2026

NEEDS AND ASSETS REPORT

FIRST THINGS FIRST

Pinal Region

Pinal
Regional Partnership Council
2026 Needs and Assets Report

Funded by the

First Things First Pinal Regional Partnership Council

Prepared by the

Community Research, Evaluation & Development (CRED) Team

Norton School of Human Ecology

College of Agricultural, Life & Environmental Sciences

The University of Arizona

P.O. Box 210078

Tucson, AZ 85721-0078

https://norton.arizona.edu/research/community-research-evaluation-and-development-cred

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. Arizonans created First Things First (FTF) 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 well-being in our communities and our state. This Needs and Assets Report for the FTF Pinal 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.

The 2026 report has been redesigned in response to stakeholder feedback. The revised structure now consists of two parts: the primary report and supplementary sub-regional fact sheets.

The main report is structured around four domains relevant to young children, their families, and the professionals who support them in the region:

- Child, Family & Community Characteristics
- Early Education
- Education & Workforce
- Child Health & Development

This main report uses an infographic and figure-based approach to analyze regional-level data trends, as well as how these regional trends compare to statewide trends. Community-level data, illustrating similarities and differences within the sub-regions of the FTF Pinal Region, is detailed separately in the Fact Sheets. The FTF Pinal Regional Partnership Council recognizes the importance of investing in young children and ensuring that families and caregivers have options in 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 FTF Pinal 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 age 5 in communities throughout the region.

ACKNOWLEDGMENTS

The FTF Pinal Regional Partnership Council wishes to thank all of the federal, state and local partners whose contributions of data, ongoing support and partnership with FTF made this report possible. These partners included the Arizona Departments of Administration (Employment and Population Statistics), Child Safety, Economic Security, Education and Health Services; Child Care Resource and Referral; Arizona Health Care Cost Containment System; and the U.S. Census Bureau. We also want to thank parents and caregivers, local departments and service providers and members of the public who provided local data, 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 FTF Pinal Region. Lastly, we want to acknowledge the current and past members of the FTF Pinal 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.

ABOUT THIS REPORT

The experiences in the first few years of a child's life lay the foundation for their future. Safe and healthy neighborhood environments, accessible educational opportunities, economically stable families and nurturing social contexts for young children have long-term, positive impacts. This Needs and Assets Report examines the current conditions for young children and their families— including social and economic contexts, early learning systems, education and workforce indicators, health outcomes and supports for children with special needs— in the First Things First (FTF) Pinal Region.

Sources and Data: 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 2020 Census and American Community Survey (ACS) 5-Year Estimates (primarily 2019-2023). The 2020 Census faced unprecedented challenges in data collection, the foremost of which was the COVID-19 pandemic and its disruption of local institutions. Due to these challenges, the 2020 Census is widely known to have undercounted young children and particular populations such as American Indians residing on reservations.[1] Data in this report from the ACS summarize the responses from samples of residents taken between 2019 and 2023. Because these estimates are based on samples rather than the entire population, ACS data should not be considered exact. Estimates for smaller geographies, such as

regions or sub-regions, are less accurate than estimates for larger geographies, such as the state, because they are based on smaller sample sizes.

Data were provided to FTF by state agencies including the Arizona Department of Health Services (ADHS) and the Arizona Department of Economic Security (DES). FTF strategy data related to quality early education, professional development and home visiting were also provided. FTF partnered with the Arizona State University Center for Health Information and Research (CHiR) to create custom tabulations of claims data for young children from the Arizona Health Care Cost Containment System (AHCCCS). In most cases, the data in this report were calculated specifically for the Needs and 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 data tailored to the region, but in some cases, there are only county-level or statewide data available to report. This report also includes publicly available data for the county and state, including from state agencies such as the Arizona Department of Commerce's Office of Economic Opportunity, Arizona Department of Education (ADE), and the Arizona Department of Child Safety (DCS) semi-annual child welfare reports. When more recent data from public or state agency datasets were not available, this report cites data from past Regional Needs and Assets Reports for the region.

The data in this report are as complete as possible, but there are cases when data for specific years were unavailable or unable to be reported. State agencies have varying policies about reporting small values. Labels such as **<10**, **<6** or "**DS**" indicate that a count has been suppressed to protect privacy. When data were not available for a given year or geography, the label "**N/A**" is used.

Color-coding: This report uses color-coding to indicate the relevant geography for each number or percentage discussed in the text as follows: **Pinal Region**, **Pinal County**, **Arizona**, and the **U.S.** Additional important numbers in the text that do not correspond to one of these geographies have been **bolded**.

Data Interpretation Session: The data compiled in this report reflect one way of knowing about the status of young children and their families, but local perspectives on what works well and what needs improvement from community experts who live, work and care for children in the region provide another vital source of information about the needs and assets in the region. First Things First Regional Partnership Council members and other key community experts participated in a facilitated data discussion in the beginning of 2026 to review the data included in this report. During this session, participants shared local knowledge and perspectives to help interpret the data and add additional context about the region. These insights are included throughout the report, attributed to "local key informants" and "local community experts."

Limitations: This report was compiled in the fall of 2025 and spring of 2026 during a time of rapid changes in federal funding and policy. The data presented reflect a particular moment in time.

Where possible, potential impacts of currently known policy decisions grounded in high-quality research have been included, but the full extent of the impact of policies implemented in 2025 and 2026 on early childhood well-being will not be fully clear for years to come.

Throughout this report, state-level data is included to help understand how the region is doing in comparison to Arizona overall. For a more comprehensive discussion of needs and assets at the state level, please see the First Things First 2025 Statewide Needs and Assets Report – Building Bright Futures.[a]

Analysis of data and reporting of findings contained in this report were completed by Kara Haberstock Tanoue, Rachel Leih, Madeleine deBlois, Deirdre Avery, Vicki Brown, Terrace Ewinghill, Rachel Gildersleeve, Anvi Bhakta, Beatriz Reyna, Deshawna Yazzie, April Horne, Lauren Moxley, Dora Valencia, Claudia Vega and Felicia Zhang from the Community Research, Evaluation & Development (CRED) team in the John and Doris Norton School of Human Ecology at the University of Arizona.

THE PINAL REGION

The First Things First regional boundaries were established to create regions that (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, (d) facilitate the ability to convene a Regional Partnership Council, and (e) allow for the collection of demographic and indicator data.

The Pinal Region is defined as Pinal County, not including the lands belonging to the Gila River Indian Community, the Tohono O'odham Nation or the San Carlos Apache Tribe. The region does include the land belonging to the Ak-Chin Indian Community.

The map below shows the geographical area covered by the Pinal Region. Additional information is available at the end of this report, including a map and table of the region's zip codes and a map of Arizona public school districts in the region in the *Maps & Methods* Appendix.

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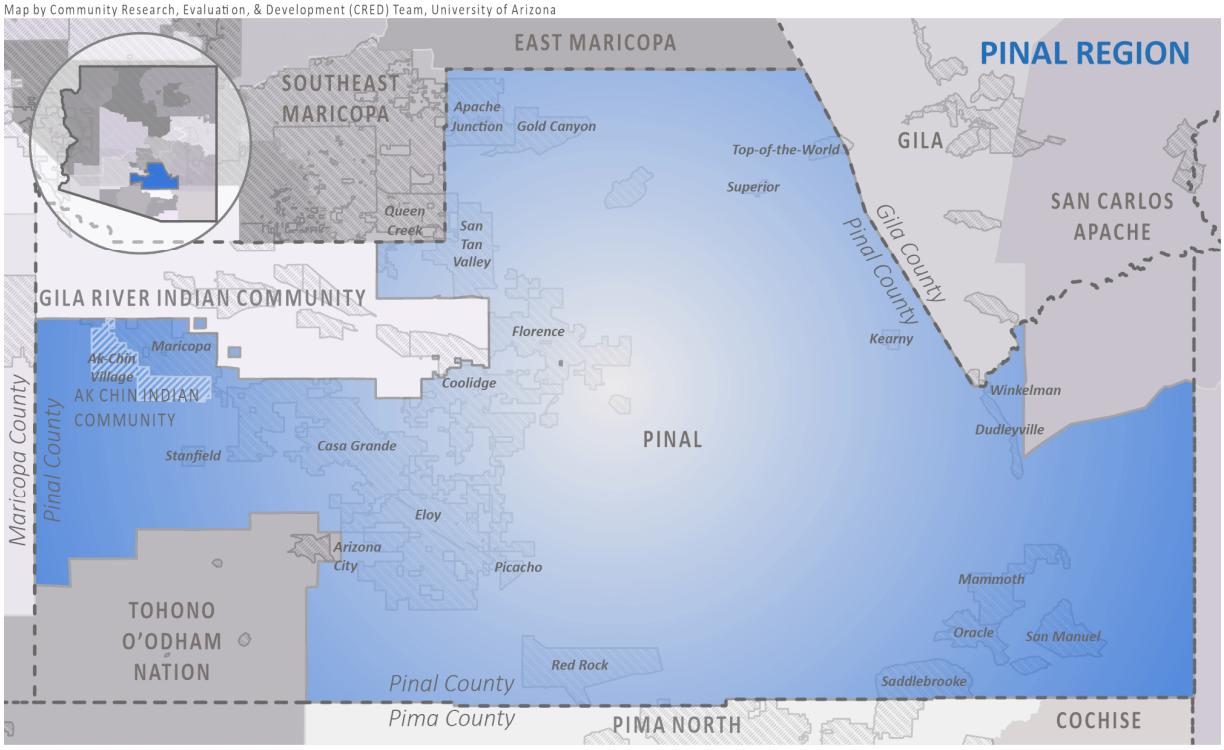
[a] *The full report can be found at https://www.firstthingsfirst.org/wp-content/uploads/2025/12/2025-State-Needs-and-Assets-Report.pdf*

The First Things First Pinal Region

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



FAMILY, CHILD & COMMUNITY CHARACTERISTICS

Young children in the region

While young children make up a small proportion of the overall population, their well-being has wide-reaching impacts on families, social service systems and the state's future population. Continued investment in children's well-being and the well-being of their families was deemed by the National Academy of Sciences as "the most efficient strategy" for strengthening the future workforce and supporting a thriving community.[2, 3] According to the 2020 Census, the Pinal Region was home to **28,572** young children birth to age 5. Between 2018 and 2023, births in the Pinal Region increased overall from **4,456** in 2018 to **5,340** in 2023.[b] Statewide, births declined from 2018 to 2020, before increasing again over the next two years, and ultimately declining in 2023.

Prior to the more recent uptick in births in the region, the number of young children counted in the 2020 Census in the Pinal Region was notably lower than in 2010, decreasing by **18%** from **34,844** young children in 2010 to **28,572** in 2020. This decline was higher than the decline observed statewide, where there was a **12%** decrease in the population of young children over the same ten-year period. This was also in contrast to the all-age population, which increased by **13%** in the region, similar to the increase seen statewide (**+12%**). Local key informants discussed the rapid population growth happening in recent years in the Pinal Region, particularly in areas like Casa Grande and San Tan Valley.

Characteristics of young children and the population

According to the 2020 Census, approximately **414,272** people lived in the Pinal Region, in **143,892** households. About one in seven of these households (**14%**) in the region included a young child birth to age 5, a slightly larger proportion of households than across the state (**13%**) or nation (**13%**).

Understanding the racial-ethnic composition of communities can inform efforts to ensure equitable access to services and resources. According to the 2020 Census, most of the total population of the Pinal Region was non-Hispanic White (**62%**) just above the proportion statewide (**57%**).[4] A similar proportion of young children in the region were identified as Hispanic or Latino

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[b] *Note that births are assigned to the region based on the address that parents list on the birth certificate form. This means that babies born to families residing in the region should be counted in regional birth numbers regardless of the location of the hospital where they were born.*

Figure 1.

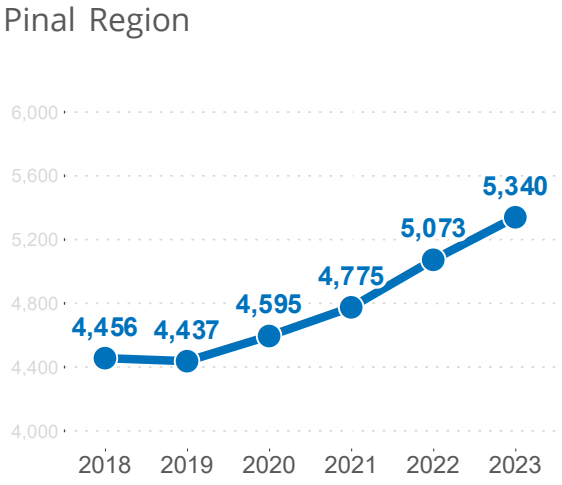
Young children in the region

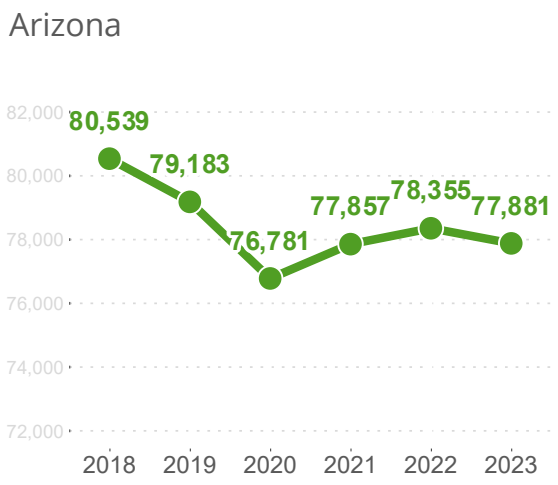
The Pinal Region is home to

28,572

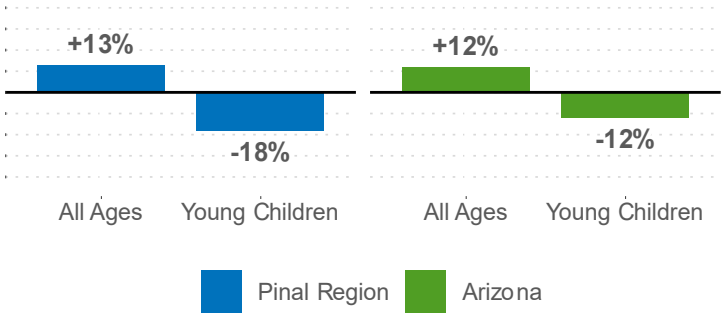
children birth to age 5 (2020)[1]

Number of births per calendar year[2]





Change in population between the 2010[3] and 2020[1] Census



[1] *U.S. Census Bureau. (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC).*
[2] *Arizona Department of Health Services. (2024). [Vital Statistic dataset].*
[3] *U.S. Census Bureau. (2010). 2010 Decennial Census.*

(**43%**) compared to children statewide (**44%**).[5] The Pinal Region also had a similar proportion of residents identifying as multi-racial (**22%** of young children and **13%** of the total population) compared to Arizona overall (**21%** and **14%**, respectively).[6] Almost four in five (**81%**) residents in the Pinal Region spoke English at home as their primary language, followed by Spanish (**16%**) or another language (**3%**). Statewide, **19%** of residents spoke Spanish at home and **6%** spoke another language.[7]

Caregivers for young children

Family structure has important effects on children's development.[8] For example, living in a single-parent household is often linked to implications for poverty, access to health and education resources, parental health and the quality of a child's interactions with adult caregivers.[9, 10, 11, 12, 13, 14] The 2023 American Community Survey (ACS) estimated that six in 10 (**60%**) children birth to age 5 in the Pinal Region lived with two married parents, the same as the proportion statewide (**60%**).[15] Young children across the state were slightly more likely to reside with one unmarried parent[c] (**36%**) compared to young children in the region (**34%**).

Multi-generational households, where grandparents, parents and children live together, are also becoming more common across all racial and ethnic groups.[16, 17, 18, 19] These living arrangements can offer financial and social benefits, but also stressors such as differing parenting styles and family roles.[20, 21, 22, 23, 24] According to the 2020 Census, **14%** of young children in the Pinal Region and **15%** in Pinal County lived in a grandparent's household (with or without a parent present), just above the proportion across the state (**13%**). Overall, there were **3,594** grandparents in the region who reported that they were responsible for one or more grandchildren birth to age 17. Local key informants noted that many grandparent caregivers in the region are most comfortable communicating in Spanish and that efforts are being made to ensure services and supports are available in Spanish to better reach this population.

Kinship care, where children live with someone other than their parents (such as grandparents, other relatives or close friends), may bring challenges related to informal guardianship (e.g., difficulties in registering children for school), coping with parental absence and being an aging caregiver for a young child.[25, 26, 27, 28, 29, 30, 31] In the Pinal Region, **3%** of young children resided with relatives other than parents (e.g., grandparents, aunt or uncle) and **3%** lived with a non-relative caregiver, similar to the rates seen statewide (**3%** with non-parental relatives and **2%** with non-

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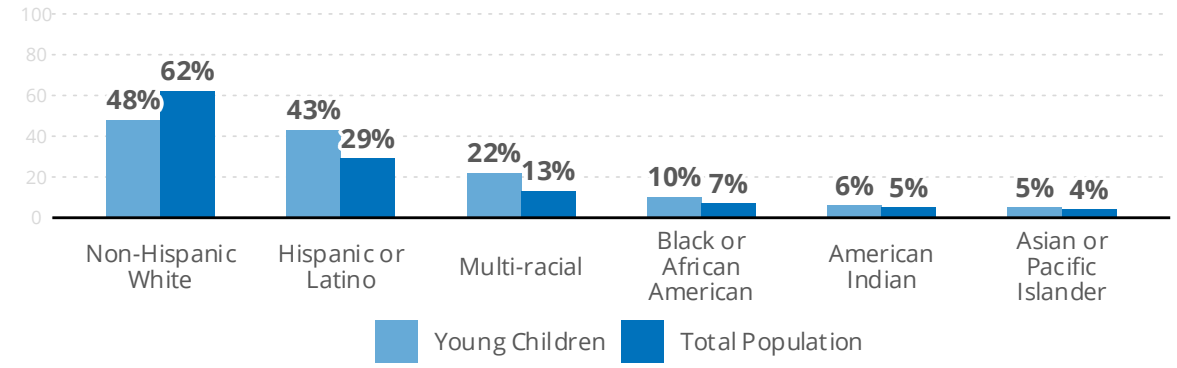
[c] *The term "parent" includes stepparents. Please note that due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are not counted as living with two parents (these children are counted in the 'one parent' category).*

Figure 2.

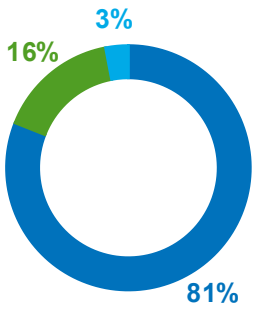
Characteristics of young children and the population

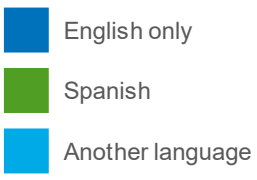
414,272 people live in the Pinal Region (2020)[1]

Race and ethnicity in the Pinal Region (2020)[1]



Language spoken at home in the region (2023)[2]



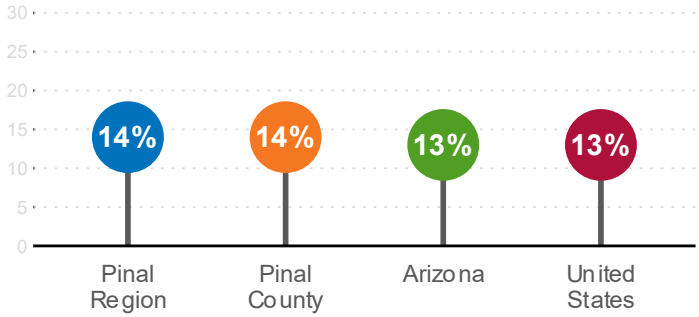


The region has

143,892

households (2020)[1]

Households with young children (2020)[1]



[1] *U.S. Census Bureau. (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC).*
[2] *U.S. Census Bureau. (2024). 2023 American Community Survey Five-Year Estimates, 2019-2023.*
Notes: Race and ethnicity data are non-exclusive, meaning that individuals are counted in each category in which they identify. Language data are for the population ages 5 and older. 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%).

relatives).[32] Local key informants noted that trends in multigenerational households, grandparent caregiving, and kinship care in the region have contributed to the growing interest and demand for Family, Friend and Neighbor (FFN) supports to better reach and support home-based caregivers.

Participation in the labor force can impact families in ways that affect children's health and well-being. For example, unemployment can limit access to resources that support children's physical and mental health.[33] An estimated **93%** of young children birth to age 5 in the Pinal Region lived in families with at least one parent in the labor force. Nearly six in 10 young children (**61%**) lived with all parents in the labor force, making it likely that these families need some form of child care.

Income and poverty among families with children

Poverty is associated with reduced access to nutrition, green space and health care and greater exposure to psychosocial stress and environmental toxins; together, these factors may have implications for children's growth and brain development.[34,35, 36] According to the U.S. Department of Health and Human Services, in 2025, a family of two adults and two children was considered to be in poverty if their income fell below $32,150, while for a single parent with one child the threshold was $21,150.[37] Between 2019 and 2023, an estimated **15%** of young children in the Pinal Region lived in poverty, a decline from the region's poverty rate between 2014 and 2018 (**22%**). Similarly, young child poverty rates also decreased statewide (**25%** to **18%**) and nationwide during this time, a phenomenon largely attributed to pandemic relief funding and policies.[38]

Overall, single-parent families across Arizona earned less than married-couple families in 2023. Married-couple families in Pinal County have a median income of **$106,905**. This was nearly twice the median income for single-male-headed families (**$55,322**) and almost two and a half times that of single-female-headed families (**$44,558**). With the exception of single-female-headed families, median incomes in Pinal County were lower than median incomes statewide.

While median family income is a measure of how much families earn, the self-sufficiency standard[d] attempts to estimate how much families actually need to earn to fully support themselves. These standards vary by family type and differences in costs of housing, transportation, child care and other budget items across counties and states.[39, 40] In 2022, the self-sufficiency standard for two parents, one preschooler and one infant was **$78,391** in Pinal County, lower than the median income for married couples with children. The self-sufficiency standard for one parent and one preschooler in Pinal County (**$53,619**) also fell below the median income for

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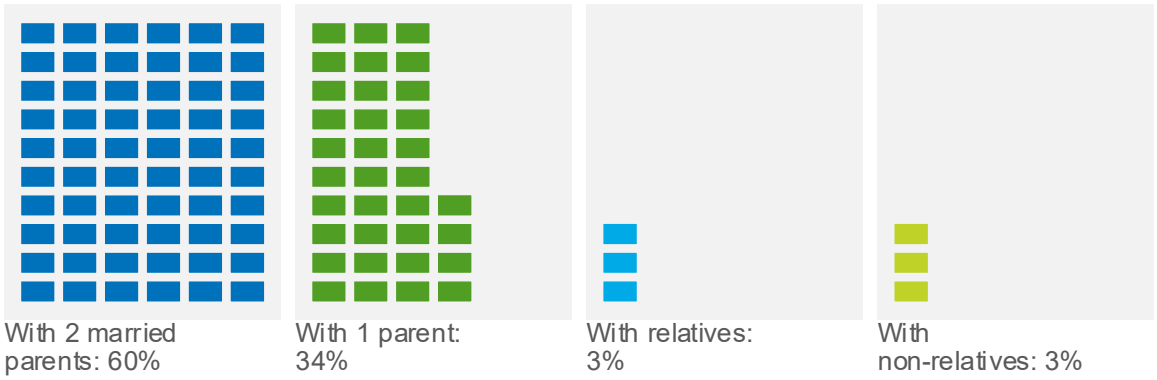
[d] *For more information on the Arizona 2022 Self-sufficiency standard, please see https://womengiving.org/wp-content/uploads/2022/12/AZ2022_SSS_Web.pdf*

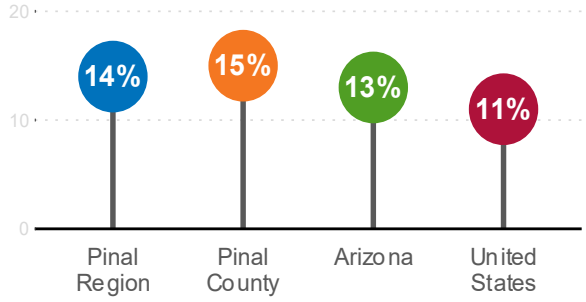
Figure 3.

Caregivers for young children

Living arrangements for children birth to age 5 in the region (2023)[1]



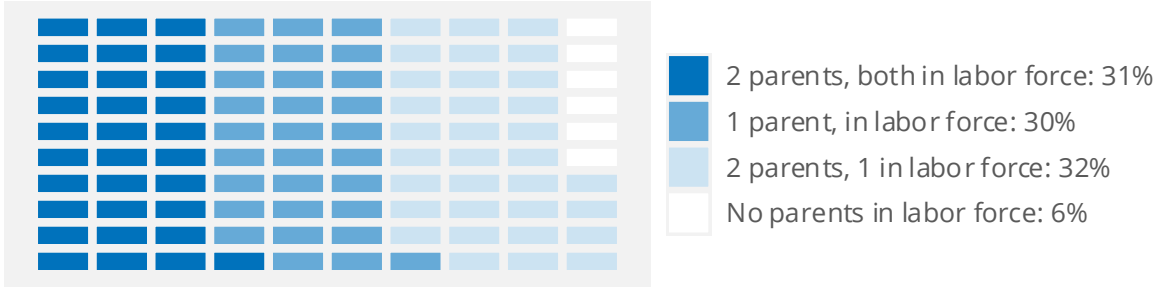
Grandchildren birth to age 5 living in a grandparent's household (2020)[2]



3,594

grandparents in the Pinal Region are responsible for a grandchild (birth to age 17) (2023)[1]

Children birth to age 5 by their parent's employment status in the region (2023)[1]



[1] U.S. Census Bureau. (2024). 2023 American Community Survey Five-Year Estimates, 2019-2023.
[2] U.S. Census Bureau. (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC).
Notes: The 4 percentages for living arrangements and employment status should sum to 100% but may not because of rounding. The term "parent" here includes stepparents. 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 unmarried parent' category).

single-male-headed families with children (**$55,322**) but above that for single-female-headed families with children (**$44,558**). These data highlight the likelihood that the majority of single-female-headed households in Pinal County may not be earning enough income to support their families.

The Arizona self-sufficiency standards were updated in 2025 and reflect a significant increase in the cost of basic needs across Arizona since they were first published in 2002.[41] Pinal County's self-sufficiency standards increased by **24%** for two parents, one preschooler and one infant (**$97,244**) and **19%** for one parent and one preschooler (**$64,030**) between 2022 and 2025.[42]

These rising costs have real implications for families' well-being in the Pinal Region. When housing costs consume a large percentage of family income, limited funds for basic needs such as food and utilities can influence young children's development.[43, 44, 45] Traditionally, housing has been deemed affordable for families if it costs less than 30% of annual household income. One-quarter of households (**25%**) in the Pinal Region were considered housing cost-burdened, spending 30% or more of their income on housing (mortgage or rent). Not only is this lower than the **30.8%** of cost-burdened households statewide, but the region also met the Healthy People 2030[e] target of **25.5%** or fewer households considered housing cost burdened.[46] Local key informants noted that while Pinal County was historically considered more affordable than Maricopa and Pima counties, particularly in housing costs, that gap has narrowed considerably in recent years, contributing to more families sharing housing costs through multigenerational living arrangements.

Internet access is a vital utility in homes in today's interconnected world. Reliable broadband enables access to education, employment, telehealth and social connection, highlighting its importance as a "super determinant" of health.[47] In the Pinal Region, the vast majority (**96%**) of children under age 18 had access to a computer and internet at home, pointing to a strength in the region in connectivity for families.

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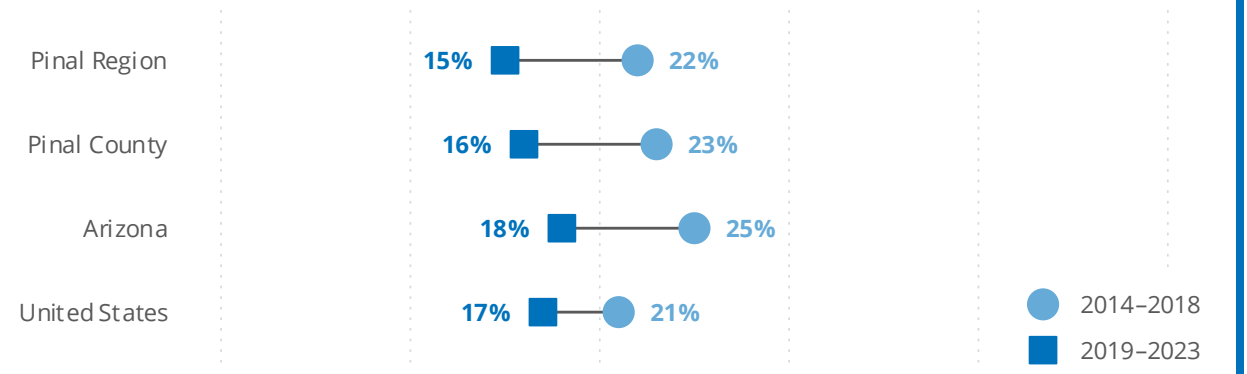
[e] *Healthy People identifies science-based targets to guide national health promotion and disease prevention efforts. For more information see https://www.cdc.gov/nchs/healthy_people/index.htm*

Figure 4.

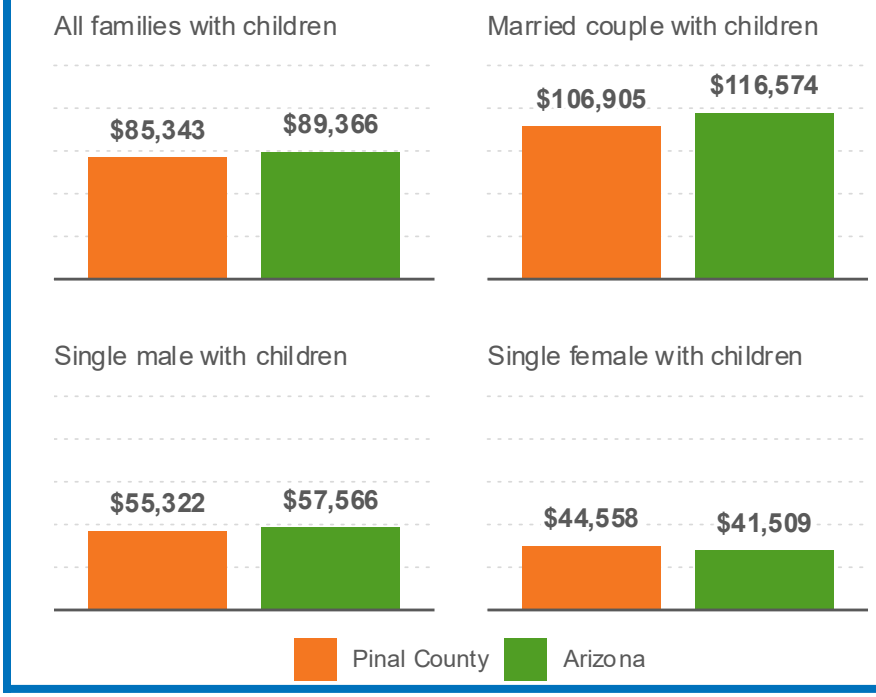
Income and poverty among families with children

Change in poverty rates for young children birth to age 5[1,2]



Self-Sufficiency Standard (2022)[3]	Pinal County
2 parents, 1 preschooler & 1 infant	$78,391
1 parent & 1 preschooler	$53,619

Median family income for families with children birth to age 17 (2023)[2]



25%

of households in the region spend 30% or more of their income on housing (2023)[2]

96%

of children under age 18 in the region have a computer and internet access at home (2023)[2]

[1] *U.S. Census Bureau. (2020). American Community Survey 5-Year Estimates, 2014-2018.*
[2] *U.S. Census Bureau. (2024). American Community Survey 5-Year Estimates, 2019-2023.*
[3] *Kucklick, A., Manzer, L., and Mast, A.. (2022). [The Arizona 2022 Self-Sufficiency Standard].*

Food security among young children and families

The Special Supplemental Nutrition Assistance Program for Women, Infants and Children, known as WIC, provides food assistance, breastfeeding support, nutrition education and referral to other health and community services for women and children, starting in pregnancy until children turn age 5.[f] WIC, along with other programs like free and reduced-price school meals, Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP), can be a key resource for low-income families to ensure they have access to affordable, nutritious food that promotes well-being. Families in Arizona are financially eligible for WIC if their income is at or below 185% of the federal poverty level.[g, 48] According to 2023 American Community Survey (ACS) estimates, there were **10,372** children birth to age 5 in the Pinal Region living in households with qualifying incomes for WIC. This equated to **38%** of the young child population in the region. The region had an equal proportion of young children whose households financially qualified for WIC compared to Arizona (**38%**) and larger proportion than the U.S. (**35%**).

Between 2018 and 2022, the number of young children (birth to age 4) enrolled in WIC in the Pinal Region steadily declined from a high of **11,990** in 2018, to a low of **10,243** in 2022. In 2024, **10,813** young children were enrolled in WIC in the region. The region had increasing participation rates among young children enrolled in WIC in recent years, evident in the narrowing gap between the number of children enrolled versus the number of children participating. In 2024, **93%** of enrolled young children in the region participated in WIC, just below the **95%** participating statewide that year.

Families' neighborhood environments also influence their access to affordable, nutritious food. Low-income, low-access areas, also known as "food deserts," are geographic areas with high rates of poverty and limited access to fresh food options, a challenge often compounded by limited access to adequate transportation.[49] About one in five (**21%**) children birth to age 5 in the Pinal Region[h] lived in a community classified as a low-income, low-access area by the U.S. Department of Agriculture in 2019, a larger proportion than the **15%** of children statewide.[50]

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[f] *For more information see https://www.fns.usda.gov/wic*

[g] *In 2026, the 185% FPL threshold was $61,050 for a family of four and $40,034 for a family of two. For more information, see https://aspe.hhs.gov/sites/default/files/documents/b1bfa16b20ae9b89d525bc35de7c1643/detailed-guidelines-2026.pdf*

[h] *To view a map of low income and low access census tracts, see https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas*

Figure 5.

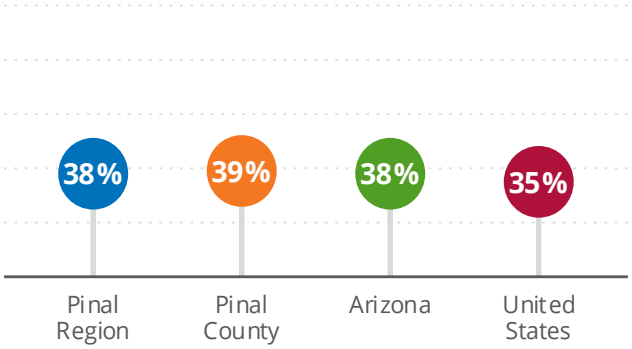
Food security among young children and families

10,372

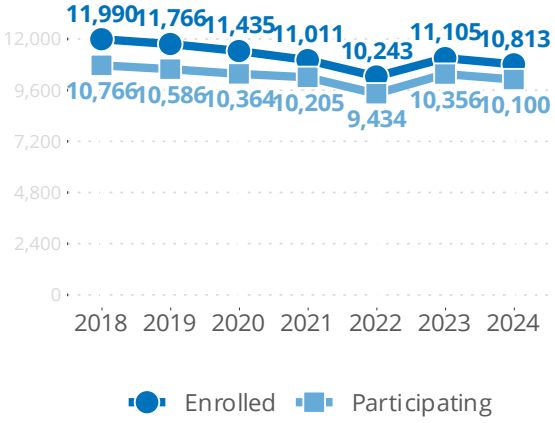
children birth to age 5 in the region live in households with incomes at or below 185% of the federal poverty level* (2023)[1]

*The income threshold for WIC eligibility

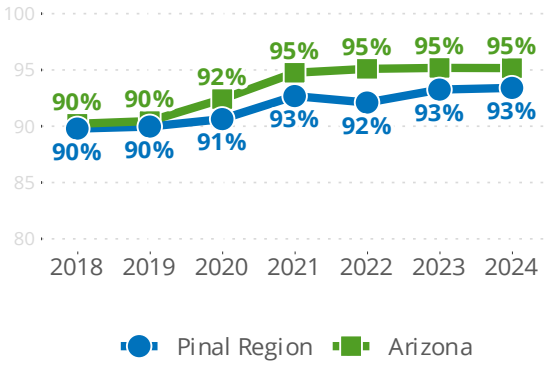
Children birth to age 5 living in households under 185% of the federal poverty level (2023)[1]



Children birth to age 4 enrolled and participating in WIC in the region[2]



WIC participation rates for children birth to age 4[2]



21%

of children birth to age 5 in the Pinal Region live in a "food desert" (2019)[3]

[1] *U.S. Census Bureau. (2024). 2023 American Community Survey Five-Year Estimates, 2019-2023.*
[2] *Arizona Department of Health Services. (2025). [WIC dataset].*
[3] *Economic Research Service, U.S. Department of Agriculture. (2022). Food Access Research Atlas.*
Note: WIC participation rates reflect the percent of children already enrolled in WIC who attend visits and receive benefits. These do not reflect the share of potentially-eligible children enrolled in WIC.

Child maltreatment response and prevention

Traumatic or stressful life events experienced in childhood, referred to as Adverse Childhood Experiences or ACEs,[i] can have lasting impacts on health and life trajectory beyond childhood, with risk increasing as an individual's number of adverse childhood experiences increases.[51] In situations of abuse or neglect, the Arizona Department of Child Safety (DCS) is required to intervene to ensure the safety and well-being of children. When DCS determines that the harm in remaining with their family is too great, a child may be removed from their home, either temporarily or permanently. In recent years, DCS has set an overarching goal of safely reducing the number of children removed from their homes and placed in out-of-home care.[52] In line with this goal, the number of children reported to DCS who were removed from their homes and placed in out-of-home care has substantially declined in recent years in Arizona, from a recent high of **13,465** children age birth to 17 in state fiscal year (SFY) 2021 to **8,305** in SFY 2024. Out-of-home placements in Pinal County showed a similar pattern across those years, with a high of **894** children birth to age 17 in SFY 2021 to a five-year low of **494** children in SFY 2024.

DCS also aims to place children into a permanent, stable housing situation within 12 months, whether that is through reunification, living with other relatives (known as kinship care) or any type of guardianship or adoption.[53] In SFY 2024, almost half (**47%**) of young children birth to age 17 exiting out-of-home care in Arizona were reunified with their families, one in four (**25%**) were adopted[j] and one in six (**16%**) were placed in guardianship.[k] The other **12%** included children who aged out of the out-of-home care system, were transferred to another agency, ran away or exited for another reason.

Home visitation programs are a proven strategy for equipping families with needed resources and referrals to promote healthy child development, reduce parental stress and prevent future child maltreatment.[54, 55, 56, 57] Over the course of state fiscal year 2025, **458** families in the Pinal Region participated in home visitation programs, including Healthy Families AZ, High-Risk Perinatal Program and FTF-funded Parents as Teachers programs.

---

[i] *Adverse Childhood Experiences (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.*

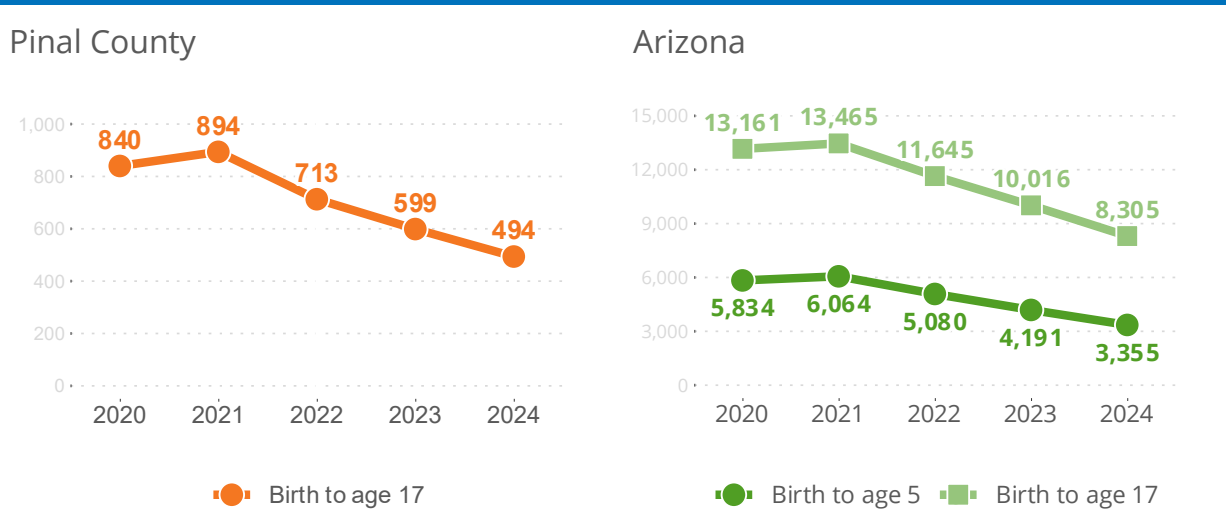
[j] *Adoption by a relative, foster parent or other non-relative*

[k] *Guardianship by a foster parent or other non-relative*

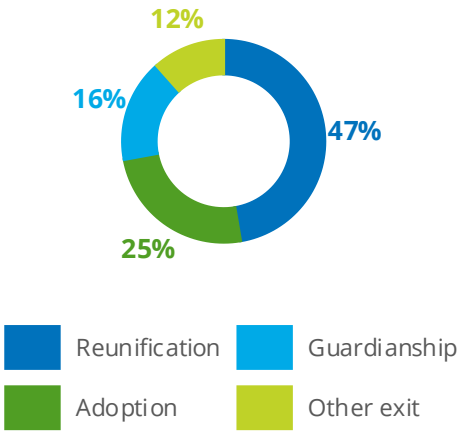
Figure 6.

Child maltreatment response and prevention

Children in out-of-home placements with the Department of Child Safety[1]



Case outcomes for children birth to age 17 exiting out-of-home care in Arizona (2024)[1]



In the Pinal Region,

458 families participated in home visitation programs (2025)[2]

[1] *Arizona Department of Child Safety. (2025). Monthly Operational Outcomes Report, May 2025.*
[2] *First Things First. (2025). [Home Visitation & Screenings Reach datasets].*
Note: Home visitation program data reflects families in Healthy Families AZ, High-Risk Perinatal Program and FTF-funded Parents as Teachers programs. Families may participate in more than one program (and be counted more than once).

EARLY LEARNING

Availability of quality early care and education

Participating in quality preschool programs can result in between one-third and a full year of additional early learning gains in language, reading and math skills, increasing the academic readiness of children when they enter kindergarten.[58] According to 2023 American Community Survey (ACS) estimates, **30%** of 3- and 4-year-olds were enrolled in school[l] in the Pinal Region, lower than the proportion across the state (**36%**).[59] Enrollment in preschool in public schools in Pinal County was notably lower between the 2020-21 (n = **734**) and 2022-23 (n = **705**) school years compared to the years before and after that period. In the 2024-25 school year, **1,047** children were enrolled in preschool in public schools in Pinal County. However, there is likely more capacity in school-based preschool programs in the county than reflected in these numbers. Not all preschool students are well-captured in ADE enrollment data, particularly typically-developing students in part-day programs and preschool students whose families pay a fee for care at a Pinal County school.

In 2025, there were **159** early care and education providers in the region with the capacity to serve **10,074** children. Most of this capacity was provided by **99** child care centers with a capacity to serve **8,094** children, followed by **27** schools (n = **1,753**) and **33** home-based providers (n = **227**). Between 2023 and 2025, **21** new child care providers opened in the Pinal Region and **2** closed. Local key informants noted that while the number of new providers opening is encouraging, questions remain about the capacity to adequately staff these centers, given the ongoing workforce shortage in the region. As previously noted, family, friend and neighbor (FFN) care is a key way that families in the region find care for their young children. Through the First Things First FFN Care strategy, **305** FFN providers in the region received education and support in state fiscal year (SFY) 2025, an increase from the **281** providers in SFY 2024.[m, 60]

An area is labeled a child care desert if there are three times as many children as there are available child care slots (a ratio of **3.0** or more).[61] Communities in both urban and rural areas of Arizona face a gap between the number of young children and licensed child care slots.[62, 63, 64] Collectively across all children birth to age 5, the Pinal Region is considered a child care desert, with a ratio of **4** children birth to age 5 per available slot, above the ratio statewide (**2** children birth to age 5 per available slot).[65] For 1-year-olds, the ratio is higher, with **9** 1-year-olds per available slot. The ratio for regulated infant care is highest and farther above the ratio to qualify as

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[l] *School includes nursery school, preschool or kindergarten.*

[m] *As of Q3, 318 FFN providers participated in the strategy in SFY 2026.*

a child care desert, with **15.3** infants per available slot, indicating more scarce licensed infant child care in the region. Local key informants also noted that preschool availability through public schools has declined significantly over the years, with Casa Grande reducing from four preschool programs down to one, further limiting accessible care options for families in the region.

Increasing access to quality early care and education

High-quality early learning experiences lay a strong foundation for children's success in kindergarten, elementary school and beyond.[66] One way that the quality of early child care and education is measured in Arizona is through the Quality First (QF) program.[67] The QF program rates the quality of child care providers and preschools on a scale from one to five stars, with providers considered high quality when they have received a 3-star rating or higher.[68] In the Pinal Region, the **54** providers served by Quality First enrolled a total of **2,482** young children in 2025, with **48** of the 53 publicly-rated child care providers rated 3-5-star ratings. Four-year-olds were most often enrolled in quality settings (n = **811**), followed by 3-year-olds (n = **599**), 2-year-olds (n = **389**), 5-year-olds (n = **282**), 1-year-olds (n = **257**) and infants (n = **144**). Providers on the Quality First waitlist can receive a Quality First star rating and access to information and resources through Quality First, but they are not eligible to receive ongoing coaching, Child Care Health Consultation and professional development incentives or funding while on the waitlist. As of May 15, 2026, there were **4** providers on the Quality First waitlist in the Pinal Region.

Child care providers enrolled in QF offer scholarships to eligible families to allow those children to access care and to reimburse providers for some of their extra expenses for providing quality care. These scholarships are allocated based on the child care provider's capacity and QF star rating.[69] However, due to the end of federal pandemic relief funds, statewide allocations for scholarships decreased by over 3,000 slots from 2024 to 2025.[70] The number of QF scholarships provided in the region followed the same downward trend from 2024 (n = **275**) to 2025 (n = **183**). Local key informants noted that workforce remains the central challenge to expanding quality care in the region, with efforts being made through a regional council-funded system-building strategy to develop a more robust early childhood workforce pipeline.

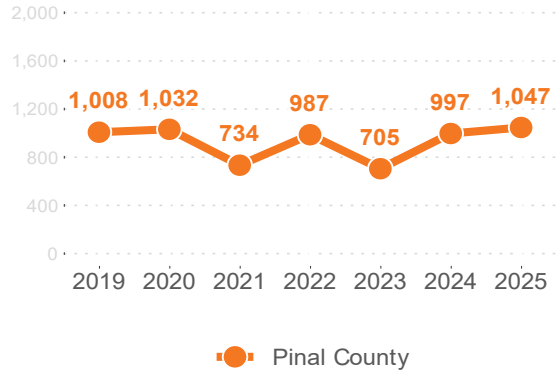
Figure 7.

Availability of quality early care and education

30%

of 3-4-year-olds in the Pinal Region are enrolled in school*
(2023)[1]
**Including nursery school, preschool or kindergarten*

Preschool enrollment (ADE)[2]



Between 2023 and 2025[4],

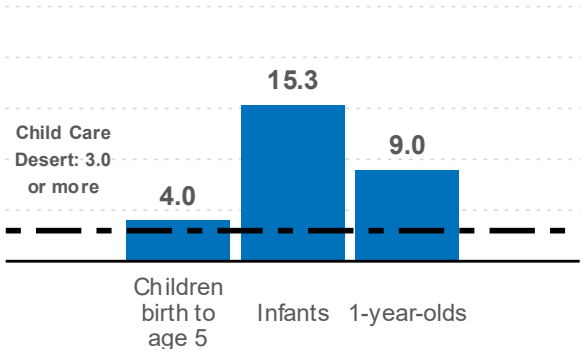
21 licensed child care providers in the region opened

2 licensed child care providers in the region closed

Early care and education providers and capacity in the region (2025)[3]

	Number	Capacity
Centers	99	8,094
Homes	33	227
Schools	27	1,753

Ratio of children to slots in ADHS-licensed child care facilities in the region (2025)[4]



[1] *U.S. Census Bureau. (2024). 2023 American Community Survey Five-Year Estimates, 2019-2023.*
[2] *Arizona Department of Education. (2025). [October 1 Enrollment, Graduation Rates, Dropout Rates, State Assessment dataset].*
[3] *Arizona Department of Economic Security. (2025). [National Child Care Data System NCCRAwaredatabase extract].*
[4] *Arizona Department of Health Services. (2025). [Child Care Licensing dataset].*
Note: Please note that the capacity estimates are based on licensed capacity of the facility (frequently determined by physical building capacity) and may overstate the number of children that are actually enrolled in early education (due to staffing limitations and provider preferences).

Figure 8.

Increasing access to quality early care and education

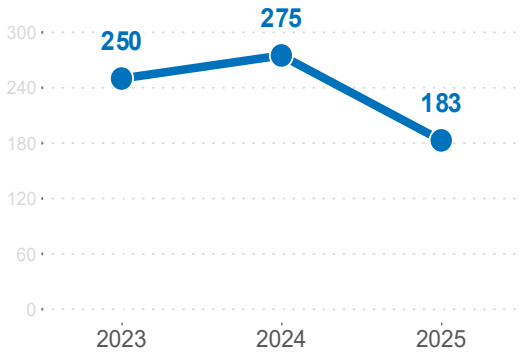
54

child care providers in the Pinal Region were served by Quality First (2025)[1]
(1 provider was not publicly rated as of June 2025)

Quality First star ratings for providers in the region (June 2025)[1]

★★★★★	4
★★★★	25
★★★	19
★★	5
★	0

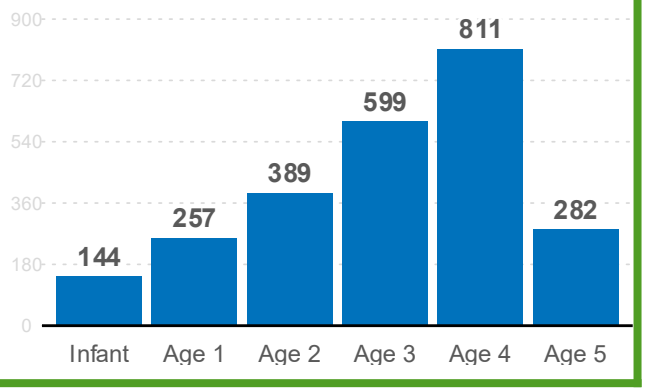
Quality First scholarships provided in the region[1]



2,482

young children in the region were enrolled at a Quality First provider site (2025)[1]

Children enrolled at Quality First providers by age in the region[1]



[1] *First Things First. (2025). [Quality First dataset].*

Cost of early care and education

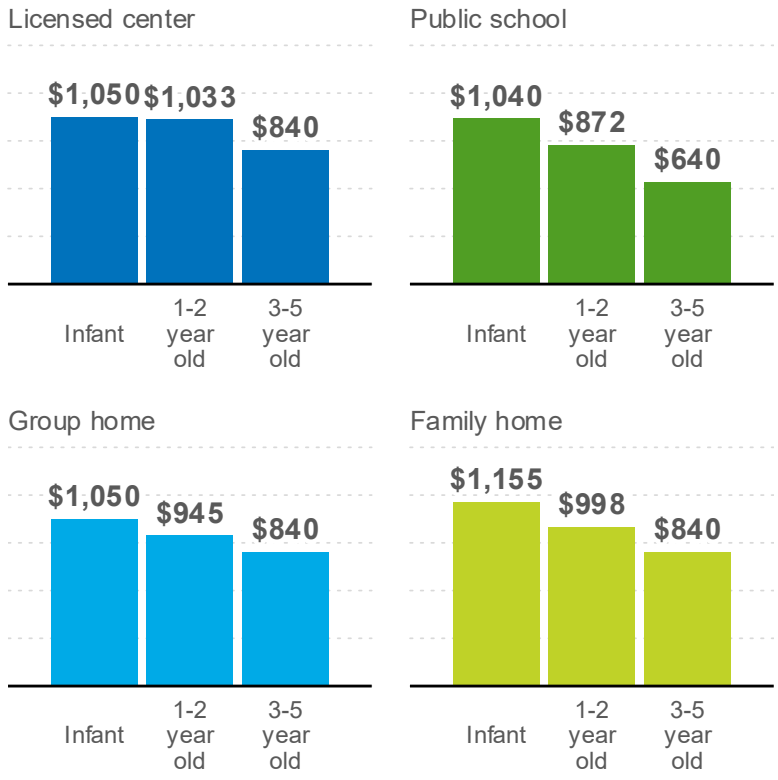
The high cost of formal early care and education can place it out of reach of many families. The average cost of care in Arizona varies by the type of provider and the age of the child, with licensed centers and care for infants the most expensive, largely due to the higher operational costs of center-based care.[71] The median cost of care for an infant in a licensed center in Arizona is **$1,289** per month.[72] In Central Arizona (Pinal and Gila counties), care for an infant in a family home was the most expensive at **$1,155** per month, followed by care for infants in licensed centers and group homes (**$1,050**/month). The least expensive type of care in Central Arizona was in public schools, where median charges ranged from **$640**/month to **$1,040**/month based on the age of the child. As mentioned previously, the **27** public schools in the region provided just **17%** of the licensed early care and education capacity in the region, meaning that schools, while the most affordable type of care, may not be a realistic option for many families.

According to the U.S. Department of Health and Human Services, to be considered affordable, a family should spend no more than **7%** of their income on child care.[73] In Arizona, both married and single-parent families are estimated to spend well above the "affordable" share of their income on infant care.[74, 75] In Pinal County, the cost of center-based care for one infant was **15%** of median income for families with children in 2024, slightly less than the cost across Arizona (**17%**). The cost of care for 1–2-year-olds was the same (**15%**), while older children were slightly less expensive (**12%**). The cost of care also rose in recent years, with the cost of care for infants increasing **19.8%** between 2022 and 2024. The cost of care for 1–2-year-olds rose the most (**+31.2**) during the same period, while care for 3–5-year-olds increased by **23.5%**. Local key informants noted that family, friend and neighbor care plays an important role in filling the gap for families who cannot afford formal care options.

Figure 9.

Cost of early care and education

Median monthly charge for full-time child care in Central Arizona (2024)[1]



Change in cost of center-based care from 2022 to 2024[1]

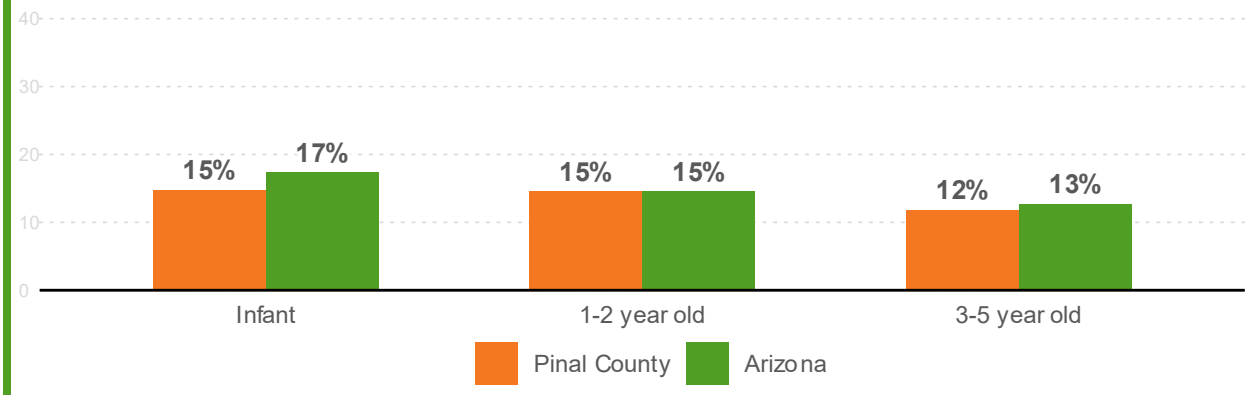
Infant	+19.8%
1–2-year-old	+31.2%
3–5-year-old	+23.5%

Center-based care for one infant in Pinal County costs

15%

of median income (2024)[1]

Cost of center-based care for one child as a percentage of income (2024)[1,2]



[1] Health Management Associates. (2024). 2024 Child Care Market Rate Survey. Arizona Department of Economic Security.
[2] U.S. Census Bureau. (2024). 2023 American Community Survey Five-Year Estimates, 2019-2023.
Note: Central Arizona includes Pinal & Gila counties.

Early care and education assistance and quality

The Arizona Department of Economic Security (DES) provides child care assistance to financially eligible families, including specific funding for families involved with the Arizona Department of Child Safety (DCS).[76] This assistance can make child care possible for families who may not otherwise be able to afford it. Eligibility for and receipt of DES child care assistance among non-DCS-involved families recently reached record highs due to recent statewide investments.[77, 78] The Pinal Region mirrored these statewide trends, with highs of **1,903** non-DCS-involved children birth to age 5 found eligible and **1,676** of those children receiving DES child care assistance in 2023. In 2024, **90%** of non-DCS-involved eligible families used child care assistance. The proportion of these young children receiving child care assistance in quality environments in the region (**79%**) was only slightly lower than non-DCS-involved children across the state (**80%**). Unfortunately, due to insufficient funding, the DES child care assistance waitlist was reinstituted statewide in August 2024.[n]

Children are automatically eligible for DES child care assistance when they are involved with DCS.[o] For DCS-involved children, the number of children eligible for child care assistance in the Pinal Region decreased from a high of **853** children birth to 5 in 2019 to a low of **652** in 2022, with **724** children birth to 5 eligible in 2024. The number of DCS-involved children receiving child care assistance followed a similar pattern in recent years, with **574** receiving this assistance in 2024. Positively, similar to non-DCS-involved children, DCS-involved young children in the region were nearly as likely to receive this child care assistance in quality environments (**83%**) compared to DCS-involved children across the state (**84%**).

To expand access to quality child care, DES provides enhanced reimbursement rates to child care providers that are considered high quality, including having a 3- to 5-star Quality First rating, national accreditation or applying Head Start Performance Standards. As of November 2025, quality child care providers across Arizona were reimbursed an additional **40%** above the standard reimbursement.

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[n] *As of May 1, 2026, there were more than 12,000 children waitlisted statewide. For more information, see https://des.az.gov/services/child-and-family/child-care/how-apply-for-child-care-assistance*

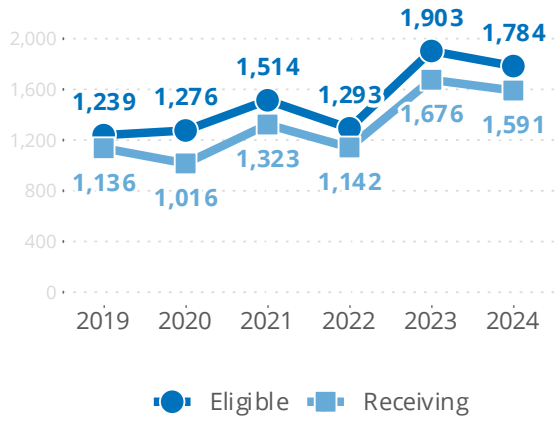
[o] *Children involved with DCS include children who have been removed by DCS and placed with a foster family or kinship caregiver as well as children who are residing with their own family but receiving services from DCS (such as in-home family support and counseling). Families of these children are not required to pay a co-pay for child care.*

Figure 10.

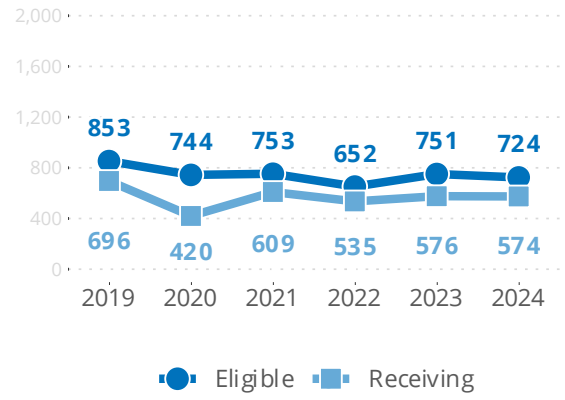
Early care and education assistance and quality

Children receiving child care assistance in the Pinal Region[1]

Non-DCS-involved children



DCS-involved children

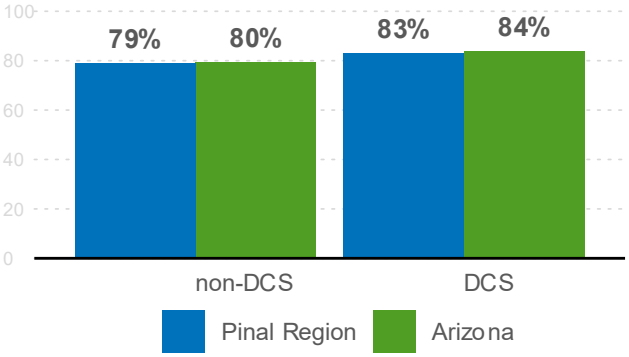


90%

of eligible families* in the region used child care assistance (2024)[1]

*Non-DCS-involved families

Children receiving child care assistance in quality providers (2024)[1]



+40%

Increased reimbursement rate for quality providers

defined by DES as providers with a 3-5 star Quality First Rating, national accreditation, or applying Head Start Performance Standards (Nov 2025)[1]

[1] *Arizona Department of Economic Security. (2024). [Child Care Assistance dataset].*

EDUCATION & WORKFORCE

K-12 education attendance and achievement

In addition to a quality early childhood education system, a community's K-12 education system can support positive outcomes for children, families and the overall well-being of the community. Individuals who have higher levels of education tend to live longer and healthier lives, and graduating from high school, in particular, is associated with better health, financial stability and socio-emotional outcomes.[79, 80] Across Pinal County, kindergarten through 3rd grade enrollment fluctuated between the 2018-19 (n = **15,975**) and 2024-25 (n = **16,878**) school years.

Some Arizona families use Arizona's Empowerment Scholarship Account (ESA) to pay for eligible educational expenses, including private or online school tuition, individual public school classes and extracurriculars.[81] This program was established in 2011 for students with disabilities and expanded to universal eligibility in 2022.[82, 83] These funds can also be spent on other approved education costs, such as tutoring, technology, textbooks, supplies and national standardized test fees.[84, 85] In the 2024-25 school year, **7,829** students (preschool through grade 12) in Pinal County used ESAs, accounting for about **8%** of Arizona's **94,600** ESA participants.[86] By comparison, there were **55,848** total students (preschool through grade 12) enrolled in public and charter schools in Pinal County in the 2024-25 school year. Local key informants noted the ESA participation in the region is growing and there is growing interest in understanding where these students are and how they are performing academically.

Children's 3rd grade reading comprehension and proficiency skills can predict their future academic success, such as their likelihood of graduating high school and attending college.[87] Third grade assessment passing rates in Pinal County were lower than rates across the state, but math passing rates in both the county and state increased in recent years. Pinal County's 3rd grade math passing rates increased from **29%** in the 2021-22 school year to **34%** in the 2023-24 school year, while the state rates rose from **40%** to **43%**. Conversely, 3rd grade reading assessment passing rates decreased from **33%** to **31%** in Pinal County and from **41%** to **39%** statewide. Local key informants highlighted two literacy-focused community programs in the region, including the Pinal Alliance AARP Experience Corps Program in Casa Grande and the United Way of Pinal County Dolly Parton Imagination Library, which have seen participation grow from hundreds to thousands of children across the county in recent years.

School attendance is an important factor in predicting the academic performance and future health of children. Chronic absenteeism, defined as missing 10% of school days in a school year, predicts a student experiencing academic difficulties and even dropping out of school entirely.[88] Following the COVID-19 pandemic, chronic absenteeism has become a major issue in school

districts nationwide.[89] One-third of kindergarten students (**33%**) and more than one-third of 3rd grade students (**35%**) in Pinal County were chronically absent from school in the 2021-22 school year, compared to **14%** of kindergarten students and **11%** of 3rd grade students pre-pandemic in the 2018-19 school year. Positively, chronic absences in Pinal County showed a declining trend in more recent school years, with **23%** of kindergarteners chronically absent in 2022-23 and **22%** of 3rd grade students chronically absent in 2023-24. Statewide, the kindergarten chronic absence rate was **25.5%** and the 3rd grade chronic absence rate was **23.8%** in the 2022-23 school year.[90] Increasing attendance among kindergarten students presents a particular challenge because the state mandated age of school enrollment is 6 years, so absences in kindergarten are often not considered truancy, meaning schools have fewer resources to address them.

Graduation 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. In contrast to adults who dropped out of high school and even those that received a high school equivalency diploma (HSE, also commonly referred to as a GED), adults who graduated from high school have higher rates of employment, higher incomes and better overall health.[91] Four-year graduation rates in Pinal County followed statewide trends in recent years, ranging from a high of **81%** in the 2018-2019 school year to a low of **76%** in the 2021-22 school year.[92] Most recently, in the 2023-24 school year, the four-year graduation rate was **79%** in Pinal County, slightly above the statewide rate of **78%**.[93] In that same year, the five-year graduation rate was **83%** in Pinal County, higher than the **81%** statewide.[94]

Local key informants noted that the Pinal Promise program through Central Arizona College offers graduating students their first two years of college tuition free, with increasing demand year over year. The program prioritizes connecting students with other available funding sources before drawing on Pinal Promise funds to maximize its reach. Local key informants also noted that many school districts are encouraging students to complete the FAFSA before graduating to ensure they do not miss out on available funding, as there are currently no resources available to help students back-pay for a missed semester.

Compared to the U.S. as a whole, Arizona has a larger proportion of disconnected youth, defined as teenagers ages 16 to 19 who are neither attending school nor employed,[p] which has been linked to negative physical and mental health outcomes and higher rates of unemployment.[95] Dropout rates for 7th to 12th grade students in Pinal County increased since the COVID-19

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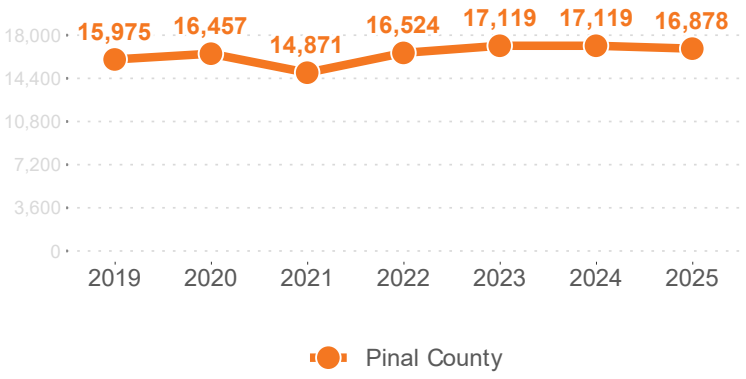
[p] *Age ranges for "disconnected youth" vary by source, with some estimates including both teenagers ages 16-19 and young adults ages 20-24 and others focusing on only teenagers or young adults.*

Figure 11.

K-12 education attendance and achievement

Enrollment in public and charter schools, K-3rd grade[1]



7,829

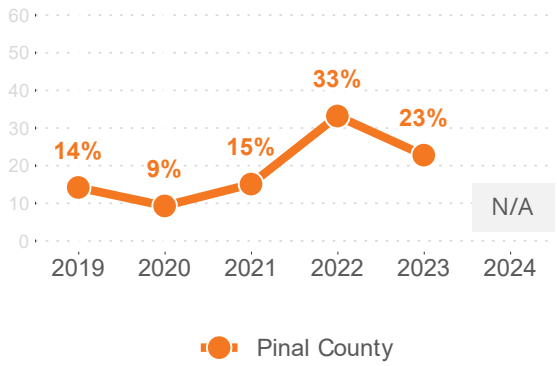
students (PS-12) are enrolled in the Empowerment Scholarship Account program in Pinal county (2025)[2]

Students passing 3rd grade assessments[1]

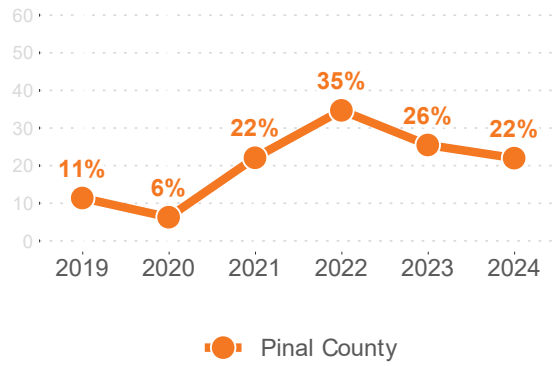
	Math			Reading		
	2022	2024		2022	2024	
Pinal County	29%	34%	▲	33%	31%	▼
Arizona	40%	43%	▲	41%	39%	▼

Chronic absence rates[3]

Kindergarten



3rd Grade



[1] *Arizona Department of Education. (2025). [October 1 Enrollment, Graduation Rates, Dropout Rates, State Assessment dataset].*

[2] *Arizona Department of Education. (2025). [Empowerment Scholarship Account Enrollment].*

[3] *Maricopa Association of Governments. (2026). [ReadOn Arizona MapLIT dashboard reports: enrollment, chronic absences, assessments].*

Notes: Chronic absences are defined as children missing 10% or more school days. Schools reported absences data very differently in school year 2019-20 due to the onset of the COVID-19 pandemic and the shift to remote learning. Absences data were not available for kindergarteners in school year 2023-24.

pandemic, reaching a recent high of **6%** in the 2022-23 school year, similar to the **6.1%** dropout rate statewide that year.[96]

Education is a key mechanism for upward economic mobility. As educational attainment in a population increases, wages increase and rates of unemployment decrease.[97] Of U.S. adults working full time in 2021, median earnings for those with a bachelor's degree were $29,000 higher than those with a high school degree.[98] According to 2023 American Community Survey (ACS) estimates, nine out of 10 adults ages 25 and older (**89%**) in the Pinal Region have at least a high school education and less than one-quarter (**22%**) have a bachelor's degree or more. Statewide, **89%** of adults had at least a high school education.[99] More than one in four (**27%**) adults in the region had some college but no degree; this includes individuals who received a Child Development Associate (CDA) credential or other similar post-secondary credential.

Adult employment

Unemployment and underemployment[q] can impact families in ways that affect children's health and well-being.[100] Unemployment can limit access to resources that support children's physical and mental health, like health insurance, and can also contribute to family stress, conflict, homelessness and child abuse.[101, 102] Children with parents who have lost their jobs may also experience poorer school performance and behavioral issues, resulting in grade repetition, suspension or expulsion.[103] Unemployment rates in Pinal County were similar to the state as a whole in recent years. After the spike in rates during the beginning of the COVID-19 pandemic in 2020, unemployment rates fell in both the county and state. In 2024, the unemployment rate was **4%** in Pinal County, the same as across Arizona (**4%**).

The labor force participation rate includes all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are largely students, stay-at-home parents, retirees and institutionalized people. According to 2023 American Community Survey (ACS) estimates, just over half (**53%**) of the population ages 16 and older was participating in the labor force in the Pinal Region, below the rate across the state (**61%**) and U.S. (**64%**). The region's unemployment rate (**6%**) was also higher than across the state (**5%**). Some key employment sectors in Pinal County include retail trade, accommodation and food services, public administration (which includes law enforcement jobs), manufacturing and health care and social assistance.

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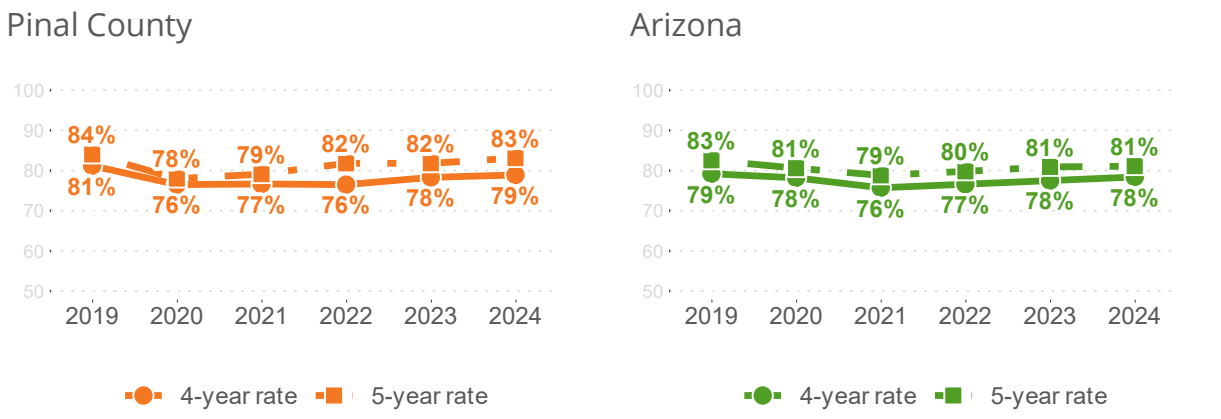
[q] *Underemployment means that someone works fewer hours than they would like or is in a job that does not require the skills or training that they have.*

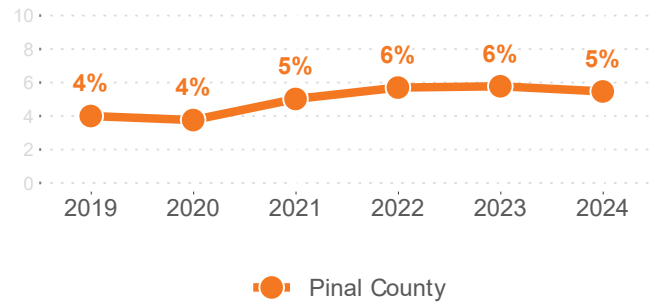
Figure 12.

Graduation and adult educational attainment

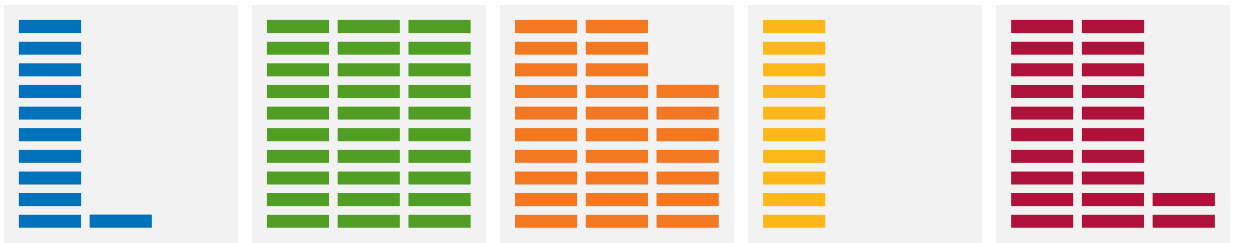
Trends in 4-year and 5-year graduation rates[1]



Trends in 7th to 12th grade dropout rates[1]



Level of education of adults in the Pinal Region (2023)[2]



[1] *Arizona Department of Education. (2025). [October 1 Enrollment, Graduation Rates, Dropout Rates, State Assessment dataset].*

[2] *U.S. Census Bureau. (2024). 2023 American Community Survey Five-Year Estimates, 2019-2023.*

Notes: Graduation rates are calculated as the percentage of students in a cohort (typically those who enter ninth grade together) who graduate within 4 or 5 years. Dropouts are defined as students who are enrolled in school at any time during the school year, but are not enrolled at the end of the school year and did not transfer, graduate or die. [State of Arizona Department of Education Graduation, Dropout & Persistence Rate Technical Manual].

Quality early care and education programs rely on a strong workforce, but factors like low pay make it difficult to recruit and retain these educators. Early care and education is also a field with notable pay disparities;[r] with those working as a home care provider, in a Head Start program or a public pre-K program getting paid varying amounts despite performing similar work. For example, the average kindergarten teacher's salary in Arizona is about twice that of an early educator for children birth to age 5.[104] In Arizona, there were **13,260** early education professionals active in the Arizona Early Childhood Workforce Registry[s] in November 2025. The median wage for registered early education professionals in the state was **$17/hour**, ranging from **$21.91/hour** for directors to **$16/hour** for assistant teachers. Notably, all median wages fell below the 2025 self-sufficiency standards for one adult and one infant in Pinal County (**$25.23/hour**).[105]

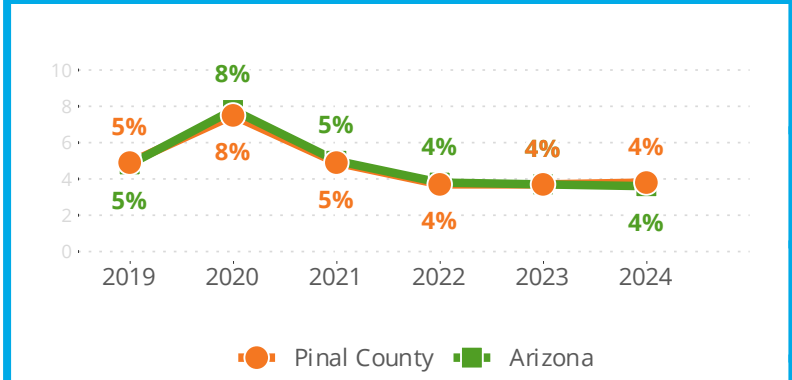
[r] *Programs such as Head Start and public pre-K programs receive federal funding supports that often allow for better wages and compensation in these settings compared to child care settings that don't receive these funds.*

[s] *The Arizona Early Childhood Workforce Registry is Arizona's online hub for early childhood educators to track their employment, formal education, and professional development opportunities throughout their career. Early childhood educators access the registry to explore a directory of training, conferences, and other learning opportunities to support career development; fulfill state regulatory training requirements; apply for scholarships to pursue credentials, certificates, and degrees in early childhood education; and to establish career and professional development goals.*

Figure 13.

Adult employment

Average annual unemployment rates (not seasonally adjusted) (2025)[1]



Labor force participation (LFP) & unemployment (UE) rates (2023)[2]

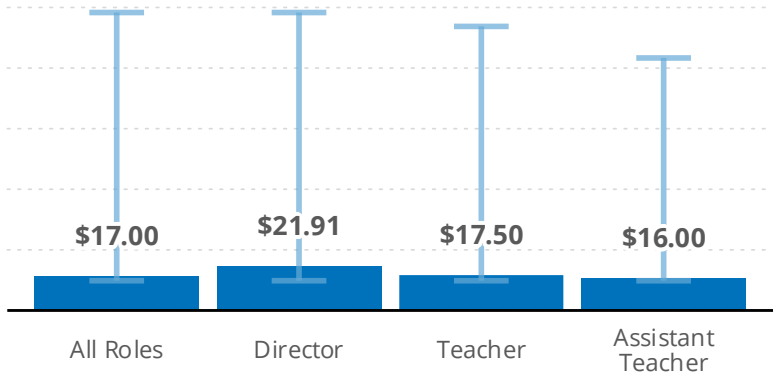
	LFP	UE
Pinal Region	**53%**	**6%**
Pinal County	**53%**	**6%**
Arizona	**61%**	**5%**

Top non-farm employment sectors in Pinal County* (2025)[1]

1. **Retail trade**
2. **Accommodation & food services**
3. **Public administration**
4. **Manufacturing**
5. **Health care & social assistance**

Early education workforce in Arizona (Nov 2025)[3]

Median hourly wage by role for early education professionals in the Arizona Early Childhood Workforce Registry (n = 13,260)



[1] *Arizona Office of Economic Opportunity. (2025). [Local Area Unemployment Statistics & Industry Employment datasets].*

[2] *U.S. Census Bureau. (2024). 2023 American Community Survey Five-Year Estimates, 2019-2023.*

[3] *First Things First. (2025). [Arizona Early Childhood Workforce Registry dataset].*

*Notes: The "labor force" is all persons who are working (employed) or looking for work (unemployed). The "labor force participation rate" is the fraction of the population who are in the labor force, whether employed or unemployed. People not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The "unemployment rate" is the fraction of the civilian labor force who are unemployed.*Note that farm employment is not captured in these data. Educator wage data from the Early Childhood Workforce Registry reflect wages from a sample of early educators active in the registry including teachers (n=6,054), assistant teachers (n=5,535), and directors (n=1,671).*

CHILD DEVELOPMENT & HEALTH

Maternal and infant health

Access to quality health care can promote positive health outcomes for mothers and infants.[106] Prenatal care is associated with reduced complications during pregnancy and birth, while also providing expectant parents with an opportunity to engage with health professionals.[107, 108] The rate of timely prenatal care (care initiated in the first trimester) in the Pinal Region increased overall from 2019 (**70.7%**) to 2023 (**75.1%**), with rates in the region consistently above statewide rates during this time (**68.9% - 71.7%**). The proportion of births to mothers receiving no prenatal care in the region decreased overall from **1.6%** to **1.4%** between 2019 and 2023, and births to mothers with some prenatal care (i.e., one to four prenatal visits) also decreased overall from **4.3%** to **3.7%**. Local key informants noted that while prenatal care rates are encouraging, access remains a challenge for some families, with some residents traveling significant distances to reach OB/GYN providers. To increase the number of providers in the Pinal Region, some provider positions qualify for student loan repayment programs aimed at recruiting more health care providers into underserved areas.

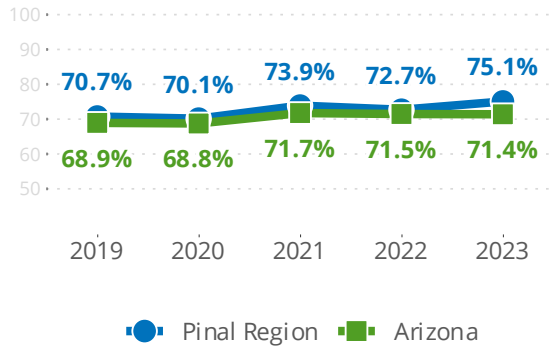
Outside of access to adequate prenatal care, other risk factors like low birth weight, preterm birth and the mother's age at birth can impact child health outcomes.[109, 110] Low birth weight births (weighing less than 5 pounds and 8 ounces or 2,500 grams) and preterm births (those delivered before 37 weeks of pregnancy) can result in cognitive, respiratory, diabetes and gastrointestinal issues and are one of the largest drivers of infant mortality in the U.S.[111] The proportion of low-birth-weight births in the Pinal Region varied slightly between 2019 and 2023, and increased overall from **7.2%** in 2019 to **7.5%** in 2023, ending below the state rate of **8.1%** in 2023. Pre-term births in the region also fluctuated slightly between 2019 (**9.5%**) and 2023 (**9.6%**). In 2020 and 2022, the Pinal Region met the Healthy People 2030 target for preterm births (no more than **9.4%**). Arizona has not met the Healthy People 2030 target since 2020, with **9.9%** of births in the state being preterm in 2023. Local key informants noted that safe sleep programs and the Maternal ASHLine are promoted in the Pinal Region to reduce maternal and infant health risks.

Teenage parents often experience increased stress and hardship in comparison to adult parents and other non-parent teenagers. They are less likely to complete high school or college and more likely to maintain a lower socioeconomic status and require public assistance to make ends meet.[112, 113, 114, 115, 116] A similar proportion of births in the Pinal Region were to teenaged mothers (ages 19 and younger) compared to the state, with a high of **5.9%** in 2019, and ending at **4.6%** in 2023. Across the state, births to teenaged mothers decreased from **5.5%** to **4.5%** during this time. Local key informants noted that teen pregnancy prevention programs are in place in the region continue to reduce teen pregnancies.

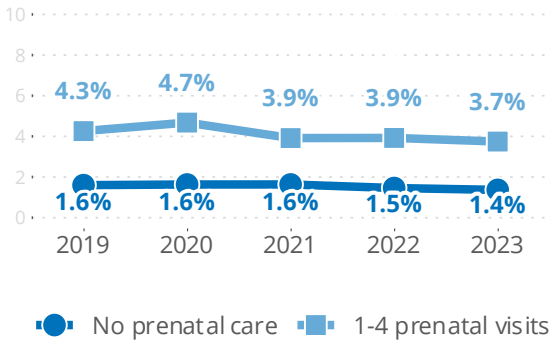
Figure 14.

Maternal and infant health

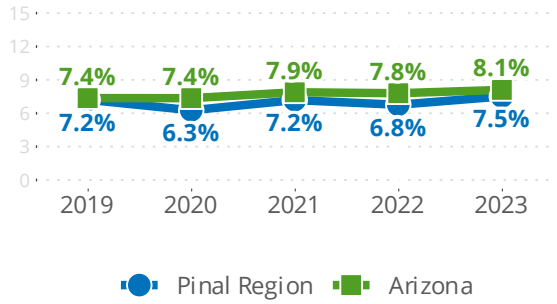
Births to mothers who began prenatal care in the first trimester[1]



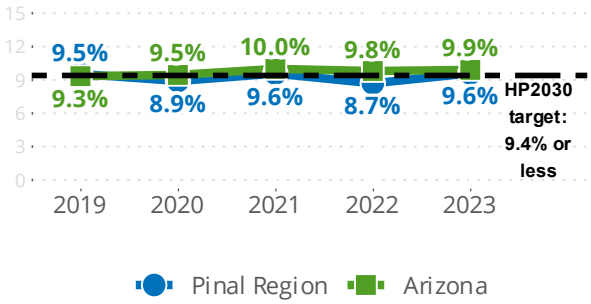
Births to mothers with inadequate prenatal care[1]



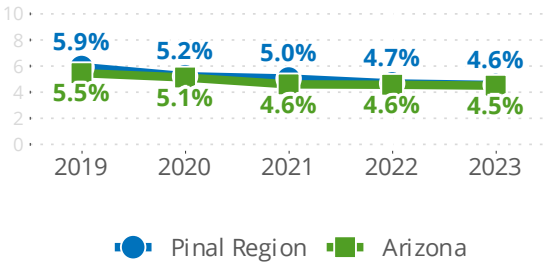
Low birth weight births (less than 2,500 grams)[1]



Preterm births (less than 37 weeks gestation)[1,2]



Births to teenaged mothers[1]



[1] *Arizona Department of Health Services. (2025). [Vital Statistic dataset].*
[2] *Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. (2025). [Healthy People 2030 Objectives: MICH-02, MICH-07].*

Access to care and service navigation

Health insurance coverage is an important indicator of whether families can access, afford and utilize medical care, including access to well-child visits and developmental screenings at a lower cost. According to 2023 American Community Survey (ACS) estimates, **93%** of young children birth to age 5 in the Pinal Region had health insurance, an equal proportion to the **93%** of young children insured statewide.[117] Between 2019 and 2022, the number of young children birth to age 5 in the region enrolled in the Arizona Health Care Cost Containment System (AHCCCS; Arizona's Medicaid program) steadily increased, reaching a high of **17,796** young children in 2022. Enrollment declined each year after 2022, following statewide trends and likely influenced by the post-pandemic requirement that all members enrolled in AHCCCS reverify their enrollment starting in April 2023.[118]

Well-child visits provide scheduled opportunities for pediatricians to monitor growth and development, administer immunizations, observe familial dynamics and provide guidance to caregivers on essential topics and emerging milestones.[119, 120, 121] Between 2019 and 2024, between **62%** and **68%** of children birth to age 5 enrolled in AHCCCS in the Pinal Region had one or more well-child visits, lower than trends among young children statewide (**66% - 72%**).

The American Academy of Pediatrics recommends that providers ask parents about developmental concerns at all infant and well-child visits and have parents complete a standardized developmental screening at the 9-, 18- and 30-month appointments.[122] Ensuring that children have access to timely and adequate screening and intervention services from birth to age 5 can be key for preparing children for kindergarten. In 2024, **2,964** developmental screenings for children birth to 5 in the region were covered by AHCCCS. In state fiscal year (SFY) 2025, **1,444** children birth to age 5 in the region received a developmental screening funded by the First Things First Home Visitation and Developmental and Sensory Screening strategy. Based on the 2020 Census, this would represent **15%** of children birth to age 5 in the region. Local key informants highlighted a collaboration between the Pinal County Health Department and University of Arizona Cooperative Extension to integrate developmental screenings into WIC visits, reaching families who may not otherwise be connected to these services.

Oral health is a fundamental component of overall health, well-being and self-confidence. Children with dental pain and lower oral health-related quality of life have more school absences and worse academic performance.[123,124,125] In the Pinal Region, **40%** of kindergarteners in public schools experienced some type of tooth decay and **17%** had untreated decay during the 2018-19 through 2023-24 school years, lower than the rates of decay experience (**50%**) and untreated decay (**24%**) among kindergarteners statewide. Nearly three-quarters (**74%**) of kindergarteners in the region had a dental visit in the last year, slightly lower than the proportion statewide (**76%**), while **84%** of kindergarteners in the region and state (**84%**) had dental insurance. Key informants noted that

many families with AHCCCS in the region may not be aware that they have dental coverage with their health insurance plan and therefore aren't seeking oral health care for their children. They also noted the need for more parent education about the importance of oral health in early childhood. Positively, key informants shared that there has been a recent shift toward incorporating oral health checks into well-child visits, with providers checking teeth and providing oral health kits for families.

Immunization and child mortality

Immunization serves as the best method to prevent communicable childhood diseases in children and their communities. When enough children are immunized, the protection even extends to those who are unable or who choose not to be vaccinated.[126] In Arizona, one of the required immunizations to enroll in preschool and kindergarten is measles, mumps and rubella (MMR).[127] Arizona had declining MMR immunization rates in kindergarteners in recent years, while the region had increasing rates. The region's coverage increased from **88.5%** (2022-23) to **89.4%** (2023-24), while Arizona's coverage declined from **89.9%** (2022-23) to **88.7%** (2024-25). This means that MMR coverage in the region and state were below the threshold for herd immunity of **95%**, and neither the region nor the state met the Healthy People 2030 target of **95%** or higher.[128] This is especially concerning as Arizona has been experiencing an active measles outbreak. Pinal County reported **5** cases of measles as of June 4, 2026.[t] Local key informants noted that mixed messaging and misinformation, including through social media, have contributed to increased vaccine hesitancy among parents in the region. The Pinal County Health Department is actively working to provide clear, accurate information about the immunization schedule and address vaccine misinformation.

Children may be exempted from vaccination based on medical restrictions, religious beliefs or personal beliefs. Medical exemptions can apply to students of all ages, while religious belief exemptions apply to students in early care and education programs and personal belief exemptions apply to K-12 students.[129] Exemptions among children in child care and kindergarten in the Pinal Region increased overall in recent years, with **5.8%** of children in child care receiving a religious exemption and **10.9%** of kindergarteners receiving a personal belief exemption in the 2024-25 school year. Similarly, over those years, exemptions from all immunizations also showed an overall increasing trend. Exemptions from all immunizations for children in child care in the region in the 2024-25 school year (**4.0%**) were below those seen statewide (**4.8%**), while exemptions from all immunizations among kindergarteners (**5.1%**) were higher than statewide (**4.7%**).[130]

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[t] *For more up-to-date case counts see https://www.azdhs.gov/preparedness/epidemiology-disease-control/measles/index.php*

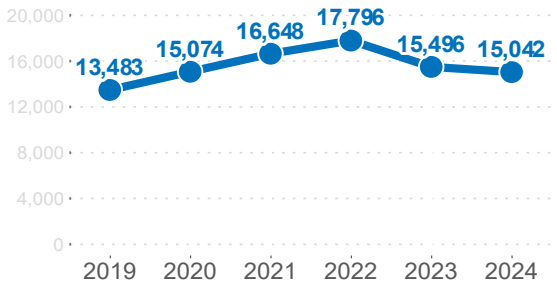
Figure 15.

Access to care and service navigation

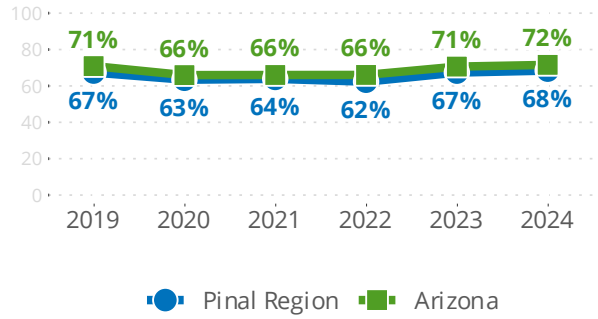
93%

of children birth to age 5 in the Pinal Region have health insurance (2023)[1]

Children birth to age 5 enrolled in AHCCCS[2]



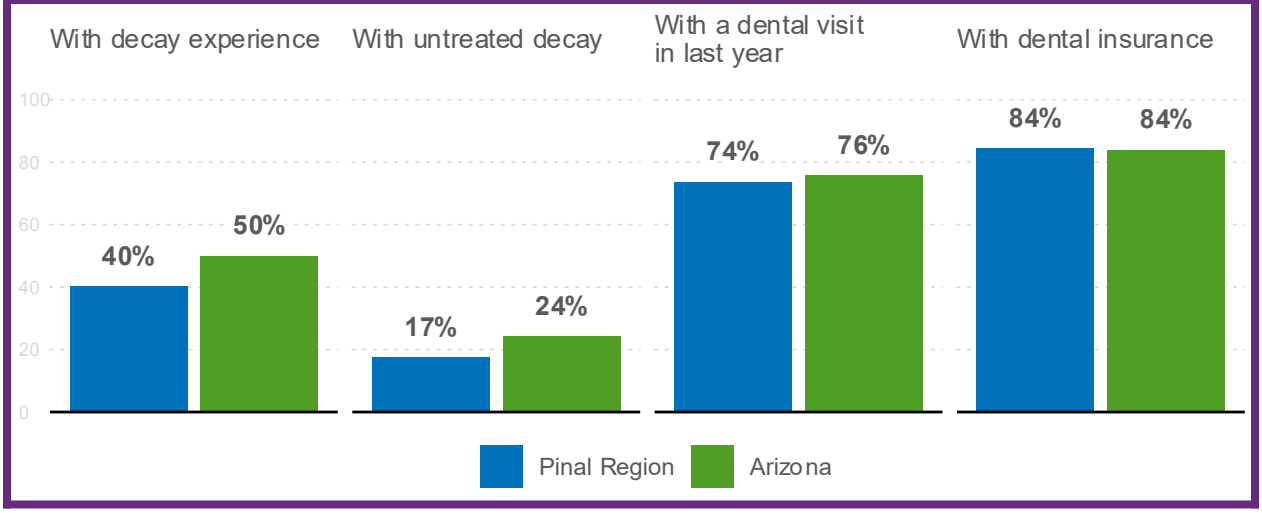
AHCCCS children birth to age 5 with 1 or more well-child visits[2]



Developmental screenings for children birth to age 5 in the Pinal Region

AHCCCS (claims data, 2024)[2]	**2,964**
FTF-funded strategies (2025)[3]	**1,444**

Oral health of kindergarteners in public schools (2018-19 to 2023-24 school years)[4]



[1] *U.S. Census Bureau. (2024). 2023 American Community Survey Five-Year Estimates, 2019-2023.*
[2] *ASU CHiR. (2025). [AHCCCS claims dataset].*
[3] *First Things First. (2025). [Home Visitation & Screenings Reach datasets].*
[4] *First Things First. (2025). [Healthy Smile Healthy Bodies survey dataset].*
Note: AHCCCS data reflect children birth to age 5 with approved insurance claims– these data may not reflect all care provided in the region. Developmental screenings were provided through the FTF-funded Home Visitation and Developmental and Sensory Screening strategies. Overall, 2,793 children received developmental, socio-emotional, hearing and vision screenings in the region

Healthy People 2030 set a target of no more than **5.0** infant deaths per 1,000 live births. Between 2021 and 2023, the infant mortality rate for the region was **6.2** deaths per 1,000 live births, above the rate for the state (**5.7**). This means that neither the region nor the state met the Healthy People 2030 target. Between 2021 and 2023, young child mortality was higher in Pinal County (**43.2** deaths per 100,000 children ages 1-4) compared to the state (**29.8**). Statewide, the leading causes of death for infants were prematurity and suffocation, while drowning was the leading cause of death for children aged 1 to 4 years.[131] Local key informants confirmed that the higher mortality rate in the region is partly attributed to geographic barriers that make it difficult to access emergency services in a timely manner. They noted that Arizona does not legally require fencing around residential pools, though Banner Health offers scholarships for families to install pool fencing.

Young children with special needs

Timely connection with early intervention services—such as speech, physical, occupational and behavioral therapy— can critically shape school readiness and the developmental trajectory of young children with medical conditions, developmental delays and even certain risk factors for delays.[132] In Arizona, the Department of Economic Security's (DES) Arizona Early Intervention Program (AzEIP), the Division of Developmental Disabilities (DDD), and the Arizona Department of Education's (ADE) Early Childhood Special Education Program each play a role in providing services to families with children who have special needs.

AzEIP[u] is tasked with providing early intervention and a variety of supportive services to families of children birth to age 2 with developmental delays or disabilities.[133] In state fiscal year (SFY) 2024, children birth to age 2 in the Pinal Region were most frequently referred to AzEIP by physicians (**64%**). Parents and families were the second most common referral source (**25%**), followed by a health or service agency (**4%**), a hospital or health facility (**3%**), the Department of Child Safety (**2%**) and other sources (**1%**). Just about four in 10 young children (**41%**) referred to AzEIP in the Pinal Region were found eligible for services, including **40%** who received services and **1%** found eligible but who did not receive services within the fiscal year. **Twenty-seven percent** of referred children in the region were assessed as not eligible for services (**22%**) or were screened out (**5%**). In an additional **30%** of referrals, families were either not interested in services (**11%**) or could not be reached (**19%**).

Local key informants noted that the no-contact and not-interested rates are consistent with patterns they have observed, as parents who are told there may be a concern with their child's

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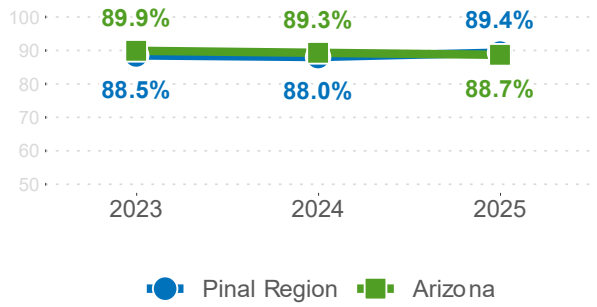
[u] *For more information on AzEIP (which is a division of the Department of Economic Security), visit https://www.azdes.gov/azeip/*

Figure 16.

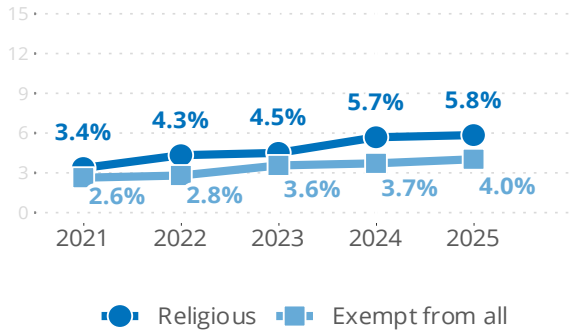
Immunization and child mortality

Kindergarten MMR immunization rates[1]

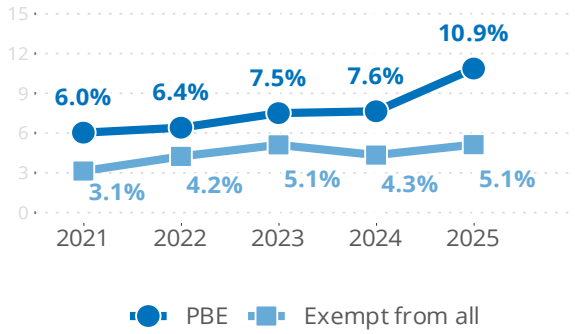


Immunization exemption rates[1]

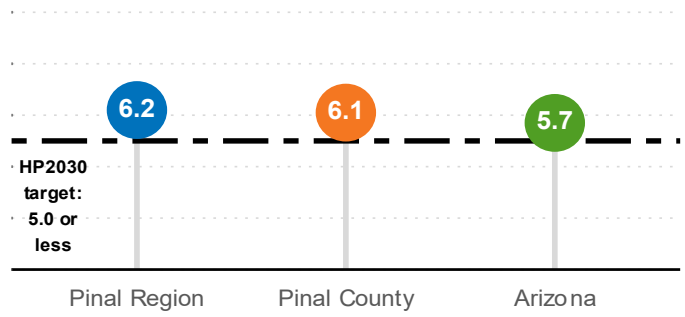
Child care



Kindergarten



Infant mortality rate, deaths per 1,000 live births (2021-2023 combined)[2,3]



Young child mortality rate, deaths per 100,000 children ages 1-4

(2021-2023 combined)[2]

Pinal County	**43.2**
Arizona	**29.8**

[1] *Arizona Department of Health Services. (2025). [Child Care & Kindergarten Immunizations datasets].*
[2] *Arizona Department of Health Services. (2025). [Vital Statistic dataset].*
[3] *Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. (2025). [Healthy People 2030 Objectives: MICH-02, MICH-07].*
Note: PBE in the kindergarten exemption figure stands for personal belief exemption.

development can feel overwhelmed and may not have the capacity to take next steps. The region has made efforts to address this by inviting AzEIP staff to speak directly with early care providers and grandparent caregivers in Spanish, helping trusted community members understand and share information about AzEIP services with families. Local key informants also noted that grandparents are often more receptive to learning about early intervention resources than parents, and that efforts are being made to reach families through multiple pathways.

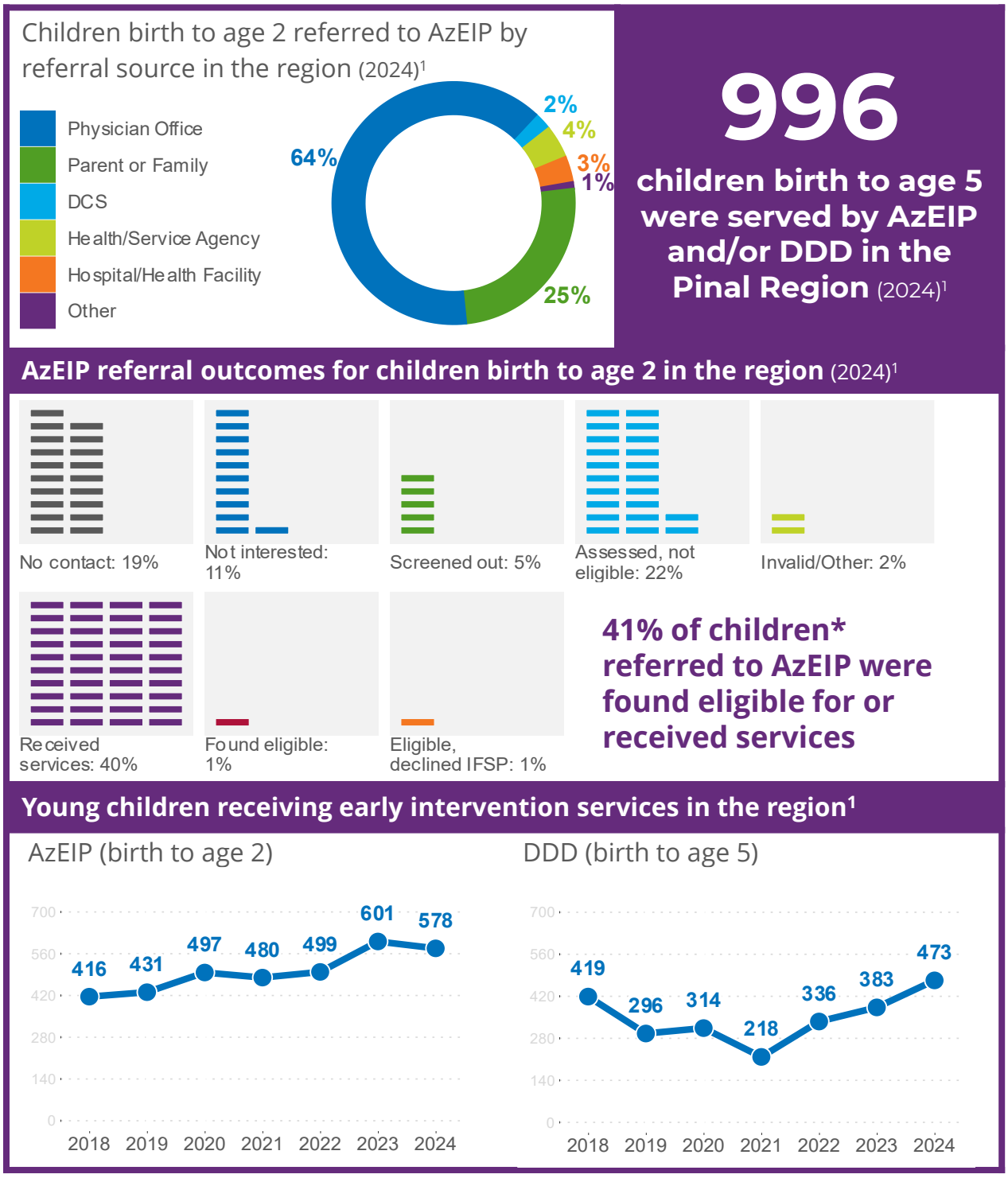
The number of children birth to age 2 who received services from AzEIP increased overall in the region since SFY 2018, with **578** children birth to age 2 receiving these services in SFY 2024. The **578** children served by AzEIP in SFY 2024 represented **4.3%** of children birth to age 2 residing in the region per the 2020 Census. This was higher than the **2.5%** of children birth to age 2 receiving AzEIP services statewide and equal to the proportion of young children accessing early intervention nationally (**4.3%**).[134] However, national research suggests that many more young children would likely benefit from early intervention than are receiving it.[135]

Children who receive a diagnosis of autism, cerebral palsy, epilepsy, cognitive or intellectual disability or down syndrome may also become eligible for services through DDD.[v] The number of children birth to age 5 in the Pinal Region receiving DDD services decreased from **419** young children in SFY 2018 to a recent low of **218** in SFY 2021; service numbers increased after that, to **473** served in SFY 2024. Qualifying children may receive services from AzEIP and/or DDD, a number which can be used to estimate the total number of young children receiving early intervention services in a region. A total of **996** children birth to age 5 in the region received services from AzEIP and/or DDD in SFY 2024. This equates to **3.5%** of all children birth to 5 in the Pinal Region based on estimates from the 2020 Census.

[v] *For more information on DDD (which is a division of the Department of Economic Security), visit https://des.az.gov/services/disabilities/developmental-disabilities*

Figure 17.

Young children with special needs



[1] Arizona Department of Economic Security. (2024). [Arizona Early Intervention Program & Division of Developmental Disabilities datasets].

Note: Data on young children receiving services reflect the Oct 1 snapshot of AzEIP services, not a cumulative total throughout the year. Note that the overall percent of referrals resulting in services was 40% (39.5% receiving + 0.6% eligible but not yet receiving).

Preschool to 3rd grade students with special needs

As a child with special needs approaches age 3, they can be transferred from AzEIP to the Early Childhood Special Education Program to receive services through their local education agency (LEA).[w] In the Pinal Region, the number of children aged 3 to 5 receiving special education services through their LEA decreased overall from **656** in state fiscal year (SFY) 2018 to **577** in SFY 2022, representing a **12%** decrease over those years. Across Arizona, the number decreased from **10,123** in SFY 2018 to **8,086** in SFY 2022, representing a **20%** decrease over those years.

Conversely, the number of kindergarten through 3rd grade students enrolled in special education across the state showed an overall increase from SFY 2018 (n = **36,468**) to SFY 2022 (n = **37,334**). The Pinal Region showed small changes over this time, with **2,160** kindergarten through 3rd grade students enrolled in special education in SFY 2022 compared to a recent high of **2,268** students in SFY 2020. Notably, these numbers are higher than the early intervention participation would suggest, which may reflect the number of children not getting an adequate assessment of their needs and abilities until they enter the public school system. Local key informants noted that the kindergarten through 3rd grade special education trends may be partly connected to the COVID-19 pandemic, as young children experienced a critical language development period during a time of social disruption and required masking.

Of children ages 3 to 5 receiving special needs services, the majority were diagnosed with a developmental delay (DD, **52%**) or a speech language impairment (**29%**), followed by a diagnosis of preschool severe delay[x] (PSD) (**18%**) or another diagnosis[y] (**1%**). Speech language impairment (SLI, **38%**) was the most common diagnosis among kindergarten through 3rd grade students in special education, followed by developmental delay (**26%**), another diagnosis (**13%**), specific learning disability (SLD, **12%**) and autism (**12%**).

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[w] *For more information on ADE's Early Childhood Special Education program, visit https://www.azed.gov/specialeducation/early-childhood-special-education and https://www.azed.gov/specialeducation/early-childhood-special-education-child-find*

[x] *In Arizona, preschool severe delay is defined as performance on a norm-referenced assessment that is more than three standard deviations below the mean for typically developing children in the areas of cognitive, physical, communication, social-emotional or adaptive development.*

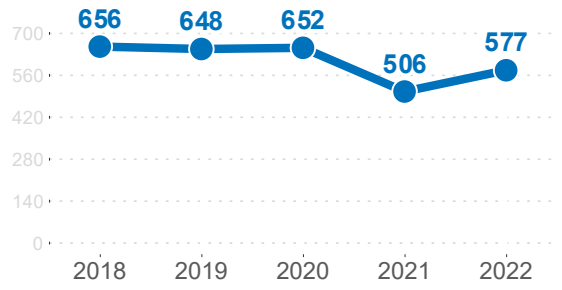
[y] *Additional information on disability categories can be found at https://data.ed.gov/dataset/3d00ec7e-0545-4eb3-bd0b-123893c68885/resource/3bab63f8-999b-4984-ab55-0c4e95d9613b/download/az-datadisplay-2024b.pdf*

Figure 18.

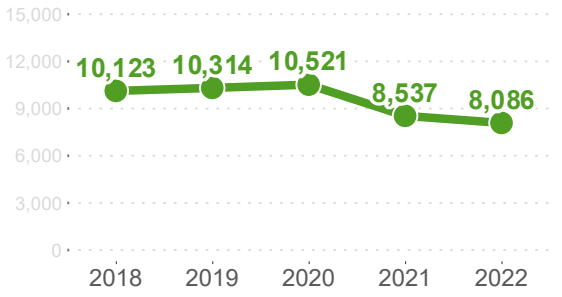
Preschool to 3rd grade students with special needs

Children age 3-5 receiving special education services from local school districts[1]

Pinal Region

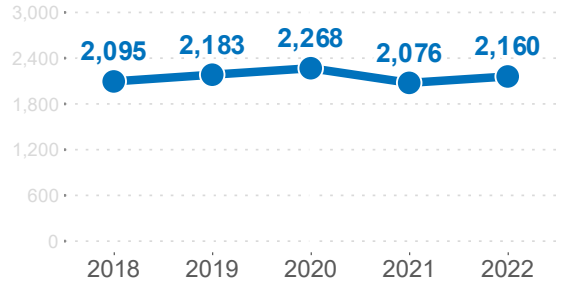


Arizona

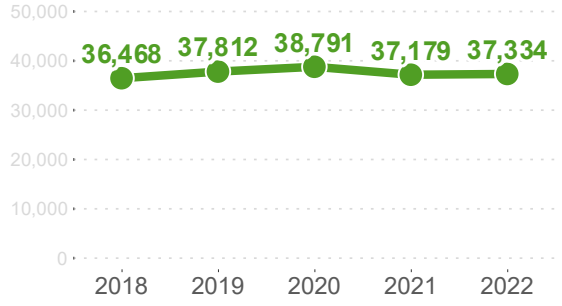


K-3rd grade students enrolled in special education in public and charter schools[1]

Pinal Region

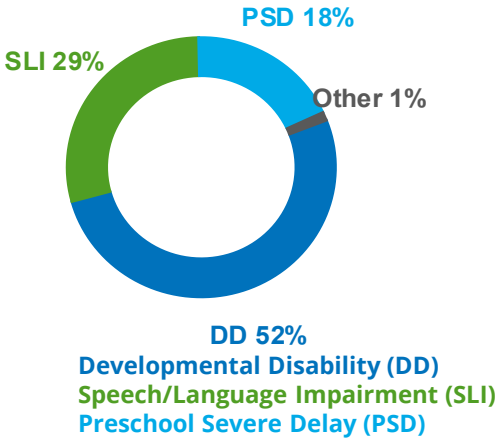


Arizona

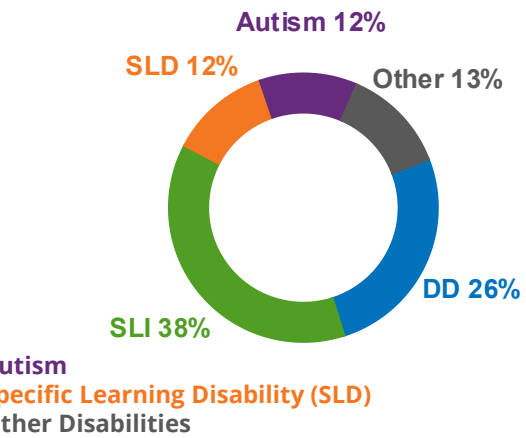


Primary disability for children receiving services in the region (2022)[1]

Children ages 3-5



K-3rd grade students



[1] *Arizona Department of Education. (2023). [Exceptional Student Services dataset].*
Note: Most common disabilities in the "Other" category are other health impairments (these are usually chronic health conditions that affect a child's ability to attend or participate in school), intellectual disabilities, emotional disturbance, hearing or vision impairment, multiple disabilities, orthopedic impairments, and deaf-blindness.

MAPS & METHODS

Methods

U.S. Census and American Community Survey Data. The U.S. Census[z] is an enumeration of the population of the United States conducted every ten years, and includes information about housing, race, and ethnicity. The 2020 U.S. Census data are available by census block. There are about 108,000 inhabited blocks in Arizona, each with an average population of 66 people. The 2020 U.S. Census data for the region presented in this report were calculated by identifying each block in the region and aggregating the data across all of those blocks. With the implementation of new privacy measures by the U.S. Census, some data previously available at the block level, such as grandchildren living in a grandparent's households or counts of households with children birth to age 5, are now only published at the block group or tract level. Regional estimates for these indicators were calculated by aggregating data over the census tracts which are wholly or partially contained within the region. Data from partial census tracts were apportioned according to the percentage of the 2020 U.S. Census population in that tract living inside the region.

The American Community Survey (ACS)[aa] 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. ACS data are available by census tract. Arizona is divided into approximately 1,750 census tracts, each with an average population of 3,900 people. ACS data for the 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 2020 U.S. 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 2019 to 2023. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level estimates.

Child care capacity calculations. Lists of child care providers are maintained by multiple state agencies in Arizona, including the Arizona Department of Health Services (ADHS), which licenses child care centers; the Arizona Department of Economic Security (DES), which maintains the list of child care providers in Arizona who are active within the National Data System of Child Care NACCRRAware database; the Arizona Department of Education (ADE), which tracks preschool enrollment in public and charter schools; and First Things First (FTF), which administers the Quality First program. The ADHS child care licensing database was used as the primary source for child

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[z] *For more information, see https://www.census.gov/programs-surveys/decennial-census.html*

[aa] *For more information, see https://www.census.gov/programs-surveys/acs.html*

care capacity calculations in this report, as analyses of both statewide and region-level data showed that most child care slots for regulated providers in the region are provided by centers. Centers that only serve children ages 5-12 were removed from child care capacity calculations, as these are typically before- & after-school programs that only serve school-age children. This report also used data from the DES child care provider list to estimate the number of registered care providers and their capacity by type of provider: centers (including Head Start centers), schools and homes (both group home and family home providers). For all tables, providers were geocoded to regions and sub-regions using addresses or coordinates provided in the state agency datasets to assign them to regions and sub-regions. Comparisons of child care capacity to the young child population are meant to provide a relative assessment of the abundance or scarcity of child care supply relative to potential demand. The child care data in this report 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 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 school-based preschool in the morning and a child care center in the afternoon).

First Things First (FTF) strategy data. Data related to FTF-funded strategies were provided for this report by FTF staff. These data included regional estimates of oral health indicators and hearing, vision, socio-emotional and developmental screening reach, zip code-level service data for home visitation programs, statewide workforce registry wage data and provider-level Quality First participation and enrollment data. The vendor used an apportioning file provided by FTF to create regional estimates of home visitation services from the zip-code level file.

Early education and service data from the Arizona Department of Economic Security (DES). Data related to child care assistance, Arizona Early Intervention Program (AzEIP) referrals, outcomes and services, and Division of Developmental Disabilities services were provided by DES. These data were geocoded to regions and sub-regions by staff at DES using a custom shapefile provided by the vendor.

Health data from the Arizona Department of Health Services (ADHS). Data related to births, infant and maternal health, immunization rates at child care and school facilities, infant and child mortality and enrollment and participation in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) were provided by ADHS. All data apart from immunization data were geocoded to regions and sub-regions by staff at ADHS using a custom shapefile provided by the vendor. The vendor geocoded child care and school facilities to regions using addresses or coordinates provided in the immunization datasets to create custom immunization coverage estimates.

Health data from the Arizona Health Care Cost Containment System (AHCCCS). FTF partnered with the Arizona State University Center for Health Information and Research (CHiR) to create

custom tabulations of health claims data for young children birth to age 5 enrolled in AHCCCS health care plans. These estimates, at the state, county, regional and sub-regional levels, were provided to the vendor for inclusion in this report.

Employment and industry data from the Arizona Office of Economic Opportunity (OEO). Data for unemployment rates[bb] and major employment sectors[cc] were obtained from the OEO for counties and multi-county areas (which combine 2-4 small counties to produce a more reliable estimate). The top five employment sectors for each county or multi-county area reflect those with the most overall employees in Quarter 4 of 2024. The Quarterly Census of Employment and Wages, the underlying data source for these employment estimates, does not capture farm employment, so agricultural workers are not reflected in these data.

Education data from the Arizona Department of Education (ADE). For past FTF Regional Needs and Assets reports, regional estimates for education data were obtained through a custom tabulation of unredacted data files provided by ADE. Access to unredacted data files was not available for this report. Instead, publicly-available data files published by ADE[dd] were used to examine trends in enrollment, assessment results, graduation and dropout rates, and data on chronic absenteeism were obtained via the Maricopa Association of Governments and ReadOn Arizona MAPLit data tool.[ee] Due to the frequency of data suppression in these files to protect student privacy, data could not be reliably aggregated across schools or districts to create regional estimates. Data on services for students with disabilities by grade are not publicly available for geographies smaller than the state, so custom regional estimates from the 2024 Regional Needs and Assets reports were used in this report.

Change calculations. Unless otherwise specified, changes in counts of data over time (i.e., percent increase or decrease) are calculated by subtracting the earlier number (e.g., a 2010 count) from the later number (e.g. the 2020 count) and dividing the result by the earlier number (e.g. the 2010 count). This calculation provides the percent change between the most recent count and the prior count, relative to the prior count.

Data availability. State agency data in this report were provided to FTF by agency staff through a data request process initiated in February 2025 and extending to March 2026. Wherever possible, data were requested for multiple years to allow for the visualization of trends as well as for the most recent year available. However, due to both the constraints of agency staff and agency-maintained datasets as well as the timing of requests, not all data were available on the same time

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[bb] *For more information, see https://oeo.az.gov/labor-market/unemployment*

[cc] *For more information, see https://oeo.az.gov/labor-market/industry-employment*

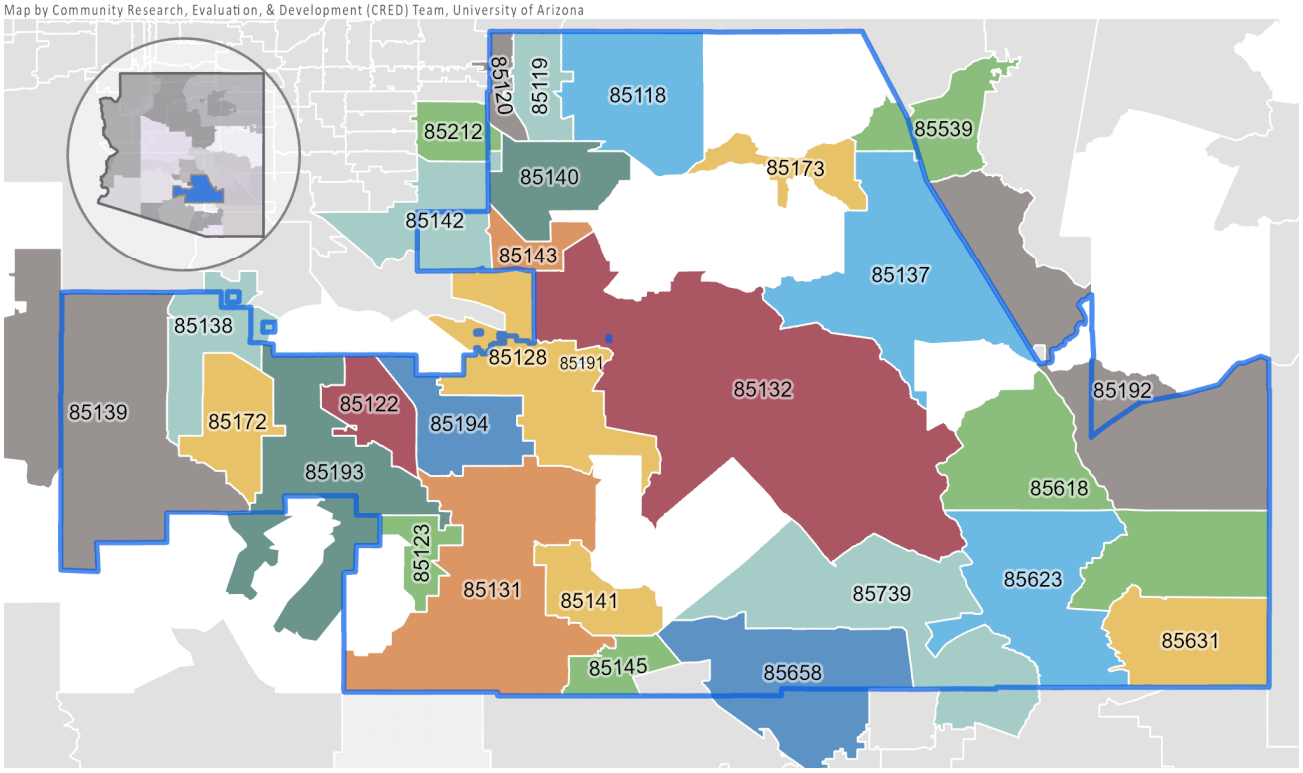
[dd] *For more information, see https://www.azed.gov/accountability-research/data*

[ee] *For more information, see https://geo.azmag.gov/maps/readonaz/*

and geographic scales. This report attempts to include the most recent and complete data available, with notes indicating where data were not available for particular time periods or geographies.

Data suppression. To protect the confidentiality of program participants, the FTF Data Dissemination and Suppression Guidelines preclude reporting of social service and early education programming data if the count is less than 10 and data related to health or developmental delay if the count is less than 6. In addition, some data received from state agencies are suppressed according to their own guidelines. ADHS does not report counts between 1 and 5; DES does not report counts between 1 and 9; ADE does not report counts less than 11. Additionally, ADE requires 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 is 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 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”, “NA” or a note that states “data not available.”

Map of Zip Codes in the 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 TIGER/Line Shapefiles (https://www.census.gov/cgi-bin/geo/shapefiles/index.php)

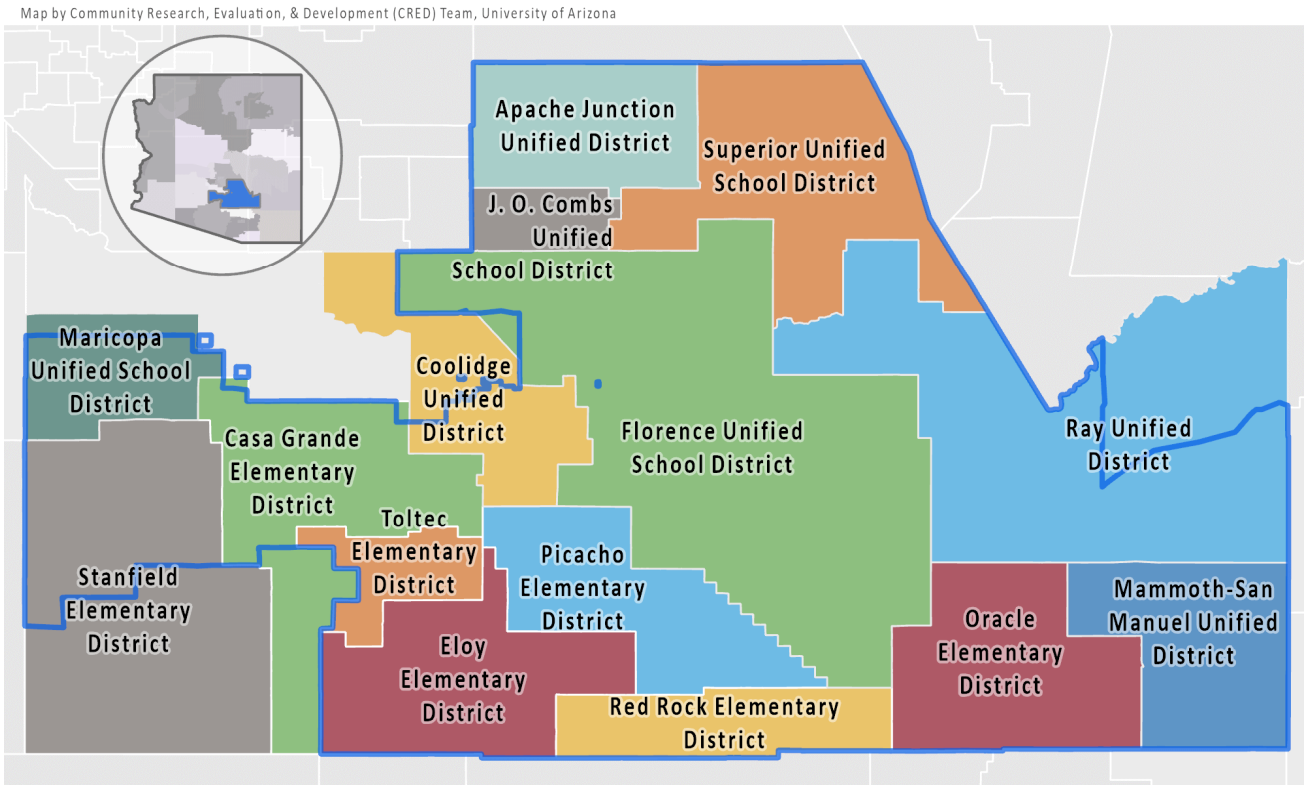
Zip Code Tabulation Areas (ZCTAs) in the Pinal Region

Zip Code Tabulation Area (ZCTA)	Population (all ages)	Percent of this ZCTA's total population living in the Pinal Region	This ZCTA is shared with
Pinal Region	**414,272**		
85118	13,044	100%	
85119	22,069	100%	
85120	25,577	84%	Southeast Maricopa Region
85122	55,063	100%	
85123	9,965	100%	
85128	14,504	92%	Gila River Indian Community Region
85131	16,723	100%	
85132	38,804	100%	
85137	2,021	100%	
85138	46,896	100%	Gila River Indian Community Region
85139	18,060	100%	Southwest Maricopa Region
85140	45,381	100%	
85141	416	100%	
85142	23,096	29%	Southeast Maricopa Region, Gila River Indian Community Region
85143	41,720	100%	
85145	2,572	100%	
85172	1,132	100%	
85173	2,458	100%	
85191	187	100%	
85192	893	65%	Gila Region
85193	4,057	91%	Tohono O'odham Nation Region
85194	7,592	100%	
85212	92	0%	Southeast Maricopa Region
85539	201	6%	Gila Region
85618	1,271	100%	
85623	4,974	100%	
85631	3,179	100%	
85653	10	0.1%	Pima North Region
85658	1,122	7.1%	Pima North Region
85739	11,171	59%	Pima North Region

Source: U.S. Census Bureau (2020). 2020 Decennial Census, Demographic and Housing Characteristics, Table P1

Note: With the implementation of differential privacy in the 2020 Census, small area estimates now have injected 'noise' (error) to prevent accidental disclosure of Census responses. Geographies that are not primary census geographies, like ZCTAs, have noisier (or less accurate) estimates than primary geographies, like tracts.

Map of School Districts in the 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 TIGER/Line Shapefiles (https://www.census.gov/cgi-bin/geo/shapefiles/index.php)

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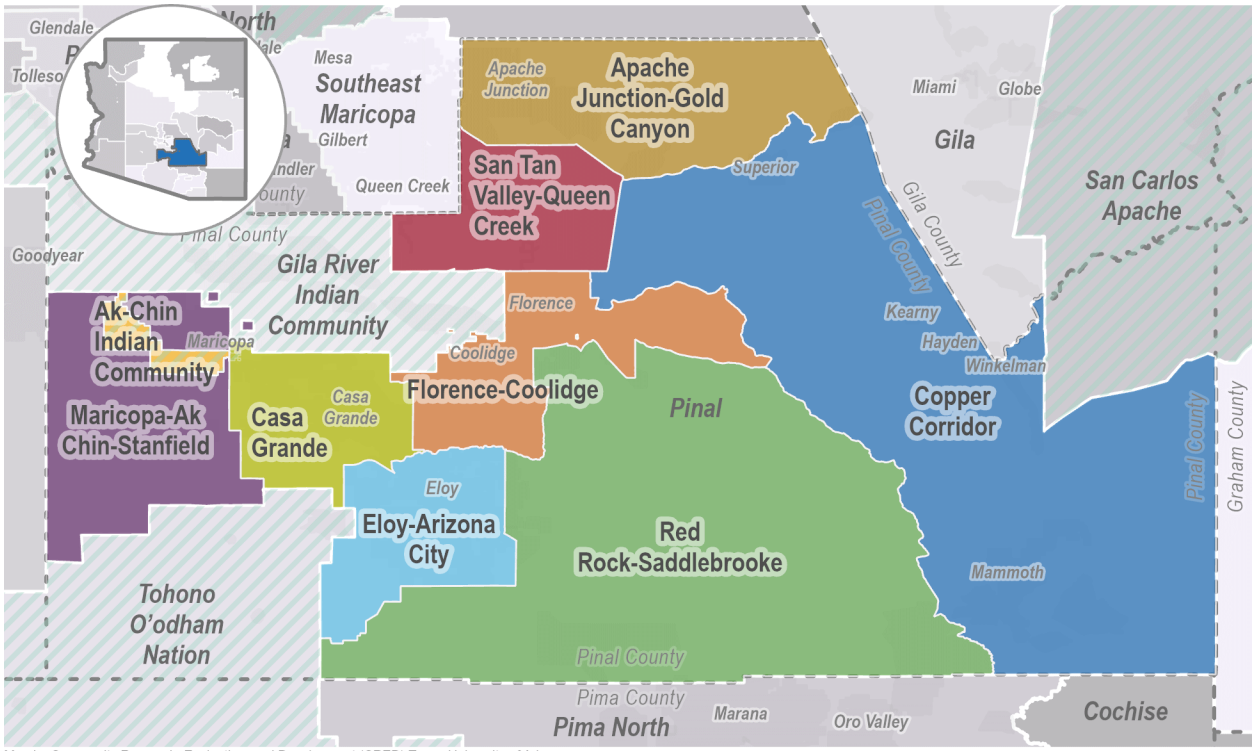
SUB-REGIONAL FACTSHEETS

Communities vary in terms of needs and assets, even within the same First Things First (FTF) Region. In recognition of this, the following factsheets present a selection of indicators from this Regional Needs and Assets report at the sub-regional level. Examining differences within the region can help Regional Partnership Councils and local stakeholders focus their strategies and efforts to use resources effectively.

Sub-regions in the Pinal Region



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

The factsheets that follow provide information about eight sub-regions within the Pinal Region, as well as a narrative supplemental report specific to the Ak-Chin Indian Community.

The **Apache Junction-Gold Canyon** sub-region is defined as 17 census tracts (2.01, 3.07, 3.09-3.17 & 3.19-3.25) in the northern part of Pinal county. Most residents live in the Pinal County part of the city of Apache Junction (the remainder of Apache Junction is in the Southeast Maricopa First Things First Region). It contains the Census Designated Places (CDPs) of Gold Canyon, Queen Valley and part of Top-of-the-World.

The **Casa Grande** sub-region is defined as 15 census tracts (13.03, 13.05-13.10, 14.03-14.08, 15 & 16). It contains almost all of the city of Casa Grande and some of the surrounding unincorporated communities.

The **Copper Corridor** sub-region is defined as five census tracts along the eastern side of Pinal County (4, 7, 22, 23 & 24, excluding the portion of tract 24 that is within the lands of the San Carlos Apache Tribe). It contains the towns of Superior, Kearny and Mammoth and the CDPs of San Manuel, Oracle, Dudleyville, Campo Bonito and part of Top-of-the-World.

The **Eloy-Arizona City** sub-region is defined as seven census tracts (19, 20.01, 20.04, 20.05 & 21.04-21.06) and contains the city of Eloy and the CDP of Arizona City.

The **Florence-Coolidge** sub-region is defined as 11 census tracts (8.05-8.08, 9.02-9.04 & 10-12). It contains the city of Coolidge, the town of Florence and some outlying unincorporated communities.

The **Maricopa-Ak Chin-Stanfield** sub-region is defined as 14 census tracts (17.01, 17.04-17.07, 17.09, 17.12-17.17, 9414.01 & 9414.02, excluding the portion of tract 9414.02 that is within the lands of the Tohono O'odham Nation). It contains the city of Maricopa, the CDPs of Stanfield and Ak-Chin Village and the Ak-Chin Indian Community.

The **Red Rock-Saddlebrooke** sub-region is defined as four census tracts (6.03, 6.04, 8.02 & 21.07) and contains the CDPs of Red Rock, Saddlebrooke, Cactus Forest and Picacho.

The **San Tan Valley-Queen Creek** sub-region is defined by 20 census tracts (2.04, 2.06, 2.08, 2.11, 2.12 & 2.15-2.25). It contains the newly-incorporated city of San Tan Valley and the part of the town of Queen Creek which lies in Pinal County. (The remainder of Queen Creek town is in the Southeast Maricopa First Things First Region.)

The **Ak-Chin Indian Community** sub-region is defined as the Maricopa (Ak-Chin) Indian Reservation and Off-Reservation Trust Land. Data for the Ak-Chin Indian Community are presented in a supplemental narrative report.

A guide to the factsheets

Each factsheet contains data for a selection of indicators at the state, region and sub-regional level. Where possible, two timepoints are shown for each indicator with an arrow to indicate the direction of the trend (increase, decrease, no change) in the sub-region. In some cases, data were not available for a specific sub-region, indicated with **NA.** Additionally, some data were suppressed to protect individual data privacy in accordance with the FTF Data Policy, indicated with **DS.** The data in these factsheets were obtained through custom tabulations of publicly available data from the U.S. Census Bureau and through FTF requests to state agencies, specifically the Arizona Department of Health Services (ADHS), Arizona Department of Economic Security (DES) and the Arizona Health Care Cost Containment System (AHCCCS) via a partnership with the Arizona State University Center for Health Information & Research (CHiR). More details on how these tabulations and requests were made can be found in the *Maps & Methods Appendix* of this report.

The indicators included in each tabular factsheet are defined as follows:

Indicator	Description	Source
Total population	Overall population of all ages	2020 U.S. Census
Population of children (0-5)	Population of children birth to age 5	
Population living in poverty	Percent of the overall population living in households with incomes at or below the federal poverty threshold	2014-2018 & 2019-2023 American Community Survey (ACS) estimates
Children (0-5) living in poverty	Percent of children birth to age 5 living in households with incomes at or below the federal poverty threshold	
Low-income children (0-5) (<185% federal poverty level)	Number of children birth to age 5 living in households with incomes at or below 185% of the federal poverty level (the income eligibility threshold for WIC)	
Housing costs 30% or more of household income	Percent of households spending 30% or more of their household income on housing costs (i.e., considered "housing cost-burdened")	
Children (0-5) with all present parents in the labor force	Percent of children birth to age 5 who live in households with all present parents who work or are looking for work (i.e., live with one parent who works or live with two parents, both of whom work)	
Language other than English spoken at home	Percent of households that speak Spanish or another language (other than English or Spanish). The most common languages spoken in the "Another" language category in Arizona are Native North American languages.	

Indicator	Description	Source
Ratio of children (0-5) to licensed child care slots	Number of children birth to age 5 per available licensed child care slots. An area is considered a child care desert when the ratio of children to slots exceeds 3.0.	2020 U.S. Census; Oct 2023 & Jan 2025 ADHS licensing datasets
Registered care providers in 2025	Number of registered early care and education providers and their licensed capacity to enroll children. Providers are shown by type: centers (including Head Start centers), schools and homes (both group home and family home providers). Please note that capacity numbers are often higher than actual enrollment.	2025 DES child care provider dataset
Children (0-5) receiving child care assistance	Number of children birth to age 5 receiving DES child care assistance (not including those involved in the child welfare system)	2023 & 2024 DES
Educational attainment (ages 25 and older)	Percent of adults with at least a high school education (i.e., a high school diploma, some college, an associate, Bachelor's or advanced degree) or a Bachelor's degree or more (i.e., a Bachelor's or advanced degree)	2014-2018 & 2019-2023 ACS estimates
Unemployment rate for the adult population (ages 16 and older)	Percent of adults who self-reported that they were unemployed	
Total births	Total number of births in the area, based on address provided on the birth certificate	2020-2021 & 2022-2023 ADHS Vital Statistics dataset
Maternal age 19 or younger	Percent of births to mothers age 19 or younger	
Low birth weight (<2500 grams)	Percent of babies born weighing 2,500 grams or less	
Preterm births (<37 weeks)	Percent of babies born at 37 weeks of gestation or earlier. The Healthy People 2030 target is 9.4% or less.	
Prenatal care (5+ prenatal visits)	Percent of births to mothers who had at least five prenatal visits	
Number of children (0-5) with AHCCCS	Number of children birth to age 5 enrolled in an insurance plan through the Arizona Health Care Cost Containment System (AHCCCS)	2022 & 2024 AHCCCS claims data processed by ASU CHiR
AHCCCS-enrolled children (0-5) with at least 1 primary care provider visit	Percent of children birth to age 5 enrolled in AHCCCS who had a claim for at least one primary care visit	
Children (0-5) receiving AzEIP, DDD or both services	Number of children birth to age 5 who received AzEIP, DDD or both services	SFY 2023 & 2024 DES

Apache Junction-Gold Canyon	Years	Arizona	Pinal Region	Apache Junction-Gold Canyon	Change over time
Child, Family & Community Characteristics					
Total population[1]	Census 2020	7,151,502	414,272	60,829	
Population of children (0-5)[1]	Census 2020	480,744	28,572	2,585	
Population living in poverty[2,3]	2014-2018	16.1%	13.5%	14.2%	↓
	2019-2023	**12.8%**	**10.3%**	**10.0%**	
Children (0-5) living in poverty[2,3]	2014-2018	24.9%	22.0%	35.4%	↓
	2019-2023	**17.9%**	**14.9%**	**14.8%**	
Low-income children (0-5) (<185% federal poverty level)[2,3]	2014-2018	47.2%	45.8%	61.6%	↓
	2019-2023	**38.1%**	**37.9%**	**46.5%**	
Housing costs 30% or more of household income[2,3]	2014-2018	30.4%	26.7%	26.5%	↓
	2019-2023	**29.4%**	**25.4%**	**24.7%**	
Children (0-5) with all present parents in the labor force[2,3]	2014-2018	61.1%	61.7%	67.2%	↑
	2019-2023	**64.4%**	**61.7%**	**72.9%**	
Language other than English spoken at home (2019-2023)[3]	Spanish	19.2%	16.0%	8.1%	
	Another	6.4%	3.0%	1.9%	
Early Education					
Ratio of children (0-5) to licensed child care slots[5]	Oct 2023	2.0	4.1	3.5	↑
	Jan 2025	**2.0**	**4.0**	**4.0**	
Registered care providers in 2025[4]					
Centers	Number	2,427	99	12	
	Capacity	260,689	8,094	1,292	
Schools	Number	714	27	0	
	Capacity	72,967	1,753	0	
Homes	Number	755	33	0	
	Capacity	5,063	227	0	
Children (0-5) receiving child care assistance[4]	2023	35,375	2,252	316	↑
	2024	**35,153**	**2,165**	**323**	
Education & Workforce					
Educational Attainment (ages 25 and older)[2,3]					
At least a high school education	2014-2018	86.8%	85.8%	89.4%	↑
	2019-2023	**89.1%**	**89.4%**	**90.9%**	
Bachelor's degree or more	2014-2018	28.9%	19.3%	21.8%	↑
	2019-2023	**32.6%**	**22.5%**	**23.4%**	
Unemployment rate for the adult population (ages 16 and older)[2,3]	2014-2018	6.4%	7.7%	7.9%	↓
	2019-2023	**5.1%**	**5.7%**	**6.1%**	
Child Health & Development					
Total births[5]	2020-2021	154,638	9,370	1,025	↑
	2022-2023	**156,236**	**10,413**	**1,068**	
Characteristics of births[5]					
Maternal age 19 or younger	2020-2021	4.9%	5.1%	6.7%	↓
	2022-2023	**4.5%**	**4.6%**	**5.7%**	
Low birthweight (<2500 grams)	2020-2021	7.6%	6.7%	9.2%	↓
	2022-2023	**7.9%**	**7.1%**	**8.0%**	
Preterm birth (<37 weeks)	2020-2021	9.7%	9.2%	12.1%	↓
	2022-2023	**9.8%**	**9.2%**	**9.6%**	
Prenatal care (5+ prenatal visits)	2020-2021	91.0%	91.5%	87.9%	↑
	2022-2023	**91.7%**	**93.3%**	**90.4%**	
Number of children (0-5) with AHCCCS[6]	2022	277,455	17,796	1,852	↓
	2024	**223,506**	**15,042**	**1,492**	
AHCCCS-enrolled children (0-5) 1+ primary care provider visit[6]	2022	83.0%	83.2%	85.6%	↑
	2024	**86.0%**	**86.1%**	**88.8%**	
Children (0-5) receiving AzEIP, DDD, or both services[4]	SFY 2023	9,991	990	65	↑
	SFY 2024	**10,706**	**996**	**67**	

SOURCES: (1) US Census 2020; (2) American Community Survey 2014-2018; (3) American Community Survey 2019-2023; (4) Arizona Department of Economic Security; (5) Arizona Department of Health Services; (6) Arizona Health Care Cost Containment System data provided by ASU ChiR

NOTES:
DS: Data has been suppressed to protect privacy.
NA: Not available.

SUBREGION DEFINITION: The Apache Junction-Gold Canyon sub-region is defined as 17 census tracts (2.01, 3.07, 3.09-3.17 & 3.19-3.25) in the northern part of Pinal county. Most residents live in the Pinal County part of the city of Apache Junction (the remainder of Apache Junction is in the Southeast Maricopa First Things First Region). It contains the Census Designated Places (CDPs) of Gold Canyon, Queen Valley and part of Top-of-the-World.

Casa Grande	Years	Arizona	Pinal Region	Casa Grande	Change over time
Child, Family & Community Characteristics					
Total population[1]	Census 2020	7,151,502	414,272	62,717	
Population of children (0-5)[1]	Census 2020	480,744	28,572	4,471	
Population living in poverty[2,3]	2014-2018	16.1%	13.5%	19.2%	↓
	2019-2023	**12.8%**	**10.3%**	**14.4%**	
Children (0-5) living in poverty[2,3]	2014-2018	24.9%	22.0%	36.2%	↓
	2019-2023	**17.9%**	**14.9%**	**28.8%**	
Low-income children (0-5) (<185% federal poverty level)[2,3]	2014-2018	47.2%	45.8%	57.8%	↓
	2019-2023	**38.1%**	**37.9%**	**56.4%**	
Housing costs 30% or more of household income[2,3]	2014-2018	30.4%	26.7%	30.2%	↓
	2019-2023	**29.4%**	**25.4%**	**29.1%**	
Children (0-5) with all present parents in the labor force[2,3]	2014-2018	61.1%	61.7%	61.8%	↑
	2019-2023	**64.4%**	**61.7%**	**65.8%**	
Language other than English spoken at home (2019-2023)[3]	Spanish	19.2%	16.0%	22.8%	
	Another	6.4%	3.0%	2.6%	
Early Education					
Ratio of children (0-5) to licensed child care slots[5]	Oct 2023	2.0	4.1	2.6	↓
	Jan 2025	**2.0**	**4.0**	**2.3**	
Registered care providers in 2025[4]					
Centers	Number	2,427	99	28	
	Capacity	260,689	8,094	2,337	
Schools	Number	714	27	2	
	Capacity	72,967	1,753	207	
Homes	Number	755	33	5	
	Capacity	5,063	227	28	
Children (0-5) receiving child care assistance[4]	2023	35,375	2,252	391	↓
	2024	**35,153**	**2,165**	**388**	
Education & Workforce					
Educational Attainment (ages 25 and older)[2,3]					
At least a high school education	2014-2018	86.8%	85.8%	82.8%	↑
	2019-2023	**89.1%**	**89.4%**	**87.6%**	
Bachelor's degree or more	2014-2018	28.9%	19.3%	15.5%	↑
	2019-2023	**32.6%**	**22.5%**	**20.2%**	
Unemployment rate for the adult population (ages 16 and older)[2,3]	2014-2018	6.4%	7.7%	8.7%	↓
	2019-2023	**5.1%**	**5.7%**	**6.6%**	
Child Health & Development					
Total births[5]	2020-2021	154,638	9,370	1,597	↑
	2022-2023	**156,236**	**10,413**	**1,768**	
Characteristics of births[5]					
Maternal age 19 or younger	2020-2021	4.9%	5.1%	7.0%	↓
	2022-2023	**4.5%**	**4.6%**	**6.7%**	
Low birthweight (<2500 grams)	2020-2021	7.6%	6.7%	6.8%	↓
	2022-2023	**7.9%**	**7.1%**	**6.7%**	
Preterm birth (<37 weeks)	2020-2021	9.7%	9.2%	9.0%	↑
	2022-2023	**9.8%**	**9.2%**	**9.3%**	
Prenatal care (5+ prenatal visits)	2020-2021	91.0%	91.5%	91.6%	↔
	2022-2023	**91.7%**	**93.3%**	**91.6%**	
Number of children (0-5) with AHCCCS[6]	2022	277,455	17,796	3,859	↓
	2024	**223,506**	**15,042**	**3,217**	
AHCCCS-enrolled children (0-5) 1+ primary care provider visit[6]	2022	83.0%	83.2%	82.8%	↑
	2024	**86.0%**	**86.1%**	**86.3%**	
Children (0-5) receiving AzEIP, DDD, or both services[4]	SFY 2023	9,991	990	141	↑
	SFY 2024	**10,706**	**996**	**142**	

SOURCES: (1) US Census 2020; (2) American Community Survey 2014-2018; (3) American Community Survey 2019-2023; (4) Arizona Department of Economic Security; (5) Arizona Department of Health Services; (6) Arizona Health Care Cost Containment System data provided by ASU ChiR

NOTES:
DS: Data has been suppressed to protect privacy.
NA: Not available.

SUBREGION DEFINITION: The Casa Grande sub-region is defined as 15 census tracts (13.03, 13.05-13.10, 14.03-14.08, 15 & 16). It contains almost all of the city of Casa Grande and some of the surrounding unincorporated communities.

Copper Corridor	Years	Arizona	Pinal Region	Copper Corridor	Change over time
Child, Family & Community Characteristics					
Total population[1]	Census 2020	7,151,502	414,272	13,129	
Population of children (0-5)[1]	Census 2020	480,744	28,572	782	
Population living in poverty[2,3]	2014-2018	16.1%	13.5%	18.9%	↓
	2019-2023	**12.8%**	**10.3%**	**16.3%**	
Children (0-5) living in poverty[2,3]	2014-2018	24.9%	22.0%	28.8%	↓
	2019-2023	**17.9%**	**14.9%**	**15.4%**	
Low-income children (0-5) (<185% federal poverty level)[2,3]	2014-2018	47.2%	45.8%	67.5%	↓
	2019-2023	**38.1%**	**37.9%**	**44.1%**	
Housing costs 30% or more of household income[2,3]	2014-2018	30.4%	26.7%	21.6%	↓
	2019-2023	**29.4%**	**25.4%**	**20.0%**	
Children (0-5) with all present parents in the labor force[2,3]	2014-2018	61.1%	61.7%	78.3%	↓
	2019-2023	**64.4%**	**61.7%**	**71.4%**	
Language other than English spoken at home (2019-2023)[3]	Spanish	19.2%	16.0%	19.2%	
	Another	6.4%	3.0%	2.2%	
Early Education					
Ratio of children (0-5) to licensed child care slots[5]	Oct 2023	2.0	4.1	3.0	↑
	Jan 2025	**2.0**	**4.0**	**3.6**	
Registered care providers in 2025[4]					
Centers	Number	2,427	99	3	
	Capacity	260,689	8,094	91	
Schools	Number	714	27	6	
	Capacity	72,967	1,753	311	
Homes	Number	755	33	2	
	Capacity	5,063	227	8	
Children (0-5) receiving child care assistance[4]	2023	35,375	2,252	25	↓
	2024	**35,153**	**2,165**	**18**	
Education & Workforce					
Educational Attainment (ages 25 and older)[2,3]					
At least a high school education	2014-2018	86.8%	85.8%	80.9%	↑
	2019-2023	**89.1%**	**89.4%**	**88.9%**	
Bachelor's degree or more	2014-2018	28.9%	19.3%	11.9%	↑
	2019-2023	**32.6%**	**22.5%**	**17.0%**	
Unemployment rate for the adult population (ages 16 and older)[2,3]	2014-2018	6.4%	7.7%	13.8%	↓
	2019-2023	**5.1%**	**5.7%**	**6.6%**	
Child Health & Development					
Total births[5]	2020-2021	154,638	9,370	243	↓
	2022-2023	**156,236**	**10,413**	**231**	
Characteristics of births[5]					
Maternal age 19 or younger	2020-2021	4.9%	5.1%	6.2%	↑
	2022-2023	**4.5%**	**4.6%**	**7.4%**	
Low birthweight (<2500 grams)	2020-2021	7.6%	6.7%	8.2%	↑
	2022-2023	**7.9%**	**7.1%**	**9.1%**	
Preterm birth (<37 weeks)	2020-2021	9.7%	9.2%	11.1%	↓
	2022-2023	**9.8%**	**9.2%**	**7.4%**	
Prenatal care (5+ prenatal visits)	2020-2021	91.0%	91.5%	88.5%	↑
	2022-2023	**91.7%**	**93.3%**	**90.0%**	
Number of children (0-5) with AHCCCS[6]	2022	277,455	17,796	599	↓
	2024	**223,506**	**15,042**	**444**	
AHCCCS-enrolled children (0-5) 1+ primary care provider visit[6]	2022	83.0%	83.2%	83.6%	↑
	2024	**86.0%**	**86.1%**	**90.3%**	
Children (0-5) receiving AzEIP, DDD, or both services[4]	SFY 2023	9,991	990	DS	
	SFY 2024	**10,706**	**996**	**17**	

SOURCES: (1) US Census 2020; (2) American Community Survey 2014-2018; (3) American Community Survey 2019-2023; (4) Arizona Department of Economic Security; (5) Arizona Department of Health Services; (6) Arizona Health Care Cost Containment System data provided by ASU ChiR

NOTES:
DS: Data has been suppressed to protect privacy.
NA: Not available.

SUBREGION DEFINITION: The Copper Corridor sub-region is defined as five census tracts along the eastern side of Pinal County (4, 7, 22, 23 & 24, excluding the portion of tract 24 that is within the lands of the San Carlos Apache Tribe). It contains the towns of Superior, Kearny and Mammoth and the CDPs of San Manuel, Oracle, Dudleyville, Campo Bonito and part of Top-of-the-World.

Eloy-Arizona City	Years	Arizona	Pinal Region	Eloy-Arizona City	Change over time
Child, Family & Community Characteristics					
Total population[1]	Census 2020	7,151,502	414,272	27,759	
Population of children (0-5)[1]	Census 2020	480,744	28,572	1,662	
Population living in poverty[2,3]	2014-2018	16.1%	13.5%	21.8%	↓
	2019-2023	**12.8%**	**10.3%**	**16.8%**	
Children (0-5) living in poverty[2,3]	2014-2018	24.9%	22.0%	41.4%	↓
	2019-2023	**17.9%**	**14.9%**	**14.5%**	
Low-income children (0-5) (<185% federal poverty level)[2,3]	2014-2018	47.2%	45.8%	68.8%	↓
	2019-2023	**38.1%**	**37.9%**	**41.4%**	
Housing costs 30% or more of household income[2,3]	2014-2018	30.4%	26.7%	33.1%	↓
	2019-2023	**29.4%**	**25.4%**	**24.7%**	
Children (0-5) with all present parents in the labor force[2,3]	2014-2018	61.1%	61.7%	63.0%	↑
	2019-2023	**64.4%**	**61.7%**	**64.3%**	
Language other than English spoken at home (2019-2023)[3]	Spanish	19.2%	16.0%	28.3%	
	Another	6.4%	3.0%	2.4%	
Early Education					
Ratio of children (0-5) to licensed child care slots[5]	Oct 2023	2.0	4.1	6.9	↔
	Jan 2025	**2.0**	**4.0**	**6.9**	
Registered care providers in 2025[4]					
Centers	Number	2,427	99	10	
	Capacity	260,689	8,094	602	
Schools	Number	714	27	0	
	Capacity	72,967	1,753	0	
Homes	Number	755	33	4	
	Capacity	5,063	227	16	
Children (0-5) receiving child care assistance[4]	2023	35,375	2,252	148	↓
	2024	**35,153**	**2,165**	**132**	
Education & Workforce					
Educational Attainment (ages 25 and older)[2,3]					
At least a high school education	2014-2018	86.8%	85.8%	72.1%	↑
	2019-2023	**89.1%**	**89.4%**	**79.6%**	
Bachelor's degree or more	2014-2018	28.9%	19.3%	10.2%	↑
	2019-2023	**32.6%**	**22.5%**	**12.7%**	
Unemployment rate for the adult population (ages 16 and older)[2,3]	2014-2018	6.4%	7.7%	9.7%	↓
	2019-2023	**5.1%**	**5.7%**	**4.8%**	
Child Health & Development					
Total births[5]	2020-2021	154,638	9,370	604	↑
	2022-2023	**156,236**	**10,413**	**640**	
Characteristics of births[5]					
Maternal age 19 or younger	2020-2021	4.9%	5.1%	6.6%	↑
	2022-2023	**4.5%**	**4.6%**	**8.1%**	
Low birthweight (<2500 grams)	2020-2021	7.6%	6.7%	8.6%	↓
	2022-2023	**7.9%**	**7.1%**	**8.3%**	
Preterm birth (<37 weeks)	2020-2021	9.7%	9.2%	10.6%	↓
	2022-2023	**9.8%**	**9.2%**	**9.1%**	
Prenatal care (5+ prenatal visits)	2020-2021	91.0%	91.5%	91.6%	↑
	2022-2023	**91.7%**	**93.3%**	**91.7%**	
Number of children (0-5) with AHCCCS[6]	2022	277,455	17,796	1,648	↓
	2024	**223,506**	**15,042**	**1,346**	
AHCCCS-enrolled children (0-5) 1+ primary care provider visit[6]	2022	83.0%	83.2%	85.6%	↑
	2024	**86.0%**	**86.1%**	**88.0%**	
Children (0-5) receiving AzEIP, DDD, or both services[4]	SFY 2023	9,991	990	48	↔
	SFY 2024	**10,706**	**996**	**48**	

SOURCES: (1) US Census 2020; (2) American Community Survey 2014-2018; (3) American Community Survey 2019-2023; (4) Arizona Department of Economic Security; (5) Arizona Department of Health Services; (6) Arizona Health Care Cost Containment System data provided by ASU ChiR

NOTES:
DS: Data has been suppressed to protect privacy.
NA: Not available.

SUBREGION DEFINITION: The Eloy-Arizona City sub-region is defined as seven census tracts (19, 20.01, 20.04, 20.05 & 21.04-21.06) and contains the city of Eloy and the Arizona City CDP.

Florence-Coolidge	Years	Arizona	Pinal Region	Florence-Coolidge	Change over time
Child, Family & Community Characteristics					
Total population[1]	Census 2020	7,151,502	414,272	50,234	
Population of children (0-5)[1]	Census 2020	480,744	28,572	2,694	
Population living in poverty[2,3]	2014-2018	16.1%	13.5%	15.3%	↓
	2019-2023	**12.8%**	**10.3%**	**15.0%**	
Children (0-5) living in poverty[2,3]	2014-2018	24.9%	22.0%	22.8%	↑
	2019-2023	**17.9%**	**14.9%**	**25.8%**	
Low-income children (0-5) (<185% federal poverty level)[2,3]	2014-2018	47.2%	45.8%	44.4%	↑
	2019-2023	**38.1%**	**37.9%**	**49.7%**	
Housing costs 30% or more of household income[2,3]	2014-2018	30.4%	26.7%	21.9%	↑
	2019-2023	**29.4%**	**25.4%**	**24.1%**	
Children (0-5) with all present parents in the labor force[2,3]	2014-2018	61.1%	61.7%	58.2%	↑
	2019-2023	**64.4%**	**61.7%**	**67.0%**	
Language other than English spoken at home (2019-2023)[3]	Spanish	19.2%	16.0%	22.7%	
	Another	6.4%	3.0%	3.8%	
Early Education					
Ratio of children (0-5) to licensed child care slots[5]	Oct 2023	2.0	4.1	3.0	↑
	Jan 2025	**2.0**	**4.0**	**3.2**	
Registered care providers in 2025[4]					
Centers	Number	2,427	99	19	
	Capacity	260,689	8,094	1,210	
Schools	Number	714	27	3	
	Capacity	72,967	1,753	135	
Homes	Number	755	33	0	
	Capacity	5,063	227	0	
Children (0-5) receiving child care assistance[4]	2023	35,375	2,252	270	↓
	2024	**35,153**	**2,165**	**248**	
Education & Workforce					
Educational Attainment (ages 25 and older)[2,3]					
At least a high school education	2014-2018	86.8%	85.8%	76.9%	↑
	2019-2023	**89.1%**	**89.4%**	**83.2%**	
Bachelor's degree or more	2014-2018	28.9%	19.3%	13.5%	↑
	2019-2023	**32.6%**	**22.5%**	**16.3%**	
Unemployment rate for the adult population (ages 16 and older)[2,3]	2014-2018	6.4%	7.7%	11.1%	↓
	2019-2023	**5.1%**	**5.7%**	**9.7%**	
Child Health & Development					
Total births[5]	2020-2021	154,638	9,370	901	↑
	2022-2023	**156,236**	**10,413**	**1,166**	
Characteristics of births[5]					
Maternal age 19 or younger	2020-2021	4.9%	5.1%	6.3%	↓
	2022-2023	**4.5%**	**4.6%**	**5.7%**	
Low birthweight (<2500 grams)	2020-2021	7.6%	6.7%	7.0%	↑
	2022-2023	**7.9%**	**7.1%**	**7.8%**	
Preterm birth (<37 weeks)	2020-2021	9.7%	9.2%	9.4%	↑
	2022-2023	**9.8%**	**9.2%**	**9.9%**	
Prenatal care (5+ prenatal visits)	2020-2021	91.0%	91.5%	90.6%	↑
	2022-2023	**91.7%**	**93.3%**	**92.5%**	
Number of children (0-5) with AHCCCS[6]	2022	277,455	17,796	2,169	↓
	2024	**223,506**	**15,042**	**1,871**	
AHCCCS-enrolled children (0-5) 1+ primary care provider visit[6]	2022	83.0%	83.2%	84.0%	↑
	2024	**86.0%**	**86.1%**	**84.8%**	
Children (0-5) receiving AzEIP, DDD, or both services[4]	SFY 2023	9,991	990	94	↑
	SFY 2024	**10,706**	**996**	**95**	

SOURCES: (1) US Census 2020; (2) American Community Survey 2014-2018; (3) American Community Survey 2019-2023; (4) Arizona Department of Economic Security; (5) Arizona Department of Health Services; (6) Arizona Health Care Cost Containment System data provided by ASU ChiR

NOTES:
DS: Data has been suppressed to protect privacy.
NA: Not available.

SUBREGION DEFINITION: The Florence-Coolidge sub-region is defined as 11 census tracts (8.05-8.08, 9.02-9.04 & 10-12). It contains the city of Coolidge, the town of Florence and some outlying unincorporated communities.

Maricopa-Ak Chin-Stanfield	Years	Arizona	Pinal Region	Maricopa-Ak Chin-Stanfield	Change over time
Child, Family & Community Characteristics					
Total population[1]	Census 2020	7,151,502	414,272	65,785	
Population of children (0-5)[1]	Census 2020	480,744	28,572	5,108	
Population living in poverty[2,3]	2014-2018	16.1%	13.5%	11.1%	↓
	2019-2023	**12.8%**	**10.3%**	**7.7%**	
Children (0-5) living in poverty[2,3]	2014-2018	24.9%	22.0%	13.3%	↓
	2019-2023	**17.9%**	**14.9%**	**8.7%**	
Low-income children (0-5) (<185% federal poverty level)[2,3]	2014-2018	47.2%	45.8%	41.2%	↓
	2019-2023	**38.1%**	**37.9%**	**35.9%**	
Housing costs 30% or more of household income[2,3]	2014-2018	30.4%	26.7%	27.0%	↓
	2019-2023	**29.4%**	**25.4%**	**25.5%**	
Children (0-5) with all present parents in the labor force[2,3]	2014-2018	61.1%	61.7%	66.8%	↓
	2019-2023	**64.4%**	**61.7%**	**56.7%**	
Language other than English spoken at home (2019-2023)[3]	Spanish	19.2%	16.0%	16.1%	
	Another	6.4%	3.0%	4.7%	
Early Education					
Ratio of children (0-5) to licensed child care slots[5]	Oct 2023	2.0	4.1	3.2	↔
	Jan 2025	**2.0**	**4.0**	**3.2**	
Registered care providers in 2025[4]					
Centers	Number	2,427	99	9	
	Capacity	260,689	8,094	1,091	
Schools	Number	714	27	8	
	Capacity	72,967	1,753	625	
Homes	Number	755	33	14	
	Capacity	5,063	227	119	
Children (0-5) receiving child care assistance[4]	2023	35,375	2,252	560	↓
	2024	**35,153**	**2,165**	**544**	
Education & Workforce					
Educational Attainment (ages 25 and older)[2,3]					
At least a high school education	2014-2018	86.8%	85.8%	89.3%	↑
	2019-2023	**89.1%**	**89.4%**	**90.1%**	
Bachelor's degree or more	2014-2018	28.9%	19.3%	21.8%	↓
	2019-2023	**32.6%**	**22.5%**	**21.2%**	
Unemployment rate for the adult population (ages 16 and older)[2,3]	2014-2018	6.4%	7.7%	5.3%	↓
	2019-2023	**5.1%**	**5.7%**	**4.6%**	
Child Health & Development					
Total births[5]	2020-2021	154,638	9,370	1,504	↑
	2022-2023	**156,236**	**10,413**	**1,843**	
Characteristics of births[5]					
Maternal age 19 or younger	2020-2021	4.9%	5.1%	4.9%	↓
	2022-2023	**4.5%**	**4.6%**	**3.2%**	
Low birthweight (<2500 grams)	2020-2021	7.6%	6.7%	7.2%	↓
	2022-2023	**7.9%**	**7.1%**	**6.9%**	
Preterm birth (<37 weeks)	2020-2021	9.7%	9.2%	9.6%	↑
	2022-2023	**9.8%**	**9.2%**	**9.8%**	
Prenatal care (5+ prenatal visits)	2020-2021	91.0%	91.5%	93.9%	↑
	2022-2023	**91.7%**	**93.3%**	**94.6%**	
Number of children (0-5) with AHCCCS[6]	2022	277,455	17,796	2,846	↓
	2024	**223,506**	**15,042**	**2,700**	
AHCCCS-enrolled children (0-5) 1+ primary care provider visit[6]	2022	83.0%	83.2%	81.0%	↑
	2024	**86.0%**	**86.1%**	**84.6%**	
Children (0-5) receiving AzEIP, DDD, or both services[4]	SFY 2023	9,991	990	239	↓
	SFY 2024	**10,706**	**996**	**236**	

SOURCES: (1) US Census 2020; (2) American Community Survey 2014-2018; (3) American Community Survey 2019-2023; (4) Arizona Department of Economic Security; (5) Arizona Department of Health Services; (6) Arizona Health Care Cost Containment System data provided by ASU ChiR

NOTES:
DS: Data has been suppressed to protect privacy.
NA: Not available.

SUBREGION DEFINITION: The Maricopa-Ak Chin-Stanfield sub-region is defined as 14 census tracts (17.01, 17.04-17.07, 17.09, 17.12-17.17, 9414.01 & 9414.02, excluding the portion of tract 9414.02 that is within the lands of the Tohono O'odham Nation). It contains the city of Maricopa, the CDPs of Stanfield and Ak-Chin Village and the Ak-Chin Indian Community.

Red Rock-Saddlebrooke	Years	Arizona	Pinal Region	Red Rock-Saddlebrooke	Change over time
Child, Family & Community Characteristics					
Total population[1]	Census 2020	7,151,502	414,272	19,538	
Population of children (0-5)[1]	Census 2020	480,744	28,572	635	
Population living in poverty[2,3]	2014-2018	16.1%	13.5%	7.9%	↓
	2019-2023	**12.8%**	**10.3%**	**5.5%**	
Children (0-5) living in poverty[2,3]	2014-2018	24.9%	22.0%	18.5%	↓
	2019-2023	**17.9%**	**14.9%**	**4.6%**	
Low-income children (0-5) (<185% federal poverty level)[2,3]	2014-2018	47.2%	45.8%	33.1%	↑
	2019-2023	**38.1%**	**37.9%**	**46.1%**	
Housing costs 30% or more of household income[2,3]	2014-2018	30.4%	26.7%	20.9%	↑
	2019-2023	**29.4%**	**25.4%**	**23.6%**	
Children (0-5) with all present parents in the labor force[2,3]	2014-2018	61.1%	61.7%	70.3%	↓
	2019-2023	**64.4%**	**61.7%**	**54.2%**	
Language other than English spoken at home (2019-2023)[3]	Spanish	19.2%	16.0%	8.8%	
	Another	6.4%	3.0%	2.0%	
Early Education					
Ratio of children (0-5) to licensed child care slots[5]	Oct 2023	2.0	4.1	25.4	↔
	Jan 2025	**2.0**	**4.0**	**25.4**	
Registered care providers in 2025[4]					
Centers	Number	2,427	99	0	
	Capacity	260,689	8,094	0	
Schools	Number	714	27	2	
	Capacity	72,967	1,753	50	
Homes	Number	755	33	2	
	Capacity	5,063	227	8	
Children (0-5) receiving child care assistance[4]	2023	35,375	2,252	23	↓
	2024	**35,153**	**2,165**	**22**	
Education & Workforce					
Educational Attainment (ages 25 and older)[2,3]					
At least a high school education	2014-2018	86.8%	85.8%	94.3%	↑
	2019-2023	**89.1%**	**89.4%**	**95.7%**	
Bachelor's degree or more	2014-2018	28.9%	19.3%	41.8%	↑
	2019-2023	**32.6%**	**22.5%**	**42.3%**	
Unemployment rate for the adult population (ages 16 and older)[2,3]	2014-2018	6.4%	7.7%	6.7%	↑
	2019-2023	**5.1%**	**5.7%**	**11.0%**	
Child Health & Development					
Total births[5]	2020-2021	154,638	9,370	179	↑
	2022-2023	**156,236**	**10,413**	**191**	
Characteristics of births[5]					
Maternal age 19 or younger	2020-2021	4.9%	5.1%	6.1%	↑
	2022-2023	**4.5%**	**4.6%**	**8.4%**	
Low birthweight (<2500 grams)	2020-2021	7.6%	6.7%	6.7%	↑
	2022-2023	**7.9%**	**7.1%**	**8.4%**	
Preterm birth (<37 weeks)	2020-2021	9.7%	9.2%	6.1%	↑
	2022-2023	**9.8%**	**9.2%**	**11.0%**	
Prenatal care (5+ prenatal visits)	2020-2021	91.0%	91.5%	93.3%	↓
	2022-2023	**91.7%**	**93.3%**	**92.1%**	
Number of children (0-5) with AHCCCS[6]	2022	277,455	17,796	319	↓
	2024	**223,506**	**15,042**	**291**	
AHCCCS-enrolled children (0-5) 1+ primary care provider visit[6]	2022	83.0%	83.2%	81.2%	↑
	2024	**86.0%**	**86.1%**	**85.6%**	
Children (0-5) receiving AzEIP, DDD, or both services[4]	SFY 2023	9,991	990	10	↑
	SFY 2024	**10,706**	**996**	**12**	

SOURCES: (1) US Census 2020; (2) American Community Survey 2014-2018; (3) American Community Survey 2019-2023; (4) Arizona Department of Economic Security; (5) Arizona Department of Health Services; (6) Arizona Health Care Cost Containment System data provided by ASU ChiR

NOTES:
DS: Data has been suppressed to protect privacy.
NA: Not available.

SUBREGION DEFINITION: The Red Rock-Saddlebrooke sub-region is defined as four census tracts (6.03, 6.04, 8.02 & 21.07) and contains the CDPs of Red Rock, Saddlebrooke, Cactus Forest and Picacho.

San Tan Valley-Queen Creek	Years	Arizona	Pinal Region	San Tan Valley-Queen Creek	Change over time
Child, Family & Community Characteristics					
Total population[1]	Census 2020	7,151,502	414,272	114,281	
Population of children (0-5)[1]	Census 2020	480,744	28,572	10,635	
Population living in poverty[2,3]	2014-2018	16.1%	13.5%	8.7%	↓
	2019-2023	**12.8%**	**10.3%**	**7.2%**	
Children (0-5) living in poverty[2,3]	2014-2018	24.9%	22.0%	11.1%	↓
	2019-2023	**17.9%**	**14.9%**	**9.3%**	
Low-income children (0-5) (<185% federal poverty level)[2,3]	2014-2018	47.2%	45.8%	33.0%	↓
	2019-2023	**38.1%**	**37.9%**	**22.9%**	
Housing costs 30% or more of household income[2,3]	2014-2018	30.4%	26.7%	26.9%	↓
	2019-2023	**29.4%**	**25.4%**	**25.5%**	
Children (0-5) with all present parents in the labor force[2,3]	2014-2018	61.1%	61.7%	55.8%	↑
	2019-2023	**64.4%**	**61.7%**	**57.4%**	
Language other than English spoken at home (2019-2023)[3]	Spanish	19.2%	16.0%	11.6%	
	Another	6.4%	3.0%	3.0%	
Early Education					
Ratio of children (0-5) to licensed child care slots[5]	Oct 2023	2.0	4.1	6.9	↓
	Jan 2025	**2.0**	**4.0**	**6.5**	
Registered care providers in 2025[4]					
Centers	Number	2,427	99	18	
	Capacity	260,689	8,094	1,471	
Schools	Number	714	27	6	
	Capacity	72,967	1,753	425	
Homes	Number	755	33	6	
	Capacity	5,063	227	48	
Children (0-5) receiving child care assistance[4]	2023	35,375	2,252	519	↓
	2024	**35,153**	**2,165**	**490**	
Education & Workforce					
Educational Attainment (ages 25 and older)[2,3]					
At least a high school education	2014-2018	86.8%	85.8%	91.8%	↑
	2019-2023	**89.1%**	**89.4%**	**93.5%**	
Bachelor's degree or more	2014-2018	28.9%	19.3%	20.9%	↑
	2019-2023	**32.6%**	**22.5%**	**26.0%**	
Unemployment rate for the adult population (ages 16 and older)[2,3]	2014-2018	6.4%	7.7%	6.4%	↓
	2019-2023	**5.1%**	**5.7%**	**4.0%**	
Child Health & Development					
Total births[5]	2020-2021	154,638	9,370	3,279	↑
	2022-2023	**156,236**	**10,413**	**3,472**	
Characteristics of births[5]					
Maternal age 19 or younger	2020-2021	4.9%	5.1%	3.0%	↓
	2022-2023	**4.5%**	**4.6%**	**2.6%**	
Low birthweight (<2500 grams)	2020-2021	7.6%	6.7%	5.2%	↑
	2022-2023	**7.9%**	**7.1%**	**6.6%**	
Preterm birth (<37 weeks)	2020-2021	9.7%	9.2%	7.9%	↑
	2022-2023	**9.8%**	**9.2%**	**8.3%**	
Prenatal care (5+ prenatal visits)	2020-2021	91.0%	91.5%	91.8%	↑
	2022-2023	**91.7%**	**93.3%**	**95.1%**	
Number of children (0-5) with AHCCCS[6]	2022	277,455	17,796	4,423	↓
	2024	**223,506**	**15,042**	**3,589**	
AHCCCS-enrolled children (0-5) 1+ primary care provider visit[6]	2022	83.0%	83.2%	83.5%	↑
	2024	**86.0%**	**86.1%**	**86.2%**	
Children (0-5) receiving AzEIP, DDD, or both services[4]	SFY 2023	9,991	990	384	↓
	SFY 2024	**10,706**	**996**	**379**	

SOURCES: (1) US Census 2020; (2) American Community Survey 2014-2018; (3) American Community Survey 2019-2023; (4) Arizona Department of Economic Security; (5) Arizona Department of Health Services; (6) Arizona Health Care Cost Containment System data provided by ASU ChiR

NOTES:
DS: Data has been suppressed to protect privacy.
NA: Not available.

SUBREGION DEFINITION: The San Tan Valley-Queen Creek sub-region is defined by 20 census tracts (2.04, 2.06, 2.08, 2.11, 2.12 & 2.15-2.25). It contains the newly-incorporated city of San Tan Valley and the part of the town of Queen Creek which lies in Pinal County. (The remainder of Queen Creek town is in the Southeast Maricopa First Things First Region.)

AK-CHIN INDIAN COMMUNITY

When First Things First was established by the passage of Proposition 203 in November 2006, 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 be designated as a separate region. The Ak-Chin Indian Community has chosen to be part of the First Things First Pinal Region. The Ak-Chin Indian Community elected to participate in data collection for the Pinal Region 2026 Needs and Assets Report as indicated by Resolution A-109-25 signed on May 21, 2025.

This report contains data from a variety of sources, including the publicly-available 2020 Census and American Community Survey (ACS) 5-Year Estimates and data that were provided to FTF by state, federal and Tribal agencies. Local data were also requested from Ak-Chin Indian Community Departments and programs. Citations can be found at the bottom of each table and at the end of this report. The report uses color-coding to indicate the relevant geography for each number or percentage discussed in the text as follows: **Ak-Chin Indian Community**, **Pinal Region** and **Arizona**. Additional important numbers in the text that do not correspond to one of these geographies have been **bolded**.

Family, Child & Community Characteristics

According to the 2020 Census, the Ak-Chin Indian Community was home to about **100** young children birth to age 5 and an overall population of **1,070** people. Tribal enrollment data provides vital information about the population in the Community along with what services they may be eligible for. According to Ak-Chin Indian Community Enrollment Services, there were **1,139** enrolled Ak-Chin Indian Community members in 2024, an increase from **1,119** in 2020. This included **847** members residing on Tribal lands, 40 members fewer than in 2020 (**887**). In 2024, there were **71** enrolled young children birth to age 5 (fewer than the **80** enrolled in 2020), **57** of whom lived within the Ak-Chin Indian Community reservation. According to the 2020 Census, **21%** of children birth to age 5 lived in a grandparent's household. Grandparents can be central to multigenerational households and vital caregivers for children, in many cases sharing and strengthening Native language, history and culture.[1, 2, 3]

Tribal Enrollment	2020	2024	
Children birth to age 5	80	71	▼
School-age children ages 6 to 17	327	287	▼
Total Children (ages 0-17)	407	358	▼
Total Population (all ages)	1,119	1,139	▲

Source: Ak-Chin Indian Community Enrollment Services (2025). [Enrollment dataset].

Poverty is associated with reduced access to nutrition, green space and health care, as well as greater exposure to psychosocial stress and environmental toxins.[4, 5, 6] Together, these factors may have implications for children's growth and brain development. Economic circumstances in Tribal communities have been shaped by a long history of inequitable policies and federal disinvestment.[7, 8] The resulting economic disparity between Native and non-Native communities affects rates of employment, poverty, food security and housing stability.

According to the 2023 American Community Survey (ACS), **30%** of children birth to age 5 in the Ak-Chin Indian Community lived in poverty, a decrease from the poverty rate in the 2018 ACS (**37%**). Young child poverty rates also declined in the Pinal Region (**22%** to **15%**) and statewide (**25%** to **18%**), a phenomenon largely attributed to pandemic relief funding and policies.[9] The share of young children living at or below 185% of the federal poverty level[a] also declined from **82%** in the 2018 ACS to **61%** in the 2023 ACS. This is still nearly double the share of low-income children in the Pinal Region (**38%**) or Arizona (**38%**). The median family income for families with children in the Ak-Chin Indian Community was **$55,313** according to the 2023 ACS, much lower than the median income for families statewide (**$89,366**). However, it is important to remember that monetary income is one way that families meet their basic needs. In Native communities, subsistence-based activities such as hunting, gathering, farming and ranching are important cultural practices that can also meet families' basic needs and are not captured in standard poverty measures.[10] Reservation economies also differ in that a large portion of households rely on home-based enterprises for cash income, with many businesses related to traditional crafts, artistry and food vending.[11]

[a] *This is the income eligibility threshold for many assistance programs, including the Special Supplemental Nutrition Assistance Program for Women, Infants and Children, known as WIC.*

Poverty & Low-Income	2014-2018 ACS	2019-2023 ACS	
Population in poverty	37%	30%	▼
Children birth to age 5 in poverty	41%	28%	▼
Low-income children birth to age 5	82%	61%	▼

Source: U.S. Census Bureau. (2024). 2023 American Community Survey Five-Year Estimates, 2019-2023.

The Special Supplemental Nutrition Assistance Program for Women, Infants and Children, known as WIC, provides food assistance, breastfeeding support, nutrition education and referral to other health and community services for women and children, starting in pregnancy until children turn 5.[b] WIC, along with other programs like free and reduced-price school meals, Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP), can key resources for low-income families to improve access to affordable, nutritious food that promotes well-being. The Ak-Chin Indian Community WIC program is administered by the Inter Tribal Council of Arizona. Between 2022 and 2024, the number of infants and children (birth to age 4) enrolled in WIC increased substantially from **27** in 2022 to **51** in 2024. Alongside this increase in enrollment, participation rates among women, infants and children did fall from **100%** in 2022 to **91%** in 2024. Still, these numbers suggest that a substantial portion of the young child population in the region participated in the WIC program in recent years.[c]

Ak-Chin Indian Community WIC program	2022	2024	
Total enrolled in WIC	34	66	▲
Women	<10	15	▲
Infants & Children (birth to age 4)	27	51	▲
Participation rate (women, infants & children)	100%	91%	▼

Source: Inter Tribal Council of Arizona. (2025). [WIC dataset].
Note: WIC participation rates reflect the percent of children already enrolled in WIC who attend visits and receive benefits. These do not reflect the share of potentially-eligible children enrolled in WIC.

[b] *For more information see https://www.fns.usda.gov/wic*

[c] *There were 83 babies born to families residing within the Ak-Chin Indian Community between 2019 and 2023, which would suggest that 61% of young children birth to age 4 were participating in WIC. This corresponds closely to the share of young children estimated to be income-eligible for WIC.*

Traumatic or stressful life events experienced in childhood, referred to as Adverse Childhood Experiences or ACEs,[d] can have lasting impacts on health and life trajectory beyond childhood, with risk increasing as an individual's number of ACEs increases.[12] 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. In accordance with the Indian Child Welfare Act of 1978 (ICWA), nearly all Tribal governments set their own child welfare laws and manage their own child welfare systems.[13] Child welfare services for the Ak-Chin Indian Community are provided by Ak-Chin Health & Human Services.

According to data from Ak-Chin Health & Human Services, there were **fewer than 10**[e] substantiated cases of abuse or neglect in 2023 and 2024 combined for children of all ages, and **fewer than 10** children were removed by Ak-Chin Health & Human Services across both years. For children in the care of Ak-Chin Health & Human Services in 2023 and 2024, all young children birth to age 5 were in placements with relatives, as were most children birth to age 17 (**89%**). In 2023 and 2024, all children birth to age 5 exiting the child welfare system ended up in long-term placements with relatives.[14]

Early Learning

Participating in quality preschool programs can result in between one-third and a full year of early learning gains in language, reading and math, increasing academic readiness when children enter kindergarten.[15] Families in the Ak-Chin Indian Community can access early care and education services through Ak-Chin Child Development Center, which operates 3 classrooms and provides 5 days of care per week. The daily cost of full day care is $15, but more than half of children enrolled in 2024 were receiving child care assistance. The center also provides transportation for families residing within the Ak-Chin Indian Community. In partnership with the Language Program and Cultural Resources Department, Ak-Chin Child Development Center is able to integrate cultural activities and events into its programming.[16]

In 2024, a total of **30** children birth to age 5 were enrolled in Ak-Chin Child Development Center, including **15** preschoolers ages 3 to 5 and **15** infants and toddlers. This increase in total enrollment (from **23** children in 2022) corresponds with the opening of new classrooms for infants and toddlers at the center. Even with this increased capacity, a waitlist for toddlers persists.

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[d] Adverse Childhood Experiences (ACEs) include eight categories of traumatic or stressful life events experienced before the age of 18 years: 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.

[e] Fewer than 10 is used to indicate counts less that cannot be reported to protect privacy. First Things First data policies require that counts less than 10 for social services data be suppressed.

Comparing center enrollment to the 2020 Census population for Ak-Chin Indian Community suggests that nearly a third of all young children (**30%**) in the Community were enrolled in the Ak-Chin Child Development Center.

Ak-Chin Child Development Center	2022	2024	
Children birth to age 5 enrolled	23	30	▲
Children birth to age 2 enrolled	<10	15	▲
Children ages 3 to 5 enrolled	15	15	-
Children receiving CCDF child care assistance	<10	16	▲

Source: Ak-Chin Child Development Center (2025). [Child care dataset].

Education & Workforce

There are no schools within the boundaries of the Ak-Chin Indian Community. Students from the Community attend a number of off-reservation schools, mostly within the Maricopa Unified School District (MUSD). In the 2023-24 school year, there were **368** students identified as American Indian attending MUSD schools. The MUSD elementary schools closest to the Ak-Chin Indian Community also had the highest numbers of students identified as American Indian: Saddleback Elementary School (**65**) and Maricopa Elementary School (**41**).

School Enrollment (American Indian students)	2022	2024	
Maricopa Elementary School	36	41	▲
Saddleback Elementary School	64	65	▲
3rd grade assessments (American Indian students)*	**2022**	**2024**	
Passing math assessment	22%	26%	▲
Passing reading assessment	19%	22%	▲
Graduation rates (American Indian students)*	**2022**	**2024**	
4-year graduation rate	52%	50%	▼
5-year graduation rate	70%	55%	▼
Dropout rate	8%	10%	▲

Source: Arizona Department of Education (2025). [Oct 1 Enrollment, Assessment, Graduation and Dropout rate datasets].
**Note: Data on 3rd grade assessments, graduation and dropout rates reflect all students identified as American Indian in Maricopa Unified School District.*

Children's 3rd grade reading comprehension and proficiency skills can predict their future academic success, such as their likelihood of graduating high school and attending college.[17] Across MUSD schools, passing rates on 3rd grade assessments for American Indian students improved between 2021-22 and 2023-24 school years, increasing from **22%** to **26%** for math and

19% to **22%** for reading. For both assessments, passing rates for MUSD American Indian students were above those for American Indian students statewide in 2023-24 (**21%** for math and **17%** for reading).

Graduation rates for students identified as American Indian attending MUSD schools have fallen in recent years. Half of all American Indian students (**50%**) in the district graduated within 4 years in the 2023-24 school year, down slightly from **52%** in 2021-22, and 5-year graduation rates dropped from **70%** in 2021-22 to **55%** in 2023-24. Dropout rates increased from **8%** to **10%** within the same period. Despite these recent trends, data from the ACS suggests that educational attainment for adults in the Ak-Chin Indian Community has increased over the last decade. The share of adults 25 and over with a high school diploma or higher education increased from **66%** in the 2018 ACS to **78%** in the 2023 ACS, and the share of adults with a bachelor's or advanced degree increased from **5%** to **6%**.

The labor force participation rate includes all people who are working (employed) or looking for work (unemployed). People not in the labor force are largely students, stay-at-home parents, retirees and people who are institutionalized. According to 2023 ACS estimates, more than half of adults ages 16 and older (**57%**) were participating in the labor force in the Ak-Chin Indian Community, higher than the estimates for the Pinal Region overall (**53%**). Estimated unemployment rates for the Community decreased from **22%** in the 2018 ACS to **16%** in the 2023 ACS but remained almost three times the estimated rate for the Pinal Region (**6%**). It is important to note that due to many historical and legal reasons as well as differences in practical economic structures, employment and labor force participation rates in Native communities can vary greatly from state rates.[18] Ak-Chin Indian Community operates many Tribal enterprises, including Ak-Chin Farms, Harrahs Ak-Chin Casino, Ak-Chin Circle Entertainment Center, Ak-Chin Southern Dunes Golf Club, Ak-Chin Regional Airport, Ak-Chin Energy Services, Vekol Market, Santa Cruz Commerce Center, Quail Run Building Materials, the Ak-Chin O'odham Runner and Ak-Chin Him Dak Eco-Museum.[19]

Adult Education & Employment	2014-2018 ACS	2019-2023 ACS	
High school diploma or higher education	66%	78%	▲
Bachelor's or advanced degree	5%	6%	▲
Labor force participation rate	55%	57%	▲
Unemployment rate	22%	16%	▼

Source: U.S. Census Bureau. (2024). 2023 American Community Survey Five-Year Estimates, 2019-2023.

Child Development & Health

Prenatal care is associated with reduced complications during pregnancy and birth, while also providing expectant parents with an opportunity to engage with health professionals.[20, 21, 22] According to data from the Arizona Department of Health Services, rates of timely prenatal care (begun in the first trimester) in the Ak-Chin Indian Community were below statewide rates in 2020 to 2023 combined, with about two-thirds (**65%**) of births to mothers residing in the Community having timely prenatal care. However, a similar share of births in the Community (**92%**) had adequate prenatal care (5 or more visits) compared with statewide (**91%**) during this same period, an asset for promoting maternal and infant health. Outside of adequate prenatal care, other risk factors like low birth weight and preterm birth can impact child health outcomes.[23] Between 2020-2023, the Ak-Chin Indian Community had a relatively higher proportion of low birth weight births (**11.1%**) and preterm births (**16.7%**) than Arizona as a whole (**7.8%** and **9.8%**, respectively). On average between 2020-2023, the Ak-Chin Indian Community did not meet the Healthy People 2030[f] target for preterm births (no more than **9.4%**). There is growing evidence that disparities in birth outcomes can be linked to social, structural and environmental inequities in Indigenous communities, with disparities growing after the onset of the COVID-19 pandemic specifically.[24,25] There were also a higher share of births (**8%**) to teenaged mothers ages 19 and younger residing in the Ak-Chin Indian Community between 2020 and 2023 than seen statewide (**5%**).

Maternal & Infant Health (2020-2023 combined)	**Ak-Chin Indian Community**	**Arizona**	**Target**
Total Births	**72**	**310,874**	
Timely prenatal care (1st trimester)	65%	71%	
Adequate prenatal care (5+ visits)	92%	91%	
Low birthweight (<2,500 g)	11.1%	7.8%	
Preterm births (<37 weeks)	16.7%	9.8%	9.4% or less
Teenaged mother (age 19 & younger)	8%	5%	

Source: Arizona Department of Health Services. (2025). [Vital Statistic dataset].

In the Ak-Chin Indian Community, health care services are available through the Ak-Chin Clinic, which is operated by the Indian Health Service (IHS). Residents may also travel to other facilities receive care, including Gila River Health Care Corporation, a Tribally-operated health system with hospitals located in Sacaton, Laveen and Chandler.[26] Ak-Chin Clinic offers primary care, laboratory

[f] *Healthy People identifies science-based targets to guide national health promotion and disease prevention efforts. For more information see https://www.cdc.gov/nchs/healthy_people/index.htm*

services and health education and is supported by staff from Phoenix Indian Medical Center.[27] The Ak-Chin Indian Community was also recently selected to develop a new Tribal healthcare facility through the IHS Joint Venture Construction Program, which will allow construction of a more modern facility that can provide expanded health care services.[28] In fiscal year 2025, there were **84** children birth to age 5 who were active users of IHS services in the Ak-Chin Service Area.[g]

Health insurance coverage is an important indicator of whether families can access, afford and utilize medical care. Members of federally recognized Tribes can access health care services provided through IHS and/or Tribally administered health care facilities without needing insurance. However these services are estimated to be underfunded in relation to the per capita need— higher rates of Medicaid enrollment can help supplement funding through services reimbursement and provide members with more care options.[29] Arizona's Medicaid program, the Arizona Health Care Cost Containment System (AHCCCS) is a major source of health insurance for families from the Ak-Chin Indian Community. The number of children birth to age 5 enrolled in AHCCCS residing within the Ak-Chin Indian Community increased from **81** in 2022 to **92** in 2024. Statewide, the number of children birth to 5 enrolled in AHCCCS declined over this period, falling by more than 50,000 children between 2022 and 2024, and the Pinal Region saw a drop of more than 2,700 children. However, despite the increases in AHCCCS enrollment, the share of AHCCCS-enrolled children accessing health care decreased slightly, with slightly lower shares of children with at least one primary care visit (**55%**) and fluoride treatments (**24%**) in 2024 compared to 2022 (**56%** and **25%** respectively). The share of children with at least one dental visit remained the same (**30%**).

Children with AHCCCS	2022	2024	
Total children birth to age 5 enrolled	81	92	▲
Children (birth to age 5) with primary care visits	56%	55%	▼
Children (ages 1 to 5) with dental visits	30%	30%	-
Children (ages 1 to 5) with fluorides	25%	24%	▼

Sources: ASU CHiR. (2025). [AHCCCS claims dataset].
Note: AHCCCS data reflect children birth to age 5 with approved insurance claims– these data may not reflect all care provided in the region.

Timely connection with early intervention services— such as speech, physical, occupational and behavioral therapy— can shape school readiness and the developmental path of young children with medical conditions, developmental delays and even certain risk factors for delays.[30] In Arizona, families with children who have special needs may be served by the Department of Economic Security's (DES) Arizona Early Intervention Program (AzEIP), the Division of

[g] *In FY2025, there were 972 active users of all ages according to IHS.*

Developmental Disabilities (DDD) and the Arizona Department of Education's (ADE) Early Childhood Special Education Program. In state fiscal years 2023 and 2024 combined, **0** children birth to age 5 from the Ak-Chin Indian Community were served by AzEIP or DDD.

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