



2014 NEEDS AND ASSETS REPORT

SOUTHWEST MARICOPA REGIONAL PARTNERSHIP COUNCIL



FIRST THINGS FIRST

Ready for School. Set for Life.

Southwest Maricopa Regional Partnership Council

2014

Needs and Assets Report

Prepared by the
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Funded by
First Things First Southwest Maricopa Regional Partnership Council

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Letter from the Chair

October 29, 2014

Message from the Chair:

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

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

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

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

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

Thank you  support.
Sincerely,

Dr. Carlian Dawson, Chair



Southwest Maricopa Regional Partnership Council

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Introductory Summary and Acknowledgments

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

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

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

Acknowledgments:

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

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

We also want to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the American Community Survey, the Homeless Management Information System, the Arizona Criminal Justice Commission, the Arizona Head Start Association, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, and the Arizona Health Care Cost Containment System for their contribution of data for this report.

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Executive Summary

The Southwest Maricopa Region is comprised of several communities within the southwestern portion of Maricopa County including Arlington, Avondale, Buckeye, Gila Bend/Theba, Goodyear, Litchfield Park, Tolleson, Tonopah, Wintersburg, and the Luke Air Force Base.

According to U.S. Census data, the Southwest Maricopa Region had a population of 274,478 in 2010, of whom 28,492 (10.4%) were children under the age of six. In the Southwest Maricopa Region, about 24 percent of households have young children. This is a higher percentage than in Maricopa County (17%) and in the state of Arizona overall (16%). This proportion varies quite a bit throughout the region, though most zip codes in the region have a greater proportion of households with children under six than the state and county. The population of young children in the region has also increased substantially between 2000 and 2010, with projections for the increase to continue over the next decade.

Most children in the Southwest Maricopa Region (82%) are living with at least one parent. The majority of children in the region not living with their parents (18%) are living with other relatives such as grandparents, uncles or aunts (16%). The percentage of children in the region residing in a grandparent's household (13%) is similar to the state (14%) and Maricopa County (12%). However, there is considerable variability across communities in the region. In the Tonopah/Wintersburg community, 19 percent of children aged birth through five are living in a grandparent's household, as are 17 percent of young children in Arlington and the 85323 zip code of Avondale.

Approximately half (51%) of adults living in the Southwest Maricopa Region self-identify as White and a little more than one third (37%) self-identify as Hispanic. There is considerable diversity in race/ethnicity across the communities which make up the Southwest Maricopa Region, such as in Tolleson and Gila Bend/Theba where nearly two-thirds of adults are Hispanic, almost double that of the region overall. The percentage of young children who are non-White in the region is also higher than the adult populations, especially in some communities. For example, in Arlington (61%) and the 85343 zip code of Buckeye (80%), the percentage of Hispanic or Latino young children is more than double that of Hispanic adults (28% and 32% respectively). In the 85395 zip code of Goodyear, the percentage of Asian or Pacific Islander young children (12%) is twice the percentage of Asian or Pacific Islander adults (6%).

The majority of families in the region speak only English at home (67%), which is lower than in the state (74%) and Maricopa County (73%). There is considerable variability in the percentages of Spanish-speaking households across the region. About half of families in the 85323 zip code of Avondale (48%), Gila Bend/Theba (54%), and Tolleson (57%) speak Spanish at home. Linguistic isolation in the region (5%) is the same as county and state levels. However, some communities in the region have a higher percentage of households that are linguistically

isolated: Arlington (14%), the 85323 zip code of Avondale (10%), Gila Bend/Theba (17%), and Tolleson (10%). Notably, these are also areas with large percentages of young children.

The proportion of the population living in poverty tends to be slightly lower in the Southwest Maricopa Region than in Maricopa County and Arizona overall. However, poverty varies markedly in communities across the region, with very low percentages of young children living in poverty in Tonopah, Wintersburg and Goodyear, and higher percentages in other communities such as Arlington and Gila Bend/Theba. Public assistance program participation and median family income data further illustrate both pockets of affluence and pockets of economic need within the region.

Educational achievement and attainment in the region presents a mixed picture. A lower proportion of 3rd graders in the region met or exceeded math and reading standards as measured by the AIMS tests than in Maricopa County and Arizona overall. Adults in the region are more likely than those in the county or state to have a high school diploma or GED (27%), but less likely than county and state comparisons to have a bachelor's degree (21%).

Approximately half of births in the Southwest Maricopa Region are to mothers with more than a high school-level education, and this has increased since 2009. Enrollment in pre-school is also an important indicator of later school success. However, in the Southwest Maricopa Region, only 28 percent of children ages three and four are estimated to be enrolled in early education settings (compared to the state and county estimate of 34%). This estimated percentage also varies throughout the region.

The total licensed capacity for the 116 regulated child care providers in the region is 9,440 (CCR&R, 2014). This indicates that there are licensed early care slots for about one third of young children in the region. In addition to child care centers, preschools and home-based providers, the region is also served by Head Start and Early Head Start programs. The Southwest Maricopa Region supports these child care providers and families in the region by funding Quality First services for providers and scholarships for young children to help low-income families afford quality early education.

There are many hospitals, urgent care centers, and family medicine clinics in the Southwest Maricopa Region. However, the ratio of population to primary care providers is very high for some communities in the region, most notably in Gila Bend, Buckeye, and Avondale/Tolleson. Avondale/Tolleson and Buckeye are also classified as Health Professional Shortage Areas.

Prenatal care is accessible and well-utilized in the Southwest Maricopa Region. Specifically, the percentage of births with prenatal care begun in the first trimester and the number of visits across the entire pregnancy exceed state averages and Healthy People 2020 recommendations. Birth outcomes in the region are generally strong, with a low percentage of low birth weight births and a low infant mortality rate, both of which are lower than the county and state.

However, the percentage of preterm births in the region in 2012 slightly exceeded the state average.

The estimated percentage of children ages birth through five in the region who are uninsured is similar to Arizona and Maricopa County. In some communities, children are more likely to be uninsured, such as in Gila Bend/Theba, where an estimated 25 percent of children ages birth through five are uninsured. This community also has the highest percentage of children living with foreign-born parents in the region. These parents may be more likely to be out of work or hold jobs without health insurance benefits, or to be unaware of health insurance options for their U.S. citizen children.

The percentage of students enrolled in special education in the Southwest Maricopa Region tends to be higher in the region than in Maricopa County schools overall (7%), but close to Arizona schools overall (12%). Of the 16 school districts in the region, only three have fewer than 10 percent of students enrolled in special education.

The number of children removed from their homes between the ages of birth and five has increased from 2011 to 2013 in the region (+41%), Maricopa County (+35%) and the state (+35%). According to the Arizona Department of Economic Security's Division of Children, Youth and Families, there is a shortage of foster homes in all of the communities in the Southwest Maricopa Region.

A variety of services that support families with young children, such as family resource centers and home visitation programs, are available in the Southwest Maricopa Region. The region funds a Parent Education Community-Based Training strategy and Family Resource Center strategy, both of which involve several community partners. Data from the 2012 Family and Community Survey suggest a perception among families in the region that it is easy to find services, although respondents from the region were slightly less likely than those around the state to be satisfied with information and resources available about children's health and development.

Other notable assets in the region include access to multiple services for children and families; numerous professional development opportunities for early childhood professionals; TEACH and non-TEACH scholarships funded by the region which enable more early childhood professionals to access these professional development opportunities; and ongoing efforts to improve system coordination.

Although the Southwest Maricopa Region faces some challenges to providing comprehensive support for families with young children due to the diversity of the population, the region is committed to the ideal that all children should arrive at kindergarten healthy and prepared to succeed. The Regional Council's commitment is helping to move the Southwest Maricopa Region closer to this goal.

Who are the families and children living in the Southwest Maricopa Region?

The Southwest Maricopa Region

The Southwest Maricopa Region is comprised of several communities within the southwestern portion of Maricopa County including Arlington, Avondale, Buckeye, Gila Bend/Theba, Goodyear, Litchfield Park, Tolleson, Tonopah, Winterburg, and the Luke Air Force Base. The Southwest Maricopa Region is adjacent to eight other First Things First regions: Northwest Maricopa, Phoenix South, Gila River Indian Community, Pinal, Tohono O'odham Nation, Pima South, Yuma, and La Paz/Mohave.

Communities in the Southwest Maricopa Region

The Southwest Maricopa First Things First Region is defined as a collection of 13 zip code areas.

The easternmost zip code in the region is **85353** (Tolleson). The northern part of this area is the city of Tolleson. South of Buckeye Road, this zip code includes the Estrella Village neighborhood (which is part of the city of Phoenix) and a small part of the city of Avondale.

To the west of Tolleson are zip codes **85392** and **85323**. Most of the city of Avondale lies in these two zip codes. The 85392 zip code is largely north of the I-10, and 85323 is largely to the south.

The **85309** zip code is a relatively small area which includes Luke Air Force Base and a small amount of non-military land. Very few small children reside in this zip code.

South of Luke AFB is **85340**, which includes the city of Litchfield Park. This zip code also extends to the west, taking in small parts of Goodyear and Buckeye.

To the south of Litchfield Park, the **85395** and **85338** zip codes include the majority of the city of Goodyear. The dividing line between these two zip codes roughly follows the I-10 freeway. To the north is 85395 and to the south is 85338.

The **85326** zip code covers the majority of the town of Buckeye. North of the I-10, the **85396** zip code covers the northern part of the town of Buckeye, along the Sun Valley Parkway. The **85343** zip code is relatively small in area, and primarily covers the Palo Verde neighborhood west of Buckeye.

On the western side of the region, zip code **85354** includes Tonopah and Wintersburg, which are both lightly populated, unincorporated places. Most of the residents of this zip code live outside those two communities.

Arlington, in zip code **85322**, is also unincorporated. This area is lightly populated.

The southwestern part of the Southwest Maricopa Region is zip code area **85337**, which includes the town of Gila Bend and the unincorporated community of Theba, along the I-8 freeway. The Tohono O’odham Nation has a small amount of reservation land to the north of the town of Gila Bend. This tribal land is assigned to the Tohono O’odham First Things First Region. To the extent possible, we have excluded the Tohono O’odham data from the 85337 zip code.

Regional Boundaries and Report Data

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

- They should reflect the view of families in terms of where they access services
- They should coincide with existing boundaries or service areas of organizations providing early childhood services
- They maximize the ability to collaborate with service systems and local governments, and facilitate the ability to convene a Regional Partnership Council
- They allow for the collection of demographic and indicator data
- They provide flexibility for Tribal Nations to become their own region, or to partner with one or more Regions in the geographic area

These guidelines were used to establish the Southwest Maricopa Region.

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

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

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

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

Examples of health or developmental delay include: number of children receiving vision, hearing, or developmental delay screening; number of children who are overweight; etc.”

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

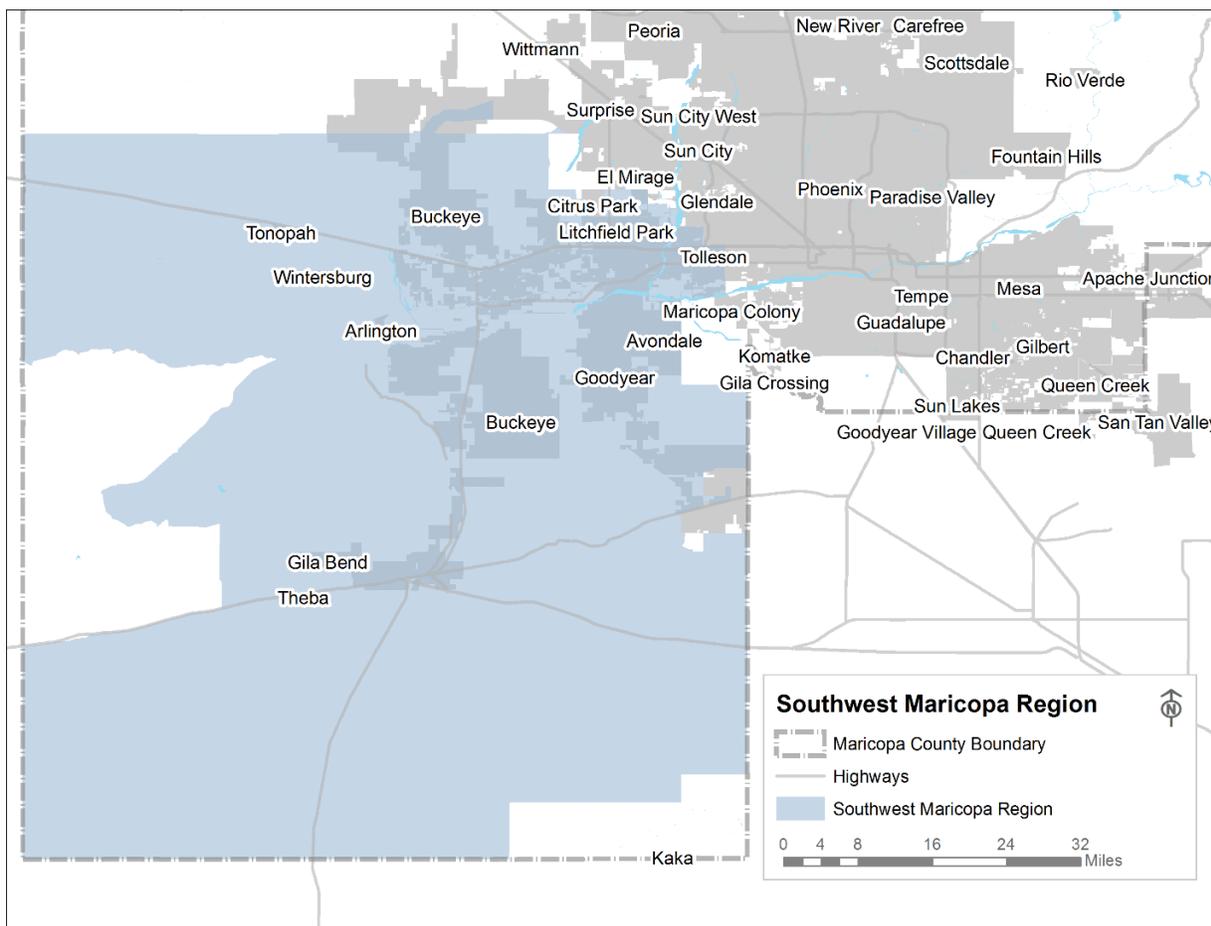
Throughout the report, suppressed counts will appear as either <25 or <10 in data tables, and percentages that could easily be converted to suppressed counts will appear as DS (data suppressed).

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

General Population Trends

The following maps illustrate the geography of the Southwest Maricopa Region. Figure 1 provides a geographic overview of the Southwest Maricopa Region.

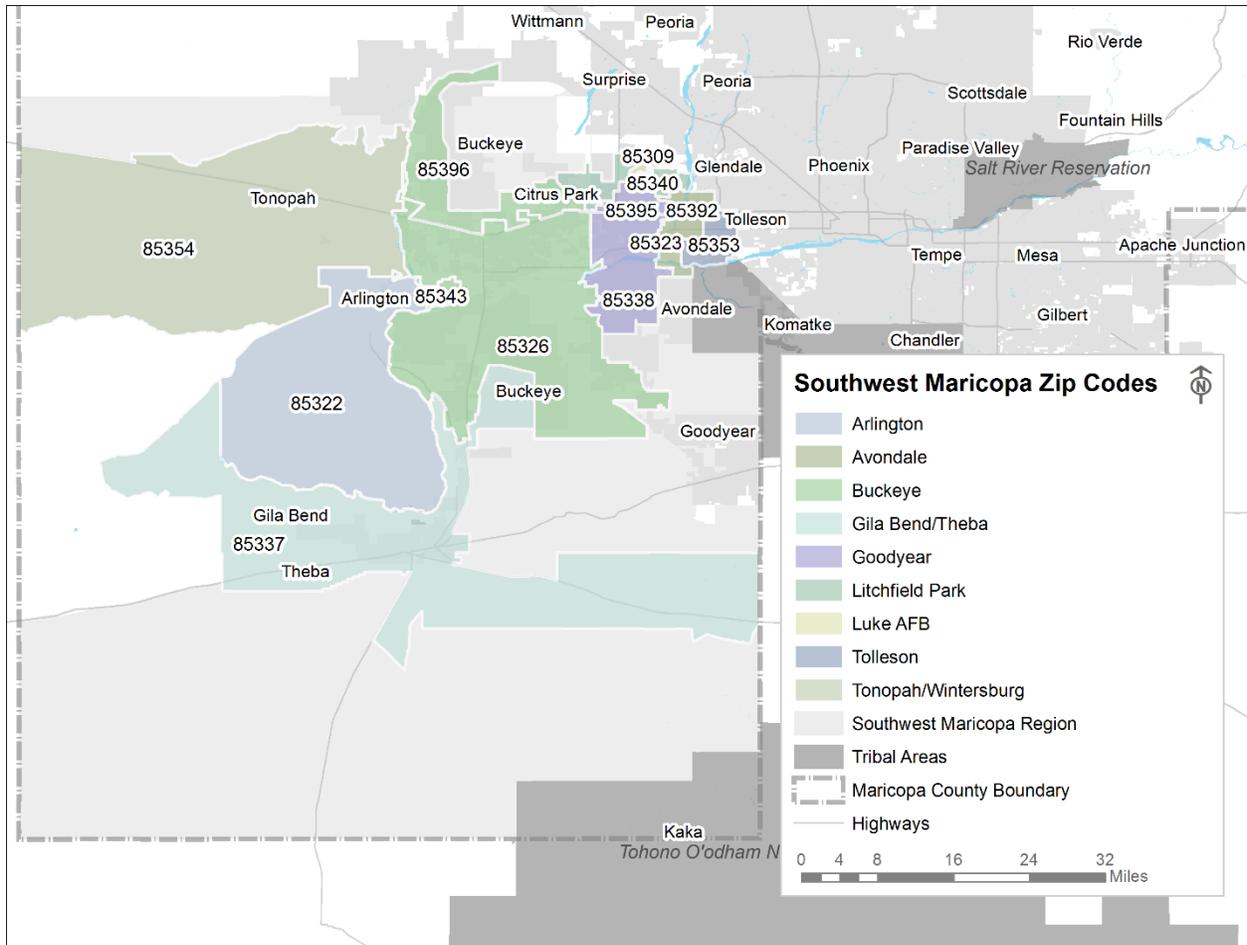
Figure 1. The Southwest Maricopa Region



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

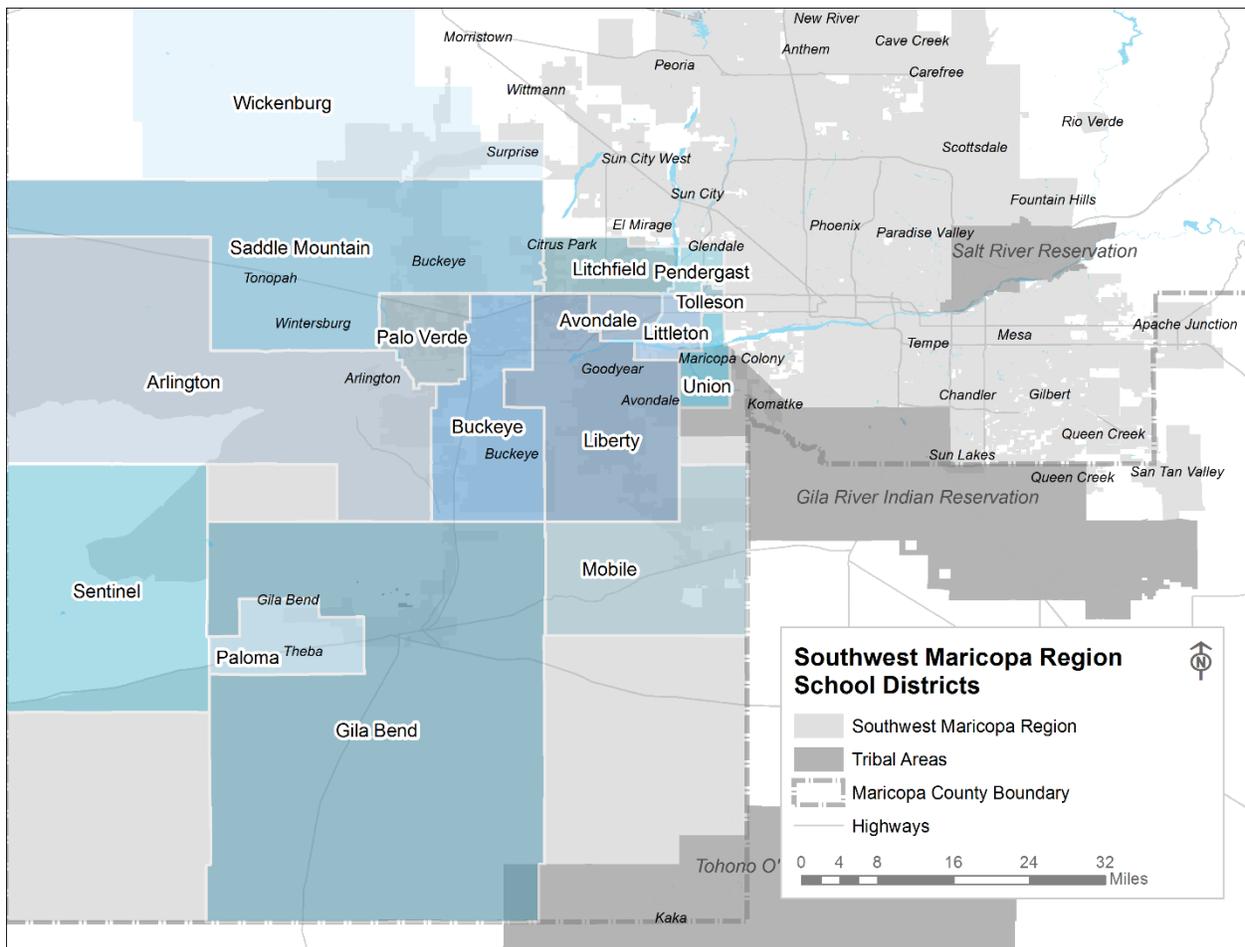
Figure 2 illustrates the zip codes and communities in the region and Figure 3 shows the school districts in the region.

Figure 2. The Southwest Maricopa Region, by zip code



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

Figure 3. School districts in the Southwest Maricopa Region



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

According to U.S. Census data (U.S. Census Bureau, P1, P14, & P20), the Southwest Maricopa Region had a population of 274,478 in 2010, of whom 28,492 (10.4%) were children under the age of six. The table below lists the 2010 populations for the region, the state, and Maricopa County. Also listed are the number of households (individual housing units) in the region, and the number and percentage of those households in which at least one child under six resides.

Table 1. Population and households by area in the Southwest Maricopa region¹

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Southwest Maricopa Region	274,478	28,492	84,528	20,128	24%
85322 (Arlington)	752	54	253	41	16%
85323 (Avondale)	39,507	4,964	11,418	3,398	30%
85392 (Avondale)	35,310	3,353	11,579	2,464	21%
85326 (Buckeye)	51,705	5,535	14,237	3,825	27%
85343 (Buckeye)	196	13	65	8	12%
85396 (Buckeye)	12,163	1,166	4,192	826	20%
85337 (Gila Bend, Theba)	2,405	261	798	180	23%
85338 (Goodyear)	41,115	4,287	13,341	3,105	23%
85395 (Goodyear)	25,922	1,624	8,704	1,166	13%
85340 (Litchfield Park)	26,262	2,471	8,480	1,780	21%
85309 (Luke AFB)	1,485	2	816	1	0%
85353 (Tolleson)	31,011	4,185	8,485	2,928	35%
85354 (Tonopah, Wintersburg)	6,645	577	2,160	406	19%
Maricopa County	3,817,117	339,217	1,411,583	238,955	17%
Arizona	6,392,017	546,609	2,380,990	381,492	16%

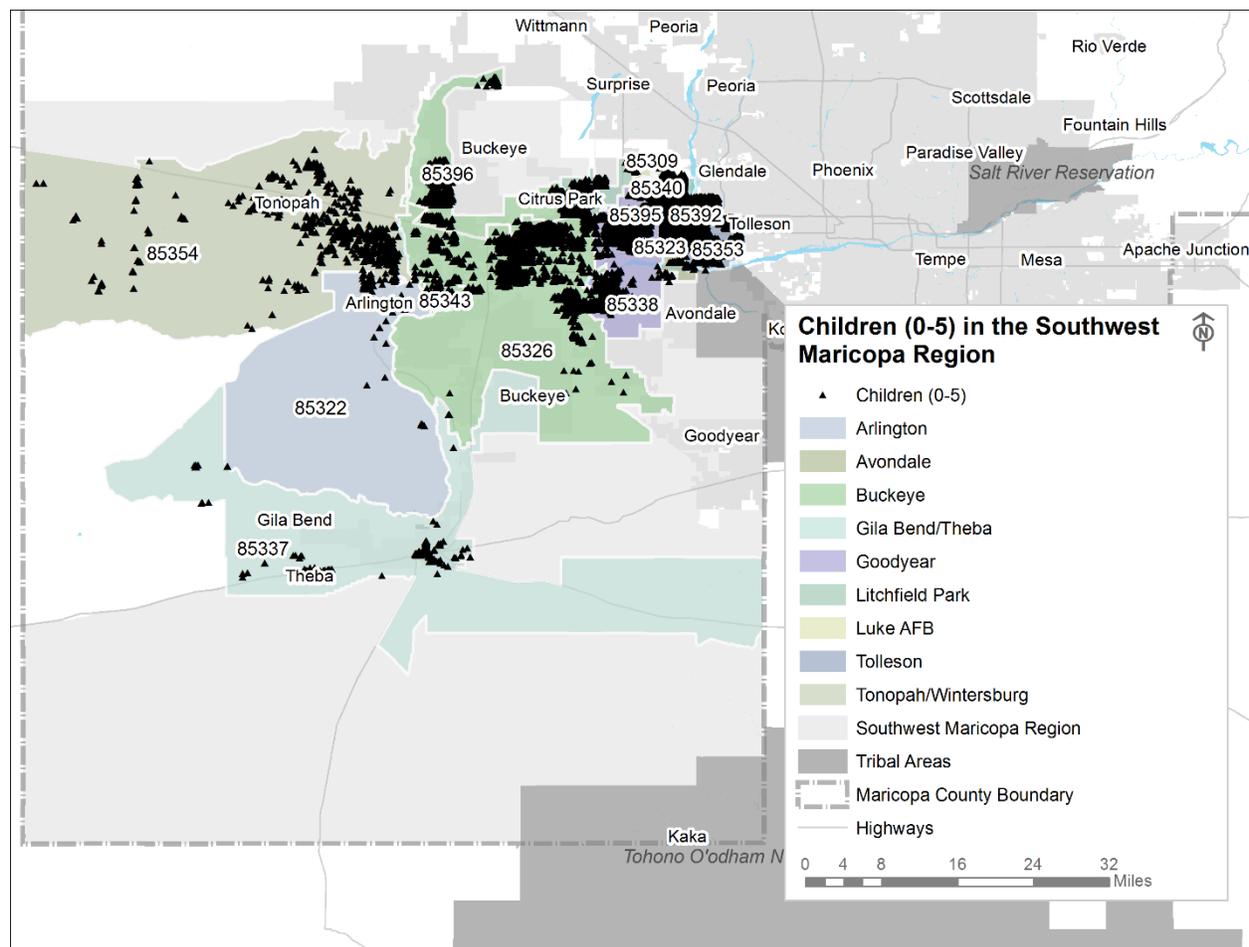
US Census (2010). Tables P1, P14, P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

In the Southwest Maricopa Region, about 24 percent of households have young children. This is a higher percentage than in Maricopa County (17%) and in the state of Arizona overall (16%). This proportion varies quite a bit throughout the region, though most zip codes in the region have a greater proportion of households with children under six than the state and county. This suggests that relative to many other communities in Maricopa County, services for families with young children are likely to be a particularly salient need in the Southwest Maricopa Region. In Tolleson, 35 percent of households have at least one child under the age of six, and this proportion is 30 percent in the 85323 zip code of Avondale.

Figure 4 shows the geographical distribution of children under six in the region according to the 2010 U.S. Census. One triangle on the map represents the approximate location of one child under the age of six. The dots do not pinpoint each child’s location, but are placed generally in each census block in which a young child was living in 2010. Gray areas in the map are unincorporated in the Southwest Maricopa Region.

¹ Note: The geography in the table above will be used for tables that include Census or American Community Survey Data. We are committed to attempting to provide data at the most regionally-specific level, but please be aware that other data sources may not be available at this level. Some may only be available for larger geographic areas.

Figure 4. Geographic distribution of children under six according to the 2010 Census (by census block)



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

Overall, the population of Arizona increased substantially between 2000 and 2010, and the population of young children increased by about one-fifth (see Table 2). The Southwest Maricopa Region experienced a much greater overall population increase (188%), and the number of children aged birth through five in the region increased by 207 percent, greatly outpacing both state and county rates. Most communities in the Southwest Maricopa Region experienced growth rates of more than 100 percent of both the total population and the population of young children between 2000 and 2010. Buckeye (zip code 85396) experienced the most remarkable growth, with an increase of 640 percent in total population and an increase of 727 percent in the population of children aged birth through five. Tolleson also grew substantially, with an increase of 330 percent in the overall population, and an increase of 472 percent in the population of children aged birth through five. In Arlington and in the 85343 zip code of Buckeye, although the total population grew, the population of young children decreased between 2000 and 2010.

Table 2. Population changes from 2000-2010 in the number of children aged 0-5²

GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
Southwest Maricopa Region	95,156	274,478	+188%	9,269	28,492	+207%
85322 (Arlington)	644	752	+17%	70	54	-23%
85323 (Avondale)	17,065	39,507	+132%	2,109	4,964	+135%
85392 (Avondale)	18,704	35,310	+89%	2,063	3,353	+63%
85326 (Buckeye)	16,330	51,705	+217%	1,478	5,535	+274%
85343 (Buckeye)	177	196	+11%	18	13	-28%
85396 (Buckeye)	1,643	12,163	+640%	141	1,166	+727%
85337 (Gila Bend, Theba)	2,421	2,405	-1%	269	261	-3%
85338 (Goodyear)	13,439	41,115	+206%	1,190	4,287	+260%
85395 (Goodyear)	6,412	25,922	+304%	372	1,624	+337%
85340 (Litchfield Park)	7,124	26,262	+269%	523	2,471	+372%
85309 (Luke AFB)	673	1,485	+121%	0	2	-
85353 (Tolleson)	7,211	31,011	+330%	732	4,185	+472%
85354 (Tonopah, Wintersburg)	2,955	6,645	+125%	280	577	+106%
Maricopa County	3,072,149	3,817,117	+24%	288,772	339,217	+17%
Arizona	5,130,632	6,392,017	+25%	459,141	546,609	+19%

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

Population projections for Maricopa County and Arizona suggest a trajectory of continued growth in the county and in Arizona overall. Table 3 details overall population projections for Maricopa County and the state. As the population of families with young children continues to increase, the demand for services to support these families is likely to continue to grow.

Table 3. Population projections for Maricopa County and the state

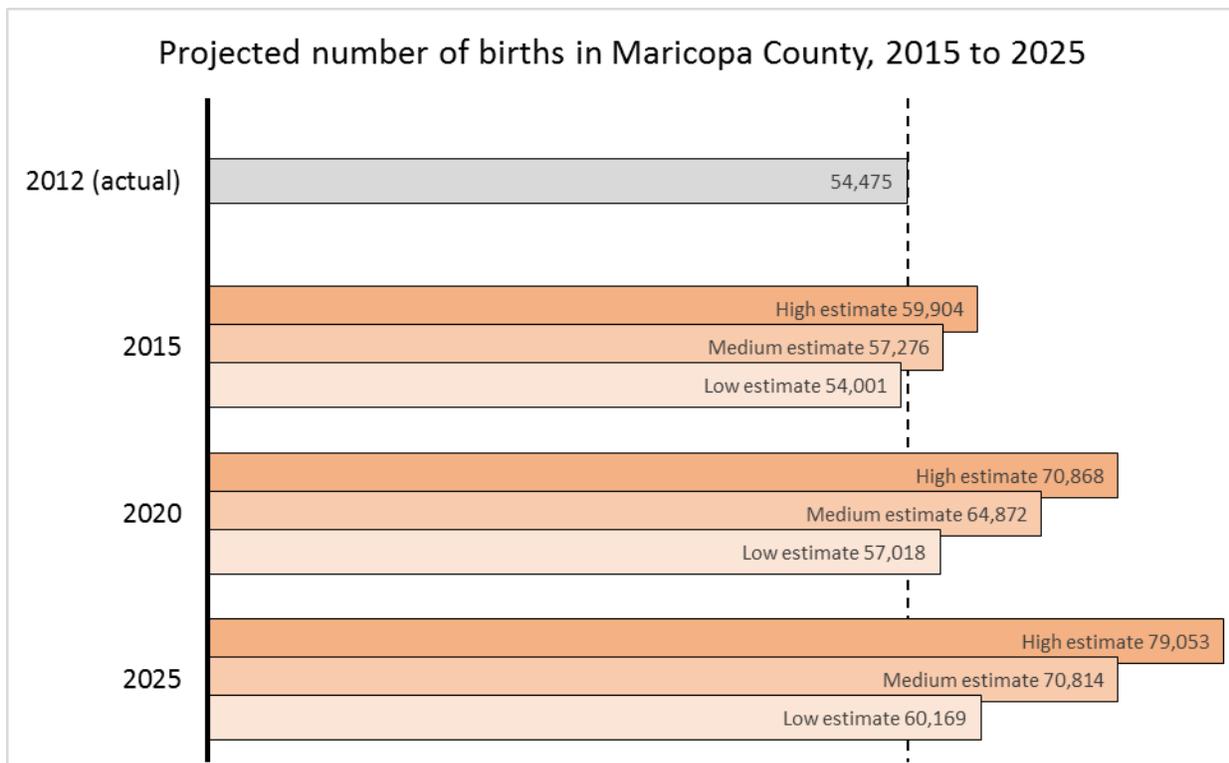
GEOGRAPHY	2010 CENSUS (AGES 0-5)	2015		2020		2025	
		POPULATION PROJECTION (AGES 0-5)	PROJECTED CHANGE FROM 2010	POPULATION PROJECTION (AGES 0-5)	PROJECTED CHANGE FROM 2010	POPULATION PROJECTION (AGES 0-5)	PROJECTED CHANGE FROM 2010
Maricopa County	339,217	330,840	-2%	373,696	+10%	412,770	+22%
Arizona	546,609	537,167	-2%	610,422	+12%	672,844	+23%

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

² The "Change from 2010 to 2012" column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: $\text{Percent Change} = (\text{Number in Year 2} - \text{Number in Year 1}) / (\text{Number in Year 1}) \times 100$

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

Figure 5. Birth projections for Maricopa County and the state



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

Additional Population Characteristics

Household Composition

In the Southwest Maricopa Region, about 82 percent of children under six are living with at least one parent according to 2010 Census data (U.S. Census Bureau, Tables P20 and P32). This is the same as the state of Arizona overall. The majority of the 18 percent of children in the region not living with their parents are living with other relatives such as grandparents, uncles or aunts (16%). A greater proportion of young children in the Southwest Maricopa Region are living in married family households (71%) than in Arizona overall (66%). The majority of young

children in the region who are not living in a married family household are living in a single female household (19%). Living arrangements for young children in the Southwest Maricopa Region are illustrated by Figure 6 and Figure 7 below.

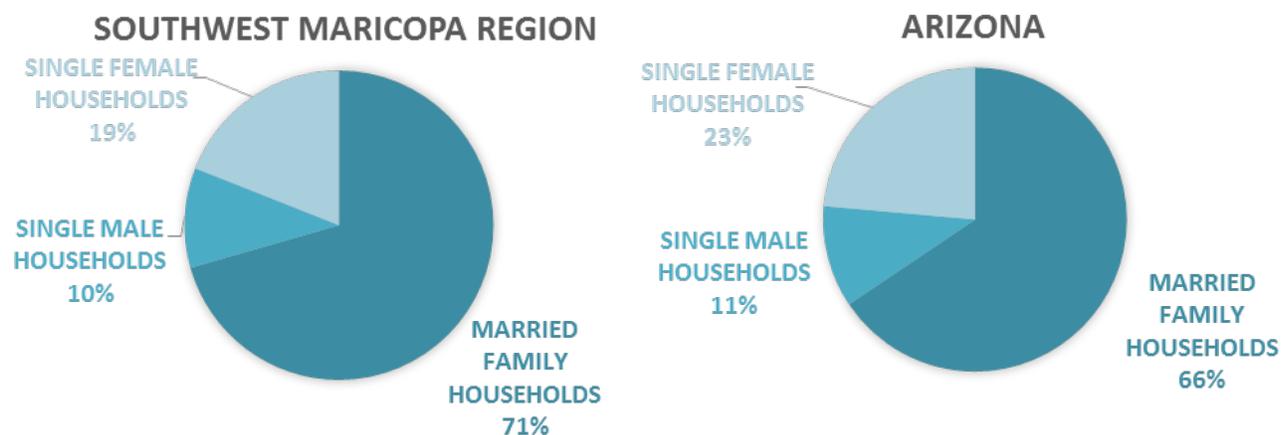


Figure 6. Type of household with children (0-5) in the state and the Southwest Maricopa Region

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

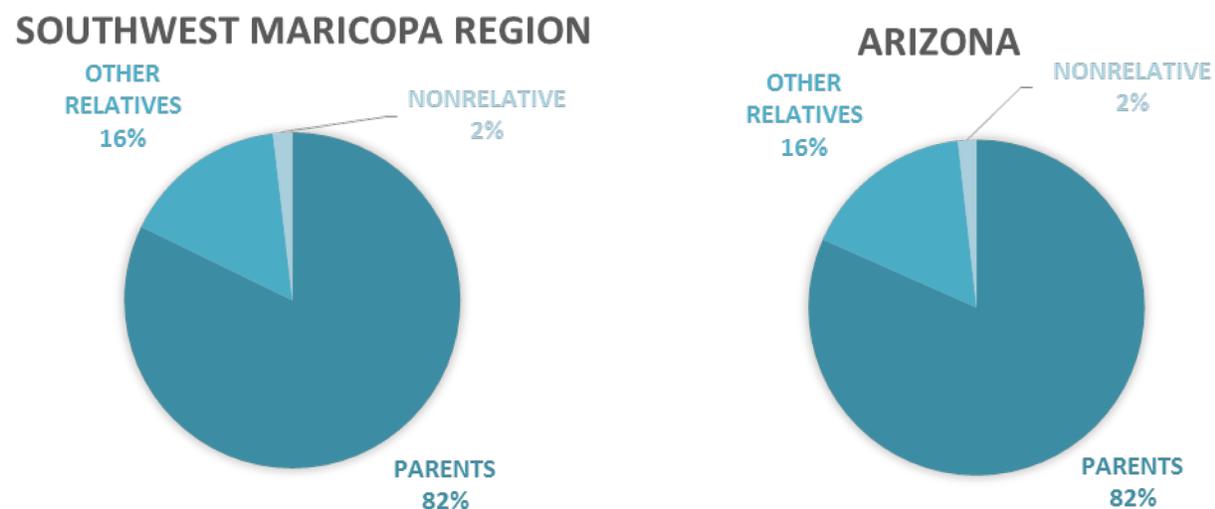


Figure 7. Living arrangements for children in the state and the Southwest Maricopa Region

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

The 2010 Census provides additional information about multi-generational households and children birth through five living in a grandparent’s household. Just over 50 percent of grandparents with a child living in their household are estimated to be the primary caregivers

for their grandchildren.³ In Arizona, over 74,000 children aged birth to five (14%) are living in a grandparent's household. The Arizona Children's Action Alliance reports that, in Arizona, approximately 36 percent of grandparents caring for grandchildren under 18 have been doing so for at least five years, and that 21 percent of these grandparents are living in poverty.⁴

Table 4. Number of children living in a grandparent's household

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH 3 OR MORE GENERATIONS	
Southwest Maricopa Region	28,492	3,601	13%	84,528	6,138	7%
85322 (Arlington)	54	9	17%	253	16	6%
85323 (Avondale)	4,964	828	17%	11,418	1,152	10%
85392 (Avondale)	3,353	438	13%	11,579	787	7%
85326 (Buckeye)	5,535	641	12%	14,237	1,094	8%
85343 (Buckeye)	13	0	0%	65	4	6%
85396 (Buckeye)	1,166	113	10%	4,192	232	6%
85337 (Gila Bend, Theba)	261	31	12%	798	64	8%
85338 (Goodyear)	4,287	462	11%	13,341	849	6%
85395 (Goodyear)	1,624	113	7%	8,704	299	3%
85340 (Litchfield Park)	2,471	288	12%	8,480	516	6%
85309 (Luke AFB)	2	0	0%	816	0	0%
85353 (Tolleson)	4,185	566	14%	8,485	951	11%
85354 (Tonopah, Wintersburg)	577	112	19%	2,160	174	8%
Maricopa County	339,217	40,250	12%	1,411,583	66,720	5%
Arizona	546,609	74,153	14%	2,380,990	115,549	5%

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

In the Southwest Maricopa Region, 13 percent of children under six are living in a grandparent's household. This is about the same as the county proportion (12%) and the state proportion (14%). However, this percentage varies throughout the region: in the Tonopah/Wintersburg community, 19 percent of children aged birth through five are living in a grandparent's household. This percentage is also relatively high in Arlington (17%) and the 85323 zip code of Avondale (17%). These communities are likely to benefit from resources designed specifically for grandparents raising their grandchildren.

Parenting can be a challenge for aging grandparents, whose homes may not be set up for children, who may be unfamiliar with resources for families with young children, and who themselves may be facing health and resource limitations. They also are not likely to have a natural support network for dealing with the issues that arise in raising young children. Often,

³ Population Reference Bureau. (2012). More U.S. children raised by grandparents. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

⁴ Children's Action Alliance. (2012). Grandfamilies fact sheet: Phoenix, AZ. Retrieved from <http://www.azchildren.org/MyFiles/2012/grandfamilies%20fact%20sheet%20pic%20background.pdf>.

grandparents take on childraising responsibilities when parents are unable to provide care because of the parent's death, unemployment or underemployment, physical or mental illness, substance abuse, incarceration, or because of domestic violence or child neglect in the family.⁵ Caring for children who have experienced family trauma can pose an even greater challenge to grandparents, who may be in need of specialized assistance and resources to support their grandchildren.

There is positive news for grandparents and great-grandparents who are raising their grandchildren through a CPS placement. Starting in February 2014, these families were offered a \$75 monthly stipend per child. To qualify, a grandparent or great-grandparent must have an income below 200 percent of the Federal Poverty Level. They also must not be receiving foster care payments or TANF cash assistance for the grandchildren in their care.⁶ Those grandparents raising grandkids who are not in the CPS system might also be eligible for this stipend in coming months if Arizona Senate Bill 1346 is passed.⁷ In addition to this monetary support, a number of programs and services to support grandparents raising their grandkids are available across the state.⁸

In the Southwest Maricopa Region, the non-profit organization Duet also provides a number of services to grandparents raising grandchildren through three locations in the region: Buckeye, Goodyear, and Avondale. The services offered by Duet include workshops, support groups, respite assistance, legal guidance, group activities for families, and informational and referral services. Duet reports that within the last year, the organization has supported more than 600 grandparents raising their grandchildren through 1,516 hours of respite care.⁹

While some children are living with grandparents, other children in the region are living with at least one foreign-born parent. In Arizona, just under one-third of children aged birth through five are living with at least one foreign-born parent. In the Southwest Maricopa Region, about one quarter (26%) of children under six are living with at least one foreign-born parent. This is lower than for Maricopa County (33%) and Arizona overall (29%).

⁵ Population Reference Bureau. (2012). More U.S. children raised by grandparents. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

⁶ Children's Action Alliance, January 15, 2014 Legislative Update email.

⁷ Children's Action Alliance, February 21, 2014 Legislative Update email.

⁸ <http://www.aarp.org/content/dam/aarp/relationships/friends-family/grandfacts/grandfacts-arizona.pdf>;
<http://duetaz.org/index.php/services/grandparents-raising-grandchildren/>

⁹ Retrieved from: <http://duetaz.org/index.php/services/grandparents-raising-grandchildren/>

Table 5. Children (0-5) living with one or two foreign-born parents

GEOGRAPHY	2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) LIVING WITH ONE OR TWO FOREIGN-BORN PARENTS
Southwest Maricopa Region	28,492	26%
85322 (Arlington)	54	44%
85323 (Avondale)	4,964	33%
85392 (Avondale)	3,353	11%
85326 (Buckeye)	5,535	24%
85343 (Buckeye)	13	-
85396 (Buckeye)	1,166	31%
85337 (Gila Bend, Theba)	261	59%
85338 (Goodyear)	4,287	22%
85395 (Goodyear)	1,624	11%
85340 (Litchfield Park)	2,471	22%
85309 (Luke AFB)	2	-
85353 (Tolleson)	4,185	43%
85354 (Tonopah, Wintersburg)	577	34%
Maricopa County	339,217	33%
Arizona	546,609	29%

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

In the Southwest Maricopa Region, the proportion of children living with at least one foreign-born parent is greatest in the Gila Bend/Theba community (59%), although Tolleson (43%) and Arlington (44%) also have much higher percentages than the county and state.

Ethnicity and Race

According to the U.S. Census, about half of adults living in Southwest Maricopa are White (51%) and a little more than one third (37%) are Hispanic. Seven percent of adults are Black, three percent are Asian or Pacific Islander, one percent are American Indian, and an additional one percent identify as “other”. The communities which make up the Southwest Maricopa Region show diversity in their race and ethnicity composition among adults. In Tolleson (64%) and Gila Bend/Theba (63%), nearly two thirds of adults are Hispanic, almost double the percentage for the region overall.

Table 6. Race and ethnicity for adults

GEOGRAPHY	POPULATION (18+)	HISPANIC	NOT HISPANIC				
			WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
Southwest Maricopa Region	189,838	37%	51%	7%	1%	3%	1%
85322 (Arlington)	530	28%	68%	2%	0%	0%	2%
85323 (Avondale)	25,891	57%	29%	8%	1%	3%	2%
85392 (Avondale)	24,607	34%	50%	8%	1%	5%	2%
85326 (Buckeye)	35,722	38%	51%	7%	1%	1%	1%
85343 (Buckeye)	139	32%	66%	1%	1%	0%	1%
85396 (Buckeye)	8,693	18%	74%	3%	1%	2%	2%
85337 (Gila Bend, Theba)	1,664	63%	30%	2%	4%	1%	1%
85338 (Goodyear)	28,220	29%	59%	6%	1%	3%	2%
85395 (Goodyear)	20,697	18%	69%	6%	1%	6%	1%
85340 (Litchfield Park)	18,082	22%	65%	6%	1%	5%	2%
85309 (Luke AFB)	1,478	11%	66%	13%	1%	5%	4%
85353 (Tolleson)	19,509	64%	22%	8%	1%	3%	1%
85354 (Tonopah, Wintersburg)	4,606	29%	67%	1%	1%	0%	1%
Maricopa County	2,809,256	25%	64%	4%	1%	4%	1%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%

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

There are some differences between race and ethnicity proportions for adults and race and ethnicity proportions for young children in the region. As shown in Table 7, in the Southwest Maricopa Region, 34 percent of children are White (compared to 51 percent of adults), and 52 percent are Hispanic or Latino (compared to 37 percent of adults). Notably, in Arlington, the proportion of Hispanic or Latino young children (61%) is more than double the proportion of Hispanic adults (28%). In the 85343 zip code of Buckeye, the proportion of Hispanic or Latino young children (80%) is also more than double the proportion of Hispanic adults (32%). In the 85395 zip code of Goodyear, the proportion of Asian or Pacific Islander young children (12%) is twice the proportion of Asian or Pacific Islander adults (6%).

Table 7. Race and ethnicity for children ages 0-4¹⁰

GEOGRAPHY	POPULATION (AGES 0-4)	HISPANIC OR LATINO	WHITE (NOT HISPANIC)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER
Southwest Maricopa Region	23,724	52%	34%	7%	2%	3%
85322 (Arlington)	44	61%	30%	5%	0%	0%
85323 (Avondale)	4,189	68%	18%	10%	2%	3%
85392 (Avondale)	2,759	48%	34%	9%	2%	4%
85326 (Buckeye)	4,603	51%	39%	5%	2%	1%
85343 (Buckeye)	10	80%	20%	0%	0%	0%
85396 (Buckeye)	968	29%	59%	6%	0%	2%
85337 (Gila Bend, Theba)	229	80%	14%	0%	7%	0%
85338 (Goodyear)	3,560	42%	45%	6%	1%	3%
85395 (Goodyear)	1,341	24%	52%	7%	1%	12%
85340 (Litchfield Park)	2,031	33%	49%	7%	1%	5%
85309 (Luke AFB)	2	0%	100%	0%	0%	0%
85353 (Tolleson)	3,500	71%	14%	11%	2%	3%
85354 (Tonopah, Wintersburg)	488	53%	43%	0%	2%	0%
Maricopa County	282,770	46%	40%	6%	3%	4%
Arizona	455,715	45%	40%	5%	6%	3%

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

Language Use and Proficiency

Data about English speaking ability provides additional information about the characteristics of the population in the Southwest Maricopa Region. As shown in the table below, the majority of families in the region speak only English at home (67%), and most of the remaining families speak Spanish at home (29%). Spanish language use at home is higher in the region than in Maricopa County (20%) and Arizona overall (21%). About half of families in the 85323 zip code of Avondale (48%), Gila Bend/Teba (54%), and Tolleson (57%) speak Spanish at home.

¹⁰ The number for children ages 0-5 are not readily available from the US Census, but it is likely that the percentage distribution for children 0-4 will be similar to that of children 0-5. The Census Bureau reports the race/ethnicity categories differently for the 0-4 population than they do for adults; therefore, they are reported slightly differently in this report. For adults, *Table 6* shows exclusive categories: someone who identifies as Hispanic would only be counted once (as Hispanic), even if the individual also identifies with a race (e.g. Black). For the population 0-4, *Table 7* shows non-exclusive categories for races other than white. This means, for instance, that if a child's ethnicity and race are reported as "Black (Hispanic)" he will be counted twice: once as Black and once as Hispanic. For this reason the percentages in the rows do not necessarily add up to 100%. The differences, where they exist at all, are very small.

Table 8. Home language use for individuals 5 years and older

GEOGRAPHY	2010 CENSUS POPULATION (5+)	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK A NATIVE NORTH AMERICAN LANGUAGE AT HOME	PERSON (5+) WHO SPEAK ENGLISH LESS THAN "VERY WELL"
Southwest Maricopa Region	246,295	67%	29%	1%	4%
85322 (Arlington)	717	67%	33%	0%	12%
85323 (Avondale)	34,183	47%	48%	1%	5%
85392 (Avondale)	32,265	76%	21%	0%	5%
85326 (Buckeye)	45,749	70%	28%	0%	3%
85343 (Buckeye)	87	91%	9%	0%	9%
85396 (Buckeye)	9,838	83%	14%	0%	4%
85337 (Gila Bend, Theba)	2,024	38%	54%	8%	9%
85338 (Goodyear)	39,326	72%	24%	1%	3%
85395 (Goodyear)	21,866	85%	9%	1%	4%
85340 (Litchfield Park)	26,467	80%	14%	0%	5%
85309 (Luke AFB)	807	95%	3%	0%	4%
85353 (Tolleson)	27,923	39%	57%	0%	5%
85354 (Tonopah, Wintersburg)	5,043	78%	22%	0%	4%
Maricopa County	3,557,419	74%	20%	0%	2%
Arizona	5,955,604	73%	21%	2%	2%

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

Four percent of the population aged five and older in the Southwest Maricopa Region speak English less than “very well”, a greater percentage than the county and state (2%). This percentage is highest in the Arlington community (12%), in the 85343 zip code of Buckeye (9%), and in Gila Bend/Theba (9%).

At least five percent of families are linguistically isolated in seven of the zip codes in the Southwest Maricopa Region (see Table 9). Linguistic isolation is highest in Arlington (14%), the 85323 zip code of Avondale (10%), Gila Bend/Theba (17%), and Tolleson (10%). Households are defined as linguistically isolated if none of the adults (age 14 and older) in the household speak English “very well”. This suggests a need for Spanish-language services and outreach throughout the region.

Table 9. Household home language use

GEOGRAPHY	2010 CENSUS TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
Southwest Maricopa Region	84,528	33%	5%
85322 (Arlington)	253	30%	14%
85323 (Avondale)	11,418	55%	10%
85392 (Avondale)	11,579	26%	2%
85326 (Buckeye)	14,237	30%	7%
85343 (Buckeye)	65	12%	0%
85396 (Buckeye)	4,192	19%	3%
85337 (Gila Bend, Theba)	798	72%	17%
85338 (Goodyear)	13,341	30%	3%
85395 (Goodyear)	8,704	16%	1%
85340 (Litchfield Park)	8,480	22%	4%
85309 (Luke AFB)	816		
85353 (Tolleson)	8,485	61%	10%
85354 (Tonopah, Wintersburg)	2,160	21%	7%
Maricopa County	1,411,583	25%	5%
Arizona	2,380,990	27%	5%

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

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

Examining data about home language use, race and ethnicity, and foreign-born parents shows notable diversity throughout the region. This indicates that families in the Southwest Maricopa Region may have diverse needs.

Economic Circumstances

Income and Poverty

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. The Arizona Children’s Action Alliance reports that overall, in Arizona, disparities in income distribution are increasing rapidly, with the state having the second widest income gap between the richest 20 percent and poorest 20 percent of households in the nation. In addition, Arizona ranks fifth in the nation in income inequality between the top income (top 20%) and the middle income (middle 20%)

households.¹¹ The Arizona Directions 2012 report notes that Arizona has the 5th highest child poverty rate in the country.¹² In 2012, more than one out of four children in Arizona was living in poverty (family income below \$18,284 for a family of three).¹³ The effects on children living in poverty can be felt throughout their lives, including the link between childhood poverty and mental health issues in adulthood. The increased likelihood of exposure to violence, family dysfunction, separation from family, and living in chaotic, crowded and substandard housing all increase the risk of poorer mental health status later in life.¹⁴

In the Southwest Maricopa Region, 12 percent of the population and 17 percent of children under six are living in poverty. This is lower than in Maricopa County (16% and 25% percent, respectively) and in Arizona (17% and 27% percent, respectively). As shown in Table 10, poverty varies across communities in the Southwest Maricopa Region. In both Goodyear zip codes and in Tonopah/Wintersburg, a relatively low proportion of young children are living in poverty. However, this percentage is much higher in Arlington (63%) and in Gila Bend/Theba (37%). These children are likely to particularly benefit from early education opportunities and family support services.

¹¹ Center on Budget and Policy Priorities. (Nov 2012). Wide and growing income gaps in most states, new report finds rich pulling away from low-and middle-income households. Retrieved from <http://www.cbpp.org/files/11-15-12sfp-pr.pdf>

¹² Whitsett, A. (Nov 2011). Arizona directions report 2012: Fostering data-driven dialogue in public policy. *Arizona Indicators*.

¹³ The Arizona Children's Action Alliance. (Sept 20, 2013). Arizona shows no improvement in child poverty. Retrieved from <http://azchildren.org/arizona-shows-no-improvement-in-child-poverty>

¹⁴ Evans, G.W., & Cassells, R.C. (Oct 1 2013). Childhood poverty, cumulative risk exposure, and mental health in emerging adults. *Clinical Psychological Science*. Retrieved from <http://cpx.sagepub.com/content/early/2013/09/26/2167702613501496>

Table 10. Persons living below the U.S. Census poverty threshold level¹⁵

GEOGRAPHY	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY
Southwest Maricopa Region	12%	17%
85322 (Arlington)	39%	63%
85323 (Avondale)	21%	29%
85392 (Avondale)	10%	12%
85326 (Buckeye)	16%	22%
85343 (Buckeye)	26%	-
85396 (Buckeye)	6%	13%
85337 (Gila Bend, Theba)	26%	37%
85338 (Goodyear)	7%	8%
85395 (Goodyear)	7%	2%
85340 (Litchfield Park)	9%	14%
85309 (Luke AFB)	-	-
85353 (Tolleson)	14%	14%
85354 (Tonopah, Wintersburg)	10%	4%
Maricopa County	16%	25%
Arizona	17%	27%

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

In the United States, metropolitan areas have been hardest hit by the recent economic downturn. Most metropolitan regions in the United States ended the 2000-2010 decade with lower median incomes than they began with, despite rising costs of living. At the start of the 2010 decade, cities have continued to show markedly higher rates of poverty than suburbs, although cities and city suburbs have shown increased overall poverty rates by roughly equivalent degrees.¹⁶

Between 2007 and 2012, while the population of Arizona increased by three percent, the percent of the population living below the Federal Poverty Level grew by 37 percent. In 2012, women in Arizona had a poverty rate of 19.7 percent, compared to 17.6 percent for men. Women are more likely to be living in poverty than men for a number of reasons: 1) they are more likely to be out of the workforce, 2) they are more likely to be in low-paying jobs, and 3)

¹⁵ A child's poverty status is defined as the poverty status of the household in which he or she lives. "Related" means that the child is related to the householder, who may be a parent, stepparent, grandparent, or another relative. In a small proportion of cases in which the child is not related to the householder (e.g., foster children), then the child's poverty status cannot be determined.

¹⁶ Berube, A., & Kneebone, E. (2011). Parsing U.S. poverty at the metropolitan level. Retrieved from http://www.brookings.edu/opinions/2011/0922_metro_poverty_berube_kneebone.aspx.

they are more likely to be solely responsible for children. In 2012, 79 percent of low-income single-parent households were headed by women.¹⁷

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

According to the American Community Survey, the median family annual income in Maricopa County (\$64,841) is a bit higher than the median family annual income in Arizona overall (\$59,563). As shown in Table 11, median family annual income in the Southwest Maricopa Region varies by community. A majority of communities have median incomes greater than the county and state average; the median income is noticeably greater in the 85395 zip code of Goodyear and in Litchfield Park (\$89,230 and \$81,586, respectively). In the 85323 zip code of Avondale and in Tolleson, the median incomes for all families (\$47,745 and \$49,811, respectively) are lower than both the state and county medians. Single-parent households in the region tend to earn substantially less than husband-wife families, and single male families tend to earn more than single female families in most zip codes in the region. This trend is also seen in Maricopa County and in the state overall.

¹⁷ Castelazo, M. (2014). Supporting Arizona women's economic self-sufficiency. an analysis of funding for programs that assist low-income women in Arizona and impact of those programs. Report produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf

¹⁸ Cooper, D. (Dec 19, 2013). Raising the federal minimum wage to \$10.10 would lift wages for millions and provide a modest economic boost. *Economic Policy Institute, Briefing Paper #371*. Retrieved from <http://www.epi.org/publication/raising-federal-minimum-wage-to-1010>

Table 11. Median family annual income for families with children (0-17)

GEOGRAPHY	MEDIAN FAMILY INCOME			
	ALL FAMILIES	HUSBAND-WIFE FAMILIES	SINGLE MALE FAMILIES	SINGLE FEMALE FAMILIES
Southwest Maricopa Region	-	-	-	-
85322 (Arlington)	\$60,750	\$24,375	-	\$43,438
85323 (Avondale)	\$47,745	\$51,639	\$30,750	\$33,171
85392 (Avondale)	\$68,488	\$79,979	\$63,909	\$44,609
85326 (Buckeye)	\$63,208	\$69,941	\$40,324	\$32,780
85343 (Buckeye)	\$68,906	-	-	-
85396 (Buckeye)	\$75,156	\$76,602	\$78,523	\$16,250
85337 (Gila Bend, Theba)	-	-	-	-
85338 (Goodyear)	\$72,719	\$88,588	\$55,372	\$32,542
85395 (Goodyear)	\$89,230	\$110,091	\$53,151	\$69,779
85340 (Litchfield Park)	\$81,586	\$86,890	\$67,300	\$25,847
85309 (Luke AFB)	-	-	-	-
85353 (Tolleson)	\$49,811	\$60,653	\$41,130	\$28,802
85354 (Tonopah, Wintersburg)	\$69,075	\$72,171	-	\$29,338
Maricopa County	\$64,841	\$79,098	\$38,950	\$28,847
Arizona	\$59,563	\$73,166	\$36,844	\$26,314

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

Note: Due to small sample sizes, some estimates could not be calculated.

Unemployment and Housing

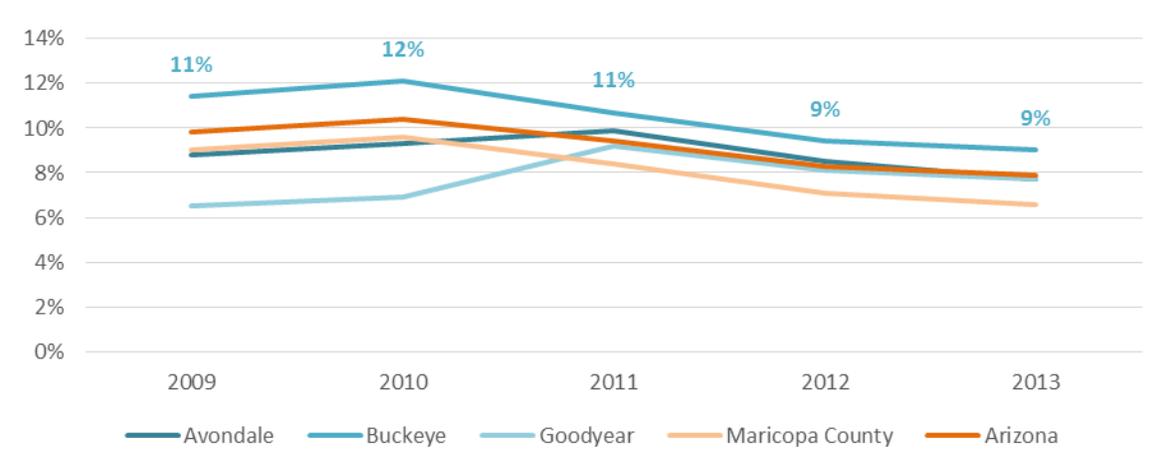
Parental job loss results in families having fewer resources to meet their regular monthly expenses and support their children's development. This is especially pronounced when the family income was already low before the job loss, the unemployed parent was the only breadwinner in the household, or parental unemployment lasts for a long period of time. Family dynamics can also be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict, and more punitive parental behaviors. Parental job loss can also impact children's school performance (i.e. lower test scores, poorer attendance, higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs.)¹⁹

Unemployment rates are therefore an important indicator of regional economic vitality. The figure below depicts annual unemployment rates in Avondale, Buckeye, and Goodyear (the communities in the region for which these data are available) and compares them to Maricopa County and Arizona between 2009 and 2013. Since 2011, unemployment has been higher

¹⁹ Isaacs, J. (2013). Unemployment from a child's perspective. Retrieved from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>

throughout the Southwest Maricopa Region than in Maricopa County overall. Over the last four years, unemployment has been highest in Buckeye, although the unemployment rate in this community has steadily declined since 2010. Goodyear experienced a spike in unemployment in 2011, but unemployment rates have since stabilized to meet the state rate.

Figure 8. Annual unemployment rate in select communities, Maricopa County and Arizona, 2009-2013



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

Table 12 shows the employment status of parents of young children in the region. In the Southwest Maricopa Region, more than a third (36%) of children living with two parents have both parents in the labor force, a slightly higher percentage than in Maricopa County (33%) and Arizona (32%). Additionally, for 28 percent of young children living with a single parent, that parent is in the labor force. Families with both parents in the labor force and single parents who are in the labor force are likely to be in need of affordable child care for their children.

Table 12. Employment status of parents of young children²⁰

GEOGRAPHY	US 2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING WITH TWO PARENTS			CHILDREN (0-5) LIVING WITH SINGLE PARENT	
		BOTH PARENTS IN LABOR FORCE	ONE PARENT IN LABOR FORCE	NEITHER PARENT IN LABOR FORCE	PARENT IN LABOR FORCE	PARENT NOT IN LABOR FORCE
Southwest Maricopa Region	28,492	36%	26%	1%	28%	8%
85322 (Arlington)	54	0%	72%	0%	28%	0%
85323 (Avondale)	4,964	25%	22%	0%	36%	17%
85392 (Avondale)	3,353	34%	13%	0%	46%	7%
85326 (Buckeye)	5,535	31%	35%	2%	24%	8%
85343 (Buckeye)	13	-	-	-	-	-
85396 (Buckeye)	1,166	29%	54%	1%	14%	1%
85337 (Gila Bend, Theba)	261	20%	36%	0%	22%	23%
85338 (Goodyear)	4,287	49%	29%	0%	16%	6%
85395 (Goodyear)	1,624	40%	31%	0%	29%	0%
85340 (Litchfield Park)	2,471	35%	38%	0%	17%	10%
85309 (Luke AFB)	2	-	-	-	-	-
85353 (Tolleson)	4,185	48%	14%	1%	34%	4%
85354 (Tonopah, Wintersburg)	577	43%	22%	0%	27%	9%
Maricopa County	339,217	33%	29%	1%	27%	9%
Arizona	546,609	32%	29%	1%	28%	10%

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

Over the past four years, there have been a total of 509,898 foreclosure filings in Arizona. These foreclosure filings have been trending downward, and have decreased 53 percent from 162,373 filings in 2009 to 76,487 filings in 2012. Arizona has also risen from third worst in the nation for foreclosures in 2012, to now sixth in the nation in foreclosures.²¹

In May of 2014, the number of foreclosures across the region varied, as shown in Table 13 below. The number of foreclosures per 1,000 properties was highest in the zip code 85354 (Tonopah, Wintersburg), where there were foreclosures on more than 2.5 out of every 1,000 properties. The region as a whole exceeded the foreclosure rate for Maricopa County and Arizona for the month of May. As an additional indicator, the percent of housing units that are

²⁰ In 2012, among children under 6 in Arizona, about 39 percent live with a parent who is not in the labor force. The other 61 percent are children living with two parents, both of whom are in the labor force, and children living with a single parent who is in the labor force. Among those who live with both parents, about half (51%) have both parents in the labor force. Among children who live with one parent, about three quarters (76%) have a parent in the labor force. (Note that in the labor force includes all adults who are employed or looking for employment.)

²¹ Home Matters for Arizona 2013. Arizona Housing Alliance. <http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf>

vacant illustrates the percent of housing units that are “not occupied”. (Reasons for a home being “not occupied” can including housing units that are for rent, for sale, sold but not occupied, for migrant workers, or used seasonally for recreational or occasional use.) As can be seen in the table below, many communities in the region have a higher proportion of “vacant” houses than in housing units across the state as a whole.

Table 13. Foreclosures in the Southwest Maricopa Region, Maricopa County and the state

GEOGRAPHY	NUMBER OF HOUSING UNITS	NUMBER OF FORECLOSURES (MAY 2014)	FORECLOSURES PER 1,000 PROPERTIES (MAY 2014)	RATIO OF FORECLOSURES TO HOMES FOR SALE (MAY 2014)	PERCENT OF HOUSES THAT ARE VACANT
Southwest Maricopa Region	95,699	1,942	1.242	1.088	15%
85322 (Arlington)	323	12	0.000	2.400	17%
85323 (Avondale)	12,593	299	0.953	1.549	15%
85392 (Avondale)	12,909	195	0.465	1.560	12%
85326 (Buckeye)	16,226	415	1.912	1.352	16%
85343 (Buckeye)	43	0	0.000		21%
85396 (Buckeye)	5,384	84	0.929	0.387	28%
85337 (Gila Bend, Theba)	847	6	1.016	1.167	18%
85338 (Goodyear)	15,528	306	1.869	0.818	12%
85395 (Goodyear)	9,908	92	0.505	0.582	20%
85340 (Litchfield Park)	9,869	156	0.810	0.796	8%
85309 (Luke AFB)	0	0			
85353 (Tolleson)	9,704	289	1.647	2.470	12%
85354 (Tonopah, Wintersburg)	2,365	88	2.538	1.011	30%
Maricopa County	1,636,502	19,504	0.767	0.972	14%
Arizona	2,841,432	30,205	0.657	0.752	17%

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

In Arizona, about one third of households are renters. Of these, 270,000 are classified as very low income renters. Over three quarters, 210,000 (78%), are paying more than the recommended 30 percent of their income in rent, which is considered “housing cost burdened”. Eighty percent of very low income renters in Maricopa County are classified as housing-cost burdened renters, which is a comparable rate to the state as a whole.²²

The percentage of housing units in the Southwest Maricopa Region that have housing problems and severe housing problems is similar to the state rate. The US Department of Housing and Urban Development defines housing units with “housing problems” as housing units lacking

²² Arizona Housing Alliance. (2013). Home matters for Arizona 2013. Retrieved from <http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf>

complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1 person per room), or housing units for which housing costs exceed 30 percent of income. Housing units with “severe housing problems” consist of housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1.5 person per room), or housing units for which housing costs exceed 50 percent of income.²³ Almost 40 percent of housing units in the region, county and state are classified as having housing problems (see Table 14). In all zip codes throughout the Southwest Maricopa Region, at least one quarter of housing units have housing problems. In the 85323 zip code of Avondale, which contains nearly 11,000 housing units, 27 percent of the homes with housing problems are further classified as having severe housing problems.

Table 14. Percent of housing units with housing problems

GEOGRAPHY	TOTAL HOUSING UNITS	HOUSING PROBLEMS	SEVERE HOUSING PROBLEMS
Southwest Maricopa Region	74,663	39%	19%
85309 (Luke AFB)	473	52%	23%
85322 (Arlington)	724	30%	19%
85323 (Avondale)	10,642	47%	27%
85326 (Buckeye)	12,204	42%	19%
85337 (Gila Bend, Theba)	705	34%	15%
85338 (Goodyear)	11,495	33%	13%
85340 (Litchfield Park)	8,422	36%	15%
85343 (Buckeye)	67	28%	22%
85353 (Tolleson)	7,992	46%	24%
85354 (Tonopah, Wintersburg)	800	26%	20%
85392 (Avondale)	10,738	35%	15%
85395 (Goodyear)	6,750	36%	16%
85396 (Buckeye)	2,107	35%	17%
Maricopa County	1,381,933	39%	20%
Arizona	2,326,354	38%	20%

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

Public Assistance Programs

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

²³ US Department of Housing and Urban Development (2011). CHAS Background. Retrieved from http://www.huduser.org/portal/datasets/cp/CHAS/bg_chas.html

SNAP

Nutrition Assistance, or SNAP, helps to provide low income families in Arizona with food through retailers authorized to participate in the program. According to the U.S. Department of Agriculture Economic Research Service, in 2010 about 20 percent of Arizonans lived in food deserts, which are areas more than a half-mile from a grocery in urban areas or more than 10 miles in rural areas.²⁴ Families living in food deserts often use convenience stores in place of grocery stores. New legislation in 2014 could have an effect on what's available in these stores, as they will have to begin stocking "staple foods" (such as bread or cereals, vegetables or fruits, dairy products, and meat, poultry or fish) to continue accepting SNAP.²⁵

In the Southwest Maricopa Region, 33 percent of children ages birth through five were receiving SNAP in 2012, a lower proportion than in Maricopa County (38%) and Arizona overall (40%). There is considerable variability across communities in the region in the percentage of children aged birth through five who received SNAP (see Table 15 and Figure 9).

Table 15. Children ages 0-5 receiving SNAP (Supplemental Nutrition Assistance Program)

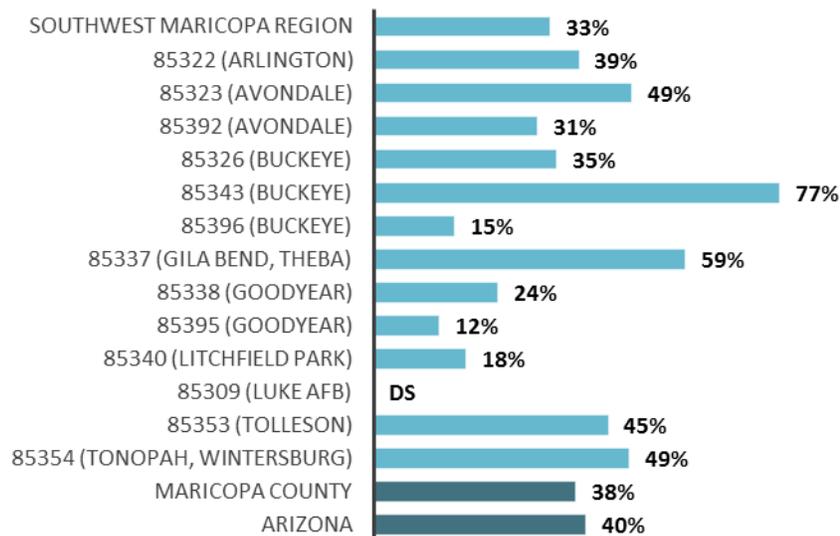
GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012
		#	%	#	%	#	%	
Southwest Maricopa Region	28,492	8,854	31%	8,760	31%	9,542	33%	+8%
85322 (Arlington)	54	20	37%	22	41%	21	39%	+5%
85323 (Avondale)	4,964	2,248	45%	2,240	45%	2,432	49%	+8%
85392 (Avondale)	3,353	860	26%	918	27%	1,040	31%	+21%
85326 (Buckeye)	5,535	1,817	33%	1,739	31%	1,917	35%	+6%
85343 (Buckeye)	13	13	100%	<10	DS	10	77%	-23%
85396 (Buckeye)	1,166	178	15%	157	13%	180	15%	+1%
85337 (Gila Bend, Theba)	261	152	58%	134	51%	154	59%	+1%
85338 (Goodyear)	4,287	1,007	23%	933	22%	1,008	24%	+0%
85395 (Goodyear)	1,624	167	10%	199	12%	202	12%	+21%
85340 (Litchfield Park)	2,471	475	19%	469	19%	435	18%	-8%
85309 (Luke AFB)	2	<10	DS	<10	DS	<10	DS	DS
85353 (Tolleson)	4,185	1,608	38%	1,691	40%	1,863	45%	+16%
85354 (Tonopah, Wintersburg)	577	308	53%	250	43%	280	49%	-9%
Maricopa County	339,217	129,566	38%	118,639	35%	130,132	38%	+0%
Arizona	546,609	215,837	39%	204,058	37%	219,926	40%	+2%

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

²⁴ <http://www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas.aspx#.UxitQ4VRKwt>

²⁵ <http://cronkitenewsonline.com/2014/02/new-food-stamp-requirements-could-affect-arizona-convenience-stores/>

Figure 9. Percentage of children ages 0-5 receiving SNAP in January 2012



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

SNAP participation in 2012 was highest in the 85343 zip code of Buckeye, where 77 percent of children birth through five are receiving SNAP (although notably, the other zip codes in Buckeye have lower participation than Maricopa County). Gila Bend/Theba also has a higher percentage of young children receiving SNAP (59%).

Overall, the number of children aged birth through five in the Southwest Maricopa Region who received SNAP increased by eight percent between 2010 and 2012. As shown in, this percentage varied quite a bit throughout the region; while some zip codes experienced increases, other zip codes actually experienced decreases in SNAP participation among young children.

TANF

In contrast to SNAP, the number of children receiving TANF has decreased over the last several years. This is likely due to new eligibility rules and state budget cuts to the program, which have been enacted annually by state lawmakers. In addition, a 2011 rule which takes grandparent income into account has led to a decline in child-only TANF cases, and fiscal year 2012 budget cuts limited the amount of time that families can receive TANF to two years.²⁶ Over the last decade, federal TANF funds have also been increasingly redirected from cash assistance, jobs

²⁶ Reinhart, M. K. (2011). Arizona budget crisis: Axing aid to poor may hurt in long run. *The Arizona Republic: Phoenix, AZ*. Retrieved from <http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

programs and child care assistance to Child Protective Services. Federal cuts to funding to support TANF, including supplemental grants to high growth states, have also been enacted. It is estimated that there will be a deficit in Arizona TANF funds between 10 and 29 million dollars in fiscal year 2014, with a projected increase to 20-39 million dollars in fiscal year 2015.²⁷

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

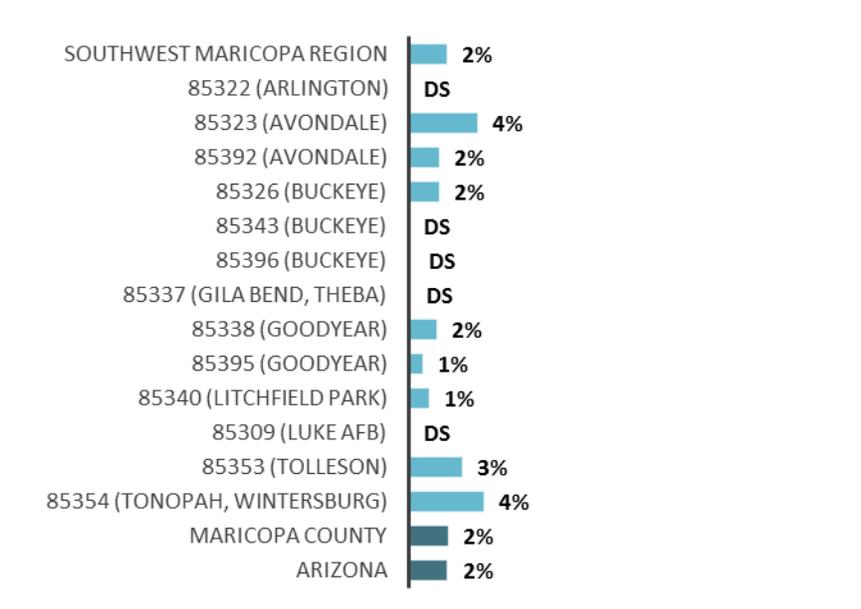
Table 16. Children ages 0-5 receiving TANF (Temporary Assistance for Needy Families)

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012
		#	%	#	%	#	%	
Southwest Maricopa Region	28,492	1,021	4%	668	2%	636	2%	-38%
85322 (Arlington)	54	<10	DS	<10	DS	<10	DS	DS
85323 (Avondale)	4,964	278	6%	166	3%	199	4%	-28%
85392 (Avondale)	3,353	105	3%	79	2%	60	2%	-43%
85326 (Buckeye)	5,535	167	3%	120	2%	98	2%	-41%
85343 (Buckeye)	13	<10	DS	<10	DS	<10	DS	DS
85396 (Buckeye)	1,166	28	2%	<10	DS	<10	DS	DS
85337 (Gila Bend, Theba)	261	<10	DS	<10	DS	<10	DS	DS
85338 (Goodyear)	4,287	125	3%	83	2%	71	2%	-43%
85395 (Goodyear)	1,624	19	1%	11	1%	13	1%	-32%
85340 (Litchfield Park)	2,471	52	2%	28	1%	29	1%	-44%
85309 (Luke AFB)	2	<10	DS	<10	DS	<10	DS	DS
85353 (Tolleson)	4,185	195	5%	140	3%	130	3%	-33%
85354 (Tonopah, Wintersburg)	577	41	7%	23	4%	25	4%	-39%
Maricopa County	339,217	15,452	5%	8,723	3%	7,767	2%	-50%
Arizona	546,609	23,866	4%	13,450	2%	12,358	2%	-48%

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

²⁷ The Arizona Children’s Action Alliance. (May 2013). Growing up poor in Arizona: State policy at a crossroads. Retrieved from http://azchildren.org/wp-content/uploads/2013/06/TANF_report_2013_ForWeb.pdf

Figure 10. Percentage of children ages 0-5 receiving TANF in January 2012



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

Women, Infants and Children (WIC)

Arizona’s WIC program is a federally funded nutrition program which serves economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. More than half of pregnant and postpartum women, infants, and children under age five in Arizona are estimated to be eligible for WIC, and in 2011 Arizona WIC served approximately 62 percent of the eligible population.²⁸ A primary goal of the WIC program has become obesity prevention through the promotion of breastfeeding, nutritious diet, and physical activity. Changes to WIC in 2009 may be impacting childhood obesity. In that year, WIC added vouchers for produce and also healthier items such as low-fat milk. Studies following the change have shown increases in purchases of whole-grain bread, brown rice²⁹ and reduced-fat milk³⁰ and fewer purchases of white bread, whole milk, cheese, and juice.³¹

²⁸ Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

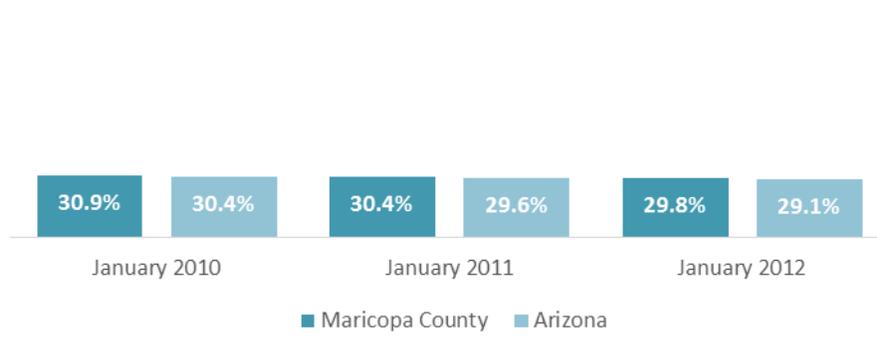
²⁹ Andreyeva, T. & Luedicke, J. Federal food package revisions effects on purchases of whole-grain products. (2013). *American Journal of Preventive Medicine*, 45(4):422–429

³⁰ Andreyeva, T., Luedicke, J., Henderson, K. E., & Schwartz, M. B. (2013). The positive effects of the revised milk and cheese allowances in the Special Supplemental Nutrition Program for women, infants, and children. *Journal of The Academy of Nutrition And Dietetics*. Retrieved from http://www.yaleruddcenter.org/resources/upload/docs/what/economics/WIC_Milk_and_Cheese_Allowances_JAND_11.13.pdf

³¹ Andreyeva, T., Luedicke, J., Tripp, A. S., & Henderson, K. E. (2013). Effects of reduced juice allowances in food packages for the Women, Infants, and Children Program. *Pediatrics*, 131(5), 919-927.

As shown in Figure 11, participation in WIC in Maricopa County between 2010 and 2012 closely mirrored participation in the state overall. In the Southwest Maricopa Region, 29 percent of infants and children under age five were receiving WIC in 2012, which is about the same as WIC participation in Maricopa County (30%) and in Arizona as a whole (29%). WIC participation was highest in the 85323 zip code of Avondale (47%), and in Gila Bend/Theba (43%).

Figure 11. WIC participation in Maricopa County and the state (2010-2012)



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

Table 17. WIC participation in the Southwest Maricopa Region

GEOGRAPHY	WIC PARTICIPANTS, JANUARY 2011			WIC PARTICIPANTS, JANUARY 2012		
	WOMEN	INFANTS AND CHILDREN (0-4)	% INFANTS AND CHILDREN (0-4)	WOMEN	INFANTS AND CHILDREN (0-4)	% INFANTS AND CHILDREN (0-4)
Southwest Maricopa Region	1,991	6,818	29%	2,097	6,942	29%
85322 (Arlington)	-	-	-	-	-	-
85323 (Avondale)	528	1,923	46%	557	1,953	47%
85392 (Avondale)	177	500	18%	197	541	20%
85326 (Buckeye)	469	1,671	36%	496	1,694	37%
85343 (Buckeye)	-	-	-	-	-	-
85396 (Buckeye)	-	-	-	-	-	-
85337 (Gila Bend, Theba)	35	106	46%	32	99	43%
85338 (Goodyear)	254	715	20%	216	754	21%
85395 (Goodyear)	34	103	8%	45	122	9%
85340 (Litchfield Park)	85	279	14%	78	297	15%
85309 (Luke AFB)	-	-	-	-	-	-
85353 (Tolleson)	377	1,344	38%	410	1,305	37%
85354 (Tonopah, Wintersburg)	32	177	36%	66	177	36%
Maricopa County	25,289	85,941	30%	25,648	84,174	30%
Arizona	40,819	134,871	30%	40,780	132,657	29%

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

Free and Reduced Lunch

Free and Reduced Lunch is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. These income criteria are 130 percent of the Federal Poverty Level (FPL) for free lunch, and 185 percent of the FPL for reduced price lunch. Children in foster care and homeless, migrant, or runaway children are also eligible for free and reduced lunch. The income criteria for the 2014-2015 school year is shown in Table 18.

Table 18. Free and reduced lunch eligibility requirements for the 2014-2015 school year

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

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

As shown in Table 19, free and reduced lunch eligibility in the region varies quite a bit by school district. Eligibility is highest in Arlington Elementary District, where 87 percent of students are eligible for free or reduced price lunch. Eligibility is lowest in Litchfield Elementary District, where 44 percent of students are eligible. In almost all school districts in the region, at least one half of students are eligible for free or reduced price lunch (with the exceptions of Litchfield and Liberty Elementary Districts, where rates are 44% and 47%, respectively).

Table 19. Free and reduced lunch eligibility by school district

SCHOOL DISTRICT NAME	PERCENT ELIGIBLE FOR FREE OR REDUCED LUNCH
Arlington Elementary District	87%
Avondale Elementary District	70%
Buckeye Elementary District	73%
Gila Bend Unified District	75%
Liberty Elementary District	47%
Litchfield Elementary District	44%
Littleton Elementary District	78%
Mobile Elementary District	50%
Palo Verde Elementary District	79%
Paloma School District	70%
Pendergast Elementary District	66%
Saddle Mountain Unified School District	71%
Sentinel Elementary District	60%
Tolleson Elementary District	79%
Union Elementary District	85%
Wickenburg Unified District	55%

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

On July 1, 2014, all schools in Arizona were eligible for a new provision that allows schools in high-poverty areas to offer nutritious meals through the National School Lunch and School Breakfast Programs to all students at no charge. Called “community eligibility”, this tool will not only enable more children to receive free lunch and breakfast at schools, it also reduces the paperwork necessary for schools to provide free lunch and breakfast. Schools will now be able to use information they already have access to, such as the number of students in their school who are receiving SNAP or TANF, to demonstrate that their student population is largely made up of children from households with low incomes.³² Arizona schools could apply for the Community Eligibility Provision between April 1 and June 30, 2014, through the Arizona Department of Education.³³

³² Center on Budget and Policy Priorities (CBPP) and the Food Research and Action Center (FRAC). (2013). Community eligibility and making high-poverty schools hunger free. Retrieved from http://frac.org/pdf/community_eligibility_report_2013.pdf

³³ For more information, visit: <http://www.azed.gov/health-nutrition/special-assistance-provisions/>

Educational Indicators

A national report released in 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children's educational attainment.³⁴ More recent reports have illustrated similar concerns: *Quality Counts*, an annual publication of the Education Week Research Center, gave Arizona an overall K-12 education rank of 43 in 2013.³⁵ A 2013 Census Bureau report indicates that Arizona schools receive less in state funding than most states. In 2011, Arizona schools received about 37 percent of their funding from the state, compared to a national average of about 44 percent. The report also found that Arizona has one of the lowest per-pupil expenditures nationally. Arizona spent \$7,666 per pupil in 2011, below the national average of \$10,560 for that year. Arizona also spent the lowest amount nationally on school administration in 2011.³⁶

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

Common Core/Early Learning Standards

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

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

³⁴ O'Hare, W., Mather, M., & Dupuis, G. (Annie E. Casey Foundation). (2012). Analyzing state differences in child well-being.

³⁵ Editorial Projects in Education Research Center. (2014). Quality counts 2013 highlights. *Education Week*. Retrieved from http://www.edweek.org/media/QualityCounts2013_Release.pdf

³⁶ Dixon, M. (2013). Public education finances: 2011. *Government Division Reports*. Retrieved from <http://www2.census.gov/govs/school/11f33pub.pdf>.

Move on When Ready

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

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

Schools may participate in Move on When Ready on a voluntary basis. As of April 2014, the Center for the Future of Arizona reported that 38 schools were participating in Move on When Ready. As of this date, no schools in the Southwest Maricopa Region are listed as participating in the program.³⁷

Educational Attainment

Several socioeconomic factors are known to impact student achievement, including income disparities, health disparities, and adult educational attainment.³⁸ Some studies have indicated that the level of education a parent has attained when a child is in elementary school can predict educational and career success for that child forty years later.³⁹

In the Southwest Maricopa Region, 17 percent of adults over 25 do not have a high school diploma or GED, compared with 15 percent of adults in Arizona overall. Thirty-five percent of adults over 25 in the Southwest Maricopa Region have some college or professional training, which is slightly higher than the state rate, 34 percent. However, a lower proportion of adults

³⁷ Center for the Future of Arizona. (2014). Current Move on When Ready Schools. Retrieved from <http://www.arizonafuture.org/mowr/participating-schools.html>.

³⁸ Annie E. Casey Foundation. (2013). The first eight years: Giving kids a foundation for lifetime success. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

³⁹ Merrill, P. Q. (2010). Long-term effects of parents' education on children's educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *NIH Public Manuscript*. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/>

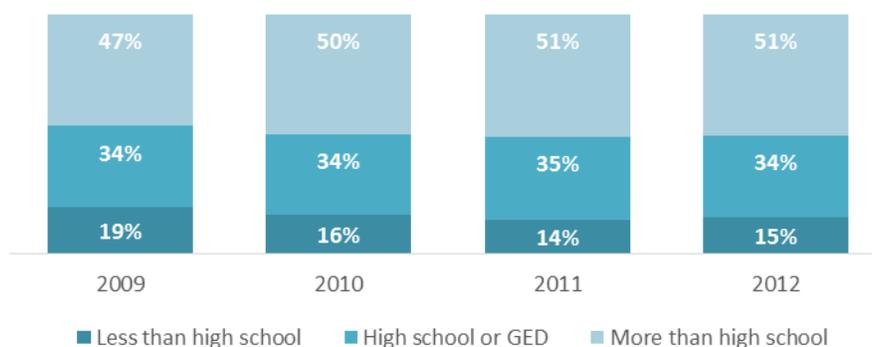
over 25 in the Southwest Maricopa Region have a bachelor’s degree or more than the state proportion (21% compared to 27%). Table 20 contains a comparison of adult educational achievement across communities in the Southwest Maricopa Region. As shown in Figure 12, more than half of all births in the region are to women with more than a high school diploma, and this rate has increased slightly in the last few years.

Table 20. Educational achievement of adults in the Southwest Maricopa Region

GEOGRAPHY	Adults (ages 25+) without a high school diploma or GED	Adults (ages 25+) with a high school diploma or GED	Adults (ages 25+) with some college or professional training	Adults (ages 25+) with a bachelor's degree or more
Southwest Maricopa Region	17%	27%	35%	21%
85322 (Arlington)	32%	35%	24%	9%
85323 (Avondale)	32%	29%	26%	13%
85392 (Avondale)	13%	23%	38%	26%
85326 (Buckeye)	20%	33%	35%	12%
85343 (Buckeye)	5%	28%	49%	18%
85396 (Buckeye)	7%	27%	34%	32%
85337 (Gila Bend, Theba)	40%	31%	19%	10%
85338 (Goodyear)	9%	28%	39%	25%
85395 (Goodyear)	7%	20%	41%	32%
85340 (Litchfield Park)	9%	20%	39%	32%
85309 (Luke AFB)	0%	30%	37%	33%
85353 (Tolleson)	29%	31%	29%	11%
85354 (Tonopah, Wintersburg)	19%	32%	42%	7%
Maricopa County	14%	23%	34%	29%
Arizona	15%	24%	34%	27%

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

Figure 12. Births by mother's educational achievement in the Southwest Maricopa Region



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

Graduation and Drop-out Rates

Living in poverty decreases the likelihood of completing high school: a recent study found that 22 percent of children who have lived in poverty do not graduate from high school, compared with six percent of children who have not lived in poverty. Third grade reading proficiency has also been identified as a predictor of timely high school graduation. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in poverty for at least a year.⁴⁰ This underscores the importance of early literacy programming in the early childhood system, especially for low-income families and families living in poverty.

The following table shows the high school graduation and dropout rates for school districts in the Southwest Maricopa Region. The percentage of students across the state who graduated in four years in 2012 was 77 percent.⁴¹ Gila Bend Unified District fell below this rate, graduating 62 percent of its students. The other districts in the Southwest Maricopa Region graduated a higher proportion of their students, with graduation rates of 83 percent (Tolleson Union High School District) and 86 percent (Buckeye Union High School District). Dropout rates in the region range from two percent (Buckeye Union High School District) to five percent (Tolleson Unified High School District).

Table 21. High school graduation and drop-out rates⁴²

GEOGRAPHY	PERCENT GRADUATED (2012)	DROPOUT RATES (2012-2013)
Buckeye Union High School District	86%	2%
Gila Bend Unified District	62%	5%
Tolleson Union High School District	83%	3%
Arizona	77%	4%

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

⁴⁰ Hernandez, D. (2011). Double jeopardy: How third-grade reading skills and poverty influence high school graduation. *The Annie E. Casey Foundation*. Retrieved from <http://files.eric.ed.gov/fulltext/ED518818.pdf>.

⁴¹ Arizona Department of Education (2014). 2012 Four Year Graduation Rate Data. Retrieved from <http://www.azed.gov/research-evaluation/graduation-rates>

⁴² Note: The Arizona Department of Education calculates four-year graduation rates according to federal education guidelines. The four-year graduation rate consists of the number of students who graduate with a regular high school diploma within four years divided by the number of students in the cohort of the graduating class. A cohort consists of the number of students who enter 9th grade for the first time, adjusted each year by adding any students who transfer into the cohort and subtracting any students who transfer out of the cohort, emigrate out of the US, or die. (United States Department of Education (2008). High School Graduation Rate: Non-regulatory guidance. Retrieved from http://www.azed.gov/research-evaluation/files/2012/08/grad_rate_guidance.pdf). The drop-out rate is calculated by dividing the number of drop-outs by the number of students currently enrolled in school. Students who are enrolled at any time in the school year but are not enrolled at the end of the school year are counted as drop-outs if they did not transfer to another school, graduate, or die. (Arizona Department of Education (2014). 2012-2013 Dropout Rates. Retrieved from <http://www.azed.gov/research-evaluation/dropout-rate-study-report/>).

Early Education and School Readiness

The positive impacts of quality early education have been well-documented. Previous research indicates that children who attend high-quality preschools have fewer behavior problems in school later on, are less likely to repeat a grade, are more likely to graduate high school, and have higher test scores.⁴³ Enrollment in preschool provides children with social, emotional and academic experiences that optimally prepare them for entry into kindergarten. In 2012, in Arizona, two-thirds of children aged three and four were not enrolled in preschool (compared to half of children this age nationally). In 2013, Arizona was ranked 3rd to last nationally in the number of preschool-aged children enrolled in preschool.⁴⁴ In the Southwest Maricopa Region, the numbers are slightly lower; 19 percent of children ages three and four in the region are estimated to be enrolled in early education settings. However, as shown in Table 22, this estimated percentage ranges throughout the region. It is highest in Goodyear, where 64 percent of children in zip code 85395 and 29 percent of children in zip code 85338 are estimated to be enrolled in preschool. In Avondale, which comprises more than a quarter of all children ages three and four in the region, only 14 percent of these children are estimated to be enrolled in preschool. This is salient, given how many parents in the region are employed (see Table 12).

⁴³ Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

⁴⁴ Children's Action Alliance. (2013). Nearly three out of four 4th graders in Arizona cannot read proficiently. Retrieved from <http://azchildren.org/wp-content/uploads/2014/01/2013-NAEP-Fact-Sheet-one-sided-version.pdf>

Table 22. Children (3-4) enrolled in nursery school, preschool, or kindergarten

GEOGRAPHY	2020 CENSUS PRESCHOOL-AGE CHILDREN (AGES 3-4)	ESTIMATED PERCENT OF CHILDREN (AGES 3-4) ENROLLED IN NURSERY SCHOOL, PRESCHOOL, OR KINDERGARTEN
Southwest Maricopa Region	9,826	19%
85322 (Arlington)	18	0%
85323 (Avondale)	1,685	14%
85392 (Avondale)	1,091	14%
85326 (Buckeye)	1,942	13%
85343 (Buckeye)	5	0%
85396 (Buckeye)	393	37%
85337 (Gila Bend, Theba)	76	32%
85338 (Goodyear)	1,477	29%
85395 (Goodyear)	593	64%
85340 (Litchfield Park)	917	27%
85309 (Luke AFB)	0	-
85353 (Tolleson)	1,429	12%
85354 (Tonopah, Wintersburg)	200	0%
Maricopa County	115,174	34%
Arizona	185,196	34%

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

Arizona reduced funding for kindergarten from full-day to half-day in 2010, and eliminated funds for pre-K programs in 2011. First Things First funds a limited number of preschool scholarships across the state, including \$13.7 million for Pre-K Scholarships and \$39 million for Quality First Scholarships in FY 2013.⁴⁵ More information about scholarship opportunities available in the Southwest Maricopa Region can be found in the *Early Childhood System* section of this report.

First Things First has developed Arizona School Readiness Indicators, which aim to measure and guide progress in building an early education system that prepares Arizona’s youngest citizens to succeed in kindergarten and beyond. The Arizona School Readiness Indicators are: children’s health (well-child visits, healthy weight, and dental health); family support and literacy (confident families); child development and early learning (school readiness, quality early education, quality early education for children with special needs, affordability of quality early education, developmental delays identified in kindergarten, and transition from preschool special education to kindergarten).⁴⁶

⁴⁵ The Build Initiative. (2012). Arizona state profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

⁴⁶ First Things First. (July 2013). Arizona school readiness indicators. Retrieved from http://www.azftf.gov/Documents/Arizona_School_Readiness_Indicators.pdf

Standardized Test Scores

The primary in-school performance of current students in the public elementary schools in the state is measured by the Arizona Instrument to Measure Standards (AIMS).⁴⁷ AIMS is required by both state and federal law, and is used to track how well students are performing compared to state standards. Performance on the AIMS directly impacts students' future progress in school. As of the 2013-2014 school year, Arizona Revised Statute⁴⁸ (also known as *Move on When Reading*) states that a student shall not be promoted from the third grade "if the pupil obtains a score on the reading portion of the Arizona's Instrument to Measure Standards (AIMS) test...that demonstrates that the pupil's reading falls far below the third-grade level." Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. The AIMS A (Arizona Instrument to Measure Standards Alternate) meets federal requirements for assessing students who have significant cognitive disabilities.

In order for children to be prepared to succeed on tests such as the AIMS, research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children.⁴⁹

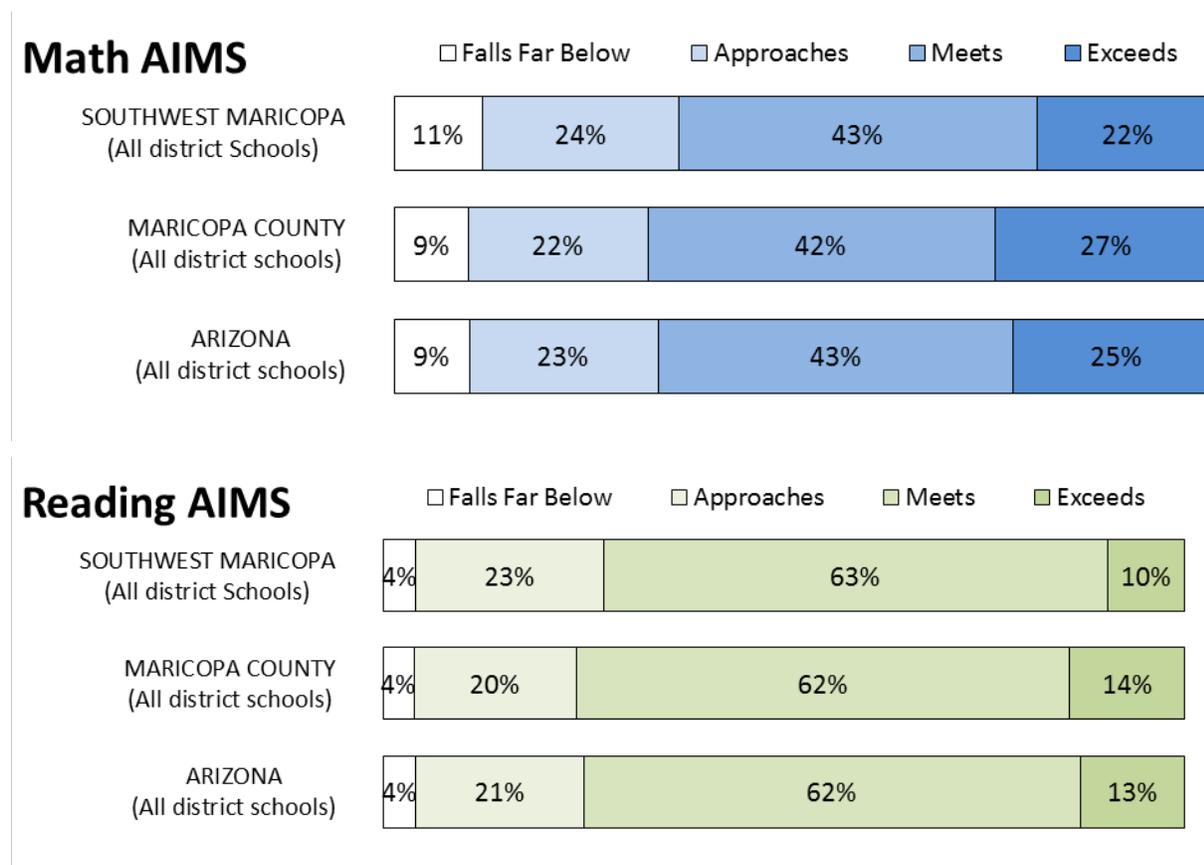
As shown in Figure 13, a slightly lower proportion of Southwest Maricopa 3rd graders met or exceeded math and reading standards as measured by the AIMS than 3rd graders in Maricopa County and Arizona overall.

⁴⁷ For more information on the AIMS test, see the Arizona Department of Education's Website: <http://www.ade.az.gov/AIMS/students.asp>

⁴⁸ A.R.S. §15-701

⁴⁹ First Things First. (2012). Read all about it: School success rooted in early language and literacy. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf (April, 2012)

Figure 13. Results of the 3rd grade Arizona Instrument to Measure Standards (AIMS) test, 2013



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

Table 23 and Table 24 show a breakdown of AIMS scores by school district in the Southwest Maricopa Region. In Maricopa County, 70 percent of all district and charter school 3rd graders passed the AIMS math test in 2013. Eight of the fourteen school districts in the Southwest Maricopa Region fell below this; the lowest math pass percentage in the region was 14 percent (Paloma School District). However, two school districts in the region had 100 percent of third graders pass the math portion of the AIMS test: Mobile Elementary District and Sentinel Elementary District.

A slightly higher proportion of 3rd graders in Maricopa County passed the AIMS reading test in 2013, 77 percent. Again, eight out of fourteen school districts in the Southwest Maricopa Region fell below the county. However, three school districts in the region had 100 percent of 3rd graders pass the reading portion of the AIMS test (Arlington Elementary District, Mobile Elementary District, and Sentinel Elementary District).

Table 23. Math 3rd grade AIMS results, 2013

Local Education Agency (LEA)	Math Percent Falls Far Below	Math Percent Approaches	Math Percent Meets	Math Percent Exceeds	Math Percent Passing
Litchfield Elementary District	5%	14%	44%	37%	81%
Arlington Elementary District	0%	27%	59%	14%	73%
Avondale Elementary District	17%	29%	40%	13%	54%
Buckeye Elementary District	9%	28%	45%	19%	63%
Gila Bend Unified District	33%	28%	36%	3%	38%
Liberty Elementary District	8%	18%	49%	25%	74%
Litchfield Elementary District	5%	14%	44%	37%	81%
Littleton Elementary District	11%	28%	46%	15%	61%
Mobile Elementary District	0%	0%	75%	25%	100%
Palo Verde Elementary District	8%	42%	40%	10%	50%
Paloma School District	14%	71%	14%	0%	14%
Saddle Mountain Unified School District	17%	34%	37%	13%	50%
Sentinel Elementary District	0%	0%	33%	67%	100%
Tolleson Elementary District	17%	27%	41%	16%	56%
All Maricopa County Charter Schools	7%	20%	42%	31%	73%
Maricopa County (All charter and district schools)	9%	22%	42%	28%	70%
Arizona (All charter and district schools)	9%	23%	43%	26%	68%

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

Table 24. Reading 3rd grade AIMS results, 2013

Local Education Agency (LEA)	Reading Percent Falls Far Below	Reading Percent Approaches	Reading Percent Meets	Reading Percent Exceeds	Reading Percent Passing
Litchfield Elementary District	2%	15%	67%	15%	82%
Arlington Elementary District	0%	0%	86%	14%	100%
Avondale Elementary District	5%	27%	61%	6%	68%
Buckeye Elementary District	3%	25%	63%	9%	72%
Gila Bend Unified District	8%	41%	49%	3%	51%
Liberty Elementary District	3%	15%	69%	12%	81%
Litchfield Elementary District	2%	15%	67%	15%	82%
Littleton Elementary District	6%	26%	61%	6%	67%
Mobile Elementary District	0%	0%	100%	0%	100%
Palo Verde Elementary District	2%	29%	60%	8%	69%
Paloma School District	0%	57%	43%	0%	43%
Saddle Mountain Unified School District	4%	33%	57%	6%	63%
Sentinel Elementary District	0%	0%	33%	67%	100%
Tolleson Elementary District	9%	31%	54%	6%	60%
All Maricopa County Charter Schools	2%	16%	66%	16%	82%
Maricopa County (All charter and district schools)	4%	20%	62%	15%	77%
Arizona (All charter and district schools)	4%	21%	62%	13%	75%

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

A sample of students in grades 4, 8, and 12 also takes the National Assessment of Educational Progress (NAEP), which is a nationally administered measure of academic achievement that allows for comparison to national benchmarks. A 2014 report by the Annie E. Casey Foundation highlighted early reading proficiency across the nation using the National Assessment of Educational Progress data. In Arizona, the percentage of fourth graders reading at or above proficient levels increased from 23 percent in 2003 to 28 percent in 2013, compared to a national average of 34 percent in 2013.⁵⁰

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

Other research shows that five-year-olds with lower-income, less-educated parents score more than two years behind their more advantaged peers on standardized language development

⁵⁰ Annie E. Casey Foundation. (2014). Early reading proficiency in the United States. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/E/EarlyReadingProficiency/EarlyReadingProficiency2014.pdf>

tests by the time they enter kindergarten. Further, new research posits that this gap in language development begins as early as 18 months of age.⁵¹

These data reflect not only the need to enhance language development among Arizona's children, but also the need for increased early intervention among the state's poorest children. However, Arizona has decreased or eliminated funding for a number of child-focused programs including full-day kindergarten, Healthy Families, family literacy and the Early Childhood Block Grant. Between 2009 and 2014, Arizona's financial investment in early education is estimated to have fallen from more than \$450 million to less than \$150 million.⁵² The need for strengthening the early childhood system is clear.

⁵¹ Carey, B. (Sept 12, 2013). Language gap between rich and poor children begins in infancy, Stanford psychologists find. *Stanford News*. Retrieved from <http://news.stanford.edu/news/2013/september/toddler-language-gap-091213.html>

⁵² Children's Action Alliance. Arizona's Investment in Early Education has Fallen Substantially. Retrieved from <http://azchildren.org/wp-content/uploads/2014/01/chart-for-NAEP-eneews-story.pdf>

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

Early Care and Education

Children who take part in high-quality early education programs have better success in school, are less likely to enter the criminal justice system⁵³ and have better long-term outcomes, as seen through higher high school graduation rates, increased employment opportunities and earnings, and lower rates of depression and drug use.⁵⁴ Studies of the cost-effectiveness of investing in early education (pre-kindergarten) programs show a substantial return on investment in the long term through increases in economic productivity and decreases in expenses to the criminal justice system.⁵⁵

Center and Home-based Care

In the Southwest Maricopa Region, there are 116 regulated child care providers, according to data provided to First Things First by the Department of Economic Security and Child Care Resource and Referral (CCR&R). The table below shows all but Head Start Centers, which are discussed in a subsequent section of this report. The majority of these providers (72) are ADHS licensed child care centers. Forty-one are DES certified homes (family child care), and three are nannies or individuals certified by DES. The total licensed capacity for the region is 9,440. With more than 28,000 children ages birth through five in the region, this suggests that there are licensed early care slots for about one third of these children (aside from Head Start programming).

⁵³ Lynch, R. (2007). Enriching children, enriching the nation (executive summary). *Washington, DC: Economic Policy Institute*. Retrieved from http://www.epi.org/content.cfm/book_enriching

⁵⁴ The Annie E. Casey Foundation. (2013). The first eight years; giving kids a foundation for lifetime success. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

⁵⁵ Castelazo, M. (2014). Supporting Arizona women's economic self-sufficiency. An analysis of funding for programs that assist low-income women in Arizona and impact of those programs. Report produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf

Table 25. Number of early care and education centers and homes and their capacity

GEOGRAPHY	CHILD CARE CENTERS		FAMILY CHILD CARE		NANNY/INDIVIDUAL		TOTAL CAPACITY
	NUMBER	CAPACITY	NUMBER	CAPACITY	NUMBER	CAPACITY	
Southwest Maricopa Region	72	9,212	41	216	3	12	9,440
85322 (Arlington)	-	-	-	-	-	-	-
85323 (Avondale)	10	1,196	5	38	1	4	1,238
85392 (Avondale)	10	1,310	7	34	-	-	1,344
85326 (Buckeye)	13	1,435	10	45	1	4	1,484
85343 (Buckeye)	-	-	-	-	-	-	-
85396 (Buckeye)	4	528	3	18	-	-	546
85337 (Gila Bend, Theba)	2	60	-	-	-	-	60
85338 (Goodyear)	15	1,431	4	22	-	-	1,453
85395 (Goodyear)	7	1,185	1	4	-	-	1,189
85340 (Litchfield Park)	7	1,682	6	24	-	-	1,706
85309 (Luke AFB)	-	-	-	-	-	-	-
85353 (Tolleson)	4	385	5	31	1	4	420
85354 (Tonopah, Wintersburg)	-	-	-	-	-	-	-
Maricopa County	802	97,205	321	1,665	18	72	98,942
Arizona	1,907	113,468	574	3,007	22	88	116,563

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

Quality First

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

Quality First provides financial and technical support for child care providers to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, TEACH scholarships, child care health consultation, child care scholarships, and financial incentives to assist in making improvements. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on these, a center is given a star rating that ranges from 1-star – where the provider demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements – to 5-star, where providers offer lower ratios and group size, higher staff qualifications, a curriculum aligned with state standards, and nurturing relationships between adults and children.⁵⁶ Quality First providers with higher star ratings receive higher financial incentives and less coaching, while those with lower ratings receive more coaching and lower

⁵⁶ First Things First (2011). Measuring quality in early childhood education. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q2.pdf (April 2012)

financial incentives.⁵⁷ The following table describes the rating scale as defined by First Things First.

Table 26. Quality First Rating Scale

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

According to the Southwest Maricopa Region’s funding plan⁵⁸, as of fiscal year 2014, 20 center-based providers and four home-based providers participated in Quality First; 204 children in the region received Quality First scholarships through First Things First; and 18 center-based providers and four home-based providers were served through the child care health consultation component of the Quality First strategy. As of June 2014, 1,981 children in the Southwest Maricopa Region are enrolled in Quality First programs, and 24 providers in the Southwest Maricopa Region are fully participating in the Quality First program.⁵⁹

⁵⁷ The BUILD Initiative. (2012). Arizona state profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

⁵⁸ <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20SW%20Maricopa%20SFY15.pdf>

⁵⁹ Unpublished data provided by First Things First. Data pulled as of June 20th, 2014. Enrollment data is self-reported by Child Care provider. Child enrollment numbers do not include children with special needs.

Local Education Agency Preschools

The No Child Left Behind Act (NCLB), Title I provides preschool, elementary, and secondary schools with financial assistance in order to assist all children, including educationally disadvantaged children, in meeting the state’s academic standards. Title I funding is intended to assist schools in administering supplementary programs, such as those designed to increase parent involvement, additional instructional services, and school wide reform efforts.⁶⁰ The U.S. Department of Education encourages the use of these funds to support early childhood education, recognizing that this is an area that often has not had sufficient resources.⁶¹ Eight school districts in the Southwest Maricopa Region are utilizing these funds to provide a range of programmatic and support services for young children in the region.

Table 27. Number of Local Education Agency Preschools

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF PRESCHOOL PROGRAMS	PRESCHOOL STUDENTS ENROLLED
Avondale Elementary District	1	49
Buckeye Elementary District	1	96
Gila Bend Unified District	1	23
Liberty Elementary District	1	32
Litchfield Elementary District	5	254
Littleton Elementary District	1	91
Saddle Mountain Unified School District	1	19
Tolleson Elementary District	2	116
All Maricopa County Districts	179	8,433
All Arizona Districts	220	10,063

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

Head Start/Early Head Start

Head Start is a comprehensive early childhood education program for preschool age children whose families meet income eligibility criteria. Arizona residents not meeting these criteria may still be eligible for Head Start if children and families are: homeless, in foster care, or receive TANF or SSI. Eligibility is determined by Head Start program staff, and some programs enroll a percentage of children from families with incomes above the poverty guidelines as well.⁶² Head Start addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development.

⁶⁰ Arizona Department of Education (2011). Academic achievement: Title I. Retrieved from <http://www.ade.az.gov/asd/title1/MissionProgDescription.asp>

⁶¹ CLASP. (2010). FAQ: Using Title I of ESEA for early education. Retrieved from <http://www.clasp.org/admin/site/publications/files/titleifaq-1.pdf>

⁶² <http://www.azheadstart.org/enrollment.php>

Early Head Start is a similar program targeted at families with younger children, and Arizona's Early Head Start Programs are targeted at low-income pregnant women and women with children aged birth to three years. Each Early Head Start program determines its own eligibility criteria, although general eligibility criteria are similar to Head Start. The goal of the program is to aid young mothers in being better teachers and caregivers for their children, and to enhance the development of participating children. Both home-based and center-based care are provided by the Early Head Start Program.

There are four agencies of Head Start and Early Head Start in Maricopa County: the city of Phoenix (which primarily serves the Phoenix metropolitan area), the Maricopa County Division of Education Head Start / Early Head Start, Chicanos Por La Causa, and Southwest Human Development. Catholic Charities Community Services additionally acts as a delegate agency in the West Valley.

Most children in the Southwest Maricopa Region are likely to be served by Catholic Charities Community Services, which serves the Avondale, Buckeye, Tolleson, and Tonopah communities.⁶³

Catholic Charities Community Services, a delegate agency of Maricopa County, has both Head Start and Early Head Start programs. According to the 2012-2013 Head Start Program Information Report⁶⁴ (the most recent data publically available for all Head Start and Early Head Start programs), Catholic Charities Community Services' Head Start program has a total funded enrollment of 1,031, including 923 center-based program slots and 108 home-based program slots. The Early Head Start program has a total funded enrollment of 128, including 40 center-based program slots and 88 home-based program slots.

Chicanos Por La Causa is the Arizona Migrant and Seasonal Head Start grantee, with a total funded enrollment of 840 statewide, including 819 center-based program slots and 21 family child care program slots. Data received from Chicanos Por La Causa for this report⁶⁵ indicate that two communities in Maricopa County were served through the Migrant and Seasonal Head Start Program in the 2012-2013 program year, neither of which are in the Southwest Maricopa Region: Dysart (17 toddlers and 61 preschoolers) and Queen Creek (39 preschoolers). In the 2013-2014 program year, these service numbers increased: 21 toddlers and 62 preschoolers were served in Dysart, and 42 preschoolers were served in Queen Creek. In the 2014-2015 program year, CPLC projects serving eight toddlers and 62 preschoolers in Dysart, and 42 preschoolers in Queen Creek.

⁶³ Retrieved from: <https://www.catholiccharitiesaz.org/westside-head-start/00001h>

⁶⁴ 2012-2013 Head Start Program Information Report (PIR). Retrieved from: <http://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

⁶⁵ Chicanos Por La Causa. Unpublished Data. Received June 2014.

Cost of Childcare

In Arizona in 2012, the average annual cost of center-based full-time child care for an infant was \$8,671, and for a four year old, \$7,398.⁶⁶ The average cost of a year’s tuition and fees at an Arizona public college was only 10 percent more. The cost of childcare increases with more than one child in a household, with the average annual cost for one infant and one four year old being \$16,069. Family-based providers cost slightly less, with the annual cost for an infant at \$6,641 and for a four year old at \$6,285. Arizona was ranked 16th in the nation for least-affordable childcare for an infant in a center, and 14th for least affordable for a four year old in a center. At the state level, to pay for center-based child care for a four year old, a family of three at the federal poverty level would spend nearly 40 percent of their annual income, while a family of three at 200 percent of the federal poverty level would spend almost 20 percent of their annual income. The following table shows the average cost of child care in a child care center for children of different ages in Maricopa County. These are estimates for one child in care, so needing child care for multiple children would increase these costs.

Table 28. Cost of early childhood care for one child (median cost per day)

GEOGRAPHY	TYPE OF CARE	CHILDREN UNDER 1	CHILDREN 1-2 YEARS OLD	CHILDREN 3-5 YEARS OLD
Maricopa County	Full-time	\$ 42.50	\$ 39.07	\$ 34.00
	Part-time	\$ 33.40	\$ 31.20	\$ 24.50
Arizona	Full-time	\$ 41.00	\$ 36.98	\$ 32.00
	Part-time	\$ 32.56	\$ 29.00	\$ 22.50

Arizona Department of Economic Security (2012). *Child Care Market Rate Survey 2012*. Retrieved from <https://www.azdes.gov/InternetFiles/Reports/pdf/MarketRateSurvey2012.pdf>

The Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care. Table 29 shows the average estimated cost of child care in a child care center by percent of median family income in twelve communities in the region, as well as in Maricopa County and the state. As the table shows, residents in almost all communities in the Southwest Maricopa Region are estimated to exceed the Department of Health and Human Services expenditure recommendation for child care for all age groups. Exceptions are Goodyear (zip code 85395) and Litchfield Park, which meet the recommendation for children ages three through five. Gila Bend/Theba has the highest percentages for all three age groups (31%, 28%, and 25%).

⁶⁶ Child Care Aware® of America. (2013). *Parents and the high cost of child care. 2013 report*. Retrieved from <http://usa.childcareaware.org/sites/default/files/Cost%20of%20Care%202013%20110613.pdf>

Table 29. Cost of full time child care in a child care center by percent of median family income⁶⁷

GEOGRAPHY	MEDIAN FAMILY INCOME	CHILDREN UNDER 1	CHILDREN 1-2 YEARS OLD	CHILDREN 3-5 YEARS OLD
85322 (Arlington)	\$60,750.00	17%	15%	13%
85323 (Avondale)	\$47,745.00	21%	20%	17%
85392 (Avondale)	\$68,488.00	15%	14%	12%
85326 (Buckeye)	\$63,208.00	16%	15%	13%
85343 (Buckeye)	\$68,906.00	15%	14%	12%
85396 (Buckeye)	\$75,156.00	14%	12%	11%
85337 (Gila Bend, Theba)	\$32,989.00	31%	28%	25%
85338 (Goodyear)	\$72,719.00	14%	13%	11%
85395 (Goodyear)	\$89,230.00	11%	11%	9%
85340 (Litchfield Park)	\$81,586.00	13%	11%	10%
85353 (Tolleson)	\$49,811.00	20%	19%	16%
85354 (Tonopah, Wintersburg)	\$69,075.00	15%	14%	12%
Arizona	\$59,563.00	17%	15%	13%
Maricopa County	\$64,841.00	16%	14%	13%

US Census (2013). American Community Survey 5-year estimates, 2008-2012. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; Arizona Department of Economic Security (2012). Child Care Market Rate Survey 2012. Retrieved from <https://www.azdes.gov/InternetFiles/Reports/pdf/MarketRateSurvey2012.pdf>

It is important to note that the percentages shown above are reflective of families with only one young child in need of full-time care. Families with more than one child under five requiring child care would exceed the Department of Health and Human Services recommendation by a higher percentage. Moreover, the percentages above were calculated with the average median income for all families. Single parent homes, particularly those with a single female householder, typically have a lower median income in the Southwest Maricopa Region (see Table 11), resulting in a higher cost of child care by percent of median income. Single-parent families may also be more likely to need full-time child care than married-couple families, although the percentage of two-parent working families in the region is high.

Professional Development

Formal educational attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. According to the 2012 Early Care and Education Workforce Survey, the number of assistant teachers obtaining a credential or degree increased from 21 percent in 2007 to 29 percent in 2012, and the percentage of all teachers

⁶⁷Median Income data is available at the community level, but average cost of child care are available at the state and county levels only. These calculations were made with community-level median income data and county-level data about average child care costs. Additionally, child care cost figures assume that child care will be utilized for 240 days per year.

holding a college degree rose from 47 to 50 percent over the same time period. During that same period, however, the wages of assistant teachers, teachers and administrative directors working in licensed early care and education settings across the state decreased when adjusted for inflation. Those working in early care and education settings in Arizona only make about half the annual income of kindergarten and elementary school teachers across the state.⁶⁸ It is likely that these issues impact retention and turnover of early care and education professionals across the state.

Scholarships

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers (center- or home-based), directors, assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associates) credential or AA degree. A Bachelor's Degree model of the TEACH program is also currently being piloted in one FTF Region. According to the Southwest Maricopa Region's FY 2015 funding plan⁶⁹, as of fiscal year 2014, 74 child care professionals in the Southwest Maricopa Region are receiving TEACH scholarships to take coursework leading to an associate's degree. Forty-four of these individuals received TEACH scholarships as part of the statewide Quality First package, and 30 of these scholarships were additional TEACH scholarships funded by the Southwest Maricopa Region. Additionally, in fiscal year 2014, 93 child care professionals received scholarships through the non-TEACH strategy funded by the Southwest Maricopa Region.

Opportunities for Professional Development

There are a wide variety of professional development opportunities for early childhood education workers in Maricopa County. Table 30 shows the degree programs proximal to the Southwest Maricopa Region.

⁶⁸ Arizona Early Childhood Development and Health Board (First Things First). (2013). Arizona's unknown education issue: Early learning workforce trends. Retrieved from <http://www.aztf.gov/WhoWeAre/Board/Documents/FTF-CCReport.pdf>

⁶⁹ First Things First. (2014). *SFY 2015 Regional funding plan*: Southwest Maricopa Regional Partnership Council. Retrieved from <http://www.aztf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20SE%20Maricopa%20SFY15.pdf>.

Table 30. Degrees offered at community colleges proximal to the Southwest Maricopa Region

COLLEGE	DEGREE OFFERED
Estrella Mountain Community College	A.A., Elementary Education
Glendale Community College	A.A.S. in Early Childhood Administration and Management A.A.S. in Early Childhood Education C.C.L. in Child Development Associate Preparation C.C.L. in Early Childhood Education
Phoenix College	C.C.L., Early Childhood Classroom Management A.A.S., Early Childhood Education and Administration: Birth through Age Five C.C.L., Early Childhood Education and Administration: Birth through Age Five
Rio Salado College (online learning program)	A.A.S. Early Childhood Administration and Management A.A.S. Early Learning and Development
South Mountain Community College	A.A.S., Early Childhood Development C.C.L., Early Childhood Development Accreditation, Montessori Early Childhood Program

Note: For more information about available programs, please visit college websites:

Estrella Mountain Community College: www.estrellamountain.edu

Glendale Community College: www.gccaz.edu

Phoenix College: <http://www.phoenixcollege.edu/>

Rio Salado College: www.riosalado.edu

South Mountain Community College: <http://www.southmountaincc.edu/>

Additionally, Arizona State University (ASU) offers an Early Childhood and Early Childhood Special Education program through their Bachelor of Arts in Education degree. This program is offered out of ASU’s Tempe campus. ASU also offers some online Early Childhood Education programs that can be completed from anywhere, including a MEd in Early Childhood Education. Graduate certificates in Autism Spectrum Disorders and Applied Behavior Analysis are also offered online through ASU’s Mary Lou Fulton Teachers College.⁷⁰

Health

Access to Care

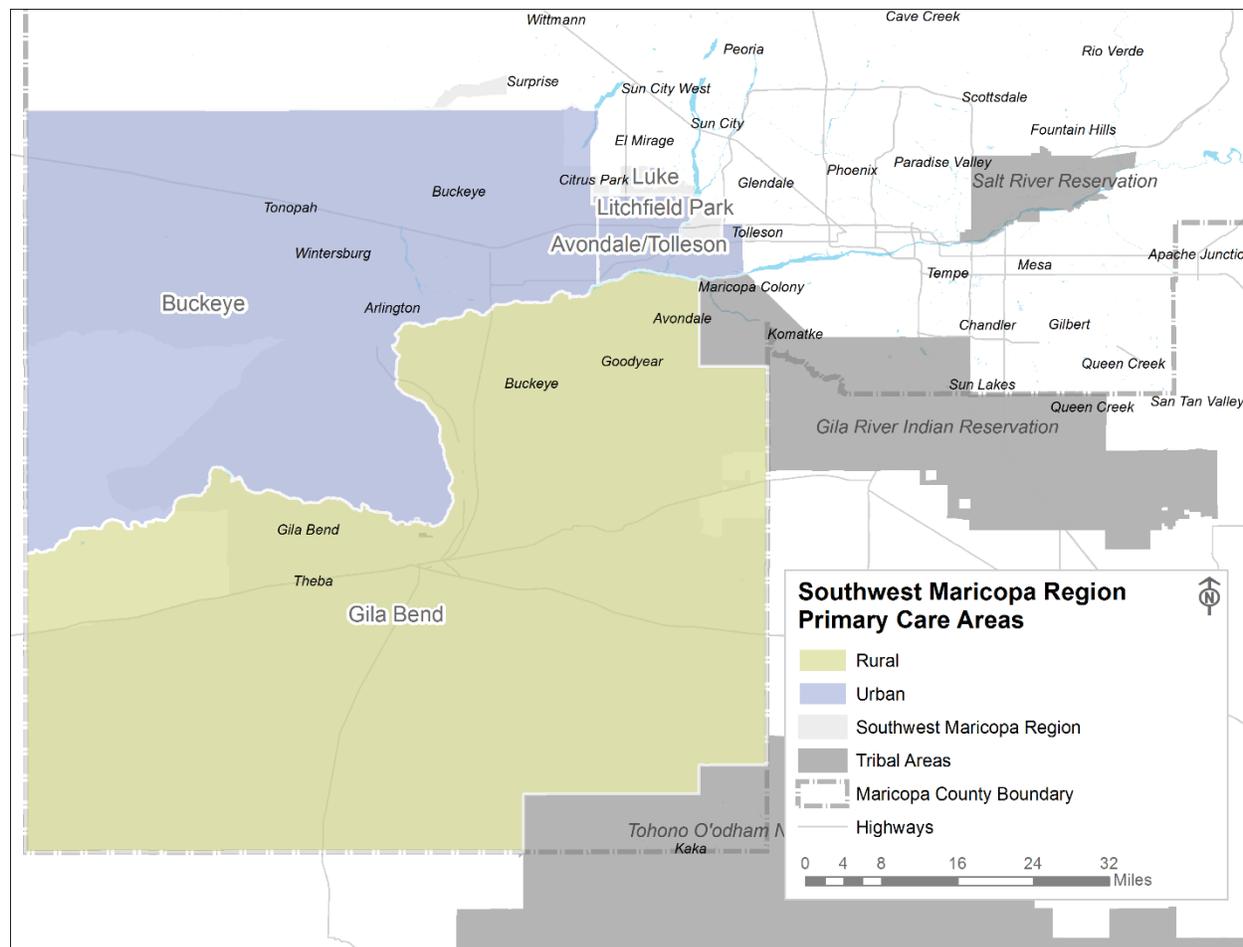
The Arizona Department of Health Primary Care Area Program designates Primary Care Areas (PCAs) as geographically based areas in which most residents seek primary medical care within the same places.⁷¹ The labels for the Primary Care Areas are drawn from the major population centers for those areas. There are five Primary Care Areas within the region:

⁷⁰ Retrieved June 2014 from <http://www.asu.edu> and <http://www.asuonline.edu>

⁷¹ Definition based on Arizona Department of Health Services, Division of Public Health Services Data Documentation for Primary Care Area and Special Area Statistical profiles. Bureau of Health Systems Development.

Avondale/Tolleson, Buckeye, Gila Bend, Litchfield Park, and Luke. The figure below shows a map of the Southwest Maricopa Region’s PCAs. Gila Bend is the only PCA designated as rural in the Southwest Maricopa Region; all others have an urban designation.

Figure 14. Primary Care Areas in the Southwest Maricopa Region⁷²



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

Medically Underserved Areas and Populations (MUAs and MUPs) are federally-designated areas or populations that have a need for medical services based on: too few primary care providers, high infant mortality, high poverty, and/or high elderly population. Groups designated as an MUP include those with economic barriers such as being largely low-income or Medicaid-

⁷² Primary Care Areas can receive one of four designations: Urban, Rural, Frontier or Indian. Urban Primary Care Areas are PCAs in counties with a population greater than 400,000 and where the Census County Division (CCD) population is greater than or equal to 50,000. Rural Primary Care Areas are those which a) do not meet the criteria for Frontier and b) are in counties with a population less than 400,000, or where the county population is above 400,000 but the CCD population is less than 50,000. Frontier Primary Care Areas are those with fewer than 6 persons per square mile for the latest population estimates. Tribal Primary Care Areas are Primary Care Areas on tribal lands. A Census County Division (CCD) is a relatively permanent subdivision of a county made by the Census Bureau for statistical purposes.

eligible populations, or those with culture and/or linguistic access barriers to primary care services. With 36 MUAs and 10 MUPs in Arizona, each of Arizona's 15 counties has some areas designated as medically underserved areas or population.⁷³

The Arizona Department of Health Primary Care Area Program designates Arizona Medically Underserved Areas (AzMUAs) and Health Professional Shortage Areas (HPSAs) in order to identify portions of the state that may have inadequate access to health care. Each PCA is given a score based on 14 weighted items including points given for: ambulatory sensitive conditions, population ratio, transportation score, percentage of population below poverty, percentage of uninsured births, low birth weight births, prenatal care, percentage of death before the U.S. birth life expectancy, infant mortality rate, and percent minority/elderly/unemployed. As of 2013 (the most recent year for which data are available), Avondale/Tolleson is designated as a HPSA on the basis of income⁷⁴, and this community is also designated as a Federal Medically Underserved Population.⁷⁵ Gila Bend is designated as a Federal Medically Underserved Area.⁷⁶ Luke and Buckeye are designated as HPSAs by the state on the basis of geography.⁷⁷

A new priority of the State Title V priorities for 2011-2016 for Arizona's maternal and child health population is to improve access to and quality of preventive health services for children. According to a 2013 report, Arizona may have increasing capacity to provide preventive health services for children ages birth through five years through funding from First Things First, and through potential funding for home visiting programs through the Affordable Care Act.⁷⁸

Figure 15 shows the ratio of the population to primary care providers in the region by PCA. The ratio of the population to the number of primary care providers can be used as an indicator of the healthcare infrastructure within the region. In Arizona as a whole, the ratio of residents to the primary care providers is about 785:1; in Maricopa County, this ratio is slightly lower, 739:1. Gila Bend, Buckeye, and Avondale/Tolleson PCAs all have higher ratios of population to primary care providers than the county and state averages. The ratio of population to primary care

⁷³ Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

⁷⁴ Arizona Department of Health Services (2013). Arizona Medically Underserved Areas. <http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/AZMUA.pdf>

⁷⁵ Arizona Department of Health Services (2013). Federal Medically Underserved Areas. Retrieved from http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/Federal_MUA.pdf

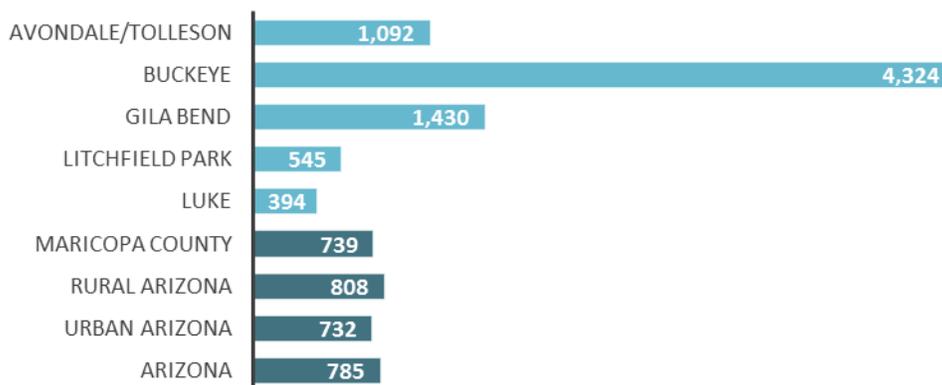
⁷⁶ Arizona Department of Health Services (2013). Federal Medically Underserved Areas. Retrieved from http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/Federal_MUA.pdf

⁷⁷ Arizona Department of Health Services (2013). Arizona Medically Underserved Areas. <http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/AZMUA.pdf>

⁷⁸ Arizona Department of Health Services. (2012). Maternal and child health services Title V block grant, state narrative for Arizona, application for 2013, annual report for 2011. Retrieved from <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf>

providers is highest in the Buckeye PCA, at 4,324:1. However, this ratio is quite a bit lower than the state and county ratios in the Luke PCA (394:1) and the Litchfield Park PCA (545:1), indicating a strong medical infrastructure in these two communities, relative to their populations.

Figure 15. Ratio of population to primary care providers



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

In addition to numerous independently operated clinics and medical practices through the area, The Southwest Maricopa Region houses a number of family care and emergency medical centers. In Avondale, medical practices serving families include the Avondale Family Health Center⁷⁹ (which offers adult and pediatric care, and also has an Eligibility Specialist to assist uninsured patients) and Good Night Pediatrics⁸⁰ (an overnight pediatric urgent care that is open 7 days per week and is staffed by board certified/eligible pediatricians). NextCare Urgent Care⁸¹ has a location in Avondale that offers general medical and injury care. The Phoenix Children's Hospital⁸² operates the Southwest Valley Center Specialty and Urgent Care in Avondale which is a 35,000 square foot pediatric-only urgent care. In Tolleson, FastMed⁸³ and OneHealth⁸⁴ urgent care centers offer non-emergency adult and pediatric care.

⁷⁹ <http://avondalefamilyhealthcenter.org/>

⁸⁰ <http://www.goodnightpeds.com/home.html>

⁸¹ <http://www.nextcare.com/locations/az/avondale>

⁸² <http://www.phoenixchildrens.org/locations/southwest-valley-center-specialty-and-urgent-care>

⁸³ <http://www.fastmed.com/locations/fastmed-locations-by-state/arizona/tolleson>

⁸⁴ <https://www.onehealthurgentcare.com/>

In Buckeye, the Banner Health Center⁸⁵ in the Verrado community has on-site labs and X-rays, and offers services in both pediatrics (including newborn care), and family medicine. The Abrazo Health West Valley Emergency Center⁸⁶ contains a 14-bed, full service emergency care center, and is a subset of the West Valley Hospital in Goodyear. IMS Urgent Care⁸⁷ offers a walk-in urgent care facility that offers urgent care for children, adults and seniors. 1st Care Family Medicine⁸⁸ also has an office in Buckeye that offers family medicine services, primary care services, health exams, pregnancy testing, reproductive health services. One Health Urgent Care⁸⁹ additionally has a location in Buckeye that treats acute illnesses and acute injuries.

In Goodyear, the Banner Health Center in Estrella⁹⁰ offers both family medicine and pediatrics with a full line of pediatric services including newborn care and developmental screenings. Mountain Park Health Center⁹¹ cares for men, women and children with family medicine, pediatrics and women's health services. They also house a WIC program. The Cigna Medical Group Palm Valley Medical Office⁹² specializes in family medicine and lab work. Additionally, the Western Regional Medical Center⁹³ is a Cancer Treatment Center of America that offers advanced cancer treatments. The Abrazo Health West Valley Hospital⁹⁴ also serves the Goodyear community with a 164-bed acute care hospital offering full-service emergency services, cardiovascular care and obstetrics. The center also provides women's diagnosis services and offers classes on topics such as childbirth and breastfeeding. Mother and newborn care services such as outpatient consultation, private labor/delivery suites and postpartum suites, and a level I and level II nurseries are also available. Additionally, OneHealth⁹⁵ and FastMed⁹⁶ both have urgent care locations in Goodyear.

⁸⁵ http://www.bannerhealth.com/_Banner+Medical+Group/Office+Locations/_Banner+Health+Center++Family+Medicine+Pediatrics++Buckeye/About+Us/_About+Us.htm

⁸⁶ <http://www.abrazohealth.com/facilities/WestValleyEmergencyCenter/home.aspx>

⁸⁷ <http://imsurgentcare.com>

⁸⁸ <http://1stcarefamilymedicine.com/Home.html>

⁸⁹ <https://www.onehealthurgentcare.com/>

⁹⁰ https://www.bannerhealth.com/_Banner+Medical+Group/Office+Locations/_Banner+Health+Center++Family+Medicine+Pediatrics++Goodyear/Pediatrics/_Pediatrics.htm

⁹¹ <http://mountainparkhealth.org/>

⁹² <http://www.cigna.com/cmgaaz/locations/palm-valley-medical-office>

⁹³ <http://www.cancercenter.com/western/>

⁹⁴ <http://www.abrazohealth.com/facilities/westvalley/home.aspx>

⁹⁵ <https://www.onehealthurgentcare.com/>

⁹⁶ <http://www.fastmed.com/locations/fastmed-locations-by-state/arizona/goodyear-az>

In Litchfield Park, Litchfield Park Banner Health Clinic⁹⁷ specializes in family medicine and preventive services, as well as routine physicals, immunizations, well women exams and minor in-office procedures. La Loma⁹⁸ specializes in internal medicine and pediatrics and offers several services including primary care and newborn care.

The Adelante Healthcare Center in Gila Bend⁹⁹ offers primary health care for the whole family, specializing in family medicine, pediatrics, dental and laboratory services. They also offer WIC/Nutrition services and assistance applying for AHCCCS.

Additionally, the Phoenix Indian Medical Center (PIMC), an Indian Health Services (IHS) hospital¹⁰⁰ provides healthcare services to American Indians and Alaska Natives (AIANs) who are members of federally recognized tribes residing in the metropolitan areas of Phoenix and to AIAN tribal members from other areas through the Phoenix Area region who are referred to PIMC. The Indian Health Service serves approximately 61,800 active users in Maricopa County, including 7,323 children under the age of six.¹⁰¹ There are 127 beds located in PIMC and over 600 people staff the facility. Services offered at PIMC include: anesthesiology, pediatrics, internal medicine, surgery, plastic surgery, obstetrics-gynecology, emergency medicine, radiology, physical therapy, dental services, and more. Subspecialties of PIMC include gastroenterology, infectious disease, and pulmonary health. There are also future plans to expand PIMC to include a cardiology subspecialty department. PIMC also offers an array of community health services to AIANs residing in the Phoenix area, including public health nursing, social services, mental health and substance abuse services, health education, environmental health, and nutritional services. Additionally, PIMC is unique in the fact that an entire floor in the PIMC building is dedicated to the National Institutes of Health, where research on common diseases found in Southwest tribes is conducted.

Urban American Indians and other community members residing in Maricopa County may also receive healthcare from Native Health. Native Health¹⁰², which offers numerous healthcare and wellness services, has been operating since 1978 and has grown and expanded greatly over the

⁹⁷ http://www.bannerhealth.com/_Banner+Medical+Group/Office+Locations/_Banner+Health+Clinic+-+Family+Medicine+Internal+Medicine+-+Litchfield+Park/About+Us.htm?rd=bmg-lovelandfamily

⁹⁸ <https://www.lalomaonline.com/home.html>

⁹⁹ <http://www.adelantehealthcare.com/locations/adelante-healthcare-gila-bend/>

¹⁰⁰ Indian Health Services. Phoenix Service Unit. *U.S. Department of Health and Human Services*. Retrieved from http://www.ihs.gov/phoenix/index.cfm?module=dsp_phx_hf_phx

¹⁰¹ *Indian Health Service Phoenix Area*. [2014]. FY-2013 Active Users and Census Projections. Unpublished data provided by the Indian Health Service Phoenix Area. Please note that the IHS estimates are based on data from the active users (defined as any child who had one or more visits during this two-year period) under the age of six in fiscal years 2011-2013). These data are based on the children's place of residence and not on where the service was provided. It can be assumed that in most cases services were received at Phoenix Indian Medical Center.

¹⁰² <http://www.nativehealthphoenix.org/>

years. Native Health now operates Native Health Central, NHW Community Health Center, Native Health Information and Referral Center (located in the Metrocenter Mall), and three WIC facilities located at both Native Health medical facilities (Native Health Central and NHW Community Health Center) and the Phoenix Indian Medical Center (PIMC). The services Native Health provides include podiatry, diabetes education, chronic care management, behavioral health, primary medical services, pediatric services, prenatal and women's health, optometry services, and dental services. Native Health also operates a Health Start (Mothers) Program, which is funded by the Arizona Department of Health Services. This program trains Community Health Workers (CHWs) to help women in the Phoenix area receive prenatal care and to ensure children receive needed immunizations. The program also offers health and wellness guidance to women and families during pregnancy and until the child reaches the age of two.

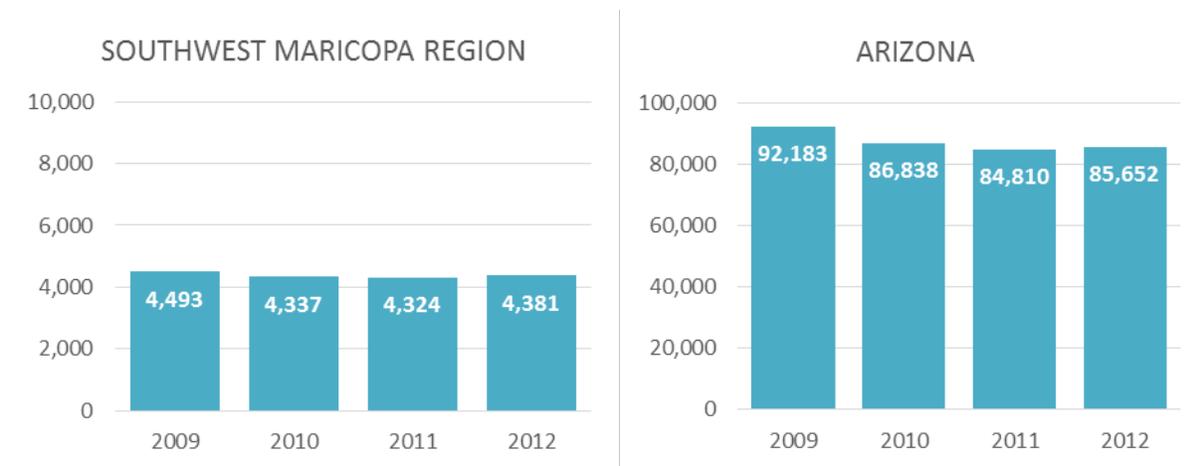
Additionally, Native Health operates the Maternal, Infant, and Early Childhood Home Visiting program, which was created to strengthen Native families that reside away from reservations by increasing the health and wellness of the entire family, ensuring school readiness in young children, teaching parenting skills, and much more. The mission of Native Health is to provide holistic, patient-centered, culturally sensitive health and wellness services to AIANs throughout the Phoenix area. For more information on the programs listed here, or any of the many other programs provided through Native Health, visit the Native Health website at <http://www.nativehealthphoenix.org/>.

Pregnancies and Births

The population of Arizona has grown in recent years, however, the number of births decreased from 2009 to 2011, with a slight increase in 2012.¹⁰³ As shown in the following figure, births in the Southwest Maricopa Region have followed a similar trajectory.

¹⁰³ Arizona Department of Health Services. (2013). Maternal and child health services Title V block grant, state narrative for Arizona, application for 2014, annual report for 2012. Retrieved from <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf>

Figure 16. Number of births per calendar year in the Southwest Maricopa Region (2009-2012)



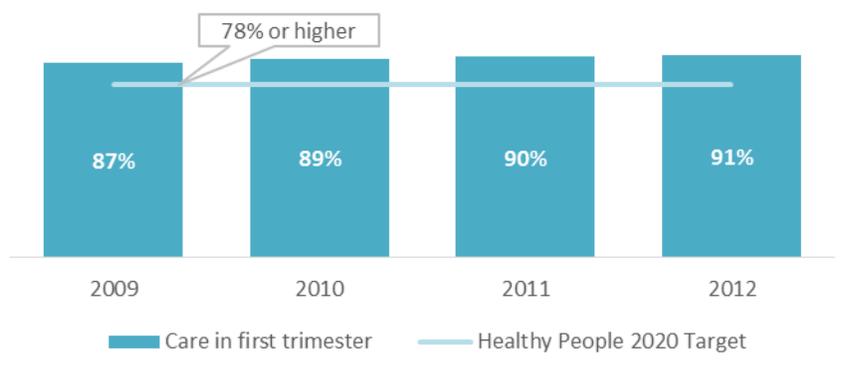
Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant mortality, premature births, and low-birth-weight births.¹⁰⁴ Care should ideally begin in the first trimester.

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 target for receiving prenatal care in the first trimester is 78 percent or more. In Arizona as a whole, 79 percent of births received prenatal care in the first trimester, meeting the Healthy People standard. As shown in Figure 17, a greater proportion of women receive prenatal care in the first trimester of pregnancy in the Southwest Maricopa Region: 91 percent in 2012. The Southwest Maricopa Region meets the Healthy People 2020 target for receiving prenatal care in the first trimester of pregnancy.

¹⁰⁴ Kiely, J.L. & Kogan, M.D (Centers for Disease Control and Prevention). From data to action: CDC's public health surveillance for women, infants, and children. *Prenatal Care*. Retrieved from <http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf>

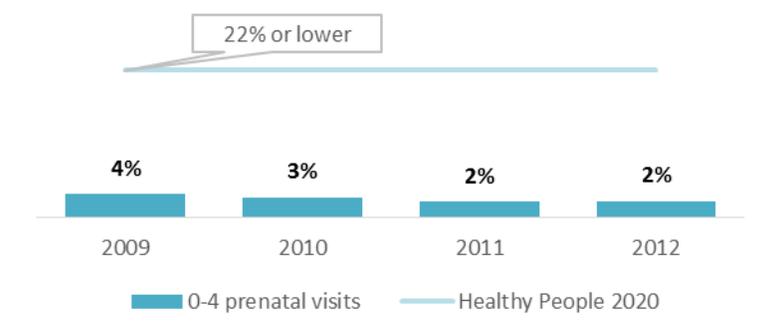
Figure 17. Average percent of births with prenatal care begun first trimester by year in the Southwest Maricopa Region (2009-2012)



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

In addition to early care, it is important that women receive adequate prenatal care throughout their pregnancy, in order to monitor their health and provide them with information for a healthy pregnancy and post-natal period. The American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven prenatal care visits or fewer are considered an inadequate number.¹⁰⁵ The Healthy People 2020 target for receiving fewer than five prenatal care visits is less than 22 percent. The Southwest Maricopa Region met these targets from 2009-2012, and there has been a slight decrease in the percentage of women receiving four or fewer prenatal visits from 2009 to 2012 (see Figure 18). These data suggest that prenatal care is accessible and well-utilized in the Southwest Maricopa Region.

Figure 18. Average percent of births with fewer than five prenatal care visits by year in the Southwest Maricopa Region (2009-2012)

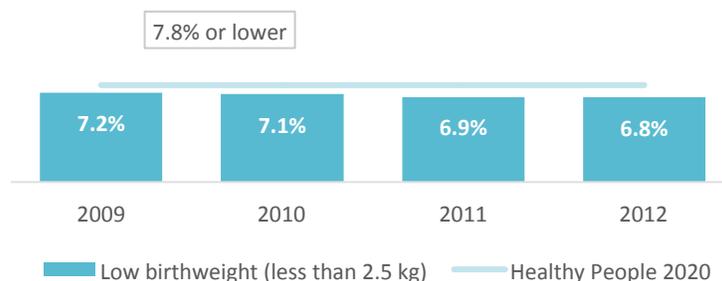


Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

¹⁰⁵ American Academy of Pediatrics, American College of Obstetricians and Gynecologists. (2002). Guidelines for Perinatal Care. 5th ed. Elk Grove Village, Ill.: American Academy of Pediatrics, and Washington, D.C.: American College of Obstetricians and Gynecologists.

Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. Low birth weight is associated with a number of factors including maternal smoking or alcohol use, inadequate maternal weight gain, maternal age younger than 15 or older than 35 years, infections involving the uterus or in the fetus, placental problems, and birth defects¹⁰⁶, as well as air pollution.¹⁰⁷ The Healthy People 2020 target is 7.8 percent or fewer births where babies are a low birth weight. As shown in Figure 19, the Southwest Maricopa Region meets the Healthy People 2020 target. The average percent of births with low birth weight decreased in the region between 2009 and 2012.

Figure 19. Average percent of births with low birth weight (5 lbs., 8oz. or less) births by year in the Southwest Maricopa Region (2009-2012)



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

Teenage parenthood, particularly when teenage mothers are under 18 years of age, is associated with a number of health concerns for infants, including neonatal death, Sudden Infant Death Syndrome (SIDS), and child abuse and neglect.¹⁰⁸ In addition, the children of teenage mothers are more likely to have lower school achievement and drop out of high school, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult. Teenaged mothers themselves are less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.¹⁰⁹

¹⁰⁶ Arizona Department of Health Services. (2010). Preterm birth and low birth weight in Arizona, 2010. Retrieved from <http://www.azdhs.gov/phs/owch/pdf/issues/Preterm-LowBirthWeightIssueBrief2010.pdf>

¹⁰⁷ Pedersen, M., et al. (2013). Ambient air pollution and low birth weight: A European cohort study (ESCAPE). *The Lancet Respiratory Medicine*. Advance online publication. Doi: 10.1016/S2213-2600(13)70192-9

¹⁰⁸ Office of Population Affairs, Department of Health and Human Services, (2010). Focus area 9: Family planning, healthy people 2010. Retrieved from <http://www.healthypeople.gov/Document/HTML/Volume1/09Family.htm>

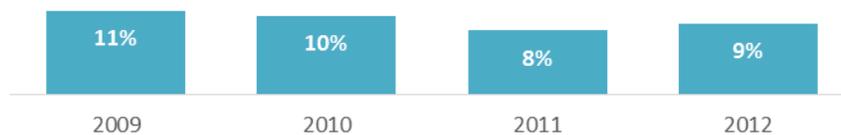
¹⁰⁹ Centers for Disease Control and Prevention. Teen pregnancy. *About Teen Pregnancy*. Retrieved from <http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm>

The teen birth rate in Arizona in 2012 was 18.7/1000 for females aged 15-17, and 66.1/1000 for females aged 18-19. Although the number of teen births in Arizona has dramatically decreased in recent years (reflective of the national trend), Arizona still has the 11th highest teen birth rate nationally.¹¹⁰ Arizona had the largest decline in teen pregnancy in the nation between 2007 and 2010, with a 29% decline.¹¹¹ However the teen birth rate in Arizona is still higher than the national average, for both girls aged 10-14 and 15-19.

Because young teen parenthood (10-17) can have far-reaching consequences for mother and baby alike, and older teen parenthood (18-19) can continue to impact educational attainment, these rates indicate that services for teen parents may be important strategies to consider in order to improve the well-being of young children in these areas.

In 2012, nine percent of all births in Arizona were to mothers aged 19 or younger, the same as in the Southwest Maricopa Region.

Figure 20. Percent of Births to Teen Mothers by year in the Southwest Maricopa Region (2009-2012)



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

In Arizona, teen pregnancy was estimated to have cost the state \$240 million in 2010. The costs in previous years had been much higher and if the declines in teen pregnancy seen in recent years had not occurred, the state would have needed to spend an estimated \$287 million more in 2010.¹¹² Reducing the rate of teen pregnancy among youth less than 19 years of age is one of the ten State Title V priorities for 2011-2016 for Arizona's maternal and child health population.¹¹³

¹¹⁰ The National Campaign to Prevent Teen and Unplanned Pregnancy. (2012). Teen birth rate comparison, 2012. Retrieved from <http://thenationalcampaign.org/data/compare/1701>

¹¹¹ Arizona Department of Health Services. (Dec 2013). Arizona state health assessment. Retrieved from <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

¹¹² The National Campaign to Prevent Teen and Unplanned Pregnancy. (April 2014). Counting it up. the public costs of teen childbearing in Arizona in 2010. Retrieved from <http://thenationalcampaign.org/sites/default/files/resource-primary-download/fact-sheet-arizona.pdf>

¹¹³ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. Retrieved from <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf>

Teen pregnancy is often linked with preterm births¹¹⁴, and the percent of preterm births in the region falls below the Healthy People 2020 target. In 2012, preterm births in the Southwest Maricopa Region comprised 10.4 percent of all births in the region, slightly above the state percentage for that year (just over 9%).

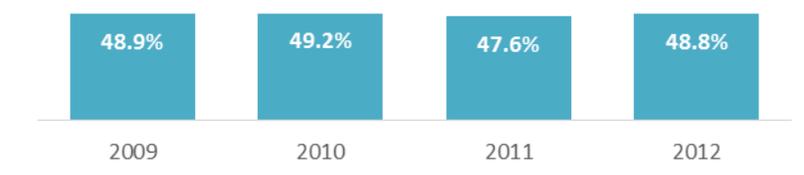
Figure 21. Percent of preterm births in the Southwest Maricopa Region by year (under 37 weeks)



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

The number of births covered by AHCCCS or IHS in the Southwest Maricopa Region has decreased slightly in recent years but increased from 2011 to 2012, with 48.8 percent of all births in the region having AHCCCS or IHS as the payee for birth expenses. This is a lower percentage than in the state as a whole, which had 55 percent of births with AHCCCS or IHS as the payee in 2012.

Figure 22. Births covered by AHCCCS or IHS in the Southwest Maricopa Region by year (2009-2012)



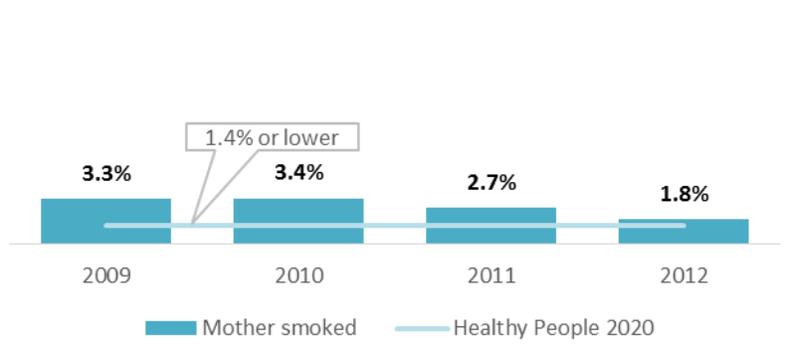
Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The Healthy People 2020 target for tobacco use during pregnancy is not to exceed 1.4 percent. Arizona does not meet this target: statewide, about four percent of women report smoking during pregnancy. The Southwest Maricopa Region slightly exceeded the Healthy People 2020

¹¹⁴ Chen, X-K, Wen, SW, Fleming, N, Demissie, K, Rhoads, GC & Walker M. (2007). *International Journal of Epidemiology*; 36:368–373. Retrieved from <http://ije.oxfordjournals.org/content/36/2/368.full.pdf+html>

Target, with 1.8 percent of mothers reporting using tobacco during pregnancy in 2012. Although this percentage exceeds the Healthy People 2020 target, it falls below the state.

Figure 23. Tobacco use during pregnancy in the Southwest Maricopa Region by year (2009-2012)



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

Insurance Coverage

Affordable Care Act and Medicaid Expansion

In 2012, Arizona had the third highest rate of uninsured children in the country, with 13 percent of the state’s children (those under 18 years of age) uninsured.¹¹⁵

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010. The ACA aims to expand access to health care coverage, requires insurers to cover preventative and screening services such as vaccinations, and ensures coverage for those with pre-existing conditions. In 2013, states could choose to expand Medicaid, with the federal government covering the entire cost for three years and 90 percent thereafter, which Arizona chose to do. Arizonans who earn less than 133 percent of the federal poverty level (approximately \$14,000 for an individual and \$29,000 for a family of four) are eligible to enroll in Medicaid (AHCCCS), while those with an income between 100 percent and 400 percent of the federal poverty level who are not eligible for other affordable coverage may receive tax credits to help offset the cost of insurance premiums.¹¹⁶ These individuals can purchase health insurance through health insurance exchanges. The ACA requires most Americans to obtain insurance coverage.

In addition to immunizations, the ACA requires insurance plans to cover a number of “essential” services relevant to children. These include routine eye exams and eye glasses for children once

¹¹⁵ Mancini, T. & Alker, J. (Georgetown University Health Policy Institute, Center for Children and Families). (2013). Children’s health coverage on the eve of the Affordable Care Act. Retrieved from <http://ccf.georgetown.edu/wp-content/uploads/2013/11/Children%E2%80%99s-Health-Coverage-on-the-Eve-of-the-Affordable-Care-Act.pdf>

¹¹⁶ National Partnership for Action to End Health Disparities. The Affordable Care Act resource kit. Retrieved from <http://health.utah.gov/disparities/data/ACAResourceKit.pdf>

per year, and dental check-ups for children every six months.¹¹⁷ However, in Arizona, offered health plans are not required to include these pediatric vision and oral services, as long as supplemental, stand-alone pediatric dental and vision plans are available to consumers.¹¹⁸ A potential barrier to this method is that a separate, additional premium for this supplemental plan is required¹¹⁹, and subsidies will not be available for these separately purchased plans.¹²⁰ Both of these factors may make these supplemental pediatric dental and vision plans unaffordable for some families. In addition, when these “essential” services are offered in a stand-alone plan, families are not required to purchase them to avoid penalties. These factors may limit the uptake of pediatric dental and vision coverage in Arizona.

Table 31 shows the percent of the population in the region, county, state, and regional communities who are estimated to be uninsured. The percentage of the total population uninsured in the region (17%) is higher than the percentage of uninsured children ages birth through five in the region (10%). As shown in Table 31, these percentages are very similar to the state and Maricopa County. Insurance seems to be the biggest challenge in Gila Bend/Theba, where an estimated 36 percent of the total population and an estimated 25 percent of children ages birth through five are uninsured. Gila Bend/Theba also has the highest percentage of children living with foreign-born parents in the region (see Table 5) as well as the highest percentages of linguistic isolation in the region (see Table 9). These parents may be more likely to be out of work or hold jobs without health insurance benefits, or may be unaware of child eligibility for insurance.

¹¹⁷ Centers for Medicare & Medicaid Services. Arizona EHB benchmark plan. Retrieved from <http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/arizona-ehb-benchmark-plan.pdf>

¹¹⁸ Arizona Department of Insurance. (2012). Essential health benefits. Retrieved from <http://www.azgovernor.gov/hix/documents/Grants/EHBReport.pdf>

¹¹⁹ Can I get dental coverage in the Marketplace? Retrieved from <https://www.healthcare.gov/can-i-get-dental-coverage-in-the-marketplace/>

¹²⁰ Ollove, M. (Nov 12 2013) Kids’ dental coverage uncertain under ACA. *The Pew Charitable Trusts*. Retrieved from <http://www.pewstates.org/projects/stateline/headlines/kids-dental-coverage-uncertain-under-aca-85899519226>

Table 31. Percent of population uninsured

GEOGRAPHY	POPULATION (ALL AGES)	ESTIMATED PERCENT OF POPULATION UNINSURED (ALL AGES)	POPULATION (0-5)	ESTIMATED PERCENT OF POPULATION UNINSURED (0-5)
Southwest Maricopa Region	274,478	17%	28,492	10%
85322 (Arlington)	752	26%	54	0%
85323 (Avondale)	39,507	25%	4,964	11%
85392 (Avondale)	35,310	13%	3,353	8%
85326 (Buckeye)	51,705	20%	5,535	13%
85343 (Buckeye)	196	14%	13	-
85396 (Buckeye)	12,163	10%	1,166	17%
85337 (Gila Bend, Theba)	2,405	36%	261	25%
85338 (Goodyear)	41,115	13%	4,287	2%
85395 (Goodyear)	25,922	9%	1,624	5%
85340 (Litchfield Park)	26,262	13%	2,471	8%
85309 (Luke AFB)	1,485	100%	2	-
85353 (Tolleson)	31,011	25%	4,185	14%
85354 (Tonopah, Wintersburg)	6,645	26%	577	16%
Maricopa County	3,817,117	17%	339,217	10%
Arizona	6,392,017	17%	546,609	11%

American Community Survey 5-Year Estimates, 2008-2012, Table B27001

Medicaid (AHCCCS) and KidsCare Coverage

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

Beginning May 1, 2012 a temporary new program called KidsCare II became available through January 31, 2014, for a limited number of eligible children. KidsCare II had the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it was only open to children in households with incomes from 100 percent to 175 percent of the FPL, based on family size. Monthly premium payments, however, were lower for KidsCare II than for KidsCare.¹²¹

¹²¹ Monthly premiums vary depending on family income but for KidsCare they are not more than \$50 for one child and no more than \$70 for more than one child. For KidsCare II premiums are no more than \$40 for one child and no more than \$60 for more than one. Note that per federal law, Native Americans enrolled with a federally recognized tribe and certain Alaskan Natives do

Combined, KidsCare and KidsCare II insured about 42,000 Arizona children, with almost 90 percent being covered through the KidsCare II program. On February 1, 2014, KidsCare II was eliminated. Families of these children then had two options for insurance coverage; they could enroll in Medicaid (AHCCCS) if they earn less than 133 percent of the FPL, or buy subsidized insurance on the ACA health insurance exchange if they made between 133 percent and 200 percent of the FPL. However this leaves a gap group of up to 15,000 kids in Arizona whose families can't afford insurance because they do not qualify for subsidies. A solution proposed by Arizona legislators is to again allow children whose families earn between 133 percent and 200 percent of the poverty level to enroll in KidsCare.¹²²

Enrollment for the original KidsCare will remain frozen in 2014. Children enrolled in KidsCare with families making between 133 percent and 200 percent of the FPL will remain in KidsCare as long as they continue to meet eligibility requirements, and continue paying the monthly premium. Children enrolled in KidsCare whose families make between 100 percent and 133 percent of the FPL will be moved to Medicaid (AHCCCS). New applicants to KidsCare with incomes below 133 percent of the FPL will be eligible for Medicaid (AHCCCS). Applicants with incomes above 133 percent of the FPL will be referred to the ACA health insurance exchange to purchase (potentially subsidized) health insurance.¹²³

Very few children in Arizona and Maricopa County were enrolled in KidsCare in 2014, as shown in the table below.

Table 32. Children (0-17) with KidsCare coverage in Maricopa County (2012-2014)

GEOGRAPHY	POPULATION (0-17)	MARCH 2012		MARCH 2013		MARCH 2014	
Maricopa County	1,007,861	7,343	0.7%	22,252	2.2%	1,360	0.1%
Arizona	1,629,014	11,646	0.7%	35,965	2.2%	2,148	0.1%

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

Nearly a quarter of the American Indian population in the state lives in Maricopa County, and the majority (87%) reside outside of reservation areas.¹²⁴ Data on Medicaid or AHCCCS coverage through Indian Health Service¹²⁵ for active users under age six who are members of a

not have to pay a premium. Proof of tribal enrollment must be submitted with the application. <http://www.azahcccs.gov/applicants/categories/KidsCare.aspx> and <http://www.azahcccs.gov/applicants/KidsCareII.aspx>

¹²² Kelly, A. (Jan 30, 2014). Thousands of kids could lose health coverage Saturday. *Arizona Public Media*. Retrieved from <https://news.azpm.org/p/local-news/2014/1/30/29919-thousands-of-az-kids-could-lose-health-coverage-saturday/>

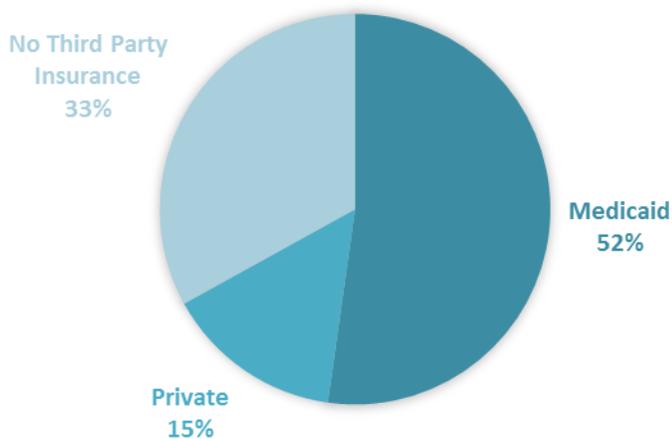
¹²³ Arizona Department of Health Services. (2014). Arizona state health assessment, April 2014. Retrieved from <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

¹²⁴ US Census (2010). Table P9. Retrieved from http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_P9&prodType=table

¹²⁵ <http://www.ihs.gov/>

federally recognized tribe in Maricopa County were provided by the Indian Health Service for inclusion in this report. The Indian Health Service serves approximately 61,800 urban Indians in Maricopa County, including 7,323 children under the age of six.¹²⁶ As shown in the following figure, 52 percent of these children were covered by Medicaid.

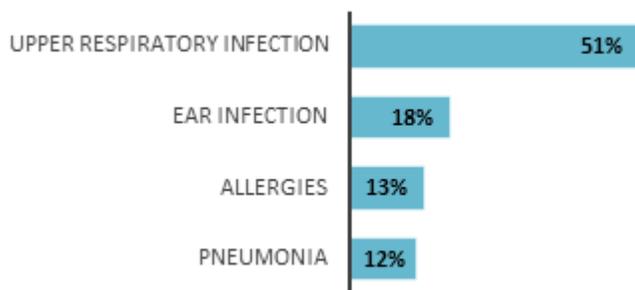
Figure 24. Insurance coverage, Indian Health Service active users in Maricopa County (0-5), 2011-2013



Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

Some additional data about the health of young children served by the Indian Health Service were also provided. Figure 25 shows the top five diagnoses over a two-year period for the active users under age six in Maricopa County. As shown, 51 percent of these active users under six were seen for an upper respiratory infection between 2011 and 2013.

Figure 25. Top five diagnoses by unique patients aged birth through five, 2011-2013 (Indian Health Service)



Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

¹²⁶ *Indian Health Service Phoenix Area. [2014]. FY-2013 Active Users and Census Projections. Unpublished data provided by the Indian Health Service Phoenix Area. Please note that the IHS estimates are based on data from the active users (defined as any child who had one or more visits during this two-year period) under the age of six in fiscal years 2011-2013). These data are based on the children’s place of residence and not on where the service was provided. It can be assumed that in most cases services were received at Phoenix Indian Medical Center.*

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

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

The National Survey of Children with Special Health Care Needs estimated that 7.6 percent of children from birth to five (and about 17% of school-aged children) in Arizona have special health care needs, defined broadly as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition, and who also require health and related services of a type or amount beyond that required by children generally”.¹²⁷ The survey also estimates that nearly one in three Arizona children with special health care needs have an unmet need for health care services (compared to about one in four nationally).

In addition, although all newborns in Arizona are screened for hearing loss at birth, approximately one third of those who fail this initial screening do not receive appropriate follow up services to address this auditory need.¹²⁸

The Southwest Maricopa Region funds a Family Support Strategy for Children with Special Needs through Child and Family Resources Inc. This effort provides services and coaching to parents of children who are identified to have special needs in the region. Additionally, the Care1st Avondale Resource and Housing Center in Avondale, AZ provides developmental, vision, and hearing screenings to families in the region at no cost.

AzEIP Referrals and Services

Screenings and evaluations for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), which also provides services or makes referrals to other appropriate agencies (e.g. for Division of Developmental Disabilities case management). Children eligible for AzEIP services are those who have not reached 50 percent of the developmental milestones for his or her age in one or more of the following areas: physical,

¹²⁷ “Arizona Report from the 2009/10 National Survey of Children with Special Health Care Needs.” NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 08/06/12 from www.childhealthdata.org.

¹²⁸ Arizona Department of Health Services. (2012). Maternal and child health services title v block grant, state narrative for Arizona, application for 2013, annual report for 2011. Retrieved from <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf>

cognitive, communication/language, social/emotional or adaptive self-help. Children who are at high risk for developmental delay because of an established condition (e.g., prematurity, cerebral palsy, spina bifida, among others) are also eligible. Families who have a child who is determined to be eligible for services work with the service provider to develop an individualized Family Service Plan that identifies family priorities, child and family outcomes desired, and the services needed to support attainment of those outcomes.

Private insurance often does not cover the therapies needed for children. The 2009-2010 National Survey of Children with Special Health Care Needs found that about 22 percent of families with a child with special health care needs pay \$1,000 or more in out-of-pocket medical expenses.¹²⁹ The cost of care has become an even more substantial issue as state budget shortfalls have led AzEIP to begin instituting a system of fees for certain services. Although no fees are associated with determining eligibility or developing an Individualized Family Service Plan, some services that were previously offered free of charge, such as speech, occupational and physical therapy, will have fees.¹³⁰ The families of AHCCCS-enrolled children will not be required to pay the fees. However, in an effort to help reduce the financial burden for services on families, AzEIP has recently proposed to eliminate Family Cost Participation, which requires families to share in the costs of early intervention services based upon family size and income. AzEIP is currently in the process of receiving public comment about this proposed change in policy.¹³¹

AzEIP providers can offer, where available, an array of services to eligible children and their families, including assistive technology, audiology, family training, counseling and in-home visits, health services, medical services for diagnostic evaluation purposes, nursing services, nutrition, occupational therapy, physical therapy, psychological services, service coordination, social work, special instruction, speech-language therapy, vision services, and transportation (to enable the child and family to participate in early intervention services).

AzEIP service providers are designated based on zip code, and several AzEIP providers serve zip codes in the Southwest Maricopa Region: Arizona Cooperative Therapy, Child and Family Resources, Sunrise Therapy Services, and Dynamite Therapy.¹³² Regional AzEIP data were

¹²⁹ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *The National Survey of Children with Special Health Care Needs Chartbook 2009–2010*. Rockville, Maryland: U.S. Department of Health and Human Services, 2013.

¹³⁰ Arizona Department of Economic Security. (2012). Arizona Early Intervention Program family cost participation fact sheet. Retrieved July 25th 2012 from https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/fact_sheet_english_rev_10_12_10.pdf

¹³¹ Arizona Department of Economic Security. Family cost participation. Retrieved May 2014 from <https://www.azdes.gov/AzEIP/Family-Cost-Participation>

¹³² Arizona Department of Economic Security. Arizona Early Intervention Program referral contact list. Retrieved from https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/azeip_referral_contact_list.pdf

unavailable for the current report, however, some state-level summaries were provided. Data provided include AzEIP statewide data for the total unduplicated number of children served for 2012 [note: these numbers include children served in AzEIP only, and children who are eligible for AzEIP, DDD and ASDB (AZ Schools for the Deaf and the Blind) services]. During the month of February 2013, there were 5,451 AzEIP eligible children with an Individualized Family Service Plan. In addition, the total number of children served in Arizona in 2012 based on an October 1st count was 5,100. Of those, 667 were one year old or younger, 1,561 were between the ages of one and two and 2,872 were between two and three years of age. The total number of infants and toddlers receiving early intervention services from July 1, 2011, through June 30, 2012 was 9,738 (this includes all AzEIP eligible children including AzEIP only, DDD and ASDB).¹³³

DDD Services

The Division of Developmental Disabilities (DDD) serves adults and children throughout the state. DDD supports the family unit by encouraging the family to serve as primary caregivers and by providing in-home assistance and respite care. To qualify for DDD services an individual must have a cognitive delay, cerebral palsy, autism, epilepsy, or be at risk for one of these delays. In addition, the delay must limit the individual in three or more of the following areas: self-care, communication, learning, mobility, independent living, or earning potential. Children aged birth through two are eligible if they show significant delays in one or more area of development. They are often served by the Arizona Early Intervention Program (AzEIP), which works to support their development and coach the family in supporting the child's development. Children aged three to six are eligible if they are at-risk for a developmental delay if they do not receive services. DDD also offers support groups for families dealing with autism or Down syndrome or families receiving services who are Spanish-speaking only.¹³⁴

In the Southwest Maricopa Region, 306 children were served by DDD in 2012. This is a decrease of 8.5 percent from the number of children served in 2010 (280). The number of children in the Southwest Maricopa Region who receive services from DDD make up approximately eight percent of all children served in Maricopa County.

Preschool and Elementary School Children Enrolled in Special Education

Another indicator of the needs for developmental services and services for children with special needs is the number of children enrolled in special education within schools. In Arizona, about 12 percent of public and charter school students are enrolled in special education, and this proportion is lower among Maricopa County public and charter school students (7%). As shown

¹³³ First Things First. (2014). [AzEIP Data]. Unpublished raw data received through the First Things First State Agency Data Request.

¹³⁴ Department of Economic Security, Division of Developmental Disabilities. Family support annual report, July 1, 2011 – June 30, 2012. Retrieved from <https://www.azdes.gov/InternetFiles/Reports/pdf/Family-Support-Annual-Report-2012.pdf>

in Table 33, the percentage of students enrolled in special education in the Southwest Maricopa Region varies across school districts in the region. The proportion of students enrolled in special education tends to be higher in the region than in Maricopa County schools overall (7%), but close to all Arizona schools overall (12%). Of the 16 school districts in the region, only three have fewer than 10 percent of students enrolled in special education. This suggests that there may be a higher number of young children in the region who would benefit from an expansion of special education and/or early intervention services.

Table 33. Percent of preschool and elementary school children enrolled in special education

LOCAL EDUCATION AUTHORITY (LEA)	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	STUDENTS ENROLLED IN SPECIAL EDUCATION	
Arlington Elementary District	2	190	<25	DS
Avondale Elementary District	16	4,352	498	11%
Buckeye Elementary District	12	3,637	506	14%
Gila Bend Unified District	2	255	26	10%
Liberty Elementary District	10	2,447	302	12%
Litchfield Elementary District	28	8,366	816	10%
Littleton Elementary District	12	4,105	500	12%
Mobile Elementary District	2	30	<25	DS
Palo Verde Elementary District	2	321	34	11%
Paloma School District	2	64	<25	DS
Pendergast Elementary District	28	7,423	819	11%
Saddle Mountain Unified School District	4	799	106	13%
Sentinel Elementary District	2	25	<25	DS
Tolleson Elementary District	8	2,252	257	11%
Union Elementary District	4	1,386	155	11%
Wickenburg Unified District	6	635	66	10%
All Maricopa County Public and Charter Schools	182	61,264	4,415	7%
All Arizona Public and Charter Schools	2,846	610,079	72,287	12%

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

Immunizations

Recommended immunizations for children birth through age six are designed to protect infants and children when they are most vulnerable, and before they are exposed to these potentially life-threatening diseases.¹³⁵ Personal belief exemptions, parents/guardians opting out of required immunizations for their children for personal reasons rather than medical ones, have risen in Arizona kindergartens in recent years from 1.6 percent in 2003 to 3.9 percent for the

¹³⁵ Centers for Disease Control and Prevention. Immunization Schedules. Retrieved from <http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html>

2012-2013 school year.¹³⁶ More than a third of kindergartens (35%), and 29 percent of childcare facilities in the state have personal belief exemption rates greater than five percent. Personal belief exemptions are most often done for convenience (it may be easier than obtaining vaccination records) or due to fears about the negative health consequences of the vaccine itself. Those obtaining personal belief exemptions in kindergarten settings are more likely to be from white, higher income families, with higher rates also found in charter schools compared to public schools.¹³⁷ This is particularly interesting when considered along with the fact that Arizona has the highest number of charter schools in the country. Geographic clustering of high personal belief exemption rates also exists in the state, which is of particular concern when considering the likelihood of vaccine-preventable disease outbreaks, e.g., pertussis. In sum, parental refusal to vaccinate is contributing to levels of under-vaccination across the state.

In response to these concerns, the Arizona Department of Health Services has developed an Action Plan to Address Increasing Vaccine Exemptions.¹³⁸ This plan includes strategies aimed at schools, childcare centers, physicians’ offices and parents consisting of revisions to exemptions forms, education and training, streamlined immunization reporting and better resources covering immunization requirements. Implementation of these strategies have begun and rates of exemptions will be tracked over time to judge the success of these strategies.

Vaccination and exemption rates in Maricopa County are very similar to rates in Arizona overall, as shown in Table 34 and Table 35.

Table 34. Immunization rates for children enrolled in child care (2012-2013)¹³⁹

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	1+ MMR	3+ HIB	3+ HEP B	1+ VARICELLA OR HISTORY	RELIGIOUS EXEMPTION	MEDICAL EXEMPTION
Maricopa County	55,474	93%	94%	95%	94%	93%	95%	4%	0.5%
Arizona	84,244	94%	95%	96%	94%	94%	95%	4%	0.5%

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

¹³⁶ Birnbaum, M. S., Jacobs, E. T., Ralston-King, J. & Ernst, K. C. (2013). Correlates of high vaccination exemption rates among kindergartens. Retrieved from <http://www.azdhs.gov/phs/immunization/documents/statistics-reports/personal-beliefs-exemption-study/correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf>

¹³⁷ Birnbaum, M. S., Jacobs, E. T., Ralston-King, J. & Ernst, K. C. (2013). Correlates of high vaccination exemption rates among kindergartens. Retrieved from <http://www.azdhs.gov/phs/immunization/documents/statistics-reports/personal-beliefs-exemption-study/correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf>

¹³⁸ Arizona Department of Health Services. *Action Plan to Address Increasing Vaccine Exemptions*. 10/1/2013. Retrieved from <http://azdhs.gov/phs/immunization/documents/statistics-reports/action-plan-address-vaccine-exemptions.pdf>

¹³⁹ Note: The immunization requirements for children ages 2-5 in child care in the state of Arizona are as follows: 4 doses of the DTAP (Diphtheria, Tetanus, Pertussis) vaccine, 3 doses of the polio vaccine, 1 dose of the MMR (Measles, Mumps, Rubella) vaccine, 3-4 doses of the Hib (Haemophilus Influenzae type B) vaccine, 3 doses of the Hepatitis B vaccine, 1 dose of the Varicella vaccine or parental recall of the disease.

Table 35. Immunization rates for children enrolled in kindergarten (2012-2013)¹⁴⁰

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	2+ MMR	3+ HEP B	1+ VARICELLA OR HISTORY	PERSONAL EXEMPTION	MEDICAL EXEMPTION
Maricopa County	56414	94%	95%	94%	96%	97%	4%	0.4%
Arizona	87909	95%	95%	95%	96%	97%	4%	0.3%

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

Of young children enrolled in child care or kindergarten in Maricopa County, about four percent have religious exemptions from vaccination, and a little under one half of a percent have a medical exemption.

Behavioral Health

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children.¹⁴¹ Infant and toddler mental health is the young child’s developing capacity to “experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn.”¹⁴² When young children experience stress and trauma they have limited responses available to react to positive developmental experiences. Mental health disorders in small children might be exhibited in physical symptoms, delayed development, uncontrollable crying, sleep problems, or in older toddlers, aggression or impulsive behavior.¹⁴³ A number of interacting factors influence the young child’s healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors.¹⁴⁴

A continuum of services to address infant and toddler mental health promotion, prevention and intervention has been proposed by a number of national organizations. Recommendations to

¹⁴⁰ Note: The immunization requirements for kindergarteners in the state of Arizona are as follows: 4-5 doses of the DTAP (Diphtheria, Tetanus, Pertussis) vaccine, 3-4 doses of the polio vaccine, 2-3 doses of the MMR (Measles, Mumps, Rubella) vaccine, 3-4 doses of the Hepatitis B vaccine, 1 dose of the Varicella vaccine or parental recall of the disease.

¹⁴¹ *Research Synthesis: Infant Mental health and Early Care and Education Providers*. Center on the Social and Emotional Foundations for Early Learning. Accessed online, May 2012: http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf

¹⁴² Zero to Three Infant Mental Health Task force Steering Committee, 2001

¹⁴³ Zero to Three Policy Center. *Infant and Childhood Mental Health: Promoting Health Social and Emotional Development*. (2004). Retrieved from http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=1144

¹⁴⁴ Zenah P, Stafford B., Nagle G., Rice T. *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems*. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No. 12

achieve a comprehensive system of infant and toddler mental health services would include: 1) the integration of infant and toddler mental health into all child-related services and systems, 2) ensuring earlier identification of and intervention for mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools, 3) enhancing system capacity through professional development and training for all types of providers, 4) providing comprehensive mental health services for infants and young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support.¹⁴⁵

Since April 1, 2014, Maricopa County has been served by Mercy Maricopa Integrated Care (previously, Magellan of Arizona had been the county's RBHA administrator). Mercy Maricopa Integrated Care offers two health plans for residents of Maricopa County: Mercy Maricopa, which serves people who qualify for RBHA services, and Mercy Maricopa Advantage, which serves people who qualify for RBHA services, have Medicaid, have been determined to have a serious mental illness, and have Medicare.¹⁴⁶

In 2012, over 213,000 Arizonans were enrolled in the public behavioral health system. According to Arizona Department of Health data, 68,743 (32%) of enrollees were children or adolescents, up from 21 percent in 2011; children aged birth through five years comprised almost five percent of all enrollees¹⁴⁷ in 2012, compared to four percent in 2011.¹⁴⁸ With about 546,609 children aged birth to five in Arizona, this means that almost two percent of young children statewide are receiving care in the public behavioral health system. It is likely that there is a much higher proportion of young children in need of these types of services than are receiving them. The lack of highly trained mental health professionals with expertise in early childhood and therapies specific to interacting with children, particularly in more rural areas, has been noted as one barrier to meeting the full continuum of service needs for young children. Children in foster care are also more likely to be prescribed psychotropic medications than other children, likely due to a combination of their exposure to complex trauma and the lack of available assessment and treatment for these young children.¹⁴⁹ Violence-exposed

¹⁴⁵ Zero to Three Policy Center. (2004). Infant and childhood mental health: Promoting health social and emotional development. Retrieved from http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=1144

¹⁴⁶ <http://www.mercymaricopa.org>

¹⁴⁷ Division of Behavioral Health Services, Arizona Department of Health Services. (2013). An introduction to Arizona's public behavioral health system. Retrieved from <http://www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf>

¹⁴⁸ Division of Behavioral Health Services, Arizona Department of Health Services. (2013). An introduction to Arizona's public behavioral health system. Retrieved from <http://www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf>

¹⁴⁹ Department of Health and Human Services. Letter to state directors for child welfare. Dated July 11, 2013.

children who get trauma-focused treatment can be very resilient and develop successfully. To achieve this positive outcome, there needs to be better and quicker identification of children exposed to violence and trauma and in need of mental health intervention, and more child-specific, trauma-informed services available to treat these children.¹⁵⁰

In order to address needs for behavioral health services, the Southwest Maricopa Region funds a Quality First Mental Health Consultation Warmline through Southwest Human Development. The warmline allows for “Quality First participating providers and coaches to contact expert consultants for assistance in addressing more challenging behavioral issues in child care settings”, and also assists non-Quality First participants in finding community referral resources.¹⁵¹

Oral Health

Oral health is an essential component of a young child’s overall health and wellbeing, as dental disease is strongly correlated with both socio-psychological and physical health problems, including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona’s children aged birth through four years have never seen a dentist.¹⁵² In a statewide survey conducted by the Arizona Department of Health Services, Office of Oral Health, parents cited difficulties in finding a provider who will see very young children (34%), and the belief that the child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.¹⁵³

Screenings conducted in Arizona preschools in 2008-2009 found that seven percent of children aged one year and younger showed the first signs of tooth decay, and 28 percent of children aged birth through four years had untreated tooth decay. Thirty-seven percent of four year olds were identified as needing dental care within weeks to avoid more significant problems, while three percent of four year olds were identified as needing urgent treatments due to severe decay.¹⁵⁴ Arizona had nearly twice the proportion of children aged two to four years with

¹⁵⁰ United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General’s national task force on children exposed to violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

¹⁵¹ First Things First. Mental health consultation, request for grant application. Retrieved from <http://azftf.gov/RFGA%20Center/STATE%20-%20RFGA%20-%20Mental%20Health%20Consultation.doc>

¹⁵² Arizona Department of Health Services, Office of Oral Health. Enhanced dental teams, oral disease in Arizona. Retrieved from <http://www.azdhs.gov/phs/owch/oral-health/azsmiles/about/disease.htm>

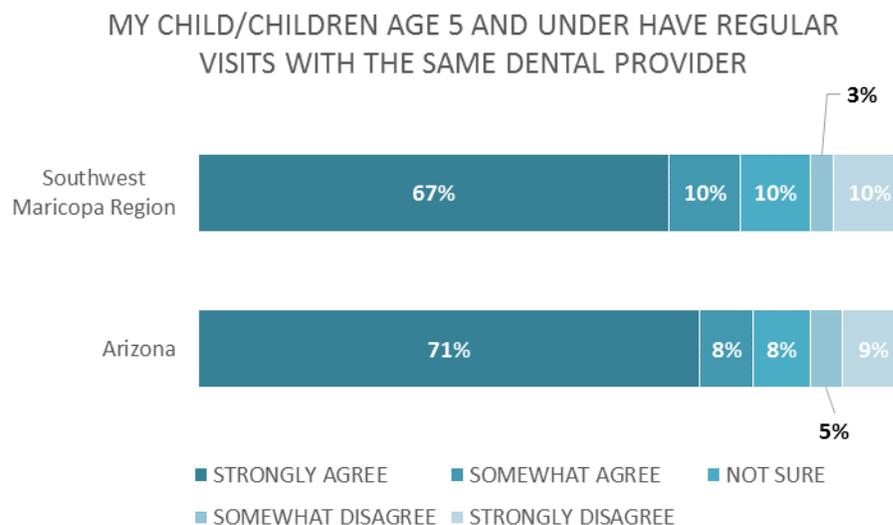
¹⁵³ Arizona Department of Health Services, Office of Oral Health. (2009). Arizona oral health survey of preschool children.

¹⁵⁴ Arizona Department of Health Services, Office of Oral Health. Retrieved from http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet_Oral%20Health_Preschool.pdf

untreated tooth decay (30%) compared to the US as a whole (16%). This rate is more than three times higher than the Healthy People 2010 target of nine percent. Untreated decay was highest amongst children whose parents had less than a high school education.¹⁵⁵

One item from the 2012 Family & Community Survey assesses whether young children have regular dental visits with the same provider. As shown in the figure below, families in the Southwest Maricopa Region (77%) are slightly less likely to agree or strongly agree that they have a regular provider of dental care for their young children than families in Arizona overall (79%). Just under one quarter (23%) of families in the Southwest Maricopa Region were unsure or disagreed that they have a regular provider of dental care for their young children, which illuminates an area of need in the region.

Figure 26. Family & Community Survey 2012: Regular dental care



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

The First Things First Southwest Maricopa Region is addressing this need through an Oral Health strategy contracted through the Maricopa County Department of Public Health. This strategy provides oral health screenings and fluoride varnish in community-based settings, offers outreach to dentists to encourage service to very young children, and educates families on the importance of oral health care for young children.

Overweight and Obesity

Overweight children are at an increased risk for becoming obese. Childhood obesity is associated with a number of health and psycho-social problems, including high blood pressure,

¹⁵⁵ Arizona Department of Health Services, Office of Oral Health. Retrieved from http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet2_Oral%20Health_Preschool.pdf

high cholesterol, Type 2 diabetes and asthma. Childhood obesity is also a strong predictor of adult obesity, with its related health risks. Of particular concern for younger children is research that shows a child who enters kindergarten overweight is more likely to become obese between the ages of five and 14, than a child who is not overweight before kindergarten.¹⁵⁶

A major new report revealed promising news, however: a 43 percent decline in the obesity rate among children aged two to five years-old in the United States over the past decade, from about 14 percent to about 8 percent.¹⁵⁷ While the cause for the decline is not known, possible reasons include reduced consumption of overall calories and sugary drinks by young children, increased breastfeeding, and/or state, local or federal policies aimed at reducing obesity. While this decline is indeed promising, the disproportionate rates of obesity in minority and low-income children remain. Nationally, among two to five year olds in 2012, about four percent of white children were obese, compared to 11 percent of black children and 17 percent of Hispanic children. This is in spite of fairly similar obesity rates for children under two years old. While 18 states had a decrease in obesity among low-income preschoolers between 2008 and 2011, Arizona was not one of those states.¹⁵⁸

The Arizona Department of Health Services (ADHS) and the Maricopa County Department of Public Health (MCDPH) jointly identified obesity as a top five community public health issue in Maricopa County in 2012. Obesity was selected as the second most important priority among health professionals at MCDPH and was the second most important health problem identified by community members who participated in the assessment. The Maricopa County Community Health Assessment reports that one quarter of adults in Maricopa County are obese, and one in seven children in Maricopa County are obese. Hispanic individuals are overrepresented in these statistics: according to the report, Hispanics make up nearly one third of obese individuals in Maricopa County. Not only is obesity a concerning public health challenge, but it is a costly issue. One estimate indicates that if obesity decreases to 1987 levels, this could yield a savings of up to 1.85 billion dollars in health care costs to the county over time.¹⁵⁹ Encouragingly, data from WIC indicates that obesity rates in Maricopa County are decreasing in children ages birth

¹⁵⁶ Cunningham, S. A., Kramer, M. R., & Venkat Narayan, K. M. (2014). Incidence of childhood obesity in the United States. *The New England Journal of Medicine*. 370 (5); 403-411.

¹⁵⁷ Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2014). Prevalence of childhood and adult obesity in the United States, 2011-2012. *The Journal of the American Medical Association* 2014; 311(8):806-814. Retrieved from <http://jama.jamanetwork.com/article.aspx?articleid=1832542>

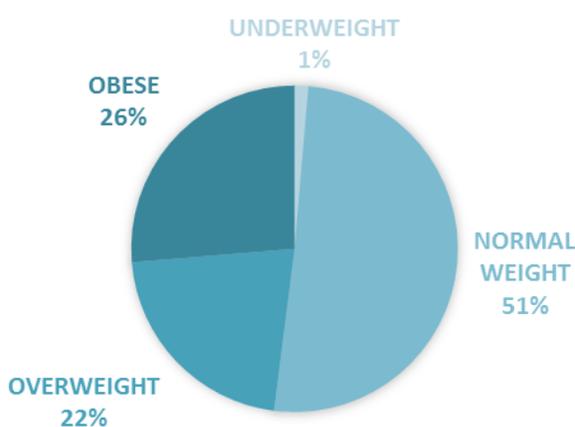
¹⁵⁸ Centers for Disease Control (Aug 9, 2013). Vital signs: Obesity among low-income, preschool-aged children—United States, 2008–2011. *Morbidity and Mortality Weekly Report*, 62(31); 629-634. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/23925173>

¹⁵⁹ Arizona Department of Health Services & Maricopa County Department of Public Health. Maricopa county community health assessment public health strategic priorities 2012, community action planning meeting. Retrieved from <https://www.maricopa.gov/PublicHealth/programs/OPI/pdf/CHA-Strategic-Priorities.pdf>

to five. In 2006, 16 percent of children aged birth through five in the county were obese; by 2011, this percentage had declined to 13.6 percent.¹⁶⁰

Data about overweight and obesity were also provided by the Indian Health Service for active users under the age of six in Maricopa County. In Maricopa County, 51 percent of children ages two and a half through five served by the Indian Health Service were normal weight, 22 percent were overweight, and 26 percent were obese. By comparison, 24.9 percent of children in the Indian Health Service Phoenix area (which includes the tri-state area of Arizona, Nevada, and Utah)¹⁶¹ who are enrolled members of a federally-recognized tribe or otherwise have the right to receive services through Indian Health Service were obese.¹⁶²

Figure 27. Children (ages 2.5-5) served by the Indian Health Service in Maricopa County by BMI category



Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

Note: Weight Categories are determined by the CDC 2000 BMI Guidelines. Definitions are as follows: Underweight (<5th Percentile), Health Weight (5th-85th Percentile), Overweight (85th-95th Percentile), Obese (>95th Percentile)

Breastfeeding can play an important role in obesity prevention for babies. This also holds true for mothers. The percentage of Arizona WIC participants who exclusively breastfed doubled between 2007 and 2011, although the majority of infants on WIC are still formula fed.¹⁶³ The

¹⁶⁰ Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

¹⁶¹The Phoenix Area Indian Health Service oversees the delivery of health care to approximately 140,000 Native American users in the tri-state area of Arizona, Nevada, and Utah. For more information, please visit: <http://www.ihs.gov/phoenix/>

¹⁶² *Indian Health Service Phoenix Area. [2014]. Phoenix Area -2014 GPRA Dashboard Report. Unpublished data provided by the Indian Health Service Phoenix Area.*

¹⁶³ Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

Centers for Disease Control and Prevention also recommend supporting breastfeeding in hospitals and the workplace as a strategy to decrease childhood obesity.¹⁶⁴

In an effort to address nutrition and obesity concerns, the Southwest Maricopa Region funds a Nutrition/Obesity/Physical Activity strategy. This strategy utilizes a “train the trainer” model, which targets early education professional and other adults who provide services to families with children aged birth through five.

Child Fatalities

Since 2005, the Arizona Child Fatality Review Program has reviewed the death of every child who died in the state. In 2012, there were 854 child fatalities (aged birth to 18) in Arizona. Of these, 72 percent (616) were young children between birth and five years old.¹⁶⁵ More than one third of these deaths (325, or 38%) were during the neonatal period (birth-27 days) and were due to natural causes (prematurity, congenital anomalies, and other medical conditions). About one-fifth (171, 20%) were during infancy (28-365 days), of which almost two-thirds (64%) were undetermined (most of which, 81, 47%, were attributed to Sudden Infant Death Syndrome). One in seven deaths in early childhood (120, or 14%) were of children one to four years of age. In this age group, 40 percent of deaths were attributed to homicide, and 15 percent were due to drowning.

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

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

In 2011 (the most recent year for which data are available), Maricopa County had a crude rate of 48.2 child deaths per 100,000 residents. This is a lower rate than the state of Arizona overall

¹⁶⁴ Centers for Disease Control. (2013) Overweight and obesity, strategies and solutions. Retrieved from <http://www.cdc.gov/obesity/childhood/solutions.html>

¹⁶⁵ Arizona Child Fatality Review Program. (2013). Twentieth annual report, November 2013. Retrieved from <http://www.azdhs.gov/phs/owch/pdf/cfr/20th-annual-child-fatality-review-report-nov-2013.pdf>

(57.2 deaths per 100,000 residents). Medical conditions (39%) and prematurity (27%) were the leading causes of child deaths in the county. Child fatalities were over-represented among Hispanic children (47% of child deaths) and African American children (10% of child deaths). Additionally, substance use was a contributing factor in more than one fifth (21%) of child deaths in Maricopa County.

Substance Use

Exposure to adverse childhood experiences including abuse, neglect and household dysfunction can lead to a variety of consequences, including increased risk of alcoholism and increased likelihood of initiating drug use and experiencing addiction.¹⁶⁶

In Arizona in 2012, there were 76,825 hospital inpatient discharges related to drug dependence or drug abuse. Sixty-one percent of all inpatient discharges related to drug dependence or drug abuse occurred in Maricopa County, where there were a total of 47,173 hospital inpatient discharges in 2012.¹⁶⁷ (Note that because the population of Maricopa County makes up nearly 60 percent of Arizona's total population, this does not indicate a disproportionate number of hospital discharges related to drug dependence or drug abuse in the county.) In Arizona in 2012, the age-adjusted mortality rate for alcohol-induced deaths was 14.2/100,000, and the age-adjusted rate for drug-induced deaths was 16.3/100,000. In Maricopa County, these rates were slightly lower, at 12.0/100,000 for alcohol-induced deaths, and 14.9/100,000 for drug-induced deaths.¹⁶⁸

Family Support

Child Welfare

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure, engage in criminal behavior, or struggle with mental and/or physical illness. However, research has demonstrated that although infants and toddlers are the most vulnerable to maltreatment, they are also most positively impacted by intervention, which has been shown to be particularly

¹⁶⁶ United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention. (2008). The effects of childhood stress on health across the lifespan. Retrieved from http://www.cdc.gov/ncipc/pub-res/pdf/childhood_stress.pdf.

¹⁶⁷ Arizona Department of Health Services (2013). Hospital inpatient discharges & emergency room visits statistics for drug abuse, Table B1. Retrieved from <http://www.azdhs.gov/plan/hip/index.php?pg=drugs>

¹⁶⁸ Arizona Department of Health Services (2013). Arizona Health Status and Vital Statistics, Table 5E-11. Retrieved from <http://www.azdhs.gov/plan/report/ahs/ahs2012/5e.htm>

effective with this age group. This research underscores the importance of early identification of and intervention for child maltreatment, as it cannot only change the outlook for young children, but also ultimately save state and federal agencies money in the usage of other services.¹⁶⁹

Children with disabilities are at increased risk of child abuse, especially neglect. Children with disabilities related to communication, learning, and sensory or behavior disorders appear to be at increased risk. Authors of a recent study reviewing the current literature on child abuse, child protection and disabled children also noted that the level of child abuse and neglect of disabled children is likely under-reported, and that children with disabilities are in need of greater attention to improve child abuse prevention and protection efforts.¹⁷⁰

What constitutes childhood neglect (intermittent, chronic and/or severe), and how these varying levels effect children is becoming more clearly understood.¹⁷¹ From shortly after birth, the child's interaction with caregivers impacts the formation of neural connections within the developing brain. If those interactions are inconsistent, inappropriate, or absent, these connections can be disrupted, and later health, learning and behavior can be impacted. As with other issues affecting children, earlier identification and intervention for those experiencing neglect is key, coupled with policies and programs focused on preventing neglect before it occurs.

The Department of Health and Human Services has outlined a cross-systems approach to promoting the well-being of children who have experienced trauma.¹⁷² The essential components of this approach include 1) periodic functional assessments of the child's well-being, 2) trauma screening to evaluate trauma symptoms and/or history, 3) an in-depth, clinical mental-health assessment, and 4) outcome measurement and progress monitoring to assess the appropriateness of services at both the individual and systems level.

CPS

In 2013, the Arizona Department of Economic Security's (DES) Division of Children, Youth and Families (DCYF) was the state-administrated child welfare services agency that oversaw Child Protective Services (CPS), the state program mandated for the protection of children alleged to be abused and neglected. This program receives, screens and investigates allegations of child

¹⁶⁹ Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

¹⁷⁰ Stalker, K., & McArthur, K. (2012). Child abuse, child protection and disabled children: A review of recent research. *Child Abuse Review*, 21(1), 24-40.

¹⁷¹ Harvard University, Center on the Developing Child. (2013). InBrief: The science of neglect. Retrieved from http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_neglect/

¹⁷² Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. CPS also provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors. On January 13, 2014, the Governor of Arizona signed an Executive Order abolishing the Arizona Department of Economic Security’s (DES) Division of Children, Youth & Families (DCYF) and establishing a new cabinet level Division of Child Safety & Family Services (DCSFS) which would focus on and house the state child welfare programs, including CPS, foster care, adoption, and the Comprehensive Medical and Dental Program.¹⁷³ CPS is now known as the Department of Child Safety.¹⁷⁴

The following table illustrates removals by zip code in the Southwest Maricopa Region between 2011 and 2013, and also provides state and county level comparisons. Removals increased by 35 percent in both Maricopa County and Arizona overall. Although this statistic varies by zip code throughout the Southwest Maricopa Region, overall, the region saw an increase of 41 percent in removals between 2011 and 2013.

Table 36. Number of children removed from their homes who were five years or younger at removal

GEOGRAPHY	US 2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) REMOVED BY CPS			CHANGE 2011-2013
		2011	2012	2013	
Southwest Maricopa Region	28,492	160	220	225	+41%
85322 (Arlington)	54	0	<10	0	-
85323 (Avondale)	4,964	23	29	44	+91%
85392 (Avondale)	3,353	20	20	18	-10%
85326 (Buckeye)	5,535	37	39	51	+38%
85343 (Buckeye)	13	0	0	0	-
85396 (Buckeye)	1,166	<10	10	16	DS
85337 (Gila Bend, Theba)	261	<10	<10	<10	DS
85338 (Goodyear)	4,287	31	38	32	+3%
85395 (Goodyear)	1,624	<10	16	<10	DS
85340 (Litchfield Park)	2,471	13	10	12	-8%
85309 (Luke AFB)	2	0	0	0	-
85353 (Tolleson)	4,185	18	49	41	+128%
85354 (Tonopah, Wintersburg)	577	<10	<10	<10	DS
Maricopa County	339,217	1,851	2,558	2,503	+35%
Arizona	546,609	3,176	4,231	4,293	+35%

US Census (2010). Table P41, PCT14. *Arizona Department of Economic Security (2014). [Child Removal data set]. Unpublished data received through the First Things First State Agency Data Request.*

¹⁷³ Arizona Office of the Governor (2014). Governor Brewer’s 2014 CPS Reform Package. http://azgovernor.gov/dms/upload/MA_011314_CPSReformFactSheetFAQ.pdf

¹⁷⁴ For more information, visit: <https://www.azdes.gov/landing.aspx?id=9485>

Juvenile Justice Involvement by County

The Attorney General's National Task Force on Children Exposed to Violence¹⁷⁵ recommends that the Juvenile Justice System screen youth entering the system for violence-exposure and offer trauma-informed treatment as an essential component to rehabilitating these youth. In addition, they assert that juvenile justice employees need to understand that trauma changes brain chemistry in these violence-exposed youth by limiting impulse control, the understanding of consequences, and the ability to tolerate conflict.

According to the Arizona's Juvenile Court Counts summary for fiscal year 2012¹⁷⁶, during that year, 33,617 juveniles were referred at least once to Arizona's juvenile courts. In Maricopa County, 17,635 juveniles were referred, representing a little more than half (52%) of statewide referrals. In Maricopa County, 3,816 juveniles were detained in fiscal year 2012, about 50 percent of the number of juveniles detained across the state.

Foster Parenting

Arizona's foster parents care for approximately half of the children who have been removed from their homes in the state. In March 2013, there were 3,576 licensed foster homes throughout Arizona. Between October of 2012 and March of 2013, there was a net decrease of 18 foster homes. Previously, between April and September of 2012 there was a net increase of 252 foster homes, which was the first time since 2009 that more foster homes were opened than closed in the state.¹⁷⁷

The Arizona Department of Economic Security (DES) provided data on the number of children in foster care who were removed when they were between birth and five years of age at the county level. The following table compares these numbers between communities in the Southwest Maricopa Region, Maricopa County and Arizona overall. As shown, removals between ages birth through five are increasing at the regional, state and county level.

¹⁷⁵ United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

¹⁷⁶ Administrative Office of the Courts, Juvenile Justice Services Division. Arizona's Juvenile Court Counts; Statewide Statistical Information FY2012. Retrieved from http://www.azcourts.gov/Portals/29/JJSD%20Publication%20Reports/Juveniles%20Processed/Arizonas_Juvenile_Court_Counts_FY2012.pdf

¹⁷⁷ Arizona Department of Economic Security, Child Protective Services (CPS) Oversight Committee (2013). Home Recruitment Study and Supervision. Retrieved from https://www.azdes.gov/uploadedFiles/Children_Youth_and_Families/Child_Protective_Services_%28CPS%29/CPS_Oversight_MW_FosterHomes.pdf

Table 37. Children currently in foster care removed at ages 0-5¹⁷⁸

GEOGRAPHY	NUMBER OF CHILDREN CURRENTLY IN FOSTER CARE REMOVED AT AGES 0-5		
	2010	2011	2012
Southwest Maricopa Region	195	223	303
85309 (Luke AFB)	0	0	0
85322 (Arlington)	<10	<10	<10
85323 (Avondale)	46	39	46
85326 (Buckeye)	17	28	31
85337 (Gila Bend, Theba)	40	46	50
85338 (Goodyear)	0	0	0
85340 (Litchfield Park)	14	<10	14
85343 (Buckeye)	<10	<10	<10
85353 (Tolleson)	23	36	54
85354 (Tonopah, Wintersburg)	<10	12	19
85392 (Avondale)	10	15	15
85395 (Goodyear)	32	30	61
85396 (Buckeye)	<10	<10	<10
Maricopa County	2,354	2,628	3,360
Arizona	3,974	4,270	5,339

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

In 2011, the Arizona Department of Economic Security’s Division of Children, Youth and Families examined differences in the number of available foster homes and the number of removals across Arizona. Differences were calculated by subtracting the number of removals from the number of foster homes from each zip code across the state. These data indicate a shortage of foster homes in communities throughout the Southwest Maricopa Region. The shortage of foster homes was greatest in the 85323 zip code of Avondale, where the number of children needing foster homes exceeded the number of available foster homes by between 56 and 89. No communities in the Southwest Maricopa Region were reported to have a balance of foster homes and children indicating a need for foster homes throughout the region.¹⁷⁹

A 2012 study¹⁸⁰ assessing Arizona foster parent’s satisfaction with and likelihood to continue as a foster parent identified a number of issues affecting foster parents, including lack of support

¹⁷⁸These numbers reflect only the children who were in foster care on the last day of the fiscal year who were removed between the ages of birth to five and who remained in foster care in the state of Arizona. This data does not include children who were removed and were placed in other states or children who were removed then reunited with parents or adopted between the start and end dates of one fiscal year.

¹⁷⁹ Arizona Department of Economic Security, Division of Children, Youth and Families. (2011). *Differences between foster homes and removals by zip code*. Retrieved from https://www.azdes.gov/uploadedFiles/ArizonaServes/SouthwestRegion_Differences_By_ZIPCode.pdf

¹⁸⁰ Geiger, J.M., Hayes, M.J., & Lietz, C.A.(2012). Arizona foster parent study 2012. School of Social Work, Arizona State University, Phoenix, AZ.

from CPS, monetary constraints from continuing budget cuts, and a desire for more social, emotional and educational support to enhance their role as a foster parent. The study authors made the following recommendations to improve the Arizona foster care system:

- 1) “Include the foster parent as an essential part of the team
- 2) Provide more practical AND emotional support to foster parents
- 3) Pay attention to the needs and wants of foster parents (appointment times)
- 4) Communication training for foster parents and case managers
- 5) Ask what specific information foster parents want and include the information in trainings
- 6) Monetary support is necessary for foster parents to continue, and Listen to foster parents’ suggestions when enacting policy changes.” (p. 8)

Incarcerated Parents

A 2011 report from the Arizona Criminal Justice Commission estimates that in Arizona, about three percent of youth under 18 have one or more incarcerated parent. This statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than incarcerated mothers.¹⁸¹ More recent data from the Arizona Youth Survey corroborate this estimation. The Arizona Youth Survey is administered to 8th, 10th, and 12th graders in all 15 counties across Arizona every other year. In 2012, three percent of youth indicated that they currently have a parent in prison. Fifteen percent of youth indicated that one of their parents has previously been to prison. This suggests that approximately one in seven adolescents in Arizona have had an incarcerated parent at some point during their youth.¹⁸²

In Maricopa County, approximately two percent of youth indicated that they currently had an incarcerated parent, and 13 percent indicated that they had a parent who had previously been incarcerated. This is slightly lower than the state percentages reported above.

Children with incarcerated parents represent a population of youth who are at great risk for negative developmental outcomes. Previous research demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents.¹⁸³ In recent studies, even when caregivers have indicated that children were coping well with a

¹⁸¹ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

¹⁸² Arizona Criminal Justice Commission. (2012). *2012 Arizona Youth Survey*. Unpublished data.

¹⁸³ Arizona Criminal Justice Commission Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

parent's incarceration, the youth expressed extensive and often secretive feelings of anger, sadness, and resentment. Children who witness their parents arrest also undergo significant trauma from experiencing that event and often develop negative attitudes regarding law enforcement.¹⁸⁴

The emotional risk to very young children (aged birth through five) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress disorder, and attention deficit disorder.¹⁸⁵ Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so,¹⁸⁶ and the Arizona Department of Corrections states that it endeavors to support interactions between children and incarcerated parents, as long as interactions are safe.¹⁸⁷ Research suggests that strong relationships with other adults is the best protection for youth against risk factors associated with having an incarcerated parent. This person can be, but does not necessarily need to be, the caregiver of the child. Youth also benefit from developing supportive relationships with other adults in their community.¹⁸⁸ Other studies have suggested that empathy is a strong protective factor in children with incarcerated parents.¹⁸⁹

Regional and even statewide resources for caregivers of children with incarcerated parents are scarce. The Kinship and Adoption Resource and Education (KARE) program, an Arizona Children's Association initiative, offers online informational brochures such Arizona Family Members Behind Bars for caregivers of incarcerated parents. The Children of Incarcerated Parents Project (CIP) out of Northern Arizona University offers a booklet of questions and answers for children.¹⁹⁰ The Children of Prisoner's Library is an online library of pamphlets designed for caregivers and health care providers of children with incarcerated parents. These resources may be downloaded for free in English or Spanish at <http://fcnetwork.org/resources/library/children-of-prisoners-library>.

¹⁸⁴ Children of incarcerated parents (CIP). Unintended victims: a project for children of incarcerated parents and their caregivers. <http://nau.edu/SBS/CCJ/Children-Incarcerated-Parents/>

¹⁸⁵ Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-Impactofincarceration.html>.

¹⁸⁶ Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

¹⁸⁷ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

¹⁸⁸ La Vigne, N. G., Davies, E. & Brazzell, D. (2008). *Broken bonds: Understanding and addressing the needs of children with incarcerated parents*. Washington, DC: The Urban Institute Justice Policy Center.

¹⁸⁹ Dallaire, D. H. & Zeman, J. L. (2013). Empathy as a protective factor for children with incarcerated parents. *Monographs of the Society for Research in Child Development*, 78(3), 7-25.

¹⁹⁰ This booklet can be accessed at: http://nau.edu/uploadedFiles/Academic/SBS/CCJ/Children-Incarcerated_Parents/_Forms/Childs%20Booklet%20correct.pdf

Domestic Violence

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual or stalking abuse by their partners, children can get caught up in a variety of ways, thereby becoming direct or indirect targets of abuse, potentially jeopardizing their physical and emotional safety.¹⁹¹ Physically abused children are at an increased risk for gang membership, criminal behavior, and violent relationships. Child witnesses of domestic violence are more likely to be involved in violent relationships.¹⁹²

Promoting a safe home environment is key to providing a healthy start for young children. Once violence has occurred, trauma-focused interventions are recommended.¹⁹³ In order for interventions to be effective they must take the age of the child into consideration since children's developmental stage will affect how they respond to trauma. While trauma-specific services are important (those that treat the symptoms of trauma), it is vital that all the providers a child interacts with provide services in a trauma-informed manner (with knowledge of the effects of trauma to avoid re-traumatizing the child). Children exposed to violence need ongoing access to safe, reliable adults who can help them regain their sense of control.

According to the Domestic Violence Shelter Fund Annual Report for 2013, there are eleven domestic violence shelters in Maricopa County, which cumulatively served 2,650 adults and 2,667 children in 2013 (see Table 38).

¹⁹¹ Davies, Corrie A.; Evans, Sarah E.; and DiLillo, David K., "Exposure to Domestic Violence: A Meta-Analysis of Child and Adolescent Outcomes" (2008). Faculty Publications, Department of Psychology. Paper 321. <http://digitalcommons.unl.edu/psychfacpub/321>

¹⁹² United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

¹⁹³ United States Department of Justice, National Advisory Committee on Violence against Women. (2012). Final report. Retrieved from <http://www.ovw.usdoj.gov/docs/nac-rpt.pdf>

Table 38. Domestic violence shelters and services provided

DOMESTIC VIOLENCE SHELTERS	POPULATION SERVED			UNITS OF SERVICE PROVIDED			
	Total Served	Adults	Children	Bed Nights	Average Length of Stay (in days)	Hours of Support Services	Hotline and I& R Calls
Autumn House- A New Leaf	193	115	78	6,620	34	969	252
Chrysalis	455	359	96	15,242	33	7,680	1,681
De Colores- Chicanos Por La Causa	343	126	217	17,525	51	8,322	459
DV STOP- A New Leaf	429	161	268	777	2	6,287	2,445
Eve's Place	233	170	63	7,627	33	5,038	529
Elim House- Salvation Army	300	74	226	15,527	52	7,240	332
Faith House- A New Leaf	70	24	46	4,074	58	1,712	94
My Sisters Place- Catholic Charities	306	121	185	8,326	27	2,483	565
New Life Center, Inc.	1,281	624	657	35,705	28	40,755	1,507
Sojourner Center	1,363	767	596	77,360	57	13,298	1,938
UMOM- Domestic Violence Shelter	344	109	235	19,980	58	1,326	127
Arizona Total	8,916	4,676	4,240	330,999	37	176,256	22,824

Arizona Department of Economic Security (2013). Domestic Violence Shelter Fund Annual Report for FY 2013. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/dv_shelter_fund_report_sfy_2013.pdf

Food Security

Food insecurity is defined as a “household-level economic and social condition of limited or uncertain access to adequate food”.¹⁹⁴ Episodes of food insecurity are often brought on by changes in income or expenses caused by events like job loss, the birth of a child, medical emergencies, or an increase in gas prices, all of which create a shift in spending away from food.¹⁹⁵ Participating in Nutrition Assistance (SNAP) has been shown to decrease the percentage of families facing food insecurity in both all households (10.6%) and households with children (10.1%) after six months in the SNAP program.¹⁹⁶

In 2012, 18 percent of all Arizonans and 28 percent of children in Arizona experienced food insecurity.¹⁹⁷ In Maricopa County, these rates are slightly lower: nearly 16 percent of all residents and 25 percent of children under 18 years of age faced food insecurity.¹⁹⁸

¹⁹⁴ United States Department of Agriculture. Definitions of Food Security. <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#.UyDjQIVRKws>

¹⁹⁵ United States Department of Agriculture, Food and Nutrition Service. (2013). Snap food security in-depth interview study: Final report. Retrieved from <http://www.fns.usda.gov/sites/default/files/SNAPFoodSec.pdf>

¹⁹⁶ United States Department of Agriculture, Food and Nutrition Service, Office of Policy Support. (2013). Measuring the effect of supplemental nutrition assistance program (SNAP) participation on food security executive summary. Retrieved from http://www.mathematicampr.com/publications/pdfs/Nutrition/SNAP_food_security_ES.pdf

¹⁹⁷ Feeding America (2014). Map the Meal Gap, 2012. Retrieved from <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>

Homelessness

In Arizona in 2013, 27,877 adults and children experienced homelessness. Children are defined as homeless if they lack a fixed, regular, and adequate night-time residence. According to this definition, 31,097 children in Arizona were reported as homeless in 2013. Almost three-quarters of these children were living temporarily with another family, with the rest residing in shelters, motels/hotels or unsheltered conditions.¹⁹⁹

School districts collect data on the number of economically disadvantaged and homeless students in their schools. As defined by the Arizona Department of Education, youth at economic disadvantage includes children who are homeless, neglected, refugee, evacuees, unaccompanied youth, or have unmet needs for health, dental or other support services.

Most school districts in the Southwest Maricopa Region report more than half of their students as being economically disadvantaged (with the exception of the Litchfield School District, where only 38 percent of students are economically disadvantaged). However, homelessness tends to be relatively low in most districts in the region (see Table 39).

¹⁹⁸ Feeding America (2014). Map the Meal Gap, 2014: Child Food Insecurity in Arizona by County in 2012. Retrieved from http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~/_media/Files/a-map-2012/AZ_AllCountiesCFI_2012.ashx

¹⁹⁹ Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/des_annual_homeless_report_2013.pdf

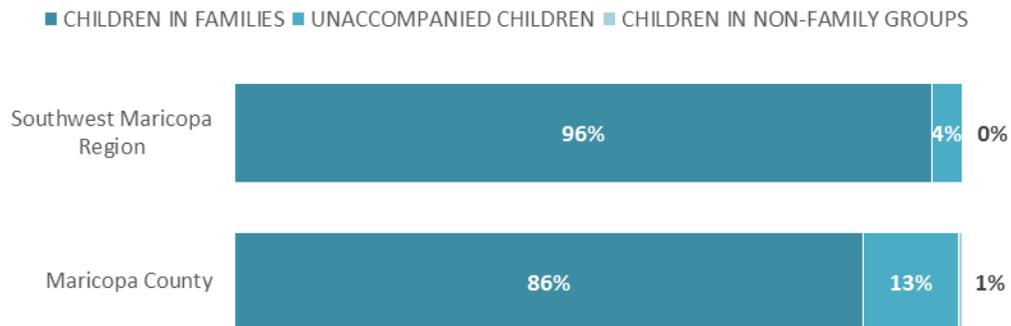
Table 39. Economic disadvantage and homelessness by school district

SCHOOL DISTRICT	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	ECONOMICALLY DISADVANTAGED STUDENTS		HOMELESS STUDENTS	
Arlington Elementary District	1	190	138	73%	<10	DS
Avondale Elementary District	12	4,352	2,807	64%	119	3%
Buckeye Elementary District	7	3,637	2,028	56%	25	1%
Gila Bend Unified District	2	255	255	100%	0	0%
Liberty Elementary District	6	2,447	1,286	53%	<10	DS
Litchfield Elementary District	21	8,366	3,010	36%	16	0%
Littleton Elementary District	7	4,105	3,320	81%	36	1%
Mobile Elementary District	1	30	24	80%	<10	DS
Palo Verde Elementary District	2	321	243	76%	<10	DS
Paloma School District	1	64	53	83%	<10	DS
Pendergast Elementary District	17	7,423	5,039	68%	76	1%
Saddle Mountain Unified School District	3	799	509	64%	<10	DS
Sentinel Elementary District	1	25	21	84%	0	0%
Tolleson Elementary District	7	2,252	1,923	85%	59	3%
Union Elementary District	3	1,386	1,357	98%	28	2%
Wickenburg Unified District	3	635	385	61%	28	4%
All Maricopa County Schools	1049	397,842	197,543	50%	6,342	2%
All Arizona Schools	1888	610,079	311,879	51%	10,800	2%

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

Data from the Maricopa County Homeless Management Information System (HMIS) were requested for this report in order to provide information about homeless children ages birth through five in the Southwest Maricopa Region. As shown in Figure 28, a smaller proportion (4%) of homeless children were unaccompanied in the Southwest Maricopa Region than in Maricopa County overall (13%). The vast majority of homeless children (96%) in the Southwest Maricopa Region are children with families. Table 40 shows the number of homeless children by zip code in the Southwest Maricopa Region. Most homeless children ages birth through five recorded by HMIS were from the 85323 zip code of Avondale or the 85338 zip code of Goodyear in 2012 and 2013.

Figure 28. Homeless children (0-5) in the Southwest Maricopa Region and Maricopa County (2013)



Maricopa County Homeless Management Information System (2014). [Homelessness in Maricopa County data set]. Unpublished raw data received April 2014.

Table 40. Homeless children (0-5) in the Southwest Maricopa Region by zip code

GEOGRAPHY	TOTAL HOMELESS CHILDREN (AGES 0-5)		CHANGE 2012-2013
	2012	2013	
Southwest Maricopa Region	34	24	-29%
85322 (Arlington)	0	0	-
85323 (Avondale)	24	<10	DS
85392 (Avondale)	0	0	-
85326 (Buckeye)	<10	<10	+400%
85343 (Buckeye)	0	0	-
85396 (Buckeye)	0	0	-
85337 (Gila Bend, Theba)	0	0	-
85338 (Goodyear)	<10	11	DS
85395 (Goodyear)	0	0	-
85340 (Litchfield Park)	0	<10	-
85309 (Luke AFB)	0	0	-
85353 (Tolleson)	0	0	-
85354 (Tonopah, Wintersburg)	0	0	-
Maricopa County	909	986	+8%
Arizona	-	-	-

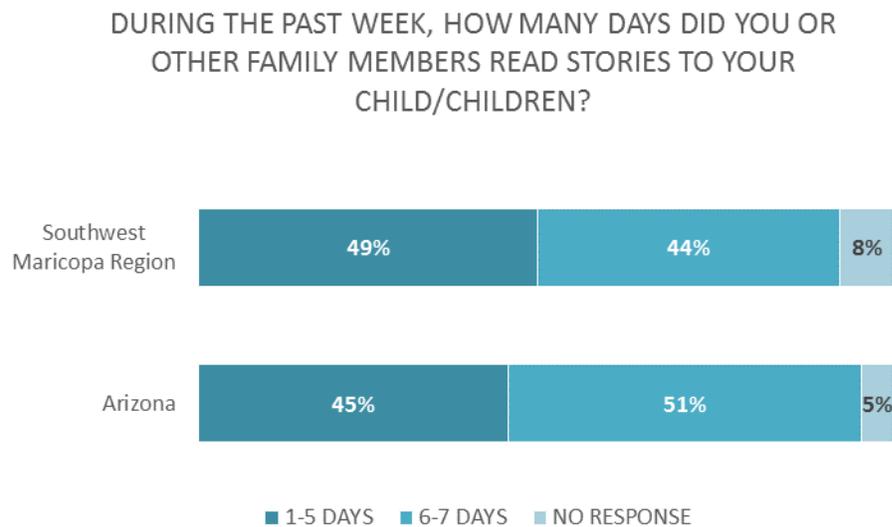
Maricopa County Homeless Management Information System (2014). [Homelessness in Maricopa County data set]. Unpublished raw data received April 2014.

Parental Involvement

Parental involvement has been identified as a key factor in the positive growth and development of children and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus.²⁰⁰

The First Things First Family and Community Survey data is designed to measure many critical areas of parent knowledge, skills, and behaviors related to their young children. The Family and Community Survey, 2012, collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development. The following figures show results for the region and the state for some of these activities. Response patterns to all three of the items (reading stories, telling stories, and scribbling or drawing) were similar to the state. A slightly lower percentage of frequent participation (6-7 days per week) was reported for reading and telling stories to children in the Southwest Maricopa Region as compared to the state. However, for scribbling or drawing with children, frequent participation in the Southwest Maricopa Region was equivalent to the state rate.

Figure 29. Family & Community Survey 2012: Days reading to child

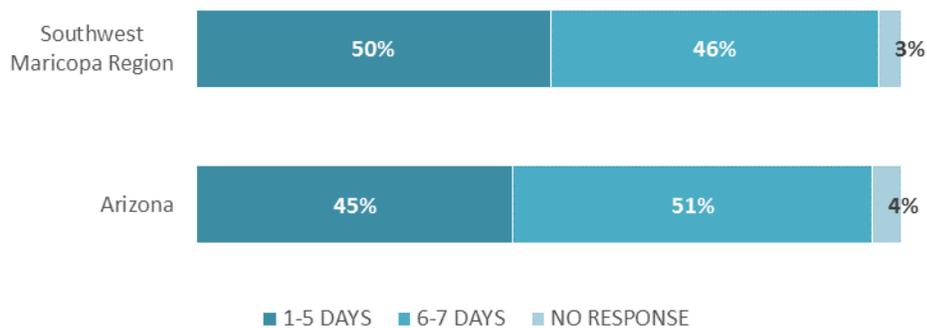


First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.

²⁰⁰ Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona's Youngest Children*. Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

Figure 30. Family & Community Survey 2012: Days telling stories to child

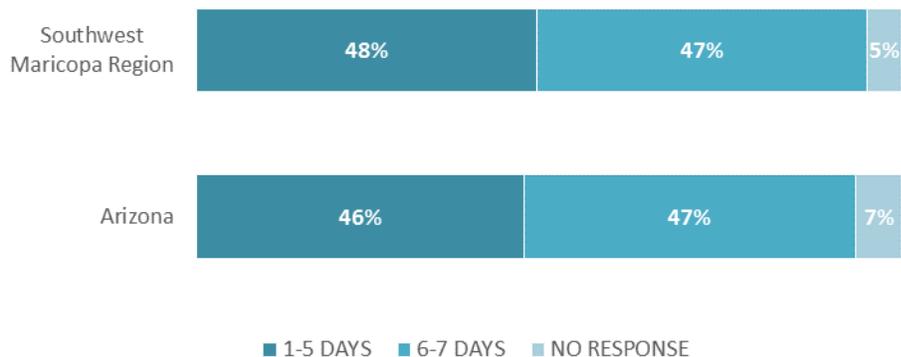
DURING THE PAST WEEK, HOW MANY DAYS DID YOU OR OTHER FAMILY MEMBERS TELL STORIES OR SING SONGS TO YOUR CHILD/CHILDREN?



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

Figure 31. Family & Community Survey 2012: Days drawing with child

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



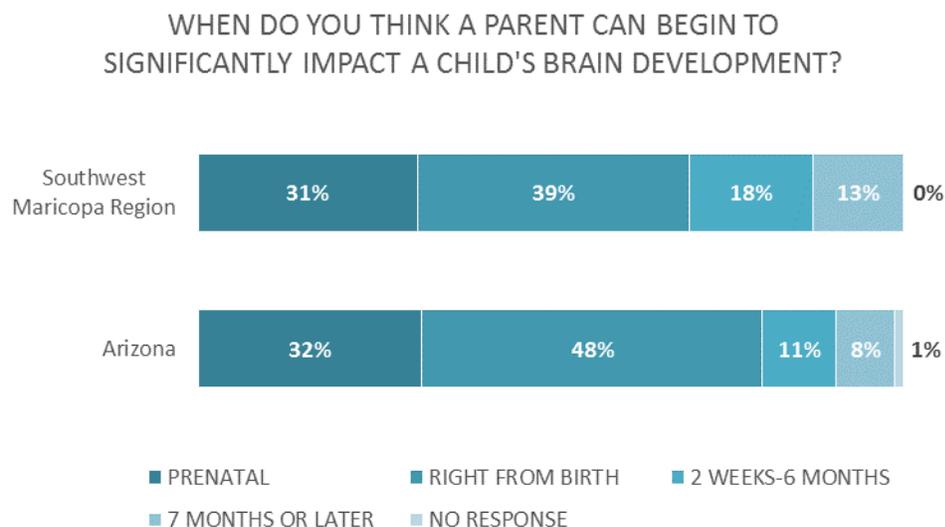
First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.

Parent Education and Family Support in the Southwest Maricopa Region

Parenting education support and services can help parents better understand the impact that a child’s early years have on their development and later readiness for school and life success. The Family and Community Survey, 2012, collected data illustrating parental knowledge about healthy development. A lower proportion of respondents in the Southwest Maricopa Region

show an understanding that brain development can be impacted from very early on (70% prenatally or right from birth) as respondents across the state as a whole (80% prenatally or right from birth).

Figure 32. Family & Community Survey 2012: Parent impact on brain development



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

In order to address the need for educating parents about child development and related topics, the Southwest Maricopa Region funds a Parent Education Community-Based Training strategy through partnerships with the Pilgrim Rest Foundation, Benevilla, and Teen Outreach Pregnancy Services (TOPS). Additionally, the region funds a Family Resource Center Strategy through partnerships with the Buckeye Elementary District, Pendergast Elementary School District, the Town of Gila Bend, and the City of Avondale. These partnerships provide resource centers offering training and educational opportunities, resources, and referrals to promote healthy child development. An estimated 9,150 families were served through the Family Resource Center strategy in fiscal year 2014.²⁰¹

Family resource centers can connect families to a variety of services with ease and efficiency. The Care1st Avondale Resource and Housing Center in Avondale, Arizona (a partnership of the City of Avondale, Care1st Health Plan of Arizona, and First Things First) offers a wide array of human service providers under one roof.²⁰² The services offered by the resource center include, but are not limited to: parent education classes; developmental screenings; WIC, AHCCCS, and public assistance enrollment; literacy, immigration, and GED classes; housing

²⁰¹ First Things First, Southwest Maricopa Regional Partnership Council (2014). SFY 2015 Regional Funding Plan. <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20SW%20Maricopa%20SFY15.pdf>

²⁰² For more information, visit: <http://www.ci.avondale.az.us/index.aspx?NID=1209>

assistance; rent/utility/cash assistance; support groups; playgroups for young children; and services specifically for teenage parents (see Teen Parenting, below). In addition to providing services in collaboration with more than 20 organizations in-house, the Care1st Avondale Resource and Housing Center also provides referrals to many services that are available elsewhere in the community (e.g., Head Start, food banks, the Salvation Army). By offering such a wide array of services in-house or by referral, the center has the unique ability to connect families with services that they may not have otherwise sought out or had access to. The service model offered by a well-connected family resource center like the Care1st Avondale Resource and Housing Center is able to provide a “one stop shop” for families in need of a range of services and programming, thereby supporting families in an increasingly holistic manner.

The Care1st Gila Bend Resource Center²⁰³ in Gila Bend, AZ (a partnership of the Town of Gila Bend, Care1st Health Plan of Arizona, and First Things First) also offers a range of services under one roof to benefit families. These include: Helping Families in Need AZ (HFIN, which provides assistance with renewals and applications for AHCCCS health care, food stamps, and cash assistance); Readiness Basket (parenting classes covering a range of topics for families with children ages birth through five); Maricopa County Workforce Connections (which offers employment services to job seekers); Arizonans for the Protection of Sexually Exploited Children and Adults (APECA, which promotes community awareness related to sexual exploitation, self-injury and sexual abuse); Civitan Foundation (which provides support services to developmentally disabled children and adults); Southwest Behavioral Health (which offers behavioral counseling services); Community Legal Services (which provides no-cost legal assistance for civil cases); and JAG (which offers youth workforce development and drop-out prevention services for youth from 14-18 years old).

Additional family resource centers have been developed through partnerships between First Things First and local school districts. The Buckeye Family Resource Center²⁰⁴ is located to the south of the Buckeye Elementary School gymnasium, a centralized location in the City of Buckeye. The center currently offers parent education classes, AHCCCS and Healthcare Marketplace insurance application assistance, and teen pregnancy education and support on a regular basis. Some additional services are offered on a monthly basis, including: support groups for grandparents raising grandchildren, nutrition education, safety education on car seat installation, and fluoride rinses for children birth through five years of age. The Pendergast Family Resource Center²⁰⁵ located in the Pendergast Elementary School District offers several

²⁰³ For more information, visit: https://www.care1st.com/az/aboutus/care1st_resource_center_gbrc.asp

²⁰⁴ For more information, visit:
<http://westpark.buckeye.schooldesk.net/Parents/BuckeyeFamilyResourceCenter/tabid/31828/Default.aspx>

²⁰⁵ For more information, visit: http://www.pesd92.org/community_education/family_resource_center.html

parent education classes (including kith and kin classes), and additional programming that aims to support families with young children.

Efforts to improve upon and expand the services offered by family resource centers in the Southwest Maricopa Region are ongoing. The service and programmatic offerings described in this report therefore may not be a comprehensive list.

Other First Things First funded programs in the Southwest Maricopa Region also serve to support families with young children in the region. The Birth to Five Helpline, a collaboration with Southwest Human Development, is a free service through which anyone can call to ask a question to an early childhood specialist Monday through Friday from 8:00 am through 8:00 pm.²⁰⁶ Providers of child care for infants, toddlers and preschoolers in the region can participate in First Things First funded Family, Friends and Neighbor Care programming through KidsWatchAZ.²⁰⁷ Through the Maricopa County Department of Public Health S.N.A.C.K. Program²⁰⁸, caregivers and childcare providers in the region can receive car seat education and nutrition and physical activity guidance. The council has noted that families living on and around Luke Air Force base may have unique needs that may be addressed through on-base family support services; however, these families may also benefit from the community programs funded through First Things First. In addition to these opportunities and the teen parenting and home visitation resources described below, the Southwest Maricopa Regional Partnership Council funds additional strategies to support families with young children throughout the region. The Family Guide to First Things First Funded Programs in the Southwest Maricopa Region provides a current and complete list of these programs and opportunities, and is available at: <http://www.azftf.gov/RPCCouncilPublicationsCenter/Family%20Guide%20-%20SW%20Maricopa.pdf>.

Teen Parenting

As previously described, teenage parenthood is associated with a range of negative health outcomes for mother and baby alike, as well as socio-economic challenges and barriers to educational achievement for teen mothers and their children. In the Southwest Maricopa Region, there are a few programs specifically designed to support teenage parents. Teen Outreach Pregnancy Services (TOPS) provides a wide range of support and education to pregnant and parenting teens in Arizona, including pregnancy testing, sex education classes, free pregnancy education classes, free childbirth classes for teenagers, free parenting classes for teenage moms and dads, used maternity and baby items for sale, support groups, classes

²⁰⁶ For more information, visit: <http://www.swhd.org/programs/health-and-development/birth-to-five-helpline>

²⁰⁷ For more information, visit: http://www.kidswatchaz.org/KW_home.html

²⁰⁸ For more information, visit: <http://www.maricopa.gov/PublicHealth/programs/snack/>

specifically for teenage fathers, and resources for parents of teenagers.²⁰⁹ TOPS has several locations throughout Arizona, and in the Southwest Maricopa Region TOPS provides services at the Care1st Avondale Resource and Housing Center²¹⁰ in the Avondale community. Additionally, Touchstone Behavioral Health²¹¹ provides its Teen Pregnancy Prevention Program through the Care1st Avondale Resource and Housing Center. Teen parents can also access support services and parent education programming through the other family resource centers in the region.

Home Visitation Programs

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

A systematic review conducted by the non-federal Task Force on Community Preventive Services found that early childhood home visitation results in a 40% reduction in episodes of abuse and neglect. Not all programs were equally effective; those aimed at high-risk families, lasting two years or longer, and conducted by professionals (as opposed to trained paraprofessionals) were more successful.²¹²

The Southwest Maricopa Region funds a home visitation strategy through Child and Family Resources, Inc. This strategy provides voluntary in-home services for the families of infants and young children. Through home visitation, families are connected to resources that support health, development, and early learning. Families also receive information about child development, health, nutrition, literacy, and parenting skills.

²⁰⁹ For more information, visit: <http://www.teenoutreachaz.org/>

²¹⁰ <http://www.ci.avondale.az.us/index.aspx?NID=1209>

²¹¹ <http://www.touchstonebh.org/>

²¹² Centers for Disease Control and Prevention. First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation and firearms laws. Findings from the Task Force on Community Preventive Services. MMWR 2003; 52(No. RR-14):1-9.

Public Information and Awareness and System Coordination

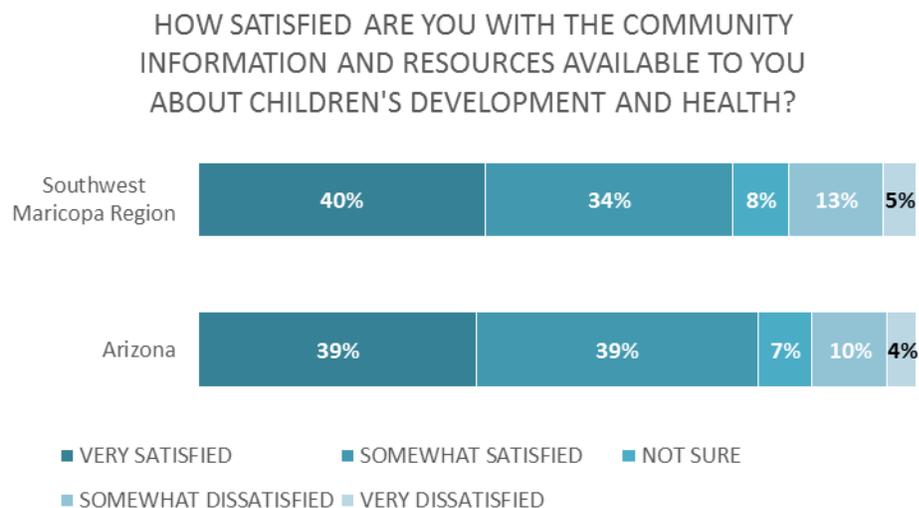
The primary quantitative data source for Public Awareness in the region is the First Things First Family and Community Survey (FCS) (First Things First, 2012).

Data from Family and Community Survey, 2012

The 2012 First Things First Family and Community Survey collected data about respondents' level of satisfaction with the resources, accessibility, and coordination of services in their area.

About three quarters (74%) of respondents in the Southwest Maricopa Region indicated being very or somewhat satisfied with the information and resources available to them about children's health and development. This is slightly lower than the rate for Arizona overall, 78 percent.

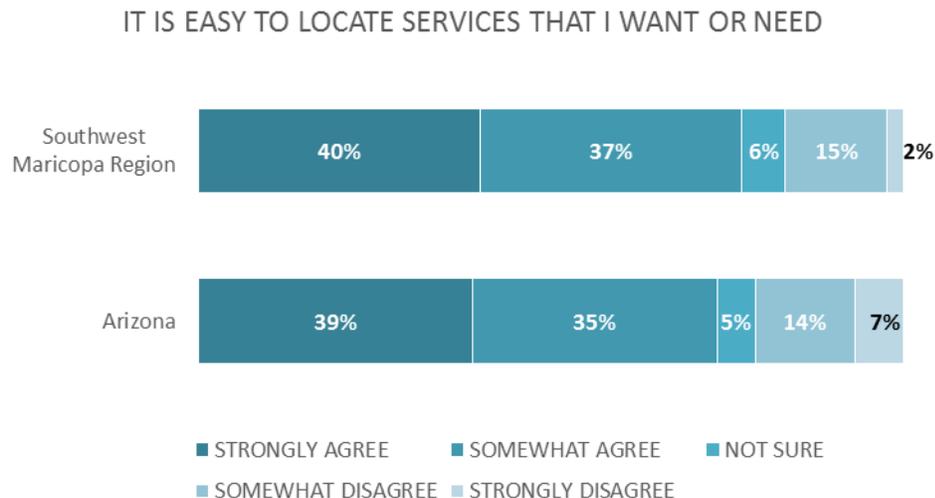
Figure 33. Family & Community Survey 2012: Satisfaction with information and resources



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

As shown in Figure 34, most respondents in the Southwest Maricopa Region (77%) agreed with the statement, “It is easy to locate services that I want or need.” This is a higher proportion than in the state of Arizona overall (74%). Additionally, fewer respondents indicated strongly disagreeing with the statement (2%) in the Southwest Maricopa Region than in Arizona overall (7%).

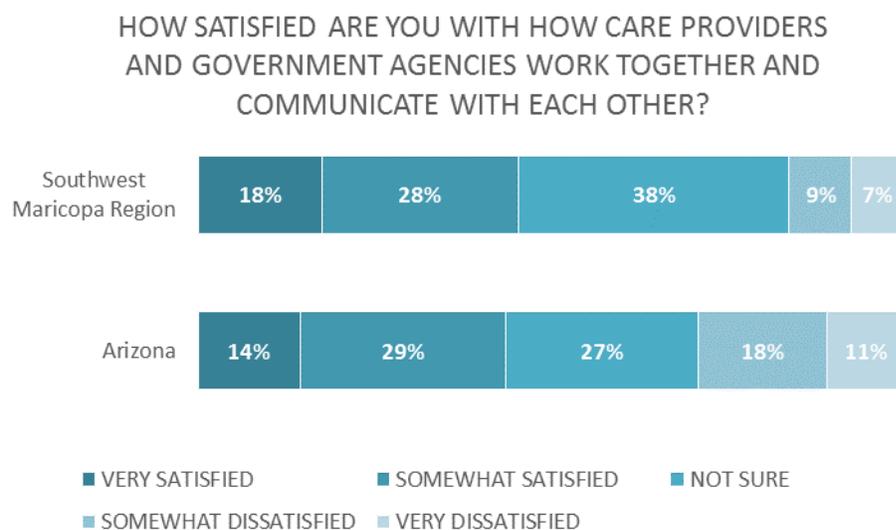
Figure 34. Family & Community Survey 2012: Ease of locating services



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

When asked to rate their level of satisfaction with the coordination between care providers and how government agencies work and communicate with one another, nearly half (46%) of respondents in the Southwest Maricopa Region indicated being either very satisfied or somewhat satisfied. This is a slightly higher proportion than in the state overall (43%). A greater proportion of respondents indicated that they were “not sure” (38%) in the Southwest Maricopa Region than in Arizona overall (27%).

Figure 35. Family & Community Survey 2012: Satisfaction with coordination and communication



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

Coordination and Collaboration in the Southwest Maricopa Region and Maricopa County

Key informants interviewed for the First Things First East Maricopa Regional Needs and Assets Report emphasized enhanced system coordination as a salient need throughout Maricopa County. Many families in Maricopa County are mobile, moving between communities (and often First Things First regions) in order to find cheaper rent, begin a new job, change school districts, or move closer to other family members. Key informants reported that families often struggle to maintain service continuity when they move, as services funded in one First Things First region are not always funded by First Things First regions elsewhere in Maricopa County. It can be difficult for a family to find out what services are available in their new community, key informants said. Therefore, improving coordination and collaboration between services across regions was identified by key informants as a high priority for strengthening the early childhood system in Maricopa County.

Recent coordination efforts by First Things First seek to build on the wide scope of programming funded by First Things First in Maricopa County. The Family Resource Network is a collaboration of 30 First Things First funded Family Resource Centers located throughout Maricopa County²¹³. Begun in 2011, the network meets monthly and has the following primary goals:

- Increase awareness and availability of services for families and children.
- Improve service delivery to adequately address the needs of families.
- Build capacity throughout the regions to deliver highly effective and efficient family resource centers services.
- Share expertise and training resources.
- Foster a learning community across community organizations, health clinics, public entities and other groups.

Activities of the Family Resource Network to date include adopting a mission, vision and guiding principles, identifying professional development priorities, establishing a website and online learning community, and partnering with the Maricopa County Department of Public Health and the Family Support Alliance to support an online resource database.

In the Southwest Maricopa Region, service providers are spearheading service coordination and collaboration efforts. Family resource centers are influential in promoting collaboration and service coordination throughout the region. For example, the Care1st Avondale Resource and Housing Center convenes two regular meetings with the goal of facilitating strong communication and collaboration among their partners and other services providers in the Southwest Valley. Monthly networking meetings hosted at the resource center bring together

²¹³ Information provided through personal correspondence

providers and agencies across the valley, the majority of whom serve the First Things First Southwest Maricopa Region. These meetings usually have a speaker, and attendees typically include agencies that specifically serve families with children aged birth through five, as well as some agencies that offer broader services. The resource center also hosts a monthly meeting specifically for their in-house providers in order to provide a forum for sharing updates across organizations. Key informants interviewed for a separate evaluation conducted by the University of Arizona, Norton School of Family and Consumer Sciences, reported that these meetings are well-attended and valuable. These meetings were described as well-organized, highly productive, and useful for facilitating collaborations as well as a culture of referrals between organizations. Key informants also reported that having regular interaction and communication with other service providers helps to facilitate a strong sense of community among providers. One key informant described this sense of community as “empowering”, uniting providers in a joint effort to serve families.

Coordination in the region has also taken place around the topic of health and health care. The Health Improvement Partnership of Maricopa County is a collaborative effort between the Maricopa County Department of Public Health and more than 60 public and private organizations addressing priority health issues through the 2012-2017 Community Health Improvement Plan.²¹⁴ These organizations work together towards improving health status, outcomes and access in four domains; Worksites, Community, Education and Healthcare.

The Build Initiative

The BUILD Initiative²¹⁵ is a nationwide effort that helps states create comprehensive early childhood systems with programs, services and policies that address children’s health, mental health and nutrition, early care and education, family support, and early intervention. Arizona is one of 10 BUILD state partners, which receive funding and technical support to develop or improve early childhood services, programs and systems, and identify and assess measurable outcomes of this work. In Arizona, the BUILD Arizona Steering Committee is working to identify priorities across five workgroups; Communications, Early Learning, Professional Development, Health and Early Grade Success.²¹⁶ This work to date has resulted in the Build Arizona: Strategic

²¹⁴ Arizona Health Matters (2014). Health Improvement Partnership of Maricopa County. <http://www.arizonahealthmatters.org/index.php?module=htmlpages&func=display&pid=5007>

²¹⁵ <http://www.buildinitiative.org/Home.aspx>

²¹⁶ Build Initiative (2014). Arizona state profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

Blueprint²¹⁷, which outlines suggested key priorities for the early childhood system in Arizona for 2013–2016. These priorities are listed below.

Under *Policy Research and Development*:

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

Under *Coordination and Convening Leadership/Support*:

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

Under *System Enhancement/Alignment*:

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

FTF Capacity Building Initiative

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

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

²¹⁷ Build Arizona (2013). Build Arizona strategic blueprint. Retrieved from <http://buildaz.files.wordpress.com/2013/10/build-arizona-blueprint.pdf>

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

Summary and Conclusion

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

It is clear that the region has substantial strengths. There are a wide range of services and programs available to families with young children in the region, and parents are generally aware of the availability of these services. Other strengths include: numerous professional development opportunities through local community colleges; TEACH and non-TEACH scholarships funded by the region which enable more early childhood professionals to access these professional development opportunities; high rates of prenatal care throughout the region; family resource center and parent education strategies funded by the Southwest Maricopa Region which offers training, educational opportunities, and resources to parents in partnership with other organizations, service providers and school districts; and ongoing efforts to improve system coordination. A table containing a full summary of these and other regional assets can be found in **Appendix 1**.

However, there continue to be challenges to fully serving the needs of families with young children throughout the region. The Southwest Maricopa Region has seen recent rapid increases in population, especially among families with young children. Data suggest considerable variability of the needs of families across the region, with pockets of need concentrated in some areas.

A table containing a full summary of identified regional challenges can be found in **Appendix 2**. Many of these have been recognized as ongoing issues by the Southwest Maricopa Regional Partnership Council and are being addressed by current First Things First-supported strategies in the region:

- **High childhood obesity rates** -- Although recent data from WIC indicate that obesity rates among young children in Maricopa County are declining, obesity remains a major health risk. The Arizona Department of Health Services (ADHS) and the Maricopa County Department of Public Health (MCDPH) jointly identified obesity as a top five community public health issue in Maricopa County in 2012. Obesity was selected as the second most important priority among health professionals at MCDPH and was the second most important health problem identified by community members who participated in the assessment. In an effort to address nutrition and obesity concerns, the Southwest Maricopa Region funds a Nutrition/Obesity/Physical Activity strategy. This strategy utilizes a “train the trainer” model, which targets early education professionals and other adults who provide services to families with children aged birth through five.

- **A need for affordable, high quality and accessible child care** – The capacity of early care and education slots available compared to the number of young children in the region, as well as data about the affordability of child care and parental employment suggest that there may be a shortage of high quality, affordable and accessible early educational opportunities in the region. Quality First Scholarships funded by the region provide an important resource to meet this need. Quality First Coaching & Incentives will also be funded to continue to improve the quality of early care and education in the region.
- **The need for accessible oral health care for young children** – Parents in the Southwest Maricopa Region are slightly less likely to agree with the statement that their children ages five and under have regular visits with the same dental provider than parents in Arizona overall (First Things First Family and Community Survey, 2012). In recognition of this need, the Southwest Maricopa Region funds an Oral Health strategy with the Maricopa County Department of Public Health. This strategy provides oral health screenings and fluoride varnish in community-based settings, offers outreach to dentists to encourage service to very young children, and educates families on the importance of oral health care for young children.
- **The need for accessible and regular pediatric care for young children** – Although there are a number of medical providers in the Southwest Maricopa Region, including many hospitals and urgent care centers, data from the Arizona Department of Health Services indicates a high ratio of population to primary care providers in some communities. Avondale/Tolleson and Buckeye are classified as Health Professional Shortage Areas. The Southwest Maricopa Region supports a Care Coordination/Medical Home strategy, which helps connect young children and their families to appropriate, coordinated health care to assure that young children have a regular source of medical care. This strategy is also aimed at increasing the numbers of developmental screenings in order to identify early intervention needs. The region also funds Quality First Child Health Care Consultants and Mental Health Consultant and Child Health Consultant warmlines.

A table of the Southwest Maricopa Regional Partnership Council’s funded strategies for fiscal year 2015 is provided in **Appendix 3**.

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

- **A need for services for grandparents raising grandchildren** – The percentage of young children residing in grandparent-headed families across the region is similar to state and county levels. However, the rates are higher in some communities such as Tonopah/Wintersburg, Arlington and the 85323 zip code of Avondale. Importantly, Tonopah/Wintersburg generally has fewer numbers of young children than other communities, so services may be less available or apparent to grandparents, and the

other areas with high rates of grandparent-headed families are in low-income, high need communities. Grandparent-headed families in all parts of the region are likely to have unique needs related to raising young grandchildren. In the Southwest Maricopa Region, the non-profit organization Duet also provides a number of services to grandparents raising grandchildren through three locations in the region: Buckeye, Goodyear, and Avondale. These and other services likely need to be expanded throughout the region and integrated into existing service delivery for families with young children.

- **Supports and resources for foster parents** – Data collected for this report indicate that while child removals by CPS and the number of children currently in foster care who were removed from their families between birth and age five have increased in recent years, there is a shortage of foster homes in every community in the Southwest Maricopa Region. This shortage is most pronounced in the 85323 zip code of Avondale where the number of children needing foster homes exceeded the number of available foster homes by between 56 and 89. Efforts to understand barriers for recruiting foster parents, and to find ways to connect foster parents with resources are likely to be important first steps in addressing this need.
- **Outreach in communities with large Hispanic populations** – Given the growing numbers of young children in Spanish-speaking and linguistically isolated households, outreach and collaboration with local institutions (such as schools and early child care providers) where stakeholders see themselves as advocates for the Hispanic population is important to reaching this growing population. Recent legislation and the perception of a current anti-immigrant climate has led to feelings of distrust and anxiety about accessing support services among the Hispanic population. Service access and parental involvement in early education may be improved through Spanish-speaking liaisons or other services, particularly for monolingual Spanish-speaking families.
- **Connecting more families with early education opportunities** – A low proportion of three and four year old children are estimated to be enrolled in early education settings in the Southwest Maricopa Region. Leveraging existing strategies (such as family resource centers and home visitation) to connect more families with early education opportunities and available scholarships may be helpful to families. For families that prefer or need to use friend and family care, education and hands-on opportunities for parents and caregivers to learn about early childhood enrichment, health and safety can be beneficial. Improving outreach to Spanish-speaking families in some communities may also increase enrollment.
- **Health Insurance Coverage for Children** – On average, young children in the region are uninsured at rates similar to the state and county levels. Lack of health care insurance can be a significant barrier to accessing health care. Health insurance for children may

be a particular challenge in Gila Bend/Theba, where an estimated 25 percent of children ages birth through five are uninsured. Given high child poverty rates in this community, many of these uninsured children may qualify for publically-funded health insurance. This community also has the highest percentage of children living with foreign-born parents in the region. These parents may be more likely to be out of work or hold jobs without health insurance benefits. Parents in this community may also be unaware of health insurance options for their U.S. citizen children. Therefore, access to health care may be a particular challenge despite the considerable health care resources in the region.

- **Services for families with young children struggling with poverty.** Poverty rates vary considerably between communities in the Southwest Maricopa region. Child poverty rates greatly exceed state and county rates in some communities such as Arlington and Gila Bend/Theba. Notably, these are also communities with high rates of foreign born parents, Hispanic children, and household linguistic isolation. Therefore, comprehensive services and outreach directed at these families will improve development during early childhood. Besides services needed as a direct result of poverty, such as food and housing assistance, additional behavioral health services may be needed to help support families dealing with the many stresses associated with poverty.

Successfully addressing the needs outlined in this report will require the continued concentrated effort of collaboration among First Things First and other state agencies, the Southwest Maricopa Regional Partnership Council and staff, local providers and other community stakeholders in the region. Families with young children are drawn to Maricopa County and the communities of the Southwest Maricopa Region for the numerous opportunities that are potentially available to residents. Continued collaborative efforts have the long-term potential to make these opportunities available to more families across the Southwest Maricopa Region.

Appendix 1. Table of Regional Assets

First Things First Southwest Maricopa Regional Assets

A variety of opportunities are available to families with young children, including many services and non-profit organizations with the goals of supporting, educating, and improving the health and well-being of families.

Head Start and Early Head Start programs are available throughout the region.

Numerous professional development opportunities for early childhood professionals are available through Arizona State University as well as community colleges within and proximal to the region.

TEACH and non-TEACH scholarships funded by the Southwest Maricopa Region enable more early childhood professionals to take advantage of professional development opportunities.

The percentage of women receiving early prenatal care in the region is high.

Approximately half of births in the region are to mothers with more than high school-level education, and this has steadily increased in the last few years.

The First Things First Southwest Maricopa Region funds a variety of strategies which support and benefit families throughout the region, including (but not limited to) an Oral Health strategy, a Parent Education Community-Based Training strategy and a Family Resource strategy.

There are ongoing efforts to improve system coordination in the region and in Maricopa County, which, if successful, may improve collaboration among providers and the quality of coordinated care available to families in the region in the long run.

Appendix 2. Table of Regional Challenges

First Things First Southwest Maricopa Regional Challenges

The recent rapid increases in the population of young children in the Southwest Maricopa Region and projected increase in births in Maricopa County will likely lead to an increased demand for services and resources for young children and their families in the coming years.

Although the proportion of children living in a grandparent's household in the region is equivalent to the county and state, some communities in the region have higher percentages such as Tonopah/Wintersburg, Arlington and the 85323 zip code of Avondale, suggesting a need for services that support grandparents in these communities.

Some communities in the region have higher percentages of linguistically isolated households: Arlington (14%), the 85323 zip code of Avondale (10%), Gila Bend/Theba (17%), and Tolleson (10%). Notably, these are also areas with large percentages of young children.

The percentage of young children living in poverty varies markedly across communities in the region, and other economic data indicate pockets of economic need throughout the region.

A low proportion of children ages three and four are estimated to be enrolled in early education opportunities in the region.

Data about the cost of child care by percent of median family income suggest that access to affordable child care may be a barrier to accessing early education for families in the region.

Childhood obesity continues to be a significant health concern in the region.

Two communities in the region (Avondale/Tolleson and Buckeye) are considered to be Health Professional Shortage Areas by the Arizona Department of Health Services.

There is a shortage of foster parents in every community the region.

Appendix 3. Table of Regional Strategies, FY 2015

Southwest Maricopa Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
Goal Area	Strategy	Strategy Description
Quality and Access	Quality First	Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.
	Quality First Scholarships	Provides scholarships to children to attend quality early care and education programs. Helps low-income families afford a better educational beginning for their children.
	Family, Friends, and Neighbors	Supports provided to family, friend and neighbor caregivers include training and financial resources. Improves the quality of care and education that children receive in unregulated child care homes.
Professional Development	Scholarship TEACH	Provides scholarships for higher education and credentialing to early care and education teachers. Improves the professional skills of those providing care and education to children 5 and younger.
	Scholarship non-TEACH	Provides scholarships for higher education and credentialing to early care and education teachers. Improves the professional skills of those providing care and education to children 5 and younger.
Family Support	Family Resource Centers	Provides local resource centers that offer training and educational opportunities, resources, and links to other services for healthy child development. Strengthens families of young children by providing locally-based information and instruction on health and child development issues.
	Family Support-Children with Special Needs	Provides coaching, group activities and services to the parents of children with special needs. Services are designed to help their child reach his/her fullest potential. Improves the education and health of

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Goal Area	Strategy	Strategy Description
		<p>children with special needs who don't qualify for publicly funded early intervention programs. Conducts developmental screenings.</p>
	Home Visitation	<p>Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. Connects families to resources to support their child's health and early learning. Gives young children stronger, more supportive relationships with their parents through in-home services on a variety of topics, including parenting skills, early childhood development, literacy, etc. Connects parents with community resources to help them better support their child's health and early learning. Conducts developmental screenings.</p>
	Food Security	<p>Distribute food boxes and basic necessity items to families in need of assistance who have children birth to 5 years old. Improves the health and nutrition of children 5 and younger and their families.</p>
	Parent Education Community-Based Training	<p>Provides families with education, materials and connections to resources and activities that promote healthy development and school readiness. Improves child development by educating parents and connecting them to resources and activities that promote healthy growth and school readiness.</p>
	Child Care Health Consultation	<p>Provides qualified health professionals who assist child care providers in achieving high standards related to health and safety for the children in their care. Improves the health and safety of children in a variety of child care settings.</p>
	Oral Health	<p>Provides oral health screenings and fluoride varnish in a variety of community-based settings; provides</p>

Southwest Maricopa Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
Goal Area	Strategy	Strategy Description
Health / Mental Health		training to families on the importance of oral health care for their children; and provides outreach to dentists to encourage service to children for a first dental visit by age one. Decreases preventable oral health problems in young children.
	Care Coordination/Medical Home	Provides children and their families with effective case management, and connects them to appropriate, coordinated health care. Improves children’s health care and future development by ensuring they have a regular source of care. Provides health insurance enrollment assistance. Conducts developmental screenings.
	Nutrition/Obesity/Physical Activity	Provides health education focused on obesity prevention to children, families and early care and education professionals. Improves the health and safety of young children by providing community-based health education on a variety of topics including: healthy food choices and appropriate physical activity.
Evaluation	Statewide Evaluation	Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.
Coordination	Service Coordination	Through coordination and collaboration efforts, improves and streamlines processes including applications, service qualifications, service delivery and follow-up for families with young children. Reduces confusion and duplication for service providers and families. Strengthens and improves the coordination of services and programs for children 5 and younger.
Community Outreach	Community Awareness	Uses a variety of community-based activities and materials to increase public awareness of the

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Goal Area	Strategy	Strategy Description
		critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.
	Media	Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com web site.
	Community Outreach	Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.

Appendix 4. Data References

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