

2026

NEEDS AND ASSETS REPORT



 **FIRST THINGS FIRST**

Santa Cruz Region

Santa Cruz Regional Partnership Council 2026 Needs and Assets Report

Funded by the
First Things First Santa Cruz Regional Partnership Council

Prepared by the
Community Research, Evaluation & Development (CRED) Team

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INTRODUCTION

Ninety percent of a child's brain growth occurs before kindergarten, and the quality of a child's early experiences impacts whether their brain will develop in positive ways that promote learning. 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 Santa Cruz Region helps us in understanding the needs of young children, the resources available to meet those needs and gaps that may exist in those resources.

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 Santa Cruz Region, is detailed separately in the Fact Sheets. The FTF Santa Cruz 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 Santa Cruz 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 Santa Cruz 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 Santa Cruz Region. Lastly, we want to acknowledge the current and past members of the FTF Santa Cruz 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.¹ 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) Santa Cruz 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.² 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: **Santa Cruz Region**, **Santa Cruz 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 Habersstock 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 SANTA CRUZ 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 First Things First Santa Cruz Region covers almost all of Santa Cruz County. The area surrounding the Amado community in the northwestern corner of the county is assigned to the Pima South Region. Santa Cruz County borders Mexico and is the smallest county in the state of Arizona by land area.

The map below shows the geographical area covered by the Santa Cruz 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.

^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 Santa Cruz Region



Source: 2020 TIGER/Line Shapefiles prepared by the U.S. Census. Map produced by CRED.

FAMILY, CHILD & COMMUNITY CHARACTERISTICS

Young children in the region

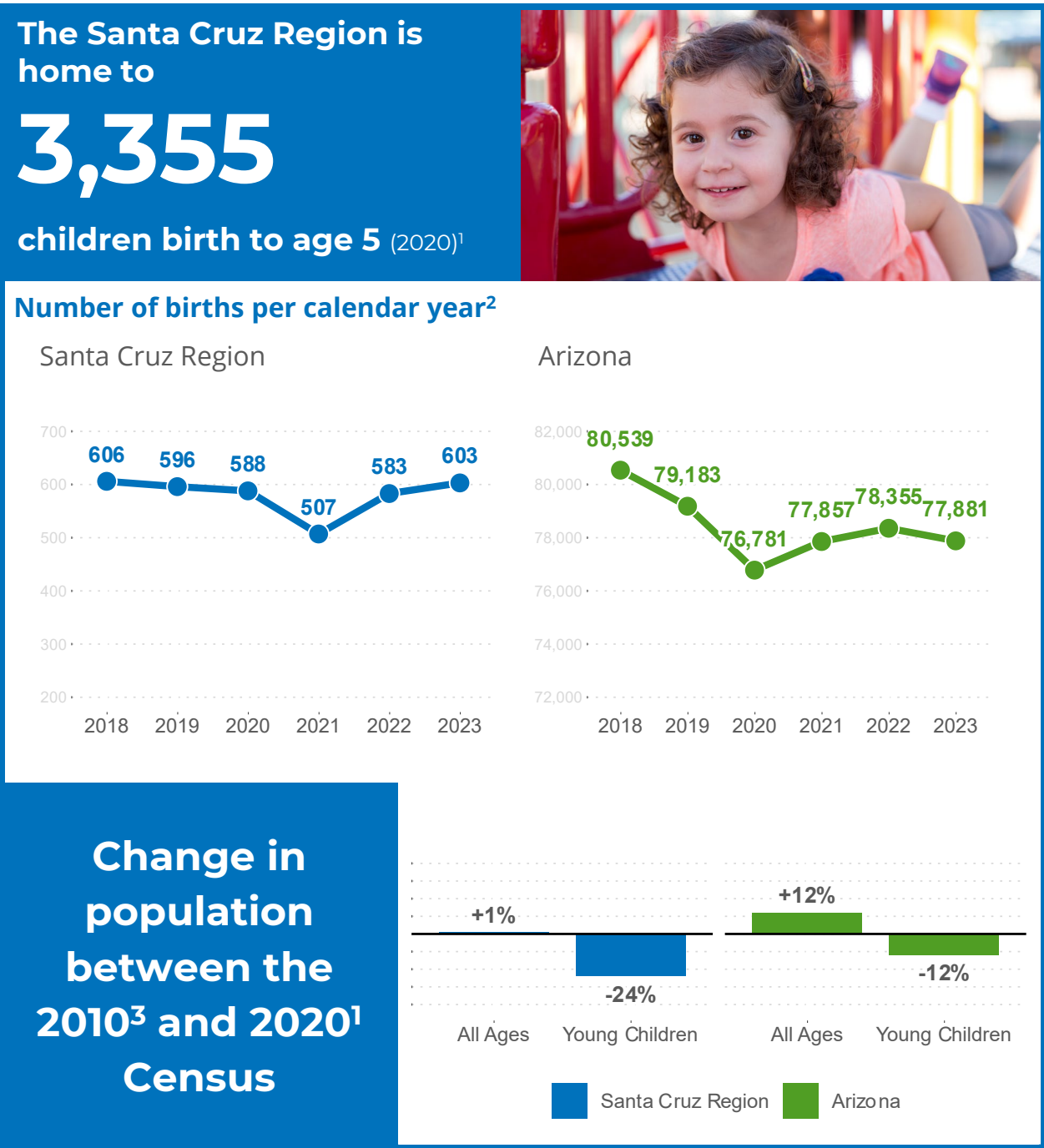
While young children make up a small proportion of the overall population, their well-being has wide-reaching impacts on families, social service systems and the state's future population. Continued investment in children's well-being and the well-being of their families was deemed by the National Academy of Sciences as "the most efficient strategy" for strengthening the future workforce and supporting a thriving community.^{3, 4} According to the 2020 Census, the Santa Cruz Region was home to **3,355** young children birth to age 5. Between 2018 and 2023, births in the Santa Cruz Region saw small fluctuations, with the exception of 2021 which saw a larger relative decrease in births (n = **507**).^b Statewide, births declined from 2018 (n = **80,539**) to 2020 (n = **76,781**), before increasing again over the next two years, and ultimately declining in 2023 (n = **77,881**). Conversely, the number of births in the region increased from 2022 (n = **583**) to 2023 (n = **603**).

Despite a relatively constant number of births in recent years, the number of young children counted in the 2020 Census was notably lower than in 2010, decreasing by **24%** from **4,416** young children in 2010 to **3,355** in 2020. This decline was double 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 slightly in the region (**+1%**), and increased **12%** statewide. Local key informants noted that this population shift is seen in school enrollments; graduating classes of students are substantially larger than incoming elementary classes.

^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



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.

Characteristics of young children and the population

According to the 2020 Census, approximately **47,432** people lived in the Santa Cruz Region, in **16,569** households. About one in six of these households (**16%**) in the region included a young child, birth to age 5, a higher 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, residents of the Santa Cruz Region were predominately Hispanic or Latino (**83%** of the total population, **94%** of young children birth to age 4). These shares were much higher than those observed statewide, where **31%** of the total population and **44%** of young children identified as Hispanic or Latino.⁵ Young children in the region were less likely to be identified as non-Hispanic White (**4%**) compared to the total population (**15%**). Key informants noted an influx of new retiree residents to the region, which is likely to contribute to the difference in demographics across age groups. The region's residents were still far less likely to be identified as non-Hispanic White than children statewide, where **42%** of young children and **57%** of the total population identified as non-Hispanic White.⁶ The Santa Cruz Region also had a higher proportion of residents identifying as multi-racial (**37%** of young children and **36%** of the total population) compared to Arizona overall (**21%** and **14%**, respectively).⁷ Reflecting the region's binational, bicultural heritage, Spanish is a central language in the community, spoken in most homes (**78%**), with the remainder (**22%**) speaking English only. Across the state, nearly three-quarters of residents (**74%**) spoke English at home, **19%** spoke Spanish, and **6%** spoke another language.⁸

Caregivers for young children

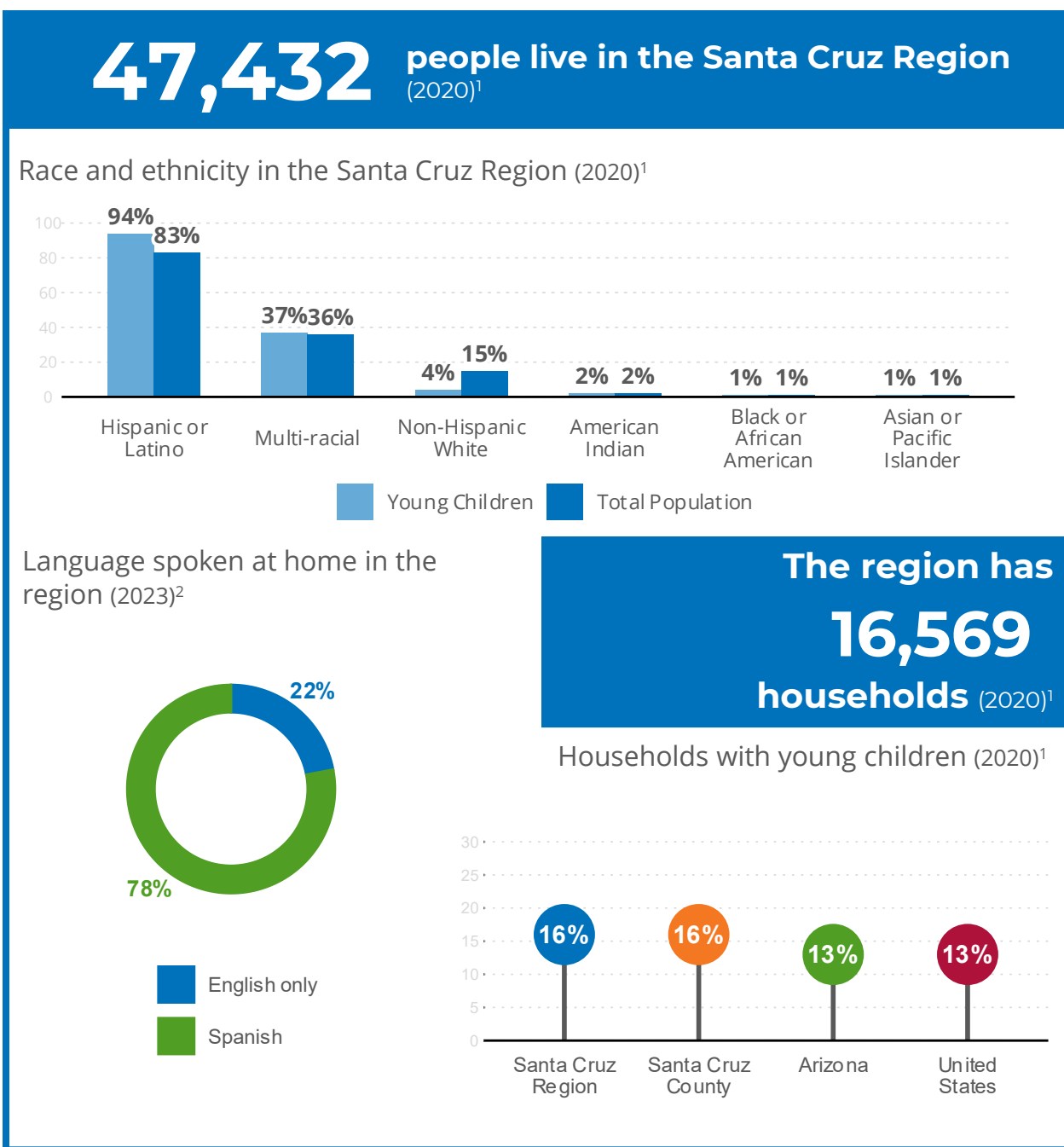
Family structure has important effects on children's development.⁹ For example, living in a single-parent household is often linked to implications for poverty, access to health and education resources, parental health and the quality of a child's interactions with adult caregivers.^{10, 11, 12, 13, 14,}

¹⁵ The 2023 American Community Survey (ACS) estimated that just under half of children birth to age 5 in the Santa Cruz Region lived with one unmarried parent^c (**49%**), a higher proportion than across the state (**36%**). Young children across the region were less likely to reside with two married parents (**48%**) than young children statewide (**60%**).¹⁶

^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



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%).

Multi-generational households, where grandparents, parents and children live together, are also becoming more common across all racial and ethnic groups.^{17, 18, 19, 20} These living arrangements can offer financial and social benefits, but also stressors such as differing parenting styles and family roles.^{21, 22, 23, 24, 25} According to the 2020 Census, **22%** of young children in the Santa Cruz Region and Santa Cruz County lived in a grandparent's household (with or without a parent present), a higher proportion than across the state (**13%**). Overall, there were **531** grandparents in the region who reported that they were responsible for one or more grandchildren birth to age 17.

Kinship care, an especially common practice in Hispanic and Latino communities, is where children live with someone other than their parents (such as grandparents, other relatives or close friends).²⁶ While kinship care brings many benefits, it may also 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.^{27, 28, 29, 30, 31, 32, 33} In the Santa Cruz Region, **2%** of young children resided with non-parental relatives (e.g., grandparent, aunt or uncle) and **1%** lived with a non-relative caregiver, just below the rates seen statewide (**3%** with relatives and **2%** with non-relatives).³⁴

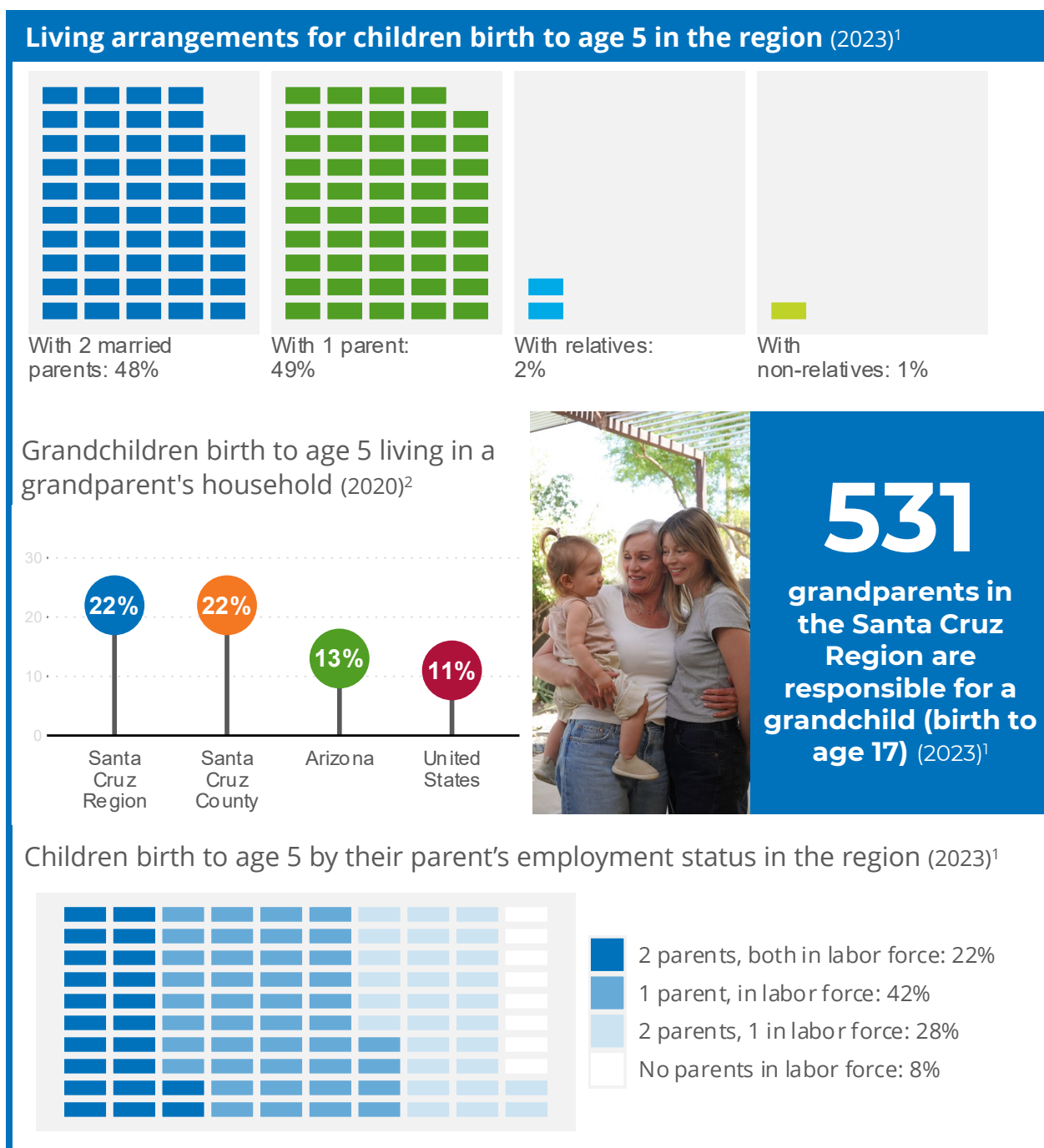
Participation in the labor force can impact families in ways that affect children's health and well-being. For example, unemployment can limit access to resources that support children's physical and mental health.³⁵ An estimated **92%** of young children birth to age 5 in the Santa Cruz Region lived in families with at least one parent in the labor force. Nearly two-thirds of all young children (**66%**) lived with all parents in the labor force, making it likely that these families need some form of child care. Key informants noted that many jobs in the region (e.g., produce packing, law enforcement) require non-traditional hours, and thus many families turn to family members, including siblings, to support caregiving for young children.

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.^{36, 37, 38} 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 \$21,150.³⁹ Between 2019 and 2023, an estimated **29%** of young children in the Santa Cruz Region lived in poverty, a decline from the region's poverty rate between 2014 and 2018 (**38%**). 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.⁴⁰

Figure 3.

Caregivers for young children



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).

Overall, single-parent families across Arizona earned less than married-couple families in 2023. Married-couple families in Santa Cruz County (which make up less than half of all families for young children) have a median income of **\$86,339**. This is substantially higher (+\$38,000) than the median income for single-male-headed families (**\$48,269**) and close to triple that of single-female-headed families (**\$33,327**). In addition, across family types, the median income in Santa Cruz County was lower than median income statewide. Key informants described how increases in the minimum wage can unintentionally strain families. Because of the “benefits cliff,” even a small rise in income can make families ineligible for programs such as food assistance or child care subsidies, and the value of those benefits often exceeds the modest value of the added earnings.

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.^{41, 42} In 2022, the self-sufficiency standard for two parents, one preschooler and one infant was **\$65,187** in Santa Cruz County, lower than the median income for married couples with children. The self-sufficiency standard for one parent and one preschooler in Santa Cruz County (**\$42,252**) also fell below the median income for single-male-headed families with children (**\$48,269**), but above that for single-female-headed families with children (**\$33,327**). These data highlight the likelihood that many single-female-headed households in Santa Cruz 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 2002.⁴³ Santa Cruz County’s self-sufficiency standards increased by **24%** for two parents, one preschooler and one infant (**\$80,580**) and **16%** for one parent and one preschooler (**\$49,173**) between 2022 and 2025.⁴⁴

These rising costs have real implications for families’ well-being in the Santa Cruz 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.^{45, 46, 47} Traditionally, housing has been deemed affordable for families if it costs less than 30% of annual household income. Close to three in 10 households (**28%**) in the Santa Cruz Region were considered housing cost-burdened, spending 30% or more of their income on housing. Although lower than the **30.8%** of cost-burdened households statewide, the region did not meet the Healthy People 2030^e target of

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

^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

25.5% or fewer households with a high housing cost burden.⁴⁸ 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.⁴⁹ In the Santa Cruz Region, the vast majority (**95%**) of children under age 18 had access to a computer and internet at home, pointing to a strength of the region in connectivity for families. School systems can play an important role in supporting student connectivity for academic purposes. Key informants noted that at least some local districts offer “1:1” programs, meaning each child is issued a school-owned laptop to use for the year. Students are also able to check out hotspots to access internet at home if needed, and school buses are Wi-Fi-equipped.

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, 50} According to 2023 American Community Survey (ACS) estimates, there were **2,242** children birth to age 5 in the Santa Cruz Region living in households with qualifying incomes for WIC. This equates to nearly six in 10 (**59%**) young children in the region. The region had a much higher proportion of young children whose households financially qualified for WIC compared to Arizona (**38%**) and the U.S. (**35%**).

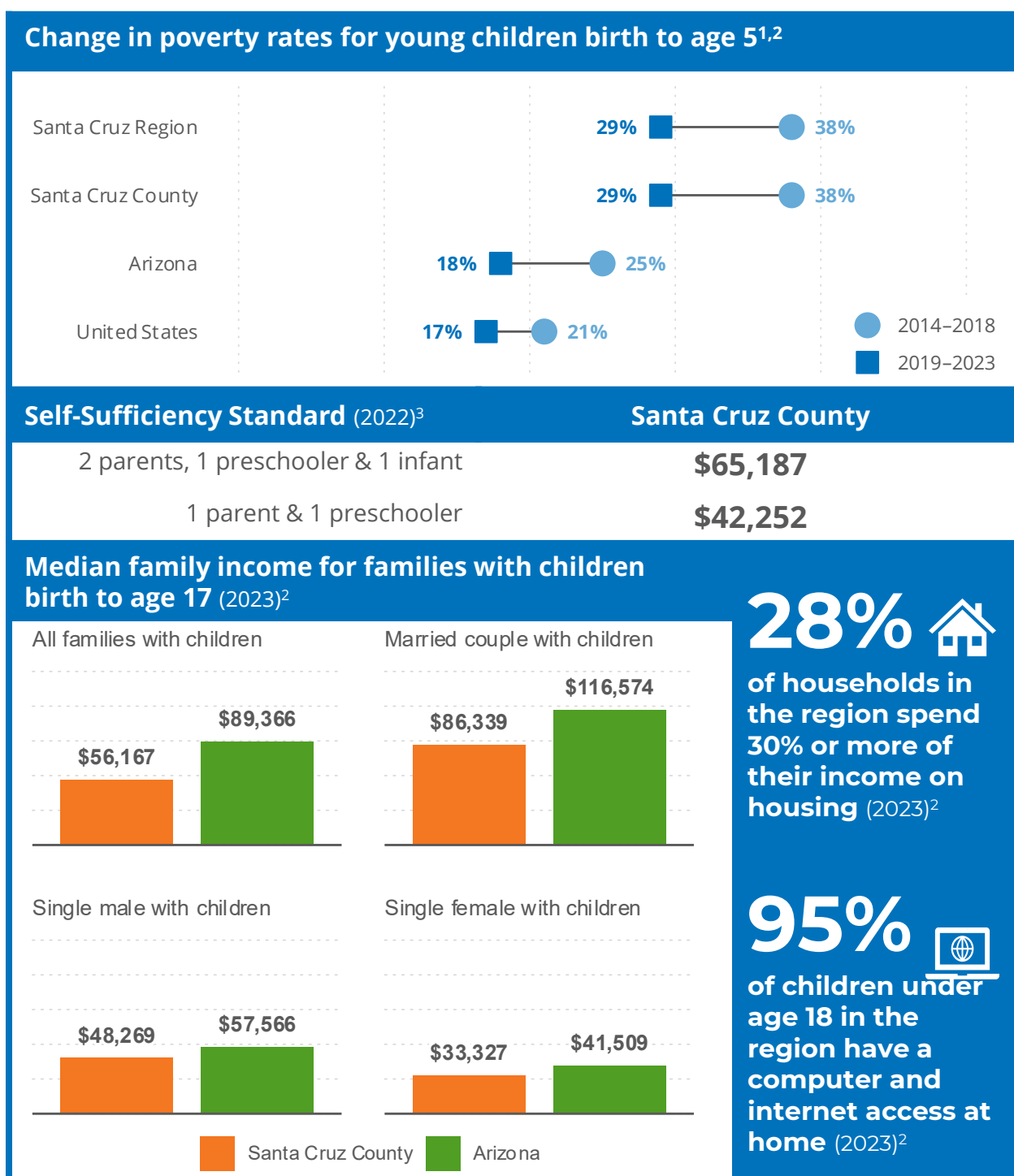
Between 2018 and 2021, the number of young children (birth to age 4) enrolled in WIC in the Santa Cruz Region steadily declined from a high of **2,693** in 2018, to a low of **2,357** young children enrolled in 2021. Enrollment then increased through 2023, reaching **2,528** young children enrolled that year, before declining again in 2024 (n = **2,477**). The region did have 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 the program through 2023. Key Informants noted that transportation remains a challenge for many families, and families must pick up their WIC benefits card at a local office. They also described mothers

^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>

Figure 4.

Income and poverty among families with children



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].

who work as hourly employees, with fluctuating incomes based on how many hours they work, also varying whether they picked up their benefits based on their income that month. These high participation rates have even exceeded the already high participation rates among young children across the state, (although narrowing in 2024), ending with **96%** of enrolled young children in the region participating in WIC in 2024, above the proportion statewide (**95%**).

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.⁵¹ About half of children birth to age 5 (**52%**) in the region^h lived in a community in the region classified as a low-income, low-access area by the U.S. Department of Agriculture in 2019, much higher than the **15%** classified as low-income, low-access across the state.⁵²

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.⁵³ 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.⁵⁴ 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 Santa Cruz County also showed an overall pattern of decline across recent years, decreasing from a high of **81** children birth to age 17 in SFY 2021 to **65** in SFY 2024.

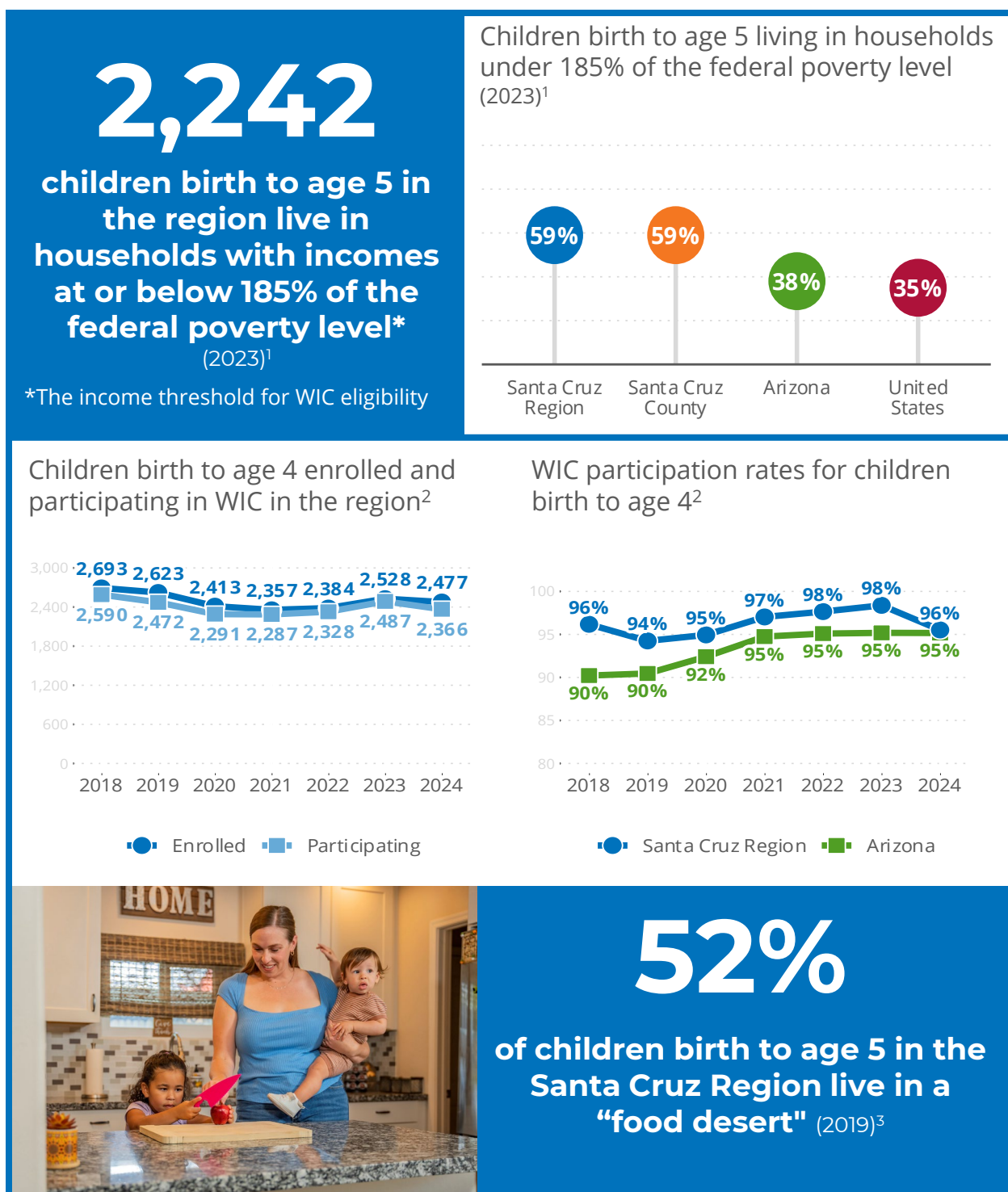
DCS also aims to place children into a permanent, stable housing situation within 12 months, whether that is through reunification, living with other relatives (known as kinship care) or any

^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>

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.

Figure 5.

Food security among young children and families



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.

type of guardianship or adoption.⁵⁵ 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%** exited out-of-home care for some other reason, including children who aged out of the out-of-home care system, 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.^{56, 57, 58, 59} Over the course of state fiscal year 2025, **445** families in the Santa Cruz region participated in home visitation programs, including Health Start, Healthy Families AZ, High - Risk Perinatal Program, and First Things First-funded Parents as Teachers. Families may participate in more than one program (and be counted more than once) in this count. Programs in the Santa Cruz Region are run by the County School Superintendent, Mariposa Community Health Center, and Child and Family Resources. Key informants noted that some programs have struggled to enroll families in their home visiting program offerings.

^j Adoption by a relative, foster parent or other non-relative

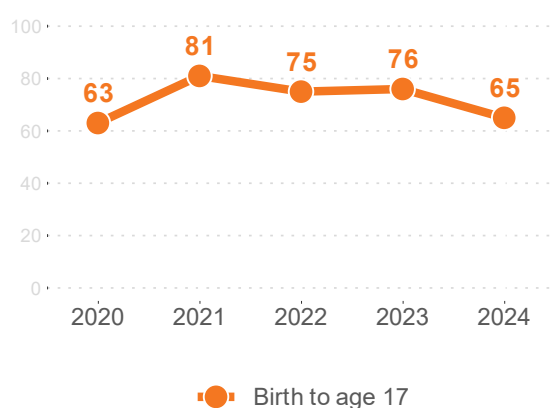
^k Guardianship by a foster parent or other non-relative

Figure 6.

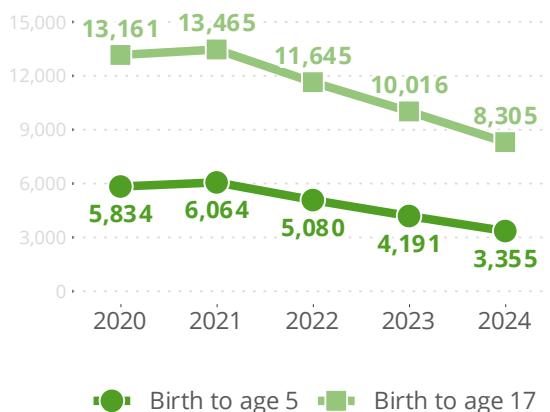
Child maltreatment response and prevention

Children in out-of-home placements with the Department of Child Safety¹

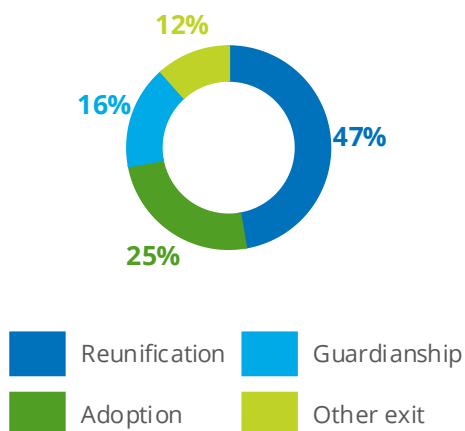
Santa Cruz County



Arizona



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



In the Santa Cruz Region,

445 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 the Health Start, 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) in this count.

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.⁶⁰ According to 2023 American Community Survey (ACS) estimates, **29%** of 3- and 4-year-olds were enrolled in school¹ in the Santa Cruz Region, lower than the proportion across the state (**36%**).⁶¹ In the 2024-25 school year, **120** children were enrolled in preschool in public schools in Santa Cruz County. 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 school.

In 2025, there were **67** early care and education providers in the region with the capacity to serve **1,169** children. Most of this capacity was provided by **17** child care centers with the capacity to serve **855** children, followed by **48** home-based providers (n = **240**), and **2** schools (n = **74**). Between 2023 and 2025, **2** new child care providers opened in the Santa Cruz Region, and there were no closures. However, key informants noted that one of the major school districts in the region, SCVUSD#35, closed its non-special needs preschool program. The region also acknowledged that unlicensed providers are common and that they can regularly fill their four-child capacity even without being a licensed provider.

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).⁶² Communities in both urban and rural areas of Arizona face a gap between the number of young children and licensed child care slots.^{63, 64, 65} Collectively across all children birth to age 5, the Santa Cruz Region is considered a child care desert, with a ratio of **4** children birth to age 5 per available slot. This is double the ratio for children birth to age 5 statewide (**2** children birth to age 5 per available slot).⁶⁶ For 1-year-olds, the ratio is much higher, with **31** 1-year-olds per available slot. Families with infants in the region seeking licensed child care have no choices, because there are no licensed infant care slots in the Santa Cruz Region. Key informants noted that the shortage of care for the region's youngest children is a source of frustration and challenges for families in the region, with some parents

¹ School includes nursery school, preschool or kindergarten.

forced to leave the workforce or rely on family members or unlicensed providers for the support they need.

Increasing access to quality early care and education

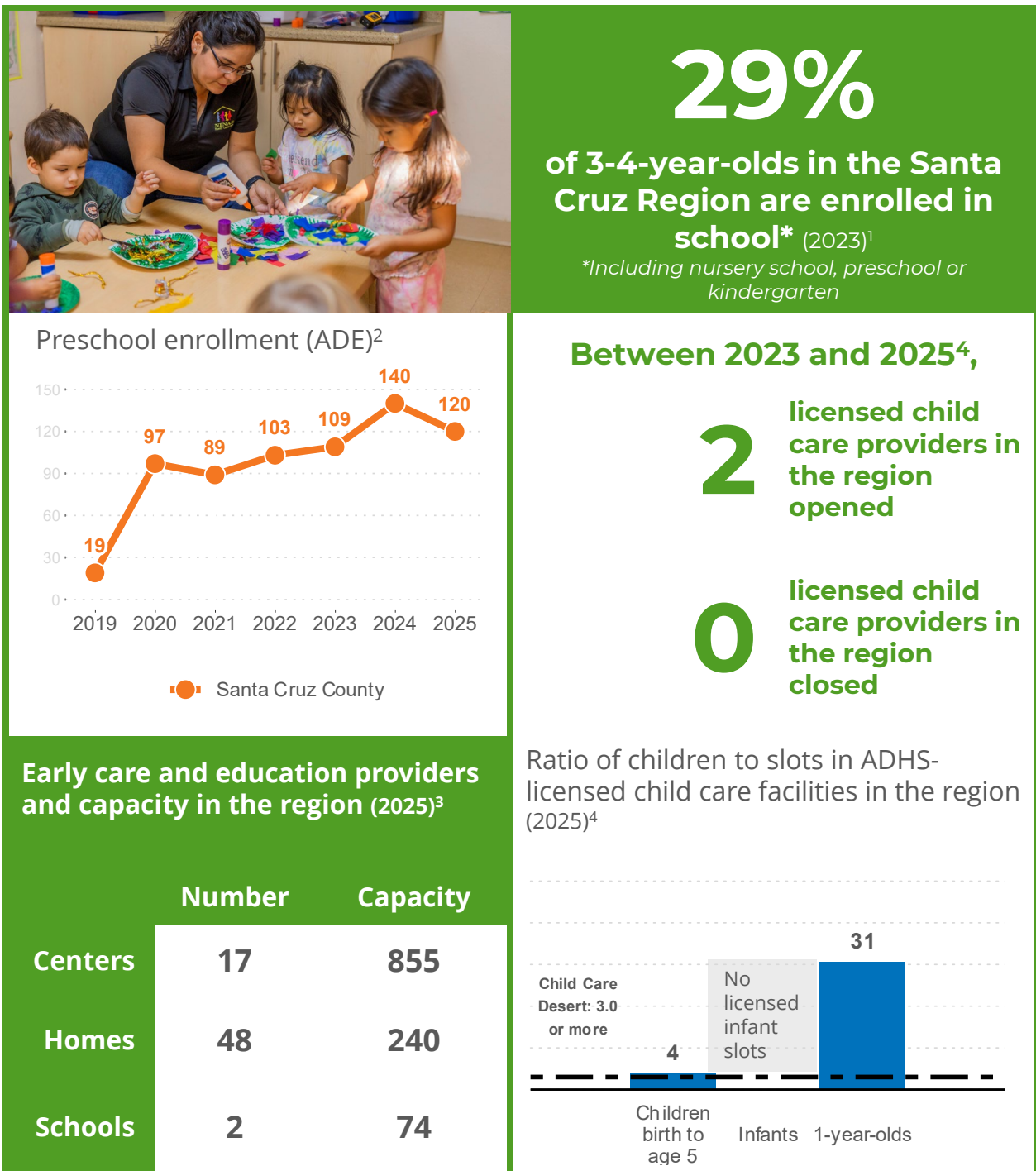
High-quality early learning experiences lay a strong foundation for children's success in kindergarten, elementary school and beyond.⁶⁷ One way that the quality of early child care and education is measured in Arizona is through the Quality First (QF) program.⁶⁸ The QF program rates the quality of child 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.⁶⁹ In the Santa Cruz Region, the **56** providers served by Quality First enrolled a total of **358** young children in 2025, and **16** of the 19 publicly-rated child care providers had 3-5-star ratings.^m Four-year-olds were most often enrolled in quality settings (n = **156**), followed by 3-year-olds (n = **79**), 5-year-olds (n = **60**), 2-year-olds (n = **42**), and 1-year-olds (n = **13**).

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.⁷⁰ However, due to the end of federal pandemic relief funds, statewide allocations for scholarships have decreased by over 3,000 slots from 2024 to 2025.⁷¹ The number of QF scholarships provided in the region followed the same downward trend from 2024 (n=**37**) to 2025 (n=**22**). Key informants noted that while the funding that the Santa Cruz Region First Things First Council has allocated to scholarships has not dropped, the cost associated with each scholarship has risen as reimbursement rates were increased for providers with a high-quality rating. Thus, flat funding can only support a shrinking number of scholarships.

^m Thirty-seven of the 56 child care providers in the Santa Cruz Region served by Quality First are not publicly rated.

Figure 7.

Availability of quality early care and education



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].

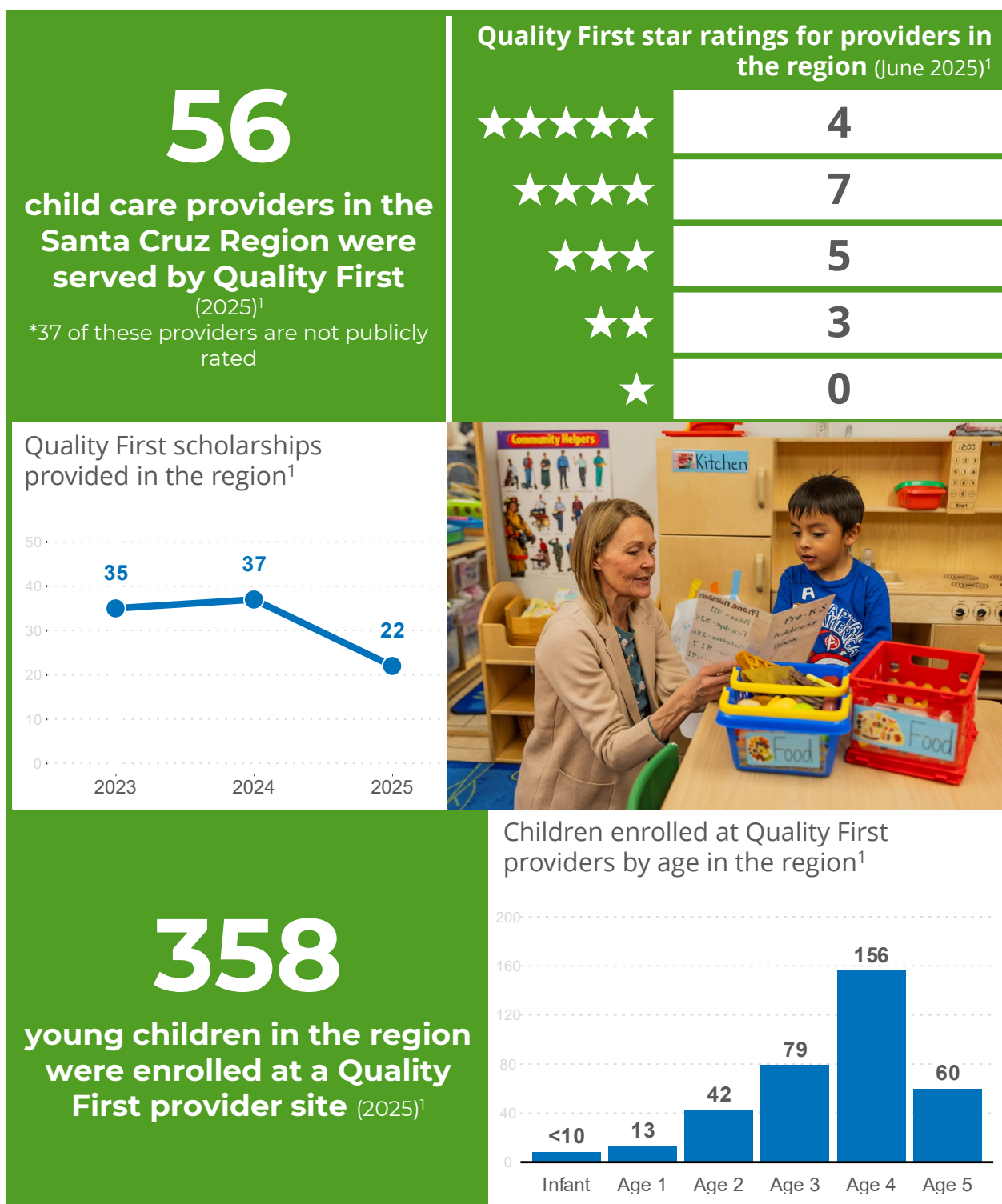
³ Arizona Department of Economic Security. (2025). [National Child Care Data System NCCRAware database extract].

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



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

Cost of early care and education

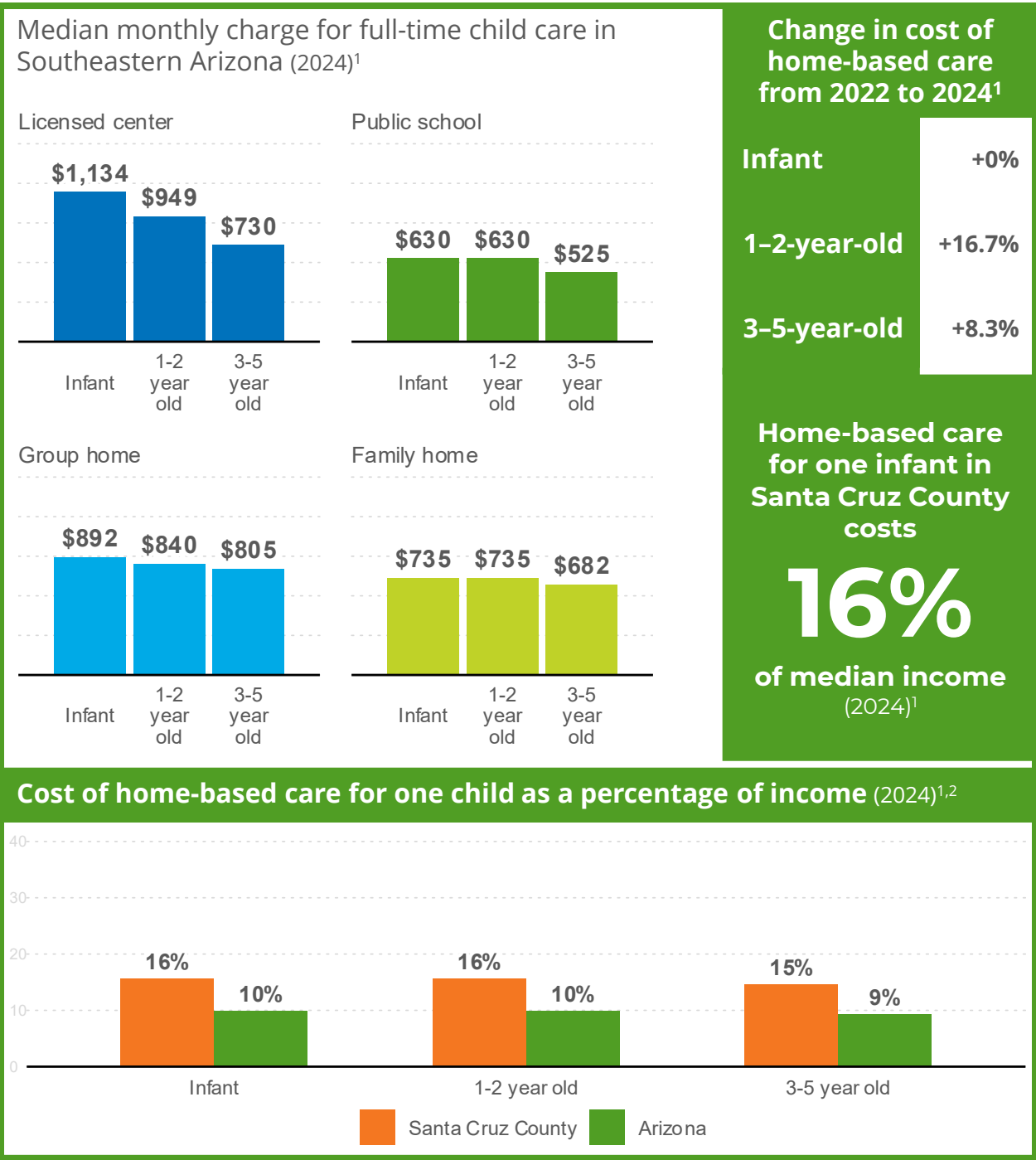
The high cost of formal early care and education can place it out of reach of many families. The average cost of care in Arizona varies by the type of provider and the age of the child, with licensed centers and care for infants the most expensive, largely due to the higher operational costs of center-based care.⁷² Key informants in the region acknowledged that there are open, available spots in some center-based care programs that go unfilled because families cannot afford them. The median cost of care for an infant in a licensed center in Arizona in 2024 was **\$1,289** per month.⁷³ In Southeastern Arizonaⁿ, care for an infant in a licensed center was also the most expensive at **\$1,134** per month, though, as previously noted, there were **no** available infant slots in the Santa Cruz Region. Care for infants in a group home (**\$892/month**) was the next most expensive in Southeastern Arizona, followed by family homes (**\$735/month**) and public schools (**\$630/month**). Care for 1–2-year-olds was the next most expensive type of care, with care in licensed centers the most expensive (**\$949/month**), and public schools the least expensive (**\$630/month**). The cost of care for 3–5-year-olds was lowest overall, where median charges range from **\$805/month** (for group homes) and **\$525/month** (for public schools). As mentioned above, there were only **2** public schools in the region (compared to **17** child care centers and **48** home-based providers), 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.⁷⁴ In Arizona, both married and single-parent families are estimated to spend well above the “affordable” share of their income on infant care.^{75, 76} In Santa Cruz County, home-based care for one infant cost **16%** of the median income for families with children, more than the cost across Arizona (**10%**). Care for older children is comparably expensive (**16%** for 1–2-year-olds; **15%** for 3–5-year-olds), and still higher than across the state (**10%** and **9%**, respectively). The cost of care has also risen in recent years, with the cost of home-based care for 1–2-year-olds increasing **16.7%** and the cost of care for 3–5-year-olds increasing **8.3%** between 2022 and 2024.

ⁿ Note: Southeastern Arizona includes Santa Cruz, Cochise, Graham & Greenlee counties.

Figure 9.

Cost of early care and education



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: Southeastern Arizona includes Santa Cruz, Cochise, Graham & Greenlee 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).⁷⁷ 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.^{78, 79} The Santa Cruz Region mirrored these statewide trends, with highs of **170** non-DCS-involved children birth to age 5 found eligible and **160** of those children receiving DES child care assistance in 2024. In addition, **92%** of non-DCS-involved eligible families used child care assistance in 2024. However, the proportion of these young children receiving child care assistance in quality environments in the region (**57%**) was much lower than non-DCS-involved children across the state (**80%**). Key informants noted that the child care assistance application process is particularly hard for families in the region. The Nogales Office does not have a dedicated child care-focused employee, and applications are routed to Tucson. Families aren't given a timeline for responses, and the sense is that this process often discourages families from even applying. Also, families added to the DES child care assistance waitlist^o (which was reinstated in August 2024) are not counted among those eligible. Thus, these eligibility numbers are likely an underestimate of need.

Children are automatically eligible for DES child care assistance when they are involved with DCS.^p For DCS-involved children, the number of children birth to age 5 eligible for child care assistance in the Santa Cruz Region decreased from a high of **34** in 2019 to a low of **16** in 2024. The number of DCS-involved young children receiving child care assistance followed a similar pattern in recent years, with **12** receiving this assistance in 2024. Positively, unlike non-DCS-involved children, DCS-involved young children in the region were nearly as likely to receive 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.

^o 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>

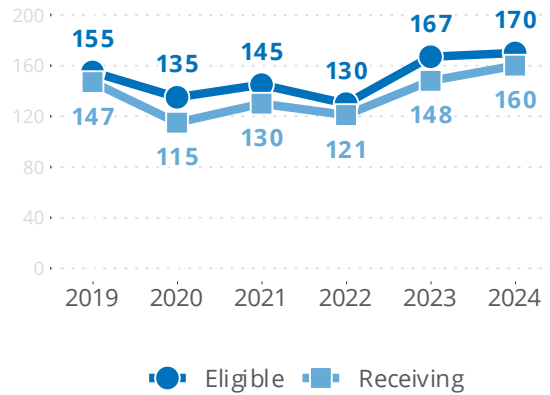
^p Children involved with DCS include children who have been removed by DCS and placed with a foster family or kinship caregiver as well as children who are residing with their own family but receiving services from DCS (such as in-home family support and counseling). Families of these children are not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

Figure 10.

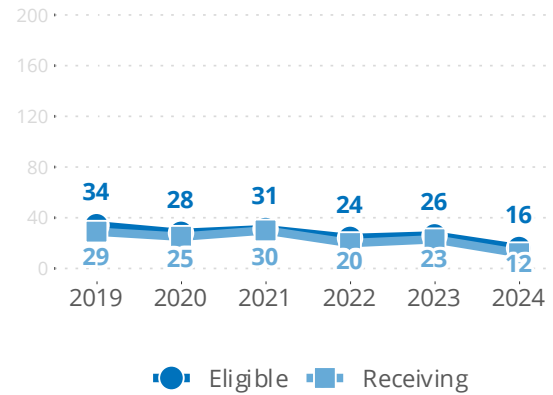
Early care and education assistance and quality

Children receiving child care assistance in the Santa Cruz Region¹

Non-DCS-involved children



DCS-involved children

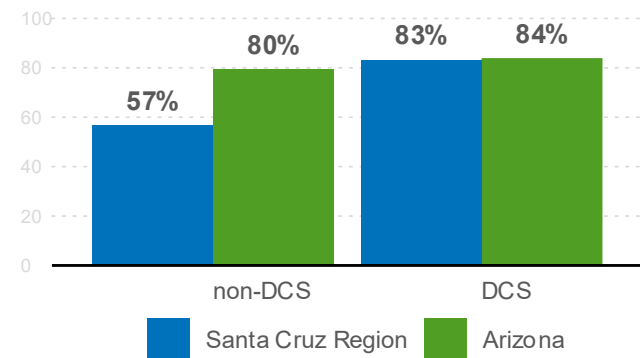


92%

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.^{80, 81} Across Santa Cruz County, kindergarten through 3rd grade enrollment remained relatively consistent between the 2019-20 (n = **2,734**) and 2024-25 (n = **2,650**) school years, following a large increase from 2018-19 (n = **1,934**).

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.⁸² This program was established in 2011 for students with disabilities and expanded to universal eligibility in 2022.^{83, 84} These funds can also be spent on other approved education costs, such as tutoring, technology, textbooks, supplies and national standardized test fees.^{85, 86} In the 2024-25 school year, **659** students (preschool through grade 12) in Santa Cruz County used ESAs, accounting for less than **1%** of Arizona's 94,600 ESA participants.⁸⁷ By comparison, there were **10,115** total students (preschool through grade 12) enrolled in public and charter schools in Santa Cruz County in the 2024-25 school year.

Children's 3rd grade reading comprehension and proficiency skills can predict their future academic success, such as their likelihood of graduating from high school and attending college.⁸⁸ Third grade assessment passing rates in Santa Cruz County were lower than rates across the state and for math assessments, county passing rates decreased in recent years, while these rates increased across the state. Santa Cruz County's 3rd grade math passing rate decreased from **34%** in the 2021-22 school year to **31%** in the 2023-24 school year, while the state rate rose from **40%** to **43%**. Reading assessment passing rates in the county also decreased from the 2021-22 to 2023-24 school years from **36%** to **29%**, while the statewide reading passing rate declined from **41%** to **39%**.

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.⁸⁹ Following the COVID-19 pandemic, chronic absenteeism has become a major issue in school districts nationwide.⁹⁰ Almost four in 10 kindergarten students (**37%**) and one-third of 3rd grade students (**33%**) in Santa Cruz County were chronically absent from school in the 2022-23 school year, higher than statewide chronic absence rates that year (kindergarten, **25.5%**; 3rd grade

23.8%), and much higher than the **25%** of kindergarten students and **12%** of 3rd grade students chronically absent in the region pre-pandemic in the 2018-19 school year. Encouragingly, amongst kindergarten students in the region, this proportion in the 2022-23 school year (**37%**), represented a large decrease in chronic absences from the previous year (**53%**). Increasing attendance among kindergarten students can be particularly challenging in Arizona, because the state mandated age of school enrollment is 6 years; 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 Santa Cruz County have exceeded the state's rates in recent years.⁹² In the 2023-24 school year, the four-year graduation rate was **86%** in Santa Cruz County, above the statewide rate of **78%**.⁹³ In that same year, the five-year graduation rate was **87%** in Santa Cruz County, again, above the **81%** statewide.⁹⁴

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,⁹⁵ 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 Santa Cruz County increased slightly in recent years, reaching **3%** in the 2022-23 school year, though this was half of the dropout rate seen across Arizona that same year (**6.1%**).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, nearly eight out of 10 adults ages 25 and older (**78%**) in the Santa Cruz Region have at least a high school education and almost one-quarter (**24%**) have a bachelor's degree or more. Statewide, **89%** of adults had at least a high school education.⁹⁹ In addition, nearly two in 10 (**18%**)

⁹ 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



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.

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^r 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 were consistently higher in Santa Cruz County than across the state as a whole in recent years, though they followed a similar pattern. 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 **6%** in Santa Cruz County, higher than the **4%** across Arizona.

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, over half (**57%**) of the population ages 16 and older was participating in the labor force in the Santa Cruz Region, lower than the state (**61%**) and U.S. (**64%**). The region's unemployment rate (**10%**) was also higher than across the state (**5%**). Some key employment sectors in Santa Cruz County include public administration (which includes Customs and Border Patrol jobs), retail trade, wholesale trade, transportation and warehousing, and accommodation and food services.

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;^s 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^t in November 2025. The median wage for registered

^r 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.

^s 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.

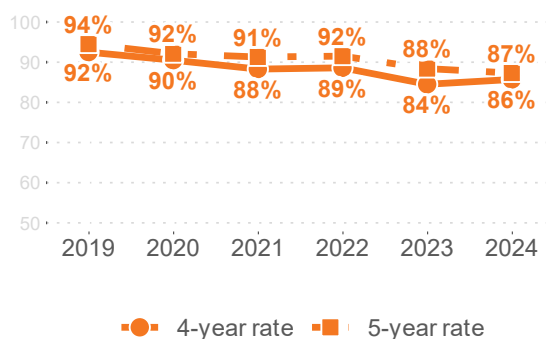
^t The Arizona Early Childhood Workforce Registry is Arizona's online hub for early childhood educators to track their employment, formal education, and professional development opportunities throughout their career. Early childhood

Figure 12.

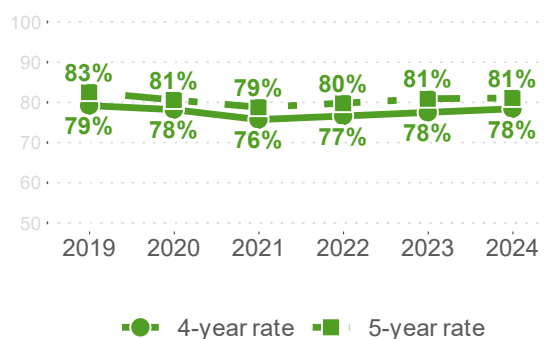
Graduation and adult educational attainment

Trends in 4-year and 5-year graduation rates¹

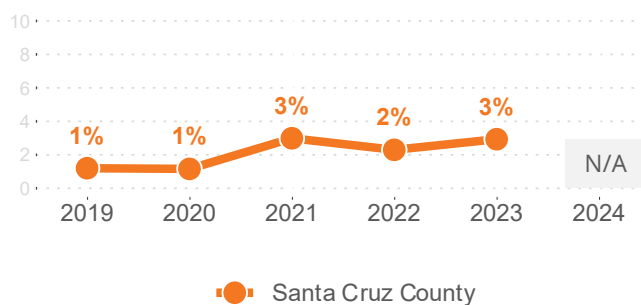
Santa Cruz County



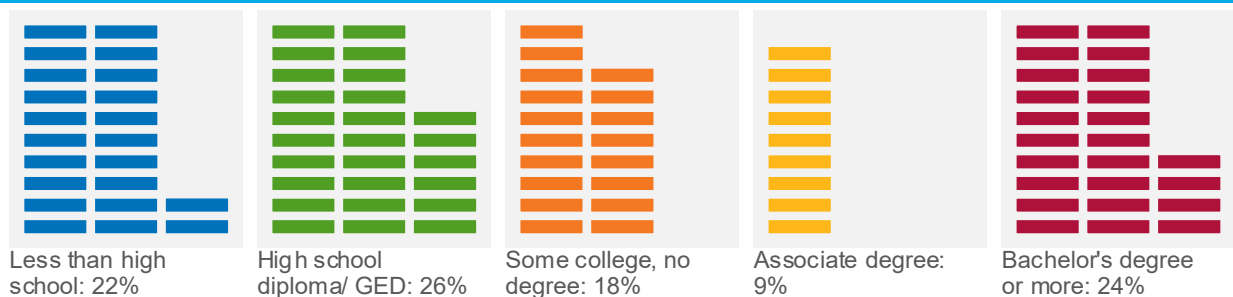
Arizona



Trends in 7th to 12th grade dropout rates¹



Level of education of adults in the Santa Cruz 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].

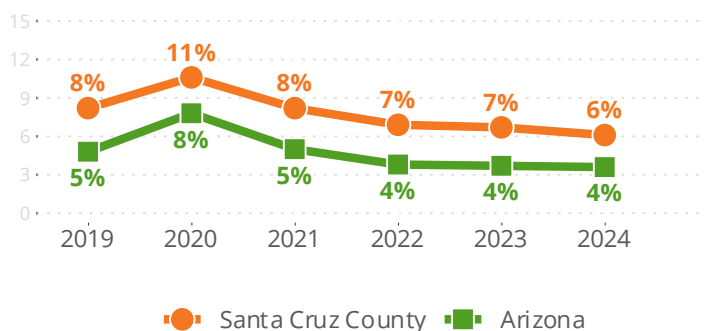
early education professionals in the state was **\$17/hour**, ranging from **\$21.91/hour** for directors to **\$16/hour** for assistant teachers. Notably, all of these median wages fell below the 2025 self-sufficiency standards for one adult and one infant in Santa Cruz County (**\$24.19/hour**), pointing to the reality that single parents working in early care in the region are likely to struggle to meet their basic needs.¹⁰⁵

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

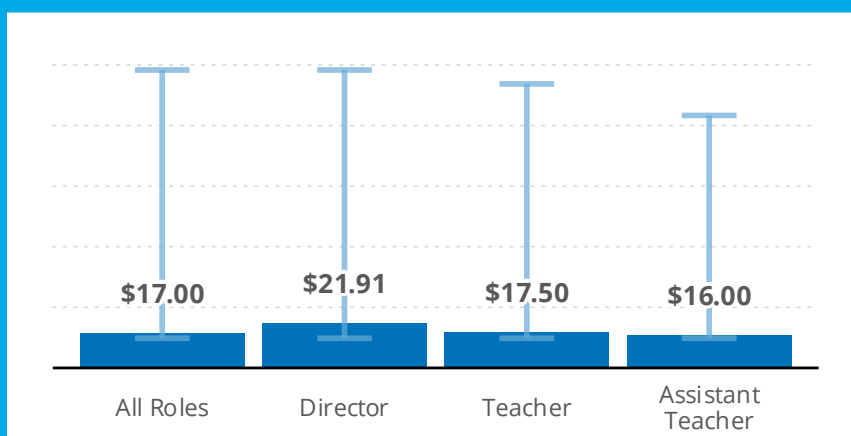
	LFP	UE
Santa Cruz Region	57%	10%
Santa Cruz County	57%	10%
Arizona	61%	5%

Top employment sectors in Santa Cruz County (2025)¹

1. Public administration
2. Retail trade
3. Wholesale trade
4. Transportation & warehousing
5. Accommodation & food services

Early education workforce wages 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. Persons 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. 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 Santa Cruz Region increased overall from 2019 (**48.2%**) to 2023 (**50.1%**), however these rates fell well below those in the state since 2019 (**68.8% - 71.7%**). The proportion of births to mothers receiving no prenatal care in the region decreased overall from **11.9%** to **8.8%** between 2019 and 2023, and births to mothers with some prenatal care (i.e., one to four prenatal visits) also decreased overall from **14.3%** in 2019 to **12.8%** over the same period. Key informants noted that there was a shortage of obstetric providers in the region, such that even if someone were seeking care early in a pregnancy, there may not be a provider available before they are in their second trimester. Some mothers may seek prenatal care in Mexico, where care was widely perceived to be more affordable and with more friendly clinicians.

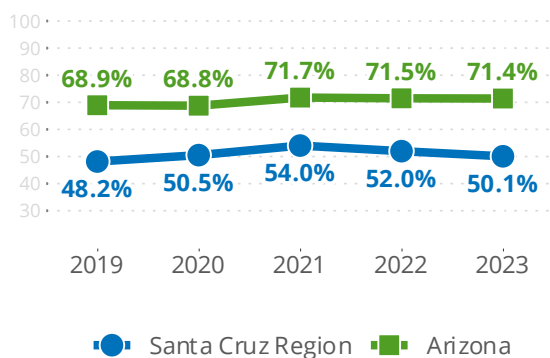
Outside of access to adequate prenatal care, other risk factors like low birth weight, preterm birth and the mother's age at birth can impact child health outcomes.^{109, 110} Low birth weight births (weighing less than 5 pounds and 8 ounces or 2,500 grams) and preterm births (those delivered before 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 Santa Cruz Region fluctuated between 2019 and 2023, and decreased overall from **6.7%** in 2019 to **5.3%** in 2023, ending below the state rate of **8.1%** in 2023. Pre-term births also fluctuated from 2019 (**7.6%**) to 2023 (**7%**). In 2019, 2021 and 2023, the Santa Cruz Region met the Healthy People 2030 target for preterm births (no more than **9.4%**). Arizona only met the target in recent years in 2019 (**9.3%**), with **9.9%** of births being preterm in the state in 2023.

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 larger proportion of births in the Santa Cruz Region were to teenaged mothers (ages 19 and younger) compared to the state, with a recent high of **9.1%** in 2022, and a low of **6.6%** in 2023. Across the state, births to teenaged mothers decreased from 2019 to 2023, from **5.5%** to **4.5%**.

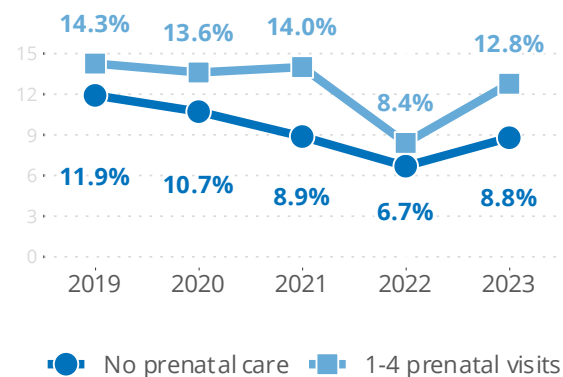
Figure 14.

Maternal and infant health

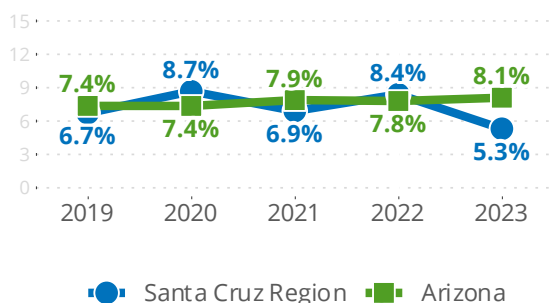
Births to mothers who began prenatal care in the first trimester¹



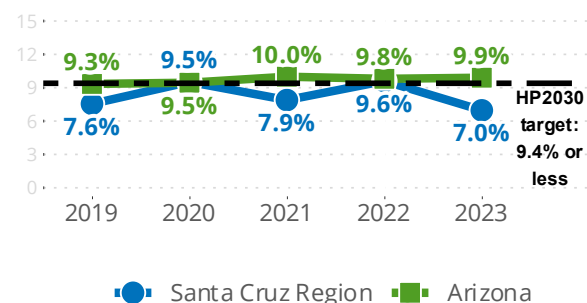
Births to mothers with inadequate prenatal care¹



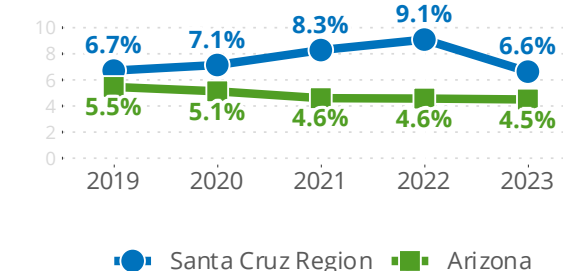
Low birth weight births (less than 2,500 grams)¹



Preterm births (less than 37 weeks gestation)^{1,2}



Births to teenaged mothers¹



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, **90%** of young children birth to age 5 in the Santa Cruz Region had health insurance, a smaller proportion than 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 **2,724** 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, about three-quarters (**73% - 78%**) of children birth to age 5 enrolled in AHCCCS in the Santa Cruz Region had one or more well-child visits, exceeding the closer to two-thirds of 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, **39** developmental screenings for children birth to 5 in the Santa Cruz Region were covered by AHCCCS. In state fiscal year (SFY) 2025, **60** children birth to age 5 in the region received a developmental screening funded by the First Things First Home Visitation strategy. Based on the 2020 Census, this would represent just under **3%** of children birth to age 5 in the region.

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 Santa Cruz Region, about two-thirds (**66%**) of kindergarteners in public schools experienced some type of tooth decay and more than four in 10 (**44%**) had untreated decay during the 2018-19 through 2023-24 school years. These rates were both well above the state's rates for decay experience (**50%**) and untreated decay (**24%**). The high rates of decay were attributed by key informants to a widely held perception among parents that baby teeth are of minor importance, since they will fall out anyway. Also contributing to high rates of untreated decay, despite a majority of families having dental insurance, is the shortage of pediatric dentists in the region. Key informants reported that general dentists would anesthetize

children, which parents disliked, or that families would have to travel out of the region -- even to Phoenix -- to get timely care, as pediatric dentists in the Tucson area are also fairly limited.

Despite these barriers, the majority of kindergarteners in the Santa Cruz Region had a dental visit in the previous year (**70%**), which was lower than the proportion statewide (**76%**). Similarly, although a majority of kindergarteners had dental insurance, this rate also lags behind Arizona as a whole (**74%** vs. **84%**). One asset of the region is that dental care in Nogales, Sonora is dramatically more affordable than U.S.-based care, making that a resource that many families turn to when they do seek dental treatment for children.

Immunization and child mortality

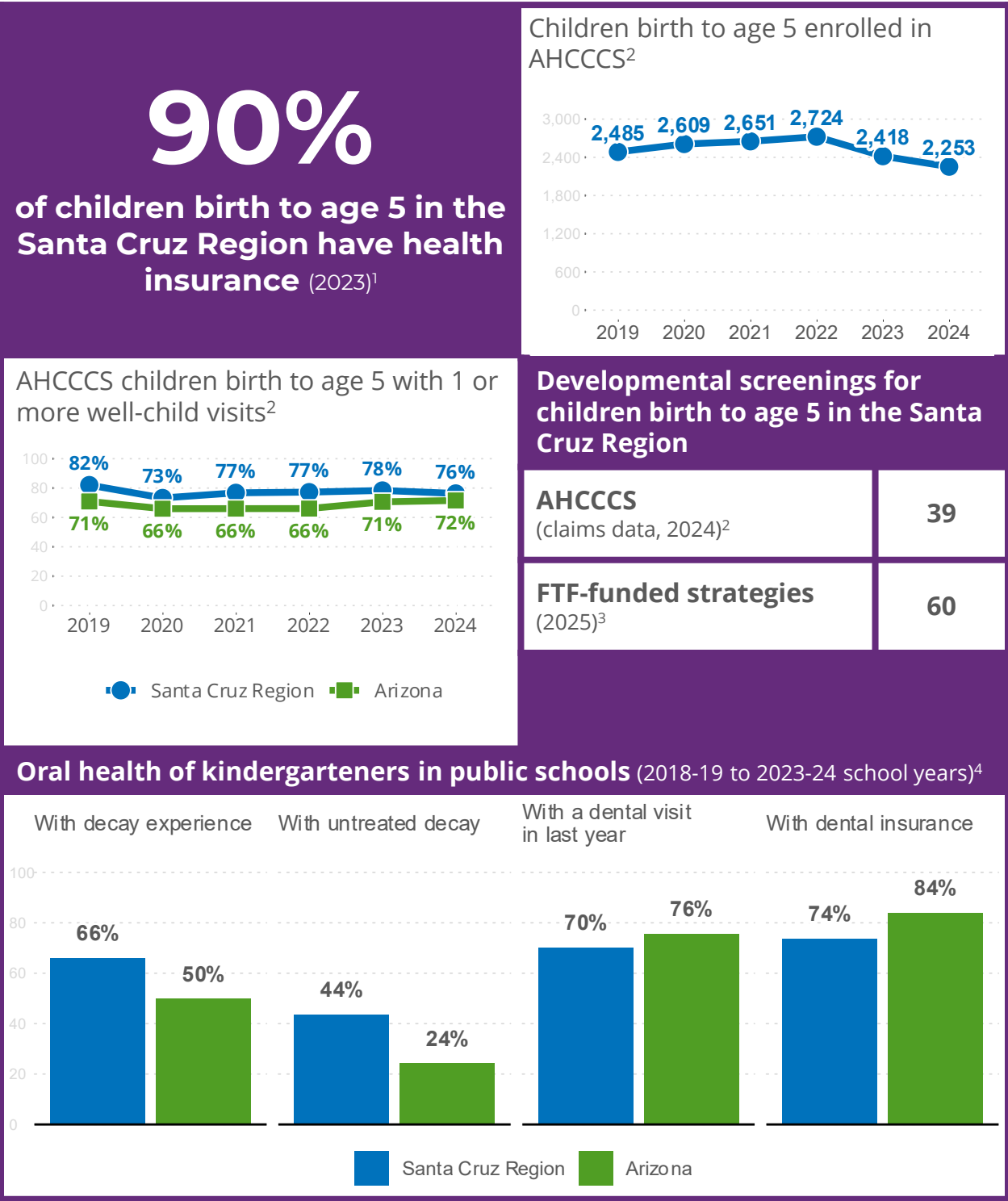
Immunization serves as the best method to prevent communicable childhood diseases in children and their communities. When enough children are immunized, the protection even extends to those who are unable or who choose not to be vaccinated.¹²⁶ In Arizona, one of the required immunizations to enroll in preschool and kindergarten is measles, mumps and rubella (MMR).¹²⁷ The Santa Cruz Region had slightly increasing MMR immunization rates in kindergarteners in recent years, contrasting a declining trend statewide. The region's coverage increased very slightly from **97.3%** (2022-23) to **98.2%** (2024-25), while Arizona's coverage declined from **89.9%** (2022-23) to **88.7%** (2024-25). This means that MMR coverage in the region was above the threshold for herd immunity of **95%**, and the region also met the Healthy People 2030 target of **95%** or higher in the 2022-23 through 2024-25 school years.¹²⁸ Neither can be said for the state, where rates fell below the thresholds for herd immunity and the Healthy People 2030 target. This is especially concerning as Arizona has been experiencing an active measles outbreak, although positively, Santa Cruz County had **no** reported cases of measles as of June 4, 2026.^u Key informants praised the outreach efforts of Mariposa Community Health Center for their contribution to the high coverage rates in the region, and school-based vaccination clinics also support ease of access for families.

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 in the Santa Cruz Region fluctuated less than exemptions among kindergarteners, but both had low exemption rates that decreased overall since the 2020-21 school year with **1.1%** of kindergarteners in the region receiving a personal belief exemption in the 2024-25 school year, and **0.7%** of children in child care receiving a religious exemption in the 2023-24 school year. Similarly, over those years,

^u 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



exemptions from all immunizations were low and decreased overall. The most recent exemption rates for children in child care in the region in the 2024-25 school year (**0.7%**) were below those seen statewide (**4.8%**) as were the region's rate of exemptions from all immunizations in kindergarten that year (**0.2%**) compared to those seen statewide (**4.7%**).¹³⁰

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 **3.5** deaths per 1,000 live births, below the rate for the state (**5.7**). This means that the region, but not the state, met the Healthy People 2030 target. Between 2021 and 2023, young child mortality was lower in Santa Cruz County (**12.1** deaths per 100,000 children ages 1-4) compared to the state (**29.8**).

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.¹³¹ 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^v provides early intervention and a variety of supportive services to families of children birth to age 2 with developmental delays or disabilities.¹³² In state fiscal years (SFY) 2023 and 2024 combined, children birth to age 2 in the Santa Cruz Region were most frequently referred to AzEIP by physicians (**68%**). Parents and families were the second most common referral source (**19%**), followed by a health or service agency (**5%**), the Department of Child Safety (**4%**) or a hospital or health facility (**3%**).

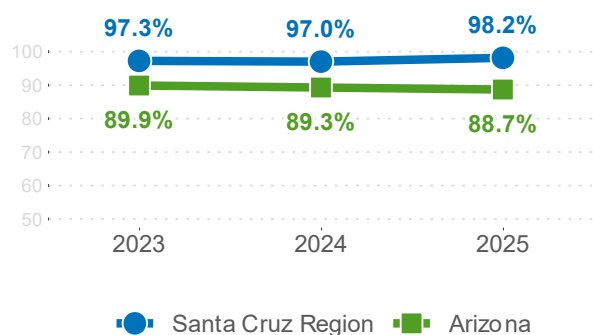
Just over one-quarter of young children (**26%**) referred to AzEIP in the Santa Cruz Region were found eligible for services, including **24%** who received services and **2%** found eligible but who had not received services within the fiscal year. **Forty-one percent** of referred children were assessed as not eligible for services (**29%**), were screened out (**11%**) or excluded for another reason (**1%**). Key informants noted a concern that intake assessments were often done remotely, with a parent on their phone trying to show the child or report on their skills, abilities and behaviors. There was strong concern that this approach likely missed important details about a child's functioning and thus children were incorrectly deemed not eligible. A purported lack of mileage reimbursement for AzEIP providers and an overall shortage of staff drove the heavy use

^v For more information on AzEIP (which is a division of the Department of Economic Security), visit <https://www.azdes.gov/azeip/>

Figure 16.

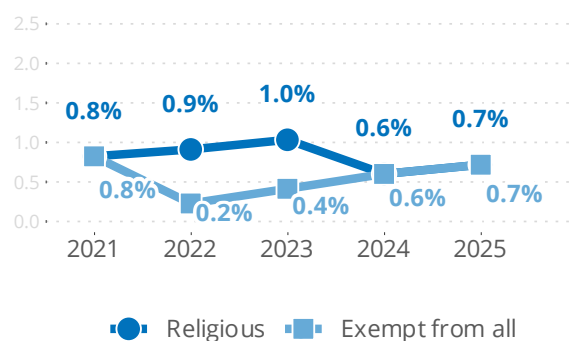
Immunization and child mortality

Kindergarten MMR immunization rates¹

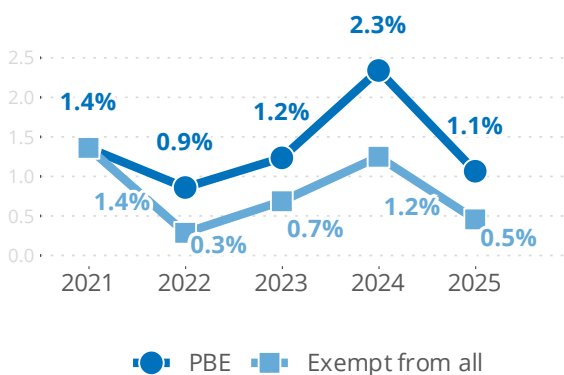


Immunization exemption rates¹

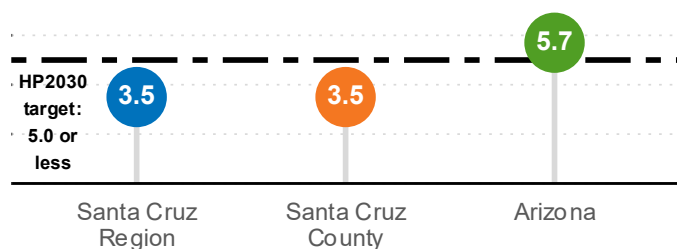
Child care



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

Santa Cruz County	12.1
Arizona	29.8

¹ Arizona Department of Health Services. (2025). [Child Care & Kindergarten Immunizations dataset].

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.

of virtual meetings. For **34%** of referrals, families were either not interested in services (**5%**) or could not be reached (**29%**), a higher percentage than across the state (**19%** of referred families could not be reached statewide).

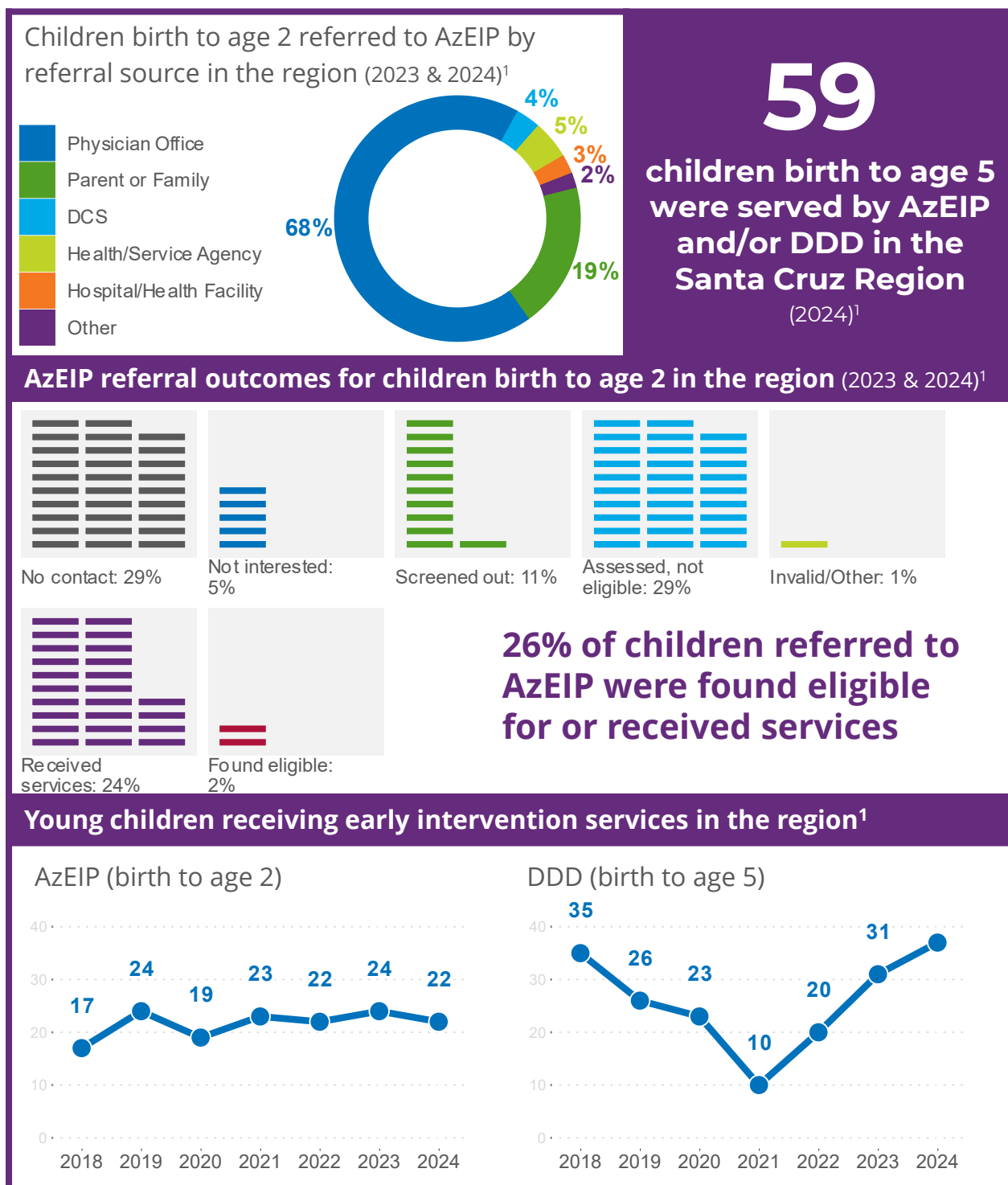
The number of children birth to age 2 who received services from AzEIP increased overall in the region since SFY 2018, with **22** children birth to age 2 receiving these services in SFY 2024. The **22** children served by AzEIP in SFY 2024 represent **1.4%** of children birth to age 2 residing in the region per the 2020 Census. This is lower than the state (**2.5%**) and country (**4.3%**), and national research suggests that many more young children would benefit from early intervention than are receiving it.^{133, 134} Similar to other issues with provider access, key informants noted that families in the region are faced with too few AzEIP evaluators and too few providers to support eligible children. In addition to overall provider issues, access in the region is further limited by inadequate access to bilingual providers. Since many early intervention activities focus on parental coaching, it is imperative to have bilingual providers. Community members also noted that staffing issues and high turnover within AzEIP meant that caseworkers rarely supported a family long-term, minimizing the positive relationship-building that can support a family's success.

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.^w The number of children birth to age 5 in the Santa Cruz Region receiving DDD services decreased sharply from **35** young children in SFY 2018 to a low of **10** young children in SFY 2021; service numbers steadily increased after that, to a high **37** young children 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 **59** children birth to age 5 in the region received services from AzEIP and/or DDD in SFY 2024. This equates to **1.8%** of all children birth to 5 in the Santa Cruz Region, based on estimates from the 2020 Census.

^w 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.

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).^x In the Santa Cruz Region, the number of children aged 3 to 5 receiving special education services through their LEA decreased from a recent high of **82** in state fiscal year (SFY) 2019 to a near low of **66** in SFY 2022, a **20%** decline. Across Arizona, the number decreased from a high of **10,521** in SFY 2020 to **8,086** in SFY 2022, a **23%** decline.

Conversely, the number of K-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**), as did the region, from **258** children in SFY 2018 to **281** in SFY 2022. Notably, these numbers were 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. Of children ages 3 to 5 receiving special needs services, the most were diagnosed with a speech language impairment (**41%**) or preschool severe delay (PSD) (**35%**), followed by a developmental delay (DD, **24%**).^y Key informants noted an uptick in children needing more orthopedic services related to their preschool severe delay diagnosis. Speech language impairment (SLI, **48%**) was also the most common diagnosis among kindergarten through 3rd grade students in special education, followed by developmental delay (**30%**), specific learning disability (SLD, **11%**), autism (**7%**) or another diagnosis^z (**5%**).

^x 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>

^y 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.

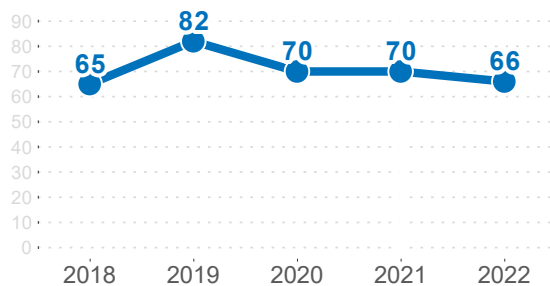
^z The most common disabilities in the "Other" category are other health impairments (these are usually chronic health conditions that affect a child's ability to attend or participate in school), intellectual disabilities, emotional disturbance, hearing or vision impairment, multiple disabilities, orthopedic impairments and deaf-blindness.

Figure 18.

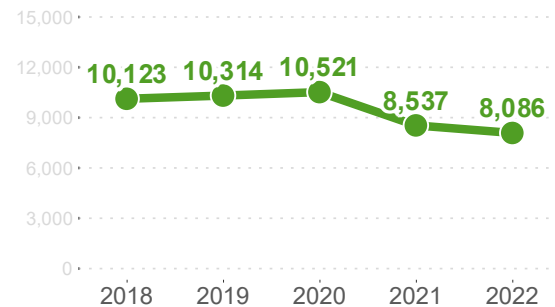
Preschool to 3rd grade students with special needs

Children age 3-5 receiving special education services from local school districts¹

Santa Cruz Region

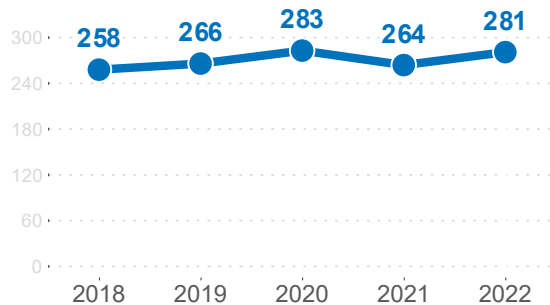


Arizona

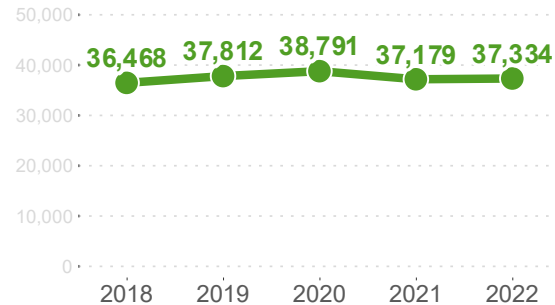


K-3rd grade students enrolled in special education in public and charter schools¹

Santa Cruz Region

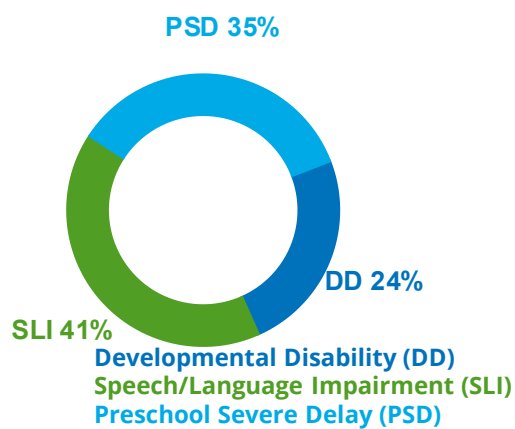


Arizona

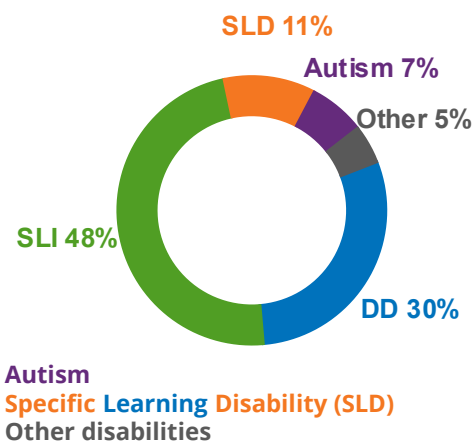


Primary disability for children receiving services in the region (2022)¹

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^{aa} 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)^{bb} 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

^{aa} For more information, see <https://www.census.gov/programs-surveys/decennial-census.html>

^{bb} 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^{cc} and major employment sectors^{dd} 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^{ee} 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.^{ff} 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

^{cc} For more information, see <https://o eo .az.gov/labor-market/unemployment>

^{dd} For more information, see <https://o eo .az.gov/labor-market/industry-employment>

^{ee} For more information, see <https://www.azed.gov/accountability-research/data>

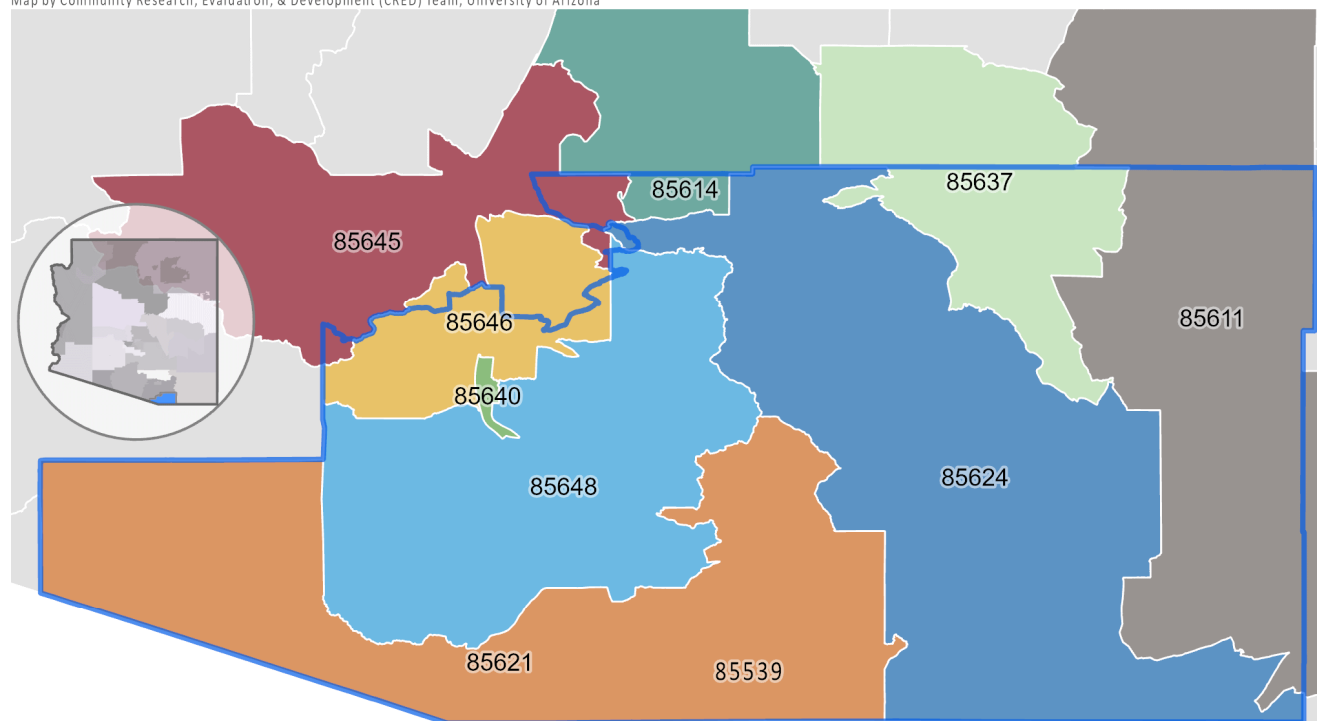
^{ff} For more information, see <https://geo.azmag.gov/maps/readonaz/>

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

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



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 Santa Cruz Region

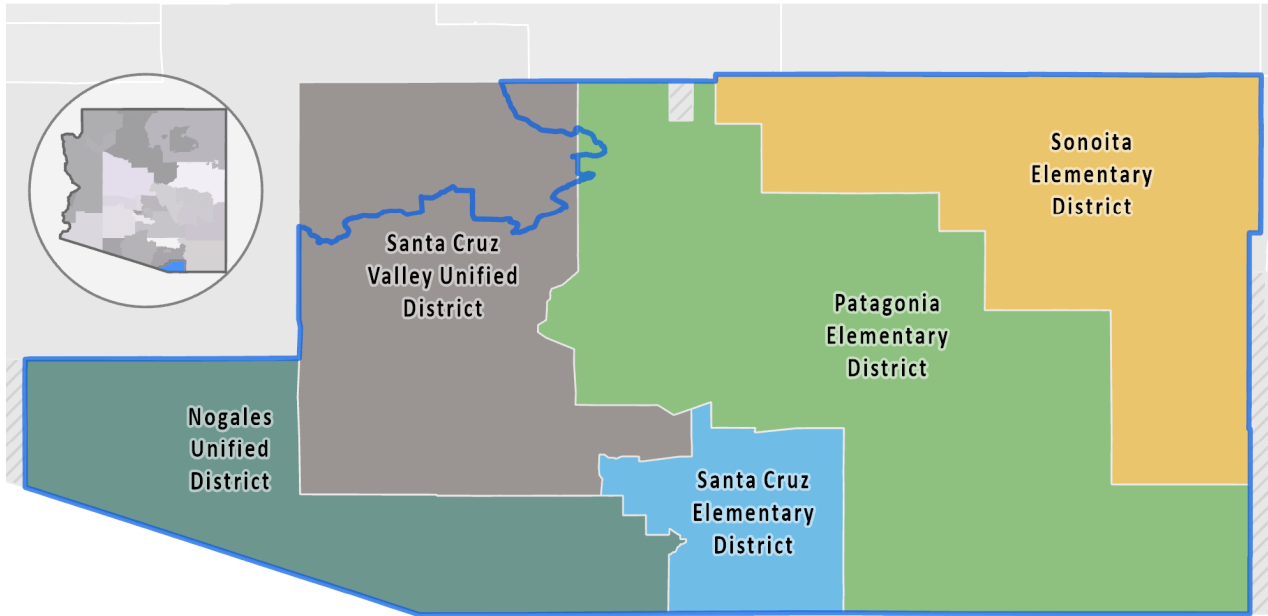
Zip Code Tabulation Area (ZCTA)	Population (all ages)	Percent of this ZCTA's total population living in the Santa Cruz Region	This ZCTA is shared with
Santa Cruz Region	47,432		
85611	776	76%	Santa Cruz Region, Pima South Region
85614	9	0.0%	Pima South Region
85637	996	79%	Pima South Region
85640	339	100%	
85621	21,730	100%	
85624	1,222	100%	
85645	4	0.2%	Pima South Region
85646	1,636	99%	Pima South Region
85648	20,720	100%	

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

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



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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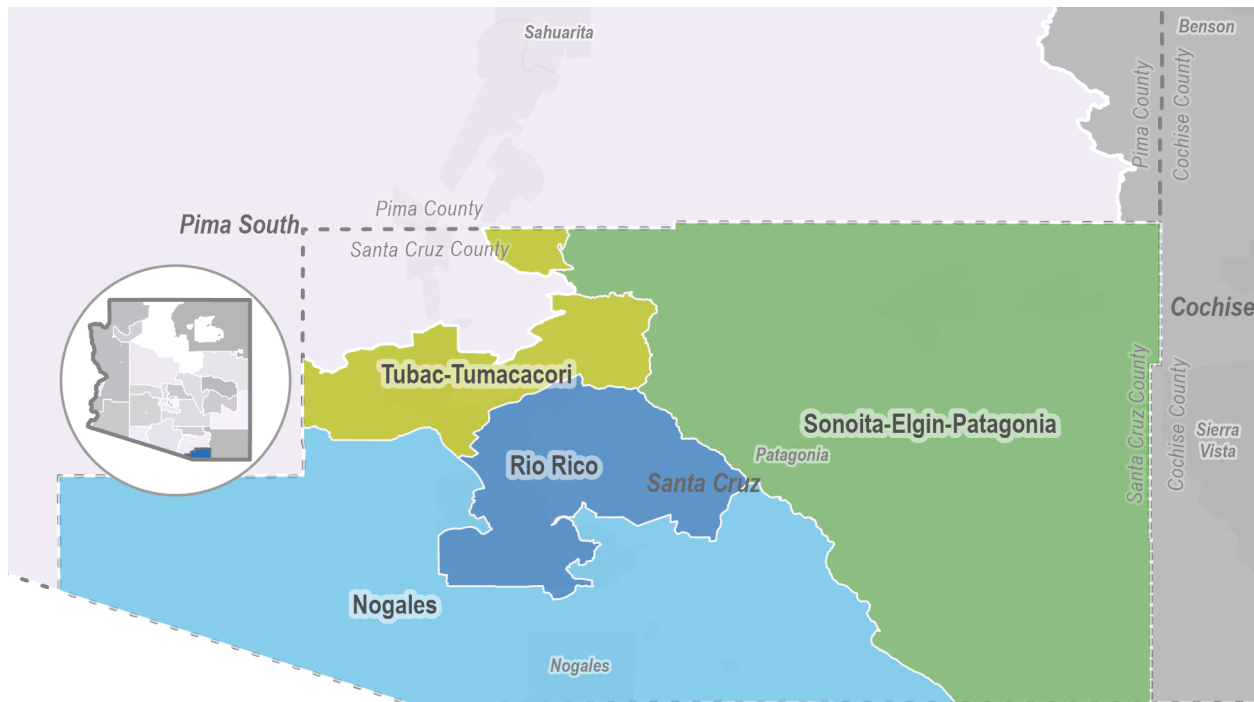
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SUB-REGIONAL FACTSHEETS

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 Santa Cruz Region



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

The factsheets that follow provide information about four sub-regions within the Santa Cruz Region.

The **Nogales** sub-region is defined as eight census tracts and one block group (9661.03, 9661.06, 9661.09-9661.10, 9662-9664.02 & 9661.09 block group 1) and contains the city of Nogales and the Census Designated Places (CDPs) of Beyerville and Kino Springs.

The **Rio Rico** sub-region is defined as three census tracts and one block group (9661.07-9661.08, 9661.11 & 9661.09 block group 2) and contains the CDP of Rio Rico.

The **Sonoita-Elgin-Patagonia** sub-region is defined as one census tract (9660) and contains the town of Patagonia and the CDPs of Sonoita and Elgin.

The **Tubac-Tumacacori** sub-region is defined as the portion of census tract 9661.01 within the Santa Cruz Region and contains the CDPs of Tubac and Tumacacori-Carmen.

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)	

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Indicator	Description	Source
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.	
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

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Indicator	Description	Source
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	data processed by ASU CHiR
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

Nogales	Years	Arizona	Santa Cruz Region	Nogales	Change over time
Child, Family & Community Characteristics					
Total population ¹	Census 2020	7,151,502	47,432	25,062	
Population of children (0-5) ¹	Census 2020	480,744	3,355	1,923	
Population living in poverty ^{2,3}	2014-2018	16.1%	24.1%	31.7%	↓
	2019-2023	12.8%	20.3%	22.0%	
Children (0-5) living in poverty ^{2,3}	2014-2018	24.9%	38.4%	49.8%	↓
	2019-2023	17.9%	28.6%	32.2%	
Low-income children (0-5) (<185% federal poverty level) ^{2,3}	2014-2018	47.2%	72.0%	81.9%	↓
	2019-2023	38.1%	59.4%	62.1%	
Housing costs 30% or more of household income ^{2,3}	2014-2018	30.4%	35.7%	41.4%	↓
	2019-2023	29.4%	28.3%	27.7%	
Children (0-5) with all present parents in the labor force ^{2,3}	2014-2018	61.1%	55.7%	63.5%	↓
	2019-2023	64.4%	63.7%	56.2%	
Language other than English spoken at home (2019-2023) ³	Spanish	19.2%	78.0%	90.4%	
	Another	6.4%	0.4%	0.3%	
Early Education					
Ratio of children (0-5) to licensed child care slots ⁵	Oct 2023	2.0	3.9	3.3	↔
	Jan 2025	2.0	3.9	3.3	
Registered care providers in 2025 ⁴					
Centers	Number	2,427	17	13	
	Capacity	260,689	855	675	
Schools	Number	714	2	0	
	Capacity	72,967	74	0	
Homes	Number	755	48	30	
	Capacity	5,063	240	150	
Children (0-5) receiving child care assistance ⁴	2023	35,375	171	121	↓
	2024	35,153	172	114	
Education & Workforce					
Educational Attainment (ages 25 and older) ^{2,3}					
At least a high school education	2014-2018	86.8%	75.5%	66.4%	↑
	2019-2023	89.1%	77.6%	71.7%	
Bachelor's degree or more	2014-2018	28.9%	20.8%	13.9%	↑
	2019-2023	32.6%	24.0%	18.8%	
Unemployment rate for the adult population (ages 16 and older) ^{2,3}	2014-2018	6.4%	8.4%	10.2%	↑
	2019-2023	5.1%	10.4%	11.0%	
Child Health & Development					
Total births ⁵	2020-2021	154,638	1,095	652	↑
	2022-2023	156,236	1,186	690	
Characteristics of births ⁵					
Maternal age 19 or younger	2020-2021	4.9%	7.7%	8.9%	↑
	2022-2023	4.5%	7.8%	9.0%	
Low birthweight (<2500 grams)	2020-2021	7.6%	7.9%	7.2%	↓
	2022-2023	7.9%	6.8%	7.0%	
Preterm birth (<37 weeks)	2020-2021	9.7%	8.8%	8.6%	↑
	2022-2023	9.8%	8.3%	8.7%	
Prenatal care (5+ prenatal visits)	2020-2021	91.0%	76.3%	73.0%	↑
	2022-2023	91.7%	80.7%	79.9%	
Number of children (0-5) with AHCCCS ⁶	2022	277,455	2,724	1,728	↓
	2024	223,506	2,253	1,366	
AHCCCS-enrolled children (0-5) 1+ primary care provider visit ⁶	2022	83.0%	89.5%	88.9%	↓
	2024	86.0%	88.5%	87.8%	
Children (0-5) receiving AzEIP, DDD, or both services ⁴	SFY 2023	9,991	56	24	↑
	SFY 2024	10,706	59	26	

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 Nogales sub-region is defined as eight census tracts and one block group (9661.03, 9661.06, 9661.09-9661.10, 9662-9664.02 & 9661.09 block group 1) and contains the city of Nogales and the Census Designated Places (CDPs) of Beyerville and Kino Springs.

Rio Rico	Years	Arizona	Santa Cruz Region	Rio Rico	Change over time
Child, Family & Community Characteristics					
Total population ¹	Census 2020	7,151,502	47,432	16,574	
Population of children (0-5) ¹	Census 2020	480,744	3,355	1,231	
Population living in poverty ^{2,3}	2014-2018	16.1%	24.1%	16.6%	↑
	2019-2023	12.8%	20.3%	22.4%	
Children (0-5) living in poverty ^{2,3}	2014-2018	24.9%	38.4%	31.2%	↓
	2019-2023	17.9%	28.6%	27.2%	
Low-income children (0-5) (<185% federal poverty level) ^{2,3}	2014-2018	47.2%	72.0%	62.9%	↓
	2019-2023	38.1%	59.4%	61.4%	
Housing costs 30% or more of household income ^{2,3}	2014-2018	30.4%	35.7%	29.8%	↓
	2019-2023	29.4%	28.3%	29.3%	
Children (0-5) with all present parents in the labor force ^{2,3}	2014-2018	61.1%	55.7%	48.2%	↑
	2019-2023	64.4%	63.7%	77.3%	
Language other than English spoken at home (2019-2023) ³	Spanish	19.2%	78.0%	77.1%	
	Another	6.4%	0.4%	0.5%	
Early Education					
Ratio of children (0-5) to licensed child care slots ⁵	Oct 2023	2.0	3.9	5.1	↔
	Jan 2025	2.0	3.9	5.1	
Registered care providers in 2025 ⁴					
Centers	Number	2,427	17	3	
	Capacity	260,689	855	145	
Schools	Number	714	2	0	
	Capacity	72,967	74	0	
Homes	Number	755	48	18	
	Capacity	5,063	240	90	
Children (0-5) receiving child care assistance ⁴	2023	35,375	171	40	↑
	2024	35,153	172	46	
Education & Workforce					
Educational Attainment (ages 25 and older) ^{2,3}					
At least a high school education	2014-2018	86.8%	75.5%	81.6%	↓
	2019-2023	89.1%	77.6%	80.6%	
Bachelor's degree or more	2014-2018	28.9%	20.8%	21.3%	↑
	2019-2023	32.6%	24.0%	25.3%	
Unemployment rate for the adult population (ages 16 and older) ^{2,3}	2014-2018	6.4%	8.4%	7.5%	↑
	2019-2023	5.1%	10.4%	9.3%	
Child Health & Development					
Total births ⁵	2020-2021	154,638	1,095	382	↑
	2022-2023	156,236	1,186	429	
Characteristics of births ⁵					
Maternal age 19 or younger	2020-2021	4.9%	7.7%	6.0%	↑
	2022-2023	4.5%	7.8%	6.8%	
Low birthweight (<2500 grams)	2020-2021	7.6%	7.9%	8.9%	↓
	2022-2023	7.9%	6.8%	7.2%	
Preterm birth (<37 weeks)	2020-2021	9.7%	8.8%	8.4%	↔
	2022-2023	9.8%	8.3%	8.4%	
Prenatal care (5+ prenatal visits)	2020-2021	91.0%	76.3%	79.3%	↑
	2022-2023	91.7%	80.7%	81.1%	
Number of children (0-5) with AHCCCS ⁶	2022	277,455	2,724	890	↓
	2024	223,506	2,253	775	
AHCCCS-enrolled children (0-5) 1+ primary care provider visit ⁶	2022	83.0%	89.5%	91.8%	↓
	2024	86.0%	88.5%	90.2%	
Children (0-5) receiving AzEIP, DDD, or both services ⁴	SFY 2023	9,991	56	DS	
	SFY 2024	10,706	59	DS	

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 Rio Rico sub-region is defined as three census tracts and one block group (9661.07-9661.08, 9661.11 & 9661.09 block group 2) and contains the CDP of Rio Rico.

Sonoita-Elgin-Patagonia	Years	Arizona	Santa Cruz Region	Sonoita-Elgin-Patagonia	Change over time
Child, Family & Community Characteristics					
Total population ¹	Census 2020	7,151,502	47,432	2,965	
Population of children (0-5) ¹	Census 2020	480,744	3,355	100	
Population living in poverty ^{2,3}	2014-2018	16.1%	24.1%	12.5%	↓
	2019-2023	12.8%	20.3%	8.3%	
Children (0-5) living in poverty ^{2,3}	2014-2018	24.9%	38.4%	2.1%	↓
	2019-2023	17.9%	28.6%	0.0%	
Low-income children (0-5) (<185% federal poverty level) ^{2,3}	2014-2018	47.2%	72.0%	51.0%	↓
	2019-2023	38.1%	59.4%	0.0%	
Housing costs 30% or more of household income ^{2,3}	2014-2018	30.4%	35.7%	25.8%	↑
	2019-2023	29.4%	28.3%	28.6%	
Children (0-5) with all present parents in the labor force ^{2,3}	2014-2018	61.1%	55.7%	37.9%	↑
	2019-2023	64.4%	63.7%	58.5%	
Language other than English spoken at home (2019-2023) ³	Spanish	19.2%	78.0%	12.4%	
	Another	6.4%	0.4%	1.1%	
Early Education					
Ratio of children (0-5) to licensed child care slots ⁵	Oct 2023	2.0	3.9	2.7	↔
	Jan 2025	2.0	3.9	2.7	
Registered care providers in 2025 ⁴					
Centers	Number	2,427	17	0	
	Capacity	260,689	855	0	
Schools	Number	714	2	2	
	Capacity	72,967	74	74	
Homes	Number	755	48	0	
	Capacity	5,063	240	0	
Children (0-5) receiving child care assistance ⁴	2023	35,375	171	DS	
	2024	35,153	172	DS	
Education & Workforce					
Educational Attainment (ages 25 and older) ^{2,3}					
At least a high school education	2014-2018	86.8%	75.5%	95.3%	↓
	2019-2023	89.1%	77.6%	93.6%	
Bachelor's degree or more	2014-2018	28.9%	20.8%	44.7%	↓
	2019-2023	32.6%	24.0%	39.9%	
Unemployment rate for the adult population (ages 16 and older) ^{2,3}	2014-2018	6.4%	8.4%	2.4%	↑
	2019-2023	5.1%	10.4%	8.6%	
Child Health & Development					
Total births ⁵	2020-2021	154,638	1,095	34	↓
	2022-2023	156,236	1,186	30	
Characteristics of births ⁵					
Maternal age 19 or younger	2020-2021	4.9%	7.7%	0.0%	
	2022-2023	4.5%	7.8%	DS	
Low birthweight (<2500 grams)	2020-2021	7.6%	7.9%	DS	
	2022-2023	7.9%	6.8%	DS	
Preterm birth (<37 weeks)	2020-2021	9.7%	8.8%	DS	
	2022-2023	9.8%	8.3%	DS	
Prenatal care (5+ prenatal visits)	2020-2021	91.0%	76.3%	94.1%	↓
	2022-2023	91.7%	80.7%	93.3%	
Number of children (0-5) with AHCCCS ⁶	2022	277,455	2,724	51	↓
	2024	223,506	2,253	49	
AHCCCS-enrolled children (0-5) 1+ primary care provider visit ⁶	2022	83.0%	89.5%	70.6%	↑
	2024	86.0%	88.5%	75.5%	
Children (0-5) receiving AzEIP, DDD, or both services ⁴	SFY 2023	9,991	56	DS	
	SFY 2024	10,706	59	DS	

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 Sonoita-Elgin-Patagonia sub-region is defined as one census tract (9660) and contains the town of Patagonia and the CDPs of Sonoita and Elgin.

Tubac-Tumacacori	Years	Arizona	Santa Cruz Region	Tubac-Tumacacori	Change over time
Child, Family & Community Characteristics					
Total population ¹	Census 2020	7,151,502	47,432	2,831	
Population of children (0-5) ¹	Census 2020	480,744	3,355	101	
Population living in poverty ^{2,3}	2014-2018	16.1%	24.1%	5.3%	↓
	2019-2023	12.8%	20.3%	4.5%	
Children (0-5) living in poverty ^{2,3}	2014-2018	24.9%	38.4%	0.0%	↔
	2019-2023	17.9%	28.6%	0.0%	
Low-income children (0-5) (<185% federal poverty level) ^{2,3}	2014-2018	47.2%	72.0%	58.3%	↓
	2019-2023	38.1%	59.4%	47.1%	
Housing costs 30% or more of household income ^{2,3}	2014-2018	30.4%	35.7%	31.8%	↓
	2019-2023	29.4%	28.3%	28.0%	
Children (0-5) with all present parents in the labor force ^{2,3}	2014-2018	61.1%	55.7%	42.2%	↓
	2019-2023	64.4%	63.7%	27.1%	
Language other than English spoken at home (2019-2023) ³	Spanish	19.2%	78.0%	44.5%	
	Another	6.4%	0.4%	0.3%	
Early Education					
Ratio of children (0-5) to licensed child care slots ⁵	Oct 2023	2.0	3.9	NA	
	Jan 2025	2.0	3.9	NA	
Registered care providers in 2025 ⁴					
Centers	Number	2,427	17	1	
	Capacity	260,689	855	35	
Schools	Number	714	2	0	
	Capacity	72,967	74	0	
Homes	Number	755	48	0	
	Capacity	5,063	240	0	
Children (0-5) receiving child care assistance ⁴	2023	35,375	171	DS	
	2024	35,153	172	DS	
Education & Workforce					
Educational Attainment (ages 25 and older) ^{2,3}					
At least a high school education	2014-2018	86.8%	75.5%	95.1%	↓
	2019-2023	89.1%	77.6%	91.8%	
Bachelor's degree or more	2014-2018	28.9%	20.8%	48.2%	↓
	2019-2023	32.6%	24.0%	39.8%	
Unemployment rate for the adult population (ages 16 and older) ^{2,3}	2014-2018	6.4%	8.4%	0.0%	↑
	2019-2023	5.1%	10.4%	15.6%	
Child Health & Development					
Total births ⁵	2020-2021	154,638	1,095	27	↑
	2022-2023	156,236	1,186	37	
Characteristics of births ⁵					
Maternal age 19 or younger	2020-2021	4.9%	7.7%	DS	
	2022-2023	4.5%	7.8%	DS	
Low birthweight (<2500 grams)	2020-2021	7.6%	7.9%	DS	
	2022-2023	7.9%	6.8%	0.0%	
Preterm birth (<37 weeks)	2020-2021	9.7%	8.8%	DS	
	2022-2023	9.8%	8.3%	0.0%	
Prenatal care (5+ prenatal visits)	2020-2021	91.0%	76.3%	88.9%	↓
	2022-2023	91.7%	80.7%	81.1%	
Number of children (0-5) with AHCCCS ⁶	2022	277,455	2,724	55	↑
	2024	223,506	2,253	63	
AHCCCS-enrolled children (0-5) 1+ primary care provider visit ⁶	2022	83.0%	89.5%	89.1%	↑
	2024	86.0%	88.5%	92.1%	
Children (0-5) receiving AzEIP, DDD, or both services ⁴	SFY 2023	9,991	56	12	↑
	SFY 2024	10,706	59	14	

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 Tubac-Tumacacori sub-region is defined as the portion of census tract 9661.01 within the Santa Cruz Region and contains the CDPs of Tubac and Tumacacori-Carmen.