NEEDS AND ASSETS REPORT

2008

FIRST THINGS

Gila

Regional Partnership Council

Gila

Regional Partnership Council

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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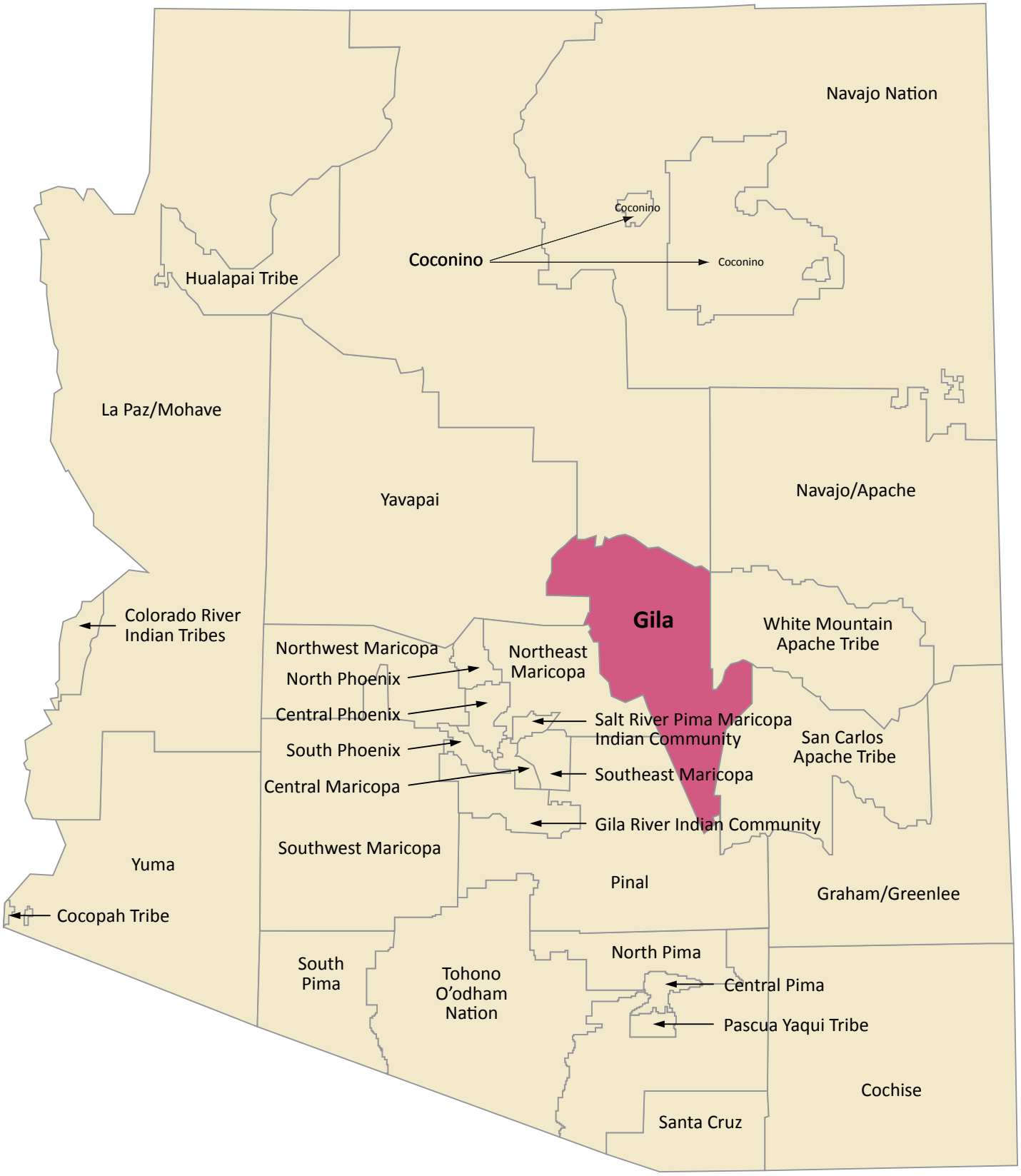
Contents

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 comes healthy and ready to succeed. The governance model of First Things First includes a State level Board (twelve members in total and of whom nine are appointed by the Governor) and Regional Partnership Councils, each comprised of eleven 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 responsive early childhood development and health system is put in place for children and families and accomplishes 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 and developmental 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.


Navajo Nation
Coconino
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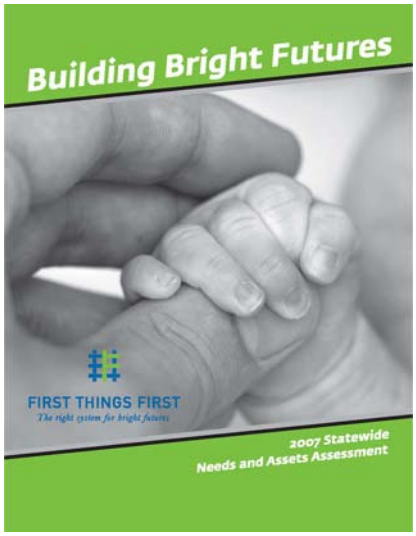
Hualapai Tribe
La Paz/Mohave
Yavapai
Navajo/Apache
Gila
Colorado River
Indian Tribes
White Mountain
Apache Tribe
Northwest Maricopa
Northeast
Maricopa
North Phoenix
Central Phoenix
Salt River Pima Maricopa
Indian Community
San Carlos
Apache Tribe
South Phoenix
Central Maricopa
Southeast Maricopa
Gila River Indian Community
Southwest Maricopa
Yuma
Pinal
Graham/Greenlee
Cocopah Tribe
North Pima
South
Pima
Tohono
O'odham
Nation
Central Pima
Pascua Yaqui Tribe
Cochise
Santa Cruz

The Gila Regional Partnership Council

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

To achieve this goal, the Gila 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 (FTF) report, *Building Bright Futures: A Community Profile*, describes 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 for children and their families and highlights the challenges confronting children, their families, and the community. The report also identifies opportunities that exist to improve the health, well-being and school readiness of young children.



In the fall of 2008, the Gila Regional Partnership Council will undertake 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 the Gila Region. This report serves as a planning tool for the Regional Council as they design their strategic planning 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 the 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 often successful in obtaining data from other State agencies, Tribes, and a broad array of community-based organizations. In FTF's effort to develop regional needs and assets reports, FTF has begun the process of assembling information that traditionally exists in silos to create a picture of the well being of children and families in various parts of our state.

The FTF model is for the Regional Council to work with the FTF Board to improve data collection at the regional level so that the Regional Council has reliable and consistent data in order to make effective 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 early 2009 and include a statewide and regional analysis.

FTF staff will continue to work with other state agencies, Tribes, and community-based organizations to improve data collection and make it available at the regional level. These efforts are driven by the goal that the Regional Council has reliable and consistent data in order to make good decisions to advance the services and supports available to young children and their families. In addition to these efforts with early childhood partners, FTF will also engage in new data collection. 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

In January 2007, First Things First (FTF) released the report *Building Bright Futures,* Arizona's first statewide Needs and Assets Assessment of the current state of early childhood in Arizona. The report provided some data on the need to improve early childhood education practice and capacity, highlighted existing resources or assets currently available to support early childhood efforts, and identified opportunities for creating a comprehensive early childhood improvement plan for the State of Arizona. As part of the First Things First initiative, 31 Regional Partnership Councils were created to represent early childhood interests at the local level and will conduct a community-level needs and assets assessment every two years.

The Gila Regional Partnership Council conducted a Needs and Assets Assessment of the region to identify the key issues that the Regional Council should focus on to improve and strengthen the early childhood system in Gila County. The assessment also highlights the assets that exist in which the Regional Council can build on to support the healthy development of Gila's youngest children. Key informant interviews were completed to gather information on key issues. In addition, two community forums were held after the report was written but will help the Regional Council in determining the direction to take in ensuring optimal development and growth of children in the region.

The Gila Regional Partnership Council is responsible for serving communities that are located within Gila County boundaries. The communities of Payson, Tonto Apache Tribal Lands, Pine, Strawberry and Star Valley (which are linked by proximity), Rye and Gisela (close in proximity), Kohl's Ranch, Christopher Creek, Tonto Village and Young are considered to be in the northern area of the region. The communities of Globe, Miami, and Claypool (which are linked by proximity); Roosevelt and Tonto Basin (close in proximity and both located very near the Roosevelt Lake Recreational area) are located in the southern area of the region. Hayden and Dripping Springs, both with small populations, are the two most southern communities of the region.

The regional population in 2007 was estimated to be approximately 57,000. Populations of the two largest communities located within the northern and southern areas of the region vary greatly. In 2007 Payson (located in the northern region) had a population of 16,742. In 2007, the combined population in the Payson-Pine-Strawberry communities was estimated to be approximately 19,742. Comparatively, in the southern area, Globe (which is the County seat) had a population of 7,897 in 2007. The combined population between Globe-Miami-Claypool (very close in proximity) was estimated at 9,800 in 2007. The remaining communities in the region have very small populations, are scattered and fairly isolated throughout the region.

Overall, the region has an estimated workforce of more than 21,000. Major industries shared throughout the entire region are retail shopping, services, construction, wholesale trade, tourism and outdoor recreational activities. The northern area of the region provides casino gaming, a wider variety of retail shopping and hotel accommodations, as well as four-seasons of outdoor recreational opportunities to visitors. In the southern area of the region, the copper mining industry typically provided the highest paying employment opportunities. However, in 1998 the copper mining industry experienced a devastating loss of hundreds of jobs when the price of copper spiraled downward, and two of the area's three large copper mines were forced to close min-

ing operations. While the mining industry pay is generally high, the jobs market and economy in the southern area of the region which depended on mining as a stabilizing economic factor have yet to fully recover from the 1998 economic downturn.

The population of children and families in this region differs notably from the State as a whole. Between 2000 and 2006 the U.S. Census Bureau reports the region grew at a much slower rate than the State for both the general population and for children in the zero-to-five age group. In 2006, Arizona's general population experienced sustained growth of 23 percent by increasing from 5,130,632 in 2000 to 6,338,755 in 2006. The region, on a county level, experienced a significantly slower growth rate in the general population of 2 percent from 51,335 in 2000 to 52,209 in 2006. The American Community Survey of 2007 indicates Arizona's birth-to-five population increased by 30 percent between 2000 and 2007 from 455,745 to 593,578, while the region's birth-to-five population increased by only 5 percent from 3,006 in 2000 to 3,159 in 2007. The Gila region is reported to be seven to nine percentage points above the State average as far as births to teenage mothers is concerned, and a notable portion of births in the region are to unwed mothers.

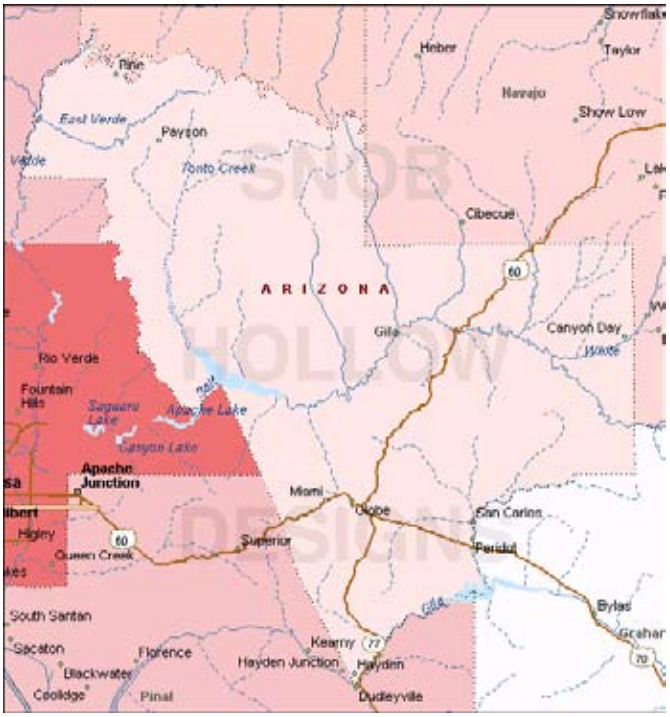
Median family income for Gila County in 2004 was $33,412, or 76 percent percent of the median family income of the State as a whole, $43,696 (U. S. Census 2004). Families experiencing poverty is of significant concern throughout the region. U.S. Census information for 2004 revealed that 18.2 percent of families residing in the region lived at or below the 100 percent federal poverty level compared to 14.6 percent of families across the entire state.

The region's fee-paying child care facilities in 2006 included 10 licensed centers, three small group homes and 90 family child care homes. In 2006, a total of 800 children were enrolled daily on average at the 103 child care sites. The approved licensed capacity was 1,045 children. The Gila Region has four accredited early care and education programs, which are all Head Start sites. The four sites are located in Winkleman, Globe, Miami and Payson. The remaining communities throughout the region lack equal or similar child care facilities. Reportedly, no providers from the region were registered with Child Care Resource and Referral, a program partially funded by the Arizona Department of Economic Security. Respondent information obtained from key informant interviews and community based forums revealed that the existing capacity of child care facilities does not begin to meet the existing need. Respondents indicated a strong need for an increase in the number of child care facilities and centers, care facilities that provide service 24 hours per day/seven days a week for parents/caregivers who work shift work, and feel a need exists to have a higher level of education and professional development among existing child care center staff and home providers. Respondents also voice a desire to utilize incentives to recruit and retain early education professionals (including physical, speech, and occupational therapists) and voiced that it is important to increase training for parents/grandparents/caregivers who are raising children with special needs. There is also a strong desire to see programs funded to increase outreach efforts to reach parents who live in the region's small, isolated communities.

Recent health-related data for young children were limited for the Gila region. However, available data, key informant interviews and community forum participants reflect that the region rates poorly on many measures of child health, lagging behind the state in a number of important indicators such as the lack of immunizations; completion of developmental screenings for children birth-to-three; receiving timely early intervention program services for children birth-to-three; having timely

and consistent access to physical, speech and occupational therapists for children of all ages, but particularly for children birth-to-five, throughout the region. Although recent data concerning immunizations were unavailable, data from 2003, suggest only 56 percent of Gila County two year olds were immunized; less than one percent of children received Arizona Early Intervention Program (AzEIP) developmental screenings at birth through 12 months and less than three percent of children received AzEIP developmental screenings at birth through 36 months in 2006. Community forum participants felt that the lack of therapists in the region is devastating and is severely impacting quality early childhood development services in the region. In addition, a large percentage of the region's children have untreated oral health problems and experience poor nutrition. Law enforcement reports within the region reveal frightening numbers of arrests relating to methamphetamine use. Many of these arrests involve methamphetamine-addicted parents. Key informant interviews and community forums reveal that behavioral health treatment within the region for those parents who are struggling with addiction is very limited, while behavioral health treatment for birth-to-five children whose lives are affected by substance abuse is not present in the region.

While providing a valid and complete baseline of data about young children and their families in the region was the ultimate goal, there were many challenges around the collection and analysis of data for the region. While numerous sources for data exist in the state, the information can be difficult to analyze and often is not available at the regional level or available by cities or towns. Many indicators that could effectively assess children's healthy growth and development are not consistently measured across the state and available at the local level. The Regional Council will focus its efforts and work in partnership with the FTF Board to improve data collection so that regionally specific data is available for the Regional Council to make the right decisions around services and programs for the children of the region.



Map of Gila County, Arizona

Overview of Region

According to the U.S. Census Bureau, Gila County has a total area of 4,796 square miles (12,421 km^2), of which, 4,768 square miles (12,348 km^2) of it is land and 28 square miles (73 km^2) of it (0.58 percent) is water. Elevations range from 2,000 to 7,200 feet above sea level, crossing desert and mountain terrains. More than half (56 percent) of the land in Gila County is protected by the U.S. Forest Service (56 percent), while the Apache Tribe owns more than one-third.

The Gila County Regional area excludes the San Carlos Apache Tribe, which has its own First Things First regional planning council.

Regional Child and Family Indicators – Young Children and Families in the Gila 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 are compared with State and National data for years 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 Gila Regional Partnership Council to have a direct impact on these or other indicators. Nonetheless, regional data 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

Regional Population

Gila Population Growth (all ages)

	2000	2006	% Change
Gila County	51,335	52,209	+2
Arizona	5,130,632	6,338,755	+23
U.S.	281,421,906	301,621,157	+7

*Data for 2006 is based on the US Census Bureau estimates for 2006. Source: American Community Survey (2000 & 2006)

Population Growth for Children Ages Birth Through Five Years

	2000	2007	% Change
Gila RPC Region	3,006	3,159	+5%
Arizona	455,745	593,578	+30%
U.S.	19,175,798	20,724,125	+ 8%

Sources: First Things First Funding Allocation Chart (2007); American Community Survey (2007); US Census

According to data from the American Community Survey, children birth through five population in the Gila Region increased by 2 percent from 2000 to 2006. The region's population growth rate was much lower than the State rate of 23 percent.

Regional Race, Ethnicity and Language Characteristics

Race and Ethnicity Characteristics

The Gila region has a different racial and ethnic profile than Arizona as a whole. According to the U.S. Census data from 2006, Gila County's racial make-up included 68 percent White Non-Hispanic, 16 percent Hispanic/Latino, 14 percent American Indian, 1 percent Black/African American, and 1 percent Asian American. In comparison, Arizona's racial make-up for the same year included 59 percent White Non-Hispanic, 29 percent Hispanic/Latino, 5 percent American Indian, 4 percent Black/African American, and 2 percent Asian American.

Data about births in 2006 in Gila region do not reflect the changing statewide demographic. While the largest percentage of births occurred among White, Non-Hispanic families (47 percent), births among Native Americans in the region (29 percent) far surpassed their contribution (5 percent) to total births statewide. Moreover, the rate of births to Hispanic mothers in the Gila region was only half (22 percent verses 44 percent) that of the State.

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

	White Non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Unknown
Gila County	47% (316)	22% (147)	<1% (2)	29% (195)	<1% (2)	1% (5)
Arizona	42% (43,013)	44% (44,862)	4% (3,864)	6% (6,364)	3% (3,136)	<1% (803)

* This includes the cities of X. Source: ADHS Vital Statistics, 2006.

Immigration Status

Official census data on the number of foreign born residents in Gila County are not available for years after 2000. The 2000 US census data reported that 3.6 percent of the population was foreign born. This is much lower than for Arizona as a whole, where 15 percent of the population was foreign born in 2000. In Gila, 53.5 percent of those who are foreign born were reported to be naturalized citizens while 46.5 percent were reported not to have US citizenship. Since the population in the region

grew only by 2 percent from 2000 to 2006, it is unlikely the percentage of foreign born residents has noticeably increased during that period.

Statewide, 30 percent of all children have at least one foreign-born parent. Although the number of children born to immigrant families is unknown in Gila 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 or Kids Care (publicly financed health insurance for low-income children) that are generally not available to non-citizens. Nonetheless, citizenship status does not guarantee that young children are able to access services. Even though young children from immigrant families 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 do not participate in public programs because of lack of awareness or fear of the repercussions of parental legal or citizenship status.[1]

Regional Ethnicity and Immigration Characteristics (2006)

	Native Citizens	Foreign Born Naturalized Citizens	Non-US Citizens	Foreign-born
Gila County*	Data not available	Data not available	Data not available	Data not available
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

Only County level is provided. Source: American Community Survey (2006)

Children in Immigrant Families (2006)

Gila	Arizona	U.S.
Data Not Available	30%	22%

Source: Annie E. Casey Foundation. Kids Count. 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 into the State, Arizona does not rank in the top ten for naturalizing citizens or providing permanent legal residency to individuals, leading some to speculate that many of the immigrants living in Arizona do not have legal status in the State.

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 limited. Nationally, forty percent of children in immigrant families live with a mother or father who has not graduated from high school, compared to twelve percent of children in non-immigrant families. Parents who have completed fewer years of schooling may be less able to help their

1 Capps, R., Hagan, J. and Rodriguez, N. "Border Residents Manage the U.S. Immigration and Welfare Reforms." In Immigrants, Welfare Reform, and the Poverty of Policy. Westport, CT: Praeger, 2004.

children learn to read. 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.[2]

Language Characteristics for Children

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 are usually limited to children over the age of five. Data from the most recent Kids Count and American Community Survey estimate that up to 32 percent of Arizona children ages five to eighteen speak a language other than English. The 2000 US census reports that 18 percent of the population ages five and over in Arizona spoke a language other than English at home. The same percentage holds true for Gila County. Only two other counties in the state had lower rates for this indicator.

Gila County Children (5 years and older) Living in Linguistically-Isolated Households

	% Speak only English	% Speak Spanish	% Speak Other Languages
2000	82	3	3
2006	N/A	N/A	N/A

*Census tract data not available for 2006. Sources: U.S. Census (2000); American Community Survey (2006)

18 Years of Age

	2003	2004	2005	2006
Gila RPC	Data not available	Data not available	Data not available	Data not available
Arizona	17%	15%	16%	15%
U.S.	14%	14%	15%	14%

Data not available for this county. Source: American Community Survey

There are no official numbers on the percentage of single parent households with children ages birth through years in Gila County. Numbers reported in the 2000 US census show that female headed households having children under 18 but no husband present constitute 6 percent of the county's households. Since the year 2000, approximately one out of every three family households in Arizona has been headed by a single parent. Estimates indicate that many of these households are led by mothers only, while a few are led by fathers only. While this number of single parent households might seem high, Arizona is actually right at the national average for this statistic and better than many states where single parent households can approach the 50 percent mark (i.e., Washington, D.C. and Mississippi).[3] 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.

2 (Children's Action Alliance. "Going Beyond the Immigration Hype: Children and Our Shared Destiny" Fact Sheet, 2006).

3 Hernandez, D. (2006). Young Children in the U.S.: a Demographic portrait based on the Census 2000. Report to the national Task Force on Earth Childhood Education for Hispanics., Tempe, Arizona State University.

Teen Parent Households

The Gila region is seven to nine percentage points above the State average as far as births to teenage mothers is concerned, with about one out of five children being born to mothers aged 19 years or younger in any given year since 2002.

Percentage of Children Born to Teen* Mothers

	2002	2003	2004	2005	2006
Gila County	22%	23%	20%	21%	19%
Arizona	13%	12%	12%	12%	12%
U.S.	11%	10%	10%	10%	10**

*Teen defined as 19 years of age and under. Sources: American Community Survey, National Center for Health Statistics, ADHS Vital Statistics **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.[4]

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[5] 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 drop-out 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.

Grandparent Households

Approximately 4.1 percent of Arizona's grandparents have at least one grandchild residing in their home, which is higher than the 3.6 percent national average.[6] For many grandparent caregivers this responsibility is a long-term commitment.[7]

Percentage of Grandparents Responsible for Grandchildren

	2006
Gila **	NA
Arizona	41%
U.S.	41%

*Indicator not measured as grandparent as primary caregiver prior to 20Source: American Community Survey
**There were no data available for Gila County.

4 Annie E. Casey Foundation. Kids Count Indicator Brief: Preventing Teen Births, 2003.
5 Ibid.
6 Grandparents Living With Grandchildren, 2000 Census brief.
7 Ibid.

It is critical to note that a percentage of grandparent caregivers are more likely to be faced with economic barriers such as living on fixed incomes and various economic challenges, in comparison with parent-maintained families. Furthermore, many grandparent caregivers have functional limitations associated with acute and chronic health matters which affect their ability to respond to the needs of grandchildren.[8]

Regional Employment Rates, Annual Income and Families in Poverty

Unemployment

Joblessness for a family impacts the home, family and community environment. 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.

According to the Arizona Department of Commerce, the unemployment rate in Gila County rose from May 2007 (3.6 percent) to April 2008 (4.1 percent). This results in a rate that is slightly below the May 2008 statewide average of 4.4 percent.

Average Unemployment Rates

	May 2007	April 2008	May 2008
Gila County	3.6%	4.0%	4.1%
Arizona	3.6%	3.9%	4.4%
U.S.	4.5%	5.0%	5.5%

Source: Arizona Dept. of Commerce, Research Administration (June, 2008)

Annual Income

Median family income for Gila County in 2000 was $30,917, or 66 percent of the median family income of the State as a whole, $46,723 (U.S. Census 2000). Similarly, per capita income was $16,315 in Gila compared to $20,275 for the state, or 80 percent of the state per capita income. Median household income, which includes households with one adult only, was $30,917 in Gila compared to $40,558 for the state (representing 76 percent).

Median[9] annual income (per year- pretax)

	2002	2003	2004	2005	2006
Gila RPC*	N/A	N/A	N/A	N/A	N/A
Arizona	$41,172	$40,762	$41,995	$44,282	$47,265
U.S.	$43,057	$43,564	$44,694	$46,242	$48,451

Source: American Community Survey; Arizona Department of Commerce, Research Administration. *Data were not available for Gila Regional Partnership Council.

8 Grandparents Living with Grandchildren, 2000, census brief.

9 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.

Families in Poverty

In 2000, 13 percent of the families in Gila County lived below the 100 percent federal poverty level compared to 10 percent of the families across the entire state (U.S. Census 2000). Of the families with children under five years old, 27 percent in Gila lived below the 100 percent federal poverty level compared to 19 percent for the state. In female-headed households with no husband present and children under five years old, 59 percent in Gila lived below the poverty level compared to 44 percent across the State. There were 298 such households in Gila in 2000 (U.S. Census 2000).

The Arizona Department of Health Services provides additional information about families in poverty. In their 2003 Community Health Profile, they reported that 17 percent of the population in Gila County had an income below the 100 percent federal poverty level. This was true for 10 percent of the population in Payson and Globe, 23 percent in Miami, 26 percent in Winkelman, and 28 percent in Hayden. This indicates that while the poverty rate of the Gila region is marginally higher than the statewide average, some areas have dramatically higher poverty rates.

According to the same Community Health Profile, the percent of families at 200 percent of the federal poverty was 43 percent in Gila County. This rate varies only slightly from what was reported for children living at or below 200 percent of the federal poverty level in Arizona in 2006 (42 percent). Unfortunately, more recent data for Gila are not available, nor are data available specifically for children living in poverty.

In May 2008, 8,553 Gila residents received food stamps.[10] This was a 1.5 percent increase over the 8,420 reported receiving food stamps in the 2003 Community Health Profile. The Department of Security reported that 1,324 individuals in 656 families received Temporary Assistance for Needy Families (TANF) benefits in Gila County in May, 2008. Sixty-seven percent (887) of the individuals receiving benefits were children. The average payment per recipient was $126.05.

Families Living at or Below the Federal Poverty Level (2006)

	Percent of Households Living at or Below 100 Percent of the Federal Poverty Level
Gila County*	N/A
Arizona	10
US	10

* Data not available for this county. Source: American Community Survey (2006)

Children Living at or Below Federal Poverty Level (2006)

	Percent of Children Living at or Below 200 percent of the Federal Poverty Level
Gila County*	N/A
Arizona	42
US	36

*Data not available for this county. **Children defined as less than 18 years. Source: American Community Survey (2006)

10 Arizona Department of Economic Security, Family Assistance Administration, Statistical Bulletin, May 2008.

The chart below shows the numbers of food stamp, children WIC, and women WIC recipients for the major cities in the Gila region.

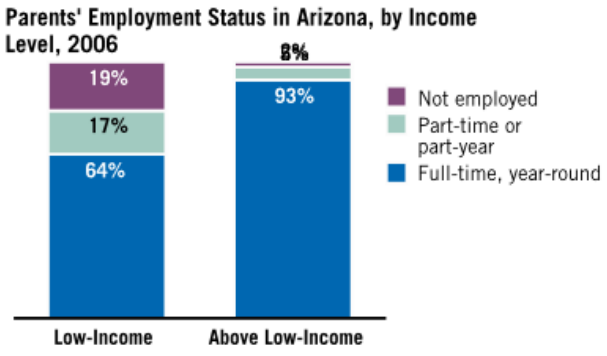
Welfare Benefits–Gila Region

Benefits For Region	Payson	Miami	Globe	Hayden	Winkelman	Gila	AZ	US
Food Stamps	1,488	525	1,815	207	299	8,420	504,400	7,286,735
Children WIC Recipients	308	184	509	42	93	1,249	158,270	5,773,612
Women WIC Recipients	128	74	204	20	40	515	69,124	1,857,396

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

Several Gila County non-profit organizations were among the participants in a United Way of Tucson and Southern Arizona survey conducted in March and April of 2008 to gauge the status of faith-based and community organizations providing services to meet basic needs during the current economic decline. A significant percentage (71 percent) of the Gila respondents reported they had experienced an increased demand for services. At the same time, 18 percent had seen a decrease in revenues while for 53 percent revenues were unchanged.

Even Arizona parents who are employed may be struggling to "make ends meet", as some research indicates that almost two-thirds of these working families are living at or below the federal poverty line and are considered to be "low-income" families (see the National Center for Children in Poverty, *www.nccp.org*). The following graph shows the relationship between employment levels and categorization as low income or above low income in Arizona.



© 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 attainment. 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.[11]

11 *US Census Bureau, Income by education and sex*".

Parent Educational Attainment

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.[12] 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.

In 2004, approximately 22 percent of births nationally were to mothers who did not possess a high school degree. In Gila County the percent is much higher than the national average. According to data reported from 2002 to 2006, about 33 percent of mothers who gave birth in Gila County did not have a high school diploma. This compares to a state average of just over 20 percent for the same time period. Births to mothers with one to four years of college lags behind the Arizona average.

Percentage of Live Births By Mother's Educational Attainment Level

		2002	2003	2004	2005	2006
Gila County	No H.S. Degree	33%	34%	33%	35%	32%
	H.S. Degree	35%	33%	38%	37%	40%
	1-4 years College	27%	28%	26%	25%	26%
Arizona	No H.S. Degree	20%	21%	20%	20%	20%
	H.S. Degree	29%	29%	29%	29%	30%
	1-4 years College	32%	32%	32%	33%	33%
U.S.	No H.S. Degree	15%	22%	22%	N/A	N/A
	H.S. Degree	31%	N/A	N/A	NA	NA
	1-4 years College	21%	27%	27%	27%	27%

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

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 that each child has a 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

12 Hoff, E., Laursen, B., & Tardiff, T. (2002). Socioeconomic status and parenting. In M.H. Bornstein (Eds.), *Handbook of parenting, Volume II: Ecology & biology of parenting* (pp.161-188). Mahwah, NJ: Lawrence Erlbaum Associates.

literacy skills.[13] 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. [14]

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, 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 Arizona[15]. In 2006, there were very few mothers in Gila County who did not receive prenatal care and about 69 percent received prenatal care during the first trimester. Data for towns in Gila are presented below. A high proportion of births, more than 60 percent, occurred for unwed mothers.

One prominent indicator 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..[16] Any effort to increase prenatal care should consider these disparities by ethnicity. 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.[17]

13 Ashford, J. , LeCroy, C. W., & Lortie, K. (2006). *Human Behavior in the Social Environment.* Belmont, CA: Thompson Brooks/Cole.
14 LeCroy & Milligan Associates (2000). Why Hispanic Women fail to seek Prenatal care. Tucson, AZ.
15 Child Health USA 2003, U. S. Department of Health and Human Services, Health Research and Services Administration.
16 Arizona Department of Health Services, Health disparities report, 2005.
17 *http://www.cdc.gov/reproductivehealth/products&pubs/dataoaction/pdf/rhow8.pdf*

Selected Characteristics of Newborns and Mothers, Gila (2006)

Community	Total	Teen Mother (</=19yr)	Prenatal Care 1st Trimester	No Prenatal Care	Public $	Low birth weight <2500 grams	Unwed Mothers
Claypool	13	1	10	1	10	2	7
Globe	169	25	123	4	126	18	100
Hayden	9	1	5	1	7	1	7
Miami	44	7	29	1	33	1	27
Payson	199	32	154	2	134	9	92
Peridot	64	19	38	2	63	5	50
Pine	9	0	6	1	6	0	5
Roosevelt	3	1	0	0	1	2	3
Star Valley	3	1	2	0	3	2	0
Strawberry	8	1	6	0	6	2	3
Tonto Basin	7	0	5	2	4	1	2
Winkelman	13	2	7	0	11	2	9
Young	3	0	2	0	1	0	0
Gila County*	667	129	458	23	525	59	405

Source: Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics
*Gila County totals include data regarding an "unknown" birth not assigned to a specific community and births in the city of San Carlos, located within a different First Things First region.

Low Birth-Weight Babies and Pre-term Births

Low birth weight and very low birth weight (defined as less than three pounds, four ounces) are leading causes of infant health problems and death. Many factors contribute to low birth weight. Among the most prominent are: drug use during pregnancy, smoking during pregnancy, poor health and nutrition, and multiple births. The rate of babies born with low birth weights for the Gila region is 9 percent as compared to the statewide rate of 7 percent. However, rates in Gila vary greatly by community, from 0 percent in Pine and Young to 11 percent in Globe and 67 percent in Roosevelt and Star Valley.

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 percent, while the Arizona rate was only 5.9 percent. For those women who smoke during their pregnancies, white teenagers seem to have the highest prevalence for this behavior, at 30 percent nationally.

Pre-term births, defined as birth before 37 weeks gestation, account for nearly one-half of all congenital neurological defects such as cerebral palsy, and more than two thirds of infant deaths.[18] In the above chart, low birth weight is presented. Because these indicators are closely linked, low birth weight can be considered 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

18 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.

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. Based on the relatively high number of low-weight births in Gila County, pre-term births are high in this region.

Births to Teen Mothers

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 becomes pregnant before reaching the age of 18.[19] 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.[20] A repeat teen birth comes with a significant cost to both the teenage mothers and to society. 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.[21] In spite of a declining teen birth rate, teenage parenthood is a significant social issue in this country. Teen parents face significant obstacles in being able to rear healthy children. Teen parents are generally unprepared for the financial responsibilities and the emotional and psychological challenges of rearing children. Several communities In the Gila region have high rates of unwed mothers, including Miami (61 percent), Globe (59 percent), and Payson (46 percent). These single mothers (n=405) are prime candidates for early childhood education and health services.

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 health care provider promotes children's use of health services. Research shows that children receiving health care insurance.[22]

- 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 can't 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.[23] Furthermore, good health

19 Center for Disease Control, fact sheet, 2001.

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

21 Manlove, J., Mariner, C., & Romano, A. (1998). *Positive educational outcomes among school-age mothers.* Washington DC: Child Trends.

22 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.

23 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.

promotes the academic and social development of children because healthy children engage in the learning process more effectively.[24]

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 birth -18) receive employer-based coverage, compared to 56 percent of children nationally.[25]

Percentage of Children (birth through five years) Without Health Insurance Coverage

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

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, 1,405 children (birth through five) were enrolled in AHCCCS or KidsCare in Gila County in 2007. They represent 44 percent of the children in the birth through five age group in 2007 (N=3,159).

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
Gila County	662	710	644	676	43	56	59	53	705	766	703	729
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 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.[26] The large percent of families who fall below 200 percent of the Federal Poverty Level in the Gila region (43 percent according to the 2003 ADHS Community Health Profile) suggests that many children are likely to qualify for public coverage. National studies suggest that these same children are unlikely to live in families who

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

25 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.

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

have access to employer-based coverage.[27]

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 barriers to the accessibility of services. For example, thirty seven 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. Similarly a 2007 Commonwealth Fund study found low rates of patient satisfaction among Americans, who cited lack of cultural competency of service providers as one contributing factor.

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.[28]

Access to Medical Care

While a variety of factors ultimately influence access to health care and health coverage plays an important role in ensuring that children get routine access to a doctor's or dentist's office. The chart below shows that for children under age five enrolled continuously in AHCCCS in Gila County, 75 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. This was slightly lower than the rate for the state as a whole (78 percent).

Percent of Children (ages 12-months – 5 years) Continuously Enrolled in AHCCCS Receiving One or More Visits to a Primary Care Practitioner

	Gila County*	Arizona
2005	78%	78%
2006	79%	78%
2007	75%	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 Care Access and Utilization

Access to dental care is limited for young children in both the state and the region. A study completed by the Arizona Department of Health Services studying children's oral health status from 1999 to 2003 determined that 35 percent of Arizona kindergarten students (mainly five year olds) had untreated tooth decay, and half of Arizona kindergarteners had experience with tooth decay. This same study also found that 25 percent of

27 Long, Sharon K and John A. Graves. "What Happens When Public Coverage is No Longer Available?" Kaiser Commission on Medicaid and the Uninsured, January 2006.

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

all Arizona kindergarten students never had received a dental visit and of those children, 59 percent came from Hispanic families, and 35 percent had family incomes of less than $15,000 per year. Of those children with no dental insurance almost half (47 percent) had tooth decay as compared to only 27 percent for those children with private insurance.

Access to oral health care is even more challenging for families with special needs children. According to a statewide Health Provider Survey report released in 2007, a large majority (78 percent) 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 percent), did not feel it was compatible with the environment of their practices (38 percent), or did not receive enough reimbursement to treat these patients (19 percent). The Provider Survey report recommended more training for providers to work with Special Needs Plans (SNP), and increasing collaboration with ADA and ADHS to increase the number of providers who accept young children, including those 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 Gila region.

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.[29]

The following data illustrate the problem of abuse and neglect in Arizona and the significant number of children that are placed at greater risk for poor school performance. Other areas linked with poor school performance include 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 include State and County level data for children under age eighteen.

It is important to note that a child abuse report is not an indicator of risk and is not tied specifically to the removal of a child. There are many cases where the specific

29 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.

allegation(s) in a report cannot be proven. Nonetheless, it may determined that the child is at imminent risk of harm, and a variety of services and supports may be put into place so the child remains in the home safely, or the child is removed from the home. The number of reports 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.

Child Abuse and Neglect

	2005		2006	
Arizona	Reports	37,546	Reports	34,178
	Fatalities	50	Fatalities	60
U.S.	Reports	44* (3M)	Reports	48* (3.6M)
	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 Gila County.

Child Abuse Reports, Substantiations, Removals, and Placements for Gila 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	266	279	235	223	190	202	156	223
Number of reports Substantiated	NA	NA	NA	NA	21	13	11	6
Substantiation rate	NA	NA	NA	NA	11%	6%	7%	3%
Number of new removals	40	43	49	42	36	46	47	40

*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 the most recently available breakdown of child maltreatment reports received by each county in Arizona over a six-month reporting period. Of the 223 reports made in Gila County, 148 were reports of neglect, followed by 59 reports of physical abuse, 14 reports of sexual abuse, and two reports of emotional

abuse. Of the total reports, 3 percent resulted in substantiation, although other recent reporting periods have had substantiation rates between 6-11 percent.

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 six 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 one year 24 incidents for every 1,000 children

One – three years 14 incidents for every 1,000 children

Four -seven years 14 incidents for every 1,000 children

Eight-11 years 11 incidents for every 1,000 children

According to overall child well-being indicators, in 2005 Arizona ranked 36th of the 50 states, with child abuse and neglect a leading reason for the state's poor ranking. 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 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 Gila County there were 66 child placements in 2004 and that number increased to 80 in 2005 (See chart below). The majority of children in out-of-home care across the State of Arizona are typically White (42 percent) or Hispanic (35 percent), followed by African American (13 percent).

Problems with the foster care system have led to efforts at reform. Efforts have included new methods for keeping children safely in their own homes, provision of kinship care, and family foster care.[30] 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 resource families, that focuses on finding and maintaining kinship and foster families who can support children and families in their own neighborhoods.

Child Placements in Foster Care

	2002	2003	2004	2005	2006
Gila	2004 Gila County: 66* 2005 Gila County: 80*				
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 0-5 years
Sources: Kids Count (data provided by Children's Action Alliance); The AFCARS Report; Children's Bureau, Arizona Department of Economic Security

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

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

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.[31] Furthermore, 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.[32] 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 – unfortunately, in many circumstances, preventable injury. The table below provides information on the total number of child deaths in the Gila Region for children under the age of 15, followed by the leading causes of death for infants in Gila County in 2006.

Child* Deaths Among the Birth-14 Years Population

	2003	2004	2005	2006
Gila County	2% (10)	1% (9)	1% (9)	1% (5)
Arizona	2% (872)	2% (870)	2% (938)	2% (920)
U.S.	1% (32,721)	Not available	1% (33,196)	Not available

*Data only available for children 0-14 years of age.
Sources: CDC; Arizona Department of Health Services

Leading Causes of Death Among Infants (n = 5) in Gila County During 2006

1. **Natural causes in the first thirty days following the birth (71 percent)**
2. **Sudden Infant Death Syndrome (14 percent)**
3. **Bacterial Sepsis (14 percent)**

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 intervention programs for low-income children have found that participation in educational programs prior to

31 Mathews, T. J., MacDorman, M. F., & Menacker, F. Infant mortality statisitics from the 1999 period linked brith/infant death data set. In *National vital statistics report* (Vol. 50), National Center for Health Statistics.

32 Chen, E., Matthews, K. A., & Boyce, W. T. Socioeconomic differences in children's health: How and why do these relationsips 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 Healthy, 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.

kindergarten is related to improved school performance in the early years.[33] Furthermore, research indicates that when children are involved in early childhood programs over a long period of time, with additional intervention in the early school years, better outcomes can emerge.[34] Long-term studies have documented early childhood programs with positive impact evident in the adolescent and adult years.[35] Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.[36]

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, having 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. Currently no instrument exists 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 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 part 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 is used to identify children's reading skills upon entry to school and to measure their reading progress throughout the year. The DIBELS 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. DIBELS data were not available at the regional, district, or school level of the Gila region.

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. Only fifty-six percent of Arizona's fourth graders scored "at basic" or better on the 2007 National Assessment of Educational Progress (NAEP) Reading Assessment, compared with a national average rate of 67 percent. The percentage of Arizona fourth graders achieving "at basic" or better on the NAEP Math Assessment increased dramatically from 57 percent in 2000 to 74 percent in 2007, but Arizona's fourth graders

33 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, 495-507l; 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.

34 Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. *Developmental Psychology, 30*, 1994, 787-804.

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

36 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: Technial report,* 2000, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

still score 8 percent below the national rate of 82 percent. The NAEP is a standardized means for measuring educational progress in the core subject areas beginning in the fourth grade. It is one of the earliest comprehensive assessments used with students all over the United States and it can provide helpful insights into how well students are progressing through the core subject areas and where groups of students (gender, ethnicity, income, geographic regions) may be systematically experiencing delays in their progress. The NAEP is administered to a sample of fourth grade students; data at the regional level was not available to include at the time of printing this report.

Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA) is used to test Arizona students in grades three through eight. This assessment measures the student's level of proficiency in Writing, Reading, and Mathematics and provides each student's national percentile rankings in Reading/Language and Mathematics. In addition, Arizona students in grades four and eight are given a science assessment.[37] For reasons of confidentiality the state does not publish the Arizona Instrument to Measure Standards (AIMS) scores of schools in which fewer than 10 students have taken the exam.

The table below provides the scores of students in Grade three on the AIMS test for each district with available data.

Gila AIMS DPA Third 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
Globe Unified	8	30	49	13	5	28	61	6	3	19	70	8
Hayden-Winkelman Unified	21	28	45	7	14	28	55	3	21	41	38	0
Miami Unified District	17	32	44	8	10	33	52	5	11	38	47	5
Payson Unified #10	5	12	62	22	3	17	71	10	3	9	82	0
Pine Strawberry Elementary	8	29	42	21	21	13	50	17	9	48	43	0

Arizona Department of Education AIMS Spring 2007 Grade 03 Summary
NA is used when data have not been published to protect student privacy in districts in which fewer than 10 students took the exam.
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.[38] As the chart on schools in the Gila region shows, high school graduation rates vary by school and year of graduation. Furthermore, graduation rates are likely to vary according to race and gender. In 2006, Hayden-Winkelman Unified and Miami Unified had a graduation rate (73 percent) which surpassed that of Arizona (70 percent), while the Payson Unified rate (63 percent) fell short. In 2004, the graduation rates of all of the region's high school districts were almost 10 percent above the State average.

37 Spring 2008 Guide to Test Interpretation, Arizona's Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.
38 Sigelman, C. K., & Rider, E. A., *Life-span development, 2003, Pacific Grove, CA: Wadsworth.*

High School Graduation Rates

2006

Gila HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Globe Unified (N=1)	117	168	70%
Hayden-Winkelman Unified (N=1)	16	22	73%
Miami Unified (N=1)	60	82	73%
Payson Unified (N=2)	169	261	65%
San Carlos Unified (N=1)	64	105	51%
Arizona*	50,355	71,691	70%
United States**	N/A	N/A	N/A

2005

Gila HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Globe Unified (N=1)	156	218	72%
Hayden-Winkelman Unified (N=1)	32	36	89%
Miami Unified (N=1)	60	82	73%
Payson Unified (N=2)	164	219	75%
San Carlos Unified (N=1)	66	104	63%
Arizona*	50,355	71,691	70%
United States**	N/A	N/A	N/A

2004

Gila HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Globe Unified (N=1)	143	182	79%
Hayden-Winkelman Unified (N=1)	27	34	79%
Miami Unified (N=1)	67	81	80%
Payson Unified (N=2)	184	229	80%
San Carlos Unified (N=1)	57	71	80%
Arizona*	50,355	71,691	70%
United States**	N/A	N/A	N/A

* Arizona Department of Education
** National Center for Education Statistics

Current Regional Early Childhood Development and Health System

Summary of Regional Findings on Early Childhood System

For the estimated 3,159 children ages birth through five years living in the Gila Region, there are only four accredited early care and education centers. These four centers constitute 40 percent of the region's 10 licensed centers, but only 4 percent of all regulated settings (licensed centers, small group homes, and approved family child care homes) in which children can receive services. Nearly 800 children (25 percent) are in some type of care or education program which require payment of fees, with the largest proportion (46 percent) being in approved family child care homes.

The costs of care in Gila region vary with setting type and by a child's age group. Alternatively approved homes are the least expensive for infants, toddlers, and preschoolers, although their rate for toddlers was only marginally higher than that of licensed centers. The rates group homes, in-home care, and certified homes charge for toddlers and preschoolers are approximately the same. Costs for infant care are generally higher than that for toddlers and preschoolers, which is consistent with state and national norms.

Quality

A number of states have been increasingly concerned about creating high quality early care and education. This concern makes sense for a number of reasons. First, child care needs are growing because a majority of children ages 0-6 years of age participate in regular, non-parental child care. In one study, 61 percent of young children participated in some form of child care. Further, 34 percent participated in some type of center-based program[39]. Second, child care is a growing industry. Increasing maternal employment rates and welfare reform policies have increased the demand for out of home care. Third, research has found that high quality child care is associated with positive outcomes for young children including language development and cognitive school readiness[40]. Quality care is often associated with licensed care, and while this isn't always true one study found that the single best indicator of quality care was the provider's regulatory status.[41]

Currently there is no commonly agreed upon or published set of indicators that designate quality for all settings of Early Care and Education programming in Arizona; however, one of the tasks of First Things First will be developing a Quality Improvement and Rating System with common indicators of quality. Until this Rating System is available statewide, this report presents an initial snapshot of quality in the Gila Region through the analysis of data from seven nationally accredited organizations approved by the Arizona State Board of Education.

39 Federal interagency forum on child and family statistics. *America's children: Key national indicators of well-being, 2002.* Washington DC.

40 NICHD Early Child Care Research Network, The relation of child care to cognitive and language development, *Child Development, 2000, 71,* 960-980.

41 Pence, A. R., & Goelman, H. The relationship of regulation, training, and motivation to quality care in family day care. *Child and Youth Care Forum, 20*, 1991, 83-101.

- Association Montessori International/USA (AMI),
- American Montessori Society (AMS)
- Association of Christian Schools International (ACSI)
- National Accreditation Commission for Early Care and Education (NAC)
- National Association for the Education of Young Children (NAEYC)
- National Early Childhood Program Accreditation (NECPA).
- National Association for Family Child Care

Accredited Early Care and Education Programs

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. However, some data related to centers were not available.

The Gila Region has four accredited early care and education programs. Three of four NAEYC accredited programs are the Head Start sites. The fourth is Lobito's Preschool, a district program in Winkelman. In all, there are few accredited care options for working families.

Number of Accredited Early Care and Education Centers and Head Start Sites in Gila County

	AMI/AMS	ACSI	NAC	NAEYC	NECPA	NAFCC Homes	Head Start
Number of Accredited Centers				1 (+3 Head Start)			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.naccp.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/AcreditedPrograms.htm*
*Source: Arizona Department of Health Services. List of Licensed Child Care Centers

In an effort to get a snapshot of child care at the local level and to actively engage community members, a survey was distributed in June 2008 to a sample of licensed child care center in the region (see section III.c.iii below for findings of this survey). Three of the centers that completed the survey, of which two were Head Starts, responded that they were currently National Association for the Education of Young Children (NAEYC) accredited.

The NAEYC offers accreditation to centers and school based programs meeting the developmental needs of children birth to age 8 throughout the U.S. As part of the accreditation designation, NAEYC has published standards for staff to child ratios based on the size of the program and according to age group, as reflected in the chart

below.[42] However, it is difficult to compare staff to child rations for the surveyed Gila sites to the NAEYC's recommended standards because information for the regional sites on class size and ages of children receiving services is lacking.

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

Access

Availability and access to early care and education 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 learners; time that families have to wait for an available opening (waiting lists); ease of transportation to the care facility; cost of the care, and the hours and days of operation. Data related to waiting lists is not currently available but will be a goal for future data acquisition. For the current Gila Region Needs and Assets report, 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.

Number of Early Care and Education Programs by Program Type

The Department of Employment Security's 2006 Child Care Market Rate Survey provides information on a range of child care settings, including licensed centers that provide fee for service child care. Head Start programs with fee-paying wraparound care, 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 resource and referral agency as available child care. This source is particularly useful for understanding both approved and unregulated family child care for working parents.

Gila Region's fee-paying child care facilities included, in 2006, 10 licensed centers, three small group homes, and 90 approved family child care homes.

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

Number of Early Care and Education Programs in Gila County by Type*

Licensed Centers	Small Group Homes	Approved Family Child Care Homes	Providers Registered with the Child Care Resource and Referral
10	3	90	0

Source: DES Child Care Market Rate Survey 2006
*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, and school district fee-based part-and full-day fee-paying care only. DHS licensed small group homes nave a 10 child maximum; DES certified family child care homes, homes approved for the child care food program, and CR&R registered homes have a 4 child maximum.

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 have been granted the ability to operate a safe and healthy child care center 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 (CCAFP). Licensure or regulation 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, as well as basic first aid and 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 quality care for young children, these processes do not address curricula, interaction of staff with children, processes for identification of early developmental delays, or professional development of staff beyond minimal requirements. These important factors in quality care and parent decision-making are provided only with national accreditation (see discussion in the section on Quality) and will be included in First Things First's forthcoming Quality Improvement and Rating System.

The current licensing list for the Department of Health Services shows current licenses issued to 23 early care and education facilities in the region. The three Head Start programs are located in Globe (capacity 25), Miami (capacity 70) and Payson (capacity 25). Each of five school districts has a school-based program: Miami (capacity 90), Globe (capacity 58), and may be an extended day program for elementary children), Payson (capacity 25), Pine (capacity 59), and Winkleman (capacity 60). The seven small group family child care homes, one each in those same towns, have a total capacity of 65. Licensed capacity is based on available facilities; they do not necessarily reflect capacity on the part of staff to maintain adequate student to staff ratios or other components of quality care.

Department of Health Services Licensed Early Care and Education Facilities 2008, Gila County

Total	Preschools and Centers	Head Start sites	District school-based programs	Small group homes
23	8	3	5	7

Arizona Department of Economic Security Licensing List

Statewide data from the Market Rate Survey and the Department of Health Services can be supplemented with data from Child Care Resource and Referral data. 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 Survey. 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 fee –paying child care programs by type in the Gila Region. These numbers do not account for children cared for in Head Start, district preschool programs or other programs that are free to eligible families. Nor does it include unregulated care, by kin, or who are in need of care but do not have access to it. Identification of methodologies and data sets related to unregulated care and demand for early care and education are a priority for the future.

In the Gila region, in 2006, a total of 800 children were enrolled daily, on average, in centers, group homes and approved and resource and referral listed family child care homes.

Number of Children Enrolled in Early Care and Education Programs by Type

	Licensed Centers	Groups Homes	Approved Family Child Care Homes	Providers Registered with the Child Care Resource and Referral	Total
Approved Capacity	528	44	473	No data	1045
Average Number Served	309	3	449	No data	800

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.

The phone survey of Gila child care sites gathered additional information regarding regional access to early care and education programs. Of the 12 sites surveyed, eight offered full-time child care. This option is of prime importance to working parents (see following table).

Costs 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 children of different ages. 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 *should* be lower for very young children and the care of very young children demands care provider skill sets that are unique. Clearly these costs present challenges for families, especially those at the lowest income levels. These costs begin to paint a picture of how family choices in early care are determined almost exclusively by financial concerns rather than concerns about quality.

In the Gila Region, child care rates are least expensive at alternatively approved homes as compared with group homes, licensed centers, in-home care, and certified homes.

Costs for infant care shows the greatest variation by type, at about $6.00 more per day for group homes or in-home care compared with alternatively approved homes.

Costs of Early Care and Education in Gila County

Setting Type & Age Group	Gila County (2006)	Gila County (2008)	U.S. (2008)
Group Homes • Infant • Toddler • Preschooler	 $25.33 per day $24.00 per day $24.00 per day	Data not available	
Licensed Centers • Infant • Toddler • Preschooler	 N/A $19.80 per day $24.00 per day	Data not available	 $9,567 per yr** $7,084 per yr**
In-Home Care • Infant • Toddler • Preschooler	 $25.00 per day $22.50 per day $22.50 per day	Data not available	
Certified Homes • Infant • Toddler • Preschooler	 $23.33 per day $22.35 per day $21.67 per day	Data not available	$6,505 per yr.**
Alternately Approved Homes • Infant • Toddler • Preschooler	 $19.27 per day $18.54 per day $18.06 per day	Data not available	
Unregulated Homes	Data not available	Data not available	
Subsidized Settings (all ages)	Data not available		

**Assumes full-time enrollment
Sources: 2006 DES Market Rate Study, 2008 Child care in Arizona (NACCRA)

Phone survey data sheds additional light on the cost of child care in Gila region. Cost variation by setting is similar to that reported in the 2006 DES Market Rate Study, although one site reported a lower rate ($16 per day) for preschoolers and older children (see table below).

Additional Early Care and Education Data

Surveys were conducted with 12 of the 23 licensed child care providers in the region in order to acquire local information on enrollment, costs of care, DES subsidy acceptance, capacity, adult to child ratios, hours of operation, and number of teachers and teacher's aides.

The following table summarizes the information provided by these 12 centers:

Survey Responses of 12 Licensed Regional Child Care Providers

Provider Name*	Age of Children Served	Capacity	Cost of Care	Accredited? DES Subsidy?	Adult to Child Ration	Total Teachers/ Teachers Aids	Hours of Operation	Waiting list yes or no; avg. length of time; age dominating
Tuffy Tiger Tot Center	3 - 5 yr olds	20-25	$18 per day	no, yes	3 teachers/ aides to 7 children	1, 2	Mon-Fri 7:30 am - 5 pm	yes
Open Arms Daycare	1-9 years	10	$25 per day potty trained, $125 per week not potty trained	no, yes	1 to 5	1, 0	Mon - Fri 7 am - 5:30 pm	no
The Salvation Army Discovery Daycare	3-12 years	40	$3 per hr. or $16 per day	no,yes	3-5 yr olds 13/1 and 5-12 years 20/1	1, 2	Mon - Fri 7:30 am - 5:15 pm	no
Tots and More	2-12 years	15	$19 per day	no, yes	1 to 5 all ages	1, 2	Mon - Fri 5 am - 6 pm	yes
HWUSD # 41 Lobitos Pre-school	4 yrs	25-28	$35 per semester	yes, no	3 adults to 25 kids	1, 2	3 days a week 11:30 am - 1:50 pm	yes
Miami Head Start	0-3 yrs	72	No cost	yes, no	1 to 4	2, 1	Mon-Thurs 8:00 am - 4:00 pm	yes
Safe Haven Child Development Center	1-5 years and K-6th	room 1-36, room 2-9	$15 for 1/2 day, $20 full day, elementary age $2.50 per hr.	no, yes	1 to 4 for 0-5, 1 to 9 for element-ary	3 teacher 1 sub, 0 aides	Mon-Fri 7:30 am-5:30 pm	no
Amy's daycare service	0-12 years	15	NA	no, yes	one to five	NA	Mon-Fri 5:30 am-5:30 pm	yes
Globe Head start	3-5 years	40	none	yes, no	one to ten	2, 2	Mon-Thurs 8 am - 12 pm or 12:30 pm -4:30 pm	yes several months, 3 year olds
Winkelman Head Start	0-3	NA	none	no, no	NA	NA	Mon-Fri 9 am-5 pm	yes, 7 on wait list
Holy Angels School Pre-school	3-4 years	32	$135/mo., $3/hr.	no, yes	1 to 8	NA	Mon-Fri 7:30 am - 11 am or 3 pm	no
Linda's Day Care	2-12 years	10 at once	$19.95 for 6 hrs. or more, $13.60 for < 6	no, yes	1 to 5	NA	24/7	no

*Are child care centers unless other type of care setting is noted.

The phone survey was designed to fulfill Council members' requests for information about changes that could positively impact children in Gila County child care settings. Respondent suggestions included:

- more daycare facilities and centers,
- more trained help to spend time with the children
- more parent involvement and funding to reach out to parents
- more field trips for children and parents
- more training for parents/grandparents
- trainings for teachers for special needs students, especially autistic children,
- more toys and reading areas
- more resources that are closer to where children live
- more health care, transportation and adult education options
- more care for younger children
- lower cost care options for families struggling to make ends meet

Health

Children's good health is an essential element that is integrally related to their learning, social adjustment, and safety. Healthy children are more 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 is dependent on 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. Previous sections of this report presented data on prenatal care, health insurance coverage, immunizations, and oral health for the Gila region. This section focuses on developmental screening.

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 recommends that all children receive a developmental screening at nine, eighteen, and twenty-four months with a valid and reliable screening instrument. Providing children with special needs with supports and services early in life leads to better health, better outcomes in school, and opportunities for success and self-sufficiency into adulthood. Research has documented that early identification of and early intervention with children who have special needs can lead to enhance develop-

mental outcomes and reduced developmental problems.[43] For example, children with autism, identified early and enrolled in early intervention programs, show significant improvements in their language, cognitive, social, and motor skills, as well as in their future educational placement.[44]

Parents' access to services is a significant issue, as parents may experience barriers to obtaining referrals for young children with special needs. This can be an issue if, for example, an early child care provider cannot identify children with special needs correctly.[45]

While recommended, all Arizona children are not routinely screened for developmental delays although nearly half of parents nationally have concerns about their young child's behavior (48 percent), speech (45 percent), or social development (42 percent).[46] Children most likely to be screened include those that need neonatal intensive care at birth. These babies are all referred for screening and families receive follow-up services through Arizona's High Risk Perinatal Program administered through county Health Departments.

Every state is required to have a system in place to find and refer children with developmental delays to intervention and treatment services. The Individuals with Disabilities Education Act (IDEA) provides guidelines for how states and public agencies are to provide early intervention, special education, and related services. Infants and toddlers with disabilities (birth to age three) and their families receive early intervention services under IDEA Part C. Children and youth (ages three-21) receive special education and related services under IDEA Part B, Section 619.

In Arizona, the system that serves infants and toddlers is the Arizona Early Intervention Program (AzEIP). Eligible children are those who have not reached fifty percent of the developmental milestones expected for their chronological age in one or more of the following areas of development: physical, cognitive, language/communication, social/emotional, and adaptive/self-help. 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 is the first task in knowing whether or not a community's child find process, including screening, is working well.

Second, when conducted effectively, screening activities assist in identifying children who may be outside the range of typical development. Accurate identification through appropriate screening most often leads to a referral of a child who may qualify to receive early intervention or special education services. Based on screening results, a child may be referred for an evaluation to determine eligibility for services. One consideration of the effectiveness of screening activities is the percent of chil-

43 Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). *Earch intervention for children with special needs and their families: Findings and recommnendations.* 1981, Westat Series Paper 11, University of Washington; Maisto, A. A., German, M. L. Variables related to progress in a parent-infant training program for high-risk infants. 1979, *Journal of Pediatric Psychology, 4*, 409-419.; Zeanah, C. H. *Handbook of infant mental health,* 2000, New York: The Guildford Press.

44 National Research Council, Committee on Educational Interventions for Children with Autism, Division of Behavioral and Social Sciences and Education. Educating children with autism. Washington, DC: National Academy Press; 2001.

45 Hendrickson, S., Baldwin, J. H., & Allred, K. W. Factors perceived by mothers as preventing families from obtaining early intervention services for their children with special needs, *Children's Health Care, 2000, 29,* 1-17.

46 Inkelas,M., Regalado,M., Halfon, N. Strategies for Integrating Developmental Services and Promoting Medical Homes. Building State Early Childhood Comprehensive Systems Series, No. 10. National Center for Infant and Early Childhood Health Policy. July 2005.

dren deemed eligible compared to the total number of children referred. The higher the percent of children eligible, the more reliable the screening activities. Effective screening activities are critical to assuring such accuracy.

The following chart shows the number of AZEIP Screenings for children birth-12 months and for children 13-36 months for Gila County.

Children Birth Through Three Years Receiving Developmental Screenings and Immunizations in the Gila Region

Service Received According to Age Group	2005	2006
AZEIP Screening 0-12 months	3 (0.50%)	5 (0.70%)
AZEIP Screening 0-36 months	37 (1.94%)	52 (2.47%)

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

There are many challenges for Arizona's early intervention program in being able to reach and serve children and parents. Speech, Physical, and Occupational Therapists are in short supply and more acutely so in rural areas of the state. Families and health care providers are frustrated by the tangle of procedures required by both private insurers and the public system. These problems will require the combined efforts of state and regional stakeholders to arrive at appropriate solutions.

While longer-term solutions to the therapist shortage are developed, parents can be a primary advocate for their children to assure that they receive appropriate and timely developmental screenings according to the schedule recommended by the Academy of Pediatrics. Also, any parent who believes their child has delays can contact the Arizona Early Intervention Program or any school district and request that their child be screened. Outreach, information and education for parents on developmental milestones for their children, how to bring concerns to their health care provider, and the early intervention system and how it works, are parent support services that each region can provide. These measures, while not solving the problem, will provide parents with some of the resources to increase the odds that their child will receive timely screening, referrals, and services.

When there are indications that a child age three to five may not have acquired age readiness skills, this child should be referred to his/her local school district for evaluation and determination of eligibility for special education preschool services.

Insurance Coverage

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 (birth through 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. However, beyond insurance coverage, geography also affects access to health care in the Gila region. At a community forum convened by First Things First in the summer of 2007, community members observed that living in a rural region often meant limited choices in medical and dental providers. Traveling to Phoenix to access additional providers or a needed specialist was beyond the financial capabilities of many low-income families.

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. A Healthy People 2010 goal for the U.S. is to reach and sustain full immunization of 90 percent of children two years of age.

Although recent data were unavailable for this report, data from 2003 suggest that Gila lags well behind the state and nation in percent of immunized two year olds. In 2003, only 56 percent of Gila County two year olds were immunized according to the 4:3:1:3 immunization schedule. As the table below shows, there is significant local variation in the percent immunized, ranging from 16 percent to greater than 90 percent.

Percent of Immunized Two-Year-Olds

Gila RPC	2003
Globe	82.5
Hayden	0.0
Miami	38.8
Payson	>90.0
Winkelman	16.4
Gila County	56.0
Arizona	79.8
US	80.3

Source: ADHS Community Health Profiles, 2003

Additional Indicators Addressed Under This Priority

Key informant interviews were conducted with elected Globe Mayor and City Council member, the Gila County Child Care Resource & Referral Outreach Coordinator, the CEO of the Head Start programs in Gila County, and three Regional Council members. Of these seven interviews, four of the respondents were active participants in the Gila Early Education Partnership, funded in March of 2007 by the Arizona Early Education Funds. The key informants provided the following information related to health care needs of young children ages birth through five years:

Biggest Issues Facing This Population

- lack of immunizations
- effects of methamphetamine-addicted parents
- high teenage pregnancy rates
- old homes with lead paint
- lack of prenatal care for mothers
- poor nutrition
- high levels of familial domestic violence
- substance abuse in homes and by pregnant women (1.5 percent of births countywide)

Biggest Gaps in Services for This Population

- lack of pediatric services
- lack of family physicians.
- Lack of pediatric dentists (there are none in the county)

Child care providers were asked if they accepted children who had been born exposed to drugs, and five of the surveyed providers indicated they did. Providers responded that they used the same curriculum with these children and made accommodations as needed. When asked whether they had seen a change over time in the number of children who had been exposed to drugs and alcohol, many replied affirmatively. One respondent said four out of 14 children they served were currently drug exposed. Other providers said the number of children they serve with behavioral problems has doubled in the last 10 years, while another said they serve children with Attention Deficit Hyperactivity Disorder (ADHD), speech & language issues, and children with autism.

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 usually 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.[47] Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.[48] Strategies for promoting enhanced development often stress parent-child attachment, especially in infancy, and parenting skills.[49] Parenting behaviors have been shown to impact language stimulation, cognitive stimulation, and promotion of play behaviors—all of which enhance child well being.[50] Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, pro-social behaviors, and empathic communication.[51]

The new economy has brought changes in the workforce and family life. These changes are causing financial, physical, and emotional stresses in families, particularly low-income families. 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 be fully supported in 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 to resources. Effective family support programs will build upon family assets that are essential to creating self-sufficiency in all families. Family support programming will play a part 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

47 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.

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

49 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.

50 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.

51 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.

best meet family needs. For example, state-wide programs such as Healthy Families Arizona and Promoting Safe & Stable Families provide a variety of support services and parent education. In 2007, Healthy Families Arizona served 36 families in the Gila region through its Globe/Miami location, providing home visitation with families from the prenatal period through age five. A resource located in the Globe area is Gila County Health Start, a program operated in conjunction with the Gila County Health Department and the Arizona Department of Health Services. Gila County Health Start provides services to families in the Globe/Miami/Claypool area, and in 2007, provided over 119 prenatal education visits and 80 family follow-up in the Globe-Miami area.

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 available to families, it is recommended Regional Partnership Councils work with their communities to identify informal networks of people – associations – that can reach out to families to create a web of social support.

Key Informant Interviews included questions about the availability of parent education materials, parent knowledge about early childhood education, family literacy programs, and tracking of the percentage of children reading daily with caregiver. The key informants provided the following information related to these topics.

Parent Education Materials

- Agencies that serve children birth through five and their families have information describing their services available at appropriate locations such as child care centers and the offices of pediatricians and county government. The Gila Early Education Partnership members distributed a flyer about the partnership.
- A Gila Early Education Partnership member designed a developmental screening tool for parents, so they could tell if their child was progressing in developmental milestones. The tool was distributed to parents and providers at community events.
- The Gila Early Education Partnership received parent resource materials from the Valley of the Sun United Way and distributed these to families in Gila County. These are the same parent kits that First Things First will be providing to the parents of all newborns.

Parent Knowledge about Early Childhood Education

- Respondents reported that the county as a whole has very low knowledge about early childhood education.
- Parents of children who are enrolled in programs such as Head Start have a much higher level of knowledge due to the intensive involvement with families in these programs.

Professional Development

Professionals providing early childhood services can improve their knowledge and skills through professional education and certification that can include developmental theory, as well as practical skills in areas such as child health, child safety, parent/child relationships, professional child care service delivery and child/family development. The professional capacity of the early childhood workforce and the resources available to support it affect children's healthy development.

Child Care Professionals' Certification and Education

Research on caregiver training has found a relationship between the quality of child care provided and child development outcomes.[52] Furthermore, formal training is related to increased quality care, however, *experience without formal training* has not been found to be related to quality care.[53]

A pressing concern of the Gila Region, and for many other areas around the state, is the preparation of its early childhood and elementary school teachers. Although the percentages of Gila teachers and assistants lacking a degree largely mirrors the extremely low rates of the state as a whole, much higher percentages of the region's teachers have the Child Development Associate (CDA) credential or an Associate's degree.

Child Care Professionals' Educational Background

Degree Type	Gila 2007		Arizona* 2007		U.S.** 2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants
No degree	57%	91%	61%	82%	20%	12%
CDA	21%	5%	9%	7%	N/A	N/A
Associate's	29%	5%	15%	8%	47%	45%
Bachelor's	18%	0%	19%	7%	33%	43%
Master's	4%	0%	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 Associate's degree, and Bachelors degree or more was used for Bachelor's and Master's degree

Available Education and Certification Programs for Child Care Professionals

Professional Development Opportunities

Early childhood educators and professionals in Gila region have a variety of in-classroom and on-line education and training resources available. Gila Community College offers Early Childhood coursework in conjunction with Eastern Arizona College. Rio Salado College offers a wide selection of on-line early childhood course-

52 NICHD Early Child Care Research Network. The relation of child care to cognitive and language development, 2000, *Child Development, 71*, 960-980.

53 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.

work, with an educational pathway that meets the standards of AZ S*CCEEDS. Central Arizona College's Early Care and Education Program also has on-line courses as well as distance learning using interactive television.

The June 2008 phone survey of child care centers in Gila County asked providers about current professional development opportunities in the region. Providers indicated that they utilize a mixture of in-house trainings and external trainings. Several organizations offer trainings to providers, including the Department of Economic Security through S*CCEEDS and the Department of Health. In addition, local fire departments provide first aid training. Respondents also said that they participate in the Arizona Self-Study program, which provided training on classroom management, health issues, observing children, lesson plans, and NAEYC accreditation standards. Trainers are also utilized from Child Protective Services, behavioral health providers, and local schools. One respondent commented that child care trainings of these types are limited in the Payson area.

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.[54] 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.[55]

As the chart below shows, average length of employment has remained low with teachers employed more than five years at 23 percent and assistant teachers employed more than 5 years at 18 percent.

Average Length of Employment for Child Care Professionals in Gila County* (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%	8%	15%	11%	28%	6%	23%	6%	0%
Assistant Teachers	0%	0%	9%	9%	18%	0%	18%	45%	0%
Teacher Directors	0%	9%	18%	0%	0%	0%	45%	18%	9%
Administrative Directors	0%	0%	8%	2%	4%	2%	26%	57%	2%

Source: Compensation and Credentials Survey
*Figures include data from Tonto Apache Tribe

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'

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

55 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.

salaries are related to quality child care.[56] Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality child care.[57] Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.[58]

As the chart below shows, in Gila region average hourly wages for assistant teachers and teacher/directors increased by 17-18 percent between 2004 and 2007. It is unclear to why average hourly wages for teachers decreased by 43 percent over the same period of time.

Average Wages and Benefits for Child Care Professionals in Gila RPC

	2004	2007
Teacher	$16.24	$19.31
Assistant Teacher	$7.20	$8.45
Teacher/ Director	$13.52	$16.01
Admin/ Director	$16.88	N/A

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

The table below provides additional information gathered in the June 2008 phone survey on compensation and benefits. It shows that wages paid to teachers and teacher aides at most of the responding sites are below the Gila County averages for 2007. In addition, usually aides and sometimes teachers do not receive health benefits.

Benefits and Wages in the Gila Region by Child Care Site

Site	Wages teacher	Wages teacher aide	Benefits
Tuffy Tiger Tot Center	$7 per hr.	$5 per hr.	vacation
Open Arms Daycare	&7 per hr.	NA	none
The Salvation Army Discovery Daycare	NA	NA	full-time employees have benefit, aides do not
Tots and More	NA	NA	none
HWUSD # 41 Lobitos Pre-school	NA	$7 per hour	teacher - full
Miami Head Start	NA	NA	full-time receives benefits
Safe Haven Child Development Center	NA	NA	none
Amy's daycare service	NA	NA	none
Globe Head Start	$12 per hr.	$8.50 per hr.	Yes - health, life, dental, vision, vacation
Winkleman Head Start	NA	NA	health, life, dental, vision, paid vacation
Holy Angels School Pre-school	$25,000 per year yr.	$ 9 per hr.	teachers - all
Linda's Day Care	NA	NA	NA

Source: Phone survey with providers June 2008

56 Lamb, M. E. Nonparental chld 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 earch childhood development.* Washington DC: National Academy Press.

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

58 Ibid.

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, has 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.[59]

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

- **School Districts –** which 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 aware 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. Many of the 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.

59 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.

- **Head Start –** The Gila region has three Head Start Programs that inform low income families 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.

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.[60]

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, 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. Organizations and individuals must work together to establish a coordinated service network. Improved coordination of public and private human resources and funding could help maximize effective outcomes for young children.

A wide array of opportunities exists for connecting services and programs that touch children and families. 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 low-income families could be better coordinated so that redundancies as well as "gaps" in services are eliminated. Faith-based organizations could increase awareness among families of child development and family resources and services. Connections between early education and health providers could be forged.

Key informant interviews conducted in Gila region revealed that there are collaborations among service providers in Payson as well as collaborations among service providers in southern Gila County. The only early childhood efforts taking place across the whole county are those of the Gila Early Education Partnership. The organization began meeting monthly January 2007, initially in Globe, with an average of 15-20 participants. The approach the partnership took was to build on existing community events and the ongoing efforts of local organizations. After mapping its membership's assets and resources the partnership was able to facilitate greater collaboration between members and outreach by them at other professional and organization meetings they attended. A chain of events that started at a recent meeting of the organization in Payson illustrates the potential benefits of greater system coordination. A participant at the meeting disclosed that local screening of

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

children ages birth through five was not occurring due to lack of a necessary piece of costly equipment. As a result of the sharing of this information the Head Start Agency that services the whole county arranged for a machine to be brought to Payson for use in screenings.

Conclusion

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

The Gila region is comprised of small towns and rural areas distributed over a large proportion of Gila County (4,798 sq. miles). The needs and assets of small towns and rural communities such as these are sometimes masked by the range of data only available at the county or higher levels. Although some data was available at the county level, our goal was to collect data at the community level.

In contrast to neighboring regions, in recent years Gila has experienced only a modest increase in both total population and the population of children ages birth through five. Despite its small population, a number of indicators suggest the region faces major social challenges. The Gila poverty rate exceeds the state average while median income lags behind the state as a whole. This rate is especially high for female headed households with no husband/partner present and children under five years of age.

Health and early childhood education data also paint a picture of significant challenges for the Gila region. They show that Gila County's immunization rate for two year-olds is well behind the state average. A notable proportion of births in Gila are to unwed mothers. In addition, a large percentage of the region's children have untreated oral health problems.

The large majority of children ages birth to five in Gila region are not enrolled in a licensed early care and education center. High quality child care options for parents are limited, with only a small number of the region's centers having national accreditation. In some areas of the region child care capacity appears to have reached its maximum, with waiting lists for enrollment being common. Regional costs for full-time child care amount to a substantial burden to low income working parents.

It is important to note that Gila's challenges are not equally distributed across the region. In fact, many indicators vary widely by community. Moreover, although numerous challenges exist, there is also evidence that the region's programs are having success in helping children and their families. Gila County's rate of child deaths is far below the statewide average. Most of Gila's mothers receive prenatal care. Graduation rates at regional school districts have often exceeded the rate for the state as a whole.

Identification of Greatest Regional Assets

The greatest regional assets for the Gila region are the people who are deeply concerned and committed to early childhood education and health issues for children ages birth through five. Although only formed in 2007, the Gila Early Education Partnership has already initiated community discussion and action around early childhood education issues. In addition to the community volunteers of the Gila Early Education Project, child care professionals comprise another important regional asset. Already far surpassing state averages for possession of a CDA or other Associate's degree, Gila region's child care professionals constitute an important pool of human capital. Gila's human capital assets dovetail with another regional asset, the availability of high quality on-line and distance learning Early Childhood Education courses geared towards professional development.

Demographics and geography also work in the region's favor. Gila's modest growth rate has not caused a strain on facilities services to the degree that explosives increases in population have had on some of its neighbors. While the Gila region includes many small communities scattered across a large area, a substantial proportion of the population resides in its southernmost section. This enables easier communication and coordination in efforts to improve early care and education services as well as more efficient deployment of resources.

Identification of Greatest Regional Needs

The Gila region's greatest needs are in the areas of early care and education, maternal health, community knowledge and vital data. Only a small proportion of the birth through five population is currently enrolled in child care, with waiting lists in some communities indicating capacity has been reached. The region needs more early care and education centers, and to insure that a much greater proportion of the centers currently operating offer high quality care. High quality child care requires high quality staffing. Additional professional development efforts are needed in Gila to help early education teachers and teacher's aides achieve higher levels of professional credentialing. The region's low teacher retention rate and salary levels are two other areas of early care and education needing improvement. The multitude of issues surrounding early childhood education suggests the need greater system level coordination of resources.

There is a clear need in the Gila region to improve the status of child and maternal health. Immunization rates remain low in some communities, and oral health care for children remains an unmet need not only in Gila but also statewide. The high rate of teen mothers and unwed mothers in the region indicates a need to increase health education efforts aimed at teenagers.

Effectively responding to these needs will require careful consideration by the Gila Regional Council. As noted, health and education indicators vary widely by city, sometimes requiring resources addressing a particular need to be allocated on a community-specific basis. An additional challenge in this respect is a lack of local and sometimes even regional level data to guide decision-making and track progress. Key informant interviews conducted in the region collected important data on early child education, but more grassroots-level data are needed and already gathered information requires follow-up. That data gathering is a key need of the Gila region and is reinforced by the fact that many of the key informants' areas of concerns match issues highlighted in this report: lack of immunization, the effects of methamphetamine-addicted parents and substance abuse in general, high teen pregnancy rates, and lack of prenatal care for mothers.

Appendices

Chart of Regional Assets – Gila

Agencies/Coalitions				
Almost New Shop	304 E. Aero Dr.	Payson	AZ	85541
Arizona Cooperative Extension	5515 S. Apache Blvd., #600	Globe	AZ	85502
Arizona Department of Economic Security (DES)	605 S. 7th St.	Globe	AZ	85501
Arizona Department of Economic Security (DES)	122 E. Highway 260, #110	Payson	AZ	85541
Arizona's Children Association	2123 Sunset Pt., Suites A & B, P.O. Box 2567	Globe	AZ	85502
Big Brothers Big Sisters of Central Arizona – Payson Office	P.O. Box 2956	Payson	AZ	85547
Community Action Program	107 W. Frontier St., Ste. C	Payson	AZ	85541
Community Kids, Inc.	1271 Walliman Rd.	Globe	AZ	85501
Court Appointed Special Advocate (CASA)	1100 E. Monroe St., Ste. 200	Globe	AZ	85501
Court Appointed Special Advocate (CASA)	714 S. Beeline Hwy., #104	Payson	AZ	85541
Dial-A-Rode (Cobre Valley Transit)	506 Sullivan St.	Miami	AZ	85539
Gila Community Action Program (CA)	5515 S. Apache	Globe	AZ	85501
Gila Community Food Bank, Inc.	317 Hackney Ave.	Globe	AZ	85501
Gila County Community Services Division - Housing Department	5515 S. Apache St., Ste. 200	Globe	AZ	85501
Gila County Department of Child Support	157 S. Broad St.	Globe	AZ	85501
Gila County Meth Coalition	P.O. Box 311	Globe	AZ	85502
Gila Department of Child Support	157 S. Broad St.	Globe	AZ	85501
Healthy Families Arizona	136 S. Broad St.	Globe	AZ	85501
Horizon Human Services	478 Hagen Hill Rd.	Globe	AZ	85501
Horizon Human Services	700 E. Wade	Payson	AZ	85541
Justice McNeely Foundation	P.O. Box 1675	Pine	AZ	85544
Lightening Transportation	407 S. Ponderosa St.	Payson	AZ	85541
Miami Food Bank	501 ½ Live Oak St.	Miami	AZ	85539
Mid-State Child care & Nutrition	134 S. Broad St.	Globe	AZ	85501
New Beginnings	701 S. Ponderosa St.	Payson	AZ	85541
Parent Resource Center	514 W. Wade Ln.	Payson	AZ	85541
Rim Guidance Center – Southwest Behavioral Center	P.O. Box 64	Payson	AZ	85547
San Pedro Behavioral Health Agency	980 Mt. Lemmon Rd.	Oracle	AZ	85623
St. Vincent de Paul Food Bank	511 S. St. Phillips St.	Payson	AZ	85541
St. Vincent de Paul's of Miami	914 Sullivan St.	Miami	AZ	85539
St. Vincent's of Holy Angels	143 S. Broad St.	Globe	AZ	85501
The Salvation Army	161 E. Cedar St.	Globe	AZ	85501
The Salvation Army	P.O. Box 1193	Payson	AZ	85547
Time Out Shelter	P.O. Box 306	Payson	AZ	85547
Veterans Helping Veterans	212 W. Wade Ln.	Payson	AZ	85541
Colleges				
No data given				

Hospitals/Clinics				
Coolidge Clinic	119 W. Central	Coolidge	AZ	85228
Globe/Hayden Clinic	5515 S. Apache Ave.	Globe	AZ	85501
Payson Clinic	107 W. Frontier St., Ste. A	Payson	AZ	85541
Cobre Valley Community Hospital	5880 S. Hospital Dr.	Globe	AZ	85501
Payson Regional Medical Center	807 S. Ponderosa Dr.	Payson	AZ	85541
Schools				
Globe Unified District	455 N. Willow	Globe	AZ	85501
Miami Unified District	P.O. Drawer H	Miami	AZ	85539
Hayden & Winkelman Unified District	P.O. Box 409	Winkelman	AZ	85292
Payson Unified School District	P.O. Box 919	Payson	AZ	85547
Community Centers				
Globe Senior Center	579 S. Broad St.	Globe	AZ	85501
Miami Senior Center	606 Live Oak St.	Miami	AZ	85539
Hayden Senior Center	520 Velasco Ave.	Hayden	AZ	85235
Payson Senior Center	514 W. Main St.	Payson	AZ	85541
Libraries				
Globe Public Library	339 S. Broad St.	Globe	AZ	85501
Hayden Public Library	Velasco Ave.	Hayden	AZ	85235
Payson Public Library	328 N. McLane Rd.	Payson	AZ	85541
Faith-Based Organizations				
Community Presbyterian Church	800 W. Main St.	Payson	AZ	85541
First Southern Baptist Church	302 S. Ash St.	Payson	AZ	85541
Payson Seventh-Day Adventist Church	700 E. Wade Ln.	Payson	AZ	85541

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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. For the Gila Region, this rapid needs and assets assessment approach consisted of consultants working with the RPC to create a survey to collect information on early care and education centers in the region (Wholonomy Consulting ECE Centers Survey). The survey was conducted by phone in June 2008 by a Gila Regional Council staff person. The staff person contacted 12 of the 22 programs listed on the Gila licensed centers database. Data collected from the centers were analyzed using Microsoft Excel. Results are reported as applicable to each question for which survey data were supplied. Consultants also collected data through key informant interviews and discussions with attendees at Gila Regional Council meetings.

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, and were even more frequently not available at the community level. 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 problem 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 ages birth through five 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.

FIRST THINGS FIRST

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