36. doi: 10.18043/nmc.77.1.30. Retrieved August 20, 2021 from <http://www.ncmedicaljournal.com/content/77/1/30.full.pdf+html>
- ²⁰⁹ Kistin, C., Tompson, M., Cabral, H., Sege, R., Winter, M., & Silverstein, M. (2016). Subsequent maltreatment in children with disabilities after an unsubstantiated report for neglect. *JAMA* 2016, 315(1), 85-87. doi: 10.1001/jama.2015.12912
- ²¹⁰ Montes G & Halterman JS. (2011). The impact of child care problems on employment: Findings from a national survey of US parents. *Academic Pediatrics*, 11(1):80-87.
- ²¹¹ White House Council of Economic Advisors. (2014). *The economics of early childhood investments*. Retrieved August 20, 2021 from https://obamawhitehouse.archives.gov/sites/default/files/docs/early_childhood_report_update_final_non-embargo.pdf
- ²¹² Campbell, F., Conti, G., Heckman, J., Moon, S., Pinto, R., Pungello, L., & Pan, Y. (2014). *Abecedarian & health: Improve adult health outcomes with quality early childhood programs that include health and nutrition*. University of Chicago: The Heckman Equation. Retrieved August 20, 2021 from <http://heckmanequation.org/content/resource/research-summary-abecedarian-health>
- ²¹³ White House Council of Economic Advisors. (2014). *The economics of early childhood investments*. Retrieved August 20, 2021 from https://obamawhitehouse.archives.gov/sites/default/files/docs/early_childhood_report_update_final_non-embargo.pdf
- ²¹⁴ The Annie E. Casey Foundation. (2013). *The first eight years: Giving kids a foundation for lifetime success*. Retrieved August 20, 2021 from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCpolicyreport-2013.pdf>
- ²¹⁵ White House Council of Economic Advisors. (2014). *The economics of early childhood investments*. Retrieved August 20, 2021 from https://obamawhitehouse.archives.gov/sites/default/files/docs/early_childhood_report_update_final_non-embargo.pdf
- ²¹⁶ Campbell, F., Conti, G., Heckman, J., Moon, S., Pinto, R., Pungello, L., & Pan, Y. (2014). *Abecedarian & health: Improve adult health outcomes with quality early childhood programs that include health and nutrition*. University of Chicago: The Heckman Equation. Retrieved August 20, 2021 from <http://heckmanequation.org/content/resource/research-summary-abecedarian-health>
- ²¹⁷ Malik, R., Hamm, K., Adamu, M., & Morrissey, T. (2016). Child care deserts: An analysis of child care centers by ZIP code in 8 states. *Center for American Progress*. Retrieved August 20, 2021 from <https://www.americanprogress.org/issues/early-childhood/reports/2016/10/27/225703/child-care-deserts/>

-
- ²¹⁸ Tanoue, K.H., DeBlois, M., Daws, J., & Walsh, M. (2017). *Child Care and Early Education Accessibility in Tucson (White Paper No. 5)*. Retrieved August 20, 2021 from <https://mapazdashboard.arizona.edu/article/child-care-and-early-education-accessibility-tucson>
- ²¹⁹ Child Care Aware® of America. (2018). *Mapping the gap: Exploring the child care supply & demand in Arizona*. Arlington, VA: Child Care Aware of America. Retrieved August 20, 2021 from <http://usa.childcareaware.org/wp-content/uploads/2017/10/Arizona-Infant-Toddler-Brief1.pdf>
- ²²⁰ Smith, L. K., Bagley, A., & Wolters, B. (2020, October). Child care in 25 states: What we know and don't know (Rep.). Retrieved August 20, 2021 from https://bipartisanpolicy.org/wp-content/uploads/2020/10/BPC_Working-Family-Solutions_FinalPDFV4.pdf
- ²²¹ Bipartisan Policy Center (2020). The supply of, potential need for, and gaps in child care in Arizona in 2019. Retrieved August 20, 2021 from <https://childcaregap.org/assets/onePagers/Arizona.pdf>
- ²²² National Association for the Education of Young Children (2020). *Holding on until help comes: A survey reveals child care's fight to survive*. Retrieved August 20, 2021 from https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/holding_on_until_help_comes_survey_analysis_july_2020.pdf
- ²²³ Child Care Aware® of America (2020). *Picking up the pieces: Building a better child care system post COVID-19*. Arlington, VA: Child Care Aware of America. Retrieved August 20, 2021 from <https://www.childcareaware.org/picking-up-the-pieces/>
- ²²⁴ Center for Translational Neuroscience. (2020, June 2). Between a rock and a hard place: As the country reopens, households with young children are forced to choose between income and family safety. *Medium*. Retrieved August 20, 2021 from <https://medium.com/rapid-ec-project/between-a-rock-and-a-hard-place-245857e79d9d>
- ²²⁵ National Association for the Education of Young Children (2020). *Am I next? Sacrificing to stay open, child care providers face a bleak future without relief*. Retrieved August 20, 2021 from https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/blog/naeyc_july_2021_survey_progressperil_final.pdf
- ²²⁶ Workman, S., & Jessen-Howard, S. (2020, September 3). *The true cost of providing safe child care during the coronavirus pandemic*. Center for American Progress. Retrieved September 29, 2021 from <https://www.americanprogress.org/issues/early-childhood/reports/2020/09/03/489900/true-cost-providing-safe-child-care-coronavirus-pandemic/>
- ²²⁷ Workman, S., & Jessen-Howard, S. (2020, September 3). *The true cost of providing safe child care during the coronavirus pandemic*. Center for American Progress. Retrieved September 29, 2021 from <https://www.americanprogress.org/issues/early-childhood/reports/2020/09/03/489900/true-cost-providing-safe-child-care-coronavirus-pandemic/>
- ²²⁸ National Association for the Education of Young Children (2020). *State survey data: Child care at a time of progress and peril*. Retrieved Oct 6, 2021 from https://www.naeyc.org/sites/default/files/wysiwyg/user-74/statedata_july2021_gf_092321.pdf
- ²²⁹ National Association for the Education of Young Children (2020). *Progress and peril: Child care at a crossroads*. Retrieved Oct 6, 2021 from https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/blog/naeyc_july_2021_survey_progressperil_final.pdf
- ²³⁰ Gonzalez, O. (2021, July 16). New funding set to nearly double the number of Quality First programs across Arizona. *First Things First*. Retrieved August 20, 2021 from <https://www.firstthingsfirst.org/2021/07/new-funding-quality-first/>
- ²³¹ Masseur, L. (2019, December 20). PDG B5 update: Letter to the field. *Arizona Department of Education*. Retrieved August 20, 2021 from <https://www.azed.gov/ece/2019/12/20/letter-regarding-pdg-b-5-grant>
- ²³² Cagle, R. (2019, June 8). Add preschool children to the list of Arizona students being shortchanged. *AZ Central*. Retrieved August 20, 2021 from <https://www.azcentral.com/story/opinion/op-ed/2019/06/08/preschool-funding-cut-hurt-arizona-students-years-come/1329883001/>
- ²³³ Ibid.
- ²³⁴ Office of the Governor (2020). Governor Ducey and state child care leaders announce launch of childcare for COVID-19 frontline workers. Retrieved August 20, 2021 from <https://azgovernor.gov/governor/news/2020/04/governor-ducey-and-state-child-care-leaders-announce-launch-childcare-covid-19>
- ²³⁵ Arizona Early Childhood Development and Health Board, First Things First. (2020). *2020 Annual Report*. Phoenix, AZ: First Things First. Retrieved August 20, 2021 from <https://www.firstthingsfirst.org/wp-content/uploads/2020/09/FTF-2020-AnnualReport.pdf>
- ²³⁶ Wechsler, M., Melnick, H., Maier, A., & Bishop, J. (2016). *The building blocks of high-quality early childhood education programs* (policy brief). Palo Alto, CA: Learning Policy Institute.
- ²³⁷ Gilliam, W. S., Maupin, A. N., & Reyes, C. R. (2016). Early childhood mental health consultation: Results of a statewide random-controlled evaluation. *Journal of the American Academy of Child & Adolescent Psychiatry*, 55(9), 754-761.
- ²³⁸ U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. (n.d.). *Understanding and eliminating expulsion in early childhood programs*. Retrieved August 20, 2021 from <https://eclkc.ohs.acf.hhs.gov/publication/understanding-eliminating-expulsion-early-childhood-programs>

-
- ²³⁹ Donoghue, E. (2017). Quality early education and child care from birth to kindergarten. *Pediatrics*, 140(2).
- ²⁴⁰ The Annie E. Casey Foundation. (2013). The first eight years: Giving kids a foundation for lifetime success. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCPolicyReport-2013.pdf>
- ²⁴¹ First Things First. (2020, July 15). *Quality First*. <https://www.firstthingsfirst.org/resources/quality-first/>
- ²⁴² Epstein, D., Hegseth, D., Friese, S., Miranda, B., Gebhart, T., Partika, A., & Tout, K. (2018). Quality First: Arizona's early learning quality improvement and rating system implementation and validation study. Retrieved from https://www.firstthingsfirst.org/wp-content/uploads/2018/02/AZ_QF_Exec-Summary.pdf
- ²⁴³ Arizona Early Childhood Development and Health Board, First Things First. (2020). *2020 Annual Report*. Phoenix, AZ: First Things First. Retrieved August 20, 2021 from <https://www.firstthingsfirst.org/wp-content/uploads/2020/09/FTF-2020-AnnualReport.pdf>
- ²⁴⁴ More information about Arizona's quality educational environments can be found in the DES CCDF State Plan FY2019-FY2021, available at <https://des.az.gov/documents-center>
- ²⁴⁵ Child Care Aware® of America. (2014). Parents and the high cost of child care: 2014 report. Retrieved from https://www.ncsl.org/documents/cyf/2014_Parents_and_the_High_Cost_of_Child_Care.pdf
- ²⁴⁶ Child Care Aware® of America. (2018). Arizona Cost of Child Care. Retrieved from <https://usa.childcareaware.org/wp-content/uploads/2018/10/Arizona2018.pdf>
- ²⁴⁷ National Low Income Housing Coalition. (2021). *Out of Reach 2021 – Arizona*. Retrieved September 7, 2021 from <https://reports.nlihc.org/sites/default/files/oor/files/reports/state/az-2021-oor.pdf>
- ²⁴⁸ Knueven, L. (2020, August 6). The average monthly mortgage payment by state, city, and year. *Business Insider*. Retrieved September 7, 2021 from <https://www.businessinsider.com/personal-finance/average-mortgage-payment>
- ²⁴⁹ Child Care Aware® of America. (2020). *The US and the high cost of child care: Arizona*. Arlington, VA: Child Care Aware of America. Retrieved August 20, 2021 from <https://www.childcareaware.org/our-issues/research/the-us-and-the-high-price-of-child-care-2019/>
- ²⁵⁰ Child Care Aware® of America. (2018). *Arizona cost of child care*. Retrieved August 20, 2021 from <https://usa.childcareaware.org/wp-content/uploads/2018/10/Arizona2018.pdf>
- ²⁵¹ U.S. Department of Health and Human Services, Child Care Bureau (2008). Child Care and Development Fund: Report of state and territory plans: FY 2008-2009. Section 3.5.5 – Affordable co-payments, p. 89.
- ²⁵² For more information on child care subsidies see <https://des.az.gov/services/child-and-family/child-care>
- ²⁵³ Arizona Department of Economic Security. (n.d.). *Child care waiting list*.
- ²⁵⁴ Machelor, P. (2019, June 17). Arizona suspends child-care waiting list, increases provider reimbursements. *Arizona Daily Star*.
- ²⁵⁵ Center for Translational Neuroscience. (2020, June 2). Between a rock and a hard place: As the country reopens, households with young children are forced to choose between income and family safety. Medium. Retrieved August 20, 2021 from <https://medium.com/rapid-ec-project/between-a-rock-and-a-hard-place-245857e79d9d>
- ²⁵⁶ Center for Translational Neuroscience. (2020, June 2). Between a rock and a hard place: As the country reopens, households with young children are forced to choose between income and family safety. Medium. Retrieved August 20, 2021 from <https://medium.com/rapid-ec-project/between-a-rock-and-a-hard-place-245857e79d9d>
- ²⁵⁷ Walsh, M., Tanoue, K. H., & deBlois, M. (2018). Relationship of Economic Independence and Access to Childcare for Single Moms (2018 Research Brief). Tucson, AZ. Retrieved from <https://www.womengiving.org/research/>
- ²⁵⁸ Tanoue, K. H., deBlois, M., Daws, J., & Walsh, M. (2017). Child Care and Early Education Accessibility in Tucson (White Paper No. 5). Tucson, AZ. Retrieved from <https://mapazdashboard.arizona.edu/article/child-care-and-early-education-accessibility-tucson>
- ²⁵⁹ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2013). *The national survey of children with special health care needs: Chartbook 2009-2010*. Rockville, MD: U.S. Department of Health and Human Services. Retrieved August 20, 2021 from <https://mchb.hrsa.gov/data-research-epidemiology/research-epidemiology/national-survey-publications-and-chartbooks>
- ²⁶⁰ Mortenson, J. A., & Barnett, M. A. (2016). The role of child care in supporting the emotion regulatory needs of maltreated infants and toddlers. *Children and Youth Services Review*, 64, 73-81
- ²⁶¹ Dinehart, L. H., Manfra, L., Katz, L. F., & Hartman, S. C. (2012). Associations between center-based care accreditation status and the early educational outcomes of children in the child welfare system. *Children and Youth Services Review*, 34, 1072-1080.
- ²⁶² U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2013). *The national survey of children with special health care needs: Chartbook 2009-2010*. Rockville, MD: U.S. Department of Health

and Human Services. Retrieved August 20, 2021 from <https://mchb.hrsa.gov/data-research-epidemiology/research-epidemiology/national-survey-publications-and-chartbooks>

²⁶³ Austin, A., Herrick, H., Proescholdbell, S., & Simmons, J. (2016). Disability and exposure to high levels of adverse childhood experiences: Effect on health and risk behavior. *North Carolina Medical Journal*, 77(1), 30-36. doi: 10.18043/nmc.77.1.30. Retrieved August 20, 2021 from <http://www.ncmedicaljournal.com/content/77/1/30.full.pdf+html>

²⁶⁴ Kistin, C., Tompson, M., Cabral, H., Sege, R., Winter, M., & Silverstein, M. (2016). Subsequent maltreatment in children with disabilities after an unsubstantiated report for neglect. *JAMA* 2016, 315(1), 85-87. doi: 10.1001/jama.2015.12912

²⁶⁵ Celaya, M., Lucas, A., Indatwa, A., & Tarango, P. (2021). *2020 Title V Maternal and Child Health Needs Assessment Report. Assessment*. Phoenix, AZ: Arizona Department of Health Services. Retrieved August 16, 2021 from <https://www.azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/title-v/2020-az-mch-needs-assessment-report-title-v.pdf>

²⁶⁶ The National Early Childhood Technical Assistance Center. (2011). The importance of early intervention for infants and toddlers with disabilities and their families. *Office of Special Education Programs and U.S. Department of Education*. Retrieved August 20, 2021 from <https://whsaonline.org/2011/05/nectac-fact-sheet-on-the-importance-of-early-intervention-and-idea-part-c/#:~:text=The%20National%20Early%20Childhood%20Technical%20Assistance%20Center%20%28NECTAC%29,benefits%20of%20early%20intervention%2C%20and%20current%20unmet%20needs.>

²⁶⁷ Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, ... Nelson, L. (2007). *Early intervention for infants and toddlers with disabilities and their families: Participants, services, and outcomes*. Menlo Park, CA: SRI International. Retrieved June 7, 2022 from https://www.sri.com/wp-content/uploads/pdf/neils_finalreport_200702.pdf

²⁶⁸ Diefendorf, M., & Goode, S. (2005). *The long term economic benefits of high quality early childhood intervention programs*. Chapel Hill, NC: National Early Childhood Technical Assistance Center (NECTAC), and Early Intervention & Early Childhood Special Education. Retrieved August 20, 2021 from <http://ectacenter.org/~pdfs/pubs/econbene.pdf>

²⁶⁹ Arizona Department of Economic Security (2020). *AzEIP response to COVID-19* [Web]. Retrieved August 20, 2021 from <https://des.az.gov/services/disabilities/early-intervention/azeip-response-covid-19>

²⁷⁰ Steed, E. A., Phan, N., Leech, N., & Charlifue-Smith, R. (2021). Remote delivery of services for young children with disabilities during the early stages of the COVID-19 pandemic in the United States. *Journal of Early Intervention*. <https://doi.org/10.1177/10538151211037673>

²⁷¹ Center for Translational Neuroscience (2020, December 17). Overloaded: Families with children who have special needs are bearing an especially heavy weight, and support is needed. *Medium*. <https://medium.com/rapid-ec-project/overloaded-families-with-children-who-have-special-needs-are-bearing-an-especially-heavy-weight-4e613a7681bd>

²⁷² Center for Translational Neuroscience. (2020, May 5). The forgotten households: Households of young children with disabilities are not getting the support they need during the COVID-19 pandemic. *Medium*. Retrieved August 20, 2021 from <https://medium.com/rapid-ec-project/the-forgotten-households-dfd2626098c7>

²⁷³ Rosenberg, S., Zhang, D. & Robinson, C. (2008). Prevalence of developmental delays and participation in early intervention services for young children. *Pediatrics*, 121(6) e1503-e1509. doi:10.1542/peds.2007-1680

²⁷⁴ Greer, M. (2021). 2020 Tipping Points Survey: Demographics and challenges. IDEA Infant & Toddler Coordinators Association. <https://www.ideainfanttoddler.org/pdf/2020-Tipping-Points-Survey.pdf>

²⁷⁵ Arizona Department of Education (2020). *Special education guidance for COVID-19: Spring 2020 school closure* [Web]. Retrieved August 20, 2021 from <https://www.azed.gov/specialeducation/special-education-guidance-for-covid-19>

²⁷⁶ Turner, C. (2021, June 16). After months of special education turmoil, families say schools owe them. *NPR*. Retrieved August 20, 2021 from <https://www.npr.org/2021/06/16/994587239/after-months-of-special-education-turmoil-families-say-schools-owe-them>

²⁷⁷ Zablotsky, B., Black, L.A., Blumberg, S.J. (2017). Estimated prevalence of children with diagnosed developmental disabilities in the United States, 2014-2016. *NCHS Data Brief*, 291. Centers for Disease Control. Retrieved from <https://www.cdc.gov/nchs/products/databriefs/db291.htm>

²⁷⁸ McFarland, J., Hussar, B., Zhang, J., Wang, X., Wang, K., Hein, S., Diliberti, M., Forrest Cataldi, E., Bullock Mann, F., and Barner, A. (2019). *The Condition of Education 2019*. National Center for Education Statistics: Washington D.C. Retrieved June 7, 2022 from <https://nces.ed.gov/pubs2019/2019144.pdf>

²⁷⁹ Houtrow, A.J., Larson, K., Olson, L.M., Newacheck, P.W., Halfon, N. (2014). Changing trends of childhood disability, 2001-2011. *Pediatrics*, 134 (3): 530-538. PMID: 25136051

²⁸⁰ Reynolds, A. J., Temple, J. A., Robertson, D. L., & Mann, E. A. (2001). Long-term effects of an early childhood intervention on educational achievement and juvenile arrest: A 15-year follow-up of low-income children in public schools. *JAMA*, 285(18), 2339-2346.

-
- ²⁸¹ The Future of Children. (2015). Policies to promote child health. *Policies to Promote Child Health*, 25(1), Spring 2015. Woodrow Wilson School of Public and International Affairs at the Princeton University and the Brookings Institution. Retrieved August 23, 2021 from https://futureofchildren.princeton.edu/sites/futureofchildren/files/media/policies_to_promote_child_health_25_full_journal.pdf
- ²⁸² Center on the Developing Child at Harvard University. (2010). The foundations of lifelong health are built in early childhood. Retrieved August 23, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- ²⁸³ Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., ... & Committee on Early Childhood, Adoption, and Dependent Care. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232-e246.
- ²⁸⁴ Center on the Developing Child at Harvard University. (2010). The foundations of lifelong health are built in early childhood. Retrieved August 23, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- ²⁸⁵ Center on the Developing Child. (n.d.). *Health and learning are deeply interconnected in the body*. Harvard University. Retrieved August 23, 2021 from https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2020/10/2020_WP15_actionguide_FINAL.pdf
- ²⁸⁶ Case, A., Fertig, A., & Paxson, C. (2005). The lasting impact of childhood health and circumstance. *Journal of health economics*, 24(2), 365-389.
- ²⁸⁷ Eunice Kennedy Shriver National Institute of Child Health and Human Development. (2017). *What is prenatal care and why is it important?* Retrieved August 23, 2021 from <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>
- ²⁸⁸ Patrick, D. L., Lee, R. S., Nucci, M., Grembowski, D., Jolles, C. Z., & Milgrom, P. (2006). Reducing oral health disparities: A focus on social and cultural determinants. *BMC Oral Health*, 6(Suppl 1), S4. Retrieved August 23, 2021 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2147600/>
- ²⁸⁹ Council on Children with Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee, and Medical Home Initiatives for Children with Special Needs Project Advisory Committee. (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics*, 118(1), 405-420. Doi: 10.1542/peds.2006-1231. Retrieved August 23, 2021 from <http://pediatrics.aappublications.org/content/118/1/405.full>
- ²⁹⁰ For more information about the Healthy People 2020 objectives, visit <https://www.healthypeople.gov/2020/>
- ²⁹¹ Arizona Department of Health Services. (2017). *Advance vital statistics by county of residence: Arizona, 2019. Table 6B: Monitoring progress toward Arizona and selected national year 2020 objectives: 2017 county profiles*.
- ²⁹² Centers for Disease Control and Prevention. (2006). Recommendations to improve preconception health and health care—United States: A report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. *MMWR*, 55(RR-06):1-23.
- ²⁹³ U.S. Department of Health and Human Service. (2017). *What is prenatal care and why is it important?* Retrieved from <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>
- ²⁹⁴ Yeung, L., Coates, R., Seeff, L., Monroe, J., Lu, M., & Boyle, C. (2014). Conclusions and future directions for periodic reporting on the use of selected clinical preventive services to improve the health of infants, children, and adolescents—United States. *MMWR*, 63(Suppl-2), 99-107. Retrieved from <https://www.cdc.gov/MMWR/pdf/other/su6302.pdf>
- ²⁹⁵ Yeung, L., Coates, R., Seeff, L., Monroe, J., Lu, M., & Boyle, C. (2014). Conclusions and future directions for periodic reporting on the use of selected clinical preventive services to improve the health of infants, children, and adolescents—United States. *Morbidity and Mortality Weekly Report 2014*, 63(Suppl-2), 99-107. Retrieved from <http://www.cdc.gov/mmwr/pdf/other/su6302.pdf>
- ²⁹⁶ The Henry J. Kaiser Family Foundation. (2016). *Key facts about the uninsured population*. The Kaiser Commission on Medicaid and the Uninsured. Retrieved from <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>
- ²⁹⁷ Child Trends Databank. (2016). Health care coverage: Indicators on children and youth. *Health Care Coverage, 2016*. Retrieved September 10, 2021 from https://web.archive.org/web/20161015012130/http://www.childtrends.org/wp-content/uploads/2016/05/26_Health_Care_Coverage.pdf
- ²⁹⁸ Center for Translational Neuroscience (2020, December 17). Overloaded: Families with children who have special needs are bearing an especially heavy weight, and support is needed. *Medium*. Retrieved August 23, 2021 from <https://medium.com/rapid-ec-project/overloaded-families-with-children-who-have-special-needs-are-bearing-an-especially-heavy-weight-4e613a7681bd>
- ²⁹⁹ Center for Translational Neuroscience (2020, October 13). Health (still) interrupted: Pandemic continues to disrupt young children's healthcare visits. *Medium*. Retrieved August 23, 2021 from <https://medium.com/rapid-ec-project/health-still-interrupted-pandemic-continues-to-disrupt-young-childrens-healthcare-visits-e252126b76b8>

- ³⁰⁰ Center for Translational Neuroscience (2020, October 13). Health (still) interrupted: Pandemic continues to disrupt young children's healthcare visits. *Medium*. Retrieved August 23, 2021 from <https://medium.com/rapid-ec-project/health-still-interrupted-pandemic-continues-to-disrupt-young-childrens-healthcare-visits-e252126b76b8>
- ³⁰¹ Gee, E., & Waldrop, T. (2021, March 11). Policies To Improve Health Insurance Coverage as America Recovers From COVID-19. *Center for American Progress*. Retrieved September 10, 2021 from <https://www.americanprogress.org/issues/healthcare/reports/2021/03/11/497019/policies-improve-health-insurance-coverage-america-recovers-covid-19/>
- ³⁰² Agarwal, S. D., & Sommers, B. D. (2020). Insurance Coverage after Job Loss — The Importance of the ACA during the Covid-Associated Recession. *New England Journal of Medicine*, 383(17), 1603–1606. <https://doi.org/10.1056/nejmp2023312>
- ³⁰³ Centers for Disease Control and Prevention. (2006). Recommendations to improve preconception health and health care—United States: A report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. *MMWR*, 55(RR-06):1-23.
- ³⁰⁴ Partridge, S., Balayla, J., Holcroft, C. A., & Abenhaim, H. A. (2012). Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a retrospective analysis of 28,729,765 U.S. deliveries over 8 years. *American Journal of Perinatology*, 29(10), 787–793. <https://doi.org/10.1055/s-0032-1316439>
- ³⁰⁵ U.S. Department of Health and Human Services, Office of Surgeon General. (2020). *The Surgeon General's Call to Action to Improve Maternal Health*. Retrieved September 7, 2021 from <https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf>
- ³⁰⁶ Osterman MJK, Martin JA. (2018). Timing and adequacy of prenatal care in the United States, 2016. *National Vital Statistics Reports*, vol 67 no 3. Hyattsville, MD: National Center for Health Statistics.
- ³⁰⁷ U.S. Department of Health and Human Service. (2010). *A Report of the Surgeon General: How Tobacco Smoke Causes Disease: What It Means to You*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved September 10, 2021 from <https://www.ncbi.nlm.nih.gov/books/NBK53017/>
- ³⁰⁸ Anderson, T.M., Lavista Ferres, J.M., You Ren, S., Moon, R.Y., Goldstein, R.D., Ramirez, J., Mitchell, E.A. (2019). Maternal smoking before and during pregnancy and the risk of sudden unexpected infant death. *Pediatrics*, 143(4). PMID: 30848347
- ³⁰⁹ Hoffman, S.D., & Maynard, R.A. (Eds.). (2008). *Kids having kids: Economic costs and social consequences of teen pregnancy (2nd ed.)*. Washington, DC: Urban Institute Press.
- ³¹⁰ Centers for Disease Control and Prevention. (n.d.). *Teen Pregnancy. About Teen Pregnancy*. Retrieved September 10, 2021 from <http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm>
- ³¹¹ Diaz, C., & Fiel, J. (2016). The effect(s) of teen pregnancy: Reconciling theory, methods, and findings. *Demography*, 53(1), 85-116. doi: 10.1007/s13524-015-0446-6. Retrieved September 10, 2021 from <http://link.springer.com/article/10.1007/s13524-015-0446-6>
- ³¹² Youth.gov. (2016). *Pregnancy prevention: Adverse effects*. Retrieved September 10, 2021 from <http://youth.gov/youth-topics/teen-pregnancy-prevention/adverse-effects-teen-pregnancy>
- ³¹³ Declercq, E., MacDorman, M., Cabral, H., & Stotland, N. (2016). Prepregnancy body mass index and infant mortality in 38 U.S. States, 2012-2013. *Obstetrics and Gynecology*, 127(2), 279-287. doi: 10.1097/AOG.0000000000001241. Retrieved September 10, 2021 from <https://www.ncbi.nlm.nih.gov/pubmed/26942355>
- ³¹⁴ Tyrrell, J., Richmond, R., Palmer, T., Feenstra, B., Rangarajan, J., Metrustry, S., ... Freathy, R. (2016). Genetic evidence for causal relationships between maternal obesity-related traits and birth weight. *JAMA* 2016, 315(11), 1129-1140. doi:10.1001/jama.2016.1975. Retrieved September 10, 2021 from <http://jamanetwork.com/journals/jama/fullarticle/2503173>
- ³¹⁵ Godfrey, K. M., Reynolds, R. M., Prescott, S. L., Nyirenda, M., Jaddoe, V. W., Eriksson, J. G., & Broekman, B. F. (2017). Influence of maternal obesity on the long-term health of offspring. *The Lancet. Diabetes & Endocrinology*, 5(1), 53–64. [https://doi.org/10.1016/S2213-8587\(16\)30107-3](https://doi.org/10.1016/S2213-8587(16)30107-3)
- ³¹⁶ Beam, A. L., Fried, I., Palmer, N., Agniel, D., Brat, G., Fox, K., ... & Armstrong, J. (2020). Estimates of healthcare spending for preterm and low-birthweight infants in a commercially insured population: 2008–2016. *Journal of Perinatology*, 40(7), 1091-1099.
- ³¹⁷ Luu, T. M., Mian, M. O. R., & Nuyt, A. M. (2017). Long-term impact of preterm birth: neurodevelopmental and physical health outcomes. *Clinics in perinatology*, 44(2), 305-314.
- ³¹⁸ Petrou, S., Sach, T., & Davidson, L. (2001). The long-term costs of preterm birth and low birth weight: Results of a systematic review. *Child: care, health and development*, 27(2), 97-115.
- ³¹⁹ Goldenberg, R. L., & Culhane, J. F. (2007). Low birth weight in the United States. *The American journal of clinical nutrition*, 85(2), 584S-590S.
- ³²⁰ Harrison, W., & Goodman, D. (2015). Epidemiologic trends in neonatal intensive care, 2007-2012. *JAMA pediatrics*, 169(9), 855-862.

-
- ³²¹ Lean, R. E., Rogers, C. E., Paul, R. A., & Gerstein, E. D. (2018). NICU Hospitalization: Long-Term Implications on Parenting and Child Behaviors. *Current treatment options in pediatrics*, 4(1), 49–69.
- ³²² Arizona Department of Health Services. (2015). *Arizona Maternal Child Health Needs Assessment*. Retrieved from <http://azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/title-v/needs-assessment2015.pdf>
- ³²³ Gunn, J., Rosales, C., Center, K., Nunez, A., Gibson, S., Christ, C., & Ehiri, J. (2016). Prenatal exposure to cannabis and maternal and child health outcomes: A systematic review and meta-analysis. *BMJ Open*, 6(4). PMID: 27048634.
- ³²⁴ Arizona Department of Health Sciences. (2015). *Arizona Maternal Child Health Needs Assessment*. Retrieved from <http://azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/title-v/needs-assessment2015.pdf>
- ³²⁵ Eidelman, A., Schanler, R., Johnston, M., Landers, S., Noble, L., Szucs, K., & Viehmann, L. (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129(3), e827-e841.
- ³²⁶ Fryar, C. D., Carroll, M. D., & Afful, J. (2020). Prevalence of underweight among children and adolescents aged 2–19 years: United States, 1963–1965 through 2017–2018. NCHS Health E-Stats. Retrieved September 10, 2021 from <https://www.cdc.gov/nchs/data/hestat/underweight-child-17-18/underweight-child.htm>
- ³²⁷ Fryar, C. D., Carroll, M. D., & Afful, J. (2020). Prevalence of overweight, obesity, and severe obesity among children and adolescents aged 2–19 years: United States, 1963–1965 through 2017–2018. NCHS Health E-Stats. Retrieved September 10, 2021 from <https://www.cdc.gov/nchs/data/hestat/obesity-child-17-18/obesity-child.htm>
- ³²⁸ Chaput, J.P., & Tremblay, A. (2012). *Obesity at an early age and its impact on child development*. Child Obesity: Encyclopedia on Early Childhood Development. Retrieved June 7, 2022 from <https://www.child-encyclopedia.com/child-obesity/according-experts/obesity-early-age-and-its-impact-child-development>
- ³²⁹ Robert Wood Johnson Foundation. (2016). The impact of the first 1,000 days on childhood obesity. *Healthy Eating Research: Building evidence to prevent childhood obesity*. Retrieved September 10, 2021 from http://healthyeatingresearch.org/wp-content/uploads/2016/03/her_1000_days_final-1.pdf
- ³³⁰ Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved September 10, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- ³³¹ World Health Organization. (2021, June 9). *Malnutrition*. Retrieved September 13, 2021 from <https://www.who.int/news-room/fact-sheets/detail/malnutrition>
- ³³² Rodrigues, C. M. C., & Plotkin, S. A. (2020). Impact of vaccines; Health, economic and social perspectives. *Frontiers in Microbiology*, 11(1526). doi: 10.3389/fmicb.2020.01526. Retrieved August 24, 2021 from <https://www.frontiersin.org/articles/10.3389/fmicb.2020.01526/full>
- ³³³ Arizona Department of Health Services (2019, July). *The Arizona Immunization Handbook for School and Childcare Programs*. Retrieved September 10, 2021 from <https://azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/school-childcare/nofollow/school-childcare-immunization-guide.pdf>
- ³³⁴ Garfield, R., & Chidambaram, P. (2020, September 24). Children’s health and well being during the coronavirus pandemic. *KFF*. Retrieved August 24, 2021 from <https://www.kff.org/coronavirus-covid-19/issue-brief/childrens-health-and-well-being-during-the-coronavirus-pandemic/>
- ³³⁵ DeSilva, M. B., Haapala, J., Vazquez-Benitez, G., Daley, M. F., Nordin, J. D., Klein, N. P., ... & Kharbanda, E. O. (2021). Association of the COVID-19 pandemic with routine childhood vaccination rates and proportion up to date with vaccinations across 8 US health systems in the Vaccine Safety Datalink. *JAMA pediatrics*. <https://doi.org/10.1001/jamapediatrics.2021.4251>
- ³³⁶ Arizona Department of Health Sciences. (2015). *Arizona Maternal Child Health Needs Assessment*. Retrieved from <http://azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/title-v/needs-assessment2015.pdf>
- ³³⁷ Office of Disease Prevention and Health Promotion. (2019). IID-10.2 Maintain the vaccination coverage level of 2 doses of measles-mumps-rubella (MMR) vaccine for children in kindergarten. *Data Details | Healthy People 2020*. Retrieved September 10, 2021 from https://www.healthypeople.gov/node/4649/data_details
- ³³⁸ Healthy People 2020. (2015). Immunization and infectious diseases. Washington, DC: U.S. Department of Health and Human Services. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives>
- ³³⁹ Arizona Department of Health Services. (n.d.). *Influenza and RSV Summary (2018-2019)*. Retrieved December 10, 2021 from <https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/flu/surveillance/2017-2018-influenza-summary.pdf>
- ³⁴⁰ U.S. Department of Health & Human Services. (2021, October 25). *Children & influenza (flu)*. Centers for Disease Control and Prevention. Retrieved December 13, 2021, from <https://www.cdc.gov/flu/highrisk/children.htm>

-
- ³⁴¹ U.S. Department of Health & Human Services. (2020, December 18). *Symptoms and care for RSV*. Centers for Disease Control and Prevention. Retrieved December 13, 2021, from <https://www.cdc.gov/rsv/about/symptoms.html>
- ³⁴² Miller, G., Coffield, E., Leroy, Z., & Wallin, R. (2016). Prevalence and costs of five chronic conditions in children. *The Journal of School Nursing*, 32(5):357-364.
- ³⁴³ Zahran, H.S., Bailey, C.M., Damon, S.A., Garbe, P.L., & Breyse, P.N. (2018). Vital Signs: Asthma in Children—United States, 2001-2016. *MMWR Morbidity and Mortality Weekly Report*, 67(5): 149-155.
- ³⁴⁴ Brim, S.N., Rudd, R.A., Funk, R.H., & Callahan. (2008). Asthma prevalence among US children in underrepresented minority populations: American Indian/Alaska Native, Chinese, Filipino, and Asian Indian. *Pediatrics*, 122(1):e217-222.
- ³⁴⁵ Perry, R., Braileanu, G., Pasmer, T., & Stevens, P. (2019). The economic burden of pediatric asthma in the United States: Literature review of current evidence. *Pharmacoeconomics*, 37(2): 155-167.
- ³⁴⁶ Arizona Department of Health Services. (2019). *Childhood injury fact sheet (2019)*.
- ³⁴⁷ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2018). *10 Leading causes of death by age group, United States – 2018*. Retrieved from https://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_death_by_age_group_2018-508.pdf
- ³⁴⁸ Rimsza, M.E., Shackner, R.A., Bowen, K.A., & Marshall, W. (2002). Can child deaths be prevented? The Arizona Child Fatality Review Program experience. *Pediatrics*, 110(1 Pt 1): e11. PMID: 12093992
- ³⁴⁹ West, B. A., Rudd, R. A., Sauber-Schatz, E. K., & Ballesteros, M. F. (2021). Unintentional injury deaths in children and youth, 2010–2019. *Journal of safety research*, 78, 322-330.
- ³⁵⁰ Möller, H., Falster, K., Ivers, R., & Jorm, L. (2015). Inequalities in unintentional injuries between indigenous and non-indigenous children: a systematic review. *Injury Prevention*, 21:e144-e152. PMID: 24871959.
- ³⁵¹ National Center for Health Statistics. (2021, December 3). Stats of the States - Infant Mortality. Centers for Disease Control and Prevention. Retrieved September 10, 2021 from https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm
- ³⁵² Arizona Department of Health Services. (2019). Number of deaths for selected leading causes of infant mortality by year. *Population Health and Vital Statistics*.
- ³⁵³ Ely, D. M. & Driscoll, A. K. (2020, July 16). Infant mortality in the United States, 2018: Data from the period linked birth/infant death file. *National Vital Statistics Reports*, 69(7). Retrieved October 11, 2021 from <https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-7-508.pdf>
- ³⁵⁴ Bellazaire, A. & Skinner, E. (2019, July 3). Preventing infant and maternal mortality: State policy options. *National Conference of State Legislatures*. Retrieved October 12, 2021 from <https://www.ncsl.org/research/health/preventing-infant-and-maternal-mortality-state-policy-options.aspx>
- ³⁵⁵ Van Voorhis, F., Maier, M., Epstein, J., & Lloyd, C. (2013). The impact of family involvement on the education of children ages 3 to 8: A focus on the literacy and math achievement outcomes and social-emotional skills. *MDRC: Building Knowledge to Improve Social Policy*. Retrieved August 18, 2021 from http://www.p2presources.com/uploads/3/2/0/2/32023713/family_outcomes.pdf
- ³⁵⁶ Evans, G., & Kim, P. (2013). Childhood poverty, chronic stress, self-regulation, and coping. *Child Development Perspectives*, 7(1), 43-48. Retrieved August 18, 2021 from <https://srcd.onlinelibrary.wiley.com/doi/full/10.1111/cdep.12013>
- ³⁵⁷ Shonkoff, J.P., & Fisher, P.A. (2013). Rethinking evidence-based practice and two-generation programs to create the future of early childhood policy. *Development and Psychopathology*, 25, 1635- 1653. Retrieved August 18, 2021 from http://journals.cambridge.org/download.php?file=%2FDPP%2FDPP25_4pt2%2FS0954579413000813a.pdf&code=aeb62de3e0ea8214329e7a33e0a9df0e
- ³⁵⁸ Magnuson, K., & Duncan, G. (2013). Parents in poverty. In Bornstein, M. (Ed.), *Handbook of parenting: Biology and ecology of parenting vol. 4: Social conditions and applied parenting*. New Jersey: Lawrence Erlbaum.
- ³⁵⁹ Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved August 18, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- ³⁶⁰ American Academy of Pediatrics. (2014). *Literacy promotion: An essential component of primary care pediatric practice*. Retrieved August 18, 2021 from <https://pediatrics.aappublications.org/content/134/2/404>
- ³⁶¹ Browne, C. (2014). The strengthening families approach and protective factors framework: Branching out and reaching deeper. *Center for the Study of Social Policy*. Retrieved August 18, 2021 from <https://cssp.org/wp-content/uploads/2018/11/Branching-Out-and-Reaching-Deeper.pdf>

-
- ³⁶² Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect*, *69*, 10-19.
- ³⁶³ Kalmakis, K. A., & Chandler, G. E. (2015). Health consequences of adverse childhood experiences: a systematic review. *Journal of the American Association of Nurse Practitioners*, *27*(8), 457-465.
- ³⁶⁴ Child and Adolescent Health Measurement Initiative (n.d). National Survey of Children's Health 2018-2019. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Indicator 6.13: Has this child experienced one or more adverse childhood experiences from the list of 9 ACEs?
- ³⁶⁵ Hughes, K., Bellis, M.A., Hardcastle, K.A., Sethi, D., Butchart, A., Mikton, C., ... Dunne, M.P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health*, *2*(8), e356-e366.
- ³⁶⁶ Keating, K., Cole, P., & Schneider, A. (2021). *State of Babies Yearbook: 2021*. Washington, DC: ZERO TO THREE and Bethesda MD: Child Trends. Retrieved August 18, 2021 from <https://stateofbabies.org/wp-content/uploads/2021/04/State-of-Babies-2021-Full-Yearbook.pdf>
- ³⁶⁷ U.S. Department of Health & Human Services, Administration for Children & Families, Children's Bureau. (2019). *Child Welfare Outcomes Report Data for Arizona*.
- ³⁶⁸ Centers for Disease Control and Prevention. (n.d.). *Preventing child abuse & neglect*. Retrieved August 18, 2021 from <https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>
- ³⁶⁹ Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA Pediatrics*, *173*(11), e193007-e193007.
- ³⁷⁰ National Center for Injury Prevention and Control. (2020, September). *Adverse Childhood Experiences prevention strategy*. Center for Disease Control and Prevention. Retrieved August 18, 2021 from https://www.cdc.gov/injury/pdfs/priority/ACEs-Strategic-Plan_Final_508.pdf
- ³⁷¹ Duncan, G.J., Dowsett, C.J., Claessens, A., Magnuson, K., Huston, A.C., Klebanov, P., ... Sexton, H. (2007). School readiness and later achievement. *Developmental Psychology*, *43*(6), 1428.
- ³⁷² Bernstein, S., West, J., Newsham, R., & Reid, M. (2014). *Kindergartners' skills at school entry: An analysis of the ECLS-K*. Princeton, NJ: Mathematica Policy Research.
- ³⁷³ Hood, M., Conlon, E., & Andrews, G. (2008). Preschool home literacy practices and children's literacy development: A longitudinal analysis. *Journal of Educational Psychology*, *100*, 252-271.
- ³⁷⁴ Fantuzzo, J., McWayne, C., Perry, M.A., & Childs, S. (2004). Multiple dimensions of family involvement and their relations to behavioral and learning competencies for urban, low-income children. *School Psychology Review*, *33*, 467-480.
- ³⁷⁵ Peterson, J., Bruce, J., Patel, N., & Chamberlain, L. (2018). Parental attitudes, behaviors, and barriers to school readiness among parents of low-income Latino children. *International Journal of Environmental Research and Public Health*, *15*(2), 188.
- ³⁷⁶ *Reach Out & Read Arizona*. (n.d.). Retrieved August 18, 2021 from <https://azaap.org/programs>
- ³⁷⁷ For more information on the Newborn Intensive Care Program, please see <https://yavapai.gov/chs/nicp>
- ³⁷⁸ For more information on Healthy Families, please see <https://www.yrhc.org/support-and-community/family-resource-center/services>
- ³⁷⁹ For more information on Health Start, please see, please see <https://yavapai.gov/chs/health-start>
- ³⁸⁰ For more information on Parents as Teachers, please see <https://strongfamiliesaz.com/program/parents-as-teachers/>
- ³⁸¹ National Scientific Council on the Developing Child. (2012). Establishing a level foundation for life: Mental health begins in early childhood. Harvard University, Center on the Developing Child. Retrieved August 18, 2021 from <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2008/05/Establishing-a-Level-Foundation-for-Life-Mental-Health-Begins-in-Early-Childhood.pdf>
- ³⁸² Healthy People 2020. (n.d.). *Maternal, infant, and child health: Life stages and determinants*. Retrieved August 18, 2021 from <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Maternal-Infant-and-Child-Health/determinants>
- ³⁸³ Zero to Three. (2017). *The basics of infant and early childhood mental health: A briefing paper*. Retrieved August 18, 2021 from <https://www.zerotothree.org/resources/1951-the-basics-of-infant-and-early-childhood-mental-health-a-briefing-paper>

-
- ³⁸⁴ Center on the Developing Child. (n.d.). *Early childhood mental health*. Harvard University. Retrieved August 18, 2021 from <https://46y5eh11fhwg3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2015/05/InBrief-Early-Childhood-Mental-Health-1.pdf>
- ³⁸⁵ Center for Translational Neuroscience (2020, July 30). A hardship chain reaction: Financial difficulties are stressing families' and young children's wellbeing during the pandemic, and it could get a lot worse. *Medium*. Retrieved September 10, 2021 from <https://medium.com/rapid-ec-project/a-hardship-chain-reaction-3c3f3577b30>
- ³⁸⁶ American Psychological Association (2020). *Stress in America™ 2020: A National Mental Health Crisis*. Retrieved October 14, 2021 from <https://www.apa.org/news/press/releases/stress/2020/report-october>
- ³⁸⁷ U.S. Census Bureau (2021). Household Pulse Survey Data, Phases 1 & 3. Retrieved from <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>
- ³⁸⁸ Center for Translational Neuroscience (2020, June 24). Flattening the other curve: Trends for young children's mental health are good for some but concerning for others. *Medium*. Retrieved September 10, 2021 from <https://medium.com/rapid-ec-project/flattening-the-other-curve-7be1e574b340>
- ³⁸⁹ Center for Translational Neuroscience (2020, June 30). Flattening the other curve, part 2: Trends for parental well-being are improving overall, but not for everyone. *Medium*. Retrieved September 10, 2021 from <https://medium.com/rapid-ec-project/flattening-the-other-curve-part-2-5661a2d36a82>
- ³⁹⁰ Center for Translational Neuroscience (2020, May 5). The forgotten households: Households of young children with disabilities are not getting the support they need during the COVID-19 pandemic. *Medium*. Retrieved September 10, 2021 <https://medium.com/rapid-ec-project/the-forgotten-households-dfd2626098c7>
- ³⁹¹ Center for Translational Neuroscience (2020, May 26). Health, interrupted: Well-child visits are declining during the COVID-19 pandemic. *Medium*. Retrieved September 10, 2021 <https://medium.com/rapid-ec-project/health-interrupted-a463733ce3e5>
- ³⁹² U.S. Department of Health and Human Service. (2010). *A Report of the Surgeon General: How Tobacco Smoke Causes Disease: What It Means to You*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK53017/>
- ³⁹³ Anderson, T.M., Lavista Ferres, J.M., You Ren, S., Moon, R.Y., Goldstein, R.D., Ramirez, J., Mitchell, E.A. (2019). Maternal smoking before and during pregnancy and the risk of sudden unexpected infant death. *Pediatrics*, 143(4). PMID: 30848347
- ³⁹⁴ Arizona Department of Health Services. (2015). *Arizona Maternal Child Health Needs Assessment*. Retrieved from <http://azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/title-v/needs-assessment2015.pdf>
- ³⁹⁵ Gunn, J., Rosales, C., Center, K., Nunez, A., Gibson, S., Christ, C., & Ehiri, J. (2016). Prenatal exposure to cannabis and maternal and child health outcomes: A systematic review and meta-analysis. *BMJ Open*, 6(4). PMID: 27048634.
- ³⁹⁶ Child and Adolescent Health Measurement Initiative. (2018). *National Survey of Children's Health 2016-2017*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).
- ³⁹⁷ Young, N.K., Boles, S.M., & Otero, C. (2007). Parental Substance Use Disorders and child maltreatment: overlap, gaps, and opportunities. *Child Maltreatment*, 12(2): 137-149.
- ³⁹⁸ Smith, V., & Wilson. R. (2016). Families affected by parental substance use. *Pediatrics*, 138(2). PMID: 27432847
- ³⁹⁹ Ibid.
- ⁴⁰⁰ Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021, Feb 10). The implications of COVID-19 for mental health and substance abuse. *KFF*. Retrieved October 25, 2021 from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>
- ⁴⁰¹ Health Alert Network. (2020, Dec 17). Increase in fatal drug overdoses across the United States driven by synthetic opioids before and during the COVID-19 pandemic. *Centers for Disease Control and Prevention*. Retrieved October 25, 2021 from https://emergency.cdc.gov/han/2020/han00438.asp?ACSTrackingID=USCDC_511-DM44961&ACSTrackingLabel=HAN%20438%20-%20General%20Public&deliveryName=USCDC_511-DM44961
- ⁴⁰² Panchal, N. Garfield, R., Cox, C., & Artiga, S. (2021, Aug 12). Substance use issues are worsening alongside access to care. *KFF*. Retrieved October 25, 2021 from <https://www.kff.org/policy-watch/substance-use-issues-are-worsening-alongside-access-to-care/>
- ⁴⁰³ Swedo E, Idaikkadar N, Leemis R, et al. Trends In U.S. Emergency Department Visits Related to Suspected or Confirmed Child Abuse and Neglect Among Children and Adolescents Aged <18 Years Before and During the COVID-19 Pandemic — United States, January 2019–September 2020. *Morbidity and Mortality Weekly Report* 2020, 69:1841–1847. DOI: <http://dx.doi.org/10.15585/mmwr.mm6949a1>
- ⁴⁰⁴ Center for Translational Neuroscience (2020, June 16). Under the same roof, for better and for worse. *Medium*. Retrieved September 10, 2021 from <https://medium.com/rapid-ec-project/under-the-same-roof-for-better-and-for-worse-af3333d23256>

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- ⁴⁰⁵ Turney, K., & Wildeman, C. (2016). Mental and physical health of children in foster care. *Pediatrics*, 138(5), e20161118.
- ⁴⁰⁶ Children’s Defense Fund. (n.d.) *Family First Prevention Services Act*. Retrieved August 18, 2021 from <https://www.childrensdefense.org/policy/policy-priorities/child-welfare/family-first/>
- ⁴⁰⁷ Harvard Kennedy School Government Performance Lab. (n.d.) *Strengthening in-home child welfare services for families in Arizona*. Retrieved August 18, 2021 from https://govlab.hks.harvard.edu/files/govlabs/files/AZ_DCS_project_feature.pdf?m=1574064485
- ⁴⁰⁸ Government Accountability Office. (2021, July). Pandemic posed challenges, but also created opportunities for agencies to enhance future operations (GAO-21-483). Retrieved September 10, 2021 from <https://www.gao.gov/assets/gao-21-483.pdf>
- ⁴⁰⁹ Children’s Defense Fund. (n.d.) *Family First Prevention Services Act*. Retrieved August 18, 2021 from <https://www.childrensdefense.org/policy/policy-priorities/child-welfare/family-first/>
- ⁴¹⁰ Winokur, M., Holtan, A., & Batchelder, K. E. (2014). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. *Cochrane Library*, 2014(1), CD006546–CD006546.
- ⁴¹¹ Children’s Defense Fund. (2020, February). *Implementing the Family First Prevention Services Act: A technical guide for agencies, policymakers and other stakeholders*. Retrieved September 10, 2021 from <https://www.childrensdefense.org/wp-content/uploads/2020/07/FFPSA-Guide.pdf>
- ⁴¹² Government Accountability Office. (2021, July). Pandemic posed challenges, but also created opportunities for agencies to enhance future operations (GAO-21-483). Retrieved September 10, 2021 from <https://www.gao.gov/assets/gao-21-483.pdf>
- ⁴¹³ U.S. Census Bureau. (May, 2000). Factfinder for the Nation. Retrieved from <http://www.census.gov/history/pdf/cff4.pdf>
- ⁴¹⁴ U.S. Census Bureau. (April, 2013). American Community Survey Information Guide. Retrieved from http://www.census.gov/content/dam/Census/programs-surveys/acs/about/ACS_Information_Guide.pdf

The Yavapai-Apache Nation Supplement

About this Report Supplement

As part of additional work for the First Things First 2022 Needs and Assets Report cycle, the Yavapai Regional Partnership Council allocated funding for additional data collection and reporting specific to the Yavapai-Apache Nation to be included as a report supplement.

The data contained in this supplement come from a variety of sources: 1) Data provided to First Things First by the Inter-Tribal Council of Arizona WIC Program and the Indian Health Service Phoenix Area; 2) Quantitative data provided by various Yavapai-Apache Nation tribal departments and agencies; and 3) Findings from qualitative data collection conducted in 2021 specifically for this report through key informant interviews with service providers in the community. In addition, selected indicators from U.S. Census data for the Yavapai-Apache Nation, and all Arizona reservations are included where appropriate.

This report supplement also follows the First Things First Data Dissemination and Suppression Guidelines. Throughout this report, suppressed counts will appear as <10 in data tables. Additional information on the limitations of U.S. Census and American Community Survey data in tribal communities is included in the Appendices section of the full Needs & Assets Report.

The Yavapai-Apache Nation

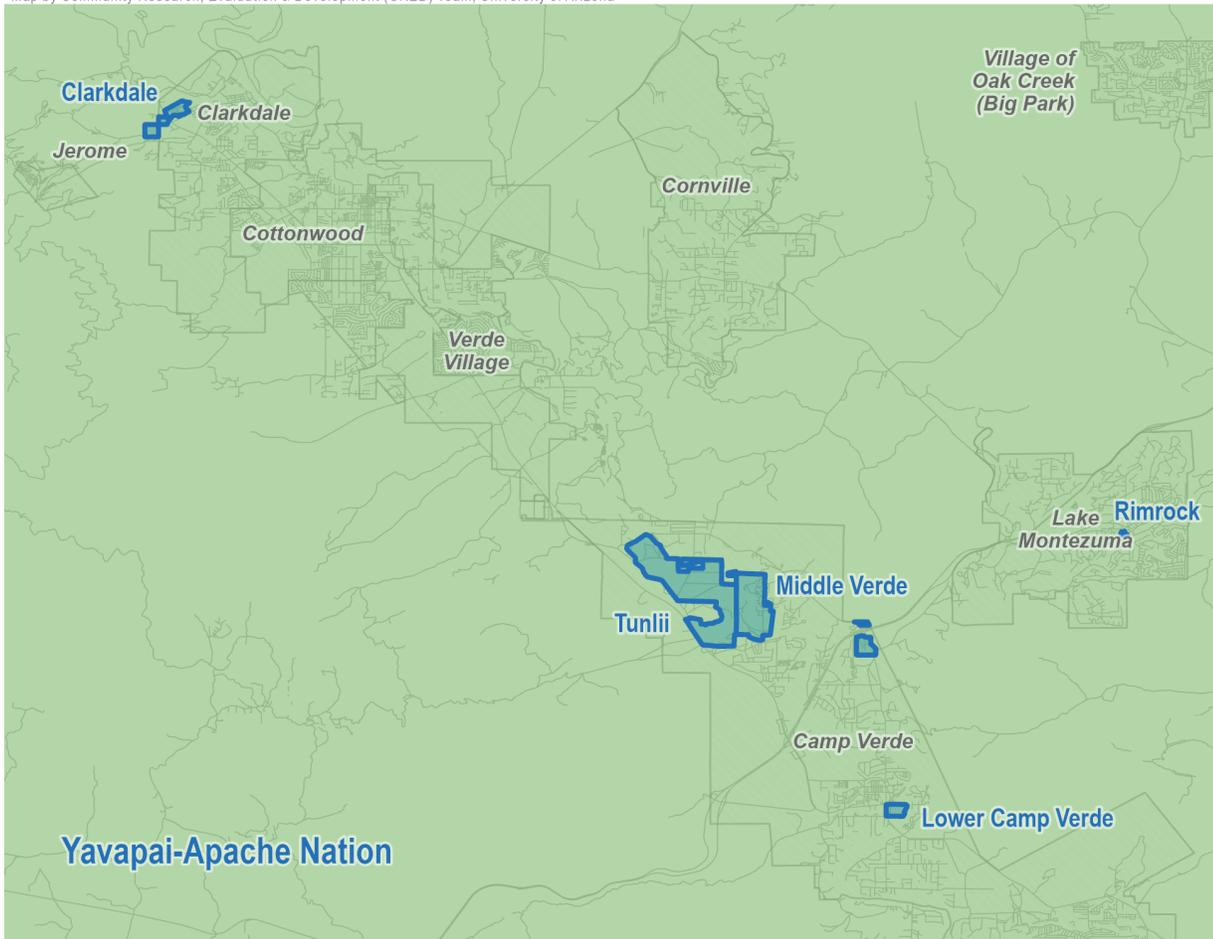
In November 2006, when First Things First was established by the passage of Proposition 203, the government-to-government relationship with federally-recognized tribes was acknowledged. Each Tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First designated region or elect to be designated as a separate region. The Yavapai-Apache Nation has chosen to be part of the First Things First Yavapai Region. The Yavapai-Apache Nation Tribal Council elected to participate in data collection for the Yavapai Region 2022 Needs and Assets Report as indicated by Resolution 44-21 signed on March 11, 2021.

Population and economic characteristics of the Yavapai-Apache Nation

The Yavapai-Apache Nation is located in the Verde Valley of Arizona which the federal government designated to be shared by both the Yavapai and Tonto Apache people in non-contiguous parcels across 2,000 acres in Camp Verde, Middle Verde, Clarkdale, Tunlii and Rimrock (a map of the Yavapai-Apache Nation is included in Figure 1).

Figure 1. Map of the Yavapai-Apache Nation

Map by Community Research, Evaluation & Development (CRED) Team, University of Arizona



Source: U.S. Census Bureau (2020). TIGERLine shapefiles. Custom map created by the Community Research, Evaluation, and Development (CRED) Team

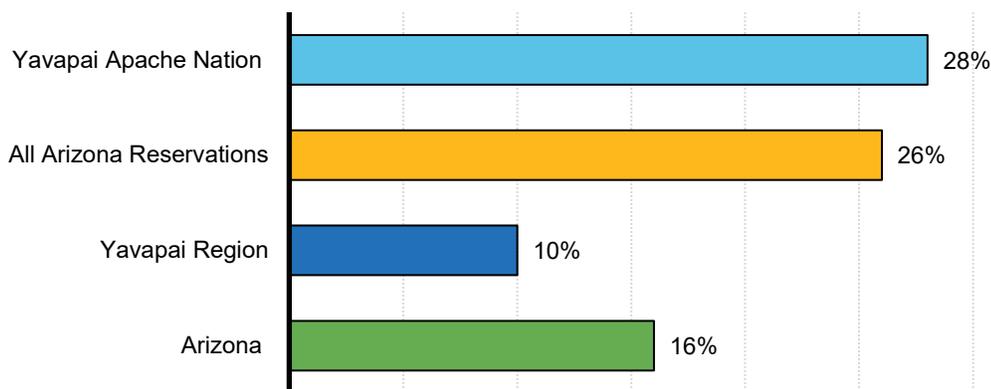
The Yavapai-Apache Nation had 2,596 total enrolled tribal members as of April 2019 (up from 2,440 in December 2014), with more than 750 residents living in one of those five tribal communities.¹ According to the U.S. Census, in 2010 the total population of the Yavapai-Apache Nation was 718 residents, with 87 of those being children birth to 5. U.S. Census 2020 data show that the total population of the Yavapai-Apache Nation increased to 1,234, a 72% change between the last two Decennial Censuses.^{2,3} In comparison, the population of all Arizona reservations combined decreased by 3% in the same time period. U.S. Census 2020 data were not available for the number of children birth to 5 in the Nation at the time of this report’s writing, however data was available for children under the age of 18. ¹ U.S. Census 2020 data show the population of children under the age of 18 in the Yavapai-Apache Nation increased to 448, from 253 in the 2010 U.S. Census, representing a 77% increase.^{4,5} Across all reservations in Arizona over the same period, the population of children under age 18

¹ These data are drawn from the redistricting file, which is the only 2020 Decennial Census data available at the sub-county level at the time of publication. More detailed data files from the 2020 Census are expected to be released in late 2022 and early 2023.

decreased 15%. While U.S. Census 2020 data are not yet available for children aged birth to 5, with a 77% increase in the population of all children, it is likely that the population of those youngest children also increased. Another source of data to estimate the population of young children in the Yavapai-Apache Nation is the number of births as reported in the *Health status profile of American Indians in Arizona* produced by the Arizona Department of Health Services. Data from these reports for years 2014 to 2019 show that the birth cohort of children ages birth to 5 in the Yavapai-Apache Nation included 44 children as of the end of 2019.⁶ This number is very similar to 49 active users ages birth to 5 from the Yavapai-Apache Nation as reported by the Indian Health Service (IHS) Phoenix Area as of federal fiscal year 2019 (see the *Access to Care* section below). Please note that both of these sources have some limitations: the *Health status profile of American Indians in Arizona* reports only include births of babies born to mothers who identify as American Indian; babies born to mothers who identify as being of some other race or ethnicity are not included in these counts. Similarly, IHS data only reflect children who receive services at IHS facilities and thus excludes children who may reside within the boundaries of the Yavapai-Apache Nation but do not qualify for IHS services or who might have received health services elsewhere.

Although U.S. Census 2020 data is not yet available for the youngest group of children in the Yavapai-Apache Nation, according to the 2010 U.S. Census, just over one quarter (28%) of households in the Yavapai-Apache Nation included children under the age of 6, which was very similar to the proportion across all Arizona reservations (26%) but substantially higher than the 10% in the Yavapai Region (see Figure 2).

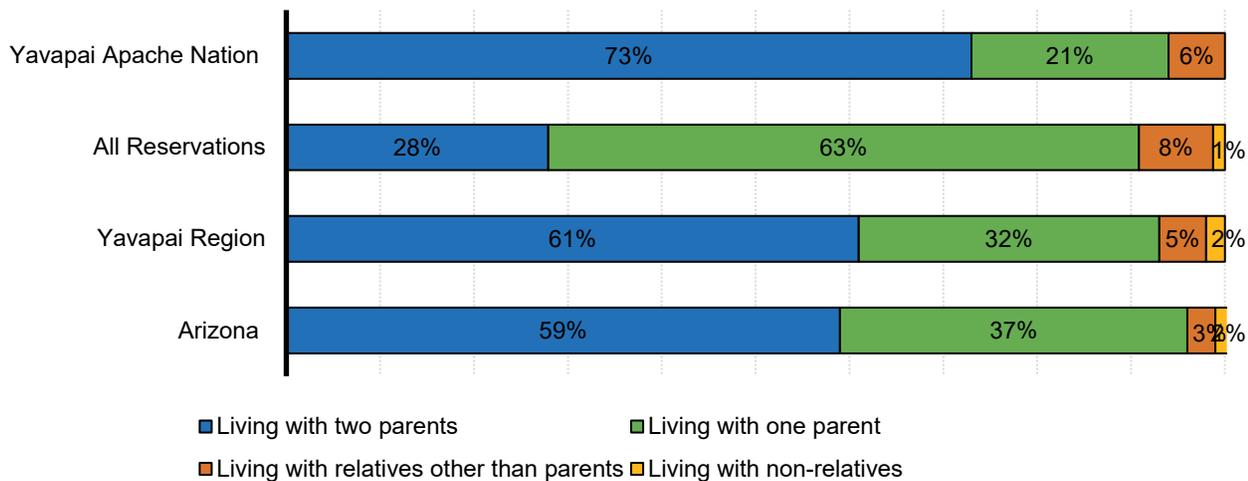
Figure 2. Percent of Households with Children under 6



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

According to the U.S. Census Bureau American Community Survey (ACS) (2015-2019 estimates), in the Yavapai-Apache Nation, almost three-quarters (73%) of young children were living in households with two parents, a proportion much higher than that across all Arizona reservations combined (28%), and also higher than across the region (61%) or state (59%) (Figure 3).

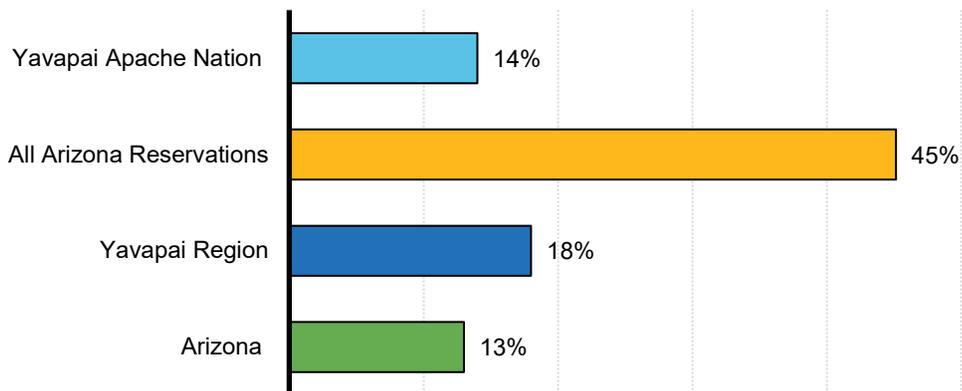
Figure 3. Living Arrangements for Children under 6



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B05009, B09001, & B17001 ¶
 Note: The four percentages in each row should sum to 100%, but may not because of rounding. The term "parent" here includes step-parents.

In addition, 14% of children aged birth to 5 in the Yavapai-Apache Nation lived in a grandparent’s household, similar to the proportions in the Yavapai Region and across the state, but a much lower proportion than across all Arizona reservations, where close to half (45%) of young children lived in their grandparents household (Figure 4). It is important to note that the grandparent may or may not be responsible for raising the child, and that the child's parent(s) may or may not also be living in the household. Understanding the circumstances of American Indian grandparents caring for their grandchildren is critical to providing services in a way that will meet the unique needs of grandparent-led families. Though it varies from one Native community to another, extended, multigenerational families, and kinship care (care of children by someone other than their parents, such as relatives or close friends) are common in Native communities.^{7,8} The strengths associated with this family structure—mutual help and respect—can provide members of these families with a network of support which can be very valuable when dealing with socio-economic hardships.⁹ Grandparents are often central to these multigenerational households, in many cases sharing and strengthening Native language, history, and culture.^{10,11}

Figure 4. Grandchildren under six living in a grandparent's household

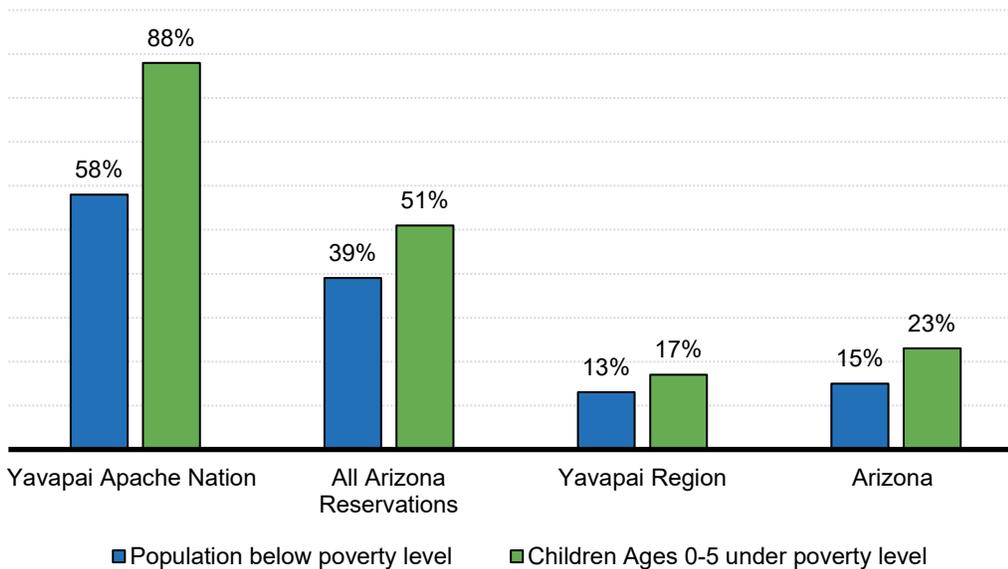


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B10001 & B27001 ¶ Note: This table includes all children (under six years old) living in a household headed by a grandparent, regardless of whether the grandparent is responsible for them, or whether the child's parent lives in the same household.

The economic well-being of a family is a powerful predictor of child well-being, and poverty is one indicator of economic health. Poor economic conditions are a threat to child well-being across a range of indicators including academic achievement, physical health, and mental health.¹² Economic circumstances in tribal communities can be much more complex than in other parts of the state. For many historical and legal reasons, economic development in tribal areas has followed a different trajectory than in other areas. Economic disparities between non-Native and Native communities have compounded over decades, affecting the poverty, employment, housing instability and food security in tribal areas.¹³ At the same time, it is common for tribal governments to be involved in community and economic development, investing in forestry, fisheries, gaming, and many other economic arenas to strengthen the social and economic conditions of their people.¹⁴

According to the ACS (2015-2019 estimates) more than half (58%) of households in the Yavapai-Apache Nation fall below the poverty level, and more than eight in 10 (88%) children under 6 live below the poverty level. These numbers are much higher than those across all Arizona reservations combined (39% all age population; 51% young child population) (Figure 5). In 2020, a family of four earning an income lower than \$26,200 was considered to be in poverty according to U.S. Census definitions.¹⁵ Families living in poverty may be at increased risk of food insecurity (a limited or uncertain availability of food) and may benefit from use of supplemental food programs. The Supplemental Nutrition Assistance Program (SNAP, also referred to as “Nutrition Assistance” and “food stamps”) has been shown to help reduce hunger and improve access to healthier food.¹⁶ The Women, Infants and Children (WIC) program, also a food and nutrition resource, serves economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five.¹⁷ While no SNAP or WIC retailers are located on Yavapai-Apache Nation tribal lands, there are SNAP retailers located near Camp Verde and Clarkdale, and a single WIC retailer near Camp Verde.¹⁸

Figure 5. Rates of poverty for the population of all ages and for children ages 0-5



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B17001 ¶ Note: This table includes only persons whose poverty status can be determined. Adults who live in group settings such as dormitories or institutions are not included. Children who live with unrelated persons are not included. In 2019, the poverty threshold for a family of two adults and two children was \$25,926; for a single parent with one child, it was \$17,622.

Numerous key informants noted the financial burden placed on families during the COVID-19 pandemic, due to job loss or furlough, as a key stressor. Basic necessities like food, and pandemic necessities like personal protective equipment (PPE) were difficult for families to get during the pandemic. This combined with social isolation, losses due to COVID-19 and a lack of access to services during the pandemic put immense stress on families during this time. However, the community and family-focus of those within the Yavapai-Apache Nation, was also cited by many key informants as an asset that helped lessen this stress, by promoting collaboration to provide needed resources, such as emergency food.

The Early Childhood System

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

Yavapai-Apache Nation Child Care Program

The Yavapai-Apache Nation receives funding from the Tribal Child Care and Development Fund (CCDF) to administer its own child care program. The Yavapai-Apache Nation Child Care Program provides supervised child care to children who are enrolled tribal members of a federally-recognized tribe. First priority is given to enrolled members of the Yavapai-Apache Nation, and the program

operates two types of services: center-based and home-based care. Center-based care is provided through the Yavapai-Apache Nation Child Care Center located in the Middle Verde tribal community and serves children aged 1-7 years. The Child Care Center is licensed to serve 20 children, although due to COVID-19 social distancing requirements, in 2021 could only serve 16 children. The Child Care Center typically has a waitlist, particularly for toddlers. Another option for families if the Child Care Center is at capacity is the home care program, which provides care for children from infancy until 12 years of age. Potential home care providers recruited by the Child Care Program must pass a drug test and a home inspection before being certified, and are provided training opportunities in First Aid, CPR, food handling and early childhood education professional development. During 2020, 38 children were served in the home care program. Key informants noted that child care is a great need in the community, and closures due to the COVID-19 pandemic added an additional strain. Difficulty in recruiting home providers because all adults living in the household of a home provider must pass a background check, in addition to the lack of care available for older children, were mentioned as current barriers.

During the 10/1/18 to 9/30/19 program year (the last year that CCDF reporting data is available), the Yavapai-Apache Nation Child Care Program had six Center providers and six home-based providers. Providers in both programs are encouraged to attend professional development opportunities throughout the year, many of which are provided by a registered nurse or the Yavapai-Apache Nation Safety Manager, and through the Cultural Resource Center. All providers are required to achieve 20 hours of professional development a year as well as 10 hours of cultural enrichment. Providers are also encouraged to enroll in Yavapai College early education courses and in the 2018/2019 program year, two providers were enrolled and another received her CNA (certified nursing assistant) certification enabling her to become a health specialist for the Child Care Program.

During the 10/1/18 to 9/30/19 program year, a total of 66 children received services from the Yavapai-Apache Nation Child Care Program, with an average of 59 children served per month. Of these, 34 were enrolled in center-based services at the Yavapai-Apache Nation Child Care Center and 32 received home-based services from a relative (n=15) or a non-relative (n=17) provider. Of the 66 children receiving services, most (83%) were 2 years old or older (Table 1). Most families of children enrolled (89%) reported working as their reason for using child care and a slightly higher percent (91%) of children enrolled fell at or below the federal poverty level. This indicates the importance of supporting families seeking child care with subsidies. The average monthly Child Care and Development Fund subsidy provided by the Yavapai-Apache Nation Child Care Program was \$120 per child, and the average monthly parent copayment was \$25 per child.¹⁹

Table 1. Services Provided by the Yavapai-Apache Nation Child Care Program, 10/1/18 – 9/30/19.

		Number of children (n=66)
Age of children served	0 to <2	11
	2 to <3	12
	3 to <4	15
	4 to <5	16
	5 to 12	12
Reasons for receiving care	Working	89%
Percent of children enrolled at or below the poverty threshold		91%

Source: Yavapai-Apache Nation Program Profile Child Care and Development Fund Annual Report (October 1, 2018-September 30, 2019). Unpublished data received by request.

The Yavapai-Apache Nation Child Care Center was closed from March 15, 2020 to March 22, 2021, creating a void for families previously utilizing the Center for child care. During that time, resources such as food supplements, healthy meals and activity packets still being received or purchased through pandemic funding, helped sustain those services for young children. In addition, funds to purchase things like balls, kites, jump ropes and slip and slides allowed the Child Care Program to continue to connect and engage with families and children, promoting physical activity and social connection. Pandemic funding is also allowing for improvements to the playground at the Center and the addition of an outdoor shed for supply storage, allowing more room inside the Center to be available to maintain CDC COVID-19 spacing guidelines. Key informants noted that this additional funding enabled the Child Care Center to continue operating during a time when the continued existence of the program was in question due to insufficient funding. As of May 2021, after re-opening the Center, only nine enrolled children had returned due to family’s hesitancy surrounding COVID-19. Changes following re-opening continue to adjust to pandemic conditions, including conducting virtual field trips rather than in-person experiences, and not allowing families to enter the Center.

In spite of the challenges experienced by the Child Care Program and the families it serves during the COVID-19 pandemic, key informants in the region cited the Yavapai-Apache Nation Child Care Program as a major asset in the community. In addition to providing early learning experiences and resources to the young children the program serves, collaboration with other Yavapai-Apache Nation programs and departments expands services and resources to others beyond the Center’s typical caseload.

The Montessori Children’s House

Another asset in the Nation’s early childhood education system is the Montessori Children’s House, a tribally-operated center located in the Middle Verde tribal community that provides preschool and

kindergarten education to children aged 3 to 6 years in the area. Tuition is covered by the Yavapai-Apache Nation for children who are enrolled tribal members, but the Montessori Children's House is open to the non-tribal members from the community at large. Non-tribal members pay the full cost of tuition; \$360 per month for a full-day program and \$200 per month for a half-day program. In 2021, key informants noted that, as reported in previous Needs & Assets reports, the number of non-tribal students still represents a small proportion of children enrolled.

The Montessori Children's House was closed at the beginning of the COVID-19 pandemic and offered virtual engagement until re-opening in September 2020. Due to social distancing requirements following reopening, enrollment was capped at 30 children, with the school holding three-hour sessions twice per day with five students each, across three classrooms. This enrollment was down from its capacity of 45 children prior to the pandemic. Key informants stated that the Yavapai-Apache Nation takes the safety of its community very seriously, and that it was likely that enrollment would remain at 30 children for the foreseeable future. The number of children on the waiting list varies during the year, usually fluctuating between 10 and 15 children. The Yavapai-Apache Nation Child Care Program provides transportation for children enrolled in its program who attend the Montessori Children's House, transporting children to and from the Montessori school.

The Montessori Children's House follows the Camp Verde public school calendar, so it is closed during the summer. During the school year, both a full day program is offered five days a week from 8:30 – 2:30, as well as a half-day program, which operates from 8:30 to 11:45am. Kindergarten classes are offered as part of the full day program, and children enrolled in kindergarten who are not tribal members pay a reduced rate of \$50 per month. As reported in the 2014 and 2018 Needs and Assets Report supplements for the Yavapai-Apache Nation, low attendance and tardiness have been a challenge for the Montessori Children's House. Key informants noted that after re-opening the school in September 2020 during the pandemic, attendance for those children who returned to in-person instruction has improved.

Although the Montessori Children's House is closed over the summer, the school offers a summer tutoring program for children ages 3 to 6. Before the pandemic, this had been a four-week program offered during the month of June, but in 2021, this program was offered over a three-week period in July, and planned to serve 10 children. The tutoring program is intended to help students entering preschool or kindergarten become familiar with the school's routines and staff, and to provide additional support for children struggling in specific areas such as reading.

Following the closure of the Montessori Children's House in March 2020, staff levels decreased. Staffing remained at decreased levels following reopening in September, and the Yavapai-Apache Nation is considering funding two additional teaching positions.

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

Screening and services for children with special needs in child care or school

Prior to the pandemic, the Montessori Children’s House funded a speech pathologist to conduct developmental screenings for children enrolled. After reopening in September 2020, that funding was no longer available, and instead the school contacted the Yavapai County Education Service Agency (YCESA), and staff with the YCESA visited the school and conducted hearing and vision screening with the children enrolled, free of charge. The Montessori Children’s House and the Yavapai-Apache Nation Child Care Program can also refer children to Child Find screenings. Services for children with special needs, however, are limited at the Yavapai-Apache Nation Medical Center, and primarily available in the community through the local school districts, and outside of the community at providers in Cottonwood and Prescott. Key informants noted a need for developmental screening resources in the community for children younger than school age. Parenting classes offered through Parents as Teachers were mentioned as an important resource for educating parents about developmental milestones to enable them to identify delays earlier, although these classes were paused during the COVID-19 pandemic.

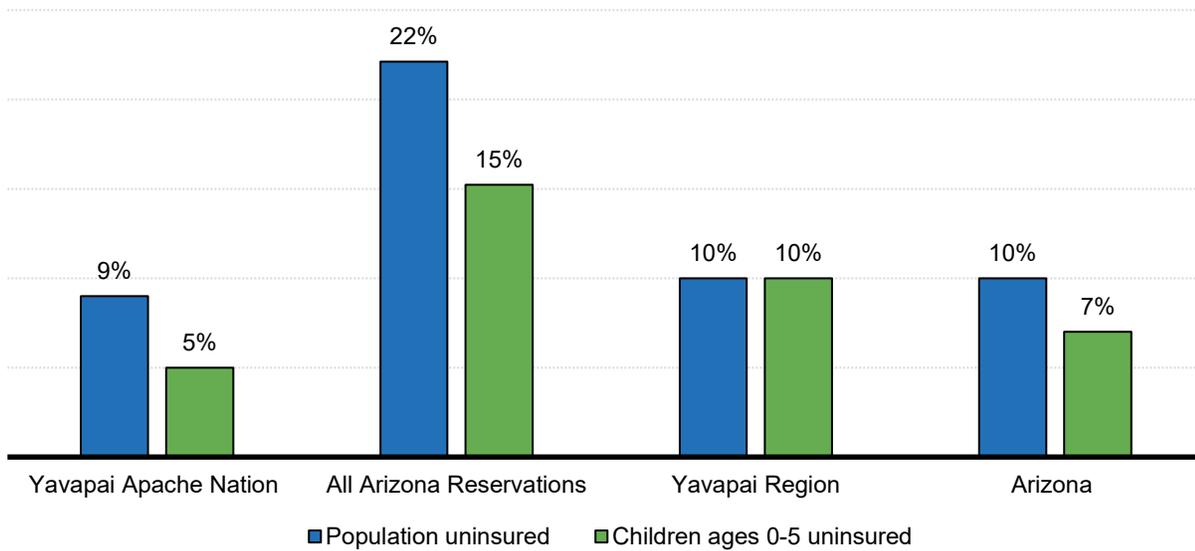
Health

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

Access to care

A key factor in accessing health care is health insurance. According to the most recent data from the U.S. Census Bureau American Community Survey five-year estimates (2015-2019), 5% of young children in the Yavapai-Apache Nation (n=229) were estimated to be uninsured, along with 9% of the total population in the Yavapai-Apache Nation (n=1,207) (Figure 6).²⁰ These proportions are lower than those across all Arizona reservations combined (15% 0-5 without insurance; 22% all-ages without insurance). It is important to note that the U.S. Census Bureau does not consider coverage by the Indian Health Service (IHS) to be insurance coverage.

Figure 6. Percent uninsured for the population of all ages and for children ages 0-5



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B27001 ¶ Note: This table excludes persons in the military and persons living in institutions such as college dormitories. People whose only health coverage is the Indian Health Service (IHS) are considered "uninsured" by the U.S. Census Bureau.

Health care services are available to members of the Yavapai-Apache Nation and members of other federally recognized tribes through the Yavapai-Apache Nation Medical Center. A family medicine physician and nursing staff at the Medical Center offer services by appointment Monday-Friday, including primary care, acute care, chronic care, and behavioral health. The Medical Center remained open during the COVID-19 pandemic, primarily providing care via telehealth, and also conducting face-to-face visits on a case-by-case basis. A dentist provides dental services Monday-Friday, every other week, and a hygienist and dental students from Northern Arizona University visit the Medical Center to provide dental services during their clinical rotations. Phoenix Indian Medical Center (PIMC) also provides additional services to the Medical Center, with tobacco cessation services and audiology services provided one or two days a month from visiting PIMC providers and vision services offered twice per month. Other specialty care such as gastro-intestinal care requires referral and travel to Cottonwood or Phoenix. The Medical Center provides urgent care for walk-in patients during clinic hours, but after hours for urgent care or emergency room needs, community members must travel to Camp Verde (Verde Valley Medical Center) or Cottonwood (Northern Arizona Health Care Verde Valley Medical Center). The Yavapai-Apache Nation Medical Center does not have a pharmacy, which means that prescriptions must be filled at pharmacies in Camp Verde or other surrounding communities, or are shipped from PIMC to the Medical Center for pick-up. The Medical Center remained open for PIMC medication pick-up during the pandemic. Prenatal care is provided through the Yavapai-Apache Nation Medical Center but key informants noted that most pregnant women go to other Ob/Gyn providers outside of the community, and give birth at the Verde Valley Medical Center in Cottonwood.

Pediatric care is also available for community members from the family medicine physician, who provides Well Baby and Well Child checks and immunizations at the Medical Center. Key informants in the region note that many families choose to go to other private providers in the community, such as Phoenix Children's Pediatrics (formerly called Red Rock Pediatrics), for pediatric care. If a parent who visits the Medical Center suspects a developmental concern in their child, or the provider suspects a developmental concern, a referral is made to an outside organization, typically Northern Arizona Health Care. Key informants noted that children can receive assessment and services through that organization in a timely manner, and that there is a good working relationship between those specialty providers and the Yavapai-Apache Nation Medical Center. Specific to speech services, key informants noted that these services often require travel to Phoenix Children's Hospital which can place an additional burden on families.

Data provided by the Indian Health Service (IHS) Phoenix Area show that between October 2018 and September 2019 there were 1,364 IHS active users residing within the Middle Verde Service Area.ⁱⁱ Of those, 49 were children aged birth to 5 (Table 2). Active users are defined as those who had an outpatient, inpatient, dental, or contract visit at least once in the past three years from the end of the reporting period. This includes individuals who received services through the Yavapai-Apache Nation Medical Center.²¹

Table 2. Number of Active IHS Users from the Yavapai-Apache Nation

	Young Children (Ages 0-5)	All Ages
Yavapai-Apache Nation	49	1,364

Source: Indian Health Services, Phoenix Area (2021) [IHS Dataset]. Unpublished data received by request.

Beginning in September 2020, the Community Health Program (also known as the Wellness Program), formerly housed in the Social Services Department, moved under the Medical Center. The program provides diabetes education in the community, conducts house visits with wellness check for the elderly or homebound at the direction of the Medical Center's primary care physician, and also oversees the Yavapai-Apache Nation WIC program. During the shutdown of most tribal departments due to the COVID-19 pandemic, staff from the Community Health Program also did outreach, contacting community members by phone, to assess needs and answer questions about COVID-19. As of July 2021, components of this program were located in different tribal buildings. The Wellness Program, which provides tribal members with wellness, diabetes and health services such as tobacco prevention, is

ⁱⁱ The Middle Verde Service Area includes the communities of Camp Verde, Clarkdale, Cornville, Paulden, Cottonwood, Jerome, Middle Verde, Rim Rock and Sedona.

housed in the Medical Building in Middle Verde. Other portions of the Community Health Program, WIC and community health awareness, are located in the Food Bank building.ⁱⁱⁱ

Key informants discussed previous success with an all-day wellness clinic for families, providing hearing tests, eye checks, immunizations and dental cleaning for children. This clinic was not held in 2020 due to the COVID-19 pandemic, but there are plans to hold this clinic in 2021 and also offer COVID-19 vaccinations for family members. Ideally, the various services offered by visiting PIMC staff such as audiology and vision would also be offered, however attempts to schedule these visiting services on the same days has not been successful in the past. Families with children who are past due on immunizations are recruited to attend these clinics through direct phone calls.

Key informants also noted a decline in the overall census of patients being served at the Medical Center of roughly 30%. This decline was attributed to a difficulty of scheduling routine care due to the presence of only a single physician, infrequent availability of other care provided by visiting staff, and also due to the need to use appointment times to administer COVID-19 vaccines. In an effort to re-engage patients in care, those who had been inactive with the Medical Center for at least three years were sent a letter inviting them to re-engage with services. Fifteen percent of those contacted indicated they wanted to re-engage with the Medical Center and another 35% responded that they had found another medical provider or had moved out of the area (50% did not respond). Key informants indicated that an additional medical provider would increase accessibility to timely routine care, although this position would need to be funded by the Nation. A nutritionist was also mentioned as a needed resource for the Medical Center due to the high prevalence of diabetes and obesity among community members. Increasing the frequency of specialty clinics to more than once per month was also cited as a need to expand available services and the capacity of the Medical Center.

An additional need mentioned by key informants is for community members to take advantage of behavioral health services offered through the Medical Center. Typically, behavioral health services used by the community focus on substance use and most are for individuals who have a court order to participate in these services. Behavioral health services are available for a much broader array of conditions at the Medical Center, and are seen as an asset that is currently underused by community members.

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

The Yavapai-Apache Nation Special Supplemental Nutrition Program for Women, Infants and Children (WIC) operates under the umbrella of the Inter Tribal Council of Arizona (ITCA) WIC program. The WIC program provides nutritional and fitness services to members of the Nation but also to non-tribal members who reside in its area of service (including the Hispanic population in Camp Verde, Clarkdale, and Cottonwood and American Indian residents in the Prescott area). The WIC office offers both classes and one-on-one consulting in WIC appointments aimed at preventing and reducing obesity as well as gestational diabetes among community members, sometimes in collaboration with the Yavapai-Apache

ⁱⁱⁱ Information from <https://yavapai-apache.org/directory/wellness-program/>

Nation Diabetes program. Key informants report that the WIC caseload has decreased in recent years, and that the future of the program is uncertain. It should also be noted that tribal members can participate in county-based WIC services, and that these participants would not be reflected in data collected by ITCA that is reported here.

The table and figures below show participation in the Yavapai-Apache Nation WIC program for women, infants and children. In 2020, there were a total of 145 women (n=34), infants (n=36) and children (n=75) enrolled in the program (Table 3).²² Consistent with key informants’ reports, the number of children aged birth to 4 enrolled in the program decreased between 2017 and 2020 from a high of 152 to a low of 111 (Figure 7). Enrollment across all ITCA WIC programs also decreased across those years. Participation rates, however, differed. The proportion of clients who are certified (and therefore enrolled in the program) and who actually receive their benefits is called the “participation rate.” Between 2017 and 2020, the participation rate in the Yavapai-Apache Nation WIC program decreased overall from 85% to 82%, although rates actually increased in the intervening years (Figure 8). Across all ITCA WIC programs, participation rates increased slightly overall during those years from 90% to 92%. In 2020, the total participation rate of clients in the Yavapai-Apache Nation WIC program was 82%, lower than the 91% across all ITCA WIC programs combined, and participation rates were highest for infants for both (YAN 86%; ITCA 96%) (Figure 9).

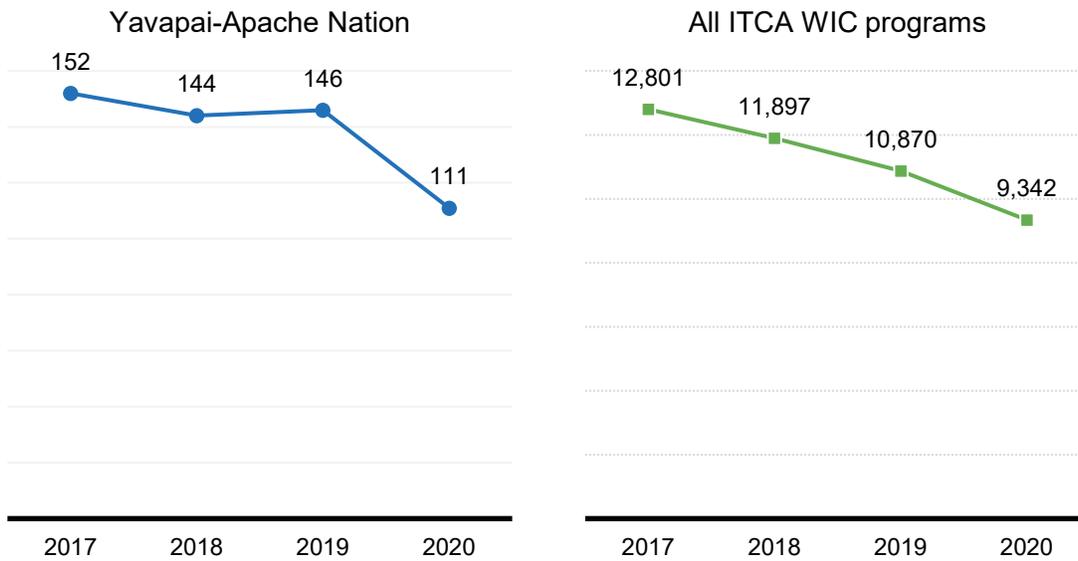
Table 3. Enrollment in the Yavapai-Apache Nation WIC Program, 2020

	Women Enrolled (2020)	Infants Enrolled (2020)	Children Enrolled (2020)	Total Enrolled (2020)
Yavapai-Apache Nation	34	36	75	145

Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

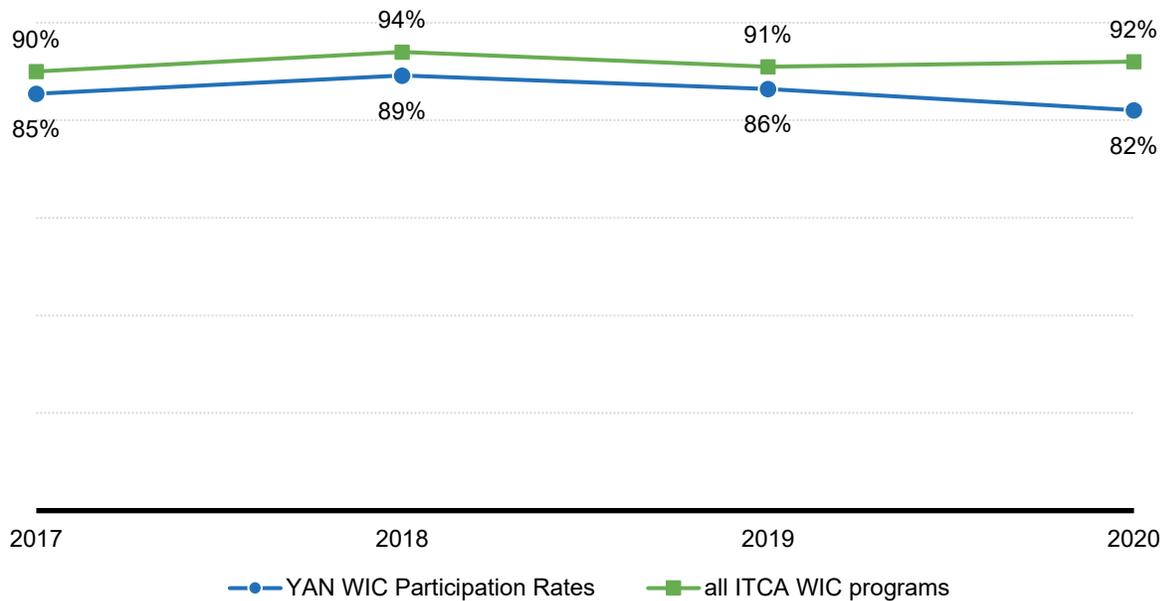
Note: The data reported above represents all those enrolled in the Yavapai-Apache Nation WIC program, including tribal and non-tribal members.

Figure 7. Children (ages 0-4) enrolled in the Yavapai-Apache Nation WIC Program, 2016 to 2020



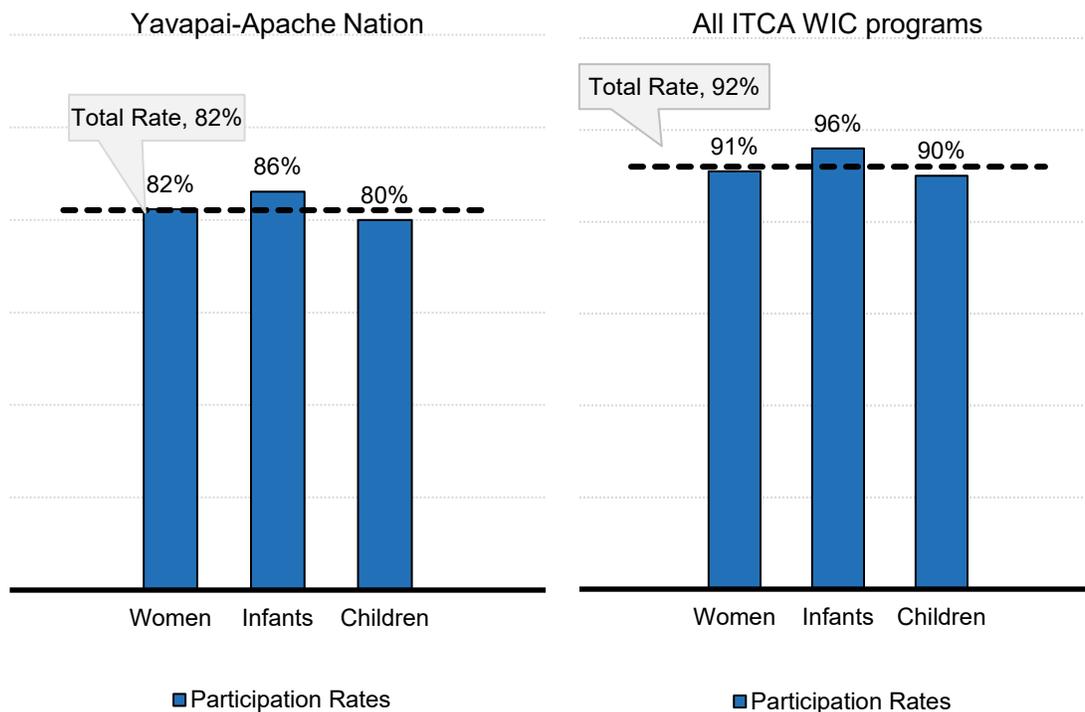
Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Figure 8. Yearly participation rates in the Yavapai-Apache Nation WIC Program, 2016 to 2020



Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Figure 9. Participation rates in the Yavapai-Apache Nation WIC Program, 2020



Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Food security resources

A nationally representative survey found that for caregivers in low-income families, food insecurity during the pandemic, exacerbated by the loss of free meals (e.g., school lunch), was the lone consistent predictor of anxiety, depression and stress.²³ Arizona families with young children have been particularly vulnerable to being persistently food insecure and becoming food insecure during the pandemic, and food insecurity tends to be worse for people of color. Nationally, Native Americans are almost three times as likely (23.5%) to be food insecure, compared to non-Hispanic White individuals (8.1%).²⁴ In this context, the efforts of the Yavapai-Apache Nation to distribute food to families throughout the pandemic have been particularly important.

The Yavapai-Apache Nation operates a Food Bank, with services open to both tribal and non-tribal members depending on the funding source for food provided. Tribal members and guardians of tribal members can receive supplemental food boxes designed to last three to five days, two to three times per month. Prior to the COVID-19 pandemic, the Food Bank typically distributed 80 supplemental food boxes per month, and was open five days a week with pick-up times from 1pm to 5pm Monday thru Friday. Supplemental food boxes have an income eligibility requirement, however during the COVID-19 pandemic these income eligibility requirements were waived, as was the limit on the number of food boxes a family could receive each month. Food boxes are also delivered two times per month to the elderly or disabled, and to those under quarantine during the COVID-19 pandemic.

Food included in supplemental food boxes is either purchased using Yavapai-Apache Nation funds or through an agricultural grant, donated, or grown on the Nation's ranch and farm. Food not purchased is available to non-tribal members and is distributed through a food care program that partners with St. Mary's Food Bank in Phoenix. Through Food Care events, anyone in the area can pick up a food box either inside the Food Bank in hot weather, or in the parking lot when cooler. These events are held on the 1st Friday and 3rd Tuesday of the month and typically serve 150 households per event. Collaboration with St. Mary's Food Bank also enables delivery of food to schools through the Kid's Café during the school year. Meals are also delivered to children involved in the Johnson O'Malley Program (JOM), a tutoring program during the school year. During the summer, youth can come to the Food Bank for the Kid's Cafe. In 2021, the Kid's Café at the Food Bank provided lunch and snacks between 1 and 3pm during the period between June 7th and July 29th.

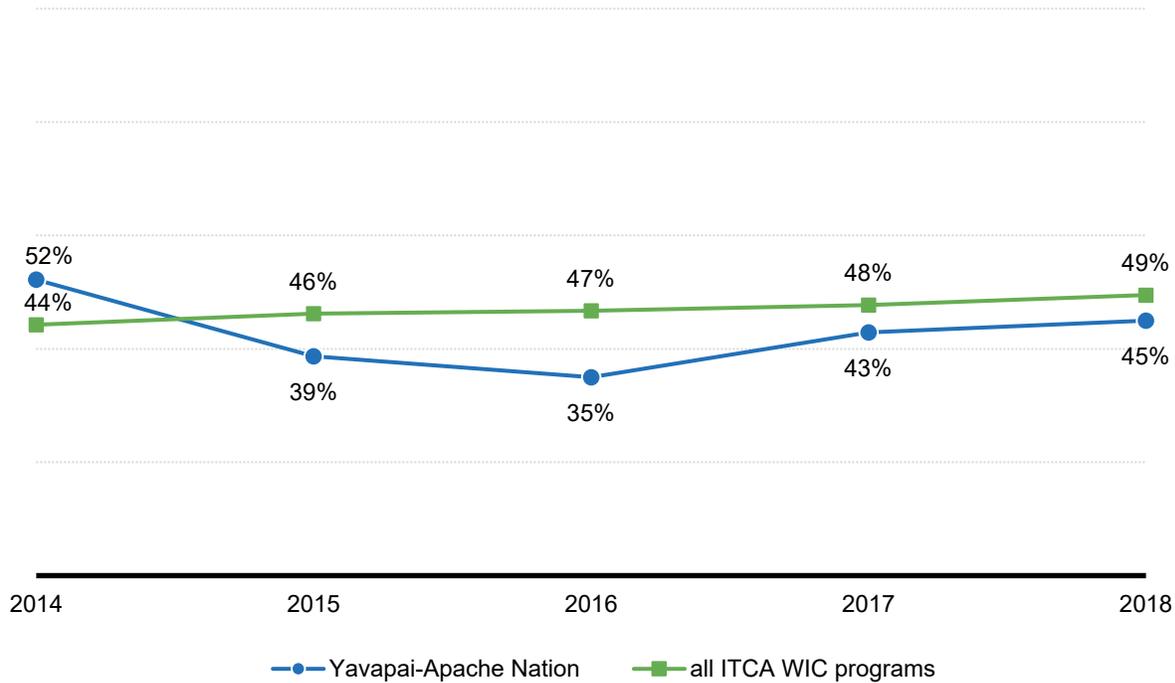
During the COVID-19 pandemic, the Food Bank was closed, but CARES ACT funding allowed for purchase of food and provision of food boxes at community events twice a month through the fall of 2020 and once a month after that. At the last CARES ACT event in December 2020, 500 food boxes were distributed. In addition to the direct benefit of provision of food to the community, key informants noted that these events also helped increase knowledge and favorable perceptions about the Food Bank and the food it provides. The Food Bank is now seen as a food resource for the whole community and a conduit for providing quality food.

The Food Bank also collaborates with the Social Services Department to provide food resources to families experiencing domestic violence. When a victim of domestic violence is provided temporary housing, the Social Services Department contacts the Food Bank to arrange provision of a food box to that family.

Maternal characteristics

Data are also available from the Yavapai-Apache Nation WIC program on a number of maternal health indicators for those enrolled between 2014 and 2018 (the most current data available).²⁵ Maternal obesity is linked to both birth outcomes and a child's subsequent health. Among all Arizonan women enrolled in WIC, about 35% were obese before pregnancy in 2018.²⁶ Among women enrolled in the Yavapai-Apache Nation WIC program this rate was higher (45%), but slightly lower than for women enrolled across all ITCA WIC programs (49%) (Figure 10). The rate of pre-pregnancy obesity among Yavapai-Apache Nation WIC enrollees has decreased overall from 2014 to 2018, from 52% to 45%, however the intervening years showed lower pre-pregnancy obesity rates, with a low of 35% in 2016.

Figure 10. Pre-pregnancy obesity rates for mothers enrolled in WIC, 2014 to 2018

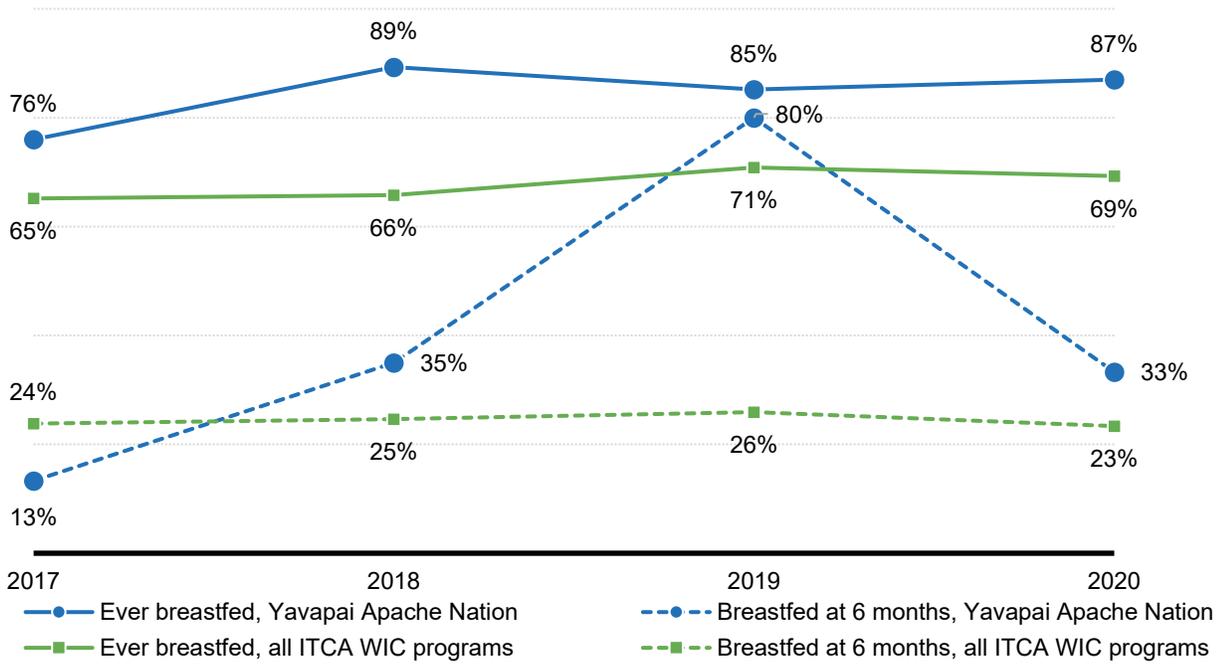


Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Breastfeeding

Data are also available from the Yavapai-Apache Nation WIC program on a number of child health indicators for those enrolled between 2017 and 2020, including breastfeeding.²⁷ Eighty-seven percent of infants enrolled in the Yavapai-Apache Nation WIC program were ever breastfed in 2020 (Figure 10). This percentage was much higher than that seen across all ITCA WIC programs, with 69% of WIC-enrolled infants statewide ever being breastfed in 2020. In addition, the percent of infants in the Yavapai-Apache Nation WIC program who were ever breastfed increased from 76% in 2017 to 87% in 2020. However, the percent of infants breastfed for six months or longer is much lower, and has shown an inconsistent pattern, with a low of 13% in 2017, a high of 80% in 2019, before decreasing again in 2020 to 33% (Figure 11). This rate of 33% of infants breastfed at 6 months for those enrolled in the Yavapai-Apache Nation WIC program in 2020, is however 10% higher than across all ITCA WIC programs that same year (23%).

Figure 11. Breastfeeding rates for infants enrolled in the Yavapai-Apache Nation WIC Program, 2017 to 2020

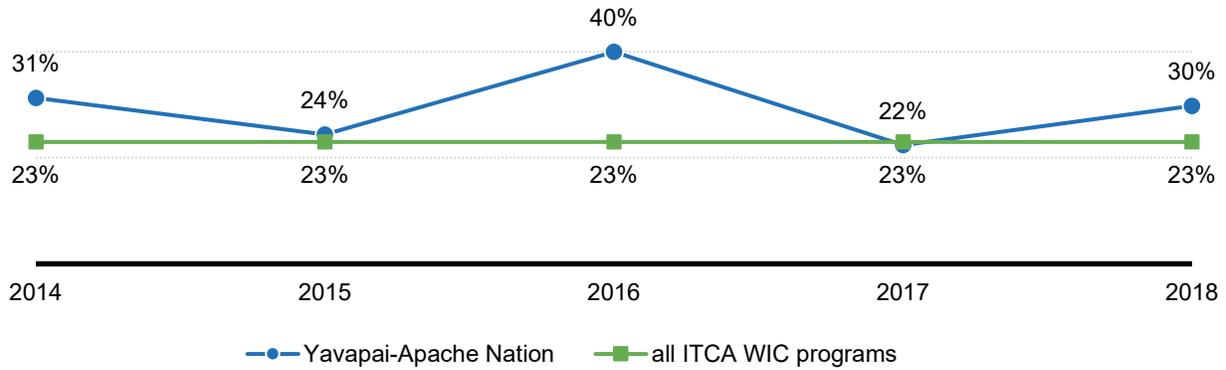


Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Children’s weight status

Data on the weight status of children in the community were also available from the Yavapai-Apache Nation WIC program.²⁸ In 2018, 30% of children ages 2 to 4 enrolled in the program were obese, more than for young children enrolled across all ITCA WIC programs (23%) (Figure 12). The percentage of young children participating in Yavapai-Apache Nation WIC who were obese has fluctuated between 2014 and 2018, with a high of 40% in 2016, and a low of 22% in 2017. Over a similar period, the percentage of children ages 2 to 4 enrolled in all ITCA WIC programs who were obese remained steady at 23%.

Figure 12. Obesity rates for WIC-enrolled children (ages 2-4), 2014 to 2018

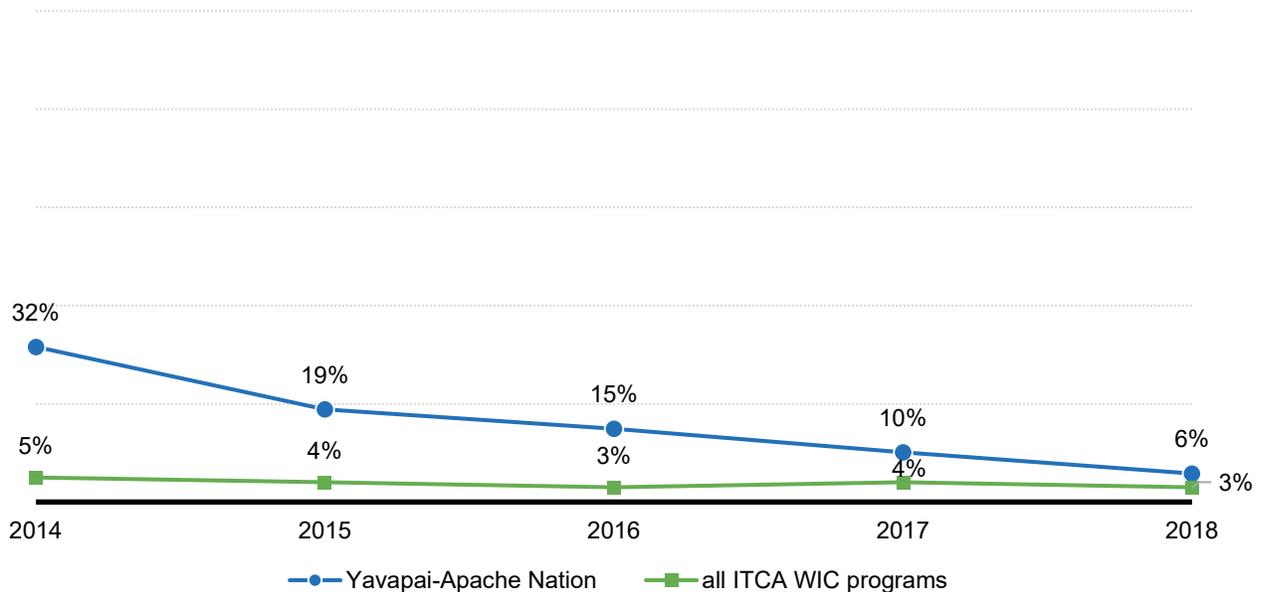


Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Childhood smoking exposure

According to data from the Yavapai-Apache Nation WIC program, the percentage of children enrolled in WIC who were exposed to smoking in the household decreased from 32% to 6% between 2014 and 2018 (Figure 13). Exposure to secondhand smoke puts children at a higher risk of developing ear infections, respiratory illnesses, and sudden infant death syndrome, so this decrease is a definite strength.²⁹

Figure 13. WIC-enrolled children exposed to smoking in the household, 2014 to 2018



Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Oral health

Oral health and good oral hygiene practices are important to children’s overall health. Tooth decay and early childhood cavities can have short- and long-term consequences including pain, poor appetite, disturbed sleep, lost school days, and reduced ability to learn and concentrate.³⁰ A national study showed that low-income children were more likely than higher-income children to have untreated cavities.³¹ Despite high percentages of young Arizona children who have preventative dental care visits (68.4%) compared to the national average (57.8%), there is a relatively high percentage who have had decayed teeth or cavities (11.1%) compared to those across the nation overall (7.7%).³² Low-income children in Arizona, specifically, are more likely to have untreated cavities and less likely to have had an annual dental visit than their higher-income peers.³³ Within Arizona, American Indian children are more likely to experience tooth decay (76%) than White children (34%).³⁴

In 2010, the Indian Health Service (IHS) implemented an ongoing oral health surveillance system to monitor the oral health of American Indian and Alaska Native (AI/AN) children. Early childhood caries (tooth decay) is the most common health problem among AI/AN children aged birth to 5, five times more common than asthma, and this population has tooth decay at a rate that is four times that of White, non-Hispanic children in the United States. The 2018-2019 IHS Oral Health Survey collected data from children aged 1-5 years, and identified trends since the 2010 survey.³⁵ During the 2018-2019 survey year, survey data were collected from a total of 9,275 children ages 1 to 5 from all IHS Areas, including 481 children from the Phoenix Area which includes the Yavapai-Apache Nation. Results from the 2018-2019 survey showed that 52% of AI/AN children ages 1-5 years had tooth decay, a decrease from 55% in 2010, and fewer had untreated decay, decreasing from 39% to 34% from the 2010 to 2018-2019

surveys. The Phoenix Area was also one of three IHS units that had a statistically significant reduction in the prevalence of tooth decay between the 2010 and 2018-2019 surveys, with a 25% reduction from 57% in 2010 to 43% in 2018-2019. The Phoenix Area also had a reduction in untreated decay higher than the national average of 14%, although this reduction wasn't statistically significant.

The survey also offered insight into the prevalence of dental sealants, which when applied to the back teeth can prevent tooth decay. Although the prevalence of sealants among AI/AN children (7%) is higher than the national average (4%) for children aged 3-5 years, a key finding of the 2018-2019 survey was that these preventive sealants are underutilized, and more AI/AN children should benefit from this proven preventive service. According to recent data available from the IHS Phoenix Area, between October 2019 to September 2020, 12% of Yavapai-Apache Nation children ages birth to 5 received topical fluoride applications, and 5% received sealants.

The importance of providing for the oral health of young children is recognized by the Yavapai-Apache Nation. As discussed previously in this Supplement, through an agreement with Northern Arizona University, students in the dental hygiene program travel to the Yavapai-Apache Nation Medical Center to provide services to the community weekly throughout the academic year, and less frequently over the summer. There is a dentist at the Yavapai-Apache Medical Center offering services every other week, but the dentist is limited in his ability to see children. Pediatric dentists are available in Cottonwood or at Phoenix Indian Medical Center (PIMC).

Family Support and Literacy

Responsive relationships and language-rich experiences for young children help build a strong foundation for later success in school and in life. Positive and responsive early relationships and interactions support optimal brain development, academic skills, and literacy during a child's earliest years and lead to better social, physical, academic, and economic outcomes later in life.^{36,37,38,39}

Cultural beliefs and practices can also support healthy development and counter the influence of socioeconomic challenges and historical trauma.^{40,41,42} Unfortunately, not all children are able to begin their lives in positive, stable, nurturing environments. Adverse childhood experiences (ACEs)^{iv} have been associated with developmental disruption, mental illness, drug and alcohol use and overall increased healthcare utilization.^{43,44} When discussing ACEs among American Indian communities it is important to include the context of the historical trauma and the structural inequalities placed upon these communities.⁴⁵ With this in mind, American Indians and Alaskan Natives (AI/AN)s disproportionately experience childhood trauma such as abuse, family violence, and neglect.⁴⁶ Nationally, an estimated 72%-86% of AI/AN individuals have experienced at least one ACE and 17%-35% have experienced four or more.⁴⁷ Other national research estimates that AI/AN children are approximately 2-3 times more likely to have a parent who served time in jail, to have been a victim/witnessed violence in their

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

neighborhood, and to have lived with a substance abuser compared to non-Hispanic White children. American Indian and Alaskan Native children are also estimated to be 1.5 times more likely to live with families struggling to provide basic food and housing, live with a divorced or separated parent, and to have lived with a parent who died.⁴⁸ In addition, AI/AN children with two or more ACEs have a higher prevalence of depression and anxiety compared to AI/AN children with two or fewer ACEs. Data specific to Arizona is available through the 2018-2019 National Survey on Children's Health, which estimates that 78% of AI/AN children aged 0-17 in Arizona have experienced one ACE, 20% have experienced no ACEs and only 2% have experienced two or more ACEs.⁴⁹ Whereas the percentage of children aged 0-17 experiencing one ACE was greatest for AI/AN children across ethnic groups in Arizona, AI/AN children were less likely to experience two or more ACEs (2%) compared to other ethnic groups in Arizona (Black 34%, White, non-Hispanic 22%; Hispanic 21%; and Multi-racial 26%), Not only do ACEs effect mental health and well-being into adulthood, but the negative impact of ACEs can transgress into parenthood as well. Greater parental ACEs can lead to increased parental distress and in turn, result in poorer child social-emotional functioning.⁵⁰ These findings further highlight that ACEs and trauma have a transgenerational effect especially among AI/AN communities.

Whereas ACEs can have a negative impact on the health and well-being of AI/AN children, many aspects common in tribal communities offer resilience.⁵¹ Cultural practices, social connectedness and social and community support can ameliorate some of these negative impacts. These resilient factors have been associated with improved physical and mental health in American Indian adults with diabetes, depression and anxiety, indicating that there may be a strong role for social and cultural support in alleviating the adverse outcomes associated with ACEs in American Indian communities.^{52,53}

Child abuse and neglect

Child welfare services in the Yavapai-Apache Nation are provided by the tribal Social Services Program. Cases are referred to the program through the Arizona Department of Child Safety (DCS) child abuse hotline, through police interactions with families, from local schools or the Johnson O'Malley Program, or from community members. After a referral, a Child Protective Services (CPS) Investigator follows up to determine if the referral is substantiated or not, and a safety plan can be put in place if the child can stay in the home. The goal overall is to avoid removing the child from the home if possible, so support for the family is key. Once a case is substantiated, and a child is removed from the home, the CPS Investigator starts a case plan to identify issues and services for parents to access. The Social Services Program does supervised visits with the family to ensure that the child continues to interact with the parents, and also interacts with the foster family to ensure all ongoing needs are being met such as health, dental and developmental needs. The Social Services Program also received a federal grant in 2021 to fund an onsite therapist to work with children whose families have been involved in domestic violence or who are being removed from their home.

Children removed from their homes can be placed with licensed tribal foster homes or non-tribal homes, or if needed in residential group homes in Phoenix, Chandler or Tucson. There is no local shelter or group home within the community and key informants noted that there is a large need for more foster

families in the area, in particular, tribal foster homes so children can remain in the community. Increasing the availability of relative placements was also cited as a need, with current challenges encountered by relatives being unable to meet criteria for these placements, such as failing background checks. An additional needed support mentioned by many key informants is the need for parenting classes in the community that would be open to anybody, not just those involved in the child welfare system. These supports focused on families with the youngest children was also mentioned as a keen need. Parenting classes are required for foster parents (who are not relatives) to be licensed and were offered by the Social Services Program to these families prior to the COVID-19 pandemic. The classes were suspended during the pandemic, as was the licensing requirement for non-relative foster families to take these classes. The COVID-19 pandemic also changed the supports offered for foster families; respite care was no longer available due to the fear of transferring the virus from house to house.

As of 2020, there were less than 10 foster care homes licensed by the tribe on Yavapai-Apache Nation land, although this represented a slight increase from the previous year.⁵⁴ The number of beds in those foster care homes increased from 10 in 2019 to 14 in 2020. The total number of foster care homes licensed by the tribe located off-reservation and the total number of beds within these homes also increased from 2019 (homes <10; beds=10) to 2020 (homes <10; beds=12). Finding placement for children is often a challenge, and when local homes are not available, children must be sent outside of the community.

Special federal guidelines are currently in place to regulate how Native children and their families interact with the state's child welfare system. In 1978, Congress passed the Indian Child Welfare Act (ICWA). ICWA established federal guidelines that are to be followed in all state custody proceedings when an Indian child enters the welfare system. Under ICWA, an Indian child's family and tribe are able and encouraged to be actively involved in the decision-making that takes place regarding the child, and may petition for tribal jurisdiction over the custody case. ICWA also mandates that states make every effort to preserve Indian family units by providing family services before an Indian child is removed from his or her family, and after an Indian child is removed through family reunification efforts.⁵⁵

Data from the Yavapai-Apache Nation Social Services Program indicates that while the number of child welfare reports to tribal CPS decreased from 51 in 2019 to 29 in 2020, the number of substantiated cases of abuse and neglect, and the number of children aged 0-17 removed by tribal CPS increased during the same period (from <10 to 12 for both) (Table 4).

Table 4. Child Removals and Substantiated Cases of Abuse or Neglect, 2019, 2020

	2019	2020
Number of child welfare reports to YAN CPS	51	29
Number of substantiated cases of abuse/neglect (YAN CPS)	<10	12
Number of children removed by tribal CPS	<10	12

Source: Yavapai-Apache Nation Social Services Program (2021). [Child Welfare data]. Unpublished data received by request.

For children in Yavapai-Apache Nation CPS care, between 2019 and 2020, the number of children in relative placement remained constant, while the number of children in a foster care home decreased from 30 in 2019 to 24 in 2020 (Table 5).

Table 5. Out-of-Home and ICWA Placements, 2019, 2020

	2019	2020
Children (ages 0-17) in relative placement	10	10
Children (ages 0-17) in foster care (Total)	30	24
Children (ages 0-17) in foster care (On-Reservation)	<10	<10
Children (ages 0-17) in ICWA placements	<10	<10

Source: Yavapai-Apache Nation Social Services Program (2021). [Child Welfare data]. Unpublished data received by request.

Key informants indicated that domestic violence remains an issue in the community. The Social Services Program has a victim advocate who works with victims of domestic violence, to provide needed resources for the victim and their families. In 2021, counseling services for victims of domestic violence also began to be provided through a contract with a counselor from an outside agency.

A key success in relation to child welfare in the recent past has been reorganization of the system to standardize policies and procedures regarding foster families and children’s placements to ensure the system complies with BIA requirements. Another key asset mentioned by key informants is the Child Protective Team, which is a collaborative team representing all agencies involved in removal cases such as the police, probation, Attorney General’s Office, and Social Services, with a goal of preventing children’s removal from the home. The Team meets monthly or more frequently if needed, to discuss children identified with potential issues and to come to a group decision as to whether a removal is needed or if other supports or resources may be more suitable. Family members can also be involved in these meetings, and the Team offers help to these families, again with the goal of keeping children in

their homes. And additional asset is the collaboration between the Child Care Center and the Social Services Program to provide childcare services to foster parents.

Mental health and substance use

Substance use and mental health issues were named by key informants as some of the major challenges for families in the community, with key informants noting substance use being the driving reason behind nearly all child welfare cases. Children of parents with substance use disorders are more likely to be neglected or abused and face a higher risk of later mental health and behavioral health issues, including developing substance use disorders themselves.^{56,57} Substance abuse treatment and supports for parents and families grappling with these issues can help to ameliorate the short- and long-term impacts on young children.⁵⁸ The Yavapai-Apache Nation Social Services Program provides a number of services related to substance use and mental health including peer support by community members, Intensive Outpatient Treatment (IOP), one on one counseling, and collaboration with Tribal Court for the Wellness Court which serves those struggling with substance use. These services are open to all members of the community but are primarily utilized by those court-ordered to services. The Social Services Program has three counselors on staff as well as a peer support specialist who is from the Yavapai-Apache Nation. The Yavapai-Apache Nation Medical Center has limited capacity to provide behavioral health services, having had an open position for a behavioral health provider for some time, and several key informants emphasized a need for more mental health services in the community. The Social Services Program typically makes referrals outside of the community to Spectrum Healthcare and Desert Foothills Counseling for behavioral health services.

The Yavapai-Apache Nation Social Services Program also administers the Alcohol and Substance Abuse Program (ASA), overseen by an ASA Manager. The ASA Program refers community members to outside in-patient and detox treatment as no local services are available. Key informants mentioned that these outside services are often effective, but a lack of services in the community when individuals return from treatment can be detrimental to those individual's sobriety. Those who have worked very hard over a period of time return to the same environment they left, with similar triggers to those they faced before in-patient treatment. The addition of the new YAN IOP program is an asset that could help to address some of these challenges.

The Social Services Program also interacts with families struggling with alcohol and substance use through the Tribal Wellness Court. Wellness Court participants are typically justice-involved and referred to the Court and participation usually lasts two years. Wellness Court is held every other Friday, and members of the team, including the Wellness Court Coordinator, representatives from Social Services and Probation, and an individual counselor attend to review participant's status and compliance with their Wellness Court plan. Prior to the pandemic, the Wellness Court served four or five community members each year, and in 2021 was down to two participants. The Wellness Court admissions process is under revision in the hopes that eight to 10 people could be active in the court at one time, and that some individuals and families who could benefit, but are not justice-involved, could participate. Key informants noted positive collaborative efforts amongst those involved in the Wellness Court, and that many people who go through the Wellness Court process have positive outcomes.

The COVID-19 pandemic had a large impact on activities of the Social Services Program, with all intakes and assessments being moved to the phone, and key informants noting less of a support system in place for those returning to the community following involvement in external substance abuse or mental health programs. In person supports such as IOP or AA meetings were paused, and transportation was discontinued except for those on dialysis or for other serious exceptions. As the Nation began opening again in summer 2021, key informants saw access to the services of the Social Services Program returning.

Supporting families

During the pandemic, strains placed on agencies and programs due to furloughs and layoffs limited services available and the ability of departments and programs to collaborate. At one point during the pandemic, only 10% of tribal employees were working due to closures and the financial impact of money-generating tribal facilities being closed. Additional funding being received through CCDF stabilization grants, CARES Act funding, and other funding sources began to impact available services as the Nation began re-opening in 2021. As one key informant stated “We have always operated from the mindset of ‘do more with less’, but now that we have more (with the federal funds), it’s like, what else can we do, what more can we do?”

Providing support for families through parenting education resources was cited as a need by key informants. Prior to the pandemic, the only parenting classes open to all were through Arizona’s Children Association Parent Outreach and Awareness program which visited the Child Care Center and offered classes to all families in the community. These offerings became virtual during the pandemic, and families involved in Tribal Court, the Home Care Program of the Yavapai-Apache Nation Child Care Program, or the Montessori Children’s Home could take part. The Child Care Program sends out announcements of these services to other tribal departments and through the Nation’s Facebook page. The Child Care Program also has a library of resources on early childhood, health and wellness, parenting and finance available for viewing. The need for additional parenting resources was mentioned by numerous key informants, including mention of additional resources that had been in the planning stages, being halted due to the pandemic. Key informants in the region also expressed a desire to see more prenatal education classes to help reduce prenatal substance exposure. These informants highlighted that early intervention is key in supporting families.

Opportunities for community activities had been available for older children in the region, but there were few community activities organized for young children. Previously, the Recreation Program ran an afterschool program for children ages 5 and older throughout the school year and an 8-week summer program. This program ended when the pandemic hit, and key informants were unsure if this would be re-instated. Across the board, key informants discussed this program positively and expressed the desire for it to be re-instituted once the Nation was fully re-opened.

Key informants also noted that the need to support community members learning surrounding culture and language, both for the youngest children and their families as culture and language preservation are priorities for the Yavapai-Apache Nation. Language preservation and revitalization are critical to strengthening culture in Native communities, addressing issues of educational equity, and to the

promotion of social unity, community well-being and Indigenous self-determination.^{59, 60} According to U.S. Census Bureau American Community Survey (ACS) five-year estimates (2015-2019), 9% of residents on the Yavapai-Apache Nation speak a language other than English or Spanish at home (these data do not specify which language is spoken).^v This proportion is much lower than across all Arizona reservations, where 51% of those 5 and older speak a language other than English or Spanish at home.⁶¹

The Cultural Resource Center hosts a variety of programs and services aimed at documenting and preserving both the Yavapai and Apache cultures. Prior to the pandemic, personnel from the Cultural Resource Center visited the Child Care Center and Montessori Children's Home weekly to provide language lessons to children in both center and home-based care. During the pandemic however, in-person learning opportunities paused, and instead, the focus was on providing resources to children from both educational settings. Collaboration between the Child Care Program and Cultural Resource Center resulted in a curriculum on language and traditions that can be checked out by parents or home-based providers to review at home with children. This resource includes flash cards, coloring books, CD's and worksheets. Providing virtual presentation of language classes was in discussion in late spring 2021 but had not yet begun as of summer 2021. The Cultural Center also remained closed as of the summer of 2021 due to the pandemic, and an awareness that the Center's typical influx of people from other states and countries may bring a risk of added exposure to COVID-19.

Key informants discussed that some of the primary challenges for language preservation and revitalization have been a lack of teacher and staff capacity, and also the lack of adult speakers in the community. The Cultural Resource Center has many language materials available but struggles with finding enough staff who can teach classes. There are few fluent speakers, and many of those who are, are not able to teach the language in a classroom setting. In addition, when children attend language classes in school settings, they are unable to practice what they learn with others in their home due to so few adults in the community speaking either language. Key informants noted in addition to professional development to support Apache and Yavapai speakers in teaching languages to the next generation, making available a setting in which those learning these languages can practice with others is important.

Summary and Conclusions

It is clear that the Yavapai-Apache Nation has substantial strengths regarding services and resources available to young children and their families, even though these services and resources were impacted by the COVID-19 pandemic. We base this conclusion on the qualitative data gathered through discussion with key informants, as well as quantitative data provided by tribal agencies. However, there continue to be challenges to fully serving the needs of families with young children. Both identified assets and identified challenges are summarized in the section that follows.

^v *The American Community Survey (ACS) no longer specifies the proportion of the population who speak Native North American languages for geographies smaller than the state. In Arizona, Navajo and other Native American languages (including Apache, Hopi, and O'odham) are the most commonly spoken (2%), following English (73%) and Spanish (20%).*

Identified assets:

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

- The Yavapai-Apache Nation Child Care Center coordinates with the Montessori Children's House to provide transportation and afterschool care.
- The Food Bank coordinates with local schools to provide nutritious meals while schools are out in the summer.
- The Social Services Department coordinates with the Yavapai-Apache Nation Child Care Program to provide child care services to foster parents and with the Food Bank to provide food to families in temporary housing as a result of domestic violence.
- The Cultural Resource Center works with the Child Care Center and the Montessori School to provide language lessons to children in both schools.
- The Social Services Program, the Tribal Police, and the Tribal Court work closely together through initiatives like the Wellness Court and the Child Protective Team.

Additional assets available to young children and their families include the following:

- In the face of multiple stressors related to the COVID-19 pandemic, the community and family-focus of those within the Yavapai-Apache Nation, was cited by many key informants as an asset that helped lessen these stressors.
- Before interruption by the COVID-19 pandemic, there were a wide variety of programs and services available to community members locally, provided in culturally appropriate ways that community members appreciate. As the Nation re-opens these services again were being made available.
- The support provided by the Yavapai-Apache Nation to the Yavapai-Apache Child Care Program and Montessori Children's House has ensured that children continue to have access to high-quality early learning opportunities and resources.
- The Food Bank became an even more important asset to the community during the COVID-19 pandemic, ensuring that children and families, including those quarantined during the pandemic had a consistent supply of quality, nutritious food.
- As domestic violence continues to be a concern in the community, additional resources are being identified to support families, including a grant-funded therapist to work with children whose families have been involved in domestic violence.

Identified challenges or needs:

- Additional child care opportunities, including additional recruitment and certification of home providers, and increased staffing for the Child Care Center and Montessori Children’s House, remain a need.
- There is a need for more activities and events for young children and their families. While there have been a number of after-school and summer programs available for school-age children, there are few opportunities available to engage children under the age of 5.
- Key informants noted a need for developmental screening and services in the community for children younger than school age, in addition to more resources for educating parents about healthy development and developmental milestones to enable identification of possible developmental delays earlier.
- Enrollment in the tribal WIC program has decreased in the last several years, placing the future of this program, which can be an asset to women and children, in question.
- More parent education opportunities were cited as key need, so that those resources could be readily available to all, not just for those who are involved in the child welfare system.
- Few parents speak the Yavapai and Apache languages. As a consequence, most parents are not able to speak the community’s Native languages at home and teach their children. There is a significant need for trained teachers to facilitate language instruction and for an environment where those learning these languages can practice with others.
- The issue of substance use is an ongoing concern in the community. There continues to be a high need for services for those with substance issues, particularly for those returning to the community after residential treatment. Substance use has an impact on families at multiple levels, but even affects the availability of home-based child care providers, as all adults residing in the household must clear the background and drug test.
- A large proportion of adults and children living in poverty continues to be an issue in the community.
- Several agencies expressed a need for additional staff capacity, including behavioral health and medical staff.

Successfully addressing the needs outlined in this Supplement will require the continued collaboration of Yavapai-Apache Nation tribal agencies, and continued and pending collaborations with outside agencies such as First Things First and other state agencies, local providers, and other community stakeholders. The strong sense of community and identity among members of Yavapai-Apache Nation is a key asset that promotes caring and support for young children and families in the region. Continued

collaborative efforts have the long-term potential to make services, resources and opportunities available to more children and families across the Yavapai-Apache Nation.

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

- Food Bank
- Social Services
- Cultural Resource Center
- Yavapai-Apache Nation Medical Center
- Yavapai-Apache Nation Child Care
- Montessori Children’s House
- Tribal Court

References

- ¹ <https://yavapai-apache.org/yavapai-apache-nation/>
- ² U.S. Census Bureau (2021). 2020 Decennial Census Redistricting Data PL 94-171, Table P1. Retrieved from <https://data.census.gov>
- ³ U.S. Census Bureau (2012). 2010 Decennial Census Summary File 2, Table P1. Retrieved from <https://data.census.gov>
- ⁴ U.S. Census Bureau. (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, & P20
- ⁵ U.S. Census Bureau. (2021). 2020 Decennial Census, Redistricting Data PL 94-171, Tables P1, P2, P3, P4, & H1.
- ⁶ Arizona Department of Health Services (2020). *Health status profile of American Indians in Arizona, 2014- 2019*. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>
- ⁷ Red Horse, J. (1997). Traditional American Indian family systems. *Families, Systems, & Health*, 15(3), 243.
- ⁸ Harrison, A. O., Wilson, M. N., Pine, C. J., Chan, S. Q., & Buriel, R. (1990). Family ecologies of ethnic minority children. *Child Development*, 61(2), 347-362; Robbins R., Robbins S., Stennerson B. (2013). Native American Family Resilience. In: Becvar D. (eds) *Handbook of Family Resilience*. Springer, New York, NY
- ⁹ Hoffman, F. (Ed.). (1981). *The American Indian Family: Strengths and Stresses*. Isleta, NM: American Indian Social Research and Development Associates
- ¹⁰ Mutchler, J.E., Baker, L.A., Lee, S. (2007). Grandparents Responsible for Grandchildren in Native-American Families. *Social Science Quarterly*, 88(4), 990.
- ¹¹ Byers, L. (2010). Native American grandmothers: Cultural tradition and contemporary necessity. *Journal of Ethnic & Cultural Diversity in Social Work*, 19(4), 305-316.
- ¹² Healthy People 2020. (n.d.). *Social determinants of health*. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved September 14, 2021 from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- ¹³ Cornell, S., and Kalt, J. P. (2010). American Indian Self-Determination. The Political Economy of a Successful Policy. JOPNA Working Papers. Native Nations Institute and Harvard Project on American Indian Economic Development
- ¹⁴ Ibid.
- ¹⁵ US Census Bureau. (2021, February 2). Poverty Thresholds. The United States Census Bureau. Retrieved September 14, 2021 from <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>
- ¹⁶ Food Research and Action Center. (2013). SNAP and Public Health: The role of the Supplemental Nutrition Assistance Program in improving the health and well-being of Americans.
- ¹⁷ For more information on the Arizona WIC Program, visit <http://azdhs.gov/prevention/azwic/>
- ¹⁸ United Arizona Department of Health Services (2019). Arizona WIC Vendor List. Retrieved from <http://azdhs.gov/documents/prevention/azwic/az-wic-vendor-list.pdf>; Inter Tribal Council of Arizona (2016). Special Supplemental Nutrition Program for Women, Infants, and Children: Find a Store. Retrieved from http://itcaonline.com/?page_id=1064; United States Department of Agriculture (2019). SNAP Retailer Locator. Retrieved from <https://www.fns.usda.gov/snap/retailerlocator>
- ¹⁹ Yavapai-Apache Nation. Program Profile. Child Care Development Fund October 1, 2018 – September 30, 2019. Provided through personal correspondence.
- ²⁰ U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B27001
- ²¹ Indian Health Services, Phoenix Area (2021). [IHS Dataset]. Unpublished data. Phoenix Area Indian Health Service, July 2021, personal correspondence.
- ²² Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

-
- ²³ Center for Translational Neuroscience (2020, May 12). American Dream vs American Reality. Medium. Retrieved September 14, 2021 from <https://medium.com/rapid-ec-project/american-dream-vs-american-reality-9a0ebfc7ee6b>.
- ²⁴ Feeding America. (2021, March). The impact of Coronavirus on food insecurity in 2020 & 2021. Retrieved September 14, 2021 from https://www.feedingamerica.org/sites/default/files/2021-03/National%20Projections%20Brief_3.9.2021_0.pdf.
- ²⁵ Arizona Department of Health Services (2021). [WIC dataset]. Unpublished data
- ²⁶ Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.
- ²⁷ Ibid.
- ²⁸ Ibid
- ²⁹ Centers for Disease Control and Prevention (2016). Health effects of secondhand smoke. Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/
- ³⁰ Çolak, H., Dülgergil, Ç.T., Dalli, M., & Hamidi, M.M. (2013). Early childhood caries update: A review of causes, diagnoses, and treatments. *Journal of Natural Science, Biology, and Medicine*, 4(1), 29-38.
- ³¹ Gupta, N., Vujicic, M., Yarbrough, C., & Harrison, B. (2018). Disparities in untreated caries among children and adults in the US, 2011-2014. *BMC Oral Health*, 18(1), 30.
- ³² First Things First. (2019). *Building bright futures 2019: Arizona's early childhood opportunities report*. First Things First. Retrieved October 22, 2021 from https://www.firstthingsfirst.org/wp-content/uploads/2019/12/NA_Report_2019.pdf
- ³³ First Things First. (2016). *Taking a bite out of school absences: Children's oral health report 2016*. First Things First. Retrieved from http://azftf.gov/WhoWeAre/Board/Documents/FTF_Oral_Health_Report_2016.pdf
- ³⁴ Ibid.
- ³⁵ Phipps, K.R., Ricks, T.L., Mork, N.P. & Lozon, T.L (2019). Indian Health Service Data Brief: April 2019. *The Oral Health of American Indian and Alaskan Native Children Aged 1-5 Years: Results of the 2018-2019 IHS Oral Health Survey*. Retrieved from: <https://www.ihs.gov/doh/documents/surveillance/2018-19%20Data%20Brief%20of%201-5%20Year-Old%20AI-AN%20Preschool%20Children.pdf>
- ³⁶ Quentin, H, R, Rouse, H. L., Choi, J. Y., & Ku, S. (2019). The contribution of home literacy context to preschool academic competencies for American Indian and Alaskan Native Children. *Child & Youth Care Forum*, 49, 303-323. Retrieved April 14, 2022 from <https://link.springer.com/article/10.1007/s10566-019-09529-1>
- ³⁷ Van Voorhis, F., Maier, M., Epstein, J., & Lloyd, C. (2013). *The impact of family involvement on the education of children ages 3 to 8: A focus on the literacy and math achievement outcomes and social-emotional skills. MDRC: Building Knowledge to Improve Social Policy*. Retrieved August 18, 2021 from http://www.p2presources.com/uploads/3/2/0/2/32023713/family_outcomes.pdf
- ³⁸ Evans, G., & Kim, P. (2013). Childhood poverty, chronic stress, self-regulation, and coping. *Child Development Perspectives*, 7(1), 43-48. Retrieved August 18, 2021 from <https://srcd.onlinelibrary.wiley.com/doi/full/10.1111/cdep.12013>
- ³⁹ Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved August 18, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- ⁴⁰ Sarche, M., Tafoya, G., Croy, C. D., & Hill, K. (2016). American Indian and Alaskan Native boys: Early childhood risk and resilience amidst context and culture. *Infant Mental Health Journal*. Retrieve April 14, 2022 from <https://onlinelibrary.wiley.com/doi/full/10.1002/imhj.21613>
- ⁴¹ Sarche, M.C., & Whitesell, N.R. (2012). Child development research in North American Native communities – Lookin gback and moving forward: Introduction. Retried April 14, 2022 from <https://doi.org/10.1111/j.1750-8606.2011.00218.x>
- ⁴² Kahn, C.B., Reinschmidt, K., Teufel-Stone, N., Ore, C.E., Henson, M, & Attakai, A. (2016). American Indian elders' resilience: Sources of strength for building a healthy future for youth. *American Indian Alaskan Native Mental Health Research*. 23(3), 117-133. Retrieved April 15, 2022. From <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6047895/>
- ⁴³ Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect*, 69, 10-19.

-
- ⁴⁴ Kalmakis, K. A., & Chandler, G. E. (2015). Health consequences of adverse childhood experiences: a systematic review. *Journal of the American Association of Nurse Practitioners*, 27(8), 457-465.
- ⁴⁵ Richards, T. N., Schwartz, J. A., & Wright, E. (2021). Examining adverse childhood experiences among Native American persons in a nationally representative sample: Differences among racial/ethnic groups and race/ethnicity-sex dyads. *Child Abuse & Neglect*, 111, 104812. <https://doi.org/10.1016/j.chiabu.2020.104812>
- ⁴⁶ Ibid.
- ⁴⁷ Wurster, H. E., Sarche, M., Trucksess, C., Morse, B., & Biringen, Z. (2019). Parents' adverse childhood experiences and parent-child emotional availability in an American Indian community: Relations with young children's social-emotional development. *Development and Psychopathology*, 32(2), 425-436.
- ⁴⁸ Kenney, M. K., & Singh, G. K. (2016). Adverse Childhood Experiences among American Indian/Alaska Native Children: The 2011-2012 National Survey of Children's Health. *Scientifica*, 2016, 7424239. <https://doi.org/10.1155/2016/7424239>
- ⁴⁹ Mantina N, Celaya M, Indatwa A., Davis V., Madhivanan P. Adverse Childhood Experiences in Arizona. Tucson AZ; Phoenix, AZ: Arizona Department of Health Services; 2021. <https://www.azdhs.gov/documents/prevention/womens-childrens-health/assessment-evaluation/aces-brief-az-may-2021.pdf>
- ⁵⁰ Wurster, H. E., Sarche, M., Trucksess, C., Morse, B., & Biringen, Z. (2019). Parents' adverse childhood experiences and parent-child emotional availability in an American Indian community: Relations with young children's social-emotional development. *Development and Psychopathology*, 32(2), 425-436.
- ⁵¹ Kahn, C.B., Reinschmidt, K., Teufel-Stone, N., Ore, C.E., Henson, M., & Attakai, A. (2016). American Indian elders' resilience: Sources of strength for building a healthy future for youth. *American Indian Alaskan Native Mental Health Research*. 23(3), 117-133. Retrieved April 15, 2022. From <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6047895/>
- ⁵² Freeman, M., & Ammerman, A. (2021). Adverse childhood experiences and resilience in Native American families and Communities. *North Carolina Medical Journal*, 82(6), 408-413. <https://doi.org/10.18043/ncm.82.6.408>
- ⁵³ McKinley, C. E., Boel-Studt, S., Renner, L. M., & Figley, C. R. (2021). Risk and protective factors for symptoms of depression and anxiety among American Indians: Understanding the roles of resilience and trauma. *Psychological Trauma: Theory, Research, Practice, and Policy*, 13(1), 16-25. <https://doi.org/10.1037/tra0000950>
- ⁵⁴ Yavapai-Apache Nation Social Services Program (2021). [Child Welfare data]. Unpublished data received by request.
- ⁵⁵ Frichner, T.G. (2010). *The Indian Child Welfare Act: A National Law Controlling the Welfare of Indigenous Children*. American Indian Law Alliance
- ⁵⁶ Young, N.K., Boles, S.M., & Otero, C. (2007). Parental Substance Use Disorders and child maltreatment: overlap, gaps, and opportunities. *Child Maltreatment*, 12(2): 137-149.
- ⁵⁷ Smith, V., & Wilson. R. (2016). Families affected by parental substance use. *Pediatrics*, 138(2). PMID: 27432847
- ⁵⁸ Ibid.
- ⁵⁹ McCarty, T.L., & Nicholas, S.E. (2014). Reclaiming Indigenous Languages: A Reconsideration of the Roles and Responsibilities of Schools. *Review of Research in Education*, 38(1), 106-136.
- ⁶⁰ U.S. Department of Health & Human Services, Administration for Native Americans. (n.d.) Native Languages. For more information, visit <http://www.acf.hhs.gov/programs/ana/programs/native-language-preservation-maintenance>
- ⁶¹ U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001



Availability of and Access to Services for Children with Developmental Concerns in the Yavapai Region: 2021

Why this project?

Given that it is a large, rural region, geographically divided by Mingus Mountain, families in the Yavapai Region sometimes have difficulty receiving specialty services for young children. The Yavapai Regional Partnership Council was interested in better understanding the continuum of services available for children with developmental concerns in the region and in identifying potential gaps in these services. Developmental concerns encompass issues with a young child meeting developmental milestones that may or may not meet the criteria to qualify for state-provided services such as those provided by the Arizona Early Intervention Program (AzEIP). The Council was interested in hearing both the provider and parent/caregiver perspective on strengths and challenges of the development support service system from screening and referral to assessment and service provision for children under the age of 6, with input from both sides of Mingus Mountain. This brief provides an overview of available data on the region's state-provided services for children with developmental concerns, then moves to a summary of provider and parent perceptions of this system in the Yavapai Region.

Availability and access to early intervention for children with developmental concerns is important.

Ensuring all families have access to timely and appropriate screenings for children who may benefit from early identification of special needs can help improve outcomes for these children and their families. Timely intervention can help young children with, or at risk for, developmental delays to improve language, cognitive and socio-emotional development.^{1,2} It also reduces educational costs by decreasing the need for special education.³ In Arizona, state-provided services available to families with children with special needs include those through the Arizona Early Intervention Program (AzEIP),ⁱ the Division of Developmental Disabilities (DDD),ⁱⁱ and the Arizona Department of Education Early Childhood Special Education Program.ⁱⁱⁱ

The Arizona Early Intervention Program (AzEIP) is an interagency system of services and supports for families of young children (birth to 2) with disabilities or developmental delays. A child is considered eligible for AzEIP when they have not reached 50% of the developmental milestones expected at their age, in one or more of the following areas: cognitive, physical, communication, social or emotional or adaptive development. AzEIP may also refer families eligible for AzEIP services to the Division of Developmental Disabilities (DDD) if the child has or is at risk for developing a qualifying disability, including cerebral palsy, epilepsy, autism spectrum disorder or an intellectual or cognitive disability.^{iv} Most infants and toddlers referred to AzEIP do not meet the eligibility criteria of having an established condition or a significant developmental delay (for every 3 referrals, approximately 1 qualifies).⁴ This is likely due to Arizona's narrow eligibility requirements (one of the most restrictive in the country)⁵, and may also be due to the requirement of a quick turnaround^v to complete a comprehensive, multidisciplinary evaluation to acquire needed documentation.⁶ The initial planning process with AzEIP must be completed within 45 days, a timeframe that may be in conflict with the long reported waits for diagnostic appointments reported by key informants (discussed more in following sections).

ⁱ For more information on AzEIP, visit <https://www.azdes.gov/azeip/>

ⁱⁱ For more information on DDD, visit <https://des.az.gov/services/disabilities/developmental-disabilities>

ⁱⁱⁱ For more information on ADE's Early Childhood Special Education program, visit <http://www.azed.gov/ece/early-childhood-special-education/> and <http://www.azed.gov/special-education/az-find/>

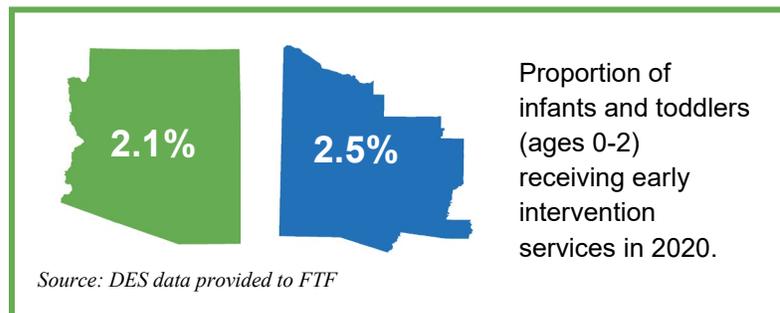
^{iv} DDD provides services to individuals with qualifying disabilities through adulthood. Qualifying children may receive services from both AzEIP and DDD.

^v AzEIP requires the Initial Planning Process (IPP) be completed within 45 days from the date of referral. The IPP includes the referral, screening, evaluation, eligibility determination, and, if AzEIP eligible, initial child and family assessment to identify family's priorities, resources, and interests, and the development of the initial Individualized Family Service Plan (IFSP). For more information see <https://des.az.gov/sites/default/files/media/AzEIP-TBEIS-Policy-Manual-effective-07-01-2019.pdf?time=1643993281982>

As a child with special needs approaches age 3, they transition from receiving services through AzEIP to receiving services from their local education authority (LEA). Providing early intervention services for young children has been shown to reduce the need for special education services later in childhood,⁷ so assuring that children have access to timely and adequate screening and intervention services can be key for helping children to be ready for kindergarten. Child Find^{vi} is a process offered through an LEA which offers screening for children suspected of having a disability in the areas of hearing and vision as well as cognitive, academic, communication, motor, social or behavioral, and adaptive development. If a child does not pass a screening in any of these areas, they then undergo an evaluation process to determine if the child is eligible and in need of special services.

The state of state-provided services in Arizona and the Yavapai Region

The proportion of infants and toddlers (birth through age 2) in the Yavapai Region being served by AzEIP or DDD was slightly higher than across the state in 2020, with 2.5% of young children receiving services in the region, compared to 2.1%.⁸ A 2008 study using nationally representative data estimates that approximately 13% of children ages 0-2 in the U.S. have



developmental delays that could benefit from early intervention services, but only about 3% of children actually receive services, which is consistent with current Arizona early intervention service data.⁹ While no more recent research exists, there is no reason to assume these estimates have changed notably in the intervening years. These data suggest that there are likely many children across the Yavapai Region who would benefit from early intervention services but are not receiving them. This is likely in part because Arizona has some of the strictest eligibility requirements for early intervention services compared to most other states in the U.S.¹⁰

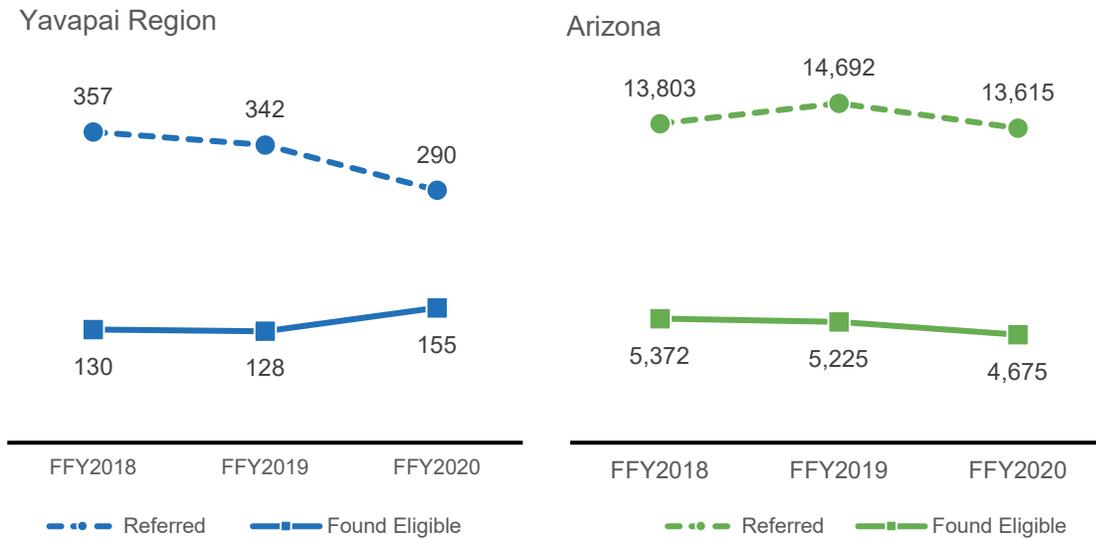
Between 2018 and 2020,^{vii} across the state, there was a decline in both the number of young children referred and the number found eligible for AzEIP services compared to previous years. The declines in referrals to AzEIP are largely tied to the effects of the COVID-19 pandemic. While AzEIP saw a record number of referrals in 2019 statewide, social distancing, delays in routine pediatric care and school and early care closures during the pandemic all contributed to a drop in referrals, which also led to a drop in children found eligible.¹¹ In contrast, in the Yavapai

^{vi} For more information on Child Find see <https://www.azed.gov/specialeducation/az-find>

^{vii} Federal fiscal year 2020, or October 2019 to September 2020

Region, while referrals similarly fell, there was an increase in the number and proportion of young children found eligible for AzEIP services in 2020 (see Figure 1).

Figure 1: Children (ages 0-2) referred to AzEIP & found eligible, FFY2018 to 2020

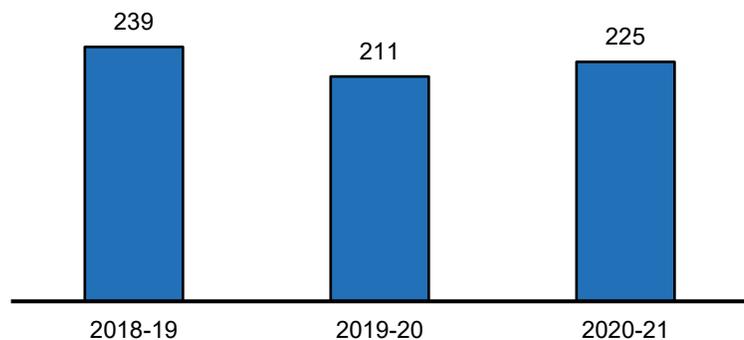


Source: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.
 Note: These data reflect the Oct 1 snapshot of AzEIP services, not a cumulative total throughout the year.

This pattern in the Yavapai Region that is somewhat inconsistent with that of the state coincides with both the pandemic and the change in the AzEIP contracted provider in the region. As such, it raises questions of whether there are changes in the region beyond the impacts of the pandemic, such as in how referrals are being made or recorded, who is being referred for screening, and/or how eligibility is being determined, but makes these issues difficult to disentangle from pandemic effects.

When a child with special needs reaches age 3, their local education authority (LEA) becomes the entity from which they receive early intervention services. Data from the Arizona Department of Education show that the number of young children (ages 3 to 5) with special needs receiving services from LEAs in the Yavapai Region has decreased overall from 2018-19 to 2020-21, with a notable dip in the intervening year, likely an effect of the pandemic.

Figure 2: Number of preschoolers with disabilities enrolled with Local Education Authorities (LEAs), 2018-19 to 2020-21



Source: Arizona Department of Education (2021). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Children with special needs were especially impacted by pandemic-related school closures across the state. In-person services for children through local education authorities were disrupted and required transitions to remote modalities.¹² School-based services for children with special needs were also significantly impacted, with remote learning creating barriers to fulfilling students' Individualized Education Plans (IEPs) resulting, for some, in a loss of academic, social and physical skills that will require targeted support to address.¹³ As schools return to in-person learning, children with special needs may need additional supports to build skills and recover unfinished learning over the past year and a half.

Methods overview

This project involved collecting key informant data from personnel who either refer or provide services to children with developmental concerns, as well as from the families of children with developmental concerns. Key informant interview guides were developed in collaboration with First Things First Yavapai Regional Partnership Council (RPC) members to assess processes related to initial screening, referral, assessment, and services for children with developmental concerns including, who, where and how, and barriers across each process. For referrers and providers, questions included distinctions for children by age group, above and below 3 years of age who would be served by different state programs, by disability level (who would and wouldn't qualify for state-provided services) and by location (east or west of Mingus Mountain). For parents, questions focused more on uncovering the individual story of the parent's experience learning about the potential developmental concern and finding services for their children, and recommendations they may have for improvement. Both providers and parent interviews also included questions about how the COVID-19 pandemic impacted these processes, and providers were also asked to discuss any impact of the change of AZEIP provider in 2019. Both interview guides are included in the appendix of this report.

A list of 33 providers who were likely to be involved in the initial screening and referral process, or who would be involved in assessment and service provision was created by the Regional Director. Attempts were made to contact all providers, and 23 interviews were conducted between May and July of 2021, representing a 70% response rate. Interviews with these providers led first to the decision that individual phone interviews would be the best way to engage with parents and second, to the identification of families of children with developmental concerns who were invited to share their experiences through phone interview. Service providers interviewed referred parents of children receiving services to CRED, and parents contacted CRED if they were interested in participating in a phone interview. Thirteen parents^{viii} were interviewed between July and August 2021, and these participants received a \$20 gift card for their participation.

^{viii} Twelve of these 13 parents had children whose developmental concerns were identified or addressed before the age of 6, and those responses are summarized in this brief.

Results

Results of key informant interviews are included in the following sections of this brief. Results are summarized across the topics of screening, referral and assessment, and services, and provider and parents’ responses are summarized together where applicable. When possible, provider responses are also presented visually.

Screening

Provider key informants were first asked how and where young children were being screened for developmental concerns or delays in the Yavapai Region, and then asked specifically about screening for hearing and vision concerns. Screening was defined as a quick review either by observation or instrument that results in a referral for assessment. Figures 4 and 5 show sources mentioned by more than one provider key informant, and a summary of key informant’s comments follow.

Figure 3: Sources of dev. screening

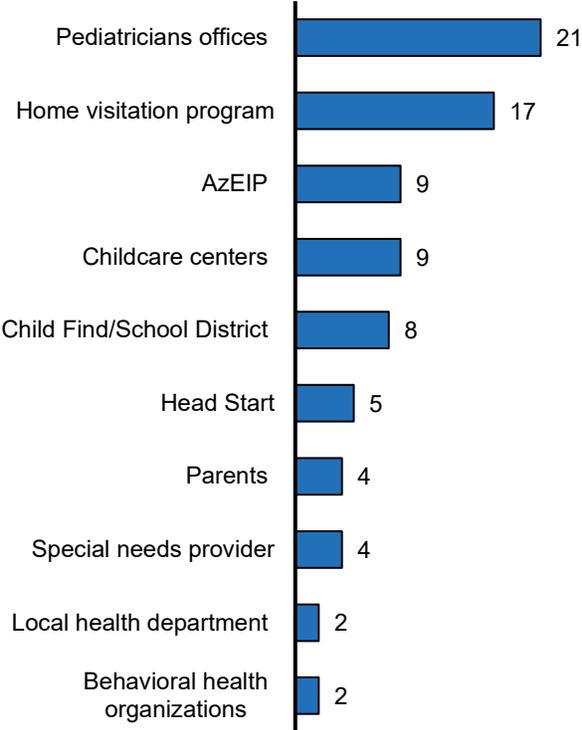
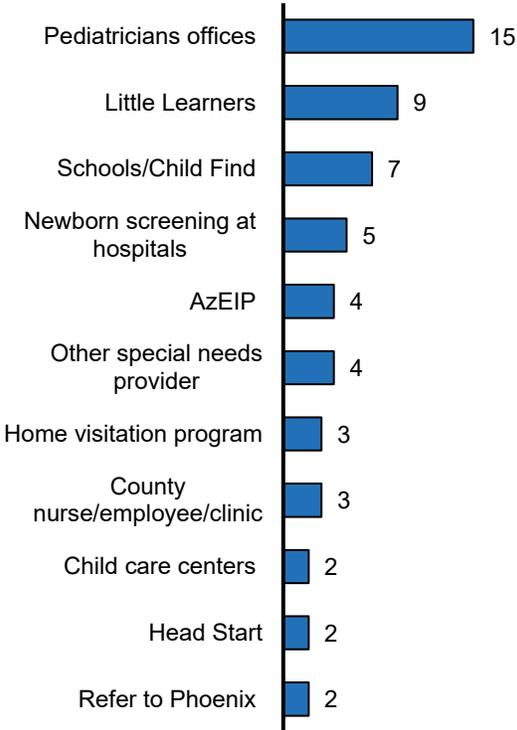


Figure 4: Sources of hearing/vision screening



Source: Yavapai Region key informants.

Pediatricians’ offices were the most cited screening source for both overall concerns and for vision and hearing screening. Several provider key informants noted that some larger pediatric practices are more consistent in their screening and use of screening instruments (rather than observation), while many were unsure whether and what standardized tools were used in pediatricians’ offices. Home visitation programs were the next most often cited sources for overall concerns, with Healthy Families, Parents as Teachers and Health Start being named

specifically. Other commonly referenced sources of developmental screenings were AZEIP and child care centers, followed by early education settings such as Head Start and school districts. Other medical sources such as the local health department and hospitals or a high-risk perinatal program were also mentioned.

While individual developmental needs providers such as Little Learners and Az Orthopedic Physical Therapy (AzOPT) were only mentioned by a handful of provider key informants when discussing screening for developmental concerns generally, Little Learners was the second most often cited resource of hearing and vision screenings after pediatricians. Provider key informants noted that Little Learners now offers free hearing and vision screening across the county. Parents were also mentioned as screeners by a small number of provider key informants. Other organizations such as Child & Family Support Services, AZ Children's Association, Polara Health, the Arizona Department of Child Safety (DCS) and DDD were cited by a single provider each, and two others reported referrals to Phoenix as a means for vision and hearing screening in the region. When discussing hearing and vision screening specifically, a number of provider key informants noted that hearing screening equipment (such as Otoacoustic Emissions (OAE) testing) is often not available at most sites of screening, and qualitative screening is often used in those cases. Key informants noted this can be problematic in school settings, where a hearing assessment is required prior to an assessment for other developmental issues. Others noted that if a child doesn't pass a vision or hearing screening, they will not be assessed for other developmental issues until they are seen by an audiologist. The availability of free hearing and vision services through Little Learners, was therefore seen as an even more valuable resource in the region.

Screening sources did not often differ by age group, with pediatricians being the most cited source. For children 3 and over, another common screening source was a school district or Child Find. Some provider key informants noted, however, that both these sources are overtaxed and understaffed, and felt that Child Find activities are not offered as often as required under Part C of the Individuals with Disabilities Act (IDEA) requirements, and/or that parents with other children under age 3 needing assessment are not being referred for services as required.

Ten of 12 parent interviewed reported their child was under the age of 3 when a developmental concern was first identified; two others were aged 3 and 4. When discussing with parents how a developmental concern was first identified, eight of the 12 parents interviewed noticed an issue themselves; two others had issues identified during screening at birth in a hospital, and two others had a teacher raise the issue. Most then sought out formalized screening through a pediatrician.

Referral and assessment

Provider key informants were next asked who children suspected of a developmental concern were referred to, and the largest number mentioned AZEIP, followed by Child Find and schools. Also commonly noted were referrals to pediatricians for assessment, if initial screening was done outside of a medical setting, and particularly if the child was older than 3. Other assessment sources referred to included providers such as Little Learners, developmental pediatricians in

Phoenix, Kidabilities Occupational Therapy, Jodi Gilray Pediatric Therapy, and a pediatric ophthalmologist or pediatric audiologist.

Provider key informants discussed the format of referrals, and most noted a preference for pediatricians or other referral sources making a direct referral to an assessment provider, rather than just providing the family with contact information. These providers noted that the system can be confusing and difficult to navigate and that the stigma and denial some parents experience may influence their follow through. Some providers however, noted that they prefer to provide parents with information, rather than a direct referral, to support parent empowerment, although they often help parents walk through the process of engaging with an assessment entity so that parents have help navigating the system. A number of provider key informants noted a preference for referring to AzEIP using the on-line system rather than through telephone. Several informants noted that referrals from pediatricians are still being made to the previous AzEIP contracted provider in the region. Many provider key informants also discussed the lack of knowledge among parents and caregivers about AzEIP, or more generally about healthy development, both barriers to parents recognizing potential issues and seeking care.

For young children in both age groups, provider key informants most often mentioned referring to multiple agencies, such as a local service provider and Child Find, or AzEIP and a local service provider. Whether these referrals were happening at the same time, or at different times was unclear. Others mentioned referring based on insurance and referring those with insurance to private providers, rather than state-provided programs like AzEIP. These responses seem to suggest that families are being referred to multiple sources for assessment, or not being referred to state-offered services when insured, which may contribute to the views of the system as confusing and complex.

Parents interviewed reported being referred most often for assessment by a pediatrician to AzEIP, a local service provider such as Jodi Gilray Pediatric Therapy or Little Learners, or to a specialist provider such as a developmental pediatrician or pediatric ophthalmologist or audiologist. They were typically referred by being given that entities' contact information, rather than via a direct referral. Parents whose children's developmental concerns were identified under age 3 were not always referred to AzEIP. In some cases, through existing knowledge or googling, parents contacted AzEIP or a local service provider themselves after a pediatrician advised a "wait and see" approach, or attributed language delays to a child being an English language learner.

Timeliness

Following discussion of sources of screening and assessment for developmental concerns in the region, provider and parent key informants were asked to reflect on the timeliness of this process. Eight of 23

"The time between noticing the problem and receiving services was about 6 months because I didn't know what to do."

providers quickly responded that these happen in a timely manner, where other responses were more nuanced, akin to "it depends". Providers, and more often parents, mentioned the "wait and see" approach taken by many pediatricians in the region as a frustration. Others mentioned that

screening was timelier than assessment. When mentioning AZEIP specifically, provider opinions differed; some provider key informants mentioned frustrations with timeliness, while others said AZEIP was timely, or even faster now than it had been. For older children, several providers stated that screening and assessment takes longer in the school setting. Provider key informants also mentioned that although both AZEIP and LEAs have time requirements they must follow in which to determine eligibility for services, the time it takes for children to receive a formal diagnosis, such as for autism, often falls well beyond those timelines and can impact eligibility determinations. Both providers and parents also noted the added difficulty in obtaining screening and assessment for children nearing age 3, with families being told by AZEIP their child is too old for their program, and at schools being told their child is too young. For those parents interviewed whose children were assessed by AZEIP, they reported prompt scheduling of assessment and quickly receiving an eligibility determination (all five assessed were approved for AZEIP provided services).

Who a child is being referred to was seen to impact timeliness; both providers and parents interviewed stated that waits were longer if the referral was to a developmental pediatrician or specialist, due to a lack of providers and long wait lists. Often travel to Phoenix or Flagstaff was required for these specialist referrals. If referred to private local service providers, Little Learners in particular, the timeliness of response was seen as an asset. Other providers mentioned the geographic location of the family impacting timeliness, with those living in remote areas of the region more likely to face delays in screening and assessment.

A number of provider key informants mentioned the impact of the COVID-19 pandemic on timeliness, indicating in particular that closures of schools and switching to remote learning had a substantial impact on screening and assessment. Others mentioned the perceived lack of outreach by AZEIP in the region during the pandemic impacting timeliness. Provider key informants noted that when DCS is involved in a case, those cases are prioritized over others and things move more quickly.

Several key informants also discussed equity of screening and assessment east and west of Mingus Mountain. The majority of both providers and parents stated that these resources existed equitably on both sides of the mountain rather than differing by geography, while a minority felt that screening and assessment were less available on the east side of the Mountain.

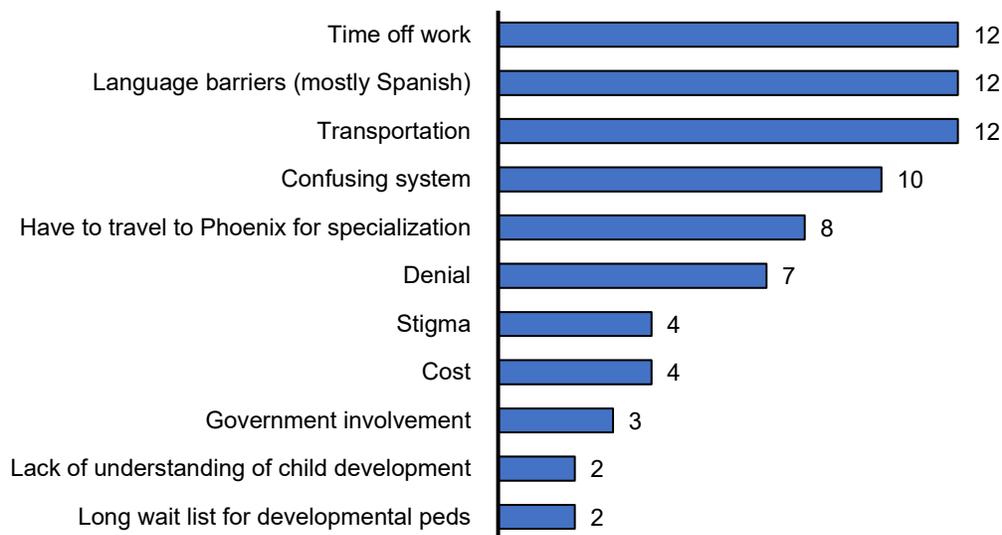
Other provider respondents noted that the timeliness of services was less of an issue than the perception that children they felt should be eligible for state-provided services were often found ineligible. Many providers interviewed expressed a lack of understanding of how AZEIP makes determinations of eligibility, and some described cases where local service providers assessed children as eligible after families said AZEIP had not approved them for services. Provider key informants also reported a lack of follow-up by AZEIP to parents who had self-referred by calling AZEIP, and described families calling AZEIP and being told their child likely would not qualify after answering a few brief questions. Parents interviewed did not report these issues, however, although four of five receiving AZEIP services mentioned applying for AZEIP online rather than reaching out by phone.

Both provider and parent key informants acknowledged a need to identify developmental concerns in the timeliest manner to have the largest impact. Many noted that children often are not screened until they are school-aged because of the “wait and see” approach of some pediatricians in the region, a lack of screening for children who don’t see pediatricians, and a lack of awareness from parents about potential developmental concerns. Missing intervention in those earliest years was cited as a key concern by many of those interviewed.

Obstacles to screening and assessment

Key informants were asked to discuss what obstacles families face in accessing screening and or assessment for their young children with developmental concerns in the region. The figure below shows sources mentioned by more than one provider key informant, and a summary of key informant’s comments follow.

Figure 5: Obstacles to screening and assessment



Source: Yavapai Region key informants.

Providers most often mentioned the need for families to take time off work, transportation issues, or language barriers, most often the lack of Spanish-speaking providers or interpreters.

Transportation and time off from work were seen as particular issues due to the large geographic area of the region, with those in rural areas having to drive long distances, and because of the need to travel to Phoenix or Flagstaff to access specialists, sometimes multiple days a week. Others mentioned a confusing system that was difficult for families to navigate. Some noted parental barriers such as denial about the possibility or existence of a developmental concern, or the perceived stigma faced when acknowledging or addressing the issue, sometimes seeing the child’s deficit as a personal failure. Having a connection with a provider, be they referrer or

“Even though my path was specific to a developmental issue, any person who is trying to find info about their child struggles. It’s a very lonely path.”

service provider, was discussed by both provider and parent key informants as important to overcoming the fear the family may face and in navigating the system. This personal connection could help mitigate some families' reluctance to be involved with government services, also cited as a barrier to screening and assessment.

Cost was mentioned as an obstacle by both providers and parents, with large co-pays for those insured, or having to pay out-of-pocket for those uninsured, particularly for those seeking screening and assessment through specialists like developmental pediatricians or pediatric audiologists or optometrists. Providers cited a lack of parental knowledge as an obstacle, including a lack of understanding about child development or developmental milestones. Several provider key informants noted that when a child has mild delays or when delays are not found to meet eligibility levels by AzEIP, then parents may feel there is nothing wrong with their child, and the delays turn into larger deficits over time. Others noted referring children to AzEIP multiple times as deficits grew, until finally being approved for services.

Parental lack of knowledge of resources such as AzEIP, Child Find, or local providers was brought up. Provider key informants mentioned that they still learn of new resources in the region, so they wonder how available this information is for families not working in the field. Providers also cited the lack of local resources available in the region such as developmental pediatricians and preschools. Because of their scarcity, wait times, sometimes up to a year for specialists and developmental pediatricians, were a barrier. The availability of Little Learners for those children who do not qualify for state-provided services, or for families who are hesitant to receive state-provided services, was seen as a valuable asset in the region.

Parents echoed many of these same issues when discussing ways to improve the screening and assessment process, with almost all mentioning the need for families to receive more information on what to look for in children, and what resources are available when there is a suspected concern. Parents mentioned this information needs to get out to the community at large so that parents have this information before their child enters kindergarten, so concerns can be identified earlier. Several parents wished that this source of information could be pediatricians, so that all families could receive information to gain a better understanding of potential concerns and how to address them early in children's lives.

"I think it's hard to get information. If we hadn't been as attentive, we wouldn't have found the information we needed."

Agencies serving young children

Providers interviewed were asked to list all the agencies or organizations of which they were aware that provided services for young children with developmental concerns in the region. These resources are shown below separately for those serving the youngest children (birth to 2 years of age) and those serving children aged 3 to 5 years. The most common source differed by age, not surprisingly, with AzEIP listed most often for the youngest children, and schools for the older group. The second most common resource mentioned for both age groups was Little Learners, followed closely by Jodi Gilray, highlighting the importance of both providers in the

region. Key informants did note an inequity in providers based on geography, with most service providers located to the west of Mingus Mountain, particularly in Prescott and Prescott Valley.

Table 1: Agencies providing developmental services or resources for children aged birth-2 years

Agencies and organizations serving 0-2 year olds	# of mentions
AzEIP	16
Little Learners	14
Jodi Gilray Pediatric Therapy	7
Early Head Start	6
DDD	5
Healthy Families	5
Parents as Teachers	5
Arizona State Schools for the Deaf and Blind	4
Public health nurses	4
Kidabilities Occupational Therapy	4
Child & Family Support Services	3
Therapy at hospitals	3
Az Orthopedic Physical Therapy (AzOPT)	3
Behavioral health clinics	2
Polara Health	2
Home visitation programs	2
Daycare centers	2
Pediatric physical therapists	2
First Things First	2
Karen Fay (High Country Early Intervention)	2
Jill Morris	1
Hands & Voices	1
Hear for Kids	1
Schools	1
Bower's Therapy	1
Therapy Tree	1
Spectrum	1
SW Behavioral Health	1
High risk perinatal program	1
Yavapai County Special Needs/Disability	1
Family Involvement Center	1
Healthy Steps	1
YRMC Rehab Clinic	1
Prescott Speech & Language Services	1

Source: Yavapai Region key informants.

Table 2: Agencies providing developmental services or resources for children aged 3-5 years

Agencies and organizations serving 3-5 year olds	# of mentions
Schools	15
Little Learners	9
Jodi Gilray Pediatric Therapy	6
Child Find	5
Bright Futures	5
Kidabilities Occupational Therapy	5
DDD	4
Parents as Teachers	4
Head Start	4
Arizona State Schools for the Deaf and Blind	2
Behavioral health organizations	2
Healthy Families	2
Discovery Center	2
Az Orthopedic Physical Therapy (AzOPT)	2
Private services	1
Hospitals	1
Daycare centers	1
Caterpillar for foster care system	1
Polara Health	1
Monica Statler – developmental vision	1
Hanger Orthotics	1
Family Involvement Center	1
Bower's Therapy	1
Therapy Tree	1
Horses to Hearts	1
Raising Special Kids	1
First Things First	1

Source: Yavapai Region key informants.

Perceptions about current services

Providers interviewed were next asked to reflect on the current services available for children with developmental concerns in the region, including the adequacy of current services, gaps in current services and obstacles families may face accessing services. Parents were asked to discuss their experience with services and offer suggestions to improve services. A summary of their responses follows.

Adequate services

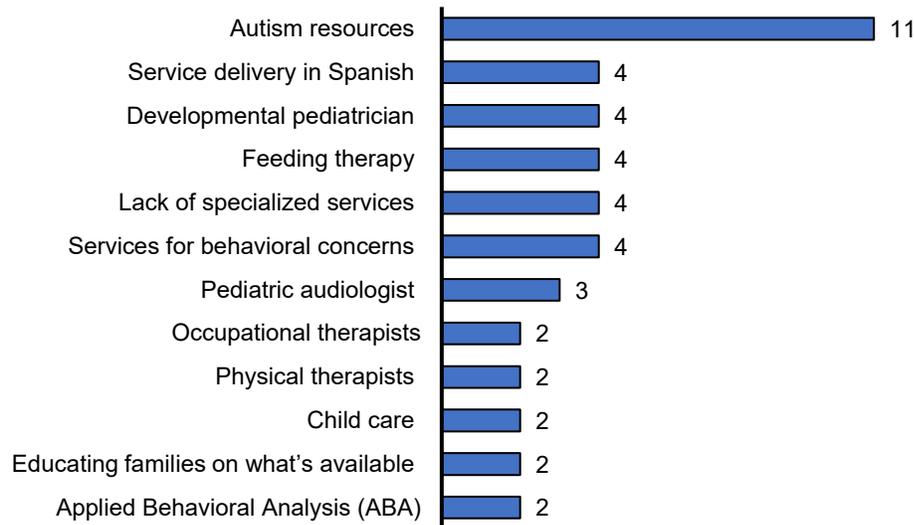
When asked whether the available services were adequate to meet the needs of young children with developmental concerns in the region, eight providers interviewed quickly said no, and three others said yes. Other providers indicated that “it depends”. These providers noted that the services available are strong, but are strained due to demand with long wait lists, and that more service providers and more specialists are needed in the region to address the current demand. Individual service types were often mentioned as a need, such as pediatric occupational, physical and speech therapy, and services for children who are on the autism spectrum (including Applied Behavioral Analysis) or are deaf or blind. These concerns were echoed by parents interviewed with nearly all citing the need for more pediatric therapeutic services and specialists in the region, and in locations other than Prescott and Prescott Valley. Parents and providers also mentioned service adequacy depended on the insurance that parents had, and that large or repeating co-pays were obstacles to receiving services even when local providers were covered by a family’s insurance. Others mentioned the lack of service providers who accept AHCCCS or are DDD-contracted. Coverage, even when insured, sometimes required parents to travel outside of the region for services, though they may be available locally. Services provided in Spanish were also cited as a need, and a repeated concern was that children who are native Spanish speakers may have developmental concerns incorrectly attributed to their second-language learning status rather than their true developmental issue, and therefore not be referred for appropriate services.

Similar to what was found when asking about screening and assessment, education for families about developmental concerns and available services were also mentioned here. Improving parents’ ability to know when and where to access services, and to do so before children enter kindergarten so that intervention can happen as early as possible, was mentioned repeatedly by providers and parents. Others also noted that while the quality of services were strong, the short duration of services children receive was a concern, particularly in the school setting.

Gaps in services

Providers indicating a lack of adequate services for young children with developmental concerns in the region were asked what specific services or resources are not currently available and what they saw as the gaps in available services. Several providers mentioned that the availability of services has improved in recent years, even though there continues to be an ongoing need to expand. Parents were also asked to discuss what, if any, additional services were needed in the region. The figure below shows sources mentioned by more than one provider key informant, and a summary of all key informant’s comments follow.

Figure 6: Gaps in current services for children with developmental concerns



Source: Yavapai Region key informants.

Provider key informants mentioned many needed resources in the region, most often resources for children with autism, which was echoed by several parents interviewed. The need for services to be provided in Spanish was highlighted, as was a need for several different types of providers, including developmental pediatricians, pediatric audiologists, and occupational and physical therapists. Parents noted a particular need for providers outside the larger cities in the region. Specialized services for children with behavioral or mental health concerns, as well as more general developmental concerns, were seen as needed. Feeding therapy was specifically mentioned, noting that families often have to travel to Phoenix to access this therapy. Play therapy, music therapy, services for the deaf community, services for children who are substance exposed, and accommodations for parents needing respite were all mentioned, as well.

Both providers and parents also discussed the need for more people interacting with young children and their families in the region being trained in language development and early literacy, so that those working with young children are more likely to identify potential issues. These key informants also emphasized ensuring those concepts are reinforced with parents, so that they engage in more early learning activities with their children. Child care for children with special needs, both medical and developmental, was also cited as a keen need, without which additional burdens are placed on families. Others mentioned the need for increasing awareness of the relationship between sensory processing and behavioral issues so that underlying issues can be addressed, rather than labeling a child as having behavior problems in a child care or school setting. The addition of a “special needs coach” in the region, similar to the Mental Health Consultants and Quality First Coaches available, was proposed.

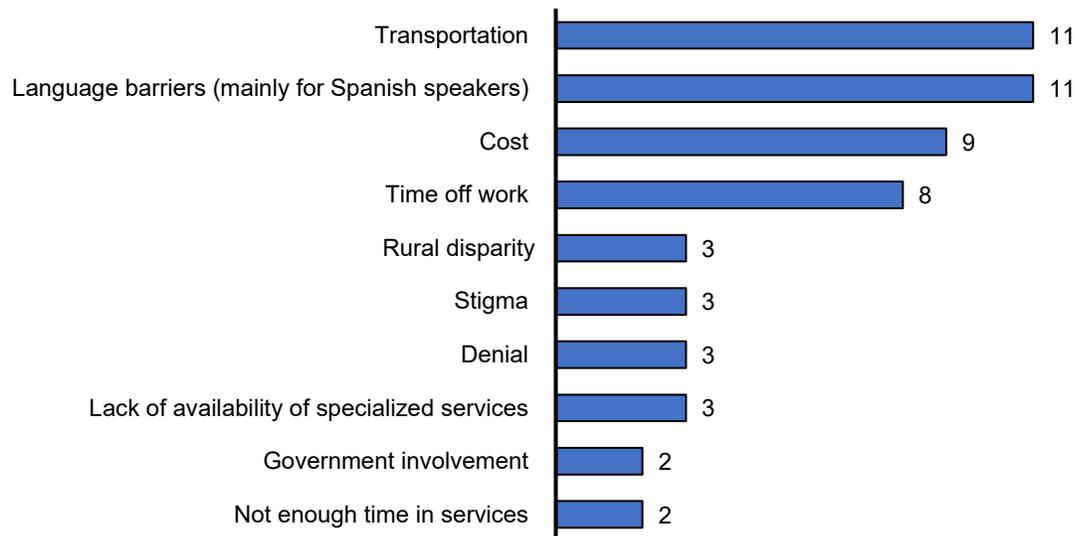
Systems level needs were mentioned by several provider and parent key informants including greater collaboration and communication amongst developmental providers so families “don’t get lost in the shuffle”, including a desire for multidisciplinary teams, and lessening the silos of

service types. The need to increase awareness about developmental issues and avenues for assessing and addressing these issues county-wide was also mentioned as a systems-level need.

Obstacles to services

Providers’ views of obstacles to accessing services were very similar to obstacles to accessing screening and assessment (see Figure 8 below). Most often cited were transportation and language barriers, largely the need for Spanish-speaking services. Cost was more often noted as an obstacle for accessing services than it had been for accessing screening and assessment, particularly for those without insurance, or who don’t qualify for state-provided services. Needing to take time off work, the disparity in services available in rural areas, and stigma and denial were also seen as obstacles, as were negative connotations of involvement in government services and lack of specialized services and providers. Not having enough time in services was a novel obstacle for accessing adequate services.

Figure 7: Obstacles to services



Source: Yavapai Region key informants.

Provider key informants also mentioned competing demands put on parents, especially in the time of the COVID-19 pandemic as an obstacle to engaging young children in services. Children not being deemed eligible for state-provided services such as AzEIP, was also seen as an obstacle in that it may be interpreted by families as “if my child doesn’t qualify, they must not have a problem.” Specific to school settings, a lack of certified Special Education teachers, a system working at capacity leading to a delay in addressing referrals, and lacking state level leadership on the importance of special education were mentioned by providers as obstacles to overcome.

Stressors to the Yavapai system

Interviews with providers ended with questions assessing the perceived impact of the change in AzEIP-contracted provider in the region in 2019, and both providers and parents were asked to

reflect on the impact the COVID-19 pandemic had on screening, assessment and services for young children.

Change in AzEIP provider

When asked whether the change in the AzEIP provider in the summer of 2019 impacted the availability of screening, assessment or services in the region, many providers interviewed simply responded no. Others replied that they didn't know, a few stating that they didn't know because of the nearly concomitant impact of the pandemic. Of the remaining provider key informants who said, yes they perceived an impact of the AzEIP provider change, some felt the impact was negative, and some felt it was positive. Negative impacts noted were families or school personnel unsure who to contact, referrers continuing to make referrals to the previous AzEIP-contracted provider, and the perception that the new provider seemed to be overwhelmed by the size of the region. Those that saw positive impacts noted that the new provider outreached to inform parents and providers of their services, and some felt that their service provision was quicker than in the past (possibly due to the virtual format of service provision during the pandemic, discussed further in the next section). The few parents interviewed who had been assessed and received services from the new AzEIP-contracted provider all relayed positive experiences, particularly the benefit of their children receiving services from the same therapist across visits done virtually, which wasn't always the case with other in-person local provider services. It should be noted that due to the COVID-19 pandemic requiring a switch to a virtual format early on in the new AzEIP provider's tenure, how families in more rural areas of the region are likely to fair with AzEIP no longer offering travel reimbursement to the contracted-provider to these outer areas could not be explored.

COVID-19

When asked whether the COVID-19 pandemic impacted the availability of screening or services in the region, most provider and parent key informants responded affirmatively. While most impacts were seen as negative, some positive results were mentioned. The most common response from providers was that due to fewer well-child and pediatric visits during the pandemic, fewer young children were screened and therefore assessed for and potentially received services. Others mentioned screening and service venues such as schools, home visitation and childcare being closed, suspended or provided virtually impacting the availability of screening and services, for some meaning up to a year's delay in receiving services. Some of these providers also mentioned the current backlog facing organizations as they try to catch up with previous referrals and services.

Providers also discussed the difficulty of adequately conducting screening and assessment when provided virtually, that the quality of therapy diminished when provided virtually, or that parents were less likely to participate in therapy held virtually. Difficulty in screening, assessment and service provision done virtually was seen as greatest when working with the youngest children. Parents echoed these concerns regarding disruption in services in a virtual world. Some discussed how difficult it was for children with developmental issues to wear masks, or the danger of being around others when medically compromised, with the concomitant difficulty of

children with developmental or sensory issues or with vision or hearing disabilities attending to on-line platforms (such as Zoom). Some differentiated by the type of therapy, with speech therapy being seen as the service most likely to be delivered effectively on-line. Technical issues related to virtual services, such as limited or weak internet connections were also discussed. Stressors to families due to job loss and caring for children were brought up as aspects of the COVID-19 pandemic impacting family's ability to address their children's developmental concerns. A loss of staff and opportunities to inform parents about healthy development were also mentioned, as was a concern about un-reported abuse or the socio-emotional impact of isolation during the pandemic.

Others reported a positive impact of the COVID-19 pandemic, with telehealth lessening some of the obstacles to accessing services discussed previously including families lacking transportation and needing to take time off work. Providing services via telehealth may also have had the effect of increasing the availability of services as providers themselves did not have to allocate travel time to their schedules.

Summary and recommendations

The timing of this report, during the COVID-19 pandemic, likely affected key informants' responses to questions regarding screening, assessment and services for children with developmental concerns. The pandemic likely added to already decreasing service numbers by disrupting much of the system for providing services and learning opportunities to children with special needs. In spring 2020, soon after appointment of a new AzEIP-contracted provider, AzEIP halted in-home and community services and transitioned to alternative delivery modes such as virtual visits (computer-or phone-based)¹⁴ and school districts also switched to remote learning. This transition to remote services was challenging for both service providers and families. Technology was a barrier to families receiving early intervention services, and the form of services often transitioned to more of a family-coaching approach rather than direct interaction with the child.¹⁵ Given these added challenges, it is not surprising that families with young children with special needs also struggled more emotionally and psychologically through the pandemic. According to a nationally representative series of surveys throughout the pandemic, in households of children with disabilities, both young children and their caregivers experience higher levels of stress and anxiety than households of typically developing children.^{16,17}

For this report, parents and providers were able to provide insights into screening, assessment and services in the region, to outline the strengths of and barriers within the regional system, and to contribute recommendations for improvement. Key insights and recommendations based on provider and parent input are highlighted below.

- Services available in the region are perceived as high quality and viewed positively.
- Additional services, across all therapeutic areas, are needed in the region. This is evidenced by long wait lists and wait times, and the long distances that families must

travel both inside and outside of the region for services. Services are least available on the east side of Mingus Mountain.

- In addition to referral to local providers, all children suspected of developmental concerns should be referred to state-provided programs such as AzEIP and Child Find for assessment, regardless of whether the family is insured. For AzEIP, these referrals may best be made online. Families with children not deemed eligible for state-provided programs should be given a full list of providers available in the region so that they have additional resources to pursue.
- Assessment and services for children between the ages of 2.5 and 3 should be coordinated between state agencies providing those services, so that families receive a timely assessment.
- Additional resources and staff are needed to enable school settings to meet requirements under Part C of IDEA to provide assessment or referral for all children aged birth to 5, not just those 3 and older. Because school settings often require hearing and vision screening before further assessment and evaluation is completed, these screenings should be available and systematic so that this is not a reason that assessments and referrals are dropped.
- Increasing the availability of screening, assessment and services in Spanish, and addressing the mistaken belief that dual language learning is responsible for speech delays would improve equity for families navigating the system.
- Identifying developmental concerns as early as possible is critical for early intervention. This could be improved in the region by countering 1) a “wait and see” approach for addressing concerns by parents and professionals; and 2) the tendency towards mislabeling developmental concerns as behavior problems. Increased opportunities for professional development and special-needs coaching in settings serving young children could help to address these issues, as could the availability of information and resource materials at locations that families frequent such as pediatrician’s offices.
- Reducing barriers for families is key to increasing uptake of early intervention services. Family supports can include direct referrals and providing additional help in navigating a complex system. Providers who work with young children who develop supportive relationships with families and who are willing to have direct conversations to address the stigma and fear families may encounter when learning of a developmental concern can help families engage with services.

State-provided services can increase access to and affordability of high-quality early intervention services. AzEIP meets annually with stakeholders around the state to review targets for their activities. In addition, FTF is currently working to complete a systemic assessment on the infrastructure of Arizona’s early intervention system to determine the feasibility of recommending a change to the state’s eligibility criteria¹⁸. Expanding the narrow eligibility criteria now in place could make quality services a possibility to many in the region unable to afford these services currently, though access to those services would still be constrained unless

additional services became available. Retaining and expanding services that address developmental needs in the region will continue to be important.

In the meantime, improving knowledge and awareness of developmental concerns and of the services and resources currently available to address those concerns can help assure that not knowing what to do isn't the biggest barrier families face.

Appendix – Interview Guides

Yavapai Developmental Concerns Provider Interview Guide

Interviewer Script: We are collaborating with the First Things First Yavapai Regional Partnership Council to produce their 2022 Needs and Assets Report. The Council is interested in better understanding the services and resources available for children with developmental concerns in the region. The purpose of this effort is to determine both the continuum of services available for children with developmental concerns (for children who do AND do not qualify for state provide services), and possible gaps in service. You have been identified by the Regional Partnership Council as a person knowledgeable in this area, and we would like to invite you to participate in a brief interview. Your responses will also help us better define questions to ask parents and caregivers. The information you provide will be kept confidential and the interview should take about 30-45 minutes to complete, depending on how much you have to share. Is now (*still*) a good time to complete the phone interview? If not, when would be a good day and time to conduct the interview? _____

First, I'd like to collect/confirm some information about you.

(*Pre-fill before interview*) **Interviewee Name:** _____

Could you please confirm the organization with which you work, its location and your title?

Interviewee Organization and location: _____

Interviewee Title: _____

Ask if unknown: Does your organization provide services for children 0-5 with developmental concerns? _____

Interviewer: _____ **Interview date:** _____

Interview language: Spanish English

INTERVIEWER'S COMMENTS ABOUT INTERVIEW (*Respondent's willingness to participate, relevant issues in the interview, aspects that might have been difficult to address, questions not understood, etc.*)

Now before we get started let me give you a little context about the questions I'll be asking. As I mentioned before, we are interested in gathering insight into the continuum of services available for children with developmental concerns who do or do not qualify for services, and possible gaps in service in the region. We also want to distinguish this insight between two age groups, those under three years of age and those aged three to five, and I'll reiterate this as we go through the interview. If you don't feel comfortable or don't have enough information to answer any of these questions, please let me know and I'll move on to the next question. Let's get started.

1. How and where are young children being screened for developmental concerns or delays in the Yavapai Region? By screening I am referring to a quick review either by observation or instrument that results in a referral for assessment. *Probes:* Is this happening consistently in pediatrician's offices? Are there other first line screening options parents use? Are these sources different for younger children, under age 3 and those aged 3 to 5 years?
2. (*If not specifically mentioned in response to 1.*) How and where are young children being screened for vision and hearing concerns in the Yavapai Region? Are these the same sources as other developmental concerns? Which of these sources have access to the necessary vision and hearing tools (e.g., audiometer or OAE test)?
3. If someone screening a child suspects a developmental concern, what process do they follow to refer a child for assessment? Does this process differ for children younger than 3 and those aged 3 to 5? Is follow-up done on the status of the referral? Are there issues or challenges in this referral process? If yes, what are they? Is insurance status of the parents seen as an issue by referrers?
4. In your opinion, are developmental screening, assessment and referral to services completed in a timely manner in the Yavapai Region? If not, why is that? Is your response the same when thinking specifically about hearing and vision screening, assessment and referral? Would you respond the same way about the timeliness of screening and referral to services for children younger than 3 and those aged 3 to 5? For children living on both sides of Mingus Mountain?
5. What obstacles do families face in accessing screening and or assessment for young children with developmental concerns in the Yavapai Region? *Probes:* Language, transportation, not believing their child needs services, disdain for government involvement, or siloed systems leading to difficulty in obtaining correct or timely information or appointments.

Now we are going to move on to a series of questions related to services available for children with developmental concerns.

6. Thinking just about children younger than 3 years of age, what agencies or organizations do you know of in the Yavapai Region that provide services or resources to children with developmental concerns? Please list as many as you are aware of. Are these resources

available to all children, both those who do and do not qualify for AzEIP services? Are these services and resources equitably available to families on both sides of Mingus Mountain?

7. Now thinking just about children aged 3 years and older, what agencies, organizations or schools do you know of in the Yavapai Region that provide services or resources to children with developmental concerns. Please list as many as you are aware of. Are these services and resources equitably available to families on both sides of Mingus Mountain?
8. Are adequate services available for children with developmental concerns in the region?
Probes: For younger children who meet AzEIP criteria? For younger children who fall below this threshold? For those three years of age and older?
9. What specific services or resources are not currently available? What do you see as the gaps in current services? *Probes:* Preschool services? Specialized consultation for autism?
10. What obstacles do families face in accessing services for their children with developmental concerns in the Yavapai Region? *Probes:* Cost, language, transportation, not believing their child needs services, disdain for government involvement, or siloed systems leading to difficulty in obtaining correct or timely information or appointments.
11. Has the change in the AzEIP provider in the summer of 2019 impacted the availability of screening, assessment or services in the region? If yes, how so? *Probes:* Has this change been positive or negative? Are screeners referring to the appropriate (new) provider?
12. Has the COVID-19 pandemic impacted the availability of screening or services in the region? If yes, how so? *Probes:* Has the pandemic impacted this process positively or negatively? Positively – virtual visits negate the need for transportation, more time off work, etc. Negative – flyers and information on view in doctors' offices are no longer viewable at virtual visits.
13. As part of this process, we would like to talk to parents and caregivers of young children with developmental concerns. Do you have ideas for how to identify and recruit these families? Do you have ideas of the best way to collect data from these families? (examples; surveys in provider offices, telephone or zoom interviews, focus groups)
14. Before we end, is there anything else you would like to add about the availability or quality of screening, assessment, or services for children with developmental concerns in the region?

Thank you very much for taking the time to participate in this interview. The information you provided and your time are really appreciated.

Yavapai Developmental Concerns Parent/Caregiver Interview Guide

Interviewer Script: We are collaborating with the First Things First Yavapai Regional Partnership Council to produce their 2022 Needs and Assets Report. The Council is interested in better understanding the services and resources available for children with developmental issues in the region, and possible gaps in service. Through initial interviews with service providers, you were identified as someone with personal experience in finding services for their child, and that's why we are reaching out to you. The information you provide will be kept confidential (your name will not be reported anywhere) and your and other's responses will be summarized in a brief report. The interview should take about 15-30 minutes to complete, depending on how much you have to share. Is now (*still*) a good time to complete the phone interview? If not, when would be a good day and time to conduct the interview? _____

And just as a reminder we are offering a \$20 gift card as a thank you for participating, and we'll go over the specifics of that at the end of the interview.

(*Pre-fill before interview*) **Interviewee Name:** _____

Interviewer: _____ **Interview date:** _____

Ok, let's get started with questions. We'll start by talking thru the process of how you identified your child might have a need and how your child was assessed, then we'll talk about how you sought out services for your child. If you don't feel comfortable or don't have enough information to answer any of these questions, please let me know and I'll move on to the next question.

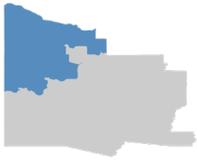
1. How did you first realize your child may have a developmental issue? *Probes:* Was it something you noticed or did someone bring it to your attention? (Who was this person? What did they tell you?)
2. How old was your child when you first identified this issue? And how old is your child now?
3. What happened after this issue was raised? Were you referred somewhere else? *Probes:* *If yes:* To whom? Was assessment in person? Virtual? Did you feel like your questions were answered? Did you feel respected? Did you like how the assessor interacted with your child/ did they spend enough time with your child? Did you know what you needed to do next? How could the experience have been improved? *If no:* what did you do next? (and possibly skip to 6)
4. What happened after your child was assessed? *Probes:* How long did you wait to receive a result? What was that result? Did you feel like you fully understood the result? Was your child approved for services? *If yes,* what happened next (where were you referred)? *If no,* were you referred anywhere? What did you do next?

5. What suggestions do you have to improve the screening/assessment and referral process to make the process easier for families like yours? *Probes:* What barriers do families face getting their children screened and referred?
6. Did your child receive services for the developmental issue? *Probes:* *If yes*, how hard was it to find/access those services? How do you feel about the quality of those services? How long passed between when you noticed the issue and your child first received services? How have those services helped your child and family? *If no*, why not? (*Probes:* cost, couldn't get an appt., didn't know where to get services, distance from provider, couldn't travel or take time off work, internet issues with virtual visits)
7. (*for those who said yes to 6*) How would you improve the services available for young children with developmental issues? *Probes:* Spanish speaking, free or reduced cost, quicker appts, home visit component, more/less virtual?
8. Do you think there is a need for additional services for children with developmental issues in Yavapai County? *Probes:* If yes, what is needed? *Probes:* free services, PT, OT, speech, education on healthy development and early literacy, more services on east side of Mingus Mountain, Spanish speaking providers?
9. Did you go through some or all of this process with your child during the COVID pandemic? What affect do you think that had on what happened?
10. What/who have been the strongest supports you've had throughout this process? Who or what helped you the most as you tried to navigate the process to get your child services?
11. Those are all the questions I have for you. Before we end, is there anything else you would like to add about the availability or quality of screening, assessment, or services for children with developmental issues in the region?

Thank you very much for taking the time to participate in this interview. The information you provided and your time are really appreciated. Add gift card info.

References

- ¹ The National Early Childhood Technical Assistance Center. (2011). The importance of early intervention for infants and toddlers with disabilities and their families. *Office of Special Education Programs and U.S. Department of Education*. Retrieved August 20, 2021 from <https://whsaonline.org/2011/05/nectac-fact-sheet-on-the-importance-of-early-intervention-and-idea-part-c/#:~:text=The%20National%20Early%20Childhood%20Technical%20Assistance%20Center%20%28NECTAC%29,benefits%20of%20early%20intervention%2C%20and%20current%20unmet%20needs.>
- ² Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, ... Nelson, L. (2007). *Early intervention for infants and toddlers with disabilities and their families: Participants, services, and outcomes*. Menlo Park, CA: SRI International. Retrieved August 20, 2021 from https://www.sri.com/wp-content/uploads/pdf/neils_finalreport_200702.pdf
- ³ Diefendorf, M., & Goode, S. (2005). *The long term economic benefits of high quality early childhood intervention programs*. Chapel Hill, NC: National Early Childhood Technical Assistance Center (NECTAC), and Early Intervention & Early Childhood Special Education. Retrieved August 20, 2021 from <http://ectacenter.org/~pdfs/pubs/econbene.pdf>
- ⁴ Email correspondence between First Things First and Arizona Early Intervention Program staff forwarded to CRED on 10/5/21
- ⁵ Greer, M. (2021). 2020 Tipping Points Survey: Demographics and challenges. IDEA Infant & Toddler Coordinators Association. <https://www.ideainfanttoddler.org/pdf/2020-Tipping-Points-Survey.pdf>
- ⁶ Email correspondence between First Things First and Arizona Early Intervention Program staff forwarded to CRED on 10/5/21
- ⁷ Reynolds, A. J., Temple, J. A., Robertson, D. L., & Mann, E. A. (2001). Long-term effects of an early childhood intervention on educational achievement and juvenile arrest: A 15-year follow-up of low-income children in public schools. *JAMA*, 285(18), 2339-2346.
- ⁸ U.S. Department of Education, Office of Special Education and Rehabilitative Services (2021). *42nd Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2020*. Retrieved August 20, 2021 from <https://sites.ed.gov/idea/files/42nd-arc-for-idea.pdf>
- ⁹ Rosenberg, S., Zhang, D. & Robinson, C. (2008). Prevalence of developmental delays and participation in early intervention services for young children. *Pediatrics*, 121(6) e1503-e1509. doi:10.1542/peds.2007-1680
- ¹⁰ Greer, M. (2021). 2020 Tipping Points Survey: Demographics and challenges. IDEA Infant & Toddler Coordinators Association. <https://www.ideainfanttoddler.org/pdf/2020-Tipping-Points-Survey.pdf>
- ¹¹ Personal correspondence with Arizona Early Intervention Program staff.
- ¹² Arizona Department of Education (2020). *Special education guidance for COVID-19: Spring 2020 school closure* [Web]. Retrieved August 20, 2021 from <https://www.azed.gov/specialeducation/special-education-guidance-for-covid-19>
- ¹³ Turner, C. (2021, June 16). After months of special education turmoil, families say schools owe them. *NPR*. Retrieved August 20, 2021 from <https://www.npr.org/2021/06/16/994587239/after-months-of-special-education-turmoil-families-say-schools-owe-them>
- ¹⁴ Arizona Department of Economic Security (2020). *AZEIP response to COVID-19* [Web]. Retrieved August 20, 2021 from <https://des.az.gov/services/disabilities/early-intervention/azeip-response-covid-19>
- ¹⁵ Steed, E. A., Phan, N., Leech, N., & Charlifue-Smith, R. (2021). Remote delivery of services for young children with disabilities during the early stages of the COVID-19 pandemic in the United States. *Journal of Early Intervention*. <https://doi.org/10.1177/10538151211037673>
- ¹⁶ Center for Translational Neuroscience (2020, December 17). Overloaded: Families with children who have special needs are bearing an especially heavy weight, and support is needed. *Medium*. <https://medium.com/rapid-ec-project/overloaded-families-with-children-who-have-special-needs-are-bearing-an-especially-heavy-weight-4e613a7681bd>
- ¹⁷ Center for Translational Neuroscience. (2020, May 5). The forgotten households: Households of young children with disabilities are not getting the support they need during the COVID-19 pandemic. *Medium*. Retrieved August 20, 2021 from <https://medium.com/rapid-ec-project/the-forgotten-households-dfd2626098c7>
- ¹⁸ Email correspondence between First Things First and Arizona Early Intervention Program staff forwarded to CRED on 10/5/21



Ash Fork Sub-region Fact Sheet

ARIZONA

Yavapai
County

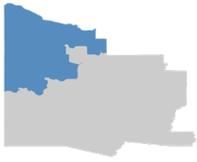
Ash Fork Sub-
region

DEMOGRAPHIC INDICATORS

Population of children (0-5) in Census 2010		546,609	12,583	131	(a)
Households		2,380,990	90,903	1,219	(a)
Households with children (0-5)	Number	384,441	8,854	87	(a)
	% of all households	16%	10%	7%	(a)
Race or ethnicity (children 0-4)	Hispanic or Latino	45%	28%	19%	(a)
	White, not Hispanic or Latino	38%	64%	70%	(a)
	Black	5%	0.3%	0%	(a)
	American Indian or Alaska Native	6%	3%	0%	(a)
	Two or more races	9%	7%	4%	(a)
Living arrangements for children (0-5)	With two parents	58%	62%	72%	(b)
	With one parent	37%	32%	15%	(b)
	With relatives (no parent)	3%	5%	0%	(b)
	With non-relatives	2%	2%	12%	(b)
Children (0-5) living in their grandparent's household	Number	67,495	1,996	13	(a)
	% of children (0-5)	13%	18%	6%	(a)
Children (0-5) living with 1 or 2 foreign-born parents	% of children (0-5)	25%	12%	11%	(b)
Language spoken at home (ages 5 and older)	English only	73%	89%	88%	(b)
	Spanish	20%	8%	8%	(b)
	Another language	7%	3%	4%	(b)
Population (ages 5 and older) who speak English less than "very well"	% of population (5 and older)	9%	3%	5%	(b)
Limited English-speaking households	% of all households	4%	1%	2%	(b)

ECONOMIC INDICATORS

Children (0-5) living in poverty	Number	118,447	1,953	58	(b)
	% of children (0-5)	23%	17%	28%	(b)
Housing costs 30% or more of household income	% of occupied housing units	30%	31%	18%	(b)
Median family income for all families*	Dollars (2019)	\$70,200	\$64,600	\$42,404	(b)
for husband-wife families with children under 18*		\$88,400	\$78,000	N/A	(b)
for families with children under 18, single-male head of household*		\$42,900	\$39,100	N/A	(b)
for families with children under 18, single-female head of household*		\$30,400	\$27,200	N/A	(b)
Unemployment rate*	Average rate, 2020	7.9%	7.5%	N/A	(c)
TANF Enrollment (ages 0-5), 2020	Number	13,747	261	[1-9]	(d)
	% of children (0-5)	3%	2%	DS	(d)
SNAP Enrollment (ages 0-5), 2020	Number	132,466	4,223	118	(d)
	% of children (0-5)	36%	34%	90%	(d)
WIC Enrollment (ages 0-4), 2020	Number	167,186	3,900	76	(e)
	% of children (0-4)	37%	37%	67%	(e)
Children eligible for free or reduced-price lunch, 2020	% of students	55%	53%	78% (Ash Fork)	(f)
				70% (Seligman)	(f)
SNAP and/or WIC Authorized Retailers	SNAP-authorized retailers	3,857	156	7	(g)
	WIC-authorized retailers	547	19	0	(g)
Emergency Food Sites, 2020	Sites	N/A	72	6	(g)



Ash Fork Sub-region Fact Sheet

ARIZONA

Yavapai
County

Ash Fork Sub-
region

EDUCATIONAL INDICATORS

Children (3-4) enrolled in nursery school, preschool, or kindergarten		39%	51%	34%	(b)
Children (0-2) eligible for AzEIP services, 2020		4,675	155	[1-9]	(d)
Children (0-5) receiving services from DDD, 2020		4,078	53	[1-9]	(d)
Children (0-2) receiving services from AzEIP, DDD, or both, 2020		5,721	157	[1-9]	(d)
AzMerit English Language Arts (ELA) test, 2019	% with passing scores	46%	48%	50% (Ash Fork)	(f)
				44% (Seligman)	(f)
AzMerit Math test, 2019	% with passing scores	51%	50%	86% (Ash Fork)	(f)
				67% (Seligman)	(f)
Educational attainment of adults (25 and older)	Less than high school	13%	9%	14%	(b)
	High school or GED	24%	26%	34%	(b)
	More than high school	63%	65%	52%	(b)
Overall child care capacity, 2020	Number of sites	N/A	82	1	(d,e,h,i)
	Estimated capacity	N/A	4,595	18	(d,e,h,i)
Child care centers	Number of sites	N/A	48	0	(d,e,h,i)
	Estimated capacity	N/A	3,271	0	(d,e,h,i)
Head Start	Number of sites	N/A	15	1	(d,e,h,i)
	Estimated capacity	N/A	529	18	(d,e,h,i)
Public school-based sites	Number of sites	N/A	11	0	(d,e,h,i)
	Estimated capacity	N/A	720	0	(d,e,h,i)
Home providers	Number of sites	N/A	8	0	(d,e,h,i)
	Estimated capacity	N/A	75	0	(d,e,h,i)
Cost of early childhood care for one infant (<1)	Median monthly charge	\$861	\$720	N/A	(d)
	% of median family income	15%	13%	N/A	(b,d)
Cost of early childhood care for one toddler (1-2)	Median monthly charge	\$760	\$700	N/A	(d)
	% of median family income	13%	13%	N/A	(b,d)
Cost of early childhood care for one preschooler (3-5)	Median monthly charge	\$660	\$622	N/A	(d)
	% of median family income	11%	12%	N/A	(b,d)

HEALTH AND SAFETY INDICATORS

Births in 2017-2019	Total Births	241,386	5,371	70	(e)
Characteristics of births in 2017-2019	Prenatal care in 1st trimester	69%	74%	61%	(e)
	Fewer than 5 prenatal care visits	8%	4%	DS	(e)
	Low birthweight (<2500 grams)	7%	7%	[3-23%]	(e)
	Premature (<37 weeks)	9%	9%	[3-23%]	(e)
	Tobacco use during pregnancy	5%	13%	[3-23%]	(e)
	Breastfeeding rates for infants enrolled in WIC, 2020	% of infants ever breastfed	78%	80%	71%
BMI for children (2-4) enrolled in WIC, 2020	Underweight	4%	5%	DS	(e)
	Obese	16%	13%	DS	(e)
Children 0-5 without health insurance	% of children (0-5)	7%	10%	9%	(b)
Vaccination exemption rates for children in childcare, 2019-20**	Number enrolled	83,851	2,196	19	(e)
	% exempt from all vaccines	3.1%	6.9%	0%	(e)
Vaccination exemption rates for children in kindergarten, 2019-20**	Number enrolled	82,358	1,737	21	(e)
	% exempt from all vaccines	3.4%	7.8%	5%	(e)
Infant mortality rate, 2010-2019	Deaths per 1,000 live births	5.8	6.8	N/A	(j)
Children removed by DCS, SFY 2019-2020 combined	% of removals in Yavapai Region	8,113	254^	0%	(k)

SOURCES: (a) US Census 2010; (b) American Community Survey 2015-2019; (c) Arizona Dept of Commerce Local Area Unemployment Statistics; (d) Arizona Dept of Economic Security; (e) Arizona Dept of Health Services; (f) Arizona Dept of Education; (g) Yavapai County Cooperative Extension UA SNAP-Ed Interactive Maps; (h) First Things First Data Center; (i) Northern Arizona Council of Government Head Start Program; (j) Arizona Dept of Health Services 2020 PCA Profiles; (k) Department of Child Safety

NOTES: *Community-level data is displayed for the largest town in this community, not the entire area. **Vaccination rates at the community level are for kindergartens and child care centers with 20 or more children enrolled. ***Community-level is displayed for Primary Care Areas (PCA), which differ from sub-region boundaries. ^Count reflects Yavapai Region, not Yavapai County

Includes zip codes 86320, 86337, 86320 (part), 86434 (part)
School Districts: Seligman Unified, Ash Fork Joint Unified



Bagdad Sub-region Fact Sheet

ARIZONA

Yavapai
County

Bagdad Sub-
region

DEMOGRAPHIC INDICATORS

Population of children (0-5) in Census 2010		546,609	12,583	243	(a)
Households		2,380,990	90,903	847	(a)
Households with children (0-5)	Number	384,441	8,854	155	(a)
	% of all households	16%	10%	18%	(a)
Race or ethnicity (children 0-4)	Hispanic or Latino	45%	28%	57%	(a)
	White, not Hispanic or Latino	38%	64%	43%	(a)
	Black	5%	0.3%	0%	(a)
	American Indian or Alaska Native	6%	3%	0%	(a)
	Two or more races	9%	7%	2%	(a)
	Living arrangements for children (0-5)	With two parents	58%	62%	67%
	With one parent	37%	32%	33%	(b)
	With relatives (no parent)	3%	5%	0%	(b)
	With non-relatives	2%	2%	0%	(b)
Children (0-5) living in their grandparent's household	Number	67,495	1,996	5	(a)
	% of children (0-5)	13%	18%	2%	(a)
Children (0-5) living with 1 or 2 foreign-born parents	% of children (0-5)	25%	12%	27%	(b)
Language spoken at home (ages 5 and older)	English only	73%	89%	78%	(b)
	Spanish	20%	8%	20%	(b)
	Another language	7%	3%	3%	(b)
Population (ages 5 and older) who speak English less than "very well"	% of population (5 and older)	9%	3%	2%	(b)
Limited English-speaking households	% of all households	4%	1%	3%	(b)

ECONOMIC INDICATORS

Children (0-5) living in poverty	Number	118,447	1,953	21	(b)
	% of children (0-5)	23%	17%	7%	(b)
Housing costs 30% or more of household income	% of occupied housing units	30%	31%	3%	(b)
Median family income for all families*	Dollars (2019)	\$70,200	\$64,600	\$88,320	(b)
	for husband-wife families with children under 18*	\$88,400	\$78,000	\$89,961	(b)
	for families with children under 18, single-male head of household*	\$42,900	\$39,100	N/A	(b)
	for families with children under 18, single-female head of household*	\$30,400	\$27,200	N/A	(b)
Unemployment rate*	Average rate, 2020	7.9%	7.5%	N/A	(c)
TANF Enrollment (ages 0-5), 2020	Number	13,747	261	[1-16]	(d)
	% of children (0-5)	3%	2%	DS	(d)
SNAP Enrollment (ages 0-5), 2020	Number	132,466	4,223	14	(d)
	% of children (0-5)	36%	34%	6%	(d)
WIC Enrollment (ages 0-4), 2020	Number	167,186	3,900	16	(e)
	% of children (0-4)	37%	37%	8%	(e)
Children eligible for free or reduced-price lunch, 2020	% of students	55%	53%	52%	(f)
				(Bagdad)	(f)
SNAP and/or WIC Authorized Retailers	SNAP-authorized retailers	3,857	156	1	(g)
	WIC-authorized retailers	547	19	1	(g)
Emergency Food Sites, 2020	Sites	N/A	72	2	(g)



Bagdad Sub-region Fact Sheet

ARIZONA

Yavapai
County

Bagdad Sub-
region

EDUCATIONAL INDICATORS

Children (3-4) enrolled in nursery school, preschool, or kindergarten		39%	51%	N/A	(b)
Children (0-2) eligible for AzEIP services, 2020		4,675	155	[1-9]	(d)
Children (0-5) receiving services from DDD, 2020		4,078	53	0	(d)
Children (0-2) receiving services from AzEIP, DDD, or both, 2020		5,721	157	[1-9]	(d)
AzMerit English Language Arts (ELA) test, 2019	% with passing scores	46%	48%	52%	(f)
				(Bagdad)	(f)
AzMerit Math test, 2019	% with passing scores	51%	50%	55%	(f)
				(Bagdad)	(f)
Educational attainment of adults (25 and older)	Less than high school	13%	9%	3%	(b)
	High school or GED	24%	26%	37%	(b)
	More than high school	63%	65%	60%	(b)
Overall child care capacity, 2020	Number of sites	N/A	82	2	(d,e,h,i)
	Estimated capacity	N/A	4,595	115	(d,e,h,i)
Child care centers	Number of sites	N/A	48	1	(d,e,h,i)
	Estimated capacity	N/A	3,271	90	(d,e,h,i)
Head Start	Number of sites	N/A	15	0	(d,e,h,i)
	Estimated capacity	N/A	529	0	(d,e,h,i)
Public school-based sites	Number of sites	N/A	11	1	(d,e,h,i)
	Estimated capacity	N/A	720	25	(d,e,h,i)
Home providers	Number of sites	N/A	8	0	(d,e,h,i)
	Estimated capacity	N/A	75	0	(d,e,h,i)
Cost of early childhood care for one infant (<1)	Median monthly charge	\$861	\$720	N/A	(d)
	% of median family income	15%	13%	N/A	(b,d)
Cost of early childhood care for one toddler (1-2)	Median monthly charge	\$760	\$700	N/A	(d)
	% of median family income	13%	13%	N/A	(b,d)
Cost of early childhood care for one preschooler (3-5)	Median monthly charge	\$660	\$622	N/A	(d)
	% of median family income	11%	12%	N/A	(b,d)

HEALTH AND SAFETY INDICATORS

Births in 2017-2019	Total Births	241,386	5,371	94	(e)
Characteristics of births in 2017-2019	Prenatal care in 1st trimester	69%	74%	71%	(e)
	Fewer than 5 prenatal care visits	8%	4%	DS	(e)
	Low birthweight (<2500 grams)	7%	7%	[2-17%]	(e)
	Premature (<37 weeks)	9%	9%	[2-17%]	(e)
	Tobacco use during pregnancy	5%	13%	[2-17%]	(e)
	Breastfeeding rates for infants enrolled in WIC, 2020	% of infants ever breastfed	78%	80%	DS
BMI for children (2-4) enrolled in WIC, 2020	Underweight	4%	5%	DS	(e)
	Obese	16%	13%	0%	(e)
Children 0-5 without health insurance	% of children (0-5)	7%	10%	2%	(b)
Vaccination exemption rates for children in childcare, 2019-20**	Number enrolled	83,851	2,196	58	(e)
	% exempt from all vaccines	3.1%	6.9%	2%	(e)
Vaccination exemption rates for children in kindergarten, 2019-20**	Number enrolled	82,358	1,737	43	(e)
	% exempt from all vaccines	3.4%	7.8%	5%	(e)
Infant mortality rate, 2010-2019	Deaths per 1,000 live births	5.8	6.8	N/A	(j)
Children removed by DCS, SFY 2019-2020 combined	% of removals in Yavapai Region	8,113	254^	0%	(k)

SOURCES: (a) US Census 2010; (b) American Community Survey 2015-2019; (c) Arizona Dept of Commerce Local Area Unemployment Statistics; (d) Arizona Dept of Economic Security; (e) Arizona Dept of Health Services; (f) Arizona Dept of Education; (g) Yavapai County Cooperative Extension UA SNAP-Ed Interactive Maps; (h) First Things First Data Center; (i) Northern Arizona Council of Government Head Start Program; (j) Arizona Dept of Health Services 2020 PCA Profiles; (k) Department of Child Safety

NOTES: *Community-level data is displayed for the largest town in this community, not the entire area. **Vaccination rates at the community level are for kindergartens and child care centers with 20 or more children enrolled. ***Community-level is displayed for Primary Care Areas (PCA), which differ from sub-region boundaries. ^Count reflects Yavapai Region, not Yavapai County

Includes zip code 86321
School District: Bagdad
Unified



Chino Valley Sub-region Fact Sheet

ARIZONA

Yavapai
County

Chino Valley
Sub-region

DEMOGRAPHIC INDICATORS

Population of children (0-5) in Census 2010		546,609	12,583	1,447	(a)
Households		2,380,990	90,903	8,197	(a)
Households with children (0-5)	Number	384,441	8,854	1,016	(a)
	% of all households	16%	10%	12%	(a)
Race or ethnicity (children 0-4)	Hispanic or Latino	45%	28%	40%	(a)
	White, not Hispanic or Latino	38%	64%	57%	(a)
	Black	5%	0.3%	0%	(a)
	American Indian or Alaska Native	6%	3%	0%	(a)
	Two or more races	9%	7%	3%	(a)
Living arrangements for children (0-5)	With two parents	58%	62%	56%	(b)
	With one parent	37%	32%	29%	(b)
	With relatives (no parent)	3%	5%	15%	(b)
	With non-relatives	2%	2%	0%	(b)
Children (0-5) living in their grandparent's household	Number	67,495	1,996	303	(a)
	% of children (0-5)	13%	18%	24%	(a)
Children (0-5) living with 1 or 2 foreign-born parents	% of children (0-5)	25%	12%	6%	(b)
Language spoken at home (ages 5 and older)	English only	73%	89%	90%	(b)
	Spanish	20%	8%	7%	(b)
	Another language	7%	3%	3%	(b)
Population (ages 5 and older) who speak English less than "very well"	% of population (5 and older)	9%	3%	3%	(b)
Limited English-speaking households	% of all households	4%	1%	1%	(b)

ECONOMIC INDICATORS

Children (0-5) living in poverty	Number	118,447	1,953	131	(b)
	% of children (0-5)	23%	17%	10%	(b)
Housing costs 30% or more of household income	% of occupied housing units	30%	31%	29%	(b)
Median family income for all families*	Dollars (2019)	\$70,200	\$64,600	\$62,802	(b)
	for husband-wife families with children under 18*	\$88,400	\$78,000	\$68,750	(b)
	for families with children under 18, single-male head of household*	\$42,900	\$39,100	N/A	(b)
	for families with children under 18, single-female head of household*	\$30,400	\$27,200	N/A	(b)
Unemployment rate*	Average rate, 2020	7.9%	7.5%	6.2%	(c)
TANF Enrollment (ages 0-5), 2020	Number	13,747	261	48	(d)
	% of children (0-5)	3%	2%	3%	(d)
SNAP Enrollment (ages 0-5), 2020	Number	132,466	4,223	556	(d)
	% of children (0-5)	36%	34%	38%	(d)
WIC Enrollment (ages 0-4), 2020	Number	167,186	3,900	538	(e)
	% of children (0-4)	37%	37%	45%	(e)
Children eligible for free or reduced-price lunch, 2020	% of students	55%	53%	52%	(f)
				(Chino Valley)	(f)
SNAP and/or WIC Authorized Retailers	SNAP-authorized retailers	3,857	156	15	(g)
	WIC-authorized retailers	547	19	1	(g)
Emergency Food Sites, 2020	Sites	N/A	72	5	(g)



Chino Valley Sub-region Fact Sheet

ARIZONA

Yavapai
County

Chino Valley
Sub-region

EDUCATIONAL INDICATORS

Children (3-4) enrolled in nursery school, preschool, or kindergarten		39%	51%	39%	(b)
Children (0-2) eligible for AzEIP services, 2020		4,675	155	22	(d)
Children (0-5) receiving services from DDD, 2020		4,078	53	[1-9]	(d)
Children (0-2) receiving services from AzEIP, DDD, or both, 2020		5,721	157	28	(d)
AzMerit English Language Arts (ELA) test, 2019	% with passing scores	46%	48%	53%	(f)
				(Chino Valley)	(f)
AzMerit Math test, 2019	% with passing scores	51%	50%	49%	(f)
				(Chino Valley)	(f)
Educational attainment of adults (25 and older)	Less than high school	13%	9%	12%	(b)
	High school or GED	24%	26%	31%	(b)
	More than high school	63%	65%	57%	(b)
Overall child care capacity, 2020	Number of sites	N/A	82	5	(d,e,h,i)
	Estimated capacity	N/A	4,595	424	(d,e,h,i)
Child care centers	Number of sites	N/A	48	3	(d,e,h,i)
	Estimated capacity	N/A	3,271	246	(d,e,h,i)
Head Start	Number of sites	N/A	15	1	(d,e,h,i)
	Estimated capacity	N/A	529	28	(d,e,h,i)
Public school-based sites	Number of sites	N/A	11	1	(d,e,h,i)
	Estimated capacity	N/A	720	150	(d,e,h,i)
Home providers	Number of sites	N/A	8	0	(d,e,h,i)
	Estimated capacity	N/A	75	0	(d,e,h,i)
Cost of early childhood care for one infant (<1)	Median monthly charge	\$861	\$720	\$660	(d)
	% of median family income	15%	13%	13%	(b,d)
Cost of early childhood care for one toddler (1-2)	Median monthly charge	\$760	\$700	\$560	(d)
	% of median family income	13%	13%	11%	(b,d)
Cost of early childhood care for one preschooler (3-5)	Median monthly charge	\$660	\$622	\$520	(d)
	% of median family income	11%	12%	10%	(b,d)

HEALTH AND SAFETY INDICATORS

Births in 2017-2019	Total Births	241,386	5,371	638	(e)
Characteristics of births in 2017-2019	Prenatal care in 1st trimester	69%	74%	76%	(e)
	Fewer than 5 prenatal care visits	8%	4%	DS	(e)
	Low birthweight (<2500 grams)	7%	7%	6%	(e)
	Premature (<37 weeks)	9%	9%	8%	(e)
	Tobacco use during pregnancy	5%	13%	14%	(e)
	Breastfeeding rates for infants enrolled in WIC, 2020	% of infants ever breastfed	78%	80%	75%
BMI for children (2-4) enrolled in WIC, 2020	Underweight	4%	5%	DS	(e)
	Obese	16%	13%	11%	(e)
Children 0-5 without health insurance	% of children (0-5)	7%	10%	7%	(b)
Vaccination exemption rates for children in childcare, 2019-20**	Number enrolled	83,851	2,196	205	(e)
	% exempt from all vaccines	3.1%	6.9%	8%	(e)
Vaccination exemption rates for children in kindergarten, 2019-20**	Number enrolled	82,358	1,737	209	(e)
	% exempt from all vaccines	3.4%	7.8%	7%	(e)
Infant mortality rate, 2010-2019	Deaths per 1,000 live births	5.8	6.8	N/A	(j)
Children removed by DCS, SFY 2019-2020 combined	% of removals in Yavapai Region	8,113	254^	13%	(k)

SOURCES: (a) US Census 2010; (b) American Community Survey 2015-2019; (c) Arizona Dept of Commerce Local Area Unemployment Statistics; (d) Arizona Dept of Economic Security; (e) Arizona Dept of Health Services; (f) Arizona Dept of Education; (g) Yavapai County Cooperative Extension UA SNAP-Ed Interactive Maps; (h) First Things First Data Center; (i) Northern Arizona Council of Government Head Start Program; (j) Arizona Dept of Health Services 2020 PCA Profiles; (k) Department of Child Safety

NOTES: *Community-level data is displayed for the largest town in this community, not the entire area. **Vaccination rates at the community level are for kindergartens and child care centers with 20 or more children enrolled. ***Community-level is displayed for Primary Care Areas (PCA), which differ from sub-region boundaries. ^Count reflects Yavapai Region, not Yavapai County

Includes zip codes 86323, 86334
School Districts: Chino Valley Unified



Cordes Junction Sub-region Fact Sheet

ARIZONA

Yavapai
County

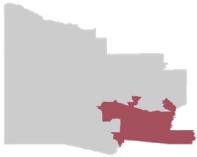
Cordes
Junction Sub-
region

DEMOGRAPHIC INDICATORS

Population of children (0-5) in Census 2010		546,609	12,583	420	(a)
Households		2,380,990	90,903	3,845	(a)
Households with children (0-5)	Number	384,441	8,854	298	(a)
	% of all households	16%	10%	8%	(a)
Race or ethnicity (children 0-4)	Hispanic or Latino	45%	28%	8%	(a)
	White, not Hispanic or Latino	38%	64%	88%	(a)
	Black	5%	0.3%	0%	(a)
	American Indian or Alaska Native	6%	3%	0%	(a)
	Two or more races	9%	7%	3%	(a)
Living arrangements for children (0-5)	With two parents	58%	62%	24%	(b)
	With one parent	37%	32%	72%	(b)
	With relatives (no parent)	3%	5%	4%	(b)
	With non-relatives	2%	2%	0%	(b)
Children (0-5) living in their grandparent's household	Number	67,495	1,996	303	(a)
	% of children (0-5)	13%	18%	66%	(a)
Children (0-5) living with 1 or 2 foreign-born parents	% of children (0-5)	25%	12%	7%	(b)
Language spoken at home (ages 5 and older)	English only	73%	89%	91%	(b)
	Spanish	20%	8%	6%	(b)
	Another language	7%	3%	3%	(b)
Population (ages 5 and older) who speak English less than "very well"	% of population (5 and older)	9%	3%	3%	(b)
Limited English-speaking households	% of all households	4%	1%	0%	(b)

ECONOMIC INDICATORS

Children (0-5) living in poverty	Number	118,447	1,953	187	(b)
	% of children (0-5)	23%	17%	41%	(b)
Housing costs 30% or more of household income	% of occupied housing units	30%	31%	28%	(b)
Median family income for all families*	Dollars (2019)	\$70,200	\$64,600	\$41,875	(b)
for husband-wife families with children under 18*		\$88,400	\$78,000	N/A	(b)
for families with children under 18, single-male head of household*		\$42,900	\$39,100	N/A	(b)
for families with children under 18, single-female head of household*		\$30,400	\$27,200	N/A	(b)
Unemployment rate*	Average rate, 2020	7.9%	7.5%	N/A	(c)
TANF Enrollment (ages 0-5), 2020	Number	13,747	261	[1-16]	(d)
	% of children (0-5)	3%	2%	DS	(d)
SNAP Enrollment (ages 0-5), 2020	Number	132,466	4,223	250	(d)
	% of children (0-5)	36%	34%	60%	(d)
WIC Enrollment (ages 0-4), 2020	Number	167,186	3,900	157	(e)
	% of children (0-4)	37%	37%	44%	(e)
Children eligible for free or reduced-price lunch, 2020	% of students	55%	53%	96% (Canon)	(f)
				89% (Mayer)	(f)
SNAP and/or WIC Authorized Retailers	SNAP-authorized retailers	3,857	156	12	(g)
	WIC-authorized retailers	547	19	0	(g)
Emergency Food Sites, 2020	Sites	N/A	72	7	(g)



Cordes Junction Sub-region Fact Sheet

ARIZONA
Yavapai County
Cordes Junction Sub-region

EDUCATIONAL INDICATORS

Children (3-4) enrolled in nursery school, preschool, or kindergarten		39%	51%	N/A	(b)
Children (0-2) eligible for AzEIP services, 2020		4,675	155	[1-9]	(d)
Children (0-5) receiving services from DDD, 2020		4,078	53	[1-9]	(d)
Children (0-2) receiving services from AzEIP, DDD, or both, 2020		5,721	157	[1-9]	(d)
AzMerit English Language Arts (ELA) test, 2019	% with passing scores	46%	48%	20% (Canon)	(f)
				37% (Mayer)	(f)
AzMerit Math test, 2019	% with passing scores	51%	50%	40% (Canon)	(f)
				37% (Mayer)	(f)
Educational attainment of adults (25 and older)	Less than high school	13%	9%	14%	(b)
	High school or GED	24%	26%	30%	(b)
	More than high school	63%	65%	55%	(b)
Overall child care capacity, 2020	Number of sites	N/A	82	1	(d,e,h,i)
	Estimated capacity	N/A	4,595	59	(d,e,h,i)
Child care centers	Number of sites	N/A	48	1	(d,e,h,i)
	Estimated capacity	N/A	3,271	59	(d,e,h,i)
Head Start	Number of sites	N/A	15	0	(d,e,h,i)
	Estimated capacity	N/A	529	0	(d,e,h,i)
Public school-based sites	Number of sites	N/A	11	0	(d,e,h,i)
	Estimated capacity	N/A	720	0	(d,e,h,i)
Home providers	Number of sites	N/A	8	0	(d,e,h,i)
	Estimated capacity	N/A	75	0	(d,e,h,i)
Cost of early childhood care for one infant (<1)	Median monthly charge	\$861	\$720	N/A	(d)
	% of median family income	15%	13%	N/A	(b,d)
Cost of early childhood care for one toddler (1-2)	Median monthly charge	\$760	\$700	\$700	(d)
	% of median family income	13%	13%	20%	(b,d)
Cost of early childhood care for one preschooler (3-5)	Median monthly charge	\$660	\$622	\$600	(d)
	% of median family income	11%	12%	17%	(b,d)

HEALTH AND SAFETY INDICATORS

Births in 2017-2019	Total Births	241,386	5,371	204	(e)
Characteristics of births in 2017-2019	Prenatal care in 1st trimester	69%	74%	62%	(e)
	Fewer than 5 prenatal care visits	8%	4%	DS	(e)
	Low birthweight (<2500 grams)	7%	7%	8%	(e)
	Premature (<37 weeks)	9%	9%	9%	(e)
	Tobacco use during pregnancy	5%	13%	21%	(e)
	Breastfeeding rates for infants enrolled in WIC, 2020	% of infants ever breastfed	78%	80%	80%
BMI for children (2-4) enrolled in WIC, 2020	Underweight	4%	5%	DS	(e)
	Obese	16%	13%	DS	(e)
Children 0-5 without health insurance	% of children (0-5)	7%	10%	0%	(b)
Vaccination exemption rates for children in childcare, 2019-20**	Number enrolled	83,851	2,196	38	(e)
	% exempt from all vaccines	3.1%	6.9%	5%	(e)
Vaccination exemption rates for children in kindergarten, 2019-20**	Number enrolled	82,358	1,737	59	(e)
	% exempt from all vaccines	3.4%	7.8%	10%	(e)
Infant mortality rate, 2010-2019	Deaths per 1,000 live births	5.8	6.8	N/A	(j)
Children removed by DCS, SFY 2019-2020 combined	% of removals in Yavapai Region	8,113	254^	7%	(k)

SOURCES: (a) US Census 2010; (b) American Community Survey 2015-2019; (c) Arizona Dept of Commerce Local Area Unemployment Statistics; (d) Arizona Dept of Economic Security; (e) Arizona Dept of Health Services; (f) Arizona Dept of Education; (g) Yavapai County Cooperative Extension UA SNAP-Ed Interactive Maps; (h) First Things First Data Center; (i) Northern Arizona Council of Government Head Start Program; (j) Arizona Dept of Health Services 2020 PCA Profiles; (k) Department of Child Safety

NOTES: *Community-level data is displayed for the largest town in this community, not the entire area. **Vaccination rates at the community level are for kindergartens and child care centers with 20 or more children enrolled. ***Community-level is displayed for Primary Care Areas (PCA), which differ from sub-region boundaries. ^Count reflects Yavapai Region, not Yavapai County

Includes zip code 86324, 86333
School District: Mayer Unified, Canon Elementary



Prescott Sub-region Fact Sheet

ARIZONA

Yavapai
County

Prescott Sub-
region

DEMOGRAPHIC INDICATORS

Population of children (0-5) in Census 2010		546,609	12,583	2,143	(a)
Households		2,380,990	90,903	25,497	(a)
Households with children (0-5)	Number	384,441	8,854	1,605	(a)
	% of all households	16%	10%	6%	(a)
Race or ethnicity (children 0-4)	Hispanic or Latino	45%	28%	16%	(a)
	White, not Hispanic or Latino	38%	64%	78%	(a)
	Black	5%	0.3%	0%	(a)
	American Indian or Alaska Native	6%	3%	1%	(a)
	Two or more races	9%	7%	7%	(a)
Living arrangements for children (0-5)	With two parents	58%	62%	62%	(b)
	With one parent	37%	32%	27%	(b)
	With relatives (no parent)	3%	5%	6%	(b)
	With non-relatives	2%	2%	4%	(b)
Children (0-5) living in their grandparent's household	Number	67,495	1,996	450	(a)
	% of children (0-5)	13%	18%	21%	(a)
Children (0-5) living with 1 or 2 foreign-born parents	% of children (0-5)	25%	12%	5%	(b)
Language spoken at home (ages 5 and older)	English only	73%	89%	94%	(b)
	Spanish	20%	8%	3%	(b)
	Another language	7%	3%	3%	(b)
Population (ages 5 and older) who speak English less than "very well"	% of population (5 and older)	9%	3%	1%	(b)
Limited English-speaking households	% of all households	4%	1%	3%	(b)

ECONOMIC INDICATORS

Children (0-5) living in poverty	Number	118,447	1,953	173	(b)
	% of children (0-5)	23%	17%	11%	(b)
Housing costs 30% or more of household income	% of occupied housing units	30%	31%	29%	(b)
Median family income for all families*	Dollars (2019)	\$70,200	\$64,600	\$75,667	(b)
	for husband-wife families with children under 18*	\$88,400	\$78,000	\$96,563	(b)
	for families with children under 18, single-male head of household*	\$42,900	\$39,100	\$45,562	(b)
	for families with children under 18, single-female head of household*	\$30,400	\$27,200	\$23,209	(b)
Unemployment rate*	Average rate, 2020	7.9%	7.5%	7.4%	(c)
TANF Enrollment (ages 0-5), 2020	Number	13,747	261	[17-23]	(d)
	% of children (0-5)	3%	2%	DS	(d)
SNAP Enrollment (ages 0-5), 2020	Number	132,466	4,223	553	(d)
	% of children (0-5)	36%	34%	26%	(d)
WIC Enrollment (ages 0-4), 2020	Number	167,186	3,900	496	(e)
	% of children (0-4)	37%	37%	28%	(e)
Children eligible for free or reduced-price lunch, 2020	% of students	55%	53%	30%	(f)
				(Prescott)	(f)
SNAP and/or WIC Authorized Retailers	SNAP-authorized retailers	3,857	156	36	(g)
	WIC-authorized retailers	547	19	6	(g)
Emergency Food Sites, 2020	Sites	N/A	72	12	(g)



Prescott Sub-region Fact Sheet

ARIZONA

Yavapai
County

Prescott Sub-
region

EDUCATIONAL INDICATORS

Children (3-4) enrolled in nursery school, preschool, or kindergarten		39%	51%	68%	(b)
Children (0-2) eligible for AzEIP services, 2020		4,675	155	31	(d)
Children (0-5) receiving services from DDD, 2020		4,078	53	10	(d)
Children (0-2) receiving services from AzEIP, DDD, or both, 2020		5,721	157	21	(d)
AzMerit English Language Arts (ELA) test, 2019	% with passing scores	46%	48%	60%	(f)
				(Prescott)	(f)
AzMerit Math test, 2019	% with passing scores	51%	50%	71%	(f)
				(Prescott)	(f)
Educational attainment of adults (25 and older)	Less than high school	13%	9%	5%	(b)
	High school or GED	24%	26%	18%	(b)
	More than high school	63%	65%	77%	(b)
Overall child care capacity, 2020	Number of sites	N/A	82	18	(d,e,h,i)
	Estimated capacity	N/A	4,595	1,184	(d,e,h,i)
Child care centers	Number of sites	N/A	48	12	(d,e,h,i)
	Estimated capacity	N/A	3,271	957	(d,e,h,i)
Head Start	Number of sites	N/A	15	1	(d,e,h,i)
	Estimated capacity	N/A	529	59	(d,e,h,i)
Public school-based sites	Number of sites	N/A	11	4	(d,e,h,i)
	Estimated capacity	N/A	720	158	(d,e,h,i)
Home providers	Number of sites	N/A	8	1	(d,e,h,i)
	Estimated capacity	N/A	75	10	(d,e,h,i)
Cost of early childhood care for one infant (<1)	Median monthly charge	\$861	\$720	\$897	(d)
	% of median family income	15%	13%	14%	(b,d)
Cost of early childhood care for one toddler (1-2)	Median monthly charge	\$760	\$700	\$740	(d)
	% of median family income	13%	13%	12%	(b,d)
Cost of early childhood care for one preschooler (3-5)	Median monthly charge	\$660	\$622	\$709	(d)
	% of median family income	11%	12%	11%	(b,d)

HEALTH AND SAFETY INDICATORS

Births in 2017-2019	Total Births	241,386	5,371	906	(e)
Characteristics of births in 2017-2019	Prenatal care in 1st trimester	69%	74%	79%	(e)
	Fewer than 5 prenatal care visits	8%	4%	DS	(e)
	Low birthweight (<2500 grams)	7%	7%	7%	(e)
	Premature (<37 weeks)	9%	9%	10%	(e)
	Tobacco use during pregnancy	5%	13%	13%	(e)
	Breastfeeding rates for infants enrolled in WIC, 2020	% of infants ever breastfed	78%	80%	73%
BMI for children (2-4) enrolled in WIC, 2020	Underweight	4%	5%	10%	(e)
	Obese	16%	13%	8%	(e)
Children 0-5 without health insurance	% of children (0-5)	7%	10%	10%	(b)
Vaccination exemption rates for children in childcare, 2019-20**	Number enrolled	83,851	2,196	596	(e)
	% exempt from all vaccines	3.1%	6.9%	10%	(e)
Vaccination exemption rates for children in kindergarten, 2019-20**	Number enrolled	82,358	1,737	374	(e)
	% exempt from all vaccines	3.4%	7.8%	11%	(e)
Infant mortality rate, 2010-2019	Deaths per 1,000 live births	5.8	6.8	N/A	(j)
Children removed by DCS, SFY 2019-2020 combined	% of removals in Yavapai Region	8,113	254^	9%	(k)

SOURCES: (a) US Census 2010; (b) American Community Survey 2015-2019; (c) Arizona Dept of Commerce Local Area Unemployment Statistics; (d) Arizona Dept of Economic Security; (e) Arizona Dept of Health Services; (f) Arizona Dept of Education; (g) Yavapai County Cooperative Extension UA SNAP-Ed Interactive Maps; (h) First Things First Data Center; (i) Northern Arizona Council of Government Head Start Program; (j) Arizona Dept of Health Services 2020 PCA Profiles; (k) Department of Child Safety

NOTES: *Community-level data is displayed for the largest town in this community, not the entire area. **Vaccination rates at the community level are for kindergartens and child care centers with 20 or more children enrolled. ***Community-level is displayed for Primary Care Areas (PCA), which differ from sub-region boundaries. ^Count reflects Yavapai Region, not Yavapai County

Includes zip codes 86301, 86303, 86305, 86313
School District: Prescott Unified



Prescott Valley Sub-region Fact Sheet

ARIZONA

Yavapai
County

Prescott Valley
Sub-region

DEMOGRAPHIC INDICATORS

Population of children (0-5) in Census 2010		546,609	12,583	4,004	(a)
Households		2,380,990	90,903	20,530	(a)
Households with children (0-5)	Number	384,441	8,854	2,793	(a)
	% of all households	16%	10%	14%	(a)
Race or ethnicity (children 0-4)	Hispanic or Latino	45%	28%	39%	(a)
	White, not Hispanic or Latino	38%	64%	56%	(a)
	Black	5%	0.3%	0%	(a)
	American Indian or Alaska Native	6%	3%	1%	(a)
	Two or more races	9%	7%	7%	(a)
Living arrangements for children (0-5)	With two parents	58%	62%	62%	(b)
	With one parent	37%	32%	35%	(b)
	With relatives (no parent)	3%	5%	1%	(b)
	With non-relatives	2%	2%	1%	(b)
Children (0-5) living in their grandparent's household	Number	67,495	1,996	498	(a)
	% of children (0-5)	13%	18%	14%	(a)
Children (0-5) living with 1 or 2 foreign-born parents	% of children (0-5)	25%	12%	14%	(b)
Language spoken at home (ages 5 and older)	English only	73%	89%	85%	(b)
	Spanish	20%	8%	12%	(b)
	Another language	7%	3%	3%	(b)
Population (ages 5 and older) who speak English less than "very well"	% of population (5 and older)	9%	3%	6%	(b)
Limited English-speaking households	% of all households	4%	1%	3%	(b)

ECONOMIC INDICATORS

Children (0-5) living in poverty	Number	118,447	1,953	472	(b)
	% of children (0-5)	23%	17%	14%	(b)
Housing costs 30% or more of household income	% of occupied housing units	30%	31%	31%	(b)
Median family income for all families*	Dollars (2019)	\$70,200	\$64,600	\$61,039	(b)
	for husband-wife families with children under 18*	\$88,400	\$78,000	\$69,708	(b)
	for families with children under 18, single-male head of household*	\$42,900	\$39,100	\$52,344	(b)
	for families with children under 18, single-female head of household*	\$30,400	\$27,200	\$22,403	(b)
Unemployment rate*	Average rate, 2020	7.9%	7.5%	6.5%	(c)
TANF Enrollment (ages 0-5), 2020	Number	13,747	261	72	(d)
	% of children (0-5)	3%	2%	2%	(d)
SNAP Enrollment (ages 0-5), 2020	Number	132,466	4,223	1,219	(d)
	% of children (0-5)	36%	34%	30%	(d)
WIC Enrollment (ages 0-4), 2020	Number	167,186	3,900	1,248	(e)
	% of children (0-4)	37%	37%	37%	(e)
Children eligible for free or reduced-price lunch, 2020	% of students	55%	53%	52%	(f)
				(Humboldt)	(f)
SNAP and/or WIC Authorized Retailers	SNAP-authorized retailers	3,857	156	29	(g)
	WIC-authorized retailers	547	19	4	(g)
Emergency Food Sites, 2020	Sites	N/A	72	7	(g)



Prescott Valley Sub-region Fact Sheet

ARIZONA

Yavapai
County

Prescott Valley
Sub-region

EDUCATIONAL INDICATORS

Children (3-4) enrolled in nursery school, preschool, or kindergarten		39%	51%	36%	(b)
Children (0-2) eligible for AzEIP services, 2020		4,675	155	53	(d)
Children (0-5) receiving services from DDD, 2020		4,078	53	16	(d)
Children (0-2) receiving services from AzEIP, DDD, or both, 2020		5,721	157	53	(d)
AzMerit English Language Arts (ELA) test, 2019	% with passing scores	46%	48%	49%	(f)
				(Humboldt)	(f)
AzMerit Math test, 2019	% with passing scores	51%	50%	48%	(f)
				(Humboldt)	(f)
Educational attainment of adults (25 and older)	Less than high school	13%	9%	11%	(b)
	High school or GED	24%	26%	28%	(b)
	More than high school	63%	65%	60%	(b)
Overall child care capacity, 2020	Number of sites	N/A	82	25	(d,e,h,i)
	Estimated capacity	N/A	4,595	1,212	(d,e,h,i)
Child care centers	Number of sites	N/A	48	13	(d,e,h,i)
	Estimated capacity	N/A	3,271	1,005	(d,e,h,i)
Head Start	Number of sites	N/A	15	6	(d,e,h,i)
	Estimated capacity	N/A	529	139	(d,e,h,i)
Public school-based sites	Number of sites	N/A	11	1	(d,e,h,i)
	Estimated capacity	N/A	720	18	(d,e,h,i)
Home providers	Number of sites	N/A	8	5	(d,e,h,i)
	Estimated capacity	N/A	75	50	(d,e,h,i)
Cost of early childhood care for one infant (<1)	Median monthly charge	\$861	\$720	\$650	(d)
	% of median family income	15%	13%	13%	(b,d)
Cost of early childhood care for one toddler (1-2)	Median monthly charge	\$760	\$700	\$630	(d)
	% of median family income	13%	13%	12%	(b,d)
Cost of early childhood care for one preschooler (3-5)	Median monthly charge	\$660	\$622	\$570	(d)
	% of median family income	11%	12%	11%	(b,d)

HEALTH AND SAFETY INDICATORS

Births in 2017-2019	Total Births	241,386	5,371	1,729	(e)
Characteristics of births in 2017-2019	Prenatal care in 1st trimester	69%	74%	79%	(e)
	Fewer than 5 prenatal care visits	8%	4%	3%	(e)
	Low birthweight (<2500 grams)	7%	7%	8%	(e)
	Premature (<37 weeks)	9%	9%	9%	(e)
	Tobacco use during pregnancy	5%	13%	12%	(e)
	Breastfeeding rates for infants enrolled in WIC, 2020	% of infants ever breastfed	78%	80%	78%
BMI for children (2-4) enrolled in WIC, 2020	Underweight	4%	5%	5%	(e)
	Obese	16%	13%	14%	(e)
Children 0-5 without health insurance	% of children (0-5)	7%	10%	7%	(b)
Vaccination exemption rates for children in childcare, 2019-20**	Number enrolled	83,851	2,196	639	(e)
	% exempt from all vaccines	3.1%	6.9%	5%	(e)
Vaccination exemption rates for children in kindergarten, 2019-20**	Number enrolled	82,358	1,737	519	(e)
	% exempt from all vaccines	3.4%	7.8%	5%	(e)
Infant mortality rate, 2010-2019	Deaths per 1,000 live births	5.8	6.8	6.7	(j)
Children removed by DCS, SFY 2019-2020 combined	% of removals in Yavapai Region	8,113	254^	28%	(k)

SOURCES: (a) US Census 2010; (b) American Community Survey 2015-2019; (c) Arizona Dept of Commerce Local Area Unemployment Statistics; (d) Arizona Dept of Economic Security; (e) Arizona Dept of Health Services; (f) Arizona Dept of Education; (g) Yavapai County Cooperative Extension UA SNAP-Ed Interactive Maps; (h) First Things First Data Center; (i) Northern Arizona Council of Government Head Start Program; (j) Arizona Dept of Health Services 2020 PCA Profiles; (k) Department of Child Safety

NOTES: *Community-level data is displayed for the largest town in this community, not the entire area. **Vaccination rates at the community level are for kindergartens and child care centers with 20 or more children enrolled. ***Community-level is displayed for Primary Care Areas (PCA), which differ from sub-region boundaries. ^Count reflects Yavapai Region, not Yavapai County

Includes zip code 86314, 86315, 86327, 86329
School District: Humboldt Unified



Sedona Sub-region Fact Sheet

ARIZONA

Yavapai
County

Sedona Sub-
region

DEMOGRAPHIC INDICATORS

Population of children (0-5) in Census 2010		546,609	12,583	565	(a)
Households		2,380,990	90,903	8,718	(a)
Households with children (0-5)	Number	384,441	8,854	417	(a)
	% of all households	16%	10%	5%	(a)
Race or ethnicity (children 0-4)	Hispanic or Latino	45%	28%	20%	(a)
	White, not Hispanic or Latino	38%	64%	67%	(a)
	Black	5%	0.3%	0%	(a)
	American Indian or Alaska Native	6%	3%	0%	(a)
	Two or more races	9%	7%	13%	(a)
Living arrangements for children (0-5)	With two parents	58%	62%	75%	(b)
	With one parent	37%	32%	25%	(b)
	With relatives (no parent)	3%	5%	0%	(b)
	With non-relatives	2%	2%	0%	(b)
Children (0-5) living in their grandparent's household	Number	67,495	1,996	0	(a)
	% of children (0-5)	13%	18%	0%	(a)
Children (0-5) living with 1 or 2 foreign-born parents	% of children (0-5)	25%	12%	47%	(b)
Language spoken at home (ages 5 and older)	English only	73%	89%	87%	(b)
	Spanish	20%	8%	9%	(b)
	Another language	7%	3%	4%	(b)
Population (ages 5 and older) who speak English less than "very well"	% of population (5 and older)	9%	3%	4%	(b)
Limited English-speaking households	% of all households	4%	1%	1%	(b)

ECONOMIC INDICATORS

Children (0-5) living in poverty	Number	118,447	1,953	27	(b)
	% of children (0-5)	23%	17%	10%	(b)
Housing costs 30% or more of household income	% of occupied housing units	30%	31%	42%	(b)
Median family income for all families*	Dollars (2019)	\$70,200	\$64,600	\$80,943	(b)
	for husband-wife families with children under 18*	\$88,400	\$78,000	\$79,543	(b)
	for families with children under 18, single-male head of household*	\$42,900	\$39,100	N/A	(b)
	for families with children under 18, single-female head of household*	\$30,400	\$27,200	N/A	(b)
Unemployment rate*	Average rate, 2020	7.9%	7.5%	7.6%	(c)
TANF Enrollment (ages 0-5), 2020	Number	13,747	261	[1-9]	(d)
	% of children (0-5)	3%	2%	DS	(d)
SNAP Enrollment (ages 0-5), 2020	Number	132,466	4,223	83	(d)
	% of children (0-5)	36%	34%	15%	(d)
WIC Enrollment (ages 0-4), 2020	Number	167,186	3,900	68	(e)
	% of children (0-4)	37%	37%	14%	(e)
Children eligible for free or reduced-price lunch, 2020	% of students	55%	53%	57% (Sedona-Oak Creek)	(f)
SNAP and/or WIC Authorized Retailers	SNAP-authorized retailers	3,857	156	13	(g)
	WIC-authorized retailers	547	19	2	(g)
Emergency Food Sites, 2020	Sites	N/A	72	5	(g)



Sedona Sub-region Fact Sheet

ARIZONA

Yavapai
County

Sedona Sub-
region

EDUCATIONAL INDICATORS

Children (3-4) enrolled in nursery school, preschool, or kindergarten		39%	51%	58%	(b)
Children (0-2) eligible for AzEIP services, 2020		4,675	155	[1-9]	(d)
Children (0-5) receiving services from DDD, 2020		4,078	53	0	(d)
Children (0-2) receiving services from AzEIP, DDD, or both, 2020		5,721	157	[1-9]	(d)
AzMerit English Language Arts (ELA) test, 2019	% with passing scores	46%	48%	21% (Sedona-Oak Creek)	(f)
AzMerit Math test, 2019	% with passing scores	51%	50%	36% (Sedona-Oak Creek)	(f)
Educational attainment of adults (25 and older)	Less than high school	13%	9%	5%	(b)
	High school or GED	24%	26%	16%	(b)
	More than high school	63%	65%	79%	(b)
Overall child care capacity, 2020	Number of sites	N/A	82	6	(d,e,h,i)
	Estimated capacity	N/A	4,595	194	(d,e,h,i)
Child care centers	Number of sites	N/A	48	5	(d,e,h,i)
	Estimated capacity	N/A	3,271	174	(d,e,h,i)
Head Start	Number of sites	N/A	15	0	(d,e,h,i)
	Estimated capacity	N/A	529	0	(d,e,h,i)
Public school-based sites	Number of sites	N/A	11	1	(d,e,h,i)
	Estimated capacity	N/A	720	20	(d,e,h,i)
Home providers	Number of sites	N/A	8	0	(d,e,h,i)
	Estimated capacity	N/A	75	0	(d,e,h,i)
Cost of early childhood care for one infant (<1)	Median monthly charge	\$861	\$720	N/A	(d)
	% of median family income	15%	13%	N/A	(b,d)
Cost of early childhood care for one toddler (1-2)	Median monthly charge	\$760	\$700	\$736	(d)
	% of median family income	13%	13%	11%	(b,d)
Cost of early childhood care for one preschooler (3-5)	Median monthly charge	\$660	\$622	\$645	(d)
	% of median family income	11%	12%	10%	(b,d)

HEALTH AND SAFETY INDICATORS

Births in 2017-2019	Total Births	241,386	5,371	174	(e)
Characteristics of births in 2017-2019	Prenatal care in 1st trimester	69%	74%	59%	(e)
	Fewer than 5 prenatal care visits	8%	4%	DS	(e)
	Low birthweight (<2500 grams)	7%	7%	[1-9%]	(e)
	Premature (<37 weeks)	9%	9%	[1-9%]	(e)
	Tobacco use during pregnancy	5%	13%	[1-9%]	(e)
	Breastfeeding rates for infants enrolled in WIC, 2020	% of infants ever breastfed	78%	80%	100%
BMI for children (2-4) enrolled in WIC, 2020	Underweight	4%	5%	0%	(e)
	Obese	16%	13%	DS	(e)
Children 0-5 without health insurance	% of children (0-5)	7%	10%	8%	(b)
Vaccination exemption rates for children in childcare, 2019-20**	Number enrolled	83,851	2,196	36	(e)
	% exempt from all vaccines	3.1%	6.9%	11%	(e)
Vaccination exemption rates for children in kindergarten, 2019-20**	Number enrolled	82,358	1,737	44	(e)
	% exempt from all vaccines	3.4%	7.8%	23%	(e)
Infant mortality rate, 2010-2019	Deaths per 1,000 live births	5.8	6.8	7.4	(j)
Children removed by DCS, SFY 2019-2020 combined	% of removals in Yavapai Region	8,113	254^	DS	(k)

SOURCES: (a) US Census 2010; (b) American Community Survey 2015-2019; (c) Arizona Dept of Commerce Local Area Unemployment Statistics; (d) Arizona Dept of Economic Security; (e) Arizona Dept of Health Services; (f) Arizona Dept of Education; (g) Yavapai County Cooperative Extension UA SNAP-Ed Interactive Maps; (h) First Things First Data Center; (i) Northern Arizona Council of Government Head Start Program; (j) Arizona Dept of Health Services 2020 PCA Profiles; (k) Department of Child Safety

NOTES: *Community-level data is displayed for the largest town in this community, not the entire area. **Vaccination rates at the community level are for kindergartens and child care centers with 20 or more children enrolled.

***Community-level is displayed for Primary Care Areas (PCA), which differ from sub-region boundaries. Sedona and Verde Valley fall within the same PCA, so they share the same rate. ^Count reflects Yavapai Region, not Yavapai County

Includes zip code 86336, 86351
School District: Sedona-Oak Creek Joint Unified



Verde Valley Sub-region Fact Sheet

ARIZONA

Yavapai
County

Verde Valley Sub-
region

DEMOGRAPHIC INDICATORS

Population of children (0-5) in Census 2010		546,609	12,583	3,483	(a)
Households		2,380,990	90,903	20,603	(a)
Households with children (0-5)	Number	384,441	8,854	2,388	(a)
	% of all households	16%	10%	12%	(a)
Race or ethnicity (children 0-4)	Hispanic or Latino	45%	28%	25%	(a)
	White, not Hispanic or Latino	38%	64%	61%	(a)
	Black	5%	0.3%	1%	(a)
	American Indian or Alaska Native	6%	3%	10%	(a)
	Two or more races	9%	7%	8%	(a)
Living arrangements for children (0-5)	With two parents	58%	62%	64%	(b)
	With one parent	37%	32%	30%	(b)
	With relatives (no parent)	3%	5%	4%	(b)
	With non-relatives	2%	2%	2%	(b)
Children (0-5) living in their grandparent's household	Number	67,495	1,996	396	(a)
	% of children (0-5)	13%	18%	13%	(a)
Children (0-5) living with 1 or 2 foreign-born parents	% of children (0-5)	25%	12%	13%	(b)
Language spoken at home (ages 5 and older)	English only	73%	89%	87%	(b)
	Spanish	20%	8%	11%	(b)
	Another language	7%	3%	2%	(b)
Population (ages 5 and older) who speak English less than "very well"	% of population (5 and older)	9%	3%	3%	(b)
Limited English-speaking households	% of all households	4%	1%	2%	(b)

ECONOMIC INDICATORS

Children (0-5) living in poverty	Number	118,447	1,953	819	(b)
	% of children (0-5)	23%	17%	27%	(b)
Housing costs 30% or more of household income	% of occupied housing units	30%	31%	32%	(b)
Median family income for all families*	Dollars (2019)	\$70,200	\$64,600	\$54,927	(b)
	for husband-wife families with children under 18*	\$88,400	\$78,000	\$59,391	(b)
	for families with children under 18, single-male head of household*	\$42,900	\$39,100	\$26,964	(b)
	for families with children under 18, single-female head of household*	\$30,400	\$27,200	N/A	(b)
Unemployment rate*	Average rate, 2020	7.9%	7.5%	4.6%	(c)
TANF Enrollment (ages 0-5), 2020	Number	13,747	261	100	(d)
	% of children (0-5)	3%	2%	3%	(d)
SNAP Enrollment (ages 0-5), 2020	Number	132,466	4,223	1,375	(d)
	% of children (0-5)	36%	34%	39%	(d)
WIC Enrollment (ages 0-4), 2020	Number	167,186	3,900	1,242	(e)
	% of children (0-4)	37%	37%	43%	(e)
Children eligible for free or reduced-price lunch, 2020	% of students	55%	53%	65% (COC)	(f)
				64% (Beaver Creek)	(f)
				59% (Camp Verde)	(f)
				43% (CJ)	(f)
SNAP and/or WIC Authorized Retailers	SNAP-authorized retailers	3,857	156	39	(g)
	WIC-authorized retailers	547	19	5	(g)
Emergency Food Sites, 2020	Sites	N/A	72	18	(g)



Verde Valley Sub-region Fact Sheet

ARIZONA

Yavapai
County

Verde Valley Sub-
region

EDUCATIONAL INDICATORS

Children (3-4) enrolled in nursery school, preschool, or kindergarten		39%	51%	57%	(b)
Children (0-2) eligible for AzEIP services, 2020		4,675	155	36	(d)
Children (0-5) receiving services from DDD, 2020		4,078	53	15	(d)
Children (0-2) receiving services from AzEIP, DDD, or both, 2020		5,721	157	41	(d)
AzMerit English Language Arts (ELA) test, 2019	% with passing scores	46%	48%	51% (Cottonwood)	(f)
				49% (Beaver Creek)	(f)
				35% (Camp Verde)	(f)
				67% (Clarkdale)	(f)
AzMerit Math test, 2019	% with passing scores	51%	50%	46% (Cottonwood)	(f)
				61% (Beaver Creek)	(f)
				36% (Camp Verde)	(f)
				67% (Clarkdale)	(f)
Educational attainment of adults (25 and older)	Less than high school	13%	9%	9%	(b)
	High school or GED	24%	26%	32%	(b)
	More than high school	63%	65%	58%	(b)
Overall child care capacity, 2020	Number of sites	N/A	82	23	(d,e,h,i)
	Estimated capacity	N/A	4,595	1,379	(d,e,h,i)
Child care centers	Number of sites	N/A	48	12	(d,e,h,i)
	Estimated capacity	N/A	3,271	730	(d,e,h,i)
Head Start	Number of sites	N/A	15	6	(d,e,h,i)
	Estimated capacity	N/A	529	285	(d,e,h,i)
Public school-based sites	Number of sites	N/A	11	3	(d,e,h,i)
	Estimated capacity	N/A	720	349	(d,e,h,i)
Home providers	Number of sites	N/A	8	2	(d,e,h,i)
	Estimated capacity	N/A	75	15	(d,e,h,i)
Cost of early childhood care for one infant (<1)	Median monthly charge	\$861	\$720	\$760	(d)
	% of median family income	15%	13%	17%	(b,d)
Cost of early childhood care for one toddler (1-2)	Median monthly charge	\$760	\$700	\$740	(d)
	% of median family income	13%	13%	16%	(b,d)
Cost of early childhood care for one preschooler (3-5)	Median monthly charge	\$660	\$622	\$640	(d)
	% of median family income	11%	12%	14%	(b,d)

HEALTH AND SAFETY INDICATORS

Births in 2017-2019	Total Births	241,386	5,371	1491	(e)
Characteristics of births in 2017-2019	Prenatal care in 1st trimester	69%	74%	69%	(e)
	Fewer than 5 prenatal care visits	8%	4%	6%	(e)
	Low birthweight (<2500 grams)	7%	7%	7%	(e)
	Premature (<37 weeks)	9%	9%	9%	(e)
	Tobacco use during pregnancy	5%	13%	14%	(e)
Breastfeeding rates for infants enrolled in WIC, 2020	% of infants ever breastfed	78%	80%	87%	(e)
BMI for children (2-4) enrolled in WIC, 2020	Underweight	4%	5%	3%	(e)
	Obese	16%	13%	14%	(e)
Children 0-5 without health insurance	% of children (0-5)	7%	10%	15%	(b)
Vaccination exemption rates for children in childcare, 2019-20**	Number enrolled	83,851	2,196	605	(e)
	% exempt from all vaccines	3.1%	6.9%	6%	(e)
Vaccination exemption rates for children in kindergarten, 2019-20**	Number enrolled	82,358	1,737	468	(e)
	% exempt from all vaccines	3.4%	7.8%	7%	(e)
Infant mortality rate, 2010-2019	Deaths per 1,000 live births	5.8	6.8	7.4	(j)
Children removed by DCS, SFY 2019-2020 combined	% of removals in Yavapai Region	8,113	254 [^]	30%	(k)

SOURCES: (a) US Census 2010; (b) American Community Survey 2015-2019; (c) Arizona Dept of Commerce Local Area Unemployment Statistics; (d) Arizona Dept of Economic Security; (e) Arizona Dept of Health Services; (f) Arizona Dept of Education; (g) Yavapai County Cooperative Extension UA SNAP-Ed Interactive Maps; (h) First Things First Data Center; (i) Northern Arizona Council of Government Head Start Program; (j) Arizona Dept of Health Services 2020 PCA Profiles; (k) Department of Child Safety

NOTES: *Community-level data is displayed for the largest town in this community, not the entire area. **Vaccination rates at the community level are for kindergartens and child care centers with 20 or more children enrolled. ***Community-level is displayed for Primary Care Areas (PCA), which differ from sub-region boundaries. Sedona and Verde Valley fall within the same PCA, so they share the same rate. [^]Count reflects Yavapai Region, not Yavapai County

Includes zip codes 86322, 86324, 86325, 86326, 86331, 86335
School Districts: Camp Verde Unified, Cottonwood-Oak Creek Elementary (COC), Beaver Creek Elementary, Clarkdale-Jerome Elementary (CJ)



Yavapai South Sub-region Fact Sheet

ARIZONA

Yavapai
County

Yavapai South Sub-
region

DEMOGRAPHIC INDICATORS

Population of children (0-5) in Census 2010		546,609	12,583	225	(a)
Households		2,380,990	90,903	2,938	(a)
Households with children (0-5)	Number	384,441	8,854	157	(a)
	% of all households	16%	10%	5%	(a)
Race or ethnicity (children 0-4)	Hispanic or Latino	45%	28%	9%	(a)
	White, not Hispanic or Latino	38%	64%	91%	(a)
	Black	5%	0.3%	0%	(a)
	American Indian or Alaska Native	6%	3%	1%	(a)
	Two or more races	9%	7%	0%	(a)
Living arrangements for children (0-5)	With two parents	58%	62%	72%	(b)
	With one parent	37%	32%	22%	(b)
	With relatives (no parent)	3%	5%	2%	(b)
	With non-relatives	2%	2%	4%	(b)
Children (0-5) living in their grandparent's household	Number	67,495	1,996	27	(a)
	% of children (0-5)	13%	18%	14%	(a)
Children (0-5) living with 1 or 2 foreign-born parents	% of children (0-5)	25%	12%	8%	(b)
Language spoken at home (ages 5 and older)	English only	73%	89%	92%	(b)
	Spanish	20%	8%	6%	(b)
	Another language	7%	3%	2%	(b)
Population (ages 5 and older) who speak English less than "very well"	% of population (5 and older)	9%	3%	3%	(b)
Limited English-speaking households	% of all households	4%	1%	0%	(b)

ECONOMIC INDICATORS

Children (0-5) living in poverty	Number	118,447	1,953	29	(b)
	% of children (0-5)	23%	17%	15%	(b)
Housing costs 30% or more of household income	% of occupied housing units	30%	31%	24%	(b)
Median family income for all families*	Dollars (2019)	\$70,200	\$64,600	\$46,488	(b)
for husband-wife families with children under 18*		\$88,400	\$78,000	\$82,900	(b)
for families with children under 18, single-male head of household*		\$42,900	\$39,100	NA	(b)
for families with children under 18, single-female head of household*		\$30,400	\$27,200	NA	(b)
Unemployment rate*	Average rate, 2020	7.9%	7.5%	N/A	(c)
TANF Enrollment (ages 0-5), 2020	Number	13,747	261	[1-16]	(d)
	% of children (0-5)	3%	2%	DS	(d)
SNAP Enrollment (ages 0-5), 2020	Number	132,466	4,223	66	(d)
	% of children (0-5)	36%	34%	29%	(d)
WIC Enrollment (ages 0-4), 2020	Number	167,186	3,900	52	(e)
	% of children (0-4)	37%	37%	30%	(e)
Children eligible for free or reduced-price lunch, 2020	% of students	55%	53%	81% (Yarnell)	(f)
				77% (Kirkland)	(f)
				69% (Congress)	(f)
				42% (Skull Valley)	(f)
SNAP and/or WIC Authorized Retailers	SNAP-authorized retailers	3,857	156	5	(g)
	WIC-authorized retailers	547	19	0	(g)
Emergency Food Sites, 2020	Sites	N/A	72	9	(g)



Yavapai South Sub-region Fact Sheet

ARIZONA

Yavapai
County

Yavapai South Sub-
region

EDUCATIONAL INDICATORS

Children (3-4) enrolled in nursery school, preschool, or kindergarten		39%	51%	N/A	(b)
Children (0-2) eligible for AzEIP services, 2020		4,675	155	0	(d)
Children (0-5) receiving services from DDD, 2020		4,078	53	[1-9]	(d)
Children (0-2) receiving services from AzEIP, DDD, or both, 2020		5,721	157	0	(d)
AzMerit English Language Arts (ELA) test, 2019	% with passing scores	46%	48%	<2% (Yarnell)	(f)
				20% (Kirkland)	(f)
				36% (Congress)	(f)
				<2% (Skull Valley)	(f)
AzMerit Math test, 2019	% with passing scores	51%	50%	25% (Yarnell)	(f)
				40% (Kirkland)	(f)
				55% (Congress)	(f)
				<2% (Skull Valley)	(f)
Educational attainment of adults (25 and older)	Less than high school	13%	9%	11%	(b)
	High school or GED	24%	26%	27%	(b)
	More than high school	63%	65%	62%	(b)
Overall child care capacity, 2020	Number of sites	N/A	82	1	(d,e,h,i)
	Estimated capacity	N/A	4,595	10	(d,e,h,i)
Child care centers	Number of sites	N/A	48	0	(d,e,h,i)
	Estimated capacity	N/A	3,271	0	(d,e,h,i)
Head Start	Number of sites	N/A	15	0	(d,e,h,i)
	Estimated capacity	N/A	529	0	(d,e,h,i)
Public school-based sites	Number of sites	N/A	11	0	(d,e,h,i)
	Estimated capacity	N/A	720	0	(d,e,h,i)
Home providers	Number of sites	N/A	8	0	(d,e,h,i)
	Estimated capacity	N/A	75	0	(d,e,h,i)
Cost of early childhood care for one infant (<1)	Median monthly charge	\$861	\$720	N/A	(d)
	% of median family income	15%	13%	N/A	(b,d)
Cost of early childhood care for one toddler (1-2)	Median monthly charge	\$760	\$700	N/A	(d)
	% of median family income	13%	13%	N/A	(b,d)
Cost of early childhood care for one preschooler (3-5)	Median monthly charge	\$660	\$622	N/A	(d)
	% of median family income	11%	12%	N/A	(b,d)

HEALTH AND SAFETY INDICATORS

Births in 2017-2019	Total Births	241,386	5,371	96	(e)
Characteristics of births in 2017-2019	Prenatal care in 1st trimester	69%	74%	65%	(e)
	Fewer than 5 prenatal care visits	8%	4%	DS	(e)
	Low birthweight (<2500 grams)	7%	7%	[2-17%]	(e)
	Premature (<37 weeks)	9%	9%	[2-17%]	(e)
	Tobacco use during pregnancy	5%	13%	19%	(e)
Breastfeeding rates for infants enrolled in WIC, 2020	% of infants ever breastfed	78%	80%	90%	(e)
BMI for children (2-4) enrolled in WIC, 2020	Underweight	4%	5%	DS	(e)
	Obese	16%	13%	DS	(e)
Children 0-5 without health insurance	% of children (0-5)	7%	10%	22%	(b)
Vaccination exemption rates for children in childcare, 2019-20**	Number enrolled	83,851	2,196	N/A	(e)
	% exempt from all vaccines	3.1%	6.9%	N/A	(e)
Vaccination exemption rates for children in kindergarten, 2019-20**	Number enrolled	82,358	1,737	N/A	(e)
	% exempt from all vaccines	3.4%	7.8%	N/A	(e)
Infant mortality rate, 2010-2019	Deaths per 1,000 live births	5.8	6.8	N/A	(j)
Children removed by DCS, SFY 2019-2020 combined	% of removals in Yavapai Region	8,113	254^	2%	(k)

SOURCES: (a) US Census 2010; (b) American Community Survey 2015-2019; (c) Arizona Dept of Commerce Local Area Unemployment Statistics; (d) Arizona Dept of Economic Security; (e) Arizona Dept of Health Services; (f) Arizona Dept of Education; (g) Yavapai County Cooperative Extension UA SNAP-Ed Interactive Maps; (h) First Things First Data Center; (i) Northern Arizona Council of Government Head Start Program; (j) Arizona Dept of Health Services 2020 PCA Profiles; (k) Department of Child Safety

NOTES: *Community-level data is displayed for the largest town in this community, not the entire area. **Vaccination rates at the community level are for kindergartens and child care centers with 20 or more children enrolled. ***Community-level is displayed for Primary Care Areas (PCA), which differ from sub-region boundaries. ^Count reflects Yavapai Region, not Yavapai County

Includes zip codes 85320 (pt), 85332, 85342 (pt), 85362, 85390 (pt), 86332, 86338, 86343
School Districts: Congress Elementary, Yarnell Elementary, Kirkland Elementary, Hillside Elementary, Crown King Elementary, Skull Valley Unified