

2008

NEEDS AND ASSETS REPORT



 **FIRST THINGS FIRST**

Central Phoenix

Regional Partnership Council



Central Phoenix

Regional Partnership Council

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2008 Needs and Assets Report

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

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Executive Summary

The Central Phoenix Region is an area of striking diversity and contrasts. Even though the area consists of only 14 zip code areas within the City of Phoenix, the area is quite different from border to border. The region contains neighborhoods as different as the affluent North Central Corridor and Arcadia neighborhoods to the low income neighborhoods surrounding the State Capitol.

The Central Phoenix Region is headquarters for state, city, and county government, as well as the headquarters for many human service organizations and businesses. Nonetheless, in the region, itself, many children experience tremendous need. Over half (55 percent) of children living in Phoenix are low income and 26 percent of children in Phoenix live in poverty. (See page 15).

Even though many children appear to qualify for public assistance programs, it appears that many children may not be enrolled in such programs. A significant gap appears to exist between the number of children who qualify for programs such as Women Infants and Children (WIC), KidsCare or Arizona Health Care Cost Containment System (AHCCCS) and the number enrolled. Five zip code areas within the Central Phoenix Region have been identified by the Arizona Department of Economic Security as having many people eligible but not enrolled in the Food Stamps Program. (See page 16).

The Central Phoenix Region is racially and ethnically diverse. Of the newborns in the region, 33 percent are Hispanic or Latino, 8 percent are Asian/Pacific Islander, 5 percent are African American, and less than half of newborns are White/Not Hispanic. (See page 10).

A large number of children in the Phoenix Central Region are likely to live in immigrant families. In Phoenix, 48 percent of children live in an immigrant family. The vast majority of the children in such families are citizens. (See page 10). Many of these children in Phoenix reside in homes that are linguistically isolated. According to the Annie E. Casey Foundation, 40 percent of the children in the region live in a home where family members do not speak English well. (See page 12).

The number of children in the region ages birth through five is growing dramatically. From 2000 – 2007, the number of children ages birth through five grew by one-third, outpacing the state's rate of growth for the same age group. Over 34,000 children ages birth through five live in the region — a fact that is easy to miss in an area known as a hub of government and business. (See page 9).

Even though the region is home to many organizations, the region does not appear to be rich in early childhood education and care resources. Only 18 accredited child care centers exist within the region. There are only 289 fee-paying child care facilities in the region with a physical capacity to serve approximately 14,400 children. Only 9,297 children on average receive services through such facilities. (See page 39).

Children in the Central Phoenix Region have parents and caregivers who are less likely to have obtained a degree than parents and caregivers statewide. Of the mothers of newborns in the region, 30 percent have not obtained a high school degree, compared to 20 percent of mothers statewide — although there is quite a bit of variance in educational attainment across the region. (See pages 18, 19). Child care professionals are less likely to have a degree than child care professionals statewide. (See pages 48, 49).

Children in the Central Phoenix Region may not be coming to school adequately

prepared to learn. Test scores for children entering Kindergarten suggest that many children lack basic literacy skills. By third grade, many children in the region are already falling far behind in reading, writing, and math. (See pages 31, 32).

The Central Phoenix Region is home to many medical facilities including St. Joseph's Hospital and Medical Center, Phoenix Children's Hospital, and Maricopa Integrated Health Systems. Nonetheless, access to health care is a significant issue for children in the Central Phoenix Region. Many children are uninsured, and high numbers of children and their families appear to be using the emergency room for their primary care needs. (See page 25). Lack of dental care exists within the region. Indeed, 25 percent of the children in the region lacked dental insurance in 2003. (See page 42).

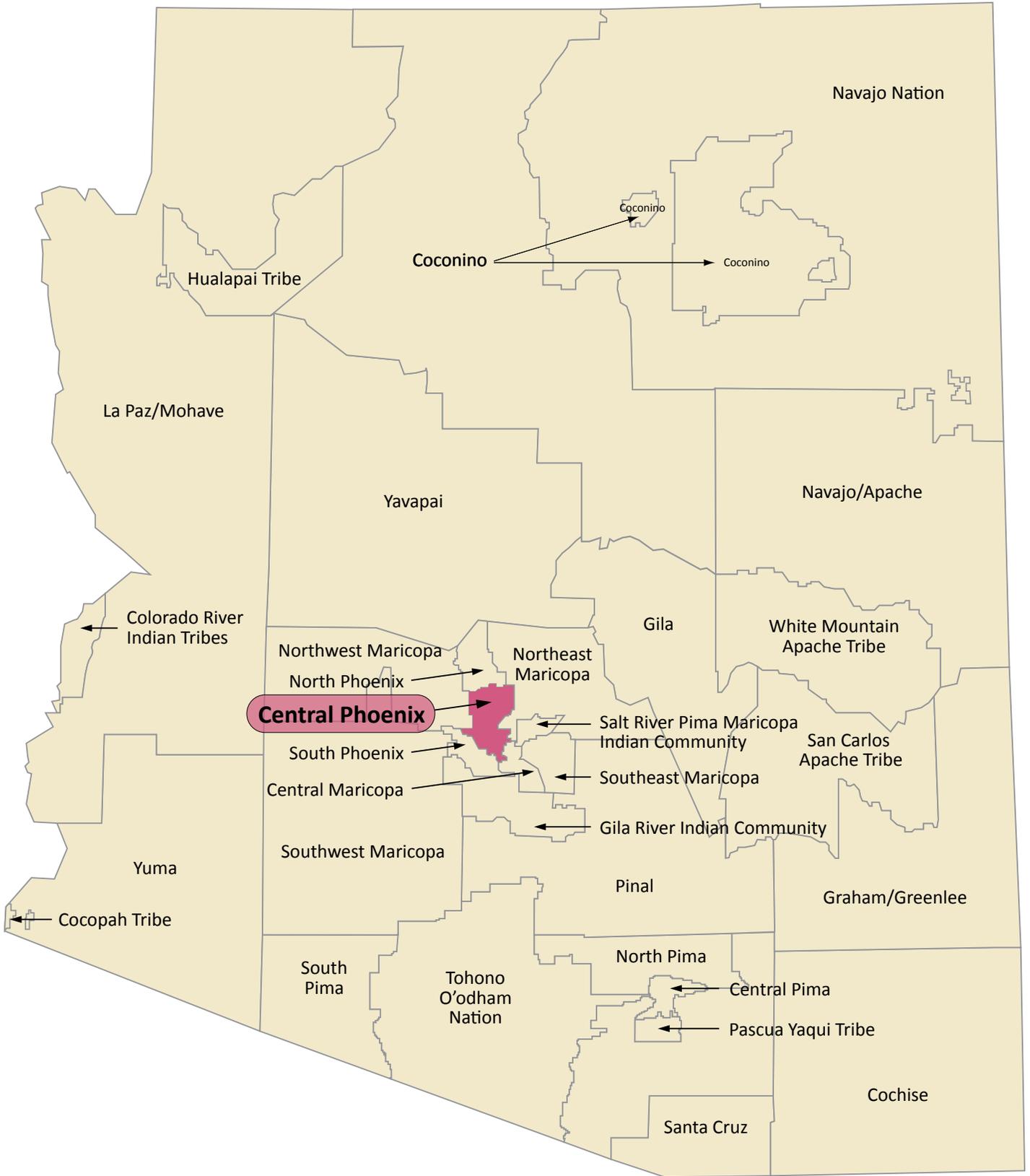
The Central Phoenix Region is an area that boasts tremendous assets — and tremendous needs. Such a combination suggests that many opportunities will exist for the Central Phoenix Regional Partnership Council to build on successful assets in the community, and connect and coordinate existing resources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

First Things First – A Statewide Overview

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

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

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



The Central Phoenix Regional Partnership Council

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

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

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

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

It is important to note the challenges in writing this report. While numerous sources for data exist in the state and region, the information was often difficult to analyze and not all state data could be analyzed at a regional level. Frequently in this report, data is only reported at the city or county level. Accordingly, charts and narrative in this report delineate among data that is being reported for the Central Phoenix Region, Phoenix (the city), or Maricopa County.

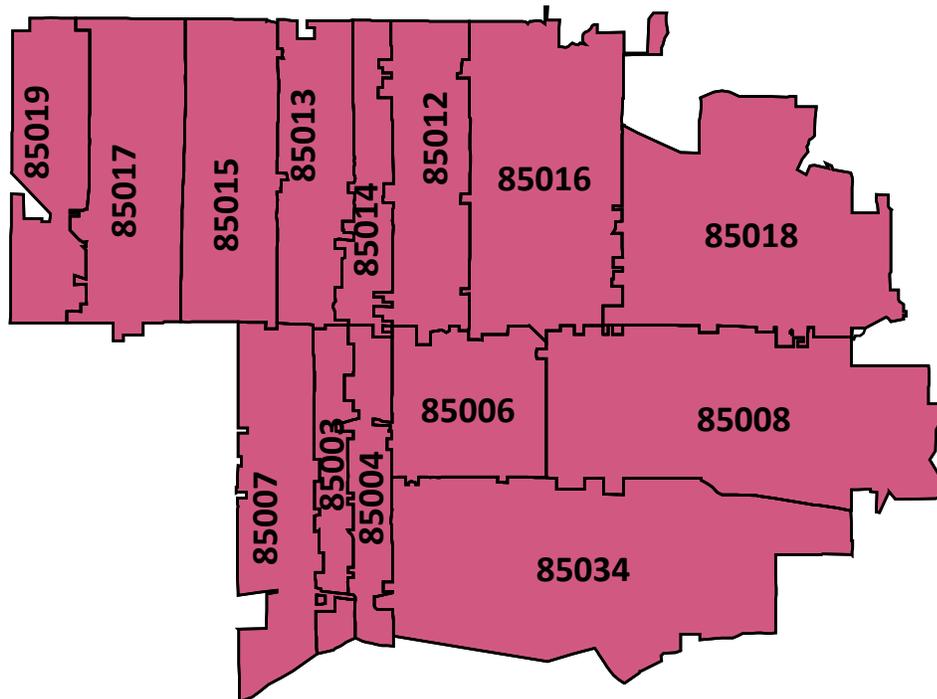
A lack of a coordinated data collection system among the various state agencies and early childhood organizations also made data collection challenging. Nonetheless, FTF was successful in many instances in obtaining data from other state agencies, Tribes, and a broad array of community-based organizations. In their effort to develop regional needs and assets reports, FTF has begun the process of pulling together information that traditionally exists in silos to create a picture of the well being of children and families in various parts of our state.

The First Things First model is for the Regional Council to work with the FTF Board to improve data collection at the regional level so that the Regional Coun-

cil has reliable and consistent data in order to make good decisions to advance the services and supports available to young children and their families. In the fall of 2008 FTF will conduct a family and community survey that will provide information on parent knowledge related to early childhood development and health and their perception of access to services and the coordination of existing services. The survey results will be available in early 2009 and include a statewide and regional analysis.

Overview of Region: Central Phoenix

The City of Phoenix, located in Maricopa County, covers more than 517 square miles and has a population of over 1.5 million, ranking it the fifth largest city in the country and the largest capital city in terms of population. The FTF Board established three regions in the City of Phoenix: North, Central, and South. The Central Phoenix Regional Partnership Council boundary reaches as far North as Glendale Road. In the West, it extends to 43rd Avenue. The East boundary of the region reaches College Road near Tempe. The South side of the region spans all the way to Broadway Road. The Phoenix Central Region includes neighborhoods as diverse as Arcadia, the North Central Corridor, the State Capitol area, and the East Van Buren Street Corridor. The Central Phoenix region includes the following zip codes: 85003, 85004, 85006, 85007, 85008, 85012, 85013, 85014, 85015, 85016, 85017, 85018, 85019, 85034.



Seven elementary school districts fall into the Phoenix Central Region. They include Alhambra School District, Balsz School District, Creighton School District, Madison School District, Osborn School District, Phoenix Elementary School District, and the Wilson School District. SWIFT Resources (Southwest Institute for Families and Children) lists nine charter schools in the region serving kindergarten children.

Many prominent attractions exist within the Phoenix Central Region, including

the State Capitol, the Phoenix Zoo, the Phoenix Children's Museum, Burton Barr Library, and Chase Field. The Phoenix Central Region is comprised of large medical facilities including St. Joseph's Hospital and Medical Center, Phoenix Children's Hospital, Maricopa Integrated Health Systems, and Mountain Park Health Center. Many organizations and private businesses are headquartered in Phoenix. State and local government (the State of Arizona and the City of Phoenix) are the dominant employers in the region. This is an area that is abundant with retail services and the sales and retail industries are a leading sector in the region.





Regional Child and Family Indicators

Regional Population

From 2000 to 2006, the City of Phoenix's population grew at a faster rate (29 percent) than the state. Phoenix's population grew at rate that was nearly four times the national average.

In the region, dramatic growth in the number of children birth through five occurred from 2000-2007. The Phoenix region's growth rate for children birth through five (34 percent) outpaced the state's growth rate for the same population (26 percent). The rate of increase in the number of children ages birth through five was four times the national rate between 2000 and 2007. In 2007, there were 34,334 children ages birth through five in the Central Phoenix Region.

Central Phoenix- Population Growth (all ages)

| | 2000 | 2007 | % Change |
|------------------------|-------------|-------------|----------|
| Central Phoenix Region | 366,011 | 472,154 | 29% |
| Arizona | 5,130,632 | 6,338,755 | 23% |
| U.S. | 281,421,906 | 301,621,157 | 7% |

Sources: US Census 2000, Summary File SF2 and US Census Population Estimates Program (PEP) 2007 estimates.

Population Growth for Children Ages Birth Through Five Years

| | 2000 | 2007 | % Change |
|------------------------|------------|------------|----------|
| Central Phoenix Region | 33,270 | 34,334 | 32% |
| Arizona | 459,141 | 594,110 | 29% |
| U.S. | 23,140,901 | 24,755,834 | 7% |

Sources: US Census 2000, Summary File SF2 and US Census Population Estimates Program (PEP) 2007 estimates..

Regional Race, Ethnicity, and Language

Race and Ethnicity

Residents of Phoenix are racially and ethnically diverse. According to the American Community Survey, the region's racial and ethnic composition is 48 percent White, non-Hispanic; 41 percent Hispanic/Latino; 6 percent African American; 2 percent Asian and 2 percent American Indian. The state population as a whole is 60 percent White, Non-Hispanic; 29 percent Hispanic/Latino; 5 percent American Indian; 4 percent Black/African American; and 2 percent Asian American.

Racial Composition, Phoenix, Arizona (2006)

| | African American | American Indian | Asian/Pacific Islander | Hispanic/ Latino (of any race) | White, not-Hispanic |
|---------|------------------|-----------------|------------------------|--------------------------------|---------------------|
| Phoenix | 6% | 2% | 2% | 41% | 48% |
| Arizona | 4% | 5% | 2% | 29% | 60% |

Source: American Community Survey, 2006.

Data about births in the region in 2006 shows that the largest percentage of births in the Central Phoenix Region occurred among White, Non-Hispanic families (49 percent), followed by births to Latinos (34 percent). The Central Phoenix Region had 7 percent more births to White, non-Hispanic mothers than the state rate. Births to Asian families nearly tripled the state figure.

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

| | White Non-Hispanic | Hispanic or Latino | Black or African American | American Indian or Alaska Native | Asian/Pacific Islander | Unknown |
|--------------------------------|--------------------|--------------------|---------------------------|----------------------------------|------------------------|-----------|
| Central Phoenix Region* | 49% (3,061) | 34% (2,100) | 5% (283) | 4% (266) | 8% (504) | <1% (39) |
| Arizona | 42% (43,013) | 44% (44,862) | 4% (3,864) | 6% (6,364) | 3% (3,136) | <1% (803) |

*This chart includes all zip code areas in Central Phoenix. Source: ADHS Vital Statistics, 2006.

Immigration Status

Young children in the Phoenix are highly likely part of a family where their family member is an immigrant. According to Kids Count, 46 percent of all Phoenix children are part of an immigrant family. Statewide, 30 percent of all children have at least one foreign-born parent.¹

Children in Immigrant Families, Phoenix (2006)

| | |
|----------------|-----|
| Phoenix | 48% |
| Arizona | 30% |
| US | 22% |

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

Children of immigrants face challenges that children of native-born parents do not. Educational attainment of immigrant parents is often quite limited. Nationally, forty percent of children in immigrant families live with a mother or father who has not graduated from high school, compared to twelve percent of children in non-immigrant families. Parents who have completed fewer years of schooling may be less able to help their children learn to read. In addition, children of immigrants may be less prepared than their counterparts to start Kindergarten. Nationally, three- and four-year-old children in immigrant families are less likely to participate in nursery school or preschool programs than their peers.²

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

1 Capps, R., Hagan, J. and Rodriguez, N. “Border Residents Manage the U.S. Immigration and Welfare Reforms.” In Immigrants, Welfare Reform, and the Poverty of Policy. Westport, CT: Praeger, 2004.
 2 Children’s Action Alliance. “Going Beyond the Immigration Hype: Children and Our Shared Destiny” Fact Sheet, 2006.

Children Living in Low-Income Families (below 200% of the poverty threshold), by Children in Immigrant Families (2006)

| | Children in Immigrant Families | Children in U.S. Born Families |
|---------|--------------------------------|--------------------------------|
| Phoenix | 69% | 37% |
| Arizona | 64% | 38% |
| U.S. | 50% | 37% |

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

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

Child Population, by Nativity, Phoenix (2006)

| | Native Born | Foreign-Born |
|---------|-------------|--------------|
| Phoenix | 89% | 11% |
| Arizona | 94% | 6% |
| U.S. | 96% | 4% |

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

Nonetheless, citizenship status does not guarantee that young children are able to access services. Even though most young children in the region are likely to be citizens, the citizenship status of their parent may also affect their access to services. National studies suggest that many eligible citizen children with noncitizen parents are unaware or afraid of the consequences of participating in public programs on their legal status and citizenship.³ Similarly, interviews with local providers and educators suggest that families in which one or more parents are undocumented may not obtain needed services due to fear that they may be detained or deported. Schools and faith-based organizations are often considered to be “safe” places where families are more likely to access services for their citizen children.⁴

Language Characteristics

Language characteristics, in terms of language primacy or fluency, are generally not measured in children until they reach their fifth year. As a result, data on these characteristics are usually limited to children over the age of five. Data from the most recent Kids Count and the American Community Survey estimate that up to 32 percent of Arizona children ages five to eighteen speak a language other than English.

Household language use has an influence on a young child’s language acquisition. In the City of Phoenix, 40 percent of families with young children primarily speak

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

4 Interviews conducted of school and hospital administrators by FTF Staff, June – September 2008.

Spanish or another language at home, compared to 28 percent of families statewide. In recent years, the percent of children living in linguistically isolated households in the regions has risen. According to the U.S. Census Bureau, the families living in the City of Phoenix that spoke language other than English rose by 6.8 percent between 2000 and 2006.

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

| | Children in Immigrant Families | Children in U.S. Born Families |
|---------|--------------------------------|--------------------------------|
| Phoenix | 39% | 1% |
| Arizona | 35% | 1% |
| U.S. | 27% | 1% |

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

Family Composition

Single Families

In Phoenix, most children (64 percent) live in a household headed by a married couple. Single mothers head 25 percent of households. Another 10 percent are headed by single fathers. Children in the Phoenix area are slightly more likely to be living in a single headed household than other Arizona children.

Child Population, by Household Type, (2006)

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

Source: Kids Count.

Children growing up in single-parent families typically do not have the same economic or human resources available as those growing up in two-parent families. Nationally, 33 percent of single-parent families with related children had incomes below the poverty line, compared to 6 percent of married-couple families with children. Only about one-third of female-headed families reported receiving any child support or alimony payments in 2006.⁵ One-parent families often face overwhelming demands of work, housework, and parenting.

Teen Parent Households

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

⁵ AHCCCS. KidsCare and HIFA Parent Statistics as of September 1, 2008.

Percentage of Children Born to Teen* Mothers

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

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

Babies born to teen mothers are more likely than other children to be born at a low birth weight, experience health problems, developmental delays, experience abuse or neglect and perform poorly in school. As they grow older, these children are more likely to drop out of school, get into trouble, and end up as teen parents themselves.⁶

The state average for teenage births has remained relatively constant at around 12 percent for more than five years. Little progress has been made in reducing the prevalence of Arizona teen mothers giving birth to a second child.⁷

Births to teen mothers have implications on the need for early childhood services. Literature suggests that teen mothers often need high-quality early education for their young children so that they themselves can complete high school. In turn, high school drop-out affects the earning potential of teenage mothers and outcomes for young children.⁸

Grandparent Households

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

Grandchildren in the Care of Grandparents (2006)

| | |
|----------------|----|
| Phoenix | 5% |
| Arizona | 5% |
| U.S. | 5% |

Source: Kids Count.

Grandparent caregivers are more likely to be poor compared to their parent-maintained families. The 2000 census showed that 19 percent of grandparent caregiver households live below the poverty line, as compared to 14 percent of households with parents.⁹ Furthermore, a portion of grandparent caregivers have either disabilities or age related functional limitations that affect their ability to respond to the needs of grandchildren. In 2006, 37 percent of grandparents (60 years old or older) living with grandchildren had a disability.¹⁰

6 Annie E. Casey Foundation. KidsCount Indicator Brief: Preventing Teen Births, 2003.

7 2006 American Community Survey

8 National Women's Law Center. When Girls Don't Graduate, We All Fail, 2007. Also see Magnuson, K.A. and McGroder, S.M. "The Effect of Increasing Welfare Mother's Education on their Young Children's Academic Problems and School Readiness. Working Paper. Northwestern University, Joint Center for Poverty Research., 2002.

9 Census 2000. Grandparents Living with Grandchildren, 2000, Census Brief.

10 2006 American Community Survey.

Employment, Income and Poverty

Unemployment

Joblessness can impact the home and family environment. In Arizona, recent unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.3 percent in May of 2007. For the most recent 12-month reporting period, unemployment in Arizona has mirrored the national trend where an economic downturn has led to higher joblessness rates. In high growth areas of Arizona such as Phoenix, unemployment rates are lower than the state and national averages.

There is no region-specific unemployment data available for Central Phoenix Region. However, unemployment for the Phoenix Metro Area is generally lower than the state or national averages.

Unemployment Rates

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

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

Annual Income

Median income in Phoenix is lower than the state or the nation. In the City of Phoenix, the median income was \$1,806 less than the national median and \$5,876 less than the Maricopa County median income in 2006.

Median¹¹ Annual Income (per year- pretax)

| | 2003 | 2004 | 2005 | 2006 |
|------------------------|----------|----------|----------|----------|
| Phoenix | | | | \$46,645 |
| Maricopa County | \$45,776 | \$44,901 | \$46,111 | \$52,521 |
| Arizona | \$40,762 | \$41,995 | \$44,282 | \$47,265 |
| U.S. | \$43,564 | \$44,684 | \$46,242 | \$48,451 |

Source: American Community Survey; Arizona Department of Commerce, Research Administration.

Many children in Phoenix live in poverty. (For a family of four, the federal poverty level is \$21,200 a year).¹² Over half of the children living in Phoenix live in low income families, in which the families lives at or below 200 percent of the federal poverty level. (For a family of four, 200 percent of the Poverty Level is \$42,400 a year).

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

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

Children Living at or Below 200 Percent of the Federal Poverty Level (2006)

| | Percent of Children Living at or Below 100 Percent of the Federal Poverty Level | Percent of Children 5 at or Below 200 Percent of the Federal Poverty Level |
|----------------|---|--|
| Phoenix | 26 | 55 |
| Arizona | 20 | 45 |
| US | 18 | 39 |

Kids Count, 2007.

Families living at or below 200 percent of the federal poverty level generally qualify for services such as food stamps or the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The charts below show the number of food stamps and WIC recipients in Maricopa County in 2007.

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

| County | Persons Receiving Food Stamps | Percent Receiving Food Stamps |
|-----------------|-------------------------------|-------------------------------|
| Maricopa | 273,034 | 7% |
| Pima | 93,077 | 9.7% |
| Apache | 19,480 | 24% |
| Coconino | 15,230 | 12.7% |
| Navajo | 26,208 | 21.7% |
| Yavapai | 12,399 | 5.6% |
| Yuma | 26,994 | 13.6% |
| Gila | 7,969 | 15.2% |
| Pinal | 28,934 | 10.4% |
| Arizona | 554,389 | 8.7% |

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

Seven percent of the population in Maricopa County received food stamps in 2007, a rate slightly lower than the state average. While a large number of individuals participate in the food stamps program in Maricopa County, many zip code areas in the Central Phoenix Region have a high concentration of individuals that are eligible but not enrolled. (See chart below.) These zip code areas include the 85006, 85008, 85017, 85015, and 85016 zip code areas.

Top Twenty Zip Codes for Potential Improvement in Food Stamps Participation

| Zip Code | Location | County |
|----------|-------------------|--------------------|
| 85040 | Phoenix | Maricopa |
| 85009 | Phoenix | Maricopa |
| 85719 | Tucson | Pima |
| 85281 | Tempe | Maricopa |
| 85239 | Maricopa/Mobil | Pinal |
| 85006 | Phoenix | Maricopa |
| 85008 | Phoenix | Maricopa |
| 85225 | Chandler | Maricopa |
| 85017 | Phoenix | Maricopa |
| 85705 | Tucson | Pima |
| 86001 | Flagstaff | Coconino |
| 85364 | *Yuma pg/martin | Yuma |
| 85713 | Tucson | Pima |
| 85706 | Tucson | Pima |
| 86401 | Kingman | Mohave |
| 85015 | Phoenix | Maricopa |
| 85016 | Phoenix | Maricopa |
| 85035 | Phoenix | Maricopa |
| 85621 | *Fairbank/Nogales | Cochise/Santa Cruz |
| 85607 | Douglas | Cochise |

Source: Arizona Department of Economic Security.

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

WIC Participation by County (2007)

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

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

Homelessness

Many young children living in the Central Phoenix Region are homeless. Federal law requires school districts to enroll and serve children who are homeless. According to the Arizona Department of Education, seven school districts in the Central Phoenix Region serve young children, ages three to five years. Recent interviews conducted with professionals working with homeless families in the school districts in the Central Phoenix area indicate that more homeless families with very young children are enrolling in their programs primarily due to housing foreclosures and loss of employment.¹³ In addition, according to a representative of St. Vincent de Paul, an organization that serves homeless families at their Human Services Campus in Central Phoenix, 56 families were referred in July, 2008.¹⁴

Homeless Children (ages birth through five) Enrolled in School District Programs, 2007-2008

| | |
|---------------------------|----|
| Alhambra | 98 |
| Balsz | 18 |
| Creighton | 61 |
| Madison | 7 |
| Osborn | 48 |
| Phoenix Elementary | 65 |
| Wilson | 34 |

Source: Arizona Department of Education.

Homeless children suffer from high rates of anxiety and depression. They often experience behavioral problems, and exhibit below-average school performance.

According to the National Center on Family Homelessness, the typical homeless family consists of a young mother and two children under the age of six. Such families typically earn about \$8,000 per year.¹⁵ According to the Urban Institute, lack of affordable housing is the major cause of homelessness among families.¹⁶

Parent Educational Attainment

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

13 Phone survey September 2008; FTF staff.

14 Interview conducted by FTF staff, September 2008.

15 2008 National Center on Family Homelessness, fact sheet

16 Burt, Martha R, et al. "What Will It Take to End Homelessness?" Urban Institute, September 2001.

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

primary caregivers also had successful educational outcomes.¹⁸

Approximately 22 percent of births nationally are to mothers who do not possess a high school degree. While data for the Central Phoenix Region is not available, in Maricopa County that percent is much higher than the national average. According to data reported from 2002 to 2006, approximately 30 percent of mothers who gave birth in Maricopa County had less than a high school diploma, which is almost 10 percent higher than the state average over the same period of time. The state rate for births to mothers with no high school degree has remained fixed at 20 percent for the past three years. The county as a whole is above the state and national figures for college experience.

Percentage of Live Births by Educational Attainment of Mother

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

Numbers do not add to 100% since any education beyond 17 years and unknowns were excluded. Source: Arizona Department of Health Services, Vital Statistics; American Community Survey.

While data on educational attainment of the mother is not available by zip code, educational attainment of adults in general in the Central Phoenix Region shows considerable variation by zip code.

18 Feinstein, L., Duckworth, K., Sabates, R. (2004), *A Model of the Inter-Generational Effects of Parental Education*, London: Centre for Research on the Wider Benefits of Learning, Department for Education and Skills Research Brief.

Educational Attainment by Adults in Selected Zip Code Areas (2000)

| Zip Code | High School Graduate or Higher | BA Degree or higher |
|-----------------|--------------------------------|---------------------|
| 85003 | 65.5% | 21.3% |
| 85006 | 46.8% | 8.4% |
| 85007 | 51.9% | 15.8% |
| 85012 | 80.2% | 36.6% |
| 85013 | 82.9% | 31.1% |
| 85014 | 79.7% | 25.4% |
| 85015 | 71.7% | 15.4% |
| 85016 | 84.4% | 30.1% |
| 85017 | 63.3% | 9.4% |
| 85018 | 87.7% | 37.4% |
| 85019 | 65.1% | 8.5% |
| Maricopa County | 82.5% | 25.9% |
| Arizona | 81% | 23.5% |
| US | 80.4% | 24.4% |

Source: [Factfinder.census.gov](http://factfinder.census.gov) — US Census Bureau.

Healthy Births

Prenatal Care

Adequate prenatal care is vital in ensuring the best pregnancy outcome. A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which time a baby develops physically, mentally, and emotionally into a curious and energetic child. Yet in many communities, prenatal care is far below what it could be to ensure this healthy beginning. Some barriers to prenatal care in communities and neighborhoods include the large number of pregnant adolescents, the high number of non-English speaking residents, and the prevalence of inadequate literacy skills.¹⁹ In addition, cultural ideas about health care practices may be contradictory and difficult to overcome, so that even when health care is available, pregnant women may not understand the need for early and regular prenatal care.²⁰

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

- Postpartum complications for mothers
- A 40 percent increase in the risk of neonatal death overall
- Low birth weight babies, and
- Future health complications for infants and children.²¹

In the Central Phoenix Region, 76 percent of mothers received prenatal care beginning in their first trimester of pregnancy, just under the state figure. Nearly 6,700

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

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

21 http://www.healthsystem.virginia.edu/uvahealth/peds_hrnewborn/lbw.cfm

pregnant women in the region did not receive early prenatal. According to national statistics, 83 percent of pregnant women receive prenatal care in their first trimester, compared to 77 percent in Arizona.²²

One prominent indicator of whether prenatal care is obtained in the first trimester is ethnicity. In Arizona, 12 percent of Whites received no prenatal care, 24 percent of Blacks received no prenatal care, 30 percent of Hispanics received no prenatal care, and 32 percent of American Indians received no prenatal care.²³ Any effort to increase prenatal care should consider these large ethnic differences. There are many barriers to the use of early prenatal care, including: lack of general health care, transportation, poverty, teenage motherhood, stress and domestic violence.²⁴

Selected Characteristics of Newborns and Mothers, Phoenix (2006)

| Community | Total Births | Teen Mother (<=19yr) | Prenatal Care 1 st Trimester | No Prenatal Care | Birth Paid for by Public Money | Low birth weight <2500 grams | Unwed Mothers |
|-----------|--------------|----------------------|---|------------------|--------------------------------|------------------------------|---------------|
| Phoenix | 27,533 | 4,230 | 20,847 | 788 | 18,774 | 1,980 | 14,840 |

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

Low Birth Weight

Low birth weight and very low birth weight (defined as less than 3 pounds, 4 ounces) are leading causes of infant health problems and death. Many factors contribute to low birth weight. Among the most prominent are: drug use during pregnancy, smoking during pregnancy, poor health and nutrition, and multiple births. In Phoenix 1,980 low birth weight babies were born in 2006, representing 7 percent of the total births.

The Centers for Disease Control reports that low birth weight births have been rising over the past several years. Arizona is producing fewer low birth weight babies each year. Studies have suggested that Arizona's lower than average incidence of pregnant women who smoke cigarettes accounts for better outcomes regarding birth weight than is seen in other cities in the United States. In 2004, the national incidence of pregnant women who smoked cigarettes was over 10 percent, while the Arizona rate was only 5.9 percent. For those women who do smoke during their pregnancies, white teenagers seem to have the highest prevalence for this behavior, at 30 percent nationally.²⁵

Health Insurance Coverage and Utilization

Uninsured Children

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

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

23 Arizona Department of Health Services, Health Disparities Report, 2005.

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

25 Center for Disease Control, Fact Sheet, 2001.

- Are more likely to have well-child visits and childhood vaccinations than uninsured children
- Are less likely to receive their care in the emergency room
- Do better in school.²⁶

When parents can't access health care services for preventive care such as immunizations, there may be delayed diagnosis of health problems, failure to prevent health problems, or the worsening of existing conditions.²⁷ Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.²⁸

From 2001 to 2005, Arizona had a higher percentage of children without health insurance coverage compared to the nation. One reason that Arizona children may be less likely than their national counterparts to be insured is that they may be less likely to be covered by health insurance through their families' employer. In Arizona, 48 percent of children (ages birth to 18) receive employer-based coverage, compared to 56 percent of children nationally.²⁹

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

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

Source: Kids Count.

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

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

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

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

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

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

Uninsured Children (ages birth through nine) by Selected Zip Codes in the Central Phoenix Region (2004)

| Zip Code | Estimated Number of Uninsured Children |
|----------|--|
| 85004 | 121 |
| 85012 | 29 |
| 85003 | 164 |
| 85007 | 348 |
| 85013 | 397 |
| 85018 | 610 |
| 85016 | 546 |
| 85014 | 554 |
| 85019 | 669 |
| 85006 | 1,016 |
| 85015 | 1,163 |
| 85017 | 1,228 |
| 85008 | 1,827 |
| 85034 | 224 |

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

Many low income children whose families are unable to afford private health insurance are enrolled in KidsCare or AHCCCS. KidsCare and AHCCCS are low cost, publicly funded health insurance programs available to children at or below 200 percent of the federal poverty level.

The chart below shows children enrolled in AHCCCS or KidsCare in Maricopa County. As the chart shows, 66,791 children (ages birth through five) were enrolled in AHCCCS or KidsCare in 2007.

Children Under Six Enrolled in KidsCare or AHCCCS Health Coverage (2004-2007)

| | AHCCCS | | | | KidsCare | | | | Total Children Under Six Enrolled In AHCCCS or KidsCare | | | |
|------------------------|--------|---------|--------|--------|----------|-------|-------|-------|---|---------|---------|---------|
| | '04 | '05 | '06 | '07 | '04 | '05 | '06 | '07 | '04 | '05 | '06 | '07 |
| Maricopa County | 54,083 | 63,590 | 59,097 | 59,850 | 3,996 | 4,963 | 6,016 | 6,941 | 58,079 | 68,553 | 65,113 | 66,791 |
| Arizona | 87,751 | 102,379 | 95,776 | 96,600 | 6,029 | 7,397 | 8,699 | 9,794 | 93,780 | 109,776 | 104,475 | 106,394 |

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

While many children do receive public health coverage, many others who likely qualify are not enrolled and are uninsured. In 2002, the Urban Institute's National Survey of America's Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona), but are not enrolled.³⁰ Indeed, the large percent of families who

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

fall below 200 percent of the federal poverty level in the region suggest that many children are likely to qualify for public coverage. National studies suggest that these same children are unlikely to live in families who have access to employer-based coverage.³¹

In recent years, numerous community organizations have collaborated to enroll more eligible children in KidsCare.³² In 2007, funding for KidsCare outreach was included in the state's budget for the first time since the program began in the late 1990's. Health-e-Arizona, a Web-based application system that allows state-and-federally funded health clinics, hospitals, and community organizations to provide online tools applications for AHCCCS, KidsCare and other government services, has helped more eligible and families have access to health coverage and other services. Such efforts have helped increase KidsCare enrollment over the past several years. Nonetheless, recent enrollment in the program has remained flat.³³

Access to Medical Care

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

For the Central Phoenix Region, this last factor may potentially play a large role, given the number of immigrant and linguistically isolated households in the region. While no specific evidence exists for the region, such evidence does exist statewide. For example, thirty seven percent of 788 AHCCCS providers surveyed in 2005 (representing 98 percent of all AHCCCS providers) had *no means* of understanding their Spanish-speaking patients unless the patient's family member could translate for their relative and the medical provider.³⁴ Similarly, a 2007 Commonwealth Fund study found low rates of patient satisfaction among Arizonans, who cited lack of cultural competency as one contributing factor.³⁵

Lack of health coverage and other factors combine to limit children's access to health services. For example, according to a 2007 report by the Commonwealth Fund, only 36 percent of Arizona children under the age of 17 had a regular doctor and at least one well check visit in the last year. According to the same study, only 55 percent of children who needed behavioral health services received some type of mental health care in 2003.³⁶

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

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

32 See www.loveyourkidsaz.org.

33 AHCCCS. KidsCare and HIFA Parent Statistics as of September 1, 2008.

34 Ibid.

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

36 Ibid.

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

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

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

Emergency Room Utilization

Emergency rooms are used for non-emergency situations by both the insured and uninsured when there is no primary care physician for families with young children. According to the *Community Health Needs Assessment for St. Joseph's Hospital and Medical Center Service Area*, families in poverty residing in the Central Phoenix Region are using St. Joseph Hospital and Medical Center (SJHMC) emergency room more frequently for non-emergencies visits than emergencies. Such findings suggest that a lack of a medical home may be a major issue in the Central Phoenix Region.

According to the research, “The SJHMC ED (Emergency Department) serves a young population which suggests the need for pediatric ED services. The residents of poor, Hispanic, non-English speaking community are the largest utilizers of the ED. The development of outreach programs such as satellite clinics, school-based health services, and prevention programs which can serve this community might decrease the use of the ED by these residents. Such services would need to be provided by Spanish-speaking staff since the majority of these families do not speak English at home.”³⁷

Emergency Room Utilization St. Joseph's Medical Center for Selected Zip Codes³⁸

| CNI* | Zip Code | Non-Emergent Visits | Other Visits | Total Visits | City |
|------|----------|---------------------|--------------|--------------|---------|
| 4.2 | 85015 | 1,451 | 1,391 | 2,842 | Phoenix |
| 3.4 | 85013 | 1,261 | 1,279 | 2,540 | Phoenix |
| 3.6 | 85014 | 1,042 | 934 | 1,976 | Phoenix |
| 4.6 | 85008 | 1,057 | 909 | 1,966 | Phoenix |
| 4.4 | 85035 | 986 | 855 | 1,841 | Phoenix |
| 4.6 | 85017 | 898 | 782 | 1,680 | Phoenix |
| 3.6 | 85016 | 800 | 743 | 1,543 | Phoenix |
| 5.0 | 85007 | 707 | 670 | 1,377 | Phoenix |
| 5.0 | 85006 | 712 | 514 | 1,226 | Phoenix |
| 4.4 | 85019 | 569 | 571 | 1,140 | Phoenix |
| 2.4 | 85018 | 466 | 520 | 986 | Phoenix |
| 4.8 | 85003 | 405 | 326 | 731 | Phoenix |
| 3.6 | 85012 | 269 | 306 | 575 | Phoenix |

Source: *Arizona HealthQuery* 2004. As reported in 2007 Community Needs Assessment for St. Joseph's Hospital and Medical Center Service Area.

In addition, the study reports that:

- Only 23 percent of the patients who use the SJHMC emergency room have private health insurance.
- Approximately 18 percent of the patients using the SJHMC emergency room have no health insurance.
- Approximately 24 percent of SJHMC emergency room patients are younger than 15 years old.
- Approximately half of SJHMC emergency room visits are for non-emergent conditions. The highest number of patients who are using the ED for non-emergent conditions are residing in zip codes 85009, 85015, 85013, 85014, and 85008.³⁹

Oral Health Access and Utilization

In many communities in Phoenix, young children are likely to have untreated tooth decay, and more likely to face urgent dental needs than their counterparts state-wide. In 2003, more than half (58 percent) of children six to eight in Phoenix had experience with dental caries and more than one-third had untreated tooth decay. Nonetheless, these figures are better than the state as a whole, and the percentage of sealants among children is higher.

38 Catholic Health Care West (CHW) supplied the Community Needs Index (CNI). The CNI index is a tool used to measure community need in a specific geography through analyzing the degree to which a community has the following health care access barriers: income, education, culture, insurance, and housing. Using statistical modeling, the combination of above barriers results in a score between 1 (less needy) and 5 (most needy) Analysis has indicated significant correlation (96%) between the CNI and preventable hospital admissions. Communities with scores of "5" are more than twice as likely to need inpatient care for preventable conditions (ear infection, etc.) than communities with a score of "1".

39 2007 Community Health Needs Assessment for St. Joseph's Hospital and Medical Center Service Area.

Oral Health, Children (six to eight years old) (2003)

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

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

Enrollment in Head Start helps ensure access to medical and dental care. Head Start requires children enrolled in its program to receive well child and oral health visits. In the Maricopa County, 96 percent of enrollees received an oral health visit.⁴⁰

Access to oral health care is especially challenging for families with children with special needs. According to a statewide Health Provider Survey report released in 2007, a large majority (78 percent) of Arizona dental providers surveyed in 2006 (N =729 or 98 percent of all AHCCCS providers) said they did not provide dental services to special needs children because they did not have adequate training (40 percent), did not feel it was compatible with the environment of their practices (38 percent), or did not receive enough reimbursement to treat these patients (19 percent). The provider survey report recommended more training for providers to work with Special Needs Plans, collaborating with the Arizona Dental Association and the Arizona Department of Health Services to increase the number of providers who accept young children.⁴¹

Child Safety

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

Child Abuse And Neglect

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

⁴⁰ Arizona Office of Oral Health; 2006 Survey of AHCCCS Providers.

⁴¹ Ibid.

health, injuries, failure to thrive, and somatic (physical illness) complaints.⁴²

The following data illustrates the existence of abuse and neglect in Phoenix. The figures suggest that a significant number of children in Maricopa County are at greater risk for poor school performance, frequent grade retention, juvenile delinquency, and teenage pregnancy, since child abuse and neglect are strongly linked with these negative outcomes for children. While the breakdown of such data by age was not available for this report, national data suggests that the incidence of child abuse and neglect is far greater for children under age five than older children.

Child Abuse Reports, Substantiations, Removals, Placements for Maricopa County

| | Oct 2003 Through Mar 2004 | Apr 2004 Through Sep 2004 | Oct 2004 Through Mar 2005 | Apr 2005 Through Sep 2005 | Oct 2005 Through Mar 2006 | Apr 2006 Through Sep 2006 | Oct 2006 Through Mar 2007 | Apr 2007 Through Sep 2007 |
|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Number of reports received | 11,877 | 11,303 | 10,823 | 10,576 | 10,019 | 9,622 | 9,573 | 10,284 |
| Number of reports substantiated | NA | NA | NA | NA | 536 | 573 | 641 | 448 |
| Substantiation rate | NA | NA | NA | NA | 5% | 6% | 7% | 4% |
| Number of new removals | 1,847 | 1,947 | 1,888 | 2,080 | 1,954 | 2,013 | 2,013 | 1,988 |

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

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

The table below describes the types and number of child maltreatment received by each county in Arizona over a six-month period in 2007. Over half (57 percent) of all reports in the state were in Maricopa County. Of the 10,284 child maltreatment reports made in Maricopa County, 6,098 were reports of neglect, followed by 3,424 reports of physical abuse, 645 reports of sexual abuse, and 117 reports of emotional abuse. Of the total reports for that time period 4.3 percent resulted in substantiation.

42 References for this section: Augoustinos, M. Developmental effects of child abuse: A number of recent findings. *Child Abuse and Neglect*, 11, 15-27; Eckenrode, J., Laird, M., & Doris, J. *Maltreatment and social adjustment of school children*. Washington DC, U. S. Department of Health and Human Services; English, D. J. The extent and consequences of child maltreatment. *The Future of Children, Protecting Children from abuse and neglect*, 8, 39-53.; Lindsey, D. *The welfare of children*, New York, Oxford University Press, 2004; National Research Council, *Understanding child abuse and neglect*. Washington DC: National Academy Press; Osofsky, J. D. The impact of violence on children. *The Future of children*, 9, 33-49.

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

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

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

Foster Care

With over one-third of the children in out of home care under the age of six, it is important to understand where these children are being cared for. Families can be helped to safely care for their children in their own communities and in their own homes—if appropriate support, guidance, and help is provided to them early enough. However, there are emergency situations that require the separation of a child from his or her family. At such times, every effort should be made to have the child live with caring and capable relatives or with another family within the child's own community—rather than in a restrictive institutional setting. Family foster care should be the next best alternative to a child's own home or to kinship care.⁴³ In addition, the DES In-Home Services program provides services to families referred by Child Protective Services (CPS). This program provides moderate to intensive therapy and case management in an effort to prevent children from being removed from their homes. It can also stabilize a foster care or adoptive placement, or facilitate reunification of children with their families. Services include regular visits to the home, assessment of the safety of children in the home, and contact with CPS staff.

In November 2007, the Department of Economic Security issued a report on the differences between foster homes and removals by zip code for Maricopa County. The table below reports on the number of foster care homes in the zip codes that make up the Central Phoenix Region. Two zip codes within this area (85015 and

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

85008) are considered “high removal areas” within Maricopa County. In these areas, slightly over one-third of the removals were children aged five and under. In the 85008 area, nearly half of the removals were children of Hispanic ethnicity, while in the 85015 area there were approximately one-third of removals classified as Hispanic and one-third of the removals classified as African American children. This report highlights the lack of foster homes available within the Central Phoenix Region.

Availability of Foster Home Placements as Related to Child Removals in the Central Phoenix Region (2007)

| ZIP Code | Number of Removals | Number of Foster Homes | Number of Removals (excluding children placed with relatives) | Difference between Foster Homes and Removals (excluding children placed with relatives) | Description |
|--------------|--------------------|------------------------|---|---|--------------------------------------|
| 85003 | 10 | 1 | 7 | -6 | Shortage of foster homes |
| 85004 | 6 | 4 | 5 | -1 | Balance of foster homes and children |
| 85006 | 42 | 3 | 33 | -30 | Very large shortage of foster homes |
| 85007 | 27 | 5 | 21 | -16 | Large shortage of foster homes |
| 85008 | 101 | 6 | 64 | -58 | Greatest shortage of foster homes |
| 85012 | 9 | 0 | 9 | -9 | Large shortage of foster homes |
| 85013 | 23 | 6 | 16 | -10 | Large shortage of foster homes |
| 85014 | 22 | 3 | 15 | -12 | Large shortage of foster homes |
| 85015 | 79 | 9 | 54 | -45 | Greatest shortage of foster homes |
| 85016 | 33 | 3 | 21 | -18 | Large shortage of foster homes |
| 85017 | 49 | 4 | 31 | -27 | Very large shortage of foster homes |
| 85018 | 14 | 4 | 13 | -9 | Large shortage of foster homes |
| 85019 | 27 | 9 | 20 | -11 | Large shortage of foster homes |
| 85034 | 25 | 1 | 14 | -13 | Large shortage of foster homes |
| Total | 467 | 58 | 323 | -265 | |

Source: Arizona Department of Economic Security, Point in Time Report, Nov. 2007.

Child Mortality

The infant mortality rate can be an important indicator of the health of communities. Infant mortality is higher for children whose mothers began prenatal care late or had none at all, those who did not complete high school, those who were unmarried, those who smoked during pregnancy, and those who were teenagers.⁴⁴ Furthermore, children living in poverty are more likely to die in the first year of life. For example, children living in poverty are more likely to die from health conditions such as asthma, cancer, congenital anomalies, and heart disease.⁴⁵ In Arizona as well as the rest of the nation, many factors that lead to a young child’s death are related to health

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

45 Chen, E., Matthews, K. A., & Boyce, W. T. Socioeconomic differences in children’s health: How and why do these relationships change with age? *Psychological Bulletin*, 129, 2002, 29-329; Petridou, E., Kosmidis, H., Haidas, S., Tong, D., Revinthi, K., & Flytzani, V. Survival from childhood leukemia depending on socioeconomic status in Athens. *Oncology*, 51, 1994, 391-395; Vagero, D., & Ostberg, V. Mortality among children and young persons in Sweden in relation to childhood socioeconomic group. *Journal of Epidemiology and Community Health*, 43, 1989, 280-284; Weiss, K. B., Gergen, P. J., Wagener, D. K., Breathing better or wheezing worse? The changing epidemiology of asthma morbidity and mortality. *Annual Review of Public Health*, 1993, 491-513.

status, such as a pre-existing health condition, inadequate prenatal care, or even the lifestyle choices of the parent. Another area of concern includes factors such as injury — unfortunately, in many circumstances, preventable injury. The table below provides information on the total number of child deaths in the Phoenix for children under the age of four, followed by the leading causes of death for infants in Phoenix in 2006.

Child Deaths Among the Birth through Four Years Population

| | 2003 | 2004 | 2005 | 2006 |
|----------------|----------------|---------------|----------------|---------------|
| Phoenix | 3% (242) | 3% (256) | 3% (249) | 3% (253) |
| Arizona | 2% (872) | 2% (870) | 2% (938) | 2% (920) |
| U.S.** | 1% (32,721) | Not available | 1% (33,196) | Not available |

**Data only available for children birth to 14 years. Source: Arizona Department of Health Services.

Leading Causes of Death Among Infants (n = 19) in Phoenix During 2006

- Natural causes in the first thirty days following the birth (56 percent)
- Congenital Malformations (heart and brain) (26 percent)
- Pre-term and low birth weight (11 percent)
- Maternal complications (11 percent)
- Children's Educational Attainment

School Readiness

Early childhood programs can promote successful school readiness, especially for children in low-income families. Research suggests, for example, that participation in early education programs for low income children is related to improved school performance in the early years.⁴⁶ Furthermore, research indicates that when children are involved in early childhood programs over a long period of time, and when additional interventions are provided in the early school years, better outcomes can emerge.⁴⁷ Long-term studies have documented early childhood programs with positive impact evident in the adolescent and adult years.⁴⁸ Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.⁴⁹

In the Central Phoenix region, families face serious challenges in preparing young

46 Lee, V. E., Brooks-Gunn, J., Shnur, E., & Liaw, F. R. Are Head Start effects sustained? A longitudinal follow-up comparison of disadvantaged children attending Head Start, no preschool, and other preschool programs. *Child Development*, 61, 1990, 495-507; National Research Council and Institute Medicine, *From neurons to neighborhoods: The science of early childhood development*; Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. *Developmental Psychology*, 30, 1994, 787-804.

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

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

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

children to enter school ready to succeed because of the issues of poverty, low educational levels of adults in the region and a high rate of limited English proficiency. In addition many young children in the region are being cared for by Kith and Kin providers (friends and family) with very limited educational experiences and/or knowledge about early childhood development.⁵⁰

Generally, child development experts agree that school readiness encompasses more than acquiring a set of simple skills such as counting to ten by memory or identifying the letters of the alphabet. Young children prepared for school exhibit self confidence and are able to problem solve and persist at a task. While experts identify such skills as being essential to school readiness, the difficulty comes in attempting to quantify and measure these more comprehensive ideas of school readiness. Currently no instrument exists that sufficiently identifies a child's readiness for school entry. Although Arizona has a set of Early Learning Standards (an agreed upon set of concepts and skills that children can and should be ready to do at the start of kindergarten), current assessment of those learning standards have not been validated nor have the standards been applied consistently throughout the state.

One component of children's readiness for school consists of their language and literacy development. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children's knowledge related to language and literacy. One assessment that is used in Arizona schools is the Dynamic Indicators of Basic Early Literacy Skills (DIBELS). The DIBELS is used to identify children's reading skills upon entry to school and to measure their reading progress throughout the year. The DIBELS often tests a set of skills around letter knowledge and does not address other areas of children's language and literacy development such as vocabulary or print awareness.

The results of the DIBELS assessment is not used to assess children's full range of skills and understanding in the area of language and literacy. Nonetheless it provides a snapshot of children's learning as they enter and exit kindergarten. Since all schools do not administer the assessment in the same manner, comparisons across communities cannot be made. In the specific area of language and literacy development assessed, the data in the following chart indicate that only a small percentage of children entering kindergarten were meeting the benchmark standard but at the end of the year significant progress was made.

50 Morrison Institute for Public Policy and Center for the Future of Arizona. *Why Some Schools With Latino Children Beat the Odds... and Others Don't.* (2006)

Basic Early Literacy as Measured by DIBELS for Kindergarten for Selected School Districts (SFY 2006- 2007)

| | Beginning of the Year | | | End of the Year | | |
|--------------------------------------|-----------------------|-------------|-------------|-----------------|-------------|-------------|
| | % Intensive | % Strategic | % Benchmark | % Intensive | % Strategic | % Benchmark |
| Alhambra Elem School District | 61 | 32 | 7 | 14 | 18 | 68 |
| Balsz School District | 57 | 37 | 6 | 15 | 13 | 72 |
| Creighton School District | 53 | 21 | 26 | 4 | 34 | 62 |
| Phoenix Elem School District | 55 | 37 | 9 | 14 | 16 | 70 |

*From the DIBELS assessments available, there were four school districts reporting within the Central Phoenix Region.

Elementary Education

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

In the Central Phoenix Region, available data suggests that elementary children are not performing well on standardized tests. Data from the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA) assessment measures third grade students' levels of proficiency in Writing, Reading, and Mathematics and provides each student's national percentile rankings in Reading/Language and Mathematics.⁵¹ The table below shows the total number of students in third grade who exceed, meet, approach, or are far below the standards in reading, writing, and math in the elementary school districts that fall within the Central Phoenix Region. The Districts had more students meeting or excelling in mathematics than in reading and five of the seven districts had more children meeting or surpassing the writing standards than math or reading. No district had more than 54 percent of its third graders meeting the mathematics standard. Only Alhambra and Madison districts had more than one-third of its students meet or exceed the reading standard.

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

Central Phoenix AIMS DPA Third Grade Score Achievement Levels in Mathematics, Reading, and Writing (percent) (2007)

| School District | Mathematics | | | | Reading | | | | Writing | | | |
|-----------------------------|-------------|----|----|----|---------|----|----|----|---------|----|----|----|
| | FFB | A | M | E | FFB | A | M | E | FFB | A | M | E |
| Alhambra Elementary | 11 | 18 | 51 | 19 | 8 | 26 | 56 | 10 | 5 | 14 | 66 | 1 |
| Balsz Elementary | 15 | 27 | 52 | 6 | 13 | 36 | 47 | 4 | 10 | 23 | 62 | 6 |
| Creighton Elementary | 16 | 26 | 46 | 12 | 11 | 36 | 48 | 5 | 9 | 24 | 62 | 5 |
| Madison Elementary | 5 | 10 | 50 | 35 | 5 | 15 | 59 | 20 | 4 | 10 | 65 | 21 |
| Osborn Elementary | 16 | 19 | 47 | 17 | 17 | 30 | 47 | 8 | 9 | 20 | 61 | 10 |
| Phoenix Elementary | 13 | 22 | 54 | 11 | 9 | 32 | 53 | 6 | 6 | 19 | 66 | 9 |
| Wilson Elementary | 12 | 24 | 54 | 10 | 7 | 36 | 50 | 6 | 3 | 7 | 55 | 35 |
| All Arizona Schools | 9 | 17 | 54 | 20 | 6 | 23 | 59 | 13 | 5 | 13 | 66 | 16 |

Arizona Department of Education AIMS Spring 2007 Grade Three Summary

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



Current Regional Early Childhood Development and Health System

Quality

States have been increasingly concerned about creating high quality early care and education for many reasons. The need for quality childcare is growing. Today, a majority of children ages birth through six years of age participate in regular, nonparent childcare. In fact, 34 percent participate in some type of center-based program.⁵² In addition, research on the positive effects of early education has led to increased emphasis on quality early education. Research has found that high quality child care can be associated with many positive outcomes including language development and cognitive school readiness.^{53 54}

Licensure

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

Accredited Early Child Care Providers

Currently there is no commonly agreed upon or published set of indicators of quality for early care and education in Arizona. The Board of First Things First approved funding in March 2008 for the development and implementation of a statewide quality improvement and rating system. This system will assist families and community members, as well as providers identifying what quality child care looks like and which providers offer quality care.

Until statewide quality indicators are established, accreditation by various national accrediting bodies provides the best available information on quality early child care and education. Nationally accredited organizations approved by the Arizona State Board of Education include:

- Association Montessori International/USA (AMI)
- American Montessori Society (AMS)
- Association of Christian Schools International (ACSI)

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

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

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

- National Accreditation Commission for Early Care and Education (NAC)
- National Association for the Education of Young Children (NAEYC)
- National Association for Family Child Care (NAFCC)
- National Early Childhood Program Accreditation (NECPA)

The table below represents the number of accredited early care and education centers in the Central Phoenix Region. Central Phoenix has 18 accredited early care and education programs. NAC has accredited six preschool programs. Among the NAEYC programs, there are 24 Head Start sites, one adolescent parent center, two school district preschool programs, and the Phoenix College Family Care Center.

Central Phoenix Region Number of Accredited Early Care and Education Centers

| | AMI/AMS | ACSI | NAC | NAEYC | NECPA | NAFCC Homes | Head Start |
|-------------------------------------|---------|------|-----|-------|-------|-------------|------------|
| Number of Accredited Centers | | | 6 | 11 | 1 | | 24 |

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

Low staff-to-child ratios are one example of how accreditation translates into quality. The National Association for the Education of Young Children (NAEYC) offers accreditation to centers throughout the U.S., including centers in Arizona. As part of the accreditation designation, NAEYC has published standards for staff to child ratios based on the size of the program and according to age group.⁵⁵ According to the NAEYC standards, the staff-to-child ratios among accredited providers in the Central Phoenix Region are greater than recommended for the infant group. For the toddler and preschool groups, the local ratios are within the recommended range suggested by NAEYC, as shown in the following table.

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

Source: NAEYC Accreditation Criteria.

⁵⁵ NAEYC standards here are used to provide a context for high standards. It is not presumed that all centers should become NAEYC accredited

To obtain regional information on accredited program enrollment and ratios, telephone interviews were conducted with eight accredited programs within the region, with a total enrollment of 576 children. Ratios of teachers to children tended to be above NAEYC standards across all age groups.

Ratios in Accredited Centers in Central Phoenix Region

| | |
|------------------------------|-------------|
| Infants | 1:5 |
| Toddlers | 1:6 |
| Two Year Olds | 1:6 |
| Three Year Olds | 1:8 to 1:13 |
| Four – Five Year Olds | 1:8 to 1:13 |

Source: Telephone survey of 8 accredited providers, June 2008.

Access

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

Number of Early Care and Education Programs

There are numerous types of early care and education centers in the Central Phoenix Region. Options for care within the region include school district programs for four-year old children; preschool programs that support children with special needs ages three to five; Head Start and Early Head Start programs for children meeting the federal income guidelines and age requirements (these programs provide developmental as well as health and social services); and regulated (licensed or certified) center-based and home-based programs. In addition, there are unregulated programs that provide home-based care. The numbers (below) indicate that working parents have choices between types of care providers. However, these data do not indicate whether parents in Central Phoenix Region have *quality* choices for care for their children.⁵⁶

The Department of Employment Security's 2006 Child Care Market Rate Survey data provides information on a range of child care settings, including licensed centers that provide fee-paying child care, Head Start programs with fee-paying wraparound care, district programs with fee-paying wraparound care, small group homes, family child care providers certified by DES and those approved by agencies for the Child and Adult Care Food Program as well as otherwise unregulated providers who register to be listed with the Child Care Resource and Referral (CCR&R) as available child

⁵⁶ Data from 2006 survey subsequently published in 2007 Market Rate Survey report.

care. This source is particularly useful for understanding approved and unregulated family child care and is useful for understanding family child care and child care for working parents.

Central Phoenix’s 289 fee-paying child care facilities in 2006 included 126 licensed centers, 14 small group homes, 141 approved family child care homes, and eight unregulated family child care homes listed with the resource and referral agency.

Central Phoenix Region Number of Early Care and Education Programs by Type (2006)

| Total | Licensed Centers | Small Group Homes | Approved Family Child Care Homes | Providers Registered With The Child Care Resource And Referral |
|-------|------------------|-------------------|----------------------------------|--|
| 289 | 126 | 14 | 141 | 8 |

Source: FTF analysis of Arizona Department of Economic Security, Child Market Rate Survey data from 2006. (Data subsequently published in 2007 Market Rate Survey report.)

Note: Licensed centers include only DHS licensed program providing fee-paying child care: full-day and part-day child care programs, Head Start centers with wraparound child care programs, and school district fee-based part-and full-day fee-paying care only. DHS licensed small group homes have a 10 child maximum; DES certified family child care homes, homes approved for the child care food program, and CCR&R registered homes have a 4 child maximum. Providers counted under Child Care Resource and Referral Column consists ONLY of providers not listed under previous columns.

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

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

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

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

Number of Children Enrolled In Early Care and Education Programs

The table below presents the number of children enrolled in fee-paying early care and education programs by type in the Central Phoenix. These numbers do not account for children cared for in programs such as Head Start and public preschool programs that do not charge low-income parents for care, in unregulated care, by kin, or who are in need of care but do not have access to it. Identification of methodologies and data sets related to unregulated care and demand for early care and education are a priority for the future.

In 2006, a total of 9,297 children were cared for in 289 settings regulated in some manner. The majority were cared for in licensed centers. About 700 children were cared for in approved/listed family child care homes with a legal maximum of four children per home. The approved capacity of all settings was 14,437 children; however, that capacity describes the physical layout of settings and does not accurately reflect the actual planned size of programs in those settings.

Central Phoenix Region Number of Children Enrolled in Early Care and Education Programs by Type (2006)

| | Licensed centers | Groups homes | Approved family child care homes | Providers registered with the Child Care Resource and referral | Total |
|-----------------------|------------------|--------------|----------------------------------|--|--------|
| Approved capacity | 13,425 | 160 | 814 | 38 | 14,437 |
| Average number served | 8,454 | 14 | 676 | 23 | 9,297 |

Source: DES Child Care Market Rate Survey 2006.

Note: Capacity refers to the total capacity of a physical site and does not necessarily reflect the size of the actual program in that site. Numbers counted under the Child Care Resource and Referral column consists ONLY of slots/children not listed under previous columns.

The Department of Health Services currently licenses 177 child care facilities in the region: 101 centers, 24 Head Start programs 37 district preschool programs and 15 small group homes. The total licensed capacity is 13,405, including 136 in small group homes.

It appears that there may be a lack of capacity related to the number of quality early childhood providers in the Central Phoenix Region. Over 34,000 children ages birth through five reside in the region. The birth through five population grew 32 percent between 2000 and 2006. Considering that only 9,300 (28 percent) of the children birth through five are cared for in 289 regulated settings, it appears that too few programs may exist to meet the needs of the region’s children and families. Recent birth increases, the high percent of families living in poverty, and the limited number of Head Starts and public preschool programs in a region with many low income families also suggest that there is a pressing need for more high quality infant and toddler care. However, the issue of parental choice should be taken into account as families do have a choice of center based care, home care or Kith and Kin (friends and family). Future reports may include parent surveys that acknowledge parent’s choice for child care in central Phoenix.

Costs of Care

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

Average costs of care range in this region is \$13.36 to \$28.00 per day or about \$3340 to \$8,100 per year for full time care, depending both on type of care and age of child. These rates are somewhat lower than national averages and at or a bit above state figures. Following a nation-wide trend, infant care is the most expensive, particularly in centers, where staff to infant ratios must be lower than in other classrooms. In-home care is at the higher end of the scale overall, averaging about \$7000 across age groups, while approved family child care homes have the lowest rates, with infant care averages \$3700 and the legal maximum number of children in these homes is four children.

Costs of Early Care and Education in Central Phoenix

| Setting Type and Age Group | Central Phoenix (2006) |
|---|---|
| Group Homes • Infant • Toddler • Preschooler | \$25.74 per day \$25.36 per day \$25.36 per day |
| Licensed Centers • Infant • Toddler • Preschooler | \$32.58 per day \$28.16 per day \$25.36 per day |
| In-Home Care • Infant • Toddler • Preschooler | \$28.00 per day \$27.67 per day \$27.67 per day |
| Certified Homes • Infant • Toddler • Preschooler | \$23.28 per day \$22.69 per day \$21.78 per day |
| Alternately Approved Homes • Infant • Toddler • Preschooler | \$14.91 per day \$13.94 per day \$13.36 per day |
| Unregulated Homes • Infant • Toddler • Preschooler | \$20.65 per day \$20.52 per day \$20.27 per day |

**Assumes full-time enrollment.

Sources: 2006 DES Market Rate Study; 2008 rates were obtained from SWI ECE Centers; survey results conducted with 48 randomly selected ECE centers in the region.

Child Care Costs In Reference To Family Income

The cost of child care can be a considerable burden for Arizona families. Yearly fees for child care in the state of Arizona range from almost \$8000 for an infant in a licensed center to about \$5,900 for before and after school care in a family child care home. The cost of infant care represents about 12 percent of the median family income of Arizona married couples with children under 18. It represents 30 percent of the median income of a single parent, female-headed family in Arizona.

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

Source: NACCRA Fact Sheet: 2008 Child Care in the State of Arizona. <http://www.naccrra.org/randd/data/docs/AZ.pdf>.

Health

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

Prenatal Care

Previous sections of this report discuss the importance of prenatal care and provide a review of prenatal care for the Central Phoenix Region. The data shown indicate that most pregnant women receive some prenatal care. However, only about 25 percent receive the recommended number of thirteen or more prenatal visits. Further, data for the Central Phoenix Region shows that in 2006, nine percent of pregnant women

deliver without having any prenatal care visits. Based on population data for the region, there were estimated 788 babies born to women who received no prenatal care.

Access to Health Care and Well Child Visits

Access to medical care and routine well child checks are important to keeping young children healthy. However, in Arizona, many children do not receive medical care on a routine basis. In 2003, 305,562 Arizona children (ages birth through 17) did not receive any medical care during the year.⁵⁷ In part, this can be attributed to high number of uninsured children in our state. (See previous section Health Coverage and Utilization.) As the table below suggests, health coverage and access to medical care are linked. However, Arizona children are more likely than their national peers to lack access to health care. For example, according the Robert Wood Johnson Foundation, Arizona has the highest rate in the country of uninsured children who receive no health care during the year.⁵⁸

Percent of Children (birth through 17) Not Receiving Any Medical Care, 2003

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

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

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

Oral Health

Access to dental care is also limited for young children in both the state and the region. In 2003, 10 percent of children ages six to eight in Phoenix had urgent dental needs. In Phoenix, 35 percent of children in the same age group had untreated tooth decay.

Need for Dental Care Among Children (ages six to eight)

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

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

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

58 Robert Wood Johnson Foundation, Covering Kids and Families. "The State of Kids Coverage," August 9, 2006.

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

It appears that lack of dental care and incidence of tooth decay begins well before children reach school. A study completed by the Arizona Department of Health Services studying children’s oral health status from 1999 to 2003 determined that 35 percent of Arizona kindergarten students (mainly five year olds) had untreated tooth decay, and half of Arizona kindergartners had experience with tooth decay. This same study also found that 25 percent of all Arizona kindergarten students had never been seen for a dental visit and of those children, 59 percent came from Hispanic families, and 35 percent had family incomes of less than \$15,000 per year.

Immunizations

Immunization of young children is known to be one of the most cost effective health services available and is essential to prevent early childhood diseases and protect children from life threatening diseases and disability. A Healthy People 2010 goal for the U.S. is to reach and sustain full immunization of 90 percent of children two years of age.

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

Immunized Two-Year-Olds

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

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

Developmental Screening

Early identification of developmental or health delays is crucial to ensuring children’s optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics recommends that all children receive a developmental screening at nine, 18, and 24 months with a valid and reliable screening instrument. Providing children with special needs with supports and services early in life leads to better health, better outcomes in school, and opportunities for success and self-sufficiency into adulthood. Research has documented that early identification of and early intervention with children who have special needs can lead to enhance developmental outcomes and reduced developmental problems.⁵⁹ For example, children with

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

autism, identified early and enrolled in early intervention programs, show significant improvements in their language, cognitive, social, and motor skills, as well as in their future educational placement.⁶⁰

Parents' access to services is a significant issue, as parents may experience barriers to obtaining referrals for young children with special needs. This can be an issue if, for example, an unskilled early child care provider cannot identify children with special needs correctly.⁶¹

While recommended, all Arizona children are not routinely screened for developmental delays although nearly half of parents nationally have concerns about their young child's behavior (48 percent), speech (45 percent), or social development (42 percent)⁶². Children most likely to be screened include those that need neonatal intensive care at birth. These babies are all referred for screening and families receive follow-up services through Arizona's High Risk Perinatal Program administered through county health departments.

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

In Arizona, the system that serves infants and toddlers with development disabilities is the Arizona Early Intervention Program (AZEIP). Eligible children are those who are 50 percent delayed in one or more of the following areas of development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. Identifying the number of children who are currently being served through an early intervention or special education system, indicates what portion of the population is determined to be in need of special services (such as speech or physical therapy). Comparing that number to other states with similar eligibility criteria provides a basis for understanding how effective the Child Find process is. This is the first task in knowing whether or not a community's Child Find process, including screening, is working well.

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

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

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

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

The following chart shows the number of AzEIP screenings conducted on children birth through 12 months and for children 13-36 months for Maricopa County. A very small proportion of infants and toddlers were screened in 2005 and 2006.

Children Birth Through Five Years Receiving Developmental Screenings in Maricopa County

| Service Received According to Age Group | 2005 | 2006 |
|---|---------------|---------------|
| AzEIP Screening birth-12 months | 276 (0.46%) | 311(0.49%) |
| AzEIP Screening 13-36 months | 2,502 (0.39%) | 2,810 (0.49%) |
| AzEIP birth-3yr referred and <i>eligible</i> for assessment | Not Available | 2,255 (35%) |

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

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

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

Childhood Asthma

The Central Phoenix Regional Council requested information regarding childhood asthma. There is no state or regional level data on the prevalence of asthma in children; however, the state has begun collecting hospital discharge data on asthma. In 2000, about 39 percent of those with asthma discharged from hospitals were children 14 years old or younger. In 2001, the figure was 35 percent.⁶³ Statewide mortality statistics indicate fewer than ten deaths among children under five years old age attributable to childhood asthma.⁶⁴

For reasons that are not entirely understood, asthma is the most frequent chronic disease of children in Arizona, which has rates higher than most states. Outdoor air pollutants and biological triggers are considered important causal factors. High amounts of particulate matter in the air can trigger episodes or worsen asthma.⁶⁵

As of 2003, the Phoenix area has been listed as one of ten areas in

63 Arizona Department of Health Services, Office of Environmental Health. Arizona’s Children and the Environment. A Summary of the Primary Environmental Health Factors Affecting Arizona’s Children. December, 2003.

64 Arizona Vital Statistics, 2003.

65 IBID., p.5.

the state that does not meet the federal particular (PM10) standards. The particulate percentage in the air is considered to be seriously high, and Phoenix is the only region in the state to be seriously high in ozone. The Environmental Agency requires that a State Implementation Plan be developed for pollution reduction in areas with high pollution.⁶⁶

Several ongoing research studies at the University of Arizona Respiratory Center are leading to better understanding of the causes, treatment, and prevention of asthma in young children.⁶⁷ The Inner City Asthma Study, which includes the Arizona city of Tucson, is evaluating the benefits of several types of interventions, including environmental changes in the home. Phoenix Children's Hospital Breathmobile will provide asthma identification, teaching, and treatment services to children in inner-city Phoenix schools.

Family Support

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

Many research studies have examined the relationship between parent-child interactions, family support, and parenting skills.⁶⁸ Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.⁶⁹ Strategies for promoting enhanced development often stress parent-child attachment, especially in infancy, and parenting skills.⁷⁰ Parenting behaviors have been shown to impact language stimulation, cognitive stimulation, and promotion of play behaviors—all of which enhance child well being.⁷¹ Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, pro-social behaviors, and empathic communication.⁷²

The new economy has brought changes in the workforce and family life. These

66 IIBID., p 6

67 <http://www.arc.arizona.edu/research.html>

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

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

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

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

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

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

Supporting families is a unique challenge that demands collaboration between parents, service providers, educators and policy makers to promote the health and well being of young children. Every family needs and deserves support and access to resources. Effective family support programs will build upon family assets that are essential to creating self-sufficiency in all families. Family support programming will play a part in strengthening communities so that families benefit from "belonging." Success is dependent on families being solid partners at the table, with access to information and resources. Activities and services must be provided in a way that best meet family needs.

Parent Knowledge About Early Education Issues

When asked, child care professionals continually report that families need more and better information around quality child care.⁷³ Parents seem fairly perceptive of their need for more information. In 2007, the Valley of the Sun United Way conducted a survey with parents (N =250) across Maricopa County. Results indicated that many of the parents surveyed (40 percent) felt knowledgeable about early childhood issues. Still, almost half of parents surveyed (40 percent) indicated they could use "a lot more" education about early childhood issues, with only 20 percent responding that they only wanted a little more information.⁷⁴

The region has a wide array of valuable resources for families, including Child and Family Resources, the Injury Prevention Center, and the Parent Information Network. Other organizations are also fostering family support and knowledge of early education issues. Such organizations include the Valley of the Sun United Way, which has developed an array of education materials for families. School and library programs offer resources for parent knowledge and education materials including classes, Web sites, handouts, and brochures. Raising Special Kids, United Cerebral Palsy of Central Arizona, Inc., the Arizona Department of Education's Exceptional Student Services Office, the Southwest Autism Research and Resource Center, and Southwest Human Development all provide information and resources for families with children with special needs. Southwest Institute for Families and Children with Special Needs has developed SWIfT® resources of Arizona — a Web-based listing of over 2,795 resources for families in Maricopa County.

There are a number of resources available in the Central Phoenix Region to aid parent knowledge, family literacy, and daily reading to children. They include including school programs that support family literacy through Head Start. The Reach Out and Read Program encourages family literacy during a child's physician/clinic visit. Children are given a book during each well-child check.

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

74 Valley of the Sun United Way, Parent Survey, 2007

The Burton Barr Central Library and four branch libraries are located in the Central Phoenix Region. The Central Library and the Harmon Branch both offer parent workshops to families on how to raise young readers. All of the libraries offer story times for young children and their caregivers, where best practices in early literacy are modeled. The libraries also conduct outreach storytimes at a limited number of child care centers in the region, where they also train child care providers and families on best practices in early literacy.

Channel 8 PBS programming offers many opportunities for children and families to learn together using the Internet, television programming, and direct training. In the parent training component — Ready to Learn — families meet with a trainer and are given books and techniques for reading to their children as well as strategies for watching television together.

Many other valuable resources and programs exist that provide valuable support to families in the Central Phoenix Region. First Things First is beginning to collect an inventory of such assets, which will continue beyond publication of this report.

Professional Development

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

Child Care Professionals' Certification and Education

Research on caregiver training has found a relationship between the quality of child care provided and child development outcomes.⁷⁵ Furthermore, formal training is related to increased quality care. Conversely, experience without formal training has not been found to be related to quality care.⁷⁶

A pressing concern of the Central Phoenix Region, and for many other areas around the state, is the preparation of its early childhood and elementary school teachers. Professional training and credentialing of professionals appears to be lacking in the region.

In the Central Phoenix Region, more than half of early childhood programs and more than three-quarters of assistant teachers had no advanced degree. There are a higher percentage of teachers with formal post-secondary education than in the state, but considerably lower than national levels.

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

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

Child Care Professionals' Educational Background

| Degree Type | Central Phoenix Region 2007 | | Arizona* 2007 | | U.S.** 2002 | |
|-------------|-----------------------------|------------|---------------|------------|-------------|------------|
| | Teachers | Assistants | Teachers | Assistants | Teachers | Assistants |
| No degree | 54% | 79% | 61% | 82% | 20% | 12% |
| CDA | 7% | 6% | 9% | 7% | N/A | N/A |
| Associates | 22% | 16% | 15% | 8% | 47% | 45% |
| Bachelors | 18% | 3% | 19% | 7% | 33% | 43% |
| Masters | 5% | <1% | 6% | <1% | | |

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

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

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

Of 161 Central Phoenix early childhood educators who attended local training sessions in 2008, 54 percent of teachers had an associates, bachelors, or masters degree, compared to 45 percent overall in the region. For assistant teachers, the figures were a little lower than the average.

| | Central Phoenix* | Arizona | U.S.** |
|-------------------|---|--|--------------------------------|
| | 2008 | 2007 | 2007 |
| Associates | 16% Teachers 11% Assistants | 15% Teachers 12% Assistants | 40% Teachers 10% Assistants |
| BA/BS degree | 1% Directors 18% Teachers 6% Assistants | 35% Teachers 14% Assistants | 33% Teachers 12% Assistants |
| Other College | 13% EC Masters Degree 7% Non-EC Masters Degree | 8% EC Masters Degree 6% Non-EC Masters Degree | 47% Teachers 45% Assistants |
| Certificate (1yr) | 2%: Teachers | Data Not Available | 20% Teachers 43% Assistants |
| CDA | 1% : Assistant 3%: Teachers | 11% Teachers | 45% Teachers |

*Based on the 161 Central Phoenix people attending S*CCEEDS trainings in 2008

Sources: Center for the Child Care Workforce; S*CCEEDS.

The number of early care and education professionals did not grown substantially between 2004 and 2007, even though the population of young children has grown by 32 percent since 2000.

Child Care Professionals in the Central Phoenix Region

| Number of Early Childhood Teachers/Administrators | | |
|---|--------------|--------------|
| | 2004 | 2007 |
| # Teachers | 951 | 996 |
| # Assistant Teachers | 705 | 702 |
| # Teacher Directors | 92 | 104 |
| # Administrative Directors | 136 | 132 |
| # Part Time Teachers | 233 | 238 |
| # Part Time Assistant Teachers | 183 | 254 |
| #Part Time Teacher Directors | 5 | 9 |
| # Part Time Administrative Directors | 6 | 10 |
| Total | 2,311 | 2,445 |

Source: Compensation and Credentials Report, 2007.

Professional Development Opportunities

Early childhood educators and professional have a variety of resources available in the Phoenix area, including on-line training and degree programs through the state universities or through Maricopa Community College programs. Maricopa Community Colleges have a campus in the region, Phoenix College, which has a selection of degree and certificate programs: two Associate in Applied Sciences (A.A.S.) degrees in family development and early childhood education and administration; one Associate of Arts (A.A.) degree program in early childhood education; six certificate programs in early childhood education and administration, early childhood classroom management, family development, family support, adolescent studies, and curriculum for young children; one Child Development Credential; and one Associate of Arts in Early Education (AAEE) degree. Degrees can be transferred to a four-year institution.

Phoenix College also offers a Child Development Associate (CDA) Credential through its CDA Pathway program. The mission of the Child Development Associate (CDA) National Credentialing Program is to enhance the quality of early care and education for young children by establishing standards, which define, evaluate and recognize the competence of early childhood teachers. The CDA Credential prepares educators who wish to teach young children in child development centers and pre-schools (birth through pre-k). The CDA Credential is awarded to child care providers who have demonstrated their skill in working with young children and their families by successfully completing the CDA assessment process through Phoenix College. The CDA Pathway program is designed so that it can be expanded into Certificates of Completion and Associate of Applied Sciences Degrees.

Phoenix College also offers an Associate of Arts Elementary Education degree, with specializations available in early childhood, special education, multilingual/ multicultural education, or elementary education. Some of the many courses relevant to early childhood development within this program include learning and the brain, children's literature, methods for teaching the bilingual student, introduction to the exceptional learner, family-centered services, and classroom strategies for the exceptional learner.

Community-based trainings are also available for early childhood professionals in the Central Region, targeting center based child care professionals and in home child care providers. While these trainings generally do not lead to an educational degree, they provide up to date information on best practice in the early childhood field. A

listing of such trainings can be accessed through agencies such as the Association for Supportive Child Care, DES, and Southwest Human Development. In addition, the S*CCEEDs Statewide Child Care and Early Development System is a registry for early care and education professional tracking education and training. S*CCEEDs also provides trainings in Core Knowledge elements such as: Child and Family Development, Family and Community Contacts, Professional and Personal Development, Care and Teaching of Young Children and Administration and Management. S*CCEEDS also provides training through their Distance Learning Opportunities.

Employee Retention

Providing families with high quality child care is an important goal for promoting child development. Research has shown that having child care providers who are more qualified and who maintain employee retention is associated with more positive outcomes for children.⁷⁷ More specifically, research has shown that child care providers with more job stability are more attentive to children and promote more child engagement in activities.⁷⁸

The length of time that child care professionals remain in their employment differs considerably depending upon the position held. About one-fifth of teachers and more than 40 percent of assistant teachers leave their jobs after one year or less, while only twelve percent of teacher/directors and administrative directors do so. On the other end of the spectrum, a little more than one-third of teachers remain in their jobs for five years or longer, while only eleven percent of assistant teachers stay that long. Of directors and administrators, more than half are in their jobs at five years, but only 30 percent of teacher/directors are still in their jobs.

Length of Employment of Child Care Professionals in Central Phoenix Region

| | 6 Months or Less | 7-11 Months | One Year | Two Years | Three Years | Four Years | Five Years or More | Not applicable | "Don't Know/Refused" |
|---------------------------------|------------------|-------------|----------|-----------|-------------|------------|--------------------|----------------|----------------------|
| Teachers | 5% | 2% | 14% | 18% | 20% | 3% | 34% | 4% | 0% |
| Assistant Teachers | 7% | 8% | 27% | 12% | 9% | 6% | 11% | 19% | 0% |
| Teacher Directors | 1% | 2% | 9% | 7% | 4% | 3% | 30% | 44% | 1% |
| Administrative Directors | 2% | 1% | 9% | 3% | 9% | 2% | 51% | 22% | 2% |

Source: Compensation and Credentials Report, 2007>.

Compensation and Benefits

Higher compensation and benefits have been associated with quality child care. Research studies have found that in family care and in child care centers, workers'

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

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

salaries are related to quality child care.⁷⁹ Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality child care.⁸⁰ Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.⁸¹

As the chart below shows, small salary increases have been implemented from 2004 to 2007 in the Central Phoenix Region. Salaries for teachers rose less than six percent in three years; for assistants, seven percent; for teacher/Directors, eleven percent. Assistant teachers' average yearly salaries were \$17,360, well below the federal poverty level for a family of four, while teachers' average salaries — at \$22,920 — were only \$2,000 above poverty level. Administrative Directors' salaries averaged about \$10,000 below the median household income in the county.

Average Wages for Child Care Professionals, Central Phoenix Region

| | 2004 | 2007 |
|-------------------|---------|---------|
| Teacher | \$10.83 | \$11.46 |
| Assistant Teacher | \$7.88 | \$8.68 |
| Teacher/ Director | \$12.51 | \$14.53 |
| Admin/ Director | \$17.54 | N/A |

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

Public Information and Awareness

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

Increasingly, families and caregivers are seeking information on how best to care for young children. National studies suggest that more than half of American parents of young children do not receive guidance about important developmental topics, and want more information on how to help their child learn, behave appropriately, and be ready for school. Many of the most needy, low-income, and ethnic minority children are even less likely to receive appropriate information.⁸²

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

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

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

81 Ibid.

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

geographically relevant, and easily accessible.

There are a variety of community and school-based events throughout the region that provide opportunities to raise public awareness about early childhood issues, including community health fairs, reading and literacy events, Head Start family literacy programs, social service provider-specific programs, the Valley of the Sun United Way's efforts, and a variety of other campaigns throughout the region. Across each community in Arizona the following resources, although not comprehensive, provide important early childhood services:

School Districts — Seven School districts disseminate information to parents and the community at large through a number of events throughout the school year that include open house nights, PTO monthly meetings, information fairs and parent university weekends. School districts also use federal funding to keep parents aware of important issues such as health care and child nutrition through information campaigns. School districts have also created a network of information for parents through weekly or monthly newsletters, health bulletins, and Web site updates. The seven districts in Central Phoenix Region have Web sites as well.

Public Libraries — The Burton Barr Central Library and four branch libraries are located in the Central Phoenix Region. The Central Library and the Harmon Branch both offer parent workshops to families on how to raise young readers. All of the libraries offer story times for young children and their caregivers, where best practices in early literacy are modeled. The libraries also conduct outreach story times at a limited number of child care centers in the region, where they also train child care providers and families on best practices in early literacy.

Community Organizations — A variety of community organizations provide education, social services, education, and other forms of assistance related to early childhood. Each community has unique agencies that can foster the goals of promoting early childhood development. Child and Family Resources, The Parent Information Network, the Southwest Autism Research and Resource Center, and the Injury Prevention Center some of the organizations located in the region.

Association for Supportive Child Care (ASCC) — This statewide organization provides training opportunities and resources for parents and child care providers in early childhood care and education topics. ASCC also helps families find child care that meets their needs and provides for a number of outreach programs for families.

Southwest Human Development — This agency provides a myriad of services and disseminates information to parents and the community at large through their literacy, mental health, child abuse prevention, child care training, and healthy families programs. They regularly contribute to Parents Magazine, Raising Arizona Kids, and The Arizona Republic creating awareness about early childhood issues. They also collaborate with other Central Phoenix entities to create ambassadors and advocates for young children's issues in the community.

Raising Special Kids — This non-profit organization provides information on services and resources to families with children with disabilities and special health needs. Raising Special Kids' Parent-to-Parent program matches experienced parents with parents needing assistance and guidance. Raising Special Kids Web site also links families with needed resources.

Phoenix Day — Phoenix Day (located in the Central Phoenix Region) is the oldest early childhood education and childcare center in Arizona. Phoenix Day's Health Links program provides information locally on health resources available for low income families. Health Links provides information on available health coverage options (such as KidsCare). Health Links provides enrollment assistance, and also links families to other health resources such as wellness programs including vision, hearing and developmental screenings, immunizations and health fairs.

The Golden Gate Community Center — Now more than 50 years old, this community center provides resources to the 85007 zip code area. Working with other agencies and organizations in the region, the community center holds health and immunization fairs, classes for grandparents raising their children, door-to-door health and nutrition education, and free or low cost health and case management services to local families through 'promotoras' health providers/case managers.

The Arizona Children's Foundation — The Arizona Children's Foundation has an office in the Central Phoenix Region, and its Parent Connection is a resource for training, information and coordination. They also provide a voluntary home visiting program for prenatal and new parent families.

The Birth to Five Helpline — This free resource for parents and caregivers operates out of the Arizona Institute for Childhood Development at Southwest Human Development, which is located in the 85008 area. AICD includes an Early Literacy Center, Infant Mental Health Center, and Child Abuse Prevention Center. The organization collaborates with a variety of programs and organizations to bring brain development information and needed services to families.

The Valley of the Sun United Way (VSUW) — Partnering with school districts, child care providers, parents, and other community agencies, the United Way provides developmental screening of young children, and literacy workshops, along with school readiness kits. Through Firestar, VSUW works with fire departments to provide emergency assistance to families with childhood illness or other crisis.

Head Start — The Central Phoenix region has 24 Head Start Programs to inform low income families about issues related to child growth and development as well as school readiness, issues around parent involvement, children's health, and available community social services.

DES — In-Home Services program provides services to families referred by Child Protective Services; this program provides moderate to intensive therapy and case management in an effort to prevent children from being removed from their homes. It can also stabilize a foster care or adoptive placement, or facilitate reunification of children with their families. Services include regular visits to the home, assessment of the safety of children in the home, and contact with CPS staff.

Several awareness campaigns operate in the Central Phoenix Region, emphasizing early learning, brain development, and child care issues. United Way of America, Civitas and the Ad Council developed Born Learning, a public engagement campaign designed to help young children prepare for school. The awareness campaign includes publicizing and distributing materials and resources statewide that will connect parents and caregivers with programs available in local communities. The New

Directions Institute has launched a campaign to educate business, community and government leaders about early brain development and special needs and has developed a Brain Box for child care providers. The Institute is located in the 85018 area.

A number of Web sites are available the target information for the public and professional about child abuse and prevention and parenting issues. Arizona's Child Abuse InfoCenter (located at the University of Arizona in Tucson) has created a Web site with links early brain development links and program and training opportunities. Arizona's Child Care Resource and Referral Web site has information for parents on child care quality, parenting, and training for providers.

One training initiative, Healthy Steps for Young Children, is funded by local and national foundations and helps train young physicians in brain development research and practice and become training specialists for pediatric residents. In Healthy Steps clinics, the program is free to families. Doctors provide brain development information and families can have follow up home visits. . Healthy Steps training has been integrated into nearly 20 national resident training programs.

The Arizona Asthma Coalition has a community resource directory, and the Maricopa County Asthma Coalition works with Head Start programs. The Department of Health Services Asthma Control Program is developing surveillance system. The Breathmobile goes to schools in Phoenix Elementary District #1, which includes some preschool programs.

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

- **Learning Kits** — Several organizations in the Central Phoenix Region provide kits to families with information on how to best care for young children.

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

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

The Valley of the Sun United Way provides School Readiness Kits to parents and caregivers in Maricopa County. This comprehensive tool (offered in both English and Spanish) is divided into three sections including Early Learning & Development, Nurturing a Positive Attitude and The First Day of School. The kit fosters proper learning and social skill progress for children ages birth through five.

- **Back-to-School Information** — Numerous organizations distribute information

to families with young children as they prepare to enter or return to elementary school each year in July or August. The Back to School Clothing Drive provides clothing as well as information to over 5,000 area children, ages K-six at an annual event in the Phoenix Central Region. Information on resources to families is often distributed at the event.

Arvizu Marketing - in collaboration with the McDonald's CoOp - provides backpacks to preschool students packed with supplies and information to help parents and students get ready for Kindergarten.

The Latino Institute holds a Back to School event in the nearby South Phoenix Region that includes City of Phoenix departments, community organizations, and various area agencies. Information is provided on nutrition, education, water safety, finance, and how to prepare children for school.

Early Childhood awareness opportunities in the Central Phoenix Region could also occur through partnerships and collaborations involving:

- Faith-based organizations such as Reboth Saints Center, First Institutional Baptist Church, Tanner Chapel AME Church, and Pilgrim Rest Baptist Church.
- Local media partners such as The Camelback Corridor and the Arcadia News.
- Local recreation programs or events such as YMCA events and programs.
- Neighborhood groups such as the Willo Neighbors, Block Watch, Farmer's Market Coop, etc. The City of Phoenix maintains strong relations with many neighborhood groups, fostering their development.

Public awareness and information efforts also need to go beyond informing parents and caregivers of information needed to raise an individual child or support a family in care giving. Increased public awareness around the needs of children and their families is also needed. Policy leaders need to better understand the link between early childhood efforts and the broader community's future success. Broader public support must be gleaned to build the infrastructure needed to help every Arizona child succeed in school and life. Success in building a comprehensive system of services for young children requires a shift in public perceptions and public will.⁸³

In the Central Phoenix Region, several organizations currently play prominent roles in shaping the public agenda around children and families, as well as garnering support for a strong early childhood development and health system. These organizations include:

- **Valley of the Sun United Way** — The United Way's *You're It* statewide public information campaign was designed to increase public awareness and engagement around the importance of investing in children. In addition to the *You're It* campaign, the United Way has also developed advocacy kits that help engage the community in advocacy.
- **PAFCO** — The Protecting Arizona Families Coalition is a non-partisan alliance of social services, health, community service agencies, advocacy groups, citizen

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

advocacy, and faith-based associations. Hundreds of social, health, and community services agencies, human services groups, citizen action and advocacy groups, and faith-based congregations are represented in the Coalition. PAFCO has played a role in recent years in educating lawmakers and the broader community on the need for improved public policy around early childhood and health issues.

- **Children’s Action Alliance** — Children’s Action Alliance (CAA) is a non-profit, non-partisan research, education and advocacy organization dedicated to promoting the well-being of Arizona’s children and families. CAA’s fact sheets, action alerts, and research reports help inform policy makers and activists of need public policy changes.
- **St. Luke’s Health Initiatives** — St. Luke’s Health Initiatives has engaged Susan Bales, a national communications expert, in training local leaders on how to best frame various issues related to the health and well being of Arizonans. Susan Bales’ expertise includes work for organizations such as Zero to Three on how to best “frame” issues related to early childhood education.

System Coordination

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

Partnerships are needed across the spectrum of organizations that touch young children and their families. Organizations and individuals must work together to establish a coordinated service network. For example, shared data from an agency like Special Supplemental Nutrition Program for Women, Infants and Children (WIC) could make access to services such as KidsCare easier and more timely for families under a coordinated system. Improved coordination of public and private human resources and funding could help maximize effective outcomes for young children.

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

Community Questionnaire

Creating a seamless infrastructure of support for early childhood in the Central Phoenix Region requires connecting partners to obtain community-level information pertaining to systems coordination. A detailed questionnaire was shared with seven community leaders of the Phoenix Central and Phoenix South regions, representing diverse sectors of the community, including school districts, community colleges,

child care and learning centers, preschools, faith-based organizations, non-profit organizations, Head Start programs, local governmental entities, and relevant early childhood associations and advocacy groups.

Select findings are as follows:

The primary agencies or groups identified by survey respondents as currently set up to increase system coordination in the Phoenix Central and Phoenix South communities include: Valley of the Sun United Way; Success by 6 Groups (overseen by United Way); PAFCO; Association for Supportive Child Care (ASCC); Arizona Literacy and Learning Center (LLC); the Phoenix Elementary Preschool/Early Childhood Program; and the Office of the Vice President for Education Partnerships/Early Childhood Community of Practice.

Valley of the Sun United Way — The United Way’s *You’re It* statewide public information campaign was designed to increase public awareness and engagement around the importance of investing in children. In addition to the *You’re It* campaign, the United Way has also developed advocacy kits that help engage the community in advocacy.

PAFCO — The Protecting Arizona Families Coalition is a non-partisan alliance of social services, health, community service agencies, advocacy groups, citizen advocacy, and faith-based associations. Hundreds of social, health, and community services agencies, human services groups, citizen action and advocacy groups, and faith-based congregations are represented in the Coalition. PAFCO has played a role in recent years in educating lawmakers and the broader community on the need for improved public policy around early childhood and health issues.

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Six out of seven survey respondents (86 percent) stated that organizations within the Phoenix Central and Phoenix South regions are actively and successfully working together to improve the lives of families and children ages birth through five in their communities. While numerous coordination efforts are being carried out in both regions, all survey respondents suggested that improvements are still needed to improve early childhood systems coordination in their regions.

With respect to sector representation, feedback from survey respondents suggests that coordination efforts within the Phoenix Central has reached a diversity of community stakeholders, including members of the public education system,

community-based programs, literacy programs, Head Start programs, libraries, hospitals, and to a lesser extent, members of the child care community/industry. Sector representation that was deemed as “lacking” by survey respondents included a gap in participation from the faith-based community and local business community.

In terms of demographic and geographical representation, there are several communities that survey respondents suggested may be left out or underrepresented in coordination efforts in Central Phoenix Region including children from undocumented families, refugee and immigrant communities, and African American and Asian communities. Respondents suggested that the further a community is located from the City of Phoenix, the less likely they are “in the loop” in terms of systems coordination.

Suggestions provided by survey respondents to improve coordination efforts, and better reach under-served populations/sectors in the Phoenix Central and South regions, include the following:

- Expand outreach efforts to better include members of the faith-based community, business community, and health-focused providers within systems coordination efforts in the regions.
- Expand outreach efforts to better incorporate the needs of the African American community, refugee children and families, and the children of undocumented families into early childhood coordination efforts.
- Work collaboratively to raise funds for priority projects given funds are limited and competition tends to encourage territorialism in service delivery.
- Improve collaboration efforts between Maricopa County and Southern Arizona.
- Increase public awareness regarding available services for early childhood development for families.
- Improve coordination between early childhood centers and health organizations and providers to improve service delivery.
- Strengthen the link between the many health-related coalitions and partnerships in the regions to work more closely with early childhood providers.
- Better utilize the existing rich data sources already available among providers in the region to better inform service delivery efforts and limit duplication of effort.

While the community leaders of the Phoenix Central and Phoenix South regions, who responded to this questionnaire, represent diverse sectors of the community, including school districts, community colleges, child care and learning centers, pre-schools, faith-based organizations, non-profit organizations, Head Start programs, local governmental entities, and relevant early childhood associations and advocacy groups; this was a small sample of community leaders and a wider sample could have provided additional and /or different information.



Resources (Abridged)

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Description of Methodologies Employed for Data Collection

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

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

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

To collect information on current enrollment, adult to child ratios, and the number of programs serving children with special needs in Head Start and accredited early care and education centers, a comprehensive phone survey was conducted by the Consultant in June 2008, with information obtained from eight of the 11 NAEYC accredited programs in the Central Phoenix Region.

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

Existing data on the current enrollment capacity and actual numbers served within licensed child care centers and licensed child care homes in the Central Phoenix Region was obtained by the Consultant in June 2008 from published data sets provided by First Things First for the 2007-2008 period.

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

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

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

To collect information on the number and type of professional development opportunities available within the Central Phoenix Region, the Consultant and RPC Coordinator conducted a comprehensive Web site review of all the university, community college, and training centers located within the region. Each Web site review

was followed with a phone interview in June 2008 to obtain information regarding the type of degree opportunity, certification program, and/or training opportunity available. For instance, phone interviews were conducted with personnel within the Child and Family Studies Program of Phoenix College.

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

As the state's 2007 *Bright Futures* report notes, gaps in data capacity infrastructure are more than evident when looking for evidence of how well young children are doing in Arizona with regard to early childhood health and education efforts. Data were not always available at the regional level of analysis, particularly for the more common social and economic demographic variables that are measured collectively as part of the larger Maricopa County region overall. In particular, data for children birth through five years were especially difficult to unearth and in many cases indicators are shown that include all children under the age of 18 years, or school age children beginning at age six. One exception to this case is the Head Start data that are reported which do pertain to children under the age of five years; however, these data also represent all Head Start children receiving services in the County and do not zero in on those children residing only within the geographic boundaries of the North Phoenix Regional Partnership Council (Regional Council) region. Compounding this problem are additional barriers that limit the sharing of data between communities, organizations, and other entities due to concerns over privacy and other obstacles that impede the dissemination of information.

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

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





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