



# 2014 NEEDS AND ASSETS REPORT

YAVAPAI REGIONAL PARTNERSHIP COUNCIL



**FIRST THINGS FIRST**

*Ready for School. Set for Life.*

# **Yavapai Regional Partnership Council**

## **2014**

### **Needs and Assets Report**

Prepared by the  
Frances McClelland Institute for Children, Youth and Families  
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College of Agriculture and Life Sciences  
The University of Arizona

Funded by  
First Things First Yavapai Regional Partnership Council

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## Letter from the Chair

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### Members

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Angela Bradshaw-Napper

Morgan Dubs

Olga Morris

James Howard

Patricia Bryant

November 3, 2014

### Message from the Chair:

The past two years have been rewarding for the First Things First Yavapai Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. During the past year, we have touched many lives of young children and their families.

The First Things First Yavapai Regional Partnership Council will continue to advocate and provide opportunities as indicated throughout this report.

Our strategic direction has been guided by the Needs and Assets reports, specifically created for the Yavapai Region in 2012 and the new 2014 report. The Needs and Assets reports are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The Yavapai Regional Council would like to thank our Needs and Assets vendor, the University of Arizona, Norton School of Family and Consumer Sciences, for their knowledge, expertise and analysis of the Yavapai Region. The new report will help guide our decisions as we move forward for young children and their families within the Yavapai Region.

Going forward, the First Things First Central Yavapai Regional Partnership Council is committed to meeting the needs of young children by providing essential services and advocating for social change.

Thanks to our dedicated staff, volunteers and community partners, First Things First is making a real difference in the lives of our youngest citizens and throughout the entire State.

Thank you for your continued support.

Sincerely,



Sherry Birch

## Yavapai Regional Partnership Council

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## Introductory Summary and Acknowledgments

The way in which children develop from infancy to well-functioning members of society will always be a critical subject matter. Understanding the processes of early childhood development is crucial to our ability to foster each child's optimal development and thus, in turn, is fundamental to all aspects of wellbeing of our communities, society and the State of Arizona.

This Needs and Assets Report for the Yavapai Geographic Region provides a clear statistical analysis and helps us in understanding the needs, gaps and assets for young children and points to ways in which children and families can be supported. The needs young children and families face are outlined in the executive summary and documented in further detail in the full report.

The First Things First Yavapai Regional Partnership Council recognizes the importance of investing in young children and empowering parents, grandparents, and caregivers to advocate for services and programs within the region. This report provides basic data points that will aid the Council's decisions and funding allocations; while building a true comprehensive statewide early childhood system.

### *Acknowledgments:*

The First Things First Yavapai Regional Partnership Council owes special gratitude to the agencies and key stakeholders who participated in numerous work sessions and community forums throughout the past two years. The success of First Things First was due, in large measure, to the contributions of numerous individuals who gave their time, skill, support, knowledge and expertise.

To the current and past members of the Yavapai Regional Partnership Council, your dedication, commitment and extreme passion has guided the work of making a difference in the lives of young children and families within the region. Our continued work will only aid in the direction of building a true comprehensive early childhood system for the betterment of young children within the region and the entire State.

We also want to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the American Community Survey, the Arizona Head Start Association, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, the Arizona Health Care Cost Containment System, the Indian Health Service Phoenix Area, the Yavapai-Apache Nation and Camp Verde WIC Programs, Yavapai-Apache Nation Program Profile Child Care and Development Fund and the following Yavapai-Apache Nation Agencies, the Cultural Resource Center, Community Wellness Department, Day Care program, Montessori Children's House, Social Services Program, and the Yavapai-Apache Nation Medical Center for their contribution of data and/or information for this report.

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## Executive Summary

The Yavapai Regional Partnership Council supports the needs of young children in the Yavapai First Things First Region. The Yavapai Region covers almost all of Yavapai County, plus some parts of southern Coconino County, as well as the Yavapai-Apache Nation. For the purposes of this report, the Yavapai Region was subdivided into nine geographic areas or communities, corresponding roughly to the Primary Care Areas (PCAs) in the region, defined by the Arizona Department of Health Services (ADHS). In addition, the Yavapai-Apache Nation forms the tenth community.

According to U.S. Census data, the Yavapai Region had a population of 214,345 in 2010, of whom 12,704 (6%) were children under the age of six. Both the Yavapai Region and Yavapai County have a smaller proportion of households with children birth through five years of age (10%) than the state as a whole (16%). The Yavapai-Apache Nation had the highest percentage of households with children under six in the region (28%), followed by the Bagdad community (18%) and the Prescott Valley community (16%). The Sedona and Yavapai South communities had the lowest percentage of children under age six in the region, both having only five percent of households with those young children in them.

In the Yavapai Region in 2010, over four-fifths (82%) of children birth to five years of age were living with at least one parent, with 23 percent living in a single-female headed household. Three communities in the region had a higher percentage of young children living with grandparents than the state including the Yavapai-Apache Nation (37%), the Yavapai South community (19%), and the Cordes Junction community (17%). The Yavapai Region and Yavapai County (both 17%) had a smaller percentage of children under the age of six living with a foreign-born parent than the state (29%). The Sedona community had a much higher percentage than any other community in the region, with 52 percent of children aged birth through five living with at least one foreign born parent.

Most (85%) of the adult population living in the region and county identified as White, not-Hispanic and almost two-thirds (63%) of the population of children aged birth through four living in the region and county were identified as White, not-Hispanic. The Sedona community (50%) had the highest percentage of Hispanic children ages birth through four years in the region.

There is variability across communities in the Yavapai Region in the degree to which families face economic challenges. The percentage of the population of children aged birth through five living in poverty in the Yavapai Region and Yavapai County (both 27%) is the same as the state as a whole. Two communities within the region have much higher childhood poverty rates than the others for which estimates are available, with 94 percent of young children in the Ash Fork community and 57 percent of young children in the Yavapai-Apache Nation estimated to be

living in poverty. Three other communities have a slightly higher percentage of children living in poverty than across the region or state; the Yavapai Northeast community (32%), the Prescott Valley community (31%) and the Chino Valley community (30%).

Due to the higher rate of economic disadvantage in some communities, many families may benefit from public assistance programs. The number of young children receiving Supplemental Nutrition Assistance Program (SNAP) benefits has increased only slightly in the region and county between 2010 and 2012 (+2%). The communities of Ash Fork (+23%) and Cordes Junction (+24%) saw increases in participation of just under a quarter of the young child population, while the Bagdad community saw a decrease in SNAP participation among young children of 28 percent. Overall, 40 percent of young children in the region were receiving SNAP in 2012. Conversely, Temporary Aid to Needy Families (TANF) benefits have decreased for the region (-39%) and county (-41%). In the beginning of 2012, 32 percent of young children in Yavapai County were participating in WIC, slightly more than the state rate of 29 percent. In addition, in 2012 in Yavapai County, 17 percent of all residents, and 26 percent of children under 18 years of age faced food insecurity (limited or uncertain access to food).

Educational attainment in the Yavapai Region is comparable to the state. Adults in the Yavapai Region (10%) are less likely to be without a high school diploma or GED than the state of Arizona overall (15%), but are also less likely to have a bachelor's degree or more (25% and 27% respectively). Adults in two communities contradict this pattern, with 49 percent of adults in the Sedona community and 30 percent in the Prescott community with a bachelor's degree or more. Forty-three percent of births in the region are to mothers with more than a high school degree.

Yavapai County 3rd graders performed slightly better than students statewide in both the math and reading AIMS tests in 2013, with a higher percentage of students passing in each subject (70% math, 80% reading) than the state (69% math, 75% reading). There was however, much variability across school districts in the region in both the math and reading AIMS scores. In addition, fewer three and four year olds in the region (30%) were estimated to be enrolled in an early learning setting than across the state as a whole (34%).

In the Yavapai Region there are 64 regulated child care providers (not including Head Start and Early Head Start), the majority of which are ADHS licensed centers. The region also has nine Head Start centers and six Early Head start sites. The Yavapai-Apache Nation also operates its own child care program. The total capacity for these providers is 4,844 slots, which means that almost two-thirds of the region's population of children aged birth through five are not being served in licensed or certified child care settings. First Things First Quality First scholarship funding is an asset in the region in increasing participation in early learning programs by addressing the barrier of affordability.

Access to health care can be problematic for some communities in the Yavapai Region with seven of the region's 11 Primary Care Areas (PCAs) designated as "medically underserved" by the Arizona Department of Health Services. All of Yavapai County is also designated as a Mental Health Professional shortage area, and all but the Prescott and Prescott Valley PCAs are designated as Dental Health Professional Shortage Areas. The region is served however, by a number of hospitals and Federally Qualified Health Centers.

During 2012, there were 1,785 births in the region, which continued a downward trend from 2009. The percentage of women in the region receiving early prenatal care (83%) exceeded both the state average (79%) and the Healthy People 2020 target (78%). However, the percent of births with low birth weight have been increasing in the region, and in 2012 rose to the highest in four years (7.9%), as did the percent of pre-term births with a high of 10 percent in 2012. The percentage of births to teen mothers has fallen since 2009, with 10 percent of births to teen mothers in 2012, just above the state percentage (9%). PCAs with teen birth rates higher than the county (43.9/1,000) were the Yavapai-Apache Tribe PCA (76.6/1,000), the Ash Fork PCA (62.6/1,000), the Prescott Valley PCA (53.1/1,000) and the Yavapai-Northeast PCA (53/1,000). In the Yavapai Region in 2012, 12 percent of women reported smoking during pregnancy, much higher than for the state of Arizona as a whole (4%).

Indicators of young children's health status vary across the region. In the Yavapai Region, the percent of the population of young children (14%) uninsured exceeds the state (11%). In addition, Yavapai County is one of the areas in the state with high rates of personal belief exemptions for immunizations, leaving over 10 percent of children in child care and nine percent in kindergarten in the county not fully immunized, compared to only four percent for both across the state. In contrast, more women in Yavapai County report ever breastfeeding (90%) than across the state (67%), and fewer young children were overweight or obese in the county compared to the state. Likely impacting families in the region however, is the high age-adjusted mortality rate for drug-induced deaths in the county at 36.7/100,000, the highest for any county in the state.

The number of children removed from their homes between the ages of birth and five has increased from 2011 to 2013, in the region (+30%), county (+31%) and state (+35%). The number of removals varies by area, with increases in the number of removals in four regional communities, decreases in another four, and no change in one other during the same time period.

The Yavapai Region is served by a number of parenting education and home visitation programs provided in a variety of settings and by a variety of providers. An asset in the region is not only the existence of these services, but these providers ability to travel to communities removed from the population centers in the region, serving families who may not otherwise be able to

access these resources. In addition, the Yavapai Regional Partnership Council is currently piloting a service coordination effort in the western portion of the region to better meet the needs of the children and families with whom they work.

While the Yavapai Region faces some challenges to providing comprehensive, high quality early care and education, children's health care, and support for families with young children due to the diversity of its population and geographical spread of the region, the Yavapai Regional Partnership Council is committed to the ideal that all children in the Yavapai Region should arrive at kindergarten healthy and ready to succeed. The Council's commitment to service coordination work is helping to move the Yavapai Region closer to this goal.

## Who are the families and children living in the Yavapai Region?

### **The Yavapai Region**

The Yavapai Region covers almost all of Yavapai County, plus some parts of southern Coconino County. The topography in the region includes desert elevations, forested mountain peaks and grassland mesas. With 38 percent of the land owned by the U.S. Forest Service, the Yavapai Region is known for its four mild seasons, plentiful lakes, mountains and forest and small town atmosphere.

The Yavapai-Apache Nation is also part of the region. When First Things First was established by the passage of Proposition 203 in November 2006, the government-to-government relationship with federally-recognized tribes was acknowledged. Each Tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First designated region or elect to be designated as a separate region. The Yavapai-Apache Nation chose to participate as part of the Yavapai Region.

In April of 2013, the Yavapai-Apache Nation Tribal Council approved resolution 69-13 authorizing the Yavapai Regional Partnership Council to collect and disseminate non-identifying data for the region's Needs and Assets Report. Publically available data on the Yavapai-Apache Nation has been included throughout the various sections of this report. In addition, a separate section containing more detailed information about the Nation was included in Appendix 5. This section presents the results of qualitative data collected through interviews with key informants in the Yavapai-Apache Nation, all of whom are representatives from tribal agencies and programs.

### **Regional Boundaries and Report Data**

First Things First Regional boundaries were first established in 2007 according to the following guidelines:

- They should reflect the view of families in terms of where they access services;
- They should coincide with existing boundaries or service areas of organizations providing early childhood services;
- They maximize the ability to collaborate with service systems and local governments, and facilitate the ability to convene a Regional Partnership Council;
- They allow for the collection of demographic and indicator data.

These guidelines were used to establish the Yavapai Region, which is comprised of the 29 zip codes which are located primarily in Yavapai County (85324, 85332, 85362, 86301, 86303, 86305, 86313, 86314, 86315, 86320, 86321, 86322, 86323, 86324, 86325, 86326, 86327, 86329,

86331, 86332, 86333, 86334, 86335, 86336, 86337, 86338, 86343, 86351, and 86434). In addition, there are eight non-geographical zip codes assigned to the region (86302, 86304, 86312, 86330, 86339, 86340, 86341, and 86342). These non-geographical zip codes are used primarily for post office boxes, and will not appear in any of the maps or tables in this report.

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources, data requested from regional agencies specifically for this report, and interviews with key informants in the region.

In most of the data tables in this report, the top row corresponds to the total First Things First Yavapai Region. The next nine rows present the data for the nine communities in the region. At the bottom of each table will be a row for Yavapai-Apache Nation data, Yavapai County data and a row for the state of Arizona data. In a few tables in this report, we will not be able to present data for the Yavapai Region or for the individual zip code areas. In these tables, data for Yavapai County will be used instead. For these tables, the data is not available at the zip code level.

The level of data (community, zip code, etc.) that is presented in this report is driven by the certain guidelines. The UA Norton School is contractually required to follow the First Things First Data Dissemination and Suppression Guidelines:

- “For data related to **social service** and **early education** programming, all counts of **fewer than ten**, excluding counts of zero (i.e., all counts of one through nine) are suppressed. Examples of social service and early education programming include: number of children served in an early education or social service program (such as Quality First, TANF, family literacy, etc.)”
- “For data related to **health or developmental delay**, all counts of **fewer than twenty-five**, excluding counts of zero (i.e., all counts of one through twenty-four) are suppressed. Examples of health or developmental delay include: number of children receiving vision, hearing, or developmental delay screening; number of children who are overweight; etc.”

*-First Things First—Data Dissemination and Suppression Guidelines for Publications*

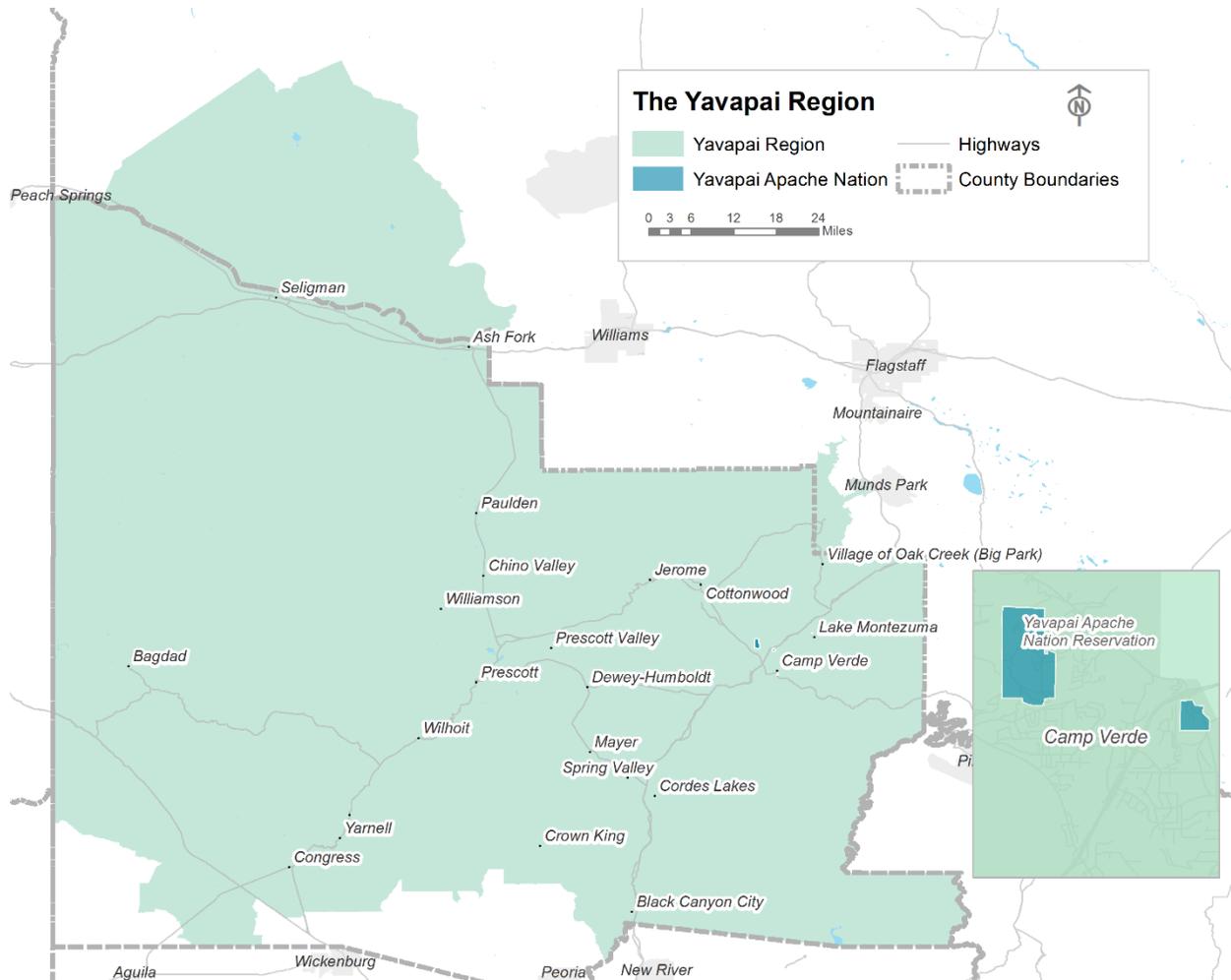
Throughout the report, suppressed counts will appear as either <25 or <10 in data tables, and percentages that could easily be converted to suppressed counts will appear as DS.

Please also note that some data, such as that from the American Community Survey, are estimates that may be less precise for smaller areas.

## General Population Trends

The map below shows the geographical area covered by the First Things First Yavapai Region. Regional boundaries do not necessarily align with county boundaries because they were set with the needs of families with young children in mind. The boundaries are reviewed every two years to determine whether a change would better serve children and families in the regions affected.

**Figure 1: The Yavapai Region**



Source: 2010 TIGER/Line Shapefiles prepared by the US Census

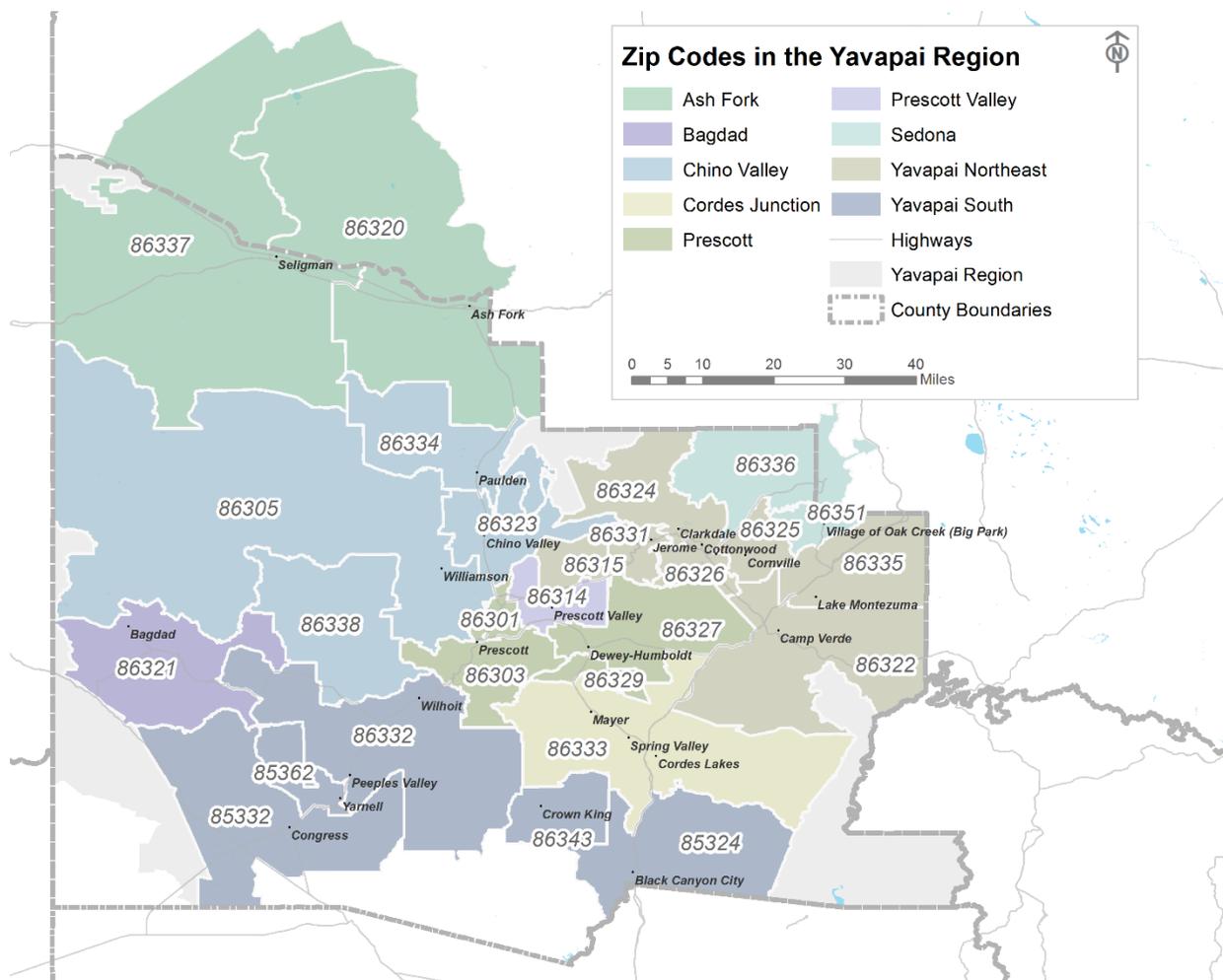
## Differences between the First Things First Yavapai Region and Yavapai County

Although the Yavapai Region is almost identical to Yavapai County, there are a few places in which the two are different:

- In the north, the Seligman (86337) and Ash Fork (86320) zip codes extend north into Coconino County.
- The city of Sedona is partly in Yavapai County and partly in Coconino County. The entire city, and the zip code surrounding it (86336) are assigned to the Yavapai Region.
- There are three zip codes which are primarily in Maricopa County which extend into Southern Yavapai County: 85320 (Aquila), 85390 (Wickenburg), and 85342 (Morristown). All three of these are assigned to the Northwest Yavapai Region.

Figure 2 shows the Yavapai Region by zip code.

**Figure 2: The Yavapai Region, by zip code**



Source: 2010 TIGER/Line Shapefiles prepared by the US Census

## **The Communities of the Yavapai Region**

Because community-level information in rural areas is sparse, the Yavapai Regional Partnership Council sought additional detailed data gathering, analysis and reporting at the community level in order to provide a more complete picture of the region. Nine geographic areas within the Yavapai Region were identified by the Council as focus areas for additional data collection and analysis. These nine communities correspond roughly to the Primary Care Areas (PCAs) which have been defined by the Arizona Department of Health Services (ADHS). The zip code tabulation areas (ZCTAs) were combined to create these nine communities in the Yavapai Region. In addition, the Yavapai-Apache Nation forms the tenth community.

The **Ash Fork** community is in the northwestern part of the region. It is defined as ZCTAs 86320 and 86337, plus the small part of ZCTA 86434 which lies in Yavapai County. This community includes the unincorporated places of Ash Fork and Seligman. It extends into the southern part of Coconino County, which is lightly populated except for families living along Double A Ranch Road, north of Ash Fork.

Most of the residents of the **Bagdad** community (ZCTA 86321) live in the unincorporated place of Bagdad, a copper-mining town in the west central part of Yavapai County.

The **Chino Valley** community (ZCTAs 86305, 86323, 86334, and 86338) includes the town of Chino Valley and part of the city of Prescott, as well as the incorporated places of Williamson and Paulden.

The **Cordes Junction** community (ZCTA 86333) includes three unincorporated places: Cordes Lakes, Mayer, and Spring Valley.

The **Prescott** community (ZCTAs 86301, 86303, 86313, 86327, and 86329) includes the city of Prescott and the town of Dewey-Humboldt and a small part of the town of Prescott Valley.

The **Prescott Valley** community (ZCTA 86314) includes the majority of the town of Prescott Valley.

The **Sedona** community (ZCTAs 86336 and 86351) lies in both Yavapai and Coconino counties, and includes the city of Sedona and the unincorporated village of Oak Creek (also known as Big Park).

The **Yavapai Northeast** community includes most of the Verde Valley. This community is defined as the seven ZCTAs 86315, 86322, 86324, 86325, 86326, 86331, and 86335. The places here are the city of Cottonwood, the towns of Camp Verde, Clarkdale, and Jerome, and the unincorporated Cornville, Verde Village, and Lake Montezuma. The Yavapai-Apache Nation is included as part of the Yavapai Northeast community.

The **Yavapai South** community contains five ZCTAs (85324, 85332, 85362, 86332, and 86343) along the southern edge of the county. It includes several unincorporated places: Black Canyon City, Congress, Yarnell, Peeples Valley, and Wilhoit. There are no incorporated cities or towns in this community.

Table 1 provides a list of the communities and the ZCTAs associated with each of the nine geographic areas identified for focus in this report.

**Table 1: Definitions of the Yavapai Regional Communities Presented in this Report**

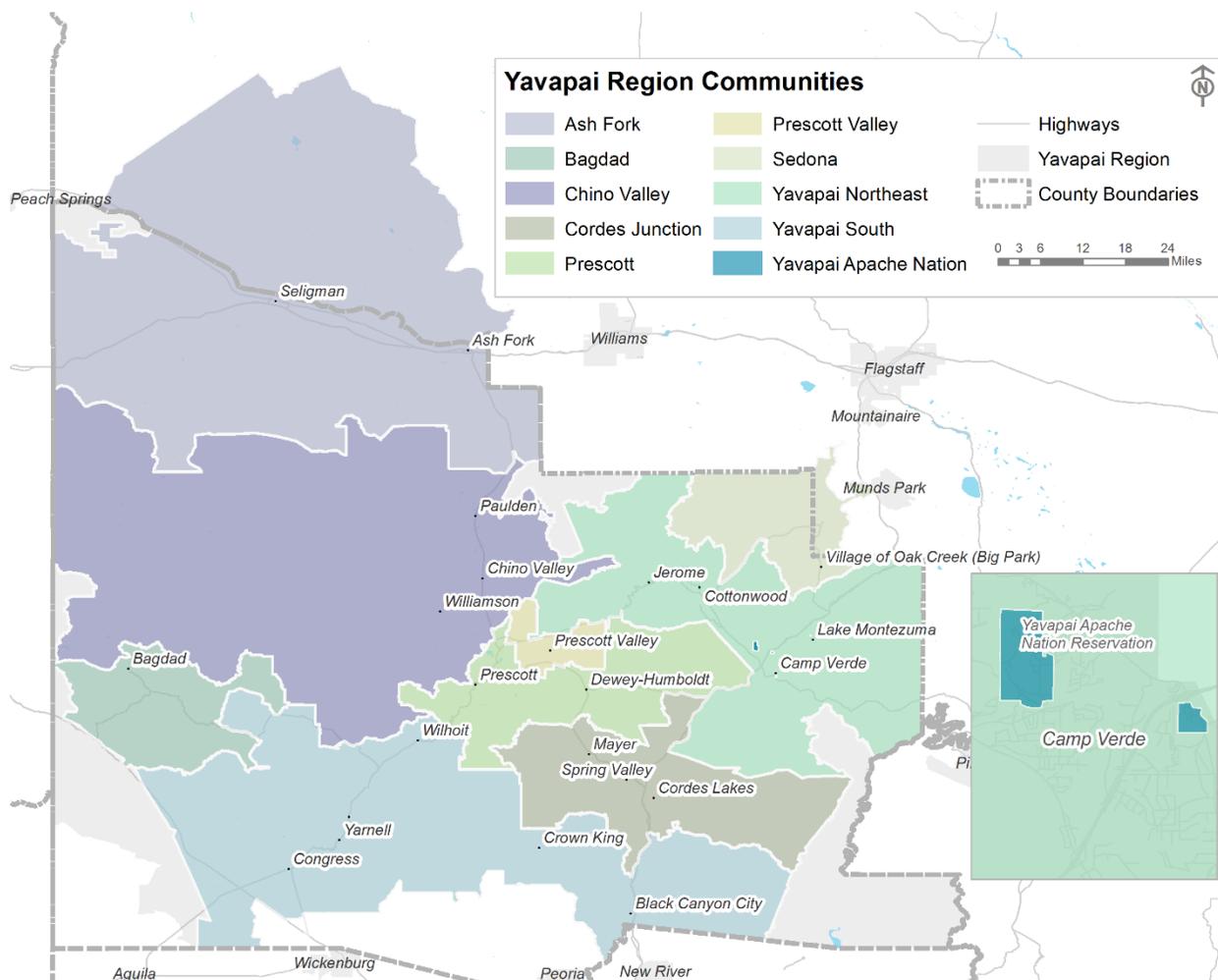
COMMUNITY	ZIP CODE TABULATION AREAS (ZCTAs)	PLACES
Ash Fork community	86320 86337	Ash Fork Seligman
Bagdad community	86321	Bagdad
Chino Valley community	86305 86323 86334 86338	Chino Valley Paulden Williamson Valley
Cordes Junction community	86333	Cordes Lakes Mayer Spring Valley
Prescott community	86301 86303 86313 86327 86329	Dewey-Humboldt Prescott
Prescott Valley community	86314	Prescott Valley
Sedona community	86336 86351	Oak Creek (Big Park) Sedona
Yavapai Northeast community	86315 86322 86324 86325 86326 86331 86335	Camp Verde Clarkdale Cornville Cottonwood Jerome Lake Montezuma Verde Village
Yavapai South community	85324 85332 85362 86332 86343	Black Canyon City Congress Peeples Valley Wilhoit Yarnell

The tenth community of the Yavapai Region is the **Yavapai-Apache Nation**. The nation has five parts, all within the Yavapai Northeast community, near Clarkdale, Camp Verde, and Lake Montezuma. In the data tables in this report, the residents of the Yavapai-Apache Nation are

counted as part of the Yavapai Northeast community. Data specific to the Yavapai-Apache Nation is also included as its own row in data tables, along with Yavapai County and the state of Arizona.

Figure 3 illustrates the nine communities of The Yavapai Region.

**Figure 3: Yavapai Region communities**

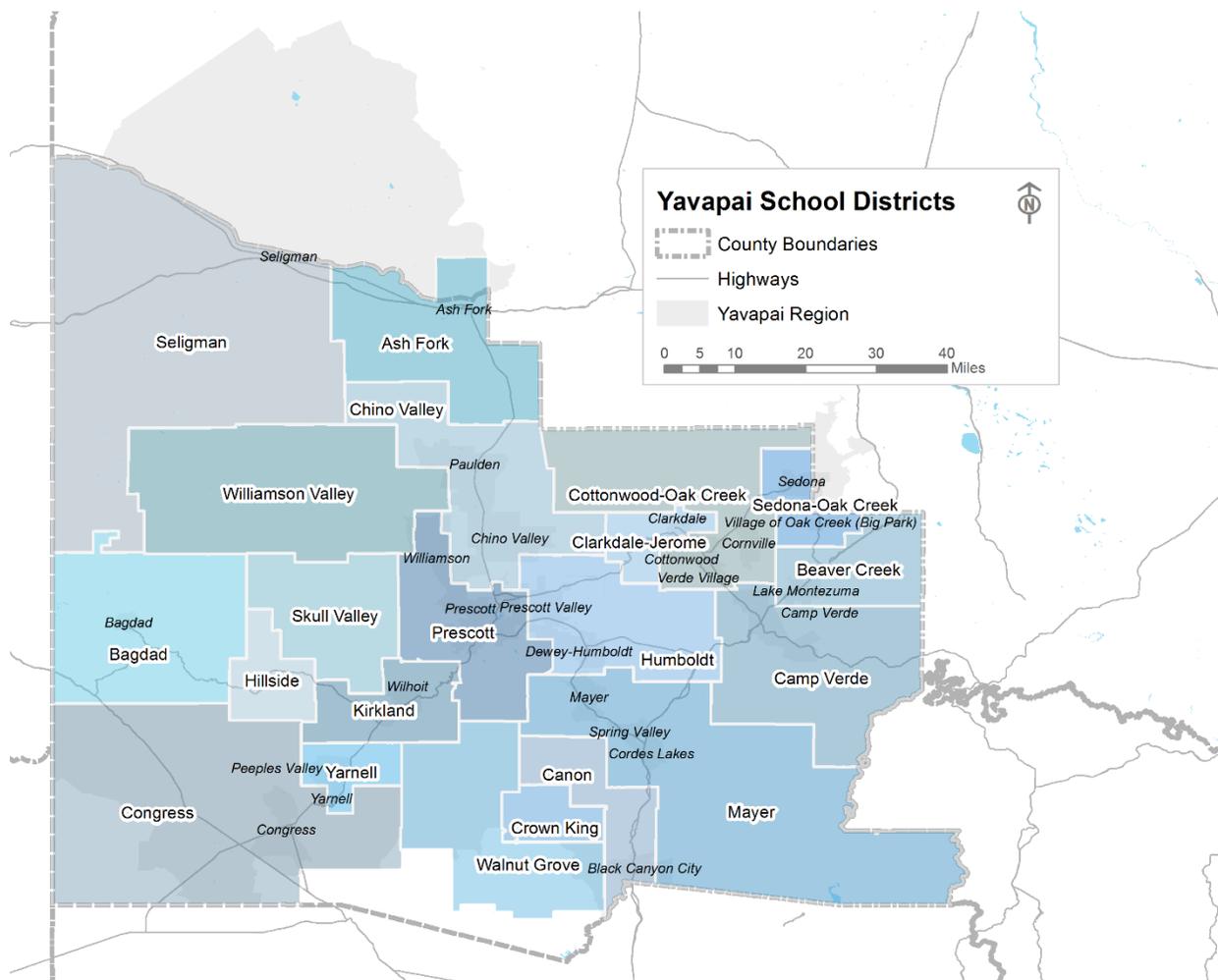


2010 TIGER/Line Shapefiles prepared by the US Census, 2010

In addition to inclusion in this Needs and Assets Report, a data querying system was developed to provide online access to data for each of these communities, based on a core set of key indicators. This system can be accessed at <http://mcclellandinstitute.arizona.edu/yavapai-data>.

Figure 4 shows the school districts that fall within the Yavapai Region. There are 21 school districts within the Yavapai Region.

**Figure 4: School districts in the Yavapai Region**



Source: 2010 TIGER/Line Shapefiles prepared by the US Census

According to U.S. Census data (U.S. Census Bureau, P1, P14, & P20), the Yavapai Region had a population of 214,345 in 2010, of whom 12,704 (6%) were children under the age of six. As seen below, Table 2 lists the 2010 populations for the region, the Yavapai-Apache Nation, the county, and the state. Also listed are the number of households (individual housing units) in the region and the number and percentage of those households in which at least one child under six resides.

*Note: Population counts published in the Regional Needs and Assets report may vary from those provided by First Things First. First Things First’s population methodology is based on 2010 Census Blocks while this report uses the 2010 Census Zip Code Tabulation Areas (ZCTAs).*

**Table 2: Population and households with children ages 0-5**

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Yavapai Region	214,345	12,704	92,633	8,948	10%
Ash Fork community	3,244	170	1,496	119	8%
Bagdad community	2,219	243	847	155	18%
Chino Valley community	38,906	2,158	16,392	1,536	9%
Cordes Junction community	5,734	299	2,500	207	8%
Prescott community	48,002	1,996	22,211	1,490	7%
Prescott Valley community	34,401	3,016	13,275	2,101	16%
Sedona community	17,669	569	8,888	421	5%
Yavapai Northeast community	56,661	3,989	23,375	2,728	12%
Yavapai South community	7,509	264	3,649	191	5%
Yavapai-Apache Nation Reservation	718	87	203	56	28%
Yavapai County	211,033	12,583	90,903	8,853	10%
Arizona	6,392,017	546,609	2,380,990	381,492	16%

US Census (2010). Tables P1, P14, P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Both the Yavapai Region and Yavapai County have a smaller proportion of households with children birth through five years of age (10%) than the state as a whole (16%). As shown in the table above, the Yavapai-Apache Nation has the highest percentage of households with children under six in the region (28%), followed by the Bagdad community (18%) and the Prescott Valley community (16%). The Sedona and Yavapai South communities have the lowest percentage of children under six in the region, both having five percent of households with young children under six living in them.

Overall, the population of Arizona has increased substantially between 2000 and 2010, and the population of young children has increased by about one-fifth. Because zip code designations have changed over time, the most accurate comparison of population change is at the county and incorporated places level.<sup>1</sup> Table 3 shows changes in population between the 2000 Census and the 2010 Census. The total population of the Yavapai Region and Yavapai County has grown substantially, at 25 percent and 26 percent respectively, over that time period. The population of children under six in the region and county has increased almost as much (20%, 23%). The population of young children in six communities within the region has increased, while the population in another three, and in the Yavapai-Apache Nation, has decreased between 2000 and 2010. The greatest increase was in the Bagdad community with a 45 percent increase in the

<sup>1</sup> Community counts for the fact sheets and graphics relying on those data are based on zip code tabulation areas, which provide slightly different counts than the incorporated places counts.

population of young children between 2000 and 2010, while the Yavapai South community showed the largest decrease (-11%) during that time period.

**Table 3: Population changes from 2000 to 2010 in the number of children ages 0-5**

GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
Yavapai Region	171,054	214,345	+25%	10,545	12,704	+20%
Ash Fork community	2,572	3,244	+26%	177	170	-4%
Bagdad community	1,882	2,219	+18%	168	243	+45%
Chino Valley community	29,137	38,906	+34%	1,797	2,158	+20%
Cordes Junction community	4,848	5,734	+18%	271	299	+10%
Prescott community	40,794	48,002	+18%	1,808	1,996	+10%
Prescott Valley community	25,792	34,401	+33%	2,437	3,016	+24%
Sedona community	17,070	17,669	+4%	601	569	-5%
Yavapai Northeast community	42,163	56,661	+34%	2,988	3,989	+34%
Yavapai South community	6,774	7,509	+11%	295	264	-11%
Yavapai-Apache Nation Reservation	743	718	-3%	97	87	-10%
Yavapai County	167,517	211,033	+26%	10,261	12,583	+23%
Arizona	5,130,632	6,392,017	+25%	459,141	546,609	+19%

Source: US Census (2010). Tables P1, P14; US Census, 2000, Table QT-P2. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Population projections for the state show a slight decrease in the population of children aged birth through five years by 2015, but then increases through the year 2025. In Yavapai County the population of young children is projected to also decrease through 2015, then increase after that through the year 2025, although at a slower pace than the state (see Table 4).

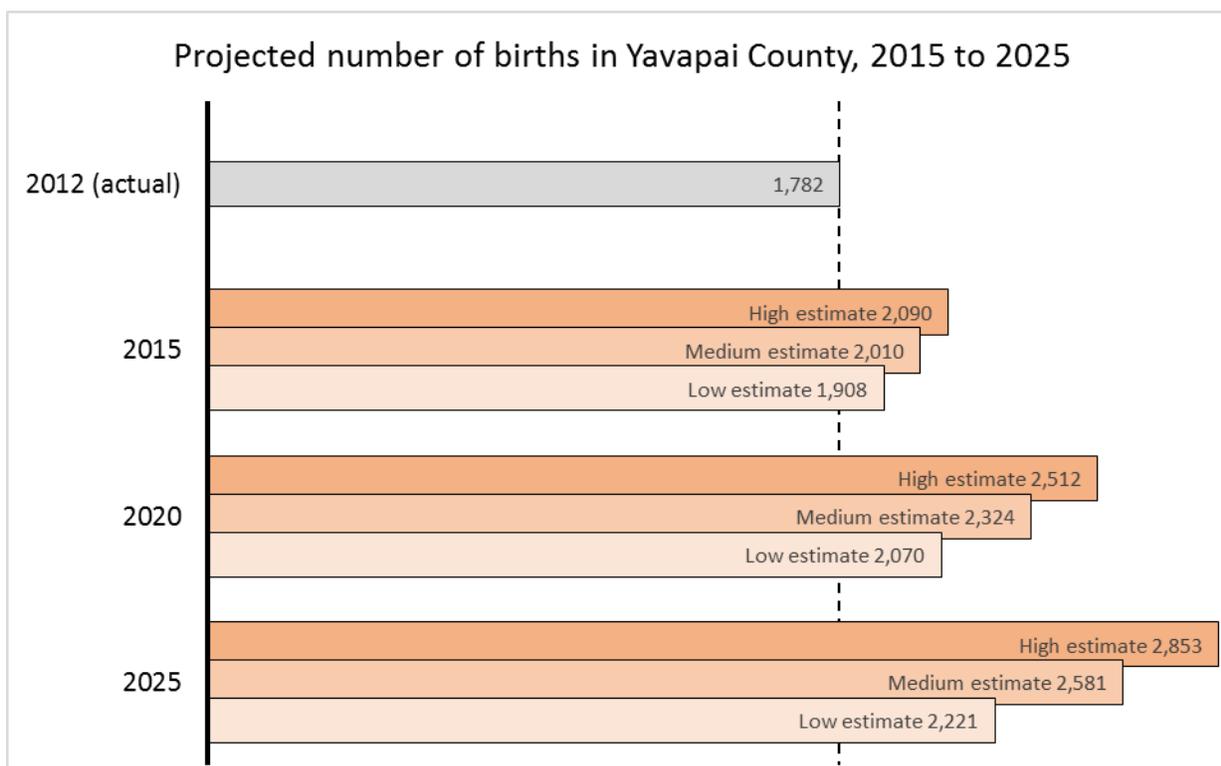
**Table 4: Population projections for Yavapai County and the state**

GEOGRAPHY	2010 CENSUS (AGES 0-5)	2015		2020		2025	
		POPULATION PROJECTION (AGES 0-5)	PROJECTED CHANGE FROM 2010	POPULATION PROJECTION (AGES 0-5)	PROJECTED CHANGE FROM 2010	POPULATION PROJECTION (AGES 0-5)	PROJECTED CHANGE FROM 2010
Yavapai County	12,583	11,604	-8%	13,241	+5%	14,885	+18%
Arizona	546,609	537,167	-2%	610,422	+12%	672,844	+23%

Arizona Department of Administration, Office of Employment and Population Statistics (December 2012): "2012-2050 State and county population projections"

Birth projections are also available over the next decade. The Arizona Department of Administration (ADOA) produces population projections for the state of Arizona and each of the 15 counties. These projections use estimates of births, deaths, and migration to forecast the population by age, sex, and race-ethnicity over the next few decades. Using alternative assumptions, high and low estimates are calculated, in addition to the baseline (or medium) estimates. As can be seen in Figure 5, even the low estimate for birth projection estimates shows an increase in births through 2025 in Yavapai County.

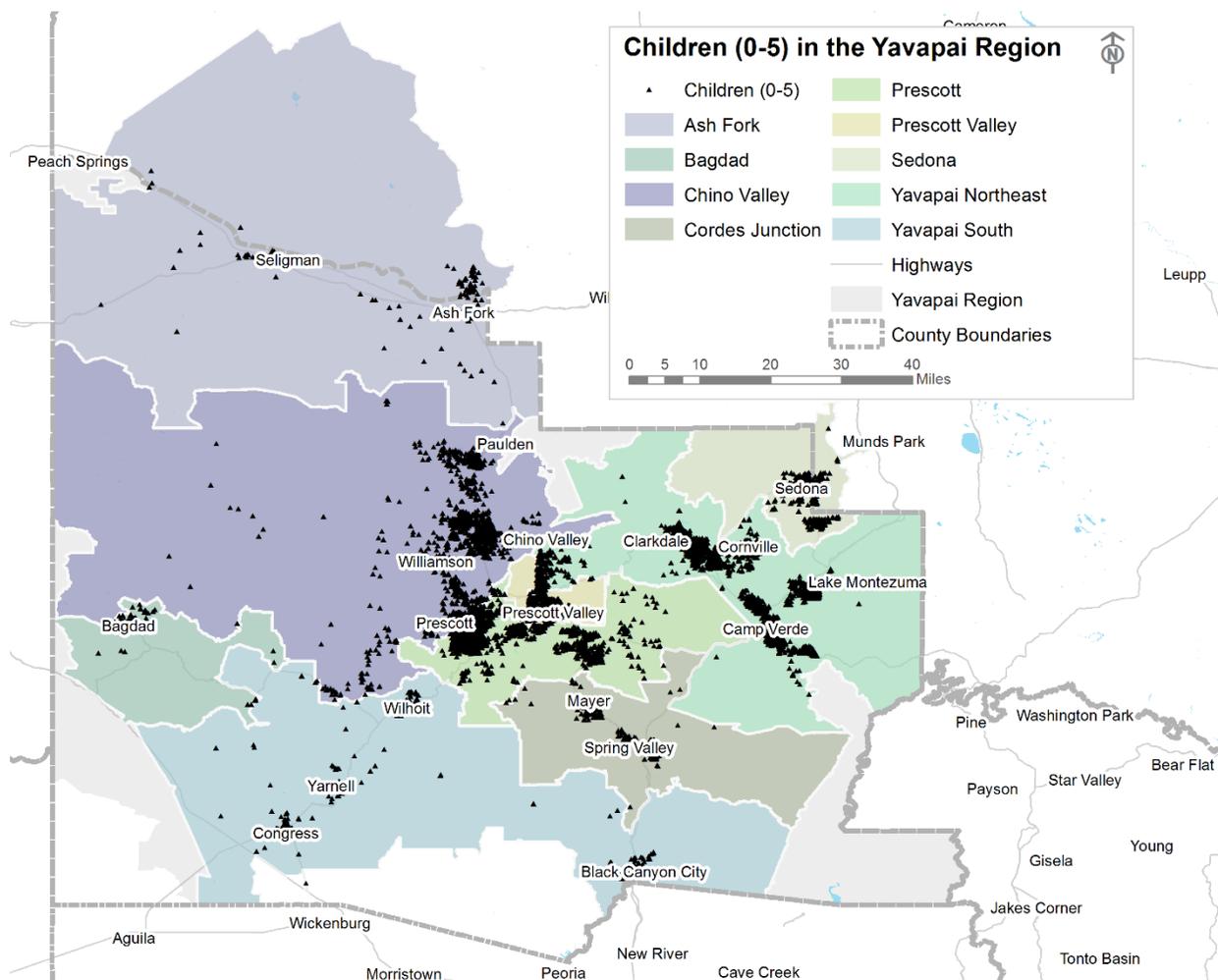
**Figure 5: Birth projections for Yavapai County and the state**



*Arizona Department of Administration, Office of Employment and Population Statistics (December 2012): "2012-2050 State and county population projections"*

Figure 6 shows the geographical distribution of children under six in the region, according to the 2010 U.S. Census. A triangle on the map represents one child. The triangles do not pinpoint each child's location, but are placed generally in each census block in which a young child was living in 2010. As can be seen in this map, the communities with the largest populations of young children are the Yavapai Northeast community (comprised of Camp Verde, Clarkdale, Cornville, Cottonwood, Jerome, Lake Montezuma, Verde Village), the Prescott Valley community, the Chino Valley community (comprised of Chino Valley, Paulden, and Williamson Valley) and the Prescott community (which includes Prescott and Dewey-Humboldt).

**Figure 6: Geographic distribution of children under six according to the 2010 Census (by census block)**



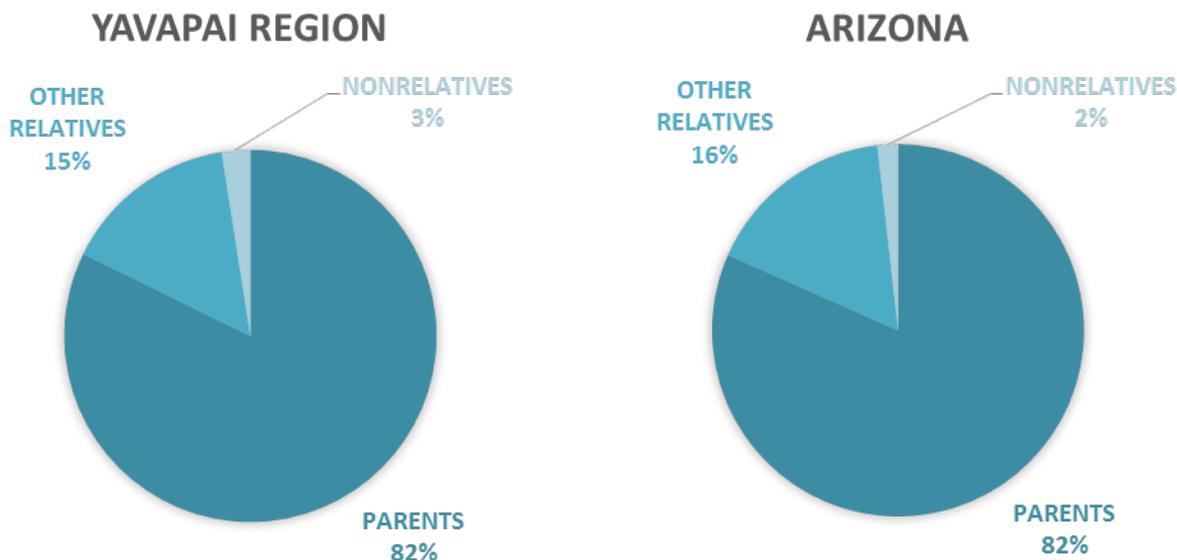
US Census (2010) Table P14, and 2010 TIGER/Line Shapefiles prepared by the US Census. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

## Additional Population Characteristics

### Household Composition

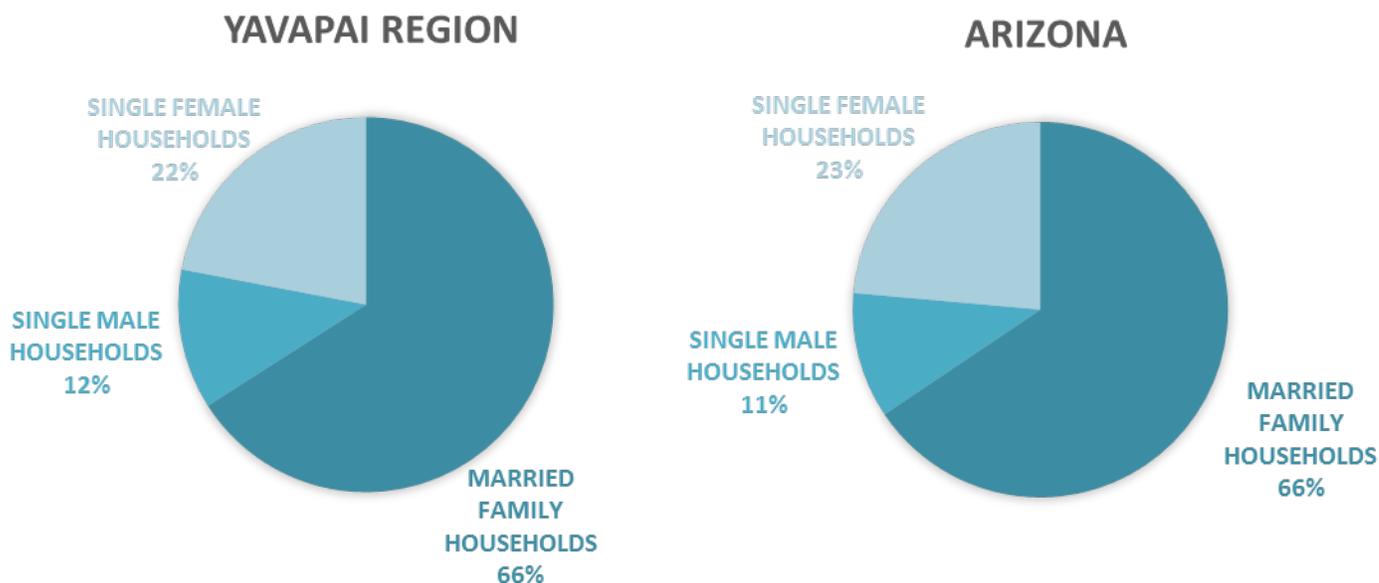
In the Yavapai Region, over four-fifths (82%) of children birth to five years of age are living with at least one parent according 2010 Census data (U.S. Census Bureau, Tables P41 and PCT14). As can be seen in Figure 7, the majority of the 18 percent of children not with parents are living with other relatives such as grandparents, uncles, or aunts (1,906 children, 15%). This distribution is very similar to that of the state as a whole, where more children live with parents (82%) and fewer live with other relatives (16%).

**Figure 7: Living arrangements for children**



US Census (2010). Table P32. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Most young children in the region and the state are living in married family households (both 66%). The Yavapai Region also has nearly the same distribution of children aged birth through five residing in single female households (22%) as the state (23%).



**Figure 8: Type of household with children (0-5)**

US Census (2010). Table P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

The 2010 Census provides additional information about multi-generational households and children birth through five living in a grandparent’s household. Just over 50 percent of grandparents with a child living in their household are estimated to be the primary caregivers for their grandchildren.<sup>2</sup> In Arizona, over 74,000 children aged birth to five (14%) are living in a grandparent’s household (see Table 5 below). This percentage is slightly lower in the Yavapai Region (12%) and Yavapai County (13%). Three communities in the region have a higher percentage of young children living with grandparents than the state including the Yavapai-Apache Nation (37%), the Yavapai South community (19%), and the Cordes Junction community (17%).

**Table 5: Number of children living in a grandparent's household**

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH 3 OR MORE GENERATIONS	
Yavapai Region	12,704	1,586	12%	92,633	2,661	3%
Ash Fork community	170	23	14%	1,496	38	3%
Bagdad community	243	17	7%	847	28	3%
Chino Valley community	2,158	305	14%	16,392	512	3%
Cordes Junction community	299	51	17%	2,500	98	4%
Prescott community	1,996	250	13%	22,211	441	2%
Prescott Valley community	3,016	331	11%	13,275	540	4%
Sedona community	569	58	10%	8,888	109	1%
Yavapai Northeast community	3,989	500	13%	23,375	816	3%
Yavapai South community	264	51	19%	3,649	79	2%
Yavapai-Apache Nation Reservation	87	32	37%	203	33	16%
Yavapai County	12,583	1,580	13%	90,903	2,645	3%
Arizona	546,609	74,153	14%	2,380,990	115,549	5%

US Census (2010). Table P41, PCT14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

The Arizona Children’s Action Alliance reports that in Arizona, approximately 36 percent of grandparents caring for grandchildren under 18 have been doing so for at least five years, and that 21 percent of these grandparents are living in poverty.<sup>3</sup> Parenting can be a challenge for aging grandparents, whose homes may not be set up for children, who may be unfamiliar with resources for families with young children, and who themselves may be facing health and resource limitations. They also are not likely to have a natural support network for dealing with the issues that arise in raising young children. Often, grandparents take on childraising responsibilities when parents are unable to provide care because of the parent’s death,

<sup>2</sup> More U.S. Children Raised by Grandparents. (2012). Population Reference Bureau. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

<sup>3</sup> Children’s Action Alliance. (2012). *Grandfamilies Fact Sheet*. Phoenix, AZ. Retrieved from <http://www.azchildren.org/MyFiles/2012/grandfamilies%20fact%20sheet%20pic%20background.pdf>.

unemployment or underemployment, physical or mental illness, substance abuse, incarceration, or because of domestic violence or child neglect in the family.<sup>4</sup> Caring for children who have experienced family trauma can pose an even greater challenge to grandparents, who may be in need of specialized assistance and resources to support their grandchildren.

There is some positive news for grandparents and great-grandparents in Arizona raising their grandkids through a Child Protective Services (CPS) placement. Starting in February 2014, these families were offered a \$75 monthly stipend per child. To qualify, a grandparent or great-grandparent must have an income below 200% of the Federal Poverty Level (FPL), and not be receiving foster care payments or TANF cash assistance for the grandchildren in their care.<sup>5</sup> Those not in the CPS system might also be eligible for this stipend in the coming months if Arizona Senate Bill 1346 is passed.<sup>6</sup> In addition to this monetary support, a number of programs and services to support grandparents raising their grandkids are available across the state.<sup>7</sup>

In addition to living with grandparents, a small portion of children in the region are living with at least one foreign born parent. In Arizona, just under one-third (29%) of children aged birth through five are living with at least one foreign born parent, while only 17 percent of young children in the Yavapai Region and Yavapai County are (see Table 6). The Sedona community has the largest percentage of any community in the region where estimates are available, with 52 percent of children aged birth through five living with at least one foreign born parent. Key informants in this community spoke about the large number of Hispanic families working in the service industry in the Sedona community. As can be seen in Table 7 and Table 8, the percentage of the adult population in the Sedona community that reports being Hispanic is low; whereas half of the population of children aged birth to five are Hispanic.

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<sup>4</sup> More U.S. Children Raised by Grandparents. (2012). Population Reference Bureau. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

<sup>5</sup> Children's Action Alliance, January 15, 2014 Legislative Update email.

<sup>6</sup> Children's Action Alliance, February 21, 2014 Legislative Update email.

<sup>7</sup> <http://www.aarp.org/content/dam/aarp/relationships/friends-family/grandfacts/grandfacts-arizona.pdf>;  
<http://duetaz.org/index.php/services/grandparents-raising-grandchildren/>

**Table 6: Children (0-5) living with one or two foreign-born parents**

GEOGRAPHY	2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) LIVING WITH ONE OR TWO FOREIGN-BORN PARENTS
Yavapai Region	12,704	17%
Ash Fork community	170	0%
Bagdad community	243	12%
Chino Valley community	2,158	4%
Cordes Junction community	299	0%
Prescott community	1,996	24%
Prescott Valley community	3,016	21%
Sedona community	569	52%
Yavapai Northeast community	3,989	13%
Yavapai South community	264	0%
Yavapai-Apache Nation Reservation	87	0%
Yavapai County	12,583	17%
Arizona	546,609	29%

*US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B05009. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>*

### **Ethnicity and Race**

A very large portion (85%) of the adult population living in the region identified as White, not-Hispanic and only 11 percent identified themselves as Hispanic (Census 2010, Table P11). The White, not-Hispanic population of adults in the region is higher than the White, not-Hispanic population of adults in Arizona overall (63%), and the population of Hispanic adults is lower than in Arizona overall (25%). The racial and ethnic breakdown of adults living in the region varies somewhat by community as can be seen in Table 7 below.

**Table 7: Race and ethnicity for adults**

GEOGRAPHY	POPULATION (18+)	HISPANIC	NOT HISPANIC				
			WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
Yavapai Region	173,694	11%	85%	1%	1%	1%	1%
Ash Fork community	2,664	13%	81%	1%	2%	0%	2%
Bagdad community	1,533	19%	78%	0%	1%	0%	1%
Chino Valley community	31,563	9%	88%	0%	1%	1%	1%
Cordes Junction community	4,723	7%	90%	0%	1%	0%	2%
Prescott community	40,967	7%	89%	1%	1%	1%	1%
Prescott Valley community	25,630	16%	80%	1%	1%	1%	1%
Sedona community	15,631	9%	87%	1%	0%	2%	1%
Yavapai Northeast community	44,433	13%	82%	1%	2%	1%	2%
Yavapai South community	6,550	6%	91%	0%	1%	0%	2%
Yavapai-Apache Nation Reservation	465	14%	8%	0%	72%	0%	5%
Yavapai County	170,764	11%	85%	0%	1%	1%	1%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%

US Census (2010). Table P11. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Almost two-thirds (63%) of the population of children aged birth through four living in the region were identified as White, not-Hispanic, while 31 percent were identified as Hispanic (Census 2010). This is also different than Arizona as a whole. Less than half of Arizona’s population of children aged birth through four were reported to be White, non-Hispanic (40%), while another 45 percent were reported to be Hispanic. As can be seen by comparing Table 7 and Table 8, the population of young children in the region is more likely to be Hispanic, than the adult population. Table 8 also shows that the racial and ethnic breakdown of young children living in the region varies by community, with the Sedona community (50%) having the highest percentage of Hispanic children ages birth through four years in the region.

**Table 8: Race and ethnicity for children ages 0-4<sup>8</sup>**

GEOGRAPHY	POPULATION (AGES 0-4)	HISPANIC OR LATINO	WHITE (NOT HISPANIC)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER
Yavapai Region	10,578	31%	63%	1%	3%	1%
Ash Fork community	149	42%	52%	1%	3%	0%
Bagdad community	194	29%	63%	2%	5%	0%
Chino Valley community	1,787	29%	67%	1%	1%	1%
Cordes Junction community	260	13%	80%	0%	2%	0%
Prescott community	1,617	23%	72%	0%	2%	0%
Prescott Valley community	2,547	33%	61%	1%	1%	1%
Sedona community	489	50%	43%	0%	1%	2%
Yavapai Northeast community	3,329	33%	59%	1%	5%	1%
Yavapai South community	206	24%	74%	0%	3%	0%
Yavapai-Apache Nation Reservation	67	42%	0%	0%	67%	0%
Yavapai County	10,468	31%	63%	1%	3%	1%
Arizona	455,715	45%	40%	5%	6%	3%

US Census (2010). Table P12B, P12C, P12D, P12E, P12F, P12G, P12H, P12I. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: The number for children ages 0-5 are not readily available from the US Census, but it is likely that the percentage distribution for children 0-4 will be similar to that of children 0-5.

### Language Use and Proficiency

As can be seen in Table 9, a large portion of the population five years of age and older in the region and the county speaks only English at home (89%), which is higher than for the state (73%). The primary language used at home for those living in the region varies only slightly by community, with the highest percentage speaking Spanish at home at only 13 percent in the Prescott Valley community. Use of Spanish at home does not necessarily mean lack of English language ability.

<sup>8</sup> The Census Bureau reports the race/ethnicity categories differently for the 0-4 population than they do for adults; therefore, they are reported slightly differently in this report. For adults, Table 6 shows exclusive categories: someone who identifies as Hispanic would only be counted once (as Hispanic), even if the individual also identifies with a race (e.g. Black). For the population 0-4, Table 7 shows non-exclusive categories for races other than white. This means, for instance, that if a child's ethnicity and race are reported as "Black (Hispanic)" he will be counted twice: once as Black and once as Hispanic. For this reason the percentages in the rows do not necessarily add up to 100%. The differences, where they exist at all, are very small.

**Table 9: Home language use for individuals 5 years and older**

GEOGRAPHY	2010 CENSUS POPULATION (5+)	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK A NATIVE NORTH AMERICAN LANGUAGE AT HOME	PERSON (5+) WHO SPEAK ENGLISH LESS THAN "VERY WELL"
Yavapai Region	203,582	89%	8%	0%	3%
Ash Fork community	2,515	87%	11%	1%	6%
Bagdad community	2,069	87%	12%	0%	6%
Chino Valley community	38,376	94%	4%	1%	2%
Cordes Junction community	4,981	95%	5%	0%	2%
Prescott community	46,929	91%	5%	0%	3%
Prescott Valley community	31,844	84%	13%	0%	2%
Sedona community	16,706	87%	7%	0%	3%
Yavapai Northeast community	54,179	86%	11%	1%	3%
Yavapai South community	5,983	95%	4%	0%	2%
Yavapai-Apache Nation Reservation	888	92%	0%	8%	1%
Yavapai County	200,934	89%	8%	0%	1%
Arizona	5,955,604	73%	21%	2%	2%

*US Census (2010). Table P12. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>*

Data about English speaking ability provides additional information about the characteristics of the population in the Yavapai Region. As shown in Table 10 and Figure 9, rates of linguistic isolation are even lower in the Yavapai Region (2%) than they are in the state (5%).

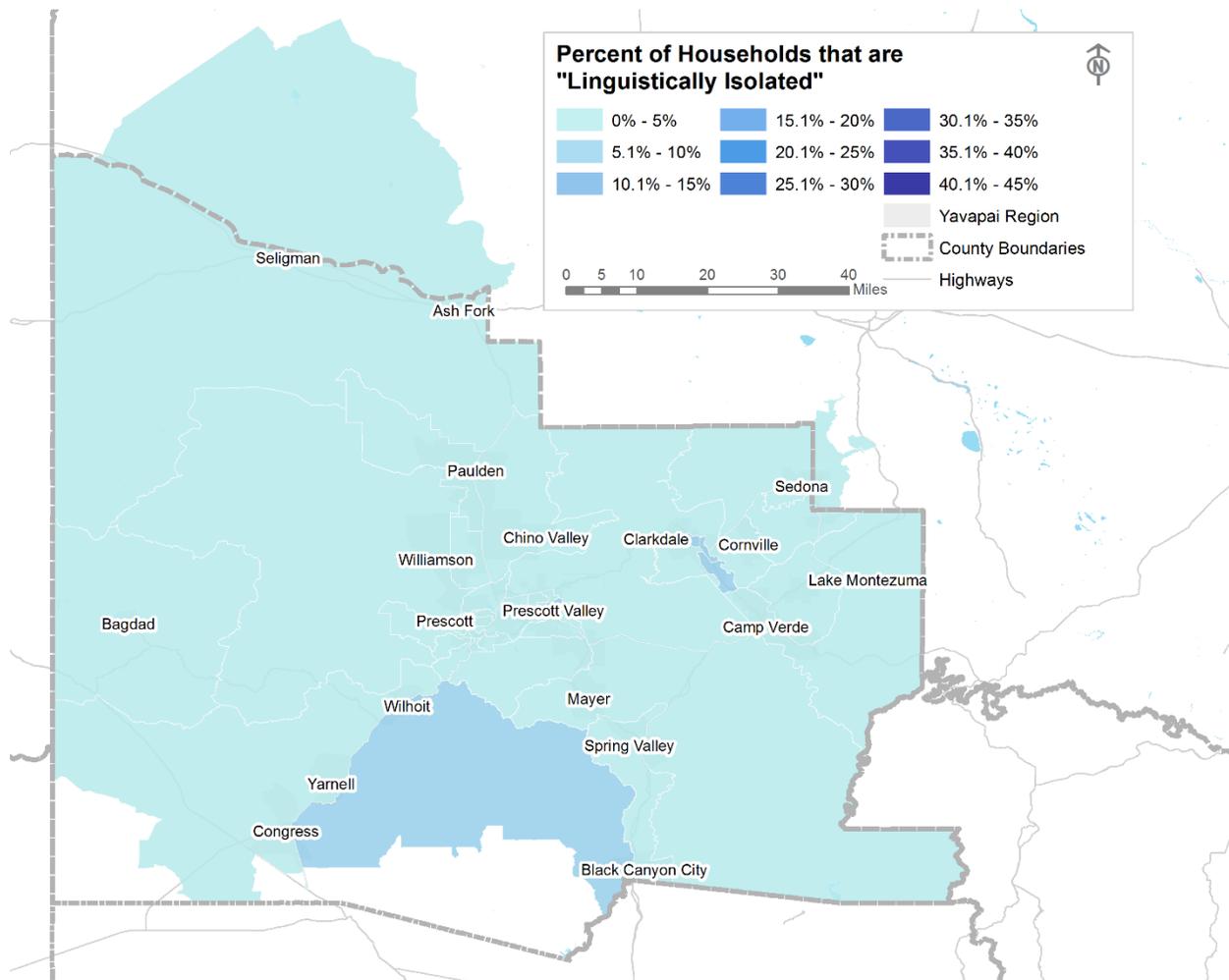
**Table 10: Household home language use**

GEOGRAPHY	2010 CENSUS TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
Yavapai Region	92,633	11%	2%
Ash Fork community	1,496	14%	0%
Bagdad community	847	14%	0%
Chino Valley community	16,392	8%	1%
Cordes Junction community	2,500	6%	0%
Prescott community	22,211	10%	2%
Prescott Valley community	13,275	17%	3%
Sedona community	8,888	15%	2%
Yavapai Northeast community	23,375	12%	2%
Yavapai South community	3,649	7%	3%
Yavapai-Apache Nation Reservation	203	17%	1%
Yavapai County	90,903	11%	2%
Arizona	2,380,990	27%	5%

*US Census (2010). Table P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>*

Note: A “linguistically isolated household” is one in which all adults (14 and older) speak English less than “very well.”

**Figure 9: Proportion of households that are considered “linguistically isolated”**



US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16002, and 2010 TIGER/Line Shapefiles prepared by the US Census, 2010

## Economic Circumstances

### Income and Poverty

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. The Arizona Children's Action Alliance reports that overall in Arizona, disparities in income distribution are increasing rapidly, with Arizona having the second widest income gap between the richest 20 percent and poorest 20 percent of households in the nation. In addition, Arizona ranks fifth in the nation in income inequality between the top income (top 20%) and the middle income (middle 20%) households.<sup>9</sup> The Arizona Directions 2012 report notes that Arizona has the 5<sup>th</sup> highest child poverty rate in the country.<sup>10</sup> In 2012, more than one out of four children in Arizona was living in poverty (family income below \$18,284 for a family of three).<sup>11</sup> The effects on children living in poverty can be felt throughout their lives, including the link between childhood poverty and mental health issues in adulthood. The increased likelihood of exposure to violence, family dysfunction, and separation from family, and living in chaotic, crowded and substandard housing all increase the risk of poorer mental health status later in life.<sup>12</sup>

As can be seen in Table 11 the percentage of the population of children aged birth through five living in poverty in the Yavapai Region (27%) is the same as the state as a whole (27%). The percentage of the total population living in poverty is slightly lower for the region (15%) than the state (17%). Two communities within the region have much higher childhood poverty rates than the others for which estimates are available, with 94 percent of young children in the Ash Fork community and 57 percent of children in the Yavapai-Apache Nation estimated to be living in poverty.

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<sup>9</sup> Center on Budget and Policy Priorities. *Wide and Growing Income Gaps in Most States, New Report Finds Rich Pulling Away from Low-and Middle-Income Households*. Nov 2012. <http://www.cbpp.org/files/11-15-12sfp-pr.pdf>

<sup>10</sup> Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

<sup>11</sup> The Arizona Children's Action Alliance. *Arizona Shows No Improvement in Child Poverty*. Posted September 20, 2013. <http://azchildren.org/arizona-shows-no-improvement-in-child-poverty>

<sup>12</sup> Evans, G.W., & Cassells, R.C. (2013). Childhood poverty, cumulative risk exposure, and mental health in emerging adults. *Clinical Psychological Science*. Published online 1 October 2013. <http://cpx.sagepub.com/content/early/2013/09/26/2167702613501496>

**Table 11: Median family annual income and persons living below the U.S. Census poverty threshold level**

GEOGRAPHY	MEDIAN FAMILY ANNUAL INCOME (2010 DOLLARS)	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY <sup>13</sup>
Yavapai Region	-	15%	27%
Ash Fork community	-	36%	94%
Bagdad community	\$62,440	4%	0%
Chino Valley community	-	15%	30%
Cordes Junction community	\$44,875	26%	12%
Prescott community	-	13%	14%
Prescott Valley community	\$43,262	19%	31%
Sedona community	-	10%	15%
Yavapai Northeast community	-	16%	32%
Yavapai South community	-	16%	20%
Yavapai-Apache Nation Reservation	\$28,631	48%	57%
Yavapai County	\$53,133	15%	27%
Arizona	\$59,563	17%	27%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B17001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: Median family income is only available for regional communities made up of a single zip code; the Bagdad community, the Cordes Junction community, and the Prescott Valley community.

Between 2007 and 2012, whereas the population of Arizona increased by three percent, the percent of the population living below the Federal Poverty Level grew by 37 percent. In 2012, women in Arizona had a poverty rate of 20 percent, compared to 18 percent for men. Women are more likely to be living in poverty than men for a number of reasons; 1) they are more likely to be out of the workforce, 2) they are more likely to be in low-paying jobs, and 3) they are more likely to be solely responsible for children. In 2012, 79 percent of low-income single-parent households were headed by women.<sup>14</sup>

The proposed increase in the federal minimum wage would have an effect on a number of Arizona families, especially those headed by women. A recent study estimated that 21 percent of the Arizona workforce would be affected by increasing the federal minimum wage to \$10.10 by July 2016, and this in turn would impact 18 percent of Arizona children (who have at least

<sup>13</sup> Note: A child’s poverty status is defined as the poverty status of the household in which he or she lives. “Related” means that the child is related to the householder, who may be a parent, stepparent, grandparent, or another relative. In a small proportion of cases in which the child is not related to the householder (e.g., foster children), then the child’s poverty status cannot be determined.

<sup>14</sup> Castelazo, M. (2014). Supporting Arizona Women’s Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs. Report Produced for the Women’s Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from [http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women\\_FINAL.pdf](http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf)

one of their parents affected by this change).<sup>15</sup> Table 12 shows the median family income in a number of towns, cities and Census Designated Places within Yavapai County.

**Table 12: Median family annual income for families with children (0-17)**

GEOGRAPHY	MEDIAN FAMILY INCOME (2010 DOLLARS)			
	ALL FAMILIES	HUSBAND-WIFE FAMILIES	SINGLE MALE FAMILIES	SINGLE FEMALE FAMILIES
Bagdad	\$62,470	\$59,107	\$49,643	\$44,000
Camp Verde	\$46,450	\$63,182	\$58,750	\$9,576
Chino Valley	\$52,049	\$71,548	-	-
Cordes Lakes	\$36,548	-	-	\$20,417
Cottonwood	\$44,875	\$63,750	\$52,607	\$21,726
Prescott	\$55,885	\$71,507	\$43,750	\$30,369
Prescott Valley	\$49,606	\$59,231	\$31,784	\$20,769
Sedona	\$66,970	-	-	\$28,077
Yavapai-Apache Nation Reservation	\$28,631	\$29,318	-	\$13,906
Yavapai County	\$53,133	\$65,089	\$34,980	\$23,509
Arizona	\$59,563	\$73,166	\$36,844	\$26,314

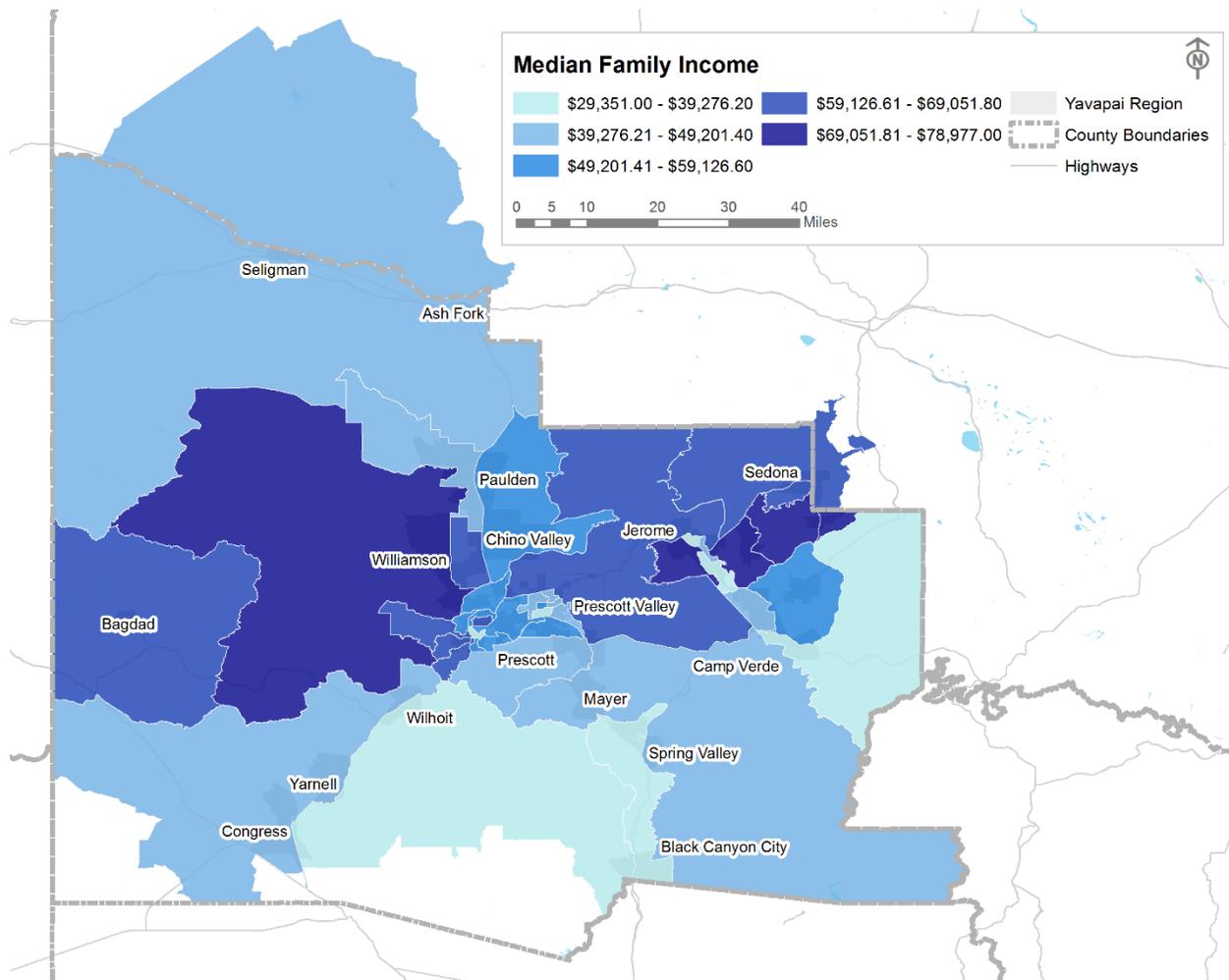
US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B19126. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: Due to small sample sizes, estimates for several communities cannot be reliably calculated.

The maps in Figures 10 and 11 illustrate areas in the region with differing median family income levels, and differing levels of childhood poverty. As can be seen in Figure 10 the areas with the lowest median family incomes are clustered in the southern, eastern and northern edges of the region.

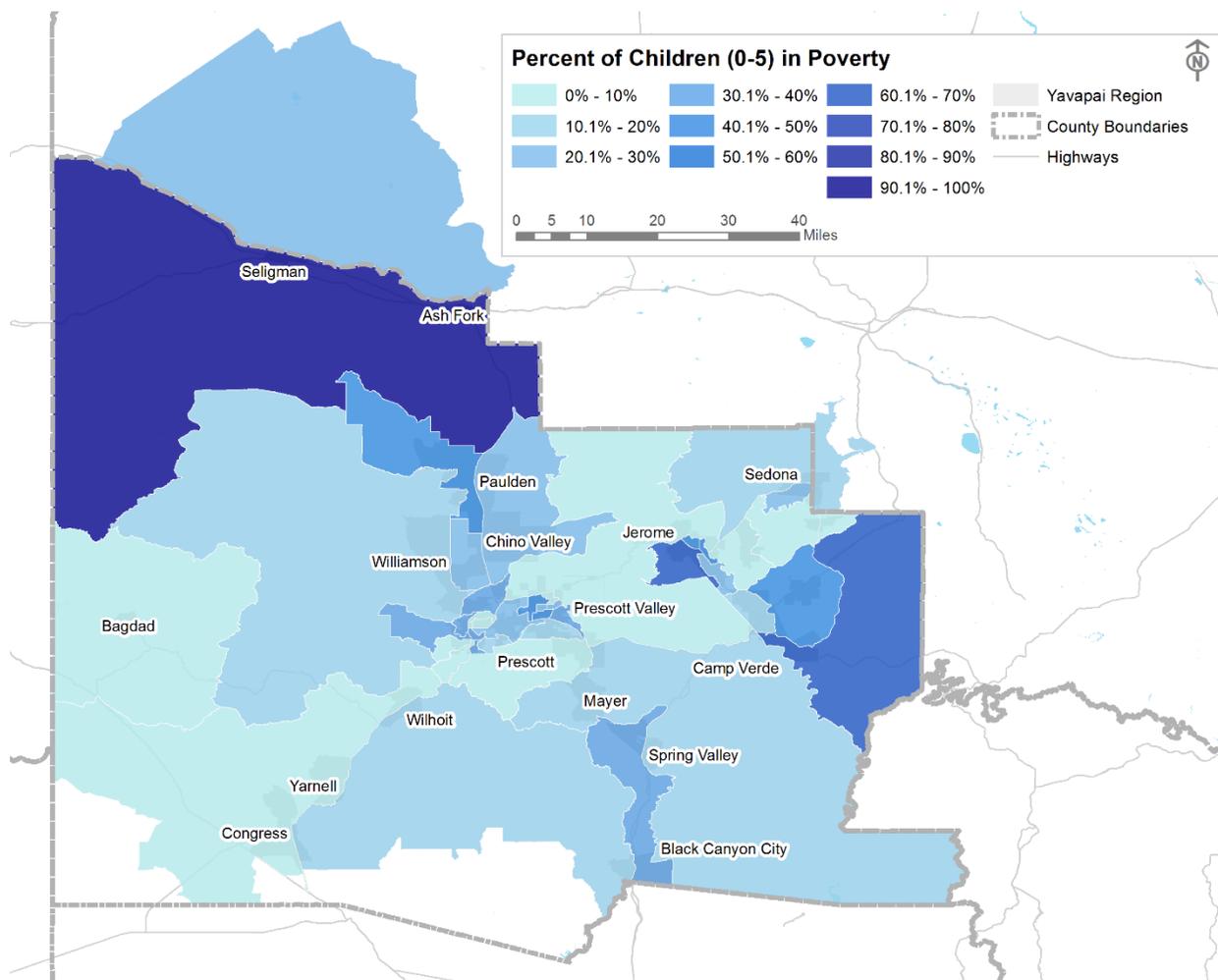
<sup>15</sup> Raising the Federal Minimum Wage to \$10.10 Would Lift Wages for Millions and Provide a Modest Economic Boost. Cooper, D. Economic Policy Institute, Briefing Paper #371, December 19, 2013. Retrieved from <http://www.epi.org/publication/raising-federal-minimum-wage-to-1010>

**Figure 10: Median annual household income**



US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B19126. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

**Figure 11: Percent of children (0-5) living in poverty**



US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B17001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

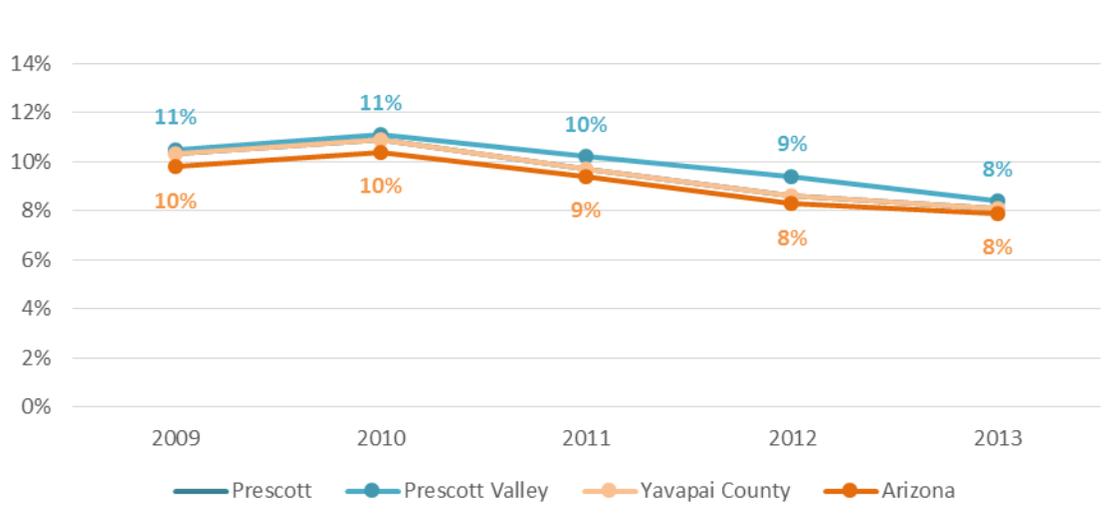
### Unemployment and Foreclosures

Unemployment and job loss often results in families having fewer resources to meet their regular monthly expenses and support their children’s development. This is especially pronounced when the family income was already low before the job loss, the unemployed parent is the only breadwinner in the household, or parental unemployment lasts for a long period of time. Family dynamics can be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict and more punitive parental behaviors. Parental job loss can also impact children’s school performance (i.e. lower test scores, poorer attendance, higher

risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs).<sup>16</sup>

Annual unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality. Figure 12 shows the annual unemployment rates across years for Prescott, Prescott Valley, Yavapai County and Arizona. Although slightly higher, the trajectory of unemployment rates in Prescott, Prescott Valley and Yavapai County during the period from 2009 through 2013 is very similar to the state of Arizona’s trajectory.

**Figure 12: Annual unemployment rates in Yavapai County and Arizona, 2009-2013**



Arizona Department of Administration, Office of Employment and Population Statistics (2014). *Special Unemployment Report, 2009-2014*. Retrieved from <http://www.workforce.az.gov/local-area-unemployment-statistics.aspx>

Table 13 shows the employment status of parents of young children in the region. The percentage of parents in the labor force for children living with one or two parents are similar for the Yavapai Region, Yavapai County and the state. There is a great deal of variability across communities within the Yavapai Region however.

<sup>16</sup> Isaacs, J. (2013). Unemployment from a child’s perspective. Retrieved from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>

**Table 13: Employment status of parents of young children**

GEOGRAPHY	2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING WITH TWO PARENTS			CHILDREN (0-5) LIVING WITH SINGLE PARENT	
		BOTH PARENTS IN LABOR FORCE	ONE PARENT IN LABOR FORCE	NEITHER PARENT IN LABOR FORCE	PARENT IN LABOR FORCE	PARENT NOT IN LABOR FORCE
Yavapai Region	12,704	32%	30%	3%	27%	8%
Ash Fork community	170	1%	61%	0%	35%	3%
Bagdad community	243	28%	61%	0%	9%	2%
Chino Valley community	2,158	29%	31%	6%	30%	4%
Cordes Junction community	299	17%	0%	0%	0%	83%
Prescott community	1,996	39%	36%	1%	19%	4%
Prescott Valley community	3,016	40%	24%	1%	27%	8%
Sedona community	569	19%	52%	0%	21%	9%
Yavapai Northeast community	3,989	28%	24%	6%	32%	10%
Yavapai South community	264	3%	54%	0%	43%	0%
Yavapai-Apache Nation Reservation	87	9%	2%	0%	67%	21%
Yavapai County	12,583	32%	31%	3%	27%	8%
Arizona	546,609	32%	29%	1%	28%	10%

US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B23008. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: "In labor force" includes adults who are employed or looking for employment.

Over the past four years, there have been a total of 509,898 foreclosure filings in Arizona. These foreclosure filings have been trending downward, and have decreased 53 percent from 162,373 filings in 2009 to 76,487 filings in 2012. Arizona has also risen from third worst in the nation for foreclosures in 2012, to now sixth in the nation in foreclosures.<sup>17</sup>

In May of 2014, the number of foreclosures across the region varied, as can be seen in Table 14 below. The region and the county had a higher number of foreclosures per 1,000 properties than the state, with the highest rates for the Yavapai Northeast community, the Yavapai Southeast community and the Prescott Valley community. In all areas of the region, there were more homes for sale than there were in foreclosure, as evidenced by all values being less than one for the "ratio of foreclosures to homes for sale." An additional indicator, the percent of housing units that are vacant, illustrates the percent of housing units that are "not occupied" for a number of reasons. These include housing units that are for rent, for sale, sold but not occupied, for migrant workers, or used seasonally for recreational, or occasional use. As can be seen in the table below, the percent of housing units in the region and county that fall into this "vacant" category is similar to the state as a whole.

<sup>17</sup> Home Matters for Arizona 2013. Arizona Housing Alliance. <http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf>

**Table 14: Foreclosures in Arizona, Yavapai County, and the region**

GEOGRAPHY	NUMBER OF HOUSING UNITS	NUMBER OF FORECLOSURES (MAY 2014)	NUMBER OF FORECLOSURES PER 1,000 PROPERTIES (MAY 2014)	RATIO OF FORECLOSURES TO HOMES FOR SALE (MAY 2014)	PERCENT OF HOUSES THAT ARE VACANT
Yavapai Region	112,511	1,188	1.068	0.309	18%
Ash Fork community	1,775	14	0.563	0.110	41%
Bagdad community	1,064	0	0.000		17%
Chino Valley community	20,032	221	0.599	0.266	14%
Cordes Junction community	3,362	63	0.892	0.492	29%
Prescott community	28,634	233	0.594	0.222	20%
Prescott Valley community	14,130	147	1.203	0.758	9%
Sedona community	12,227	107	0.491	0.191	26%
Yavapai Northeast community	26,788	347	2.207	0.439	12%
Yavapai South community	4,499	56	1.111	0.354	32%
Yavapai-Apache Nation Reservation	270	1	0.473	0.661	6%
Yavapai County	110,317	1,081	1.106	0.282	17%
Arizona	2,841,432	30,205	0.657	0.752	17%

RealtyTrac (2014). *Arizona Real Estate Trends & Market Info*. Retrieved from <http://www.realtytrac.com/statsandtrends/foreclosuretrends/az>; US Census (2013). *American Community Survey 5-year Estimates, 2008-2012, Tables B25001, B25004*. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

In Arizona, about one-third of households are renters. Of these, 270,000 are classified as very low income renters. Over three-quarters of these low income renters, 210,000 (78%), are paying more than the recommended 30 percent of their income in rent, which is considered “housing- cost burdened.” This is often caused by a shortage of affordable rentals. Seventy-nine percent of very low income renters in Yavapai County are classified as housing-cost burdened renters, comparable to the state as whole.<sup>18</sup>

When the cost for transportation is factored into housing affordability calculations, the picture gets even bleaker. The Center for Housing Technology created a housing and transportation index to better define true affordability and sets a benchmark for combined housing plus transportation costs at no more than 45 percent of household income to be truly affordable. Because of the rural nature of many Arizona Counties, when transportation costs are factored

<sup>18</sup> Home Matters for Arizona 2013. Arizona Housing Alliance. <http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf>

into housing costs, the affordability of housing decreases. In Yavapai County the average housing plus transportation cost is 57 percent of household income, higher than the recommended 45 percent.<sup>19</sup>

The percentage of housing units in the region and county that have housing problems and severe housing problems is also similar to the state rate. The US Department of Housing and Urban Development defines housing units with “housing problems” as housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1 person per room), or housing units for which housing costs exceed 30% of income. Housing units with “severe housing problems” consist of housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1.5 person per room), or housing units for which housing costs exceed 50% of income.<sup>20</sup> Over one-third of housing units in the region, county and state (38% for all three) are classified as having housing problems (see Table 15). Of those units with housing problems, 19 percent, in both the region and county, are further classified as having severe housing problems, just under the state percentage of 20 percent.

**Table 15: Percent of housing units with housing problems**

GEOGRAPHY	TOTAL HOUSING UNITS	HOUSING PROBLEMS	SEVERE HOUSING PROBLEMS
Yavapai Region	90,918	38%	19%
Ash Fork community	803	28%	19%
Bagdad community	814	7%	5%
Chino Valley community	15,817	37%	18%
Cordes Junction community	2,171	40%	19%
Prescott community	22,561	36%	17%
Prescott Valley community	13,872	38%	19%
Sedona community	9,505	46%	22%
Yavapai Northeast community	21,824	40%	20%
Yavapai South community	3,315	34%	21%
Yavapai-Apache Nation Reservation	99	37%	26%
Yavapai County	89,074	38%	19%
Arizona	2,326,354	38%	20%

US Department of Housing and Urban Development (2011). CHAS 2008-2010 ACS 3-year average data by place. Retrieved from [http://www.huduser.org/portal/datasets/cp/CHAS/data\\_download\\_chas.html](http://www.huduser.org/portal/datasets/cp/CHAS/data_download_chas.html)

<sup>19</sup> Home Matters for Arizona 2013. Arizona Housing Alliance. <http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf>

<sup>20</sup> US Department of Housing and Urban Development (2011). CHAS Background. Retrieved from [http://www.huduser.org/portal/datasets/cp/CHAS/bg\\_chas.html](http://www.huduser.org/portal/datasets/cp/CHAS/bg_chas.html)

## **Public Assistance Programs**

Participation in public assistance programs is an additional indicator of the economic circumstances in the region. Public assistance programs commonly used by families with young children in Arizona include Nutrition Assistance (SNAP, Supplemental Nutrition Assistance Program, formerly known as “food stamps”), Temporary Assistance for Needy Families (TANF, which replaced previous welfare programs), and Women, Infants, and Children (WIC, food and nutrition services).

### ***SNAP***

Nutrition Assistance, or SNAP, helps to provide low income families in Arizona with food through retailers authorized to participate in the program. According to a U.S. Department of Agriculture Economic Research Service, in 2010, about 20 percent of Arizonans lived in food deserts, defined as living more than a half-mile from a grocery store in urban areas and more than 10 miles in rural areas.<sup>21</sup> Families living in food deserts often use convenience stores in place of grocery stores. New legislation in 2014 could have an effect on what’s available in these stores, as they will have to begin stocking “staple foods” (such as bread or cereals, vegetables or fruits, dairy products, and meat, poultry or fish) to continue accepting SNAP.<sup>22</sup>

The number of children receiving SNAP has increased at the same rate in the Yavapai Region, county and across the state (2%) over the last several years (see Table 16). There is some variability across communities in the region in the change in the percentage of children aged birth through five who are receiving SNAP between 2010 and 2012. The communities of Ash Fork and Cordes Junction saw increases in participation of just under a quarter of the young child population, while other communities either saw a small increase, no increase, small decreases or in one case, a larger decrease in participation between 2010 and 2012 (Bagdad community, -28%).

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<sup>21</sup> <http://www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas.aspx#.UxitQ4VRKwt>

<sup>22</sup> <http://cronkitenewsonline.com/2014/02/new-food-stamp-requirements-could-affect-arizona-convenience-stores/>

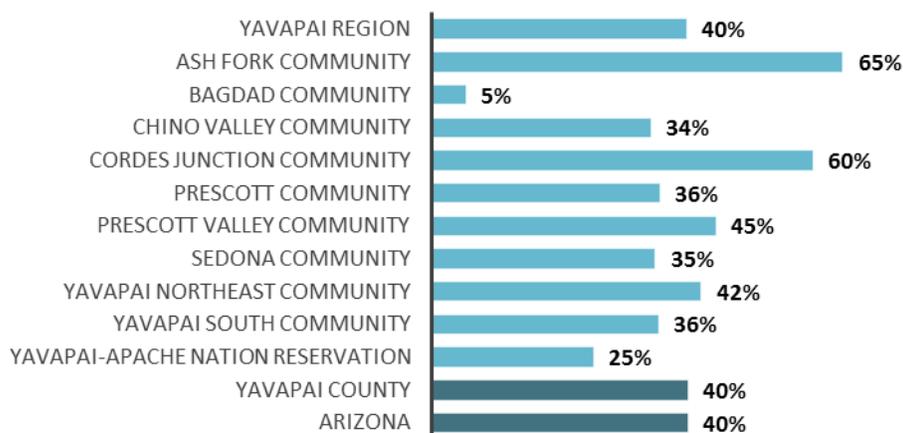
**Table 16: Children ages 0-5 receiving SNAP (Supplemental Nutritional Assistance Program)**

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012 <sup>23</sup>
		#	%	#	%	#	%	
Yavapai Region	12,704	5,007	39%	4,734	37%	5,092	40%	+2%
Ash Fork community	170	89	52%	86	51%	110	65%	+23%
Bagdad community	243	18	7%	<10	DS	13	5%	-28%
Chino Valley community	2,158	743	34%	625	29%	742	34%	0%
Cordes Junction community	299	144	48%	158	53%	179	60%	+24%
Prescott community	1,996	659	33%	609	31%	715	36%	+8%
Prescott Valley community	3,016	1,351	45%	1,318	44%	1,348	45%	0%
Sedona community	569	201	35%	178	31%	200	35%	0%
Yavapai Northeast community	3,989	1,699	43%	1,647	41%	1,691	42%	0%
Yavapai South community	264	103	39%	105	40%	94	36%	-9%
Yavapai-Apache Nation Reservation	87	24	27%	22	26%	22	25%	-6%
Yavapai County	12,583	4,985	40%	4,699	37%	5,061	40%	+2%
Arizona	546,609	215,837	39%	204,058	37%	219,926	40%	+2%

Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request

As shown in Figure 13, the percentage of children aged birth through five in the Yavapai Region who are receiving SNAP is the same as the percentage of children aged birth through five in Arizona as a whole who are receiving SNAP.

**Figure 13: Percentage of children ages 0-5 receiving SNAP in January 2012**



Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request

<sup>23</sup> Note: The “Change from 2010 to 2012” column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: Percent Change = (Number in Year 2 - Number in Year 1)/(Number in Year 1) × 100.

**TANF**

In contrast to SNAP, the number of children receiving TANF has decreased over the last several years. This is likely due to new eligibility rules and state budget cuts to the program, which have been enacted annually by state lawmakers. In addition, a 2011 rule which takes grandparent income into account has led to a decline in child-only TANF cases, and fiscal year 2012 budget cuts limited the amount of time that families can receive TANF to two years.<sup>24</sup> Over the last decade federal TANF funds have also been increasingly re-directed from cash assistance, jobs programs and child care assistance to Child Protective Services. Federal cuts to funding to support TANF, including supplemental grants to high growth states, have also been enacted. It is estimated that there will be a deficit in Arizona TANF funds between 10 and 29 million dollars in fiscal year 2014, with a projected increase to 20-39 million dollars in fiscal year 2015.<sup>25</sup>

The table and figure below provide a visual representation of the decreasing proportion of households that have and are receiving TANF across the state and region.

**Table 17: Children ages 0-5 receiving TANF (Temporary Assistance for Needy Families)**

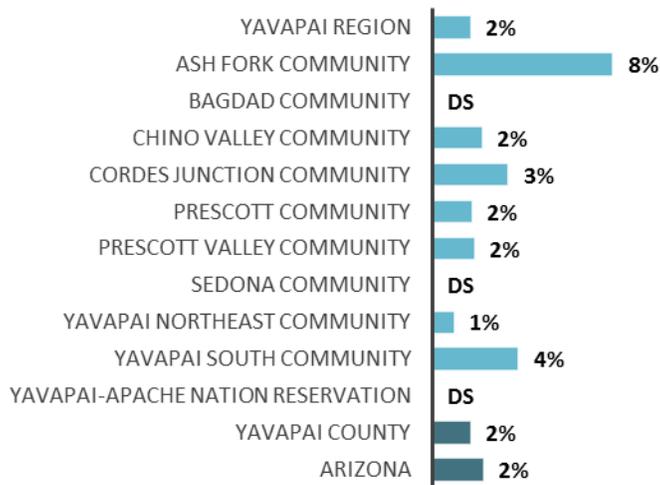
GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012
		#	%	#	%	#	%	
Yavapai Region	12,704	354	3%	148	1%	215	2%	-39%
Ash Fork community	170	<10	DS	<10	DS	14	8%	DS
Bagdad community	243	<10	DS	0	0%	<10	DS	DS
Chino Valley community	2,158	45	2%	23	1%	47	2%	4%
Cordes Junction community	299	<10	DS	<10	DS	10	3%	DS
Prescott community	1,996	56	3%	19	1%	35	2%	-38%
Prescott Valley community	3,016	106	4%	40	1%	56	2%	-47%
Sedona community	569	<10	DS	<10	DS	<10	DS	-33%
Yavapai Northeast community	3,989	119	3%	52	1%	38	1%	-68%
Yavapai South community	264	<10	DS	<10	DS	10	4%	DS
Yavapai-Apache Nation Reservation	87	<10	DS	<10	DS	<10	DS	-72%
Yavapai County	12,583	355	3%	147	1%	211	2%	-41%
Arizona	546,609	23,866	4%	13,450	2%	12,358	2%	-48%

Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

<sup>24</sup> Reinhart, M. K. (2011). *Arizona budget crisis: Axing aid to poor may hurt in long run*. The Arizona Republic: Phoenix, AZ. Retrieved from <http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

<sup>25</sup> The Arizona Children’s Action Alliance. *Growing up Poor in Arizona: State Policy at a Crossroads*. May 2013. [http://azchildren.org/wp-content/uploads/2013/06/TANF\\_report\\_2013\\_ForWeb.pdf](http://azchildren.org/wp-content/uploads/2013/06/TANF_report_2013_ForWeb.pdf)

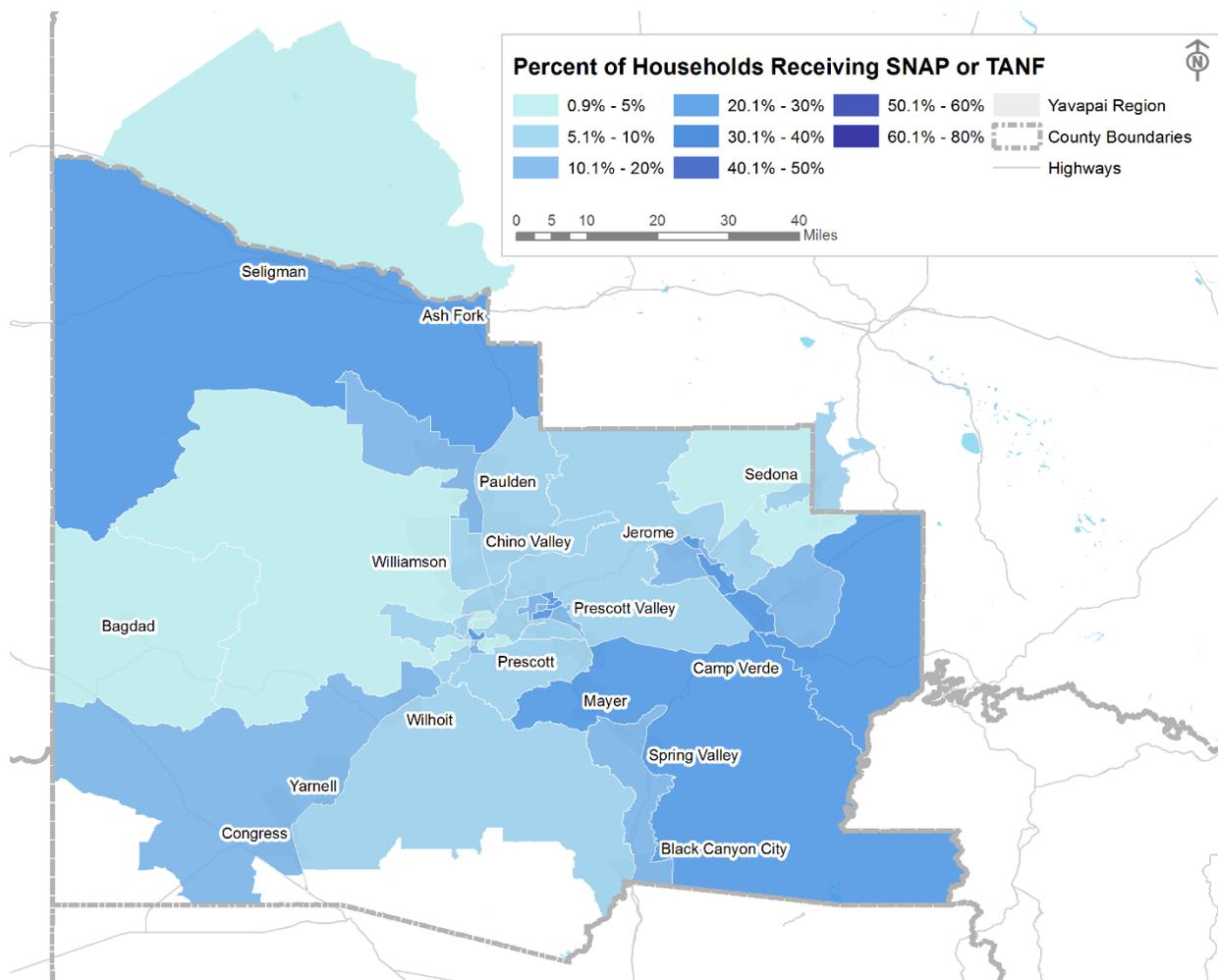
**Figure 14: Percentage of children ages 0-5 receiving TANF in January 2012**



Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 15 shows a map of the percentage of households in the region receiving either SNAP or TANF. None of the communities in the region exceed 40 percent of households receiving either benefit.

**Figure 15: Percentage of households receiving SNAP or TANF**



US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B22002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

**Women, Infants and Children (WIC)**

Arizona’s WIC program is a federally-funded nutrition program which services economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. More than half of the pregnant and postpartum women, infants, and children under age five are estimated to be eligible for WIC in Arizona, and in 2011, Arizona WIC served approximately 62 percent of the eligible population.<sup>26</sup> A primary goal of the WIC program is obesity prevention through the promotion of breastfeeding, nutritious diet, and physical activity. Changes to WIC in 2009 may in fact be impacting childhood obesity. In that year, WIC added vouchers for produce and also healthier items such as low-fat milk. Studies

<sup>26</sup> Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from [http://www.azdhs.gov/azwic/documents/local\\_agencies/reports/wic-needs-assessment-02-22-13.pdf](http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf)

following the change have shown increases in purchases of whole-grain bread and brown rice,<sup>27</sup> and of reduced-fat milk,<sup>28</sup> and fewer purchases of white bread, whole milk, cheese and juice.<sup>29</sup>

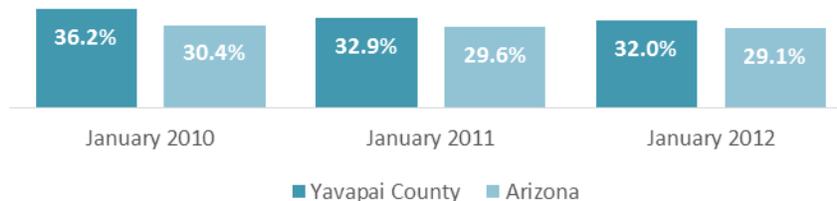
In January 2012, 32 percent of young children in Yavapai County were participating in WIC, slightly higher than the state rate of 29 percent. As can be seen in Figure 16, WIC participation among infants and children in Yavapai County has been consistently higher than in the state overall from 2010 to 2012, although participation in the region has decreased slightly over that period from just over 36 percent in 2010 to 32 percent in 2012.

**Table 18: Monthly Snapshot of WIC participation in Arizona and Yavapai County**

GEOGRAPHY	WIC PARTICIPANTS, JANUARY 2011			WIC PARTICIPANTS, JANUARY 2012		
	WOMEN	INFANTS AND CHILDREN (0-4)	% INFANTS AND CHILDREN (0-4)	WOMEN	INFANTS AND CHILDREN (0-4)	% INFANTS AND CHILDREN (0-4)
Yavapai County	1,054	3,440	33%	1,082	3,348	32%
Arizona	40,819	134,871	30%	40,780	132,657	29%

Arizona Department of Health Services (2014). [WIC data set]. Unpublished raw data received from the First Things First State Agency Data Request

**Figure 16: Snapshots of WIC participation in Yavapai County and the state (2010-2012)**



Arizona Department of Health Services (2014). [WIC data set]. Unpublished raw data received from the First Things First State Agency Data Request

<sup>27</sup> Andreyeva, T. & Luedicke, J. Federal Food Package Revisions Effects on Purchases of Whole-Grain Products. (2013). American Journal of Preventive Medicine, 45(4):422-429

<sup>28</sup> Andreyeva, T., Luedicke, J., Henderson, K. E., & Schwartz, M. B. (2013). The Positive Effects of the Revised Milk and Cheese Allowances in the Special Supplemental Nutrition Program for Women, Infants, and Children. Journal of the academy of nutrition and dietetics, Article in Press. [http://www.yaleruddcenter.org/resources/upload/docs/what/economics/WIC\\_Milk\\_and\\_Cheese\\_Allowances\\_JAND\\_11.13.pdf](http://www.yaleruddcenter.org/resources/upload/docs/what/economics/WIC_Milk_and_Cheese_Allowances_JAND_11.13.pdf)

<sup>29</sup> Andreyeva, T., Luedicke, J., Tripp, A. S., & Henderson, K. E. (2013). Effects of Reduced Juice Allowances in Food Packages for the Women, Infants, and Children Program. Pediatrics, 131(5), 919-927.

**Free and Reduced Lunch**

Free and Reduced Lunch is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. These income criteria are 130 percent of the Federal Poverty Level (FPL) for free lunch, and 185 percent of the FPL for reduced price lunch. The income criteria for the 2014-2015 school year are shown in Table 19.

**Table 19: Free and reduced lunch eligibility requirements for 2014-2015 school year**

FEDERAL INCOME CHART: 2014-2015 SCHOOL YEAR						
Household Size	FREE MEALS – 130%			REDUCED PRICE MEALS – 185%		
	Yearly Income	Monthly Income	Weekly Income	Yearly Income	Monthly Income	Weekly Income
1	\$15,171	\$1,265	\$292	\$21,590	\$1,800	\$416
2	\$20,449	\$1,705	\$394	\$29,101	\$2,426	\$560
3	\$25,727	\$2,144	\$495	\$36,612	\$3,051	\$705
4	\$31,005	\$2,584	\$597	\$44,123	\$3,677	\$849
5	\$36,283	\$3,024	\$698	\$51,634	\$4,303	\$993
6	\$41,561	\$3,464	\$800	\$59,145	\$4,929	\$1,138
7	\$46,839	\$3,904	\$901	\$66,656	\$5,555	\$1,282
8	\$52,117	\$4,344	\$1,003	\$74,167	\$6,181	\$1,427
Each Additional Person	\$5,278	\$440	\$102	\$7,511	\$626	\$145

<http://www.fns.usda.gov/sites/default/files/2014-04788.pdf>

As can be seen in Table 20, in 2013 three school districts in the Yavapai Region had three-quarters or more of their students eligible for free or reduced lunch. All but four school districts, where data was available, had over half of the student population eligible for free or reduced priced lunch.

**Table 20: Free and reduced lunch eligibility by school district**

SCHOOL DISTRICT NAME	PERCENT ELIGIBLE FOR FREE OR REDUCED LUNCH
Ash Fork Joint Unified District	56%
Bagdad Unified District	49%
Beaver Creek Elementary District	90%
Camp Verde Unified District	72%
Canon Elementary District	70%
Chino Valley Unified District	59%
Clarkdale-Jerome Elementary District	54%
Congress Elementary District	70%
Cottonwood-Oak Creek Elementary District	67%
Crown King Elementary District	-
Hillside Elementary District	-
Humboldt Unified District	59%
Kirkland Elementary District	75%
Mayer Unified School District	85%
Prescott Unified District	35%
Sedona-Oak Creek JUSD #9	47%
Seligman Unified District	60%
Skull Valley Elementary District	30%
Yarnell Elementary District	70%

*Arizona Department of Education (2014). Percentage of children approved for free or reduced-price lunches, October 2013. Retrieved from <http://www.azed.gov/health-nutrition/frpercentages/>*

On July 1, 2014, all schools in Arizona were eligible for a new provision that allows schools in high-poverty areas to offer nutritious meals through the National School Lunch and School Breakfast Programs to all students at no charge. Called “community eligibility,” this tool will not only enable more children to receive free lunch and breakfast at schools, it also reduces the paperwork necessary for schools to provide free lunch and breakfast. Schools will now be able to use information they already have access to, such as the number of students in their school who are receiving SNAP or TANF, to demonstrate that their student population is largely made up of children from households with low incomes.<sup>30</sup> Arizona schools could apply for the Community Eligibility Provision between April 1 and June 30, 2014, thru the Arizona Department of Education.<sup>31</sup>

<sup>30</sup> Center on Budget and Policy Priorities (CBPP) and the Food Research and Action Center (FRAC) (2013). Community Eligibility and Making High-Poverty Schools Hunger Free. Retrieved from [http://frac.org/pdf/community\\_eligibility\\_report\\_2013.pdf](http://frac.org/pdf/community_eligibility_report_2013.pdf)

<sup>31</sup> <http://www.azed.gov/health-nutrition/special-assistance-provisions/>

## Educational Indicators

A national report released in 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children's educational attainment.<sup>32</sup> More recent reports have illustrated similar concerns: *Quality Counts*, an annual publication of the Education Week Research Center, gave Arizona an overall K-12 education rank of 43 in 2013.<sup>33</sup> A 2013 Census Bureau report indicates that Arizona schools receive less in state funding than most states. In 2011, Arizona schools received about 37 percent of their funding from the state, compared to a national average of about 44 percent. The report also found that Arizona has one of the lowest per-pupil expenditures nationally. Arizona spent \$7,666 per pupil in 2011, below the national average of \$10,560 for that year. Arizona also spent the lowest amount nationally on school administration in 2011.<sup>34</sup>

New legislation at the federal and state levels have the objective of improving education in Arizona and nationwide. These initiatives are described in the following sections.

### Common Core/Early Learning Standards

The Common Core State Standards Initiative is a nationwide initiative which aims to establish consistent education standards across the United States in order to better prepare students for college and the workforce. The initiative is sponsored by the Council of Chief State School Officers (CCSO) and the National Governors Association (NGA). Common Core has two domains of focus: English Language Arts/Literacy (which includes reading, writing, speaking and listening, language, media and technology), and Mathematics (which includes mathematical practice and mathematical content). The initiative provides grade-by-grade standards for grades K-8, and high school student standards (grades 9-12) are aggregated into grade bands of 9-10 and 11-12.

To date, 44 states and the District of Columbia have adopted the Common Core State Standards. Arizona adopted the standards in June of 2010 with the creation of Arizona's College and Career Ready Standards (AZCCRS). A new summative assessment system which reflects AZCCRS will be implemented in the 2014-2015 school year. More information about the Common Core State Standards Initiative can be found at [www.corestandards.org](http://www.corestandards.org), and additional information about AZCCRS can be found at <http://www.azed.gov/azccrs>.

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<sup>32</sup> Annie E. Casey Foundation. (2012). *Analyzing State Differences in Child Well-being*. O'Hare, W., Mather, M., & Dupuis, G.

<sup>33</sup> Education Week. (2014). *Quality Counts 2013 Highlights*. Retrieved from [http://www.edweek.org/media/QualityCounts2013\\_Release.pdf](http://www.edweek.org/media/QualityCounts2013_Release.pdf)

<sup>34</sup> Dixon, M. (2013). *Public Education Finances: 2011, Government Division Reports*. Retrieved from <http://www2.census.gov/govs/school/11f33pub.pdf>.

## Move on When Ready

The Arizona Move on When Ready Initiative is a state law (A.R.S. Title 15, Chapter 7, Article 6) and is part of the National Center on Education and the Economy's *Excellence For All* pilot effort. Move on When Ready is a voluntary performance-based high school education model that aims to prepare all high school students for college and the workforce.

Key components of the Move on When Ready model include offering students individualized education pathways; moving away from a “one-size-fits-all” educational approach; and a new performance-based diploma called the Grand Canyon Diploma that can be awarded voluntarily to students. Grand Canyon Diplomas have been available since the 2012-2013 academic year. They can be awarded to high school students who have met the subject area requirements specified by the statute and who also meet college and career qualification scores on a series of exams. After a student earns a Grand Canyon Diploma, he or she can opt to remain in high school, enroll in a full-time career and technical education program, or graduate from high school with the Grand Canyon Diploma and attend a community college.

Schools may participate in Move on When Ready on a voluntary basis. As of April 2014, the Center for the Future of Arizona reported that 38 schools were participating in Move on When Ready. None of these schools are within the Yavapai Region.<sup>35</sup>

## Educational Attainment

Several socioeconomic factors are known to impact student achievement, including income disparities, health disparities, and adult educational attainment.<sup>36</sup> Some studies have indicated that the level of education a parent has attained when a child is in elementary school can predict educational and career success for that child forty years later.<sup>37</sup>

Adults in the Yavapai Region are more likely to have at least a high school diploma or GED (90%) than the state of Arizona overall (85%), but are less likely to have a bachelor's degree or more (25% and 27% respectively) (see Table 21). In addition, fewer than half of births in the Yavapai Region are to women with more than a high school diploma (see Figure 17).

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<sup>35</sup> <http://www.arizonafuture.org/mowr/participating-schools.html>

<sup>36</sup> Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

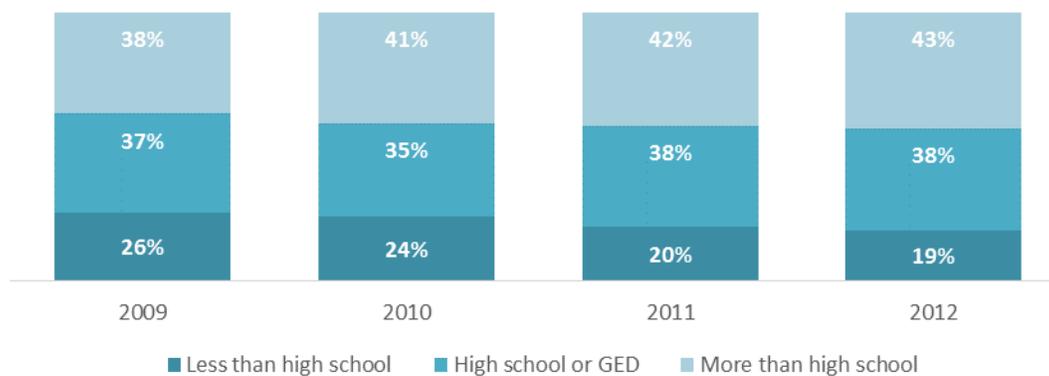
<sup>37</sup> Merrill, P. Q. (2010). Long-term effects of parents' education on children's educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *NIH Public Manuscript*, Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/>

**Table 21: Educational achievement of adults**

GEOGRAPHY	Adults (25+) without a high school diploma or GED	Adults (25+) with a high school diploma or GED	Adults (25+) with some college or professional training	Adults (25+) with a bachelor's degree or more
Yavapai Region	10%	26%	40%	25%
Ash Fork community	23%	30%	37%	10%
Bagdad community	10%	37%	38%	14%
Chino Valley community	8%	24%	42%	26%
Cordes Junction community	13%	43%	34%	9%
Prescott community	8%	24%	39%	30%
Prescott Valley community	13%	27%	44%	16%
Sedona community	5%	15%	31%	49%
Yavapai Northeast community	12%	30%	40%	19%
Yavapai South community	14%	33%	40%	13%
Yavapai-Apache Nation Reservation	25%	30%	35%	9%
Yavapai County	10%	26%	40%	24%
Arizona	15%	24%	34%	27%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B15002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

**Figure 17: Births by mother's educational achievement**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

### Graduation and Drop-out Rates

Living in poverty decreases the likelihood of completing high school: a recent study found that 22 percent of children who have lived in poverty do not graduate from high school, compared with six percent of children who have not lived in poverty. Third grade reading proficiency has also been identified as a predictor of timely high school graduation. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in

poverty for at least a year.<sup>38</sup> This underscores the importance of early literacy programming in the early childhood system, especially for low-income families and families living in poverty.

Table 22 below shows the graduation and dropout rates in the region. The percent of students across the state who graduated in four years in 2012 was 77 percent.<sup>39</sup> Five districts in the Yavapai Region have a higher percent graduated, and four have a lower percent graduated than the state. Dropout rates are higher in two districts than the state, although most fall below the state rate of four percent.

**Table 22: High school graduation and drop-out rates**

GEOGRAPHY	PERCENT GRADUATED (2012)	DROPOUT RATES (2012-2013)
Ash Fork Joint Unified District	76%	3%
Bagdad Unified District	96%	1%
Camp Verde Unified District	90%	1%
Chino Valley Unified District	73%	2%
Mayer Unified School District	75%	6%
Mingus Union High School District	83%	7%
Prescott Unified District	84%	2%
Sedona-Oak Creek JUSD #9	83%	1%
Seligman Unified District	61%	2%
Arizona	77%	4%

Arizona Department of Education (2014). 2012 Four Year Graduation Rate Data. Retrieved from <http://www.azed.gov/research-evaluation/graduation-rates/>; Arizona Department of Education (2014). 2012-2013 Dropout Rates. Retrieved from <http://www.azed.gov/research-evaluation/dropout-rate-study-report/>

### Early Education and School Readiness

The positive impacts of quality early education have been well-documented. Previous research indicates that children who attend high-quality preschools have fewer behavior problems in school later on, are less likely to repeat a grade, are more likely to graduate high school, and have higher test scores.<sup>40</sup> Enrollment in preschool provides children with social, emotional and academic experiences that optimally prepare them for entry into kindergarten. In 2012 in Arizona, two-thirds of children aged three and four were not enrolled in preschool (compared to half of children this age nationally). In 2013, Arizona was ranked 3<sup>rd</sup> to last nationally in the

<sup>38</sup> Hernandez, D. (2011). Double jeopardy: How third-grade reading skills and poverty influence high school graduation. *The Annie E. Casey Foundation*. Retrieved from <http://files.eric.ed.gov/fulltext/ED518818.pdf>.

<sup>39</sup> Arizona Department of Education (2014). 2012 Four Year Graduation Rate Data. Retrieved from <http://www.azed.gov/research-evaluation/graduation-rates>

<sup>40</sup> Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

number of preschool aged children enrolled in preschool.<sup>41</sup> In the Yavapai Region, the numbers of preschool aged children enrolled in preschool is only slightly lower than the state, at 30% for both the region and the county. Several communities within the region had a higher percentage of young children enrolled in preschool than the state, such as the Bagdad community (71%), followed by the Prescott community (43%) and the Chino Valley community (42%; see Table 23).

**Table 23: Children (3-4) enrolled in nursery school, preschool, or kindergarten**

GEOGRAPHY	2010 CENSUS PRESCHOOL-AGE CHILDREN (AGES 3-4)	ESTIMATED PERCENT OF CHILDREN (AGES 3-4) ENROLLED IN NURSERY SCHOOL, PRESCHOOL, OR KINDERGARTEN
Yavapai Region	4,380	30%
Ash Fork community	53	-
Bagdad community	79	71%
Chino Valley community	749	42%
Cordes Junction community	101	0%
Prescott community	683	43%
Prescott Valley community	1,075	14%
Sedona community	196	21%
Yavapai Northeast community	1,374	34%
Yavapai South community	70	0%
Yavapai-Apache Nation Reservation	23	-
Yavapai County	4,336	30%
Arizona	185,196	34%

US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B14003. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: Due to a small sample size, estimates for some communities cannot be reliably calculated.

Arizona reduced funding for kindergarten from full-day to half-day in 2010, and eliminated funds for pre-K programs in 2011. First Things First funds a limited number of preschool scholarships across the state, including \$13.7 million for Pre-K Scholarships and \$39 million for Quality First Scholarships in FY 2013.<sup>42</sup> More information about how these scholarships are used in the Yavapai Region can be found in the *Early Childhood System* section of this report.

First Things First has developed Arizona School Readiness Indicators, which aim to measure and guide progress in building an early education system that prepares Arizona’s youngest citizens to succeed in kindergarten and beyond. The Arizona School Readiness Indicators are: children’s

<sup>41</sup> Children’s Action Alliance. Retrieved from <http://azchildren.org/wp-content/uploads/2014/01/2013-NAEP-Fact-Sheet-one-sided-version.pdf>

<sup>42</sup> The Build Initiative. Arizona State Profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

health (well-child visits, healthy weight, and dental health); family support and literacy (confident families); and child development and early learning (school readiness, quality early education, quality early education for children with special needs, affordability of quality early education, developmental delays identified in kindergarten, and transition from preschool special education to kindergarten).<sup>43</sup>

### **Standardized Test Scores**

The primary in-school performance of current students in the public elementary schools in the state is measured by the Arizona Instrument to Measure Standards (AIMS)<sup>44</sup>. The AIMS is required by both state and federal law, and is used to track how well students are performing compared to state standards. Performance on the AIMS directly impacts students' future progress in school. As of the 2013-2014 school year, Arizona Revised Statute<sup>45</sup> (also known as *Move on When Reading*) states that a student shall not be promoted from the third grade "if the pupil obtains a score on the reading portion of the Arizona's Instrument to Measure Standards (AIMS) test...that demonstrates that the pupil's reading falls far below the third-grade level." Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. The AIMS A (Arizona Instrument to Measure Standards Alternate) meets federal requirements for assessing students who have significant cognitive disabilities.

In order for children to be prepared to succeed on tests such as the AIMS, research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children.<sup>46</sup>

As Figure 18 shows, overall, Yavapai County 3rd graders performed slightly better than students statewide in both math and reading, with a higher percentage of students passing in each subject (indicated by a combination of the percentages for "meets" and "exceeds".) In math, 69 percent of 3<sup>rd</sup> graders state wide passed the math AIMS test, whereas 70 percent of 3<sup>rd</sup> graders in Yavapai County did. In reading, 75 percent of Arizona 3<sup>rd</sup> graders passed the reading AIMS test, while 80 percent of Yavapai County 3<sup>rd</sup> graders did.

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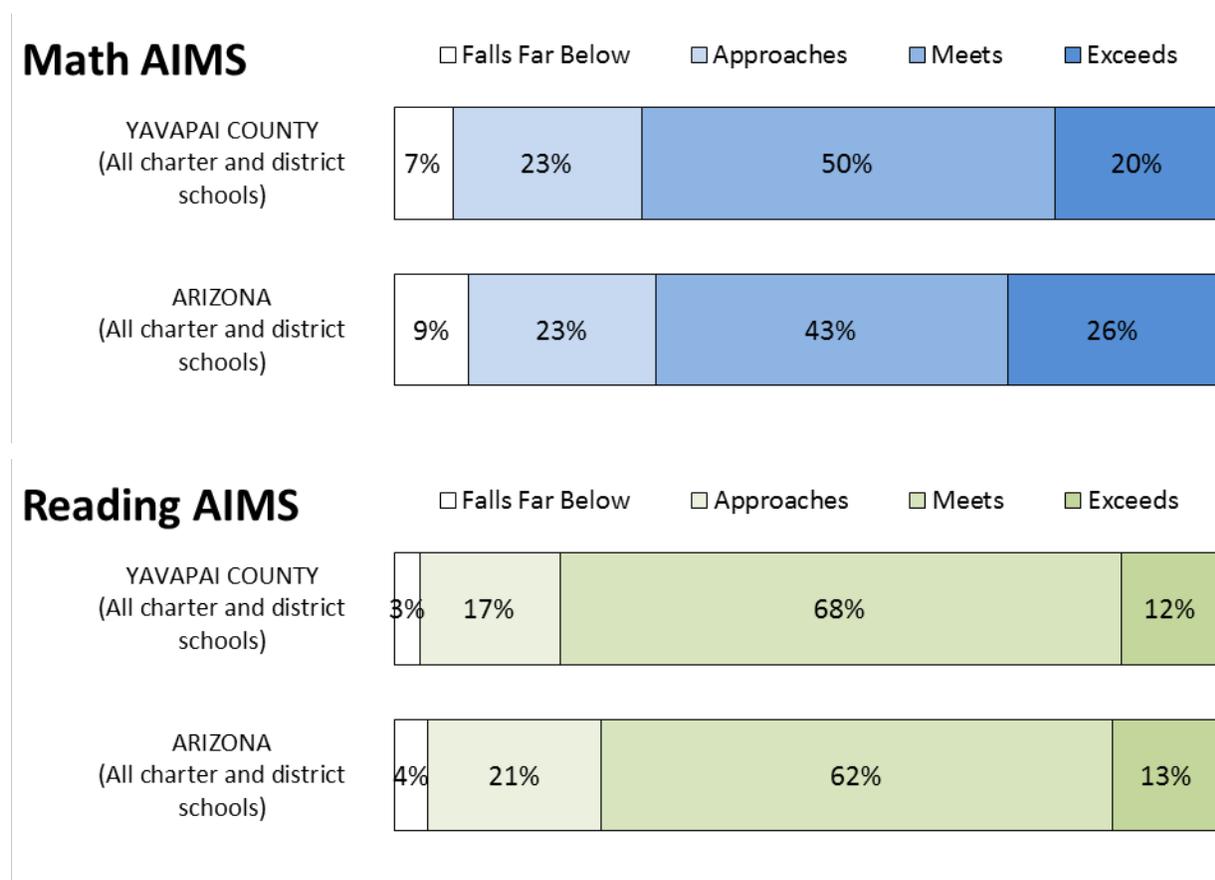
<sup>43</sup> First Things First. *Arizona School Readiness Indicators*. Retrieved from: [http://www.azftf.gov/Documents/Arizona\\_School\\_Readiness\\_Indicators.pdf](http://www.azftf.gov/Documents/Arizona_School_Readiness_Indicators.pdf)

<sup>44</sup> For more information on the AIMS test, see the Arizona Department of Education's Website: <http://www.ade.az.gov/AIMS/students.asp>

<sup>45</sup> A.R.S. §15-701

<sup>46</sup> First Things First. (2012). *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from [http://www.azftf.gov/WhoWeAre/Board/Documents/Policy\\_Brief\\_Q1-2012.pdf](http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf) (April, 2012)

**Figure 18: Results of the Arizona Instrument to Measure Standards (AIMS) Test**



Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

Table 24 and Table 25 show a breakdown of AIMS scores by school district in the Yavapai Region. Although AIMS performance in the region overall is higher than overall AIMS performance for the state, the percentage of students passing both the math and reading tests varies by school district. All 3<sup>rd</sup> graders in the Skull Valley Elementary District passed both the reading and math tests, and 100 percent of Ash Fork Joint Unified District 3<sup>rd</sup> graders passed the math test. For the AIMS reading test, all other school districts had at least 56 percent of their third graders passing. There was much greater variability among districts in the math test however, with four schools falling below 50 percent passing. On aggregate, Yavapai County Charter schools had 65 percent of 3<sup>rd</sup> graders passing the math AIMS test and 75 percent passing the reading test.

**Table 24: Math 3rd grade AIMS results**

Local Education Agency (LEA)	Math Percent Falls Far Below	Math Percent Approaches	Math Percent Meets	Math Percent Exceeds	Math Percent Passing
Ash Fork Joint Unified District	0%	0%	31%	69%	100%
Bagdad Unified District	6%	23%	45%	26%	71%
Beaver Creek Elementary District	11%	26%	60%	3%	63%
Camp Verde Unified District	6%	36%	42%	15%	58%
Canon Elementary District	25%	38%	38%	0%	38%
Chino Valley Unified District	8%	21%	53%	18%	71%
Clarkdale-Jerome Elementary District	4%	7%	67%	22%	89%
Congress Elementary District	8%	0%	54%	38%	92%
Cottonwood-Oak Creek Elementary District	13%	20%	45%	22%	67%
Hillside Elementary District	0%	71%	29%	0%	29%
Humboldt Unified District	4%	23%	51%	22%	73%
Kirkland Elementary District	17%	0%	50%	33%	83%
Mayer Unified School District	22%	24%	49%	5%	54%
Prescott Unified District	4%	20%	53%	23%	76%
Sedona-Oak Creek JUSD #9	25%	29%	43%	3%	46%
Seligman Unified District	20%	10%	60%	10%	70%
Skull Valley Elementary District	0%	0%	50%	50%	100%
Yarnell Elementary District	0%	71%	29%	0%	29%
All Yavapai County Charter Schools	8%	26%	45%	21%	65%
Yavapai County (All charter and district schools)	7%	23%	50%	20%	70%
Arizona (All charter and district schools)	9%	23%	43%	26%	68%

Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

**Table 25: Reading 3rd grade AIMS results**

Local Education Agency (LEA)	Reading Percent Falls Far Below	Reading Percent Approaches	Reading Percent Meets	Reading Percent Exceeds	Reading Percent Passing
Ash Fork Joint Unified District	0%	8%	77%	15%	92%
Bagdad Unified District	0%	29%	61%	10%	71%
Beaver Creek Elementary District	9%	29%	60%	3%	63%
Camp Verde Unified District	1%	22%	66%	10%	76%
Canon Elementary District	6%	38%	56%	0%	56%
Chino Valley Unified District	3%	19%	68%	10%	77%
Clarkdale-Jerome Elementary District	4%	13%	73%	11%	84%
Congress Elementary District	0%	8%	85%	8%	92%
Cottonwood-Oak Creek Elementary District	5%	21%	66%	8%	74%
Hillside Elementary District	0%	14%	86%	0%	86%
Humboldt Unified District	2%	13%	72%	13%	85%
Kirkland Elementary District	0%	17%	83%	0%	83%
Mayer Unified School District	8%	27%	65%	0%	65%
Prescott Unified District	1%	13%	65%	22%	86%
Sedona-Oak Creek JUSD #9	9%	29%	53%	9%	62%
Seligman Unified District	20%	20%	60%	0%	60%
Skull Valley Elementary District	0%	0%	75%	25%	100%
Yarnell Elementary District	0%	43%	57%	0%	57%
All Yavapai County Charter Schools	3%	22%	64%	11%	75%
Yavapai County (All charter and district schools)	3%	17%	68%	12%	80%
Arizona (All charter and district schools)	4%	21%	62%	13%	75%

Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

A sample of students in grades 4, 8, and 12 also takes the National Assessment of Educational Progress (NAEP), which is a nationally administered measure of academic achievement that allows for comparison to national benchmarks. A 2014 report by the Annie E Casey Foundation highlighted early reading proficiency across the nation using the National Assessment of Educational Progress data. In Arizona, the percentage of fourth graders reading at or above proficient levels increased from 23 percent in 2003 to 28 percent in 2013, compared to a national average of 34 percent in 2013.<sup>47</sup>

Strong disparities exist based on income. Eighty-five percent of low-income fourth graders in Arizona were reading below proficiency, compared to 57 percent of fourth graders from high income households.

<sup>47</sup> Annie E. Casey Foundation. (2014). Early Reading Proficiency in the United States. January 2014. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/E/EarlyReadingProficiency/EarlyReadingProficiency2014.pdf>

Other research shows that five year-olds with lower-income, less-educated parents score more than two years behind on standardized language development tests by the time they enter kindergarten. Further, new research posits that this gap in language development begins as early as 18 months of age.<sup>48</sup>

This data reflects not only the need to enhance language development among Arizona's children, but also the need for increased early intervention among the state's poorest children. However, Arizona has decreased or eliminated funding for a number of child-focused programs including full-day kindergarten, Healthy Families, family literacy and the Early Childhood Block Grant. Between 2009 and 2014, Arizona's financial investment in early education is estimated to have fallen from more than \$450 million to less than \$150 million.<sup>49</sup> The need for strengthening the early childhood system is clear.

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<sup>48</sup> Carey, B. (2013). Language gap between rich and poor children begins in infancy, Stanford psychologists find. Retrieved from Stanford News <http://news.stanford.edu/news/2013/september/toddler-language-gap-091213.html>

<sup>49</sup> Children's Action Alliance. Arizona's Investment in Early Education has Fallen Substantially. Retrieved from <http://azchildren.org/wp-content/uploads/2014/01/chart-for-NAEP-eneews-story.pdf>

## The Early Childhood System: Detailed Descriptions of Assets and Needs Quality and Access

### Early Care and Education

Children who take part in high-quality early education programs have better success in school, are less likely to enter the criminal justice system<sup>50</sup> and have better long-term outcomes into adulthood as seen through higher high school graduation rates, increased employment opportunities and earnings, and lower rates of depression and drug use.<sup>51</sup> Studies of the cost-effectiveness of investing in early education (pre-kindergarten) programs show a substantial return on investment in the long term through increases in economic productivity and decreases in expenses to the criminal justice system.<sup>52</sup>

#### ***Center and Home-based Care***

In the Yavapai Region there are 64 regulated child care providers (not including Head Start, Early Head Start, and the Yavapai-Apache Nation Child Care Center), according to data provided to First Thing First by the Department of Economic Security and Child Care Resource and Referral (CCR&R). The table below shows all but Head Start Centers and Early Head Start sites which are discussed in a subsequent section of the report. The majority of these providers (53 of 64) are ADHS licensed centers, seven are ADHS certified group homes, and four are DES certified homes (family child care). At the beginning of 2012 there were 66 regulated child care providers in the region, compared to 64 at the beginning of 2014. Although the number of providers dropped, the total licensed capacity for these providers (4,086) was slightly more than the total licensed capacity in spring 2012 of 4,067. Some communities in the region, in the table below, show no licensed child care, however the Ash Fork community has Head Start, and the Yavapai Apache Nation has a tribal Child Care Center. More information on the Yavapai-Apache Nation child care program is included in the Yavapai-Apache Nation Supplement in the Appendices of this report.

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<sup>50</sup> Lynch, R. (2007). *Enriching Children, Enriching the Nation (Executive Summary)*. Washington, DC: Economic Policy Institute. Retrieved from [http://www.epi.org/content.cfm/book\\_enriching](http://www.epi.org/content.cfm/book_enriching)

<sup>51</sup> The Annie E Casey Foundation. *The first eight years; giving kids a foundation for lifetime success*. (2013). Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

<sup>52</sup> Castelazo, M. (2014). *Supporting Arizona Women's Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs*. Report Produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from [http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women\\_FINAL.pdf](http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf)

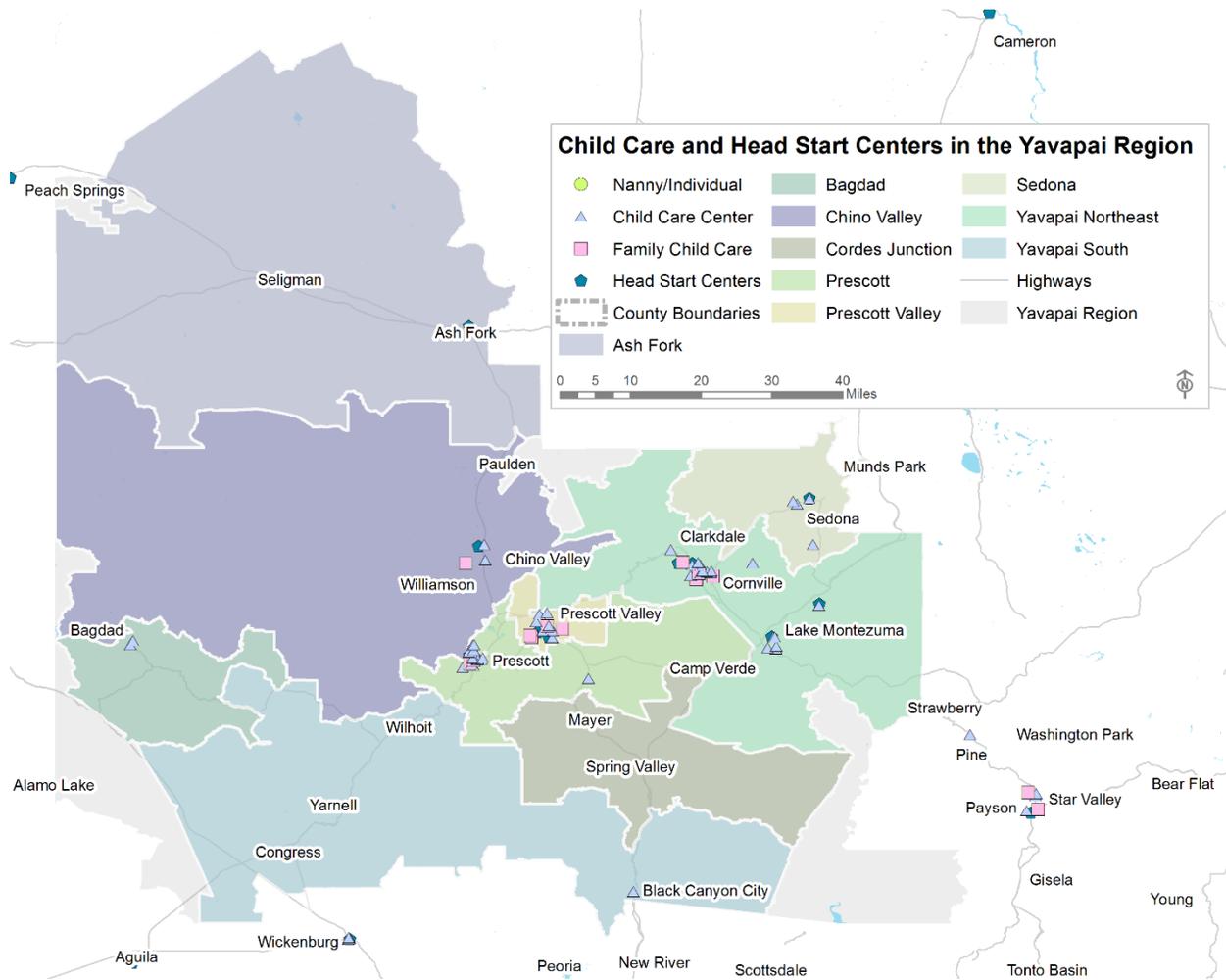
**Table 26: Number of early care and education centers and homes and their capacity**

GEOGRAPHY	CHILD CARE CENTERS		FAMILY CHILD CARE		TOTAL CAPACITY
	NUMBER	CAPACITY	NUMBER	CAPACITY	
Yavapai Region	53	4,000	11	86	4,086
Ash Fork community	-	-	-	-	-
Bagdad community	2	115	-	-	115
Chino Valley community	3	243	1	4	247
Cordes Junction community	-	-	-	-	-
Prescott community	15	1,125	2	14	1,139
Prescott Valley community	9	1,045	4	40	1,085
Sedona community	4	215	-	-	215
Yavapai Northeast community	19	1,198	4	28	1,226
Yavapai South community	1	59	-	-	59
Yavapai-Apache Nation Reservation	-	-	-	-	-
Yavapai County	53	4,000	11	86	4,086
Arizona	1,907	113,468	574	3,007	116,563

Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

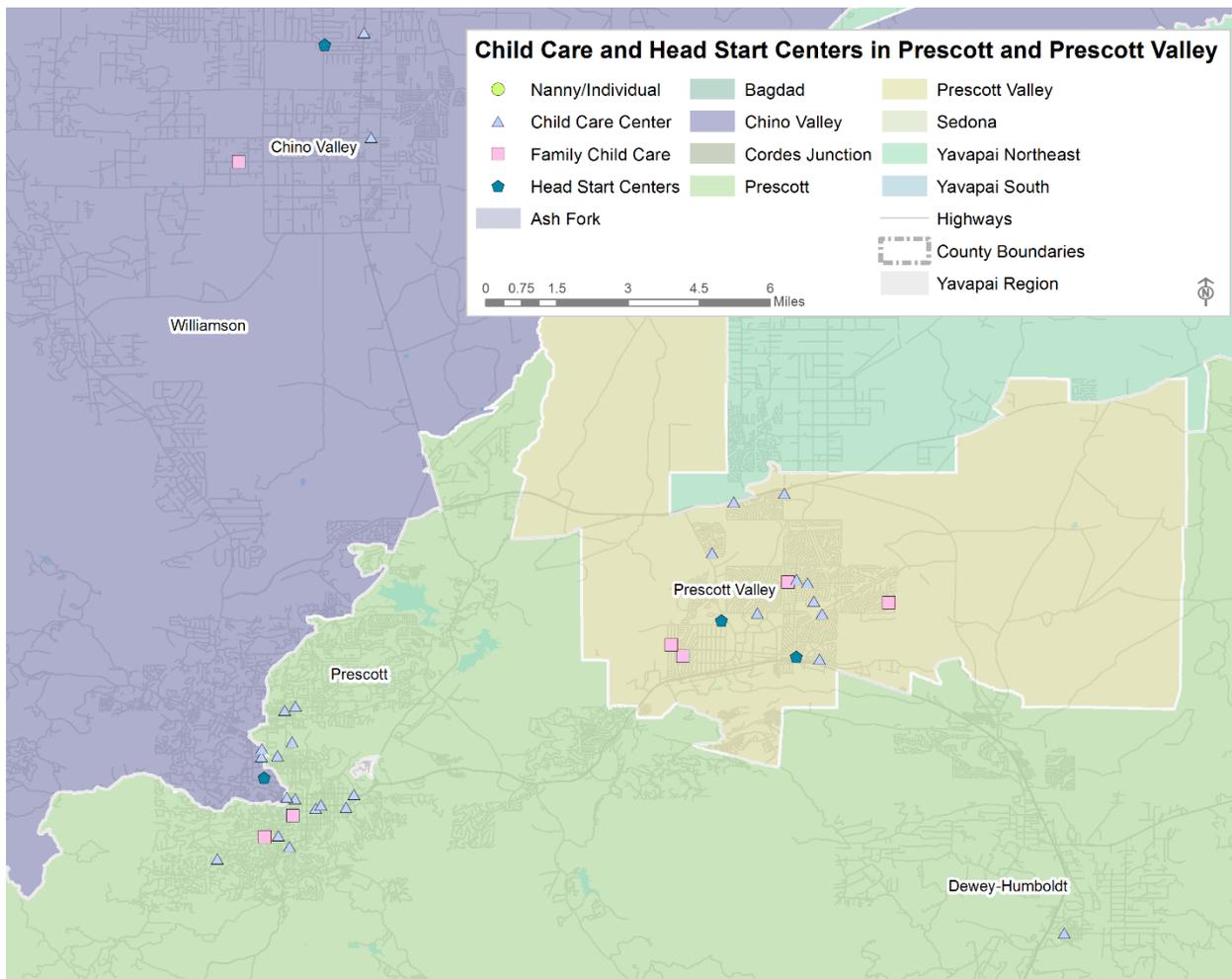
The maps on the following pages show the location of licensed child-care providers and Head Start Centers in the Yavapai Region, and close-ups for the communities surrounding Prescott and Cottonwood.

**Figure 19: Child Care providers in the region**



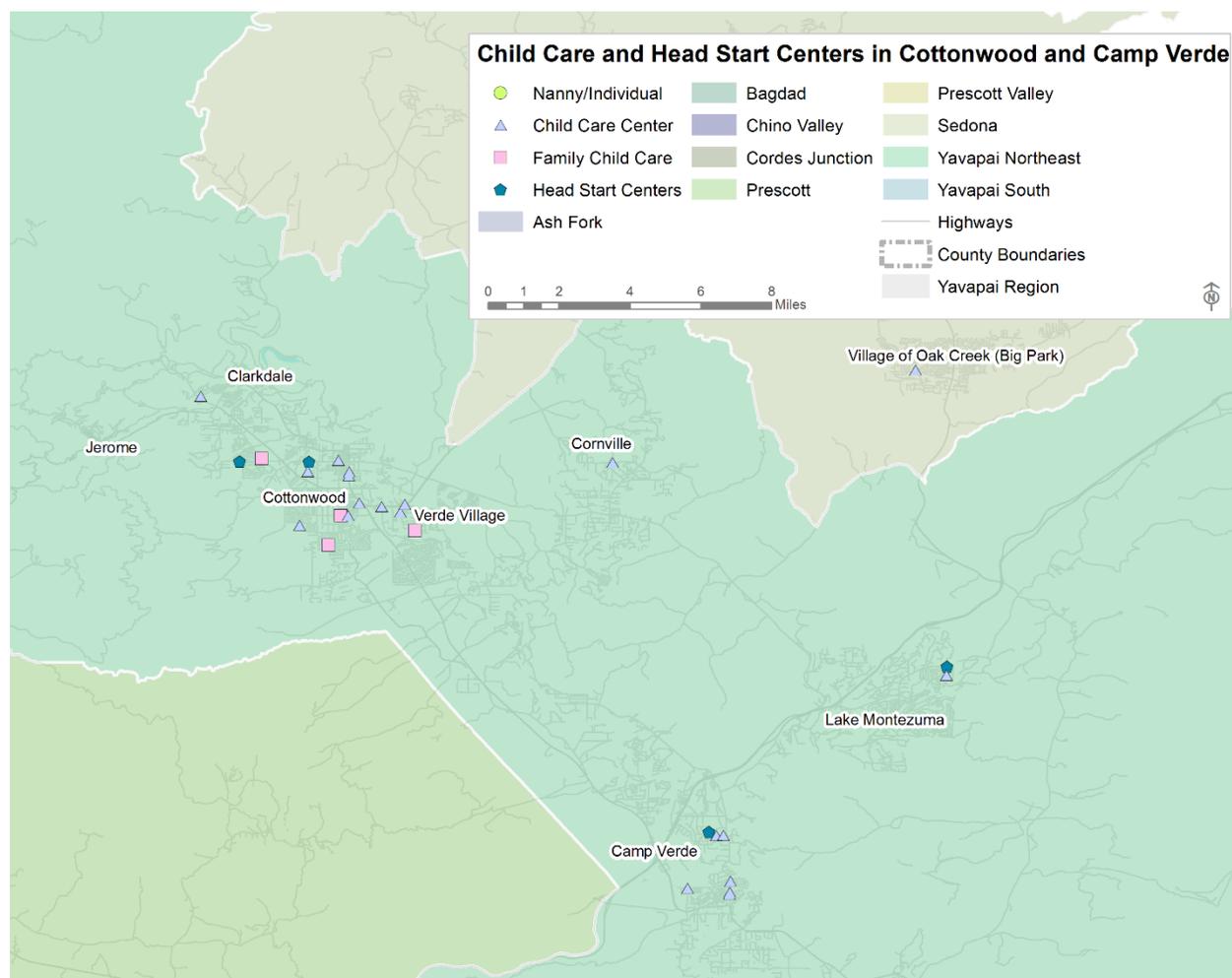
Source: Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

**Figure 20: Child Care providers near Prescott and Prescott Valley**



Source: Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

**Figure 21: Child Care providers near Cottonwood and Camp Verde**



Source: Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

### **Quality First**

Quality First, a signature program of First Things First, is a statewide continuous quality improvement and rating system for child care and preschool providers, with a goal to help parents identify quality care settings for their children.

Quality First provides financial and technical support for child care providers to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, TEACH scholarships, child care health consultation, child care scholarships, and financial incentives to assist in making improvements. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on these, a center is given a star rating that ranges from 1-star – where the provider demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements – to 5-star, where providers offer lower ratios and group size, higher staff

qualifications, a curriculum aligned with state standards, and nurturing relationships between adults and children.<sup>53</sup> Quality First providers with higher star ratings receive higher financial incentives and less coaching while those with lower ratings receive more coaching and lower financial incentives.<sup>54</sup> Table 27 describes the rating scale as defined by First Things First.

**Table 27: Quality First Rating Scale**

1 Star (Rising Star)	2 Star (Progressing Star)	3 Star (Quality)	4 Star (Quality Plus)	5 Star (Highest Quality)
Demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements.	Demonstrates a commitment to provide environments that are progressing in the ability to foster the health, safety and development of young children.	Demonstrates a level of quality that provides an environment that is healthy and safe with access to developmentally appropriate materials. Curriculum is aligned with state standards. Interactions between adults and children are enhanced. Staff qualifications exceed state regulatory requirements.	Demonstrates a level of quality that provides an environment of developmentally appropriate, culturally sensitive learning experiences. Curriculum is aligned with state standards. Relationships between adults and children are nurturing and promote language development and reasoning skills.	Demonstrates a level of quality that provides an environment of lower ratios/group size and higher staff qualifications that supports significant positive outcomes for young children in preparation for school. Curriculum is aligned with state standards and child assessment. Relationships between adults and children are nurturing and promote emotional, social, and academic development.

In fiscal year 2013, 26 centers and four home based providers in the Yavapai Region participated in Quality First; there were 206 scholarship slots funded for children aged birth through five in the region; and 36 center-based providers and seven home-based providers

<sup>53</sup> First Things First (2011). *Measuring Quality in Early Childhood Education*. Retrieved from [http://www.azftf.gov/WhoWeAre/Board/Documents/Policy\\_Brief\\_Q2.pdf](http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q2.pdf) (April 2012)

<sup>54</sup> The BUILD Initiative. Arizona State Profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

were served through the child care health consultation component of Quality First, available to all providers in the region, regardless if they are participating providers or not.<sup>55</sup> As of June 20, 2014, there were 1,359 children (not including children with special needs) who were enrolled in care with providers participating in Quality First in the Yavapai Region.<sup>56</sup> More information on Quality First can be found at <http://qualityfirstaz.com/>.

**Local Education Agency Preschools**

Under the No Child Left Behind Act (NCLB), Title I provides preschool, elementary, and secondary schools with financial assistance in order to assist all children, including educationally disadvantaged children, in meeting the state’s academic standards. Title I funding is intended to assist schools in administering supplementary programs, such as those designed to increase parent involvement, additional instructional services, and school wide reform efforts.<sup>57</sup> The U.S. Department of Education encourages the use of these funds to support early childhood education, recognizing that this is an area that often has not had sufficient resources.<sup>58</sup> A number of school districts in Yavapai County are utilizing these funds to provide a range of programmatic and support services for young children in the region.

**Table 28: Number of Local Education Agency Preschools**

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF PRESCHOOL PROGRAMS	PRESCHOOL STUDENTS ENROLLED
Bagdad Unified District	1	22
Camp Verde Unified District	1	21
All Yavapai County Districts	2	43
All Arizona Districts	220	10,063

*Arizona Department of Education (2014). October 1 Enrollment 2013-2014. Retrieved from <http://www.azed.gov/research-evaluation/arizona-enrollment-figures/>*

**Head Start/Early Head Start**

Head Start is a comprehensive early childhood education program for children pre-school age whose families meet income eligibility criteria. Arizona residents not meeting these criteria may still be eligible for Head Start if children and families are: homeless, in foster care, or receive TANF or SSI. Eligibility is determined by Head Start program staff and some programs enroll a percentage of children from families with incomes above the Poverty Guidelines as well.<sup>59</sup>

<sup>55</sup> Yavapai FTF Regional Partnership Council FY2013 Data Report. Unpublished data provided by Yavapai First Things First.

<sup>56</sup> First Things First. Quality First Eligible Applicant and Enrolled Participant Data Report, June 20, 2014. Unpublished data provided by First Things First State.

<sup>57</sup> Arizona Department of Education, 2011. Retrieved from: <http://www.ade.az.gov/asd/title1/MissionProgDescription.asp>

<sup>58</sup> Using Title I of ESEA for Early Education Retrieved from: <http://www.clasp.org/admin/site/publications/files/titleifaq-1.pdf>

<sup>59</sup> <http://www.azheadstart.org/enrollment.php>

Head Start addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. There are nine Head Start Centers in the Yavapai Region; Ashfork, Black Canyon City, Camp Verde, Chino Valley, Cottonwood, Prescott, Prescott Valley, Sedona, and Yavapai (in Clarkdale). All but the Black Canyon City and Cottonwood Head Starts also offer home-based Head Start services.<sup>60</sup>

Early Head Start is a similar program targeted at families with younger children, and Arizona's Early Head Start Programs are targeted at low-income pregnant women and women with children aged birth to three years. Each Early Head Start program determines its own eligibility criteria, although general eligibility criteria are similar to Head Start. The goal of the program is to aid young mothers in being better teachers and caregivers for their children, and to enhance the development of participating children. Both home-based and center-based care is provided by the Early Head Start program. There are six Early Head Start sites in the region; Camp Verde, Chino Valley, Cottonwood, Prescott, Prescott Valley, and Yavapai (in Clarkdale). All but the Cottonwood Early Head Start also offer home-based Early Head Start programs.<sup>61</sup>

All Head Start and Early Head Start programs in the region are operated by the Northern Arizona Council of Governments (NACOG), which provides Head Start services to Apache, Navajo, Coconino and Yavapai Counties. Data included in the NACOG 2013 Annual Report show that the Head Start and Early Head Start sites in Yavapai County enrolled a total of 689 children (602 children in Head Start, and 87 children in Early Head Start) in program year 2012-2013. Most of the 602 children enrolled in Head Start participated in center-based Head Start (503, 84%), while most of the 87 Early Head Start enrollees participated in home-based programming (55, 63%).<sup>62</sup>

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<sup>60</sup> NACOG Head Start & Early Head Start. 2012-2013 Annual Report. Retrieved from [http://www.nacog.org/files/dep\\_page\\_41.pdf](http://www.nacog.org/files/dep_page_41.pdf)

<sup>61</sup> NACOG Head Start & Early Head Start. 2012-2013 Annual Report. Retrieved from [http://www.nacog.org/files/dep\\_page\\_41.pdf](http://www.nacog.org/files/dep_page_41.pdf)

<sup>62</sup> NACOG Head Start & Early Head Start. 2012-2013 Annual Report. Retrieved from [http://www.nacog.org/files/dep\\_page\\_41.pdf](http://www.nacog.org/files/dep_page_41.pdf)

**Table 29: Head Start and Early Head Start Enrollment**

GEOGRAPHY	CHILDREN (3-4)	HEAD START		CHILDREN (0-2)	EARLY HEAD START	
		CHILDREN ENROLLED	% ENROLLED		CHILDREN ENROLLED	% ENROLLED
Yavapai Region	4,380	602	14%	6,198	87	1%
Ash Fork community	53	29	55%	96	-	-
Bagdad community	79	-	-	115	-	-
Chino Valley community	749	64	9%	1038	11	1%
Cordes Junction community	101	11	11%	159	-	-
Prescott community	683	95	14%	934	11	1%
Prescott Valley community	1,075	83	8%	1,472	19	1%
Sedona community	196	68	35%	293	-	-
Yavapai Northeast community	1,374	241	18%	1,955	46	2%
Yavapai South community	70	11	16%	136	-	-
Yavapai-Apache Nation Reservation	23	-	-	44	-	-
Yavapai County	4,336	602	14%	6,132	87	1%

Northern Arizona Council of Governments (2013). Annual Report 2012-2013. Retrieved from [http://www.nacog.org/index.cfm?fuseaction=dep\\_page&page\\_id=56&dept\\_id=5](http://www.nacog.org/index.cfm?fuseaction=dep_page&page_id=56&dept_id=5)

Note: This table includes enrollment numbers from the Mayer home-based Head Start, which is now closed.

### **Cost of Childcare**

In Arizona in 2012, the average annual cost of center-based full-time child care for an infant was \$8,671, and for a four year old, \$7,398.<sup>63</sup> The average cost of a year’s tuition and fees at an Arizona public college was only 10 percent more. The costs of childcare increase with more than one child in a household, with the average annual cost for one infant and one four year old at \$16,069. Family based providers cost slightly less, with the annual cost for an infant at \$6,641 and for a four year old at \$6,285. Arizona was ranked 16<sup>th</sup> in the nation for least-affordable childcare for an infant in a center, and 14<sup>th</sup> for least affordable for a four year old in a center. At the state level, to pay for center-based child care for a four year old, a family of three at the federal poverty level would spend nearly 40 percent of their annual income, while a family of three at 200 percent of the federal poverty level would spend almost 20 percent of their annual income. Table 30 shows the average cost of child care in a child care center for children of different ages in Yavapai County. These are estimates for one child in care, so needing child care for multiple children would increase these costs.

<sup>63</sup> Child Care Aware® of America. Parents and the High Cost of Child Care. 2013 Report. <http://usa.childcareaware.org/sites/default/files/Cost%20of%20Care%202013%20110613.pdf>

**Table 30: Cost of early childhood care for one child (Median cost per day)**

GEOGRAPHY	TYPE OF CARE	CHILDREN UNDER 1	CHILDREN 1-2 YEARS OLD	CHILDREN 3-5 YEARS OLD
Yavapai County	Full-time	\$30.00	\$24.00	\$22.00
	Part-time	\$24.42	\$20.00	\$17.00
Arizona	Full-time	\$41.00	\$36.98	\$32.00
	Part-time	\$32.56	\$29.00	\$22.50

*Child Care Market Rate Survey, 2012*

Note: The Child Care Market Rate Survey estimate above is a combined estimate for Yavapai, Apache, Coconino and Navajo Counties.

Table 31 shows the average estimated cost of child care in a child care center by percent of median family income in communities with child care centers in the region, as well as in Yavapai County and the state. As can be seen, the average cost for full-time center-based care in the region is likely to exceed the Department of Health and Human Services recommendation that parents spend no more than 10 percent of their family income on child care. Because their median income tends to be lower (see Table 12), the percent of income spent on childcare by the average female single parent would be even higher.

**Table 31: Cost of full time child care in a child care center by percent of median family income <sup>64</sup>**

GEOGRAPHY	MEDIAN FAMILY INCOME	CHILDREN UNDER 1	CHILDREN 1-2 YEARS OLD	CHILDREN 3-5 YEARS OLD
Bagdad	\$62,470	12%	10%	10%
Camp Verde	\$46,450	16%	13%	13%
Chino Valley	\$52,049	14%	12%	12%
Cordes Lakes	\$36,548	20%	16%	16%
Cottonwood	\$38,750	19%	15%	15%
Prescott	\$55,885	13%	11%	11%
Prescott Valley	\$49,606	15%	12%	12%
Sedona	\$66,970	11%	9%	9%
Yavapai-Apache Nation Reservation	\$28,631	25%	21%	21%
Arizona	\$59,563	17%	15%	13%
Yavapai County	\$53,133	14%	11%	11%

*American Community Survey 2008-2012; Child Care Market Rate Survey 2012*

<sup>64</sup> Note: Median Income data is available at the community level, but average cost of child care are available at the state and county levels only. These calculations were made with community-level median income data and county-level data about average child care costs. Additionally, child care cost figures assume that child care will be utilized for 240 days per year.

## Professional Development

Formal educational attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. According to the 2012 Early Care and Education Workforce Survey, the number of assistant teachers obtaining a credential or degree increased from 21 percent in 2007 to 29 percent in 2012, and the percentage of all teachers holding a college degree rose from 47 to 50 percent over the same time period. During that same period however, the wages of assistant teachers, teachers and administrative directors working in licensed early care and education settings across the state decreased when adjusted for inflation. Those working in early care and education settings in Arizona, only make about half the annual income of kindergarten and elementary school teachers across the state.<sup>65</sup> It is likely that these issues impact retention and turnover of early care and education professionals across the state.

## Scholarships

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers (center or home based), directors, assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associates) credential or AA degree. A Bachelor's Degree model of the TEACH program is also currently being piloted in one FTF Region. In fiscal year 2013, there were three child care professionals in the Yavapai Region who had received TEACH scholarships to take coursework leading to an early childhood credential or degree.<sup>66</sup> In an effort to expand this underutilized resource, First Things First is currently gathering information from educators and students to explore means of increasing its use.

The Professional REWARD\$ program is a statewide First Things First initiative offering a financial incentive to child care professionals working with children birth through age five. Child care professionals working at a regulated child care center, group or family child care home, who have completed at least six credit hours of college coursework in Early Childhood Education, Early Childhood Special Education, or Child Development, who work 30 hours per week providing care to children ages birth to five years, who have at least one year of continuous employment at their current place of work, and who earn less than \$20 per hour may qualify

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<sup>65</sup> Arizona Early childhood Development and Health Board (First Things First). (2013). Arizona's Unknown Education Issue: Early Learning Workforce Trends. Retrieved from <http://www.azftf.gov/WhoWeAre/Board/Documents/FTF-CCReport.pdf>

<sup>66</sup> Yavapai FTF Regional Partnership Council FY2013 Data Report. Unpublished data provided by Yavapai First Things First.

for this program. Approved child care professionals will receive a “reward” from between \$300 and \$2,000 based on their education. In fiscal year 2013, 18 incentive awards were distributed as part of the Professional REWARD\$ program in the Yavapai Region.<sup>67</sup>

### Opportunities for Professional Development

Two college’s offering certification and degree programs in early childhood are located in the Yavapai Region; Yavapai College and Prescott College (see Table 32 below). All other available early education certificate or degree opportunities are limited to on-line course-work for residents of the Yavapai Region.

**Table 32: Availability of certification, credentials, or degree programs**

College	Locations in ...	Degree Offered
Prescott College	Prescott	Certification: Elementary and Secondary Education Endorsement: Early Childhood Education BA: Elementary Education, Early Childhood Education, Early Childhood Special Education Post-Degree Teaching Certificate: Elementary Education, Early Childhood Education, Early Childhood Special Education
Yavapai College	Prescott Prescott Valley Verde Valley	Certificate: Early Childhood Education AA: Elementary Education

Other early childhood education professional development opportunities are available in the region. One is the DES Early Childhood Professional Training,<sup>68</sup> offered through Yavapai College. This training is a no-cost, 60-hr course covering the basics of child development, nutrition, early reading and math activities and child-care licensing to prepare participants to enter the early care and education workforce. The grant provides up to 15, 60-hour workshops in 11 counties in Arizona each year. Upon completion, students can earn college credits. Arizona Childcare Resource and Referral also publishes a quarterly newsletter on early childhood training opportunities in Yavapai County.<sup>69</sup> The most recent newsletter<sup>70</sup> listed eight trainings in the region, in Cottonwood, Camp Verde, Prescott, Prescott Valley and Sedona.

Additional support in the region for child care providers seeking professional development support is the Professional Career Pathways Project (PCPP).<sup>71</sup> This program, sponsored by DES

<sup>67</sup> Yavapai FTF Regional Partnership Council FY2013 Data Report. Unpublished data provided by Yavapai First Things First.

<sup>68</sup> <https://www.yc.edu/v5content/academics/divisions/social-behavioral-organizational-sciences/des.htm>

<sup>69</sup> <http://www.arizonachildcare.org/providers/professional-development.html>

<sup>70</sup> <http://www.arizonachildcare.org/pdf/quarterly.pdf>

<sup>71</sup> <https://v5.yc.edu/v5content/academics/divisions/visual-and-performing-and-liberal-arts/DES.htm>

provides tuition and textbook support for early childhood education classes for those working as childcare providers, and is available for coursework taken at Yavapai College.

## Health

### Access to Care

The Arizona Department of Health Primary Care Area Program designates Primary Care Areas (PCAs) as geographically based areas in which most residents seek primary medical care within the same places.<sup>72</sup> The labels for the Primary Care Areas are drawn from the major population centers for those areas. Each Primary Care Area also carries a designation based on its population density<sup>73</sup>. There are 11 Primary Care Areas within the region, and the labels for the Primary Care Areas are drawn from the major population centers for those areas: Ash Fork, Bagdad, Chino Valley, Cordes Junction, Prescott, Prescott Valley, Sedona, Yavapai South, Yavapai Northeast, Yavapai-Apache Tribe, and Yavapai-Prescott Indian Tribe.<sup>74</sup> Figure 22 shows a map of the region's PCAs.

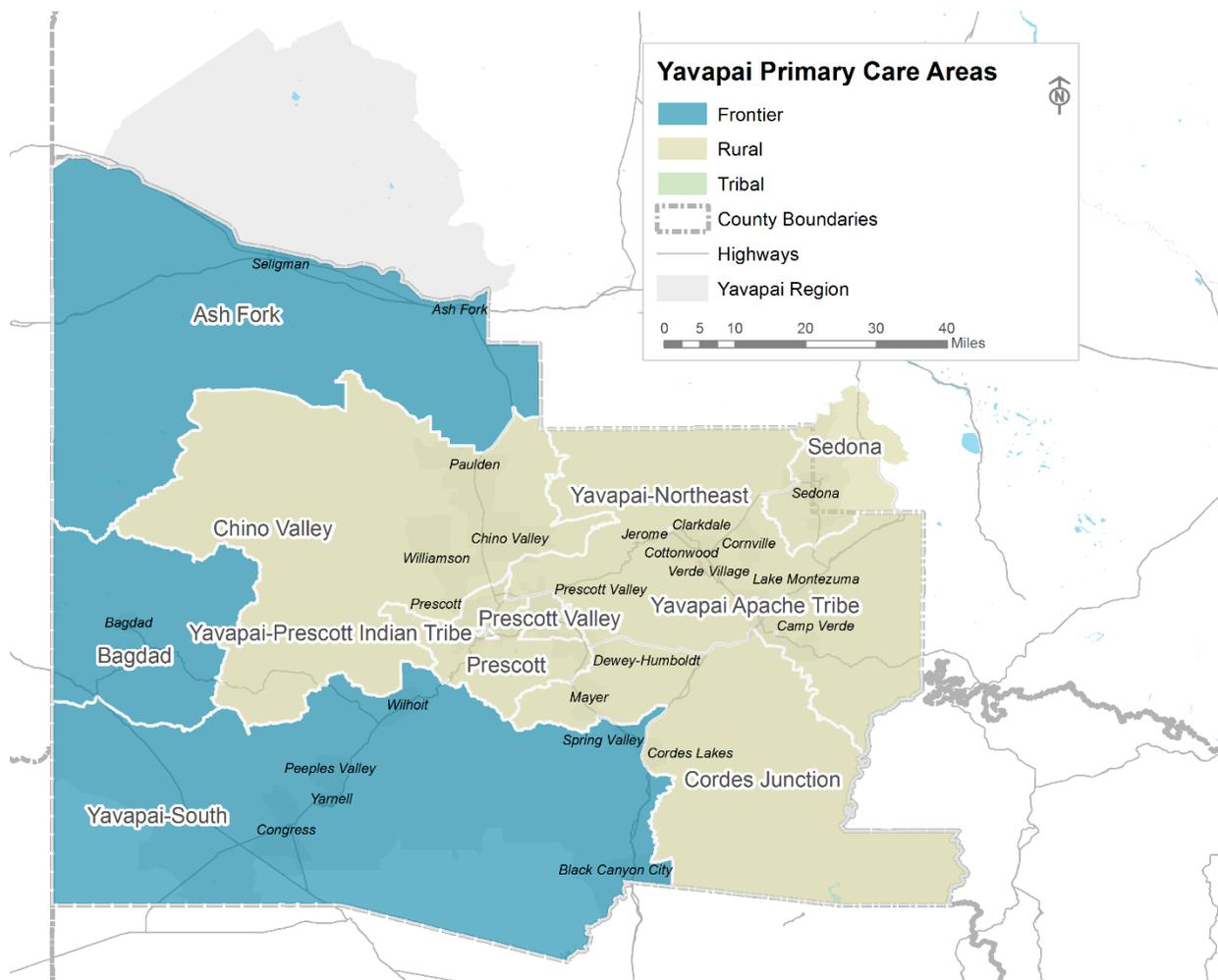
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<sup>72</sup> Definition based on Arizona Department of Health Services, Division of Public Health Services Data Documentation for Primary Care Area and Special Area Statistical profiles. Bureau of Health Systems Development.

<sup>73</sup> Note: Primary Care Areas can receive one of four designations: Urban, Rural, Frontier or Indian. Urban Primary Care Areas are PCAs in counties with a population greater than 400,000 and where the Census County Division (CCD) population is greater than or equal to 50,000. Rural Primary Care Areas are those which a) do not meet the criteria for Frontier and b) are in counties with a population less than 400,000, or where the county population is above 400,000 but the CCD population is less than 50,000. Frontier Primary Care Areas are those with fewer than 6 persons per square mile for the latest population estimates. Tribal Primary Care Areas are Primary Care Areas on tribal lands. A Census County Division (CCD) is a relatively permanent subdivision of a county made by the Census Bureau for statistical purposes.

<sup>74</sup> <http://www.azdhs.gov/hsd/data/profiles/primary-care/index.php?pg=yavapai>

**Figure 22: Map of primary care areas in the Yavapai Region**



Source: Arizona Department of Health Services (2014). Arizona ArcMap files: PCAs. Retrieved from <http://www.azdhs.gov/hsd/data/data.htm>

Medically Underserved Areas and Populations (MUAs and MUPs) are federally designated areas or populations that have a need for medical services based on: too few primary care providers; high infant mortality; high poverty; and/or high elderly population. Groups designated as an MUP include those with economic barriers such as being largely low-income or Medicaid-eligible populations, or those with culture and/or linguistic access barriers to primary care services. With 36 MUAs and 10 MUPs in Arizona, each of Arizona’s 15 counties has some areas designated as medically underserved areas or population.<sup>75</sup>

The Arizona Department of Health Primary Care Area Program designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. Each PCA is given a score based on 14 weighted items

<sup>75</sup> Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

including points given for: ambulatory sensitive conditions; population ratio; transportation score; percentage of population below poverty; percentage of uninsured births; low birth weight births; prenatal care; percentage of death before the U.S. birth life expectancy; infant mortality rate; and percent minorities, elderly, and unemployed. Based on their scores, seven PCA's in the Yavapai Region are designated as Arizona Medically Underserved Areas.<sup>76</sup> The four that are not are the Bagdad, Prescott, Prescott Valley and Sedona PCAs. All of Yavapai County is designated as a Federal Medically Underserved area,<sup>77</sup> a Mental Health Professional Shortage Area,<sup>78</sup> and all but the Prescott and Prescott Valley PCAs are also designated as a Dental Health Professional Shortage Areas.<sup>79</sup>

A new priority for the State Title V priorities for 2011-2016 for Arizona's maternal and child health population is to improve access to and quality of preventive health services for children. According to a 2013 report, Arizona may have increasing capacity to provide preventive health services for children ages birth through five years through funding from First Things First, and through potential funding for home visiting programs through the Affordable Care Act.<sup>80</sup>

Figure 23 shows the ratio of the population to primary care providers in the region by PCA. The ratio of the population to the number of primary care providers can be used as an indicator of the healthcare infrastructure within the region. In Arizona as a whole, the ratio of residents per primary care provider is about 785:1; in Yavapai County it decreases to 725:1. Six of the Yavapai Region PCA's exceed the state ratio, with four exceeding 1,000:1 ratios, and the highest at 2,191:1 for the Cordes Junction PCA.

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<sup>76</sup> <http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/AZMUA.pdf>

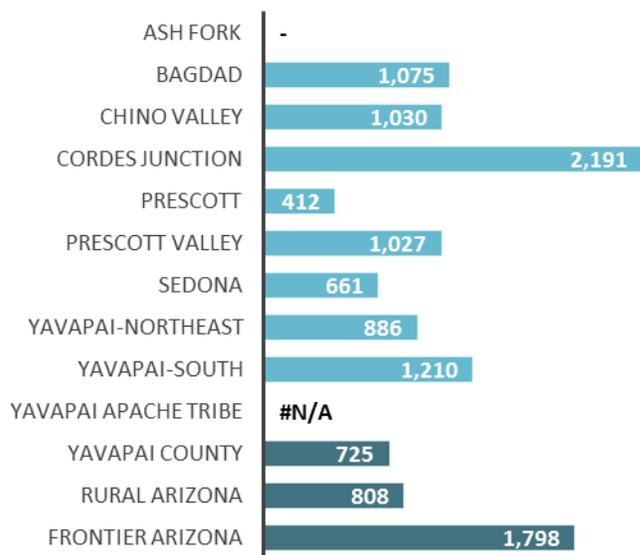
<sup>77</sup> [http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/Federal\\_MUA.pdf](http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/Federal_MUA.pdf)

<sup>78</sup> Yavapai County, Arizona, Community Health Assessment, December 2012. Retrieved from: <http://www.azdhs.gov/diro/excellence/documents/assessments/yavapai.pdf>

<sup>79</sup> ADHS, Bureau of Health Systems Development, Arizona Dental HPSA Designations, 2012 <http://www.azdhs.gov/hsd/data/documents/maps/dentalhpsas.pdf>

<sup>80</sup> Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2013, Annual Report for 2011. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf>

**Figure 23: Ratio of population to primary care providers**



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

There are a variety of health services available in the region. The 2012 Yavapai County Community Health Assessment<sup>81</sup> lists these different facility types including:

- Federally Qualified Health Centers: Community Health Center of Yavapai has clinics in Cottonwood, Prescott, and Prescott Valley. North Country Community Health Center, based in Flagstaff, Arizona, has clinics in Ash Fork and Seligman.
- Hospitals: Bob Stump VA Medical Center in Prescott; Mountain Valley Regional Rehabilitation Hospital in Prescott Valley; Verde Valley Medical Center in Cottonwood with a 99 bed acute care unit and an 11 bed psychiatric unit; Windhaven Psychiatric Hospital in Prescott Valley; Yavapai Regional Medical Center-East Campus in Prescott Valley with 72 acute care beds; and Yavapai Regional Medical Center-West Campus in Prescott with 135 acute care beds.

The Yavapai Regional Medical Center-East Campus in Prescott Valley houses the Family Birthing Center which is licensed as a Level II Continuing Care Nursery by the Arizona Department of Health Services and certified by the Arizona Perinatal Trust to care for high-risk newborns.<sup>82</sup> This Center is where all hospital-based births on the west side of Mingus Mountain take place.

<sup>81</sup> Yavapai County, Arizona, Community Health Assessment, December 2012. Retrieved from: <http://www.azdhs.gov/diro/excellence/documents/assessments/yavapai.pdf>

<sup>82</sup> <http://www.yrhc.org/services/family-birthing-center/services>

The Center also provides classes for expectant moms and breastfeeding support for new moms.<sup>83</sup>

On the east side of Mingus Mountain, the Verde Valley Medical Center offers maternity services including an obstetrics unit that is a Level 1 Perinatal Care Center, meaning the facilities are equipped to care for women with normal and low-risk pregnancies.<sup>84</sup> Verde Valley Medical Center also offers a variety of education and support resources to expectant and breastfeeding mothers.

The 2012 Yavapai Community Health Assessment noted that in 2011 Yavapai County was equipped with 420 physicians, 96 percent of whom were located in Prescott, Cottonwood, Sedona or Prescott Valley. The county had 136 licensed dentists during the same period, again with most (90%) in Prescott, Sedona, Prescott Valley and Cottonwood.<sup>85</sup> This assessment concluded that one of the primary needs of the region was improved access to health care and in particular, focus should be on expanding access to dental, behavioral, and specialty care.

### **Pregnancies and Births**

The population of Arizona has grown in recent years, however the number of births decreased from 2007 to 2011, with a very slight increase in 2012.<sup>86</sup> As can be seen in Figure 24, births continued to decrease in the Yavapai Region in 2012.

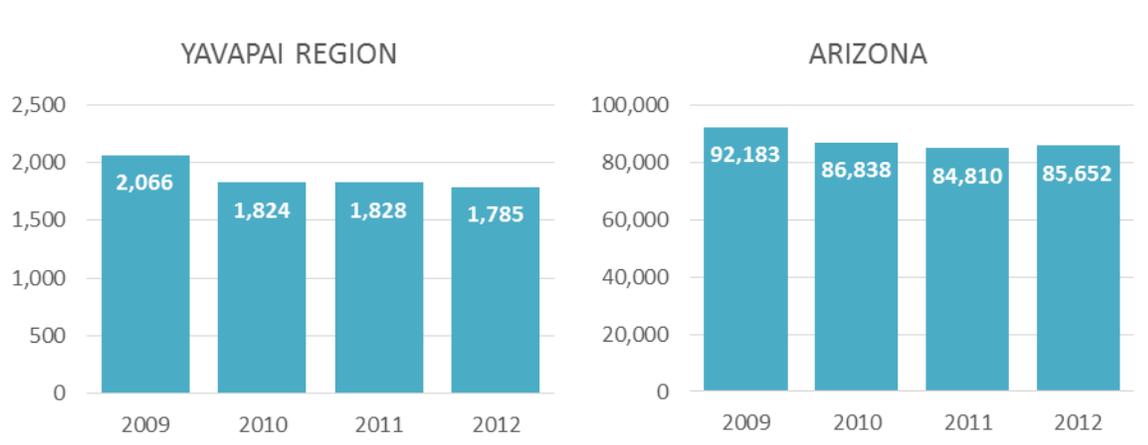
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<sup>83</sup> <http://www.yrhc.org/services/family-birthing-center/classes>

<sup>84</sup> [http://www.verdevalleymedicalcenter.com/OurServices/Maternity/Obstetrics\\_and\\_Family\\_Services](http://www.verdevalleymedicalcenter.com/OurServices/Maternity/Obstetrics_and_Family_Services)

<sup>85</sup> Yavapai County, Arizona, Community Health Assessment, December 2012. Retrieved from: <http://www.azdhs.gov/diro/excellence/documents/assessments/yavapai.pdf>

<sup>86</sup> Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf>



**Figure 24: Number of births per calendar year in the Yavapai Region (2009-2012)**

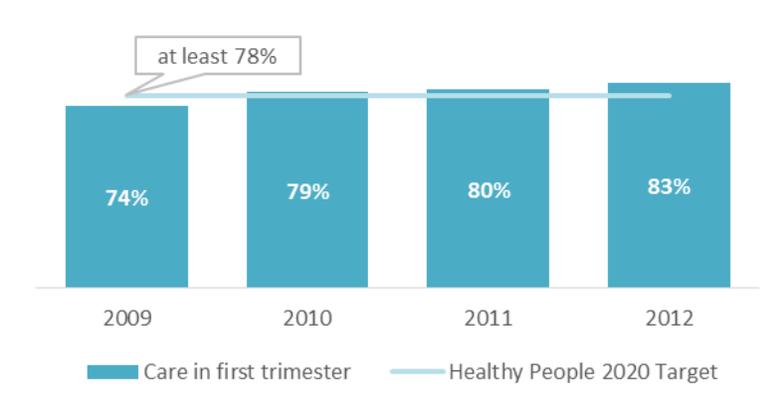
Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant mortality, premature births, and low-birth-weight births.<sup>87</sup> Care should ideally begin in the first trimester.

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 target for receiving prenatal care in the first trimester is 78 percent or more. Arizona as a whole exceeded this standard at seventy-nine percent. As can be seen in the figure below, since 2010, the Yavapai Region has exceeded the Healthy People 2020 target, with a high in 2012 of 83 percent of births with prenatal care begun in the first trimester.

<sup>87</sup> Kiely, J.L. & Kogan, M.D. *Prenatal Care*. From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children. Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/ProductsPubs/DataAction/pdf/rhow8.pdf>

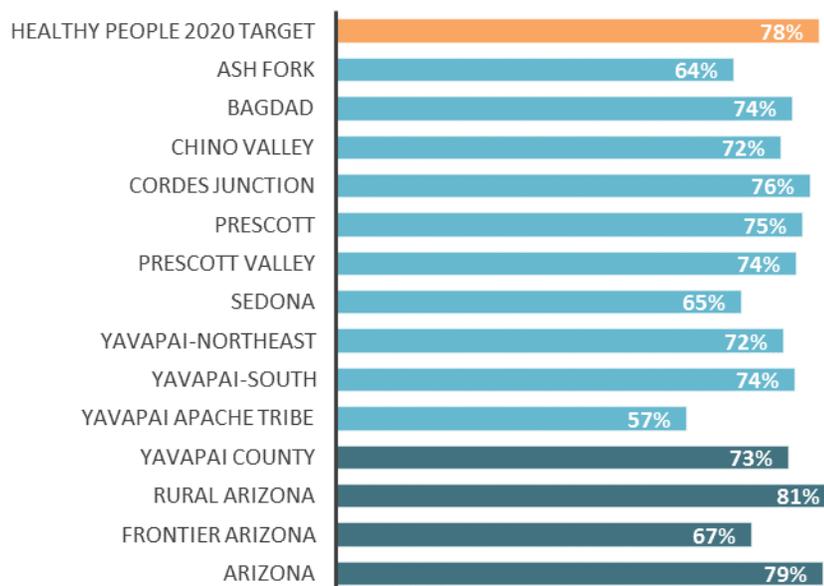
**Figure 25: Average percent of births with prenatal care begun first trimester by year in the Yavapai Region (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 26 below shows the percent of births with prenatal care begun in the first semester for PCAs in the region, averaged over the years 2002-2011. As can be seen in this figure, the different PCAs vary in the percentage of births with early prenatal care.

**Figure 26: Average percent of births with prenatal care begun first trimester by PCA (2002-2011)**

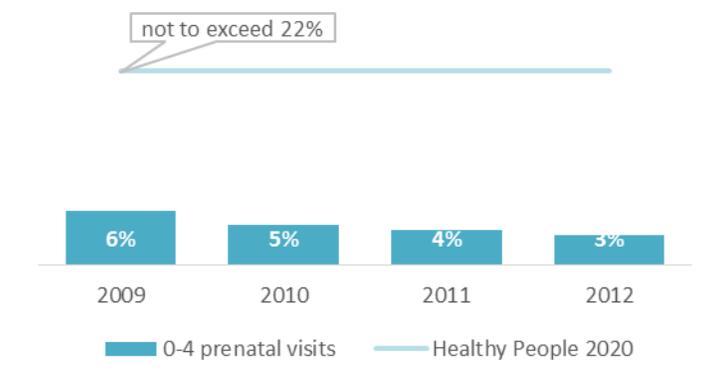


Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

In addition to early care, it is important that women receive adequate prenatal care throughout their pregnancy, in order to monitor their health and provide them with information for a healthy pregnancy and post-natal period. The American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven visits or fewer

prenatal care visits are considered an inadequate number.<sup>88</sup> The Healthy People 2020 target for receiving fewer than five prenatal care visits is 22 percent or less. Again, the Yavapai Region has met and exceeded these targets from 2009-2012, with a low of three percent of women receiving four or fewer prenatal visits in 2012 (see Figure 27).

**Figure 27: Average percent of births with fewer than five prenatal care visits by year in the Yavapai Region (2009-2012)**

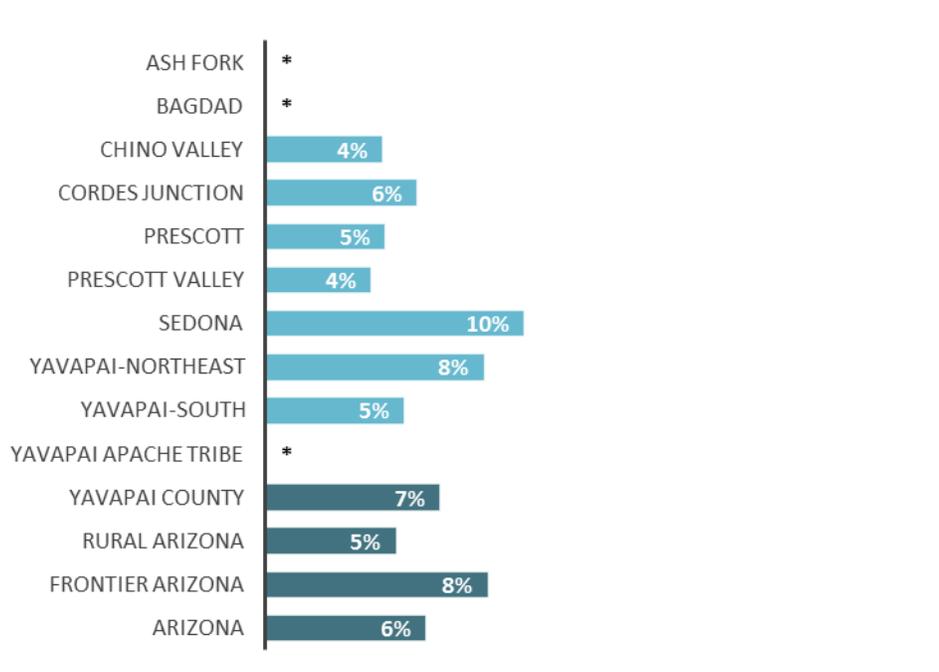


Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The figure below shows the variability of births with infrequent prenatal care by PCA in the Yavapai Region (averaged over the years 2002-2011). While all fall far below the Healthy People 2020 target of 22 percent or less, individual communities range from four percent in the Chino Valley and Prescott Valley PCAs to 10 percent for the Sedona PCA.

<sup>88</sup> American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care. 5th ed. Elk Grove Village, Ill.: American Academy of Pediatrics, and Washington, D.C.: American College of Obstetricians and Gynecologists, 2002

**Figure 28: Average percent of births with fewer than five prenatal care visits by PCA (2002-2011)**



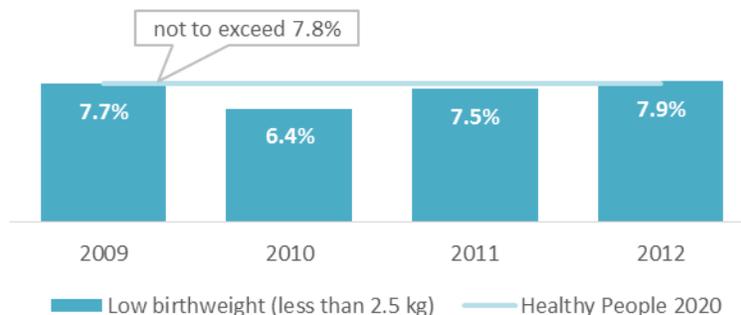
Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. Low birth weight is associated with a number of factors including maternal smoking or alcohol use, inadequate maternal weight gain, maternal age younger than 15 or older than 35 years, infections involving the uterus or in the fetus, placental problems, and birth defects,<sup>89</sup> as well as air pollution.<sup>90</sup> The Healthy People 2020 target is 7.8 percent or fewer births where babies are a low birth weight. As shown in Figure 29 below, the region has worsened slightly in this area since 2009, with 2012 being the first year the Yavapai Region did not meet the Healthy People 2020 target of no more than 7.8 percent of births with low birth weight.

<sup>89</sup> Arizona Department of Health Services. Preterm Birth and Low Birth Weight in Arizona, 2010. Retrieved from: <http://www.azdhs.gov/phs/owch/pdf/issues/Preterm-LowBirthWeightIssueBrief2010.pdf>

<sup>90</sup> Pedersen, M., et al. (2013). Ambient air pollution and low birth weight: A European cohort study (ESCAPE). The Lancet Respiratory Medicine. Advance online publication. Doi: 10.1016/S2213-2600(13)70192-9

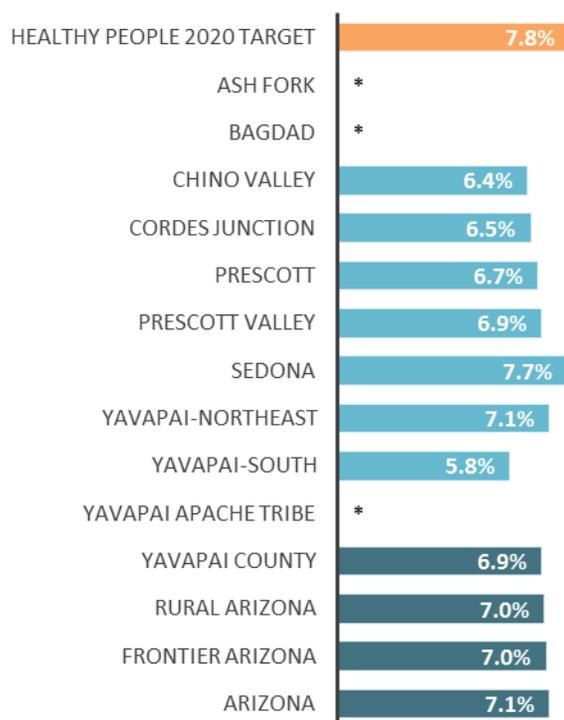
**Figure 29: Average percent of births with low birth weight (5 lbs., 8oz. or less) births by year in the Yavapai Region (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 30 shows the percent of babies born with low birth weight averaged over the years 2002-2011 for PCAs in the Yavapai Region. The Yavapai-South PCA has the lowest ten year average of low birth weight births (5.8%), while Sedona had the highest at 7.7 percent.

**Figure 30: Average low birth weight (5 lbs., 8oz. or less) births per 1,000 by PCA (2002-2011)**



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

Teenage parenthood, particularly when teenage mothers are under 18 years of age, is associated with a number of health concerns for infants, including neonatal death, sudden infant death syndrome, and child abuse and neglect.<sup>91</sup> In addition, the children of teenage mothers are more likely to have lower school achievement and drop out of high school, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult. Teenaged mothers themselves are less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.<sup>92</sup>

The teen birth rate in Arizona in 2012 was 18.7/1000 for females aged 15-17, and 66.1/1000 for females aged 18-19. Although the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the 11<sup>th</sup> highest teen birth rate nationally.<sup>93</sup> Because young teen parenthood (10-17) can have far-reaching consequences for mother and baby alike, and older teen parenthood (18-19) can continue to impact educational attainment, these rates indicate that parenthood services for teen parents may be important strategies to consider in order to improve the well-being of young children in these areas.

In 2012, nine percent of all births in Arizona were to mothers aged 19 or younger; in the Yavapai Region, 10 percent of births were to teen mothers (see Figure 31). The percent of births to teen mothers in the region has declined steadily since 2009.

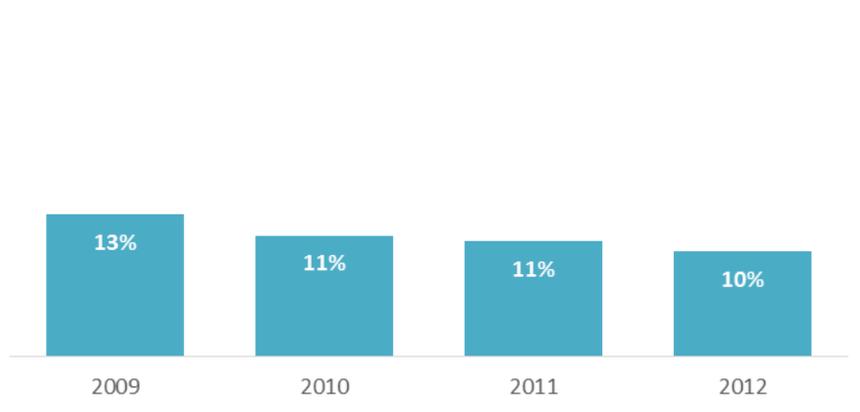
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<sup>91</sup> Office of Population Affairs, Department of Health and Human Services, (2010). Focus area 9: Family Planning, Healthy People 2010. Retrieved from:  
<http://www.healthypeople.gov/Document/HTML/Volume1/09Family.htm>

<sup>92</sup> Centers for Disease control and Prevention. Teen Pregnancy. About Teen Pregnancy. Retrieved from:  
<http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm>

<sup>93</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy. Teen Birth Rate Comparison, 2012.  
<http://thenationalcampaign.org/data/compare/1701>

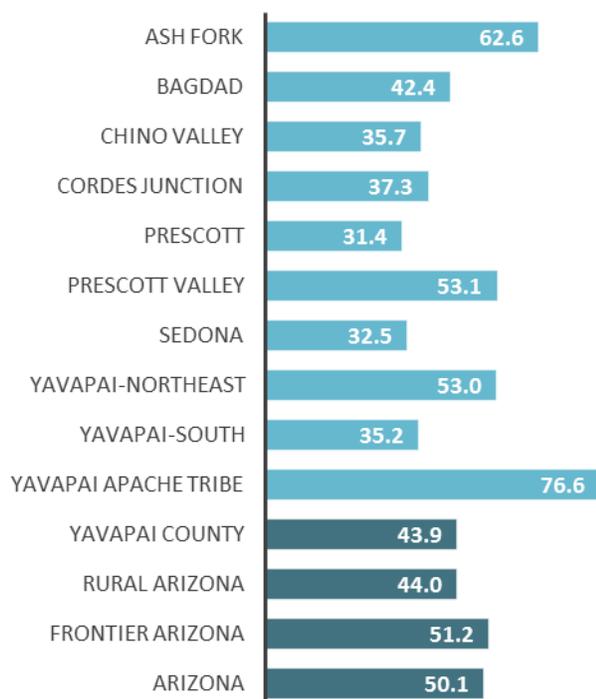
**Figure 31: Percent of Births to Teen Mothers by year in the Yavapai Region (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request.

Figure 32 shows the rate of teen births in the region averaged over the years 2002-2011. There is a great deal of variability among individual PCAs in the region, with highs of 76.6/1,000 for the Yavapai Apache Tribe PCA, and 62.6/1,000 for the Ash Fork PCA, to a low of 31.4/1,000 for the Prescott PCA.

**Figure 32: Rate of Teen Births per 1,000 Females by PCA (2002-2011)**

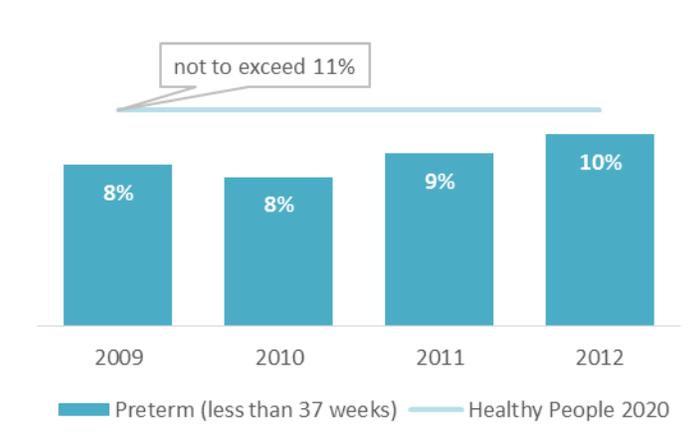


Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

Arizona had the largest decline in teen pregnancy in the nation between 2007 and 2010, with a 29% decline.<sup>94</sup> However the teen birth rate in Arizona is still higher than the national average, for both girls aged 10-14 and 15-19. In Arizona, teen pregnancy was estimated to have cost the state \$240 million in 2010. The costs in previous years had been much higher and if the declines in teen pregnancy seen in recent years had not occurred, the state would have needed to spend an estimated \$287 million more in 2010.<sup>95</sup> Reducing the rate of teen pregnancy among youth less than 19 years of age is one of the ten State Title V priorities for 2011-2016 for Arizona's maternal and child health population.<sup>96</sup>

Although teen pregnancy is often linked with preterm births,<sup>97</sup> the percent of preterm births in the region falls below the Healthy People 2020 target, although it has been increasing since 2010 (see Figure 33).

**Figure 33: Percent of preterm births (under 37 weeks) in the Yavapai Region by year (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

One of the consequences that has been linked to high teen birth rates is high infant mortality. The Healthy People 2020 target for all infant deaths is 6.0 infant deaths or fewer per 1,000 live births. As can be seen in Figure 34, averaged over ten years, the rates for the county, and most of the PCA's for which data is available, slightly exceed that rate. The exception, the Prescott Valley PCA had a ten year averaged infant mortality rate of 5.8/1,000.

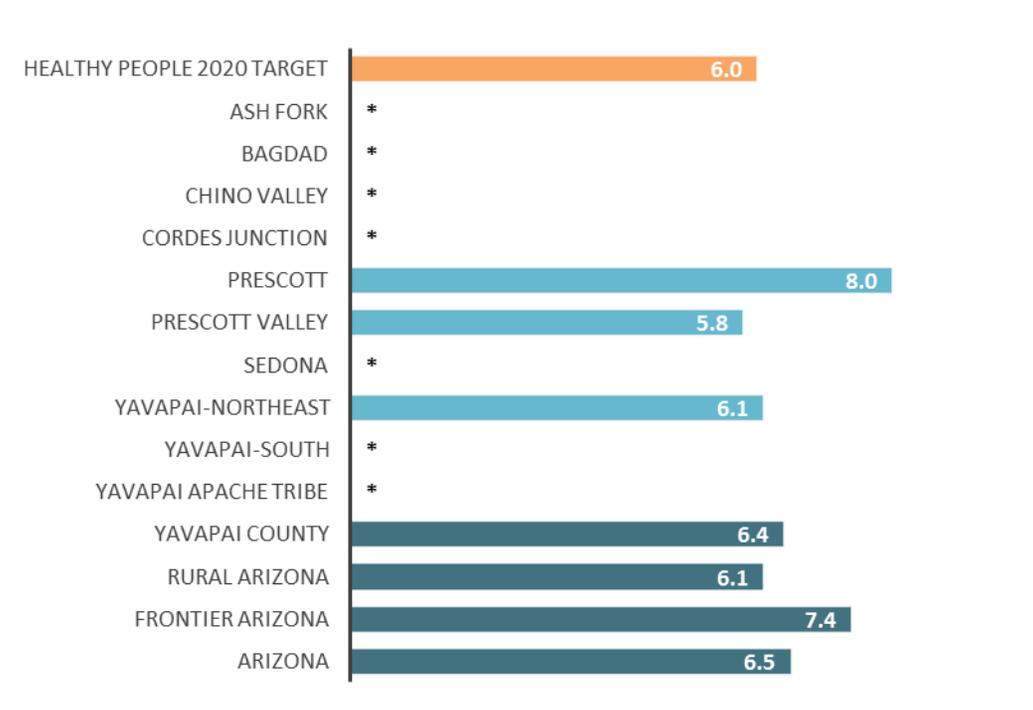
<sup>94</sup> Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

<sup>95</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy. Counting It Up. The Public Costs of Teen Childbearing in Arizona in 2010. April 2014. Retrieved from: <http://thenationalcampaign.org/sites/default/files/resource-primary-download/fact-sheet-arizona.pdf>

<sup>96</sup> Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf>

<sup>97</sup> Chen, X-K, Wen, SW, Fleming, N, Demissie, K, Rhoads, GC & Walker M. (2007). International Journal of Epidemiology; 36:368-373. Retrieved from: <http://ije.oxfordjournals.org/content/36/2/368.full.pdf+html>

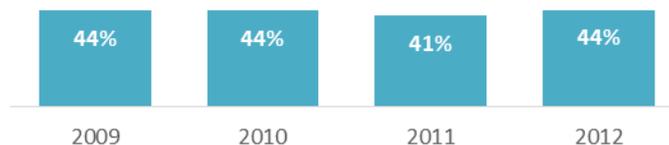
**Figure 34: Average infant mortality rate per 1,000 live births by PCA (2002-2011)-**



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

Less than half of the births (44%) in the Yavapai Region were to unmarried mothers in 2012, which is similar to the state of Arizona in 2012 (45%).

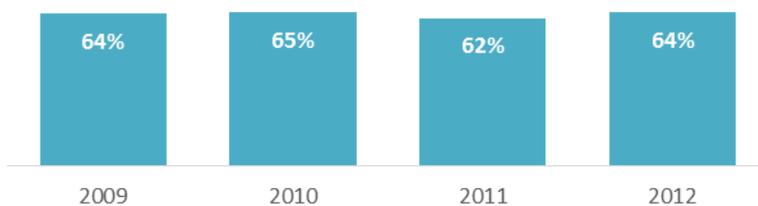
**Figure 35: Births to unmarried mothers in the Yavapai Region by year (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The number of births to women with AHCCCS or IHS insurance coverage has remained somewhat steady in the region in recent years, with 64 percent of births having AHCCCS or IHS as the payee for birth expenses in 2012, the same as in 2009. This is higher than the state as a whole, which had 55 percent of births with AHCCCS or IHS as the payee in 2012.

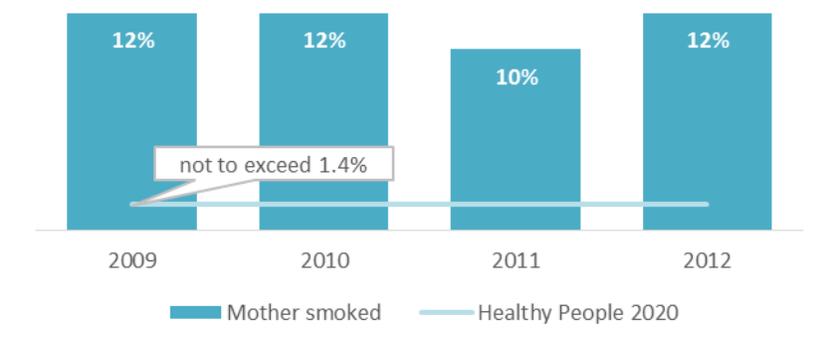
**Figure 36: Births covered by AHCCCS or IHS in the Yavapai Region by year (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The percent of births where the mother smoked in the Yavapai Region in 2012 (12%) is much higher than the state of Arizona as a whole in which four percent of women reported smoking during pregnancy. This percentage has remained somewhat steady over the four years since 2009. The Healthy People 2020 target for using tobacco during pregnancy is not to exceed 1.4 percent. That so many women reported using tobacco during pregnancy in the Yavapai Region indicates an area where additional prevention and educational resources are needed.

**Figure 37: Tobacco use during pregnancy in the Yavapai Region by year (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

## Insurance Coverage

### ***Affordable Care Act and Medicaid Expansion***

In 2012, Arizona had the third highest rate of uninsured children in the country, with 13 percent of the state’s children (those under 18 years of age) uninsured.<sup>98</sup>

<sup>98</sup> Mancini, T. & Alker, J. (2013). Children’s Health Coverage on the Eve of the Affordable Care Act. Georgetown University Health Policy Institute, Center for Children and Families. <http://ccf.georgetown.edu/wp-content/uploads/2013/11/Children%E2%80%99s-Health-Coverage-on-the-Eve-of-the-Affordable-Care-Act.pdf>

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010. The ACA aims to expand access to health care coverage, requires insurers to cover preventative and screening services such as vaccinations, and ensures coverage for those with pre-existing conditions. In 2013, states could choose to expand Medicaid, with the federal government covering the entire cost for three years and 90% thereafter, which Arizona chose to do. Arizonans who earn less than 133 percent of the federal poverty level (approximately \$14,000 for an individual and \$29,000 for a family of four) are eligible to enroll in Medicaid (AHCCCS), while those with an income between 100 and 400 percent of the federal poverty level who are not eligible for other affordable coverage may receive tax credits to help offset the cost of insurance premiums.<sup>99</sup> These individuals can purchase health insurance thru health insurance exchanges. The ACA requires most Americans to obtain insurance coverage.

In addition to immunizations, the ACA requires insurance plans to cover a number of “essential” services relevant to children. These include routine eye exams and eye glasses for children once per year, and dental check-ups for children every six months.<sup>100</sup> However, in Arizona, offered health plans are not required to include these pediatric vision and oral services, as long as supplemental, stand-alone pediatric dental and vision plans are available to consumers.<sup>101</sup> A potential barrier to this method is that a separate, additional premium for this supplemental plan is required,<sup>102</sup> and subsidies will not be available for these separately purchased plans.<sup>103</sup> Both these factors may make these supplemental pediatric dental and vision plans unaffordable for some families. In addition, when these “essential” services are offered in a stand-alone plan, families are not required to purchase them to avoid penalties. These factors may limit the uptake of pediatric dental and vision coverage in Arizona.

Table 33 shows the percent of the population in the region, county, state and regional communities who are estimated to be uninsured. The percentage of the total population uninsured in the region (16%) is higher than the percentage of uninsured children aged birth through five in the region (14%). Compared to the state, the percentage of the population without health insurance in the state as a whole (17%) is slightly higher than the Yavapai Region, while the percent of the young population uninsured in the region (14%) is higher than

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<sup>99</sup> The Affordable Care Act Resource Kit. National Partnership for Action to End Health Disparities. <http://health.utah.gov/disparities/data/ACAResourceKit.pdf>

<sup>100</sup> Arizona EHB Benchmark Plan. Centers for Medicare & Medicaid services. <http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/arizona-ehb-benchmark-plan.pdf>

<sup>101</sup> Essential Health Benefits. Arizona Department of Insurance. June 1, 2012. <http://www.azgovernor.gov/hix/documents/Grants/EHBReport.pdf>

<sup>102</sup> Can I get dental coverage in the Marketplace? <https://www.healthcare.gov/can-i-get-dental-coverage-in-the-marketplace/>

<sup>103</sup> Kids’ Dental Coverage Uncertain under ACA. Stateline, The Daily News of the Pew Charitable Trusts. <http://www.pewstates.org/projects/stateline/headlines/kids-dental-coverage-uncertain-under-aca-85899519226>

the state (11%). The estimated percent of the population without insurance also varies across communities in the region.

**Table 33: Percent of population uninsured**

GEOGRAPHY	2010 CENSUS POPULATION (ALL AGES)	ESTIMATED PERCENT OF POPULATION UNINSURED (ALL AGES)	2010 CENSUS POPULATION (0-5)	ESTIMATED PERCENT OF POPULATION UNINSURED (0-5)
Yavapai Region	214,345	16%	12,704	14%
Ash Fork community	3,244	22%	170	1%
Bagdad community	2,219	6%	243	2%
Chino Valley community	38,906	16%	2,158	26%
Cordes Junction community	5,734	14%	299	13%
Prescott community	48,002	14%	1,996	5%
Prescott Valley community	34,401	18%	3,016	9%
Sedona community	17,669	18%	569	15%
Yavapai Northeast community	56,661	18%	3,989	17%
Yavapai South community	7,509	15%	264	8%
Yavapai-Apache Nation Reservation	718	27%	87	24%
Yavapai County	211,033	16%	12,583	14%
Arizona	6,392,017	17%	546,609	11%

US Census (2010). Tables P1, P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B27001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: If an individual indicated that his or her only coverage for health care services is through the Indian Health Service (IHS), the American Community Survey considers this person to be “uninsured.”

### **Medicaid (AHCCCS) and KidsCare Coverage**

Children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona’s Medicaid, through both the Title XIX program (Traditional Medicaid and the Proposition 204 expansion of this coverage of up to 100 percent of the Federal Poverty Level or FPL) and the Title XXI program (Arizona’s Children’s Health Insurance Program known as KidsCare). KidsCare operates as part of the AHCCCS program and provides coverage for children in households with incomes between 100 percent and 200 percent of the FPL. However, due to budget cuts at the state level, enrollment in the KidsCare Program was frozen on January 1, 2010, and eligible new applicants were referred to the KidsCare Office to be added to a waiting list.

Beginning May 1, 2012 a temporary new program called KidsCare II became available through January 31, 2014, for a limited number of eligible children. KidsCare II had the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it was only open to children in households with incomes from 100 to 175 percent of the FPL, based on

family size. Monthly premium payments, however, were lower for KidsCare II than for KidsCare.<sup>104</sup>

Combined, KidsCare and KidsCare II insured about 42,000 Arizona children, with almost 90 percent being covered thru the KidsCare II program. On February 1, 2014, KidsCare II was eliminated. Families of these children then had two options for insurance coverage; they could enroll in Medicaid (AHCCCS) if they earn less than 133 percent of the FPL, or buy subsidized insurance on the ACA health insurance exchange if they made between 133 and 200 percent of the FPL. However this leaves a gap group of up to 15,000 kids in Arizona whose families cannot afford insurance because they do not qualify for subsidies. A solution proposed by Arizona legislators is to again allow children whose families earn between 133 and 200 percent of the poverty level to enroll in KidsCare.<sup>105</sup>

Currently, enrollment for the original KidsCare will remain frozen in 2014. Children enrolled in KidsCare with families making between 133 and 200 percent of the FPL will remain in KidsCare as long as they continue to meet eligibility requirements, and continue paying the monthly premium. Children enrolled in KidsCare whose families make between 100 and 133 percent of the FPL will be moved to Medicaid (AHCCCS). New applicants to KidsCare with incomes below 133 percent of the FPL will be eligible for Medicaid (AHCCCS). Applicants with incomes above 133 percent of the FPL will be referred to the ACA health insurance exchanges to purchase (potentially subsidized) health insurance.<sup>106</sup>

Table 34 below shows that very few children in both the region and the state were enrolled in KidsCare in 2014.

**Table 34: Children (0-17) with KidsCare coverage (2012-2014)**

GEOGRAPHY	POPULATION (0-17)	MARCH 2012		MARCH 2013		MARCH 2014	
Yavapai County	40,269	410	1.0%	1,082	2.7%	64	0.2%
Arizona	1,629,014	11,646	0.7%	35,965	2.2%	2,148	0.1%

AHCCCS (2014). *KidsCare Enrollment by County*. Retrieved from <http://www.azahcccs.gov/reporting/Downloads/KidsCareEnrollment/2014/Feb/KidsCareEnrollmentbyCounty.pdf>

<sup>104</sup> Monthly premiums vary depending on family income but for KidsCare they are not more than \$50 for one child and no more than \$70 for more than one child. For KidsCare II premiums are no more than \$40 for one child and no more than \$60 for more than one. Note that per federal law, Native Americans enrolled with a federally recognized tribe and certain Alaskan Natives do not have to pay a premium. Proof of tribal enrollment must be submitted with the application. <http://www.azahcccs.gov/applicants/categories/KidsCare.aspx> and <http://www.azahcccs.gov/applicants/KidsCareII.aspx>

<sup>105</sup> Thousands of Kids Could Lose Health Coverage Saturday. January 30, 2014, Arizona Public Media. <https://news.azpm.org/p/local-news/2014/1/30/29919-thousands-of-az-kids-could-lose-health-coverage-saturday/>

<sup>106</sup> Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

## **Developmental Screenings and Services for Children with Special Developmental and Health Care Needs**

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to assure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events. Each Arizona school district is mandated to participate in Child Find and to provide preschool services to children with special needs either through their own schools or through agreements with other programs such as Head Start.

The National Survey of Children with Special Health Care Needs estimated that 7.6 percent of children from birth to five (and about 17% of school-aged children) in Arizona have special health care needs, defined broadly as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”<sup>107</sup> The survey also estimates that nearly one in three Arizona children with special health care needs have an unmet need for health care services (compared to about one in four nationally).

In addition, although all newborns in Arizona are screened for hearing loss at birth, approximately one third of those who fail this initial screening do not receive appropriate follow up services to address this auditory need.<sup>108</sup>

### ***AzEIP Referrals and Services***

Screening and evaluation for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), which also provides services or makes referrals to other appropriate agencies (e.g. for Division of Developmental Disabilities (DDD) case management). Children eligible for AzEIP services are those who have not reached 50 percent of the developmental milestones for his or her age in one or more of the following areas: physical, cognitive, communication/language, social/emotional or adaptive self-help. Children who are at high risk for developmental delay because of an established condition (e.g., prematurity, cerebral palsy, spina bifida, among others) are also eligible. Families who have a child who is determined to be eligible for services work with the service provider to develop an individualized Family Service Plan that identifies family priorities, child and family outcomes desired, and the services needed to support attainment of those outcomes.

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<sup>107</sup> “Arizona Report from the 2009/10 National Survey of Children with Special Health Care Needs.” NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [08/06/12] from [www.childhealthdata.org](http://www.childhealthdata.org).

<sup>108</sup> Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2013, Annual Report for 2011. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf>

AzEIP providers can offer, where available, an array of services to eligible children and their families, including assistive technology, audiology, family training, counseling and in-home visits, health services, medical services for diagnostic evaluation purposes, nursing services, nutrition, occupational therapy, physical therapy, psychological services, service coordination, social work, special instruction, speech-language therapy, vision services, and transportation (to enable the child and family to participate in early intervention services). The contracted AzEIP provider in Yavapai County is High Country Early Intervention Program.<sup>109</sup>

Private insurance often does not cover the therapies needed for children. The 2009-2010 National Survey of Children with Special Health Care Needs found that about 22 percent of families with a child with special health care needs pay \$1,000 or more in out of pocket medical expenses.<sup>110</sup> The cost of care has become an even more substantial issue as state budget shortfalls have led AzEIP to begin instituting a system of fees for certain services. Although no fees are associated with determining eligibility or developing an Individualized Family Service Plan, some services that were previously offered free of charge, such as speech, occupational and physical therapy, now have fees for those not enrolled in AHCCCS.<sup>111</sup> However, in an effort to help reduce the financial burden for services on families, AzEIP has recently proposed to eliminate Family Cost Participation, which requires families to share in the costs of early intervention services based upon family size and income. AzEIP is currently in the process of receiving public comment about this proposed change in policy.<sup>112</sup>

Regional AzEIP data was unavailable for the current report, however state-level data was provided. The table below shows the total, unduplicated number of children served by AzEIP from 2009 to 2012. The data provided was point in time data for each year. As can be seen in Table 35, the number of children served in Arizona by AzEIP, The Arizona Schools for the Deaf and Blind, and DDD has decreased overall from 2009 to 2012.

**Table 35: Number of AzEIP eligible children served in Arizona**

GEOGRAPHY	Dec 1 2009	Oct 1 2010	Oct 1 2011	Oct 1 2012
Arizona	5,372	5,301	4,850	5,100

*First Things First (2014). [AzEIP Data]. Unpublished raw data received through the First Things First State Agency Data Request*

Note: These numbers include children served in AzEIP only, Arizona Schools for the Deaf and Blind and DDD.

<sup>109</sup> [https://www.azdes.gov/uploadedFiles/Arizona\\_Early\\_Intervention\\_Program/azeip\\_referral\\_contact\\_list.pdf](https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/azeip_referral_contact_list.pdf)

<sup>110</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children with Special Health Care Needs Chartbook 2009–2010. Rockville, Maryland: U.S. Department of Health and Human Services, 2013.

<sup>111</sup> Arizona Department of Economic Security. (2012). Arizona Early Intervention Program Family Cost Participation Fact Sheet. Retrieved July 25th 2012 from [https://www.azdes.gov/uploadedFiles/Arizona\\_Early\\_Intervention\\_Program/fact\\_sheet\\_english\\_rev\\_10\\_12\\_10.pdf](https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/fact_sheet_english_rev_10_12_10.pdf)

<sup>112</sup> <https://www.azdes.gov/AzEIP/Family-Cost-Participation/>

### ***DDD Services***

The Division of Developmental Disabilities (DDD) serves adults and children throughout the state. DDD supports the family unity by encouraging the family to serve as primary caregivers and by providing in-home assistance and respite care. To qualify for DDD services an individual must have a cognitive delay, cerebral palsy, autism, epilepsy or be at risk for one of these delays. In addition, the delay must limit the individual in three or more of the following areas: self-care, communication, learning, mobility, independent living, or earning potential. Children aged birth through two are eligible if they show significant delays in one or more area of development. They are often served by the Arizona Early Intervention Program (AzEIP) which works to support their development and coach family in supporting the child's development. Children aged three to six are eligible if they are at-risk for a developmental delay if they don't receive services. DDD also offers support groups for families dealing with autism or Down Syndrome or families receiving services who are Spanish-speaking only.<sup>113</sup>

In 2012 in the Yavapai Region, 81 children were receiving services from DDD, down from 96 in 2011 and 103 in 2010. The percentage of children from birth to 2.9 years of age receiving services from DDD has decreased by 57 percent since 2010, while the percentage of children between the ages of three and 5.9 years receiving services has increased by 13 percent during that same period. The number of visits made by DDD to provide services has also decreased from 2010 to 2012 from a high of 9,899 visits in 2010 to a low of 8,604 visits in 2012.<sup>114</sup>

### ***Preschool and Elementary School Children Enrolled in Special Education***

Another indicator of the needs for developmental services and services for children with special needs is the number of children enrolled in special education within schools. As can be seen in Table 36, the percentage of students enrolled in special education varies across school districts in the region, with a high of 23 percent in the Ash Fork Joint and Mayer Unified Districts. Across the state, 12 percent of preschool and elementary school students are enrolled in special education.

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<sup>113</sup> Family Support Annual Report, July 1, 2011 – June 30, 2012. Department of Economic Security Division of Developmental Disabilities.

<sup>114</sup> First Things First (2014). [DDD Data]. Unpublished raw data received through the First Things First State Agency Data Request.

**Table 36: Percent of preschool and elementary school children enrolled in special education**

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	STUDENTS ENROLLED IN SPECIAL EDUCATION	
Ash Fork Joint Unified District	4	133	30	23%
Bagdad Unified District	2	264	49	19%
Beaver Creek Elementary District	2	309	50	16%
Camp Verde Unified District	4	825	92	11%
Canon Elementary District	2	107	<25	DS
Chino Valley Unified District	6	1,218	151	12%
Clarkdale-Jerome Elementary District	2	356	30	8%
Congress Elementary District	2	88	<25	DS
Cottonwood-Oak Creek Elementary District	10	1,641	164	10%
Crown King Elementary District	2	<25	<25	DS
Hillside Elementary District	2	22	0	0%
Humboldt Unified District	12	3,346	507	15%
Kirkland Elementary District	2	59	<25	DS
Mayer Unified School District	2	266	60	23%
Prescott Unified District	14	2,544	300	12%
Sedona-Oak Creek JUSD #9	4	573	50	9%
Seligman Unified District	2	70	<25	DS
Skull Valley Elementary District	2	27	<25	DS
Yarnell Elementary District	2	31	<25	DS
All Yavapai County Charter Schools	15	1,812	227	13%
All Arizona Public and Charter Schools	2846	610,079	72,287	12%

Arizona Department of Education (2014). [Preschool and Elementary Needs data set]. Unpublished raw data received from the First Things First State Agency Data Request

## Immunizations

Recommended immunizations for children birth through age six are designed to protect infants and children when they are most vulnerable, and before they are exposed to these potentially life-threatening diseases.<sup>115</sup> Personal belief exemptions, parents/guardians opting out of required immunizations for their children for personal reasons rather than medical ones, have risen in Arizona kindergartens in recent years from 1.6 percent in 2003 to 3.9 percent for the 2012-2013 school year.<sup>116</sup> More than a third of kindergartens (35%), and 29 percent of childcare facilities in the state have personal belief exemption rates greater than five percent. Personal

<sup>115</sup> Centers for Disease Control and Prevention. Immunization Schedules. Retrieved from <http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html>

<sup>116</sup> Birnbaum, M. S., Jacobs, E. T., Ralston-King, J. & Ernst, K. C. (2013). Correlates of high vaccination exemption rates among kindergartens. Retrieved from <http://www.azdhs.gov/phs/immunization/documents/statistics-reports/personal-beliefs-exemption-study/correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf>

belief exemptions are most often done for convenience (it may be easier than obtaining vaccination records) or due to fears about the negative health consequences of the vaccine itself. Those obtaining personal belief exemptions in kindergarten settings are more likely to be from White, higher income families, with higher rates also found in charter schools compared to public schools.<sup>117</sup> This is particularly interesting when considered along with the fact that Arizona has the highest number of charter schools in the country. Geographic clustering of high personal belief exemption rates also exists in the state, which is of particular concern when considering the likelihood of vaccine-preventable disease outbreaks, e.g., pertussis. In sum, parental refusal to vaccinate is contributing to levels of under-vaccination across the state.

In response to these concerns, the Arizona Department of Health Services has developed an Action Plan to Address Increasing Vaccine Exemptions.<sup>118</sup> This plan includes strategies aimed at schools, childcare centers, physicians' offices and parents consisting of revisions to exemptions forms, education and training, streamlined immunization reporting and better resources covering immunization requirements. Implementation of these strategies have begun and rates of exemptions will be tracked over time to judge the success of these strategies.

Yavapai County is one of the areas in the state with high rates of personal belief exemptions. Within child care settings, ten percent of enrolled children had personal belief exemptions (see Table 37) and this was only slightly lower in kindergarten settings (see Table 38). Key informants in several communities in the region discussed concerns about increased perceptions in these communities that vaccines caused childhood disease, and due to this more families were choosing not to vaccinate their young children. Increased education on the importance of early childhood vaccinations may be an important strategy for the Yavapai Region.

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<sup>117</sup> Birnbaum, M. S., Jacobs, E. T., Ralston-King, J. & Ernst, K. C. (2013). Correlates of high vaccination exemption rates among kindergartens. Retrieved from <http://www.azdhs.gov/phs/immunization/documents/statistics-reports/personal-beliefs-exemption-study/correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf>

<sup>118</sup> Arizona Department of Health Services. *Action Plan to Address Increasing Vaccine Exemptions*. 10/1/2013. Retrieved from <http://azdhs.gov/phs/immunization/documents/statistics-reports/action-plan-address-vaccine-exemptions.pdf>

**Table 37: Immunization rates for children enrolled in child care (2012-2013)<sup>119</sup>**

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	1+ MMR	3+ HIB	3+ HEP B	1+ VARICELLA OR HISTORY	RELIGIOUS EXEMPTION	MEDICAL EXEMPTION
Yavapai County	2,229	91%	92%	92%	90%	91%	91%	10%	0.5%
Arizona	84,244	94%	95%	96%	94%	94%	95%	4%	0.5%

Arizona Department of Health Services (2013). *Childcare Coverage for 2012-2013 School Year*. Retrieved from <http://azdhs.gov/phs/immunization/statistics-reports.htm>

**Table 38: Immunization rates for children enrolled in kindergarten (2012-2013)<sup>120</sup>**

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	2+ MMR	3+ HEP B	1+ VARICELLA OR HISTORY	PERSONAL EXEMPTION	MEDICAL EXEMPTION
Yavapai County	1,914	91%	90%	90%	92%	92%	8%	0.8%
Arizona	87,909	95%	95%	95%	96%	97%	4%	0.3%

Arizona Department of Health Services (2013). *Kindergarten Coverage for 2012-2013 School Year*. Retrieved from <http://azdhs.gov/phs/immunization/statistics-reports.htm>

## Behavioral Health

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children.<sup>121</sup> Infant and toddler mental health is the young child’s developing capacity to “experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn.”<sup>122</sup> When young children experience stress and trauma they have limited responses available to react to those experiences. Mental health disorders in small children might be exhibited in physical symptoms, delayed development, uncontrollable crying, sleep problems, or in older toddlers, aggression or impulsive behavior.<sup>123</sup> A number of interacting factors influence the

<sup>119</sup> Note: The immunization requirements for children ages 2-5 in child care in the state of Arizona are as follows: 4 doses of the DTAP (Diphtheria, Tetanus, Pertussis) vaccine, 3 doses of the polio vaccine, 1 dose of the MMR (Measles, Mumps, Rubella) vaccine, 3-4 doses of the Hib (Haemophilus Influenzae type B) vaccine, 3 doses of the Hepatitis B vaccine, 1 dose of the Varicella vaccine or parental recall of the disease.

<sup>120</sup> Note: The immunization requirements for kindergarteners in the state of Arizona are as follows: 4-5 doses of the DTAP (Diphtheria, Tetanus, Pertussis) vaccine, 3-4 doses of the polio vaccine, 2-3 doses of the MMR (Measles, Mumps, Rubella) vaccine, 3-4 doses of the Hepatitis B vaccine, 1 dose of the Varicella vaccine or parental recall of the disease.

<sup>121</sup> *Research Synthesis: Infant Mental health and Early Care and Education Providers*. Center on the Social and Emotional Foundations for Early Learning. Accessed online, May 2012: [http://csefel.vanderbilt.edu/documents/rs\\_infant\\_mental\\_health.pdf](http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf)

<sup>122</sup> Zero to Three Infant Mental Health Task force Steering Committee, 2001

<sup>123</sup> Zero to Three Policy Center. *Infant and Childhood Mental Health: Promoting Health Social and Emotional Development*. (2004). Retrieved from [http://main.zerotothree.org/site/DocServer/Promoting\\_Social\\_and\\_Emotional\\_Development.pdf?docID=2081&AddInterest=11](http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=11)

young child's healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors.<sup>124</sup>

A continuum of services to address infant and toddler mental health promotion, prevention and intervention has been proposed by a number of national organizations. Recommendations to achieve a comprehensive system of infant and toddler mental health services would include; 1) the integration of infant and toddler mental health into all child-related services and systems, 2) ensuring earlier identification of and intervention for mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools, 3) enhancing system capacity through professional development and training for all types of providers, 4) providing comprehensive mental health services for infants and young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support.<sup>125</sup>

In 2014, two Community Health Improvement Plans for the Verde Valley<sup>126</sup> and the Quad-cities<sup>127</sup> developed by Yavapai County Community Health Services and community partners placed behavioral and mental health including substance abuse as the number two community health priority behind access to care. Behavioral and mental health programs and services specifically for young children are likely even more scarce in the region.

### **Enrollment in Public Behavioral Health System**

In Arizona, the Division of Behavioral Health Services (DBHS) of the Arizona Department of Health Services contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer behavioral health services. Arizona is divided into separate geographical service areas served by various RBHAs.<sup>128</sup> Northern Arizona Behavioral Health Authority (NARBHA)

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<sup>124</sup> Zenah P, Stafford B., Nagle G., Rice T. *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems*. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No. 12

<sup>125</sup> Zero to Three Policy Center. *Infant and Childhood Mental Health: Promoting Health Social and Emotional Development*. (2004). Retrieved from [http://main.zerotothree.org/site/DocServer/Promoting\\_Social\\_and\\_Emotional\\_Development.pdf?docID=2081&AddInterest=1144](http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=1144)

<sup>126</sup> <http://www.yavapaihealth.com/wp-content/uploads/2014/04/Verde-Valley-CHIP.pdf>

<sup>127</sup> <http://www.yavapaihealth.com/wp-content/uploads/2014/04/Quad-Cities-CHIP.pdf>

<sup>128</sup> Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

serves Mohave, Coconino, Apache, Navajo, and Yavapai Counties. In 2012, there were 30,745 enrollees in NARBHA, representing 14.4 percent of those enrolled in Arizona RHBA.<sup>129</sup>

Each RBHA contracts with a network of service providers similar to health plans to deliver a range of behavioral health services, including treatment programs for adults with substance abuse disorders, and services for children with serious emotional disturbance.

In 2012, over 213,000 Arizonans were enrolled in the public behavioral health system. According to Arizona Department of Health data, 68,743 (32%) of enrollees were children or adolescents, up from 21 percent in 2011; children aged birth through five years comprised almost five percent of all enrollees<sup>130</sup> in 2012, compared to four percent in 2011.<sup>131</sup> With about 546,609 children aged birth to five in Arizona, this means that almost two percent of young children statewide are receiving care in the public behavioral health system. It is likely that there are a much higher proportion of young children in need of these types of services than are receiving them. The lack of highly trained mental health professionals with expertise in early childhood and therapies specific to interacting with children, particularly in more rural areas, has been noted as one barrier to meeting the full continuum of service needs for young children. Children in foster care are also more likely to be prescribed psychotropic medications than other children, likely due to a combination of their exposure to complex trauma and the lack of available assessment and treatment for these young children.<sup>132</sup> Violence-exposed children who get trauma-focused treatment can be very resilient and develop successfully. To achieve this there needs to be better and quicker identification of children exposed to violence and trauma and in need of mental health intervention, and more child-specific, trauma-informed services available to treat these children.<sup>133</sup>

## Oral Health

Oral health is an essential component of a young child's overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems,

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<sup>129</sup> Division of Behavioral Health Services, Arizona Department of Health Services. (2013). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona. Retrieved from <http://www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf>

<sup>130</sup> Division of Behavioral Health Services, Arizona Department of Health Services. (2013). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona. Retrieved from <http://www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf>

<sup>131</sup> Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona.

<sup>132</sup> Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

<sup>133</sup> United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona children aged birth through four years have never seen a dentist.<sup>134</sup> In a statewide survey conducted by the Arizona Department of Health Services, Office of Oral Health, parents cited difficulties in finding a provider who will see very young children (34%), and the belief that the child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.<sup>135</sup>

Screenings conducted in Arizona preschools in 2008-2009 found that seven percent of children aged one year and younger showed the first signs of tooth decay, and 28 percent of children aged birth through four years had untreated tooth decay. Thirty-seven percent of four year olds were identified as needing dental care within weeks to avoid more significant problems, while three percent of four year olds were identified as needing urgent treatments due to severe decay.<sup>136</sup> Arizona had nearly twice the proportion of children aged two to four years with untreated tooth decay (30%) compared to the US as a whole (16%) and were more than three times higher than the Healthy People 2010 target of nine percent. Untreated decay was highest amongst children whose parents had less than a high school education.<sup>137</sup>

An additional barrier to adequate dental care for children is the fact that Arizona has 155 designated Dental Health Professional Shortage Areas; most of Yavapai County is designated as such. These represent areas with a lack of dental providers, areas with geographic barriers to accessing care, and areas with large low-income populations who would be unable to afford care. Arizona needs an estimated 246 additional dental health professionals to meet the needs of Arizonans.<sup>138</sup>

One item from the 2012 Family & Community Survey assesses whether young children have regular dental visits with the same provider. As can be seen in Figure 38, families in the Yavapai Region (85%) are more likely to agree that they have a regular provider of dental care for their young children as families in the state as a whole (79%).

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<sup>134</sup> <http://www.azdhs.gov/phs/owch/oral-health/azsmiles/about/disease.htm>

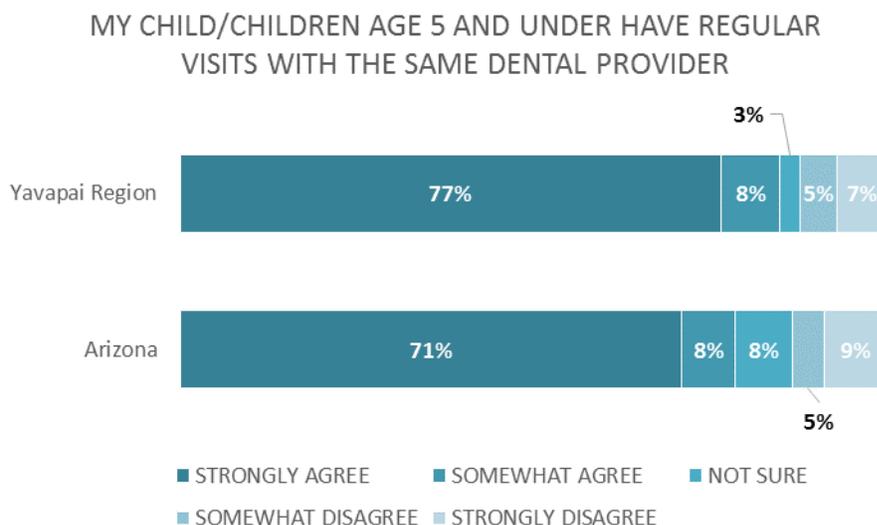
<sup>135</sup> Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children*.

<sup>136</sup> Arizona Department of Health Services, Office of Oral Health  
[http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet\\_Oral%20Health\\_Preschool.pdf](http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet_Oral%20Health_Preschool.pdf)

<sup>137</sup> Arizona Department of Health Services, Office of Oral Health  
[http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet2\\_Oral%20Health\\_Preschool.pdf](http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet2_Oral%20Health_Preschool.pdf)

<sup>138</sup> Arizona State Health Assessment, December 2013. Arizona Department of Health Services.  
<http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

**Figure 38: Family & Community Survey 2012: Regular dental care**



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

### Overweight and Obesity

Overweight children are at increased risk for becoming obese. Childhood obesity is associated with a number of health and psycho-social problems, including high blood pressure, high cholesterol, Type 2 diabetes and asthma. Childhood obesity is also strong predictor of adult obesity, with its related health risks. Of particular concern for younger children is research that shows a child who enters kindergarten overweight is more likely to become obese between the ages of five and 14, than a child who is not overweight before kindergarten<sup>139</sup>.

A major new report revealed promising news however, a 43 percent decline in the obesity rate among children aged two to five years-old in the United States over the past decade, from 13.9 percent to 8.4 percent.<sup>140</sup> While the cause for the decline is not known, possible reasons include reduced consumption of overall calories and sugary drinks by young children, increased breastfeeding and/or state, local or federal policies aimed at reducing obesity. While this decline is indeed promising, the disproportionate rates of obesity in minority and low-income children remain. Nationally among two to five year olds in 2012, 3.5 percent of white children were obese, compared to 11.3 percent of black children and 16.7 percent of Hispanic children. And this is in spite of fairly similar obesity rates for children under two years old. And while 18

<sup>139</sup> Cunningham, S. A., Kramer, M. R., & Venkat Narayan, K. M. (2014). Incidence of Childhood Obesity in the United States. *The New England Journal of Medicine*. 370 (5); 403-411.

<sup>140</sup> Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2014). Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. *JAMA*, 2014;311(8):806-814. <http://jama.jamanetwork.com/article.aspx?articleid=1832542>

other states have shown a decrease in obesity among low-income preschoolers between 2008 and 2011, Arizona was not one of those states.<sup>141</sup>

As noted above, breastfeeding can play a role in obesity prevention for babies. This also holds true for mothers. Exclusively breastfeeding among Arizona WIC participants doubled between 2007 and 2011, although the majority of infants on WIC are still formula fed.<sup>142</sup> The Centers for Disease Control and Prevention also recommend supporting breastfeeding in hospitals and the workplace as a strategy to decrease childhood obesity<sup>143</sup>. The table below shows rates for breastfeeding in the county, state and a number Healthy People 2020 objectives. The percentage of ever breastfeeding in Yavapai County (90%) exceeded the 2020 target (at least 82%), and was much higher than the state as a whole (67%).

**Table 39: Breastfeeding and weight in Yavapai County (2011)**

	Healthy People 2020 Target	Arizona	Yavapai County
Percent Breastfed Ever	82%	67%	90%
Percent Breastfed at least 6 months	61%	25%	43%
Percent Exclusively Breastfed at least 6 months	26%	7%	17%
Percent Overweight (ages 2-5)	-	16%	14%
Percent Obese (ages 2-5)	10%	15%	11%

Arizona Department of Health Services (2013). WIC Needs Assessment. Retrieved from [http://www.azdhs.gov/azwic/documents/local\\_agencies/reports/wic-needs-assessment-02-22-13.pdf](http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf)

In Yavapai County in 2011, 11 percent of children aged birth through five years of age were obese. As can be seen in Table 39 above, for children aged two to five years of age in Yavapai County in the same year, 14 percent were overweight, and 11 percent were obese. These figures are all lower than those for the state as a whole; 13 percent of children in the state aged birth through five years were obese, and 16 percent of children aged two through five were classified as overweight, and 15 percent were obese.<sup>144</sup>

<sup>141</sup> CDC. Vital Signs: Obesity among Low-Income, Preschool-Aged Children — United States, 2008–2011. MMWR, August 9, 2013 / 62(31);629-634

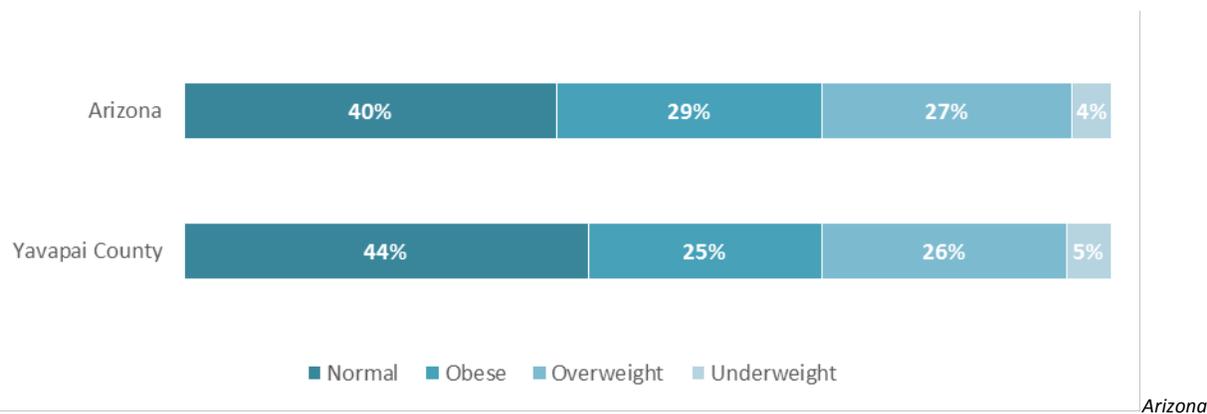
<sup>142</sup> Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from [http://www.azdhs.gov/azwic/documents/local\\_agencies/reports/wic-needs-assessment-02-22-13.pdf](http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf)

<sup>143</sup> Centers for Disease Control. Childhood Overweight and Obesity; Strategies and Solutions. Last updated February, 2013. <http://www.cdc.gov/obesity/childhood/solutions.html>

<sup>144</sup> Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from [http://www.azdhs.gov/azwic/documents/local\\_agencies/reports/wic-needs-assessment-02-22-13.pdf](http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf)

A mother’s weight before birth can impact a baby’s birth weight,<sup>145</sup> and may subsequently impact overweight or obesity in childhood.<sup>146</sup> The figure below shows the rates of pre-pregnancy overweight and obesity for the county and the state, which are very similar.

**Figure 39: Pre-pregnancy overweight and obesity rates in Yavapai County (2013)**



Department of Health Services (2014). [WIC data set]. Unpublished raw data received from the First Things First State Agency Data Request

### Child Fatalities

Since 2005, the Arizona Child Fatality Review Program has reviewed the death of every child who died in the state. In 2012, there were 854 child fatalities (aged birth to 18) in Arizona. Of these, 72 percent (616) were young children between birth and five years old.<sup>147</sup> More than one third of these deaths (325, or 38%) were during the neonatal period (birth-27 days) and were due to natural causes (prematurity, congenital anomalies, and other medical conditions). About one-fifth (171, 20%) were during infancy (28-365 days), of which almost two-thirds (64%) were undetermined (most of which (81, 47%) attributed to Sudden Infant Death Syndrome). One in seven deaths in early childhood (120, or 14%) were of children one to four years of age. In this age group, 40 percent of deaths were attributed to homicide, and 15 percent were due to drowning.

Local Child Fatality Review Teams review each death and make a determination of preventability for each death, after reviewing all available information on the circumstances (in 9% of cases, there were unable to determine preventability). Based on these reviews, the teams concluded that five percent of perinatal deaths, 49 percent of infant deaths, and 49 percent of young child deaths were preventable.

<sup>145</sup> Koepf UMS, Andersen LF, Dahl-Joergensen K, Stigum H, Nass O, Nystad W. Maternal pre-pregnant body mass index, maternal weight change and offspring birthweight. *Acta Obstet Gynecol Scand* 2012; 91:243–249.

<sup>146</sup> O'Reilly, JR, & Reynolds RM. The Risk of Maternal Obesity to the Long-term Health of the Offspring. *Clinical Endocrinology*. 2013; 78(1):9-16. Retrieved from: [http://www.medscape.com/viewarticle/776504\\_3](http://www.medscape.com/viewarticle/776504_3)

<sup>147</sup> Arizona Child Fatality Review Program, 2013 <http://www.azdhs.gov/phs/owch/pdf/cfr/20th-annual-child-fatality-review-report-nov-2013.pdf>

The Child Fatality Review Teams also make a determination of whether the death can be classified as maltreatment by parent, guardian or caretaker, based on their acting, or failing to act, in a way that presents a risk of serious harm to the child. Seven percent (56) of all deaths of children from birth to five were classified as maltreatment. These may have been classified as homicide (e.g. due to abusive head trauma), natural (e.g., prenatal substance use that resulted in premature birth, or failure to seek medical care), or accidental (e.g., unintentional injuries caused by negligence or impaired driving).

The number of child fatalities has decreased overall in Yavapai County since 2007, although this decrease has not been consistent between the years 2007 and 2012. The number of child fatalities reported in Yavapai County was 28 in 2007, 17 in 2008, 20 in 2009, 20 again in 2010, a low of 14 in 2011 and 24 in 2012.<sup>148</sup> Of note is the increase in reported child deaths between 2011 and 2012.

### **Substance Use**

Exposure to adverse childhood experiences including abuse, neglect and household dysfunction can lead to a variety of consequences, including increased risk of alcoholism and increased likelihood of initiating drug use and experiencing addiction.<sup>149</sup>

In Arizona in 2012, the age-adjusted mortality rate for alcohol-induced deaths was 14.2/100,000. This rate in Yavapai County was slightly lower at 12.4/100,000.<sup>150</sup> However, the rates for drug-induced deaths did vary substantially for the region. In Arizona in 2012, the age-adjusted mortality rate for drug-induced deaths was 16.3/100,000. This rate in Yavapai County was much higher at 36.7/100,000, the highest of any county in the state.

## **Family Support**

### **Child Welfare**

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure,

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<sup>148</sup> Arizona Child Fatality Review Program, 2013 <http://www.azdhs.gov/phs/owch/pdf/cfr/20th-annual-child-fatality-review-report-nov-2013.pdf>

<sup>149</sup> United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention. (2008). The effects of childhood stress on health across the lifespan. Retrieved from [http://www.cdc.gov/ncipc/pub-res/pdf/childhood\\_stress.pdf](http://www.cdc.gov/ncipc/pub-res/pdf/childhood_stress.pdf).

<sup>150</sup> <http://www.azdhs.gov/plan/report/ahs/ahs2012/5e.htm> Table 5E-11

engage in criminal behavior, or struggle with mental and/or physical illness. However, research has demonstrated that although infants and toddlers are the most vulnerable to maltreatment, they are also most positively impacted by intervention, which has been shown to be particularly effective with this age group. This research underscores the importance of early identification of and intervention to child maltreatment, as it cannot only change the outlook for young children, but also ultimately save state and federal agencies money in the usage of other services.<sup>151</sup>

Children with disabilities are at increased risk of child abuse, especially neglect. Children with disabilities related to communication, learning, and sensory or behavior disorders appear to be at increased risk. Authors of a recent study reviewing the current literature on child abuse, child protection and disabled children also noted that the level of child abuse and neglect of disabled children is likely under-reported and that children with disabilities are in need of greater attention to improve child abuse prevention and protection efforts.<sup>152</sup>

What constitutes childhood neglect (intermittent, chronic and/or severe), and how these varying levels effect children is becoming more clearly understood.<sup>153</sup> From shortly after birth, the child's interaction with caregivers impacts the formation of neural connections within the developing brain. If those interactions are inconsistent, inappropriate or absent these connections can be disrupted, and later health, learning and behavior can be impacted. As with other issues affecting children, earlier identification and intervention for those experiencing neglect is key, coupled with policies and programs focusing on prevention to stop neglect before it occurs.

The Department of Health and Human Services has outlined a cross-systems approach to promoting the well-being of children who have experienced trauma.<sup>154</sup> The essential components of this approach include; 1) periodic functional assessments of the child's well-being, 2) trauma screening to evaluate trauma symptoms and/or history, 3) an in-depth, clinical mental-health assessment, and 4) outcome measurement and progress monitoring to assess the appropriateness of services at both the individual and systems level.

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<sup>151</sup> Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

<sup>152</sup> Stalker, K., & McArthur, K. (2012). Child abuse, child protection and disabled children: A review of recent research. *Child Abuse Review*, 21(1), 24-40.

<sup>153</sup> Harvard University, Center on the Developing Child. (2013). InBrief: The science of neglect. Retrieved from [http://developingchild.harvard.edu/resources/briefs/inbrief\\_series/inbrief\\_neglect/](http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_neglect/)

<sup>154</sup> Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

### **CPS**

In 2013, the Arizona Department of Economic Security's (DES) Division of Children, Youth and Families (DCYF) was the state-administrated child welfare services agency that oversaw Child Protective Services (CPS), the state program mandated for the protection of children alleged to be abused and neglected. This program receives, screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. CPS also provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors. On January 13, 2014, the Governor of Arizona signed an Executive Order abolishing the Arizona Department of Economic Security's (DES) Division of Children, Youth & Families (DCYF) and establishing a new cabinet level Division of Child Safety & Family Services (DCSFS) which would focus on and house the state child welfare programs, including CPS, foster care, adoption, and the Comprehensive Medical and Dental Program.<sup>155</sup> CPS is now known as the Department of Child Safety.<sup>156</sup>

The Arizona Department of Economic Security (DES) provided data on the number of children removed from their homes within fiscal years 2011, 2012, and 2013 who were five years or younger at the time of removal. Table 40 shows these numbers for the Yavapai Region, communities within the region, the county and the state. The number of children removed between the ages of birth and five has increased from 2011 to 2013, in the region (+30%), the county (+31%) and the state (+35%). The number of removals varies by community, with increases in the number of removals in four communities, and decreases in another four during the same time period.

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<sup>155</sup> [http://azgovernor.gov/dms/upload/MA\\_011314\\_CPSReformFactSheetFAQ.pdf](http://azgovernor.gov/dms/upload/MA_011314_CPSReformFactSheetFAQ.pdf)

<sup>156</sup> <https://www.azdes.gov/landing.aspx?id=9485>

**Table 40: Number of children removed from their homes who were five years or younger at removal**

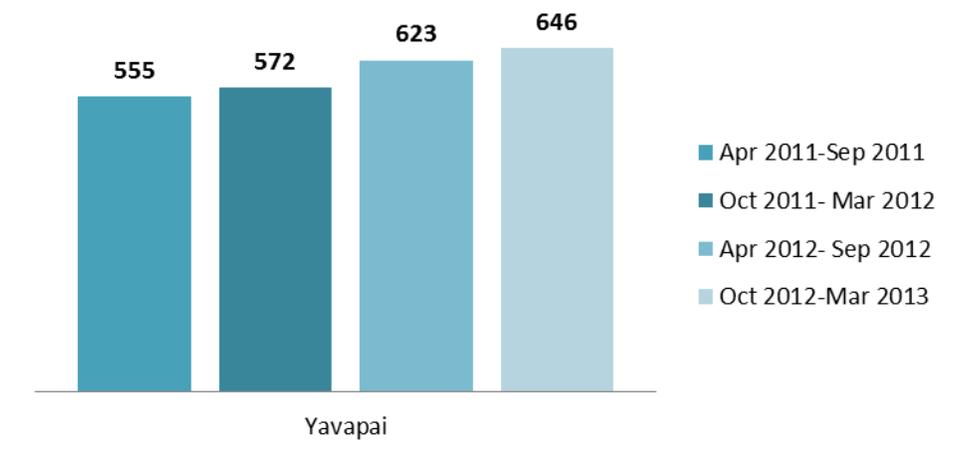
GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) REMOVED BY CPS			CHANGE 2011-2013
		2011	2012	2013	
Yavapai Region	12,704	82	84	107	+30%
Ash Fork community	170	<10	<10	<10	+100%
Bagdad community	243	0	0	0	
Chino Valley community	2,158	11	<10	19	+73%
Cordes Junction community	299	<10	0	<10	-57%
Prescott community	1,996	16	21	22	+38%
Prescott Valley community	3,016	16	24	33	+106%
Sedona community	569	<10	<10	0	DS
Yavapai Northeast community	3,989	23	25	20	-13%
Yavapai South community	264	<10	<10	<10	-20%
Yavapai-Apache Nation Reservation	87	0	0	0	
Yavapai County	12,583	80	83	105	+31%
Arizona	546,609	3,176	4,231	4,293	+35%

*Arizona Department of Economic Security (2014). [Child Welfare data set]. Unpublished raw data received from the First Things First State Agency Data Request.*

The Arizona Department of Economic Security (DES) produces a semi-annual report on child welfare services. The figures below show the reports received of alleged abuse and neglect in Yavapai County. Reports of child abuse and neglect have been increasing across the state, and have been increasing in the county, as well.<sup>157</sup> Between April 2011 and March 2013, the number of child welfare reports in Yavapai County increased by 16 percent (see Figure 40). The assessed risk of child welfare reports in Yavapai County tend to be similar to that seen in the state as a whole, as seen in Figure 41.

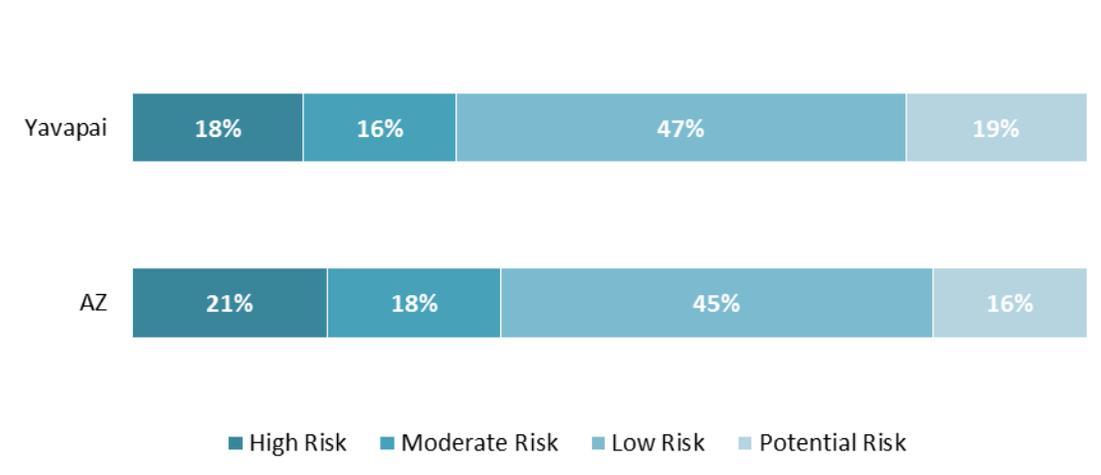
<sup>157</sup> Arizona Department of Economic Security, Division of Children, Youth and Families. Child Welfare Reporting Requirements Semi-annual Report, for the Period of October 1, 2012 through March 31, 2013. Retrieved from: [https://www.azdes.gov/InternetFiles/Reports/pdf/semi\\_annual\\_child\\_welfare\\_report\\_oct\\_2012\\_mar\\_2013.pdf](https://www.azdes.gov/InternetFiles/Reports/pdf/semi_annual_child_welfare_report_oct_2012_mar_2013.pdf)

**Figure 40: Child welfare reports in Yavapai County (April 2011- March 2013)**



Arizona Department of Economic Security (2014). Child Welfare Reports. Retrieved from <http://public.tableausoftware.com/profile/#!/vizhome/LandingPage/LandingPage>

**Figure 41: Assessed risk of child welfare reports in Yavapai County and the state (Oct 2012- March 2013)<sup>158</sup>**



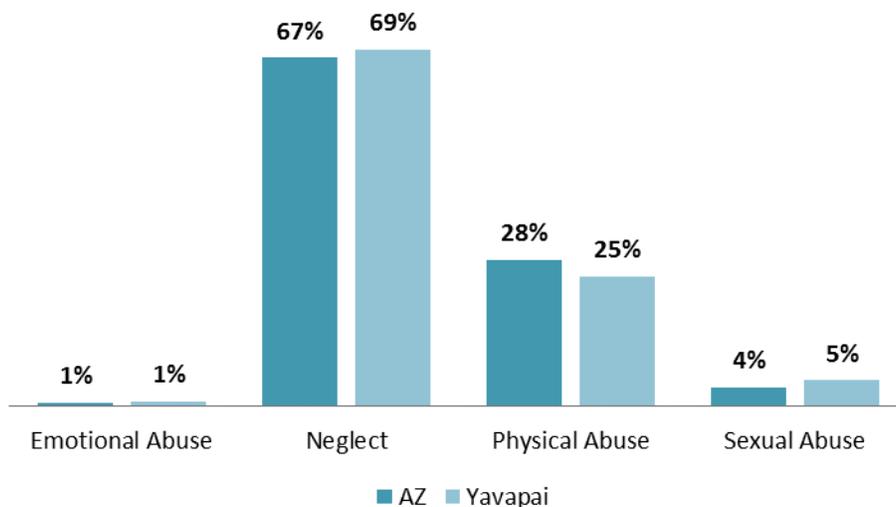
Arizona Department of Economic Security (2014). Child Welfare Reports. Retrieved from <http://public.tableausoftware.com/profile/#!/vizhome/LandingPage/LandingPage>

Figure 42 shows that there is also a similar mix of type of maltreatment in the county as seen across the state. It is important to note that these figures address child welfare reports; a relatively small proportion of the reports are substantiated after investigation. Substantiated reports are those where at least one of the allegations in the report of abuse and neglect is determined to be true. These numbers are often revised upwards in subsequent reports because of the time needed to complete investigations and to assure that parents have their

<sup>158</sup> Because DES totals are revised with each reporting period to reflect updated investigation, these data are subject to change and should therefore be seen as estimates. For that reason, we report on updated data for the Oct 2012-Mar 2013 time period for report risk levels and types of maltreatment.

rights to due process met. Because of this the substantiated reports for the April 2012-September 2012 cases, updated in the Oct 2012-March 2013 child welfare report will be presented here. Statewide, for the April 2012- September 2012 reporting period, 14 percent of the cases were substantiated; for the same period, 13 percent of cases in Yavapai County were substantiated.<sup>159</sup>

**Figure 42: Types of maltreatment, child welfare reports, in Yavapai County and the state (Oct 2012-March 2013)**



Arizona Department of Economic Security (2014). Child Welfare Reports. Retrieved from <http://public.tableausoftware.com/profile/#!/vizhome/LandingPage/LandingPage>

### **Juvenile Justice Involvement by County**

The Attorney General’s National Task Force on Children Exposed to Violence<sup>160</sup> recommends that the Juvenile Justice System screen youth entering the system for violence-exposure and offer trauma-informed treatment as an essential component to rehabilitating these youth. In addition, they assert that juvenile justice employees need to understand that trauma changes brain chemistry in these violence-exposed youth by limiting impulse control, the understanding of consequences and the ability to tolerate conflict.

<sup>159</sup> Arizona Department of Economic Security, Division of Children, Youth and Families. Child Welfare Reporting Requirements Semi-annual Report, for the Period of October 1, 2012 through March 31, 2013. Retrieved from: [https://www.azdes.gov/InternetFiles/Reports/pdf/semi\\_annual\\_child\\_welfare\\_report\\_oct\\_2012\\_mar\\_2013.pdf](https://www.azdes.gov/InternetFiles/Reports/pdf/semi_annual_child_welfare_report_oct_2012_mar_2013.pdf)

<sup>160</sup> United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General’s National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

According to the Arizona's Juvenile Court Counts summary for fiscal year 2012,<sup>161</sup> during that year, 33,617 juveniles were referred at least once to Arizona's juvenile courts. In Yavapai County 1,296 juveniles were referred, representing 3.9 percent of statewide referrals. In the county there were 405 juveniles detained in fiscal year 2012, 5.3 percent of the number of juveniles detained across the state. Overall, the number of juvenile referrals and detentions has dropped in Arizona between 2010 and 2012, with an 18 percent drop in referrals and a 20 percent drop in detentions. In Yavapai County, the reduction in juvenile referrals and detentions was slightly larger, with juvenile referrals declining 19 percent and juvenile detentions declining 24 percent between 2010 and 2012.<sup>162</sup>

### ***Foster Parenting***

Arizona's foster parents care for approximately half of the children who have been removed from their homes in the state. In March 2013, there were 3,576 licensed foster homes throughout Arizona. Between October of 2012 and March of 2013, there was a net decrease of 18 foster homes. Previously, between April and September of 2012 there was a net increase of 252 foster homes, which was the first time since 2009 that more foster homes were opened than closed in the state.<sup>163</sup>

A 2012 study<sup>164</sup> assessing Arizona foster parent's satisfaction with and likelihood to continue as a foster parent identified a number of issues affecting foster parents, including lack of support from CPS, monetary constraints from continuing budget cuts, and a desire for more social, emotional and educational support to enhance their role as a foster parent. The study authors made the following recommendations to improve the Arizona foster care system:

- 1) "Include the foster parent as an essential part of the team,
- 2) Provide more practical AND emotional support to foster parents,
- 3) Pay attention to the needs and wants of foster parents (appointment times),
- 4) Communication training for foster parents and case managers,
- 5) Ask what specific information foster parents want and include the information in trainings,

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<sup>161</sup> Administrative Office of the Courts, Juvenile Justice Services Division. Arizona's Juvenile Court Counts; Statewide Statistical Information FY2012. Retrieved from [http://www.azcourts.gov/Portals/29/JJSD%20Publication%20Reports/Juveniles%20Processed/Arizonas\\_Juvenile\\_Court\\_Counts\\_FY2012.pdf](http://www.azcourts.gov/Portals/29/JJSD%20Publication%20Reports/Juveniles%20Processed/Arizonas_Juvenile_Court_Counts_FY2012.pdf)

<sup>162</sup> Arizona Judicial Branch, Administrative Office of the Courts, Juvenile Justice Services Division (2013). Arizona's Juvenile Court Counts: Statewide Statistical Information FY2012, FY2011, FY2010. Retrieved from <http://www.azcourts.gov/jjssd/PublicationsReports.aspx>

<sup>163</sup> [https://www.azdes.gov/uploadedFiles/Children\\_Youth\\_and\\_Families/Child\\_Protective\\_Services\\_%28CPS%29/CPS\\_Oversight\\_MW\\_FosterHomes.pdf](https://www.azdes.gov/uploadedFiles/Children_Youth_and_Families/Child_Protective_Services_%28CPS%29/CPS_Oversight_MW_FosterHomes.pdf)

<sup>164</sup> Geiger, J.M., Hayes, M.J., & Lietz, C.A.(2012). Arizona foster parent study 2012. School of Social Work, Arizona State University, Phoenix, AZ.

- 6) Monetary support is necessary for foster parents to continue, and
- 7) Listen to foster parents' suggestions when enacting policy changes." (p. 8)

### **Incarcerated Parents**

A 2011 report from the Arizona Criminal Justice Commission estimates that in Arizona, about three percent of youth under 18 have one or more incarcerated parent. This statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than incarcerated mothers.<sup>165</sup> More recent data from the Arizona Youth Survey corroborate this estimation. The Arizona Youth Survey is administered to 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders in all 15 counties across Arizona every other year. In 2012, three percent of youth indicated that they currently have a parent in prison. Fifteen percent of youth indicated that one of their parents has previously been to prison. This suggests that approximately one in seven adolescents in Arizona have had an incarcerated parent at some point during their youth.<sup>166</sup>

In Yavapai County, approximately three percent of youth indicated that they currently had an incarcerated parent, and 20 percent indicated that they had a parent who had previously been incarcerated. The percent with a previously incarcerated parents is slightly higher than the state percentage reported above.

Children with incarcerated parents represent a population of youth who are at great risk for negative developmental outcomes. Previous research demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents.<sup>167</sup> In recent studies, even when caregivers have indicated that children were coping well with a parent's incarceration, the youth expressed extensive and often secretive feelings of anger, sadness, and resentment. Children who witness their parents arrest also undergo significant trauma from experiencing that event and often develop negative attitudes regarding law enforcement.<sup>168</sup>

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<sup>165</sup> Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

<sup>166</sup> Arizona Criminal Justice Commission. (2012). *2012 Arizona Youth Survey*. Unpublished data.

<sup>167</sup> Arizona Criminal Justice Commission Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

<sup>168</sup> Children of incarcerated parents (CIP). Unintended victims: a project for children of incarcerated parents and their caregivers. <http://nau.edu/SBS/CCJ/Children-Incarcerated-Parents/>

The emotional risk to very young children (aged birth through five) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress disorder, and attention deficit disorder.<sup>169</sup> Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so<sup>170</sup> and the Arizona Department of Corrections states that it endeavors to support interactions between incarcerated parents and children, as long as interactions are safe.<sup>171</sup> Research suggests that strong relationships with other adults is the best protection for youth against risk factors associated with having an incarcerated parent. This person can be, but does not necessarily need to be, the caregiver of the child. Youth also benefit from developing supportive relationships with other adults in their community.<sup>172</sup> Other studies have suggested that empathy is a strong protective factor in children with incarcerated parents.<sup>173</sup>

Regional and even statewide resources for caregivers of children with incarcerated parents are scarce. The Kinship and Adoption Resource and Education (KARE) program, an Arizona Children's Association initiative, offers online informational brochures such as Arizona Family Members Behind Bars for caregivers of incarcerated parents. The Children of Incarcerated Parents Project (CIP) out of Northern Arizona University offers a booklet of questions and answers for children.<sup>174</sup> The Children of Prisoner's Library is an online library of pamphlets designed for caregivers and health care providers of children with incarcerated parents. These resources may be downloaded for free in English or Spanish at <http://fcnetwork.org/resources/library/children-of-prisoners-library>.

## Domestic Violence

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual or stalking abuse by their partners, children can get caught up in a variety of ways, thereby becoming direct or indirect

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<sup>169</sup> Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html>.

<sup>170</sup> Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

<sup>171</sup> Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

<sup>172</sup> La Vigne, N. G., Davies, E. & Brazzell, D. (2008). *Broken bonds: Understanding and addressing the needs of children with incarcerated parents*. Washington, DC: The Urban Institute Justice Policy Center.

<sup>173</sup> Dallaire, D. H. & Zeman, J. L. (2013). Empathy as a protective factor for children with incarcerated parents. *Monographs of the Society for Research in Child Development*, 78(3), 7-25.

<sup>174</sup> This booklet can be accessed at: [http://nau.edu/uploadedFiles/Academic/SBS/CCJ/Children-Incarcerated\\_Parents/\\_Forms/Childs%20Booklet%20correct.pdf](http://nau.edu/uploadedFiles/Academic/SBS/CCJ/Children-Incarcerated_Parents/_Forms/Childs%20Booklet%20correct.pdf)

targets of abuse, potentially jeopardizing their physical and emotional safety.<sup>175</sup> Physically abused children are at an increased risk for gang membership, criminal behavior, and violent relationships. Child witnesses of domestic violence are more likely to be involved in violent relationships.<sup>176</sup>

Promoting a safe home environment is key to providing a healthy start for young children. Once violence has occurred, trauma-focused interventions are recommended.<sup>177</sup> In order for interventions to be effective they must take the age of the child into consideration since children’s developmental stage will affect how they respond to trauma. While trauma-specific services are important (those that treat the symptoms of trauma), it is vital that all the providers a child interacts with provide services in a trauma-informed manner (with knowledge of the effects of trauma to avoid re-traumatizing the child). Children exposed to violence need ongoing access to safe, reliable adults who can help them regain their sense of control.

According to the Domestic Violence Shelter Fund Annual Report for 2013, there are two domestic violence shelters in the region, which served 131 adults and 100 children in 2013.

**Table 41: Domestic violence shelters and services provided**

DOMESTIC VIOLENCE SHELTERS	POPULATION SERVED			UNITS OF SERVICE PROVIDED			
	Total Served	Adults	Children	Bed Nights	Average Length of Stay (in days)	Hours of Support Services	Hotline and I& R Calls
Valley Youth Org.- Stepping Stones	135	65	70	3,990	30	3,634	3,387
Verde Valley Sanctuary, Inc.	96	66	30	2,283	24	737	335
<b>Yavapai County Total</b>	<b>231</b>	<b>131</b>	<b>100</b>	<b>6,273</b>		<b>4,372</b>	<b>3,722</b>
<b>Arizona Total</b>	<b>8,916</b>	<b>4,676</b>	<b>4,240</b>	<b>330,999</b>	<b>37</b>	<b>176,256</b>	<b>22,824</b>

Arizona Department of Economic Security (2013). Domestic Violence Shelter Fund Annual Report for FY 2013. Retrieved from [https://www.azdes.gov/InternetFiles/Reports/pdf/dv\\_shelter\\_fund\\_report\\_sfy\\_2013.pdf](https://www.azdes.gov/InternetFiles/Reports/pdf/dv_shelter_fund_report_sfy_2013.pdf)

## Food Security

Food insecurity is defined as a “household-level economic and social condition of limited or uncertain access to adequate food”.<sup>178</sup> Episodes of food insecurity are often brought on by

<sup>175</sup> Davies, Corrie A.; Evans, Sarah E.; and DiLillo, David K., "Exposure to Domestic Violence: A Meta-Analysis of Child and Adolescent Outcomes" (2008). Faculty Publications, Department of Psychology. Paper 321. <http://digitalcommons.unl.edu/psychfacpub/321>

<sup>176</sup> United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General’s National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

<sup>177</sup> United States Department of Justice, National Advisory Committee on Violence against Women. (2012). Final report. Retrieved from <http://www.ovw.usdoj.gov/docs/nac-rpt.pdf>

<sup>178</sup> United States Department of Agriculture. Definitions of Food Security. <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#.UyDjQIVRKws>

changes in income or expenses caused by events like job loss, the birth of a child, medical emergencies, or an increase in gas prices, all of which create a shift in spending away from food.<sup>179</sup>

In 2012, 18 percent of all Arizonans and 28 percent of children in Arizona experienced food insecurity.<sup>180</sup> In Yavapai County, 17 percent of all residents, and 26 percent of children under 18 years of age faced food insecurity. Yavapai County has the fifth-lowest percentage of children facing food insecurity across the counties in Arizona. Nonetheless, with one-quarter of children in the county facing food-insecurity, expansion of available free breakfast and lunch programs might be advised, particularly since 75 percent of food-insecure children in Yavapai County would likely be eligible for these programs.<sup>181</sup>

Food assistance programs can also help in alleviating food insecurity. Participating in SNAP has been shown to decrease the percentage of families facing food insecurity in all households (10.6%) and in households with children (10.1%) after six months in the SNAP program.<sup>182</sup> The map on the following page shows the location of authorized SNAP and WIC retailers in the region.

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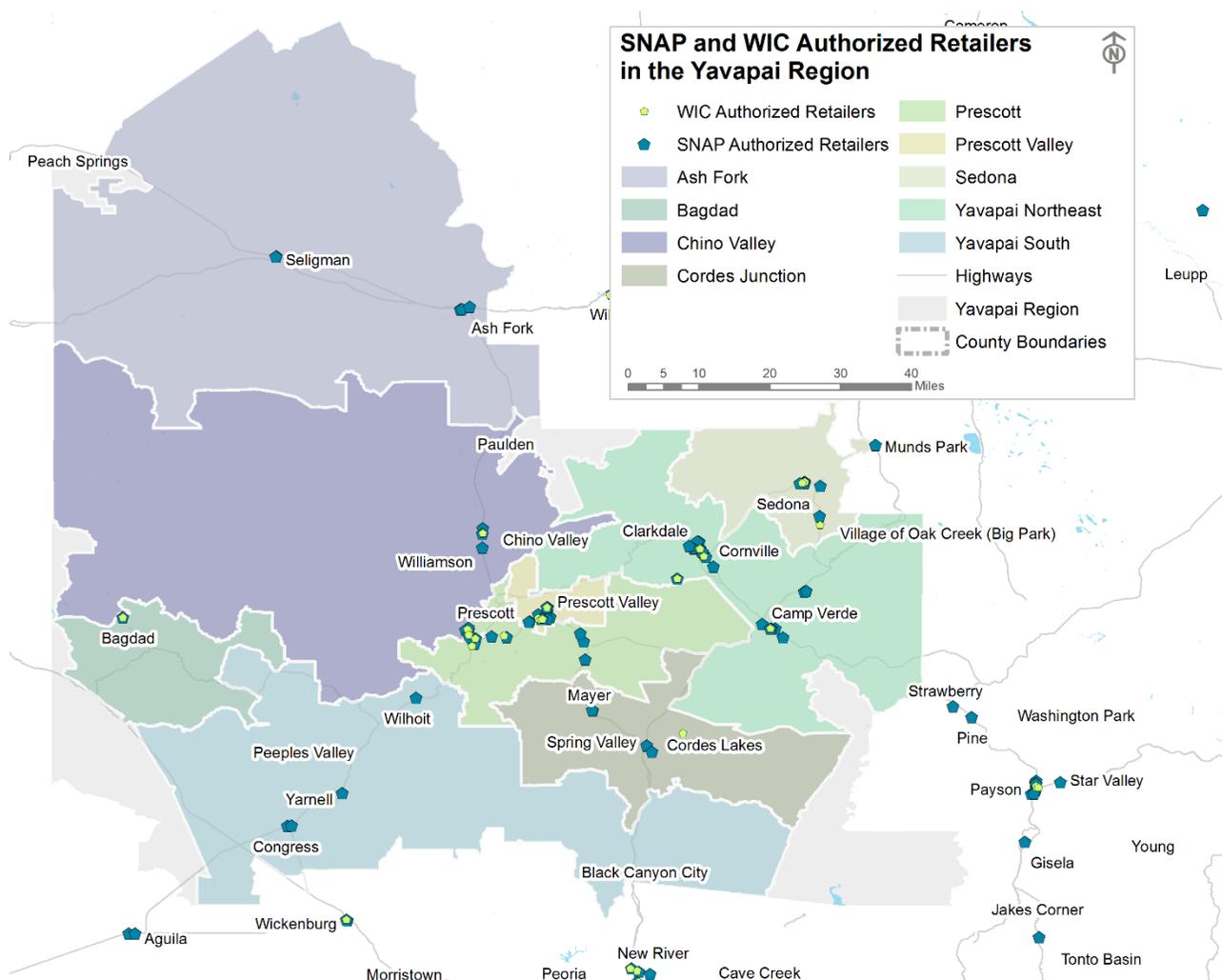
<sup>179</sup> United States Department of Agriculture, Food and Nutrition Service. (2013). Snap food security in-depth interview study: Final report. Retrieved from <http://www.fns.usda.gov/sites/default/files/SNAPFoodSec.pdf>

<sup>180</sup> Feeding America (2014). Map the Meal Gap, 2012. Retrieved from <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>

<sup>181</sup> Feeding America (2014). Map the Meal Gap, 2014: Child Food Insecurity in Arizona by County in 2012. Retrieved from [http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~/\\_media/Files/a-map-2012/AZ\\_AllCountiesCFI\\_2012.ashx](http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~/_media/Files/a-map-2012/AZ_AllCountiesCFI_2012.ashx)

<sup>182</sup> United States Department of Agriculture, Food and Nutrition Service, Office of Policy Support. (2013). Measuring the effect of supplemental nutrition assistance program (SNAP) participation on food security executive summary. Retrieved from [http://www.mathematicampr.com/publications/pdfs/Nutrition/SNAP\\_food\\_security\\_ES.pdf](http://www.mathematicampr.com/publications/pdfs/Nutrition/SNAP_food_security_ES.pdf)

**Figure 43: SNAP and WIC authorized retailers in the region**



Source: Arizona Department of Health Services (2014). [WIC data set]. Unpublished raw data received from the First Things First State Agency Data Request; Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request

## Homelessness

In Arizona in 2013, 27,877 adults and children experienced homelessness. The population of rural counties makes up a quarter of the state population, but only nine percent of those experiencing homelessness in 2013.<sup>183</sup> Children are defined as homeless if they lack a fixed, regular, and adequate night-time residence. According to this definition, 31,097 children in Arizona were reported as homeless in 2013. Almost three-quarters of these children were

<sup>183</sup> Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from [https://www.azdes.gov/InternetFiles/Reports/pdf/des\\_annual\\_homeless\\_report\\_2013.pdf](https://www.azdes.gov/InternetFiles/Reports/pdf/des_annual_homeless_report_2013.pdf)

living temporarily with another family, with the rest residing in shelters, motels/hotels or unsheltered conditions.<sup>184</sup>

School districts collect data on the number of economically disadvantaged and homeless students in their schools. As defined by the Arizona Department of Education, youth at economic disadvantage includes children who are homeless, neglected, refugee, evacuees, unaccompanied youth, or have unmet needs for health, dental or other support services. As can be seen in Table 42, the level of economic disadvantage varies within school districts in the region. The number of homeless students in school districts varies less in the region, with the exception of the Mayer Unified school District, which reports that 24 percent of their student population is homeless.

**Table 42: Economic disadvantage and homelessness by school district**

SCHOOL DISTRICT	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	ECONOMICALLY DISADVANTAGED STUDENTS		HOMELESS STUDENTS	
Ash Fork Joint Unified District	2	133	129	97%	<10	DS
Bagdad Unified District	1	264	129	49%	14	5%
Beaver Creek Elementary District	1	309	241	78%	0	0%
Camp Verde Unified District	2	825	617	75%	48	6%
Canon Elementary District	1	107	69	64%	<10	DS
Chino Valley Unified District	3	1,218	772	63%	78	6%
Clarkdale-Jerome Elementary District	1	356	208	58%	<10	DS
Congress Elementary District	1	88	61	69%	0	0%
Cottonwood-Oak Creek Elementary District	5	1,641	1,010	62%	<10	DS
Crown King Elementary District	1	<10	0	0%	0	0%
Hillside Elementary District	1	22	0	0%	0	0%
Humboldt Unified District	6	3,346	2,160	65%	156	5%
Kirkland Elementary District	1	59	48	81%	<10	DS
Mayer Unified School District	1	266	225	85%	63	24%
Prescott Unified District	7	2,544	16	1%	31	1%
Sedona-Oak Creek JUSD #9	2	573	330	58%	0	0%
Seligman Unified District	1	70	50	71%	0	0%
Skull Valley Elementary District	1	27	0	0%	0	0%
Yarnell Elementary District	1	31	18	58%	0	0%

Arizona Department of Education (2014). [Preschool and Elementary Needs data set]. Unpublished raw data received from the First Things First State Agency Data Request

The Homeless Management Information System (HMIS) collects data from emergency shelters, transitional housing programs, permanent supportive housing, street outreach, homeless prevention and rapid re-housing, and service providers in all thirteen counties in Arizona. HMIS produces periodic program demographics report for each HMIS Region, with the intent that this

<sup>184</sup> Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from [https://www.azdes.gov/InternetFiles/Reports/pdf/des\\_annual\\_homeless\\_report\\_2013.pdf](https://www.azdes.gov/InternetFiles/Reports/pdf/des_annual_homeless_report_2013.pdf)

information may be used to assess local service needs. The Yavapai Region falls into HMIS Region 2, which also includes Coconino County. For the purposes of this report, data were provided by HMIS for Yavapai County alone.

Data was provided for three years, July 2011 through June 2012, July 2012 through June 2013, and July 2013 through June 2014.<sup>185</sup> In the 2011-2012 reporting period there were three emergency shelters, four transitional housing programs, two permanent supportive housing programs and one rapid re-housing program, for a total of 10 programs reporting to the HMIS in Yavapai County. In the next year, there were four emergency shelters, six transitional housing programs, four permanent supportive housing programs, two rapid re-housing programs and one prevention program, totaling 17 programs. In 2013-2014, there were only two emergency shelters, five transitional housing programs, four permanent supportive housing programs, five rapid re-housing programs, one prevention program and one services only program. In sum, the numbers of programs reporting to the HMIS in Yavapai County, increased from 10 on 2011-2012 to 17 in 2012-2013 and 18 in 2013-2014.

**Table 43: Homelessness service providers and populations served in Yavapai County**

HMIS REPORTING YEAR	POPULATION SERVED			
	Total Served	Adults	Children (0-17)	Children (0-5)
July 2011-June 2012	269	236	31	<10
July 2012-June 2013	370	289	71	21
July 2013-June 2014	846	674	149	47

*Homeless Management Information System Entry/Exit Program All Clients data for 2011-2012, 2012-2013 and 2013-2014 obtained through personal correspondence.*

As can be seen in the table above, the total number of people served in Yavapai County in programs reporting to HMIS increased dramatically from 2011 to 2014, as did the number of children, and the number of children under the age of six served. This increase is likely due to the increase in programs reporting to HMIS over that time period as well as improved data quality practices put in place by HMIS in the last year. The need for additional homeless services can be seen in the school data presented in Table 42, which shows many more elementary school-aged students across the region identified as homeless, than the 149 served by homelessness service providers in the last year.

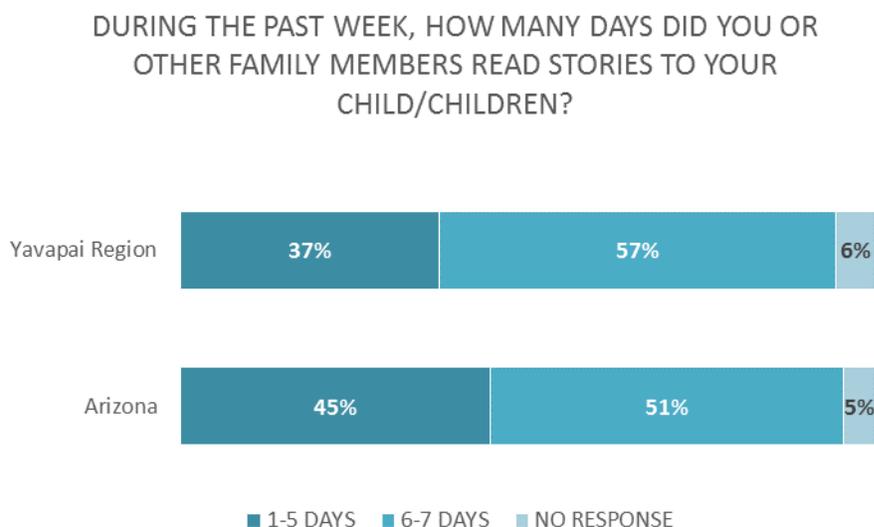
<sup>185</sup> Homeless Management Information System Entry/Exit Program All Clients data for 2011-2012, 2012-2013 and 2013-2014 obtained through personal correspondence.

## Parental Involvement

Parental involvement has been identified as a key factor in the positive growth and development of children,<sup>186</sup> and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus.

First Things First Family and Community Survey data is designed to measure many critical areas of parent knowledge, skills, and behaviors related to their young children. The Family and Community Survey, 2012, collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development. The figures below show results for the region and the state for some of these activities. Families in the Yavapai Region were slightly more likely to report reading to their children (57%) and drawing with their child (54%) six or seven days a week compared to families across the state (51% and 47% respectively).

**Figure 44: Family & Community Survey 2012: Days reading to child**

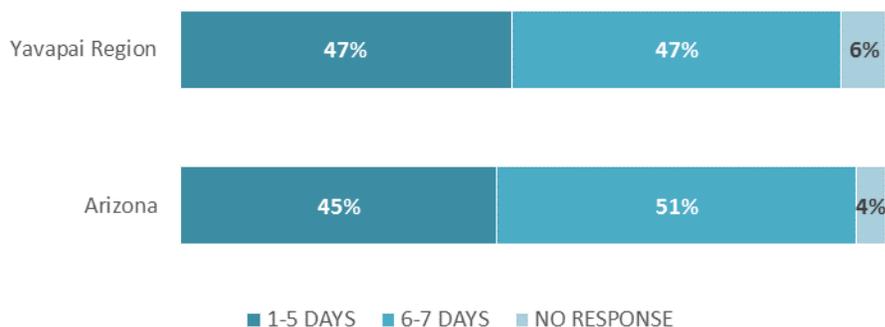


*First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First*

<sup>186</sup> Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona's Youngest Children*. Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

**Figure 45: Family & Community Survey 2012: Days telling stories to child**

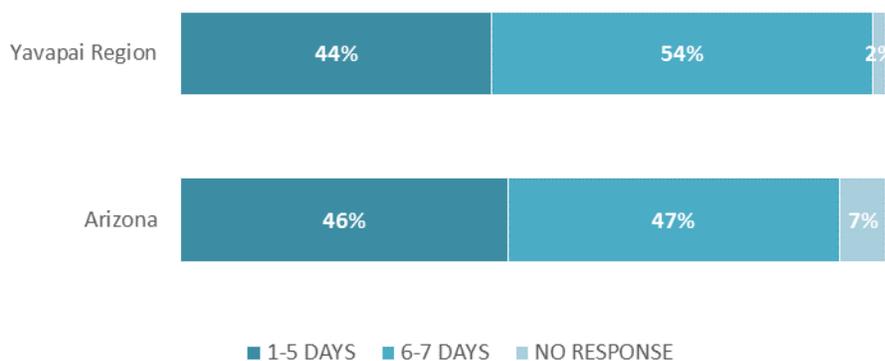
DURING THE PAST WEEK, HOW MANY DAYS DID YOU OR OTHER FAMILY MEMBERS TELL STORIES OR SING SONGS TO YOUR CHILD/CHILDREN?



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

**Figure 46: Family & Community Survey 2012: Days drawing with child**

DURING THE PAST WEEK, HOW MANY DAYS DID YOUR CHILD/CHILDREN SCRIBBLE, PRETEND DRAW, OR DRAW WITH YOU OR ANOTHER FAMILY MEMBER?



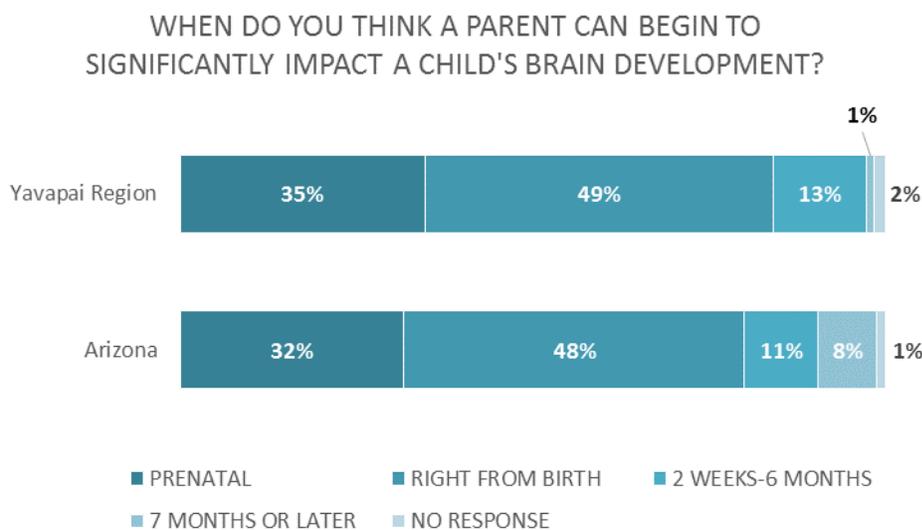
First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

**Parent Education**

Parenting education supports and services can help parents better understand the impact that a child’s early years have on their development and later readiness for school and life success. The Family and Community Survey, 2012, collected data illustrating parental knowledge about healthy development. Families in the Yavapai Region showed a similar understanding that brain

development can be impacted prenatally or right from birth, as did respondents across the state as a whole.

**Figure 47: Family & Community Survey 2012: When a parent can impact brain development**



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

A number of parenting resources are available in the Yavapai Region.

- The University of Arizona’s Cooperative Extension offers Early Childhood Nutrition,<sup>187</sup> which offers healthy nutrition education and breastfeeding support for families with children under five years of age.
- Buena Vista Children’s Services (BVCS) offers free parenting classes for parents of children including Love and Logic, Common Sense Parenting, and Circle of Security.<sup>188</sup> These classes are offered at BVCS support sites in Cottonwood (Bright Futures Child Care Center and Dr. Daniel Bright School), Clarkdale/Jerome (Clarkdale/Jerome School and Discovery), Sedona (Sedona YMCA), Verde Valley (Verde Valley Christian School), and Cornville (Desert Star School).
- Raising Special Kids, provides parenting support, training, information, and assistance for parents raising children with disabilities.<sup>189</sup>
- The Family Resource Center at Yavapai Regional Medical Center-East Campus offers the First Steps program that supports new parents by providing a hospital visit upon the baby’s

<sup>187</sup> <http://extension.arizona.edu/early-childhood-nutrition>

<sup>188</sup> <http://www.bv-cs.org/parenting-classes/>

<sup>189</sup> <http://www.raisingpecialkids.org/start-here/programs-services/>

birth, a warm-line telephone for assistance, links to community resources, and educational materials including a developmental calendar for baby.<sup>190</sup>

- Teen Outreach Pregnancy Services<sup>191</sup> (TOPS), with an office in Prescott Valley, provides education for teens including childbirth classes, parenting classes for teen moms and dads, and teen pregnancy and parenting support. These services were discontinued in Yavapai County on June 13, 2014.
- The Prescott Public Library has a Parenting Education Coalition, and the library also offers Early Literacy Stations where parents and their young children can sign up for sessions and use educational software programs together.<sup>192</sup>
- Parenting courses are offered in Cottonwood through Active Parenting which also offers on-line parenting courses. The classes offered include; 1,2,3,4, Parents! (for parents of young children), Active Parenting Now (for parents with children ages 5-12), and Active Parenting for Stepfamilies.<sup>193</sup>
- Community Counts subcontracts with several providers to offer free parent education courses across the region including courses in Ashfork, Bagdad, Black Canyon City and Congress.<sup>194</sup>

Yavapai First Things First supports many of these parenting opportunities through funding of the region's Parent Education Community-based Training Strategy.<sup>195</sup>

### ***Teen Parenting***

Although the percent of teen births in the Yavapai Region has been declining steadily in recent years (10% in 2012), it still exceeds the state, where only nine percent of all births are to teen mothers. Because of the number of women giving births in their teen years in the Yavapai Region, programs to support teen mothers and fathers as well as their young children are likely needed. Teen parents are able to participate in a number of home visitation programs available in the region (discussed in detail in the next section of this report), and also educational opportunities for their children such as Head Start and Early Head Start. In addition, the TOPS program in the Yavapai Region specifically addressed pregnant and parenting teen education and support, although this program ended in June 2014.

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<sup>190</sup> <http://www.yavapaikidsbook.org/agency-directory/littles-directory/item/family-resource-center-yavapai-regional-medical-center-3-2>

<sup>191</sup> <http://www.teenoutreachaz.org/services>

<sup>192</sup> <http://parentsaz.org/parentingeducationcoalition/index.php/parenting>

<sup>193</sup> <http://www.activeparenting.com/listings/?action=store&state=AZ&submit=>

<sup>194</sup> Information provided through correspondence.

<sup>195</sup> Yavapai FTF Regional Partnership Council FY2013 Data Report. Unpublished data provided by Yavapai First Things First.

## Home Visitation Programs

Home visitation programs offer a variety of family-focused services to pregnant mothers and families with new babies as well as young children with risk factors for child abuse or neglect, with the goal of improving child health and developmental outcomes and preventing child abuse. They address issues such as maternal and child health, positive parenting practices, encouraging literacy, safe home environments, and access to services. They can also provide referrals for well child checks and immunizations, developmental screenings, and provide information and resources about learning activities for families.

A systematic review conducted by the non-federal Task Force on Community Preventive Services found that early childhood home visitation results in a 40 percent reduction in episodes of abuse and neglect. Not all programs were equally effective; those aimed at high-risk families, lasting two years or longer, and conducted by professionals (as opposed to trained paraprofessionals) were more successful.<sup>196</sup>

A number of home visiting programs are available to families of young children across the Yavapai Region.

Yavapai County Community Health Services offers several programs providing home visitation support.<sup>197</sup> These include:

- Health Start, with offices in Prescott and the Verde Valley, offers support and education for pregnant mothers and mothers with children under the age of two, and also provides referrals to community organizations and resources;
- Neonatal Intensive Care Program (NICP), which provides follow up care and education from a nurse for children at risk due to a stay in the neonatal intensive care unit after birth; and
- Nurse-Family Partnership, a community healthcare program where a nurse visits families of first time mothers in their homes to help them learn how to best care for their children.

A number of other home visitation programs are offered in the Yavapai Region. These include:

- High Risk Perinatal/Newborn Intensive Care Program which is a program for families with infants that have been in the NICU for more than 120 hours or needing to be transported more than 50 miles from NICU to home, and offers maternal and neonatal transport, hospital services, and in home community nursing services.<sup>198</sup>

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<sup>196</sup> Centers for Disease Control and Prevention. First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation and firearms laws. Findings from the Task Force on Community Preventive Services. MMWR 2003; 52(No. RR-14):1-9.

<sup>197</sup> [http://www.yavapaihealth.com/?page\\_id=1352](http://www.yavapaihealth.com/?page_id=1352)

<sup>198</sup> <http://strongfamiliesaz.com/program/high-risk-perinatal-programnewborn-intensive-care-program/>

- Healthy Families, with an office in Prescott Valley, is a free program for families with children under six helping them to build parenting skills and obtain resources and education.<sup>199</sup>
- Parents as Teachers, a free home visiting program available countywide, where families receive biweekly visits from a Parent Educator, are connected to resources, and children receive periodic developmental screenings.<sup>200</sup>
- Verde Valley Medical Center offers two programs serving families in Cottonwood, Sedona, Camp Verde and the Village of Oak Creek: The Healthy Babies Program providing home visits before and after the baby's birth for support and education; and the Parenting Partnership which provides families with parenting information and education, developmental screening, professional counseling referrals, play groups and resources.<sup>201</sup>
- Early Head Start, through the Northern Arizona Council of Government, offers home based services for pregnant women and children aged birth thru five with weekly home visits and bi-weekly groups to socialize children and prepare them for classroom environment.<sup>202</sup> Head Start also provides twice yearly home visits with families.<sup>203</sup>

In fiscal year 2013, there were 184 families in the Yavapai Region served by the region's Home Visitation Strategy.<sup>204</sup>

## Public Information and Awareness

Key informants in a number of communities around the region were asked about community members' knowledge of existing early childhood programs and services. Informants from all communities involved discussed the need to increase awareness in the general population of both available resources, and the importance of early childhood. In communities with more existing resources, families with young children were seen to be more knowledgeable and aware of early childhood issues and services than the general community, but informants felt improvements were still needed among parents. In communities with fewer resources or more demands on families, this perceived awareness on the part of families was lower. As one participant said, "Many families are not focused on issues beyond their own family's financial

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<sup>199</sup> <http://www.yavapaikidsbook.org/agency-directory/littles-directory/item/family-resource-center-yavapai-regional-medical-center-3-2>

<sup>200</sup> <http://azpartnershipforchildren.org/parentsAsTeachers.htm>

<sup>201</sup> <http://www.verdevalleymedicalcenter.com/OurServices/Maternity/Programs>

<sup>202</sup> <http://strongfamiliesaz.com/program/early-head-start/>

<sup>203</sup> [http://www.nacog.org/index.cfm?fuseaction=dep\\_page&page\\_id=24&dept\\_id=5](http://www.nacog.org/index.cfm?fuseaction=dep_page&page_id=24&dept_id=5)

<sup>204</sup> Yavapai FTF Regional Partnership Council FY2013 Data Report. Unpublished data provided by Yavapai First Things First.

well-being or the safety of the community, and they don't see the connection between early childhood and those issues."

Another common barrier to public awareness of early childhood programs and services was the common perception that early childhood issues and education are family, rather than community issues. Key informants voiced community views that "parents should raise kids until they enter school (kindergarten)," and "the mentality of families and providers that early care and education is just babysitting." The need to emphasize the role that early learning programs can have on a child's future success was aptly stated by one informant; "If parents were aware of the importance and availability of programs then more kids would go to preschool. Parents wait until their kids are ready for kindergarten, because they "don't want to pay for their kids to play."

Many informants mentioned the need for a central place or system for parents to get information on early childhood issues and programs. Some mentioned the benefit a family resource center could bring, while others mentioned the need for additional print or web-based resources where parents could find information. Several also mentioned the "mountain effect" and that information and resources are often separated by Mingus Mountain. Ensuring that resources and information are available and accessible to families on both sides of the mountain was seen as key by informants in several communities in the region.

The Yavapai County Community Foundation with funding from the Yavapai First Things First Regional Partnership Council offers an on-line resource with the "Little Kids Directory"<sup>205</sup> and a downloadable "Little Kids Book"<sup>206</sup> that provide information about available programs and services for families with children age five and under in the region. Both these resources are updated annually, and hard copies are distributed to locations across the region. Key informants in most towns assessed had heard of this resource and felt it provided valuable information, although the majority did not think this was well known to those outside of the early childhood professionals' community.

Another theme common throughout assessment towns was the need to increase general awareness about the importance of early childhood by making the economic connection with early childhood education. Comments on this topic included; "It is hard for the community to see early education as an investment versus an expense so it's hard for them to see the value of an early childhood program," "Early childhood education is such a cost-saver for the future but it's hard to quantify gains," and "If we can show community members the economic benefit of investing in kids and parents and the return on investment, they would be interested in

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<sup>205</sup> <http://www.yavapaikidsbook.org/agency-directory/littles-directory>

<sup>206</sup> [http://www.yavapaikidsbook.org/images/HH\\_LK\\_Final\\_Press\\_PG\\_all.pdf](http://www.yavapaikidsbook.org/images/HH_LK_Final_Press_PG_all.pdf)

partnering.” These views may in turn be impacted by the large retirement communities within many communities in the region, which were sometimes seen as moving the focus for funding, programs, and volunteer efforts more towards senior issues.

**Data from Family and Community Survey, 2012**

The primary quantitative data source for Public Awareness in the region is the First Things First Family and Community survey (FCS; First Things First, 2012).

The overall results of the 2012 First Things First Family and Community Survey demonstrated lower levels of agreement with ease of locating services, and similar levels of satisfaction with available information and resources compared to the state. For example:

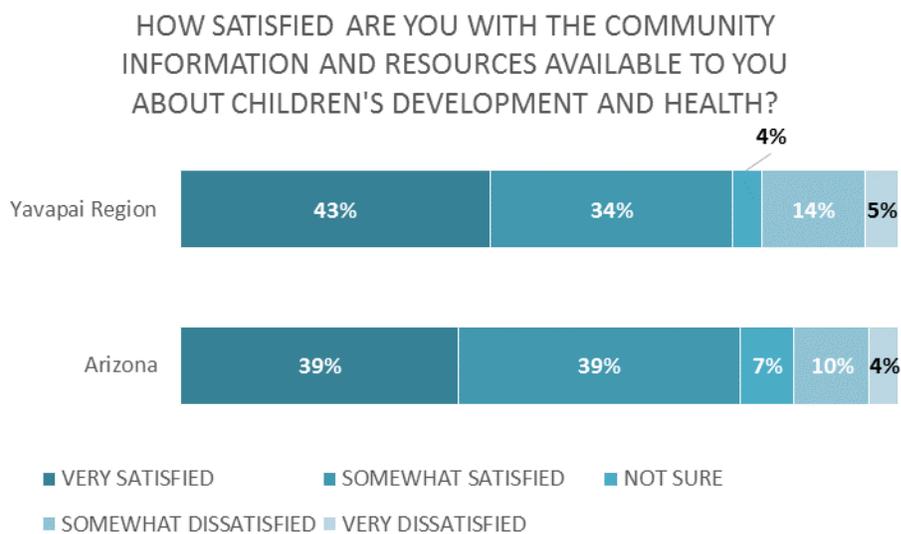
- 30 percent of Yavapai Region respondents “strongly” or “somewhat disagreed” that “it is easy to locate services that I want or need,” compared to 21 percent of respondents across the state; and
- 43 percent of Yavapai Region respondents indicated they were “very satisfied” with “the community information and resources available to them about their children’s development and health,” compared to 39% of respondents across the state

**Figure 48: Family & Community Survey 2012: Ease of locating services**



*First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First*

**Figure 49: Family & Community Survey 2012: Satisfaction with information and resources**



*First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First*

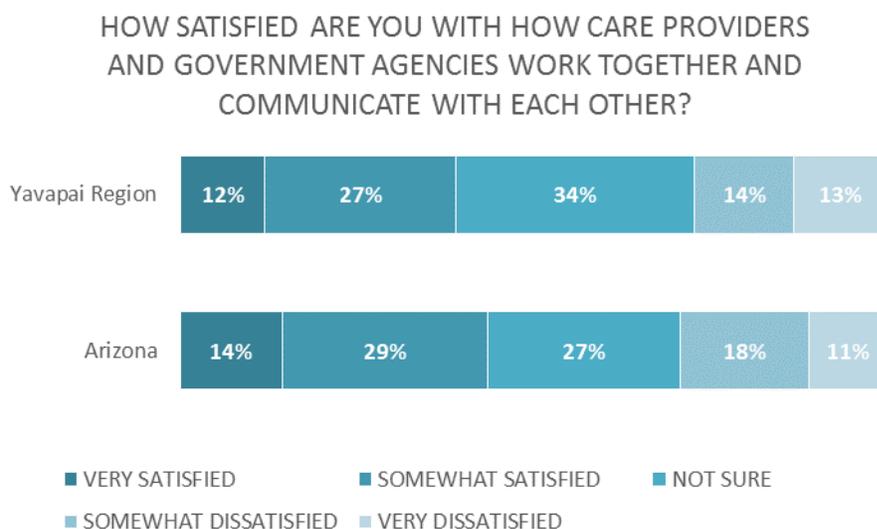
## System Coordination

Key informants were also asked to discuss the level of coordination and collaboration among early childhood programs and services in the region. The level of coordination varied by community, but even where quality resources were available, informants mentioned the need to better coordinate efforts and services. As one informant said, “There is an informal network among those who have been in the field for a long time, but there is also a hodge-podge of programs and services that aren’t connected.” Another informant noted, “The willingness to collaborate is there, but the mechanisms to make it happen are often tough.” In some cases, competition, “maybe because of competition for funding and for participants,” was seen as a potential hindrance to collaboration among programs providing the same services. For example, to raise public awareness for families, having a central location for service providers to provide information and share it with each other to improve coordination was seen as a need in some communities.

Key informants also provided insight into the structure of collaboration in the region. Cottonwood appears to be the “hub” of programs and services for communities on the west side of the mountain such as Sedona and Camp Verde, while Prescott or Prescott Valley are the hub for communities like Chino Valley on the east side. Responses from key informants again espoused the “other side of the mountain” disconnect between providers on different sides of Mingus Mountain.

One item from the First Things First Family and Community survey (First Things First, 2012), directly addresses the issue of perceived early childhood system coordination. The figure below shows slightly lower levels of satisfaction with coordination and communication among providers in the region, compared to the state. Respondents in both the region and the state were more likely to indicate dissatisfaction (48% and 45% respectively) than satisfaction (39% and 43% respectively) with how care providers and government agencies work together and communicate.

**Figure 50: Family & Community Survey 2012: Satisfaction with coordination and communication**



*First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First*

### The Build Initiative

The BUILD Initiative<sup>207</sup> is a nationwide effort that helps states create comprehensive early childhood systems with programs, services and policies that address children’s health, mental health and nutrition, early care and education, family support, and early intervention. Arizona is one of 10 BUILD state partners, which receive funding and technical support to develop or improve early childhood services, programs and systems, and identify and assess measurable outcomes of this work. In Arizona, the BUILD Arizona Steering Committee is working to identify priorities across five workgroups; Communications, Early Learning, Professional Development, Health and Early Grade Success.<sup>208</sup> This work to date has resulted in the Build Arizona: Strategic

<sup>207</sup> <http://www.buildinitiative.org/Home.aspx>

<sup>208</sup> <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

Blueprint,<sup>209</sup> which outlines suggested key priorities for the early childhood system in Arizona for 2013-2016. These priorities are listed below.

Under *Policy Research and Development*:

- Expand access to high quality, voluntary preschool for three and four year olds;
- Assess current capacity for high quality, voluntary full day Kindergarten;
- Maintain and expand research-based home visiting programs in Arizona as a core element of a statewide early intervention program.

Under *Coordination and Convening Leadership/Support*:

- Implement and expand the Statewide Early Childhood (0-8) Professional Development System Strategic Plan;
- Convene stakeholders on early childhood nutrition, wellness and obesity prevention to identify linkages and connections to create a more integrated statewide strategy;
- Participate in state-level partnership to enhance the screening, referral and early intervention system.

Under *System Enhancement/Alignment*:

- Utilizing a collective impact model, continue to assess and map system capacity, identify gaps and opportunities for alignment and leadership roles, and further strengthen the Arizona early childhood system.

### **FTF Capacity Building Initiative**

In August 2012, FTF awarded the Alliance of Arizona Nonprofits a statewide capacity building planning grant to: 1) identify internal and external factors that hinder agencies from successfully accessing or utilizing FTF monies; 2) develop relevant, culturally appropriate, and best-practice strategies for enhancing capacities within and among these agencies; and 3) increase the number of nonprofits with the capacity to apply for, receive and implement FTF grants.

The implementation phase of this project was awarded to the same organization in July 2013. The goal of this phase was to provide targeted capacity building services and technical assistance to early childhood providers throughout the state in order to: 1) increase understanding of the mission, goals, local governance structure and contractual requirements of FTF; 2) explore the potential pathways for participating in the FTF system; and 3) identify and increase the capacities necessary for successful partnership with FTF and/or other major funders. In this second phase, participating agencies will be paired with a qualified consultant

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<sup>209</sup> <http://buildaz.files.wordpress.com/2013/10/build-arizona-blueprint.pdf>

who will assist agency leaders in designing a capacity building action plan customized to the capacity needs of each enrolled organization, deliver the corresponding technical assistance services, and provide ongoing guidance and coaching as staff determines and initiates strategies deemed most feasible and relative to available resources and buy-in from staff, board and clients. This process was slated to continue through June 2014.

### **Yavapai Region Early Childhood Service Coordination Intervention**

The Yavapai Regional Partnership Council (RPC) requested that the University of Arizona Norton School of Family and Consumer Sciences team undertake a community readiness assessment as part of its 2014 Needs & Assets Report Additional Work plan. The purpose of this assessment was to assess the variation across communities in the Yavapai Region in their level of preparedness to take action on strengthening the early childhood system in their communities. The information gained through the community readiness assessment informed the selection of a community to be the pilot site for an early childhood service coordination intervention.

The goal of service coordination intervention is to provide early childhood programs and services in the area a mechanism to foster collaboration, increase information exchange between providers, reduce duplication of services, and result in a comprehensive system of services that families can easily access and navigate. Six communities were identified by the RPC as the focus of the community readiness assessment: Camp Verde, Chino Valley, Cottonwood, Prescott, Prescott Valley and Sedona. Key informants within each community were asked to provide information on a number of community readiness domains related to early childhood issues including, community efforts, community knowledge of efforts, leadership, community climate, community knowledge about early childhood issues, and resources related to early childhood. Based on this assessment, the recommendation for the service coordination intervention site fell to Prescott or Cottonwood, balancing each of their community readiness scores with existing programs and services, as well as the number of young children residing in each. Based on these recommendations, the Yavapai RPC chose Cottonwood as the pilot site for the service coordination intervention.

## Summary and Conclusion

This needs and assets report is the fourth biennial assessment of early education, health, and family support in the Yavapai Region. In addition to providing an overview of the region, this report looks more closely at some of the community-level variation within it.

It is clear that the region has substantial strengths. We base this conclusion on the quantitative data reported here, as well as the qualitative data gathered through interviews with key informants in the region. These strengths include: high participation in WIC, programs and scholarships to address child care affordability for some families in the region, high rates of early prenatal care among pregnant women and breastfeeding after birth, good coordination among different tribal services and departments within the Yavapai-Apache Nation, and quality parenting education and home visiting programs available to many communities in the region. A table containing a full summary of these and other regional assets can be found in **Appendix 1**.

However, there continue to be challenges to fully serving the needs of families with young children throughout the region. It is particularly important to recognize that there is considerable variability in the needs of families across the region. Although the population centers of the region are more likely to have resources and opportunities for young children and their families, there are continuing needs across all communities of the Yavapai Region. These areas run the risk of being overlooked for services if only regional or county-level “averages” are examined. A table containing a full summary of identified regional challenges can be found in **Appendix 2**. Many of these have been recognized as ongoing issues by the Yavapai Regional Partnership Council and are being addressed by current First Things First-supported strategies in the region.

- **A need for affordable, high quality and accessible child care** – The capacity of early care and education slots available compared to the number of young children in the region, and insight provided by key informants, point to a shortage of affordable and accessible early care and learning opportunities in the region. Quality First Scholarships will continue to be funded in order to address the need for affordable early childhood education, as will Quality First Coaching & Incentives to continue to improve the quality of early care and education in the region. Families in the region may also be using kith and kin care frequently due to either preference or the shortfall in child care capacity in the region, which may warrant additional support through continued or enhanced funding of the Family, Friend and Neighbor strategy of the Yavapai Regional Partnership Council, which provides education and resources to kith and kin caregivers.
- **Higher rates of poverty and substance abuse in some communities in the region** – Economic hardship and related stress may influence chaos and dysfunction in families,

including substance use, all of which affect the health and development of young children. Participation in evidence-based, quality parenting education and home visitation programs can help to ameliorate these impacts. The Yavapai Regional Partnership Council has recognized this need and continues to invest in the Home Visitation, Parent-education Community-based Training, and Parent Outreach and Awareness strategies. These strategies provide coaching, group activities and services to the parents of young children to improve their parenting skills and enhance their children's development.

- **A need for improved service coordination** – To address the varied level of service coordination and collaboration across communities in the Yavapai Region, and to begin to address the “mountain effect”, the Yavapai Regional Partnership Council invested in a Community Readiness Assessment and is currently piloting a service coordination intervention in Cottonwood; the “hub” of the western portion of the region. If successful, this intervention can be replicated in other communities to improve the comprehensiveness of services and resources available to young children and their families throughout the region.

A table of Yavapai Regional Partnership Council funded strategies for fiscal year 2015 is provided in **Appendix 3**.

This report also highlighted some additional needs that could be considered as targets by stakeholders in the region.

- **High rates of personal belief exemptions for immunizations** – The Yavapai Region shows some of the highest rates of personal belief exemptions in the state leading to higher percentages of children in child care and kindergarten settings not being fully immunized. Key informants in several communities in the region discussed concerns about increased perceptions in these communities that vaccines caused childhood disease, and due to this more families were choosing not to vaccinate their young children. Increased education on the importance of early childhood vaccinations, and the impact of not vaccinating young children, may be an important strategy for the Yavapai Region.
- **A need for additional early literacy activities in certain areas of the region** – Although AIMS passing rates in the region overall are close to those in the state as a whole, children in some parts of the region are passing the test at much lower rates. In addition, less than one-third of three and four year olds in the region are enrolled in early education settings. Providing greater opportunities for early literacy in these communities will help ensure that children do not lag behind by the time they reach 3rd grade.

- **Fewer services and resources available in smaller, more rural communities –** Quantitative data and key informants input suggest a lower level of services and resources in smaller communities including, health care, early education and family support. Schools within these communities are often the hub for resources and could be utilized to further support accessibility to resources. Key informants often discussed the need for a central location for parents to get information on early childhood issues and programs. Collaborations between health departments and schools that have increased access to immunizations could be bolstered to include collaborations with visiting health care professionals for well-child checks, libraries to provide additional literacy resources, or other regional programs to provide additional parenting supports. Because the staff at these schools are often over-burdened, these collaborations may need to be spearheaded by outside organizations, but could be maximized by support and communication from school officials once collaborations are in place.
- **The high number of women smoking during pregnancy –** The percentage of births to mothers who report smoking in the region (12%) far exceeds that of the state (4%). This high percentage may be associated with Yavapai County's higher percentages of low birth weight and pre-term births. Collaborations between early childhood professionals, home visitation providers, health professionals and the county health department could increase the amount of information and education available to expectant mothers or women of child-bearing age on the dangers that smoking can pose to their children, as well as provide supports to those wishing to quit smoking.
- **An information and awareness deficit among families regarding the importance of early childhood and resources available–** Key informants often discussed a lack of knowledge of available services and resources among families with young children, coupled with a lack of awareness of the importance of early childhood. Many feel that care before kindergarten is just "babysitting." There appears to be a need to both continue to educate families and the public on the importance and ultimate economic impact of supporting young children and their families, and further support information sharing to support cross-system referrals, so that families have greater access to information on a variety of services for themselves and their children.

Successfully addressing the needs outlined in this report will require the continued concentrated effort of collaboration among First Things First and other state agencies, the Yavapai Regional Partnership Council and staff, local providers, and other community stakeholders in the region. Families are drawn to the Yavapai Region both for the close-knit, supportive nature of many of its communities and for the increasing number of opportunities available to its residents. Continued collaborative efforts have the long-term potential to make these opportunities available to more families across the Yavapai Region.

## Appendix 1. Table of Regional Assets

### *First Things First Yavapai Regional Assets*

The region is comprised of many close-knit, supportive communities.

Forty percent of young children in the region are benefitting from SNAP benefits.

Nearly one third of young children in the region are benefitting from WIC participation, and over half (55%) of Yavapai-Apache Nation children under the age of five are enrolled in and participating in WIC.

The region's nine Head Start Centers and six Early Head Start sites, the Yavapai-Apache Nation child care program and First Things First Quality First scholarship slots, all help to address the barrier of affordability of child care for some families in the region.

Some school districts in the region have very high passing rates of 3<sup>rd</sup> grade AIMS, and overall Yavapai County exceeds the state in the percentage passing both Reading and Math AIMS.

There are high rates of early prenatal care among pregnant women in the region.

The percent of births to teen mothers decreased from 2009 to 2012 in the region, to 10 percent in 2012, just above the state percentage (9%).

The region offers many and varied parenting and home visitation programs, available in many communities in the region.

Many more women in the region report breastfeeding than across the state as a whole.

Fewer young children in the region are overweight and obese compared to the state.

There is good collaboration and coordination among different tribal services and departments in the Yavapai-Apache Nation.

## Appendix 2. Table of Regional Challenges

### *First Things First Yavapai Regional Challenges*

The projected increase in births in Yavapai County over the next decade will likely lead to an increased demand for services and resources for young children and their families in the coming years.

Three communities in the region have a higher percentage of young children living with grandparents than the state.

The Sedona community is unique in that half of young children are Hispanic and living with at least one foreign-born parent. This suggests the need for services, outreach and materials being available in Spanish in this community.

Two communities within the region, Ash Fork and the Yavapai-Apache Nation have much higher childhood poverty rates than other communities in the region.

In Yavapai County, the average housing plus transportation cost is 57 percent of household income, higher than the recommended 45 percent, which may enhance economic challenges some families in the region face.

Less than one-third of three and four year olds in the region are enrolled in an early education setting.

The capacity of licensed and certified early care and education settings in the region, meet the needs of only one-third of the population of young children who could benefit from those opportunities.

High rates of smoking during pregnancy.

High drug-induced mortality rates support the need for additional substance abuse treatment and resources for families in the region.

The percentage of births with low birth weight and that are pre-term have been increasing in the region in recent years.

High rates of personal belief exemptions for vaccinations in child care and kindergarten settings.

Concern about loss of culture and language among members of the Yavapai-Apache Nation.

The “mountain effect” with services and resources often seen as divided between the eastern and western side of Mingus Mountain.

### Appendix 3. Table of Regional Strategies, FY 2015

Yavapai Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
Goal Area	Strategy	Strategy Description
Quality and Access	Quality First	Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.
	Quality First Child Care Scholarships	Provides scholarships to children to attend quality early care and education programs. Helps low-income families afford a better educational beginning for their children.
	Family, Friends, and Neighbors	Supports provided to family, friend and neighbor caregivers include training and financial resources. Improves the quality of care and education that children receive in unregulated child care homes.
Professional Development	FTF Professional Rewards	Improves retention of early care and education teachers through financial incentives. Keeps the best teachers with our youngest kids by rewarding longevity and continuous improvement of their skills.
Family Support	Family Support Coordination	Improves the coordination of, and access to, family support services and programs. Improves service delivery to families with young children by streamlining the system and simplifying application procedures.
	Home Visitation	Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. Connects families to resources to support their child's health and early learning. Gives young children stronger, more supportive relationships with their parents through in-home services on a variety of topics, including parenting skills, early childhood development, literacy, etc. Connects parents with community resources to help them better support their child's health and early learning. Conducts developmental, hearing, and vision screenings.
	Parent Education Community-Based Training	Strengthens families with young children by providing voluntary classes in community-based settings. Provides classes on parenting, child development and problem-solving skills.

**Yavapai Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015**

Goal Area	Strategy	Strategy Description
	Parent Outreach and Awareness	Provides families with education, materials and connections to resources and activities that promote healthy development and school readiness. Improves child development by educating parents and connecting them to resources and activities that promote healthy growth and school readiness.
Health / Mental Health	Child Care Health Consultation	Provides qualified health professionals who assist child care providers in achieving high standards related to health and safety for the children in their care. Improves the health and safety of children in a variety of child care settings.
Evaluation	Statewide Evaluation	Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.
Coordination	Court Teams	Assign multidisciplinary teams, led by superior court judges, to monitor case plans and supervise placement when a child 5 or younger is involved with the court system. Promotes children’s wellbeing and reduces recurrence of abuse and neglect.
Community Outreach	Community Awareness	Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.
	Media	Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com web site.
	Community Outreach	Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.

## Appendix 4. Data Collection Instruments

### Yavapai Community Readiness Key Informant Interviews

Interviewer Script: *We are collaborating with the First Things First Yavapai Regional Partnership Council to produce their 2014 Needs and Assets Report. As part of our effort to better understand the needs and assets of children aged birth-5 and their families in Yavapai County, we're inviting you to participate in a brief interview. You have been identified by the Regional Partnership Council as someone knowledgeable about early childhood issues in the community of \_\_\_\_\_.* The information you provide will be kept confidential and the interview should take between 30 and 45 minutes to complete. *Is now a good time to complete the interview? If not, when would be a good day and time to conduct the interview?* \_\_\_\_\_

*First I'd like to collect some information about you and the role you have with children aged birth to five years and their families.*

**Interviewee Name:** \_\_\_\_\_

*Ask if unknown: May I ask your occupation?*

**Occupation:** \_\_\_\_\_

*Ask if unknown: Do you represent an organization? If so, please provide the name and location.*

**Interviewee organization and location:** \_\_\_\_\_

*Ask if unknown: What services are provided to children birth-5 and their families by you/your organization?* \_\_\_\_\_

*What communities does your organization serve?* \_\_\_\_\_

*Other than your work with (the organization above), do you represent any other organization?*

**Interviewee other organization and location:** \_\_\_\_\_

Interview location if not by phone (name of facility, city, county): \_\_\_\_\_

**Interviewer:** \_\_\_\_\_ **Interview date:** \_\_\_\_\_

**Interview language:** Spanish English

**Interviewee's demographic information:** **Gender:** Male Female

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**INTERVIEWER'S COMMENTS ABOUT INTERVIEW** (Respondent's willingness to participate, relevant issues in the interview, aspects that might have been difficult to address, questions not understood, etc.)

*Now before we get started let me give you a little context about the questions I'll be asking. All of the questions refer to early childhood issues. By early childhood I'm referring to children five years of age and younger, and issues include things like quality of and access to early education, child care and daycare, children's healthcare, training of childcare workers and teachers, and support for parents and families of young kids. I'll reiterate this as we go through the interview,*

*but I want to focus our discussion from the beginning on issues affecting kids aged five and under and their families. If you don't feel comfortable or don't have enough information to answer any of these questions, please let me know and I'll move on to the next question.*

1. First, I'd like to get a feel for (*insert town where respondent resides*). Can you briefly describe it for me?

**A. COMMUNITY EFFORTS (programs, activities, policies, etc.) AND**

**B. COMMUNITY KNOWLEDGE OF EFFORTS**

2. **Using a scale from 1-10, how much of a concern are early childhood issues such as early education, children's health and family support in your community (with 1 being "not at all" and 10 being "a very great concern")? Please explain.** (NOTE FOR INTERVIEWER: this figure between one and ten is NOT figured into the scoring of this dimension in any way – it is only to provide a reference point.)
3. **Please describe the efforts, such as programs, activities, policies, etc., that are available in your community to address early childhood issues.** (A) *Probe:* efforts related to early care and education? Health? Family support?
4. **How long have these efforts been going on in your community?** (A)
5. **What does the community know about these efforts, programs or activities?** (B)
6. **What are the strengths of these efforts (programs, activities, policies)?** (B) *Probe:* what is good, what is working, how do efforts make a positive impact?
7. **What are the weaknesses of these efforts (programs, activities, policies)?** (B) *Probe:* Is there duplication of services from different efforts? Are the families of young children aware of and participating in these programs and activities?
8. Please describe the existing level of coordination/communication among early childhood programs and services in your community. (A) *Probe:* Are agencies/organizations providing services to children birth through 5 and their families in partnership with other agencies? These partnerships may be formal or informal. What does the existing level of coordination/communication look like? Are you aware of partnerships/workgroups or regular meetings to discuss coordination/communication needs and identify solutions?
9. Is there a need to expand programs or services, or coordination of these efforts and services? If not, why not? (A)
10. Is there any planning for more efforts/services, or coordination of these services, going on in your community surrounding early childhood issues such as early education, children's health and family support? If yes, please explain. (A)

### C. LEADERSHIP

11. Who do you think of as “community leaders” in (*insert town where respondent resides*)?  
*Probe:* Is there anyone else who is poised to be a community leader, but has not stepped fully into the role?
12. **Using a scale from 1 to 10, how much of a concern are early childhood issues such as early education, children’s health and family support to the leadership in your community (with 1 being “not at all” and 10 being “of great concern”)? Please explain.** (NOTE TO INTERVIEWER: this figure between one and ten is NOT figured into the scoring of this dimension in any way – it is only to provide a reference point.)
13. **How are these leaders involved in early childhood health, education and family support efforts? Please explain.** *Probe:* (For example: Are they involved in a committee, task force, etc.? How often do they meet?)
14. **Would the leadership support additional early childhood efforts (programs, services or activities)? Please explain.** *Probe:* Would the leadership support an inter-agency effort to improve coordination of programs and services serving young kids and their families? What do you think it would take to invigorate leadership on this issue?

### D. COMMUNITY CLIMATE

15. **How does the community support efforts to address early childhood issues such as early education, children’s health and support for families of young kids?** *Probe:* By community, we mean those in the geographic area of (*insert town name*) and includes all members of the community, parents, business members, educators, health care providers, community leaders, etc. Any examples you have to share are appreciated.
16. **What are the primary obstacles to efforts addressing early childhood issues such as early education, children’s health and support for families of young kids in your community?** *Probe:* What are the primary obstacles to efforts addressing improved coordination of services and programs serving young children in your community? Do existing coalitions and work groups work well and/or work together?
17. Based on the answers that you have provided so far, what do you think is the overall feeling among community members regarding early childhood issues and the need to coordinate care and services for young children and their families?

### E. KNOWLEDGE ABOUT THE ISSUE

18. **How knowledgeable are community members about early childhood issues such as early education, children’s health and family support? Please explain.** *Probe:* For example, facts about early learning and health, such as 90% of a child’s brain development occurs before age 5; kids who start school behind usually stay behind; children who have quality early

education have better math, language and social skills and are more likely to go to college. Do community members know about First Things First and the work they do in (*insert town name*).

19. How knowledgeable are community members about the early childhood programs available in the community? *Probe*: how do you think they find out about them?
- 20. What type of information is available in your community regarding early childhood issues such as early education, children’s health and family support? *Probe*: for families to use as a resource when seeking information or services?**
- 21. What local data are available on early childhood issues such as early education, children’s health and family support in your community?**
- 22. How do people obtain this information in your community?**

**F. RESOURCES FOR PREVENTION EFFORTS (time, money, people, space, etc.)**

- 23. To whom would an individual needing information on an early childhood issue or question turn to first in your community? Why?**
24. Do efforts that address early childhood issues such as early education, children’s health and family support have a large base of volunteers? Please describe.
- 25. What is the community’s and/or local business’ attitude about supporting efforts to address early childhood issues, with people volunteering time, making financial donations, and/or providing space?**
- 26. Are you aware of any proposals or action plans that have been submitted for funding that address early childhood issues such as early education, children’s health and family support in your community? If yes, please explain.**
- 27. Do you know if there is any evaluation of the efforts to address early childhood issues such as early education, children’s health and family support? If yes, on a scale of 1 to 10, how comprehensive is the evaluation (with 1 being “not at all” and 10 being “very comprehensive?”)?** (NOTE To Interviewer: this figure between one and ten is NOT figured into the scoring of this dimension in any way – it is only to provide a reference point.)
- 28. If there are evaluation efforts, are the evaluation results being used to make changes in programs, activities, or policies or to start new ones?**

**Ending Questions**

29. Please name the three most important things that should happen to improve the lives of kids aged birth-five and their families in your community?
30. Those are all the questions I have for you. Would you like to add anything about the need for, or availability or coordination of early childhood programs and services in your community before we end?

Thank you very much for taking the time to participate in this interview. The information you provided and your time are really appreciated.

## Appendix 5. The Yavapai-Apache Nation Supplement

When First Things First was established by the passage of Proposition 203 in November 2006, the government-to-government relationship with federally-recognized tribes was acknowledged. Each Tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First designated Region or elect to be designated as a separate Region. The Yavapai-Apache has chosen to become part of the First Things First Yavapai Region. As indicated by Resolution 69-13 of the Governing Body of the Yavapai-Apache Nation (April 18, 2013), it has also chosen to participate in the data collection for the Yavapai Region since the 2012 Needs and Assets Report cycle.

This section presents qualitative data gathered through key informant interviews with a selected number of representatives from agencies providing services to tribal members. When available, these representatives provided quantitative information from their respective agencies. These data have also been included in this section.

### The Early Childhood System

#### Quality and Access

The Yavapai-Apache Nation receives funding from the Child Care and Development Fund to administer its own child care program. The Yavapai-Apache Child Care Program is located in the Middle Verde tribal community and provides supervised child care to children who are enrolled tribal members. The program operates two types of services: center-based and home-based care.

The Yavapai-Apache Nation Child Care Center serves children ages one to seven. The Center is inspected annually by the Health Services Office of Environmental Health and it has received excellent ratings.

The program also recruits home providers, who must pass a drug test and a home inspection before being certified. Home-based care is provided at either the child's home or the provider's home by both relatives and non-relatives. Selection of a family provider is left to the discretion of the parents but in order to obtain final certification, providers must have clearance of state and federal background checks conducted by the Yavapai-Apache Nation Detective Unit. Providers must also pass a drug test conducted by the tribal Human Resource Department.<sup>210</sup>

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<sup>210</sup> Yavapai-Apache Nation Child Care Center. End of Year Report for: YAN Daycare and CCDF Home Care Program. Supplemental Narrative Report FY2013. Unpublished data.

In FY 2012-2013 a total of 69 children received services from the Yavapai-Apache Child Care program. Of these, 23 were enrolled in center-based services at the Yavapai-Apache Nation Child Care Center and 46 received home-based services from a relative (n=23) or a non-relative (n=23) CCDF-certified provider. Sixty three (or 90%) of the children who received services were from birth through five years of age. The average monthly Child Care and Development Fund subsidy was \$120 per child, and the average monthly parent copayment was \$40 per child, up from \$36 in 2011.<sup>211</sup>

The Table below shows additional detailed information about the services provided by the Child Care Program.

SERVICES PROVIDED BY THE YAVAPAIAPACHE NATION CHILD CARE PROGRAM	NUMBER OF CHILDREN
Received center-based services	23
Received home-based services	46
Cared by relatives	23
Cared by non-relatives	23
Received services at child's home	0
Received services at family home	46
Received services because parents worked	54
Received services because parents were in training/education program	<10
Received services because child was in need of protective services	<10

*Source: Yavapai-Apache Nation Program Profile Child Care and Development Fund (October 1, 2012-September 30, 2013). Caseload Information. Unpublished data*

The Yavapai-Apache Nation continues to experience an increase in the demand for child care services. The Child Care Center operates at capacity and recruiting qualified home-care providers is sometimes difficult (the Child Care Program continuously recruits providers through advertisement in the tribal Human Resources Department, tribal newspaper, fliers, and community events).

Another important asset in the Nation's early childhood education system is The Montessori Children's House, a tribally operated center located in the Middle Verde tribal community that provides preschool and kindergarten education to children aged three to six years in the area. Tuition is covered by the Yavapai-Apache Nation for children who are enrolled tribal members, but the Montessori Children's House is open to the community at large (staff indicated that typically about two-thirds of the student population are tribal members but currently about

<sup>211</sup> Yavapai-Apache Nation Program Profile Child Care and Development Fund (October 1, 2012-September 30, 2013). Caseload Information. Unpublished data

three-quarters of the children in the Montessori Children's House are tribal members and that other quarter are children from the community at large). Key informants note that those in surrounding areas recognize that some of the best child care in the region is available on the Yavapai-Apache Nation, and choose to send their children there.

The Montessori Children's House is affiliated with the Verde Valley Montessori, a charter school in Cottonwood, which allows it to get funding from the Arizona Department of Education for half-day kindergarten instruction for 5 year old children. The Montessori Children's House follows the Camp Verde public school calendar, so it is closed during the summer. Students attend five days a week from 8:30 – 2:30; three year old children, however, usually attend the half day program, which goes from 8:30 to 12:00.

The Montessori Children's House can enroll up to up to 49 children in its three classrooms and it usually operates at capacity. The number of children on the waiting list varies during the year, usually ranging somewhere between five and 20. In the fall of 2013, there was no waiting list for the Montessori Children's House, and up to two slots were available for enrollment. One challenge has been that the Montessori Children's House sometimes struggles with children having low attendance and being tardy, which impacts the quality of their education and can be disruptive to the classroom. Parents may need more support to realize the importance of prompt and consistent attendance.

The Yavapai-Apache Nation Child Care Center provides transportation for children enrolled in its program who attend the Montessori Children's House.

### **Professional Development**

Staff from the Yavapai-Apache Nation Child Care Center and home-based providers are encouraged to attend professional development opportunities throughout the year. They attend regular trainings as time and budget allow. With funding from First Things First, child care providers in the Nation have been able to attend trainings and conferences offered locally in Yavapai County. Key informants stated that professional development opportunities are becoming scarcer, particularly with cuts to Yavapai College classes, which are now only available in Cottonwood and Prescott.

## **Health**

### **Access to Care**

As a result of the Indian Self-Determination and Education Assistance Act (PL-93-638), federally recognized tribes have the option to receive the funds that the Indian Health Service (IHS) would have used to provide health care services to tribal members. The tribes can then utilize these funds to directly provide services to tribal members (they can also opt to take the funds

from IHS and provide the services through another entity). This process is commonly known as 638 contracts.

This means that tribes have three options regarding the overall management of their health services: 1) Having IHS fully manage all services; 2) Having IHS manage some services and taking over responsibility for other services (a 638 contract); or 3) Taking over control of all services from IHS and have them be fully managed by the tribe (known as 638 compact). Most tribes in Arizona currently have their health services managed through options 1 or 2.

Residents of the Yavapai-Apache Nation can access health services in the Middle Verde tribal community from the Yavapai-Apache Medical Center. The Medical Center offers services by appointment Monday-Friday. Some providers travel to this location from the IHS Phoenix Indian Medical Center and at least one provider is permanently assigned to this clinic. One physician at the Clinic is IHS funded, while others are funded through the tribe. Some specialty care is provided locally although not on a daily basis while other specialty care such as gastro-intestinal requires referral and travel to Cottonwood or Phoenix. Through an agreement with Northern Arizona University students in the dental hygiene program travel to the Medical Center to provide services to the community six to eight times per month, with the exception of November, December and part of January when the program stops temporarily. A dental hygienist also travels to the Child Care Center and Montessori Children's House, although in 2013, this hygienist did not provide care during the summer months, a first for the program.

For urgent care or emergency room needs, community members must travel to Cottonwood. Prenatal care is provided to women early in their pregnancy but pregnant women are then referred out to a contracted Ob/Gyn provider at the Verde Valley Medical Center in Cottonwood, where they also give birth. Transportation is available to community members for medical appointments through the Community Health Representatives program at the Yavapai-Apache Nation Community Wellness Department. In addition, the Yavapai-Apache Nation developed a transit system composed of two buses that connect the communities of Sedona and Camp Verde, and in January 2014 began daily service to Clarkdale. Pediatric care is also available for community members by the family practitioner. Well Baby, Well Child and immunizations are all provided on site. Services for children with special needs are limited at the Medical Center, and primarily available in the community through the schools, and via referrals from the Child Care Center and Montessori Children's House.

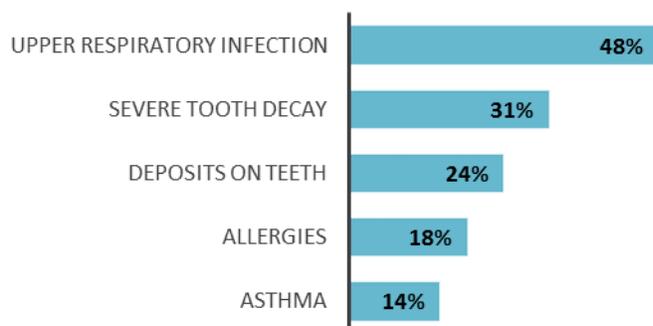
Health-related services to members of the Nation are also available through the Community Wellness Department, which houses the diabetes, Community Health Representatives (CHR), tobacco use prevention, Transportation, Women, Infant and Children (WIC) and Wellness programs. Services available from these programs rotate in the different communities that comprise the Yavapai-Apache Nation to ensure accessibility to all tribal members.

The diabetes program provides community nutrition services targeting the family as a whole through the “Way of the Circle” diabetes prevention curriculum, which promotes meal time as family time. In addition, the program signs up children from the community to participate in a diabetes camp for Native children. The program also coordinates with the Medical Center in maintaining the diabetes register up-to-date.

The Medical Center now offers a Diabetes Clinic four times a year that offers a one stop shop for patients where they can get care from a nutritionist, dentist/hygienist, physician, eye care professional, and the pharmacy. The Center hopes to offer a similar one-stop clinic for youth twice a year, once in the spring and again at the end of the school year. This clinic is tentatively planned for fall of 2014. Started in October of 2013, the Medical Center also runs a physical activity program to encourage physical activity in kids 17 and under and their families.

Data was provided by the Indian Health Service (IHS) Phoenix Area for the Yavapai-Apache Nation. The Yavapai-Apache Nation had a total of 71 unique IHS active users under the age of six years who resided in the region in FY 2012 and 2013 (October 2011 through September 2013). Active users are those with at least one visit in the past two years. The majority, 45 of these active users, resided in Camp Verde, with additional young active users residing in Clarkdale, Middle Verde and Rim Rock.

Data on a number of child health indicators were also available for active users under the age of six. Data on Medicaid (or AHCCCS) coverage for young children showed that of the active users for whom data were available, 46 percent were covered by Medicaid. The majority of Yavapai-Apache Nation children under the age of six who were IHS active users were of normal weight (52%), while 18 percent were overweight and 27 percent obese. Only three percent were classified as underweight. The figure below shows the top five diagnoses for children under the age of six from the Yavapai-Apache Nation who received care at IHS facilities. The most common reason young children who were IHS active users from the Yavapai-Apache Nation were seen, was for an upper respiratory infection.



Source: Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

In many Arizona tribal communities the Women, Infant and Children (WIC) program was initially funded through the state of Arizona. Over time, however, several tribes advocated for services that were directed by the tribes themselves and that met the needs of tribal members. As part of this effort, in 1986 the Inter Tribal Council of Arizona (ITCA) applied for and received approval to become a WIC state agency through the USDA, initially funding seven Tribes. Currently, the ITCA WIC program provides services to 12 reservation communities and the urban Indian populations in the Phoenix and Tucson area. The Yavapai-Apache Nation WIC Program is one of the tribal programs under the ITCA WIC umbrella.

The Yavapai-Apache Nation WIC program provides nutritional and fitness services to members of the Nation but also to non-tribal members who reside in its area of service (including the Hispanic population in Camp Verde and the Native American population in the Prescott area). Services available aim at preventing and reducing obesity as well as gestational diabetes among community members, sometimes in collaboration with the Diabetes program. The small size of the community allows WIC program staff to provide individualized one-on-one services. A nutritionist with the Intertribal Council of Arizona travels to the Nation to provide services to high-risk program clients. Vouchers provided to clients can only be redeemed at two stores in the area. The current funded caseload for the program is 75.

The table on the following page shows participation in the Yavapai-Apache Nation WIC program in 2013, for women, infants and children. Included are the number of each enrolled, and those receiving benefits, defined as “participating” in the WIC program. The bottom rows in the table show that of all Yavapai-Apache Nation children aged birth to four years, almost all, 97 percent are enrolled in WIC, although just over half (55%) are participating in the program. Key informants discussed how misperceptions about qualification and disqualification for WIC affect the level of participation. For example, if an enrollee’s financial situation changes they often assume they no longer qualify for WIC. Increased education efforts are underway to promote enrollees qualification checks, rather than enrollees simply discontinuing attendance with WIC.

2013 YAVAPAI-APACHE NATION WIC PROGRAM CASELOAD		
ENROLLED IN WIC		
WOMEN	INFANTS	CHILDREN
<25	<25	47
PARTICIPATING IN WIC		
WOMEN	INFANTS	CHILDREN
<25	<25	25
% ENROLLED WHO ARE PARTICIPATING IN WIC		
WOMEN	INFANTS	CHILDREN
42%	67%	53%
% OF ALL YAVAPAI-APACHE NATION INFANTS/CHILDREN (0-4) ENROLLED IN WIC		
INFANTS/CHILDREN (0-4) (Census 2010)	% ENROLLED IN WIC	
67	97%	
% OF ALL YAVAPAI-APACHE NATION INFANTS/CHILDREN (0-4) PARTICIPATING IN WIC		
INFANTS/CHILDREN (0-4) (Census 2010)	% PARTICIPATING IN WIC	
67	55%	

Source: Yavapai-Apache Nation WIC Program. October 2013 Caseload Management Report. Unpublished data provided by the Yavapai-Apache Nation WIC Program

Data are also available from the Yavapai-Apache Nation WIC program on a number of maternal and child health indicators for those enrolled in 2011 (the most current data available). As can be seen in the table on the following page, women enrolled in the Yavapai-Apache Nation WIC program are more likely to be of normal weight before becoming pregnant (38%) than across ITCA WIC programs (27%), although both fall below the Healthy People Target of 53.4 percent of women with a pre-pregnancy BMI in the normal weight range.<sup>212</sup>

<sup>212</sup> The "ITCA WIC" rates include aggregated data from all the tribal and urban Indian programs under the ITCA umbrella which include: Colorado River Indian Tribes WIC, Gila River Indian Community WIC, Havasupai Tribe WIC, Hopi Tribe WIC, Hualapai Tribe WIC, Native Health WIC, Pascua Yaqui Tribe WIC, Salt River Pima Maricopa WIC, San Carlos Apache Tribe WIC, Tohono O'odham Nation WIC, White Mountain Apache Tribe WIC and Yavapai Apache Nation WIC.

<b>WIC MATERNAL HEALTH INDICATORS</b>			
	<b>YAVAPAI APACHE NATION WIC (2011)</b>	<b>ITCA WIC (2011)</b>	<b>HEALTHY PEOPLE 2020 TARGET</b>
<b>MATERNAL AGE</b>			
17 or younger	0%	7%	-
18 to 19	15%	14%	-
20 to 29	75%	59%	-
30 to 39	10%	20%	-
40 or older	0%	1%	-
<b>PRE-PREGNANCY BODY MASS INDEX (BMI)</b>			
Normal weight (or Underweight)	<b>38%</b>	27%	53.4% at healthy weight
Overweight (BMI 25 to 30)	<b>33%</b>	28%	-
Obese (BMI over 30)	<b>29%</b>	46%	-
<b>PRE-PREGNANCY OVERWEIGHT OR OBESE</b>			
2008	N/A	N/A	-
2009	N/A	N/A	-
2010	65%	73%	-
2011	62%	73%	-
<b>PRENATAL CARE</b>			
Begun during first trimester	76%	81%	77.9% at early and adequate prenatal care
<b>ALCOHOL AND TOBACCO</b>			
Mother smokes at initial WIC visit	6%	2%	-
Smoker present in the household	13%	9%	-
Smoker present in the household	19%	8%	-
Alcohol consumption in last trimester	10%	0%	1%

Source: Inter Tribal Council of Arizona, Inc. WIC Program Maternal & Child Health Profile. Yavapai Apache Nation. 2012. Obtained through personal correspondence.

Data on child health indicators can be found in the table on the following page. For children enrolled in Yavapai-Apache Nation WIC, fewer were obese (22%) than those enrolled in all ITCA WIC programs (26%) although both are above the Healthy People Target of 10 percent of young children assessed as obese. The rate of ever breastfed infants is substantially higher in the Yavapai-Apache Nation WIC Program (78%) compared to the ITCA WIC program as a whole (65%), approaching the Healthy People 2020 target of 82 percent.

<b>WIC CHILD HEALTH INDICATORS</b>			
	<b>YAVAPAI APACHE NATION WIC (2011)</b>	<b>ITCA WIC (2011)</b>	<b>HEALTHY PEOPLE 2020 TARGET</b>
<b>AGES OF INFANTS AND CHILDREN DURING 2010</b>			
0	26%	24%	-
1	19%	22%	-
2	12%	18%	-
3 to 4	43%	36%	-
<b>BIRTH WEIGHT</b>			
High birth weight (4 kg or more)	11%	7%	-
Normal birth weight	89%	74%	-
Low birth weight (2.5 kg or less)	0%	10%	8%
<b>PRETERM BIRTHS</b>			
Less than 37 weeks	0%	7%	11%
<b>INFANT BREASTFEEDING</b>			
Ever breastfed	78%	65%	82%
<b>OVERWEIGHT AND OBESITY IN CHILDREN (2+ YEARS OLD)</b>			
Overweight (85th to 95 percentile)	12%	21%	-
Obese (95th percentile or greater)	22%	26%	10%

Source: Inter Tribal Council of Arizona, Inc. WIC Program Maternal & Child Health Profile. Yavapai Apache Nation. 2012. Obtained through personal correspondence.

The Tobacco Program, housed within the Community Wellness Department has ended due to funding cuts, but the Community Wellness Department continues to collaborate with the Yavapai County Tobacco Control Program to provide services to community members.

### Oral Health

Oral health is an essential component of a young child’s overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems, including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona children aged birth through four years have never seen a dentist.<sup>213</sup> In a statewide survey conducted by the Arizona Department of Health Services, Office of Oral Health, parents cited difficulties in finding a provider who will see very young children (34%), and the belief that the child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.<sup>214</sup>

<sup>213</sup> <http://www.azdhs.gov/phs/owch/oral-health/azsmiles/about/disease.htm>

<sup>214</sup> Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children*.

Among third-grade children screened in 2009-2010, American Indian children showed higher rates of decay experience (treated and untreated) than did non- Native children (93% compared with 76 %), with 62 percent showing signs of untreated decay (compared to 41% among non-American Indian children). American Indian children were also less likely to have seen a dentist during the year prior to their screening (59%, compared to 73% for non-American Indian children).

The Yavapai-Apache Nation recognizes the importance of providing for the oral health of young children. In addition to the services provided by NAU dental hygiene students at the Yavapai-Apache Nation Medical Center, pediatric oral health services are also provided through collaboration between the NAU team and the Child Care Program to children at the Child Care Center and the Montessori House and the community at large.

### **Child Abuse and Neglect**

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure, engage in criminal behavior, or struggle with mental and/or physical illness. However, research has demonstrated that although infants and toddlers are the most vulnerable to maltreatment, they are also most positively impacted by intervention, which has been shown to be particularly effective with this age group. This research underscores the importance of early identification of and intervention to child maltreatment, as it cannot only change the outlook for young children, but also ultimately save state and federal agencies money in the usage of other services.<sup>215</sup>

The Yavapai-Apache Nation Social Services program provides services to children in the community who are in the need of child protective services. There is no local shelter or group home within the community. Key informants noted that there is a large need for more foster families in the area (as of November 2013 there were less than ten foster homes of tribal members in the community and all were at capacity). Finding placement for children is often a challenge, and when local homes are not available, children must be sent outside of the community.

Finding foster homes within the community is a challenge not only because all family members must clear a background check, but also because in a small community such as this one, families are often related or know each other. According to key informants, becoming a foster

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<sup>215</sup> Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

parent may lead to conflict with the child's biological parents who can very easily find out where the children reside. This may continue to limit the numbers of community-based foster homes that are available. Foster families that are available often have many children in their care, which places extra stress on these families. Emergency placement alternatives are being discussed such as acquiring a trailer or vacant house on tribal land for this use. Emergency placements are now being sent to the existing foster homes of tribal members.

In 1978, Congress passed the Indian Child Welfare Act (ICWA) after investigations found that a disproportionately high number of Native (American Indian and Alaska Native) children were being placed in foster care and adoptive care with non-Native families and that those children who were being placed in non-Native families were experiencing problems adjusting to life away from their Native families and communities. Directly prior to the passing of the ICWA, under the Indian Adoption Project between 1961 and 1976, approximately 12,500 Native children had been removed from their reservation homes and placed with non-Natives parents through adoption procedures. Investigations conducted in 1969 and 1974 by the Association of American Indian Affairs found that at the time, between 25 percent and 35 percent of Native children were living in homes or institutions away from their families and communities. These findings, coupled by past policies and the practice of forcibly removing Native children from their homes into boarding schools, led Congress to passing the Indian Child Welfare Act in 1978. Representative Morris Udall of Arizona, a strong supporter of the ICWA, stated "there is no resource that is more vital to the continued existence and integrity of Indian tribes than their children". ICWA established federal guidelines that are to be followed when an Indian child enters the welfare system in all state custody proceedings.<sup>216</sup>

Under ICWA, an Indian child's family and tribe are able and encouraged to be actively involved in the decision-making that takes place regarding the child, and may petition for tribal jurisdiction over the custody case. ICWA also mandates that states make every effort to preserve Indian family units by providing family services before an Indian child is removed from his or her family, and after an Indian child is removed through family reunification efforts. If an Indian child is removed by state Child Protective Services, ICWA requires preference for the child's placement to be first, with the child's relatives; second, with fellow tribal members; third, with another Indian person. Under ICWA, only in extreme cases can a tribal child be placed somewhere other than the preferences that have been established by the law.<sup>217</sup>

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<sup>216</sup> ICWA defines an "Indian child" as any unmarried person, below the age of 18 who is either a member of a federally recognized tribe, or eligible to become a member and is the biological child of a recognized tribal member.

<sup>217</sup> Frichner, T.G. (2010). The Indian Child Welfare Act: A National Law Controlling the Welfare of Indigenous Children. American Indian Law Alliance.

National Congress of American Indians. Child Welfare & TANF. National Congress of American Indians. Retrieved from <http://www.ncai.org/policy-issues/education-health-human-services/child-welfare-and-tanf>

Community members have been asked to make reports of abuse and neglect through the state child abuse hotline rather than the tribe or the Camp Verde Marshall's office. The state provides more detailed reports including previous case reports, including those that occur in different counties within the state. Education about this shift is occurring through the tribal newspaper, the Social Services Department newsletter, and to individuals through emails and conversations summarizing hotline information.

The Domestic Violence program that was available for the Yavapai-Apache Nation ended due to the end of grant funding. Now all domestic violence calls are handled through the Tribal Police Department. Key informants discussed that domestic violence is a large issue in the community and the loss of this program makes it much harder to work with and serve families affected by domestic violence.

### **Supporting Families**

Culture and language preservation are a priority for the Yavapai-Apache Nation. The Culture Resource Center hosts a variety of programs and services aimed at documenting and preserving both the Yavapai and Apache cultures. Yavapai and Apache cultural managers provide language classes that are free and open to the community at large.

According to the Census' American Community Survey (2008-2012), eight percent of residents on the Yavapai-Apache Nation speak an Indian language at home (these data do not specify which language is spoken). This is down from 11 percent reported in the last Yavapai Region Needs & Assets Report (from 2006-2010 American Community Survey data).

Participation of the Yavapai-Apache Nation in the First Things First Yavapai Region has allowed the Nation to provide additional services to families with young children in the Nation. The Cultural Resource Center has received funding to produce children's books that will help teach children the Yavapai and Apache languages and culture. Coloring books, story books and flash cards and CDs accompanying the books have been produced so that they can be utilized by the instructors at the Culture Resource Center, the Child Care Center, The Montessori Children's House and by home child care providers. Eventually, the goal is to also provide the books to families so that parents can become the teachers at home. The Cultural Resource Center has produced four small books, three large books, and had two additional books in process at the

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National Indian Child Welfare Association. Frequently Asked Questions About ICWA. Retrieved from [http://www.nicwa.org/indian\\_child\\_welfare\\_act/faq/#active\\_efforts](http://www.nicwa.org/indian_child_welfare_act/faq/#active_efforts)

Palmiste, C. (2011). From the Indian Adoption Project to the Indian Child Welfare Act: the resistance of Native American communities. *Indigenous Policy Journal* 22(1), 1-10.

Senate Report 104-288. 104th Congress. Retrieved from <http://www.gpo.gov/fdsys/pkg/CRPT-104srpt288/html/CRPT-104srpt288.htm>

end of 2013. In addition to the sites mentioned above, these books are also distributed at the annual language fair. An obstacle encountered in the last year was recruiting and hiring native language speakers as instructors to use these books with children in the Child Care Center and Montessori Children's House. These obstacles were being addressed, and instructors were being hired for the spring 2014 term.

In addition to print resources, the Cultural Resource Center has also developed on-line language courses, with accompanying pronunciation help, for children and adults. These resources are made available for tribal members.

### **System Coordination**

Key informants indicated that collaboration and coordination among tribal agencies is good. The fact that the Yavapai-Apache Nation is a relatively small community facilitates contact among different agency representatives who work together to provide services to community members. A good example of this are the partnerships established by the Child Care Center with other tribal agencies: Community Health Representatives provide health trainings; nutrition and cooking classes are offered to parents through the Diabetes Program; fitness activities are provided to families through the Community Wellness Program; safety lessons are provided by the Tribal Police Department; and cultural and Native language teachings are provided by the Cultural Resource Center (including the children's books developed with funding from First Things First). Regular meetings of program directors as well as and committee meetings (e.g. Wellness Committee) also facilitate this internal collaboration.

Key informants indicated that this existing network of collaborations around early childhood could be further improved with the creation of a youth services coordinator position. Staff with other agencies such as the Community Wellness Program indicated that, in addition to the good internal collaboration, there are also good relationships established with a number of outside agencies (such as other WIC offices in the area), including with other First Things First grantees in the region.

### **Identified Assets:**

- Transportation resources overseen by the tribal Transportation Department have alleviated some of the barriers related to accessing available services or programs. A bus transit system is now available between Camp Verde and Clarkdale, and transportation is provided to Phoenix and other communities for medical and other appointments.
- Children growing up in the community can have a strong sense of belonging to an Indian Nation, and develop a strong sense of identity as a tribal member. Being able to receive the teachings from the elders and other family members, and also from the school via the Cultural Resource Department is an asset.

- There is a strong sense of community; close community where members can take care of each other, particularly when they share in taking care of the communities children.
- There are a wide variety of programs and services available to community members locally, provided in culturally appropriate ways that community members appreciate.
- There is good collaboration and coordination among different tribal services and departments – facilitates that services can be made available to a larger audience. Agencies work well together trying to figure out how to best provide services to community members, and work well with agencies outside of the reservation when programs are not available internally.
- There is a strong interest in cultural and language revitalization efforts.

**Identified Challenges or Needs (not listed in order of relevance):**

- There is a need for increased child care opportunities, including additional recruitment and certification of home providers, and increased staffing for the Child Care Center.
- More activities and events for children and their families would provide opportunities for learning in the community. In addition, additional activities focused on physical activity to get children and adults engaged and active are needed.
- There is a need for more involvement in available program and services for young children and their families. In addition, no-show rates at some programs might be impacted by limited individual cell phone access, rather than service availability.
- The loss of culture and language; language acquisition skipped a generation, so parents today are less able to teach their children. Currently the number of fluent speakers is low, particularly for the Yavapai language.
- There is a need for more foster families- when foster families are not available locally, children must go to group care out of the community, often even out of the state.
- The issue of substance abuse and involvement with the courts due to this is a key concern in the community. There is a need for more services to help treat substance abuse, as there are limited counseling and rehabilitation services available locally. This has an impact on families at multiple levels, but even affects the availability of home-based child care providers, as all adults residing in the household must clear the background and drug test.
- There are limited job opportunities in the community and correspondingly high unemployment rates.
- Domestic violence is a large issue, and the loss of the domestic violence program to assist families dealing with these issues is a challenge.

### **Yavapai-Apache Nation Agencies that provided information for the Needs and Assets Report**

- Cultural Resource Center
- Community Wellness Department
- Day Care program
- Montessori Children's House
- Social Services Program
- Yavapai-Apache Nation Medical Center

### **References**

*Camp Verde WIC Clinic Caseload Management Report for October 2013 as summarized on November 6, 2013. Obtained through personal correspondence.*

*Inter Tribal Council of Arizona, Inc. WIC Program Maternal & Child Health Profile. Yavapai Apache Nation. 2012. Provided by the Yavapai-Apache Nation WIC Program.*

*Yavapai-Apache Nation Program Profile Child Care and Development Fund (October 1, 2012-September 30, 2013). Caseload Information. Unpublished data.*

## Appendix 6. Data Sources

Arizona Department of Administration, Office of Employment and Population Statistics (December 2012). "2012-2050 State and county population projections (Medium series)." Retrieved from <http://www.workforce.az.gov/population-projections.aspx>

Arizona Department of Administration, Office of Employment and Population Statistics (December 2012): "2012-2050 State and county population projections." Retrieved from <http://www.workforce.az.gov/population-projections.aspx>

Arizona Department of Administration, Office of Employment and Population Statistics (2014). Special Unemployment Report, 2009-2014. Retrieved from <http://www.workforce.az.gov/local-area-unemployment-statistics.aspx>

Arizona Department of Economic Security (2012). Child Care Market Rate Survey 2012. Retrieved from <https://www.azdes.gov/InternetFiles/Reports/pdf/MarketRateSurvey2012.pdf>

Arizona Department of Economic Security (2013). Domestic Violence Shelter Fund Annual Report for FY 2013. Retrieved from [https://www.azdes.gov/InternetFiles/Reports/pdf/dv\\_shelter\\_fund\\_report\\_sfy\\_2013.pdf](https://www.azdes.gov/InternetFiles/Reports/pdf/dv_shelter_fund_report_sfy_2013.pdf)

Arizona Department of Economic Security (2014). [AzEIP Data]. Unpublished raw data received through the First Things First State Agency Data Request

Arizona Department of Economic Security (2014). [Child Care Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

Arizona Department of Economic Security (2014). Child Welfare Reports. Retrieved from <http://public.tableausoftware.com/profile/#!/vizhome/LandingPage/LandingPage>

Arizona Department of Economic Security (2014). [Child Welfare Dataset]. Unpublished raw data received from the First Things First State Agency Data Request.

Arizona Department of Economic Security (2014). [DDD Data]. Unpublished raw data received through the First Things First State Agency Data Request

Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request

Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

Arizona Department of Education (2014). 2012 Four Year Graduation Rate Data. Retrieved from <http://www.azed.gov/research-evaluation/graduation-rates/>

Arizona Department of Education (2014). 2012-2013 Dropout Rates. Retrieved from <http://www.azed.gov/research-evaluation/dropout-rate-study-report/>

Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

- Arizona Department of Education (2014). October 1 Enrollment 2013-2014. Retrieved from <http://www.azed.gov/research-evaluation/arizona-enrollment-figures/>
- Arizona Department of Education (2014). Percentage of children approved for free or reduced-price lunches, October 2013. Retrieved from <http://www.azed.gov/health-nutrition/frpercentages/>
- Arizona Department of Education (2014). [Preschool and Elementary Needs data set]. Unpublished raw data received from the First Things First State Agency Data Request
- Arizona Department of Health Services (2013). Childcare Coverage for 2012-2013 School Year. Retrieved from <http://azdhs.gov/phs/immunization/statistics-reports.htm>
- Arizona Department of Health Services (2013). Kindergarten Coverage for 2012-2013 School Year. Retrieved from <http://azdhs.gov/phs/immunization/statistics-reports.htm>
- Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>
- Arizona Department of Health Services (2013). WIC Needs Assessment. Retrieved from [http://www.azdhs.gov/azwic/documents/local\\_agencies/reports/wic-needs-assessment-02-22-13.pdf](http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf)
- Arizona Department of Health Services (2014). Arizona ArcMap files: PCAs. Retrieved from <http://www.azdhs.gov/hsd/data/data.htm>
- Arizona Department of Health Services (2014). [Vital Statistics Dataset]. Unpublished raw data received from the First Things First State Agency Data Request
- Arizona Department of Health Services (2014). [WIC data set]. Unpublished raw data received from the First Things First State Agency Data Request
- Arizona Health Care Cost Containment System (2014). KidsCare Enrollment by County. Retrieved from <http://www.azahcccs.gov/reporting/Downloads/KidsCareEnrollment/2014/Feb/KidsCareEnrollmentbyCounty.pdf>
- First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First
- Homeless Management Information System (2014). [Entry/Exit Program All Clients data for 2011-2012, 2012-2013 and 2013-2014]. Unpublished data obtained through personal correspondence
- Indian Health Service Phoenix Area (2014). [2012-2013 Health Indicators]. Unpublished data provided by the Indian Health Service Phoenix Area
- Northern Arizona Council of Governments (2013). Annual Report 2012-2013. Retrieved from [http://www.nacog.org/index.cfm?fuseaction=dep\\_page&page\\_id=56&dept\\_id=5](http://www.nacog.org/index.cfm?fuseaction=dep_page&page_id=56&dept_id=5)
- RealtyTrac (2014). Arizona Real Estate Trends & Market Info. Retrieved from <http://www.realtytrac.com/statsandtrends/foreclosuretrends/az>

- U.S. Census Bureau (2000). 2000 Decennial Census, Table QT-P2. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
- U.S. Census Bureau (2010). 2010 Tiger/Line Shapefiles prepared by the U.S. Census. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
- U.S. Census Bureau (2010). 2010 Decennial Census, Tables P1, P11, P12, P12B, P12C, P12D, P12E, P12F, P12G, P12H, P12I, P14, P20, P32, P41, PCT14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
- U.S. Census Bureau (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B05009, Table B14003, B15002, B16001, B16002, B17001, B19126, B22002, B23008, B25001, B25004, B27001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
- U.S. Department of Housing and Urban Development (2011). CHAS 2008-2010 ACS 3-year average data by place. Retrieved from [http://www.huduser.org/portal/datasets/cp/CHAS/data\\_download\\_chas.html](http://www.huduser.org/portal/datasets/cp/CHAS/data_download_chas.html)