NEEDS AND ASSETS REPORT

2008

FIRST THINGS FIRST

North Phoenix

Regional Partnership Council

North Phoenix

Regional Partnership Council

Council

Bill Adams, *Chair*
Sally Downing, *Vice Chair*
Dr. Elaine Ellis
James Emch
Jenna Goad
Rabbi Rafael Goldstein
Gina Montes
Karyn Parker
Connie Robinson
Mindy Zapata
Vacant

Brenda Tomlin, *Regional Coordinator*

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.

www.azftf.gov/northphoenix

Contents

Executive Summary

First Things First presents Arizona with the unprecedented opportunity to create an early childhood system that affords all children an equal chance to reach their fullest potential, gives families real choices about their children's educational and developmental experiences, and includes every community through the thirty-one Regional Partnership Councils in sharing the responsibility as well as the benefits of safe, healthy, and productive citizens. The First Things First North Phoenix 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.

The North Phoenix Regional Council conducted its first Regional Needs and Assets report that highlights child and family indicators that illustrate children's health and readiness for school and life and provides an introductory assessment of the current early childhood development and health system. 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. 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 North Phoenix 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.

The North Phoenix Region is an area of diversity and contrasts. The area consists of 21 zip codes within and slightly beyond the actual limits for the city of Phoenix – encompassing three zip codes in Glendale and covering all the way north through Anthem and New River to the Maricopa County line. The Region contains strikingly different neighborhoods and areas, including the rural parts of New River, the North Central Corridor, Deer Valley and Moon Valley, and the lower income neighborhoods of Sunnyslope. The North Phoenix Region boasts a mixture of employment opportunities. There are large companies located here such as Cox, USAA, Blue Cross/Blue Shield, and John C. Lincoln Hospital with its Desert Mission programs, and higher education facilities such as ASU West, Glendale Community College, Paradise Valley Community College, and the Thunderbird School of Global Management. Elementary schools in the region fall within four districts: Deer Valley Unified School District, Washington Elementary School District, Paradise Valley Unified School District, and Madison Elementary School District.

The population of children and families in the North Phoenix Region differs somewhat from the rest of Arizona. Since 2000 this region grew rapidly. The population of children ages 0-5 in the region grew 34 percent from 2000 to 2007. In 2007, there were slightly over 63,000 children ages 0 to 5 in the region. The area is less ethnically diverse than other regions in the state. Children born in the region were predominantly Caucasian.

A large number of single parents live in this region. In the Sunnyslope area there is a predominance of teen mothers. Financial well-being in the region varies across

the communities. Some of the areas have median incomes that exceed the national and Arizona average. The Sunnyslope area and the smaller, more distant communities in the region have incomes that fall below the national median.

In many areas of the region, more than half of the population either has attended college or holds a college degree. Unemployment and poverty rates for most of the region mirror statewide numbers, with again the exception being the Sunnyslope area which has slightly higher rates.

When looking at health indicators, the majority of mothers in the area do receive prenatal care and the rate for low birth-rate babies in this area does not exceed the statewide rate. However, there are several areas where many children are uninsured and unmet dental and health care needs abound.

Data demonstrates that child abuse and neglect does exist in this region and one zip code area is considered a "high removal" area by the Department of Economic Security. Slightly more than one-third of the children removed from this region are aged five and under. Similar to the rest of the state, the number of Hispanic and African American youth in foster care in this region is disproportionate to the number represented in the overall population.

When looking at school readiness and using the DIBELS[1] tool as a measure, over 60 percent of the students entering the Washington Elementary School District schools lacked measured literacy skills when they entered Kindergarten. Other school districts were closer to statewide averages. Fortunately for the children in this region, once they do enter an elementary school program they are able to receive an instructional environment that allows them to catch up, and even move ahead of state AIMS test scores when testing occurs at the third grade level.

The North Phoenix Region has 41 accredited early care and education programs including Montessori programs, fee-for-service preschools, school district programs and Head Start sites. There are 179 licensed child care centers and family child care homes combined within the region, with an approved total capacity of 28,289. Slightly fewer than 17,000 young children are served in these facilities daily.

In the North Phoenix area, there is extensive array of education materials for families available. The Acacia Branch Library offers an innovative "Leading to Reading" program for parents of young children. There are 33 medical providers in the region that participate in the Reach Out And Read program, and many family needs are supported by the John C. Lincoln's Health Network's Desert Mission programs such as a children's dental clinic, a community health center, a food bank, the Marley House Family Resource Center, and the Lincoln Learning Center.

In the North Phoenix Region, there are multiple avenues for training and certification available to child care professionals in the region. However, a large majority of both teachers and assistant teachers do not possess a college degree.

According to the 2007 *Bright Futures* report, Arizonans surveyed indicated that only one in three is well informed on issues related to early childhood. At the local level, no surveys have yet been conducted to measure public support and awareness around the issues related to early care and education in the North Phoenix Region.

Key informant interviews from participants in the North Maricopa County

1 The DIBELS (Dynamic Indicators of Basic Literacy Skills) is used to identify children's reading skills upon entry to school and to measure their reading progress throughout the year.

Regional School Readiness Partnership and a focus group with members of local faith communities were conducted to gauge system coordination and sources of family stress respectively. Key informants perceived that organizations within the North Phoenix region are actively and effectively working together to improve the lives of families and young children. Faith communities demonstrated an availability of many varieties of resources to help build "family life skills" along with a willingness to offer even more classes and other supports for families.

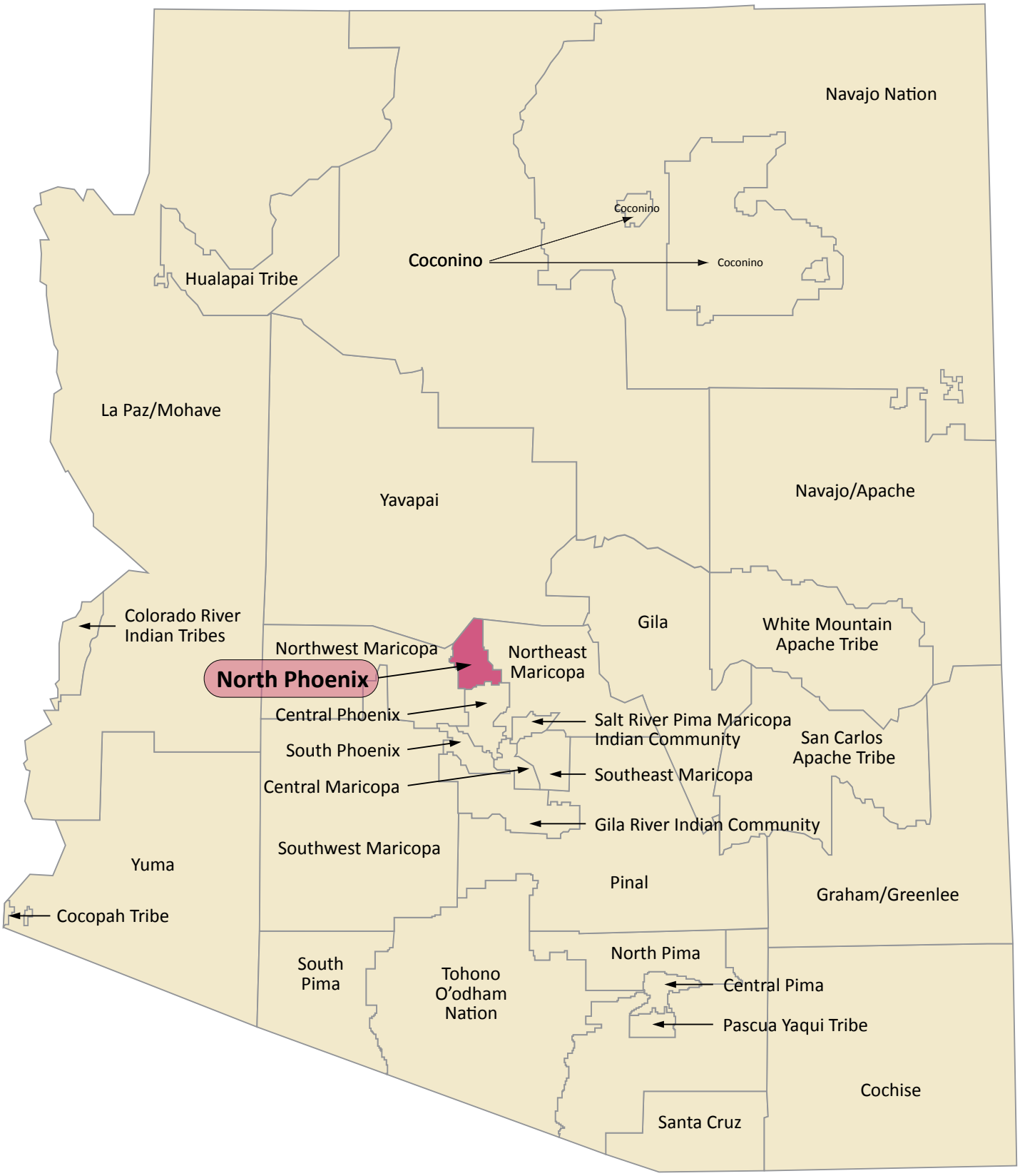
The North Phoenix Region is an area that boasts tremendous assets and tremendous needs. Such a combination suggests that many opportunities will exist for the North Phoenix Regional Partnership Council to build on successful assets in the community, and continue with the positive efforts to connect and coordinate existing resources for the benefits of young children and their families.

First Things First – A Statewide Overview

The mission of First Things First (FTF) is to increase the quality of, and access to, early childhood programs that will ensure that a child entering school arrives healthy and ready to succeed. The governance model of First Things First includes a State-level Board (twelve members in total, 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, thirty-one in total, represent a voluntary governance body responsible for planning and implementing actions to improve early childhood development and health outcomes within a defined geographic area (region) of the state. The Board and Regional Partnership Councils will work together with the entire community, all sectors, and the Arizona Tribes to ensure that a comprehensive, high quality, culturally sensitive early childhood development and health system is put in place for children and families to accomplish the following:

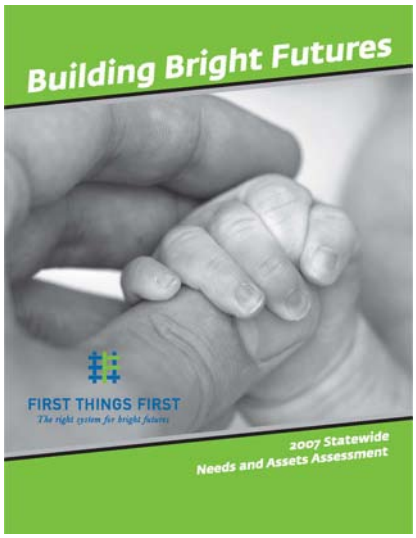
- Improve the quality of early childhood development and health programs
- Increase access to quality early childhood development and health programs
- Increase access to preventive health care and health screenings for children through age five
- Offer parent and family support and education concerning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


Navajo Nation
Coconino
Coconino
Coconino
Coconino
Hualapai Tribe
La Paz/Mohave
Yavapai
Navajo/Apache
Colorado River
Indian Tribes
Gila
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 North Phoenix Regional Partnership Council

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



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

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

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

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

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

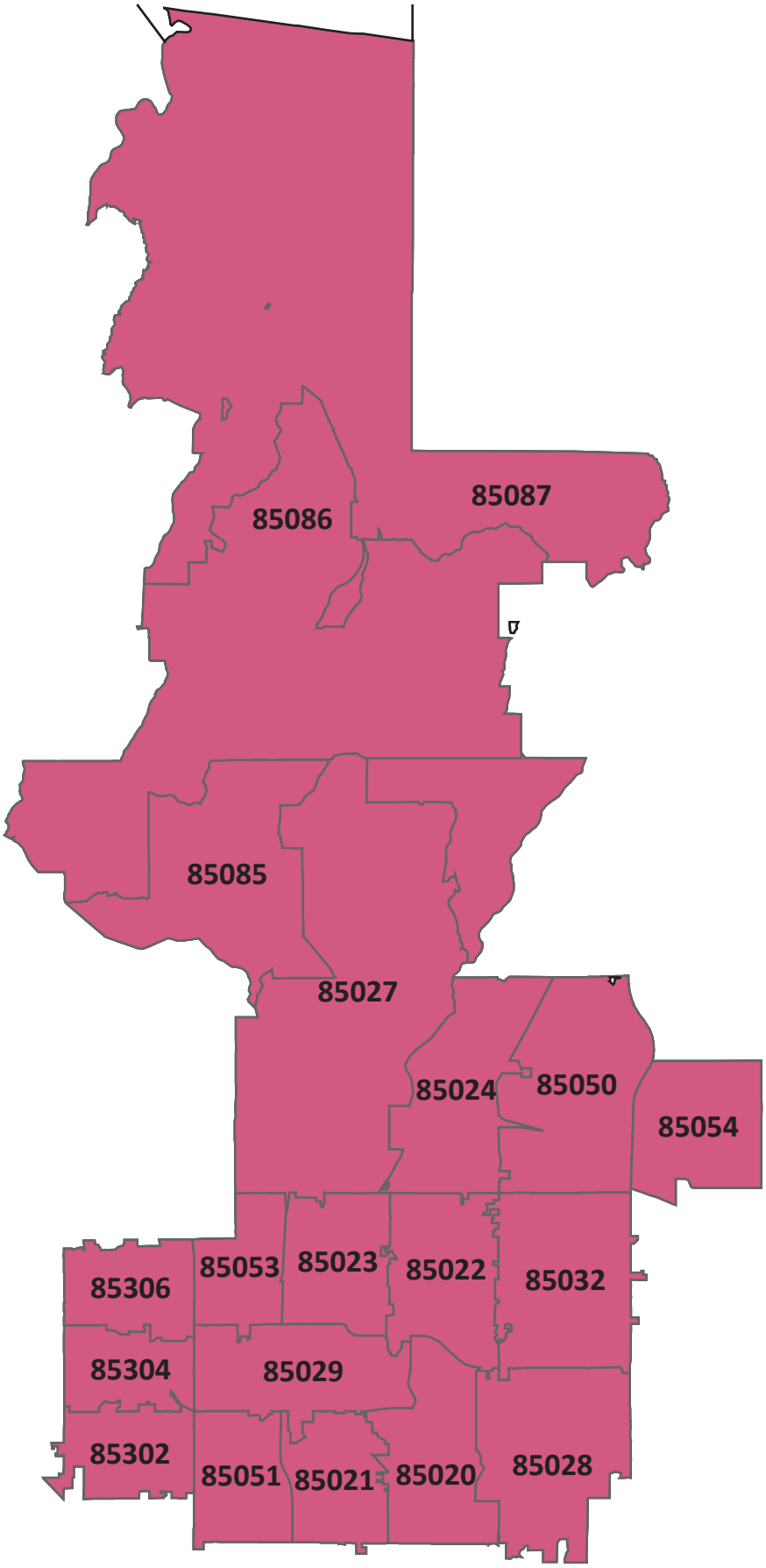
The First Things First model is for the Regional Council to work with the FTF Board to improve data collection at the regional level so that the Regional Council has reliable and consistent data in order to make good decisions to advance the services and supports available to young children and their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

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 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 thirty-one Regional Partnership Councils were also created to represent early childhood interests at the local level and, among other responsibilities, conduct a community-level needs and assets assessment every two years. Each eleven-seat council is comprised of community stakeholders with vested interests in the process of early childhood education and its outcomes (i.e., educators, parents, business leaders, physicians, etc.). This report presents findings from the first needs and assets assessment completed in 2008 for the North Phoenix Regional Partnership Council. Each assessment will be used to help guide strategic planning and funding decisions at the local level on behalf of the First Things First state initiative mandated by Proposition 203.

Overview of the North Phoenix Region

The City of Phoenix, located in Maricopa County, covers more than 517 square miles and has a population of over 1.5 million, ranking it the fifth largest city in the country and the largest capital city in terms of population. The FTF Board established three regions in the City of Phoenix: North, Central and South. The North Phoenix Regional Partnership Council boundary reaches as far North as New River and the Maricopa County line. In the West, it typically extends to 51st Avenue, including 3 zip codes for the City of Glendale. The East boundary of the region reaches 51st Street and winds along Tatum Boulevard. The South side of the region spans to Glendale Road. The North Phoenix Region is composed of metropolitan and small communities in close proximity to the Phoenix Metro area. The region includes neighborhoods as diverse as Sunnyslope, the North Central Corridor, Deer Valley, Moon Valley, Anthem and New River. The North Phoenix region includes the following zip codes: 85020, 85021, 85022, 85023, 85024, 85027, 85028, 85029, 85032, 85050, 85051, 85053, 85054, 85085, 85086, 85087, 85302, 85304, and 85306.

Elementary schools in the North Phoenix Region fall within four districts. They include Deer Valley Unified School District, Paradise Valley Unified School District, Madison School District, and Washington Elementary School District.


85086
85087
85085
85027
85024
85050
85054
85306
85053
85023
85022
85032
85304
85029
85302
85051
85021
85020
85028

Overview of Regional Child and Family Indicators

Regional Population Growth

From 2000 to 2007, the overall population of the North Phoenix region increased by 20 percent. The overall population increase for the same time period across Arizona was 23 percent. The state's exponential growth rate is reflected in the significant changes in the North Phoenix region in the recent past. For example, Anthem – adjacent to New River, is a planned suburb 34 miles north of downtown Phoenix. Anthem has grown rapidly since its beginning in the mid 1990's.

With this overall increase in population came significant growth in the number of children aged 0-5. The total number of children in this age range in the region grew by 34 percent, compared to 30 percent for the state as a whole.

Population Growth (all ages)

	2000	2007	Percent Change
North Phoenix Region	538,944	646,732	20%
Maricopa County	3,072,149	3,880,181	26%
Arizona	5,130,632	6,338,755	23%
U.S.	281,421,906	301,621,157	7%

Source: US Census (2000) and Population Estimates Progrm (PEP).

Population Growth for Children Ages 0-5 Years

	2000	2007	Percent Change
North Phoenix Region	47,017	63,065	34%
Maricopa County	241,974	323,868	34%
Arizona	455,745	593,578	30%
U.S.	19,175,798	20,724,125	8%

Source: US Census (2000) and Population Estimates Program (PEP).

Regional Race, Ethnicity and Language

While the North Phoenix Region demonstrates racial and ethnic diversity, residents in North Phoenix are primarily White. The percent of Hispanic residents varies among zip codes. The percentages of African American, Asian American, and Native American residents mirror more closely the state percentages. According to the 2006 U.S. Census data, Arizona's racial make-up includes 60 percent White/Non-Hispanic, 29 percent Hispanic/Latino, 4 percent Black/African American, 5 percent American Indian, and 2 percent Asian American. As the following chart shows the zip codes that are typically included in the "Deer Valley" area of the North Phoenix Region has a larger percentage of Whites and a lower percentage of Hispanics in comparison with the rest of the state.

Population Race / Ethnicity by Selected Zip Codes (2006)

Race / Ethnicity*	85022	85023	85027	85029	85053	85086
White	76.5%	71.7%	76.7%	62.9%	86.9%	83.0%
Hispanic	11.2%	13.2%	11.4%	19.0%	12.1%	8.6%
American Indian	1.1%	1.4%	1.1%	1.7%	1.0%	1.4%
Black	2.1%	2.5%	2.4%	3.2%	2.6%	3.9%
Asian / Pacific Islander	2.7%	2.8%	1.4%	2.6%	2.2%	0.9%
Other	6.4%	8.4%	7.0%	10.6%	7.3%	2.2%

Source: Arizona Department of Health Services, Division of Public Health Services, Office of Health Systems Development Statistical Profile 2008. *Includes people who reported more than one race.
Data from the smaller Sunnyslope area (i.e., zip codes 85020, 85021 and 85029) paints a different picture. In that area a much larger percentage of Hispanics and a smaller percentage of Whites live, compared to the selected zip codes listed above in the Deer Valley area of the North Phoenix Region (taken from 2000 census).

Sunnyslope Population by Race and Ethnicity

Race	Number	Percentage
White (includes Hispanic)	38,766	78.5%
Hispanic or Latino (any race)	16,244	31.8%
Mexican	13,948	85.9% of Hispanics
Black or African American	1,416	2.9%
American Indian/Alaskan Native	1,150	2.3%

Source: U.S. Bureau of the Census, United States Census 2000.

Data related to births in 2006 reflect a changing demographic for the greater Phoenix area as a whole. The largest percentage of births in 2006 was among Hispanic or Latino families (62 percent), followed by births to White, Non-Hispanics (26 percent). While race and ethnicity data for all children under five in the North Phoenix region was unavailable for this report, it appears that this subset of the population may be more likely to be Hispanic than the greater population of the region.

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
Phoenix*	26% (7,244)	62% (17,083)	5% (1,480)	3% (866)	2% (642)	1% (218)

*Data only available for the Phoenix Metro Area
Source: ADHS Vital Statistics, 2006.

Immigration Status

Young children in Phoenix are highly likely part of a family where a family member is an immigrant. According to the Kids Count data, 46 percent of all Phoenix children are part of an immigrant family. Statewide, 30 percent of all children have at least one foreign-born parent.

Children in Immigrant Families, Phoenix

Phoenix 2006	AZ 2006	US 2006
46%	30%	22%

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

Children of immigrants face challenges that children of native-born parents do not. Educational attainment of immigrant parents is often quite 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 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]

Immigrant families in Phoenix are also much more likely to be low income, suggesting that they and their children may face other economic-related barriers.

Children Living in Low-Income Families (below 200% of the poverty threshold), by Children in Immigrant Families, Phoenix

Children in Immigrant Families	Phoenix 2006	AZ 2006	US 2006
Children in immigrant families	69%	64%	50%
Children in U.S.-born families	37%	38%	37%

Source: Annie E. Casey Foundation. KidsCount. Children Living in Low-Income Families (Below 200 percent of the Poverty Threshold), by Children in Immigrant Families, Phoenix, AZ. As determined by the 2000 and 2001 Supplementary Survey and the 2002 through 2006 American Community Survey (ACS).

While many of the children in the Phoenix region are likely to be part of an immigrant family, they themselves are likely to be citizens. Citizenship status allows children to qualify for public benefits such as AHCCCS or KidsCare (publicly financed health insurance for low-income children) that are generally off limits to non-citizens.

Child Population, by Nativity, Phoenix

Nativity	Phoenix 2006	AZ 2006	US 2006
Native-born	89%	94%	96%
Foreign-born	11%	6%	4%

Source: Annie E. Casey Foundation. KidsCount. Child Population, by Nativity, Phoenix, AZ. As determined by the 2000 and 2001 Supplementary Survey and the 2002 through 2006 American Community Survey (ACS).

Nonetheless, citizenship status does not guarantee that young children are able to access services. Even though most young children in the region are likely to be citizens, the citizenship status of their parent may also affect their access to services. National studies suggest that many eligible citizen children with noncitizen parents are unaware or afraid of the consequences of participating in public programs on

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

their legal status and citizenship.[3] Similarly, interviews with local providers and educators suggest that families in which one or more parents are undocumented may not obtain needed services due to fear that they may be detained or deported. Schools and faith-based organizations are often considered to be "safe" places where families are more likely to access services for their citizen children.

Children Living in Linguistically Isolated Households, by Children in Immigrant Families (2006)

	Children in immigrant families	Children in U.S. Born Families
Phoenix	39%	1%
Arizona	35%	1%
US.	27%	1%

Source: Annie E. Casey Foundation. KidsCount. Children Living in Linguistically Isolated Households, By Children in Immigrant Families, Phoenix, AZ. As determined by the Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2006 American Community Survey.

Family Composition

Single Parent Families

In Phoenix, most children (64 percent) live in a household headed by a married couple. Twenty-five percent of households are headed by single mothers. Another 10 percent are headed by single fathers. Children in the Phoenix area are slightly more likely to be living in a single headed household than other Arizona children.

Child Population, by Household Type, (2006)

	Married-couple household	Father-only household	Mother-only household
Phoenix	64%	10%	25%
Arizona	67%	9%	23%
U.S.	68%	7%	24%

Source: Kids Count.

Children growing up in single-parent families typically do not have the same economic or human resources available as those growing up in two-parent families. Nationally, 33 percent of single-parent families with related children had incomes below the poverty line, compared to 6 percent of married-couple families with children. Only about one-third of female-headed families reported receiving any child support or alimony payments in 2006.[4] One-parent families often face overwhelming demands of work, housework, and parenting.

In many areas in North Phoenix, there are a high percentage of female-headed households with children.[5] The percent varies widely among zip code areas. The Sunnyslope area (zip code area 85029) has a high percentage of female headed households with children 0-18 years of age.

3 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.

4 Kids Count.

5 Source: Arizona Community Survey, 2006.

Percentage of Female-Headed Households with Children 0-18 Years Within Selected North Phoenix Zip Codes

	85022	85023	85027	85029	85053	85086
Single Parent Families	25.8%	27.1%	26.5%	30.5%	26.0%	10.3%

Source: Arizona Department of Health Services, Division of Public Health Services, Office of Health Systems Development Statistical Profile 2008.

Teen Parent Households

Phoenix has remained five points above the national figures and three points above Arizona overall in percentages of children born to young women 19 years old and under, with percentages fairly stable over five years.

Percentage of Children Born to Teen* Mothers

	2002	2003	2004	2005	2006
Phoenix	16%	15%	16%	15%	15%
Arizona	13%	12%	12%	12%	12%
U.S.	11%	10%	10%	10%	10**

*Teen defined as 19 years and under. Sources: American Community Survey, National Center for Health Statistics, ADHS Vital Statistics **Preliminary Data for 2006, 12/5/2006.

In the North Phoenix area, teen birth rates are higher than the state rate in the following zip code areas: 85023, 85029 and 85032. Conversely, the zip codes areas of 85024, 85050, 85085, 85087 and 85306 had a significantly lower rate of teen births than the statewide rate.[6] Teen birth rates for the Sunnyslope area (primarily zip code areas of 85020, 85021 and 85029) are twice as high when compared to the county and state.[7]

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 and 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. [8]

Births to teen mothers have implications on the need for early childhood services. Literature suggests that teen mothers often need high-quality early education for their young children so that they themselves can complete high school. In turn, high school drop-out affects the earning potential of teenage mothers and outcomes for young children.[9]

Grandparent Households

In Phoenix, just like other areas of the state, a significant number of grandchildren are in the care of their grandparents. One in twenty children in Phoenix has a grandparent as a primary caregiver. These grandparents often face challenges.

6 Deer Valley Social and Community Profile, 2008, John C. Lincoln.
7 Arizona Department of Health Services, Division of Public Health Services, Office of Health Systems Development Statistical Profile 2008 – Data as of October 2006
8 Annie E. Casey Foundation. KidsCount Indicator Brief: Preventing Teen Births, 2003.
9 Women's Health; 01 November 2000

Grandchildren in the Care of Grandparents (2006)

Phoenix	5%
Arizona	5%
U.S.	5%

Source: KidsCount.

Grandparent caregivers are more likely to be poor compared to their parent-maintained families. The 2000 census showed that 19 percent of grandparent caregiver households live below the poverty line, as compared to 14 percent of households with parents.[10] Furthermore, a portion of grandparent caregivers have either disabilities or age related functional limitations that affect their ability to respond to the needs of grandchildren. In 2006, 37 percent of grandparents (60 years old or older) living with grandchildren had a disability.[11]

When grandchildren are living in the same home with their grandparents in the North Phoenix Region zip code areas, the percentages of those solely responsible for their grandchildren ranges from a low of .7 percent in zip code area 85086, to highs of 5.3 percent and 8.8 percent in zip code areas 85087 and 85085 respectively.

Percentage of Households with Children 0-18 Years Within Selected North Phoenix Zip Codes Where Grandparents Have Responsibility for Their Grandchildren. (2000)

	85029	85051	85085	85087	85304	85306
Total Households	17,615	15,536	226	1,220	8,998	9,508
Households with Grandparents responsible for Grandchildren [number]	459	404	20	71	276	229
Households with Grandparents responsible for Grandchildren [percentage]	2.6	2.6	8.8	5.3	3.1	2.4

Source: 2000 USA Census Data

Employment, Income and Poverty

Joblessness can impact the home and family environment. In Arizona, recent unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.3 percent in May of 2007. For the most recent twelve-month reporting period, unemployment in Arizona has mirrored the national trend where an economic downturn has led to higher joblessness rates. In the greater Phoenix area, average unemployment is lower than the statewide average.

Average Unemployment Rates

	May 2007	April 2008	May 2008
Phoenix, Mesa, Scottsdale Metropolitan Statistical Area*	2.7%	3.2%	3.5%
Arizona	3.6%	3.9%	4.4%
U.S.	4.5%	5.0%	5.5%

*Data available only for this area
Source: Arizona Dept. of Commerce, Research Administration (June, 2008)

10 Census 2000. Grandparents Living with Grandchildren, 2000, Census Brief.
11 2006 American Community Survey.

Joblessness varies across the region. In the North Phoenix Region, only one zip code has had lower unemployment rates (2007 report) than the state average. Zip Code 85086 was at 2.5 percent unemployment[12]. Data from Sunnyslope reports unemployment rates consistent with the overall state average.

Annual Income

In the City of Phoenix, the median household income was $1806 less than the national median and $5876 less that the Maricopa County median household income in 2006.

Median[13][3] Annual Household Income (per year – pretax)

	2002	2003	2004	2005	2006
Phoenix	N/A	N/A	N/A	N/A	$46,645
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

Median annual household income varies widely across the North Phoenix region. For example, the median household income for selected zip codes in the region ranged from $42,215 in zip code 85023 to $62,610 in zip code 85086. Most notably, the Sunnyslope area reported a median household income of $32,229, considerably lower than other North Phoenix zip codes and lower than the county or state median household income levels.[14]

Families in Poverty

Many children in Phoenix live in poverty. (For a family of four, the Federal Poverty level is $21,200 a year).[15] Over half of the children living in Phoenix live in low income families, in which the families lives at or below 200 percent of the Federal Poverty Level. (For a family of four, 200 percent of the Poverty Level is $42,400 a year).

Children Living At Or Below 200 Percent of the Federal Poverty Level (2006)

	Percent of children living at or below 100 percent of the Federal Poverty Level	Percent of children living at or below 200 percent of the Federal Poverty Level
Phoenix	26	55
Arizona	20	45
US	18	39

Kids Count, 2007.

In the North Phoenix Region, as demonstrated in the chart below, income varies widely by zip code. For example, poverty in the 85029 zip code area is more than

12 Department of Health Services, Division of Public Health Services, Office of Health Systems Development Statistical Profile 2008 – Data as of October 2006

13 [3] 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.

14 Deer Valley Social and Community Profile, 2008, John C. Lincoln.

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

double the rate represented in the 85086 zip code area. This disparity is even greater for children under 12 years of age in the two areas.

Children Living At Or Below Federal Poverty Level in Selected Zip Codes, North Phoenix Region (2006)

Income	85022	85023	85027	85029	85053	85086
Population below 100% Federal Poverty Level	8.3%	9.3%	7.6%	12.3%	7.8%	5.1%
Population below 200% Federal Poverty Level	25.4%	25.9%	24.0%	32.5%	23.5%	13.8%
Children <12 in Poverty	13.4%	10.0%	10.4%	14.8%	9.7%	5.5%

Source: Arizona Department of Health Services, Division of Public Health Services, Office of Health Systems Development Statistical Profile 2008 – Data as of October 2006

In the Sunnyslope area, 23 percent of the population is living below 100 percent of the Federal Poverty Level, and 51 percent lives below 200 Percent of the Federal Poverty Level —much greater than the areas listed above and more in line with the amounts throughout the city of Phoenix.

Families living at or below 200 percent of the Federal Poverty Level generally qualify for services such as food stamps or the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).The chart below shows the number of food stamps and WIC recipients in Maricopa County in 2007.

Food Stamp Program, Individuals Participating by Selected Counties, July 2007

County	Persons Receiving Food Stamps	Percent Receiving Food Stamps
Maricopa	273,034	7%
Pima	93,077	9.7%
Apache	19,480	24%
Coconino	15,230	12.7%
Navajo	26,208	21.7%
Yavapai	12,399	5.6%
Yuma	26,994	13.6%
Gila	7,969	15.2%
Pinal	28,934	10.4%
Arizona	554389	8.7%

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

Seven percent of the population in Maricopa County received food stamps in 2007, a rate slightly lower than the state average. While a large number of individuals participate in the food stamps program in Maricopa County, there may be opportunities for more eligible families to enroll. Families are generally eligible for food stamps if their gross household income is 130 percent of the Federal Poverty Level or below.

Opportunities also appear to exist for many more infants, children, and women to receive WIC nutritional services. In 2007, 34,493 children received WIC services in Maricopa County. In 2009, 159,676 children will be potentially eligible.

WIC Participation By County (2007)

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

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

Parent Educational Attainment

Studies have found consistent positive effects of parent education on different aspects of parenting such as parenting approaches, attitudes, and childrearing philosophy. Parent education can potentially impact child outcomes by providing an enhanced home environment that reinforces cognitive stimulation and increased use of language.[16] 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.

For the North Phoenix region, in the zip code areas of 85022, 85023, 85027, 85029, 85053 and 85086, education levels indicate that a majority (well over 50 percent) of the population has either some college or hold a college or professional degree.

Education Attainment in Selected North Phoenix Zip Codes (2007)

Education	85022	85023	85027	85029	85053	85086
Less than 9th Grade Education	4.1%	3.5%	2.6%	5.4%	3.7%	3.8%
9th-12th Grade, No Diploma	7.0%	9.1%	9.1%	11.6%	8.4%	10.8%
High School Graduates	22.0%	27.7%	28.0%	27.8%	27.4%	30.7%
Some College	28.8%	28.8%	33.1%	30.6%	30.8%	27.9%
College / Professional Degree	38.1%	31.0%	27.2%	24.5%	29.8%	26.7%

Source: Arizona Department of Health Services, Division of Public Health Services, Office of Health Systems Development Statistical Profile 2008.

16 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.

The Sunnyslope area reports the following: 17 percent of the community residents have less that 9th grade education, 17 percent have 9th-12 grade but no diploma, 26 percent have a high school diploma, 21 percent some college, and 19 percent have a college or professional degree. These percentages find educational attainment in the Sunnyslope area lagging behind other parts of the North Phoenix Region, the county and state.[17]

Looking more specifically at educational attainment by mothers, approximately 22 percent of births nationally are to mothers who do not possess a high school degree. Data from Maricopa County show a higher percent than the national average. According to data reported from 2002 to 2006, almost 30 percent of mothers who gave birth in Maricopa County had less than a high school diploma, which is almost 10 percent higher than the state average over the same period of time. The state rate for births to mothers with no high school degree has remained fixed at 20 percent for the past three years.

Percentage of Live Births by Educational Attainment of Mother

		2002	2003	2004	2005	2006
Maricopa County*	No H.S. Degree	30%	31%	31%	30%	30%
	H.S. Degree	27%	26%	29%	27%	28%
	1-4 yrs. College	33%	33%	33%	34%	34%
Arizona	No H.S. Degree	20%	21%	20%	20%	20%
	H.S. Degree	29%	29%	29%	29%	30%
	1-4 yrs. College	32%	32%	32%	33%	33%
U.S.	No H.S. Degree	15%	22%	22%	Data not Available	Data not Available
	H.S. Degree	31%	Data not Available	Data not available	Data not available	Data not available
	1-4 yrs. College	21%	27%	27%	27%	27%

*Data available at the county level only. Numbers do not add to 100% since any education beyond 17 years and unknowns were excluded.
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 this healthy beginning. Some barriers to prenatal care in communities and neighborhoods include the large number of pregnant adolescents, the high number of non-English speaking residents, and the prevalence of inadequate literacy skills.[18] 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.[19]

17 Source: Arizona Department of Health Services, Division of Public Health Services, Office of Health Systems Development Statistical Profile 2008
18 Ashford, J., LeCroy, C. W., & Lortie, K. (2006). *Human Behavior in the Social Environment.* Belmont, CA: Thompson Brooks/Cole.
19 LeCroy & Milligan Associates (2000). Why Hispanic Women fail to seek Prenatal care. Tucson, AZ.

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.

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.[20] Any effort to increase prenatal care should consider these large ethnic differences. There are many barriers to the use of early prenatal care, including: lack of general health care, transportation, poverty, teenage motherhood, stress and domestic violence.[21]

The following chart presents data from selected communities to show a more regional picture. In Phoenix most (75 percent) of the mothers received prenatal care during their first trimester. For those women who began prenatal care in the first trimester in the North Phoenix zip code areas of 85022, 85023, 85024, 85027, 85032, 85050, 85053, 85085, 85086, 85087 and 85306, all exceeded this statewide percentage. Percentages within these zip code areas ranged from 79.4 percent in zip code 85032 to 94.9 percent in zip code 85085.[22] Statewide 2.9 percent of women had no prenatal care. In the Sunnyslope area, which has a higher percent of women of color and low-income families, 3.8 percent received no prenatal care.[23]

Selected Characteristics of Newborns and Mothers, Phoenix and Selected North Phoenix Region Communities (2006)

Community	Total	Teen Mother (</=19yr)	Prenatal Care 1st Trimester	No Prenatal Care	Birth Paid by PublicDollars	Low birth weight <2500 grams	Unwed Mothers
Phoenix	27,533	4,230	20,847	788	18,774	1,980	14,840
Anthem	318	5	289	2	42	22	39
New River	48	1	43	1	13	5	8

Source: Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics
No break down available by zip code for City of Phoenix.

Low-birth Weight

Low birth weight and very low birth weight (defined as less than 3lbs, 4 oz.) 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. In the Phoenix area, 1,980 babies were born with low birth weight in 2006, representing 7.2 percent of all births.

20 Arizona Department of Health Services, Health disparities report, 2005.
21 http://www.cdc.gov/reproductivehealth/products&pubs/dataoaction/pdf/rhow8.pdf
22 Arizona Department of Health Services, Division of Public Health Services, Office of Health Systems Development Statistical Profile 2008 – Data as of October 2006
23 Phoenix Sunnyslope Primary Care Area, Statistical profile, Office of Health Development, Arizona Department of Health Services.

The Statewide rate of low-weight births per 1,000 live births was 70.6. In selected North Phoenix zip code areas, the statewide rate was exceeded in five zip code areas – 85022 at 77.8, 85023 at 72.2, 85024 at 73, 85053 at 72 and 85085 also at 72.[24]

Health Insurance Coverage and Utilization

Uninsured Children

Health insurance significantly improves children's access to health care services and reduces the risk that illness or injury will go untreated or create economic hardships for families. Having a regular provider of health care promotes children's engagement with appropriate care as needed. Research shows that children receiving health care insurance[25]:

- 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.[26] Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.[27]

From 2001 to 2005, Arizona had a higher percentage of children without health insurance coverage compared to the nation. One reason that Arizona children may be less likely than their national counterparts to be insured is that they may be less likely to be covered by health insurance through their families' employer. In Arizona, 48 percent of children (ages 0-18) receive employer-based coverage, compared to 56 percent of children nationally.[28]

Percent of Children (0-5 years) Without Health Insurance Coverage

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

Source: Kids Count.

24 Zip code data from: Arizona Department of Health Services, Division of Public Health Services, Office of Health Systems Development Statistical Profile 2008 – Data as of October 2006

25 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.

26 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.

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

28 . 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.

Data on the number of uninsured children 0-5 in the North Phoenix Region was not available for this report. However, a 2007 report entitled Health Insurance In Arizona: Residents of Maricopa County provides estimates of the number of uninsured children living in each zip code area in Maricopa County. The estimates are based on health records contained in a community health data system known as Arizona Health Query (AZHQ). The data system contains health records for 1.4 million people in Maricopa County, representing 40 percent of county residents. Health records for children are even more complete in the AZHQ database, representing 72 percent of the county's children ages 0-9.

The report estimates that a large number of uninsured children do reside in the North Phoenix Region. In the chart below, the numbers of children without health insurance are estimated by zip code for 2004. Estimates are based on an estimate of the rate of uninsured children in each zip code area applied to US Census population projections.

Uninsured Children (ages 0-9) by Selected Zip Codes in the North Phoenix Region, 2004

Zip Code	Estimated Number of Uninsured Children
85020	8,945
85021	11,601
85022	12,200
85023	10,372
85024	6,021
85027	12,552
85028	5,461
85029	14,534
85032	21,540
85050	6,001
85051	13,523
85353	9,151
85054	523
85085	116
85086	2,284
85087	1,032
85302	11,405
85304	9,650
85306	8,331

Source: Arizona Health Query, as reported in Johnson, Dr. William G., et al. Health Insurance in Arizona: Residents of Maricopa County. Ira A. Fulton School of Computing and Informatics, Arizona State University, 2007.
Note: Counts for smaller enclosed zip codes were added to the counts for larger enclosing zip codes. Data were reported where total AZHQ was > 500.

The chart below shows overall data for 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, 66, 791children (ages 0-5) were enrolled in AHCCCS or KidsCare in Maricopa County in 2007.

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
Maricopa County*	54,083	63,590	59,097	59,850	3,996	4,963	6,016	6,941	58,079	68,553	65,113	66,791
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

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

While many children do receive public health coverage, many others who likely qualify, do not. In 2002, the Urban Institute's National Survey of America's Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona), but are not enrolled.[29] Indeed, the large percent of families who fall below 200 percent of the Federal Poverty Level in the region suggest that many children are likely to qualify for public coverage. National studies suggest that these same children are unlikely to live in families who have access to employer-based coverage.[30]

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

For the North Phoenix Region, this last factor may potentially play a large role, given the number of immigrant and linguistically isolated households in some parts of the region. 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. [31] Similarly, a 2007 Commonwealth Fund study found low rates of patient satisfaction among Arizonans, who cited lack of cultural competency as one contributing factor.[32]

Access to Medical Care

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.[33]

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

30 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.

31

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

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

While a variety of factors ultimately influence access to health care, health coverage does play an important role in ensuring that children get routine access to a doctor or dentist's office. For example, the chart below shows that for children under age five enrolled continuously in AHCCCS in Maricopa County, 78 percent received at least one visit to a primary care practitioner (such as a family practice physician, a general pediatrician, a physician's assistant, or a nurse practitioner) during the year in 2007.

Percent of Children (ages12 months – 5 years) Continuously Enrolled in AHCCCS Receiving One or More Visits to a Primary Care Practitioner

	Maricopa County	Arizona
2005	77%	78%
2006	78%	78%
2007	78%	78%

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.

The number and available primary care providers can also affect access to care. The Arizona Department of Health Services designates Arizona Medically Underserved Areas. Medically Underserved Areas/Populations are areas or populations designated as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population In the North Phoenix Region, zip code 85087 is considered an Arizona Medically Underserved Area. This zip code is north of Anthem and covers the New River area. [34]

Oral Health Access and Utilization

Access to dental care is also limited for young children in both the state and the region. In 2003, more than half (58 percent) of children 6 to 8 in Phoenix had experience with dental caries and more than one-third had untreated tooth decay. Nonetheless, these figures are better than the state as a whole, and the percentage of sealants among children is higher.

Oral health, Children (6-8 years old) (2003)

	Untreated tooth decay	Tooth decay experience	Urgent treatment needs	Sealants present
Phoenix	35%	58%	10%	30%
Arizona	40%	62%	9%	28%

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

Some areas in the North Phoenix Region appear to have a high percentage of children with urgent dental treatment needs. In 2004, John C. Lincoln Children's Dental Clinic conducted a visual dental screening exam on 6,328 students in seven elementary schools and one middle school in the Sunnyslope area. Of the children screened, 895 (14 percent) were found to be in need of urgent dental care (defined as presence

34 Arizona Department of Health Services, Division of Public Health Services, Office of Health Systems Development Statistical Profile 2008, Data as of October 2006

of bleeding, infection, pain, swelling and/or decay down to the gum line). 1,375 (22 percent) of the children had evidence of dental decay of a non-urgent nature; 4,058 students (64.1 percent) did not have cavities detected.[35]

Enrollment in Head Start helps ensure access to medical and dental care. Head Start requires children enrolled in its program to receive well child and oral health visits. In the Phoenix area, 94 percent of children enrolled in Head Start received a well child visit, and 96 percent received an oral health visit.[36]

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 special needs children 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, collaborating with Arizona Dental Association and the Arizona Department of Health Services to increase the number of providers who accept young children.

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 North Phoenix 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.[37]

The following data illustrates the existence of a problem of abuse and neglect in Maricopa County and the significant number of children that are placed at greater risk for poor school performance, frequent grade retention, juvenile delinquency and teenage pregnancy, as child abuse and neglect are strongly linked with these negative

35 2004 Sunnyslope Community Needs Assessment

36 Arizona Office of Oral Health; 2006 Survey of AHCCCS Providers

37 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.

outcomes for children. While the breakdown of such data by age was not available for this report, national data suggests that the incidence of child abuse and neglect is far greater for children under the age of 5 than for older children.

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

Child Abuse Reports, Substantiations, Removals, and Placements for Maricopa 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	11,877	11,303	10,823	10,576	10,019	9,622	9,573	10,284
Number of reports Substantiated	NA	NA	NA	NA	536	573	641	448
Substantiation rate	NA	NA	NA	NA	5%	6%	7%	4%
Number of new removals	1,847	1,947	1,888	2,080	1,954	2,013	2,013	1,988

*All data taken from Arizona Department of Economic Security Child Welfare Reports. Discrete data for "number of reports substantiated" not available in reports 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."

While the data demonstrates that child abuse and neglect exist in Maricopa County, it is important to note that a child abuse report is not an indicator of risk and does not necessarily tie to the removal of a child. There are many cases where the specific allegation in the report cannot be proven. The reports that are considered substantiated are a subset of the total number of reports that were received, investigated, and closed during the reporting period.

The table below provides a breakdown of reports received by each county in Arizona. Over half (57 percent) of the reports received were in Maricopa County. Of those reports made in Maricopa County, 6,098 were reports of neglect, followed by 3,424 reports of physical abuse, 645 reports of sexual abuse, and 117 reports of emotional abuse. Of the total reports received, between 4-7 percent resulted in substantiation.

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

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

Foster Care Placements

Foster care placement occurs with children whose parents are perceived as 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 Maricopa County there were 4,454 child placements in 2004 and that number increased to almost 5,000 in 2005 (See chart below). The majority of children in out-of-home care across the state of Arizona are either White (42 percent) or Hispanic (35 percent), followed by African American (13 percent). Both the Hispanic children and the African American children are disproportionate when compared to the demographics of the children living in the state.

For the North Phoenix Region from a point in time survey, there were a total of 562 removals throughout all zip code areas. One zip code within this area (85027) is considered a "high removal area" within Maricopa County. Nearly two thirds of the removals in this region are Caucasian children while the other one third is classified as Hispanic. As in the other areas, slightly more than one third of the children removed are aged 5 and under. The following chart provides more specific data by zip code.

Child Placements in Foster Care by Zip Code (2007)

ZIP Code		Number of Removals	Number of Foster Homes	Number of Removals (excluding children placed with relatives)	Difference between Foster Homes and Removals (excluding children placed with relatives)	Description
85020	Phoenix	24	9	18	-9	Large shortage of foster homes
85021	Phoenix	53	8	35	-27	Very large shortage of foster homes
85022	Phoenix	22	15	17	-2	Balance of foster homes and children
85023	Phoenix	29	11	20	-9	Large shortage of foster homes
85024	Phoenix	3	6	2	4	Foster homes exceed children
85027	Phoenix	70	19	55	-36	Very large shortage of foster homes
85028	Phoenix	7	6	5	1	Balance of foster homes and children
85029	Phoenix	35	25	20	5	Foster homes exceed children
85031	Phoenix	31	5	15	-10	Large shortage of foster homes
85032	Phoenix	50	21	35	-14	Large shortage of foster homes
85050	Phoenix	11	7	10	-3	Shortage of foster homes
85051	Phoenix	61	11	35	-24	Very large shortage of foster homes
85053	Phoenix	24	11	16	-5	Shortage of foster homes
85054	Phoenix	0	0	0	0	No children removed
85085	Phoenix	16	8	13	-5	Shortage of foster homes
85086	Phoenix	8	22	4	18	Foster homes exceed children
85087	New River	5	2	2	0	Balance of foster homes and children
85302	Glendale	59	23	43	-20	Large shortage of foster homes
85304	Glendale	36	24	27	-3	Shortage of foster homes
85306	Glendale	18	9	12	-3	Shortage of foster homes
Total		562				

Source: DES District 1, Point in Time report, November 1, 2007.

Child Mortality

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 Phoenix for children under the age of four.

Child Deaths Among the 0-4 Years Population

	2003	2004	2005	2006
Phoenix	3% (242)	3% (256)	3% (249)	3% (253)
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. Source: Arizona Department of Health Services.

The leading causes of death for infants in selected zip codes within the North Phoenix Region are presented in the chart below.

Leading Cause of Death for Infants in Selected North Phoenix Zip Codes

Zip Codes 85022, 85023, 85027, 85053 and 85086	Zip Codes 85024, 85032, 85050, 85085, 85087 and 85306
Infant Mortality	Infant Mortality
Cardiovascular disorders originating in the perinatal period	Fetus and newborn affected by maternal complications
Disorders related to short gestation and low birth weight	Sudden infant death syndrome
Fetus and newborn affected by maternal complications	
Sudden infant death syndrome	
Other ill-defined and unspecified causes of mortality	

The infant mortality rate can be an important indicator of the health of communities. Infant mortality is higher for children whose mothers began prenatal care late or had none at all, those who did not complete high school, those who were unmarried, those who smoked during pregnancy, and those who were teenagers.[38] 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.[39] 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.

In the North Phoenix Region, the infant mortality rate was highest in zip code 85053 at 10.4. This compares with a statewide infant mortality rate of 7.6 and a Maricopa County rate of 7.3. Zip codes 85022 and 85029 were also higher than the State and Maricopa County rates at 7.5 and 7.9 respectively. [40] Zip code area 85032 was significantly lower than either the State or County rate at 5.8.[41]

In the Sunnyslope area, the infant mortality rate is listed as 6.6 compared with the county at 7.3 and the state at 7.6. Further, Sunnyslope has a 55 percent premature mortality compared with a 51 percent county and a 53 percent state rate.

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

39 Chen, E., Matthews, K. A., & Boyce, W. T. Socioeconomic differences in children's health: How and why do these relationships change with age? *Psychological Bulletin, 129*, 2002, 29-329; Petridou, E., Kosmidis, H., Haidas, S., Tong, D., Revinthi, K., & Flytzani, V. Survival from childhood leukemia depending on socioeconomic status in Athens. *Oncology, 51*, 1994, 391-395; Vagero, D., & Ostberg, V. Mortality among children and young persons in Sweden in relation to childhood socioeconomic group. *Journal of Epidemiology and Community 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.

40 Arizona Department of Health Services, Division of Public Health Services, Office of Health Systems Development Statistical Profile 2008 – Data as of October 2006)

41 Arizona Department of Health Services, Division of Public Health Services, Office of Health Systems Development Statistical Profile 2008 – Data as of October 2006).

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 kindergarten is related to improved school performance in the early years.[42] 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.[43] Long-term studies have documented early childhood programs with positive impact evident in the adolescent and adult years.[44] Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.[45]

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 possessing self-confidence, the ability to solve problems, and 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 can and should be ready to do at the start of kindergarten), current assessment of those learning standards have not been validated nor have the standards been applied consistently throughout the state.

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

The results of the DIBELS assessment should not be used to assess children's full range of skills and understanding in the area of language and literacy. Instead, it provides a snapshot of children's learning as they enter and exit kindergarten. Since all schools do not administer the assessment in the same manner, comparisons across communities cannot be made. However, it is noteworthy that in the Washington

42 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.

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

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

45 Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., et al *The children of the cost, quality, and outcomes study go to school: Technical report,* 2000, University of North Carolina

School District, over 60 percent of the children entering Kindergarten lacked measured literacy skills when they entered Kindergarten.

DIBELS Scores for Kindergarten Classes Within North Phoenix

	Kindergarten DIBELS AZ					
	Beginning of the Year			End of the Year		
	% Intensive	% Strategic	% Benchmark	% Intensive	% Strategic	% Benchmark
Washington Elementary School District 2006-2007	61%	30%	9%	12%	15%	73%
PVUSD 2005-2006	23%	16%	60%	17%	18%	65%
PVUSD 2006-2007	29%	23%	47%	20%	26%	54%
PVUSD 2007-2008	20%	21%	59%	11%	18%	71%
Deer Valley 2004-2005	31%	18%	44%	25%	24%	51%
Deer Valley 2005-2006	30%	17%	44%	20%	22%	58%
Deer Valley 2006-2007	25%	20%	45%	15%	19%	65%

Source: PVUSD , Deer Valley Unified School District, Washington Elementary School District.

Elementary Education

While test scores in the elementary school years are influenced by many factors, test scores may in part be influenced by young children's school readiness.

Data is available for the North Phoenix region on the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA). The AIMS DPA is used to test Arizona students in Grades 3 through 8. 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 4 and 8 are given a Science assessment.[46] The chart below shows a complex picture of how each school district in the North Phoenix region performs as compared to percentage for all students in Arizona. For example, the Deer Valley school reports only 4 percent of students falling below the standard in Mathematics and only 2 percent falling below the standard in reading.

North Phoenix AIMS DPA 3rd Grade Score Achievement Levels in Mathematics, Reading, and Writing

School District	Mathematics				Reading				Writing			
	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
Deer Valley Unified	4	11	59	25	2	15	63	19	2	9	71	18
Madison Elementary	5	10	50	35	5	15	58	20	4	10	65	21
Paradise Valley Unified	6	12	51	31	4	15	62	19	3	8	61	28
Washington Elementary	13	22	50	16	10	28	55	7	8	17	63	13
State of Arizona Overall	9	17	54	20	6	23	59	13	5	13	66	16

Arizona Department of Education AIMS Spring 2007 Grade 03 Summary
FFB = Falls Far Below the Standard, A = Approaches the Standard, M = Meets the Standard, and E = Exceeds the Standard

46 Spring 2008 Guide to Test Interpretation, Arizona's Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.

Other factors also influence school performance and test scores. Such factors include whether or not children entering school live in poverty, whether or not students have learned English, and mobility within the school. Data in the chart below suggest that some schools in the North Phoenix Region are experiencing such challenges. The table provides information from six schools that serve Sunnyslope area students. As seen in the table, three of the schools, Desert View, Sunnyslope, and Mountain View have a very high percentage of students whose limited family incomes qualify them for the Free and Reduced Fee Food Program. Another revealing social characteristic is the high proportion of English Language Learners. This is an issue for all of the local area elementary schools, especially Mountain View with 68 percent of its students considered English Language Learners. The degree of school mobility, ranging from a high of 49 percent in and a low of 22 percent out is indicative of the transient nature of families with children in this community.

School Indicators for Selected North Phoenix Elementary Schools (2003/2004)–

Indicators	Enrollment		Free / Reduced Fee Lunch Program		In/Out Mobility (School)		English Language Learners	
Schools / Years	2003	2004	2003	2004	2003	2004	2003	2004
Desert View	624	655	95%	88%	40%/31%	35%/22%	48%	52%
Mountain View	1,111	999	94%	94%	44%/35%	39%/38%	62%	68%
Shaw Butte	1,136	1128	76%	84%	44%/33%	49%/37%	36%	41%
R.E. Miller	671	725	54%	57%	35%/33%	40%/32%	12%	18%
Sunnyslope Elementary	842	784	93%	93%	35%/26%	40%/32%	51%	60%
Royal Palm Middle School	1,152	1,191	68%	73%	32%/28%	43%/32%	30%	30%

Source: Washington Elementary School District Web site (*www.wesd.k12.az.us*).

Current Regional Early Childhood Development and Health System

Quality

States have been increasingly concerned about creating high quality early care and education for many reasons. The need for quality childcare is growing. Today, a majority of children ages 0-6 years of age participate in regular, nonparent childcare. Thirty-four percent participate in some type of center-based program.[47] In addition, research on the positive effects of early education has led to increased emphasis on quality early education. Research has found that high quality child care can be associated with many positive outcomes including language development and cognitive school readiness.[48] [49]

Licensure

Licensure or regulation by the Departments of Economic Security or Health Services ensures completion of background checks of all staff of child care providers and attainment of first aid and CPR training. Additionally, periodic inspections and monitoring ensure that facilities conform to basic safety standards. While licensure and regulation are a critical foundation for the provision of quality care for young children, these processes do not fully address curricula, interaction of staff with children, processes for identification of early developmental delays, or professional development of staff beyond minimal requirements.

Accredited Early Child Care Providers

Currently, there is no commonly agreed upon or published set of indicators of quality for Early Care and Education in Arizona. The Board of First Things First approved funding in March 2008 for the development and implementation of a statewide quality improvement and rating system. Named Quality First!, this system sets standards of quality for Arizona, which will take effect in 2010. Quality First!'s star rating system, when implemented, will assist families and community members, as well as providers, in identifying what quality child care looks like and which providers offer quality care. This system will be a clear asset upon which regions can build as they consider whether or not improving quality is a regional priority.

Until this Rating System is available statewide, this report presents for the North Phoenix Regional Partnership Council an initial snapshot of quality in the Region through the nationally accredited organizations approved by the Arizona State Board of Education. Nationally accredited organizations approved by the Arizona State Board of Education include:

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

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

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

North Phoenix has a total of 41 accredited early care and education programs. Two Montessori programs have earned AMI recognition. The Association of Christian School International has accredited one preschool/kindergarten. Thirteen preschools have gained NAC accreditation. Two programs have received accreditation from NECPA. Among the 23 NAEYC accredited programs are ten Head Start sites located within three school district settings (Deer Valley, Washington Elementary and Paradise Valley), three school district preschool programs, two preschool programs within Community College settings, and two multi-age centers with an intergenerational connection. With respect to meeting the needs of children with special needs, among the 23 NAEYC accredited preschools/early care providers within the North Phoenix region, the following three providers offer special programs: Desert Winds Special Education Preschool, United Cerebral Palsy of Central Arizona Early Learning Center, and the Children with Hearing Impairments preschool.

All NAEYC accredited providers were contacted to obtain enrollment information. Data was collected for 15 of the providers (65 percent). Of these, the total number of children enrolled in 2007-2008 was approximately 1,106 children. This does not include enrollment figures for the NAC accredited providers and the NECPA providers.

North Phoenix: Number of Accredited Early Care and Education Centers

	AMI/ AMS	ACSI	NAC	NAEYC	NECPA	NAFCC Homes	Head Start
Number of Accredited Centers	2*	1	13	23	2	0	20**

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/childcare/*
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 Accredited. Providers*http://nafcc.fmdatabase.com/fmi/iwp/cgi?-db=accreditationsearch.fp7&-loadframes*
NECPA *http://www.necpa.net/AcreditedPrograms.htm*
*AMI awards recognition, after self-study and visit, rather than accreditation.
**Total number of Head Start sites, of these 10 are currently accredited through NAEYC and are included in the total number of that column.

Ratios and Group Sizes

In addition to offering accreditation to early care and education programs, the National Association for the Education of Young Children (NAEYC) is involved in developing position statements around significant early childhood development issues. One area in which NAEYC has published recommendations for the industry

is in group sizes and staff to child ratios, since these factors have been shown to be significant predictors of high quality. Other national accreditation systems vary in the recommended ratios and group sizes. NAEYC published standards for staff to child ratios based on the size of the program and according to age group is reflected in the chart below.[50]

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 to Quality Early Care and Education

Family demand and access to early care and education is a complex issue. Availability and access are influenced by, but not limited to factors such as: number of early care and education centers or homes that have the capacity to accommodate young learners; time that families have to wait for an available opening (waiting lists); ease of transportation to the care facility; and the cost of the care. Data related to waiting lists is not currently available but will be a goal for future data acquisition. For the current Needs and Assets report for the North Phoenix Region, available data include: number of early care and education programs by type, number of children enrolled in early care and education by type, and average cost of early care and education to families by type.

Number of Children Enrolled in Early Care and Education Programs

There are numerous types of early care and education centers in the North Phoenix Region. Options for care within the region include school district programs for four-year old children; preschool programs that support children with special needs ages three to five; Head Start and Early Head Start programs for children meeting the federal income guidelines and age requirements (these programs provide developmental as well as health and social services); and regulated (licensed or certified) center-based and home-based programs. In addition, there are unregulated programs that provide home-based care. These numbers indicate that working parents have choices between types of care providers. However, these data do not indicate whether parents in North Phoenix Region have *quality* choices for care for their children.

The table below presents the number of children enrolled in early care and education programs by type in the North Phoenix Region. These numbers do not account for children cared for in unregulated care, by kin, or those who are in need of care

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

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.

North Phoenix: 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	26,946	276	919	148	28,289
Average number served daily	15,764	23	809	31	16,798

Source: DES Child Care Market Rate Survey 2007. (Data reoirted is for 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 Department of Economic Security's (DES) 2006 Child Care Market survey provides information on a range of child care settings statewide. For this report, data were analyzed by zip code to identify which early care and education providers were accessible in each *First Things First* Region. Only providers in the geographical boundaries of the North Phoenix Region are included. These data do not include all providers that are accessible to families in the North Phoenix Region.

There are four types of providers designated in the chart above: licensed centers, group homes, approved family child care homes, and providers registered with the Child Care Resource and Referral service. Licensed centers have been granted the ability to operate a safe and healthy childcare center by the Arizona Department of Health Services (ADHS). Small group homes are also licensed by the ADHS to operate safe and healthy childcare homes. Approved family childcare 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.

Licensure or regulation by the Departments of Economic Security or Health Services ensures completion of background checks of all staff or childcare providers, and monitors staff training hours related to early care and education, as well as ensuring providers have received basic first aid and CPR training. 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 Department of Economic Security's 2006 Child Care Market Rate Survey provides information on a range of fee-paying childcare settings, including licensed centers that provide fee-paying childcare, Head Start programs and district programs with fee-paying wraparound care, small group homes, family childcare providers certified by DES and those approved by agencies for the Child and Adult Care Food Program , as well as otherwise unregulated providers who register to be listed with the resource and referral agency as available childcare. This source is particularly

useful for understanding approved and unregulated family childcare and childcare for working parents. It does not, however, provide information about Head Start and district programs that do not charge fees.

Statewide data from the Market Rate Survey 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.

Cost of Care

The table below presents the average cost for families, by type, of early care and education. These data were collected in the Department of Economic Security's Market Rate survey, by making phone calls to care providers asking for the average charge for care for different ages of children. In general, it can be noted that care is more expensive for younger children. Infant care is more costly for parents, because ratios of staff to children 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 North Phoenix Region, childcare rates are most expensive for licensed centers when compared with other settings. Costs for infants show the greatest difference by type, at over $5.00 more per day for a licensed center compared with group or certified homes.

Average Costs of Early Care and Education

North Phoenix Region – Average Daily Charges by Provider Type and Age of Child						
	2004			2006		
	Infant	Toddler	Preschool	Infant	Toddler	Preschool
Group Homes	$26.75	$24.48	$24.04	$27.62	$26.09	$26.09
Licensed Centers	$32.96	$31.11	$26.76	$32.96	$31.64	$26.09
In Home Care	$26.00	$24.00	$26.00	$18.50	$17.50	$17.00
DES Certified Homes	$24.48	$23.23	$24.48	$24.30	$22.92	$21.64
Alt. Approved Homes	$17.87	$16.19	$17.87	$16.88	$15.85	$15.64
Non-Regulated Homes	$25.02	$23.98	$25.02	$26.39	$25.63	$24.90

The cost of child care can be a considerable burden for Arizona families. Yearly fees for child care in the state of Arizona range from almost $8000 for an infant in a licensed center to about $5900 for before and after school care in a family child care

home. This represents about 12 percent of the median family income of an Arizona married couple with children under 18. It represents 22-30 percent of the median income of a single parent female headed family in Arizona.

Child Care Costs and Family Incomes

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

NACCRRA Fact Sheet: 2008 Child Care in the State of Arizona. *http://www.naccrra.org/randd/data/docs/AZ.pdf*

As with many other services, cost of early care and education often is directly related to the quality of care. Providers of care and education struggle with the balance of providing a service for the market rate and affordability level for families. Increased quality often requires more employees, higher qualification, increased training, and better employee compensation. These are expensive business practices and demand increased compensation to the child care or program provider – costs that are typically a heavy burden for families with young children.

Health

Children's good health is an essential element that is integrally related to their learning, social adjustment, and safety. Healthy children are ready to engage in the developmental tasks of early childhood and to achieve the physical, mental, intellectual, social and emotional well being necessary for them to succeed when they reach school age. Children's healthy development benefits from access to preventive, primary, and comprehensive health services that include screening and early identification for developmental milestones, vision, hearing, oral health, nutrition and exercise, and social-emotional health.

Prenatal Care

Previous sections of this report discuss the importance of prenatal care and provide a review of prenatal care for the North Phoenix Region. The data shown indicate that most pregnant women receive some prenatal care. However, only about 25 percent receive the recommended number of thirteen or more prenatal visits. Further, data for the North Phoenix Region shows that in 2006, nine percent of pregnant women deliver without having any prenatal care visits. Based on population data for the region, there were estimated 788 babies born to women who received no prenatal care.

Access to Health Care and Well Child Visits

Access to medical care and routine well child checks are important to keeping young children healthy. However, in Arizona, many children do not receive medical care on a routine basis. In 2003, 305,562 Arizona children (ages 0-17) did not receive any medical care during the year.[51] In part, this can be attributed to high number of uninsured children in our state. (See previous section Health Coverage and Utilization.) As the table below suggests, health coverage and access to medical care are linked. However, Arizona children are more likely than their national peers to lack access to health care. For example, according the Robert Wood Johnson Foundation, Arizona has the highest rate of uninsured children who receive no health care during the year in the country.[52]

Percent of Children (0-17) Not Receiving Any Medical Care, 2003

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

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

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

Oral Health

Access to dental care is also limited for young children in both the state and the region. In 2003, 10 percent of children ages 6-8 in Phoenix had urgent dental needs. Thirty-five percent of children in Phoenix in the same age group had untreated tooth decay.

51 Robert Wood Johnson Foundation. Protecting America's Future: A State-by-State Look at SCHIP and Uninsured Kids. August 2007.
52 Robert Wood Johnson Foundation, Covering Kids and Families. "The State of Kids Coverage," August 9, 2006.

Need for Dental Care Among Children (ages 6-8)

	Phoenix	Arizona	U.S.
Untreated Tooth Decay	35%	40%	29%
Urgent Treatment Needs	10%	9%	NA

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

Lack of dental coverage may be a contributing factor to lack of oral health among children. The Arizona Department of Health Services' 2003 Community Health Profile for Phoenix shows that 25 percent of children lack dental insurance.

It appears that lack of dental care and incidence of tooth decay begins well before children reach school. 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 5 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 all Arizona kindergarten students had never been seen for 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.

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 was unavailable for this report, data from 2003 suggest that Phoenix lags behind the state and nation in percent of immunized two year olds. In 2003, only 66 percent of Phoenix two year olds were immunized according to the 4:3:1:3 immunization schedule.

Immunized Two-Year-Olds

North Phoenix Region	2003	2007	2008
Phoenix	66%	NA	NA
Maricopa County	56%	NA	NA
Arizona	80%	78%	81%
US	80%	82%	82%

Source: ADHS Community Health Profile, Phoenix, 2003. ADHS National Immunization Survey, comparison of 2007 to 2008 Results.

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 9, 18, and 24 months with a valid and reliable screening instrument. Providing special needs children with supports and services early in life will lead 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 developmental outcomes

and reduced developmental problems.[53] 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.[54]

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 childcare provider cannot identify children with special needs correctly.[55]

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)[56]. 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 federal Individuals with Disabilities Education Act (IDEA) governs how states and public agencies 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 3-21) receive special education and related services under IDEA Part B. Medically necessary intervention services may be provided through AHCCCS or the Division for Developmental Delays (DDD) within the Department of Economic Security.

In Arizona, one of the system components that serves eligible infants and toddlers includes the Arizona Early Intervention Program (AzEIP). Eligible children have not reached fifty percent of the developmental milestones expected at their chronological age in one or more of the following areas of childhood development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. Identifying how many children are provided services prior to reaching kindergarten is an important first step in understanding how well a community's screening and identification process is working. Additionally, the number of children being served provides initial information as to the demand for service providers who work with young children.

The following chart shows the number of AzEIP services for children 0-5 for children throughout Maricopa County.

53 Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). *Early intervention for children with special needs and their families: Findings and recommendations.* 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.

54 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.

55 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.

56 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.

Children 0-3 Years Receiving Developmental Services in Maricopa County

Service Received According to Age Group*	2005	2006
AZEIP Screening 0-12 months	276 (0.46%)	311 (0.49%)
AZEIP Screening 13-36 months	2,501 (1.39%)	2,810 (1.49%)

*The AZEIP data are only available at the county level.
Source: Arizona Early Intervention Program, Arizona Department of Health Services.

There are many challenges for Arizona's early intervention and special education programs in being able to reach and serve children and parents. Speech, Physical, and Occupational Therapists are in short supply and more acutely so in some areas of the state than others. 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 primary advocates 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 give parents some of the resources to increase the odds that their child will receive timely screening, referrals, and services.

Family Support

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

Many research studies have examined the relationship between parent-child interactions, family support, and parenting skills.[57] Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.[58] Strategies for promoting enhanced development often

57 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.

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

stress parent-child attachment, especially in infancy, and parenting skills.[59] Parenting behaviors have been shown to impact language stimulation, cognitive stimulation, and promotion of play behaviors—all of which enhance child well being.[60] Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, prosocial behaviors, and empathic communication.[61]

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 fully understand their role as their children's first teachers.

Supporting families is a unique challenge that demands collaboration between parents, service providers, educators and policy makers to promote the health and well being of young children. Every family needs and deserves support and access to resources. Effective family support programs will build upon family assets, which 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 best meet family needs.

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

There are a multitude of resources available in the North Phoenix Region to aid parent knowledge, family literacy and daily reading to children, including public libraries, such as the "Leading to Reading" program at the Acacia Branch; school programs that support family literacy through Head Start programs; local community organizations such as those provided by the John C. Lincoln's Health Network Desert Mission programs, and other groups dedicated to parents and families with young children. In addition, Raising Special Kids, the Southwest Autism Research and Resource Center (SAARC), United Cerebral Palsy of Central AZ, Inc., and Southwest Human Development all provide information and resources for families with children with special needs. A preliminary listing of resources within the North Phoenix Region has been included in the appendices of this report. All First Things First Regional Partnerships within Maricopa County and across the State are beginning to collect an inventory of such assets, which will continue beyond publication of this report.

59 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.

60 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.

61 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.

Parent Knowledge about Early Education Issues

When asked, childcare professionals continually report that families need more and better information around quality childcare[62]. Parents seem fairly perceptive of their need for more information. Supporting families is a unique challenge that will demand collaboration between service providers, parents, educators and policy makers to promote the health and well being of young children. In 2007, the Valley of the Sun United Way conducted a survey with parents (N =250) across Maricopa County. Results indicated that many of the parents surveyed (40 percent) felt knowledgeable about early childhood issues. Still, almost half of parents surveyed (40 percent) indicated they could use "a lot more" education about early childhood issues, with only 20 percent responding that they only wanted a little more information.

In the North Phoenix Region, there are an array of efforts, initiatives and programs providing support to families. For example, there are state-wide programs such as Healthy Families Arizona and Promoting Safe and Stable Families Programs that provide a variety of support services and parent education. School and library programs offer a wealth of resources for parent knowledge and education materials including classes, Web sites, handouts and brochures. The area hospitals provide classes and materials for children's health and education. Faith-based organizations and communities throughout the region also offer learning opportunities and resources for families.

The Reach Out and Read Program encourages family literacy during a child's visit to the physician/clinic. Children are given a book during each well-child check. Across Arizona there are 132 Reach Out and Read sites, serving 106,365 children annually and distributing over 202,224 books. There are 10 ROAR clinic locations in the North Phoenix Region, made up of 33 participating providers. These sites serve 8,826 children annually and distribute 17,652 books. Channel 8 PBS programming offers many opportunities for children and families to learn together using the Internet, television programming, and direct training. In the parent training component – Ready to Learn — families meet with a trainer and are given books and techniques for reading to their children as well as strategies for watching television together.

Professional Development

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

62 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.

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[63] Furthermore, formal training is related to increased quality care, however, experience without formal training has not been found to be related to quality care.[64]

A pressing concern of the North Phoenix Regional Partnership Council, and for many other areas around the state, is the preparation of its early childhood and elementary school teachers. Professional training and credentialing of professionals appears to be lacking in the region. Nearly three-quarters of child care teachers in the region have no degree, even fewer than the state percentage and significantly fewer than nationally.

Childcare Professionals' Educational Background

Degree Type	North Phoenix 2007		Arizona* 2007		U.S.** 2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants
No degree	72%	86%	61%	82%	20%	12%
CDA	9%	3%	9%	7%	N/A	N/A
Associates	12%	7%	15%	8%	47%	45%
Bachelors	21%	5%	19%	7%	33%	43%
Masters	6%	<1%	6%	<1%		

Source: Compensation and Credentials report, Center for the Child Care Workforce – Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population report, 2002.
* Arizona figures were determined by using the statewide average from the Compensation and Credentials report.
**U.S. figures had slightly different categories: High school or less was used for no degree, Some College was used for Associates degree, and Bachelors degree or more was used for Bachelors and Masters degree.

Professional Development Opportunities

Early childhood educators and professionals have a variety of education and training resources available, including online training and education and degree programs through the state universities or through the Maricopa Community College Programs. In the Phoenix area, Phoenix College provides a variety of education and certification programs designed to meet the needs of individuals interested in pursuing careers in early childhood education, or who are currently employed at preschools, child care centers, extended day programs, or other programs or agencies that focus on early childhood education and development. These varied pathways enable Phoenix College to address the needs of those students who wish to continue their education at the university level as well as those students who need the credentials of a two-year degree.

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

64 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.

Available Education and Certification Programs for Childcare Professionals

2007-2008
PVCC offers: Associate of Arts in Elementary Education; Associate in Applied Science in Early Childhood Education; Certificate of Completion in Early Childhood Education
GCC offers: Associate of Arts in Elementary Education; Associate in Applied Science in Early Childhood Administration & Management, Early Childhood Education, and Family Life Education; Certificate of Completion in Child & Family Organizations Management and Administration, Early Childhood Education, Parent Education & Developmental Disabilities Specialist.
ASU – West offers: Associate in Transfer Partnership in Elementary Education

Paradise Valley Community College: Within the North Phoenix region, Paradise Valley Community College (PVCC) offers an Associate in Arts in Elementary Education, which requires coursework in child development and exceptional learning. PVCC also offers an Associate in Applied Science degree in Early Childhood Education, and a Certificate of Completion program in Early Childhood Education. The Associate of Applied Science Early Childhood Education degree program and Certificate of Completion programs include coursework such as: health and safety in early childhood settings, child development, art activities for the young child, parent-child interaction, mainstreaming the youth child with a disability, preschool education, observing young children, science and math for the young child, literacy development, early childhood curriculum development, movement/music for the young child, discipline/guidance of child groups, cultural diversity in education, infant/toddler development, among others.

Glendale Community College: Glendale Community College (GCC) offers an Associate in Arts in Elementary Education; Associate in Applied Science degrees in Early Childhood Administration and Management, Early Childhood Education, and Family Life Education; and Certificates of Completion in Child and Family Organizations Management and Administration Early Childhood Education, Parent Education, and Developmental Disabilities Specialties.

Arizona State University (ASU): The ASU-West Campus offers an ATP in Elementary Education. The Associate in Transfer Partnership degree is an articulated academic program of study established among the student, the accredited baccalaureate degree-granting institution selected by the student, and the primary Maricopa Community College the student attends.

The Statewide Child Care and Early Development System (S*CCEEDs) is a registry for early care and education professional tracking education and training. S*CCEEDs also provides trainings in core knowledge elements such as: Child and Family Development, Family and Community Contacts, Professional and Personal Development, Care and Teaching of Young Children and Administration and Management. S*CCEEDS also provides training through their Distance Learning Opportunities.

Employee Retention

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

more qualified and who maintain employee retention is associated with more positive outcomes for children.[65] More specifically, research has shown that childcare providers with more job stability are more attentive to children and promote more child engagement in activities.[66]

As the chart below shows, average length of employment has remained low with teachers employed more than five years at 35 percent. The average length of employment for other child care professionals also is low. Only 14 percent of assistant teachers, for example, are employed more than five years.

Average Length of Teacher and Administrative Director Employment, North Phoenix Region (2007)

	Avg. Length of Teacher Employment – 2007	Avg. Length of Admin. Director Employment – 2007
6 Months or Less	7 / 5.6%	3 / 3%
7 – 11 Months	3 / 2.4%	1 / 1%
One Year	18 / 14.6%	11 / 11%
Two Years	23 /18.7%	4 / 4%
Three Years	25 / 20%	11 / 11%
Four Years	4 / 3.2%	2 / 2%
Five Years or More	43 / 35%	65 / 65%
Don't Know/Refused	0	3 / 3%
Total*	123	100

Source: Compensation and Credentials report, 2007.
*Number of facilities Answering in Each Category out of 1,358 Facilities in Arizona

Average Length of Employment for Childcare Professionals in North Phoenix (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	6%	6%	18%	20%	14%	7%	26%	3%	0%
Assistant Teachers	13%	6%	17%	19%	9%	4%	11%	20%	2%
Teacher Directors	4%	0%	5%	4%	5%	5%	26%	50%	1%
Administrative Directors	5%	1%	4%	7%	7%	6%	41%	28%	1%

Source: Compensation and Credentials Survey

Compensation and Benefits

Higher compensation and benefits have been associated with quality childcare. Research studies have found that in family care and in childcare centers, workers' salaries are related to quality childcare[67]. Furthermore, higher wages have been found

65 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.

66 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.

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

to reduce turnover—all of which is associated with better quality childcare[68]. Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.[69]

As the chart below shows, small salary increases have been implemented from 2004 to 2007 in North Phoenix. However, for assistant teachers the salary increased only 80 cents from 2004 to 2007.

Average Wages and Benefits for Childcare Professionals in North Phoenix

	2004	2007
Teacher	$10.23	$11.75
Assistant Teacher	$7.98	$8.78
Teacher/ Director	$13.34	$16.19
Admin/ Director	$17.12	N/A

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

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.[70]

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

In the North Phoenix Region, many organizations currently play a role in providing information on child development and family resources and supports to families. A preliminary 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

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

69 Ibid.

70 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.

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 Web site 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.

- **Head Start –** The North Phoenix Head Start Programs 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.

Additionally, a number of organizations, hospitals, and businesses collaborate to educate parents on child development by providing resources such as:

Learning Kits – Several organizations in the North Phoenix Region provide kits to families with information on how to best care for young children.

The Virginia G. Piper Charitable Trust collaborates with the medical community to provide information to parents of newborns through area hospitals. The kits provided include the Arizona Parents Guide, which contains useful tips about child development, health and safety, quality childcare, and school readiness. The kit also includes five high quality videos describing the importance of the early years of child development, parenting skills such as positive discipline, quality early care and education settings, and keeping a child well and healthy. A first book for baby is also included in the kit.

The Arizona Literacy and Learning Center provides Readiness kits for parents with young children that includes eighteen categories of objects that are appropriate for interactive play with infants and toddlers. *The Play to Learn* activity book included in the kit provides activities that nurture learning through multiple intelligences across four major learning domains. A special emphasis is put on language development and pre-math and pre-reading skills as well as the development of self-confidence, self-image, and imagination.

The Valley of the Sun United Way provides School Readiness Kits to parents and caregivers in Maricopa County. This comprehensive tool (offered in both English

and Spanish) is divided into three sections including Early Learning & Development, Nurturing a Positive Attitude and The First Day of School. The kit fosters proper learning and social skill progress for children ages 0 – 5.

John C. Lincoln Hospital provides leadership in the community by offering resources to help improve the health and well being of the residents. This hospital is seen as a key resource to the community.

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.[71]

System Coordination

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

System coordination can help communities produce higher quality services and obtain better outcomes. For example, one study found that families who were provided enhanced system coordination benefited more from services than did a comparison group that did not receive service coordination.[72] Effective system coordination can promote First Things First's goals and enhance a family's ability to access and use services.

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

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

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

resources and services. Connections between early education and health providers could be forged.

Parent and Community Awareness of Services, Resources or Support

Building Bright Futures, the 2007 Statewide Assessment, noted that the passage of First Things First by majority vote demonstrates that Arizonans are clearly concerned about the well-being of young children in Arizona. However, when asked "how well informed are you about children's issues in Arizona," more than one in three respondents say they are not informed. A 2007 survey of families conducted for Valley of the Sun United Way indicated that young parents rely heavily on the Internet as well as family and friends for information on resources and support services. Traditional models of the phone book, magazines, governmental or contract agencies were of low utility for parents. The majority of families across Maricopa County report soliciting referral advice and information from friends and relatives. In this study, parents reported general satisfaction with their childcare provider.

To obtain community-level information pertaining to systems coordination, a detailed questionnaire was shared with thirteen (13) community members of the North Phoenix region representing diverse sectors of the community, including school districts, community colleges, child care and learning centers, preschools, faith-based organizations, non-profit organizations, Head Start programs, local governmental entities, and relevant early childhood associations and advocacy groups. Select findings are as follows.

The primary agencies or groups identified as currently set up to increase system coordination in the community include: Valley of the Sun United Way (VSUW), Arizona Association for Supportive Child Care (ASCC), Southwest Human Development, Arizona State University's Office of the Vice President for Education Partnerships Community of Practice Group, Arizona Child Care Association, Protecting Arizona's Families Coalition (PAFCO), Arizona Kith and Kin Project Partnerships, Safe Kids Coalition Partnerships, and Paradise Valley Community College.

Some of the many regionally coordinated workgroups and active committees which meet on a regular basis, identified by respondents, include: Valley of the Sun (VSUW) quarterly meetings and more frequent Sub-Committee meetings; Paradise Valley Community College (PVCC) Early Childhood Education Advisory Committee meetings; PVCC Teacher Development Center's Learning Connections monthly outreach sessions; PVCC Parent Advisory Committee; North Maricopa County Regional School Readiness Partnership Workgroup (supported by VSUW and initially funded by AEEF) monthly meetings; ASU Community of Practice bi-monthly meetings; AZ Kith and Kin Project weekly meetings with Head Start programs, school districts and community organizations; Safe Kid Coalition monthly meetings, Sunnyslope W.I.N.S. monthly meetings, among many others.

Ninety-percent of respondents perceive that organizations within the North Phoenix region are actively and effectively working together to improve the lives of families and children ages 0-5. With respect to sector representation, feedback from survey respondents suggests that coordination efforts within the North Phoenix region has reached a diversity of community stakeholders, including members of the child care industry, public education systems, community-based programs, language

and literacy programs, Head Start programs, churches, libraries, and hospitals. Sector representation that was deemed as "lacking" by survey respondents overwhelmingly included a gap in participation from local businesses, corporations, and parents. While numerous positive efforts have been made to encourage parent involvement, such a parent summits, parent focus groups, and parent community mobilization efforts, parent involvement was sited by 100 percent of survey respondents as been a particularly difficult challenge for most of the North Phoenix coordination groups.

Data from key informant interviews found that parents of young children consistently felt that they "didn't know how to parent." In terms of other resources within the Region, faith communities offer a variety of classes for families and are willing to do more. Other identified needs were the high rate of teen pregnancy, families not meeting their basic needs, concern about special needs children, and lack of flexible support services.

In terms of demographic and geographic representation, while survey respondents believe their coordination and programmatic reach is huge (covering much of Maricopa County), a majority of respondents suggested that there are several zip code areas and/or specific school districts (such as the Washington Elementary School District and Glendale Union High School District), which are not yet adequately represented. Several respondents also suggested that federal, county and city services that support young children and their families, such as WIC, nutrition networks, parks and recreation, family service centers, Department of Economic Security and Department of Health Services licensing representatives, should be more substantively represented for coordination efforts to be effective.

Additionally, there are several communities that survey respondents suggested may be left out or are underrepresented in coordination efforts of the North Phoenix region, including refugee and immigrant communities (Catholic Social Services and Lutheran Network clients), and agencies representing minority/ethnic groups.

Suggestions provided by survey respondents to improve coordination efforts, and better reach under-served populations/sectors in the North Phoenix region, included the following:

- Centralize community coordination efforts through the First Things First Regional Partnership and State initiatives to leverage funds, resources and enhance service delivery;
- Utilize additional funding to bring projects to scale to expand services and representation to all areas and community groups;
- Extend outreach efforts to all parents of children 0-5, rather than just targeting low income families;
- Continue to actively inform the public of the importance of early education and health services for children 0-5; and
- Actively recruit the local business community to become more involved in supporting early childhood development and education efforts in the North Phoenix region.

Data from the 2004 Sunnyslope Community Needs Assessment provides information on 10 priority areas and identifies current efforts and strategies to more effectively meet needs in each of the 10 areas (See this document for greater detail). For example, with regard to Health Care the report lists the following:

Health Care

Current Efforts	Strategies for Consideration
• John C. Lincoln Children's Health Care Center • Expansion of children's clinic to serve adults • AHCCCS enrollment • Health Fair • OSCO Drug Store providing health screenings • Maricopa County Clinic • Life Choices, Women's Clinic	• Provide education on AHCCCS plans • Cultivate a stronger relationship between DES, service providers and consumers • Assistance for seniors, and more screening provided at the senior's center and other places where seniors frequent; assistance with cost of medication, hearing aids and glasses. • Community Health Fair to offer information, immunization and screening opportunities • Examine system of care issues (reasons to prefer emergency department use) • Education on existing health service continuum and how to access it • Preventive education/healthy lifestyle, exercise and nutrition focus that targets risk factors prevalent in the community (STDs, HIV/AIDS, heart disease, birth outcomes) • Contribute to policy discussions on affordable health insurance (fewer small businesses are offering their employees health care) • Provide opportunities for free screening in the local areas • Assist senior citizens to understand health insurance options (assistance on the Copper Card is available through the Governor's Office) • Create an information source and disseminate in English and Spanish

Identification of Greatest Regional Assets

The area boasts a wealth of community resources for residents. Key informant interviews identified the following key assets in the North Phoenix area: John C. Lincoln Hospital, diversity in the community, a good economic base, growth potential, housing opportunities, excellent schools, partnerships between schools and local business, and active community centers in Anthem and other neighborhoods. The area has two of the top medium companies to work for: Global Water Resources and Humana; and two of the top large companies to work for: John C. Lincoln and USAA. In the Sunnyslope area the identified strengths were the quality of life available, a caring community, collaboration (the level of collaboration is considered to be particularly strong in this area), the Sunnyslope Youth and Family Partnership, and the John C. Lincoln Health Network.

The elementary education resources can provide children who are ready to learn with the opportunities needed to advance through high school and into post-secondary education environments. The Valley of the Sun United Way and other metropolitan Phoenix resources also present the North Phoenix region with additional choices to enrich early childhood education experiences and offer alternatives for care and support services. The region's unique collaborative efforts also provides a critical vehicle for information sharing and knowledge-building that can help create conditions for a real learning community with parents, business, faith-based groups, educators, healthcare, and social service providers in regard to the health and development needs of young children.

Identification of Greatest Regional Needs

As is so often the case, great strengths can also be the flip side of subtle challenges. The region's close proximity to Central Phoenix makes it an attractive place for the settling of new residents coming into the state who want to be close to a large metropolitan economy, yet live in a community outside of the city proper.

Key informant interview conducted in the Deer Valley community identified the following needs: methamphetamine use and the lack of substance abuse treatment services, families unable to meet basic needs, child abuse, lack of health care specialists at Mendy's place and Anthem, lack of urgent care services in some areas, lack of affordable community activities, high divorce rate, and high use of the John C. Lincoln emergency room because of a lack of insurance.

Based on 30 community stakeholder interviews and focus groups in the Sunnyslope area 10 areas were identified as community needs (listed in order of perceived importance): housing, economic development, homelessness, health care, cultural and language barriers, personal safety and sense of security, mental and behavioral health, dental neglect, pregnancy and birth outcomes, and child care alternatives.

Appendices

Chart of Regional Assets – North Phoenix

Agencies/Coalitions				
Abbe's Sanctuary for Women	3198 W. Williams Dr.	Phoenix	AZ	85027
Arizona Department of Economic Security – Family Assistance Administration	3150 E. Union Hills Dr.	Phoenix	AZ	85050
Arizona Literacy and Learning Center	14001 N.7th St.	Phoenix	AZ	85022
Autism Society of America – Greater Phoenix Chapter	223 W. Wikiup	Phoenix	AZ	85027
Arizona Department of Economic Security Child Care Administration	3150 E. Union Hills Dr.	Phoenix	AZ	85050
Arizona Department of Health Services – Women, Infants and Children	19401 N. Cave Creek Rd.	Phoenix	AZ	85024
City of Phoenix Housing Department – Phoenix Desert Meadows	16819 N. 42nd Avenue	Phoenix	AZ	85053
Covenant of Grace Ministries	1827 W. Grovers Ave.	Phoenix	AZ	85023
Desert Mission Food Bank	9229 N. 4th St.	Phoenix	AZ	85020
Devereux Arizona	2320 W. Peoria Avenue	Phoenix	AZ	85029
Jewish Family & Children's Services	6376 W. Bell Road	Glendale	AZ	85308
Lincoln Learning Center	33 E. Eva St.	Phoenix	AZ	85020
Marley House Family Resource Center	9221 N. Central Ave.	Phoenix	AZ	85020
New Era Children's Fund	12614 N. 28th St.	Phoenix	AZ	85032
North Maricopa County Regional School Readiness Partnership	Valley of the Sun United Way, 1515 East Osborn Road	Phoenix	AZ	85014
Operation Care North – Valley Heights Baptist Church	1827 W. Grovers Avenue	Phoenix	AZ	85023
Phoenix Valley Area Single Parents Association Support Groups	Call for meeting information (623-581-7445)	Phoenix	AZ	85032
Sunnyslope W.I.N.S.	9221 N. Central Avenue	Phoenix	AZ	85020
The Children's Center	18401 North 32nd St., Building D	Phoenix	AZ	85032
With Child Center, Ltd.	3121 E. Greenway Rd., Suite 303	Phoenix	AZ	85032
North Phoenix Chamber of Commerce	2737 E. Greenway Road, Suite 10	Phoenix	AZ	85032
Colleges				
Arizona State University West Campus	4701 W. Thunderbird Rd.	Glendale	AZ	85306
Glendale Community College – North Campus	5727 W. Happy Valley Rd.	Glendale	AZ	85310
Paradise Valley Community College	18401 N.32nd St.	Phoenix	AZ	85032
Rio Salado College Online – Rio North Paradise Valley	4550 E. Cactus Road	Phoenix	AZ	85032
Thunderbird School of Global Management	15249 N. 59th Avenue	Glendale	AZ	85306
Hospitals/Clinics				
Banner Thunderbird Medical Center	5555 W. Thunderbird Road	Glendale	AZ	85306
Cactus Children's Clinic	5210 W. Thunderbird Rd. Suite 300	Glendale	AZ	85306
Children's Dental Clinic	9229 N. 4th St.	Phoenix	AZ	85020
Children's Medical Group Ltd.	5757 W. Thunderbird Rd. #E255	Glendale	AZ	85306
Community Health Center	9221 N. Central Ave.	Phoenix	AZ	85020
John C. Lincoln Deer Valley Hospital	19829 N.27th Ave.	Phoenix	AZ	85027
Kids Connection Pediatrics	14640 N. Tatum Blvd.	Phoenix	AZ	85027
North Valley Pediatrics	702 E. Bell Road, Suite 117	Phoenix	AZ	85022

Paradise Valley Hospital	3929 E. Bell Road	Phoenix	AZ	85032
Wee Care Dental	702 E. Bell Road	Phoenix	AZ	85022
Elementary School Districts				
Deer Valley Unified School District	20302 N.15th Ave.	Phoenix	AZ	85027
Paradise Valley Unified School District	15002 N. 32nd St.	Phoenix	AZ	85027
Washington Elementary School District	4650 W. Sweetwater	Glendale	AZ	85304
Madison Elementary School District	5601 N. 16th Street	Phoenix	AZ	85016
Community Centers				
Deer Valley Community Center	2001 W. Wahalla Lane	Phoenix	AZ	85027
Sunnyslope Family Services Center	914 W. Hatcher Rd.	Phoenix	AZ	85021
Anthem Community Center	41130 N. Freedom Way	Anthem	AZ	85086
Libraries				
Acacia Branch Library	750 E. Townley Ave.	Phoenix	AZ	85020
Cholla Branch Library	10050 Metro Parkway East	Phoenix	AZ	85051
Juniper Branch Library	1825 W. Union Hills Dr.	Phoenix	AZ	85027
Mesquite Branch Library	4525 Paradise Village Parkway North	Phoenix	AZ	85032
Faith-Based Organizations				
All Saints Lutheran	15649 N. 7th St.	Phoenix	AZ	85022
Beth el Congregation	1118 W. Glendale Ave.	Phoenix	AZ	85021
Calvary Community Church	12612 N. Black Canyon Highway	Phoenix	AZ	85029
Christ's Community Church	4530 W. Thunderbird Rd.	Glendale	AZ	85306
Church for the Nations	11640 N. 19th Ave.	Phoenix	AZ	85029
Church of the Beatitudes	555 W. Glendale Ave.	Phoenix	AZ	85032
Desert Springs Bible Church	16215 N. Tatum Blvd.	Phoenix	AZ	85032
Grace North Foursquare Church	42101 N. 41st Dr., Suite 101	Phoenix	AZ	85086
Most Holy Trinity Catholic Church	8620 N. 7th St.	Phoenix	AZ	85020
Orangewood Church	7510 N. 27th Ave.	Phoenix	AZ	85051
Phoenix First Assembly	13613 N. Cave Creek Rd.	Phoenix	AZ	85022
Shadow Rock Unity Church of Christ	12861 N. 8th St.	Phoenix	AZ	85029

Citations for Resources Used and Extant Data Referenced

AHCCCS enrollment and utilization data excerpts, by county: 2007-08.

American Association of Retired Persons: *http://www.grandfactsheets.org/state_fact_sheets.cfm*

American Community Survey (2003-2007) – U.S. Census: *http://factfinder.census.gov*

American Montessori Society: *www.amshq.org*

Annie E. Casey Foundation Kids Count Data Center *http://www.kidscount.org/datacenter/compare*

Annie E. Casey Foundation. Kids Count. Children in immigrant families: *http://www.kidscount.org/datacenter/profile_results.jsp?r=320&d=1&c=12&p=5&x=135&y=8*

Annie E. Casey Foundation. Family to Family Tools for Rebuilding Foster Care. July 2001.

Annie E. Casey Foundation. Kids Count Indicator Brief: Preventing Teen Births, 2003: *http://www.kidscount.org/datacenter/auxiliary/briefs/teenbirthrateupdated.pdf*

Annual EPSDT Participation Report CMS, 2003.

Arizona Child Fatality Review Board

Arizona Compensation and Credentials Report, 2007.

Arizona Dental Sealant Program data from 2004-2005 school years

Arizona Department of Commerce, Research Administration (June, 2008)

Arizona Early Intervention Program (AZEIP) July 1, 2006 – June 30, 2007 report.

Arizona Child Abuse and Neglect Prevention System: Action Plan for Reform of Arizona's Child Protective Services, 2004.

Arizona Department of Economic Security, Child Care Market Rate Survey 2006.

Arizona Department of Economic Security Child Welfare Reports: *https://egov.azdes.gov/CMSInternet/appreports.aspx?Category=57&subcategory=20*

Arizona Department of Economic Security, Children's Bureau

Arizona Department of Education: *www.asdhz.gov/hsd/chprofiles.htm*

Arizona Department of Education: SFY 2006-2007 Kindergarten DIBELS AZ Reading First Schools.
Arizona Department of Education: AIMS Spring 2007 Grade 03 Summary.
Arizona Department of Health Services, Community Health Profiles, 2003:
http://www.azdhs.gov/hsd/chpprofiles.htm
Arizona Department of Health Services, emergency room data for calendar year 2004.
Arizona Department of Health Services, Health disparities report, 2005.
Arizona Department of Health Services, Office of Oral Health, AZ School Dental Survey 1999-2003. Children 6-8.
Arizona Department of Health Services, Office of Oral Health, 2006 Survey of AHCCCS Providers.
Arizona Department of Health Services, National Immunization Survey, Comparison of 2007 to 2008 Results.
Arizona Department of Health Services, Office of Women's and Children's Health Report, 2006: County Prenatal Block Grant Annual Evaluation, 2004-2005.
Arizona Department of Health Services/Vital Statistics Division Community Profiles 2003-2006.
Arizona Immunization Program Office, Assessment Unit: 2006-2007 School Year Immunization Coverage Levels in Arizona.
Arizona Unemployment Statistics, Special Report, Sept. of Commerce, May 2008
Ashford, J., LeCroy, C. W., & Lortie, K. (2006). Human Behavior in the Social Environment. Belmont, CA: Thompson Brooks/Cole.
ASIIS Statistics Sheet, May 2008: http://www.azdhs.gov/phs/asiis
Association of Christian Schools International (ASCI): www.asci.org
Augoustios, M. Developmental effects of child abuse: A number of recent findings. Child Abuse and Neglect, 11, 15-27.
Baumrind, D. Parenting styles and adolescent development. In J. Brooks-Gunn, R., Lerner, & A. C. Peterson (Eds.), The encyclopedia of adolescence (pp. 749-758) New York: Garland.
Berrueta-Clement, J. R., Schweinhart, L. J., Barnett, W. S., Epstein, A. S., & Weikart, D. P., Changed Lives: The effects of the Perry Preschool Program on youths through age 19. Ypsilanti, MI: The High/Scope Press.
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.
Campbell, F. A., Pungello, E. P., Miller-Johnson, S., Burchinal, M., & Ramey, C. T. The development of cognitive and academic abilities: Growth curves from an early childhood educational experiment. Developmental Psychology, 37, 2001, 231-242.
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.
Center for the Child Care Workforce: Compensation and Credentials report, Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population report, 2002.
Centers for Disease Control: www.cdc.gov/reproductivehealth/products&pubs/dataoaction/pdf/rhow8.pdf
Center for Disease Control, fact sheet, 2001.
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.
Children's Action Alliance, Going Beyond the Immigration Hype: Children and Our Shared Destiny, Fact Sheet, 2006.
Columbia University in the City of New York, Current Population Survey – March 2003.
Center for the Childcare Workforce, 2002.
Clifford, Dean, PhD. Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.
Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.
Department of Health Services, Division of Public Health Services, Office of Health Systems Development Statistical Profile 2008 – Data as of October 2006.
Deer Valley Community Social and Health Profile, 2008, John C. Lincoln.
Dubay, L., & Kenney, G. M., Health care access and use among low-income children: Who fares best? Health Affairs, 20, 2001, 112-121.
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.
Federal interagency forum on child and family statistics. America's children: Key national indicators of well-being, 2002. Washington DC.
First Things First Allocation Chart (2007).
Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.
Foreign-Born Populations of the United States: Ferrell Secakuku, March 2005, Smithsonian Institution.
Galinsky, E. C., Howes, S., & Shinn, M. The study of children in family care and relative care. (1994). New York: Families and Work Institute.
Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). Early intervention for children with special needs and their families: Findings and recommnendations. 1981, Westat Series Paper 11, University of Washington.
Gennetian, L. A., & Miller, C. Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Effects on Children, 2000, New York: Manpower Demonstration Research Corporation
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.
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, Region IX Performance Reports 2007-08.
Health Insurance in Arizona, Residents of Maricopa County: Johnson, etal, ASU, 2004.
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.

Hernandez, D. 2006. Young Hispanic Children in the U.S.: A demographic portrait based on Census 2000. Report to the national Task Force on Early Childhood Education for Hispanics. Tempe, Arizona State University.

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.

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.

Intergenerational Impacts of Early Childhood Education, Clive Belfield, Dept. of Economics, CUNY, 2004.

Johnson, R. B., Williams, M. A., Hogue, C.J.R., & Mattison, D. R. (2001). Overview: new perspectives on the stubborn challenges of preterm birth. Pediatric and Perinatal Epidemiology 15 (s2), 3-6.

Johnson, W. & Rimaz, M. Reducing the SCHIP coverage: Saving money or shifting costs. Unpublished paper, 2005.

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.

Kaplan, P. S., (2004) Adolescence. Boston, MA.

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

Lamb, M. E. Nonparental child care: Context, quality, correlates. In W. Damon, I. E. Sigel, & K. A. Renninger (Eds.), Handbook of Child Psychology (5th ed.), 1998, pp. 73-134. New York: Wiley & Sons.

LeCroy & Milligan Associates (2000). Why Hispanic Women fail to seek Prenatal

care. Tucson, AZ.

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.

Lindsey, D. (2004) The welfare of children, New York, Oxford University Press.

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.

Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, Annual Review of Psychology, 51, 1-27.

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

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.

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

Mayo Clinic. Premature births, November, 2006

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

National Association of Child Care Professionals (NACCP): *http://www.naccp.org*

National Association for the Education of Young Children (NAEYC): *www.naeyc.org*

National Center for Children in Poverty: *http://www.nccp.org/profiles/AZ_profile_6.html*

National Center for Education Statistics: *http://nces.ed.gov*

National Center for Health Statistics, 2007 Trendbook, CDC

National Education Goals Panel. (1995). Reconsidering children's early developmental and learning: Toward common views and vocabulary. Washington, DC.

National Research Council and Institute Medicine, From neurons to neighborhoods: The science of early childhood development

National Research Council. Understanding child abuse and neglect. Washington DC: National Academy Press.

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

Osofsky, J. D. The impact of violence on children. The Future of Children, 9, 33-49.

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

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.

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

National Household Education Survey: 2005 Initial Results from National Survey on Parents and Early Childhood

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.

National Task Force on Early Childhood Education for Hispanics. New York: Foundation for Child Development.

New York Times: Pre-Term Births Linked with C-Sections: *http://www.nytimes.com/2008/05/28/* Release Date: March 20, 2008

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

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

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

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

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

Russell, et al. ASU (2007). 2006 Survey of AHCCCS Providers,

S*CEEDS professional development and training database excerpts: 2007-08.

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

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

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.

Southwest Institute SWIft excerpts, 2008.

Spring 2008 Guide to Test Interpretation, Arizona's Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.

Sroufe, L. A. Emotional development: The organization of emotional life in the early years. Cambridge: Cambridge University Press.

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.

Sunnyslope Community Needs Assessment. John C. Lincoln Health Network, 2004.

The Commonwealth Fund State Scorecard on Health System Performance (2007).

The Foundation for Child Development: Child and Youth Well-being Index: 2008 Special Focus Report: Trends in Infancy/ Early Childhood.

The Pew Internet and American Life Project: *http://www.pewinternet.org/PPF/r/117/report_display.asp*

Tronick, E. Emotions and emotional communication in infants, 1989, American Psychologist, 44, 112-119.

Urban Institute and Kaiser Commission on Medicaid and the Uninsured

U.S. Census Bureau: Census 2000. *www.census.gov*

U.S. Census Bureau: Annual Estimates of the Population for Counties of Arizona: April 1, 2000 to July 1, 2007 (CO-EST2007-01-04).

U.S. Census Bureau: American Community Survey 2000, 2006, 2007: *http://www.census.gov/acs/www/index.html*

U.S. Census Bureau: Grandparents living with grandchildren: 2000. Census brief (October, 2003): *http://www.census.gov/prod/2003pubs/c2kbr-31.pdf*

U.S. Department of Health and Human Services, Administration for Children and Families: AFCARS Reports:

http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#cw

U.S. Department of Health and Human Services, Child Fatality Report, 2006.

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

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.

Web MD. Should you hesitate to vaccinate?: *http://my.webmd.com/content/article/3609.168*.

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

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.

Wood, M. W. Costs of intervention programs. In C. Garland (Ed.), Early intervention for children with special needs and their families: Findings and recommendations. 1981, Westat Series Paper 11, University of Washington.

Zaslow, M., Calkins, J., Halle, T., Zaff, J., & Margie, N. Background for community-level work on school readiness: A review of definitions, assessments, and investment strategies. Washington DC: Child Trends.

Zeanah, C. H. Handbook of infant mental health, 2000, New York: The Guildford Press.

www.zipcodestats.com

Zip code data from: Arizona Department of Health Services, Division of Public Health Services, Office of Health Systems Development Statistical Profile 2008 – Data as of October 2006

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 childcare settings.

Primary data, otherwise defined as newly collected data that did not previously exist, were collected in the most rapid fashion available given the short time horizon in which to complete the assessment.

Existing data on the number of accredited early care and education centers located within the North Phoenix region was obtained by the Consultant in June 2008 through a review of the official Web sites of the NAEYC, NECPA and NAC.

To collect information on current enrollment, adult to child ratios, and the number of programs serving children with special needs in Head Start and accredited early care and education centers, a comprehensive phone survey was conducted by the Consultant in June 2008, with information obtained from 15 of the 20 NAEYC accredited programs in the North Phoenix region.

Existing data on the number of licensed centers within the North Phoenix region was obtained by the Consultant through a review of the ADHS Web site listing licensed centers for the 2007-2008 periods.

Existing data on the current enrollment capacity and actual numbers served within licensed child care centers and licensed child care homes in the North Phoenix region was obtained by the Consultant in June 2008 from published data sets provided by the FTF Arizona early Childhood Development and Health Board for the 2007-2008 period.

Existing data pertaining to the cost of child care by provider type and age of child was collected and organized by the Consultant in June 2008 from published data sets, including the 2006 DES Market Rate Study and the 2008 Childcare in Arizona (NACCRA) data set.

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

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

To collect information on the number and type of professional development opportunities available within the North Phoenix region, the Consultant conducted a comprehensive Web site review of all the university, community college, and train-

ing centers located within the region. Each Web site review was followed with a phone interview in June 2008 to obtain qualitative information regarding the type of degree opportunity, certification program, and/or training opportunity available. Phone interviews were conducted with personnel within the following institutions: Paradise Valley Community College, Glendale Community College, and Arizona State University.

To obtain community-level information pertaining to systems coordination, a detailed questionnaire was drafted jointly by the Consultant and the Regional Partnership Council Coordinator, and was shared with thirteen (13) community members of the North Phoenix region in June-July 2008. The questionnaire/survey provided rich feedback with respect to both the strengths and needs of the community from the perspective of diverse sectors of the North Phoenix community, including school districts, community colleges, child care and learning centers, preschools, faith-based organizations, non-profit organizations, Head Start programs, local governmental entities, and relevant early childhood associations and advocacy groups.

As the state's 2007 *Bright Futures* report notes, gaps in data capacity infrastructure are more than evident when looking for evidence of how well young children are doing in Arizona with regard to early childhood health and education efforts. Data were not always available at the regional level of analysis, particularly for the more common social and economic demographic variables that are measured collectively as part of the larger Maricopa County region overall. In particular, data for children 0-5 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. One exception to this case is the Head Start data that are reported which do pertain to children under the age of five years; however, these data also represent all Head Start children receiving services in the County and do not zero in on those children residing only within the geographic boundaries of the North Phoenix region. 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 (0-5 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 0-5 years.

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

FIRST THINGS FIRST

North Phoenix Regional Partnership Council

4000 N. Central Avenue, Suite 800
Phoenix, Arizona 85012

(602) 771-5056

www.azftf.gov/northphoenix