

2008

NEEDS AND ASSETS REPORT



 **FIRST THINGS FIRST**

Central Pima

Regional Partnership Council



Central Pima

Regional Partnership Council

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2008 Needs and Assets Report

Submitted in accordance with ARS 8-1161. Each regional partnership council shall submit a report detailing assets, coordination opportunities and unmet needs to the board biannually. The regional partnership council's needs and assets assessment shall be forwarded to the board for final approval no later than September 1 of each even-numbered year, beginning in 2008. The board shall have discretion to approve or reject a council's assessment in whole or in part or to require revisions. The board shall act on all needs and assets assessments no later than October 1 of each even-numbered year, beginning in 2008.

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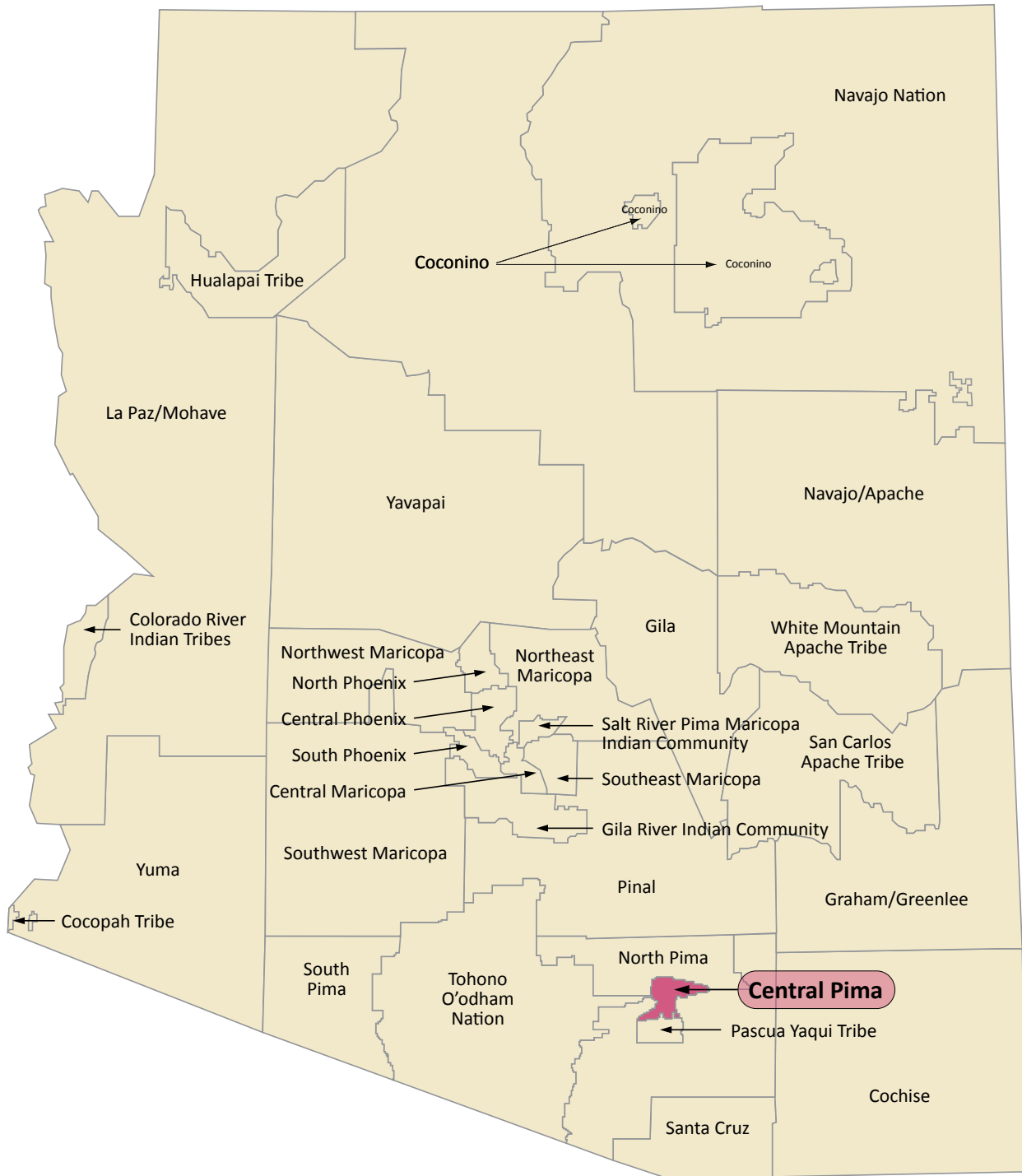


First Things First – A Statewide Overview

The mission of First Things First (FTF) is to increase the quality of, and access to, early childhood programs that will ensure that a child entering school arrives healthy and ready to succeed. The governance model of First Things First includes a State-level Board (12 members in total, of whom nine are appointed by the Governor) and Regional Partnership Councils, each comprised of 11 members appointed by the State Board (Board). The model combines consistent state infrastructure and oversight with strong local community involvement in the planning and delivery of services.

First Things First has responsibility for planning and implementing actions that will result in an improved system of early childhood development and health statewide. The Regional Partnership Councils, 31 in total, represent a voluntary governance body responsible for planning and implementing actions to improve early childhood development and health outcomes within a defined geographic area (“region”) of the state. The Board and Regional Partnership Councils will work together with the entire community – all sectors – and the Arizona Tribes to ensure that a comprehensive, high quality, culturally sensitive early childhood development and health system is put in place for children and families to accomplish the following:

- Improve the quality of early childhood development and health programs
- Increase access to quality early childhood development and health programs
- Increase access to preventive health care and health screenings for children through age five
- Offer parent and family support and education concerning early child development and literacy
- Provide professional development and training for early childhood development and health providers
- Increase coordination of early childhood development and health programs and public information about the importance of early childhood development and health. #



Regional Partnership Councils

The First Things First Regional Partnership Councils work to ensure that all children in each region are afforded an equal chance to reach their fullest potential. The Regional Councils are charged with partnering with the community to provide families with opportunities to improve their children's educational and developmental outcomes. By investing in young children, the Regional Councils and their partners will help build brighter futures for the region's next generation of leaders, ultimately contributing to economic growth and each region's overall well-being.

To achieve this goal, each Regional Partnership Council, with its community partners, will work to create a system that builds and sustains a coordinated network of early childhood programs and services for the young children of the region. As a first step, The First Things First report, *Building Bright Futures: A Community Profile* provides a glimpse of indicators that reflect child well-being in the state and begins the process of assessing needs and establishing priorities. The report reviews the status of the programs and services serving children and their families and highlights the challenges confronting children, their families, and the community. The report also captures opportunities that exist to improve the health, well-being and school readiness of young children.



In the fall of 2008, Regional Partnership Councils will undertake strategic planning and set a three-year strategic direction that will define the Regional Council's initial focus in achieving positive outcomes for young children and their families. The Regional Council's strategic plan will align with the Statewide Strategic Direction approved by the FTF Board in March 2008.

To effectively plan and make programming decisions, the Regional Council must first be fully informed of the current status of children in their region. This report serves as a planning tool for the Regional Council as they design their strategic roadmap to improve the early childhood development and health outcomes for young children. Through the identification of regional needs and assets and the synthesis of community input, this initial report begins to outline possible priority areas for which the Regional Council may focus its efforts and resources.

It is important to note the challenges in writing this report. While numerous sources for data exist in the state and region, the information was often difficult to analyze and not all state data could be analyzed at a regional level. Lack of a coordinated data collection system among the various state agencies and early childhood organizations often produced statistical inaccuracies and duplication of numbers. Additionally, many indicators that could effectively assess children's healthy growth and development are not currently or consistently measured.

Nonetheless, FTF was successful in many instances in obtaining data from other state agencies, Tribes, and a broad array of community-based organizations. In their effort to develop regional needs and assets reports, FTF has begun the process of

pulling together information that traditionally exists independently, to create a collective picture of the well-being of children and families in various parts of our state.

The First Things First model is for the Regional Councils to work with the FTF Board to improve data collection at the regional level so that the Regional Councils have reliable and consistent data in order to make good decisions to advance the services and supports available to young children and their families. In the fall of 2008, FTF will conduct a family and community survey that will provide information on parent knowledge related to early childhood development and health and their perception of access to services and the coordination of existing services. The survey results will be available in early 2009 and include a statewide and regional analysis. #



Executive Summary

The Central Pima Region is an area rich in history, culture, languages and diversity. The Central Pima Regional boundary reaches north to the Rillito River; west to the Tucson Mountains; east to Harrison Road; and south to Irvington Road. Settlement of the region dates back to the arrival, in the 1690s, of the Spanish who encountered Native Americans already living here.

The Central Pima Region includes the center portion of the city of Tucson which is the County Seat and the oldest and second largest city in Arizona. The Central Pima Region also includes a diverse combination of communities. For example, the City of South Tucson is a small, one square mile community characterized by a unique sense of community with a strong cultural identity. Davis Monthan Air Force Base (DMAFB), one of Tucson's largest employers is typified by a large transient international population which is inherent to a military base. Additionally, there is the eclectic downtown area. In total, the Central Pima region includes 13 zip codes.

When viewed at the zip code or neighborhood level, it becomes apparent that there is a wide variation in ethnic composition, education attainment, and income levels within this complex region. While the region is not growing as fast as other parts of the state, there is significant growth in the number of young children, particularly Latino children. The region also has concentrated areas of poverty, linguistically isolated households, and unmarried and teen parents.

Three elementary school districts provide educational services to the children in the Central Pima Region. They include a portion of Amphitheater School District, Flowing Wells School District, and Tucson Unified School District (the largest school district in Pima County). The Central Pima Region is home to the largest medical facilities in the county, including; St. Joseph's Hospital, St. Mary's Hospital, Tucson Medical Center, and University Medical Center. Central Pima County is also home to the only Birthing Center in the state. Additionally, many key county institutions and prominent attractions exist within the Central Pima Region, including the University of Arizona, Pima Community College, Reid Park, The Tucson Children's Museum, the Tucson Convention Center, and the Pima County Public Libraries. City Hall, as well as State and Federal government buildings have a dominant presence in the downtown area.

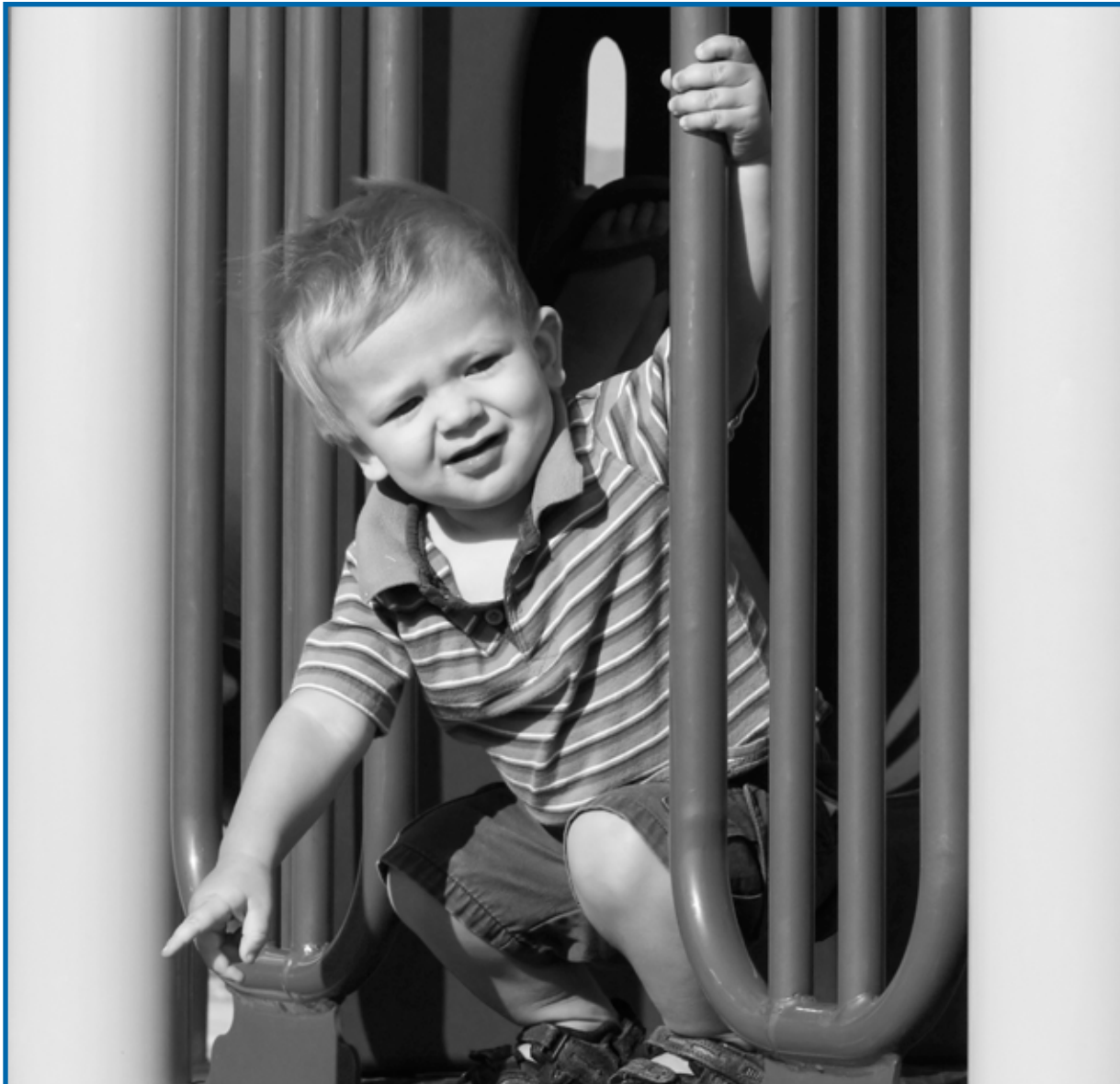
The region, though expansive, has only 60 accredited child care settings for a population of more than 42,000 children ages birth through five years. Research shows that the educational level of the staff providing services to young children is directly related to the level of quality of the experiences of the child. Yet, early childhood providers are not as readily able to access the professional development and educational opportunities in the community, and the region demonstrates less than optimal professional credentialing outcomes for child care providers in the region.

Unfortunately, there are no systematic data that quantitatively reflect the developing network of family support in the Central Pima Region. Data from the 2007 Pima County School Readiness Community Assessment showed that 56 percent of parents in Central Pima indicated that access to quality preschool would have the largest impact on preparing their child for kindergarten, yet as previously mentioned high quality early care and education settings are limited. In the Central Pima Region, many organizations including school districts, public libraries, community organi-

zations, and Head Start programs currently play a role in providing information on child development and resources and supports to families.

Although the majority of Head Start children county-wide receive regular medical and oral health care assessments, overall this represents a very small portion of the population. Early developmental screening and assessment need to be increased to more effectively identify developmental delays, hearing and vision issues, and other developmental challenges prior to children arriving in kindergarten. Furthermore, immunization data suggests that the region trails behind the state in assuring all children are immunized properly.

The Central Pima Region is an area that boasts tremendous assets along with tremendous need. Such a combination suggests that many opportunities will exist for the Central Pima Regional Partnership Council to build on successful assets in the community, and connect and coordinate existing resources for the benefit of the region's young children. 🌱



Regional Child and Family Indicators—Young Children and Families in the Central Pima Region

The well-being of children and families in a region can be explored by examining indicators or factors that describe early childhood health and development. Needs assessment data on indicators provide policy makers, service providers, and the community with an objective way to understand factors that may influence a child's healthy development and readiness for school and life. The indicators included in this section are similar to indicators highlighted in the statewide needs and assets report. Data in this report examine the following:

- **Early childhood population** Race, ethnicity, language, and family composition
- **Economic status of families** Employment, income, poverty and parents' educational attainment
- **Trends in births**
- **Health insurance coverage and utilization**
- **Child safety** Abuse and neglect and child deaths
- **Educational achievement** elementary school performance and high school graduation

Regional data is compared with state and national data wherever possible. Every attempt was made to collect data for multiple years at each level of reporting (regional through national). However, there are some items for which no reliable or comparable data currently exist.

It may not be possible for the Central Pima Regional Partnership Council to have a direct impact on these or other indicators. Nonetheless, they are important measures to track because they outline a picture of a child's chance for success. In addition, some indicators such as child abuse, child neglect, and poverty are tracked because they provide pertinent information on how children are faring, or factors to consider when designing strategies to improve child outcomes in the region.

Summary of Regional Findings on Child and Family Indicators

Central Pima County Region is a diverse community: socially, economically, and culturally. As a whole the region is similar to the Pima County averages across many child and family indicators, but when viewed at the zip code or neighborhood level, it becomes apparent that there is wide variation in ethnic composition, education attainment, and income levels within this complex region.

While the overall population of the Central Pima Region has grown at a slower rate than did the overall population of the state, there was significantly higher growth in the number of children, birth through five in the region. However, even this growth rate was lower than for the state overall.

The Central Pima Region is highly represented by both White and Latino families. The City of South Tucson has a significantly higher population of Latino families than does the City of Tucson. Overall, nearly half of the children in these areas of the

region live in households where Spanish is the primary language. In 2006, a slight majority of births (52 percent) in the region, occurred among Latino families, followed distantly (37 percent) by White, non-Hispanic families.

The Central Pima region had nearly 8 percent more births to Hispanic/Latino mothers than the state rate. Overall, about 73 percent of all mothers in the region received early prenatal care, slightly lower than the state rate. About 8 percent of newborns in the region have low birth weights. Additionally, about one-third (33 percent) of all new mothers in South Tucson are teen mothers and 71 percent are unmarried, compared to 13 percent teen mothers and 46 percent unmarried in greater Tucson.

From 2002-2006 about one-quarter of mothers who gave birth in Pima County had less than a high school diploma. The differences in educational attainment of mothers in the region, with 25 percent having less than a high school degree and 34 percent having one to four years of college, suggest intra-county disparities, as do high school graduation rates which vary significantly. Family structures within the county vary somewhat from the state averages, in terms of the number of single-parent, female led households, as well as in the number of grandparent caregivers. Both of these types of households were found to be higher than the state average, with the number of single parent households 5 percent higher than the state, and grandparent caregivers over 12 percent higher than the state. There was also a 7 percent increase in the number of foster placements in the region between 2004 and 2005, with 2,386 children placed in foster care in 2005.

The income and poverty levels are also diverse, with median income among residents in South Tucson being 33 percent less than the state median, while residents in the northeastern part of the region make 27 percent more than the state median of \$47,000 annually. While regional data was not available, unemployment levels are only 1 percent lower overall in Pima County than the state average in 2008. Over half of all Tucson children (reflecting a majority of the Central Region population) are living at or below 200 percent of the Federal Poverty Level, which is 15 percent higher than the national rate and 9 percent higher than the state rate.

Overall, there is limited information about the health and safety of youth in the region, though it was reported that 25 percent of young children were enrolled in publically funded health insurance for low income children (Arizona Health Care Cost Containment System [AHCCCS] or KidsCare). Oral health is a concern in Southern Arizona communities, with limited access to dental care and up to 44 percent of young children reported to need treatment. During a six-month reporting period in 2007, there were 3,200 reports of child maltreatment in the region, accounting for approximately 18 percent of reports statewide for the same year. Child death rates (0-4 years old) in Central Pima (Tucson) were the same as the state rate in 2006, at 2 percent.

Regional Population Growth

From 2000 to 2006, the overall population increase of the Central Pima Region can be estimated by looking at the growth of the city of Tucson (+7 percent). The area has grown at a slower rate than the overall population increase for Arizona (24 percent). The population growth rate for children birth through five in all of Arizona is 31 percent and in Pima County there was only an 18 percent growth rate in this age group. The population growth rate for children birth through five was not available for the 13 zip codes in the Central Pima Region since 2000.

Population Growth (all ages)

	2000	2006	% Change
Tucson*	486,699	518,956	7%
Central Pima Region	427,666	445,628**	4%
Pima County	843,746	967,089	15%
Arizona	5,130,632	6,338,755	19%
U.S.	281,421,906	301,621,157	7%

*Data includes Tucson only, as 2006 data not available by zipcode. Source: American Community Survey (2000 and 2006)

** "Annual Estimates of the Population for Incorporated Places in Arizona". U.S. Census Bureau (2008-07-10).

Population Growth for Children Birth to Five-years old

	2000	2007	% Change
Central Pima Region	25,981	n/a	n/a
Pima County	55,829	65,986	18%
Arizona	459,141	594,110	29%
U.S.	23,140,901	24,755,834	7%

Sources: First Things First Funding Allocation Chart (2007); American Community Survey (2007), U.S Census (2000)

Regional Race, Ethnicity and Language

Race and Ethnicity Characteristics

As mentioned previously, residents in the Central Pima Region are ethnically and racially diverse. Tucson families are primarily White and Hispanic as indicated in the chart below.

Racial Composition of Selected Arizona Cities

City	African American	American Indian	Asian American	Hispanic/Latino (of any race)	White, not-Hispanic
Avondale	N/A	N/A	N/A	N/A	44%
Chandler	4%	1%	6%	23%	64%
Gilbert	3%	1%	5%	15%	74%
Glendale	4%	2%	4%	35%	55%
Mesa	3%	2%	2%	27%	65%
Peoria	2%	<1%	3%	N/A	72%
Phoenix	6%	2%	2%	41%	48%
Scottsdale	2%	<1%	3%	9%	N/A
Surprise	5%	1%	2%	21%	N/A
Tempe	4%	3%	7%	23%	62%
Tucson	4%	4%	3%	39%	50%
Yuma	3%	1%	2%	N/A	39%
Arizona	4%	5%	2%	29%	60%

County	African American	American Indian	Asian American	Hispanic/Latino	White, not Hispanic
Apache	1%	74%	<1%	5%	20%
Cochise	4%	1%	2%	32%	60%
Coconino	1%	29%	1%	12%	56%
Gila	1%	14%	1%	16%	68%
Graham	2%	15%	1%	28%	55%
Greenlee	1%	2%	<1%	45%	51%
La Paz	1%	13%	1%	23%	64%
Maricopa	5%	2%	3%	30%	60%
Mojave	1%	2%	1%	13%	81%
Navajo	1%	46%	<1%	9%	43%
Pima	3%	3%	2%	33%	58%
Pinal	4%	6%	1%	30%	59%
Santa Cruz	1%	1%	1%	81%	18%
Yavapai	1%	2%	1%	12%	84%
Yuma	3%	2%	1%	56%	40%

Source: American Community Survey (2006)

Data about births in 2006 in Arizona reflect a changing demographic both statewide and in Central Pima. The following table shows births by racial/ethnic group for Tucson and South Tucson. The largest percentage of births in the Central Pima region in 2006 occurred among Latino families (52%) followed by births to White, non-Hispanic families (37%), The Central Pima Region had nearly 8 percent more births to Hispanic/Latino mothers than the state rate.

Births by Mother's Race/Ethnic Group (2006)

	White Non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian/ Pacific Islander	Unknown
Central Pima Region	37% (4,674)	52% (6,580)	4% (496)	3% (417)	3% (402)	1% (125)
Arizona	42% (43,013)	44% (44,862)	4% (3,864)	6% (6,364)	3% (3,136)	<1% (803)

* This includes the cities of Tucson and South Tucson. Source: ADHS Vital Statistics, 2006.

Central Pima County families are primarily Latino and White, although the breakdown by zip code and ethnicity reveals sharp difference between areas. In more traditionally Latino neighborhoods, such as the South Tucson area, the Hispanic population has grown, but in areas that lie at the periphery of the city center to the north, east and west, the Latino population is shrinking in comparison due to an influx of White/non-Hispanic residents.

Immigration Status

Data reveals that the immigration status of Pima County and Tucson residents mirrors that of the rest of Arizona. Statewide, 30 percent of all children have at least one parent born in another country. Although the number of children born to immigrant families is unknown in the Central Pima Region, those children born to immigrant families are themselves likely to be citizens. Citizenship status allows children to qualify for public benefits such as AHCCCS and KidsCare (publicly financed health insurance for low-income children) that are generally not available to children who are not documented. Nonetheless, citizenship status does not *guarantee* that young children are able to access services. Even though more young children in the region are likely to be citizens, the citizenship status of their parents may affect their access to services. National studies suggest that many eligible “citizen children” with non-citizen parents are unaware of services or afraid of the consequences of participating in public programs because of their legal status and citizenship. Schools and faith-based organizations, like St. Elizabeth of Hungary Clinic in Tucson, are often considered to be “safe” places where families without documentation are more likely to access services for their children.

Immigration Characteristics (2006)

	Native Citizens	Foreign Born Naturalized Citizens	Non-U.S. Citizens	Foreign-born
Tucson	(84%) 433,189	(4%) 23,119	(12%) 59,776	(16%) 82,895
Pima County	(87%) 821,683	(4%) 42,967	(9%) 81,712	(13%) 124,679
Arizona	(85%) 5,237,235	(4%) 273,700	(11%) 655,383	(15%) 929,083
U.S.	(87%) 261,850,696	(5%) 15,767,731	(7%) 21,780,050	(12%) 37,547,789

Source: American Community Survey (2006).

Children in Immigrant Families (2006)

Tucson, AZ	Arizona	U.S.
30%	30%	22%

Source: Annie E. Casey Foundation. Kidscount. Children in Immigrant Families, Phoenix, AZ. As determined by the 2000 and 2001 Supplementary Survey and the 2002 through 2006 American Community Survey (ACS).

Despite the large numbers of immigrants moving into the state, Arizona does not rank in the top 10 for naturalizing citizens or providing permanent legal residency to individuals, leading some to speculate that many of the immigrants living in Arizona may not have legal status in the state. As a result, many individuals of foreign origin may not seek the services they need for themselves or their children for fear of having their status questioned, even if they do have legal status to be living in the United States. Consequently, finding data to accurately describe the ethnic and language characteristics of these families is very difficult in the Central Pima region, as well as the United States as a whole.

There is some information available to help paint the picture: The Annie E. Casey Foundation estimated in 2004 that Arizona ranked 5th in the nation for births to foreign-born mothers, at 32 percent. Two years later, in 2006, the National Center for Children in Poverty projected that 78 percent of Arizona children born to low-income families had immigrant parents, consistent with recent surges in immigration trends from Mexico being reported by federal agencies.

Children of immigrants face challenges that children of native-born parents do not. Educational attainment of immigrant parents is often quite limited. Nationally, 40 percent of children in immigrant families live with a mother or father who has not graduated from high school, compared to 12 percent of children in non-immigrant families. Parents who have completed fewer years of schooling may be less able to help support their children's optimal growth and development. In addition, children of immigrants may be less prepared than their counterparts to start kindergarten. Nationally, three and four-year old children in immigrant families are less likely to participate in nursery school or preschool programs than their peers.

Language Characteristics

Language characteristics, in terms of language primacy or fluency, are generally not measured in children until they reach their fifth year. As a result, data on these characteristics is usually limited to children over the age of five. Data from the most recent 2008 Kids Count estimates that up to 32 percent of Arizona children ages five to 18 speak a language other than English. An examination of Tucson, South Tucson and Pima County data shows that the percentages of families with young children who speak primarily Spanish is higher in those communities than the County overall. Many of the children who reside in these communities may be linguistically isolated. Typically children from linguistically-isolated families enter school with limited English proficiency. In parts of the Central Pima Region, many elementary students are English Language Learners (ELL). The most current records show there are 7,832 ELL students in TUSD, amounting to about 13 percent of the district's total population of nearly 60,000 students.

Tucson Children (Five Years and Older) Living in Linguistically-Isolated Households

	% Speak only English	Spanish - % speak English less than well
Pima County	72%	8%
South Tucson	20%	48%
Tucson	65%	12%

Sources: Kids Count 2008

Family Composition

In Pima County, the majority of children live in households with two parents. However, the city of Tucson has averaged 6-7 percent higher in the number of single parent households, with almost one out of two homes headed by a single parent. Almost 6,000 Tucson families were headed by a single parent with children ages birth through five in 2006.

Makeup of Households with Children 0-18 Years of Age for Selected Arizona Cities

City	Married Couple Households	Male Headed Household without Wife	Female Headed Household without Husband
Avondale	64%	2%	34%
Chandler	71%	9%	19%
Gilbert	74%	7%	17%
Glendale	61%	10%	27%
Mesa	70%	8%	22%
Peoria	71%	11%	18%
Phoenix	63%	10%	26%
Scottsdale	68%	9%	22%
Surprise	82%	3%	15%
Tempe	65%	9%	25%
Tucson	55%	10%	33%
Yuma	70%	3%	27%
Arizona	65%	9%	24%
County	Married Couple Households	Male Headed Household without Wife	Female Headed Household without Husband
Apache	63%	5%	31%
Cochise	65%	8%	26%
Coconino	61%	4%	34%
Maricopa	67%	9%	23%
Mohave	55%	15%	27%
Navajo	57%	13%	27%
Pima	62%	10%	27%
Pinal	63%	12%	23%
Yavapai	63%	8%	25%
Yuma	66%	6%	28%

Source: American Community Survey (2006)

Since the year 2000, approximately one out of every three family households in *Arizona* has been headed by a single parent. *Arizona* almost doubles the national average for this statistic and similar to many states where single parent households can approach the 50 percent mark (i.e., Washington, D.C. and Mississippi). One of the more reliable predictors of a child receiving early education and care services is whether or not the child's mother is both a single parent and needs to work to support the family. Nationally, in 1991, 85 percent of working mothers of four-year olds used early childhood education and care programs, with that figure jumping to 91 percent in 1999.

Teen Parent Households

The Central Pima Region is one to two points above the state average as far as births to teenage parents is concerned, with about one out of 10 children being born to parents aged 19 years or younger in any given year since 2002.

Percentage of Children Born to Teen* Mothers

	2002	2003	2004	2005	2006
Central Pima**	14%	14%	13%	12%	13%
Arizona	13%	12%	12%	12%	12%
U.S.	11%	10%	10%	10%	10%***

*Teen defined as 19 years and under. Sources: American Community Survey, National Center for Health Statistics, ADHS Vital Statistics

**Includes data on all of Tucson

***Preliminary Data for 2006, 12/5/2006.

Babies born to teen mothers are more likely than other children to be born at a low birth weight, experience health problems and developmental delays, experience abuse or neglect, and perform poorly in school. As they grow older, these children are more likely to drop out of school, get into trouble, and end up as teen parents themselves.

The state average for teenage births has remained relatively constant at around 12 percent for more than five years, but little progress has been made in reducing the prevalence of Arizona teen mothers giving birth to a second child. From 2000 to 2006, approximately 22 percent of births to teen mothers were the mother's second child. In 2008, Arizona ranked 41st out of the 50 states for the highest high school dropout rates. So many teen mothers are also challenged in the workforce to provide for their children because they lack a high school diploma. Ironically, dropout prevention studies consistently identify the need for high-quality early childhood education to *prevent* the high school drop-out problem, which in turn is cited in the early childhood literature as one reason why children of teenage mothers often have poor early childhood outcomes themselves.

In the Central Pima area, there are several teen pregnancy prevention and teen parent support programs established to address teen pregnancy. For example the *Teen Pregnancy Outreach Program* which assists and supports the unique needs of teens during pregnancy, childbirth, and postpartum serves approximately 300 teens each year in Tucson, but there were 2,225 teen pregnancies recorded in Tucson in 2006, so only a small number of teens who were pregnant were reached with these types of services: 16 hours of health education, a minimum of four hours of case management, a hospital visit and home visit after and 12 months of follow-up after delivery.

Grandparent Households

Two percent of grandparents are providing primary care for grandchildren in Pima County. For many grandparent caregivers, this responsibility is a long term commitment. This chart speaks to the necessary and growing supports that are needed for grandparents in Pima County to be able to provide the early care and educational experiences for their young grandchildren.

Percent of Households (With Children Under Age 18) Led by Grandparents

County	Percent of households with children under 18 led by grandparents
Apache	4
Cochise	3
Coconino	4
Maricopa	1
Mohave	2
Navajo	5
Pima	2
Pinal	3
Yavapai	<1
Yuma	2

Source: American Community Survey (2006)

It is critical to note that grandparent caregivers are more likely to be poor in comparison with parent-maintained families. Furthermore, many grandparent caregivers have functional limitations that affect their ability to respond to the needs of grandchildren.

Providing support and resources to grandparent caregivers is a growing need in the Central Pima Region. The University of Arizona Cooperative Extension program, in collaboration with the Department of Economic Security (DES), the Arizona Children's Association, Casey Family Programs, and the Kinship Adoption Resource Education (KARE) center operate a statewide network of resources for grandparents raising their grandkids (called "grandfamilies") and the American Association for Retired Persons (AARP) also provides an online state by state resource guide for grandparents to access the services they need to raise their grandchildren. However, 2006 data from the American Life Study suggests that less than one quarter (22%) of older Americans (60+) have access to the internet, where many of these resource guides and information are made available.

Employment, Income and Poverty

Unemployment

Joblessness for a family impacts the home and family environment. In Arizona, recent unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.3 percent in May of 2007. During the most recent 12-month reporting period, unemployment in Arizona has mirrored the national trend where an economic downturn has led to higher joblessness rates. Data are presented in monthly increments because economic indicators such as joblessness are measured over much smaller periods of time than are static social indicators, which change less rapidly (e.g., gender, ethnicity, etc.). In the growth-prone areas of Arizona such as Phoenix, unemployment rates have been slower to creep up toward both state and national averages. In Pima County, the economic indicators for unemployment are slightly below the state and national rates.

According to the Arizona Department of Commerce, the unemployment rate in Pima County remained fairly stable from May 2007 (3.0%) to April 2008 (3.6%).

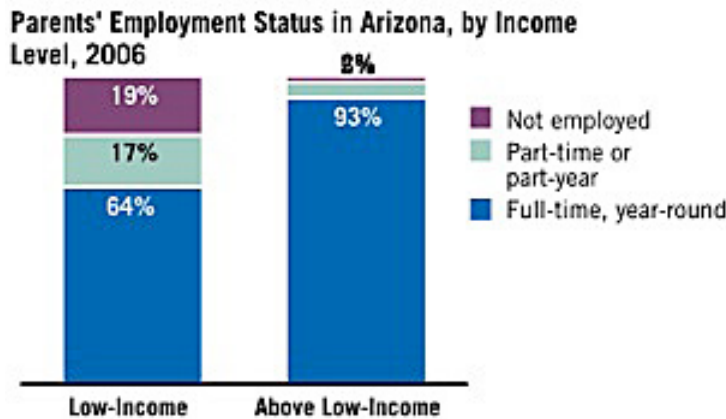
However, it increased in May 2008 to 3.8 percent. This results in a rate that is still lower than for Arizona as a whole in May 2008, which was at 4.4 percent.

Unemployment Rates

	May 2007	April 2008	May 2008
Pima County*	3.0%	3.6%	3.8%
Arizona	3.6%	3.9%	4.4%
U.S.	4.5%	5.0%	5.5%

*Includes all Pima County, no specific region data available.
 Source: Arizona Dept. of Commerce, Research Administration (June, 2008)

Even Arizona parents who are employed may be struggling to “make ends meet.” Research suggests that, on average, families need an income of about twice the federal poverty level to meet their most basic needs. Children living in families with incomes below this level, \$42,400 for a family of four in 2008, are referred to as low income. According to the *National Center for Children in Poverty*, 63 percent of children in families with low incomes have at least one parent who is employed fulltime, year-round. The following graph shows the relationship between employment levels and categorization as “low income” or “above low income.”



© National Center for Children in Poverty (nccp.org)
 Arizona Demographic Profiles

Both women and men are more likely to have higher incomes if they have greater educational success. For example, according to 2004 statistics, a woman with less than a ninth grade education could expect to earn less than \$18,000 per year, but with a high school diploma that income expectation rose to more than \$26,000 per year. With a bachelor’s degree in 2004, women were reporting an income of \$41,000 per year.

Annual Income

The Central Pima Region has a wide variation in median income. For example, the lowest median income areas include areas just south of downtown Tucson (85701), areas in the Flowing Wells neighborhoods (85705), and a central corridor that

houses both University students and families (85719). The higher median income areas include the east part of metro Tucson near Udall Park (85715), and the far west Tucson Mountains (85745). Overall, as the charts below show, most of the median incomes in this region are lower than the statewide average.

Central Pima Region Median Income by Zip Code (2000 and 2005)

Community	Median Household Income 2000*	Estimated Median Household Income 2005**
85701 (downtown area)	\$19,337	\$21,372
85705 (near NW area)	\$23,047	\$25,472
85708 (Davis Monthan)	\$35,336	\$39,054
85710 (east area)	\$35,296	\$31,010
85711 (south central area)	\$30,909	\$34,161
85712 (north central area)	\$27,699	\$30,614
85713 (city of South Tucson)	\$26,884	\$30,368
85714 (far southern)	\$24,835	\$27,448
85715 (northeastern)	\$54,016	\$59,700
85716 (mid-town)	\$27,943	\$30,883
85719 (mid-town)	\$23,324	\$25,778
85745 (far west)	\$42,457	\$46,925
85746 (far west)	\$36,773	\$41,538

*Source, American Community Survey, U.S. Census, 2000 (2006 data not available by zipcode. **Source: www.city-data.com

In Arizona, during 2006, the median household income was reported at just over \$47,000 per year, very close to the national average of \$48,000 per year. However, Pima County's median income was approximately \$5,000 per year less than the state in 2006.

Median¹ Annual Income (Per Year- Pretax)

	2002	2003	2004	2005	2006
Pima County*	\$37,638	\$37,818	\$38,800	\$41,521	\$42,984
Arizona	\$41,172	\$40,762	\$41,995	\$44,282	\$47,265
U.S.	\$43,057	\$43,564	\$44,694	\$46,242	\$48,451

*Data includes all of Pima County;
Source: American Community Survey

Families in Poverty

In the Central Pima Region, many areas contain households where the median annual income is at or below federal poverty guidelines, while other areas of the region are well above these poverty guidelines. For a family of four, the federal poverty level is \$21,200 a year (for the 48 contiguous states and D.C.).² It is important to note that poverty levels can affect many aspects of children's growth and

1 The median, or mid-point, is used to measure income rather than taking the average, because the high income households would skew the average income and artificially inflate the estimate. Instead, the median is used to identify income in the middle of the range, where there are an equal number of incomes above and below that point so the entire range can be represented more reliably.

2 Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.

development. As the following charts show, in 2006 13 percent of Tucson's families were living at or below the 100 percent Federal Poverty level compared to 10 percent across Arizona. Additionally, in 2007 57 percent of Tucson children are living at or below the 200 percent Federal Poverty Level, eighteen percent higher than the national rate and 12 percent higher than the state rate.

Data from the Kids Count 2007 shows that 26 percent of the families in Tucson lived at or below 100 percent federal poverty level which is higher than the 20 percent for the state of Arizona.

When considering what defines a livable wage and the required income it takes to meet a family's basic needs, many systems use the 200 percent of poverty as a significant marker. The Quality Counts State Report Cards discuss 200 percent of poverty as the point in which a child's chances for success in school and life become improved.

Children Living at or Below the Federal Poverty Level (2007)

	Living At or Below 50 Percent of the Federal Poverty Level	Living At or Below 100 Percent of the Federal Poverty Level	Living At or Below 200 Percent of the Federal Poverty Level
Tucson	13%	26%	57%
Arizona	9%	20%	45%
US	8%	18%	39%

Source: KidsCount (2007)

Families Living at or Below Federal Poverty Level (2006)

	Percent of children living at or below 100 percent of the Federal Poverty Level
Tucson*	13%
Arizona	10%
US	10%

*Data available at the Tucson city level.

**Children defined as less than 18 years. Source: American Community Survey (2006)

Parent Educational Attainment

Studies have found consistent positive effects of parent education on different aspects of parenting such as parenting approaches, attitudes, and childrearing philosophy. Parent education can potentially impact child outcomes by providing an enhanced home environment that reinforces cognitive stimulation and increased use of language. Past research has demonstrated an intergenerational effect of parental educational attainment on a child's own educational success later in life and some studies have surmised that up to 17 percent of a child's future earnings may be linked (through their own educational achievement) to whether or not their parents or primary caregivers also had successful educational outcomes.

Approximately 22 percent of births nationally are to mothers who do not possess a high school degree. While data specific to the Central Pima Region is not available, in Pima County that percent is slightly higher than the national average. According to data reported from 2002 to 2006, about one-quarter of mothers who gave birth in Pima County had less than a high school diploma, which is 5 percent higher than the

state average over the same period of time. The state rate for births to mothers with no high school degree has remained fixed at 20 percent for the past three years.

Percentage of Live Births by Educational Attainment of Mother

		2002	2003	2004	2005	2006
Pima County	No H.S. Degree	26%	26%	25%	24%	25%
	H.S. Degree	30%	30%	32%	31%	31%
	1-4 yrs. College	32%	33%	33%	35%	34%
Arizona	No H.S. Degree	20%	21%	20%	20%	20%
	H.S. Degree	29%	29%	29%	29%	30%
	1-4 yrs. College	32%	32%	32%	33%	33%
U.S.	No H.S. Degree	15%	22%	22%	Data not available	Data not available
	H.S. Degree	31%	Data not available	Data not available	Data not available	Data not available
	1-4 yrs. College	21%	27%	27%	27%	27%

Source: Arizona Dept. of Health Services, Vital Statistics, American Community Survey

*Numbers do not add to 100 percent since any education beyond 17 years *and* unknowns were excluded.

Healthy Births-Prenatal Care

Adequate prenatal care is vital in ensuring the best pregnancy outcome. A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which time a baby develops physically, mentally, and emotionally into a curious and energetic child. Yet in many communities, prenatal care is far below what it could be to ensure this healthy beginning. Some barriers to prenatal care in communities and neighborhoods include the large number of pregnant adolescents, the high number of non-English speaking residents, and the prevalence of inadequate literacy skills.³ In addition, cultural ideas about health care practices may be contradictory and difficult to overcome, so that even when health care is available, pregnant women may not understand the need for early and regular prenatal care.⁴

Late or no prenatal care is associated with many negative outcomes for mother and child, including:

- Postpartum complications for mothers
- A 40 percent increase in the risk of neonatal death overall
- Low birth weight babies, and
- Future health complications for infants and children.

Overall, about 73 percent of mothers in Central Pima (Tucson and South Tucson) received early prenatal care, slightly lower than the state rate. Overall, pregnant women across Arizona often fail to receive *early* prenatal care. According to national statistics, 83 percent of pregnant women receive prenatal care in their first trimester, compared to 77 percent in Arizona⁵.

³ Ashford, J., LeCroy, C. W., & Lortie, K. (2006). *Human Behavior in the Social Environment*. Belmont, CA: Thompson Brooks/Cole.

⁴ LeCroy & Milligan Associates (2000). Why Hispanic Women fail to seek Prenatal care. Tucson, AZ.

⁵ Child Health USA 2003, U. S. Department of Health and Human Services, Health Research and Services Administration.

One prominent predictor of whether prenatal care is obtained in the first trimester is ethnicity. In Arizona, Native American women are least likely to start prenatal care in the first trimester. According to 2005 data, 32 percent of Native American women did not start prenatal care in the first trimester, followed by Hispanic women at 30 percent, Black women at 24 percent and White women at 12 percent.⁶ Any effort to increase prenatal care should consider these large ethnic differences. There are many barriers to the use of early prenatal care, including: lack of general health care, transportation, poverty, teenage motherhood, stress, and domestic violence.⁷

Selected Characteristics of Newborns and Mothers, Central Pima Region (2006)

Community	Total Births	Teen Mother (<=19yr)	Prenatal Care 1 st Trimester	No Prenatal Care	Public \$	Low birth weight <2500 grams	Unwed Mothers
South Tucson	108	36	63	4	89	7	77
Tucson	12,586	1,622	9,234	402	6,703	960	5,744
TOTAL	12,694	1,658	9,297	406	6,792	967	5,821

Source: Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics

Low Birth-Weight Babies

Low birth weight and very low birth weight (less than 3lbs, 4 oz.) are leading causes of infant health problems and death. Many factors contribute to low birth weight, the most prominent being drug use during pregnancy, smoking during pregnancy, poor health and nutrition, and multiple births. In the Central Pima Region, about 8 percent of newborns have low birth weights.

The Centers for Disease Control reports that low birth-weight babies have been rising over the past several years. Arizona is producing fewer low birth-weight babies each year. Studies have suggested that Arizona's lower than average incidence of pregnant women who smoke cigarettes accounts for better outcomes regarding birth-weight than is seen in other cities in the United States. In 2004, the national incidence of pregnant women who smoked cigarettes was over 10%, while the Arizona rate was only 5.9 percent for those women who do smoke during their pregnancies; white teenagers seem to have the highest prevalence for this behavior, at 30 percent nationally.

Pre-term Births

The percentage of pre-term births in Tucson (8%) and South Tucson (6%) overall is lower than both the Arizona average for pre-term births (11%) as well as the national average (12%). Pre-term births, defined as birth before 37 weeks gestation, account for nearly one-half of all congenital neurological disorders such as cerebral palsy, and more than two thirds of infant deaths.⁸ In the above chart, low birth weight is presented because these indicators are closely linked. Low birth weight can be considered

6 Arizona Department of Health Services, Health disparities report, 2005.

7 <http://www.cdc.gov/reproductivehealth/products&pubs/dataoaction/pdf/rhow8.pdf>

8 Johnson, R. B., Williams, M. A., Hogue, C.J.R., & Mattison, D. R. Overview: New perspectives on the stubborn challenge of preterm birth, *Pediatric and Perinatal Epidemiology*, Vol 15.,2001.

as a proxy for pre-term births. Low birth weight has a direct link to the gestational age at which the child is born. Overall, the rates of premature birth have been rising in the U.S. over the past twenty years, with some studies pointing to advances in neonatal care capabilities, as well as a higher incidence of caesarian sections that are not medically necessary, as contributing to these rates. The rate of pre-term births in the United States has increased 30 percent in the past two decades.⁹ One half of all pre-term births have no known cause. One factor to consider is that, since 1996, the caesarean section rate has risen to 30 percent with the latest studies showing that 92 percent of babies delivered by C-section from 1996 to 2004 were judged after birth to be “late preterm,” meaning they were born after 34 to 37 weeks of pregnancy as opposed to the typical 38 to 42 weeks.¹⁰

Births to Teen Mothers

Teen parents face significant obstacles in being able to raise healthy children. Teen parents are generally unprepared for the financial responsibilities and the emotional and psychological challenges of raising children.

About 10 percent of American teen girls between the ages of 15 and 19 become pregnant each year. It is startling to consider that one in five 14-year-old girls become pregnant before reaching the age of 18.¹¹ Once a young woman becomes pregnant, the risk of a second pregnancy increases. About one-third of adolescent mothers have a repeat pregnancy within two years.¹² A repeat teen birth comes with a significant cost to the teenage mothers themselves and to society at large. Teen mothers who have repeat births, especially closely spaced births, are less likely to graduate from high school and more likely to live in poverty and receive welfare when compared with teen parents who have only one child.¹³

According to data from 2006, the percentage of mothers ages 19 years or younger, as well as the percentage of unwed mothers, is much higher in the city of South Tucson than in Tucson. One-third of all new mothers in South Tucson are under 19 years of age, with 71 percent of new mothers being unmarried. In Tucson, about 13 percent of new mothers are teens, with 46 percent being unmarried.

There were 1,622 teens that listed Tucson as their city of residence at the time of their delivery in 2006. There were 2,225 teen pregnancies in 2006 in Tucson. While the total number of teen deliveries for Pima County in 2006 was 1,768. Teen Outreach Pregnancy Services provides service to approximately 300 teens each year in Tucson. Each teen receives 16 hours of health education, a minimum of four hours of case management, as well as hospital visit and home visit after delivery, and 12 months of follow-up after delivery.

9 Mayo Clinic. Premature births, November, 2006.

10 Preliminary births for 2005: Infant and Maternal Health National Center for Health Statistics.

11 Center for Disease Control, fact sheet, 2001.

12 Kaplan, P. S., *Adolescence*, Boston, MA, 2004.

13 Manlove, J., Mariner, C., & Romano, A. (1998). *Positive Educational Outcomes Among School-age Mothers*. Washington DC: Child Trends.

Health Insurance Coverage and Utilization

Uninsured Children

Health insurance significantly improves children's access to health care services and reduces the risk that illness or injury will go untreated or create economic hardships for families. Having a regular provider of health care promotes children's engagement with appropriate care as needed. Research shows that children receiving health care insurance¹⁴:

- Are more likely to have well-child visits and childhood vaccinations than uninsured children
- Are less likely to receive their care in the emergency room
- Do better in school.

When parents cannot access health care services for preventive care such as immunizations, there may be delayed diagnosis of health problems, failure to prevent health problems, or the worsening of existing conditions.¹⁵ Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.¹⁶

From 2001 to 2005, Arizona had a higher percentage of children without health insurance coverage compared to the nation. One reason that Arizona children may be less likely than their national counterparts to be insured is that they may be less likely to be covered by health insurance through their families' employer. In Arizona, 48 percent of children (ages 0-18) receive employer-based coverage, compared to 56 percent of children nationally. Another reason for children not receiving needed healthcare may be the number of children and/or families that are not documented.

Percentage of Children (Birth Through Five Years) Without Health Insurance Coverage

	2001	2002	2003	2004	2005	2006
Arizona	14%	14%	14%	13%	15%	15%
U.S.	10%	10%	10%	10%	10%	11%

Source: Kids Count.

The chart below shows children enrolled in AHCCCS or KidsCare – Arizona's publicly funded low cost health insurance programs for children in low income families. As the chart shows, 16,833 children ages birth through five were enrolled in AHCCCS or KidsCare in Pima County in 2007. This reflects one quarter of all children ages birth through five in Pima County.

14 Johnson, W. & Rimaz, M. Reducing the SCHIP coverage: Saving money or shifting costs. Unpublished paper, 2005. Dubay, L., & Kenney, G. M., Health care access and use among low-income children: Who fares best? *Health Affairs*, 20, 2001, 112-121. Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

15 Chen, E., Matthews, K. A., & Boyce, W. T., Socioeconomic differences in children's health: How and why do these relationships change with age? *Psychological Bulletin*, 128, 2002, 295-329.

16 National Education Goals Panel. *Reconsidering children's early developmental and learning: Toward common views and vocabulary*. Washington DC.

Children Under Six Enrolled In Kidscare or Ahcccs Health Coverage (2004-2007)

	AHCCCS				KidsCare				Total Children Under Six Enrolled In AHCCCS or KidsCare			
	'04	'05	'06	'07	'04	'05	'06	'07	'04	'05	'06	'07
Pima County	13,680	16,269	15,444	15,711	807	942	969	1,122	14,487	17,211	16,413	16,833
Arizona	87,751	102,379	95,776	96,600	6,029	7,397	8,699	9,794	93,780	109,776	104,475	106,394

Source: AHCCCS, Enrollment data is for calendar year, representing children enrolled at any time during the calendar year in AHCCCS or KidsCare. The child is counted under the last program in which the child was enrolled.

While many children do receive public health coverage, many others who likely qualify, do not. In 2002, the Urban Institute's National Survey of America's Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona), but are not enrolled.¹⁷ Indeed, the large percent of families who fall below 200 percent of the Federal Poverty Level in the region suggest that many children are likely to qualify for public coverage. National studies suggest that these same children are unlikely to live in families who have access to employer-based coverage.

Health coverage is not the only factor that affects whether or not children receive the care that they need to grow up healthy. Other factors include: the scope and availability of services that are privately or publicly funded; the number of health care providers including primary care providers and specialists; the geographic proximity of needed services; and the linguistic and cultural accessibility of services.

For the Central Pima Region, this last factor may potentially play a large role, given the number of immigrant and linguistically isolated households in the region. While no specific evidence exists for the region, such evidence does exist statewide. For example, 37 percent of 788 AHCCCS providers surveyed in 2005 (representing 98 percent of all AHCCCS providers) had *no means* of understanding their Spanish-speaking patients unless the patient's family member could translate for their relative and the medical provider.¹⁸ Similarly, a 2007 Commonwealth Fund study found low rates of patient satisfaction among Arizonans, who cited lack of cultural competency as one contributing factor.¹⁹

Lack of health coverage and other factors combine to limit children's access to health services. For example, according to a 2007 report by the Commonwealth Fund, only 36 percent of Arizona children under the age of 17 had a regular doctor and at least one well check visit in the last year. According to the same study, only 55 percent of children who needed behavioral health services received some type of mental health care in 2003.²⁰

17 Genevieve Kenney, et al, "Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve," Urban Institute, July 31, 2003.

18 2005 AHCCCS Provider Survey

19 Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.

20 Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.

Access to Medical Care

While a variety of factors ultimately influence access to health care, health coverage does play an important role in ensuring that children get routine access to a doctor or dentist's office. For example, the chart below shows that for children under age five enrolled continuously in AHCCCS in Pima County, 80 percent received at least one visit to a primary care practitioner (such as a family practice physician, a general pediatrician, a physician's assistant, or a nurse practitioner) during the year in 2007.

Percent of Children (Ages 12-Months – Five Years) Continuously Enrolled in AHCCCS Receiving One or More Visits to a Primary Care Practitioner

	Pima County*	Arizona
2005	81%	78%
2006	80%	78%
2007	80%	78%

*Data only available at the county level. Source: AHCCCS. Note: Continuously enrolled refers to children enrolled with an AHCCCS health plan (acute or ALTCS) 11 months or more during the federal fiscal years 2005, 2006, 2007

Oral Health Access and Utilization

Access to dental care is also limited for young children in both the state and the region. As the chart below shows, in 2003, Pima County's child oral health indicators are very similar to the rest of Arizona.

Oral Health—Central Pima—Children Six to Eight Years Old

Central Pima Communities (2003)	Untreated tooth decay	Tooth decay experience	Urgent Treatment needs	Sealants present
Tucson	44%	65%	7%	26%
Arizona	40%	62%	9%	28%

Source: Arizona Department of Health Services, Community Health Profile 2003.

Enrollment in Head Start helps ensure access to medical and dental care. Head Start requires children enrolled in its program to receive well child and oral health visits.

Access to oral health care is even more challenging for families who have children with special needs. According to a statewide Health Provider Survey report released in 2007, a large majority (78%) of Arizona dental providers surveyed in 2006 (N =729 or 98 percent of all AHCCCS providers) said they did not provide dental services to children with special needs because they did not have adequate training (40%), did not feel it was compatible with the environment of their practices (38%), or did not receive enough reimbursement to treat these patients (19%). The Provider survey report recommended more training for providers to work with Special Needs Plans (SNP), collaborating with the Americans with Disabilities Act (ADA) and the Arizona Department of Health Services (ADHS) to increase the number of providers who accept young children with special needs.

Child Safety

All children deserve to grow up in a safe environment. Unfortunately not all children are born into a home where they are well-nurtured and free from parental harm. Additionally, some children are exposed to conditions that can lead to preventable injury or death, such as excessive drug/alcohol use by a family member, accessible firearms, or unfenced pools. This section provides information on child abuse and neglect and child fatalities in the Pima County.

Child Abuse and Neglect

Child abuse and neglect can result in both short-term and long-term negative outcomes. A wide variety of difficulties have been documented for victims of abuse and neglect, including mental health difficulties such as depression, aggression, and stress. Direct negative academic outcomes (such as low academic achievement, lower grades, lower test scores, learning difficulties, language deficits, poor schoolwork, and impaired verbal and motor skills) have also been documented. Furthermore, child abuse and neglect have a direct relationship to physical outcomes such as ill health, injuries, failure to thrive, and somatic complaints.²¹

The following data illustrates the problem of abuse and neglect in Arizona and the significant number of children that are placed at greater risk for poor school performance, frequent grade retention, juvenile delinquency and teenage pregnancy, as child abuse and neglect are strongly linked with these negative outcomes for children. The data provided in this report includes state and county level data for children under age 18.

It is important to note that the child abuse report is not an indicator of risk and is not tied to the removal of a child. There are many cases where the specific allegation in the report cannot be proven but it is nonetheless determined that the child is at imminent risk of harm and services and supports are put in place to keep the child safely at home, or the child is removed. The number of reports that are considered substantiated are a subset of the total number of reports that were received, investigated, and closed during the reporting period.

The chart below shows the child abuse reports and fatalities for 2005 and 2006 for Arizona and nationally.

21 References for this section: Augoustios, M. Developmental effects of child abuse: A number of recent findings. *Child Abuse and Neglect*, 11, 15-27; Eckenrode, J., Laird, M., & Doris, J. *Maltreatment and Social Adjustment of School Children*. Washington DC, U. S. Department of Health and Human Services; English, D. J. The Extent and Consequences of Child Maltreatment. *The Future of Children, Protecting Children from Abuse and Neglect*, 8, 39-53.; Lindsey, D. *The welfare of children*, New York, Oxford University Press, 2004; National Research Council, *Understanding Child Abuse and Neglect*. Washington DC: National Academy Press; Osofsky, J. D. The Impact of Violence on Children. *The Future of children*, 9, 33-49.

Child Abuse and Neglect

	2005		2006	
Arizona	Reports	37,546	Reports	34,178
	Fatalities	50	Fatalities	60
U.S.	Reports	44* (3 million)	Reports	48* (3.6 million)
	Fatalities	1.86** (1,460)	Fatalities	2.04** (1,530)

*Calculated as the rate for every 1,000 children in the population to account for population growth with actual numbers of incidents in parentheses.

**Calculated as the rate for every 100,000 children in the population to account for population growth with actual numbers of incidents in parentheses

Sources: Department of Health and Human Services; Arizona Child Fatality Review Board, Children's Action Alliance

The chart below provides a history of child abuse reports received and the outcome for Pima County.

Child Abuse Reports, Substantiations, Removals, and Placements for Pima County*

	Oct 2003 through Mar 2004	Apr 2004 through Sep 2004	Oct 2004 through Mar 2005	Apr 2005 through Sep 2005	Oct 2005 through Mar 2006	Apr 2006 through Sep 2006	Oct 2006 through Mar 2007	Apr 2007 through Sep 2007
Number of reports received	3,415	3,159	3,506	3,471	3,413	3,022	2,981	3,200
Number of reports Substantiated	NA	NA	NA	NA	429	408	353	296
Substantiation rate	NA	NA	NA	NA	13%	14%	12%	9%
Number of new removals	878	775	828	904	899	853	804	951

*All data taken from Arizona Department of Economic Security Child Welfare Reports. Discrete data for "number of reports substantiated" not available prior to Oct. 2005-Mar. 2006. Child Welfare Reports do not provide county-level data for number of child in out-of-home care on the last day of reporting period. Data for number of reports received drawn from Child Welfare Report tables labeled "Number of Reports Responded to by Type of Maltreatment and County."

The table below provides a breakdown of reports received by each county in Arizona. In Pima County, a total of 3,200 reports of child maltreatment were received in a six-month period in 2007. Of those reports made in Pima County, 1,924 (60 percent) were reports of neglect, 1,045 (33 percent) were physical abuse, 181 (6 percent) were sexual abuse, and 50 (2 percent) were for emotional abuse. Of the total reports, 9 percent resulted in substantiation.

**Number of Reports Received by Type of Maltreatment and County,
April 1, 2007 - September 30, 2007**

County	Emotional Abuse	Neglect	Physical Abuse	Sexual Abuse	Total	% of Total
Apache	1	47	33	6	87	0.5%
Cochise	6	312	154	22	494	2.7%
Coconino	3	248	124	27	402	2.2%
Gila	2	148	59	14	223	1.2%
Graham	1	61	36	12	110	0.6%
Greenlee	0	16	8	2	26	0.1%
La Paz	2	35	17	8	62	0.3%
Maricopa	117	6,098	3,424	645	10,284	57.0%
Mohave	4	417	197	34	652	3.6%
Navajo	3	234	101	9	347	1.9%
Pima	50	1,924	1,045	181	3,200	17.7%
Pinal	14	648	315	80	1,057	5.9%
Santa Cruz	2	63	38	5	108	0.6%
Yavapai	4	381	181	35	601	3.3%
Yuma	3	290	104	28	425	2.4%
Statewide	212	10,922	5,836	1,108	18,078	100.0%
%Of Total	1.2%	60.4%	32.3%	6.1%	100.0%	

*All data taken from Arizona Department of Economic Security Child Welfare Reports, April 1, 2007 – September 30, 2007.

In any given year, more than three million child abuse and neglect reports are made across the United States, but most child welfare experts believe the actual incidence of child abuse and neglect is almost three times greater, making the number closer to 10 million incidents each year. In 2006, 3.6 million referrals were made to Child Protective Service agencies (CPS) nationally, involving more than 6 million children. While 60 percent of these referrals were determined to be “unsubstantiated” according to CPS criteria and only 25 percent of cases resulted in a substantiated finding of neglect or abuse, research continues to show that the line between a substantiated or unsubstantiated case of abuse or neglect is too often determined by: A lack of resources to investigate all cases thoroughly; lack of training for CPS staff where employee turnover rates remain high; and a strained foster care system that is already beyond its capacity and would be completely overwhelmed by an increase in child removals from families.

The youngest children suffer from the highest rates of neglect and abuse, as shown below:

- Birth to 1 year 24 incidents for every 1,000 children
- 1-3 years 14 incidents for every 1,000 children
- 4-7 years 14 incidents for every 1,000 children
- 8-11 years 11 incidents for every 1,000 children

According to overall child well-being indicators, in 2005 Arizona ranked 36th out of the 50 states, with child abuse and neglect a leading reason for the state’s poor rank-

ing. In the following year, Arizona's Child Fatality Review Board issued its annual report for 2005, which showed that 50 Arizona children died from abuse or neglect. Contributing factors in these deaths included caretaker drug/alcohol use (31 percent), lack of parenting skills (31 percent), lack of supervision (27 percent), a history of maltreatment (20 percent) and domestic violence (15 percent). Only 11 percent of the children who died had previous Child Protective Services involvement.

Foster Care Placements

Foster care placement is directed toward children whose parents are perceived as being unable to properly care for them. Foster care has increasingly become an important aspect of the child welfare system. The extent to which foster care is being used in different communities reflects the resources available to provide needed care to vulnerable children. In Pima County there were 2,227 child placements in 2004 and that number increased to 2,386 in 2005 (See chart below). The majority of children in out-of-home care across the state of Arizona are either White (42%) or Hispanic (35%), followed by African American (13%).

Child Placements in Foster Care

	2002	2003	2004	2005	2006
Central Pima	2004 Pima County: 2,227* 2005 Pima County: 2,386*				
Arizona	5,049**	6,208**	7,173**	7,546**	7,388**
U.S.	29%*** (154,000)	30%*** (155,000)	31%*** (158,000)	32%*** (164,000)	44%*** (131,000)

*All children in out-of-home care (such as foster care)

**Includes all children under the age of 18 years

***Based on total number of children removed from the home ages birth through five years

Sources: Kids Count (data provided by Children's Action Alliance); The AFCARS Report; Children's Bureau, Arizona Department of Economic Security

Problems with the foster care system have led to efforts at reform. Efforts have included new methods for keeping children safe in their own homes, provision of kinship care, and family foster care.²² The Department of Economic Security is working to embed the Casey Foundation's Family to Family initiative into Arizona's child welfare practice. This is a nationwide child welfare initiative, and one of the core strategies in the recruitment, development and support of resources for families that focuses on finding and maintaining kinship and foster families who can support children and families in their own neighborhoods.

Child Mortality

The infant mortality rate can be an important indicator of the health of communities. Infant mortality is higher for children whose mothers began prenatal care late or had none at all, those who did not complete high school, those who were unmarried, those who smoked during pregnancy, and those who were teenagers.²³ Furthermore,

22 Family to Family Tools for Rebuilding Foster Care, A Project of the Annie E. Casey Foundation July 2001.

23 Mathews, T. J., MacDorman, M. F., & Menacker, F. Infant mortality statistics from the 1999 period linked birth/infant death data set. In

children living in poverty are more likely to die in the first year of life. For example, children living in poverty are more likely to die from health conditions such as asthma, cancer, congenital anomalies, and heart disease.²⁴ In Arizona, as well as the rest of the nation, many factors that lead to a young child's death are related to health status, such as a pre-existing health condition, inadequate prenatal care, or even the lifestyle choices of the parent. Another area of concern includes factors such as injury in many circumstances, preventable injury. The table below provides information on the total number of child deaths in Tucson, (which represents a good portion of the Central Pima Region) for children under the age of 14, followed by the leading causes of death for infants in Pima County in 2006.

Child Deaths

	2003	2004	2005	2006
Tucson*	2% (109)	2% (115)	2% (130)	2% (121)
Arizona	2% (872)	2% (870)	2% (938)	2% (920)
U.S.	1% (32,990)	Not available	1% (33,196)	Not available

*Data only available at city level.

**Data only available for children 0-14 years of age.

Sources: Arizona Department of Health Services

The leading causes of death among children 0-18 (n = 406) in Pima County during 2006 were:²⁵

1. Natural causes (69 percent, n=101)
 - a. Medical causes (n=48)
 - b. Prematurity (n=52)
 - c. Sudden Infant Death Syndrome (n=1)
2. Accidents (22 percent, n=32)
3. Undetermined (7 percent, n=11)
4. Homicide (1 percent, n=2)
5. Suicide (1 percent, n=1)

Children's Educational Attainment

School Readiness

Early childhood programs can promote successful school readiness especially for children in low-income families. Research studies on early care and education

National Vital Statistics Report (Vol. 50), National Center for Health Statistics.

²⁴ Chen, E., Matthews, K. A., & Boyce, W. T. Socioeconomic differences in children's health: How and why do these relationships change with age? *Psychological Bulletin*, 129, 2002, 29-329; Petridou, E., Kosmidis, H., Haidas, S., Tong, D., Revinthi, K., & Flytzani, V. Survival from Childhood Leukemia Depending on Socioeconomic Status in Athens. *Oncology*, 51, 1994, 391-395; Vagero, D., & Ostberg, V. Mortality Among Children and Young Persons in Sweden in Relation to Childhood Socioeconomic Group. *Journal of Epidemiology and Community Health*, 43, 1989, 280-284; Weiss, K. B., Gergen, P. J., Wagener, D. K., Breathing better or wheezing worse? The Changing Epidemiology of Asthma Morbidity and Mortality. *Annual Review of Public Health*, 1993, 491-513.

²⁵ 2006 Child Fatality Review for Pima County. Available at: <http://www.azdhs.gov/phs/owch/pdf/pima06.pdf>.

programs for low income children have found that participation in educational programs prior to kindergarten is related to improved school performance in the early years.²⁶ Long-term studies have documented early childhood programs with positive impact evident in the adolescent and adult years.²⁷ Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.²⁸

Generally, child development experts agree that school readiness encompasses more than acquiring a set of simple skills such as counting to ten by memory or identifying the letters of the alphabet. Preparedness for school includes the ability to problem-solve, demonstrate self confidence, and the willingness to persist at a task. While experts identify such skills as being essential to school readiness, the difficulty comes in attempting to quantify and measure these more comprehensive ideas of school readiness. In addition, most scholarly definitions about school readiness also address the need for the school to be ready to meet the needs - instructional, social and personal, of every child who enters kindergarten.

Currently, no instrument exists across Arizona that sufficiently identifies a child's readiness for school entry. Although Arizona has a set of Early Learning Standards (an agreed upon set of concepts and skills that children can and should be ready to do at the start of kindergarten), current assessment of those learning standards have not been validated nor have the standards been applied consistently throughout the state.

One component of children's readiness for school consists of their language and literacy development. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children's knowledge related to language and literacy. One assessment that is used frequently across Arizona schools is the Dynamic Indicators of Basic Early Literacy Skills (DIBELS). The DIBELS assessment is used to identify children's reading skills upon entry to school and to measure their reading progress throughout the year. This assessment often tests only a small set of skills around letter knowledge without assessing other areas of children's language and literacy development such as vocabulary or print awareness.

The results of the DIBELS assessment should not be used to assess children's full range of skills and understanding in the area of language and literacy. Nor is it a full measure of a child's readiness for school. Instead, it provides a snapshot of children's learning as they enter and exit kindergarten. *Since all schools do not administer the assessment in the same manner, comparisons across communities cannot be made.* In the specific area of language and literacy development assessed, the data in the following chart indicate that a large percentage of children entering kindergarten were meeting the benchmark standard, and by the end of the year, significant progress was made in all three school districts.

26 Lee, V. E., Brooks-Gunn, J., Shnur, E., & Liaw, F. R. Are Head Start effects sustained? A Longitudinal Follow-up Comparison of Disadvantaged Children Attending Head Start, no Preschool, and Other Preschool Programs. *Child Development*, 61, 1990, 495-507; National Research Council and Institute Medicine, *From neurons to neighborhoods: The science of early childhood development*; Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. *Developmental Psychology*, 30, 1994, 787-804.

27 Campbell, F. A., Pungello, E. P., Miller-Johnson, S., Burchinal, M., & Ramey, C. T. The development of cognitive and academic abilities: Growth curves from an early childhood educational experiment. *Developmental Psychology*, 37, 2001, 231-242

28 Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., et al *The children of the cost, quality, and outcomes study go to school: Technical report*, 2000, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

Basic Early Literacy As Measured By Dibels

SFY 2006-2007 Kindergarten DIBELS AZ Reading First Schools						
	Beginning of the Year			End of the Year		
	% Intensive	% Strategic	% Benchmark	% Intensive	% Strategic	% Benchmark
AZ Reading First Schools*	52	35	13	10	12	78
Amphitheater Unified School District	58	33	9	14	13	73
Flowing Wells Unified School District	45	33	22	20	19	61
Tucson Unified School District	48	42	10	8	10	83

*Reading First schools receive federal funding to implement comprehensive, intensive reading programs for children grades K-3

Elementary Education

Children who cannot read well by fourth grade are more likely to miss school, experience behavior problems, and perform poorly on standardized tests. The performance of Arizona's children on standardized tests continually lags behind that of the nation.

Data is available for the Central Pima Region on the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA). The AIMS DPA is used to test Arizona students in grades three through eight related to their achievement toward Arizona's Academic Standards in Writing, Reading, and Mathematics. This assessment provides each student's national percentile rankings in the areas tested. The chart below shows a complex picture of how each school district in the Central Pima Region performs. All three districts in the Central Pima Region report only 23-28 percent of students meeting or exceeding the Reading Standard, with 25 percent of all students falling far below the standard in Reading. These findings underscore the importance of providing enriched early childhood learning experiences to set students on a successful reading trajectory in elementary school.

Central Pima AIMS DPA 3rd Grade Score Achievement Levels in Mathematics, Reading, and Writing

School District	Mathematics				Reading				Writing			
	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
Amphitheater Unified	4	12	56	28	4	17	60	19	3	8	65	24
Flowing Wells Unified	8	17	60	15	7	25	56	11	7	12	65	16
Tucson Unified	11	20	54	16	6	25	59	10	4	14	68	14
State wide	9	17	54	20	6	23	59	13	5	13	66	16

Arizona Department of Education AIMS Spring 2007 Grade 03 Summary

FFB = Falls Far Below the Standard, A = Approaches the Standard, M = Meets the Standard, and E = Exceeds the Standard

Secondary Education

The completion of high school is a critical juncture in a young adult's life. Students who stay in school and take challenging coursework tend to continue their education, stay out of jail, and earn significantly higher wages than their non-graduating counterparts.²⁹ As the chart shows for Tucson Unified School District, the largest school district in the Central Pima Region, high school graduation rates at the district level have remained steady at 85 to 87 percent. Flowing Wells High School reports a five year cohort rate of 85 percent in its 2007 school report card.³⁰ Compared with the state and national data, the Central Pima Region as a whole has higher graduation rates. However, graduation rates in Central Pima schools varied widely according to zip code. In the 85711 zip code where there is a university preparation high school, the graduation rate has been at or near 100 percent since 2004. In areas to the north of the downtown area, some schools' graduation rates hover near or above the state average at 75 percent and to the south and west of the downtown area, the high school graduation rate is in the mid 60 percent range.

High School Graduation Rates

2006

Central Pima HS Districts	Total # Graduates	Total # in Cohort	4-year Graduation Rate
Tucson Unified (N=23)	3312	3895	85%
Arizona*	47,071	61,450	77%
United States**	2,753,438	3,705,838	74%

2004

Central Pima HS Districts	Total # Graduates	Total # in Cohort	4-year Graduation Rate
Tucson Unified (N=23)	2848	3293	87%
Arizona*	47,071	61,450	77%
United States**	2,753,438	3,705,838	74%

* Arizona Department of Education

** National Center for Education Statistics

29 Sigelman, C. K., & Rider, E. A., *Life-span development, 2003*, Pacific Grove, CA: Wadsworth.

30 Arizona Department of Education, Flowing Wells School District School Report Card Academic Year 2006-2007.



Current Regional Early Childhood Development and Health System

Summary of Regional Findings on Early Childhood System

There is currently no single source or list identifying all of the various types of regulated and unregulated (neither licensed nor certified) early care and education options in the state, which makes counting the number and types of centers a challenge. Categories of licensed centers sometimes overlap. For instance, Head Start serves only income eligible three and four years old and After-School programs provide before and after school, vacation and holiday programs for children ages five through 12. After subtracting program numbers from those two categories, the remainder is 180 center-based child care programs and 63 small group child care homes that are licensed by the Arizona Department of Health Services in the Central Pima Region. The Department of Economic Security is responsible for the certification process for the 235 family child care homes in this region.

For the 41,862 children ages birth to five years living in the Central Pima Region in 2008, there are only 60 accredited child care centers (just over 13 percent of all regulated tuition-based settings) in which children can receive services. According to the DES Market Rate Survey, about 11,566 children (27 percent) in all of Pima County are in some type of tuition-based care and education program. In a June 2008 phone survey of 12 accredited centers, conducted by First Things First staff, the average enrollment reported was 41. Since solid enrollment data is unknown for centers in the region, this average enrollment can be applied to the number of children ages birth through five attending child care in the region, which then shows that only about 2,500 children are being served in an accredited setting.

The capacity of the regulated early childhood care and education system is estimated to be only 62 percent full, but costs of child care may be a barrier to access for some families. The costs of care across group homes, licensed centers, and in-home care are relatively similar regardless of setting, and range from \$350-\$860 per month. Costs for infant care are generally higher than that for toddlers and preschoolers, which is consistent with state and national norms. Certified homes are slightly less expensive than licensed child care sites. The majority of care for working families still takes place in informal or unregulated settings.

There is a pressing need for recruitment and professional development of early childhood professionals. The number of professionals has decreased 8 percent in recent years, and fewer than half of all staff has any degree other than high school. Low compensation and lack of paid benefits are significant potential barriers to staff retention and professional development. The state Child Care Market Rate Survey tracks wage, retention and benefits and seems to indicate that the Central Pima Region has a core group of professionals who have been employed more than five years — 40 percent of teachers and administrative directors. The survey also showed that wages have risen by 16-25 percent over three years, the average hourly wage for a lead teacher in the region is \$10.75 (\$22,300 annually). Also noted in the survey was the fact that just over half of centers provide medical insurance and less than half provide a retirement benefit. Studies have shown that higher wages and adequate

benefits reduce turnover, which in turn, leads to better quality child care.

The region has a variety of accredited child care centers (including those serving children with special needs, school district programs, and a large number of Head Start Programs), as well as an involved and coordinated system of early childhood advocates and professionals. Pima County's efforts in addressing early childhood issues are well-coordinated. One example of that coordination is the active and broad-based collaboration of community service agencies participating in First Focus on Kids (FFK), one of three impact councils organized through the United Way of Tucson and Southern Arizona. Established in 2000, the primary role of the FFK community collaboration is to improve child care quality, promote early literacy, increase access to health and nutrition services, support parent education, improve teacher education and enhance community awareness of the importance of quality early childhood education. This Council includes early childhood professionals, educational leaders, businesses, philanthropy, agencies working with children, community members, service organizations, and family members.

Quality

A number of states have been increasingly involved in creating statewide systems for high-quality early care and education. This concern makes sense for a number of reasons. First, child care needs are growing. A majority of children ages birth to six years of age participate in regular, non-parental childcare. Increasing maternal employment rates and policies from welfare reform have increased demand. Research has also found that high-quality child care can be associated with many positive outcomes including language development and cognitive school readiness. Quality care is often associated with licensed care, with one study suggesting that the single best indicator of quality care was the provider's regulatory status.

The Board of First Things First approved funding in March 2008 for the development and implementation of a statewide quality improvement and rating system. Named Quality First!, this system sets standards of quality for Arizona, which will take effect in 2010. The Quality First! star rating system, when implemented, will assist families and community members, as well as providers, in identifying what quality child care looks like and which providers offer quality care.

Accreditation by a national organization is another method for identifying quality in early care and education. The challenge in using accreditation as a standard of quality lies in the fact that not all accrediting bodies measure the same indicators of quality in the same way. Nonetheless, reviewing accreditation status allows the region to develop a baseline reflection of the availability of quality care in the area. This report presents for the Central Pima Regional Partnership Council an initial snapshot of quality in the Region through the nationally accredited organizations approved by the Arizona State Board of Education:

- Association Montessori International/USA (AMI),
- American Montessori Society (AMS)
- Association of Christian Schools International (ACSI)
- National Accreditation Commission for Early Care and Education (NACECE)
- National Association for the Education of Young Children (NAEYC)

- National Association for Family Child Care (NAFCC)
- National Early Childhood Program Accreditation (NECPA)

Accredited Early Child Care Centers

The tables below present the number of accredited early care and education centers, and the number of children served in these accredited centers, along with a snapshot of staff to student ratios in the centers. As previously stated, in this first Needs and Assets Report for the Central Pima Regional Partnership Council, some data related to centers was not available.

The Central Pima Region has a total of 60 early care and education programs accredited by one of the approved accrediting bodies. Of the total programs accredited, 44 of them are accredited through NAEYC. The majorities are from 23 school district preschool or special education programs and two of the eight Child-Parent Center Head Start sites located within this region. There are three additional NAEYC accredited centers that are associated with broad-based human service organizations: The Center for Hearing Impaired and Visually Impaired Children (CHIC VIP), Child and Family Resources Center for Adolescent Parents, and the Easter Seals Blake Foundation Children's Achievement Center. Eleven centers have earned the NAC accreditation, and one is accredited by the Association of Christian Schools International. Proudly, three of Arizona's eight nationally accredited family child care providers are located in this region.

Central Pima Number of Accredited Early Care and Education Centers

	AMI/ AMS	ACSI	NAC	NAEYC (includes Head Start)	NECPA	NAFCC Homes
Number of Accredited Centers		1	11	44	1	3

Sources: NAEYC, AMI, AMS, ACSI, NAC, NECPA, NAFCC, lists of accredited providers. AMI Recognition Schools List <http://www.montessori-ami.org/amiusa/schools.lasso>, AMS Accredited Montessori Schools List <http://www.amshq.org/schoolExtras/accredited.htm>, ADHS Licensed Child Care List http://www.azdhs.gov/als/child_care/, ACSI Schools and Accredited Schools <http://www.acsi.org/web2003/default.aspx?ID=1630&>, NAC Accredited Centers <http://www.nacpp.org/displaycommon.cfm?an=1&subarticlenbr=78> http://www.naeyc.org/academy/search/Search_Result.asp, NAFCC Accr. Providers <http://nafcc.fmdatabase.com/fmi/iwp/cgi?-db=accreditationsearch.fp7&-loadframes>, NECPA <http://www.necpa.net/AccreditedPrograms.htm>

Ratios and Group Sizes

In addition to offering accreditation to early care and education programs, the National Association for the Education of Young Children (NAEYC) is involved in developing position statements around significant early childhood development issues. One area in which NAEYC has published recommendations for the industry is in group sizes and staff to child ratios, since these factors have been shown to be significant predictors of high quality. Other national accreditation systems vary in the recommended ratios and group sizes.

The Chart below reflects the NAEYC published standards for staff to child ratios based on the size of the program and according to age group.³¹

³¹ NAEYC standards here are used to provide a context for high standards. It is not presumed that all centers should become NAEYC accredited

NAEYC Staff to Child Ratio Recommendations

NAEYC Staff to Child Ratio Recommendations	Group Size									
	6	8	10	12	14	16	18	20	22	24
Infants (0-15 months)	1:3	1:4								
Toddlers (12-28 months)	1:3	1:4	1:4	1:4						
Toddlers (21-36 months)		1:4	1:5	1:6						
Pre-school (2.5 to 3 years)				1:6	1:7	1:8	1:9			
Pre-school (4 years)						1:8	1:9	1:10		
Pre-school (5 years)								1:10	1:11	1:12

Source: NAEYC Accreditation Criteria

The second chart offers a comparison of nationally recommended ratios and those taken from a telephone survey of accredited centers in Central Pima. These interviews with a selection of accredited centers in the Central Pima Region provided further insight into ratios in some regional centers. Data examined included 576 children enrolled in the four Head Start and 14 accredited centers in the Central Pima Region in 2007.

Regional Ratio Survey 2007 - Accredited Early Care and Education Centers

Regional Survey of Centers Children Enrolled	Accredited Centers
Number of Programs	18
Number of Children Enrolled (Avg. per program)	576 (32)
Infants	1:5
Toddlers	1:6
Two Year Olds	1:8-1:13
Three Year Olds	
Four-Five Year olds	

Source: Accredited Organizations (NAEYC, NAEYC, NACCP, NECPA, AMS, ACSI, AMI) and Arizona Department of Health Services/Division of Licensing Services/Office of Child Care Licensing; Telephone survey of providers, June 2008

Comparing this information to the National Association for the Education of Young Children (NAEYC) standards, the staff to child ratio among these 18 accredited providers in Central Pima is higher than recommended by one accrediting body. Group size was not taken into account. This information shows that even accredited centers are struggling to maintain lower adult to child ratios. It also describes a dilemma that child care centers must face every day: that of maintaining aspects crucial to operating a viable business while striving to reach for higher quality care.

Access

Family demand and access to early care and education is a complex issue. Availability and access are influenced by, but not limited to factors such as: Number of early care and education centers or homes that have the capacity to accommodate young children; eligibility criterion for enrollment, time that families have to wait for an available opening (waiting lists); ease of transportation to the facility; and the cost of the care. Data related to waiting lists is not currently available but will be a goal for future data acquisition. For the current Needs and Assets report for the Central Pima

Region, available data include: number of early care and education programs by type, number of children enrolled in early care and education by type, and average cost of early care and education to families by type. This information is available only for those child care and early education programs which are regulated (licensed or certified) by the state.

The region has developed a network of programs for young children including: school districts preschool programs for four year old children, and preschool programs to support children with special needs reflecting the Individuals with Disabilities Education Act (IDEA) ages three to five years; Head Start and Early Head Start programs for children meeting the federal income guidelines and age requirements (these programs provide developmental as well as health and social services); and regulated (licensed or certified) center based and home based programs. In addition, there are unregulated programs that provide home based care.

In the Central Pima Region, child care rates are expensive for most of the regulated child care centers or preschool settings (with exception of Head Start and school district based programs). Costs for infant care show the greatest difference between child care settings: licensed center rates are an average \$625 per month where certified homes average at \$480 per child for the month. Costs for infant care are generally higher than that for toddlers and preschoolers, due to the need for a higher adult to child ratio for the very youngest children. The average cost for preschool-age child care is \$532 per month.

Number of Early Care and Education Programs

There are numerous types of early care and education centers in the Central Pima Region. Parents have choices among different types of care providers. However, simply having choice among types of care does not tell anything about availability of *quality* choices for care for their children. Currently in Arizona, center or home based programs have few options to designate their quality of operation-some form of accreditation by a nationally recognized accrediting body is a way to show a level of quality that has been measured and acknowledged.

The table below presents the number of children enrolled in early care and education programs by type in the Central Pima Region. Again, it is important to clarify that these numbers do not account for children cared for in unregistered or unregulated care, or in care which is provided by family or friends. Identification of methodologies and data sets related to unregulated care and demand for early care and education are a priority for the future.

Central Pima County Number of Early Care and Education Programs by Type 2006*

Licensed centers*	Small group homes	Approved family child care homes**	Providers registered with the Child Care Resource and referral**
180	63	235	17

Source: Department of Economic Security, DES Child Care Market Rate Data, 2006

Capacity refers to the total capacity of a physical site and does not necessarily reflect the size of the actual program in that site.

*Licensed centers include only DHS licensed program providing fee-paying child care: full-day and part-day child care programs, Head Start centers with wraparound child care programs.

**DHS licensed small group homes have a 10 child maximum; DES certified family child care homes, homes approved for the child care food program, and CCR&R registered homes can serve a maximum of 4 fee-based children. Also, providers counted under Child Care Resource and Referral column consist *ONLY* of providers not listed under previous columns.

The Department of Economic Security's (DES) 2006 Child Care Market data provides information on a range of child care settings statewide. For this report, data were analyzed by zip code to identify which early care and education providers were accessible to families in each *First Things First* Region. Only providers in the geographical boundaries of the Central Pima Region are included. However, these data do not include all providers that are accessible to families in the Central Pima Region.

There are four types of providers designated in the chart above: licensed centers, group homes, approved family child care homes, and providers registered with the Child Care Resource and Referral service. Licensed centers regulated to operate a safe and healthy child care facility by the Arizona Department of Health Services (ADHS). Small group homes are also licensed by the ADHS to operate safe and healthy child care homes. Approved family child care homes are either certified or regulated by DES to provide care, or are approved by agencies to participate in the Arizona Department of Education Child and Adult Care Food Programs (CACFP).

Licensure or certification by the Departments of Economic Security or Health Services ensures completion of background checks of all staff or child care providers, and monitors staff training hours related to early care and education, including basic first aid and cardio-pulmonary resuscitation (CPR). Additionally, periodic inspections and monitoring ensure that facilities conform to basic safety standards. While licensure and regulation by the Departments of Economic Security and Health Services are a critical foundation for the provision of care for young children, the regulatory policies do not address curricula, interaction of staff with children, processes for identification of early developmental delays, or professional development of staff beyond minimal requirements. The important factors associated with high quality care and parent decision-making are provided either with national accreditation (see discussion in the section on Quality) or in *First Things First's* forthcoming Quality Improvement and Rating System (Quality First!).

The Department of Economic Security's 2006 Child Care Market Rate data provides information on a range of fee-paying child care settings, including:

- licensed centers that offer fee-for-service child care,
- Head Start programs and district programs with fee-paying wraparound care,
- small group homes,

- family child care providers certified by DES and those approved by agencies for the Child and Adult Care Food Program (CACFP), as well as otherwise,
- unregulated providers who register to be listed with the Child Care Resource and Referral agency as available child care.

This source is particularly useful for understanding approved and unregulated family child care and child care for working parents. It does not, however, provide information about Head Start and school district programs that *do not* charge fees.

The statewide *Market Rate Data* can be supplemented with data from Child Care Resource and Referral. Not only does Child Care Resource and Referral provide additional data on providers, these data are more frequently updated than that of the *Market Rate Data*. Data in the Child Care Resource and Referral database is most commonly related to Child Care Centers and Family Child Care Centers. Registration with Child Care Resource and Referral is voluntary; however, those Centers and Homes receiving Department of Economic Security subsidy or regulation are required to register.

Information provided by the Child Care Resource and Referral includes, but is not limited to: type of care provider, license or regulation information, total capacity, total vacancies, days of care, and rates for care. Because registration is voluntary, not all care providers report all information.

Number of Children Enrolled in Early Care and Education Programs

The table below presents the number of children enrolled in early care and education programs by type in the Central Pima Region. These numbers do not account for children cared for in unregulated care, by relatives, or those who are in need of care but do not have access to it. Identification of methodologies to collect data related to unregulated care and demand for early care and education could be a priority for the future.

Central Pima County Number of Children Enrolled in Early Care and Education Programs by Type 2006

	Licensed centers	Groups homes	Approved family child care homes	Providers registered with the Child Care Resource and referral	Total
Approved Capacity*	17,017	400	1,107	77	18,601
Average number served	10,213	33	966	44	11,566

Source: DES Child Care Market Rate Survey 2006

*Capacity refers to the total capacity of a physical site and does not necessarily reflect the size of the actual program in that site.

As mentioned earlier, these numbers can be misleading. Licensed capacity is often not the self-imposed capacity of a center. Licensed capacity is based on room size (square footage). For example, a program may have a room that can hold 30 children, but recognizes that 30 preschoolers in one room is not ideal for learning and then limit themselves to 20 children – or even less if their national accreditation model has group size requirements.

Cost of Care

The table below presents the average cost for families, by type, of early care and education. These data were collected in the Department of Economic Security's Market Rate survey by making phone calls to care providers asking for the average charge for care for different ages of children. In general, it can be noted that care is more expensive for younger children. Infant care is more costly for parents, because ratios of staff to children are usually lower. Clearly these costs present challenges for families, especially those at the lowest income levels. Understanding these costs begins to paint a picture of how family choices in early care are determined almost exclusively by financial concerns rather than concerns about quality of care and education provided.

In the Central Pima Region, child care rates are most expensive for licensed centers when compared with other settings. Costs for infants show the greatest difference by type, at a little over \$7.00 more per day for a licensed center compared with group or certified homes. Perhaps this cost is one of the reasons that so few centers offer infant child care in this region and across the country.

Child care costs in reference to family income

The cost of child care can be a considerable burden for Arizona families. Yearly fees for child care in the state of Arizona range from almost \$8000 for an infant in a licensed center to about \$5900 for before and after school care in a family child care home. This represents about 12 percent of the median family income of an Arizona married couple with children under 18. It represents 22-30 percent of the median income of a single parent female headed family in Arizona.

Child Care Costs and Family Incomes	AZ	U.S.
Average, annual fees paid for full-time center care for an infant	\$7,974	\$4,542-\$14,591
Average, annual fees paid for full-time center care for 4-year-old	\$6,390	\$3,380-\$10,787
Average, annual fees paid for full-time care for an infant in a family child-care home	\$6,249	\$3,900-\$9,630
Average, annual fees paid for full-time care for a 4-year-old in a family child-care home	\$6,046	\$3,380-\$9,164
Average, annual fees paid for before and after school care for a schoolage child in a center	\$6,240	\$2,500-\$8,600
Average, annual fees paid for before and after school care for a schoolage child in a family child care home	\$5,884	\$2,080-\$7,648
Median annual family income of married-couple families with children under 18	\$66,624	\$72,948
Cost of full-time care for an infant in a center, as percent of median income for married-couple families with children under 18	12%	7.5%-16.9%
Median annual family income of single parent (female headed) families with children under 18	\$26,201	\$23,008
Cost of full-time care for an infant in a center, as percent of median income for single parent (female headed) families with children under 18	30%	25%-57%

Naccrra fact sheet: 20008 Child Care in the State of Arizona. <http://www.naccrra.org/randd/data/docs/AZ.pdf>

As with many other services, cost of early care and education is directly related to the quality of care. Providers of care and education struggle with the balance of providing a service for the market rate and making it affordable for families. Increased quality often requires more employees, higher qualifications, increased training, and better employee compensation. These are expensive business practices that demand

increased compensation to the child care or program provider or to the families with young children– all of these costs create a heavy burden for families business alike, but cannot be ignored in the quest for the true cost of high quality child care.

Child Care Centers

Twelve centers in the Central Pima Region were contacted with a questionnaire to obtain information about the costs of care. All 12 surveyed accept DES child care subsidy payments. Head Start is available at no cost to families, but families must qualify by income level. Head Start income eligibility is based on federal poverty guidelines and other risk factors. School district programs for preschoolers funded through Early Childhood Block Grants (ECBG) are also available in this region, serving low-income families whose children qualify for free and reduced meals.

The full cost to a parent ranges, as follows: Infants: \$450 per month (based on 20 days) to \$820 per month; toddlers \$380-\$860/month; Pre-K children \$350-\$860/month. Of the two with the highest rate (infant care providers), one was a large chain child care center; the other, hospital (employee) affiliated.

Monthly Cost of Child Care Centers by Age and Location for Central Pima

Child Care Centers in the Central Pima Region Monthly Cost by Age and Location					
Center	Infants	1 year	Toddler	PreK	Zip code
1	\$616	\$500	\$500	\$460	85705
2	\$640	\$580	\$580	\$520	85705
3	\$620 (hosp.worker) \$720 (affiliated) \$780 (private pay)	\$560 \$660 \$700	\$560 \$660 \$700	\$540 \$640 \$680	85711
4	n/a	n/a	\$860	\$860	85746
5	n/a	n/a	\$420	\$380	85746
6	\$820	\$640	\$640	\$572	85719
7	\$560	\$520	\$520	\$500	85705
8	\$640	\$592	\$564	\$564	85716
9	\$700	\$612	\$612	\$572	85746
10	n/a	n/a	\$472	\$460	85716
11	\$450	\$380	\$380	\$350	85705
12	n/a	n/a	\$640	\$640	85719

Source: Community survey of 12 centers June, 2008

Of the 12 private child care centers surveyed, there was variance in the staff to child ratios. The ratios for infants were 1:5 for most centers. Toddler ratios ranged from 1:5 to 1:10; and three and four year old ratios ranged from 1:8 to 1:15. Nine of the 12 private child care centers surveyed (75%) reported that they accept children with special needs, however, a majority reported that additional specific training would be needed to be more effective.

Small Group Homes

The Department of Health Services current licensing list for July 2008 included 60 small group homes in the region. That would indicate a growth of twenty-seven

homes since the 2006 Market Rate Survey. A majority of these small group child care homes are located in the 3 major zip code areas of the region. Sixteen are located in zip code 85713, fifteen are located in zip code 85746, and eleven in zip code 85745. The remainder is spread out in the following zip-codes: 85705, 85710, 85711, 85714, 85716, and 85719. As noted below, there are no licensed small group child care homes in the downtown area, north-central, or the north-eastern areas of Central Pima. Although there are no reports of small group homes at Davis Monthan Air Force Base (DMAFB), the base operates three of their own child care facilities which are regulated by strict, high quality guidelines of the Federal Department of Defense.

Six small group home providers were contacted at random. All surveyed accept DES subsidies; serve children ages birth through five up to 12; and their fees range from \$23 to \$30 per day regardless of age of child. Staff reported having CDA certificates or being in the process of completing coursework in a majority of the homes surveyed. All homes surveyed also stated they would accept children with special needs, but only one reported currently having a child with special needs enrolled. Additionally, it was reported they would seek out training to deal with children with special needs if they felt unprepared for the challenge. All but two of the homes surveyed reported being at capacity.

Small Group Homes - Costs, Adult to Child Ratios and Locations

Small Group Homes in the Central Pima Region Costs, Adult to Child Ratios and Location					
Zip Code	Community	# Homes	Capacity Per Home	Adult: Child Ratios	Cost
85701	Downtown area	0			
85705	Near NW area	3	10	Varies; 1:5	\$23-25/day
85708	Davis Monthan Air Force Base (DMAF) (Civilian)	unknown			
85710	East area	4	10	Varies; 1:5	\$25/day
85711	South central area	3	10	Varies	Unknown
85712	North central	0			
85713	South/SW area	16	10	Varies; 3:8	\$25/day
85714	Far southern	3	10	Varies	Unknown
85715	N. Eastern	0			
85716	Mid-town	2	10	Varies	Unknown
85719	Mid-town	3	10	Varies; 1:7	\$25/day
85745	Far west area	11	10	Varies; 1:5	\$30/day
85746	Far SW area	15	10	Varies; 2:5	\$25/day

Source: Regional telephone survey of 6 group homes June 2008; AZDHS Licensing List July 2008

Exceptional Education Programs

The Central Pima Region benefits from having a growing resource of early childhood exceptional education programs in all three unified school districts: Amphitheater, Flowing Wells and Tucson (TUSD).

The Amphitheater Unified School District has several developmental preschools that provide services during the academic school year. Most are located in close proximity to the non-profit, fee-based Community Extension Programs (CEP), and

children from Amphitheater’s preschools are able to access wrap-around services at CEP in an inclusive setting. CEP’s major contract is with the Amphitheater Unified School District and they serve all preschool children regardless of ability, in a full-day, full year capacity in order to support working families.

Flowing Wells School District houses one Early Childhood Center (ECC) for children with special needs, committed to the education of the whole child and designed with a “hands-on” approach to learning and the belief that families are vital to a child’s development.

TUSD’s Early Childhood Exceptional Education (ECEE) program is designed to meet the individual educational needs of children three to five years of age who have identified developmental delays in one or more of the following areas: personal/social development, adaptive behavior, motor development, communication, and cognitive development. The ECEE programs include: Project ABLE providing developmental classes in a structured, consistent environment in many TUSD schools; Explorer Preschool offering a loosely structured, yet secure environment, where a child experiences a developmentally appropriate program, and Itinerant Services providing supplemental special education instruction to children placed in Head Start, PACE, or community preschools.

School district ECEE service numbers were not available for all three districts. However, in the largest school district represented in Central Pima (TUSD), the number of schools with ECEE programs has grown from 21 to 30 since 2003 to meet the increased need for enrollment of children with the need for exceptional education support. Adding programs have allowed them to increase preschool services for 237 more children.

Health

For families and their children, good health, beginning with a healthy birth is an essential element integrally related to their learning, social adjustment and safety. Healthy children are ready to engage in the developmental tasks of early childhood and to achieve the physical, mental, intellectual, social and emotional well-being necessary for them to succeed when they reach school-age. Children’s healthy development benefits from access to preventive, primary, and comprehensive health services that include screening and early identification for developmental milestones, vision, hearing, oral health, nutrition and exercise, and social-emotional health. Access to health insurance is also an essential element to support the health of children. Research shows that children that are covered by health insurance are more likely to receive the range of health care services that will support their healthy growth and development.

Prenatal Care and Healthy Births

Women who receive prenatal care in the first trimester of a pregnancy are more likely to give birth to healthy babies. The American College of Obstetricians and Gynecologists recommends that prenatal care begin in the first three months of pregnancy and continue throughout the pregnancy with at least 13 visits. For the last three years, approximately one quarter all Arizona women giving birth had the recommended thirteen+ prenatal visits and the trend for this indicator is at least heading in the right direction. The percent of Arizona women that had no care has remained con-

stant at about 3 percent and is somewhat lower than for the percent of all U.S. women delivering with no care. There are many barriers that pregnant women experience that result in delayed or inconsistent prenatal care. Some of these include low income, lack of health care coverage, and distance from prenatal care providers, lack of knowledge and experience with the health care system, stress and domestic violence³².

A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which a baby develops physically, mentally and emotionally into a curious and energetic young child.

Babies who weigh less than 5 pounds, 8 ounces at birth are more likely to have health complications at birth and later in life. Low birth weight is influenced by many factors including pre-term births (birth before 39 weeks). Pre-term births account for nearly one-half of all congenital neurological defects such as cerebral palsy, and more than two-thirds of infant deaths^{33/34}.

However, young age of the mother, smoking during pregnancy, and alcohol and drug use are also risk factors that may result in low birth weight. Babies born to teenagers, especially those 17 and younger, are more likely than women in their 20s and 30s to give birth to a baby with low birth weight. Furthermore, among pregnant women, teens are less likely to begin prenatal care in the first three months of pregnancy and to have the recommended number of prenatal care visit.

Women who smoke during pregnancy are at greater risk for premature births, low birth-weight babies, stillbirths, infant mortality, and other complications. Data show that young women ages 17- 19 are more likely to use tobacco before and during pregnancy thus also increasing the risks of low birth-weight. Low birth weight is but one of the many adverse effects on babies before and after birth when pregnant women use alcohol and other drugs during pregnancy.

Coordination of city, county and state services is needed, as well as further research at the state and national level on the factors contributing to poor birth outcomes. Services to assist women in preparing for a healthy pregnancy before they become pregnant is a worthy goal to support healthy births. When women do become pregnant - information, education, and support is needed to help them receive the support and care they need to use early and continuous prenatal care and adopt a healthy lifestyle free from tobacco, alcohol or other substance use.

Oral Health

Good oral health begins during the prenatal period with a pregnant woman's access to good oral healthcare for herself. Following birth, parents support their baby's good oral health by keeping gums clean and as baby teeth emerge and scheduling a first oral health visit by age one. Healthy eating, tooth brushing, and oral health checks work together to prevent dental disease and tooth decay that not only affects the health of children into adulthood, but can cause pain and discomfort that interferes with learning.

A local oral health program funded by the Weyerhaeuser Foundation, and managed by United Way staff has been in operation since 2006. The program screens

32 <http://www.cdc.gov/reproductivehealth/products&pubs/datatoaction/pdf/rhow8.pdf>

34 Johnson RB, Williams MA, Hogue CJR, Mattison DR. Overview: New perspectives on the stubborn challenge of preterm birth. *Pediatr Perinat Epidemiol* 15(Suppl.2):3-6. 2001.

young children ages one to five and has provided fluoride varnish for over 500 local children; staff have also set-up tooth brushing programs in 20 child care centers and experienced oral health educators have provided oral health educational instruction for approximately 100 child care staff and parents. Out of the 530 children screened in Pima County, the majority (69 percent) revealed “white spots”, which are pre-cavities or pockets of demineralization that, left untreated can turn into full blown cavities. Untreated decay and treated decay (fillings, caps or pulled teeth), as well as early childhood caries (severe decay) were the remaining areas for concern discovered by the screenings. The data from these services is collected using a standardized tool called the Basic Screening Survey. This tool is used by a number of states besides Arizona who are collecting the same data and this local oral health program had the privilege of sharing their program results at the National Smart Start conference in North Carolina this past year. In three of three Central Pima Region’s zip code areas (85712, 85713, and 85714), five centers participated in the program. Centers were selected based on the percentage of children who qualify for free and reduced meals, since they are more likely to have poor oral health.

Developmental Screening

Early identification of developmental or health delays is crucial to ensuring children’s optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics (AAP) recommends that all children receive a developmental screening at 9, 18, and 24 months using a valid and reliable screening instrument. Providing children possibly with special needs the necessary supports and services early in life leads to better health, better outcomes in school, and greater opportunities for success and self-sufficiency into adulthood. Research has documented that early identification and subsequent intervention with children with special needs can lead to enhanced developmental outcomes and reduced developmental problems.

Although recommended by the AAP, physicians do not all use a standardized instrument to routinely screen children for developmental delays. Limited use of developmental screening is of particular concern, especially considering nearly half of all parents nationally have concerns about their young child’s behavior (48 percent), speech (45 percent), or social development (42 percent). Parents’ access to specialized services becomes a significant issue when children are not identified early. The opportunity to identify children early is further complicated when parents and other early care and education professionals lack the information and skills necessary to recognize children who may be experiencing delayed growth or development. Children who do not have access to continuous, ongoing medical care face the additional challenge of not receiving well-child checks and therefore, also not receiving early screening.

Every state is required to have a system in place to find and refer children with developmental delays to intervention and treatment services. The federal Individuals with Disabilities Education Act (IDEA) governs how states and public agencies provide early intervention (services to infants and toddlers, birth to age three), special education (services to children ages 3-21), and related services. Infants and toddlers with disabilities and their families may receive early intervention services under IDEA Part C. Children and youth (ages 3-21) may receive special education and related services under IDEA Part B. In addition to educationally based interventions, children receive care for special health needs through the various health providers in Arizona.

In Arizona, the system that serves infants and toddlers with developmental disabilities is the Arizona Early Intervention Program (AzEIP). Eligible children are those who are 50 percent delayed in one or more of the following areas of development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. Part B of IDEA outlines service delivery requirements for children ages three to 21. Educationally based intervention services for children in this age group are provided through a child's local school district. Identifying the number of children who are currently being served through an early intervention or special education system, indicates what portion of the population is determined to be in need of special services (such as speech or physical therapy). Comparing that number to other states with similar eligibility criteria provides a basis for understanding how effective the Child Find process is. This process is a component of the Individuals with Disabilities Education Act (IDEA) that require states to *locate*, *identify*, and *evaluate* all children with disabilities, aged birth through 21, who are in need of early intervention or special education services. Public schools and the Arizona Early Intervention Program (AzEIP) are responsible for 'finding' children who are eligible.

When conducted effectively, screening activities assist in identifying children who may be outside the range of typical development. Based on screening results, a child may be further referred for an evaluation (by AzEIP if birth through three; or school districts if three to five years) to determine eligibility for services. Accurate identification through appropriate screening most often leads to a referral of a child who then qualifies to receive early intervention or special education services. One consideration of the effectiveness of screening activities is the percent of children deemed eligible compared to the total number of children referred. The higher the percent of children eligible, the more accurate and appropriate the referral. Effective screening activities are critical to assuring such accuracy.

Public schools are required to screen children when a parent/guardian has concerns regarding their child's development. The public school will screen children starting between the ages of 2.9 years of age and 3.0 years old. Children must be screened in all developmental areas. If based on the screening, the child shows a delay the child must be given a full evaluation to determine if special education services are needed.

School districts are required to screen a child within 45 days of the parent's initial contact. If the child fails the screening, the district must evaluate within 60 days. Many of Arizona's school districts (especially larger districts) are scheduling screenings as far out as 90 days. Increasing the number of screenings is needed, but it does cause a domino effect in that more evaluation teams and qualified therapists would then be needed to meet the demand of more children requiring evaluations and potentially, services.

The following chart shows the number of children ages 0-12 months and 13-36 months who were screened for services through AzEIP for Pima County.

Children 0-3 Receiving Developmental Screenings in Pima County

Service Received According to Age Group	2005	2006
AzEIP Screening 0-12 months	122 (0.90%)	123 (0.90%)
AzEIP Screening 13-36 months	839 (2.18%)	924 (2.32%)

*Data includes all of Pima County

Source: Arizona Early Intervention Program, Arizona Department of Health Services

There are many challenges for Arizona's families due to varying eligibility requirements within the agencies and systems, therapeutic specialist shortages, and lack of understanding on how to navigate the complex system of care and intervention. Of particular concern are the local and national shortages in speech, physical, and occupational therapists, especially those with specific knowledge in service delivery to young children and their families. Designing solutions to the varying challenges surrounding early intervention, special health care and special education will require the combined efforts of state and regional stakeholders.

Parents are key in creating change for the system. They can begin by being a primary advocate for their children to ensure that they receive appropriate and timely developmental screenings according to the schedule recommended by the Academy of Pediatrics. Outreach, information and education for parents on developmental milestones for their children, how to bring concerns to their health care provider, and understanding how the early intervention/special education systems work, are parent support services that each region can provide. These measures, while not fully addressing the system, will give parents some of the resources they need to increase the probability that their child will receive timely screening, referrals, and services.

Healthy Weight, Nutrition, Physical Activity

Healthy weight and physical activity are important to children's wellness and their long term health. Children who are overweight now tend to have health problems more commonly found in adults like diabetes, high cholesterol and high blood pressure. The percent of young children who are overweight has become a concern to pediatricians and families. A recent national report of children's well-being provided data that show that 18 percent of children six to 17 in the nation are overweight.³⁵ According to National Pediatric Nutrition data, a growing percent of our nation's children younger than age five are overweight. It is extremely important for parents and caregivers to give attention to healthy weight supported by good nutrition and daily physical activity during early childhood. It is a key support necessary to every child's healthy development.

Nutrition

The Women, Infants and Children (WIC) program is a special nutrition program for low income (families living at or below 200 percent of the Federal Poverty Level) pregnant, postpartum and breastfeeding women and their children up to the age of five. This program was established to improve the health and nutritional status of families with low-incomes by providing special supplemental foods during critical periods of growth and development. The program also provides nutrition education, nutritious foods, breastfeeding promotion and support, and referrals to other health services. Women participating in the WIC program are more likely to get prenatal care early in their pregnancy and to seek preventive care such as well-child checks and immunizations for their children; all these proactive measures leading to better health and educational outcomes for their children. As can be seen in the table below, most of the WIC program recipients in Pima County reside in the Central Pima Region, as is true of Food Stamp participants, too.

³⁵ Child and Family Statistics. *America's Children in Brief: Key National Indicators of Well-Being, 2008*. Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office.

WIC Participation by County, 2007

County	Number Enrolled, 2007			Potential Eligible, FY 2009		
	Infants	Children	Women	Infants	Children	Women
Apache	67	167	133	651	2,602	813
Cochise	693	1413	1290	1083	4,333	1,354
Coconino	515	834	719	1217	4,870	1,522
Gila	165	329	313	464	1,855	580
Graham	197	420	353	348	1,393	435
Greenlee	63	99	79	63	251	79
La Paz	NA	NA	NA	186	742	232
Maricopa	19,283	34,493	35,046	39,920	159,679	49,899
Mojave	968	2006	1791	1738	6,954	2,173
Navajo	303	747	596	1279	5115	1599
Pima	4065	6615	5561	8516	34,064	10,645
Pinal	950	1790	1568	2348	9,393	2,935
Santa Cruz	267	503	426	538	2,152	673
Yavapai	739	1255	1324	1,773	7,093	2,216
Yuma	1392	2650	2500	2500	10,002	3,215

Source: Arizona Department of Health Services. Enrolled refers to women, infants and children certified for WIC in 2007. 2007 numbers do not include WIC data from Intertribal Council and Navajo Nation.

Opportunities also appear to exist for many more infants, children, and women to receive WIC nutritional services. In 2007, 6,615 children received WIC services in Pima County. In 2009, 34,064 children will be potentially eligible.

Also, families with low incomes generally qualify for services such as food stamps. The chart below shows the number of Food Stamps recipients in Pima County in 2007, with the percentages of families in Pima County that participate in this program.

Food Stamp Program, Individuals Participating by County, July 2007

County	Persons Receiving Food Stamps	Percent Receiving Food Stamps
Maricopa	273,034	7%
Pima	93,077	9.7%
Apache	19,480	24%
Coconino	15,230	12.7%
Navajo	26,208	21.7%
Yavapai	12,399	5.6%
La Paz	2,749	12.7%
Mojave	21,497	11%
Yuma	26,994	13.6%
Gila	7,969	15.2%
Pinal	28,934	10.4%
Cochise	14,770	11.6%
Graham	4,838	14.4%
Greenlee	549	7.2%
Santa Cruz	6661	14.4%
Arizona	554389	8.7%

Source: Arizona Department of Economic Security Statistical Bulletin, July 2008, and July 1, 2007 population estimates, U.S. Census.

In 2007, 9.7 percent of the population in Pima County received food stamps, a rate slightly lower than the state average. While a large number of individuals participate in the food stamps program in Pima County, many zip code areas in the Tucson region have a high concentration of individuals that are eligible but not enrolled. (See chart below.) These zip code areas include the 85705, 85706, 85713, and 85719 zip code areas.

Top Twenty Zip Codes for Potential Improvement in Food Stamps Participation

Zip	Place	County
85040	Phoenix	Maricopa
85009	Phoenix	Maricopa
85719	Tucson	Pima
85281	Tempe	Maricopa
85239	*Maricopa/Mobil	Pinal
85006	Phoenix	Maricopa
85008	Phoenix	Maricopa
85225	Chandler	Maricopa
85017	Phoenix	Maricopa
85705	Tucson	Pima
86001	Flagstaff	Coconino
85364	*Yuma Pg/Martin	Yuma
85713	Tucson	Pima
85706	Tucson	Pima
86401	Kingman	Mohave
85015	Phoenix	Maricopa
85016	Phoenix	Maricopa
85035	Phoenix	Maricopa
85621	*Fairbank/Nogal	Cochise/Santa Cruz
85607	Douglas	Cochise

Source: Arizona Department of Economic Security.

Insurance Coverage

Preventive Health Visits

The following chart compares the percent of children receiving no medical care for those insured all year versus those uninsured all or part of the year. As the chart shows, over 38 percent of children who are uninsured all or part of the year, are not receiving medical care compared to 15 percent of children who are insured throughout.

Percent of children (0-17) not receiving any medical care, 2003

	Insured All Year		Uninsured All or Part of the Year	
	Percent not receiving medical care	Number not receiving medical care	Percent not receiving medical care	Number not receiving medical care
Arizona	14.8	171,303	38.1	134,259
US	12.3	7,635,605	25.6	2,787,711

Source: Robert Wood Johnson Foundation. Protecting America's Future: A State-By-State Look at SCHIP and Uninsured Kids, August 2007.

While the number of children having access to medical care or well-child visits could not be determined for this report, the high rate of uninsured children in the region would suggest that access to medical care and well-child visits is limited. As described in the section on Health Coverage and Utilization, children who are enrolled in AHCCCS are very likely to receive well-child visits during the year, as are children who are enrolled in Head Start.

Health Insurance

Health insurance significantly improves children's access to health care services and reduces the risk that illness or injury will go untreated or the illness will become so severe that the costs for treatment create economic hardships for families. Research shows that children with health care insurance:

- Are more likely to have well-child visits and childhood vaccinations than children who are uninsured
- Are less likely to receive their care in the emergency room
- Do better in school

The primary reason that many families do not have insurance coverage is cost. Arizona consistently has a higher percentage of children without health insurance coverage compared to the nation. One reason is that fewer employers offer health care coverage for their employees or that coverage is not extended to family members. In Arizona, 48 percent of children (ages birth through five) receive employer-based coverage, compared to 56 percent of children nationally.³⁶

In Arizona, public health coverage is available to families with incomes at or below 200 percent of poverty and have been without insurance coverage for at least six months. The Medicaid and the State Children's Health Insurance Program (KidsCare in Arizona) provide preventive care such as immunizations and well-child check-ups as well as care when children are sick or injured.

While many children do receive public health coverage, many others who likely qualify, do not. In 2002, the Urban Institute's National Survey of America's Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona), but are not enrolled.³⁷

Health coverage is not the only factor that affects whether or not children receive the care that they need to grow up healthy. Other factors include: the scope and availability of services that are included by insurance plans; the number of health care providers including primary care providers and specialists; the distance families have to travel to health care services; and the linguistic and cultural accessibility of services. For example, 37 percent of 788 AHCCCS providers surveyed in 2005 (representing 98 percent of all AHCCCS providers) had *no means* of understanding their Spanish-speaking patients unless the patient's family member could translate for their relative and the medical provider.

³⁶ . Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

³⁷ Genevieve Kenney, et al, "Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve," Urban Institute, July 31, 2003.

Immunizations

Immunization of young children is known to be one of the most cost-effective health services available and is essential to prevent early childhood diseases and protect children from life threatening diseases and disability. Immunizations not only directly protect the children that are immunized, but also protect the children not immunized by decreasing the chances that disease outbreaks will occur. A *Healthy People 2010* goal for the U.S is to reach and sustain is full immunization of 90 percent of children two years of age.

Although recent data was unavailable for this report, data from 2003 suggest that Tucson and Pima County trails behind the state and nation in percentage of immunized two year olds, yet the rate in the South Tucson area are well above that. In 2003, only 59.4 percent of Pima County two year olds were immunized according to the immunization schedule.

Percent of immunized two-year-olds

Pima Central Region	2003
Tucson	63.6%
South Tucson	>90.0%
Pima County	59.4%
Arizona	79.8%
US	80.3%

Source: ADHS Community Health Profiles, 2003

Additional indicators addressed under this priority

Children with Special Needs and Access to Care

Key informant interviews noted the critical lack of accessibility of services for children with special needs. Of particular note is the shortage of pediatric therapists of all types (i.e., occupational, physical, speech, and mental health). Therapists who are available in the Tucson area are not readily able or available to make home visits to the farther reaches of Pima County. These needs mirror state-level results from a national survey that reported that approximately 40 percent of Children with Special Health Care Needs (CSHCN) have difficulty getting referrals and over 20 percent have unmet needs for specific health care services. The survey results further showed that over 38 percent of CSHCN lack family-centered care.³⁸

Eligibility Barriers

A number of children who need child care may experience attachment, behavioral, and emotional disabilities. Families need quality, affordable programs that serve these children with special needs. Unfortunately a number of parents are “caught in the middle” because they make too much to be eligible for governmental support but do not make enough to be able to afford to send their children to programs best

38 Source: Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs, Data Research Center, Retrieved 7/2008 from www.cshcndata.org

suited to serve them. Availability of high quality programs that accept DES subsidies, noted in other sections, is a particularly acute need for these families. A striking example can be seen in a well-respected Central Pima county child care center that specializes in children with special needs that has capped its waiting list at 150.

Family Support

Family support is a foundation for enhancing children's positive social and emotional development. Children who experience sensitive, responsive care from a parent perform better academically and emotionally. Beyond the basics of care and parenting skills, children benefit from positive interactions with their parents (e.g. physical touch, early reading experiences, and verbal, visual, and audio communications). Children depend on their parents to ensure they live in safe and stimulating environments where they can explore and learn.

Many research studies have examined the relationship between parent-child interactions, family support, and parenting skills.³⁹ Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.⁴⁰ Strategies for promoting enhanced development often stress parent-child attachment, especially in infancy, and parenting skills.⁴¹ Parenting behaviors have been shown to impact language acquisition, cognitive stimulation, and promotion of play behaviors—all of which enhance child well-being.⁴² Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, prosocial behaviors, and empathic communication.⁴³

The new economy has brought changes in the workforce and family life. These changes are causing financial, physical, and emotional stresses in families, particularly families with low-incomes. Increasing numbers of new immigrant families are challenged to raise their children in the face of language and cultural barriers. Regardless of home language and cultural perspective, all families should have access to information and services and should fully understand their role as their children's first teachers.

Supporting families is a unique challenge that demands collaboration between parents, service providers, educators and policy makers to promote the health and well-being of young children. Every family needs and deserves support and access

39 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. *Children and Youth Services Review*, 1994, 17, 251-276; Hair, E., C., Cochran, S. W., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium*. Washington DC, Child Trends; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, *Annual Review of Psychology*, 51, 1-27.

40 Baumrind, D. Parenting styles and adolescent development. In J. Brooks-Gunn, R., Lerner, & A. C. Peterson (Eds.), *The encyclopedia of adolescence* (pp. 749-758). New York: Garland; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, *Annual Review of Psychology*, 51, 1-27.

41 Sroufe, L. A. *Emotional development: The organization of emotional life in the early years*. Cambridge: Cambridge University Press; Tronick, E. Emotions and emotional communication in infants, 1989, *American Psychologist*, 44, 112-119.

42 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. *Children and Youth Services Review*, 1994, 17, 251-276; Snow, C. W., Barnes, W. S., Chandler, J., Goodman, I. F., & Hemphill, J., *Unfulfilled expectations: Home and school influences on literacy*. Cambridge, MA: Harvard University Press.

43 ; Hair, E., C., Cochran, S. W., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium*. Washington DC, Child Trends; Sroufe, L. A. *Emotional development: The organization of emotional life in the early years*. Cambridge: Cambridge University Press; Tronick, E. Emotions and emotional communication in infants, 1989, *American Psychologist*, 44, 112-119.

to resources. Effective family support programs build upon family assets that are essential to creating self-sufficiency in all families. Family support programming plays a vital role in strengthening communities so that families benefit from “belonging.” Success is dependent on families being solid partners at the table, with access to information and resources. Activities and services must be provided in a way that best meet the needs of the family.

Family support is a holistic approach to improving young children’s health and early literacy outcomes. In addition to a list of services, such as licensed child care providers, preschool programs, food programs, and recreational programs for families, Regional Partnership Councils will want to work with their neighborhoods to identify informal networks of people – associations – that families can join and utilize to build a web of social support.

There are statewide programs such as Healthy Families Arizona and Promoting Safe and Stable Families that provide a variety of support services and parent education. Additionally, in the Central Pima Region, there is an array of efforts, initiatives and programs providing support to families. For example, the Pima County Parenting Coalition (PCPC) is a network of community organizations coming together to enhance the scope and effectiveness of parenting services in Pima County. Member agencies collaborate in their effort to provide parent education, home visitation and other family education endeavors. PCPC provides parent education opportunities to the community, as well as networking and professional development for member agencies. Pilot Parents of Southern Arizona, Southern Arizona Autism Coalition, the ARC of Tucson, United Cerebral Palsy of Central AZ, Inc., all provide information, advocacy and resources for families with children with special needs. National United Way has developed an array of education materials for families that are available in Tucson. School and library programs offer a wealth of resources for parent knowledge and education materials including classes, websites, handouts, and brochures. Another significant resource for families is The Parent Connection. This local agency provides a safe and stimulating environment for building relationships among parents with children; parents with other parent; parents with trained and qualified parent educator resources in a variety of ways: workshops, parenting classes, support groups, and play-based parenting groups to cover the full range of age and stage development in children and open to *any* parent or caregiver. With the growing need for grandparents in raising and/or providing child care for their grandchildren, the Kinship and Adoption Resource and Education (KARE) Family Center is a valuable, all-inclusive center and resource for grandparents, relatives and adoptive parents caring for children under the age of 18. It is the only program of its kind in the state and is located in the Central Pima Region.

Parent Knowledge and Awareness about Early Education

A comprehensive list of parent education services in Pima County is now in draft and being added to in the ongoing effort to expand the resource list. It will include information about service areas and target populations and is combined work of many community partners organized thru the local United Way.

When asked, child care professionals continually report that families need more

and better information around quality childcare⁴⁴. Parents seem fairly perceptive of their need for more information. The 2007 Pima County School Readiness Community Assessment (Nagle & Associates, 2007), included an online parent survey that had 144 parent responses from Central Pima County (74 percent mothers, 57 percent Caucasian and 35 percent Hispanic, 34 percent with household income of less than \$34,000). When asked what they thought would most help their child get ready to start kindergarten significant results were found: 56 percent of this sub-sample chose *access to quality preschool*. When asked what ONE thing would improve the lives of children birth through five in the community:

- 23 percent said *affordable, high-quality healthcare*,
- 23 percent said *preschool for all three and four year olds*, and
- 17 percent said *professionally trained teaching staff*.

Family Literacy and Reading to Children

A dozen literacy-related agencies/programs are members of the Tucson Area Literacy Coalition. Exact service coverage in the Central Pima area has not been defined, although these programs (such as Arizona Family Literacy, Make Way for Books, Reach Out and Read, Literacy Volunteers, etc.) are noted as assets in the community. Libraries and school districts offer programs to assist families with literacy. Uniquely, programs like the Reach Out and Read Program encourages family literacy during a child's visit to the physician/clinic. Children are given a book during each well-child check. In addition, libraries and school districts also offer programs to assist families with literacy. Research indicates that a strong literacy program for families must include engagement between the child and parent.

Professional Development

Professionals providing early childhood services to young children and their families can improve upon their knowledge and skills through on-going professional development activities. Such activities may involve taking college credit-level coursework that leads to a certificate, degree or teacher certification or, this could involve participation in higher-level training sessions, conferences and workshops. Instruction might address developmental theory, as well as practical skills in areas such as child health and safety, parent/child relationships, and professional child care service delivery. The professional capacity of the early childhood workforce and the resources available to support it affect the development of the region's young children.

Child Care Professionals' Certification and Education

Research on caregiver professional development has found a relationship between the quality of childcare services provided and outcomes for children. Furthermore, formal training is related to increased quality care, however, *experience without for-*

44 Whitebook, M., Howes, C., & Phillips, D. *Who cares? Child care teachers and the quality of care in America, 1989*, Oakland, CA: Child Care Employee Project.

mal training has not been found to be related to quality care.⁴⁵ In Arizona, the 2004 Compensation and Credentials Survey concluded that “high-quality early childhood education sets the foundation for life-long learning and school success. And qualified early childhood teachers are the foundation of high-quality early childhood education.” In 2004, only 8 percent of Assistant Teachers, 32 percent of Teachers and 40 percent of Teacher Directors in programs licensed by DHS and working with children birth to age five were college graduates⁴⁶.

The preparation of the early childhood workforce is a pressing concern of Regional Partnership Councils, as it is for policy makers, child and family advocates, the early childhood education industry in Arizona and those involved in the early childhood education career development; from high school to the higher education levels. The percentage of directors of programs, teachers and assistants without a college degree of any kind, across the state, is extremely low. However there are many barriers for those in the field to obtain higher education. Among these are the low earnings of the workforce, which in 2004 recorded \$8.10 as the median wage for Assistant Teachers (\$9.00 for Teachers and \$10.92 for Teacher Directors). Another challenge is the lack of local colleges and universities offering degrees in Early Childhood Education, which is explored in detail in the next section. Potential students pay \$650 per semester to participate and to date, very few scholarship programs are offered to assist students in paying tuition. In 2005, there was a model of tuition support provided through scholarships made possible with funds from an Early Learning Opportunity Act (ELOA) grant awarded to United Way’s First Focus on Kids (FFK). FFK funded 17 early child care center staff who attended Pima Community College or Central Arizona College and worked toward a Child Development Associate (CDA) certificate or Associate of Arts degree in early education. Three of the seventeen ELOA scholars completed their educational program. An additional \$50,000 was later provided from the Arizona State School Readiness Board (SRB), so that 13 more students continued their studies for the 2006-2007 school year and matching funds were provided from a local philanthropic foundation to expand the program even further to 23 students working at eight child care centers receiving scholarship funds. When they complete their coursework at the end of the funding year, they receive a bonus or a raise in salary in exchange for a one year guaranteed employment at the same site post-scholarship funding.

The educational attainment of child care providers in the region shows that there is a universally pressing need for a more highly-skilled workforce. The chart below shows the types of education and training among child care providers in the Central Pima Region, Arizona, and nationally. Comparing Central Pima to the state, more child care teachers have no degree in this region and yet 1 percent more holds a Bachelor’s degree.

45 Galinsky, E. C., Howes, S., & Shinn, M. *The study of children in family care and relative care*. 1994, New York: Families and Work Institute; Kagan, S. L., & Newton, J. W. Public policy report: For-profit and non-profit child care: Similarities and differences. *Young Children*, 1989, 45, 4-10; Whitebook, M., Howes, C., & Phillips, D. *Who cares? Child care teachers and the quality of care in America, 1989*, Oakland, CA: Child Care Employee Project.

46 State Board on School Readiness. *Compensation and Credentials: A Survey of Arizona’s Early Education Workforce*, July, 2005

Child Care Professionals' Educational Background—Central Pima Region

Degree Type	Central Pima 2007		Arizona* 2007		U.S.** 2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants
No degree	66%	80%	61%	82%	20%	12%
Child Development Certificate	8%	6%	9%	7%	N/A	N/A
Associates	9%	8%	15%	8%	47%	45%
Bachelors	20%	10%	19%	7%	33%	43%
Masters	5%	1%	6%	<1%		

Source: Compensation and Credentials report, Center for the Child Care Workforce – Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population report, 2002.

* Arizona figures were determined by using the statewide average from the Compensation and Credentials report.

**U.S. figures had slightly different categories: High school or less was used for no degree; some college was used for Associates degree, and Bachelors degree or more was used for Bachelors and Masters Degree

Professional Development Opportunities

Within the Pima Region, two community college systems offer professional development opportunities for early childhood professionals; Pima Community College (PCC) houses the Center for Training and Development at their Desert Vista Campus and Central Arizona College (CAC) offers coursework in various community-based locations throughout the region, as well as through distance learning. Both community colleges offer coursework geared toward preparation for preschool teachers and instructional assistants. There is a child care professional training course at PCC, used for employment for entry level staff working in early education settings. Both PCC and CAC provide coursework toward the equivalent of a Child Development Associate (CDA) credential and several types of ECE Certificate programs. It is important to note that there is generally a waitlist at PCC for the *Pathways Scholarship Program* to take CDA classes at little or no cost. This waitlist can be as high as 20 potential students per semester.

Pima Community College (PCC) offers an Associate of Arts degree in Elementary Education. This two year degree program, for which concentrations are available in Early Childhood or Elementary Education, is being designed to transfer to a four-year elementary education degree program. Some of the courses required for the Early Childhood Education concentration include: child growth and development, foundations of early childhood education, the young child-family, culture and the community, and assessment of young children. The AA degree prepares individuals to serve as an early childhood or elementary school instructional assistant. General education courses for this degree are offered at all of the multiple campuses within Pima County.

The University of Arizona College of Education offers all levels of degrees in early childhood education (only recently re-established in 2008). The Arizona Department of Education has instituted an Early Childhood Teaching certificate that will be required for any candidate teaching birth through kindergarten (and optional for first through third grade) beginning in July 2009. The University of Arizona's College of Education is currently working on gaining approval from the Arizona Department of Education for an early childhood certificate program. Although the program is not yet approved, four new faculty with specializations in early child-

hood development have been hired over the past year, reflecting the College's renewed commitment to early childhood education. Even with the renewed interest articulation from a community college to a university needs to be explored, and conversations need to continue to further develop options.

Available Education and Certification Programs for Child Care Professionals in the Central Pima Region

2007-08
<p>PCC-Desert Vista Campus: PCC-Desert Vista Campus offers an AA in Early Childhood Education; AAS Teacher/Director degree; A.A.S degree in School-Age Child Care; and five (5) types of Certificates in the following areas: Teacher Aide/Assistant Certificate, Basic School-Age Child Care Assistant Certificate, Advanced School-Age Child Care Certificate, Child Development Associate Certificate, and coursework to complete an Early Childhood Endorsement.</p>
<p>PCC Community Campus: PCC Community Campus offers coursework leading to Elementary or Secondary Certification - Post-Degree Certificates; Special Education Cross-Categorical K-12 or Learning Disabilities K-12 Certification - Post Degree Certificates; ESL Endorsement - Post-Degree Certificates; and K-12 Reading Endorsement - Post Degree Certificates. Also, other PCC campus sites offer Associate of Arts degree coursework in Elementary Education with an optional concentration in Early Childhood or Elementary Education.</p>
<p>Prescott College Tucson Center: Prescott College Tucson Center offers BA and MA degrees in education and courses in education leading to teacher certification in areas such as: early childhood education leading to teacher certification, elementary education, special education, literacy education, experiential education and environmental education.</p>
<p>University of Arizona: University of Arizona College of Education offers all levels of degrees in: early childhood education; elementary and secondary education; educational leadership, educational psychology; higher education; language reading and culture; rehabilitation and school psychology; and graduate programs in special education fields such as: emotional and behavioral disorders, gifted and talented, learning disabilities, learning disabilities-bilingual/multicultural, visual impairment, severe and multiple disabilities, orientation and mobility, and special education research.</p>
<p>Northern Arizona University: Offers a Bachelor's of Applied Science in ECE and a BA/BS Teacher Preparation Program with Certification in ECE; Master's Level Educational Leadership Program associated with elementary education. Classroom coursework is available at new Tucson campuses and through distance learning.</p>

Besides PCC, in this region, it appears that Early Childhood Education programs are not accessible to the people that wish to enter a *career* of early childhood. Programs are not readily available and the lack of coordinated higher education opportunities for early childhood professionals is a problem throughout Pima County. This gap is particularly critical due to the state requirement of an Early Childhood Teaching certificate for any professional teaching children birth through kindergarten (and optional for first through third grade). This requirement takes effect in July 2009. Another barrier to degree completion in early childhood education is the transfer of coursework from Pima Community College to a four year university such as the University of Arizona. This process, referred to as articulation, is a critical step in the professional development path for providers who have completed community college coursework and ultimately seek to obtain a Bachelor's degree. Regional Partnership Councils may decide to advocate for and assist in further developing this process.

Employee Retention

Providing families with high-quality child care is an important goal for promoting child development. Research has shown that having child care providers who are

more qualified and who maintain employee retention is associated with more positive outcomes for children.⁴⁷ More specifically, research has shown that child care providers with more job stability are more attentive to children and promote more child engagement in activities.⁴⁸

As the chart below shows, according to the Compensation and Credentials Survey, there are a good number of long-term (five years and more) child care providers in the Central Pima Region. For example about 40 percent of Administrative Directors and Teachers have been employed longer than five years. This stability contributes both to the quality of education to the children and to the overall professional experience base available to lead early childhood efforts in the Central Pima Region.

Average Length of Employment for Child Care Professionals in Central Pima (2007)

	6 Months or Less	7-11 Months	One Year	Two Years	Three Years	Four Years	Five Years or More	Not applicable	"Don't Know/Refused"
Teachers	4%	4%	14%	13%	16%	5%	43%	2%	0%
Assistant Teachers	12%	3%	17%	11%	12%	6%	15%	22%	2%
Teacher Directors	3%	2%	6%	4%	5%	5%	31%	41%	3%
Administrative Directors	0%	2%	2%	5%	9%	7%	41%	34%	0%

Source: Compensation and Credentials Survey

To obtain more specific information on average retention rates for child care professionals in the Central Pima Region, 12 random private child care providers were interviewed in June 2008. Findings from these key informant interviews are provided in the table below. The retention data seems to indicate an average of three years of employment which attests to the information provided in the previous chart from the 2007 Compensation and Credentials Survey.

Average Length of Employment for Randomly Selected Private Child Care Centers - Central Pima Region

Retention Rates for Private Child Care Centers in the Central Pima Region* (N = 12)	
Center	Average Retention (months or years)
1	24 months
2	Unknown (90% reference)
3	5-10 years
4	Unknown (80-90% reference)
5	12 months

47 Raikes, H. Relationship duration in infant care: Time with a high ability teacher and infant-teacher attachment. 1993, *Early Childhood Research Quarterly*, 8, 309-325.

48 Stremmel, A., Benson, M., & Powell, D. Communication, satisfaction, and emotional exhaustion among child care center staff: Directors, teachers, and assistant teachers, 1993, *Early Childhood Research Quarterly*, 8, 221-233; Whitbook, M., Sakai, L., Gerber, E., & Howes, C. *Then and now: Changes in child care staffing, 1994-2000*. Washington DC: Center for Child Care Workforce.

Retention Rates for Private Child Care Centers in the Central Pima Region* (N = 12)	
6	unknown
7	10 years
8	8 years
9	12 months
10	6 years
11	unknown
12	3 years

Source: Data collected from randomly selected child care center providers in the Central Pima Region.

Compensation and Benefits

Higher compensation and benefits have been associated with quality child care. Research studies have found that in family care and in child care centers, workers' salaries are related to quality child care⁴⁹. Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality child care⁵⁰. Better quality care translates to early care and education professionals who routinely promote cognitive and verbal abilities in children and social and emotional competencies.⁵¹

As the chart below shows, salary increases have varied depending on position from 2004-2007 in Central Pima. Over the three year period, wages have been increased by \$1.88 (21 percent) for teachers, by \$1.14 (16 percent) for Assistants, and by \$2.89 (25 percent) for Teacher Directors.

Average wages for child care professionals in Central Pima

	2004	2007
Teacher	\$8.87	\$10.75
Assistant Teacher	\$7.19	\$8.33
Teacher/ Director	\$10.89	\$13.78
Admin/ Director	\$15.05	N/A

Sources: 2004 and 2007 data is from the Compensation and Credentials Survey; 2008 data: SWI

To obtain more specific information on average wages and benefits for child care professionals in the Central Pima region, 12 random private child care providers interviewed in June 2008. Findings from these key informant interviews are provided in the table below. Data in the table below shows that just over one-half of the centers provide medical insurance and less than on-half provide retirement benefits. Most centers seems to provide some sort of paid sick and vacation time and half provided some tuition assistance.

49 Lamb, M. E. Nonparental child care: Context, quality, correlates. In W. Damon, I. E. Sigel, & K. A. Renninger (Eds.), *Handbook of Child Psychology* (5th ed.), 1998, pp. 73-134. New York: Wiley & Sons; National Research Council and Institute of Medicine. *From neurons to neighborhoods: The science of early childhood development*. Washington DC: National Academy Press.

50 Schorr, Lisbeth B. Pathway to Children Ready for School and Succeeding at Third Grade. Project on Effective Interventions at Harvard University, June 2007.

51 Ibid.

Private Child Care Providers' Average wages and benefits

Wages and Benefits for Child Care Center Directors, Teachers and Teacher Assistants in the Central Pima Region (N = 12)										
Site	Direct.	Teacher	Assist.	Medical	Dental	Pd sick	Pd Vacation	Pd Retire	other	Tuition assist.
1	\$12-15/hr	7.00	7.00	Yes	Yes	3 days yr	1 wk. yr	No		No
2	\$12-13/hr	8.00-9.00	7.00-7.50	No	No	Yes	Yes	No		No
3	17./hr	11./hr	8.32/hr	Yes	Yes	Yes	Yes	Yes		Yes
4	unknown	12./hr	7./hr	No	No	No	No	No	Free child care	No
5	unknown	7.20/hr	n/a	No	Yes	No	Yes	Yes	Free child care	No
6	\$38,750 Salary	9.00/hr	9./hr	Yes	Yes	Yes	Yes	Yes		Yes
7	\$40,000 Salary	8.50-10./hr	7./hr	Yes	Yes	Yes	Yes	No		Yes
8	unknown	unknown	Unknown	Yes	Yes	Yes	Yes	Yes		Yes
9	unknown	9./hr	7.06/hr	Yes	Yes	Yes	Yes	Yes		Yes
10	20./hr	8.50-12.00/hr	7.25-9.00/hr	No	Yes	Yes	Yes	No		No
11	unknown	8./hr.	n/a	No	No	Yes	Yes	No		No
12	\$36,000 Salary	9.00/hr	n/a	Yes	Yes	Yes	Yes	No		Yes

Source: Phone survey with providers June 2008.

As indicated in the tables above, wages and benefits vary widely across facility and throughout the region. Average salaries for directors and teachers in all facilities are well below average incomes for the Central Pima Region, as well as throughout Pima County. Startlingly, child care center teachers earn average salaries that place them just above the federal poverty income level of \$21,200 for a family of four.

The current data in this section do not indicate a relationship between education level, wages and benefits, and retention rates. In future assessments, the Central Pima Regional Partnership Council may wish to examine a possible correlation between these factors.

Public Information and Awareness

Public interest in early childhood is growing. Recent research in early childhood development has increased families' attention on the lasting impact that children's environments have on their development. The passage of Proposition 203 – First Things First – in November 2006, as well as previous efforts lead by the United Way, the Arizona Community Foundation, and the Arizona Early Education Funds, have

elevated early childhood issues to a new level in our state.

Increasingly, families and caregivers are seeking information on how best to care for young children. National studies suggest that more than half of American parents of young children do not receive guidance about important developmental topics, and want more information on how to help their child learn, behave appropriately, and be ready for school. Many of the most needy, low-income, and ethnic minority children are even less likely to receive appropriate information.⁵²

Families and caregivers also seek information on how families can connect with and navigate the myriad of public and private programs that exist in their communities that offer services and support to young children and their families. Few connections exist between such public and private resources, and information that is available on how to access various services and supports can be confusing or intimidating. Information provided to families needs to be understandable, culturally and geographically relevant, and easily accessible.

In the Central Pima Region, many organizations currently play a role in providing information on child development and family resources and supports to families. A list of resources is included in the appendix. Across each community in Arizona the following resources provide important early childhood services:

- **School Districts** disseminate information to parents and the community at large through a number of events throughout the school year that include open house nights, PTO monthly meetings, information fairs and parent university weekends. School districts also use federal funding to keep parents informed of important issues such as health care and child nutrition through information campaigns. School districts have also created a network of information for parents through weekly or monthly newsletters, health bulletins, and website updates.
- **Public Libraries** many libraries offer parent workshops to families on how to raise young readers. Most libraries offer story times for young children and their caregivers, where best practices in early literacy are modeled. The libraries may also conduct outreach story times at a limited number of child care centers in the region, where they also train child care providers and families on best practices in early literacy.
- **Community Organizations** A variety of community organizations provide education, social services, education, and other forms of assistance related to early childhood. Each community has unique agencies that can foster the goals of promoting early childhood development.
- **Head Start** The Central Pima Region has 13 Head Start Programs to inform families with low incomes about issues related to child growth and development as well as school readiness, issues around parent involvement, children's health, and available community social services.

Organizations that are an important part of raising public awareness in the region include: United Way of Tucson and Southern Arizona (UWTSA), First Things First, Child and Family Resources, the Easter Seals Blake Foundation, Pima Community

⁵² Halfon, Nel, et al. "Building Bridges: A Comprehensive System for Healthy Development and School Readiness." National Center for Infant and early Childhood Health Policy, January 2004.

College, Jewish Community Center, Arizona Child Care Association, Southern Arizona Association for the Education of Young Children, the Arizona Department of Health Services (ADHS), the Arizona Department of Economic Security (DES) and the City of Tucson.

Public awareness and information efforts also need to go beyond informing parents and caregivers of information needed to raise an individual child or support a family in care giving. Increased public awareness around the needs of children and their families is also needed. Policy leaders need to better understand the link between early childhood efforts and the broader community's future success. Broader public support must be gleaned to build the infrastructure needed to help every Arizona child succeed in school and life. Success in building a comprehensive system of services for young children requires a shift in public perceptions and public will.⁵³

System Coordination

Throughout Arizona, programs and services exist that are aimed at helping young children and their families succeed. However, many such programs and services operate in isolation of one another, compromising their optimal effectiveness. A coordinated and efficient systems-level approach to improving early childhood services and programs is needed.

Partnerships are needed across the spectrum of organizations that touch young children and their families. System coordination can help communities produce higher quality services and obtain better outcomes. For example, one study found that families who were provided enhanced system coordination benefited more from services than did a comparison group that did not receive service coordination.⁵⁴ Effective system coordination can promote First Things First's goals and enhance a family's ability to access and use services. Improved coordination of public and private human resources and funding could help maximize effective outcomes for young children.

Early childhood education providers could be better connected to schools in the region. Services and programs that help families care for their young children could be better connected to enhance service delivery and efficiency. Public programs that help families with low incomes could be better coordinated so that redundancies as well as "gaps" in services are eliminated. Faith-based organizations could increase awareness among families on child development and family resources and services. Connections between early education and health providers could be forged.

Regionally, the United Way of Tucson and Southern Arizona (UWTSA) is generally considered the leader in coordination and collaboration efforts pertaining to early childhood issues throughout Pima County, including the Central Pima Region.

All interviewees felt that Pima County has an especially strong collaborative spirit, and that agencies are willing to work as a team to address issues. The specific agencies and groups that were noted as currently set up to increase system coordination were identified by respondents as follows: UWTSA, First Things First, Child

⁵³ Clifford, Dean, PhD. Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.

⁵⁴ Gennetian, L. A., & Miller, C. *Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Effects on Children*, 2000, New York: Manpower Demonstration Research Corporation; Miller, C., Knox, V., Gennetian, L. A., Dodoo, M., Hunter, J. A., & Redcross, C. *Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Vol. 1: Effects on Adults*, 2000, New York: Manpower Demonstration Research Corporation.

and Family Resources, the Easter Seals Blake Foundation, Pima Community College – Desert Vista, Jewish Community Center, AZ Child Care Association, Southern Arizona Association for the Education of Young Children, DHS, and DES.

More specifically, there are several committees that meet monthly through United Way’s First Focus on Kids Impact Council. Pima County has been fortunate in that there has been a strong group of committed health and early care advocates and providers that have seen the value of working together for the common purpose of helping children and families succeed. The current focus continues work begun in 2000 to improve quality child care, promote early literacy, and increase access to oral health and nutrition services and raise the level of professional development for early childhood professionals. The council is comprised of committee members and service providers, as well as those who represent business and philanthropy. While there are representatives from all three Pima regions, the majority of the members are from Central Pima. Most of the agency and community representatives reside or have offices in Central Pima. Each FTF Regional Council also has some members from the First Focus on Kids (FFK) Council, which further promotes cross-system coordination.

When key informants were asked about concerns, there was conversation about the lack of early childhood mental health agency involvement and coordination, with in statements such as: “Mental Health is missing and not coordinated within our early childhood education world. There is a need for mental health consultation for the ECE community.” Several respondents voiced the need for the convening an early childhood mental health coordinating council.

It was also expressed that there is a need for a larger faith-based effort. FFK’s council continues to build participation inclusive of all racial, ethnic, age, gender, income and other demographic categories. Setting goals and measuring outcomes has been a strength of the collaboration with UWTSA. One respondent stated, “I believe Pima County leads the rest of the state in improving accessibility and quality. There is still much work to be done, however.”

There are a variety of comprehensive services, resources and supports provided in the Central Pima Region and Pima County as a whole by agencies and organizations working in the early education field. A complete listing of these assets is included in the appendix to this report.

Parent and Community Awareness of Services, Resources or Support

Building Bright Futures, the 2007 Statewide Assessment, noted that the passage of First Things First by majority vote demonstrates that Arizonans are clearly concerned about the well-being of young children in Arizona. However, when asked “how well informed are you about children’s issues in Arizona,” more than one in three respondents say they are not informed. A consistent method for measurement of parent satisfaction and community awareness, over time, will be helpful in measuring the effectiveness of the First Things First program. ■■



Conclusion

Synthesis of Finding on Regional Child and Family Indicators and Early Childhood System

Early childhood providers, parents and community leaders in the region have recognized the need to better coordinate local resources to provide parents and families with cohesive, collaborative, and comprehensive services that will better meet their own and their children's needs. Strategies have focused on improving child care quality, promoting early literacy, increasing access to health and nutrition services, supporting parent education, improving teacher education and enhancing community awareness of the importance of quality early care and education.

Identification of Greatest Regional Assets

Pima County has been fortunate in that there has been a strong group of committed health and early care advocates and providers that have seen the value of working together for the common purpose of helping children and families succeed.

The Central Pima Region has the following assets as models upon which to grow:

The *Pima County Parenting Coalition* (PCPC) is a network of community organizations working together to enhance the scope and effectiveness of parenting services in Pima County.

United Way of Tucson and Southern Arizona, and *First Focus on Kids Impact Council*, has many collaborations formed in recent years resulting in strategic planning and actions focused child care quality, early literacy, access to health and nutrition services, parent education, teacher education and community awareness.

The Parent Connection offers some great tools for being a responsive parent. They are a universal family resource center open to any and all families who would like to participate in and learn from activities that will promote their child's optimal growth and development.

The Children and Family Services Department of the *Easter Seals Blake Foundation* (ESBF) provides a myriad of services to families and their children. Programs provide support in the areas of early intervention, health, parenting, child abuse and neglect, child development and early education.

Child and Family Resources has a long history of building community collaborations that address unmet needs and gaps in social services. Thousands of families are touched each day through 30 programs. Parents gain confidence and the child receives a healthy, safe start in life.

Child-Parent Centers, Inc. is the Head Start federal grantee for southeastern Arizona. They believe that children are constant, curious learners. Head Start works everyday to better serve parents and children, nurturing their ability to meet their goals by providing educational opportunities for both.

The *Public Health Nursing* program contributes to the public's health by working with communities to solve public health concerns and to create community solutions that will improve the health of Pima County residents.

The Central Pima Region houses 13 public libraries, many of them offering a story-time for young children. *Reach Out and Read of Southern Arizona* (with 18 clinical

sites) and *Make Way for Books*, serve thousands of children and thousands of books are distributed each year.

The City of Tucson provides funding at \$1 million dollars annually; which is just for services. There are also a number of buildings that the City of Tucson provides at a nominal annual fee which keeps overhead costs low so programs can concentrate on providing services. Pima County and the Diamond Foundation are examples of other substantial supporters of early childhood and family support programs.

The City of Tucson and Pima County governments grant funds to early childhood and parenting programs. These funds are from local taxes and federal entitlement grants, most specifically, *Community Development Block Grants*. In fiscal year 2008 the city provided over \$760,000 to non-profit agencies for the provision of services to benefit birth to five-year olds and their families. In addition, Pima County provided over \$340,000 to this specific population. These numbers do not include the millions of dollars that sustain young children in housing and infrastructure.

As mentioned, the Central Pima Region is rich in organizations that offer supports in many different and unique ways to all families for all young children.

Identification of Greatest Regional Needs

While the Central Pima Region has many assets within its community, there remain a great number of needs for its residents. Given the sustained population growth within the birth through five population, the region needs more quality early care and education programs, particularly those that are affordable, can serve Spanish-speaking families and families with children with special needs. The region has higher than average numbers of teen and single parents and grandparent caregivers. While the region has some strong resources to address these populations, there is a continuing need to design services for the unique characteristics of the different neighborhoods within the region. There is a need for more specialized resources and services such as therapists of all types, family support services, mental health and teen pregnancy education and outreach. While there is a core of 60 high quality accredited programs, there remains a need for affordable high-quality child care with trained teachers and better staff/child ratios. There is a pressing need for recruitment, and professional development of early childhood providers. Child care providers need support and opportunities to access the many professional development resources the region has to offer. The Central Pima Region should work as a community to increase both the number of children receiving developmental screenings and immunization rates. The Central Pima Regional Partnership Council will do great work in the region by taking the needs identified and allowing those modeled assets to expand. 🌱

Appendices

Chart of Regional Assets – Central Pima

Agencies/Coalitions				
Behavioral Health Networks (AzCA, La Frontera, Pantano, Providence)	1802 W. St. Mary's Rd.	Tucson	AZ	85745
Casa de los Niños	1101 N.4 th Ave.	Tucson	AZ	85705
Child and Family Resources, Inc. (CFR)	2800 E. Broadway Blvd.	Tucson	AZ	85716
Children's Action Alliance	2850 N. Swan #160	Tucson	AZ	85712
Children's Clinics for Rehabilitative Services (CCRS)	2600 N. Wyatt Dr.	Tucson	AZ	85712
Community Partnership of Southern AZ	535 N. Wilmot Rd.	Tucson	AZ	85711
International Rescue Committee (IRC) - Refugee Family Resettlement	510 E. 5 th St.	Tucson	AZ	85711
Jewish Family and Children's Services	1200 N. El Dorado Pl.	Tucson	AZ	85715
K.A.R.E. Family Center (kinship and adoption resource)	4710 E. 29 th St. #7	Tucson	AZ	85711
Lutheran Social Ministry	1946 E. Helen St.	Tucson	AZ	85719
Our Town "Family 1 st "	3830 E. Bellevue St.	Tucson	AZ	85717
Pilot Parents of Southern AZ	2600 N. Wyatt Dr.	Tucson	AZ	85712
Pima Prevention Partnership	2525 E. Broadway Blvd.	Tucson	AZ	85716
Planned Parenthood	529 W. Wetmore Rd.	Tucson	AZ	85705
St. Elizabeth of Hungary Clinic (Catholic Community Services/Refugee Resettlement Dept.)	140 W. Speedway Blvd.	Tucson	AZ	85705
Tucson Metropolitan Ministries	3127 E. Adams	Tucson	AZ	85716
Community Food Bank	3303 S. Country Club Rd.	Tucson	AZ	85713
St. Paul's Community Food Bank Referrals	8051 E. Broadway Blvd.	Tucson	AZ	85710
Colleges				
Apollo College	3550 N. Oracle Rd.	Tucson	AZ	85705
Arizona State University	340 N. Commerce Park Loop	Tucson	AZ	85745
Brown Mackie College	4585 E. Speedway Blvd.	Tucson	AZ	85712
Chaparral Career College	4585 E. Speedway Blvd.	Tucson	AZ	85712
Northern Arizona University	401 N. Bonita Ave. Rm. A150	Tucson	AZ	85709
Northern Arizona University School of Nursing	2221 N. Rosemont Blvd.	Tucson	AZ	85712
Pima Community College	4905 E. Broadway Blvd.	Tucson	AZ	85709
Prescott College	2233 E. Speedway Blvd.	Tucson	AZ	85719
University of Arizona	-----	Tucson	AZ	85721
Hospitals/Clinics				
Blue Oak Clinic	4646 E. Fort Lowell Rd.	Tucson	AZ	85712
Children's Emergency Center At Tucson Medical Center	5301 E. Grant Rd.	Tucson	AZ	85712
Desert Quail Health	5350 E. Erickson Dr.	Tucson	AZ	85712
El Rio Health Clinic	2122 N Craycroft Rd	Tucson	AZ	85712
Immune Recovery and Wellness Clinic	2122 N. Craycroft Rd.	Tucson	AZ	85712
La Frontera Center Inc.	1601 E. Apache Park Pl.	Tucson	AZ	85714
St Joseph's Hospital	350 N. Wilmot Rd.	Tucson	AZ	85711
St Mary's Hospital	1601 W. St. Mary's Rd.	Tucson	AZ	85745

St. Elizabeth of Hungary Clinic	140 W. Speedway Blvd.	Tucson	AZ	85705
Tucson Medical Center	5301 E. Grant Rd.	Tucson	AZ	85712
University Medical Center	1501 N. Campbell Ave.	Tucson	AZ	85724
University Physicians Healthcare Hospital at Kino Campus	2800 E. Ajo Way	Tucson	AZ	85713
Schools/Centers with Preschool or Kindergarten Programs				
A Child's View School	2854 W. Drexel Rd.	Tucson	AZ	85746
Academy of Math and Science, Inc. School District	1557 W.Prince Rd.	Tucson	AZ	85705
Academy of Tucson, Inc. School District	9209 E. Wrightstown Rd.	Tucson	AZ	85715
Accelerated Learning Laboratory School	5245 N. Camino De Oeste	Tucson	AZ	85745
Allsport Enterprises, Inc. School District	8570 E. 22 nd St.	Tucson	AZ	85710
Amphitheater Unified School District	125 W. Yavapai Rd.	Tucson	AZ	85705
Arizona Community Development Corporation School District	225 N. Country Club Rd.	Tucson	AZ	85716
Armstrong Academy	9209 E. Wrightstown Rd.	Tucson	AZ	85715
Aztlan Academy, Inc. School District	3376 S. 6 th Ave.	Tucson	AZ	85713
Calli Ollin Academy School District	200 N. Stone Ave., Third Floor	Tucson	AZ	85701
Canyon Rose Academy, Inc. School District	2401 S. Wilmot Rd.	Tucson	AZ	85711
Carden of Tucson, Inc. School District	5260 N. Royal Palm Dr.	Tucson	AZ	85705
Casa Ninos School	8655 E. Broadway	Tucson	AZ	85710
Castle Country Day School	3225 N. Craycroft Rd.	Tucson	AZ	85712
Cesar Chavez School District	3376 S. 6 th Ave.	Tucson	AZ	85713
Chapel In the Hills Preschool	5455 S. Westover Ave.	Tucson	AZ	85746
Congreg Anshei Israel School	6601 E Broadway Blvd.	Tucson	AZ	85710
Desert Christian Middle School	7525 E. Speedway Blvd.	Tucson	AZ	85710
Desert Rose Academy, Inc. School District	20 W. Ft. Lowell	Tucson	AZ	85705
Desert Trail School	8425 E. Old Spanish Tr.	Tucson	AZ	85710
Dove Christian School	166 E. Roger Rd.	Tucson	AZ	85705
Edge School Inc. The School District	2800 E. Broadway	Tucson	AZ	85716
Educational Impact, Inc. School District	3902 N. Flowing Wells Rd.	Tucson	AZ	85705
El Centro For the Study of Primary and Secondary Education School District	2797 N. Introspect Dr.	Tucson	AZ	85745
Enchanted Desert School	3349 E. Presidio Rd.	Tucson	AZ	85716
Faith Lutheran School and Preschool	3925 E. 5 th St.	Tucson	AZ	85711
Family Life Academy	7801 E. Kenyon Dr.	Tucson	AZ	85710
First Southern Christian	445 E. Speedway	Tucson	AZ	85705
Flowing Wells Unified School District	2200 W. Wetmore	Tucson	AZ	85705
Fountain of Life Lutheran Early Childhood Center	710 S. Kolb Rd.	Tucson	AZ	85710
Griffin Foundation Inc. School District	1844 S. Alvernon Way	Tucson	AZ	85711
Ha:San Educational Service School District	1333 E. 10 th St.	Tucson	AZ	85719
Happy Trails School	3255 N. Campbell Ave.	Tucson	AZ	85719
Highland Free School District	510 S. Highland Ave.	Tucson	AZ	85719
Ideabanc, Inc. School District	1150 N. Country Club	Tucson	AZ	85716
Ironwood Hills Christian School	2245 Ironwood Hills Dr.	Tucson	AZ	85745
Little Beaver School	6203 E. Beverly St.	Tucson	AZ	85711
Mary-Joyce Private	8185 E. 22 nd St.	Tucson	AZ	85710
New Hope Christian Academy	7801 E. Kenyon Dr.	Tucson	AZ	85710
Our Mother of Sorrows School	1800 S. Kolb Rd.	Tucson	AZ	85710
Outer Limits School	3472 E. Ft Lowell Rd.	Tucson	AZ	85716

Pima Accommodation District School District	1270 W. Silverlake Rd.	Tucson	AZ	85713
Pio Decimo Center	848 S. 7 th Ave.	Tucson	AZ	85701
Ppep and Affiliates School District	1840 E. Benson Highway	Tucson	AZ	85714
Rosemont Community Church Children's Programs	5005 E. Winsett St.	Tucson	AZ	85711
Saguaro Hills Christian	4280 W. Irvington Rd.	Tucson	AZ	85746
Santa Cruz Catholic	29 W. 22 nd St.	Tucson	AZ	85713
Satori School	3727 N. 1 st Ave.	Tucson	AZ	85719
Second Street Children's School	2430 E. 2 nd St.	Tucson	AZ	85719
Spanish Trail School	9395 Old Spanish Tr.	Tucson	AZ	85710
SS Peter and Paul School	1436 N. Campbell Ave.	Tucson	AZ	85719
St Ambrose	300 S. Tucson Blvd.	Tucson	AZ	85716
St Cyril	4725 E. Pima St.	Tucson	AZ	85712
St Johns	600 W. Ajo Way	Tucson	AZ	85713
St Joseph Catholic	215 S. Craycroft Rd.	Tucson	AZ	85711
St Marks Presb Preschool	3809 E. 3 rd St.	Tucson	AZ	85716
St. Michael and All Angels	602 N. Wilmot Rd.	Tucson	AZ	85711
Tucson Academy of Excellence	1749 E. Broadway Blvd.	Tucson	AZ	85719
Tucson Christian School	2855 N. Craycroft Rd.	Tucson	AZ	85712
Tucson Community School Inc.	2109 E. Hedrick Dr.	Tucson	AZ	85719
Tucson Unified School District	1010 E. 10 th St.	Tucson	AZ	85719
Tucson Youth Development/Ace Charter School District	1901 N. Stone Ave.	Tucson	AZ	85705
Tuller School	5870 E. 14 th St.	Tucson	AZ	85711
Turning Point	200 E. Yavapai Rd.	Tucson	AZ	85705
Community Centers				
El Pueblo Neighborhood Center	101 W. Irvington Rd.	Tucson	AZ	85714
El Rio Neighborhood Center	1390 W. Speedway	Tucson	AZ	85745
Fred Archer Neighborhood Center	1665 S. La Cholla Rd.	Tucson	AZ	85716
Quincy Douglas Neighborhood Center	1575 E. 36 th St.	Tucson	AZ	85713
Randolph Regional Center	200 S. Alvernon Way	Tucson	AZ	85711
Santa Rosa Neighborhood Center	1080 S. 10 th Ave.	Tucson	AZ	85701
Libraries				
Eckstrom-Columbus Branch Library	250 E. 22 nd St.	Tucson	AZ	85711
El Pueblo Branch Library	101 W. Irvington Rd.	Tucson	AZ	85714
El Rio Branch Library	1390 W. Speedway Blvd.	Tucson	AZ	85745
Flowing Wells Branch Library	1730 W. Wetmore Rd.	Tucson	AZ	85705
Himmel Park Branch Library	103 N. Treat Ave.	Tucson	AZ	85716
Joel D. Valdez Main Library	101 N. Stone Ave.	Tucson	AZ	85701
Martha Cooper Branch Library	1377 N. Catalina Ave.	Tucson	AZ	85712
Mission Branch Library	770 S. Mission Rd.	Tucson	AZ	85713
Murphy-Wilmot Branch Library	530 N. Wilmot Rd.	Tucson	AZ	85711
Quincy Douglas Branch Library	1585 E. 36 th St.	Tucson	AZ	85713
Sam Lena-South Tucson Branch Library	1607 S. 6 th Ave.	Tucson	AZ	85713
Santa Rosa Branch Library	1075 S. 10 th Ave.	Tucson	AZ	85701
Woods Memorial Branch Library	3455 N. 1 st Ave.	Tucson	AZ	85719
Faith-Based Organizations				
Alvarado In-Home Family Child	3525 E. 25 th St.	Tucson	AZ	85713
Beginning Academy	3067 N. Campbell Ave.	Tucson	AZ	85719
Bumblebees Child Care Group Home	3661 W. Avenida Fria	Tucson	AZ	85746

Carden Christian Academy Central	2727 N. Swan Rd.	Tucson	AZ	85712
Casita Jose	6575 E. Carondelet Dr.	Tucson	AZ	85710
Catalina United Methodist Day School	2700 E. Speedway Blvd.	Tucson	AZ	85716
Congreg Anshei Israel School	5550 E. 5 th St.	Tucson	AZ	85711
Discovery Learning Center #2	6601 E. Broadway Blvd.	Tucson	AZ	85710
Faith Lutheran Church and School and Pre-school	3925 E. 5 th St.	Tucson	AZ	85711
Family Life Academy	7801 E. Kenyon Dr.	Tucson	AZ	85710
First Southern Christian School	445 E. Speedway Blvd.	Tucson	AZ	85705
Fountain Of Life Lutheran Early Childhood Center	710 S. Kolb Rd.	Tucson	AZ	85710
Happy Trails School	3255 N. Campbell Ave.	Tucson	AZ	85719
Little Angels Preschool Center	2802 W. Alvaro Rd.	Tucson	AZ	85746
Little Beavers School	6203 E. Beverly St.	Tucson	AZ	85711
Our Mother of Sorrows Preschool	1800 S. Kolb Rd.	Tucson	AZ	85710
Rosemont Community Church's Children's Programs	5005 E. Winsett St.	Tucson	AZ	85711
Saguaro Infant Center and Preschool	8302 E. Broadway Blvd.	Tucson	AZ	85710
Sherwood Village Summer Camp (SSC)	140 S. Sherwood Village Dr.	Tucson	AZ	85710
Sunshine Preschool	551 N. Camino Seco	Tucson	AZ	85710
St Ambrose School	300 S. Tucson Blvd.	Tucson	AZ	85716
St Cyril School	4725 E. Pima St.	Tucson	AZ	85712
St John's Catholic Preschool	600 W. Ajo Way	Tucson	AZ	85713
St Joseph Extended School Day	215 S. Craycroft Rd.	Tucson	AZ	85711
St Mark's Presbyterian Preschool and Kindergarten	3809 E. 3 rd St.	Tucson	AZ	85716
Victorious Child Care Center	2561 W. Ruthrauff Rd.	Tucson	AZ	85705
Young Life Christian Learning Center	115 N. Tucson Blvd.	Tucson	AZ	85716

*All of these listings may not be comprehensive.

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Description of Methodologies Employed for Data Collection

The needs and assets assessment commenced on May 1, 2008 and all data were collected by June 30, 2008. For existing data, collection methods included the review of published reports, utilization of available databases, and completion of environmental scans that resulted in asset inventories as well as listings for licensed and accredited child care settings.

Primary data, otherwise defined as newly collected data that did not previously exist, were collected in the most rapid fashion available given the short time horizon in which to complete the assessment. Existing data on the number of accredited early care and education centers located within the Central Pima region was obtained by the Consultant in June 2008 through a review of the official websites of the NAEYC, NECPA and NAC. Existing data on the number of licensed centers within the Central

Pima region was obtained by the Consultant through a review of the ADHS website listing licensed centers for the 2007-2008 period. Existing data on the current enrollment capacity and actual numbers served within licensed child care centers and licensed child care homes in the Central Pima region was obtained by the Consultant in June 2008 from published data sets provided by the FTF Arizona early Childhood Development and Health Board for the 2007-2008 period.

Existing data pertaining to the cost of child care by provider type and age of child within the Central Pima region was collected and organized by the Consultant in June 2008 from published data sets, including the 2006 DES Market Rate Study and the 2008 Child care in Arizona (NACCRA) data set. To provide further qualitative information at the regional level, the Central Pima RPC Coordinator and Administrative Assistant conducted in-depth phone interviews with a random sampling of 12 licensed child care centers and six group homes in June 2008. Information collected included actual monthly costs by type of facility and facility location, adult to child ratios by age, current enrollment, teacher qualifications, length of employment, access to benefits, and valuable feedback regarding the quality, accessibility and affordability of early childhood services within the region.

Existing data on community assets was collected jointly by the Central Pima RPC Coordinator, Administrative Assistant, and Consultant between June-July 2008, through a review of the most recent community resources guides and community asset studies, and cross checking this information with members of the Central Pima RPC. The asset list compiled represents diverse sectors of the community, including school districts, community colleges, child care and learning centers, preschools, faith-based organizations, churches, non-profit organizations, Head Start programs, local governmental entities, and relevant early childhood associations and advocacy groups.

Existing data on child care professionals' capacity in the Central Pima region, such as the number of teachers, assistant teachers, teacher directors, and administrative directors; the average length of teacher and administrative director employment; and average salaries and wages for child care professionals was collected and organized by the Consultant in June 2008 from the Compensation and Credentials Report. Data was available for the years 2004 and 2007.

To collect information on the number and type of professional development opportunities available within the Central Pima region, the Consultant conducted a comprehensive website review of all the university, community college, and training centers located within the region. Each website review was followed with a phone interview in June 2008 to obtain qualitative information regarding the type of degree opportunity, certification program, and/or training opportunity available. For instance, phone interviews were conducted with personnel within Pima Community College (Desert Vista and Community Campuses), Prescott College Tucson Center, and the University of Arizona.

To obtain community-level information pertaining to systems coordination, a detailed questionnaire was drafted jointly by the Regional Council Coordinator and Consultant, and shared by the Regional Council Coordinator with key community stakeholders within the Central Pima region in June-July 2008. The questionnaire/survey provided rich feedback with respect to both the strengths and needs of the community from the perspective of diverse sectors of the Central Pima community, including school districts, community colleges, child care and learning centers, preschools, faith-based organizations, non-profit organizations, Head Start programs, local

governmental entities, and relevant early childhood associations and advocacy groups.

As made plain in the state's 2007 *Bright Futures* report, gaps in data capacity infrastructure are more than evident when looking for evidence of how well young children are doing in Arizona with regard to early childhood health and education efforts. Data were not always available at the regional level of analysis, particularly for the more common social and economic demographic variables that are measured collectively as part of the larger Pima County region overall. In particular, data for children birth through five years were especially difficult to unearth and in many cases indicators are shown that include all children under the age of 18 years, or school age children beginning at age six. Compounding this challenge are additional barriers that limit the sharing of data between communities, organizations, and other entities due to concerns over privacy and other obstacles that impede the dissemination of information.

It is also important to note that even when data are available for this population of children (birth through five years), or even the adult population of caregivers or professionals, there are multiple manners in which data are collected and indicators are measured, depending on agency perspectives, understanding in the field, and the sources from which data are mined. These indicators, approaches, and methods of data collection also change over time, sometimes even yearly, and these inconsistencies can lead to different data representations or interpretations of the numbers presented in this and other reports where data capacity infrastructure efforts are still in their infancy as they are in Arizona and nationally, with regard to young children, birth-5 years.

Given these limitations with Arizona's current data capacity infrastructure, data presented here should be interpreted carefully; yet, also be seen as one step in the right direction towards building this capacity at the local level by conducting regular community assessments on a biennial basis. 🌱



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